3.2 WORKING OF THE MEDICAL DEPARTMENT

Highlights

The review, interalia, highlights defective budgeting, irregular deployment as well as utilisation of available manpower, thereby depriving a section of population of the state to avail the benefit of health care services, irrational deployment of Specialist and Dental Surgeons, establishment and running of 2 PHCs and 68 HSCs either with one Group 'D' staff or having no staff at all, extra avoidable expenditure of Rs.47.21 lakh for procurement of medicine at higher rates, procurement of X-Ray Machines before completion of infrastructure and absence of any system to monitor and evaluate the working of the Department as a whole.

Against total provision of Rs.259.40 crore expenditure incurred was only Rs.222.56 crore resulting in saving of Rs.36.84 crore.

(Paragraph 3.2.4.1)

DCC bills for Rs. 48.91 lakh against 27 AC bills drawn between 1997-98 and 1999-2000 remained outstanding, which indicated serious deficiencies in control over expenditure.

(Paragraph 3.2.4.3)

During 1995-96 to 1999-2000, there were shortfall of 27, 44 and 59 per cent in the targetted establishment of CHC, PHC and HSC respectively.

(Paragraph 3.2.5.1)

Failure of the department to provide adequate infrastructure as well as irrational utilisation of manpower resulted in denial of health care services to the rural population significantly.

(Paragraph 3.2.5.2 and 3.2.5.3)

Entertainment of 10 specialists and 5 Dental Surgeons in excess of the sanctioned strength of the General Hospitals, Naharlagun and Pashighat during the period from April 1995 to May 2000 resulted in avoidable expenditure of Rs. 77.89 lakh towards payment of their pay.

(Paragraph 3.2.5.6.1(i))

3 X-ray machines procured between April 1997 and May 1998 at a cost of Rs. 13.54 lakh for use in Sagalee CHC, Rupa PHC and Seppa district hospital had been remaining idle as of May 2000 due to non-posting of radiographer/non-completion of infrastructure. Another 2 X-ray machines procured in April 1997 at a cost of Rs. 7.57 lakh for Khonsa district hospital remained idle till January 1999 due to non-availability of infrastructure for installation of the same.

(Paragraph 3.2.6.2)

Idle retention of staff engaged in Drug control and prevention of food adulteration wings without proper utilisation of their service resulted in unproductive expenditure of Rs. 33.05 lakh.

(Paragraph 3.2.7)

Introduction

The Health and Family Welfare Department (HFWD) of the State is responsible for providing health care services to all including extension of easy access to Family Welfare, Maternity and Child care facilities besides control of communicable diseases through immunisation, medical education and training. The Department is also implementing various Centrally Sponsored Schemes and State Plan Schemes for health care through a network of General Hospitals, District Hospitals, Dispensaries, Community Health Centres (CHCs), Primary Health Centres (PHCs) and Health Sub-Centres (HSCs).

3.2.2 Organisational Set up

The Director of Health Services (DHS) is in overall charge of the Health and Family Welfare Department in the State. He is assisted by 1(one) Additional DHS, 4(four) Joint Directors and 5(five) Deputy Directors at the Directorate level. At the district level, he is assisted by 13 District Medical Officers (DMOs) in all the activities relating to health care. Besides, there are two[*] General Hospital for providing necessary health care.

3.2.3. Audit coverage

The working of the Health and Family Welfare Department (excluding the activities under NMEP and NFWP) for the period from 1995-96 to 1999-2000 was reviewed in audit during April – June 2000 through test check of records of the Finance Department, Health and Family Welfare Department, Directorate of Health Services, 7 (out of 13) DMOs and 2 General Hospitals. The implementation of Rural Health Services under Minimum Needs Programme (MNP) and the functioning of Hospitals and Dispensaries under Urban Health Care Programme, were also reviewed.

[*] *One each at Naharlagun and Pasighat*

Important points noticed during review are summarised in the succeeding paragraphs.

3.2.4. Financial performance

3.2.4.1 Position and utilisation of Funds

The funds made available through budget and its utilisation during 1995-96 to 1999-2000 were as under:

Year	Budget Provision	Expenditure	Excess (+) Savings (-)
		(Rupees in crore)	
1995-96	33.29	35.74	(+) 2.45
1996-97	51.18	40.35	(-)10.83
1997-98	57.86	45.82	(-)12.04
1998-99	63.44	48.93	(-)14.51
1999-2000	53.63	51.72	(-) 1.91
Total :	**259.40**	**222.56**	**(-)36.84**

Against a total provision of Rs.259.40 crore, expenditure incurred was only Rs.222.56 crore, resulting in a saving of Rs.36.84 crore.

3.2.4.2 Lack of control over progress of expenditure

Budget Manual provides for proper watching of progress of expenditure incurred by the DDOs against allotment of Funds so that expenditure incurred in excess of allotted funds can be detected by the Controlling Officer and adjusted in time and savings if any, could be diverted to other departments requiring funds. For this purpose, the DHS being the Controlling Officer (CO) is required to maintain a record showing progressive expenditure based on monthly statement of expenditure to be received from each DDO by the 10th of the following month.

The DDOs however, failed to maintain the time schedule even during the months of January, February and March and there were delays ranging from 1 to 197 days in receipt of monthly expenditure statements during 1997-98 to 1999-2000. The DDOs of Anini, Khonsa, Tezu, Changlang and Bomdila were the habitual defaulters in timely submission of monthly expenditure statements. The CO was thus never in a position to assess the actual requirement of funds at any stage of the financial year. No action was, however, taken to ensure timely receipt of monthly expenditure statements. This indicated lack of control of the department over the expenditure incurred by the DDOs from time to time.

3.2.4.3 Drawals in AC Bills remained unadjusted

Rules provide that on no account may an AC Bill be cashed without the certificate to the effect that the Detailed Contingent Bills have been submitted to the Controlling Officer in respect of AC Bills drawn more than a month before the date of that bill. Scrutiny revealed that submission of DCC Bills against drawal of Rs. 48.91 lakh drawn between 1997-98 and 1999-2000 in 27 AC bills was awaited as of May 2000. This indicated lack of control over financial management (Details in **Appendix-XVII**). The matter was taken up with the Department from time to time by the Accountant General (A&E) in cases of wanting DCC bills.

Management of Rural Health Care

Delivery of primary health care is the foundation of rural health care system. As per Government of India's norms, the Primary unit of rural health care is the Health Sub Centres (HSC) to be established for every 3000 population in the hilly and tribal areas. The Primary Health Centres (PHC) are to be established for every 20,000 population in the hilly and tribal areas. Each PHC is to provide supportive supervision to 6 HSCs and to serve as a referral institution for these sub centres. Besides, Community Health Centres (CHCs) are to be established for every 80,000 to 1,20,000 population covering 4 PHCs so as to serve as a referral institution of these PHCs with minimum 30 beds and 4 qualified Medical Officers in each.

3.2.5.1 Target and achievement in respect of establishment of Health Centres and sub centres

Despite utilisation of allotted fund, there were shortfall in the establishment of required number of CHC, PHC and HSC

As against the norms prescribed by the State Government population to be covered for establishment of HSC, PHC and CHC (2000 population for every HSC, 15000 population for every PHC and 40000 population for every CHC) the requirement of HSCs, PHCs and CHCs (on the basis of projected population of 10.38 lakhs) were 519, 69 and 26 respectively. However, as of 31 March 2000 there were 323 HSCs, 58 PHCs and 19 CHCs covering a population of 8.70 lakhs out of total population of 10.38 lakhs in the State of Arunachal Pradesh. Thereby a population of 1.68 lakhs involving 196 HSCs, 11 PHCs and 7 CHCs was not covered as of 31 March 2000.

Year wise physical targets and achievements in the establishment of CHC, PHC and HSC from 1995-96 to 1999-2000 are shown below :-

Year	Targets			Achievements			Excess(+) Short fall (-)		
	CHC	PHC	HSC	CHC	PHC	HSC	CHC	PHC	HSC
1995-96	1	7	30	1	5	30	--	(-) 2	--
1996-97	2	5	50	2	2	22	--	(-) 3	(-) 28
1997-98	4	8	55	3	4	22	(-) 1	(-) 4	(-) 33
1998-99	3	5	50	1	2	5	(-) 2	(-) 3	(-) 45
1999-00	1	7	20	1	5	5	--	(-) 2	(-) 15
Total :	**11**	**32**	**205**	**8**	**18**	**84**	**(-) 3**	**(-) 14**	**(-)121**

There was shortfall of 27, 44 and 59 **per cent** in the establishment of CHC, PHC and HSC respectively with reference to the targets fixed during the aforementioned period.

3.2.5.2 Primary Health Centres/Health Sub-centres remained non-functional

Scrutiny of records of the 7 (out of 13) test checked districts* revealed that 40 PHCs and 150 HSCs were in existence whereas as per records of DHS, 37 PHCs and 180 HSCs were shown to have been established in those districts. Thus there were discrepencies in the number of PHCs/HSCs functioning in the districts.

Nine PHCs (out of 40) were running without any Medical Officer including one at Lumdum with only one peon and another at Supple having no staff. Thus, these PHCs remained non-functional. Also, 39 HSCs out of 150 HSCs (26 **per cent**) remained non functional due to non-posting of any staff and another 29 HSCs (19 **per cent**) with only one Group – D in each remained non-functional. Thus, 31 PHCs and 82 HSCs only were actually functional in these 7 districts as of March 2000.

District wise position of PHCs with and without Medical Officer(s) and of functional and Non-functional HSCs are shown in **Appendix-XVIII**.

Failure on the part of the Department to provide adequate infrastructure to make 9 PHCs and 68 (39+29) HSCs functional resulted in denial of health care services to the rural population of these 7 districts significantly.

3.2.5.3 Irrational utilisation of Manpower

As per staffing pattern, as prescribed by the Government of India (December 1995), the staff required for each CHC is 25 (Medical Officer – 4, Paramedical Staff – 11 and Non-medical staff – 10) and for each PHC is 15 (Medical Officer – 1, Paramedical staff – 7 and Non medical staff – 7 including 4 Group D). The sub-centres were to be manned by 1 Female health worker /ANM** and 1 Male health worker in each.

CHC/PHC wise position of excess entertainment of staff in these 7 districts is given in **Appendix-XIX**.

Scrutiny of records relating to 11 CHCs, 40 PHCs and 111 HSCs covered by seven test-checked districts revealed as under :-

(a) While 10 (out of 11) CHCs were running with shortage of 84 staff (Medical Officer – 24, Para-medical staff-53 and non-medical – 7), the remaining one CHC* was entertaining 28 excess staff (Medical Officer – 3, Para-medical staff – 11 and non-medical – 14) over the prescribed norm of GOI.

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* *Papumpare, Lower Subansiri, East Siang, West Siang, East Kameng, West Kameng, Tawang.*

** *Auxiliary Nurse Midwife*

Excess deployment of 7 medical officers in test-checked districts resulted in avoidable expenditure of Rs.37.04 lakh

(b) Out of 40 PHCs, test checked, 17 PHCs were maintaining 225 excess staff (Medical Officer – 16, Para-medical staff – 57 and non-medical staff-152) while the remaining 23 PHCs were running with shortage of 161 staff (Medical officer-9, Para-medical staff-95 and non-medical-57). Thus, it is evident that 7 medical officers and 95 non-medical staff in 7 test-checked districts were deployed in excess over the prescribed norm of GOI which not only involved avoidable expenditure of Rs.37.04[*] lakh towards pay and allowances but also deprived other deficient PHCs of their professional services.

Deployment of 155 Gr.-D staff and 5 medical officers beyond the prescribed norm (GOI) resulted in infructuous expenditure of

(c) In 111 HSCs, against the requirement of 222 health workers, 113 para medical staff and 155 non-medical staff of Group-D were deployed inspite of the fact that there was no provision for deployment of Group D staff as per norms prescribed by the GOI. Thus, entertainment of 155 Group D staff resulted in infructuous expenditure of Rs.49.48[**] lakh.

Besides, deployment of 5 medical officers at 5 HSCs beyond the prescribed norm resulted in extra avoidable expenditure of Rs.4.80[***] lakh. It would appear from above that none of the CHC or PHC under any of the 7 districts test checked were having staffs as per norms prescribed by the Government of India. No action was so far initiated by the department towards adjustment of the excess staff by transfer to the deficient units. No record showing that the position of deployment of staffs in CHCs/PHCs was analysed by the DHS for taking appropriate action in proper manning of the centres. Lack of planning rendered the rural health centre delivery system only partially functional.

3.2.5.4 Irregular engagement of cook

Scrutiny of records revealed that 16 cooks were engaged in 2 CHCs, 8 PHCs and 6 Sub Centres on different dates between March 94 and October 98 although there was no provision for supply of diet in those centres. Engagement of 16 cooks in those centres was, thus, irregular and led to unproductive and recurring expenditure of Rs.5.11[β] lakh per annum towards their pay and allowances (taking minimum of the time scale).

3.2.5.5 Functioning of Health Centres

Scrutiny of 3 CHCs[ε] and 6 PHCs[ε] under 4 districts[ε], revealed the following deficiencies in functioning of the health centres.

(a) In none of the CHCs/PHCs, the date of expiry of the medicines received in stock were recorded in the stock register, in the absence of which the fact, whether medicines were issued within their shelf life, could not be confirmed.

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[*] *(Rs.8000 X 12 X 7) + (Rs.2660 X 12 X 95) = Rs.37.04 lakh per annum*
[**] *Rs.2660 X 12 X 155 = Rs.49.48 lakh per annum*
[***] *Rs.8000 X 12 X 5 = Rs.4.80 lakh per annum*
[β] *Rs.2660 X 12 X 16 = Rs.5.11 lakh per annum*
[ε] *West Siang – Basar CHC,Rumgong CHC, Tirbin PHC, Gensi PHC and Kaying PHC.*
East Siang – Ruksin CHC, Bilat PHC
Papumpare – Doimukh PHC
Lower Subansari – Old Ziro PHC

(b) In Doimukh PHC under Papumpare district, medicines valued at Rs.0.28 lakh were shown in the stock register to have been issued to out patient and indoor patient departments on various dates between January 2000 and May 2000 without being supported by any indent either from outdoor or indoor departments. The issue of the medicines was, thus, doubtful.

Also, out of a stock balance of 340 vials of Ampicillin Injection (500 mg) which had lost their shelf life in February 2000, 265 vials were issued to outdoor and indoor patients in April 2000 and balance of 75 vials declared unusable.

The adverse effect of applications of expired injection on the patient, if any, was not investigated and assessed.

(c) Medicines prescribed by MO for both indoor and outdoor patients are recorded in an indent register and issued from stock on the basis of quantity recorded in the indent register. It was seen during scrutiny of stock register of medicines maintained by Tirbin and Gensi PHCs under West Siang district that no indent register was maintained and the whole quantity of medicine received in stock on a date was shown to have been issued on a single date after 5 to 30 days of the receipt of the medicines as detailed in **Appendix-XX**. There was no other record to support the fact of actual issue of medicine to the patients, in absence of which issue of medicines shown in the stock register remained doubtful.

(d) Scrutiny of records of issue of diet in Kimin PHC under Papumpare district and Basar CHC under West Siang district revealed that in Kimin PHC (14 bedded) for a maximum number of Patient days of 3402 (14 X 243 days) between 1 August 1998 to 31 March 1999 (actual number of indoor patient not made available) a total quantity of 1421 Kgs of Meat/Fish shown to have been procured against actual requirement of 510 Kgs at 150 gms of either Meat or Fish per patient per day. Procurement of 911 Kgs of meat and fish in excess over the prescribed scale was irregular.

The above facts indicated improper functioning of the Centres and inadequate exercise of departmental control over the Centres.

3.2.5.6 Urban Health Care

3.2.5.6.1 Hospital and Dispensaries

Health care services in urban areas of the State were being provided through two General Hospitals (one each at Naharlagun in Papumpare district and at Pashighat in East Siang district) and 11 other district hospitals and 12 dispensaries. Health care services provided for specialised treatment and Dental care in these hospitals and dispensaries are discussed below :-

i) Irrational deployment of specialists in hospitals

Position of sanctioned strength of specialists in the General and district hospitals vis-à-vis deployment there against as of April 2000 as was made available revealed that as many as 20 specialists of different streams were deployed in General Hospital, Naharlagun against a sanctioned strength of 14

specialists. In General Hospital Pashighat, 11 specialists were deployed against a sanctioned strength of only 7 specialists. In 11 district hospitals, on the other hand, only 7 specialists were deployed against a sanctioned strength of 38 specialists. Out of the 11 district hospitals, there were 4 district hospitals (Bomdila, Seppa, Changlang and Anini) where no specialist has been posted as of April 2000.

The justification of deployment of specialists in both the General Hospitals in excess over sanctioned strength was neither available on record nor stated. No assessment was also made at any point of time whether the professional services of all the specialists were fully utilised. Again, the adverse effect, if any, on the patients requiring specialised health care due to shortage of specialists in the District Hospitals also remained unassessed.

Similarly, against the sanctioned strength of 5 Dental Surgeons (3 in General Hospital, Naharlagun and 1 each at Itafort Dispensary, Itanagar and General Hospital, Pashighat), there were 10 on roll (6 in General Hospital, Naharlagun, 2 each at Itafort Dispensary and General Hospital , Pasighat). Whereas some of the district hospitals (Daporijo, Along, Anini) including some CHCs/PHCs were not having any Dental Surgeon although posts were sanctioned for those places.

No action was initiated by the Government to post the specialist who were in excess to the Hospitals where no specialists were posted till May 2000 denying specialists medical care to the population (2.45 lakh) of the 4 districts.

Entertainment of 10 specialists in both the General Hospitals and 5 Dental Surgeons, as mentioned above, in excess of the sanctioned strength thus resulted in avoidable expenditure of Rs. 77.89[*] lakh towards their pay during the period from April 1995 to May 2000.

3.2.6 Procurement and distribution of Materials, Machineries and equipment

3.2.6.1 Procurement of materials and supplies

During 1998-99, the DHS procured 2485 number of Red woollen blankets at a total cost of Rs. 9.82 lakh at Rs.395 each. Scrutiny of records of the DMOs and General Hospitals, however, revealed that in 2 districts and 1 hospital, 473 number of Red woollen blankets issued in all from DHS in July – August 1999 and February 2000 (DMO, Lower Subansiri –198; DMO, East Siang – 124 and DDHS (T&R), Pashighat – 151) against indents placed by them, were lying in stock of the DMOs and Hospitals as of May 2000. It is, thus, obvious that the indents for woollen blankets were placed without assessing the actual requirement. Besides, in DHS office 243 blankets were lying idle as of May 2000.

[*] *Calculated at minimum of the time scale of Rs.3000 for Specialist and Rs.2200 for Dental Surgeon (pre-revised) from April 1995 to December 1995 and Rs.10000 for Specialist and Rs.8000 for Dental Surgeon (Revised) from January 1996 to May 2000 = (Rs.3000 X 10 X 9) + (Rs.2200 X 5 X 9) + (Rs.10000 X 10 X 53) + (Rs.8000 X 5 X 53) = Rs.77.89 lakh.*

No attempt was also made by the DHS to ascertain the requirement of blankets in the District Hospitals and General Hospitals before issue of the stock. This had resulted in idle investment of Rs. 2.83 lakh on 716 blankets lying unused.

3.2.6.2 Procurement of Machinery and equipment

Idle X-Ray machine

(a) Government sanctioned (March 1997) Rs. 10.72 lakh for the purchase of 2 X-ray machines with accessories one each for the district hospital, Khonsa and Sagalee CHC under Papumpare district. Two X-ray machines (100 MA) were procured in April 1997 at a total cost of Rs. 10.72 lakh (Rs.5.36 lakh each). Another X-ray machine (60 MA Mobile) was procured in April 1997 for the district hospital, Khonsa, at a cost of Rs. 2.21 lakh.

Scrutiny of records of the two district hospitals April-June (2000), revealed that the two X-ray machines at Khonsa were installed only in January 1999. The delay in installation of the machines was almost two years, the reasons for which was stated to be due to non-completion of required infrastructure like building and electrification thereof. The procurement of the X-ray machines before completion of the infrastructure indicated lack of proper planning and led to the machinery remaining idle for a long period and blockade of fund to the tune of Rs.7.57 lakh.

The X-ray machine at Sagalee CHC was installed in May 1998, but operation of the machine could not be started in the absence of any Radiographer or X-ray Technician in the CHC. An X-ray Technician was however, posted in January 2000 and cable fault was detected after posting of the Technician. For repairing of cable, the department took up (January 2000) the matter with the supplier but the cable fault remained unrectified till May 2000. Thus, the non-operation of the X-ray machine for more than 3 years from date of procurement led to idle investment of Rs.5.36 lakh. The service of the technician was not utilised since January 2000 till date (May 2000).

(b) Three X-ray machines (Watson 100 MA, Escort 50 MA and Egrophus 3 mm) in the General Hospital, Pasighat, had been lying idle since January 1985. The DDHS (T&R) Pasighat stated (June 2000) that the machines were lying idle due to damage caused to the hospital building by fire incident that took place in 1984. The department could put the machines in operation only in January 2000 after the lapse of 15 years. During this long period the services of the Radiographer could not be utilised and expenditure of Rs. 3.40[*] lakh was incurred on his pay proved to be unfruitful.

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[*] *Rs.330 X 12 = Rs. 3,960*
Rs.1200 X 120 = Rs.1,44,000
Rs.4000 X 48 = Rs.1,92,000
Total = Rs.3,39,960

Government sanctioned (March 1998) Rs.8.18 lakh for procurement of two numbers of X-ray machines for the District Hospital, East Kameng District, Seppa and Rupa Primary Health Centre under West Kameng District. The amount was drawn in March 1998 in AC Bill and supply orders were placed (March 1998), with a West Bengal based firm for supply of one X-ray machine (100 MA) to the district hospital, Seppa at a cost of Rs.5.31 lakh and another (60 MA-Mobile) to Rupa PHC at a cost of Rs.2.87 lakh. Scrutiny of records of DMO, East Kameng District, Seppa revealed that although the machine was received in the district in May 1998 the same was installed only in May 1999 due to non-completion of building and electrification thereof. The machine, however, remained non functional from August 1999 due to mechanical defects. Although as per terms of the supply order the supplier was to take up the repair or replace the defective parts free of charge within one year from the date of installation, no action was taken by DHS to get the machine repaired within the warranty period of one year. The X-ray machine purchased for Rupa, PHC could not be made functional as of May 2000 due to non-completion of building and non-posting of radiographer.

Inaction of the Department to get the X-ray machine at Seppa repaired and unplanned procurement of X-ray machine for Rupa, PHC and non-posting of radiographer rendered the total investment of Rs.8.18 lakh idle for more than 2 years.

The X-ray machine at Mechuka CHC under West Siang District was lying out of order since 1996. The date of installation and the cost of the machine were however not on record nor stated. No action for repair of the machine was taken till May 2000. Failure of the department to get the X-ray machine repaired in 4 years resulted in unfruitful expenditure of Rs.1.92[**] lakh towards payment of the pay of the Radiographer during the period.

In all the above hospitals, the non-functioning of X-ray machines resulted in denial of X-ray facilities to the patients which was one of the main source for diagnosis of the diseases.

3.2.7 Establishment of Drug Control and Food Protection Unit

Under the Directorate of Health Services, Arunachal Pradesh a Drug Control wing and a Prevention of Food Adulteration unit for detection and prevention of sale/consumption of adulterated food as well as spurious/substandard drugs has been setup. The Director of Health Services is the ex-officio incharge of both the wings. The drug control wing is manned by 1 Asstt. Drug Controller and 3 Drug Inspectors (2 in Hq. Naharlagun and 1 in Tezu) and the prevention of Food Adulteration unit is manned by 1 Asstt. Food Controller, 2 Food Inspector, 1 Lower Division Assistant and 1 Field Peon. Scrutiny of records and information furnished by the Department however, revealed that none of

[**] *Calculated at the minimum time scale of Rs.4000*
Rs.4000 X 1 X 48 months = Rs.1.92 lakh

the units were having any laboratory or spot testing facility of their own to test sample. During the period from 1995-96 to 1999-2000 the samples collected by Food Inspectors for testing were sent to Assam State Public Health Laboratory (for food) Guwahati and to Central Drug Testing Laboratory Calcutta (for drugs) against payment of testing charges.

In a reply to audit query the Department stated on an average 150-160 samples are sent for analysis and an amount of Rs.40,000 is paid to Government of Assam.

Reply to further query regarding total numbers of samples listed and payments made during review period is awaited.

Action taken, if any, after receipt of test reports was not on record. Creation of the wings without adequate infrastructure for conducting tests of the samples locally thus led to non-utilisation of the services of staff borne on the wings and minimum expenditure of Rs. 33.05[*] lakh incurred during the period on the pay of the staff under the wings thus remained mostly unproductive (calculated at the minimum of their time scale).

3.2.8 Monitoring and Evaluation

No comprehensive monitoring system was evolved either at the Directorate level or at the District level. As a result, performance of the Department in general and implementation of health care schemes in particular remained unevaluated at various levels.

3.2.9 Recommendation

There is an urgent need on the part of the State Government/Department to rationalise the deployment of manpower for strengthening the health care system throughout the State and utilisation of available manpower and X-Ray machines so that the benefits of the health care schemes can be availed of by the people of the areas where the Health Centres and sub-centres were already established in the State. For effective functioning of the Drug Control Wing and Prevention of Food Adulteration Unit existed in the State, the need for establishment of laboratory or system on the spot testing facility may be examined by the State Government. Moreover, the monitoring and evaluation

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[*] *Asstt. Drug Controller & Asstt. Food Controller* = *Rs.8000X2X12X5* = *Rs.9,60,000*
Drug Inspector = *Rs.6500X3X12X5* = *Rs.11,70,000*
Food Inspector = *Rs.6500X2X12X5* = *Rs.7,80,000*
LDA = *Rs.3900X1X12X5* = *Rs.2,35,000*
Peon = *Rs.2660X1X12X5* = *Rs.1,59,600*
Rs.33,04,600

aspects also need to be geared up to assess the performance of the field officers at higher level.

The above points were reported to Government/Department (July 2000); their reply has not been received (December 2000).

TT	-do	-do- -	-	-	110 doses
DPT	-do-	-do- -	-	-	110 doses
OPB	-do-	-do- -	-	-	40 doses
Measles	-do-	-do- -	-	-	35 doses
BCG	-do-	-do- -	-	-	80 doses

APPENDIX - XVII

(Reference: Paragraph 3.2.4.3 ; Page 49)

Statement showing outstanding AC Bills

Year	Bill No. & Date	Amount	Purpose for which drawn	Drawn by
1997-98	2770 dt. 30-03-98	24,47,356 Total =24,47,356	Procurement of 10 nos. ambulance	DHS
1998-99	638 dt.12-8-98	15,000	Purchase of POL	DDHS(NMEP)
	1922 dt. 23-3 99	96,944	Addl. For purchase of 11 number of Gypsy ambulance	DHS
	2239 dt. 31-3-99	16,66,185	Purchase of 5 number of Gypsy ambulance	DHS
	Total	17,78, 129		
1999-2000	861 dt. 21-9-99	10,000	Purchase of POL	Health Education Officer
	1164 dt. 26-10-99	5,000	-do-	Training Officer, IDD
	1173 dt. 29-10-99	10,000	-do-	Under Secy, Health
	1174dt. -do-	6,000	-do-	Food Inspector
	1543 dt. 4-1 -2000	10,000	-do-	Asstt. Food Controller
	1700 dt. 2-2-2000	10,000	-do-	Jt. D.H.S Ento.

	1726 dt. 10-2-2000	10,000	-do-	Drug Inspector.
	1765 dt. 17-2-2000	15,000	-do-	Asstt. Unit Officer, Leprosy.
	1766 dt. 17-2-2000	15,000	-do-	Asstt. DHS(Ento)
	1838 dt. 6-3-2000	5,000	-do-	Private Secy, to Minister (Health)
	1896 dt. 14-3-2000	10,000	-do-	Health Education Officer
	1924dt. 16-3-2000	5,000	-do-	Training Officer, IDD.
	1992 dt. 27-3-2000	10,000	-do-	Accounts Officer
	2002 dt. 28-3-2000	15,000	-do-	DDHS(NMEP)
	2104 dt. 29-3-2000	10,000	-do-	P.S to Minister (Health)
	21 80 dt. 30-3-2000	10,000	-do-	DDKS (S & T)
	21 79 dt. 30-3-2000	5,000	-do-	Dy. Secy; Health
	2203 dt. 3 1-3-2000	10,000	-do-	DDHS, TB
	2207 dt. -do-	15,000	-do-	Jt. DHS (Ento)
	2214dt. -do-	10,000	-do-	M.O General Hospital, NLG
	2303 dt. -do-	15,000	-do-	Dr. Mrs. C.Pegu etc.
	2311dt. -do-	4,50,000	Training of Doctors, nurses under District, Mental Health Programme.	— do-
	2312dt. - do-	5,000	-do-	-do-
	Total	Rs. 6,66,000		
	Grand Total	**Rs. 48,91,485**	**Say Rs. 48.91 lakh**	

APPENDIX - XVIII

(Reference: Paragraph 3.2.5.2 ; Page 50)

Statement showing district wise number of PHCs with and without M.O and functional/non-functional HSCs

Name of District	Total nos. of PHC	No. of PHC with one or more M.O.	No. of PHC without M.O.	Total No. of HSC	Numbers of HSC		
					Functional	Without any staff	With one Gr.D in each
1. Tawang	2	1	1	13	4	4	5
2. East Kameng	6	2	4	19	8	5	6
3. West Kameng	6	6	.....	19	15	1	3
4. Lower Subansiri	6	6	....	50	13	23	14
5. East Siang	9	7	2	22	17	5	...
6. West Siang	7	5	2	14	14	..	...
7. Papum-pare	4	4	....	13	11	1	1
	40	**31**	**9**	**150**	**82**	**39**	**29**

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(Reference: Paragraph 3.2.5.3 ; Page 50)

Statement showing position of excess entertainment of staff in CHC/PHC

Name of districts	Name of CHC/PHC	Development of staff under each category of posts				Excess Development of staff under each each category			
		M.O	Paramedical	Non-Paramedical*	Total	M.O	Paramedical	Non-medical	Total
West Siang	BasarCHC	7	22	24	53	3	11	14	28
---do--	KambaPHC	1	5	10(9)	16	—	(-)2	(+)3	1
East Siang	Bilat PHC	1	10	9	20	—	3	2	5
	Sille PHC	1	11	10	22	—	4	3	7
	Panging PHC	1	7	8	16	...	...	1	1
	Mebo PHC	1	10	12(9)	23	...	3	5	8
East Kameng	SejusaPHC	2	9	20(17)	31	1	2	13	16
West Kameng	Dirang PHC	3	13	14	30	2	6	7	15
	Kalaktang PHC	1	14	9	24	...	7	2	9
	Bhalukpong PHC	3	13	6	22	2	6	(-)l	7
	Rupa PHC	2	11	12	25	1	4	5	10
Papumpate	Doimukh PHC	5	24	32(28)	61	4	17	25	46
	Balijan PHC	2	11	23 (20)	36	1	4	16	21
	Kimin PHC	3	9	27(25)	39	2	2	20	24
Lower Subansiri	RagaPHC	2	4	22 (10)	28	1	(-)3	15	13
	OldZiroPHC	1	6	34(18)	41	...	(-)l	27	26
	Palin PHC	2	11	16	29	1	4	9	14
	Yazali PHC	2	8	7	17	1	1	...	2
		40	198	295	533	19	68	166	253

* Numbers in brackets shows number of Group - D.

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(Reference: Paragraph 3.2.5.5(c); Page 52)

Statement showing receipt and issue of medicine in PHCs under West Siang District

Name of PHC	Name of medicine	Date of receipt	Quantity received	Date of issue	Quantity issued
Tirbin	l. Ciprofloxacin 500 mg tabs	26-11-99	200 tabs	30-11-99	200 tabs
	2. Metronidazole tab	30-6-99	400 tabs	30-7-99	400 tabs
		8-10-99	400 tabs	30-10-99	400 tabs
		1-11-99	200 tabs	30-1-2000	200 tabs
		1-2-2000	300 tabs	27-2-2000	300 tabs
	3. Tetrocycline 250 mg cap	30-6-99	200 tabs	30-7-99	200 tabs
		8-10-99	200 tabs	30-10-99	200 tabs
		26-11-99	600 tabs	30-11-99	600 tabs
		29-12-99	200 tabs	30-1-2000	200 tabs
Gensi	l. Gentamycin lnj.	25-6-99	50 vials	26-6-99	50 vials
	2. Ampicillin Inj.	30-3-2000	100 vials	4-3-2000	100 vials
	3. Furoxone tab balance as on	15-9-98	8 10 tabs	15-9-98	810 tabs
		2-12-98	500 tabs	8-12-98	500 tabs
		12-1-99	500 tabs	15-1-99	500 tabs
		19-4-99	1000 tabs	21-4-99	1000 tabs
		11-6-99	500 tabs	1 5-6-99	500 tabs