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. The findings with respect to audit of implementation of centrally sponsored schemes in the State are discussed in the succeeding paragraphs:

7.1 National Urban Health Mission (NUHM)

The National Health Mission (NHM) is the flagship health sector scheme of GoI which encompasses two Sub-Missions - National Rural Health Mission (NRHM), 2005 and National Urban Health Mission (NUHM), 2013. The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases. NHM envisages achievement of universal access to equitable, affordable and quality healthcare services that are accountable and responsive to people's needs.

To address the healthcare needs of the urban population, particularly urban poor, the Ministry of Health and Family Welfare has formulated NUHM as a Sub-Mission under an over-arching NHM to provide equitable and quality primary healthcare services to the urban population with special focus on slum and vulnerable sections of the society. Out of the three selected districts, NUHM was implemented in only Panipat and Hisar districts.

7.1.1 Mapping and Vulnerability Assessment

NUHM guidelines, 2017 required conduct of "Mapping and Vulnerability Assessment" to understand the available resources, service gaps and health needs of the urban residents, with a deliberate focus on the special needs of the vulnerable groups. It was recommended to conduct city mapping either through GIS (Geographical Information System) or through a manual consultative process. Vulnerability assessment was to assess vulnerability status of wards, slums and slum households in the city, to understand the vulnerability status of a particular slum and each household in the slum. 'Vulnerability Mapping and Assessment' was required to be done on a periodic basis. This may not be an extensive exercise and can be conducted in a sampled way as an annual exercise which can be linked to the annual planning and budgeting process.

Urban Community Health Centres (UCHCs) were to be made operational for every 2.5 lakh population, UPHCs were to be made operational with population of approximately 50,000-60,000 and were to be located preferably within a slum or near a slum area within half a kilometer radius, catering to a slum population of approximately 25,000-30,000.

Out of the three test-checked districts, NUHM was not implemented in district Nuh due to predominantly rural population and non-existence of large city. City Mapping was conducted in district Panipat and Hisar.

In Panipat city, six UPHCs were established after considering distance from slum areas. However, in Hisar city, four UPHCs were established within a limit of one to six kilometers radius distance from the identified slum areas, against the NUHM guidelines of setting up UPHCs within a half kilometer radius of the slum areas. Thus, it defeated the NUHM's objective of equitable and quality primary healthcare services to the urban population with special focus on slum and vulnerable sections of the society in district Hisar. Further, city mapping in both the districts was done in 2016-17 and thereafter, assessment for requirement of further UHCs/ UPHCs was not done in any of the test checked districts.

In its reply the Department stated (January 2023) that every year more number of UPHCs are approved by the GoI and are made operational. The reply is not tenable as the Department failed to establish the UPHCs within the distance limit prescribed as per NUHM guidelines.

7.1.2 Outreach services and Orientation Workshop of NUHM

As per operational guidelines for conducting Outreach Sessions in Urban Areas, outreach services can be categorised into 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. Further, as per Record of Proceedings (ROP), one meeting per month (Orientation workshop) was to be organised in all the districts (except Nuh and Mahendragarh), in all the Urban PHCs. Details of Outreach Sessions held in the test-checked districts during the period 2016-21 are given in ***Table 7.1***.

Table 7.1: Status of Outreach Sessions and Orientation Workshops during 2016-21

Name of District	Target	Achievement	Shortfall	Shortfall (*per cent*)
Outreach session				
Hisar	480	232	248	51.67
Panipat	720	35	685	95.14
Orientation workshop				
Hisar	40	32	8	20.00
Panipat	60	32	28	46.67

Source: Information furnished by DHS in test-checked districts.

It is evident from the above table that Outreach camps were organised with a shortfall of 51.67 *per cent* in Hisar and 95.14 *per cent* in Panipat. The main reason for not achieving the target in Panipat was due to non-availability of specialist doctors. Further, there was shortfall of 20 *per cent* to 47 *per cent* in the selected districts in organising workshop during the period 2016-21. No

reasons were offered for the shortfall in achievement of targets under outreach sessions and orientation workshops.

The Department stated (January 2023) that in district Panipat, the target was not achieved due to non-availability of specialist doctors. Further, during the years 2019-20 and 2020-21, outreach activities were highly affected because of lockdown and COVID pandemic restrictions. The fact remains that the shortfall in organising outreach sessions and orientation workshops in district Panipat was 95.48[1] and 47.92[2] *per cent* respectively during the period 2016-20 i.e., before COVID. Further, the outreach camps could have been organised by the Department by involving the doctors available with the Department to reduce the shortfall to the extent feasible.

7.2 Family Welfare Scheme

India was the first country in the world to launch a National Programme for Family Planning in 1952[3]. Following its historic initiation, the Family Planning programme has undergone many transformations in terms of policy and actual programme implementation. Post the International Conference on Population and Development (ICPD) 1994 held in Cairo, there was a de-emphasis on Family Planning globally with the donors substantially reducing the funding for Family Planning (FP) programmes. However, subsequently it was realised that without increasing use and access to contraceptives, it would be difficult to impact the high maternal, infant and child mortality. Thereafter a gradual shift occurred from clinical approach to the reproductive child health approach. The National Population Policy (NPP) in 2000 brought about a holistic and a target free approach which accelerated the reduction of fertility. Current family planning efforts includes contraceptive services, spacing methods, permanent methods, emergency contraceptive pills and pregnancy testing kits. Out of the above-mentioned family planning methods, spacing methods and emergency contraceptive pills are discussed in the succeeding paragraphs:

7.2.1 Non-disbursement of compensation to sterilisation acceptors (Male/Female)

As per guidelines (September 2007) issued by MoH&FW, GoI, for compensation package to acceptors of sterilisation, the mission steering group of National Rural Health Mission has considered and approved further revision in the compensation package to acceptors of sterilisation (with particular boost to male participation in family planning) i.e. Vasectomy and Tubectomy in public health facilities and accredited private health facilities to all categories in High Focus states and BPL/SC/ST in Non High Focus states. Further, as per

[1] Outreach Session during the period 2016-20: Target- 576, Achievement-26

[2] Orientation workshop during the period 2016-20: Target- 48, Achievement-25

[3] Source: Annual Report 2015-16 of the Ministry of Health and Family Welfare

Enhanced Compensation Scheme 2014 for sterilisation service, Haryana State was included in High Focus States.

Compensation scheme for sterilisation acceptors provides compensation for loss of wages to the beneficiary and also to the service provider team for conducting sterilisation. Under this scheme, the Government of India releases compensation for sterilisation acceptors to both female and male. A woman who undergoes sterilisation operation (Tubectomy) in the Government Hospital gets ₹1,400 and a man who undergoes sterilisation operation (Vasectomy) gets ₹2,000. Further, men and women who undergo sterilisation operation in Accredited Private/NGO facilities get ₹1,000.

Out of 15,376 total cases of sterilisation acceptors, compensation in 1,961 cases[4] was not paid in the selected districts during the audit period. Further, scrutiny of the report generated from the PFMS portal in district Panipat showed that as of January 2022, 445 cases are pending for approval. Out of these 445 cases, in 115 cases Aadhar seeding was also done but they were still pending for approval. Further, the details of sterilisation acceptors during the period 2016-21 in the three test-checked districts are given in ***Table 7.2***.

Table 7.2: Number of Sterilisation acceptors (Tubectomy/Vasectomy)

Year	Tubectomy			Vasectomy		
	Nuh	Hisar	Panipat	Nuh	Hisar	Panipat
2016-17	400	450	1,861	2	16	89
2017-18	488	840	1,821	3	26	62
2018-19	629	958	1,818	2	35	63
2019-20	570	840	1,878	1	28	73
2020-21	474	594	1,307	14	16	18

Source: Information submitted by District Family Welfare Officers in test-checked districts.

The main objective of the compensation scheme is to boost the participation of men and women in family planning. Thus, non-payment to these 1,961 cases of sterilisation acceptors in test-checked districts would have dis-incentivised further takers. This could also be corroborated by the data submitted by district Hisar and Nuh as the number of tubectomy acceptors increased during the period 2016-19; while it decreased during the period 2019-20. Further, there was decrease in all the three districts during 2020-21.

The Department stated (January 2023) that non-payment of compensation to sterilisation acceptors was due to non-availability of Aadhar based DBT bank accounts and related documents of the beneficiaries. The reply is not acceptable as the payment to the sterilisation acceptors was not disbursed even after linking their bank accounts to the Aadhar card in district Panipat.

[4] Nuh: 1,117 cases, Hisar: 399 cases and Panipat: 445 cases.

7.2.2 Delay in settlement of claims under Family Planning Indemnity Scheme

There has been growing concern about the quality of sterilisation services being offered, particularly at the camp facilities. The continuing high number of complications, failures and deaths following sterilisations also results in increased litigation being faced by the providers, which is another barrier in scaling up the sterilisation services. To address this issue, Government of India had introduced the "Family Planning Indemnity Scheme, 2013". The available financial benefits under the Family Planning Indemnity Scheme are upto maximum ₹ two lakh in case of death, failure and complication following sterilisation. The stipulated time limit for settlement of claims under Section-I of the scheme is 21 days in cases of failure, after submission of all required documents. Claim limit is ₹ 30,000 in case of failure of sterilisation.

Number of failure cases[5] settled within limit and with delay under Family Planning Indemnity Scheme in the test-checked districts is as given in ***Table 7.3***.

Table 7.3: Number of sterilisation failure cases during 2016-21 settled with delay

Range of delay (in days)	Panipat	Nuh	Hisar
	Total cases: 17	Total cases: 06	Total cases: 40
1 -120 days	7	0	20
121-240 days	4	3	4
241-360 days	2	1	5
361-480 days	1	0	4
481-600 days	0	0	3
601-617 days	1	0	2

Source: Information supplied by Dy. CS (FW) in test-checked districts.

Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; yellow colour depicting moderate performance and red colour depicting poor performance.

It is evident from the above table that a total of 63 cases relating to failure of sterilisation were received in the test-checked districts during the period 2016-21. Out of these 63 cases, only six cases were settled within the time limit of 21 days. In the remaining 57 cases, the actual time taken in settlement of claims ranged from 1 day to 617 days[6]. It cannot be denied that delay in settlement of cases may lead to further disenchantment of the public towards these family planning measures.

Further, as per the guidelines, claim limit is ₹ 30,000 per case in case of failure. But, in district Nuh, payment in four cases under Family Planning Indemnity scheme was made of ₹ 2.4 lakh (₹ 0.60 lakh x 4 cases) against due amount of ₹ 1.2 lakh (₹ 30,000 per case). Thus, an excess payment of ₹ 1.2 lakh was made. The excess payment was made based on the direction issued (January 2020) by Deputy Civil Surgeon (FW), Nuh. Moreover, these four claimants submitted their

[5] It was stated by the Department that there was no case of complication and death except failure following sterilisation in any of the test-checked districts.

[6] The claim was submitted on 16 May 2016 but actual payment was made on 13 February 2018 (delay of 617 days) in Panipat.

claims before January 2020. No such cases of excess payments were found in the other two test-checked districts of Hisar and Panipat.

The Department stated (January 2023) that as per the Family Planning Indemnity Scheme, there was no stipulated time limit of 21 days. All claims under Family Planning Indemnity Scheme were settled at the earliest after submission of the required documents including sterilisation certificate by the beneficiaries. The reply is not tenable as Paragraph 8.1.8 under Section I of the Family Planning Indemnity Scheme clearly mentions that the stipulated time limit for settlement of claims would be 21 days after submission of all the required documents.

7.2.3 Achievement of targets for Sterilisation and spacing methods

Family planning has undergone a paradigm shift and emerged as a key intervention to reduce maternal and infant mortalities and morbidities. It is well-established that the States with high contraceptive prevalence rate have lower maternal and infant mortalities. Greater investments in family planning can thus help mitigate the impact of high population growth by helping women achieve desired family size and avoid unintended and mistimed pregnancies. Further, contraceptive use can prevent recourse to induced abortion and eliminate most of these deaths. The target and achievement of various components of family planning services in the State of Haryana is given below:

Table 7.4: Targets and achievements of Sterilisation and Spacing methods in Haryana during the period 2016-21

(Figures in thousands)

Family Planning services	Target	Achievement	Achievement (*per cent*)
Vasectomy	25	9	36
Tubectomy	360	272	76
IUCD insertion	1,044	1,036	99
Condom users	1,00,000	89,101	89
Oral pills users	3,750	4,575	122

Source: Information supplied by NHM, Haryana.

Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; yellow colour depicting moderate performance and red colour depicting poor performance.

Thus, there was maximum achievement in oral pills usage; while the minimum achievement was in vasectomy services. The Mission did well in improving the usage of oral pills and intrauterine contraceptive device (IUCD) insertion as the actual users were 22 *per cent* more and just less that one *per cent* short respectively than the targets/ achievements.

The target and achievement of various components of family planning services in the test-checked districts is given below:

Table 7.5: Targets and achievements of Sterilisation and Spacing methods in test-checked districts during 2016-21

Family Planning services	Target	Achievement	Achievement (*per cent*)
Vasectomy	3,040	522	17
Tubectomy	64,690	50,916	79
IUCD insertion	1,86,650	1,46,586	79
Condom users	1,45,80,000	1,07,24,598	74
Oral pills users	5,00,500	5,57,083	111

Source: Information supplied by DFWO in test-checked districts.

Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; yellow colour depicting moderate performance and red colour depicting poor performance.

In the test-checked districts, it was observed that achievement in sterilisation cases was ranging between 17 and 111 *per cent* during 2016-21; which shows that targets were not achieved except in case of oral pills usage.

The Department replied (January 2023) that the total fertility rate of Haryana has decreased from 2.1 to 1.9. It was also mentioned that family welfare programme is a voluntary programme and eligible couples cannot be forced to use any particular contraceptive method so as to achieve the targets in Family Welfare Programme in the State.

While it is true that the programme is to be voluntarily adopted, given the positive impact it has on child and motherôs health, it needs to be duly encouraged by spreading awareness and ensuring timely payments, which was not done as discussed in paragraphs **7.2.1** and **7.2.2**.

7.3 Revised National TB Control Programme (RNTCP)

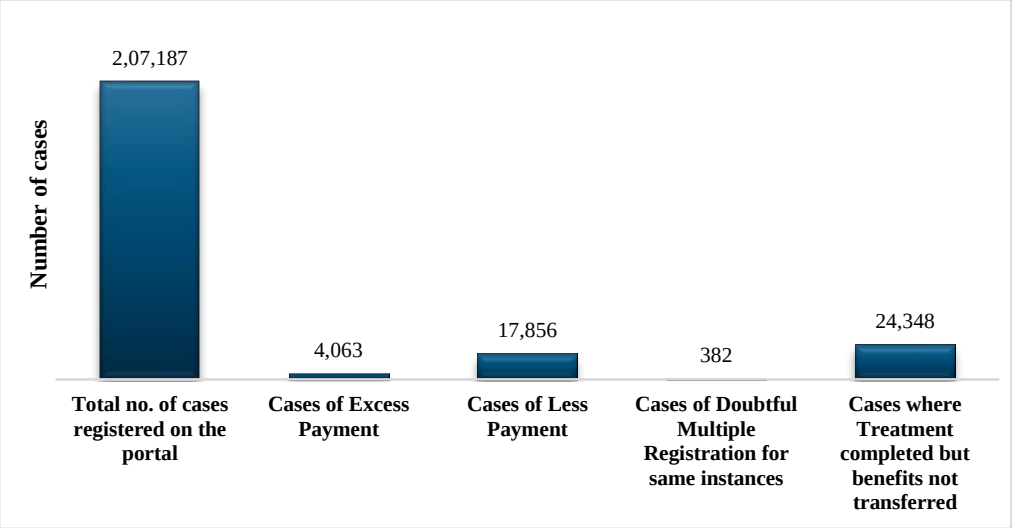
Nikshay Poshan Yojana (NPY), 2018 is an incentive scheme of National Tuberculosis Elimination Programme (NTEP) aimed at providing financial support to Tuberculosis (TB) patients for their nutrition. When a patient is diagnosed with TB, he is enrolled on NIKSHAY portal and payments are made to him under Nikshay Poshan Yojana (NPY) and subsequently during the course of their treatment. At the time of notification of TB patient on the portal, a benefit of ₹1,000 is created as an advance. The second benefit gets generated on completion of 56 days from the date of TB treatment initiation, then the subsequent benefit is created @₹500 for every month of treatment at the end of every 28 days from the date of benefit generation for the previous incentive. Disbursement of payment to TB patients was started online through Direct Benefit Transfer (DBT) from April 2018.

The data of patient registered from April 2018 to March 2021 on the Nikshay Poshan Yojana (NPY) was obtained from the office of State TB Project Officer, Panchkula and after analysing the data, the following irregularities were noticed:

7.3.1 Irregularities in implementation of NIKSHAY Poshan Yojana

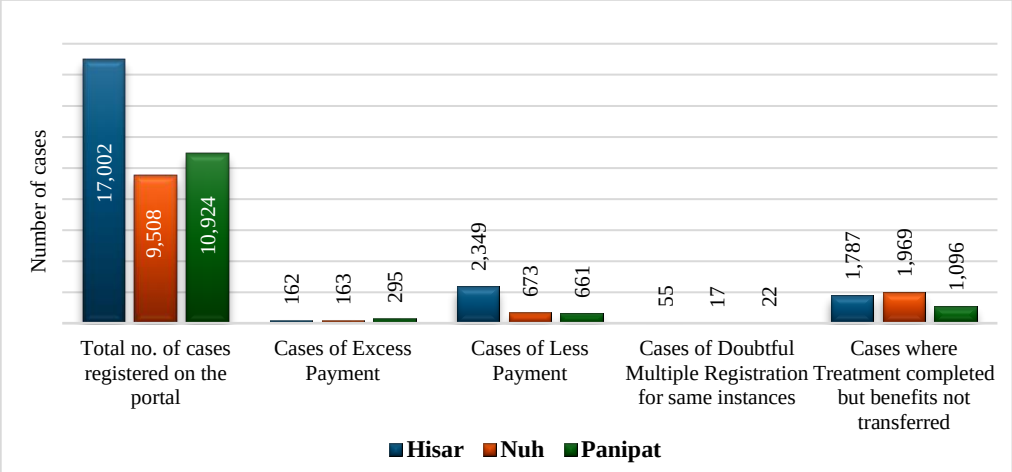
Details of patients registered on NPY portal in the State of Haryana and in the test-checked three districts is as follows:

Chart 7.1: Implementation of NPY in Haryana State



Source: Data furnished by State TB Project Office

Chart 7.2: Implementation of NPY in test-checked districts



Source: Data furnished by State TB Project Office

It was observed that:

i. Total 2,07,187 patients were registered in Haryana State and out of these, 24,348 patients were not provided any benefits of NPY despite the fact that bank account numbers of 8,054 cases out of 24,348 cases had already been uploaded on the portal. Further, in the selected districts, out of total 37,434 registered patients of TB, benefits to 4,852 patients were not provided while the bank accounts of 1,573 TB patients (out of 4,852 patients) in these districts were already uploaded on Nikshay portal. These patients have undergone full treatment of TB and their status on the portal was shown as 'Cured'. These patients have not opted to forgo the benefits of NPY.

ii. Further, during analysis of data, it was also observed that treatment in some instances continued beyond six months, or one year or two years or more. However, the payment in these cases were not made as per their length of treatment. In some cases, there was no chronology in the dates of diagnosis, enrolment and treatment initiation date i.e. there were instances where enrolment date and/or treatment initiation date was before diagnosis date.

iii. On the basis of entries of commencement and completion dates of the treatment of patients, Audit calculated the treatment length and the amounts payable to them under NPY. The calculation of amount payable was done on the assumption that the ₹ 1,000 advance payment for the initial period of 56 days was made on the day of commencement of treatment, and the subsequent payments of ₹ 500 were made at the end of every 28 days. It was noted that out of the total registered patients in the database, in case of 4,063 patients, the amount paid as shown in the database was more than the amount arrived by way of the above calculation. In case of these 4,063 patients, the treatment length ranged upto 691 days, and hence the amount payable by the Department was ₹ 103.69 lakh in these cases. However, as per the database an amount of ₹ 143.53 lakh was paid in these cases. Thus, it is not ascertainable whether these are a result of data entry errors or there has been an actual excess payment of ₹ 39.83 lakh in contravention to the prescribed limit fixed by Government in NPY. Similarly, in case of 17,856 patients whose treatment period was shown ranging between 56 and 1,075 days, the amount payable by the Department was arrived to be ₹ 656.88 lakh. However, the amount paid as shown in the database was ₹ 396.33 lakh, indicating less payment by an amount of ₹ 260.54 lakh. Out of the above cases, the number of instances in the three selected districts were 620 cases[7] with probable excess payment of ₹ 6.39 lakh, and 3,683 cases[8] with probable short payment of ₹ 64.21 lakh.

iv. Further, doubtful cases of registration were also noticed where registration was done twice for the same instance of TB, in case of 382 patients in the database with 94 cases pertaining to the three selected districts. In these instances, of doubtful registrations, there were duplicates having the same bank account number, year and month of diagnosis, and first four character of case name.

All these instances show that the veracity of this data could not be vouched for. Moreover, the excess payment instances and doubtful multiple registration,

[7] Payment was to be made ₹ 13.42 lakh to 620 beneficiaries. Actual payment made was ₹ 19.81 lakh.

[8] Payment was to be made ₹ 132.84 lakh to 3,683 beneficiaries. Actual payment made was ₹ 68.63 lakh.

mentioned above could not be ascertained on the basis of this data. Thus, Department needs to review the registration procedure and examine the portal to weed out any such instances.

The Department, while accepting the observation, clarified (January 2023) that discrepancies have occurred due to errors in the NIKSHAY portal leading to the rejection of batches; external payment done through PFMS not captured by NIKSHAY portal; death of some patients during initial months of treatment; some cases of multiple registrations. For short payments, it was stated that the errors were due to delayed acceptance of patients transferred to other districts and incorrect account information provided. No reply was furnished with regard to probable excess payment.

7.3.2 Delay in payment of NPY to TB Patients

Analysis of the data of Nikshay portal of Haryana for the period April 2018 to March 2021 revealed that in the selected districts, out of the total 2,07,187 patients registered on the portal, 1,33,094 patients who had undergone full treatment and whose treatment outcome was "Cured", were provided first payment with an average delay of 36 days (ranging from 1-1248 days) under Nikshay Poshan Yojana. The delay in making the first payment to these TB cases in Haryana State and in the test-checked districts is as per details given in ***Table 7.6***.

Table 7.6: Number of patients receiving benefits with delay in Haryana State and three test-checked districts

Delay (days between treatment initiation Date & first payment created)	No. of Patients			
	Haryana	Hisar	Nuh	Panipat
01-15 days	76,544	6,230	3,144	4,701
16-30 days	12,770	1,107	619	865
31-60 days	15,110	1,199	715	902
61-90 days	8,205	765	383	361
91-120 days	5,629	539	167	299
121-150 days	4,231	402	104	176
151-180 days	3,568	320	67	164
More than 180 days (181-1248 days)	7,037	763	274	195
Total	**1,33,094**	**11,325**	**5,473**	**7,663**

Source: Data furnished by State TB Project Office.
Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; yellow colour depicting moderate performance and red colour depicting poor performance.

Further, in the test-checked districts in 1,232 TB cases the first payment was made after completion of treatment with delay of more than 180 days. The delay in payment has resulted in forfeiting the objective of the scheme and depriving the beneficiaries from its intended benefits.

The Department while accepting the observations replied (January 2023) that the delays in payment were mainly due to frequent errors in DBT portal; rejection and reprocessing of bank account details; non availability of bank

details to the staff timely; frequent updations in Nikshay portal which caused delayed payment processing.

7.3.3 Not providing of complete treatment to TB patients

When a patient is diagnosed with TB, he is enrolled on NIKSHAY portal and payments are made to him under Nikshay Poshan Yojana (NPY) DBT scheme to provide nutritional support at the time of notification and subsequently during the course of their treatment. As per DBT manual for NTEP, as a patient is initiated on treatment, Nikshay (tentatively) calculates the Treatment End Date as Treatment Initiation date + 167 days. Benefits generation stops when the Treatment End date of a patient has crossed. For patients where treatment must be extended beyond 167 days, the user needs to update and extend the "Treatment End date".

Analysis of the data of Nikshay portal of Haryana for the period April 2018 to March 2021 revealed that out of the total 2,07,187 patients registered on Nikshay portal during the period, 6,602 patients were provided treatment for less than 167 days as shown in the table below. Details of duration of treatment provided to the patients (Outcome is cured or treatment complete) in Haryana and in the test-checked districts is given in ***Table 7.7***.

Table 7.7: Number of patients receiving treatment for less than 167 days

Treatment Duration (in days)	Number of Patients			
	Haryana	Hisar	Nuh	Panipat
1-30 days	283	16	4	10
31-60 days	173	14	1	10
61-90 days	169	18	2	5
91-120 days	338	33	9	24
121-150 days	961	62	25	66
151-166 days	4,678	249	198	362
Total	**6,602**	**392**	**239**	**477**

Source: Data furnished by State TB Project Office.

Note: Colour grading has been done on colour scale with green colour depicting satisfactory coverage of treatment period; yellow colour depicting moderate coverage and red colour depicting poor coverage

Further, in all three test-checked districts, out of total registered patients on the portal, 1,108 patients were not provided treatment for the entire 167 days. In all these cases treatment outcome is "Cured" or "Treatment Complete". It indicates that complete treatment was not provided to these patients but their treatment outcome was updated to "Cured" or "Treatment Complete" on portal. This brings into question the reliability of the data.

The Department replied (January 2023) the treatment was shown less than the stipulated 167 days due to patients shifting health institutions during treatment period without updating relevant details in NIKSHAY and some patients had not continued the follow up and the outcome was wrongly entered as treatment complete. The reply corroborates the audit contention regarding veracity of the data available in the portal.

7.3.4 Updating TB diagnostic test reports on MIS

As per RNTCP guidelines, 2017, all the TB patients are to be registered on e-NIKSHAY portal by their certified providers as beneficiaries and their details such as mobile number and bank account number entered. An alpha-numeric Beneficiary ID is generated for patients which is used by him/her to avail the services at every point. TB diagnostic test reports (Digital X-ray and GeneXpert test) and monthly prescriptions will be updated in this MIS, which will assist TB case management system in maintaining an end-to-end diagnostic and treatment trail of the patient. However, it was found that diagnostic reports were not updated on MIS by TB Hospital, Hisar.

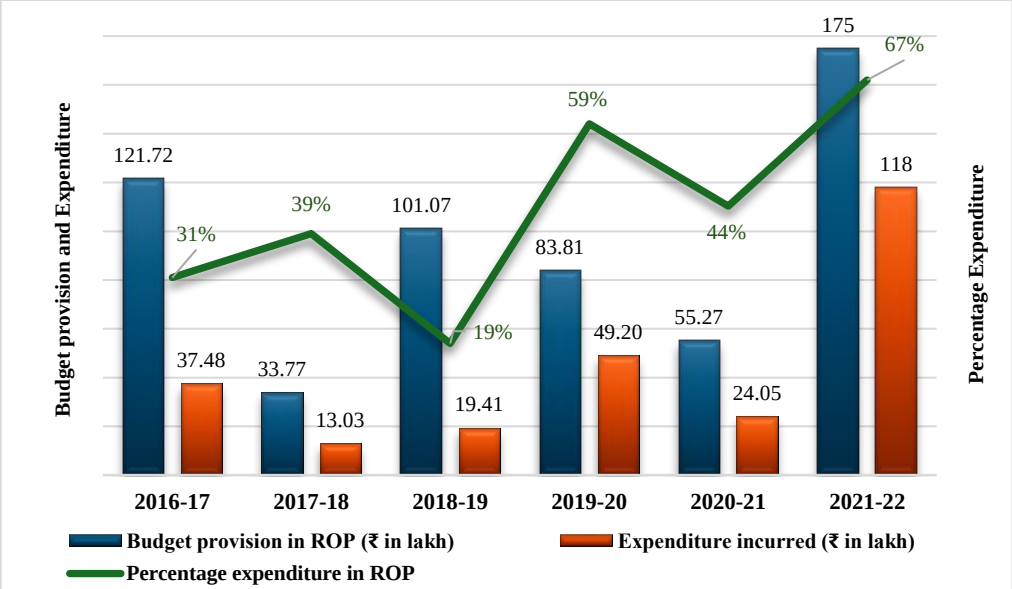
7.4 National Mental Health Programme

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

7.4.1 Non-utilisation of funds under National Mental Health Programme

As per Financial Management Report (FMR), maintained by NHM the budget provision and expenditure incurred on NMHP by NHM, Haryana during the period 2016-22 is shown in ***Chart 7.3***.

Chart 7.3: Budget provision and expenditure under NMHP in State of Haryana



Source: Information supplied by NHM, Haryana.

From the above data, it is evident that while the Government of India had been regularly making budget provision for NMHP but NHM had utilised only 19 *per cent* to 67 *per cent* of the budget.

The State Programme Officer (Mental Health and De-Addiction), DGHS Haryana stated (November 2021) that District Mental Health Programme (DMHP) was new at district level, the recruitment for which could not be done leading to unspent balances. Moreover, training could not be conducted due to the non-relieving of doctors for training and procurement of equipment also could not be finalised. The fact remains that funds were available during the year 2016-22 but not utilised properly which led to shortage of manpower, trained man-power and equipment etc. in districts. The non-availability of services due to non-utilisation of budget properly under Mental Health Programme are discussed in the succeeding paragraphs.

7.4.2 Implementation of Mental Health Programme in selected districts

As per NMHP, 2015 (part 2 (E)), the services at DHs include outpatient services, counselling services and in-patient services. Further, in out-patient services, given the scarcity of the skilled manpower in mental health specialities in the country, the OPD services in mental health/ psychiatry services shall be provided by doctors who may be trained General Duty Medical Officers (GDMOs). However, in districts where trained MO is not available, the services of a private psychiatrist may be utilised. In counselling services, all patients (and their attendants, if available and only if the patients agree to involve them) assessed by the trained doctor, should receive counselling/psycho-social interventions/ psycho-education, as per the clinical needs. In-patient services include patient of mental disorders, who require in-patient management and should be admitted in a dedicated ward which is exclusively meant for this purpose.

Further, as per NMHP, 2015, (part 2 (F)) services at CHCs will include: (i) out-patient services for walk-in patients and patients referred by the PHC which will be provided by the trained medical officer. In addition to this, in-patient services will also be provided for emergency psychiatry illnesses. (ii) Counselling services shall be provided by the Clinical Psychologist/trained Psychologist. (iii) Continuing care and support to persons with severe mental disorders (SMD).

Availability of services under NMHP in 16 test-checked health institutions (DHs/SDCHs/CHCs) is given in ***Table 7.8***.

Table 7.8: Availability of mental health services in test-checked health institutions

Sr. No.	Particulars	DHs (03)	SDCHs (03)	CHCs (10)
1	Provisions of out-patient services for walk-in-patient and patients referred by the PHC	3	3	6
2	Early identification, diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia, Manic Depressive Psychosis) .	3	NA	NA
3	In-patient services for emergency psychiatry illnesses.	3	0	1
4	Counselling services by Clinical Psychologist/ Trained Psychologist.	3	0	1
5	Continuous care and support to persons with Severe Mental Disorders (SMD). (This includes referral to district hospital for SMD patients and follow up based on treatment plan drawn up by the Psychiatrist at the DH)	3	0	2

Source: Information supplied by test-checked health institutions (Panipat: April 2022, Nuh: June 2022 and Hisar: June-July 2022).
Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; yellow colour depicting moderate performance and red colour depicting poor performance

It was observed that:

i. Provisions of out-patient services for walk-in-patient and patients referred by the PHCs were not available in four CHCs (Sorkhi, Naraina, Naultha and Madlauda).

ii. In-patient services for emergency psychiatry illnesses were not available in three SDCHs (Adampur, Narnaund and Samalkha) and nine CHCs (Firojpur Jhirkha, Punhana, Sorkhi, Mangali, Uklana, Bapoli, Naraina, Madlauda and Naultha).

iii. Counselling services were not available in three SDCHs (Adampur, Narnaund and Samalkha) and nine CHCs (Firojpur Jhirkha, Punhana, Sorkhi, Mangali, Uklana, Bapoli, Naraina, Madlauda and Naultha).

iv. Continuing care and support to persons with Severe Mental Disorder (SMD) was not provided to the patients in three SDCHs (Adampur, Narnaund and Samalkha) and eight CHCs (Punhana, Uklana, Sorkhi, Mangali, Bapoli, Naraina, Madlauda and Naultha).

The Department replied (January 2023) that there was a shortage of psychiatrists in the Health Department. Further, MoHFW, GoI launched the National Tele-Mental Health Programme in the Union Budget 2022-23 to develop digital mental health network throughout India. It would provide counselling and treatment services for mental health problems.

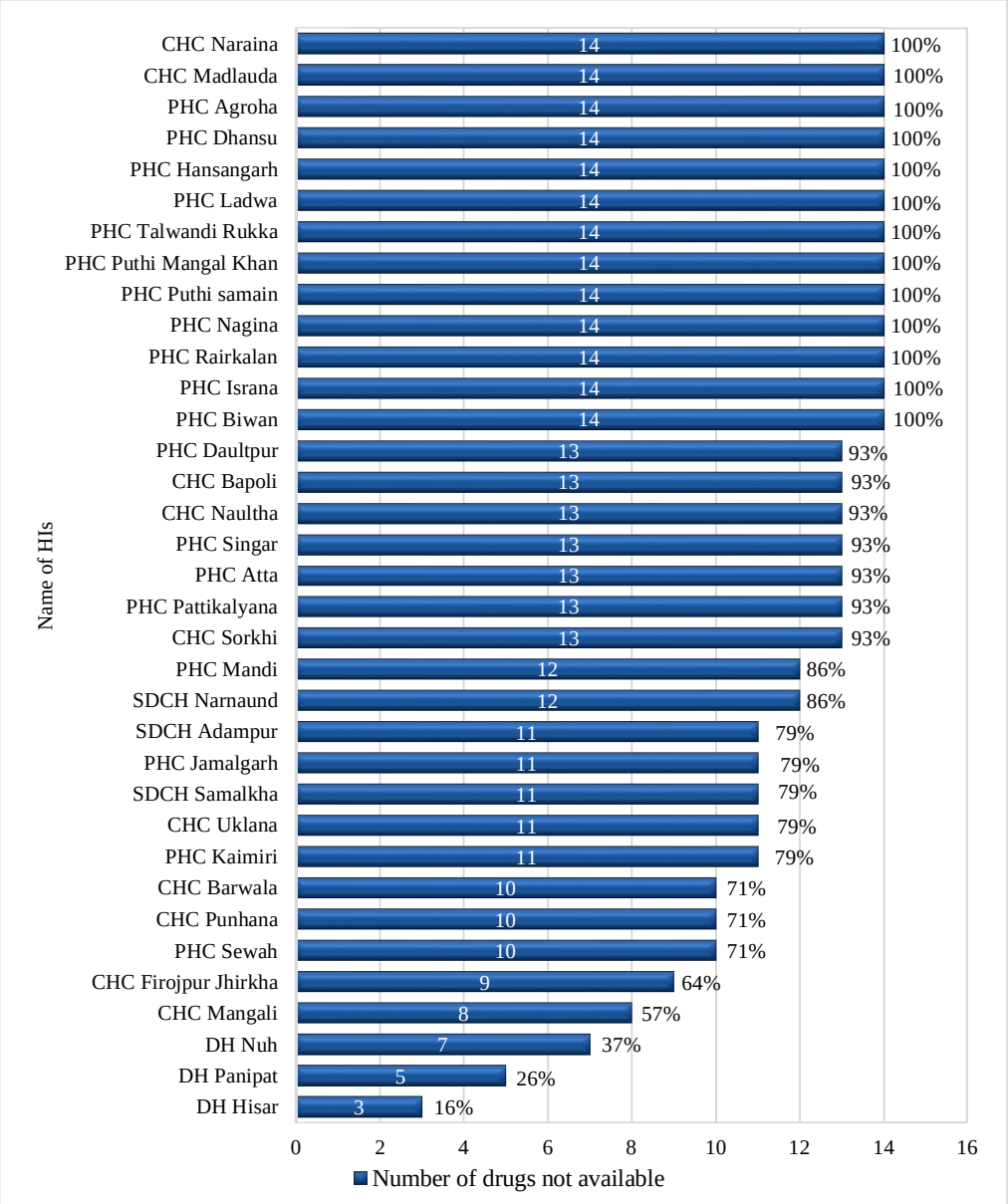
The fact remains that despite the availability of budget under NMHP, the envisaged services were not available at all test-checked health facilities.

7.4.3 Availability of Mental Health Programme drugs in selected health institutions

As per instruction dated 08 May 2018 issued by Ministry of Health and Family Welfare, Government of India, 19 types of psychotherapeutic drugs/ medicines for

seven types of mental health conditions should be available at DHs and 14 types of drugs should be available at SDCHs/CHCs/PHCs. As per data supplied by test-checked health institutions (DHs: 3, SDCHs: 3, CHCs: 10 and PHCs: 19), the shortfall (percentage) in availability of mental health drugs is as follows:

Chart 7.4: Shortfall (percentage) of mental health drugs in test-checked health institutions



Source: Information furnished by test checked HIs. (Panipat: April 2022, Nuh: June 2022 and Hisar: June-July 2022)

It was observed that:

i. Shortfall in DH, Hisar was 16 *per cent*; in DH, Panipat it was 26 *per cent*; and in DH, Nuh it was 37 *per cent*.

ii. Shortage of drugs was 100 *per cent* in 14 health institutions.

iii. Shortfall of 75 to 99 *per cent* was seen in 13 health institutions.

iv. Shortfall upto 75 *per cent* was seen in five health institutions.

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

The National Programme for 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) and National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 and Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizens.

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

Table 7.9: Budget provision and expenditure under NPHCE in the State of Haryana

(₹ in lakh)

Year	Budget	Expenditure	Expenditure (In *per cent*)
2016-17	175.38	102.18	58
2017-18	14.91	9.48	64
2018-19	48.08	3.81	8
2019-20	61.82	34.84	56
2020-21	70.29	33.40	48
2021-22	91.00	59.00	65
Total	**461.48**	**242.71**	**53**

Source: Information supplied by NHM, Haryana.

Note: Colour grading has been done on colour scale with yellow colour depicting moderate *per cent* and red colour depicting very less *per cent* of expenditure.

From the above table, it is evident that the Government of India had been regularly making budget provision for National Programme for Health Care of the Elderly (NPHCE). However, NHM, Haryana could utilise only 8 *per cent* in the year 2018-19 and a maximum of 65 *per cent* in the year 2021-22.

Deputy Director (SS) NCD, Office of DGHS Haryana, Panchkula stated (November 2021) that the major unspent amount was on human resource, training, machinery and equipment. Recruitment as per district Record of Proceeding (ROP) was not allowed by NHM, so the post could not be filled and the budget remained unspent. Moreover, non-recurring funds could not be utilised as the post of Rehabilitation Workers was not approved in ROP by GOI. The fact remains that the budget utilisation was only 53 *per cent* during the period 2016-22.

7.6 National Tobacco Control Programme

Government of India launched (2007-08) the National Tobacco Control Programme (NTCP) , with aim to (i) create awareness about harmful effects of tobacco consumption, (ii) reduce production and supply of tobacco products, (iii) ensure effective implementation of 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 people quit tobacco use, and (v) facilitate implementation of strategies for

prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control .

As per FMR, the budget provision and expenditure incurred on NTCP by the NHM, Haryana is as under:

Table 7.10: Budget provision and expenditure under NTCP in the State of Haryana

(₹ in lakh)

Year	Budget	Expenditure	Expenditure (in *per cent*)
2016-17	73.28	0	0
2017-18	41.71	5.78	14
2018-19	232.30	0	0
2019-20	70.86	0	0
2020-21	171.50	42.12	25
2021-22	215.00	107.00	50
Total	**804.65**	**154.90**	**19**

Source: Information supplied by NHM, Haryana.

Note: Colour grading has been done on colour scale with yellow colour depicting moderate performance; while red colour depicting poor performance.

From the above table, it is evident that the Government of India had been regularly making budget provision for NTCP but NHM had incurred nil expenditure during the years 2016-17, 2018-19 and 2019-20 and utilised 14 *per cent* and 50 *per cent* in 2017-18 and 2021-22 respectively.

Audit observed that NTCP programme was not having manpower to manage it as two districts i.e., Ambala and Kurukshetra had hired consultants and all the other 20 districts did not have any staff. The Department had not deputed any staff for the implementation of the NTCP Programme, due to which the programme was not implemented effectively which shows poor planning on the part of the Department. NTCP programme is mainly Information, Education and Communication (IEC) programme. State Government should have enhanced its capacity to absorb funds for successful implementation of NTCP because success of NTCP programme depends on success of IEC related activities.

The Department stated (January 2023) that NTCP is a new programme, and specialised manpower is not available. However, the fact remains that even after a period of more than six years, the required manpower could not be deployed to implement the programme in the State.

7.6.1 School Awareness Programmes under NTCP

As per point 2 of operational guidelines (2015) of NTCP, School awareness programmes should be conducted to help the youth and the adolescents to acquire knowledge, attitude and skills that are required to make informed decisions and to understand the consequences of tobacco use. Selection of schools should be done carefully with a combination of government and private schools. 70 schools in one district per year should be adopted and included in the school awareness programme. The target and achievement under school awareness programme in the test-checked districts is as shown in ***Table 7.11***.

Table 7.11: Target/Achievement in School Awareness Programme under NTCP

Year	Target			Achievement			Achievement (%)		
	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institute
2016-17	881	NA	NA	784	NA	NA	89	NA	NA
2017-18	882	NA	NA	655	NA	NA	74	NA	NA
2018-19	1,290	353	18	1,075	304	8	83	86	44
2019-20	1,281	353	18	1,098	292	6	86	83	33
2020-21	586	378	22	365	229	13	62	61	59

Source: Information supplied by NTCP unit of test-checked districts.
NA: Targets were not set by any of the test-checked districts.
Note: Colour grading has been done on colour scale with green colour depicting most achievement; yellow colour depicting moderate achievement and red colour depicting least achievement.

It was observed that achievement in school awareness programmes ranged between 62 *per cent* and 89 *per cent* for public schools during the year 2016-21, while 61 *per cent* to 86 *per cent* for private schools and 33 *per cent* to 59 *per cent* for coaching institutes during the years 2018-21. Further, it was also observed that school awareness programme was not conducted in district Nuh during the years 2016-20 and in district Panipat during the years 2016-18. During the year 2020-21, a target of 54 educational institutes (Public and Private) was set in district Nuh under School Awareness Programme which was not adequate because as per guidelines, at least 70 schools in one district per year should be selected. Moreover, no private schools/ institutes were selected in district Hisar for school awareness programme during the period 2016-21.

7.7 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 by 2020. The programme involved a 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 FMR, budget provision and expenditure incurred on NPCB by NHM, Haryana during the period 2016-17 to 2021-22 was as per details given in ***Table 7.12.***

Table 7.12: Budget provision and expenditure under NPCB in State of Haryana

(₹ in lakh)

Year	Budget Provision in ROP	Expenditure incurred	Expenditure (In *per cent*)
2016-17	365.00	220.05	60
2017-18	209.00	88.73	42
2018-19	496.75	105.03	21
2019-20	458.13	183.41	40
2020-21	728.45	312.52	43
2021-22	871.00	333.00	38
Total	**3,128.33**	**1,242.74**	**40**

Source: Information supplied by NHM, Haryana.
Note: Colour grading has been done on colour scale with yellow colour depicting moderate *per cent* and red colour depicting very less *per cent* of expenditure.

From the above table, it is evident that the Government of India had been regularly making budget provision for NPCB during the years 2016-17 to 2021-22, but NHM had utilised minimum 21 *per cent* in the year 2018-19 and maximum 60 *per cent* in the year 2016-17.

The Department stated (January 2023) that expenditure was expected to increase in the upcoming financial year, but the number of cataract surgeries had not increased in the said financial year, which led to incurring of less expenditure. The reply is not tenable as during the last four years the maximum expenditure was 43 *per cent* of the budget provision, which indicates poor planning of the Mission.

7.8 Janani Suraksha Yojana

Janani Suraksha Yojana (JSY), 2005 is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional deliveries among the poor pregnant women. For pregnant women of Below Poverty Line (BPL) and of Scheduled Castes (SC)/ Schedule Tribes (ST) going to a public health institution for delivery, an amount of ₹ 700 and ₹ 600 for rural and urban areas respectively was to be disbursed to beneficiary in one go, at the health institution. Moreover, ₹ 500 was to be given for delivery at home to BPL women. The mother and the ASHA (wherever applicable) should get their entitled money within five working days of delivery. Further, from the State budget, an additional amount of ₹ 1,500 was to be given on delivery by pregnant women belonging to SC/ST category.

The number of deliveries under BPL and SC categories and incentive paid during 2016-17 to 2020-21 in the test-checked sub centres is given in ***Table 7.13***.

Table 7.13: Incentive paid under JSY in test-checked Sub-centres (2016-21)

Name of District	BPL Category		SC Category		
	No. of deliveries	No. of deliveries in which incentive amount was paid	No. of deliveries	No. of deliveries in which incentive amount was paid	
		NHM		State Budget	NHM
Panipat	687	12	1,642	117	54
Hisar	41	38	204	61	125
Nuh	2,864	93	443	111	81
TOTAL	**3,592**	**143**	**2,289**	**289**	**260**

Source: Information supplied by test-checked sub-centres

Thus, a total of 3,592 (BPL) and 2,289 (SC) deliveries took place in the selected sub-centres. Out of 3,592 beneficiaries of BPL category, payment to only 143 beneficiaries was made. Out of total 2,289 deliveries of SC category, payment to only 289 (State budget) and 260 (NHM) beneficiaries was made.

Further, it was also found that out of the total 31 test checked sub-centres[9], cash assistance either from National Health Mission or the State budget was not delivered in nine sub-centres[10] under JSY scheme. Moreover, cash assistance provided in sub-centres Biwan and Hathangaon (years 2016-18, district Nuh), sub-centres Bithmara, Budha Khera, Litani, Sandlana, Talwandi Rukka, Juglan, Bhaklana, Sulkhani, Dhansu and Daya (years 2016-21, district Hisar) could not be ascertained due to non-availability of records.

The Department stated (January 2023) that JSY payment was not being paid in Nuh district during 2016-18 due to non-availability of bank account of beneficiaries and now financial assistance under JSY is being paid. The Departmentôs claim could not be verified due to non-availability of records as indicated above.

7.9 Immunisation of children

According to the World Health Organisation (WHO) guidelines, a child should be fully immunised with all basic vaccinations. These basic vaccines are Bacille Calmette-Guerin (BCG), Hepatitis B, Oral Polio Vaccine (OPV), Diphtheria Pertussis Tetanus (DPT), Measles, Tetanus Toxoid (TT) etc.

7.9.1 Implementation of immunisation programme in State of Haryana

As per information supplied by the Department, it was observed that the achievement of full immunisation of infants (0-1 year) in Haryana ranged between 79 and 90 *per cent* during the period 2016-21 and the coverage percentage was also increasing every year. Further, the achievement for immunisation of children (1-2 years) ranged between 74 and 90 *per cent* for DPT, OPV and Measles in the State. The target/achievement in immunisation of DPT, TT10 and TT16 of five to 16 years age of children is given below:

Table 7.14: Target/achievement in immunisation of 5 to 16 years age of children

Year	DPT		TT10		TT16		Achievement (*per cent*)		
	Target	Achievement	Target	Achievement	Target	Achievement	DPT	TT10	TT16
2016-17	5,11,000	3,50,410	5,23,000	2,61,963	5,59,000	2,21,708	69	50	40
2017-18	5,18,000	3,05,441	5,30,000	2,36,943	5,67,000	2,08,658	59	45	37
2018-19	5,32,500	2,97,159	5,25,000	2,24,052	6,19,900	2,07,446	56	43	33
2019-20	5,39,500	3,98,955	5,31,900	2,52,561	6,28,100	2,07,043	74	47	33
2020-21	5,49,950	4,18,585	5,42,190	2,88,892	6,40,280	1,98,098	76	53	31

Source: Information supplied by NHM, Haryana.

Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; yellow colour depicting moderate and red colour depicting poor performance.

[9] Hisar: 13 SCs, Panipat: 10 SCs and Nuh: 08 SCs.

[10] SC, Nohra, Baljattan, Balana, Gawalra, Bandh, Sehar Malpur (district Panipat) SC Gokalpur (except one case in 2020-21), Khankar Kheri, Bhadas (except year 2016-17) (district Nuh)

From the above table, it is evident that achievements against the targets of Diphtheria Pertussis Tetanus (DPT) Booster II up-to 5-year children ranged from 56 to 76 *per cent*, Tetanus Toxoid 10 (TT10) for 10 years children ranged from 43 to 53 *per cent* and TT 16 for 16 years children ranged from 31 to 40 *per cent* during the period 2016-17 to 2020-21. This indicates the dismal performance of TT10 and TT16 immunisation in the State, as compared to the DPT immunisations.

The Department replied (January 2023) that it had started an initiative of Special Immunisation week (SIW) from March 2022 in every quarter to increase the coverage of 5-16 years age group. Further, government (Rashtriya Bal Swasthya Karyakram) teams had also started covering private schools for vaccination in a phased manner, and gradually children who dropped out from schools would also be covered under this initiative for DPT booster II, TT10 and TT 16.

7.9.2 Implementation of immunisation programme at selected SCs of selected districts

As per IPHS 2012 norms, Maternal and Child Health Care essential services require full immunisation of all infants and children against vaccine preventable diseases as per guidelines of GoI. The vaccination schedule of various vaccines administered to the infants is given below:

i. **BCG:** At birth (for institutional deliveries) or along with DPT-1 (upto one year if not given earlier),
ii. **Hepatitis B – 0:** At birth for institutional delivery, preferably within 24 hrs of delivery,
iii. **OPV-0:** At birth for institutional deliveries within 15 days,
iv. **OPV 1, 2 and 3:** At 6 weeks, 10 weeks & 14 weeks,
v. **DPT 1, 2 and 3:** At 6 weeks, 10 weeks & 14 weeks,
vi. **Hepatitis B-1, B-2 and B-3:** At 6 weeks, 10 weeks & 14 weeks,
vii. **Measles 1 & 2:** At 9-12 months and 16-24 months,
viii. **Vitamin-A (Ist dose):** At 9 months with measles.

As per immunisation programme of IPHS norms, a fully immunised 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. During the period 2016-21, achievement in vaccination administered to infants (live birth) in the test checked SCs is given below:

Table 7.15: Achievement of immunisation programme in test-checked SCs (Total 31 SCs[11]) during 2016-21

			(in percentage)
Name of Vaccine	**Nuh**	**Panipat**	**Hisar**
BCG	63	68	96
Hepatitis B - 0	14	24	66
OPV - 0	29	56	95
OPV 1	78	99	94
OPV 2	64	95	92
OPV 3	52	92	91
DPT 1, penta 1	34	49	80
DPT 2, penta 2	24	47	78
DPT 3, penta 3	19	46	77
Hepatitis B - 1	33	19	14
Hepatitis B - 2	31	19	14
Hepatitis B - 3	25	28	13
Measles 1	85	87	91
Measles 2	58	83	89
Vitamin-A (1st dose)	84	79	89

Source: Information supplied by test-checked SCs.
Note: Colour grading has been done on colour scale with green colour depicting satisfactory performance; yellow colour depicting moderate and red colour depicting poor performance.

It is evident from the above table that:

- The performance in vaccinating infants/children under immunisation programme in district Nuh is poor as compared to district Hisar and Panipat.
- Further, it was seen that the achievement in vaccination of Hepatitis B-1, B-2, and B-3 was poor in all test-checked SCs of the selected districts.
- BCG, Hepatitis B-0 and OPV-0 vaccines are to be administered to infants at birth. It was however observed that the full immunisation of infants could not be achieved during the period 2016-21.

7.10 Conclusion

The implementation of test checked centrally sponsored schemes like NUHM, Family Welfare, Nikshay Poshan Yojana etc. in the State of Haryana was not commensurate with the targets set for the respective schemes. There were shortfalls in utilisation of the allotted funds. There were delays in payment of financial assistance/incentive under Family Welfare Scheme, Janani Suraksha Yojana and Nikshay Poshan Yojana. Further, efforts to increase the awareness amongst the various stakeholders which could result in greater participation and enthusiasm towards the various programmes was also found inadequate.

[11] Record was not maintained in SC, Bhaklana and Kheri Gagan (Hisar) for the period 2016-21 and in SC, Gokalpur and Khankar Kheri (Nuh) for the period 2016-18.

7.11 Recommendations

1. **Monitoring and implementation mechanisms of various programmes need to be reviewed to ensure that distribution of resources (both human and financial) are made as per actual requirements, to avoid instances of shortages or excesses.**

2. **Government may review the data collection mechanisms to ensure availability of a reliable monitoring mechanism.**

3. **Government may attempt to increase awareness and outreach through various activities, for making the target population aware of the benefits along with removal of fears and/or misconceptions and increase participation.**