CHAPTER III

PERFORMANCE REVIEWS

This chapter contains five reviews on Reproductive Child Health Programme, Implementation of the Acts and Rules relating to Consumer Protection, Modernisation of Police Force, Functioning of Sanjay Gandhi Post Graduate Institute of Medical Sciences and Integrated Child Development Services-III

DEPARTMENT OF FAMILY WELFARE

3.1 Reproductive and Child Health Programme (RCH)

Highlights

The Department of Family Welfare (DFW) implemented the Reproductive Child Health (RCH) programme in the State, as a cent per cent Centrally sponsored scheme, from April 1998. The aim of the programme was improving the quality and coverage of the family welfare programme and child health services to control the incidence of vaccine preventable diseases, to increase rate of safe deliveries and to provide care to pregnant women. Immunisation, a major activity under the programme, accounted for 61 per cent of the total expenditure of Rs 607.68 crore. There were significant shortfalls in performance as safe deliveries were not ensured in large number of cases, target of increase in use of permanent birth control devices was not achieved and immunization targets were not achieved in respect of DPT and Measles vaccines. Some of the other points noticed in the review are enumerated below:

- **The utilization of funds ranged between 64 and 78 per cent. Unspent balance increased from Rs 42.23 crore to Rs 54.55 crore during 2000-05. Advances of Rs 16.75 crore remained unadjusted as of 31 March 2005.**

(Paragraphs: 3.1.9 &3.1.10)

- **Effectiveness of the family welfare programme through management intervention was only partially enhanced as the increase in use of permanent birth control devices was only 38 per cent against the target of 55 per cent for sterilization and three per cent against the target of five per cent in case of Intra Uterine Devices.**

(Paragraph: 3.1.11)

- **Safe deliveries were ensured in only 67 of the ante natal cases registered due to non availability of sufficient DD kits, non activation of First Referral Units, non availability of referral transport facility and shortage of Auxiliary Nurse Midwives.**

(Paragraphs: 3.1.12 to 3.1.16)

- **While the target of Intensive Pulse Polio Immunisation was fulfilled, administration of DPT vaccine fell from 103 per cent to 98 per cent and that of Measles vaccine from 97 per cent to 90 per cent of the targeted immunisations. Deployment of the staff for Intensive Pulse Polio Immunisation Campaigns accounted for the decline.**

(Paragraph: 3.1.18)

- **The Integrated Skill Training was provided to only 35 per cent and Specialised Skill Training to only 25 per cent of the targeted staff. As a result upgradation of skill of healthcare workers and medical practitioners were not achieved to the desired extent.**

(Paragraph: 3.1.19)

- **The Directorate failed to organise sufficient Information, Education and Communication (IEC) campaigns to create requisite level of public awareness despite availability of funds.**

(Paragraph: 3.1.20)

3.1.1 Introduction

The Reproductive Child Health (RCH) programme is implemented in the State as a Centrally sponsored scheme from 1998 with the projected cost of Rs 673.67 crore. The programme, scheduled to conclude in March 2003 was extended upto March 2005. The programme aimed at bringing down the birth rate, death rate, infant mortality rate and maternal mortality rate and to increase couple protection rate, rate of safe deliveries and to provide care to pregnant women. Providing Reproductive Tract Infection/Sexually Transmitted Infection (RTI/STI) care was also part of the programme. This was to be achieved through improving the quality and coverage of the family welfare programme and providing reproductive and child health services. The districts were divided into three categories[1] based on the quality and extent of medical care facilities available and prevailing crude birth rate and female literacy rate, which reflect the RCH status of the district.

3.1.2 Programme interventions

The programme objectives were to be achieved through the management intervention, service delivery intervention, training and Information, Education and Communication (IEC) activities, civil works like upgrading of the existing facilities for delivery of services and training, monitoring and evaluation of the programme activities. The programme also included the Sector Investment Programme for an overall improvement in the health services, systems and infrastructure in health and family welfare sector. Details of the programme interventions are as under:

- **Management intervention**: to increase effectiveness and efficiency of the public sector family welfare programmes, to increase private sector participation, to increase the number of NGO projects, intensify social marketing and to increase community partnership.

- **Service delivery intervention**: to establish and activate First Referral Units (FRU), to facilitate performance of all functions defined in the "essential package" at the PHCs, to improve monitoring and technical quality of care, to improve availability of appropriate services at the community level, to establish communication and transport and to provide equipment, drugs and supplies according to the standardized list.

- **Training activities**: to provide training in practical clinical skills and to upgrade technical skills, counseling skills, gender sensitivity, micro-planning skills of the Dais, Auxiliary Nurse Midwives (ANMs), Local Health Visitors (LHVs), Health Education Officers (HEOs), nurses at PHCs and

[1] A Category-Kanpur Nagar; B Category-Ballia, Barabanki, Jalaun, Jhansi, Kanpur Dehat, Khiri, Lucknow, and Unnao; C Category-Remaining 61 districts

FRUs; obstetricians, pediatricians and anesthetists at FRUs and private medical and Indian Systems of Medicines (ISM) practitioners in general, and also to provide training to trainers, laboratory technicians and health volunteers.

- **IEC activities**: to undertake IEC activities focused on creating and disseminating messages through communication channels that reach the target audience, viz. the un-served, under-served, remote and tribal populations, with adequate frequency to facilitate behavioural changes supportive of the RCH goals.
- **Civil works**: to upgrade the existing facilities for delivery of services and training, and to undertake construction of new service centers and PHCs, in a limited number of selected sites having a large facility gap.
- **Monitoring and evaluation:** to monitor the progress in project implementation and in achieving the programme objectives through following 'RCH benchmarks' and 'RCH indicators.

3.1.3 Organisational set up

The Directorate of Family Welfare implemented the programme through the State Committee on Voluntary Agencies (SCOVA) chaired by the Principal Secretary, Family Welfare Department. The SCOVA released funds for RCH programme and reviewed the physical and financial progress of the programme. The SCOVA operated the bank accounts and was responsible for preparation and submission of the Statements of Expenditure (SOEs) to GOI in prescribed formats, procurements and maintenance of the books of account. The SCOVA comprised the Director General; Family Welfare was the member secretary of SCOVA. Other members of the SCOVA were the Secretary, Special Secretary and Joint Secretary, of the Family Welfare Department; Regional Director, MOH&FW, Government of India; Director, State Institute of Health & Family Welfare and the Additional Director (MCH).

The "State Empowered Committee" (SEC), a Society registered under the Societies Registration Act, 1860, with the Chief Secretary of the State as its Chairman was responsible for monitoring of the programme.

At district level the programme was implemented by the Chief Medical Officer concerned and monitored by a District Committee headed by the respective District Magistrate.

3.1.4 Scope of audit

The 12 sample districts were selected using 'PPS Systematic' method of sample selection. Besides these twelve, the sample also included Lucknow, and Rae Bareli being one of the two districts[1] where sub-projects were implemented. The records for the period 2000-05 were test-checked during July 2005 to October 2005 in the Directorate of Family Welfare at Lucknow and in the offices of Chief Medical Officers in 14 districts[2].
The sample covered 20 *per cent* of the districts and 34 *per cent*[3] of the programme expenditure.

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1 Rae Bareli and Firozabad

2 Azamgarh, Bareilly, Bulandshahr, Gorakhpur, Hardoi, Lucknow, Maharajganj, Mirzapur, Muzaffarnagar, Rae Bareli, Shahjahanpur, Sitapur, Pratapgarh and Moradabad

3 The percentage of expenditure is with reference to the expenditure up-to 31st March 2004 as the expenditure for 2004-05 was not available at the time sample selection

3.1.5. Audit objective

The audit objectives were to assess whether:

- Finances were managed efficiently.
- Components of the programme were implemented effectively.
- Training was imparted for up-gradation of skills of the health workers and medical practitioners etc.

3.1.6. Audit criteria

The performance of the programme was appraised with reference to the:

- Bench marks of RCH for management, service delivery, child survival, training, etc.
- RCH indicators relating to increase in couple protection rate, vaccine preventable diseases, proportion of deliveries attended by trained personnel, etc. and decrease in birth rate, death rate and infant mortality rate.

3.1.7. Audit methodology

An entry conference was held with the Director General, Family Welfare in July 2005 to discuss audit objectives and audit criteria. Records relating to implementation of various components of the Scheme like immunization, essential obstetric care, civil works, training, human resource and financial management were scrutinized during audit. Exit conference was held with the Principal Secretary, Department of Family Welfare in December 2005 to discuss the review findings and recommendations.

Audit findings

Financial management

3.1.8 Source of funds

RCH programme was implemented in the State as a *cent per cent* Centrally sponsored scheme. The GOI released funds directly to the SEC through bank drafts, which were deposited into the interest bearing bank accounts. The SEC in turn disbursed the funds to the peripheral units through cheques/ bank drafts.

3.1.9. Availability and utilization of funds

The GOI released Rs 633.62 crore for the programme during 2000-05. As per the accounts of the programme the position of availabilty and utilization of the funds during 2000-05 was as under: -

Year	Total funds available[1]	Expenditure during the year	Closing Balance	Percentage of utilisation
	(Rupees in crore)			
2000-01	116.51	74.28	42.23	64
2001-02	124.96	84.38	40.58	68
2002-03	141.91	107.81	34.10	76
2003-04	201.03	146.40	54.63	73
2004-05	249.36	194.81	54.55	78
Total		**607.68**		

[1] Includes Rs 633.62 crore released by the GOI during 2000-05, Rs 35.94 crore received from other sources and unspent balance Rs 34.67 crore from the 1999-2000.

Utilisation of funds ranged between 64 and 78 *per cent.*

The expenditure of Rs 607.68 crore included Rs 372.69 crore incurred on Intensive Pulse Polio Immunization (IPPI), Rs 83.74 crore on Contractual Staff; Rs 25.06 crore on Sector Investment Programme, Rs 21.71 crore on training, Rs 21.28 crore on Civil Works and Rs 83.20 crore incurred on other programme activities. Under-utilisation of funds was due to non-implementation/ part implementation of certain components of the programme as discussed in the review.

3.1.10. Unadjusted advances

Advances of Rs 16.75 crore remained unadjusted at the end of 2004-05.

Advance paid should invariably be adjusted at the close of the financial year either by rendition of accounts or by cash recovery. Various agencies, like peripheral units, training institutes, and the agencies entrusted with specific works were paid advances from the programme funds. The accounts of the programme disclosed that Rs 16.75 crore were outstanding at the end of March 2005. The age-wise breakup of the amount outstanding was not available with the Directorate. In reply the Directorate stated (December 2005) that Rs 0.29 crore (1.7 *per cent*) would be adjusted during 2005-06, which was insignificant compared to the amount lying outstanding.

Implementation of the Programme

The programme aimed at bringing down the birth rate, death rate, infant mortality rate, child mortality rate and maternal mortality rate, increasing couple protection rate, providing full care to pregnant ladies and to increase the rate of safe deliveries. The achievements were to be assessed against the RCH indicators. The programme targets were as well as achievements were as under:

Indicators	Status at the start of the programme	Programme Targets	Status as of the year 2003
Child Birth Rate (per thousand population)	33.5	30.0	31.3
Death Rate (per thousand population)	10.2	09.0	09.5
Infant Mortality Rate (per thousand live births)	85.0	70.0	76.0
Maternal Mortality Rate (per thousand pregnant women)	5.79	3.5	Not available

It will be seen that the targets were not fully achieved by the time initial programme period expired in 2003. The programme was subsequently extended upto 2005. The points noticed in implementation of various components of the programme are discussed in the following paragraphs.

3.1.11 Management intervention

Management intervention aimed at increasing the effectiveness and efficiency of the public sector family welfare programmes, private sector participation and number of NGO projects, intensifying social marketing and to increase community partnership. The records of the DGFW did not reveal any increase in the effectiveness of the public sector family welfare programmes, community participation, private partnership or intensification of social marketing. There

was short fall in the targeted increase in number of users of the family planning devices, especially the permanent devices, as brought out in the table below:

Year	Number of Users (lakh of cases/ users)											
	Sterilization			Intra Uterine Devices			Condoms Users			Oral Pills Users		
	T	A	P	T	A	P	T	A	P	T	A	P
2000-01	6.13	3.65	60	24.51	20.37	83	22.45	17.81	79	9.03	8.49	94
2001-02	6.80	4.18	61	26.20	22.56	86	23.92	15.34	64	6.69	8.27	124
2002-03	8.10	4.70	58	24.82	20.64	83	17.26	17.61	102	9.98	7.87	79
2003-04	9.43	4.83	51	25.43	20.81	82	17.61	17.49	99	9.46	8.25	87
2004-05	9.50	5.04	53	25.85	20.94	81	19.84	15.73	79	19.78	17.86	90
Increase in users with reference to 2000-01	3.37	1.39		1.34	0.57		(-) 2.61	(-) 2.08		10.75	9.37	
Percentage Increase	55	38		05	03		12	12		119	110	

T=Target; A=Achievement, P=Percentage of achievement

There was no significant increase in number of users of permanent birth control devices.

As compared to the year 2000-01, the increase in use of permanent birth control devices was by 38 *per cent* against the target of 55 *per cent* for sterilizations and three *per cent* against the target of five *per cent* in use of IUDs despite availability of sufficient stock of IUD items in the stores **(Appendix-3.1)**. It was also noticed that the higher achievements for condoms during 2002-03 (102 *per cent*) and for Oral Pills during 2001-02 (124 *per cent*) were mainly due to reduction of targets during these years.

Service delivery intervention

The reproductive health component included essential obstetric care through First Referral Units (FRU), communication and transport and providing equipment, drugs and supplies at the PHCs, and RTI/ STI care. The essential obstetric care included registration of Ante Natal cases. The child health element, *inter alia*, included universal immunization, availability of essential medicines for diarrhea, dysentery and dehydration at the PHC level.

3.1.12 Registration of Ante Natal Care (ANC) cases and Safe Deliveries

The ANMs are responsible for registration of the Ante Natal Care (ANC) cases. All necessary vaccinations, medicines and care are to be provided and safe deliveries ensured in all the cases registered under the RCH programme.

Details of the ANC cases registered and safe deliveries ensured were as under:

Year	ANC Registration	Safe Deliveries		
		Institutional deliveries	Through trained persons	Total safe deliveries
	Cases in lakh			
2000-01	55.46	8.74	25.08	33.82
2001-02	56.14	7.41	25.70	33.11
2002-03	53.36	17.05	20.48	37.53
2003-04	51.91	18.53	18.15	36.68
2004-05	52.45	19.43	19.47	38.90
TOTAL	**269.32**	**71.76 (27%)**	**108.88 (40%)**	**180.04 (67%)**

Safe deliveries were ensured in only 67 per cent of the registered ANC cases.

Out of 2.69 crore ANC cases registered during 2000-05, 1.80 crore (67 *per cent*) deliveries only were safe (institutional: 27 *per cent*; trained persons: 40 *per cent*). Thus, the institutional and deliveries through trained persons could not be promoted to ensure safe deliveries despite the programme being in

operation since 1998. Distribution of IFA[1] and Vitamin "A" tablets was ensured only to 88 *per cent* and 79 *per cent* respectively of the ANC cases registered with the Department.

The Directorate in its reply stated (December 2005) that non-acceptance by the beneficiaries resulted in shortfall in respect of IFA and Vitamin A tablets. Regarding safe deliveries the Directorate stated that most of the population, especially in rural areas, preferred home deliveries through their family members with the help of unskilled dais.

3.1.13 Non-availability of sufficient DD Kits

GOI released Rs 11.06 crore under the Pradhan Mantri Gramodaya Yojaja (PMGY) during 2002-04[2] for purchase of Disposable Delivery (DD) Kits. During 2003-04 the amount was utilized for purchase of 30.72 lakh DD Kits. No Kits were purchased during 2004-05 despite availability of unspent balance of Rs 2.74 crore from the previous year under RCH programme. Thus, only 30.72 lakh DD Kits were available during 2002-05. As the DD kit was essential for performing safe delivery by the trained persons, inadequate number of DD Kits rendered 27.38 out of 58.10 lakh deliveries (47 *per cent*), carried through trained persons without delivery kits.

The Directorate in their reply (December 2005) accepted the requirement for DD Kits for safe deliveries and stated that these were purchased during 2003-04 under PMGY[3] because the funds for 2002-03 were received late. Further that the purchase could not be made during 2004-05, as the purchase process could not be completed (December 2005).

3.1.14 First Referral Units (FRUs)

The RCH programme envisaged establishing and activating two FRUs in each district, at the CHC level, to provide emergency obstetric care, treatment of complicated pregnancies and complicated childhood illness, 24-hour delivery facility, blood transfusion facilities and new born care services. The RCH programme identified 138 CHCs for establishing FRUs during the first phase.

Audit scrutiny revealed that FRUs could not be made functional fully due to acute shortage of medical and paramedical staff. In 138 FRUs surgeons were short by 31 *per cent*, pediatricians by 40 *per cent*, lady doctors by 46 *per cent*, anesthetists by 74 *per cent*, staff nurses by 39 *per cent*, and lab technicians by 13 *per cent*. Further, availability of safe blood at the FRU level, as envisaged in the programme, could also not be ensured. The Directorate accepted (December 2005) that the FRUs could not be made fully operational due to acute shortage of medical and para-medical staff. Regarding the availability of the safe blood at the FRUs level it was stated that it could not be done due to problems of blood bank licensing. Thus, even after completion of the first phase of the programme neither could the identified FRUs be made fully operational nor could the safe blood be made available at the FRUs level as envisaged.

3.1.15 Referral transport facilities

The programme envisaged providing Rs 5000 per Gram Panchayat (GP) to 2172 GPs located in 25 *per cent* of sub-centers of the "C" Category districts

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1 Iron and Folic Acid

2 2002-03-Rs 6.51 crore, 2003-04-Rs 4.55 crore

3 Pradhan Mantri Gramodaya Yojana

for providing transport to women of indigent families during ante-natal emergencies. The GPs were to meet the cost of transport for the needy. The GOI provided Rs 30 lakh during 1998-99 for this purpose, which was paid to 600 GPs. However, no further funds were received from the GOI for the remaining 1572 GPs as UCs for the funds released earlier were not submitted. The Directorate accepted (December 2005) that as only 10 to 15 *per cent* UCs could be obtained during the first two-three years no funds were demanded from GOI. Thus, failure of Directorate to collect the UCs deprived the remaining GPs from the facility of referral transport envisaged in the programme.

3.1.16 Shortage of Auxiliary Nurse Midwives (ANMs)

As per the records of the Directorate, against the requirement of 21712 ANMs, only 20505 ANMs (96 *per cent*) were available with the Department. The RCH programme envisaged appointment of additional ANMs on contract basis to strengthen the service delivery in 30 *per cent* remote sub-centers of "C" category districts. As against the stipulated appointment of 4819 cotractual ANMs, 2210 ANMs only were appointed. Thus, due to shortage of 3816[1] (14 *per cent*) ANMs, the required coverage could not be provided to the target areas affecting the implementation of the programme adversely. The Directorate stated (December 2005) that fresh appointments would soon be made as the training of ANMs had been restarted.

GOI released Rs 3.60 crore during 1999-2000 to create a revolving fund for grant of interest free advance to ANMs for purchase of mopeds. It was noticed in audit that out of approximately 5000 eligible ANMs, the advance was paid (1999-2005) to 2464 ANMs only. Due to non-recovery of the advanced amount, the revolving fund could not be maintained and remaining 2536 ANMs (51 *per cent*) were without mopeds, which affected their mobility and access to the remote areas adversely. The Directorate stated (December 2005) that the money was recovered and re-distributed to the applicants and the accounts section was monitoring the discrepancies. The reply was not tenable as no balances under this fund were exhibited in the balance sheet.

3.1.17 Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection (STI)

The programme envisaged setting up of RTI/ STI clinics in the FRUs with the aim of reducing the incidence of RTI/ STI among the women. A total of 80[2] clinics were to be set up in the State. The State Government was to identify the medical officers and laboratory technicians for training and the FRUs for establishing these clinics. The GOI was to provide equipment, reagents and chemicals for test and drug kits for treatment besides providing training to the lab technicians and medical officers at the National Institute of Health and Family Welfare. Audit scrutiny revealed that neither was the necessary training to the medical officers and laboratory technicians provided nor the drug kits procured. Thus, the RTI/ STI clinics could not be made operational as envisaged in the programme.

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1 Shortage of regular ANMs=1207, Short appointment of contractual ANMs=2609, Total=3816

2 Three each in category 'A', two each in category 'B' and one each in category 'C' districts

Child Health

The programme envisaged that controlling the incidence of Vaccine Preventable Diseases (VPD) could reduce the infant mortality rate and child mortality rate. Immunization was, therefore, a major activity under the programme. It accounted for expenditure of Rs 373 crore (61 *per cent*) during 2000-05.

3.1.18 Immunization

Under the programme, vaccination for Measles, BCG[1], and DPT[2]was to be provided to the infants and children, besides the oral polio drops administered under Intensive Pulse Polio Immunisation programme, to protect them from infectious diseases. The GOI supplied the vaccines and the Department made the arrangements for their administration under RCH programme. The annual targets for immunization were fixed keeping in view the incidence of the VPD.

There was a decline in immunisation

Scrutiny of the records relating to immunizations provided in ANC cases registered with the department during 2000-05 revealed that achievement of targets relating to DPT vaccine ranged between 103 and 88 *per cent*, Oral Polio Vaccine between 104 and 81 *per cent*, BCG between 103 and 75 *per cent* and for Measles between 97 and 89 *per cent*. Year-wise details are given in the **Appendix-3.2**.

The achievement in excess of targets during 2001-03 was attributed to more people than targeted, coming forward for voluntary immunization. The percentage of achievement in respect of all the vaccinations came down during the subsequent years. The Directorate attributed (December 2005) the decline in coverage of DPT vaccine to short supply of vaccine during 2003-04 and deployment of staff for Pulse Polio campaigns. No reasons were adduced for decline in the vaccination for measles. The reply was not tenable as the records of the Directorate revealed no shortage of the DPT vaccine as brought out in **Appendix-3.3.**

The major immunization activity undertaken by the Department was the 'Intensive Pulse Polio Immunization' (IPPI) campaigns. During these campaigns the department organized camps to administer oral polio vaccine to the children in the age group of zero to five years. These camps were followed by door to door visits to saturate the immunization. The health care staff, NGOs and volunteers participated in these activities. The department paid honorarium, besides providing the publicity material like hoardings, posters, banners and pamphlets, to the participating NGOs and volunteers. The targets of immunization during these campaigns were achieved.

3.1.19 Training

The programme envisaged training for creating awareness among the staff and for skill up-gradation. Trainings included Integrated Skill Training (IST) for awareness generation and coordination and the Specialised Skill Training (SST) in regard to specialized skills. The training was to be provided in the training institutes identified by the State Institute of Health and Family Welfare (SIHFW). The SIHFW was also responsible for identifying training

[1] Bacille Calmette-Guerin

[2] Diphtheria, Pertussis, Tetanus Toxoids

courses, making prototype-training curricula, release of money to identified training institutions and supervise/ monitor the trainings imparted. As per the PIP, IST was to be provided to 54620 members and SST to 12782 members of staff of different categories during 1998-2005. The expenditure incurred on trainings under the programme was Rs 21.71 crore during 2000-05. Progress of training as of March 2005 was, however, as under: -

Necessary trainings were not provided to medical practitioners and staff.

Integrated Skill Training

S No	Category	Target	Achievement	Percentage
1.	Health Workers—Female (ANM)	23640	9230	39
2.	Health Supervisor—Female	4020	1034	26
3.	Health Supervisor—Male	6220	1505	24
4.	Staff Nurse	550	368	67
5.	Medical Officer	6000	1923	32
TOTAL		**40430**	**14060**	**35**

Specialised Skill Training

S. No	Area of training	Target	Achievement	Percentage
1.	MTP	260	220	85
2.	Laparoscopy	94	50	53
3.	Mini Laparoscope	198	39	20
4.	Intra Uterine Device	12227	3088	25
5.	No Scalpel Vasectomy	980	NIL	NIL
	Total	**13759**	**3397**	**25**

Thus, the achievement in respect of IST was 35 *per cent* and for SST it was 25 *per cent*. No IST training was provided to 14190 members of staff of other categories[1].

3.1.20 Information, Education and Communication (IEC)

The activity aimed at facilitating behavioural changes through dissemination of messages among the target audiences, viz. the un-served, under-served, remote and tribal populations. Mahila Swasthya Sangathan (MSS), political and religious leader etc. were to be involved for the activity. Advertisement campaigns through print, folk and other media were to be undertaken to promote awareness among the masses. Scrutiny of records did not reveal any effort having been made for involving the MSS and local leaders etc. in these activities.

IEC activities failed to create general awareness

The GOI released Rs 6.60 crore[2] during 2001-04 for organizing 4114 RCH camps to generate awareness among the common public and also to facilitate availability of RCH services at a nearby spot to popularize them. Records revealed that only 3369 camps were organized during the period 2001-05 at a cost of Rs 5.32 crore. This left an unspent balance of Rs 1.28 crore as of March 2005. The Directorate failed to organize sufficient number of camps to create requisite level of public awareness despite availability of funds. Lack of

[1] Health Worker–Male (9940), Statistical Assistants (80), Laboratory Technicians (140), Pharmacists (980), Store Keepers (980), District Public Health Nursemaids (150), Health Education Officers (1020), District Health Education Officers and their deputies (180), Obstetrician and Gynecologists (285), Pediatrician (285) and Programme Managers (150).

[2] This does not include Rs 1.90 crore advanced to UNICEF during December 2004

awareness resulted in low acceptance of the permanent measures of family welfare as brought out in earlier paragraphs.

3.1.21 Major civil works

The major civil works under the programme included construction of operation theaters and labour rooms at the PHCs and an expenditure of Rs 15.50 crore was incurred during 2000-05 on this activity.

The GOI released Rs 14.24 crore in 2002-03 for 159 major civil works in 39 districts to be completed during the same year. Scrutiny of records revealed that the respective CMOs awarded works to contractors and only 14 works were completed at a cost of Rs 9.40 crore at the end of March 2005. Progress of 128 works ranged between 20 and 90 *per cent* and there was no progress in 17 works on that date. The Directorate intimated that 157 works had been completed by December 2005. Delay in completion of the works deprived the beneficiaries of the facilities of operation theaters and labor rooms.

3.1.22 Slow progress of the Sector Investment Programme

The Sector Investment Programme (SIP) aimed, *inter alia*, at supplementing the funds available for oprationalisation of FRUs, purchase of laparoscopes, strengthening and streamlining of routine services and strengthening of basic training schools. Scrutiny of records revealed that out of Rs 43.53 crore released by the GOI for SIP during 2000-05, Rs 25.06 crore (58 *per cent*) only were utilized. Under-utilisation of funds was mainly due to slow progress in purchase of laparoscopes necessary for non-invasive surgeries, construction of sub-centres, strengthening of basic training schools and operationalisation of FRUs etc. The Directorate stated (December 2005) that the funds had now been released to various executing agencies. Thus, the benefits of the programme could not accrue to the target population during the programme period despite availability of funds.

3.1.23 Monitoring

Though the SEC and the District Committees met periodically to review the monthly progress reports prepared by various functionaries, the tardy progress of the programme implementation indicated that the monitoring was not effective.

The Directorate in their reply (December 2005) accepted that monitoring of grass root functionaries by health supervisors and Deputy Chief Medical Officers was lacking which affected the implementation of the programme.

3.1.24 Conclusion

There were significant shortfalls in performance of RCH programme in the State as safe deliveries were ensured only in 67 *per cent* cases, effectiveness through management intervention was only partially enhanced as the increase in use of permanent birth control measures was below the target. Though the target of Intensive Pulse Polio Immunization (IPPI) was largely achieved, there was deficient performance in administering the DPT and Measles vaccines due to deployment of staff for IPPI campaigns.

Non availability of sufficient DD kits, non activation of first referral units, shortage of ANMs, shortfall in training to health workers and medical practitioners and failure to organise sufficient number of IEC campaigns were the main reasons for below par performance under the programme.

Recommendations

- *The financial management for implementation of the programme should be strengthened to ensure utilisation of funds in full.*
- *Infrastructure deficiencies like inadequate medical and para-medical staff, provision of safe blood, etc. in the CHCs should be removed for making FRUs and RTI/STI care centres fully functional.*
- *Greater participation in the training programme should be ensured by mutual consultations between the Directorate and the designated training institutes.*
- *IEC activities should be undertaken to ensure greater level of awareness among the targeted audience. Mahila Swasthiya Sangathan, NGOs,etc may also be associated with these activities.*
- *The monitoring mechanism of the RCH should be strengthened and activities monitored effectively.*

The above points were referred to the Government in October 2005; reply had not been received (December 2005). However, during discussions (December 2005) the Government confirmed the facts and figures and accepted the recommendations.