## HEALTH & FAMILY WELFARE DEPARTMENT

## 2.1 NATIONAL RURAL HEALTH MISSION (NRHM)

**Executive Summary**

Government of India (GoI) launched the National Rural Health Mission (NRHM) in April 2005 for providing accessible, affordable, effective and reliable health care facilities in rural areas.

Given the extensive coverage of this ambitious scheme and enormity of the delivery mechanism there are some notable achievements under certain components of the Mission, namely, increase in in-patient numbers over the years, number of institutional deliveries, coverage of families under family planning, medical examination under Revised National Tuberculosis Control Programme. The availability of funds under the scheme also steadily increased over the years.

However, the above-mentioned achievements notwithstanding, there were certain shortcomings in the execution/management of the scheme which adversely affected the expected outcome of the scheme. Implementation suffered from the absence of reliable baseline data, as the household and facilities surveys were not conducted. Rogi Kalyan Samitis are yet to adequately fulfill their role in monitoring and supervising the functioning of health care centres. Staffing of the health care centres, at different levels, continues to remain a cause for concern, since the stipulated complement of specialist medical and nursing staff was not available in most of the test-checked centres. Deficiencies of physical infrastructure also persisted, as works of construction of many health centre buildings and staff quarters either remained incomplete or were not started.

The significant findings are indicated below

- Household and facilities surveys, required to identify the health care needs of the rural areas, were not conducted. The Perspective Plan for the Mission period was also not prepared.
- Village Health and Sanitation Committees (VHSCs) to be formed by Gram Unnayan Samitis, were not formed in any village.
- The population-health centre ratio was much higher than that prescribed under NRHM and no action was taken by Government for setting up new health centres during 2005-09. The health centres often lacked basic infrastructure (good quality building, electricity and water supply, etc.) as well as guaranteed services (inpatient services, operation theatre, labour room, pathological tests, X-ray, emergency care, etc.).
- While 72 Sub-centre (SC) buildings and 24 ANM[1] quarters completed at a cost of Rs 4.44 crore were not taken over even after two to 13 months of their completion, construction of 133 SC buildings and 284 ANM quarters was not started within the scheduled time frame.

[1] ***Auxiliary Nursing Midwife***

### 2.1.1 Introduction

The Government of India (GoI) launched the National Rural Health Mission (NRHM) in April 2005 with a view to providing accessible, affordable, accountable, effective and reliable health care facilities in the rural areas, especially to poor and vulnerable sections of the population. The underlying strategy of NRHM was to bridge gaps in health care facilities, facilitate decentralised planning in the health sector and provide an overarching umbrella for the existing programmes of Health and Family Welfare including Reproductive and Child Health-II, Vector Borne Disease Control Programme, Tuberculosis, Leprosy and Blindness Control Programmes. The primary objectives of NRHM are to:

- involve the community in planning and monitoring;
- reduce infant mortality rate, maternal mortality rate and total fertility rate for population stabilisation; and
- prevent and control communicable and non-communicable diseases, including locally endemic diseases.

### 2.1.2 Organisational Structure

At the State level, NRHM functions under the overall guidance of the State Health Mission (SHM), headed by the Chief Minister, for providing health system oversight, consideration of policy issues in health sector, review of progress in implementation of NRHM and inter-sectoral co-ordination, etc. The activities under NRHM are carried out through the State Health and Family Welfare Society (SHS), which was formed by integrating all earlier societies set up for implementation of various disease control programmes. The Governing Body of the SHS is headed by the Minister–in-Charge of Health and Family Welfare (H&FW) Department. The Executive Committee of the SHS is headed by the Principal Secretary of H&FW Department. In each of the 18 districts, there is a District Health & Family Welfare Society (DHS) headed by the District Magistrate. Its Executive Committee, headed by Chief Medical Officer of Health (CMOH), is responsible for planning, monitoring, evaluation, as well as for accounting and database management in respect of implementation of NRHM. The implementation of various disease control programmes is supervised by the Heads of the respective Disease Control Programmes. Various components/activities of NRHM are implemented through 346 Community Health Centres (CHCs), 922 Primary Health Centres (PHCs) and 10356 Sub-Centres (SCs) in the State. The DHS is to supervise and monitor the overall implementation of NRHM at the district level.

### 2.1.3 Audit Objectives

The performance audit aimed to assess whether -

- release and utilisation of funds and accounting thereof in the decentralised set up were adequate;

- planning and monitoring procedures at the level of village, block, district and State were oriented towards the principal objective of ensuring accessible, effective and reliable health care to the rural population;
- the level of community participation in planning, implementation and monitoring of the Mission was adequate and effective;
- the Mission achieved capacity building, as targeted, and strengthening of physical and human infrastructure at different levels, as planned;
- system of procurement of medicines and equipment and logistic management were efficient and ensured improved availability of medicines and services;
- the performance indicators and targets fixed specially in respect of reproductive and child health care, immunisation and disease control programmes were achieved.

### *2.1.4 Scope and methodology of audit*

The performance audit of NRHM was conducted from April to July 2008 and from February to March 2009. It covered the period from 2005-06 to 2008-09 through a test-check of records in H&FW Department, the SHS, five DHSs[2], five District Hospitals (DHs), 15 CHCs, 30 PHCs and 60 SCs. An entry conference with the Additional Chief Secretary to the Government of West Bengal, H&FW Department was held on 4 April 2008, wherein the audit objectives and criteria were discussed. Audit findings were discussed in an exit conference held on 27 January 2009 with the Director of NRHM.

## Audit Findings

### 2.1.5 Financial Outlays

#### *2.1.5.1 Expenditure on NRHM*

The **Table 2.1.1** shows the expenditure incurred by the State on NRHM activities.

**Table 2.1.1: Position of receipt and expenditure of funds under NRHM (Rupees in crore)**

| Year | Approved PIP | Opening balance | Amount released by GoI | State share | Total amount available for the year | Expenditure incurred during the year | Balance amount | Percentage of balance amount to total amount available |
|---|---|---|---|---|---|---|---|---|
| 2005-06 | NIL* | 13.13 | 119.41 | 0.28 | 132.82 | 85.65 | 47.17 | 35.51 |
| 2006-07 | 208.93 | 47.17 | 241.39 | 0 | 288.56 | 152.98 | 135.58 | 46.99 |
| 2007-08 | 594.41 | 135.58 | 391.40 | 0 | 526.98 | 301.60 | 225.38 | 42.77 |
| 2008-09# | 685.78 | 225.38 | 443.55 | 0 | 668.93 | 244.27 | 424.66 | 63.48 |
| **Total** | **1489.12** | **13.13** | **1195.75** | **0.28** | **1209.16** | **784.50** | **424.66** | **35.12** |

*PIP for the year 2005-06 had not been prepared.
#Figures for the year 2008-09 are provisional as the Accounts have not been finalised.
*Source : Accounts of State Health Society*

[2] *Birbhum, Howrah, Jalpaiguri, Purulia and Uttar Dinajpur*

**During 2005-09, 37 to 64 *per cent* of available funds were utilised**

It would be evident from **Table 2.1.1** that during 2005-09, availability of funds under NRHM has steadily increased, 37 to 64 *per cent* of total available funds were utilised each year. As of March 2009, Rs 424.66 crore (35 *per cent* of total available funds during 2005-09) remained parked with the SHS. The component wise receipts and expenditures on NRHM are shown in ***Appendix 2.1.1***.

### 2.1.5.2 *Release and utilisation of untied funds*

**Table 2.1.2** indicates the untied funds[3] received and utilised by the health centres in the test-checked districts during 2005-06 to 2008-09 (up to December 2008):

**Table 2.1.2: Release and utilisation of untied funds** **(Rupees in lakh)**

**Thirty four *per cent* of untied funds available with the health centres remained unutilised**

| Year | Number of health centres | Untied Funds received | Untied funds utilised | Unspent untied funds | |
|---|---|---|---|---|---|
| | | | | Amount | Percentage to funds received |
| **SC level** | | | | | |
| Birbhum | 484 | 193.60 | 154.24 | 39.36 | 20.3 |
| Howrah | 448 | 179.20 | 111.81 | 67.39 | 37.6 |
| Jalpaiguri | 537 | 214.80 | 159.33 | 55.47 | 25.8 |
| Purulia | 485 | 194.00 | 104.45 | 89.55 | 46.2 |
| Uttar Dinajpur | 344 | 137.60 | 96.88 | 40.72 | 29.6 |
| **Total** | **2298** | **919.20** | **626.71** | **292.49** | **31.8** |
| **PHC level** | | | | | |
| Birbhum | 58 | 43.50 | 36.48 | 7.02 | 16.1 |
| Howrah | 41 | 30.75 | 15.23 | 15.52 | 50.5 |
| Jalpaiguri | 38 | 28.50 | 13.56 | 14.94 | 52.4 |
| Purulia | 51 | 39.75 | 15.78 | 23.97 | 60.3 |
| Uttar Dinajpur | 19 | 16.50 | 8.59 | 7.91 | 47.9 |
| **Total** | **207** | **159.00** | **89.64** | **69.36** | **43.6** |
| **CHC level** | | | | | |
| Birbhum | 19 | 9.50 | 5.03 | 4.47 | 47.1 |
| Howrah | 15 | 7.50 | 2.55 | 4.95 | 66.0 |
| Jalpaiguri | 14 | 7.00 | 3.74 | 3.26 | 46.6 |
| Purulia | 20 | 10.00 | 6.33 | 3.67 | 36.7 |
| Uttar Dinajpur | 9 | 4.00 | 2.85 | 1.15 | 28.8 |
| **Total** | **77** | **38.00** | **20.50** | **17.50** | **46.1** |

***Source : Records of District Health Societies***

There was no annual/quarterly programme for use of untied funds and such funds aggregating Rs 3.79 crore (34 *per cent* of available fund of Rs 11.16 crore) remained unutilised at CHCs, PHCs and SCs of the five test-checked districts as of December 2008.

### *2.1.5.3 Diversion of untied funds*

Untied funds at the SC level were to be utilised towards payments for cleaning, transport of emergency cases to appropriate referral centres, transport of blood samples during epidemics, purchase of bleaching powder and disinfectants for use in common areas of the village, etc. Similarly, untied funds of PHCs was to be used for minor repairs of PHCs, provision of running

[3] *Funds not linked to any specific programme and which are to be used for some specific purposes according to local needs*

water supply and electricity, repair of soak pits, transport of emergency cases to appropriate referral centres, transport of samples during epidemics, etc.

Untied funds, aggregating Rs 5.62 lakh during 2005-09, were used for purposes not covered under the scheme, such as purchase of office stationery, equipment, drugs, etc, at 56 sub centres. Similarly, untied funds of Rs 7.75 lakh at 28 PHCs during 2006-09 were utilised for purchase of office stationery and equipment, drugs, furniture, payment of wages and payment towards advertisements and IEC[4] related activities, etc.

### 2.1.6 Planning for implementation of NRHM

#### *2.1.6.1 Absence of Baseline survey*

**Household and facility surveys at the village and block level were not conducted**

The Annual District Health Action Plans (DHAPs) were to be prepared on the basis of preparatory studies, mapping of services, and household and facility surveys conducted at village and block levels through the Village Health and Sanitation Committees (VHSCs). Household surveys were essential to assess the health care requirements and identify underserved and unserved areas. Similarly, in order to establish benchmarks for quality of services and to identify input needs, facility surveys were to be conducted in each facility i.e. CHC, PHC and SC.

There are 40798 villages in 341 blocks in the State. As regards facilities, there are 346 CHCs, 922 PHCs and 10356 SCs. The H&FW Department did not formulate a plan for conducting household and facility surveys. Consequently, no targets were fixed for conducting such surveys and these surveys were not conducted in any district. The ground work required for effective implementation of the objectives of NRHM had thus not been done.

#### *2.1.6.2 Non-preparation of Perspective Plan*

**Perspective Plan was not prepared in any district**

In terms of the NRHM guidelines, the SHS and DHSs were to identify the gaps in health care facilities, areas of interventions and probable investment for the entire Mission period (2005-12). They were to set financial and physical targets in Perspective Plans for each district and the State, based on which the annual requirements of funds and targets were to be set annually. However, Perspective Plans were not prepared by the SHS and DHSs in any district.

#### *2.1.6.3 Delayed preparation of Project Implementation Plans*

The State Project Implementation Plan (PIP) was to be prepared by 30 November of the preceding year and was to be sent to GoI for approval by 15 December after approval of the Governing Body of SHS. The State and District PIPs for the year 2005-06 were not prepared. The State PIPs for the years 2006-07, 2007-08 and 2008-09 were sent to GoI on 16 October 2006, 30 July 2007 and 20 March 2008 after delays of ten, seven and three months respectively. Moreover, in 2006-07 the State PIP was prepared without

[4] *Information, Education and Communication*

considering District PIPs since none of the DHSs had prepared the District PIP.

**Recommendation**

***The SHS should expedite the completion of household and facility surveys which would provide reliable inputs for the preparation of State and district perspective plans. The future annual state and district PIPs should be based on long term requirements and results of baseline surveys.***

### 2.1.7. Community participation in planning and implementation

#### *2.1.7.1 Non-formation of Village Health and Sanitation Committees*

The Village Health and Sanitation Committee (VHSC) was to undertake various activities like conducting a village level household survey, maintaining the village health register, preparing village health action plans, generating public awareness and motivating villagers to avail of the medical facilities available at village level, etc. In terms of the H&FW Department's order (July 2007), VHSCs were to be constructed by the Gram Unnayan Samiti (GUS). The VHSC was to be headed by the Chairman of GUS and consist of other members including one member of GUS, at least three women members of GUS, three members of women self help groups, Auxiliary Nursing Midwife (ANM), Anganwadi Worker (AWW) and Accredited Social Health Activist (ASHA) or link volunteer working in the area.

**No VHSCs were formed in any of the five test-checked districts adversely impacting the level of community participation**

However, in the five audited districts, GUSs did not form the VHSC and the untied funds meant for VHSCs were disbursed to GUSs. The primary duties of VHSCs *viz.* village level household survey and maintaining village health register were not being performed by GUSs. The failure to establish the VHSCs adversely impacted the level of community participation in implementing the Mission's activities.

#### *2.1.7.2 Non-creation of village level revolving fund*

The Mission envisaged setting up of a revolving fund at the village level by VHSC for providing referral and transport facilities for emergency deliveries, as well as immediate financial needs for hospitalisation. It has been prescribed that households may draw money from the revolving fund at the time of need, which may be returned in instalments The revolving fund was not set up by any GUS in 323 test-checked GUSs in the 12 audited Blocks.

#### *2.1.7.3 Parking of untied grants for VHSC*

Untied grants of Rs 45.54 crore were released by H&FW Department in July 2007 (Rs 16.77 crore) and February 2008 (Rs 28.77 crore) to the Panchayat & Rural Development (P&RD) Department. The grants were meant for releasing Rs 10000 to each of the 16770 VHSCs in 2007-08 and 28770 VHSCs in 2008-09. However, the P&RD Department released Rs 26.03 crore (at the rate of Rs 8000 for 16540 GUSs in 2007-08 and Rs 10000 for 12801 GUSs in 2008-09) to 132 Panchayat Samities (PSs) in eight districts between November 2007 and October 2008 for disbursement to GUSs, as VHSCs were not formed in any village. Further, the Department procured 16540 machines for weighing

babies at a cost of Rs 1.22 crore in September 2008 for distribution to each of 16540 GUSs.

**The P & RD Department had irregularly retained untied grants of Rs 18.29 crore**

Thus, the P&RD Department retained Rs 18.29 crore since February 2008, without releasing it to GUSs on the grounds that the NRHM programme under the State Public Health Cell of P&RD Department had been launched only in eight districts. The contention of the Department was not acceptable since H&FW Department released untied funds for 16770 GUSs in 2007-08 and 28770 GUSs in 2008-09 against 16540 and 13077 GUSs available in eight districts during 2007-08 and 2008-09 respectively.

In the 12 test-checked Blocks of four districts, out of Rs 2.22 crore received by PSs, the PSs released Rs 1.41 crore to 1682 GUSs in 2007-08 and 875 GUSs in 2008-09, while Rs 0.81 crore remained parked with PSs.

It was also noticed that GUSs were often not following prescribed procedures with respect to untied grants, as evidenced by the following illustrations:

i. Out of 323 GUSs, separate bank accounts for VHSC funds were not opened by 81 GUSs.

ii. Bank accounts were to be jointly operated by the ASHA/AWW or Health Link Worker and the Chairman of GUS. However, in all cases, bank accounts were being operated jointly by the Chairman and another member of GUS.

iii. Separate cash books for VHSC funds were not maintained by GUSs.

iv. Receipts and payments, out of VHSC funds, were not inspected by the ANM/Gram Panchayat (GP)/Multi Purpose Worker (MPW).

v. Alipurduar-II PS released Rs 4000, instead of Rs 8000, to each of 113 GUSs during 2007-08 and unauthorisedly retained Rs 7.08 lakh.

vi. Murarai-II PS in Birbhum unauthorisedly retained the entire amount of untied grants of Rs 18.38 lakh (Rs 9.68 lakh in November 2007 for 121 GUSs at Rs 8000 each and Rs 8.70 lakh in November 2008 for 87 GUSs at Rs 10000 each) meant for the GUSs. It deposited the entire amount in a bank account and utilised the interest of Rs 0.44 lakh for purchasing fuel for its vehicle and on refreshments for office staff.

vii. Out of 16540 weighing machines purchased by P&RD Department in December 2008 for distribution to GUSs, 196 machines were lying with P&RD Department as of May 2009. Further, 473 machines costing Rs 3.49 lakh, stated to have been delivered to Howrah Zilla Parisad (ZP) on 18 December 2008 by the transport contractor, had not been received by ZP. The consignment could not be traced by P&RD Department.

### *2.1.7.4 Rogi Kalyan Samitis*

**Deficiencies were noticed in the composition and performance of the RKS**

In term of the NRHM guidelines, a Rogi Kalyan Samiti (RKS) is to be constituted and registered under the Society Registration Act, 1860 for health care centres up to PHC level. The RKS, which was designed as the most important and pro-active intervention under the Mission to ensure delivery of

reliable and accountable health services through community ownership of the health centres, was not functioning as prescribed under the NRHM framework. Although RKSs were formed in each of 15 district hospitals (DHs), 346 CHCs and 922 PHCs during April to September 2006, the composition of the membership under the RKSs indicated deviation from the norms required to ensure broad-based participation. Further, none of the RKSs was registered under the Society Registration Act. The accountability structure under the RKS framework was further weakened by the non-institutionalisation of a grievance redressal mechanism, non-display of citizen charters at the health centres and non-formation of monitoring committees under the RKS, etc, as discussed in the subsequent paragraphs.

### *(i) Shortfall in holding meetings of RKS*

**Meetings of RKS were not held monthly**

The RKSs were required to meet at least once in a month for reviewing the functioning of health care facilities. None of the test-checked five DHs, 15 CHCs and 30 PHCs, held monthly meetings of RKS each month. During 2006-09, 63, 165 and 239 meetings were held in these DHs, CHCs and PHCs against the requirement of 180, 540 and 900 meetings respectively. No report/proposal was submitted by the RKS of any of the test-checked DHs/CHCs/PHCs.

### *(ii) Non-constitution of Monitoring Committee by RKS*

**In absence of monitoring committee in any of the audited health centres, the monitoring and redressal mechanism was ineffective**

A monitoring committee was to be constituted by each RKS to visit hospital wards/health centres and collect patient feedback for further improvement. The monitoring committee was, however, not constituted in any of the test-checked DHs, CHCs and PHCs. Thus, the objective of introducing a mechanism for redressal of complaints of the community regarding demand/need, coverage, access, quality, effectiveness, behaviour and presence of health care personnel at service points, denial of care and negligence, etc, was not achieved.

### *(iii) Poor utilisation of funds available with RKSs*

In terms of the NRHM framework, RKSs were to levy user charges from non-BPL patients for various services rendered by the health centres to meet authorised local needs. In addition, specified funds were to be released to the RKSs to carry out the functions devolved on them. The RKSs at district hospitals and CHCs received annual grants of Rs 5 lakh and Rs 1 lakh respectively for operation/ functioning. Further, at CHCs and PHCs, the RKSs received annual untied grants of Rs 50000 and Rs 25000 respectively and annual maintenance grants of Rs 1 lakh and Rs 50000 respectively.

However, the utilisation of funds by the RKSs was very low. The status of funds received and utilised by test-checked RKSs is given below:

**Table 2.1.3: Position of funds available with RKS** **(Rupees in lakh)**

| No of RKS | Year | Opening Balance | Funds received during the year | Total funds available | Expenditure incurred during the year | Closing Balance (Percentage to available funds) |
|---|---|---|---|---|---|---|
| 5 DHs | 2006-07 | Nil | 76.09 | 76.09 | 43.38 | 32.71(43) |
| | 2007-08 | 32.71 | 124.20 | 156.91 | 113.61 | 43.30 (28) |
| | 2008-09 | 43.30 | 102.82 | 146.12 | 92.84 | 53.28(37) |
| 15 CHCs | 2006-07 | 1.28 | 23.21 | 24.49 | 8.12 | 16.37(67) |
| | 2007-08 | 16.37 | 40.54 | 56.91 | 31.70 | 25.21 (44) |
| | 2008-09 | 25.21 | 51.58 | 76.79 | 48.70 | 28.09(37) |
| 30 PHCs | 2006-07 | Nil | 6.01 | 6.01 | 4.28 | 1.73(29) |
| | 2007-08 | 1.73 | 7.54 | 9.27 | 4.11 | 5.16 (56) |
| | 2008-09 | 5.16 | 5.75 | 10.91 | 3.05 | 7.86(72) |

*Source : Records of District Health Societies*

The table indicates that balances, ranging from 28 to 72 *per cent* of available funds during the years 2006-09, remained unutilised with RKSs.

***(iv) Misutilisation of corpus funds***

According to the department's order dated 13 February 2006, the Corpus Fund of DHS was to be utilised through RKSs in the district on the basis of needs of each facility. In the following cases the Corpus Fund was utilised for inadmissible purposes:

One photocopy machine (Rs 0.97 lakh), one computer (Rs 0.33 lakh), one laptop (Rs 0.47 lakh), one printer (Rs 0.06 lakh) and one digital camera (Rs 0.15 lakh) purchased by Howrah DHS between May 2007 and June 2008 were retained in the office of District Magistrate, Howrah. Besides, DHS, Howrah also spent Rs 4.64 lakh for printing of 5000 guidebooks for Anganwadi workers, even though such expenditure was not admissible.

**Recommendations**

- ***The RKSs at all the health centres should be registered under the West Bengal Societies Registration Act, 1860.***
- ***The RKSs should play a more meaningful role in supervision and monitoring of the functioning of health centres as well as in redressal of the patients' grievances through holding regular meetings, constitution of monitoring Committees, etc.***
- ***Further, the monthly reporting by RKSs to DHS on the performance of health centres and their requirements for improvement of health care services should be effectively implemented.***

***2.1.7.5 Shortfall in arranging health camps***

To enhance access to primary health care by the poor as well as for extending the reach of Reproductive and Child Health (RCH), immunisation, family welfare and clinical services to the larger population, the Department decided (June 2006) to arrange health camps on a specific day each week at each Gram Panchayat (GP) Headquarter Sub-Centre, except those which were operating from PHC or any other health facility where regular out-patient services were provided. An expenditure, not exceeding Rs 1100, was sanctioned for each

camp towards purchase of drugs (Rs 500), mobility support (Rs 500) and contingencies (Rs 100).

Audit noticed that against the target of conducting 65191 health camps[5] at 469 SCs in the five test-checked districts during August 2006 to March 2009, only 32227 health camps were organised as detailed below:

**Table 2.1.4: Position of organisation of Health Camps** **(Rupees in lakh)**

| Name of district | No. of SCs | No. of health camps required | No. of health camps organised | Shortfall in camps | No. of patients treated | Total funds received | Expenditure for mobility support | | | Expenditure for purchase of medicine | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Admi-ssible | Actual | Excess Expendi-ture | Admi-ssible | Actual | Excess |
| Howrah | 104 | 14456 | 8023 | 6433 | 636868 | 131.08 | 48.14 | 43.32 | - | 40.12 | 35.36 | - |
| Purulia | 102 | 14178 | 7768 | 6410 | 455259 | 141.81 | 46.61 | 52.59 | 5.98 | 38.84 | 51.52 | 12.68 |
| Birbhum | 94 | 13066 | 4877 | 8189 | 292396 | 120.97 | 29.26 | 24.39 | - | 24.39 | 42.35 | 17.96 |
| Uttar Dinajpur | 69 | 9591 | 4636 | 4955 | 362903 | 85.63 | 27.82 | 24.78 | - | 23.18 | 24.28 | 1.10 |
| Jalpaiguri | 100 | 13900 | 6923 | 6977 | 431445 | 129.60 | 41.54 | 49.31 | 7.77 | 34.62 | 42.37 | 7.75 |
| **Total** | **469** | **65191** | **32227** | **32964** | **2178871** | **609.09** | **193.37** | **194.39** | **13.75** | **161.15** | **195.88** | **39.49** |

*Source : Records of District Health Societies*

The shortfall in organising targeted number of camps was due to non-availability of sufficient doctors. Audit scrutiny revealed the following:

(i) The shortfall in organising the targeted number of health camps during 2006-2009, led to non-utilisation of funds of Rs 2.19 crore by DHSs.

(ii) Against sanctioned expenditure of Rs 46.61 lakh and Rs 41.54 lakh towards mobility support for organising 7768 and 6923 health camps (at the rate of Rs 600 per camp) in Purulia and Jalpaiguri respectively, Rs 52.59 lakh and Rs 49.31 lakh were spent resulting in excess expenditure of Rs 5.98 lakh and Rs 7.77 lakh respectively.

(iii) Against sanctioned expenditure of Rs 121.03 lakh for purchase of medicines for 24204 camps (at the rate of Rs 500 per camp) in four districts, Rs 160.52 lakh were spent resulting in excess procurement of medicines worth Rs 39.49 lakh. As the District Reserve Stores (DRSs) do not maintain separate stock registers for the medicines purchased for health camps, the utilisation of medicines purchased in excess of requirement could not be verified in audit.

## 2.1.8 Capacity building and strengthening of physical and human infrastructure

### *2.1.8.1 Non-availability of required number of health centres*

**No action was taken for setting up new health centres, though 3388 SCs, 1277 PHCs and 273 CHCs are still required to be set up in terms of NRHM norms**

The NRHM implementation framework set targets of providing one Sub-Centre for population of 5000 (3000 in tribal areas), one PHC for population of 30000 (20000 in tribal/desert areas) and one CHC for population of 100000 (80000 in tribal/desert areas). For the total rural population of 577.49 lakh in West Bengal (164.58 lakh in tribal areas and 412.91 lakh in other areas) as per 2001 Census, 10356 Sub-Centres, 922 PHCs and 346 CHCs existed even before the commencement of the Mission. There was an additional

[5] *35 camps during August 2006 to March 2007 and 104 camps during 2007-08 and 2008-09 in each SC*

requirement of 3388 Sub Centres, 1277 PHCs and 273 CHCs to be set up during the Mission period (2005-12), without taking into account the increase in the population since 2001. No action was taken by the Department for setting up of new CHCs, PHCs, and SCs in tandem with the requirements, as per norms.

**Recommendation**

***The Government should consider setting up of new health centres in the under-served areas.***

### *2.1.8.2 Inadequate physical infrastructure at health centres*

**In a number of audited health centres, basic infrastructure and the required services were not available**

The NRHM implementation framework and Indian Public Health Standards (IPHS) had set targets of providing certain guaranteed services at SCs, PHCs and CHCs. Test-checks, however, revealed that the basic infrastructure (good quality building, OPD rooms/cubicles for out patients, hygienic environment, water supply system, sewerage facility, medical waste disposal facility, electricity connection or standby power supply system, ambulance, etc.) and the required services such as inpatient services, operation theatre, labour room, pathological tests, X-ray, emergency care, etc, were not available in a number of audited health centres, as briefly indicated in ***Appendix-2.1.2***. This indicated that the physical infrastructure of health centres required improvement and that gaps present in critical areas required to be addressed. Test-check in audit revealed the following:

(i) Twenty four PHCs had no beds against sanctioned two to ten beds for each PHC. In two PHCs, five beds were available but in-patient service was not operational due to non-deployment of medical officer, nurses, etc, and due to the dilapidated condition of inpatient wards.

(ii) Out of 15 test-checked CHCs, five had the full complement of 30 beds while ten CHCs were functioning with only 10 to 25 beds.

(iii) Out of 12 CHCs with Operation Theatres (OTs), only minor surgery was carried out in OTs of seven CHCs due to the absence of specialist surgeons and required equipment. Five CHCs had non-working OTs. None of the OTs was equipped with the essential equipment as detailed in ***Appendix-2.1.3***.

(iv) The blood storage equipment[6] costing Rs 18.90 lakh supplied (May 2007) to ten CHCs for creating blood storage units (BSUs) were not installed till May 2009 due to non availability of required infrastructure[7] (Purulia:2, Uttar Dinajpur:2), non-receipt of licence for blood storage from Director of Drug Control (Purulia:2, Uttar Dinajpur:2, Howrah:2) and non-deployment of trained lab-technician (Purulia:2, Howrah:2, Jalpaiguri:2, Birbhum:2).

(v) The staff quarters of 24 PHCs were dilapidated and were being used by villagers for storing straw, cow dung cake, etc.

[6] *Vertical autoclave, RH view box, incubator, binocular microscope, centrifuge and blood bank refrigerator*

[7] *Adequate room for BSU with air conditioning, etc.*

(vi) Sixteen PHCs (Jalpaiguri:6, Purulia: 3 and Birbhum:7) upgraded between March 2006 and October 2008 by constructing additional buildings and providing required equipment as per IPHS norms for rendering 24 x 7 service, could not provide 24 x 7 services due to shortage of medical officers and other staff. As a result, equipment costing Rs 1.14 crore supplied to these PHCs remained unutilised as of March 2009.

(vii) Forty eight generators (Jalpaiguri:17, Purulia:15 and Birbhum:16) costing Rs 21.50 lakh supplied to ten CHCs and 38 PHCs between March 2006 and October 2008 were lying unused (March 2009) as funds required to meet fuel and operating costs were not provided.

**Recommendation**

***The issue of infrastructural shortcomings at CHCs/PHCs need to be addressed immediately by operationalising the installed facilities and supplementing essential manpower.***

### *2.1.8.3 Delayed construction of sub-centre buildings*

**Against the target of construction of 676 SC buildings with ANM's quarters, construction of 133 SC buildings and 284 ANM's quarters had not started as of March 2009**

The SHS released Rs 223.67 crore to 18 DHSs for construction of buildings and ANMs' quarters for 3095 SCs during 2005-09. The SHS did not have the State-wide overall position of construction of buildings and quarters, indicating inadequate monitoring. The status of construction of SC buildings and quarters in five test-checked districts as of March 2009 was as under:

**Table 2.1.5: Progress in construction work**

| | No of SC building and ANM quarter to be constructed | | Fund released to DHS | No. of construction completed | | No. of construction works in progress | | No. of construction not yet started | | Unutilised funds retained by DHSs |
|---|---|---|---|---|---|---|---|---|---|---|
| | SC Building | ANM Quarter | (Rs in crore) | SC Building | ANM Quarter | SC Building | ANM Quarter | SC Building | ANM Quarter | (Rs in crore) |
| Howrah | 133 | 133 | 10.18 | 74 | 74 | 53 | 53 | 6 | 6 | 0 |
| Purulia | 150 | 150 | 12.75 | 45 | 0 | 31 | 49 | 74 | 101 | 6.86 |
| Birbhum | 177 | 177 | 13.69 | 112 | 21 | 37 | 110 | 28 | 46 | 2.43 |
| Jalpaiguri | 98 | 98 | 8.33 | 65 | 0 | 28 | 28 | 5 | 70 | 4.79 |
| Uttar Dinajpur | 118 | 118 | 9.39 | 82 | 18 | 16 | 39 | 20 | 61 | 0 |
| **Total** | **676** | **676** | **54.34** | **378** | **113** | **165** | **279** | **133** | **284** | **14.08** |

*Source : Records of District Health Societies*

It would be evident from the above table that against the target of construction of 676 SC buildings with ANM's quarters, construction of only 378 SC buildings and 113 ANM's quarters was completed while construction of 133 SC buildings and 284 ANM's quarters had not started as of March 2009. Unutilised funds of Rs 14.08 crore remained parked with three DHSs. Audit scrutiny revealed the following:

(i) Seventy two SC buildings and 24 ANM quarters constructed at a cost of Rs 4.44 crore were not handed over to DHSs by PSs (executing agencies) for over two to 13 months. This was due to non-completion of sanitation and electrical works and water supply arrangements by contractors (69 SCs) and agitation amongst local people against shifting of SC to new buildings in a different locality (three SCs).

(ii) Despite release of Rs 73.95 lakh to eight PSs in Purulia for construction of 19 SC buildings with quarters during May 2007 to February 2008, the works were not started by PSs as of March 2009 without assigning any reason.

(iii) SHS released funds amounting to Rs 2.89 crore (Rs 1.20 crore in May 2006 and Rs 1.69 crore in August 2006) to Purulia DHS for 34 SCs which already had their own buildings. DHS did not refund the surplus funds to SHS resulting in blocking of funds amounting to Rs 2.89 crore.

(iv) Construction of three SC buildings with quarters was suspended (August 2008) as the SC buildings were constructed without making provision for construction of ANM's quarter on the first floor of SC buildings.

(v) An amount of Rs 3.50 lakh, paid (April 2007) to Fulur GP in Birbhum for construction of ANM quarters, was unauthorisedly utilised for supply of drinking water in Gram Panchayat area.

(vi) Construction was to be completed within three months from the dates of placement of work orders. However, construction of nine SC buildings in Howrah, for which work orders were placed between September 2007 and February 2008 were not completed by the contractors as of March 2009, even though advances of Rs 0.36 crore were paid to them by PSs. Despite non-completion of works within the scheduled timeframe, PSs did not take any action against the contractors.

(vii) In Howrah, construction of one SC building with ANM quarter remained suspended due to existence of overhead high tension line over the SC building since August 2007 after payment of Rs 1.70 lakh to contractor in March 2007. Construction of three SC buildings was not started due to non-availability of suitable land, even though Rs 17.69 lakh were paid to PSs in December 2007.

**Recommendation**

***Bottlenecks for non-commencement/non-completion of construction of SC buildings need to be identified and initiative is to be taken to complete the works in a time bound manner.***

### 2.1.9 Staffing of health facilities

#### *2.1.9.1 Non-deployment of manpower in terms of NRHM norm*

There were acute shortages of medical service providers at all levels in the health centres in the five audited districts in terms of the NRHM framework. The shortages were striking in the case of specialist doctors at CHCs, staff nurses at PHCs and CHCs, AYUSH doctors at PHCs and second ANMs and MPWs at SCs as detailed in ***Appendix 2.1.4***. Test-check revealed the following:

### *(i) Sub Centres (SCs)*

**Out of 2298 SCs in five districts, 414 had no ANM and 923 had no MPW, while none has a second ANM**

Each SC was to be run by two ANMs, with the second ANM being appointed on a contract basis, and a MPW (male). The Mission aimed at ensuring two ANMs. Out of 2298 SCs in five audited districts, 414 had no ANM while 923 had no MPW. Further, none of 2298 SCs had employed a second ANM on contract basis. Out of 529 SCs in 15 test-checked blocks, 39 (7.4 *per cent*) had no ANM and 326 (62 *per cent*) had no MPW while 16 SCs were functioning without an ANM or MPW.

### *(ii) Primary Health Centres (PHCs)*

**Six PHCs, out of 30 test checked, had no staff nurse**

The PHC, being the first point of interaction of the rural population with a doctor, was to be manned by a medical officer. NRHM also aimed to provide an AYUSH doctor at each PHC, on contract basis. Since NRHM aimed to run PHCs on 24x7 basis, three staff nurses were to be deployed at each PHC. Support para medical staff, such as Nursing Midwife, Pharmacist, Lab-Technician and Lady Health Visitor, were also to be deployed at PHCs.

Out of 30 test-checked PHCs, 23 did not have an AYUSH doctor and three staff nurses had not been posted in 22 PHCs. Six PHCs were functioning without even a single staff nurse. Further, two PHCs at Bhramarkole and Iswarpur in Birbhum had no doctor from May 2007 to February 2009 and April 2007 to February 2009 respectively. The availability of other para medical staff was also not satisfactory, as depicted in **Table2.1.6**.

**Table 2.1.6: Position of posting of paramedical staff**

| Post/ Designation | Number of PHCs where not posted | Per cent of the total sample |
|---|---|---|
| Nursing Mid-wife | 24 | 80 |
| Lab Technician | 27 | 90 |
| Pharmacist | 8 | 27 |
| Lady Health Visitor | 24 | 80 |

*Source : Records of District Health Societies*

### *(iii) Community Health Centres (CHCs)*

According to NRHM norm, one general physician, general surgeon, gynaecologist, anaesthetist, paediatrician, radiologist, pathologist and AYUSH practitioner should be posted to each CHC.

**There were acute shortages of specialist doctors in the test-checked CHCs**

Out of 15 test-checked CHCs, only four had gynaecologists, three had paediatricians, two had anaesthetists, and three had AYUSH practitioners. General surgeons, radiologists and pathologists were not posted to any CHC. As regards availability of nine staff nurses, 12 CHCs did not have the full strength of nurses, out of which five CHCs did not have even five staff nurses. Radiographers were not posted to ten CHCs while a lab-technician was not available in one CHC.

Thus, the essential medical and para-medical staff required to be deployed in CHCs, PHCs and SCs in terms of NRHM norms were not available which depicts poor management of prime services.

**Recommendation**

***The Department should fill the posts of medical and support staff at health centres to meet the NRHM requirements.***

### *2.1.9.2 Engagement of Accredited Social Health Activist*

**Only 14310 ASHAs were engaged against the target of 25034; of them only 5409 were trained; no drug kits were, however, issued to them**

Under the NRHM, a trained female community health worker called Accredited Social Health Activist (ASHA) was to be provided in each village in the ratio of one per 1000 population. The ASHA was to be an interface between the community and the public health system. ASHAs were required to be provided with drug kits containing medicines for minor ailments, oral re-hydration solution (ORS), contraceptives, etc.

In terms of the NRHM norm, 0.58 lakh ASHAs were required in the State for a rural population of 5.77 crore (2001 Census). Against the target of selection and training of 25034 ASHAs during 2006-09, 14310 were selected, of which 5409 were imparted induction training over a period of 12 months up to March 2009.

According to PIP for 2007-08, 14511 drug kits costing Rs 1.45 crore were to be distributed to 14511 ASHAs. Despite availability of funds, drug kits were not distributed to them till March 2009, mainly due to non-completion of training of targeted number of ASHAs. Thus, the shortfall in selection and training of ASHAs resulted in their not being deployed in health care activities under NRHM.

**Recommendation**

***Targeted number of ASHAs should be engaged and trained to make their services viable and effective.***

### *2.1.9.3 Extra expenditure due to delayed selection of ASHAs*

According to the ASHA implementation guidelines, one co-facilitator was to be engaged for training of each group of 25 ASHAs, while one co-ordinator was to be engaged for 200 ASHAs. Unplanned engagement of co-facilitators and co-ordinators resulted in an extra expenditure of Rs 0.84 crore as detailed below:

**Faulty engagement of co-facilitators and co-ordinators resulted in an extra expenditure of Rs 0.84 crore**

(a) The State Mission Director engaged Mother Non-Government Organisations (MNGOs) in August 2006 for selection of co-facilitators and co-ordinators by September 2006 without first selecting ASHAs. MNGOs engaged 142 co-facilitators and 26 co-ordinators from November 2006 to March 2007 in 21 blocks. However, 2768 ASHAs were selected only between April 2007 and November 2007, after delays ranging from five to ten months from the dates of engagement of co-facilitators and co-ordinators. The engagement of co-facilitators and co-ordinators before selection of ASHAs resulted in an extra expenditure of Rs 41.51 lakh towards their remuneration for the periods when no training was imparted.

(b) Despite non-selection of targeted number of ASHAs, targeted number of co-facilitators and co-ordinators were engaged by MNGOs. This resulted in an extra expenditure of Rs 42.32 lakh towards remuneration

of 111 co-facilitators and 12 co-ordinators engaged in excess of requirements during 2006-09.

### 2.1.10 Inventory management

#### *2.1.10.1 Non availability of essential drugs in health centre*

Under NRHM, two months' stock of essential drugs was to be maintained in each health centre. Audit scrutiny revealed that stock of essential drugs[8] adequate for two months consumption were not available in any of the test-checked 15 CHCs, 30 PHCs and 60 SCs. Nil stock of 13 groups of essential drugs was found in 15 CHCs and 4 PHCs and nil stock of 17 groups of essential drugs was found in 26 PHCs.

#### *2.1.10.2 Non availability of essential equipment*

The number of essential equipment required vis-à-vis available in the test-checked CHCs, PHCs and SCs in the five audited districts is shown in **Table 2.1.7** below:

**Table 2.1.7: Position of availability of equipment** **(in numbers)**

| Name of district | Equipment required as per norms[9] in test-checked health centres | Equipment available | | | Shortfall (Percentage to requirement) |
|---|---|---|---|---|---|
| | | Working condition | Non working condition | Total | |
| Birbhum | 978 | 512 | 4 | 516 | 462 (47.2) |
| Howrah | 978 | 233 | 8 | 241 | 737 (75.4) |
| Jalpaiguri | 978 | 298 | 14 | 312 | 666 (68.1) |
| Purulia | 978 | 197 | 8 | 205 | 773 (79.0) |
| Uttar Dinajpur | 978 | 496 | 0 | 496 | 482 (49.3) |
| **TOTAL** | **4890** | **1736** | **34** | **1770** | **3120 (63.8)** |

(Three CHCs, six PHCs and 12 SCs were test-checked in each district)
*Source : Records of District Health Societies*

It is evident from the above table that in many cases, essential equipment was either not available in the centres or were non-functional.

#### *2.1.10.3 Loss on expired and substandard drugs*

Substandard drugs valuing Rs 16.44 lakh and expired drugs valuing Rs 50.37 lakh were lying in stores as detailed below:

**Table 2.1.8: Substandard and expired drugs** **(Rupees in lakh)**

| Name of the procurement agency | Places where the drugs were lying in stock | Value of date expired drugs | Value of substandard drugs | Total |
|---|---|---|---|---|
| CMOH, Birbhum | District Reserve Store (DRS) | 2.09 | 5.90 | 7.99 |
| CMOH, Howrah | DRS and 14 CHCs | 4.05 | 3.34 | 7.39 |
| CMOH, Jalpaiguri | DRS, two CHCs and one PHC | 1.13 | 4.28 | 5.41 |
| CMOH, Purulia | DRS and ten CHCs | 12.96 | 1.39 | 14.35 |
| CMOH, Uttar Dinajpur | DRS and nine CHCs | 30.14 | 1.53 | 31.67 |
| | **Total** | **50.37** | **16.44** | **66.81** |

***Source : Records of CMOHs***

Unplanned procurement of drugs coupled with procurement of substandard drugs resulted in an extra expenditure of Rs 0.67 crore.

[8] *CHC: 35 groups of drugs; PHC (Bedded): 35 groups and PHC (Non-bedded): 29 groups*
[9] *CHC: 126 items of equipment; PHC: 28 items and SC: 36 items*

#### *2.1.10.4 Irregular procurement and distribution of drugs and equipment*

(a) Under the NRHM Flexipool scheme for procurement of drugs for first referral unit kits for conducting caesarean deliveries in CHCs, the SHM released (July 2006) Rs 5.35 crore to 18 DHSs. The funds were meant for procurement of drugs as per list provided by GoI under the scheme and their distribution to District/Sub-Divisional/State General Hospitals in the respective districts where caesarean deliveries were done. Scrutiny in audit revealed the following:

(i) Howrah DHS procured drugs and equipment costing Rs 32.49 lakh. Of this, drugs worth Rs 6.07 lakh and equipment costing Rs 0.84 lakh were supplied to 14 CHCs and 10 PHCs during February-June 2007. However, no caesarean delivery was done in these CHCs at all. Similarly, out of drugs costing Rs 20 lakh purchased by Purulia DHS, drugs costing Rs 12.99 lakh were supplied to 20 CHCs where caesarean delivery was not done.

(ii) Howrah DHS purchased seven drugs costing Rs 9.21 lakh and six items of equipment costing Rs 2.55 lakh, not included in GoI approved list of drugs/equipment. Similarly Jalpaiguri DHS purchased nine drugs costing Rs 5.18 lakh and Birbhum DHS purchased six drugs costing Rs 2.09 lakh. Jalpaiguri DHS and Purulia DHS diverted Rs 3.61 lakh and Rs 0.26 lakh respectively for purchase of cleaning materials.

(b) Birbhum DHS purchased (August 2006) 58 sets of equipment costing Rs 17.73 lakh for ligation operations (female sterilisation) and supplied them to 58 PHCs in the district. However, none of the PHCs had operation theatres and gynaecologists. As a result, the equipment remained idle for over two and half years.

### 2.1.11 Performance indicators

The impact of NRHM can be assessed in terms of certain performance indicators, such as level of institutional deliveries, status of immunisation, prevalence of contraceptive usage-both termination and spacing, and number of patients reaching out-patient and in-patient departments in health centres, etc.

#### *2.1.11.1 In-patient and out-patient cases*

The impact on the number of in-patient and out-patient cases is an important indicator to assess the effectiveness of various interventions under NRHM. The SHS could not provide the overall status of increase/decrease in number of patients visiting PHCs and SCs during 2005-09. The data in respect of number of patients visiting CHCs in the State during 2005-09 was as under:

**Table 2.1.9: Position of in-patient and out-patient cases**

| Year | Number of out-patient cases | Percentage increase(+)/ decrease (-) as compared to previous year | Number of in-patient cases | Percentage increase(+)/ decrease (-) as compared to previous year |
|---|---|---|---|---|
| 2005-06 | 26728633 | (+) 9.15 | 888721 | (+) 11.03 |
| 2006-07 | 26022662 | (-) 2.64 | 920796 | (+) 3.61 |
| 2007-08 | 25745114 | (-) 1.07 | 1070981 | (+) 16.31 |
| 2008-09 | 25485044 | (-) 1.01 | 1123582 | (+) 4.91 |

*Source : Records of State Health Society*

It is evident that the total number of in-patients registered increases over the period 2005-09. Similarly, there was a significant increase in out-patient cases in 2005-06, followed by marginal decreases in subsequent years. Overall, access to heath care in rural areas has increased.

### *2.1.11.2 Reproductive and Child Health (RCH)*

RCH-II is the major programme under NRHM and aims to reduce the maternal mortality rate, infant mortality rate and total fertility rate; promote family planning, immunisation, etc. to achieve population stability.

#### *(a) Antenatal care*

One of the objectives of the safe motherhood programme is to register all pregnant women before they attain 12 weeks of pregnancy and provide them with services, such as a minimum of three antenatal check-ups, 100 Iron Folic Acid (IFA) tablets, two doses of tetanus toxoid (TT) and advice on the correct diet and vitamin supplements. In case of complications, they are to be referred to more specialised gynaecological care.

Out of 6851528 pregnant women registered during 2005-09, 4339341 (63 *per cent*) received three antenatal checkups, 5146705 women (75 *per cent*) were provided 100 days of IFA tablets and 6138434 women (89.6 *per cent*) were fully immunised from TT. While the reasons for shortfall in three antenatal checkups **(**37 *per cent*) were not analysed by the SHS/DHS, shortfall in administration of IFA tablets **(**25 *per cent*) and TT **(**10.4 *per cent*) was mainly due to non-supply or short supply of IFA tablets and doses of TT to SCs.

#### *(b) Shortfall in institutional deliveries*

In order to encourage institutional delivery, Janani Suraksha Yojana (JSY) provided all BPL pregnant women (above 19 years of age) a cash compensation of Rs 1000 (Rs 500 for antenatal care and Rs 500 for undergoing institutional delivery) irrespective of their age and number of previous children. The SHS did not fix any target of institutional deliveries. The shortfall in institutional deliveries as compared to registered pregnant women in five test-checked districts during 2005-09 is depicted below:

**Table 2.1.10: Position of institutional deliveries**

| Year | No. of pregnant women registered | No. of institutional deliveries | Shortfall in institutional deliveries | Percentage of shortfall to registered women | No. of beneficiaries receiving cash payments |
|---|---|---|---|---|---|
| 2005-06 | 383738 | 124270 | 259468 | 68 | 2800 |
| 2006-07 | 387780 | 131148 | 256632 | 66 | 31910 |
| 2007-08 | 367502 | 137578 | 229924 | 63 | 67712 |
| 2008-09 | 366383 | 161062 | 205321 | 56 | 101910 |
| **Total** | **1505403** | **554058** | **951345** | **63** | **204332** |

*Source : Records of District Health Societies*

Non-availability of delivery services at PHCs owing to absence of labour room, medical officer, staff nurses, etc, was the main reason for shortfall in institutional deliveries.

Test-check revealed that the equipment required for normal delivery was not available in any Sub-Centre and in 26 out of 30 PHCs test-checked. In 14 out of 15 CHCs checked, emergency obstetric care, including the facility to conduct caesarean section was not available. The reasons of non-availability of emergency obstetric care at CHCs were attributable to absence of specialists in obstetrics and gynaecology, anaesthetists, non-functional operation theatre, lack of adequate infrastructure, support staff, blood storage facility, etc. The equipment for neonatal care and neonatal resuscitation were also not available in any of the test-checked SCs, PHCs and CHCs. SCs and PHCs were also not supplied drugs for obstetric care.

Although the financial assistance of Rs 500 for antenatal care under JSY was to be given to pregnant women between 28$^{th}$ and 32$^{nd}$ weeks of pregnancy, in most of the cases it was paid after delivery. Out of 5156 test-checked cases in 60 audited SCs, 2798 beneficiaries were paid the assistance after delays ranging from two to 35 months while 933 beneficiaries were yet to receive the cash assistance as of December 2008.

**Recommendation**

***The monitoring mechanism under JSY should be strengthened to ensure availability of reliable infrastructure for institutional delivery and to mitigate risks of delay and irregularities in grant of cash assistance.***

### *(c) Postnatal care*

Postnatal services include immunisation, monitoring weight of the child, physical examination of the mother, advice on breast feeding and family planning, etc. In five audited districts only 58, 65, 59 and 53 *per cent* of women were reaching a health centre for postpartum care during 2005-06, 2006-07, 2007-08 and 2008-09 respectively. The shortfall may be attributed to lack of motivation amongst women owing to non-deployment of ASHAs in villages.

### *(d) Maternal deaths*

RCH II aims to reduce maternal and infant mortality rates to 100 per one lakh and 30 per thousand respectively by 2010. The maternal and neonatal deaths reported in the State were 1808, 2091, 2406, 1817 (on an average 274 per lakh) and 21735, 27658, 32748, 29621 (on an average 38 per 1000) during

2005-06, 2006-07, 2007-08 and 2008-09 respectively. Thus, the objective of reducing maternal and infant mortality rates to 100 per one lakh and 30 per thousand respectively by 2010 is unlikely to be achieved.

### *2.1.11.3 Family planning*

RCH-II has launched a number of initiatives for family planning and has continued prevailing methods to achieve the goal of population stability through reduction of total fertility rate.

#### *(a) Terminal method*

The terminal method of family planning includes vasectomy for males and tubectomy for females. The target and achievement in various terminal methods in the state was as under:

**Table 2.1.11: Targets and achievements in sterilisation (in numbers)**

| Year | Target of sterilisation | Achievement | | | | Shortfall (percent) |
|---|---|---|---|---|---|---|
| | | Vasectomy | Tubectomy | Laproscopy | Total | |
| 2005-06 | 353019 | 824 | 115672 | 78863 | 195359 | 157660 (45) |
| 2006-07 | 332335 | 1828 | 104234 | 30695 | 136757 | 195578 (59) |
| 2007-08 | 342178 | 20718 | 269866* | - | 290584 | 51594 (15) |
| 2008-09 | 404485 | 41064 | 260928* | - | 301992 | 102493 (25) |
| **Total** | **1432017** | **64434** | **750700** | **109558** | **924692** | **507325 (35)** |

* This includes the cases of laproscopy also. Separate figure for laproscopy was not available.
*Source : Records of State Health Society*

It would be evident that the target of sterilisation could not be achieved and the shortfall during each of the years 2005-09 varied from 15 to 59 *per cent.*

#### *(b) Irregular payment for sterilisation*

According to GoI guidelines for sterilisation services for BPL, SC and ST categories of people, the accredited private Nursing Homes (NHs) were to receive payment of Rs 1500 for sterilisation (Rs 1300 or Rs 1350 as charges of NHs for male or female sterilisation and Rs 200 or Rs 150 as service charge of motivator viz. ANM/ASHA/AWW). The DHS was to check at least 10 *per cent* of the cases of sterilisation done by NHs, before releasing payments in order to ensure the validity of the cases.

The DHS of Birbhum paid Rs 30.22 lakh (Rs 4.69 lakh in September 2008 and Rs 25.53 lakh in January 2009) to five NHs for 2015 cases of sterilisation during June-August 2008. Further claims of NHs for Rs 47.31 lakh for sterilisation of 3154 male/female was yet to be paid by DHS as of March 2009. Scrutiny in audit revealed the following:

(i) Out of 2015 cases of sterilisation for which payments had been made, only 35 cases (1.7 *per cent*) were verified against the target of checking at least 10 *per cent.*

(ii) Out of 35 cases verified, in 21 cases post operation removal of stitches was not done by NHs and the same was done by beneficiaries at their own cost.

(iii) In 34 cases, medicines were not given by NHs and the same was purchased by the beneficiaries at their own cost.

(iv) In none of the cases were pre operation pathological tests done by NHs.

(v) In ten cases, the payments were stated to have been made to the motivators even though the motivators were not known to the beneficiaries.

***(c) Spacing methods***

The oral pills, condoms and inter uterine device (IUD) insertion are three methods for spacing child birth. The year-wise details on target and achievement of use of spacing contraceptives in the state were as under:

**Table 2.1.12: Target and achievement in spacing method of family planning**

**(in numbers)**

| Year | Oral pills users | | IUD insertion | | Condom user | |
|---|---|---|---|---|---|---|
| | Target | Achievement | Target | Achievement | Target | Achievement |
| 2005-06 | 545738 | 523908 | 101145 | 76820 | 617846 | 647852 |
| 2006-07 | 728660 | 600167 | 102244 | 74842 | 783481 | 674866 |
| 2007-08 | 707481 | 671064 | 98734 | 89350 | 932932 | 753479 |
| 2008-09 | 759170 | 691763 | 204718 | 90721 | 889030 | 745815 |
| **Total** | **2741049** | **2486902** | **506841** | **331733** | **3223289** | **2822012** |

*Source : Records of State Health Society*

The target (18.53 lakh couple) fixed for 2008-09 was much on the lower side as compared to the total eligible couple (170.92 lakh). Although 87 *per cent* of target was achieved, condom users accounted for around 50 *per cent,* while 44 and six *per cent* used oral pills and IUDs. The shortfall in IUD insertions was due to lack of trained doctors and nurses.

***2.1.11.4 Immunisation and child health***

***(a) Routine Immunisation***

The immunisation of children against six preventable diseases viz. tuberculosis, diphtheria, pertussis, tetanus, polio and measles has been the cornerstone of routine immunisation under the Universal Immunisation Programme. The targets and achievements under routine immunisation during each of the years from 2005-06 to 2008-09 are shown in ***Appendix-2.1.5***.

The overall shortfall in achievements of full immunisation of children, belonging to zero to one year age group, covering BCG, Measles, DPT and OPV ranged from 17 to 29 *per cent* during 2005-09. The shortfall in secondary immunisation (DT for five to six years age group and two doses of TT at the age of 10 and 16 years respectively) ranged from 21 to 57 *per cent* for DT, 30 to 45 *per cent* for TT (10) and 43 to 56 *per cent* for TT (16).

The shortfall in immunisation resulted in prevalence of vaccine preventable infant and child diseases. The year wise details of reported incidence of infant and child diseases in the five audited districts were as under:

**Table 2.1.13: Incidence of infant/child diseases**

| Year | Number of cases reported | | | | | |
|---|---|---|---|---|---|---|
| | Neonatal tetanus | Diphtheria | Tetanus | Whooping cough | Measles | Total |
| 2005-06 | 13 | 6 | 38 | 40 | 3291 | 3388 |
| 2006-07 | 11 | 3 | 37 | 44 | 3847 | 3942 |
| 2007-08 | 06 | 10 | 21 | 03 | 2909 | 2949 |
| 208-09 | 5 | 119 | 12 | 3 | 3495 | 3634 |
| **Total** | **35** | **138** | **108** | **90** | **13542** | **13913** |

***Source : Records of District Health Societies***

### *(b) Vitamin A solution*

RCH II programme emphasised administering Vitamin A solution to all children between nine months and five years of age for prevention of blindness due to Vitamin A deficiency. The targets and achievements for Vitamin A administration during 2005-09 were as per **Table 2.1.14**.

**Table 2.1.14: Target and administration in administering vitamin A solution**

**(in numbers)**

| Year | Target | Achievement | Shortfall | Percentage of shortfall to target |
|---|---|---|---|---|
| 2005-06 | 3235011 | 2512284 | 722727 | 22.3 |
| 2006-07 | 3330992 | 2663457 | 667535 | 20.0 |
| 2007-08 | 4083454 | 3026665 | 1056789 | 25.9 |
| 2008-09 | 3562198 | 2845463 | 716735 | 20.1 |
| **Total** | **14211655** | **11047869** | **3163786** | **22.3** |

*Source : Records of State Health Society*

Audit noticed that short supply of Vitamin A solution to the sub-centres was the main reason for shortfall in achievement of targets.

### *2.1.11.5 National Programme for Control of Blindness (NPCB)*

NPCB aimed to reduce prevalence of blindness cases to 0.8% by 2007 through increased cataract surgery, school eye screening and free distribution of spectacles and strengthening of infrastructure by way of supply of equipment and training of eye surgeons and nurses.

### *(a) Cataract operation*

Cataract operations are performed by doctors in Government hospitals, by NGOs and private practitioners in clinics and eye camps. The **Table 2.1.15** gives the position of cataract surgery performed in the state:

**Table 2.1.15: Position of cataract operation** **(in numbers)**

| Year | Performance of cataract operations in Government sector | | Performance of cataract operations in NGO | | Performance of cataract operations by private practitioner and others | | Total cataract operations |
|---|---|---|---|---|---|---|---|
| | Number | Percentage | Number | Percentage | Number | Percentage | |
| 2005-06 | 52672 | 19.58 | 127110 | 47.26 | 89205 | 33.16 | 268987 |
| 2006-07 | 49040 | 21.44 | 104659 | 45.75 | 75048 | 32.81 | 228747 |
| 2007-08 | 65108 | 22.78 | 132751 | 46.45 | 87932 | 30.77 | 285791 |
| 2008-09 | 41895 | 22.35 | 94726 | 50.53 | 50860 | 27.13 | 187481 |
| **Total** | **208715** | **21.5** | **459246** | **47.3** | **303045** | **31.2** | **971006** |

*Source : Records of State Health Society*

Against the target of distribution of workload between private and public sectors in the ratio of 1:1, the contribution of NGOs and private sector exceeded 78.5 *per cent*. The shortfall in achievement against target for cataract operation in Government sector was attributed mainly to non-availability of eye surgeons in the health centres. Against the norm of deployment of one eye surgeon in each CHC, no eye surgeon was posted to any of 15 test-checked CHCs.

***(b) Refractive error and free distribution of spectacles***

The programme envisaged training of teachers in Government and Government aided schools, for screening students for refractive errors and free distribution of spectacles to such students. As against 59250 such schools in the State, only 37208 teachers were trained during 2005-09. Against total detection of 131917 cases of refractive errors during 2005-09, 65252 spectacles (49.5 *per cent*) were issued to the students. Short supply of spectacles was the main reason for shortfall.

### *2.1.11.6 Revised National Tuberculosis Control Programme (RNTCP)*

The main objective of RNTCP was to diagnose as large a number of cases as possible and to ensure cure rate of at least 85 *per cent* of smear positive cases through Direct Observed Treatment Short Course (DOTS). The targets and achievements regarding sputum examination and case detection under RNTCP during 2005-09 were as under:

**Table 2.1.16: Targets and achievements under RNTPC**

| Year | Sputum examination | | | Detection of new Sputum positive cases | | |
|---|---|---|---|---|---|---|
| | Target | Achievement | | Target | Achievement | |
| | | Number | Percent | | Number | Percent |
| 2005-06 | 546758 | 525218 | 96 | 52522 | 63981 | 122 |
| 2006-07 | 588056 | 560008 | 95 | 56001 | 65677 | 117 |
| 2007-08 | 643269 | 533968 | 83 | 53397 | 63989 | 120 |
| 2008-09 | 579580 | 540971 | 93 | 54097 | 57884 | 107 |
| **Total** | **2357663** | **2160165** | **92** | **216017** | **251531** | **116** |

*Source : Records of State Health Society*

While the targets of sputum examination were largely achieved, the number of sputum positive cases was high. The overall cure rate was 84 *per cent* against the target of 85 *per cent* under RNTCP. The cases of failure, defaulter and death (64312) represented 14.8 *per cent* of cases evaluated as would be evident from the following table:

**Table 2.1.17: Cases of failure, defaulter and death under RNTPC (in numbers)**

| Year | No. of cases evaluated | Cured and treatment completed (Per cent) | Death | Failures | Defaulters | Transferred out |
|---|---|---|---|---|---|---|
| 2005-06 | 107794 | 91799 (85) | 4784 | 2284 | 8517 | 327 |
| 2006-07 | 109320 | 91748 (84) | 5032 | 2247 | 8479 | 605 |
| 2007-08 | 107226 | 89915 (84) | 5216 | 2225 | 8584 | 1284 |
| 2008-09 | 110584 | 91872 (83) | 5616 | 2428 | 8900 | 1768 |
| **Total** | **434924** | **365334 (84)** | **20648** | **9184** | **34480** | **3984** |

*Source : Records of State Health Society*

### *2.1.11.7 National Vector Borne Disease Control Programme (NVBDCP)*

NVBDCP aims to control vector borne diseases by reducing mortality and morbidity due to malaria, filaria, kala azar, dengue, chikungunia and Japanese encephalitis in endemic areas.

#### *(a) Annual Blood Examination Rate and Annual Parasitic Incidence for malaria*

NRHM stipulated to achieve Annual Blood Examination Rate (ABER)[10] of 10 *per cent* and Annual Parasite Incidence (API)[11] of less than 0.5 per thousand by 2007-08. The target could not be achieved in the State as ABER was 5.5, 6.15, 5.63 and 5.39 and API was 2.32, 1.86, 1.06 and 1.08 during 2005-06, 2006-07, 2007-08 and 2008-09 respectively.

#### *(b) Incidence of vector borne diseases*

Morbidity and mortality due to various vector borne diseases during 2005-09 were as under:

**Table 2.1.18: Incidence of vector borne diseases**

| Year | Kala Azar | | Malaria | | Filaria | | Japanese Encephalitis | | Dengue | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths | Cases | Deaths |
| 2005-06 | 2710 | 15 | 185964 | 175 | 130 | Nil | 72 | 07 | 6375 | 34 |
| 2006-07 | 1843 | 10 | 159646 | 203 | 1483 | Nil | 24 | 03 | 1064 | 08 |
| 2007-08 | 1817 | 09 | 87754 | 96 | 67003 | Nil | 25 | 01 | 150 | 01 |
| 2008-09 | 1256 | 03 | 89443 | 104 | 84224 | Nil | 17 | 01 | 690 | 06 |
| **Total** | **7626** | **37** | **522807** | **578** | **152840** | **Nil** | **138** | **12** | **8279** | **49** |

***Source : Records of State Health Society***

The Mass Drug Administration Programme was undertaken in 12 filarial endemic districts in November 2007 and November 2008 and subsequently, 67003 and 84224 disease positive cases were detected during 2007-08 and 2008-09 respectively. Thus, the target of ABER and API could not be achieved as well as the incidence of and death due to vector borne diseases could not be prevented.

### 2.1.12 Conclusions

- Availability of funds under NRHM steadily increased during 2005-09, this had a positive impact on providing health care in rural areas.

- The required household and facilities surveys for identifying unserved and underserved areas in the State were not conducted, resulting in the absence of baseline data. State and district perspective plans for the Mission period (2005-12) have also not been prepared, which can adversely affect long term planning.

[10] *ABER- percentage to the total population, covered every year by blood examination, for surveillance against Malaria; It is calculated as (No of slides examined in a year / Total population) X 100.*
[11] *API-Positive malaria cases per thousand population*

- Rogi Kalyan Samitis are yet to adequately fulfill their role in monitoring and supervising the functioning of health care centres, as well as addressing issues raised through patient feedback.

- Staffing the health care centres, at different levels, continues to remain a cause for concern, since the stipulated complement of specialist medical and nursing staff is not available in most of the centres audited. Effective measures need to be taken to accelerate the recruitment and training of ASHAs.

- Issues pertaining to physical infrastructure continue to persist including delays in construction of health centre buildings and staff quarters. In some cases, there are inadequacies in providing the required equipment or cases of non-functioning equipment.

- While there was an increasing trend in Institutional deliveries, more progress is required to be made towards meeting targeted rates of maternal and infant mortality.

The matter was referred to Government in June 2009; reply had not been received (November 2009).

**Recommendations**

- ***The SHS should expedite the completion of household and facility surveys, which would provide reliable inputs for the preparation of State and district perspective plans. The future annual state and district PIPs should be based on long-term requirements and results of baseline surveys.***

- ***The RKSs should play a more effective and meaningful role in supervision and monitoring of the functioning of health centres as well as in redressal of the patient's grievances through holding regular meetings, constitution of monitoring Committees, etc.***

- ***Targeted number of ASHAs should be engaged and trained to make their services viable and effective.***

- ***Bottlenecks for non-commencement/non-completion of construction of SC buildings need to be identified and initiative is to be taken to complete the works in a time bound manner.***

## Appendix- 2.1.1

(Refer paragraph 2.1.5.1 page 12)

### Statement showing the component-wise receipts and expenditures under NRHM during the years from 2005-06 to 2008-09

| | 2005-06 | | 2006-07 | | 2007-08 | | 2008-09 | |
|---|---|---|---|---|---|---|---|---|
| **Name of scheme** | **Receipt** | **Expenditure** | **Receipt** | **Expenditure** | **Receipt** | **Expenditure** | **Receipt** | **Expenditure** |
| | **(Rupees in lakh)** | | | | | | | |
| RCH including immunisation | 11188.52 | 7011.77 | 14324.03 | 7618.91 | 16350.96 | 10151.87 | 25853.49 | 8431.42 |
| NRHM additionalities | 0 | 0 | 11563.87 | 5215.77 | 33610.5 | 17643.77 | 37435.08 | 13345.72 |
| National Vector Borne Disease Control Programme | 298.68 | 159.16 | 616.06 | 410.61 | 484.82 | 317.14 | 543.18 | 281.2 |
| National TB Control Programme | 1048.55 | 959.42 | 1189.13 | 1184.15 | 1414.25 | 1412.58 | 1426.67 | 1422.71 |
| National Leprosy Eradication Programme | 186.96 | 148.36 | 293.66 | 182.95 | 120.71 | 91.05 | 288.63 | 237.49 |
| National Programme for Control of Blindness | 316.96 | 286.28 | 603.72 | 461.2 | 669.27 | 515.95 | 1317.92 | 704.4 |
| Integrated Disease Surveillance Programme | 241.99 | 0.04 | 263.84 | 222.69 | 44.9 | 25.63 | 26.98 | 4.02 |
| Iodine Deficiency Disorder Disease Control Programme | 0 | 0 | 1.23 | 1.23 | 2.21 | 2.21 | 0 | 0 |
| **Total** | **13281.66** | **8565.03** | **28855.54** | **15297.51** | **52697.62** | **30160.2** | **66891.95** | **24426.96** |

## Appendix- 2.1.2

(Refer paragraph 2.1.8.2, page 19)

**Statement showing non-availability of basic infrastructure in test-checked Health Centres**

| Sl. No. | Particulars | Sub Centre | Primary Health Centre | Community Health Centre |
|---|---|---|---|---|
| 1. | Total number audited | 60 | 30 | 15 |
| 2. | Centres running without a building | 2 | Nil | Nil |
| 3. | Centres having no Government building | 21 | Nil | Nil |
| 4. | No. of health centres in close vicinity of garbage dump/cattle shed/stagnant pool/pollution from industry | 6 | 1 | Nil |
| 5. | No. of health centres where the building was in dilapidated condition | 4 | 7 | Nil |
| 6. | No. of health centres where cleanliness was poor | 10 | 5 | 1 |
| 7. | No. of health centres where suggestion/complaint box was not kept prominently | 60 | 30 | 15 |
| 8. | No. of health centres where separate utilities for men and women not present | 58 | 28 | 3 |
| 9. | No. of health centres where OPD rooms/cubicles not present | 5 | Nil | Nil |
| 10. | No. of health centres where operation theatre/minor operation theatre not present (where applicable) | Not applicable | 30 | 3 |
| 11. | No. of health centres where operation theatre/minor operation theatre was present but not functional (where applicable) | Not applicable | Nil | 5 |
| 12. | No. of health centres where labour room not present (where applicable) | Not applicable | 21 | Nil |
| 13. | No. of health centres where labour room was present but not functional (where applicable) | Not applicable | 5 | Nil |
| 14. | No. of health centres where in-patient services were not available | Not applicable | 26 | Nil |
| 15. | No. of health centres where full complement of beds (six beds in PHC and 30 beds in CHC) was not available | Not applicable | 26 | 10 |
| 16. | No. of health centres where separate ward for male and female not present (where applicable) | Not applicable | 27 | Nil |
| 17. | No. of health centres where waiting rooms for patients was not present/not in good condition | 53 | 9 | Nil |
| 18. | No. of health centres where 24 hours emergency service was not available | 60 | 30 | Nil |
| 19. | No. of health centres where essential laboratory services as per NRHM norms were not available | Not applicable | 30 | 15 |
| 20. | No. of health centres where essential laboratory services were partly available | Not applicable | 1 | 15 |
| 21. | No. of health centres where X-ray facility was not available | Not applicable | 30 | 10 |
| 22. | No. of health centres where blood storage facility was not available | Not applicable | Not applicable | 15 |
| 23. | No. of health centres where medical store was not present | 60 | 10 | Nil |
| 24. | No. of health centres where required number of vehicles/ ambulance was not available | 60 | 30 | Nil |
| 25. | No. of health centres where Citizen's Charter was not displayed prominently with local language | 60 | 30 | 15 |
| 26. | No. of health centres without provision of water supply | 29 | 6 | Nil |
| 27. | No. of health centres without provision of storage of water | 54 | 17 | Nil |
| 28. | No. of health centres without facility of sewerage | 58 | 21 | Nil |
| 29. | No. of health centres without facility of medical waste disposal | 60 | 30 | 11 |
| 30. | No. of health centres without electricity connection/power supply | 42 | 9 | Nil |
| 31. | No. of health centres without working facility of standby power supply/generator | 60 | 29 | 7 |
| 32. | No. of health centres without telephone connection | 60 | 30 | Nil |
| 33. | No. of health centres without computer | 60 | 30 | Nil |
| 34. | No. of health centres without accommodation facilities for attendants of admitted patients | Not applicable | 30 | 14 |
| 35. | No. of health centres where accommodation facilities for staff was not occupied | Not applicable[1] | 24 | Nil |
| 36. | No. of health centres where accommodation facilities for staff was partially occupied | Not applicable | 6 | 15 |

[1] *Accommodation for staff was not available in Sub-centres*

## Appendix 2.1.3

(Refer paragraph 2.1. 8.2(iii), page 19)

**Statement showing non-availability of equipment in the operation theatres of 12 CHCs**

| | Number of CHCs where equipment was present and functional | Number of CHCs where equipment was present but not functional | Number of CHCs where equipment was not present |
|---|---|---|---|
| Boyle's apparatus | 3 | 3 | 6 |
| Cardiac Monitor for OT | Nil | Nil | 12 |
| Ventilator for OT | Nil | Nil | 12 |
| Vertical High Pressure Steriliser 2/3 drum capacity | 6 | 3 | 3 |
| Shadowless lamp pedestal for minor OT | 2 | 2 | 8 |
| Gloves and dusting machines | 4 | 2 | 6 |
| Nitrous oxide cylinder 1780 ltrs (eight for one Boyles Apparatus) | 1 | 1 | 10 |
| EMO Machine | Nil | Nil | 12 |
| Defibrillator for OT | Nil | Nil | 12 |
| Horizontal High Pressure Steriliser | 3 | 1 | 8 |
| Shadowless lamp ceiling track mounted | 3 | 2 | 7 |
| OT care/fumigation apparatus | 1 | Nil | 11 |
| Oxygen cylinder 660 ltrs (Ten cylinders for one Boyle's apparatus) | 3 | 3 | 6 |
| Hydraulic operation table | 3 | 1 | 8 |

## Appendix 2.1.4

(Referred to paragraph 2.1.9.1, page 21)

**Statement showing the manpower requirement as per NRHM norms, actual deployment vis-à-vis shortage of manpower as compared to the requirements in five audited districts**

| Name of the post | Manpower strength required as per NRHM norms | Actual Strength | | | Shortfall | | | |
|---|---|---|---|---|---|---|---|---|
| | | 31 March 2006 | 31 March 2007 | 31 March 2008 | 31 March 2006 | 31 March 2007 | 31 March 2008 | Percentage shortfall to requirement |
| | ***SC LEVEL (2298 SCs in five audited districts)*** | | | | | | | |
| Auxiliary Nursing Midwife (ANM) | 2298 | 1806 | 1846 | 1884 | 492 | 452 | 414 | 18 |
| ANM (Contractual) | 2298 | 0 | 0 | 0 | 2298 | 2298 | 2298 | 100 |
| Multipurpose Worker (MPW) – Male or Female | 2298 | 1451 | 1445 | 1375 | 847 | 853 | 923 | 40 |
| | ***PHC LEVEL (210 PHCs in five audited districts)*** | | | | | | | |
| Medical Officer-Allopathic | 420 | 207 | 220 | 237 | 213 | 200 | 183 | 44 |
| Medical Officer-AYUSH | 210 | 47 | 55 | 76 | 163 | 155 | 134 | 64 |
| Staff Nurse-Regular | 630 | 337 | 346 | 372 | 293 | 284 | 258 | 41 |
| Lab Assistant | 210 | 8 | 8 | 9 | 202 | 202 | 201 | 96 |
| Pharmacist (Alo+Ay) | 420 | 156 | 158 | 160 | 264 | 262 | 260 | 62 |
| | ***CHC LEVEL (75 CHCs in five audited districts)*** | | | | | | | |
| General Surgeon | 75 | 0 | 0 | 1 | 75 | 75 | 74 | 99 |
| Anaesthetists | 75 | 5 | 12 | 13 | 70 | 63 | 62 | 83 |
| Gynaecologist | 75 | 8 | 11 | 11 | 67 | 64 | 64 | 85 |
| Paediatrician | 75 | 6 | 9 | 9 | 69 | 66 | 66 | 88 |
| Pathologist | 75 | 1 | 1 | 0 | 74 | 74 | 75 | 100 |
| General physician | 150 | 182 | 206 | 219 | (+) 32 | (+) 56 | (+) 69 | - |
| Pharmacist | 150 | 79 | 81 | 88 | 71 | 69 | 62 | 41 |
| Radiologist | 75 | 1 | 1 | 1 | 74 | 74 | 74 | 99 |
| Staff Nurse-Regular | 525 | 432 | 443 | 458 | 93 | 82 | 67 | 13 |
| Public Health Nurse | 75 | 87 | 89 | 87 | (+) 12 | (+) 14 | (+) 12 | - |
| Lab Technician | 75 | 83 | 86 | 91 | (+) 8 | (+) 11 | (+) 16 | - |
| Statistical Assistant | 75 | 30 | 30 | 31 | 45 | 45 | 44 | 59 |

## Appendix 2.1.5

(Refer paragraph 2.1.11.4 (a), page 29)

**Statement showing the targets and achievements under routine immunisation during each of the years from 2005-06 to 2008-09**

| Year | Target | Achievement | | | | | DT | | TT(10) | | TT(16) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | BCG | Measles | DPT | OPV | Fully immunised | Target | Achievement | Target | Achievement | Target | Achievement |
| 2005-06 | 1728751 | 1855722 | 1520463 | 1621658 | 1605785 | 1373110 | 1563496 | 1164695 | 1202715 | 841211 | 1074400 | 611567 |
| 2006-07 | 1735923 | 1859365 | 1522628 | 1588878 | 1600286 | 1436249 | 1536388 | 1215456 | 1341865 | 920086 | 1250733 | 678288 |
| 2007-08 | 1799464 | 1804918 | 1539610 | 1573700 | 1524566 | 1474786 | 1727313 | 1076792 | 1579895 | 886833 | 1471749 | 681559 |
| 2008-09 | 1737187 | 1698653 | 1401356 | 1192106 | 1415432 | 1229126 | 1542445 | 666472 | 1408232 | 767394 | 1295071 | 568997 |
| **Total** | **7001325** | **7218658** | **5984057** | **5976342** | **6146069** | **5513271** | **6369642** | **4123415** | **5532707** | **3415524** | **5091953** | **2540411** |