

Chapter- VII

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. This Chapter analyses the implementation of some Centrally Sponsored health schemes, viz., *Janani Suraksha Yojana*, National Urban Health Mission, Family Welfare Scheme, National Mental Health Programme, *Kayakalp* programme, National Quality Assurance Programme, National Tobacco Control Programme, National Programme for Control of Blindness & Visual Impairment and National Programme for Health Care of the Elderly.

Audit objective: *Whether the Centrally Sponsored Health Schemes were implemented properly?*

Brief snapshot of the Chapter

- Budget provisions for implementation of the centrally sponsored health schemes were not fully utilised.
- The payment of cash assistance to pregnant women under *Janani Suraksha Yojana* in test-checked district was ranging between 51 *per cent* and 89 *per cent*. Audit noticed cases of double payments to same beneficiaries. In contradiction to the instructions, pregnant women were discharged from the hospitals within stipulated 48 hours of deliveries.
- Out of 131 cities in 75 districts of Uttar Pradesh covered under National Urban Health Mission, GIS mapping of 91 cities had been done leaving 40 cities (31 *per cent*) without mapping till February 2023. There were 12 Urban CHCs and 610 Urban PHCs in Uttar Pradesh covering total population 314.53 lakh.
- The shortage of drugs for mental health was ranging between 35 *per cent* and 95 *per cent* in DHMs whereas in CDHs, the shortage was ranging between 75 *per cent* and 85 *per cent*.
- Against the total number of 4,741 targeted public health institutions, only 87 (two *per cent*) were certified under National Quality Assurance Programme in the State.
- Under National Tobacco Control Programme awareness programme, the achievement in all types of institutions, such as, public school, private school and coaching institutes exceeded the target during 2016-22.

7.1 *Janani Suraksha Yojana*

Janani Suraksha Yojana (JSY), launched in April 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 delivery among the poor pregnant women. All pregnant women delivering in Government health centres like sub-centre, PHC/CHC/district hospitals or accredited private institutions are eligible for cash assistance ₹ 1,400 for rural areas and ₹ 1,000 for urban areas.

The budget provision and expenditure on JSY scheme in the State is given in **Table 7.1**.

Table 7.1: Budget provision and expenditure of JSY scheme in Uttar Pradesh

| (₹ in crore) | | | |
|--------------|------------------|----------------|-----------------|
| Year | Budget provision | Expenditure | Expenditure (%) |
| 2016-17 | 511.29 | 444.25 | 87 |
| 2017-18 | 529.20 | 499.04 | 94 |
| 2018-19 | 532.21 | 472.40 | 89 |
| 2019-20 | 478.42 | 457.86 | 96 |
| 2020-21 | 519.61 | 444.37 | 86 |
| 2021-22 | 529.21 | 321.86 | 61 |
| Total | 3099.94 | 2639.78 | 85 |

(Source: SPMU, Uttar Pradesh)

As evident from **Table 7.1**, 85 per cent expenditure was incurred during 2016-17 to 2021-22. However, there was a declining trend in the expenditure from 96 per cent in 2019-20 to 61 per cent in 2021-22 though during this period there was an increasing trend under budget provision.

The status of number of institutional deliveries and incentives paid during the period 2016-17 to 2021-22 in test-checked districts is given in **Table 7.2**.

Table 7.2: Incentive paid under JSY in test-checked districts

| Name of District | Number of institutional deliveries | Number of deliveries in which cash incentive was paid | Percentage of deliveries in which cash incentive was paid |
|-------------------------|------------------------------------|---|---|
| Hamirpur | 118508 | 105884 | 89 |
| Jalaun | 122563 | 105711 | 86 |
| Kannauj ¹ | 168416 | 107165 | 64 |
| Kanpur Nagar | 210686 | 175547 | 83 |
| Kushinagar ² | 332757 | 247929 | 75 |
| Lucknow | 457054 | 231500 | 51 |
| Saharanpur | 202607 | 171044 | 84 |
| Unnao | 247868 | 194690 | 79 |

(Source: CMOs of test checked districts)

As evident from the **Table 7.2**, Hamirpur and Jalaun paid cash incentives to 89 per cent and 86 per cent beneficiaries, respectively, whereas the least performing district in terms of cash assistance to beneficiaries of JSY was Lucknow (51 per cent) followed by Kannauj (64 per cent). Further in none of the test checked districts, cash assistance was paid in case of all institutional deliveries indicating that 11 per cent to 49 per cent beneficiaries were deprived off the benefit.

The Government's reply was awaited (August 2024) despite reminders.

7.1.1 Irregular payments in Janani Suraksha Yojana

Scrutiny of records and analysis of PFMS data revealed that double and triple payments were made to a single beneficiary in district Jalaun³ (double payments to 104 beneficiaries), Kanpur Nagar⁴ (double payments to 206 beneficiaries and triple payment to one beneficiary), Kushinagar⁵ (double payments to 482 beneficiaries and triple payments to eight

¹ Data for the year 2016-17 was not provided.

² Data for 2016-17 was not provided.

³ Data analysed for 2021-22.

⁴ Data analysed for 2021-22.

⁵ Data analysed for March 2021 to March 2022.

beneficiaries) and Unnao⁶ (double payments to 302 beneficiaries and triple payments to five beneficiaries)⁷ in short span of time (one month to eight months). These multiple payments indicates either delayed payments of earlier deliveries or irregular double payments. However, Audit faced constraints in verification of these payments as column for date of delivery was not available in PFMS payment sheet.

In response of the audit observation, CMO, Jalaun instructed (May 2022) for the verification of the cases of double payments and after verification, DWH Jalaun confirmed five cases of double payments to the same beneficiary for single delivery. Of which, recovery from two beneficiaries were made whereas in remaining three cases, letters were issued for the recovery of excess payments. CMOs Kanpur Nagar, Kushinagar, Unnao stated (May/July 2022 and February 2023) that the matter would be examined.

The Government's reply was awaited (August 2024) despite reminders.

7.1.2 Early discharge of pregnant women from hospitals

As per the instructions issued (September 2018) by the Mission Director, NHM, Uttar Pradesh, Lucknow, pregnant woman was to stay at least 48-72 hours after delivery at a delivery point, being crucial period for her and neonatal.

The status of women not staying for at least 48 hours at hospital in the test checked districts⁸ during 2021-22 is given in **Table 7.3**.

Table 7.3: Total number of women discharged within 48 hours of delivery

| Sl. No. | Name of District | Total number of institutional deliveries | Total number of women discharged within 48 hours | Percentage of women discharged within 48 hours |
|---------|------------------|--|--|--|
| 1 | Unnao | 50618 | 18227 | 36 |
| 2 | Kushinagar | 50053 | 6577 | 13 |
| 3 | Kannauj | 22378 | 19519 | 87 |
| 4 | Hamirpur | 19195 | 16887 | 88 |
| 5 | Kanpur Nagar | 34168 | 19841 | 58 |
| 6 | Jalaun | 21051 | 11683 | 55 |
| 7 | Lucknow | 44054 | 17597 | 40 |

(Source: CMOs of test checked districts)

Table 7.3 shows that in contradiction to the instructions of NHM, Uttar Pradesh, 88 per cent women in Hamirpur and 87 per cent women in Kannauj districts were discharged from the hospitals within stipulated 48 hours of deliveries. Further, in Jalaun and Kanpur Nagar districts, more than 50 per cent women were discharged within 48 hours of delivery. In Kushinagar, minimum 13 per cent women were discharged within 48 hours of delivery.

The Government's reply was awaited (August 2024) despite reminders.

7.2 Immunization of children

Expanded Programme on Immunization was launched in 1978. It was renamed as Universal Immunization Programme in 1985 when its reach was expanded

⁶ Data analysed for January 2022 to January 2023.

⁷ The date of delivery was not mentioned in the data provided to Audit. Therefore, the authenticity of these double and triple payments not verifiable in Audit.

⁸ Data not provided in respect of Ghazipur and Saharanpur.

beyond urban areas. Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Ministry of Health and Family Welfare, Government of India provides several vaccines to infants, children and pregnant women through the Universal Immunization Programme.

7.2.1 Implementation of immunization programme in Uttar Pradesh

A child is said to be fully immunized if child receives all due vaccine as per national immunization schedule within 1st year age. As per Health Management Information System (HMIS) report⁹, the full immunization of children (nine months to 11 months) in Uttar Pradesh ranged between 86.4 per cent and 86.6 per cent during the period 2020-21 and 2021-22 respectively. As informed (April 2024) by SPMU, HMIS data on immunisation was of all Government hospitals as well as some private hospitals mapped with HMIS.

Further, the status of achievement vis-à-vis targets in immunization of DPT, Td10 and Td16 of five years to 16 years age of children is given in **Table 7.4**.

Table 7.4: Target and achievement in immunization of 5 to 16 years children

| Year | DPT-5 II nd Booster | | Td10 | | Td16 | | Achievement (in per cent) | | |
|---------|--------------------------------|-------------|---------|-------------|---------|-------------|---------------------------|-------|-------|
| | Target | Achievement | Target | Achievement | Target | Achievement | DPT | Td 10 | Td 16 |
| 2016-17 | 4810497 | 2485100 | 4659928 | 2249040 | 3843030 | 2486666 | 52 | 48 | 65 |
| 2017-18 | 4873711 | 2534898 | 4721156 | 2248888 | 3893521 | 2423293 | 52 | 48 | 62 |
| 2018-19 | 4842096 | 2511753 | 4690530 | 2201164 | 3868264 | 2323199 | 52 | 47 | 60 |
| 2019-20 | 4885393 | 3361725 | 4732472 | 3092560 | 3902853 | 3050837 | 69 | 65 | 78 |
| 2020-21 | 4907887 | 2578237 | 4754255 | 2171140 | 4643690 | 2222982 | 53 | 46 | 48 |
| 2021-22 | 4793748 | 2746813 | 3920824 | 2200060 | 3829641 | 2215219 | 57 | 56 | 58 |

(Source: SPMU, Uttar Pradesh)

Table 7.4 shows that achievements against the targets of Diphtheria Pertussis Tetanus (DPT) Booster II up-to 5-year children ranged from 52 per cent to 69 per cent, Tetanus & adult Diphtheria (Td) 10 for 10 years children ranged from 46 per cent to 65 per cent and Td 16 for 16 years children ranged from 48 per cent to 78 per cent during the period 2016-17 to 2021-22. This indicates fluctuating performance of the State vis-à-vis targets in terms of DPT-5 IInd booster, Td10 and Td16 immunisation.

The Government's reply was awaited (August 2024) despite reminders.

7.2.2 Implementation of dose wise immunization programme

The vaccination administered to the infants (live birth) up to 24 months during the period 2016-22 in Uttar Pradesh is given in **Table 7.5**.

Table 7.5: Dose wise target and achievement of immunization programme

| Name of Vaccine | Target | Achievement | Achievement (in per cent) |
|-----------------|----------|-------------|---------------------------|
| BCG | 34563687 | 30130790 | 87 |
| Hepatitis B – 0 | 19233394 | 11044212 | 57 |
| OPV – 0 | 22709412 | 16403850 | 72 |

⁹ HMIS 2020-21 & 2021-22 (An analytical report) - Published by Government of India, Ministry of Health and Family Welfare

| Name of Vaccine | Target | Achievement | Achievement (in per cent) |
|----------------------|----------|-------------|---------------------------|
| OPV 1 | 34563687 | 29042394 | 84 |
| OPV 2 | 34563687 | 27739985 | 80 |
| OPV 3 | 34563687 | 27688804 | 80 |
| DPT 1, penta 1 | 34563687 | 29201413 | 84 |
| DPT 2, penta 2 | 34563687 | 27940767 | 81 |
| DPT 3, penta 3 | 34563687 | 27761558 | 80 |
| Measles 1 | 34563687 | 29612756 | 86 |
| Measles 2 | 32561546 | 24474020 | 75 |
| Vitamin-A (1st dose) | 34563687 | 26334655 | 76 |

(Source: SPMU, Uttar Pradesh)

It is evident from **Table 7.5** that performance of the vaccination in Uttar Pradesh to the infants (live birth) up to 24 months was between 57 per cent and 87 per cent. Minimum achievements were observed in vaccination of Hepatitis B-0 followed by OPV-0, Measles-2 and Vitamin-A (1st dose). The status of vaccination in test checked districts¹⁰ is given in **Table 7.6**.

Table 7.6: Achievements of immunization programme in test-checked districts

| District | Target ¹¹ | Achievement | Achievement (in per cent) |
|--------------------------|----------------------|-------------|---------------------------|
| Hamirpur | 2143190 | 1529277 | 71 |
| Jalaun | 3412039 | 2264972 | 66 |
| Kannauj | 2769352 | 1967217 | 71 |
| Kanpur Nagar | 9029021 | 7511534 | 83 |
| Kushinagar ¹² | 8364601 | 4498946 | 54 |
| Lucknow | 8275737 | 7185040 | 87 |
| Saharanpur | 7153470 | 6619582 | 93 |

(Source: CMOs of test checked districts)

Table 7.6 shows that in Saharanpur, 93 per cent achievement was made against the target for vaccination of infants (live birth) up to 24 months. However, Kushinagar (54 per cent) was the least performing district followed by Jalaun (66 per cent), Hamirpur (71 per cent) and Kannauj (71 per cent). Further, none of the district could achieve the target fully.

The Government's reply was awaited (August 2024) despite reminders.

7.3 National Urban Health Mission

The National Urban Health Mission (NUHM), launched in May 2013, is a sub-mission of National Health Mission (NHM). NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment.

7.3.1 City mapping under NUHM

As per NUHM guidelines, city mapping was to be carried out through either GIS mapping or manual mapping to get an accurate map of the city with all geographic information relevant to NUHM.

Audit observed that in 75 districts of Uttar Pradesh, 131 cities were covered under NUHM. Of these 131 cities, GIS mapping of 91 cities had been done as

¹⁰ Data not provided in respect of Ghazipur and Unnao. Further, data for 2016-17 not provided in case of Kannauj.

¹¹ Target and achievement include vaccination of BCG, Hepatitis-0, OPV-0,1,2 and 3, DPT-1, 2 and 3, Measles-1 and 2, Vitamin-A (First Dose)

¹² Details of Vitamin-A (First Dose) was not provided.

onetime exercise in 2016-17 and 2017-18 leaving 40 cities (31 per cent) without mapping till February 2023. Further out of mapped 91 cities, maps of only 81 cities were available at State level. Further, all the test checked nine districts were covered in the GIS mapping.

The Government’s reply was awaited (August 2024) despite reminders.

7.3.2 Availability of UCHCs and UPHCs

As per NUHM guidelines, UCHCs were to cater to every 2.5 lakh population, whereas UPHCs were to be made operational with population of every 50,000 and were to be located preferably within a slum or near a slum area within half a kilometre radius, catering to a slum population of approximately 25,000-30,000.

As on March 2022, Uttar Pradesh had 12 UCHCs and 610 UPHCs covering 314.53 lakh population with slum area population of 142.88 lakh. As such, on an average one UCHC was catering to 26 lakh population whereas one UPHC was serving 0.52 lakh population against norms. The status of availability of UCHCs and UPHCs in the test checked districts¹³ is given in **Table 7.7**.

Table 7.7: Availability of UCHC and UPHC in the test checked districts

| Name of the District | Number of | | Population covered | Population per UPHC | Distance from nearest slum area |
|----------------------|-----------|------|--------------------|---------------------|---------------------------------|
| | UCHC | UPHC | | | |
| Hamirpur | 0 | 2 | 136214 | 68107 | 1,000 to 2,000 meters |
| Jalaun | 0 | 6 | 355889 | 59315 | 500 -700 meters |
| Kannauj | 0 | 3 | 148901 | 49634 | within 200 meters |
| Kanpur Nagar | 0 | 50 | 3296927 | 65939 | within 500 meters |
| Kushinagar | 0 | 1 | 50000 | 50000 | within 500 meters |
| Lucknow | 8 | 52 | 3375024 | 64904 | 500 – 700 meters |
| Saharanpur | 0 | 19 | 1021298 | 53753 | 500 -1,500 meters |
| Unnao | 0 | 5 | 309922 | 61984 | 500 -1,000 meters |

(Source: CMOs of test checked districts)

Table 7.7 shows that UCHCs were only available in district Lucknow where one UCHC was catering the population of 4.22 lakh. Though there was a need of UCHC in district Jalaun, Kanpur Nagar, Saharanpur and Unnao as per the requirement of NUHM, no UCHC was available in these districts. Further, out of nine test checked districts, UPHCs in six districts were catering more population than the required norms. It was also observed that UPHCs were located beyond the prescribed norms for distance, i.e., within a slum or near a slum area within half a kilometre radius, in Hamirpur, Jalaun, Lucknow, Saharanpur and Unnao¹⁴.

The Government’s reply was awaited (August 2024) despite reminders.

7.3.3 Outreach services and Orientation Workshop of NUHM

As per operational guidelines, Outreach Services are intended to serve as a road map for states to design and strengthen the monthly outreach sessions/Urban Health and Nutrition Days and Special Outreach Sessions to be

¹³ Data not provided in respect of Ghazipur.

¹⁴ Both UPHCs of Hamirpur, one UPHC of Jalaun, two UPHC of Lucknow, 12 UPHCs of Saharanpur and three UPHCs of Unnao.

held periodically as per the local requirements of the specific population subgroups.

Details of Outreach Sessions and Orientation workshops held at the State level and in the test checked districts during 2021-22 was as given in **Table 7.8**.

Table 7.8: Outreach Sessions and Orientation Workshops held in test-checked districts

| Particulars | Target | Achievement | Shortfall | Shortfall (%) |
|-----------------------------|--|-------------|-----------|---------------|
| Outreach session | | | | |
| Uttar Pradesh | 7320 | 1709 | 5611 | 77 |
| Ghazipur | 24 | 0 | 24 | 100 |
| Hamirpur | 24 | 0 | 24 | 100 |
| Jalaun | 72 | 0 | 72 | 100 |
| Kannauj | 36 | 3 | 33 | 92 |
| Kanpur Nagar | 600 | 27 | 573 | 95 |
| Kushinagar | 12 | 0 | 12 | 100 |
| Lucknow | 624 | 0 | 624 | 100 |
| Saharanpur | 228 | 0 | 228 | 100 |
| Unnao | 60 | 30 | 30 | 50 |
| Orientation workshop | | | | |
| Uttar Pradesh | Information not available at State level | | | |
| Jalaun | 72 | 20 | 52 | 72 |
| Kanpur Nagar | 18 | 18 | 0 | 0 |
| Lucknow | 21 | 2 | 19 | 90 |
| Unnao | 60 | 60 | 0 | 0 |

(Source: SPMU, Uttar Pradesh and Test checked districts)

Table 7.8 shows that the shortfall in organising outreach sessions at State level was 77 per cent whereas in test-checked districts it was ranging between 50 and 100 per cent. The shortfall in the outreach sessions was mainly due to COVID-19. There was a shortfall of 72 per cent to 90 per cent in the districts Jalaun and Lucknow in organising orientation workshops¹⁵. Further, against the norms of one meeting per month, Kanpur Nagar and Lucknow sets the target of only 18 and 21 orientation workshops without citing any reason against the target of 600 and 624 orientation workshops, respectively.

The Government's reply was awaited (August 2024) despite reminders.

7.4 Family Welfare Scheme

Family planning includes contraceptive services, spacing methods, permanent methods, emergency contraceptive pills, etc. Out of the above family planning methods, contraceptive services and spacing methods are discussed in the succeeding paragraphs:

7.4.1 Achievements under sterilization and spacing method

The expected level of achievement (ELA) and actual achievement of various components of family planning services in the State is given in **Table 7.9**.

¹⁵ Other selected districts (Ghazipur, Hamirpur, Kannauj, Kushinagar and Saharanpur) either did not provide information to audit or showed target and achievement as nil during the period 2021-22

Table 7.9: ELA and achievements of Sterilization and Spacing methods in the State during 2016-22

| Family Planning methods | ELA (Figures in thousand) | Achievement (Figures in thousand) | Achievement (%) |
|-------------------------|---------------------------|-----------------------------------|-----------------|
| Vasectomy | 46.00 | 26.28 | 57 |
| Tubectomy | 3098.60 | 1714.35 | 55 |
| IUCD insertion | 8209.00 | 4436.25 | 54 |

(Source: SPMU, Uttar Pradesh)

Table 7.9 shows that under three family planning services, the actual achievement ranged between 54 *per cent* and 57 *per cent* of ELA. The status of ELA and achievement of various components of family planning services in test-checked districts is given in **Table 7.10**.

Table 7.10: ELA and achievements of Sterilization and Spacing methods in the test checked districts¹⁶ during 2016-22

| District | Vasectomy | | | Tubectomy | | | IUCD insertion | | |
|--------------------------|--------------|-------------|-----------|---------------|---------------|-----------|----------------|---------------|-----------|
| | ELA | A | A (%) | ELA | A | A (%) | ELA | A | A (%) |
| Hamirpur | 279 | 222 | 80 | 23322 | 13936 | 60 | 91320 | 99056 | 108 |
| Jalaun | 254 | 213 | 84 | 29314 | 20495 | 70 | 81281 | 44688 | 55 |
| Kannauj ¹⁷ | 74 | 31 | 42 | 2750 | 2212 | 80 | 13856 | 18961 | 137 |
| Kanpur Nagar | 10402 | 1504 | 14 | 98901 | 23869 | 24 | 137934 | 82431 | 60 |
| Kushinagar ¹⁸ | 285 | 45 | 16 | 26023 | 19171 | 74 | 31059 | 48832 | 157 |
| Lucknow | 3611 | 2482 | 69 | 42539 | 19449 | 46 | 113070 | 63758 | 56 |
| Saharanpur | 5274 | 353 | 7 | 54561 | 13927 | 26 | 176960 | 91111 | 51 |
| Unnao | 3254 | 85 | 3 | 42062 | 16647 | 40 | 41430 | 32273 | 78 |
| Total | 23433 | 4935 | 21 | 319472 | 129706 | 41 | 686910 | 481110 | 70 |

(Source: CMOs of test checked districts) (A= Achievement, A (%) =Achievement (percentage))

Table 7.10 shows that overall achievement in sterilization cases was ranging between 21 *per cent* and 70 *per cent* during 2016-22 in test-checked districts. Minimum achievement was observed under vasectomy (21 *per cent*), followed by tubectomy (41 *per cent*) and IUCD insertion (70 *per cent*) indicating that the male population was not encouraged to adopt sterilisation.

The Government's reply was awaited (August 2024) despite reminders.

7.4.2 Compensation to sterilization acceptors

Under the compensation package to acceptor of sterilization, woman who undergoes sterilization operation (tubectomy) in the Government Hospital gets ₹1,400 and man who undergoes sterilization operation (vasectomy) gets ₹2,000. Further, both man and woman who undergo sterilization operation in accredited private facilities get ₹1,000.

The details of sterilization acceptors and compensation paid to them during the period 2016-22 in test-checked districts are given in **Table 7.11**.

¹⁶ Data not provided in respect of Ghazipur.

¹⁷ Data provided for 2019-20 to 2021-22

¹⁸ Data for ELAs of vasectomy for 2016-18 and of tubectomy and IUCD for 2016-17 were not provided, therefore, achievement in these years have not been included in the table.

Table 7.11: Sterilization acceptors (tubectomy and vasectomy) in test-checked districts¹⁹ during 2016-22

| Name of District | Vasectomy | | | Tubectomy | | |
|------------------|---------------------|--|---------------------|---------------------|--|---------------------|
| | Number of Acceptors | Number of acceptors to whom compensation | | Number of Acceptors | Number of acceptors to whom compensation | |
| | | Paid | Not paid (per cent) | | Paid | Not paid (per cent) |
| Hamirpur | 222 | 222 | 0 | 13936 | 13936 | 0 |
| Kanpur Nagar | 1504 | 288 | 1216 (81%) | 23869 | 17779 | 6090 (26%) |
| Kushinagar | 105 | 105 | 0 | 22123 | 22123 | 0 |
| Saharanpur | 353 | 251 | 102 (29%) | 13927 | 8922 | 5005 (36%) |
| Unnao | 85 | 85 | 0 | 16647 | 16647 | 0 |

(Source: CMOs of test checked districts)

Table 7.11 shows that all sterilisation acceptors (Vasectomy and Tubectomy) were paid in Hamirpur, Kushinagar and Unnao whereas 81 *per cent* vasectomy acceptors and 26 *per cent* tubectomy acceptors were not paid in Kanpur Nagar. Similarly, in Saharanpur, 29 *per cent* vasectomy acceptors and 36 *per cent* tubectomy acceptors were not paid compensation. Since the objective of compensation scheme is to boost the participation of man and woman in family planning, it could not be denied that the objective of this scheme was not fully achieved due to non-payment in 12,413 cases of sterilisation acceptor.

The Government's reply was awaited (August 2024) despite reminders.

7.4.3 Delay in settlement of claims under Family Planning Indemnity Scheme

Under Family Planning Indemnity Scheme, acceptors of sterilisation procedure are to provide claim upto maximum ₹ two lakh in case of death, failure and complication following sterilization. The stipulated time limit for settlement of claims²⁰ is 21 days in cases of failure, after submission of all required documents whereas claim limit is ₹30,000 in failure of sterilization.²¹

In Uttar Pradesh, total 55 cases (complications-21 and deaths-34) were reported during 2016-22. In test-checked districts, 208 cases of sterilisation failure was reported in Hamirpur (four cases), Jalaun (four cases), Kushinagar (65 cases), Lucknow (83 cases), Saharanpur (nine cases) and Unnao (43 cases)²² during 2016-22. Keeping in view total 1,07,025 cases of sterilisation (vasectomy and tubectomy) in these six test-checked districts, the percentage of failed cases (208) was 0.19 *per cent*. Audit further noticed that no cases were settled within the stipulated time limit of 21 days whereas claims in all nine cases were rejected in Saharanpur. Such delays in settlement of sterilisation failure cases may discourage the public from embracing these family planning measures.

The Government's reply was awaited (August 2024) despite reminders.

¹⁹ Data not provided in respect of Jalaun, Kannauj, Lucknow and Ghazipur.

²⁰ Under Section-I of the scheme.

²¹ Under Para 6.6.

²² In Kannauj and Kanpur Nagar no case of failure was reported as per information made available to Audit. Data was not provided in respect of Ghazipur.

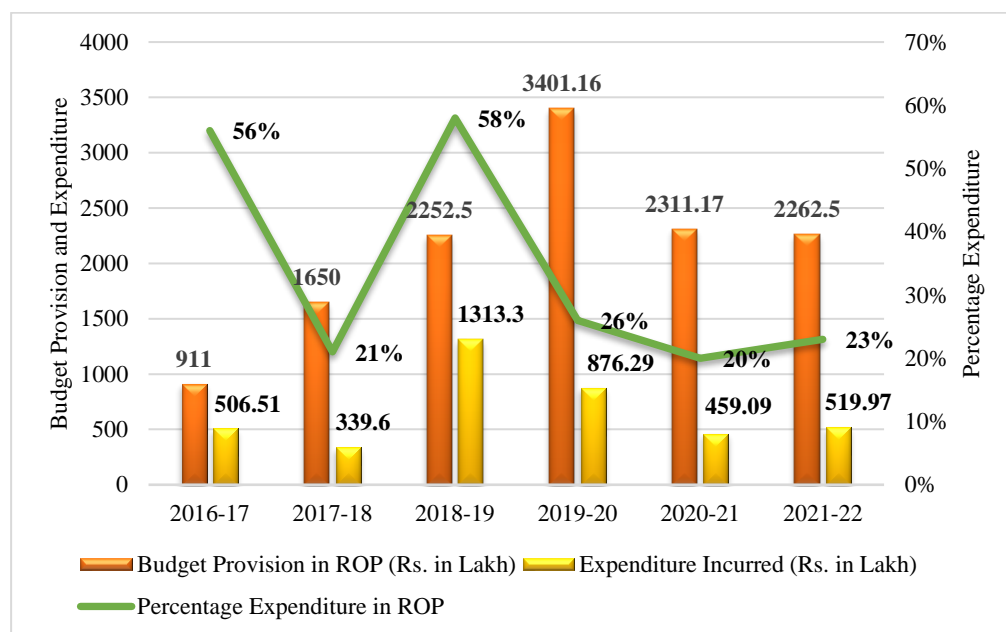
7.5 National Mental Health Programme

To address the huge burden of mental disorders and shortage of qualified professionals in the field of mental health, Government of India has been implementing National Mental Health Program (NMHP) since 1982. NMHP provides mental health services including preventive, promotion and long-term continuing care at different levels of district level health care system.

7.5.1 Utilization of funds under National Mental Health Programme

The status of budget provision and expenditure incurred on National Mental Health Programme (NMHP) during the period 2016-22 in Uttar Pradesh is given in **Chart 7.1**.

Chart 7.1: Budget provision and expenditure under NMHP during 2016-22



(Source: SPMU, Uttar Pradesh) (ROP – record of proceeding of NHM)

Chart 7.1 indicates that there was inter year variation in the utilization of NMHP fund which was ranging between 20 per cent and 58 per cent of the budget during 2016-22. As such, large portion of budgeted provisions for NMHP, especially during 2019-20 to 2021-22 remained unutilized.

The Government’s reply was awaited (August 2024) despite reminders.

7.5.2 Implementation of National Mental Health Programme

Availability of services under NMHP in 25 test-checked health institutions²³ (DHMs/CDHs/CHCs) is given in **Table 7.12**.

Table 7.12: Availability of mental health services in test-checked hospitals

| Sl. No. | Particulars | Availability in out of | | |
|---------|--|------------------------|-----------|-----------|
| | | DHs (06) | CDHs (02) | CHCs (17) |
| 1 | Provisions of Outpatient services for walk-in-patient and patients referred by the PHC | 6 | 2 | 13 |

²³ Data not provided in respect of Ghazipur.

| Sl. No. | Particulars | Availability in out of | | |
|---------|--|------------------------|-----------|----------------|
| | | DHs (06) | CDHs (02) | CHCs (17) |
| | provided by MO. | | | |
| 2 | Availability of early identification, diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia and Manic Depressive Psychosis). | 6 | 2 | Not applicable |
| 3 | Availability of in-patient services for emergency psychiatry illnesses. | 4 | 2 | Nil |
| 4 | Counselling services provided by the Clinical Psychologist/ Trained Psychologist. | 6 | 2 | 2 |
| 5 | Continuing care and support to persons with Severe Mental Disorder (SMD) provided to the patients. (This includes referral to district hospital for SMD patients and follow up based on treatment plan drawn up by the Psychiatrist at the district hospital). | 5 | 2 | 1 |

(Source: Information provided by test-checked health institutions)

Table 7.12 shows that:

- Provisions of Outpatient services for walk-in-patient and patients referred by the PHCs were not available in four CHCs (Nawabganj, Fazil Nagar, Talgram and Hata).
- In-patient services for emergency psychiatry illnesses were not available in two DHs (Hamirpur and Unnao).
- Counselling services were available in only two selected CHCs (Chinhat and Aishbag).
- Continuing care and support to persons with Severe Mental Disorder (SMD) was not available in DH Hamirpur and in 16 selected CHCs (except CHC Puwarka).

In PHCs, as per the guidelines, there should be provision of OPD services for walk-in-patients and patients referred by Community Health Workers, continuing care and support to persons with SMD and Counselling services and help for ascertaining social care benefits. Audit observed that in none of the test checked 34 PHCs²⁴ had mental health services due to unavailability of related staff.

The Government's reply was awaited (August 2024) despite reminders.

7.5.3 Availability of NMHP drugs in selected health institutions

As per instruction issued (May 2018) by Ministry of Health and Family Welfare, Government of India, 20 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 CHCs/PHCs. The status of the availability of mental health drugs in test-checked health institutions (DHMs: 06, CDHs: 02, CHCs: 17 and PHCs: 34), in 2021-22 is given in **Table 7.13**.

²⁴ Data not provided in respect of Ghazipur.

Table 7.13: Shortfall in mental health drugs in test-checked hospitals (2021-22)

| Hospitals | No. of selected units | Total Drugs prescribed | Non-Availability | % Shortage |
|-----------|-----------------------|------------------------|------------------|------------|
| DHMs | 6 | 20 | 7-19 | 35-95 |
| CDHs | 2 | 20 | 15-17 | 75-85 |
| CHCs | 17 | 14 | 11-14 | 79-100 |
| PHCs | 34 | 14 | 12-14 | 86-100 |

(Source: Information provided by test-checked hospitals)

Table 7.13 shows that the shortage of drugs in DHMs was ranging between 35 per cent and 95 per cent whereas in CDHs, the shortage was ranging between 75 per cent and 85 per cent. The minimum availability (one drug) was observed in DHM Hamirpur whereas maximum 13 drugs were available in DHM Saharanpur in 2021-22. In case of CHCs and PHCs, unavailability of drugs was even up to 100 per cent.

The Government’s reply was awaited (August 2024) despite reminders.

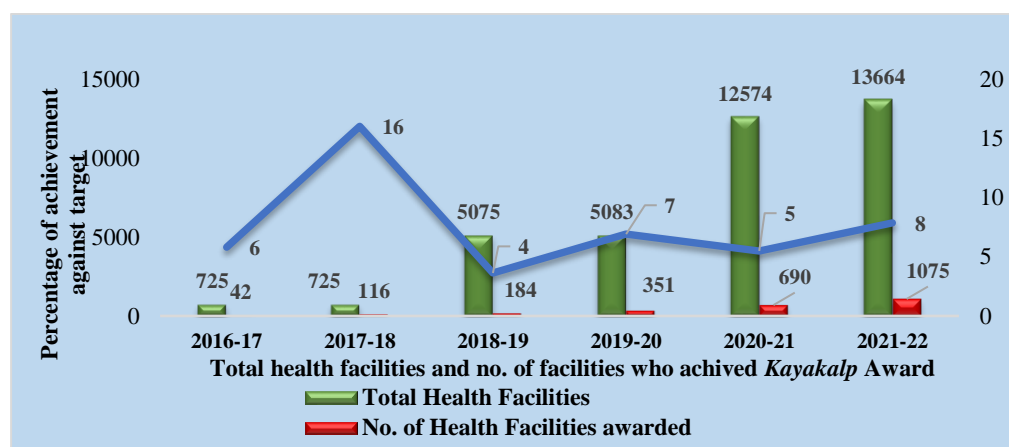
7.6 Kayakalp programme

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 with the objectives to:

- (i) 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;
- (ii) inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation;
- (iii) create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

DHs, CHCs, PHCs and HWCs having achieved high levels of cleanliness, hygiene and infection control were to be recognised and felicitated with awards. Status of achievers under Kayakalp programme in the state and test-checked districts is given in **Chart 7.2**.

Chart 7.2: Status of achievers under Kayakalp programme in the state



(Source: SPMU, Uttar Pradesh)

It is evident from **Chart 7.2** that the percentage of achievement under *Kayakalp* programme²⁵ ranged between four *per cent* and 16 *per cent*. However, an increasing trend in the number of health facilities conferred with the award was observed which increased from 42 in 2016-17 to 1,075 in 2021-22.

Further, in test checked districts, audit observed that during 2018-21²⁶ the *Kayakalp* programme was rolled out for DHs, CHCs and PHCs and in the year 2021-22, HWCs were also included under the programme. Year wise break up showing the health institutions²⁷ vis-a-vis awarded under *Kayakalp* in eight test-checked districts is given in **Table 7.14**.

Table 7.14: Achievement under *Kayakalp* programme in test-checked districts during 2018-19 to 2021-22

| District | 2018-19 | | 2019-20 | | 2020-21 | | 2021-22 | |
|--------------|------------|--------------------------|------------|--------------------------|------------|---------------------------|-------------|---------------------------|
| | HIs | A | HIs | A | HIs | A | HIs | A |
| Hamirpur | 48 | 0 | 48 | 4 | 48 | 8 | 197 | 12 |
| Jalaun | 50 | 4 | 50 | 9 | 50 | 18 | 143 | 25 |
| Kannauj | 44 | 1 | 45 | 2 | 46 | 3 | 142 | 5 |
| Kanpur Nagar | 106 | 6 | 106 | 10 | 106 | 21 | 199 | 22 |
| Kushinagar | 71 | 1 | 71 | 03 | 71 | 06 | 356 | 08 |
| Lucknow | 103 | 11 | 103 | 13 | 107 | 20 | 186 | 19 |
| Saharanpur | 80 | 4 | 80 | 6 | 80 | 10 | 341 | 16 |
| Unnao | 66 | 0 | 66 | 5 | 67 | 5 | 231 | 5 |
| Total | 568 | 27 (5%) | 569 | 52 (9%) | 575 | 91 (16%) | 1795 | 112 (6%) |

(Source: Test checked districts) (HIs= Health Institutions, A= Achievement)

Table 7.14 shows increasing trend in achieving *Kayakalp* award during 2018-19 to 2020-21, was decreased in 2021-22. However, the percentage of health institutions receiving *Kayakalp* award was only up to 16 *per cent* which indicate that a large portion of health institutions could not achieve the intended objectives of the programme, such as, cleanliness, hygiene and infection control practices in public healthcare facilities, *etc.*

The Government's reply was awaited (August 2024) despite reminders.

7.7 National Quality Assurance Programme

National Quality Assurance Standards (NQAS), launched in 2013, have been developed keeping in view the specific requirements for public health institutions as well global best practices. NQAS are currently available for DHs, CHCs and PHCs. These standards are meant for providers to assess their own quality for improvement as well as facilities for certification. Under National Quality Assurance Program, certifications are envisaged at state and national level of certification. Financial incentives are also given as per level and scope of certification.

The category wise certification during the period 2016-22 in the State is shown in **Table 7.15**.

²⁵ In 2016-17 and 2017-18 *Kayakalp* programme was only rolled out in selected DHs, CHCs and PHCs

²⁶ Figures of 2016-18 not taken in to consideration as during this period it was rolled out in selected DHs, CHCs and PHCs. Further, data in respect of Ghazipur was not provided to Audit.

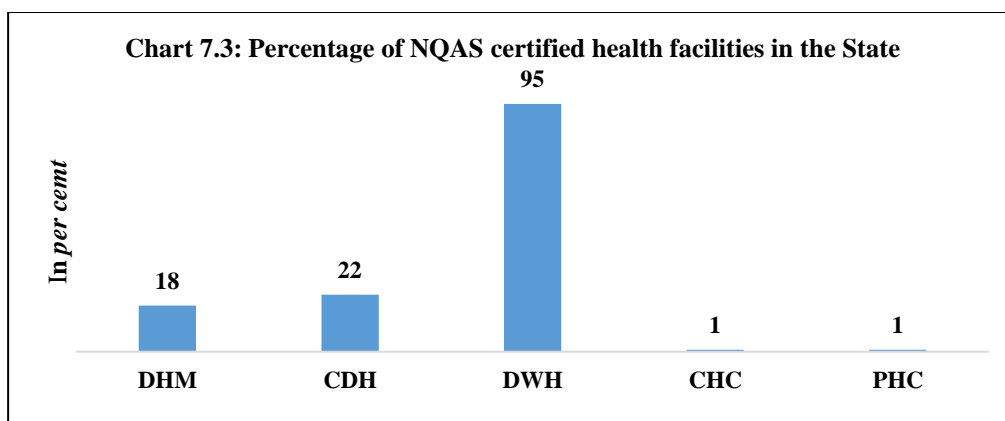
²⁷ During 2018-21, Total no. of DHs, CHCs and PHCs taken as target and in the year 2021-22 total no. of DHs, CHCs, PHCs and HWCs taken as target.

Table 7.15: Status showing number of hospitals received NQAS certificates in the State

| Type of facility | | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|--------------------|-------------|-------------|-------------|-------------|-------------|-------------------------------------|
| DH | Number of DHM | 52 | 49 | 49 | 42 | 34 | 34 |
| | NQAS certified DHM | 0 | 0 | 0 | 0 | 01 | 05 |
| CDH | Number of CDH | 39 | 37 | 37 | 36 | 32 | 32 |
| | NQAS certified CDH | 0 | 0 | 0 | 0 | 01 | 06 |
| DWH | Number of DWH | 58 | 55 | 55 | 49 | 41 | 41 |
| | NQAS certified DWH | 0 | 01 | 02 | 05 | 10 | 21 |
| CHC | Number of CHC | 957 | 957 | 960 | 960 | 966 | 966 |
| | NQAS certified CHC | 0 | 0 | 0 | 0 | 02 | 05 |
| PHC | Number of PHC | 3651 | 3651 | 3654 | 3661 | 3667 | 3668 |
| | NQAS certified PHC | 0 | 0 | 0 | 03 | 07 | 18 |
| Total Health Facilities | | 4757 | 4749 | 4755 | 4748 | 4740 | 4741 |
| Total NQAS Certified Health Facilities | | 0 | 1 | 2 | 8 | 21 | 55 (total 87 during 2016-22) |

(Source: DGMH and SPMU, Uttar Pradesh)

As evident from **Table 7.15**, against the total number of 4,741 public health institutions, only 87 (2 per cent) were NQAS certified. Further, the details of the percentage of health facilities received NQAS is shown in **Chart 7.3**.



(Source: DGMH and SPMU, Uttar Pradesh)

Chart 7.3 shows that the NQAS certification in DWHs was highest followed by CDHs and DHMs while in CHCs and PHCs it was at lowest level.

The status of NQAS certified hospitals in test-checked districts during 2021-22 is given in **Table 7.16**.

Table 7.16: NQAS certified hospitals in test-checked districts

| District | DHM | | DWH | | CDH | | CHC | | PHC | | UPHC | |
|---------------------|--------------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|
| | No. of HIs | NQAS certified HIs | No. of HIs | NQAS certified HIs | No. of HIs | NQAS certified HIs | No. of HIs | NQAS certified HIs | No. of HIs | NQAS certified HIs | No. of HIs | NQAS certified HIs |
| Hamirpur | 01 | 00 | 01 | 01 | No CDH | | 08 | 00 | 36 | 00 | 02 | 00 |
| Jalaun | 01 | 00 | 01 | 00 | No CDH | | 08 | 00 | 34 | 00 | 06 | 00 |
| Kannauj | Only CDH available | | | | 02 | 00 | 11 | 00 | 32 | 00 | 03 | 00 |
| Kanpur Nagar | 02 | 00 | 01 | 00 | 01 | 00 | 14 | 00 | 43 | 00 | 50 | 00 |
| Kushinagar | Only CDH available | | | | 01 | 00 | 17 | 00 | 52 | 00 | 01 | 00 |
| Lucknow | 02 | 00 | 02 | 02 | 05 | 03 | 19 | 01 | 27 | 01 | 52 | 00 |
| Saharanpur | 01 | 00 | 01 | 00 | No CDH | | 19 | 01 | 40 | 00 | 19 | 00 |
| Unnao | 01 | 00 | 01 | 01 | No CDH | | 17 | 01 | 45 | 00 | 05 | 00 |
| Total | 08 | 00 | 07 | 04 | 09 | 03 | 113 | 03 | 309 | 01 | 138 | 00 |

(Source: Test checked districts)

As evident from **Table 7.16**, out of eight test checked districts²⁸, NQAS certificates were not issued to any of the health facilities in four districts. Only 11 out of 584 health institutions were NQAS certified in the selected districts with a shortfall of 98 *per cent*. Further, none of the DHMs and UPHCs in the selected districts was certified under NQAS scheme. Thus, the healthcare facilities in the State lacked standard practices.

The Government's reply was awaited (August 2024) despite reminders.

7.8 National Tobacco Control Programme

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 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

The status of budget provision vis-à-vis expenditure on NTCP in Uttar Pradesh during 2016-17 to 2021-22 is given in **Table 7.17**.

Table 7.17: Budget provision and expenditure under NTCP in Uttar Pradesh

(₹ in crore)

| Year | Budget Provision in ROP | Expenditure | Percentage of expenditure to budget provision |
|--------------|-------------------------|--------------|---|
| 2016-17 | 30.01 | 6.30 | 21.00 |
| 2017-18 | 22.21 | 4.35 | 19.60 |
| 2018-19 | 31.82 | 16.00 | 50.29 |
| 2019-20 | 18.29 | 14.45 | 79.00 |
| 2020-21 | 22.65 | 7.42 | 32.74 |
| 2021-22 | 22.54 | 0.65 | 2.86 |
| Total | 147.52 | 49.17 | 33.33 |

(Source: SPMU, Uttar Pradesh)

Table 7.17 shows that utilisation of budget was very poor in the State as it could only utilise 33.33 *per cent* budgeted amount. Except for the year 2019-20, when 79 *per cent* budget was utilised, the utilisation in the remaining years was around 50 *per cent* and below. This shows that objective of the scheme to arrest the harmful effects of tobacco consumption through various measures suffered significantly.

The Government's reply was awaited (August 2024) despite reminders.

School Awareness Programmes under NTCP

As per the 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 in one district per year were to be adopted and included in the school awareness programme.

²⁸ Data in respect Ghazipur was not provided.

The status of target and achievement under school awareness programme at state level is given in **Table 7.18**.

Table 7.18: 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 | 2250 | 2250 | 750 | 2362 | 2372 | 767 | 104.98 | 105.42 | 102.27 |
| 2017-18 | 2250 | 2250 | 750 | 2765 | 2640 | 797 | 122.89 | 117.33 | 106.27 |
| 2018-19 | 2250 | 2250 | 750 | 3401 | 3401 | 1103 | 151.16 | 151.16 | 147.07 |
| 2019-20 | 2250 | 2250 | 750 | 3024 | 2840 | 885 | 134.40 | 126.22 | 118.00 |
| 2020-21 | 2250 | 2250 | 750 | 2496 | 2495 | 779 | 110.93 | 110.89 | 103.87 |
| 2021-22 | 2250 | 2250 | 750 | 3181 | 3052 | 842 | 141.38 | 135.64 | 112.27 |

(Source: SPMU, Uttar Pradesh)

It is noteworthy that under awareness programme, the achievement in all types of institutions, such as, public school, private school and coaching institutes was more than the target during 2016-22. The status of target and achievement under school awareness programme in test-checked districts²⁹ is given in **Table 7.19**.

Table 7.19: 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 | 140 | 140 | 40 | 112 | 108 | 40 | 80 | 77 | 100 |
| 2017-18 | 115 | 115 | 65 | 116 | 114 | 65 | 101 | 99 | 100 |
| 2018-19 | 110 | 115 | 70 | 112 | 118 | 65 | 102 | 103 | 93 |
| 2019-20 | 190 | 180 | 65 | 172 | 163 | 30 | 91 | 91 | 46 |
| 2020-21 | 190 | 180 | 30 | 169 | 131 | 30 | 89 | 73 | 100 |
| 2021-22 | 205 | 195 | 50 | 317 | 211 | 50 | 155 | 108 | 100 |

(Source: CMOs of test checked districts)

As evident from **Table 7.19**, achievement in school awareness programmes ranged between 80 *per cent* and 155 *per cent* for public schools, 73 *per cent* to 108 *per cent* for private schools and 46 *per cent* to *per cent* for coaching institutes during the year 2016-22.

The Government's reply was awaited (August 2024) despite reminders.

7.9 National Programme for Control of Blindness and Visual Impairment

The National Programme for Control of Blindness & Visual Impairment (NPCBVI) was launched in the year 1976 as a 100 *per cent* centrally sponsored programme. NPCBVI aimed to reduce the prevalence rate of blindness to 0.3 *per cent*. 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.

The status of budget provision and expenditure incurred on NPCBVI under NHM during the period 2016-17 to 2021-22 is given in **Table 7.20**.

²⁹ Data for the period 2016-22 by Hamirpur and for the period 2016-19 by Kushinagar and Unnao were not provided. Data not provided for Ghazipur

Table 7.20: Budget provision and expenditure under NPCBVI at State level
(₹ in crore)

| Year | Budget Provision in ROP | Expenditure incurred | Expenditure (%) |
|--------------|-------------------------|----------------------|-----------------|
| 2016-17 | 24.82 | 18.12 | 73 |
| 2017-18 | 67.66 | 29.46 | 44 |
| 2018-19 | 91.76 | 41.41 | 45 |
| 2019-20 | 99.35 | 42.42 | 43 |
| 2020-21 | 85.83 | 17.86 | 21 |
| 2021-22 | 86.02 | 20.35 | 24 |
| Total | 455.44 | 169.62 | 37 |

(Source: SPMU, Uttar Pradesh)

Table 7.20 shows that the State Government failed to utilise budget provision approved by the Government of India under NPCBVI during 2016-17 to 2021-22, as the State Government could utilise only 37 per cent of the GoI funds indicating poor implementation of the scheme.

The Government's reply was awaited (August 2024) despite reminders.

7.10 National Programme for Health Care of the Elderly

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 budget provision and expenditure incurred on National Programme for Health Care of the Elderly (NPHCE) by the Uttar Pradesh during the period 2016-17 to 2021-22 is given in **Table 7.21**.

Table 7.21: Budget provision and expenditure under NPHCE in Uttar Pradesh

| Year | Budget Provision | Expenditure | Percentage of expenditure to budget provision |
|--------------|------------------|--------------|---|
| 2016-17 | 25.51 | 8.68 | 34.02 |
| 2017-18 | 4.05 | 0.71 | 17.63 |
| 2018-19 | 21.40 | 15.72 | 73.45 |
| 2019-20 | 6.40 | 7.15 | 111.76 |
| 2020-21 | 8.52 | 3.15 | 37.04 |
| 2021-22 | 6.97 | 0.50 | 7.12 |
| Total | 72.85 | 35.91 | 49.30 |

(Source: SPMU, Uttar Pradesh)

It is evident from **Table 7.21** that against the budget provision of ₹ 72.85 crore, ₹ 35.91 crore (49.30 per cent) could be utilized on NPHCE indicating that appropriate measures were not taken for healthcare of elderly. The services provided under the scheme has been discussed under Paragraph 5.4.7 of the Report.

The Government's reply was awaited (August 2024) despite reminders.

To sum up, budget provided for implementation of the centrally sponsored health schemes were not fully utilized. Janani Suraksha Yojana had suffered with high percentage of women not retained in the hospitals for prescribed 48 hours after delivery whereas under Immunization scheme, target for vaccination of infants remained unachieved. Thirty one per cent cities in the State were not mapped for providing healthcare in urban areas, especially for slum dwellers as there was a huge shortfall of UCHCs under National Urban Health Mission. There was shortfall of services and drugs under National Mental Health programme. Hospitals were lacking hygiene and also lagging behind in observing best practices due to which low percentage of hospitals could get Kayakalp award and National Quality Assurance Programme certificates. However, the achievement in School Awareness Programmes under National Tobacco Control Programme was more than the target.

Recommendations:

State Government should:

- 25. monitor effectively implementation of Centrally Sponsored health schemes to achieve the targeted objectives and utilize the available fund optimally;*
- 26. map all the cities in the State to get information regarding all health care facilities available and increase the number of UCHCs and UPHCs as per norm to provide healthcare in urban slum areas.*