HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 INDIAN SYSTEM OF MEDICINE AND HOMOEOPATHY

HIGHLIGHTS[·]

The policy of the Government of India was to develop Indian System of Medicine and Homoeopathy (ISM&H) to provide better and economic health care to every citizen. Proper treatment through ISM&H could not be provided to the population due to low budgetary provision, inadequate infrastructural facilities in state hospitals, non-deployment of medical officers in dispensaries and absence of homoeo dispensaries at panchayat level. In the absence of monitoring and supervision, the performance of the ISM&H institutions, laboratory and pharmacy and the utilisation of existing infrastructures for education, treatment and production of medicines were not satisfactory.

Population of a large part of the State were deprived of health care under Indian System of Medicine and Homoeopathy as besides Kolkata, State medical colleges and hospitals were set up in only two districts under ISM&H while no hospital was located in North Bengal.

(Paragraph 3.1.5)

During 1999-2004, provision for capital expenditure was only two *per cent* of the total budget provision for ISM&H indicating the low priority accorded to this sector.

(Paragraph 3.1.6)

Against the requirement of five indoor patient departments, one ayurvedic college had four departments and other two had only one each. Two homoeopathic colleges maintained only one department out of four required.

(Paragraph 3.1.8)

In two homoeopathic and one ayurvedic colleges and hospitals test-checked, the drop out rate of students was 20 *per cent* during 1999-2004. The student capacity of the Post-graduate Institute of Ayurvedic Education and Research was reduced from 13 to six during 2003-2004 due to shortage of teachers.

(Paragraph 3.1.10)

Medical education in colleges and hospitals was deficient due to poor bed occupancy, want of requisite indoor patient departments, inadequate training facilities and infrastructure.

(Paragraph 3.1.12)

During 1999-2004, the Ayurvedic and Homoeopathic Colleges spent Rs 5.36 crore on deployment of doctors, house staff and nurses in excess

[·] *Abbreviations used in this Review have been listed in the Glossary in Appendix 40 (page 216)*

of norms in urban areas whereas 51 dispensaries in rural areas remained non-operational for one to seven years due to non-deployment of doctors.

(Paragraphs 3.1.13 and 3.1.22)

Of 3340 Gram Panchayats in the State only 675 were provided with homoeopathic dispensaries of which 117 were non-functional for want of doctors.

(Paragraph 3.1.14)

Modernisation of ayurvedic pharmacy and upgradation of the laboratory into a statutory laboratory for ISMH remained incomplete in spite of spending Rs 0.91 crore. Medicines were supplied to consumers without conducting quality assurance tests.

(Paragraphs 3.1.15 and 3.1.19)

Due to poor utilisation of herbal garden, raw materials costing Rs 81.10 lakh were procured from the market. Raw materials valuing Rs 0.35 lakh were produced in the garden by incurring expenditure of Rs 31.24 lakh on salaries.

(Paragraph 3.1.17)

3.1.1 Introduction

The policy of the Government of India was to develop Indian System of Medicine and Homoeopathy (ISM&H) to provide alternative health care to its citizens. As treatment through allopathic medicine was more expensive and beyond the means of the common man especially in rural areas where laboratories and other facilities for diagnosis and treatment were not available, ISM&H was to provide relief to the population.

Programme objectives

The main objectives of ISM&H were as under:

- providing low cost health care facilities to people throughout the State and mainly in the rural areas where infrastructure for modern allopathic treatment was not available,
- development of teaching facilities with a view to producing qualified doctors for treatment under ISM&H,
- creation of adequate facilities for production, testing and distribution of ayurvedic and homoeopathic medicines, and
- providing adequate infrastructure for Research and Development.

3.1.2 Organisational set up

Principal Secretary, Health and Family Welfare Department was in overall charge of ISM&H, assisted by a Joint Secretary, Director of Homoeopathy, Director of Ayurvedic Medicine and a Special Officer for Unani with administrative control of three unani dispensaries. The Chief Medical Officers of Health (CMOH) of the districts were entrusted with health care services in rural areas through 545 homoeopathic and 295 ayurvedic dispensaries.

3.1.3 Audit objectives and criteria

The objectives of the review were:

- to see the adequacy of financial outlay,
- to evaluate the performance of the department in implementation of the programme,
- to assess the quality of health care services provided,
- to assess adequacy of resources available and their utilisation,
- to ascertain whether medical education facilities were in conformity with the prescribed standards, and
- to assess the facilities available under the scheme and their impact on the beneficiaries.

The review was conducted keeping in view the norms and standards fixed by the Central Council of Indian Medicine (CCIM), the Central Council of Homoeopathy (CCH) and the objectives of the schemes.

3.1.4 Audit Coverage

Records of the Health and Family Welfare Department (ISM&H branch), five ISM&H colleges and hospitals, the Integrated Production and Research Centre at Kalyani, CMOsH of four districts (Bankura, Coochbehar, North 24 Parganas and Paschim Medinipur), 30 dispensaries in these districts and six dispensaries in Kolkata and Howrah pertaining to the period 1999-2004 were test-checked between February and May 2004.

3.1.5 State Profile of Medical colleges and hospitals

In the State, there were four homoeopathic medical colleges and hospitals (two in Kolkata, one each in Howrah and Paschim Medinipur), one ayurvedic medical college and hospital, one ayurvedic post-graduate institute and one centre for training in ayurvedic pharmacy in Kolkata, run by the State Government. In addition, there were ten private medical colleges and hospitals, eight homeopathic[1], one ayurvedic (in North 24-Parganas) and one unani (in Kolkata). The State Government provided grants aggregating Rs 97.60 lakh to these private institutions during 2001-2004.

Besides Kolkata, homoeopathic colleges and hospitals were established by Government in only two districts (Paschim Medinipur and Howrah). No Government or private hospital or institution was located in North Bengal for health care and education under ISM&H.

Financial outlay and expenditure

Scrutiny of the financial outlay under ISM&H during 1999-2004 indicated inadequacy of budget provisions particularly under capital section reflecting

[1] *one in Kolkata, two in Burdwan and one each in Howrah, Birbhum, Paschim Medinipur, North 24 Parganas and Purulia*

the low priority accorded by the State Government to developmental activity in this sector. Besides the medical institutions failed to obtain the financial assistance available from Government of India for upgrading the infrastructure as has been discussed in the succeeding paragraphs.

3.1.6 Inadequate budget provisions

The budget provisions and actual expenditure under ISM&H during 1999-2004 were as below:

Year	Budget provisions		Actual expenditure		Savings(-)/Excess (+)	
	Capital	Revenue	Capital	Revenue	Capital	Revenue
	(Rupees in crore)					
1999-2000	1.00	32.89	0.01	34.01	(-) 0.99	(+) 1.12
2000-2001	0.47	34.74	Nil	36.02	(-) 0.47	(+) 1.28
2001-2002	1.06	37.46	0.54	37.40	(-) 0.52	(-) 0.06
2002-2003	1.31	43.22	0.07	41.02	(-) 1.24	(-) 2.20
2003-2004	0.08	42.78	0.08	41.99	Nil	(-) 0.79
Total	**3.92**	**191.09**	**0.70**	**190.44**	**(-) 3.22**	**(-) 0.65**

Budget provision for capital expenditure was only 2 *per cent* of the total budget provision under ISM&H in the State

During 1999-2004, the budget provision for capital expenditure on ISM&H was only Rs 3.92 crore representing two *per cent* of total budget (Rs 195.01 crore) on ISM&H health care in the State. Of Rs 3.92 crore, only Rs 0.70 crore were spent as budgeted fund was not released by the State Government. Similarly, revenue expenditure of Rs 190.44 crore on health care services under ISM&H represented only 3.7 *per cent* of the total expenditure (Rs 5147.08 crore) on health care in the State. Further, out of expenditure of Rs 190.44 crore, Rs 178.32 crore (94 *per cent*) were spent towards pay and allowances of the staff leaving only 6 *per cent* for equipment, medicines, etc.

The Standing Committee on Health and Family Welfare opined (July 2000) that the department should take serious note for enhancement of budgetary provisions to improve the functioning of ISM&H so that this system can be of use to the people.

3.1.7 Central scheme fund not availed

One Ayurvedic Mahavidyalaya and one Homoeopathic College and Hospital failed to obtain GOI assistance due to failure in submission of project report

Under the Central schemes in operation for development of institutions of ISM&H, the Ministry of Health and Family Welfare was to provide financial assistance upto Rs 97 lakh to each college for creation of minimum mandatory infrastructure on receipt of the applications in prescribed form and project report from the institutions. The Calcutta Homoeopathic Medical College and Hospital and Viswanath Ayurvedic Mahavidyalay, Kolkata failed to obtain GOI assistance during 1999-2004 for six different schemes[2] due to failure in submission of the project report. Though the J B Roy State Ayurvedic Medical College and Hospital, Kolkata submitted a project report in December 2003, GOI fund was not released as the utilisation certificates for previous grants of Rs 12 lakh received in 1991-1992 (Rs 10 lakh in March 1991 and Rs 2 lakh in March 1992) were not submitted till March 2004.

[2] *Development of ISM&H under graduate colleges, Assistance to post graduate medical education, Re-orientation training programme for ISM&H personnel, Renovation and strengthening of hospital wards of Governemnt/Government aided teaching hospitals of ISM&H, Establishment of computer laboratory in ISM&H colleges, Upgradation of academic institutes to the status of State and Model institute of ayurved/siddha/unani/homoeopathy*

Besides, D N De Homeopathic College and Hospital, Kolkata received (July 2002) grant of Rs 27 lakh for construction of building (Rs 15 lakh) and purchase of equipment (Rs 10 lakh) and books (Rs 2 lakh), of which Rs 12 lakh were spent up to December 2004. Shayamadas Vaidya Shastrapith, Kolkata received (January 2004) Rs 12.67 lakh for establishment of computer laboratory (Rs 10 lakh) and training (Rs 2.67 lakh) of which Rs 9.49 lakh were spent up to October 2004. Thus, these two institutions failed to utilize Rs 18.18 lakh of GOI assistance.

Treatment facilities in hospitals

The numbers of patients treated in out-patient department (OPD) and indoor patient department (IPD) of the test-checked hospitals during 1999-2004 are indicated below:

Name of the hospital	Out Patient Department	Indoor Patient Department		
	Average patient per day	Bed strength	Average bed occupancy per day	Percentage of bed occupancy to bed strength
DN De Homoeopathic College & Hospital, Kolkata	313	50	12	24
Calcutta Homoeopathic Medical College & Hospital, Kolkata	114	50	13	26
JB Roy State Ayurvedic Medical College & Hospital, Kolkata	147	214	97	45
Post Graduate Institute of Ayurvedic Education & Research - Shayamadas Vaidya Shastrapith, Kolkata	124	75	20	27
Viswanath Ayurvedic Mahavidyalaya (Training centre), Kolkata	18	20	9	45
Total		**409**		

Test-check revealed that the hospitals had low bed occupancy, essential indoor patient departments were non-existent and other facilities such as ECG and X-ray were not available as discussed in the succeeding paragraphs :

3.1.8 Low bed occupancy

The average bed occupancy in the above hospitals ranged between 24 and 45 *per cent* against the Councils' norm of 60 *per cent* minimum bed occupancy. This was attributable to absence of requisite indoor patient departments.

Patients were deprived of adequate treatment in absence of requisite IPDs

It was also seen that against requirement of five indoor patient departments (e.g. Kayachikitsa, Shalyatantra, Shalakyatantra, Prasutitantra and Kaumarbhritya) in any standard ayurvedic hospital, J B Roy State Ayurvedic Medical College and Hospital had four departments (Kayachikitsa, Shalyatantra, Shalakyatantra and Prasutitantra) and only one department (Kayachikitsa) was in operation in other two ayurvedic hospitals. Similarly, against the requirement of four departments (general medicine, paediatrics, surgery, gynaecology and obstetrics) in a standard homoeopathic hospital, both the homoeopathic hospitals operated only the general medicine department due to lack of infrastructural facilities viz. non-functioning or shortage of OT, labour room, dissection hall and requisite equipment coupled with non-deployment of doctors, surgeons and anaesthetists.

The Department stated (January 2005) that all the indoor patient departments could not be made functional due to non-appointment of house staff and steps

had been taken to obtain sanction of some posts of house staff in each of the hospitals.

3.1.9 Non-availability of medical facilities

During 1999-2004, ECG facility was not available in three ayurvedic and one homoeopathic hospitals while X-ray facility was not available in one ayurvedic and two homoeopathic hospitals for want of radiologists, technicians and damaged condition of X-ray clinic.

Non-completion of renovation work – people deprived of requisite medical care

The male ward of Vishwanath Ayurvedic Mahavidalay and Hospital renovated (April 2002) at a cost of Rs 6.95 lakh remained closed (December 2004) as additional fund of Rs 3.63 lakh for the residual work was not released by the department (ISM&H Branch) as per demand (July 2003) of Public Works Department.

Thus, in absence of essential indoor departments, required instruments and non-completion of renovation works patients were deprived of requisite medical care.

Medical education

CCIM and CCH regulated the standard of education in ayurvedic and homoeopathic institutions respectively. Test-check of records of two homoeopathic and one ayurvedic medical college, one ayurvedic post-graduate institute and one ayurvedic training centre revealed curtailment of intake capacity of post graduate institute, closure of training institute, non-availability of qualified teachers, etc. as discussed below:

3.1.10 Low utilisation of ISM&H medical education capacity

During 1999-2004 drop out rate of students was 20 *per cent* and intake capacity of post graduate institute was curbed due to shortage of teaching staff

Out of 785 students (intake capacity being 800) admitted in three colleges during 1999-2004, 156 students (20 *per cent*) left the institutions mid way. Four post graduate students, admitted between June 1998 and June 2003, also left the institution before completion of their studies between October 2000 and March 2004 without any recorded reasons and without refunding stipend of Rs 3.25 lakh drawn by them though they were liable to refund stipend for discontinuation of studies. Institute authority did not take any action for recovery of the same.

The Central Council of Indian Medicine after inspection in May 2003, reduced the student intake capacity of the post-graduate institute of ayurvedic education and research from 13 to six from the academic session 2003-2004 due to shortage of six teaching staff. In spite of repeated warning by CCIM and several assurances by the State Government, recruitment had not been made against the vacancies that had been continuing for the last four to five years.

Students were deprived of ayurvedic pharmacy training

Admission of students in the training centre of ayurvedic pharmacy at Vishwanath Ayurvedic Mahavidyalaya was stopped since January 1998 due to shortage of teaching staff though admission of students was resumed from

January 2004 with two teachers and 20 students. Thus, students of ayurvedic pharmacy were deprived of training during the years 1998-2003.

The Department stated (January 2005) that efforts were on to recruit teachers in the institutions on permanent basis through West Bengal Public Service Commission to solve the problem.

3.1.11 Non-availability of qualified teachers

Out of 37 regular teachers of two homoeopathic medical colleges, only eight teachers had requisite post graduate qualifications in the concerned subject. Thus, the students were deprived of quality guidance of teachers on specialised subjects.

3.1.12 Low student/bed occupancy ratio

As per norms, the student/bed-occupancy ratio for Homoeopathic college and Ayurvedic college should be 1:1 and 1:2 respectively.

During 1999-2004, the average daily bed-occupancy in D N De Homoeopathic Medical College and Hospital and Calcutta Homoeopathic Medical College and Hospital was as low as 12 and 13 respectively (sanctioned strength being 50 for each hospital) against the student strength of 50 in each hospital. In Ayurvedic College, average bed occupancy was only 97 (against bed-strength of 214) while the student strength was 58.

Such adverse student/bed-occupancy ratio indicated that the medical students had little opportunity for adequate practical experience.

Thus, medical education in colleges and hospitals under ISM&H was deficient due to poor student-bed occupancy ratio, under-qualified teaching staff, non-availability of required minimum departments, inadequate training facilities and absence of diagnostic techniques, instruments and technicians coupled with high rate of drop-outs.

The Department did not take any action to ensure adequate standard of education facilities as per CCIM and CCH norms for Medical Colleges.

Functioning of dispensaries

Scrutiny disclosed that the State Government could not provide homoeopathic dispensaries to all the gram panchayats; non-deployment of Medical Officers also rendered a good number of rural dispensaries non-functional.

3.1.13 Homoeopathic and Ayurvedic dispensaries

Dispensaries remained non-functional upto seven years for want of MOs

Out of 843 dispensaries in the State, 51 dispensaries remained non-functional for one to seven years due to non-deployment of MOs. Twelve of these vacancies were due to transfer of MOs to teaching colleges.

In seven out of 36 test-checked dispensaries, it was noticed that the compounder of Haldibari State Homoeopathic dispensary and the pharmacists of Haldibari and Gaighata State Ayurvedic dispensaries prescribed medicines to patients since April 2002 and December 2002 respectively in the absence of MOs and the other four remained totally defunct for one to five years.

3.1.14 Gram Panchayat Homoeopathic Dispensary

The State Government introduced (May 1988) a scheme for providing each of 3340 gram panchayats in the State with one part time homeopathic doctor and one part time homeopathic compounder-cum-dresser for healthcare services in rural areas. Zilla Parishads were to select the site after obtaining proposal from Gram Panchayats with assurance to provide accommodation and medicines to the dispensaries. Funds for payment of honorarium to the part time doctors and compounder-cum-dressers were to be provided by the Department.

Only 20 *per cent* of the 3340 gram panchayats were provided with homoeopathic dispensaries

Against the target of setting up 3340 gram panchayat dispensaries only 675 dispensaries (20 *per cent*) were set up upto June 2002, of which 117 were not functioning as of March 2004 due to non-deployment of doctors.

The Department stated (January 2005) that Zila Parishads of the districts in North Bengal were requested to make the non-functioning dispensaries functional and the non-functioning dispensaries in four districts of South Bengal started functioning since April 2002.

Integrated Drug Production and Testing Centre

An Integrated Ayurvedic & Homoeopathic Drug Production Centre, Research & Drug Testing Unit & Herbarium (renamed State Pharmacopoeial Laboratory and Pharmacy for Indian Medicine in April 2003) was set up in 1985-1986 at Kalyani for production and testing of raw materials and medicines, cultivation of medicinal plants for supplying ayurvedic and homoeopathic medicines to the dispensaries in the State. The Centre had 25 acres of land for cultivation of medicinal plants. Scrutiny revealed that not only modernisation of the Centre was stalled for want of require infrastructure but also its existing potential for production of medicines and raw materials and testing of drugs was badly underutilised as discussed below :

3.1.15 Modernisation of pharmacy and upgradation of laboratory

Ministry of Health and Family Welfare, ISM&H Department, Government of India released (March 2002) grants-in-aid of Rs 1.45 crore for modernisation of ayurvedic pharmacy (Rs 0.65 crore) and upgradation of ayurvedic laboratory (Rs 0.80 crore) into a statutory laboratory for ISM&H.

Modernisation of pharmacy and testing laboratory was stalled for want of required infrastructure

Between December 2002 and March 2004, the Centre spent Rs 35.13 lakh on renovation of building and Rs 55.82 lakh (Rs 3.17 lakh for pharmacy and Rs 52.65 lakh for laboratory) on procurement of machinery and equipment. As of May 2004 machinery and equipment costing Rs 27.39 lakh remained uninstalled due to non-completion of civil works indicating improper planning

of procurement. Thus modernisation of pharmacy and drug testing laboratory was stalled due to non-availability of required infrastructure.

3.1.16 Performance of Ayurvedic Pharmacy

Under utilisation of machines to produce medicines resulted in procurement of medicines worth Rs 20 lakh from market

During 1999-2004, neither the production capacity of the Pharmacy was assessed nor any target of production was fixed. Out of available stock of 111.82 tonnes of raw materials valuing Rs 89.62 lakh the pharmacy utilised only 72.73 tonnes (Rs 57.97 lakh) to produce 58.52 tonnes of ayurvedic medicines due to non-utilisation of three out of five grinding machines owing to shortage of operators. As a result, Director of Ayurveda procured (April 2004) medicines worth Rs 20 lakh from the market.

Thus, due to non-deployment of adequate number of machine operators the pharmacy failed to produce ayurvedic medicines according to the need.

The Department stated (January 2005) that substantial increase of production could not be expected with the old and existing system. New machines for production of capsules and tablets, etc. of ayurvedic medicines had already been installed and as soon as these new machines started operation, more medicines would be produced.

The fact, however, remained that the Department could not increase production of ayurvedic medicines as of January 2005 due to failure in completion of civil work though fund for modernisation of the pharmacy was received (March 2002) from GOI.

3.1.17 Performance of herbal garden

Production of ayurvedic medicines valuing Rs 0.35 lakh spending Rs 31.24 lakh on staff salary

During 1999-2004, the ayurvedic wing cultivated ayurvedic medicinal plants in 10 acres of land and produced raw materials valuing Rs 0.35 lakh for production of ayurvedic medicines incurring expenditure of Rs 31.24 lakh towards salary of seven staff and Rs 0.65 lakh on plantation. Lack of budgetary support for plantation and maintenance of herb garden was the main reason for such poor performance of the Centre. Further, neither any target for plantation and harvesting was fixed nor periodical survey of plants and garden produce was conducted. Due to such low production at the Herbarium of the Centre, its Pharmacy procured raw materials costing Rs 81.10 lakh from market.

The Director of the Centre stated (April 2004) that some ayurvedic medicinal produce was sporadically collected from the herbal garden according to requirement while the proposals for production of homoeopathic medicines were mooted to State Government from time to time but Government did not sanction any fund for installation of machinery till date.

Thus, cultivation of medicinal plants without fixing any target of production to meet departmental requirement coupled with complete disregard of cost efficiency frustrated the purpose of maintaining the garden.

The Department stated (January 2005) that it was difficult to fix any target in respect of time and quality for plant produce and periodical survey of plants could not be done due to shortage of manpower.

3.1.18 State Medicinal Plant Board

Deficient functioning of the State Medicinal Plant Board

In view of fast growing demand for medicinal plants, Ministry of Health and Family Welfare set up (June 2001) the National Medicinal Plant Board to co-ordinate all the aspects of medicinal plants including drawing up of policy and strategies for conservation, cost effective cultivation, proper harvesting, research and development, planning, processing and marketing of raw materials, etc. To assist the Central Board at State level, the State Government set up a State Medicinal Plant Board in June 2002. Ministry also provided (February 2002 and March 2004) financial assistance of Rs 15 lakh for preparation of an action plan for proper co-ordination of medicinal plants sector in the State. However, till date neither any assessment of demand and supply position of medicinal plants was done nor any action plan for growth and development of medicinal plant sector through buy-back arrangements was formulated.

The Department stated (January 2005) that the buy back mechanism of medicinal plants was in an embryo stage and the department was formulating a State Policy on the issue.

3.1.19 Testing of ayurvedic medicines

Medicines were supplied without conducting test to ensure supply of standard quality medicines

The State Government declared (July 2002) the existing laboratory as statutory laboratory for testing of ayurvedic medicines as per provisions of the Drugs and Cosmetics Act 1940. The laboratory, however, did not receive any medicine sample from Drug Controller during 2002-2004 for testing due to shortage of inspectors. It was noticed in audit that against the sanctioned strength of ten inspectors in the office of the Drug Controller, ISM, there was only one inspector. As a result, the consumers of the state were not assured of quality ayurvedic medicines.

The Department stated (January 2005) that drug sample testing had been started since June 2004.

3.1.20 Procurement of raw materials at higher rate

Procurement of raw materials on eye estimation basis rejecting lowest offers

Test-check of purchase records of 16 items of raw ayurvedic materials revealed that selection of tenders was made on acceptance of samples on eye estimation instead of laboratory test conforming to the specification mentioned in the Ayurvedic Pharmacopoeia and thus the lowest offers were rejected. In this way the Centre and three ayurvedic hospitals incurred excess expenditure of Rs 9.60 lakh on procurement of 28.176 tonnes raw materials valuing Rs 25.03 lakh during 2002-2004.

The Department stated (January 2005) that the lowest tenders should not always be accepted to ensure quality of materials and the units had procured better materials for production of better quality medicines.

Contention of the Department was not acceptable because no laboratory test was conducted to ascertain the quality of the samples before rejecting lowest offers.

Manpower management

Scrutiny disclosed imbalance in manpower deployment with urban bias as posts of medical and paramedical staff were lying vacant in rural areas while doctors, house staff and nurses were deployed in Kolkata in excess of norms as discussed below :

3.1.21 Shortage of Medical Officers

39 posts of Medical Officers and 137 posts of compounders remained vacant for one to seven years

In the State, against sanctioned strength of 843 medical officers (MOs) (545 homoeopathic, 295 ayurvedic and three unani) and 656 compounders (440 homoeopathic, 213 ayurvedic and three unani) for 843 dispensaries, men-in-position were 804 (521 homoeopathic, 280 ayurvedic and three unani) and 519 (334 homoeopathic, 183 ayurvedic and two unani) respectively as of 31 March 2004. Thus, 39 posts of MOs and 137 posts of compounders were lying vacant for one to seven years.

In three State homoeopathic dispensaries of Cooch Behar district, the posts of MOs were lying vacant since April 1999, April 2002 and April 2003 respectively. Salary of Rs 6.53 lakh paid to the compounders of these dispensaries up to March 2004 proved to be unfruitful.

Barasat State Ayurvedic Dispensary in North 24 Parganas district remained non-functional since August 2002 due to utilisation of the service of its MO in J B Roy State Ayurvedic Medical College and Hospital at Kolkata. Supply of medicines to this dispensary was also discontinued from September 2002. Pay and allowances aggregating Rs 3.28 lakh to the pharmacist and a Group D assistant during September 2002 to February 2004 was unfruitful.

The Department stated (January 2005) that efforts were on for filling up the vacant posts of ayurvedic and homoeopathic medical officers.

3.1.22 Deployment of excess doctors and staff nurses

Deployment of doctors and staff nurses were in excess of requirement in Kolkata

Against the requirement of five doctors for 50 beds as per norm of Central Council of ISM&H, there were eight to nine doctors in D N De Homoeopathic Medical College and Hospital (50 bedded) in Kolkata during 1999-2004 indicating under utilisation of their services. Similarly, for 309 beds of three ayurvedic hospitals in Kolkata 67 to 76 house staff were deployed during 1999-2004 against the requirement of 16 as per norm of one house staff per 20 beds.

Staff nurses were to be deployed by the Deputy Director of Health Service (Nursing) as per requirement in all hospitals, health centres, etc. under both ISM&H and allopathy. Against the requirement of 51 staff nurses in five hospitals in Kolkata, 67 to 106 staff nurses were deployed during 1999-2004.

Deployment of excess manpower led to unfruitful expenditure of Rs 5.36 crore

Thus, deployment of doctors, house staff and nurses in excess of norm in urban areas not only resulted in unfruitful expenditure of Rs 5.36 crore during 1999-2004, but also indicated gross imbalance as rural dispensaries were not functioning for want of medical staff.

3.1.23 Other points

Non-realisation of diet charge from non-BPL patients- loss of Rs 10.44 lakh

- Patients not belonging to BPL families admitted in free beds were required to pay 50 *per cent* of the cost of diet. During 2002-2004, Rs 10.44 lakh being 50 *per cent* cost of diet provided to 1.06 lakh non-BPL patients of five test-checked hospitals[3] were not realised. The Department stated (January 2005) that the matter would be enquired into to fix responsibility.

Procurement of raw materials in excess of requirement

- Despite having stock of 9391 kg of raw materials as on 31 March 2002, three Ayurvedic hospitals procured 32756 kg of raw materials during 2002-2004 while only 19962 kg were consumed during the period. Thus, procurement of raw materials in excess of requirement resulted in accumulation of stock of 22185 kg with consequential blocking of funds of Rs 28.65 lakh. Deterioration of medicinal value of the stock could not be ruled out either, though not ascertained by the hospital authorities. The Department's reply (January 2005) that the raw materials could not be consumed due to shortage of manpower was not acceptable because the manpower position was known to the unit authorities at the time of procurement of raw materials.

Non-implementation of the scheme of supply of home remedy kit

- Ministry of Health and Family Welfare, Department of ISM&H launched (June 2002) a pilot scheme on 'Home Remedy Kit' to provide first line of health care to those segment of population to whom primary health care facilities were not available through ISM&H and also to achieve the national target of health for all by popularising ISM&H. The pilot scheme was proposed to be implemented in one hundred villages of Bankura district during 2002-2003 at a cost of Rs 10.60 lakh. The first instalment of Rs 5.30 lakh was released (November 2002) by the Ministry for procurement of kits and implementation of the project within eight months but the scheme was not launched as of May 2004 due to delay of 12 months in placement of fund by Health Department (ISM&H branch) and also delay in selection and training of service providers. The Department stated (January 2005) that the District Magistrate of Bankura was taking steps for implementation of the programme.

3.1.24 Monitoring and Evaluation

The Department had no mechanism for monitoring and evaluation of the performance of ISM&H institutions. No action plan was drawn up either by the Department or by the ISM&H institutions for development of infrastructure to improve the quality of services rendered by the institutions.

[3] *D N De Homoeopathic College and Hospital, Calcutta Homoeopathic Medical College and Hospital, J B Roy State Ayurvedic Medical College and Hospital, Post-graduate Institute of Ayurvedic Education and Research –Shayamadas Vaidya Shastrapith and Viswanath Ayurvedic Mahavidyalaya (Training Centre)*

Lack of monitoring of the activities of the medical colleges and hospitals, dispensaries, pharmacy and laboratory under ISM&H meant that fruitful utilisation of available resources could not be ensured and remedial measures for improvement of their performance could not be taken.

3.1.25 Conclusion

The review disclosed that the objective of providing alternative health care to citizens through development of ISM&H was not achieved due to low budget provision for ISM&H and failure of the institutions to avail of GOI assistance for infrastructure development. Only 20 *per cent* of the gram panchayats were provided with dispensaries. State homoeopathic hospitals were set up only in Kolkata and two districts out of 19 districts. Fifty one dispensaries remained non-functional upto seven years for want of MOs. In the absence of essential indoor departments and requisite instruments in ISM&H institutions, patients were deprived of medical care and the students did not receive appropriate training. The existing capacity of the Integrated Drug Production and Testing Centre at Kalyani in drug testing and production of medicines and raw materials was badly underutilised. Modernisation of the Centre was stalled for want of infrastructure. Absence of supervision and monitoring on the part of the administration on utilisation of available infrastructure for education, treatment, production of medicine and supply of quality drugs adversely affected the quality of services under ISM&H.

3.1.26 Recommendations

- Adequate budget provisions and optimum utilisation of GOI assistance to create infrastructural facilities should be ensured.
- Utilisation of full potential of the Integrated Drug Production and Testing Centre at Kalyani in respect of drug testing and production of medicine and raw materials need be ensured.
- Adequate budget support should be provided for plantation and maintenance of herbal garden to increase its productivity.
- The excess manpower in urban areas should be re-distributed to remove the imbalance between urban and rural areas.
- Homoeopathic dispensaries should be set up in all gram panchayats to offer medical care to people in remote places.