Medical Education Department

3.2 Indian System of Medicines and Homoeopathy

Highlights

The Director of Indian System of Medicines and Homoeopathy was to implement various programmes and schemes of delivery of health services, imparting education, production of medicines etc. in the systems of Ayurveda, Homoeopathy & Unani with the assistance of District Ayurveda Officers, Principals of colleges and Superintendents of pharmacies in the State.

The performance of hospitals and dispensaries in delivering health services to the patients was affected by non-availability of doctors in dispensaries, inadequacy of medicines, lack of indoor facilities and diet etc. The shortage of teaching staff in colleges had adverse impact on teaching and short supply of raw material brought down the production of medicines in the pharmacies.

The important short comings noticed in the implementation of programmes and schemes were as follows.

The expenditure on medicines, machinery and equipment was only one to three per cent of total expenditure under the Grant "Expenditure Pertaining To Medical Education Department" during 1999-2004.

(Paragraph 3.2.6)

Indoor facilities were not commissioned in Ayurveda hospital, Baihar (Balaghat) even after 12 years of sanction and were closed down in Tamia (Chhindwara), Damoh, Hoshangabad, Jhabua and Khargone.

(Paragraph 3.2.7)

Sanctioned bed strength was not provided ranging between 17 to 50 per cent in five and 67 to 100 per cent in eight hospitals.

(Paragraph 3.2.7)

Four dispensaries had not started functioning and 18 dispensaries were running without the supporting staff. In 193 (36 per cent) dispensaries treatment was given to 22.83 lakh patients during 1999-2004 by compounders and class IV staff in absence of doctors.

(Paragraph 3.2.7)

Inadequate teaching staff adversely affected quality of teaching in colleges and affiliated hospitals were not up to CCIM/CCH norms.

(Paragraph 3.2.8)

The production of medicines was very low in the pharmacies. No production was done in Unani Pharmacy during 2003-04.

(Paragraph 3.2.9)

Department failed to ensure quality control in purchase of medicines worth Rs.5.10 crore.

(Paragraph 3.2.9)

3.2.1 Introduction

The Directorate of Indian System of Medicines and Homoeopathy (ISM&H) was established to implement the State programmes and the Centrally Sponsored Schemes of ISM&H in the State and functioned under the Medical Education Department of the State Government.

There were nine (Ayurveda-7, Unani-1 and Homoeopathy-1) colleges with eight (Ayurveda-7 and Homoeopathy-1) attached hospitals, 22 (Ayurveda-20 and Homoeopathy-2) indoor hospitals at district and tehsil levels, 1623 (Ayurveda-1427, Unani-50 and Homoeopathy-146) dispensaries in rural and urban areas, two (Ayurveda and Unani-one each) pharmacies and six (Compounder-4 and Dai-2) training centres. Besides, 28 non-Government (Ayurveda-7, Unani-3 and Homoeopathy-18) colleges and nine non-Government Dai Training centres were also running in the State.

3.2.2 Objectives

The main objectives of the Medical Education Department in relation to ISM&H were as follows:-

- Providing health services for treatment of diseases through hospitals and Ayurveda, Unani and Homoeopathy dispensaries in the State.
- Imparting education through Ayurveda, Unani and Homoeopathy medical colleges.
- Arranging production, procurement and distribution of medicines.

3.2.3 Organisational set-up

The Medical Education Department is headed by the Principal Secretary at Government level. The Director, as the apex field authority, was responsible for overall implementation of programmes. He is assisted by 45 Superintendent -cum-District Ayurveda Officers (DAOs) who exercise control over hospitals and dispensaries functioning in their respective districts, two Superintendents of pharmacies engaged in production of Ayurveda and Unani

medicines and nine Principals[=] of colleges who head the institutions imparting education under ISM&H.

3.2.4 Audit objectives

The main audit objectives were to assess:-

- Whether health care services under State programmes and Centrally Sponsored Schemes pertaining to ISM&H were properly delivered in rural and urban areas.
- adequacy and utilisation of facilities and infrastructure for education and training in these systems of medicines.
- the economy and the efficiency in production and procurement of medicines.
- the monitoring and evaluation mechanism, for administering the ISM&H activities in the State.

3.2.5 Audit coverage

Mention was made in paragraph 3.20 of the Report of the Comptroller and Auditor General of India for the year ended March 1998 on the working of the Directorate of Indian System of Medicines and Homoeopathy. It was discussed (August 2004) by the Public Accounts Committee (PAC). However, the recommendations of PAC were awaited (January 2005). Further review covering the period from 1999-2000 to 2003-04 was conducted through collection of information from the Directorate and test check of records of DAOs in 11[*] districts out of 45, two pharmacies (Bhopal and Gwalior) and four colleges out of nine (Ayurveda-Bhopal and Gwalior, Unani and Homoeopathy-Bhopal) during February-September 2004. The points noticed are discussed in the succeeding paragraphs.

3.2.6 Financial management

- **Budget allotment and expenditure**

The budget allotment, expenditure incurred thereagainst, expenditure on pay and allowances and wages vis-a-vis expenditure on medical facilities under the Grant "Expenditure Pertaining To Medical Education Department" reported by the Directorate were as under.

= *Ayurveda-Bhopal, Burhanpur Gwalior, Indore, Jabalpur, Rewa and Ujjain Unani and Homoeopathy-Bhopal*

* *1. Balaghat. 2. Chhindwara 3. Damoh 4. Gwalior 5. Hoshangabad 6. Jhabua 7. Khargone 8. Mandla, 9. Morena 10. Shahdol and 11. Shajapur.*

(Rupees in crore)

Year	Budget provision	Expendi-ture	Savings	Expenditure on pay and allowances and wages		Medicines, Machinery and Equipment	
				Amount	As percentage of total expenditure	Expenditure	As percentage of total expenditure
1	2	3	4	5(a)	5(b)	6(a)	6(b)
1999-2000	75.11	74.38	0.73	70.18	94	1.08	1
2000-01	81.14 + 5.10*	74.70 + 5.10*	6.44 -	65.93 -	88	1.80 + 5.10*	2
2001-02	70.28	58.53	11.75	53.52	91	1.27	2
2002-03	67.55	60.66	6.89	54.91	91	1.75	3
2003-04	70.06	62.53	7.53	56.91	91	1.99	3
Total	**369.24**	**335.90**	**33.34**	**301.45**		**12.99**	

➢ Inadequate expenditure on medical facilities

Expenditure on medicines, machinery and equipment was only one to three per cent

Scrutiny revealed that the expenditure on medical facilities was only one to three per cent of the grant as compared to expenditure on pay and allowances and wages ranging between 88 and 94 per cent during 1999-2004. The total allotment of funds for medicines and equipment during the five years was Rs.17.59 crore and even this was utilised only to the extent of Rs.12.99 crore as shown in the above table. The main reason for this was the delay in finalising purchases.

➢ Control over expenditure

To have proper watch over expenditure against budget allotment, the Directorate was required to compile monthly expenditure statements received from the subordinate units in the expenditure control register and to workout upto-date progressive expenditure. This was, however, not done properly and budget allotment and monthwise and progressive expenditure were not recorded in the register. Thus full utilisation of provisions and surrender of savings could not be ensured highlighting the lack of monitoring and proper control over expenditure.

3.2.7 Programme management

➢ Delivery of health services

Health services were mainly provided through hospitals and dispensaries in the State.

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* Central assistance under Pradhan Mantri Gramodaya Yojana (PMGY) for purchase of medicines for dispensaries in rural areas.

➢ Working of hospitals

No new hospital was sanctioned during 1999-2004. There were 27 Ayurveda and three Homoeopathy hospitals in the State with a sanctioned strength of 990 beds. The position of sanctioned and available beds and actual utilisation of beds, staff and expenditure incurred during 1999-2004 in 14 test checked hospitals was as shown in **Appendix XXXI.** Analysis revealed that there had been shortage of staff and underutilisation of available bed capacity due to non-availability of essential facilities in the hospitals as discussed below.

➢ Shortage of staff

Services of Specialists and Lady doctors were not provided in hospitals

The Director did not furnish the overall staff position as of March 2004 in the hospitals in the State. In test checked hospitals, as against sanctioned posts of 61 doctors, 114 paramedical and 193 other staff, the posts of 9 doctors, 51 paramedical and 42 other staff respectively were vacant as of March 2004 which adversely affected the quality of health services. Lady doctors were not posted (as of March 2004) in the hospitals in Balaghat, Chhindwara (Tamia), Damoh, Mandla and Morena and specialists in Damoh, Hoshangabad and Mandla districts, though posts had been sanctioned. The Director stated (September 2004) that 20 posts of specialists sanctioned (May 1992) could not be filled due to non-inclusion of terms and conditions of appointment of specialists in recruitment rules. Thus the patients were deprived of the services of lady doctors and specialists.

➢ Indoor facilities not commissioned and closed down

Non supply of bedding etc. led to closure of indoor facilities in 6 hospital

The indoor facilities in 30 bedded Ayurveda hospital, Baihar (Balaghat) were not commissioned even after a period of 12 years from its sanction due to non-supply of cots, mattresses, etc., by the Department. Such facilities were closed down in hospitals in Tamia (Chhindwara) (December 2002), Damoh (January 2000), Hoshangabad (January2002), Jhabua (1986) and Khargone (August 1995) due to shortage of nursing staff, space and basic facilities in buildings, etc. Despite closure of indoor facilities, the staff posted earlier continued there. Expenditure of Rs.15.67 lakh incurred (1999-2004) on wages of ward boys (7), sweepers (5), washer men (4) and water men (2) appointed on the rates fixed by Collector and Rs.4.47 lakh on pay and allowances of staff nurse (1) exclusively meant for indoor patients during the period covered in audit proved infructuous in the absence of any indoor facilities.

➢ Shortfall in providing bed strength and its utilisation

Inadequate facilities caused non-utilisation of available bed capacity in the hospitals

In five hospitals (Bhopal- Ayurveda and Homoeopathy, Gwalior, Jhabua and Shahdol) 17 to 50 per cent and in eight hospitals (Balaghat, Betul, Chhindwara- Ayurveda and Homoeopathy, Damoh, Hoshangabad, Mandla and Morena) 67 to 100 per cent of sanctioned bed strength could not be provided so far due to non-availability of sufficient accommodation, furniture,

etc. The available bed capacity in the hospitals was not utilised to the extent of 44 to 100 per cent due to inadequate medicines, nursing staff, non-availability of clinical, laboratory, etc., facilities in the hospitals. This reflected poor facilities in the hospitals. No efforts were made to improve their condition.

➢ Non-extension of health care services

Four dispensaries sanctioned earlier have not started functioning

In all 1623 (Rural:1471 and Urban:152) dispensaries were reported functioning in the State. No norms were laid down by the Department for opening new dispensaries. No dispensary was sanctioned by the State Government during 1999-2004 due to limited financial resources as reported by the Directorate. Even three homoeopathy dispensaries (Barwani:2-July 1999, Jhabua : 1-March 1986) and one Ayurveda dispensary (Seoni-September 1990) sanctioned earlier, had not started functioning due to non-posting of doctors and subordinate staff, though the Directorate had savings from budget provisions every year during 1999-2004. Thus health care service under this system was not extended during 1999-2004.

➢ Shortage and management of staff

The staff position in the dispensaries in the State as of March 2004 was as under:

Sl. No.	Post	Strength		Shortage	Percentage of shortage
		Sanctioned	In-position		
1	Chikitsa Adhikari (CA)	1298	1140	158	12
2	Assistant Chikitsa Adhikari (ACA)	464	312	152	33
3	Compounder	1632	1365	267	16
4	Dai	1384	744	640	46
5	Dawasaj	1562	1441	121	8

Despite shortages some dispensaries exceeded their sanctioned strengths

Despite shortage of doctors (CA and ACA) in the State, 12 CA were posted in excess of the sanctioned strength in dispensaries located in six districts (Datia:1; Khandwa:1; Rewa:6; Sagar:1; Sidhi:1; and Tikamgarh:2). It was also observed that pay and allowances of a CA transferred (July 1998) from Hoshangabad to Tikamgarh were drawn by DAO, Hoshangabad from November 1999 upto June 2004 although the dispensary at Hoshangabad was running without a doctor since the date of transfer of the CA. The shortage and mismatching of staff affected adversely the performance of dispensaries in rendering health care services and reflected on the quality of manpower deployment and utilisation.

➢ Irregular attachment of staff to other departments

In three districts 14 personnel were attached irregularly to other departments

The Government in General Administration Department issued (January 2000) instructions for termination of the practice of attachment of staff to other Departments. It was noticed that despite shortage of staff in the Department,

14 personnel (Compounders:3, Dawasaj/Aushdhalaya Sewak:4, Cook:1, Cook-servant:1, Waterman :3, Staff Nurse:1 and Driver:1) in three (Chhindwara, Hoshangabad and Morena) districts, were attached to other Departments namely Panchayat, Revenue, Tribal Welfare and Public Health and Family Welfare during 1999-2004, involving expenditure of Rs.17.46 lakh on their pay and allowances. Their continued attachment for long periods needed review.

➢ Ayurveda dispensaries running without supporting staff

18 dispensaries were without supporting staff

According to norms for running of ayurveda dispensaries, one post of CA, Compounder, Dai, Aushdhalaya sewak and PTS for each dispensary were required to be sanctioned. It was observed that only the post of CA was sanctioned for 18 ayurveda dispensaries (Balaghat : 12 and Hoshangabad : 6) taken over from Janpad Panchayat by the State Government during 1988-89. These dispensaries thus were running without sanction of any supporting staff.

➢ Treatment by unauthorised /unqualified persons

In 13 districts 193 dispensaries were running without doctors

The PAC in their 300th Report recommended in respect of para 3.24 of Report of the Comptroller and Auditor General of India for the year ended March 1999-Government of Madhya Pradesh No. 3 (Civil) that the posting of doctors where needed should be ensured in the Health Centres of Public Health and Family Welfare Department. Scrutiny of reports revealed that doctors were not posted in 414 (Rural: 391 and Urban: 23) out of 1561[@] dispensaries as of September 2003. Thus these dispensaries were running without doctors. In the test checked districts (11) and Unani pharmacy, Bhopal out of 486 dispensaries, 170 (Rural: 157 and Urban: 13) (35 per cent) were running without doctors as of March 2004 with the result that treatment was given by Compounder (class III) and "Aushdhalaya sewak/ Dawasaj" Dai, PTS (class IV) though they were not authorised or qualified to do so. In 152 dispensaries treatment was given to 17.97 lakh patients by Compounders and medicines worth Rs.48.56 lakh were issued to the patients. Further, in 18[ψ] (Rural: 16 and Urban :2) dispensaries treatment was given to 2.79 lakh patients by class IV employees and medicines worth Rs.5.90 lakh were issued during the period 1999-2004 when doctors were not posted. In Betul district, treatment to 1.86 lakh and 0.21 lakh patients respectively was given by compounders (17 dispensaries) and class IVth employees (6 dispensaries) and medicines worth Rs.5.98 lakh and Rs.1.23 lakh were issued by them to patients in the absence of doctors.

Out of 170 dispensaries in 11 test-checked district, that were without doctors (March 2004), doctors were not posted for one to five years in 96 dispensaries, for five to 10 years in 38 dispensaries and for more than 10 years in 9 dispensaries; the remaining 27 dispensaries were running without doctors for less than one year.

[@] *Information made available only of 1561 out of total 1623 dispensaries.*

[ψ] *Balaghat:2, Bhopal:1, Chhindwara:4, Damoh:1, Khargone:3, Mandla:1, Morena :1 and Shajapur:5*

The Director stated (September 2004) that proposals of recruitment of doctors had been sent to State Government from time to time.

➢ **Non-availability of essential facilities**

Dispensaries were lacking essential facilities and clinical equipments

Of 1623 dispensaries, 622 were housed in Government, 596 in Panchayat/free/donated and 405 (25 per cent) in rented buildings. The number of dispensaries housed in rented building underlined the need of strengthening infrastructure. Dispensaries (486) in test checked districts lacked essential facilities like electricity (331), water (378), and clinical equipments like stethoscope (463), thermometer (464) and BP apparatus (454).

➢ **Absence of efforts to popularise ISM&H**

Efforts were lacking to popularise adoption of ISM&H

To popularise ISM&H, the Director issued (January 2001) instructions for inspecting at least five dispensaries in rural areas in a month by the DAO, organising four medical camps in ***Hats***[*] in rural areas in a month and arranging lectures on ISM&H in schools by doctors. In test check it was observed that the Superintendent Unani pharmacy, Bhopal and the DAO, Khargone did not carry out inspection of dispensaries at all and the short fall was 81 per cent in other districts during 2000-2004. Medical camps were not organised by the Superintendent Unani pharmacy, Bhopal and the DAOs of Balaghat and Hoshangabad. The short fall was 52 per cent in other districts. Lectures were also not arranged in schools during 2000-2004. The shortcomings were attributed to non-availability of vehicle and funds by the units.

➢ **Survey of fake doctors not conducted**

Survey of false doctors not undertaken

State Government issued (August 1997) instructions to conduct survey of unregistered doctors and holders of fake and false degrees to prevent unauthorised persons from practicing medicine and to take action against them under law. Scrutiny revealed that no survey was conducted during 1999-2004 in the State excepting Shahdol district where survey of 113 doctors was conducted during 1999-2000 and 13 unregistered and 75 fake and false degree holders were found engaged in medical profession. However, no action was taken against them. The Directorate attributed (October 2004) non conducting of survey to paucity of funds.

Survey of one district found thirteen unregistered and 75 fake and false degree holder

3.2.8 Teaching activities

Education on ISM&H was imparted through colleges of Ayurveda (7), Unani (1) and Homoeopathy (1). The colleges and their affiliated hospitals were declared (March 1997) as autonomous institutions to be managed and controlled by registered societies.

[*] *Weekly market in a village.*

➢ Shortage of teaching staff

Sanctioned and working strength of teaching staff in colleges as of March 2004 was as below:

Post	Strength		Shortage
	Sanctioned	In-position	
Principal	9	7	2
Professor	31	22	9
Reader	55	31	24
Lecturer	117	77	40
Demonstrator	67	41	26
Total	**279**	**178**	**101**

Shortage of teaching staff had adverse effect on teaching imparted

In the test checked colleges, as against sanctioned four posts of Principal, 19 Professors, 26 Readers, 61 Lecturers and 43 Demonstrators, vacant posts as of March 2004 were one, nine, seven, 25 and three respectively. The shortage had adverse impact on teaching. This was also admitted by the Principals of Ayurveda and Unani colleges, Bhopal. In Ayurveda colleges Bhopal and Gwalior 17 CA and two ACA were deployed against posts of Lecturer (5) and Demonstrator (14); one ACA out of these was actually working in Ayurveda dispensary" Vidhansabha Parisar, " Bhopal and his pay and allowances were drawn from the college (Bhopal). Most of above doctors were transferred at their request to colleges, whereas many dispensaries particularly in rural areas were being run without doctors.

➢ Affiliated hospitals not up to CCIM/CCH norms

As per CCIM norms, the student-bed ratio should be 1:2 up to intake of 50 students in an Ayurveda college and the bed occupancy in the affiliated hospital should not be less than 60 per cent in any case. As per norms of the Central Council of Homoeopathy (CCH), the student-bed ratio should be 1:1.

Bed occupancy in affiliated hospital was as low as 13 and 17 per cent

The sanctioned intake of students in Ayurveda colleges, Bhopal and Gwalior and Homoeopathy college, Bhopal was 50, 45 and 50 respectively. The affiliated hospitals were not up to CCIM/CCH norms as in the hospitals attached to Ayurveda Colleges, Bhopal and Gwalior 25 and 48 beds were available against the requirement of 100 and 90 respectively and bed occupancy was 13 and 17 per cent respectively as against the requirement of 60 per cent. In the hospital of Homoeopathy College, Bhopal, 25 beds were available though 50 were required.

➢ Setting up of herbal garden

Herbal garden was incomplete in Bhopal despite utilisation of full grant

GOI sanctioned and released (March 2001) Central assistance of Rs.5 lakh under the Central scheme for development and cultivation of medicinal plants to Principal PKS Ayurveda college, Bhopal for setting up a medicinal plants garden. The Principal utilised the grant on the work of fencing, construction of

shed, installation of tube well, etc. But the electricity connection to the tube well was wanting and the fencing of the garden was also destroyed, alongwith 141 out of 171 plants. Thus the utilisation of grant was largely unfruitful.

Similarly GOI sanctioned (March 2002) and released (April 2002) Central assistance of Rs.3.70 lakh to the Principal, Ayurveda college, Gwalior for setting up the garden of medicinal plants. The assistance was to be utilised during 2002-03. The garden was, however, not set up (December 2004).

3.2.9 Production of medicines and quality control

➢ Deficiencies in functioning of pharmacies

Production of medicines was very low in pharmacies.

The Department has one Ayurveda pharmacy at Gwalior and one Unani pharmacy at Bhopal for manufacturing 'Shastrokta' medicines. The Director was to purchase the raw material required for manufacturing medicines. The Directorate did not schedule the medicines to be manufactured or fix any targets of production. The Superintendents of the pharmacies sent annual work plan (AWP) to the Directorate proposing targets of production of medicines and requirement of raw material. The approval of the Director for the proposed targets was, however, not given.

It was seen that the production in both the pharmacies was very low compared to the targets proposed in AWP. There was no production during 2003-04 in the Unani pharmacy Bhopal. The shortfall in production was attributed to old machines and short supply of raw material and ingredients during 2002-03 by the Directorate. The Directorate stated that raw material was purchased according to availability of budget. Reply of the Directorate was not acceptable as there was saving of funds in the pharmacies under “medicine”.

➢ Abnormal delay in strengthening of pharmacy

Strengthening of pharmacy not achieved despite availability of grant

GOI sanctioned (March 2001) grant-in-aid of Rs.90 lakh (Building-Rs.25 lakh and Machinery/Equipment Rs.65 lakh) and released (April 2001) first instalment of Rs.75 lakh each for strengthening Ayurveda pharmacy, Gwalior and Unani pharmacy, Bhopal. The project was to be completed within one year. A sum of Rs.50 lakh was paid to the Public Works Department (PWD) during October 2001 to March 2004 for renovation of buildings of both the pharmacies and Rs.99.02 lakh (November 2003) to Hospital Services Consultancy Corporation India, Noida (HSCC) for supplying machinery/equipment to these pharmacies. The machinery/equipment worth Rs.91.93 lakh were received from HSCC during November 2003 to March 2004. The machines were not installed (December-2004) in Ayurveda pharmacy, Gwalior due to incomplete work of building and electrification. The Superintendent, Ayurveda pharmacy, Gwalior intimated (December 2004) that an amount of Rs.8.36 lakh was required for completing the renovation. Progress reports of the project and utilisation certificate (UC) were not sent to GOI by the pharmacies, though required. Thus the strengthening of the pharmacy at Gwalior was delayed.

The Superintendents of the pharmacies replied that UC would be sent to GOI after work is completed.

- **Delay in commissioning Drug Testing Laboratory (DTL) and deficient system of quality control.**

DTL was not functioning even after more than two years of release of grant

GOI sanctioned (March 2002) grants-in-aid of Rs. one crore (Building-Rs.25 lakh, Machinery/Equipment-Rs.65 lakh and Manpower Rs.10 lakh) under the Centrally sponsored scheme of strengthening DTL and released (March 2002) Rs.95 lakh as first instalment to Director for DTL at Gwalior with condition to complete the project within one year and make it functional. The scheme envisaged deployment of prescribed technical manpower in DTL by the State Government and testing of 500 samples of drugs per year.

The Director paid Rs.22.44 lakh (November 2002) to PWD for renovation of the building of the Ayurveda pharmacy, Gwalior where DTL was to be established and Rs.57.36 lakh (November 2003) to HSCC for supply of machinery/equipment. The machinery and equipment worth Rs.52.37 lakh received from HSCC during December 2003-July 2004, were not installed. The renovation work of building was incomplete as of December 2004. The prescribed manpower was also not sanctioned by the State Government. Progress reports of the project were not sent to GOI, though required. Thus DTL was not commissioned (December 2004) though required to be completed by March 2003.

The Drugs and Cosmetics Act 1940 (Act) envisaged testing of samples of ISM&H drugs to ensure quality. The DAO and ex-officio Ayurveda Drug Inspector was responsible for ensuring quality of ISM&H drugs in the district. It was observed in the test checked districts that samples of the drugs were not taken for any testing.

- **Lack of quality control while purchasing medicines**

Quality control not ensured in purchase of medicines worth Rs.5.10 crore.

The Director paid Rs.5.10 crore (Rs.2.50 crore October 2003 and Rs.2.60 crore February 2004) to MPLUN for purchase of Ayurveda, Unani and Homoeopathy medicines. Committees constituted for different regions were to physically inspect the medicines being supplied and to check them with the samples already approved. Some samples were also to be got tested from the laboratories. The Committee constituted for Gwalior region took 23 samples of Ayurvedic medicines and handed over the same to MPLUN instead of sending them to a laboratory for testing. The Principal, Government Ayurveda College, Gwalior, the head of the Committee, agreed that the samples were not up to the quality of the approved samples. It was observed that Rs.9.23 lakh worth of the sampled medicines had been actually supplied in eight test-checked districts by the supplier. In Bhopal region too, 74 samples were taken by the Committee but further information about their testing, if any, was not on record.

The Directorate replied that the collected samples were retained with MPLUN and if necessary, would be got analysed by them. The reply indicated total

absence of any quality assurance exercise on the part of the Directorate in purchasing the medicines.

3.2.10 Monitoring and evaluation

There was no monitoring cell in the Directorate to monitor the performance of hospitals, dispensaries, pharmacies etc. and no system of monitoring the execution of programmes through periodical reports was evolved with the result that impact on the health care system in the State was not evaluated. Though the internal audit wing was constituted, targets were not fixed and only 18 units were audited during 1999-2003. As against target of 56 units, only eight units were audited during 2003-04 which showed shortfall of 86 per cent.

Inspection of subordinate units was not carried out by the Director during 1999-2002. As against target of 58, only 12 units were inspected by the Director during 2002-04. In-conducting inspections and shortfall (79 per cent) was attributed to administrative reasons.

3.2.11 Conclusion

The delivery of health services to the patients through hospitals and dispensaries was insufficient due to inadequate medicines, absence of proper indoor facilities, diet and non-availability of doctors in dispensaries in rural areas. The shortage of teaching staff in colleges had adverse impact on teaching. The affiliated hospitals of colleges were not upto CCIM/CCH norms. The production of medicines in pharmacies was very low. Quality of medicines was not ensured as the samples of drugs were not taken and got tested by the drug testing laboratory.

3.2.12 Recommendations

The following recommendations are made:-

- The utilisation of funds provided for medicines, machinery and equipment should be ensured.
- Hospitals and dispensaries should be strengthened by providing adequate clinical facilities, furniture, equipment etc.
- Deployment of doctors in dispensaries where the dispensaries are running without doctors particularly in rural areas should be done on priority.
- Medicines need to be tested to ensure quality and DTL should be brought to function.

Appendix XXXI

(Reference: paragraph 3.2.7 page ..52..)

Statement showing the position of beds sanctioned, available etc. in hospitals during 1999-2004

Sl. No.	Name of hospital	Bed strength sanctioned	Beds available	Percent-age of bed strength not provided/ non-functional	Available capacity of beds in number of days	Actual occupancy of beds in number of days	Percent-age of available capacity not utilised	Position of Staff as of 31 March 2004						Total expenditure incurred (Rs. in lakh)
								Sanctioned posts			Staff in position			
								Doctors	Para-Medical	other staff	Doctors	Para-medical	Other staff	
1	2	3	4	5	6	7	8	9(a)	9(b)	9(c)	9(d)	9(e)	9(f)	10
1	Ayurveda, Baihar (Balaghat)	30	Nil	100	Nil	Nil	-	3	7	10	1	2	2	39.65
2	Ayurveda, Betul	30	10	67	18250	10232	44	3	7	1	3	5	1	55.30
3	Ayurveda (Attached to College), Bhopal	30	25	17	45625	24266	47	4	7	16	4	7	14	62.55
4	Homoeopathy (Attached to College), Bhopal	50	25	50	45625	9714	79	14	22	59	13	12	47	220.54
5	Homoeopathy,Navegaon (Chhindwara)	40	6	85	10950	2470	77	2	4	11	2	1	11	41.58
6	Ayurveda, Tamia (Chhandwara)	30	6	80	10950	766	93	3	5	11	1	1	11	37.85
7	Ayurveda, Damoh	30	4	87	7300	7171	2	4	7	10	3	4	7	68.82
8	Ayurveda (Attached to college), Gwalior	90	48	47	87600	27519	69	5	15	13	5	14	13	149.02
9	Ayurveda, Hoshangabad	30	8	73	14600	51	99	4	7	9	4	4	9	76.16
10	Ayurveda, Jhabua	30	15	50	27375	Nil	100	3	7	12	3	Nil	3	46.83
11	Ayurveda, Khargone	30	30	Nil	54750	Nil	100	3	7	11	3	1	6	53.95
12	Ayurveda, Mandla	30	10	67	18250	3248	82	4	7	9	1	4	9	65.45
13	Ayurveda, Morena	30	10	67	18250	660	96	6	5	12	6	5	10	111.02
14	Ayurveda, Shahdol	30	15	50	27375	7153	74	3	7	9	3	3	8	84.14
	Total	**510**	**212**	**58**	**386900**	**93250**	**76**	**61**	**114**	**193**	**52**	**63**	**151**	**1112.86**

NA : Not available