CHAPTER 7

Implementation of Centrally Sponsored and State Schemes

7.1 Introduction

Access to quality healthcare services is a fundamental right of every citizen and Governments play a crucial role in ensuring the well-being of their people. Government of India and State Government have implemented many Schemes/Programmes to improve public healthcare and provide essential medical services to all sections of society. These Schemes/Programmes aim to address the challenges faced by the healthcare system, enhance accessibility, affordability and quality of care and promote overall well-being of citizens.

7.2 Centrally Sponsored Schemes/Programmes and State Schemes

The GoI launched the National Health Mission (NHM) to provide accessible, affordable, accountable, effective and reliable healthcare facilities to the people of the country. NHM was aimed to help States to achieve goals set under the framework[1]. Government of India is implementing various Schemes/Programmes under NHM for achieving the SDG[2] targets and also the targets stipulated as per the NHP 2017.

The Schemes/Programmes and the related components under NHM are shown in Table below:

Table 7.1 – Schemes/Programmes and Components

S.No	Name of the Schemes/Programmes	Components
1	Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH+N)	Improving Maternal Health, Child Health, Infrastructure in health facilities
2	Health System Strengthening	Adoption of IPHS Standards, Quality Standards, Skill Gaps and Standard Treatment Protocols, Hospital Management Societies (RKS) and Untied funds and Quality Improvement Programme
3	Non-Communicable Disease Control Programmes	1. National Programme for Prevention and Control of Cancer, Diabetes, Cardio-vascular diseases and Stroke (NPCDCS) 2. National Programme for Control of Blindness and Visual Impairment (NPCBVI) 3. National Mental Health Programme (NMHP)

[1] Reduction in Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR); Universal access to public health services such as Women's health, child health, water, sanitation & hygiene, immunisation and nutrition; Prevention and control of communicable and non-communicable diseases; Access to integrated comprehensive primary healthcare; Population stabilisation, gender and demographic balance

[2] In the cases of IMR, MMR, Malaria, Leprosy and Dengue

		4. National Programme for Healthcare of Elderly (NPHCE) 5. National Programme for Prevention and Control of Deafness (NPPCD) 6. National Oral Health Programme (NOHP) 7. National Programme for Palliative Care (NPPC) 8. National Programme for Prevention and Management of Burn Injuries (NPPMBI) 9. Other Non-Communicable Disease Programmes
4	Communicable Disease Programme	1. National Vector Borne Disease Control Programme (NVBDCP) 2. Revised National Tuberculosis Control Programme (RNTCP) 3. National Leprosy Eradication Programme (NLEP) 4. Integrated Disease Surveillance Programme (IDSP)
5	Infrastructure Maintenance	1. Strengthening of civil works of Specialty/GH/ DH/CHCs/PHCs and SCs for the transformation to IPHS standard 2. Upgradation of PHCs to FHCs

Source: *Scheme Guidelines*

Table 7.2 - Schemes implemented by the State Government

Name of the Scheme	Purpose of the Scheme	Benefits envisaged
KCR Kit & Amma Vodi Scheme[3]	For improving MMR, IMR	An amount of ₹12,000 / ₹13,000 to pregnant women who are receiving health services from public health institutions in the State at important stages in pre and post-natal period. Under Amma Vodi Scheme, State Government provides free transport facilities from home to home for regular check-ups and tests for pregnant women.
Kanti Velugu[4]	To achieve blindness free status in the State	Conducting a Comprehensive and Universal Eye Screening for the entire population of the State.
Aarogyasri	A community health insurance programme	Provides financial protection upto ₹2 lakh in a year to families living below poverty line for treatment of identified diseases thereby improving access of BPL families to quality medical care.

Source: *Scheme Guidelines*

7.2.1 Structure of NHM at National and State level

At the National level, the Mission Steering Group (MSG) and the Empowered Programme Committee (EPC) are in place. The MSG provides policy direction to the Mission. The Union Minister of Health & Family Welfare chairs the MSG. The convenor is the Secretary, Department of Health & Family Welfare and the co-convenor is the Additional Secretary & Mission Director. Financial proposals brought before the MSG are first placed before

[3] Both KCR Kit and Amma Vodi were launched on 2 June 2017
[4] launched on 15 August 2018

and examined by the EPC, which is headed by the Union Secretary of Health and Family Welfare.The EPC will implement the Mission under the overall guidance of the MSG.

At the State level, the Mission functions under the overall guidance of the State Health Mission (SHM) headed by the State Chief Minister. The SHS would carry out the functions under the Mission and would be headed by the Chief Secretary.

The State Programme Management Unit (SPMU), State Health System Resource Centres (SHSRC) and the State Institutes of Health and Family Welfare (SIHFW) will continue to play similar roles for the State as do their National counterparts for the Centre. The SPMU acts as the main secretariat of the SHS.

Audit scrutinised Centrally Sponsored Revised National Tuberculosis Control Programme (RNTCP), National Leprosy Eradication Programme (NLEP), National Programme for Palliative Care, National Vector Borne Disease Control Programme (Malaria, Dengue and Chikungunya) and Pradhan Mantri Matru Vandana Yojana.

Audit also examined the implementation of State Schemes *viz.*, KCR Kit and Kanti Velugu.

The observations in respect of the above mentioned Schemes/Programmes are as follows:

7.2.2 Revised National Tuberculosis Control Programme

India has been engaged in Tuberculosis (TB) control activities for more than 50 years. Yet TB continues to be India's severest health crises. The National Strategic Plan (NSP) February 2017 on Tuberculosis (TB) proposes bold strategies with commensurate resources to rapidly decline TB in the country by 2025 in line with the Global End TB targets and Sustainable Development Goal's vision to attain TB-free India.

Scrutiny of the programme implementation revealed the following:

7.2.2.1 Notification of TB cases in respect of health institutions

While the Project Implementation Plan (PIP) approval accorded by the GoI is for the financial year, the actual implementation of the scheme is for the calendar year. Year-wise details of targets for identification of the cases and achievement in respect of TB notified cases up to 2021 in the State are shown in the Table below:

Table 7.3 - Status of TB cases notification in the State

Calendar Year	Targets for TB Notification[5]		Actually Notified Cases of TB		Shortage in Notifications		Shortage in Percentage	
	Public	Private	Public	Private	Public	Private	Public	Private
2017	40,720	19,984	37,009	1,713	3,711	18,271	9.11	91.43
2018	41,928	34,988	42,087	8,922	-159	26,066	-0.38	74.50
2019	49,000	21,000	50,557	20,552	-1,557	448	-3.18	2.13
2020	56,770	25,230	40,541	22,703	16,229	2,527	28.59	10.02
2021	56,760	25,240	41,497	19,315	15,263	5,925	26.89	23.47

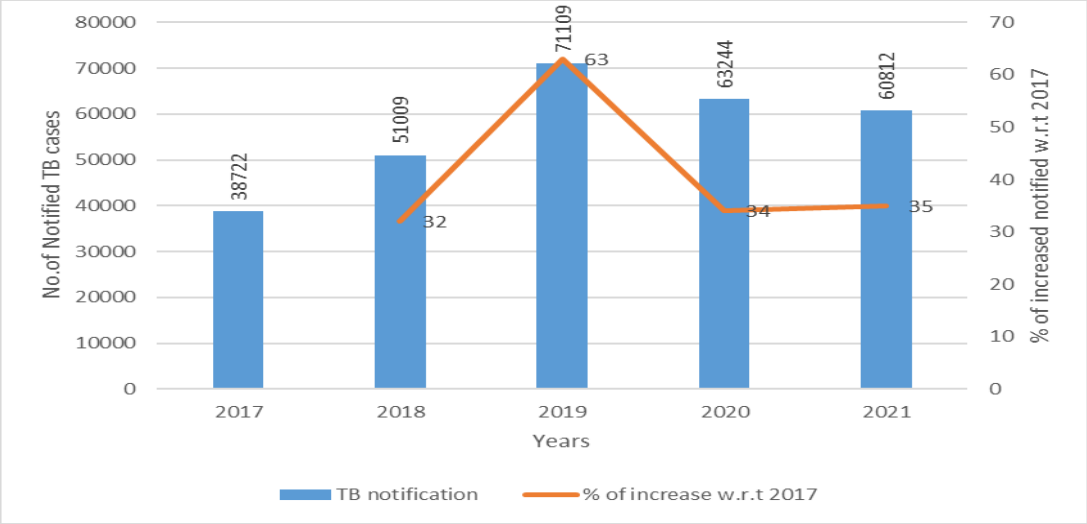
Source: *- Information furnished by the Department*

[5] Reporting about information on diagnosis or treatment and/or treatment of Tuberculosis cases to the Nodal Public Health Authority

- As seen from the Table 7.3 above, it was observed that, as against the targets fixed by GoI, the notifications were showing an increasing trend during the years 2018 and 2019 and a decreasing trend in the years 2017, 2020 and 2021 in respect of public health institutions. Further, though there was an increasing trend in the notification of cases in the private sector, the percentage of shortfall which decreased to 2.13 *per cent* in 2019 has once again increased to 23.47 *per cent* in 2021.

- Though as per the NSP 2017, the TB should be eliminated by 2025, the year-wise increase of cases compared to 2017 is given below.

Chart 7.1 – Details of TB cases notified and percentage of increase in TB cases w.r.t. 2017



Source :- *Information furnished by the Department*

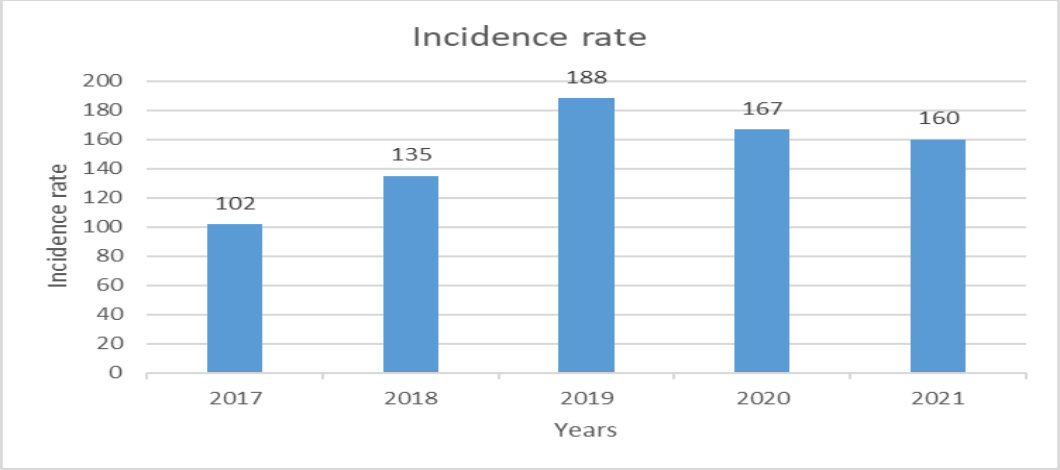
Government in its response stated (August 2023) that, during the years 2020 and 2021, the TB notification had decreased due to COVID pandemic and that the national average which was 60 *per cent* and 72 *per cent* respectively for the years 2020 and 2021 were less than the State average. It was also stated that, the TB notifications from private sector had shown an increasing trend after State started offering access to diagnosis (Rapid Molecular Diagnosis) under NAAT free of cost to the private sector.

7.2.2.2 Incidence Rate

The Incidence Rate of Tuberculosis is the number of new cases of TB per 1,00,000 people per year.

Year-wise details of incidence rate in Telangana is indicated in Chart 7.2.

Chart 7.2 – Year-wise details of Incidence Rate



Source:- *Information furnished by the Department*

- The Incident Rate of Tuberculosis in Telangana showed an increasing trend during the years from 2017 to 2019 and decreased thereafter. However, when compared to the base year 2017, it has increased by 57 *per cent* in 2021.
- It was observed that, out of the 33 Districts, the incidence rate was continuously increasing in five Districts during the years 2017 to 2019 and although it declined in 2020, it has increased in those districts except Mahabubnagar during 2021, as shown below:

Table 7.4 - District-wise incidence of rate of TB

Sl No	Name of the District	Rate of TB incidence				
		2017	2018	2019	2020	2021
1	Adilabad	176	188	225	182	195
2	Mahabubnagar	155	178	237	182	178
3	Hyderabad	150	248	379	305	323
4	Bhadradri Kothagudem	149	175	220	189	204
5	Jogulamba Gadwal	71	153	171	163	173

Source: - *Information furnished by the Department*

- Incidentally, it was also observed that the incidence rate in Hyderabad District was more than the incidence rate of India (210) during the year 2021.
- Further, it was also observed that, compared to an incidence rate of 71 in 2017, the incidence rate in the Jogulamba Gadwal District had increased to 173 in 2021.

Government in its response, attributed to (August 2023) increase in incidence rate of TB in the State due to regular conduct of Active Case Testing among the vulnerable population in community, increase in number of Designated Microscopy Centres (DMC) from 345 to 525 and increase in molecular testing machines from 15 to 32; the higher incidence rate in Hyderabad and mapping of private sector of health institutions also for identification of the cases etc. It was further stated that the State was identified as one of the top three States in India for overall best performance in NTEP in the year 2022.

7.2.2.3 Success Rate

Treatment success is an indicator of the performance of National TB Programme. As seen from the information furnished in the table below, the success rate of treatment in Telangana was ranging from 88 *per cent* to 90 *per cent*.

Table 7.5 – Success Rate of Treatment of TB

Year	Total Public and Private notified cases	No of TB Patients cured	No of TB Patients died	No of TB Patients who lost to follow up	Default cases	Treatment completed	Treatment success rate TB cases (Treatment completed & Cured) (C+G/B)
A	B	C	D	E	F	G	H
2017	38722	18929	1514	1251	1756	15272	88%
2018	51009	23290	1964	924	2464	22367	90%
2019	71109	28814	2613	712	4295	34675	89%
2020	63244	24888	2111	491	4763	30991	88%
2021	60812	25254	1884	498	3520	29656	90%
2022	50859	13498	1092	121	4003	32145	90%

Source: *Information furnished by the NHM*

7.2.2.4 Non-implementation of Patient Provider Support Agency (PPSA) under RNTCP

Government of India has given high priority to eliminating TB from India. However, despite robust public health interventions, one of the reasons that the TB burden continues to remain high is due to a lack of effective public-private engagement. In India, the private sector was the preferred first point of care for TB patients and the current scale of public-private sector engagement was insufficient to effectively contribute towards addressing the TB burden. The following activities were proposed to be implemented under the PPSA.

- Mapping private-sector providers (formal and informal), laboratories and chemists.
- Increasing engagement of private-sector providers through in-clinic visits and contributing medical education.
- Linking RNTCP provided diagnostic services (sputum microscopy, X-ray, CB-NAAT, sputum collection and transport) and fixed drug combinations (FDCs)
- Facilitating and updating TB notification and other relevant information in Nikshay[6].
- Facilitating incentives given by RNTCP to the private-sector Doctors and patients
- Counselling the patients to ensure treatment adherence
- Facilitating linkage for DR-TB treatment and HIV services, as required.

[6] Ni Kshay –TB is the web-enabled Patient Management System for TB control under the National Tuberculosis Elimination Programme (NTEP)

Table 7.6 - Details of targets and achievement of TB

Year	TB Notification[7]		%	Drug Sensitive Tuberculosis (DS TB)		%	Drug Resistant Tuberculosis (DR TB)		%
	Targets	Achievement		Cases	Outcome		Cases	Outcome	
2016	73,749	45,532	62	45,160	45,160	100	372	230	62
2017	75,481	45,021	60	44,239	39,744	90	782	462	59
2018	74,847	52,053	70	50,536	46,083	91	1,517	1,004	66
2019	70,000	71,152	102	68,741	61,903	90	2,411	1,734	72
2020	82,210	63,115	77	60,821	54,237	89	2,294	1,533	67
2021	82,210	61,092	74	59,656	39,500	66	1,436	508	35

Source: *Information furnished by the Department*

To strengthen the involvement of private sector, the GoI has prioritised approved Patient-Provider Support Agency in the Record Of Proceedings (ROP)[8] 2019-20. An amount of ₹176.35 lakh was approved for implementation of PPSA in the five Districts of Khammam, Nizamabad, Karimnagar, Nalgonda and Hanumakonda and while the amount was released, it was kept unutilised to the end of March 2022.

Scrutiny revealed the following:

- Though the funds were released for the finalisation of PPSAs, the Technical Committee was formed only in November 2021 i.e., after the lapse of two years.
- The Technical Committee members had approved and finalised (April 2022) the proposed Request for Proposal (RFP) for floating PPSA services in ten Districts divided into two[9] clusters. Due to the non-finalisation of the RFP for floating PPSA services, the process of fixing targets in respect of private parties had not been taken to its finality.

Government in its response stated (August 2023) that presently PPSA was being implemented in 10 Districts of the State since 24 December 2022. It attributed the COVID pandemic to non-finalisation of PPSA for two years. It was also stated that the process of fixing targets for private notification based on population was completed and shared with the agency implementing PPSA.

7.2.2.5 Payment of financial incentives to TB Patients

Government of India, Ministry of Health and Family Welfare launched "Nikshay Poshan Yojana" a scheme of incentives for nutritional support to TB patients with effect from 1 April 2018. All TB patients notified on or after 1 April 2018 including all existing TB patients under treatment are eligible to receive incentives. The patient must be registered/notified on the NIKSHAY portal. A financial incentive of ₹500 per month is to be provided in the form of a Direct Benefit Transfer for each notified TB patient for the duration for which the patient is on Anti-TB treatment.

[7] After introduction of NiKshay portal in 2017, due to technical issues till 2020, there were variations in the figures indicated in Table 7.5 and Table 7.6

[8] Record of Proceedings is for the financial year while the actual implementation is for the calendar year

[9] Cluster 1: - Hyderabad, Suryapet, Nizmabad Cluster 2: - Karimnagar, Jagtial, Medchal Malkajgiri, Siddipet, Vikarabad, Rangareddy and Sangareddy

Table 7.7 – Details of Payments pending for TB patients

Year	Total Notified private and public	No. of TB patients Eligible for NSP payment	Amount for NSP Payable (₹ in crore)	No. of beneficiaries bank account seeded and verified in Nikshay	No. of TB beneficiaries who were paid NSP	Amount of payment made (₹ in crore)	No. of beneficiaries pending for payment
2017	38,722	2,133	1.02	1,620	2,567	0.11	-
2018	50,718	32,149	15.22	26,181	39,195	9.01	-
2019	70,792	50,282	21.53	44,429	54,557	12.32	2,651
2020	62,956	49,900	18.88	44,341	47,439	11.78	3,397
2021	61,333	54,588	18.12	51,290	59,455	12.33	3,434
2022	52,549	46,749	11.76	44,379	37,610	8.02	9,139

Source: *Information furnished by the Department.*

As seen from the above, it was observed that the payments to beneficiaries were pending since 2019.

Government in its response stated (August 2023) that it was intensively monitoring payment of all the monetary benefits to the TB patients and that during the years 2020, 2021, 2022, payments had been made to the extent of 68 *per cent*, 73 *per cent* and 85 *per cent* respectively of the total notified TB patients.

Government response is not acceptable as the financial assistance towards nutrition support was envisaged as a means of providing relief to suffering patients.

7.2.3 National Leprosy Eradication Programme

Sustainable Development Goal 3.3.6 in respect of Leprosy, envisaged that by the end of 2030 the disease is to be eliminated. NLEP is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). The NLEP's mission is to provide quality leprosy services free of cost to all sections of the population, with easy accessibility, through the integrated healthcare system, including care for disability after cure of the disease with a main aim to reduce Prevalence rate to less than 1/10,000 population at sub-National and District level.

7.2.3.1 Financial Management

Based on the proposals submitted by the State Government, the GoI releases the amounts for incurring expenditure on the scheme. Year-wise details of releases, expenditure and balance available during the years 2016-17 to 2021-22 are as given below:

Table 7.8 - Details of releases, expenditure incurred and balance

(₹ in crore)

Financial Year	Opening Balance	Funds Received			Total Fund Available	Expenditure during the year	Closing Balance
		GoI Share	State Share	Total			
2016-17	0.39	1.50	1.00	2.50	2.89	0.20	2.70
2017-18	2.70	0.00	0.00	0.00	2.70	0.16	2.54

2018-19	2.54	1.50	1.00	2.50	5.04	2.54	2.50
2019-20	2.50	2.36	0.00	2.36	4.86	4.38	0.48
2020-21	0.48	1.09	14.88	15.97	16.45	1.43	15.02
2021-22	15.02	0.72	0.00	0.72	15.74	5.99	9.74
Total		7.17	16.88	24.05		14.70	

Source: *Information furnished by Department*

Out of the total funds of ₹24.44 [10]crore, the expenditure incurred during the six-year period was ₹14.70 crore (60 *per cent).* Except for 2019-20 where expenditure was 90 *per cent*, for the other years, it ranged from 6 to 51 *per cent* and to that extent the implementation of the schemes suffered.

Details of the implementation of the programme are explained in succeeding paragraphs.

7.2.3.2 Implementation of the National Leprosy Eradication Programme

GoI issued (August 2016) the Revised Operational Guidelines for Leprosy Case Detection Campaign in respect of National Leprosy Eradication Programme and had recommended that periodic active case detection campaigns should be undertaken in priority areas with focus on detection of backlog cases as well as new cases.

Increase in number of new Leprosy cases in Adult and Child categories

Table 7.9 - Year-wise data on Adult, Child Cases and Annual New Case Detection Rate (ANCDR), Cases under Multi Drug Therapy (MDT) and Prevalence Rate

Sl. No.	Year	Population	New Cases			Female	ANCDR	New leprosy Cases under MDT	Prevalence Rate
			Adult	Child	Total				
1	2016-17	3,71,97,024	2,474	184	2,658	964	7.15	1,939	0.52
2	2017-18	3,75,91,317	2,724	186	2,910	1109	7.74	2,329	0.62
3	2018-19	3,80,04,821	3,320	225	3,545	1439	9.33	2,766	0.73
4	2019-20	3,80,04,821	3,767	234	4,001	1620	10.53	2,423	0.64
5	2020-21	3,83,80,409	1,649	104	1,753	------	4.57	1,341	0.35
6	2021-22	4,04,44,103	1,947	80	2,027	------	5.01	1,472	0.36
TOTAL			**15,881**	**1,013**	**16,894**	**5132**		**12,270**	

Source: *- Information furnished by Leprosy division*

New Leprosy cases had increased in Adult and Child categories during 2016-20.

Scrutiny of the information related to 33 Districts for the years 2020-21 and 2021-22 revealed the following:

- Out of 33 Districts of the State, the Annual New Case Detection Rate (ANCDR) is showing an increasing trend in 23 Districts during 2021-22 when compared to 2020-21.
- Child Case Detection Rate (CDR) is showing an increasing trend in 12 Districts in 2021-22 when compared to 2020-21.
- Prevalence of Grade-II disability of 3.33 in the Sangareddy District had come down to 0.98 in 2021-22. However, in Hyderabad, it had increased from 2.70 (2020-21)

[10] OB: ₹0.39 crore + funds received ₹24.05 crore

to 5.36 (2021-22). In Mahabubnagar District also, the prevalence of Grade-II disability had increased from 0 to 2.00.

Case Prevalence Rate (PR) in the Districts:

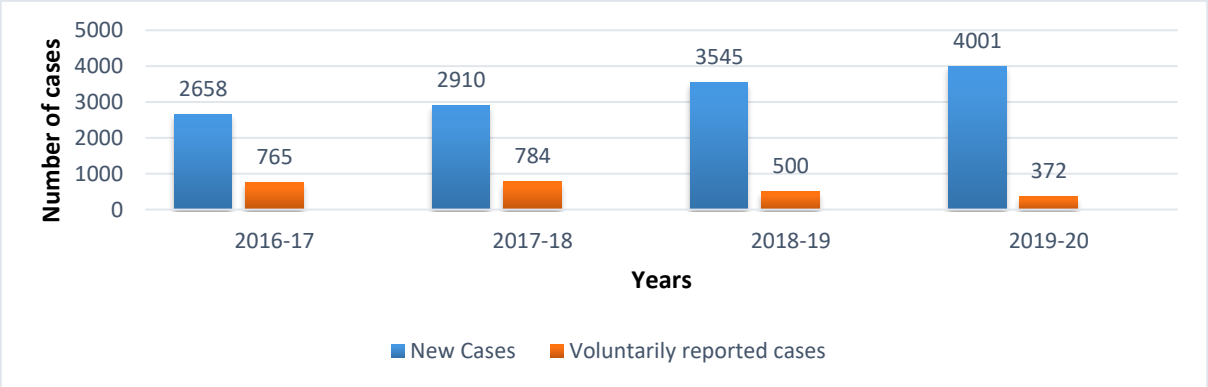
The PR is ranging from 0.35 (2020-21) to 0.73 (2018-19) in the State during the period from 2016-22, which is within the target of the scheme. But during the scrutiny, the following was observed:

- During the year 2019-20, PR in eight Districts[11] was more than 1. However, during the subsequent years 2020-21 and 2021-22, the Districts have a PR of less than 1 which indicates that suitable measures have been initiated by the department to address this issue.
- Though it was less than 1 in respect of 22 Districts during 2020-21, the PR was showing an increasing trend in 19 Districts during 2021-22 in comparison with the year 2020-21 (details vide ***Appendix 7.1***).

Voluntarily reported cases out of new cases

The Programme also aims to spread awareness about the disease and reduce the stigma attached with the disease. However, it was noticed that the percentage of voluntarily reported cases out of new cases detected was in a declining trend from 28.78 to 9.30 *per cent* during 2016-17 to 2019-20. Due to the change of Reporting format by GoI (2020-21 onwards) the data of Voluntarily reported cases among the new cases were not being reported.

Chart 7.3 - Voluntarily reported cases out of new cases



Source: *Information furnished by Department*

It was replied (June 2022) that, due to the introduction of new initiatives[12] for the new case detection, new cases had gradually increased and were immediately kept on Multi-Drug Therapy (MDT) for treatment. As the new case detection got increased, the programme indicators were correspondingly more. GR-II disability percentage and per million

[11] Adilabad; Jogulamba Gadwal; Kumuram Bheem Asifabad; Mahabubabad; Mancherial; Narayanpet; Nirmal and Suryapet

[12] Leprosy Case Detection Campaign (LCDC), Active Case Detection and Regular Surveillance (ACD&RS), Focussed Leprosy Campaign (FLC), special plan for hard-to-reach areas and Sparsh Leprosy Awareness Campaign (SLAC)

population also increased, especially in the Districts where there was cross-border migration of the population from one State to the other State.

Further, the decrease in the reporting of cases during the years 2020-21 and 2021-22 was reportedly due to the deployment of staff for COVID-19 pandemic work**.**

Reconstructive Surgery for Leprosy Patients: Reconstructive Surgery (RCS) is a low-cost alternative to correcting the deformity and thereby rehabilitating patients of leprosy into performing occupational and social duties. Leprosy patients who have undergone RCS will be paid a welfare allowance @ ₹8000 per surgery.

Scrutiny of relevant records revealed that, although funds were available, as of May 2022, welfare allowance was not paid to 144 patients (46 *per cent* out of 310 leprosy patients) who had undergone RCS during 2016-17 to 2021-22. It was replied that the bank account details and certificate of surgery would be obtained from the RCS patients and the welfare allowance would be disbursed in due course and details will be furnished to Audit.

7.2.4 National Programme for Palliative Care

Palliative care is also known as supportive care, which is required in the cases of terminally ill patients such as Cancer, AIDS etc., and can be provided relatively simply and inexpensively either in Community Health Centres or even in patients' homes. As per the Operational Guidelines for Palliative Care issued by GoI, at least five beds were to be prioritised for palliative care patients in CHCs/UPHCs etc.

Scrutiny of information received (October 2022) from NHM revealed the following:

- Of 32 Hospitals Palliative Wards, Palliative Care Medical Officers were not available at four hospitals[13].
- Out of 32 Hospitals, Physiotherapist posts were not sanctioned in 10 hospitals.
- Against the sanctioned strength of 132 Staff Nurses, 19 vacancies (14 *per cent*) were observed.

Government in its response stated (August 2023) that, Palliative Care Centres/wards were established in all Districts with 8-10 beds in each District with Medical Officers, Physiotherapists and Staff Nurses.

Government had not provided evidence of the recruitment of Human Resources in palliative care wards of the District Hospitals.

7.2.5 National Vector Borne Disease Control Programme (NVBDCP)

The National Vector Borne Disease Control Programme (NVBDCP) is an umbrella programme for prevention and control of vector borne diseases (VBDs), *viz.*, Malaria, Lymphatic Filariasis, Kala-azar, Dengue, Chikungunya and Japanese Encephalitis (JE). These diseases pose major public health problems and hamper socio-economic development. Generally, the rural, tribal and urban slum areas are inhabited mostly by people of socio-economic groups who are more prone to develop VBDs and are considered as high-risk groups.

Details of incidence of Vector borne diseases during the period 2017-21 were as detailed in Table 7.10.

[13] **DHs:** Kamareddy; Narayanpet, Nirmal and AH, Vemulavada

Table 7.10 - Incidence of Vector borne diseases during 2017-21

Name of Vector borne Disease	2017	2018	2019	2020	2021
Malaria	2,688	1,792	1,711	872	881
Dengue	3,827	6,362	13,361	2,173	7,135
Chikungunya	58	1,063	1,374	183	76
Japanese Encephalitis	11	20	50	2	0

Source: *Information furnished by Department*

Out of the total funds of ₹46.08[14] crore available, the expenditure incurred during the period was ₹39.05 crore (85 *per cent*).

Implementation of the Programmes are explained below:

7.2.6 National Malaria Eradication Programme

Sustainable Development Goal 3.3.3 envisages eradication of Malaria to be achieved by 2030.

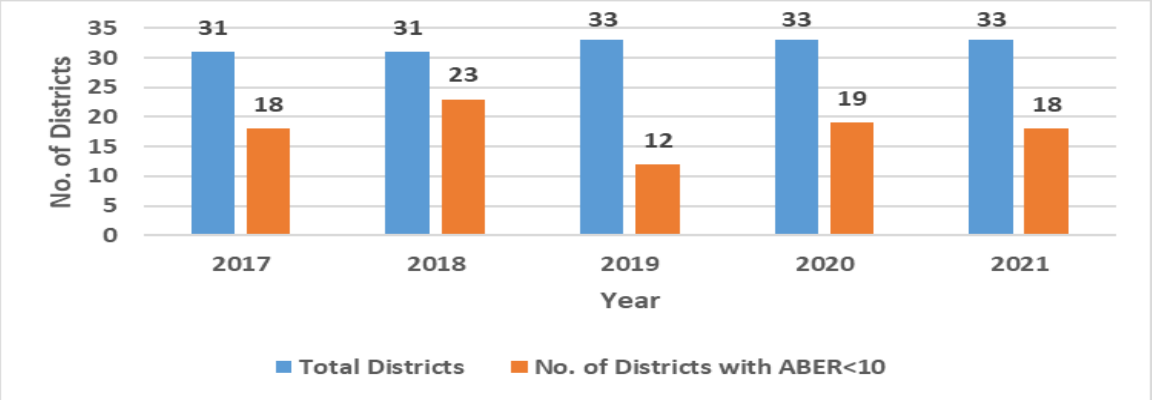
The National Framework (2016) for Malaria elimination in India has been formulated with the objective of transmission of Malaria interrupted under Categories 1 and 2 in 2014 into Zero indigenous cases by 2022.

The main objectives of the scheme included, increasing Annual Blood Examination Rate (ABER) to 10 *per cent* of target population under surveillance, bringing down Annual Parasite Incidence (API) to 1.3 or less, giving special attention to areas with API of above 2 which were considered as malaria prone and providing indoor residual spray of insecticides and free distribution of insecticides treated bed nets to BPL families.

Annual Blood Examination Rate (ABER)

ABER is the percentage of persons screened annually for Malaria. As per the Malaria Operational Manual and as per the ROP fixed by GoI, ABER is expected to be more than 10 *per cent* of the population and required focused attention on the high Malaria endemic Districts. Though it is required to conduct ABER more than 10 *per cent*, it was observed that ABER was less than 10 *per cent* during the years.

Chart 7.4 - Districts with ABER<10



Source: *Information furnished by Department*

It was also observed that, out of the above Districts, ABER was less than 10 *per cent* continuously during 2017-21 in eight[15] Districts.

[14] ₹2.17 crore + ₹43.91 crore
[15] Hyderabad, Karimnagar, Nalgonda, Nirmal, Nizamabad, Rajanna Sircilla, Vikarabad and Warangal (U)

On this being pointed out, it was replied that the percentage of ABER is less than 10 due to seasonal variations, lack of sufficient staff, not actively involving ASHA workers in some Districts and due to lack of surveillance of male staff.

Annual Parasite Incidence (API)

Annual Parasite Incidence is calculated as the total number of positive slides for parasite in a year X 1000 per total population annually. Areas with API of more than 2 are classified as high-risk areas. GoI while approving the Record of Proceedings for the year 2016-17 and 2017-18 had specifically commented upon the need for focused attention and monitoring of high malaria endemicity in the selected Districts[16] and advised Area specific gaps, rectification and close monitoring for effective malaria control and moving towards elimination. Further, while issuing administrative approval of ROP for the year 2018-19 by GoI in case of Category 1 Districts with API<1 sought case-based surveillance & response, focus identification and classification to achieve zero indigenous cases and in Districts with API 1 to 2 to API less than 1.

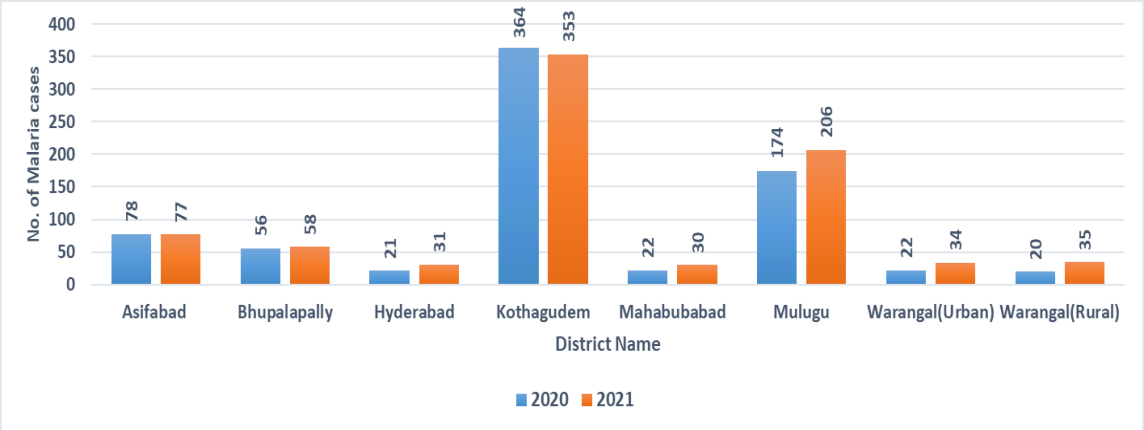
Scrutiny revealed that during the years 2017-21, the API was more than 2 in three erstwhile Districts[17]. Details of the number of sub-centres with API of more than 2 are given in the ***Appendix 7.2.***

While stating that both Adilabad and Khammam are endemic Districts for malaria for a long time, it was replied (June 2022) by the Department that based on API, special interventions like Indoor Residual Spray & Long-Lasting Insecticide Nets (LLINs) were taken up in those areas.

Identification of cases

The transmission of malaria was to be interrupted and zero indigenous cases had to be attained[18] in all the States by 2022.

Chart 7.5 - Trend of Malaria cases in 8 Districts in 2020 & 2021



Source: *Information furnished by Department*

Though there was a declining trend of Malaria cases reported during 2016-21, the increasing number of cases was almost similar to previous years in newly formed Districts of Bhupalpally, Mulugu, Kumuram Bheem Asifabad, Mahabubabad, Warangal (R) and

[16] Adilabad, Khammam, Kumuram Bheem Asifabad, Jayashankar Bhupalpally, Bhadradri Kothagudem, Mahabubabad, Mancherial, Nirmal, Warangal and Nagarkurnool
[17] Kumuram Bheem Asifabad, Mancherial (erstwhile Adilabad District), Bhadradri Kothagudem (erstwhile Khammam District), Jayashankar Bhupalpally, Mahabubabad & Mulugu (erstwhile Warangal District)
[18] as per the National Framework for Malaria Elimination

Hanumakonda in 2021 when compared to 2020. Also, Bhadradri Kothagudem and Mulugu Districts are the most affected with more number of cases during 2020 and 2021.

It was replied (June 2022) that the Districts are malaria endemic Districts and having tribal areas. The increase of cases in Hyderabad was attributed to migration from the different endemic States. However, the reply is silent about the prevention control measures taken to curb the increase in malaria cases in these Districts.

Spraying of Insecticides:

As per Para 4.2.1.2 of the Malaria Operational Manual 2009, the recommended spray schedule for Dichloro Diphenyl Trichloroethane (DDT) and Synthetic Pyrethroids is 1st round: 1st May and 2nd round: 16th July. Spraying is usually started to coincide with the build-up of vector population and before peak malaria transmission and spray operations will start in time to cover the entire transmission season, which is usually about five to six months in most parts of the country.

Scrutiny of Annual Reports revealed the following:

- The 1st & 2nd rounds of spray operations were conducted in the Districts with delays ranging from 6 days (Adilabad) to 93 days (Mancherial) during 2016 to 2021 (***Appendix 7.3***). Second round of spray was not done in Karimnagar (2016) and in Mahabubabad (2017).
- Though API is more than 2, no spray operations were conducted in Mahabubabad in 2018.
- Although the spray operations had been conducted twice a year in the Districts of Mulugu and Bhadradri Kothagudem, delays were noticed in conduct of spray operations in both the Districts.

Additional Director, National Vector Borne Disease Control Programme (NVBDCP) replied (June 2022) that due to continuous rains, there was a delay in conducting spray operations.

Insecticides utilisation in Districts: As per the Operational Manual for Malaria Elimination in India 2009, the Insecticide requirements are calculated based on the total population in epidemic affected areas.

Scrutiny of annual reports revealed that, in respect of the six Districts[19] which were identified with API more than two, against the insecticide requirement of 20,805 Kg[20] of Alphacypermethrin (ACM 5%) for a population of 5,54,800, only 14,669 Kg was utilised during 2020 and 2021.

It was replied that regular spray was conducted in the Districts. However, expenditure details were not furnished. No specific reply was furnished in respect of short utilisation.

7.2.6.1 Dengue and Chikungunya

Sustainable Development Goal 3.3.5 in respect of dengue envisaged the target of eliminating the epidemic by the end of 2030. Both Dengue and Chikungunya are Vector Borne diseases and are caused by viruses carried by mosquitoes. The programme for Dengue and Chikungunya are included under the umbrella of the NVBDCP.

[19] Kumuram Bheem Asifabad, Jayashankar Bhupalpally, Mancherial, Mahabubabad, Mulugu and Bhadradri Kothagudem
[20] Calculated on the basis of 37.5 MT per million population

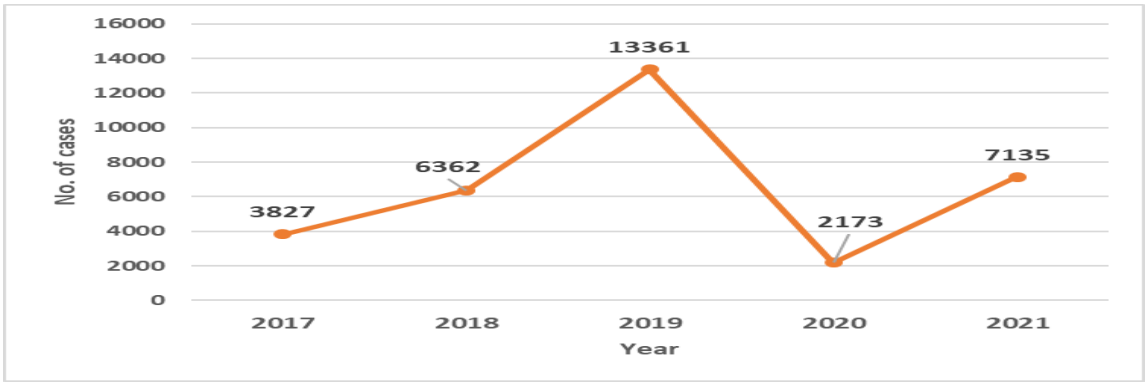
Implementation of programmes for the prevention and control of Dengue & Chikungunya

(A) Dengue

A total of 4,037 Dengue cases were reported in the erstwhile 10 Districts[21] during 2016. More positive cases were recorded in the Districts of Khammam (1,416), Hyderabad (780), Rangareddy (568). Out of the total 4,037 cases, 242 cases were not traced and 36 cases pertain to other States.

Dengue Positive Cases showed an increasing trend from 3,827 in 2017, 6,362 in 2018 to 13,361 in 2019. Subsequently, the number of cases decreased to 2,173 in 2020 and again raised to 7,135 in 2021 as detailed in chart 7.6.

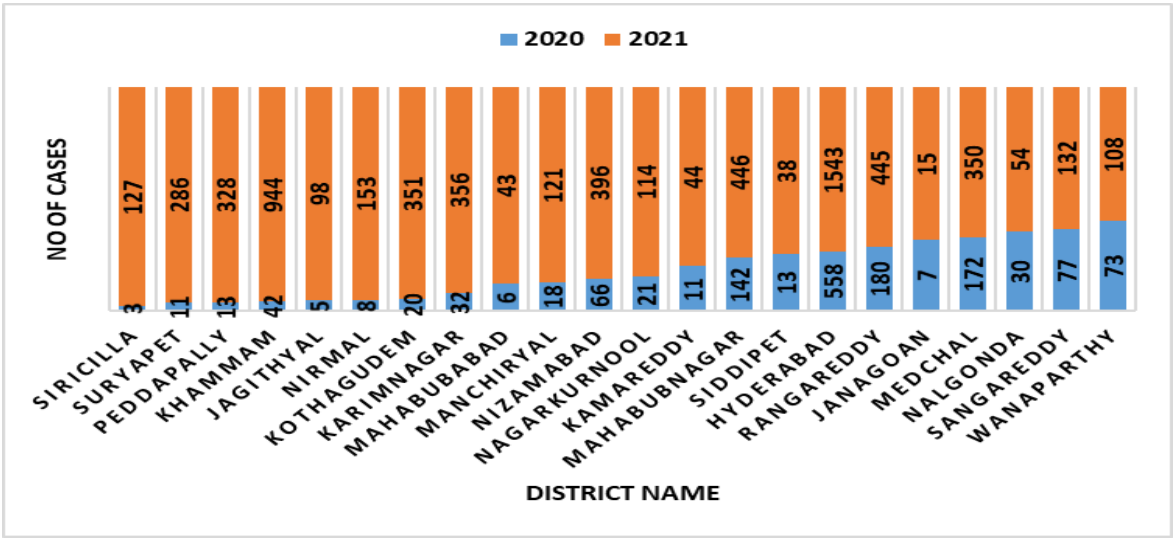
Chart 7.6 - Trend of Dengue cases during 2017 to 2021



Source: *Information furnished by Department*

Compared to 2020, an abnormal increase in dengue positive cases was noticed during 2021, the year-wise and District-wise cases noticed are shown in the chart below:

Chart 7.7 - Trend of Dengue cases in 22 Districts during 2020 & 2021



Source: *Information furnished by Department*

[21] Khammam: 1,416 cases; Hyderabad: 780; Rangareddy: 568; Nizamabad: 258; Karimnagar: 210; Warangal: 207; Mahabubnagar: 122; Medak: 93; Nalgonda: 66 and Adilabad: 39

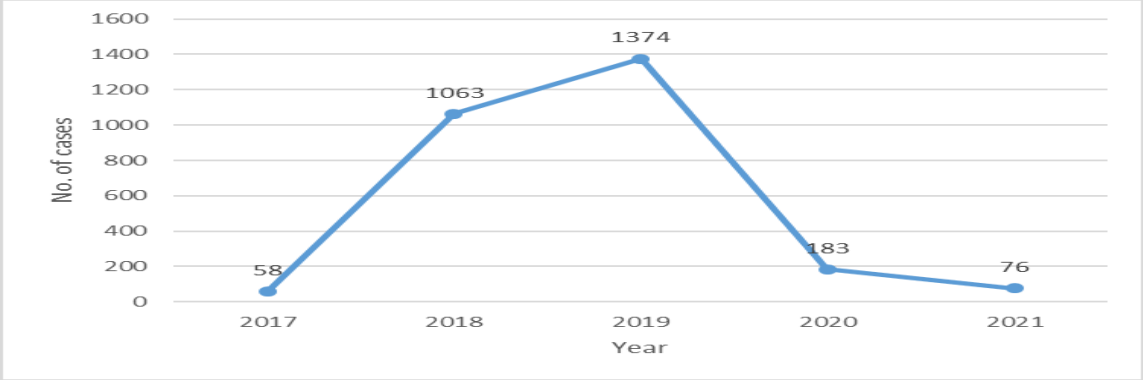
As shown above, Rajanna Sircilla District had the maximum percentage of increase of 4,133 *per cent* and Wanaparthy had the lowest percentage of increase of 48 *per cent*.

Department attributed (November 2022) the increase to rapid unplanned urbanisation, improper water management and water storage practices due to water scarcity, etc.

(B) **Chikungunya:**

- Out of 11,156 samples taken, 2,754 Chikungunya cases (nearly 25 *per cent*) were detected during the period 2017 to 2021. The year-wise details are shown in the graph below:

Chart 7.8 - Trend of Chikungunya cases during 2017-21



Source: *- Information furnished by the Department*

- More number of cases were recorded in the Districts of Hyderabad, Khammam, Medchal Malkajgiri, Rangareddy, Mahabubnagar and Karimnagar during 2017-21.
- Though there were a huge number of Dengue and Chikungunya cases in Hyderabad during 2017-21, Temephos (Larvicides), Pyrethrum (Adulticide) and Malathion[22] were not used in the District.

Department stated (November 2022) that, Chikungunya tests were conducted for suspected cases only and that tests in all fever cases need not be conducted for Chikungunya. Further it was stated that in respect of Hyderabad District, expenditure on preventive measures is being borne by GHMC.

7.2.7 Pradhan Mantri Matru Vandana Yojana – Funds not utilised

Government of India introduced (September 2017) "Pradhan Mantri Matru Vandana Yojana (PMMVY)" Scheme for providing partial compensation for wage loss in terms of cash incentives to the woman so that they can take adequate rest before and after delivery of the first living child. Ministry of Women and Child Development, Government of India released funds of ₹65.20 crore during the year 2017-18 for this purpose. However, these funds were not utilised as of June 2022 and remained in the ESCROW account.

On this being pointed out, it was replied (August 2022) that, GoI had requested (June 2019) to co-brand the KCR Kit scheme with PMMVY, orders for which were yet to be issued by

[22] man-made organophosphate insecticide that is commonly used to control mosquitoes

the Government. Since the issue of co-branding had not been resolved, funds of ₹65.20 crore released in 2017-18 could not be utilised so far.

Government in its response stated (August 2023) that, the possibility of dovetailing of PMMVY and KCR Kit programme was explored by the State. However, as the guidelines of the two schemes were not fully in alignment and considering the broader coverage of the target group and financial assistance by the KCR Kit programme, PMMVY could not be implemented.

7.3 State Schemes

The State Government supplements the efforts of the Central Government in the delivery of health services through various schemes.

7.3.1 KCR Kit Scheme

KCR Kit[23] Scheme was implemented[24] by the State Government with its own funds, to improve the incidence of institutional deliveries and to improve IMR & MMR duly providing wage compensation of ₹12,000 and ₹13,000 in case of male and female child respectively in four instalments. As per the guidelines, the beneficiary should have an AADHAAR card, belong to Telangana State and the delivery should have been in Government Health facilities. For availing benefit under the scheme, beneficiary can register[25] the name in nearest PHC or any Government Hospital (or) by providing the details to ASHA Workers. Auxiliary Nursing Midwife (ANM) was responsible for entering and updating the details of pregnant women *viz*., completion of at least two ANC check-ups, issue of two doses/booster dose of TT injection and IFA tablets, AADHAAR Number & Bank account details with IFSC code etc.

The instalment-wise conditions for which the amount transferred to the beneficiary accounts were as detailed in the table:

Table 7.11 – KCR Kit Scheme wage compensation

Instalment	Conditions	Amount
1st	• Registration of pregnancy at Public Health Facility. • At least 2 ANC check-ups by the Medical Officer with IFA tablets & Inj.TT.	• An amount of ₹3,000 will be paid after completion of two ANC check ups
2nd	• Delivery in public health institution. • The Child has to be administered BCG, OPV 0 dose and Birth Dose of Hepatitis B.	• An amount of ₹5,000 (For Female child) or ₹4,000 (For Male child) will be paid after delivery in public health institutions. • In addition to this a Kit consisting of 16 items will be provide to the pregnant women after delivery.

[23] Comprising soaps for mother and child, baby oil, baby bed, mosquito net, dresses, towel and napkins, powder, diapers, shampoo, sarees, handbag, toys for kid, etc
[24] with a view to provide quality healthcare throughout pregnancy and post-delivery, to encourage institutional deliveries
[25] by taking details from the beneficiary (i.e. AADHAAR number, name, age, address, phone number, registration date, bank account details, etc)

Instalment	Conditions	Amount
3rd	• Child has to be administered OPV 1, 2 & 3; IPV 1 & 2 doses; and Pentavalent 1, 2 & 3 doses i.e. by the age of 3 ½ months.	• An amount of ₹2,000 will be paid after first immunisation stage.
4th	• Child has to be administered Measles vaccine, Vitamin A and JE 1st dose i.e. by the age of 9 months to child.	• An amount of ₹3,000 will be paid after second immunisation stage.

Source: *Scheme Guidelines*

7.3.1.1 Implementation of KCR Kit Scheme

As per the Scheme Guidelines, the amount would be transferred to the beneficiary in different phases (instalments) through Direct Benefit Transfer (DBT) system.

Scrutiny of the payments made in different phases revealed the following.

- Year-wise details of beneficiaries to whom payments were made and amount due to be released during different phases during the period 2017-22 are as follows.

Table 7.12 – Information on payments under KCR Kit Scheme

year	ANC stage		Delivery stage		Immunisation @ 3 ½ months		Immunisation @ 9 months	
	No.of persons to whom Payment Released	No.of persons to whom release is pending	No.of persons to whom Payment Released	No.of persons to whom release is due	No.of persons to whom Payment Released	No.of persons to whom release is due	No.of persons to whom Payment Released	No.of persons to whom release is due
2017-18	2,97,506	1,141	2,74,374	483	4,05,271	4,583	4,28,214	3,156
2018-19	3,68,304	2,717	2,41,319	1,833	3,60,678	3,352	3,15,852	3,818
2019-20	2,32,873	5,499	2,16,480	6,109	3,15,131	13,144	2,23,461	73,830
2020-21	2,23,990	45,321	1,06,177	89,171	88,167	2,04,242	23,871	2,38,325
2021-22	22,621	2,27,441	9,451	1,88,182	11,731	1,97,177	2,123	70,258

Source: *Information furnished by the Department*

- Up to the financial year 2019-20, a significant number of registered beneficiaries (9,357 at the ANC stage, 8,425 at the delivery stage, 21,079 at the first immunisation stage and 80,804 cases at the second immunisation stage) have not received payment for over three years.
- During the financial year 2020-21, payment due and not disbursed was ranging from 17 to 90 *per cent* at different stages and similarly in 2021-22 it was ranging from 90 to 97 *per cent* at different stages.

Department stated (December 2022) that, payments would be released to the beneficiaries based on the availability of funds.

Government in its response stated (August 2023) that, DBT of ₹1,261.67 crore had been transferred to individual beneficiaries (13,90,636) and all measures are being taken to clear the dues from time to time. It was also stated that a Kit (KCR Kit) was provided to the beneficiaries at the time of delivery in Government healthcare facilities. However, details of the year-wise payments of ₹1,261.27 crore were not provided to Audit.

Thus, it is evident that the benefits envisaged during the pregnancy of women were not being extended on time, defeating the objective of providing compensation for wage loss during the pregnancy period.

7.3.1.2 Payment to Beneficiaries

As per the Scheme Guidelines, the amount is to be transferred to the beneficiary in different phases[26] through Direct Benefit Transfer (DBT) system. The amount should be credited to the beneficiary account only.

Scrutiny of the data revealed that amounts in respect of multiple beneficiaries with different AADHAAR numbers were credited to the same bank account. When the issue was verified with the bank[27] authorities, it was confirmed that an amount of ₹32.90 lakh was paid to the 462 beneficiaries whose bank account numbers were not matching with the envisaged beneficiaries bank account numbers. It indicates that the payments were credited to different persons other than the registered beneficiaries.

Government replied (August 2023) that, the issue occurred during the initial phase of the programme implementation. However, in the year 2019 corrective measures were taken to address the issue by laying down certain conditions for not accepting any duplicate bank accounts in KCR Kit Application. Further it was stated that the scheme has been notified under AADHAAR Act 2016 (November 2022) and AADHAAR authentication has been done for each registered pregnant woman to avoid duplication. Government also stated that necessary steps are being taken to fix the issues identified on priority basis.

7.3.2 Antenatal Care

Antenatal Care (ANC) is the systematic supervision of women during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus. Thus, every pregnant woman (PW) should be registered during the first trimester (first 12 weeks) of her pregnancy and undergo four check-ups during the pregnancy, at prescribed intervals for proper ANC[28] and they should also be provided Iron Folic Acid (IFA), Calcium and Albendazole Tablets.

As per data available in Health Management Information System (HMIS), it was observed that PW were registered after the completion of the first trimester and consequently were not provided stipulated ANCs as detailed in Table 7.13.

[26] Two ANC check ups, Delivery, immunisation by end of 3 ½ months, immunisation by end of 9 months
[27] State Bank of India
[28] 1st ANC - at the time of registration during first trimester, 2nd ANC - during 20-24 weeks of pregnancy, 3rd ANC – during 28-32 weeks of pregnancy, 4th ANC – during 34-36 weeks of pregnancy.

Table 7.13 - PW registered with ANC

Year	Total number of PW registered for ANC	Total number of PW registered during first Trimester	Shortfall (percentage) with respect to total PW	PW who received three ANCs check ups	Excess(+)/ Shortfall (-) percentage with respect to total PW
2016-17	13,81,510	8,00,973	42.02	12,24,469	(-)11.37
2017-18	11,79,409	5,57,492	52.73	7,65,826	(-)35.07
2018-19	7,58,446	4,87,639	35.71	8,04,940	(+)6.13
2019-20	6,75,092	4,54,873	32.62	7,15,219	(+)5.94
2020-21	7,11,469	5,23,440	26.43	5,67,231	(-)20.27
2021-22	6,82,425	4,67,099	31.55	5,15,455	(-)24.47

Source: *Information furnished by the Department*

As seen from the above, while the percentage of PW registered for ANC in the first trimester was showing a decreasing trend from previous year (73.57 *per cent*) to current year (68.45 *per cent*), the trend of 'woman not registered during the first trimester' was also decreasing ranging from as high as 53 *per cent* (2017-18) to 32 *per cent* (2021-22).

Government in its response stated (August 2023) that, the first trimester registrations had improved from 83.10 *per cent* (NFHS-4) to 88.50 *per cent* (NFHS-5) and that the programme data of KCR Kit for the year 2022-23 showed a first trimester registration of 98 *per cent*.

To avoid pregnancy-related complications immediately after registration for ANC, two doses of TT injection should be given and also at least 100 IFA tablets should be provided as supplementation. This should be continued for three months even in the post-partum period if required. The details of the TT1, TT2 and supply of IFA tablets are given in Table below.

Table 7.14 - Details of TT1, TT2 and IFA issued

Year	Registered PW for ANC	PW who Received TT1	Percentage of shortfall	PW who Received TT2	Percentage of shortfall	PW who Received 100 IFA tablets	Excess(+)/ Shortfall (-) percentage of shortfall
2016-17	13,81,510	10,44,856	24.37	10,20,916	26.01	13,06,017	(-)5.46
2017-18	11,79,409	7,32,861	37.86	6,97,446	40.86	10,14,134	(-)14.01
2018-19	7,58,446	7,00,436	7.65	6,69,288	11.76	9,78,986	(+)29.08
2019-20	6,75,092	5,56,289	17.60	5,32,134	21.18	7,15,219	(+)5.94
2020-21	7,11,469	5,97,564	16.01	5,73,838	19.34	7,68,258	(+)7.98
2021-22	6,82,425	5,50,977	19.26	5,31,268	22.15	7,30,760	(+)7.08

Source: *Information furnished by NHM*

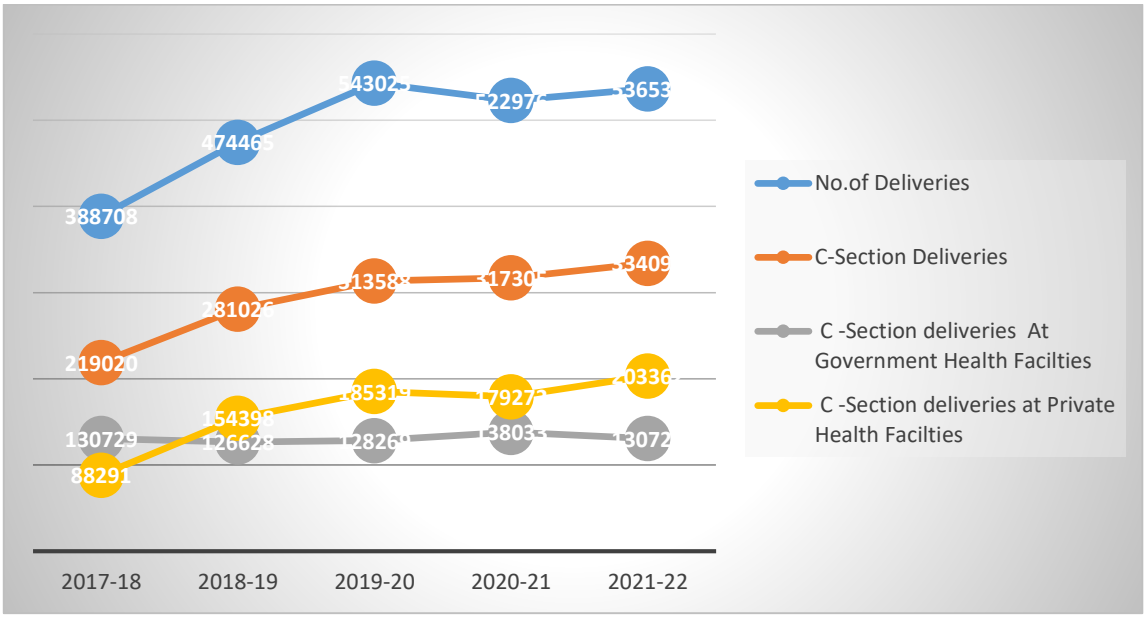
Administering TT injections to pregnant women has shown an increasing trend.

The issue of IFA tablets was more than the number of PW registered. Department attributed the repeated issue of IFA tablets to pregnant women patients in the case of anaemic patients.

7.3.3 Incidence of Institutional Deliveries

To minimise the Maternal Mortality Rate (MMR), deliveries in hospitals and health institutions are encouraged for safe delivery and survival of the child as well as the mother. Year-wise details of total deliveries and C-section deliveries during the period 2017-18 to 2021-22 are shown in the chart below.

Chart 7.9 - Details of deliveries during 2017-22



Source: *- Information furnished by the Department*

From the above chart, it was observed that C-Section Deliveries in Telangana are higher and had increased from 56 *per cent* to 62 *per cent* of total institutional Deliveries during the period 2017-18 to 2021-22. Further, the C-Section deliveries in Government Health facilities decreased from 60 (2017-18) to 39 *per cent* (2021-22), while C-Section deliveries in Private Health facilities increased from 40 (2017-18) to 61 *per cent* (2021-22).

On this being brought to notice, Department accepted the Audit observation and stated that action would be taken to minimise C-section deliveries by increasing the quality of care, midwifery-led care, short-term training to staff nurses, review of facilities etc.

7.3.4 Immunisation

As per the KCR Kit Scheme Guidelines, the payments will be paid to the PW only after receiving the required immunisations.

Audit verified the year-wise details of vaccinations received by Children between the 0 to 1 year age group and noticed that the targets were achieved by the Department in respect of BCG and OPV 3. The achievement of targets under Measles I/Measles Rubella 1 (MR1) which had shown a downward trend during the years 2017-18 and 2018-19, however, increased and was 95 *per cent* during the year 2020-21. Details are given in the Table 7.15.

Table 7.15 – Details of vaccinations

Year	Pentavalent 3			MEASLES 1/MR1		
	Target	Achievement	Achievement %	Target	Achievement	Achievement %
2016-17	6,18,000	9,03,741	146	6,18,000	9,22,324	149
2017-18	6,21,000	6,28,123	101	6,21,000	3,56,276	57
2018-19	6,31,000	6,15,504	98	6,31,000	6,04,783	96
2019-20	6,35,400	6,31,115	99	6,35,400	6,25,348	98
2020-21	6,35,400	6,27,688	99	6,35,400	6,02,434	95

Source: *Information furnished by the Department*

Joint Director CH&FW, Telangana stated (March 2023) that, DPT 3 antigen dose at 14 weeks was incorporated in the Pentavalent vaccine which refers to the 5-in-1 vaccine protecting against Diphtheria, Pertussis, Tetanus (DPT), Hepatitis B and Haemophilus Influenzae. Hence, no separate coverage for DPT 3 is registered in the HMIS since 2015. Pentavalent vaccine was introduced in the year 2015. Further, the Measles vaccine switched to Measles & Rubella (MR) vaccine in the year 2017-18. MR campaign was conducted in the year 2017 and introduced MR vaccine in Routine Immunisation in August 2017.

7.3.5 Immunisation of Children between 5 to 16 years

Targets and achievements in respect of immunisation of children between 5 to 16 years are shown in Table below.

Table 7.16 – Targets and Achievements

Year	DPT (5 years)			Tetanus Toxoid (10 years)			Tetanus Toxoid (16 years)		
	Target	Achievement	%	Target	Achievement	%	Target	Achievement	%
2016-17	5,95,000	7,14,041	120	6,20,000	7,07,779	114	6,95,000	6,82,194	98
2017-18	5,98,000	4,40,829	74	6,23,000	4,33,207	70	6,98,000	4,12,015	59
2018-19	5,75,600	4,82,428	84	6,44,800	4,61,749	72	7,26,900	4,42,326	61
2019-20	5,65,695	5,42,076	96	6,33,626	5,30,999	84	7,14,440	5,12,918	72
2020-21	5,79,600	5,36,949	93	6,49,200	4,83,072	74	7,32,000	4,33,691	59

Source: *Information furnished by the Department*

State Government had achieved more than the targets in respect of DPT (5 years) and Tetanus Toxoid TT (10 years) during the year 2016-17. While there is an increasing trend from 2017-18 to 2019-20, there is a shortfall in 2020-21; in respect of TT (10 years) also the same trend has continued.

Joint Director CH&FW, Telangana stated (March 2023) that, during COVID-19 pandemic all the educational institutes in the State were closed and the vaccination coverage of Tetanus and Diptheria (Td) to the age group of 10 years and 16 years was affected to an extent. With a view to improving the coverage of Td (10 years) and Td (16 years) the State Government initiated a school based Td campaign which was conducted in the month of November 2022.The coverage of Td 10 & Td 16 after the campaign were as follows:

Table 7.17 Coverage of children under Td 10 and Td 16

Target Fixed	TT 10 achieved	%	Target achieved	TT 16	%
6,00,431	7,59,031	126	6,76,965	7,11,050	105

Source: *Information furnished by the Department*

Table 7.18 - District-wise different types of Immunisation during 2021-22

DISTRICT NAME	BCG	OPV-0	OPV-1	OPV-2	OPV-3	HEP-B
Adilabad	99.53	99.46	93.14	37.92	37.76	98.95
Bhadradri Kothagudem	98.04	97.73	92.92	39.49	38.50	95.53
Hanumakonda	99.48	99.45	93.80	37.60	36.85	99.23
Hyderabad	98.79	98.75	88.52	34.33	33.39	96.06
Jagtial	99.39	99.38	93.92	38.82	38.23	99.35
Jangaon	99.29	99.17	93.88	37.34	36.26	98.35
Jayashankar Bhupalpally	99.29	99.21	93.27	37.98	36.54	97.66
Jogulamba Gadwal	99.51	99.50	91.75	39.05	38.81	99.40
Kamareddy	99.47	99.05	93.43	38.92	39.46	95.57
Karimnagar	99.47	99.43	93.80	37.62	37.16	99.27
Khammam	98.98	98.84	90.76	37.82	36.77	94.63
Kumuram Bheem Asifabad	99.46	99.39	92.06	38.56	38.55	99.37
Mahabubabad	98.97	98.91	93.16	37.24	36.40	94.57
Mahabubnagar	98.89	98.57	92.83	38.11	38.09	94.31
Mancherial	99.43	99.37	93.97	39.49	39.86	99.19
Medak	98.81	97.00	92.53	41.12	40.90	94.67
Medchal Malkajgiri	99.14	99.10	87.89	34.11	33.72	98.66
Mulugu	98.95	98.73	92.24	36.37	35.27	95.09
Nagarkurnool	99.25	99.15	93.28	37.56	37.23	97.11
Nalgonda	99.53	99.50	93.73	38.06	37.79	99.10
Narayanpet	99.10	98.94	92.81	38.22	38.87	97.66
Nirmal	99.14	98.97	93.36	42.31	42.12	96.26
Nizamabad	99.50	99.47	93.11	38.13	38.39	98.80
Peddapalli	99.48	99.39	93.42	38.90	38.12	99.43
Rajanna Sircilla	99.38	99.26	94.15	40.92	40.54	98.06
Rangareddy	99.49	99.40	91.50	36.00	35.51	96.88
Sangareddy	98.35	97.98	89.42	39.37	39.19	96.64
Siddipet	99.56	99.49	93.78	40.44	39.74	99.28
Suryapet	99.51	99.19	94.57	39.21	38.61	96.82
Vikarabad	99.07	99.03	89.68	35.70	34.81	97.47
Wanaparthy	99.15	98.53	92.54	36.82	36.13	96.00
Warangal	99.51	99.50	92.95	36.68	35.98	99.33
Yadadri Bhuvanagiri	99.38	99.34	93.54	37.92	37.56	98.37

Source: *KCR Kit data*

As seen from the above, the percentage of immunisation for BCG, OPV 0, OPV 1 and Hepatitis B shows significant achievements were made in the Districts. In respect of Oral Polio Vaccines 2 & 3, the percentage was less than 50 which shows the coverage was very poor in the Districts which needs focussed attention.

Government in its response stated (August 2023) that, Telangana had always been above the National average for immunisation and at present immunisation coverage was fully achieved.

7.3.6 Administration of OPV and Hepatitis B Vaccination and Vitamin K injection dose to New-Born

As per the National Immunisation Schedule, Newborns are to be administered doses of Vaccines *viz.,* OPV and Hepatitis B etc. OPV vaccine is given for immunisation against Polio and Hepatitis B vaccine is given against Hepatitis B. In addition to this, Vitamin K injections are given to prevent a serious disease called Haemorrhagic disease of the newborn (HDN). Details of birth doses given to Newborns in the MCH attached to District Hospitals during the period 2016-17 to 2021-22 are given below:

Table 7.19 - Percentage of birth doses given to newborn during 2016-17 to 2021-22

Name of District Hospital	Total live birth	Achievement (%)		
		Vitamin K	OPV	Hepatitis B
BOD	10470	100	100	100
GAD	16428	100	100	100
GAJ	21569	100	100	100
KDP	6815	100	100	100
MDK	18762	99.32	99.32	99.32
MED	1388	100	100	100
MUL	9084	100	100	100
NRY	6243	100	100	100
NRS	6425	100	100	100
PED	7022	100	100	100
TDR	6927	100	100	100
UT	1114	99	88.5	88.5
YB	8090	100	100	100

Source: *Data from Health Management Information System*

Note: Colour grading has been done on colour scale with Green colour depicting satisfactory performance; yellow denoting moderate performance while Red colour depicting poor performance

7.3.7 Kanti Velugu Scheme

Government decided (August 2018) to take up universal eye screening by covering the entire population of the State under the name "Kanti Velugu" with an objective to;

(i) conduct eye screening & vision test for all citizens of the State
(ii) provide spectacles free of cost
(iii) arrange for surgeries and other treatments free of cost
(iv) provide medicines for common eye ailments
(v) educate people on prevention of serious disabling eye diseases.

Scrutiny of the Scheme revealed the following:

- Out of the total population of 3.56 crore (as of June 2019), screening was conducted in respect of 1.55 crore people and the requirement of reading glasses was identified in respect of 24.67 lakh; prescription glasses for 18.53 lakh and surgeries for 9.59 lakh people.

- Against the total beneficiaries (24.67 lakh) recognised, reading glasses were delivered to 23.44 lakh patients leaving a balance of 1.24 lakh identified beneficiaries.
- As seen from the information, it was also observed that the glasses distribution in the Districts were ranging from 74 *per cent* (Vikarabad) to 96 *per cent* (Mancherial).
- Out of beneficiaries identified for prescription glasses (18.53 lakh), 14.36 lakh beneficiaries were delivered glasses and 4.17 lakh people were not given the benefit.
- Against 74,809 cases identified for evaluation of posterior[29] segment to the end of March 2022, evaluations were not conducted in respect of 66,976 beneficiaries. It was stated by the Department that the details of these cases were not available and it may be cases of persons who have migrated.

When the specific reasons for discontinuing the scheme without providing required glasses and treatment to the beneficiaries were called for, it was replied that it was discontinued due to COVID-19. It was also stated that the decision to resume the scheme was dependent upon the Government decision.

7.4 Declaration of Awards

Government of India have framed certain indicators[30] for the elimination of TB.

Efforts made by the State to eliminate TB during the period 2019-21 were recognised by the Government of India and the following Awards were given to the State/Districts:

Table 7.20 - Awards received during 2019-20 and 2020-21

Sl. No.	Award	Category	Year	Remarks
1	Innovation and community Engagement	National	2019-20	State level
2	Nizamabad (Silver)	Sub-National	2020-21	District level
3	Khammam (Bronze)	Sub-National	2020-21	District level
4	Bhadradri Kothagudem(Bronze)	Sub-National	2020-21	District level

Source: *Information furnished by the Department*

7.5 Kayakalp Awards

To promote practice of cleanliness, hygiene & sanitation and to control hospital acquired infection, Kayakalp Award Scheme was launched in 2015 for Central Government

[29] posterior segment of the eye comprises back two thirds of the eye, including vitreous humor, retina, the choroid and the optic nerve

[30] In this connection State TB Score Indicator was fixed as 100 duly divided into respective percentages *viz.*, (i) TB Notification achieved (20 *per cent*) (ii) TB Notified patients with known HIV status (10 *per cent*) (iii) TB notified patients with UDST done (10 *per cent*) (iv) Treatment success rate (15 *per cent*) (v) Eligible beneficiaries paid under Nikshay Poshan Yojana (10 *per cent*) (vi) Diagnosed MDR patients initiated on treatment (15 *per cent*) (vii) Eligible contact children (< 6 years) given chemoprophylaxis (5 *per cent*) (viii) Eligible PLHIV given IPT (5 *per cent*) and (ix) Expenditure amongst the approved ROP of the State (10 *per cent*)

institutions and State's public health facilities. Kayakalp has now been extended to the Health & Wellness Centres in all States/UTs.

The objectives of the 'Kayakalp' Scheme are:

- to promote cleanliness, hygiene and infection control practices in public healthcare facilities, through incentivising and recognizing such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control;
- to inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation;
- to create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Table 7.21 - Number of health facilities (category-wise) which have received Kayakalp awards in the State

Type	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
DH	4	2	6	9	8	12	41
AH	5	5	3	7	6	9	35
CHC	7	10	3	11	3	9	43
PHC	102	118	146	236	216	225	1043
UPHC	10	0	67	90	59	74	300
SC HWC	0	0	0	0	0	124	124
Total	**128**	**135**	**225**	**353**	**292**	**453**	**1586**

Source: *Information furnished by NHM*

The number of health facilities which received the Kayakalp awards shows an increasing trend ranging from 128 in 2016-17 to 453 in 2021-22. This indicates that more health facilities are promoting cleanliness, hygiene and infection control practices.

7.5.1 Quality Certification

Quality Certification programme for public health facilities recognises the well performing facilities and it also enables to improve the credibility of public hospitals in the community. National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of the Quality Council of India, an autonomous body, for accreditation of healthcare organisations. Certification is provided against National Quality Assurance Standards (NQAS) on meeting pre-determined criteria. The certified facilities are also provided financial incentives as recognition of their good work.

Table 7.22 - Number of health facilities (category-wise) awarded NQAS in the State

Type	2017-18	2018-19	2019-20	2020-21	2021-22	Total
DH	0	1	2	0	3	6
AH	0	1	1	0	0	2
CHC	0	0	0	0	1	1
PHC	1	26	52	0	26	105

Type	2017-18	2018-19	2019-20	2020-21	2021-22	Total
UPHC	0	1	2	0	6	9
SC HWC	0	0	0	0	0	0
Total	**1**	**29**	**57**	**0**	**36**	**123**

Source: *Information furnished by NHM*

7.6 Conclusion

The State Government implemented all the Centrally sponsored schemes in Telangana under National Health Mission (NHM).

As against the targets fixed by GoI, the notification of TB cases were showing an increasing trend during the years 2018 and 2019 and a decreasing trend in the years 2017, 2020 and 2021 in respect of public health institutions. The Incidence Rate of Tuberculosis in Telangana showed an increasing trend and when compared to the base year 2017, it has increased by 57 per cent in 2021. Out of the 33 Districts, the incidence rate was continuously increasing in five Districts during the years 2017 to 2019 and although it declined in 2020, it has increased in those districts except Mahabubnagar during 2021.

GoI has prioritised approved Patient-Provider Support Agency (PPSA) in the ROP 2019-20. An amountof ₹176.35 lakh was approved for implementation of PPSA in the five Districts of Khammam, Nizamabad, Karimnagar, Nalgonda and Hanumakonda and while the amount was released, itwas kept unutilised to the end of March 2022.

Out of the total funds of ₹24.44 crore released in respect of National Leprosy Eradication Programme, the expenditure incurred during the six-year period was ₹14.70 crore (60 per cent) and except for 2019-20 where expenditure was 90 per cent, for the other years, it ranged from 6 to 51 per cent. New Leprosy cases had increased in Adult and Child categories during 2016-20 but have been showing a declining trend in the years 2020-21 and 2021-22. Although funds were available, as of May 2022, welfare allowance was not paid to 144 patients (46 per cent out of 310 leprosy patients) who had undergone Reconstructive Surgery (RCS) during 2016-17 to 2021-22. The Case Prevelance Rate (PR) was showing an increasing trend in 19 Districts during 2021-22 in comparison with the year 2020-21.

Under the National Malaria Eradication Programme, Annual Blood Examination Rate (ABER) was less than 10 per cent continuously during 2017-21 in eight Districts. The Annual Parasite Incidence (API) was more than 2 in three erstwhile Districts. Bhadradri Kothagudem and Mulugu Districts are the most affected with higher number of cases during 2020 and 2021. Dengue positive cases showed an increasing trend from 3,827 cases in 2017 to 7,135 cases in 2021.

Funds of ₹65.20 crore received under PM Matru Vandana Yojana during the year 2017-18 were not utilised as of June 2022 and remained in the ESCROW account.

C-Section Deliveries in Telangana are higher than National average. C-Section Deliveries in the State increased from 56 per cent to 62 per cent of total institutional Deliveries during the period 2017-18 to 2021-22. However, the C-Section deliveries in Government Health facilities

decreased from 60 (2017-18) to 39 per cent (2021-22), while C-Section deliveries in Private Health facilities increased from 40 (2017-18) to 61 per cent (2021-22).

The percentage of immunisation for BCG, OPV 0, OPV 1 and Hepatitis B shows significant achievements were made in the Districts. In respect of Oral Polio Vaccines 2 & 3, the percentage was less than 50 which shows the coverage was very poor in the Districts which needs focussed attention.

The achievement of targets under Measles I/Measles Rubella (MR1) which had shown a downward trend during the years 2017-18 and 2018-19, however, it increased to 95 per cent during the year 2020-21.

State Government had achieved more than the targets in respect of DPT (5 years) and Tetanus Toxoid TT (10 years) during the year 2016-17. While there is an increasing trend in vaccination from 2017-18 to 2019-20, there is a shortfall in 2020-21; in respect of TT (10 years) also the same trend has continued.

Out of the total population of 3.56 crore (as of June 2019), under Kanti Velugu Scheme, screening was conducted in respect of 1.55 crore people, surgeries for 9.59 lakh beneficiaries were identified and the requirement of reading glasses was identified in respect of 24.67 lakh and prescription glasses were provided for 14.36 lakh beneficiaries.

Efforts made by the State to eliminate TB during the period 2019-21 were recognised by the Government of India and the State was awarded in various categories.

Kayakalp award for promoting practice of cleanliness, hygiene & sanitation and controlling the hospital acquired infection have been won by 1,586 Health institutions of the State. Certification against National Quality Assurance Standards (NQAS) on meeting pre-determined criteria wherein the certified facilities are also provided financial incentives as recognition of their good work was won by 123 health institutions during the period 2017-18 to 2021-22.

7.7 Recommendations

- State Government may make resolute efforts to minimise C-section deliveries.
- State Government may ensure that payments under KCR Kit are disbursed to the eligible beneficiaries after bio-metric authentication of the beneficiary.
- State Government should ensure that funds received from GoI for implementation of programmes are utilised on priority basis.