PUBLIC HEALTH AND FAMILY WELFARE DEPARTMENT

3.2 Audit of Public Health and Family Welfare Department

Highlights

The Public Health and Family Welfare Department provides health services through a network of hospitals and health centres and implements various schemes to achieve the goals envisaged in the National Health Policy, 1983 and the National Population Policy, 2000. The expenditure on health care in the State was Rs.646.90 crore during 2001-04. There was shortfall in creation of three-tier health infrastructure. The bed population ratio remained very low at 30 per lakh as against the all India Average of 92. Demographic goals of Family Welfare Programme were not achieved. Deficient financial management resulted in large savings and unnecessary supplementary grants while there were many shortfalls in providing services and equipment. Some key observations were as follows:

- **Targets fixed for achieving infant mortality rate, crude birth rate, and couple protection rate by 2000 were not achieved even in 2004.**

(Paragraph 3.2.7)

- **Excess and irregular expenditure of Rs.1.11 crore on compensation, drugs, POL charges and motivation charges were incurred in excess of norms under FWP.**

(Paragraph 3.2.7)

- **Grants-in-aid worth Rs. 1.47 crore from Empowered Action Group (EAG) fund was misutilised and equipments worth Rs.84.09 lakh were lying idle.**

(Paragraph 3.2.7)

- **X-ray machines worth Rs.2.08 crore were purchased but not put to use.**

(Paragraph 3.2.9)

3.2.1 Introduction

The National Health Policy (NHP) 1983 envisaged attainment of the twin objectives of 'Health for All' and a 'Net Reproductive Rate of Unity' (NRR-1) by 2000 AD. The National Population Policy 2000 (NPP) also provided priority in allocation of funds for improving health care infrastructure.

In 16 districts of Chhattisgarh there are only eight District Hospitals (DH) and 15 Civil Hospitals (CH). There are 116 Community Health Centres (CHC), 516 Primary Health Centres (PHC) and 3,818 Sub Health Centres (SHC) for providing medical aid to 219.39 lakh population of the State as against 4,114 SHCs, 652 PHCs and 163 CHCs justified as per norms under the Minimum Needs Programme. The State has five hospitals per thousand sq.km as against the national average of 12 (2002). The bed population ratio is only 30 per lakh against a requirement of 100 envisaged in the VII five year plan.

3.2.2 Organisational set up

The Public Health and Family Welfare Department (Department) is headed by the Secretary and the Directorate. The Directorate is managed and controlled by the Director, Public Health and Family Welfare (PHFW), Additional Director and Joint Directors. There are Chief Medical and Health Officers (CMHO) and Civil Surgeons (CS) at the district level, Block Medical Officers at Block level and multipurpose health workers below them.

3.2.3 Programme Management

The Department was responsible for providing health care to the community and was administering various health programmes.

Audit examination covered three such programmes namely (a) Family Welfare Programme; (b) *Rajiv Jeevan Rekha Kosh;* (c) Empowered Action Group (EAG) Activities Fund.

3.2.4 Audit objectives

The objectives of the review were to assess:

- Implementation of the Family Welfare Programme and other schemes like *Rajiv Jeevan Rekha Kosh* and EAG.
- Administration of hospitals and health centres by the Department.
- Financial management, man power deployment and procurement procedures in the Department.

3.2.5 Audit Coverage

The review covered the period April 2001 to March 2004 by a test check of the records of 10 DDOs[23] out of 43 in five districts and the office of the Director, PHFW, Raipur.

3.2.6 Financial outlay and control of expenditure

The Department controls expenditure under Grant No.19: Public Health and Family Welfare. The Family Welfare Programme (FWP) is wholly financed by the GOI but routed through the State budget.

The details of provision and expenditure pertaining to the Department were as follows:

(Rupees in crore)

Year	Budget provision			Expenditure			Savings (-)
	Central Share	*State Share*	***Total***	*Central Share*	*State Share*	***Total***	
2001-02	116.32	114.33	**230.65**	63.89	143.06	**206.95**	(-) 23.70
2002-03	114.43	161.95	**276.38**	55.99	160.21	**216.20**	(-) 60.18
2003-04	96.07	174.55	**270.62**	64.53	159.22	**223.75**	(-) 46.87
Total	**326.82**	**450.83**	**777.65**	**184.41**	**462.49**	**646.90**	**(-) 130.75**

Budgetary and financial control by the department was found to be deficient as is evident from the following:

- Large savings in all the three years. Reasons for savings were not intimated by the Department as of December 2004.
- Supplementary grant of Rs.1.34 crore and Rs.18.63 lakh during 2002-03 and 2003-04 under Grant number–19 had remained unutilised.
- In four districts, C.S. and CMHO purchased medicines worth Rs.52.30 lakh without budget allocation during November 2000 to March 2004.

Medicines worth Rs.52.30 lakh purchased without budget allocation.

- Transfer of Rs.2.80 crore pertaining to "extension of medical facilities in tribal area," a Centrally Sponsored Scheme, to Civil Deposits in the month of March 2004.

Fund worth Rs.2.80 crore pertaining to a Centrally sponsored scheme was kept under Civil Deposits.

3.2.7 Programme Implementation

Performance of Family Welfare Programme (FWP)

The objectives of the FWP were to (a) bring down birth and infant and maternal mortality rates through various family planning (FP) measures, (b) persuade people to adopt small family norms and (c) provide the incentive of medical services and medicines free of cost at the doorstep to the acceptors of FP measures.

[23] *Five CMHO and five CS-viz. Durg, Jagdalpur, Raigarh, Raipur and Rajnandgaon districts*

As per census 2001, the population of the State was 207.96 lakh, whereas the DHS estimated that the population as of 2004 was 219.39 lakh. Thus, the population grew at an average of 1.80 *per cent* per year as against the targeted annual natural growth rate of 1.2 *per cent* (to be achieved by 2000 AD).

Short achievement of demographic goals

Demographic goals[24] for Crude Birth Rate (CBR) of 21 per thousand, Crude Death Rate (CDR) of nine per thousand, Infant Mortality Rate (IMR) below 60 per thousand and Effective Couple Protection Rate (CPR) of 60 *per cent* were to be achieved by the year 2000. The year wise achievements in the State during four years ending 2004 were as follows:

Sl. No.	Indicators	Targets upto year 2000	Achievements during			
			2001	2002	2003	2004
1.	CBR	21 per thousand	26.5	25	22.9	24.5
2.	CDR	9 -do-	8.8	8.7	NA	NA
3.	IMR	60 -do-	77	73	73	73
4.	CPR	60 *per cent*	45	50.58	57.82	58.13

Targets for CBR, IMR and CPR set for 2000 not achieved by 2004.

It is evident from the data that despite receiving yearly assistance from GOI, the CBR, IMR and CPR levels targeted for 2000 could not be achieved by 2004. Reasons for non-achievement of goals were not furnished by the Director. A check in audit revealed that the data of CPR had not been correctly computed and compiled raising doubts on the accuracy of figures of CPR which had been communicated to GOI.

Inflated reporting of couple protection rate (CPR)

Year wise details of number of eligible couples effectively protected by all methods during 2000-04 as reported are shown below:

Year	Number of eligible couples to be protected	Protected by				Total protected couples	Actual CPR
		For limiting births	For spacing births				
		Sterilisation with percentage	No. of IUD users with percentage	No. of OP users with percentage	No. of CC users with percentage		
2000-01	3410356	106996 (3.1)	106540 (3.1)	156192 (4.5)	279897 (8.2)	649625	19.05
2001-02	3528173	98368 (2.7)	104643 (2.9)	170433 (4.8)	284539 (8.1)	657983	18.6
2002-03	3535676	115298 (3.2)	102347 (2.8)	234179 (6.6)	383550 (10.8)	835374	23.6
2003-04	3599659	115848 (3.2)	99136 (2.7)	205197 (5.7)	342106 (9.5)	762287	21.1
Total	14073864	436510 (3.1)	412666 (2.9)	766001 (5.4)	1290092 (9.1)	2905269	20.6

CPR of 58.13 *per cent* reported to GOI whereas actual CPR was only 21.1 *per cent.*

The above data shows that during 2000-04 the actual CPR (total protected couples divided by total number of couples eligible for protection) remained around 20 *per cent* (18.6 to 23.6). Thus, in 2003-04 against CPR of 21.1 *per cent*, the department communicated a figure of 58.13 *per cent* to GOI. The basis of computation of 58.13 *per cent* as the CPR were awaited from the Department. Similar differences between the reported figures and the figures calculated above for CPR for the years 2001-03 also need clarification.

[24] *The scientific study of the change in number of birth, deaths, diseases etc. in a community over a period of one year.*

Net reproductive rate of unity (NRR-1)

The acceptance level of spacing methods in the State is still very low. Only 21 *per cent* of the couples are protected by various family planning methods.

NRR-1 means attaining the norm of two children by each couple. NHP-1983 provides that NRR-1 is achieved when the CPR reaches 60 *per cent*. Test-Check of records showed that the acceptance level of spacing methods in the State is still very low. As mentioned earlier, CPR was only 21 *per cent* in 2003-04. Thus the NRR of the State was much higher than the goal of one.

The Department had intimated NRR as one to GOI on the basis of CPR-58.13, which was factually incorrect.

Non-maintenance of ECR/TCR registers

Details of eligible couples are to be noted in a prescribed Eligible Couples Register (ECR) and further details are to be noted in a separate register called Target Couple Register (TCR), which is to be used by the departmental staff to motivate the targeted couples for sterilisation. It was however, noticed that in the test checked districts, these ECRs and TCRs were not maintained.

Birth control measures

Though GOI did not fix any target, the State Government targets for various birth control measures and their year-wise achievement are given below:

Year	**Sterilisation**		**IUD acceptors**		**Oral Pills users**		**Conventional contraceptive (CC) Users**	
	Target	*Achieve-ment (*)*	*Target*	*Achiev-ement (*)*	*Target*	*Achieve ment (*)*	*Target*	*Achieve-ment (*)*
2000-01	120666	106996 (89)	161572	106540 (66)	196132	156192 (80)	403240	279897 (69)
2001-02	109316	98368 (82)	138351	104643 (65)	218337	170433 (87)	357531	284539 (71)
2002-03	109779	115298 (96)	132980	102347 (63)	220072	234179 (119)	366604	383550 (95)
2003-04	115608	115848 (96)	128393	99136 (61)	196665	205197 (104)	357802	342106 (85)
Total	455369	436510 (90)	561296	412666 (63)	831206	766001 (92)	1485177	1290092 (80)

(*) Percentage with reference to base year 2000-01

The target from 2000-01 were not upgraded despite increase in population every year.

Analysis of the target and achievement in respect of various FP methods revealed that the target from 2000-01 were mostly not upgraded despite increase in population every year. On the contrary the service need/targets were actually lowered in 2001-02 onwards as compared to the base year 2000-01.

Lower coverage of acceptors with upto two children adversely affected efforts to control the growth rate

Test-check of records of five districts (Durg, Jagdalpur, Raigarh, Raipur and Rajnandgaon) revealed that of 1.04 lakh sterilisations (2001-04), 63 *per cent* were conducted in respect of couples who had already three or more children as against the requirement of sterilisation after two children as envisaged in the programme. The requirement of sterilisation of couples, who had two children, was with a view to control the further growth. As only 37 *per cent* of the couples covered had upto two children and the balance of 63 *per cent* were couples who had three or more children, the objective of the programme to control the growth rate was not achieved to the extent envisaged.

Gender imbalance

The FWP Department has not managed to encourage adequate male participation in its planned parenthood programme.

As per census 2001, the sex ratio in Chhattisgarh is 1,000 male:990 female. Analysis of sterilisation data for the period 2000-04 revealed that of 4,36,510 total sterilisation cases male sterilisation was 11,237 (2.57 *per cent*) whereas female sterilisation was 4,25,273 (97.43 *per cent*). The highly skewed figures show that the planned parenthood programme is extremely one sided and that adequate male participation could not be ensured.

Non-achievement of goal of health for all (HFA)

One of the goals of NHP-1983 was to reduce the number of under weight births (below 2.5 kg.) to 10 *per cent* of total births by 2000 AD. The NPP 2000 provided that the FWP should be linked to supplementary nutritional programmes already in operation to cover nutritional deficiencies in expectant mothers. However, the records of the Department did not show any evidence of any action on establishing this linkage. Analysis of records of health institutions of test-checked districts showed that the percentage of under weight neo-natals ranged between 31 and 37 during 2001-04 as detailed below:

Sl. No.	Items	2000-01	2001-02	2002-03	2003-04
1.	Number of births in which weight was recorded	1,96,771	2,06,090	1,45,419	2,09,647
2.	Number of under weight neo-natal	73503	73525	51965	64159
3.	Percentage	37	36	36	31
4.	Number of deaths (0-1 year Neo-natal)	7362	7773	6400	8064

The average percentage of under weight babies in the test-check districts remained around 35 *per cent,* besides 29,599 infant deaths.

Para No.3.4.13 of CAG's Audit Report ending March 2002 had mentioned low coverage of only 44 *per cent* of expectant mothers under the Integrated Child Development Scheme (ICDS). The consequences of the low coverage were evident in the high average percentage of under weight babies in the test-check districts (31 to 37 *per cent).* Moreover, there were 29,599 infant deaths in these districts during 2000-04 for which low nutritional level of expecting mothers is a contributory factor. Thus, the Department failed to establish the critical linkage as envisaged in NPP 2000.

Unsafe deliveries by untrained birth attendant (UBA)

Only 14,702 *dais* were available for 19,720 villages as against requirement of 39,440 *dais*. Of this, 6,624 were trained and 8,078 (55 *per cent*) were untrained.

NPP-2000 provides for availability of two *dais*[25] per village for safe pre-natal, natal and post natal health care. Test-check of records revealed that only 14,702 *dais* were available for 19,720 villages as against the requirement of 39,440 *dais*. Of the 14,702 *dais*, 6,624 were trained and 8,078 (55 *per cent*) were untrained. No *dai* was posted in 5,018 (25 *per cent*) villages and consequently 14 to 18 *per cent* of deliveries are being conducted (2000-04) by Untrained Birth Attendant (UBA). DHS stated that this was due to lack of awareness. Reply was not tenable as awareness generation and provision of facilities for safe deliveries are the responsibility of the Department.

Non-refund of unspent balance of miscellaneous purpose fund

Rupees 3.40 crore accrued out of the fund made available by GOI was neither utilised nor returned.

As per FW Programme, a Miscellaneous Purpose Fund (MPF) was required to be created out of funds received for sterilisation at the rate of Rs.80 per case of sterilization to be utilised for ex-gratia payment in case of death during sterilisation, purchase of equipment, community award, evaluation expenses, award to employees and workers and strengthening of information system. Unutilised balance, if any, was to be credited to Government of India. During 2000-04, Rs.3.40 crore had accrued out of the amount made available by Government of India but this amount was neither utilised for the purposes mentioned above nor credited to Government of India. Moreover, GOI was not even apprised of this fact at the time of sending of utilisation certificates.

DHS stated that funds were not utilised due to absence of any information about its use from the composite State of MP.

Excess expenditure on drugs and dressings etc.

Excess expenditure of Rs. 65.50 lakh on drugs and dressings for VT and TT operations.

- According to the Government of India Circular (March 2001), expenditure on drugs and dressing for Vasectomy (VT) and Tubectomy (TT) operations may be incurred upto Rs.25 and Rs.60 per case respectively out of central share. Test-check of records revealed that expenditure on drugs and dressing was incurred at the rate of Rs.40 and Rs.80 per VT and TT operation respectively resulting in excess expenditure of Rs.65.50 lakh[26] during 2001-04.

Excess expenditure of Rs.45.61 lakh in excess of norms.

- State Government (August 1997) had prescribed the norms for payment of compensation to acceptors of sterilisation and for drugs and dressing expenditure, to be charged from central share and Petrol, Oil and Lubricants (POL) charges from State share in budget provisions. Test-check of records of five selected CMHO for 2000-04 revealed that excess expenditure of Rs.14.06 lakh on compensation, Rs.17.85 lakh on drugs and dressings and Rs.13.70 lakh on POL had been incurred as shown in ***Appendix 3.1***.

Short payment of compensation to acceptors

[25] *Birth attendants in villages*

[26] *8,143 cases @ Rs.15 + 3,21,371 cases @ Rs.20=Rs.65.50 lakh*

Short payment of Rs.3.54 crore to acceptors due to non-adoption of enhanced rates.

Government of India in its MOHFW Circular (12 March 2001) enhanced the rate of compensation to male and female acceptors of sterilisation. The minimum compensation was payable at the rate of Rs.150. Test-check of records of CMHOs and DHS revealed that compensation for sterilisation was paid to male and female acceptors at the rate of Rs.140 and Rs.40 respectively in place of enhanced rate of Rs.150 during 2001-04. This resulted in short payment of Rs.3.54 crore to 8,143 male and to 3,21,371 female acceptors.

DHS stated that payment at enhanced rate to acceptors had not been made for want of orders from the State Government.

Unauthorised payment of motivation fee

Although the composite State of Madhya Pradesh had ordered (6 August 1997) that the payment of motivation fee for promoters under FWP be dispensed with, it was noticed that CMHO, Raigarh (Rs.2.13 lakh), Durg (Rs.2.04 lakh) and Rajnandgaon (Rs.0.44 lakh) had paid Rs.4.61 lakh as motivation fee and for other inadmissible miscellaneous item like stationary etc. during 2001-03.

Misutilisation of EAG fund and idle outlay on equipment

Government of India, Ministry of Health and Family Welfare (GOI) provided (November 2001) grants-in-aid (GIA) of Rs.1.47 crore under the Empowered Action Group (EAG) activities of family welfare programme to the reproductive child health (RCH) societies of the State for (a) extension of RCH camps in outreach districts, (b) repairs and extension of health centres and functioning of nurses training centres, (c) training of *Dais* and (d) procurement of drugs, medicines and contraceptives.

Equipment worth Rs.84.09 lakh issued (between October and December 2002) to eight CS and one CMHO were lying idle for want of necessary infrastructure and qualified staff.

Test-check (October 2003 -August 2004) of the records of CS Ambikapur, Dhamtari, Korba, Jagdalpur, Kanker, Raigarh and the DHS revealed that instead of providing the stipulated facilities in the districts, the DHS purchased (August 2002) equipment like incubator (60), warmer (60), neo-natal resuscitation trolley (130), apnea monitor (60) worth Rs.1.47 crore without any requisition and supplied to District Hospitals. Further, the availability of infrastructure was not ascertained and consequently 189 items of equipment worth Rs.84.09 lakh issued (between October and December 2002) to eight CS and one CMHO were lying idle (August 2004) for want of necessary infrastructure and qualified staff. Thus the purchase of equipment was not only irregular but also unfruitful.

On this being pointed out, CSs stated (August 2004) that the equipment could not be put to use for want of space as well as non-posting of Child Specialist and other staff. DHS stated that the equipment were purchased to reduce the IMR.

Reply of DHS was not tenable as the purchases were not permitted from the EAG funds. These irregularly purchased equipment also remained unutilised.

3.2.8 Rajiv Jeewan Rekha Kosh

With a view to providing financial assistance to such patients whose treatment was not possible in State Government Hospitals, a Centrally Sponsored Scheme known as National Illness Assistance Fund was set-up in October 1996. Assistance was to be provided to the patients living below poverty line (BPL) who were suffering from major life threatening diseases. State Government changed its name to *Rajiv Jeewan Rekha Kosh*. Review of the scheme revealed the following irregularities.

Short contribution by State Government

The short contribution of Rs.2 crore by State Government affected the implementation of the scheme

Under this scheme, contribution from GOI and State was to be received in a 50:50 ratio. Even though GOI allocated Rs.4 crore for the scheme during the period 2001-04, the State Government could provide only Rs.2 crore. This short contribution by State Government adversely affected the implementation of the scheme.

Adjustment of advances not monitored

The assistance was in the form of advances to hospitals for incurring expenditure on behalf of patients. The adjustments of advance and balance, if any, was to be monitored by the DHS. Scrutiny of records revealed that:

No information in Department for utilisation of Rs.3.77 crore.

- Cheques worth Rs.5 crore were issued to 42 Hospitals ***(Appendix 3.2)*** between October 2001 and March 2004 but the Department could produce adjustment accounts for Rs.1.01 crore only as of August 2004. An amount of Rs.22.07 lakh was refunded to the Department and there was no information with the Department for the remaining Rs.3.77 crore. Neither the accounts for said amount were available with the Department nor could it show evidence of refund by the hospitals as of August 2004.

- Cheques worth Rs.15.80 lakh were lying in deposit account with the Apollo Hospital, Bilaspur as the patients for whom these cheques were sent did not turn up for treatment . No action was taken by the Department to get the amount back.

In reply DHS stated that the accounts would be reconciled.

3.2.9 Hospital Administration

Shortage in establishment of medical institutions in the State

Under the Minimum Needs Programme (MNP), minimum basic services are to be provided to the rural population by providing required health infrastructure with reference to norms of requirement fixed for a specific population size. One Sub Health Centre (SHC) for every 5000 population (3000 for tribal areas), one Primary Health Centre (PHC) for every 30000 population (20000 for tribal areas) and one Community Health Centre (CHC) for 1,20,000 population (80,000 for tribal areas) were to be established by 2000 AD in a phased manner. These were to act as centres for providing basic minimum health care facilities to the target population. The position of centres established in the State was as shown below:

Sl.No.	Category	Required as per norms	Established	Shortage percentage	Population uncovered (in lakh)
1.	SHC	4114	3818	296(7)	14.80
2.	PHC	652	516	136(21)	40.80
3.	CHC	163	116	47(29)	56.40

There was seven *per cent*, 21 *per cent* and 29 *per cent* shortage in establishment of SHC, PHC and CHCs respectively.

The above table indicates that there was seven *per cent*, 21 *per cent* and 29 *per cent* shortage in establishment of SHC, PHC and CHCs respectively depriving the people of the basic minimum health care facilities to that extent.

Considering a total of 6,632 beds in the clinical hospitals in the State (Medical college hospital-1,137, district hospitals-1,429, civil hospitals-552, and community health centre-3,514) for providing indoor health care delivery as of March 2004, the bed capacity worked out to only 30 beds per lakh. The national average was 92 (2002) and the working group of the VII Five Year Plan had recommended 100 beds per lakh.

Irregular establishment of dispensaries

In Raigarh district, five dispensaries sanctioned (March 1990) for the Scheduled Caste population in rural area were actually established (1990-91) in the urban area and wards close to well equipped DH. One dispensary sanctioned for ward No. 10 of Raigarh city was not established as of March 2004.

CS, Raigarh stated that dispensaries meant for rural SC area were established in urban area as per direction of the then MLA. This was a clear violation of government sanction.

Infrastructure for indoor health care

For purpose of clinical treatment, PHCs refer patients to CHCs which act as First Referral Units (FRU). However, patients who cannot be treated at FRUs are referred to District Hospitals which act as Second Referral Units (SRU).

- Out of 16 districts in the State, eight Districts[27] had no district hospital as Second Referral Unit (SRU). DHS stated that the proposal for sanction of DH was under consideration (May 2004) of Government.

- Of the 15 Civil Hospitals (CH), 13 CH were categorised as SRUs. But no specialists were posted.

Of the 116 CHC, 79 CHC having 2,368 beds neither provided specialist treatment nor dealt with referral cases

- Similarly, of the 116 Community Health Centres, 79 CHC having bed strength of 2,368 beds neither provided specialist treatment nor dealt with referral cases but had been incorrectly categorised as First Referral Unit (FRU) for providing four types of (Medicine, Surgery, Paediatrics and Gynaecology) clinical facilities.

[27] *Bilaspur, Dantewada, Kanker, Kawardha, Korea, Janjgir, Jashpur and Mahasamund*

Misutilisation and idling of vehicles

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

Ambulances used for 5.71 lakh km in violation of instructions.

Audit scrutiny of log books for the period from November 2000 to March 2004 revealed that 66 Ambulances in test checked districts performed journeys covering a total distance of 5.71 lakh km. in violation of above instructions. Thirty two *per cent* was for transportation of doctors and nurses within duty hours and not for emergency in hospital, 24 *per cent* was for ministers tours, 28 *per cent* was for carrying of patients for which charges worth Rs.8.06 lakh (calculated at the rate of Rs.5 per km) were not recovered and 16 *per cent* for other inadmissible purposes.

It was noticed that nine vehicles worth Rs.49.94 lakh received under FWP were allotted to private institutions and other bodies though the utilisation certificates sent to GOI had wrongly indicated that the vehicles had been put to use for family planning programme. DHS stated (May 2004) that action to take the vehicles back would be initiated but the vehicles were not taken back as of June 2004.

Eighty seven vehicles worth Rs.4.85 crore were lying idle for want of drivers

Test-check of records of CMHO/CS revealed that 87 vehicles worth Rs.4.85 crore[28] received as grants-in-aid from GOI were lying idle for want of posting of drivers.

Idle X-Ray Machines

Eighty one X-ray machines worth Rs.2.08 crore were non-functional

Scrutiny of reports furnished by the field units to DHS revealed that 65 machines worth Rs.1.02 crore purchased during 1995 to 2000 were not put to use due to non-posting of radiographers (20), non-sanction of post of radiographer (11), Non-construction of dark room and non-availability of power supply (7), and technical defects (19). Eight machines worth Rs.6.49 lakh were lying idle without any stated reasons. However, DHS made further purchase of 16 X-ray machines worth Rs.1.06 crore during March 2003 and none were installed. At CHC Gunderdehi (Durg) one of the 16 machines had been provided in addition to an existing 60MA X-ray machine, which was already functioning well and the daily average of X-ray per day at this place was one. Thus, the expenditure on purchase of X-ray machines worth Rs.2.08 crore without ensuring proper infrastructure for making machines functional resulted in idle outlay besides depriving general public of X-ray facilities.

In reply, DHS stated that action to repair the defective machines and to install the above machines were being taken. The reply underscored the absence of efforts from 1995 to 2004 to make the machines functional.

Functioning of Blood Banks without license

[28] *Durg (14) Rs.0.93 crore, Jagdalpur (15) Rs.0.68 crore, Raigarh (17) Rs.1.04 crore, Raipur (24) Rs.1.44 crore and Rajnandgaon (17) Rs.0.76 crore*

Blood Banks need license from the Controller, Food and Drugs, as required under the Drugs and Cosmetics Rules 1945. The Supreme Court of India in May 1997 instructed that the Blood Banks which do not have registration according to the prescribed norms, should stop working by May 1997.

Blood banks in seven districts were not established

Test-check of records of CS, Durg, Raigarh, Jadgalpur and Rajnandgaon revealed that Government run blood banks continued functioning without renewal of licenses during 2001-04, transfusing 27,999 blood bags. Moreover, in seven districts[29] blood banks were not established as of July 2004.

3.2.10 Procurement of medicines and equipment

Avoidable extra cost in purchase of medicines

Purchase of costlier medicines resulted in excess payment of Rs.43.17 lakh

As per the Chhattisgarh State Store Purchase Rules, 2002 purchase of medicines was to be made at competitive rates from Government undertakings. Scrutiny of records of DHS, CMHOs/CSs revealed that the DHS had purchased (2001-04) medicines from *Madhya Pradesh Laghu Udyog Nigam* (MPLUN) at old and higher rates instead of the prevailing reduced rates of MPLUN which came into effect from 7 February 2001. This resulted in extra expenditure of Rs.21.44 lakh.

Despite being a member of district level purchase committee formed by the CMHO, Raigarh, the CS, Raigarh did not purchase medicines at the cheaper rates determined by the district level purchase committee. Instead, his office called for separate quotations and purchased (2001-04) medicines at higher rates incurring extra expenditure of Rs.9.68 lakh.

CMHO, Durg did not collect the prevailing rates (7 February 2001) of MPLUN and purchased costlier medicines during 2001-04 from other Government undertakings resulting in extra payment of Rs.10.19 lakh.

Further CMHO, Raigarh, did not collect rates of all Government undertakings and consequently purchased medicines at higher rate during 2001-04 incurring extra expenditure of Rs.1.86 lakh

Purchase of intravenous (IV) sets at higher rate

Purchase of IV sets at higher rate resulted in excess payment of Rs.2.14 lakh.

CS, Raigarh had purchased (2001-04) 18,500 Intravenous sets at a much higher rate (Rs.17.75 per piece) as compared to the rate (Rs.6.20 per piece) at which CMHO, Raigarh had purchased the same item at the same station during the same period. This resulted in extra cost of Rs.2.14 lakh.

CS, Raigarh stated that IV sets having good quality were purchased for use for children. Reply was not tenable as the IV set, at same place and other places also were purchased by the CMHO and CS at cheaper rate for use for children.

3.2.11 Human Resource Management

Government had not prepared the staffing pattern for its hospitals and health centres. The sanctioned and the working strength at the time of restructuring

[29] *Dhamtari, Dantewada, Jashpur, Janjgeer, Korea, Kawardha and Mahasamund*

(November 2000) of State had been adopted. Sanctioned and working strength showing shortages in respect of Specialist (Sp), Post Graduate Medical Officer (PGMO), Medical Officer (MO) and Multi Purpose Workers (MPW) as of June 2004 were as follows:-

Sl. No.	Type of centre & hospitals	Number of centre and hospital	Name of post	Sanctioned number	Men in position (August 2004)	Shortage
1.	Sub Health Centre	3818	MPW	7636	5782 341[30]	1854
2.	PHC	516	MO	614	536 22[30]	78
3.	CHC	116	SP MO	174 491	59 395	115 96
4.	Civil Hospital	15	SP MO	18 97	8 75	10 22
5.	District Hospital	8	SP & PGMO MO	170 185	97 160	73 25

It was observed that the multipurpose workers (MPW) in some sub centers exceeded the sanctioned strength by 341 MPW. But there was overall shortage of 1,854 MPW under the Department. Similarly the Medical Officers (MO) in some of PHCs exceeded the sanctioned strength by 22 MO while there was overall shortage of 78 MO.

Of 116 CHCs, specialists were not deployed in 66 and in 12 CHCs only two specialists were provided as against requirement of four.

In eight DH, 73 posts of specialist were lying vacant.

In eight DH, 73 posts of specialists were lying vacant, which adversely affected the clinical health care delivery services.

[30] *Men in position in excess of sanctioned strength in some units although there is overall shortage in the cadre*

Irregular attachment of nurses sanctioned for rural areas in urban hospitals and offices

Salary of Rs.79.74 lakh disbursed to nursing staff posted in excess of sanctioned strength.

It was noticed that 26 nurses whose posts had been sanctioned for distant rural blocks like Bilaigarh, Chhura, Gariyaband, Kasdol, Lawan, Mainpur and Deobhog for providing nursing facilities to the rural population were posted in urban health centres and in the office of CMHO, Raipur in addition to sanctioned posts. This action deprived rural population of nursing facilities and also resulted in unauthorised payment of salaries amounting to Rs.79.74 lakh to the staff during 2001-04.

CMHO stated (April 2004) that posting of excess staff was made as per orders of higher authorities but could not produce any orders.

Unfruitful expenditure on training

With a view to filling up vacant posts of female multipurpose workers (FMPW), the DHS, MP advised (October 2000) all CMHO including six CMHO of subsequently formed Chhattisgarh State to organise training for FMPW for a duration of 18 months with a stipend at the rate of Rs.1500 pm.

FMPW were trained but not appointed to vacant posts resulting in unfruitful expenditure of Rs.2.64 crore (stipend).

Test-check of records of FMPW training centres revealed that the training was imparted to 978 fresh candidates between December 2000 and March 2004. Stipend amounting to Rs.2.64 crore was paid to them. However, none were appointed against the vacant posts of FMPW.

In reply DHS stated (May 2004) that due to ban on recruitment, appointment of trained FMPWs was not made.

Thus, the objective of filling up of vacant posts was defeated besides incurring infructuous expenditure of Rs.2.64 crore.

3.2.12 Conclusions

The National Health Policy if implemented in a proper way can play a major role in bringing the State at par with developed States in terms of health indicators. Audit scrutiny revealed that the medical infrastructure (including manpower) was inadequate for providing appropriate medical facilities. This problem was compounded by deficiencies in procurement and distribution of medical items, unregulated creation of infrastructure and ineffective manpower deployment. Consequently, delivery of services has been deficient as evident from low utilisation of indoor facilities and low achievements in FWP.

3.2.13 Recommendations

- The department needs to reassess its strategy for covering eligible couple protection to achieve the goal of 60 *per cent* coverage.

- The assistance provided under *Rajiv Jeevan Rekha Kosh* to different hospitals may be strictly monitored and their timely adjustment should be ensured.

- Payments made in respect of compensation made to acceptors and other expenditure should be regulated as per prescribed norms.

- Proper maintenance of records/registers like ECR,TCR etc., should be ensured to motivate the targetted couple for adopting various methods of family planning.

- Staff should be redeployed to achieve optimum utilisation and machinery and equipment should be got installed on priority basis.

Appendix 3.1

(Referred to in paragraph No.3.2.7)

STATEMENT SHOWING THE DETAILS OF EXCESS EXPENDITURE INCURRED ON COMPENSATION, MEDICINES AND POL UNDER FAMILY PLANNING OPERATIONS

(Rs.in lakh)

Name of district	**Year**	***Type of operation cases***					**Expenditure on compensation[1]**			**Expenditure on medicine[2]**			**Expenditure on POL[3]**		
		*NSVT**	*VT**	*TT**	*LTT**	*Total No.of operations*	*Amount payable as per norms*	*Amount actually paid*	*Excess paid*	*Amount payable as per norms*	*Amount actually paid*	*Excess paid*	*Amount payable as per norms*	*Amount actually paid*	*Excess paid*
Durg	2000-01	307	88	1284	13940	15619	6.64	8.24	1.60	--	--	--	--	--	--
	2001-02	252	31	1240	13572	15095	6.32	6.56	0.24	--	--	--	2.06	5.17	3.11
	2002-03	262	47	1272	15970	17551	--	--	--	--	--	--	2.41	4.20	1.79
Jagdalpur	2000-01	574	694	298	2470	4036	2.88	7.70	4.82	2.51	4.00	1.49	0.48	2.25	1.77
	2001-02	481	566	352	2032	3431	2.42	4.50	2.08	1.51	3.95	2.44	0.47	1.50	1.03
	2002-03	465	495	258	4805	6023	3.37	4.64	1.27	--	--	--	0.83	1.50	0.67
	2003-04	302	525	226	6289	7342	--	--	--	5.54	7.25	1.71	1.02	2.18	1.16
Raigarh	2001-02	9	37	456	6232	6734	--						0.92	5.00	4.08
	2002-03	24	14	418	6623	7079	2.87	3.46	0.59	5.65	6.42	0.77	0.97	1.06	0.09
Raipur	2001-02	19	115	11671	5787	17592	7.17	7.40	0.23	14.02	20.52	6.50	--	--	--
	2002-03	33	136	13835	5798	19802	--	--	--	--	--	--	--	--	--
	2003-04	39	86	13032	4841	17998	7.32	8.42	1.10	14.35	17.98	3.63	--	--	--
Rajnandgaon	2001-02	0	38	2536	5274	7848	3.18	4.37	1.19	--	--	--	--	--	--
	2002-03	4	42	2628	5929	8603	3.49	4.43	0.94	6.86	8.17	1.31	--	--	--
Grand total		**2832**	**3186**	**64631**	**117743**	**188392**	**45.66**	**59.72**	**14.06**	**50.44**	**68.29**	**17.85**	**9.16**	**22.86**	**13.70**
Grand Total of excess paid Rs.14.06 + 17.85 + 13.70=45.61 lakh															

- - Not available

**** NSVT-Non Surgical Vasectomy * LTT- Laparascopic Tubectomy, * VT-Vasectomy * TT-Tubectomy***

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1 *NSVT and VT @ Rs.140 per case and TT and LTT @ Rs.40 per case.*

2 *NSVT and VT @ Rs.40 per case and TT and LTT @ Rs.80 per case.*

3 *NSVT, VT & LTT @ Rs.14 per case and TT @ Rs.10 per case.*

Appendix 3.2

(Referred to in paragraph.3.2.8)

STATEMENT SHOWING ACCOUNTS NOT AVAILABLE WITH THE DEPARTMENT

(Rs. in lakh)

Sl. No.	**Name of hospital**	**No. of patients**	**Amount of assistance released**	**Accounts available with the department**	**Amount refunded by the hospital**	**Amount for which Accounts not available with the department**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**	**(7)**
1.	Escorts Heart and Research Centre, New Delhi	35	50.95	0.35	1.15	49.45
2.	Escorts Heart Centre, Raipur	35	46.80	0.35	1.15	45.30
3.	Institute Kidney disease Research Centre Ahmedabad	2	3.00	--	--	3.00
4.	Indraprastha Apollo, New Delhi	3	3.91	--	--	3.91
5.	BSR Cancer Hospital, Bhilai	51	25.47	9.43	0.02	16.02
6.	Bombay Hospital & Research Centre, Mumbai	4	5.50	1.03	0.47	4.00
7.	Cancer Hospital and Research Centre, Gwalior	1	0.75	--	--	0.75
8.	KEM Hospital, Mumbai	8	4.46	1.63	1.36	1.47
9.	Modern Medical Institute, Lalpur, Raipur	25	20.35	--	--	20.35
10.	Madras Medical Care and Health Centre	2	3.00	--	--	3.00
11.	Christian Medical College & Hospital Vellore, Tamilnadu	12	15.00	2.06	--	12.94
12.	Vidya Hospital and Kidney Centre Shankar Nagar, Raipur	1	0.28	--	--	0.28
13.	Hydrabad Kidney & Leprosy Centre, Hyderabad	1	1.50	--	--	1.50
14.	Podar Hospital Betul	4	2.85	--	--	2.85
15.	Medical Science & Technology Kerala, Trivendrum	1	1.40	0.96	0.44	NIL
16.	Rastriya Sant Tukoji Cancer Hospital, Nagpur	5	0.78	0.08	0.42	0.28
17.	Shankar Netralya Chennai Tamilnadu	2	0.50	--	--	0.50
18.	Govt. Medical College Super Speciality, Nagpur	5	4.70	--	--	4.70
19.	Sanjaya Gandhi Hospital Lucknow (UP)	2	3.00	--	--	3.00

(1)	(2)	(3)	(4)	(5)	(6)	(7)
20.	CBTSDFL Hospital Sion, Mumbai	2	2.10	--	--	2.10
21.	Spundan Heart Institute, Nagpur	6	5.20	3.25	1.40	0.55
22.	Surtake Research Institute, Nagpur	1	1.50	--	--	1.50
23.	Suraj Hospital Nehru nagar, Bhilai	1	0.20	--	--	0.20
24.	Strerling Hospital , Ahmedabad	1	1.35	--	--	1.35
25.	Dr.B.R.Ambedkar Hospital, Raipur	19	3.34	--	--	3.34
26.	Chhattisgarh Hospital, Raipur	2	0.67	--	--	0.67
27.	VSS Medical College Uurla Sambalpur, Orissa	9	3.20	--	--	3.20
28.	Jeevan Memorial Hospital, New Shanti Nagar, Raipur	1	0.25	--	--	0.25
29.	Jashlok Hospital, Mumbai	1	1.50	--	--	1.50
30.	SLN Hospital, Bhilai	25	19.21	2.74	0.20	16.27
31.	New Rubi Hospital Jalundhar, Punjab	1	1.50	--	--	1.50
32.	Nanawati Hospital, Mumbai	1	1.50	--	--	1.50
33.	Awanti Institute of Cardiology, Nagpur	4	3.57	1.83	0.29	1.45
34.	AIIMS, New Delhi	33	29.41	2.64	0.85	25.92
35.	Apollo Hospital, Chennai	7	10.30	--	--	10.30
36.	Apollo Hospital Vishkhapatam, Andhra Pradesh	5	6.99	--	--	6.99
37.	Apollo Hospital Hyderbad, Andhra Pradesh	3	4.50	--	--	4.50
38.	RSB Memorial Hospital, BSP	1	0.60	--	--	0.60
39.	Tata Memorial Hospital, Mumbai	5	5.50	--	--	5.50
40.	Leelawati Hospital, Mumbai	1	1.50	--	--	1.50
41.	Dr.B.R.Ambedkar Hospital, Raipur	--	10.00	--	--	10.00
42.	Apollo Hospital, Bilaspur	153	192.15	75.09	14.32	102.74
	Total	**645**	**500.24**	**101.44**	**22.07**	**376.73**