CHAPTER-I

PERFORMANCE AUDIT

HEALTH AND FAMILY WELFARE DEPARTMENT

1.1 NATIONAL RURAL HEALTH MISSION

Highlights

The National Rural Health Mission was launched by the Government of India in April 2005. The Mission seeks to provide universal access to equitable, affordable and quality health care facilities in rural areas. It aims at strengthening rural health care institutions by provision of infrastructure facilities and funds. A review of the implementation of the National Rural Health Mission in the State revealed improvement in flow of funds to rural health institutions and better health awareness among the rural population. However, deficiencies like lack of surveys and absence of a Perspective Plan, effective financial management, community participation, sufficient infrastructure, other equipment, adequate human resources and timely upgradation of health units were noticed.

The State Health Society failed to prepare a Perspective Plan for the Mission period as well as Annual Plans during 2005-09 despite incurring an expenditure of Rs 48.05 lakh.

(Paragraphs 1.1.6.2 and 1.1.6.3)

Against the prescribed norms of Indian Public Health Standards, only 53 *per cent* Health Sub-centres, 59 *per cent* Primary Health Centres and eight *per cent* Referral Hospitals were available in the State.

(Paragraph 1.1.8.1)

The number of indoor patients (26023), outdoor patients (9.31 lakh) and institutional deliveries (2344) in 2005-06 increased to 3.13 lakh, 61.33 lakh and 2.54 lakh respectively in 2008-09.

(Paragraphs 1.1.8.2, 1.1.9.1 and 1.1.11.1)

In the test-checked districts, 97,146 out of 4,70,307 lactating mothers were not provided cash incentives under the Janani Suraksha Yojana for want of funds. Payment of Rs 25.19 crore was made to 1.82 lakh beneficiaries after delays of eight to 732 days.

(Paragraph 1.1.11.1)

Cold chains for preserving the potency of vaccines were not maintained properly. Defective equipment in the test-checked districts ranged between 36 and 69 *per cent* against the prescribed limit of two *per cent.*

(Paragraph 1.1.11.5)

Community Monitoring and Planning Committees at different levels and Village Health and Sanitation Committees at the village level were not formed.

(Paragraph 1.1.16)

1.1.1 Introduction

The National Rural Health Mission (NRHM) was launched by the Government of India (GOI) in April 2005 throughout the country with special focus on 18 States for strengthening rural health care institutions by providing adequate infrastructure facilities and funds. The Mission aimed at providing accessible, affordable, accountable, effective and reliable health care facilities in rural areas by reducing the infant and maternal mortality rates, stablising the fertility rate of the population and preventing and controlling communicable and non-communicable diseases including locally endemic diseases by involving the community in planning and monitoring. The key strategy of the Mission was to bridge the gaps in health care facilities, facilitate decentralised planning in the health sector, provide an overarching umbrella to the existing programmes of health and family welfare including Reproductive and Child Health-II 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 proper human resources management.

1.1.2 Organisational set-up

At the State level, NRHM functions under the overall guidance of the State Health Mission (SHM) under the Chairmanship of the Chief Minister. The activities of the SHM are carried out through the State Health Society (SHS) headed by the Secretary, Health and Family Welfare (H&FW) Department. The Executive committee of SHS is headed by Chief Executive Officer (Executive Director).

At the district level, there are District Health Missions and District Health Societies (DHSs) headed by the Chairpersons of Zila Parishads. The Executive Committees are headed by District Magistrates (DMs). The implementation of various diseases control programmes is supervised by the respective heads of the Diseases Control Programmes ***(Appendix 1.1.1)***.

1.1.3 Audit Objectives

The objectives of the performance audit were to assess whether:

- the planning processes at the village, block, district and State levels were adequate;
- the assessment, release and utilisation of funds were efficient and effective;
- capacity building and strengthening of physical and human infrastructure were as per the Indian Public Health Standard norms;

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

1.1.4 Audit criteria

The criteria adopted to arrive at the audit conclusions were:

- the GOI framework on implementation of NRHM;
- guidelines issued by GOI for various components, disease control programmes, financial aspects etc.;
- circulars issued by GOI, containing directions for NRHM activities;
- orders and instructions issued by the State Government and
- Indian Public Health Standards (IPHS) for upgradation of health centres.

1.1.5 Audit coverage and methodology

The performance audit of NRHM for the period 2005-09 was conducted during March 2008 to October 2009 through test-check of records of the State Health Society, 10 out of 38 DHSs[1], 20 out of 70 Referral Hospitals (RHs), 122 out of 398 Primary Health Centres (PHCs), 323 out of 1243 Additional Primary Health Centres (APHCs) and 2682 out of 8858 Health Subcentres (HSCs). Audit of 16 RHs and 38 PHCs were conducted by visiting these health units. The sample for audit of districts was drawn by using the simple random sampling without replacement method. Joint physical verification of units with departmental officials in 65 health units[2] was also conducted.

An entry conference was held in April 2008 with the Chief Executive Officer-cum-Member Secretary, Health and Family Welfare Department and the Executive Director, SHS, Bihar to explain the audit objectives, audit criteria and methodology. The audit findings as well as conclusions were discussed with the Principal Secretary, H&FW Department, Government of Bihar and the Executive Director, SHS during the exit conference held in December 2008 and their replies have been incorporated at the appropriate places.

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[1] *Bhagalpur, Bhojpur, Darbhanga, East Champaran, Gopalganj, Kishanganj, Muzaffarpur, Nalanda, Samastipur and Sheikhpura.*

[2] *APHCs (6), HSCs (10), PHCs (34) and RHs (15).*

Audit findings

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

1.1.6 Planning

NRHM aimed to improve health care through a wide range of interventions at the household, community and health units' level through decentralised convergent planning right from villages to district levels.

1.1.6.1 Household and facility surveys

Facility and household surveys were required to be carried out and completed in all the districts by 2008. These surveys were essential for planning and monitoring so as to construct a baseline Annual Plan for each health facility with a clear assessment. The household surveys were also intended for collection of information on availability of other determinants of health such as drinking water, sanitation etc. However, work on household and facility surveys was not done by SHS (September 2009).

1.1.6.2 Action Plans

Annual Plans and Perspective Plans for the Mission period were not prepared

The SHS had to identify the gaps in health care facilities, areas of intervention, probable investment, the share of the Centre and State that would be required for the Mission period (2005-2012) and the financial and physical targets to be framed in the form of Perspective Plans. The Perspective Plans were to be prepared for the State as a whole as well as the districts. An Annual Programme Implementation Plan (PIP), based on resource availability and prioritization was to be prepared at the village and block levels and consolidated at the district level.

Scrutiny of records at SHS/DHS revealed that neither the Perspective Plans nor the Annual Plans were prepared during 2005-09. However, the SHS prepared PIPs for the years 2006-07, 2007-08 and 2008-09, which were approved by the National Programme Co-ordination Committee[3].

The SHS intimated (November 2009) that District Health Plans for the period 2008-09 had not been prepared and that preparation of the Plans for the year 2009-10 was in progress.

1.1.6.3 Unfruitful expenditure

Scrutiny of records revealed that the work of preparation of District Health Action Plans and PIPs was outsourced (March 2006) to a private agency who was to submit the District Health Action Plan for the following years by September 2006 and the State PIP by November 2006. Besides, the agency was to impart training to the core groups[4] at the block and district levels.

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[3] *A committee under Government of India which approves the programmes/plans of NRHM proposed by State Health Societies.*

[4] *A group of health personnel selected for implementation of NRHM.*

As per Schedules I and III (Para 6.11) of the contract with the agency, it was to submit evidence of its achievement along with invoices and submit weekly reports to the Nodal Officer of the SHS. Though evidence of achievement of benchmarks and weekly reports were not submitted by the agency, the SHS released (between April and June 2006) Rs 48.05 lakh to it in violation of the aforesaid clause of the contract. However, due to slow progress of work, the SHS issued (August 2006), a notice for termination of the contract. It was noticed that SHS did not safeguard its own interest, as the bank guarantee of the agency valuing Rs 25.47 lakh was not renewed after November 2006 and was withdrawn by the agency.

Civil Surgeon and District Magistrate of 20 districts[5] reported (between August and December 2006) that household survey conducted at the panchayat level and training imparted by the agency was of poor quality as the primary data submitted by the agency in respect of the household survey was not realistic and the personnel engaged for imparting training had no knowledge about the assigned work. Thus, the payment of Rs 48.05 lakh made to the firm against unreliable and poor quality of work was largely unfruitful. In reply, the SHS stated (December 2008) that suitable legal action for recovery would be taken. However, no such action had been taken upto September 2009.

Financial Management

1.1.7 Financial performance

Non-submission/ delayed submission of utilisation certificates led to short release of grants by Government of India

The Mission was financed by GOI till 2006-07. From 2007-08, the funding was to be shared in the ratio of 85:15 between GOI and the State Government. Scrutiny of records related to the funds released/utilised and the financial statements submitted by the SHS to Audit, revealed the following:

- During 2005-09, against the total proposed amount of Rs 1842.05 crore in the PIPs, Rs 2005.42[6] crore was approved by GOI however, only Rs 1339.50 crore was released ***(Appendix 1.1.2)*** due to non-submission/delayed submission of utilisation certificates (UCs). Reasons for non/ delayed submission of UCs and non-utilisation of funds, though called for (September 2009) were not intimated. **Table No. 1** shows Grants received by SHS and expenditure incurred during 2005-09.

[5] *Arwal, Aurangabad, Banka, Begusarai, Bhagalpur, Darbhanga, Jamui, Jehanabad, Khagaria, Kishanganj, Madhubani, Munger, Nalanda, Nawada, Purnea, Rohtas, Samastipur, Saran, Sheikhpura and Supaul.*

[6] *The approved PIP includes an amount of unspent balances of Rs 293.03 crore at the end of 2006-07 under Mission Flexible Pool (created for providing funds to different components of NRHM in case of shortage of Funds in that component) and. Reproductive and Child Health (RCH) Programme*

Table No. 1
Receipt and expenditure of GOI funds

(Rupees in crore)

Year	Opening balance	Grants received by SHS	Total Funds	Expenditure at the SHS	Expenditure in districts	Total Expenditure	Balance (*per cent*)
2005-06	47.66[7]	129.81	177.47	1.71	53.99	55.70	121.77 (69)
2006-07	121.77	341.26	463.03	6.18	81.38	87.56	375.47 (81)
2007-08	375.47	247.45	622.92	6.89	230.90	237.79	385.13 (62)
2008-09	385.12	645.10	1030.22	9.78	329.97	339.75	690.47 (67)
Total		**1363.62**		**24.56**	**696.24**	**720.80**	

(Source : State Health Society, Bihar, Patna)

- There were significant savings at the end of each financial year. During 2005-09, Rs 58.57 crore was received under the National Disease Control Programmes and expenditure of Rs 49.17 crore was incurred, there was a balance of Rs 9.40 crore ***(Appendix 1.1.3).***

- During 2005-09, the State Government released Rs 227.40 crore to the SHS, of which Rs 214.72 crore was released to DHSs and the Building Construction Department (BCD) for construction of health units **(Table No. 2)**

Table No. 2

Funds released by the State Government to SHS during 2005-09

(Rupees in crore)

Year	Opening Balance	Funds received by SHSs	Funds released to executing agencies[8]	Funds refunded to SHS by BCD	Balance
2006-07	Nil	51.84	51.84	Nil	Nil
2007-08	Nil	175.37	162.88	Nil	12.49
2008-09	12.49	00.19	00	112.78	125.46
Total		**227.40**	**214.72**		

(Source : State Health Society, Bihar)

- During 2007-08, Rs 162.88 crore was released (February 2008) to the BCD for construction of health units. Thereafter, the SHS decided (November 2008) to construct these health units through the respective DHSs and requested the BCD to refund the entire amount. The BCD refunded (February 2009) Rs 112.78 crore to the SHS but the balance amount of Rs 50.10 crore was not refunded as the tender process of the respective works was in progress, the refunded amount had been kept in the bank.

- SHS were required to maintain physical and financial progress reports of works allotted to the implementing agencies. The SHS stated (December 2008) that the implementing agencies had been requested to provide physical and financial progress reports. However, no such reports were furnished (December 2009) to Audit though called for (August 2009).

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[7] *Opening balances have been taken from figures of unspent balances furnished by the SHS in its Statements of Expenditure to GOI as the opening balances intimated by the SHS were inconsistent.*

[8] *DHSs, BCD, Rural Engineering Organisation.*

1.1.7.1 Discrepancies in maintenance of accounts

During audit, it was noticed that standard books of accounts like cash books, journals and ledgers etc. required to be maintained were not maintained at the SHS level. Only cheque issued and received registers were maintained during 2005-09. Non-maintenance of accounts records in the proper form caused the following discrepancies:

- Four different amounts (ranging from Rs 43.69 crore to Rs 52.67 crore) of opening balances as on 1 April 2005 were noticed from the records of the SHS ***(Appendix 1.1.4).*** Reasons for the varying opening balances were not furnished to Audit though called for (August 2009).

- Scrutiny of Statements of Expenditure (SOEs) submitted (upto September 2007) to GOI disclosed that carrying forward of incorrect opening balances in respect of three quarters resulted in depicting Rs 46.48 crore less in the accounts of the SHS ***(Appendix 1.1.5)***.

- As per the SOEs received from SHS during April 2005 to September 2007, an amount of Rs 383.74 crore was shown as advance to the districts, Rs 76.87 crore were shown reduced from the column of total available funds in the SOEs for the quarters ending September 2005 and June 2006 only balance Rs 306.87 crore was not deducted from the total available funds. This also pointed towards the incorrect preparation of SOEs.

Further, in place of SOEs, the SHS had submitted (May 2008) a Financial Management Report (FMR) pertaining to the remaining period (October 2007 to March 2008) of the year 2007-08 to GOI without mentioning the closing and opening balances though discrepancies were noticed in opening balances as mentioned above. In reply, the SHS stated (December 2008) that the observations of Audit had been noted for future guidance. During 2008-09 the closing balances were mentioned in the FMR.

- SHS provided (August and December 2008) two SOEs for 2005-08 to Audit along with copies of bank pass books/ statements and release orders of grants by the GOI/ State Government. Audit analysis disclosed that the expenditure provided to GOI by SHS was higher by Rs 31.56 crore in these statements. Reasons for increase of Rs 31.56 crore in the expenditure were not furnished by the SHS (November 2009) though called for (August 2009) ***(Appendix 1.1.6).***

This indicated that financial management at the SHS level was weak as the financial statements were not based on accurate facts and figures.

1.1.7.2 Irregular operation of bank accounts and loss of interest

SHS operated 17 bank accounts instead of one

As per the Memorandum of Understanding (MoU) signed (November 2006) between GOI and the State Government and the guidelines of NRHM (December 2006), the funds received were to be credited into an interest-bearing single bank account. However, in violation of the guidelines, 17 bank accounts were operated in different branches of five nationalized banks. The SHS replied (December 2008) that the extra bank accounts would be closed. The present status of these bank accounts were not furnished by the SHS though called for (August 2009). Further, a draft for Rs 106.76 crore was received (December 2006) by the SHS but not deposited into the bank till February 2007. The same was deposited in the Bihar State Co-operative Bank Limited in March 2007 without earning any interest. In April 2007, the entire amount was transferred to the Allahabad Bank. This resulted in loss of interest of Rs 1.25 crore (at the rate of 3.5 *per cent* per annum). Also, due to unnecessary transfer of funds in four different bank accounts in the middle of the month, the SHS suffered a loss of interest of Rs 0.86 crore ***(Appendix 1.1.7).*** The total loss was Rs 2.11 crore. In reply, the SHS stated (December 2008) that the transfer of funds was done by the order of the competent authority in view of the necessity of funds in various banks. No justification for late deposit of the bank drafts of Rs 106.76 crore and transfer of funds in the middle of the month was intimated. Thus, due to non-observance of NRHM guidelines stipulating maintenance of a single bank account, the SHS suffered loss of interest.

Unnecessary transfer of funds resulted in loss of interest of Rs 2.11 crore

Further scrutiny revealed that the DHS, Bhojpur kept its funds in the current account of a bank instead of in an interest-bearing account. However, the funds were transferred to a saving account in July 2008. The DHS sustained an interest loss of Rs 37.42 lakh during 2005-06 to June 2008. In the rest of the nine DHSs, however, the funds were kept in interest-bearing accounts.

1.1.7.3 Execution of basic activities

Basic activities of NRHM not executed

Government of India released Rs 158.22 crore during 2005-09 for execution of 15 activities. These related to the preparation of Village Health Plans, District Health Plans, upgradation of health care units etc. ***(Appendix 1.1.8).*** However, it was noticed that despite availability of Rs 63.10 crore, no expenditure was incurred in respect of seven activities, in the remaining eight activities, Rs 28.13 crore was incurred against Rs 95.12 crore assigned for these activities. Thus, only 18 *per cent* of the funds released by GOI were spent, which indicated ineffective execution of approved activities as per the PIPs.

1.1.7.4 Utilisation of funds in the districts

Funds were provided by the SHS to the districts under different activities without any demand from the health units. The position of utilisation of funds in test-checked districts is shown in **Table No. 3**

Table No. 3
Receipt and expenditure in test-checked districts during 2005-09

(Rupees in crore)

Year	Opening balance	Receipt	Total funds	Expenditure	Balance	Percentage of balances
2005-06	Nil	34.03	34.03	6.50	27.53	81
2006-07	27.53	68.80	96.33	59.47	36.86	38
2007-08	36.86	123.93	160.79	100.08	60.71	38
2008-09	60.71	113.05	173.76	126.69	47.07	27

(Source : District Health Societies)

Funds remained unspent in the districts

The fund position in the **Table No. 3** indicates that though sufficient funds were provided to the districts by SHS however substantial funds remained unspent at the end of the financial years. The major portion of unspent funds were for activities like preparation of District Action Plans, health camps at PHCs, training to Grade 'A' nurses and skilled birth attendants, activities of IMNCI[9], medical kits, operationalisation of blood storage facilities/ data centres and various civil works. Bank reconciliation was also not done by DSH in four[10] out of 10 test-checked DHSs.

1.1.7.5 Fraudulent payments

Fraudulent payments under JSY in 14 PHCs of five districts

In 14 PHCs of five districts[11], Rs 9.17 crore was paid to women beneficiaries during 2005-09 as cash incentive under the *Janani Suraksha Yojana (JSY*). During test-check of records related to the payments of cash incentives, it was found that 298 beneficiaries (detected on the basis of their photographs and registration numbers/dates mentioned on the JSY payment registers) were paid two to five times within a period of one day to two months, which resulted in fraudulent payment of Rs 6.66 lakh ***(Appendix 1.1.9)***. Under the circumstances, the possibility of doubtful payments in other PHCs in the State cannot also be ruled out. However, on this being pointed out (August 2008) by Audit, the DHS, Nalanda recovered (August 2008) Rs 4.84 lakh from the Accountant of RH, Asthama. Though the DHS, Bhagalpur recommended (June 2009) appropriate action against the Medical Officers-in-charge of the respective health units, the DHS Kisanganj had not taken any action against the officials of the respective health units even after noticing irregularities during its own investigations.

The Principal Secretary to the Government stated (December 2008) that after investigating the entire matter, suitable action would be taken. However, action taken in this regard was not intimated to Audit (September 2009).

1.1.8 Capacity Building

1.1.8.1 Creation and strengthening of infrastructure

Revamping of the health infrastructure is one of the important aspects of the NRHM. The position regarding shortfalls in creation of health centres,

[9] *Integrated Management of Neo natal and Childhood Illness*
[10] *Bhojpur, East Champaran, Kishanganj. Sheikhpura*
[11] *Bhagalpur (Rs 245.57 lakh), East Champaran (Rs 57.02 lakh), Gopalganj (Rs 39.53 lakh), Kishanganj (Rs 38 lakh), Nalanda (Rs 21 lakh).*

strengthening of RHs, PHCs/HSCs and upgradation of PHCs to CHCs is discussed in the succeeding paragraphs.

- ***Availability of Health Centres***

The rural population of the State (2001) was 829.98 lakh. Accordingly, the number of HSC/PHC/RHs required in the State as per Indian Public Health Standard (IPHS) norms and the number available as on March 2009 are indicated in the **Table No. 4**. There were huge gaps between required and available health units at different levels.

Table No. 4
Availability of health care units in the State as of March 2009

Health care units	Population norm for one health unit	Number of units required as per norms	Number of units available	Gap in number of units (percentage)
HSC	5000	16600	8858	7742 (47)
PHCs/APHCs	30000	2767	1641[12]	1126 (41)
RHs	100000	830	70	760 (92)

(Source : State Health Society, Bihar)

There were gaps between the required number and availability of health units

In the test-checked districts as against the required number of 5618 HSCs, 936 PHCs and 281RHs, as per rural population (280.88 lakh) of 2008-09, shortage of 2936 (52 *per cent*) HSCs, 491 (52 *per cent*) PHCs and 261 (93 *per cent*) RHs was noticed. The availability of health units remained stagnant during 2005-2009.

- ***Creation of health care centres***

Non-upgradation of the PHCs/ APHCs

The State Government accorded (December 2006) sanctions to create 7765 HSCs and 1544 Additional Primary Health Centres (APHCs) and to upgrade 601 PHCs to Community Health Centres (CHCs) during 2005-10. The SHS released (February 2008 to January 2009) Rs 9.19 crore, Rs 4.92 crore and Rs 15.20 crore to the BCD and DHSs for construction of 435 HSC and 137 APHC buildings and for upgradation of 76 PHCs to CHCs respectively. However, no building was constructed as of March 2009. Thus, the availability of health units remained stagnant. In test-checked districts, funds of Rs 7.66 crore were made available by the SHS during 2008-09 for upgradation of 20 PHCs to RHs, construction of 37 APHC and 137 HSCs buildings. Of them, only in Nalanda, Rs 53 lakh was released to the executing agencies for construction of two APHCs in March 2009. The balance amount of Rs 7.14 crore was kept idle in the bank accounts of the respective DHSs as of September 2009, reasons for parking of funds were not furnished by the DHSs.

It was also decided to upgrade 1243 APHCs to the level of PHCs by 2010 in accordance with the IPHS standards. Of them, 993 APHCs were envisaged to be upgraded by 2009. However, none of these was upgraded (March 2009).

[12] *APHC: 1243 and PHC: 398.*

The Government stated (December 2008) that due to slow progress of work by the executing agencies, it was decided (October 2008) to get the work done through DHSs/Rogi Kalyan Samities (RKSs) on an experimental basis. However, the position remained unchanged (September 2009). Thus, the efforts to increase the number of health care units to meet the health care needs of the rural people were far from satisfactory.

- ***Existing health care centres***

To improve the condition of the existing health centre buildings, the Government released (2005-07) Rs 165.89 crore directly to 38 District Magistrates (DMs) for construction of 57 APHCs and 751 HSCs; repairs and maintenance of 2267 HSCs; creation of diagnostic centres in 398 PHCs and provision of water supply in 18 PHCs. The DMs, in turn, made the funds available to the respective DHSs for further release to the executing agencies. Progress reports of these works were not available with the SHS. In the test-checked districts, the status of civil works as of March 2009 was as shown in **Table No. 5**.

Table No. 5
Status of ongoing civil works during 2005-08

Year	Name of work (in existing health units)	No. of units	Fund available with DHS	Funds released to agencies	Expen-diture	Status of work		
			(Rupees in crore)			Com-pleted	In progress	Not started
2005-06	Construction of HSC	227	14.92	10.54	4.80	61	119	47
	Construction of diagnostic centre in PHC	118	25.62	21.80	13.95	65	46	7
2006-07	Repair/maintenance of HSC	723	15.62	4.85	2.34	107	98	518
	Construction of APHC buildings	28	4.10	1.77	0.09	-	1	27
	Repair/maintenance of PHC buildings	36	1.46	0.30	-	-	-	36
2007-08	Water and sanitation facility in PHC	18	1.45	Not released				
Total			**63.17**	**39.26**	**21.18**			

(Source- District Health Societies of ten districts test-checked)

Scrutiny of records relating to execution of works revealed the following:

Despite availability of funds, progress of civil works was slow

- Out of Rs 63.17 crore available with the DHSs, Rs 39.26 crore (62 *per cent*) was released to the executing agencies, of which only Rs 21.18 crore (52 *per cent*) was spent. The balance amount of Rs 41.99 crore remained unspent with the DHSs/executing agencies. Further, out of 345 works of construction of HSCs and diagnostic centres, only 126 (37 *per cent*) were completed after the lapse of four years though funds were available with them since 2005-06.

- Three DHSs (Bhojpur, Samastipur and Sheikhpura) did not release (September 2009) funds of Rs 6.61 crore received (May-June 2006) for repairs and maintenance of 396 HSCs. Besides, funds of Rs 1.17 crore and Rs 1.45 crore received between August 2006 and May 2007 by the DHSs, Bhagalpur, Gopalganj and East Champaran respectively for

renovation of 36 PHCs and installation of water supply in 18 PHCs was lying idle in the bank accounts of the respective DHSs (September 2009).

- No physical and financial progress reports were available with the DHS Darbhanga (September 2009) regarding construction of 24 APHCs with whom funds of Rs 1.67 crore were available since 2006-07.

The above position indicated the lack of interest of the DHSs in releasing the amounts to the construction agencies which resulted in the slow progress of civil works.

1.1.8.2 Status of infrastructure in health units

PHCs and RHs lacked essential facilities

Under NRHM certain guaranteed services/ supporting infrastructural facilities (as per the IPHS) at the HSC, PHC, and RH level were to be ensured. Information furnished by the Medical Officers of the test-checked health units in the 10 test-checked districts (***Appendix 1.1.10)*** revealed that basic essential facilities like separate utilities for men and women, accommodation facilities for attendants of admitted patients and facilities for medical waste disposal were absent in the health units. Other basic infrastructure was also inadequate in a large number of PHCs and RHs and was almost non-existent in the APHCs and HSCs. Further, Boyle's apparatus, cardiac monitors, ventilators for operation theatres (OT), oxygen cylinders, etc. required for RHs and PHCs as OT equipment, were not available in any of the test-checked 20 RHs and 122 PHCs.

Labour room of RH, Sahpur, Bhojpur

Blood storage facility was absent in test-checked RHs

As per IPHS norms, a blood storage unit was required to be operational in every RH but this was not available in any of the test-checked RHs. In the absence of these, patients requiring emergency care were deprived of the same.

Availability of beds and other infrastructure was inadequate

The NRHM guidelines provided for six and 30 beds for indoor patient services at PHCs and RHs respectively (i.e. one bed per 2000 population). In all the test-checked districts (total population: 280.88 lakh) only 700 beds were available (i.e. one bed for 40126 people). The number of indoor patients in RHs had increased from 13002 in 2005-06 to 68528 in 2008-09 and in the PHCs it increased from 13021 in 2005-06 to 244526 in 2008-09 yet, the

availability of beds and other infrastructure was inadequate During the exit conference, the Government accepted the fact and stated that the dismal scenario required improvement (December 2008).

1.1.8.3 Human Resources

The availability of human resources in the State as of March 2009 is given in **Table No. 6.**

Table No. 6
Shortfall in manpower

Sl. No.	Post	Sanctioned	Men-in-position	Vacant*
1	Medical Officer	5124	3860	1264 (25)
2	Staff Nurse	451	256	195 (43)
3	Auxilliary Nurse Midwife (ANM)	11294	10055	1239 (11)
4	Male Health Worker (MHW)	2562	1298	1264 (49)
5	Lady Health Visitor (LHV)	1126	662	464 (41)

(Source: Data furnished by SHS)

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

Vacancies of Medical Officers and staff nurses were 25 *per cent* and 43 *per cent* respectively

As may be seen from **Table No. 6**, vacancies were very high in respect of the posts of MHW (49 *per cent*) and Staff Nurse (43 *per cent*).

The vacancy position in respect of key health care personnel in the test-checked districts are indicated in ***Appendix 1.1.11***.

Vacancies against the post of specialist doctors and Medical Officers in the RHs and PHCs were 80 *per cent* and 38 *per cent* respectively. Similarly, vacancies in the post of Staff Nurse, ANM, LHV and MHW were 72, 47, 55 and 44 *per cent* respectively.

- ***Shortage of manpower with reference to Indian Public Health Standards***

Health units were not strengthened with adequate manpower

As per IPHS guidelines, six specialist doctors, nine Staff Nurses and one public health nurse are required for each RH. Two MOs, three Staff Nurses and one pharmacist are required for each PHC and two ANMs are required for each HSC. The shortage of manpower in the test-checked RHs, PHCs and HSCs as of March 2009 with reference to IPH Standards is depicted in **Table No. 7**.

Table No. 7
Vacancy position in the test-checked districts

	Test-checked health centres								
Post	**20 RHs**			**445 PHCs**			**2682 HSCs**		
	Req.	**M.I.P.**	**Sh***	**Req.**	**M.I.P.**	**Sh***	**Req.**	**M.I.P.**	**Sh***
Medical Officer	120	16	104 (87)	890	630	260 (29)	NR	--	--
Staff Nurse	140	32	108 (77)	1335	0	1335 (100)	NR	--	--
Public Health Nurse/ Educator/ ANM	20	0	20(100) #	445	0	445 (100)$	5364	3112	2252 (42)@
Pharmacist	20	11	9 (45)	445	103	342 (77)	NR	--	--

(Source: Test- checked DHSs and Health Units)

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

** Figures in bracket represent percentage of shortage.*

#: Public Health Nurses; $: Health Educator; @: ANM.

There was a shortage of specialist doctors in Referral Hospitals

There was a severe shortage of key health care personnel in the test-checked 20 RHs; the shortages of specialist doctors were between 29 and 100 *per cent.* The RHs of Bhagalpur, Kishanganj and Sheikhpura districts had no specialist doctor. However, in the 35 test-checked APHCs[13], 48 specialist doctors[14] were posted though, as per the norms, their services were required in RHs where there was an acute shortage of specialist doctors. In the absence of necessary medical and support staff in the health units, the delivery of essential health services suffered and affected the goal of reliable and quality health services in the rural areas.

- ***Engagement and training of ASHAs***

Prescribed training not imparted to ASHAs

Under NRHM, the concept of Accredited Social Health Activists (ASHA) was introduced to act as a link between the health centres and the rural population. After receving five modules of training, the ASHAs were to be able to advise the village population about sanitation, immunization, primary medical care etc. and to escort patients to medical centres. Performance based compensation (as cash incentive) was to be given to ASHAs for tracking of pregnant women, promoting institutional delivery etc. As per the timeline for NRHM activities, 100 *per cent* selection with fully trained ASHAs was to be completed by 2008.

As of March 2009, against the total requirement of 87135 ASHAs in the State, 67506 ASHAs (77 *per cent*) were selected. Of them, only 63802 (73 *per cent*) were imparted training of module I. In test-checked districts, out of the total target of selection of 26895, only 20783 ASHAs had been selected and one module of induction training was provided to only 18367 (68 *per cent*) ASHAs. In the absence of the five stipulated scheduled training modules to the ASHAs, they were not fully acquainted with the knowledge to provide primary health care advice/service to the rural people, thereby defeating the very purpose of their selection.

The SHS was still to evaluate the training and functioning of ASHAs as required under NRHM guidelines. The guidelines provided for weekly meetings of ASHAs at HSCs and monthly meetings at the PHC level. In test-checked health units, there were no records to show that these meetings had taken place. The services of the ASHAs were mainly confined to escorting pregnant women upto PHCs / RHs. Thus, due to these deficiencies, the important objective of linking the community with the healthcare facilities as envisaged under NRHM remained partially achieved.

1.1.9 Facilities at Health Centres

1.1.9.1 Outdoor Patient Department services

The number of outdoor patients increased from 9.31 lakh in 2005-06 to 61.33 lakh (more than 658.75 *per cent*) during 2008-09 in the test-checked districts. However, no Outdoor Patient Department (OPD) facility was

[13] *Bhojpur : 11, Darbhanga : 7, East Champaran : 1, Gopalganj : 1, Samastipur : 13 and Muzaffarpur : 2*

[14] *MD-15, MS-24, DM-1, Orthopedic-2, Gynaecologist-2, Paediatricians-4*

available in 27 PHCs and 134 APHCs out of the selected 122 PHCs and 323 APHCs as no doctor was posted in these APHCs and PHCs.

1.1.9.2 Services of AYUSH

AYUSH doctors were prescribing allopathic medicine

NRHM aimed to provide AYUSH[15] services in accordance with the local tradition by providing an AYUSH doctor at the PHCs. Test check, however, revealed that 11 homoeopathic and 29 ayurvedic doctors were posted in 36 APHCs in six districts[16], who were prescribing allopathic medicines as no ayurvedic/ homoeopathic medicines were supplied by the DHS. The CS-cum-CMO also accepted (June 2008) the fact. This affected the aim of mainstreaming of AYUSH services in the NRHM.

In reply, the SHS stated (December 2008) that corrective steps would be taken in future. However, the position remained unchanged (March 2009).

1.1.9.3 Pathological and radiology services

X-ray facilities were not available in 80 *per cent* of Referral Hospitals

The Governing body of the SHS decided (December 2005) to outsource pathological and radiology services in all RHs and PHCs on public private partnership basis. Accordingly, the SHS executed (March/ April 2006) agreements with three agencies[17] for providing these services. The agencies were to establish pathological centres upto June 2006 and install X-ray machines upto December 2006.

Scrutiny of records at the SHS disclosed the status of these services as of March 2009 (**Table No. 8).**

Table No. 8
Availability of pathological and diagnostic facilities

Facilities	In State		In test-checked districts	
	70 RHs	398 PHCs	20 RHs	122 PHCs
X-ray	9 (13)	53 (13)	4 (20)	10 (8)
Pathology	15 (21)	136 (34)	4 (20)	20 (16)

(Source: SHS and test-checked health units)

Note: Figures in brackets indicate percentage of availability of services in health units

It was noticed that the services could not be made available because DHSs failed to provide space, piped water supply and electricity at the respective health units as per the agreements. Hence, the objective of providing pathological and radiological services to patients in each RH and pathological services in each PHC as per the IPHS norms could not be ensured.

[15] *Ayurvedic, Yoga, Unani, Sidha and Homoeopathy*

[16] *Bhojpur, Darbhanga, East Champaran, Gopalganj, Samastipur and Muzaffarpur.*

[17] *Sen Diagnostic (P) Ltd., Patna and Central Diagnostics, Patna for pathology and IGE Medical System, Silvassa for X-ray.*

1.1.9.4 APHCs outsourced

Outsourced APHCs were running without essential equipment and with untrained para-medical staff

The SHS had initiated (December 2005) the Static Medical Units (SMUs) under NRHM campaign to provide good primary health care services. Under this campaign, health care services in 36 APHCs in six districts[18] were outsourced and agreements were executed with four agencies[19] for one year (2006-07). As per the agreements, the agencies were to provide general OPD, mobile medical van facility for eight days in a month for outreach areas, minor pathological investigation/family planning operations, medicines to patients, immunizations and general awareness in rural areas for which one doctor, three Staff Nurses, one lab Technician and three other office staff members were to be posted by the outsourced agencies at these APHCs.

During July 2006, the SHS had conducted physical inspection of the 10 outsourced APHCs in Gaya district, where it was observed that the agency was not using mobile medical vans, and no minor investigations or operations were being carried out. During physical verification arranged by the SHS in July 2006 in the remaining three districts (Aurangabad, Begusarai and Sheikhpura), similar deficiencies were noticed.

Further, in May 2008, an agreement to outsource the services of eight APHCs in Bhojpur district was executed with an agency by the DHS, Bhojpur.

During a joint physical inspection in August 2008 of two outsourced health units[20] conducted by Audit with the Medical Officers in-Charge, it was noticed that these were running in dilapidated single rooms without essential medical equipment (like stethoscopes, BP instruments etc.). The para-medical staff had no technical training. Only one doctor was functioning at each centre against the provision of two doctors.

Thus, the health services provided by the outsourced agencies as well as monitoring at the APHCs level was inadequate, as indicated by the fact that the SHS had not taken any action regarding the deficiencies in the services noticed by it.

1.1.9.5 Mobile Medical Units

Under the guidelines of NRHM, all the districts of the State were to be provided with Mobile Medical Units (MMUs) by 2009. The objective of the MMU campaign was to provide and supplement primary health care services in far flung areas. However, during 2005-09 mobile clinic services were provided only in four districts (Bhagalpur, Muzaffarpur, Patna and Purnia) by an outsourced agency for a short period from June to December 2006. Thereafter, no mobile clinic was in operation till March 2009.

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18 *Aurangabad, Begusarai, Gaya, Kaimur, Rohtas and Sheikhpura.*

19 *M/s Aryabhatt Computers Patna (Gaya-10 APHCs), M/s Shantidoot, Nalanda (Sheikhpura – 5 APHCs) M/s DORD, Patna (Aurangabad 10 APHCs) and M/s Vanvasi Seva Kendra, (Kamaur -3 APHCs, Rohtas- 3 APHCs).*

20 *APHC, Sripalpur under Koilwar block and APHC, Ekauna under Barhara block.*

The non-functioning of the MMUs affected the goal of improving accessibility to health care services, leaving remote and difficult areas without any reliable and quality medical care.

1.1.10 Procurement of drugs

There was no mechanism for assessment of the requirement of drugs and keeping buffer stocks at the health unit level. The SHS had been declared (July 2006) as the procurement agency for drugs to be used at all the health units in the State by the State Government. The SHS had prepared a list of essential drugs for different levels of health care units and accordingly, rate contracts for supply of 279 drugs to all health units were executed (June 2006 to February 2008) with 31 agencies after inviting tenders. The DHSs were directed to purchase the required drugs as per the rate contracts.

Purchase of medicine from local suppliers led to extra expenditure of Rs 1.70 crore

However, the CS-cum-CMOs of Bhagalpur, Darbhanga, Gopalganj, Motihari and Purnia had purchased medicines through local purchase committees at the district level during 2006-08 on higher rates against the approved rate of the SHS. This resulted in extra payment of Rs 1.70 crore ***(Appendix 1.1.12).***

The CS-cum-CMOs replied that the purchases were made for urgent supply of medicines to health units. The purchases did not seem to be urgent nature as these were supplied after 15 to 90 days of the supply orders. However, no extra payment was noticed in the purchase of medicines in the year 2008-09.

1.1.11 Implementation

Implementation of some important activities under NRHM is discussed in the succeeding paragraphs:

1.1.11.1 Janani Suraksha Yojana

The Reproductive Child Health (RCH) Programme was launched in 1997 and its second phase was started from 2005-06.One of its important components was to encourage mothers to undergo institutional deliveries to reduce infant and maternal mortality rates. To encourage institutional deliveries, the Janani Suraksha Yojana (JSY) provided a cash incentive of Rs 1400 to all pregnant women in the State, irrespective of their age and the number of previous children. The ASHAs, who helped the pregnant women, also got cash incentives of Rs 600 per case inclusive of Rs 200 as transportation cost for carrying beneficiaries to health unit.

In the test-checked districts, the number of institutional deliveries during 2005-06 which was 2344, sharply increased to 2.54 lakh during 2008-09, mainly due to provision of cash incentives to lactating mothers. Details of institutional deliveries carried out in the State and in the health units test-checked in 10 districts vis-à-vis the expenditure incurred under JSY during 2005-09 are given in **Table No. 9**.

Table No. 9
Details of Institutional deliveries during 2005-09

(Rupees in crore)

Year	No. of institutional deliveries		No. of beneficiaries to whom payments were made in test-checked PHCs/RHs	Fund with test-checked PHCs/RHs	Payments made in test-checked RHs/PHCs		Total expenditure	Balance
	In State	In test-checked PHCs/ RHs			Beneficiary	ASHA		
2005-06	NA	2344	NA	0.27	0.01	--	0.01	0.26
2006-07	112371	25957	12716	2.50	1.24	0.25	1.49	1.01
2007-08	838481	188310	155887	34.14	22.48	5.27	27.76	6.38
2008-09	902667	253696	204558	42.65	27.47	7.40	34.87	7.78
Total	**1853519**	**470307**	**373161**	**79.56**	**51.20**	**12.92**	**64.13**	**15.43**

(Source : SHS and RH/PHCs of test-checked districts) *NA : Not Available*

Delayed payments and non-payments to JSY beneficiaries

As per guidelines prescribed (October 2006) by GOI, payments to JSY beneficiaries were to be made before their release from the health centres or within seven days of delivery. However, due to non-availability of funds in time in the health units, payments to 97146, out of 470307 (21 *per cent*) beneficiaries could not be made. Out of Rs 51.20 crore paid to 3.73 lakh beneficiaries during 2005-09, payments of Rs 25.19 crore were made to 182037 beneficiaries after delays of eight to 732 days. Non-payment and delayed payment to beneficiaries defeated the very purpose of the programme to provide post-delivery care to them.

1.1.11.2 Pulse Polio Immunization Programme

The National Pulse Polio Immunization (PPI) programme was launched under RCH II to eradicate polio and ensure zero transmission by the end of 2008. As per an MoU signed (November 2006) with GOI by the State Government, polio free status was to be achieved by March 2008. Polio vaccines are given to children upto the age of five years in different rounds in a year. Pulse Polio workers are required to visit every house so that no child upto the age of five years is left without receiving a polio vaccine dose.

The Financial position of the PPI programme was not available with the SHS. However, the number of polio cases and immunization during 2005-09 in the State and in test-checked districts were as shown in **Table No. 10**

Table No. 10
Performance of Pulse Polio campaign during 2005-09

Year	Number of pulse polio rounds	State level		In test-checked districts	
		No. of children given P.P. vaccines (in lakh)	New cases detected	Number of children given P.P. vaccines (in lakh)	New cases detected
2005-06	11	1621.65	30	261.59	22
2006-07	8	1584.32	61	278.41	74
2007-08	8	2121.51	503	324.26	149
2008-09	8	1616.08	233	532.12	91

(Source: SHS and DHSs of test-checked districts)

New polio cases increased from 30 to 503 during 2005-08 in the State

From Table No. 9, it would be evident that the data provided by the SHS in respect of PP vaccines given in 38 districts and the data provided by the test-checked districts had no correlation. As per information furnished by the SHS, new polio cases detected during 2006-07 were only 61 in the State, whereas in the test-checked districts, the same was 74. This showed that data provided by the SHS was unreliable. In the test-checked districts, 22 new polio cases (State: 30 cases) were detected in 2005-06 which climbed to 149 (State: 503 cases) in 2007-08, showing an increasing trend. This was mainly attributable to the poor cold chain system, resulting in administration of polio vaccine of less potency to the children. The implementation of the programme was not very effective and despite more than 60 rounds of PPI, polio was not eradicated.

1.1.11.3 Routine Immunization

The immunization of children against six preventable diseases, namely tuberculosis, diphtheria, pertussis, tetanus, polio and measles is the cornerstone of routine immunization. As per the National Family Health Survey-III (NFHS-III) (April-June 2006), the level of immunization in Bihar was 32.8 *per cent* against the all India level of 43.5 *per cent* though the level was to be raised to 75 *per cent* during 2008-09. The basis on which targets were fixed to complete the immunization and administration of Vitamin-A was not maintained in any of the test-checked DHSs. The fund position relating to Routine Immunization (RI) was not available with the SHS. No information was available in the SHS in respect of the targets set and actual achievements in the State with regard to administration of Tetanus Toxoid (10) and Diphtheria Tetanus (DT) injection and the number of fully immunized children during 2005-09 though these were required to be compiled by the SHS.

1.1.11.4 Unjustified expenditure on generator : Rs 44.30 lakh

In Bhojpur and Muzaffarpur districts, generator services were outsourced to a private agency since July 2006. The agency was to provide electricity for 24 hours in the health units. Thus, no separate funds were assigned for maintaining the cold chain system. RHs and PHCs of Bhojpur district submitted expenditure of Rs 25.70 lakh whereas in Muzaffarpur district Rs 18.60 lakh was spent. As all the health units were getting power from outsourced generators, extra expenditure of Rs 44.30 lakh on operation of additional gensets was not justified. CS-cum-CMO, Muzaffarpur agreed with the audit observation and ordered (November 2009) the recovery of the extra amount paid for POL from the concerned RHs and PHCs.

1.1.11.5 Cold chain system of immunization

Availability of cold chain facilities at two to eight degrees centrigrade was a pre-requisite for preserving the potency of vaccines. The State had a shortage of cold chain equipment and accordingly the SHS used to send requirements for equipment to GOI during 2006-09. The status of requirements sent to GOI and equipment received by the SHS were given in the **Table No.11**:

Table No. 11
Status of equipment received from GOI during 2006-09

Name of equipment	2006-07		2007-08		2008-09	
	Requirement sent to GOI (March 2006)	Equipment received from GOI	Requirement sent to GOI (April 2007)	Equipment received from GOI	Requirement sent to GOI (December 2008)	Equipment received from GOI
	(In number)					
Ice Line Refrigerator (ILR): Large	50	0	120	0	145	0
Small	100	100	195	0	331	0
Deep Freezer (DF): Large	90	0	180	0	214	0
Small	100	40	236	80	363	0
Cold Box: Large	1500	1476	1600	24	5000	0
Small	1000	500	1600	500	2500	500
Vacccine Carrier	15000	7000	38000	1672	50000	5356
Ice Pack	400000	25000	300000	0	500000	111000
Thermometer	800	1014	1000	0	5000	0

(Source: Information furnished by SHS)

As evident from **Table No. 11,** the number of cold chain equipment supplied by GOI was much below the requirement. The SHS never issued any reminders for supply of the required equipment. Besides, belts and covers of 7000 vaccine carriers (valued at Rs 25.13 lakh) supplied by GOI during 2006-07 were found to be defective by the SHS but were not returned to the supplier and were issued (May- June 2006) to districts. The short and defective supply of equipment by the GOI hampered the maintenance of the cold chain system in the State.

The status of the cold chain systems in test-checked districts as of March 2009 was as shown in **Table No. 12**.

Table No. 12
Availibility of cold chain equipment

Sl. No.	Name of equipment	Available	Functional	Defective (Percentage)
1	ILR: Large	32	14	18 (56)
	Small	184	108	76(41)
2	DF: Large	51	16	35 (69)
	Small	142	76	66(46)
3	Cold Box: Large	1055	661	394 (37)
	Small	1105	532	573(52)
4	Vacccine Carrier	20290	12930	7360 (36)
5	Ice Pack	153188	123392	29796 (19)
6	Thermometer	422	378	44 (10)

(Source: Data collected from test-checked health centres)

Defective cold chain equipment ranged between 36 and 69 *per cent* against the norm of two *per cent*

From the table above, it would be evident that the number of defective cold chain equipment ranged between 10 *per cent* and 69 *per cent* (36 *per cent* to 69 *per cent* in respect of Sl. Nos. one to four). As per directions (December 2007) of GOI the sickness rate of the equipment at Sl. Nos. one to four was not to be more than two *per cent* at any point of time and the State was required to organise a one time crash repair programme (special drive) for all the defective cold chain equipment. However, no special drive was organised

by the State as of March 2009. Thus, the SHS failed to ensure preservation of potency of the different vaccines.

1.1.11.6 Physical verification of immunization centres /teams

OPV vials which had already lost their potency were administered to children

During joint physical verification conducted by Audit with DHS officials at the district immunization centre in Bhojpur district, it was observed that temperature was not being maintained properly by the guessing method. Further, verification of 32 health units of nine districts[21] disclosed that in 19 health units of six districts[22], the temperature of the Deep Freezers and ILRs containing vaccine vials ranged between 13^0 C to 22^0 C against the required temperature of two to eight degree celsius. In two PHCs (Saraiya in Muzaffarpur and Chakia in East Champaran) vaccine vials were found in frozen condition as these were kept between (-) 1^0 C to (-) 20^0 C. Similarly, verification in 27 Routine Immunization Centres (RHs: two; PHCs: 18; HSCs: seven) in above six districts[22] disclosed that instead of ice, the vaccines were kept in water at normal temperature and immunization was being performed without maintaining vaccine at prescribed temperature.

During joint physical verification of the 21 teams administering polio vaccines to children in two districts (Muzaffarpur and East Champaran), the following was noticed:

In East Champaran, all the 11 pulse polio teams inspected were carrying ice packs inside the vaccine carriers containing water. Two teams were found to be routinely ticking the tally sheets without actually performing vaccination.

In Muzaffarpur, the vaccine vials to be used were available in the outer pockets of the yellow jackets of the volunteers of all the 10 teams inspected. Though the colour of the OPV vial was changed yet vaccines were being administered from these vials.

The increasing trend in new pulse polio cases was mainly attributable to the defective cold chain system and administration of less potency polio vaccines to the children. On this being pointed out, the CS-cum-CMO, East Champaran stated (October 2008) that proper training would be imparted to the person incharge of the cold chain system. The SHS accepted the poor condition of cold chain system and stated that efforts were being made to administer only potent vaccine.

1.1.12 National Programme for Control of Blindness

- With a view to reducing the prevalence of blindness, GOI had launched the National Programme for Control of Blindness (NPCB) in 1976. The main objective of the programme was to provide high quality eye care services to the masses through proper infrastructural (both in institutional capacity and adequate human resources) development. During 2005-08, against the target of establishing 50 vision centres, two eye banks, three

[21] *Bhagalpur (2), Bhojpur (6), Darbhanga (1), East Champaran (4), Gopalganj (4), Kishanganj (1), Muzaffarpur (7), Nalanda (3) and Samastipur (4).*

[22] *Bhagalpur (1), Bhojpur (3), East Champaran (4), Gopalganj (3), Kishanganj (1) , Muzaffapur (7).*

eye donation centres and two pediatric ophthalmic units besides collection of 1500 eyes as donation, there was nil achievement. However, an amount of Rs 22.50 lakh released to DHS, Muzaffarpur (March 2007) for upgradation of an eye care unit (Rs 12.50 lakh) and an eye bank (Rs 10 lakh) was lying unspent in a bank account (May 2009).

- Details of targets/achievements in respect of cataract operations in the State during 2005-09 were shown in **Table No. 13.**

Table No. 13
Cataract operations during 2005-09

Year	Target	Target as per norm[23]	Intra cataract care	Intera ocular lens	Achieve-ment	Shortfall against target (in *per cent*)	Shortfall against norm (in *per cent*)
2005-06	140000	513256	49273	82587	131860	6	74
2006-07	140000	524625	12420	116644	129064	8	75
2007-08	140000	546264	9767	127918	137685	2	75
2008-09	150000	497988	5152	149665	154817	-	69

(Source : State Health Society, Bihar)

However in the test-checked districts 36386, 40248, 44636 and 49765 cataract operations were carried out during 2005-06, 2006-07, 2007-08 and 2008-09 with a shortfall of 21, 14, seven *per cent* and nil respectively. The achievement improved during 2005-09 because the target was not fixed as per the population norms. Further, in the test-checked districts, no eye surgeon was posted by Government in any RHs against the requirement of one eye surgeon in each RH.

- The programme envisaged screening refractive errors among students and free distribution of spectacles to students having refractive errors. The number of free spectacles issued did not correspond with the number of students having refractive errors. During 2005-06, 2006-07, 2007-08 and 2008-09 only, 406, 262, 821 and 631 spectacles were issued against the total detection of 7145, 4324, 6228 and 8526 cases of refractive errors. Reasons for short distribution of spectacles was not furnished by the SHS, though called for (August 2009).

1.1.13 Kala-azar Elimination Programme

Inadequate DDT spray led to increase in the number of Kala-azar patients

Kala-azar, an endemic vector borne disease is prevalent in 31[24] out of 38 districts of the State. It is a slow progressing indigenous disease caused by the parasite of genus *leishmania* and transmitted by sandflies, which are the vectors of the disease. The preventive measure for this endemic disease was Intensive Residual Spray (IRS) of Dicholro Diphenyl Trichloroethane (DDT) in the affected area whereas to prevent the malaria menace, spraying was to be done twice a year (DDT and anti-larvae solution).

[23] *600 cataract operations per lakh population per year. (Population–2005-06: 855.43 lakh; 2006-07: 874.37 lakh; 2007-08: 910.44 lakh; 2008-09: 829.98 lakh).*

[24] *Araria, Arwal, Banka, Begusarai, Bhagalpur, Bhojpur, Buxar, Darbhanga, East Champaran, Gopalganj, Jehanabad, Katihar, Khagaria, Kishanganj, Lakhisarai, Madhepura, Madhubani, Munger, Muzaffarpur, Nalanda, Patna, Purnia, Saharsa, Samastipur, Saran, Sheohar, Sitamarhi, Siwan, Supaul, Vaishali and West Champaran.*

In the 10 test-checked districts, it was observed that 41 to 97 *per cent* of villages and seven to 100 *per cent* of municipal bodies were not covered with DDT spray during 2005-09. Besides, only one round of DDT spray was done in six districts[25] while in one district (Sheikhpura) not a single round of spray was done ***(Appendix 1.1.13)***. Further, it was also noticed that against the sanctioned strength of 3289 (under different types of posts), only 712 persons (22 *per cent*) were working which adversely affected the implementation of the programme. These staff members were responsible for looking after the Kala-azar elimination programme.

Table No. 14
Physical performance of Kala-azar elimination programme during 2005-09

Year	Kala-azar cases detected	Medical treatment provided	Death cases reported
2005-06	23383	16825	125
2006-07	29711	23293	162
2007-08	37822	31684	172
2008-09	28489	24177	142
Total	**119405**	**95979**	**601**

(Source : SHS)

From **Table No. 14**, it would be evident that cases of Kala-azar patients and death cases were increasing till 2007-08 after which these were reduced. Due to poor coverage of DDT spray by the State, mortality rate was also increasing till 2007-08. However, the rate decreased in 2008-09 but it does not seem to be sustainable in the absence of preventive measures of spraying DDT in prescribed manner. Further, the State Government decided (2007-08) to provide free medicines, diet and Rs 50 per day towards loss of wages to Kala-azar patients at the hospital. However, during joint physical verification of three health units[26], patients suffering from Kala-azar reported that neither cash incentives nor diet had been provided to them. Also, they had to purchase medicines and saline water from the market at their own cost.

The SHS accepted (PIP 2007-09) that due to the huge manpower gap, there was poor surveillance, poor blood slide collection rate and examination of collected blood slides.

1.1.14 Village Health and Sanitation Committees

VHSCs not formed in the State

As per the NRHM framework, all the Village Health and Sanitation Committees (VHSCs) in the State were to be constituted by 2008 in every village within the overall purview of the Gram Panchayat, to be responsible for village level planning and monitoring. However, VHSCs were not formed as of March 2009, in respect of any of the 37741 villages, although Rs 10 crore was received by the SHS for this purpose from the GOI in April 2007. The amount was not utilized as of March 2009. Non-existence of these committees resulted in lack of participation of the village community in planning and monitoring in key areas such as nutrition, sanitation and other public health measures at the grass root level.

[25] *Bhagalpur, Bhojpur, Darbhanga, Kishanganj, Muzaffarpur and Nalanda.*
[26] *PHC : Keoti and Kanti ; RH : Sakra.*

The Department did not provide any reasons for non-formation of VHSCs (September 2009).

1.1.15 Rogi Kalyan Samitis

Functioning of RKSs was not effective

The NRHM guidelines stipulated the formation of Rogi Kalyan Samitis (RKS) for the health centres in RHs and PHCs for effective monitoring and management of health care delivery. These bodies were to regularly review the functioning of health care facilities, fix user charges, decide about the use of funds (grants, user charges, donations etc.) and to suggest appropriate actions to the DHS. These were to be constituted under the Societies Registration Act, 1860 with PRI and community representation.

As per information provided by the SHS, out of 70 RHs and 1641 PHCs (PHC: 398 and APHC: 1243) in the State, RKSs were formed in 52 RHs and 345 PHCs by the end of September 2009. In the test-checked districts, it was however seen that RKS was not set up in four, out of 20 RHs and in 18 out of 122 PHCs. No RKS was formed in any of the 1243 APHCs in the State, though as per guidelines 100 *per cent* RKSs were to be formed by March 2009.

In the test-checked districts, Rs 1.53 crore was released (during 2007-09) by the SHS to DHS. Of that, Rs 1.51 crore was released to RKS of the health units (upto March 2009). During audit, it was noticed that 33 health units of three districts (Bhagalpur, Nalanda and Samastipur) had incurred expenditure of Rs 22.78 lakh. These health units submitted UCs for the same to their respective DHSs (March 2009). For the remaining Rs 1.30 crore, the test-checked DHSs had no UCs (September 2009). Poor utilisation of funds was mainly attributed to ad-hoc functioning of RKSs at health units as periodical meetings were not held and need for utilisation of fund at the disposal of RKSs could not be identified.

During 2006-09, in the test-checked districts, Rs 71.58 lakh was realized as user fees by 112 health units (PHCs: 95 and RHs: 17). The fees realized were lying idle in the bank account of RKSs at the health unit level.

Thus, apathy of the RKS towards use of funds affected the viability of the long term goal of community ownership of the health centres through RKS.

The functioning of the RKS, where formed, was also not very effective as (i) no regular meetings as required under the guidelines were held (ii) review of health care needs of the health units was not done, (iii) neither Citizen Charters was displayed nor redressal of grievances of the community regarding delivery of health care was ensured. Further as per guidelines of the NRHM, a monitoring Committee was to be formed by every RKS. But, the same was not formed in test-checked health units. The RKSs were also not maintaining records on the problems being faced by the patient, complaint received and action taken theiragainst, if any. Thus, the monitoring, management of health care delivery and redressal of patient complaints was ineffective.

1.1.16 Monitoring

Non-formation of monitoring committees, resulted in lack of community participation

It was made compulsory for all hospitals and health centres to prominently display information regarding grants received, medicines and vaccines in stock, the services to be provided to the patients, user charges to be paid etc. Rogi Kalyan Samitis at the health unit level and Village Health and Sanitation Committees at the village level were also to monitor performance of health care units on the basis of systematic information/ feedbacks about community needs. Health Monitoring and Planning Committees were to be formed at Block, District and State levels to ensure regular community based monitoring of activities at respective levels. Further, monitoring through periodic *Jansunwai/ Jansambad* and publication of Public Reports on health both at district and State level was to be done.

It was found that Health Monitoring and Planning Committees at various levels and VHSCs at village level were not formed. Dependable data on the status of public health indicators were not available. No public dialogue (*Jan-sambad*) or public hearing (*Jan sunwai*) were organised as per the guideline of the Mission either at PHC, block and district levels in the test-checked districts. Periodical supervisions by the State and district level functionaries were not conducted. Thus there was absence of effective monitoring at all the levels.

1.1.17 Conclusion

The execution of projects by the State Health Society without the Perspective Plan by specifying the project activities in a critical path resulted in the projects being implemented without adhering to the time schedules. Thus, the SHS could not spend the funds released by GOI, huge amounts were kept in banks and the accounts were not finalised in time.

There were deficiencies in infrastructure facilities and equipment and vacancies of medical and para-medical staff in the Referral Hospitals and Primary Health Centres in the State. Though funds were available, the entitled grants were not released to the health units and payment of cash incentives to lactating mothers under the Janani Suraksha Yojana were not made or made after delays upto 732 days. As a result, the health care services could not be improved upto the desired level as measured against the Indian Public Health Standards.

Recommendations

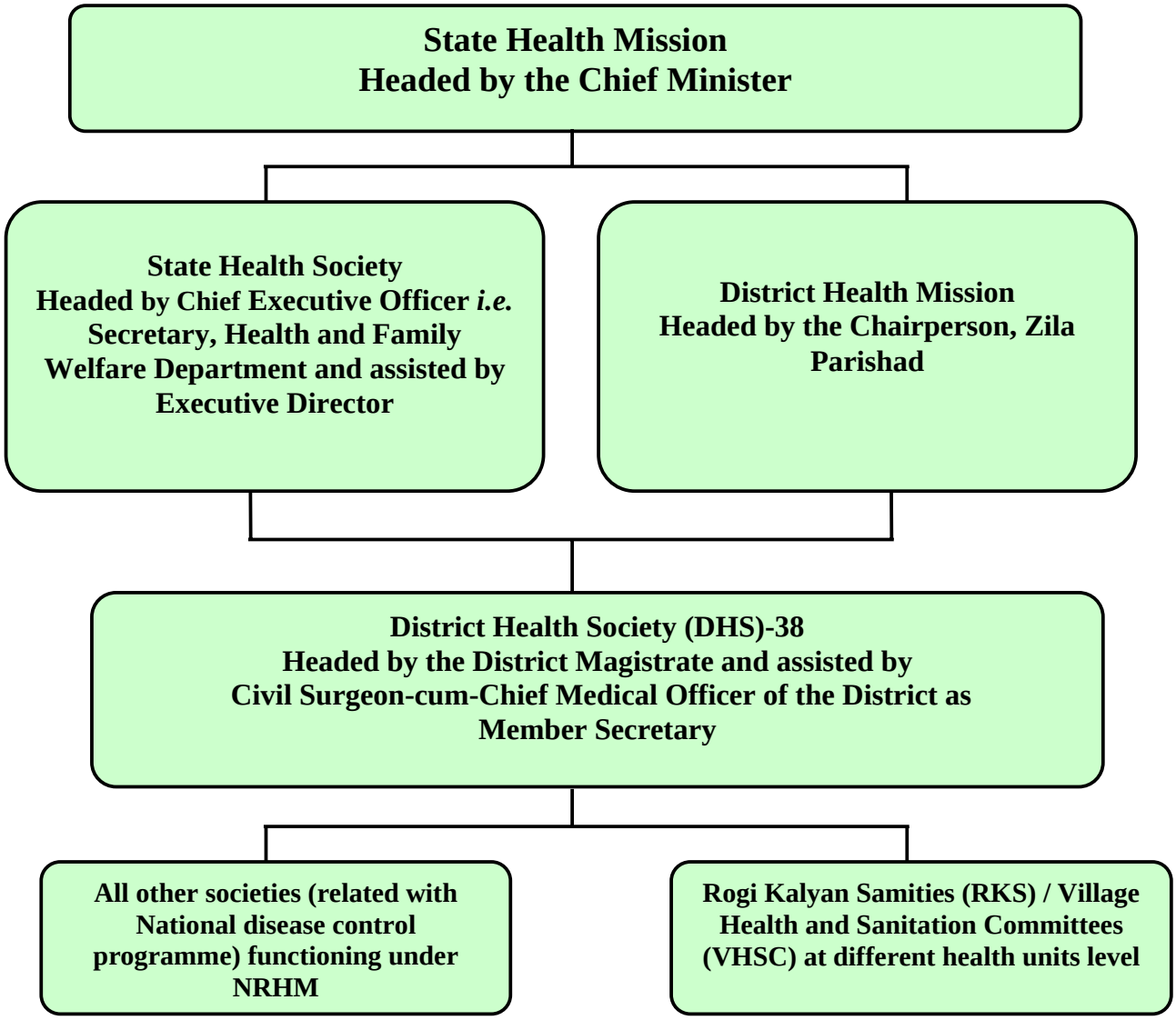
- Annual Plans and Perspective Plans for the remaining period of the NRHM should be prepared on the basis of proper household and facility surveys.
- Financial management at the State and district levels should be based on the standard accounting procedure envisaged under NRHM.
- The scheduled five modules of training should be provided to ASHAs for effective utilisation of their services.

- Cash incentive programmes like Janani Suraksha Yojana should be strictly monitored to avoid fraudulent payments.
- Constitution of Village Health and Sanitation Committees at the village level should be expedited and the Rogi Kalyan Societies should be activated.

APPENDIX – 1.1.1

(Refer: Paragraph 1.1.2; Page -2)

Organisational set-up for implementation of NRHM



APPENDIX – 1.1.2

(Refer: Paragraph 1.1.7; Page - 5)

Statement of funds proposed/approved under PIP and grants released by GOI

(Rupees in crore)

Year	Amount Proposed in PIP	Amount approved in PIP	Grants received by SHS		Remarks
			as per Financial statement	On the basis of release orders of GOI	
2005-06	NA	NA	129.81	163.94	Due to improper classification of year wise funds which includes the grants of Rs 22.99 crore pertaining to the period 2004-05, booked in 2005-06 and funds pertaining to the period 2005-06 were further booked in 2006-07 and so on, resulted in difference of amount calculated as per the release orders of grants from GOI.
2006-07	178.94	146.62	341.26	303.65	
2007-08	849.25	1005.45[1]	247.45	226.81	
2008-09	813.86	853.35	645.10	645.10	
Total	**1842.05**	**2005.42**	**1363.62**	**1339.50**	

[1] *PIP approved amount includes the unspent balance (Rs 293.03 crore) of available funds at the end of financial year 2006-07 under RCH and Mission Flexible Pool and Rs 712.42 crore were approved for 2007-08 activities under NRHM.*

APPENDIX-1.1.3

(Refer: Paragraph 1.1.7; Page-6)

Statement showing savings under Disease Control Programmes

(Rupees in lakh)

Year	Heads	National Vector Borne Disease Control Programme	National TB Control Programme	National Leprosy Eradication Programme	National Programme for Control of Blindness**	Integrated Disease Surveillance Programme
2005-06	Opening Balance	0.65	376.88	404.10*	18.96	0
	Grant-in-aid received	553.49	396.39	0	100.75	0
	Total Expenditure/ Expenditure at SHS level	376.77/56.10	433.20/28.93	136.82/50.62	93.34/0.67	0
	Closing Balance (percentage savings)	177.37 (32)	340.07 (44)	267.28 (66)	26.37 (22)	0
2006-07	Opening Balance	177.37	340.07	272.33*	26.37	0
	Grant-in-aid received	473.87	479.26	39.16	421.41	0
	Total Expenditure/ Expenditure at SHS level	298.99/36.99	528.85/20.67	51.67/5.40	298.21/7.71	0
	Closing Balance (percentage savings)	352.25 (54)	290.48 (35)	259.82	149.57 (33)	0
2007-08	Opening Balance	352.25	290.48	268.30*	149.57	0
	Grant-in-aid received	469.49	655.00	0	85.00	125.00
	Total Expenditure/ Expenditure at SHS level	529.13/24.36	756.23/48.58	157.47/0.75	139.52/7.12	54.60/54.60
	Closing Balance (percentage savings)	292.61 (36)	189.25 (20)	110.83 (41)	95.05 (41)	70.40 (56)
2008-09	Opening Balance	292.61	189.25	110.83	95.05	70.40
	Grant-in-aid received	0	770.37	0	473.51	0
	Total Expenditure/ Expenditure at SHS level	206.55/2.55	690.09/3.67	12.77/0	152.73/1.32	0
Grand total during 2005-09	**Grant-in-aid received including opening balance of 1.04.2005**	**1497.50**	**2677.90**	**456.79[2]**	**1099.63**	**125.00**
	Total expenditure/ Expenditure at SHS level	**1411.44/120**	**2408.37/101.85**	**358.73**	**683.80/16.82**	**54.60/54.60**
	Closing Balance (percentage savings)	**86.06 (30)**	**269.53 (28)**	**98.06 (88)**	**415.83 (73)**	**70.40 (100)**

* *Including interest earned in respective year.*

** *Including released and spent amount for Medical College.*

[2] *Including interest.*

APPENDIX-1.1.4

(Refer: Paragraph 1.1.7.1; Page - 7)

Statement showing different opening balances

(Rupees in crore)

Opening balance	Amount as on 1 April 2005
As per SOE	47.66
As per Bank account	43.78
As per financial statement (August 2008)	52.67
As per the reply (December 2008) of the SHS	43.69

APPENDIX-1.1.5

(Refer: Paragraph 1.1.7.1; Page -7)

Statement showing incorrect SOEs issued to GOI by State Health Society

(Rupees in crore)

Period of quarter ending	Closing balance	Period of succeeding quarter	Opening balance	Difference
April - September 2005	105.67	October - December 2005	81.03	(-) 24.64
April - June 2006	143.88	July - September 2006	103.21	(-) 40.67
July - September 2006	196.87	October - December 2006	215.70	(+) 18.83
Total				**(-) 46.48**

APPENDIX-1.1.6

(Refer: Paragraph 1.1.7.1; Page - 7)

Discrepancies in the Statements of Expenditure submitted by the State Health Society

Heads	As per the SHS (December 2008)	As per the SHS (August 2008)	Remarks
	(Rupees in crore)		
Opening balance as on 1.04.2005	43.69	43.78	AS per the Bank statements.
Grants from GOI and GOB	939.00	939.00	-
Interest	23.25	23.25	-
Other receipt	4.41	4.41	-
Total (a)	1010.35	1010.44	-
Expenditure at SHS and release of advances	**890.96**	**859.40**	Supportive records not furnished.
Refund to GOI	11.21	11.21	
Total (b)	902.17	870.61	
Balance (a-b) as on 31.3.2008	108.18	139.83	***As per Bank statements there was closing balance of Rs 116.22 crore as on 31.03.2008.***

APPENDIX-1.1.7

(Refer: Paragraph 1.1.7.2; Page - 8)

Statement showing loss of interest due to delayed transfer of funds

(Rupees in lakh)

Sl. No.	Name of bank/ account number	Audit observations	Loss of interest [3]	Remarks
1	Canara Bank Account No. 21177	The account was opened with depositing Rs 10.34 crore (GIA- Untied Fund for HSCs) on 3.5.2006, thereafter the total sum was transferred (16.2.2007) to SBI, Ashiana Nagar Account No. 30043952661 and further it was transferred in Allahabad Bank Account No. 105965 on 20.4.2007.	6.03	The unnecessary transfer of funds in mid of the month resulted in loss of interest for two months.
2	PNB Account No. 13712	Rs 105.18 crore was transferred on 18.4.2007 to two Allahabad Bank accounts (No. 105964 and 105965)	30.68	The transfer of fund was resulted into loss of interest for one month.
3	Allahabad Bank Account No. 105965	Rs 158 crore was transferred (25.7.2007) from the account to SBI A/c No. 30210746398 and further it was transferred (28.7.2007) to SBI A/c No. 30210763380.	46.08	The unnecessary transfer of funds in mid of the month resulted in loss of interest for one month.
4	Allahabad Bank Account No.105966	Rs 10 crore was transferred (25.7.2007) from the account to SBI A/c No. 30210746398 and further the amount was transferred (30.7.2007) to the SBI account No. 30210763380.	2.92	Resulted in loss of interest for one month.
	Total		**85.71**	

[3] ***At the rate of 3.5 per cent per annum***

APPENDIX-1.1.8

(Refer: Paragraph 1.1.7.3; Page - 8)

Non-execution of basic activities of NRHM in State

(Rupees in Lakh)

Sl No.	Name of the activity/month in which the fund received	Amount received by the SHS	Expenditure up to March 2008
1	Upgradation of CHCs in FRUs (October 2005 and April 2006)	3080.00	Nil
2	MNGO scheme (May 2006)	472.50	Nil
3	IEC (February 2007)	22.20	Nil
4	Untied Fund for PHCs (April 2007)	412.00	Nil
5	Constitution of VHSCs (April 2007)	1000.00	Nil
6	Upgradation of District Hospitals (April 2007)	500.00	Nil
7	Annual Maintenance Grant of PHCs (April 2007)	824.00	Nil
	Total	**6310.7**	
8	Japanese Encephalitis	89.66	2.51
9	Training of Doctors (Anesthetic skills and emergency obstetric cases) March 2006	22.80	0.16
10	Health Mela in constituency (April 2005 and October 2006)	640.00	39.00
11	Untied Fund for Health Sub-Centres (April 2005 and May 2006)	2067.00	148.27
12	Prescription slip and other stationeries (May 2005)	40.36	10.28 (as per SOE September 2006, thereafter the activities was not mentioned)
13	Preparation of District Action Plan (May 2005 and April 2006)	380.00	51.00
14	Procurement of ASHA Kits and other medical kits (April 2006)	1843.00	100.17
15	Routine Immunization (2005-08)	4428.85	2461.87
	Total	**22133.07**	**2813.26**
	Grand Total	**15822.37**	**2813.26**

APPENDIX– 1.1.9

(Refer: Paragraph 1.1.7.5; Page - 9)

Statement of fraudulent payments under Janani Suraksha Yojana

(Rupees in lakh)

Name of district	Name of PHC	No of cases having double to four time payment	Total payment under JSY (2005-09)	Fraudulent payment
Kishanganj	Pothia	22	121.85	0.35
Bhagalpur	Sahkund	24	117.16	0.58
	Sanhaulla	11	90.58	0.24
	Nathnagar	06	99.55	0.12
	Bihpur	01	37.19	0.02
	Gopalpur	10	120.34	0.20
Nalanda	Asthawan	204	43.69	4.84
Gopalganj	Baikunthpur	03	90.47	0.04
East Champaran	Areraj	10	40.95	0.17
	Paharpur	01	12.86	0.01
	Harshiddhi	01	31.16	0.01
	Ghorashan	01	68.50	0.02
	Dhaka	03	13.17	0.05
	Kalyanpur	01	29.53	0.01
Total		**298**	**917.00**	**6.66**

APPENDIX-1.1.10

(Refer: Paragraph 1.1.8.2; Page - 12)

Status of infrastructure in health units in selected districts

Sl. No.	Particulars	No. of HSCs	No. of APHCs	No. of PHCs	No. of RHs
	Records of Health centres checked byAudit	**2682**	**323**	**122**	**20**
1	Building was not available	1837	221	16	Nil
2	Building was in a dilapidated condition	445	66	17	9
3	OPD rooms/cubicles were not available	NA	323	38	Nil
4	Separate utilities for men and women were not available	NA	323	122	16
5	Operation theatre/minor operation theatre were not available (where applicable)	NA	323	60	02
6	Outdoor facility for patient was not available	NA	134	27	3
7	Indoor facility for patient was not available	NA	323	34	3
8	Labour room was not available (where applicable)	NA	323	38	3
9	Labour room was available but not functional (where applicable)	Nil	Nil	10	3
10	Separate ward for male and female patients were not available/ non-functional (where applicable)	NA	323	122	20
11	No provision of water supply	2682	310	16	1
12	No provision for storage of water	2682	323	95	9
13	Waiting rooms for patients and Doctors were not available/not in good condition	NA	323	122	Nil
14	Accommodation facilities for Doctors were not available	NA	323	55	5
15	Accommodation facilities for staff were not available	NA	323	34	2
16	No accommodation facilities for attendants of admitted patients	NA	323	122	20
17	No standby power supply/generator	NA	233	17	3
18	No electricity connection/ power supply	2682	323	38	2
19	No facility of medical waste disposal	2682	323	122	20
20	Percentage of beds not available in the health units against sanction	NA	100	28	53
21	Citizen's Charter was not displayed prominently in local language	2682	323	122	17
22	Cleanliness was poor	1731	297	86	14
23	Suggestion/complaint box was not kept prominently	2682	323	122	17

(Source : Selected DHS and Health units,NA-Not applicable)

APPENDIX-1.1.11

(Refer: Paragraph 1.1.8.3; Page - 13)

Statement of vacancy position of health care personnel in test-checked districts

Sl. No.	Name of District	Specialist doctor in RHs		Medical Officers in PHCs/APHCs		Staff Nurse		ANM		LHV		MHW	
		S	**A**	**S**	**A**	**S**	**A**	**S**	**A**	**S**	**A**	**S**	**A**
1	Bhagalpur	8	0	115	75	18	8	768	351	31	7	34	32
2	Bhojpur	8	2	90	61	18	1	758	456	24	15	106	42
3	Darbhanga	8	4	111	66	18	0	718	307	25	16	131	96
4	East Champaran	12	3	154	62	27	1	904	401	43	14	48	28
5	Gopalganj	12	2	86	65	27	2	516	230	21	7	30	3
6	Kishanganj	8	0	39	26	18	3	336	125	31	15	64	27
7	Muzaffarpur	4	2	128	92	9	2	1174	680	28	14	140	82
8	Nalanda	12	2	102	62	27	10	782	474	35	22	36	21
9	Samastipur	4	1	140	100	9	4	960	607	42	17	29	18
10	Sheikhpura	4	0	47	21	9	1	228	146	15	6	18	4
	Total	**80**	**16 (20)**	**1012**	**630 (62)**	**180**	**32 (18)**	**7144**	**3777 (53)**	**295**	**133 (45)**	**636**	**353 (56)**

(Source : Test-checked DHS and health units)

(Figures in bracket represent percentage of vacant post to sanctioned post)

S : Sanctioned post

A : Available man power

APPENDIX-1.1.12

(Refer: Paragraph 1.1.10; Page- 17)

Statement showing excess expenditure incurred on purchase of medicines

(Rupees in lakh)

Name of Districts	No. of medicines purchased at higher rates	Amount admissible as per SHS rate contract	Amount paid by Districts	Excess expenditure
Gopalganj	52	46.16	116.75	70.59
East Champaran	05	0.98	1.53	0.55
Bhagalpur	30	42.27	99.01	56.74
Darbhanga	02	0.76	1.50	0.74
Purnia	61	38.79	79.96	41.17
Total	**150**	**128.96**	**298.75**	**169.79**

APPENDIX– 1.1.13

(Refer: Paragraph 1.1.13; Page - 23)

Statement showing villages covered for spray of DDT in test-checked districts

Name of the district	Year	No. of Municipal Bodies	No. of Municipal Bodies where spry was done		Frequency of spray during the year		No. of villages	No. of villages where spray was done		Frequency of spray during the year.	
			DDT	Anti-larvae solution	DDT	Anti-larvae solution		DDT	Anti-larvae solution	DDT	Anti-larvae solution
Bhojpur	2005-06	4	4	0	1	0	1244	220	0	1	0
	2006-07	4	4	0	1	0	1244	1244	0	1	0
	2007-08	4	1	0	1	0	1244	4	0	1	0
	2008-09	4	0	0	0	0	1244	28	0	01	0
Samastipur	2005-06	3	3	1	1	52	1247	804	16	1	52
	2006-07	3	3	1	1	52	1247	747	16	1	52
	2007-08	3	3	1	2	52	1247	1221	16	2	52
	2008-09	3	0	0	0	0	1247	0	0	0	0
East Champaran	2005-06	5	1	0	1	0	1716	374	0	1	0
	2006-07	5	3	0	2	0	1716	169	0	2	0
	2007-08	5	1	0	2	0	1716	22	0	2	0
	2008-09	5	0	0	0	0	1716	0	0	0	0
Kishanganj	2005-06	3	0	0	0	0	730	0	0	0	0
	2006-07	3	3	0	1	0	730	397	0	1	0
	2007-08	3	3	0	1	0	730	408	0	1	0
	2008-09	3	0	0	0	0	730	64	0	01	0
Nalanda	2005-06	3	3	0	1	0	142	142	0	1	0
	2006-07	3	3	0	1	0	159	159	0	1	0
	2007-08	3	3	0	1	0	1620	1620	0	1	0
	2008-09	3	0	0	0	0	1620	37	0	01	0
Sheikhpura	2005-06	2	0	0	0	0	268	0	0	0	0
	2006-07	2	0	0	0	0	268	0	0	0	0
	2007-08	2	0	0	0	0	268	0	0	0	0
	2008-09	2	0	0	0	0	268	0	0	0	0
Muzaffarpur	2005-06	38	7	0	1	0	1851	362	0	1	0
	2006-07	38	36	0	1	0	1851	518	0	1	0
	2007-08	42	34	0	1	0	1851	1813	0	1	0
	2008-09	42	0	0	0	0	1851	0	0	0	0
Gopalganj	2005-06	10	6	0	2	0	1499	831	0	2	0
	2006-07	10	10	0	2	0	1499	1499	0	2	0
	2007-08	10	8	0	2	0	1499	100	0	2	0

Name of the district	Year	No. of Municipal Bodies	No. of Municipal Bodies where spry was done		Frequency of spray during the year		No. of villages	No. of villages where spray was done		Frequency of spray during the year.	
			DDT	Anti-larvae solution	DDT	Anti-larvae solution		DDT	Anti-larvae solution	DDT	Anti-larvae solution
	2008-09	10	0	0	0	0	1499	119	0	01	0
Darbhanga	2005-06	0	1	0	1	0	1269	201	0	1	0
	2006-07	0	2	0	1	0	1269	138	0	1	0
	2007-08	37	17	0	1	0	1547	1153	0	1	0
	2008-09	37	0	0	0	0	1547	70	0	01	0
Bhagalpur	2005-06	4	1	0	1	0	442	442	0	1	0
	2006-07	4	3	0	1	0	780	780	0	1	0
	2007-08	4	4	0	1	0	1929	1744	0	1	0
	2008-09	4	0	0	0	0	1929	77	0	01	0
Total	**2005-06**	**72**	**26**	**1**			**10408**	**3376**	**16**		
	2006-07	**72**	**67**	**1**			**10763**	**5651**	**16**		
	2007-08	**113**	**74**	**1**			**13651**	**8085**	**16**		
	2008-09	**113**	**0**	**0**			**13651**	**395**	**0**		