MEDICAL, HEALTH & FAMILY WELFARE DEPARTMENT

3.2 Rural Health Sector in Uttar Pradesh

The Rural Health care delivery system comprises Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs) in rural area to provide curative and specialised health facilities to rural population. A performance audit of the activities relating to Rural Health Sector revealed deficiencies in delivery of health care services to the rural people.

Highlights

Budget estimates were prepared without any proposals from Chief Medical Officers (CMOs) leading to inflated estimation and surrender of Rs. 953.24 crore of which Rs. 840.50 crore (88 *per cent*) related to provision for vacant posts during 2002-07.

(Paragraph 3.2.6)

Health indicator targets under Family Welfare programme were not achieved mainly due to poor anti-natal care, lower institutional births or births through untrained personnel and non-supply of iron folic acid tablets. Medicines costing Rs. 40.43 crore were distributed without testing their quality.

(Paragraphs 3.2.7.2 & 3.2.7.3)

Japanese Encephalitis prone districts were not adequately covered by vaccination, fogging and spraying operations due to short availability of vaccines and insecticides.

(Paragraph 3.2.7.4)

Revised National T.B Control programme was implemented in the State without ensuring availability of T.B clinic buildings in 18 districts and District Tuberculosis Officers in 14 districts. There was 7 to 30 *per cent* shortfall in sputum positive detection rate due to non-establishment of Microscopic Centres in 17 *per cent* CHCs.

(Paragraph 3.2.7.4)

There was shortfall of 22 *per cent,* 17 *per cent* and 72 *per cent* vis-a-vis GOI norms in the number of SCs, PHCs and CHCs in the State. Ninety CHCs, 762 PHCs and 3,205 SCs in the test checked districts lacked necessary facilities and 58 CHCs and 79 PHCs remained underutilised during 2002-07.

(Paragraphs 3.2.8.1 & 3.2.9)

There was shortage of 19 *per cent* in medical staff and 23 *per cent* in para medical staff in seven test checked districts. Besides, 39 doctors were absent unauthorizedly for the last one to ten years.

(Paragraph 3.2.10.1)

Anti Rabies Vaccine and Electrical Sterilisers were purchased at higher rates which resulted in extra expenditure of Rs. 2.53 crore.

(Paragraphs 3.2.11.1 & 3.2.11.2)

Monitoring of implementation of the progrmme was deficient.

(Paragraph 3.2.14)

3.2.1. Introduction

The health care delivery system in rural areas comprises a three tier set up of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs). Government established 372 CHCs, 3,640 PHCs and 20,521 SCs for providing comprehensive health care services to the rural population. Various Centrally sponsored programme, e.g., Family Welfare Programme (FWP) to stabilize population, Revised National Tuberculosis Control Programme (RNTCP) to control Tuberculosis (TB), National Blindness Control Programme (NBCP) to eradicate blindness and National Vector Borne Disease Control Programme (NVBDCP) to contain the outbreak of diseases were also implemented by these health centres.

3.2.2 Organisational set-up

Principal Secretary, Medical, Health & Family Welfare Department (PS, MH&FW) assisted by Secretary, Medical and Health and Secretary, Family Welfare was the administrative head and responsible for formulating and implementing the Medical, Health and FWPs in the State. Director General, Medical Health (DGMH) was responsible for Public Health, Primary Health Care, Training, Drug control and secondary level hospitals and the Director General, National Programmes, Monitoring & Evaluation, (DGNPME) was responsible for implementation of FW and other Centrally sponsored schemes/programmes. They were assisted by nine Directors at the State level, Additional Directors (AD) at division level and Chief Medical Officers (CMOs) at district level. CMOs co-ordinated the works of Rural Health Sector (RHS) through Medical Superintendents (MSs) and Medical Officers (MOs) of CHCs/PHCs.

3.2.3 Audit objectives

The audit objectives were to assess whether the:

- programmes and schemes launched for the rural population were based on reliable data and were systematically implemented;
- funds earmarked for the various schemes were adequate and utilized optimally;
- various health services provided, had an impact on health indicators;
- clinical service quality through skill development, quality assurance and upgraded facilities had improved;
- public health service quality through strengthened disease surveillance and control systems and waste management system had improved; and

- monitoring system at various levels was functioning effectively.

3.2.4 Audit criteria

The performance of rural health sector was assessed based on criteria specified in:

- Financial Hand Book (Vol. V)
- Budget Manual, UP Medical Manual alongwith Medical Services Rules
- Guidelines of various schemes for rural health sector and Government Orders issued from time to time.

3.2.5 Scope of audit and methodology

The performance audit covering the period 2002-07 was conducted during March 2007 to October 2007 by test check of records of the offices of DGMH and DGNPME, CMOs of the 16 districts involving expenditure of Rs. 1,116.83 crore, (15 selected[1] by PPSWR[2] method and Lucknow being the capital district) alongwith the records of 101 CHCs, 762 PHCs and 3,205 SCs of these districts. Besides, joint inspection with a representative of CMO of one CHC and one PHC selected randomly in each district was also carried out and records, e.g., stock register of medicines, indoor and outdoor patient registers and infrastructure for basic health facilities were verified.

Audit objectives/criteria were discussed and agreed upon by PS, MH&FW during an entry conference held in April 2007. The draft review was communicated to the Government (September 2007) and discussed on 16 October 2007 in the exit conference held with PS, MH&FW. Facts and figures were confirmed and recommendations accepted by the Government.

Audit Findings

3.2.6 Financial management

Department surrendered Rs. 953.24 crore as excess allotment was obtained due to incorrect budgeting

The State Government utilized funds received for FWP and NVBDCP through budgetary provisions whereas RNTCP and NBCP received funds directly from Government of India (GOI) through their respective State Societies. The details of allotment and expenditure of these schemes during 2002-07 are given in ***Appendix-3.2.1.***

The position of budget allotment and expenditure[3] for revenue and capital heads during 2002-07 was as under:

Table 1

(Rs. in crore)

	Revenue			Capital outlay		
	Allotment (2)	**Expenditure incurred (3)**	**Surrendered (4) (2-3)**	**Allotment (5)**	**Expenditure incurred (6)**	**Surrendered (7) (5-6)**
2002-03	900.26	730.20	170.06	26.10	17.66	8.44
2003-04	1,102.67	892.54	210.13	15.45	10.09	5.36
2004-05	1,144.66	935.10	209.56	46.67	41.30	5.37
2005-06	1,263.58	1,107.54	156.04	150.87	148.58	2.29
2006-07	1,361.92	1,154.47	207.45	487.02	472.60	14.42
Total	**5,773.09**	**4,819.85**	**953.24**	**726.11**	**690.23**	**35.88**

[1] Auriya, Barabanki, Basti, Bareilly, Fatehpur, Jaunpur, Kanpur Dehat, Kaushambi,Kushinagar,Maharajganj, Moradabad, Muzaffarnagar, Pratapgarh, Sultanpur and Sitapur

[2] Probability Proportional to Size with Replacement

[3] Including expenditure on FWP and NVBDCP

Out of Rs. 953.24 crore surrendered in the revenue section included Rs. 840.50 crore on account of provision on salary of vacant posts due to the defective practice adopted by DGMH and DGNPME in preparing the budget estimates (BEs). The Department prepared the BEs without any proposal from CMOs. The Finance Department also approved the proposals without curtailing the provision for the vacant posts.

The above allotment in Revenue Section also included Rs. 47.15 crore received (March 2006) under the XIIth Finance Commission's (FC) recommendations for purchase of life saving drugs and vaccines which could not be utilized due to late release of funds by the State Government. Of this, Rs. five crore was immediately surrendered and Rs. 42.15 crore was kept in the Personal Ledger Account (PLA) of King George Medical University. Of this, Rs. 20.84 crore was utilized as of March 2007. An amount of Rs. 64.74[1] crore was lying unutilized in the PLA instead of refunding it to the Government (November 2007).

Under capital section, Rs. 35.88 crore was surrendered mainly due to non-issue of administrative approvals and release of funds at the fag end of the year.

Government stated (November 2007) that henceforth budget would be prepared according to provisions of the budget manual and the amount kept in PLA would be utilized soon.

3.2.7 Operational management

3.2.7.1 Planning

District health plan based on monitorable health standards was not prepared

According to Draft Uttar Pradesh Development Report by Planning Commission, UP, the Department was required to prepare district health plans to identify gaps between needs and available health facilities and to set clear goals linked to key health outcomes to fulfill the desired objectives. Instead, the targets were fixed at Directorate level without any feed back from the field.

Government accepted (November 2007) the necessity of preparing the State health plan on the basis of feed back received from the districts.

3.2.7.2 Target and achievement

Department failed to achieve target under Xth plan in respect of health indicators

The FWPs, RNTCP, NBCP and NVBDCP were implemented in the State for improvement in health care services for rural people. No target was fixed for communicable and non-communicable diseases under Xth plan. The position of target and achievement in various health indicators under FWP during Xth five year plans as of March 2007 was as under:

[1] Life saving drugs and vaccines: Rs. 21.31; Medicine and Equipments: Rs. 43.43 crore

Table-2

Sl. No.	Item	Unit	Target	Achievement
1.	Maternal Mortality Rate	Per lakh	400	517
2.	Antenatal care	*Per cent*	70	27.3
3.	Institutional birth	*Per cent*	38	22.3
4.	Delivery through trained personnel	*Per cent*	65	33
5.	Total fertility rate	No. of children	3.32	3.8
6.	Birth Rate(BR)	Per 1000 population	22	35.2
7.	Death Rate (DR)	--do--	9	9.8
8.	Infant Mortality Rate	--do--	72	73

Maternal Mortality Rate (MMR)[1]

27.52 lakh pregnant women were not provided IFA tablets

The MMR could be reduced by providing Iron Folic Acid (IFA) to the pregnant women to prevent anaemia among them which was very high and was one of the indirect causes for MMR. In the test checked districts, 27.52 lakh (45 *per cent*) of the 60.93 lakh registered pregnant women during 2002-07 ***(Appendix-3.2.2)*** were not provided IFA tablets. Besides, 18 CHCs (20 *per cent*) and 635 PHCs (83 *percent*) had no round the clock delivery facilities which also affected the maternal mortality.

The GOI released Rs. 38.49 crore (March 2006) for procurement of Auxiliary Nurse Midwife (ANM) kits containing *inter alia* IFA and Vitamin A tablets under the National Rural Health Mission. However, the Department failed to purchase ANM kits due to non-finalization of procurement agency as of August 2007. Interestingly, all the PHCs/ CHCs/ SCs of the test checked districts had reported (2005-07) in their progress reports, the distribution of IFA and Vitamin A tablets to the pregnant women to the DGNPME although these medicines were not available with them during this period.

The Government replied (November 2007) that IFA would be made available to ANMs at the earliest.

Ante Natal Care (ANC)

27 *per cent* of pregnant women only were covered under ANC against the targets of 70 *per cent*

In ANC to the pregnant women, blood pressure check ups and weight measurement at least three times during pregnancy, identification of high risk pregnancies and referrals, clinical assessment of anaemia and urine examination were required to be done. Against the target of 70 *per cent* pregnant women to be covered under ANC during 2002-07, the achievement was 27 *per cent* only. The low achievement was on account of non-follow up of cases by ANMs due to their shortage and their engagement in Pulse Polio and other programmes.

Institutional births and deliveries through trained persons

According to the Xth plan report, only 55 *per cent* deliveries had taken place through institutional system and trained persons and the remaining 45 *per cent* at home. Shortfall in institutional births/ through trained persons was due to

[1] Death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related or aggravated by the pregnancy or its management.

(i) lack of round the clock delivery facilities at CHCs/PHCs and (ii) shortage of *Dai*[1] (77 *per cent*) and ANMs (seven *per cent*).

Against the requirement of 2.03 crore DD kits, only 71.82 lakh kits were provided

Further, deliveries through trained persons at home were also unsafe as against the total requirement of 2.03 crore Disposable Delivery Kits (DD kits) during 2002-07 as the Department provided only 71.82 lakh DD kits to the trained persons, purchased at a cost of Rs. 10.62 crore during 2002-04 under Pradhan Mantri Gramodaya Yojna (PMGY). GOI also released (January 2004) Rs. 2.74 crore under the RCH programme for procurement of 45.65 lakh DD kits. The Department, however, failed to purchase the DD kits due to non-finalization of tenders as of May 2007 and the entire amount was refunded (May 2007) to GOI. No budget was allotted during 2004-07 after January 2004 to procure the DD kits.

Thus, 1.31 crore deliveries (65 *per cent*) were carried out at home against the reported total 2.03 crore deliveries during 2002-07 without DD Kits.

Total Fertility Rate (TFR) and Birth Rate (BR)

The targets of Birth Rate and Death Rate were not achieved

TFR and BR could be brought down through family planning methods like sterilization, Intra Urinal Device, Contraceptive Condom and Oral Pills. The Department incurred Rs. 1,956.07[2] crore on FWP during 2002-07 with the target to achieve BR, DR and IMR as given in the **Table-2.** Non-achievement of 3.3 children per family in respect of TFR and BR of 22 per thousand of population during 2002-07 indicated the failure of the Department to implement FWP successfully.

3.2.7.3 Medicines distributed without quality testing

Medicine worth Rs. 40.43 crore distributed without quality testing

As provided in the Rate Contract, medicines should be utilized after sample testing by the Public Analyst. However, 10 CMOs[3] purchased medicines worth Rs. 23.96 crore and distributed/consumed without the mandatory quality testing before distribution during 2002-07. In all, 205 (5 *per cent*) samples only were collected in these districts against 4,465 samples required to be taken (***Appendix-3.2.3***). Analytical reports were not received in any case. No samples were collected in Auriya and Kaushambi districts.

The Central Medicine Store Department (CMSD) also distributed (2006-07) Anti Rabies Vaccines (ARV) worth Rs.16.47 crore without testing by the Public Analyst.

The Government in reply (November 2007) agreed that medicines should have been distributed after quality testing.

3.2.7.4 Communicable and non-communicable disease

JE prone district were not adequately covered by vaccination, fogging and spraying operation

Japanese Encephalitis (JE)

Director, Communicable and Vector Borne Disease (DCVBD) was responsible for implementation of programme to contain JE in the State

[1] Traditional Birth Attendant: SS 2.14 lakh; Available 50 thousand
[2] Revenue: Rs. 1,887.15 crore; Capital: Rs. 68.92 crore
[3] Auraiya, Barabanki, Bareilly, Fatehpur, Kanpur dehat, Kushinagar, Sitapur, Mahrajganj, Moradabad and Muzzafarnagar

through vaccination, fogging and spraying. Thirty four districts were detected as JE prone in the State. Among these districts, Deoria, Gorakhpur, Kushinagar and Maharajganj had been experiencing JE deaths for more than two decades and 1,666 (62 *per cent*) deaths out of 2,667 deaths occurred in these four districts during 2002-07. The DCVBD, decided (2002) to vaccinate children. However, this could be done partially in Gorakhpur and Kushinagar in 2002 due to short supply of vaccines from Central Research Institute, Kasauli. Again in 2005, the DCVBD decided vaccination, fogging and spraying in all the JE prone districts. Vaccination in seven districts[1] and partial fogging and spraying in 34 districts only was carried out upto March 2007 due to short availability of vaccines and insecticides. Test check of records of two districts[2] revealed that against the requirement of 450 Metric Ton (MT), 220 MT (49 *per cent*) insecticides only were provided during 2005-07 by DCVBD due to which only 296 (17 *per cent*) villages out of 1,712 in these districts could be covered.

Thus, the DCVBD failed to contain JE even in worst affected districts.

Revised National Tuberculosis Control Programme (RNTCP)

The State T.B. control Society failed to achieve the main objective of combating TB

To combat TB, RNTCP under State TB Control Society (Society) was launched in the State in a phased manner in 1998. The whole State was to be covered by 2003. The main objective of the programme was to achieve and maintain detection of at least 70 *per cent* of infectious cases and cure rate of 85 *per cent* by examining the sputum of patient and treating them by using Directly Observed Treatment (DOT) strategy to watch TB patients swallow all medicines for ensuring full cure.

The RNTCP was implemented in all the 70 districts from 2005 with a delay of two years without ensuring availability of TB clinic buildings in 18 districts and District Tuberculosis Officer in 14 districts. The target set for new sputum positive detection rate of TB patient was 67 per lakh population during 2002-06. Target was not achieved and the shortfall ranged between 7 and 30 *per cent* (***Appendix-3.2.4***) due to non-establishment of Microscopic Centres (17 *per cent*) for detection of sputum at CHCs. The Society failed to check the defaulter patients due to non-follow up of the registered patients which was eight *per cent* against the permissible limit of four *per cent* of total patient proliferating TB. There was also shortfall of DOT centres (12 *per cent*) in the State. Besides, 37 *per cent* MOs, 57 *per cent* Treatment Organizers and 43 *per cent* Male Health Workers (MHWs) were not trained under RNTCP ***(Appendix-3.2.4)*** and Rs. 51.37 lakh (37 *per cent*) out of Rs.1.41 crore allotted for training were diverted to other activities during 2003-06.

National Blindness Control Programme (NBCP)

With a view to reducing blindness through cataract operations, cornea collection, free distribution of spectacles to school going children, NBCP was launched in 1976. CHCs/ PHCs were required to carry out survey in the villages and prepare a list of such cases and record their particulars in a

[1] Deoria,Gorakhpur, Kushinagar, Maharajganj,Lakhimpur Kheri, Siddharthnagar and Sant Kabir Nagar
[2] Kushinagar and Maharajganj

register called 'Blind register' for follow up action. Subsequently, GOI issued (September 2005) instructions to prepare category-wise (SC/ ST, below poverty line, women) list of beneficiaries as they were to be treated according to the targets fixed for them. Targets and achievements under the programme during 2003-07 were as under:

Table 3

Sl. No.	Particular	Target	Achievement	Shortfall
1	Cataract operation (in lakh)	12.98	6.00	6.98
2	Eye testing (in lakh)	239.60	96.86	142.74
3	Spectacle distribution(in lakh)	5.18	2.58	2.60
4	Cornea collection (in unit)	6000	224	5776

The CHCs/PHCs, however, did not prepare category-wise list of beneficiaries. Shortfall in achievement of targets was due to shortage of eye surgeons (64 *per cent*; sanctioned: 432, posted: 154), optometrists (11 *per cent*; sanctioned: 931, posted: 830) and non-establishment of Intra Ocular Lens centres (63 *per cent*; requirement: 234 available: 87) at CHCs.

3.2.8 Infrastructural deficiencies

SCs/PHCs/CHCs not established according to population norm

According to GOI norms, a SC should be established for every 5,000 rural population in plains and 3,000 populations in hilly/tribal areas. The norms for PHC and CHC were 30,000 and one lakh for the plains and 20,000 and 80,000 for the hilly/tribal areas respectively. The required number of SCs, PHCs and CHCs on the basis of 2001 population was 26,340, 4,390 and 1,317 respectively against which 20,521 SCs, 3,640 PHCs and 372 CHCs existed. Thus there was a shortfall of 5,819 SCs (22 *per cent*), 750 PHCs (17 *per cent*) and 945 CHCs (72 *per cent*).

Prior to the Xth Five Year Plan, 1,591 PHCs and 11,454 SCs were running in rented buildings which lacked infrastructural facilities and space. Government sanctioned 165 CHCs, 912 PHCs and 1,784 SCs at a cost of Rs.599.47 crore[1] for construction during 2002-07 against which 24 CHCs, 114 PHCs and 974 SCs were completed and handed over to the Department after incurring an expenditure of Rs 298.89 crore [2]as of March 2007. The remaining amount of Rs. 300.58 crore was lying with the executing agencies. Delay in completion of the remaining CHCs/ PHCs/ SCs was due to non sanction of revised estimates by the Government (2005-06) and non-finalization ((2006-07) of Memorandum of Understanding with executing agencies.

The Government stated (November 2007) that remaining buildings would be completed by March 2008.

3.2.8.1 Inadequate infrastructure in CHCs/PHCs/SCs

Records and information received from 90 CHCs, 762 PHCs, and 3,205 SCs of 16 test checked districts revealed inadequate infrastructure like lack of availability of labour rooms, operation theatres, beds, 24 hour delivery facility etc. detailed as under:

[1] CHCs: Rs. 209.71 crore; PHCs: Rs. 313.93 crore; SCs; Rs. 75.83 crore.
[2] CHCs: Rs. 84.78 crore; PHCs: Rs 161.56 crore; SCs; Rs. 52.55 crore.

Table 4

Name of Health Centres	Number	WITHOUT							
		Labour room	Operation Theater	24 hour delivery facility	electric supply	water supply	emergency service	quarters	all weather motorable road
PHC	762	558	517	635	162	182	595	0	0
CHC	90	14	2	18	17	8	37	0	0
SC	3,205	0	0	0	1,134	1,196	0	2,069	537

According to DGMH report, 26,966 beds were available in 372 CHCs and 3,640 PHCs. However, joint inspection of 11[1] CHCs and four[2] PHCs in the test checked districts revealed that only 212 beds (61 *per cent*) were operative against the sanctioned 350 beds and remaining 138 beds (39 *per cent*) were lying unserviceable.

3.2.8.2 Bio-Medical Waste Management in CHCs and PHCs

Non-establishment of BMWM system created unhygienic condition in health centres

Under Bio Medical Waste (Management & Handling) Rules 1998, CMOs concerned were responsible for the Bio Medical Waste Management (BMWM) System in the districts. Joint Inspections of 16 CHCs and 16 PHCs in the test checked districts and information[3] furnished by the concerned MSs and MOs revealed that there was no provision for BMWM in any of the CHCs and PHCs. Bio-medical wastes were dumped in an open pit within the premises of CHCs and PHCs. In three CHCs and nine PHCs main buildings, wards, basins and toilets were in dilapidated and unhygienic condition. There was no arrangement for cleanliness in PHCs as post of sweeper had not been sanctioned.

Government admitted (November 2007) that BMWM system was currently not available at PHC level in the State and would be provided by 10 combined treatment facilities under UP Health System Development Programme.

3.2.9 Under-utilization of CHCs and PHCs

Scrutiny of records of 58 CHCs and 79 PHCs of 16 test-checked districts revealed that occupancy by indoor patients as well as visits by outdoor patients to these CHCs/PHCs was very low as indicated below:

Table 5

Indoor patients

Number of patients per day[4] (average) during 2002-07	Number of CHCs (30 beded) (percentage to total 58 CHCs)		Number of PHCs (6 beded) (percentage to total 79 PHCs)	
Nil	11	(19)	13	(16)
1	35	(60)	63	(80)
2-5	12	(21)	3	(4)

Table 6

Outdoor patients

Number of patients per day[5] (average) during 2002-07	Number of CHCs (30 beded) (percentage to total 58 CHCs)		Number of PHCs (6 beded) (percentage to total 79 PHCs)	
50	12	(21)	51	(65)
51-100	26	(45)	22	(28)
Above 100	20	(34)	06	(7)

[1] Farenda, Mahrajganj, Jhingak, Auraiya, kandhala, Khatauli, Faridpur, Amethi, Bilari, Sidhauli and Kanaili
[2] Lakshman pur, Rampur, Kuwadanda and Kathawara
[3] 90 CHCs and 762 PHCs
[4] Total number of patients in 5 years divided by number of days in 5 years.
[5] Total no. of patients in 5 years divided by no. of days in 5 years.

The poor performance was due to absenteeism of doctors, shortage of staff and lack of infrastructural facilities. The remaining 43 CHCs and 683 PHCs of the test checked districts did not furnish the records to verify the occupancy and the number of out door patients.

3.2.10 Manpower management

Following points were observed:

3.2.10.1 Shortage of medical and para medical staff

Shortage of medical and para medical staff and absenteeism adversely affecting delivery of health services

Against the sanctioned strength of 12,336 of medical staff, 9,953 (81 *per cent*) were in position as on 31 March 2007 ***(Appendix-3.2.5)***. The shortfall was significant (49 *per cent*) in respect of female specialists and 11 *per cent* in male specialists. The shortfall in general male specialists was 24 *per cent*. Similarly, against the sanctioned strength of 53,498 of para-medical staff, 41,159 (77 *per cent*) were in position. The shortage of staff had a direct bearing in delivery of specialised medical services under the RHS which was the main objective of establishing CHCs. In 101 CHCs of the 16 test checked districts, the shortage of specialists ranged from 32 to 76 *per cent* and para medical staff ranged from 30 to 69 *per cent*. Similarly, in 719 PHCs shortage of MOs was 34 *per cent* and para medical staff ranged from 7 to 48 *per cent* ***(Appendix-3.2.6).*** It was also observed that in 15 CHCs and 19 PHCs of the seven test checked districts, 39 doctors[1] posted in CHCs/PHCs remained absent unauthorisedly for the last 1 to 10 years but no action was initiated against them as of August 2007. The Government in reply stated (November 2007) that efforts were being made for filling up the vacancies. No reply was given by the Government regarding unauthorized absence of these doctors.

Joint inspections and test checks of records of 16 CHCs and 16 PHCs in test checked districts revealed:

- In Lucknow district, General Surgeons (GS) were idle in two CHCs (Mall and Itaunja) for want of an Anesthetist and related equipment during 2002-07. Further, in CHC, Mall, two dental surgeons were posted against the sanctioned strength of one without dental equipment. Whereas at CHCs, Chinhat, Itaunja and Bakshi Ka Talab at Lucknow, dental equipment was lying idle for want of dental surgeons though one post for each CHC was sanctioned.

- In CHC, Kandhala, GS and Anesthetist were posted without any surgery performed for the last four years. In two more CHCs, one each at Kanpur Dehat and Sultanpur, GSs were not posted during 2002-07.

- In CHC, Hargaon, Sitapur district, four Pediatricians were posted against the SS of one whereas in CHC Hussainganj, Fatehpur district the post of pediatrician was vacant during 2002-07.

[1] Fatehpur: 4, Kaushambi: 2, Pratapgarh: 3, Moradabad: 10, Muzaffarnagar**:** 2, Sitapur: 13, Sultanpur: 5

- In two CHCs, Husainganj, Fatehpur and Jhinjhak, Kanpur Dehat districts, the post of physician and radiologist were vacant during 2002-07.

- In two CHCs, Jhinjhak, Kanpur Dehat district and Amethi, Sultanpur district Anesthetist, Radiologist, X-ray Technician was not posted during 2002-07.

- In three CHCs, Tikaitnagar, Barabanki district, Husainganj, Fatehpur district and Jhinjhak, Kanpur Dehat district Gynecologist and Staff Nurse were not posted during 2002-07 while in the CHCs Khatauli, Muzaffar Nagar district and Suratganj, Barabanki district no delivery case was carried out although Gynecologist and Staff Nurses were posted there.

- In the absence of Radiologists and X ray technicians, 11 X-ray machines costing Rs15.51 lakh in 11 CHCs[1], were lying idle for the last one to five years.

3.2.10.2 First Referral Unit (FRU)

FRUs were not made fully functional due to non-posting of required number of medical and paramedical staff and lack of blood transfusion facilities.

The RCH-II envisaged operationalisation of 130 CHCs as FRUs in a phased manner (2005-10) to provide emergency obstetric care, treatment of complicated pregnancies, new born care service, 24 hour delivery facility and blood transfusion facility. Seventy CHCs were to be operationalised during 2005-06 (50) and 2006-07 (20), where civil work including upgradation of operation theatre, labour room and laboratory had been completed in 2004-05 at a cost of Rs.6.35 crore.

Seventeen FRUs in 16 test checked districts could not be operationalised fully due to non-posting of requisite number of medical and para-medical staff even on contractual basis and non-establishment of blood transfusion facilities.

3.2.10.3 Training

State Institute of Health and Family Welfare at Lucknow was responsible for identifying training courses, developing training curriculum, release of money to the identified training institutions and supervision/monitoring of the training courses for skill upgradation of the medical and para medical staff. Integrated Skilled Training (IST)[20], Specialized Skilled Training (SST)[2] and Training of Trainer (TOT) were undertaken from 1998-99. There was overall shortfall of 17 *per cent* and 73 *per cent* respectively in achievement under IST and SST against the target fixed during 2002-07 ***(Appendix-3.2.7).*** It was also found that no IST was provided to remaining members of staff of other categories and no induction and refresher courses were undertaken.

The Department stated (August 2007) that the shortfall was due to mass transfer of doctors as per order of the High Court and continuous Pulse Polio programme undertaken in the State.

---

1 Lalganj, Pratapgarh; Jhinjhak, Kanpur Dehat; Tikatnagar, Barabanki; Khatauli, Muzaffarnagar Kandhala, Muzaffarnagar; Kairana, Muzaffarnagar; Haidergarh, Barabanki; Suratganj, Barabanki; Amethi, Sultanpur; Bilari, Moradabad ;Itaunja, Lucknow

2 IST for capacity enhancement of newly posted medical and paramedical staff under the RCH programme : SST for Medical Termination of Pregnancy , Lapro and IUD.

The reply was not tenable as transfer of doctors was within the Department which did not affect their overall strength. Moreover, IST and SST was time bound programme which could have been scheduled according to availability of medical and para medical staff.

3.2.11 Deficiencies in purchase procedures

Test-check of records of DGNPME, DGMH and CMSD, Lucknow revealed:

3.2.11.1 Extra expenditure on purchase of Anti Rabies Vaccines (ARV)

Extra expenditure of Rs. 2.53 crore on purchase of ARV and electric sterilizers at higher rates

The CMSD invited (May 2006) tenders for purchase of 11.75 lakh ARV vials. Three firms participated in the tendering process. Tender was to be finalized by May 2006. After finalisation of the tenders, the Department sought (June 2006) from the lowest tenderer the schedule for supply of 11.75 lakh vials. The firm, however, agreed (June 2006) to supply a maximum of two lakh vials only, by March 2007. The CMSD purchased two lakh vials at the lowest rate of Rs.204.98 per vial from the firm. After this purchase, the High Power Committee headed by PS, MH&FW reduced (September 2006) the requirement of ARV from 9.75 lakh to five lakh vials and approved purchase of four lakh vials (September 2006) and one lakh vials (March 2007) respectively from the other two firms. Accordingly, CMSD purchased five lakh vials at a higher rate (Rs.247.38 per vial) from the other two firms incurring an excess expenditure Rs.2.12 crore.

According to purchase policy, retendering could have been resorted to after the lowest bidder showed its inability to supply the required quantity but the Department did not do this on the pretext that the above three firms were the only manufacturing firms. The Government stated (November 2007) that as per requirement of ARV in the State, the same was purchased at higher rates.

Reply was not tenable as according to GOI's list, four other manufacturing firms of ARV had the capacity to supply the above number of vials and had offered ARV (October 2006) at comparatively lower rates.

3.2.11.2 Extra expenditure on purchase of Electric Sterilizers

The Government released (February 2004) Rs.1.72 crore for purchase of 4,012 Electric Sterilizers under PMGY for 3,268 PHCs and 372 CHCs. The CMSD purchased (February 2005) 4,012 Electric Sterilizers under Director General Supplies and Disposal (DGS&D) Rate Contract (RC) at Rs. 2,876 per unit whereas the lowest rate was Rs. 1,850 per unit under the same RC. This resulted in extra expenditure of Rs. 41.16 lakh.

In reply, the Government stated (November 2007) that the rate of the Electrical Sterilisers of the above firms was revised (April 2004) as it was of ISI mark.

The reply was not tenable as the Sterilizers of the same specification with ISI mark were available at the lower rate under the same RC during the period of their procurement.

3.2.12 Deficiencies in maintenance of records

Following deficiencies were noticed:

3.2.12.1 Non–maintenance of medicine consumption records at CHCs and PHCs

Distribution of medicine could not be verified due to non-maintenance of daily distribution register

According to financial rules[1], the departmental officers entrusted with the issue/ consumption of stores, were responsible for maintaining correct records and preparing correct returns in respect of the stores with them. It was noticed that medicines received from CMOs were distributed by the pharmacist of the concerned CHCs and PHCs as per prescription of the doctors to the patients but none of the CHCs and PHCs of test checked districts maintained patient-wise daily distribution records of medicines. In the absence of these records, actual quantity of medicines issued could not be verified.

Government stated (November 2007) that concerned units were directed to maintain the required registers in the prescribed proforma.

3.2.12.2 Short accounting of DD Kits and medicines

6.68 lakh DD kits costing Rs. 98.88 lakh supplied by the firms and medicines worth Rs. 9.94 lakh were not accounted for in the stock registers of respective CMOs

Stock registers in the test checked districts revealed that as against the actual supply of 13.12 lakh DD Kits during 2002-04 by the supplier firms, the stock registers of the 11 CMOs[2] showed receipt of 6.44 lakh DD kits only (***Appendix-3.2.8***). The remaining (6.68 lakh) DD kits costing Rs. 98.88 lakh had not been accounted for in the stock registers. In reply, the Government furnished (November 2007) the verified bills of DD kits by the respective CMOs. The quantity shown in these bills confirmed short accounting of above kit by the CMOs which needs to be investigated.

Besides, the CMSD issued 14 types of medicines costing Rs. 22.30 lakh to the CMO, Azamgarh during 2004-07 but in the stock register of the CMO, four types of medicine costing Rs. 4.56 lakh were not accounted for and the quantity of other ten types of medicine costing Rs. 5.38 lakh were entered short. The CMO stated (October 2007) that pharmacist misappropriated the medicines. The matter needs to be investigated for appropriate action.

3.2.13 Internal Audit (IA)

Two separate Internal Audit Units were functioning under the control of DGMH and DGNPME covering two Directorates and 70 CMOs and allied units annually.

The follow up of internal audit paragraphs was poor

Finance Controller was responsible for preparing Departmental Audit Manual for conducting IA. No such Manual has been prepared as of November 2007. Audit was conducted as per the approved work plan for IA from 2004-05. The number of units covered during 2006-07 was 50 *per cent* less than those covered in the preceding year. The settlement of the outstanding paragraphs was also very low (between 5 & 14 *per cent*) during last five years resulting in

[1] Para 255, 257 of Financial Hand Book Vol. V

[2] Auriya, Barabanki, Barielly, Basti, Fatehpur**,** Jaunpur, Kanpur Dehat, Kausambi, Lucknow, Moradabad and Sitapur

overall increase in the outstanding paragraphs from 4,066 (2002-03) to 4,816 (2006-07) (***Appendix-3.2.9***). The IA units did not take effective follow up action for settlement of the paragraph except for issuing the reminders to the units.

3.2.14 Monitoring

Although monthly returns as prescribed were submitted and monthly meetings held, but follow up measures were not taken as was evident from non-maintenance of various registers such as indoor/outdoor patients' register, daily consumption and distribution register of medicine etc. Lack of coordination between CMOs and DGs was a contributory factor leading to purchase of X-ray machines without requisite infrastructure and posting of specialists and para medical staff posted without necessary equipment. A suitable Management Information System (MIS) for monitoring and evaluation of health programmes to assess the situation, and take appropriate remedial measures was not set up in the Department though computers and manpower were available.

3.2.15 Conclusion

Budgetary control was weak as huge allotments were obtained on incorrect estimation and being surplus were surrendered. Health indicator targets under Family Welfare programme were not achieved and medicines were supplied to patients without testing. The Department failed to contain communicable and non-communicable diseases. Infrastructure built up in Rural Health Sector was poor. Shortage of medical and para medical staff and absenteeism of available staff from work place made the position worse. No effective follow up action was taken on Internal Audit Reports.

3.2.16 Recommendations

- Directorates should prepare budget estimates on the basis of inputs received from CMOs to avoid huge surrenders.
- The system of analyzing drug samples before consumption needs improvement to ensure supply of quality drugs to patients.
- Effective steps need to be taken to control communicable and non-communicable diseases by providing necessary infrastructure and inputs.
- Hospital waste management disposal system in CHCs and PHCs should be implemented.
- A permanent disciplinary board needs to be constituted to check the menace of absenteeism.
- Manpower deployment system should be strengthened to utilize available manpower efficiently.

The matter was reported (September 2007) to the Government. Their reply received (November 2007) was incorporated at appropriate places.

Appendix-3.2.1

(Reference: Paragraph: 3.2.6; Page 61)

Budget allotment and expenditure of FWP

(Rs. in crore)

Year	Allotment	Expenditure	Surrendered
2002-03	411.96	274.82	137.14
2003-04	529.68	365.70	163.98
2004-05	558.95	395.48	163.47
2005-06	519.09	438.94	80.15
2006-07	574.94	481.13	93.81
Total	**2,594.62**	**1,956.07**	**638.55**

(Reference: Paragraph: 3.2.6; Page 61)

Budget allotment and expenditure of DCVBD (Sharing of fund between Centre and State)

(Rs. in crore)

Year	Provision	GOI share in kind	State share	Expenditure
2002-03	21.00	10.54	10.50	10.15
2003-04	21.00	9.57	10.50	10.15
2004-05	21.73	9.55	11.23	10.29
2005-06	21.00	16.28	10.50	10.15
2006-07	22.40	17.73	11.20	4.20
Total	**107.13**	**63.67**	**53.93**	**44.94**

(Reference: Paragraph: 3.2.6; Page 61)

Budget allotment and expenditure of NBCP (Centrally sponsored scheme)

(Rs. in crore)

Year	Funds received from GOI	Total fund available[1]	Expenditure	Balance
2002-03	3.40	6.22	6.16	0.06
2003-04	8.82	8.88	7.74	1.14
2004-05	6.29	7.44	4.91	2.53
2005-06	4.65	7.18	6.87	0.31
2006-07	10.26	10.57	6.27	4.30
Total	**33.42**	**40.29**	**31.95**	**8.34**

(Reference: Paragraph: 3.2.6: Page 61)

Budget allotment and expenditure of RNTCP (Centrally sponsored scheme)

(Rs. in crore)

Year	Funds from GOI	Total fund available[1]	Expenditure	Balance
2002-03	6.04	10.33	5.74	4.59
2003-04	6.01	10.64	8.20	2.44
2004-05	10.24	13.69	9.66	4.03
2005-06	17.03	21.33	17.80	3.53
2006-07	20.75	24.46	21.91	2.55
Total	**60.07**	**80.45**	**63.31**	**17.14**

[1] Total fund available inclusive of opening balance.

Appendix-3.2.2

(Reference: Paragraph 3.2.7.2: Page 63)

Non- achievement of target, MMR

Serial no.	Name of district	Registered pregnant women	I F A tablet to the pregnant women	Difference
1	Auriya	136226	1,01,582	34644
2	Barabanki	4,85,081	2,16,960	2,68,121
3	Basti	N.A.	N.A.	N.A.
4	Barielly	5,54,240	4,29,371	1,24,869
5	Fatehpur	3,49,256	1,90,347	1,58,909
6	Jaunpur	7,30,509	3,62,455	3,68,054
7	Kanpur Dehat	2,93,006	1,26,823	1,66,183
8	Kaushambi	73,018	62,508	10,510
9	Kushinagar	3,76,656	1,47,090	2,29,566
10	Lucknow	N.A.	N.A.	N.A.
11	Maharajganj	3,98,288	2,47,862	1,50,426
12	Moradabad	5,39,624	2,37,605	3,02,019
13	Muzaffarnagar	6,52,975	2,84,926	3,68,049
14	Pratapgarh	4,06,982	2,34,978	1,72,004
15	Sultanpur	5,89,246	2,50,239	3,39,007
16	Sitapur	5,08,096	4,48,216	59,880
	Total	**60,93,203**	**33,40,962**	**27,52,241**

Appendix-3.2.3

(Reference: Paragraph-3.2.7.3; Page 64)

Medicine distributed without quality testing

Sl. No.	Name of district/ year	2002-03 (A):Expenditure (B): Sample to be collected (C) Number of sample collected			2003-04			2004-05			2005-06			2006-07			Total		
		(A)	**(B)**	**(C)**	**(A)**	**(B)**	**(C)**	**(A)**	**(B)**	**(C)**	**(A)**	**(B)**	**(C)**	**(A)**	**(B)**	**(C)**	**(A)**	**(B)**	**(C)**
1.	Fatehpur	14.61	67	0	30.50	53	0	16.81	72	0	35.9	70	8	54.01	83	18	151.83	345	26
2.	Barabanki	20.87	136	13	60.86	165	16	48.86	170	0	60.00	200	0	31.12	205	0	221.71	876	29
3.	Mujaffar Nagar	32.86	79	20	58.87	164	8	64.47	157	7	68.44	85	6	60.18	78	7	284.82	563	48
4.	Sitapur	75.19	22	0	60.11	45	0	88.16	43	5	70.15	38	4	76.42	36	0	370.03	184	9
5.	Auriya	4.71	35	0	5.42	32	0	9.50	35	0	17.78	70	0	40.30	92	0	77.71	264	0
6.	Moradabad	12.60	24	0	56.13	43	0	46.14	32	19	52.85	36	18	54.36	25	10	222.08	160	47
7.	Bareilly	16.24	30	0	58.07	40	2	57.97	50	0	62.41	70	0	85.15	45	0	277.84	235	2
8.	Kanpur Dehat	36.84	25	0	61.03	48	0	31.40	31	10	51.65	44	3	32.07	29	8	212.99	177	21
9.	Maharajganj	8.22	129	00	38.98	171	00	38.47	199	05	16.50	201	00	44.90	185	05	147.07	885	10
10.	Kushinagar	51.76	103	05	85.02	140	06	89.86	145	00	106.16	205	00	94.99	183	02	427.78	776	13
	Total	**273.90**	**650**	**38**	**514.99**	**901**	**32**	**491.64**	**934**	**46**	**541.84**	**1019**	**39**	**573.5**	**961**	**50**	**2,395.87**	**4,465**	**205 (5 *per cent*)**

Appendix-3.2.4

(Reference: Paragraph 3.2.7.4; page 65)

RNTCP target and achievement of new sputum positive detection rate

(Per lakh population)

Year	2002	2003	2004	2005	2006
Target	67	67	67	67	67
Achievement	62	52	52	47	50
Shortfall	5	15	15	20	17
Percentage of shortfall	7	22	22	30	25

(Reference: Paragraph-3.2.7.4; page 65)

Shortage of Microscopic/ DOT centres, position of training under RNTCP

Name of unit	Requirement	In position	Shortfall (*per cent*)
Microscopic Centre	1,839	1,531	308 (17)
DOT Centre	18,390	16,177	2,213 (12)

Name of post	In Place	Trained	Untrained in RNTCP (*per cent*)
Medical Officer	6,767	4,233	2,534 (37)
Treatment Organizer	145	62	83 (57)
MHW	23,617	13,430	10,187 (43)

Appendix-3.2.5

(Reference: Paragraph.3.2.10.1; page 68)

Manpower, The SS and PIP of medical and para medical staff as on 31 March 2007

Sl. No.	Category of posts	SS	PIP	Vacant (*per cent*)
	Medical			
1.	General male	6,468	4,940	1,528 (24)
2.	Specialist male	4,128	3,694	434 (11)
3.	General female	517	692	-175
4.	Specialist female	1,223	627	596 (49)
	Total	**12,336**	**9,953**	**2,383 (19)**
	Para medical			
1.	Male health Worker (MHW)	8,269	1,886	6,383 (77)
2.	Staff nurse	4,948	3,678	1,270 (26)
3.	Lab Tech.	1,949	1,348	601 (31)
4.	Health Assist.Female/ Local Health Visitor (LHV)	3,484	3,195	289(8)
5.	Auxillary Nurse Midwife (ANMs)	23,549	21,919	1,630 (7)
6.	Health Assistant	4,529	3,398	1,131 (25)
7.	Pharmacists	5,110	4,342	768 (15)
8.	X-Ray Technician	544	452	92 (17)
9.	Dark room Asstt.	193	108	85(44)
10.	Optometrist	923	833	90 (10)
	Total	**53,498**	**41,159**	**12,339 (23)**

Appendix-3.2.6

(Reference: Paragraph 3.2.10.1; shortage of manpower; page 68)

Position of staff of 101CHCs in test checked districts as on 31 March 2007

(A) Medical

Name of the Post	Sanctioned	Present	Shortfall *(per cent)*
Surgeon	96	65	31 (32)
Gynecologist	108	43	65 (60)
Physician	95	62	33 (35)
Pediatrician	47	15	32 (68)
Anesthetist	83	26	57 (69)
Dental Surgeon	50	20	30 (60)
Eye Surgeon	12	7	5 (42)
Radiologist	86	21	65 (76)

(B) Para Medical

Name of the post	Sanctioned	Posted	Shortfall *(per cent)*
Pharmacist	331	232	99 (30)
X-ray Technician	58	39	19 (33)
Dark room assistant	51	16	35 (69)
Staff nurse	254	178	76 (30)
Lab Technician	132	80	52 (39)

Position of Medical and Para Medical staff in the 719 PHCs in test checked districts as on 31 March 2007

Name of the post	Sanctioned	Posted	Shortfall *(per cent)*
Medical Officer	1411	935	476 (34)
Pharmacist	768	570	198 (26)
Health Assistant (Female)	527	474	53 (10)
Health Assistant (Male)	587	455	132 (22)
Health Worker (Female)	3656	3389	267 (7)
Lab Technician	186	96	90 (48)

Appendix-3.2.7

(Reference: Paragraph 3.2.10.3; page 69)

Progress of Training conducted during 2002-07

Sl. No.	Category	Available staff	Target fixed by the SIHFW	Achievement	Shortfall *(Per cent)*
IST					
1.	Medical Officers	9,266	2,554	2,033	521 (20)
2.	Auxiliary Nurse Midwife	20,973	11,015	9,314	1701 (15)
3.	Health Supervisor Male (HSM)	3,361	2,237	1,611	626 (28)
4.	Local Health Visitor	2,702	1,337	1,112	225 (17)
5.	Staff Nurse	4,528	449	423	26 (6)
6.	Male Health Worker	3,727	0	72	--
	Total	**44,557**	**17,592**	**14,565**	**3,027 (17)**
SST (MOs)					
Sl. No.	**Area of training**		**Target fixed by the SIHFW**	**Achievement**	**Shortfall (*Per cent)***
1.	Medical Termination Pregnancy		268	254	14 (5)
2.	Laparoscopy		94	50	44 (47)
3.	Mini Laparoscopy		198	39	159 (80)
4.	Intra Uterine Device (IUD)		12,227	3,088	9,139 (75)
	Total		12,787	3,431	9,356 (73)
TOT					
1.	TOT		250	342	Nil

Appendix-3.2.8

(Reference: Paragraph-3.2.12.2; page 71)

Short accountal of DD Kits and medicines

Serial no.	Name of districts	Number of DD Kits		Short accountal	Cost @ Rs. In Lakh
		Supplied	Received	(3–4)	
1.	**2**	**3**	**4**	**5**	**6**
1.	Auriya	57,551	23,800	33,751	5.00
2.	Barabanki	1,09,063	27,163	81,900	12.12
3.	Barielly	1,45,450	95,450	50,000	7.40
4	Basti	90,600	50,000	40,600	6.00
5.	Fatehpur	1,04,000	79,304	24,696	3.66
6.	Jaunpur	1,87,551	1,22,855	64,696	9.57
7.	Kanpur Dehat	71,321	930	70,391	10.41
8.	Kaushambi	59,594	51,177	8,417	1.25
9.	Lucknow	1,56,763	1,16,710	40,053	5.93
10	Moradabad	1,48,824	0	1,48,824	22.03
11	Sitapur	1,81,775	77,000	1,04,775	15.51
	Total	**13,12,492**	**6,44,389**	**6,68,103**	**98.88**

Appendix-3.2.9

(Reference: paragraph 3.2.13; page 72)

Details of outstanding paragraph of Internal Audit as on 31 March 2007

Year	Units Audited	Paras of previous IAR pending compliance	Addition during the year	Total	Settlements during the year (per cent)	Paragraphs outstanding
2002-03	61	4,066	264	4,330	605 (14)	3,725
2003-04	62	3,725	460	4,185	215 (5)	3,970
2004-05	34	3,970	546	4,516	245 (5)	4,271
2005-06	66	4,271	596	4,867	318 (6)	4,549
2006-07	30	4,549	643	5,192	376 (7)	4,816