CHAPTER-I : MINISTRY OF HEALTH AND FAMILY WELFARE

Department of Family Welfare

1. National Family Welfare Programme

The findings of the Audit Review reveal a large programme, widely dispersed over ill defined goals. With the evolution of national policy, the programme has adopted new approaches and has moved away from a controlled regime to a target free voluntary mode, while its delivery vehicle remains unchanged. Greater sophistication and wider networking needs have been emphasized but the quality of manpower and infrastructure have remained entrenched in the conventional healthcare mould. The programme interface with education, belief systems, and the developmental parameters has remained unclear. Programmatic interventions have tended to get defocussed due to poor linkages and a series of mismatches. The cost of administration of the services is increasing, while the allocation for services is decreasing. The services have failed to rally around the focal concept of reproductive and child health. Maternal health and maternal health care parameters have been approached unconvincingly due to poor outreach services and lack of monitoring and referral facilities. In the area of reproductive health and care the facilities for monitoring, treatment and follow-up continue to be skeletal and unresponsive. Child health and care are addressed by other schemes too and dovetailing arrangements have not been clearly worked out. The programme is heavily dependent on women, as the terminal methods of contraception have not attracted men. The infrastructure and the programme support services have remained unsatisfactory, the system supports have failed due to unreliable data and supplies continue to be poorly organised. The demographic goal is still far away.

Highlights

The main objective of the National Family Welfare Programme was reduction in fertility rate thereby stabilising population by ensuring Reproductive health and care for the mother and the child and greater acceptance of family planning measures. The programme achievements, however fell short of intended objectives despite several schematic interventions.

The important services for ensuring maternal health and care include antenatal care, delivery care, postnatal care and referral services. Due to lack of systematic maintenance of records of check-ups and services provided, non-availability of registration of pregnant women and not establishing of method of house to house survey and voluntary reporting the statistical information could not be verified. The survey indicated that frequency of checkup was

directly proportional to the rise in standard of living and brought out that in urban areas around 74 *per cent* of pregnant women received three check-ups while in rural areas it remained around 50 *per cent*. Failure of programmatic intervention may be seen as due to lack of systematic approach.

To counter the malaise of anaemia which accounted for 20 *per cent* of maternal death in 1991, Child Survival and Safe Motherhood Programme emphasized Iron Folic Acid administration for pregnant women. However, shortfall in targeted coverage against anaemia due to non supply of IFA tablets was as high as 30 to 81 *per cent* in sample areas. On immunization front, only 74 *per cent* pregnant women across the country could be covered. As a component of safe-motherhood initiative, institutional deliveries were below the targeted level of 50 *per cent* of total deliveries in some states whereas data in many states was not available. The Survey revealed that the facility of 24 hours delivery service though officially sanctioned was not available in at least 40 *per cent* of primary health centres. The availability of essential obstetric care drugs, neonatal resuscitation, equipment for new born in primary health centres and community health centres was low, and the scheme of supplying disposable delivery kits for home based deliveries was a failure in rural as well as urban areas.

Around 300 First Referral Units out of 1748 identified for emergency obstetric care were not properly functioning due to lack of specialists, staff, kits and facilities for high risk cases. Review showed that the one third of the women during antenatal and natal period in both rural and urban areas faced complications out of which only around 27 *per cent* were referred to higher level health institutions. The system of referring cases to higher institutions was adhered to by only one third of centres at different levels. As such, implementation of referral services scheme failed due to poor performance of outreach services involving monitoring and collection of feedback.

The scheme to provide services under Reproductive and Child Health Programme for Reproductive tract infection and sexually transmitted diseases was not implemented in some States and in general the facilities provided are still at the initial stages and are not upto the required level. For Medical Termination of Pregnancy need based training programme was envisaged to ensure initially at least one trained team (Medical Officer and Nurse) for every hospital at district/sub-district level and provision for MTP equipments and Kits. Review revealed poor availability of MTP facilities and brought out that around 25 *per cent* trained doctors were available in around 25 *per cent* of centre, for conducting MTP and only 36 *per cent* of women aware of places from where MTP facility could be sought.

PAP smear test facility for early detection of cervical cancer among women started in 1977 and extended to 105 medical colleges/institutions in a phased manner by 1998-2000. However, the performance of such colleges/institutions was assessed by the department on the basis of slides prepared and examined without prescribing any norms.

Targets fixed for immunisation of children against six preventable diseases, namely tuberculosis, diphtheria, pertussis, tetanus, polio and measles and of pregnant women for tetanus had no relationship with demographic profile, nor were these based on any baseline survey. Achievements in immunisation of pregnant women showed wide variations amongst the states ranging from more than the targets in some States to below 50 *per cent* of targets in other States whereas in case of children shortfall in achievement ranged from 8 to 20 *per cent*. Actual utilization of cold chain facility, an instrument to support immunisation programme was unsatisfactory and far below the level of capacity created as revealed by the survey.

The gender imbalance under the programme was grossly exhibited in terms of a dismal proportion of Vasectomy which is 2 *per cent* to total sterilization. The performance of laparoscopic tubectomy preferable to conventional tubecutomy under the programme was at less than 50 *per cent* of total female sterilization. Regarding the spacing methods (Oral Pills, Condom users and IUD insertion) of Family Planning, the usership was as such very low ranging between 2 and 4 *per cent* for different methods according to the survey findings. Among all the spacing methods usership of oral pills was marginally higher (4 *per cent*) than condom (3 *per cent*) and IUD loop (2 *per cent*)

Information Education and Communication (IEC), is a comprehensive strategy under the programme to introduce well defined and culturally appropriate programmes in order to promote behavioural changes, awareness generation by means of giving wide publicity through electronic media, advertisements and hoardings. An analysis of IEC activities conducted during 1998-2000 revealed that only 16 *per cent* households reported awareness about any IEC activity ever undertaken in their area. It was noticed in test check of records in 13 States that either IEC activities were not undertaken or failed to provide sufficient coverage.

The primary health care system developed on a three-tier structure of sub-centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in rural areas to provide the basic minimum needs of family welfare to the targeted population failed to deliver quality services and attain desired coverage. While SCs and PHCs in 16 States/UTs and CHCs in 9 States/UTs could serve lesser population than the prescribed norms which showed that coverage of these centres could be enlarged by re-organising, area covered by the sub-centre/area linkages with sub-centres and PHCs, Facility assessment revealed that on an average the PHCs covered a population which is more than double the prescribed norm.

Review brought out that shortage of health supervisor and health workers at higher service delivery level ranged from 11 to 22 *per cent* whereas shortfall of supporting staff at different levels ranged between 9 to 18 *per cent* and of Medical Officers/Specialist from 8 to 15 *per cent* at PPC and CHC level.

Rs 6.61 crore released to National Institute of Health and Family Welfare under RCH programme a nodal agency for training remained unutilised. The NIHFW released funds to States/UTs for much larger number in excess of the proposed number, and the achievements of training reported were dismal.

Around 34 *per cent* of total budget provision under the programme was financed from external source. However the assistance remained underutilised as unutilised external funds accumulated to Rs 438 crore out of Rs 3510.10 crore by March 2000 resulting in *per cent* reduction in budget provision from 37 *per cent* in 1996-97 to 28 *per cent* in 2000. While the budgetary allocation for 'Direction and Administration' increased fourfold in absolute terms and more than doubled in terms of percentage increase, 'Family Welfare' 'Services and Support Services', the kernel theme of the programme suffered in terms of decline in allocation by about 2 *per cent* and about 1 *per cent* respectively during 1999-2000 in comparison to 1995-96.

As a distinct feature, the programme has practically no non-plan budgetary contents, which manifested in scanty budget provisioning for maintenance of infrastructure even lower than the actual level of expenditure. Further as a result of non revision of the norms for contingencies etc fixed in the early seventies, and the State incurring expenditure at prevailing levels, Rs 656.50 crore of arrears piled up against the Central Government. Interestingly some of the populous States failed to utilized resources either way; higher allocations and lower allocation both resulted in savings exhibiting gross mismatch between the readiness of the infrastructure and the resources flow.

1.1 Evolution of Policy

The National Family Welfare Programme is not a single programme, it is the confluence of several continuously evolving policy initiatives covering a series of complementary objectives, aiming eventually at a demographic goal. Population growth, during the forties, motivated Planners to engender a programme for control of country's population. The First Plan outlined a three pronged strategy for population control:

(a) Widespread dissemination of information, informing the need for and describing the means of population control.

(b) Encouragement to the terminal method for the male population.

(c) Education with regard to 'spacing' by use of male contraceptives.

The 1960's witnessed a shift of focus to women, recognizing their centrality in the battle to control population. The concept of "health of mother and child" was recognised with the theoretical underpinning that the expected voluntary curbs on future growth in population would emanate from the well being of the existing set. The high levels of infant mortality, 146 per 1000 live births of 1951, were seen as inimical to the progress of family planning. The failure of delivery of the basic health requirements of the mother and child, hitherto largely neglected, led to the family planning programme being integrated with

the Public Health Programmes in all States. There was a manifold increase in expenditure on All India initiatives, of which the important ones were:

(a) Basic Minimum Services Programme- established infrastructure at the sub-district level through the primary and community health centres.

(b) The Area Development Programme, focussed on skill development of personnel of NGOs and provision of educational material and equipment;

(c) The All India Post Partum Programme- for establishing the services of pre and postnatal care to ensure the health of both mother and child.

Medical Termination of Pregnancy Act 1971, constituted yet another milestone in the planned shift of focus towards the health of the mother and female empowerment. Alongside, the awareness levels of contraception and family planning had reached new proportions and male sterilization initiative had become a success only to collapse due to events between 1975 and 1977. The programmes designed till the 1990 were target oriented and driven by the achievement in numbers e.g. number of sterilizations. During the period there was a significant fall in total fertility rate from 6.0 (1951) to 3.3 (1997). The complementarity of the slew of programmes/initiatives in dissemination and awareness with those in nutrition, with special attention to the mother and child, and disease prevention created a situation where the women of 1980s embraced the concept of family planning. This was reflected in the widespread popularity and acceptance of the pill as a means of fertility regulation. The International Conference on Population (1994) shifted the focus from a target approach to Community Needs Assessment (CNA) and further in 1997, the Reproductive and Child Health (RCH) approach was adopted as the National Policy whereby target free approach concept was maintained. Implementation of the Population Programmes were reviewed in the Audit Report of 1994. The review had brought out under achievement of demographic targets in the various programmes, failure of full application of resources allocated to the programmes and flaws in project planning and execution. Government of India introduced a new Population Policy in 2000, which emphasized Reproductive Child Health and empowerment of women while addressing the issues of wider community participation and disease threats.

Thus the National Family Welfare Programme that began with a clinic oriented approach of birth control, developed over the period into wider target free movement with the immediate goal of family welfare and the eventual goal of population reduction.

1.2 Scope of the Programme

With the introduction of the Reproductive and Child Health (RCH) Programme in October 1997, a convergence of objectives was achieved by integrating the initiatives under successive plans and the ongoing programmes of the Eighth Plan. Based on a public health approach, the RCH programme, implemented through the primary health care infrastructure seeks to deliver the goals of family welfare and the ultimate demographic objectives through a series of inter-related activities which could be grouped broadly under the following heads:

- Providing need based, client-centred, demand-driven high quality and integrated RCH services.
- Maximising coverage by improving accessibility to the services for better equity focus.
- Emphasizing Information, Education and Communication (IEC) for creating greater awareness amongst the beneficiaries and to ensure community participation and transparent need assessment.
- Providing efficient infrastructure with adequate programme support through staffing, training, and supplies.
- Organising adequate system support through surveys and reporting measures.

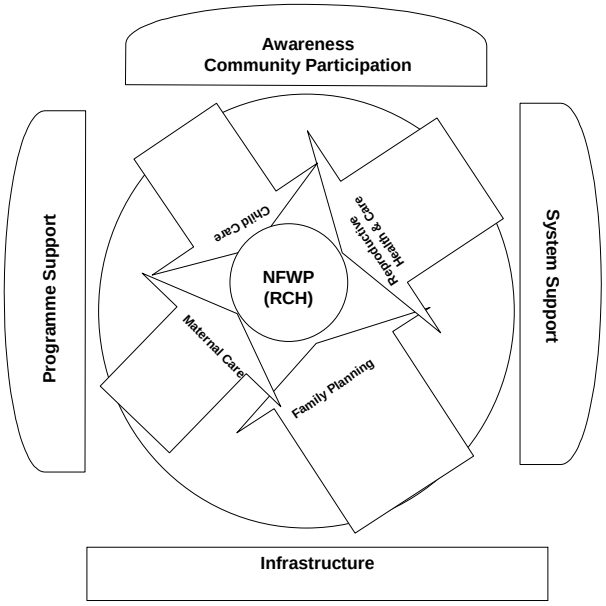
1.3 Organisation of the programme

The Ministry of Health and Family Welfare (Department of Family Welfare) is the nodal agency for overall direction, coordination and budgetary control of the National Family Welfare Programme. In the State, the Department of Health and Family Welfare (H&FW) or the designated nodal department or State Family Welfare Bureau (SFWB) is responsible for implementing the programme. During the last fifty years, a vast infrastructure has been created in the country under the National Family Welfare Programme. The primary health care infrastructure and base facilities have been developed through three major schemes – the Basic Minimum Services Programme, the Area Development Programme and the All India Hospital Post Partum Programme (AIHPPP) in both rural and urban areas. Under Basic Minimum Services Programme, a three-tier structure of Sub-centres, Primary Health Centres (PHCs) and Community Health Centres (CHCs) in rural areas has been developed to establish infrastructure at grass roots upto the sub-district levels. The Area Development Projects, with financial assistance from International agencies have enlarged the facilities by providing infrastructure for training, and skill upgradation, equipment, educational material, monitoring information system, and NGO-inter face. In the urban areas, the facilities have been enlarged through Post-Partum Programme, which aimed at providing maternal care during prenatal and post natal periods, and using the frequent contacts between service providers and beneficiaries to educate/motivate women for adopting family planning methods to limit their family size. Besides developing the basic facilities through these major

programmes, the family welfare services have been provided under four major heads i.e. Maternal care, Child care, Family Planning and Reproductive Health to the target groups through various schemes introduced from time to time.

1.4 Scope of Review

Implementation of the scheme was last reviewed in Audit (Report No. 2 of 1994 of the CAG of India) in 1993-94. That review had brought out among others, non-achievement of demographic goals during prescribed period and certain flaws in planning, project formulation, operational failures, and application of resources etc. The present review disclosed that the organisational and operational weaknesses pointed out by Audit in the earlier review persist, and the programme has failed to consolidate the widely dispersed linkages. The objective of the audit review has been to examine the performance of the programme in terms of activities and to assess if the approaches and interventions, have yielded the welfare goals and the desired demographic objectives. The conceptual frame work of the programme for audit review is represented in the following legend :



1.5 Methodology

Review of the NFWP covering the period 1995-2000 was carried out by sample checks during March to October 2000 in the Ministry of Health and Family welfare and implementing agencies in 26 States and 6 Union Territories. The sample for audit review covered 145 districts. The sample details are contained in **Annex 1**.

1.5.1 The services of ORG Centre for Social Research, a division of ORG-MARG Research Limited were commissioned to conduct a nation-wide beneficiary and facility survey. The survey by ORG covered all States/UTs. The sample for survey covered 52121 households of which, 35720 were in

rural area and 16401 were in urban areas. Fieldwork was conducted during September to December 2000. Besides the coverage of households and eligible women, a facility survey was also undertaken in rural and urban areas. The facilities covered included Community Health Centres (CHCs), Block Primary Health Centres (BPHCs)/Primary Health Centres (PHCs) and Sub Centres (SCs) in rural areas and Post Partum Centres (PPCs) and Urban Family Welfare Centres (UFWCs)/Health Posts (HPs) in urban areas. In all, 1086 facilities were covered across all States and Union Territories during the survey. The survey findings have been included in the review wherever appropriate. A brief summary of the survey findings is enclosed as **Annex 2**.

1.6 Results of the Review

The results of the review are laid out in the succeeding paragraphs :

1.6.1 Funding of the programme

1.6.1.1 Source of funding

Programme costs are met by the Central Government, including assistance in kind i.e contraceptives, vaccines, drugs, equipments etc., Donors, international/bilateral, support certain activities under the programme. The overall budget provisions and funds released during 1995-96 to 1999-2000 were as follows:

(Rs in crore)

Year	Budget Provisions	Release to States		Total *	Other Releases	Total Release
		Cash	Kind			
1995-96	1581.00	1046.75	343.49	1390.24	104.34	1494.58
1996-97	1535.00	955.87	370.39	1326.26	235.99	1562.25
1997-98	1829.35	1143.58	334.08	1477.66	349.69	1827.35
1998-99	2489.35	1560.72	454.43	2015.15	337.85	2353.00
1999-2000	2940.60	2059.05	491.54	2550.59	549.91	3100.50
Total	**10375.30**	**6765.97**	**1993.93**	**8759.90**	**1577.78**	**10337.68**

***State wise releases are contained in Annex 3.**

Percentage of assistance in kind to States decreased

Budget provisions, have almost doubled during 1995-2000 and so have cash releases to the State Governments. There has been a drop in the percentage of release in kind to State Governments. However other releases meant for research, evaluation, development assistance etc. have gone up four times.

1.6.1.2 Funding pattern

(Rs in crore)

Year	Budget provision			Release		
	Internal	External	Total	Internal	External	Total
1995-96	1080.90	500.10	1581.00	1006.11	488.47	1494.58
1996-97	949.90	585.10	1535.00	1000.72	561.53	1562.25
1997-98	1189.25	640.10	1829.35	1293.89	533.46	1827.35
1998-99	1551.35	938.00	2489.35	1686.45	666.55	2353.00
1999-2000	2093.80	846.80	2940.60	2278.50	822.00	3100.50
Total	**6865.20**	**3510.10**	**10375.30**	**7265.67**	**3072.01**	**10337.68**

Around 34 *per cent* of total budget provision is financed from external sources and 66 *per cent* from internal sources. The increase was more striking during the period 1998-2000, as a consequence of the introduction of RCH Programme and revamping of the family welfare services. The external assistance which constituted 38 *per cent* of budget provision in 1996-97 came down to 29 *per cent* in 1999-2000. However, unutilised external funds stood at Rs 438.09 crore by March 2000. Funds were channelised through the State Committees on Voluntary Action (SCOVA) for the implementation of the Reproductive and Child Health Programme without settling the norm of statutory accountability.

Rs 438.09 crore accumulated as unutilised external assistance

1.6.1.3 Funding priorities

The inter-se allocational priorities of the programme are given in **Annex 4**. The table below gives the overall picture of broad components:

Component wise Analysis of Budget Provision (Rupees in crore)

Name of Scheme	BE 1995-96	Per centage of total BE	BE 1996-97	Per centage of total BE	BE 1997-98	Per centage of total BE	BE 1998-99	Per centage of total BE	BE 1999-2000	Per centage of total BE	Total
Direction & Administration	47.61	3.01	48.60	3.17	57.00	3.12	92.00	3.70	192.20	6.54	437.41
Family Welfare Services	1344.85	85.06	1313.05	85.54	1561.35	85.36	2187.7	87.88	2431.50	82.69	8838.45
Support Services	111.51	7.05	124.90	8.13	154.45	8.43	128.25	5.15	176.89	6.01	696.00
Other Services	77.03	4.88	48.45	3.16	56.55	3.09	81.40	3.27	140.01	4.76	403.44
G.Total	**1581.00**		**1535.00**		**1829.35**		**2489.35**		**2940.60**		**10375.30**

Percentage allocation for 'Direction and Administration' has doubled but the same for services increased by ten percent only

While the cost of administering the programme is increasing, services including support services are getting lower allocations. In 1999-2000, the cost of administration doubled, while value of services increased by a meagre ten *per cent*, in comparison to 1998-99.

The States have not submitted their re-imbursement claim to the Central Government for periods ranging from one to ten years as detailed in **Annex 5(a)**. As and when the audited accounts are made available the State governments claim the differences. This has resulted in arrears which are to be paid to the States. The test check of data at state level revealed that

Rs 656.50 crore of arrears is awaited from the Central Government (**Annex 5 b**). As a result, the schemes are functioning more as wage programmes since the funds can hardly meet expenditure on salaries. The States have even diverted funds available for compensation payment to meet expenditure on salaries. On the other hand the excess expenditure incurred on opening of institutions over the prescribed norms and the excess staff posted remain unchecked.

Funds allocated as compared to percentage population to six states were higher and were lower in four states

Some populous states failed to utilise resources either way : higher allocation and lower allocation resulting in savings

1.6.1.4 Distribution of Funds : the population interface

Allocation of resources for the programme, is by structure, population based. The State-wise percentage of distribution of population, resource transfer and expenditure incurred is given in **Annex 6(a)** and **6(b)**. Fund allocation has largely been in line with the population proportion of the States. However the allocations were higher by 0.66 to 1.40 *per cent* for Andhra Pradesh, Gujarat, Karnataka, Rajasthan, Tamil Nadu and Uttar Pradesh. The higher allocation was not utilised and there were savings in Karnataka (Rs 119 crore) and Uttar Pradesh (Rs 375 crore). In Bihar, Madhya Pradesh, Maharashtra and West Bengal allocations were proportionately lower by 1.04 to 2.21 *per cent* vis-à-vis percentage of population in these States. Despite lower allocation, there was a saving of Rs 238 crore in Bihar. Thus some of the populous states failed to utilise resources and higher allocations and lower allocations resulted in savings. This is indicative of a mismatch between the readiness of the infrastructure and the resource flow.

1.6.2 Delivery of family welfare services

The structure of family welfare services under the National Family Welfare Programme is a complex body of initiatives encompassing the conceptualisation, provisioning, channelisation, catalysation and networking of services for direct delivery as well as for preparing the beneficiary for the acceptance of the services delivered. The twin elements of delivery and acceptance are based on the policy perception that it would not be enough to make the services available, it would be equally necessary to build a beneficiary mindset that would recognise the benefits of the programme. The wide spectrum of the programme covers the mother and the child as the targeted entities, under four major parameters :

- ensuring maternal health and providing necessary health care for safe motherhood.
- Ensuring reproductive health for the mother and child providing necessary health care facilities.
- Ensuring child health through protective, prophylactic and curative measures.
- Ensuring greater acceptance of family planning measures by providing safe surgical procedures, clinical support systems, institutional healthcare arrangements; by catalysing attitudinal changes for creating wider awareness of the practices and benefits of family planning.

1.6.2.1 Reach

Delivery Structure

The primary health care system was developed as a three-tier structure of Sub-centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in rural areas. These centres are designed to function as service centres to provide the basic minimum needs of family welfare to the targeted population while undertaking the clinical, preventive, educative and monitoring functions of the programme.

6403 Sub-Centres, 1579 PHCs and 311 CHCs not functioning in five States/UTs

Shortfall against targets fixed by the Planning Commission for the Rural Service Centres ranged from 70.28 to 75.20, 60.24 to 64.93 and 64.53 to 69.54 *per cent* for SCs, PHCs and CHCs respectively during Eighth Plan and during 1998-99. Test check of data in the States for the period 1995-2000 revealed that against target of 14120 SCs, 689 PHCs and 776 CHCs, only 9277 SCs, 679 PHCs, and 87 CHCs were established. In Arunachal Pradesh, Meghalaya, Tripura, Uttar Pradesh and Delhi 6403 Sub Centres, 1579 PHCs and 311 CHCs were not functioning, though established.

Mismatches in coverage.

The rural centres were required to cover the population according to norms indicated below :

Centre	Population Norms	
	Plain area	Hilly area
Sub Centre	5000	3000
PHC	30000	20000
CHC	120000	80000

The trends of actual coverage are indicated below :

Centres	Name of States/UTs
(1) Sub-Centres Population coverage range 1106 to 3832	Andaman and Nicobar, Arunachal Pradesh, Assam, Dadra and Nagar Haveli, Daman and Diu, Gujarat, Himachal Pradesh, Jammu and Kashmir, Karnataka Lakshadweep Islands, Manipur, Meghalaya, Mizoram, Pondicherry, Rajasthan and Sikkim
4012 to 4976	Andhra Pradesh, Goa, Kerala, Madhya Pradesh, Maharashtra, Nagaland, Orissa, Tamil Nadu and Tripura
5010 to 6075	Bihar, Chandigarh, Haryana, Punjab, Uttar Pradesh and West Bengal
(2) P.H.C. Population coverage range 5648 to 22311	Andaman and Nicobar Islands, Arunachal Pradesh, Dadra and Nagar Haveli, Daman and Diu, Himachal Pradesh, Jammu and Kashmir, Karnataka, Kerala, Lakshadweep, Manipur, Meghalaya, Mizoram, Orissa, Pondicherry, Rajasthan and Sikkim
27987 to 39120	Andhra Pradesh, Assam, Bihar, Gujarat, Haryana, Madhya Pradesh, Maharashtra, Nagaland, Punjab, Uttar Pradesh and West Bengal
40267 to 40591	Tripura and Goa

Centres	Name of States/UTs
(3) C.H.C. Population coverage range 0.08 to 0.86 lakh	Andaman and Nicobar Islands, Arunachal Pradesh, Chandigarh, Daman and Diu, Himachal Pradesh, Lakshadweep, Manipur, Mizoram and Pondicherry
1.11 to 1.94 lakh	Assam, Dadra and Nagar Haveli, Goa, Gujarat, Haryana, Jammu and Kashmir, Karnataka, Madhya Pradesh, Maharashtra, Meghalaya, Orissa, Punjab, Rajasthan and Sikkim
2 to 2.68 lakh	Andhra Pradesh, Kerala, Nagaland and Tripura
3.60 to 4.98 lakh	Uttar Pradesh and West Bengal
5.07 to 5.11 lakh	Bihar and Tamil Nadu

Sub-Centres and PHC serving lower population than prescribed in 16 and CHC in9 States/UTs

In 16 States/UTs, Sub-Centres and PHCs and in 9 States/UTs, CHCs are serving lesser population then the normative limits of 5000, 25000 and 1 lakh for Sub-Centres, PHCs, and CHCs respectively which shows that coverage of these Centres in respective States/UTs could be enlarged by re-organising, areas covered by the Sub-Centres/area linkages with Sub-Centres and PHCs. This also shows that work load of Sub-Centres, PHCs and CHCs in rest of the States/UTs is high as the national average comes to 4579, 27364 and 2.14 lakh for Sub-Centres, PHC and CHC respectively.

Facility assessment revealed that, on an average, the PHCs covered a population of 65283, which is more than double the prescribed norm of population (30000). Similarly, the population coverage by Sub-centres was also found to be more (5247) than the prescribed norm. Some of the specific findings as well as some trend indicators are detailed below :

It can be seen that against the prescribed norms the population coverage at SCs was in the range of 2300 to 6900 in the State/UT of Bihar, Gujarat, Haryana, Kerala, Pondicherry and Punjab. In the State of Himachal Pradesh and Tamil Nadu the coverage was more than 4000 and 10,000, respectively. The average population coverage in Chandigarh slum area was 17692 though Sub-Centres were not to be set up in urban slums and it was in the range of 2200 to 22000 in the UT of Dadra & Nagar Haveli. At the PHC level against the prescribed norm the coverage in Bihar and Haryana was 169898 and 37000, respectively, whereas it was in the range of 24352 to 25593 for Kerala and 30000 to 48000 for Dadra & Nagar Haveli. In the state of Haryana and Kerala the coverage was 233000 and 230000 to 440000 respectively against the prescribed norms in the CHCs. However considering the average number of villages and rural area served by these centres the picture, which emerges, is as under:

Coverage	Centres		
	Sub-Centres	PHC	CHC
Average rural area (in square kilometres)	23	136	1067
Average number of villages covered	4	26	200
Average radial distance	3	7	18
Average number of sub-centres/PHCs covered	-	6	8
Average rural population served	4579	27364	214000

- In Himachal Pradesh, 152 sub-centres in test checked districts were catering to the needs of population less than 2000 against requirement of 3000. In Nagaland, Sub Centres established for less than a population of 80 (Padi : 71, Tizu Island : 33, and Apou Kito : 53). 10 Sub Centre out of 192 test checked satisfy the population criteria resulting in annual excess expenditure of Rs 1.43 crore as wages. In Dadar & Nagar Haveli, Sub centres under PHCs Khanvel and Kilwani served population of 3100 to 7600 and 2200 to 22000 respectively. In Pondicherry, 26 PHCs each covered population less than 15000, 11 PHCs functioning in Karaikal covered population from 3312 to 17551 and PHC at Mahe covered population of 5842 only. Population covered ranged from 7502 to 19503 in a CHC.

1.6.2.2 Maternal Health and Care

The important services for ensuring maternal health and maternal health care include antenatal care, delivery care, postnatal care, and referral services.

Antenatal Care

Rates of maternal mortality have remained high in India despite a comprehensive programme for reducing it, including the safe motherhood initiative. One of the major aims of the safe motherhood initiative is to register all the pregnant women before they attain 20 weeks of pregnancy and provide them with services, such as, antenatal check-ups, 90 or more Iron Folic Acid tablets, two doses of tetanus toxoid (TT) and advice on the correct diet and vitamin supplements, and in case of complications, referring them to more specialised gyneacological care.

Systematic records of antenatal check-ups not maintained in three states

Early detection of complications during pregnancy by three prescribed **antenatal check-ups** is an important intervention for preventing maternal mortality and morbidity. It was however found that systematic records of check-ups were not maintained in Delhi, Jammu & Kashmir and West Bengal. Registration of pregnant women being a basic requirement for delivery of services, it is a matter of concern that details of such registration were not available in some States.

Registered pregnancies data of Karnataka appears unreliable

Karnataka showed a total number of 9.50 lakh antenatal cases registered during the period 1995-2000 but only 5.83 lakh received the prescribed three check-ups in the sample districts. Evidently, the process of registration, the method of house to house survey and voluntary reporting have not been successfully established. State Directorate of West Bengal furnished statistical information which could not be verified in the absence of supporting records. For instance it was claimed that in West Bengal 50 to 94 *per cent* of pregnant women received three antenatal check-ups. The basis of this claim could not be established, as the State Directorate have no regular means of collection of data from Sub-Centres, PHCs and Hospitals, nor is there any state-wide survey in operation at any time.

Delhi did not collect survey data from field units though 620 deaths due to Anaemia, Haemorrhage, Sepsis etc. reported

In Delhi, the omission was conspicuous as the Directorate had not collected any survey data from field formations, despite the fact that during the period under review at least 620 deaths of women occurred due to Anaemia, Haemorrhage, Sepsis, Toxaemia, Tetanus and obstructed labour. Beneficiary survey commissioned by Audit brought out that in urban areas around 74 *per cent* of

pregnant women received the three check-ups while in rural areas it remained around 50 *per cent*. Around 84 *per cent* of respondents confirmed having received only one checkup. The survey indicated that frequency of checkup was directly proportional to the rise in standard of living. But the failure of programmatic intervention may be seen more due to lack of systematic approach.

35 to 81 *per cent* shortfall in supply of IFA tablets in sample districts of seven states

IFA tablets not supplied in four states

32204 registered mothers were not supplied IFA tablets in Mizoram

In 1991 anaemia accounted for 20 *per cent* of maternal deaths in the country and was considered one of the leading causes of maternal mortality and an aggravating factor in haemorrhage, toxaemia and sepsis. Child Survival and Safe Motherhood programme therefore emphasized Iron Folic Acid (IFA) administration for pregnant women. Prophylaxis against nutritional anaemia in a pregnant woman requires a daily dose of large Iron Folic Acid tablets for a period of 100 days. Examination of records at the Directorates and field formations however showed that the shortfall in targeted coverage was ranging from 35 to 81 *per cent* in certain sample areas during 1995-2000. It was 81 *per cent* in Dadra Nagar Haveli, 73 *per cent* in Tamil Nadu, 65 *per cent* in Delhi, 59 *per cent* in Maharashtra, 59 *per cent* in Jammu & Kashmir, 53 *per cent* in West Bengal and 35 *per cent* in Himachal Pradesh in certain sample districts. This is significant in the light of the fact that the second National Family Health Survey conducted in 1998-99 reported a high rate of anaemia amongst pregnant women in these States. Non-supply of IFA tablets was found to be a reason for low coverage. In Jammu & Kashmir, Kerala, Pondicherry and Tamil Nadu stock of IFA Tablets and Vitamin 'A' was nil for major periods during 1995-2000 in test checked centres. Distribution of IFA tablets to pregnant women was below 3 *per cent* in Gujarat, between 0 and 48 *per cent* in Manipur, between 72 and 75 *per cent* in Karnataka and 61 *per cent* in Himachal Pradesh during 1995-2000 in test checked centres. In Mizoram, IFA tablets were not issued to 32204 registered mothers during 1995-2000.

Immunisation data for all states not available

Immunisation data were not available uniformly in respect of all States. Data in respect of 15 States and UTs could be compiled for immunisation against Tetanus only for the period 1995-2000 :

(Rs in lakh)

State	TT (PW)		
	Target	**Achievement**	***Per cent* achieved**
Arunachal Pradesh	1.24	0.41	33.1
Bihar	164.14	54.61	33.3
Goa	1.22	1.17	95.9
Haryana	30.21	25.8	85.4
Himachal Pradesh	7.76	6.85	88.3
Karnataka	63.4	61.8	97.4
Meghalaya	3.26	1.37	42.0
Nagaland	1.37	0.49	35.8
Sikkim	0.62	0.54	87.1
Tamil Nadu	63.85	64.94	102.0
West Bengal	77.34	67.69	87.5
Andaman & Nicobar	.27	.24	88.8
Delhi	-	11.80	-
Pondicherry	0.84	0.92	109.5

Immunisation targets were not related to demographic profile and were not based on baseline survey

The targets fixed had no relationship with demographic profile, nor were they based on any baseline survey. While Karnataka fixed a target of 63.4 lakh, Bihar fixed a target of 1.64 crore and West Bengal fixed a target of 77.34 lakh. This would appear even more unreliable in the background of the fact that no systematic records are available of pregnant women. Even the figures of achievement show wide variations. While Tamil Nadu and Pondicherry achieved more than the target, Arunachal Pradesh, Bihar, Meghalaya, Nagaland were well below the fifty *per cent* mark. It is a matter of concern that in two of the most populous States i.e. Uttar Pradesh and Madhya Pradesh no significant information was on record. In Uttar Pradesh the record of Post Partum Centres showed immunisation of barely 6 to 16 *per cent* of eligible children while in Madhya Pradesh no records of eligible women or administration of immunisation dosages were available. Sample survey across the country showed that only 74% women who sought immunisation could be covered.

In Uttar Pradesh and Madhya Pradesh vital information on immunisation was not available

Delivery Care

An important component of safe-motherhood initiative was to encourage mothers to undergo institutional deliveries or have the deliveries conducted under the supervision of trained health personnel.

Details of institutional deliveries were not available in States/UTs except Haryana, Karnataka and Tamil Nadu

The target for deliveries through institutions (Sub-Centres, PHCs and CHCs) by 2000 was 50 *per cent* of total deliveries. Sample check of records revealed that institutional deliveries ranged from 9 to 16 *per cent* in Haryana, 38 to 44 *per cent* in Karnataka and 75 to 84 *per cent* in Tamil Nadu. Details were not available in respect of other State/UTs. However facility assessment brought out that the facility of 24 hours delivery services was not available in 40 *per cent* of PHCs even though these had been sanctioned. The Programme envisaged project proposals from State/UT Governments to ensure availability of one nurse and doctor on call, and maintenance of cleanliness beyond normal working hours in all PHCs/CHCs to ensure 24 hours delivery services in phased manner by providing honorarium to doctors, staff nurses and class IV staff. The Scheme was not implemented in Pondicherry, Karnataka, Delhi, Tamil Nadu, Assam, West Bengal, Madhya Pradesh, Kerala; and in 92 units of Uttar Pradesh. Shortfall in Pondicherry, Tamil Nadu and West Bengal was attributed to non-availability of facility, staff and pending clarification on payment of honorarium etc. No reasons for non-implementation was furnished by rest of the four states. The utilisation of funds for the scheme was very poor in Orissa.

24 hours delivery services scheme not implemented in eight states/UTs and in 92 units of Uttar Pradesh

Low availability of essential obstetric care drugs, resuscitation bags and new born care equipments

Essential obstetric care includes antenatal care , supply of essential obstetric care drug, neonatal resuscitation and equipment for new born etc. Test check of State/UTs records revealed that systematic records were not available in the Directorates or in the field formations. The survey showed that while most of the CHCs and PHCs (92% and 80%, respectively) reported supply and utilisation of kit with equipment for normal delivery, the availability of essential obstetric care drugs, neonatal resuscitation and new born care equipment kits was low. The percentage ranged between 54 and 70 in case of essential obstetric care drug kit and between 26 and 52 in case of neonatal

Scheme of supply of Disposable delivery kits was a failure

resuscitation and newborn care equipment. The scheme of supplying Disposable Delivery Kits (DDKs) to improve the quality of home-based deliveries requires strengthening in as much as only 25 *per cent* of rural respondents confirmed having received and used DDKs, while 37 *per cent* of urban respondents confirmed having used DDKs.

1748 FRUs (First Referral Units) for Emergency Obstetric Care were identified and equipped with kits under the programme, but these were not fully operational due to lack of specialist staff, infrastructure, equipment, and medicines. Under the programme these FRUs were to be strengthened by provision of contractual staff, laparoscopes, surgical instruments, blood transfusion sets, consultant anaesthetists, supply of drugs/medicines etc. and by funding training programmes for Diploma in Anaesthesia. It was however, seen that specialist staff were not available in the FRUs of West Bengal (26), Himachal Pradesh (24), Uttar Pradesh (44) and in some FRUs of Sikkim and Tamil Nadu. 18 FRUs of Meghalaya and J&K were not functional due to non-provisioning of kits and non-availability of facility for high-risk cases, whereas 3 FRUs of Meghalaya were not functional, despite the availability of kits. All FRUs of Madhya Pradesh and 118 FRUs of Uttar Pradesh did not have blood transfusion facilities.

Postnatal care

Postnatal services comprise immunisation, monitoring weight of the child, physical examination of the woman, advice on breast-feeding and family planning, etc. It was noticed that proper attention was not paid to postnatal care services. The beneficiary assessment of utilisation of these services shows that only 21 *per cent* of women got themselves examined after delivery while 79 *per cent* of post-partum women were not contacted. The percentage of utilisation of service was higher in urban areas (30%) than in the rural areas (18%).

Referral services

The RCH scheme envisaged lump sum assistance to Panchayats to transport pregnant women from indigent families in 25 *per cent* Sub Centres of category 'C' districts from eight poorly performing states of Uttar Pradesh, Bihar, Madhya Pradesh, Rajasthan, Assam, Nagaland, Orissa and Haryana. It was seen in audit that this was not implemented satisfactorily. In Assam, no such assistance was provided. In Madhya Pradesh Rs 75 lakh released to village panchayats remained unutilised as none of the village panchayats had rendered accounts of expenditure incurred by them. In Orissa, Rs 12.65 lakh distributed for this purpose remained either unaccounted for or unutilised in sample districts.

Under the Mother and Child Health (MCH) Services Scheme, States/UTs were required to give appropriate directions regarding referring of high risk women to appropriate levels of health institutions to avoid any mishap. Under the scheme, the referring Centre should get feedback from the referral centres regarding proper treatment given by the specialist, records of such referred women maintained at all levels, and trained ANMs should visit referred

In Haryana only 2% of high risk cases referred/ treated at urban centres

Non-receipt of feedback reports of 3.99 lakh referred cases in Tamil Nadu

women every week during their antenatal, natal and post natal periods for followup . To ensure follow up, State/UTs were required to design and print cards in three different colours. Test check of State/UTs records revealed that only 2 *per cent* of high risk cases were referred/treated at urban centres in Haryana, referral registers and followup cards were not maintained in Tamil Nadu and in around 44 *per cent* PPCs of Karnataka. Feedback reports of 3.99 lakh referred cases were not received during 1995-99 in Tamil Nadu and 67 high risk women were referred to higher institutions by Government Hospital mainly due to absence of specialists. The facility assessment showed that only a third of centres at different levels (PPC, UFWC/HP, CHC and BPHC/PHC) adhered to the system of referring cases with different colour cards.

27 *per cent* of women reported complications were referred to higher health institutions

The beneficiary survey revealed that more than one-third of the women during antenatal and neonatal period in both rural and urban areas reported having faced some complications. The major complications included weakness/fatigue, severe nausea and vomiting, headache, oedema of feet and face, pain in abdomen and backache (percentage ranging between 27 and 56). The symptoms as serious as rupture of sack, bleeding, spotting, convulsions and loss of foetal movement were also reported by around eight to nine *per cent* of pregnant women. Of the women, who reported complications, only around 27 *per cent* were taken or referred, to the higher level health institutions. A considerable proportion of these women was referred to private hospitals (46%) followed by Government/Municipal hospital (25%). A small proportion of women (12%) reported facing obstetric complications during delivery.

In Tamil Nadu & Uttar Pradesh 3767 maternal deaths reported at Post Partum centres due to anaemia, haemorrhage, sepsis etc

A major reason for the failure or non-implementation of the scheme was the poor performance of the outreach services involving field visits, monitoring and collection of feedback. In Manipur, Mizoram, Andaman & Nicobar Islands, no field visits were made by ANMs/LHVs during 1995-2000. In Rajasthan, Chandigarh, Delhi records of field visits by ANM/LHVs were not maintained in any of the test-checked districts. In Uttar Pradesh, records of field visits by ANMs/LHVs were not maintained. In Assam, information regarding field visits by ANMs/LHVs was not maintained. In Meghalaya, shortfall of field visits by ANMs/LHVs ranged between 18 and 30 *per cent*. In Himachal Pradesh, 4023 field visits (District level: 3024 and Sub-district level: 999) by ANM/LHVs were made during 1995-2000 in test checked centres against the requirement of 12480 (District level: 8640 and Sub-district level: 3840). Shortfall of 32 *per cent* was attributed to shortage of ANMs and LHVs, non sanctioning of posts of medical officers and lack of supervision by Medical Officers. In Tamil Nadu, improper functioning of feedback system in respect of referred high risk women was noticed in the government attached test checked centres, including Rajaji Hospital Madurai and the centres at Government Hospitals/CHC at Tambaram, Kaveripattinam, Krishanagiri, Dharmapuri and Harur. In Tamil Nadu and Uttar Pradesh 3767 maternal deaths were reported during 1995-99 at Post Partum centres due to anaemia, haemorrhage, sepsis, toxaemia, tetanus, obstructed labour and other reasons. There was no evidence of monitoring in these cases. In Pondicherry, preventable maternal deaths due to anaemia and sepsis ranged from 18 to 36

per cent during 1995-2000. There was no evidence to suggest that these cases were appropriately monitored for detection and referral treatment.

1.6.2.3. Reproductive Health and Care

Reproductive Health and Care includes services to counter reproductive tract infection and sexually transmitted diseases providing facilities for safe medical termination of pregnancy and PAP Smear test facility for detection of cervical cancer.

RTI and STD services

With the large-scale prevalence of Reproductive Tract Infection (RTI) and Sexually Transmitted Diseases (STD), especially among women, management of such cases at various levels has been envisaged under the RCH Programme. The scheme envisages establishment of RTI and STD clinics in all district hospitals and three First Referral Units in category 'A' districts, two in category 'B' districts and one in category 'C' districts. These were to be assisted by the Central Government by way of training and supply of drug kits including disposable equipments. The scheme was not implemented during 1998-2000 in Kerala and West Bengal and the services were not started in 12 FRUs of Meghalaya due to non-availability of trained doctors, lack of training and non-supply of drug kits. RTI tests were not conducted in Pondicherry due to 5 vacant posts of Laboratory Technicians in 3 CHCs and trained doctors exclusively for RTI/STD were not available in Orissa and in FRUs of Pondicherry. The facility was available only in 15 *per cent* of identified FRUs and funds were released for 74 *per cent* of the clinics only in Uttar Pradesh. In general the test checks showed that the facilities provided under the programme are still at the initial stages and are not upto the required level.

RTI and STD services facilities scheme still at initial stage

The facility assessment showed that the facilities lagged behind in equipping laboratories for diagnosing RTIs/STDs and maintaining RTI/STD check-up records by 14 *per cent* and 47 *per cent* respectively. The state differentials in availability of laboratory equipments for diagnosing RTI/STD showed that Punjab, Uttar Pradesh and Orissa were among the poorly performing states and Jammu & Kashmir, Madhya Pradesh and Tamil Nadu were among the better performing states. The beneficiary assessment showed that of the women who faced RTI/STD problem, only 37 *per cent* had sought treatment. Among these, only 18 *per cent* had sought treatment from Government facilities.

Medical Termination of Pregnancy (MTP)

Medical termination of pregnancy is permissible in certain conditions under the MTP Act, 1971. Enhancing the number and quality of facilities for MTP is an important component of the programme. The programme envisaged need based training programmes to ensure initially at least, one trained team (Medical officer and Nurse) for every hospital at district and sub-district level, provision of MTP equipment where trained team and operation theatre were available and thereafter in PHCs. The Programme also envisaged provision of MTP kits. Sample checks revealed that in Meghalaya and Tamil Nadu trained doctors and nurses were not available. In Andhra Pradesh, only 32 *per cent* of

Trained doctors and nurses for MTP not available in Meghalaya and Tamil Nadu whereas only 32% trained in Andhra Pradesh

the targeted number were provided training, and in Himachal Pradesh, MTP kits were not supplied. No information regarding MTP could be supplied to audit in Assam and Manipur.

The beneficiary survey reflected poor availability of MTP facilities with only a quarter of centres approved and similar proportion of trained doctors available for conducting MTP. About 24 *per cent* of centres also mentioned receiving performance based cash assistance for conducting MTP. The beneficiary survey showed that only 36 *per cent* of women were aware of the places where the MTP services could be sought. As regards utilisation of MTP services, only a small proportion of women (4%) had undergone abortions in the past. Of these, around 56 *per cent* had sought services from private hospitals.

Only 36% percent of women were aware of MTP

The PAP Smear Test facility Programme

PAP Smear Test facility for early detection of cervical cancer among women was introduced in 25 medical colleges on pilot basis in 1977. It was extended in a phased manner to 105 Medical colleges/Post-graduate Institutions all over the country by 1998-2000. Under the programme the government provides funds for salary of a cyto-technician as per State/UTs scale of pay, Rs 3000 for purchase of glassware, chemicals etc and Rs 2000 as contingent expenditure. The cyto-technician is required to collect/examine smears and maintain records of services rendered and submit quarterly progress reports to the Department of Family Welfare through respective State Family Welfare Officers. The findings are to be confirmed by the cyto-Pathologist/Head of Department of Pathology of the medical college/Post-graduate Institution where this programme was introduced. The performance of such colleges/institutions is assessed by the department on the basis of the number of slides prepared and examined without prescribing any norms. The performance as assessed by the department during 1995-1999 revealed that the quarters for which the institutions reported performance, declined constantly from 358(1995-96) to 298 (1998-99) during each year. Arunachal Pradesh, J&K, Meghalaya, Mizoram, Nagaland, Sikkim, A&N Island, Dadara & Nagar Haveli, Daman & Diu, Delhi, Lakshadweep and Pondicherry did not furnish any quarterly reports during 1995-99 which shows that the Departments of Family Welfare did not effectively monitor performance of these institutions. Number of slides prepared by the reporting institutions ranged from 46372 to 62866 during 1995-96 to 1998-99. Analysis of slides prepared, for carcinoma revealed that slides ranging from 59 to 61 *per cent* were only examined. Test check of states/U.T. records revealed that in Andhra Pradesh, Assam, Gujarat, Himachal Pradesh, Karnataka, Maharashtra, Manipur, Orissa, Pondicherry Tamil Nadu and Uttar Pradesh, 48 *per cent* of the posts of Cyto-technicians were vacant due to non-sanction of posts or due to non-filling the sanctioned posts. The programme though approved, was not implemented in Delhi and Rajasthan. In one medical college each in Assam and Delhi, posts of cytotechnicians were not created since grants were not released by the Central Government. In Punjab, smear collection and their examination was handled by the Laboratory Technician of Medical College, Patiala due to non availability of cytotechnician since 1995-96. In Himachal Pradesh,

Non-submission of quarterly reports by 12 States/UTs during 1995-99

48 *per cent* posts of cyto-technicians lying vacant in 11 States/UTs

Details of 41% slides examined were not on records in five States

examination of slides prepared by Kamla Nehru Hospital Shimla, was conducted at Indira Gandhi Medical College due to absence of cyto-technician. Proper Records of slides were not maintained in Maharashtra, Gujarat, Karnataka and Pondicherry. 120 slides prepared during 1995-2000 were not examined in Bihar. In five states of Assam, Himachal Pradesh, Madhya Pradesh, Tamil Nadu and Uttar Pradesh, details of 41 *per cent* slides examined were not on record. Slides prepared during 1995-96 to 1999-2000 in the states of Assam, Bihar, Gujarat, Himachal Pradesh, Karnataka, Madhya Pradesh Tamil Nadu and Uttar Pradesh ranged from 120 to 44,000. This shows that no norms were prescribed for collection and testing of blood smears for detection of carcinoma.

Norms for detection of Carcinoma not prescribed in eight states

The evidence from the performance registers of PPCs and CHCs as collected during facility assessment, revealed that about one-fourth of PPCs and one-sixth of the CHCs had lab equipment to undertake such tests. The poor turnout (an average of about 50 cases annually *per cent*re) could also be indicative of the poor quality of facility offered.

1.6.2.4 Child health and care

Strengthening of services to improve child survival is one of the major components of the RCH programme. Child Survival Programme mainly focuses on the preventive aspects; such as control of vaccine preventable diseases, diarrhoeal diseases and acute respiratory infections among infants and children under 5 years.

The **immunisation** of children against six preventable diseases, namely tuberculosis, diphtheria, pertussis, tetanus, polio and measles has been the cornerstone of child health care system. As a part of the National Health Policy, the National Immunisation Programme is being implemented in India on a priority basis. The Expanded Programme on Immunisation (EPI) was started by the Government of India in 1978 with the objective of reducing morbidity, mortality and disabilities from these six diseases by providing free vaccination to all eligible children. Immunisation against polio was introduced in 1979-80, and tetanus toxoid for children was added in 1980-81. BCG was brought under the EPI Programme in 1981-82. The latest addition to the programme has been vaccination against measles, in 1985-86.

The following table gives a summary of targets and achievements :

(Number in lakh)

Name of vaccination	1994-95	1995-96	1996-97	1997-98	1998-99	Percentage shortfall
BCG						
Targets	247.65	248.61	254.02	255.45	251.17	
Achievements	246.15	240.61	248.80	253.53	242.97	0.60 to 3.26
DPT						
Targets	247.65	248.61	254.02	255.45	251.17	
Achievements	233.25	224.92	231.87	236.71	232.50	5.81 to 9.52
POLIO						
Targets	247.65	248.61	254.02	255.45	251.17	
Achievements	235.00	227.13	234.82	238.67	236.26	5.10 to 8.64
MEASLES						
Targets	247.65	248.61	254.02	255.45	251.17	
Achievements	215.33	204.83	210.88	218.26	218.77	12.89 to 17.60
TETANUS						
Targets	275.25	275.30	281.08	282.87	277.47	
Achievements	230.02	220.67	229.22	232.52	229.69	16.43 to 19.84
Total						
Targets	1265.85	1269.74	1297.16	1304.67	1282.15	
Achievements	1159.75	1118.16	1155.59	1175.69	1160.19	8.38 to 11.93

8 to 20 *per cent* shortfall in achievement of immunisation of children against BCG, DPT, Polio etc.

The overall shortfall in achievements of immunisation for BCG, DPT, Polio, Measles and Tetanus during 1994-99 vis-à-vis targets ranged from 8 to 12 *per cent* whereas the same for Measles and Tetanus ranged from 13 to 18 *per cent* and 16 to 20 *per cent*, respectively. Targets have remained constant in the range of around 250 lakh for BCG, DPT, Polio and Measles for all the five years. The targets set disease-wise are not based on any annual review.

The All India Hospital Post Partum Programme also envisaged immunization of pregnant women against Tetanus Toxiod (TT) and immunization of all children born in hospitals and visiting out patient department (OPD) as also coverage of all children in allotted areas. At the central level, target of immunisation during 1990-2000 in respect of TT for pregnant women and school children below 16 years was 100 *per cent*; and for DPT (children below 3 years) and DT and typhoid (new school entrants 5-6 years), 85 *per cent*. Target for polio and BCG for infants was raised from 70 and 80 *per cent* (1990) to 85 *per cent* (2000). Data regarding target of infants to be immunised as per the projected population in 22 States is given in **Annex 7**.

An analysis reveals that shortfall in targets set for primary immunisation for infants in the age group 0-1 year ranged from 8 to 20 *per cent* in Daman &

Diu, Gujarat, Haryana, Himachal Pradesh, Orissa and West Bengal, and from 23 to 50 *per cent* in Andhra Pradesh, Arunachal Pradesh, A&N Island, Chandigarh, Daman & Diu, Delhi, Goa, Karnataka, Kerala, Maharashtra, Manipur, Nagaland, Punjab, Pondicherry Sikkim, Tamil Nadu and Tripura. Besides, for secondary immunisation, children in the age group of 5 to 6 years also were required to be administered DT (Diphtheria and Tetanus Toxiod) and two doses of TT to children below 10 and 16 years. Test check of record in Delhi, Haryana and Madhya Pradesh revealed that the basis of fixing targets for vaccines was not on records whereas, in Delhi targets were the same each year during 1995-2000 and the percentage of children not covered in these states could not be ascertained. In Tripura, 100 *per cent* targets as required were not fixed for immunization against BCG, Measles, DPT and Polio. In Nagaland, the growth in population showed increasing trend during 1995-2000 but targets of immunization did not show corresponding increase. An analysis of achievements vis-à-vis State-wise targets reported by the department of family welfare in respect of BCG, TT (PW), Polio, Measles and DPT revealed that in most of the States/UT achievements were more than 100 *per cent* vis-à-vis State/UT targets. Either targets were fixed at lower levels or were not realistic. Immunisation coverage during the period 1995-2000 is depicted in **Annex 8**. Analysis reveals that, the lowest coverage is under the measles vaccine. Overall, about 83 *per cent* of targeted children have been fully immunised against preventable diseases.

The beneficiary assessment revealed that a majority of the children (ranging between 72 *per cent* and 82 *per cent*) aged 12-23 months on the date of survey had received BCG, DPT and Polio vaccines. Although most of the children had received DPT and Polio vaccines, there had been a drop of 9 percentage points from DPT 1-3 doses and 10 percentage points from polio 1-3 doses. Vaccine against Measles and supplementary Vitamin-A solution were received by 60 *per cent* and 51 *per cent* of children respectively. Overall, the percentage of children fully immunised was only 55 against the cent *per cent* coverage envisaged under the programme. Encouragingly Government facilities were mentioned as the main source of receiving immunisation services.

In five states shortfall in administration of IFA tablets ranged from 1 to 56

Child Survival & Safe Motherhood programme emphasized Vitamin A solution for all children less than 3 years of age to prevent blindness amongst them. Prophylaxis against nutritional anaemia amongst children requires **daily dose of Iron Folic Acid tablets**, for a period of 100 days and prophylaxis against blindness amongst children due to deficiency of **Vitamin A** requires the first dose at 9 months of age alongwith measles vaccine and the second dose alongwith DPT/OPU and subsequent three doses at six monthly intervals. Sample checks revealed that, shortfall in the administration of IFA tablets ranged between 1 to 56 *per cent* in different years in Haryana, Jammu & Kashmir, Maharashtra, Tamil Nadu and West Bengal whereas information in respect of Delhi was not furnished. The shortfall in Jammu & Kashmir, test-checked districts of Maharashtra and Haryana was attributed to non-supply/delay in supply of IFA tablets. Sample checks also revealed that shortfall in the administration of Vitamin – A ranged between 3 to 82 *per cent*

In four states shortfall in administration of Vit.-A ranged from 3 to 82 *per cent*

in Delhi, Haryana, Himachal Pradesh and Tamil Nadu. Besides, targets were not fixed in Jammu & Kashmir during 1999-2000 and achievements were stated as aggregate of all doses. Only 2 to 13 *per cent* of children who had received the first dose received all prescribed doses. In West Bengal Rs 24.11 lakh were spent during 1995-99 on vaccination of dropout cases involving 16.36 lakh doses (TT: 2.64 lakh doses, DPT: 6.05 lakh doses, Polio: 6.08 lakh doses and D.T: 1.59 lakh doses), which did not serve the intended purpose as dropout during 1995-99 ranged from 5 to 11 *per cent*. In Delhi 11.43 lakh children did not report for subsequent doses of Pulse Polio out of cases which received 254.29 lakh doses in 15 rounds during 1995-2000, upto 21.96 *per cent* did not turn up for the second and third dose under the routine OPV programme.

To support immunisation programme, **cold chain** maintenance (including recruitment of cold chain staff) was visualised in all the PHCs in the country which were to provide continued assistance under the CSSM programme. Under RCH, renewal of cold chain was to be done and a need based assessment was to be made, for deep freezers and Icelined refrigerators to be provided in additional centres. Under RCH Districts, Health and Family Welfare Officers were required to supervise district cold chain mechanism. The facility survey revealed that a majority of the CHCs and PHCs had adequate vaccine storage facilities such as refrigerators, ice lined refrigerators, deep freezers, cold boxes and vaccine carriers available to them. But the actual utilisation of facilities was found unsatisfactory and far below the level of capacity created. In Bihar around 1300 cold chains out of 3241, were lying damaged. In Uttar Pradesh more than 1000 cold chains out of 2599 were lying damaged in March 1998, while by May 2000 it was reported that 1166 cold chains out of 2445 were lying idle with the PHCs. Solar refrigerators in Manipur could not be used at all for want of expert operators. In Orissa, 14 cold chains are being installed. In Delhi 5 cold chains and 16 deep freezers have still not been installed.

1.6.2.5 Family planning

Government of India launched various programmes over a period of time, which introduced multifarious family planning services.

As the services envisaged a complex network of facilities, initiatives and delivery systems, the findings of audit as well as that of the surveys are indicated below under subject areas incorporating therein the various linkages and implications.

Performance in vasectomy

Negligible proportion of vasectomy to total sterilisation

The proportion of Vasectomy to total sterilizations is only 2%. Currently over 98% of sterilisations are tubectomies and this is a manifestation of the gender imbalance that plagues the programme. The following table gives the comparative achievements in the methods employed :

Year	Number of Sterilisation Cases			Percentage of Vasectomy	Percentage of Tubectomy
	Vasectomy	Tubectomy	Total		
1995-96	123748	4298571	4422319	2.8	97.2
1996-97	72006	3798220	3870226	1.9	98.1
1997-98	71352	4167162	4238514	1.7	98.3
1998-99	102656	4104070	4206726	2.4	97.6
1999-2000	88010	4502560	4590570	1.9	98.1
Total	**457772**	**20870583**	**21328355**	**2.15**	**97.85**

Analysis of data in samples revealed that in Andhra Pradesh, Gujarat, Jammu & Kashmir, Karnataka, Maharashtra and Orissa, vasectomy operations constituted 0.9 to 6 *per cent* of total sterilisation. In the case of Mizoram and Tamil Nadu it was still lower at 0 to 0.2 *per cent.* The beneficiary survey also revealed that the acceptance of vasectomy was very low (0.9%) among the eligible couples, mainly due to continued emphasis of the Government programme on female sterilisation, till recently. However, with the introduction of non-scalpel vasectomy and involvement of men under RCH, it is expected that share of vasectomy would improve. The awareness of vasectomy as compared to other methods was relatively low (46%), and the practice was negligible.

Performance in Laparoscopic Tubectomy

Laparoscopic Tubectomy less than 50 percent of total sterilisation

While female sterilisation is the most adopted method, the programme emphasises laparoscopic tubectomy as preferable to conventional tubectomy. However, the performance of laparoscopic tubectomy was low at less than 50% of total female sterilisation. Performance ranged between 1-16 *per cent* in Tamil Nadu and Andhra Pradesh, between 25-49 *per cent* in Gujarat and Dadra & Nagar Haveli and between 25-30 *per cent* in Karnataka.

Low achievement in terminal methods

Shortfall in achievement of sterilisation targets was highest in Bihar (71%), followed by Rajasthan (62%), Jammu & Kashmir (51%), Uttar Pradesh (39%), Orissa (30%), Madhya Pradesh (29%), Delhi (27.55% in tubectomy and 59.70% in vasectomy). The beneficiary assessment revealed that the current usership of terminal methods of FP (Tubectomy, Laparoscopy and Vasectomy) was low at 31 *per cent* against the Couple Protection Rate of 40 *per cent.* The percentage of current users of sterilisation was below 25 *per cent* in Assam, Bihar, and Uttar Pradesh. On the other hand, percentage of acceptors of tubectomy in Andhra Pradesh, Haryana, Himachal Pradesh, Kerala, Maharashtra and Tamil Nadu was reasonable at 40 *per cent.* With

increased emphasis on terminal methods in the government programme leading to high awareness among couples (76%) the acceptance level of 31% (all terminal methods) does not match the expected level, as revealed by the beneficiary assessment.

Unsuccessful Sterilisations

9 States/UTs reported 762 cases of failure of sterilisations

In Andhra Pradesh, Arunachal Pradesh, Bihar, Gujarat, Haryana, Karnataka, Madhya Pradesh, Nagaland and West Bengal the nodal departments did not receive reports on failure of sterilization. However, 762 cases of failure were reported in Himachal Pradesh: (52), Kerala: (13), Maharashtra: (115), Orissa: (9), Punjab: (3), Rajashtan: (367), Tamil Nadu: (122), Chandigarh: (13), Delhi: (62). No investigations were carried out to establish the reasons of failure.

Impact of Target Free Approach (TFA) on Terminal Methods

Sterilisation programme declined or remained static after adopting TFA

Test check of records in the states of Andhra Pradesh, Bihar, Gujarat, Himachal Pradesh, Jammu & Kashmir, Maharashtra, Mizoram, Tamil Nadu, Tripura and Delhi revealed that TFA did not produce results in the desired direction and quality of services did not improve. It led to a drastic fall in the quantitative performance. It was also noticed that, targets fixed for temporary methods were substantially lower and even those could not be met indicating that performance was dependent largely on terminal methods. In general, the performance of sterilisation programme either declined or remained static after adopting TFA. Performance in Himachal Pradesh, Mizoram and Tripura declined to the extent of 14 to 39 *per cent*. A decline in performance of sterilisation was also observed in Tamil Nadu and Delhi.

Performance in Spacing Methods of Family Planning

Year	Oral Pills users	Condom Users	IUD Insertion	Total	Percentage Users		
					Oral Pills	Condom	IUD
1995-96	5090850	17297429	6857882	29246161	17.41	59.14	23.45
1996-97	5250025	17214327	5680671	28145023	18.65	61.16	20.18
1997-98	6394793	16795452	6172904	29363149	21.78	57.20	21.02
1998-99	6868654	17308141	6065335	30242130	22.71	57.23	20.06
Total	**23604322**	**68615349**	**24776792**	**116996463**	**20.17**	**58.65**	**21.18**

Even though the usership of spacing methods was as such low, among the total spacing method users, around 59% accounted for condom users alone and rest 41% accounted for OP users and IUD insertions together, indicating lower use of the latter two methods. Targets for sterilization and temporary methods of I.U.D, Condom and O.P. users were fixed upto 1995-96 and thereafter the targets were fixed by assessing expected level of achievements or needs of the community as estimated by the lower level of staff after conducting surveys.

IUD, oral pills and condoms are amongst the several methods to regulate fertility and achieve proper spacing between births These interventions were

not significantly used in Bihar and had varying success in other States. Test check revealed that:

Use of oral pills, condoms was poorest in Bihar and non- achievement in the I.U.D insertions ranged from 32 to 69 *per cent* in Delhi, Himachal Pradesh, Jammu and Kashmir,Maharashtra ,and Rajasthan,whereas non-achievement in the use of oral pills and condoms ranged from 29 to 73 *per cent* in Delhi, Goa ,Jammu and Kashmir, Madhya Pradesh, Orissa, and Uttar Pradesh.

Beneficiary survey revealed that, the current usership of spacing methods was very low (ranging between 2 and 4 *per cent* for different methods). Among all the spacing methods, usership of oral pills was marginally higher (4%) than condom (3%) and IUD or loop (2%). Similarly, the use of natural methods was very low.

Inadequate distribution of Conventional Contraceptives (CC) and Oral Pills (OP) to Acceptors

Requirement of 127.5 lakh CC and 32.3 lakh OP was not met in four states due to short supply

Free distribution of oral pills and condoms was not found satisfactory, although around Rs 55 to 73 crore every year was spent during 1995-99. State/UTs records revealed that CC and oral pills were not distributed even in accordance with the norms prescribed by Government of India. Short supply of CC was to the extent of 27 lakh, 60 lakh, 34 lakh and 6.5 lakh in the States of Tripura, Himachal Pradesh, Maharashtra and Mizoram, respectively. The supply of OP was deficient to the extent of 3 lakh, 0.31 lakh, 27 lakh and 2 lakh in the states of Tripura, Himachal Pradesh, Maharashtra and Mizoram respectively. The beneficiary assessment revealed that a large majority (76%) of users were currently purchasing condoms and oral pills even in rural areas. Shops (78%) were reported to be the major source of procuring these methods in both urban (81%) and in rural (77%) areas. Thus the utility or the necessity of free distribution of contraceptives is open to question.

Sterilisation Bed Scheme

A scheme for reservation of sterilisation beds in hospitals run by Government, Local bodies and voluntary organisations was introduced in 1964 to provide immediate facility for tubectomy operations in the hospitals. The beds are sanctioned in hospitals on the basis of their performance during the preceding years. Beds are sanctioned to the voluntary organisations on the recommendations of the state government. Later, with the introduction of Post Partum Centres some beds were transferred to the Post Partum Centres. Maintenance grant of Rs 3000-4500 per bed per annum was admissible subject to achievement of 45-60 tubectomies per bed per year subject to proportionate adjustments in case of achievements below 45. During 1995-2000 (against budget estimates of Rs 8.40 crore) an expenditure of Rs 8.69 crore was incurred on the scheme. 3170 sterilization beds were functioning in various States. Out of these, 60 were functioning in State Government Hospitals, 454 in local bodies and 2656 in voluntary organisations. Almost 84 *per cent* of operation beds were in voluntary sector and therefore information regarding these beds could not be verified in audit. However, sample check of State records revealed that :

In Bihar, Performance report of sterilisation beds in 30 Post Partum Centres attached to the district Sadar hospital was not furnished to audit. In Delhi, 437 beds were in operation out of approved 589 (108 to 130 during 5 years) and Rs 5.45 lakh remained unutilised as achievements were below minimum level. Number of voluntary organisations which performed less than 45 cases of tubectomy was not known to the department. In Gujarat, out of 1472 beds 85 beds showed performance of sterilisation from 1 to 43 during 1995-99. While the performance of 791 beds was 60 or more per bed the performance of the remaining 596 beds was nil. In Jammu and Kashmir, availability of beds for sterilisation in two hospitals at Anantnag and Srinagar against 14 approved was not known to the department. The grant of Rs 2.70 lakh received was diverted for payment of salaries under other schemes. In Manipur and Himachal Pradesh, no funds under the scheme were released during 1995-2000 as scheme was not sanctioned by Government of India. In Meghalaya, Rs 0.05 lakh were disbursed to a private hospital where performance level of 2 beds were below 45. In Tamil Nadu, Rs 92.76 lakh was released as 50 *per cent* advance grant to hospitals run by 22 VOs but performance level of available beds was not maintained by DFW. In Uttar Pradesh, the performance of 277 beds out of 88 sanctioned each year during 1995-2000 was below 45 sterilisation cases per annum which did not entitle them to maintenance grant, yet Rs 11.76 lakh was provided. In West Bengal, claims of 4 NGOs for Rs 11.75 lakh were submitted to SFWB without verifying performance from basic records.

Claims of 11.75 lakh submitted to SFWB without verification of basic records

Rs 47.57 lakh irregularly reimbursed/excess paid to NGOs in five sates

Sample checks in Andhra Pradesh, West Bengal, Maharashtra, Madhya Pradesh and Mizoram revealed that Rs 47.57 lakh were irregularly reimbursed or paid in excess to NGOs on account of diet charges, drugs, dressings, maintenance of beds without assessing the performance.

1.6.3 Information Education and Communication (IEC)

The main focus of the IEC strategy is on promoting behavioural changes, awareness generation and to introduce well defined and culturally appropriate programmes for specific regions and population segments. The department of Family welfare has been implementing a comprehensive IEC package for publicity through extensive use of Doordarshan, All India Radio, Song and Drama division, Directorate of Advertising and Visual Publicity and Directorate of Field Publicity of Ministry of Information and Broadcasting. In addition hoardings in towns, advertisement in print media, printed material, centrally by Department of Family Welfare and in regional languages by States are being utilised for IEC activities. NGOs play an important role in IEC activities through use of mass media like street plays etc. Evaluation of the impact of IEC was to be made from time to time for re-orientation of the programme on the basis of evaluation. The focus of IEC activities during the review period was on themes like eradication of Polio, increase in the age at marriage, reproductive and child health, safe motherhood, women's empowerment, gender equality and male participation. An analysis of IEC activities conducted during 1998-2000 by different States/ UTs undertaken by the Department of Family Welfare revealed that the activities were not

consistently carried out in all States /UTs and were mostly limited to few a States/ UTs and their impact on population was not assessed.

1.6.3.1 Insufficient Coverage

IEC activities generally declined during 1995-2000

IEC activities not consistently carried out in all States/UTs

Rs 15.41 lakh to establish IEC Bureau in Gujarat lapsed (June 2000)

It was noticed that either IEC activities were not undertaken or failed to provide sufficient coverage. Test check of records in 13 states revealed that in Andhra Pradesh, shortfall in exhibition of film shows ranged from 25 to 67 *per cent*, 100 *per cent* and 75 to 97 *per cent* in districts of Kurnool, Adilabad and Guntur, respectively. In Assam, information regarding IEC activities carried out were not furnished by DHS (FW). In Delhi, IEC activities generally declined during 1995-2000. Song and drama programmes decreased from 811 (1995-96) to 593, film shows decreased from 430 to 312 during 1995-2000 and audio jingles decreased from 26(1996-97) to 9 (1999-2000). In Manipur, no hoardings or vernacular IEC material were utilised during 1995-2000 due to insufficiency of funds,. In Gujarat, Rs 15.41 lakh provided by Government of India to establish State IEC Bureau within existing staff strength lapsed. (June 2000). In Jammu & Kashmir, action plans for IEC activities prepared by IEC cell having effective staff strength of 58 (State Bureau: 3 and District Bureau: 55) were not implemented. In Karnataka, progress as prescribed in action plan was not achieved in respect of 5 to 19 IEC activities. The shortfall in activities like, exhibitions, training to targeted population/ general population, health baby shows, Mahila Vichara Vinimaya, children/ women`s day, etc., ranged from 22 to 63 *per cent* during 1995-2000. In Madhya Pradesh, 156 film shows were conducted in districts of Mandla, Dewas and Durg and no shows were held in Shahdol, Jhabua and Rajgarh during 1995-2000 against the targeted 7200. In Tripura, no film shows were held during 1998-2000. In Dadra and Nagar Haveli, 230 film shows were organised during 1995-2000 against targeted 1250. In Meghalaya, 20 film cassettes in Hindi and 62 in English titled "Dai Maa" were utilized for video shows without being dubbed in regional language which had little impact on uneducated rural masses. In West Bengal, IEC activities conducted during 1996-99 had insignificant coverage of rural population. In Pondicherry, no film shows were held as cassettes for dubbing in regional languages for telecast in local channels were not received from Government of India.

Only 16 *per cent* of households reported awareness about IEC

The IEC component of the programme was found to be very weak on beneficiary assessment, with only 16 *per cent* of the households reporting awareness about any IEC activity ever undertaken in their areas. The percentage of women reporting availability of any group involved in health education activities was negligible (1.5%).

22 to 63 *per cent* in various IEC activities

Among the popular mass media, while TV viewership remained highest (45%) the utilisation of radio and news paper was mentioned by less than one-fourth of women. The message reach of FP through different media was lower than 36 *per cent*, followed by 30 *per cent* for immunisation and 27 *per cent* for MCH.

1.6.3.2 Infructuous expenditure on printing and procurement of publicity material

Expenditure of Rs 201.41 lakh incurred on facilities for printing was infructuous

In Rajasthan, Uttar Pradesh and West Bengal the entire printing work valuing Rs 1.88 crore was got done from the open market while departmental facility created for this purpose remained idle. Thus Rs 201.41 lakh spent on wages and salary of staff and maintenance of offset printing machines and their purchase resulted in wasteful expenditure. In Madhya Pradesh, during 1995-99, insignificant performance of film shows conducted in 6 test checked districts showed poor utilisation of establishment involving Rs 1.15 crore on pay and allowances of staff like Mass Media officers, projectionists, drivers etc.

1.6.3.3 Unutilised IEC material

In 8 states, IEC equipment and accessories and mass media vans remained idle during 1991-2000.

In eight states IEC equipment, vehicles etc remained idle

State	Idle materials in sample units
Andhra Pradesh	19 Mass Media Vans, 9 film projectors, 3 slide projectors, 6 generators, 2 colour TVs and video cassette recorders were not working in test checked districts.
Assam	42.53 lakh banners of school health check up programme were not utilised.
	Posters, handbill etc for PPI campaign remained in stocks.
Bihar	2980 out of 4800 cassettes were not used.
	36 beyond repair mass media vans were not replaced.
Gujarat	4 mass media vans and 412 IEC equipment (out of 480) were not in working condition.
Karnataka	66 items of IEC equipment and accessories out of 102 items were not in working condition.
Maharashtra (DHO Jalgaon)	150 documentary films and 7 feature films remained in stock for 12-15 years.
Punjab	5 sets of colour TVs and VCRs were not utilised.
West Bengal	Stores valued Rs 19.09 lakh of IEC materials remained in stock for 1-9 years.

1.6.3.4 Mahila Swasthya Sanghs (MSS)

In four states Rs 1.88 crore for establishment of new MSS remained unutilised

Government of India during 1990 introduced the scheme of 'Mahila Swasthya Samiti (MSS)' under IEC activities. Rs 1500 per MSS for first year and Rs 1200 per year thereafter were to be provided by the Central Government. Under RCH about 80000 existing MSS were to be provided with funds and 30000 new MSS were to be established. Sample check revealed that in Gujarat, Maharashtra, Orissa and Sikkim Rs 1.88 crore released by Government of India, 1995-2000 for maintenance, training and establishment of new MSS, remained unspent. In Pondicherry, no funds was allotted for maintenance grant to MSS in Karaikal district and in Himachal Pradesh new MSS were not established during 1998-2000 despite receipt of funds from Government of India.

1.6.3.5 District Programme of IEC

Rs 44.19 lakh for district programme of IEC not utilised

District programmes of IEC were to be framed on the basis of project proposals costing between Rs 3-5 lakh from Zilla Saksharata Samiti (ZSS) to link family welfare programme with the National Literacy mission. This dovetailing arrangement has proved ineffective as the details of implementation of the programme are not being monitored in most States. In Assam, Himachal Pradesh and Orissa where some scheme details were available, it was seen from sample check that funds released (Rs 44.19 lakh) in Assam and Himachal Pradesh were not utilised. In Orissa no records were maintained.

1.6.3.6 Evaluation of Impact of IEC

Evaluation of impact of IEC not assessed

IEC was to be carried out by specialist communication agencies to reorient family welfare programme on the basis of result of evaluation, in a few districts every year. Test check of records revealed that, in Arunachal Pradesh, Gujarat, Karnataka, Manipur, Orissa and Tamil Nadu evaluation work was not assigned to any specialised agency as stipulated under the programme. Infact in Arunachal Pradesh, Gujarat and Karnataka impact of IEC activities in the state was never assessed. While in Manipur, the evaluation was entrusted by the Government of India to the Indian Institute of Management, Calcutta, the evaluation report was not received by the State Government (May 2000). In Orissa, IEC activities were reviewed in quarterly meetings held by the Director, State Institute of Health and Family Welfare and attended by District level IEC officers, but no minutes were available. In Tamil Nadu, no evaluation of IEC activities has been done so far in the state and feed back/ impact assessment system is not being followed at district level. Evaluation of IEC programme was not conducted in Himachal Pradesh during 1998-2000.

1.6.4 Quality of Physical Infrastructure

1.6.4.1 Facility Survey findings :

Facility survey revealed the following deficiencies :

More than 90% of the CHCs had their own independent buildings, of which nearly two-thirds were constructed under regular GOI programme. More than three-fifths of the CHCs had most of the basic facilities. As regards the other infrastructural facilities, it was found that most of the CHCs (more than 80%) had facilities of OT, labour room, OPD, indoor ward, dispensing room, doctor's room, staff room, store room and a laboratory. More than half of the centres also had IUD insertion room, a staff room and generator backup for OT. Only 32 *per cent* of the CHCs had IEC room. Only 16 *per cent* CHCs had air conditioners in the Operation Theatres. Most (84%) of the BPHCs/PHCs had their own independent building and the remaining were functioning from rented or donated/rent free premises. The availability of basic facilities at the BPHC/PHC level was relatively poor. While electricity, drinking water and waiting lounge was available in about 70 *per cent* centres, important facilities like toilets and running water in the toilets was available only in 40 *per cent* of the centres. As regards the other facilities, it was found that about three fourths of the BPHCs/PHCs had facilities of OT, IUD insertion room, OPD,

indoor ward, dispensing room, doctor's room, and storeroom. However, an important facility like generator backup for OT was lacking. Only, three-fifths of the sub-centres were functioning from their own buildings. Basic facilities were not fully provided as only 57% had electricity connection, 47% drinking water facility, and 31% had continuous water supply Similarly, toilets were available only at 47 *per cent* of the centres, of which 28 *per cent*, had no running water. Only one third of the SCs had separate rooms for conducting deliveries and IUD insertion.

1.6.4.2 State Specific audit findings

Andaman and Nicobar Islands : 4 Sub-Centres were constructed (1998-2000) against 11 targeted (1995-2000) after delay of 2-3 years. In all, 102 Sub-Centres were functioning and 7 were under construction against requirement of 98 for 2.96-lakh rural population. Staff quarters for PHCs at Tugapur (1996-97), Ferragunj (1998-99), and Kishori Nagar (1999-2000) were not completed. Only Phase I of CHC at Campbell was constructed, and construction of Phase II is yet to be taken up (March 2000).

Rs 5.63 crore remained unutilised in personal deposit account

Andhra Pradesh : Rs 5.63 crore out of Rs 7.83 crore released by Government of India remained unutilized and Rs 1.98 crore sanctioned by state government (June 1997) for improvement of infrastructure facilities, remained substantially unutilised.

Himachal Pradesh : 28 out of 53 PHCs in Hamirpur, Sirmour and Una were without beds.

Kerala : Out of 60 PHCs in Kottayam and Kannur districts, 19 PHCs were without drinking water facilities; 20 had no dressing rooms, 6 had no lavatories, 6 had no injection rooms and 40 had no labour rooms.

Meghalaya : Rs 70.63 lakh released for construction of Rural Centres remained unutilised during 1997-99.

Rajasthan : Operation theatres in 8 PHCs, observation wards in 7 PHCs, labour rooms in 7 PHCs, 12 Doctor and ANM quarters, and 41 tubewells were not constructed (March 2000) although the works had been sanctioned. 405 works though completed were not handed over to the implementing agencies, as a result of which expenditure of Rs 6.72 crore (calculated as per approved cost) was rendered unfruitful. Rs 13.96 crore was incurred, against the approved cost of 13.19 crore on the construction of 34 buildings, but the works were not completed. 82 tubewells were constructed at the cost of Rs 24.64 lakh whereas the Jal Vikas Nigam of the State was paid Rs 66.80 lakh for construction of 123 tubewells. The balance amount of Rs 42.61 lakh was not refunded by the Nigam (June 2000).

Expenditure of Rs 6.72 crore remained unfruitful due to non-handing over of completed construction work

Sikkim : 12 PHC buildings were constructed during 1995-2000 out of which 5 were completed after a delay of 2 to 11 months and 7 were completed after a delay of 2 to 22 months at a cost of Rs 96.23 lakh .This was against the 17 targeted at a cost of Rs 141.63 lakh. The remaining five, due to be completed during 1997-98 are still to be taken up.

Tamil Nadu : Rs 28.73 crore released remained unspent during 1998-2000. Construction work in 179 SCs were in progress (March 2000) and works for 11 SCs were not taken up (August 2000), against 190 SCs sanctioned by the State Government (January 1999).

West Bengal : Rs 32.85 crore placed with 18 Districts Magistrates for construction of new SCs/PHCs/CHCs were not utilised for construction. Out of Rs 8.94 crore received in four districts test-checked Rs 5.93 crore were utilised for other purposes like medicine, equipment and repairs, leaving Rs 3.01 crore unutilised (March 2000). In all, 6513 out of 8552 functioning SCs are located in rented buildings which was insufficient. In test-checked SCs ANMs did not stay in staff quarters due to non availability of accommodation.

1.6.5 Programme Support

1.6.5.1 Staffing

A study of the deployment of manpower in the thirty-two states/UTs brought out a series of mismatches viz, shortage in deployment in each area of the scheme, diversion of staff to other health activities, and surplus staff in excess of norm. Findings are detailed in the succeeding paragraphs.

Shortage of Staff

Health workers (Lady Health Visitor, Multi purpose workers, Auxiliary Nurse Mid wife), support staff(Laboratory technicians/Assistants, Pharmacists/Compounders and medical officers/specialists, were at all not available in 989 Family Welfare Centres in Haryana, Karnataka, Madhya Pradesh, Tamil Nadu and Tripura, in 8 to 630 PHCs and CHCs of Kerala and laboratory technicians in 4 test checked PPCs of Madhya Pradesh and Haryana, in 273 PHCs/FRUs/UFWCs/RFWCs/PPCs/CHCs in Arunachal Pradesh, Karnataka, Kerala, Manipur, Tamil Nadu, Jammu and Kashmir, West Bengal, Sikkim, Madhya Pradesh, Meghalaya, Haryana and Andaman and Nicobar Islands respectively. Medical officers were not available in 9 to 98 PHCs in Kerala, 91 PPCs in West Bengal and in 25 to 28 FRUs in Karnataka.

The shortfall in the deployment of health workers, and support staff ranged from 41 to 95 *per cent* in test checked PPCs, PHCs and SCs of Arunachal Pradesh, Bihar, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Karnataka, Kerala, Nagaland, Punjab, Tripura, Dadra and Nagar Haveli and Pondicherry. Whereas shortfall ranged from 9 to 40 *per cent* in case of Medical Officers/Specialists in PPCs/CHCs/RFSCs of Haryana, Maharashtra, West Bengal and Rajasthan.

Facility survey/assessment revealed out the following:

The shortage of health supervisors and health workers at higher service delivery level ranged from 11 to 22 *per cent* for the supervisory staff at the SC level and around 8 *per cent* of the SCs were without ANMs. The shortfall of supporting staff at different levels ranged between 9 to 18 *per cent*. Whereas of Medical Officers/Specialists from 8 to 15 *per cent* at PPC and CHC level. The proportion of lady medical officers was very low among the posts filed

(ranging between 2 to 8 *per cent*) and PHCs were mostly manned by male doctors.

The shortage could have an adverse effect on delivery of services, as ANMs being crucial to the services provided at the grass root level, vacancies at this level implies non-delivery of services for all practical purposes which also adversely effect function at higher level. The shortfall of specialists at higher level would effect the beneficiary obtaining specialists services which could adversely impact on the Reproductive and Maternal Care Services.

Shortage in IEC Staff

Shortfall of IEC staff in PPCs of Arunachal Pradesh and in the test-checked districts and state demographic and evaluation cells of Bihar, Gujarat and Meghalaya ranged from 60 to cent *per cent* and was cent *per cent* in respect of the key post of Mass Education/Media Officer in Arunachal Pradesh and Meghalaya. Whereas it ranged from 28 to 52 *per cent* in Andhra Pradesh, Bihar, Gujarat, Haryana and West Bengal.

Excess manpower in rural centres

449 health workers and 707 ANMs in position in excess of sanctioned strength

449 Health Workers, ANMs and Para Medical staff in position were in excess of sanctioned staff strength in SCs/PHCs of test-checked districts of Himachal Pradesh and Sikkim, whereas 707 ANMs were in excess of the sanctioned strength in Gujarat and West Bengal.

1.6.6 Training

Data regarding capacity utilisation of training school and number of trainee qualified not maintained by the Ministry

Complete data relating to capacity utilisation and percentage of trainees qualified were not forthcoming from the Ministry's records. Available data in the States however reveal that capacity utilisation of ANM/Health Workers (Female) schools during 1996 ranged from 45.7 *per cent* to 95 *per cent* in Assam, Goa, Maharashtra, Mizoram, Orissa, Sikkim, Tripura, Andaman and Nicobar Islands and the capacity utilisation in Orissa and Maharashtra schools was very low (Orissa 45.7 and Maharashtra 52.8). In Goa, capacity utilisation dropped from 85 *per cent* during 1996 to 60 *per cent* during 1998 and 1999. The percentage of trainees who qualified ranged from 26.3 to 99.6 except in Tripura and was poor in Sikkim and Andaman and Nicobar Islands (Sikkim : 26.3 *per cent* and Andaman and Nicobar Islands: 56.5 *per cent*). The capacity utilisation in LHV/HA(F) promotional schools of Assam, Maharashtra, Rajasthan, Karnataka, Madhya Pradesh, Orissa and Goa ranged from 2.5 to 40 *per cent* during 1996, 1998 and 1999. The percentage of trainers who qualified in these States ranged from 63.1 *per cent* to 100 *per cent*, out of which Maharashtra, Rajasthan and Madhya Pradesh were below 85 *per cent* (Maharashtra: 63.1, Rajasthan 81.1 and Madhya Pradesh 84.6).

1.6.6.1 Training Programme for Dais

Departmental data, available upto June 1996 showed that there were 149521 untrained Dais in 16 States/UTs. 8 States/UTs had no untrained Dais and data in respect of 8 States/UTs were not available. Funding of programme was withdrawn from 1997-98 at a time when support was most needed. Rapid household surveys had revealed that, 123 districts had more than 70 *per cent*,

240 districts had between 30-70 % and 142 districts had less than 30 *per cent* safe deliveries. In the 142 districts having less than 30 *per cent* safe deliveries the scheme of training of Dais was re-introduced under the RCH Programme in September 2000.

Although the scheme was implemented and funded by the Government of India upto 1996-97, neither the actual requirement of Dais in each State/UT to ensure the availability of at least one trained Dai in each village nor the physical performance of training programmes of Dais vis-à-vis targets for which funds were released upto 1996-97 were ever assessed by the Department of Family Welfare. Test check of the records of States/UT of a few States showed that :

58 *per cent* of untrained Dais identified by the State (December 1995) were not imparted training in Tamil Nadu whereas in Karnataka targets were not fixed and the training was scaled down by 99 *per cent* due to lack of financial support during 1999-2000 as compared to 1997-98. In Maharashtra 62 *per cent* of available trained Dais (March 1998) were actually working (May 2000)

The facility assessment at different levels (PPC, CHC and PHC) indicated that only 31 *per cent* of the facilities had organised training programme for Dais in the last 5 years. Similarly, at the grassroots level also, only at 33 *per cent* of SCs were Dais provided training on safe delivery in the last 3 months. This was despite the fact that 35 *per cent* of the women had sought services from Dais during delivery as revealed from the beneficiary assessment.

1.6.6.2 Deliveries attended by trained staff

Deliveries by trained Dais ranged between 52 to 58 *per cent* in Haryana and in Maharashtra it ranged between 29 to 31 *per cent* of the 41 *per cent* institutional deliveries. The deliveries handled by other trained staff was as low as 14 to 18 *per cent* in Haryana. It was around 50 *per cent* in Karnataka and Mizoram and was as high as 95 to 98 *per cent* in Tamil Nadu. Deliveries handled by untrained staff in Karnataka, Haryana and Maharashtra ranged between 3 to 21 *per cent*. Sample check at States/UTs level revealed that the percentage of deliveries handled by other than the health institutions or by health workers was skeletal (12.97% to 21.40%) in Haryana. 3 to 13 *per cent* deliveries in Karnataka and Maharashtra were also handled by untrained dais. In an attempt to assess the proportion of deliveries conducted under the supervision of trained health personnel, the beneficiary survey disclosed that only 52 *per cent* of the deliveries were assisted by trained medical/paramedical personnel. Facility assessment showed that amongst the medical officers at various levels, only 27 and 16 *per cent* were trained and were conducting normal and caesarean section deliveries respectively. Amongst the paramedical staff, only 48 *per cent* were trained in conducting safe delivery.

1.6.6.3 Training in Reproductive and Child health

National Institute of Health and Family Welfare (NIHFW), New Delhi was appointed as the nodal agency for training under RCH programme. NIHFW

spent Rs 1.11 crore on creating infrastructure for training : Rs 73 lakh (travelling expenditure) and Rs 38 lakh (honorarium etc.) till March 2000. Rs 49.38 crore were advanced during 1998-2000 to different States/UTs for conducting training courses, out of Rs57.10 crore grant-in-aid released by Government of India, Statements of expenditure for Rs 5.63 crore only were received from different States/UTs and there was an unspent balance of Rs 6.61 crore with the NIHFW. NIHFW New Delhi had assessed the number of ANMs, LHVs and MOs to be trained under the integrated skill training programme. The assessed training requirement and achievement during 1998-2000 were :

Rs 6.61 crore for training remained unutilised with NIHFW

Monitoring of integrated skill training

State/UT Name	ANM		LHV		MO	
	Trg Load	Trained	Trg Load	Trained	Trg Load	Trained
Andhra Pradesh	11493	219	2135	-	2683	-
Bihar	7947	235	755	-	303	-
Chandigarh	60	30	12	-	30	-
Goa	180	-	60	-	140	-
Gujarat	7098	138	960	-	1158	-
Haryana	2478	809	542	52	1809	11
Himachal Pradesh	-	-	282	-	1066	9
Jammu and Kashmir	2561	15	387	-	1677	-
Kerala	5955	91	906	10	1290	30
Madhya Pradesh	10968	-	2160	-	-	-
Maharashtra	657	438	300	-	253	-
-Meghalaya	374	-	83	-	111	-
Orissa	4040	-	-	-	-	-
Pondicherry	218	-	25	-	66	-
Port Blair	135	-	35	-	-	-
Punjab	3359	308	685	-	1814	-
Tamil Nadu	11841	92	-	-	2598	-
West Bengal	2588	30	597	-	690	-
Total	**71952**	**2405**	**9924**	**62**	**15688**	**50**

Only 3.3 percent ANMs, 0.6 percent LHVs and 0.3 percent MOs out of assessed training load were trained

Assessed Training Load of specialised skill training and achievements during 1998-2000 were :

Monitoring of specialised skill training

State/UT Name	MTP		LAP		Mini LAP		IUD	
	Trg Load	Trained	Trg Load	Trained	Trg Load	Trained	Trg Load	Trained
Chandigarh	10	-	-	-	-	-	70	-
Delhi	36	10	216	24	-	-	160	-
Haryana	443	19	-	-	-	-	-	-
Jammu and Kashmir	331	-	-	-	-	-	2946	20
Kerala	90	-	150	12	120	-	500	-
Mizoram	60	12	36	6	120	20	600	-
Nagaland	36	-	18	-	120	-	240	-
Orissa	27	-	72	6	-	-	-	-
Punjab	320	9	444	-	648	18	3817	68
Tripura	264	-	75	-	-	-	140	-
Uttar Pradesh	-	-	-	-	-	-	150	-
West Bengal	542	27	192	11	54	-	-	-
Total	**2159**	**77**	**1203**	**59**	**1062**	**38**	**8623**	**88**

Statement of Expenditure for Rs 0.14 crore furnished against funds of Rs 10.46 crore

This would reveal that funds released were for much larger number in excess of the proposed number. Achievements reported were dismal; MO and LHV nil, ANMs 294. Against Rs 10.46 crore, statement of expenditure was furnished only for Rs 0.14 crore.

1.6.6.4 Short falls in training

Shortfall in various training parameters during 1995-2000 was as under:

Name of State	Period	% Shortfall for different cadres
Assam	1995-98	41 to 69% in case of in-services integrated training to Medical/Paramedical staff.
Bihar	1997-98	10% in case of RCH training
	1999-2000	40% in case of RCH training in Bhagalpur
Gujarat	1995-90	3 to 60% and 28 to37% in respect of Medical Officer and Paramedical personnel respectively
Karnataka	1995-2000	(i) 30%, 34%, 51% and 56% in respect of training of Dais, Hospital Management, Induction Course and In-service training respectively
	1995-96	(ii) 100% in case of MTP & Laparascopic procedures
	1995-98	(iii). 100% in case of induction course &trainers training
	1998-2000	(iv) 100% in IUD Insertion
	1995-97	(v) 100% in Hospital Management
Manipur	1995-2000	19% to 74% in 7 out of 10 courses
Meghalaya	1995-98	20.6% in case of ANMs
Orissa	1995-2000	(i) 10% to 100% in RH& FWTC (ii) 17% to 85% in RH&FWTC

Name of State	Period	% Shortfall for different cadres
Punjab	1995-99	29% to 89%
	1995-99	(i) (a) 17% to 81% in case of Medical Officers (b) 31% to 78% in case of MPW
	1995-98	(iii) 56% to 62% in case of LHV&MPW in Punjab Health School, Amritsar
Tamil Nadu		100% in case of training of para medical and staff nurses in FRUs in essential Obstetric/New Born care.
Uttar Pradesh		80% in Dais training
West Bengal	1995-96	74% & 53% in case of MHW (Male) & ANM, respectively
	1998-2000	21% to 86% in case of MTP, Laparoscopic, Mini-Lab, IUD insertion and awareness generation.
		69% in case of RCH training in Murshidabad
		No RCH training conducted in Darjeeling due to vacant post.
		Training was not imparted as per target in Purulia and Midnapur districts.
Delhi	1999-2000	(i) 46 % in respect of FW Health worker training (ii) 91% in respect of awareness generation training

3 to 100 percent shortfall of training for Medical/Para Medical staff in six states

The shortfalls in the training of Medical/para-medical staff in Assam, Gujarat, Karnataka, Punjab, Tamil Nadu and West Bengal in different years during 1995-2000 ranged from 3 to 100 *per cent* and was 100 *per cent* for induction course and trainers training in Karnataka during 1995-98. The shortfalls in training of Health workers including ANM in Meghalaya, Orissa, Punjab, West Bengal and Delhi ranged from 10 to 100 *per cent* whereas shortfall in RCH training in Bihar, Manipur, West Bengal (Darjeeling, Purulia and Midnapur districts) ranged from 10 to 100 *per cent*.

The facility assessment indicates that the programme has a long way to go with respect to training of staff in various activities. While the percentage of trained and practising paramedical staff at PPC, CHC and PHC and under various services such as CSSM, Immunisation, and CNA ranged between 32 *per cent* and 52 *per cent*, the same at SC level ranged between 38 *per cent* and 66 *per cent*. As regards training on specific activities such as diagnosis, treatment and referral of RTI/STD cases, the proportion of MOs and paramedical staff trained and practicing at PPC, CHC and PHCs was only 14 and 54 *per cent*, respectively. At the SC level it was only 43 *per cent.*

1.6.7 Supplies

Large discrepancies were noticed in the receipt and issue of contraceptives, vaccines, drugs and equipment on test check. Instances of supply of time barred stocks were also noticed. Some of the significant observations are summarised below:

Supplies worth Rs 6.24 crore in 4 states were in excess and supplies worth Rs 1.77 crore in three states short received

In Assam, Delhi, Kerala and Maharashtra supplies valuing Rs 6.24 crore were in excess of requirement. In Madhya Pradesh, Rajasthan and Tamil Nadu supplies valuing Rs 1.77 crore were received short and the losses have not been accounted for.

Supply of sub-standard surgical instruments, injections, contraceptives have been reported in Uttar Pradesh, Tamil Nadu, Bihar and Rajasthan. While the value of such supplies could be established in Uttar Pradesh, Tamil Nadu and Rajasthan as 1.02 crore, this could not be computed in the absence of details of cost in Bihar and Rajasthan.

Tubal rings supplied to three states were sub-standard

Supply of sub-standard tubal rings were observed in Madhya Pradesh, Punjab and Orissa. While the values could not be computed in Madhya Pradesh and Punjab, this was found to be of the order of Rs 13.50 lakh in Orissa.

645.51 lakh IFA tablets supplied in three states were sub-standard

In Bihar, Madhya Pradesh and A&N Island supply of sub-standard IFA tablets of the quantity 645.51 lakh was noticed.

Supplies worth Rs 2.39 crore remained unutilised in seven States/UTs

In Arunachal Pradesh, Assam, Rajasthan, Karnataka, Kerala, Manipur and Chandigarh, supplies valuing Rs 2.39 crore remained unutilised. Similar instances of huge unused stocks were noticed in Nagaland, Orissa, Punjab, Sikkim, West Bengal and Andaman Nicobar Islands, but the value could not ascertained as the value accounts were not maintained.

Facility assessment revealed that in 86 *per cent* to 96 *per cent* centres, the supply of vaccines, contraceptives, and prophylactic drugs was adequate. Kits for IUD insertion and normal delivery were available in 75 to 90 *per cent* of the centres covered in the survey. But the availability of surgical kits, laparoscopes, MTP suction pumps, kits for emergency OB care, newborn care and laboratory diagnosis were not adequately available. The lowest availability rate was 8 *per cent* and the highest availability rate was 56 *per cent*,

Procurement, distribution and monitoring system not developed

The implementing agencies have not developed appropriate systems for the procurement, distribution and monitoring of utilisation and the accounting of stores and stock have been generally neglected. The system of setting up divisional supply depots for drugs by the end of 1998 has not materialised. Non-maintenance of value accounts could lead to large scale wastages, pilferages and frauds being concealed under the pretext of general accounting failures.

1.6.8 System Support

System support for programme remained only on paper

A nation-wide programme like Family Welfare Programme requires appropriate system supports in the form of regular reporting, monitoring, survey, research and evaluation to enable the policy level to correct mis-directions and assess the adequacy and impact of the interventions periodically. It was, however, seen that the system supports provided on paper for the programme did not translate effectively into practice, as described in succeeding paragraphs.

1.6.8.1 Record keeping

The state of maintenance of critical records was poor leading to the risk of manipulation of figures, false estimation and false reporting. Facility assessment revealed that updated records were not maintained in about 13 to 39 *per cent* of the centres in respect of the family planning services, immunisation, antenatal, natal and postnatal services. The quality of record

keeping is however suspect as several instances of incorrect reporting and bogus figures were noticed.

1.6.8.2 Reporting

Excess reporting of immunisation figures

In Gujarat, achievement reported in respect of immunisation against six preventable diseases during 1995-2000 ranged between 75 and 94 *per cent*, but the sample survey conducted by International Institute of Population Sciences, Mumbai during 1997 in 9 districts and during 1999 in 10 districts revealed coverage between 31 and 80 *per cent* only. In Nagaland, 6,31,099 doses of Polio, BCG, DPT, DT, TT Measles were utilized in sample district as per Monthly Progress Report, (MPRs) during 1995-2000, whereas doses available before and after allowing wastage as per Government of India norms were 6,35,095 and 4,67,744 respectively. Children below 5 years were estimated for 1997 and 1999 as at 1,19,805 and 1,26,281 respectively on the basis of growth rate indicators, whereas coverage reported was for 1,82,498 and 2,33,865 during the years

Excess reporting of family planning figures

In Madhya Pradesh performance reported (April to December 1999) in Keopari CHC was 740 against 262 actual cases of IUD insertions.

In Maharashtra, 10831 and 7765 cases of sterilizations and IUDs were reported (1995-96) in 44 PHCs of Aurangabad district, whereas actual performance was 10097 and 7327 cases, respectively. 82290 sterilisation cases (3 *per cent* of total sterilisations of 27.47 lakh during 1995-2000) in respect of couples having five or more children were included in performance reports, despite instructions of SFWB (April 1991) for non-inclusion of such cases.

In Punjab against actual performance of 4278 sterilization cases in PHCs at Fatehgarh Sahib, Ludhiana, Moga and Patiala during 1995-99, 5102 were reported . IUD insertion cases reported during 1995-99 in 10 PHCs and one Post Partum Centre in 6 test checked districts of Amritsar, Fatehgarh Sahib, Ludhiana, Moga, Patiala and Ropar were found inflated by 10350 cases Pre-operative blood and urine tests, mandatory before sterilization, did not support the number of sterilization cases reported during 1995-2000 in PHCs of Ghosi, Mahmoodabad, Gohna, Raebreli, Phoolpur, Ramnagar, Urua and Pilkhuwa of Mau, Raebareli, Allahabad and Ghaziabad districts, as blood and urine tests conducted were 3634 and 4084, respectively as against 8917 sterilization cases.

Quarterly Performance Reports

Analysis reveals that the programme was not evaluated in Sikkim and Orissa where consolidation of QPRs was not done by state demographic cell. Shortfall in submission of QPRs was observed from district level PPCs of Uttar Pradesh ranging from 100 to 200, and 1160 to 1640 QPRs from sub-district level PPCs.

While the States/UTs of Chandigarh, Goa (1995-98), Delhi (PPC at LNJP Hospital), Uttar Pradesh (5 to 10 district and 58 to 82 sub-district level Post Partum Centres), Jammu & Kashmir (14 out of 15 P.P.Cs) did not furnish any Q.P.R during 1995-2000, the receipt of QPR from other States/UTs has been declining constantly. The department used the QPRs mainly to up date its data bank. Neither were the poor performing States/UTs suggested any remedial measures nor was any feed back about follow up actions sought from the concerned States/UTs.

1.6.8.3 Surveys

Survey not conducted in Andhra Pradesh, Jammu & Kashmir, Madhya Pradesh and Tripura

Surveys are required to be conducted to identify areas having abnormal birth/death/infant mortality rate and low level of CPR etc. for devoting special attention to such areas. However, no survey was conducted in Andhra Pradesh, Jammu & Kashmir, Madhya Pradesh, and Tripura. In Meghalaya, Pondicherry and West Bengal district surveys were conducted in 1998-99, but the survey findings were not used. Concurrent surveys required to be carried out under the RCH programme were not conducted regularly in any state.

1.6.9 Evaluation

Evaluation of programme not done in ten states/UTs

Evaluation of the programme was not done during 1995-2000 in the States/ UTs of Chandigarh, Assam, Haryana, Meghalaya, Punjab, Manipur, Jammu & Kashmir, Himachal Pradesh, Nagaland and Mizoram.

Study/survey reports not published

It was seen in audit that study/survey reports were not published. Many States reported that, even though the survey/research studies were conducted in their areas, they did not receive these reports for remedial follow up actions. The Department has neither recommended specific remedial actions to improve performance in weaker areas nor was the matter ever pursued. With the forwarding of summary reports to the Chief Secretary of the concerned State, the matter was treated as closed. The absence of evaluation coupled with the absence of a central monitoring machinery has affected the programme adversely.

1.7 Attainment of Demographic goals

Half a century after formulating the National Family Welfare Programme, India has reduced:

- Crude Birth Rate (CBR) from 40.8 (1951) to 26.4(1998);
- Crude Death Rate (CDR) from 25 (1951) to 9.8 (1998,);
- Infant Mortality Rate (IMR) from 146 per 1000 live births (1951) to 72 per 1000 live births (1998);
- Total fertility rate from 6.0 (1951) to 3.3 (1997)
- Couple Protection Rate (CPR) has increased from 10.4 *per cent* (1971) to 44 *per cent* (1999);

Source : Sample Registration System, Registrar General of India

The sharp decline in death rate was not accompanied by a similar decline in birth rate. The National Health Policy, 1983 had projected that replacement

level of Total Fertility Rate (TFR) should be achieved by the year 2000. This however, did not materialise. The Population Policy, 2000 has now set a goal of achieving replacement level of TFR by the year 2010 and a stable population by 2045. The Ninth Plan document has however cautioned that the rise of population can not be stopped immediately due to the age structure of population and the percentage of population in the reproductive age group (15-49), and that it would take 35 years even after achieving the replacement level of TFR to achieve a stable population.

CBR, CDR, IMR, CPR in respect of all States/UTs not available with Ministry

The CBR, CDR and IMR data for all the States/UTs in three indicative time periods (1995, 1998, 1999), however are given in **Annex 9**. This would show that certain States/UTs still record figures well above the national average. Analysis of information is provided in succeeding paragraphs goal-wise. Information relating CPR has not been tabulated due to paucity of data, but then certain trend indications, based on limited data, have been provided for facilitating comprehensive appreciation.

Crude Birth Rate (CBR) is defined as the number of births per thousand population in a given year. Analysis of available data revealed decrease in CBR in 1999 as compared to 1995. Test check of records in the States of Andhra Pradesh, Arunachal Pradesh, Gujarat, Himachal Pradesh, Maharashtra, Meghalaya, Mizoram, Tamil Nadu and West Bengal revealed that CBR was higher than 30 *per cent* in Arunachal Pradesh, Bihar, Madhya Pradesh, Uttar Pradesh and Rajasthan and was 16 to 29 *per cent* in rest of the states.

Crude Death Rate (CDR) is defined as the Number of deaths per thousand population in a given year. The analysis of available data revealed that CDR is higher than the national average of 9 in Madhya Pradesh, Nagaland, Orissa and Uttar Pradesh. Test check of records revealed that in Madhya Pradesh, CDR ranged from 11.2 to 11.8 per thousand during 1995-98 and in Rajasthan, CDR ranged from 8.9 to 13.2 per thousand (1995-97) against the national average of 9 (1995) and 8.9 (1996 and 1997), while in Arunachal Pradesh, CDR remained static at 13.5 during the period March 1995 to March 1997 and data were not complied thereafter.

Couple Protection Rate (CPR) is defined as the percentage of couples effectively protected against pregnancy by use of any modern family planning method. All India Couple Protection Rate as per Annual Reports of the Ministry decreased from 46 (1995) to 44 (1998). Which shows that the use of various family planning methods by the married couples of reproductive age has declined in the last 5 years. Further, none of the States have achieved CPR higher than 60 *per cent*. Test check of records in States revealed that only four states (Andhra Pradesh, Gujarat, Haryana and Himachal Pradesh) have been able to achieve CPR between 49 to 59 *per cent*.

Low performance in CPR was attributed to deficiencies in rural set-up, shortage of Medical/Para-Medical Personnel and inadequate mass media activities to motivate rural population, besides poor physical infrastructure, ills of the target free approach and qualitative evaluation of performance that discounted the quantitative approach altogether. National Family Health Survey 1998-99 revealed that about 20 *per cent* of currently married women

(in the age group of 15 to 49 years) in India have an unmet need for family planning. The unmet need for family planning (defined as the gap between desired and actual use of family planning methods) as worked out by beneficiary assessment was 19 *per cent* for spacing methods and 5 *per cent* for permanent methods. The CPR worked out is 41 *per cent* (31 *per cent* for terminal and 10 *per cent* for spacing methods of family planning).

Infant Mortality Rate (IMR) is defined as the number of infants dying under one year of age in a year per thousand live births of the same year. It is estimated that about 7 *per cent* of new born infants die within a year. Poor maternal health results in low birth weight and delivery of pre-mature babies. Infant and childhood diarrhoeal diseases, acute respiratory infections and malnutrition add to the risk. Although IMR has decreased from 146 in 1951 to 72 per 1000 births in 1997, there are wide inter-state differences. In comparison to IMR in other countries in South Asia, India has a long way to go,though IMR decreased to 70 per 1000 births in 1999.

Sri Lanka	Thailand	China	Indonesia	India	Pakistan	Bangladesh	Nepal
18	29	41	48	72	74	79	83

Source : UNFPA, the state of World Population 1999

The analysis of available data for the year 1995 and 1998 in respect of 11 populous states of Andhra Pradesh, Bihar, Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal revealed that the IMR. remained below 60 per thousand live births in Maharashtra, Tamil Nadu and West Bengal during 1995 and 1998. IMR in Karnataka came down from 62 in 1995 to 58 in 1998. IMR in Andhra Pradesh remained static at 66 during 1995-98 and that of Gujarat increased from 62 in 1995 to 64 in 1998. In Madhya Pradesh, IMR was 99 and 98 per thousand live births during 1995 and 1998 and in Rajasthan, IMR was 85 and 83 per thousand live births during 1995 and 1998 against all India average of 74 (1995) and 72 (1998). Test check of State data in Gujarat and Himachal Pradesh revealed that IMR ranged from 61 to 64 per thousand live births during 1995-99. In Tamil Nadu, IMR was 80.7 and 73.3 per thousand live births (1998) in Dharmpuri and Salem test checked districts respectively whereas state average was below 60 during this period. In Haryana, the IMR during 1998 was 70 per thousand live births.

Maternal Mortality Ratio (MMR) is defined as the number of maternal deaths per 100,000 live births. MMR is considerably high at 437 per 100,000 live births for the country, which is unacceptable when compared to current levels, elsewhere in South Asia, though MMR decreased to 408 per 100,000 live births in 1997.

Sri Lanka	China	Thailand	Pakistan	Indonesia	India	Bangladesh	Nepal
30	115	200	340	390	437	850	1500

Source: UNFPA, the state of World Population 1999.

While data from all States are not available, the test check of available data has shown that MMR for Gujarat (389), Andhra Pradesh (380) and Tamil

Nadu (230) are higher than the goal of below 200 set in the National Health Policy.

The demographic goals set forth in National Health Policy, 1983 were frequently revised and it was stated in the Eighth Five Year Plan document that Net Reproductive Rate of 1 would be achievable only in the period 2011-16. The Report of the Technical group on Population Projection (Constituted by the Planning Commission) indicated that the replacement level of NRR-I is achievable by 2026 and beyond. In the Ninth Plan (1997-2002) document the Planning Commission set two level goals and fixed the following demographic targets to be achieved by 2002.

CBR	IMR	TFR	CPR
24-23	56-50	2.9-2.6	51%-60%

This implies that 'the replacement level of fertility was not achievable by 2000 and a "level of 2.9 to 2.6" of TFR is likely to be achieved by 2002. On audit query the department stated that the achievements would depend on the people's involvement in the programme with the support of the community, social and political leadership and as such rise in population was not attributable to frequent revision of demographic goals depending upon the realistic situation upto a particular period of time.

The population profile of States & Union Territories of India with TFR, IMR and CPR is given in table below in a graded structure showing levels of attainment.

Population profile

State/UT	**Population (in millions) as on 1 March 1999***	**Percent of Total Population**	**Total Fertility Rate 1997**	**Infant Mortality Rate 1998**	**Contraceptive Prevalence Rate 1999**
INDIA	981.3	---	3.3	72	44
Group – I (Greater than or equal to 3)					
Orissa	35.5	3.6	3.0	98	39
Gujarat	47.6	4.8	3.0	64	54.5
Assam	25.6	2.6	3.2	78	16.7
Haryana	19.5	2.0	3.4	69	49.7
Dadra & Nagar Haveli	0.2	0.02	3.5@	61	29.1
Tripura	3.6	0.3	3.9@	49	25.2
Meghalaya	2.4	0.2	4.8@	52	4.6
Madhya Pradesh	78.3	8.0	4.0	98	46.5
Rajasthan	52.6	5.4	4.2	83	36.4
Bihar	98.1	10.0	4.4	67	19.7
Uttar Pradesh	166.4	17.0	4.8	85	38.2
Jammu & Kashmir	9.7	1.0	NA	45	15.0
Group – II (greater than 2.1 but less than 3)					
Manipur	2.21	0.2	2.4@	25	20.1
Daman & Diu	0.1	0.01	2.5@	51	30.2
Karnataka	51.4	5.2	2.5	58	55.4
Andhra Pradesh	74.6	7.6	2.5	66	50.3

State/UT	Population (in millions) as on 1 March 1999*	Percent of Total Population	Total Fertility Rate 1997	Infant Mortality Rate 1998	Contraceptive Prevalence Rate 1999
Himachal Pradesh	6.5	0.7	2.5	64	48.2
Sikkim	0.5	0.06	2.5	52	21.9
West Bengal	78.0	7.9	2.6	53	32.9
Maharashtra	90.1	9.2	2.7	49	50.1
Punjab	23.3	2.4	2.7	54	66.0
Arunachal Pradesh	1.2	0.1	2.8@	47	14.0
Lakshadweep	0.07	0.01	2.8@	37	9.1
Group – III (less than or equal to 2.1)					
Goa	1.5	0.2	1.0@	23	27.1
Nagaland	1.6	0.2	1.5@	NA	7.8
Delhi	13.4	1.4	1.6@	36	28.8
Kerala	32.0	3.3	1.8	16	40.5
Pondicherry	1.1	0.1	1.8@	21	56.9
A&N Islands	0.4	0.04	1.9@	30	39.9
Tamil Nadu	61.3	6.2	2.0	53	50.4
Chandigarh	0.9	0.09	2.1@	32	35.0
Mizoram	0.9	0.09	NA	23	34.6

@ Three year moving average TFR 1995-97.

* Population Projections by Technical Group on Population Projections, 1996

It can be seen that the five states of Bihar, Madhya Pradesh, Orissa Rajasthan and Uttar Pradesh currently constitute nearly 44 *per cent* of the total population of India, and with TFR greater than or equal to 3, these states alone will contribute heavily towards population increase. Demographic outcomes in these states will determine the timing and size of population at which India achieves population stabilisation.

The matter was referred to the Ministry in May 2001; their reply was awaited as of July 2001.

Annex 1

(Refers to Paragraph 1.5)

State wise details of sample districts selected for Audit

S.No	State	Total No of districts	Districts checked	Name of the districts test checked
1.	Andhra Pradesh	23	6	Adilabad, Cuddapah, Guntur, Kurnool, Nizamabad, Vizianagaram
2.	Arunachal Pradesh	13	3	Papumpare, Lower sabansiri, and west siang
3.	Assam	23	6	Kamrup, Dhubri, Lakhimpur, Karbi, Anglong and Cachar
4.	Bihar	55	11	Bhagalpur, Dhanbad, Darbanga, East-Singbhum, East-Champaran, Gaya, Hazaribagh, Kastihar, Nawada, Rohtas and Siwan
5.	Goa	2	1	Panaji
6.	Gujarat	19	6	Ahmedabad, Godhra, Jamnagar, Rajkot, Surat, Vadodara
7.	Haryana	19	5	Bhiwani, Mahendergarh, Sirsa,Sonipat, Ya,muna Nagar
8.	Himachal Pradesh	12	3	Hamirpur, Sirmour, Una
9.	Jammu & Kashmir	14	4	Srinagar, Jammu, Kthua, Udhampur
10.	Karnataka	27	6	Bangalore-rural, Belgaum, Bellary, Dakshina Kannada, Gulbarga & Shimoga
11.	Kerala	14	4	Tiruvananthapuram, Malappuram, Kottayyam, Kannur
12.	Maharashtra	29	7	Akola, Aurangabad, Gadchiroli, Jalgaon, Kolhapur, Mumbai, Pune
13.	Madhya Pradesh	47	14	Satna, Bilaspur, Dhar, Dewas Seoni Betul, Mandla, Sagar, Shahdol, Durg, Balghat, Jhabua, Barwani, Rajgarh
14.	Manipur	9	6	Imphal west, Bishnupur, Thoubal, Charchandpur, Senapati, Tamenglong
15.	Meghalaya	7	1	East Khasi Hillls
16.	Mizoram	4	3	Aizawal, Lunglei, Chhimtuipai
17.	Nagaland	8	5	Kohima, Dimapur, Mokokchung, Tuensang and Mon
18.	Orissa	30	6	Dhenkanal, Gajapati, Kalahandi, Khurda, Rayagada and Sambalpur
19.	Punjab	17	6	Amritsar, Fatehgarhsahib, Ludhiana, Moga, Patiala, Ropar
20.	Rajasthan	32	6	Bhilwara, Bikaner, Jodhpur, Kota, Pali, Udaipur
21.	Sikkim	4	4	Gyalshing, West District, Mangan and North district
22.	Tamil Nadu	29	5	Cuddolore, Dharmpuri and Krishnagiri (Dhrampuri dist) Erode and Dharampuram (Erode dist) Kanchipuram and Saidapet (Kanchipuram distt)
23.	Tripura	4	3	Agartala, Udaipur, Kailashahar
24.	Uttar Pradesh	69	11	Allahabad, Gaziabad, Gorakhpur, Hardoi, Kanpurcity, Lucknow, Mau, Mirzapur, Raebareli, Sonebhadra, Sultanpur
25.	West Bengal	18	4	Purulia, Midnapore, Murshidabad, Darjeeling
26.	A & N Island	2	2	Bambooflat, Rangat
27.	Chandigarh	1	1	District Family Welfare Officer, Chandigarh
28.	D & N Haveli	1	1	Chief Medical Officer, D & N Haveli
29.	Daman & Diu	1		
30.	Delhi	1	1	NCT Delhi
31.	Lakhshadweep	1		
32.	Pondicherry	4	4	Pondicherry Region, Karaikal, Yanam, Mahe
	Total	**539**	**145**	

Annex 2

(Refers to Paragraph 1.5.1)

A summary of beneficiary and facility assessment of National family welfare programme

The beneficiary assessment carried out by ORG Centre for Social Research included a survey among the beneficiaries and coverage of government health facilities at various levels under different programmes. The survey covered 131 districts across all the states and UTs of the country. The sample covered included 52121 households (16401 in urban and 35720 in rural), all the currently married women aged 15-49 years therein and present during the visit of survey teams, and 1086 health facilities at different levels (PPCs, UFWCs/HPs, CHCs, BPHCs/PHCs and SCs).

Since the survey aims at presenting a programme/scheme specific analysis, the summary presents the disaggregated findings of the issues addressed by the Family Welfare Programme and the facilities created under different Programmes/Schemes. Before presenting the Programme/Scheme specific analysis, it is appropriate to discuss how the Family Welfare Programme evolved in the country and the emphasis laid by different Programmes/Schemes, since its inception.

MINIMUM NEEDS PROGRAMME (MNP)

On an average, the PHCs in India covered a population of 65,283, which is more than double the prescribed norm of population coverage (30,000). The average population coverage by each PHC at national level shows that achievement of the Minimum Needs Programme is far from meeting its objectives, as some of the states are still following the old norm of covering 100,000 population per PHC.

The average population coverage by each sub-centre was found more or less as per the prescribed norm (5247 against 5000). The population coverage range in different states being, 2778 in Himachal Pradesh to 8955 in West Bengal. The marginal high coverage is mainly due to increase in the population, over period.

CHILD SURVIVAL AND SAFE MOTHERHOOD PROGRAMME (EXTENDED AS RCH PROGRAMME)

Except for antenatal care for pregnant women which showed promising results, child care services such as immunisation, ORS administration and treatment of ARI; and safe delivery services such as institutional deliveries, deliveries assisted by trained medical/ paramedical personnel and utilization of DDKs, was far from satisfactory. The state differentials of important indicators such as TT coverage, deliveries attended by trained medical personnel and fully immunised status of children show that Bihar, Uttar Pradesh, Madhya Pradesh and Assam are among the poor performing states, while Kerala, Himachal Pradesh, West Bengal, Tamil Nadu, Andhra Pradesh, Maharashtra and Punjab are among the better performing states.

The training efforts for medical and paramedical staff were low, especially for medical officers. This has had an adverse impact on the performance of activities under CSSM.

The Government facilities in India still have a long way to go with respect to training the staff in RCH and on specific activities such as screening cases for spacing methods, IUD insertion and diagnosing RTI/STD.

Overall, a considerable proportion, (31 *per cent*) of women faced RTI/STD problem. Of these, only about one-third (37 *per cent*) sought treatment. Non availability of the required facilities is one of the major reasons for low turn out for the treatment. The proportion sought treatment from Government hospitals/centres was almost half, (18 *per cent*) indicating shortfall in services availability as well as low credibility of low Government services.

Although the awareness of atleast one modern FP method was as high as 93 percent, the current users were relatively low for both terminal (31 *per cent*) as well as spacing methods (10 *per cent*).

The facilities lagged behind in equipping laboratories for diagnosing RTIs/STDs, as well maintaining RTI/STD related records (14 *per cent* and 47 *per cent*, respectively).

AREA DEVELOPMENT PROJECTS

Around two-thirds of households reported to have ever utilized the Government health facilities. The proportion utilizing the Government health facility in last one year was only 37 percent.

Only a few centres (ranging between 8 *per cent* and 11 *per cent*) were constructed under ADP/IPP. The low was due to limited implementation of IPP at national level.

The ADP/ IPP projects had fared better concerning organising training programmes for different levels of staff, more specifically for the paramedical staff.

A considerable proportion of centres (ranging between 25 *per cent* and 40 *per cent*) were supplied equipment under IPP/ADP.

POST PARTUM PROGRAMME

Post partum care was almost negligible with only four percent women reported having got examined within 42 days of their delivery

Only around a quarter of women were advised to accept FP method during antenatal and postnatal period.

Facility-wise PPCs were found to be well equipped with a good proportion being designated as FRUs, having arrangement for blood supply and sanction for 24 hours emergency services.

PAP SMEAR TEST FACILITY PROGRAMME

Although PPCs/ other urban centres and BPHCs/CHCs are supposed to be equipped with facilities to undertake cervical cancer patients, only about one-fourth of PPCs and one-sixth of RHs/CHCs had lab equipment for undertaking such tests. The poor turnout of such cases at these centres also reflected the same

STERILIZATION BED SCHEME

Nearly two-thirds of the sterilisation acceptors who obtained services from government hospitals were provided with overnight stay at the facility.

MEDICAL TERMINATION OF PREGNANCY (MTP) SCHEME

Only a third of women were aware of the place for availing MTP services.

A very small proportion (4 *per cent*) of women reported having undergone abortion in the past. Of these, a majority (56 *per cent*) had sought services from private hospitals followed by around 40 *per cent* who sought services from Government centres.

Unawareness about facility, poor availability and low responsiveness were the major reasons for low turnout of the MTP seekers from Government facilities.

INFORMATION, EDUCATION AND COMMUNICATION

The IEC component of the Programme was found to be quite weak with only 16 percent of households reporting awareness about any IEC activity ever undertaken in their areas.

The percentage of women reporting availability of any group involved in health education activities and ever attended such activities was negligible.

The availability of IEC material at the Government centres was found to be dissatisfactory.

NGO's INVOLVEMENT IN RCH

The role of NGOs was found negligible in India with less than three percent reporting availability of NGOs in their area and availing services from NGOs. Those availed services, however, reported to be satisfied with the services received.

Role of NGOs in providing sterilization services was found to be very low in India. Only in states like Uttar Pradesh their presence was felt.

MONETORY INCENTIVE SCHEME FOR STERILIZATION

Nearly two-thirds of the acceptors mentioned to have received cash incentives. A very small proportion (4 *per cent*) also mentioned to have received incentives in kind. The amount received seems to be slightly higher (Rs.161/-) than the incentive money allocated by the Government (Rs.145/-) could be due to additional money paid during camps.

Annex 3

(Refers to Paragraph 1.6.1.1)

Funds Released to States

S.No	Name of State	1995-96	1996-97	1997-98	1998-99	1999-2000	Total
1	Andhra Pradesh	13118.67	17179.66	11225.96	14614.2	19632.7	75771.19
2	Arunachal Pradesh	250.54	180.68	237.38	219.81	334.55	1222.96
3	Assam	3711.88	3057.75	4450.31	4437.8	8492.91	24150.65
4	Bihar	11900.2	8358.55	12621.82	12817.9	33304.28	79002.75
5	Goa	169.22	195.05	206.83	243.77	325.94	1140.81
6	Gujarat	5536.01	5365.16	11323.12	12611.98	17213.08	52049.35
7	Haryana	3085.18	2299.14	4244.3	3652.67	4407.75	17689.04
8	Himachal Pradesh	1963.77	1908.8	1431.02	2373.54	2407.34	10084.47
9	J & K	1499.42	1131.49	2137.78	2056.5	2261.85	9087.04
10	Karnataka	7557.81	9384.68	6461.33	9792.97	19086.05	52282.84
11	Kerala	3465.82	3192.32	3955.16	5503.94	6864.11	22981.35
12	M.P	10126.12	9755.89	9993.3	13153.54	16361.97	59390.82
13	Maharashtra	12717.93	11734.71	10677.68	15036.24	15896.09	66062.65
14	Manipur	754.01	475.33	585.85	731.06	1055.35	3601.6
15	Meghalaya	355.56	387.47	397.04	469.53	750.71	2360.31
16	Mizoram	241.89	243.42	296.04	307.88	444.27	1533.5
17	Nagaland	336.87	259.25	268.24	338.27	500.51	1703.14
18	Orissa	5365.77	4109.53	6159.09	6484.62	7819.21	29938.22
19	Punjab	2989.72	2734.32	3569.72	3684.16	4188.09	17166.01
20	Rajasthan	9413.13	10179.17	9476.69	11180.84	17545.57	57795.4
21	Sikkim	451.95	259.96	264.87	349.4	485.06	1811.24
22	T.N	11534.63	8714.41	12759.97	11779.69	23103.19	67891.89
23	Tripura	721.26	1099.46	572.78	1975.59	1000.48	5369.57
24	U.P	21119.46	19158.64	25073.58	51256.08	36652.35	153260.11
25	W.B	8189.78	8955.9	7707.15	14295.8	11948.24	51096.87
	Total	**136576.6**	**130320.74**	**146097.01**	**199367.78**	**252081.65**	**864443.78**
26	Pondicherry	139.32	127.27	174.02	192.4	186.32	819.33
27	Delhi	1972.55	1863.39	1155.41	1485.94	2791.07	9268.36
28	A& Islands	100.12	106.32	122.4	123.6	0	452.44
29	Chandigarh	32.8	35.49	39.96	69.29	0	177.54
30	Lakshadweep	150.56	119.62	113.33	189.05	0	572.56
31	Daman & Diu	17.68	14.52	19.16	35.06	0	86.42
32	D & N Haveli	34.36	38.8	44.4	52.05	0	169.61
	Total	**2447.39**	**2305.41**	**1668.68**	**2147.39**	**2977.39**	**11546.26**
	Grand Total	**139023.99**	**132626.15**	**147765.69**	**201515.17**	**255059.04**	**875990.04**

Annex 4
(Refers to Paragraph 1.6.1.3)
Component wise Analysis of Budget Allocation (In Crore)

Sl. No.	Name of Scheme	BE 1995-96	% w.r.t total BE	BE 1996-97	% w.r.t total BE	BE 1997-98	% w.r.t total BE	BE 1998-99	% w.r.t total BE	BE 1999-2000	% w.r.t total BE	Total
1.	Direction & Administration	47.61	3.01	48.60	3.17	57.00	3.12	92.00	3.70	192.20	6.54	437.41
	Total	**47.61**	**3.01**	**48.60**	**3.17**	**57.00**	**3.12**	**92.00**	**3.70**	**192.20**	**6.54**	**437.41**
Programme/ Services												
2.	Rural Family Welfare service	350.00	22.14	350.00	22.80	460.00	25.15	605.00	24.30	875.00	29.76	2640.00
3.	Urban Family Welfare Service	33.00	2.09	33.00	2.15	50.00	2.73	64.00	2.57	58.00	1.97	238.0
4.	MCH & RCH	220.10	13.92	350.10	22.81	450.10	24.60	758.00	30.45	676.80	23.02	2455.10
5.	Sterilisation Bed	1.00	0.06	2.00	0.13	2.00	0.11	1.70	0.07	1.70	0.06	8.40
6.	Post Partum Programme	49.00	3.10	49.00	3.19	70.00	3.83	100.00	4.02	120.00	4.08	388.00
7.	Area Projects	250.00	15.81	195.00	12.70	150.00	8.20	120.00	4.82	100.00	3.40	815.00
8.	SIFPSA Project in U.P	30.00	1.90	40.00	2.61	40.00	2.19	60.00	2.41	70.00	2.38	240.00
9.	Health Guide Scheme	10.00	0.63	10.00	0.65	10.00	0.55	10.00	0.40	10.00	0.34	50.00
10.	Compensation	100.00	6.33	100.00	6.51	90.00	4.92	125.00	5.02	140.00	4.76	555.00
11.	Free distribution of Conventional Contraception	109.00	6.90	99.00	6.45	109.80	6.00	92.00	3.70	107.50	3.65	517.30
12.	Cold chain	-	-	-	-	-	-	-	-	50.00	1.70	50.00
13.	Special Input for 90 backward distt.	45.00	2.84	1.00	0.07	--	-	-				46.00
14.	Payment of Arrears & other schemes	146.25	9.25	23.95	1.56	82.45	4.51	250.50	10.06	222.50	7.57	725.65
15.	School Health Scheme	-	-	45.00	2.93	37.00	2.02	-	-			82.00
16.	Flexible Approach Scheme	1.50	0.09	15.00	0.98	10.00	0.55	1.50	0.06	-	-	28.00
	Total	**1344.85**	**85.06**	**1313.05**	**85.54**	**1561.35**	**85.36**	**2187.70**	**87.88**	**2431.50**	**82.69**	**8838.45**
Support Services												
17.	Transport	25.80	1.63	26.00	1.69	32.00	1.75	27.50	1.11	43.20	1.47	154.50
18.	I.E.C	33.50	2.12	43.00	2.80	60.60	3.31	28.00	1.12	32.95	1.12	198.05
19.	Training	28.22	1.78	28.95	1.89	26.75	1.46	39.95	1.60	100.74	3.42	311.95
20.	Research & Evaluation	15.49	0.98	18.45	1.20	26.60	1.45	26.80	1.08			
21.	Involvement of Voluntary organization	8.50	0.54	8.50	0.55	8.50	0.46	6.00	0.24			31.50
	Total	**111.51**	**7.05**	**124.90**	**8.13**	**154.45**	**8.43**	**128.25**	**5.15**	**176.89**	**6.01**	**696**
Other Services												
22.	Involvement of other Deptt.	1.20	0.08	1.65	0.11	-	-	-		0.01		2.86
23.	India contribution of International org.	1.03	0.06	1.05	0.07	1.10	0.06	1.30	0.05	-		4.48
24.	Technology Mission	34.75	2.20	0.50	0.03	-	-	-	-			35.25
25.	Commercial Distribution	40.00	2.53	44.00	2.87	53.95	2.95	80.00	3.21	140.00	4.76	357.95
26.	Hindustan Latex Limited	0.05	0.01	1.25	0.08	1.50	0.08	0.10	0.01			2.90
	Total	**77.03**	**4.88**	**48.45**	**3.16**	**56.55**	**3.09**	**81.40**	**3.27**	**140.01**	**4.76**	**403.44**
	Grand Total	**1581.00**	**100.00**	**1535.00**	**100.00**	**1829.35**	**100.00**	**2489.35**	**100.00**	**2940.60**	**100.00**	**10375.30**

Annex 5(a)

(Refers to Paragraph 1.6.1.3)

Arrears due to State/UT

Name of State	Audited figures received up to
Kerala	1991-92
Madhya Pradesh	1994-95 (Except 1991-92)
Maharashtra	1994-95
Mizoram	1994-95
Nagaland	1993-94
Manipur	1995-96
Meghalaya	1995-96 (Except expenditure on CSSM)
Orissa	1995-96 (Except 1992-93)
Arunachal Pradesh	1996-97
Jammu & Kashmir	1996-97
Assam	1997-98
Bihar	1997-98
Goa	1997-98
Gujarat	1997-98
Punjab	1997-98
Tripura	1997-98
Andhra Pradesh	1998-99
Haryana	1998-99
Himachal Pradesh	1998-99
Karnataka	1998-99
Rajasthan	1998-99
Sikkim	1998-99
Tamil Nadu	1998-99
Uttar Pradesh	1998-99
West Bengal	1998-99 (Except 1997-98)

Annex 5(b)

(Refers to Paragraph 1.6.1.3)

Assessed grants awaited from Government of India

(Rs in crore)

State	Period	Programme/scheme	Grants awaited from GOI
Bihar	1997-1998	FWP	17.78
Gujarat	1995-2000	FWP	47.53
Karnataka	1995-2000	Maintenance of 794 beds	1.78
	1995-2000	FWP	19.43
Kerala	1986-1992		5.30
	1993-1999	FWP	133.61
Madhya Pradesh	1998-1999	FWP	41.33
Maharashtra	1992-1997	FWP	98.01
Orissa	1995-2000	FWP	81.34
Rajasthan	1995-2000	FWP	82.19
Sikkim	1995-1999	FWP	1.62
Tamil Nadu	1995-1999	Performance link bed grant	1.35
	1998-1999	FWP	75.96
Uttar Pradesh	1998-1999	FWP	49.27
Total			**656.50**

Annex 6(a)

(Refers to Paragraph 1.6.1.4)

Expenditure reported by State Governments

S.No	State	Assistance released	Expenditure	Shortfall	Excess (+)	% Shortfall	% Excess
1.	Andhra Pradesh *	532.72	696.51		163.79		30.70
2.	Arunachal Pradesh	8.10	7.89	0.21		2.60	
3.	Assam	173.51	163.85	9.66		5.60	
4.	Bihar	937.87	699.76	238.11		25.40	
5.	Goa *	6.29	7.31		1.02		16.20
6.	Gujarat	409.08	456.61		47.53		11.60
7.	Haryana	235.94	196.13	39.81		16.90	
8.	Himachal Pradesh	135.27	110.28	24.99		18.50	
9.	Jammu & Kashmir	70.33	73.08		2.75		3.90
10.	Karnataka	570.10	451.55	118.55		20.80	
11.	Kerala *	117.47	216.15		98.68		84.00
12.	Maharashtra	417.68	472.55		54.87		13.10
13.	Madhya Pradesh	235.28	352.48		117.20		49.80
14.	Manipur	33.19	28.53	4.66		14.00	
15.	Meghalaya *	11.55	25.57		14.02		121.40
16.	Mizoram	12.57	12.31	0.26		2.10	
17.	Nagaland	9.67	23.67		14.00		144.80
18.	Orissa	202.01	283.36		81.35		40.30
19.	Punjab	171.35	140.79	30.56		17.80	
20.	Rajasthan	580.45	644.43		63.98		11.00
21.	Sikkim *	11.82	14.48		2.66		22.50
22.	Tamil Nadu	NF	NF	--	--	--	--
23.	Tripura	52.36	63.89		11.53		22.00
24.	Uttar Pradesh	1513.59	1138.99	374.60		24.70	
25.	West Bengal	296.24	401.10		104.86		35.40
26.	A & N Island	NF	NF	----	--		
27.	Chandigarh	6.40	4.89	1.51		23.60	
28.	Delhi	71.95	45.02	26.93		37.40	
29.	D & N Haveli	2.24	1.44	0.80		35.70	
30.	Daman & Diu						
31.	Lakshadweep						
32.	Pondicherry	8.69	8.32	0.37		4.30	
	Total	**6833.72**	**6740.94**	**871.02**	**778.24**	---	---

***** ***Except 1999-2000***

Annex 6(b)

(Refers to Paragraph 1.6.1.4)

State wise Percentage distribution of population and financial assistance

State	Percentage of total population	Percentage of total Assistance released by Central Government
Andhra Pradesh	07.86	08.65
Arunachal Pradesh	00.10	00.14
Assam	02.65	02.76
Bihar	10.21	09.02
Goa	00.14	00.13
Gujarat	04.88	05.94
Haryana	01.95	02.02
Himachal Pradesh	00.61	01.15
Jammu & Kashmir	00.91	01.04
Karnataka	05.31	05.97
Kerala	03.44	02.63
Madhya Pradesh	07.82	06.78
Maharashtra	09.32	07.54
Manipur	00.22	00.41
Meghalaya	00.21	00.27
Mizoram	00.08	00.17
Nagaland	00.14	00.19
Orissa	03.74	03.42
Punjab	02.40	01.96
Rajasthan	05.20	06.60
Sikkim	00.05	00.20
Tamil Nadu	06.60	07.75
Tripura	00.33	00.61
Uttar Pradesh	16.44	17.50
West Bengal	08.04	05.83
Delhi	01.10	01.06
Pondicherry	00.10	00.09
Andaman & Nicobar	00.15	00.17
Chandigarh		
Dadra & Nagar Haveli		
Daman & Diu		
Lakshadweep		
India Total (N)	**100.00 (996944000)***	**100.00**

* Based on Planning Commission estimates for the year 2000.

Annex 7

(Refers to Paragraph 1.6.2.4)

Target of infants to be immunised as per the projected population

Name of State	Projected population as on 1.3.98 (in thousands)	Target 3% of projected population	Target set by states in r/o DTP, Polio, BCG Measles	Difference	Percentage
Andhra Pradesh	73773	2213.19	1608	605.19	27.3
Gujarat	46869	1406.07	1153	253.07	17.9
Haryana	19240	577.2	533	44.20	7.6
Karnataka	50758	1522.74	1133	389.74	25.6
Kerala	31680	950.4	562	388.4	40.9
Maharashtra	89052	2671.56	2011	660.56	24.7
Orissa	35190	1055.7	885	170.7	16.2
Punjab	23005	690.15	525	165.15	23.9
Tamil Nadu	60696	1820.88	1127	693.88	38.1
West Bengal	76892	2036.76	1699	337.76	16.6
Arunachal Pradesh	1035	31.05	24	7.05	22.7
Delhi	1193	357.93	271	86.93	24.3
Goa	1387	41.61	21	20.61	49.5
Himachal Pradesh	5902	177.06	142	35.06	19.8
Manipur	2187	65.61	46	19.61	29.9
Nagaland	1458	43.74	30	13.74	31.4
Sikkim	485	14.55	10	4.55	31.3
Tripura	3285	98.55	64	34.55	35.1
A&N Island	335	10.05	6	4.5	42.9
Chandigarh	771	23.13	14	9.13	39.4
Daman & Diu	121	3.63	3	0.63	17.36
Pondicherry	964	28.92	19	9.92	34.3

Annex 8

(Refers to Paragraph 1.6.2.4)

Immunisation coverage during 1995-2000

(Figures in lakh)

State	Target	Achievement				FI	DT		TT (16)		TT (10)	
		BCG	Measles	DPT	OPV		T	A	T	A	T	A
Arunachal Pradesh	1.24	0.69	0.49	0.65	0.60	0.49	-	-	0.57	0.25	0.62	0.50
Bihar	30.14	20.36	14.71	16.5	21.24	14.71	-	-	-	-		
Goa	1.12	1.27	1.03	1.14	1.14	1.03	-	-	-	-		
Haryana	27.01	28.74	24.06	26.05	26.21	24.06	24.53	25.87	19.54	15.14	23.01	20.52
Himachal Pradesh	7.06	7.00	6.40	6.71	6.66	6.40	6.00	6.15	5.55	43.94	6.10	5.4
Karnataka	57.64	58.99	51.71	55.9	55.94	51.71	-	-	-	-		
Meghalaya	2.91	2.10	1.18	1.62	1.60	1.18	-	-	-	-		
Mizoram	-	0.85	0.71	0.79	-	0.71	-	-	-	-		
Nagaland	1.55	0.47	0.29	0.82	0.82	0.29	26.27•	15.95	-	-		
Sikkim	0.57	0.55	0.45	0.51	0.50	0.45	0.62	0.55	0.54	0.23	0.55	0.50
Tamil Nadu	58.08	67.87	59.89	61.27	61.52	59.89	--		58.86		60.39	51.49
Tripura	3.26	2.87	2.26	2.62	2.65	2.26	--	-				
West Bengal	71.14	55.16	55.16	55.16	55.16	55.16	-		-			
Andaman & Nicobar	0.33	0.33	0.30	0.32	0.32	0.30	-		-			
Dadra & Nagar Haveli	0.25	0.26	0.22	0.29	0.28	0.22	-	-	-	-		
Delhi	11.7	13.52	9.81	10.22	10.28	9.81	13.11	9.89	11.23	2.45	12.47	8.54
Pondicherry	0.84	1.53	.80	0.92	0.92	.80	0.78	0.92		-	0.86	1.03
Total	**274.54**		**229.47**	**241.49**		**229.47**						

FI :- Fully Immunised

• figures provided for 3 years from 1996-99

Annex 9

(Refers to Paragraph 1.7)

Demographic goals

(Per Thousand)

S.No.	Name of the State/UT	CBR			CDR			IMR	
		1995	**1998**	**1999**	**1995**	**1998**	**1999**	**1995**	**1998**
1.	Andhra Pradesh	24.00	22.30	22.40	8.30	8.80	8.80	66	66
2.	Arunachal Pradesh	23.80	21.90	22.50	6.00	5.90	6.10	63	44
3.	Assam	29.30	27.70	27.90	9.60	10.10	10.00	77	78
4.	Bihar	32.10	31.10	31.10	10.50	9.40	9.40	73	67
5.	Goa	14.30	14.20	14.30	7.30	8.10	8.20	14	23
6.	Gujarat	26.70	25.30	25.50	7.60	7.80	7.90	62	64
7.	Haryana	30.00	27.60	27.60	8.00	8.10	8.20	68	70
8.	Himachal Pradesh	25.20	22.50	22.50	8.60	7.70	7.70	67	68
9.	Jammu & Kashmir	NA	19.80	19.90	NA	5.40	5.40	NA	45
10.	Karnataka	24.20	22.70	22.00	7.60	7.90	7.90	62	58
11.	Kerala	17.70	18.20	18.30	6.00	6.40	6.40	16	16
12.	Madhya Pradesh	33.00	30.60	30.70	11.80	11.20	11.20	99	98
13.	Maharashtra	24.50	22.30	22.50	7.40	7.60	7.70	55	49
14.	Manipur	20.30	19.00	19.00	6.70	5.30	5.30	23	25
15.	Meghalaya	28.90	29.20	29.20	8.90	9.00	9.00	49	52
16.	Mizoram	NA	15.80	15.80	NA	5.60	5.60	NA	23
17.	Nagaland	NA	NA	11.90	NA	NA	17.00	6	NA
18.	Orissa	27.70	25.70	25.70	10.80	11.10	11.10	103	98
19.	Punjab	24.70	22.40	22.40	7.30	7.70	7.70	54	54
20.	Rajasthan	33.20	31.50	31.60	9.10	8.80	8.80	85	83
21.	Sikkim	22.50	20.90	20.90	6.90	6.10	6.10	37	52
22.	Tamil Nadu	20.20	18.90	19.20	7.90	8.40	8.50	56	53
23.	Tripura	18.70	17.60	17.60	7.60	6.10	6.10	43	49
24.	Uttar Pradesh	34.70	32.40	32.40	10.40	10.50	10.50	86	85
25.	West Bengal	23.60	21.30	21.30	7.70	7.50	7.50	59	53
26.	A & N Islands	18.70	17.70	17.70	5.70	4.60	4.60	30	30
27.	Chandigarh	18.50	17.90	17.90	5.10	4.10	4.10	32	32
28.	Dadra & Nagar Haveli	29.70	34.10	34.10	8.20	7.70	7.90	78	61
29.	Daman & Diu	21.80	21.50	21.40	8.00	7.00	7.00	43	51
30.	Delhi	22.60	19.40	19.40	5.90	5.30	5.30	43	36
31.	Lakshadweep	25.50	22.90	23.00	7.70	6.20	6.20	27	30
32.	Pondicherry	19.80	18.00	18.20	7.30	7.80	7.80	31	21
	All India	**28.30**	**26.40**	**26.50**	**9.00**	**9.00**	**9.00**	**74**	**72**