CHAPTER-III

PERFORMANCE REVIEWS

Health and Family Welfare Department

3.1 Working of Health and Family Welfare Department

Highlights

The review, inter alia, highlights defective budgeting, irregular utilisation of available manpower and non-availment of award of Eleventh Finance Commission for upgradation of standards of administration thereby depriving a section of the population of the State of the benefits of healthcare services. Besides, the goal of "Health for all by the year 2000 AD" set in the National Health Policy-1993 could also not be achieved. Important points noticed as a result of test-check of records are as under:

- **The allocation of funds was not rational. The State Government allocated Rs 234.97 crore against the departmental demand of Rs 165.01 crore resulting in excess allocation of Rs 69.96 crore for the year 2003-04.**

(Paragraph 3.1.8)

- **Budget estimates for the year 2003-04 were not realistic. Against the diversion of Rs 28.15 crore proposed by the department the Government approved diversion of Rs 3.55 crore and the remaining amount of Rs 24.60 crore was surrendered.**

(Paragraph 3.1.9)

- **Investment of Rs five crore in the Himachal Pradesh Health System Corporation to improve infrastructure in Health Institutions could not achieve the intended purpose as no infrastructure was created.**

(Paragraph 3.1.12)

- **Of 3,276 vacant posts as of October 2003, all the posts under 19 categories remained vacant which affected the healthcare service in the State.**

(Paragraph 3.1.13)

- **Four doctors and 34 paramedics were deployed over and above the sanctioned strength and were paid Rs 1.02 crore as salary against vacant posts of other institutions.**

(Paragraph 3.1.15)

- **Pre-service training courses for nurses and multipurpose health workers were not conducted after 2001-02. Resultantly, Rs 78.13 lakh were paid as salary to the training staff for the idle period.**

The abbreviations used in this review have been listed in the Glossary in Appendix-XXXIX (Page 181-182).

(Paragraphs 3.1.19 and 3.1.20)

- **DDT in malaria prone pockets was not sprayed after the year 2001 due to non-according of sanction by the State Government for engaging *beldars*. Resultantly, potency of 53 MTs of DDT costing Rs 44 lakh expired.**

(Paragraph 3.1.27)

- **A 50 bed Mental Hospital constructed in Shimla at a cost of Rs 2.17 crore remained non-functional due to non-posting of psychiatrist and related staff.**

(Paragraph 3.1.36)

- **The State Government could not avail additional central assistance of Rs 8.96 crore provided by the Government of India under *Pradhan Mantri's Gramodaya Yojna* for strengthening rural health sector.**

(Paragraph 3.1.40)

Introduction

3.1.1 Health and Family Welfare Department (H&FWD) provides healthcare services to people of the State through various National and State programmes. The National Health Policy-1993 (NHP) aimed at "Health for all by the year 2000 AD", by providing healthcare services for which certain areas were identified and specific goals were set. The Department implemented various Centrally sponsored schemes and State plan schemes for healthcare through a network of hospitals, community health centres (CHCs), primary health centres (PHCs), civil dispensaries (CDs) and health sub-centres (HSCs).

Organisational set up

3.1.2 The Secretary (Health) is responsible for the activities of the Health and Family Welfare Department at State level. The Director of Health Services (DHS) is responsible for providing healthcare services and implementation of family welfare programmes. He is assisted by an Additional Director, one Joint Director and six Deputy Directors. At district level, the Chief Medical Officers (CMOs) and at block level, the Block Medical Officers (BMOs) were responsible for healthcare and family welfare services.

Audit coverage

3.1.3 Some aspects of the working of the department for the period 1999-2004 were reviewed by test-check (December 2003-April 2004) in offices of the DHS, CMOs of five districts[1] out of 12 and BMOs of sixteen blocks[2] out of 68 falling under these districts (except Bilsapur district) supplemented by a review of records of Medical Superintendent, Zonal Hospital, Mandi, four civil hospitals[3] and one referral hospital (Sarkaghat) and information supplied by the DHS. Twenty six *per cent* of expenditure

1 Bilaspur, Mandi, Sirmour, Kullu and Kinnaur.

2 Bagsaid, Janjheli, Karsog, Padhar, Rohanda and Sandhole (Mandi district), Anni, Banjar, Naggar and Nirmand (Kullu district), Rajpur, Sangrah and Sarahan (Sirmour district) and Nichar, Pooh and Sangla (Kinnaur district).

3 Paonta Sahib and Rajgarh (Sirmour district) and Karsog and Sundernagar (Mandi district).

incurred by the department during 1999-2004 was test-checked. Results of test-check are incorporated in the succeeding paragraphs.

Financial management

Budgetary procedure and control over expenditure

3.1.4 Funds were provided to the department through three grants[4]. The department had 102 Drawing and Disbursing Officers (DDOs) as of March 2004. The DHS was responsible for preparation and submission of the budget estimates to the Finance Department through the Administrative Department.

Budget provision and expenditure

3.1.5 Position with regard to budget allocation and actual expenditure thereagainst during the past five years was as under:

Table: 3.1

(Rupees in crore)

Sr. No.	Year	Budget		Actual expenditure	Variation (+) Excess (-) Saving
1	1999-2000	Revenue	161.05	170.98	(+) 9.93
		Capital	7.07	6.75	(-) 0.32
2	2000-2001	Revenue	183.86	182.85	(-) 1.01
		Capital	14.66	15.27	(+) 0.61
3	2001-2002	Revenue	173.46	180.06	(+) 6.60
		Capital	6.43	7.19	(+) 0.76
4	2002-2003	Revenue	186.41	187.01	(+) 0.60
		Capital	10.06	10.11	(+) 0.05
5	2003-2004	Revenue	219.61	198.01	(-) 21.60
		Capital	11.55	8.82	(-) 2.73

3.1.6 The DHS attributed (January 2004) excess expenditure during 1999-2000 and 2001-2002 due to payment of arrears to the doctors as a result of grant of four tier scale to them and payment of arrear of dearness allowance to the staff. The contention is not tenable as these aspects should have been taken into account while framing the budget estimates.

3.1.7 The following observations indicated lack of co-ordination between H&FWD and Finance Department, inadequate financial control over expenditure and failure to follow the basic cannons of budgetary system:

3.1.8 Against the demand of Rs 165.01 crore for the year 2003-04 under six detailed heads of Major Head '2210-Medical and Public Health', the Government allocated Rs 234.97 crore resulting in excess allocation of Rs 69.96 crore and against the demand of Rs 24.39 crore under other three detailed heads of the same Major Head, Government allocated Rs 5.62 crore resulting in less allocation of Rs 18.77 crore.

The DHS stated (January 2004) that the changes in the budget estimates were made by the Finance Department.

3.1.9 Against the diversion of anticipated saving of Rs 28.15 crore under 'Salary' below Major head '2210-Medical and Public Health' proposed by the department in December 2003, the Government approved diversion of

4 (i) Demand No.9-Health and Family Welfare (ii) Demand No.15-Planning and Backward Area Sub Plan and (iii) Demand No.31-Tribal Development under three major heads of accounts namely 2210-Medical and Public Health, 2211-Family Welfare and 4210-Capital outlay on Medical.

Rs 3.55 crore[5] and the remaining saving of Rs 24.60 crore was surrendered. The DHS admitted (April 2004) the above facts.

3.1.10 Supplementary grants/additionality of Rs 2.02 crore[6] during 2001-03 proved unnecessary as there was an overall saving/surrender of Rs 13.89 crore[7] under eight detailed heads of Major head '2210-Medical and Public Health' and '2211-Family Welfare'. Besides, re-appropriation of Rs 1.58 crore was injudicious in view of the overall excess of Rs 0.91 crore under Major head '2211-Family Welfare' during 2002-03.

3.1.11 Contrary to the Budget Manual provision of reconciling the departmental figures with the figures of the Accountant General every month, the figures of differences were adjusted by giving plus/minus effects within the detailed heads of the Major heads without corrections in the relevant accounts and registers of the DDOs.

The DHS, while admitting the above facts, stated (January 2004) that it was practically not possible to strictly adhere to the provisions of Budget Manual.

Investment in Himachal Pradesh Health System Corporation (HPHSC)

3.1.12 To improve infrastructure in health institutions in the State, the Government set up (October 1999) Himachal Pradesh Health System Corporation (HPHSC) for which Rs 27.50 lakh (Equity share: Rs 25 lakh and Registration charges: Rs 2.50 lakh) were sanctioned in August 1999. Besides, Rs 4.75 crore were sanctioned in October 2000 to the Corporation as additional Share Capital. The DHS submitted (October 2000) a list of 63 departmental capital works on which Rs 4.75 crore were to be spent by the HPHSC.

It was noticed that out of above amounts, Rs 2.50 lakh were spent (November 1999) on registration of the Corporation and the balance of Rs five crore remained in savings bank account upto March 2002, when the State Government decided to wind up the HPHSC and transfer its assets and liabilities to newly constituted (January 2002) Himachal Pradesh Infrastructure Development Board (HPIDB). It was further noticed that no departmental infrastructure had been created by the HPIDB as of April 2004. Resultantly, the investment of Rs five crore (Share Capital: Rs 4.75 crore and Equity Share: Rs 0.25 crore) could not achieve the intended goal of improving infrastructure in health institutions. Besides, expenditure of Rs 2.50 lakh on registration of HPHSC, also proved infructuous. The DHS confirmed (April 2004) the facts.

Human Resource Management

Sanctioned strength and men-in-position

3.1.13 Against 16,743 sanctioned posts of 113 different categories (i.e. administrative, medical/para medical, technical/non-technical and other ministerial staff) as of October 2003, department had 13,467 (80 *per cent*)

5 January 2004: Rs 1.56 crore and March 2004: Rs 1.99 crore.

6 2001-02: Rs 0.69 crore and 2002-03: Rs 1.33 crore.

7 2001-02: Rs 10.07 crore and 2002-03: Rs 3.82 crore.

officials-in-position in 94 categories. In the remaining 19 categories[8], all the posts were vacant. Category-wise detail of 3,276 vacant posts, which had direct bearing on implementation of healthcare services is shown in **Appendix-XIX**.

3.1.14 The percentage of shortage in essential categories of staff ranged between nine and 100 which had adverse impact on healthcare services.

Reasons for not filling up vacant posts were not intimated by the DHS (April 2004).

3.1.15 The State Government issued instructions (May 1999) to stop practice of over staffing and to draw the salary of employees from the offices where they actually worked against the sanctioned posts.

In three test-checked districts[9] and the Directorate, it was noticed that four doctors and 34 paramedics of different categories were deployed over and above the sanctioned strength of the institutions between April 1999 and March 2004. Salary of these categories of staff amounting to Rs 1.02 crore was drawn against vacant posts of other institutions. The Heads of concerned offices stated (January-April 2004) that the posting of surplus staff was mainly due to stay orders obtained by the individuals from the Administrative Tribunal against their transfer orders, while in other cases surplus posting of staff was done under the direction of the Government. The replies were not convincing as the Government had violated its own instructions and expenditure of Rs 1.02 crore on their salary proved infructuous.

Injudicious deployment of Joint Directors at Directorate

3.1.16 Three District Hospitals (Dharmasala, Mandi and Shimla) were upgraded (September 1994) as Zonal Hospitals (ZH). The State Government notified (February 1995) that each ZH would be under the administrative control of a Joint Director (JD) and headquarter of the Joint Director would be fixed at the zonal level. The JD was responsible for overseeing day to day functioning of hospitals in his zone and also for implementation and monitoring of Central/State Sponsored Programmes.

3.1.17 It was noticed that all the three JDs instead of being posted at respective ZHs remained at the Directorate without specific assignment. On this being pointed out (December 2003) by Audit, the DHS ordered (January 2004) job responsibilities of officers of the Directorate including the three JDs. Thus, since 1995 the healthcare programmes were not effectively monitored by the three JDs at Zonal Headquarter level.

3.1.18 The DHS attributed (April 2004) non-deployment of JDs at respective ZHs to lack of necessary infrastructure and manpower. The reply is not tenable, as there was nothing on record to substantiate his viewpoint.

Non-conducting of pre-service training courses

3.1.19 Training for general nursing and male and female multipurpose health workers (MHWs) is imparted in the schools of nursing at Bilaspur,

8 Deputy Director (IEC), Nursing Principal Officer, Public Analyst-cum-Chemical Examiner, Chief Technical Officer, Junior Scientist, Senior Analyst, Technical Officer, Store Officer, ECG Technician, Extension Educators, Social Science Instructor, Asstt. Editor/Editor-cum-Journalist, Assistant Publicity Officer, Sr.Sanitarian, Dressers, Public Health Nurse Instructor, Head Cook, *Jamadar* and Gestetnor Operator.

9 Kinnaur, Mandi and Sirmour.

Mandi, Sirmour and Kullu under the control of the respective CMOs. The candidates for training are sponsored by the State Government.

3.1.20 Records of CMOs, Bilaspur, Kullu, Mandi and Sirmour revealed that despite 1,203 vacant posts of nurses, MMHWs and FMHWs in the department for different spells, training courses had not been held between August 2001 and March 2004 and between July 2002 and March 2004 respectively. The staff of training schools remained idle as their services were not used even in the medical institutions and drew infructuous salary of Rs 78.13 lakh.

3.1.21 The CMOs stated (February-April 2004) that candidates were not sponsored for training by the Government.

Programme management

Health infrastructure

3.1.22 As of March 2000, healthcare in the State was being provided through a network of 50 hospitals, 66 community health centres (CHCs), 441 primary health centres (PHCs), 21 civil dispensaries (CDs) and 2,067 health sub centres (HSCs).

3.1.23 While 51 PHCs/CDs as per **Appendix-XX**, functioned (June 2003) without doctors, 182 HSCs as shown in **Appendix-XXI**, and four PHCs[10] remained non-functional upto July 2003. Position regarding functioning of above institutions after July 2003 was not intimated by the DHS.

Bed occupancy of hospitals

3.1.24 In respect of the following test-checked hospitals, the actual bed occupancy during 1999-2004 was far less than the sanctioned capacity:

Table: 3.2

Sr. No.	Name of hospital	Sanctioned bed capacity	Actual beds available	Average bed occupancy during 1999-2004	Reasons for low occupancy as per the department's reply
1.	DH, Rekong Peo	100	84	41-48	Lack of specialised services
2	RH, Sarkaghat	100	81	40-49	Lack of specialised services and shortage of space.
3	CH, Jogindernagar	100	38	22-24	Shortage of building
4	CH, Sarahan	50	50	10-23	Lack of specialised services
5	CH, Chango	10	10	Nil	Non-functional
6	CHC, Nirmand	30	14	1-3	Shortage of accommodation
7	CHC, Sangla	30	15	1	Lack of infrastructure facilities
8	CHC, Dalash	6	6	1	Lack of infrastructure facilities
9	CHC, Nichar	6	4	1	Lack of infrastructure facilities
10	CHC, Rajpur	6	6	1-3	Patients preferred private practitioners for better treatment
11	CHC, Sangrah	6	6	1	Lack of infrastructure facilities

3.1.25 The low occupancy of beds in the above hospitals was mainly attributable to lack of infrastructure and specialised services which indicated

10 Lambul and Kadhota (Hamirpur district) and Kurgal and Bhumti (Solan district).

that satisfactory healthcare services were not being provided to the public by these institutions.

3.1.26 Six beds for Intensive Care Unit (ICU) costing Rs 1.21 lakh, purchased and supplied by the DHS to the CMO, Nahan in June 1999 were lying in the store, as ICU ward did not exist in the district hospital Nahan. These beds could have been transferred to hospitals where facilities existed.

Implementation of Centrally sponsored scheme

National anti-malaria programme

3.1.27 National Anti Malaria Programme (NAMP) a hundred *per cent* Centrally sponsored scheme was funded by the Government of India in kind through supply of DDT and drugs every year. Materials worth Rs 2.30 crore[11] was received between 1999-2000 and 2002-03. No material was received during 2003-04.

Under the programme two rounds of DDT spray in malaria prone pockets were to be carried out every year. It was, however, noticed that the spray operations was carried out partially between 1999 and 2001 but operations during 2002 and 2003 was not carrried out due to non-according of sanction by the State Government for engaging *beldars*. Resultantly, 1,061 bags (53 MTs) of DDT costing Rs 44 lakh received from Government of India had expired between November 2001 and October 2002.

The DHS confirmed (January-Feburary 2004) the above facts.

National mental health programme

3.1.28 Mention was made in paragraph 3.7 of the Report of the Comptroller and Auditor General of India for the year ended 31 March 2002 (Civil) Government of Himachal Pradesh regarding non-utilisation of Rs 40.25 lakh by the CMO, Bilaspur out of Rs 50 lakh provided by the Government of India during 1998-2002 for implementation of mental health programme. Further scrutiny revealed that after taking up the programme on pilot basis in September 1999, Rs 56.94 lakh out of proposed outlay of Rs 1.16 crore were

11 1999-2000: Rs 92.45 lakh; 2000-01: Rs 89.06 lakh; 2001-02: Rs 36.78 lakh and 2002-03: Rs 11.89 lakh.

received upto March 2003 as shown below:

Table: 3.3

(Rupees in lakh)

Sr. No.	Name of component	Funds received	Funds utilised upto March 2004	Unutilised funds
1	Staff salary	14.00	13.41	0.59
2	Medicines, stationery and other contingencies	19.56	9.38	10.18
3	Equipments, vehicles, etc.	9.00	8.96	0.04
4	Training	8.52	3.27	5.25
5	Information, education and communication (IEC)/workshops	5.86	4.57	1.29
	Total:	**56.94**	**39.59**	**17.35**

Test-check (February 2004) revealed the following points:

3.1.29 The State Government was required to post suitable personnel for manning the District Mental Health Team (DMHT) from among the in-service incumbents willing to serve this pilot project. The team was expected to provide daily out-patient service, a ten bed facility, referral service, liaison with PHC, follow up service and community survey. Besides, the team was also required to create awareness in the community to remove stigma of mental illness.

3.1.30 It was noticed that no regular DMHT was constituted. One regular pharmacist and one Group "D" (on contract basis) were deployed to work for the programme. However, a psychiatrist of adjoining district hospital (Hamirpur) was deployed to attend the referred cases from wards of the local hospital only once in a week on every Saturday. Thus, the programme was not fully implemented.

3.1.31 The State Mental Health Authority, under the Chairmanship of the Commissioner-cum-Secretary (Health) decided (July 2001) to meet the expenditure on salary of psychiatrist, driver, nursing orderly, sweeper, clerk (one each) and staff nurses (four) out of the funds received from the Government of India under the project. Accordingly, Rs 13.41 lakh had been shown spent on the above staff upto February 2004, whereas the mentally ill patients were treated for roughly four days a month by one psychiatrist from other district hospital. Thus, the funds received from the Government of India were diverted to meet expenditure on salary of above staff without actually performing the assigned duties.

3.1.32 Since there was no regular psychiatrist in DH, Bilaspur, purchase (2002-03) of one vehicle, costing Rs 4.36 lakh for a psychiatrist of other district, who merely attended to patients once a week was not justified.

3.1.33 There was no provision for the purchase of computer under the pilot project. One computer was purchased for Rs 0.49 lakh (1999-2000) by the Nodal Officer whereas Electro Convulsive Therapy (ECT) machine with resuscitation equipment which was essential for revival of patients was not purchased inspite of provision in the guidelines.

3.1.34 Since the Ninth Five Year Plan ended in March 2002, the balance grant of Rs 58.76 lakh out of total outlay of Rs 1.16 crore was not released by the Government of India. Moreover, Rs 17.35 lakh out of Rs 56.94 lakh were still (February 2004) lying unutilised with the Nodal Officer.

3.1.35 Thus, the overall objective of the pilot project was not achieved due to laxity on the part of the State Mental Health Authority inspite of an expenditure of Rs 39.59 lakh incurred on the pilot study and funds of Rs 58.76 lakh lapsed.

Non-functional mental hospital

3.1.36 A 50 bed Mental Hospital was constructed in Shimla at a cost of Rs 2.17 crore and inaugurated in November 2002. The Mental Hospital named as the Himachal Institute of Mental Health and Neurology Sciences (HIMHANS) was being looked after by a General Duty Officer (doctor) alongwith five officials (pharmacist, ward sister, clerk, ward boy and sweeper), transferred (August 2002) from Zonal Hospital, Shimla. Material, machinery and other hospital equipment, etc., worth Rs 7.60 lakh was purchased (March 2002) for this hospital by the DHS by diverting the budget from *Pradhan Mantri's Gramodaya Yojna* (PMGY). The entire staff was idle due to non-posting of psychiatrist and other related staff as of March 2004. The idle staff was paid Rs 12.72 lakh as salary upto March 2004 by the CMO Shimla. Thus, the whole expenditure of Rs 2.38 crore (hospital building: Rs 2.17 crore; material and equipment: Rs 0.08 crore and salary of staff: Rs 0.13 crore) has been rendered unfruitful.

The DHS stated (March 2004) that the hospital could not be made functional due to non-availability of psychiatrist, psychiatric nurses, clinical psychologist and psychiatric social worker. Creating facilities without ensuring the availability of essential personnel shows indifference towards the persons suffering from mental ailments.

Award of Eleventh Finance Commission (EFC) for upgradation of standards of administration

3.1.37 For establishment of three Regional Diagnostic Centres (RDCs) in the State, Rs nine crore (Rs three crore per RDC) were allocated out of upgradation and special problems grant awarded by the EFC for the years 2000-2004. These RDCs (one each for four districts) were proposed to be set up in Bilaspur, Hamirpur and Solan districts. As per guidelines issued (September 2000) by the Government of India, Rs 2.53 crore were to be spent for the purchase of equipment and Rs 0.47 crore for building works.

Test-check (April 2004) of records of DHS revealed that (i) against allocation of Rs three crore for each RDC, expenditure of Rs 1.91 crore for all the three centres was shown to have been incurred as of March 2004 which included Rs 1.41 crore released to the executing agencies during 2000-2004 for construction of buildings (civil works) for these centres and Rs 0.49 crore as cost of acquisition of equipment. The execution of building/civil works was not started (May 2004). (ii) Rupees 3.57 crore had been diverted by the State Planning Department during 2003-04 to other departments as given below leaving unutilised funds of Rs 3.52 crore.

Table: 3.4

(Rupees in crore)

Sr. No.	Name of department to which funds diverted	Amount	Purpose for which diverted
1	Tourism and Civil Aviation	0.04	To defray cost of land compensation award pronounced by the Court.
2	Youth Services and Sports	0.02	To organize 20th National Basket Ball Championship at Kangra.
3	Deputy Commissioner, Kullu	0.10	Construction of Building/Examination Hall for Government Senior Secondary School, Sultanpur.
4	Language, Art and Culture	0.09	To meet the liability on the presentation of Tableaux on Republic Day in New Delhi.
5	Deputy Commissioner, Una	0.45	Construction of roads and installation of tube wells in Una district.
6	Home	2.87	To finance the project "*Rashtriya Sam Vikas Yojna*", Chamba district.
	Total:	**3.57**	

3.1.38 Thus only 21 *per cent* of available funds could be utilised as the department failed to prepare proper action plan for timely setting up of these RDCs during 2001-04 and the funds provided under the award of EFC would lapse in March 2005.
The DHS admitted (April-May 2004) the facts.

Pradhan Mantri's Gramodaya Yojna

3.1.39 Additional Central Assistance (ACA) of Rs 19 crore was received from the Government of India under PMGY during 2002-04 (2002-03: Rs 13 crore and 2003-04: Rs six crore) to supplement the resources of the State Government under Rural Health Sector. The ACA was to be utilised for strengthening the functioning of the existing primary healthcare facilities including repair and maintenance of infrastructure in HSCs, PHCs, CHCs and staff quarters.
The following points were noticed:
3.1.40 Out of total allocation of Rs 19 crore under PMGY, Rs 10.04 crore[12] only were stated to be utilised by the department and remaining funds of Rs 8.96 crore lapsed due to non-utilisation.
3.1.41 The DHS attributed (April 2004) non-utilisation of ACA to non-finalisation of tender policy for the purchase of machinery and equipment and slow pace of execution of works by the executing agencies. Reply of the DHS is not tenable, as effective and timely monitoring at each stage of the project was not done.
3.1.42 Contrary to PMGY guidelines, Rs 7.60 lakh were unauthorisedly diverted for the purchase of material and equipment for non-functional Mental Hospital, Shimla.
3.1.43 The DHS stated (January 2004) that the diversion was sanctioned by the Government in view of the exigency of inauguration of Mental Health

12 2002-03: Rs 7.18 crore and 2003-04: Rs 2.86 crore.

Hospital in November 2002. The reply is not tenable as the guidelines did not permit utilisation of funds on institutions in urban areas.

Achievement of health and family welfare goals

3.1.44 National Health Policy (NHP) provided for certain standard goals, which were to be achieved by the year 2000 AD. Position with regard to achievement of these goals as of March 2004 was as per **Appendix-XXII**. Following points were noticed:

3.1.45 Targets set for 2000 AD had not been achieved in respect of pre-natal mortality rate and child mortality rate. There was shortfall of 17 to 22 and three per thousand respectively. Similarly, shortfall in effective couple protection[13] (10 *per cent*), pregnant mothers receiving ante-natal services (28 *per cent*) and delivery by trained attendants (49 *per cent*) also pointed to inadequate management of these health services.

3.1.46 Data regarding achievement of goals for maternal mortality rate, for babies with birth weight below 2500 grams and family size had not been maintained by the DHS. Thus, the level of achievement against the goals set for these groups in NHP could not be ascertained.

3.1.47 Under immunisation status, shortfall of five and 15 *per cent* was noticed in two groups i.e. Tetanus Toxide (TT) for pregnant women and TT for school children of 16 year age group. This showed that adequate arrangements were not made for immunisation of these groups.

Status of medical equipment and machinery

Idle/unutilised/surplus machinery and equipment

3.1.48 Test-check (December 2003-April 2004) of records of two Zonal Hospitals[14], one District Hospital[15], one Referral Hospital[16], five Civil Hospitals[17], four CHCs[18] and five PHCs[19] revealed that machinery and equipment costing Rs 1.10 crore purchased between May 1983 and January 2003 as detailed in **Appendix-XXIII** was lying idle for the period ranging between 11 and 185 months.

3.1.49 The CMOs/Medical Officer of the hospitals confirmed (December 2003-April 2004) that due to non-functioning of the above machinery and equipment, the desired benefits could not be delivered to the patients.

Utilisation of vehicles

3.1.50 Of the total 597 vehicles held by the Department (April 2004), 130 vehicles were off road and awaiting condemnation. In some cases vehicles remained off the roads for 15 to 20 years. The DHS stated (April 2004) that off road vehicles were parked at different health institutions

13 Couple Protection connotes eligible couples covered under different methods of family programme.

14 Mandi and Nahan.

15 Reckong Peo.

16 Sarkaghat.

17 Paonta Sahib, Rajgarh, Sandhole, Sarahan and Sundernagar.

18 Gohar, Pooh, Rajpur and Sangla.

19 Balichowki, Haripurdhar, Ribba, Sangrah and Spillow.

in the State and detailed information regarding these vehicles was not readily available. Delay in disposal of these vehicles was attributed to a lot of codal formalities involved in the process. Reply was not tenable as timely action for disposal of these vehicles could have fetched a good sum from auction money.

3.1.51 Of the remaining 467 on road vehicles, the DHS stated (April 2004) that 47 vehicles were surplus and these had been placed at the disposal of Secretary GAD to the Government of Himachal Pradesh for further allocation to other departments. He further stated (September 2004) that 12 vehicles had so far been taken over by the General Administration Department.

Other points of interest

Levy, collection and utilisation of user charges

3.1.52 Article 266 of the Constitution of India lays down that all revenues received by the Government of a State shall be credited to Consolidated Fund of the State and that no moneys out of said fund shall be appropriated except in accordance with law and in the manner provided under the Constitution. Article 204 (3) of the Constitution further lays down that no money shall be withdrawn from the Consolidated Fund except under appropriation made by law passed in accordance with the provisions of the Constitution.

3.1.53 In violation of the above provisions, Hospital Management and Welfare Societies (HMWSs) were set up in all the Zonal/District hospitals and registered under the Societies Registration Act 1860 vide State Government notification of June 2001. Such societies were also formed (November 2001) in all sub-divisional level hospitals. The HMWSs were headed by the respective Deputy Commissioners/Sub Divisional Magistrates. According to the notification *ibid*, (i) all hospital receipts in the shape of user charges, registration fee, etc., were to be fixed and received by the concerned society and (ii) the societies could utilise the funds raised for purchase/maintenance of materials/consumables/machinery and equipment without taking prior permission of the Government. The HMWSs were renamed as *Rogi Kalyan Samities* (RKSs) in November 2001 and again renamed (May 2003) as *Asptal Kalyan Samities (AKSs)*.

The following points were noticed:

3.1.54 Bye-laws of Societies had not been approved by the Government as of April 2004. User charges varied from hospital to hospital and there was no uniformity as these had been fixed by the concerned societies. There was also no uniformity for the rates of similar types of tests. Thus, no norms were followed.

3.1.55 As of March 2003, thirty five RKSs/AKSs, established between June 2001 and September 2002 were functioning in different hospitals. The latest financial status of AKSs, called (December 2003) from the DHS was not supplied as of April 2004. Scrutiny of records revealed that the DHS had informed (May 2003) the Government that the RKSs had generated an income of Rs 5.23 crore from user charges of which Rs 4.10 crore were utilised on purchase of machinery, equipment and repair, etc., leaving unutilised funds of Rs 1.13 crore.

3.1.56 Prior to formation/registration of above HMWSs/RKSs/AKSs, the user charges used to be the revenue receipts of the Government. With the

formation of these societies, the revenue receipts and the expenditure thereon was kept outside the Consolidated Fund of the State.

3.1.57 On being pointed out in audit, the Additional Secretary (Health) assured (January 2004) to amend the rules.

Non-monitoring of financial and physical progress of capital works

3.1.58 During 1999-2004, Rs 32.25 crore[20] were released by the DHS to the State Public Works Department (PWD) for the construction of 1,082 health institutions. It was noticed that no records to watch financial and physical progress of works executed by the PWD had been maintained by the DHS. Thus, the status of various capital works was not known as of April 2004.

Lack of internal audit and inspection mechanism

3.1.59 The State Finance Department had posted Sub-ordinate Accounts Services (SAS) qualified personnel in the department (Directorate: one Deputy Controller and one Assistant Controller and in each CMOs office: one Assistant Controller). Internal Audit of the department was one of the main duties of these SAS personnel. It was, however, noticed that there existed no Internal Audit system in the department. The DHS stated (December 2003) that due to shortage of SAS personnel internal audit could not be conducted. Reply of the DHS was not tenable, as services of the existing SAS personnel were not being utilised strictly as per their prescribed duties.

3.1.60 The department had not prescribed any norms for the general inspection of the hospitals and other healthcare institutions. Records of occasional inspection carried out, if any, had not been maintained.

Monitoring and Evaluation

3.1.61 The NHP provided for an effective health Management Information System (MIS). The programme was to ensure planning and decision making in health related fields. It emphasised monitoring and periodical review of the efforts made and the results achieved. It was noticed that no system for monitoring and implementation of various programmes was devised by the department. Neither the MIS nor departmental Manual was framed to regulate the functioning of the healthcare institutions in the department. In the absence of the MIS, the department did not have uptodate data on manpower, infrastructure facilities, status of machinery and equipment in hospitals and financial/physical progress of works executed by the PWD.

3.1.62 The DHS stated (April 2004) that the progress of various activities of health related programme were reviewed and evaluated in the monthly/quarterly meetings at different levels. It was further stated that evaluation of various national health programmes was done by the Government of India, non-Government organisations and other independent agencies. The reply is not tenable as no evaluation reports, guidelines issued and follow up action taken were produced for audit scrutiny.

These points were referred to the Government in July 2004; their reply had not been received (September 2004).

20 1999-2000: Rs 6.50 crore; 2000-01: Rs 6.35 crore; 2001-02: Rs 3.07 crore; 2002-03: Rs 7.04 crore and 2003-04: Rs 9.29 crore.

APPENDIX-XIX

(Refer paragraph 3.1.13; Page 39)

Staff position of Health and Family Welfare Department as on 31.10.2003

Sr. No.	Name of Category	Number of posts		
		Sanctioned	In Position	Vacant
1.	2.	3.	4.	5.
1.	Director of Health Services	1	1	0
2.	Joint Director of Health Services	4	3	1
3.	Deputy Director of Health Services	6	6	0
4.	Deputy Director (IEC)	1	0	1
5.	Deputy Director (Civil Registration)	1	1	0
6.	Assistant Director (Nursing)	1	1	0
7.	Assistant Director Physiotheraphy	1	1	0
8.	Doctors	1498	1360	138
9.	District Family Welfare Officer (NM)	10	1	9
10.	Nursing Principal Officer	1	0	1
11.	Communication Officer	1	1	0
12.	Public Analyst-cum-Chemical Examiner	1	0	1
13.	Chief Technical Officer	1	0	1
14.	Deputy Public Analyst	2	1	1
15.	Deputy Government Analyst	2	1	1
16.	Senior Scientist	5	4	1
17.	Junior Scientist	5	0	5
18.	Senior Analyst	10	0	10
19.	Junior Analyst	10	8	2
20.	Mass Education and Information Officer	12	1	11
21.	Statistician	7	7	0
22.	Research Officer/(Statistician)	1	1	0
23.	Technical Officer	1	0	1
24.	Cold Chain Officer	1	1	0
25.	Assistant Drug Controller	1	1	0
26.	Administrative Officer	2	2	0
27.	Superintendent Grade-I/Hospital	10	9	1
28.	Store Officer	12	0	12
29.	Sr. Refractionist	5	1	4
30.	Superintendent Grade-II	24	23	1
31.	Senior Assistant	210	178	32
32.	Junior Assistant/Clerks	707	684	23
33.	Personal Assistant	3	3	0
34.	Private Secretary	1	1	0
35.	Senior Stenographer	7	6	1
36.	Junior Stenographer	5	3	2

1.	2.	3.	4.	5.
37.	Steno-Typist	32	20	12
38.	Senior Statistical Assistant	38	17	21
39.	Junior Statistical Assistant	14	14	0
40.	Computers	101	76	25
41.	Legal Assistant	2	1	1
42.	Hostel Manager	3	2	1
43.	Record Officer	1	1	0
44.	Nursing Superintendents	9	4	5
45.	Principal Nursing Officers	7	3	1
46.	Sister Tutor	41	41	0
47.	Matrons	38	36	2
48.	Ward Sister	282	262	20
49.	Staff Nurses	1540	1319	221
50.	Public Health Nurse	30	21	9
51.	ANMs (Designated Staff Nurse)	258	201	57
52.	Health Supervisors (Female)	350	348	2
53.	Health workers (Female)	2210	1822	388
54.	Nursing Orderly	55	38	17
55.	Dais	467	303	164
56.	Operation Theatre Assistant	116	75	41
57.	Chief Pharmacist	80	75	5
58.	Pharmacist	854	742	112
59.	Radiographer	197	179	18
60.	Ophthalmic Assistant	145	95	50
61.	Chief Laboratory Technician	40	35	5
62.	Senior Laboratory Technician	654	541	113
63.	X-Ray Assistant	11	7	4
64.	Electrician	8	5	3
65.	Refrigerators Mechanic	5	2	3
66.	Malaria Mechanic	5	3	2
67.	Refrectionist	9	1	8
68.	ECG Technician	26	0	26
69.	Laboratory Assistant	132	85	47
70.	Dietician	4	2	2
71.	Plumber	5	4	1
72.	Health Supervisor (Male)	413	330	83
73.	Health Worker (Male)	2005	1411	594
74.	Assistant Leprosy Officer	15	6	9
75.	Leprosy Worker	91	35	56
76.	Junior Bio-Chemist	2	2	0
77.	CSS Technician	6	5	1
78.	Extension Educators	81	0	81

1.	2.	3.	4.	5.
79.	Social Science Instructor	1	0	1
80.	Assistant Editor/Editor-cum-Journalist	1	0	1
81.	Drugs Inspector	12	10	2
82.	Assistant Publicity Officer	1	0	1
83.	Projectionist/Project Operator	22	6	16
84.	Artist-cum-Photographer	11	8	3
85.	Food Inspectors	12	10	2
86.	Assistant Malaria Officer	24	21	3
87.	Public Health Assistant	3	1	2
88.	FP Field Worker	6	6	0
89.	Health Educator/FP Social Worker	81	58	23
90.	Health Education Extension Officer	1	1	0
91.	Senior Sanitarian	2	0	2
92.	Drivers	363	312	51
93.	Class IV Servants	2247	1743	504
94.	Sweepers	915	774	141
95.	Tailors	11	5	6
96.	Dressers	6	0	6
97.	Cleaners	30	7	23
98.	Physiotherapist	5	3	2
99.	Public Health Nurse Instructor	2	0	2
100.	Occupation Therapist	1	1	0
101.	Daftri-cum-Binder	4	1	3
102.	Head cook	1	0	1
103.	Jamadar	1	0	1
104.	Entomological Assistant	1	1	0
105.	Insect Collector	1	1	0
106.	Medical Social Worker	1	1	0
107.	Pipeline Attendant	2	2	0
108.	Pipeline Technician	2	2	0
109.	Physician Technician	2	2	0
110.	Sanitary Supervisor	6	4	2
111.	Supervisor field Worker	6	5	1
112.	House Keeper	6	3	3
113.	Gestetnor Operator	1	0	1
	Total:	**16,743**	**13,467**	**3,276**

APPENDIX-XX

(Refer paragraph 3.1.23; Page 41)

Statement showing the names of Community Health Centre/Primary Health Centres/ Civil Dispensaries that functioned without Doctors

Serial number	Name of District	Serial number	Name of Institution
1	Bilaspur	1	PHC, Talai
		2	PHC, Bheri
		3	CD, Charol
		4	CD, Kuh-majhwar
		5	CHC, Markand
2	Chamba	6	PHC, Shakati-dehra
		7	PHC, Kohlari
		8	CD, Dhullara (Choori)
		9	CD, Dhullara (Smote)
		10	CD, Bhanad
		11	CD, Wanghal
3	Kangra	12	PHC, Khaira
		13	PHC, Jalag
		14	PHC, Takipur
		15	CD, Khaniara
		16	PHC, Ichhi
		17	PHC, Kherian
		18	CD, Dhaloon
		19	PHC, Kuther
		20	PHC, Kasba Kotla
		21	CD, Sunehat
		22	PHC, Masroor
		23	PHC, Dola Kherian
		24	PHC, Kothi Kohar
4	Kinnaur	25	PHC, Lippa
5	Kullu	26	PHC, Raison
6	Mandi	27	PHC, Pali
		28	PHC, Sidhyani
		29	PHC, Gopalpur
		30	PHC, Gada gusain
		31	PHC, Pandol
		32	PHC, Cholthra
		33	PHC, Mandap
		34	PHC, Balh Tikka
		35	PHC, Asla
7	Shimla	36	PHC, Bahali
		37	PHC, Badiyara
		38	PHC, Bara gaon
		39	PHC, Balson
		40	CD, Dhar gaura
		41	CD, Mandhol
8	Sirmour	42	PHC, Koti Dhiman
		43	PHC, Haripurdhar
		44	CD, Chokar
		45	PHC, Rohnat
		46	PHC, Parara
9	Solan	47	PHC, Bhumti
		48	PHC, Kurgal
		49	CD, Battal
		50	CD, Baroona
		51	CD, Kwarni

APPENDIX-XXI

(Refer paragraph 3.1.23; Page 41)

Statement showing the names of Health Sub Centres that functioned without employees

Serial number	Name of District	Serial number	Name of Institution
1.	**2.**	**3.**	**4.**
1	Bilaspur	1	Malroun
		2	Bharoli kallan
		3	Dohlera
		4	Naghiar
		5	Tepra
		6	Dahbar
		7	Jamdori
		8	Thana Kolian
		9	Nakrana
		10	Lakhala
2	Chamba	11	Taggi
		12	Kunr
		13	Ladhan
		14	Bhodas
		15	Sanwal
		16	Kolal
		17	Salli
		18	Hilutwal
		19	Shoon
		20	Bhadla
		21	Kuned
		22	Bhandal
		23	Kandhwara
		24	Ayal
		25	Bihalu
		26	Bharan
		27	Bhalei
		28	Bhing
		29	Telka
		30	Kuwarsi
		31	Karwal
		32	Jatkari
		33	Dharoon
		34	Gagahar
		35	Samra
		36	Khareda
		37	Deola
		38	Karoon
3	Hamirpur	39	Kathiana
		40	Putrial
		41	Bhou
		42	Sadho
		43	Kotlu
		44	Paplah

1.	2.	3.	4.

		45	Basaral
		46	Ghalian
4	Kangra	47	Bathra
		48	Swana
		49	Samnoli
		50	Malout
		51	Nalsua
		52	Chamukha
		53	Chaplah
		54	Kouna
		55	Baar
		56	Dhandole
		57	Jamrella
		58	Nalhouta
		59	Bharerh
		60	Mour
		61	Mahadev
		62	Sehorballa
		63	Balera
		64	Kuthar
5	Kinnaur	65	Tashigang
		66	Kanai
6	Lahaul-Spiti	67	Kuthar
		68	Khanjar
7	Mandi	69	Balhra
		70	Shivakuthre
		71	Bhatkidhar
		72	Salot
		73	Khunachi
		74	Kalhani
		75	Didder
		76	Jughand
		77	Kanusench
		78	Telehan
		79	Khaneol Bagra
		80	Sarahan
		81	Teben
		82	Kolang
		83	Bhalan
		84	Kinder
		85	Mahala
		86	Doghari
		87	Badhu
		88	Batwara
8	Shimla	89	Kut
		90	Mograh
		91	Sharmala
		92	Karchari
		93	Kyarvi
		94	Deoth
		95	Malkoon
		96	Gajandli

1.	2.	3.	4.
		97	Kashdhar
		98	Kharshali
		99	Manevti
		100	Kandal
		101	Jakhore
		102	Panchbhai
		103	Sare
		104	Thundal
		105	Majhoati
		106	Jubbli
9	Sirmour	107	Bhatgarh
		108	Bhutli Manal
		109	Bharari
		110	Jammu Koti
		111	Chhogboggar
		112	Jarag
		113	Lanamassor
		114	Dana
		115	Gehel
		116	Badhol
		117	Bhallad
		118	Sail Pab
		119	Trimalga
		120	Korag
		121	Panog
		122	Rohnat
		123	Gantoli
		124	Kunth
		125	Dharkoti
		126	Hallhan
		127	Lozamanal
		128	Millah
		129	Bambal
		130	Chimanji
		131	Kotla Molaar
		132	Barthal Madhna
		133	Chacheti
		134	Jamna
		135	Kafota
		136	Korga Sakholi
		137	Kanti Mashwa
		138	Palhoori
		139	Poka
		140	Sawga
		141	Sharli Manpur
		142	Taru Bhaila
10	Solan	143	Aberni
		144	Souri
		145	Thane
		146	Bhatoli Kalan
		147	Barain

1.	2.	3.	4.
		148	Bhanglan
		149	Rehru
		150	Tirla
		151	Rajwan
		152	Lunas
		153	Nagar
		154	Mallani
		155	Utparthana
		156	Vaid Johar
		157	Jhukhari
		158	Rajwain
		159	Sulna
		160	Behli
		161	Bhatlog
		162	Ukkhu
		163	Bhiyukhri
		164	Siacharog
		165	Gharer
		166	Badonighat
		167	Chadyar
		168	Pratha
		169	Chamo
		170	Gulari
		171	Sandhog
		172	Ganagughat
11	Una	173	Lohara
		174	Dilkari
		175	Charwagh
		176	Dhanokpura
		177	Chugad
		178	Paraian
		179	Tanoh
		180	Bharmout
		181	Bhindla
		182	Daloh

APPENDIX-XXII

(Refer paragraph 3.1.44; Page 46)

Statement showing the targets and achievements of National Demographic Indicators as on 31st March 2004

Sr. No.	Demographic Indicators	Goal for 2000 AD	Achievement (upto 2002-2003	Shortfall, if any
1	Infant mortality rate (per 1000 population)	Below 60	58	-
2	Pre-natal mortality rate (per 1000 population)	30-35	52	17-22
3	Crude Death rate (per 1000 population)	9	7.5	-
4	Child mortality rate (0-5 year) (per 1000 population)	10	13	3
5	Maternal mortality rate (per 1000 population)	Below 2	NA	NA
6	Life expectancy at birth (Years)	64	65	-
7	Babies with birth weight below 2500 grams (*Percentage*)	10	NA	NA
8	Birth rate (2002)	21	21	-
9	Effective couple protection rate (*Percentage*)	60	50	10
10	Reproduction rate	1	1	-
11	Growth rate (annual)	1.20	1.73	-
12	Family size	2.3	NA	NA
13	Pregnant mothers receiving ante-natal (*Percentage*)	100	72	28
14	Delivery by trained attendant (*Percentage*)	100	51	49
15	Immunization status coverage (*Percentage*)			
(i)	TT for pregnant woman	100	95	5
(ii)	TT for school children (a) 10 years (b) 16 years	 100 100	 100 85	 - 15
(iii)	DPT infants	85	103	-
(iv)	Polio infants	85	103	-
(v)	BCG infants	85	110	-
(vi)	DT (5-6 years)	85	93	-

APPENDIX-XXIII

(Refer paragraph 3.1.48; Page 47)

Statement showing position of idle/non-functioning/surplus machinery and equipment as on 31st March 2004

(Rupees in lakh)

Sr. No.	Name of Hospital	Name of Machinery and equipment	Date of purchase	Cost	Since when lying idle/ Non-functional/ surplus	Total period (Months)	Reasons
1.	2.	3.	4.	5.	6.	7.	8.
1	ZH, Mandi	Incinerator	March 1998	11.06	March 1998	73	Delay in installation and low voltage
2	ZH, Mandi	Bed elevator (Phase-I building)	1988-89	3.93	March 2002	25	For want of repair and maintenance
3	ZH, Mandi	Bed elevator (Phase-II building)	1992-93	7.81	September 2001	31	For want of repair and maintenance
4	ZH, Nahan	Incinerator	1997-98	8.38	1997-98	84	Non-construction of basic structure
5	DH, Rekong Peo	Incinerator	December 1998	7.24	October 2001	30	For want of repair
6	DH, Rekong Peo	Ventilator model machine	June 2001	8.27	June 2001	34	Non-posting of trained physician/ Anesthetist
7	DH, Rekong Peo	Laproscope	March 1987	2.25	February 1997	86	For want of repair
8	DH, Rekong Peo	Laproscope	July 1987	2.25	March 1998	73	Surplus
9	DH, Rekong Peo	X-ray plant 300 MA	June 1984	5.70	November 2001	29	Surplus
10	DH, Rekong Peo	X-ray plant 100 MA	June 1996	1.25	October 1999	54	Surplus
11	DH, Rekong Peo	Defibrilator Monitor Recorder	June 2001	3.59	November 2002	17	Non- posting of trained physician
12	DH, Rekong Peo	Blood Analyser	June 1998	1.77	June 1998	70	Surplus
13	RH, Sarkaghat	Ultrasound Scanner	February 1995	6.10	February 1997	86	Not in working order
14	CH, Poanta Sahib	Dental X-ray Machine	March 1996	0.44	August 1999	56	Not in working order
15	CH, Poanta Sahib	Ultra sonic scaler (Dental)	March 1999	0.25	March 2003	13	Defective
16	CH, Raj garh	ECG Machine	June 1999	0.33	June 1999	58	Surplus
17	CH, Sandhole	X-ray plant	May 1983	0.80	June 1999	58	Not in working order
18	CH, Sandhole	X-ray plant	March 2003	1.65	May 2003	11	Non-posting of Radiographer
19	CH, Sandhole	ECG Machine	May 1989	0.20	May 1989	179	Non-posting of ECG Technician
20	CH, Sarahan	Semi-	July 1998	1.77	July 1998	69	Not installed for

		automatic Chemistry Analyser					want of other accessories
21	CH, Sarahan	Anesthesia apparatus	September 1998	1.33	September 1998	67	Lack of Operation Theatre and non - posting of surgeon

1.	2.	3.	4.	5.	6.	7.	8.
22	CH, Sarahan	Halothane vaporizer	September 1998	0.74	September 1998	67	-do-
23	CH, Sarahan	Cardiac Breath ventilator	March 1999	1.81	September 1998	61	Non- posting of Anesthetist
24	CH, Sundernagar	Ultrasound Machine	April 1999	4.54	April 1999	60	Technical fault
25	CHC, Gohar	Cardiac Breath Ventilator	November 1999	1.74	November 1999	53	Delay in completion of hospital building
26	CHC, Pooh	X-ray plant	October 1987	1.50	November 1988	185	Non-posting of Radiographer
27	CHC, Pooh	Blood Analyser	December 1993	0.28	September 1998	79	Non-providing of reagent by the department
28	CHC, Rajpur	ECG Machine	January 1999	0.20	March 2001	37	Non posting of ECG Technician
29	CHC, Sangla	Ultrasound Machine	June 1999	4.54	June 1999	58	Non-availability of room and trained Radiologist
30	PHC, Balichowki	X-ray plant	January 2003	1.65	January 2003	15	Non-posting of Radiograpaher
31	PHC, Haripurdhar	X-ray plant 100 MA	February 1998	4.05	December 2002	16	Technical fault
32	PHC, Riba	X-ray plant 100 MA	June 1998	4.05	June 1998	70	Non-posting of Radiographer
33	PHC, Sangrah	X-ray plant 100 MA	January 1998	4.05	February 1998	74	Non-availability of dark room and Radiographer
34	PHC, Spillow	X-ray plant 100 MA	June 1998	4.05	June 1998	70	Non-availability of dark room and Radiographer
		Total:		**109.57**			

APPENDIX-XXXIX

Glossary of abbreviations

Abbreviations	Expanded form
A/A&E/S	Administrative approval and expenditure sanction
AC	Asbestos cement
ACA	Additional Central Assistance
AE	Assistant Engineer
AH	Animal Husbandry
AKS	*Asptal Kalyan Samiti*
AWR	All Weather Road
BMO	Block Medical Officer
BMSP	Basic Minimum Services Programme
BPEO	Block Primary Education Officer
CBR	California Bearing Ratio
CCA	Culturable command area
CD	Civil Dispensary
CE	Chief Engineer
CEO	Chief Executive Officer
CHC	Community Health Centre
CI	Cast iron
CMO	Chief Medical Officer
DC	Deputy Commissioner
DD	Deputy Director
DDO	Drawing and Disbursing Officer
DFO	Divisional Forest Officer
DHS	Director Health Services
DMHT	District Mental Health Team
DR	Deputy Registrar
DRDA	District Rural Development Agency
EC	Executive Committee
ECT	Electro Convulsive Therapy
EE	Executive Engineer
EFC	Eleventh Finance Commission
E-in-C	Engineer-in-Chief
FD	Finance Department
FIS	Flow irrigation scheme
GI	Galvanised iron
GIA	Grant-in-aid
H&FWD	Health and Family Welfare Department
JBT	Junior Basic Teacher
HIMURJA	Himachal Pradesh Energy Development Agency
HIPA	Himachal Institute of Public Administration
HMWS	Hospital Management and Welfare Society
HPFSD	Himachal Pradesh Food and Supply Department
HPHSC	Himachal Pradesh Health System Corporation
HPIDB	Himachal Pradesh Infrastructure Development Board
HPLSDB	Himachal Pradesh Livestock Development Board
HPSEB	Himachal Pradesh State Electricity Board

HPU	Himachal Pradesh University
IA	Implementation Agreement
ICDEOL	International Centre of Distance Education and Open Learning
ICU	Intensive Care Unit
IEC	Information, education and communication
IGMC	Indira Gandhi Medical College
IR	Inspection report
IT	Information Technology
ITDP	Integrated Tribal Development Project
JD	Joint Director
JE	Junior Engineer
LIS	Lift irrigation scheme
MACT	Motor Accident Claim Tribunal
MHP	Micro Hydel Project
MIS	Management Information System
MLA	Member of Legislative Assembly
MOST	Ministry of Surface Transport
MOU	Memorandum of understanding
MT	Metric Ton
MVPD	Motorised vehicles per day
NAMP	National Anti Malaria Programme
NHP	National Health Policy
NQM	National Quality Monitor
NRI	Non-resident Indian
O&M	Operation and maintenance
OMR	*Optical marks reader*
PC	Premix Carpet
PHC	Primary Health Centre
PIU	Project Implementation Unit
PMGSY	*Pradhan Mantri Gram Sadak Yojna*
PMGY	*Pradhan Mantri Gramodaya Yojna*
PMU	Project Management Unit
PO	Project Officer
PRO	Public Relation Officer
PWD	Public Works Department
RC	Resident Commissioner
RCC	Reinforced cement concrete
RDC	Regional Diagnostic Centre
RDD	Rural Development Department
RKS	*Rogi Kalyan Samiti*
SAS	Subordinate Accounts Service
SC	Seal Coat
SDP	Sectoral Decentralised Planning
SE	Superintending Engineer
SHPS	Small Hydro Power Sector
UC	Utilisation certificate
VC	Vice Chancellor
ZH	Zonal Hospital