CHAPTER I

PERFORMANCE AUDIT

Health Department

1.1 National Rural Health Mission

Highlights

The National Rural Health Mission (NRHM) was launched in April 2005 with the objective to bring about improvement in health status of the people, especially those who live in rural areas. Performance audit of the Mission activities brought out deficiencies in completion of household and facility survey, non-preparation of perspective and annual plans, lack of planning as well as monitoring as a result of which 19 per cent of available funds remained unspent. Though the targets for construction of new health centres were formulated yet construction works had not been taken up. The services at Community Health Centres and Primary Health Centres suffered for want of doctors, para-medical staff and other basic medical facilities. A large number of pregnant women did not show up for antenatal check ups. While the shortfall in achievement of targets of sterlisation was 17 per cent, the shortfall in Vitamin A solution administration ranged between 17 and 67 per cent. Annual Parasitic Incidence was much higher than the stipulated rate of 0.5 per thousand. The achievement of targets, set for 2010 for infant mortality rate, maternal mortality rate, total fertility rate, sex ratio, etc. were far from satisfactory.

- **Household survey to identify target groups though planned in 2007-08, had not been started and facility survey to assess deficiencies had not been completed. District perspective plan was not prepared in 11 out of 20 districts in the State.**

(Paragraphs 1.1.6.1 and 1.1.6.2)

- **Against the target of construction of 9 CHCs, 79 PHCs and 44 SCs, no health centre was constructed during 2005-09 inspite of availability of funds.**

(Paragraph 1.1.8.1)

- **There was shortage of 61 *per cent* of doctors and 50 *per cent* of para-medical staff in CHCs test checked and 43 *per cent* of doctors and 69 *per cent* of other staff in PHCs test checked. Besides, basic medical facilities were not available in large number of centres.**

(Paragraphs 1.1.8.2 and 1.1.8.3)

- **A large number of pregnant women did not register themselves for prescribed antenatal check ups. Even the registered pregnant women did not show up for antenatal check ups. Only 38, 48, 54 and 59 *per cent* deliveries took place in institutions during 2005-06, 2006-07, 2007-08 and 2008-09 respectively against the target of 50 *per cent* of total deliveries.**

(Paragraph 1.1.10.2)

- **There was shortfall in administration of Vitamin A during 2005-09 in test checked districts due to short supply of vitamin A solution at health centres.**

(Paragraph 1.1.10.5)

- **Against detection of 36,487 cases of refractive errors, only 6,937 students were provided free spectacles in test checked districts.**

(Paragraph 1.1.10.6)

- **The State was far behind in achievement of targets set for 2010 in regard to infant mortality rate, maternal mortality rate, sex ratio, etc.**

(Paragraph 1.1.12)

1.1.1 Introduction

The National Rural Health Mission (NRHM) was launched in Haryana on 12 April 2005 with a view to provide accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas especially to poor and the vulnerable section of the population. The key strategy of the NRHM was to bridge gaps in healthcare facilities, facilitate decentralised planning in the health sector, provide an overarching umbrella to the existing programmes of Health and Family Welfare including Reproductive and Child Health-II, Vector Borne Disease Control Programme, Tuberculosis, Leprosy and Blindness Control Programmes and Integrated Disease Surveillance Project. The scheme was centrally sponsored upto 2006-07 and on cost sharing basis between Centre (85 *per cent*) and State (15 *per cent*) for the 11th plan period 2007-12.

1.1.2 Organisational set up

At the state level, the NRHM functions under the overall guidance of the State Health Mission (SHM) headed by the Chief Minister. The activities under the Mission are to be carried out through the State Health and Family Welfare Society

(SHFWS). The governing body of the society is headed by Chief Secretary of the State. Its Executive Committee is headed by the Financial Commissioner and Principal Secretary, Health Department, Government of Haryana. The State Programme Management Support Unit headed by a Mission Director acts as the Secretariat to SHFWS.

At the district level, every district has a District Health and Family Welfare Society (DHFWS) headed by the Deputy Commissioner and its Executive Committee is headed by a Civil Surgeon (CS). Sub-centres (village level), Primary Health Centres (PHCs) and Community Health Centres (CHCs) deliver public health services in rural areas.

1.1.3 Audit objectives

The main audit objectives of the performance audit were to ascertain whether:

- planning, monitoring and evaluation procedures of the Mission at the level of Village, Block, District, State and Centre were adequate and achieved its principal objectives;
- the Mission achieved capacity building and strengthening of physical and human infrastructure at different levels as planned and targeted;
- the information, education and communication (IEC) activities were efficient and resulted in increase of awareness about preventive aspects of healthcare;
- targets fixed specially in respect of reproductive and child healthcare, immunization and disease control programmes were achieved;
- public health delivery system for the targeted population, especially socially and economically deprived groups, women and children was created as envisaged.
- impact on key indicators had shown improvement upto the desired level.

1.1.4 Audit criteria

With a view to achieve the audit objectives, following audit criteria were adopted:

- Government of India (GOI) guidelines on the scheme and instructions issued from time to time.
- Indian Public Health Standards (IPHS) for CHCs, PHCs and Sub-Centres.

- State Programme Implementation Plan (PIP) approved by GOI.
- Data of institutional deliveries, immunization, family planning cases, in-patients/ out-patients, morbidity and mortality cases, etc. and
- Monitoring and status reports.

1.1.5 Scope and methodology

The Performance Audit was conducted (April 2009 to July 2009) covering the period from 2005-06 to 2008-09 by test-check of records in the Mission Directorate, five DHFWS (out of 20) alongwith 15 CHCs (out of 87), 30 PHCs (out of 420) and 60 SCs (out of 2,465) **(*Appendix I*)**.

The sample for test-check were selected using probability proportionate to size sampling (PPS) method. An Entry Conference was held in March 2008 with the Project Director, in which important issues regarding implementation of the scheme, audit objectives and audit criteria were discussed. Exit conference was held in July 2009 with Financial Commissioner and Principal Secretary to Government of Haryana, Health Department to discuss audit findings and their views were considered while finalising the review report.

Audit findings

1.1.6. Planning

1.1.6.1 Base line survey

Household survey was not conducted and facility survey in all the institutions was not completed.

As per Mission guidelines, a base line survey was to be conducted by 2008 to help the Mission in fixing goals and monitoring indicators. Accordingly, 50 *per cent* of the household and facility surveys were required to be completed by 2007 and 100 *per cent* by 2008. It was, however, noticed that though the Mission was launched in April 2005, the household survey was planned only in the State Programme Implementation Plan (PIP) for the year 2007-08. The facility survey of CHCs in three districts and all the PHCs and SCs in the State had not yet been completed (March 2009). Even data collected from the facility survey in respect of 17 districts relating to CHCs was not validated by the *Panchayati Raj* Institutions as envisaged under the programme.

Non-conducting of the household survey and non-completion of facilities survey impaired the planning process of the Mission as the healthcare needs of the rural population and deficiencies in the facilities in the health institutions could not be identified and hence not properly addressed.

The Mission Director stated (July 2009) that facility survey was conducted by

GOI during 2004 in 14 district hospitals, 13 Sub-District hospitals, 63 CHCs and 14 PHCs and entire Gurgaon district and that annual household survey was conducted by health workers at Sub-Centre (SC) level. The reply was not convincing as facility survey was not complete for the State as a whole. Further, household survey conducted by health workers was confined to identification of eligible couples, pregnant women and mothers only and did not cover other objectives of the Mission. As a result of this, the purpose for planning of all the Mission activities was not served.

1.1.6.2 Perspective and annual plans

District perspective plans were prepared in 9 out of 20 districts while annual action plans were not prepared at all during 2005-09.

The DHFWS were required to prepare perspective plan for the entire Mission period 2005-2012 which were to be aggregated to form the PIP of the entire State. Besides, these societies were also required to prepare Annual District Health Action Plans. The Mission focused on the village as an important unit for planning. As the preparation of village level plans were started from 2007-08, the Block Health Action Plans, therefore, formed the basis of District Health Action Plan for the year 2005-06 and 2006-07. As a result of this, the deficiencies and problems at village level could not be identified. The preparation of perspective plans was taken up in 9 out of 20 districts in 2006-07 and was completed in September 2007. The perspective plans in the remaining 11 districts were not prepared as of March 2009. As perspective plans were not prepared in all the districts, the State PIP was not prepared by aggregating health action plans of all the districts during 2005-09. The districts prepared Annual District Health Action Plans only for the year 2009-10. No annual Action Plans were prepared for the period 2005-09. The effectiveness of the District Health Action Plans, prepared without conducting the household and facilities survey was debatable as there were number of deficiencies in providing facilities at CHC, PHC and Sub-centre level as discussed in paragraph 1.1.8. The lack of planning had a cascading effect on the implementation of the Mission, as is evident from the succeeding audit findings.

1.1.6.3 Public report on health

Annual public health report was not published by any district.

As envisaged under the NRHM, each district was required to publish a public report on health annually. None of the 20 districts in the State had published such reports during 2005-09.

In the absence of dissemination of such relevant information, local communities, which were to be involved for planning and monitoring of the activities under the Mission, could not get information on the developments taking place in the district. Moreover, absence of a real-time management information system at the ground level impaired the ability of the Mission to initiate adequate and timely responses to correct the deficiencies noticed during execution of the programme at the base level.

1.1.7 Financial management

Only 81 *per cent* of the available funds were spent.

Funds are released by the Central Government to the States through two separate channels i.e. through State Finance Department and direct to the different health societies. The funds routed through the State Finance Department were required to be released quarterly depending on the norms prescribed for various activities under these schemes based on infrastructure available in the States. The position of opening balance, funds received from GOI, expenditure incurred thereagainst and closing balance for the period 2005-09 is tabulated below:

(Rupees in crore)

Year	Opening balance	Funds received from GOI	State share	Total	Expenditure incurred	Closing balance
2005-06	3.52[1]	108.50	-	112.02	80.92	31.10
2006-07	31.10	161.04	-	192.14	97.27	94.87
2007-08	94.87	151.53	24.29	270.69	112.00	158.69
2008-09	158.69	211.59	0	370.28	244.77	125.51
Total		**632.66**	**24.29**		**534.96**	

About 19 *per cent* of total available funds of Rs 660.47 crore remained unutilised during 2005-09.

Annual budget was not prepared by DHFWSs and Sub-District Health Centres.

The funds remained unspent as the budget was prepared by SHFWS without any input from DHFWSs and Sub-District Health Centres as these societies/centres had not prepared their annual budget. Even the districts and blocks were not informed about availability of funds for various activities well in advance for planning. The funds to the districts and blocks were allocated on receipt of sanctions from GOI as per State PIP. However, the Mission Director stated (July 2009) that at the beginning of the Mission, a number of steps were required to be taken in terms of infrastructure, manpower and capacity building, therefore, the expenditure was less during this period. The reply is not convincing as during the year 2005-06 and 2006-07, the process of decentralisation which includes planning, implementation and monitoring up to village level had not been completed.

1.1.7.1 Untied and annual maintenance grants

VHSCs were not constituted in 111 villages.

As per Mission guidelines, an annual untied grant of Rs 10,000 to each Village Health and Sanitation Committee (VHSC), Rupees 10,000 to every SC, Rs 25,000 to every PHC and Rs 50,000 to every CHC was provided for local uses. Annual maintenance grant of Rs 10,000, Rs 50,000 and Rs 1,00,000 to each SC, PHC and CHC respectively was also to be provided.

As per timeline framed under the Mission, cent *per cent* of the VHSCs were to be formed by 2008. Against the target of constituting 6,393 VHSCs, 6,282 were

[1]

Name of the Scheme	**:**	**Amount**
Revised National Tuberculosis Control Programme (RNTCP)	**:**	Rs 2.63 crore
National Programme for Control of Blindness (NPCB)	**:**	Rs 0.89 crore
Total	**:**	**Rs 3.52 crore**

formed as of March 2009 leaving a gap of 111 Committees. Out of the untied funds of Rs 11.34 crore released to VHSCs during 2007-09, only Rs 3.47 crore (31 *per cent*) had been utilised by the districts upto March 2009. The non-formation of VHSCs in all the villages coupled with inadequate spending of funds by the constituted VHSCs affected implementation of the Mission at grass root level. The Mission Director stated (July 2009) that a common committee of Women and Child Development and Health Department for constituting the Village Level Committee cum VHSCs was formed in July 2008. The reply is not convincing as the steps for constituting the committee were taken after a lapse of more than one year.

Untied and annual maintenance grants remained unspent with VHSCs, CHCs, PHCs and SCs.

Similarly, out of untied[2] grants of Rs 7.46 crore released to the SCs during 2006-09, an expenditure of Rs 5.20 crore (70 *per cent*) was incurred by the SCs upto March 2009 leaving an unspent balance of Rs 2.26 crore (30 *per cent*). Likewise, untied and annual[3] maintenance grants to the tune of Rs 5.50 crore for PHCs in all districts were released during 2005-09 and an expenditure of Rs 3.43 crore (62 *per cent*) was incurred as of March 2009 leaving an unspent balance of Rs 2.07 crore (38 *per cent*).

The Mission Director while admitting the inadequate spending stated (July 2009) that the expenditure at the initial stage of the Mission was less due to lack of infrastructure and awareness and that Mission activities had now geared up and expenditure has also increased. Thus, it is evident that the Mission was not geared up at the beginning of the Mission period.

1.1.8 Capacity building and strengthening of infrastructure

1.1.8.1 Construction and upgradation of CHCs, PHCs and SCs

The Mission provided for construction of new rural health centres and upgradation of existing facilities for delivery of better health services in the rural areas as per population norms of 2001 census. The targets set for construction of various centres and achievements thereagainst are tabulated below:

Sr. No.	Particulars	CHCs	PHCs	SCs
1.	Targets for new construction during 2007-08	9	79	44
2.	Achievements for new construction	Nil	Nil	Nil
3.	Targets for upgradation of CHCs as per IPHS norms and PHCs for providing 24X7 services upto 2007-08	26	126	-
4.	Achievements	2	106	-

Against the target for construction of 9 CHCs, 79 PHCs and 44 SCs, no health centre was constructed.

Audit observed that no health care centre could be constructed during 2007-08 as the funds amounting to Rs 24.28 crore were released for construction works only in January 2008. Administrative approval for construction of three CHCs was accorded in February/July 2008 and administrative approval for 32 PHCs was accorded in September/October 2008. Expenditure of Rs 12.14 crore had been

[2] Untied grant: Given for improvement of sanitary and hygienic conditions.
[3] Annual maintenance grant: Given for general maintenance of CHCs/PHCs/SCs.

incurred upto November 2008.

1.1.8.2 Shortage of staff at CHC and PHC level

Shortage of 61 *per cent* of doctors, 50 *per cent* of para-medical staff in test checked CHCs was observed.

The manpower position in respect of CHCs test checked with reference to norms of Indian Public Health Standards (IPHS) is depicted in ***Appendix II***. An analysis of the data revealed that against the requirement of 90 doctors (including specialists), only 35 doctors were in position indicating shortage of 55 doctors (61 *per cent*). Similarly, against the norm of 375 posts of Staff Nurses, Technicians, Dressers, Sweepers, Ward Boys, etc., only 186 were in position indicating shortage of 189 posts (50 *per cent*). Thus, there was substantial shortage of doctors and other staff in CHCs test checked. Audit further observed that there was no doctor or specialist available in CHC, Kairu and Jhojukalan in district Bhiwani and CHC, Bhattukalan in district Fatehabad during the review period.

There was acute shortage of doctors and para-medical staff in PHCs.

The position of manpower requirement as per IPHS, men-in-position and shortage in respect of PHCs test checked is depicted in ***Appendix III***. Against the requirement of 60 doctors, only 34 were in position leaving a shortage of 26 doctors (43 *per cent*). Similarly, against the requirement of 480 staff[4], only 150 were in position indicating shortage of 330 staff members (69 *per cent*).

The Mission Director stated (July 2009) that in order to avoid shortage of doctors and to reduce the time taken by Haryana Public Service Commission in selecting the doctors, the State Government had evolved the departmental appointment process of doctors which has enabled to recruit 825 doctors (out of which 525 specialists) during November 2008 to May 2009.

1.1.8.3 Lack of infrastructure and facilities at CHC, PHC and Sub-centre level

Basic facilities were not available in test checked CHCs.

As per IPHS norms, a caesarian section, emergency care of sick children, safe abortion services, blood storage facility, surgery, pediatrics, new born care, ECG test, X-ray facility and Operation Theatre were to be provided at CHC level.

Audit observed that the caesarian section (10 out of 15), emergency care of sick children (11 out of 15), safe abortion services (10 out of 15), blood storage facility (14 out of 15), surgery (11 out of 15), pediatrics (12 out of 15), new born care (8 out of 15) and ECG (11 out of 15) were not available in the CHCs test checked. X-ray facility was available only in 8 out of 15 CHCs test checked. No Operation Theatre was available in any of the CHCs. Even the supply of drugs, medicines was inadequate in all the districts test checked. Only essential drugs were supplied for basic level treatment.

As per IPHS, cataract surgery, MTP, internal gynecological examination, nutrition services, emergency services, new born care, facilities of tubectomy and

[4] Staff nurses, health educators, clerks, health assistants, class IV, etc.

vasectomy were to be provided at PHC level. Audit scrutiny revealed that these facilities/services were not provided in any of the PHCs test checked.

Health Assistants/ Lady Health Visitors did not visit 27 *per cent* test checked SCs.

Further, Health Assistants (male)/Lady Health Visitors (LHV) were required to visit the sub-centres at least once a week as per IPHS. But it was observed that no such visits were made by them in 16 SCs out of 60 SCs test checked. There was no labour room in 31 SCs and no telephone facility in 54 SCs, no public utilities in 37 SCs out of 60 test checked.

The Mission Director stated (July 2009) that there were limited funds for equipment and drugs for upgradation of facilities to IPHS as targeted. The reply was not fully convincing as there was 19 *per cent* shortfall in utilisation of funds under the Mission.

1.1.8.4 24x7 delivery services

24x7 delivery services were not available in 75 *per cent* PHCs in the State.

The Mission envisaged provision of 24X7 delivery and emergency services at PHC level. As per information available at the SHFWS, out of total 420 PHCs, only 106 PHCs had facility of 24x7 delivery services. The facility assessment at 30 PHCs test checked revealed that the facility of 24 hour delivery services was available only at 8 PHCs. The reasons for non-availability of delivery services in other 22 PHCs were attributed to non-availability of staff nurses, labour rooms, etc.

1.1.8.5 Trainings

There was shortfall of 36 *per cent* in imparting training to health personnel.

The Mission laid emphasis on imparting training for skill development to doctors, Auxiliary Nursing Midwives (ANM), nurses, para-medicals, Accredited Social Health Activist (ASHA) trainers, etc. for improving and strengthening of existing training infrastructure. Against the target of providing training to 9,000 ASHAs, 1,712 ANMs, 1,155 Staff Nurses, 363 Medical Officers, 7 Programme Managers, only 5,211 ASHAs, 1,437 ANMs, 817 Staff Nurses, 370 Medical Officers and 7 Programme Managers respectively were trained during 2005-08, leaving a shortfall of 4,395 personnel (36 *per cent).* None of the ASHAs were provided with drug-kits for dispensing medicines, contraceptives, ORS, etc. in the test checked districts.

The Mission Director stated (July 2009) that shortfall in providing training was due to shortage of trained manpower in State Health and Family Welfare Institute and steps had been taken to strengthen the training centres in terms of logistics, infrastructure and manpower. As regards providing the drug-kits to ASHA, it had been stated that drug-kits were not provided as training to ASHA was not provided.

1.1.8.6 Mobile Medical Units

Mobile Medical Unit was not provided in any of the test checked districts.

A mobile medical unit was to be provided in each district for providing outreach services. The Mission Director stated (July 2009) that six medical mobile units were working in various districts by Health Department. However, mobile medical units were not provided in any of the districts test checked.

1.1.8.7 State Health System Resource Centre

A State Health System Resource Centre (SHSRC) was to be established in each State to provide technical support to the Mission. The SHSRC was not established in the State. The Mission Director stated (July 2009) that proposal for establishing a State Health Resource Centre was under consideration and technical support was being obtained from various consultants.

This vast gap between the requirement of infrastructure, medical staff and medicines as per IPHS and that actually available was a severe bottleneck in delivering health services as envisaged under the Mission.

1.1.9 Information, Education and Communication (IEC)

1.1.9.1 Under utilisation of funds

As per NRHM framework, IEC activities were to be carried out at grass root level to educate the rural population about preventive, promotive, curative and rehabilitative health care. For this purpose, Health Melas were to be organised in all the parliamentary constituencies. Grants of Rs 80 lakh for organisation of Swasthaya Melas in 10 parliamentary constituencies of the State were received from GOI and were placed at the disposal of concerned Civil Surgeons. However, only an amount of Rs 43.88 lakh was utilised upto March 2009. Thus, adequate attention was not paid towards IEC activities.

1.1.10 Performance under various health care programmes

1.1.10.1 Status of in-patient and out-patient cases

The number of in-patient and out-patient cases is an important indicator of the effectiveness of various activities under the NRHM. The data regarding number of patients reported at sub-centres was not maintained by SHFWS. The number of patients reaching the PHCs and CHCs of districts test checked for out-patient and in-patient services during 2005-09 were as under:

Name of the district	Health centres	Number of out-patient cases reported at health centres				Number of in-patient cases reported at health centres			
		2005-06	2006-07	2007-08	2008-09	2005-06	2006-07	2007-08	2008-09
Faridabad	PHCs	2,51,154	2,84,586	2,44,878	2,45,364	382	548	708	856
	CHCs	37,178	41,536	29,704	42,917	1,054	914	531	514
Ambala	PHCs	1,94,775	2,08,277	2,02,953	1,64,316	611	528	1,180	471
	CHCs	87,040	88,116	74,910	66,976	3,183	3,181	2,767	2,691
Bhiwani	PHCs	2,94,155	3,54,183	3,31,348	3,25,900	1,177	1,260	1,389	2,463
	CHCs	1,46,238	1,67,788	1,43,768	1,56,308	5,832	3,821	4,383	15,317
Fatehabad	PHCs	1,71,853	1,87,384	1,70,917	1,41,255	957	1,239	1,339	1,983
	CHCs	1,49,059	1,88,405	1,49,648	1,39,385	6,561	9,008	7,359	11,243
Sonipat	PHCs	2,63,194	2,63,116	2,63,052	2,29,778	436	234	372	412
	CHCs	2,17,942	2,45,127	2,77,735	2,49,143	9,375	8,350	7,964	9,376
Total	**PHCs**	**11,75,131**	**12,97,546**	**12,13,148**	**11,06,613**	**3,563**	**3,809**	**4,988**	**6,185**
	CHCs	**6,37,457**	**7,30,972**	**6,75,765**	**6,54,729**	**26,005**	**25,274**	**23,004**	**39,141**

Source of data: Annual Reports of the department.

As the main objective of the Mission was to provide accessible, affordable and

reliable health care in the rural areas, it was expected to attract more patients to the Sub-centres, PHCs and CHCs. Audit observed that there was nine *per cent* decline in out-patients in PHCs and three *per cent* decline in CHCs during 2008-09 due to lack of infrastructure and shortage of staff.

Reproductive and Child Health (RCH)

1.1.10.2 Maternal health

- **Registration and check ups**

A large number of pregnant women did not avail antenatal check ups.

Early detection of complications during pregnancy by four prescribed antenatal check-ups is important for preventing maternal mortality and morbidity. The status of registration and antenatal check-ups was as under:

Name of District	Year	Number of pregnant women registered	No. of registered pregnant women visited for check-ups			
			At the stage of registration	At around 26th week	At around 32nd week	At around 36th week
Faridabad	2005-06	63,209	36,140	36,140	36,140	36,140
	2006-07	66,872	48,211	48,211	48,211	48,211
	2007-08	60,898	47,723	47,723	47,723	47,723
	2008-09	69,581	50,955	50,955	50,955	50,955
Ambala	2005-06	26,991	21,996	21,996	21,996	21,996
	2006-07	27,721	19,061	19,061	19,061	19,061
	2007-08	25,816	22,209	22,209	22,209	22,209
	2008-09	30,583	21,558	21,558	21,558	21,558
Bhiwani	2005-06	38,690	35,067	35,067	35,067	35,067
	2006-07	38,196	22,599	22,599	22,599	22,599
	2007-08	33,694	28,223	28,223	28,223	28,223
	2008-09	37,422	34,122	34,122	34,122	34,122
Fatehabad	2005-06	20,781	13,106	16,095	16,095	16,095
	2006-07	23,939	14,656	21,976	21,976	21,976
	2007-08	20,116	15,279	17,216	17,216	17,216
	2008-09	20,827	15,161	15,161	15,161	15,161
Sonipat	2005-06	29,556	26,267	26,267	26,267	26,267
	2006-07	32,146	27,074	27,074	27,074	27,074
	2007-08	33,261	28,318	28,318	28,318	28,318
	2008-09	29,153	25,714	25,714	25,714	25,714
Total	**2005-06**	**1,79,227**	**1,32,576**	**1,35,565**	**1,35,565**	**1,35,565**
	2006-07	**1,88,874**	**1,31,601**	**1,38,921**	**1,38,921**	**1,38,921**
	2007-08	**1,73,785**	**1,41,752**	**1,43,689**	**1,43,689**	**1,43,689**
	2008-09	**1,87,566**	**1,47,510**	**1,47,510**	**1,47,510**	**1,47,510**

Source: Annual Status Reports of the department.

It was a matter of concern that a large number of pregnant women did not show up for prescribed antenatal check-ups. The Mission Director stated (July 2009) that despite implementation of Village Health and Nutrition Day Scheme, ASHA and various behavior change control measures, a large number of pregnant women did not register and also did not come for prescribed antenatal check ups. Social system, lack of importance to women problems, poverty, lack of health education were the contributing factors for decreased antenatal registration and regular antenatal check ups. The reply indicates that despite presence of the Mission for last four years, still a lot of work to increase awareness about health care remain unattended.

- **Iron Folic Acid Administration**

Anaemia is considered as leading cause of maternal mortality and is an aggravating factor to hemorrhage, sepsis and toxaemia. Prophylaxis against nutritional anaemia in a pregnant woman requires a daily dose of Iron Folic Acid (IFA) tablets for a period of 100 days. The status of pregnant women in test checked districts receiving IFA administration is given in ***Appendix IV*** which showed that there was shortfall in coverage of pregnant women during 2006-07 in Ambala, Fatehabad and Sonipat districts. The inadequate supply of IFA tablets was a major reason for low coverage of IFA administration. The department during the exit conference had assured adequate supply of IFA tablets.

- **Institutional delivery care**

To encourage institutional delivery, the Janani Suraksha Yojana provided all rural BPL pregnant women a cash compensation of Rs 700, urban BPL women Rs 600, rural SC women Rs 900, urban SC women Rs 800 for undergoing institutional delivery.

Shortfall in achievement of targets for institutional deliveries was 12 and 2 *per cent* during 2005-06 and 2006-07 respectively.

The target of institutional delivery in the State was 50 *per cent* of total deliveries. Against these targets, the actual institutional deliveries were 1,68,731 out of 4,38,581 (38 *per cent*) in 2005-06, 2,16,383, out of 4,52,018 (48 *per cent*) in 2006-07, 2,44,351, out of 4,54,683 (54 *per cent*) in 2007-08 and 2,66,916 out of 4,49,079 (59 *per cent*) in 2008-09.

The target and achievement of institutional deliveries in the test checked districts is depicted in ***Appendix V*** which showed that Ambala (2007-08), Fatehabad (2006-07 and 2007-08) and Sonipat (2008-09) districts had succeeded in achieving the targets of institutional deliveries but Bhiwani and Faridabad districts were far behind.

Reasons for shortfall in institutional deliveries were attributed to faith in local trained *daies*, non-availability of ANM 24 hours a day and lack of facility of delivery in SCs and PHCs.

- **Essential obstetric care**

Essential obstetric care which was required to be provided in CHCs and PHCs includes antenatal care, supply of essential obstetric drugs, neonatal resuscitation and equipment for new born, etc.

The audit observed that the emergency obstetric care, including the facility of caesarean section, were not available in any of 15 CHCs test checked. The reasons for non-availability of emergency obstetric care at the CHCs were non-functional operation theatre, lack of adequate infrastructure, blood storage facility, etc.

Test-check of records further revealed that out of 60 SCs, 30 PHCs and 15 CHCs,

none of the SCs, PHCs and CHCs were supplied Kit A[5] and Kit B[5] for normal delivery. The Mission Director stated (July 2009) that all essential medicines and equipments as well as Kit A and B had been made available in 160 PHCs and 40 CHCs and that there was significant shortage of specialists despite repeated advertisements. The reply is not convincing as facilities had been provided only in 38 *per cent* PHCs and 46 *per cent* CHCs, that too after the lapse of four years of the launch of Mission.

1.1.10.3 Reproductive health and care

Reproductive health and care includes facility for safe medical termination of pregnancy (MTP).

- **Medical termination of pregnancy**

The programme envisaged need based training to medical officers and nurses, provision of equipment and operation theatre and MTP kits at CHCs and PHCs. As per information at the SHFWS, 87 CHCs had the facilities for MTP whereas this facility was available only in 106 PHCs out of 420.

In the five test checked districts, 6 out of 15 CHCs and 7 out of 30 PHCs had the facilities of MTP. In remaining 9 CHCs and 23 PHCs, necessary equipments, trained doctors/nurses and MTP kits were not available.

The Mission Director stated (July 2009) that efforts were being made to improve the availability and uptake of MTP services up to PHC level.

1.1.10.4. Sterilisation and spacing methods

To reduce Total Fertility Rate, an increased access to and utilisation of family planning services is one of the objectives of the NRHM. Targets and achievements of various components of family welfare planning for the period 2005-09 are tabulated below:

Year	Vasectomy		Tubectomy		Oral Pills Users		IUD Insertion		Condom Users	
	Workload	Achievement	Workload	Achievement	Workload	Achievement	Workload	Achievement	Workload	Achievement
2005-06	10,320	12,995	92,880	80,585	78,000	85,740	1,73,800	1,52,051	3,81,000	3,39,847
2006-07	16,660	10,949	87,640	74,057	79,000	80,134	1,76,800	1,54,428	3,84,000	3,78,837
2007-08	16,660	9,752	87,640	71,071	79,000	84,230	1,77,400	1,63,350	3,94,000	4,06,258
2008-09	16,660	10,030	87,640	77,409	81,600	92,553	1,79,600	1,76,650	4,06,000	3,90,480
Total	**60,300**	**43,726**	**3,55,800**	**3,03,122**	**3,17,600**	**3,42,657**	**7,07,600**	**6,46,479**	**15,65000**	**15,15,422**

Source: Annual Status Reports of the department.

Shortfall in targets of sterlisation was 17 *per cent.*

There was shortfall of 17 *per cent* in targets for conducting sterilisation, nine *per cent* under IUD insertion and three *per cent* in respect of condom users. The Mission did well in improving the usage of oral pills as the actual users were eight *per cent* more than the target.

The Project Director stated (July 2009) that decrease/shortfall in achievements of

[5] Kit A contains medicines such as oral dehydration powder, IFA tablets, etc. while Kit B contains other medicines, cotton, bandages, ointments, etc.

IUD insertions and condom users was due to irregular supply of condoms and IUDs and shortage of manpower particularly MPHW (male and female). Family Welfare programme suffered due to active involvement of health workers in Pulse Polio Immunisation Programme. The reply of the department was not convincing as the supply of condoms and IUDs should have been ensured by the department.

1.1.10.5 Immunisation and child health

- **Routine Immunisation**

The immunisation of children against six preventable diseases, namely tuberculosis, diphtheria, pertussis, tetanus, polio and measles has been the corner stone of routine immunisation not only under universal immunisation programme but also under NRHM. The details of targets and achievements under the routine immunisation are given below:

Year	Target	Achievement				FI[6]	DT		TT(10)		TT(16)	
		BCG	Measles	DPT	OPV		Target	Achievement	Target	Achievement	Target	Achievement
2005-06	5,71,099	5,83,438	5,29,636	5,48,404	5,48,346	5,83,438	5,67,647	5,51,492	5,95,114	5,02,144	5,26,447	4,17,117
2006-07	5,75,670	5,97,600	5,43,969	5,70,643	5,70,092	5,97,600	6,04,786	5,71,787	6,04,786	4,96,224	5,11,742	4,21,019
2007-08	5,56,839	5,95,719	5,52,045	5,59,352	5,58,569	5,95,719	6,14,276	5,92,747	6,14,276	5,01,969	5,19,772	4,01,451
2008-09	5,57,413	5,82,316	5,43,465	5,06,341	5,15,334	5,82,316	6,34,478	5,65,591	6,34,478	4,58,262	5,36,866	3,71,750
Total	**22,61,021**	**23,59,073**	**21,69,115**	**21,84,740**	**21,92,341**	**23,59,073**	**24,21,187**	**22,81,617**	**24,48,654**	**19,58,599**	**20,94,827**	**16,11,337**

Source: Annual Status Reports of the department.

Besides, for secondary immunisation, children in age group of 5 to 6 years were required to be administered DT (Diphtheria and Tetanus) and two doses of Tetanus Toxoid (TT) at the age of 10 and 16 years respectively. The shortfall from targets in the secondary immunisation ranged from 3 to 11 *per cent* for DT, 16 to 28 *per cent* for TT (10) and 18 to 31 *per cent* for TT (16).

The status of targets and achievements under immunisation in test checked districts is given in ***Appendix VI*** which indicated wide inter-district variations in achievements for immunisation.

- **Vitamin A solution**

Shortfall in administration of vitamin 'A' was due to short supply of vitamin 'A' solution.

Prophylaxis against blindness amongst children due to deficiency of Vitamin A requires the first dose at 9 months of age alongwith measles vaccine and second dose alongwith DPT/OPV and subsequently three doses at six monthly intervals. There was a shortfall of 17, 67, 20 and 54 *per cent* against the targets of vitamin A administration during 2005-06, 2006-07, 2007-08 and 2008-09 respectively in the State.

The status of targets and achievements for Vitamin A administration in test checked districts is depicted in ***Appendix VII*** which showed shortfall in achievement of targets in these districts also.

The main reason of shortfall in achievements was short supply of Vitamin A at health centres.

[6] Fully immunised: Achievement of full immunisation based on measles injection.

The Mission Director stated (July 2009) that vitamin A solution was supplied by GOI upto 2004-05 but thereafter supplies were discontinued. A special drive was launched by the State Government during 2008-09 and the supply had been made regular now.

1.1.10.6 National Programme for Control of Blindness (NPCB)

The NPCB aimed to reduce prevalence of blindness cases to 0.8 *per cent* by 2007 through increased cataract surgery, school eye screening, free distribution of spectacles, etc.

- **Cataract operation performance**

The details of cataract surgery performed in the State are given in ***Appendix VIII*****.** Against the target of conducting 4.40 lakh cataract operations (1.10 lakh per year for four years), 4.84 lakh cataract operations were performed during 2005-09. Out of these, 22 *per cent* were performed in Government sectors, 31 *per cent* by NGOs while 47 *per cent* were performed by private practitioners. The ratio of cataract operations in Government and private sectors was required, as per Mission Guidelines, to be 1:1. Thus, there was shortfall of cataract operations in Government sectors.

The operations by private practitioners and NGOs were predominantly carried out in camps, where data on the rate of success and follow up was not available.

- **Refractive error and free distribution of spectacles**

The programme envisaged training of at least one teacher in Government and Government aided schools for screening refractive errors among students and free distribution of spectacles to the students having refractive errors. As against teachers of 14,651 schools in the State, only 11,545 teachers were trained. During 2005-06, 2006-07, 2007-08 and 2008-09, 1,402, 6,986, 9,149 and 2,994 spectacles respectively were issued against the total detection of 29,227, 47,686, 25,162 and 13,047 cases of refractive errors.

Spectacles were provided to only 19 *per cent* of students with refractive error.

In five test checked districts, 36,487 cases of refractive errors were detected during 2005-09, but only 6,937 students were provided free spectacles. The Mission Director stated (July 2009) that spectacles were provided free of cost only to poor students. The reply was not in consonance with scheme guidelines as spectacles were to be provided free of cost to all the students having refractive error.

1.1.10.7 Revised National Tuberculosis Control Programme (RNTCP)

As per GOI guidelines, no targets for sputum examination are fixed under RNTCP. The year-wise details of targets and achievements in detection of new

sputum positives were as under:-

Year	Sputum examination	Detection of new Sputum positives		
	Number	Target 70 *per cent* of these cases	Achievement	
			Number	Percentage
2005-06	1,51,478	15,410	12,715	82.51
2006-07	1,58,162	15,678	13,238	84.43
2007-08	1,64,289	15,879	13,119	82.61
2008-09	1,50,719	15,927	13,254	83.21
Total	**6,24,648**	**62,894**	**52,326**	**83.19**

Source: Annual Status Reports of the department.

The overall cure rate of 85 *per cent* was prescribed under the RNTCP. However, the department's achievement was 83 *per cent*.

- **Availability of diagnostic facilities and medicines**

As per the NRHM framework, full coverage for treatment of tuberculosis is guaranteed at CHCs and PHCs. The strategy was to provide quality assured diagnostic and treatment services through application of directly observed treatment short course (DOTS). As per information available with SHFWS, all the 87 CHCs and 345 PHCs out of 420 PHCs in the State were covered under DOTS scheme.

Audit analysis revealed that out of 15 CHCs and 30 PHCs test checked, full services for treatment of tuberculosis were available at all the 15 CHCs and only in 13 PHCs. The Mission Director stated (July 2009) that as per RNTCP guidelines diagnostic facilities were to be provided at designated microscope centres having population of one lakh. The reply was not in consonance with NRHM guidelines as these facilities were to be provided at all PHCs.

1.1.10.8 National Vector Borne Disease Control Programme (NVBDCP)

The NVBDCP aims to control vector borne diseases by reducing mortality and morbidity due to malaria, filaria, kala azar, dengue, chikungunia and japanese encephalitis in endemic areas through close surveillance, controlling breeding of mosquito, sand fly, etc. through indoor residual spray of larvicides and insecticides and improved diagnostic and treatment facilities at health centres provided annual blood examinations of persons with symptoms of malaria.

- **Annual Blood Examination Rate (ABER) and Annual Parasitic Incidence (API) for malaria**

The programme stipulated to achieve ABER[7] of 10 *per cent* and API[8] of less than 0.5 per thousand for the country. As per information available with the State, the ABER was 11.32, 11.87, 11 and 11.1 and API 1.48, 2.10, 1.36 and 1.50 during 2005-06, 2006-07, 2007-08 and 2008-09 respectively.

[7] Cumulative sum of monthly rate per 100 population under surveillance of blood examination during the year.

[8] Positive malaria cases per thousand population.

Annual Parasitic Incidence was higher than the prescribed percentage.

The records in test checked districts indicate that in two[9] districts, ABER was less than the State average during 2005-06, 2006-07 and 2008-09 and in Fatehabad district (9.5), it was also less than the State average during 2005-06. API was more than the State average during 2006-07 in Ambala (2.33), 2008-09 in Fatehabad (3.06), Bhiwani (1.70) and Fatehabad (3.12) districts. In Sonipat district (5.76, 5.49 and 1.80) API was more than the State average during 2005-06 to 2007-08.

- **Incidence of vector borne diseases**

There was no case of Kala Azar and Filaria in the State. During 2005-09 morbidity and mortality due to various vector borne diseases were as under:

Year	Malaria		Japanese Encephalitis		Dengue	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
2005-06	33,204	0	4	2	183	1
2006-07	47,077	0	3	1	838	4
2007-08	30,985	0	32	18	365	11
2008-09	37,080	0	0	0	1,159	9
Total	**1,48,346**	**0**	**39**	**21**	**2,545**	**25**

Source: Annual Status Reports of the department.

The deaths due to vector borne diseases increased during 2005-08 but showed a marginal decline in 2008-09.

The position regarding morbidity and mortality due to vector borne disease in the districts test checked is given in ***Appendix IX***.

The Mission Director stated (July 2009) that the spreading of diseases depends upon the circumstances like rains, stagnation of water, un-hygienic condition, etc. and the remedial measures were taken according to availability of staff.

1.1.10.9 National Leprosy Elimination Programme (NLEP)

The NLEP aimed to eliminate leprosy by the end of 11th plan i.e. by 2005. The State had achieved the status of elimination of leprosy i.e. less than one case per 10,000 population. However, the prevalence of NLEP in Haryana was 0.17 per 10,000 of the population as on 30 June 2009. The total number of people affected with leprosy in the State during 2005-06, 2006-07 and 2007-08 were 388, 474 and 319 respectively.

- **Facilities at health centres**

The NRHM stipulated facilities for diagnosis and treatment of leprosy at all health centres upto PHC level. As per data available at the SHFWS, out of 87 CHCs and 420 PHCs, the facility for diagnosis of leprosy was available in only 72 CHCs and 229 PHCs. In test checked districts the facility for diagnosis of leprosy was available at 9 CHCs and 18 PHCs.

[9] Ambala 8.3, 8.3, 5.5 and Faridabad 5.8, 6.7, 6.0.

1.1.11 Public health delivery to targeted population

1.1.11.1 Identification of beneficiaries

To provide health services to vulnerable sections of the community including SCs, STs and poor household in equitable manner, mapping of services, facility and household surveys for identification of beneficiaries was required to be carried out. Audit observed that such exercise was not done during 2005-09. In the absence of identification of beneficiaries, delivery of services to the targeted population could not be ensured.

The Mission Director stated (July 2009) that household survey for identification of eligible couples, antenatal check-ups etc. was conducted every year by ANMs and beneficiaries were identified at the time of antenatal check-ups. The reply was not convincing as the survey conducted by ANMs was confined to identification of eligible couples but people of vulnerable sections were not identified.

1.1.11.2 Social security to poor

The Mission provides for availability of assured healthcare at reduced financial risk through community health insurance. It was observed that neither was health insurance scheme for rural population implemented nor were private insurance companies encouraged to bring in innovative insurance products till March 2008.

The Project Director stated (July 2009) that a health insurance scheme named Rastriya Swasthya Bima Yojana has been launched for BPL with effect from April 2008.

1.1.11.3 Health monitoring and planning committees

Health monitoring and planning committees at Sub-centre, block, district and State levels were not constituted.

As per the scheme, monitoring committees were to be constituted at Sub Centre, Block, District and State levels, but no such committees had been constituted at any level in the State. This had affected the planning and implementation process at primary level and consequent upward flow of information.

1.1.12 Impact assessment

Targets set for 2010 for improving the key health indicators may not be achieved.

As per Mission guidelines, high infant mortality rate, maternal mortality rate and total fertility rate were to be arrested/checked while institutional deliveries were to be encouraged.

The details of these key indicators to assess the performance of health services at the starting of the Mission, upto the end of 2007-08 and targets set for 2010 are

tabulated below:

	Work position at the beginning of 2005	Achievement of March 2008	Targets for 2010
Infant Mortality Rate (per thousand)	60	42	30
Maternal Mortality Rate (per lakh)	300	162	100
Total Fertility Rate (*per cent*)	2.8	2.7	2.1
Institutional deliveries	23 *per cent*	39 *per cent*	80 *per cent*
Sex ratio (per thousand) (Female)	819 (2001)	860	875

Source: Annual Status Reports of the department.

Although there was improvement in key health indicators from the beginning of the Mission to the year 2008, yet the targets set for 2010 were unlikely to be achieved because of lack of infrastructure, shortage of staff, etc.

1.1.13 Conclusions

The National Rural Health Mission was launched with the objective of providing accessible, affordable, effective and reliable health care facilities in rural areas. Though launched in April 2005, the Mission was yet to take off fully in the State. Perspective plans were yet to be prepared for all the districts and those prepared were based on incomplete household and facilities data due to incomplete surveys. Consequently, the State Programme Implementation Plan, which was to be prepared by aggregating the district perspective plans, was not reflective of the ground position. This lack of planning had a cascading effect on the implementation of Mission. No district level and sub-district level budgets were prepared with the result that funds were allocated on receipt from GOI, without any reference to requirement which in turn resulted in moneys remaining unspent. The infrastructure development was far behind schedule. There was no augmentation of diagnostic and clinical facilities as per IPHS and most of the health centres lacked the full quorum of doctors, para-medical staff and nurses. As a result, targets for many components under various health care programmes could not be achieved with some programmes suffering from the lack of basic medicines or vaccines and improvement in key health indicators till March 2008 was indicative that the targets set to be met by 2010 were unlikely to be achieved.

1.1.14 Recommendations

- Perspective Plan for each district should be prepared for the period 2008-12 after conducting household and facility surveys.
- Construction of new health centres should be taken up on priority basis.
- Posts of doctors and para-medical staff should be filled up as per IPHS.
- Proper Health facilities should be provided at all the health centres as per IPHS.

- IEC activities need to be invigorated to educate rural population about health care awareness.

These points were reported demi-officially to the Financial Commissioner and Principal Secretary to Government of Haryana, Health Department in May 2009; reply had not been received (August 2009).

Appendix I

(Reference: Paragraph 1.1.5; Page 4)

Statement showing selected CHCs, PHCs and Sub-Centres in 5 districts test checked

District	CHC/Block	PHC	Sub Centre
Faridabad	Kheri Kalan	Kheri Kalan	Kheri Kalan
			Badoli
		Palla	Palla
			Wazirpur
	Kurali	Kurali	Kurali
			Fajjupur
		Panhera	Panhera
			Jahjru
	Hodal	Hodal	Hodal-I
			Karman
		Hasanpur	Hassanpur
			Pingore
Ambala	Mullana	Mullana	Dhanoura
			Zaffarpur
		Samlehri	Samlehri
			Tepla
		Bihta	Bihta
			Sabga
	Chaurmastpur	Chaurmastpur	Chaurmastpur
			Suller
		Panjokhra	Panjokhra
			Raiwali
	Shahjadpur	Shahjadpur	Shahjadpur
			Bichpari
Bhiwani	Jhojukalan	Jhojukalan	Jhojukalan
			Dadibana
		Balkara	Balkara
			Mauri
	Kairu	Kairu	Kairu
			Hetanpura
		Jui	Jui
			Chandawas
	Tosham	Tosham	Tosham
			Sungarpur
		Jamalpur	Jamalpur
			Sipper
Fatehabad	Bhuna	Bhuna	Bhuna-I
			Lehrian
		M. P. Rohi	M. P. Rohi
			Khajuri
	Bhattu	Bhattu	Bhattu
			Dhand
		Bangaon	Bangaon
			Kukdawali
	Ratia	Ratia	Ratia-I
			Bhundrwash
		Bhirdana	Bhirdana
			Hanspur

Sonipat	Gohana	Rukhi	Mahara
			Rabra
		Lath	Joully
			Nagal
	Badkhalsa	Jakhouli	Jhundpur
			Khewra
		Halalpur	Katlupau
			Barota
	Juan	Murthal	Murthal
			Deepalpur
		Mahra	Barwasni
			Shahzadpur

Appendix II
(Reference: Paragraph 1.1.8.2; Page 8)
Statement showing shortage of Medical and para medical staff at CHC level (3 CHCs selected in each district) in 5 districts test checked

Post	IPHS norms	Requirements in 15 CHCs in 5 districts	Availability						Shortage
			Faridabad (3 CHC)	Ambala (3 CHC)	Fatehabad (3 CHC)	Bhiwani (3CHC)	Sonipat (3 CHC)	Total	
General Surgeon	1	15	1	1	0	0	1	3	12
Obstetrician/ Genealogist	1	15	1	1	0	1	2	5	10
Anesthetists	1	15	1	1	1	0	1	4	11
Other Specialist (if any)	0	0	0	0	0	0	0	0	0
Physician	1	15	1	0	0	0	0	1	14
Pediatrics	1	15	0	0	1	1	1	3	12
Eye Surgeon	1	15	1	0	0	0	2	3	12
General duty officer (MO)	0	0	0	5	3	1	7	16	(+)16
Total		**90**	**5**	**8**	**5**	**3**	**14**	**35**	**55**
Public Health Programme Manager	1	15	1	0	0	0	0	1	14
ANM	1	15	1	1	3	6	3	14	1
Dresser	1	15	1	1	2	2	0	6	9
Lab. Technician	1	15	0	2	3	2	5	12	3
Ophthalmic Asstt.	1	15	2	1	2	2	2	9	6
Sweeper	3	45	2	6	7	3	5	23	22
OPD Attendant	1	15	0	0	2	3	1	6	9
Statistical Asstt./Data Entry Operator	1	15	1	0	3	2	3	9	6
Any Other staff (Information Asstt.)	0	0	2	0	0	0	0	2	(+)2
Staff Nurse	7	105	2	8	19	7	14	50	55
P H Nurse	1	15	0	0	1	0	1	2	13
Pharmacist/compounder	1	15	1	4	3	4	5	17	(+)2
Radiographer	1	15	1	0	3	2	2	8	7
Ward boys	2	30	0	1	6	4	3	14	16
Chowkidar	1	15	1	2	2	0	0	5	10
O T Attendant	1	15	0	2	1	1	0	4	11
Registration Clerk	1	15	0	2	2	0	0	4	11
Total		**375**	**15**	**30**	**59**	**38**	**44**	**186**	**189**

Note: Italic pertains to Medical Staff (Doctors).

Appendix III

(Reference: Paragraph 1.1.8.2; Page 8)

Statement showing shortage of Medical and para medical staff at PHC level (2 PHCs selected under each CHC) in 5 districts test checked

Post	IPHS norms per PHC	Requirements in 30 PHCs in 5 districts	Availability						Shortage
			Faridabad (6 PHC)	Ambala (6 PHC)	Fatehabad (6 PHC)	Bhiwani (6 PHC)	Sonipat (6 PHC)	Total	
Medical Officer	2	60	7	9	3	4	11	34	26
Staff Nurse	3	90	2	7	2	7	8	26	64
Health Educator	1	30	0	0	0	0	0	0	30
Clerks	2	60	0	0	0	1	0	1	59
Driver	1	30	1	0	0	1	0	2	28
Pharmacist	1	30	2	5	3	5	6	21	9
Health Worker (Female)	1	30	4	6	3	6	7	26	4
Health Asstt (one male and one female)	2	60	2	1	1	1	4	9	51
Lab. Technician	1	30	1	3	2	5	4	15	15
Class-IV	4	120	12	9	4	15	10	50	70
Total	**18**	**540**	**31**	**40**	**18**	**45**	**50**	**184**	**356**

Note: **Italic pertains to Medical Staff (Doctors).**

Appendix IV

(Reference: Paragraph: 1.1.10.2; Page: 12)

Statement showing the details of pregnant women receiving IAF administration in test checked districts

Name of District	Year	No. of pregnant women registered	No. of registered pregnant women who received IFA administration		Total
			Prophylaxis	Therapeutic	
Faridabad	2005-06	63,209	38,342	32,058	70,400
	2006-07	66,872	38,608	27,860	66,468
	2007-08	60,898	45,338	38,392	83,730
	2008-09	69,581	45,998	21,426	67,424
Ambala	2005-06	26,991	9,930	17,682	27,612
	2006-07	27,721	6,335	5,813	12,148
	2007-08	25,816	19,889	6,882	26,771
	2008-09	30,583	15,317	6,394	21,711
Bhiwani	2005-06	38,690	35,067	30,792	65,859
	2006-07	38,196	22,599	17,873	40,472
	2007-08	33,694	28,223	21,251	49,474
	2008-09	37,422	13,970	10,820	24,790
Fatehabad	2005-06	20,781	12,618	8,986	21,604
	2006-07	23,939	8,267	6,357	14,624
	2007-08	20,116	11,581	7,753	19,334
	2008-09	20,827	2,980	7,905	10,885
Sonipat	2005-06	29,556	21,954	16,264	38,218
	2006-07	32,146	16,445	9,779	26,224
	2007-08	33,261	23,316	17,358	40,674
	2008-09	29,153	15,643	7,162	22,805
Total	**2005-06**	**1,79,227**	**1,17,911**	**1,05,782**	**2,23,693**
	2006-07	**1,88,874**	**92,254**	**67,682**	**1,59,936**
	2007-08	**1,73,785**	**1,28,347**	**91,636**	**2,19,983**
	2008-09	**1,87,566**	**93,908**	**53,707**	**1,47,615**

Source: Annual Status Reports of the department.

Appendix V

(Reference: Paragraph 1.1.10.2; Page 12)

Statement showing targets and achievements of institutional deliveries in test checked districts

Name of District audited	Year	Number of institutional deliveries		Shortfall in institutional deliveries
		Target	Achievement	
Faridabad	2005-06	27,980	25,911	2,069
	2006-07	28,574	24,940	3,634
	2007-08	32,047	29,382	2,665
	2008-09	36,930	33,284	3,646
Ambala	2005-06	11,946	9,185	2,761
	2006-07	11,842	11,667	175
	2007-08	13,584	14,212	(+) 628
	2008-09	27,000	16,092	10,908
Bhiwani	2005-06	17,124	7,929	9,195
	2006-07	16,317	5,976	10,341
	2007-08	17,730	8,647	9,083
	2008-09	18,068	15,981	2,087
Fatehabad	2005-06	9,198	6,573	2,625
	2006-07	10,227	11,261	(+) 1,034
	2007-08	10,585	12,833	(+) 2,248
	2008-09	14,448	14,337	111
Sonipat	2005-06	13,693	8,947	4,746
	2006-07	13,733	12,867	866
	2007-08	15,706	13,449	2,257
	2008-09	15,042	18,246	(+) 3,204
Total	**2005-06**	**79,941**	**58,545**	**21,396**
	2006-07	**80,693**	**66,711**	**13,982**
	2007-08	**89,652**	**78,523**	**11,129**
	2008-09	**1,11,488**	**97,940**	**13,548**

Source: Annual Status Reports of the department.

Appendix VI

(Reference: Paragraph: 1.1.10.5; Page: 14)

Statement showing targets and achievements under immunisation in test checked districts

Name of District audited	Year	Target for complete Immunizations	Actual achievement				
			Up to one Year (Complete course)	Above one and half year (DPT &OPV booster)	Above five years (DT only)	Above 10 years (TT)	Above 16 years (TT)
Faridabad	2005-06	52,572	52,323	48,108	51,684	44,752	42,218
	2006-07	54,321	54,414	42,385	53,567	49,576	43,792
	2007-08	60,793	52,755	42,267	48,396	34,825	25,358
	2008-09	52,598	50,608	53,134	46,681	27,717	19,458
Ambala	2005-06	26,516	24,920	23,925	26,485	26,226	23,735
	2006-07	26,804	26,200	23,810	28290	26,685	23,453
	2007-08	28,558	25,487	24,317	28,027	28,535	25,265
	2008-09	30,505	26,622	24,584	29,658	27,522	24,179
Bhiwani	2005-06	38,589	38,761	32,800	34027	31,944	29,368
	2006-07	38,897	35,419	32,279	30,988	29,138	21,662
	2007-08	38,632	37,438	34,543	34,297	32,385	24,362
	2008-09	37,664	35,110	31,266	31,516	28,105	21,043
Fatehabad	2005-06	20,012	20,528	19,175	22,076	18,775	16,422
	2006-07	20,012	20,031	18,409	20,443	18,341	14,989
	2007-08	22,012	19,723	18,421	21,306	17,278	14,375
	2008-09	21,314	19,882	14,268	21,578	15,887	12,352
Sonipat	2005-06	34,111	32,769	32,507	34,316	34,866	30,052
	2006-07	37,108	35,379	34,219	36,892	31,657	25,949
	2007-08	33,226	34,400	32,390	35,812	30,395	24,502
	2008-09	35,969	29,065	39,770	23,510	20,958	21,117
Total	**2005-06**	**1,71,800**	**1,69,301**	**1,56,515**	**1,68,588**	**1,56,563**	**1,41,795**
	2006-07	**1,77,142**	**1,71,443**	**1,51,102**	**1,70,180**	**1,55,397**	**1,29,845**
	2007-08	**1,83,221**	**1,69,803**	**1,51,938**	**1,67,838**	**1,43,418**	**1,13,862**
	2008-09	**1,78,050**	**1,61,287**	**1,63,022**	**1,52,943**	**1,20,189**	**98,149**

Source: Annual Status Reports of the department.

Appendix VII

(Reference: Paragraph 1.1.10.5; Page 14)

Statement showing targets and achievements of Vitamin A administration in test checked districts

District audited	Year	Target	Actual achievement		
			Ist dose	2nd dose	3rd to 5th dose
Faridabad	2005-06	59,412	53,670	47,428	45,197
	2006-07	54,321	18,147	14,816	18,916
	2007-08	60,793	31,698	25,211	32,289
	2008-09	50,966	23,263	15,924	17,652
Ambala	2005-06	27,458	21,967	21,273	41,928
	2006-07	27,678	5,639	5,334	11,995
	2007-08	25,632	20,169	17,682	27,790
	2008-09	26,800	9,186	7,907	9,061
Bhiwani	2005-06	38,589	34,645	29,953	65,062
	2006-07	38,897	14,209	12,001	23,484
	2007-08	38,632	26,420	22,366	50,153
	2008-09	37,664	15,557	16,520	28,672
Fatehabad	2005-06	21,837	18,738	17,976	13,139
	2006-07	22,012	6,397	5,757	8,061
	2007-08	21,807	15,940	14,762	25,234
	2008-09	21,314	7,532	6,949	8,112
Sonipat	2005-06	34,641	26,936	27,307	30,585
	2006-07	34,918	6,722	5,724	8,580
	2007-08	31,199	31,690	25,751	17,650
	2008-09	8,926	13,299	13,488	15,535
Total	**2005-06**	**1,81,937**	**1,55,956**	**1,43,937**	**1,95,911**
	2006-07	**1,77,826**	**51,114**	**43,632**	**71,036**
	2007-08	**1,78,063**	**1,25,917**	**1,05,772**	**1,53,116**
	2008-09	**1,45,670**	**68,837**	**60,788**	**79,032**

Source: Annual Status Reports of the department.

Appendix VIII

(Reference: Paragraph 1.1.10.6; Page 15)
Statement showing details of cataract surgery performed in the State

Year	Performance of cataract operations in Government sector		Performance of cataract operations in NGOs		Performance of cataract operations by private practitioners and others		Total cataract operations
	Number	Percentage	Number	Percentage	Number	Percentage	
2005-06	29,128	27	26,984	25	51,687	48	1,07,799
2006-07	24,477	22	34,260	30	54,157	48	1,12,894
2007-08	30,968	23	39,214	30	62,339	47	1,32,521
2008-09	20,697	16	47,969	37	62,160	47	1,30,826
Total	**1,05,270**	**22**	**1,48,427**	**31**	**2,30,343**	**47**	**4,84,040**

Source: Annual Status Reports of the department.

Appendix IX

(Reference: Paragraph 1.1.10.8; Page 17)

Statement showing details of Morbidity and Mortality due to various Vector Borne Diseases

District	Malaria (2005-09)		Japanese Encephalitis (2005-09)		Dengue (2005-09)	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Faridabad	871	0	0	0	483	2
Ambala	689	0	6	4	25	0
Bhiwani	8,493	0	0	0	27	0
Fatehabad	6,501	1	0	0	37	0
Sonipat	17,765	0	0	0	99	5
Total	**34,319**	**1**	**6**	**4**	**671**	**7**

Source: Annual Status Reports of the department.