SCHOOL EDUCATION DEPARTMENT AND HEALTH & FAMILY WELFARE DEPARTMENT

2.3 Tribal Sub Plan

Executive Summary

The policy of Tribal Sub Plan (TSP), initiated in the Fifth Five Year Plan period (1974-1979), is a critical initiative in closing the development gap between the Scheduled Tribe (ST) as compared to others. The strategy was to direct plan resources across Central Ministries in Government of India and departments in states at least in proportion to their population at the National and State level respectively. In the present performance audit of TSP, nine Education and Health related schemes implemented by two departments, School Education and Health & Family Welfare were covered for the period 2011-12 to 2013-14. The major audit findings are:

- TSP funds released by Government of India and State Government were mixed at implementing agency level with General & Scheduled Caste Sub Plan funds. Due to this, segregation and tracking of expenditure of TSP funds was not possible. No mechanism was established by the departments to monitor the category wise expenditure to ensure that the TSP funds are being spent for intended purpose.

(Paragraph 2.3.6.2)

- Contrary to *Sarva Siksha Abhiyan* scheme guidelines, no special training for non-tribal teachers to work in tribal areas, including knowledge of tribal dialect was provided. School text books were not prepared in local languages.

(Paragraph 2.3.7.2)

- Enrolment of student in *Sarva Siksha Abhiyan* was inadequate as compared to ST population in the five test-checked blocks. Uniforms were not provided to any ST students in 17 test-checked Secondary Schools under *Rashtriya Madhyamik Shiksha Abhiyan*.

(Paragraphs 2.3.7.3 and 2.3.7.4)

- There was shortfall in achieving targets set for National Rural Health Mission programme of Immunization and Institutional deliveries. In 24 blocks, First Referral Units, set up for obstetrics and new born care, were functioning without gynecologist (12), anesthetist (18) and blood storage facility (10). Further, no specialist was posted in nine community Health Centres against 51 sanctioned posts.

{Paragraphs 2.3.8.2, 2.3.8.3 (1) and(2), 2.3.8.4(2)}

- Out of 722 works, 349 were in progress and 143 could not be started which resulted into blockage of funds of ₹ 24.06 crore in test-checked districts.

{Paragraph 2.3.8.4 (1)}

2.3.1 Introduction

The Government of India (GoI) initiated the policy of Tribal Sub Plan (TSP) in the Fifth Five Year Plan period (1974-1979). TSP is seen as a critical initiative in closing the development gap between the Scheduled Tribe (ST) and others and the strategy was to direct plan resources across Central Ministries in GoI and departments in the states at least in proportion to the ST population both at the National and State level for development of tribal population. TSP is a key instrument for fulfilling the objectives of inclusive growth in India. TSP funds are given as a component of the regular schemes. As per the census 2011, the population of ST in the State is 78,22,902 which constitutes 30.59 *per cent* of the total population of the State (2,55,45,198). Thus, the State had to earmark at least 30.59 *per cent* of the total plan outlay for the development of the TSP area.

2.3.2 Audit scope and coverage

Nine Education and Health related schemes, which have TSP components, are selected for review since these focus on human resource development. The performance audit was conducted for the period from 2011-12 to 2013-14 and was taken up in districts selected according to sample selection. The department-wise details of selected schemes are as under:

Table 2.3.1: Details of departments and schemes covered

Department	Name of the Selected Schemes
School Education	• *Sarva Shiksha Abhiyan* (SSA) • *Rashtriya Madhyamik Shiksha Abhiyan* (RMSA) • Mid-Day Meal (MDM)
Health and Family Welfare	**four health schemes relating to National Rural Health Mission** • Infrastructure Maintenance Scheme (IMS) • Immunization • Reproductive and Child Health (RCH) Flexible Pool • Mission Flexible Pool (MFP) **two health schemes relating to non-communicable diseases** • National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) • National Programme for Health Care for the Elderly (NPHCE)

2.3.3 Audit objectives

The performance audit of TSP has been taken up with the objective of assessing whether:

- planning process of the TSP for implementation of various educational and health programmes were well designed, need based and targeted towards the intended beneficiaries;
- adequate financial outlay was earmarked for TSP and were utilised economically and efficiently;
- education and health sector schemes for development of STs were delivered efficiently;
- effective mechanism was in place for monitoring and evaluation of the outcomes of the schemes/programmes.

2.3.4 Audit criteria

The performance audit of TSP in respect of education and health components were assessed with reference to:

- Planning Commission Guidelines with respect to TSP.
- Guidelines issued by Ministry of Human Resource Development (MoHRD) and Ministry of Health and Family Welfare (MoH&FW) regarding selected schemes.
- Circulars/instructions issued by Central Government from time to time in this respect.
- Periodical reports/returns prescribed by Central and State Government.
- Impact evaluation and other Reports/Statistics from authentic sources.

2.3.5 Audit methodology and sampling

Audit was conducted from May to September 2014 covering the period from 2011-12 to 2013-14. Out of total 27 districts, eight[1] districts and 17 blocks of these districts (**Appendix 2.3.1)** were selected based on tribal population. For the performance audit of the implementation of education related schemes, 101 schools in the test-checked blocks were selected. For Health related schemes, 15 Community Health Centres (CHC) and 34 Primary Health Centres (PHC) of selected blocks were test checked. Scrutiny of records was also conducted at Directorate of Public Instructions (DPI), Chhattisgarh, Mission Director, *Rajiv Gandhi Shiksha Mission* (RGSM) and Managing Director, *Rashtriya Madhyamik Shiksha Abhiyan* (RMSA), Director, Health Services (DHS), Chhattisgarh and Mission Director, National Rural Health Mission (NRHM), Chhattisgarh.

An entry conference to discuss the audit methodology, objectives, and coverage was held in June 2014 with Secretary, School Education Department and with the Principal Secretary, Health & Family Welfare Department in August 2014. The outcome of review was discussed in an exit conference held with the Secretary of the School Education Department in January 2015. The replies furnished by the department during discussion have been incorporated in this report.

The request for holding an exit conference was sent to the Health and Family Welfare Department (January 2015) and the audit observations pertaining to Health Department have been brought to the notice of Government, however, reply is awaited.

Audit findings

2.3.6 Financial management

2.3.6.1 Earmarking of funds for TSP

As per the TSP Guidelines (December 2006), earmarking of funds for TSP should at least be proportionate to the ST population. The percentage of ST population in the State is 30.59 *per cent*. The total plan outlay and outlay of

[1] Bastar, Balrampur, Bilaspur, Jashpur, Kondagaon, Raigarh, Surguja and Surajpur

Tribal Sub-Plan funds for Medical & Public Health and Elementary Education during years 2011-12 to 2013-14 in the State were as under:

Table 2.3.2: Details of Plan Outlay as per Annual Plan of the State

(₹ in crore)

Plan Outlay for	Annual Plan 2011-12		Annual Plan 2012-13		Annual Plan 2013-14	
	Total Outlay	TSP component (*per cent*)	Total Outlay	TSP component (*per cent*)	Total Outlay	TSP component (*per cent*)
State	16169.25	5561.44 (34)	21184.35	7356.45 (35)	23298.17	7951.85 (34)
Elementary Education	2537.66	978.76 (39)	2866.13	1211.42 (42)	3296.19	1225.98 (37)
SSA	925.75	315.80 (34)	775.05	336.00 (43)	945.20	389.80 (41)
Mid Day Meal	234.66	88.62 (38)	127.87	82.50 (64)	153.44	92.62 (60)
RMSA	175.00	50.00 (29)	185.80	65.80 (35)	124.00	47.00 (38)
Medical and Public Health	835.39	297.77 (36)	914.13	328.05 (36)	1241.50	511.12 (41)
NRHM	94.00	41.16 (44)	85.00	32.30 (38)	180.00	80.00 (44)
Non-NRHM (NPCDCS & NPHCE)	3.20	0.00	3.20	0.00	7.34	2.79 (38)

(Source: Annual Plan of the State for the years 2011-12, 2012-13 and 2013-14)
(Figures shown in parenthesis represent percentage to Total Outlay)

It is evident from the above table that the funds earmarked for TSP ranged from 34 to 64 *per cent* under Medical and Public Health and Elementary Education against 30.59 *per cent* ST population of the State. However, no provision for TSP was made under NPCDCS and NPHCE during 2011-12 and 2012-13. The funds earmarked for TSP under RMSA during 2011-12, was less than the prescribed norm.

2.3.6.2 Availability and utilisation of funds under School Education and Health and Family Welfare department

No separate planning and segregation of expenditure of funds earmarked for TSP funds

Under the SSA, MDM and RMSA schemes, the districts prepared an Annual Work Plan and Budget (AWP&B) which were consolidated into State AWP&B and were approved by GoI every year. Similarly, the State Health Society (SHS) prepares the Project Implementation Plans (PIPs) for NRHM which were approved by GoI every year. On the basis of PIP, GoI approves the plan in the form of Record of Proceedings (RoP) and releases the funds. However, it was observed that there was no separate planning for TSP categories in the AWP&B, PIP and RoP.

GoI and State Government release their respective shares of TSP fund directly to the implementing agencies (SSA, RMSA, MDM and SHS). However, State Implementing Agencies mixed the TSP fund with General and Scheduled Caste Sub-Plan (SCSP) funds. Funds were released to districts without earmarking TSP funds separately. As a result, separate records of expenditure under TSP were not maintained at any level.

The expenditure against available funds during 2011-14 under SSA, RMSA and MDM (***Appendix-2.3.2)***, NRHM (***Appendix-2.3.3)***, NPCDCS and NPHCE (***Appendix-2.3.4***) schemes is detailed in following table:

Table 2.3.3: Funds available and expenditure incurred under SSA, RMSA, MDM, NRHM, NPCDCS and NPHCE schemes during 2011-14

(₹in crore)

Name of the Scheme	Available Fund (including opening balance & interest)	Fund released under TSP (*per cent* w.r.t. release during the period)	Overall expenditure	Fund not utilised (*per cent*)
SSA	4633.27	1002.92 (23)	4448.30 (96)	184.97 (4)
RMSA	1228.06	85.49 (08)	980.00(80)	248.06 (20)
MDM	1585.39	555.00 (35)	1445.74 (91)	139.65 (09)
NRHM[2]	1761.32	331.35(33)	1478.50 (84)	282.82(16)
NPCDCS & NPHCE	16.53	2.39(21)	3.49 (21)	13.04(79)

(Source: Information provided by the concerned departments)

As evident from above table, the TSP fund released by GoI and State under SSA and RMSA was 23 and eight *per cent* respectively, which was lower than the tribal population (30.59 *per cent*).

During the period 2011-14, total available fund under four programmes (Infrastructure Maintenance Scheme, Immunization, Reproductive and Child Health and Mission Flexible pool) of NRHM scheme was ₹ 1761.32 crore, out of which ₹ 1478.50 crore (84 *per cent*) was utilised. No TSP funds released by GoI during 2012-13 and 2013-14 under NPCDCS and in 2011-12 under NPHCE.

The State share of TSP funds for implementation of various programmes under NRHM was released in a lump sum to State Health Society (SHS). Hence, the release of fund by State Government under four programmes (Infrastructure Maintenance Scheme, Immunization, RCHFP and MFP) could not be bifurcated.

Thus, though the intents of creating a separate scheme for tribal people was to ensure that money allocated to them should be spent on them, lack of any mechanism for segregation and tracking of expenditure defeats the very purpose of TSP. Further, in the absence of such a mechanism, diversion or non-utilisation of TSP funds could not be ascertained.

During exit conference Secretary, School Education Department stated (January 2015) that since all types of beneficiaries including tribal beneficiaries have got benefitted from the schemes, segregation and tracking of expenditure of TSP funds at districts and blocks level was not possible and no instructions have been issued from GoI for maintaining separate expenditure records for TSP funds at district and block level. Further, he stated that the percentage of TSP funds was above the percentage of tribal population in the State under MDM and there are not much infrastructure components under RMSA in tribal areas.

State Finance Manager (SFM), SHS, NRHM stated that there was no instruction for maintaining separate expenditure records against the allotted TSP/SCSP/General funds. The records were maintained as per programme and its component.

The matter has been brought to the notice of the Health and Family Welfare Department. Reply is awaited (December 2014).

[2] Four programmes covered under review of NRHM schemes (Infrastructure Maintenance Scheme, Immunization, Reproductive and Child Health and Mission Flexible Pool)

We recommend that the allotment, release and expenditure from TSP funds should be maintained separately.

Execution of schemes

2.3.7 School Education Department

Sarva Shiksha Abhiyan (SSA) was launched (2000-01) by the GoI to universalise elementary education and ensure that all children complete five years of primary schooling. The main components of SSA *inter alia* included opening of new primary school (PS) and upper primary school (UPS), construction of additional classrooms, provision of free text books to all children, appointment and training of teachers.

With a view to enhance enrolment, retention and attendance and simultaneously improving nutritional levels among children, Mid Day Meal (MDM) was launched (1995) as a Centrally Sponsored Scheme. The scheme initially covered children in Primary Schools (PS) but was extended to cover the children of Upper Primary Schools (UPS) from the year 2008-09.

GoI launched (June 2009) a Centrally Sponsored Scheme *Rashtriya Madhyamik Shiksha Abhiyan* (RMSA) for universalisation of access to and improvement of quality of education at secondary and higher secondary stage.

Sarva Shiksha Abhiyan

2.3.7.1 Distribution of uniform to students

Rule 9 of the Chhattisgarh Right of Children to Free and Compulsory Education Rules, 2010 provides that a child attending a school of the appropriate Government or local authority shall be entitled to free uniforms. Further, clause 2.5.6 of SSA guidelines stipulates for provision of two sets of uniform to all girls, Scheduled Caste (SC), ST children and below poverty line children wherever State Government have incorporated provision of school uniform as a child entitlement in their State Right to Education (RTE) rules.

Distribution of Uniforms to students was not as per norm

Scrutiny of records of 76 test checked schools revealed that uniforms were not distributed to 188 students of two schools of Makdi block (95 students out of 192 students) in Kondagaon district and one school of Bagicha block (93 students out of 258 students) in Jashpur district during 2011-12. Further, only one set of uniform against the norm of two uniforms was distributed to 1915 students of 26 schools during 2011-12, 2007 students of 23 schools during 2012-13 and 1684 students of 20 schools during 2013-14.

During exit conference Secretary, School Education Department stated (January 2015) that due to delay in release of installments from the GoI, funds could not be provided to the implementing agency in time. He further stated that due to cost difference in uniforms, many schools could not provide uniforms in time. He also stated that this has been sorted out for this year onwards and the distribution of uniforms to the students would be ensured in future.

2.3.7.2 Availability of Teachers & educational material in local language and training for non-tribal teachers

Clause 3.8.2.12 of SSA guidelines suggested the list of interventions in order to prevent a sense of alienation among dispersed tribal students which

interalia includes (i) Development of educational material in local languages using resources available within the community and (ii) Special training for non-tribal teachers to work in tribal areas, including knowledge of the tribal dialect.

There was lack of study material in local dialect and special training for non-tribal teachers was not conducted

Scrutiny of records revealed that although one to seven text books were prescribed for Class I to Class VIII, no text book of local languages such as *Halbi, Kurukh, Sadari* etc., were prepared by the Government. Moreover, it was observed that no special training for non-tribal teachers to work in tribal areas, including knowledge of the tribal dialect was provided in the test checked schools.

Thus, lack of study materials in local dialect and lack of teachers training in local culture indicates that the alienation issue was not addressed at all.

During exit conference Secretary, School Education Department stated (January 2015) that text books in local languages and training materials for teachers for class one and two have been developed and same would be provided in some areas on pilot study basis from 2015-16.

We recommend that effective measures may be taken to develop study materials in local dialect and trainings of local dialect as well as to work in tribal areas are provided to the teachers.

2.3.7.3 Inadequate enrolment of ST students in tribal dense areas

Enrolment of ST children was 12 to 42 *per cent* as against ST population of 39 to 65 *per cent* in five test checked Blocks

One of the main objectives of TSP includes the Human resource development of the STs by providing adequate educational services. For this the audit checked the enrolment of tribal students in 68 Primary Schools and Upper Primary Schools of 17 tribal dense blocks. During scrutiny, it was noticed that in five blocks (districts) namely Ramanujganj (Balrampur), Kota (Bilaspur), Kondagaon (Kondagaon), Lailunga (Raigarh) and Pratappur (Surajpur) the enrolment of ST students was quite less in comparison to percentage of ST population in the block. In these blocks the percentage of enrolled ST students ranged from 12 to 42 *per cent* as against 39 to 65 *per cent* of ST population of the block. The block wise details of enrolled ST students versus ST population during 2011-14 are given in ***Appendix 2.3.5***.

Thus, the less percentage enrolment of ST children in the schools indicated that the broad objectives of TSP i.e. ensuring the share of resources spent for the benefit of the STs in proportion to their share in population of that area and human resource development of the ST through specifically providing adequate educational service were not achieved.

During exit conference Secretary, School Education Department stated (January 2015) that opening of new private schools could be a reason of less enrolment of ST students.

Reply is not acceptable as the department did not provide specific data of enrolment of ST students in the private schools of tribal dense blocks.

Rashtriya Madhyamik Shiksha Abhiyan

2.3.7.4 Lack of facilities to the students under RMSA

Clause 6.2.8 of Framework for Implementation of RMSA provides for special focus on ST students to be ensured through enrolment drive in ST concentration areas. RMSA recognizes the need for extending interventions

and resource support to the children belonging to SC/ST/OBC/Educationally Backward Minorities including differently abled children at secondary and higher secondary stage through providing textbooks, workbook and stationeries, uniforms, footwear, bicycle/wheelchair and stipend for day scholars.

Scrutiny of records of 17 test checked secondary schools under RMSA revealed that the above facilities were provided partially. The details of facilities provided to ST students are as follows:

Table 2.3.4: Details of facilities provided to ST students

Year	Total No. of ST students	Number of ST students provided			
		Textbooks, workbooks and stationeries	Uniforms, footwear	Bicycle/ wheelchair	Stipend for day scholars
2011-12	454	454 (100)	0 (0)	157 (35)	447 (98)
2012-13	822	822 (100)	0 (0)	189 (23)	799 (97)
2013-14	1068	1068 (100)	0 (0)	232 (22)	1003 (94)
Total	**2344**	**2344**	**0 (0)**	**578 (25)**	**2249 (96)**

(Source- Information furnished by the Department)
(Figures shown in parenthesis represent percentage to total no. of ST students)

From the above table, it is evident that textbooks, workbooks and stationeries were distributed to the entire ST student whereas stipend was given to 94 to 98 *per cent* of ST student. It was observed that bicycle/wheel chair was distributed to only 22 to 35 *per cent* of ST student. Thus, facility of bicycle and wheelchairs to the students was provided partially whereas students were deprived of the facility of uniform and footwear etc., in all the three years.

During exit conference Secretary, School Education Department stated (January 2015) that though these items (such as uniforms, footwear and charges of boarding and lodging) have been included in the RMSA guidelines but no instructions were given during meetings of Project Approval Board (PAB). No funds were also provided for these items by GoI. He further stated that the cycle is being provided to the girls of ninth class only under State's own scheme.

Reply is not acceptable as the uniform, footwear and charges of boarding and lodging etc. were to be provided to the students under RMSA guidelines.

2.3.7.5 Loss of interest of ₹ 1.37 crore due to non-operating of saving account under RMSA

As per the clause 4.3.1 of the Manual on Financial Management and Procurement for RMSA, savings bank accounts with public sector scheduled commercial banks were to be opened at the State, District and School levels. Further, clause 6.7.3 provided that the interest earned was to form a part of corpus.

It was noticed that in two[3] out of eight test checked districts, current bank accounts were being operated in contravention to the provisions. A minimum of balance ranging from ₹ 2.05 lakh to ₹ 15.51 crore was kept in the current account during April 2011 to March 2014 in these districts. Thus there was an

[3] Bilaspur and Jagdalpur

interest loss of minimum ₹ 1.37 crore due to maintaining of funds in Current Account instead of Savings Bank Account **(*Appendix 2.3.6***).

During exit conference Secretary, School Education Department stated (January 2015) that necessary instructions have been issued to convert all the current bank accounts into savings bank account.

We recommend that the department may review all bank accounts of RMSA in the State and close current accounts within reasonable time frame in order to prevent loss of interest.

2.3.8 Health and Family Welfare Department

The National Rural Health Mission was launched in April 2005 by GoI to provide accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas of the country especially to poor and vulnerable sections of the population. The key strategy of NRHM was to bridge gaps in health care facilities, facilitate decentralised planning in the health sector. Four schemes under NRHM viz. Infrastructure Maintenance Scheme, Immunization, RCH Flexible Pool and Mission Flexible Pool were covered.

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke **(**NPCDCS) was launched by GoI for reducing the burden of Non Communicable Disease (NCDs) such as cancer, diabetes, cardiovascular diseases and stroke which are major factors in reducing potentially productive years of human life.

National Programme for Health Care of the Elderly (NPHCE) was launched to provide separate and specialized comprehensive health care to the senior citizens.

NRHM schemes

2.3.8.1 Infrastructure Maintenance Scheme

Infrastructure Maintenance Scheme (IMS) is a Centrally Sponsored Scheme implemented by the MoH&FW, GoI, through State Government set ups. The infrastructural set up consist of Family Welfare Bureaus at State & District level, Sub-centres, Urban Family Welfare Centres, Urban Health Posts, Training Schools and Centres to impart basic training to medical and para-medical health professionals. Urban Health Posts, launched under the Urban Revamping Scheme (URS), were to execute an integrated service delivery system including antenatal and postnatal care of mothers, immunization of children, treatment of minor ailments, and advices and services to family planning acceptors.

Scrutiny of records revealed that an amount of ₹ 2.19 crore (₹ 1.25 crore and ₹ 0.94 crore in 2012-13 and 2013-14 respectively) was released as TSP component under URS. However, no expenditure was incurred during 2012-13 and 2013-14.

The matter has been brought to the notice of the Department. Reply is awaited (December 2014).

We recommend that the funds under the IMS should be utilised for the prescribed purposes.

2.3.8.2 Immunization

To prevent infant mortality, morbidity (death and disease) of children immunization programme comprising vaccine for preventable diseases viz., Diphtheria, Pertussis and Tetanus (DPT), Bacillus Calmette-Guerin (BCG), Oral Polio Vaccine (OPV), Hepatitis B and Measles was implemented. These vaccines were to be given to infants before one year of age for full immunization. The targets and achievement of Immunization during 2011-12 to 2013-14 in test check districts are as under:

Table 2.3.5: Details of target and achievement of test checked districts under Immunization

Year	Targets of full immunization (Numbers)	Fully Immunized (Numbers) and (*per cent*)
2011-12	185364	139913 (75)
2012-13	196867	175218 (89)
2013-14	207831	171236 (82)

(Source: Information furnished by the Department and compiled by audit)

From the above table, it is evident that the objective of 100 *per cent* immunization could not be achieved in the test checked district. The details of the achievement of target of Immunization in test checked districts have been shown in ***Appendix 2.3.7***.

On this being pointed out, District Immunization Officer, Surguja stated that the main reasons for shortfall in achievement of targets were due to illiteracy, lack of awareness of parents, no proper movement/ mobilisation of children by *Mitanin*, period of immunization overlaps the working time of parents.

The matter has been brought to the notice of the Department. Reply is awaited (December 2014).

We recommend that, in view of shortfall in achievement of immunization targets, the department may review its strategy and make it more focused so that target of full immunization is achieved.

2.3.8.3 Reproductive and Child Health (RCH) Flexi Pool

The Reproductive and Child Health (RCH) programme includes maternal health, child health and family planning services. The aim of the programme is that every pregnant woman receives care at delivery, the deliveries are institutional and other family planning services are rendered. *Janani Suraksha Yojana* (JSY) is a component of RCH Flexi Pool under maternal health.

2.3.8.3(1) Non achievement of targets under Janani Suraksha Yojana

The *Janani Suraksha Yojana* (JSY) was introduced in 2005-06 as key intervention to enable women to access institutional deliveries and thereby effect reductions in Maternal Mortality Rate (MMR) to 100/100000 by 2012. At present the MMR of the State is 230 which is higher than the all India average of 178. The objective of the scheme was to achieve the target of 70 *per cent* institutional deliveries.

The target and achievement of institutional deliveries under JSY in the test checked districts during 2011-12 to 2013-14 is as follows:

Table 2.3.6: Details of institutional deliveries in test checked districts

Year	No. of pregnant women registered	No. of institutional deliveries		Percentage of achievement against target	*Per cent* of institutional deliveries to pregnant women registered
		Target	Achievement		
2011-12	172431	156435	89310	57.11	51.79
2012-13	179566	141622	94368	66.63	52.55
2013-14	197719	140793	109894	78.05	55.58

(Source: Information furnished by the Department and compiled by audit)

Institutional delivery in test checked districts was 52 to 56 *per cent* of registered cases, as against the target of 70 *per cent*

From the above table, it is evident that only 52 to 56 *per cent* of institutional delivery was achieved as compared to the number of pregnant women registered in the test checked districts. This may also be one of the reasons attributable for high MMR in the State as compared to the national average. It was further noted that the target set for institutional deliveries had a declining trend, even though the number of pregnant women registered increased considerably during the same period. As against the targets for institutional deliveries, achievement was 57 to 78 *per cent* during 2011-14.

The matter has been brought to the notice of the Department. Reply is awaited (December 2014).

We recommend that the awareness about the scheme should be increased and effort should be made to encourage the population for institutional delivery.

2.3.8.3(2) Inadequate facilities in health centers

First Referral Unit

12 FRUs were functioning without Gynecologist, 18 without Anesthetist and 10 without blood storage facility

As per the guidelines issued by MoH&FW, an existing facility (District Hospital, Community Health Centre etc.) can be declared as First Referral Unit (FRU) if it is equipped to provide round-the-clock services for emergency obstetric and new born care in addition to other emergency services. The emergency obstetrics care included surgical intervention, blood storage facility and availability of at least one Gynecologist and Anesthetist. There should be one FRU in each Block.

FRUs were not established in 33 blocks (having 20.39 lakh ST population), out of 57 blocks in eight test checked districts (***Appendix 2.3.8).*** Out of 24 FRUs, 12 FRUs were functioning without Gynaecologist, 18 FRUs without any Anesthetist and 10 FRUs did not have blood storage facility.

Other Obstetrics Services

Further, New Born Care Corner (NBCC), Special Newborn Care Unit (SNCU) and New Born Stabilisation Unit (NBSU) were to be established at all 24x7 PHCs/CHCs/District hospitals which provide basic emergency obstetric care.

The target and achievement of establishing of NBCCs, SNCUs and NBSUs in the test check districts are given below:

Table 2.3.7: Targets and achievements of establishing NBCCs, SNCUs, NBSUs in test checked districts

Facility	Number of Health facilities								
	2011-12			2012-13			2013-14		
	T	A	S	T	A	S	T	A	S
NBCC	54	41	24	87	62	28	59	21	64
SNCU	1	0	100	3	1	67	3	2	33
NBSU	8	2	75	7	4	43	7	4	43

(Source- Information furnished by the Department and compiled by audit)
T= Target, A=Achievement and S=Shortfall percentage

It is evident from the above that there was a shortfall in creating the NBCCs, SNCUs and NBSUs against the targets in the test check districts. Non-setting up of required number of facilities deprived the tribal population of intended benefits.

The matter has been brought to the notice of the Department. Reply is awaited (December 2014).

We recommend that Government may take immediate concrete measures to establish new FRUs in blocks and improve the infrastructure facilites in existing FRUs.

2.3.8.4 Mission Flexible Pool

Mission Flexible Pool is a component of NRHM under which activities such as, construction of buildings, development of human resources corpus grant to different health facilities etc., are undertaken.

2.3.8.4(1) Non-completion of works and blockage of funds

Revamping of health infrastructure is one of the important requirements under NRHM. The infrastructure includes construction of Sub Health Centres (SHC), construction of Labour Rooms, up-gradation of CHCs and PHCs and construction of Staff Quarters.

Non-completion of works and blockage of funds

In test checked districts, ₹ 24.06 crore was released for execution of 722 works for creation of NRHM infrastructure. Out of which, 349 works (48 *per cent*) were in progress and 143 works (20 *per cent*) could not be started. These works were being executed by Public Works Department, Rural Engineering Services, Panchayats etc., and could not be completed mainly due to delay in tender finalisation, naxal problem, non availability/dispute of land etc.

Non-completion of infrastructure works resulted in blockage of funds totaling ₹ 24.06 crore, besides it deprived tribal population of intended benefits.

We recommend that works should be strictly monitored to ensure its timely completion for extending the intended benefits to the targeted beneficiaries.

2.3.8.4(2) Human Resources

The details of manpower at key posts in District Hospital, CHCs and PHCs of test checked districts are given below:

Table 2.3.8: Status of sanctioned, MIP and vacancies in test checked districts

Particulars	Sanctioned	MIP	Vacancy (*per cent*)
Specialist	187	54	133 (72)
Medical Officer (MO)	183	124	59 (32)
Staff Nurse	424	261	163 (38)

(Source: Information furnished by department and compiled by audit)

Shortage of specialists, doctors and other medical staff

It is evident from the above table that 72 *per cent* posts of Specialists, 32 *per cent* of Medical Officers (MO) and 38 *per cent* of Staff Nurses were vacant in test checked districts. Against the sanctioned 51 posts of specialists for the nine[4] CHCs, no specialist was appointed. In test checked PHCs, 15 PHCs had no MO while 16 PHCs had no Rural Medical Assistant (RMA).

[4] Ramanujganj, Wadrafnagar, Makdi, Gorella, Marwahi, Bagicha, Dhorpur, Bishrampur, Vijaynagar

Similarly, 10 PHCs had no Lab Technician (LT) and 14 PHCs had no Staff Nurse.

Thus, shortage of Doctors, Specialists and other medical staff at DH/CHC/PHCs deprived the health services to tribal and non-tribal rural population and the objectives of the NRHM could not be achieved.

The matter has been brought to the notice of the Department. Reply is awaited (December 2014).

We recommend that the vacant posts at all levels should be filled up for smooth implementation of various schemes/programmes and improving the health care delivery.

2.3.8.5 National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke **(**NPCDCS) was launched by GoI for reducing the burden of Non Communicable Diseases (NCDs) such as cancer, diabetes, cardiovascular diseases and stroke which are major factors in reducing potentially productive years of human life. In Chhattisgarh, NPCDCS started from 2010-11. The scheme is being implemented in three[5] districts.

NCD cell and NCD Clinics

As per guidelines of NPCDCS, NCD Cells established at State level and district level will be responsible for overall planning, implementation, monitoring and evaluation of activities. Further, NCD clinics were to be established at District Hospital and CHC level for comprehensive examination (screening, diagnosis and management including diet counselling, lifestyle management). District NCD clinic shall also be responsible for screening the women of the age group 30-69 years for early detection of cervix cancer and breast cancer. These NCD Cells and NCD Clinics would also promote public awareness through Information Education and Communication (IEC).

2.3.8.5(1) Manpower at NCD Cells and NCD Clinics

During test check of records it was observed that State and District NCD Cell (in test checked districts of Bilaspur and Jashpur) are functioning without State/District Programme Managers.

The details of manpower at NCD clinics in test checked districts against the norms are as under:

Table 2.3.9: Status of manpower in NCD Clinics

Name of Post	NCD Clinics in two selected district Hospital			NCD clinics at five selected CHCs		
	Required as per norms	Working	Shortage	Required as per norms	Working	Shortage
Doctor	2	0	2	5	0	5
Medical Oncologist	2	0	2	-	-	-
Cyto-pathologist	2	0	2	-	-	-
Cyto-pathology Technician	2	0	2	-	-	-
Nurses	8	4	4	10	1	9
Physiotherapist	2	0	2	-	-	-

(Source: Information furnished by department and compiled by audit)

[5] Bilaspur (from 2010-11) and in Jashpur, Raipur (from 2011-12).

It is evident from above table that there were no Doctors, Medical Oncologists, Cyto-pathologists, Cyto-pathology technicians at NCD clinics. Further, there were no Doctors at any NCD clinics at CHCs.

Shortage of specialists/doctors and para-medical staff in the clinics adversely impacted the implementation of the programmes.

2.3.8.5(2) Shortfall in activities under NPCDCS

For early diagnosis of chronic NCDs, opportunistic screening was to be carried out at DH, CHC and SHC level and suspected cases were to be either investigated or referred to higher level health facility centre. To prevent the risk factors to NCD, general awareness about the NCD was to be created through mass media, community education and interpersonal communication for behaviour change. During test check of records in selected districts, following points were noticed:-

- In case of opportunistic screening and patients care, it was observed that no activities were done by NCD Clinics at DH Bilaspur and Jashpur during 2011-12 to 2012-13 as these were established in 2013-14 except some screenings done by the regular out patient departments (OPD). Further, no activities were done by NCD clinics at CHCs of any block except Pathalgaon during 2011-12 to 2012-13. Thus, there was high shortfall in screening activities at all levels.

- No IEC campaigns were conducted in the year 2011-12, whereas 16 and eight campaigns were conducted in 2012-13 and 2013-14 respectively at State level. No campaign was conducted in Jashpur during 2011-12 to 2013-14 while in Bilaspur district only three campaigns were conducted in 2013-14. In test checked blocks, only one campaign in Marwahi was conducted in 2013-14.

We recommend that the vacant posts should be filled up in time bound manner for smooth functioning of clinics and IEC activities may be intensified with proper supervision from the higher authority in order to disseminate information effectively.

2.3.8.6 National Programme for Health Care of the Elderly

The basic aim of the National Programme for Health Care of the Elderly (NPHCE) is to provide separate and specialized comprehensive health care to the senior citizens. A 10 bedded Geriatric ward was to be set up in District Hospital (DH) and Geriatric Clinics/ Rehabilitation centre units were to be formed at CHCs/PHCs level. The prescribed equipment was also to be made available at these centres. The scheme was launched in three districts (Bilaspur, Jashpur and Raipur) in Chhattisgarh.

During scrutiny of records in test checked districts (Bilaspur and Jashpur), it was found that 10 bedded Geriatric ward was not established at DH Bilaspur. Further, no prescribed equipments for geriatric services were purchased in DH Jashpur and Bilaspur while only five items were purchased out of the prescribed 14 items at CHCs/PHCs level.

It was also observed that public awareness programmes under IEC activities were not carried out at district level. Banners and posters were published only in one block (Pathalgaon) out of five test checked blocks.

On this being pointed out, CMHO Jashpur stated that purchase of machinery and equipment is under process.

The matter has been brought to the notice of the Department. Reply is awaited (December 2014).

We recommend that all the activities under the programme should be carried out as per the guidelines to achieve the intended objectives.

2.3.9. Conclusion

- The review of various schemes under Education and Health revealed that the TSP funds released by Government of India and State Government were mixed at implementing agency level with General and Scheduled Caste Sub Plan funds, due to which it was not possible to segregate the expenditure out of TSP funds. Further, no mechanism was established by the department to monitor the category-wise expenditure to ensure that the TSP fund has been spent on tribal people.

- Optimum utilization of funds were not ensured and persistent savings during the period 2011-14 was observed in *Sarva Shiksha Abhiyan*, *Rashtriya Madhyamik Shiksha Abhiyan*, Mid Day Meal, National Rural Health Mission National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke and National Programme for Health Care of the Elderly schemes.

- Under *Sarva Shiksha Abhiyan*, special training for teachers to work in tribal areas and knowledge of local dialect were not provided. Text books were not developed in local languages and enrolment of ST students was inadequate as compared to their population in the five test-checked districts. Enrolment of student in *Sarva Siksha Abhiyan* was not commensurate with ST population in the five test-checked blocks. Under *Rashtriya Madhyamik Shiksha Abhiyan*, uniforms were not provided to any ST students in 17 test-checked Secondary Schools.

- Under *Rashtriya Madhyamik Shiksha Abhiyan,* loss of ₹ 1.37 crore was incurred on account interest due to maintaining funds in Current Account instead of Savings Bank Account in respect of funds received.

- Under National Rural Health Mission (NRHM), there was shortfall in achieving targets set for immunization and institutional deliveries. In 24 blocks, First Referral Units were functioning without Gynecologist, Anesthetist and Blood Storage Facilities. Out of 722 works related to health infrastructure, 349 were in progress and 143 could not be commenced in the test-checked districts.

- Information, Education and Communication activities for general awareness of non-communicable diseases were carried out in only one Block out of five test-checked Blocks. Similarly, screening of patients for prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke etc. were conducted in one out of five test check Blocks.

Appendix-2.3.1

(Referred to in paragraph 2.3.5, page 49)

Statement showing audit methodology and sampling under Tribal Sub-Plan review

Sl	District	Blocks	Selected Schools	Selected CHCs	Selected PHCs
1.	**Balrampur**	Ramanujganj and Wadrafnagar	**PS-** Pashchimtola , Tambeshwar Nagar , Koyampara (Muhali) and Uperbandh, **UPS-** Kewdaashila (Krishnanagar), Nawapara, Sulsuli and Koyampara, **MCSG-** Nawapara , **KGBV-** Ramanujganj, **HS(RMSA)-** Ramanujganj and Wadrafnagar	Ramanujganj	Jamwantpur, Ramchandrapur
				Wadrafnagar	Badkagaon, Murkoul
2.	**Bastar**	Bastar and Jagdalpur	**PS-** Khorkhosa No. 2, Pujaripara, Badepara (Kurandi) and Podaguda**,** **UPS-** Bhursundi, Khorkhosa, Dharampura and Podaguda**,** **MCSG-** Karakapal, **KGBV-** Jagdalpur, **HS(RMSA)-**Bastar and Jagdalpur	-	Bastar, Bhanpuri
				Nangoor	Adawal, Kurandi
3.	**Bilaspur**	Gaurella, Kota and Marwahi	**PS-** Bahrijhorki, Gorratikara (Newasa), Awas Mohalla (Changori), Karagikhurd, Garlaiyaatola and Pandaripani **UPS-** Anjani, Bahrijhorki (Chuktipani), Changori, Karagikhurd, Matiyadand and Ptharra. **MCSG-** Khaira (Kota), **KGBV-** Chapora (Kota), **HS(RMSA)-** Gaurella, Kota and Marwahi	Kota	Belgahana, Kargikala
				Marwahi	Dhobar, Seoni
				Gorella	Basti, Keonchi
4.	**Jashpur**	Bagicha and Pathalgaon	**PS-** Bagdol (Girls), Turrikona, Bhathudand amd Jangalpara **UPS-** Peta, Kadamtoli (Ghughari), Bhathudand and Palidih **MCSG-** Shaila (Manora), **KGBV-** Mudapara, **HS(RMSA)-**Bagicha and Pathalgaon	Bagicha	Kalia, Sanna
				Pathalgaon	Bagbahar, Kotba
5.	**Kondagaon**	Kondagaon and Makdi	**PS-** Bajarpara, Rautpara, Chikhalapara and Dongaripara **UPS-** Bazarpara, Rautpara, Chikhalapara and Hadigaon **MCSG-** Bazarpara (Kondagaon), **KGBV-** Kondagaon, **HS(RMSA)-**Kondagaon and Makdi	-	Chipawand, Dahikonga
				Makdi	Anatpur, Shampur
6.	**Raigarh**	Dharamjaigarh and Lailunga	**PS-** Purani Basti (Durgapur), Uraonpara (Shahpur), Bastipara and Khamhar **UPS-** Bansjor, Darridih, Jharan and Khamhar **MCSG-** Lailunga, **KGBV-** Jhagarpur, **HS(RMSA)-** Dharamjaigarh and Lailunga	Vijaynagar	Kumarta, Sisiringa
				Lailunga	Mukdega, Rajpur
7.	**Surajpur**	Pratappur and Surajpur	**PS-** Chhuhipara (Jarahi), Navapara (Songara), Harijanpara and Lanchi (Sattipara) **UPS-** Dawankara, Vanshipur, Lanchi (Dabaripara) and Manpur **MCSG-** Pratappur, **KGBV-** Pratappur, **HS(RMSA)-** Pratappur and Surajpur	Pratappur	Songara, Rewti
				-	Kandarai, Latori
				Bishrampur	-
8.	**Surguja**	Ambikapur and Lundra	**PS-** Majhapara (Khaliba), Matuapara (Bhagwanpur), Bhedidand and Ranghaghpra, **UPS-** Fundurdihari, Digma, Mahatopara (Girls) and Gadhbira **MCSG-** Ambikapur, **KGBV-** Ambikapur, **HS(RMSA)-** Ambikapur and Lundra	Bafoli	Barkela, Nawanagar
				Dhorpur	Bargidih, Raghunathpur

PS-Primary School, UPS-Upper Primary School, HS-High School, MCSG-Model Cluster School for Girls, KGBV-Kasturba Gandhi Balika Vidyalay

Appendix-2.3.2

(Referred to in paragraph 2.3.6.2, page 50)

Details of funds released and expenditure under RMSA, SSA and MDM

(₹ in crore)

Name of the scheme	Year	Actual release by GoI	Actual release by State	Opening Balance *plus* Interest	Total available amount	Expend-iture (*per cent*)	Amount not utilised	Amount provided under TSP (w.r.t release of GoI and State share during the year)
SSA	2011-12	739.40	584.31	292.59	1616.30	1374.77 (85)	241.53	289.13 (22)
	2012-13	959.45	658.40	30.31	1648.16	1670.91 (88)	-22.75	416.67 (26)
	2013-14	766.99	585.82	16.00	1368.81	1402.62 (88)	-33.81	297.12 (22)
	Total	**2465.84**	**1828.53**	**338.90**	**4633.27**	**4448.30 (96)**	**184.97(4)**	**1002.92 (23)**
RMSA	2011-12	346.18	118.39	81.78	546.35	33.82 (6)	512.53	Nil
	2012-13	308.97	80.33	8.51	397.81	243.16 (27)	154.65	Nil
	2013-14	186.93	87.16	9.81	283.90	703.02 (74)	-419.12	85.49 (31)
	Total	**842.08**	**285.88**	**100.10**	**1228.06**	**980.00 (80)**	**248.06(20**	**85.49 (8)**
MDM	2011-12	404.49	134.83	Nil	539.32	501.09 (93)	38.23	197.48 (37)
	2012-13	391.75	138.58	Nil	530.33	487.45 (92)	42.88	182.94 (34)
	2013-14	343.34	172.4	Nil	515.74	457.2 (87)	58.54	174.58 (34)
	Total	**1139.58**	**445.81**	**Nil**	**1585.39**	**1445.74 (91)**	**139.65(9)**	**555.00 (35)**

Appendix-2.3.3

(Referred to in paragraph 2.3.6.2, page 50)

Details of funds allocation, release and expenditure under NRHM schemes

(₹ in crore)

YEAR	Program	Total GoI releases	TSP funds (GoI share)	State Share	Opening Balance *plus* Interest	Total Fund available	Expend-iture	Closing Balance
2011-12	IMS	105.17	30.90	0	0	105.17	116.25	-11.08
2012-13		129.43	66.61	0	0	129.43	116.93	12.5
2013-14		85.30	44.26	0	0	85.3	144.57	-59.27
Total IMS		**319.90**	**141.77**	**0**	**0**	**319.9**	**377.75**	**-57.85**
2011-12	Immuni-zation	10.30	0	0	2.92	13.22	8.66	4.56
2012-13		4.92	0	11.26	0	16.18	13.47	2.71
2013-14		8.45	0	12.19	0.22	20.86	15.10	5.76
Total Immunization		**23.67**	**0**	**23.45**	**3.14**	**50.26**	**37.24**	**13.02**
2011-12	RCH Flexipool	121.58	25.00	0	58.82	180.40	138.34	42.06
2012-13		87.82	37.31	152.17	0	239.99	165.10	74.89
2013-14		104.67	33.39	66.61	2.53	173.81	175.60	-1.79
Total RCH Flexipool		**314.07**	**95.7**	**218.78**	**61.35**	**594.2**	**479.04**	**115.16**
2011-12	Mission Flexipool	118.90	0	0	176.03	294.93	156.58	138.35
2012-13		109.10	56.12	120.00	0	229.1	184.47	44.63
2013-14		118.34	37.76	152.71	1.88	272.93	243.43	29.50
Total Mission Flexipool		**346.34**	**93.88**	**272.71**	**177.91**	**796.96**	**584.47**	**212.49**
Grand Total		**1003.98**	**331.35**	**514.94**	**242.40**	**1761.32**	**1478.50**	**282.82**

Appendix-2.3.4

(Referred to in paragraph 2.3.6.2, page 50)

Details of funds allocation, release and expenditure under NPCDCS and NPHCE schemes

(₹in crore)

YEAR	Programme	Total GoI releases	TSP funds (GoI *plus* State Share)	State Share	Opening Balance *plus* Interest	Total Fund available (3+8+9)	Expendi-ture	Closing Balance
1	2	5	6	7	9	10	10	11
2011-12	**NPCDCS**	4.57	1.45	1.36	1.68	7.61	0.00	7.61
2012-13		0.07	0.00	0.08	0.44	0.59	0.10	0.49
2013-14		0.00	0.00	0.00	0.37	0.37	2.13	-1.76
Total (A)		**4.64**	**1.45**	**1.44**	**2.49**	**8.57**	**2.23**	**6.34**
2011-12	**NPHCE**	0.84	0.00	0.66	1.94	3.44	0.00	3.44
2012-13		2.71	0.73	0.68	0.23	3.62	0.04	3.58
2013-14		0.51	0.21	0.13	0.26	0.90	1.22	-0.32
Total(B)		**4.06**	**0.94**	**1.47**	**0.62**	**7.96**	**1.26**	**6.70**
TOTAL (A+B)		**8.70**	**2.39**	**2.01**	**3.11**	**16.53**	**3.39**	**13.04**

Appendix 2.3.5

(Referred to in paragraph 2.3.7.3, page 53)

Statement showing percentage of enrolment of ST children in the visited school of selected block

Name of the District	Name of the block	Total population (as per census 2011)	ST population	ST popul ation (perce ntage)	No of schools visited	Total enrolled student in last three years	Total enrolled ST student in last three years	Percentage of ST student enrolled to total students
Balrampur	Ramanujganj	168066	84995	51	4	672	83	12
	Wadrafnagar	160974	94927	59	4	990	644	65
Bastar	Bastar	163997	107353	65	4	1443	880	61
	Jagdalpur	239808	95511	39	4	923	675	73
Bilaspur	Gaurella	134135	76813	57	4	682	563	83
	Kota	228358	89940	39	4	1544	304	20
	Marwahi	116804	69439	59	4	1051	544	52
Jashpur	Bagicha	171711	121195	70	4	751	587	78
	Pathalgaon	191530	121198	63	4	764	422	55
Kondagaon	Kondagaon	201795	130940	65	4	964	405	42
	Makdi	99714	77499	78	4	579	537	93
Raigarh	Dharamjaigarh	207030	136915	66	4	592	340	57
	Lailunga	130613	82923	63	4	727	295	40
Surajpur	Pratappur	150783	93382	62	4	1027	375	36
	Surajpur	232411	74148	32	4	842	487	58
Surguja	Ambikapur	279717	110407	39	4	650	241	37
	Lundra	119800	81206	68	4	634	354	56

Appendix 2.3.6

(Referred to in paragraph 2.3.7.5, page 55)

Statement showing loss of interest due to operation of current bank account

Month	Minimum amount in bank account during month (RMSA Jagdalpur)	Minimum amount in bank account during month (RMSA Bilaspur)	Total Minimum amount in bank account during month (RMSA Jagdalpur + RMSA Bilaspur)	Interest Rate (in *per cent*)	Loss of the Interest amount during month
Apr-11	0	1386152	1386152	3.5	4042.94
May-11	0	1471652	1471652	3.5	4292.32
Jun-11	551009	1509447	2060456	4	6868.19
Jul-11	205006	355048	560054	4	1866.85
Aug-11	2425727	853128	3278855	4	10929.52
Sep-11	79957380	66728128	146685508	4	488951.69
Oct-11	79246380	66667036	145913416	4	486378.05
Nov-11	80365603	69107686	149473289	4	498244.30
Dec-11	82930002	71072787	154002789	4	513342.63
Jan-12	51052504	55780382	106832886	4	356109.62
Feb-12	8263134	54879762	63142896	4	210476.32
Mar-12	3701529	53770615	57472144	4	191573.81
Apr-12	32151262	49245850	81397112	4	271323.71
May-12	32867840	45333262	78201102	4	260670.34
Jun-12	44933373	54801847	99735220	4	332450.73
Jul-12	43058347	57948507	101006854	4	336689.51
Aug-12	41515065	53279471	94794536	4	315981.79
Sep-12	39130070	35811282	74941352	4	249804.51
Oct-12	48374262	71927944	120302206	4	401007.35
Nov-12	54595857	103678844	158274701	4	527582.34
Dec-12	52733348	96491656	149225004	4	497416.68
Jan-13	48271977	89384739	137656716	4	458855.72
Feb-13	47228435	79621736	126850171	4	422833.90
Mar-13	62951832	61430520	124382352	4	414607.84
Apr-13	39768508	52565560	92334068	4	307780.23
May-13	29441697	44070030	73511727	4	245039.09
Jun-13	62350582	73537108	135887690	4	452958.97
Jul-13	74011832	155075160	229086992	4	763623.31
Aug-13	63676809	147582184	211258993	4	704196.64
Sep-13	52426470	134728025	187154495	4	623848.32
Oct-13	49439785	124610101	174049886	4	580166.29
Nov-13	52861757	145101061	197962818	4	659876.06
Dec-13	43873914	115908273	159782187	4	532607.29
Jan-14	43078442	104909680	147988122	4	493293.74
Feb-14	41896442	113885957	155782399	4	519274.66
Mar-14	39724274	121126681	160850955	4	536169.85
TOTAL					**13681135.10**

Appendix-2.3.7

(Referred to in paragraph 2.3.8.2, page 56)

Statement showing details of the achievement of target of Immunization in test checked districts

District	Year	**Target**	**Fully Immunized**	**Percentage of achievement**
Bastar	2011-12	26194	28536	108.94
Jashpur	2011-12	18082	18384	101.67
Raigarh	2011-12	32412	29351	90.56
Surguja	2011-12	57776	25726	44.53
Bilaspur	2011-12	50900	37916	74.49
Total 2011-12		**185364**	**139913**	**75.48**
Balarampur	2012-13	20136	20136	100.00
Bastar	2012-13	17800	13334	74.91
Jashpur	2012-13	18800	18010	95.80
Kondagaon	2012-13	11500	6660	57.91
Raigarh	2012-13	33000	29351	88.94
Surajpur	2012-13	22331	19229	86.11
Surguja	2012-13	22400	21967	98.07
Bilaspur	2012-13	50900	46531	91.42
Total-2012-13		**196867**	**175218**	**89.00**
Balarampur	2013-14	22658	18314	80.83
Bastar	2013-14	18928	14304	75.57
Jashpur	2013-14	20068	15295	76.22
Kondagaon	2013-14	12852	10709	83.33
Raigarh	2013-14	33455	26560	79.39
Surajpur	2013-14	22331	17281	77.39
Surguja	2013-14	23333	24620	105.52
Bilaspur	2013-14	54206	44153	81.45
Total-2013-14		**207831**	**171236**	**82.39**

Appendix-2.3.8

(Referred to in paragraph 2.3.8.3 (2), page)

Statement showing availability of First Referral Units in Blocks

Sl. No	Block	Total ST Population	FRU available (Y)/ not available (N)
1	Pratappur	93382	N
2	Ramanujganj	84995	N
3	Samri(kusmi)	81515	N
4	Lundra	81206	N
5	Lakhanpur	58840	N
6	Mainpat	58322	N
7	Ramanujnagar	56073	N
8	Batouli	54558	N
9	Oudgi	53472	N
10	Shankargarh	52819	N
11	Bhaiyathan	43621	N
12	Premnagar	38976	N
13	Bagicha	121195	N
14	Manora	48740	N
15	Kansabel	47849	N
16	Kunkuri	46765	N
17	Duldula	25023	N
18	Udaipur (Dharamjaigarh)	136915	N
19	Tamnar	47818	N
20	Baramkela	30455	N
21	Pusour	28775	N
22	Marwahi	69439	N
23	Pendra	45821	N
24	Takhatpur	38745	N
25	Pathariya	20041	N
26	Bastar	107353	N
27	Jagdalpur	95511	N
28	Makdi	77499	N
29	Farasgaon	70820	N
30	Bade Rajpur	65545	N
31	Tokapal	56361	N
32	Lohandiguda	56247	N
33	Bastanar	44251	N
Total Population not covered under FRU		**2038947**	

Sl. No	Block	Total ST Population	FRU available (Y)/ not available (N)
1	Ambikapur	110407	Y
2	Wadrafnagar	94927	Y
3	Rajpur	78428	Y
4	Surajpur	74148	Y
5	Sitapur	68001	Y
6	Balrampur	66265	Y
7	Udaypur	50673	Y
8	Pathalgaon	121198	Y
9	Farsabahar	64631	Y
10	Jashpur	54977	Y
11	Lailunga	82923	Y
12	Raigarh	56498	Y
13	Gharghoda	46718	Y
14	Kharsia	44105	Y
15	Sarangarh	31402	Y
16	Kota	89940	Y
17	Pendra Road Gorella	76813	Y
18	Bilaspur	44550	Y
19	Masturi	39665	Y
20	Bilha	20715	Y
21	Kondagaon	130940	Y
22	Bakavand	95290	Y
23	Keskal	66197	Y
24	Darbha	65766	Y
Total Population covered under FRU		**1675177**	