HEALTH AND FAMILY WELFARE DEPARTMENT

1.2 National Rural Health Mission

Highlights

The National Rural Health Mission (NRHM) was launched in April 2005 by Government of India in all States to bring about significant improvements in the health system and the health status of the people, especially those in rural areas. The Mission seeks to provide universal access to equitable, affordable and quality health care which is accountable and at the same time, responsive to the needs of the people. A performance audit of the implementation of NRHM in Tamil Nadu brought out the following:

- **Though baseline surveys were completed, consolidation of data at the State level had not been done. Perspective Plans for the Mission period were not prepared by the State Health Society. District Action Plans were not prepared during 2005-08. Village and Block Plans were also not prepared during 2007-09 and 2005-09 respectively.**

(Paragraphs 1.2.6.1 and 1.2.6.2)

- **Rupees 359 crore out of Rs 965.57 crore (37 *per cent*) received by the State Health Society up to 2008-09 remained unspent. Poor utilisation of funds released for activities such as hiring of private anaesthetists and paediatricians and facilities for basic emergency obstetrics newborn care resulted in balances totalling Rs 62 crore, lying unspent with seven test-checked districts.**

(Paragraphs 1.2.7.1 and 1.2.7.2)

- **Rupees 53.95 crore were diverted from NRHM's funds to various Central, State and World Bank assisted schemes during 2006-09.**

(Paragraph 1.2.7.5)

- **Forty seven *per cent* of the posts of Laboratory Assistants were vacant in the State. Twenty two *per cent* of the posts of drivers and 12 *per cent* of the posts of pharmacists were also vacant.**

(Paragraph 1.2.8.2)

- **Block Primary Health Centres/Primary Health Centres and Health Sub Centres were not strengthened with adequate staff as per Indian Public Health Standards, in the test-checked districts.**

(Paragraph 1.2.8.2 (i))

- **None of the 21 Block Primary Health Centres test-checked in the seven districts had blood storage facilities. Eighteen of the 21 Block Primary Health Centres and 41 of the 42 Primary Heath Centres test-checked did not have emergency/ casualty rooms and 39 of the 42 Primary Health Centres did not have operation theatres. Thirty nine of the 42 Primary Health Centres and 41 of the 84 Health Sub Centres test-checked did not have staff quarters.**

(Paragraph 1.2.8.2 (ii))

- **Against 1,242 personnel required for programme management units in 29 districts and 385 blocks of the State, just 52 were appointed, leaving a shortage of 1,190.**

(Paragraph 1.2.8.2 (iii))

- **The State Government provided ambulances to 385 Block Primary Health Centres as against two fully equipped mobile medical units per district sanctioned by Government of India.**

(Paragraph 1.2.9.1 (i))

- **Eighty five operation theatres in 385 Block Primary Health Centres in the State were not functional during 2008-09.**

(Paragraph 1.2.9.3 (iv))

- **Collection of eyes by the Government sector in the test-checked districts was just three *per cent.* Spectacles were not supplied to 1,89,695 out of 3,53,575 children found to be with refractive errors during 2005-09.**

(Paragraph 1.2.10.4)

- **Monitoring committees were not formed at Primary Health Centres and Block Primary Health Centres and at the district and State levels. The absence of a 'public hearing mechanism' resulted in lack of the envisaged community participation in the Mission.**

(Paragraph 1.2.12.1)

1.2.1 Introduction

Government of India (GOI) launched the National Rural Health Mission (NRHM) in all the States including Tamil Nadu from April 2005 with the following objectives:

- Reduction in child and maternal mortality,
- Universal access to public services for food and nutrition; sanitation and hygiene and public health care services, with emphasis on services addressing health of women and children and universal immunisation,

- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases,
- Access to integrated comprehensive primary health care,
- Population stabilization, gender and demographic balance,
- Revitalisation of local health traditions and mainstreaming Ayurvedic, Yoga, Unani, Siddha and Homoeopathy (AYUSH) and
- Promotion of healthy lifestyles.

1.2.2 Organisational structure

In Tamil Nadu, NRHM functions under the overall guidance of the State Health Mission (SHM), headed by the Chief Minister. The Principal Secretary, Health and Family Welfare Department is the Convenor. The Project Director, Reproductive and Child Health Project is the Mission Director and the Director of Public Health & Preventive Medicine is the Joint Mission Director. The activities of NRHM are being implemented by the State Health Society (SHS), registered under the Tamil Nadu Societies Registration Act, 1975. The organograms of SHM and SHS are given in **Appendix 1.15.** At the district level, the Collector is the Chairperson of the District Health Mission (DHM) which monitors the implementation of NRHM by the District Health Societies (DHSs), headed by Deputy Directors of Health Services as Executive Secretaries. District Family Welfare Bureaus, headed by Deputy Directors of Medical and Rural Health Services and Family Welfare implement the family welfare services. National Disease Control Programmes (NDCPs) are implemented by State level Disease Control Societies through District Disease Control Societies. The district level organogram is also given in **Appendix 1.15.** Procurement of drugs, medicines, ambulances and computers are done through the Tamil Nadu Medical Services Corporation Limited, the Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited and the Electronics Corporation of Tamil Nadu.

1.2.3 Audit objectives

The objectives of the performance audit were to assess whether :

- the planning processes 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 Standard norms;

- the performance indicators and targets fixed, specially in respect of reproductive and child healthcare, immunisation and disease control programmes were achieved and
- the level of community participation, monitoring and evaluation was as per the guidelines.

1.2.4 Audit criteria

The criteria adopted to arrive at the audit conclusions were:

- The GOI framework on implementation of NRHM.
- Guidelines 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.
- Indian Public Health Standards (IPHS) for upgradation of health centres.

1.2.5 Audit coverage and methodology

In Tamil Nadu, NRHM is implemented in 29 districts[47] (except Chennai), of which seven districts[48] were selected using the probability proportionate to size method for test check. In each test-checked district, three Block Primary Health Centres (BPHCs), two additional Primary Health Centres (PHCs) under each Block PHC and two Health Sub Centres (HSCs) under each additional PHC were selected through the simple random sampling method without replacement for detailed study. There are 385 BPHCs, 1,036 PHCs and 8,706 HSCs in the State. Twenty one BPHCs out of 115, 42 PHCs out of 311 and 84 HSCs out of 2,704 were test-checked in the sample districts. A list of test-checked units is given in **Appendix 1.16.**

Records relating to implementation of the scheme for the period 2005-09 were scrutinised in the Health and Family Welfare Department of the State Secretariat, SHS, Disease Control Societies, Directorate of Public Health and Preventive Medicine, Directorate of Family Welfare, procurement agencies in Chennai, District Health Societies and District Family Welfare Bureaus, selected Block PHCs, additional PHCs and HSCs in seven test-checked districts between March and June 2009. Entry and exit conferences were held

[47] Twenty nine revenue districts divided into 42 Health Unit Districts for administrative convenience.

[48] 1. Erode, 2. Kancheepuram, 3. Kanyakumari, 4. Pudukottai, 5. Thiruvannamalai, 6. Vellore and 7. Villupuram.

in April 2008 and September 2009 respectively with the Principal Secretary, Health and Family Welfare Department.

Expanded forms of all abbreviations are given in a glossary.

Audit findings

Findings of the performance audit are discussed in the succeeding paragraphs.

1.2.6 Planning process

NRHM envisaged various activities including conducting of facility and household surveys in HSCs, PHCs, BPHCs and District Hospitals of each district with time lines for completion of such activities. The targets and achievements under important activities are given in **Appendix 1.17**.

1.2.6.1 Baseline surveys

Though baseline surveys had been completed, consolidation of data at the State level had not been done

Baseline surveys were required to be carried out and completed in all the districts by 2008. These baseline surveys were essential for planning and monitoring so as to construct a baseline annual Plan for each health facility with a clear assessment of financial and human resources and commitments of service guarantees. The household surveys were also intended for collection of information on availability of other determinants of health such as drinking water, sanitation, etc.

Though the household surveys were completed by 2008, data was still to be consolidated for the entire State due to non-receipt of inputs from The Nilgiris and Virudhunagar districts. The surveys covered only about 14 lakh households and 15 *per cent* of the rural population instead of the entire rural population as contemplated under NRHM.

Facility surveys of HSCs were conducted during November 2007. However, the data was not validated by Panchayat Raj Institutions (PRIs). Consolidation of the data at the State level had not been completed so far (May 2009). Facility surveys of PHCs was done by the Department of Economics and Statistics in December 2008 and their report was awaited (March 2009).

The Mission Director (MD), State Health Society attributed (December 2008) the deficiencies in conducting household surveys to shortage of manpower and stated that PRI validation of facility surveys would be obtained after consolidation of the data at the State level.

1.2.6.2 Framing of Action Plans

Based on the baseline surveys, village health Action Plans were to be prepared by the Village Health and Sanitation Committees headed by Panchayat members. The gaps in the health care facilities, identified through the baseline surveys, were to be addressed by devising suitable intervention strategies. The

village health Action Plans were to indicate the probable investment and the financial and physical targets. The village health Action Plans were also to form the basis for preparation of health Action Plans at block and district level and the Perspective Plan and Programme Implementation Plans for the State as a whole.

Audit, however, noticed that the Mission did not insist on village Action Plans for the first two years, as extensive capacity building was required to be undertaken at the village level for this purpose.

Perspective Plans for the Mission period were not prepared by SHS.

It was found that, the health Action Plans were not prepared at the village, block and district levels for the years as indicated in **Table 1**. Perspective Plans for the Mission period were also not prepared by the SHS.

Table 1: Non-preparation of Annual Action Plans

Nature of Plan	Years for which the Plan was not prepared	Authorities responsible for preparing the Annual Plan
Village Health Action Plan	2007-08 and 2008-09	Village Health and Sanitation Committee headed by a Panchayat member.
Block Health Action Plan	2005-06 to 2008-09	Block Health Monitoring and Planning Committee headed by a Block Panchayat member.
District Health Action Plan	2005-06 to 2007-08	District Health Monitoring and Planning Committees headed by a District Panchayat member.

(Source: GOI guidelines on NRHM)

Health Action Plans were not prepared by districts during 2005-08. Village and block Plans were not prepared for 2007-09 and 2005-09 respectively

Due to the absence of district Action Plans up to 2007-08, the SHS prepared the Programme Implementation Plan on its own. District Plans were prepared only from 2008-09 onwards.

1.2.6.3 Failure to set up a State Health System Resource Centre

As per the guidelines of NRHM, a State Health System Resource Centre (SHSRC) was to be set up at the State level with an annual corpus of Rs 1 crore for strengthening service delivery and operationalising new ideas. It was observed that the SHSRC had not been set up so far (March 2009) due to administrative reasons as stated by MD, SHS (September 2009).

1.2.7 Funding pattern, release and utilisation

1.2.7.1 Financial performance

The Mission was financed by GOI till 2006-07. From 2007-08, the funding was to be shared in the ratio of 85:15 between GOI and the State Government.

GOI released funds to the State Government for seven components[49] and to the SHS for five components[50] during 2005-09. GOI also released funds directly to other State Disease Control Societies up to 2006-07 and thereafter, through SHS for six components[51]. Receipts and expenditure under NRHM during the years 2005-09 are given in **Table 2.**

Table 2

(A) Funds released through State Government

(Rupees in crore)

Year	Funds received from GOI	Expenditure incurred	Cumulative balance
2005-06	170.41	180.52	(-)10.11
2006-07	158.73	235.55	(-)86.93
2007-08	280.98	246.83	(-)52.78
2008-09	369.33	336.18	(-)19.63
Total	**979.45**	**999.08**	**(-)19.63**

(Source : Fund release orders of State Government)

(B) Funds released based on Programme Implementation Plan – through SHS

(Rupees in crore)

Year	Approved allocation	Amount released by		Expenditure incurred	Cumulative Balance #	Total amount available	Percentage of cumulative balance to total amount available
		GOI	State Government				
2005-06	100.80	100.80	NR	13.13	87.67	100.80	87
2006-07	227.81	185.56	NR	102.95	170.28	273.23	62
2007-08	314.49	335.95	Nil	204.94	301.29	506.23	59
2008-09	468.19	282.65	60.61	285.40	359.15	644.55	56
Total	**1111.29**	**904.96**	**60.61**	**606.42**			

(Source : State Health Society)

NR: not required to contribute.

excludes interest accrued during 2006-07 to 2008-09 – Rs 9.21 crore.

Thirty seven *per cent* of funds received up to 2008-09 were not spent by SHS

The unspent balance with SHS, which was Rs 87.67 crore in 2005-06, swelled to Rs 359.15 crore[52] in 2008-09, accounting for 37 *per cent* of the funds (Rs 965.57 crore) received up to 2008-09. The National Programme Co-ordination Committee (NPCC) instructed (March 2008) the SHS to focus

[49] Area Project, Direction and Administration, Grants to State Training Institute, Procurement and Supply of Materials, Contraception, Rural Family Welfare Services and Urban Family Welfare Services.

[50] Janani Suraksha Yojana, NRHM Flexipool, Pulse Polio Immunisation, RCH Flexipool and Routine Immunisation.

[51] Integrated Diseases Surveillance Project (IDSP), National Iodine Deficiency and Disorder Diseases Control Programme (NIDDCP), National Leprosy Eradication Programme (NLEP), National Programme for Control of Blindness (NPCB), National Vector-Borne Disease Control Programme (NVBDCP) and Revised National Tuberculosis Control Programme (RNTCP).

[52] Lying with procurement agencies (Rs 92.22 crore), SHS (Rs 108.61 crore), training institutes (Rs 7.48 crore) and various DHSs and PWD Divisions (Rs 150.84 crore). Total : Rs 359.15 crore.

on utilisation of resources as the unspent amounts were very high. However, the SHS continued to obtain funds from GOI year after year, even though large unspent balances were available.

1.2.7.2 Utilisation of funds

The unspent funds in the seven test-checked districts increased to Rs 61.79 crore in 2008-09 from Rs 0.34 crore in 2005-06 **(Appendix 1.18)**. The main reason for the large unspent funds was non-utilisation of 50 *per cent* or more of the available funds during 2006-09 under various components as indicated in **Table 3**.

Table 3: Status of funds in test-checked districts

(Rupees in crore)

District	2006-07				2007-08				2008-09			
	No. of components	Amount released	Amount spent	Amount unspent	No. of components	Amount released	Amount spent	Amount unspent	No. of components	Amount released	Amount spent	Amount unspent
Erode	8	0.17	0.03	0.14	15	2.51	0.24	2.27	5	6.23	0.18	6.05
Kanyakumari	5	0.64	0.02	0.62	13	1.40	0.14	1.26	8	3.35	0.68	2.67
Pudukottai	8	0.20	0.04	0.16	14	1.27	0.19	1.08	9	3.07	0.06	3.01
Vellore	8	0.79	0.11	0.68	13	2.60	0.33	2.27	7	5.54	2.14	3.40
Villupuram	7	0.15	0.01	0.14	12	1.67	0.19	1.48	9	6.62	0.19	6.43
Kancheepuram	7	0.18	0.01	0.17	14	1.06	0.16	0.90	7	3.35	0.27	3.08
Thiruvannamalai	7	0.23	0.05	0.18	13	2.26	0.17	2.09	7	8.10	0.85	7.25
Total	**50**	**2.36**	**0.27**	**2.09**	**94**	**12.77**	**1.42**	**11.35**	**52**	**36.26**	**4.37**	**31.89**

(Source: Data collected from sample DHSs)

District-wise and year-wise details of components referred to in **Table 3** are furnished in **Appendix 1.19**.

Poor utilisation of funds resulted in large unspent balances in the test-checked districts

An analysis of funds released and utilised for various activities/components during 2006-09 in the seven test-checked districts revealed that of the total 196 instances indicated in **Table 3**, non-utilisation of available funds was 100 *per cent* in 96 instances; 76 to 99 *per cent* in 62 instances and 50 to 75 *per cent* in 38 instances during the period 2006-09. Poor utilisation/non-utilisation of funds was noticed mainly under hiring of private anaesthetists and paediatricians, provision of facilities for basic emergency obstetrics and newborn care and activities such as upgradation of PHCs to IPH standard, IEC activities and training.

1.2.7.3 Non-release/short-release of State share

From 2007-08, the State was expected to contribute 15 *per cent* of the annual outlay under NRHM. The State Government did not release its share of Rs 47.17 crore during 2007-08 and released Rs 60.61 crore during 2008-09 as against Rs 70.23 crore to be released, resulting in short release of Rs 9.62 crore. No specific reason was attributed by the State Government for the short release.

1.2.7.4 Under-utilisation of funds provided for administrative costs

The guidelines for NRHM permit incurring of administrative expenditure of up to six *per cent* of the total outlay for NRHM as approved by GOI every year under the Programme Implementation Plan. The actual expenditure on administration was less than one *per cent* in all the years except 2006-07 even with reference to the actual funds released as depicted in **Table 4.**

Table 4: Meagre utilisation of funds allotted for administrative expenses

Year	Funds released	Administrative cost permissible	Actual expenditure	Percentage of non-utilisation with reference Col. (3)
		(Rupees in crore)		
(1)	(2)	(3)	(4)	(5)
2005-06	100.80	6.05	0.50	92
2006-07	185.56	11.13	2.48	78
2007-08	335.95	20.16	1.15	94
2008-09	343.26*	20.60	2.23	89

(Source: Data furnished by SHS)

* Includes State's share of Rs 60.61 crore

Failure to form District Programme Management Units (DPMUs) and Block Programme Management Units (BPMUs) in the State with 1,190[53] personnel, as discussed in paragraph 1.2.8.2 (iii), was the main reason for the meagre utilisation of funds allotted for administrative expenses.

1.2.7.5 Diversion of NRHM funds

NRHM funds of Rs 53.95 crore were substituted for State's health expenditure during 2006-09

Scrutiny of records revealed that Rs 53.95 crore out of NRHM funds were diverted to other State, Central and World Bank assisted schemes during 2006-09 as indicated in **Appendix 1.20**, though the guidelines prohibited substitution of the State's health expenditure.

1.2.7.6 Embezzlement of NRHM funds

Deputy Director of Health Services, Kallakuruchi reported (August 2008) that Rs 8.21 lakh released for Reproductive and Child Health (RCH) and NRHM activities to G.Ariyur Block PHC, were embezzled by the Medical Officer (MO), the Superintendent and the Assistant between October 2007 and June 2008, by not depositing the cheques in BPHC's NRHM account.

No departmental/criminal action had been initiated against the officials concerned so far, though the embezzlement was reported to the SHS in October 2008. The Department replied (September 2009) that an internal inspection team had been formed for the purpose and that action would be taken based on the inspection report.

[53] Three posts each in 29 DPMUs and three posts in each 385 BPMUs as per NRHM norms. As against 1,242 staff required, only 52 were posted, leaving a shortage of 1,190.

1.2.7.7 Unadjusted advances

The SHS released advances to various procurement agencies for the purchase of drugs, equipments etc. However, a sum of Rs 92.22 crore[54], out of the total amount of Rs 182.31 crore advanced during 2005-09 was pending adjustment with agencies as of March 2009.

1.2.7.8 Guidelines for accounting not followed

Under the guidelines for accounting approved (December 2006) by the Empowered Programme Committee of NRHM, the GOI was to electronically transfer funds to the SHS for all programmes under NRHM through the interface bank (ICICI Bank) and maintain centralised data of releases and utilisations under all components[55].

GOI released (December 2007) Rs 5.13 crore to the Director of Public Health and Preventive Medicine for the Intensified Pulse Polio Immunisation Programme instead of releasing it to the SHS. The guidelines stipulated that the existing bank accounts maintained for individual National Disease Control Programmes should be closed on 31 March 2007 and the balance funds should be transferred to the new NRHM group account of SHS with effect from April 2007. However, audit scrutiny revealed that funds amounting to Rs 4.30 crore relating to RCH Phase I (Major Civil Works and Medical Kit Fund) remaining with the State Treasury were not transferred to the new NRHM account by the MD, SHS (March 2009) even after two years.

1.2.7.9 Maintenance of registers and concurrent audit

In the SHS and the seven test-checked District Health Societies, no specific format was developed for recording the cash transactions at all levels as prescribed by GOI, in the guidelines issued in December 2006. Further, there was no mechanism to monitor the accumulation of interest at various levels. The double entry system was not followed. The reconciliation of NRHM accounts with banks was not done in the test-checked districts except in Pudukottai. As for concurrent audit of NRHM accounts, Chartered Accountants (CAs) were appointed for seven districts[56]. CAs were, however, not appointed in the remaining 22 DHSs due to low remuneration offered by the SHS.

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54 Electronics Corporation of Tamil Nadu: Rs 2.40 crore, Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation: Rs 6.91 crore and Tamil Nadu Medical Services Corporation: Rs 82.91 crore. Total : Rs 92.22 crore.

55 (a) Immunisation, (b) Integrated Diseases Surveillance Project, (c) National Iodine Deficiency and Disorder Diseases Control Programme, (d) National Leprosy Eradication Programme, (e) National Programme for Control of Blindness, (f) National Vector-Borne Diseases Control Programme, (g) NRHM Additionalities, (h) Reproductive Child Health Project and (i) Revised National Tuberculosis Control Programme.

56 Dharmapuri, Kanyakumari, Karur, Madurai, Sivaganga, Tirunelveli and Thoothukudi.

1.2.8 Capacity building

1.2.8.1 Creation and strengthening of physical infrastructure

Revamping of health infrastructure is one of the important aspects of the NRHM. The position regarding shortfall in creation of health centres, strengthening of BPHCs, PHCs and HSCs and upgradation of CHCs and BPHCs is discussed in the succeeding paragraphs.

(i) Shortfall in creation of Health Centres

The State had a network of 385 Block PHCs, 1,036 PHCs and 8,706 HSCs for delivery of rural health services. However, based on the population norms[57], a shortfall of 501 Primary Health Centres and 516 Health Sub Centres was noticed in the State as per the projected rural population of 4,61,11,478 (2007) as shown in **Table 5**.

Table 5: Shortfall in creation of Health Centres

Unit	Required no. of centres as per norms	No. of centres available	Shortage	Percentage of shortage
Block PHC	384	385	--	--
PHC	1537	1036	501	33
HSC	9222	8706	516	6

(Source: Data collected from SHS)

There was shortage of 501 PHCs and 516 HSCs in the State with reference to population norms for PHCs and HSCs

Further, a shortfall of 109 HSCs (68 *per cent*) in tribal areas like Sitheri hills (Dharmapuri District), Yercaud hills and Kolli hills (Salem District), Kalrayan hills (Salem and Villupuram Districts), Jawadhu hills (Vellore District) and Pachamalai hills (Trichirappalli District) as compared to the required number of 159 HSCs was noticed. The Joint Mission Director, SHS stated (August 2008) that the proposal for creation of 109 HSCs in tribal areas was pending with the State Government since 2006.

Audit observed that the shortfall in the number of PHCs with reference to the population norms of NRHM was calculated as 116 by the SHS, treating the 385 BPHCs as PHCs. Based on the proposal of the State Government, GOI approved (March 2008) the establishment of 116 new PHCs at a cost of Rs 42.60 crore. The State Government issued (January 2009) orders for establishment of 110 new PHCs and the SHS released (February 2009) Rs 23.97 crore as the first instalment for this purpose. The amount was released to the Public Works Divisions by the DHSs.

Of the 110 PHCs to be established, the construction work was in progress in 29 PHCs, construction was yet to start in 13 PHCs, tendering was in progress in 33 PHCs and land had not been handed over to the contractor in the remaining 35 PHCs as of September 2009. The Government was still to

[57] Population Norm – HSC: 1 per 5,000 (General area) and 1 per 3,000 (Tribal/desert area); PHC: 1 per 30,000 (General area) and 1 per 20,000 (Tribal/desert area); BPHC: 1 per 1,20,000 (General area) and 1 per 80,000 (Tribal/desert area).

identify the locations for six more PHCs for which sanction was obtained from GOI.

Release of funds even before handing over of the sites for 35 PHCs, indicated serious lapses in planning and financial management.

The shortage in health delivery units (PHCs and HSCs) in the test-checked districts was as shown in **Table 6**.

Table 6: Shortage in health delivery units

Name of the test-checked districts	Rural population (In lakh)	Required Number of Centres					
		PHCs			HSCs		
		R	E	Shortage	R	E	Shortage
Erode	24.01	80	66	14 (18)	480	412	68 (14)
Kancheepuram	24.72	82	37	45 (55)	495	364	131 (27)
Kanyakumari	14.84	54	31	23 (43)	315	267	48 (15)
Pudukottai	14.06	48	52	(-) 4	281	242	39 (14)
Thiruvannamalai	20.19	67	61	6 (9)	404	410	(-) 6
Vellore	30.17	100	67	33 (33)	562	441	121 (22)
Villupuram	30.90	103	58	45 (43)	618	557	61 (10)
Total	**158.89**	**534**	**372**	**162 (30)**	**3,155**	**2,693**	**462 (15)**

(Source: Data collected from SHS and sample DHSs)

R: Required; E: Existing; PHCs: additional PHCs

Note: Figures within brackets indicate percentage of shortage with reference to the required number.

In the test-checked districts, the shortage of PHCs ranged between nine and 55 *per cent* (except Pudukottai) and of HSCs between 10 and 27 *per cent* (except Thiruvannamalai).

(ii) Strengthening of BPHCs /PHCs and HSCs as per Indian Public Health Standards

Under the NRHM framework, a timeline for strengthening of BPHCs /PHCs and HSCs was fixed to provide service guarantees as per the Indian Public Health (IPH) standards. The position in the State as of March 2009 is given in **Table 7**.

193 BPHCs and 5224 HSCs were not strengthened, though the timeline for achievement was upto 2009

Table 7 : Status of strengthening of BPHCs, PHCs and HSCs

Activity	Timeline fixed	Position /Achievement in the state as of March 2009
Strengthening/ establishment of all 385 BPHCs with seven specialists and nine staff nurses in each.	30 *per cent* (116) by 2007 50 *per cent* (193) by 2009 100 *per cent* (385) by 2010	No BPHC was strengthened with the required number of specialists, though at least 193 BPHCs should have been strengthened by March 2009.
Strengthening of all (385 BPHCs and 1036 PHCs) PHCs with three staff nurses in each.	30 *per cent* (426) by 2007 60 *per cent* (853) by 2009 100 *per cent* (1421) by 2010	1376 (97 *per cent*) BPHCs/ PHCs had been strengthened with three Staff Nurses in each unit by March 2009.
Strengthening of all (8706) HSCs with two Auxiliary Nurse Midwife/ Village Health Nurse (VHN) in each.	30 *per cent* (2612) by 2007 60 *per cent* (5224) by 2009 100 *per cent* (8706) by 2010	None of the 5,224 HSCs to be strengthened by March 2009 were given an additional Auxiliary Nurse Midwife/ Village Health Nurse. All HSCs were functioning with only one VHN each.

(Source : Data collected from sample DHSs)

Although the State provided (March 2009) three staff nurses each to 1,376 BPHCs / PHCs and made them functional as 24 x 7 Delivery Care service facilities, the non-strengthening of 193 BPHCs and 5,224 HSCs as per IPH standards within the timeline prescribed, delayed the provision of health care services to the expected level.

(iii) Upgradation of Block PHCs to Indian Public Health Standards

Non-utilisation of Rs 9.90 crore released for upgradation of BPHCs

Government of India provided (November 2005) Rs 12 crore for upgrading 60 BPHCs to IPHS by identifying two BPHCs in each district.

SHS, however, released (July 2006) Rs 12 crore to all the 385 BPHCs at the rate of Rs 3.12 lakh for upgradation through minor civil works. The SHS received back Rs 9.90 crore from DHSs as the balance amount of Rs 2.10 crore spent by seven DHSs on minor civil works for BPHCs by May 2008. MD, SHS replied (September 2009) that most of the DHSs did not spend the amount due to administrative reasons though initial assessment of requirements had been made at the field level.

The distribution of funds to DHSs for minor civil works in BPHCs without identifying the actual requirement for upgradation of BPHCs as per GOI instructions resulted in blocking up of funds amounting to Rs 9.90 crore for two years.

(iv) Upgradation of BPHCs to 30 bedded hospitals

(a) Government of India released (August 2006) Rs 21 crore for upgradation of another 105 BPHCs into 30 bedded hospitals at Rs 20 lakh per BPHC. However, the State Government sanctioned (April 2007) Rs 41.25 crore (which included Rs 21 crore released by GOI and Rs 9.90 crore received back from DHSs, referred to in paragraph 1.2.8.1 (iii) above) for upgradation of 75 BPHCs at Rs 55 lakh[58] per BPHC. As of April 2009, works in respect of 42 BPHCs were completed and 27 were in progress at a cost of Rs 27.59 crore. Five works were in the tendering stage and the site remained to be identified in respect of the BPHC at Kethi, in The Nilgiris District.

Infrastructure created was not functional due to non-availability of equipment, staff, etc. in eight BPHCs

In the test-checked districts where 22 BPHCs were selected for upgradation, though eight buildings were handed over out of the 11 completed works, they were yet to become functional for want of staff, equipment, furniture, linen, etc., (May 2009). Ten works were in progress while in respect of one BPHC in Pudukottai, the tendering process was in progress as of March 2009.

(b) Government of India sanctioned (March 2008) Rs 35 crore for upgradation of 50 more BPHCs at Rs 70 lakh per BPHC. The State Government accorded sanction for the works in November 2008. As of

[58] Increased to a maximum of Rs 72 lakh for each BPHC in plain areas and Rs 82.50 lakh in hill areas by the State Government as per the Schedule of Rates for 2008-09.

April 2009, works were in progress in 29 BPHCs and at the tendering stage in 17 BPHCs while sites were not identified in respect of four BPHCs[59].

Audit noticed that in respect of four BPHCs, work could not be taken up due to non-identification of sites. Selection of BPHCs for upgradation without ensuring availability of land indicated defective planning.

1.2.8.2 Human Resources and Infrastructure

The availability of human resources for public health care activities in the State as of March 2009 is given in **Table 8.**

Vacancies in the posts of Laboratory Assistant and Driver in the State were 47 and 22 *per cent* respectively as of March 2009

Table 8: Shortfall in manpower

Sl.No.	Post	Sanctioned	Men-in-position	Vacant*
1.	Medical Officer	3,555	3,496	59 (2)
2.	Laboratory Assistant	1,056	558	498 (47)
3.	Laboratory Technician	145	221	--
4.	Auxiliary Nurse Midwife	1,876	1,833	43 (2)
5.	Pharmacist	1,415	1,241	174 (12)
6.	Driver	980	760	220 (22)

(Source: Data furnished by SHS)

* Figures in brackets represent percentage of vacant posts to sanctioned posts.

As may be seen from **Table 8,** vacancies were on the higher side in respect of the posts of Driver (22 *per cent*) and Laboratory Assistant (47 *per cent*).

The vacancy position in respect of various posts in the test-checked districts are indicated in **Appendix 1.21.**

Vacancies against the post of Laboratory Assistant/Laboratory Technician were noticed in Erode (29 *per cent*), Pudukottai (55 *per cent*), Thiruvannamalai (34 *per cent*) Vellore (20 *per cent*) and Villupuram (22 *per cent*) districts. Similarly, vacancies against the post of Pharmacist were 26 *per cent* in Kancheepuram and 19 *per cent* in Kanyakumari districts. Posts of Driver were vacant to the extent of 29 *per cent* in Kancheepuram, 24 *per cent* in Pudukottai, 40 *per cent* in Thiruvannamalai and 36 *per cent* in Vellore districts.

(i) Shortage of manpower with reference to Indian Public Health Standards

BPHCs, PHCs and HSCs were not strengthened with adequate manpower as per IPH standards, in test-checked districts

As per IPH standards, six specialist doctors/MOs, seven staff nurses and one public health nurse are required for each BPHC; two MOs, three staff nurses and one health educator are required for each PHC and two Auxiliary Nursing Midwives/Village Health Nurses are required for each HSC. The shortage of manpower in the test-checked BPHCs, PHCs and HSCs as of March 2009, with reference to IPH Standards is depicted in **Table 9.**

[59] Kammapuram, Sethiathope and Marugur in Cuddalore District; Okkiam Thoraipakkam in Kancheepuram District.

Table 9: Vacancy position in the test-checked districts

Post	Test-checked health centres								
	21 BPHCs			42 PHCs			84 HSCs		
	Req.	M.I.P	Sh.*	Req.	M.I.P	Sh.*	Req.	M.I.P	Sh.*
Medical Officer	126	82	44 (25)	84	79	5 (6)	NR	-	-
Staff Nurse	147	83	64 (44)	126	97	29 (23)	NR	-	-
Public Health Nurse/ Public Health Educator/ Public Health Worker	21	2	19 (90)#	42	-	42 (100)$	168	84	84 (50)@
Radiographer	21	5	16 (76)	NR	-	-	NR	-	-

Req. : Requirement as per IPH standard ; M.I.P : Men in position; Sh.: Shortage; NR: Not required

* Figures in brackets represent percentage of shortage.

: Public Health Nurses; $: Health Educators and @ : Health Workers

MD, SHS replied (September 2009) that it would not be possible for the State to meet the requirement of specialists at BPHCs and the gaps would be met by hiring and training the MOs.

(ii) Shortage in infrastructure with reference to IPH Standards

As of March 2009, there were wide gaps between the requirement of physical infrastructure and equipment as per IPH Standards and their actual availability in the test-checked units. The shortages in respect of various infrastructure facilities were as given in **Appendix 1.22.** It was found that :

Shortages were noticed in availability of blood storage facilities in BPHCs and staff quarters in PHCs with reference to IPH Standards

- out of 21 test-checked BPHCs, none had the facility of a blood bank and 18 (86 *per cent*) did not have any emergency/casualty rooms,
- of the 42 PHCs test-checked, 41 (98 *per cent*), 39 (93 *per cent*) and 39 PHCs (93 *per cent*) did not have any emergency/casualty rooms, operation theatres and staff quarters respectively,
- of the 84 HSCs test-checked, 76 HSCs (90 *per cent*) did not have separate public utilities.

The lack of infrastructure facilities defeated the objective of providing quality health care as envisaged in the Mission's vision.

(iii) Programme management unit

As against 1,242 personnel required for 29 districts and 385 blocks, only 52 were appointed, leaving a shortage of 1,190

NRHM guidelines envisaged constitution of district resource groups and setting up of block level resource groups to meet managerial and capacity development challenges. Government of India recommended (June 2005) the formation of programme management units (PMU) at the district level with core teams of three full time officials consisting of a District Programme Manager, a Finance/Accounts Manager and a Data Assistant. Similar PMUs were also required to be formed in blocks. Audit scrutiny revealed that PMUs had not been formed in any of the 29 districts and 385 blocks. The MD, SHS stated (May 2009) that 34 Accounts Assistants and 18 Data Entry Operators had been appointed on contract basis in 24 out of 42 Health Unit Districts

(HUDs). As against 1,242 personnel required for 29 districts and 385 blocks, only 52 were appointed, leaving a shortage of 1,190.

Non-formation of PMUs at district and block levels resulted in lack of support in management and monitoring.

(iv) Establishment of Centre of Excellence

GOI suggested establishment of a Centre of Excellence for the purpose of training a cross-section of health functionaries in basic health care as well as upper-end tertiary level health care. GOI sanctioned (August 2007) Rs 100 crore for the purpose and released (February 2008) Rs 79.50 crore. There was a delay in the selection of hospitals for establishment of the centre and administrative sanction was issued by the State Government only in September 2008 for Rs 39.75 crore. The SHS released the amount to the Public Works Department in the same month.

The Institute of Obstetrics and Gynaecology, Egmore (Chennai), Health and Family Welfare Training Centre, Egmore (Chennai) and Government Kasturba Gandhi Hospital, Triplicane (Chennai) were selected for establishment of the Centre. As of April 2009, even the tender process for civil works had not been started.

Thus, the Centre of Excellence sanctioned by GOI as far back as in August 2007 had not been established, even after two years.

1.2.9 Implementation

Audit findings in respect of some important activities such as Reproductive Child Health/ NRHM, Immunisation, Family Welfare and Disease Control Programmes are discussed in the succeeding paragraphs.

1.2.9.1 Reproductive and Child Health and National Rural Health Mission activities

(i) Deficiencies in Mobile Medical Unit services

GOI planned the setting up of Mobile Medical Units (MMU) consisting of two vehicles in every district across the country for improved access to health care services and to make health services available in underserved areas. The MMUs were required to be provided with equipment such as microscopes, portable X-ray machines, ECG machines, ultra-sound scanners, generators, etc., besides prescribed drugs and reagents.

As suggested by GOI, the composition of the team for each MMU was (i) two MOs, one of whom was to be a Lady MO, (ii) one Staff Nurse, (iii) one Laboratory Technician, (iv) one Pharmacist, (v) one Helper and (vi) two Drivers (one for the ambulance and one for the staff vehicle).

State Government provided 385 ambulances in place of Mobile Medical Units

However, the Government purchased 385 ambulances (one per block) during 2007-08 and 2008-09 but did not provide them with the prescribed drugs, reagents and equipment. The ambulances were operated for routine outreach activities.

The staff position in respect of the ambulances as of March 2009 was as shown in **Table 10**.

Table 10: Staff position in respect of ambulances

Sl. No.	Name of Post	Sanctioned	Men-in-position	Vacant
1	Medical Officer	385	350	35
2	Staff Nurse	385	100	285
3	Drivers	385	25	360
4	Sanitary Workers	385	13	372

(Source: Data furnished by SHS)

Drivers' posts were vacant in respect of 360 ambulances

There were 35, 285, 360 and 372 vacancies in the posts of MOs, Staff Nurses, Drivers and Sanitary Workers respectively as of March 2009. Also, the posts of Laboratory Technicians, Pharmacists and Helpers had not been sanctioned by the State Government, reasons for which were not on record.

MD, SHS stated (December 2008) that drugs and equipment were being procured based on local needs and that instructions had been issued to DHSs to fill up the posts of Drivers and Sanitary Workers.

Thus the provision of only ambulances in place of fully equipped MMUs resulted in non-achievement of the objective of improved access to health care services.

(ii) Janani Suraksha Yojana

The Janani Suraksha Yojana (JSY), one of the interventions in the Reproductive Child Health (RCH) component under NRHM, was initiated to reduce maternal and neo-natal mortality by promoting institutional delivery among poor pregnant women. The yojana is 100 *per cent* Centrally sponsored. Pregnant women aged 19 years and above, who are below the poverty line, are eligible for cash assistance of Rs 700 and Rs 500 for institutional and domiciliary deliveries respectively. Cash assistance has to be paid to women who deliver in Government health centres like HSCs, PHCs, BPHCs, district hospitals and accredited private institutions. The cash is to be disbursed at the centres at the time of registration/admission. For home deliveries, the money has to be given at the time of delivery or within seven days after delivery.

The financial and physical performance in respect of JSY during 2006-09 was as shown in **Table 11**.

Table 11: Financial and physical performance of JSY

Year	Release to districts (Rs in crore)	Expenditure (Rs in crore)	Physical Target (eligible JSY beneficiaries)	Achievement (JSY beneficiaries to whom payment made)
2006-07	21.50	20.20	2,74,147	2,88,224 (105)
2007-08	20.22	21.04	4,01,955	2,29,609 (57)
2008-09	35.32	26.72	4,41,745	3,86,688 (88)
Total	**77.04**	**67.96**	**11,17,847**	**9,04,521 (81)**

(Source: Data furnished by SHS)

* Figures in brackets indicate percentage of achievement.

The shortfall in coverage of targeted JSY beneficiaries during 2007-09 indicated delay in disbursement of cash benefits. As per the guidelines, the requirement of funds should have been based on the micro-birth plans to be prepared for each beneficiary at the PHC level. The number of beneficiaries should have been arrived at based on the initial records, such as Family Registers and Ante Natal (AN) Registration Registers.

Scrutiny of records in SHS and the seven test-checked districts revealed that

- micro-birth plans were not prepared in any of the test-checked districts during 2005-09,
- though the NRHM guidelines stipulated setting up of grievance redressal mechanisms in the PHCs/BPHCs, no such mechanisms had been set up in the test-checked PHCs/BPHCs and
- no private hospital had been accredited for delivery under JSY in the State.

(iii) Patient Welfare Societies (Rogi Kalyan Samithis)

As per GOI guidelines, registered Rogi Kalyan Samithis (Patient Welfare Societies) were to be set up in all District Hospitals, Taluk Hospitals, Non-Taluk Hospitals, Block PHCs and PHCs with people's representatives such as MLAs, MPs and members of local bodies besides health officials and local district officials.

The Patient Welfare Societies (PWS) were to ensure accountability of the public health providers to the community; transparency in management of funds and monitoring and supervision of the general performance of health centres.

The State Government constituted PWS in 29 District Hospitals, 235 Taluk/ non-Taluk Hospitals and 1,421 Block PHCs/ PHCs during 2006-07.

Scrutiny of records of PWS in seven test-checked districts revealed the following:

- There was no public participation and only Government officials were included in the committees,
- No monitoring committee as required under NRHM was formed,
- The PWSs diverted Rs 24.29 lakh for ineligible items of expenditure such as purchase of cameras, refrigerators, etc.
- Separate accounts for PWS, untied funds and annual maintenance grants were not maintained.

MD, SHS replied (September 2009) that action was being taken to rectify the deficiencies pointed out by Audit.

1.2.9.2 Immunisation

Strengthening of services to improve child survival is one of the major components of the RCH II programme. This mainly focuses on preventive aspects such as control of vaccine preventable diseases and acute respiratory infection among infants and children under five years of age.

The Routine Immunisation Programme was implemented from 1978 in the State to prevent six vaccine preventable diseases (VPD), *viz*. diphtheria, pertussis (whooping cough), tetanus, measles, poliomyelitis and tuberculosis and to reduce the mortality rate due to these diseases.

There was reduction in achievement in immunisation from 99 *per cent* in 2007-08 to 89 *per cent* in 2008-09 in the State.

The performance in the State and in the test-checked districts under the programme is given in **Appendices 1.23** and **1.24** respectively.

There was a 10 *per cent* reduction in achievement of targets from 99 *per cent* in 2007-08 to 89 *per cent* in 2008-09 in the State. Further, the achievement percentage in four of the districts was below 90 *per cent* (Kancheepuram, Pudukottai, Vellore and Villupuram) during 2008-09.

The Common Review Mission[60] of GOI observed (November 2008) that the shortfall in coverage was due to shifting of immunisation from the HSC level to the PHC level. The MD, SHS stated (September 2009) that Government had adopted (July 2008) a strategy to conduct immunisation programme under the supervision of MOs in BPHCs and PHCs due to the reported deaths of four children after measles vaccinations in Thiruvallur district, in April 2008.

1.2.9.3 Family Welfare Programme

(i) Performance under Family Welfare methods

Spacing methods

Oral pills, condoms and intra-uterine device insertions are the three main prevailing spacing methods of family planning to regulate fertility and promote the couple protection ratio.

[60] Evaluation team comprising officials from Ministry of Health, GOI for NRHM

An analysis of the performance under different family welfare methods in the State during 2005-09 (**Appendix 1.25)** showed that the expected level of demand was not reached during 2005-09 in respect of any of the methods. The percentage achievement was above 70 in respect of sterilisation during 2005-09 and intra-uterine device insertion during 2005-08. In respect of conventional contraceptive (CC) users and medical termination of pregnancy (MTP) methods, the percentage of achievement was 38 and 43 in 2006-07, 40 and 41 in 2007-08 and 44 and 40 in 2008-09 respectively. The oral pill (OP) programme however, showed gradual improvement in achievement from 61 *per cent* in 2005-06 to 76 *per cent* in 2008-09.

The percentage achievement under CC users ranged from 20 to 50 in three test-checked districts (Erode, Kancheepuram and Thiruvannamalai) while in the other four districts (Kanyakumari, Pudukottai, Vellore and Villupuram) it ranged between 32 and 86 during 2005-09. Under the MTP method, the percentage achievement ranged from 16 to 46 in all the districts during 2005-09, except Erode where it ranged between 46 and 59 as shown in **Appendix 1.26**.

The MD, SHS stated (December 2008) that the decline in performance under CC users and MTP was due to huge vacancies in the posts of Health Inspectors (50 *per cent*) and Family Welfare Assistants (95 *per cent*), who were responsible for promoting Family Welfare Programmes at the field level and also due to partial flow of data on MTP from private hospitals in which nearly 70 *per cent* of MTPs were performed.

Terminal methods

The performance of sterilisation under various methods in the State is indicated in **Appendix 1.27**. The percentage of achievement under all methods ranged from 79 to 88.

(ii) Status of no scalpel vasectomy

The 'no scalpel vasectomy' (NSV), an innovative method of sterilisation for males, was introduced along with vasectomy in 2006-07 to increase male participation in family welfare programmes and to reduce deaths due to sterilisation. During 2006-09, GOI released Rs 2.78 crore for the scheme, out of which an amount of Rs 1.18 crore (43 *per cent*) remained unspent, as of March 2009. The programme was yet to take off in the State as the achievement under conventional vasectomy/ NSV was only 0.7 *per cent* to the total sterilisations (2008-09). MD, SHS stated (September 2009) that creating awareness of NSV was affected due to huge vacancies in the posts of Health Inspectors and Family Welfare Assistants.

(iii) Status of sterilisation

The number of sterilisation operations decreased by nine *per cent* from 3.80 lakh to 3.44 lakh in 2008-09. The reason attributed (September 2009) by the Department was that the number of doctors trained in laparoscopic sterilisation

was less in the districts. The average number of deaths due to sterilisation was around 30 cases per year during 2005-09.

The MD, SHS stated (September 2009) that necessary guidelines and instructions to improve the performance without compromising the quality of care had been issued to all district officers and peripheral institutions.

(iv) Operation Theatres

Operation theatres were functional in 78 *per cent* of BPHCs during 2008-09

As part of the family welfare programme, tubectomy/ vasectomy/ laparoscopic types of sterilisation were conducted in the operation theatres (OTs) of the PHCs. Details regarding the availability of OTs in 385 BPHCs in the State and their status during 2005-09 are given in **Table 12.**

Table 12: Status of OTs in the State

Year	No. of OTs in PHCs	No. of OTs	
		Functioning	Not functioning
2005-06	342	214	128 (37)
2006-07	342	210	132 (39)
2007-08	374	260	114 (30)
2008-09	385	300	85 (22)

(Source: Data furnished by SHS)

(Figures in brackets indicate percentage)

The status of OTs in the test-checked districts during 2005-09 is furnished in **Table 13**.

Table 13: Status of OTs in the test-checked districts

Test-checked district	2005-06		2006-07		2007-08		2008-09	
	Av.	NF	Av.	NF	Av.	NF	Av.	NF
Erode	19	0	19	2 (11)	19	2 (11)	20	3 (15)
Kancheepuram	11	7 (64)	11	6 (55)	11	6 (55)	13	5 (38)
Kanyakumari	8	6 (75)	8	4 (50)	8	4 (50)	9	4 (44)
Pudukottai	9	5 (56)	9	4 (44)	10	5 (50)	10	3 (30)
Thiruvannamalai	16	13 (81)	16	13 (81)	18	6 (33)	18	2 (11)
Vellore	20	12 (60)	20	9 (45)	22	6 (27)	22	5 (23)
Villupuram	21	12 (57)	21	12 (57)	21	9 (43)	22	8 (36)
Total	**104**	**55 (53)**	**104**	**50 (48)**	**109**	**38 (35)**	**114**	**30 (26)**

(Source: Data furnished by sample DHSs)

Av. : Operation theatres available; NF: Not functioning.

(Figures in brackets represent percentage of OTs not functioning to total number available).

As of March 2009, out of 385 OTs in BPHC, 85 (including 30 OTs in test-checked districts), were non-functional due to non-availability of equipment and medicines, minor and major repairs, water problems etc., as reported by the MD, SHS (September 2009), thereby depriving the public of the intended family welfare services.

1.2.10 Disease Control Programmes

The performance of major programmes, *viz*., RNTCP, NLEP and MCP and FCP during 2005-06 to 2008-09 are discussed in the succeeding paragraphs.

1.2.10.1 Revised National Tuberculosis Control Programme

The objectives of the Revised National Tuberculosis Control Programme are to achieve and maintain a cure rate of at least 85 *per cent* among newly detected infectious (new sputum smear positive) cases and achieve and maintain detection of at least 70 *per cent* of such cases in the population.

The cure rate achieved in the State during 2006-09 ranged from 82 to 85 *per cent*.

1.2.10.2 National Leprosy Eradication Programme

The main objective of the National Leprosy Eradication Programme is the elimination of leprosy in all the States by the end of Eleventh Plan (2012). Multi-drug therapy was implemented in the State through the State Leprosy Society and 25 District Leprosy Societies. Under NRHM, GOI fixed a goal of leprosy prevalence reduction (LPR) from 1.8/10000 (2005) to less than 1/10000 thereafter.

The LPR fixed by SHS for the State was 0.50 for the year 2008-09. The achievement against the target was 0.51, which marginally fell short of the target.

1.2.10.3 National Vector-Borne Disease Control Programme

(i) Malaria Control Programme

The main objective of the Malaria Control Programme is to reduce the malaria mortality rate by 50 *per cent* up to 2010 and an additional 10 *per cent* by 2012.

The SHS fixed the malaria mortality reduction rate for the entire Mission period as zero. The rate achieved for 2008-09 was 0.009.

(ii) Filaria Control Programme

The objective of the Filaria Control Programme is to reduce the prevalence of micro-filaria by 70 *per cent* by 2010, 80 *per cent* by 2012 and elimination by 2015. The strategies of the programme are to increase the coverage of the targeted population and treatment.

The micro-filaria rate achieved was 0.005 against the target of 0.007 fixed for 2008-09.

1.2.10.4 National Programme for Control of Blindness

The main objective of the National Programme for Control of Blindness (NPCB) is to reduce the prevalence of blindness to 0.8 *per cent* by 2007 and to 0.5 and 0.3 *per cent* by 2010 and 2020 respectively. The strategies of the programme were conducting of cataract surgeries (through camps), collection of donated eyes, creation of donation centres and eye banks and strengthening of infrastructure by way of supply of equipment and training of eye surgeons

and nurses. The programme is implemented by the Tamil Nadu State Blindness Control Society.

Prevalence of total blindness as per the NPCB study conducted in 2002 was 0.78 *per cent* in the State while the national average was 1.1 *per cent.*

The details of eyes collected and utilised in the State during 2005-06 to 2008-09 are given in **Table 14.**

Table 14: Details of eyes collected and utilised

Eye collection and utilisation	2005-06	2006-07	2007-08	2008-09
Target	6,500	7,000	7,500	8,000
Total collection in Tamil Nadu	6,920	7,850	9,266	10,144
Total eyes utilised	3,179	3,829	4,969	4,405
Percentage of utilisation	46	49	54	43
Collected by Government sector	1,295	1,414	1,043	819
Utilised by Government sector	438	733	489	409
Percentage of utilisation	34	52	47	50

(Source: Data furnished by Tamil Nadu State Blindness Control Society)

While targets fixed for collection of eyes were achieved, utilisation of eyes so collected ranged between 43 and 54 *per cent* during 2005-09.

In the test-checked districts, it was found that

- only two *per cent* of the eyes collected by the Government sector and NGOs during 2005-09 were utilised in Erode District (eyes collected: 2,267; utilised: 51),
- there was no collection at all in Pudukottai District during 2005-09,
- collection of eyes by the Government sector in seven test-checked district was just three *per cent* of eyes collected (total eyes collected : 3,909; collected by Government sector : 110) during 2005-09.

Collection of eyes by the Government sector in the test-checked districts was just three *per cent* during 2005-09.

The MD, SHS stated (September 2009) that the reason behind poor utilisation was that the eyes collected after six hours, infected eyes and eyes collected from burnt bodies were not fit for corneal transplantation. The Project Director, Tamil Nadu State Blindness Control Society stated (November 2008) that the unutilised eyes were being used for research purposes. Moreover, the contribution of the Government sector in utilisation of eyes collected was only 50 *per cent* (2008-09).

Spectacles were not supplied to 1,89,695 children with refractive errors during 2005-09

The programme also envisaged screening of school children for refractive errors and supply of spectacles free of cost to poor children. The number of school children screened in the State decreased to 19,82,949 in 2008-09 from 25,85,663 in 2005-06. Spectacles were not supplied to 1,89,695 (54 *per cent*) out of 3,53,575 children with refractive errors during 2005-09, due to release of assistance based on reduced targets fixed by GOI.

1.2.11 Performance Indicators

1.2.11.1 Health indicators

The key health indicators in respect of the infant mortality rate (IMR), maternal mortality rate (MMR) and total fertility rate (TFR) for Tamil Nadu under NRHM and the achievement of the fixed goals were as given in **Table 15.**

Table 15: Health indicators

Key Health Indicators	Data 2005-06		NRHM Goal for 2012 fixed by		NRHM interim goal fixed for 2008-09 by SHS	Achievement	
	SRS (2006)	VES (2006)	GOI (All India)	SHS (Tamil Nadu)		As per SHS	SRS (2008)
IMR (per 1000 live births)	37	23.8	30	20	25	14.8	31 (2008)
MMR (per one lakh live births)	95	95	100	40	70	79	90 (2007)
TFR	Not available	1.7 (2005)	2.1	1.6	1.7	1.7	1.8 (NFHS III)

(Source: Data furnished by SHS and DFW)

VES : Vital Events Survey conducted by Directorate of Family Welfare.

SRS : 'Sample Registration System' done by Registrar General, GOI.

NFHS III : National Family & Health Survey.

In respect of IMR and TFR, the State made considerable achievement, while it made slow progress in respect of MMR till 2008-09.

The achievement in respect of IMR and MMR in the test-checked districts during 2008-09 is as furnished in **Table 16**.

Table 16: Achievements – IMR and MMR

Sl. No.	Test-checked districts	IMR (per 1000 live births)	MMR (per one lakh live births)
1.	Erode	15.5	120
2.	Kancheepuram	13.9	50
3.	Kanyakumari	8.1	60
4.	Pudukottai	17	140
5.	Thiruvannamalai	23	75
6.	Vellore	20.6	63
7.	Villupuram	23	120

(Source: Data furnished by sample DHSs)

While the State's interim goal for 2008-09 in respect of IMR was achieved in all the test-checked districts, the same was not achieved in respect of MMR in four districts.

The achievement in MMR needed improvement to achieve the State's goal by 2012. Though NRHM was rural area based, neither were any specific targets fixed for rural areas nor was the achievement watched by the SHS.

1.2.11.2 Infant and Maternal Deaths

Reduction in infant and maternal mortality is the first and foremost objective of NRHM. The number of infant and maternal deaths in the State during 2004-05 to 2008-09 is given in **Appendix 1.28.**

Of the 46.72 lakh pregnant mothers registered in the State during 2005-09, only 27.93 lakh (60 *per cent*) were supplied with iron folic acid tablets for guarding against nutritional anaemia.

Infant deaths and maternal deaths showed an overall decreasing trend (as of March 2009) from 2004-05 onwards. Out of the total infant deaths of 90,717 during 2004-09, 62,858 (69 *per cent*) accounted for neo-natal deaths i.e. death of children aged 0 to 28 days. The major reasons for neo/post-natal deaths were anaemia among pregnant women and low birth weight of infants.

Only 27.93 lakh (60 *per cent*) pregnant women out of 46.72 lakh registered in the State during 2005-09 were administered iron and folic acid (IFA) tablets for a period of 100 days for guarding against nutritional anaemia. The details of coverage of ante natal mothers administered IFA tablet during 2005-09 are given in **Appendix 1.29**.

1.2.12 Monitoring and Evaluation

NRHM envisaged an intensive accountability framework through a three-pronged process of community based monitoring, external surveys and stringent internal monitoring.

1.2.12.1 Monitoring

(i) Monitoring committees not set up and public hearings not conducted

Non-formation of monitoring committees at PHC, BPHC, district and State levels and absence of public hearings resulted in lack of envisaged community participation

As per the guidelines of NRHM, Health Monitoring and Planning Committees were required to be formed at PHCs, BPHCs and at the district and State levels to monitor the progress of NRHM. Though the MD, SHS stated (December 2008) that the instructions would be followed, these committees had not been formed at any level as of March 2009. Further, public hearings and public dialogues to strengthen transparency and direct accountability of the health care system to the community and the beneficiaries as required under the guidelines, were not organised to get feedback on NRHM in any of the 29 districts.

(ii) Delay in identification of NGOs

NRHM guidelines envisaged identification of NGOs for establishing the rights of households to health care and for monitoring and evaluating the health sector, delivery of health services, etc. A sum of Rs 2.03 crore received by SHS in May 2007 for this component remained unspent with interest of

Rs 13.32 lakh for two years (March 2009). The MD, SHS replied (April 2009) that seven mother NGOs[61] for 12 districts had been identified and that the plan of action was under progress.

(iii) Shortfall in conducting meetings

Shortfall in conducting of meetings of the State Health Mission, General Body and Executive Committee of the State Health Society

NRHM guidelines prescribed (June 2005) the constitution of a State Health Mission (SHM), a State Health Society (SHS), District Health Missions (DHM) and District Health Societies (DHS). Periodicity of meetings to be conducted and the nature of business to be transacted in the meetings were also prescribed. The shortfalls in conducting of meetings of the SHM, SHS Governing Body (GB) and Executive Committee (EC) at the State level during 2006-09 were as indicated in **Table 17.**

Table 17: Shortfalls in conducting of meetings - State Level:

Name of the Committee	Periodicity of meeting prescribed	Date of Registration of SHS	To be held	Actually held	Shortfall (Percentage)
SHM	Twice in a year	-	6	Nil	6 (100)
SHS – GB	Twice in a year	15.03.2006	6	1	5 (83)
SHS – EC	Once every month	15.03.2006	36	7	29 (81)

The State Health Mission did not meet even once during 2006-09. The General Body of the SHS was convened once against the six prescribed meetings and the Executive Committee met seven times against the 36 prescribed meetings during 2006-09. The position of meetings of DHM and DHS up to 2008-09 in the test-checked districts is given in **Appendix 1.30.**

Percentage shortfall in conducting meetings of General Body and Executive Committee of District Health Societies was 77 and 87 respectively up to 2008-09

Audit noticed that in the seven sample districts, the DHM did not meet even once. Since the registration of the District Health Societies in May, June and July 2006, out of the total possible number of meetings of 35 by the GB of DHS and 233 by the EC of DHS during 2006-09 respectively, there were shortfalls to the extent of 27 (77 *per cent*) and 203 (87 *per cent*).

Thus, non-convening of SHM and DHM meetings and the shortfalls in conducting GB/ EC meetings of SHS and DHS defeated the very objective of having meaningful deliberations on policy issues, implementation and monitoring.

[61] Mother NGOs identified: Deepam Educational Society for Health, Kottivakkam (Kancheepuram and Chennai Districts), Family Planning Association of India, Madurai (Madurai and Thoothukudi Districts), Gandhigram Institute of Rural Health and Family Welfare Trust, Gandhigram (Dindigul and Trichirappalli Districts), Mary Anne Charitable Trust, Chennai (Pudukottai District), Rural Education and Development Society, Sivaganga (Sivaganga and Ramanathapuram Districts), Socio Educational Trust, Chengalpattu (Thiruvallur District) and Tamil Nadu Voluntary Health Association, Chennai (Theni and Tirunelveli Districts).

1.2.12.2 Evaluation

Independent evaluation not conducted

An independent evaluation of implementation of NRHM was required to be conducted by the Planning Commission and other reputed bodies, *viz*., the International Population Research Centre, Indian Institute of Management, Institute of Public Auditors of India, etc. However, except for an evaluation covering the period 2005-06 to 2006-07 done by the Institute of Public Auditors of India in August 2007, no other agency had conducted any evaluation of NRHM so far in the State (March 2009). The beneficiary survey was also not conducted by GOI or by State Government as of March 2009.

1.2.13 Conclusion

Though facility and household surveys were completed, the data was yet to be consolidated at the State level rendering the survey inputs infructuous. No health Action Plans were prepared at the village and block levels up to 2008-09 and at the district level up to 2007-08. Community participation was not ensured through formation of monitoring committees and identification of NGOs and holding of public hearings which would ensure accountability and feed back on NRHM. Underutilisation of NRHM funds by SHS/DHS, diversion of NRHM funds to other schemes/works, indicated inadequate control over financial management. Shortfall in the availability of health centres, manpower/equipment/infrastructure affected the objective of the mission in providing quality health care. There were deficiencies in mobile medical unit services. There was no grievance redressal mechanism in any of the health units. On an average 52 *per cent* of eyes collected under National Programme for Control of Blindness were not utilised. The State Health Mission did not meet at all and meetings of the State Health Society, District Health Missions and District Health Societies in the test-checked districts were not conducted as envisaged, resulting in lack of monitoring at the State and district levels.

1.2.14 Recommendations

- The State Health Society should ensure preparation of Annual Action Plans at the block and village levels and use the inputs of baseline surveys for the said purpose.
- Substitution of NRHM funds for the State's health expenditure should be avoided.
- Filling up of vacancies and supply of equipment to needy health units should be taken up on priority basis.

- All the required equipment, manpower and drugs should be provided to Mobile Medical Units so that they can serve the underserved areas as contemplated.

- Action should be taken to make the 85 non-functional operation theatres in BPHCs functional.

- Close monitoring of eyes collected by Government and NGOs should be done to ensure better rate of utilisation.

- Monitoring committees at District/Block/Village levels should be formed and NGOs identified so that the health care delivery is monitored with community participation.

The above points were referred to Government in September 2009. Reply had not been received (October 2009).

Appendix 1.15

(Reference: Paragraph 1.2.2; Page 28)

Organogram of State Health Mission and State Health Society

STATE HEALTH MISSION

Chairperson	**:**	**Chief Minister**
Convenor	**:**	**Principal Secretary, Health and Family Welfare Department**
Mission Director	**:**	**Project Director Reproductive and Child Health Project**
Members	**:**	**Regional Director, Ministry of Health and Family Welfare, GOI, Chennai, Director of Public Health and Preventive Medicine (Joint Mission Director), Director of Medical and Rural Health Services etc.**

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STATE HEALTH SOCIETY

Governing Body

Chairperson	**:**	**Minister for Health and Family Welfare**
Convenor	**:**	**Project Director for Reproductive and Child Health Project**
Members	**:**	**Principal Secretary, Health and Family Welfare Department, Regional Director, Ministry of Health and Family Welfare, GOI, Chennai, Director of Medical and Rural Health Services, Director of Family Welfare etc.**

Executive Committee

Chairperson	**:**	**Principal Secretary, Health and Family Welfare Department**
Convenor	**:**	**Project Director, Reproductive and Child Health Project**
Members	**:**	**Regional Director, Ministry of Health and Family Welfare, GOI, Chennai. Director of Public Health and Preventive Medicine, Director of Medical and Rural Health Services etc.**

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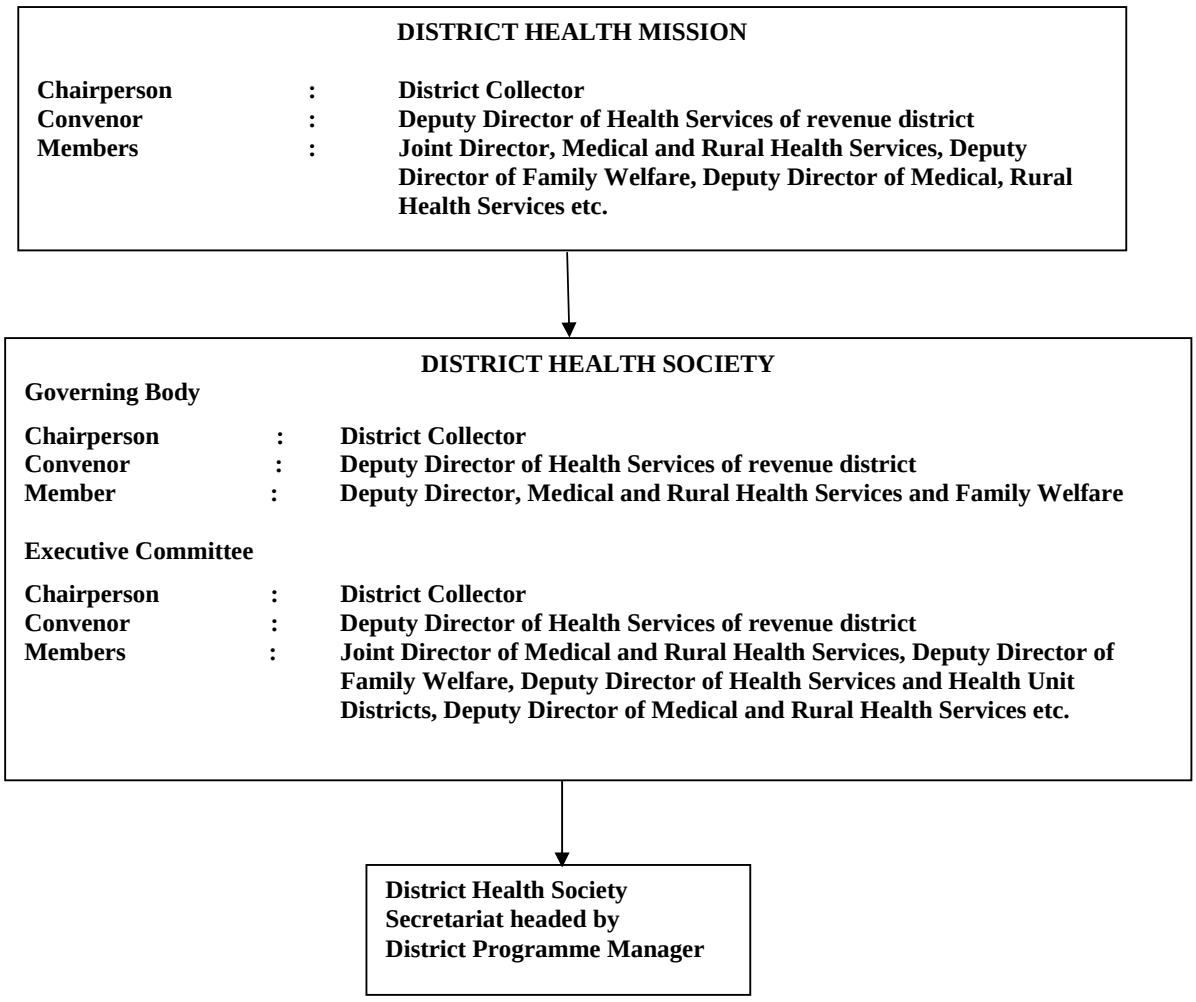
State Programme Management support unit headed by State Programme Manager

Contd..

Organogram of District Health Mission and District Health Society



Appendix 1.16

(Reference: Paragraph 1.2.5; Page 29)

List of test-checked units – National Rural Health Mission

Sl. No.	Sample district		Block PHC*	PHC at		Sub Centre	
1	Erode	1.	Erode BPHC at Chithode	1	Nasiyanur	1	Kumalanguttai
						2	Manickampalayam
				2	Thindal	3	Nanjappa Gounder valasu
						4	Thindal
		2.	Ammapettai BPHC at Guruvareddiyur	3	Ammapettai	5	Manickampalayam
						6	Nerinjipet
				4	Olagadam	7	Sembadampalayam
						8	Vedikaranpalayam
		3.	Perundurai BPHC at Thingalur	5	Pethampalayam	9	Ellispet
						10	Kanjikoil
				6	Vijayamangalam	11	Veeranampalayam
						12	Vijayamangalam
2	Vellore	4.	Arcot BPHC at Pudupadi	7	Ladavaram	13	Athithangal
						14	Karikanthangal
				8	Melvisharam	15	Melvisharam I
						16	Melvisharam III
		5.	Nemili BPHC at Punnai	9	Attupakkam	17	Eluppaithandalam
						18	Kadambanallur
				10	Panapakkam	19	Jagirthandalam
						20	Panapakkam II
		6.	Alangayam BPHC at Alangayam	11	Pudurnadu	21	Pudurnadu
						22	Serkanur
				12	Nimmiyampattu	23	Nimmiyampattu
						24	Vellakottai
3	Kanyakumari	7.	Thovalai BPHC at Aralvaimozhi	13	Arumanallur	25	Boothanpandi
						26	Veeravanallur
				14	Thadikarankonam	27	Azhagiapandiapuram
						28	Kesavanputhoor
		8.	Agastheeswaram BPHC at Agastheeswaram	15	Alagappapuram	29	Alagappapuram North
						30	Rajavur
				16	Kottaram	31	Kanniyakumari West
						32	Leepuram
		9.	Thiruvattar BPHC at Kurrakuzhi	17	Pechiparai	33	Cheruthikonam
						34	Thirunandhikarai
				18	Thiruvattar	35	Andoor
						36	Saroor
4	Villupuram	10.	Kolliyanur BPHC at Kandamanadi	19	Arasamangalam	37	Arasamangalam
						38	Pillur
				20	Thogaipadi	39	Kappur
						40	Thogaipadi
		11.	Kanai BPHC at Kedar	21	Anniyur	41	Anniyur
						42	Nangathur
				22	Kanai	43	Kalpattu
						44	Kangeyanur
		12.	Mugaiyur BPHC at Mugaiyur	23	Veerapandi	45	Adhichanur
						46	Veerapandi I
				24	Vilandhai	47	Manampoondi
						48	Vilandhai

Contd..

Sl. No.	Sample district		Block PHC	PHC at		Sub Centre	
5	**Pudukottai**	13.	Pudukkottai BPHC at Adhanakottai	25	Perungalur	49	Adappakkarachatram
						50	Mullur
				26	Varappur	51	A. Mathur
						52	Semmattividuthi
		14.	Thirumaiyam BPHC at Natchandupatti	27	Konapet	53	Athanur
						54	Vengalur
				28	Rangium	55	Kannanur
						56	Kullipirai
		15.	Thiruvarankulam BPHC at Thiruvarankulam	29	Arayapatti	57	Pachikottai
						58	Kallankudi
				30	Vallatharakottai	59	Puvarasakudi
						60	Kulavaipatti
6	**Kancheepuram**	16.	Kattankulathur at Nandivaram	31	Maraimalai Nagar	61	Maraimalainagar
						62	Singaperumalkoil
				32	Reddipalayam	63	Appur
						64	Chettipunniyam
		17.	Kancheepuram at Thiruppukuzhi	33	Keelperanamallur	65	Ayyangarkulam
						66	Keelperanamallur
				34	Perumpakkam	67	Perumbakkam
						68	Thenambakkam
		18.	Sriperampudur at Maduramangalam	35	Panruti	69	Echur
						70	Senthamangalam
				36	Vallam	71	Pillaipakkam
						72	Vallam
7	**Thiruvannamalai**	19.	Chengam at Melpallipattu	37	Chennasamudram	73	Chennasamudram
						74	Pudur
				38	Paramananthal	75	Kamaraj nagar
						76	Paramananthal
		20.	Thiruvannamalai at Kattampoondi	39	Meyyur	77	Adiannamalai
						78	Kaveriyanpoondi
				40	Su.Valavetti	79	Kadagaman
						80	Veraiyur
		21.	Arani (East) at S.V. Nagaram	41	Mullanthiram	81	Agrapalayam
						82	Mullanthiram
				42	Nesal	83	Nesal
						84	Vellapadi

* In Tamil Nadu, there is no Community Health Centre (CHC). Hence, Block PHC has been taken in place of CHC.

Appendix 1.17

(Reference: Paragraph 1.2.6; Page 30)

Goals and achievements under NRHM

SL. No.	Activity – Goals – Tamil Nadu	Time line for all States (Target in percentage)	Tamil Nadu status/ achievement (in percentage) as of March 2009
1	385 CHCs (BPHC) strengthened / to be established with 7 specialists and 9 Staff Nurses to provide service guarantees as per IPHS	30 by 2007 50 by 2009 100 by 2010	Nil (100 non-achievement by 2009)
2	1421 PHCs strengthened/ established with 3 Staff Nurses to provide service guarantees as per IPHS	30 by 2007 60 by 2009 100 by 2010	1376 PHCs (97) out of 1421 were strengthened as 24X7 delivery care services with 3 SNs by 2009.
3	2 ANM Sub Health Centres to be strengthened/ established to provide service guarantees as per IPHS in 8706 places.	30 by 2007 60 by 2009 100 by 2010	Nil (100 non-achievement by 2009)
4	District Health Action Plan 2005-2012 prepared by each district of the state.	50 by 2007 100 by 2008	DHAP prepared by 29 districts from 2008-09 and not perspective plan for 2005-12. (100 non-achievement by 2009)
5	State and District Health Society established and fully functional with requisite management skills	50 by 2007 100 by 2008	SPMU functioning with requisite management skills. DPMUs not formed(100 non-achievement) in 29 districts by 2009
6	Systems of community monitoring put in place	50 by 2007 100 by 2008	Not put in place at State/ District/ Block levels except Village Health and Sanitation Committees (100 non-achievement by 2009)
7	Facility and household surveys carried out in each and every district of the State	50 by 2007 100 by 2008	Yes. Surveys carried out but not consolidated at State level.
8	Annual State and District specific Public Report on Health published	30 by 2008 60 by 2009 100 by 2010	Not published (100 non-achievement by 2009)
9	Mobile Medical Units provided to each district of the State.	30 by 2007 60 by 2008 100 by 2009	MMUs provided in 385 blocks (Not according to specifications of GOI)

Appendix 1.18

(Reference: Paragraph 1.2.7.2; Page 33)

Financial performance of NRHM in test-checked districts

(Rupees in lakh)

Districts	2005-06			2006-07			2007-08			2008-09		
	Receipt	**Expenditure**	**CB**	**Receipt**	**Expenditure**	**CB**	**Receipt**	**Expenditure**	**CB**	**Receipt**	**Expenditure**	**CB**
Erode	7.72	2.83	4.89	333.01	212.89	125.01	707.29	626.77	205.53	1,084.75	644.47	645.81
Kanyakumari	2.18	0.63	1.55	234.37	148.09	87.83	417.24	115.18	389.89	635.07	309.77	715.19
Pudukottai	4.03	1.20	2.83	359.92	216.58	146.17	486.01	299.51	332.67	772.53	402.78	702.42
Vellore	17.11	5.71	11.40	473.92	255.98	229.34	857.94	503.12	584.16	1,257.39	977.88	863.67
Villupuram	10.59	7.83	2.76	504.97	380.45	127.28	868.24	1,046.69	-51.17	1,582.52	667.30	864.05
Kancheepuram	5.65	.60	5.05	375.18	200.36	179.87	585.48	254.79	510.56	918.98	503.73	925.81
Thiruvannamalai	13.29	7.42	5.87	402.99	261.82	147.04	804.57	320.81	630.80	1,330.24	499.27	1,461.77
Total	**60.57**	**26.22**	**34.35**	**2,684.36**	**1,676.17**	**1,042.54**	**4,726.77**	**3,166.87**	**2,602.44**	**7,581.48**	**4,005.20**	**6,178.72**

CB : Closing Balance

Appendix 1.19

(Reference: Paragraph 1.2.7.2; Page 33)

District-wise and year-wise details of components

District	Year	Name of the component
Erode	2006-07	Scan Centre Audit (TA/DA), Bemonc services in 385 PHCs, Hiring of Private Anaesthetist, Referral control room, District Programme Management Unit, IEC, Provision for telephones, Training
	2007-08	Family Health Clinic, Medical Emergency Referral Control room, Hiring of Private Anaesthetist, Hiring of Paediatricians, Repairs in 24x7 PHCs, Telephones, Mobility Support, IEC/JSY (Wall writing), IEC/HMIS, SPMU/BPMU, Gestational Diabetes, Birth Companion, Infection Management, Gender Equity and Upgradation of PHCs to IPHS.
	2008-09	Hiring of Private Anaesthetist, Hiring of Paediatricians, Maintenance Grant to Bemonc PHC, Upgradation of PHCs to IPHS, World Population Day, MMU, Gestational Diabetes and Infection Management
Kanyakumari	2006-07	Support to Medical College, RTI/STI Clinics in 385 Bemonc centres, RCH outreach services, DPMU, IEC.
	2007-08	Bemonc Services, Family Health Clinic, Hiring of Private Anaesthetist, Repairs in 24x7 PHCs, Telephones, Mobility Support, IEC/JSY (Wall writing), IEC/HMIS, SPMU/BPMU, Gestational Diabetes, Birth Companion, Infection Management and Upgradation of PHCs to IPHS.
	2008-09	Hiring of Private Anaesthetist, Hiring of Paediatricians, Maintenance Grant to Bemonc PHC, Upgradation of PHCs to IPHS, World Population Day, MMU, Gestational Diabetes and Infection Management
Pudukottai	2006-07	Scan Centre Audit (TA/DA), Bemonc Services in 385 PHCs, Hiring of Private Anaesthetist, Referral Control Room, DPMU, IEC, Provision for Telephones and Training.
	2007-08	Hiring of Private Anaesthetist, Hiring of Paediatricians, Repairs in 24x7 PHCs, Mobility Support, IEC/JSY (Wall writing), IEC/HMIS, SPMU/BPMU, Training, Gestational Diabetes, Birth Companion, Infection Management, Gender Equity, Upgradation of PHCs to IPHS and Scan Centre Audit.
	2008-09	Hiring of Private Anaesthetist, Hiring of Paediatricians, Maintenance Grant to Bemonc PHC, Upgradation of PHCs to IPHS, World Population Day, Scan Centre Audit, Gestational Diabetes, Infection Management and Gender Equity.
Vellore	2006-07	Scan Centre Audit (TA/DA), Bemonc Services in 385 PHCs, Hiring of Private Anaesthetist, Support to Medical College, DPMU, IEC, Provision for Telephones and Training.
	2007-08	Medical Emergency Referral Control room, Hiring of Private Anaesthetist, Hiring of Paediatricians, Repairs in 24x7 PHCs, Mobility Support, IEC/HMIS, SPMU/BPMU, Gestational Diabetes, Birth Companion, Infection Management, Gender Equity, Upgradation of PHCs to IPHS and Scan Centre Audit.
	2008-09	Hiring of Paediatricians, Maintenance Grant to Bemonc PHC, Upgradation of PHCs to IPHS, World Population Day, Scan Centre Audit, Infection Management and Gender Equity.

Contd..

District	Year	Name of the component
Villupuram	2006-07	Blood Donation, Bemonc Services in 385 PHCs, Hiring of Private Anaesthetist, DPMU, IEC, Provision for Telephones and Training.
	2007-08	Bemonc Services, Hiring of Private Anaesthetist, Hiring of Paediatricians, Telephones, Mobility Support, IEC/JSY (Wall writing), SPMU/BPMU, Gestational Diabetes, Birth Companion, Infection Management, Gender Equity and Upgradation of PHCs to IPHS.
	2008-09	Hiring of Private Anaesthetist, Hiring of Paediatricians, Maintenance Grant to Bemonc PHC, Upgradation of PHCs to IPHS, World Population Day, MMU, Gestational Diabetes, Infection Management and Gender Equity.
Kancheepuram	2006-07	Blood Donation Camp, Scan Centre Audit (TA/DA), Hiring of Private Anaesthetist, DPMU, IEC, Provision for Telephones and Training.
	2007-08	Hiring of Private Anaesthetist, Hiring of Paediatricians, Repairs in 24x7 PHCs, Mobility Support, IEC/JSY (Wall writing), IEC/HMIS, SPMU/BPMU, Gestational Diabetes, Training, Birth Companion, Infection Management, Gender Equity and Upgradation of PHCs to IPHS, Ambulance services for Emergency Transport of Mother and Children.
	2008-09	Hiring of Private Anaesthetist, Hiring of Paediatricians, Maintenance Grant to Bemonc PHC, Upgradation of PHCs to IPHS, World Population Day, Ambulance services for Emergency Transport of Mother and Children and Gestational Diabetes.
Thiruvannamalai	2006-07	Scan Centre Audit (TA/DA), Referral Control Room, RCH outreach service, DPMU, IEC, Provision for Telephones and Training.
	2007-08	Hiring of Private Anaesthetist, Hiring of Paediatricians, Repairs in 24x7 PHCs, Telephones, Mobility Support, IEC/JSY (Wall writing), IEC/HMIS, SPMU/BPMU, Birth Companion, Infection Management, Gender Equity, Upgradation of PHCs to IPHS and Scan Centre Audit.
	2008-09	Hiring of Private Anaesthetist, Hiring of Paediatricians, Maintenance Grant to Bemonc PHC, Upgradation of PHCs to IPHS, World Population Day, Scan Centre Audit, Janani Suraksha Yojana.

Appendix 1.20

(Reference: Paragraph 1.2.7.5; Page 34)

Diversion of NRHM funds

Sl. No.	Diverted by	Month/ Year of diversion	Amount diverted (Rs in crore)	Scheme from which diverted	Scheme to which diverted	Purpose for which diverted
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Mission Director, State Health Society	October 2006	2.57	NRHM[1], RCH Component	Varumun Kappom Thittam (State scheme)	For additional Diagnostic Service
2	Mission Director, State Health Society	October 2006	7.00	NRHM funds Reproductive and Child Health	Minor civil works, water supply, purchase of equipment etc in paediatric wards in 15 Government Medical College Hospitals	-
3	Mission Director, State Health Society	September 2007	0.20	NRHM State Programme Management	Dr. Muthulakshmi Reddy Maternity Benefit Scheme (State scheme)	IEC activity
4	Director of Public Health and Preventive Medicines	2007-08	0.90	VBD control activities social mobilisation and purchase of insecticides	Purchase of Jeeps and Vehicles Mounted Fogging Machines (VMFM) (Central scheme)	-
5	Mission Director, State Health Society	2008-09	8.50	NRHM (State share)	To TNMSC for procurement of medicines to District PHCs/ Taluk Hospital	-
6	Mission Director, State Health Society	2008-09	25.05	NRHM (State share)	Purchase of equipment to Medical Colleges at Thiruvarur , Villupuram and Dharmapuri	-
7	Mission Director, State Health Society	2008-09	2.60	NRHM		Purchase of linen and furniture
8	Mission Director, State Health Society though TNHSP	2008-09	4.81	NRHM	Operation of emergency management services (Ambulance Services 108) (World Bank aided Tamil Nadu Health Systems Project)	For the purchase of equipments, consumable and extrication kits for ambulances through EMRI an NGO, (already rejected item)
9	Mission Director, State Health Society	March 2009	2.32	NRHM (State share)	Upgradation of Paediatric Intensive care unit at ICH & HC[2], Chennai	
		Total	**53.95**			

1 National Rural Health Mission (NRHM); Reproductive and Child Health (RCH) Tamil Nadu Health System Project (TNHSP); Emergency Management Research Institution (EMRI) Tamil Nadu Medical Services Corporation (TNMSC); Non-Governmental Organisation (NGO) Primary Health Centre (PHC)

2 ICH & HC (Institute of child Health and Hospital for Children)

Appendix 1.21

(Reference: Paragraph 1.2.8.2; Page 39)

Manpower in test-checked districts

Post	Pudukottai				Erode				Vellore				Villupuram				Kanyakumari			
	S	M	V	P	S	M	V	P	S	M	V	P	S	M	V	P	S	M	V	P
Doctors	124	107	17	14	168	161	7	4	169	163	6	4	196	178	18	9	83	83	--	--
Lab Asst. / Lab Technician	31	14	17	55	51	36	15	29	44	35	9	20	68	53	15	22	23	13	10	43
ANM	62	61	1	2	100	85	15	15	91	91	--	--	112	112	--	--	--	--	--	--
Pharmacist	53	49	4	8	68	56	12	18	66	63	3	5	89	81	8	9	32	26	6	19
Drivers	33	25	8	24	47	43	4	9	45	29	16	36	56	44	12	21	23	20	3	13

Post	Kancheepuram				Thiruvannamalai			
	S	M	V	P	S	M	V	P
Doctors	128	123	5	4	192	192	0	--
Lab Asst. / Lab Technician	46	45	1	2	73	48	25	34
ANM	62	61	1	2	90	88	2	2
Pharmacist	47	35	12	26	81	70	11	14
Drivers	31	22	9	29	45	27	18	40

S: Sanctioned; M: Men in position; V: Vacancy; P: Percentage.

Appendix 1.22

(Reference: Paragraph 1.2.8.2 (ii); Page 40)

Shortages in infrastructure facilities in test-checked districts with reference to IPH standards

Test-checked health centres/ District	Blood Bank	X ray facility	Operation theatre	Labour room	Emergency/ Casualty room	Staff quarters	Separate public utilities[@]
(i) BPHC (three per district)							
Erode	3	3	2	--	3	1	1
Kanyakumari	3	1	--	--	3	--	--
Pudukottai	3	3	1	--	3	--	2
Vellore	3	--	--	--	3	--	--
Villupuram	3	2	1	--	3	1	2
Kancheepuram	3	1	--	--	1	--	1
Thiruvannamalai	3	2	--	--	2	2	1
Total	**21 (100)**	**12 (57)**	**4 (19)**	**--**	**18 (86)**	**4 (19)**	**7 (33)**
(ii) PHC (six per district)							
Erode	NR	NR	6	--	6	6	6
Kanyakumari	NR	NR	5	--	5	4	2
Pudukottai	NR	NR	6	--	6	5	4
Vellore	NR	NR	6	--	6	6	6
Villupuram	NR	NR	4	--	6	6	3
Kancheepuram	NR	NR	6	--	6	6	1
Thiruvannamalai	NR	NR	6	--	6	6	2
Total	**NR**	**NR**	**39 (93)**	**--**	**41 (98)**	**39 (93)**	**24 (57)**
(iii) HSC (12 per district)					**Examination room**		
Erode	NR	NR	NR	0	0	11	12
Kanyakumari	NR	NR	NR	7	12	7	7
Pudukottai	NR	NR	NR	0	4	1	12
Vellore	NR	NR	NR	9	8	8	9
Villupuram	NR	NR	NR	2	2	3	12
Kancheepuram	NR	NR	NR	4	4	7	12
Thiruvannamalai	NR	NR	NR	4	9	4	12
Total	**NR**	**NR**	**NR**	**26 (31)**	**39 (46)**	**41 (49)**	**76 (90)**

NR: Not required to be provided. @: Separate toilets for men and women

(Figures in brackets represent percentage of shortfall)

Appendix 1.23

(Reference: Paragraph 1.2.9.2; Page 44)

Year-wise performance under routine immunisation programme in test-checked districts

Sl. No.	Test-checked districts	Percentage of achievement under immunisation during			
		2005-06	2006-07	2007-08	2008-09
1.	Erode	97	96	98	94
2.	Kancheepuram	99	99	99	89
3.	Kanyakumari	98	95	102	92
4.	Pudukottai	98	99	101	86
5.	Thiruvannamalai	100	100	101	98
6.	Vellore	100	101	99	86
7.	Villupuram	100	94	101	78
State		97	98	99	89

Appendix 1.24

(Reference: Paragraph 1.2.9.2; Page 44)

Year-wise performance under routine immunisation programme in test-checked districts (detailed break-up)

District	Year	Infant target	OPV	DPT	BCG	Measles	Fully Imm.	TTM	
			Achievement					Target	Ach.
Erode	2005-06	40,640	39,730 (98)	39,622 (97)	39563 (97)	39,610 (97)	39,321 (97)	44,704	42,573 (95)
	2006-07	39,811	38,751 (97)	38,708 (97)	39120 (98)	38,509 (97)	38,181 (96)	43,792	43,001 (98)
	2007-08	39,575	39,059 (99)	39,139 (99)	39033 (99)	38,920 (98)	38,907 (980	43,533	43,258 (99)
	2008-09	39,300	38,036 (97)	38,018 (97)	38095 (97)	37,670 (96)	37,123 (94)	43,230	42,324 (98)
Kanyakumari	2005-06	27,350	27,260 (100)	27,240 (100)	28361 (104)	26,764 (98)	26,720 (98)	30,085	28,348 (94)
	2006-07	27,350	27,329 (100)	27,361 (100)	29431 (108)	26,211 (96)	26,094 (95)	30,085	27,320 (91)
	2007-08	24,922	26,124 (105)	25,986 (104)	28289 (114)	25,345 (102)	25,308 (102)	27,414	26,934 (98)
	2008-09	24,600	24,418 (99)	24,185 (98)	23417 (95)	22,704 (92)	22,650 (92)	27,060	25,570 (94)
Pudukottai	2005-06	28,522	28,745 (101)	28,723 (101)	28523 (100)	28,684 (101)	27,810 (98)	31,375	31,610 (101)
	2006-07	27,564	28,324 (103)	28,198 (102)	27837 (101)	27,894 (101)	27,182 (99)	30,321	29,138 (96)
	2007-08	27,116	27,408 (101)	27,410 (101)	27482 (101)	27,666 (102)	27,387 (101)	29,828	30,666 (103)
	2008-09	27,077	26,457 (98)	26,439 (98)	26502 (98)	25,347 (94)	23,317 (86)	29,785	28,970 (97)
Vellore	2005-06	61,400	61,698 (100)	61,599 (100)	61225 (100)	61,705 (100)	61,675 (100)	67,540	65,328 (97)
	2006-07	61,200	61,902 (101)	61,914 (101)	62013 (101)	61,790 (101)	61,818 (101)	67,320	68,607 (102)
	2007-08	61,300	61,342 (100)	61,346 (100)	60688 (99)	60591 (99)	60,558 (99)	67,430	68,216 (101)
	2008-09	61,300	58,989 (96)	58,989 (96)	58833 (96)	52,609 (86)	52,527 (86)	67,430	66,920 (99)
Villupuram	2005-06	59,720	62,478 (105)	62,484 (105)	64318 (108)	61,279 (103)	59,862 (100)	65,692	66,867 (102)
	2006-07	60,973	62,977 (103)	62,984 (103)	63238 (104)	61,041 (100)	57,179 (94)	67,070	68,704 (102)
	2007-08	60,246	63,468 (105)	63,390 (105)	65009 (108)	63,806 (106)	60,601 (101)	66,271	67,073 (101)
	2008-09	60,208	59,551 (99)	59,576 (99)	60565 (101)	57,278 (95)	46,665 (78)	66,229	65,013 (98)
Kancheepuram	2005-06	56,523	55,551 (98)	55,526 (98)	55025 (97)	55,756 (99)	55,718 (99)	62,175	59,403 (96)
	2006-07	55,242	54,759 (99)	54,755(99)	54320(98)	54,839(99)	54,732(99)	60,766	59,596(98)
	2007-08	55,400	55,053(99)	55,067(99)	54793(99)	54,932(99)	54,787(99)	60,940	60,217(99)
	2008-09	55,706	53,375 (96)	53,347 (96)	53781 (97)	49,546 (89)	49,468 (89)	61,277	58,252 (95)
Thiruvannamalai	2005-06	41,156	41,439 (101)	41,434 (101)	41178 (100)	41,279 (100)	41,226 (100)	45,272	45,696 (101)
	2006-07	40,537	40,966(101)	40,947(101)	40681(100)	40,707(100)	40,574(100)	44,591	45,413(102)
	2007-08	40,623	41,830(103)	41,850(103)	41417(102)	41,339(102)	41,163(101)	44,685	45,458(102)
	2008-09	40,623	41,582 (102)	41,582 (102)	40461 (100)	40,131 (99)	39,960 (98)	44,685	44,938 (101)

(Figures in bracket indicate percentage of achievement to target)

Appendix 1.25

(Reference: Paragraph 1.2.9.3 (i); Page 45)

Performance under family planning methods

Year		Method				
		Sterili-sation	**IUD insertion**	**OP users**	**CC users**	**MTP**
2005-06	ELD	4,50,000	450,000	2,24,000	3,75,000	1,50,000
	Actual	3,80,028	3,94,076	1,36,776	2,02,097	69,333
	per cent	84	88	61	54	46
2006-07	ELD	4,50,000	4,50,000	1,75,000	3,75,000	1,50,000
	Actual	3,56,936	3,59,056	1,28,040	1,41,903	64,742
	per cent	79	80	73	38	43
2007-08	ELD	4,00,000	4,50,000	1,75,000	3,75,000	150,000
	Actual	3,52,856	3,53,149	1,29,515	1,51,234	61,435
	per cent	88	78	74	40	41
2008-09	ELD	4,00,000	4,50,000	1,75,000	3,75,000	1,50,000
	Actual	3,43,971	3,12,447	1,32,318	1,64,954	59,759
	per cent	86	69	76	44	40

ELD: Expected level of demand (Cases required to be covered)

Actual : Number of cases actually covered

Per cent : Achievement with reference to ELD

Appendix 1.26

(Reference: Paragraph 1.2.9.3 (i); Page 45)

Achievements of family welfare programme in sample districts

Sl. No.	Programme	Year	Erode		Kanyakumari		Pudukottai		Vellore		Villupuram		Kancheepuram		Thiruvannamalai	
			ELD	Achievement	ELD	Achievement	ELD	Achievement	ELD	Achievement	ELD	Achievement	ELD	Achievement	ELD	Achievement
1.	IUD insertion	2005-06	18,000	13,763(76)	10,000	94,15(94)	12,000	13,215(110)	22,000	17,045(77)	22,000	19,184(87)	16,000	11,846 (74)	17,000	17,200 (102)
		2006-07	18,000	12,157(68)	10,000	66,54(67)	12,000	11,430(95)	22,000	14,757(67)	22,000	17,542(80)	16,000	12,854 (80)	17,000	14,863 (87)
		2007-08	18,000	13,115(73)	10,000	65,14(65)	12,000	9,666(81)	22,000	13,144(60)	22,000	11,524(52)	16,000	12,638 (79)	17,000	12,124 (71)
		2008-09	17,000	11,407(67)	10,000	5,333(53)	12,000	6,675(56)	22,000	13,434(61)	22,000	10,688 (49)	16,500	11,309 (69)	17,000	9,687 (57)
2.	OP	2005-06	10,200	5,743(56)	5,100	3,676(72)	5,100	3,301(65)	12,800	6,771(53)	13,400	6,344(47)	10,300	5,542 (54)	7,700	5,176 (67)
		2006-07	8,000	4,823(60)	4,000	3,073(77)	4,000	3,236(81)	10,000	4,926(49)	10,500	6,006(57)	8,000	5,522 (69)	6,000	4,916 (82)
		2007-08	8,000	5,771(72)	4,000	2,972(74)	4,000	2,716(68)	10,000	5,182(52)	10,500	6,284(60)	8,000	5,696 (71)	6,000	4,820 (80)
		2008-09	7,500	5,561 (74)	4,500	2,286(51)	4,000	1,859 (47)	9,000	7,126 (79)	8,500	6,654 (78)	8,500	5,208 (61)	6,000	4,529 (76)
3.	CC	2005-06	17,000	8,531(50)	8,500	4,330(51)	8,500	7,329(86)	19,000	11,181(59)	20,000	12,279(61)	16,000	4,399 (27)	13,000	6,220 (48)
		2006-07	17,000	6,476(38)	8,500	3,899(46)	9,500	4,818(57)	19,000	6,324(33)	20,000	6,351(32)	16,000	3,262 (20)	13,000	4,972 (38)
		2007-08	10,700	6,337(37)	8,500	3,537(42)	8,500	4,400(52)	19,000	7,555(40)	20,000	7,919(40)	16,000	3,783 (24)	13,000	4,917 (38)
		2008-09	17,000	6,890 (41)	8,500	3,259 (38)	8,500	3,664 (43)	19,000	10,192 (54)	20,000	7,656 (38)	16,000	41,95 (26)	13,000	4,560 (35)
4.	MTP	2005-06	3,500	2,062(59)	3,500	1,111(32)	2,000	707(35)	6,500	2,969(46)	4,000	1,431(36)	4,500	1,857 (41)	2,500	874 (35)
		2006-07	3,500	1,727(49)	3,500	1,167(33)	2,000	631(32)	6,500	2,315(36)	4,000	1,244(31)	4,500	1,477 (33)	2,500	689 (28)
		2007-08	3,500	1,796(51)	3,500	846(24)	2,000	618(31)	6,500	2,484(38)	4,000	1,380(35)	4,500	1,163 (26)	2,500	522 (21)
		2008-09	3,500	1,615 (46)	3,500	907 (26)	2,000	571 (29)	6,500	2,420 (37)	4,000	1,405 (35)	4,500	1,171 (26)	2,500	395 (16)

ELD: Expected level of demand

(Figures in brackets represent percentage of achievement to target)

Appendix 1.27

(Reference: Paragraph 1.2.9.3 (i); Page 45)

Sterilisation performance

Year	Target	Vasectomy		Tubectomy		Laparoscopic sterilisation		Total	Percentage to target
		No.	P	No.	P	No.	P		
2005-06	4,50,000	629	0.2	3,34,175	88	45,224	12	3,80,028	84
2006-07	4,50,000	735	0.2	3,17,303	89	38,899	11	3,56,936	79
2007-08	4,00,000	1,353	0.4	3,12,164	88	39,339	11	3,52,856	88
2008-09	4,00,000	2,462	0.7	3,04,133	88	37,376	11	3,43,971	86

No. : Number of cases

P : Percentage to total achievement

Appendix 1.28

(Reference: Paragraph 1.2.11.2; Page 50)

Infant and maternal deaths

Year	Infant deaths				Maternal Deaths
	0-7 days	8-28 days	29-365 days	Total	
2004-05	11,653	3,298	6,947	21,898	1,220
2005-06	10,160	2,899	6,178	19,237	1,030
2006-07	9,198	2,742	4,880	16,820	1,020
2007-08	9,370	2,671	5,144	17,185	1,007
2008-09	8,395	2,472	4,710	15,577	854
Total	**48,776**	**14,082**	**27,859**	**90,717**	**5,131**

Appendix 1.29

(Reference: Paragraph 1.2.11.2; Page 50)

Administration of IFA tablets

Year	No. of Ante Natal Mothers registered (Target)	No. of Ante Natal Mothers who received IFA administration (Achievement)*
2005-06	11,89,607	7,33,241 (62)
2006-07	11,79,982	8,70,201 (74)
2007-08	11,50,285	5,69,810 (50)
2008-09	11,51,652	6,20,211 (54)
Total	**46,71,526**	**27,93,463 (60)**

* Figures in brackets indicate percentage

Appendix 1.30

(Reference: Paragraph 1.2.12.1 (iii); Page 51)

Meetings of DHM and DHS in test-checked districts

District	DHM (yearly twice)			GB of DHS (yearly twice)			EC of DHS (every month)			Date of registration of DHS
	P	A	S	P	A	S	P	A	S	
Erode	5	0	5	5	1	4	33	0	33	26.06.2006
Kancheepuram	5	0	5	5	6	0	33	13	20	12.06.2006
Kanyakumari	5	0	5	5	0	5	34	4	30	26.05.2006
Pudukottai	5	0	5	5	1	4	33	0	33	26.06.2006
Thiruvannamalai	5	0	5	5	1	4	34	11	23	03.05.2006
Vellore	5	0	5	5	0	5	34	0	34	18.05.2006
Villupuram	5	0	5	5	0	5	32	2	30	05.07.2006
Total	**35**	**0**	**35**	**35**	**9**	**27**	**233**	**30**	**203**	

(Shortfall is arrived at taking into account the prescribed/actual meetings held from the date of registration of respective societies)

P : Prescribed; A: Actual; S: Shortfall.