

## Chapter 7

### Implementation of Centrally Sponsored Schemes

#### Highlights

- The GoI and GoCG allocated budget provision of ₹ 7,263.47 crore to NHM under NHM scheme during 2016-22. Out of this, the Department incurred expenditure of ₹ 6,486.08 crore (89.30 per cent).
- Under NHM ₹ 154.07 crore were received for the Non-Communicable Diseases (NCD) scheme. However, fund were unutilised as per plan during 2016-22, which resulted in savings of ₹ 36.00 crore.
- The NHM had utilised only 40 per cent to 78 per cent of the fund allocated under National Mental Health Programme (NMHP) scheme during 2016-22 except in the year 2019-20 in which the utilisation was 117 per cent.
- All five types of mental health services were not available in three to 10 CHCs. Mental health drugs ranging from 30 per cent to 89 per cent were not available in seven test checked DHs and from 29 per cent to 100 per cent in 14 test checked CHCs.
- Out of ₹ 3.13 crore received under National Iodine Deficiency Disorder Control Programme (NIDDCP) during 2016-22, out of which only ₹ 1.41 crore (45.04 per cent) was spent and ₹ 1.72 crore remained unspent.
- Out of 1,52,790 patients registered in Nikshay Poshan Yojana (NPY) portal of NTEP, only 26,332 patients completed their treatment, but the benefit of ₹ 500 per patient per month during the treatment period was not extended to them.
- As per Health Management Information System (HMIS) data, 30.30 lakh Pregnant Women (PW) were registered for Ante Natal Care (ANC), out of which 18.64 lakh (62 per cent) institutional deliveries were conducted during 2017-22 under JSSK scheme. Free medicines, diet and diagnostics services were provided to only 12.17 lakh (40 per cent), 8.38 lakh (28 per cent) and 11.89 lakh (39 per cent) pregnant women respectively.
- As per HMIS data, 2.22 lakh (10 per cent) out of 23.33 lakh PW who delivered at healthcare institutions (22.26 lakh) and home (1.07 lakh) during 2017-22 were not provided *Janani Suraksha Yojana* (JSY) incentive during 2016-22.
- Against the total allotment of ₹ 18.55 crore, only ₹ 15.10 crore (81 per cent) was spent under *Haat Bazar* scheme during October 2019 to March 2022. During this period 73,390 *Haat Bazar* clinic was organised and 26.17 lakh patients were benefited under this scheme.
- In *Kayakalp* programme, 6,145 health institutions (HIs) participated however, only 1382 HIs (22.49 per cent) were found eligible for *Kayakalp* programme during 2016-22.
- During 2016-22, only 55 (5.28 per cent) HIs are National Quality Assurance Standards (NQAS) certified out of total 1,041 HIs.

## 7.1 Introduction

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

The National Rural Health Mission (NRHM) was launched (April 2005) by the Government of India (GoI) to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. Subsequently, GoI launched (May 2013) National Urban Health Mission (NUHM) as a sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other sub-mission of National Health Mission (NHM).

NHM program is mainly divided into four major parts viz. A: RCH flexi pool, B: NRHM flexi pool, C: Immunization and D: National Disease Control Programmes (NDCPs<sup>1</sup>).

## 7.2 Fund allocation and expenditure

The Resource Envelope (RE) under NHM for a financial year consists of unspent balances of the previous years, proposed budget allocation from GoI and State share contribution due for the year in the ratio of 60:40 during 2016-22. GoI share is released to the State Government and State Government transfers the same along with its share to the Mission Director, NHM Chhattisgarh.

The receipt and expenditure under NHM during 2016-22 is shown in **Table - 7.1:**

**Table - 7.1: Receipt and expenditure under NHM during 2016-22**

*(₹ in crore)*

Year	Receipt						Expenditure during the year and per cent	Closing balance
	Fund available (Opening)	GoI	GoCG	Interest received during current year	Adjustment /other receipts	Total		
2016-17	324.82	397.92	322.54	13.05	-0.21	1058.12	769.63 (73)	288.49
2017-18	288.49	542.71	455.72	17.78	0.35	1305.05	894.72 (69)	410.33
2018-19	410.33	530.40	394.13	12.33	-0.28	1346.91	896.93 (67)	449.98
2019-20	449.98	629.77	585.68	69.26	-2.49	1732.20	1,149.39 (66)	582.81
2020-21	582.81	738.76	593.53	22.46	0.16	1937.72	1,287.80 (66)	649.92
2021-22*	649.92	736.46	885.28	9.04	-15.70	2265.00	1,487.61 (66)	777.39
<b>Total</b>		<b>3,576.02</b>	<b>3,236.88</b>	<b>143.92</b>	<b>-18.17</b>		<b>6,486.08</b>	

(Source: information provided by NHM)

(\*unaudited figure)

It could be seen from **Table - 7.1** that during 2016-22 expenditure under NHM (₹ 6,486.08 crore) was 23.17 per cent of the total expenditure (₹ 27,989.97 crore) of the Health Department. Further, NHM could utilise only ₹ 6,486.08 crore out

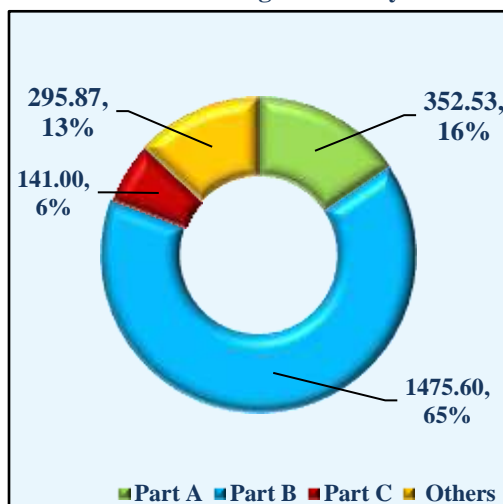
<sup>1</sup> It includes various programmes such as malaria (NVBDCP), TB (NTEP), blindness (NBCP), Leprosy (NLEP), IDSP, etc.

of total available fund of ₹7,263.47 crore<sup>2</sup> and fund of ₹ 777.39 crore (34 per cent) remained unutilized, as of March 2022. Thus, the total utilisation of funds ranged between 66 per cent (2021-22) and 73 per cent (2016-17). This indicates lack of monitoring over implementation of various health schemes on the part of NHM.

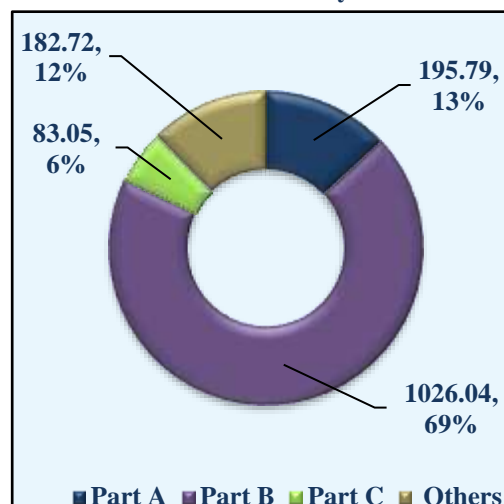
The total fund available and total expenditure made during 2021-22 by NHM is detailed in *Chart - 7.1 (a)* and *(b)*.

(₹ in crore)

**Chart - 7.1 (a): Total fund available during 2021-22 by NHM**



**Chart - 7.1 (b): Total Expenditure during 2021-22 by NHM**



**Part A** – RCH II; **Part B** – Mission Flexi pool; **Part C** – R Immu, Pulse Polio, Covid Vaccination, **Others** – NIDDCP (Iodine), NUHM, IDSP, NVBDCP, NLEP, NTEP, NVHCP, NCD, NRCP

The above chart shows that during the year 2021-22, the major portion of fund allocation was for mission flexi pool which stood at 65 per cent.

### Review of selected schemes under NHM

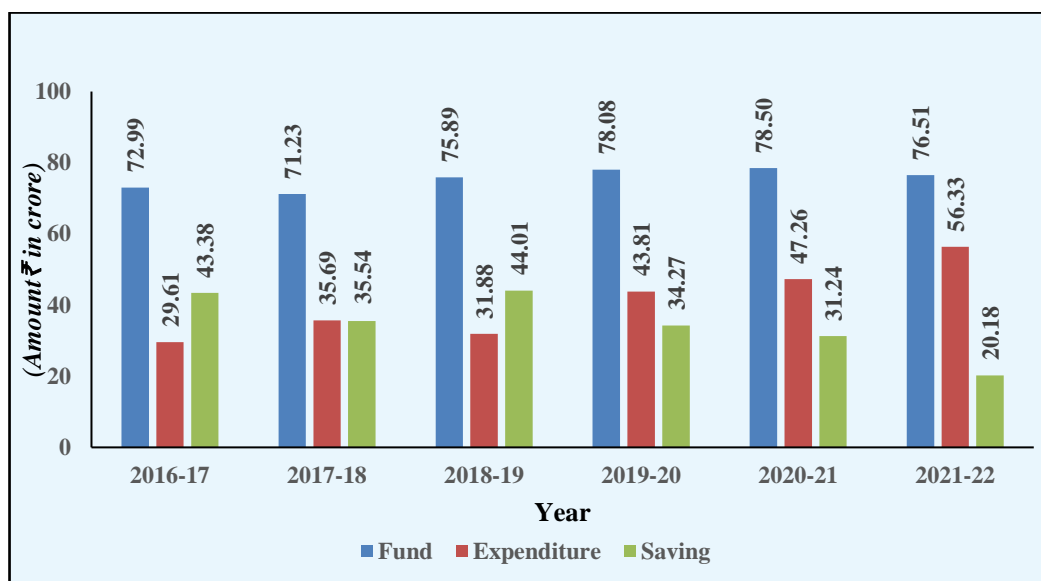
Audit reviewed the performance of NUHM, selected diseases control programme, NCD, NMHP, NIDDCP, NTEP, Family Welfare Schemes (FWS), *Janani Shishu Suraksha Karyakaram (JSSK)*, *Janani Suraksha Yojana (JSY)*, *Mukhyamantri Haat Bazar scheme*, *Kayakalp Programme*, and National Quality Assurance Standards (NQAS) under the NHM. The findings with respect to implementation of centrally sponsored schemes in the State are discussed in the succeeding paragraphs.

## 7.3 Implementation of National Urban Health Mission

Year wise Record of Proceedings (RoP) and expenditure under NUHM is shown in *Chart -7.2*:

<sup>2</sup> Total fund available [₹ 324.82 crore (OB of 2016-17) + ₹ 3,576.02 crore (GoI share) + ₹ 3,236.88 crore (GoCG share) + ₹ 143.92 crore (interest received during current year) - ₹ 18.17 crore (other receipt) = ₹ 7,263.47 crore]

Chart - 7.2: Fund received, expenditure and saving under NUHM during 2016-22



(Source: Compiled from data provided by NHM)

There were four Urban CHCs, 52 Urban PHCs and 370 *Swasthya Suvidha Kendras* operational in the State. During 2016-22, the NHM could spend only ₹ 244.58 crore (54 per cent) out of total available fund of ₹ 453.20 crore, due to shortage of manpower and infrastructure in UPHCs and UCHCs. This indicates that the NHM failed to utilise funds earmarked for implementation of its plan.

### 7.3.1 Utilisation of funds

NHM allocates funds to UCHCs/UPHCs for operational activities (untied fund and annual maintenance grant).

The year wise allocation and utilisation of funds (except pay and allowances) during the period 2016-22 are given in the **Table - 7.2**:

Table - 7.2: Year wise fund allotted, expenditure and savings in UCHCs and UPHCs

(₹ in crore)

Year	Fund allotted		Expenditure		Savings		Saving (in per cent)	
	UCHCs	UPHCs	UCHCs	UPHCs	UCHCs	UPHCs	UCHCs	UPHCs
2016-17	0.00	10.41	0.00	9.17	0.00	1.24	0.00	11.91
2017-18	0.00	17.52	0.00	14.56	0.00	2.96	0.00	16.89
2018-19	0.43	15.22	0.13	14.88	0.30	0.34	69.77	2.23
2019-20	1.04	17.70	0.33	14.65	0.71	3.05	68.27	17.23
2020-21	1.11	29.53	0.65	22.11	0.46	7.42	41.44	25.13
2021-22	2.39	24.88	1.40	22.23	0.99	2.65	41.42	10.65
<b>Total</b>	<b>4.97</b>	<b>115.26</b>	<b>2.51</b>	<b>97.6</b>	<b>2.46</b>	<b>17.66</b>	<b>49.50</b>	<b>15.32</b>

(Source: Information provided by NHM)

As it could be seen from above **Table - 7.2**, there were savings ranging from 41.42 per cent to 69.77 per cent in UCHCs and 2.23 per cent to 25.13 per cent in

UPHCs. This indicates that the UCHCs and UPHCs failed to utilise the allocated funds to provide facilities to the patients.

### 7.3.2 Plan and execution of outreach camps

As envisaged in operational guidelines of NUHM for conducting Outreach Services in urban areas, the Outreach Services would cover the most vulnerable and marginalised groups with special attention to their specific health needs.

The services would be provided on monthly basis by organising the outreach camp along the lines of integrated case management, involving periodic provision of services by other health professionals and specialists. The details of target and achievement of outreach camps during 2016-22 is given in the *Table - 7.3*:

**Table - 7.3: Planning and achievement in organizing outreach camps during the period 2016-22**

Year	Total no. of outreach camp planned	Total no. of outreach camp organised	Shortfall (+)/Excess (-) and per cent	Total no. of orientation workshop planned	Total no. of orientation workshop organized	Shortfall and per cent
2016-17	21,702	21,525	177 (0.82)	17	16	1 (5.88)
2017-18	22,919	22,615	304 (1.33)	17	16	1 (5.88)
2018-19	21,940	21,805	135 (0.62)	16	15	1 (6.25)
2019-20	21,938	22,428	-490 (-2.23)	16	12	4 (25.00)
2020-21	21,088	21,189	-101 (-0.48)	18	11	7 (38.89)
2021-22	20,847	20,573	274 (1.31)	18	16	2 (11.11)
<b>Total</b>	<b>1,30,434</b>	<b>1,30,135</b>		<b>102</b>	<b>86</b>	

(Source: Information provided by NHM)

It is evident from the above table that during the period 2016-22, there were shortfalls ranging from 0.62 per cent to 1.33 per cent in organising outreach camp and 5.88 per cent to 38.89 per cent in conducting orientation workshop. Due to shortfall, the intended benefit of organising the outreach camp and orientation workshop could not be achieved.

### 7.3.3 Outreach services and Orientation workshop of NUHM

As per operational guidelines for conducting Outreach Sessions in Urban Areas, the outreach services can be categorised in two types – (i) Monthly outreach sessions/Urban Health and Nutrition Days (UHNDs) and (ii) Special Outreach Sessions to be held periodically as per the local requirements of the specific population subgroups. Details of outreach sessions held in test-checked districts during 2016-22 is shown in *Table - 7.4*:

**Table - 7.4: Status of Outreach Sessions and Orientation Workshops held in test-checked districts during 2016-22**

Name of District	Target	Achievement	Shortfall	Shortfall ( <i>per cent</i> )
<b>Outreach session</b>				
Bilaspur	18,012	17,898	114	1
Raipur	32,544	32,544	0	0
<b>Orientation workshop</b>				
Bilaspur	6	3	3	50
Raipur	10	8	2	20

*(Source: Information furnished by NHM)*

It is evident from the above table that there was shortfall of 20 *per cent* (Raipur) to 50 *per cent* (Bilaspur) in organising orientation workshops during 2016-22.

## **7.4 National Disease Control Programmes**

### **7.4.1 Abnormal savings of ₹ 36 crore under Non-Communicable diseases**

India is experiencing rapid demographic and epidemiological transitions with Non-Communicable Diseases (NCDs) causing significant disability, morbidity and mortality both in urban and rural populations and across all socio-economic strata. According to the ICMR, four NCDs - Cardiovascular Diseases (CVDs), Cancers, Diabetes and Chronic respiratory diseases - contributed nearly 58 *per cent* of the premature mortality in the age group 30-69 years.

The global pandemic of NCDs is a threat to Sustainable Development. The Sustainable Development Goals (SDGs) include reducing premature deaths from the four main NCDs by one-third by 2030. Furthermore, three out of the nine health targets in SDGs also focus on NCDs-related issues.

The National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) has been expanded to cover the entire country. Population Based Screening initiative for Hypertension, Diabetes and three common Cancers has been initiated for structured screening, disease management, referral and follow-up. The integration of services at the district level and beyond has been brought under the umbrella of the NHM.

The year wise receipts, utilisation and savings of funds under the NCD program is detailed in the **Table - 7.5:**

Table - 7.5: Utilisation of fund under NCD programme during 2016-22

(₹ in crore)

Year	Opening Balance	GOI Fund Received	State Share	Total Receipts	Other receipt	Total available Fund	Expenditure	Closing balance	Expenditure (per cent)
2016-17	35.86	16.29	2.60	18.89	0.26	55.01	11.92	43.09	21.67
2017-18	43.09	36.69	0.00	36.69	1.29	81.07	11.35	69.72	14.00
2018-19	69.72	21.15	1.66	22.81	0.00	92.53	20.04	72.49	21.66
2019-20	72.50	5.16	0.00	5.16	1.52	79.18	21.43	57.75	27.06
2020-21	57.74	0.00	7.00	7.00	1.56	66.30	12.55	53.75	18.93
2021-22	53.75	3.85	19.57	23.42	-0.39	76.78	40.79	35.99	53.13
<b>Total</b>		<b>83.14</b>	<b>30.83</b>	<b>113.97</b>	<b>4.24</b>		<b>118.08</b>		

(Source: Information provided by NHM)

Audit observed that during 2016-22, NHM received an amount of ₹154.07 crore<sup>3</sup> under the NCD programme. The GoCG could not utilise the fund as per plan during the period, which resulted in savings of ₹ 36 crore<sup>4</sup>. The savings ranged from 46.87 per cent to 86 per cent. Details of NCD cases during the period 2016-22 is given in **Table - 7.6**:

Table - 7.6: Details of number of NCD cases during the year 2016-22

Year	CVD (cases new and follow up)	Diabetes Mellitus (cases new and follow up)	Lung Diseases (cases new and follow up)	Cancer (cases new and follow up)	Others (hypertension) (cases new and follow up)
2016-17	481	11,657	0	573	11,433
2017-18	968	39,919	0	109	16,831
2018-19	3,324	1,99,813	2,498	6,712	1,97,052
2019-20	5,362	3,39,203	3,560	337	3,51,909
2020-21	1,781	2,81,278	2,527	982	3,19,471
2021-22	6,343	5,25,762	8,315	64,827	6,07,866
<b>Total</b>	<b>18,259</b>	<b>13,97,632</b>	<b>16,900</b>	<b>73,540</b>	<b>15,04,562</b>

(Source: Information furnished by NHM)

It is evident from the above table, despite persistent increase in NCD cases the department failed to utilise the earmarked funds during period 2016-22. Although screening of NCD cases were done in all Healthcare Institutions (HIs) in the State, Cardiac care units were functional in only two districts (Ambikapur and Jashpur) and day care chemotherapy facility was available in 15 districts.

3 ₹ 113.97 crore (Total receipt during 2016-22) + ₹ 35.86 crore (Opening Balance) + ₹ 4.24 crore (other receipt) = ₹ 154.07 crore (total fund received)

4 ₹ 154.07 crore (Total receipt) - ₹ 118.08 crore (total expenditure) = ₹ 35.99 crore (saving)

Underutilisation of funds earmarked for the programme adversely affected the achievement of targets fixed under the SDG vision 2030. This indicates lack of planning and monitoring in implementation of the programme which resulted in lapse of funds amounting to ₹ 36 crore in March 2022.

The Mission Director (NHM) in reply stated (December 2022) that as per NPCDCS approved ROP approvals, physical and financial activities are approved for State and districts. Delay in finalisation of tenders by CGMSCL attributed to less expenditure and persistent savings in NPCDCS program.

#### **7.4.2 National Mental Health Programme**

The objective of National Mental Health Programme (NMHP) is to provide mental health services including preventive, promotion and long-term continuous care at different levels of district level health care system. As per National Mental Health Survey (2015-16), 11.66 *per cent* of total population above 18 years of age in Chhattisgarh are suffering from any mental morbidity and lifetime prevalence was 14.06 *per cent*. Depressive disorder is among 1.59 *per cent* and severe mental morbidity was less than one *per cent* of total population. Suicide risk assessment in the surveyed population revealed that 0.28 *per cent* of the population was at high risk for suicide. The suicide incidence rate per lakh population in the State was 22.40 as per National Crime Records Bureau 2014 estimates.

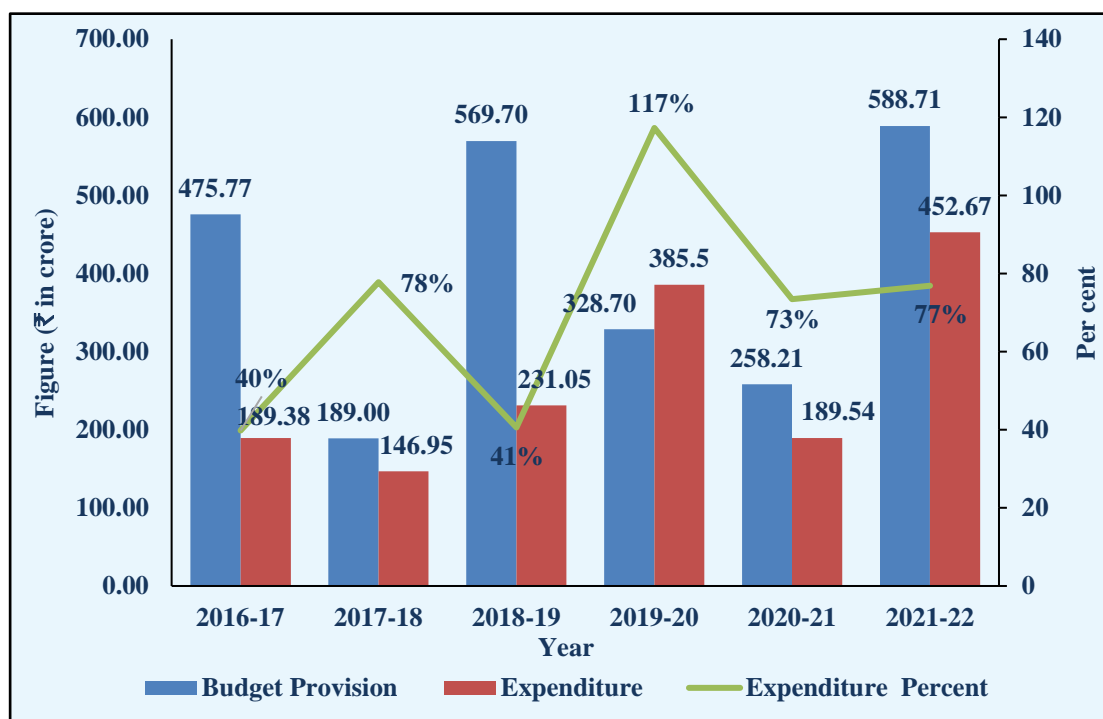
The implementation of NMHP is discussed in the succeeding paragraphs:

##### **7.4.2.1 Non-utilisation of funds under National Mental Health Programme**

Funds are available under Flexi pool for NCD (Non-Communicable Diseases). There is a flexibility provided to all States to allocate funds across various strategies as per local needs and broad national priorities. The NMHP allocated budget provisions for activities like infrastructure, training, targeted interventions etc. The number of components under Flexi pool varies from state to state. Financial outlay on NMHP, during the period 2016-22 is shown in *Chart - 7.3*:



Chart - 7.3: Budget provision and expenditure under NMHP in the State



(Source: information provided by NHM Chhattisgarh)

From the above chart, it is evident that NHM could utilise only 40 per cent to 78 per cent of the funds allocated during 2016-22 except in the year 2019-20 in which utilisation was 117 per cent earmarked for the NMHP.

#### 7.4.2.2 Implementation of Mental Health Programme in State

At present, to provide sustainable basic mental health services, 28 districts in the State with 170 beds, besides, the one State Mental Hospital, located at Sendri, Bilaspur with 200 beds providing specialised services to Mental Health patients are covered under District Mental Health Programme (DMHP) launched by GoI.

During the period 2017-22, DHs provided OPD and IPD services under NMHP, which are detailed in **Table - 7.7**:

**Table - 7.7: Year wise number of NMHP OPD and IPD services provided by Healthcare Institutions in Chhattisgarh**

Year	OPD Patients	IPD Patients	Remarks
2017-18	16,752	-	OPD data not available for 2016-17 and from 2016-21, no separate data is available for IPD Patients
2018-19	36,761	-	
2019-20	84,255	-	
2020-21	85,292	-	
2021-22	1,30,997	6,525	

(Source: Information furnished by NHM)

It is clear from the above table that there was substantial increase in OPD cases during 2017-22. Further, out of 23 DHs, Psychiatrists are posted only in two DHs (Raipur and Rajnandgaon) and Counsellors are posted in five DHs (Bastar,

Gariyaband, Jashpur Sukma and Surajpur), which was adversely affected OPD services under Mental Health Programme.

### 7.4.2.3 Availability of mental health services

Audit assessed the availability of mental health services in test checked 21 HIs of the State is detailed in **Table - 7.8**:

**Table - 7.8: Availability of mental health services in test-checked Health Institutions**

Sr. No.	Particulars	DHs (07)	CHCs (14)
1	Whether provisions of Outpatient Services for walk-in-patient and patients referred by the PHC is provided by MO.	7	11
2	Whether early identification, diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia, Manic Depressive Psychosis) are available.	7	10
3	Whether In-patient services are available for emergency psychiatry illnesses.	6	4
4	Whether counseling services provided by the Clinical Psychologist/ Trained Psychologist.	7	5
5	Whether 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.	7	5

(Source: Information furnished by test-checked HIs)

**Note: Color Scheme**

Satisfactory performance	Poor performance

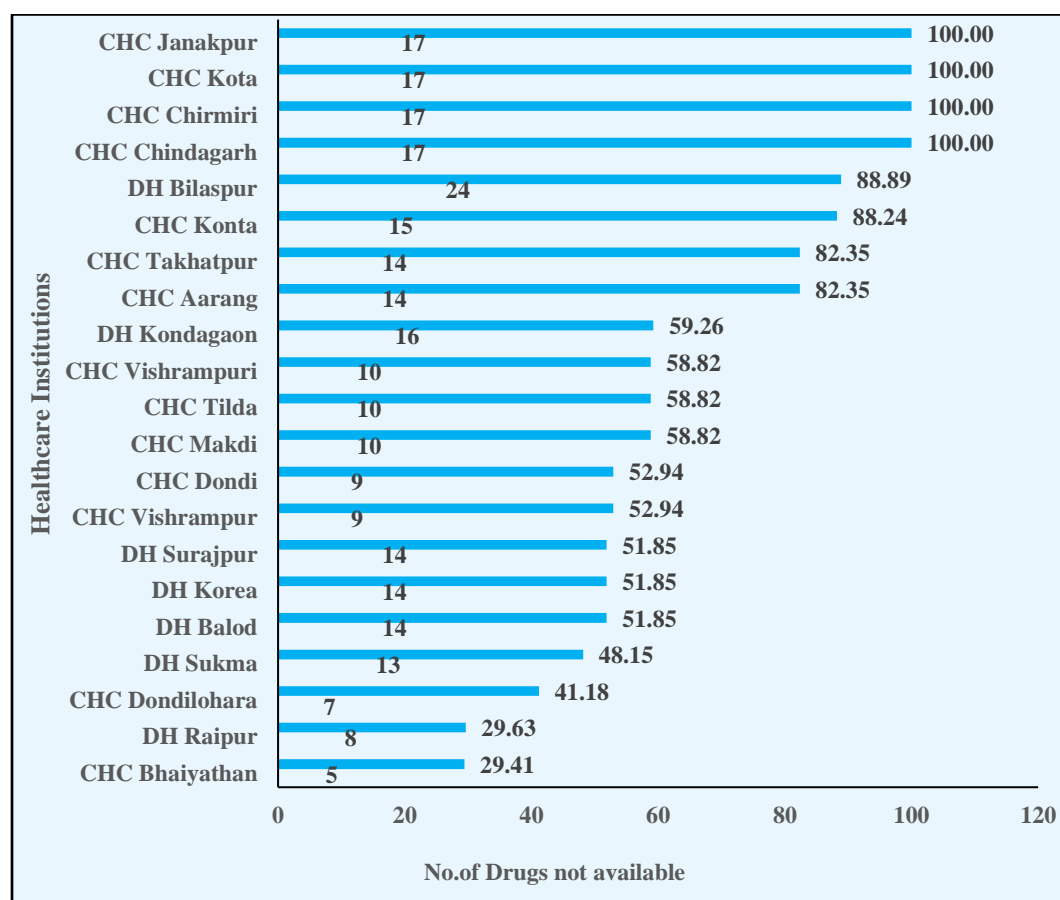
It was observed that:

- Provisions of Outpatient services for walk-in-patients and patients referred by the PHCs were not available in three CHCs (Chirmiri, Bishrampur and Chhindgarh).
- In-patient services for emergency psychiatry illnesses were not available in DH, Kondagaon and 10 CHCs (Makdi, Vishrampuri, Dondilohara, Arang, Takhatpur, Chirmiri, Bishrampur, Janakpur, Kota and Chhindgarh).
- Counseling services were not available in nine CHCs (Vishrampuri, Dondi, Arang, Kota, Takhatpur, Chirmiri, Bishrampur, Janakpur and Chhindgarh).
- Continuous care and support to persons with Severe Mental Disorder (SMD) were not provided to the patients in nine CHCs (Makdi, Vishrampuri, Dondi, Kota, Takhatpur, Chirmiri, Bishrampur, Janakpur and Chhindgarh).

#### 7.4.2.4 Availability of Mental Health Programme drugs in test checked Health Institutions

As per instructions issued by Ministry of Health and Family Welfare, GoI (May 2018), 27 items of Psychotherapeutic drugs/ medicines for seven types of mental health conditions should be available at DHs and 17 items of drugs should be available at CHCs/PHCs. As per data furnished by test checked HIs (DHs: 07 and CHCs: 14), the shortfall (*per cent*) in availability of mental health drugs is detailed in *Chart - 7.4*:

**Chart - 7.4:** Shortfall (*per cent*) of mental health drugs in test checked HIs



(Source: Information furnished by test checked HIs)

From the above chart, it was observed:

- Shortfall ranging from 30 *per cent* to 89 *per cent* was seen in seven DHs.
- Shortfall ranging from 29 *per cent* to 88 *per cent* was seen in 10 CHCs.
- In four CHCs mental health drugs were not available at all.

#### 7.4.3 National Iodine Deficiency Disorders Control Programme

National Goitre Control Programme was launched with a goal to bring the prevalence of Iodine Deficiency Disorder (IDD) below five *per cent* in the country and to ensure 100 *per cent* consumption of adequately iodised salt

(15 ppm) at the household level. The programme was renamed (August 1992) as National Iodine Deficiency Disorders Control Programme (NIDDCP) with a view of wide spectrum of Iodine Deficiency Disorders. The programme is financed by the GoI for the following purposes:

- Human resource of State IDD Cell i.e. Technical Officer, Statistical Asst. & LDC and State IDD monitoring laboratory i.e., Lab Technician and Lab Assistant.
- Health Education and Publicity activities including global IDD Day activities and
- Conducting district IDD survey/resurvey to assess the magnitude of IDD.

The year wise receipt of funds and expenditure incurred thereon during 2016-22 is depicted in the **Table - 7.9:**

**Table – 7.9: Utilisation of fund under NIDDC Programme during 2016-22**

(₹ in lakh)

Year	Opening Balance	GoI Fund Received	GoCG Share	Total Receipts	Interest	Total available Fund	Expenditure	Closing Balance	Exp. in per cent
2016-17	35.41	70.00	33.33	103.33	1.27	140.01	31.30	108.71	22.36
2017-18	108.43	0.00	0.00	0.00	5.91	114.34	24.29	90.05	21.24
2018-19	90.05	0.00	0.00	0.00	4.75	94.80	55.23	39.57	58.26
2019-20	39.57	57.00	0.00	57.00	1.70	98.27	0.85	97.42	0.86
2020-21	97.42	50.00	33.33	83.33	2.59	183.34	19.11	164.23	10.42
2021-22	164.24	9.41	8.00	17.41	0.68	182.33	9.97	172.36	5.47
<b>Total</b>	<b>535.12</b>	<b>186.41</b>	<b>74.66</b>	<b>261.07</b>	<b>16.9</b>		<b>140.75</b>		

(Source: Information provided by NHM)

Audit observed that under NIDDCP, funds of ₹ 3.13<sup>5</sup> crore were received during 2016-22, out of which, the NHM could spend only ₹ 1.41 crore (45.04 per cent) and ₹ 1.72 crore remained unspent. Further, during 2019-22, it could spend only ₹ 30 lakh, which indicates that no significant work has been done by the Department to minimise the IDD in the State.

The Mission Director (NHM) (December 2022) stated that the work orders were issued to CGMSCL for purchasing salt kits during the period 2019-21 for 22 Iodine deficiency districts and Goiter survey/resurvey work could not be conducted in the financial years 2019-20 and 2020-21 due to the covid-19 pandemic.

Fact remains that despite availability of sufficient funds under the NIDDCP, the NHM failed in implementation of the programme in the State. As a result, the IDD cases are still prevalent in the Chhattisgarh. This indicates lack of planning and monitoring in implementation of the programme in the State.

5 ₹ 35.41 lakh (Opening Balance) + ₹ 261.07 lakh (total receipt) + ₹ 16.9 lakh (interest) = ₹ 313.38 lakh

#### 7.4.4 National Tuberculosis Elimination Programme

*Nikshay Poshan Yojana* (NPY) is an incentive scheme of National Tuberculosis Elimination Programme (NTEP) aimed at providing financial support to Tuberculosis (TB) patients for their nutrition. At the time of notification of TB patient on portal, a benefit of ₹ 1000 is created as an advance. The second benefit gets generated on completion of 56 days from date of TB treatment initiation, then the subsequent benefit is created @ ₹ 500 for every month of treatment at the end of every 28 days from the date of benefit generation for previous incentive. Making payments to TB patients was started online through Direct Benefit Transfer (DBT) from April 2018.

Data of patient registered on the NPY and cases where treatment had been completed but benefits were not extended to patient during the period 2016-22 is shown in **Table - 7.10**:

**Table - 7.10: Total no. of registered patients in NPY portal**

Sl. No	Year	Total No. of Cases	Cases where treatment is completed but benefits were not transferred
1	2018-19	49,819	12,124
2	2019-20	41,679	8,304
3	2020-21	27,240	2,829
4	2021-22	34,052	3,075
<b>Total</b>		<b>1,52,790</b>	<b>26,332 (17.23 per cent)</b>

(Source: Information furnished by NHM)

As per information provided by the NHM, out of 1,52,790 registered patients, 26,332 (17.23 per cent) patients were deprived of financial support at the rate of ₹ 500 for every month during the treatment period. However, reasons for non-extending the benefit were not furnished to Audit.

### 7.5 Family Welfare Scheme

India was the first country in the world to launch a National Programme for Family Planning in 1952. The National Population Policy (NPP) in 2000 brought about a holistic and a target free approach which accelerated the reduction of fertility. Current family planning efforts includes contraceptive services, spacing methods, permanent methods, emergency contraceptive pills, other commodities-pregnancy testing kits. Out of the above-mentioned family planning methods, spacing methods, and emergency contraceptive pills are discussed in the succeeding paragraphs:

#### 7.5.1 Non-disbursement of compensation for sterilisation acceptors (Male/Female)

As per guidelines issued (September 2007) by MoH&FW, GoI for compensation package to acceptors of sterilisation, the mission steering group of NRHM

considered and approved further revision in the compensation package to acceptors of sterilisation to boost male participation in family planning i.e., Vasectomy and Tubectomy in public health facilities and accredited private health facilities to all categories in high focus states and BPL/SC/ST in non-high focus states.

Under the compensation scheme for sterilisation scheme, the Government of India releases compensation for both female and male sterilisation acceptors. Woman who undergoes sterilisation operation (Tubectomy) in the Government Hospital gets ₹ 1,400 and man undergoing sterilisation operation (Vasectomy) gets ₹ 2,000 as compensation. Further, both man and woman who undergo sterilisation operation in accredited private/NGO facilities get ₹1,000.

The details of sterilisation acceptors during 2016-22 in seven selected districts are given in **Table - 7.11**:

**Table - 7.11: Number of sterilisation acceptors (Tubectomy/Vasectomy) in selected districts**

Name of district	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	
	TC	VC	TC	VC	TC	VC	TC	VC	TC	VC	TC	VC
Balod	2,593	84	1,969	231	1,833	242	1,633	371	280	256	1,703	369
Bilaspur	2,536	75	2,986	104	2,318	40	2,384	19	486	0	1,660	46
Kondagaon	77	1,013	558	900	556	764	431	600	162	205	429	360
Korea	378	2	392	1	1,282	10	835	63	230	11	214	14
Raipur	5,705	635	9,636	759	9,720	460	9,674	694	8,827	376	13,122	734
Surajpur	2,498	16	1,162	7	2,012	0	850	43	258	22	1,866	35
Sukma	0	38	84	25	213	57	51	121	89	0	241	38
<b>Total</b>	<b>13,787</b>	<b>1,863</b>	<b>16,787</b>	<b>2,027</b>	<b>17,934</b>	<b>1,573</b>	<b>15,858</b>	<b>1,911</b>	<b>10,332</b>	<b>870</b>	<b>19,235</b>	<b>1,596</b>

(Source: information provided by NHM.)

**TC: Tubectomy VC: Vasectomy**

It is evident from the above table that in the selected districts during the period 2016-22 men's participation in family planning was on lower side in comparison to that of women.

It was further stated by the Department that there was no case of complication and death in state except the failure cases. During 2016-22, 201 failure cases in sterilisation were reported in the State. However, in the selected districts 19 (10 per cent) failure cases were reported.

### **7.5.2 Achievement of targets for sterilisation and spacing methods.**

During 2016-22, the target and achievement of various components of family planning services in the State are given in **Table - 7.12**:

Table - 7.12: Targets and achievements of family planning methods in the State

Family Planning services	Target	Achievement	Achievement (%)
Vasectomy	32,989	31,843	97
Tubectomy	3,17,103	3,26,950	103
IUCD insertion	7,50,003	8,75,808	117
Condom users	89,26,395	2,76,46,031	310
Oral pills users	18,90,236	51,62,535	273

(Source: Information furnished by NHM)

The mission did well in improving the usage of oral pills, condoms, and intrauterine contraceptive device (IUCD) insertion as the targets were achieved.

## 7.6 Janani Shishu Suraksha Karyakaram (JSSK)

The JSSK scheme was launched (June 2011) to eliminate out-of-pocket expenses for pregnant women, who access Government health facilities for their delivery. The scheme provides free and cashless delivery, C-section delivery, diet to pregnant women for three days in case of normal delivery and seven days in case of caesarean section during stay in the health institutions. Status of Ante Natal Care (ANC) registration, deliveries conducted and free medicines, diet, diagnostics services under JSSK provided to PW in the State are detailed in Table - 7.13:

Table - 7.13: Status of ANC registration, IFA tablets provided, deliveries conducted and free medicines, diet, diagnostics services provided to PW under JSSK

Year	No. of ANC registration	IFA tablets provided	No. of institutional deliveries in public HIs	No. of PW provided free medicines under JSSK (In per cent)	No. of PW provided free diet under JSSK (In per cent)	No. of PW provided free diagnostics under JSSK (In per cent)
1	2	3	4	5 (5/4*100)	6 (6/4*100)	7 (7/4*100)
2017-18	6,11,810	6,32,168	3,87,480	54,163 (13.98)	43,848 (11.32)	59,926 (15.47)
2018-19	6,12,836	6,17,685	3,75,707	2,23,037 (59.36)	1,68,123 (44.75)	2,34,847 (62.51)
2019-20	6,23,371	6,32,907	3,72,426	2,90,099 (77.89)	1,98,340 (53.26)	2,67,994 (71.96)
2020-21	5,84,424	6,13,863	3,63,909	3,40,359 (93.53)	2,21,730 (60.93)	3,30,314 (90.77)
2021-22	5,98,044	6,20,194	3,64,334	3,09,456 (84.94)	2,06,261 (56.61)	2,95,608 (81.14)
<b>Total</b>	<b>30,30,485</b>	<b>31,16,817</b>	<b>18,63,856</b>	<b>12,17,114</b> (65.30)	<b>8,38,302</b> (44.98)	<b>11,88,689</b> (63.78)

(Source: As per the HMIS data)

As per data available in HMIS, Audit observed that 30.30 lakh Pregnant Women (PW) were registered for ANC. Further, out of 30.30 lakh PW, 18.64 lakh (62 per cent) institutional deliveries were conducted in public health institutions. From the **Table – 7.13**, it can be seen that under JSSK, free medicines, diet and diagnostics services were provided to only 12.17 lakh (65 per cent), 8.38 lakh (45 per cent) and 11.89 lakh (64 per cent) pregnant women respectively during the period 2017-22.

### **7.7 Janani Suraksha Yojana**

*Janani Suraksha Yojana* (JSY) was launched (April 2005) as a safe motherhood scheme which aims at reducing maternal and infant mortality through increased institutional deliveries among poor pregnant women. Under JSY, all pregnant women (PW) who undergo child delivery in public health facilities are eligible for cash incentive of ₹ 1,400 in rural areas and ₹ 1,000 in urban areas towards institutional delivery and ₹ 500 for home delivery under trained supervision. Accredited Social Health Activists (ASHA)<sup>6</sup> are engaged to encourage the PW for institutional deliveries and guide/facilitate the beneficiaries for opening bank account.

Scrutiny of HMIS data revealed that 2.22 lakh (9.52 per cent) out of 23.33 lakh PW who delivered at public healthcare institutions (22.26 lakh) and home (1.07 lakh) during 2016-22 did not receive JSY incentive in the State, as detailed in **Table - 7.14**

**Table - 7.14: Year wise total deliveries conducted and JSY beneficiaries in State**

Year	Institutional Deliveries	PW discharged within 48 hours of delivery	JSY Beneficiaries	Difference	Percentage
2016-17	3,61,889	59,520	3,24,593	37,296	10.31
2017-18	3,87,480	48,432	3,46,003	41,477	10.70
2018-19	3,75,707	44,314	3,34,120	41,587	11.07
2019-20	3,72,426	54,368	3,39,315	33,111	8.89
2020-21	3,63,909	67,210	3,25,929	37,980	10.44
2021-22	3,64,334	52,624	3,33,976	30,358	8.33
<b>Total</b>	<b>22,25,745</b>	<b>3,26,468</b>	<b>20,03,936</b>	<b>2,21,809</b>	<b>9.97</b>

(Source: Information compiled from HMIS data)

In the selected districts 1,03,415 (17 per cent) PWs were discharged within 48 hours of delivery indicating inadequate post natal care. Further, 1,14,487 (19.28 per cent) out of the 5,93,901 lakh PW who underwent child delivery at HIS and home, did not receive JSY incentives mainly in the absence of their bank accounts. Further, in the selected districts Audit observed that during the period

<sup>6</sup> ASHA is appointed to forge the linkage of hamlet to hospital for curative services, empowerment of women and universal immunisation of child development services for every 1,000 population. There are 71,344 ASHAs (*Mitanins*) are working in rural areas in the State.



2016-22, 4.31 *per cent* (Surajpur) to 43.60 *per cent* (Sukma) JSY beneficiaries were deprived of the financial assistance under scheme. Thus, the objective of providing incentive for institutional delivery could not be fully achieved. Further the details of deliveries conducted in test checked districts is shown in **Table - 7.15**:

**Table - 7.15: Details of deliveries conducted and JSY beneficiaries in the selected districts during the period 2016-22**

S. N.	District	Deliveries	JSY Beneficiaries	Difference	Percentage
1	2	3	4	5(4-3)	6 (5/3*100)
1	Balod	42,030	50,661	-8,631	-20.54
2	Bilaspur	1,60,903	1,10,087	50,816	31.58
3	Kondagaon	61,620	49,027	12,593	20.44
4	Korea	63,399	53,884	9,515	15.01
5	Raipur	1,56,423	1,23,113	33,310	21.29
6	Sukma	30,958	17,461	13,497	43.60
7	Surajpur	78,568	75,181	3,387	4.31
<b>Total</b>		<b>5,93,901</b>	<b>4,79,414</b>	<b>1,14,487</b>	<b>19.28</b>

(Source: Information compiled from HMIS data)

It is pertinent to mention that status of JSY assistance was meagre in test checked Government Medical College Hospitals (GMCHs). In four<sup>7</sup> out of five GMCHs it was noticed that against 1,20,363 deliveries conducted during 2016-22, only 50,676 (42.10 *per cent*) beneficiaries were provided with JSY assistance.

## 7.8 Implementation of Mukhyamantri Haat Bazar Clinic Yojana

With a view to provide healthcare institutional care in rural and urban slum areas, GoCG introduced (October 2019) the *Mukhyamantri Haat Bazar Clinic Yojana (Haat Bazar Scheme)*. The objective of this scheme is to provide free of cost healthcare facilities viz. OPD services including lab services in rural and urban slum areas by organising the weekly healthcare camp for the patients. The GoCG decided to operate this scheme through NHM fund as well as through state budget, for which GoI also agreed to provide the fund through RoP.

As per operational guidelines (July 2021) for implementation of *Haat Bazar Scheme* necessary infrastructure and staff viz. dedicated vehicle, one doctor, staff nurse, pharmacist and Multi-purpose worker for each clinic are required.

Audit observed that in 2020-21, GoCG provided ₹ 13.00 crore from the state budget for this scheme, however, no expenditure was incurred from the available budget. Further, in 2021-22, ₹ 18.55 crore (₹16.80 crore from GoCG and

<sup>7</sup> No records were found maintained in GMCH Rajnandgaon.

₹1.75 crore from NHM) were allotted for the scheme, however, only ₹ 15.10 crore<sup>8</sup> (81 per cent) was utilised.

During the period from October 2019 to March 2022, the Health Department provided healthcare facilities to 26.17 lakh patients by organising 73,390 *Haat Bazar Clinics*. However, the Health Department did not sanction any post of dedicated doctor, staff nurse, pharmacist and Multi-purpose worker for implementation of the scheme and the same were deployed by diverting these from nearby healthcare facilities of *haat bazar*. Similarly, the Department also did not allot any dedicated vehicle upto June 2021. So, vehicles from other schemes i.e. Rural Mobile Medical Unit were used for implementation of this scheme. During the period 2019-22, the *Haat Bazar Clinics* organised by the Health Department are as detailed in the following **Table – 7.16**:

**Table - 7.16: Number of expected vis-à-vis actual camp of *Haat Bazar* Scheme**

Year	Expected Haat Bazar Clinic to be organized	Actual camp organized	Shortfall	Shortfall (in per cent)
1	2	3	4 (2-3)	5 (4/2*100)
2019-20 (since 2nd October 2019)	27,828	26,357	1,471	5.29
2020-21	28,272	11,027	17,245	61.00
2021-22	44,832	36,006	8,826	19.69

(Source: information provided by NHM)

It is pertinent to mention that during 2020-21, most of healthcare institutions were converted into Covid Care Units/Covid Isolation Units that resulted in limited source for treatment of general diseases. In this situation, it was very essential to run the *Haat Bazar Scheme* to reach out the patients. However, the Department could not implement the above scheme as per plan and there was shortfall of 61 per cent in organising the camps in 2020-21 under the *Haat Bazar Scheme*.

Mission Director (NHM) in reply stated (December 2022) that the Department had sanctioned (May 2022) 300 dedicated Medical Officers for implementation of the scheme and further stated that due to Covid -19 situation implementation of scheme was hampered in 2020-22.

Reply is not acceptable because during Covid -19 situation it was even more important to provide healthcare facilities to public through *Haat Bazar* Scheme as most of healthcare institutions were converted into Covid Care Centre.

## **7.9 Kayakalp Programme**

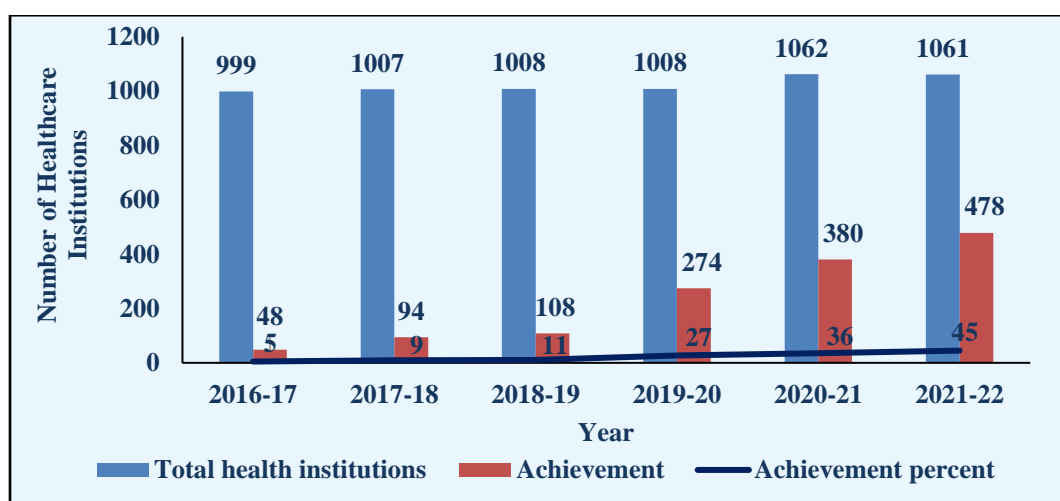
After the launch (October 2014) of "*Swachh Bharat Abhiyan (SBA)*", "*Kayakalp*" initiative in public HIs was launched (May 2015) by the MoHFW for the purposes, as detailed below:

<sup>8</sup> ₹ 14.59 crore from GoCG and ₹ 51.23 lakhs from NHM

- To promote cleanliness, hygiene and infection control practices in public healthcare institutions, through incentivising and recognising such public healthcare institutions that show exemplary performance in adhering to standard protocols of cleanliness and infection control;
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation;
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Those DHs, CHCs, PHCs and HWCs, who have 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 - 7.5*:

**Chart - 7.5: Status of achievers under *Kayakalp* programme in the State**



(Source: Information furnished by National Health Mission, Chhattisgarh.)

It is evident from the above chart that during the period of 2016-22 against the target of 6,145 public health institutions, only 1,382 HIs were found eligible for *Kayakalp* awards which were only 22.49 per cent. However, the number of health facilities receiving *Kayakalp* award in percentage terms showed a continuous increasing trend during 2016-22.

## 7.10 Achievement under National Quality Assurance Programme

National Quality Assurance Standards (NQAS) have been developed keeping in mind the specific requirements for public health institutions as well as global best practices. NQAS are currently available for DHs, CHCs, PHCs and UPHCs. Under National Quality Assurance Program, certifications are envisaged both at the state as well as at the national level. Financial incentives are also given as per level and scope of certification.

During the period 2016-22, against the total number of 1,041 public health institutions (25 DHs, 171 CHCs, 793 PHCs and 52 UPHCs) in the state, only 55 (10 DHs, 7 CHCs, 26 PHCs and 12 UPHCs) (5.28 per cent) were NQAS certified.

Further, in the test checked districts it was observed that only 12 out of 261 HIs were NQAS certified with a shortfall of 95.40 per cent. Moreover, none of the CHCs in the test checked districts has been certified under NQAS scheme. HIs wise achievement of NQAS in the seven selected districts is given in *Table - 7.17*:

**Table - 7.17: Number of Health Institutions (HIs) in selected districts which achieved NQAS**

Type of Health Institutions	Balod		Bilaspur		Kondagaon		Korea		Raipur		Surajpur		Sukma	
	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs
DHs	1	0	1	0	1	0	1	0	1	1	1	0	1	0
CHCs	6	0	5	0	6	0	6	0	7	0	9	0	3	0
PHCs	30	1	41	0	22	0	29	1	18	1	36	1	15	0
UPHCS	0	0	3	1	0	0	1	0	17	6	0	0	0	0
<b>Total</b>	<b>37</b>	<b>1</b>	<b>50</b>	<b>1</b>	<b>29</b>	<b>0</b>	<b>37</b>	<b>1</b>	<b>43</b>	<b>8</b>	<b>46</b>	<b>1</b>	<b>19</b>	<b>0</b>

(Source: Information furnished by NHM)

MD, NHM, in reply stated (January 2023) that Chhattisgarh obtained six NQAS certifications each in 2018-19 and 2019-20 and 43 NQAS certification in 2021-22.

Thus, department should endeavor to get maximum number of HIs, NQAS certified to ensure that public health institutions adopt global best practices.

### **7.11 Ayushman Bharat Pradhan Mantri Jan Arogya Yojana**

*Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana* (AB PMJAY) provides a health cover up to ₹ 5 lakh per family per year for secondary and tertiary care hospitalisation services. Under this scheme, cashless and paperless access is provided to the beneficiaries at the point of service, on the basis of Socio-economic Caste Census 2011 (SECC 2011) for rural and urban areas.

For implementation of AB-PMJAY scheme, State Nodal Agency (SNA) was constituted (June 2018) in the State. This scheme was funded by the GoI and as well as GoCG with fund sharing ratio of 60:40. The fund received from National Health Authority (GoI) and GoCG and actual expenditure under AB-PMJAY during 2018-22 are detailed in *Table - 7.18*:

Table - 7.18: Statement showing funds and expenses under AB-PMJAY

(₹ in crore)

Year	Opening Balance	Fund Received			Expenses	Closing Balance
		Central Share (60 per cent)	State Share (40 per cent)	Total		
2018-19	Nil	217.43	144.95	362.38	252.06	110.32
2019-20	110.32	280.57	187.05	577.94	429.94	148.00
2020-21	148.00	112.62	75.08	335.70	203.55	132.15
2021-22	132.15	66.00	44.00	242.15	242.15	Nil
<b>Total</b>	<b>Nil</b>	<b>676.62</b>	<b>451.08</b>		<b>1127.7</b>	<b>Nil</b>

(Source: Information furnished by SNA)

Audit observed that out of 37.29 lakh households with eligible beneficiaries of 137.12 lakh across the State, only 43.39 lakh beneficiaries (32 per cent) in 19.50 lakh households have been registered, as of March 2022. Out of 43.39 lakh registered beneficiaries, 7.36 lakh beneficiaries made 11.09 lakh claims out of which 10.44 lakh claims were passed and 41,585 claims were rejected, as of March 2022. Thus, more than two-third eligible beneficiaries of the State have not been registered under the scheme and so, are not getting the benefits of the scheme.

### Conclusion

During 2016-22, NHM failed to utilise the funds received under NHM which remained unspent ranging from ₹ 288.49 crore to ₹ 777.39 crore. Similarly, it could spend only ₹ 244.58 crore out of total available fund of ₹ 453.20 crore under NUHM.

Incidence of Non-Communicable Diseases (NCD) such as cardiovascular disease, diabetes, lung diseases, Cancer and hypertension increased from 24,144 in 2016-17 to 12,13,113 in 2021-22. However, fund of ₹ 36 crore received under NCD programme remain utilised, as of March 2022.

During 2016-22, five types OPD mental health services were available only in three out of 14 test checked CHCs. All the mental health drugs (17) were not available in four out of 14 test checked CHCs and test checked DHs failed to provide all 27 drugs prescribed under National Mental Health Programme.

Out of 1,52,790 beneficiaries, 26,332 (17.23 per cent) beneficiaries were not transferred benefit of ₹ 500 for every month during the treatment period under National Tuberculosis Elimination Programme (NTEP) during 2016-22.

During 2017-22, under *Janani Sishu Suraksha Karyakram* (JSSK), out of 18.64 lakh institutional deliveries, free medicines, diet and diagnostics services were provided to only 12.17 lakh (65 per cent), 8.38 lakh (45 per cent) and 11.89 lakh (64 per cent) pregnant women respectively, which was one of the reasons for higher MMR, NMR and IMR in the State. *Janani Suraksha Yojana* (JSY) incentive was not given to 2.22 lakh PW out of 23.33 lakh PW who delivered at institutional (22.26 lakh) and at home (1.07 lakh) during 2016-22.

During the period 2020-22, it was observed that only ₹ 15.10 crore was spent against the total allotment of ₹ 18.55 crore under *Haat Bazar* Scheme (Rural Mobile Medical facility). The Department did not sanction any post and also did not allot any dedicated vehicle to implement this scheme.

During period 2016-22, against the total number of 1,041 public health institutions only 55 (5.28 *per cent*) HIs obtained National Quality Assurance Standards (NQAS) certificate.

### **Recommendations**

*The GoCG should:*

31. *institute a proper mechanism for monitoring the utilisation of funds available under NHM and review the progress of the schemes at regular intervals to overcome the hindrances;*
32. *ensure utilisation of the earmarked fund under National Disease Control Programmes in order to achieve the targets;*
33. *ensure to provide OPD facilities and drugs related to mental health programme in all the HIs of the State as per norms;*
34. *ensure to achieve 100 per cent institutional delivery and provide prescribed diet and incentive for every pregnant woman, as envisaged in JSSK/ JSY guidelines;*
35. *recruit regular staff and provide dedicated vehicles under Haat Bazar Scheme for smooth implementation of scheme; and*
36. *make efforts to obtain NQAS certification for all HIs in the State.*