CHAPTER 7

Implementation of Centrally Sponsored Schemes

Chapter 7: Implementation of Centrally Sponsored Schemes

The objective of renovation/branding of sub-centres as Health and Wellness Centres was not fully achieved. Instances of underutilisation of funds under the National Rural Health Mission and National Urban Health Mission were also observed. Audit also noticed that the targets under National Leprosy Eradication Programme and National Tuberculosis Elimination Programme and Family Welfare Schemes under National Health Mission have not been fully achieved.

7.1 Introduction

The National Health Mission (NHM), a flagship programme of Government of India (GoI) comprises of two sub-missions *viz*., National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM) launched in April 2005 and May 2013 respectively. The aim of the NRHM was to provide accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas of the entire country, especially vulnerable group. Whereas the NUHM aimed to address the health concerns of the urban poor through facilitating equitable access to available health facilities by rationalising and strengthening the existing capacity.

The NHM supports States to strengthen their health systems so as to provide universal access to equitable, affordable and quality healthcare services. All centrally sponsored schemes related to health are under umbrella of NHM. Under the NHM, funds was provided in the ratio of 60:40 between GoI and GoM.

Apart from NHM, GoI also announced Ayushman Bharat Programme in February 2018 with two interconnected components–Ayushman Bharat- Health and Wellness Centres (AB-HWC) and Pradhan Mantri Jan Arogya Yojana (PMJAY).

Audit selected Ayushman Bharat- Health and Wellness Centres (AB-HWC) under Ayushman Bharat Programme and four schemes namely (i) National Leprosy Eradication Programme, (ii) National Tuberculosis Elimination Programme, (iii) Janani Shishu Suraksha Karyakram, and (iv) Janani Suraksha Yojana under NHM for scrutiny. In addition, *Maher Ghar* Scheme, a concept of Government of Maharashtra (GoM) which was included under Programme Implementation Plan (PIP[67]) of NHM was also covered in audit.

7.2 Ayushman Bharat Health and Wellness Centre

GoI announced (February 2018) Ayushman Bharat Programme with two interconnected components–Ayushman Bharat- Health and Wellness Centres (AB-HWC) and Pradhan Mantri Jan Arogya Yojana (PMJAY)[68]. Under AB-HWC, Health and Wellness Centres (HWCs) were to be created to deliver Comprehensive Primary Health Care (CPHC), *i.e.,* universal and free to users,

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[67] Programme Implementation Plan is annual plan proposed by the State covering programme wise targets and requirement of funds for its implementation.

[68] PMJAY provides health insurance cover of ₹ five lakhs per year to over 10 crore poor and vulnerable families for seeking secondary and tertiary care

with a focus on wellness and the delivery of an expanded range of services closer to the community. The year-wise budget and expenditure incurred for AB-HWCs is shown in **Table 7.1**.

Table 7.1: Year-wise budget *vis-à-vis* expenditure under AB-HWCs

(₹ in crore)

Year	Budget	Expenditure	Savings	Percentage of savings over Budget
2018-19	27.09	18.99	8.10	30
2019-20	209.00	157.01	51.99	25
2020-21	217.90	217.90	0	0
2021-22	383.35	270.59	112.76	29
Total	**837.34**	**664.49**	**172.85**	**21**

Source: State Health Society, Maharashtra

As seen from **Table 7.1**, during 2018-19 to 2021-22, as against total budget of ₹ 837.34 crore, the expenditure incurred was ₹ 664.49 crore (79 *per cent*). Further, except 2020-21, there was saving of ₹ 172.85 crore during 2018-19 to 2021-22, which ranged between 25 *per cent* (2019-20) and 30 *per cent* (2018-19).

7.2.1 Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana

MoH&W, GoI launched (September 2018) Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to provide health cover, *inter alia,* to families included in the Socio-Economic Caste Census (SECC), 2011. The health cover was ₹ five lakh per year per family. In Maharashtra, there were 83.73 lakh families under SECC. The expenditure under AB-PMJAY was shared between GoI and GoM in the ratio of 60:40.

The Scheme was implemented (September 2018) in the State through State Health Assurance Society (SHAS) constituted by PHD. Out of health cover of ₹ five lakh per year to the families included under AB-PMJAY, ₹ 1.5 lakh was covered through insurance mode and the remaining ₹ 3.5 lakh through assurance mode. Under insurance mode, the claim of a hospital which provided treatment to a beneficiary was settled by the insurance company whereas under assurance mode, it was settled by the SHAS.

Funds were transferred by the GoM to the SHAS for payment of insurance premium and settlement of claims under assurance mode. Funds received during 2018-19 to 2022-23 are shown in **Table 7.2**.

Table 7.2: Funds received and expenditure incurred by SHAS

(₹ in crore)

Year	GoI share	GoM share	Total funds available	Expenditure incurred
2018-19	253.77	40.00	293.77	293.77
2019-20	241.88	183.42	425.30	425.30
2020-21	220.79	259.36	480.15	480.15
2021-22	362.07	253.48	615.55	615.55
2022-23	388.03	301.49	689.52	689.52
Total	**1,466.54**	**1,037.75**	**2,504.29**	**2,504.29**

Source: Information furnished by SHAS

During the drive, SHAS could locate only 55.13 lakh families (2.35 crore beneficiaries) out of 83.73 lakh families in the SECC database. Out of these 2.35 crore beneficiaries, only 74.37 lakh beneficiaries were registered under

AB-PMJAY as of March 2022. Thus, 68 *per cent* of the beneficiaries located were not registered under AB-PMJAY.

As per the guidelines on the process of empanelment for hospitals issued by National Health Authority, GoI, the State Government was required to ensure that maximum number of eligible hospitals participate under the scheme through IEC campaign and workshops. The PHD, GoM, *vide* Government Resolution of February 2019, stipulated empanelment of minimum two hospitals per block in the State. The maximum number of hospitals that could be empanelled was fixed at 1,000.

Audit noticed that total 1,000 hospitals were empaneled in the State, however, out of 358 blocks in 36 districts, 98 blocks in 29 districts did not have any empaneled hospital as of March 2022.

Reply of Government was awaited (April 2024).

7.3 National Health Mission

NHM is a major instrument of financing and support to the States to strengthen public health systems and healthcare delivery. State Health Society (SHS) headed by the Mission Director was the implementation agency for the NHM in the State. Financing to the States was based on the State's Programme Implementation Plan (SPIP). The SPIP comprises of following major pools for funding:

A. NRHM RCH[69] Flexible Pool: This flexi pool addresses needs of health systems strengthening and Reproductive, Maternal, Newborn, Child health and Adolescent (RMNCH+A) of the States.

B. National Urban Health Mission Flexible Pool: This pool includes expenditure on delivery of services, human resources, infrastructure, training, *etc*., related to urban health centres covered under NUHM.

C. Flexible Pool for Communicable Diseases: This flexi pool includes Integrated Disease Surveillance Programme, National Vector Borne Disease Control Programme, National Leprosy Eradication Programme, Revised National Tuberculosis Control Programme and National Viral Hepatitis Control Programme.

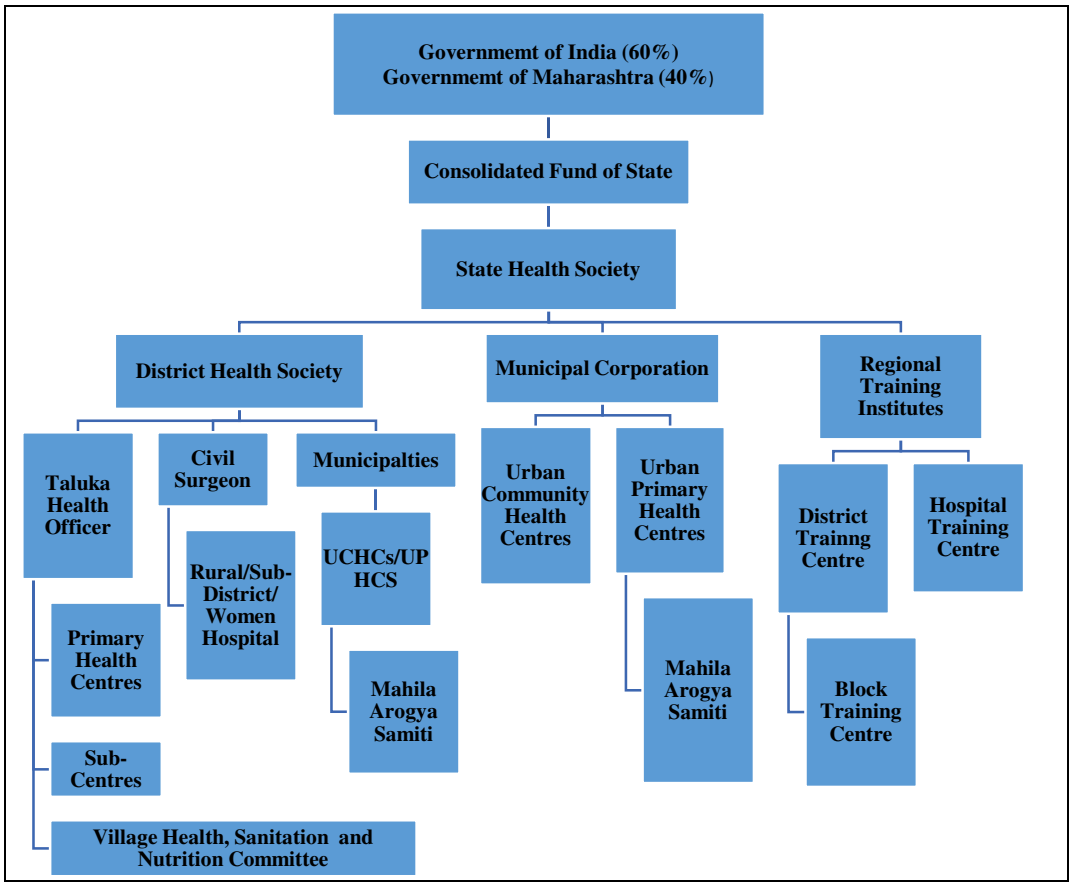
D. Flexible Pool for Non-communicable Diseases: This flexi pool includes National Programme for Control of Blindness, National Mental Health Programme, National Programme for the Healthcare of the Elderly, National Tobacco Control Programme and National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke.

E. Infrastructure Maintenance: Under this component, financial support is provided to States to meet salary requirement of schemes, Auxiliary nurse and midwife training schools, health & family welfare training centres and training of multi-purpose workers, *etc*.

[69] Reproductive Child Health.

The fund flow of NHM is depicted in **Chart 7.1**

Chart 7.1: Fund-flow of NHM



Source: Information furnished by the Mission Director, Nation Health Mission

Audit observations based on examination of test-checked components of NHM in the State are discussed in succeeding paragraphs.

7.3.1 Delay in submission of State Programme Implementation Plan

The vision of the National Health Mission (NHM) was the attainment of universal access to equitable, affordable and quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

The financing to the States was based on the SPIP. The SPIP prepared by the States annually helps them in identifying and quantifying their targets required for programme implementation for the proposed year. Paragraph 2.6 of Operational Guidelines for Financial Management of National Rural Health Mission (Operational guidelines) stipulates that State PIP was to be submitted by 31 December every year by GoM to GoI. Further, GoI was required to approve State PIP by 28 February each year.

Audit observed that there were delays in submission of State PIP by GoM to GoI during 2016-17 to 2021-22 as shown in **Table 7.3**.

Table 7.3: Delay in submission and approval of SPIP by GoM

Financial Year	Date of submission of State PIP by GoM to GoI	Delay in days (calculated from 31 December of the concerned year)
2016-17	22.02.2016	52
2017-18	24.03.2017	82
2018-19	01.02.2018	31
2019-20	23.01.2019	22
2020-21	27.12.2019	NIL
2021-22	03.02.2021	33

Source: Information furnished by the Mission Director, National Health Mission, Maharashtra

As seen from **Table 7.3**, except 2020-21 there was delay at GoM level in submission of State PIP to GoI, which ranged between 22 days (2019-20) and 82 days (2017-18).

7.3.2 Utilisation of funds under NHM

Under NHM, a detailed planning and budgeting exercise was required to be taken up every year to fix the annual targets for programme implementation. To implement and monitor activities effectively, each implementing agency in the State was required to prepare annual plan of action. This indicated the physical targets and budgetary estimates in accordance with the approved pattern of assistance under the NHM. This also covered all aspects of the programme activities for the period April to March each year and was sent by each State/UT to the MoH&FW, GoI, for approval well before the start of the year. It was important that the action plan was realistic, practically implementable and correlates the physical outputs with the cost estimates.

Under NHM, funds were released based on the State PIP submitted by the State Government. On approval of State PIP, GoI approves the Records of Proceedings and sanctions Resource Envelope which comprises of GoI's own funds, corresponding share of the State Government and unspent balance available with the State.

As per the approvals given by the MoH&FW, GoI any unspent balance of the previous year (s) available under NHM with the State would also become a part of the Resource Envelope of the succeeding year. The funds not utilised by the State were, thus, adjusted by the GoI while releasing funds.

The details of funds available and expenditure incurred during 2016-17 to 2021-22 under NHM are shown in **Table 7.4**.

Table 7.4: Funds available and expenditure incurred during 2016-17 to 2021-22

(₹ in crore)

Year	Approved PIP	Opening balance	Central share received	State Share received	Interest	Total funds available	Expenditure	Refund	Closing balance (*per cent*)
2016-17	2,589.65	386.31	725.24	1,055.44	12.76	2,179.75	1,267.51	29.63	882.61 (40)
2017-18	2,584.60	882.61	1,160.71	1,083.07	18.51	3,144.90	1,485.14	42.84	1,616.92 (51)
2018-19	3,394.07	1,616.91	1,005.91	1,019.43	35.51	3,677.76	2,064.72	0	1,613.04 (44)
2019-20	4,719.63	1,613.05	1,155.90	900.17	33.69	3,702.81	2,279.90	0	1,422.91 (38)
2020-21	4,510.57	1,422.90	1,451.04	1,051.53	96.36	4,021.83	2,693.88	0	1,327.95 (33)
2021-22	4,473.75	1,327.96	1,023.86	1,196.93	145.31	3,694.06	3,005.27	0	688.79 (19)

Source: State Health Society, Maharashtra

As seen from **Table 7.4**, the Mission Director, State Health Society failed to utilise available funds in all the years during 2016-17 to 2021-22, which ranged between 19 *per cent* in 2021-22 and 51 *per cent* in 2017-18.

7.4 National Urban Health Mission

To address healthcare needs of urban population, particularly urban poor, the MoH&FW, GoI had formulated NUHM as a Sub-Mission under an over-arching NHM during the 12th Five Year Plan. NUHM was approved by the Union Cabinet on 1 May 2013 for providing equitable and quality primary healthcare services to the urban population with special focus on urban poor and vulnerable sections of the Society. NUHM sought to improve the health status by facilitating their access to quality primary healthcare.

The funding pattern under the NUHM was in the ratio of 60:40 between GoI and GoM. The GoM released entire funds (Central and State) to State Health Society (SHS), who in turn, released funds to Municipal Corporations and Municipal Councils having population above 50,000, for implementation.

7.4.1 Utilisation of National Urban Health Mission Funds

The details of the funds available and expenditure incurred under NUHM from 2016-17 to 2021-22 to GoM are shown in **Table 7.5**.

Table 7.5: Funds available and expenditure incurred under NUHM

(₹ in crore)

Year	Opening balance	Central share received	State share received	Interest	Total funds available	Expenditure	Refund	Closing balance (*per cent*)
2016-17	286.75	61.38	0	0	348.13	84.94	0	263.19 (76)
2017-18	263.20	66.33	0	0	329.53	111.04	0	218.49 (66)
2018-19	218.49	116.97	0	0	335.46	133.13	0	202.33 (60)
2019-20	202.33	56.39	0	0	258.72	131.13	0	127.59 (49)
2020-21	127.59	234.62	0	0	362.21	200.12	0	162.09 (45)
2021-22	162.09	43.54	130.33	17.53	353.49	289.07	0	64.42 (18)

Source: State Health Society, Maharashtra

As seen from **Table 7.5**, the Mission Director, State Health Society failed to utilise available funds in all the years during 2016-17 to 2021-22, which ranged between 18 *per cent* in 2021-22 and 76 *per cent* in 2016-17.

Scrutiny of records in nine test-checked Municipal Corporation in selected districts revealed that there was saving which ranged from 10 *per cent* in Kolhapur Municipal Corporation to 87 *per cent* in Amravati Municipal Corporation during the financial years 2016-17 to 2020-21 (**Appendix 7.1**).

7.5 National Rural Health Mission

The Ministry of Health and Family Welfare (MoHFW) was the nodal agency for running the NRHM programme. The budget/target of participating States received was reviewed, approved and funds disbursed by MoHFW.

The funds received by the State were further disbursed to the District Health Societies in accordance with the requirements stated in the respective District Health Annual Plans (DHAP). The districts disburse funds to the blocks which further disburse funds to various implementing units (CHCs/PHCs/SCs/Village

Health Sanitation and Nutrition Committee) for programme implementation activities.

7.5.1 Utilisation of National Rural Health Mission Funds

The details of the funds released under NRHM from 2016-17 to 2021-22 to GoM are shown in **Table 7.6**.

Table 7.6: Funds available and expenditure incurred under NRHM

(₹ in crore)

Year	Opening balance	Central share received	State share received	Interest	Total funds available	Expenditure	Refund	Closing balance (*per cent*)
2016-17	99.56	663.86	1055.44	12.76	1831.62	1182.57	29.63	619.42 (34)
2017-18	619.41	1094.38	1083.07	18.51	2815.37	1374.10	42.84	1398.43 (50)
2018-19	1398.42	888.94	1019.43	35.51	3342.3	1931.59	0	1410.71 (42)
2019-20	1410.72	1099.51	900.17	33.69	3444.09	2148.77	0	1295.32 (38)
2020-21	1295.31	1216.42	1051.53	96.36	3659.62	2493.76	0	1165.86 (32)
2021-22	1165.87	980.32	1066.60	127.78	3340.57	2716.20	0	624.37 (19)

Source: State Health Society, Maharashtra

As seen from **Table 7.6**, the Mission Director, State Health Society failed to utilise the available funds in any of the years during 2016-17 to 2021-22, which ranged between 19 *per cent* in 2021-22 and 50 *per cent* in 2017-18.

Scrutiny of test-checked units as detailed in **Appendix 7.2** revealed that the savings in available funds under the programme ranged from three *per cent* in Amravati, Kolhapur and Nanded districts to 54 *per cent* in Chhatrapati Sambhajinagar district during 2016-17 to 2021-22.

Recommendation 14: Government may ensure proper utilisation of the available NHM funds, minimise the savings and strive to improve health benefits to the public.

7.6 National Leprosy Eradication Programme

The National Leprosy Eradication Programme (NLEP) is a centrally sponsored scheme under the umbrella of NHM. This Programme was implemented by the Joint Director of Health Services (Leprosy & TB) Pune in the State as per GoI guidelines. Audit observations on funding and performance of programme are discussed in succeeding paragraphs.

7.6.1 Utilisation of funds under National Leprosy Eradication Programme

Under the NLEP, the district units prepare the annual district health plan and submits to the State Health Society, NLEP, which forwards it to State Health Mission (SHM). The SHM allocates the funds to State Health Society, NLEP, in accordance with the Annual Programme Implementation Plan which further distributes it to the district units for implementation of the programme.

Scrutiny of SPIP prepared by the State Health Society, NLEP revealed saving of funds ranging from 18 *per cent* (2019-20) to 52 *per cent* (2020-21) as shown in **Table 7.7**.

Table 7.7: Utilisation of Funds under NLEP

(₹ in crore)

Year	Approved Budget	Expenditure	(+) Excess/ (-) Saving	Percentage of (+) Excess/ (-) Saving
2016-17	14.66	10.86	-3.8	-26
2017-18	11.10	17.59	6.49	58
2018-19	22.42	17.59	-4.83	-22
2019-20	25.59	20.86	-4.73	-18
2020-21	16.62	7.96	-8.66	-52
2021-22	29.60	16.28	-13.32	-45
Total	**119.99**	**91.14**	**-28.85**	**-24**

Source: Data furnished by State Health Society, Maharashtra

7.6.2 Implementation of National Leprosy Eradication Programme

The NLEP's mission was to provide quality leprosy services free of cost to all sections of the population, with easy accessibility, through the integrated healthcare system, including care for disability after cure of the disease. The objective of the programme was to reduce the prevalence rate to less than one per 10,000 population at sub-national and district levels and to reduce Grade II deformity cases to less than one case per million population at the national level.

Further, the Global Leprosy Strategy 2016-17 to 2019–20 aimed at early detection of leprosy disease and prompt treatment to prevent deformity and reduce transmission of infection in the community. Status of the implementation of NLEP in Maharashtra as of March 2022, is shown in **Table 7.8**.

Table 7.8: Status of the implementation of NLEP in Maharashtra as of March 2022

Sr. No.	Indicators	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1	New cases detected	15,012	16,065	15,299	16,531	12,438	14520
	Annual New Case Detection (NCD) rate/lakh	12.41	13.08	12.28	13.07	09.55	11.14
2	Total Active Cases	9,887	9,836	9,390	10,203	10,417	11,607
	Prevalence Rate/10,000	0.82	0.80	0.75	0.81	0.80	0.89
3	Child Cases among NCD	1,528	1,624	1,358	1,360	922	1092
	Percentage of Child Cases among NCD	10.18	10.11	8.88	8.23	7.41	7.52
4	Grade II Deformity Cases among NCD	452	444	402	258	160	141
	Grade II Deformity Cases per 10 lakh population	3.75	3.62	3.23	2.04	1.23	1.08

Source: Data furnished by Joint Director of Leprosy and Tuberculosis, Pune

Though the State had achieved Leprosy elimination[70] in September 2005, scrutiny of progress report of the NLEP scheme for the year 2021-22 revealed the following:

- The prevalence rate was still more than one per 10,000 population in 15[71] districts.

[70] Elimination means to reduce the prevalence rate of the State to less than one per 10,000 population.

[71] Gadchiroli (4.95), Chandrapur (3.54), Palghar (3.12), Gondia (2.60), Bhandara (2.42), Nandurabar (2.15), Dhule (1.64), Raigad (1.52), Wardha (1.42), Dharashiv (1.36), Yavatmal (1.31), Amravati (1.16), Nashik (1.07), Washim (1.02) and Jalgaon (1.00).

- Grade II disability amongst newly detected cases was still above one per million population in the State in 13[72] districts. Further it was also noticed that the rate of Grade II disability amongst newly detected cases was 1.08 per million population.

7.7 National Tuberculosis Elimination Programme

The National Tuberculosis Elimination Programme (NTEP) is a Centrally Sponsored Scheme, implemented under the umbrella of NHM with a vision of Tuberculosis Free India, where free diagnostic and quality-assured treatment is provided to all TB patients.

The National Tuberculosis Programme of India (NTP) was initiated in 1962 and further based on the internationally recommended Directly Observed Treatment Short-course (DOTS) strategy, the Revised National TB Control Programme (RNTCP), was launched in 1997 across the country. The Standards for TB Care in India (STCI) were published jointly by RNTCP and the World Health Organization in 2014, which lays down uniform standards for TB care for all stakeholders in the country.

The National Strategic Plan (2017-25) was approved by MoH&FW, GoI on 08 May 2017 and was operational since then in the entire country with the goal of eradicating TB by 2025. In January 2020, the programme was renamed as National Tuberculosis Elimination Programme (NTEP).

7.7.1 Implementation of National Tuberculosis Elimination Programme

(a) Utilisation of funds under National Tuberculosis Elimination Programme

Under the NTEP, the district units prepare the annual district health plan and submits to the State Health Society, NTEP, which forwards it to State Health Mission (SHM). The SHM allocates the funds to State Health Society, NTEP, in accordance with the Annual Programme Implementation Plan which further distributes it to the district units for implementation of the programme.

Scrutiny of State PIP of NTEP, revealed saving of funds ranging from seven *per cent* (2017-18) to 50 *per cent* (2019-20) as shown in **Table 7.9**.

Table 7.9: Utilisation of Funds under NTEP

(₹ in crore)

Year	Approved Budget	Expenditure	(+)Excess/ (-) Saving	Percentage of (+)Excess/ (-) Saving
2016-17	77.73	63.69	-14.04	-18
2017-18	76.21	70.54	-5.67	-7
2018-19	86.24	70.54	-15.70	-18
2019-20	247.53	125.00	-122.53	-50
2020-21	171.37	139.20	-32.17	-19
2021-22	269.68	158.96	-110.72	-41
Total	**928.76**	**627.93**	**-300.83**	**-32**

Source: Data furnished by State Health Society, Maharashtra

[72] Nandurbar (9.43), Raigad (6.55), Gadchiroli (3.22), Sindhudurg (3.05), Mumbai (2.90), Dhule (2.10), Amravati (1.79), Palghar (1.67), Hingoli (1.46), Bhandara (1.44), Akola (1.42), Latur (1.41), Jalgaon (1.23).

(b) Shortfall in Contact tracing

TB contacts are people who have close contact with TB patients. As they are at high risk for infection (and in line with the Stop TB strategy), TB contacts should be investigated systematically and actively for TB infection and disease.

As per the guidelines of National Strategic Plan for TB (2017-2025), since transmission can happen from index case to the contact any time (before diagnosis or during treatment), all contacts of TB patients must be evaluated. However, scrutiny revealed that there was shortfall ranging between eight and 71 *per cent* in the State in contact tracing during the calendar year 2018 to 2022. The shortfall in selected districts is detailed in **Table 7.10**.

Table 7.10: Shortfall in Contact tracing

Selected districts and the State	Shortfall in Contact tracing in per cent out of TB patients notified in the State				
	2018	2019	2020	2021	2022
Amravati	62	32	10	27	14
Chhatrapati Sambhajinagar	74	36	24	13	7
Chandrapur	55	32	15	8	3
Jalgaon	75	11	7	8	5
Kolhapur	69	36	13	11	3
Nanded	90	64	27	24	13
Pune	76	46	17	22	14
Mumbai	62	30	14	11	3
Overall State percentage	**71**	**38**	**16**	**16**	**8**

Source: Data furnished by Joint Director, Health Services, Tuberculosis and Leprosy, Pune

Non-tracing of all contacts increases the risk of spread of TB infection among the population.

(c) TB preventive therapy to children

As per National Strategic Plan for TB (2017-2025), children are more susceptible to TB infection, more likely to develop active TB disease soon after infection and are more likely to develop severe forms of disseminated TB. Children less than six years of age, who are in close contact with a TB patient, should be evaluated for active TB by a medical officer/paediatrician. After excluding active TB, the children should be given INH[73] preventive therapy (chemoprophylaxis) irrespective of their BCG or nutritional status.

In Maharashtra, it was observed that INH preventive therapy was given to only four *per cent* to 85 *per cent* of eligible children of less than six years during calendar year 2018 to 2022. The overall status for the State and selected districts are given in **Table 7.11**.

[73] Isoniazid is the drug used for TB preventive Therapy.

Table 7.11: Percentage of eligible children who were given INH preventive therapy

Selected districts and the State	Percentage of eligible children who were given INH preventive therapy				
	2018	2019	2020	2021	2022
Amravati	3	89	96	39	57
Chhatrapati Sambhajinagar	1	92	64	52	57
Chandrapur	7	79	83	74	78
Jalgaon	8	88	83	55	47
Kolhapur	2	100	100	65	90
Nanded	5	90	86	67	51
Pune	2	72	68	31	56
Mumbai	3	80	39	19	32
Overall State percentage	**4**	**85**	**69**	**43**	**59**

Source: Data furnished by Joint Director, Health Services, Tuberculosis and Leprosy, Pune

The Joint Director, Health Services (TB and Leprosy) attributed the shortfall in treatment to acute shortage of INH supply by Central TB Division, Delhi during 2019-20. However, the State made provision for INH through local procurement. It was also stated that in some cases there was problem in acceptance of therapy by patients and reluctance of private practitioner for offering preventive therapy.

The fact remained that a high percentage of eligible children ranging between 15 *per cent* (2019) to 96 *per cent* (2018) were not provided the preventive therapy in the State which may result in the development of active TB disease in the children.

(d) Direct Benefit Transfer under Nikshay Poshan Yojana

The National Strategic Plan (2017-2025) was committed to provide Direct Benefit Transfer (DBT) for all TB patients in order to support their nutrition needs and help address the financial burden of tuberculosis for the affected households. A scheme called "Nikshay Poshan Yojana" was introduced in April 2018 under the National TB Elimination Programme, Ministry of Health and Family Welfare, Government of India. This scheme was aimed at providing incentive to TB patients for their nutrition.

All TB patients notified under Nikshay Scheme were eligible to get ₹ 500 per month for the duration of their treatment. The TB patients taking treatment from both public sector facilities and private sector providers were eligible to receive incentives under this scheme.

Scrutiny of records in the office of the Joint Director, Health Services (TB and Leprosy), Pune, revealed that only 46 *per cent* to 79 *per cent* of eligible beneficiaries were paid incentive under the Nikshay Scheme during the calendar years 2018 to 2022 in the State. The overall position of payment of incentive in the State and in the selected districts is shown in **Table 7.12**.

Table 7.12: Percentage of eligible beneficiaries paid incentive

Selected districts and the State	Percentage of eligible beneficiaries paid incentive				
	2018	2019	2020	2021	2022
Amravati	89	80	71	46	86
Chhatrapati Sambhajinagar	70	71	62	53	80
Chandrapur	58	71	77	56	90
Jalgaon	26	32	62	43	81
Kolhapur	34	61	79	45	88
Nanded	74	73	64	45	83
Pune	46	56	66	45	77
Mumbai	57	62	60	50	72
Maharashtra State	**52**	**63**	**62**	**46**	**79**

Source: Data furnished by Joint Director, Health Services, Tuberculosis and Leprosy, Pune

The Joint Director, Health Services (TB and Leprosy), Pune stated that the shortfall was due to non-receipt of details from all the beneficiaries, incorrect Account Number and IFSC of bank, shortage of funds in Single Nodal Account as well as some beneficiaries refusing to avail benefits.

7.8 Family Welfare Scheme under National Health Mission

Government of India launched a National Programme for Family Planning in 1952. Over the decades, the programme had undergone transformation in terms of policy and actual programme implementation. The programme was repositioned to achieve not only population stabilisation goals but also promote reproductive health and reduce maternal, infant and child mortality and morbidity. Two schemes *viz*., Janani Shishu Suraksha Karyakram and Janani Suraksha Yojana were implemented under Family Welfare Scheme.

7.8.1 Non-adherence to the guidelines for implementation of Janani Shishu Suraksha Karyakram

Janani Shishu Suraksha Karyakram (JSSK) launched in June 2011 was an initiative to assure free services to all pregnant women including normal deliveries, C-section, and treatment of sick newborn (up to 30 days after birth) in all Government health institutions across the State. JSSK stressed upon promotion of institutional deliveries and proper care of newborns in order to reduce maternal mortality rate and infant mortality rate.

Under the JSSK, pregnant women were entitled free and zero expense delivery, free drugs and consumables, free diagnostics, free diet during stay in the health institutions (up to three days for normal deliveries and up to seven days for caesarean deliveries), free provision of blood, free transport from home to health institutions, between facilities in case of referrals and drop back from institution to home.

The GoM instructed (November 2011) all stakeholders to implement the JSSK in all health facilities of GoM. Similarly, GoM, also directed (January 2012) all the Municipal Corporations (MC) to implement the scheme in their health facilities.

Scrutiny revealed the following:

- In three PHCs[74] of Jalgaon and Nanded districts, total 700 deliveries were done during 2016-17 to 2021-22, however, no diet was provided to all 700 women.

In reply, Medical Officers of PHCs of Jalgaon and Nanded districts stated that the diet would be provided hereafter.

- In three[75], out of 18 test-checked municipal hospitals/health centres, diet was not provided to pregnant women.

Medical Superintendent/Medical Officer of Nanded-Waghala Municipal Corporation accepted the fact. Secretary, Municipal Society (NHM), Pune Municipal Corporation stated that during 2016-17 to 2019-20 no budget provision for diet was made under PIP whereas in 2020-21 though budget provision made available, the same had not been spent.

7.8.2 Implementation of Janani Suraksha Yojana

Janani Suraksha Yojana (Scheme) was being implemented in the State since 2005. Under this Scheme, a pregnant woman belonging to SC, ST, below poverty line residing in rural or urban area delivering at home was entitled to ₹ 500 as incentive and pregnant women belonging to SC, ST, below poverty line staying in urban area and in rural area having normal delivery at hospital was entitled to ₹ 600 and ₹ 700 respectively. In case of C-section delivery, the entitlement was ₹ 1,500.

Scrutiny revealed the following:

- Incentive benefits were not provided to 230 beneficiaries in DBK Jain Hospital of Jalgaon Municipal Corporation and 134 beneficiaries in Nanded-Waghala Municipal Corporation during 2018-19 to 2021-22.

In reply, Medical Health Officers of Jalgaon and Nanded-Waghala Municipal Corporation stated that incentive benefits would be provided hereafter.

- In Amaravati, 6,961 out of 20,487 beneficiaries in municipal corporation area and 2,930 out of 65,374 beneficiaries in rural area did not receive incentive during 2016-17 to 2021-22.

In reply, Medical Officer, Municipal Corporation, Amravati attributed (May 2022) the non-disbursement of assistance to non-furnishing of proper documents like Janani Suraksha Yojana card, copy of bank passbook, ID proof, copy of discharge summary, *etc.*

- In Kolhapur district, District Health Society made payment at the rate of ₹ 2,200 per beneficiary instead of maximum entitlement of ₹ 1,500 per beneficiaries to 2,640 beneficiaries, who had undergone caesarean delivery, during 2017-18 to 2020-21 resulting in excess payment of ₹ 18.48 lakh.

In reply, District Health Officer, Zilla Parishad, Kolhapur stated that incentive benefits were made as per rules and guidelines of NHM. Reply is not acceptable

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[74] (i) PHC, Mangrul, Jalgaon, (ii) PHC, Chandola Nanded and (iii) PHC, Malkoli Nanded.

[75] (i) Kamla Nehru Hospital, Pune Municipal Corporation; (ii) Shivajinagar Matruseva Kendra, Nanded Waghala Municipal Corporation and (iii) Hyderabagh Urban Community Health Centre, Nanded Waghala Municipal Corporation.

as NHM guidelines provided for maximum incentive benefits of ₹ 1,500 per beneficiary.

- In 12[76] HCIs at Jalgaon and Nanded, the District Health Society made payment to 205 beneficiaries at higher rate during 2018-19 to 2021-22, which resulted in excess payment of ₹ 1.37 lakh.

Recommendation 15: Government may make efforts to extend the benefits of the scheme to maximum beneficiaries.

7.9 Shortfall in implementation of Maher Ghar Scheme

Considering the difficulties in transportation of pregnant women for delivery in emergencies and difficulty in calling ambulances in tribal areas due to network issues, *Maher Ghar* Scheme (Scheme) was implemented in the State since 2011-12. The objective of the scheme was to ensure timely arrival of pregnant women in the PHC for safe delivery and to reduce maternal and neonatal morbidity and mortality. The Scheme was being implemented in 90 PHCs of nine tribal districts in the State . The Scheme was included in State PIP under the health system strengthening pool. Under the Scheme, a pregnant woman is admitted in *Maher Ghar* four to five days before her expected date of delivery.

The target and achievement under the Scheme are shown in **Table 7.13**.

Table 7.13: Targeted and achievement

Year	Targeted beneficiaries	Actual beneficiaries	Shortfall (*per cent*)
2017-18	4,320	2,435	1,885(*44*)
2018-19	2,448	2,649	Nil
2019-20	2,448	2,525	Nil
2020-21	2,471	1,702	769(*31*)
2021-22	3,240	2,203	1,037(*32*)

Source: Data obtained from the Mission Director, NHM, GoM

As seen from **Table 7.13**, except 2018-19 and 2019-20, there was shortfall of 31 *per cent* to 44 *per cent* in achievement during 2017-18 to 2021-22.

[76] Nanded Waghala Municipal Corporation; SDH Chopda; RH Erandol; RH Pachora and PHC at Sonkhed, Malakoli, Astha, Rohipimpalgaon in Nanded district and PHC at Chandola, Mandal, Kasoda, Kinhi in Jalgaon district.