1. PERFORMANCE REVIEWS

Health and Family Welfare Department

1.1 National Rural Health Mission

The National Rural Health Mission was launched in the State in April 2005. A mid-term review of the implementation of the programme is aimed at reviewing the initiatives taken by the State Government to bridge the gaps in healthcare facilities and highlight areas of concern, which need to be addressed for successful achievement of the objectives of the Mission by the target date. The review revealed that interim goals/targets upto the end of 2008 for reducing Infant Mortality Rate, Maternal Mortality Rate, Babies with low birth weight were fully achieved. However, planning process was inadequate. The State is yet to carry out a household survey to identify the gaps in health care facilities. Upgradation of Community Health Centres, Primary Health Centres and Sub-Centres to the level of Indian Public Health Standards has not been achieved. Some significant audit findings are as under:

- ***Perspective Plan and District Health Action Plans were not prepared during 2005-09 and community participation was not ensured in the planning process.***

  (Paragraph 1.1.7)

- ***Of the total available funds, 61 to 75 per cent remained unutilised with the Mission Director during 2005-09.***

  (Paragraph 1.1.8.2)

- ***Acute shortage of manpower in all the health institutions adversely affected the availability of health care services.***

  (Paragraph 1.1.9.2)

- ***Village Health and Sanitation Committees were not formed for ensuring community participation and implementation of the Mission at grass root level.***

  (Paragraph 1.1.11)

- ***Convergence of the Mission activities with Departments dealing with issues of safe drinking water, sanitation, nutrition, early childhood development and women's empowerment was not ensured.***

  (Paragraph 1.1.14)

1.1.1 Introduction

The National Rural Health Mission (NRHM) was launched by the Government of India (GOI) on 12 April 2005 and was operationalised in Himachal Pradesh from this date. The main objectives of the Mission, to be met during the period 2005-2012 are as follows:

- *provide accessible, affordable, accountable, effective and reliable health care facilities in the rural areas, especially to the poor and vulnerable sections of the society;*
- *involve community in planning and monitoring;*
- *reduce infant mortality rate (IMR) maternal mortality rate (MMR) and total fertility rate (TFR) for population stabilisation; and*
- *prevent and control communicable and non-communicable diseases, including locally endemic diseases.*

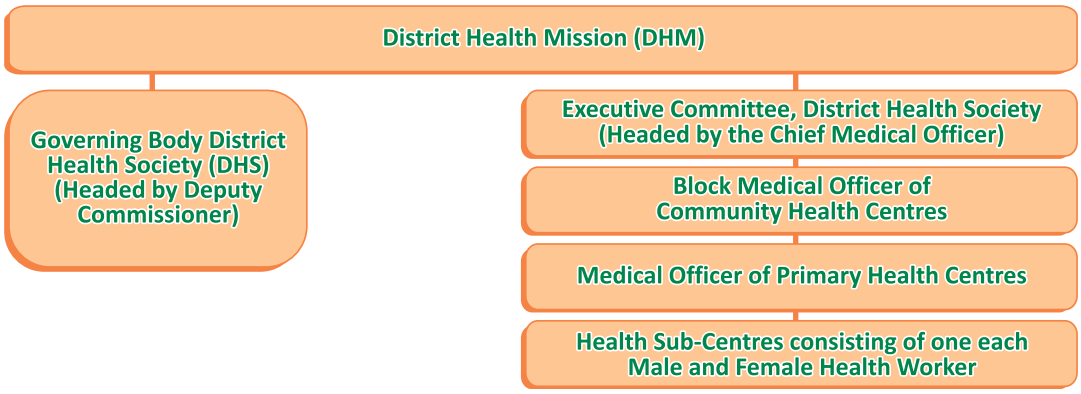
The Mission aimed at an architectural correction in health care delivery system by converging various existing stand alone programmes viz., National Disease Control Programmes (NDCP), Reproductive and Child Health-II (RCH-II), Vector Borne Disease Control Programme, Tuberculosis, Leprosy, Blindness Control Programme and Integrated Disease Surveillance Project with the exception of National AIDS and Cancer Control Programmes.

The salient features of NRHM include bridging gaps in healthcare facilities, facilitating decentralised planning in the health sector and addressing the issue of health in the context of a sector-wise approach encompassing sanitation, hygiene, nutrition, etc., as basic determinants of good health and convergence with related social sector departments like Women and Child Development, Ayurveda, Yoga, Unani, Sidha and Homeopathy (AYUSH) and Panchayati Raj.

1.1.2 Organisational Set up

The organisational set up for implementation of NRHM activities in the State is as under:-

The organisational set up at the district level is given below:



Public health services in the rural areas are delivered through the Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs).

1.1.3 Scope of Audit

Performance audit of NRHM was conducted during April-July 2008 and February-May 2009 covering the implementation of the programme during 2005-09. Four[1] out of the 12 districts were selected for detailed review based on Probability Proportionate to Size With Replacement (PPSWR) method and records of the Mission Directorate, four District Health Societies (DHSs) and 12[2] out of 28 CHCs in the selected districts, 24[3] out of 67 PHCs under the selected CHCs and 48[4] out of 82 SCs under the selected PHCs were examined in detail. Out of a total expenditure of Rs 80.53 crore incurred on the activities of the Mission during the review period, Rs 55.59 crore (69 *per cent*) was covered in audit.

1.1.4 Audit Objectives

The objectives of performance audit were to assess whether:

- *planning, monitoring and evaluation procedures at the Village, Block, District and State levels achieved their principal objective of ensuring accessible, effective and reliable healthcare to rural population;*
- *public spending on health sector over the years 2005-09 increased to the desired level and assessment, release of funds in the decentralised set up, utilisation and accounting of funds was adequate;*
- *the level of community participation in planning, implementation and monitoring of the Mission was adequate and effective;*
- *convergence of the Mission activities with other departments, programmes and non-governmental stakeholders was ensured for achieving the broad objectives of the programme;*
- *the Mission achieved capacity building and strengthening of physical infrastructure and human resources at different levels as planned and targeted;*
- *procedures for procurement of equipment and drugs were cost effective and efficient; and*
- *the performance indicators and targets fixed specially in respect of reproductive and child healthcare, immunisation and disease control programmes were achieved.*

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1 Bilaspur, Hamirpur, Kangra and Kinnaur.

2 Barsar, Berthin, Bhawarna, Bhoranj, Harlog, Indora, Jawalamukhi, Jhandutta, Nadaun, Nichar, Pooh and Sangla.

3 Bheri, Bhota, Garhjamula, Gherwin, Haripur, Jaind, Kalol, Karohta, Kashmir, Katgaon, Khundian, Kuhmajhwar, Kilba, Mair, Paral, Salauni, Sera, Spillow, Ribba, Rey, Talai, Talyana, Tangling and Tapri.

4 Aghar, Akpa, Badehar, Bharoli Kalan, Balchurani, Balrada, Balwani, Bani, Basaral, Bari Kalan, Barsand, Batseri, Bhogarwan, Boungta, Chander, Dhirwin, Duhak, Gathuttar, Gharana, Hareta, Karer, Karla, Karaur, Khrul, Kohla, Kanei, Kot, Kraba, Kulera, Kuthar, Malron, Mandhroli, Naghiar, Nanawan, Nesang, Pakhrol, Panvi, Ralli, Rispa, Rohin, Sahaura, Salwar, Sehorwala, Shong, Sprul, Tantha, Tranda and Yangpa.

1.1.5 Audit Criteria

Audit findings were benchmarked against the following criteria:

- *Guidelines issued by GOI for implementation of NRHM and instructions issued from time to time;*
- *State Programme Implementation Plan (PIP) approved by GOI;*
- *Memorandum of understanding between the GOI and the State Government; and*
- *Indian Public Health Standards (IPHS) for upgradation of CHCs and PHCs.*

1.1.6 Audit Methodology

The performance review commenced with an entry conference (March 2009) with the Principal Secretary (Health) and the State Mission Director wherein the audit objectives, audit criteria, scope and methodology were discussed.

Audit conclusions were drawn after a scrutiny of records relating to the implementation of various components of the Mission for the period 2005-09. The report was finalised after taking into account the views put forth by the Government during an exit conference held in October 2009 with the Principal Secretary (Health).

Audit Findings

1.1.7 Planning

NRHM envisaged a decentralised and participatory planning process with a bottom up approach from village level to ensure that need based and community owned Health Action Plans become the basis for interventions in the health sector. The plans were to be prepared on the basis of household and facility surveys at village, block and district levels based on Indian Public Health Standards (IPHS) norms. Fifty *per cent* of these surveys were required to be completed by 2007 and 100 *per cent* by 2008.

Scrutiny revealed that facility survey was carried out in the State during 2007-08. However, household survey was not conducted in any of the districts as of March 2009.

In the absence of a household survey, the Department did not have a complete database for a meaningful assessment of health care services and identify the gaps for future course of interventions on need analysis for formulation of the State Programme Implementation Plan (PIP) covering all the villages, blocks and districts of the State.

GOI released Rs 1.20 crore in April 2006 for preparation of a Perspective Plan for the entire Mission period (2005-12) and Annual Action Plans (AAPs) for 2005-09 but these have not been prepared and the entire amount remained unutilised with the State Health Society (SHS) as of March 2009.

The District Health Action Plan (DHAP) prepared by the DHS incorporating the block plans of all NRHM activities were to be submitted to the SHS for incorporation in the State Plan and onward submission to the National Programme Coordination Committee (NPCC) for appraisal.

Scrutiny of records revealed that during 2005-09 none of the districts had prepared DHAP due to which Perspective Plan for 2005-12 could not be prepared at the State level. PIP for the year 2005-06 was also not prepared and PIPs for the years 2006-09 were prepared without inputs from village, block and district levels. Hence, bottom up approach as envisaged in the guidelines was not adopted in preparation of PIPs for NRHM activities.

Community participation was also not ensured as the Village Health and Sanitation Committees (VHSCs) at village level, monitoring committees at village, block and district level were not formed.

1.1.8 Financial Management

1.1.8.1 Funding Pattern

GOI provided 100 per cent funds for implementation of the scheme through two separate channels i.e. through State Finance Department and directly to different programme implementing societies during 2005-07. From 2007-08 onwards, the contribution was to be in the ratio of 85:15 between the Centre and the State. Funds are released by GOI for the subsequent financial year taking into account untilised funds available with the State Government.

1.1.8.2 Financial Performance

The details of funds released by the GOI and utilisation thereagainst during 2005-09 were as under:

Table: 1.1.1

(Rupees in crore)

Year	OB	Funds received from		Interest accrued	Total availability of funds	Funds utilised during the year	Unutilised balance at the close of year
		GOI	State Govt.				
2005-06	2.42	19.14	--	0.18	21.74	5.49	16.25 (75)
2006-07	16.25	44.65	--	0.67	61.57	18.90	42.67 (69)
2007-08	42.67	18.63	--	1.16	62.46	19.86	42.60 (68)
2008-09	42.60	37.43	10.65	1.35	92.03	36.28	55.75 (61)
Total:		**119.85**	**10.65**	**3.36**		**80.53***	

Source : Figures supplied by the State Mission Director. Figures in parenthesis indicate percentage. *Includes Rs 24.45 crore spent at Mission Headquarter.

The details of funds released by the Mission Director (MD) to the four test checked DHMs during 2005-09 and expenditure incurred there against was as given in table 1.1.2.

Table: 1.1.2

(Rupees in crore)

District	Year	OB	Receipt	Interest accrued	Total availability of funds	Funds utilised during the year
Bilaspur	2005-06	0.02	0.69	-	0.71	0.04 (6)
	2006-07	0.67	1.28	-	1.95	0.46 (24)
	2007-08	1.49	0.90	-	2.39	0.30 (13)
	2008-09	2.09	2.29	0.10	4.48	0.53 (12)
	Total:		**5.16**	**0.10**		**1.33**
Hamirpur	2005-06	0.07	1.04	0.01	1.12	0.32 (29)
	2006-07	0.80	1.43	0.02	2.25	0.84 (37)
	2007-08	1.41	1.20	0.04	2.65	0.77 (29)
	2008-09	1.88	3.52	0.05	5.45	2.25 (41)
	Total:		**7.19**	**0.12**		**4.18**
Kangra	2005-06	0.07	2.02	0.01	2.10	0.98 (47)
	2006-07	1.12	2.69	0.04	3.85	1.28 (33)
	2007-08	2.57	3.01	0.07	5.65	2.67 (47)
	2008-09	2.98	7.75	0.03	10.76	3.81 (35)
	Total:		**15.47**	**0.15**		**8.74**
Kinnaur	2005-06	-	0.38	-	0.38	0.11 (29)
	2006-07	0.27	0.77	-	1.04	0.40 (38)
	2007-08	0.64	0.68	-	1.32	0.63 (48)
	2008-09	0.69	0.91	0.05	1.65	0.86 (52)
	Total:		**2.74**	**0.05**		**2.00**

Source: Figures supplied by the District Health Missions. Figures in parenthesis indicate percentage

Audit scrutiny revealed the following:

➢ ***Utilisation of Funds***

During 2005-09, funds ranging between Rs 16.25 crore and Rs 55.75 crore received from GOI (including State share of Rs 10.65 crore) were not utilised in the State. The percentage of non-utilisation of available funds during the aforesaid period ranged between 61 and 75. In the four test-checked DHMs, funds ranging between 48 and 94 per cent remained unutilised. Low utilisation of funds was due to non-provision of 24 hours healthcare facilities for the rural population by upgrading CHCs to First Referral Units (FRUs), Emergency Obstetric Care including surgical intervention, new born care, non-setting up of Medical Mobile Units (MMUs), non-posting of Accredited Social Health Activists (ASHAs) and non-utilisation of funds received for the purchase of equipment, etc. The Principal

Secretary in the exit conference (October 2009) stated that the funds could not be utilised in some of the activities as the ground work for carrying out these activities was yet to be undertaken. He also stated that a new formula with approval of GOI has been devised for utilisation of funds by the respective health institutions from the current year. The fact remains that the Department did not utilise the funds during the past four years and thereby deprived the general public of efficient and functional healthcare facilities.

➢ ***Public Spending on Health Sector***

One of the mission goals is to increase public spending on health sector to two-three *per cent* of GSDP. Budget allocation under health sector during 2005-09 by the State and percentage of expenditure to the State GDP during 2005-06 to 2007-09 was as given below:

Table: 1.1.3

(Rupees in crore)

Year	Budget allocation on health sector	State GDP	Expenditure	Percentage
2005-06	360.13	25,471.00	393	1.54
2006-07	396.08	28,358.26	441	1.56
2007-08	431.10	31,974.17	471	1.47
2008-09	593.31	36,940.26	482	1.30

Source: Figures supplied by the Department

As can be seen from the above table though the State Government complied with the NRHM guidelines in terms of increasing its outlay on public health, it was unable to utilise the allocation on strengthening the health care infrastructure and delivery at the grass root level.

Thus, public spending on health sector remained almost constant during 2005-09 and the target to increase the same upto two to three *per cent* of GSDP remains to be achieved.

➢ ***Transfer of Unutilised Funds under Reproductive and Child Health (RCH-I) to Main NRHM Accounts***

RCH-I was closed on 31 March 2005 and the unspent funds were required to be transferred to NRHM account at the district and State levels. Scrutiny of records revealed that an amount of Rs 1.20 crore (State level: Rs 0.69 crore and District level: Rs 0.51 crore) had not been transferred to the main NRHM account as of June 2009. The MD stated (June 2009) that after reconciliation of accounts of RCH-I at State and district level, the amount would be transferred to the NRHM account.

However, the fact remains that though a period of more than four years has elapsed, steps to reconcile and transfer the unspent funds to the NRHM for proper utilisation have not been taken.

1.1.9 Programme implementation

1.1.9.1 Infrastructure

As per NRHM norms one CHC, PHC and SC is to be set up for a population of 80,000, 20,000 and 3,000 respectively in hilly and tribal areas. The total population of Himachal Pradesh as per 2001 census is 60.78 lakh. Comparative position of requirement of these institutions on the basis of the prescribed norms and healthcare facilities actually set up in the State is detailed below:

Table: 1.1.4

(In numbers)

Name of health institution	Requirement as per norms	Actually created	Excess (+)/ Shortfall (-)
CHC	76	73	(-) 3 (04)
PHC	304	452	(+) 148 (49)
SC	2,026	2,069	(+) 43 (02)

Source: Census 2001. Figures in parenthesis indicate percentage

In the four test-checked districts also audit found deviation from the norms in the number of institutions as of March 2009 as shown below:

Table: 1.1.5

(In numbers)

District and Population	Requirement as per population			Position as on March 2009/Excess(+)/Shortfall(-)		
	CHC	PHC	SC	CHC	PHC	SC
Bilaspur 3.41 lakh	4	17	114	6 (+2)	30 (+13)	114 (-)
Hamirpur 4.13 lakh	5	21	138	5 (-)	25 (+04)	151 (+13)
Kangra 13.39 lakh	17	67	446	14 (-3)	77 (+10)	434 (-12)
Kinnaur 0.78 lakh	1	4	26	3 (+2)	21 (+17)	33 (+7)
Total	**27**	**109**	**724**	**28 (+1)**	**153 (+44)**	**732 (+8)**

Source: Figures supplied by SHS

Considering that Himachal Pradesh is a hilly State and habitations/people are scattered, the increase in the number of health centres over the norms would serve the purpose, only if these centres are adequately staffed. However, as brought out in paragraph 1.1.9.2, the health centres at all levels are understaffed and the minimum requirement of infrastructure was not available at most of the test-checked centres as detailed in table 1.1.6.

Table: 1.1.6

(In numbers)

Particulars	Centres where services were not available		
	CHCs	PHCs	SCs
Total number of Health Centres test-checked	12	24	48
Housed in Government building	--	5	18
Separate utility for men and women	8	21	45
Separate wards for male and female	5	18	NR
Emergency/Casualty Room	7	20	NR
Operation Theater	3	15	NR
Labour Room	--	14	44
Emergency obstetric care	11	NR	NR
Generator	11	22	NR
Blood storage	12	NR	NR
New born care	12	NR	NR
24 x 7 delivery service	--	16	48
X-ray facility	3	24	NR
In-patient service	--	10	NR
Ultrasound	9	NR	NR
ECG	7	NR	NR
Emergency services (24 hours)	--	16	NR
Family Planning (Tubectomy and Vasectomy)	8	24	NR
Intra-natal examination of gynaecological conditions	12	NR	NR
Pediatrics	11	NR	NR

Source: Data compiled by audit from information supplied by the test checked units

Note: NR: Not required

Thus, despite launching of NRHM and availability of sufficient funds accessibility to health services for the rural people did not improve. The physical status of some of the facilities at the test-checked health centres is given in photographs 1.1.1 to 1.1.6.

Photograph : 1.1.1

Photograph : 1.1.2

Lack of facilities in the operation theatre at CHCs Barsar and Bhota

Photograph : 1.1.3

Patients waiting for their turn outside OPD due to non-availability of waiting room at CHC Bhota

Photograph : 1.1.4

Primary Health Centre Bhota without boundary wall

Photograph : 1.1.5

Primary Health Centre Salauni housed in private at building without basic amenities

Photograph : 1.1.6

Dilapidated condition of residential facilities for staff CHC Bhota

Scrutiny of records revealed that for construction of two CHCs, 11 PHCs and 15 SCs in Hamirpur and Kangra districts selected for test check, Rs 3.96[5] crore were released by the MD during December 2008-January 2009 without ensuring availability of land and getting the estimates prepared from the DHSs. The MD while admitting (June 2009) the facts stated that respective CMOs would complete all the codal formalities and get the works executed.

Thus, release of funds indicated lack of proper coordination between Mission Directorate and DHSs for ensuring timely creation of infrastructure facilities in the rural areas.

[5] **Hamirpur:** Rs 1.21 crore for one CHC, four PHCs and 10 SCs; **Kangra:** Rs 2.75 crore for one CHC, seven PHCs and five SCs.

➢ ***Cold Chain Management***

To support immunisation programme cold chain maintenance was to be ensured in all the CHCs and PHCs. As per information available with SHS, cold chain equipments were available in all the CHCs but the same were not available in 142 out of 452 PHCs in the State. The Mission Director had proposed (January 2009) to establish cold chain facilities in 81 PHCs.

The Principal Secretary in the exit conference stated (October 2009) that many of the institutions would not qualify for it after rationalisation and 130 equipments (65 sets each of Deep freezer and Ice Lined Refrigerator) are expected to be received shortly from GOI which would be sufficient to cater to the health facilities in all the health institutions.

The fact remains that in the absence of cold chain equipment in sizable number of institutions, the potency and effectiveness of vaccines administered is suspect.

➢ ***Upgradation of CHCs to First Referral Units (FRUs)***

NRHM provides for upgradation of CHCs to FRUs with adequate facilities and manpower.

In three out of the four districts examined in audit, it was noticed that 10 CHCs[6] were planned to be upgraded as FRUs during 2005-09 and Rs 3.00 crore (Bilaspur: Rs 1.20 crore, Hamirpur: Rs 0.80 crore and Kangra: Rs 1.00 crore) were released by the Mission Director for this purpose upto March 2009. Scrutiny of records revealed that although Rs 1.42 crore (Bilaspur: Rs 0.19 crore, Hamirpur: Rs 0.70 crore and Kangra: Rs 0.53 crore) had been utilised by the DHSs concerned for the purchase of machinery and equipment, none of the CHCs had been made functional as FRU as of May 2009. In Kinnaur district two CHCs were targeted to be upgraded as FRUs and both (Rekong Peo in 2005-06 and Bhabanagar in 2006-07) were upgraded.

The Chief Medical Officers (CMOs) of the concerned districts stated (February-May 2009) that due to non appointment of specialists and other requisite staff, these CHCs could not be made functional as FRUs.

1.1.9.2 Manpower

There was acute shortage of manpower in the health centres and none of the test-checked units (CHC: 12; PHC: 24 and SC: 48) was upgraded to Indian Public Health Standards (IPHS) as can be seen from the details given in table 1.1.7.

[6] **Bilaspur**: Ghawandal and Ghumarwin; **Hamirpur**: Bhoranj, Nadaun and Sujanpur; **Kangra**: Chadhiar, Fatehpur, Nagrota Bagwan and Shahpur.

Table: 1.1.7

(In numbers)

Category of centre	Manpower required (as per IPHS) norms		Men in position		Shortage	
	Medical Specialists	Para- medical staff	Medical Officers/ Specialists	Para-medical staff	Medical Officers/ Specialists	Para-medical staff
CHC	72 (6 each for 12 CHCs)	132 (11 each for 12 CHCs)	4	92	68	40
PHC	48 (2 each for 24 PHCs)	192 (8 each for 24 PHCs)	27	58	21	134
SC	Nil	96 (2 each for 48 SCs)	-	63	-	33

Source: Information supplied by the DHS

Audit analysis further revealed that:

- None of the selected CHCs had a General Surgeon, an Obstetrician/Gynaecologist, an Anaesthetist and an Eye Surgeon. Shortage of staff nurses in 11[7] CHCs out of 12 test-checked was 44 against the required strength of 77 (seven staff nurses per CHC).
- In 18[8] out of 24 PHCs only one Medical Officer against the required strength of two was in position and 13[9] PHCs were being run without any staff nurse against the requirement of three in each PHC.
- In 27[10] SCs, against the requirement of two health workers (one male and one female), only one worker (either male or female) was posted. Thus, SCs at grass root level were not adequately manned.

The Principal Secretary in the exit conference stated (October 2009) that the Government has devised its own norms for staff, space, equipment, etc. Population and distance from health institutions would be the basic parameters. The new norms would be followed to provide adequate medical and paramedical staff in these institutions.

The fact remains that the health centres remained under staffed and no medical and para medical staff was recruited during the past four years of implementation of NRHM as required under the guidelines. In the absence of necessary medical support staff at health centres the delivery of essential health services suffered and the goal of providing reliable and quality health services in the rural areas was affected.

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7 Barsar, Berthin, Bhawarna, Bhoranj, Harlog, Jawalamukhi, Jhandutta, Nadaun, Nichar, Pooh and Sangla.

8 Bheri, Garhjamula, Gerhwin, Kalol, Kashmir, Katgoan, Khundian, Kuhmajhwar, Kilba, Mair, Paral, Salauni, Sera, Spillow, Talai, Talyana, Tangling and Tapri.

9 Bheri, Jaind, Kashmir, Katgaon, Kilba, Kuhmajhwar, Mair, Paral, Ribba, Salauni, Sera, Talyana and Tangling.

10 Akpa, Bharoli Kalan, Banni, Barikalan, Batseri, Duhak, Gharana, Hareta, Karla, Khrul, Kohla, Kanei, Kot, Kraba, Kulera, Kuthar, Manthroli, Nanawan, Nesang, Pakhrol, Panvi, Ralli, Rispa, Sahaura, Salwar, Shong and Yangpa.

Photograph: 1.1.7

Patients queued up around Medical Officer at CHC Barsar

➢ ***Training of Medical and Para Medical Staff***

To bring improvement in healthcare services and to upgrade the knowledge of their medical and non-medical staff during 2005-09, 111 modules of training activities for Medical Officers, staff nurses, health workers, supervisors, ANMs/LHVs and ASHAs had been proposed. As per comprehensive training plan prepared by the Mission Director for 2005-09, 25,584 personnel were to be imparted training during these years for which Rs 2.11 crore were allocated. The position of training actually imparted in the State is given below:

Table: 1.1.8

(In numbers)

Year	Activities on which training was to be imparted	Personnel of different categories targeted to be trained	Personnel actually trained	Shortfall
2005-06	19	5,209	395	4,814 (92)
2006-07	31	5,181	193	4,988 (96)
2007-08	31	12,643	201	12,442 (98)
2008-09	30	2,551	1,084	1,467 (58)
Total:	**111**	**25,584**	**1,873**	**23,711**

Source: Figures supplied by the Mission Director. Figures in parenthesis indicate percentage

The percentage of shortfall in imparting training to staff ranged between 58 and 98. Besides, the State Government could utilise only Rs 59.92 lakh against the total allocation of Rs 2.11 crore for training.

The Mission Director stated (May 2009) that due to shortage of medical and para-medical staff it was not possible to depute staff for training as it becomes difficult to tackle emergencies and outbreaks. He further stated that training modules were not available for most of the new training activities launched

under NRHM and master trainers under most of the new training activities were not trained in the State, hence training activities could not be carried out in full swing.

1.1.9.3 State Programme Management Support Unit (SPMU) and District Programme Management Support Units (DPMUs)

In order to ensure proper implementation of the Mission at State and District level, SPMU at State level and DPMU at District level were to be set up and professionals like Masters of Business Administration, Chartered Accountants and MIS specialists were to be recruited on contract basis for the posts of State Programme Manager, State Finance Manager and State Data Manager respectively. Similarly, for DPMU District Programme Manager, District Finance Manager and District Data Manager were also required to be recruited.

Scrutiny of records revealed that though SPMU was set up, staff except the State Finance Manager, was not provided as per norms. The job of State Programme Manager and State Data Manager was assigned to a doctor and a Deputy Director (statistics) respectively. In the four test-checked districts, one Accountant in each district was recruited for DPMU and no professional Managers were engaged. Similarly, in 12 test-checked blocks, only Block Accountants (one in each block) and five Block Programme Managers (Bhawarna, Bhoranj, Jawalamukhi, Jhandutta and Nadaun) were recurited.

The shortage of managerial staff indicates that the purpose of managing specialised jobs by experts in the relevant field remained unrealised. This would certainly affect the quality of management functions like accounting, MIS reporting, manpower management, etc.

1.1.9.4 Accredited Social Health Activist (ASHA)

To act as an interface between the community and public health system, a trained female community health worker ASHA was required to be provided in each village in the ratio of one per 1,000 population. For tribal, hilly and desert areas, the norm could be relaxed with provision of one ASHA per habitation depending upon the workload. The State Government, considering a population of 800 persons for a village, worked out the requirement of 7,750 ASHAs and selected 2,393 ASHAs upto March 2008. Rupees 31.77 lakh was spent on selection (Rs 8.97 lakh), purchase of kits (Rs 14.86 lakh), printing of booklets (Rs 7.42 lakh) for these workers and Information, Education and Communication (IEC) activities (Rs 0.52 lakh). However, none of these 2,393 ASHAs was deployed in the rural areas as envisaged.

The Principal Secretary admitted in the exit conference that the selected ASHAs have not been deployed during 2005-09 as some of the functions like immunisation and health checkups of pregnant women are already being done by the Anganwadi Workers (AWWs) under Integrated Child Development Project (ICDP). He further stated that the Planning Commission as well as GOI have approved assigning the task of ASHA to AWWs in the PIP for the year 2009-10 and assured that this will be implemented effectively from the current financial year.

1.1.9.5 Mobile Medical Units

As per NRHM guidelines, a Mobile Medical Unit (MMU) was to be provided in each district for ensuring outreach of healthcare services in medically unserved/underserved areas.

GOI released Rs 5.33 crore in October 2006 for this purpose but no MMU had been set up in any of the 12 districts in the State as of May 2009. While admitting the facts, the Principal Secretary stated (October 2009) that in place of MMUs, a new scheme viz., Emergency Medical Response and Transport is likely to be implemented as the strategy is to take the patient to the medical centre where medical facilities will be available rather than to an MMU without facilities. Thus, during the first four years of implementation of NRHM, the objective of providing healthcare at the door steps of the people in the unserved/underserved areas of the State was not achieved despite availability of funds.

1.1.9.6 Family Welfare Activities

Under NRHM, the interim goals/targets upto the end of 2008 for reducing Infant Mortality Rate (IMR), Total Fertility rate (TFR), Maternal Mortality Rate (MMR), Morbidity and Child Mortality Rate and increasing cure rate of different endemic diseases covered under various national programmes have been laid down. The targets and achievement thereagainst in this regard during 2005-09 in the State are as under:

Table: 1.1.9

(In numbers)

Sr. No	Indicators	Position as per SRS 2002	Target	Achievement as per SRS 2007
1	Infant mortality rate (IMR) (per 1000)	52	50	47 (SRS * 2007)
2	Crude death rate (per 1000)	7.5	7.0	7.10 (SRS 2007)
3	Child mortality rate (under 5 years) (Per 1000)	14.4	8	10 (SRS 2007)
4	Maternal mortality rate (MMR)	---	100/1,00,000	37
5	Life expectancy at birth (years)	65.9	67	66.70
6	Babies with low birth weight *(per cent)*	---	20	6.89
7	Crude birth rate	20.7	17	17.40 (SRS 2007)
8	Total fertility rate (TFR)	2.1	2	1.90 (SRS 2007)
9	Essential Ante-natal care *(per cent)*	---	90	62.60 (For three check-ups)
10	Deliveries by trained birth attendants *(per cent)*	---	100	41.70
11	Institutional deliveries (2008-09) *(per cent)*	---	45	53.31

Source: Data supplied by the Mission Director

*SRS = Sample Registration System

As can be seen from the table above the indicators showed positive trends. Separate targets/indicators for districts were not prescribed under the Mission. From the above details it would be seen that while the Department fully achieved the interim goals/targets under IMR, MMR and babies with low birth weight upto March 2008, the targets in respect of essential anti-natal care and deliveries by trained birth attendants had not been achieved. Further, achievement (53.31 *per cent*) in respect of institutional deliveries shown in 2008-09 was not correct as it was only 39 *per cent* up to the end of 2008-09 as brought out in paragraph 1.1.9.8.

1.1.9.7 Janani Suraksha Yojana and Referral Transport

Janani Suraksha Yojana (JSY) is a safe motherhood intervention under NRHM. The objective of JSY is to reduce maternal and neo-natal mortality by promoting institutional deliveries among the poor pregnant women.

Under NRHM, BPL, SC and ST pregnant women aged 19 years and above up to two live births are entitled for incentive of Rs 700 in case of delivery in a Government health centre or accredited private institution and Rs 500 in case of domiciliary delivery including referral transport cash assistance. The bottom line for the success of the scheme lies in making the cash assistance to these women at the time of delivery or within seven days from the date of delivery.

During 2005-09, Rs 1.80 crore were spent in the State on payment of cash assistance in 32,008 cases under JSY and Rs 25.46 lakh in 9,276 cases under referral transport.

In three CHCs of Kangra district and in District Hospital Bilaspur it was noticed that cash assistance of Rs 1.06 lakh was not disbursed to the beneficiaries within the prescribed time limit and delay involved in disbursement ranged between one and 20 months as detailed below:

Table: 1.1.10

(In Rupees)

Health centre	Period	Number of cases	Amount paid	Period of delay (In months)
DH, Bilaspur	November 2006 to October 2008	21	11,600	1 to 20
CHC, Bhawarna	November 2005 to December 2008	42	26,350	1 to 20
CHC, Jawalamukhi	November 2005 to January 2009	77	46,600	1 to 16
CHC, Indora	July 2006 to January 2009	42	21,700	1 to 13
Total:		**182**	**1,06,250**	

Source: Departmental figures

The CMOs/BMOs attributed (March-May 2009) the delay to difficulties in completing the required identification documents, cards, etc.

1.1.9.8 Institutional Delivery

NRHM provides for strengthening of maternal health services to ensure safe delivery by promoting institutional delivery. As per the interim goals/targets fixed by the State Government, 45 *per cent* deliveries were to be ensured in Government health centres or accredited private institutions by the end of 2008.

Audit scrutiny revealed that achievement in this regard during 2005-09 remained between 33 and 39 *per cent* as detailed in table 1.1.11.

Table: 1.1.11

(In numbers)

Year	Pregnant women registered	Institutional deliveries	Percentage of achievement
2005-06	1,58,480	52,117	33
2006-07	1,55,098	54,197	35
2007-08	1,51,921	57,625	38
2008-09	1,53,685	59,437	39

Source: Data supplied by the Mission Director

The status of institutional deliveries in the four test checked districts during 2005-09 was as under:

Table: 1.1.12

(In numbers)

District	Year	Pregnant women registered	Institutional deliveries	Percentage of Achievement
Bilaspur	2005-06	8,061	3,667	45
	2006-07	7,699	3,411	44
	2007-08	7,156	3,051	43
	2008-09	7,579	3,182	42
Hamirpur	2005-06	10,871	3,920	36
	2006-07	10,981	3,584	33
	2007-08	10,972	3,300	30
	2008-09	10,805	5,684	53
Kangra	2005-06	32,160	11,186	35
	2006-07	32,320	11,235	35
	2007-08	30,374	9,958	33
	2008-09	25,869	7,184	28
Kinnaur	2005-06	1,785	501	28
	2006-07	1,632	433	27
	2007-08	1,619	512	32
	2008-09	1,868	754	40

Source: Data supplied by the Mission Director and DHSs of the respective districts

From the above details it would be seen that under the intervention of JSY, the percentage of pregnant women opting for institutional facilities for delivery had not been achieved to the prescribed level of 45 *per cent* upto March 2009 except in Hamirpur district during the year 2008-09. In Bilaspur district, the prescribed level of 45 *per cent* was achieved during 2005-06 but subsequently decreased to 42 *per cent* during 2008-09. Shortfall in achievement was attributed

(June 2009) by the MD to difficult terrain/geographical conditions of the State and lack of specialist doctors/gynecologists and paramedical staff. The reply is not acceptable as the Department was unable to establish interface with the rural people due to non-appointment of ASHAs who were to create awareness among rural pregnant women and ensure they received adequate support during pregnancy and child birth.

1.1.9.9 Antenatal Checkups (ANCs)

The details of pregnant women in the State who had received three ANCs during 2005-09 were as under:

Table: 1.1.13

(In numbers)

Year	Pregnant women registered	Provided three ANCs	Percentage of Achievement
2005-06	1,58,480	1,20,661	76
2006-07	1,55,098	1,15,628	75
2007-08	1,51,921	1,15,053	76
2008-09	1,53,685	1,12,121	73

Source: Information supplied by the SHS

In the four test-checked districts, the percentage of achievement during 2005-09 was as under:

Table: 1.1.14

(In numbers)

District	Year	Registered pregnant women	Women provided ANC	Percentage of Achievement
Bilaspur	2005-06	8,061	6,361	79
	2006-07	7,699	5,963	77
	2007-08	7,156	5,812	81
	2008-09	7,579	6,274	83
Hamirpur	2005-06	10,871	8,402	77
	2006-07	10,981	8,466	77
	2007-08	10,972	9,015	82
	2008-09	10,805	8,477	78
Kangra	2005-06	32,160	26,205	81
	2006-07	32,320	25,524	79
	2007-08	30,374	24,174	80
	2008-09	25,869	19,748	76
Kinnaur	2005-06	1,785	1,006	56
	2006-07	1632	953	58
	2007-08	1619	962	59
	2008-09	1868	1,058	57

Source: Information supplied by the DHS of the respective districts

The above details show that the intervention of ANCs was not implemented effectively in the State as registered pregnant women were not covered fully to ensure effective healthcare.

While admitting the facts the MD stated (June 2009) that some beneficiaries migrate to other States after first/second ANC and as a result, all the registered pregnant women could not be given three ANCs.

1.1.9.10 Reproductive Tract Infection (RTI) and Sexually Transmitted Infection (STI) Clinics

Reproductive healthcare includes services to counter RTI, STI and facility for safe medical termination of pregnancy (MTP). The Mission envisaged establishment of RTI and STI clinics at every district hospital and CHCs and MTP facilities upto PHC level.

Scrutiny of records of SHS revealed that RTI/STI clinics and MTP centres had been established in all the 12 district hospitals. However, out of 73 CHCs in the State, these clinics/centres were established only in 42 and 37 CHCs respectively as of March 2009. The MTP centres were available only in 13 out of 452 PHCs in the State.

The existence of RTI/STI and MTP facilities were insignificant in the CHCs/PHCs of the test-checked districts as detailed below:

Table: 1.1.15

(In numbers)

District	Total health centres		RTI/STI clinics established		Availability of MTP centres	
	CHCs	PHCs	CHCs	PHCs	CHCs	PHCs
Bilaspur	6	30	2	NR	3	Nil
Hamirpur	5	25	4	NR	4	1
Kangra	14	77	8	NR	9	2
Kinnaur	3	21	2	NR	2	1

Source: Information supplied by SHS. Note: NR: Not required

The above details show that, the establishment of clinics in all the CHCs was not ensured as of March 2009 to counter the prevalence of RTI and STI especially among women. Besides, existence of MTP centres was also insignificant as these were available only in three *per cent* PHCs in the State and in four[11] PHCs of three test-checked districts. Further, out of 100 MTP kits purchased in May 2008 at a cost of Rs 2.43 lakh, 30 kits were supplied to Kamla Nehru Hospital, Shimla and 10 kits to DHS, Shimla. The remaining 60 kits were lying unutilized in the store of SHS as of May 2009.

The MD stated (June 2009) that the RTI/STI and MTP centres were not established in all the CHCs/PHCs due to shortage of specialists and other manpower.

[11] **Hamirpur:** PHC Bhota; **Kangra:** PHC Gopalpur and Tiara and **Kinnaur:** PHC Spillow.

1.1.9.11 Immunisation

➢ ***Immunisation against Preventable Diseases***

Immunisation of children against six preventable diseases, viz., tuberculosis, diphtheria, pertussis, tetanus, polio and measles has been the cornerstone of routine immunisation under universal immunisation programme. The achievement against the targets set for routine immunisation in the State during 2005-09 is given below:

Table: 1.1.16

(In numbers)

Year	Target	Achievement (0 to 1 year age group)			
		BCG	Measles	DPT	OPV
2005-06	1,25,630	1,34,050 (107)	1,25,308 (100)	1,31,548 (105)	1,31,288 (105)
2006-07	1,26,712	1,33,212 (105)	1,26,284 (100)	1,29,173 (102)	1,29,140 (102)
2007-08	1,18,945	1,29,882 (109)	1,25,056 (105)	1,27,471 (107)	1,27,475 (107)
2008-09	1,26,255	1,34,334 (106)	1,22,206 (97)	1,30,842 (104)	1,30,839 (104)

Source: Information supplied by the Mission Director. Figures in parenthesis indicate percentage

Note: BCG: Bacilus Calamide Gurine, DPT: Diphtheria Pertussis Tetanus, OPV: Oral Polio Vaccine

Table: 1.1.17

(In numbers)

Year	DT (5 to 6 year age group)		TT (10 years)		TT (16 years)	
	Target	Achievement	Target	Achievement	Target	Achievement
2005-06	1,41,485	1,17,587 (83)	1,53,650	1,16,941 (76)	1,40,850	1,08,313 (77)
2006-07	1,29,360	1,15,229 (89)	1,29,360	1,21,725 (94)	1,09,956	1,07,088 (97)
2007-08	1,30,560	1,12,845 (86)	1,30,560	1,21,865 (93)	1,10,976	1,19,181 (107)
2008-09	1,32,760	1,10,470 (83)	1,32,760	1,17,255 (88)	1,12,646	96,164 (85)

Source: Information supplied by the Mission Director. Figures in parenthesis indicate percentage

Note: DT: Diphtheria Tetanus, TT: Tetanus Toxide

The overall achievement of full immunisation of children between zero to one year age group covering BCG, measles, DPT and OPV was 97 to 109 *per cent* during 2005-09. The achievement of targets in the secondary immunisation of children ranged between 83 and 89 *per cent* for DT, 76 to 94 *per cent* for TT (10 years age group) and 77 to 107 *per cent* for TT (16 years age group).

In the four test-checked districts the percentage of fully immunised children was between 83 and 107 (Bilaspur: 94 and 105; Hamirpur: 96 and 107; Kinnaur: 83 and 99 and Kangra: 93 and 106). Shortfall in achievement of targets in secondary immunisation of children in these districts remained between 0 and 31 *per cent* as indicated in Appendix-I.

➢ ***Pulse Polio Immunisation***

The Pulse polio immunisation was launched under RCH-II to eradicate polio and ensure zero transmission by the end of 2008. The year-wise position of pulse polio targets set and achievements thereagainst in

the State during 2005-09 were as under:

Table: 1.1.18

(Number of children)

Year	Target	Achievement
2005-06	7,37,350	7,12,179 (97)
2006-07	7,44,192	7,17,545 (96)
2007-08	7,31,875	7,14,730 (98)
2008-09	7,24,171	7,12,227 (98)

Source: Data supplied by the Mission Director. Figures in parenthesis indicate percentage

The performance of pulse polio immunisation ranged between 96 and 98 *per cent* during 2005-09. Besides, in the State only one case of Polio was detected during 2006-07 and thereafter zero occurence by the end of March 2009.

In the four test-checked districts, achievement of polio immunisation during the period 2005-09 was as follows:

Table: 1.1.19

(Number of children)

District	Year	Target	Achievement
Bilaspur	2005-06	39,782	39,782 (100)
	2006-07	39,966	38,472 (96)
	2007-08	38,319	38,925 (102)
	2008-09	38,584	39,204 (102)
Hamirpur	2005-06	44,200	45,202 (102)
	2006-07	50,065	44,040 (88)
	2007-08	43,348	41,299 (95)
	2008-09	44,866	41,536 (93)
Kangra	2005-06	No targets fixed	1,44,745
	2006-07	-do-	1,45,454
	2007-08	-do-	1,45,302
	2008-09	-do-	1,45,434
Kinnaur	2005-06	8,900	8,901 (100)
	2006-07	9,365	8,567 (91)
	2007-08	8,264	8,098 (98)
	2008-09	8,274	8,099 (98)

Source: Information supplied by the respective DHSs. Figures in parenthesis indicate percentage

From the above details it would be seen that in Bilaspur, Hamirpur and Kinnaur districts the performance was satisfactory whereas in Kangra district performance could not be evaluated due to non-availability of targets with the DHS. Besides, no case of polio was detected in these districts during 2005-09.

1.1.9.12 Disease Control Programmes

Six[12] National Disease Control Programmes were taken up for implementation under NRHM. The programme-wise performance of two programmes test checked in audit is discussed below:

➢ ***National Programme for Control of Blindness (NPCB)***

The NPCB aimed at reducing the prevalence of blindness cases to 0.8 *per cent* by 2007 through increased cataract surgery, school eye screening and free distribution of spectacles, collection of donated eyes, creation of donation centres and eye bank, strengthening of infrastructure and training of eye surgeons and nurses.

➢ ***Cataract Operations***

Year wise position of cataract operations performed in the State during 2005-09 was as under:

Table: 1.1.20

(In numbers)

Year	Target	Achievement
2005-06	16,000	20,367 (127)
2006-07	16,000	21,546 (135)
2007-08	20,000	22,511 (113)
2008-09	30,000	27,012 (90)

Source: Information supplied by the Mission Director. Figures in parenthesis indicate percentage

The achievement of cataract operations in the State against the targets exceeded by 13 to 35 *per cent* during 2005-08 whereas during 2008-09 the achievement fell short by 10 *per cent*.

In the test-checked districts, the status of cataract operations performed during 2005-09 was as under:

Table: 1.1.21

(In numbers)

District	Year	Target	Achievement	Percentage of Achievement
Bilaspur	2005-06	900	746	83
	2006-07	900	618	69
	2007-08	1,100	625	57
	2008-09	1,600	741	46

[12] 1. National Programme for Control of Blindness (NPCB), 2. National Leprosy Elimination Programme (NLEP), 3. National Vector Borne Disease Control Programme, 4. National Iodine Deficiency Disorder (NIDD) Control Programme, 5. Revised National Tuberculosis Control Programme (RNTCP) and 6. Integrated Disease Surveillance Project (IDSP).

Hamirpur	2005-06	1,100	1,658	151
	2006-07	1,100	1,453	132
	2007-08	1,300	1,463	113
	2008-09	2,000	1,609	80
Kangra	2005-06	3,500	7,239	207
	2006-07	3,500	8,759	250
	2007-08	4,500	8,852	197
	2008-09	5,800	6,562	113
Kinnaur	2005-06	200	157	79
	2006-07	200	136	68
	2007-08	200	159	80
	2008-09	300	158	53

Source: Information supplied by the respective DHSs

From the above details it would be seen that during 2005-09 performance of cataract operations in two districts (Hamirpur and Kangra) was also satisfactory as achievements exceeded by 13 to 150 *per cent* except for 2008-09 in respect of Hamirpur district. The remaining two districts Bilaspur and Kinnaur did not perform well as achievement of targets was between 46 and 83 *per cent*.

➢ ***Refractive Errors and Distribution of Spectacles to School Children***

The programme envisaged screening of school children for refractive errors and distribution of spectacles to the students having refractive errors. The year wise position of detection of refractive errors and distribution of spectacles to the students having refractive errors was as under:

Table: 1.1.22

(In numbers)

Year	Children checked	Children found with refractive errors	Children provided with glasses		
			Target	Achievement	Shortfall
2005-06	1,04,667	6,059	3,119	1,353	1,766 (57)
2006-07	1,41,714	6,219	3,638	1,948	1,690 (46)
2007-08	1,50,385	6,668	3,638	1,369	2,269 (62)
2008-09	95,231	3,536	1,899	662	1,237 (65)
Total:	**4,91,997**	**22,482**	**12,294**	**5,332**	**6,962**

Source: Figures supplied by the Mission Director. Figures in parenthesis indicate percentage

It would be seen from the above table that there was shortfall ranging between 46 and 65 per cent in providing glasses to the targeted school children found with refractive errors during 2005-09.

While admitting the facts, Deputy Director NPCB stated (May 2009) that glasses were provided only to poor children whose parents could not afford to purchase from the market.

➢ ***Facilities for Eye Donation***

Under NRHM the facility for eye donation and its preservation should be established in all the district hospitals and medical colleges in the State. Scrutiny of records of the SHS revealed that none of the district hospitals and medical colleges in the State were equipped with facility for eye donation and its preservation.

While admitting the facts the Deputy Director NPCB stated (May 2009) that an eye bank was sanctioned and is in the process of being setup in IGMC Hospital.

➢ ***Procurement of Ophthalmic Equipment***

The GOI released (June 2006) Rs 1.23 crore for procurement of ophthalmic equipment in the State under NPCB during 2006-07.

Scrutiny of records of the SHS revealed that out of Rs 1.23 crore, an amount of Rs 0.45 crore was utilised for the procurement of ophthalmic equipment and balance Rs 0.78 crore remained unutilised with the three units[13]. This deprived the rural masses of the intended facilities.

The Deputy Director of Health (NPCB) stated (May 2009) that the funds lying with the State Blindness Control Society would be utilised shortly for the purchase of intra ocular lenses.

Besides, an amount of Rs 1.32 crore received from GOI in December 2008 for implementation of four new schemes viz., construction of Eye Wards and Eye Operation Theaters (Rs 0.75 crore), Mobile Ophthalmic Units with telenetwork (Rs 0.40 crore), salary of staff (Rs 0.02 crore) and maintenance of ophthalmic equipment (Rs 0.15 crore) also remained unutilised with the State Government as of May 2009.

1.1.10 Integrated Disease Surveillance Project (IDSP)

To establish a decentralised State based system of disease surveillance for communicable and non communicable diseases IDSP was launched in the State during April 2005. Under this project, activities like training for District Surveillance Officers and District Surveillance team, establishing data centres in all districts, upgradation of health laboratories up to PHC level were to be undertaken.

Scrutiny of records of the SHS revealed that an amount of Rs 45.20 lakh was released to all the districts between May 2005 and November 2005 for the renovation/repair of 12 District Surveillance Units (DSUs) (Rs 16.80 lakh) and strengthening of Surveillance laboratories at 12 Districts Hospitals (DHs) (Rs 16.80 lakh), 43 CHCs (Rs 8.60 lakh), 15 PHCs (Rs 3.00 lakh) respectively. Of these, 10 DSUs and eight District level laboratories were renovated. Two DSUs (Kullu and Solan) and four[14] District level laboratories were not renovated/strengthened. Besides, 38 laboratories at CHCs level and 13 at PHCs

[13] State Blindness Control Society: Rs 7.00 lakh; Dr. Rajendra Prasad Medical College, Kangra: Rs 35.50 lakh and Indira Gandhi Medical College, Shimla: Rs 35.50 lakh.

[14] Kangra, Kullu, Lahaul & Spiti and Mandi.

were renovated. Five[15] laboratories at CHCs level and two at PHCs (Gondhla and Sissu) level were not strengthened as of May 2009 and funds of Rs 9.80 lakh were lying unutilised with the concerned institutions.

The MD stated (June 2009) that the delay in completion of civil works was on the part of implementing agencies. The reply does not explain why the concerned institutions were not geared up for timely completion of these works.

1.1.11 Village Health and Sanitation Committees

A Village Health and Sanitation Committee (VHSC) was to be formed in each village to create public awareness on health, nutritional activities, maintenance of village health register, health information board/calendar indicating mandated services and services actually delivered and preparation of village health plan.

As per NRHM norms, every village with a population of upto 1,500 is entitled to get an annual untied grant of Rs 10,000 for creating revolving fund for providing referral transport facilities for emergency deliveries as well as to meet the immediate financial needs for hospitalisation in the rural areas.

Scrutiny of records revealed that as of May 2009, VHSCs had not been formed in the State. The Principal Secretary in the exit conference admitted (October 2009) the lack of community participation through VHSCs and stated that from 2009-10 committees at Gram Panchayat are to be formed and this proposal has been accepted by the GOI in the current year's PIP.

1.1.12 Rogi Kalyan Samitis (RKS)

The Rogi Kalyan Samitis (RKSs) were to be formed in each health centre to upgrade the SCs, PHCs and CHCs to IPHS to provide sustainable quality healthcare with people's participation and to make the community accountable and responsible for managing these rural health centres. As per NRHM guidelines, constitution of 50 *per cent* of RKSs was to be completed by 2007 and 100 per cent by 2009.

Scrutiny of records of the Mission Directorate revealed that against the target of 537 RKSs (District Hospitals: 12; CHCs: 73 and PHCs: 452) 521 RKSs (District Hospitals: 12; CHCs: 73 and PHCs: 436) were constituted as of March 2009 leaving 16 PHCs without RKSs. In the four test-checked districts RKSs were formed in all the above institutions except one PHC (Jaind) in Kangra district. The percentage of progress of formation of RKSs in the State was to the extent of 97 and was satisfactory.

1.1.12.1 Funding of Rogi Kalyan Samitis

As per the NRHM guidelines, specified funds are to be released to RKSs to enable them to carryout the functions devolved on them. The RKS at district hospital was to receive a corpus grant of Rs five lakh per year. At CHC and PHC level, the RKS was to receive annual corpus grant of Rs one lakh each, annual untied grant of Rs 50,000 and Rs 25,000 and annual maintenance grant of Rs one lakh and Rs 50,000 respectively.

[15] Dharampur, Kaza, Manali, Shansha and Udaipur

During 2005-06, GOI did not release any grant to RKSs. In 2006-07 and 2008-09, GOI released Rs 7.51 crore (2006-07: Rs 1.02 crore; 2008-09: Rs 6.49 crore) for RKS in the State which was further released by the SHS as untied fund (Rs 0.64 crore), annual maintenance grant (Rs 1.27 crore) and corpus fund (Rs 5.60 crore) respectively to RKSs in all the 12 districts.

In the four test-checked districts, Rs 2.65 crore (Bilaspur: Rs 0.42 crore; Hamirpur: Rs 0.59 crore; Kangra: Rs 1.18 crore and Kinnaur: Rs 0.46 crore) were received by the DHSs of respective district for further release to RKSs formed at district, CHC and PHC level.

Scrutiny of records revealed that the DHSs, after release of the amount to RKSs showed it as final expenditure whereas Rs 32 lakh remained unspent with the RKSs of 21 health institutions of four test-checked districts.

While confirming the facts, the State Programme Officer (RKS) stated (May 2009) that grant transferred to RKSs would become a part of the overall corpus and utilisation thereof is to be done as per need of the concerned RKS. The reply does not explain why grant transferred to RKS was treated as final expenditure without getting utilisation certificates from the RKSs concerned.

1.1.12.2 Functioning of RKS

As per NRHM guidelines the RKSs were required to perform the following activities:

- To convene meetings of governing and executive body on quarterly and monthly basis to review the OPD and IPD services, performance of the hospital outreach work performed during the last quarter; review reports of the Monitoring Committee and status of utilisation of funds, equipment, drugs, etc;
- to develop citizen's charter;
- to institute a mechanism for redressal of complaints of the community;
- to collect patients' feedback and
- to constitute monitoring committees.

It was noticed in audit that none of the aforesaid activities was being carried out by RKSs. This indicated that the RKSs were not functioning satisfactorily and the objective of monitoring and grievances redressal mechanism remained unachieved.

1.1.12.3 Citizen's Charter

One of the objectives of Rogi Kalyan Samiti (RKS) is to develop a Citizen's Charter at all the health centres and ensure its display at appropriate places to make healthcare applicants aware of their health rights and facilities available there.

In the four test-checked districts Citizen's Charter had not been developed and displayed at appropriate places and a Grievances Redressal Mechanism at CHCs and PHCs level had not been operationalised as required.

1.1.13 Involvement of Non-Governmental Organisations (NGOs)

Scrutiny of records in the Mission Directorate revealed that nine[16] NGOs were involved in implementation of NRHM in the State. These NGOs were providing services like maternal and child health family planning, adolescent reproductive health and prevention and management of RTI in unserved and under served areas of the respective districts. During 2005-09 grant-in-aid of Rs 3.74 crore[17] was provided to them. In the four test-checked districts, four NGOs[18] were carrying out the activities of NRHM and were provided grant-in-aid of Rs 1.10 crore during the above period. The grant-in-aid provided was required to be utilised fully in the respective financial years.

It was noticed in audit that grant-in-aid provided was not utilised fully for carrying out the Mission activities as Rs 87.10 lakh remained unutilised (including Rs 56.86 lakh of four NGOs of selected districts) with them as of March 2009. This shows that grant-in-aid was being released to the NGOs without assessing their capacity to utilise the funds.

Functioning of NGOs in the four test-checked districts was satisfactory. The fact was also confirmed by the external evaluation got conducted by the Department of Economic and Statistics Himachal Pradesh in 2007 in six districts (Bilaspur, Kangra, Mandi, Shimla, Solan and Una). Findings of evaluation showed an increase ranging between 20 and 49 *per cent* in Bilaspur district and 23 and 48 *per cent* in Kangra district in activities like complete antenatal checkups, institutional deliveries, spacing methods, etc.

1.1.14 Convergence with Other Departments

Health is as much a function of availability of safe drinking water, early childhood development, sanitation and women's empowerment as of hospitals and a reliable medical system. NRHM sought to adopt a convergent approach for intervention under the umbrella of the district plan.

It was noticed in audit that involvement of the representatives of the Departments dealing with the issues of safe drinking water, sanitation, nutrition, early childhood development and women's empowerment was not ensured for convergent action. The following points were noticed:

- Integrated Health Society (IHS) at State and District levels had not been constituted as of June 2009.
- The SHS was not getting feed back on implementation of plans/policies from other departments dealing with health issues.

The MD stated (June 2009) that formation of the IHS at State and district level was under process. He further stated that no feed back had been received from other departments dealing with health issues and no public dialogues/public hearings are being carried out. This indicated that disconcerted

[16] 1. Himachal Pradesh Voluntary Health Association (HPVHA), 2. Society for upliftment through Rural Action (SUTRA), 3. Sir Nischal Singh Foundation (SNSF), 4. Friends Club, Rey, 5. Ankur Welfare Association, 6. Mahila Kalyan Parishad, 7. Society for Advancement of Village Economy (SAVE), 8. Society for Health and Social Transformation, Rehabilitation AID (SHASTRA) and 9. Social Action for Rural Development of Hilly Areas (SARDHA).

[17] 2005-06: Rs 0.90 crore; 2006-07: Rs 0.50 crore; 2007-08: Rs 1.66 crore and 2008 09: Rs 0.68 crore.

[18] 1. Ankur Welfare Association, 2. Mahila Kalyan Parishad, 3. Himachal Pradesh Voluntary Health Association and 4. Society for upliftment through Rural Action.

efforts were being made by various Departments working towards the goal of providing better health facilities.

1.1.15 Information, Education and Communication (IEC)

The IEC strategy under NRHM aims to facilitate awareness, dissemination of information regarding availability of and access to quality healthcare by the poor, women and children in rural areas.

It was noticed in audit that against the total availability of funds of Rs 1.45 crore under IEC, Rs 1.42 crore (State level: Rs 0.40 crore and District level: Rs 1.02 crore) were spent during 2005-09 on activities like Mahila Swasthya Sangh Meetings, Exhibitions, advertisements, Doordarshan Kendra, Electronic Media, Print Media, Health days and Bus Panels, etc., as can be seen from the photographs below:

Photograph : 1.1.8

Photograph : 1.1.9

Photographs showing IEC advertisements under NRHM at CHC Barsar and PHC Bhota

It was noticed that out of Rs 29.60 lakh released to the four test-checked districts, Rs 20.66 lakh were utilised by these districts during 2005-08 on IEC activities leaving an unspent balance of Rs 8.94 lakh as of March 2009. Rupees 8 lakh was released to two districts (Bilaspur and Kinnaur) in April 2007 for organising Health Mela, which was yet to be organised as of March 2009. The non-organisation of Health Mela was attributed by the CMOs of respective districts to vacant seat of Hamirpur Parliamentary Constituency and acute shortage of staff.

1.1.16 Procurement of Medicines and Equipment

As per NRHM guidelines, SHS was required to develop a procurement plan and policy consistent with the Department's long term goals and objectives to ensure cost effective, efficient and improved availability of services. The Society had not developed any documented plan keeping in view the long term goals for procuring medicines and equipment but followed the State Government guidelines i.e. medicines were being procured through the HP State Civil Supplies Corporation Ltd. (HPSCSC) and equipment from open market as per the procedure laid down in the State Financial Rules. It was noticed that the medicines were purchased as per requirement, buffer stocks for two months were available and expired or sub-standard medicines were not noticed in stock at any of the test-checked units.

➢ *Adjustment of Advances*

The GOI released Rs 16.84 crore during 2005-09 (2005-06:Rs 5.68 crore; 2007-08: Rs 4.32 crore and 2008-09: Rs 6.84 crore) for the purchase of medicines and equipment. It was noticed in audit that out of Rs 4.10 crore advanced to HPSCSC between December 2008 and March 2009 for the purchase of medicines, Rs 1.36 crore was yet to be adjusted as of June 2009. Similarly Rs 1.19 crore had been provided to the Director Dental, HP (Rs 1.16 crore) and Block Medical Officer (BMO) Mashobra (Rs 2.17 lakh) between January and March 2009 for the purchase of equipments which were also awaiting adjustment.

The MD stated (May 2009) that advances would be adjusted on receipt of verified bills from the field units and utilisation certificates would also be obtained from the Director, Dental, HP and BMO, Mashobra.

1.1.17 Monitoring and Supervision

NRHM envisages a five tier system of monitoring and supervision at State, District, Block, PHC and village level. At the State level, the SHS was to evolve a monitoring format indicating the process and quality indicators in order to ensure the quality of programme implementation through various activities. At the District level, the DHS is to contribute for development of District Health Plan based on an assessment of the situation and priorities of the District. Similarly, at Block, PHC and village level, all the committees were to move towards a community based monitoring that allows a continuous assessment of planning and implementation of the Mission. The main purpose of the monitoring framework at different levels was to provide accessible, affordable and quality health care to the rural people.

The Department had not set up any monitoring mechanism during 2005-09 for complying with the Mission guidelines and ensuring community participation.

The MD while admitting the facts stated (May 2009) that the constitution of Monitoring Committees was under consideration.

1.1.18 Internal Audit

There is no system of internal audit of accounts at district and State level. During 2005-09 only annual accounts i.e. Receipt and Payment, Income and Expenditure accounts and Balance Sheet were got prepared from the Chartered Accountants. The MD stated (June 2009) that the process for institution of internal audit mechanism was under finalisation.

1.1.19 Conclusion

The overall performance of the programme at mid course was not very satisfactory. The review underscored glaring gaps in planning, implementation and monitoring activities. Absence of a household survey and perspective plan and lack of inputs from the community at the grass root level in the annual plans rendered the planning process an exercise in futility. While the number of health centres exceeded the norm, these could not ensure reliable and accessible health care to the targeted beneficiaries due to inadequate infrastructure and insufficient manpower. Some of the key initiatives of NRHM like ASHA and village health and sanitation committees have not received the required attention and public spending on health sector also remained constant during the last four years.

1.1.20 Recommendations

- *Planning process needs to be strengthened with community involvement in planning, implementation and monitoring of the activities of the programme;*
- *Infrastructure needs to be improved at the health centres expeditiously and sanctioned posts of medical and para-medical staff should be filled up on priority;*
- *Maternal health programme needs to be monitored closely and pregnant women should be made aware of and encouraged to opt for institutional deliveries as a safe mode. Delays and irregularities in payment of compensation under JSY should be plugged;*
- *IEC activities should be given a fillip and the rural population should be made aware of their health rights and facilities available at various health centres;*
- *To achieve convergence of mission activities with other departments the State Government should ensure adequate focus on determinants of health like safe drinking water, sanitation, nutrition, early childhood development and women's empowerment; and*
- *Monitoring and supervision mechanism should be established immediately so that check on effective implementation of Mission activities is exercised at all levels.*

These findings were referred to the Government in July 2009; their reply had not been received (September 2009).

APPENDIX-I

(Refer Paragraph 1.1.9.11; Page 20)

Statement showing details of immunisation of children during 2005-09

1. Bilaspur district

(In numbers)

Year	Target	Achievement (0 to 1 year age group)				Fully Immunised percentage	DT (5 years)			T.T (10 years)			TT (16 years)		
		BCG	DPT	OPV	Measles		T	A	Shortfall	T	A	Shortfall	T	A	Short fall
2005-06	7060	7465	7506	7506	7441	105	7950	5720	2230 (28)	8635	6344	2291 (27)	7915	5578	2337 (30)
2006-07	7110	7336	7095	7095	6942	98	7256	5989	1267 (17)	7255	6907	348 (5)	6170	6151	19
2007-08	6671	7194	6758	6758	6515	98	7323	5496	1827 (25)	7323	6516	807 (11)	6225	6583	-
2008-09	7081	7266	7113	7112	6635	94	7447	5337	2110 (28)	7447	5819	1628 (22)	6319	4557	1762 (28)

2. Hamirpur district

Year	Target	Achievement				Fully Immunised percentage	DT (5 years)			TT (10 years)			TT (16 years)		
		BCG	DPT	OPV	Measles		T	A	Shortfall	T	A	Shortfall	T	A	Shortfall
2005-06	8540	9290	9184	9193	8790	103	9625	7209	2416 (25)	10450	7228	3222 (31)	9575	8953	622 (6)
2006-07	8600	9116	9129	9129	8596	100	8785	7055	1730 (20)	8785	7099	1686 (19)	7485	8198	--
2007-08	8077	9101	9221	9221	8653	107	8866	6302	2564 (29)	8886	6953	1933 (22)	7536	8642	--
2008-09	9015	9363	9205	9205	8640	96	9014	6989	2025 (22)	9014	8015	999 (11)	7648	8142	--

3. Kangra district

Year	Target	Achievement				Fully Immunised percentage	DT (5 years)			TT (10 years)			TT (16 years)		
		BCG	DPT	OPV	Measles		T	A	Shortfall	T	A	Shortfall	T	A	Shortfall
2005-06	27710	29037	29255	29255	28471	103	31210	24307	6903 (22)	33900	24202	9698 (29)	31070	23837	7233 (23)
2006-07	27940	29213	28801	28801	28558	102	28525	23129	5396 (19)	28525	26268	2257 (8)	24245	23887	358 (01)
2007-08	26206	28508	28497	28497	27885	106	28765	22731	6034 (21)	28765	27911	854 (3)	24450	28169	--
2008-09	27815	28343	28219	28219	25922	93	29248	21368	7880 (27)	29248	24463	4785 (16)	24817	21521	3296 (13)

4. Kinnaur district

Year	Target	Achievement				Fully Immunised percentage	DT (5 years)			TT (10 years)			TT (16 years)		
		BCG	DPT	OPV	Measles		T	A	Shortfall	T	A	Shortfall	T	A	Shortfall
2005-06	1620	1535	1643	1643	1608	99	1825	1777	48 (3)	1980	1595	385 (19)	1815	1325	490 (27)
2006-07	1610	1334	1455	1455	1356	84	1640	1810	--	1640	1574	66 (4)	1395	1354	41 (3)
2007-08	1533	1339	1401	1401	1358	89	1683	1678	05	1683	1579	104 (6)	1431	1396	35 (2)
2008-09	1627	1410	1608	1608	1483	91	1711	1663	48 (03)	1711	1462	249 (15)	1452	1259	193 (13)

Source: information supplied by the respective DHSs.

Note: T= Target, A= Achievement. Figures in parenthesis indicate percentage.