

3.3.1.11 Monitoring/Evaluation/Reporting

Control mechanisms in the State remained grossly ineffective

As per the Scheme, every work taken up for execution had to be completed in one or two working seasons, and DCs were required to monitor the progress of all such works, and furnish monitoring reports once in two months to the MPs and GOI. A senior officer of the State Government at the level of Commissioner, had to convene an annual meeting involving the DCs and MPs, to assess the progress of works under the Scheme. It was seen however, that, no such meeting was held during the period covered under audit, and none of the DCs maintained any consolidated record of assets created (discussed in paragraph 3.3.1.10) showing dates of commencement and completion of each work, and their estimated cost vis-à-vis expenditure incurred. Consequently, the internal control mechanism remained ineffective.

Instructions issued (December 1994) by the GOI required the DCs to visit and inspect at least 10 per cent of the works every year. It was however noticed that, no schedule of inspections prescribing the minimum number of field visits for each supervisory level functionary of the Department was drawn up. Nor were any of the works visited and inspected, either by the DCs or by the senior officers of the Department, during April 1997 to March 2000. Had the inspections been conducted, the delays in completion of 323 works (as discussed in para 3.3.1.6) would not have occurred.

Only 2 MPRs were sent against 36 MPs due during 1997-98 to 1999-2000

As per instructions issued (July 1997) by the GOI, all the DCs were required to submit monthly progress report in the prescribed proforma by the 10th of the following month. It was noticed however, that out of 36 reports due for submission during April 1997 to March 2000, only 2 reports were sent to the GOI by the Department, and as a result, the Government remained unaware of the progress of the works undertaken. Progress reports were mainly not submitted, because, inspections were not carried out by the DCs.

The guidelines envisaged that, the Department of Statistics and Programme Implementation would evolve simultaneous contact machinery with the nodal district heads, to remove bottlenecks. This has also not been done.

3.3.1.12 Recommendations

On the basis of the above findings, the following is recommended:

- (a) Creation of a mechanism to arouse the awareness of the general public to the benefits of the Scheme.
- (b) Evolving of a comprehensive policy of selecting competent implementing/executing agencies, and institution of an effective internal control mechanism for record management, accountability oriented reporting, and periodical inspection schedules.
- (c) The Implementing agencies and DCs should be made accountable for improper maintenance/non-maintenance of records and non-submission of periodical returns.

The matter was reported to the Government in July 2000; replies have not been received (February 2001).

HEALTH AND FAMILY WELFARE DEPARTMENT

3.4 National Family Welfare Programme

The National Family Welfare Programme is a demographic as well as a welfare programme meant for stabilising the population level, and at the same time, improving maternal and child health care. However, due to inconsistency of data on population coverage, procurement, and application of vaccines, and also due to scanty issue of family welfare materials, and incorrect and inflated reporting, the reported figures of achievement in the State were unreliable.

Highlights

Expenditure (Rs.23.90 crore) on salaries alone accounted for 75 *per cent* of the total expenditure (Rs.31.99 crore) under the Programme during 1995-2000. The Department stated that excess staff were appointed on the recommendation of Ministers and higher authorities.

(Paragraph 3.4.4)

There was an excess expenditure of Rs.1.43 crore in 182 Sub-centres due to appointment of staff far in excess of actual requirement.

(Paragraph 3.4.5.1.1)

The monthly progress reports submitted by departmental officers contained inflated/incorrect figures and the entire reporting process was unreliable.

(Paragraph 3.4.5.2)

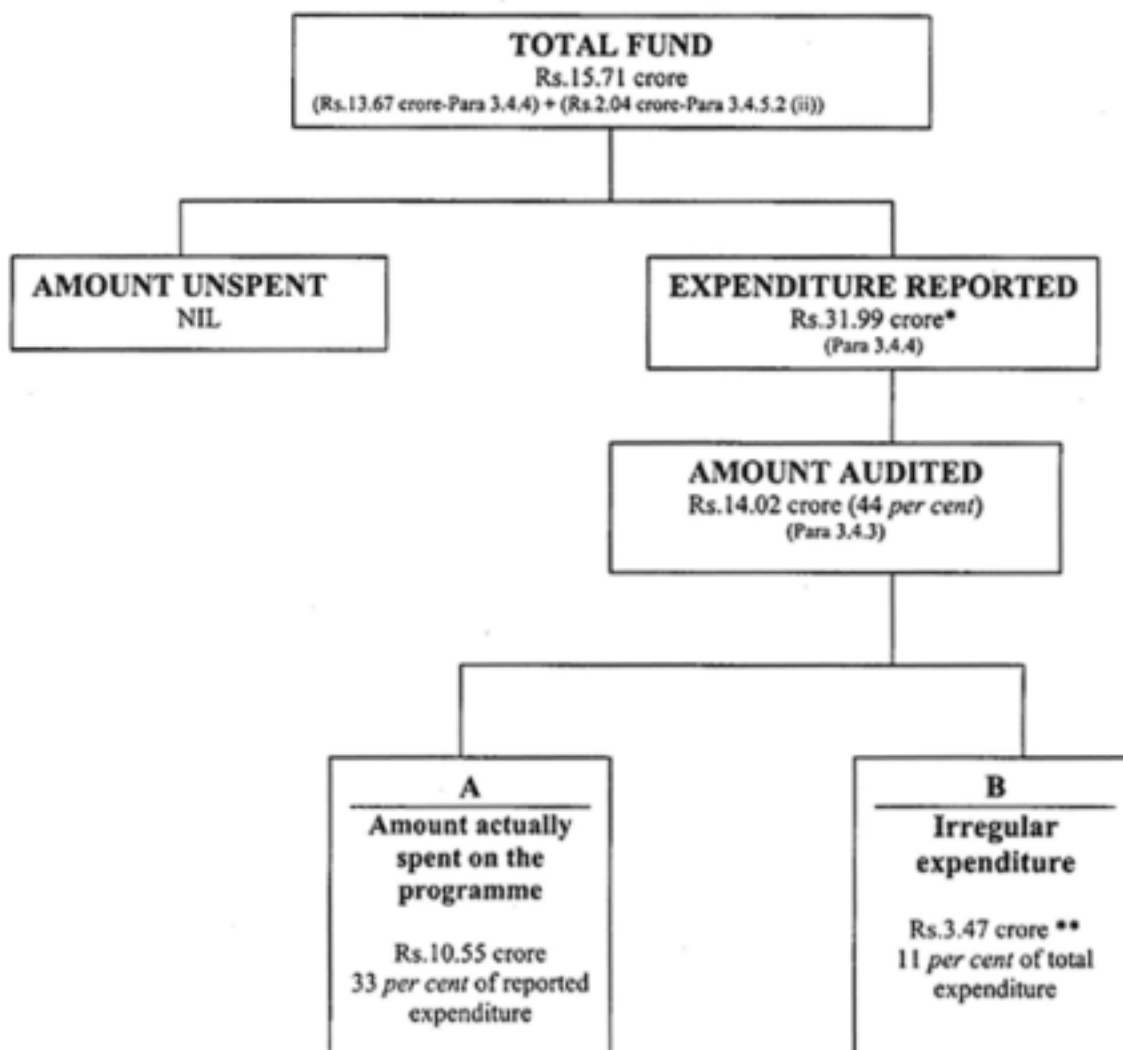
Vaccine vials shown as issued, by the Directorate of Health and Family Welfare, were more than the number of vials actually received.

(Paragraph 3.4.5.2 (i))

Fictitious issue of BCG (350 Amp), OP (3840 vials), Measles (2400 vials), TT (2000 vials), DT (800 vials) and DPT (1360 vials) vaccines by the DH&FW to the field units.

(Paragraph 3.4.6 (a) (ii))

FINANCE TREE



* Excess expenditure (Rs.16.28 crore) incurred over the total Central funds of Rs.15.71 crore was met by the Department by diverting the funds from other schemes (Para 3.4.4 (i) and (iv))

** Para 3.4.5.2 (ii): Non-submission of audited accounts Rs 2.04 crore

Para 3.4.5.1.1: Excess expenditure on pay and allowances Rs 1.43 crore

Total Rs. 3.47 crore

3.4.1 Introduction

The main objectives of the National Family Welfare Programme (NFWP) were: to bring down the birth and death rates through various family planning measures and temporary methods of birth control, to persuade the people to adopt small family norms by popularising the use of conventional contraceptive devices, oral pills etc., and to provide medical services, medicines, and incentives free of cost at the doorsteps of the acceptors of family planning measures.

These objectives were to be achieved through implementation of the following schemes: the Minimum Needs Programme redesigned as Basic Minimum Services (BMS), Sterilisation Bed Scheme, Post Partum PAP Smear Test Facility Programme, All India Hospital Post Partum Programme, the Population Research Centre Scheme, and the Child Survival and Safe Motherhood (CSSM) Programme.

Of the above, only the Basic Minimum Services and the Sterilisation Bed Scheme, have been implemented in the State.

3.4.2 Organisational set up

The Secretary, Health and Family Welfare Department, Government of Nagaland is the nodal authority to oversee the implementation of the programme at the State level. The programme is implemented by the Director of Health Services, Nagaland, Kohima, through 46 Primary Health Centres, 9 Community Health Centres and 302 Sub-centres. There is no Family Welfare Training Centre in the State.

3.4.3 Audit coverage

The review covered the period from 1995-96 to 1999-2000, by test check of records of 5 (Dimapur, Kohima, Mon, Mokokchung and Tuensang.) out of 8 districts and associated field units, involving expenditure of Rs.1402.29 lakh (44 *per cent* of the total expenditure of Rs.3198.59 lakh), during the period February to April 2000.

The services of the ORG-Centre for Social Research, a division of ORG-MARG Research Limited was commissioned by the Comptroller and Auditor General of India with a view to obtaining the beneficiary perception of the programme and related matters. The ORG-MARG carried out survey over a sample of 1509 households (404 urban and 1105 rural) and 12 health facilities in Kohima and Wokha districts of Nagaland State during October-November 2000. Significant findings of the survey on matters discussed in the Report have been included in this review at appropriate places.

The results of test check are given in the succeeding paragraphs.

3.4.4 Finance and expenditure

The Central assistance received comprised of both cash and materials. Details of cash assistance received and actual expenditure are given below:-

(Rupees in lakh)

Year	Budget Provision of the State Government	As per GOI sanctions	Actual expenditure by the Department
1995-96	381.74	300.13	723.68
1996-97	308.20	211.49	716.04
1997-98	375.84	207.82	391.77
1998-99	605.29	247.95	595.79
1999-2000	757.06	399.72	771.31
Total:-	2428.13	1367.11	3198.59

It was noticed in audit that:-

(i) The excess expenditure of Rs.1831.48 lakh over sanctions, during the five years ending March 2000, was mainly on account of salaries of staff (details in sub-para (ii) below) appointed in excess of the Government of India's norms, and the booking of such non-plan expenditure as plan expenditure under the scheme. The Department stated (July 2000) that excess staff were appointed on the recommendations of Ministers/higher authorities.

Salaries (Rs.2389.55 lakh) accounted for 75 per cent of the total expenditure (Rs.3198.59 lakh).

(ii) The total amount paid under salaries during 1995-96 to 1999-2000 was Rs.2389.55 lakh, which accounted for 75 *per cent* of the total expenditure of Rs.3198.59 lakh.

(iii) Scheme-wise details of allotment of funds, and expenditure, are shown in *Appendix-XXIX*.

(iv) Actual expenditure exceeded the budget provision by 132 *per cent* indicating unrealistic budgeting. The excess expenditure was met by diverting funds from other schemes implemented by the Department, which, however, could not be quantified for want of records.

3.4.5 Implementation

3.4.5.1 Minimum Needs Programme (Basic Minimum Services)

3.4.5.1.1 Creation of infrastructure

Family Welfare Services are to be provided to the community through a network of Sub-centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the rural areas, and hospitals and dispensaries in the urban areas, in a phased manner by 2000 AD. As per the scheme, one Sub-centre is to be established for every 3000 population in tribal and hilly areas, one PHC for every 2000 population, and one CHC for 1,00,000 population.

Excess expenditure of Rs.143.05 lakh.

The total population in the State was 12.10 lakh (1991 census), which justifies creation of 403 SCs, 60 PHCs and 12 CHCs, against which, 234 SCs, 28 PHCs and 4 CHCs have been set up without following the population norms; the shortfall ranged between 42 and 67 *per cent*. For instance, SCs have been created in areas where the population was even less than 80, viz., Pedi (71), Tizuisland (33) and Apoukito (53). The ORG Centre for Social Research, New Delhi in their beneficiary assessment (November 2000) however, observed that the PHCs in Nagaland, on an average covered a population of 26,527 which is more than the coverage norm set (20,000 population in hilly areas) but the Sub-Centres covered in Nagaland at an average of 1969 population is also much lower than the set norm of 3,000 population. Further, against the norm of 6 Sub-centres to a PHC, and 4 PHCs to a CHC, test check of 192 out of 234 SCs (82 *per cent*) revealed that, only 10 SCs satisfy the population criteria. This resulted in excess expenditure of Rs.143.05 lakh towards pay and allowances and honorarium annually paid to the staff employed in 182 Sub-centres.

The Department, while admitting the fact stated (August 2000) that, the health units in the State were not established as per the GOI norms and were created on the basis of topography, and social and local conditions. The Department could not, however, explain, how the norms fixed by GOI for hilly and tribal areas, are not workable in Nagaland.

The couple protection rate (percentage of eligible couples effectively protected against pregnancy) in the State was 7.9 *per cent*, a rate significantly lower than the all India figure of 45.4. The Total Fertility Rate (TFR) of 3.8 children per woman in Nagaland is higher than that of the national average of 2.8. The basic indicators of the State do not reflect a good performance of the family welfare programme in the State. This was also corroborated by the beneficiary conducted by the ORG Centre for Social Research, New Delhi in November 2000.

3.4.5.1.2 Engagement of Dais

Expenditure mothers of 1002 villages were left at the mercy of quacks and untrained persons.

As per National norms for rural health infrastructure, at least one trained Dai should be provided for each village. Against a total requirement of 1225 trained Dais, only 123 Dais are on the rolls of the State Government as of January 2001, covering only 10 *per cent* villages in the State. In the absence of trained Dais, the expectant mothers of atleast 1002 villages, were left at the mercy of quacks and untrained persons.

The ORG Centre for Social Research, New Delhi in their survey (November 2000) also observed that none of the medical and para-medical staff was trained in handling various activities under child survival and safe motherhood activities and the government centres in Nagaland still have a long way to go with imparting training to its staff which has had a profound impact on the performance of the programme.

The Department stated (August 2000) that the actual number of trained Dais in the State was greater than the Dais appointed by the State Government. The Department could not, however, quantify the number of trained Dais, and their disposition among the villages in the State.

3.4.5.1.3 Manpower management

Test check of records of 31 institutions (2 CHCs, 12 PHCs and 17 SCs) showed that, 108 staff were engaged in excess of the sanctioned strength as shown below:-

In 31 health centres, 108 staff were appointed in excess of the sanctioned strength.

Centres test checked	Staff to be appointed as per norms	Men-in-position	Excess appointment	Percentage of excess
Community Health Centres (2 Nos.)	50 Nos.	86 Nos.	36 Nos.	72 %
Primary Health Centres (12 Nos.)	180 Nos	223 Nos.	43 Nos.	24 %
Sub-centres (17 Nos.)	51 Nos.	80 Nos.	29 Nos.	57 %
Total:-	281 Nos.	389 Nos.	108 Nos.	38 %

The Department stated (August 2000) that in the early seventies, the State Government decided to engage 2 Grade IV staff in each Sub-centre, over and above the 2 regular health workers specified by the Government of India. Also, upgradation of Health Units into more streamlined CHCs/PHCs rendered many existing staff surplus. Since these staff were not redeployed, they continued to be engaged in the new setup without work. The Department, however, could not furnish documents to support their contention, and also, could not explain how the services of these excess staff were utilised.

3.4.5.2 (i) Universal Immunisation Programme (UIP)

Scrutiny of records relating to implementation of immunisation programme revealed that, the total number of doses shown as administered in the Monthly Progress Reports (MPRs), were far in excess of the doses available for immunisation as shown below:-

Name of the district	Particulars of immunisation	Doses applied as per MPR	Doses actually available	Doses available after allowing wastage as per GOI norms
Mokokchung	Polio	43,714	26,479	19,859
	BCG	13,887	23,669	11,835
	DPT	42,150	43,243	32,431
	DT	7,306	14,701	11,024

	TT	36,308	60,239	45,178
	Measles	4,464	6,809	5,104
Tuensang	Polio	8,267	64,900	48,675
	BCG	1,204	10,600	5,300
	DPT	8,197	10,710	8,032
	DT	5,430	2,520	1,889
	TT	10,643	13,470	10,102
	Measles	2,038	3,075	2,305
Dimapur	Polio	4,47,491	3,54,680	2,66,010

Achievements reported were incorrect and were not reliable.

It was also noticed that, the MPRs did not include details of actual wastage based on GOI norms (The wastage rate for all vaccines except BCG is 25% and for BCG it is 50%), implying that there was no monitoring and evaluation of wastage, and the figures in the MPRs were not based on actual records. As a result of this wastage, at least 88,670 children (3,54,680-2,66,010 = 88,670) were deprived of immunisation facilities under the programme. The Department, while admitting that the MPRs were incorrect, stated (August 2000) that, instructions had been issued to all concerned to fill up the MPRs correctly and submit them in time. No responsibility has, however, been fixed by the Department on the erring officials for such incorrect reporting.

Achievements of immunisation of expectant mothers (EM), and children against the targets (fixed by GOI), were very poor and erratic as shown below:-

Year	Target		Achievement					Coverage (%)				
	Infant	EM	DPT	OPV	BCG	MSL	TT (EM)	DPT	OPV	BCG	MSL	TT (EM)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1995-96	28,000	29,000	14,200	10,968	7,594	1,340	10,190	50.71	39.17	27.12	4.79	35.14
1996-97	27,000	28,000	21,066	21,221	11,401	7,617	8,632	78.02	78.02	42.23	28.21	30.83
1997-98	28,000	30,000	16,995	17,360	9,869	6,763	7,557	60.70	62.00	35.25	24.15	25.19
1998-99	NA	NA	14,601	15,174	7,726	5,936	8,023	---	---	---	---	---
1999-2000	41,250	49,500	15,358	17,030	10,509	7,129	15,007	37.23	41.28	25.48	17.28	30.32

Achievements under immunisation programme were poor and erratic.

Based on the figures published by the Directorate of Economics and Statistics of Government of Nagaland, it is seen that, the live births recorded for 1995 was 24,374, and that the infant deaths

were only 150. It is also seen that, while the growth in birth rate in Nagaland has shown an increasing trend, such increase has not been reflected in the targets projected by the DH&FW. It is, therefore, evident that, in all the years, a significant portion of the infants and expectant mothers were not fully covered. ORG-MARG survey also found that overall 59 *per cent* of the children were fully immunized and about 30 *per cent* were partially immunized. It is also evident that, the targets fixed were not based on reality. The Department admitted (August 2000) that achievement figures shown are far below the targets.

3820 vials of TT and Measles vaccines remained unutilised in stock resulting in denial of benefits to atleast 1220 children.

Scrutiny of records of the Civil Surgeon, Mon revealed that, 2600 vials of TT vaccine and 1220 vials of Measles vaccine remained unused (April 2000) in stock, although their shelf lives expired in January 1997 and February 1998 respectively. This resulted in denial of benefits under the Programme to atleast 1220 children. The Department stated (August 2000) that, the concerned officer had been asked to furnish reasons for such wastage.

(ii) *Pulse Polio Immunisation (PPI)*

Reported figures of achievements under PPI were inflated and not correct.

As per the operational guidelines issued (1998) by the GOI, the targeted population should be calculated by multiplying the total population in the administrative area by 0.128 (revised to 0.14 from 1999-2000). The targeted population (children in the age-group of 0-5 years) in the State during the years 1996-97 to 1999-2000 (calculated on the basis of the above formula), and number of children estimated to be covered by the Department is given below:-

Year	Targeted population as per GOI formula	Number of children estimated to be covered by the Department		Variation Excess (+) Shortfall (-)
1996-97	1,73,536	1st dose	1,87,599	(+) 14,063
		2nd dose	1,94,080	(+) 20,544
1997-98	1,76,868	1st dose	1,93,569	(+) 16,701
		2nd dose	1,97,364	(+) 20,496
1998-99	1,80,263	1st dose	2,22,729	(+) 42,466
		2nd dose	2,22,729	(+) 42,466
1999-2000	2,00,949	1st dose	2,22,729	(+) 21,780
		2nd dose	2,22,729	(+) 21,780
		3rd dose	2,22,729	(+) 21,780
		4th dose	2,22,729	(+) 21,780

Note:- In 1995-96, the PPI covered children upto 3 years of age. The figures for the year 1995-96 could not be given for want of basic data.

The above table indicates that, no norm was followed by the Department to estimate the target population to be administered PPI, and the estimation was far in excess of the actuals.

The operational guidelines also stipulate that, the need for vaccines should be calculated as per the following formula:-

Number of children x 1.33x2=OPV requirement for two doses (upto 1998-99) Number of children x 1.33x4=OPV requirement for four doses (from 1999 onwards).

Using the above formula, the number of children shown to have been immunised, was far in excess of the maximum number of children who could be immunised with the OPV doses shown as used, during the years 1995-96 to 1999-2000 as detailed below, which indicates that achievement figures reported by the State Government were not based on actual records, and thus incorrect.

Year		Total number of OPV doses shown to have been administered	Maximum number of children who could be immunised with the OPV doses shown to have been administered	Total number of children shown to have been immunised	Achievement Report overstated by
1995-96	1st dose	1,03,547	77,855	1,19,359	41,504
	2nd dose	1,18,668	89,224	1,23,964	34,740
1996-97	1st dose	1,79,622	1,35,054	1,87,599	52,545
	2nd dose	1,87,036	1,40,629	1,94,080	53,451
1997-98	1st dose	1,82,498	1,37,217	1,93,569	56,352
	2nd dose	1,87,406	1,40,907	1,97,364	56,457
1998-99	1st dose	1,93,774	1,45,695	2,22,729	77,034
	2nd dose	1,96,002	1,47,370	2,22,729	75,359
1999-2000	1st dose	2,31,638	1,74,164	2,22,729	48,565
	2nd dose	2,33,865	1,75,838	2,22,729	46,891
	3rd dose	2,29,411	1,72,489	2,22,729	50,240
	4th dose	2,36,093	1,77,514	2,22,729	45,215
Total:-		22,79,560	17,13,956	23,52,309	6,38,353

Administration of OPV doses to inteligible children

The Department stated (August 2000) that, the national norm of 14 *per cent* of the total population for calculating number of children in the age group of 0-5 years has been followed. The contention is not correct, because, as per the operational guidelines issued by the GOI, the number of

children in the age-group of 0-5 years was to be estimated at 12.80 *per cent* of the total population till 1998-99, and at 14 *per cent* thereafter. Also, a child who has already been given the full dosage (3+1), will not continue to get OPV. Also, the annual growth rate of population is only 1.92 *per cent*. Therefore, the target will be far less than the estimated number of children. It was also stated by the Department that, the difference between the number of OPV doses administered, and the number of children to be covered, was due to administration of vaccines (not quantified) to children belonging to the age-group of 5-7 years, who are also eligible for the benefits as per the operational guidelines issued by GOI. The replies furnished are, however, not acceptable to Audit, as there was no specific mention in the guidelines about administration of OPV doses to children belonging to the age-group of 5 to 7 years. Also, since, as per the dosage prescribed by National Immunisation mission (GOI), even the booster dose is to be given by the time the child attains 2 years of age, it is not clear what purpose is served by giving OPV to children who could not possibly benefit from this.

Denial of benefits to 3180 children.

Test check of records of the Sub-Divisional Medical Officer (SDMO), Dimapur revealed that 28,084 vials of OPV were issued for PPI programme during December 1997 to January 2000 against actual requirement of 24,904 vials. Since the PPI centres (posts) did not possess cold chain facilities, and most of the excess vaccines were returned, 3180 vials of vaccines are deemed to have been spoilt. This resulted in denial of benefits under the Programme to atleast 3180 children.

During 1995-96 to 1999-2000, the State Government received Rs.204.05 lakh as grants, for disbursement to the State Committee on Voluntary Action (SCOVA), for implementation of Pulse Polio Immunisation Programme. The SCOVA was required to submit audited statement of accounts to the GOI, after implementing the Programme. As of January 2001, no such accounts had been furnished by the SCOVA/Department.

The Department stated (August 2000) that the expenditure incurred was under audit by the Chartered Accountant. This, however, does not explain why the accounts of earlier years have not been furnished to GOI.

(iii) Family Welfare activities

Year-wise performance on Family Welfare (FW) activities was as below:-

Year	Number of direct acceptors at district and sub-district level					Obstetrics (OB) and Abortion (AB) cases at district and sub-district level			
	Tubectomy	Vasectomy	IUD	Oral pills	Total	OB cases	AB cases	Total	Percentage of direct acceptor over OB and AB
1995-96	522	0	665	6,512	7,699	113	6	119	1.55
1996-97	668	0	1,778	5,136	7,582	186	0	186	2.45
1997-98	498	47	1,135	168	1,848	---	20	20	1.08
1998-99	1,548	4	965	2,578	5,095	594	1	595	11.68

1999-2000	1,231	49	2,025	6,102	9,407	484	---	484	5.15
Total:-	4,467	100	6,568	20,496	31,631	1,377	27	1,404	

Unreliable figures on achievement indicated absence of MIS in the Department

Since the direct acceptors are those OB and AB cases who undergo FW measures (Tubectomy, IUD, Oral Pills), the number of direct acceptors should always be equal to, or less than, the OB and AB cases. It would be seen, however, that, against 1,404 OB and AB cases for 1995-2000, the number of direct acceptors was stated to be 31,631, which indicated that the performance figures were unreliable.

The Department admitted (August 2000) that indirect acceptors were also included in the figures for direct acceptors but could not quantify the number of such indirect acceptors. This also goes to corroborate that, the Management Information System (MIS) in the Department was faulty and inadequate.

(iv) Sterilisation Bed Scheme

The scheme for reservation of sterilisation beds in hospitals, was introduced by the GOI in 1964, to provide facilities for tubectomy operations.

It was seen in audit that, of the 1794 beds available in various centres in the State, no bed was specifically reserved for Family Welfare activities. The Department, while admitting the fact, stated (August 2000) that, although no hospital beds are specifically earmarked for Family Welfare activities, instructions have been issued (August 2000) to all District Hospitals to keep a few (unspecified) beds reserved for this purpose at all times. It was also stated that, 10 beds were earmarked under Post Partum Programmes in Naga Hospital, Kohima.

The ORG Centre for Social Research, New Delhi in their survey (November 2000) also observed that in Nagaland role of NGOs in providing sterilisation services was found to be negligible with only a few respondents reporting availability and utilisation of services from NGOs and only a few of the sterilisation acceptors mentioned to have received incentives either in cash or in kind.

3.4.6 Procurement of vaccines and other FW materials

(a) Vaccines

Number of vials shown as issued were far in excess of the total vials available in stock for issue.

Vaccines required for immunisation of children and expectant mothers were issued by the Government of India, through Government Medical Store Depots. The year-wise procurement and distribution of vaccines detailed in *Appendix-XXX* would show that, the number of vials (1,52,500) shown as issued, were far in excess of the total vials (33,273) available. Therefore, the data on distribution of materials to the beneficiaries were not reliable. Also, the receipt/issues reflected in the stock accounts, were not authenticated by any responsible officer.

The Department, while admitting the lapses, stated (August 2000) that, suitable instructions were being issued. Further action is awaited (January 2001).

(i) As per Government of India's directions, vaccines required for immunisation, and other Family Welfare materials, are to be distributed through CHCs, PHCs, and SCs. Test check showed, however, that, OPV (528 vials), Measles (75 vials), BCG (1039 Amp.), TT (736 vials), DT (377 vials), DPT (1093 vials), Mala N (100 cycle), Nirodh (6200 Nos.), Copper T (73 Nos.), IFA-small (15,000 Nos.) and IFA-large (22,000 Nos.) were issued to voluntary organisations, institutions and individuals, directly by the DH&FW, Kohima violating the Government of India directives. No

Utilisation Certificates were furnished by the NGOs; nor were these called for (January 2001) by the Department.

(ii) Collateral check of records of two field units (DFWO, Mokokchung and DFWO, Kohima) revealed that, BCG (350 Amp.), OPV (3,840 vials), Measles (2,400 vials), TT (2,000 vials), DT (800 vials) and DPT (1,360 vials) vaccines, shown as issued to the units by the DH&FW, have not been received by the units concerned. This indicated a lack of adequate control over receipt and distribution of FW material. Moreover, in such a slack process, possibilities of pilferage of these vials could not be ruled out.

(b) Family Welfare materials

Details of Family Welfare materials received during 1995-96 to 1999-2000 from the Government of India, and their free distribution to beneficiaries, are given at *Appendix-XXXI*.

Idle stock of 28.81 lakh Iron Folic Acid Tablets.

(i) 28.81 lakh Iron Folic Acid (IFA) tablets (both large and small) meant for issue to expectant and nursing mothers, have been lying in stock since 1997-98, without issue to the beneficiaries. Reasons for non-issue are not known. Since all these tablets have outlived their shelf life of one year, these cannot be used, resulting in loss to Government, and denial of benefits to the targeted beneficiaries.

The Department, while assuring that such instances would not occur in future, stated (August 2000) that, as the supply of IFA tablets was usually very irregular-sometimes 2-3 times in a year and in bulk, and at other times nil-it was facing problems of proper stocking and distribution. Moreover, the short life span and sub-standard quality of the IFA tablets received from the GOI, and their unpopularity among the public aggravated the problem. This, however, does not explain why the Department failed to return excess/sub-standard tablets to the Government of India for their re-issue/destruction to other States where these tablets were in demand. Moreover, no physical verification of stores had been done. Had such verification been done regularly as per General Financial Rules, these lapses could have been detected by the Department itself, much earlier.

(ii) Test check of records of DFWO, Kohima revealed that, different substandard materials (IFA tablets 100 units (15,000) and Methy Lergasetrine Maleate tablets 100 units (4,800). received from the Government of India through the Government Medical Store Depot, were issued to the beneficiaries. Adverse effects due to consumption of these substandard medicines had not been investigated (January 2001).

3.4.7 Monitoring and evaluation

Delay in submission of Monthly Progress Reports.

Although the Department was required to submit consolidated MPRs to the Government of India (Ministry of Health and Family Welfare) by the 10th of each month, MPRs containing incorrect and inflated figures (discussed in Paragraph 3.4.5.2 (ii)) were routinely submitted late, with delays ranging from 1 to 2 months.

Proper monitoring and evaluation is a sine-qua-non to assess achievement of various components of the programme, and for smooth implementation. It was noticed that no monitoring and evaluation was conducted, in the absence of which, the actual impact of the programme remained obscure to the Department, even after incurring an expenditure of Rs.31.99 crore.

3.4.8 Recommendations

- i. The department should conduct survey to assess the number of children, and expectant mothers requiring health and family welfare support;

- ii. Maintenance of records should be geared up so as to have an accurate database;
- iii. The coverage on immunisation should be properly monitored in order to ensure total immunisation for all the children and expectant mothers;
- iv. Wastage of vaccines should be reduced to minimum;
- v. Actual expenditure on PPI programmes should be covered by audited accounts and utilisation certificates; and
- vi. Proper infrastructure such as cold chain facilities and generators should be provided, to facilitate storage of vaccines.

The matter was reported to the Government in June 2000; replies had not been received (February 2001).

PLANNING AND CO-ORDINATION/INDUSTRIES DEPARTMENTS

3.5 Urban Employment Generation Programme

The Urban Employment Generation Programme, comprising Nehru Rozgar Yojana, Urban Basic Services for the Poor, Prime Minister's Integrated Urban Poverty Eradication Programme (now collectively known as the Swarna Jayanti Sahari Rozgar Yojana) and, Prime Minister's Rozgar Yojana, are one of the main sources for generation of employment in urban areas. Though funds were received from the Central Government in time, the State Government released the same after delays of 1 to 10 years. Partial utilisation of available resources adversely affected generation of employment for urban poor.; Since the assets created were not maintained thereafter, the scheme did not result in sustained benefits to the poorest sections of the society. Target groups were not identified; and vital records like Muster Rolls, Measurement Books etc., were not maintained. Consequently, it could not be ensured if the benefits of the Schemes had actually percolated down to the targeted population.

Highlights

Out of Rs.6.49 crore received from Central Government during 1995-96 to 1999-2000, the Department could only spend Rs.4.55 crore (70 per cent) leaving a balance of Rs.1.94 crore. Due to delay in non-release/delay in release of funds by the State Government, beneficiaries were deprived of employment for 5.56 lakh mandays. Moreover, due to improper implementation of the Schemes, the Department failed to generate employment for a further 5 lakh mandays.

(Paragraph 3.5.5.1 and 3.5.7)

Unnecessary withdrawal and retention of funds by the Chief Town Planner, Kohima, facilitated robbery of Rs.50 lakh.

(Paragraph 3.5.5.1)

Unnecessary withdrawal and retention of funds in the form of Deposit at Call (DAC) resulted in loss of interest of Rs.30.32 lakh.

(Paragraph 3.5.5.1)

There were delays ranging from 1 to 10 years in release of Central shares by the State Government. Central share (Rs.1.31 crore) for the years 1989-90 to 1992-93 was drawn by the State Government only in March 1999. Against the State share of Rs.3.60 crore pertaining to the years 1989-90 to 1999-2000, the State Government released only Rs.0.90 crore in March 1999. Though Government of India released Rs.1.09 crore in 1995-96 and Rs.1.23 crore in 1996-97 towards

APPENDIX - XXIX

(Reference: Paragraph 3.4.4 (iii); page 74)

Scheme wise allotment of fund and expenditure (Rupees in lakh)

Sl No	Sub head	1995-96				1996-97				1997-98				1998-99				1999-2000				
		Budget as per Appropriation Accounts	As per GOI sanctions	Expenditure as per Appropriation Accounts	Expenditure as per Department	Budget as per Appropriation Accounts	As per GOI sanctions	Expenditure as per Appropriation Accounts	Expenditure as per Department	Budget as per Appropriation Accounts	As per GOI sanctions	Expenditure as per Appropriation Accounts	Expenditure as per Department	Budget as per Appropriation Accounts	As per GOI sanctions	Expenditure as per Appropriation Accounts	Expenditure as per Department	Budget as per Appropriation Accounts	As per GOI sanctions	Expenditure as per Appropriation Accounts	Expenditure as per Department	
1	Direction and Administration	13.20		183.27		10.20		81.67		10.20		34.86		18.96		58.42						
2	Subordinate Establishment	28.95		190.67		20.95		99.19		20.95		31.22		84.75		111.47						
3	Rural Family Welfare Centres	49.70		86.66		39.10		78.41		84.15		66.97		104.90		122.15						
4	Rural	124.50		159.84		112.5		130.8		112.5		311.9		319.6		186.5						

1 1	Oral Rehydration Therapy (State)	1.37		0.34		1.07		2.00		1.07		---		---		---					
1 2	Training of ANM & HV	14.55		8.40		11.55		4.69		11.55		---		11.55		---					
1 3	Mass Education	28.80		16.60		18.80		16.07		18.80		---		19.95		10.57					
1 4	Post Partum (Dist)	45.55		14.85		42.55		8.58		65.14		6.09		7.00		17.77					
1 5	Post Partum (Sub-dist.)	8.50		0.96		5.50		0.93		5.50		4.61		1.70		---					
1 6	Compensation	11.10		4.70		7.50		0.22		7.50		---		7.50		0.10					
Total :-		381.74	300.13	715.42	723.68	308.20	211.49	608.03	716.04	375.84	207.82	483.14	391.77	605.29	247.95	560.39	595.79	NA	399.72	NA	771.31

APPENDIX - XXX

(Reference: Paragraph 3.4.6 (a); page 80)

Statement showing receipt and issue of vaccines as per stock register

Name of vaccine	Receipt		Issue				Difference Excess (-) Balance (+)
	1/94 to 3/95	Afterwards	Total receipt	District	Others	Total issue	
1996-97							
BCG	475 Amp	1,400 Amp	1875 Amp	2,632 Amp	20 Amp	2,652 Amp	(-) 777 Amp
TT	7,327 vials	5,500 vials	12,827 vials	19,058 vials	622 vials	19,680 vials	(-) 6,853 vials
DT	278 vials	1,700 vials	1978 vials	4,368 vials	10 vials	4,378 vials	(-) 2,400 vials
1997-98							
OPV	OB- 20,167 vials	4,800 vials	24,967 vials	36,627 vials	96 vials	36,723 vials	(-) 11,756 vials
BCG	(-) 777 Amp	1,500 Amp	723 Amp	2,230 Amp	61 Amp	2,291 Amp	(-) 1,568 Amp
TT	(-) 6,853 vials	14,000 vials	7,147 vials	17,445 vials	280 vials	17,725 vials	(-) 10,578 vials
DT	(-) 2,400 vials	4,000 vials	1,600 vials	4,830 vials	154 vials	4,984 vials	(-) 3,384 vials
Measles	2,282 vials	6,200 vials	8,482 vials	14,183 vials	50 vials	14,233 vials	(-) 5,751 vials
1998-99							
OPV	OB- (-) 11,756 vials	2,200 vials	(-) 9,556 vials	4,970 vials	20 vials	4,990 vials	(-)14,546 vials
BCG	(-) 1,568 Amp	1,760 Amp	192 Amp	2,805 Amp	---	2,805 Amp	(-) 2,613 Amp
TT	(-) 10,578 vials	8,700 vials	(-) 1,878 vials	10,070 vials	40 vials	10,110 vials	(-) 11,988 vials

DT	(-) 3,384 vials	2,000 vials	(-) 1,384 vials	2,320 vials	23 vials	2,343 vials	(-) 3,727 vials
Measles	(-) 5,751 vials	1,200 vials	(-) 4,551 vials	4,650 vials	20 vials	4,670 vials	(-) 9,221 vials
1999-2000							
BCG	(-) 2,613 Amp	2,700 Amp	87 Amp	3,645 Amp	23 Amp	3,668 Amp	(-) 3,581 Amp
TT	(-) 11,988 vials	6,800 vials	(-) 5,188 vials	8,590 vials	505 vials	9,095 vials	(-) 14,283 vials
DT	(-) 3,727 vials	2,700 vials	(-) 1,027 vials	3,720 vials	203 vials	3,923 vials	(-) 4,950 vials
Measles	(-) 9,221 vials	6,200 vials	(-) 3,021 vials	7,950 vials	280 vials	8,230 vials	(-) 11,251 vials
Total:-	(-) 40,087	73,360	33,273			1,52,500	(-) 1,19,227

APPENDIX - XXXI

(Reference: Paragraph 3.4.6 (b); page 81)

Statement showing receipt and issue of FW materials as per stock register

FW materials	Opening balance	Receipt	Total	Issue			Difference being closing balance	Quantity issued to								
				District	Others	Total		Kohima	Dimapur	Mokokchung	Tuensang	Zunheboto	Wokha	Phek	Mon	Total
1995-96																
Mala N	31,337 cycles	40,500 cycles	71,837 cycles	15,000 cycles	2,000 cycles	17,000 cycles	54,837 cycles	---	---	5,000 cycles	---	5,000 cycles	---	---	5000 cycles	15,000 cycles
Nirodh	67,700 Nos.	---	67,700 Nos.	---	---	---	67,700 Nos.	---	---	---	---	---	---	---	---	---
Copper T	338 Nos.	5,000 Nos.	5,338 Nos.	3,770 Nos.	105 Nos.	3,875 Nos.	1,463 Nos.	400 Nos.	---	1,660 Nos.	460 Nos.	300 Nos.	150 Nos.	150 Nos.	650 Nos.	3,770 Nos.
IFA(L)	5,46,000 Nos.	20,93,000 Nos.	26,39,000 Nos.	7,31,000 Nos.	22,000 Nos.	7,53,000 Nos.	18,86,000 Nos.	1,09,000 Nos.	1,50,000 Nos.	4,00,000 Nos.	2,000 Nos.	---	70,000 Nos.	---	---	7,31,000 Nos.
IFA(S)	34,23,	---	34,23,	14,18,	37,0	14,55,	19,68,4	---	3,60,0	5,06,000	28,000	---	---	20,00	5,04,	14,18,

	400 Nos.		400 Nos.	000 Nos.	00 Nos.	000 Nos.	00 Nos.		00 Nos.	Nos.	Nos.			0 Nos.	000 Nos.	000 Nos.
1996-97																
Mala N	54,837 cycles	---	54,837 cycles	25,300 cycles	---	25,300 cycles	29,537 cycles	5,200 cycles	---	4,000 cycles	---	---	---	10,100 cycles	6,000 cycles	25,300 cycles
Nirodh	67,700 Nos.	6,000 Nos.	73,700 Nos.	1,000 Nos.	200 Nos.	1,200 Nos.	72,500 Nos.	700 Nos.	300 Nos.	---	---	---	---	---	---	1,000 Nos.
Coppe r T	1,463 Nos.	1,200 Nos.	2,663 Nos.	1,155 Nos.	14 Nos.	1,169 Nos.	1,494 Nos.	250 Nos.	250 Nos.	---	300 Nos.	---	100 Nos.	105 Nos.	150 Nos.	1,155 Nos.
IFA(L)	18,86, 000 Nos.	---	18,86, 000 Nos.	9,28,0 00 Nos.	45,0 00 Nos.	9,73,0 00 Nos.	9,13,00 0 Nos.	50,00 0 Nos.	1,00,0 00 Nos.	1,00,000 Nos.	77,000 Nos.	50,000 Nos.	2,50, 000 Nos.	1,51, 000 Nos.	1,50, 000 Nos.	9,28,0 00 Nos.
IFA(S)	19,68, 400 Nos.	---	---	---	---	---	19,68,4 00 Nos.	---	---	---	---	---	---	---	---	---
1997-98																
Mala N	29,537 cycles	---	29,537 cycles	21,700 cycles	3,000 cycles	24,700 cycles	4,837 cycles	7,000 cycles	2,500 cycles	2,000 cycles	---	---	3,000 cycles	---	7,200 cycles	21,700 cycles
Nirodh	72,500 Nos.	---	72,500 Nos.	---	---	---	72,500 Nos.	---	---	---	---	---	---	---	---	---
Coppe	1,494	---	1,494	550	10	560	934	50	---	---	500	---	---	---	---	550

r T	Nos.		Nos.	Nos.	Nos.	Nos.	Nos.	Nos.			Nos.					Nos.
IFA(L)	9,13,000 Nos.	---	---	---	---	---	9,13,000 Nos.	---	---	---	---	---	---	---	---	---
IFA(S)	19,68,400 Nos.	---	---	---	---	---	19,68,400 Nos.	---	---	---	---	---	---	---	---	---
1998-99																
Mala N	4,837 cycles	50,000 cycles	54,837 cycles	11,310 cycles	2,100 cycles	13,410 cycles	41,427 cycles	3,300 cycles	3,000 cycles	---	3,000 cycles	1,010 cycles	1,000 cycles	---	---	11,310 Nos.
Nirodh	72,500 Nos.	2,00,000 Nos.	2,72,500 Nos.	98,500 Nos.	85,200 Nos.	1,83,700 Nos.	88,800 Nos.	24,000 Nos.	6,000 Nos.	19,500 Nos.	13,000 Nos.	18,000 Nos.	6,000 Nos.	12,000 Nos.	---	98,500 Nos.
Copper T	934 Nos.	12,000 Nos.	12,934 Nos.	6,020 Nos.	216 Nos.	6,236 Nos.	6,698 Nos.	1,710 Nos.	400 Nos.	1,150 Nos.	1,050 Nos.	410 Nos.	400 Nos.	600 Nos.	300 Nos.	6,020 Nos.
IFA(L)	9,13,000 Nos.	---	---	---	---	---	9,13,000 Nos.	---	---	---	---	---	---	---	---	---
IFA(S)	19,68,400 Nos.	---	---	---	---	---	19,68,400 Nos.	---	---	---	---	---	---	---	---	---
1999-2000																
Mala	41,427	---	41,427	10,500	600	11,100	30,327	2,000	7,000	---	1,000	---	---	500	---	10,500

