CHAPTER I
Performance Audit

Public Health and Family Welfare Department

1.1 National Rural Health Mission

Highlights

The National Rural Health Mission (NRHM) was launched (April 2005) by the Government of India for providing equitable, affordable and effective health care facilities to the rural population. Performance audit of the Mission revealed that household surveys were not conducted and there were inadequacies in conducting of facility surveys. Perspective Plans were not prepared and there was absence of community participation in planning. There was lack of physical infrastructure, basic medical facilities and human resources. The maternal and infant mortality rates were higher than the targets envisaged by the Mission. There were cases of non-payment and delayed payment of cash assistance to beneficiaries under the Janani Suraksha Yojna. The important audit findings are indicated below:

Household surveys to assess health care needs were not conducted and facility surveys to assess the baseline status of public health facilities were partially conducted.

(Paragraph 1.1.6.1)

Perspective Plans for the Mission period were not prepared by the District Health Societies. There was lack of community involvement in preparation of Annual Plans at each level.

(Paragraph 1.1.6.2)

The State Government did not contribute its share of Rs 83.44 crore during 2007-08 and National Rural Health Mission funds amounting to Rs 2.12 crore were spent on a State sector scheme.

(Paragraphs 1.1.8.3 and 1.1.8.4)

A total unspent balance of Rs 195.86 crore was lying in banks at the district and State levels. Advances amounting to Rs 133.20 crore were pending for adjustment or recovery as of March 2009.

(Paragraphs 1.1.8.5 and 1.1.8.6)

None of the health centres had been upgraded to Indian Public Health Standards. Seventeen test-checked Community Health Centres declared as Comprehensive Emergency Obstetric and Neonatal Care, did not have the required infrastructure. Twenty five test-checked Primary Health Centres were found to be non-functional or partially functional due to insufficient staff and physical infrastructure while 101 Primary Health Centres were found to be functioning without doctors.

(Paragraphs 1.1.9.3, 1.1.9.4 and 1.1.9.5)

Against the requirement of 44,379 Accredited Social Health Activists (ASHAs), only 42,777 were selected and none of these had been imparted the fifth module of training so far. ASHAs were mostly functioning as motivators under the *Janani Suraksha Yojana* leaving other functions unattended.

(Paragraph 1.1.9.6)

The incidence of maternal and infant mortality in the State remained high.

(Paragraphs 1.1.11.3 and 1.1.12)

The immunisation effort declined during 2007-09. Family Planning activities fell short of targets.

(Paragraphs 1.1.12 and 1.1.13)

The incidence of mortality in malaria cases increased during 2005-08. Tuberculosis cure at the State level was below the prescribed norm. Against 57,191 students with refractive errors, only 26,476 students were provided free spectacles.

(Paragraphs 1.1.14.1, 1.1.14.2 and 1.1.14.4)

Monitoring Committees to review the activities of the Mission were not formed at the PHC, CHC, district and State levels.

(Paragraph 1.1.16)

1.1.1 Introduction

The National Rural Health Mission (NRHM) was launched (April 2005) by the Government of India (GOI) throughout the country with special focus on 18 States. Madhya Pradesh was one of the States selected for implementation of the programme. The main objectives of NRHM were to provide equitable, affordable, reliable and effective health care facilities to poor and vulnerable sections of the rural population. NRHM laid emphasis on reductions in the Maternal Mortality Rate (MMR), the Infant Mortality Rate (IMR) and the Total Fertility Rate (TFR), while carrying forward the Government's efforts in the field of prevention and control of communicable, non-communicable as well as endemic diseases with the involvement of the community in planning and monitoring. The key strategy of the Mission was to bridge gaps in health care facilities, facilitate decentralised planning in the health sector and provide an overarching umbrella for the existing programmes of the Health and Family Welfare Department including Reproductive and Child Health-II and various disease control programmes. It sought to provide health to all in an equitable manner through increased outlays, horizontal integration of existing schemes, capacity building and human resource management.

1.1.2 Organisational Set-up

At the State level, NRHM functions under the overall guidance of the State Health Mission (SHM), headed by the Chief Minister. The activities under the Mission are carried out through the State Health Society (SHS). The Governing Body of the SHS is headed by the Chief Secretary. The Executive Committee of the SHS is headed by the Principal Secretary, Public Health and Family Welfare Department. The State Programme Management Support Unit (SPMSU) acts as the Secretariat to SHS and is headed by the Mission Director.

At the district level, there are District Health Societies (DHSs) headed by the respective District Collectors who act as chairpersons of the DHS and their Executive Committees are headed by the respective Chief Medical and Health Officers (CM&HOs).

1.1.3 Audit Objectives

The objectives of the performance audit were to assess whether:

- the planning process at the village, block, district and State levels were adequate;
- community participation in planning, implementation and monitoring was as per guidelines;
- the funds provided were adequate and the utilisation of funds was efficient and effective;
- capacity building and strengthening of physical and human infrastructure were as per the Indian Public Health Standards (IPHS)[1];
- the systems and procedures of procurement of drugs and services provided were economical and adequate;
- the information, education and communication (IEC) programme was effective in raising health awareness and
- the monitoring and evaluation process ensured accessible, effective and reliable health care for the rural population.

1.1.4 Audit Criteria

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

[1] *A set of standards envisaged to improve the quality of health care delivery in the country under the National Rural Health Mission.*

- The GOI framework for implementation of NRHM,
- Guidelines issued by GOI for various components, disease control programmes, financial aspects, etc,
- Orders and instructions issued by the State Government,
- State Programme Implementation Plans (PIP) and Annual District Action Plans,
- Indian Public Health Standards for upgradation of health centres.

1.1.5 Scope and Methodology of Audit

Performance audit of the records of the State Mission Directorate, 12 out of 48 District Health Societies (DHSs), 35 out of 333 Community Health Centres (CHCs), 68 out of 1,155 Primary Health Centres (PHCs) and 134 out of 8,860 Sub Centres (SCs) in 12 districts, selected on the basis of the Probability Proportional to Size method **(Appendix 1.1)** was carried out for the period 2005-06 to 2008-09 during April to November 2009. An entry conference was held with the Mission Director on 6 March 2009, during which the audit objectives and criteria were discussed. An exit conference was held with the department on 12 December 2009 during which the audit findings were discussed.

Audit Findings

1.1.6 Planning

NRHM envisaged a decentralised and participatory planning process with a bottom-up approach from the village level to the State level with involvement of the community at the field level. The State and districts were required to prepare Perspective Plans for the Mission Period (2005-12). Action Plans for each year were to be prepared by SHS by consolidating all the district level Plans to enable intervensions in the health sector.

1.1.6.1 Baseline surveys

Household surveys were not conducted and facility surveys were done partially.

As per NRHM guidelines, household surveys at the village, cluster and block levels were to be conducted for preparing comprehensive District Action Plans. Facility surveys were required to be carried out to ascertain the facilities available at the SC/PHC/CHC level. Fifty *per cent* of these surveys were required to be completed by 2007 and 100 *per cent* by 2008. These surveys were to be conducted through the community by involving Accredited Social Health Activists (ASHAs)[2], Anganwadi workers (AWWs), Auxiliary Nursing Midwives (ANMs) etc. It was found that household surveys were not

[2] *Village level female health workers who work as an interface between the households and the public health system.*

conducted at any level in the State. Facility surveys were not conducted at any of the 8860 SCs and were conducted at only 353 out of 1155 (30.56 *per cent*) PHCs and 313 out of 333 (94 *per cent*) CHCs in the State. This fact was also acknowledged during the exit conference.

1.1.6.2 Framing of Action Plans without community involvement

District Perspective Plans were not prepared at any of the districts.

Household and facility surveys constitute the baseline for preparation of Village Health Action Plans by the Village Health and Sanitation Committees (VHSCs). The gaps in health care facilities identified through the baseline surveys were to be addressed by devising suitable intervention strategies. Village Health Action Plans were to indicate the financial and physical targets and to form the basis for preparation of Health Action Plans at the block and district level and the Perspective Plan and PIP for the State as a whole.

It was noticed in audit that Health Action Plans were not prepared for the years indicated in **Table 1.1.**

Table 1.1 : Non-Preparation of Health Action Plans

Nature of Plan	Year-wise figures of units which did not prepare Annual Action Plans	Authorities responsible for preparing the Plans
Village Health Action Plan (55392 villages)	2006-07 (54229 villages), 2007-08 (51625 villages) and 2008-09 (46917 villages)	Village Health and Sanitation Committee
Block Health Action Plan (313 blocks)	2005-06 (all blocks), 2006-07 (209 blocks) and 2007-08 (82 blocks)	Block Health Monitoring and Planning Committee.
District Health Action Plan (48 districts)	2005-06 (43 districts) and 2006-07 (12 districts)	District Health Monitoring and Planning Committee.

(Source: Data furnished by State Health Society)

Not conducting household surveys and the inadequate number of facility surveys impaired the planning process and rendered the assessment of progress during NRHM difficult. Perspective Plans of NRHM for a seven-year time-frame (2005-12), outlining the resource and activity needs, which were required to be prepared by each district, were also not prepared by any of the 48 districts of the State. Reasons for not conducting baseline surveys and not preparing Village Action Plans and Perspective Plans in the districts were not furnished by the SHS.

Village Health and Sanitation Committees (VHSCs), responsible for preparation of Village Health Action Plans, were formed in 25,368 (46 *per cent*) out of 55,392 villages only. Block and district level Monitoring and Planning Committees, represented by community based organisations[3] which were responsible for preparation of the respective Annual Action Plans had not been formed. Even at the State level, the Monitoring and Planning Committees had not been formed. Thus, planning was done without involvement of grassroot participation and the objective of community

[3] *Panchayati Raj Institutions and Non-Government Organisations.*

participation in planning, implementation and monitoring as envisaged by the NRHM was not fulfilled. The department agreed with the observations of Audit.

1.1.6.3 Fixing lower targets

Targets fixed by Government of India in respect of maternal mortality rate and infant mortality rate, were reduced by the State.

NRHM envisaged the reduction of MMR to 100 per one lakh live births and IMR to 30 per 1000 live births by 2012. However, the State PIP (2006-2012) fixed the goal of reduction of MMR to less than 220 per one lakh live births and IMR to 60 per 1000 live births. Both these targets were far below the targets envisaged under NRHM.

On being asked, the SHS replied (October/November 2009) that due to shortage of manpower, it was not possible to achieve NRHM targets and hence, they had to be slashed down. The department also endorsed the above perception of SHS during the exit conference.

1.1.6.4 Integration of existing health care programmes under NRHM

Convergence and financial integration of National Disease Control Programmes with National Rural Health Mission were not done.

NRHM aimed at an architectural correction in the health care delivery system by converging the various standalone national disease control programmes (NDCPs) of the Ministry of Health and Family Welfare (MOH&FW) viz. RCH-II, the Vector Borne Disease Control Programme, the Tuberculosis, Leprosy and Blindness Control Programmes and the Integrated Disease Surveillance Project. The individual bank accounts of these NDCPs were to be closed on 31 March 2007 after transferring the balance amounts to the account of the SHS. The funds for NDCPs were to be routed through the SHS from April 2007. Scrutiny of records revealed that the NDCPs had not been merged and the funds were being released to the respective societies by GOI directly and not through the SHS. It was also noticed that the SHS was not involved in planning and monitoring of NDCPs. Thus, the objective of bringing all the health care activities under one umbrella for better planning and monitoring was not fulfilled.

While confirming (November, 2009) the above facts, the SHS stated that reasons for non-merger would be intimated to Audit in due course.

1.1.7 Rogi Kalyan Samitis

There were deficiencies in the working of Rogi Kalyan Samitis at the Community Health Centre and Primary Health Centre levels.

Rogi Kalyan Samitis (RKSs) were meant to serve as a mechanism for involving users of health facilities in the upgradation and maintenance of health centres. These RKSs were to be constituted for health care centres up to the PHC level with local elected representatives, health officials, leading members of the community including SC/ST/OBC/minorities/NGOs, local CHC/PHC in-charges and leading donors. The Governing Bodies and Executive Bodies of RKSs were required to review the functioning of health care facilities on a regular basis. Recommendations were to be given by RKSs to DHSs for improvement of the health care system on which timely action was required to be taken by the respective DHSs. The RKSs were to develop

and prominently display the charter[4] of citizens' health rights outside the health centres so as to make health care users aware of the health rights and facilities available. Compliance with the citizens' charter was to be ensured through operationalisation of grievance redressal mechanisms. Monitoring committees were to be constituted by RKSs to visit hospitals and collect patient feedback on which remedial action was required.

In the 12 districts test-checked in audit, the following points were observed:

- In nine[5] PHCs, RKSs had not been formed. Meetings of the Governing Bodies and Executive Bodies were not held as per the prescribed norms.
- None of the 106 RKSs checked during audit had recommended any improvement in the health care system to the DHSs.
- The citizens' charter was displayed in district hospitals (DHs) only. No citizens' charter was displayed in six CHCs and 42 PHCs.
- Monitoring committees had not been constituted. Records of patient feedback and action taken thereon were not maintained in the RKSs at the level of PHCs, CHCs and DHs.

Thus, the RKSs failed to fill the gaps in public health facilities and suggest remedial action for the same. During the course of discussion in the exit conference, the department agreed with the audit observation.

1.1.8 Financial Management

1.1.8.1 Funding pattern

The Government of India provided 100 *per cent* grant-in-aid to the State for the years 2005-06 and 2006-07. During the Eleventh Plan (2007-12), the contribution was to be in the ratio of 85:15 between the Centre and the State. Funds were to be released by GOI to the State through two separate channels, viz. the State Finance Department for Family Welfare and directly to the SHS and other disease control societies on the basis of approved PIPs.

1.1.8.2 Financial Outlay and Expenditure

Expenditure on the Family Welfare Programme was incurred by the Government against the budget provision, which was reimbursed by GOI on the basis of Audit Certificates issued by the Principal Accountant General.

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[4] *A document representing a systematic efforts to focus on the commitment of the organisation towards its citizens.*

[5] *Bharoli, Bolkhedanau, Jawasia Kumar, Jhutawad, Karoli, Khadan Bujurge, Masod, Royalbeda and Singhana.*

The position of budget provisions, expenditure incurred and releases made by GOI to the State Finance Department under the Family Welfare Programme during 2005-06 to 2008-09 was as given in **Table 1.2.**

Table 1.2: Financial Outlay and Expenditure incurred under Family Welfare Programme

(Rupees in crore)

Year	Budget Provision	Expenditure	Receipts from GOI (reimbursements)
2005-06	169.41	113.24	60.58
2006-07	143.62	131.19	95.52
2007-08	180.71	158.15	172.33
2008-09	195.01	156.61	127.21

(Source: Directorate, Health Services, Bhopal)

Audit observed that Rs 103.55 crore had not been reimbursed to the State Government by GOI as of March 2009, of which Rs 20.57 crore was reimbursed (November 2009) by GOI during 2009-10.

The position of funds released by GOI directly to various societies for the various components of NRHM and other disease control programmes and the expenditure thereagainst during 2005-06 to 2008-09 was as given in **Table 1.3**.

Table 1.3: Financial Outlay and Expenditure incurred under various components of NRHM and various NDCPs

(Rupees in crore)

Sl. No.	Component	2005-06		2006-07			2007-08			2008-09			
		Release	Expendi-ture	Opening balance	Release	Expendi-ture	Opening balance	Release	Expendi-ture	Opening balance	Release	Expendi-ture	Unspent Balance
1.	State Programme Management Unit (SPMU)												
	(a) Routine Immunization	8.56	0.27	8.29	5.38	3.60	10.07	7.40	9.88	7.59	4.60	12.06	0.13
	(b) Pulse Polio Immunization	8.80	8.34	0.46	20.30	19.96	0.80	10.97	10.52	1.25	19.57	18.78	2.04
	(c) RCH Flexi Pool[6]	56.96	25.03	31.93	97.16	122.55	6.54	262.87	327.93	-58.52	316.84	344.82	-86.50
	(d) NRHM Flexi Pool[7]	32.00	0.47	31.53	140.88	47.74	124.67	202.53	102.83	224.37	157.51	122.60	259.28
	(e) State Share	--	--	--	--	--	--	--	--	--	90.00	--	90.00
2.	Disease Control Programmes	26.18	13.93	12.25	25.00	24.31	12.94	29.98	26.50	16.42	26.74	31.57	11.59
	Grand Total	**132.50[8]**	**48.04**	**84.46**	**288.72**	**218.16**	**155.02**	**513.75**	**477.66**	**191.11**	**615.26**	**529.83**	**276.54**

(Source: State Health Society and NDCP Societies, Bhopal)

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[6] *RCH II Flexi Pool : Discretionary resources made available to the States with the flexibility to make plans and for utilisation for maternal health, child health, family planning, tribal health etc., according to their needs.*

[7] *NRHM Flexi Pool : Discretionary resources made available to the States with the flexibility to make plans and for utilisation of corpus grants to Rogi Kalyan Samitees, untied grant, annual maintenance grant, etc.*

[8] *Includes receipts during the year and opening balance (Rs 8.81 crore) as on 01.04.2005. In case of disease control societies, releases include receipts from GOI and other receipts such as interest. (Other receipts 2005-06 : Rs 0.94 crore, 2006-07 : Rs 1.07 crore, 2007-08 : Rs 0.82 crore and 2008-09 : Rs 1.03 crore).*

Audit observations on the above are discussed in the succeeding paragraphs:

1.1.8.3 Non-contribution of funds by the State Government

State did not contribute its share of 15 *per cent* of funds during 2007-08.

As per NRHM guidelines, the State was to contribute 15 *per cent* of the required funds from the Eleventh Plan Period (2007-12). However, as against Rs 472.80 crore released by GOI under the three components of NRHM (RCH-II, NRHM and Immunisation) in 2007-08, the State did not contribute its share of Rs 83.44 crore. The State, however contributed Rs 90 crore during 2008-09. During the exit conference, the department agreed with the audit observation.

1.1.8.4 Utilisation of NRHM Funds on State Sector Scheme

Expenditure of Rs 2.12 crore was incurred on a State Sector Scheme viz. the *Rajya Bimari Sahayata Yojna*, despite non-approval by Government of India.

The *Rajya Bimari Sahayata Yojna*, a State Sector Scheme, was included by the SHS in the PIP of 2007-08 but was not approved by GOI. Despite non-approval by GOI, an expenditure of Rs 2.12 crore was incurred on the scheme from NRHM funds in the State, which included Rs 52.87[9] lakh incurred in the test-checked districts. At the exit conference, the department agreed with the audit observations and stated that the said amount would be recouped to NRHM funds.

1.1.8.5 Unspent balances

Government of India released grants-in-aid to the SHS on the basis of the PIPs duly approved by the National Programme Coordination Committee (NPCC). Subsequently, funds were released by the SHS to the DHSs with instructions to utilise the entire grants in the respective financial years.

Rupees 195.86 crore was lying unspent in banks as of 31 March 2009.

During the test check of records, it was found that Rs 167.31 crore was lying unspent at the SHS level while Rs 28.55 crore[10] was lying unspent at the district level in banks as of 31 March 2009. The SHS attributed the non-utilisation of funds to releases made by GOI at the fag end of the financial year. At the exit conference, the department agreed with the audit observations and assured utilisation of unspent funds.

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[9] *Betul: Rs 5.00 lakh, Bhind : Rs 5.51 lakh, Bhopal : Rs 5.65 lakh, Dhar: Rs 5.00 lakh, Gwalior: Rs 4.76 lakh, Indore: Rs 5.00 lakh, Khargone: Rs 0.60 lakh, Morena: Rs 6.90 lakh, Raisen: Rs 4.80 lakh, Shahdol: Rs 4.65 lakh and Ujjain: Rs 5.00 lakh.*

[10] *Betul: Rs 3.56 crore, Bhind: Rs 0.83 crore, Bhopal: Rs 1.41 crore, Dhar: Rs 2.32 crore, Gwalior: Rs 5.82 crore, Indore: Rs 1.70 crore, Khargone: Rs 0.61 crore, Mandla: Rs 1.16 crore, Morena: Rs 2.16 crore, Raisen: Rs 2.36 crore, Shahdol: Rs 1.85 crore and Ujjain: Rs 4.77 crore.*

1.1.8.6 Outstanding advances

An amount of Rs 133.20 crore was outstanding for adjustment as of 31 March 2009.

The SHS releases funds to DHSs and other programme implementation agencies as advances under NRHM. These advances are to be adjusted after submission of accounts. As per the Financial Management Report[11] ending 31 March 2009, an amount of Rs 133.20 crore was shown as outstanding for adjustment/ recovery at the SHS level. Similarly, in the test-checked districts, advances amounting to Rs 18.74[12] crore as on 31 March 2009 were outstanding for adjustment/recovery. No specific reason was given by the SHS for the huge outstanding advances and it was stated (November 2009) that instructions had been issued to DHSs for adjustment of the advances within three months. During the exit conference, the department also endorsed the above reply of the SHS.

1.1.8.7 Non-release of untied and maintenance grants/corpus grants

Regular annual untied, maintenance and corpus grants were not released to Community Health Centres/Primary Health Centres and *Rogi Kalyan Samitis*.

As per the norms of the Mission, annual untied and maintenance grants are to be released to SCs, PHCs and CHCs for maintaining physical structures and meeting local health needs. Similarly, corpus grants are to be released to registered RKSs to carry out the functions entrusted to them. The prescribed grants fixed under NRHM are given in **Table 1.4.**

Table 1.4 : Untied and maintenance grants

(In Rupees)

Centres	Untied Grant	Maintenance Grant	Corpus Grant to RKS
SC	10000	10000	Nil
PHC	25000	50000	100000
CHC	50000	100000	100000
DH	Nil	Nil	500000

(Source: NRHM Guidelines)

During scrutiny of records in the test-checked health centres, it was noticed that untied grants, maintenance grants and corpus grants were not released to some health centres during 2005-09 as shown in **Table 1.5**.

Table 1.5: Non-release of grants to health centres

(Figures in numbers)

Year	Untied grants			Maintenance grants			Corpus grants to RKS		
	CHC	PHC	SC	CHC	PHC	SC	DH	CHC	PHC
2005-06	35	67	74	35	67	130	9	33	67
2006-07	6	27	30	10	23	121	1	7	36
2007-08	6	30	42	8	34	83	2	5	21
2008-09	7	21	72	8	19	94	3	12	32

(Source: Test-checked health centres)

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[11] *A quarterly statement sent by the SHS to GOI showing the release of funds by GOI, expenditure incurred and unspent balances and advances.*

[12] *Betul: Rs 1.66 crore, Bhind :Rs 1.89 crore, Bhopal: Rs 0.67 crore, Dhar :Rs 2.29 crore, Gwalior: Rs 0.74 crore, Indore: Rs 0.34 crore, Khargone: Rs 4.37 crore, Mandla: Rs 1.61crore, Morena: Rs 1.21 crore, Raisen: Rs 0.05 crore, Shahdol: Rs 1.89 crore and Ujjain: Rs 2.02 crore.*

Further, it was found that untied and maintenance grants of Rs 35.45 lakh during the period 2005-09 were utilised for other purposes such as purchase of furniture, stationery, drugs, construction works etc. On this being pointed out, the respective CM&HOs stated that in future, the grants would be utilised as per the guidelines of the Mission.

Audit scrutiny of the grants released revealed the following:

- Corpus grants were released to non-registered RKSs in eight[13] test-checked health centres;

- Against the entitled grant of Rupees five lakh, an amount of Rs 20 lakh was released to the RKS at District Hospital, Mandla during 2006-2007.

Revolving funds were not set up by any Village Health and Sanitation Committee.

- VHSCs were entitled to annual untied grants of Rs 10000 which were to be used for setting up revolving funds at the village level for providing referral and transport facilities for emergency deliveries; meeting the immediate financial needs for hospitalisation as well as ensuring that public health activities at the village level receive priority attention. VHSCs were formed in 6,021 out of 11,950 (50 *per cent*) villages but untied grants of Rs 10,000 each were released in favour of only 4,459[14] VHSCs. No revolving fund was set up by any VHSC.

The SHS stated (November 2009) that funds were released from the flexi pool to DHSs and the reasons for non-release of funds by them to the health centres would be obtained from DHSs. Regarding the excess corpus grant to the RKS District Hospital, Mandla, the CM&HO stated (August 2009) that the matter would be investigated. At the exit conference, the department stated that suitable action would be taken in the matter.

1.1.8.8 Diversion of funds

Amounts of Rs 58.52 crore (2007-08) and Rs 27.98 crore (2008-09) were diverted from the National Rural Health Mission flexi pool to the Reproductive and Child Health flexi pool.

As per Rule 26 (ii) of General Financial Rules 2005, funds were required to be spent for the purpose for which they were earmarked and any diversion of funds required the approval of the competent authority. However, during 2007-08 and 2008-09, SHS incurred expenditure of Rs 58.52 crore and Rs 27.98 crore respectively in excess of the available funds under the RCH flexipool by diverting funds from the NRHM flexipool without obtaining the approval of GOI. In reply, SHS stated (November 2009) that the diversion of funds was due to excess expenditure under the *Janani Suraksha Yojna*[15] (JSY) activities and that the position had been intimated to GOI through the Financial Management Report.

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[13] *CHC-Bichhiya, PHCs-Anjania, Babalia, Bharveli, Bhaura, Bijadehi, Pathasihora, Sijhaura.*

[14] *Betul 895, Bhind 360, Bhopal 350, Dhar 516, Gwalior 254, Indore 371, Khargone 690, Mandla 45, Morena 69, Raisen 180, Shahdol 643 and Ujjain 86.*

[15] *The Janani Suraksha Yojana (JSY) is a safe motherhood scheme under NRHM, with the objective of reducing maternal and neonatal mortality by promoting institutional deliveries among poor pregnant women.*

The diversion of substantial amounts of funds without obtaining the approval of GOI indicated improper application of resources. Various lapses noticed in the implementation of JSY have been commented upon in para 1.1.11.2. During the exit conference, the department agreed with the audit observations.

1.1.9 Capacity Building

NRHM stipulates upgradation of public health facilities on the basis of IPHS. Infrastructure, personnel, equipment and status of management standards for different level health centres have also been defined appropriately under IPHS.

Physical Infrastructure

1.1.9.1 Shortage of Health Centres

To ensure greater access and proper implementation of various services, NRHM envisages setting up of health institutions on the basis of population norms. NRHM set the target of providing one Sub Centre (SC) for a population of 5,000 (3,000 in tribal areas), one PHC for a population of 30,000 (20,000 in tribal/ desert areas) and one CHC for a population of 1,20,000 (80,000 in tribal/desert areas). However, as compared to the population norms, shortage of 59 CHCs, 481 PHCs and 1,279 SCs was noticed in audit as shown in **Table 1.6.**

There was shortage of 59 Community Health Centres, 481 Primary Health Centres and 1,279 Sub Centres in the State.

Table 1.6 : Status of Health Centres

Sl. No.	Centres	Number of health centres required as per population of Census 2001	Actual number of health centres	Shortage	Percentage
1	CHCs	392	333	59	15
2	PHCs	1636	1155	481	29
3	SCs	10139	8860	1279	13
	Total	**12167**	**10348**	**1819**	

(Source: Data collected from SHS)

In the 12 test-checked districts, there was shortage of CHCs by 25 *per cent*, PHCs by 30 *per cent* and SCs by 16 *per cent* against the requirement as per the population norms. Despite four years of operation of NRHM, the number of health centres fell short of the prescribed norms. The department stated (November 2009) that efforts were being made to open more health centres.

1.1.9.2 Construction of Buildings

Construction of 36 health centre buildings remained incomplete after spending Rs 2.01 crore.

During scrutiny of records of the test-checked districts, it was found that construction works of one CHC, four PHC and 31 SC buildings remained incomplete after spending Rs 2.01[16] crore. Out of 32 completed SC buildings, 12 buildings costing Rs 67.51 lakh were not taken over by the department. Construction works of 66 SC buildings, one PHC building and one CHC building had not been undertaken. The Secretaries, DHSs stated (November 2009) that action would be taken to complete the works as soon as possible.

[16] *CHC: Rs 63.68 lakh, PHC: Rs 54.28 lakh. SC: Rs 83.46 lakh.*

Even after four years of commencement of NRHM, several health centres, particularly SCs, were functioning without buildings. In the test-checked districts, it was noticed that out of 2,384 SCs, 816 SCs[17] were functioning without their own buildings. Thus, the required infrastructure for providing rural health care was found to be inadequate. At the exit conference, the department agreed with the audit observations.

1.1.9.3 Upgradation of Health Centres

The Mission provided for upgradation of the existing facilities for delivery of better health services in rural areas. It also envisaged the provision of 24x7 delivery and emergency services at the CHC/PHC level. Audit observed the following:

- During 2005-09, none of the health institutions (CHCs, PHCs and SCs) had been upgraded as per IPHS.

82 Community Health Centres declared as first referral units were partially functional/ non-functional and 115 health centres declared as 24x7 centres were non-functional.

- Out of 82 CHCs declared as first referral units (FRU)[18] during 2005-06, 16 (20 *per cent*) were partially functional and 66 (80 *per cent*) were non-functional.

- Out of 499 CHCs and PHCs declared as 24x7 centres during 2005-06, 115 (23 *per cent*) were non-functional.

On this being pointed out, the department stated (November 2009) that the health centres were partially functional/non-functional due to shortage of manpower.

1.1.9.4 Deficiencies in the selected Community Health Centres and Primary Health Centres

NRHM aimed to provide 30-bedded indoor facilities along with well-equipped operation theatres and specialists/doctors to provide health services at CHCs. Laboratory services, X-ray facilities and blood storage facilities were also required to be provided at each CHC. Similarly, PHCs providing health care facilities were to have sufficient physical infrastructure and staff as per the norms.

Scrutiny of records of the 35 test-checked CHCs and 68 test-checked PHCs in 12 districts revealed that the basic infrastructure and health services/facilities were not available as per the IPHS in any of the CHCs and PHCs as shown in **Appendix 1.2.**

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[17] *Betul -55 (263), Bhind-68 (186), Bhopal-6 (63), Dhar-128 (399), Gwalior- 8(101), Indore -34(111), Khargone -58(276), Mandla -25(248), Morena -72(196), Raisen-96(175), Shahdol-119(194) and Ujjain-147(172).*

[18] *FRU provides basic Emergency Obstetric Care for women and Acute Respiratory Infection treatment for children.*

In test-checked Community Health Centres and Primary Health Centres, basic infrastructure, health services/ facilities were not available as per Indian Public Health Standards.

Out of the 35 test-checked CHCs, 17 CHCs were declared as Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) Centres. Each CEmONC Centre was to have basic amenities like emergency obstetric care included facilities for Caesarean sections with blood transfusion facilities and specialists (gynaecologists, anaesthetists, paediatricians etc.) for conducting surgeries. However the requisite specialists/facilities were not found to be available in the CHCs as shown below:

Table 1.7 : Non-availability of specialists/facilities in CHCs declared as CEmONCs

Sl. No.	Specialists/facilities not available	Number of CHCs
1.	Gynaecologist	8
2.	Anaesthetist	13
3.	Paediatrician	9
4.	Blood Storage	13
5.	Caesarean Section	14

(Source: Records of test-checked CHCs)

Out of the 68 test-checked PHCs, 25 PHCs were found to be non-functional/ partially functional due to insufficient human and physical infrastructure as analysed below:

- Seven[19] PHCs were found to be non-functional due to non-availability of doctors as well as physical infrastructure.

- Eighteen[20] PHCs were partially functional due to inadequate/non-availability of staff, inadequate physical infrastructure/health facilities. In eight[21] PHCs, no institutional deliveries were being carried out.

1.1.9.5 Manpower Management

Public health services in rural areas are delivered through SCs, PHCs, and CHCs. The NRHM framework and IPHS emphasised capacity building of manpower and setting benchmarks for medical personnel at SCs, PHCs and CHCs. As per the IPHS, each SC was to have two Auxiliary Nursing Midwives (ANM) and one multi-purpose worker (MPW-Male). CHCs/PHCs were to have posts of specialists, medical officers and para-medical/ support staff as shown in the following table.

[19] *Bara, Barkhedidev, Ketoghan, Kuchwara, Nayakpura, Rasmohni and Rayalbeda.*

[20] *Andarh, Badud, Balwada, Barha, Bolkhedanau, Bamhauri, Bharoli, Bharveli, Dhamarra, Javasiya Kumar, Kariyawati, Khadan Bujurg, Khargone, Masod, Pathasihora, Sijhoura, Sivna and Umarban.*

[21] *Andarh, Badud, Balwada, Barha, Bolkhedanau, Dhamarra, Khadan Bujurg and Javasiya Kumar.*

Table 1.8 : Manpower earmarked as per IPHS

	Medical Staff		Para-Medical staff	
Name of Health Centres	**Name of post**	**Number of posts**	**Name of post**	**Number of post**
CHC	General Surgeon, Physician, Obstetrician / Gynaecologist, Paediatrician, Anaesthetist, Eye Surgeon, Public Health Programme Manager	7	ANM/MPW (Female), Public Health Nurse, Dresser, Pharmacist/ Compounder, Laboratory Technician, Radiographer, Ophthalmic Assistant, Outpatient Department Attendant and OT Attendant	9
	Medical Officers (General duty Officer)	6	Ward boys,	2
			Staff Nurse	7
Total		**13**		**18**
PHC	Medical Officer	2	Pharmacist, Health Worker (female), Laboratory Technician,	3
			Health Assistant (one male, one female)	2
			Staff Nurse	3
Total		**2**		**8**

(Source: Indian Public Health Standards)

The sanctioned strength of medical and para-medical staff and persons-in-position in SCs, PHCs, CHCs and district health institutions in the 12 test-checked districts during 2005-06 and 2008-09 were as shown in **Table 1.9**.

Table 1.9 : Status of Manpower

Shortage of manpower ranged between 18 to 46 *per cent* during 2008-09.

Name of District	2005-06				2008-09			
	Manpower Sanctioned	Men-in-position	Vacancies	Percentage of Vacancies	Manpower Sanctioned	Men-in-position	Vacancies	Percentage of Vacancies
Betul	752	615	137	18	905	729	176	19
Bhind	354	74	280	79	600	461	139	23
Bhopal	233	169	64	27	253	207	46	18
Dhar*	1132	74	1058	93	1289	1002	287	22
Gwalior	320	297	23	7	349	282	67	19
Indore	365	310	55	15	437	350	87	20
Khargone	930	669	261	28	1143	751	392	34
Mandla	808	577	231	29	823	643	180	22
Morena	601	488	113	19	722	549	173	24
Raisen	728	492	236	32	887	481	406	46
Shahdol	558	398	160	29	1078	587	491	46
Ujjain	460	381	79	17	581	378	203	35

(Source: Data furnished by DHSs)

Note: -* Complete information for the year 2005-06 was not made available as the records were seized by Lokayukt.

Out of 297 Primary Health Centres in 10 out of 12 test-checked districts, 101 Primary Health Centres were running without doctors.

The cadre-wise position is given in **Appendix 1.3.** Audit observed that in three districts viz. Gwalior, Raisen and Ujjian, the staff deployed in 2008-09 was less than the corresponding staff of 2005-06 though there was an increase in the number of sanctioned posts. Of the total sanctioned posts, there was a 93 *per cent* shortage of anaesthetists, an 81 *per cent* shortage of gynaecologists and a 74 *per cent* shortage of paediatricians as of March 2009 in the test-checked districts. In 10 out of 12 test-checked districts, 101[22] out of total 297 PHCs were running without doctors despite provision for deployment of contractual staff under NRHM.

[22] *Betul-12 (33), Bhind-6 (20), Dhar-12 (47), Indore-3 (26), Khargone-20 (54), Mandla-13 (30), Morena-5 (16), Raisen-9 (19), Shahdol- 14 (30) and Ujjain-7 (22).*

On this being pointed out, the SHS stated (November 2009) that appointment of 400 post-graduate medical officers (PGMOs) and 400 medical officers (MOs) was planned for 2005-06 but only 94 PGMOs and 325 MOs joined (November 2009). The shortage was attributed to attractive salaries offered in the private sector and lack of basic amenities in rural areas.

Deficiencies noticed in test-checked CHCs, PHCs and SCs included the following:

- One hundred and four SCs were functioning with just one ANM/MPW (Female) against the required two; 10 SCs were functioning without an ANM/MPW (Female) and 64 SCs were functioning without an MPW (male).

- Due to the absence of staff, three SCs (Goyala Bujurg, Helapbada and Indokh) were found to be non-functional.

- Against the requirement of 136 Medical Officers, only 65 (48 *per cent*) were posted in the test-checked PHCs. Against the requirement of 544 paramedical staff, only 170 (31 *per cent*) were posted.

- Seventeen PHCs had only one paramedical staff member each. In two[23] PHCs, laboratory technicians were not available whereas two laboratory technicians, one each in the PHCs at Berkhedidev and Pichhore were sitting idle, as there were no laboratories there.

- Against the requirement of 455 doctors, only 144 doctors (32 *per cent*) were posted in 35 CHCs. In eight[24] CHCs there was an acute shortage of supportive staff ranging between six and 11 whereas in seven[25] CHCs, there was surplus staff ranging between three and 14.

- Twenty-five CHCs had no gynaecologist, 23 CHCs had no paediatrician, and 31 CHCs had no anaesthetist.

- In six[26] CHCs, radiographers were sitting idle due to non-availability of X-ray facilities, whereas in the CHCs at Jharda and Ghatia, X-ray facilities were available but no radiographers were posted there.

During the exit conference, the department agreed with the audit observations and stated that efforts were being made to fill up the vacant posts.

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[23] *Bhora, Devgarh.*

[24] *Begumganj (7), Ghatia (11), Jharda (8), Mohana (7), Narayanganj (6), Noorabad (6), Pahargarh (9) and Singhpur (8).*

[25] *Badwah (14), Bareli (3), Dabra (14), Lahar (7), Manawar (14), Mehgaon (8) and Sanwer (5).*

[26] *Badwah,Beohari,Bakaner Pahargarh, Sanwer and Tirla.*

1.1.9.6 Accredited Social Health Activist (ASHA) Scheme

NRHM envisaged providing of a trained female ASHA in each village in the ratio of one per 1,000 population. She was to be chosen by and was to be accountable to the village panchayat to act as an interface between the community and the public health system. An ASHA had to function as an honorary worker and was entitled to performance-based compensation for universal immunisation, referral transport and escort services under RCH-II, construction of household toilets and other health care delivery programmes. As per norms, 44,379 ASHAs were required in the State. Of these 17,751 (40 *per cent*) were required to be selected by 2006, 31065 (70 *per cent*) by 2007 and 44,379 (100 *per cent*) by 2008. All ASHAs were to be imparted 23 days induction training in five modules by 2009.The position of selection and training of ASHAs was as shown in **Table 1.10.**

Table 1.10 : Status of training imparted to ASHAs

Year	Number of ASHAs selected	Number of ASHAs trained				
		Ist Module	IInd Module	IIIrd Module	IVth Module	Vth Module
2005-06	12979	8366	-	-	-	-
2006-07	19302	8500	-	-	-	-
2007-08	8219	18271	23909	22543	8464	-
2008-09	2277	3597	7238	7583	13915	-
Total	**42777**	**38734**	**31147**	**30126**	**22379**	**-**

(Source: - Data collected from SHS)

Scrutiny of records revealed that: -

The required numbers of ASHAs were neither selected nor fully trained.

- against the target of 44,379 ASHAs, 40,500 ASHAs (91 *per cent*) were selected by the end of 2007-08 and 1,602 were still to be selected (November 2009);

- against 42,777 ASHAs selected, training up to the first, second, third and fourth modules was not imparted to 4,043, 11,630, 12,651 and 20,398 ASHAs respectively. The fifth module of training was not imparted to any of the ASHAs.

It was further observed by Audit that:

- ASHAs were to be provided drug kits consisting of ORS, contraceptives and a set of 10 basic drugs. Though drug kits were provided to ASHAs during 2006-08, replenishment of the drugs in the kits was not done.

- ASHAs were primarily functioning as motivators for bringing pregnant women for institutional deliveries, leaving their other functions mostly unattended.

Thus, the shortfall in selection and training of ASHAs affected programme implementation and deprived the rural population of necessary health care as envisaged through ASHAs.

The department stated (November 2009) that non-selection of ASHAs was due to non-availability of eligible candidates and shortfall in training was due to non-availability of master trainers and modules. The fifth module of training was planned to be started in 2009-10. At the exit conference, the department also endorsed the audit objections.

1.1.10 Procurement

1.1.10.1 Procurement of kits

Drug kits procured in excess of sanction.

The Ministry of Health and Family Welfare sanctioned (March 2006) purchase of drug kits for providing to ASHAs, PHCs and CHCs with the names and quantities of drugs. Scrutiny of records of SHS revealed (August 2009) that 42,022 drug kits costing Rs 16.58 crore as shown in **Appendix 1.4** were purchased for the year 2006-08 in excess of the sanctioned numbers of 11,240 drug kits. At the exit conference, the department did not give any plausible reason for excess procurement of drug kits.

1.1.10.2 Purchase of drugs for kits in excess of norms

Drugs purchased in excess of norms.

GOI had fixed not only the rate but also the quantity of drugs to be procured for each drug kit. Scrutiny of the final rate list of each kit along with quantities of drugs to be purchased, however, revealed that there were differences in the quantities of drugs, which were actually purchased for the concerned kit vis-à-vis those fixed by GOI. The cost of the excess quantity of drugs actually purchased for the respective kits was Rs 2.97 crore as detailed in **Appendix 1.5.** At the exit conference, the department failed to justify the excess procurement.

1.1.10.3 Quality test

Non-testing of quality of drugs.

To ensure the quality of the drugs, the department was to conduct inspection, random sampling and testing at the pre-despatch stage at the manufacturers' as well as at the consignees' end and at the district headquarters as per the provisions of Para 6.1 of the GOI's guidelines[27]. The Public Health and Family Welfare Department had decided (June 2006)[28] to provide one *per cent* of the cost of drugs to the Madhya Pradesh Laghu Udyog Nigam (MPLUN) for conducting the quality testing of drugs.

Scrutiny (August 2009) of records of the MPLUN relating to quality testing of drugs[29] revealed that 95305 drug kits for the year 2006-08 (cost: Rs 52.38 crore as detailed in **Appendix 1.6** were supplied by M/s Karnataka Antibiotics

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[27] *GOI's guidelines issued (June 2006) for the State Governments for procurement of drugs under NRHM & RCH programmes.*

[28] *New drug-policy approved by the Government of M.P. Public and Family Welfare Department Vide their order no. F12-66/2000/Seventeen/Med-3 dated 6th June 2006.*

[29] *Records of quality testing of drugs like certificates of analysis issued by the laboratories and inspection reports issued by the MPLUN.*

and Pharmaceuticals Limited (KAPL) under NRHM in 48 districts. However, no batch was got tested by MPLUN at the consignees' end or at the district headquarters after receipt of the drug kits. Only tests at the pre-despatch stage were got conducted by MPLUN.

The Directorate of Health Services (DHS) identified M/s Rights, New Delhi as the testing laboratory and MPLUN was directed (December 2006) by the DHS to conduct quality tests through this laboratory. Scrutiny (August 2009) of records revealed that MPLUN conducted quality tests at the pre-despatch stage through four laboratories[30] selected by it. These laboratories had not been identified by the DHS. As such, the instructions issued for quality testing were not followed. At the exit conference, the department agreed with the audit observations and assured remedial measures in future.

1.1.10.4 Equipments lying idle

Equipment for Community Health Centres lying idle.

During the check of records of Khargone, Mandla, Morena and Shahdol districts, it was observed that equipment worth Rs 64.07 lakh[31], procured for CHCs under the Sector Investment Programme[32] and supplied to different CHCs, was lying idle since 2005-06 due to non-posting of specialists/doctors/ experts to operate the same.

Reproductive and Child Health

1.1.11 Maternal Health

1.1.11.1 Antenatal Care

All pregnant women were to be registered within 12 weeks of the start of their pregnancy so that antenatal checkups and immunisation could be done in time.

Scrutiny of records of test-checked districts revealed low registration of pregnant women in the first trimester (within 12 weeks) as shown in the **Table 1.11.**

Table 1.11: Status of registration of pregnant women

(Figures in lakh)

Forty nine to 58 *per cent* pregnant women were not registered during their first trimester.

Year	Total registered pregnant women	Number of women registered within first trimester	Shortfall (*per cent*)
2005-06	6.25	3.18	3.07 (49)
2006-07	6.26	2.63	3.63 (58)
2007-08	6.60	3.11	3.49 (53)
2008-09	6.46	3.00	3.46 (54)

(Source: -Data furnished by DHSs)

[30] *Laboratories selected by the MPLUN: (i) M/s Choksi Laboratories limited, Indore (MP), (ii) M/s Anusandhan Analytical & Biochemical Research Laboratory Pvt. Ltd., Indore (MP), (iii) M/s Bangalore Test House, Bangalore (Karnataka) (iv) M/s ITL Lab. Pvt. Ltd. Dehli.*

[31] *Khargone: Rs 20.56 lakh, Mandla: Rs 3.00 lakh, Morena: Rs 23.79lakh and Shahdol: Rs 16.72 lakh.*

[32] *An European Commission assisted programme.*

The shortfall was due to lack of awareness and failure on the part of ASHAs and ANMs. In reply, the SHS stated (November 2009) that focus on IEC and micro birth planning through ASHAs needed to be strengthened.

As per the Mission guidelines, two doses of tetanus toxoid (TT) and a daily dose of iron-folic acid (IFA) tablet were required to be administered to anaemic expecting mothers for a period of 100 days. However, it was observed that during 2005-09, 20 to 38 *per cent* of registered pregnant women in four districts[33] were not provided IFA tablets and 10 to 20 *per cent* of registered pregnant women in two[34] districts were not given TT. In reply, the SHS stated (November 2009) that the reason for the shortfall was the short supply of TT and IFA tablets by GOI.

1.1.11.2 Institutional Delivery and Janani Surksha Yojana

As explained earlier, the *Janani Suraksha Yojana* (JSY) is a safe motherhood scheme under NRHM, implemented with the objective of reducing maternal and neonatal mortality by promoting institutional deliveries among poor pregnant women.

Under the scheme, cash assistance was to be disbursed within seven days of delivery to the mother at the health centre on her registration for delivery. The motivator[35] was to be paid cash compensation for her stay with the pregnant woman at the health centre, her post-natal visits to the beneficiaries and the newborn's immunisation for Bacillus Calmette Guerin (BCG). Physical verification of five *per cent* of JSY cases was to be done by nodal officers of JSY at the district level.

Details of registered pregnant women, the total number of deliveries, institutional deliveries and the number of women who benefited under JSY in the State are given in **Table 1.12.**

Table 1.12 : Status of institutional deliveries and cash assistance paid under *Janani Suraksha Yojana*.

Year	Total registered pregnant women	Total number of deliveries	Total number of institutional deliveries (percentage in bracket)	Number of beneficiaries paid compensation under *Janani Suraksha Yojana*
2005-06	2075162	1716355	599199 (35)	68252
2006-07	2054641	1776016	919386 (52)	397442
2007-08	2116163	1824962	1296740 (71)	1106239
2008-09	2066001	1751443	1378880 (79)	1148831

(Source: Data furnished by SHS)

[33] *Bhind, Bhopal, Gwalior and Raisen.*

[34] *Gwalior (18 per cent) and Indore (13 per cent).*

[35] *Motivator can be ASHAs, Anganwadi workers and other equivalent workers engaged for institutional deliveries under JSY.*

During scrutiny of records in test-checked districts, the following points were observed:

- Institutional deliveries had increased from 35 to 79 *per cent*, indicating an upward trend. However, no assistance was paid to 600 (Gwalior 37, Indore 281, Morena 183 and Shahdol 99) beneficiaries during 2007-09 due to lack of funds.
- Assistance of Rs 3.96 crore was paid to 25,650[36] beneficiaries during 2007-09 with delays ranging from one to four months due to paucity of funds. In 1,543 cases during 2008-09, payments were made in the subsequent financial year (2009-10) by the district hospital, Khargone.
- In Bhind, an amount of Rs 6.92 lakh was distributed to 539 beneficiaries during 2008-09 without getting receipts.
- Nodal officers did not conduct physical verification of beneficiaries**.**
- Delays in payment of cash compensation to motivators and payments without ensuring post-natal care and immunisation were also noticed in the test-checked districts of Indore, Khargone and Morena.
- To promote institutional delivery, the *Janani Express Yojana* (a State scheme) was launched (July 2006) for providing 24 hour transport facilities to pregnant women. It was noticed that during 2007-09, of the total institutional deliveries, only 5989 (three *per cent*) and 5596 (seven *per cent*) women benefited under the scheme in the Indore and Morena districts respectively.

1.1.11.3 Maternal deaths

Maternal deaths were not reviewed and maternal mortality rate was alarmingly high.

Maternal death review committees were to be constituted at each district for conducting reviews of maternal health services. Quarterly meetings were to be held at the district level and maternal death cases were to be reported to the Chief Medical and Health Officers (CM&HOs) of the districts within 24 hours of the deaths. It was found that in nine test-checked districts, these committees had been constituted. There were 1377[37] maternal deaths during 2005-09 but no deaths were reported to the CM&HOs within 24 hours except in district Shahdol, where 55 deaths were reported (2008-09). Quarterly meetings were not held at regular intervals. While NRHM targeted MMR at 100 per one lakh live births by 2012, the State had targeted MMR at 220 by 2012 against which the current MMR of the State which was high at 379. Despite the increase in

[36] *Betul (484 cases, Rs 6.89 lakh), Bhind (125 cases, Rs 1.72 lakh), Bhopal (41 cases, Rs 0.46 lakh), Dhar (4719 cases, Rs 69.23 lakh), Gwalior (537 cases Rs 7.12 lakh), Indore (49 cases, Rs 0.55 lakh), Khargone (12560 cases, Rs 206.50 lakh), Mandla (356 cases, Rs 4.99 lakh), Morena (1480 cases, Rs 21.61 lakh), Raisen (528 cases, Rs 7.91 lakh), Shahdol (4657 cases, Rs 67.07 lakh), Ujjain (114 cases, 1.69 lakh).*

[37] *Betul (152), Bhind (42), Bhopal (269), Dhar (125), Gwalior (21), Indore (162), Khargone (89) Shahdol (393) and Ujjain (124).*

the number of institutional deliveries, the post-delivery mortality remained alarmingly high, raising questions about the quality of maternal health care available in the State.

The department stated (November 2009) that ante-natal checkups could be improved by giving focus on IEC and micro birth planning through involvement of ASHAs and ANMs for which instructions had been issued (August 2009) to CM&HOs.

1.1.12 Immunisation and child health

Vaccines[38] under routine immunisation programmes were provided under the RCH programme. Pulse Polio campaigns were also undertaken for eradication of polio. The targets and achievements for administration of Diphtheria Tetanus (DT), Tetanus Toxoid-TT (10), Tetanus Toxoid-TT (16) [39] in the State during 2005-09 were as shown in **Table 1.13**.

Table 1.13 : Targets and achievements of immunisation

(Figures in lakh)

Year	DT		TT (10)		TT (16)	
	Target	Achievement	Target	Achievement	Target	Achievement
2005-06	17.43	15.06 (86)	17.51	14.21 (81)	16.53	12.61 (76)
2006-07	19.08	15.32 (80)	19.17	14.81 (77)	18.10	13.05 (72)
2007-08	18.02	16.01(89)	18.02	15.52 (86)	18.02	13.79 (77)
2008-09	18.02	10.94 (61)	18.02	12.98 (72)	18.02	11.81 (66)

(Source: Data collected from SHS)

Targets for immunisation were not achieved.

Shortfalls in immunisation increased during 2008-09 in the State. From the above table, it may be observed that the achievement in immunisation reduced during 2008-09 as compared to the year 2007-08. Similarly, in the test-checked districts also, the shortfall in immunisation increased from 19 to 38 *per cent* (DT), 22 to 23 *per cent* (TT-10) and 28 to 30 *per cent* (TT-16) during 2007-09. The SHS stated (October 2009) that the targets could not be achieved due to irregular and short supply of DT and TT vaccines by GOI.

It was further observed that 29519[40] cases of neonatal death were reported in the test-checked districts. The IMR in the State was 72 in 2008 against the NRHM target of 30 and the State Government target of 60 per thousand live births upto 2012. In reply, the SHS stated (November 2009) that efforts were being made to reduce the IMR upto 60 per thousand live births by 2012.

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[38] *BCG, DPT, DT, Measles, OPV, and TT.*

[39] *DT, TT (10) and TT (16) administered to children at the age of 5,10 and 16 years respectively.*

[40] *Betul (4064), Bhind (3691), Bhopal (612), Dhar (2763), Gwalior (1176), Indore (1533), Khargone (2835), Mandla (2343), Morena (779), Raisen (1499), Shahdol (4316) and Ujjain (3908).*

1.1.13 Family planning programme

The family planning programme under the Mission included terminal methods to control the total fertility rate and spacing methods to improve couple protection ratios to achieve the goal of population stabilisation. The terminal methods of family planning included vasectomy for males and tubectomy for females.

At the State level, the targets, achievements and shortfalls in respect of the terminal method and the spacing method during 2005-09 were as follows:

Table 1.14 : Targets and Achievements of Family Planning

Year	Sterilisation			IUD Insertion			Oral Pill Users			Condom Users		
	T	A	S	T	A	S	T	A	S	T	A	S
2005-06	582942	367465	215477	602800	453311	149489	706216	554204	152012	1479273	1295407	183866
2006-07	582942	366842	216100	663095	461264	201831	776840	558736	218104	1775127	1357963	417164
2007-08	582942	458196	124746	729409	501433	227976	854526	615133	239393	1952641	1710016	242625
2008-09	582000	440531	141469	619900	495247	124653	830500	628882	201618	1861300	1599254	262046

(Source: Data furnished by SHS)

T-Target, A-Achievement, S-Shortfall

There were shortfalls in achievement of sterilisations ranging from 21 to 37 *per cent*. The share of male sterilisations was only three to eight *per cent* against the norm of eight *per cent* in 2007-08 and 10 *per cent* in 2008-09. There were shortfalls in achievement of the targets fixed for spacing methods. During 2005-09, at the State level, the shortfalls as against the targets were 20 to 31 *per cent* in respect of IUD insertions, 22 to 28 *per cent* in respect of oral pill users and 12 to 23 *per cent* in respect of condom users.

The family planning programme was not carried out effectively.

In the test-checked districts, male sterilisations were below 10 *per cent* in nine[41] districts and 10 to 20 *per cent* in three districts. In eight districts, female sterilisations decreased in 2008-09 as compared to 2007-08 except in four districts[42]. The targets and achievements of the test-checked districts are given in **Appendix 1.7**. The shortfalls against the targets ranged from 18 to 45 *per cent* in 10 districts[43]. The shortfalls were mainly due to shortage of staff (anaesthetists), conducting of sterilisations only in family planning camps, insufficient publicity and lack of adequate training to medical and para-medical staff. The shortfalls as per the fixed targets in the distribution of oral pills ranged between 23 to 60 *per cent* in six[44] districts while the shortfalls in use of condoms were 4 to 69 *per cent* in nine[45] districts. The shortfalls in IUD insertions were 10 to 48 *per cent* in 11 districts during 2005-09.

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41 *Betul, Bhind, Bhopal, Dhar, Indore, Khargone, Morena, Raisen and Ujjain.*

42 *Dhar, Indore, Mandla and Ujjain.*

43 *Betul, Bhind, Bhopal,Dhar, Indore,Khargone, Morena, Raisen Shahdol and Ujjain.*

44 *Gwalior, Mandla, Morena, Raisen, Shahdol and Ujjain.*

45 *Bhind, Dhar, Gwalior,Khargone, Mandla, Morena, Raisen, Shahdol and Ujjain.*

The department stated (October 2009) that attempts were being made to achieve the targets fixed under the programme.

At the State level, different activities were planned under the family planning programme (population stabilisation) during 2007-09 as shown in **Appendix 1.8.** During 2007-08, only four out of the 14 planned activities, and in 2008-09, only eight out of 18 activities were undertaken. None of the planned activities were accomplished except the one relating to IEC on promotion of family planning during 2007-08 and the one meant for providing of non-scalpel vasectomy services during 2008-09. Against six and five training programmes planned for 2007-08 and 2008-09 respectively, only one training programme was conducted.

Moreover, as per the orders of the Supeme Court, State and District Quality Assurance Committees were to be formed to ensure observation of national norms of family planning as well as to conduct reviews of death cases occurring due to family planning operations. Though the committees were stated to have been constituted by SHS, no records regarding holding of regular meetings as required were available with it.

The Total Fertility Rate (TFR) of the State was 3.1 in 2008 against the NRHM target of 2.1 upto 2012.

The department stated (November 2009) that the TFR could be reduced by providing IUD training, organising camps, promoting public-private partnership and sterilisations during the post-partum period.

1.1.14 National Disease Control Programmes

1.1.14.1 National Vector Borne Disease Control Programme

Required spraying of Dichloro Diphenyl Trichloroethane and Anti-larva solution was not done.

The National Vector Borne Disease Control Programme (NVBDCP) seeks to control vector-borne diseases by reducing mortality and morbidity due to malaria, filaria, kala azar, dengue, chikungunia and Japanese encephalitis in endemic areas by close surveillance, control of breeding of mosquitoes, flies etc. through indoor residual spraying of larvicides and insecticides and improving diagnostic and treatment facilities at health centres.

Under NVBDCP, all areas having an annual parasite index (API)[46] of two and above were required to be covered under compulsory residual spraying of Dichloro Diphenyl Trichloroethane (DDT) and Anti-larva solution (ALS). However, 6.35 *per cent* and 6.26 *per cent* (average) houses were not provided DDT and ALS as shown in the **Table 1.15.**

Table 1.15 : Shortage of DDT and ALS spray

Year	No. of districts having API of two and above	DDT Spray			ALS Spray		
		No. of houses targeted	No. of houses where spraying was done	Shortfall (*per cent*)	No. of houses targeted	No. of houses where spraying was done	Shortfall (*per cent*)
2005	14	530885	497161	33724 (6.35)	686587	649080	37507 (5.46)
2006	13	317551	298630	18921 (5.96)	918623	851751	66872 (7.28)
2007	09	204105	190354	13751 (6.74)	978649	909530	69119 (7.06)
2008	10	221182	207134	14048 (6.35)	323516	306575	16941 (5.24)

(Source: -Director of Health Services, M.P., Bhopal)

[46] *Positive malaria cases per thousand population.*

As per NRHM guidelines, the malaria mortility rate was to be reduced by 10 *per cent* during 2007-08.

There were 53 deaths due to malaria during 2008 against 44 deaths reported in 2005 in the State. There were seven deaths due to malaria during 2008 against two deaths reported in 2005 in four[47] test-checked districts. Thus the reduction of the mortality rate by 10 *per cent* during 2007-08 could not be achieved.

1.1.14.2 Revised National Tuberculosis Control Programme

Shortfall noticed in smear positive cases.

The objectives of the Revised National Tuberculosis Control Programme (RNTCP) were to achieve and maintain detection of at least 70 *per cent* of new smear positive cases and a cure rate of at least 85 *per cent* among newly detected infectious (new smear positive) cases of tuberculosis. At the State level, the status of the detection rate was 53 to 56 *per cent* while the cure rate was 78 to 83 per *cent* during January 2005 to December 2008. Seventy *per cent* detection rate in new smear positive cases was not achieved in the test-checked districts except in Gwalior and Mandla and the 85 *per cent* cure rate was achieved only in Gwalior, Indore, Khargone and Mandla out of the 12 test-checked districts.

1.1.14.3 National Programme for Control of Blindness

Targets of cataract operations were not achieved due to shortage of doctors and para-medical staff.

The main objective of the National Programme for Control of Blindness (NPCB) was to reduce the prevalence of blindness cases by 0.8 *per cent* by 2007 through increased cataract surgeries. The required cataract surgery rate was fixed as 0.006, i.e. 600 cataract operations per lakh population per year in the State. Against the targets fixed for operation of 600 per lakh population, a total of 455 in 2005-06, 502 in 2006-07 and 534 in 2007-08 per lakh population operations were performed in the State.

Scrutiny of records of the test-checked districts revealed that the targets fixed for the operations from 2005-06 to 2008-09 could not be achieved in any of the districts except for Ujjain as shown in **Table 1.16.**

Table 1.16 : Shortfall in cataract operations

Name of District	Betul	Bhind	Bhopal	Dhar	Gwalior	Indore	Khargone	Mandla	Morena	Raisen	Shahdol
Target for operation	18500	29000	59000	20000	67000	111000	20000	15000	25000	16000	11500
Achievement	15693	26108	57682	17863	61883	107348	15933	12806	24657	12578	9443
Shortfall	2807	2892	1318	2137	5117	3652	4067	2194	343	3422	2057

(Source: -Data collected from DHSs)

The Director (Blindness Control) stated (November 2009) that the targets of operations could not be achieved due to shortage of eye specialists/eye surgeons and para-medical staff.

[47] *In 2008 (Bhopal – 2, Dhar – 2, Morena – 2, Raisen – 1) and in 2005 (Bhopal – 1 and Dhar – 1).*

1.1.14.4 Refractive error detection and free distribution of spectacles

30,715 students suffering from refractive errors were not provided free spectacles.

The National Programme for Control of Blindness envisaged training of teachers in Government and Government-aided schools in screening of refractive errors amongst students and free distribution of spectacles to students having such errors. Scrutiny of records in the test-checked districts revealed that 23,977 teachers were trained for screening of refractive errors. Out of the 30.59 lakh students examined, 57,191 had refractive errors but only 26,476 students were provided free spectacles as detailed in **Appendix 1.9.** During the exit conference, the department stated that the matter regarding non-providing of spectacles to all the students having refractive errors would be examined.

1.1.15 Information Education and Communication

The Information Education Communication (IEC) strategy under NRHM aimed to spread awareness on the preventive aspects of health care and dissemination of information regarding availability and access to quality health care for poor women and children in rural areas. The awareness in respect of the above aspects was to be spread through television/radio/songs/ dramas/hoardings/ wall paintings/advertisements in the print media and printed material in regional languages as well as by organising health *melas* and health camps. Scrutiny of records of 12 test-checked districts revealed the following:

Information Education and Communication activities were not carried out effectively.

- Village health and nutrition days were to be organised in every village by ANM with the help of Anganwadi workers and ASHAs. During 2005-06, such days were not organised in any district. These were organised only in one[48] district during 2006-07, in three[49] districts during 2007-08 and in four[50] districts during 2008-09.
- Health camps were to be organised regularly in remote areas for providing necessary health services to people living there. Such camps were organised only in Khargone district during 2005-06. In the subsequent years, the camps were held only in a few districts[51].
- Training under IEC was organised in Bhind and Ujjain districts during 2005-06 and 2008-09 respectively for development of knowledge/ skills of IEC personnel at the State/district/ block levels.
- Evaluation was stated to have been done by Block Medical Officers to assess the impact of various IEC activities on rural population only in

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[48] *Betul.*

[49] *Betul, Indore and Ujjain.*

[50] *Betul, Gwalior, Indore and Ujjain.*

[51] *2006-07(Khargone, Morena and Shahdol), 2007-08 (Gwalior, Indore,Khargone Morena and Shahdol), 2008-09 (Gwalior, Indore, Khargone and Ujjain).*

Indore and Raisen districts. However, no evaluation reports were produced to Audit.

1.1.16 Monitoring

Monitoring is a critical and analytical tool for measuring the impact of schemes and programmes and adopting correctional approaches. The focus of monitoring should be to assess the progress so that mid-course corrections can be effected through the problem-solving approach. NRHM envisaged an intensive accountability framework through a three-pronged process of community-based monitoring, external surveys and stringent internal monitoring. Monitoring and Planning Committees as prescribed under NRHM were not formed at the block and district level to monitor the activities and utilisation of funds as well as to review the functioning of different health centres. Various monitoring committees such as RKS Monitoring Committee, Maternal Death Review Committee and Quality Assurance Committee had not been formed or were not functional to monitor the different activities under NRHM. Community action was to be channelised through public hearings *(Jan Sunwai)* or public dialogue *(Jan Samvad)*, which were required to be held at the PHCs, CHCs and at the district level once or twice in a year with open access to all. These were meant to enable the general public and various groups and organisations to give independent feedback about the status of health services in these areas. No *Jan Sunwai/Jan Samvad* was held at any level in the test-checked districts.

1.1.17 Evaluation

An independent evaluation of the implementation of NRHM was required to be done by the Planning Commission and other reputed bodies, viz., the International Population Research Centre, the Indian Institute of Management, the Institute of Public Auditors of India, etc., but no such independent evaluation had been conducted by these agencies.

1.1.18 Conclusion

The Mission failed to conduct household and facility surveys, which constituted the basis for realistic health planning. The annual State and District PIPs were formulated without inputs from the lower levels. The Perspective Plans for the Mission period were not prepared by the District Health Societies. There was no community participation in planning and monitoring of activities. Diversion of NHRM funds to another scheme indicated inadequate control over financial management. Shortfalls in the availability of health centres, manpower and infrastructure affected the progress of the Mission in providing quality health care. All selected ASHAs were not trained and the fifth module training for them was not started in the State. Drug kits were procured in excess of sanctions and norms. Late registration of pregnant women at health centres was also noticed. Assistance under the *Janani Suraksha Yojana* was not provided to the beneficiaries in time. Family

planning programmes were not carried out effectively as there were shortfalls in spacing and terminal methods of family planning. The tuberculosis cure rate at the State level was below the prescribed rate. Village health and nutrition days and health camps were not organised in all the test-checked districts. No evaluation was done to assess the impact of various IEC activities. Due to non-formation of monitoring and planning committees, appraisal and evaluation of activities could not be ensured.

1.1.19 Recommendations

- Perspective Plans for each district should be prepared after conducting household surveys and facility surveys.
- Planning should follow a bottom-up approach and community involvement should be ensured in the planning process.
- Regular release of untied and maintenance grants to health centres should be ensured.
- Construction of the required health centres should be taken up on priority basis. Health facilities should be provided at all health centres as per the Indian Public Health Standards (IPHS).
- Vacant posts of medical and para-medical staff should be filled up as per IPHS and all selected ASHAs should be fully trained as soon as possible.
- Registration of all pregnant women in the first trimester should be ensured and payment to motivators under *Janani Suraksha Yojana* should be made only after ensuring post-natal checkups.
- Information, Education and Communication activities such as organising of village health and nutrition days and health camps should be strengthened to spread health care awareness amongst the rural population.
- Monitoring and supervision of Mission activities should be strengthened by establishing monitoring and planning committees at each level as envisaged in the NRHM guidelines.

Appendix-1.1

(Reference: Paragraph 1.1.5, Page 4)

List of selected districts, CHCs, PHCs and SHCs

	District		CHC		PHC		SC
1	Betul	1	Prabhat pattan	1.	Masod	1.	Majari
						2.	Shirdi
				2.	Amravati Ghat	3.	Tiwarkhed
						4.	Amravati Ghat
		2	Ghodadongri	3.	Dehri Aamdana	5.	Jholi No. 2
						6.	Rampur Bhatodi
				4.	Hirapur	7.	Batkidoh
						8.	Chopna
		3	Shahpur	5.	Bhaura	9.	Dhapada
						10.	Shalimet
				6.	Bijadehi	11.	Dodramau
						12.	Kajali
2	Bhind	4	Mehgaon	7.	Katrol	13.	Konhar
						14.	Birganwa
				8.	Bharoli	15.	Bharoli
						16.	Baraso
		5	Gohad	9.	Guhisar	17.	Nenoli
						18.	Guhisar
				10.	Ano	19.	Ano
						20.	Barona
		6	Lahar	11.	Alampur	21.	Alampur
						22.	Badagaon
				12.	Barha	23.	Barha
						24.	Jamuha
3	Bhopal	7	Gandhi Nagar	13.	Tumda	25.	Tumada
						26.	Khajuri Sadak
				14.	Fundakala	27.	Tilakhedi
						28.	Kodiya
				15.	Misrod	29.	Ratanpur
						30.	Dipadi
		8	Berasiya	16.	Gunga	31.	Gunga
						32.	Dillod
				17.	Dhamarra	33.	Barkhera Baramad
						34.	Semrakala
				18.	Bharkhedidev	35.	Dungariya
						36.	Damkheda
4	Dhar	9	Tirla	19.	Khadan Bujurg	37.	Mohanpura
						38.	Padlya
		10	Bakaner	20.	Umarban	39.	Surani
						40.	Lawani
				21.	Kali Bawadi	41.	Balipur
						42.	Ahirwas
		11	Manawar	22.	Singhana	43.	Balipur
						44.	Borud
				23.	Karoli	45.	Ekalwada
						46.	Karoli

	District		CHC		PHC		SC
5	Gwalior	12	Dabra	24.	Pichhore	47.	Pichhore
						48.	Akbai
				25.	Kariyawati	49.	Kariyawati
						50.	Salwai
		13	Bhitarwar	26.	Mohangarh	51.	Gohinda
						52.	Kerua
				27.	Antari	53.	Antari
						54.	Bharthari
		14	Mohna	28.	Barai	55.	Panihar
						56.	Raipur Khurd
				29.	Kuleth	57.	Tighra
						58.	Odpura
6	Indore	15	Depalpur	30.	Gautampura	59.	Ghirota
						60.	Chhadoda
				31.	Betma	61.	Daulatabad
						62.	Methwada
		16	Manpur	32.	Hasalpur	63.	Rajpura Kutti
						64.	Kamadpur
				33.	Gauli Palasiya	65.	Dharnaka
						66.	Tihi
		17	Sanwer	34.	Kshipra	67.	Budi Barlai
						68.	Guran
				35.	Dakachya	69.	Mangaliya
						70.	Kadwali Bujurg
7	Khargone	18	Bhikangoan	36.	Rodia	71.	Rodia
						72.	Anjangoan
				37.	Andarh	73.	Bitnera
						74.	Khudgoan
		19	Badwah	38.	Balwada	75.	Tharbar
						76.	Balwada
				39.	Badud		No SHC
							No SHC
		20	Zirnia	40.	Shivna	77.	Shivna
						78.	Kharba
				41.	Royalbeda	79.	Helapbada
						80.	Titrerniya
8	Mandla	21	Nainpur	42.	Pathasihora	81.	Gaura Chhapar
						82.	Makke
				43.	Bharveli	83.	Surkhhi
						84.	Bhadia
		22	Narayanganj	44.	Babalia	85.	Babalia
						86.	Sajpani
		23	Bichhia	45.	Sijhaura	87.	Kudela
						88.	Rajo
				46.	Anjania	89.	Anjania
						90.	Bokar

	District		CHC		PHC		SC
9	Morena	24	Pahargarh	47.	Pachkhora	91.	Bharra
						92.	Chinnoni
				48.	Bara	93.	Vishneri
						94.	Tilawali
		25	Jaura	49.	Devgarh	95.	Bagchini
						96.	Khadoli
				50.	Sumawali	97.	Ata
						98.	Sumawali
		26	Noorabad	51.	Banmore	99.	Chhonda
						100.	Pahadi
				52.	Nayakpura	101.	Jhkhonagadi
						102.	Garoda
10	Raisen	27	Udaipura	53.	Kuchwara	103.	Noor Nagar
						104.	Nonia Bareli
				54.	Ketoghan	105.	Naya Gaon
						106.	Bhadon
		28	Bareli	55.	Khargone	107.	Rajwara
						108.	Udaigiri
				56.	Bari	109.	Bari Khurd
						110.	Bari Kalan
		29	Begumganj	57.	Sultanganj	111.	Bamhori
						112.	Nai Garia
11	Shahdol	30	Singhpur	58.	Majhgawan	113.	Majhgawan
						114.	Chunia
				59.	Bamhauri	115.	Karkati
						116.	Dhanaura
		31	Beohari	60.	Devlond	117.	Bhanni
						118.	Bansagar
				61.	Budawa	119.	Budawa
						120.	Saman
		32	Budhar	62.	Rasmohini	121.	Bhatiya
						122.	Bokaramar
				63.	Keshwahi	123.	Khamhidol
						124.	Kudeli
12	Ujjain	33	Ghatia	64.	Panbihar	125.	Goyala Bujurg
						126.	Rui
		34	Jharda	65.	Bolkhedanau	127.	Indokh
						128.	Kharadiya Manpur
				66.	Jhuthwad	129.	Gogapur
						130.	Jhuthwad
		35	Tarana	67.	Javasia Kumar	131.	Javasia Kumar
						132.	Kathwadoda
				68.	Makdon	133.	Delchi
						134.	Godadi

Appendix-1.2

(Reference: Paragraph 1.1.9.4, Page13)

Health centres fulfilling IPHS norms

Required infrastructure / Facilities as per IPHS Norms	Number of CHCs fulfilling the norms (%)	Number of CHCs not fulfilling the norms (%)	Number of PHCs fulfilling the norms (%)	Number of PHCs not fulfilling the norms (%)
Electricity	35 (100%)	-	56 (82%)	12 (18%)
Standby Generator	33 (94%)	2 (6%)	14 (21%)	54 (79%)
Telephone	32 (91%)	3 (9%)	21 (31%)	47 (69%)
Vehicle CHC (3) PHC (1)	33 (1-2) (94%)	2 (No Vehicle) (6%)	8 (12%)	60 (88%)
Number of Bed CHC (30) PHC (6)	21 (60%)	14 (40%)	23 (31%)	45 (69%)
Operation theatre	31 (89%)	4 (11%)	21 (6%)	47 (94%)
Blood storage facility	3 (9%)	32 (91%)	-	-
Labour room	35 (100%)	-	56 (82%)	12 (18%)
Labour Table	-	-	57 (84%)	11 (16%)
Ultrasound	-	35 (100%)	Nil (100%)	68 (100%)
Water facility	35 (100%)	-	53 (78%)	15 (22%)
Separate utility for men & women	17 (49%)	18 (51%)	26 (38%)	42 (62%)
Waste disposal (incinerator)	6 (17%)	29 (83%)	2 (3%)	66 (97%)
Sewerage system	31(89%)	4 (11%)	53 (78%)	15 (22%)
Separate ward for men and women	22 (63%)	13 (37%)	-	-
X-ray facility	25 (71%)	10 (29%)	-	-
ECG facility	5 (14%)	30 (86%)	-	-
Lab service	-	-	19 (28%)	49 (72%)
Lab facility -1. Malaria	35 (100%)	-	26 (38%)	42 (62%)
2. TB	34 (97%)	1 (3%)	-	-
3. Leprosy	17 (49%)	18 (51%)	-	-
Major equipment (14)	-	35 (100%)	-	-
Essential drugs (Except district Raisen)	13 (40 to 80%) (41%)	19 (less than 40%) (59%)	9 (50-75%) (14%)	(Less than 50%) 54 (86%)
Average daily of OPD Attendance	-	-	41(more than 15) (60%)	27(less than 15) (40 %)
Institutional delivery	-	-	53 (78%)	15 (22%)

Appendix-1.3

(Reference: Paragraph 1.1.9.5, Page 15)

Statement showing cadre-wise position

Name of the post	Betul				Bhind				Bhopal			
	Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position	
	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09
1.SC level												
ANM												
ANM (Regular)/MPW(F)	261	263	250	261	209	212	-	189	-	-	-	-
ANM (Contractual)	-	87	-	87	-	-	-	-	-	-	-	-
MPW-Male	256	256	169	183	-	132	-	100	63	63	53	53
MPW- Female (R)/ANM	-	-	-	-	-	-	-	-	63	63	63	63
MPW- Female(C)	-	-	-	-	60	80	68	60	63	69	17	40
2.PHC level												
Medical Officer-Allopathic	48	58	36	45	-	17	-	17	-	-	-	-
Medical Officer-AYUSH	-	-	-	-	-	-	-	-	-	-	-	-
Staff Nurse-Regular	4	4	4	4	4	4	-	-	5	5	4	4
Staff Nurse-Contractual	4	19	26	7	-	-	-	-	4	4	-	1
Nurse Mid wife	21	21	21	21	-	-	-	-	-	-	-	-
Lab Assistant	-	-	-	-	-	-	-	-	-	-	-	-
Lady Health Visitor	53	56	44	37	40	41	-	30	-	-	-	-
Pharmacist	27	30	18	19	-	-	-	-	1	1	-	-
3.BHEIO	-	-	-	-	-	-	-	-	-	-	-	-
Statistical Assistant	3	3	3	2	-	-	-	-	-	-	-	-
4.CHC level												
Surgeon	6	6	-	-	-	3	-	3	-	1	-	1
Anesthetists	9	11	-	-	-	1	-	-	-	1	-	-
Gynecologist	8	10	-	1	1	3	1	1	1	2	-	1
Pediatrician	3	5	-	1	-	7	-	3	-	1	-	1
Pathologist	-	-	-	-	-	-	-	-	-	-	-	-
General physician	-	-	-	-	-	30	-	23	11	15	10	14
Medical officer					-	-	-	-	-	-	-	-
Pharmacist	-	-	-	-	-	1	-	1	4	4	-	4
Radiologist	-	-	-	-	-	-	-	-	-	-	-	-
Staff Nurse-Regular	24	48	20	34	22	22	-	15	8	14	9	11
Staff Nurse contractual	-	-	-	-	15	27	3	-	2	2	1	2
Public Health Nurse	-	-	-	-	-	4	-	2	-	-	-	-
Lab Technician	23	26	23	26	-	13	-	14	6	6	10	10
Statistical Assistant	-	-	-	-	-	-	-	-	-	-	-	-
5.District level												
CMO	1	1	1	1	1	1	1	1	1	1	1	1
Deputy CMO/DHO	-	-	-	-	-	-	-	-	-	-	-	-
District immunization Officer	1	1	-	-	1	1	-	1	1	1	1	1
DHEIO	-	-	-	-	1	1	1	1	-	-	-	-
Total	**752**	**905**	**615**	**729**	**354**	**600**	**74**	**461**	**233**	**253**	**169**	**207**

Name of the post	Dhar				Gwalior				Indore			
	Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position	
	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09
1.SC level												
ANM												
ANM (Regular)/MPW(F)	485	485	-	461	101	101	99	94	111	112	-	111
ANM (Contractual)	-	-	-	40	-	-	-	16	-	60	-	58
MPW-Male	303	303	-	205	101	101	99	69	-	-	-	-
MPW- Female (R)/ANM	-	-	-	-	-	-	-	-	87	88	76	54
MPW- Female(C)	-	-	-	-	-	20	-	16	-	-	-	-
2.PHC level	-	-	-	-								
Medical Officer-Allopathic	48	46	-	38	17	17	15	14	29	25	29	19
Medical Officer-AYUSH	-	-	-	-	-	-	-	-				
Staff Nurse-Regular	-	-	-	-	-	-	-	-	16	14	15	14
Staff Nurse-Contractual	-	-	-	-	-	10	2	-	14	14	-	2
Nurse Mid wife	55	55	-	44	13	12	2	6	9	9	9	9
Lab Assistant	-	-	-	-	1	1	1	-				
Lady Health Visitor	57	57	54	48	16	16	16	14	20	20	20	19
Pharmacist	59	59	18	18	14	10	9	6	21	20	12	11
3.BHEIO	-	-	-	-	-	-	-	-	1	1	1	1
Statistical Assistant	-	-	-	-	-	-	-	-	-	-	-	-
4.CHC level	-	-	-	-	-	-	-	-	-	-	-	-
Surgeon	-	3	-	1	-	-	-	1	1	3	1	2
Anesthetists	-	7	-	1	-	1	-	-	-	2	-	1
Gynecologist	-	9	-	1	-	1	-	1	1	3	-	1
Pediatrician	-	7	-	2	-	1	1	1	1	3	-	1
Pathologist	-	-	-	-	-	1	-	1	-	1	-	-
General physician	-	-	-	-	1	1	1	1	-	-	-	-
Medical officer	62	64	-	43	16	16	15	14	17	13	17	11
Pharmacist	-	70	-	25	9	9	6	5	6	7	4	4
Radiologist	-	-	-	-	6	6	6	6	-	-	-	-
Staff Nurse-Regular	57	86	-	38	17	17	16	9	12	22	-	15
Staff Nurse contractual	-	-	-	-	-	-	1	-	-	-	-	-
Public Health Nurse	3	3	-	3	-	-	-	-	1	1	1	1
Lab Technician	-	32	-	32	6	6	6	6	13	14	13	14
Statistical Assistant	1	1	-	-	-	-	-	-	3	3	-	-
5.District level	-	-	-	-								
CMO	1	1	1	1	1	1	1	1	1	1	1	1
Deputy CMO/DHO	-	-	-	-	-	-	-	-	-	-	-	-
District immunization Officer	1	1	1	1	1	1	1	1	1	1	1	1
DHEIO	-	-	-	-								
Total	1132	1289	74	1002	320	349	297	282	365	437	310	350

Name of the post	Khargone				Mandla				Morena			
	Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position	
	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09
1.SC level												
ANM												
ANM (Regular)/MPW(F)	276	276	221	257	248	249	234	236	-	-	-	-
ANM (Contractual)	20	83	20	68	68	68	3	57	14	66	-	53
MPW-Male	207	207	145	145	238	238	192	182	196	199	177	145
MPW- Female (R)/ANM	-	-	-	-	-	-	-	-	196	199	189	188
MPW- Female(C)	-	-	-	-	-	-	-	-	-	-	-	-
2.PHC level	-	-	-	-								
Medical Officer-Allopathic	75	84	56	62	29	29	19	19	20	22	17	16
Medical Officer-AYUSH	-	-	-	-	-	-	-	-	-	-	-	-
Staff Nurse-Regular	-	-	-	-	27	27	19	21	7	7	2	2
Staff Nurse-Contractual	-	-	-	-	-	-	-	-	17	18	4	12
Nurse Mid wife	54	54	54	54	-	-	-	-	13	11	10	8
Lab Assistant	2	2	-	-	2	2	2	2	1	1	1	1
Lady Health Visitor	62	67	53	56	-	-	-	-	15	15	12	10
Pharmacist	60	67	15	15	45	46	20	23	15	17	15	16
3.BHEIO	-	-	-	-	2	2	2	1	-	-	-	-
Statistical Assistant	1	2	1	1	3	3	2	1	2	2	2	2
4.CHC level	-	-	-	-								
Surgeon	4	8	-	2	5	6	1	2	2	4	-	-
Anesthetists	-	2	-	-	4	5	1	-	5	7	-	2
Gynecologist	5	9	-	-	5	6	-	-	6	8	3	3
Pediatrician	5	9	-	-	6	7	2	2	5	7	3	4
Pathologist	-	1	-	-	1	2	1	1	-	-	-	1
General physician	4	6	-	1	12	12	3	4	1	1	1	1
Medical officer	63	72	25	25	26	26	17	17	-	18	-	15
Pharmacist	10	10	6	6	-	-	-	-	13	13	9	10
Radiologist	-	1	-	-	1	2	1	1	-	18	-	13
Staff Nurse-Regular	33	130	32	38	34	40	26	28	28	40	12	8
Staff Nurse contractual	20	14	20	-	-	-	-	1	17	18	4	12
Public Health Nurse	-	-	-	-	3	3	2	3	1	1	-	-
Lab Technician	28	37	20	20	47	48	28	40	23	25	23	23
Statistical Assistant	-	-	-	-	-	-	-	-	2	2	2	2
5.District level-	-	-	-	-								
CMO	1	1	1	1	1	1	1	1	1	1	1	1
Deputy CMO/DHO	-	-	-	-	-	-	-	-	1	1	-	1
District immunization Officer	-	1	-	-	1	1	1	1	-	1	1	-
DHEIO	-	-	-	-	-	-	-	-				
Total	930	1143	669	751	808	823	577	643	601	722	488	549

Name of the post	Raisen				Shahdol				Ujjain			
	Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position		Sanctioned strength		Men-in-position	
	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09	As on 31.03.06	As on 31.03.09
1.SC level												
ANM												
ANM (Regular/MPW(F)	216	216	189	183	194	244	149	239	169	172	154	145
ANM (Contractual)	175	175	17	33	-	194	-	16	-	65	-	3
MPW-Male	175	175	154	127	169	166	132	117	169	172	145	130
MPW- Female (R)/ANM	-	-	-	-	-	-	-	-	-	-	-	-
MPW- Female(C)	-	-	-	-	-	-	-	-	-	-	-	-
2.PHC level	-	-	-	-	-	-	-		-	-	-	-
Medical Officer-Allopathic	22	20	16	14	30	30	18	16	23	27	12	16
Medical Offic**Na**er-AYUSH					-	-	-	-	-	-	-	-
Staff Nurse-Regular	60	130	55	43	3	199	3	55	2	2	2	2
Staff Nurse-Contractual	6	6	2	2	6	6	-	-	18	20	-	-
Nurse Mid wife	-	-	-	-	-	-	-	-	18	18	18	18
Lab Assistant	2	2	-	-	-	7	-	3	-	-	-	-
Lady Health Visitor	30	33	28	23	30	35	22	31	16	20	16	20
Pharmacist	-	-	-	-	30	48	17	40	16	20	16	20
3.BHEIO	7	7	6	5	-	-	-	-	-	-	-	-
Statistical Assistant	-	5	-	-	-	-	-	-	-	-	-	-
4.CHC level									-	-	-	-
Surgeon	-	9	-	-	2	26	0	13	2	5	-	-
Anesthetists	-	9	-	-	2	6	-	-	2	5	-	-
Gynecologist	2	9	-	2	2	3	1	2	2	5	-	-
Pediatrician	2	9	-	-	2	6	-	1	-	3	-	1
Pathologist	-	-	-	-	-	6	-	-	-	-	-	-
General physician	4	4	3	2	21	4	18	2	-	-	2	2
Medical officer	-	35	-	25	-	-	-	-	6	6	5	5
Pharmacist	-	-	-	-	12	10	6	5	2	5	2	5
Radiologist	-	-	-	-	-	8	-	3	2	5	2	2
Staff Nurse-Regular	-	-	-	-	33	33	23	26	8	26	3	4
Staff Nurse contractual	-	-	-	-	6	6	-	3	-	-	-	-
Public Health Nurse	5	5	4	3	-	-	-	-	-	-	-	-
Lab Technician	15	29	12	15	12	37	5	13	3	3	2	3
Statistical Assistant	3	5	3	1	-	-	-	-	-	-	-	-
5.District level-									-	-	-	-
CMO	1	1	1	1	1	1	1	1	1	1	1	1
Deputy CMO/DHO	2	2	-	-	-	-	-	-	-	-	-	-
District immunization Officer	1	1	-	-	1	1	1	1	1	1	1	1
DHEIO		-	-	-	2	2	2	-	-	-	-	-
Total	**728**	**887**	**492**	**481**	**558**	**1078**	**398**	**587**	**460**	**581**	**381**	**378**

Appendix-1.4

(Reference: Paragraph 1.1.10.1, Page 18)

Details of purchase of drug kits in excess of sanction under NRHM

Sl. No.	Year	Name of drug kits	Number of kits sanctioned by GOI	Drug kits actually purchased			Drug kits purchased in excess of sanction			Remarks
				No. of kits	Rate per kit	Amount (In Rupees)	No. of kits (5-4)	Rate per kit	Amount (In Rupees)	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**
1.	2006-07	ASHA kit	5,000	15,000	1,422/-	2,13,30,000	10,000	1,422/-	1,42,20,000	As per GoI sanction (2006-07)
2	2006-07	CHC drug kit	227	597	69,000/-	4,11,93,000	370	69,000/-	2,55,30,000	--Do--
3	2006-07	PHC drug kit	352	1152	49,985/-	5,75,82,720	800	49,985/-	3,99,88,000	--Do--
4	2006-07	RTI/STI kit	41	46	49,980/-	22,99,080	5	49,980/-	2,49,900	--Do--
5	2007-08	ASHA kit	5000	35,000	1422/-	4,97,70,000	30,000	1422/-	4,26,60,000	--Do--
6	2007-08	CHC kit	227	270	69,000/-	1,86,30,000	43	69,000/-	29,67,000	--Do--
7	2007-08	PHC kit	352	1,149	49,985/-	5,74,32,765	797	49,985/-	3,98,38,045	--Do--
8	2007-08	RTI/STI kit	41	48	49,980/-	23,99,040	7	49,980/-	3,49,860	--Do--
		Total	**11,240**	**53,262**		**25, 06, 36,605**	**42,022**		**16,58,02,805**	

Appendix-1.5

(Reference: Paragraph 1.1.10.2, Page 18)

Details of drugs which were purchased for kits in excess of norms

S.No.	Name of the drug kit for which drugs were purchased in excess of norms	Year of Purchase	No of kits purchased	Name of the drug which was purchased in excess of the norm	Prescribed quantity to be purchased for each kit	Actual quantity purchased for each kit	Excess quantity	Rate (As per rate list approved by MPLUN)		Cost of excess drugs purchased
								Rate (In Rupees)	Unit	
1	2	3	4	5	6	7	8 (7-6)	9	10	11
1.	Drug kit for ASHA	2006-07	50,000	1- Iron Folic Acid TAB (Large)	1000	3500	2500X50,000= 125000000/100	8/-	10x10 Tabs.	1,00,00,000/-
				2- TABLET Chloroquine (Note: To be supplied from existing stocks at SC, PHC under Malaria Control and family welfare programme)	NIL	500	500X50, 000= 2,50,00,000/100	34.90	10x10 Tabs.	87,25,000/-
				3- Paracetamols Tablet (IP-500 mg)	100	1000	900X50,000= 45000000/100	18.50	10x10 Tabs.	83,25,000/-
2.	Drug-kit-B-for SC	2007-08	11988	4- TAB Methylergametrain IP (0.125mg) (Note: To be deleted from the next year i.e.from 07-08)	NIL	500	500X11988= 5994000/100	44.90	10x10 Tabs.	2691306/-
Total	-	-	-	-	-	-	-	-		**29741306/-**

Appendix-1.6

(Reference: Paragraph 1.1.10.3 Page 18)

Drug kits purchased for the years 2006-08

Sl. No.	Name of the kit	Approved rate (In Rupees)	Quantity	Total cost as per approved rate (In Rupees)
	(2006-07)			
1	Drug Kit for ASHA	1,422.00	50,000	7,11,00,000.00
2	Drug Kit A for SC	5,390.00	8,835	4,76,20,650.00
3	Drug Kit B for SC	3,990.00	8,835	3,52,51,650.00
4	Drug Kit for PHC	49,985.00	1,152	5,75,82,720.00
5	Drug Kit for RTI/STI	49,980.00	46	22,99,080.00
6	Drug Kit for CHC	69,000.00	597	4,11,93,000.00
7	Drug Kit for FRU	1,96,000.00	227	4,44,92,000.00
	Total		**69,692**	**29,95,39,100.00**
	2007-08			
1	Drug Kit for ASHA	1,422.00	-	-
2	Drug Kit A for SC	5,390.00	11,988	6,46,15,320.00
3	Drug Kit B for SC	3,990.00	11,988	4,78,32,120.00
4	Drug Kit for PHC	49,985.00	1,149	5,74,32,765.00
5	Drug Kit for RTI/STI	49,980.00	48	23,99,040.00
6	Drug Kit for CHC	69,000.00	270	1,86,30,000.00
7	Drug Kit for FRU	1,96,000.00	170	3,33,20,000.00
	Total		**25,613**	**22,42,29,245.00**
	Grand Total		**95,305**	**52,37,68,345.00**

Appendix-1.7

(Reference: Paragraph 1.1.13, Page 23)

Statement showing the targets and achievements under the family planning programme in test-checked districts

	Sterilisation		Oral Pills		IUD insertion		Condom Users	
Name of District	**Targets**	**Achievements (Percentage)**	**Targets**	**Achievements (Percentage)**	**Targets**	**Achievements (Percentage)**	**Targets**	**Achievements (Percentage)**
Betul	51797	42665 (82%)	52662	58575 (100%)	32170	22767 (71%)	110080	113953 (100%)
Bhind	52889	29265 (55%)	106185	111095 (100%)	98440	73696 (75%)	331800	285706 (86%)
Bhopal	79402	47992 (60%)	66300	67222 (100%)	61020	31483 (52%)	220220	219952 (100%)
Dhar	65528	53829 (82%)	71468	70088 (98%)	71468	49858 (70%)	160000	141260 (88%)
Gwalior	32400	30537 (94%)	127300	51526 (40%)	77250	46575 (60%)	226000	69892 (31%)
Indore	95981	66782 (70%)	154000	160115 (100%)	126000	111597 (89%)	299400	306550 (100%)
Khargone	66032	44495 (67%)	36334	35816 (99%)	38824	26373 (68%)	113034	79480 (70%)
Mandla	29820	32129 (100%)	28700	20714 (72%)	13165	9580 (73%)	41790	35732 (86%)
Morena	58715	34429 (59%)	84200	64646 (77%)	113050	101632 (90%)	266200	254227 (96%)
Raisen	39525	26820 (68%)	90224	46535 (52%)	51535	52589 (100%)	111610	101584 (91%)
Shahdol	29746	19650 (66%)	50030	35481 (71%)	33600	28112 (84%)	138100	70678 (51%)
Ujjain	68095	41127 (60%)	62378	47264 (76%)	40690	28708 (71%)	176680	122089 (69%)

Appendix-1.8

(Reference: Paragraph 1.1.13, Page 24)

Statement showing activities under the family planning programme in the State

	2007-08				2008-09			
	Physical Planned	**Physical Achieved**	**Budget Planned**	**Expenditure Incurred**	**Physical Planned**	**Physical Achieved**	**Budget Planned**	**Expenditure Incurred**
Family Planning-Population Stablisation								
Dissemination of manuals on sterilization standards and quality assurance of sterilization services	9	Nil	450000	Nil	9	Nil	450000	156834
Establishment of NSV Resource Centres at six divisions(Jabalpur,Indore, Sagar,Rewa,Bhopal,Ujjain)	6	Nil	3000000	Nil	-	-	-	-
Operational cost of newly establishment NSV Centre	12	Nil	2550000	Nil	-	-	-	-
Prepare operational plan for provision of sterilization services across districts	-	-	-	-	48	Nil	Nil	442298
Provide NSV Services on fixed days at health facilities in districts	-	-	-	-	576	681	Nil	631500
Continued support to state NSV Resource Centre at Gwalior	1	Nil	1675000	Nil	1	Nil	1675000	Nil
IEC activities using local and fold media, IPC, miking etc. for promotion of NSV through State and Regional NSV resource centres.	1	12	Nil	132704	1	Nil	Nil	Nil
Publication on NSV Quaterly bulletin	4	Nil	40000	Nil	-	-	-	-
NSV rath	1	Nil	650000	Nil	7	Nil	7000000	Nil
Contract to NGOs for increasing male participation Rs.20000 for getting 100 cases of NSV then in a month	Nil	Nil	200000	Nil	-	-	-	-
Mobility Support to laparo/TT surgeions team	-	-	-	-	192	2	Nil	396726
Prepare operational plan for provision of spacing methods across district (Including training, BCC/IEC, drugs and supplies etc.)	-	-	-	-	48	Nil	Nil	Nil
Provide IUD Services at heath facilities in districts.	-	-	-	-	400	302	400000	298604
Organise IUD camps in districts	-	-	-	-	192	1	Nil	30000
Compensation for IUD	-	-	-	-	192	Nil	Nil	Nil
Set up CBD Outlets	-	-	-	-	192	Nil	Nil	Nil
Organise Contraceptive Update seminars for health providers	-	-	-	-	300	5	420000	31987
Hiring of counselors for FP in 170 CEmONC	170	131	8880000	7223896	170	126	9465000	7870614
Training of counselors for FP in 170 CEmONC	6	Nil	Nil	Nil	64	5	64000	65345
Training of counselors for FP CEmONCs and reorientation					108	Nil	132000	800
Repair, maintenance and accessories of Laparoscopes					Nil	Nil	10000000	Nil
Incentive for performing more than 1000 sterilization in a yr.	100000	66065	5000000	3528149	100000	39024	5000000	2676750
Award to first five CEmONC/BEmONC institutions for Sterilisation services. Incentive of family trip vacation to resort to in charge these institutions and surgeon who performed operation at these institute	5	Nil	500000	Nil	-	-	-	-
Operationalisation and functioning of district level committee.	48	16	2400000	249321	-	-	-	-
Monitoring follow-up of training and identification of pvt. Training centres.	Nil	Nil	700000	Nil	-	-	-	-

Appendix-1.9

(Reference: Paragraph 1.1.14.4,. Page 26)

Details of school students screened for detection of refractive errors from 2005-06 to 2008-09

Name of achieve	Betul	Bhind	Bhopal	Dhar	Gwalior	Indore	Khargone	Mandla	Morena	Raisen	Shahdol	Ujjain	Total
1. No. of students examined	2,46,627	497710	564968	204659	458648	169128	222797	216993	104541	76698	182280	113686	3058735
2. No. of students had refractive errors	5074	3377	10471	2802	10069	2573	3565	2609	1136	1888	4073	9554	57191
3. No. of students provided free spectacles	2287	1984	1221	13	5704	1585	3255	471	781	1087	2775	5313	26476