Chapter II

Planning

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2.1 Baseline survey and Annual Facility survey

The framework for implementation of National Rural Health Mission (NRHM) (2005-12) envisages accountability through a three-pronged process of community-based monitoring, external surveys and stringent internal monitoring. Facility and Household Survey, National Family and Health Survey-II [20](NFHS-II) and Rural Health Statistics-2002 (RHS) would act as the baseline for NRHM against which the progress would be measured.

The Baseline survey and subsequent periodical surveys help to measure the improvement achieved and identify existing gaps. State Health Society (SHS), Assam conducted two surveys in 2007-08 and 2010-11 by engaging a third party *viz.,* Advent Healthcare Group, which identified the gaps existing in the health facilities. However, the gap relating to requirement of new health centres keeping in view the increased population or geographical remoteness remained to be identified by the two surveys. SHS, Assam and all the selected health centres stated that Baseline and Annual Facility surveys, to measure the periodical improvements in quality and serves as the benchmark for assessing the functional status of health facilities, had not been conducted during the period covered by Audit.

Thus, in the absence of any baseline and periodical follow up assessment, extent of improvement made, through NRHM, remained unmeasured.

2.2 Perspective Plan

NRHM envisaged a bottom-up, decentralised and community-owned approach to public health planning. As per the framework for implementation of NRHM 2005-12, the Perspective Plan (PP) for the entire Mission period, was to be prepared by the district based on Village Health Action Plan, after identifying gaps in health care facilities, areas of interventions and year-wise resource and activity needs. The PPs submitted by the districts were to be consolidated at the State level by NRHM, Assam for effective implementation of the Scheme. The Annual Work Plan (AWP), budgets and the PP were to be sent by the districts to State Health Mission (SHM) for its appraisal. Besides, SHM needed to determine planning norms and suggestive interventions and monitor the progress against the set benchmarks through PP.

The PP, however, had not been prepared by the test checked districts for the NRHM Framework period 2012-17. The State PP for the corresponding period was also not prepared. Thus, in the absence of the State and district Plans, proper identification of gaps and needs, required to be addressed on a priority basis was not done by SHM.

[20] NFHS-II –2nd National Family Health Survey conducted in 1998-99.

It was also noticed that SHM had met once in a year during 2011-14 and had not met since July 2013. As such, involvement of SHM in the planning and monitoring of the Scheme was found absent during 2014-15 and 2015-16.

2.3 Annual Project Implementation Plans (APIP)

The State APIP is to be prepared by the SHS and approved by the SHM headed by the Chief Minister from District Health Action Plans (DHAPs) prepared by the District Health Societies (DHSs). The DHAPs are to be prepared on the basis of Block Health Action Plans (BHAPs) which are prepared by BPHCs consolidating the Village level Health Action Plans (VHAPs) and Facility Development Plans (FDPs). Before submission of BHAP to DHS, this plan is to be reviewed by Block level Monitoring and Planning Committee consisting of Panchayat Members, health care service providers and members from civil societies. VHAPs are prepared by the Village Health, Sanitation and Nutrition Committees (VHSNC), a sub-committee of the Gram Panchayat, while concerned health centres prepare the FDPs. Thus, a bottom up decentralised approach is prescribed in preparation of APIP.

It was observed in audit that Village level Health Action Plans and Facility Development Plans were not prepared during the entire period of 2011-16. As such, the DHAP and State APIPs were also not prepared by following the bottom-up approach to ensure the actual need of the grass-root level giving rise to gaps in infrastructure, human resources, drugs and equipment *etc.*, as discussed in succeeding paragraphs.

Further, in the selected blocks of test-checked districts, it was seen that though BHAPs were prepared annually but Block level Monitoring and Planning Committee, to review the BHAP, was not formed in any of the test checked Blocks. Similarly, DHAPs in the selected districts were also not found approved by the respective DHMs. As such, BHAPs and DHAPs were not reviewed by the prescribed Committees before submission to districts and State authority.

Thus, the bottom-up decentralised and community-owned approach to public health planning was not ensured and preparation of Annual Plans appeared to have been a routine exercise without being monitored and guided by the appropriate authority to focus on achieving the goal of the Mission in a planned manner.

Further, deficiencies observed in planning are summarised below which have been discussed in details in the succeeding chapters:

- There was shortage of 2196 Sub Centres (SCs), 98 Primary Health Centres (PHCs) and 127 Community Health Centres (CHCs) in the State in terms of population norms, out of which only 626 SCs, 65 PHCs and 55 CHCs were planned for construction (March 2016). Of these, 209 SCs, 24 PHCs and 22 CHCs could only be completed till March 2017.

- Out of 4621 SCs in the State, only 20 SCs were planned for upgradation (2011-16) from Type-'A'[21] to Type-'B'[22]. However, upgradation of PHCs to Indian Public Health Standards (IPHS) norms of 24 x 7 facilities, and CHCs to First Referral Unit (FRU) had not been planned at all.

- The State could utilise only 21 to 23 *per cent* funds during 2014-16 approved for procurement of equipment despite non-availability/shortage of basic equipment in the test checked (June - July 2016) health centres, indicating deficient planning.

- Shortage/non-availability of essential drugs in health centres *vis-a-vis* instances of expiry of medicines due to their excess procurement were noticed during audit, highlighting poor planning in the procurement of medicines, under NRHM.

It was thus, revealed that there were deficiencies in the process of planning by the NRHM, Assam for effective implementation of the programme.

[21] Type-'A' SC will provide all recommended services except that the facilities for conducting delivery.

[22] Type-'B' SC, will provide all recommended services including facilities for conducting deliveries at the SC itself.