- Smooth and safe surfaces should be ensured for pedestrians.
- Kota stone partitions/groove cutting should be provided for all the Ready Mix Concrete (RMC) roads to ensure their longevity.
- The water from the DBHPs should be checked for quality and where found contaminated a board should be displayed stating that the water should not be used for drinking purpose.

Delhi State Health Mission

2.3 *National Rural Health Mission*

2.3.1 Introduction

The National Rural Health Mission (NRHM) was launched on 12 April 2005 to provide health to all in an equitable manner. In National Capital Territory (NCT) of Delhi, the Mission was launched on 2 October 2006. The funds are provided to the State Health Society on the basis of approval of State Programme Implementation Plans (PIPs) by the Government of India. Funds received by State Health Society and the actual expenditure incurred thereagainst was as follows:

Table 2.15: Funds received by State Health Society and the actual expenditure

(Rs. in lakh)

Year	Received by SHS	Released to districts	Actual expenditure	Available funds	Percentage of 3 to 2	Percentage of 4 to 5
1	2	3	4	5	6	7
2006-07	1620.20	24.68	12.59	24.68	1.52	51.01
2007-08	3284.88	1615.34	132.56	1627.43	49.17	8.15
2008-09	6550.75	207.25	1128.64	1702.12	3.16	66.31
Total	11455.83	1847.27	1273.79	-	16.00	-

As shown in the above table the SHS released to districts only 16 *per cent* of the funds received by it from the Central Government and the districts could not utilize even this amount. The utilization by districts was only 66 *per cent* in 2008-09. The overall utilisation of funds was to the extent of only 11 *per cent* of funds made available to them.

2.3.2 Baseline survey

Household survey helps assess the healthcare requirements and identifies the underserved and unserved areas. The facility survey was not conducted upto

2007-08. However, in 2008-09, Accredited Social Health Activists (ASHAs) conducted the household survey. The Department of Health stated (May 2009) that the information was available with the districts and no consolidated report was available at the state level. In the absence of the report at the state level, the actual need/demand for services could not be taken into account for planning the future course of interventions at the state level.

2.3.3 Unserved/underserved areas

As of 30 January 2009, 39 unserved and underserved areas had been identified in the NCT of Delhi. The State Health Society (SHS) mentioned in the PIP for the year 2008-09 that Delhi being a predominantly urban state, the model of NRHM had to be dovetailed to this urban setting suitably. However, no action was taken to dovetail the scheme to the peculiarities of Delhi. The Department stated (April, 2009) that six mother NGOs had been engaged to provide Reproductive and Child Health (RCH) services in unserved/underserved areas allotted to them.

2.3.4 Non-merger of health societies

All the existing health schemes/societies, functioning independently were to come under the umbrella of National Rural Health Mission from XI five year plan. Scrutiny revealed that only three societies, i.e., Standing Committee on Voluntary Actions (SCOVA), National Leprosy Eradication Programme (NLEP) and National Programme for Control of Blindness (NPCB) have been brought under the umbrella of Delhi State Health Mission (DSHM) during the year 2007-08, but the funds of NLEP and SCOVA were transferred at the close of the year 2007-08 and funds of NPCB were transferred during the year 2008-09. Other four societies namely Revised National Tuberculosis Control Programme (RNTCP), National Vector Born Disease Control Programme (NVBDCP), Integrated Disease Surveillance Programme (IDSP), and National Iodine Deficiency Disorder Control Programme (NIDDCP) have still (31 March 2009) not been brought under the umbrella of DSHM. The delayed/non merger of societies and delayed transfer of funds hampered the smooth implementation of the activities of NRHM in the NCT of Delhi in a unified manner.

2.3.5 Non-formation of Rogi Kalyan Samitis (RKSs)

Scrutiny also revealed that even after a period of two and a half years of the start of the scheme in the NCT of Delhi, RKSs have not been established at any level. The SHS informed that RKSs are being planned for all Primary Urban Health Centres (PUHCs) and hospitals. The draft Memorandum of Association along with rules and regulations is in the final stages (March,

2009) and after vetting by concerned departments and necessary approvals, would be implemented during 2009-10.

2.3.6 Non-establishment of State Health System Resource Centre (SHSRC)

Although a provision of Rs. 50 lakh was made in the PIP for the year 2008-09, no SHSRC has been established in the NCT of Delhi. The SHS stated (March, 2009) that the venue for the SHSRC had been identified and layout plan finalised and approved.

2.3.7 Creation and strengthening of infrastructure

No fresh infrastructure was added under NRHM during the period 2005-06 to 2008-09. The SHS stated (March, 2009) that it did not incur any expenditure on new infrastructure because State Government was responsible for development and construction of new infrastructure. In the years 2006-07 and 2007-08 many new dispensaries were opened and also new hospital projects were planned and initiated under various state plan schemes. It further stated that these 39 unserved/underserved areas are covered by Mobile Health Services under Directorate of Health Services.

2.3.8 Shortage of staff

As per the information provided by the Department it was observed that during the period 2005-06 to 2008-09 there was a shortage of 123 Medical Officers (MOs) and 773 Auxiliary Nursing Midwives (ANMs), which worked out to 50 *per cent* and 55 *per cent* respectively against the NRHM requirement. Shortage of MOs and other para medical staff shows that proper attention was not being given to the medical care of patients. The Department stated (March, 2009) that recruitment of approximately 100 MOs and 300 ANMs was proposed to be done shortly.

2.3.9 Maternal Health

It was observed that 24.74 lakh pregnant women were registered for Anti Natal Checkups (ANC) in Delhi during the period 2005-06 to 2008-09. Out of 24.74 lakh pregnant women there were only 7,92,140 institutional deliveries (institutional deliveries – Govt. - 6,33,715 + private - 53,231 + 1,05,194 home deliveries with the assistance of doctor, nurses, trained dai etc). This shows that 68 *per cent* deliveries were taking place in homes or small private dispensaries having no basic infrastructure for which the department had no information. It was also noticed that only 55 *per cent*

pregnant women were given 100 iron folic acid (IFA) tablets. Of these, 37,074 pregnant women, registered for ANC were under the age of 19 years.

The Department stated (March 2009) that as per annual report on registration of births and deaths, the maternal mortality rate in Delhi is 26 per lakh live births which is very low in comparison to the national figure of 301 per lakh live births, as well as below the target as envisaged under NRHM i.e. below 100 per lakh live births.

2.3.10 Involvement and regulation of Non-Government Organisations (NGOs) in Mission

NGOs were to be involved in capacity building at all levels for effective implementation of NRHM. Audit examination revealed that an amount of Rs. 94 lakh was released to NGOs during the period 2005-06 to 2008-09 but only Rs. 51 lakh were utilized by the NGOs, and Rs. 43 lakh were lying with NGOs as of 31 March 2009, for which the UCs were awaited. Audit examination further revealed that a provision of Rs. 145 lakh was made in the PIP for the year 2008-09 but not even a single rupee was released to any NGO during the year 2008-09. This shows that while provision was made in the PIP in order to get funds from the GOI utilisation certificates of previous years were not available with the SHS, indicating that effective implementation was not being ensured.

Conclusion

The NRHM in NCT did not have clear assessment of health care as evident from the utilization of the funds released by Government of India. There were significant shortages in medical and para-medical staff *vis-à-vis* requirement as per NRHM norms. Community involvement in the implementation of the scheme was lacking. IEC activities were not implemented uniformly as a few districts were completely ignored while releasing funds for IEC activities. NGOs have also not been actively involved, as no funds were released to them during the year 2008-09.

Recommendations

- The SHS should endeavour to utilise funds available under NRHM both for recurring and non-recurring nature of expenses.
- Community participation may be ensured to have transparency in the implementation of the scheme.
- Sanctioned posts may be filled on a priority basis.
- NGOs should be involved in providing medical facilities in unserved/ underserved areas.