CHAPTER VII

IMPLEMENTATION OF CENTRALLY SPONSORED SCHEMES

Implementation of selected Centrally Sponsored Schemes in the health sector was not satisfactory. Under Pradhan Mantri Jan Arogya Yojana (PMJAY), inordinate delay in payment of insurance claims to beneficiaries was noticed. A District Implementation Unit to support the implementation of PMJAY and combined unit for anti-fraud, medical audit and vigilance at state level with district level officers were not formed. The number of beneficiaries covered under Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram was low.

Health being a State subject, the GoI supplements the efforts of the State Governments in delivery of health services through various schemes of primary, secondary and tertiary care. Central Sector and Centrally Sponsored Schemes are extended by the Union Government to States under Article 282 of the Constitution. Centrally Sponsored Schemes are different from Central Sector Schemes in the sense that Central Sector Schemes are implemented by GoI directly while Centrally Sponsored Schemes are implemented by States. Observations based on examination of implementation of selected centrally sponsored schemes in the State are discussed in succeeding paragraphs.

7.1. National Urban Health Mission

The National Urban Health Mission (NUHM), a sub-mission of National Health Mission (NHM) was approved by the Cabinet on 01 May 2013. 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.

NUHM envisages undertaking ‘Vulnerability Mapping and Assessment’ in urban areas so that the location of the Urban PHCs/CHCs and sites for Outreach Services can be optimally planned and health care services can be organized as per the needs of these vulnerable groups.

7.1.1. Mapping and Vulnerability Assessment

NUHM was implemented in all the four test-checked districts and the city mapping and vulnerability assessment were done in all the test-checked districts. The city mapping was conducted through GIS mapping of health facilities in 2018.

7.1.2. Outreach services of NUHM

Status of outreach sessions held in the test-checked districts during the audit period is given in **Table 7.1**.

Table 7.1: Status of Outreach Sessions held in test-checked districts

Name of District	Target	Achievement	Shortfall	Shortfall (*per cent*)
Thiruvananthapuram	3110	4543	0	0.00
Alappuzha	932	1221	0	0.00
Malappuram	2456	4887	0	0.00
Wayanad	234	77	157	67.09

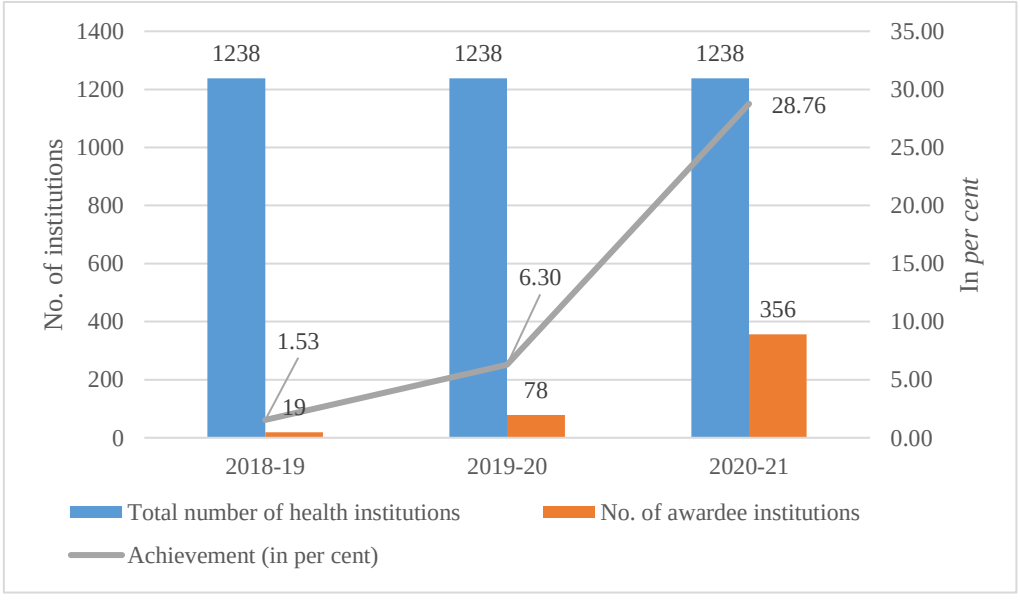
(Source: Data obtained from NHM)

Audit noticed that in Wayanad district there was a shortfall of 67 *per cent* in the conduct of outreach sessions.

7.2. Kayakalp Programme

Ministry of Health and Family Welfare (MoHFW), GoI, launched a national initiative on 15 May 2015 to promote cleanliness, hygiene and infection control practices in public healthcare facilities, enhance the quality of public health facilities and incentivise the exemplarily performing healthcare facilities. Initiated from DH in 2015, the scheme expanded upto PHC level (2016) and covered all urban health facilities by 2017. The purpose of this initiative is to appreciate and recognize their effort to create a healthy environment by giving awards to those public health facilities that demonstrate high levels of cleanliness, hygiene and infection control. Cash award will be given to those facilities that score 70 *per cent* or more in each level of assessment through Kayakalp assessment tool (checklist) formed by MoHFW. The status of achievers of the programme in the State is given in **Chart 7.1**.

Chart 7.1: Status of achievers under Kayakalp programme in the State



It was noticed that the percentage of awardee institutions has increased from 1.53 *per cent* in 2018 to 28.76 *per cent* in 2020-21. However, the fact remains that more than 70 *per cent* of the hospitals are yet to achieve the required level of healthy environment.

No remarks were furnished by GoK (November 2023).

7.3. Achievement under National Quality Assurance Programme

National Quality Assurance Standards (NQAS) have been developed keeping in view the specific requirements for public health facilities as well as global best practices. NQAS are currently available for DHs, CHCs, PHCs and UPHCs. Standards are primarily meant for providers to assess their own quality for improvement through pre-defined standards and to bring up their facilities for certification. In Kerala, out of the 1,238 public health institutions, 140 hospitals (11.31 *per cent*) acquired the standards under this programme as detailed in **Table 7.2**.

Table 7.2: Category-wise number of health institutions with NQAS certification in the State

Type of facility	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
DH/GH	0	0	2	1	0	1	4
TH/THQH	0	0	3	1	0	0	4
CHC	0	1	1	3	2	1	8
PHC	0	0	7	41	23	17	88
UPHC	0	0	1	5	16	14	36
Total		**1**	**14**	**51**	**41**	**33**	**140**

(Source: Data furnished by NHM)

The NQAS achieved hospitals in the test-checked districts were on an average below seven *per cent* as shown in **Table 7.3**.

Table 7.3: Number of health institutions which achieved NQAS in test-checked districts

Type of health institutions	Thiruvananthapuram		Alappuzha		Malappuram		Wayanad	
	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs
DH/GH	4	0	3	0	4	0	2	0
TH/THQH	8	0	6	0	7	0	2	0
CHC	20	0	15	0	16	0	7	0
PHC	72	5	62	3	89	9	25	4
Total	**104**	**5**	**86**	**3**	**116**	**9**	**36**	**4**

Color code determined by Audit: Red colour depicting poor performance i.e., achievement below 50 per cent.
(Source: Data furnished by NHM)

7.4. Revised National TB Control Programme

The Revised National TB Control Programme (RNTCP) was launched in India in 1997. The year-wise performance of RNTCP in Kerala during the audit

period is shown in **Table 7.4** and performance of the programme during the year 2022 in the test-checked districts was as shown in **Table 7.5**.

Table 7.4: Performance of RNTCP - Kerala State – 2016 to 2022

Year	Total notified cases	Total annualized case detection rate/ lakh population	Micro-biologically confirmed TB cases	Total pulmonary TB cases	Microbiologically confirmed pulmonary TB cases out of total diagnosed pulmonary cases	Microbiologically confirmed pulmonary TB cases out of total diagnosed pulmonary cases (in *per cent*)	Success rate (in *per cent*)
2016	26324	77	13324	NA	NA	NA	88
2017	23259	68	13475	NA	NA	NA	84.49
2018	24647	72	15904	15753	12379	79	87
2019	25620	74	15719	16495	13802	84	89
2020	20892	61	13381	12487	10727	86	85
2021	21953	63	14323	12960	11310	87	81
2022	23389	67	14519	14588	12664	87	81

NA- Not available; Treatment success rates are calculated from cohort data (outcomes in registered patients) as the proportion of new smear positive TB cases registered in a given year that successfully completed treatment.
(Source: Data obtained from DHS)

Table 7.5: Performance of RNTCP during the year 2022 in test-checked districts

Districts	Total notified cases	Total annualized case detection rate/ lakh population	Micro-biologically confirmed TB cases	Total pulmonary TB cases	Micro-biologically confirmed pulmonary TB cases out of total pulmonary cases	Microbiologically confirmed Pulmonary TB cases out of total pulmonary cases (in *per cent*)	Success rate (in *per cent*) (2021 cohort)
Alappuzha	980	45	894	928	824	89	83
Malappuram	1,996	46	1322	1449	1172	81	87
Thiruvananthapuram	2,904	85	1480	1497	1276	85	80
Wayanad	479	53	365	355	324	91	85

(Source: Data obtained from DHS)

It was noticed that the success rate of the State dipped from 88 *per cent* in 2016 to 81 *per cent* in 2022 and the rate was least in Thiruvananthapuram (80 *per cent*).

7.5. National Mental Health Programme

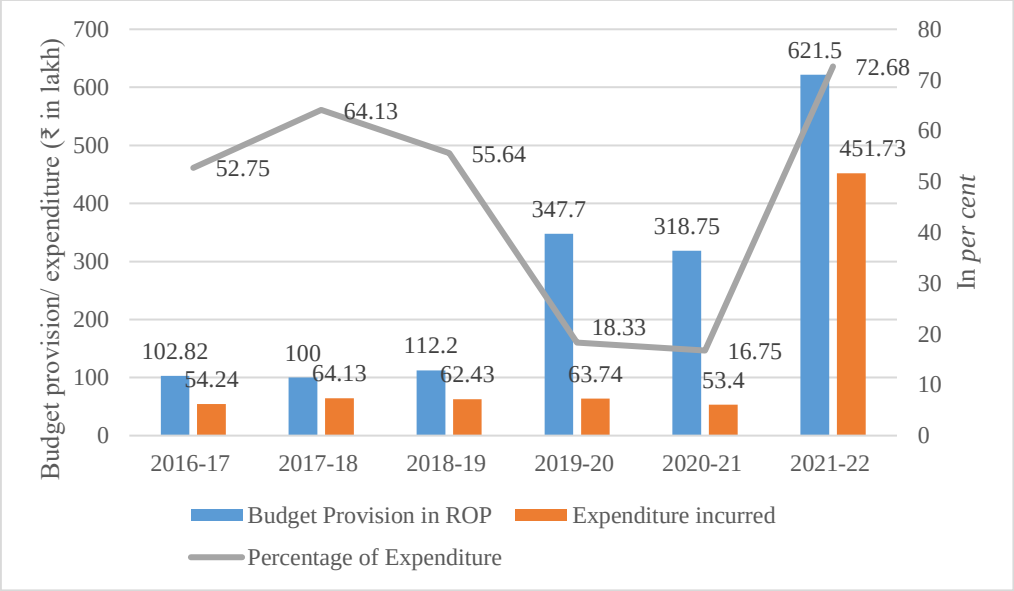
The Government of India launched the National Mental Health Programme (NMHP) in 1982, with the following objectives:

- To ensure the availability and accessibility of minimum mental healthcare for all in the foreseeable future, particularly to the most vulnerable and underprivileged sections of the population;
- To encourage the application of mental health knowledge in general healthcare and in social development; and
- To promote community participation in the mental health service development and to stimulate efforts towards self-help in the community.

7.5.1. Underutilisation of funds under National Mental Health Programme

The budget provision and expenditure under NMHP in Kerala is detailed in **Chart 7.2** below.

Chart 7.2: Budget provision and expenditure under NMHP in Kerala



(Source: Data obtained from NHM)

The utilisation of funds under NMHP ranged from 16.75 *per cent* to 72.68 *per cent* during the audit period.

7.5.2. Implementation of Mental Health Programme in selected districts

Audit checked the availability of Mental Health Services in the test-checked hospitals as detailed in **Table 7.6**.

Table 7.6: Availability of mental health services in test-checked health institutions

Sl. No.	Particulars	DH/GH (07)	TH/THQH (07)	CHCs (07)
1	Provisions of Outpatient services for walk-in-patients and patients referred by the PHC is provided by MO.	5	5	4
2	Early identification, diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia, Manic Depressive Psychosis) are available.	5	4	3
3	In-patient services are available for emergency psychiatry illnesses.	4	1	0
4	Counselling services provided by the Clinical Psychologist/ Trained Psychologist.	3	2	4
5	Continuing care and support to persons with Severe Mental Disorder (SMD) is provided. (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	4	3

Scales determined by Audit	Good (6-7)	Moderate (4-5)	Poor (0-3)

(Source: Data obtained from test-checked health institutions)

7.5.3. Availability of Mental Health Programme drugs in test-checked health institutions

Audit examined the availability of 45 Mental Health Programme drugs in the test-checked health institutions and the shortfall in mental health drugs is shown in **Table 7.7**.

Table 7.7: Shortfall in mental health drugs in test-checked institutions

Type of health facility	Range of shortfall (in Nos)	Range of shortfall (in *per cent*)
DH/GHs	19 to 41	42 to 91
TH/THQHs	16 to 40	36 to 89
CHCs	14 to 43	31 to 96
PHC/FHCs	14 to 45	31 to 100

(Source: DDMS data of KMSCL)

Audit observed that none of the 45 mental health programme drugs were available in FHC, Parappanangadi and FHC, Punnapra North.

7.6. Janani Suraksha Yojana

Janani Suraksha Yojana (JSY) is a 100 *per cent* Centrally Sponsored Scheme for safe motherhood intervention under the National Health Mission (NHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women. The scheme, launched on 12 April 2005, is under implementation in all States and Union Territories (UTs).

As per the guidelines, cash assistance of ₹700 was admissible to mothers belonging to BPL families who hailed from rural areas and ₹600 to those from urban areas in Kerala, being a high performing State. The hospitals met the payment through the advances received from NHM. Against a budget allocation of ₹48.29 crore, the expenditure incurred for the payment amounted to ₹45.87 crore (95 *per cent*) during the period 2016-22.

The following deficiencies were noticed in the implementation of the scheme:

- As per the guidelines for the implementation of the scheme, only BPL/ SC/ ST pregnant women were eligible for cash assistance in high performing States. Though Kerala was a high performing State, it was decided that the cash assistance should be extended to all women whose deliveries are handled by Government hospitals. CAG in the Report for the year ended 31 March 2017 [87] remarked on the extension of benefit to all women in the State without GoI approval. This being a 100 *per cent* CSS, the concurrence of GoI should have been obtained before modifying the criteria for selection of beneficiaries especially since it involves increase in expenditure.

[87] Performance Audit on National Health Mission - Reproductive and Child Health and Immunisation (NHM RCH) included in the Report of the CAG on General and Social Sector

- Though GoK widened the beneficiary net to include all pregnant women approaching public hospitals for delivery, Audit noticed that beneficiaries in test-checked hospitals did not receive assistance during the period of audit as detailed in **Table 7.8**.

Table 7.8: Details of payment of cash assistance

Year	Test-checked institutions		
	Total number of institutional deliveries	Number of beneficiaries to whom cash assistance not paid	Percentage of non-disbursement
2016-17	19651	5226	26.59
2017-18	22997	5982	26.01
2018-19	25348	6269	24.73
2019-20	29291	6714	22.92
2020-21	22569	7735	34.27
2021-22	26841	10371	38.64
Total	**146697**	**42297**	**28.83**

(Source: Data furnished by test-checked institutions)

In the case of 13[88] out of 14 test-checked institutions in the four selected districts, 42,297 (28.83 *per cent*) out of 1,46,697 beneficiaries were not paid the stipulated cash assistance. The reasons stated (November/ December 2022) for non-disbursement of JSY assistance were non-furnishing of documents by beneficiaries like application for JSY benefit and bank account details, beneficiaries rejecting the benefit, non-availability of funds, etc. The reply was not acceptable since incentives were being paid to ASHAs for assisting the beneficiaries. As such, availability of documents should have been ensured through ASHAs.

No remarks were furnished by GoK (November 2023).

7.7. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

Ayushman Bharat is a flagship health scheme of the GoI, launched in September 2018 to achieve universal health coverage as recommended in the National Health Policy, 2017 and comprises of two inter-related components i.e., HWCs and PMJAY.

7.7.1. Health and Wellness Centres

Under this component, 1,50,000 HWCs were to be created by the year 2022 to deliver comprehensive primary health care, that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community such as care for non-communicable diseases, palliative and rehabilitative care, oral, eye and ENT care, mental health and first level care

[88] GH Kalpetta, DH Mananthavady, THQH Vythiri, THQH Tirurangadi, GH Neyyattinkara, TH Fort, DH Nedumangadu, SAT Thiruvananthapuram, DH Mavelikkara, W and C Ponnani, THQH Kayamkulam, DH Tirur and MCH Manjeri. Records were not produced by MCH Alappuzha.

for emergencies and trauma, including free essential drugs and diagnostic services. The HWCs at the Sub Health Centre (SHC) level would be equipped and staffed by an appropriately trained primary health care team led by a Community Health Officer (CHO) and comprising of multi-purpose workers (male and female) and ASHA. The status of operationalisation of HWCs in the State is furnished in paragraph 5.3 of this Report.

7.7.2. Pradhan Mantri Jan Arogya Yojana

PMJAY aims to provide health insurance cover of ₹ five lakh per family per year for secondary and tertiary care hospitalisation to the bottom 40 *per cent* of poor and vulnerable population. The scheme has been rolled out based on the deprivation and occupational criteria of the Socio-Economic Caste Census, 2011 (SECC). In Kerala, a decision was taken (May 2018) to combine the existing health protection schemes namely, CHIS PLUS and Karunya Benevolent Fund into a common scheme, the Karunya Arogya Suraksha Padhadhi (KASP) which was converged with the Central scheme PMJAY and launched with effect from 01 April 2019. 41.60 lakh beneficiary families were registered under the scheme including 1.17 lakh families under SECC. The State Health Agency (SHA) was entrusted with (May 2020) the running of the Scheme. The scheme is implemented through a total of 742 empanelled hospitals[89].

7.7.2.1. Financial Outlay

As per the scheme guidelines, expenses under PMJAY were to be shared between GoI and GoK in the ratio 60:40. While State may cover greater number of families than those defined as per SECC data, the additional cost for these families would be borne by the State. The allocation and expenditure for the period 2019-20 to 2021-22 are given in **Table 7.9**.

Table 7.9: Financial Outlay

(₹ in crore)

Year	GoK share	GoI share	Total	Expenditure
2019-20	498.08	122.56	620.64	620.64
2020-21	356.57	138.11	494.68	494.68
2021-22	1002.50	138.89	1141.39	1141.39

(Source: Data furnished by SHA)

Scrutiny of records of SHA relating to the period September 2018 to July 2021 revealed the following:

- The GoI guidelines for release of administrative expenses under the scheme stipulate that the States could adopt either SECC database or existing RSBY enrolled beneficiary families for deciding the total number of eligible beneficiary families and if a different database is adopted, it should be mapped with the SECC database. In Kerala, the beneficiaries under the scheme include beneficiaries from three sources of data, namely, SECC, RSBY and CHIS data. However, the beneficiary

[89] GoI-five: public- 195: private -542

data has not been mapped with the SECC data, as stipulated in the guidelines.

The SHA stated (January 2022) that they were under the assumption that all SECC families will be covered in the existing RSBY-CHIS data set, as the criteria for both RSBY-CHIS and SECC were almost same. SHA further admitted (November 2022) that the data of the eligible families in case of SECC 2011 category families was not available since no mapping exercise was done. It was stated (March 2022) that the mapping exercise needed support of different departments and action was being initiated to do the SECC mapping with the help of National Health Authority (NHA).

- During the period 2019-20 to 2021-22, SHA approved 35.66 lakh claims amounting to ₹2,440.92 crore against a total of 36.99 lakh claims amounting to ₹2,999.81 crore. However, 3.43 lakh claims amounting ₹339.27 crore were pending settlement (November 2022).

  Claims Adjudication Manual, 2019 stipulates a turn-around time of 15 days and 30 days for settlement of claims of same State and portability cases respectively. Audit observed time taken in settlement of cases beyond the stipulated period ranging from 16 to 400 days for cases of same State. Analysis of data during the period 2021-22 revealed that though 13.45 lakh claims amounting to ₹1,205.57 crore were approved during the period, 16 days to more than 400 days[90] were taken to settle 11.82 lakh claims amounting to ₹1,087.61 crore.

  SHA attributed the reasons for the delay in settlement of claims to the performance issues faced in the TMS portal.

- The guidelines[91] stipulate that empanelled hospitals need to be encouraged to attain quality milestones by making National Accreditation Board for Hospitals and Healthcare Providers (NABH) pre-entry level accreditation mandatory for all the empanelled hospitals[92]. However, Audit noticed that only 112 out of 742 (15 *per cent*) empanelled hospitals had NABH accreditation.

  SHA replied (March 2022) that NHA was encouraging empanelled hospitals to participate in National Health Authority - Quality Council of India (NHA-QCI) certification and that SHA was only overseeing the facilitating of the certifications.

- A District Implementation Unit (DIU) is to be established consisting of a District Nodal Officer, District Programme Co-ordinator (DPC), District Information Systems Manager, District Grievance Manager and a District Medical Officer to support the implementation in every district

[90] 16 to 30 days (for same State only) - two lakh; 31 to 100 days - 4.55 lakh; 101 to 200 days - 4.41 lakh; 201 to 300 days - 0.64 lakh; 301 to 400 days - 0.09 lakh; more than 400 days - 0.12 lakh

[91] Process of empanelment of hospitals - paragraph 1.3 (vii)

[92] to be attained within one year with two extensions of one year each

included under the scheme. In Kerala, DIUs were not established and DPCs appointed in the districts were executing the functions of DIU.

SHA replied (March 2022) that as per the suggestions of World Health Organisation which conducted a detailed analysis on the human resources of SHA and NHA guidelines, additional HR requirements had been submitted to the GoK.

- Guidelines proposes the SHA to have a combined unit for anti-fraud, medical audit and vigilance at the State level and to have vigilance and investigation officers at the district level. No such units were formed by the SHA.
- The Claims Review Committee (CRC) had not performed the prescribed duties as per guidelines. The Committee has reviewed neither 100 *per cent* of rejected claims nor two *per cent* of the pre-authorisations.
- The SHA had not conducted medical audits, beneficiary audit, pre-authorisation audit, claims audit and death audits as prescribed in guidelines. No audit under Claims Audit (rejected claims) was done by the SHA.

  SHA replied (March 2022) that deficiencies pointed out in Audit were noted and would be initiating action to rectify the issues.

No remarks were furnished by GoK (November 2023).

7.8. Janani Shishu Suraksha Karyakram

Government of India launched Janani Shishu Suraksha Karyakram (JSSK) on 01 June 2011. The scheme laid utmost emphasis on entitlements and elimination of out of pocket expenses for both pregnant women and sick neonates. The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no-expense delivery, including caesarean section. The entitlements would include free drugs and consumables, diagnostics, blood wherever required, transport both ways and diet. The funds were shared between GoI and GoK in the ratio 60:40. The hospitals are responsible for the payment of all entitlements to the beneficiaries.

CAG of India in the Report of General and Social Sector for the year ended 31 March 2017 had observed that the patient transport ambulance system was not set up resulting in parking of ₹11.88 crore released to KMSCL for the purpose. The paragraph was included in sixth report of PAC (2021-23). GoK informed PAC that the amount which was allotted to implement the scheme was resumed by the Finance Department at the end of 2013 as it was not utilised. No specific remarks were made by PAC.

The State Mission Director, NHM accorded sanction (August 2012) to disburse cash assistance of ₹500 each to mothers until GoK established transport system

for the pregnant women under JSSK. In four[93] out of the 14[94] test-checked institutions, a free transport system for transport of pregnant women had commenced operation from 2019-21. The status of payment of cash assistance to the beneficiaries in 12 out of 14 test-checked institutions is furnished in **Table 7.10**.

Table 7.10: Details of payment of transportation charges

Year	Test-checked institutions			
	Total number of institutional deliveries	Total number of mothers paid JSSK incentives	Number of beneficiaries to whom cash assistance not paid	Percentage of non-disbursement
2016-17	18166	2690	14456	79.57
2017-18	22651	12196	9568	42.24
2018-19	24902	15952	8950	35.94
2019-20	20042	8788	11254	56.15
2020-21	16045	5909	10136	63.17
2021-22	16966	5382	11584	68.28
Total/ Average	**118772**	**50917**	**65948**	**55.52**

(Source: Data furnished by NHM and test-checked institutions)

Audit observed that on an average 55.52 *per cent* of the beneficiaries had not received the transportation charges under the scheme during the audit period in the test-checked institutions. The reasons for non-payment of assistance were stated to be non-receipt of application from beneficiaries, patient having own transportation and starting of free transport system in test-checked hospitals. Thus, it could be seen that GoK/ NHM had not established a free transport system for the use of pregnant women under JSSK in all the hospitals till date and had also not disbursed the transportation charges to all beneficiaries in the absence of free transport system as evident from the data in the test-checked hospitals.

7.9. Financial position of other central schemes

The details of budget provision and expenditure incurred under National Programme for Health Care of the Elderly (NPHCE), National Tobacco Control Programme (NTCP) and National Programme for Control of Blindness (NPCB) are given in **Appendix 7.1**. It could be seen from the Appendix that only 65.81, 35.86 and 53.82 *per cent* of the expenditure could be actually incurred against the budget provision under NPHCE, NTCP and NPCB respectively.

[93] MCH Manjeri, GH Neyyattinkara, DH Mananthavady and GH Kalpetta

[94] GH Kalpetta, DH Mananthavady, THQH Vythiri, THQH Tirurangadi, GH Neyyattinkara, TH Fort, DH Nedumangad, SAT Thiruvananthapuram, W and C Ponnani, THQH Kayamkulam, DH Tirur, MCH Manjeri. Records were not produced by MCH Alappuzha and DH Mavelikkara. Data relating to four institutions, MCH Manjeri, GH Neyyattinkara and DH Mananthavady from 2019-20 and GH Kalpetta relating to the period from 2020-21 excluded from the table as the free transport system "*Mathruyanam*" had been implemented.

7.10. Recommendation

- Government should ensure that no eligible beneficiaries are deprived of the benefits envisaged under JSY and JSSK. This may be done by creating awareness of the projects among potential beneficiaries as well as by involving health workers / ASHAs.