Public Health and Family Welfare Department

3.3 Dispensaries for the Welfare of Backward Areas

Highlights

The scheme aimed at providing medical facilities to predominantly tribal areas of the state. Though an amount of Rs.17.90 crore was spent in two years (2000-02) the development of health infrastructure in these areas was far from satisfactory inasmuch as even the first phase of construction of Community Health Centres (CHCs) were not completed resulting in non-extension of radiological/ operation facilities etc. Acute shortage of specialists prevailed in District Hospital (DH) (20-65 per cent) and in CHCs (28 to 60 per cent) resulting in low percentage of bed occupancy in CHCs. Twenty eight per cent Primary Health Centre (PHC) remained without doctors. Some of the significant observations are as under:

- **The budget provision fell short by 53 per cent of the actual requirement.**

(Paragraph 3.3.4)

- **For providing basic medical care in rural areas only 114 Community Health Centres were established as against the requirement of 170 .**

(Paragraph 3.3.5)

- **4 hundred beded hospitals and one upgradaded (hundred to three hundred) bed hospital remained incomplete after incurring an expenditure of Rs.3.90 crore.**

(Paragraph 3.3.6[a] [i]&[ii])

- **Extra cost of Rs 19.61 lakh was incurred on irregular purchase of medicines.**

(Paragraph 3.3.9[ii][b])

- **Minimum and Maximum stocks of life saving medicines for prevention of epidemics were not fixed. Store keepers were not trained in inventory control.**

(Paragraph 3.3.9[iii])

- **Under Jeevan Jyoti Scheme expenditure incurred was not commensurate with physical performance.**

(Paragraph 3.3.11)

3.3.1 Introduction

Prior to its formation (1 November 2000) Chhattisgarh State was a part of Madhya Pradesh State. It comprises 146 blocks out of which 85 blocks are tribal covering an area of 32.87 lakh sq. km. As per 1991 census total population of the State was 176.15 lakh of which about 33 per cent was tribal. For the welfare of these classes special provisions were made in the State budget by introducing a Scheme "Dispensaries for the welfare of backward classes". The entire expenditure of hospitals of backward districts of the State including medicines and diet to the patients is funded under non-plan expenditure.

Government of composite Madhya Pradesh (January 1991) had adopted a 5 tier system of health care namely Sub Health Centre, Primary Health Centre, Community Health Centre, Civil Hospital and District Hospital without any specific provision for dispensaries for backward areas as such. The funds allotted under the scheme were spent inter-alia on running of district hospitals and community health centres (established and working) in tribal areas of the State.

3.3.2 Organisational set up

The overall monitoring and supervision of the scheme at State level rested with the Secretary, Public Health and Family Welfare Department (Department). The scheme was implemented in the State by the Director, Public Health and Family Welfare (Director) who is assisted by two Joint Directors at Directorate level and Chief Medical and Health Officer (CMHO) and Civil Surgeon (CS) cum Superintendent of the district hospital at the district level.

3.3.3 Audit coverage

The scheme was in operation in all the 16 districts of Chhattisgarh State but maximum allotments were provided to 5 predominantly tribal districts viz. Ambikapur, Dantewara, Jagdalpur, Jashpur and Raigarh. A test check of the records in the office of Director, Public Health and Family Welfare Raipur, Chief Medical and Health Offices Ambikapur, Dantewara, Jagdalpur, Jashpur and Raigarh and Civil Surgeon-cum-Superintendent of District Hospitals (DH) at Ambikapur, Jagdalpur and Raigarh along with records of Civil Hospital Jashpur (CH) Community Health Centres (CHCs) and Primary Health Centres (PHCs) in these districts was conducted between February and August 2002. The period covered under review was from April 1997 to March 2002.

3.3.4 Finance

Year wise details of budget provisions and expenditure were as under:

(Rupees in lakh)

Year	Budget provision	Expenditure[20] (Departmental)	Savings(-)/excess(+) (Percentage)
November 2000 to March 2001	325.78	441.15	(+)115.37 (35)
2001-02	843.35	1348.64	(+)505.29 (60)
Total	**1169.13**	**1789.79**	**(+)620.66 (53)**

It would be seen that the allotment was short of requirement to the extent of 53 per cent in both the years.

The budget provision and expenditure in 5[21] test-checked districts was as follows:

(Rupees in lakh)

Year	Budget provision	Expenditure	Saving (-)/ Excess (+)	Percentage excess/saving
1997-98	745.43	817.84	72.41 (+)	10
1998-99	674.19	1065.65	391.46 (+)	58
1999-2000	858.76	1049.26	190.50 (+)	22
4/2000 to 10/2000	857.19	769.13	88.06 (-)	10
11/2000 to 3/2001	247.67	425.53	177.86 (+)	72
2001-2002	497.80	1131.03	633.23 (+)	127
Total	**3881.04**	**5258.44**	**1377.40 (+)**	

The excess expenditure ranged from 10 to 127 per cent which remained to be regularised.

3.3.5 Establishment of Medical Institutions in Tribal areas of the State

The Minimum Need Programme started in 1974-75 envisaged a network of basic services and facilities in the field of health, nutrition, environmental improvement and water supply. Under this programme one Sub Health Center (SHC) for every 3000 population, one Primary Health Center (PHC) for every 20000 population and one Community Health Center (CHC) for every 80,000 population in tribal areas was to be established.

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[20] *Departmental figures not reconciled with Accountant General.*

[21] *Ambikapur, Dantewara, Jagdalpur, Jashpur and Raigarh.*

The position of requirement and establishment of health institutions in the State as on February 2003 was as under:

Shortage in establishment of CHCs / PHCs ranged between 10 and 33 per cent of requirement.

Sl. No.	Category	Required	Established	Shortage (percentage)
1.	CHC	170	114	56 (33)
2.	PHC	572	513	59 (10)
3.	SHC	3850	3818	32 (1)

The above table indicates that there was shortage of 33 and 10 per cent in establishment of CHCs & PHCs respectively.

Sanctions for opening of 9 CHCs, 25 PHCs and 12 SHCs during 2001-2002 are awaited (February 2003) from Government.

3.3.6 Upgradation of Primary Health Centers to Community Health Centres

(a) Construction

(i) Government (April 1998) sanctioned upgradation of 39 PHCs to CHCs of 8 districts which were subsequently allocated to Chhattisgarh State. In the first phase administrative sanction for construction of 10 bedded wards, Operation Theatres and Dark Rooms at a cost of Rs.13.45 lakh per CHC was issued for Rs.5.25 crore.

The details of the 31 works falling in the five districts test-checked are as under:

(Rupees in lakh)

Sl. No.	Name of District	Number of works	Amount allotted		Letter of credit issued		Expenditure incurred	
			2000-01	2001-02	2000-01	2001-02	2000-01	2001-02
1.	Ambikapur	10	45.00	23.50	45.00	23.50	--	44.38
2.	Dantewara	5	47.00	103.73	38.80	79.93	7.10	79.19
3.	Jagdalpur	9	58.00	145.23	34.00	76.00	5.00	128.18
4	Jashpur	5	3.00	13.00	3.00	13.00	--	6.21
5.	Raigarh	2	22.03	10.95	21.47	10.95	2.94	3.85
	Total	**31**	**175.03**	**296.41**	**142.27**	**203.38**	**15.04**	**261.81**

Construction of CHC buildings was incomplete for more than two and half years after incurring expenditure of Rs.2.77 crore

Of the 31 CHCs only two were completed but even these were not handed over to the Department. Works at Darbha in Jagdalpur, Dharamjaigarh in Raigarh and Kunkuri in Jashpur district were not started due to non-availability of site. Balance 26 works were still in progress (September 2002) even after a lapse of more than two and half years after incurring an expenditure of Rs.2.77 crore against sanctioned amount of Rs.4.17 crore. One work at Bhairamgarh (Dantewara) was stated to have been delayed by contractor and 5 works (Jagdalpur) were delayed due to revision of estimates awaiting sanction.

4-Hundred bedded hospitals remained incomplete after incurring an expenditure of Rs.80 lakh

(ii) Government accorded sanction in 1998 for construction of four 100 bedded hospitals at Sitapur (Rs.2.38 crore) Wadrafnagar (Rs.2.22 crore) Dantewara (Rs.2.50 crore) and at Narayanpur (Rs.2 crore) respectively. Government of Chhattisgarh in addition accorded sanction of Rs.60 lakh for upgradation of a 100 bedded hospital to 300 bedded hospital at Raigarh. The position is as detailed in the following table:

(Rupees in lakh)

Sl. No.	Name of 100 bedded Hospital	Date/years of sanction	Amount sanctioned	Due date of completion as per contract	Allotment	LOC Received	Expenditure upto March 2002	Remarks
1.	Sitapur (Ambikapur)	28-8-98 (1998-99)	237.50	28-4-2003	76.00	73.00	11.93	No reasons for delay were intimated.
2.	Wadraf nagar (Ambikapur)	28-8-98 (1998-99)	220.50	28-4-2002			11.04	------"--------
3.	Dantewara	15-9-98 (1998-99)	250.00	26-2-2004	134.90	86.14	39.59	Delay occurred due to late finalisation of tender (8/2001)
4.	Narayanpur (Jagdalpur)	15-9-98 (1998-99)	200.00	5-3-2004	28.00	21.00	17.43	Revised estimates were sent to DHS, Raipur (10/2001) sanction still awaited.
	Total		**910.00**		**238.90**	**180.14**	**79.99**	
5.	D.H. Raigarh (Upgradation of 100 bedded Hospital to 300 bedded)	14-12-2000 2000-01	60.00	8-1-2003	43.52	38.09	32.71	No reasons for delay were intimated
	Grand Total		**970.00**		**282.42**	**218.23**	**112.70**	

It was noticed that out of four works which were sanctioned during 1998-99, against the allotment of Rs.2.39 crore, letter of credit (LOC) for Rs.1.80 crore only was issued and expenditure of Rs.79.99 lakh (45 per cent) was incurred (March 2002). In respect of DH Raigarh LOC for Rs.38.09 lakh was issued and expenditure of Rs.32.71 lakh was incurred (March 2002). Incomplete works deprived the local residents of the medical facilities.

(b) Avoidable Expenditure on Pay and Allowances

Rs.69.60 lakh on pay & allowances of upgraded CHCs remained unfruitful for want of infrastructure facilities

Besides upgrading 65 Primary Health Centres in the erstwhile state including 39 PHCs of 8 districts of Chhattisgarh, Government also sanctioned (March 1998) creation of posts (Asstt. Surgeon-3, Staff Nurse-4, Radiographer-1, Pharmacist cum Store Keeper-1 and Class-IV-3) for each Community Health

Centre. Scrutiny of records in 34[22] CHCs revealed that construction of 30 Bedded Wards, Operation Theatres, Dark Rooms/X-ray rooms were not completed and/or clinical, pathological and radiological facilities were not available. Despite non availability of infrastructural facilities 13 Asstt. Surgeons, 19 Staff Nurses and 6 Class-IV were appointed in 18 CHCs and an avoidable expenditure of Rs.69.60 lakh was incurred on pay and allowances during June 1998 to March 2002.

3.3.7 Man power

(i) Shortage of Specialists

District hospitals and CHCs remained without specialists.

Government sanctioned (1997) the redistribution of posts of Specialists and Asstt. Surgeons in health department. In the six district hospitals 76 posts of specialists[23] were sanctioned.

The vacancy position of specialists in the three District Hospitals was as follows:

Sl. No.	District Hospital	Post of specialist sanctioned	Working position	Duration of vacancy	Percentage of vacancy
1.	Ambikapur	10	4 to 6	6 months to 60 months	40 to 60
2.	Jagdalpur	17	6 to 8	7 months to 60 months	53 to 65
3.	Raigarh	5	4 to 5	44 months	20

In Ambikapur no specialist was posted in Radiology, Anaesthesia, Ear, Nose and Throat, Pathology and Orthopaedics Department during the last 5 years although one post was sanctioned in each branch. No specialist was sanctioned in Psychology, Dental and Skin branches either. Similarly, in Raigarh district specialist posts in Anaesthesia, Radiology, Pathology, Ear, Nose and Throat, Orthopaedics, Psychiatrist, Dental and Skin branches were not sanctioned. Against one post of specialist sanctioned in Medicine, 2 specialists were posted in DH Ambikapur during 1998-02 whereas in DH Jagdalpur against 2 sanctioned post of specialist in Medicine, 1 post remained vacant during 1997-99 and both during 1999-02. In Jagdalpur though one post of specialist each in Ear, Nose and Throat, Orthopaedics, Psychiatrist, Dental and Skin branches was sanctioned no specialist was posted. Further, against two posts of specialists sanctioned each in Medicine, Pediatrics and Gynaecology only one specialist was in position in Medicine, during 1997-99, where as both the posts in Pediatrics and Gynaecology remained vacant during 1999-02 in Jagdalpur.

In Jashpur Civil Hospital against four posts of Specialists sanctioned in Medicine, Surgery, Paediatrics and Gynaecology no specialist was in position.

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22 *Ambikapur -10, Dantewara- 5, Jagdalpur-9, Jashpur-5, Raigarh-2, Raipur-1, Kanker-2*

23 *Ambikapur-10, Bilaspur-22, Durg-17, Jagdalpur-17, Raigarh-5 and Rajnandgaon-5 (Medicine-10, Surgery-10, Paediatrics-10, Gyaenecology-10, Anaethesia-5, Opthalmology-6, Radiology-4, Pathology-4, Ear, Nose and Throat-4, Orthopaedic-4, Psychiatrist-3, Dental-3, Skin-3)*

Scrutiny of the records in 4 test-checked districts revealed that against the provision of posting of 4 clinical specialists in each CHC, none was posted by Government in 10 CHCs of three districts (Dantewara-4, Jagdalpur-4 and Jashpur-2) during 1997-2002 though 22 posts were duly sanctioned for them. In Ambikapur and Raigarh district only 27 posts were sanctioned in 12 CHCs and 1 to 3 doctors were in position in each district.

CMHO Dantewara stated that patients preferred treatment at nearby Apollo Hospital Bacheli and District Hospital at Jagdalpur. The reply confirmed that due to non-availability of specialists patients preferred treatment in other hospitals.

(ii) Shortage of Assistant Surgeons in PHCs and CHCs

Shortage of Asstt. Surgeons in PHCs and CHCs ranged between 12-45 per cent and 28-60 per cent respectively

(a) Public Health Centres

In test-checked districts shortage of Asstt. Surgeons in PHCs during was as under:

Sl. No.	Name of District	Number of Posts sanctioned	In position					Percentage of shortage
	CMHO		1997-98	1998-99	1999-2000	2000-01	2001-02	
1.	Ambikapur	65	45	53	57	52	53	12 to 31
2.	Dantewara	38	30	29	29	29	21	21 to 45
3.	Jagdalpur	54	46	46	43	35	38	15 to 35
4.	Jashpur	27	--	--	17	17	16	37 to 41
5.	Raigarh	42	35	32	33	35	36	14 to 24

(b) Community Health Centres

Sl. No.	Name of District	Number of Posts sanctioned	In position					Percentage of shortage
	CMHO		1997-98	1998-99	1999-2000	2000-01	2001-02	
1.	Ambikapur	73	36	37	38	43	45	38 to 51
2.	Dantewara	52	22	22	21	21	23	56 to 60
3.	Jagdalpur	36	21	22	21	26	23	28 to 42
4.	Jashpur	34	--	--	17	19	20	41 to 50
5.	Raigarh	34	23	23	22	22	21	32 to 38

CMHOs stated (September 2002) that postings/appointments are done at Government level. Delay was also attributed to non-finalisation of division of cadre between MP and Chhattisgarh.

(iii) PHCs without Doctors

80 PHCs were without doctors. Rs.3.23 crore spent on other staff was infructuous.

According to the staffing pattern sanctioned under Minimum Needs Programme one doctor was to be provided to each PHC.

Scrutiny of records of CMHOs of 7 districts revealed that 80[24] out of 285[25] PHCs (28 per cent) were functioning without doctors for periods ranging from 6 months to 5 years. An expenditure of Rs.3.23 crore was incurred on pay and allowances of other/non-medical staff, including cost of medicines of Rs.15.27 lakh supplied during 1997-02 for running these PHCs. In Jagdalpur and Raigarh alternative arrangement for providing the services of doctors on two days in a week was stated to have been made but no substantiating record was available.

(iv) Utilisation of Indoor Bed Capacity

Scrutiny of records of DHs and CHCs of 3 districts relating to bed occupancy revealed as under :-

(In per cent)

Sl. No.	Name of District	1997	1998	1999	2000	2001
1.	Ambikapur					
(i)	DH	51	78	89	88	77
(ii)	CHCs	23	10	15	16	19
2.	Jagdalpur					
(i)	DH	98	98	98	96	92
(ii)	CHCs	48	25	26	27	21
3.	Raigarh					
(i)	DH	80	88	103	102	100
(ii)	CHCs	9	12	5	7	4
4.	Jashpur					
(i)	CH	--	--	8	12	13
(ii)	CHCs	--	--	7	7	5
5.	Dantewara[26]					
(i)	CHCs	15	12	11	18	18

Audit Scrutiny revealed that percentage of bed occupancy in DHs was higher in comparison to that in CHCs which was mainly due to non-posting of specialists in CHCs, non-completion of construction of 30 bedded wards, operation theatres and dark rooms and non-availability of radiological facilities etc. In fact in none of the CHCs, the bed occupancy crossed 27 per cent except for CHC Jagdalpur where it was 48 per cent in 1997. Thus patients were compelled to go to district hospital or elsewhere for treatment.

CMHO Ambikapur and Jashpur admitted that due to absence of specialists/Asstt Surgeons serious patients were not interested in admission. CMHO Dantewara however mentioned the disinclination of tribal population for hospitalization. CMHO Raigarh attributed the poor bed occupancy to referring of patients to nearby CH/DH. According to CMHO Jashpur, it was

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[24] *Dantewara-13, Jagdalpur-16, Jashpur-15, Kanker-7, Korba-7, Koria-10 and Raigarh-12*

[25] *Ambikapur-65, Dantewara-34, Jagdalpur-54, Jashpur-25, Kanker-21, Korba-29, Koria-18, Raigarh-39*

[26] *100 beded Hospital's building was under construction at Dantewara*

due to non-availability of all medical facilities and availability of a mission hospital in the area.

3.3.8 Idle outlay on X-ray machines

(a) Sanctions for construction of 117 darkrooms/ X-ray rooms in 41 PHCs at a cost of Rs.1 lakh each was issued. It was, however, noticed that out of 16 works sanctioned 6 were not started, 3 not completed and 7 handed over to the department. These works were handed over after a delay of 3 to 9 months. No reasons for delay in handing over were intimated.

(b) Scrutiny of records of 10 districts revealed that in 52[27] CHCs/ PHCs, X-ray machines costing Rs.87.75 lakh purchased between September 1995 and 1998-99 were not put to use for want of darkrooms (23), want of radiographers (3), want of repairs (7) and for want of dark rooms and radiographers (19).

Idle of 8 radiographers meant infructuous expenditure of Rs.14.36 lakh

(c) Audit scrutiny revealed that 8 radiographers were posted[28] where X-ray machines were not in working order during April 1997 to March 2002. Rs.14.36 lakh spent on their salaries was infructuous. Their services were not utilised elsewhere either.

3.3.9 Medicines

(i) Norms per patient

Government orders provide for supply of medicines at rates not exceeding Rs.0.50 and Rs.2.50 per outdoor and indoor patient per day respectively. Scrutiny of records of 3 DHs and one CH revealed that average expenditure ranged from Rs.3.10 to Rs.28.40.

The norms were fixed in October 1980 and have not been revised even after a lapse of about 22 years and despite assurance to PAC (August 1993). Thus any sum allotted to CMHO/Civil Surgeon for the purchase of medicines is being spent without any realistic norms fixed for expenditure.

(ii) Purchase of medicines

As per the purchase policy framed by Government in August 2001 medicines which were manufactured by Government undertakings were to be purchased from them and other medicines from reputed firms. These purchases were to be made by observing store purchase rules and after proper approval by district committee. Following irregularities were noticed in the purchase of medicines:

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27 *Ambikapur-6, Bilaspur-5, Dantewara-3, Durg-3, Jagdalpur-10, Jashpur-8, Kanker-6, Kawardha-3, Raipur-1 and Raigarh-7*

28 *Dantewara-1, Jagdalpur-1, Jashpur-1 Raigarh-3 and Bilaspur-2.*

(a) Scrutiny revealed that medicines worth Rs.8.33 lakh[29] were purchased from local firms without inviting tenders/quotations. Batch numbers and expiry date of medicines were missing in the purchase bills/ stock registers.

CMHO, Dantewara stated that the supplier was the authorised distributor of manufacturing company which was not on record. Non-recording of batch numbers and date of expiry of medicines was attributed to over sight.

(b) Further, price lists from all Government undertakings were not obtained resulting in purchase of medicines at higher rates involving excess expenditure of Rs.19.61 lakh[30].

CMHO, Dantewara stated that purchases were made at higher rates in emergency cases. CMHO, Jagdalpur stated that excess payment occurred due to non-availability of revised rates of undertakings. CMHO, Raigarh intimated that purchases were made on the basis of quality.

Director after considering the explanation furnished by CMHO, Ambikapur, stated (May 2002) that recovery will be effected from concerned supplier.

(iii) Stock of life saving drugs

Minimum & Maximum stock of life saving drugs not prescribed

In terms of Government orders (August 1984) every CMHO/C.S was to ensure that sufficient quantity of life saving drugs and medicines for prevention of epidemics were available in stock in the hospitals.

Audit scrutiny revealed that neither the list of life saving drugs and medicines nor minimum and maximum stock limit was prescribed by Director, CMHO and CS. Store keepers of all these units were not trained in inventory control either.

(iv) Ambulances

Hospital ambulances misused

Government instructions of November 1980 stipulate that hospital ambulances were to be used (1) to transport patients and (2) to transport doctors and staff from their residence to attend emergency cases in hospitals outside their duty hours.

In DH, Jagdalpur, Civil Hospital, Jashpur and 5 CHCs audit scrutiny revealed that 7 Ambulances covered a total distance of 1.23 lakh km, out of which only 2 per cent was for transportation of patients, 14 per cent for transportation of doctors and nurses and 84 per cent for other purposes (implementation of schemes). No recovery from patients was effected in any district.

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29 *Ambikapur: 6.23 lakh and Dantewara : 2.10 lakh.*

30 *Ambikapur- Rs.0.52 lakh, Dantewara-Rs.0.376 lakh, Jagdalpur- Rs. 0.48 lakh, Jashpur-Rs.2.32 lakh and Raigarh- Rs.15.91 lakh.*

3.3.10 Diet

The cost of diet per patient was fixed at Rs.8 per day, which may vary by 10 to 15 per cent according to market rates. This scale which was to be reviewed after every 5 years had not been revised even after a lapse of 19 years.

Following irregularities were noticed:

Prescribed diet could not be provided to rural in-patients for want of kitchen / cooking staff

(i) Out of budget allotments of Rs.22.07 lakh provided to 52 CHCs[31] of 5 test-checked districts only Rs.6.36 lakh could be utilised.

CMHO Jagdalpur stated that due to non-posting of cook and helper, budget provision could not be utilised. CMHO Dantewara, stated that there was no space for cooking and patients were also not interested to take cooked food from hospitals as per their social tradition. Reply was not tenable, as milk/bread or fruits could have been provided to the indoor patients. CMHO Jashpur stated that the matter was brought to the notice of Director whereas CMHO Ambikapur stated that expenditure on diet was incurred in one CHC only. No reasons for non-distribution in other CHCs were furnished. CMHO Raigarh attributed reasons for less utilisation of budget to non-availability of indoor patients which is contrary to recorded figures, of indoor patients.

(ii) In 7 CHCs where diet was not being supplied to indoor patients, seven cooks and one helper were engaged, for which expenditure of Rs.12.76 lakh was incurred which was irregular.

The CMHO, Dantewara, Jashpur and Raigarh stated (May 2002 & September 2002) that services of cook and helper were utilised on other work similar to their post. The statements of CMHOs were also upheld by Director. But since no meals were cooked and served, expenditure on their salaries was rendered infructuous.

3.3.11 Jeevan Jyoti Mobile Dispensaries Scheme

Jeevan Jyoti Scheme expenditure was not commensurate with physical performance

With a view to provide medical facilities to the tribal people living in remote and inaccessible areas, Jeewan Jyoti Mobile Dispensaries Scheme (JJMDS) was launched during the year 1988-89 under the supervision and control of CMHOs. Each CHC was to be provided with one mobile unit.

Each mobile unit was required to visit six haat bazars (weekly market) in a block in a week to provide medical treatment on the spot and transport serious and emergent cases to hospitals where facilities for proper treatment existed. For this purpose each mobile unit was to be provided with one Doctor, Staff Nurse, Compounder or Dresser and Class-IV and provision existed for incurring annual expenditure (POL Rs.25000, Medicines Rs.30,000 and Contingencies Rs.10,000).

[31] *Ambikapur-18, Dantewara-9, Jagdalpur-11, Jashpur-7 and Raigarh-7*

Scrutiny of the records revealed that as against targetted visits to Haat Bazars achievements were as follows:

Sl. No.	Name of District	Number of CHCs	Target visits @ 6 per week per block (52X6=312)	1997-98	1998-99	1999-2000	2000-2001	2001-2002	Total	Percentage of overall Physical performance
	CMHO	**NO. OF ACTUAL VISITS (PERCENTAGE)**								
1.	Ambikapur	8	2496	NA	NA	NA	NA	1706 (68)		
2.	Dantewara	10	3120	*	*	*	994 (32)	1048 (34)		
3.	Jagdalpur	22 (upto 1998-99 and 7 from 1999-2000 to 2001-02	6864 2184	2430 (35)	2062 (30)	-- 1214 (50)	-- 889 (40)	-- 882 (40)		
4	Jashpur	3	936	713 (77)	696 (75)	725 (78)	663 (71)	682 (73)		
5.	Raigarh	3	936	242 (26)	301 (32)	319 (34)	336 (36)	231 (25)		
			Total	**3385**	**3059**	**2258**	**2882**	**4549**		
			Targets of Visits	**8736**	**8736**	**4056**	**7176**	**9672**	**38376**	**42**
			Actual Visits	**3385**	**3059**	**2258**	**2882**	**4549**	**16133**	

* *The figures of Dantewara for the year 1997-98 to 1999-2000 stands include in figures of Jagdalpur*

Thus achievement ranged from 25 in Raigarh (2001-2002) to 68 in Ambikapur (2001-2002). The overall percentage of visits worked out to 42 per cent.

The details of allotments/expenditure under Contingencies, POL and Medicines during 1997-2002 were as under:

(Rupees in lakh)

Sl. No.	Name of office (CMHO)	Contingencies		POL		Medicines		Overall percentage of expenditure
		Allotment	Expenditure (per cent)	Allotment	Expenditure (per cent)	Allotment	Expenditure (Per cent)	
1.	Ambikapur	5.10	3.05 (60)	13.24	9.64 (73)	11.39	10.78 (95)	
2.	Dantewara	2.57	1.33 (52)	9.46	8.41 (89)	15.99	14.44 (90)	
3.	Jagdalpur	3.44	3.44 (100)	10.06	10.06 (100)	13.37	11.75 (88)	
4	Jashpur	0.33	0.31 (94)	0.71	0.71 (100)	0.09	0.03 (33)	
5	Raigarh	2.94	1.97 (67)	5.40	5.28 (98)	8.12	8.01 (99)	
	Total	**14.38**	**10.10**	**38.87**	**34.10**	**48.96**	**45.01**	**87**

Thus utilisation of funds ranged from 33 to 100 per cent which indicates that expenditure on contingencies, POL and Medicines was on higher side as compared to physical visits of mobile units.

CMHO of 4 districts stated that due to non-availability of vehicles, shortage of doctors, rough roads and inaccessibility of localities during the rainy season the scheme could not be implemented effectively.

3.3.12 Inspection and Monitoring

The MP Medical Manual enjoins upon the Director to inspect once a year every district hospital and issue an inspection note to the Civil surgeon. CS

should inspect every month one branch of the district hospital so that each branch gets inspected once in every six months.

No inspection by Director/Civil Surgeon

In test checked districts no inspection of CMHO/CS offices was conducted by Director since formation of State. However, Director intimated that inspections were conducted by him but only oral instructions were given and no inspection notes were issued. No returns were prescribed by Director to obtain information from CMHO/CS to have effective control over them. There was thus lack of control at Directorate level.

3.3.13 Conclusion

The scheme was initiated with the noble ideal of providing medical facilities to the population residing in backward areas. This objective could not be achieved due to inadequate budget provisions and non-completion of basic infrastructure. Four 100 bedded hospitals, one upgraded hospital and 26 Community Health Centres buildings were still to be completed even after incurring an expenditure of Rs.3.90 crore. The number of specialists was inadequate as 20 to 65 per cent of posts lay vacant for 6 to 60 months in District Hospitals. In addition twenty eight per cent Primary Health Centres were running without doctors. There was mismatch of radiological facilities as well. Diet as prescribed could not be provided to rural in-patients for want of kitchen/cooking staff etc. resulting in surrender of 71 per cent of allotment.