Chapter-7
Implementation of Centrally Sponsored Schemes

Chapter-7: Implementation of Centrally Sponsored Schemes

Health being a State subject, the Central Government supplements the efforts of the State Governments in delivery of health services through various schemes of primary, secondary, and tertiary care.

National Health Mission (NHM) is the flagship scheme of Government of India (GoI) to improve the overall health status of the country by providing universal access to equitable, affordable, and quality health care services that are accountable and responsive to people's needs. During the period 2016-22, NHM, Uttarakhand received ₹ 1,977.03[1] crore for implementation of various schemes/interventions. The details of funds approved, and expenditure done under certain CSS programmes that are taken for review in this chapter is given in the **Table-7.1** below:

Table-7.1: Details of funds approved and expenditure done under CSS during 2016-22

(₹ in crore)

Name of Programme/Scheme	Approved Fund	Expenditure
ASHA	236.45	182.60
Health & Wellness Centre	156.26	93.73
Revised National TB Control Programme	92.38	54.92
National Tobacco Control Programme	9.24	5.42
National Urban Health Mission	84.57	61.11
Janani Suraksha Yojna	87.79	84.85
Rashtriya Bal Suraksha Karyakram	88.90	48.85
Immunization	86.40	75.18
National Programme for Control of Blindness	27.42	11.91
National Programme for Health Care of the Elderly	4.80	3.86
National Mental Health Programme	3.69	2.05
Family Welfare Scheme/Family Planning	35.61	17.95
Total	**913.51**	**642.43**

Source: NHM, Uttarakhand.

Observations based on examination of implementation of selected centrally sponsored schemes in the State are discussed in succeeding paragraphs.

7.1 Accredited Social Health Activist (ASHA)

From the time of the launch of the National Rural Health Mission in 2005, the ASHA programme has emerged as the largest community health worker programme in the world and is considered a critical contributor to enabling people's participation in health.

7.1.1 Overburdened Accredited Social Health Activists (ASHA workers)

Initially in 2005, when the ASHA programme was started, ASHA workers were merely assigned the duty of inspiring pregnant women for institutional delivery, keeping in view the infant mortality rate, maternal mortality rate etc. With the passage of time, an ASHA worker is supposed to perform nearly 60 types of

Good Practice:
To regulate and timely payment of incentives of ASHA workers, the State Government has launched ASHA Sangini App in November 2021, which is under implementation phase in the districts.

[1] Central share ₹ 1,767.89 crore and State share ₹ 209.14 crore.

diverse duties which mainly include door to door survey, immunization to children, to provide health education, to accompany the pregnant women to the health care facility, to hold village level meeting, to maintain records to organize and prioritize her work, to prepare village health plans, help desk duty at health care facility. Besides, an ASHA worker has also been assigned the duties under covid vaccination campaign. Details of duties/activities performed by ASHA workers, and incentives paid to them are given in ***Appendix-7.1***.

Further, though the ASHA worker is not a permanent employee[2], but only a health activist with basic educational qualification[3] she is expected to be a health planner, health worker, educationist, and a record keeper. In addition, ASHA workers have played a pivotal role during COVID-19 outbreak in the State. ASHA workers surveyed in their prescribed respective areas for tracing COVID-19 patients, helped in taking samples for diagnosis of COVID-19, looked after the patients during quarantine facilities, distributed Home Isolation Medicine Kits to the patients isolated at homes.

Thus, due to diverse and large number of assigned duties ASHA workers were overburdened.

The Government accepted the facts and replied (November 2022) that ASHA workers were engaged in working with front line workers and Government machinery during COVID-19 due to which ASHA workers were overburdened and now the COVID-19 pandemic is over.

7.1.2 Improper implementation of ASHA Certification Programme

To enhance the competency and professional credibility of ASHA workers in providing quality health care services in the community, the ASHA Certification programme was launched (May 2015) by GoI.

It was observed that the certification programme started in the State in 2017-18. Since then, at State level, only 1,526, that is less than 13 *per cent* of total available 12,018 ASHA workers in the State, were provided training for their certification till March 2022.

The Government accepted the facts and replied (November 2022) that the rest of the ASHA workers will be certified in the next financial year.

7.1.3 Smart mobile phones to ASHA workers not provided

In order to eliminate the burden of converting the manual records into digital records, smart mobile phones were to be provided to ASHA workers and ASHA Facilitators (AFs) in all the districts of the State. To serve the purpose, mobile phones were to be provided to ASHA workers and AFs in the state till March 2022. Amount of ₹ 14.19[4] crore was sanctioned under NHM.

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2 The engagement of ASHA workers is on temporary and no work no pay basis.

3 Eighth class pass.

4 ₹ 4.74 crore, ₹ 3.09 crore and ₹ 6.36 crore sanctioned in the ROPs for the years 2019-20, 2020-21 and 2021-22 respectively.

However, only 6,269[5] out of 12,624[6] ASHA workers and AFs were provided mobile phones till March 2022 despite availability of funds.

The Government accepted the facts and replied (November 2022) that at present mobile phones have been provided to the rest of the ASHA workers.

7.2 Revised National Tuberculosis Control Programme (RNTCP)

The Revised National Tuberculosis Control Programme (RNTCP) rolled out in 1997. In December 2019, the programme was renamed as National Tuberculosis Elimination Programme (NTEP) in line with the vision of GoI to end Tuberculosis (TB) by 2025. In the State, the Government also envisioned to eliminate TB from the State by 2024.

7.2.1 Financial Position

To implement the RNTCP in the State, GoI, under NHM, provides the budget for various aspects including nutrition support for TB patients, diagnosis and treatment, awareness campaigns, research and support for laboratories facilities. It also includes funding for healthcare professionals involved in managing tuberculosis.

7.2.1.1 Short utilization of funds

The **Table-7.2** below shows the expenditure incurred by the SHS under the RNTCP/NTEP during the period from 2016-22:

Table-7.2: Year wise details of funds approved, and expenditure incurred

(***₹ in crore***)

FY	Fund approved	Expenditure	Unspent balance	Committed Amount	Expenditure in percentage
2016-17	10.38	6.32	4.07	-	61
2017-18	8.50	6.53	1.98	0.25	77
2018-19	14.66	8.86	5.80	0.43	60
2019-20	18.89	11.12	7.77	0.80	59
2020-21	18.36	11.81	6.55	3.00	64
2021-22	21.60	10.28	11.32	0.00	48
Total	**92.38**	**54.92**	**37.49**	**4.48**	**59**

Source: Data provided by the SHS.

It may be seen from the above table that SHS could utilize only 59 *per cent* of the total approved funds during the last six years.

The Government accepted the facts and replied (November 2022) that short utilization was due to, funds sanctioned for the State level Lab and Nikshay Poshan Yojna could not be spent. Now the sanctions against the said Lab have been obtained and process for further action has been initiated.

7.2.2 Detection of TB cases

The main objectives of RNTCP/NTEP were to achieve 90 *per cent* notification of all TB cases as well as to achieve 90 *per cent* success rate of cure of all notified TB patients in the State.

[5] 5,938 ASHA workers and 331 AF.

[6] 12,018 ASHA workers and 606 AF.

The year wise details of target of detection of TB cases, achievement against the target, achievement of cured / treatment completed of detected TB patients during 2017 to 2022 are given in the **Table-7.3** below:

Table-7.3: Details of target of detection of TB cases, achievement, and success rate

Year	Target of detection of TB patients	Achievement of Detection (*in per cent*)	Cured against Detected (*in per cent*)
2017	22,255	17,442 (78)	15,170 (87)
2018	28,520	20,836 (73)	17,834 (86)
2019	33,791	25,131 (74)	20,887 (83)
2020	32,000	20,272 (63)	16,317 (80)
2021	32,000	23,753 (74)	12,008 (51)
2022 (Sept.)	21,000	21,819 (104)	19,608 (90)

Source: Data provided by the SHS, (Success rate =patient cured / treatment completed).

It may be seen from the above table that during the year 2017 to 2021, the target of detection of TB patients was not achieved. Further, the success rate of cure of all notified TB cases was 51 to 87 *per cent* from 2017 to 2021 against desirable success rate of 90 *per cent*. The State, however, has done well during 2022.

The Government replied (November 2022) that in Uttarakhand the average rate of TB notification is 71 *per cent* and the average success rate of cure is 83 *per cent* in 2021, which is at par to National average level. While appreciating the Government's success in 2022, the need for sustaining the said success can not be overemphasized.

7.2.3 Functioning of TB Hospital in the State

Case Study: Dedicated TB Hospital

TB Sanitorium, Bhowali, Nainital was established in 1912. It was noticed as under:

- Against 378 beds sanctioned for the Sanitorium only 72 beds were available.
- Availability of doctors, nursing and paramedical staff as of February 2023 were deficient as can be seen in the table alongside.

	Sanctioned Strength	Availability
Doctors	11	05 (Regular) plus 04 (Contractual)
Nursing	32	13
Para Medical	09	06

- Number of monthly average indoor and outdoor patients receiving treatment during the year 2022 from the dedicated hospital were 592 and 3,444 respectively out of 21,819 TB patients in the State.

Further, Audit conducted joint physical inspection (February 2023) of the said Sanitorium and observed as under:

- **Hospital Management**

  Since TB is a communicable disease so the hospital needs to follow high level disinfection procedure. Audit did not find any effective infection control system. Further, no Hospital Infection Control Committee was in existence.

- **Dignostics:**
- One X-ray machine was available which was functional**.** Further, C T Scan Machine was not functional in the absence of technician since 2010.

- **Medicines:**

  All TB medicines are provided by central TB Division free of cost. No shortage of TB medicines was seen in the hospital.

- **BMW Management**

  No colour coded bins for segregation of bio medical waste at the point of generation, as required, were available in the hospital. It was found that old bins were used by the hospital for BMW.

- **Infrastructure:**

  Building of the hospital is very old, that is, more than 100 years old and is not well maintained.

- **Facilities/Services:**

  There was no wheelchair or ramp facility for the TB patients who are physically challenged. No ambulance service was available in the hospital. No lab facility for blood sample or blood test was available in the hospital.

  - **Dietary Services and cleanliness**

    There was no mechanism to check the quantity and quality of food being provided to the TB patients. Further, no clean and sufficient linen was being provided to the patients.

The matter was reported to the Government (September 2023), but no reply was received.

7.3 Delayed implementation of ANMOL software

MoH&FW, GoI developed (January 2018) a tablet-based application called ANMOL (ANM online) for Auxiliary Nurse Midwifery (ANMs), aiming to enter and update the service records of beneficiaries promptly and on real/near real time basis. ANMOL helps ANMs in carrying out their day-to-day work efficiently and effectively.

GoI approved ₹ 2.37 crore for purchase of tablets for ANMs during the year 2018-19. However, the state Government purchased 1,282 tablets only in March 2021 with a delay of more than two year. Further, the purchase was short of 437 tablets as there were 1,719 ANMs in the State till March 2021. Delayed purchase caused the ANMOL software was not being implemented in the State in time.

The Government replied (November 2022) that up to the end of the August 2022 tablets have been provided to the total ANMs.

7.4 National Urban Health Mission (NUHM)

To address healthcare needs of urban population, particularly urban poor, the Ministry of Health & Family Welfare has formulated NUHM as a Sub-Mission under an over-arching NHM to provide equitable and quality primary health care services to the urban population with special focus on slum and vulnerable sections of the Society.

Observations based on examination of implementation of the scheme in the State are discussed in succeeding paragraphs.

7.4.1 Outreach services of NUHM

As per operational guidelines for conducting Outreach Sessions in Urban Areas, the outreach services can be categorized in two types- Monthly outreach sessions/Urban Health and Nutrition Days (UHNDs) and Special Outreach Sessions to be held periodically as per the local requirements of the specific population subgroups. Detail of Outreach Session held in test checked districts Dehradun and Nainital during the period 2017-22 is as follows:

Table-7.4: Status of Outreach Sessions held in Dehradun and Nainital districts.

Name of District	Target	Achievement	Shortfall	Shortfall (%)
Outreach session				
Dehradun	584	454	130	22
Nainital	210	143	67	32

Source: Information furnished by NHM/SHS and District Health Society/CMOs.

It is evident from the above table that Outreach camps were organized with a shortfall of 22 *per cent* in Dehradun and 32 *per cent* in Nainital during the year 2017-22. Information provided by NHM also revealed that no outreach session was organized in the districts during 2018-19.

The matter was reported to the Government (September 2023) but no reply was received.

7.4.2 Insurance of the equipment and services not done

It was noticed that agreements for operation and maintenance of Urban Primary Health Centres (UPHCs) under Public Private Partnership (PPP) mode under NUHM in the State, were entered into (June 2019) between the Uttarakhand Health and Family Welfare Society (UKHFWS) and various[7] Societies/NGOs. As per conditions of the agreements "the equipment and services supplied under the agreements by the societies/NGOs shall be fully insured by the Societies/NGOs, against loss, theft or damage incidental to the manufacturer or acquisition transportation storage delivery and installation and operations. The period of insurance would be for the entire assignment period as per agreement."

It was noticed that four[8] out of five Societies/NGOs, with which agreements were executed for operation and maintenance of UPHCs in the State, did not get the insurance done for the above purpose.

The Government accepted the facts and replied (November 2022) that necessary action is being taken to get the provision of insurance of all services and equipment done from UPHC operating agencies.

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[7] 4 Societies/NGOs.

[8] M/s Bombay Hospital & Research Centre (BHRC), M/s Dharam Gramin Utthan Sansthan (DGUS), M/s Forum for Rural Infrastructural Environmental & National Development Society (FRIENDS), M/s Society of People for Development (SPD).

7.4.3 Conditions of Agreement not complied

An agreement was entered into (June 2019) between UKHFWS, and M/s Society for Health Research & Development (SAMARPAN), for operation and maintenance of UPHC at Majra in Dehradun. During joint physical inspection (June 2022) of the UPHC Majra, it was found that many conditions of the agreements were not being complied by the SAMARPAN/Grantee as discussed in the succeeding paragraphs:

- The SAMAPRAN was to collect[9] user charges at UPHC on behalf of District Health Family Welfare Society (DHFWS) and was to deposit the same to DHFWS on monthly basis. However, the amount of user charges collected from June 2021 to June 22 was not deposited to DHFWS. The Government accepted the facts and replied (November 2022) that user charges, at the level of DHFWS, has been deposited into the concerned bank account.
- Records of stock and supply of drugs /stock of medicines, IUCD, Medical Instrument, and equipment, were to be maintained[10] at the UPHC. However, the same was not being maintained as found during joint physical inspection. The Government replied (November 2022) that UKHFWS/ DHFWS will ensure that the data is updated on the portal regularly.
- During joint physical inspection, it was found that the Medical Officer (MO) and the General Nursing and Midwifery (GNM) were not present at UPHC for the last nine and six days respectively. It was the responsibility of the SAMARPAN to make sure the availability of alternate MO and GNM if the MO and GNM were on leave, absent or otherwise, to provide the medical facilities to the people of the area. The Government accepted the facts and replied (November 2022) that this was already mentioned in the agreement and if the partner does not make alternative of staff, the deductions will be made from the HR component as per MoU.
- As per provisions[11] of agreement, the SAMARPAN was to do the facade branding[12] of the UPHC at its own cost. However, it did not get the facade branding done which was against the agreement. The Government accepted the facts and replied (November 2022) that at present as per instructions of GoI, facade branding has been done.

7.5 National Tobacco Control Programme (NTCP)

Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure

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9 As per clause 5.3.7.3 of the agreement.
10 As per clause 3B (3) & 3B (1) & 3(B)2(J) of the agreement.
11 clause- 5.2.2 (1.1) of the agreement.
12 Facade Branding means to disseminate services optimally. The centres must be accessible and appealing, providing a sense of comfort.

effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA) (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control .

To implement the NTCP in the State, GoI provides the budget, under NHM, for expenditure on Awareness and Education campaigns, facilitating efforts to inform the public about the health hazards of tobacco use which includes creating advertisements, organizing events, and distributing educational materials to increase awareness. It also includes funding for healthcare professionals involved in implementation of the programme.

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on NTCP by the NHM during 2016-17 to 2021-22 is as under:

Table-7.5: Budget provision and expenditure under NTCP in the State

(₹ in lakh)

Year	Budget Provision in ROP	Expenditure incurred	Expenditure *(per cent)*
2016-17	197.30	104.93	*53.18*
2017-18	284.93	134.76	*47.30*
2018-19	93.96	71.28	*75.86*
2019-20	98.45	55.59	*56.47*
2020-21	108.30	43.91	*40.54*
2021-22	140.57	131.71	*93.70*
Total	**923.51**	**542.18**	***58.71***

Source: Information provided by NHM, Uttarakhand.

Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; orange colour depicting average performance while red colour depicting poor performance.

It can be seen from the above table, that the SHS could use 40-56 *per cent* of budget provisions during 2016-22 except in 2017-18 and 2021-22. The State had considerably improved its performance in 2021-22 and utilized more than 90 *per cent* of budgetary provision.

The matter was reported to the Government (September 2023) but no reply was received.

7.5.1 School Awareness Programmes under NTCP

As per sub clause 2 of operational guidelines of NTCP- 'School awareness programmes should be conducted to help the youth and the adolescents to acquire the knowledge, attitude and skills that are required to make informed choices and decisions and understand the consequences of tobacco use. Selection of the schools should be done carefully with a combination of government and private schools. Seventy schools per year in one district should be adopted and included in the school awareness programme'.

As per information provided by the CMOs/DHS concerned, the target and achievement under school awareness programme in test checked Nainital and Dehradun districts were as follows:

Table-7.6: Target/Achievement in School Awareness Programme under NTCP in test-checked districts

Year	Target			Achievement			Achievement *(per cent)*		
	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institute
2016-17	70	00	00	101	00	00	*144*	*0*	*0*
2017-18	110	30	00	130	35	00	*118*	*116*	*0*
2018-19	140	50	01	133	22	01	*95*	*44*	*100*
2019-20	150	60	02	132	63	02	*88*	*105*	*100*
2020-21	150	60	02	123	36	02	*82*	*60*	*100*
2021-22	150	60	03	180	38	03	*120*	*63*	*100*

Source: Information provided by NTCP unit under CMOs/DHS.
Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance, orange colour depicting average, while red colour depicting poor performance.

It can be seen from above table that the implementation of the programme seems satisfactory. However, the data of awareness programmes organised in coaching institutions in district Dehradun was not available and in District Nainital almost negligible camps were organized for awareness programmes in coaching institutes. It can also be observed that achievement in school awareness programmes ranged between 144 *per cent* and 82 *per cent* for public schools, zero to 116 *per cent* for private schools during the year 2016-17 to 2020-22.

The matter was reported to the Government (September 2023) but no reply was received.

7.6 National Programme for Control of Blindness

The National Programme for Control of Blindness (NPCB) was launched in the year 1976 as a 100 *per cent* centrally sponsored programme with the goal of achieving a prevalence rate of 0.3 *per cent* of the population. The programme involved four-pronged strategy comprising strengthening service delivery, developing human resources for eye care, promoting outreach activities and public awareness and developing institutional capacity.

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on NPCB by the NHM during the period 2016-17 to 2021-22 is as under:

Table-7.7: Budget provision and expenditure under NPCB in the State

(₹ in lakh)

Year	Budget Provision in ROP	Expenditure incurred	Expenditure *(per cent)*
2016-17	213.44	172.62	*80.88*
2017-18	289.69	146.59	*50.60*
2018-19	541.96	212.47	*39.20*
2019-20	487.62	167.79	*34.41*
2020-21	567.82	240.02	*42.27*
2021-22	641.72	251.69	*39.22*
Total	**2,742.25**	**1,191.18**	***43.44***

Source: Information provided by NHM, Uttarakhand.
Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance, orange colour depicting average, while red colour depicting poor performance.

From the above table, it is clear that the SHS's ability to utilize funds is consistently falling from 80 *per cent* in 2016-17 to 39 *per cent* in 2021-22.

The matter was reported to the Government (September 2023) but no reply was received.

7.7 National Programme for Health Care of the Elderly (NPHCE)

The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the International and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

The Vision of the NPHCE is to provide accessible, affordable, and high-quality long-term, comprehensive and dedicated care services to an Ageing population and to promote the concept of Active and Healthy Ageing. To provide accessible, affordable, care services to the elderly people, provision of various equipment[13] have been made at public health care facilities.

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on National Programme for Health Care of the Elderly (NPHCE) by the NHM, during the period 2016-17 to 2021-22 is as under:

Table-7.8: Budget provision and expenditure under NPHCE in the State

(₹ in lakh)

Year	Budget Provision	Expenditure	Expenditure *(per cent)*
2016-17	240.90	68.52	*28*
2017-18	88.30	88.04	*99.7*
2018-19	29.40	44.46	*151*
2019-20	8.50	15.82	*186*
2020-21	47.53	27.11	*57*
2021-22	65.01	141.93	*218*
Total	**479.64**	**385.88**	***80.45***

Source: Information provided by NHM, Uttarakhand.

It is evident from the above table, that during the year 2016-17 to 2021-22, both funding and spending has been inconsistent /fluctuating. Expenditure during the year 2021-22 is appreciable, however, to improve the progress consistency is required.

The matter was reported to the Government (September 2023) but no reply was received.

7.8 National Mental Health Programme

The objective of National Mental Health Programme (NMHP) is to provide mental health services including preventive, promotion, and long-term continuing care at different levels of district level health care system. The audit findings observed in the implementation of Mental Health Programme are discussed in the succeeding paragraphs.

7.8.1 Uneven utilization of funds under National Mental Health Programme

As per information provided by NHM, Uttarakhand, the budget provision and expenditure incurred on the programme by the NHM during the period 2016-22 is shown in the table below:

[13] Nebulizer • Glucometer • Shoulder Wheel • Walker (ordinary) • Cervical traction (manual) • Exercise Bicycle • Lumber Traction • Gait Training Apparatus • Infrared Lamp etc.

Table-7.9: Budget provision and expenditure under National Mental Health Programme in the State

Year	Budget Provision (lakh)	Expenditure (lakh)	Percentage
2016-17	133.20	25.92	*19.46*
2017-18	53.20	38.37	*72.12*
2018-19	31.25	40.11	*128.35*
2019-20	36.70	32.80	*89.37*
2020-21	64.62	12.37	*19.14*
2021-22	50.14	55.08	*109.85*
Total	**369.11**	**204.65**	***55.44***

Source: Information provided by NHM, Uttarakhand.

It can be seen from the above table that during the year 2016-17 to 2021-22 the National Health Mission incurred only 55.44 *per cent* of total provisioned budget under the programme which shows lacking in implementation of the programme. Further, during the year 2016-17 and 2020-21, the expenditure remained 19.46 and 19.14 *per cent* respectively, however, the NHM spent 128.35 and 109.*85 per cent* during the year 2018-19 and 2021-22 respectively.

Increase in utilization of the funds during the year 2021-22 indicates the progress in implementation of the scheme.

The matter was reported to the Government (September 2023) but no reply was received.

7.8.2 Availability of Mental Health Programme drugs in selected health care facilities

According to GoI, 19 types of Psychotherapeutic drugs/ medicines for various types of mental health conditions should be available at DHs and 14 types of drugs should be available at SDHs/CHCs/PHCs. As per data provided by test checked HCFs (DHs: 02, DFH: 1, SDHs: 03, CHCs: 09 and PHCs: 07), the shortfall *(per cent)* in availability of mental health drugs is as follows:

Table-7.10: Shortfall *(per cent)* of mental health drugs in test checked HCFs.

Name of HCF	Total No of drugs required	Shortfall of drugs	Shortfall of drugs *(in per cent)*
PHC, Balawala	14	14	*100*
PHC, Thano	14	14	*100*
PHC, Similkha	14	14	*100*
CHC, Sahiya	14	14	*100*
CHC, Betalghat	14	14	*100*
CHC, Bhimtal	14	14	*100*
CHC, Ramgarh	14	14	*100*
SDH, Haldwani	14	14	*100*
DH, Nainital	19	19	*100*
PHC, Chakalua	14	14	*100*
PHC, Jollykot	14	14	*100*
PHC, Talla Ramgarh	14	14	*100*
SDH, Rishikesh	14	13	*93*
CHC, Doiwala	14	13	*93*
CHC, Kotabagh	14	13	*93*

Name of HCF	Total No of drugs required	Shortfall of drugs	Shortfall of drugs *(in per cent)*
CHC, Raipur	14	13	*93*
CHC, Chakrata	14	13	*93*
PHC, Bhagwantpur	14	13	*93*
SDH, Premnagar	14	12	*86*
CHC, Sahaspur	14	11	*79*
DH, Dehradun	19	10	*53*

Source: Information furnished by test checked HCFs.

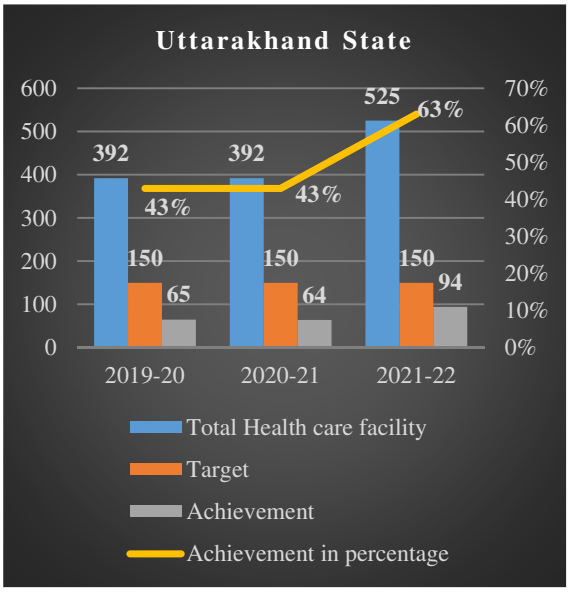
The matter was reported to the Government (September 2023) but no reply was received.

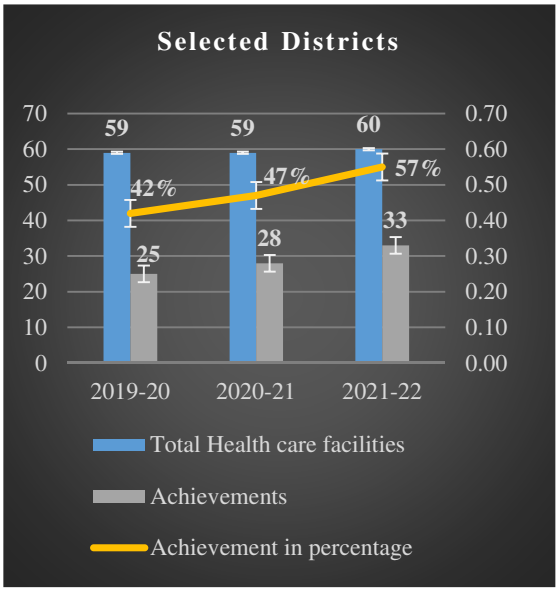
7.9 Kayakalp Programme

After the launch of ''Swachh Bharat Abhiyan (SBA)'' in October 2014, 'Kayakalp' initiative was launched by the Ministry of Health & Family Welfare in May 2015 to promote cleanliness, hygiene and infection control practices in public healthcare facilities, through incentivising and recognising such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control; inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation; create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Table /Chart below shows the performance of the State and test checked districts under the Kayakalp programme.

Chart-7.1 &7.2: Status of achievers under Kayakalp programme in the State and the selected districts





Source: Information provided by State Health Society/NHM.

It can be seen from the above charts that the State has improved its performance in absolute terms as number of health facilities getting Kayakalp awards has increased from 65 to 94 during 2019-22. However, it needs more efforts to be done to sustain the progress.

The matter was reported to the Government (September 2023) but no reply was received.

7.10 Implementation of Rashtriya Bal Swasthya Karyakram

The GoI launched (February 2013) the Rashtriya Bal Swasthya Karyakram (RBSK) with the aim of screening over 27 crore children from 0 to 18 years for 4 'D's i.e. Defects at birth, Diseases, Deficiencies and Development delays including disability. Dedicated Mobile Health Teams (MHT) were to be constituted to conduct outreach screening of children between six weeks and six years at Anganwadi Centres and of children aged between six and 18 years at schools. The scheme also envisaged setting up of District Early Intervention Centres (DEIC) at the District Hospital level across the country.

Audit observed laxity in implementation of the scheme, as discussed below.

- Out of 285 mobile health teams required for 95 blocks in the State, only 148 teams (52 *per cent*) were in position during 2021-22. Only 28 per cent to 61 *per cent* children of age group of six weeks to six years and six years to 18 years respectively were screened by the MHTs in the State during 2021-22.
- Department did not purchase the medicines required under RBSK programme in 2018-19 and 2020-21 despite funds to the tune of ₹ 88.80 lakh being approved by the GoI in the respective years.
- Establishment of nine DEICs had been approved in nine districts (one in each district) of the State by the GoI in 2013-14. Of this, only five DEICs were established whereas four (except Udham Singh Nagar) were operational as on November 2021. On being pointed out, Mission Director, National Health Mission stated that due to unavailability of spare land in other districts, DEIC could not be established.
- Essential equipment, as required under the programme guidelines, were not available in DEICs of selected districts (Detail given in ***Appendix-7.2***).

Thus, due to not formulating required MHTs, not procuring required medicines/equipments and not setting up of required DEICs, screening of school children and Anganwadi Centres could not be carried out in the desired manner.

The Government accepted the facts (November 2022) and apprised that in the future, medicine kits will be provided to MHTs so that required treatment of children may be ensured. Moreover, due to the unavailability of land required DEICs could not be established.

7.11 Immunization of children

Maternal and Child Health Care essential services require full immunization of all infants and children against vaccine preventable diseases. A fully immunized infant is one who has received BCG, three doses of DPT, three doses of OPV, three doses of Hepatitis B and Measles before one year of age.

7.11.1 Implementation of immunization programme in State of Uttarakhand

As per the Universal Immunisation Programme (UIP), the vaccination schedule of various vaccines administered to the infants is given below:

Name of vaccine	Immunization schedule
Bacillus Calmette Guerin (BCG)	At birth (for institutional deliveries) or along with DPT-1 (upto one year if not given earlier).
Hepatitis B-0	At birth for institutional delivery, preferably within 24 hours of delivery.
Oral Polio Vaccine- 0 Dose (OPV-0)	At birth for institutional deliveries within 15 days.
OPV 1, 2 and 3	At 6 weeks, 10 weeks & 14 weeks.
Diphtheria Pertussis Tetanus (DPT 1, 2 and 3)	At 6 weeks, 10 weeks & 14 weeks.
Hepatitis B-1, B-2 and B-3	At 6 weeks, 10 weeks & 14 weeks,
Measles 1 & 2	At 9-12 months and 16-24 months.
Vitamin-A (Ist dose)	At 9 months with measles.

The details of target and achievement against birth doses are tabulated below:

Table-7.11: Details of Immunisation of birth doses to the children during 2016-21

(Figures in number)

Year	Target (T) and Achievement (A)								
	BCG			OPV 0 dose			Hepatitis B		
	T	A	A in *(per cent)*	T	A	A in *(per cent)*	T	A	A in *(per cent)*
2016-17	1,91,000	1,76,702	*92*	1,21,178	1,11,261	*92*	1,21,178	76,444	*63*
2017-18	1,91,000	1,88,789	*99*	1,22,305	1,34,207	*110*	1,22,305	91,239	*75*
2018-19	1,83,008	1,85,690	*101*	1,29,173	1,31,832	*102*	1,29,173	94,948	*74*
2019-20	1,83,008	1,79,177	*98*	1,35,606	1,35,959	*100*	1,35,606	98,926	*73*
2020-21	1,83,008	1,73,001	*94*	1,35,606	1,23,518	*91*	1,35,606	1,04,952	*77*
2021-22	1,83,008	1,75,965	*96*	1,83,008	1,67,016	*91*	1,39,592	1,28,823	*92*

T-Target, A- Achievement, Source: Information provided by MD, NHM.

It can be seen from the above table that 23 *per cent* to 37 *per cent* children were not vaccinated with Hepatitis B during 2016-21, however, it was only eight *per cent* in 2021-22. The achievement of target against BCG and OPV 0 dose ranged between 92 and 101 *per cent* and 91 and 110 *per cent* respectively during 2016-22 which was appreciable.

The target/achievement for immunization of DPT Booster II up-to five years of age children, Tetanus Toxoid 10 (TT10) for 10 years of age children and Tetanus Toxoid 16 (TT16) for 16 years of age children is given in the table below:

Table-7.12: Target/achievement in immunization of 5 years to 16 years of age children

Year	DPT		TT10		TT16		Achievement *(per cent)*		
	T	A	T	A	T	A	DPT	TT10	TT16
2016-17	1,91,000	1,17,672	1,91,000	1,07,250	1,91,000	91,520	*62*	*56*	*48*
2017-18	1,91,000	97,074	1,91,000	97,451	1,91,000	83,755	*51*	*51*	*44*
2018-19	1,83,008	1,17,778	1,83,008	99,676	1,83,008	84,063	*64*	*54*	*46*
2019-20	1,83,008	1,16,472	1,83,008	99,619	1,83,008	80,853	*64*	*54*	*44*
2020-21	1,83,008	1,23,283	1,83,008	96,832	1,83,008	78,804	*67*	*53*	*43*
2021-22	1,83,008	1,15,079	1,83,008	94,877	1,83,008	75,466	*63*	*52*	*41*

Source: Information provided by MD, NHM. T- Target, A- Achievement.

It can be seen from the above table that, achievements against the targets of TT10 and TT16 declined from 56 *per cent* in 2016-17 to 52 *per cent* in 2021-22 and from 48 *per cent* in 2016-17 to 41 *per cent* in 2021-22 respectively. Achievement of Diphtheria Pertussis Tetanus (DPT) Booster II slightly increased from 62 *per cent* in 2016-17 to 63 *per cent* in 2021-22.

The matter was reported to the Government (September 2023) but no reply was received.

7.12 Family Planning/Family Welfare Scheme

The objective of the Family Planning Programme was to reduce and sustain Total Fertility Rate[14] (TFR). The Mission aimed to reduce the TFR by encouraging adoption of appropriate family planning methods and increasing the Contraceptive Prevalence Rate. According to NFHS-5, the state has already achieved the TFR below replacement rate of 2.1. The rural TFR is 1.9 and Urban TFR is 1.8, which is below Replacement rate. This shows the positive achievement towards population stabilization.

7.12.1 Excess reporting of sterilization cases

Compensation scheme for sterilization acceptors provides compensation[15] for loss of wages to the beneficiary and also to the service provider team for conducting sterilization. The main objective of the compensation scheme is to boost the participation of man and woman in family planning. Under this scheme, the Government of India releases compensation for sterilization acceptors to both female and male. Woman who undergoes sterilization operation (Tubectomy) in the Government Hospital gets ₹ 1,400 and man who undergoes sterilization operation (Vasectomy) gets ₹ 2,000.

Audit noticed that for the period 2016-22, the reported cases of tubectomy and vasectomy were 71,601 and 2,014 respectively. However, the number of cases (tubectomy and vasectomy) against which compensation paid was 72,140 and 3,698 respectively. It is evident that the total 2,223 (539-females; 1,684-male) excess cases were reported under female/male sterilisation against which compensation was paid[16] ***(Appendix-7.3)***.

The Government stated (November 2022), that the information is still not received from districts which will be sought.

7.12.2 Delay in settlement of claims under Family Planning Indemnity Scheme

There has been growing concern about the quality of sterilization services being offered, particularly at the camp facilities. The continuing high number of complications, failures and deaths following sterilizations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilization services. To address this issue, Government of India had introduced the "Family Planning Indemnity Scheme". The available financial benefits under the Family Planning Indemnity Scheme are up to maximum ₹ two lakh in case of death, failure and complication following sterilization. The stipulated time limit for settlement of claims under Section-I of the scheme is 15 days in cases of failure, after submission of all required documents. Claim limit is ₹ 30,000 in failure of sterilization (Section IC).

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[14] TFR is a standard demographic indicator used internationally to estimate the average number the children that a woman has over her childbearing years based on the current birth trends.

[15] GO No. 312/XXVIII-4-2015-75/2013 Dated 21-02-2015.

[16] 2223*2000= ₹ 44.46 lakh approx.

There were 71 cases related to failure of sterilization received in the State during the period 2021-23 (December 2022). Out of these 71 cases, only 19 cases were settled, and the rest 52 cases were not settled till date. In Dehradun district, the actual time taken in settlement of claims ranged from 650 days to 1,297 days as found in 55 test checked cases[17]. It cannot be denied that delay in settlement of cases may lead to further disenchantment of the public towards these family planning measures ***(Appendix-7.4)***.

7.12.3 Performance of various Family Planning Methods

7.12.3.1 Limiting Methods

Limiting methods of family planning consist of vasectomy for male and tubectomy for female. Audit noticed that average rate of sterilization during last six year was 59 *per cent* of the targets in the state. The shortfall against set target ranged between 33 to 53 *per cent* even though the state reduced the targets from 28,000 in 2016-17 to 21,500 in 2017-18 and further to 19,000 for the period 2018-21 & later 17,000 in 2021-22. ***(Appendix-7.5)***

(a) Vasectomy

With the aim of increasing participation of males population in stabilisation efforts, the GoI developed a scheme to promote No-Scalpel Vasectomy (NSV). Audit noticed that only 2014 males had undergone vasectomy operation during 2016-22. However, during the same period 71,601 females underwent tubectomy operation. The ratio between vasectomy and tubectomy was 1:35. The average percentage of vasectomy for the period 2016-22 in the State was around three *per cent* of total sterilisation ***(Appendix-7.6)***.

(b) Tubectomy

Tubectomy through laparoscopic procedure had the advantages of ease of operation and quick recovery. However, despite being the easiest method, Laparoscopic sterilisations against total female sterilisations ranged between 55 *per cent* to 61 *per cent* during 2016-22 in the state ***(Appendix-7.7)***. Further, only 21 trained doctors[18] to operate with laparoscopes were available in the State.

It is clear from the above that there was short achievement of sterilisation under Limiting Method during 2016-22 even though targets were reduced intermittently.

The Government while accepting (November 2022) the facts further stated that due to shortage of Surgeons the targets of sterilisation could not be achieved.

7.12.3.2 Spacing methods

Oral pills, condoms, and Intra Uterine Contraceptive Device (IUCD) insertions were the three prevailing spacing methods of family planning to regulate fertility rate. A target of 19,200 cases per year was fixed for Post-Partum Intra Uterine Contraceptive Devices

[17] Days between recommended date of claims and payment order issued from CMO office.
[18] As per information provided by SHS, (As of June 2022)

insertions (PP-IUCD) (within 48 hours of delivery) in the State during 2016-22. The shortfall in PP-IUCD insertions in the State ranged from 36 *per cent* to 56 *per cent* during the above said period (***Appendix-7.8***). Further, an average usage of oral pills constituted around 80 *per cent* of set target during 2016-22. Number of Oral Pill users reduced from 100 *per cent* (2016-17) to 49 *per cent* (2020-21), however it increased up to 80 *per cent* in 2021-22 (***Appendix-7.9***).

The Government while accepting (November 2022) the facts further stated that directions were issued from time to time to the CMOs in this regard.

7.13 Conclusion

State has improved its performance in absolute terms as number of health facilities getting Kayakalp awards has increased from 65 to 94 during 2019-22. However, it needs more efforts to sustain the progress. Under Immunisation Programme, there was room for improvement in Hepatitis B vaccination rates for children. Government needs to do more for smoother implementation of programmes like NTCP, NPCB, and NMHP in the State. In test checked health care facilities, availability of drugs under the NMHP programme, indicating possibility for improvement. The ANMOL software not being implemented in the State in time. However later, the SHS provided the tablets to the total ANMs and managed the ANMOL software well. State could not achieve the set targets of detection of TB cases, cured / treatment completed of detected TB patients during 2017-21, however it performed well in 2022. ASHA workers were overburdened and have to perform large number of duties, the Government needs to take up the issue. Operating agencies did not insure the equipment and services in the UPHCs, this is also an area to improve. Under Family Planning scheme, the state has already achieved the TFR below replacement rate of 2.1. This shows the positive achievement towards population stabilization.

7.14 Recommendations

1. ***The Government may ensure the availability of drugs under the National Mental Health Programme;***
2. ***The Government needs to pay more attention for efficient implementation of programmes like NTCP, NPCB, and NMHP in the State***.