CAG Report Summary

Reproductive and Child Health under National Rural Health Mission

- The Comptroller and Auditor General of India (CAG) released an audit report on the Reproductive and Child Health (RCH) programme under the National Rural Health Mission (NRHM) on July 21, 2017. The Report is for the period between 2011-12 and 2015-16. The NRHM was launched in April 2005 to provide accessible, affordable and quality health care to the rural population. The RCH programme is a sub component of NRHM which focuses on maternal and child health, immunisation, and family planning. The key findings of the audit Report are as follows:
- Financial management: Unsatisfactory financial management of the RCH programme has been observed at both central and state levels. The Report highlights substantial unspent balances with the State Health Societies every year. In 27 states, the unspent amount increased from Rs 7,375 crore in 2011-12 to Rs 9,509 crore in 2015-16. Delays were also noted in the transfer of funds from state treasuries to State Health Societies, with delays ranging from 50 to 271 days. Diversion of funds (about Rs 36 crore) to other schemes was also noted. In light of these observations, the CAG recommended proper fund flow management keeping in view the absorptive capacity of State Health Societies.
- Physical infrastructure: A shortfall ranging between 24%-38% was observed in the availability of Sub-Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in 28 states/UTs. The shortfall was more than 50% in five states (Bihar, Jharkhand, Sikkim, Uttarakhand and West Bengal).
- Other issues which were observed regarding the existing infrastructure include: (i) unhygienic environment; (ii) inaccessibility by public transport; (iii) non-availability of electricity and water supply; (iv) non-availability of separate wards for male and female beneficiaries. Further, in 20 states, 1,285 works, though completed, were not made functional. The CAG recommended a review of civil works by the concerned authorities in all states to remove the delays and to ensure faster completion and commissioning of buildings.
- Availability of human resources: A shortage of doctors and paramedical staff was observed in almost all selected facilities. In the selected CHCs of 27

- states, the average shortfall of specialists ranged between 77% 87%. Further, only 1,303 nurses were posted against the required 2,360. It was also noted that medical equipment in some states was lying unutilised due to non-availability of doctors and manpower to operate them. The CAG recommended that the Ministry of Health and Family Welfare must follow up with states to ensure that sanctioned posts of health care professionals are filled up.
- Availability of medical equipment and medicines: It was noted that selected health facilities across 29 states/UTs lack the basic equipment required for RCH services such as labour tables, normal delivery kits, emergency obstetric care equipment, and X-ray facilities. In 8 states, essential drugs were not available. Further, in 14 states, medicines were being issued to patients without ensuring their prescribed quality checks.
- Quality of healthcare: The National Quality Assurance Programme (NQAP) was set up in 2013 for improving the quality of care in the District Hospitals, CHCs and PHCs across the country. The audit results revealed that the institutional framework for implementation of NQAP was either not in place or was not effective. Further, the Report noted low number of internal and external assessments of health facilities, inadequate reporting, and non-evaluation of key performance indicators.
- Reproductive and child health services and outcomes: Janani Suraksha Yojana (JSY) is a safe motherhood intervention to promote institutional delivery among the poor pregnant women. The CAG noted deficiencies in the implementation of JSY, in terms of non-payment of incentive amounts or delayed payment to beneficiaries.
- The RCH programme also aims to achieve certain Millennium Development Goal (MDG) targets (for 2015). Under the MDGs, the target for Infant Mortality Rate (IMR) is 27 (per 1,000 live births). India's IMR is 39. As for the target of Maternal Mortality Ratio (109 per 1,00,000 live births), the corresponding achievement was 167 by India.

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