HEALTH AND FAMILY WELFARE DEPARTMENT

1.3 PERFORMANCE AUDIT ON IMPLEMENTATION OF NATIONAL RURAL HEALTH MISSION

National Rural Health Mission (NRHM) was launched in April 2005 by the Government of India (GoI) in all the States to bring about significant improvements in health system and health status of the people, especially those in rural areas. The Mission seeks to provide universal access to equitable, affordable and quality health care which is accountable and responsive to the needs of the people. A performance audit on the implementation of NRHM in Nagaland brought out the following:

Highlights

Quality of health services to address the gap filling was not identified through facility survey during 2009 to 2013. The facility survey conducted during 2013-14, could not yield substantial result due to non-incorporation of the highlighted inputs in the State Programme Implementation Plan.

(Paragraph-1.3.8)

Government of Nagaland (GoN) committed financial assurances for ₹ 61.65 crore during 2009-14 against which only ₹ 53.20 crore was released to meet the commitments to enhance the facilities in health sector in the State.

(Paragraph-1.3.9.1)

Department provided an undue benefit of ₹ 10.25 crore to a local contractor for setting up of MRI at Naga Hospital Authority, Kohima.

(Paragraph-1.3.10.8 (a))

SHS diverted ₹ 8.76 crore for salary components of RCH/vertical programmes and ₹ 2.30 crore for furniture and fixing, deep bore well etc. against the upgradation of two DHs at Phek and Kiphire without any supporting vouchers.

(Paragraph-1.3.10.8 (b))

Due to non-procurement of generic drugs and equipment from the firms approved by GoI, the Department spent ₹ 1.03 crore which was avoidable.

(Paragraph-1.3.11.1(c))

Short receipt of medicines and equipment worth ₹ 1.53 crore was noticed in four District Hospitals, 8 CHCs and 12 PHCs out of the medicines and equipment issued by the SHS. Short receipt of equipment worth ₹ 1.66 crore was noticed with Central Store, NRHM during 2009-14.

(Paragraph- 1.3.11.1(e, f & i))

1.3.1 Introduction

The Mission aimed at providing accessible, affordable, accountable, effective and reliable health care services in the rural areas by converging various standalone disease control programmes. The components of NRHM includes bridging gap in healthcare facilities, facilitating decentralised planning in health centers and advocating convergence with the related social sector Departments. The major objectives of the Mission are to:

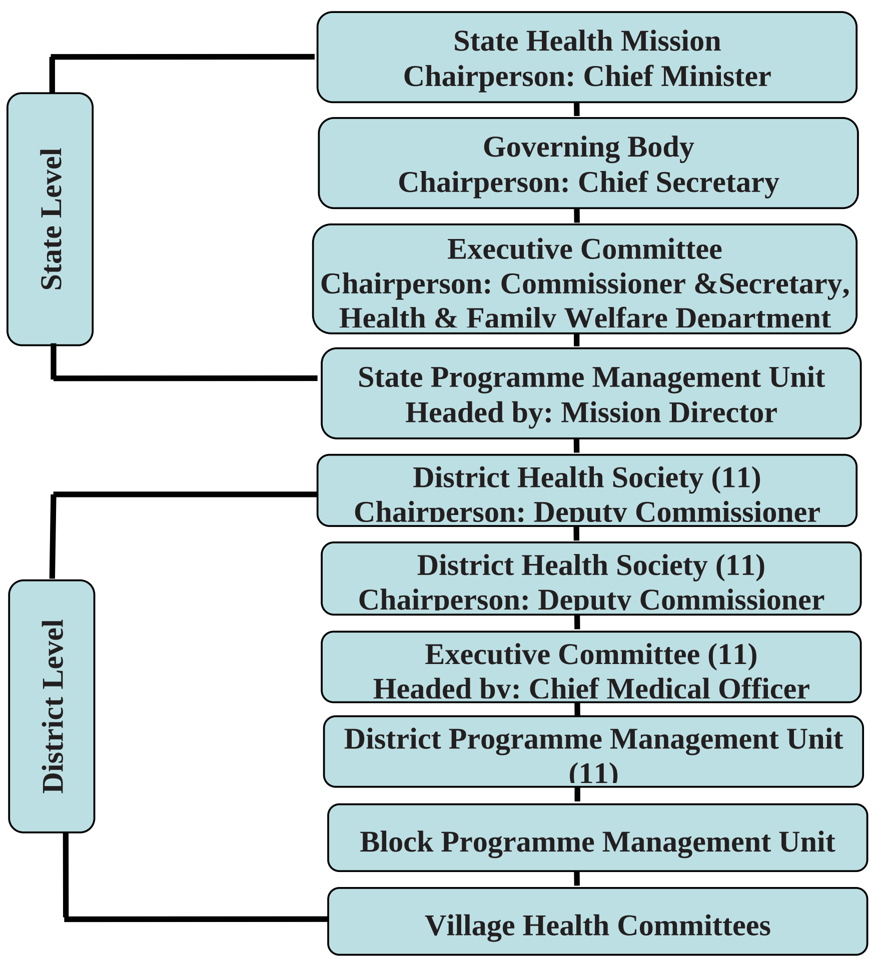
- Provide integrated comprehensive primary health care services with emphasis on universal immunisation to the rural people,
- Reduction of infant and maternal mortality rate,
- Prevention and control of communicable and non-communicable diseases,
- Promotion of healthy lifestyles.

The Mission was revised (October 2013) and renamed as National Health Mission (NHM) by merging NRHM and National Urban Health Mission (NUHM).

1.3.2 Institutional arrangements for NRHM

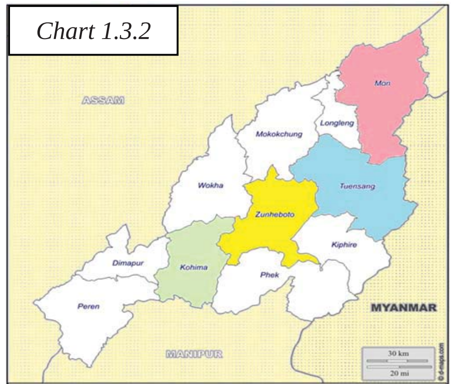
Institutional arrangements at the State and district levels of the mission are given below:

Chart 1.3.1



1.3.3 Scope of Audit

Chart 1.3.2



1. Kohima, 2. Mon, 3. Tuensang, 4. Zunheboto

The Performance Audit (PA) covering various activities of NRHM and NHM[1] for the period from April 2009 to March 2014 was carried out between April and August 2014. Four Districts[2] out of 11 were selected by applying Simple Random Sample Without Replacement. Eight Community Health Centers (CHCs)[3] out of nine, 12 Primary Health Centers (PHCs)[4] out of 53 and 20 Sub-Centers (SCs)[5] out of 175 in the four sampled districts were selected using Probability Proportional to Size Without Replacement. In addition to this, four District Hospitals (DH)[6] in the four sampled districts were also covered.

1.3.4 Audit Objectives

The objectives of the PA were to examine whether:

- Planning was oriented towards the Missions objectives; there was adequate community participation in planning, implementation and monitoring of the mission and there was convergence with the other departments, programmes and non-Governmental stakeholders to achieve the objectives of the Mission;
- Financial controls were in place to safeguard funds and assets of NRHM and the release of funds and their utilisation were prompt and adequate;
- Construction activities were undertaken to maximise the coverage in population, improve facilities and due procedures were followed while incurring expenditure thereof;
- The procedures and system of procurement of equipment, drugs and services, supplies and logistics management were cost effective and efficient;
- The performance indicators and targets fixed in respect of reproductive and child healthcare, Information, Education and Communication (IEC) programme, immunisation, and disease control programmes were achieved;
- Capacity building and strengthening of human resources at different levels was achieved as planned; and
- Monitoring mechanism and evaluation procedures were in place to ensure that the Mission's objectives were achieved.

[1]Though launched in October 2013, was not implemented till March 2014.
[2] Kohima, Tuensang, Mon and Zunheboto.
[3]Tsemenyu, Chiephobozou, Longkhim, Noklak, Aboi, Tobu, Pughoboto and Aghunato.
[4]Chunlika, Touphema, Tesophenyu, Noksen, Shamator, Thonokhnyu, Tizit, Phomching, Wakching, Satakha, Satoi and Suruhuto.
[5]Khuzama, AG Colony, Kitsebozou, Mima, Pfuchama, Hakchang, Chingmei, Tronger, Tonglongsor, Khudei, Longwa , Tanhai, Ngangching, Ukha, Yakshu, Aghuito, Gukishe, Chishilimi, Ghukovi and Hoshepu.
[6]Naga Hospital Authority Kohima (NHAK), Tuensang, Mon and Zunheboto.

1.3.5 Performance Indicators and Audit Criteria

Following performance indicators were used in performance audit:

- Increase in number of healthcare facilities in districts,
- Improvement in infrastructure, equipment, supply of medicines, diagnostic services of healthcare facilities at district level, and
- Increase in number of inpatient and outdoor patients seeking health services,

The findings were benchmarked against the audit criteria obtained from the following sources:

- Guidelines of the Government of India in respect of NRHM,
- Perspective and annual action plans,
- Conditions and norms for release of funds, and
- Prescribed monitoring mechanism.

1.3.6 Audit Methodology

The audit methodology comprised entry conference (April 2014) with the Commissioner & Secretary, Health & Family Welfare Department and the Mission Director, NRHM, Nagaland, requisition and examination of documents/records of State Health Society, four District Health Societies, four District Hospitals, eight CHCs, 12 PHCs and 20 SCs, communication/issue of audit observations, examination of responses to audit queries, joint physical verification, photographic evidence, beneficiary survey and exit conference (October 2014) at the end of audit.

1.3.7 Acknowledgement

We express our appreciation for the co-operation and assistance accorded to us at all levels during audit.

Audit Findings

Objective – 1: Planning for the achievement of the objectives of the Mission

1.3.8 Planning

Planning is an important tool to link various scheme components for successful implementation of the programme. Planning process involves identification of target groups by analysing the existing facilities and requirements to achieve anticipated output. In NRHM, the identification of health and facilities requirement were to be done through decentralised and community based approach by carrying out house hold survey, facility survey and baseline survey. The inputs received in respect of each district through these surveys form the District Health Action Plans (DHAPs) of that district which are integrated and form a State Programme Implementation Plan (SPIP). The approved SPIP forms the frame work for implementation of the programme for that State.

Examination of the records on planning process revealed the following:

(i) House hold survey.

To assess the availability, adequacy and utilisation of health services in the rural areas, household survey was required to be carried out. The deficiency in conducting household survey[7]and facility survey[8] were also highlighted in the Report of the Comptroller and Auditor General of India for the period ended 31st March 2008 and the Health and Family Welfare Department had reported in the Action Taken Report that household survey was completed in all 11 districts.

Examination of the Nagaland Family Health Assessment (NFHA) survey covering 1277 villages carried out during 2010 revealed that important parameters like assessment of availability, adequacy and utilisation of health services were not included in the survey. Thus, meaningful assessment of health care services in the rural areas remained unidentified to fill up the gaps for future course of interventions. The result of the beneficiary survey conducted in Kohima district also revealed that out of 457 responses received, 250 beneficiaries (55 *per cent*) stated that household survey was not conducted in their villages.

The Department accepted (October 2014) the observation and noted for future compliance.

(ii) Facility survey.

Facility survey was required to be conducted every year to identify the gaps required for delivering quality health services in Health Units (HUs)[9]. It was seen that during the period covered in this PA, the Department carried out only one facility survey[10] during 2013-14 covering all HUs in the State. Examination of the facility survey conducted in respect of 44 test checked HUs[11] revealed that though the requirement of the facilities were included in the DHAPs, the SPIP did not compile the required facilities such as medicines, equipment, infrastructure etc. projected through DHAPs. As a result, there were instances of unnecessary construction of HUs and residential accommodations of Medical Officers (MOs) and staff and unnecessary issue of medicines and equipment as detailed in paragraphs 1.3.10.2, 1.3.10.3, 1.3.10.4.1, 1.3.10.5 and 1.3.11.1. The facility survey was not carried out during 2009 to 2013.

(iii) Baseline survey.

Baseline survey is aimed to identify the core/deficient indicators to improve health services in the State. In Nagaland Mother Non-Government Organisations (MNGOs) were assigned to carry out base line surveys. As per the norms prescribed by the Ministry yearly grants-in-aid of ₹ 0.05 crore to ₹ 0.15 crore was to be allowed for the work. GoI approved (March 2008 and August 2009) 11 MNGOs in five districts for

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[7] Survey was conducted in seven districts out of 11 districts but the data was not compiled.
[8] Facility survey was not conducted in three CHCs , 12 PHCs and 55 SCs.
[9] DHs, CHCs, PHCs and SCs
[10] Survey on special services, manpower, investigating facilities and equipment, infrastructure etc. with the health units.
[11] Four District Hospitals, eight CHCs, 12 PHCs and 20 SCs.

baseline survey and approved ₹ 5.98 crore[12] as grants- in- aid during 2009-2011[13]. It was observed that the Department had signed MOUs with 11 MNGOs with an annual allotment ranging from ₹ 0.20 crore to ₹ 0.22 crore per annum instead of ₹ 0.05 crore to ₹ 0.15 crore as prescribed by the Ministry. The Chief Medical Officers (CMOs) in four sampled districts however, stated (May-August 2014) that MNGOs did not carry out any baseline survey but the SHS released an amount of ₹ 1.11 crore to the four MNGOs in sampled districts. The beneficiary survey conducted in Kohima district also revealed that 386 beneficiaries out of 457 (84 *per cent*) reported that baseline survey was not conducted in their village which confirmed the reporting of the CMOs.

The Department stated (October 2014) that identification of underserved and unserved areas in two districts were carried out by MNGOs in June 2005. However, the CMOs categorically stated that no baseline surveys were carried out by the NGOs.

Objective – 2: Existence and adequacy of financial controls

The funding pattern of NRHM was in the ratio of 85:15 between the Centre and State for 2009-12 and 90:10 from 2012-13. The proportional State share was required to be deposited to the SHS within seven days of the releases made by GoI. The funds for the Mission components like untied funds, annual maintenance grants and grants for *Rogi Kalyan Samiti* (RKS) to DHs, CHCs, PHCs and SCs was to be transferred to the DHS within 15 days of receipt of funds from GoI.

The details of funds released by the GoI and the Government of Nagaland (GoN) and expenditure there against during 2009-10 to 2013-14 are shown in the table below:

Table No. 1.3.1

(₹ in crore)

Year	Opening Balance	Released by		Interest earned	Refunds from DHS	Total funds available for Programme Implementation (col. No. 2 + 3 + 4 + 5 + 6)	Expenditure	Closing Balance (col. 10-11)
		GoI	GoN					
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*
2009-10	27.53	94.51	9.22	0.22	0	131.48	84.56	46.92
2010-11	46.92	77.45	12.62	0.80	0	137.79	97.64	40.15
2011-12	40.15	112.12	14.70	0.91	0	167.88	146.64	21.24
2012-13	21.24	95.04	10.08	1.10	2.73[14]	130.19	109.88	20.31
2013-14	20.31	95.13	6.58	0.51	0	122.53	93.30	29.23
Total		**474.25**	**53.20**	**3.54**	**2.73**		**532.02**	

(Source: Departmental figures)

Examination of the financial management revealed the following:

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[12] 2009-10 (₹ 2.65 crore) + 2010-11 (₹ 3.33 crore)

[13] The programme was discontinued from 2011-12 onwards.

[14] Unutilised funds under RCH Flexipool (₹ 2.36 crore) and NRHM Flexipool (₹ 0.37 crore) refunded by the DHSs.

1.3.9.1 Short allocation/release of funds

The GoN proposed ₹ 946.22 crore[15] for NRHM activities for the period 2009-14, against which GoI released ₹ 474.25 crore. It was seen that the GoN committed financial assurances for ₹ 61.65 crore[16] as per the approved Records of Proceedings (RoP) for the period 2009-14 but released only ₹ 53.20 crore resulting in short release of ₹ 8.45 crore to meet the financial commitments to enhance the facilities in health sector in the State.

In reply the Department stated (October 2014) that GoI conveyed (May 2014) the shortfall of matching share of ₹ 0.90 crore. Further, the State share for 2013-14 had not been released by the State Government which is being pursued.

1.3.9.2 Delay in transfer of funds

As per clause 3.2.2 of Operational Guidelines of Financial Management (March 2012) of the Mission, funds should be transferred to the districts within 15 days of receipt of funds from GoI.

It was noticed that the State Government delayed release of State share ranging from eight to 15 months. There was also delay in transfer of funds to districts towards components like untied funds, annual maintenance grants and grants for RKS to DH, CHCs, PHCs and SCs ranging from two to 11 months. It was also observed that there was heavy retention of bank balance ranging from 25 to 83 *per cent* in respect of the funds released during the period 2009-14 with the SHS indicating poor financial management and deficient fund delivery mechanism. Due to this, there was shortfall in achievement of Routine Immunisation programme (*Paragraph 1.3.12.1*), Institutional Deliveries (*Paragraph 1.3.12.3*), eradication of leprosy (*Paragraph 1.3.13.1*), Annual Blood Examination Rate (*Paragraph 1.3.13.2.1*), conducting eye screening (*Paragraph 1.3.13.3*) and training under capacity building (*Paragraph 1.3.16.2*).

The Department while accepting (October 2014) the audit findings stated that funds are generally received at the end of the financial year which caused delay in transfer of funds.

Objective – 3 Construction activities vis-à-vis coverage in population and improvement in facilities

1.3.10 Rural health infrastructure

NRHM aims to bridge gaps in existing capacity of rural health infrastructure by establishing functional health facilities through revitalisation of existing physical infrastructure such as health unit buildings and fresh construction or renovation

[15] 2009-10 (₹ 315.67 crore), 2010-11 (₹ 105.20 crore), 2011-12 (₹ 98.12 crore), 2012-13 (₹ 262.31 crore) and 2013-14 (₹ 164.92 crore) = ₹ 946.22 crore.

[16] 2009-10 (₹ 11.75 crore) 2010-11 (₹ 12.62 crore) 2011-12 (₹ 14.70 crore) 2012-13 (₹ 10.64 crore) 2013-14 (₹ 11.94 crore).

wherever required. The Mission also sought to upgrade available facilities to meet the requirement of Indian Public Health Standards (IPHS).

1.3.10.1 Sub-Centers

Sub Centre (SC) is the first point of contact between the primary healthcare system and the community. As per the norms, one SC for a population of 3000 in tribal and hilly areas was required to be established which should be located within the village for easy accessibility and no person should travel more than three kilometers to reach a SC. As the population density in the country is not uniform, it should also depend upon the case load of the facility and distance of the village/habitations which comprise the SCs.

The details of SCs in the State are given in the table below:

Table No. 1.3.2

Sl. No.	Particulars	Number of SCs	Approved cost (₹ in crore)
1	No of SCs in the State upto March 2013	397	-
2	No of SCs created during 2013-14	13	-
Total number of SCs in the State as of March 2014		**410**	
3	No. of SCs functioning in Government building as of March 2009	320	NA
4	No. of SCs approved and newly constructed under NRHM during 2009-11	75	9.25
5	No. of SCs created and approved for new construction under NRHM during 2013-14	13	2.86
6	**Total SCs approved for construction under NRHM during 2009-14**	**88**	**12.11**
Total SCs functioning in Government building (Sl. No. 3+ 6)		**408**	

(Source: Departmental figures)

Examination of the records on construction activities of SCs revealed the following:

1.3.10.2 Discrepancy in reporting the number of Sub-Centers

As per the record of SHS, only two out of 410 SCs in the State were functioning in rented buildings. Examination of the records in four districts [17] revealed that 19 SCs were functioning in rented buildings as detailed below:

Table No. 1.3.3

District	No of SCs in the district	SCs functioning in non-Government buildings against which proposals were made through DHAPs during 2009-2014	No. of SCs approved by the SHS and completed during 2009-2014	Excess/ Short	No. of SCs continued functioning in non-Government/private building as of June 2014
Kohima	40	4	7	(+) 3	Nil
Tuensang	39	13	7	(-) 6	6
Mon	50	14	7	(-) 7	7
Zunheboto	47	13	7	(-) 6	6
Total	**176**	**44**	**28**	**(-) 19**	**19**

(Source: Departmental figures)

[17] Mon, Tuensang, Zunheboto and Kohima.

It can also be seen from above table that three SCs[18] constructed at the cost of ₹ 0.37 crore in Kohima district were in excess and also not included in the proposals of DHAP (2009-13). An instance of unnecessary construction of SC Kijumetuoma is shown at ***Photograph 1.3.1***.

Photograph 1.3.1

Old (functioning) and new (closed) buildings of Kijumetuoma SC

The Department stated (October 2014) that necessary action would be taken for immediate occupation of the buildings constructed for the SCs and the old SC buildings would be used as staff quarters.

1.3.10.3 Expenditure without execution of work

Out of 408 SCs functioning in Government buildings, following eight SCs were again taken up for fresh construction under State Plan- Communitisation during 2013-14:

Table No. 1.3.4

(₹ in lakh)

Sl. No.	Name of SC proposed by the State plan during 2013-14	District	Amount sanctioned under Communitisation	SC already completed under NRHM on	Cost of construction under NRHM
1	Kitsubozou	Kohima	6.50	07.01.2008	6.80
2	Thakiye	Zunheboto	5.00	06.05.2012	12.33
3	Totok Chingkho	Mon	7.00	23.02.2012	12.33
4	Wangla	Mon	7.00	23.02.2012	12.33
5	Khensa	Mokokchung	9.00	18.08.2011	12.33
6	Yaongyimsen Model	Mokokchung	9.00	07.01.2008	12.33
7	Yachang (C)	Mokokchung	9.00	18.8.2011	12.33
8	Longya	Kiphire	8.00	07.01.2010	12.33
		TOTAL	**60.50**		**93.11**

(Source: Departmental figures)

Examination of the records of the Directorate of Health and Family Welfare (DH&FW) revealed that GoN sanctioned ₹ 0.61 crore for construction of eight SCs under "State Plan- Communitisation in convergence with Rural Development and Department of Under Developed Areas". It was seen that these eight SCs were already shown as constructed under NRHM for ₹ 0.93 crore during 2008-2012. However, the DH&FW approved (March 2014) new construction of these eight SCs under State Plan- Communitisation and released ₹ 0.50 crore. Further, out of the eight, two SCs (Sl. No. 1&2) in the test checked districts were physically verified along with Departmental Officers and it was noticed that both the SCs had not been constructed which implies that ₹ 0.19 crore shown as expenditure was fictitious.

The Department stated (October 2014) that since the works have not been completed the proposal would be revised to avoid duplication.

[18] Khuzama, Seyima and Kijumetouma @ ₹ 0.12 crore per unit.

Besides the above, three SCs[19] were shown as constructed in Zunheboto districts and an amount of ₹ 0.31 crore was released. Joint physical verification revealed that these were not actually constructed resulting in fictitious expenditure of ₹ 0.31 crore.

1.3.10.4 Primary Health Centers

As per IPHS norms, a PHC was to be created or upgraded from SCs to cover 20,000 population. A PHC should have its own building to facilitate comprehensive primary quality health care to the community and also be centrally located in an easily accessible area. PHC should have a minimum plinth area of 3566 sq. ft to accommodate 12 bedded capacities.

Examination of records revealed the following:

1.3.10.4.1 Creation of Excess Primary Health Centers

As per population criteria, the State should have 99 PHCs[20], whereas there were 126 PHCs resulting in excess 28 PHCs. Further scrutiny revealed that out of the 28 excess PHCs, 16 PHCs[21] (57 *per cent*) were created in Phek district alone without observing population criteria. Further, joint physical verification of PHC at Thetsumi revealed that the PHC constructed at the cost of ₹ 0.70 crore covering population of 1910 was defunct since up-gradation (during 2009-10) due to non-posting of MO.

The Department stated (October 2014) that the excess PHCs were constructed in Phek district as per the notifications issued by the GoN.

1.3.10.4.2 Deviation from IPHS norms

Scrutiny of records of four test checked DHs revealed instances of construction of PHCs in plinth area which was less than the required area, functioning of PHC in MO quarter and rented building, construction of PHC far away from the habitation and non-functional PHCs due to poor monitoring as given below:

(a) Two PHCs[22] in Zunheboto district constructed (May 2012) for ₹ 1.37 crore were in a plinth area of 3240 sq. ft each as against 3566 sq.ft. for which estimates were prepared and funds sanctioned. Joint physical verification (June-July 2014) of these two PHCs revealed that the in-patient bed capacity was limited to four beds each in male and female wards against the provision of six beds each in male and female wards.

(b) In PHC Tesophenyu, Kohima district, joint physical verification (July 2014) revealed that the PHC building was in dilapidated condition. It was observed that MOs quarter constructed during 2007-08 was being used as PHC which could accommodate only three beds to provide health services.

(c) In PHC Touphema, Kohima district, joint physical verification (July 2014) revealed that the PHC was located in the outskirts of the village. It was also seen

[19] ₹ 0.07 crore (Kivikhu Old) + ₹ 0.12 crore (Chisholimi)+₹ 0.12 crore (Kivikhu) in Zunheboto = ₹ 0.31 crore.
[20] 1980000 (2001 census)/20000=99
[21] Nine PHCs were created during 2008-09 and seven were created during 2009-10.
[22] PHC Suruhoto and PHC Satakha.

that as per Out Patient Department (OPD) register (30.7.2012 to 31.3.2014) the PHC was operational for 209 days only against the required 531 working days.

(d) Eight PHCs[23] in three test checked districts were functioning in rented buildings with inadequate health facilities since the creation of the PHCs.

(e) PHC Zeizou, in Kohima district was non-functional since 2002. Scrutiny further revealed that the PHC building constructed for healthcare services was not handed over to the Department by the contractor till August 2014. It was reported (August 2014) by the Sr. MO in-charge that the building constructed for health care services was occupied by Border Roads Task Force (BRTF).

In reply, the Department stated (October 2014) that the construction of two PHCs in Zunheboto district was completed as per the availability of fund. The Department assured the renovation as well as new construction of PHCs which were functioning in rented/dilapidated buildings. The Department added that the PHC at Touphema was constructed in the outskirts of the village due to availability of land in the outskirts of the village.

1.3.10.5 Construction of quarters for Medical Officers and Staff

The requirements for construction of quarters were being reported through DHAPs every year. Scrutiny of records in the four test checked districts revealed that DHs proposed construction of 18 MO quarters and 79 staff quarters during 2009-14, against which SHS approved construction of 22 MO quarters and 20 staff quarters (₹ 9.41 crore) out of the funds of NRHM, SPA and TFC (15 quarters for ₹ 3.25 crore under NRHM, 13 quarters for ₹ 3.07 crore under SPA and 14 quarters for ₹ 3.09 crore under TFC).

Examination of the records revealed the following:

- 11 MO Quarters[24] and 10 staff quarters[25] were constructed outside the proposals projected through the DHAPs.
- Construction of nine quarters for ₹ 2.06 crore[26] were in progress though the projects were approved during 2010-13.
- Seven quarters reported as completed for ₹ 1.57 crore[27] were not constructed at two CHCs, three PHCs and two SCs though the payments were released. The non-construction was authenticated during the joint physical verification.

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[23] PHC at Chen, Naginimora, Wanching, Pessao, Yonkhao in Mon district, Tsadang in Tuensang district, Saptiqa and Gatashi in Zunheboto district.

[24] Aboi CHC (1 No), Tizit PHC (2 Nos), Wakching PHC (1 No), Shamator PHC (1 No), DH Zunheboto (1 No), Suruhoto PHC (1 No), Pughoboto CHC (1 No), DH Kohima (1 No), Touphema PHC (1 No) and Tseminyu CHC (1 No).

[25] Tobu CHC (1 No), Hakchang SC (1 No), Aghunato CHC (1 No), Satakha PHC (2 Nos), Suruhoto PHC (1 No), Pughoboto CHC (1 No), Touphema PHC (2 Nos) and Mima SC (1 No).

[26] MO quarters at DH Zunheboto , DH Kohima, CHC Tseminyu, CHC Aghunato, PHC Shamator, PHC Tizit, PHC Satakha and PHC Suruhoto @ ₹ 0.23 crore per quarter under NRHM during 2012-13 for ₹ 1.84 crore and Staff quarters at CHC Noklak (₹ 0.22 crore)= ₹ 2.06 crore.

- Four quarters constructed for ₹ 0.81 crore[28] were not occupied for residential accommodation till July 2014.
- Two quarters constructed for ₹ 0.42 crore[29] were occupied by the Programme Officer ICTC/ NVBDCP for official purpose.
- Two quarters constructed for ₹ 0.45 crore[30] under SPA fund were actually constructed under Backward Area Development Fund (BADF). This was authenticated by the Deputy CMO, Tuensang.

1.3.10.6 Electricity and water

Photograph 1.3.2

Unhygienic status of Ghokuvi SC due to poor sanitation with pigs roaming around.

Electricity and water are required to preserve medicines and equipment and for maintaining hygienic environment. Village Health Committee is responsible for maintenance and keeping the surrounding of HUs clean. It was observed that 36 HUs[31] in the four test checked districts were functioning without basic facilities of electricity and water. Beneficiary survey conducted in Kohima district also revealed that 149 beneficiaries (33 *per cent*) out of responses received from 457 beneficiaries stated that their HUs were without adequate water and electricity supply indicating the lack of basic facilities with the HUs.

It can be seen from the ***photograph 1.3.2*** that the SC at Ghokuvi under Zunheboto district was highly un-hygienic as seen during the joint physical verification (July 2014).

The Department accepted (October 2014) the audit findings and assured that the basic facilities would be provided in phased manner.

[27] CHC Pughoboto (₹ 0.22 crore) under NRHM during 2010-11, CHC Tobu (₹ 0.27 crore) under SPA, Hakchang SC (₹ 0.18 crore) under SPA, PHC Shamator (₹ 0.32 crore) under SPA, PHC Chunlikha (₹ 0.16 crore) under SPA, SC Mima (₹ 0.15 crore) under SPA and PHC Touphema (₹ 0.27 crore) under TFC during 2011-13 = ₹ 1.57 crore.

[28] One staff quarter at PHC Touphema during 2008-09 under NRHM for ₹ 0.17 crore, two quarters constructed for ₹ 0.46 crore under SPA during 2009-10 at PHC Wakching (₹ 0.25 crore) and PHC Touphema (₹ 0.21 crore) and One staff quarter, though constructed at CHC Longkhim under TFC during 2011-14 for ₹ 0.18 crore = ₹ 0.81 crore.

[29] MO Quarter constructed at CHC Aboi under SPA for ₹ 0.25 crore and Staff quarter constructed at CHC Aboi under TFC for ₹ 0.17 crore = ₹ 0.42 crore.

[30] One MO Quarter for ₹ 0.28 crore during 2009-10 and one staff quarter for ₹ 0.17 crore during 2010-11at CHC Noklak = ₹ 0.45 crore.

[31] CHC Tobu was made functional only since January 2014, Tsadang PHC and Chessore PHC in Tuensang district, Satoi PHC in Zunheboto district and SCs at Phirahir, Nokhu, Chokla, Tsuwao, Yimpang, Noksen village, Yokumsang, Sangdak, Chiphur, Pang, Peshu, Sanglao, Wui, Sangchen, Sotokur and Urban Health Center in Tuensang district, SCs at Lotisami, Shitsumi, Hokiye, Ghokhuvi, Thakiye, Asukiqa, Chishilimi, Mishilimi, Chisholimi, Hoshepu, Surumi, Aichi Saghemi, Yehemi, Yezami, Yemishe and Akuhaito in Zunheboto district.

1.3.10.7 Fictitious expenditure of ₹ 0.39 crore

SHS earmarked ₹ 0.39 crore for maintenance of DH Tuensang during 2011-2014. The Medical Engineering Wing (MEW) reported (August 2014) that re-wiring and replacement of internal electrification (₹ 0.07 crore), repair and renovation (₹ 0.14 crore), repair of sewage system and drainage (₹ 0.07 crore) and improvement of male ward, female ward and surgical ward at DH, Tuensang (₹ 0.11 crore) were completed during March 2011 to February 2014. Joint physical verification (May 2014) of the DH Tuensang revealed that the aforementioned works valued at ₹ 0.39 crore were not carried out and this fact was authenticated by the MO, DH Tuensang. The non-execution of repair and renovation could be seen from the photograph alongside ***(Photograph 1.3.3)***. The Operation Theatre had a single shaded light and it is surprising how the DH carried out 900 Minor operations during January 2011 to March 2014 in such pathetic condition.

Photograph 1.3.3

Present status of wiring, OT and condition of ceiling of DH, Tuensang

The Department accepted (October 2014) and assured that repair and renovation would be carried out in due course.

1.3.10.8 Construction under Forward Linkages Scheme

GOI, sanctioned ₹ 74.63 crore to set up State Family Welfare Training Centre (SFWTC) at Kohima (₹ 13.71 crore), setting up of MRI unit at Kohima (₹ 16.23 crore) up-gradation of DH, Phek (₹ 21.37 crore) and up-gradation of DH Kiphire (₹ 23.32 crore) during 2011-13 under Forward Linkage Scheme (FLS)[32].

Examination of the records of the above scheme revealed the following:

(a) ***Setting up of MRI unit at Naga Hospital Authority, Kohima (NHAK)***

Magnetic Resonance Imaging (MRI) scan facility is used as an accurate method of disease detection of aneurysms, stroke, tumors of brain, tumors or inflammation associated with the vertebral or intervertebral discs of the spine. In terms of GFR provision for propriety items procurement should be initiated as per Office Establishment Manual (OEM). However, for setting up of MRI unit at NHAK, the Department procured the same through a contractor instead of following the procedures as

Photograph 1.3.4

MRI installed with NHAK

[32] Additional assistance provided through NRHM

per OEM. The cost involved was ₹ 16.23 crore. Reasons for ignoring procedures under GFR were not on record.

The Department released ₹ 16.23 crore in two installments[33] including cost of civil work for ₹ 0.98 crore to the contractor on the basis of recommendations (September 2013) of the Technical Committee for installation of Seimens-Magnetom Essenza 1.5 Tesla with Tim + Dot MRI. The release was made without supporting bill/invoice of any agency. In the absence of supporting bills, the cost of the MRI of the same make was obtained from the manufacturer (Siemens Ltd, India) which was only ₹ 5.00 crore along with all supporting accessories including 60 KVA full system UPS with 15 minute back up. Thus, the SHS provided an undue benefit of ₹ 10.25 crore to a local contractor for MRI at NHAK.

Further, joint physical verification (July 2014) of MRI at NHAK revealed that MRI machine was installed and was operational only from June 2014. It was further seen that the civil work (₹ 0.98 crore) was not executed as per the approved lay out and seven supporting accessories required for composing, imaging and evaluating spectroscopy were not received. The substandard civil work constructed to accommodate the machine resulted in delay in obtaining the quality assurance certificate from M/s Siemens Ltd. to operate the MRI services by eight months.

The Department stated (October 2014) that the amount sanctioned was more than the normal cost of the MRI machine and hence the funds were provisioned for additional activities and comprehensive warranty period for five years.

(b) ***Misutilisation of the scheme funds***

Out of ₹ 74.63 crore, SHS incurred ₹ 13.71 crore for setting up of SFWTC, ₹ 16.23 crore for setting up of MRI unit at NHAK and transferred ₹ 26.82 crore to EE, MEW for construction of two DHs. By taking into account the bank interest of ₹ 1.20 crore accrued during the period, there should have been a balance of ₹ 19.07 crore with the SHS as of March 2014. It was observed that only ₹ 8.01 crore was available as closing balance in the Bank account[34] of SHS as of March 2014. It was seen that out of ₹ 11.06 crore, SHS diverted ₹ 8.76 crore for salary components of RCH/vertical programmes and ₹ 2.30 crore was stated as utilised for furniture and fixing, deep bore well etc. against the upgradation of two DHs at Phek and Kiphire which were under construction. However, the reported expenditure for ₹ 2.30 crore utilised in advance was without any supporting vouchers.

The Department stated (October 2014) that ₹ 2.30 crore was spent for furniture, fixing and construction of deep bore well at two locations without any supporting documents in this regard. As per the records of the MEW, both the upgradations of DHs were under progress and the MEW only received the funds against the first phase. Thus, the

[33] ₹ 12.91 crore in March 2013 and ₹ 3.32 crore in October 2013
[34] Operated with Bank of Baroda, Kohima (A/c No.10180100008732).

Department reported expenditure of ₹ 2.30 crore as utilised for furniture and fixing, deep bore well etc. against the incomplete projects without any supporting documents.

1.3.10.9 Construction of Drug Warehouse

SHS proposed to the Ministry of H&FW for construction of nine drug warehouses at nine district headquarters. GoI approved (2009-11) ₹ 13.44 crore[35] for construction of nine drug warehouses with a purpose to store medicines, equipment etc. for DHs and also to provide supply of medicines and equipment to inaccessible areas in the State.

Examination of records revealed the following:

- SHS approved and constructed drug warehouse for ₹ 1.36 crore at Mokokchung in addition to the existing drug warehouse at same location. The newly constructed drug warehouse was not utilised till July 2014.

- Four drug warehouses at Zunheboto, Tuensang, Mon and Phek were approved for a total cost of ₹ 6.00 crore. Out of these, three drug ware houses (Zunheboto, Tuensang and Mon) were constructed in total plinth area of 19707 sq. ft. instead of 22872 sq. ft.[36] for which estimates were prepared and funds were sanctioned. Thus, the Department paid ₹ 0.46 crore[37] to the contractor for works not actually done by him for 3165 sq. ft.

- Joint physical verification of drug warehouse located at these four districts revealed that completed drug warehouses were utilised for running establishment of CMO and residential purposes etc. as given below:

i. The Drug warehouse constructed (2011) at Zunheboto for ₹ 1.42 crore was unoccupied till June 2014 due to non-construction of approach road[38].

ii. Two floors of the Drug warehouse constructed at Tuensang was un-authorisedly occupied by an Anesthetist of the DH, Tuensang for personal purposes.

iii. Two floors of the drug warehouse constructed for ₹ 1.52 crore at Mon was occupied by the staff of CMO office and only the ground floor was utilised for storage of equipment, medicines etc.

Photograph 1.3.5

Unutilised old drug warehouse at Phek in good condition

Ware house at Phek. Only highlighted part used for storage

[35] Mokokchung (₹ 1.36 crore), Zunheboto (₹ 1.42 crore), Tuensang (₹ 1.54 crore), Mon (₹ 1.52 crore), Phek (₹ 1.52 crore), Longleng (₹ 1.37 crore),Kiphire (₹ 1.69 crore), Wokha (₹ 1.44 crore) and Peren (₹ 1.58 crore)

[36] Zunheboto (5456 sq ft.)Tuensang (6760 sq. ft) and Mon (7491 sq. ft.)

[37] 3165 Sq. ft. (₹ 1576.81 Ground floor + ₹ 1359.20 First floor)/2= ₹ 0.46 crore.

[38] No space to construct approach road to reach the drug warehouse as the warehouse was constructed behind the old hospital building.

iv. Though an existing storehouse in good condition was available with the CMO Phek, SHS resorted to new construction. It was observed that only two rooms in the ground floor of newly constructed drug warehouse (₹ 1.52 crore) was utilised for storage of equipment, linens and medicines out of the three floor building. Further it was noticed during physical verification of DH Phek that the medicines and hospital sundries and linens were kept in the corridor of the Regional Diagnosis Centre building of DH due to lack of space in the building though the drug warehouse was constructed for this purpose.

Photograph 1.3.6

Medicines stored in the corridor of RDC building due to insufficient space with the DH Phek.

Thus, the drug warehouses constructed in five districts for ₹ 7.36 crore were not utilised for intended purpose of storing medicines, equipment etc..

The Department accepted (October 2014) the audit findings and stated that the drug warehouse was being utilised to house CMO office and quarters. The compromise made in plinth area was due to the unavailability of required area of land.

1.3.10.10 Construction of Nursing Schools

The Indian Nursing Council authorises and prescribes requirement for setting up of nursing schools such as physical facilities, clinical facilities, hostel facilities etc. As per the prescribed norms, the teaching block should be constructed in 23720 sq. ft. and the hostel block should be with a plinth area of 30750 sq.ft. Laboratories, clinical facilities etc. should be provided within the Administrative block. GoI approved (2008-09) setting up of Nursing School at Dimapur for ₹ 8.74 crore.

Examination of records revealed the following:

- The Department constructed administrative and hostel block in plinth area of 15843 sq. ft. and 7284 sq. ft. respectively against the norms of 23720 sq ft. and 30750 sq. ft. respectively. By compromising the area of 31343 sq. ft.[39] EE, MEW utilised the project fund for construction of staff quarters, two quarters for Principal, one Dining hall-cum-kitchen, one quarter for Chowkidar and 26 items of supporting civil works.

- Joint physical verification revealed that though the cost of construction of two Principal's quarter, one Chowkidar quarter and sub-civil works with a total cost of

[39] Administrative block (23720 – 15843 sq ft.) + Hostel Block (30750 – 7284 sq. ft.) = 31343 sq. ft.

₹ 1.14 crore[40] was released to the contractor, the works were not actually executed to provide accommodation to Principal, Vice Principal and Chowkidar. The fact was authenticated by the Principal, Nursing School and the Assistant Engineer, MEW.

- Out of the total expenditure of ₹ 8.72 crore, Department incurred ₹ 1.11 crore for accessories and furnishing of the Nursing School, Dimapur. However, scrutiny of the stock register revealed that the items purchased by the SHS and the items in the stock register of Nursing School did not match. Non-availability of furnishing items and laboratory and study equipment with the Nursing school were confirmed during joint physical verification.

The Department appreciated (October 2014) the audit finding and assured that the contractor would be assigned to complete the unexecuted work.

1.3.10.11 Construction of Block Health Office (BHO)

SHS proposed (2011-12) for construction of Block Health Office (BHO) @ ₹ 0.05 crore per unit in 11 district headquarters to facilitate Basic Emergency Obstetric Care (BEmOC) and Comprehensive Emergency Obstetric Care (CEmOC) centers. The Ministry approved ₹ 0.55 crore for construction of 11 BHOs. The SHS issued (December 2011) sanction order to construct BHOs in 11 district headquarters and selected three contractors[41] as executing agency @ ₹ 0.05 crore per unit.

1.3.10.12 Payment made for works not executed

Examination of records revealed that the SHS did not maintain any Measurement Book in respect of the 11 BHOs constructed. However, a completion certificate stating that the works were completed satisfactorily was submitted. Payment of ₹ 0.55 crore was released (December 2011 to March 2012) to three contractors.

Joint physical verification (May 2014) of four DHS[42] revealed that in four BHOs the work reported as completed were not in existence and the fact was authenticated by the four CMOs.

Thus, the Department released ₹ 0.20 crore to three contractors against unexecuted four BHOs on false completion certificates signed by the Assistant Engineer, NRHM and approved by the Mission Director, NRHM.

The Department stated (October 2014) that the BHOs at Mon and Kohima were constructed and the BHOs at Tuensang and Zunheboto were not constructed. Fact

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[40] Providing water supply & Sanitary installation i/c rain water harvesting for Con. of 3 bedded qtr (₹ 0.02 crore) + Site leveling & approach road for administration & classroom block Group A (₹ 0.05 crore) + Site leveling & approach road for administration & classroom block Group B (₹ 0.05 crore) + Site leveling & approach road for administration & classroom block Group C (₹ 0.02 crore) + Site leveling & approach road for hostel block (₹ 0.03 crore) + Site leveling & approach road for 3 bedded Qtr (₹ 0.02 crore) + Site leveling & approach road for 2 bedded Qtr (₹ 0.02 crore) + Providing water supply & Sanitary installation i/c rain water harvesting for Construction of Chowkidar Qtr NRHM (₹ 0.01 crore) + Providing water supply & Sanitary installation of Principal Qtr (₹ 0.03 crore) + Providing Marble stone flooring & tiles in Dining Hall & Kitchen (₹ 0.03 crore) + Construction of 3 bedded quarters for Principal of Nursing School (₹ 0.15 crore) + Providing granular Black filling, Protection wall & approach road (₹ 0.46 crore) + Construction of Chowkidar Qtr (₹ 0.05 crore) + 3 bedded Principal quarter (₹ 0.21 crore) = ₹ 1.14 crore.

[41] Shevohu Nienu (₹ 0.35 crore), Kiyehoto Sumi (₹ 0.10 crore) and Besupra Swuro (₹ 0.10 crore) =₹ 0.55 crore.

[42] Mon, Tuensang, Zunheboto and Kohima.

remained that the CMOs in the four districts authenticated the non-construction of BHOs for ₹ 0.20 crore.

Objective – 4 Procedures and system of procurement of equipment, drugs and services, supplies and logistics management

1.3.11 Medicines and equipment

Medicines and equipment are the integral part of the healthcare services. SHS formulated (December 2012) Nagaland Essential Drug list 2012-13 conveying a list of 282 essential drugs[43] to be issued to HUs. The drug list was required to be framed by April 2009 which was framed after a delay of 43 months. The SHS focused on 100 kinds of drugs (35 *per cent*) out of 282 as gap filling under NRHM and the remaining 182 (65 *per cent*) was to be provisioned through the State budget.

A purchase committee was formed with the DH&FW to analyse and scrutinise the bidding documents before awarding supply orders. As per Nagaland Drug & Diagnostics Policy 2013, the Committee was required to verify the manufacturer company-GMP certificate, company authorisation letter to stockist or supplier, company price list and valid wholesale drug licenses before awarding the supply orders to the suppliers for quality assessment of medicines and equipment. From the examination of records, the following was observed:

1.3.11.1 Deficiencies in procurement of medicines and equipment

It was observed that none of the suppliers furnished the documents as per Nagaland Drug & Diagnostics Policy 2013 whereas the Committee recommended the lowest quoted bidder for supply of medicine and equipment through limited tendering system without observing Nagaland Drug & Diagnostics Policy 2013. Para 19 of the Drugs (Price Control) Order 1995 envisages the provision of 16 *per cent* discount during the purchase of medicines directly from the Manufacturer. SHS purchased medicines worth ₹ 26.77 crore[44] from the local suppliers during 2009-14. Department could have saved ₹ 4.28 crore if the purchase had been made directly from the Manufacturer.

Scrutiny of the records of SHS, four DHS, four District Hospitals, eight CHCs, 12 PHC and 20 SCs revealed that:

(a) The four test checked districts received only 45 to 51 types (average of 83 *per cent*) of drugs every year against the list of 282 during 2012-14.

(b) The Department purchased expired medicines[45] valued ₹ 82,000 and the Committee also certified for issue to the HUs without verifying the quality.

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[43] Analgesic (19), Antibiotic (58), Anti-gastric ulcer (8), Anti-emetic(11), Anti diarrhea (2), Antispasmodic and purgative (8), central nervous system drugs (22), respiratory drugs (15), cardiovascular drugs (18), diuretics (6), antifungal (6), anti-allergy (16), local and general anesthetic drugs (23), anti-helminthic (6), vitamins and minerals (9), Antiseptics and disinfectant (6), electrolytes and acid based disturbances (11) skin/topical (10) eye/ear and nasal drops (16), anti- diabetic (4) and uterine drugs (8).

[44] 2009-10(₹ 4.67 crore), 2010-11(₹ 1.92 crore), 2011-12(₹ 10.08 crore), 2012-13(₹ 8.27 crore) and 2013-14(₹ 1.82 crore) =₹ 26.77 crore.

[45] 450 strips of Labetalol 100mg tablets @ ₹ 183 per strips purchased in December 2012 was expired in November 2012.

(c) Due to non-procurement of generic drugs and equipment from the firms approved by GoI, the SHS incurred an avoidable expenditure of ₹ 1.03 crore during 2013-14. ***(Appendix 1.3.1)***.

(d) Department purchased 50 types of medicines and seven equipment above the Maximum Retail Price (MRP) for ₹ 0.75 crore ***(Appendix 1.3.2).***

(e) Short receipt of equipment worth ₹ 0.81 crore was noticed in four test checked districts from the equipment issued by SHS during 2009-14 ***(Appendix 1.3.3).***

(f) Short receipt of medicine worth ₹ 0.72 crore was noticed in two test checked DHS and NHAK out of the medicines issued by SHS ***(Appendix 1.3.4).***

(g) Idle and damaged equipment valued ₹ 0.77 crore was noticed with four DHs out of the issue made by the SHS and Directorate of Health and Family Welfare ***(Appendix 1.3.5).*** There were instances of rusted equipment noticed in the health units.

(h) Instances of expired medicines valued ₹ 0.10 crore stored with health units was also noticed in audit ***(Appendix 1.3.6)***.

(i) Short receipt of medicines and equipment worth ₹ 1.66 crore ***(Appendix 1.3.7)*** was noticed with central store of NRHM though full payment was released to the suppliers.

Thus, due to flaws in procurement process as well as issue of medicines to the HUs, 83 *per cent* of drugs did not reach the HUs. SHS incurred an excess expenditure of ₹ 1.78 crore due to non-adherence to the procurement policy. Due to surplus issue of medicine over and above the requirement, 42 types of medicines valued ₹ 0.10 crore was noticed as expired. Idle and damaged equipment valued ₹ 0.77 crore issued to the HUs failed to provide diagnosis facilities to the rural poor. Verification Committee failed to monitor the receipt and issue of medicine which resulted in short receipt of medicines and equipment worth ₹ 3.19 crore.

During beneficiary survey conducted in Kohima district, 233 beneficiaries out of 457 (51 *per cent*) stated that adequate medicines and equipment were not available in their HUs. Further, 143 beneficiaries (31 *per cent*) reported that they did not receive free medicines from their HUs. This points towards the inadequate supply of medicines to the HUs.

The Department stated (October 2014) that having realised the deficiencies, the Department had initiated streamlining the supply chain management system since December 2013.

1.3.11.2 Life-saving equipment

Life-saving equipment (blood gas analyser) is intended to diagnose important respiratory and metabolic indicators of acidosis[46] and alkalosis[47] in arterial blood. Electrolyte analyser, an important life-saving equipment is used to measure and evaluate the critical balance of electrolyte irons in the body fluids such as hot blood, serum, plasma and extra-cellular fluid etc.

[46] Acidosis: When body fluids contain too much acid (pH value below 7.35)
[47] Alkalosis: When body fluids contain excess base i.e.alkali (pH value above 7.45)

SHS proposed (April 2011) for purchase of life saving equipment for ₹ 4.79 crore in order to extend medical facilities to patients suffering from life threatening diseases like Cerebral Malaria, Swine Flu, Dengue, Meningitis etc. Blood gas analyser and electrolyte analyser was proposed for ₹ 1.48 crore to nine DHs and ₹ 3.31 crore was proposed for cost of consumables.

GoI sanctioned (June 2011) ₹ 4.79 crore for the purchase of life-saving equipment and medicines and released ₹ 4.23 crore being the share of GoI. GoN did not release the matching share of ₹ 0.56 crore.

The Department purchased (September 2011) seven blood gas analysers (₹ 0.56 crore), nine electrolyte analysers (₹ 0.66 crore) and consumables worth ₹ 2.80 crore from local suppliers and released (September 2011) ₹ 4.02 crore to the supplier and ₹ 0.21 crore was released towards taxes. During the joint physical verification of DHs, it was noticed that:

- Two blood gas analysers[48] (₹ 0.16 crore) and one electrolyte analyser[49] (₹ 0.07 crore) were not received in three DHs, though these were recorded as issued by the SHS.
- Two blood gas analysers[50] (₹ 0.16 crore) and three electrolyte analysers[51] (₹ 0.22 crore) in four DHs were not functioning since September 2011.
- The consumables valued ₹ 0.86 crore to support the life-saving equipment were not received in the test checked DHs. Non-functioning and non-receipt of life saving equipment and consumables were authenticated by the Medical Superintendents/ Managing Director.

Thus, the Department incurred ₹ 4.23 crore for 16 life-saving equipment, out of which three life-saving equipment (₹ 0.23 crore) and consumable (₹ 0.86 crore) were not received in the DHs though it was reported as issued by the SHS. Though the life-saving equipment worth ₹ 0.38 crore reached the DHs, they were not functioning due to damage as well as non-availability of consumables.

In reply, the Department stated (October 2014) that the procured blood gas analysers and electrolyte analysers were received and installed with the DHs. However, fact remained that the non-receipt of three equipment and consumables worth ₹ 1.02 crore and the non-functioning equipment with five DHs were authenticated by the officers-in-charge during the joint physical verification.

1.3.11.3 Waste management

In setting up bio-medical treatment facilities, sound environment management for bio-medical waste keeping in view of the techno-economic feasibility and viable operation of the facility to minimise impacts on human health and environment needs

[48] DH at Phek and NHAK
[49] DH Mon
[50] DH at Mon and Tuensang.
[51] DH at Phek and Zunheboto, NHAK

to be ensured. The Bio Medical Waste (Management and Handling) Rules 1998 envisages erection of stack for incinerator at a minimum height of 30 meters above the ground and the deep burial pits should be constructed at a distance far from habitation. The State Pollution Control Board should conduct inspection before providing pollution certificates. The Rules further envisages that the incinerator should be procured only from the manufacturing unit registered under the Factory Act 1948 and Company's Act 1956.

GoI, Ministry of H&FW, sanctioned (November 2011) ₹ 3.40 crore for setting up of Bio-medical Waste Plant (BWP) in four districts @ ₹ 0.85 crore per unit. The SHS selected four districts[52] for setting up of BWP and the work was awarded (December 2011) to M/s. Neile Enterprises, Dimapur which was not a manufacturing unit registered under Factory Act 1948 and Company's Act 1956.

Joint Physical verification of two BWPs in two districts (Phek and Kohima) revealed that:

1. The inspection was not carried out in two BWPs by the State Pollution Control Board for issue of pollution control certificate as the Department did not pursue for the same.

Photograph 1.3.7

BWP setup in front of Oncology Department at NHAK

2. The heights of the stack of two incinerators erected with the BWPs were of eight meters only against the prescribed standard of 30 meters height which could cause health hazard due to the smoke emission.(***photograph 1.3.7)***.
3. The deep burial pits were constructed within the premises of the civil construction of the plants and the plants were also erected in prominent places[53] twithout considering the hazards to human health and environment.
4. The project at NHAK was not operational due to lack of technical manpower. The Managing Director, NHAK affirmed that on operation of BWP, the health hazard might arise due to short height of stack of the incinerator.
5. The incinerator machine set up at DH, Phek failed to burn during the test run (June 2013) and the plant remained non-operational till August 2014.

Thus, the Department awarded (December 2011) the erection of BWP to a contractor instead of manufacturing unit registered under Factory Act 1948 and Company's Act 1956 by violating the provisions of Bio Medical Waste (Management and Handling) Rules 1998. The plants setup were in inhabited areas and the stacks of incinerator were short in height by 22 meters which might result in human health hazard problem. BWPs were erected for ₹ 0.85 crore[54] in habitant area without adhering to the

[52] Kohima, Dimapur, Phek and Mokokchung.

[53] In front of eye OT and opposite to RDC Unit of the DH, Phek and in front of the Oncology Department at NHAK.

[54] Fifty *per cent* of ₹ 1.70 crore released to contractor.

specifications and without supporting accessories. The BWPs were also not operational due to technical problems as well as lack of manpower and was fraught with the risk of health hazards to the habitants. Due to non-utilisation of facilities provided under waste management for ₹ 0.85 crore, district hospitals continued with the disposal mechanism through District Municipal Councils (NHAK) and de-burial pits and open burning (DH, Phek) which subsequently resulted in wastage of NRHM funds.

The Department accepted (October 2014) the audit findings and assured that necessary corrective measures would be taken.

1.3.11.4 Waste management system with District Hospital, Tuensang

Photograph 1.3.8

Biomedical waste storage without any purpose.

During 2012-13, ₹ 0.04 crore was provisioned and utilised for construction of Biomedical Waste storage (₹ 0.03 crore) and deep burial pit (₹ 0.01 crore) at the DH, Tuensang. It was confirmed during the joint physical verification (June 2014) that biomedical Waste storage was constructed in the bushy jungle without any connectivity. The waste management continued in the landslide area behind the old building of the hospital.

Photograph 1.3.9

Dumping of waste behind the old hospital building.

The Department accepted (October 2014) the audit findings and assured that necessary corrective measures would be taken.

1.3.11.5 Quality Control

Nagaland Drug & Cosmetic Policy, 2013 envisage quality control at the time of tendering process subject to quality test by the laboratory empaneled in the State or outside the State. A Quality Control Committee, which is a support Committee to assist the verification board, should check the drugs and collect at least three samples randomly from 1/3 of the boxes from the supplies from each batch, decoded and dispatched to empaneled accredited laboratories for quality testing and control. No drugs should be distributed unless certified by the Quality Control Committee. As per the packing norms of the drug policy, all forms of packing of various drug formulations should be inscribed prominently with a logogram "Only Government of Nagaland Supply. Not for Sale".

Examination of records revealed the following:

- Verification Committee was performing verification of the quantity of the drugs received only and the quality control mechanism was not in place. Thus, the entire drugs purchased during the period covered in performance audit were distributed without the certificate of the Quality Control Committee.
- Further, joint physical verification of the four DHs and 40 HCs revealed that the drugs were not inscribed with the logogram "Only Government of Nagaland

Supply. Not for Sale" and also with short shelf life resulting in expiry of the drugs.

- The Drug Inspector, Tuensang seized 5200 Albendazole tablets (ABD-400) manufactured by M/s. G.S. Pharmaceuticals Pvt. Ltd, Roorke bearing Batch No T-1206147 out of the 15000 tablets issued (March 2013) by the SHS which did not conform to Indian Pharmocopy (IP). The seizure was made after confirming the laboratory tests from Regional Drugs Testing Laboratory (RDTL), Guwahati. Thus, 9800 sub-standard Albendazole tablets were issued to the school children for deworming.

- The Drug Inspector, Zunheboto collected samples of Iron Folic Acid (IFA) tablets, Oflogyl suspension, Ibugesic tablets and Ofoxo-oz suspension from the drug store of CMO/DH and forwarded (May 2013) to RDTL, Guwahati for laboratory testing. RDTL Guwahati confirmed that the samples were not of standard quality as defined in the Drug & Cosmetic Act, 1940. However, the Drug Inspector neither quantified the sub-standard IFA tablets, Oflogyl suspension, Ibugesis tablets and Ofoxo-oz suspension at the time of collection of sampling nor seized it after receiving the test report from the RDTL.

Thus, due to non-observance of the quality control by the verification board, the substandard drugs were supplied for consumption to school children and rural poor. In the absence of inscribed logogram on the drugs supplied to the DHs and further supplied to the HUs, possibility of sale of drugs to open market could not be ruled out.

The Department accepted (October 2014) the audit findings and assured to revise the procurement policy incorporating the quality control mechanism.

Objective – 5: Performance indicators and targets in respect of Reproductive and Child Healthcare (RCH), Information, Education and Communication (IEC) programme, Immunisation and disease control programmes

1.3.12.1 Routine Immunisation

Routine Immunisation (RI) is an important child survival strategy focusing on preventive aspects to reduce morbidity against six preventable diseases, namely tuberculosis, diphtheria, pertussis, tetanus, polio and measles and the vaccination was to be covered in seven stages to the age group of 0 to 1 years. The targets and achievements under the RI in the age group of 0-1 years are given in ***Appendix 1.3.8.***

The following was observed:

- Shortfall in achievement to targeted age groups in respect of Bacillus Chalmette Guerin (BCG) vaccination ranging from 14 to 37 *per cent* during 2009-14.
- Shortfall ranging from 33 to 44 *per cent* in respect of Oral Polio Vaccination (OPV) during 2009-14.
- Shortfall ranging from 26 to 71 *per cent* in Measles vaccination; and
- Short ranging from 39 to 52 *per cent* in full immunisation during 2009-14.

Short fall in full immunisation to age group 0-1 year was confirmed in the four sampled districts ranging from 26 *per cent* to 57 *per cent* and this was due to lack of storage facilities, electricity etc. for immunisation with the HUs and the fact was confirmed in 26 HUs[55] out of 40 test checked HUs during joint physical verification.

The Department accepted (October 2014) the audit findings and stated that shortfall in RI was due to poor health seeking behavior, inadequate equipment and inaccessibility owing to the difficult terrain etc. The Department assured that shortfall would be accelerated by up-scaling IEC activities, strengthening infrastructure and logistics and providing training to the health workers.

1.3.12.2 Cold chain facilities

As per the distribution norms, a CHC/PHC should be equipped with one Ice-lined Refrigerator (ILR) and one Deep Freezer (DF) for storage of vaccines for RI. The Department issued 93 ILRs and 83 DFs to 21 CHCs and 72 PHCs. Thus, there was shortfall of ILRs/ DFs with 54 PHCs[56].

Ministry allocated (November 2009) walk-in cooler (WIC) to the Department to store the vaccines in vast volumes around 27 cubic meter with the central store of State Immunisation Officer. Installation of WIC requires space more than 27 cubic meters in a separate building. The Department did not provide space for civil construction to commission the WIC and hence the WIC was kept uninstalled since June 2010. While requesting for commissioning of WIC by the Department, the Ministry replied (July 2010) that commissioning of WIC was not carried out by representative of M/s. Blue Star Pvt. Ltd due to non-availability of separate space for construction.

Further scrutiny revealed that Department purchased (December 2012) 50 ILRs for ₹ 0.13 crore and 43 DFs for ₹ 0.12 crore along with 93 voltage stabilisers for ₹ 0.04 crore from M/s. Neile Enterprises, Dimapur out of funds approved under NRHM during 2012-13. As per the stock register of the Central Store, Immunisation wing, against the above procurement there should be a balance of 39 ILRs, 32 DFs and 71 voltage stabilisers after the issue of the cold chain equipment to the HUs. However, joint physical verification (May 2014) revealed that only 10 ILRs valued ₹ 0.03 crore were available. Thus there was a pilferage of 29 ILRs (₹ 0.08 crore), 32 DFs (₹ 0.09 crore) and 71 voltage stabilisers (₹ 0.03 crore) noticed in audit which was authenticated by the officer in-charge of the Central Store, State Immunisation wing.

The Department stated (October 2014) that WIC was installed in June 2010 and also forwarded copies of the material verification report to support the receipt of cold chain equipment purchased in December 2012. However, fact remains that non-commissioning of WIC as well as the non-receipt of cold chain equipment worth ₹ 0.26 crore were authenticated by the officer-in-charge of Central Store, State Immunisation wing during the joint physical verification of the store.

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[55] Cold chain facilities to store vaccines at CHCs at Tobu and Pughoboto were not functional due to lack electricity and damaged freezers, Cold chain facilities were not supplied to 4 PHCs (Satoi, Phomching, Tosephenyu and Touphema) and 20 SCs.

[56] 126 PHCs in the State-72PHCs=54 PHCs

1.3.12.3 Institutional and Home Deliveries

As per SPIP 2013-14 only 11 SCs (3 *per cent)* out of 396 SCs in the State have the facilities for deliveries in the State. Out of 11 SCs, only five SCs recorded more than two deliveries in a month. It was seen that four SCs (2 *per cent)* out of 175 SCs[57] in the four test checked districts were conducting deliveries. This indicated the poor institutional deliveries attended through the SCs

To achieve 109000 targeted deliveries in the State, Ministry allocated ₹ 12.63 crore during 2009-14 against which SHS incurred ₹ 9.26 crore. The birth rate[58] was reported as 16.8 per 1000 population. However, as per the targeted delivery in the State, the birth rate should be at an average of 21.8 per annum[59]. Out of the total allocation of ₹ 12.63 crore, SHS earmarked ₹ 8.17 crore and ₹ 2.08 crore for institutional and home deliveries respectively. Against this, the Department incurred ₹ 7.34 crore (90 *per cent*) and ₹ 1.33 crore (64 *per cent*) respectively towards institutional and home deliveries.

Department achieved 46862 deliveries (71 *per cent*) against the target of 69000 deliveries during 2011-14[60]. 40991 deliveries (87 *per cent*) were recorded as Institutional Deliveries (IDs) out of 46862 deliveries reported during 2011-14.
Scrutiny of the IDs and Home Deliveries (HD) in four test checked districts revealed that ID ranged from 55 *per cent* to 83 *per cent*, whereas HD ranged from 17 *per cent* to 45 *per cent* as detailed below:

Table No. 1.3.5

Year	Mon		Tuensang		Zunheboto		Kohima	
	ID	HD	ID	HD	ID	HD	ID	HD
2009-10	514 (63)	304 (37)	936 (62)	577(38)	NA	NA	1916(79)	507(21)
2010-11	519 (51)	497 (49)	1299 (72)	515(28)	650 (67)	325 (33)	1636(71)	661(29)
2011-12	743 (54)	625 (46)	1345(71)	561(29)	623 (59)	425 (41)	2232 (87)	337(13)
2012-13	921 (61)	592 (39)	895(46)	1060(54)	656 (49)	681 (51)	2223(88)	302 (12)
2013-14	951 (49)	998 (51)	642 (37)	1109(63)	744 (62)	456 (38)	2556(90)	281 (10)
Total	**3648 (55)**	**3016 (45)**	**5117(57)**	**3822 (43)**	**2673(59)**	**1887(41)**	**10563(83)**	**2088 (17)**

(Source: Departmental figures)

Thus, it is evident from the table that poor ID was noticed in the three test checked districts and ranged from 55 to 59 *per cent* only. This was due to poor health seeking behavior, shortage of adequate technical manpower for recruitment, inaccessibility owing to difficult terrain, scattered population, poor road condition and lack of proper public transport services.

It was also noticed during beneficiary survey conducted in Kohima district that 206 beneficiaries out of 457 (45 *per cent*) stated that HUs in their villages were not fit for institutional delivery.

[57] Mon (50), Tuensang(38), Zunheboto(47) and Kohima(40)
[58] Data published in SRS bulletin 2010-11
[59] (109000 targeted deliveries ÷ 5 years)÷1000 population = 21.8
[60] The data for ID and HD in separate format was not available for the period 2009-10 and 2010-11 with SHS.

The Department accepted (October 2014) the audit findings and assured that shortfall would be accelerated by up-scaling IEC activities, strengthening manpower and infrastructure and also providing training to the health workers.

1.3.12.4 Referral Transport

Ambulances with equipment are utilised for referral transport system during the medical emergency and disaster. Life-saving emergency medicines including oxygen should be made available in the ambulance and the ambulance should be kept in the HUs at all times whenever not on duty.

Department had only 22 ambulances for providing referral transport in the PHCs as of March 2009. During 2009-10 to 2013-14, the Department proposed purchase of 55 ambulances to provide referral transport to PHCs which observed 24 x 7 duty, against which the Ministry approved purchase of 45 ambulances[61] at a total cost of ₹ 3.20 crore @ ₹ 0.07 crore per unit against prioritised 45 PHCs in the State.

It was seen that the SHS purchased 45 ambulances at a total cost of ₹ 2.93 crore[62] to achieve the total fleet position of 67 ambulances.[63] It was observed that only 29 ambulances (64 *per cent*) were issued to the prioritised 24x7 PHCs out of 45 ambulances purchased during 2009-13. Ambulances (16) were issued to DHs and CHCs instead of issuing to PHCs in violation of the approval of the Ministry thus depriving the referral transport in 16 prioritised 24 x 7 PHCs[64].

The ambulance facilitating as referral transport should be equipped with minimum basic lifesaving emergency medicines including oxygen cylinder and other emergency equipment. Against the 26 ambulances purchased during 2009-10, the SHS procured equipment and medicines for ₹ 0.51 crore. However, in 10 ambulances[65] issued to four test checked districts it was seen that medicines and equipment were not provided with the ambulances which was authenticated by the four CMOs.

The Department stated (October 2014) that distribution of ambulances were prioritised in the district review meeting to accommodate the DHs and CHCs wherein referrals happen frequently. The Department, further accepting the non-receipt of medicines and equipment worth ₹ 0.51 crore stated that the CMOs authenticated without validating correct information from the Joint Director, NRHM. However, fact remained that the ambulances were issued to the DHs and CHCs instead of issuing them to the prioritised PHCs as approved by the GoI.

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[61] 26 during 2009-10 (₹ 1.82 crore) + nine during 2010-11 (₹ 0.63 crore) +10 during 2012-13 (₹ 0.75 crore) = 45 ambulances (₹ 3.20 crore).

[62] 26 ambulances (cost of vehicle = ₹ 1.34 crore + cost of equipment = ₹ 0.51 crore) + 9 ambulances during 2010-11 (₹ 0.51 crore) + 10 ambulances purchased during 2010-11 (₹ 0.57 crore) = 45 ambulances (₹ 2.93 crore).

[63] 22 ambulances were available as of March 2009.

[64] PHCs located at Mezoma, Khonoma, Sabangya, Chen, Sungro, Chetheba, Tamlu, Satoi, Kuhuboto, Molvom, Poilwa, Likhimro, Sutsu, Chessore, Yachem and Naginimora.

[65] Kohima (1 Nos.), Mon (2 Nos.), Tuensang (4 Nos.) and Zunheboto (3 Nos.).

1.3.13 Vertical disease control programmes

Out of six communicable disease programmes,[66] three programmes viz. National Leprosy Eradication Programme (NLEP), National Vector Borne Disease Control Programme (NVBDCP) and National Programme for Control of Blindness (NPCB) were covered and the audit findings are as under:

1.3.13.1 National Leprosy Eradication Programme (NLEP)

The National Leprosy Eradication Programme (NLEP) is aimed to ensure leprosy prevalence rate of less than one patient per ten thousand population in the State and sustain the level thereof. The objectives of the programme are to improve quality services to leprosy affected persons, enhance activities in urban areas with migratory cases etc.

The status of leprosy cases in the State during 2009-10 to 2013-14 is tabulated below:

Table No. 1.3.6

Year	Population (in ten thousands)	New cases detected	Prevalence Rate
2009-10	198	81	0.41
2010-11	198	84	0.42
2011-12	198	90	0.45
2012-13	198	85	0.43
2013-14	198	113	0.57
TOTAL	**990**	**453**	

(Source: Departmental figures)

It could be seen from the table that the number of persons affected with leprosy had increased during the years 2009-10 to 2013-14 inspite of the fact that Nagaland State was the first State in the country which declared eradication of leprosy in the year 1998. As of March 2014, a total of 238 leprosy cases were reported as continuing treatment out of which 94 patients were released from treatment (cure rate of 39 *per cent)*. Out of 238 cases noticed, 150 cases (63 *per cent*) were reported in Dimapur district alone.

The Department stated (October 2014) that all leprosy related activities would be executed with renewed impetus.

1.3.13.2 National Vector Borne Disease Control Programme (NVBDCP)

Vector Borne diseases are major public health problem in the State and malaria death cases are also being reported ranging from 4 to 14 every year. The SPIP prioritised pre-elimination of malaria in phased manner every year.

[66] National Iodine Deficiency Disorders Control Programme (NIDDCP), Integrated Disease Surveillance Programme (IDSP), National Vector Borne Disease Control Programme (NVBDCP), National Leprosy Eradication Programme (NLEP), National Programme for Control of Blindness (NPCB) and Revised National Tuberculosis Control Programme (RNTCP).

1.3.13.2.1 Annual Blood Examination Rate (ABER)

Annual Blood Examination Rate (ABER)[67] is the key indicator to regulate epidemiological situation in the State. The State targeted 10 *per cent* of ABER in 2011. The target was set at 11 *per cent* from 2012 aiming to sustain the national target of 10 *per cent.*

Scrutiny revealed that ABER was not achieved in three districts[68] in the State and the ABER ranged from 5.37 to 7.9 *per cent* only. Non-achievement of target was analysed and it was observed that this was due to non-availability of consumables for examination of ABER. Joint physical verification of DH, Mon and PHC, Tizit revealed that though the laboratories were equipped with microscopes, blood examination could not be carried out in the HUs due to non-availability of consumables.

In reply, the Department stated (October 2014) that non-achievement of ABER rate was due to poor laboratory network and non-availability of consumables in the districts. The Department also stated that the targeted ABER rate at 11 *per cent* was achieved in Tuensang district. However, fact remained that ABER rate in Kiphire and Mon was not achieved.

1.3.13.2.2 Long Lasting Insecticidal Nets

GOI, Directorate of NVBDCP decentralised (May 2009) the procurement policy of bed nets through NRHM funds and also stated that during 2007-08 the Directorate of NVBDCP allocated 140000 bed nets to Nagaland for prevention of malaria in the remote areas. During 2009-10, GoI allocated ₹ 1.44 crore towards decentralised policy on procurement of Long Lasting Insecticidal Nets (LLINs). The Department purchased (June 2009) 67823 bed nets @ ₹ 213/- per bed net[69] at a total cost of ₹ 1.44 crore.

As per the SPIP for 2009-10, tribal populations of 940266 were to be covered under High Risk areas in 672 villages in the State. In the SPIP, the status of households in possession of 107500 bed nets only was reported. However, the Directorate of NVBDCP had already issued 140000 bed nets during 2007-08 which point towards the fact that there was a short delivery of 32500 bed nets to the households residing in the high risk villages in the State.

Scrutiny of the SPIP 2010-11 further revealed that the household survey made by the Department reported the possession of 108700 bed nets as available with the households. This point towards the fact that a total of 99123 bed nets[70] valued ₹ 2.11 crore[71] had not reached the households in the high risk areas of the State to prevent malaria cases. Non-receipt of bed nets was ascertained in 40 villages during the joint physical verification. The beneficiary survey conducted in Kohima district also

[67] Total blood examined per total population x 100 in percentage.
[68] Kiphire= 6.35 *per cent*, Mon= 7.9 *per cent*, Tuensang = 5.37 *per cent*.
[69] DGSD approved rate.
[70] (32500 – 1200) = 31300 supplied by the GoI + 67823 purchased by SHS = 99123 bed nets.
[71] 99123 x ₹ 213 = ₹ 2.11 crore

revealed that 346 beneficiaries out of 457 (76 *per cent*) stated that they did not receive any mosquito nets.

In reply, the Department stated (October 2014) that 67823 bed nets purchased during 2009-10 were delivered directly to Dimapur Store office and on verification, it was noticed that 32500 bed nets pertaining to 2007-08 were issued to various HUs. However, fact remained that the SPIP could disclose only 108700 bed nets issued against the allocation/purchase of 207823 bed nets resulting in non-delivery of 99123 bed nets valued ₹ 2.11 crore to the households in the high risk areas.

1.3.13.3 National Programme for Control of Blindness (NPCB)

The National Programme for Control of Blindness (NPCB) is aimed to reduce prevalence of blindness from 1.1 *per cent* to 0.3 *per cent*, establish eye care facilities for every five lakh population and develop human resource of eye care services at PHCs, CHCs and DHs. Cataract surgery and school eyes screening are the important areas of scheme implementation. During 2009-14, the Department proposed ₹ 16.66 crore for NPCB activities against which the Ministry approved ₹ 11.53 crore. Out of the approved programme ₹ 8.56 crore was earmarked for the following objectives to reduce the prevalence of blindness by establishing eye-care facilities in the State:

Table No.1.3.7

(₹ in crore)

Approved programme	Ear marked during					
	2009-10	2010-11	2011-12	2012-13	2013-14	Total
Procurement of Ophthalmic Equipment	0	0.40	0.41	0.40	0	1.21
Eye ward and Eye OT.	0.75	0.75	0.75	0.75	0	3.00
Mobile Ophthalmic Units with Tele-Ophthalmology.	1.20	0	0	0.60	0.30	2.10
Grants-in-Aids for strengthening DH, Tuensang	0	0	0	0	0.40	0.40
Construction of eye-ward and eye OT, DH Peren	0	0	0	0	1.00	1.00
Grants-in-Aids for strengthening two DH	0	0	0	0.40	0	0.40
Construction	0.45	0	0	0	0	0.45
TOTAL	**2.40**	**1.15**	**1.16**	**2.15**	**1.70**	**8.56**

(Source: Departmental figures)

While considering the sanction for allotment of funds during 2012-14, the Ministry curtailed ₹ 2.14 crore[72] as the State was unable to spend the previous equivalent balances sanctioned for the programme. Thus, due to slow implementation of blindness control programme, the State lost funding of ₹ 2.14 crore.

Though ₹ 8.56 crore was earmarked during the period 2009-14, the Department received only ₹ 7.02 crore (82 *per cent*) from SHS for blindness control programme implementation. Scrutiny revealed that:

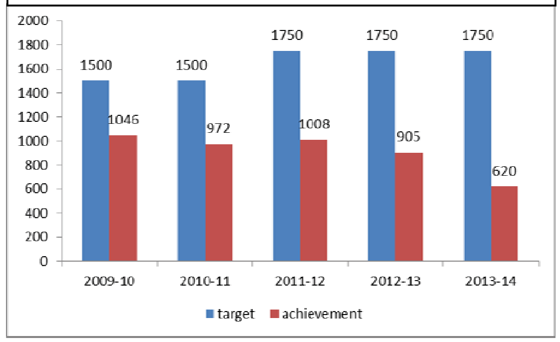
[72] ₹ 0.95 crore during 2012-13 and ₹ 1.19 crore during 2013-14 = ₹ 2.14 crore..

- During 2009-10 and 2012-13, SHS released ₹ 1.10 crore[73] for establishing of mobile ophthalmic units in the State. However, the Department did not establish mobile ophthalmic units. Instead the funds of ₹ 0.83 crore was diverted for procurement of ophthalmic equipment out of ₹ 1.10 crore.

- During 2009-14, SHS released ₹ 2.25 crore for construction of eye ward and eye OT. Out of ₹ 2.25 crore, the Department constructed two eye wards and eye OT at Tuensang and Phek for ₹ 1.50 crore and kept ₹ 0.75 crore with the bank as unutilised.

- Cataract surgery conducted during the period from 2009-14 showed a descending trend (1046 to 620). The target fixed ranged from 1500 to 1750 as shown in the graph (*1.3.1*) alongside:

Graph 1.3.1



- Only 256 cataract surgeries were carried out in two DHs in Mon (124) and Tuensang (132) during 2009-14. No cataract surgeries were carried out in Zunheboto district during 2009-14. The deficiencies in conducting cataract surgeries were due to non-deployment of eye surgeons with the three DHs.

- During 2009-14, Department conducted eye screening of 81806 students against the target of 154000 students in the State. Out of 81806 students screened, 13136 students (16 *per cent*) were detected with refractive errors. Though Department targeted to issue 6500 spectacles to the students having refractive errors during 2009-2014, only 1154 spectacles (18 *per cent*) were issued to the 1154 students having refractive errors.

The Department stated (October 2014) that equipment valued ₹ 0.83 crore for Tele-Ophthalmology in fixed type was purchased and installed with three DHs instead of establishing mobile ophthalmic unit. While accepting the descending trend in cataract surgery and eye screening in the State, the Department stated that this was due to engagement of three senior eye surgeons to the administrative capacities out of the eight cataract surgeons posted in the State. The Department also accepted the deficiency in issue of spectacles to the students with refractive errors and stated that this was due to delay in delivery of prescribed glasses to the school students @ ₹ 275 per spectacle as the amount was too low.

1.3.13.3.1 Non-receipt and idling of ophthalmic equipment

In order to carry out cataract surgeries and school eyes screening programmes, Department procured ophthalmic equipment worth ₹ 2.58 crore during 2009-14.

[73] 2009-10 (₹ 0.50 crore) and 2012-13 (₹ 0.60 crore) = ₹ 1.10 crore.

Scrutiny of the records of SHS and three test checked DHs revealed that 14 ophthalmic equipment worth ₹ 0.13 crore was not received at DH Tuensang and Zunheboto (***Appendix 1.3.9***) though it was reported as issued as per the stock register of Programme Officer, NPCB. Further, seven ophthalmic equipment worth ₹ 0.10 crore though issued to DH, Mon were idle (***Appendix 1.3.10)*** since October 2010 in the absence of eye surgeon or any trained technical person to operate the equipment**.**

The Department stated (October 2014) that eye equipment were received by the Nodal officer in charge of Tuensang and Zunheboto districts and the ophthalmic equipment in Mon district was idle due to non-availability of eye surgeon.

1.3.13.3.2 Construction of Eye Operation Theatre at Tuensang and Phek

GoI approved ₹ 1.50 crore during 2009-10 for construction of Eye OT at Tuensang (₹ 0.75 crore) and Phek (₹ 0.75 crore) as per the proposal made by the SHS.
It was observed that:

- The completed (July 2011) Eye OT building at Tuensang district was not handed over to the Medical Superintendent, DH by the MEW till July 2014. Meanwhile, eye surgeon posted with the DH Tuensang was transferred (December 2011) to Dimapur.

- Eye OT constructed at Phek district was functional from February 2011 and 121 minor and 31 major cataract surgeries were carried out. The only eye surgeon posted with Phek district was transferred (December 2012) to Dimapur which made the eye OT defunct after his/her transfer.

The Department accepted (October 2014) the audit findings and stated that shortage of trained ophthalmic surgeons and frequent transfer and posting of eye surgeons affected the eye screening and cataract surgeries in the districts.

1.3.14 Health Sector funded through Thirteenth Finance Commission

The guidelines for implementation of 13th Finance Commission (TFC) Award for local rural bodies in the State stipulated each village to open a bank account[74] to boost the Communitised flagship programmes[75] through the communitised bodies (VEW, VDB, VHC, WATSAN etc.). The action plan of the flagship programmes should be initiated invariably from the village level and was required to be scrutinised by the line Departments for technical feasibility and admissibility which shall enable 'Bottoms-up' approach to be furnished to the GoN through Deputy Commissioners (DC) of the districts. During 2011-13, GoN released ₹ 1.84 crore to the bank accounts of 236 village councils against the proposals of ₹ 1.86 crore made by the DCs to boost health activities through TFC. Details are given below:

[74] Jointly operated by the Chairman, Village Council and Deputy Commissioner.
[75] Health (NRHM), Education (SSA), Social Welfare (ICDP) and Public Health Engineering Sectors.

Table No. 1.3.8

(₹ in crore)

Name of the sampled districts	Proposal made by the Dy. Commissioner for health activities	Released by the Commissioner, Nagaland			No of VC accounts	Utilised for
		1st Installment	2nd Installment	Total		
Mon	0.37	0.36	0	0.36	99	Purchase of equipment such as BP instruments, Glucometer, Rapid diagnostic kits, power microscope, Boyls Machine, portable Ultrasound machine etc.
Tuensang	0.80	0.40	0.40	0.80	50	
Zunheboto	0.69	0.32	0.36	0.68	87	
Total	1.86	1.08	0.76	1.84	236	

(Source: Departmental figures)

Scrutiny revealed that:

- DC, Mon utilised ₹ 0.36 crore for purchase of equipment as per the utilisation certificate furnished to Commissioner, Nagaland, On query regarding the utilisation of equipment sponsored under TFC, the Nodal officer, Health sector (CMO), Mon stated (June 2014) that the equipment were not issued to the 50 SCs in the district by the DC, Mon. This was ascertained in the Facility Survey Report (2013) of the HUs. Non-availability of equipment purchased under TFC was ascertained in 10 HUs during the joint physical verification. The fact was reported (May 2014) to DC, Mon.
- DC, Tuensang utilised ₹ 0.80 crore for purchase of equipment for 50 SCs in the district. Out of equipment purchased for ₹ 0.80 crore, it was found during joint physical verification that equipment valued ₹ 0.38 crore were issued to six HUs. It was noticed that the equipment (₹ 0.14 crore) issued to the five HUs[76] were lying in the custody of the Village Chairman. The equipment worth (₹ 0.24 crore) issued to CHC Noklak was not installed since the date of issue[77] to the CHC. The nodal officer for health sector in Tuensang district stated (June 2014) that purchase of the equipment were not brought to their notice for verification and installation in order to put it into use.
- DC Zunheboto purchased equipment worth ₹ 0.68 crore and issued the equipment to 87 Village Councils in the district. The Nodal Officer, Zunheboto stated that the equipment issued were kept with 47 SCs and 40 Village Councils. Joint physical verification of 10 SCs in the district revealed that the SCs were not equipped with the equipment provisioned under TFC.

Thus, due to poor coordination with the health Department, the funds provided against the medical sector under the Thirteenth Finance Commission did not boost the health sector in three test checked districts.

[76] Equipment worth ₹ 0.07 crore at Noksen PHC , ₹ 0.02 crore at Thonoknyu PHC, ₹ 0.03 crore at Shamator PHC, ₹ 0.01 crore at Chingmei SC and ₹ 0.01 crore at Tronger SC = ₹ 0.14 crore.

[77] The purchase details of equipment and date of issue of equipment to HUs were not furnished to audit by the DC, Tuensang.

1.3.15 National Health Mission (NHM)

National Health Mission (NHM), launched in October 2013, consist of five parts viz. National Rural Health Mission (NRHM) plus Reproductive Maternal Neonatal Child Health+Adolescent (RMNCH+A) Flexipool[78], National Urban Health Mission (NUHM) Flexipool, Flexipool for disease Control Programmes, Flexipool for non-communicable diseases including injury and trauma and Infrastructure Maintenance.

On launching of new mission, the Department of H&FW, Nagaland restructured[79] the ongoing NRHM into NHM to address the above five parts of newly introduced scheme to cover both rural and urban areas in the State. However, perspective plan[80] though initiated (October 2013) by the ministry of H&FW was not prepared by the Department. Instead the Department proposed (January 2014) ₹ 5.10 crore through a separate SPIP-NHUM to implement the health programme in urban sector in three districts (Kohima Dimapur and Mokokchung) wherein ₹ 3.45 crore was proposed for strengthening health services in urban sector through infrastructure development and ₹ 1.65 crore was proposed for other programme management. The GoI approved (February 2014) ₹ 1.04 crore (20 *per cent*) to implement NHUM in two districts (Kohima and Dimapur) and released (February 2014) ₹ 0.94 crore to the Department in two installments but the funds released were not utilised as of March 2014. Thus, the Department did not implement any health activities in the urban sector due to the delay in approval followed by subsequent delay in release of funds by the GoI.

The Department stated (October 2014) that the funds released during 2013-14 would be utilised during 2014-15 in two districts.

Objective – 6 Capacity building and strengthening of human resources at different levels

1.3.16.1 Human Resource Management

As per IPHS norms prescribed for HUs, there should be 2385 manpower in different categories. The requirement as per IPHS norms and men-in-position are given in the ***Appendix 1.3.11.***

The following were observed:

- General/Auxiliary Nursing Midwiferies (G/ANM) was disproportionately deployed in SCs and PHCs resulting in shortages of 36 GNMs/ANMs with CHCs.
- 649 Health Workers (male) required to be deployed in 397 SCs and 126 PHCs as per IPHS standards were not deployed in 523 health units.
- 38 Pharmacists were deployed in SCs beyond the IPHS norms resulting in shortage of pharmacists with PHCs and CHCs

[78] The erstwhile RCH, Mission flexi pool and immunisation components of PIPs.
[79] By issuing office memorandum dated. 27.3.2014.
[80] 2014-15 to 2016-17.

- There was a shortage of 92 lab technicians with PHCs (81) and CHCs (11) as per IPHS standards.
- By deploying 10 MOs with PHCs over and above the norms of IPHS, CHCs remained short of MOs to that extent. It was also found that the only Senior Medical Officer (SMO) posted to CHC Noklak was absent from duties. It was noticed from the IPD register of CHC Noklak that three patients admitted[81] with the CHC for the treatment of diarrhea, chest infection and fever during March and April 2011 were attended to by the staff nurses but the lives of the three patients could not be saved[82].
- In Yangkhao PHC in Mon district, no manpower was provided. Similarly three SCs[83] were also functioning without any manpower.

The beneficiary survey conducted in Kohima district also revealed that out of 457 responses received from the beneficiaries, 294 beneficiaries (64 *per cent*) stated that HUs were staffed with insufficient manpower, 74 beneficiaries (16 *per cent*) stated that the working hours ranged from 1 to 3 hours in a day and 14 beneficiaries stated that HUs were opened on a weekly basis instead of on a daily basis.

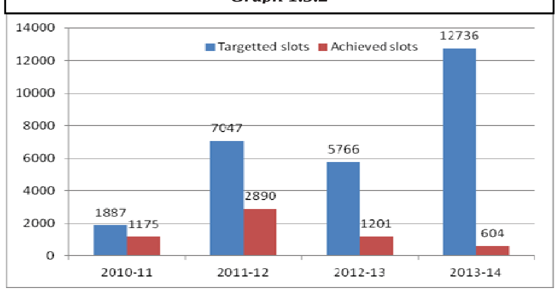
The Department stated (October 2014) that most of the HUs do not conform to the IPHS and hence the State took a conscious decision not to propose manpower according to the IPHS norms.

1.3.16.2 Capacity building

The Department aimed to strengthen public health management system by conducting various in service training programmes with assured quality.

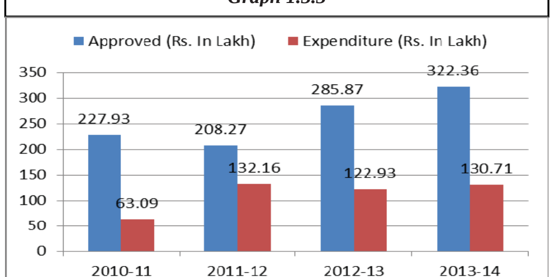
The GoI while approving the SPIP targeted to carry out training on Skilled Birth Attendance (SBA) to ANMs, Emergency Obstetric Care (EOC) to MOs, Infection Management and Environment Plan (IMEP) to MOs and ANMs, Adolescent Reproductive and Sexual Health (ARSH) to MOs and ANMs and Intra-uterine Contraceptive Device (IUCD) insertion.

Graph 1.3.2



The SHS targeted 27436 trainings for ₹ 10.44 crore against which only 5870 trainings (21 *per cent*) were imparted to MOs and supporting staff for ₹ 4.49 crore (43 *per cent*) during 2009-14.

Graph 1.3.3



81 Admitted on 21.3.2011, 28.4.2011 and 20.7.2011

82 Expired on 30.3.2011, 28.4.2011 and 20.7. 2011.

83 Khetsokhuno (Phek District), Pongkong and Tankong (in Mon district).

The physical and financial targets and achievements are depicted in the graphs above.

Scrutiny of records of SHS revealed that:

- The calendar of programme for the training for MOs and midwifery staff were neither framed at State level nor at District level to impart training to them.
- It was noticed that ₹ 0.23 crore was booked against the slots. However, slots utilised were found as 'nil' in respect of 12 training programmes.

Scrutiny of the records of four test checked DHS revealed that physical achievement of the training ranged from 2 to 6 *per cent* in various courses as detailed in the ***Appendix 1.3.12***.

It would be seen from appendix that:

- Training on Skilled Birth Attendant (SBA) was imparted to 18 GNMs/ANMs (2 *per cent*) in three test checked districts. No GNM/ANM in Tuensang district was trained in SBA.
- Only one MO in Zunheboto district was trained in EmOC out of 132 MOs in four test checked districts.
- 20 MOs were only trained in BEmOC out of 132 MOs in four test checked districts.
- MOs posted in Tuensang district were not trained in HBNC, IUCD Insertion, ARSH and IMEP.
- 30 GNMs/ANMs (4 *per cent*) was imparted training in IMNCI in four test checked districts. No GNM/ANM in Zunheboto district was trained in IMNCI.
- 10 GNMs/ANMs (4 *per cent*) in Kohima district were only trained for HBNC. No GNM/ANM posted in Mon, Tuensang and Zunheboto district was trained in HBNC.
- 47 GNMs/ANMs (6 *per cent*) in three districts got trained for IUCD insertion. No GNM/ANM posted in Kohima district was trained in HBNC.
- ARSH training was imparted to 12 GNMs/ANMs posted with Kohima district only. No GNM/ANM posted in Mon, Tuensang and Zunheboto district was trained in ARSH.
- No GNM/ANM posted in Kohima district was trained in WIFS.

Thus, it is evident from the above that though the GoI approved for carrying out the important trainings and even after spending ₹ 4.49 crore towards training programmes around 94 *per cent* medical staff remained untrained.

The Department stated (October 2014) that low performance in carrying out the training programme was due to inability to spare manpower from the HUs, limited training schools and hospitals with low intake capacity to impart training etc.

1.3.16.3 Accredited Social Health Activist (ASHA)

As per NRHM guidelines one married/widowed/divorced woman in the age group of 25-45 years possessing formal education upto Class-VIII was to be appointed as

ASHA in a village to render healthcare services. One ASHA is to be provided in each village against 1000 population or one ASHA per habitation (village) depending on the workload. As per number of recognised villages, the provision of ASHAs should be 1324. However, the State selected 1700 ASHAs. The status was further increased to 1854 during 2013-14.

(a) ASHA Drug Kits:

Every year ASHAs were to be provided with drug kits consisting of 15 sets of basic medicines and contraceptives for maternal and child health care services in rural areas. Out of ₹ 8.85 crore[84] approved during 2009-14, SHS released only ₹ 6.63 crore[85] for ASHA activities. Out of ₹ 6.63 crore, the SHS incurred ₹ 0.81 crore[86] for purchase of medicines to replenish 1700 ASHA drug kits and ₹ 2.84 crore[87] was utilised for four modules of ASHA training.

Scrutiny of records of four sampled DHs revealed that the ASHA drug kits worth ₹ 0.34 crore issued for replenishment during 2009-14 were not received in the four sampled districts. Thus, 714[88] ASHAs in four test checked districts performed their duties without any drug kits in rural areas. The beneficiary survey conducted in Kohima district revealed that 190 beneficiaries out of 457 (42 *per cent*) stated that ASHAs were not functioning in the villages.

The Department furnished (October 2014) copies of indents regarding the issue of ASHA drug kits. However, the non-receipt of ASHA drug kits were authenticated by the CMOs and the non-delivery of ASHA drug kits to the villages was also ascertained through the interactions with the ASHAs during the joint physical verification of health units.

Objective – 7 Monitoring mechanism and evaluation procedures and involvement of the community in monitoring as envisaged in the guidelines

1.3.17 Monitoring and Evaluation

NRHM envisage robust accountability framework through prolonged mechanism of internal monitoring, community based monitoring and external evaluation. The composition and functions were defined in the guidelines in order to monitor the NRHM activities at State, District and Block level.

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[84] 2009-10 (₹ 1.70 crore), 2010-11(₹ 1.70 crore), 2011-12(₹ 1.70 crore), 2012-13(₹ 1.26 crore) and 2013-14 (₹ 2.49 crore) = ₹ 8.85 crore.

[85] 2009-10 (₹ 1.00 crore), 2010-11(₹ 1.31 crore), 2011-12(₹ 1.70 crore), 2012-13(₹ 0.82 crore) and 2013-14 (₹ 1.80 crore) = ₹ 6.63 crore.

[86] 2009-10 (₹ 0.27 crore), 2010-11(₹ 0.34 crore), 2011-12(₹ 0.20 crore) = ₹ 0.81 crore.

[87] 2009-10 (₹ 0.43 crore), 2010-11(₹ 0.67 crore), 2011-12(₹ 0.98 crore), 2012-13(₹ 0.27 crore) and 2013-14 (0.49 crore) =₹ 2.84 crore.

[88] Mon(227), Kohima (120), Tuensang(176) and Zunheboto(191) = 714 ASHAs.

1.3.17.1 Shortfall in conducting meetings

NRHM guidelines prescribed (June 2005) the constitution of a State Health Mission (SHM) and a State Health Society (SHS) with the task of scrutiny and approval of the annual State plans, monitoring the status of the follow-up action on decision of SHM, review of expenditure and implementation, approval of the accounts of the district and other implementing agencies and execution of approved action plans including release of funds for the programme. At the district level, the DHS is headed by Deputy Commissioner. The CMOs as head of the Executive Committee (EC) is responsible for planning, monitoring, evaluation, accounting, database management and release of funds to health centers. Periodicity of meetings to be conducted and the nature of business to be transacted in the meetings were also prescribed as per the guidelines. It was observed that there were shortfall in conducting meetings of the SHM, SHS Governing Body (GB) and Executive Committee (EC) at the State level during 2009-14 as indicated below:

Table No. 1.3.11

Name of the Committee	Periodicity of meeting	Date of Registration of SHS	To be held during 2009-14	Actually held during 2009-14	Shortfall (Percentage)
SHM	Twice in a year	17.02.2006	10	01	09 *(90)*
SHS-GB	Twice in a year	-	10	01	09 *(90)*
SHS-EC	Once every month	-	60	16	44 *(73)*

(Source: Departmental figures)

The SHM met only once during 2009-10 though 10 meetings were to be held during 2009-14. The GB of the SHS was convened only once as against ten prescribed meetings and the EC met 16 times against 60 prescribed meetings during 2009-14.

The shortfall in conducting meetings of the DHS in the four test checked districts were also noticed as given below:

Table No. 1.3.12

Name of the DHS	Name of the Committee	Periodicity of Meeting	To be held during 2009-14 in respect of four sampled districts	Actually held during 2009-14	Shortfall (Percentage)
Kohima	DHS-GB	Twice in a year	10	0	10 *(100)*
	DHS-EC	Once every month	60	0	60 *(100)*
Mon	DHS-GB	Twice in a year	10	10	0
	DHS-EC	Once every month	60	36	24 *(40)*
Tuensang	DHS-GB	Twice in a year	10	10	0
	DHS-EC	Once every month	60	20	40 *(67)*
Zunheboto	DHS-GB	Twice in a year	10	10	0
	DHS-EC	Once every month	60	10	50 *(83)*

(Source: Departmental figures)

It would be seen from the table above that neither Governing Body Meeting nor EC Meeting was convened in DHS Kohima during 2009-14. Shortfall in EC meeting was also observed in the remaining three DHS and the deficiency ranged from 40 to 83 *per cent*.

Thus, non-convening of SHM meetings and the shortfall in conducting GB/EC meetings of SHS defeated the very objective of having meaningful deliberations on policy issues, implementation and monitoring.

While admitting the audit findings, the Department stated (October 2014) that shortfall in conducting of meetings was due to engagement in other official duties and also assured that the meetings would be convened on a regular basis in future.

1.3.18 Conclusion

The inadequate conduct of various surveys to assess the requirements of healthcare facilities in the rural areas led to partial assessment of the quality of prevailing healthcare services in the State. The financial management was not streamlined and there were instances of financial commitments not being honoured and delays in release of funds which impacted the achievement of Mission objectives. It was noticed that there were various deficiencies in construction activities and purchase of quality medicines and equipment. The targets set in respect of various healthcare programmes were not achieved. Monitoring of the implementation of the mission activities was not carried out as envisaged in the Mission guidelines. This resulted in inadequate translation of the Mission’s objectives to tangible benefits in the State.

1.3.19 Recommendation

- *The Department should undertake comprehensive surveys at all levels and incorporate the inputs in the plan documents to make the planning meaningful.*
- *Government of Nagaland should honour financial commitment and also avoid delays in release of funds.*
- *The Department should bridge the gap of rural health infrastructure by observing population criteria as well as case load reported in the Health Units.*
- *The Department should ensure proper staffing pattern with the Health Units and also should provide capacity building to the staff to improve the health services.*

PUBLIC HEALTH ENGINEERING DEPARTMENT

1.4 PERFORMANCE AUDIT ON IMPLEMENTATION OF TOTAL SANITATION CAMPAIGN/NIRMAL BHARAT ABHIYAN.

Performance audit of Total Sanitation Campaign (TSC)/Nirmal Bharat Abhiyan (NBA) was taken up in the State of Nagaland from May 2014 to September 2014 covering the period from 2009 -10 to 2013-14. The major observations are highlighted below:-

APPENDICES

Appendix: 1.3.1

Statement showing the purchase of medicines & equipment over and above approved rate from the firms during 2013-14.

(Reference: Paragraph- 1.3.11.1 (c))

(Amount in ₹)

Sl. No.	Supply order No. & date and name of the firm	Name of the medicine	Specification		Purchase rate per unit	Purchased		Approved rate	Cost difference in		Rate compared with
			Type	Unit		Quantity	Type		Unit (Col. 6 - 9)	Total (Col. 7 x 10)	
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
1	NRHM/NL/2/P&S/MH (JSSK)/2013-14/5175 Dated 29/07/13. M/s North East Marketing Company, Dimapur	Ampiciline	Inj.	500mg	100	1500	vials	6.10	93.90	140850	Karnataka Pharmaceutical Ltd. (KPL)
		Amoxyciline	Cap.	250 mg	40	1500	strips	11.40	28.60	42900	
		Metronidozole	Tab.	400 mg	20	1500	strips	5.65	14.35	21525	Indian Drugs and Pharmaceutical Ltd. (IDPL)
		Ibubrufin	Tab.	400 mg	13	1500	strips	6.00	7.00	10500	
		Domperidone	Tab.	10 mg	20	1500	strips	2.00	18.00	27000	
2	NRHM/NL/2/P&S/2/MH/ JSSK/2013-14/5224 DATED 18/07/13. M/s. North East Marketing Company, Dimapur	Chromic catcut	needle	40 mm	1910	111	Nos.	1000.00	910.00	101010	Johnson & Johnson
		Chromic catcut	needle	120	2647	110	Box	900.00	1747.00	192170	
		Fast absorving polyglactine 910 undyed	needle	3-0	7091	85	Box	3000.00	4091.00	347735	
		Fast absorving polyglactine 910 undyed	needle	3-0	7091	70	Box	3480.00	3611	252770	
		Ani bacterial triclosan coated polyglactine 910	--	--	8892	75	Box	4300.00	4592	344400	
		Anti bacterial triclosan coated polyglactine 910	needle	1-0	8892	75	Box	4300.00	4592	344400	

Sl. No.	Supply order No. & date and name of the firm	Name of the medicine	Specification		Purchase rate per unit	Purchased		Approved rate	Cost difference in		Rate compared with
			Type	Unit		Quantity	Type		Unit (Col. 6 - 9)	Total (Col. 7 x 10)	
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	*11*	*12*
		Albendazole	Tab.	400 mg	18.99	141030	strips	1.19	17.8	2510334	IDPL
3	NRHM/NL/2/P&S/I/CH/13-14/5148 DATED 10/06/13.M/s. K.Awomi Agencies &Distributors, Dimapur	Albendazole	Tab.	400 mg	19	143100	strips	1.19	17.81	2548611	IDPL
4	NRHM/NL/2P&S/2/WIF S20132*-14/NIL DATED 10/06/13. M/s. K.Awomi Agencies &Distributors, Dimapur	Albendazole	tablet	400 mg	19	121470	strips	1.19	17.81	2163381	IDPL
5	NRHM/NL/SHP/pro-print/2012-13/3011 Dated 21/09/13. North East Marketing Company, Dimapur	Albendazole	tablet	400 mg	19	11890	strips	1.19	17.81	211761	IDPL
6	NRHM/NL-02/06/2013-14/5539 Dated 07/11/13	Fast absorbing polyglactine 910 un-dyed	needle	3 - 0	5900	136	Box	3000.00	2900	394400	JOHNSONS & JOHNSONS
		Anti bacterial triclosan coated polyglactine 910	needle	1 -0	6900	133	Box	4300.00	2600	345800	
		Anti bacterial triclosan coated polyglactine 910	needle	1 - 1	6900	133	Box	4300.00	2600	345800	
									Total	**10345347**	

Appendix: 1.3.2

Statement showing purchase of equipment and medicines over and above the maximum retail price.

(Reference: Paragraph-:1.3.11.1 (d))

(Amount in ₹)

Sl. No.	Name of the equipment		Rate admitted for purchase	Printed rate	Quantity	Difference	Amount
1	BP Instrument		4800	2625	526	2175.00	1144050
2	Needle destroyer (Electrical)		5900	1650	323	4250.00	1372750
3	Needle destroyer (Manual)		1800	305	100	1495.00	149500
4	Oxygen regulator		1800	1600	131	200.00	26200
5	Comet Latex Surgical Gloves		50	32.50	300	17.50	5250
6	Crown Baby Weighing scale (Capacity 10 Kg)		2100	1100	300	1000.00	300000
7	Dispo-van Syringe 10ml		12	7	3987	5	19935
						TOTAL (A)	**3017685**
Sl. No	**Name of the Medicine**	**Unit**	**Rate admitted for purchase**	**Printed rate**	**Quantity**	**Difference**	**Amount**
1	Paracetamol Tab 500 mg 1x10	Strips	12	6.50	20000	5.50	110000
2	Diclofenac Sodium Inj 3ml 1 amp	Vials	15	4.77	10000	10.23	102300
3	Ampicillin Cap 250mg 1x10	Strips	41.50	26.25	5800	15.25	88450
4	Ampicillin 500mg 1x10	Strips	75	49.88	5810	25.12	145947
5	Amoxicillin cap 250mg 1x10	Strips	36.70	28.70	5900	8.00	47200
6	Amoxicillin cap 500mg 1x10	Strips	68	67.50	5896	0.50	2948
7	Norfloxacin Tab 400mg 1x10	Strips	48.49	20	5000	28.49	142450
8	Ciprofloxacin Tab 250mg 1x10	Strips	48.61	31.88	10000	16.73	167300
9	Ciprofloxacin Tab 500mg 1x10	Strips	83.33	61.79	10000	21.54	215400
10	Ofloxacin 250mg 1x10	Strips	55	50.96	5000	4.04	20200
11	Roxithromycin Tab 250mg 1x10	Strips	96.50	60	7500	36.50	273750
12	Azithromycin Tab 500mg 1x6	Strips	71.40	61.96	7500	9.44	70800
13	Cefadroxil Tab 250mg 1x10	Strips	38	21.65	4000	16.35	65400
14	Cefradroxil Tab 500mg 1x10	Strips	70.54	39.85	4000	30.69	122760
15	Doxycylline HCl Tab 100mg 1x10	Strips	54.50	9.56	10000	44.94	449400
16	Ranitidine HCl Tab 150mg 1x15	Strips	10	4.60	7500	5.40	40500
17	Ranitidine HCl Tab 300mg 1x15	Strips	15	10.50	7500	4.50	33750
18	Antacid Tab Al (OH)3 + MgAl Silicate+ Semethicone Chewable Tab 300mg + 50mg 1x12	Strips	12	7.75	7498	4.25	31866.50
19	Omeprazole Cap 250mg 1x10	Strips	39	31.40	10000	7.60	76000
20	Theophylline + ethophylline 2ml Amp	Vials	3.53	3.28	2999	0.25	749.75
21	Amylodipine Tab 5mg 1x10	Strips	35	30.60	5000	4.40	22000
22	Frusemide Tab 40mg 1x10	Strips	7	6.71	2000	0.29	580
23	Fluconazole Tab 150mg 1x1	Strips	33	15	2000	18.00	36000
24	Cetrizine Hydrochloride Tab 10mg 1x10	Strips	34	18.82	5000	15.18	75900
25	Ceftriaxone 1mg 1gm 1vial	Vials	90	58.20	10000	31.80	318000
26	Dexamethasone 1 mg 4mg/ml 2ml/vial	Vials	10.29	6.74	4000	3.55	14200

Sl. No	Name of the Medicine	Unit	Rate admitted for purchase	Printed rate	Quantity	Difference	Amount
27	Vitamin B Complex Cap 1x30	Strips	52.35	25.50	10000	26.85	268500
28	Ranitidine HCl	Strips	10	4.60	14999	5.40	80994.60
29	Ranitidine HCl	Strips	15	10.50	7000	4.50	31500
30	Antacid Tab (Aluminium Hydroxide + Mg Al Silicate)	Strips	12	7.75	20000	4.25	85000
31	Omeprazole	Strips	39	31.40	15000	7.60	114000
32	Dicyclomine HCl	Strips	31.65	25	4000	6.65	26600
33	Theophylline + Etofylline	Strips	6.74	3.28	5000	3.46	17300
34	Theophylline + Etofylline	Strips	3.53	3.28	5000	0.25	1250
35	Theophylline + Etofylline	Strips	13.09	3.28	2500	9.81	24525
36	Amolodipine	Strips	35	30.60	6000	4.40	26400
37	Frusemide	Strips	7	6.71	5000	0.29	1450
38	Fluconazole	Strips	33	15	3000	18.00	54000
39	Cetrizine HCl	Strips	34	18.82	5000	15.18	75900
40	Dexamethosone	Strips	11	6.74	5000	4.26	21300
41	Fluconazole	Strips	50	15	2000	35.00	70000
42	Cap Omeprazole	Strips	39	31.40	10000	7.60	76000
43	Tab Ranitidine	Strips	38	10.50	903	27.50	24833
44	Tab Antacid 300+25mg	Strips	25	7.75	15000	17.25	258750
45	Inj Ceftriazone 1gm	Vials	90	58.20	2000	31.80	63600
46	Tab Fluconazole 150mg	Strips	33	15	3000	18.00	54000
47	Tab Roxithromycin	Strips	96.50	60	2999	36.50	109464
48	Tab Paracetamol	Strips	12	6.50	30000	5.50	165000
49	Cap B Complex	Strips	52	25.50	3000	26.50	79500
50	Tab Cetirizine 10mg	Strips	26.50	18.82	15140	7.68	116275
						Total (B)	**4519993**
						Grand Total (A+B)	**7537678**

Appendix. 1.3.3

Statement showing the equipment issued from Central Store Kohima under NRHM but not received in test checked health units.

(Reference: Paragraph- 1.3.11.1 (e))

(Amount in ₹)

Sl No.	Name of item issued	Quantity issued	Date of issue	Quantity received	Rate per unit	Cost of the equipment
A. District Hospital, MON						
1	Hospital Bed (SS)	15	May-2009	0	10000	150000
2	Bedside Locker	15	May-2009	0	8000	120000
3	Semi Fowler	2	May-2009	0	15000	30000
4	Saline Stand	4	May-2009	0	3500	14000
5	Examination Table	1	May-2009	0	25000	25000
6	Instrument Trolley	1	May-2009	0	5500	5500
7	Stretcher with Trolley	1	May-2009	0	25000	25000
8	Oxygen bottle with regulator (M)	1	May 2013	0	35000	35000
9	Heatolagical auto analyser	1	April 2013	0	712500	712500
10	Rapid HIV testing kit	3	May 2013	0	8250	24750
11	Microscope with dark ground microscope attachment	1	May 2013	0	75650	75650
12	Universal rotary shaker/bottle shaker (Table top)	1	March 2013	0	18000	18000
13	RTI/STI kits	3	July 2011	0	110713	332139
14	Elkon micro controlled Diaganostic Audiometer	1	May 2012	0	96000	96000
15	Hearing aid strong	58	May 2012 & April 2014	0	4500	261000
16	Hearing aid moderate	30	May 2012 & April 2014	0	4000	120000
17	Hearing aid mild	10	May 2012	0	2600	26000
Sub-total (A)						**2070539**
B. CMO, MON						
18	Rapid HIV testing kit	14	11/3/2013	0	8250	115500
19	Binocular Microscope	1	25/3/13	0	50000	50000
20	Adjustable single channel volume micropippette	1	25/3/13	0	9000	9000
21	PHC kit (packed in a soft carry case)	7	18/6/12	0	10000	70000
22	Lanyrino scope	1	18/6/12	0	6655	6655
23	Labour Table	6	18/6/12	5	61750	61750
Sub-total(B)						**312905**
C. District Hospital, Tuensang						
24	Hospital Bed (SS)	15	May-09	0	10000	150000
25	Bedside Locker	15	May-09	0	8000	120000
26	Semi Fowler	2	May-09	0	15000	30000
27	Saline Stand	4	May-09	0	3500	14000
28	Examination Table	1	May-09	0	25000	25000
29	Instrument Trolley	1	May-09	0	5500	5500

Sl No.	Name of item issued	Quantity issued	Date of issue	Quantity received	Rate per unit	Cost of the equipment
30	Stretcher with Trolley	1	May-09	0	25000	25000
31	Hearing aid strong	40	21/6/12 & 23/7/13	10	4500	135000
32	Hearing aid moderate	50	21/6/12, 23/7/13	10	4000	160000
33	Hearing aid mild	40	21/6/12, 23/7/13	10	2600	78000
34	Labour Table	7	19/9/12	0	61750	432250
Sub-total (C)						**1174750**
D. CMO, Tuensang						
35	Rapid HIV testing kit	16	26/3/13	0	8250	132000
36	Microscope with dark ground microscope attachment	1	26/3/13	0	75650	75650
37	Binocular Microscope	1	26/3/13	0	50000	50000
38	Cabinet instrument	2	21/6/12	0	3500	7000
39	Boyle type Anasthesia machine	1	21/6/12	0	67500	67500
40	2A type Oxygen and nytrooxide	2	21/6/13	0	1200	2400
41	PHC kit (packed in a soft carry case)	6	21/6/12	0	10000	60000
42	Foot operated suction machine	3	19/9/12	0	7220	21660
Sub-total (D)						**416210**
E. NHAK						
43	3s Led Head Light	2	8/11/11 & 4/3/13	1	60000	60000
44	Ear Speculum	2	8/11/11 & 4/3/13	1	88000	88000
45	FO BRF optic otoscope illumination	2	8/11/11 & 4/3/13	1	8500	8500
46	Jobson Home Probe	2	8/11/11 & 4/3/13	1	15600	15600
47	Tuning Fork S12	2	18/11/11 & 8/3/13	1	160000	160000
48	Micromotor	2	18/11/11 & 4/3/13	1	30000	30000
49	Elkon micro controlled Diaganostic Audiometer	1	18/11/11	0	136600	136600
Sub-Total (E)						**498700**
F. District Hospital, Zunheboto						
50	Hospital Bed (SS)	15	May-09	0	10000	150000
51	Bedside Locker	15	May-09	0	8000	120000
52	Semi Fowler	2	May-09	0	15000	30000
53	Examination Table	1	May-09	0	25000	25000
54	Instrument Trolley	1	May-09	0	5500	5500
55	Stretcher with Trolley	1	May-09	0	25000	25000

Sl No.	Name of item issued	Quantity issued	Date of issue	Quantity received	Rate per unit	Cost of the equipment
56	Hematolagical auto analyser	1	19/12/12	0	712500	712500
57	Microscope with dark ground microscope attachment	1	6/3/2013	0	75650	75650
58	Fast absorbing poly gatcut 910 (70 cm)	8	1/5/2014	0	5900	47200
59	Fast absorving polycatgit 100 cm 2-0	7	1/5/2014	0	3100	21700
60	Antibacterial triclosan coated 90 cm (1-0)	7	1/5/2014	0	6900	48300
61	Antibacterial triclosan coated 90 cm (1-1)	7 box	1/5/2014	0	6900	48300
62	umplical starail cotton 75 cm x 3 mm size (1-0)	30 boz	1/5/2014	0	1500	45000
63	Chomic gatcut 76 cm size (1-0)	22 box	1/5/2014	0	2100	46200
64	Chomic gatcut 77 cm size (0)	25 box	1/5/2014	0	2700	67500
65	RTI/STI kits	4 unit	30/5/11	1	110713	332139
66	Cabinet instrument	1	21/3/12	0	3500	3500
67	Elkon micro controlled Diaganostic Audiometer	1	17/6/12	0	96000	96000
Sub-Total (F)						**1899489**
G. District Hospital, Phek						
68	Laproscope	4	March.02, march.08, Nov.11, Aug.13.	2	875000	1750000
Sub-Total (G)						**1750000**
Total (A+B+C+D+E+F+G)						**8122593**

Appendix 1.3.4
Statement showing list of medicines not received/short received in four test checked districts.

(Reference: Paragraph-1.3.11.1 (f))

(Amount in ₹)

A. CMO Kohima.

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
DHFW-2/ Store / 2011-12 dated 25/6/13	25/6/13	Iron Folic Acid (small)	Tab	large	449155	0	0.20	89831.00
	25/6/13	Iron Folic Acid	Tab	large	349840	0	0.20	69968.00
	25/6/13	Albendazole	Tab	400 mg	14523	0	17.00	246891.00
	25/6/13	Albendazole	Tab	400 mg	13000	0	17.00	221000.00
	25/6/13	Iron Folic Acid	Tab	large	850000	0	0.20	170000.00
	25/6/13	Albendazole	Tab	400 mg	1300	0	17.00	22100.00
DHFW-2/ Store / 2011-12 dated 26/3/14	26/3/14	Albendazole	Tab	400 mg	18970	0	17.00	322490.00
DHFW-2/ Store / 2011-12 dated 08/02/13	8/2/2013	Ciprofloxacin	Tab	500mg	3605	0	83.33	300404.70
	8/2/2013	Paracetamol		500 mg	3140	0	13.00	40820.00
	8/2/2013	Ciprofloxacin + Tinidazole	Tab	500 mg + 600mg	3164	0	70.45	222903.80
	8/2/2013	Atenolol	Tab	50mg	1080	0	22.00	23760.00
	8/2/2013	Fruzimide	Inj	5 ml	1080	0	7.00	7560.00
	8/2/2013	Ceftriaxone	Inj		2880	0	90.00	259200.00
25/6/13	25/6/13	Gama Benzene	Oint ml	100 mg	100	0	50.00	5000.00
	25/6/13	Cortimozozole	sus		160	0	59.00	9440.00
	25/6/13	Cortimozozole	Tab		125	0	15.00	1875.00
	25/6/13	Iron Folic Acid small	Tab		450000	0	0.20	90000.00

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
12/3/2013	12/3/2013	Paracetamol	Tab	500 mg	1400	0	10.70	14980.00
	12/3/2013	Albendazole	Tab	400 mg	9000	0	23.75	213750.00
8/2/2013	8/2/2013	Vitamin A	sus		284	0	280.00	79520.00
3/2/2014	3/2/2014	Vitamin A	sus		130	0	280.00	36400.00
DHFW/NVBDCP/store/2002-09	12/9/2012	Crocin	tab	500 mg	30	0	13.00	390.00
	12/9/2012	Dicofenac	tab		20	0	12.00	240.00
	12/9/2012	Dextrose	Inj.	10 %	100	0	40.00	4000.00
	12/9/2012	R/L	inj	500 mg	100	0	74.00	7400.00
DHS/NVDLCP/store/02-05	3/8/2010	Paracetamol	tab	500 mg	1000	0	13.00	13000.00
	4/10/2010	Paracetamol	tab	500 mg	4000	0	13.00	52000.00
	27/03/10	Paracetamol	tab	500 mg	3000	0	13.00	39000.00
DHS/NVBDCP/store/02-09	20/03/10	Paracetamol	tab	500 mg	2000	0	13.00	26000.00
	30/05/12	Paracetamol	tab	500 mg	2000	0	13.00	26000.00
	28/02/12	Paracetamol	tab	500 mg	70	0	13.00	910.00
							Sub-Total (A)	**2616834.00**
B. NHAK								
DHFW-2/store/10-11 dated 6/5/14	6/5/14	Dopamine	Inj.		20	0	50.00	1000.00
DHFW-2/store/10-11 dated 1/6/11	1/6/11	RTI/STI kits	units		4	0	110713.00	442852.00
DHFW-2/store/10-11 dated 27/5/14	27/5/14	Green blanket	Nos.		102	0	9000.00	918000.00
DHFW-2/store/10-11 dated 6/5/14	6/5/14	Bed cover	Nos.		186	0	330.00	61380.00
DHFW-2/store/10-11 dated 17/10/11	17/10/11	Cortrimoxazole	Syp	bottle	230	0	38.00	8740.00
	17/10/11	Ciproflozazin	Tab	500 mg	350	0	48.61	17013.50

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
	17/10/11	Ampicilin+Cloxacilin	Cap	250+250 mg	320	0	24.50	7840.00
	17/10/11	Gentamycin	Eye drop	5 ml	230	0	9.00	2070.00
	17/10/11	Ofloxacin	Tab	200mg	370	0	55.00	20350.00
	17/10/11	Dicofenac	Tab	100 mg	370	0	16.00	5920.00
	17/10/11	Dicofenac+paracetamol	Tab	100mg	410	0	16.00	6560.00
	17/10/11	Erythromycin	Tab	500 mg	320	0	71.40	22848.00
	17/10/11	Ceterizine di hydrocchloride	Syp	60 ml	370	0	29.00	10730.00
	17/10/11	Ciproflozazin+Tinidazole	Tab	500+600mg	370	0	70.45	26066.50
	17/10/11	Ofloxacin+Ornidazole	Syp	30 ml	320	0	32.00	10240.00
	17/10/11	Satronidazole+ Ofloxacin	Tab	200+300mg	320	0	42.80	13696.00
	17/10/11	Omeprazole	Cap	10mg	460	0	39.00	17940.00
	17/10/11	Nifedepine	Cap	5mg	320	0	7.25	2320.00
	17/10/11	Atnlol	Tab	50mg	320	0	22.00	7040.00
	17/10/11	Deriphyllin	Inj.	2ml	320	0	65.00	20800.00
	17/10/11	Diazepam	Inj.	1ml/2ml	230	0	102.70	23621.00
	17/10/11	Ambrozol+terbutaline+daunosenocin+ menthol	Syp	100ml	320	0	31.00	9920.00
	17/10/11	dexamethazone	Inj.	4 mg	280	0	10.29	2881.20
	17/10/11	RL	Inj.	500 ml	320	0	74.00	23680.00

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
	17/10/11	Frusemid	Inj.	2ml	230	0	3.00	690.00
	17/10/11	Dextrose	Inj.	5%	370	0	40.00	14800.00
	17/10/11	Dicyclomine hcl	Inj.	2ml	380	0	31.65	12027.00
	17/10/11	Metclopramide	Inj.	2ml	320	0	6.75	2160.00
	17/10/11	Etamsylate	Inj.	2ml	230	0	50.00	11500.00
	17/10/11	Haloperidol	Inj.	1ml	400	0	38.30	15320.00
	17/10/11	Digoxin	Tab	.25 mg	300	0	9.50	2850.00
	17/10/11	Povidone ointment	ointment	125gm	120	0	70.00	8400.00
	17/10/11	Albendazole	Tab	400mg	150	0	17.00	2550.00
							Sub-total (B)	**1753805.00**
C. CMO Zunheboto								
DHFW-16/FW-4/40-13-14	15/7/13	Acetyl salicylic	Tab	75 mg	3800	0	3.50	13300.00
		Terbutaline Ambroxol + Guaiaphenesin Menthol	Syr.	100 ml	1000	0	31.00	31000.00
		Terbutaline + Bromhexin+Guaprensi+ Menthol	Tab	250 mg	400	0	29.50	11800.00
		Phenobarbitone	Tab	60 mg	250	0	46.00	11500.00
		Frusemide	Inj	10 mg/1 ml	600	0	3.00	1800.00
		Diazepam	Inj	10 ml	200	0	9.20	1840.00

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
		Frusemide	Inj	10 ml	300	0	3.00	900.00
		Domperidone	Tab	10 mg	400	0	22.04	8816.00
DHFW-2/Store/10-11	26/9/11	Dextromethrophan+ Chlorpheneramine Maleate	syr	100 ml	762	0	23.00	17526.00
		Ambroxol+ Terbutaline+ Daunosenocin+Men thol	syr	101 ml	360	0	31.00	11160.00
		Dexamethasone	Inj	4mg/ml,2m l	300	0	10.29	3087.00
		R/L	Inj	500 ml	340	0	74.00	25160.00
		Frusemide	Inj	10 mg/ml, 2 ml	260	0	3.00	780.00
		Dicyclomine Hcl	Inj	10mg/ml,2 ml	420	0	31.65	13293.00
		Dextrose	Inj	5% 5 ml	400	0	40.00	16000.00
		Metoclopramide	Inj	5ml/2ml	360	0	6.75	2430.00
		Haloperidol	Inj	5 mg 1 ml	50	0	38.30	1915.00
		Digoxin	Tab	.25mg	160	0	15.25	2440.00
		Povidon	Oint	125 gm	388	0	70.00	27160.00
		Albendazole	Tab	400 mg	466	0	17.00	7922.00
DHFW-2/Store/11-12	2/4/2014	Phenaramine Maleate	Tab	50gm	51	0	6.00	306.00
		Inj. Ceftriaxone	Inj	1 gm/vail	150	0	90.00	13500.00

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
DHFW-16/FW-4/37/12-13	15/7/13	Ampicilin			inj	500 mg	450.00	0
		Dicyclomine HCL + paracetamol	inj	40 mg/ml	400	380	31.65	12280.00
		Dextrose	Inj	500 ml	250	200	55.00	13550.00
		Azithromycin	Tab	500 mg	250	0	71.40	17850.00
		Azithromycin	Tab	250 mg	300	0	52.00	15600.00
		providone iodine oinment	oint	5%w/v	350	19	85.00	29731.00
		Lignocaine HCL	inj	2%	300	250	25.00	7250.00
		Promethazine	Tab	25mg	300	0	30.00	9000.00
		Alprazolam	Tab	0.5mg	1200	1000	22.00	25400.00
		Manitol	Inj	100ml	1000	800	44.00	43200.00
		Diclofenec	inj	25 mg/1 ml	250	150	15.00	3600.00
		Omeprazole	cap	20mg	150	100	39.00	5750.00
		Pentazocine	Inj	300mg/1ml	300	0	5.96	1788.00
		Ofloxin	Tab	200mg	200	0	55.00	11000.00
		Cetrizine HCL	Tab	10 mg	300	0	34.00	10200.00
		Amolodipine	Tab	5mg	400	0	35.00	14000.00
		Albendazole	syp	400mg	100	0	25.00	2500.00
DHFW-2/STORE/10-11		Phenaramin mealete	tab	50mg	51	0	6.00	306.00

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
DHFW-2/STORE/09-10/medicine		Albendazole	tab	400 mg	113	0	17.00	1921.00
DHFW-2/STORE/10-11	12/8/2011	Ampicilline	cap	500mg	1750	1225	75.00	130025.00
		Cipprofloxacin (Strips)	tab	500mg	1400	980	83.33	115682.00
		Ampicillin Cloxacilline (strips)	Cap	250mg	1400	980	24.50	33320.00
		Gentamycin drops	drps	30mg/5ml	631	441	9.00	5238.00
		Diclofenac	tab	100mg	840	588	16.00	12852.00
		Diclofenac + pracetamol	tab	100mg	1400	980	12.00	15820.00
		Paracetamol	tab	500mg	1751	1225	12.00	19787.00
		Metronidazole (Tab)	tab	400mg	1263	882	10.23	12038.49
		Digoxin (strip)	tab	0.25mg	540	480	15.25	7755.00
		Albendazole	tab	400mg	704	600	17.00	11368.00
DHFW-2/store/2010-12	1/9/2013	Albendazole	tab	400mg	7011	7000	17.00	112187.00
DHFW-2/store/2010-12	23/07/13	Albendazole	tab	400mg	6000	600	17.00	101400.00
DHFW-2/Store/2010-11	20/06/13	Albendazole	tab	400mg	1000	0	17.00	17000.00
DHFW-2/STORE/2005-06	23/06/09	Ampicillin + Cloxacilline (strips)	tab	250mg +250mg	400	0	24.50	9800.00

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
		Ampicilllin	D/S	125mg	250	0	28.00	7000.00
		Cipprofloxacin	drops	5ml	150	0	9.00	1350.00
		Gamabenzene hexachloride lotion	lotion	20gram	200	0	28.00	5600.00
		Dextrose + sodium chloride	inj	500ml	100	0	18.50	1850.00
DHFW-2/STORE/2010-11	19/06/13	Paracetamol	tab	500mg	13580	0	12.00	162960.00
		Antacid	tab	25mg	13580	0	10.00	135800.00
		Diclofenac	tab	100mg	13580	0	16.00	217280.00
DHFW-2/store/2010-11	27/07/12	Azithromycin	tab	500mg	388	0	71.40	27703.20
		Doxycycline	Tab	100mg	662	0	54.50	36079.00
		Gamabenzene hexachloride lotion	lotion	20gram	74	0	28.00	2072.00
DHFW-2/Store/2011-12	06/03/13	Ampicillin	Cap	250mg	875	0	41.50	36312.50
		Ampicillin	Cap	500mg	1400		75.00	105000.00
		Ampicillin	inj	500mg/vial	875		25.00	21875.00
		Amoxylline	Cap	250mg	700		36.70	25690.00
		Amoxylline	Cap	500mg	1400		68.00	95200.00
		Amoxylline	dry Syrup	-	875		28.00	24500.00
		Ciprofloxacin	Tab	500mg	1575		83.33	131244.80
		Roxythromycin	Tab	150mg	770		96.50	74305.00
		Doxycycline	Cap	100mg	525		54.50	28612.50
		Ceftriaxone	inj	1gm/vial	1800		90.00	162000.00
		Metronidazole	Tab	400mg	350		10.23	3580.50

Date of issue from Central Store	Receipt date	Name of the medicine			Quantity issued from Central Store	Receipt	Rate	Amount
		Metronidazole	Tab	200mg	350		4.85	1697.50
		Ciprofloxacin + Tinidazole	Tab	500mg + 600mg	1400		70.45	98630.00
		Ornidazole + Oflaxacin	Susp	-	1335		42.50	56737.50
		Ciprofloxacin	Eye drop	.3% w/v	270		9.00	2430.00
		Gama Benzene	lotion	-	270		28.00	7560.00
		Silver sulphate	Oint	5ml	270		28.50	7695.00
		Povidone Iodine	Oint	5% W/W	350		70.00	24500.00
		Paracetamol	Tab	500mg	3150		12.00	37800.00
		Diclofenac Sodium	Tab	100mg	2250		16.00	36000.00
		Diclofenac Sodium	inj	25mg/ml	2250		15.00	33750.00
		Dicyclomine Hcl	inj	10mg/ml	450		31.65	14242.50
		Omeprazole	Cap	20mg	700		39.00	27300.00
DHFW-2/Store/2010-11	21/03/12	Azithromycin	Tab	250mg	365		52.00	18980.00
		Doxycyclline Hcl	Cap	100mg	632		54.50	34444.00
		Gamma Benzene Hexachloride	Lotion	-	70		28.00	1960.00
		Fluconazole	Tab	50mg	1830		44.25	80977.50
							Sub-Total (C)	**2854802.00**
							Grand total (A+B+C)	**7225441.00**

Appendix.1.3.5
Statement showing lifesaving equipment remains Idle in four health units.

(Reference: Paragraph-1.3.11.1 (g))

(Amount in ₹)

Sl No.	Name of item issued	Quantity issued under NRHM	Date of issue	Rate per unit	Cost of idle equipment	Remarks
	A. DH, Mon					
1	Hematological Auto Analyzer	01	April 2013	712500	712500	Equipment was .damaged at the time of receipt itself.
				Sub- total(A)	**712500**	
	B. DH, Tuensang					
1	Anasthesia Machine	01	March 2012	67500	67500	No testing certificate by the supplier and Machine was not inspected by the anesthesia specialist also to check the status.
2	Microscope worth (with dark ground microscope attachment)	01	March 2013	76000	76000	In packed stage. Reason for non-utilisation not reported to audit.
3	Elkon Micro control Diagnostic Audiometer	01	June 2012	96000	96000	No ENT specialist was posted with DH for operation of the equipment and equipment remained in packed condition.
4	Ultra Sound machine Model is PHILIPS HD-6	01	January 2013	3500000	3500000	The machine was non-functional at the time of supply itself though the MS had reported in the installation certificate that condition of the machine was not checked
				Sub- total (B)	**3739500**	
	C. DH, Zunheboto					
1	Phototherapy	01	November 2012	28500	28500	Non-functional equipment delivered by the supplier.
2	Elkon micro controlled Diaganostic Audiometer	01	June 2012	96000	96000	Reasons not specified to audit.
				Sub-total (C)	**124500**	
	D. NHAK					
1	Zeiss Visali 100 Phaco Emulsification System	1	January 2013	1421000	1421000	Yet to installed and it is in a packed condition. Reasons stated for non-installation/utilisation is non-availability of technician
2	Microscope surgical Am 3000	1	April 2011	864000	864000	Exist but received out of National Programme of Control of Deafness
3	Impedance meter	1	April 2011	670000	670000	In a packed condition and the equipment is idle since its receipt
4	Ear Syringe	2	November 2011 & March 2013	75500	151000	Two are available but very old
				Total (D)	**3106000**	
				Total (A +B +C +D)	**7682500**	

Appendix: 1.3.6

Statement showing the expired medicines kept with health units in four test checked districts

(Reference: Paragraph- 1.3.11.1 (h))

Name Health Unit	Name of Medicine	Type	Date of expiry	Quantity (in Nos.)	Rate (in ₹)	Amount (in ₹)
DH, Tuensang	Oflogil	Tube/no.	01/14	325	55	17875.00
	Zincoderm 15mg	Tabs/strip	07/13	50	10.20	510.00
	Soframycin	Tube/no.	12/13	250	21.96	5490.00
	Lorazepam Tab	Tab/strips	02/14	50	13	650.00
	Gamma benzene hexachloride	Tabs/strip	08/13	63	38	2394.00
	Gamma benzene hexachloride 50ml	Bottle/No.	09/13	200	24	4800.00
	Atipam	Tabs/strip	11/13	50	10	500.00
	Onditron	tabs/strip	01/14	120	59	7080.00
	Clodid	tabs/strip	03/14	480	36	17280.00
	Avil	tabs/strip	07/13	308400	0.27	83268.00
	Versateline dry syrup	Bottle/Nos.	11/13	12000	15	180000.00
	Domstoap	Bottle/no	08/13	120	29.50	3540.00
	Domin	Tab/strips	02/14	4	39.50	158.00
	Satranidazole & Ofloxacin Tab	Tab/strips	12/13	25	79.50	1987.50
	Amoxicillin Tab	Tab/strips	11/13	30	47	1410.00
CMO Zunheboto	Ceftraxone inj. 125mg	Inj/vial	05/14	208	23	4784.00
	povidone solution	Oint/nos.	07/14	37	70	2590.00
	Metronidazole	Susp/nos.	12/12	180	14.19	2554.20
	Lignocaine Hcl	Inj/vial	05/14	200	25	5000.00
	Povidone solution	Solution/no.	06/14	100	285	28500.00
	Iron folic acid large	Tabs/strip	01/14	185000	0.20	37000.00
	cefriaxone	Inj/vial	04/14	24	120	2880.00
DH, Zunheboto	Denzthazide and Triamterene (Ditide)	Tab/strip	03/14	10250	43.30	443825.00
	Gamastain solution	Bottle/nos.	07/13	40	197	7880.00
	Vitamin B complex	Inj/vials	06/13	125	7.90	987.50
	Ceflox eyedrop	Bottle/Nos.	04/14	240	16.40	3936.00

Name Health Unit	Name of Medicine	Type	Date of expiry	Quantity (in Nos.)	Rate (in ₹)	Amount (in ₹)
Satoi PHC (under CMO, Zunheboto)	Diclomine HCL	Inj/ambules	05/14	60	5	300.00
	Ciprofloxacin HCL	Tab/strip	02/14	13	61.60	800.80
	Trimethoprim & sulfamethoxole	Tab/strip	05/14	60	12	720.00
	Roxythromycin	Tab/strip	03/14	600	65.25	39150.00
	Ciprofloxacin HCL	ta/strip	02/14	10	61.60	616.00
	Tetracyclin HCL	Cap/strip	02/14	15	14.22	213.30
	Ciprofloxacin+Tinidazole	Tab/strip	09/13	60	70.66	4239.60
CMO Kohima.	Steriline water parental	Inj/vials	03/13	225	3	675.00
	Doxycycline cap	ca/strip	01/14	500	54.50	27250.00
	Salbutamol	Syrup/nos.	09/13	289	12.37	3574.91
	Oxytocin inj	Inj/vials	05/13	123	15.60	1918.80
	Iron Folic Acid Tab	tab/strip	02/14	65625	0.20	13125.00
	Iron Folic Acid Tab	tab/strip	05/13	56875	0.20	11375.00
	Ceftriaxone inj.	Inj/vials	06/14	1	160	160.00
	Diclofenac sodium tablet	tab/strip	01/14	25	15.40	385.00
	Povodone Iodine ointment 20 mg	Oint/nos.	07/14	15	51	765.00
	Oxymetazoline Hydrochloride Nasal solution 10 ml	Drop/nos.	06/14	9	35	315.00
PHC, Tesophenyu (under CMO Kohima)	Atenolol	Tab/strip	02/14	15	22	330.00
	Ranitidine HCL	Inj./ambule	06/14	4	3.11	12.44
	Metoclopromide HCL	Inj,/vials	06/14	30	8	240.00
	Benzathine pencilin	Inj./ ambule	07/13	25	10.83	270.75
	Gentamycin sulfate	Inj./vials	02/14	40	14.06	562.40
Kuzama SC (under CMO Kohima)	Tetracyclin HCL	Cap/strip	02/14	20	14.02	280.40
	Tetracyclin 250 mg	Cap/strip	02/14	80	8.53	682.40
	Roxythromicine	Tab/strip	05/14	20	65.25	1305.00
					Total	**976146.00**

Appendix 1.3.7

Statement showing the non-receipt of medicines and equipment with Central Store, NRHM, Kohima.

(Reference: Paragraph- 1.3.11.1 (i))

Sl No	Supply odder reference	Particulars	Total bill amount (in ₹)	Cheque No reference of release of payment	Remarks	
					Status	Audit conclusion
1	NRHM/NL/P&S/11/2011-12 (Part- A). M/s. Neile Enterprises Dimapur	Medicines	3180135	11714 dated 17/12/12	Not received	Verification statement of the Committee was not in order and details of receipt & issue also not found in Stock register.
2	NRHM/NL/8/ADDITIONAL SPIP/2/2011-12 Dated 07/11/12. M/s. Sun Drugs & distributors, Dimapur	Mother & new born kit	6400000	565934 dated 11/1/2013	Not received	Verification statement of the Committee was not furnished and details of receipt & issue also not found in Stock register During field visit of health units non-receipt of the materials were confirmed.
3	NRHM/NL/8/MMU//b-22/logistics/2011-12 Dated 07/11/12. M/s. Sun Drugs & distributors, Dimapur	Medicine for MMU	5539657	11704 dated 17/12/12	Not received	Receipt and issue was not recorded on the stock register of the Central store, NRHM. During field visit of health units non-receipt of the materials were confirmed.
4	NL/NRHM/FIN-PROC-EQPT.MH &CH/09-10 DATED 14/09/09. M/s. North East Marketing Company, Dimapur	Equipment (Laparoscopes -5 nos)	1500000	512662 dated 29/09/10	not received	Receipt and issue was not recorded on the stock register of the Central store, NRHM.
Total			**16619792**			

Appendix 1.3.8

Statement showing the targets and achievements of Routine Immunisation in the state (age group of 0-1 years)

(Reference: Paragraph- 1.3.12.1)

(in Nos.)

Year	Target	Name of Vaccine														Fully immunised	
		BCG: At birth or as early as possible one year of age		Hepatitis B: At birth or as early as possible within 24 hours		OPV 0, 1, 2, & 3: At 6 weeks & 14 weeks		DPT 1, 2 & 3: At 6 weeks, 10 weeks & 14 weeks		Hepatitis B: 1, 2 & 3 At 6 weeks, 10 weeks & 14 weeks		Measles: 9 completed months 12 months		Vitamin A(1st dose): At 9 months with measles			
		Achievement	Percentage	Achievement	Percentage	Achievement	Percentage	Achievement	Percentage	Achievement	Percentage	Achievement	Percentage	Achievement	Percentage	Achievement	Percentage
2009-10	33967	24299	72	14	0.04	22799	67	23053	68	0	0	25107	74	11476	34	20764	61
2010-11	33967	21371	63	743	2	18862	56	17564	52	0	0	18754	55	11287	33	16288	48
2011-12	32609	24452	75	25120	77	20387	63	18090	55	6280	19	9327	29	15408	47	16350	50
2012-13	32609	27961	86	71883	220	21020	64	21107	65	17970	55	13973	43	17496	54	19560	60
2013-14	32609	25656	79	71715	220	19744	61	17739	54	17928	54.9	15127	46	13558	42	19768	61

Appendix 1.3.9

Statement showing non-receipt of ophthalmic equipment in DH, Tuensang and Zunheboto.

(Reference: Paragraph- 1.3.12.1)

(Amount in ₹)

Sl No.	Name of item issued	Quantity issued	Date of issue	Quantity received	Rate per unit	Cost of the equipment
	Tuensang					
1	Operating Microscope Indigenous with Shin Nippon Head (Japan) Model-OP2	1	4/11/2010	0	455000	455000
2	Slit Lamp Fujitron (Japan) Model-FSL 355 H	1	4/11/2010	0	240500	240500
3	Motorised Table for S/L Marsmediea Imported	1	4/11/2010	0	18200	18200
4	Applanation Tonometer Fujitron (Japan) Goldmann Type	1	4/11/2010	0	45000	45000
5	Keratometer Mediscience B&L type	1	4/11/2010	0	22100	22100
6	Opthalmic A Scan suoer SW-1000 (Korea)	1	4/11/2010	0	188500	188500
7	Direct Ophthalmoscope (Keeler U.K) Professional	1	4/11/2010	0	16000	16000
8	Streake Retinoscope (Keeler U.K) Professional	1	4/11/2010	0	18000	18000
9	Tonometer Schiotz (Germany)	1	4/11/2010	0	5721	5721
	Zunheboto					
10	Keratometer Mediscience B&L type	1	10/12/2010	0	22100	22100
11	Opthalmic A Scan suoer SW-1000 (Korea)	1	10/12/2010	0	188500	188500
12	Direct Ophthalmoscope (Keeler U.K) Professional	1	10/12/2010	0	16000	16000
13	Streake Retinoscope (Keeler U.K) Professional	1	10/12/2010	0	18000	18000
14	Tonometer Schiotz (Germany)	1	10/12/2010	0	5721	5721
					TOTAL	**1259342**

Appendix 1.3.10

Statement showing the Ophthalmic equipment idle with DH Mon.

(Reference: Paragraph: 1.3.13.3.1)

(Amount in ₹)

Sl No.	Name of item issued	Quantity issued	Date of issue	Quantity received	Rate per unit	Cost of the equipment	Remarks
1	Operating Microscope indigenous with shin Nippon Head (Japan) Model-OP2,	1	13/10/2010	1	455000	455000	In packed state since October 2010 as there is no trained manpower to operate the equipment.
2	Keratometer Mediscience B&L Type	1	13/10/2010	1	22100	22100	
3	Tonometer Schiotz (Germany).	1	13/10/2010	1	5721	5721	
4	Slit Lamp Fujitron (Japan) Model FSL 355H	1	13/10/2010	1	240500	240500	Not working since October 2010 due to damaged equipment.
5	Motorised Table for S/L Marsmedia imported	1	13/10/2010	1	18200	18200	
6	Application Tonometer Fujitron (Japan Goldmann type	1	13/10/2010	1	45000	45000	
7	Opthalmic-A-Scan Suoer SW-1000 (Korea)	1	13/10/2010	1	188500	188500	Taken back (February 2012) by the eye specialist for repair
					TOTAL	**975021**	

Appendix. 1.3.11

Statement showing the manpower available with the Department of Health & Family Welfare against the IPHS norms.

(Reference: Paragraph- 1.3.16.1)

Name of the Health unit	Type of health workers	Number of health units	Requirement as per IPHS norms		Persons in position	Shortfall(-)/Excess(+)	
			Post per unit	Total		Number	Percentage
SC (A)	ANM/GNM	385	1	385	767	(+)360	188
SC (B)	ANM/GNM	12	2	24			
SC(A&B)	Health Workers (male)	397	1	397	0	(-)397	0
SC(A&B)	Pharmacist	397	0	0	38	(+) 38	0
PHC	MO	126	1	126	136	(+)10	108
	ANM/GNM	126	3	378	389	(+)11	103
	Lab Technician	126	1	126	45	(-)81	36
	Pharmacist	126	1	126	83	(-)43	66
	Health Workers (male)	126	2	252	0	(-)252	0
	Health Assistant	126	1	126	0	(-)126	0
CHC (FRU)	MO	5	10	50	102	(-)28	78
CHC (non-FRU)	MO	16	5	80			
CHC	GNM/ANM	21	11	231	195	(-)36	84
	Pharmacist	21	2	42	21	(-)21	50
	Lab Technician	21	2	42	31	(-)11	74

Appendix. 1.3.12

Statement showing the capacity building with the Department of Health & Family Welfare.

(Reference: Paragraph-1.3.16.2)

(Figures in numbers)

Name of the course	No. of MOs trained				No. of GNMs/ANMs trained			
	Mon (31)	Tuensang (31)	Zunheboto (34)	Kohima (36)	Mon (126)	Tuensang (178)	Zunheboto (130)	Kohima (339)
Maternal Health								
SBA	0	0	0	0	5	0	7	6
EMoC	0	0	1	0	0	0	0	0
LSAS	0	0	0	0	0	0	0	0
BEMOC	2	7	5	6	0	5	0	0
RTI/STI trg	7	0	10	16	12	0	27	6
Child Health								
IMNCI	3	3	6	2	23	4	0	3
NSSK	2	3	5	11	7	4	26	5
Pre-service IMNC Trg	0	2	0	0	0	2	0	0
FBNC/HBNC	0	0	0	3	0	0	0	10
Family Planning								
IUCD Insertion	7	0	3	0	12	3	32	0
Others								
ARSH	2	0	6	6	0	0	12	0
IMEP	11	0	6	8	9	0	8	0
WIFS	6	6	6	0	80	2	43	0