

# Chapter 8

## Family Welfare, Reproductive and Child Health

The Mission objectives included reduction in child and maternal mortality, population stabilisation, gender and demographic balance. Universal access to public services for food and nutrition, sanitation and hygiene, public health care services with emphasis on women's and children's health and universal immunisation.

Some of the components of the Mission and their performance were as follows:

### 8.1 Janani Suraksha Yojana

The *Janani Suraksha Yojana* (JSY) was introduced in 2005-06 as a key intervention to enable women to access institutional deliveries and thereby effect reductions in Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) to 100/100000 and 30/1000 live births respectively by 2012. The *website* of MoHFW puts the levels (2009-10) of MMR and IMR in Uttar Pradesh at 359/100000 and 63/1000 live births.

Institutional deliveries help pregnant women access skilled birth attendants more readily and reliably and also improve their access to emergency obstetric care. JSY was to encourage institutional deliveries by providing a financial package to all pregnant women.

All pregnant women in rural areas of high focus States, who deliver in a health centre, were eligible for a cash incentive of ₹ 1,400 to meet both direct and indirect expenses incurred on delivery. BPL women who deliver at home were also eligible for a cash incentive of ₹ 500.

ASHAs have been given a major role in the implementation of the scheme. Each ASHA is given ₹ 200 to motivate a pregnant woman for institutional delivery and antenatal care and paid ₹ 250 for transport of a pregnant woman to the hospital. In addition, if the ASHA escorts and stays in the health centre with the woman she is paid ₹ 150. Thus, an ASHA is entitled to receive ₹ 600 if she performs all the above activities of motivation, transportation and escorting a pregnant woman to the hospital.

#### 8.1.1 Target and Achievement

The objective of the scheme was to achieve the target of 70 *per cent* institutional deliveries by the end of March 2012. The target and achievement of institutional deliveries and cash compensation paid under JSY during the period of the review were as under:

**Table 8.1: Target and achievements of JSY**

Year	No. of Pregnant women registered (in lakh)	No. of beneficiaries of cash payment (in lakh)	Expenditure (₹ in crore)	No. of Institutional deliveries		Percentage shortfall in institutional deliveries in comparison to target of 70 <i>per cent</i> of registered pregnant women
				Target (in lakh)	Achievement (in lakh)	
2005-06	53.28	0.12	1.49	NA	NA	NA
2006-07	53.56	1.68	19.22	NA	1.68	96

2007-08	53.63	7.63	113.06	7.33	9.64	74
2008-09	56.18	15.44	270.03	15.00	15.63	60
2009-10	58.49	20.82	378.85	18.00	20.82	49
2010-11	54.05	23.41	436.88	21.00	23.41	38
<b>Total</b>	<b>329.19</b>	<b>69.10</b>	<b>1219.53</b>	<b>61.33</b>	<b>71.18</b>	<b>69</b>

(Source: Information provided by the Government)

As evident from the above table, although the number of beneficiaries increased from 0.12 lakh in 2005-06 to 23.41 lakh in 2010-11, the shortfall in achievement of target ranged between 38 *per cent* in 2010-11 and 96 *per cent* in 2006-07. There was a steady increase in institutional deliveries in terms of number and also in terms of percentage of registered women over the last six years between 2005-06 and 2010-11. The status of achievements against the targets in 20<sup>1</sup> out of 23 sampled districts is given below:

**Table 8.2: Achievements under JSY in sampled districts**

Year	No. of Pregnant women registered (in lakh)	No. of beneficiaries of cash payment (in lakh)	No. of Institutional deliveries		Percentage shortfall in institutional deliveries in comparison to 70 <i>per cent</i> of registered pregnant women
			Target (in lakh)	Achievement (in lakh)	
2005-06	17.28	0.03	3.22	3.15	74
2006-07	19.15	0.26	3.24	3.10	77
2007-08	19.63	1.58	3.62	3.52	74
2008-09	20.59	3.12	5.01	5.78	60
2009-10	21.23	4.18	6.14	7.58	49
2010-11	19.47	4.66	7.31	8.45	38

(Source: Information collected during audit)

The shortfall ranged from 77 in 2006-07 to 38 *per cent* in 2010-11 (*Appendix- 8.1*)

### 8.1.2 Implementation of the Scheme

Under NRHM framework all registered pregnant women were to be provided with Mother and Child Health (MCH) Cards. ANMs were required to prepare Micro Birth Plan (MBP) for identification of beneficiaries and monitoring of the antenatal and post natal care effectively. In 21<sup>2</sup> test checked districts, Micro Birth Plan had not been prepared at PHCs and Sub centre level. Consequently, institutional mechanism to track the registered pregnant women in the test checked districts for checkups, institutional delivery and post delivery care by ANMs was insufficient. Further, a majority of pregnant women, registered between 2005-06 and 2010-11, did not opt for treatment in health centres for institutional delivery. Of 71.18 lakh institutional deliveries reported during 2005-11, 69.10 lakh pregnant women were provided the incentive under JSY. Test check of records revealed that during 2006-11, an amount of ₹ 5.71 lakh to be paid to beneficiaries for 434 institutional deliveries in four districts was not paid as stated below:

<sup>1</sup> Agra, Allahabad, Azamgarh, Bahraich, Ballia, Bareilly, Bulandshahar, Deoria, Etah, Gorakhpur, Jalaun, Jaunpur, Jhansi, Kanpur Nagar, Mirzapur, Moradabad, Raebareli, Shahjahanpur, Unnao and Varanasi. Three districts did not submit any data.

<sup>2</sup> Allahabad, Azamgarh, Bahraich, Ballia, Bareilly, Budaun, Bulandshahar, Deoria, Etah, Gorakhpur, Jalaun, Jaunpur, Jhansi, Kanpur Nagar, Kushi Nagar, Mirzapur, Moradabad, Raebareli, Shahjahanpur, Unnao and Varanasi.

**Table 8.3: Non-payment of incentive to beneficiaries**

Name of unit	Period	No. of cases in which incentive was not paid	Rate (in ₹)	Amount (₹ in lakh)
DH(F), Gorakhpur	2008-09 to 2009-10	76	1400	1.35
		28	1000	
		01	600	
Dufferin Hospital, Kanpur Nagar	2007-08 to 2009-10	51	1000	0.51
DH(F), Raibareli	2006-07 to 2007-08	183	1400	2.56
DH(F), Ballia	2010-11	85	1400	1.29
		10	1000	
<b>Total</b>		<b>434</b>		<b>5.71</b>

(Source: Information collected during audit from records made available)

The Government did not furnish any reply in the cases of DHs (F) Ballia and Raebareli. In the case of DH (F) Gorakhpur, the Government stated that since the beneficiaries had left the hospital suddenly, cheques could not be given to them. The reply was not convincing as the patients were discharged from the hospital only after being declared fit by the operating surgeon. In the case of Dufferin Hospital, Kanpur it was stated that since the beneficiaries did not turn up for receiving cheques the same were lying undelivered. The reply was not acceptable as the incentive was to be paid at the time of discharge from the hospital.

### 8.1.3 Verification and monitoring

An amount of ₹ 1,219.53 crore was disbursed towards cash compensation to 69.10 lakh women for institutional deliveries during 2005-11. As per State PIP of 2008-09, 10 per cent of JSY cases were to be verified. Further, in the year 2009-10, it was decided to ensure monitoring of 5 to 10 per cent cases through deployment of monitors, departmental staff, as well as through external agencies. 71 districts were to be covered in each quarter by deploying four monitors, who would cover six to seven districts every month. These monitors were to visit the districts to monitor JSY activities and follow-up complaints. Verification and monitoring, as planned, was not conducted by SHS. Thus, expenditure of ₹ 1,085.76 crore, incurred under JSY, in 2008-09, 2009-10 and 2010-11 remained unverified.

The Government accepted the observation.

Test check of records of 22 out of 23 sampled districts revealed irregularities and fraudulent payments as brought out below:

#### 8.1.3.1 Excess payment

According to guidelines for implementation of JSY, if an institutional delivery of a rural beneficiary takes place in an urban area hospital, she would be paid ₹ 1400 on production of proof of rural residential address like *Kisan bahi*, *Kutumb* register, *Khasra khatauni*, referral slip submitted by ANM/ASHA or domicile certificate issued by *Gram Pradhan*. Otherwise, she would be paid only ₹ 1,000, as an urban beneficiary.

In four test checked District Hospitals (Female) during 2007-11, out of 61014 beneficiaries, 5608 beneficiaries (9.20 *per cent*) were paid ₹ 1400, without obtaining proof of rural residence as specified in the guidelines. As a result, the authenticity of payment of ₹ 22.43 lakh could not be established in audit (*Appendix-8.2*).

The Government in the case of DH(F), Mirzapur stated that incentive was paid on the basis of referral slip but no documents to substantiate it were furnished to audit. In the case of DH(F), Bulandshahar, the Government stated that incentive was paid on the basis of address proof of husband. The reply was not acceptable as address of husband was not supported by proper documents. In the case of DH(F), Khurja, Bulandshahar, the Government stated that incentive of ₹ 1400 was paid on the basis of verification of rural address by ASHA. The reply was not acceptable because verification of address by ASHA was not a valid proof of residence. Further, in the case of the Government Combined Hospital, Sikandarabad in district Bulandshahar, the Government stated that instructions had been issued to ASHAs for obtaining address proof from the beneficiaries.

### 8.1.3.2 Suspected Fraudulent payments

Test check of records revealed the following cases of payments of ₹ 0.61 lakh, released without proper documentary evidence highlighting the possibility of fraudulent payment of ₹ 0.61 lakh:

- Between April 2009 and March 2011 payment was released by PHC, Kuandanda, Bareilly to ASHAs for 36 rural institutional deliveries in CHC, Faridpur which were not found entered in the delivery register. The payment made was calculated in audit as ₹ 0.22 lakh (at the rate of ₹ 600 per delivery). The Government did not furnish any reply.
- In PHC Mauaiama and Pratappur, Allahabad suspected payment of incentive of ₹ 0.13 lakh for nine deliveries during 2010-11 was pointed out (22 September 2011). MOIC recovered (26 September 2011) ₹ 0.09 lakh in 6 cases. The Government accepted the audit observation.
- In PHC, Kuandanda, Bareilly, test check of claims in 128 cases, during 2009-11, made by ASHAs as deliveries at District Hospital (Female), Bareilly revealed that 44 deliveries for which ₹ 0.26 lakh was paid did not take place at the District Hospital (Female), Bareilly.

The Government stated that ASHAs were paid incentive on the basis of beneficiaries' discharge certificate, issued by DH (F) Bareilly. The reply was incorrect as CMS of the hospital had certified that out of 128 deliveries, 44 had not taken place in DH(F) Bareilly.

### 8.1.3.3 Doubtful payments of incentive

- In District Hospital (Female), Budaun, 100 cases (in a bundle of vouchers starting from 09 August 2007) were test checked and it was observed that payment made to beneficiaries as per slip issued to ASHA in 33 cases was shown at the rate of ₹ 1000 per beneficiary. However, as per vouchers (JSY card), the payment to the beneficiaries was shown to be made at the rate of ₹ 1400 per beneficiary. The cash book was also altered and ₹ 400 was added to ₹ 1000 to show payment at the rate of ₹ 1400. Thus, payment of ₹ 0.13 lakh appeared to be doubtful.



The Government did not furnish any reply.

- In PHC, Kuandanda, Bareilly, during 2007-08, 177 beneficiaries were paid incentive at the rate of ₹ 500 per case. But there was no proof of receipt, like signature, thumb impression *etc.*, of recipients in 172 cases. Thus, the payment of ₹ 0.86 lakh was doubtful.

The Government stated that beneficiaries were paid the incentive. But the documents in support of the payments were stolen on 13 March 2011, for which FIR had been lodged. However, details of the records stated to have been stolen were not recorded in the FIR.

#### **8.1.3.4 Non-payment of transportation charges under JSY**

The State PIP provided that in case ASHA fails to arrange transportation for a pregnant woman to the hospital, the beneficiary would get ₹ 250 immediately on reaching the hospital. In four test checked units, it was observed that in 53,333 cases of delivery, the beneficiaries came to hospital by arranging their own transport and were not paid transportation charges. Thus, a payment of ₹ 133.33 lakh, which was due to the beneficiaries, was not made during 2007-08 to 2010-11 (*Appendix-8.3*).

The Government did not give any reply in the case of DHS, Shahjahanpur. However, findings of DHS, Jhansi were accepted. In the cases of DHSs Azamgarh and Deoria, it was stated that the transportation charges were not paid as the beneficiaries did not submit the transportation cost vouchers. The fact remained that there was no pursuance of matter with the beneficiaries by the staff/authorities of health institutions.

#### **8.1.3.5 Belated payment of incentive**

Under JSY, disbursement of cash incentive was to be made to the beneficiaries immediately after delivery or at the time of discharge. In six test checked units, payment of cash incentive of ₹ 3.01 crore to eligible beneficiaries was delayed for periods ranging from 8 to 780 days (*Appendix-8.4*).

In the cases of PHC, Ashafpur (Budaun) and PHCs, Chittaura and Tejwapur (Bahraich), the Government did not give any reply. However, findings of CHC, Mauraipur, Jhansi were accepted. Non-availability and delayed release of fund were attributed as the reasons for delayed payment in DH(F) Raebareli. In the case of CHC, Lakhauti, Bulandshahar, it was stated that due to delayed submission of identity proof/Ration Card by the beneficiaries, payment of incentive was not made on time. However, as per GO dated 08 June 2007, in case of non-availability of any proof of identification with the beneficiary, MOIC was made responsible to disburse the incentive to the beneficiary on any holiday in the presence of two witnesses having independent identifications.

#### **8.1.3.6 Payment of incentive to persons other than the beneficiary**

Under NRHM framework, payment of incentive was to be made only to the beneficiary. During 2006-07 to 2010-11, in three audited units ₹ 105.17 lakh was paid to individuals other than beneficiary, like husband, relatives, ANM and ASHA in 7912 cases of institutional deliveries (*Appendix-8.5*).

In the case of PHC, Tejwapur, Bahraich, the Government did not give any reply. Cases of CHC, Machhalishahar and PHC, Rampur, Jaunpur were stated to be noted for future compliance. In the case of A.H.M. Dufferin Hospital, Kanpur Nagar, the Government stated that since after operation some patients left the hospital before the payment of incentive, it was made to the inducer/relative. The reply was not acceptable as the patients are discharged from the hospital only after being declared fit by the operating surgeon.

### 8.1.3.7 Other financial irregularities

Test check of records revealed:

- Under JSY, ASHA would get ₹ 250 as transportation cost for conveyance of beneficiaries to health centre, provided the certificate relating to above transportation charges was counter signed by the beneficiary. In CHC, Payagpur and PHC, Chittaura, Bahraich payment of ₹ 16.66 lakh, on account of transportation charges, was made to ASHAs either without any supporting voucher for transportation charges or without counter signature of the beneficiary between 2008-09 and 2010-11, the genuineness of which could not be ensured in audit.

**Table 8.4: Irregular payment in CHC, Payagpur and PHC, Chittaura**

Year	No. of cases in CHC/PHC		Total No. of cases	Payment @ ₹ 250/case (in ₹)
	Chittaura	Payagpur		
2008-09	453	-	453	113250
2009-10	854	1416	2270	567500
2010-11	935	3005	3940	985000
	<b>Total</b>		<b>6663</b>	<b>1665750</b>

(Source: Information collected during audit)

The Government accepted the observation.

- Payment to ASHAs is made at the rate of ₹ 600 per delivery by CHC/PHC to which ASHA belongs, on the basis of certificate, regarding presence of ASHA with the beneficiaries, issued by hospital in which delivery takes place. In DH (F), Gorakhpur, out of the 946 beneficiaries checked, 346 were urban and 600 were rural. CMS (F) issued certificates to 471 ASHAs for accompanying the beneficiaries. In 151 cases, initially it was recorded that 'No' ASHA accompanied the pregnant women. But while issuing the certificates, 'No' was deleted. The deletion was not attested by any officer. Further, presence of ASHA was not corroborated from other records. JSY forms were also not signed by ASHA. This rendered the payment of ₹ 0.91 lakh doubtful.

The Government did not furnish any reply.

- In PHCs, Chittaura and Tejwapur, Bahraich, JSY payment vouchers were not supported by MCH Cards. Payment of ₹ 143.55 lakh was, therefore, irregular as detailed below:

**Table 8.5: Irregular payments in PHC, Chittaura and PHC, Tejwapur**

Name of CHC/PHC	Period	No. of cases not supported with MCH Card	Amount paid to Beneficiaries (₹ in lakh)
PHC, Tejwapur	2007-08 to 2010-11	8011	112.15
PHC, Chittaura	2008-09 to 2010-11	2243	31.40
<b>Total</b>		<b>10254</b>	<b>143.55</b>

(Source: Information collected during field audit)

In addition, payments amounting to ₹ 11.84 lakh were made in PHC, Chittaura, Bahraich, to 592 beneficiaries between March 2010 and March 2011 without signature of MOIC on the vouchers.

The Government accepted the observations.

- During 2007-08, DHS, Jaunpur, wrongly reported 430 home delivery cases as institutional deliveries which resulted in loss of ₹ 6.02 lakh to the Government. An enquiry was conducted by the DM and the then CMO suspended, but reinstated subsequently. Charge sheets to the concerned MOICs and Junior Clerks and ANMs involved in all the 430 cases were prepared at the Directorate level and submitted to the Government on 31 July 2009. The CMO and Regional Deputy CMO were appointed as inquiry officers whose reports were awaited (November 2011). While, recovery against 282 cases was made, in the remaining 148 cases of ₹ 2.07 lakh recovery was outstanding. However, no disciplinary action was taken or penalty imposed on officials for fraudulent withdrawals.

The Government stated that disciplinary action was pending and action to recover the loss was being taken and remedial action will be taken to prevent recurrence;

- PIP for 2008-09 provided for payment of ₹ 330 to CHC/PHC staff on account of each night delivery (during 8 PM to 7 AM) exceeding 30 night deliveries during a particular month, provided the total number of deliveries was more than 60. In CHC, Bahjoi, Moradabad, out of the 812 deliveries that were test checked payments of ₹ 0.32 lakh were to be made for 312 night deliveries. However, ₹ 1.03 lakh was paid to the staff resulting in an excess payment of ₹ 0.71 lakh.

The Government stated that this was because of ignorance of rule.

- ₹ five lakh was transferred to DH (F) by CMO, Bahraich in January 2010. The amount was not entered in the cash book of CMS (F) till September 2011. Though the above amount was found entered in the statement of bank accounts pertaining to CMO and CMS (F), Bahraich in January 2010, the same remained out of transaction for more than 22 months owing to non-reconciliation of accounts.

The Government accepted the observation.

#### **8.1.4 Inadequate documentation and record keeping**

As expenditure under JSY was the highest on any single component of NRHM at the District level it called for proper documentation. Audit observed that documentation and record

keeping in the sampled/test checked units of the selected districts was inadequate. Proper records and vouchers in support of payment of incentive were not always maintained. Further, in three test checked hospitals certain JSY records were not made available to audit on the pretext of either being lost or not being received at the time of assumption of charge. The details are tabulated below:

**Table 8.6: Records not made available to Audit**

Name of Hospital	Name of records not provided	Period of records	Amount involved (₹ in lakh)	Reasons attributed
CHC, Bilsa, Budaun	All JSY records except payment register	2010-11	67.89	The then MOIC at the time of handing over charge did not make JSY records available.
PHC, Bhojipura, Bareilly	JSY payment register	2008-09 (Apr-Sep)	NA	Register lost by ANM. FIR had been lodged by the concerned ANM.
CHC Tilhar, Shahjahanpur	Delivery register	2009-10	NA	Not maintained

(Source: Information collected during audit)

The Government stated that records of CHC, Tilhar, Shahjahanpur will be furnished to the next audit team.

### 8.1.5 Saubhagyavati Surakshit Matritva Yojna (SSMY)

Under the scheme launched in the State in May 2008, beneficiaries from BPL families were to be provided delivery facilities at Private Nursing Homes, which were entitled to a payment of ₹ 1.85 lakh per hundred deliveries.

Audit observed in Unnao district that against an allotment of ₹ 7.70 lakh under SSMY during 2008-11, only ₹ 3.72 lakh (48.31 per cent) was spent and the balance was lying unutilised, resulting in blockage of fund.

In CMO, Bahraich, as per FMR, ₹ 9.25 lakh was allotted for payment to Private Hospitals for 500 cases. It was observed that M/s Raj Hospital, Bahraich, empanelled under SSMY, registered 258 cases of deliveries during 2008-09 to 2010-11, for which ₹ 4.77 lakh at ₹ 1850 per case was payable to them. But payment of ₹ 6.77 lakh was made to the hospital.

Audit observed that though the incentive was to be paid to beneficiaries by DHS itself, payments of ₹ 1.99 lakh to 140 rural and 3 urban beneficiaries were routed through M/s Raj Hospital, retaining ₹ 0.01 lakh. Further, photocopy of BPL cards for 258 beneficiaries was not available in either the hospital or in DHS records. Non-possession of copy of BPL card rendered the entire payment of ₹ 6.77 lakh doubtful.

The Government accepted that due to ignorance of rules, incentive of ₹ 1.99 lakh was paid to beneficiaries by M/s Raj Hospital. The remaining amount ₹ 0.01 lakh had been recovered (December 2011) from them. It further stated that photocopies of BPL cards were burnt in a fire. However, in the report of Fire Fighting Department, no records were reported to have been burnt in the fire. Only inverter, furniture and some pathological equipment/machines were certified to be damaged in the fire.

## 8.2 Family planning

The objective of the Mission was to reach the replacement levels of TFR of 2.1 by 2012. The Family Planning Programme aimed to reduce the TFR by encouraging adoption of appropriate family planning methods and increasing the Contraceptive Prevalence Rate. As per PIP of 2011-12, TFR (2007-08) was 3.8. The Government stated that efforts were on to achieve the goal and reasons for slow progress were also being evaluated through various studies being conducted in the State.

### 8.2.1 Performance of various family planning methods

#### 8.2.1.1 Limiting Methods

Limiting methods of family planning consist of vasectomy for male and tubectomy for female. A target of 9.7 lakh cases per year was fixed for sterilisation in Uttar Pradesh, against which shortfall ranged between 51 to 61 *per cent*. The status of target and achievement in the State was as below:

**Table 8.7: Achievements of sterilisation targets in the State**

(in lakh)

Year	Target for sterilisation	Achievement	Shortfall	Percentage of shortfall
2005-06	9.70	4.50	5.20	53.61
2006-07	9.70	4.29	5.41	55.77
2007-08	9.70	4.72	4.98	51.34
2008-09	9.70	4.80	4.90	50.52
2009-10	9.70	4.20	5.50	56.70
2010-11	9.70	3.79	5.91	60.93

(Source: Information collected during audit)

As would be evident from the above table, the achievement *vis a vis* target for sterilisation declined from 49.48 in 2008-09 to 43.30 in 2009-10 and 39.07 *per cent* in 2010-11, although the targets remained constant during 2005-11.

No separate targets were fixed for vasectomy and tubectomy. Shortfall in achievement against the target for sterilisation in the test checked districts ranged between 0 and 84 *per cent*. (**Appendix-8.6**)

The Government did not furnish any reply.

#### **Vasectomy**

With the aim of increasing participation of males in population stabilisation efforts, the GoI developed a scheme to promote No-Scalpel Vasectomy (NSV). In the 22 test checked districts while 11.46 lakh females underwent tubectomy operation during 2005-11, during the same period, only 0.14 lakh males had undergone vasectomy operation. The ratio between vasectomy and tubectomy was 1:82, signifying that implementation of limiting methods was biased towards women. Vasectomy operations were only 0 to 5 *per cent* of total sterilisation in the test checked districts. The average percentage of vasectomy for the period 2005-11



ranged between 0.04 (Etah) and two (Varanasi). No vasectomy was performed in Etah in 2008-09 and 2010-11. In Jalaun, no vasectomy was performed in 2005-06.

The Government did not furnish any reply.

### **Tubectomy**

Tubectomy through laparoscopic procedure had the advantages of ease of operation and quick recovery. 1293 laparoscopes, valuing ₹ 102.94 crore were procured during 2009-11. This included 36 laparoscopes for training. To operate the above laparoscopes only 454 (36 *per cent*) trained doctors were available in the State as of March 2011.

The Government stated that the State had a pool of 411 trained doctors and it had trained 43 new doctors. No separate training was required to these doctors on the fresh stock of laparoscopes. The reply was not acceptable as laparoscopes were more than two and half times the number of trained doctors.

#### **8.2.1.2 Spacing methods**

Oral pills, condoms and Intra Uterine Device (IUD) insertions were the three prevailing spacing methods of family planning to regulate fertility and promote couple protection rate. A target of 26.11 lakh cases per year was fixed for IUD insertions in the State during 2005-11. The shortfall in IUD insertions in the State ranged from 24 *per cent* in 2005-06 to 42 *per cent* in 2009-10 (**Appendix 8.7-A**). The short fall in respect of IUD in the test checked districts ranged between 22 and 48 *per cent* (**Appendix-8.7-B**). Among the spacing methods, usage of condom constituted around 35 *per cent*, oral pills 18 *per cent* and IUD 47 *per cent* during 2005-11. Decreasing trend of distribution of condoms and oral pills was observed between 2006-07 and 2010-11. Also, in test checked districts distribution of condoms and oral pills was declining.

The Government did not furnish any reply.

#### **8.2.2 Quality Assurance**

District Quality Assurance Committee (DQAC) was to be established in all the districts to conduct provider-wise monitoring of sterilisation cases. These DQACs were to be actively involved in verifying sterilisation cases as well as to ensure that standards and quality of delivery of services were being followed. Besides, they had to submit monthly reports. According to SHAP 2010-11, DQACs were established in all the districts.

Out of 22 test checked districts, status of DQAC was received in respect of 21 districts<sup>3</sup>. Audit observed that in Allahabad, Bahraich, Ballia, Budaun, Deoria, Etah and Jhansi, DQACs had not been formed till March 2011. In Jaunpur, DQAC was functioning for cases of failure of sterilisation and deaths. In Bareilly, Bulandshahar, Jalaun, Kushi Nagar, Mirzapur, Moradabad, Raebareli, and Shahjahanpur, DQAC had been reportedly constituted between 2005-06 and 2010-11 but no monitoring and verification of sterilisation cases were conducted and no monthly reports were sent to the Directorate.

<sup>3</sup> Allahabad, Azamgarh, Bahraich, Ballia, Bareilly, Budaun, Bulandshahar, Deoria, Etah, Gorakhpur, Jalaun, Jaunpur, Jhansi, Kanpur Nagar, Kushi Nagar, Mirzapur, Moradabad, Raebareli, Shahjahanpur, Unnao and Varanasi.

The Government stated that DQAC had been constituted at district level but regular reports were not being sent to the Directorate. The reply was not acceptable, as in many districts, DQAC had not been constituted and where formed, they were not conducting expected monitoring and verification of sterilisation and hence not sending any report to the Directorate.

### 8.2.3 Cash compensation to beneficiaries of sterilisation

As per State Government orders compensation was payable to persons undergoing vasectomy or tubectomy. SHS reported a total of 0.43 lakh cases of vasectomy and 25.88 lakh cases of tubectomy during 2005-11. The total amount of cash compensation paid worked out to ₹ 181.57 crore (vasectomy: ₹ 5.02 crore and tubectomy: ₹ 176.55 crore). The cash compensation paid in test checked districts worked out to ₹ 79.21 crore (vasectomy: ₹ 1.53 crore for 0.14 lakh cases and tubectomy: ₹ 77.68 crore for 11.46 lakh cases)

The payments made in many cases examined were either doubtful or against the norms as below:

- In CHC, Chunar, Mirzapur, payment of ₹ 10.81 lakh was made to 1518 tubectomy beneficiaries during 2006-11 but the payment was not supported in the payment register by signature/thumb impressions of the beneficiaries. The related forms which were filled up by the motivator of beneficiaries did not mention the amount. Also, the thumb impressions of the beneficiaries were taken on blank forms without mentioning the amount to be paid to the beneficiaries resulting in doubtful payments of ₹ 10.81 lakh.

The Government stated that the matter was noted for future compliance;

- In District Hospital (Female), Gorakhpur, an expenditure of ₹ 10.38 lakh was incurred on tubectomy during 2005-11, but no cash book was maintained for this purpose. The details were recorded in a register of beneficiaries. The details shown in the register indicated that, against 198 cases of tubectomy, payment of ₹ 0.09 lakh in 58 cases, to be made to the motivator, were actually made to the surgeon.

The Government stated that the matter was noted for future compliance;

- In eight units<sup>4</sup> of test checked districts during 2005-11, payment of ₹ 73.60 lakh for 15049 cases of sterilisation to be made to beneficiaries was given to the inducers/ASHAs. There was nothing on record to show if inducers/ASHAs had paid the received incentive to the actual beneficiaries.

In the cases of CHC, Bhitargaon, Kanpur Nagar, PHC, Mauaima, Allahabad, PHC, Singhpur, Raebareli, CHC, Lakhauti, Bulandshahar and DH(F), Bulandshahar, the Government stated that since after operation the patients do not recover fully from the effects of anesthesia, the incentive amount was given to the inducers/ASHAs. The reply was not acceptable because the patients are discharged only after regaining consciousness and therefore, payment of incentive should have been made to the beneficiaries. In the cases of PHC, Brahampur, Gorakhpur, CHC Machhalishahar, Jaunpur and CHC, Araziline, Varanasi, the Government

<sup>4</sup> DH(F), Bulandshahar and CHC, Lakhauti, Bulandshahar, (₹ 6.10 lakh for 940 cases); PHC, Brahampur, Gorakhpur (₹ 16.55 lakh for 3595 cases); CHC, Bhitargaon, Kanpur Nagar (₹ 7.49 lakh for 1424 cases); PHC, Singhapur, Raebareli (₹ 10.98 lakh for 1810 cases); PHC, Mauaima, Allahabad (₹ 3.80 lakh for 633 cases); CHC, Araziline, Varanasi (₹ 21.95 lakh for 3658 cases) and CHC, Machhalishahar, Jaunpur (₹ 6.73 lakh for 2989 cases).

stated that receipt for payment of compensation to sterilisation beneficiaries was taken on Nasbandi Form. The reply was not acceptable as receipt of compensation payment was to be recorded in the payment register.

- Against an allotment of ₹ 29.42 lakh for purchase of medicines and dressing material under sterilisation scheme, DHS Jhansi spent (2008-11) ₹ 43.75 lakh exceeding the allotment by ₹ 14.33 lakh. The Government did not furnish any reply.
- In CHC, Hata, Kushi Nagar compensation of ₹ 31.84 lakh was paid to 3538 beneficiaries during 2007-11. But Bed Head Ticket (BHT) and Discharge Head Ticket (DHT) numbers were not found recorded in any case. Further, neither Operation Theater (OT) records, mentioning the number of women operated for tubectomy, nor payment register were maintained. As a result, payments made to the beneficiaries could not be verified.

The Government did not furnish any reply.

### 8.3 Routine Immunisation (RI)

RI is an important child survival strategy, which mainly focuses on preventive aspects to reduce morbidity to a great extent. The immunisation of children against six preventable diseases, namely diphtheria, measles, pertussis, polio, tetanus and tuberculosis has been the cornerstone of RI under the Universal Immunisation Programme.

#### 8.3.1 Targets and Achievement

The achievement against target of immunisation of children between 0 to 1 year age group is tabulated below:

**Table 8.8: Immunisation of children in the State**

(Figures in lakh)

Year	Target	Achievement							
		BCG		Measles		DPT		OPV	
		No.	Percentage	No.	Percentage	No.	Percentage	No.	Percentage
2005-06	53.43	56.11	105.02	51.81	96.97	53.21	99.59	53.43	100
2006-07	54.43	56.46	103.73	51.04	93.77	54.57	100.26	54.58	100.28
2007-08	54.30	56.42	103.91	52.44	96.57	53.18	97.94	52.38	96.47
2008-09	55.55	56.05	100.90	52.94	95.30	52.53	94.56	54.07	97.34
2009-10	55.18	57.07	103.39	54.77	99.26	53.33	96.65	55.33	100.27
2010-11	56.01	51.87	92.61	45.59	81.40	47.87	85.47	47.92	85.56

(Source: Information furnished by DGNPME)

The achievements of target of immunisation of children between 0 to 1 age group under Bacillus Calmette - Guerin (BCG), Measles, diphtheria Pertusis Tetanus (DPT) and Oral Polio Vaccine (OPV) ranged between 92.61 and 105.02 *per cent*; 81.40 and 99.26 *per cent*; 85.47 and 100.26 *per cent*; 88.56 and 100.28 *per cent* respectively during 2005-11. Further, the achievement of immunisation against the diseases during 2010-11 ranged between 81.40 *per cent* (Measles) and 92.61 *per cent* (BCG).

Children in the age group of five to six years were required to be administered DT (Diphtheria Toxoid) and subsequently two doses of TT (Tetanus Toxoid) at ages of 10 and 16. The year-wise position of children administered with DT and TT during 2005-11, vis-à-vis targets, is tabulated below:

**Table 8.9: Administration of DT/TT in the State**

(Figures in lakh)

Year	DT (5 years)		TT (10 years)		TT (16 years)	
	Target	Achievement	Target	Achievement	Target	Achievement
2005-06	45.00	17.80	43.59	18.65	35.95	15.31
2006-07	45.84	14.35	44.41	14.45	36.62	12.52
2007-08	45.74	4.76	44.31	4.50	36.54	4.35
2008-09	46.79	NA	45.32	NA	37.38	NA
2009-10	46.65	34.45	45.19	27.64	37.27	23.30
2010-11	47.18	7.00	45.70	22.44	37.69	21.38

(Source: Information furnished by DGNPME)

The shortfalls in achievements in the immunisation ranged between 26.15 and 89.59 *per cent* for DT, between 38.83 and 89.84 *per cent* for TT (10 years) and from 37.48 to 88.10 *per cent* for TT (16 years).

For effective implementation of RI programme, availability of required quantities of vaccines was a prerequisite. In 17 test checked districts<sup>5</sup>, Audit observed that the availability of vaccines was generally lesser than the required quantity during 2005-11. Except Jaunpur, DT vaccine was not available in the other districts during 2010-11.

The Government stated that (i) due to lesser community participation and utilisation of private facilities, TT immunisation was low, (ii) GoI had promoted DPT in place of DT and stopped supply of DT vaccine from 2010-11 and (iii) shortage of vaccine was due to irregular supply by GoI. Reply indicated that either the targets set were unrealistic or steps taken for immunisation of children were inadequate.

### 8.3.2 Deficiencies in implementation

#### 8.3.2.1 Excess and irregular payment to RI mobilisers/vaccinators in Budaun

Payment to RI vaccinators and mobilisers were made on the basis of provisions made in the PIP. Audit observed that:

- PIP of Budaun of 2008-09 provided for RIs in rural areas only. CMO, Budaun, conducted 464 sessions in urban areas between April and September 2008 and irregularly released ₹ 1.39 lakh. Further, as against the approved rates of ₹ 150 per session, the CMO Budaun paid ₹ 300 per session to ASHAs/Vaccination Mobilisers.
- In the State PIP of 2009-10, 11 districts (Agra, Aligarh, Allahabad, Bareilly, Ghaziabad, Gorakhpur, Meerut, Moradabad, Kanpur Nagar, Lucknow and Varanasi) having substantial urban population, were selected for strengthening RI in slum areas.

<sup>5</sup> Agra, Allahabad, Azamgarh, Ballia, Budaun, Bulandshahar, Deoria, Gorakhpur, Jalaun, Jaunpur, Jhansi, Kanpur Nagar, Mirzapur, Moradabad, Raebareli, Shahjahanpur and Varanasi.

Immunisation services in slum areas of these districts were to be provided by contractual ANMs and hired vaccinators. Though Budaun did not figure in the list of 11 selected districts it received sanction for hired vaccinators for strengthening RI in urban slum areas in the district PIP of 2009-10, the CMO conducted 1092 sessions (91 in each month of the year) of RI in urban slum areas during the year and paid ₹ 2.87 lakh to hired vaccinators. The vaccinators were paid ₹ 150 per session for first three months and ₹ 300 per session for the remaining nine months.

- Between April and October 2010, CMO, Budaun, paid ₹ 1.85 lakh to 11 hired vaccinators at ₹ 300 per session for eight sessions in each of the seven months, in addition to payments made to RI mobilisers at prescribed rates (₹ 150 per session). As there was no approval, the entire expenditure was irregular.

CMO, Budaun stated (September 2011) that immunisation during April to July 2008 was undertaken as per past practice and though Budaun was not included (State PIP of 2009-10) in the list of districts planned for RI in urban slum areas, funds were provided in the district PIP of Budaun. Reply indicated discrepancy between planning and sanction of funds in PIP.

### 8.3.2.2 IVRS System in Moradabad

On the basis of sanction (₹ 32.50 lakh) received (September 2008) from SPMU, CMO Moradabad procured (February 2011) hardware and software worth ₹ 1.08 lakh and ₹ 6.75 lakh (including AMC of ₹ 1.65 lakh) respectively for implementation of Interactive Voice Response System (IVRS). Subsequently, the SPMU directed (February 2011) that the project be abandoned. The belated decision of abandoning the system, taken after five months of issue of sanction, resulted in unfruitful expenditure of ₹ 6.75 lakh.

The Government stated that installation of IVRS was approved in DHS. Reply was not convincing as decision to abandon the project was taken belatedly by SPMU leading to unfruitful expenditure.

## 8.4 Pulse Polio Immunisation

The Pulse Polio Immunisation (PPI) was launched in 1995 to eradicate polio and ensure zero transmission by end of 2008.

### 8.4.1 Targets and Achievements

The year-wise details of new polio cases detected in the State, targeted number of children for administration of Polio drops and achievement thereagainst were as under:

**Table 8.10: Targets and Achievement of Polio Vaccination**

Year (January - December)	Number of polio cases	Number of children given polio drops	
		Target	Achievement
2005	29	36162500	37360426
2006	548	39927893	39570780
2007	341	36162500	38124192
2008	305	36162500	37420325
2009	602	38020856	37490350
2010	10	38167057	35842002

(Source: Information furnished by DGNPME)



PPI campaign stipulated two National Immunisation Days (NIDs), six Special National Immunisation Days (SNIDs) and additional rounds every 3-4 weeks in selected districts of Uttar Pradesh. Despite the fact that the two NIDs and six SNIDs were observed in the State during 2005-11, the target of zero transmission by end of 2008 was not achieved. The number of new polio cases in the State, however, reduced to 10 in 2010. In 22 test checked districts, no new case of polio was recorded during 2010. The Government stated that no polio case was reported after 21 April 2010.

#### 8.4.2 Wastage of vaccines

The Central Store at District Headquarters receives polio vaccines from GoI, which are then issued on the basis of requirements for RI and PPI. During movement, some vaccines become unusable due to breakdown of cold chain and normal wastages. A wastage rate of 25 per cent, or a Wastage Multiplication Factor (WMF) of 1.33<sup>6</sup> is allowed for all vaccines supplied in Uttar Pradesh. The WMF is used to arrive at the correct quantum of vaccine needed for an immunisation session.

Test check of records revealed that in some test checked districts, the wastage was considerably higher than the norms prescribed as tabulated below:

**Table 8.11: Excess wastage of vaccines**

Sl. No.	District	Period	Total number of children immunised (A)	Total doses required (including wastage as per norm) A* 1.33 (B)	Total doses utilised (including wastage) in immunising children at A (C)	Excess wastage (C - B)
1.	Etah	2007-11	1,65,35,250	2,19,91,883	2,31,49,200	11,57,317
2.	Jalaun	2007-11	76,92,367	1,02,30,848	1,12,146,40	9,83,792
3.	Moradabad	2007- 11	3,66,50,976	4,87,45,798	5,24,23,000	36,77,202
<b>Total</b>			<b>6,08,78,593</b>	<b>8,09,68,529</b>	<b>8,68,33,280</b>	<b>58,18,311</b>

(Source: Information collected during field audit)

The excess wastage of vaccines indicated poor cold chain management or pilferage. The loss on account of excess wastage and missing stock in the three test checked districts, worked out to ₹ 3.62 crore. The detailed calculations are *Appendix 8.8*.

The Government accepted the excess wastage and stated that it was mainly due to handling of vaccine by untrained personnel, kind of vaccine, instability of vaccine during summer, administration of vaccine to children above five years and improper fitting of dropper on vaccine.

#### 8.4.3 Deficiencies in implementation

Audit observed the following deficiencies in Agra and Jhansi:

- The number of children in age group 0-5 years who were supposedly given Oral Polio Vaccination (OPV) drops in Agra and Jhansi ranged between 9 to 10 lakh and 3.41 to 3.86 lakh respectively in different rounds. This achievement was doubtful as Census

<sup>6</sup> WMF = 100/(100 - 25) = 1.33

2011 shows the number of children in the age group 0-6 years at 6.38 lakh and 2.49 lakh in Agra and Jhansi respectively;

- The micro-plan for PPI indicated village-wise, booth-wise and household to household duty roster for vaccinators and supervisors. It also indicated the targeted population in terms of number of newborns since last campaign and the number of children in age groups 0-1, 1-3 and 3-5. Since the micro-plan indicated only numbers and as the number of children in age group 0-5 varied greatly from Census 2011 figure, the accuracy of the micro-plan was doubtful;
- The number of children who were not administered OPV due to resistance/opposition from family members in Agra ranged between 937 and 2923. These figures indicated that expenditure incurred on IEC activities during 2005-11, including the efforts through mass media, rallies, posters, work-shops and engagement with local influential persons to eliminate misconceptions about OPV did not yield the desired result; and
- The report (Jhansi - September 2008 and September 2009, Agra - February 2011) of surveillance teams of WHO-NPSP<sup>7</sup> on each round repeatedly indicated various deficiencies during actual implementation of the programme which included untrained or no vaccinators, booths opening late and closing early, work not being done in accordance with the micro plan, lack of supervision, non-availability of list of houses and children uncovered in previous PPI rounds and non-distribution of ICDS nutrition and/or mid-day meal.

The Government accepted the observation and stated that micro plan was prepared at sub-centre level and target for vaccination was set on the basis of tally sheet used in the last round of vaccination. Reply was not convincing in view of difference between figures of census and achievement of vaccination.

### 8.5 Mobility Support

PIP of 2010-11 made provision for hired vehicles (four-wheeler) for mobility support for immunisation programmes, inspection and monitoring of ANMs/ASHAs, as tabulated below:

**Table: 8.12: Provision in PIP for mobility**

Sl. No.	Particulars	Rate	Source of Fund
1.	Mobility support to Blocks, for Universal Immunisation Programme (UIP) (one vehicle per Block for six days a month, for 12 months)	₹ 800 per vehicle per day	Mission Flexipool (FMR Code 26.5)
2.	Mobility support for monitoring (one vehicle per Block/ District Hospital per month for 12 months)	₹ 18000 per month	Mission Flexipool (FMR Code 18.3.2)
3.s	Mobility support for alternate delivery of vaccine (two vehicles per Block for eight days in a month for nine months)	Funds allotted (number of sessions to be held @ ₹ 50 per session)	Routine Immunisation

(Source: District PIP)

<sup>7</sup> World Health Organisation – National Polio Surveillance Project.

These vehicles were to be utilised in RI programmes, held every week on Wednesdays and Saturdays in the villages. Audit observed the following shortcomings in the districts of Budaun, Bareilly, Moradabad and Shahjahanpur:

### 8.5.1 Mobility Support to Blocks

- (i) Funds for mobility support were approved in June 2010. CMOs of Bareilly and Budaun transferred funds for eight months to CHCs/PHCs in August 2010. Against the provision of hiring vehicles for six days a month (₹ 4,800), CMO, Bareilly, transferred funds at the rate of eight days a month (₹ 6,400) for the remaining eight months to 15 CHCs/PHCs totaling to ₹ 7.68 lakh of which ₹ 7.27 lakh was utilised during the year resulting in excess expenditure of ₹ 1.51 lakh. CMO, Budaun, transferred ₹ 9.89 lakh to 18 CHCs/PHCs, which resulted in excess expenditure of ₹ 2.98 lakh. Thus, in the last eight months of 2010-11, excess expenditure of ₹ 4.49 lakh was incurred by the CMOs of Budaun and Bareilly.

In case of Bareilly, the Government stated that it was not feasible to run three vehicles for eight days and one vehicle for six days in a month. Four vehicles were, therefore, deployed for eight days in a month. In respect of Budaun, no reply was furnished.

- (ii) PIP of 2010-11 of Moradabad (13 Blocks) and Shahjahanpur (14 Blocks) provided for ₹ 7.49 lakh and ₹ 8.64 lakh respectively for mobility support to blocks for the entire year. The DHS transferred ₹ 7.07 lakh and ₹ 8.06 lakh respectively to the blocks. The entire amount was utilised in Moradabad and ₹ 7.41 lakh was utilised in Shahjahanpur in nine months resulting in excess expenditure of ₹ 2.82 lakh.

In case of Shahjahanpur, the Government stated that PIP was prepared and sanctioned for the whole year and no instructions were received for not utilising the fund before June, 2010. Reply was not convincing as PIP was approved on 25 June 2010 and provision for mobility support to blocks was introduced for the first time in 2010-11.

### 8.5.2 Mobility support for monitoring

DHS, Moradabad, transferred funds to CMS (F), Moradabad, for nine months as the PIP was approved in June 2010. Similarly, DHSs of Bareilly, Budaun, Moradabad and Shahjahanpur, were required to transfer ₹ 1.62 lakh per CHC/PHC, for nine months. DHSs of Bareilly, Moradabad and Shahjahanpur, however, transferred ₹ 2.16 lakh, which would have covered the expenditure for 12 months. In Budaun, of 18 CHCs/PHCs, funds to 10 CHCs/PHCs were transferred at the rate of ₹ 2.16 lakh per CHC/PHC and to eight CHCs/PHCs at the rate of ₹ 1.95 lakh. Out of remaining amount of ₹ 1.65 lakh, ₹ 1.65 lakh was irregularly spent at the district headquarters. It was also observed that CHCs/PHCs of Budaun and Moradabad utilised the funds of ₹ 38.88 lakh and ₹ 28.08 lakh respectively, meant for the entire year, in nine months. Similarly, CHCs/PHCs of Bareilly and Shahjahanpur utilised ₹ 32.10 lakh and ₹ 28.64 lakh in nine months against the transferred amount of ₹ 32.40 lakh and ₹ 30.24 lakh respectively. This resulted in excess expenditure of ₹ 30.50 lakh.

In case of Moradabad, the Government stated that the fund was transferred to the account of Medical Officers/Medical Superintendent and they used the vehicles from April 2010 to March 2011. In case of Bareilly, it was stated that expenditure was incurred for twelve

months according to PIP. In case of Shahjahanpur, the Government stated that PIP was prepared and sanctioned for the whole year (2010-11). Hence, inspection and monitoring of ANM/ASHA started from April 2010. The reply was not convincing as PIP was approved on 25 June 2010 and this provision was introduced for the first time in 2010-11. Thus, incurring the expenditure from April 2010 to June 2010, against the PIP sanctioned on 25 June 2010, was irregular and possibilities of fraudulent payments cannot be ruled out. In case of Budaun, no reply was furnished.

### 8.5.3 Mobility support for alternate delivery of vaccine

- (i) PIP of Moradabad for 2010-11 provided ₹ 16.61 lakh for alternative delivery of vaccines. Prior to approval of PIP (June 2010), delivery of vaccine was done through four wheelers, two wheelers or cycle rickshaw at the rate of ₹ 50 per session and accordingly DHS, Moradabad, transferred ₹ 3.37 lakh to CHCs/PHCs during April to June 2010, leaving a balance of ₹ 13.24 lakh. DHS, Moradabad, subsequently transferred ₹ 16.13 lakh to its CHCs/PHCs for hiring of two vehicles for eight days a month for the remaining nine months, at ₹ 800 per vehicle per day which led to an excess expenditure of ₹ 2.89 lakh.

In case of Moradabad, the Government stated that extra vehicle was sanctioned by DM, Moradabad, however, audit observed that no extra vehicle was sanctioned by DM. Further, the vehicles were to be deployed on the basis of provision made in district PIPs and not on the sanctions of DM.

- (ii) PIP of 2010-11 for Shahjahanpur provided for alternate delivery of vaccines through conventional methods, at ₹ 50 per session, for the first three months (April to June 2010) only and for the remaining nine months, it provided for hiring of two vehicles per block, for eight days in a month. ₹ 12.28 lakh was provided for delivery of vaccine. DHS, during April to June 2010, held 7464 RI sessions and transferred ₹ 3.73 lakh to CHCs/PHCs, at ₹ 50 per session. After transferring ₹ 3.73 lakh, the available balance against hiring of vehicles for alternative delivery of vaccine was ₹ 8.55 lakh for the remaining nine months. DHS, however, transferred ₹ 14.34 lakh (₹ 1.024 lakh each to all 14 blocks). Against the said transfer, the blocks utilised ₹ 14.24 lakh resulting in excess expenditure amounting to ₹ 5.69 lakh.

The Government stated that PIP was prepared and sanctioned for the whole year (2010-11). Hence, inspection and monitoring of ANM/ASHA started from April 2010. It was also stated that action would be taken against responsible officials at block level for any irregularity noticed. Reply was not convincing as PIP was approved on 25 June 2010 and this provision was introduced for the first time in 2010-11.

### 8.5.4 Fraudulent and other irregular expenditures on hired vehicles

Audit observed that while hiring vehicles at CHCs/PHCs of Agra, Allahabad, Azamgarh, Bahraich, Jhansi, Kanpur Nagar, Raebareli and Shahjahanpur:

- No tenders/quotations were invited;
- Vehicles that were not registered as Taxis were hired; and

- No proper bills for hired vehicles were produced. Audit observed that payments were made against typed/handwritten paper receipts with incomplete information.

Further, in Moradabad, a large number of hired taxis were registered in districts other than Moradabad.

On cross-verification of the registration of the vehicles supposedly hired in these districts with the records of Regional Transport Officer (RTO), it was seen that payments totaling ₹ 26.77 lakh were made to vehicles registered as ‘moped’, ‘scooter’, ‘motorcycle’, ‘delivery van’ and ‘tractor’. Interestingly, the car of the District Magistrate Shahjahanpur (Vehicle No. UP-27-7777) was apparently hired by CHC, Jalalabad, Shahjahanpur from 24 May 2010 to 28 May 2010 and again from 20 June 2010 to 23 June 2010. Details of such cases are annexed as **Appendix-8.9**.

The Government stated that in case of Shahjahanpur, the vehicle No. UP-30-7777 was wrongly noted on vouchers as UP-27-7777 and an affidavit was furnished by the owner of the vehicle in this regard. However, audit observed that the vehicle was registered in the name of the owner after the date of hiring of the vehicle.

The Government accepted the observation on Agra. For the other districts, it was stated that the number and type of vehicle were wrongly quoted. The reply was not convincing as the vehicle numbers and type were taken from vouchers provided by CMOs/MOICs and were got verified from the respective RTO.

In case of Azamgarh, Bahraich and Jhansi, no reply was furnished by the Government.

In Moradabad, it was observed that double payments amounting to ₹ 5,600 were made to M/s Royal Travels, Rampur (**Appendix-8.10**).

The Government stated that vehicle numbers were wrongly mentioned. The reply was not convincing as these vehicle numbers were found repeated twice in the vouchers.

PHC, Bighapur, Unnao hired (2010-11) two vehicles<sup>8</sup> and paid ₹ 1.02 lakh to their single owner. Verification of these vehicles with the records of RTO revealed that these vehicles were registered in the names of two owners, different from the owner shown in the records of DHS. The Government furnished no reply.

Instances of irregular, double and fraudulent payments for hiring of vehicles indicated weak internal controls.

#### **8.5.5 Other irregularity:**

In Agra, ₹ 6.56 lakh was spent (2009-11) from PPI budget for purchasing fuel for 21 Government vehicles. There was no vehicle roster, duty slip, log book, acknowledgement of officials using vehicles or vehicle census report to confirm their deployment and actual usage during PPI rounds. Possibility of fictitious filling/filling of fuel in unauthorised vehicles cannot be ruled out.

<sup>8</sup> UP-35H-3152 and UP-35H-5425.



Further, a large number of vehicles were hired for PPI rounds (2009-10), ₹ 6.22 lakh was paid for six rounds. Payments were made to one travel agency<sup>9</sup> which was not registered with the Service Tax department.

In reply, the Government accepted the observation and stated that taxis will be hired after verification of registration.

In the presentation made by Principal Secretary, Medical, Health and Family Welfare, during exit conference (16 December 2011), it was stated that although the target of the mission were not met, the achievements relating to MMR and IMR has shown improvement as below:

- MMR in Uttar Pradesh declined from 707 in 1997 to 359 during 2007-09 compared to the National Average decline from 408 to 212 over the same period. It was pointed out that over the period of 10 years (1997 to 2007-09) the decline in Uttar Pradesh in MMR was by 348 points compared to 196 points in National Average; and
- IMR in Uttar Pradesh declined from 73 to 63 whereas the National Average declined from 59 to 50 over four years (2005 to 2009). In particular, it was stated that the decline was marked between 2008 and 2009 when the IMR in Uttar Pradesh and the National Average were 67 and 53 in 2008 and 63 and 50 in 2009 respectively.

#### **8.6 Recommendations:**

- *Non-payment and delay in payment of cash incentive to beneficiaries should be avoided to encourage women for institutional deliveries;*
- *Evidencing and documentation of transactions need strengthening;*
- *District Quality Assurance Committee may be made functional; and*
- *Concerted effort to ensure achievement of targets in immunisation must be made, including efficient management of logistics.*

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<sup>9</sup> Laxmi Tours and Travels, Opposite Bhatia petrol pump, Sudama Puri, Nagaich, Agra.