CHAPTER VII
IMPLEMENTATION OF CENTRALLY SPONSORED SCHEMES

Revised National TB Control Programme
RNTCP

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन
TAMIL NADU

CHAPTER VII

IMPLEMENTATION OF CENTRALLY SPONSORED SCHEMES

Inadequate number of Urban PHCs resulted in shortfall in the conduct of outreach services under GoI funded National Urban Health Mission (NUHM) in the urban slums. Performance under the *Kayakalp*, a GoI scheme to certify HCFs was unsatisfactory as only 52 *per cent* of the HCFs were certified under the scheme during 2016-22. The GoI funded National Centre of Ageing did not commence functioning, even after six years of launching the project and availability of GoI funds therefor. While the financial performance under National Blindness Control programme was about 90 *per cent*, the performance under National Tobacco Control Programme had not taken off well. There were shortfalls in the provision of benefits to the women beneficiaries under '*Janani Suraksha Yojana*' and '*Janani Shishu Suraksha Karyakram*'. Despite availability of funds, GoTN incurred only six *per cent* of the funds released for '*Anaemia Mukt Bharat*' and only 14 *per cent* of the funds allotted under the 'Labour Room and Quality Improvement Initiative' Scheme.

7.1 Introduction

The National Health Mission[1] (NHM), launched by the GoI in 2005, envisaged achievement of universal access to equitable, affordable and quality healthcare services. NHM is implemented by the State Health Society[2] (SHS), headed by its Mission Director. At the District Level, SHS operates under the District Health Society (DHS) headed by District Collector as Chairman. DHS is responsible for planning, managing and monitoring all NHM programmes in the district. NHM expenditure is shared between the Central and State governments in the ratio of 60:40. Annual outlay under NHM is based on the state's Programme Implementation Plan[3]. The details of funds for the schemes implemented in the State under NHM during the period 2016-22 is given in **Table 7.1** and the various activities carried out under these schemes are given in **Appendix 7.1**.

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1 Includes NRHM and NUHM.

2 Formed by merging the existing societies for control of leprosy, tuberculosis and blindness except AIDS Control.

3 Includes Part I: NRHM RCH Flexipool, Part II: NUHM Flexipool, Part III: Flexible Pool for Communicable Diseases, Part IV: Flexible Pool for Non-communicable Diseases, Injury and Trauma and, Part V: Infrastructure Maintenance.

Table 7.1: Funds sanctioned, released and incurred under NHM

(₹ in crore)

Sl.No.	Details	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1	Programme Implementation Plan proposed	1,914.01	2,373.68	1,950.74	2,384.97	2,661.77	2,708.82
2	Programme Implementation Plan approved	1,686.40	2,101.94	1,731.94	2,141.90	2,437.66	2,555.33
3	Opening balance	1,013.35	757.46	764.75	840.21	811.12	964.18
4	Funds sanctioned by GoI	1,095.39	1,251.39	1,445.44	1,667.97	2,441.98	2,751.24
5	Funds released by	**1,017.74**	**1,364.40**	**1,829.12**	**1,767.57**	**2,773.62**	**2,751.24**
	(a) GoI (60 *per cent*)	522.25	693.05	690.03	816.60	1,728.84	1,446.04
	(b) GoTN (40 *per cent*)	495.49	671.35	1,139.09	950.97	1,044.77	1,305.20
6	Bank interest / Internal transfer	2.87	225.66	23.73	23.04	18.09	13.55
7	**Total receipts** (3+5+6)	**2,033.96**	**2,347.52**	**2,617.60**	**2,630.82**	**3,602.82**	**3,728.97**
8	Expenditure incurred	1,276.50	1,511.37	1,777.40	1,818.18	2,638.45	2,446.95
9	Refund/Internal transfers	-	71.40	-	1.52	0.20	1.17
10	Unspent balance (7- (8+9))	**757.46**	**764.75**	**840.21**	**811.12**	**964.18**	**1,280.85**

(Source: Details furnished by NHM-TN)

The implementation of selected schemes in the State under NHM is discussed in the succeeding paragraphs.

7.2 Outreach Services in the National Urban Health Mission

The urban component of NHM, National Urban Health Mission (NUHM), provides support for outreach services that are targeted to slum dwellers and other vulnerable groups in towns and cities. Two types of outreach services are envisaged in NUHM *viz.*, Urban Health and Nutrition Days and Special Outreach Sessions through conduct of camps. The performance of the outreach services in the NUHM in the State and in the six sampled districts for the period 2016-22 is given in **Tables 7.2** and **7.3** respectively.

Table 7.2: Performance of NUHM's outreach services in the State during 2016-22

Year	Urban Health and Nutrition Days			Special Outreach Sessions		
	Target	Camps Conducted	Achievement in *per cent*	Target	Camps Conducted	Achievement in *per cent*
2016-17	28,224	12,819	*45*	15,210	9,344	*62*
2017-18	28,224	14,170	*50*	15,210	8,340	*55*
2018-19	28,224	14,660	*52*	15,210	9,328	*62*
2019-20	28,224	18,490	*66*	15,210	9,153	*61*
2020-21	28,224	9,893	*35*	15,210	2,256	*15*
2021-22	28,224	12,409	*44*	5,076	3,478	*69*
Total	**1,69,344**	**82,441**	*49*	**80,676**	**41,899**	*52*

(Source: Details furnished by NHM-TN)

Table 7.3: Performance of NUHM's outreach services in the sampled Districts during the period 2016-22

Sampled Districts	Urban Health and Nutrition Days			Special Outreach Sessions		
	Target	Camps Conducted	Achievement in *per cent*	Target	Camps Conducted	Achievement in *per cent*
Erode	4,032	2,966	*74*	2,112	779	*37*
Karur	1,584	959	*61*	768	606	*79*
Perambalur	360	209	*58*	192	116	*60*
Thanjavur	3,096	2,215	*72*	1,536	1,144	*74*
Theni	1,584	1,069	*67*	768	636	*83*
Tiruvannamalai	1,008	940	*93*	576	250	*43*
Total	**11,664**	**8,358**	*72*	**5,952**	**3,531**	*59*

(Source: Details furnished by NHM-TN)

The achievements under outreach services for Urban Health and Nutrition Days for the entire State ranged between 35 *per cent* and 66 *per cent* and for Special Outreach Sessions, it was between 15 *per cent* and 69 *per cent* during 2016-22.

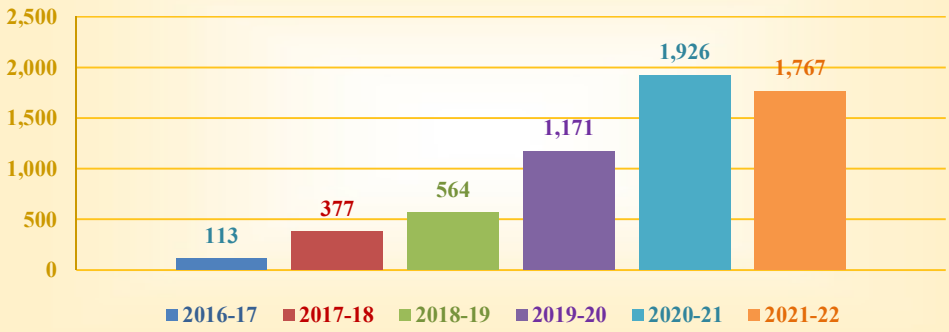
Audit found that the shortfall was attributable to the inadequate number of Urban PHCs, as discussed in **Paragraph 5.1.1**.

7.3 *Kayakalp*

In 2015, the GoI launched a National Initiative to give Awards 'KAYAKALP' (Rejuvenating Public Healthcare Facilities) to the Government Health Facilities that demonstrate high levels of cleanliness, hygiene and infection control. In Tamil Nadu, *Kayakalp* Award Programme is being implemented in all Secondary Care and Primary Care facilities through DMRHS and DPH respectively to improve the quality of healthcare services in Government Facilities. In the year 2015, this activity was initiated in Government District Head Quarters Hospitals. Since 2016, this activity gradually was extended to Sub District Hospitals, Community Health Centres and Primary Health Centres in all Districts. In the year 2019, this initiative was extended to Health Sub Centres functioning as Health Wellness Centres.

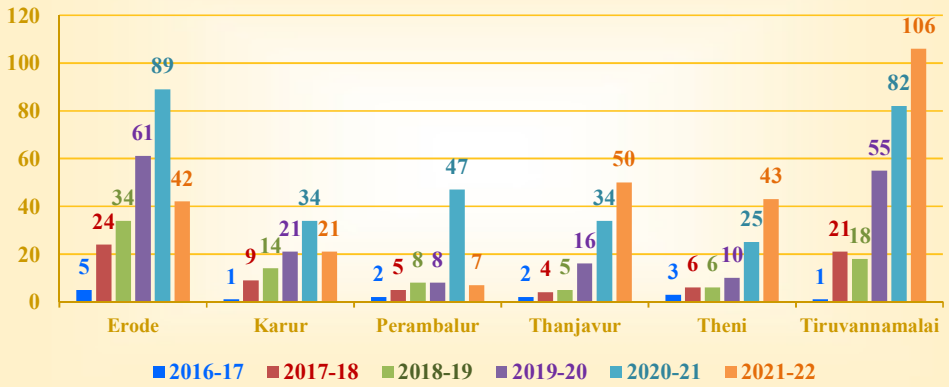
The number of Government HCFs in the entire State and the sampled districts, which were awarded *Kayakalp* during the period 2016-22 is given in **Exhibits 7.1** and **7.2.**

Exhibit 7.1: Number of HCFs awarded *Kayakalp* in the State during 2016-22



(Source: Data furnished by NHM-TN)

Exhibit 7.2: Number of HCFs awarded *Kayakalp* in the sampled Districts during 2016-22



(Source: Data furnished by NHM-TN)

GoTN had envisaged that the final outcome of the scheme is to make all the Government HCFs as *Kayakalp* certified by 2021. Audit, however, observed that as of March 2022, only 5,918 HCFs out of 11,323 HCFs[4] (i.e., only 52 *per cent*) have been *Kayakalp* certified.

7.4 Accreditation of hospitals and healthcare facilities

7.4.1 National Accreditation Board for Hospitals and Healthcare Providers

National Accreditation Board for Hospitals and Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organisations. The accreditation standard for hospitals focuses on patient safety and quality of delivery of services by the hospitals in a changing healthcare environment.

[4] DHQHs - 37; TKHs and NTKHs - 256; PHC - 1830; HSCs - 8,713 and Urban PHCs - 487.

AYUSH hospital accreditation program is running in association with Ministry of AYUSH, GoI which encompasses relevant and comprehensive quality assurance standards for each system as per their individual system of medicine and requirements.

- NABH accreditation was not obtained for any of the MCHs functioning under the Department. In December 2018, the DME started the process for obtaining NABH entry level accreditation in respect of four[5] MCHs. The process involved appointment of Quality Managers, Quality Committees, training of staff, preparation of Manuals etc. The process was suspended during COVID-19 pandemic. The accreditation process is yet to be completed even as of August 2022.
- In respect of ISM, none of the hospitals and dispensaries functioning under DIMH was accredited under AYUSH Hospital accreditation program.
- Similarly, NABL accreditations for any of the drug testing and clinical laboratories were not obtained.

As NABH accreditation is achieved by aspiring HCFs after meeting the accreditation standards for hospitals, non-accreditation of Government HCFs would deny these HCFs an opportunity to upgrade their quality standards.

7.4.2 National Quality Assurance Standards

National Quality Assurance Standards (NQAS), developed under NHM, aimed to improve the quality of District/Taluk/Non-Taluk hospitals, CHCs, PHCs and Urban PHCs. Certified facilities were also provided financial incentives under NHM as recognition of their good work.

In 2018, GoTN planned to obtain NQAS certification for 594 HCFs, and earmarked ₹24.23 crore. As of March 2022, 145 HCFs were granted 'Quality Certification' for which GoTN incurred an expenditure of ₹20.47 crore out of ₹24.23 crore allotted. The status is shown in **Table 7.4.**

Table 7.4: Details of NQAS certification

Year	Funds allotted (₹ in crore)	Expenditure incurred (₹ in crore)	Number of public health facility planned for NQAS certification	Number of NQAS certified public health facilities					
				DHQH	TKH/ NTKH	CHC	PHC	Urban PHC	Total
2018-19	11.75	4.56	94	13	0	5	5	-	23
2019-20		3.49	117	1	12	15	22	-	50
2020-21*	-	-	254	-	-	-	-	-	-
2021-22	12.48	12.43	129	6	13	21	26	6	72
Total	**24.23**	**20.48**	**594**	**20**	**25**	**41**	**53**	**6**	**145**

* No NQAS assessment due to COVID pandemic
(Source: Details furnished by NHM)

[5] Dharmapuri, Kanyakumari, Tiruvannamalai and Theni.

Shortfall was due to ineffective handling of the certification process despite utilising the allotted funds.

Government stated (August 2022) that the certification process got delayed due to COVID-19 and non-availability of Consultants to manage the certification process.

7.5 Family Welfare Schemes

The National Family Welfare Programme (FWP) is implemented with the main objective of stabilising the population growth. The target and achievements of various FWP during the years 2016-22 are given in the **Table 7.5.**

Table 7.5: Target and achievements of Family Welfare Programmes during 2016-22

(In numbers)

Sl. No.	Programme	Target and achievement	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1	Total Sterilisation	ELD*	4,00,000	4,00,000	4,00,000	3,50,000	3,50,000	3,50,000
		Actual	2,72,907	2,62,811	2,58,811	2,58,264	2,25,834	2,32,051
		***Per cent* w.r.t ELD**	***68***	***66***	***65***	***74***	***65***	***66***
2	Interval IUCD	ELD	4,00,000	1,50,000	1,80,000	1,60,000	1,60,000	1,60,000
		Actual	3,87,040	2,05,592	1,30,670	82,339	60,686	62,732
		***Per cent* w.r.t ELD**	***97***	***137***	***73***	***51***	***38***	***39***
3	PPIUCD**	ELD	2,50,000	2,50,000	2,70,000	2,40,000	2,40,000	2,40,000
		Actual	1,40,595	1,67,515	2,01,682	2,53,642	3,19,936	3,61,028
		***Per cent* w.r.t ELD**	***56***	***67***	***75***	***106***	***133***	***150***
4	Oral Pill Users	ELD	1,00,000	1,00,000	2,00,000	4,00,000	4,00,000	4,00,000
		Actual	57,608	45,823	34,478	29,727	29,652	27,417
		***Per cent* w.r.t ELD**	***58***	***46***	***17***	***7***	***7***	***7***
5	Contraceptive Condom Users	ELD	2,00,000	2,00,000	3,00,000	6,00,000	6,00,000	6,00,000
		Actual	91,785	88,281	98,673	76,686	67,902	75,984
		***Per cent* w.r.t ELD**	***46***	***44***	***33***	***13***	***11***	***13***

* ELD: Expected Level of Demand; **PPIUCD: Post-Partum Intra Uterine Contraceptive Devices

(Source: Family Welfare Bulletins)

It may be mentioned that the birth rate in the State has already been brought below the national average and also below the replacement rate. It was also found that the higher order births[6] has decreased from 7.9 in the year 2015 to 7.35 in 2020.

7.5.1 Lower compensation under Family Planning Indemnity Scheme

In May 2013, GoI launched the Family Planning Indemnity Scheme (FPIS) to provide compensation in the case of death of persons undergoing sterilization and cases of failure of sterilization. In October 2016, GoI, doubled the maximum compensation payable as ₹4 lakh in the case of death and compensation for failure of sterilization was also doubled to ₹60,000.

Accordingly, the Director of Family Welfare (DoFW) requested (March 2017 and September 2020) GoTN to enhance the quantum of compensation

[6] A woman having three or more children.

from 01 January 2017. GoTN, however, did not take any decision on the proposal. Audit found that during 2016-21, 26 sterilization deaths, 2,375 sterilization failures were reported in the State.

Audit observed that due to non-revision of rates as per GoI norms, the families of 2,401 persons were denied adequate compensation.

7.6 National Tuberculosis Elimination Programme

The National Tuberculosis Elimination Programme (NTEP) delivers Tuberculosis (TB) Care Services with a vision to achieve elimination of TB by the year 2025. The number of TB patients notified during the period 2016-22, both in Public and Private sector of the health systems in Tamil Nadu, is given in **Table 7.6**.

Table 7.6: Number of TB patients notified during 2016-22

Year	Public	Private	Total
2016	82,107	NA	82,107
2017	74,256	19,071	93,327
2018	75,415	29,502	1,04,917
2019	82,668	28,177	1,10,845
2020	54,013	16,291	70,304
2021	64,456	18,367	82,823
2022	71,896	21,983	93,879
Total	**5,04,811**	**1,33,391**	**6,38,202**

(Source: Details compiled from India TB Reports for the respective year)

One of the major objectives of NTEP is to reduce the estimated TB Incidence rate (per one lakh population) to 142 by 2020 and to 77 by 2022. Audit, however, observed that the TB case notification rate[7] was 86 in 2020 and increased to 121 during 2022.

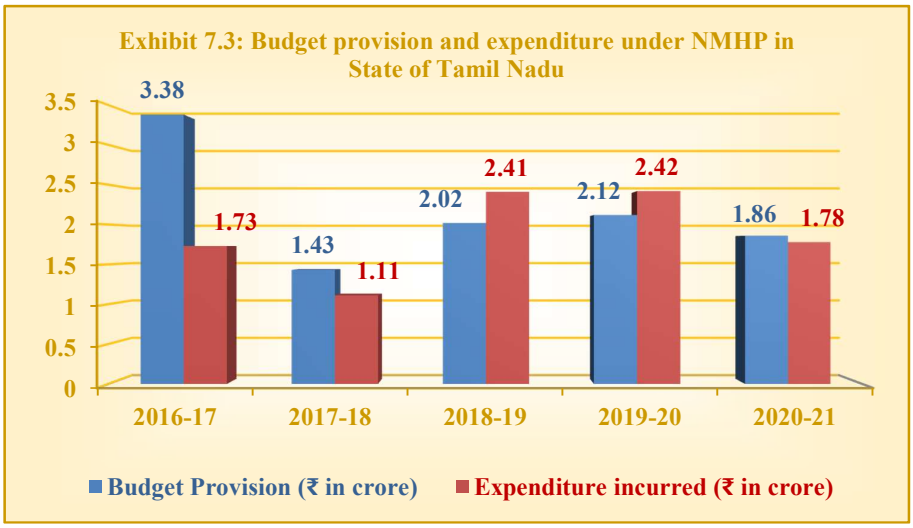
7.7 National Mental Health Programme

The National Mental Health Programme (NMHP) was launched (1982) by GoI to ensure the availability and accessibility of minimum mental healthcare for all. Under NMHP, the District Mental Health Program (DMHP) was launched in 1996 for early detection and treatment of common mental illnesses. In Tamil Nadu, DMHP is being implemented in 32 districts.

7.7.1 Non-utilisation of funds under NMHP

The budget provision and expenditure under NMHP for the period 2016-21 is given in **Exhibit 7.3**.

[7] As per India TB Reports for the years 2021 and 2023.



(Source: Details furnished by NHM, Tamil Nadu)

According to the National Crime Records Bureau (NCRB) Report for 2021, the rate of suicides[8] in Tamil Nadu is 26.4 per one lakh population against the national average of 12. In absolute terms, the State has the second highest number of reported suicides in the country after Maharashtra during 2019-21 as per NCRB report.

Audit observed that despite the high incidences of suicides which requires strengthening of psychiatric services, NMHP's allocation and actual utilisation continued to stagnate at about ₹2 crore per annum.

7.7.2 Availability of Psychiatric Specialty services in the sampled Secondary and Tertiary Hospitals

The availability of Psychiatric specialty services and the annual average patient strength in the Psychiatric OPD during the period 2016-22 in the sampled Secondary and Tertiary hospitals is given in **Appendix 7.2.**

Audit observed the following:

- Psychiatric specialty services were not available in three[9] TKHs.
- Psychiatrists were not posted in all the TKHs/NTKHs.
- Psychiatrist drugs were not available in two[10] TKHs (as of January 2024).

7.7.3 NMHP in sampled Primary care institutions

The IPHS Guidelines for CHCs and PHCs stipulate that the NMHP as one of the essential services that must be offered in the CHCs/PHCs. The details of availability/non-availability of these NMHP services in the sampled Block PHCs/PHCs/Urban PHCs are given in **Appendix 7.3**.

8 Number of persons who commit suicide per lakh.
9 Andipatti, Manmangalam and Thandarampattu.
10 Andipatti and Manmangalam.

Audit observed that NMHP, despite being an essential service to be offered, the following services were not offered as given below:

- Early identification, diagnosis and treatment of Common Mental disorders were not done in seven[11] PHCs.
- IEC activities were not conducted in 10[12] PHCs.
- Trained Medical Officers to deliver basic mental healthcare using limited number of drugs and to provide referral service were not available in 10[13] PHCs.

7.8 Non-commissioning of National Centre for Ageing

The GoI, under the 'National Programme for Healthcare of the Elderly' approved (January 2016) setting up of two 'National Centre of Ageing' (NCA), one at Delhi and the other at Chennai. The Chennai Centre was to function under DME. The project involves setting up of 200 bedded hospital for elderly care with various specialty departments besides conducting of specialised courses in geriatric care. GoI released a total project cost of ₹151.17 crore during January 2016 to March 2022. The fund released by GoI included ₹116.31 crore towards non-recurring expenditure and ₹34.86 crore towards recurring cost on manpower, maintenance and training.

The status of the project, as of May 2022, was as follows:

- The civil construction was completed except for finishing works.
- Out of ₹23.36 crore released by GoI for equipment, GoTN released ₹19.50 crore to TNMSC. But, equipment worth only ₹6.36 crore were supplied as of March 2022 and balance ₹13.14 crore was lying with TNMSC as the requirement was not finalised.
- As against 423 posts (Regular 83, Contract 340) proposed by DME, GoTN had sanctioned only 20 posts so far (February 2021) out of which only two posts were filled up.

Thus, despite GoI releasing the funds well on time, due to delay in sanction of posts for the newly proposed NCA and procurement of required equipment, NCA, which is a prestigious national level project, did not start functioning, even after six years of its sanction in 2016.

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11 BPHCs at Nammiyampattu and Vettavalam; UPHC, Kadaimalaigundu; PHC, Poondi; APHC, Kadavur; Urban PHCs at Kumbakonam and Theni.

12 BPHCs at Karapattu, Nammiyampattu and Vettavalam; PHCs at Chakkarapalli, Kurangani and Poondi; APHC, Kadavur; Urban PHCs at Erode, Kumbakonam and Theni.

13 BPHCs at Modakuruchi, Nammiyampattu and Vettavalam; PHCs at Chakkarapalli, Kurangani and Poondi; APHC, Kadavur; Urban PHCs at Erode, Kumbakonam and Theni.

Government replied (August 2022) that the commissioning of NCA was delayed due to the COVID-19 pandemic. But Audit found that the required staff were not sanctioned even as of August 2022.

Recommendation 11:

Government should ensure that the National Centre for Ageing, constructed with GoI assistance, is commissioned without any further delay by sanctioning required manpower and equipment.

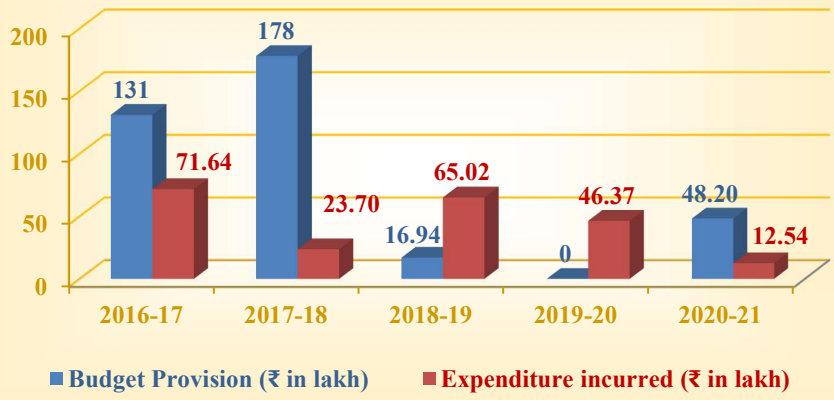
7.9 National Tobacco Control Programme

The National Tobacco Control Programme (NTCP) is being implemented in the State since 2007 under the Director of Public Health and Preventive Medicine in a phased manner in 20 districts.

7.9.1 Non-utilisation of funds under NTCP

The budget provision and expenditure under NTCP in Tamil Nadu during 2016-21 is given in **Exhibit 7.4**.

Exhibit 7.4: Budget provision and expenditure under NTCP



(Source: NHM, Tamil Nadu)

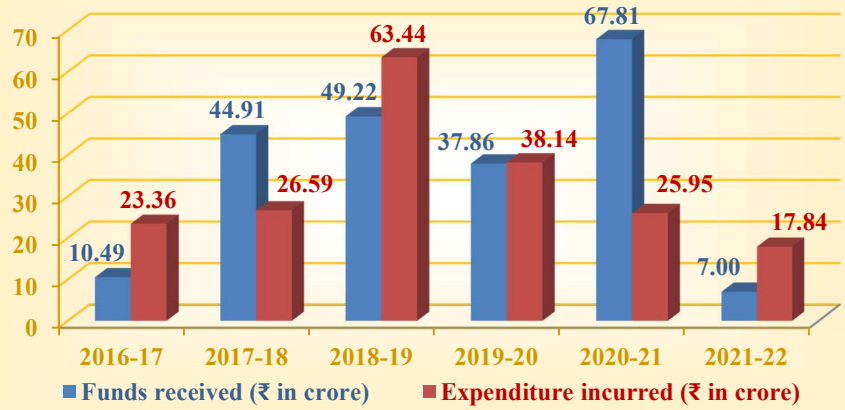
Audit observed that out of a budget allocation of ₹3.74 crore for 2016-21, only ₹2.19 crore was spent leaving 41 *per cent* of budget allocation as unspent.

7.10 National Programme for Control of Blindness

The Tamil Nadu State Blindness Control Society (TNSBCS) and the 38 District Blindness Control Societies (DBCS) together form a vertical programme under National Health Mission, Tamil Nadu, for implementing the activities of National Programme for Control of Blindness (NPCB) and GoI's Visual impairment programme.

The consolidated details of funds received by TNSBCS during the period 2016-22 is given in **Exhibit 7.5**.

Exhibit 7.5: Funds recieved and expended by TNSBCS during 2016-22



(Source: Details furnished by NHM Tamil Nadu)

Audit observed that out of ₹217.29 crore of funds received[14] during 2016-22, an amount of ₹195.32 crore (90 *per cent*) was spent and an amount of ₹35.57 crore remained unspent with TNSBCS as of March 2022.

7.11 *Janani Suraksha Yojana*

The *Janani Suraksha Yojana* (JSY), a 100 *per cent* centrally sponsored programme, integrates the cash assistance during delivery. A financial assistance of ₹700 is given to the beneficiary women at the time of her discharge from HCFs after delivery.

The summary of the number of mothers who were paid JSY in the sampled HCFs during the period 2016-22 is given in **Table 7.7** and the HCF wise details are given in **Appendix 7.4**.

Table 7.7: Summary of payment of JSY to mothers in the sampled HCFs

Sl. No.	Sampled HCFS		Institutional deliveries during 2016-22	Payment of JSY to mothers during 2016-22		
	Type	Number sampled		Paid	Not Paid	
					Number	Percentage
1	MCHs	5	2,05,677	1,38,656	67,021	*33*
2	DHQHs	5	80,227	69,675	10,952	*14*
3	TKHs	6	4,600	4,494	106	*2*
4	NTKHs	5	3,080	2,969	111	*4*
5	Block PHCs	10	6,416	6,282	134	*26*
6	Upgraded PHCs	3	4,049	4,049	0	*0*
7	PHCs	6	980	979	1	*0*
8	Urban PHCs	7	2,426	2,309	117	*5*
Total		**47**	**3,07,455**	**2,29,013**	**78,442**	***26***

(Source: Details furnished by the respective HCFs)

[14] Excluding an opening balance of ₹13.60 crore for 2016-17.

As seen from **Table 7.7**, in the sampled 47 HCFs, JSY was not paid to 78,442 mothers (26 *per cent*) out of 3.07 lakh institutional deliveries. The major reasons given by the Heads of the sampled HCFs for non-payment of JSY was attributed to mismatching of the bank account number of beneficiaries, wrong details of bank account given, migration of beneficiaries, non-availability of Bank account details etc.

Audit observed that lack of awareness among beneficiaries and lack of proactive action by the officials of the HCFs were the possible reasons for the deficiencies in implementing this scheme.

7.12 *Janani Shishu Suraksha Karyakram*

Janani Shishu Suraksha Karyakram (JSSK) scheme aims to benefit pregnant women by reducing the 'Out Of Pocket Expenditure' on healthcare. JSSK guarantees zero expense deliveries, by providing free transport to access the HCF for delivery.

During 2016-21, out of 25,58,783 mothers who gave birth in Government HCFs in the State, only 11,67,974 (46 *per cent*) were provided transport to their residences by Government/outsourced vehicle under this Scheme. In the six sampled districts, out of 3,90,640 mothers who gave birth in Government institutions 1,93,951 (50 *per cent*) mothers were dropped back to residence by Government/outsourced vehicle under this Scheme.

Audit observed that effective action was not taken by PHCs/HCFs to arrange for provision of transport to the delivered mothers and new-born babies, causing sufferings and out of pocket expenditure on healthcare.

Recommendation 12:

Government should ensure that adequate awareness is created to ensure scheme benefits to all the eligible women under '*Janani Suraksha Yojana*' and '*Janani Shishu Suraksha Karyakram*'.

7.13 *Anaemia Mukt Bharat*

The reduction of anaemia is one of the important objectives of the *POSHAN Abhiyaan* launched in March 2018. Complying with the targets of *POSHAN Abhiyaan* and National Nutrition Strategy set by NITI Aayog, the *Anaemia Mukt Bharat* (AMB) strategy has been designed to reduce prevalence of anaemia by three percentage points per year among children, adolescents and women in the reproductive age group (15-49 years), by supplying iron and folic acid tablets.

The performance of the sampled districts and the State, against the targets set based on estimated need, is given in **Table 7.8**.

Table 7.8: Performance of sampled districts: *Anaemia Mukt Bharat* Scheme

Sampled districts	Percentage of target achieved				
	2017-18	2018-19	2019-20	2020-21	2021-22
Erode	*56.0*	*43.0*	*48.2*	*40.5*	*76.3*
Karur	*44.9*	*49.4*	*53.9*	*29.5*	*61.3*
Perambalur	*39.5*	*43.8*	*56.6*	*36.3*	*63.1*
Thanjavur	*32.6*	*38.1*	*46.4*	*31.3*	*28.6*
Theni	*35.6*	*70.2*	*60.2*	*33.5*	*63.7*
Tiruvannamalai	*41.3*	*53.1*	*71.3*	*57.2*	*72.0*
State Average	***45.6***	***50.0***	***51.5***	***50.0***	***64.2***

(Source: NHM data)

The performance under AMB during 2017-22 ranged from 45.6 *per cent* to 64.2 *per cent*. It was seen that out of ₹6.93 crore received during 2019-20 and 2020-21, the GoTN incurred an amount of ₹41.40 lakh (six *per cent*) and a balance of ₹6.52 crore remained unspent. It was noticed that the health workers covered only the students of Government and Government aided schools against the guidelines to cover all children in the age group of six to nineteen.

Thus, the poor achievement under this scheme negatively impacts the objective of eradicating anaemia.

7.14 Labour Room and Quality Improvement Initiative (LaQshya)

LaQshya Programme was launched in 2017 to improve quality of care in Labour Room and OTs in Government HCFs. In Tamil Nadu, LaQshya is being implemented in 188 facilities which include 22 MCHs, 31 DHQ hospitals, 73 Taluk hospitals and 62 PHCs. As of March 2022, State certification for LaQshya has been achieved by 115 Labour Rooms and 115 OTs and National certification has been achieved by 35 Labour Rooms and 35 OTs.

Fund amounting to ₹14.77 crore was released to NHM under the activity LaQshya till 2020-22. However, only 44 *per cent* i.e., ₹6.43 crore was incurred as expenditure during the period for upgrading the facilities in Labour Rooms and OTs under the Scheme. The percentage of expenditure against fund released was 5 *per cent*, 32 *per cent*, 6 *per cent* and 86 *per cent* during the years 2018-19, 2019-20, 2020-21 and 2021-22 respectively.

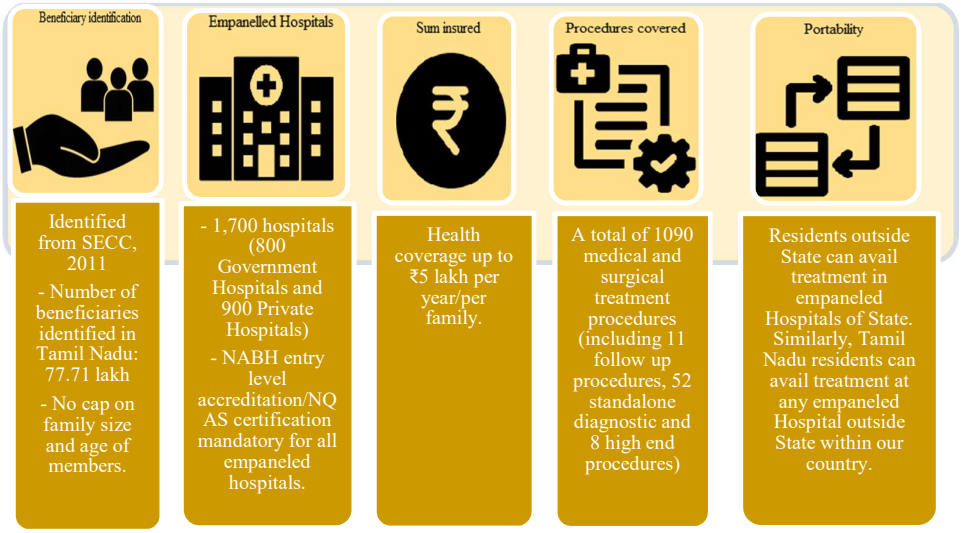
Audit observed that the Labour Rooms and OTs in the sampled PHCs and Hospitals are yet to be certified as LaQshya compliant, despite availability of funds.

7.15 *Pradhan Mantri Jan Arogya Yojana*

In September 2018, GoI launched *Pradhan Mantri Jan Arogya Yojana* (PMJAY), a health assurance scheme aimed at providing secondary and tertiary care hospitalisation. The National Health Agency (NHA) manages PMJAY at the national level. Meanwhile, GoTN was already implementing Chief

Minister's Comprehensive Health Insurance Scheme[15] (CMCHIS) covering all resident families of Tamil Nadu with annual family income of ₹72,000[16] or less. In September 2018, GoI and GoTN entered into a Memorandum of Understanding (MoU) for integrating PMJAY and CMCHIS (Scheme). The Project Director (PD), Tamil Nadu Health System Project (TNHSP), heads the implementation of the Scheme and is also designated as the State Health Agency (SHA). The Scheme is implemented through United India Insurance Company Limited (UIIC). GoI reimburses 60 *per cent* of the premium for these 77.71 lakh families and the remaining 40 *per cent* is borne by GoTN. The salient features of integrated CMCHIS PMJAY are as given in **Exhibit 7.6**.

Exhibit 7.6: Salient features of the integrated CMCHIS PMJAY



(Source: Policy Note of HFW Department 2022-23)

7.15.1 Selection, verification and registration of eligible beneficiaries

Based on Socio Economic Cast Census (SECC) 2011 data, GoI have identified 77.71 lakh beneficiary families for benefit under PMJAY in the State. Whereas, already 1.47 crore families were enrolled under CMCHIS. According to PMJAY guidelines for beneficiary identification, States covering a much larger population than the AB-PMJAY beneficiary list must link all AB-PMJAY beneficiaries with the State Scheme ID and Aadhaar within a definite time period. Data analysis by Audit revealed that, even after three years of roll-out of CMCHIS-PMJAY, only 29.27 lakh out of 77.71 lakh households (38 *per cent*) were identified with the State Scheme ID.

PD, TNHSP replied (March 2022) that TNeGA is in the process of matching the SECC database with PDS database for ration card numbers and aadhaar database will be seeded in the SECC data. Then the SECC database will be matched with CMCHIS-PMJAY database using 'Ration Card' and

15 CMCHIS was launched by GoTN in January 2012.

16 The income ceiling for enrolling public as beneficiary under the scheme has been increased from ₹72,000 to ₹1,20,000 vide GO (Ms) No.560 Health and Family Welfare (EAP1-1) Department, Dated:16-12-2021.

'Aadhaar Card' as the unique identifier. Audit observed that the process of matching the beneficiaries of the two schemes was progressing in a slower pace.

7.15.2 Accreditation of hospitals

According to CMCHIS guidelines, all empanelled hospitals are required to obtain entry level accreditation from NABH and to undergo facility assessment and attain quality standards to get NQAS certification within a period of 12 months from the date of empanelment. The hospitals which have already got NABH accreditation should also renew NABH periodically (i.e., every three years).

As on March 2022, the NABH accreditation has been obtained by only 330 out of 900 empanelled private hospitals (37 *per cent*). Out of the remaining 570 hospitals, the NABH accreditation had expired for 308 hospitals (34 *per cent*), 130 have applied for entry level accreditation (14 *per cent*) and 132 have not applied for accreditation (15 *per cent*).

The PD, TNHSP replied (March 2022) that the NABH accreditation of 242 hospitals had expired in 2020-21 during COVID-19 pandemic when the primary focus and goal of healthcare facilities turned out to be stabilising the COVID-19 cases. The reply further stated that TNHSP had issued notice to empanelled hospitals that have completed 12 months of empanelment and not applied for NABH accreditation.

7.15.3 Financial management

The details of financial outlay for the periods 7H to 10H[17] (from 23-09-2018 to 10-01-2022) are given in **Table 7.9**.

Table 7.9: Financial outlay of CMCHIS-PMJAY for the periods 7H to 10H

(₹ in crore)

Period with date	Premium/Grant-in-aid		Administrative expenses	
	GoI (NHA)	GoTN (SHA)	GoI (NHA)	GoTN (SHA)
7H (23-09-2018 to 10-01-2019)	293.32*	1,031.14**	11.66	0
8H (11-01-2019 to 10-01-2020)	441.77	1,031.14	0	0
9H (11-01-2020 to 10-01-2021)	0	1,031.14	0	0
10H (11-01-2021 to 10-01-2022)	359.81	1,031.14	0	35.77
Total	**1,094.90**	**4,124.56**	**11.66**	**35.77**

* GoI share is from 23 September 2018;

** GoTN share for full year from 11 January 2018 to 10 January 2019. GOI share is for 60 *per cent* of 77.71 lakh families. GoTN share shown above is for 1.47 crore families (₹699 per family) plus Pro-rata premium paid to UIIC every year for newly enrolled beneficiaries.

(Source: Details furnished by TNHSP)

[17] 7th Health Year to 10th Health Year.

7.15.4 Non-remittance of interest earned into GoI account

Premium account: As per the guidelines of premium account, if any interest is earned by the State Health Agency from the premium released by the GoI, the Central Government shall have the first right of claim of such interest earned and this amount shall be remitted to GoI or adjusted in future payments, as the case may be. However, interest accrued of ₹96 lakh between January 2020 and March 2021 were remitted to GoTN account without intimating the same to NHA. This is in contravention to the guidelines prescribed for the premium account.

The PD, TNHSP replied (March 2022) that action would be taken to remit the interest amount accrued in the escrow account to GoI in future. However, the reply is silent regarding the interest already remitted into GoTN account.

Administrative account: As per the guidelines of administrative expenses account, interest, if any, earned by the State Health Agency from the administrative expenses account released by the GoI, the Central Government shall have the first right of claim of such interest and this amount shall be transferred back to NHA. However, interest accrued of ₹4.56 crore (₹1.05 crore on 30 July 2019 and ₹3.51 crore on 16 March 2020) were remitted to GoTN account without intimating NHA. This is in contravention to the guidelines prescribed for the administrative expenses account.

The PD, TNHSP replied (March 2022) that action would be taken to remit the interest amount accrued in the escrow account to GoI in future. However, the reply is silent regarding the interest already remitted into GoTN account.

7.15.5 Non-refund of premium by UIIC to SHA

PMJAY prescribes operational guidelines for claim settlement ratio. However, SHA is following its own CMCHIS guidelines for claim settlement ratio. As per the CMCHIS guidelines Clause 13, the claim settlement ratio means, the Insurer must meet the 90 *per cent* of the premium paid as claim for any particular year. If the claim ratio is lesser than 90 *per cent* of the premium paid in any particular year, the difference between claim amount and the premium amount should be calculated. This amount should be refunded to SHA within 30 days after deducting 10 *per cent* towards administrative expenses from the calculated amount. If the claims amount is more than 90 *per cent* of the premium paid, the excess amount over and above 90 *per cent* would be paid by SHA to the insurance company.

On a scrutiny of records, audit observed that the claim ratio for the period January 2018 to January 2021 has not achieved 90 *per cent* and the amount to be refunded by UIIC to SHA is detailed in **Table 7.10**.

Table 7.10: Amount to be refunded by UIIC to SHA and by SHA to GoI

(₹ in crore)

Period with date	Amount to be refunded by UIIC	GoI share (3) =60 *per cent* of 53 *per cent** of CoI (2))
(1)	(2)	(3)
7H (11-01-2018 to 10-01-2019)	34.41	3.30**
8H (11-01-2019 to 10-01-2020)	1.30	0.41
9H (11-01-2020 to 10-01-2021)	199.31	63.38
Total	**235.02**	**67.09**
Amount to be retained by UIIC for settling outstanding claims	1.00	0.60
Remaining amount to be refunded by UIIC	234.02	66.49

* PMJAY families in the entire CMCHIS database are 53 *per cent* families. GoI shares 60 *per cent* of premium for these 53 *per cent* families.

** Calculated for 110 days since commencement of PMJAY scheme.

(Source: Details furnished by TNHSP)

Non-adhering of guidelines resulted in ₹234.02 crore with UIIC for more than two years. The PD, TNHSP replied (March 2022) that action was being taken to get the refund amount from UIIC.