

CHAPTER-6

HEALTH SECTOR

This chapter contains audit findings relating to the health sector projects implemented by means of OMBADC funds, lack of awareness of the district authorities regarding the project proposals; non-inclusion of the requirements of the Primary Health Sectors in the Detailed Project Reports (DPRs); inclusion of such projects which had already been sanctioned from other sources; lack of planning for overcoming the shortage of doctors in four districts; non-implementation of the “Cluster Housing Concept”, to reduce the scarcity of doctors; irrational sanction of health infrastructure projects, between mining and non-mining blocks; delays in procurement of ambulances/ bike ambulances and their minimal usage; irregularities in the prevention and control of pulmonary diseases; delays in purchase and supply of equipment/ instruments; and lack of monitoring of projects.

6.1 Introduction

Under the 2nd phase (Compensation fund), with the concurrence of Oversight Authority, BoD, in its 14th meeting (April 2019) and 16th meeting (December 2019) approved one project, with the cost amounting to ₹1,299.43 crore, for upgradation of infrastructure in the health institutions of four⁷⁶ mining affected districts of Odisha, under the Health and Family Welfare Department (H&FW Department). The major activities to be taken up through this proposal were: (a) Upgradation of Health infrastructure (b) Improving access to Health care (c) Emergency care (d) Telemedicine care projects in existing health institutions; and (e) Special public health programmes⁷⁷. Later, considering certain constraints, like non-availability of land, funds already availed from other sources *etc.*, OMBADC considered the revised DPR (February 2022) and the BoD approved (August 2022) the same, with a project cost of ₹1,202.94 crore.

In addition, the BoD had approved three more projects, *i.e.*, construction of a 150-bedded Mother Child Hospital (MCH) in Jajpur, at a cost of ₹66.44 crore; procurement of medical equipment for health institutions in the Mayurbhanj District, at a cost of ₹3.21 crore; and strengthening of the health system in the Mayurbhanj District, through infrastructure development, at a cost of ₹36.76 crore. OMBADC had sanctioned ₹1,309.34 crore, as of March 2022, for implementation of four health projects. Audit test-checked OMBADC project

⁷⁶ Keonjhar; Jajpur; Mayurbhanj and Sundargarh

⁷⁷ Special Public Health Programmes included the activities under (i) Prevention and control of vector borne diseases, (ii) Prevention and control of pulmonary diseases, (iii) Nava-Jyoti - Screening and treatment of retinopathy of prematurity (ROP), (iv) Provision of ASHA help desk-cum-rest shed in all Community Health Centres, and (v) Strengthening of National Urban Health Mission Programme, for the mining affected districts

related records of 12 PIAs⁷⁸ of two districts, selected through a random sampling basis, i.e., Mayurbhanj and Sundargarh. The findings thereon are discussed in the subsequent paragraphs.

6.1.1 Lack of awareness of the district authorities regarding the project proposals

Scrutiny of records at OMBADC revealed that, during the review meeting (November 2019), the Chief Secretary-cum-Chairman, OMBADC, had observed that most of the project works had not been started, in the four mining affected districts and the concerned CDMOs were not well versed about the project proposals and their implementation schedules. This indicated that there was no proper coordination between the implementing agencies and the Department, hampering the smooth execution of the projects, as discussed in Paragraphs 6.1.3, 6.3.1, 6.3.2, 6.4.1, 6.4.2, 6.4.3, 6.4.4 and 6.4.5.

In reply, the CEO, OMBADC stated (June 2023) that, the activities to be undertaken by OMBADC funds are enlisted in the DPRs and communicated to district authorities for implementation of the projects. Projects are implemented as per due procedure. However, the fact remains that, projects had not been initiated even after lapse of seven months from the date of approval (April 2019), as observed in the review meeting during November 2019.

6.1.2 Non-inclusion of the requirements of Primary Health Sectors, in the DPR

During audit of the records of Rural Works Division, Karanjia, it was noticed that, while finalizing the projects (April 2019), the priorities of the concerned Medical Officers of Primary Health Centres (PHCs) and Community Health Centres (CHCs), had not been called for. On test-check of the requirements of the medical officers, communicated in June 2019, it was found that their priority requirements were different from the project components, as specified in the DPR, by the PIA, as detailed in *Appendix – VIII*, implying that the requirements of the health centers had not been considered, while preparing the DPRs.

While accepting the audit observation, the CEO, OMBADC, stated (June 2023) that, for upcoming projects, the CDM & PHOs would be advised to explore the ground level requirements from the Medical Officers of the medical facilities and to propose that the same be taken up under OMBADC funds.

6.1.3 Lack of planning and bottom-up approach led to dropping of projects

In relation to the execution of health sector projects, OMBADC had sanctioned ₹1,299.43 crore, as of December 2019, for implementation of projects, in the four districts. The DPR was revised (December 2021) after two years and BoD (24th meeting) approved the project cost as ₹ 1,202.93 crore (August 2022).

⁷⁸ Department of Health and Family Welfare, Director of Public Health, Odisha State Medical Corporation Limited and nine other project implementing agencies in two selected districts

On scrutiny, it was noticed that, components worth ₹ 158.59 crore had been included and components worth ₹ 255.09 crore had been dropped from the approved projects. Details of the dropped projects, along with reasons, are given in **Table 6.1**.

Table 6.1: Projects dropped

Sl. No.	Component	Allocation, as per DPR (₹ in crore)	Allocation, as per RDPR ⁷⁹ (₹ in crore)	Amount dropped (₹ in crore)	Reasons of Dropping
1	2	3	4	5	6
1	Modular ICU/Modular OT/CSSD	369.28	185.00	184.28	Due to land constraints, projects were dropped at District Head Quarter Hospital (DHH), Sub-Divisional Hospital (SDH) and Community Health Centre (CHC).
2	Liquid Medical Oxygen Plant	16.00	0.00	16.00	Since Liquid Medical Oxygen Plants were sanctioned from the funds provided by Government of India, the component was dropped from the OMBADC fund.
3	Drug Warehouse	5.98	2.72	3.26	As some projects had been constructed from NHM ⁸⁰ funds in the Sundargarh, Mayurbhanj and Jajpur districts.
4	Telemedicine care	4.75	2.75	2.00	Already implemented through the Ayushman Bharat Health Wellness Centre in the Keonjhar district.
5	Mobile Medical Unit	52.50	32.50	20.00	As Mobile Medical Units in all 26 blocks of Mayurbhanj had already been implemented through NHM funding.
6	Model District Initiative ⁸¹	14.00	0.00	14.00	In Sundargarh, the proposal was dropped due to want of thorough examination and CDM&PHO, Keonjhar, had been intimated regarding its non-requirement.
7	Digital Dispensary ⁸²	6.02	0.00	6.02	In Mayurbhanj, it was not taken up, as the outcome of the project, on a long-term basis, had not been studied. Sundargarh dropped it on the ground that the digital dispensaries, already implemented through the State fund, were not in operation.
8	Trauma care facility	28.59	19.06	9.53	CHC, Barbil, in Keonjhar, dropped the proposal, without any specific reason.
Total		497.12	242.03	255.09	

(Source: Compiled by Audit from departmental records)

⁷⁹ Revised Detailed Project Report

⁸⁰ National Health Mission

⁸¹ Model District Initiative consisted of providing transport support to the people to access health care services and make provision for mobile vision care centres, in inaccessible areas

⁸² Digital Dispensary was meant to provide health services through telemedicine network established through partnership mode and to provide minimum set of investigations like malaria test, Haemoglobin, blood sugar, blood pressure, urine analysis etc.

From the reasons given for dropping the components as mentioned in **Table 6.1**, it can be seen that the components had been dropped for reasons like non-availability of land, the proposed components having already been covered under GoI schemes and lack of proper research and examination.

The OA had suggested (July 2019) that the CDMOs of Sundargarh and Keonjhar districts may upgrade the facilities of the district hospitals, through OMBADC funds, so that, the tribals need not come to Cuttack or Bhubaneswar, for their treatment. However, due to non-assessment of the availability of suitable land for execution, the component ‘Establishment of modular ICU, modular operation theatre and Central Sterile Supply Department’ was dropped. Thus, the suggestion of the OA had not been taken up, to the best advantage of the affected population, indicating the lack of a bottom-up approach in planning of the project.

While accepting the audit observation, the CEO, OMBADC, stated (June 2023) that all the CDM & PHOs would be requested to furnish future project proposals as per the ground requirements of the health centres, ruling out duplication with other funding sources.

6.1.4 Inclusion of projects already sanctioned from other sources

The H&FW Department had submitted a revised proposal (of ₹36.76 crore, in March 2021) for additional civil works⁸³ in the Mayurbhanj District, as the earlier proposal (of ₹47.25 crores, in June 2020) had comprised of components which had already been considered under other schemes, such as the NHM Programme Implementation Plan, as noticed (December 2020) by OMBADC. Though the earlier proposal had been submitted with a certificate of non-duplication by the responsible authorities, components worth ₹10.49 crore had been considered, in duplication. These components had been proposed under other schemes, resulting in their being dropped at a subsequent stage.

Further, it was noticed that the revised proposal of ₹ 36.76 crore, included the repair and renovation of 40 sub-centers⁸⁴ (SCs). The work had been taken up (October 2021), with a cost of ₹ five lakh each, from the OMBADC fund. Out of these, 40SCs, the repair and renovation of 32 SCs (80 *per cent*) had been completed, as of December 2022.

Scrutiny of records revealed that date of completion of repair and renovation work, in respect of all the 32 SCs, was 16 January 2022. Out of these completed SCs, repair and renovation work had been executed on five SCs, which had been newly constructed and had been handed over between November 2020 and September 2021. This indicated that ₹ 5 lakh each had been spent on repair and

⁸³ (i) Infrastructure strengthening and upgradation and renovation of CHCs and PHCs, (ii) repair and renovation of Sub-centre buildings, (iii) provision for new bore well and laying pipe for water supply, (iv) installation of dedicated transformer at CHCs, PHCs and Sub-centres and (v) upgradation of electrical wirings of different CHCs and PHCs

⁸⁴ A Sub-centre or Primary Health Sub-centre is the most peripheral and first point of contact between primary health care system and the community. It provides interface with the community at the grass root level, providing all the primary health care services. It is the bottom level facility centre of Health Sector

renovation of SCs which were four to 14 months old. Similarly, in case of repair and renovation work of eight SCs, it was noticed that administrative approvals for construction of those SCs had been granted under NHM-PIP (2021-24) (details in *Appendix- IX*).

Hence, repair and renovation work of the newly constructed SCs, as well as SCs scheduled for new construction, in regard to 10 completed works out of 13, by incurring expenditure of 50 lakh, had resulted in wasteful expenditure.

Regarding the remaining three works, only work orders had been issued. This indicated lack of a robust planning and monitoring mechanism in the OMBADC, as well as doubtful execution of repair and renovation work.

In reply, the CEO, OMBADC, stated (June 2023) that: (i) five SC buildings (newly constructed) were situated in the CHC Headquarters (ii) the fund requirements for the approach road, boundary wall *etc.*, could not be met out of NHM or other sources, as per NHM Guidelines (iii) therefore, the amounts had been spent from OMBADC funds and (iv) repair and maintenance for the other five SCs had been taken up for functionalization, as per norms, much earlier to the plan for new construction.

However, the fact remained that, the different components of repair and maintenance, from the two agencies, had not been segregated and analyzed for gap funding from the OMBADC funds, resulting in duplication in the execution of works on the same project.

6.1.5 Lack of planning to overcome the shortage of doctors

As per the DPRs/ revised DPRs, only civil works, equipment *etc.*, pertaining to the health sector, had been provisioned out of OMBADC funds, in the four mineral bearing districts. However, issues regarding deployment of doctors and manpower had not been addressed. Taking cognizance of the scarcity of doctors, the Oversight Authority (OA) suggested (July 2019) examination of the feasibility of inclusion of AYUSH doctors, in the PHCs and CHCs. However, the Department had not taken any concrete step in this direction (as of November 2022).

During the course of audit in Mayurbhanj and Sundargarh, it was noticed that, as of October 2022, against the sanctioned strength of 579 and 463 doctors for these two districts, there were shortages of 254 (43.86 *per cent*) and 270 (58.31 *per cent*) doctors, respectively. Thus, focus on infrastructure development, in the health institutions under OMBADC, without adequate doctors and manpower, had not served to meet the objective of improving access to health care, in the mining affected areas.

In reply, the CEO, OMBADC, stated (June 2023) that 1,181 Medical Officers, recommended by the OPSC, would be posted to different districts, including mining affected districts, through online counselling. Further, the proposal for creation of 5,000 Leave Training Reserve Medical Officers (LTRMO) Posts had been approved for subsequent recruitment by OPSC. The reply was not

acceptable, as no special emphasis was given to address the shortage of doctors in mining affected remote areas.

6.1.6 Non-implementation of the “Cluster Housing Concept”, to reduce the scarcity of doctors

In its meeting dated July 2019, the OA stated that many doctors were not willing to stay in remote places, which was a major cause of scarcity of doctors in rural areas. The Department suggested the “Cluster Housing Concept”, in which doctors would stay at one major block headquarters and transportation would be provided to them, to reach their respective work places. The OA had agreed to the proposal. However, till the date of audit (November 2022), no such proposal had been prepared and submitted to the OMBADC, for approval, despite a lapse of more than three years.

The Department requested (May and June 2020) the CDMOs of the four mining affected districts⁸⁵, to submit their budget estimates for cluster houses, restricted to five in each district, based on the concept plan developed by the National Health Mission. The Sundargarh, Keonjhar and Mayurbhanj Districts submitted their budget estimates for approval, in July 2020, for 13 cluster houses⁸⁶, with a total estimated cost of ₹20.60 crore, while the Jajpur district did not submit any budget estimates for the cluster house. However, these projects had neither been taken up, nor had they been included in the revised DPR, subsequently. As such, the suggestion of the OA had not been implemented and the shortage of doctors had remained unaddressed.

In reply, the CEO, OMBADC stated (June 2023) that, the CDM & PHOs of Mayurbhanj/ Keonjhar had been requested to submit a revised proposal recasting the estimates taking into consideration the approved conceptual drawing, for examination by the technical Team of NHM and subsequent submission to OMBADC, for approval. However, the fact remains that the process of construction of cluster house was yet to be finalized, even after four years from the date (July 2019) of decision by the Oversight Authority.

6.1.7 Allocation of more health infrastructure projects in non-mining blocks

The PR&DW Department had communicated (February 2018) the list of mining affected villages, covered under OMBADC, to the other executing Departments. As per the list, three blocks⁸⁷, with 20 villages of Mayurbhanj; one block⁸⁸, with 46 villages of Jajpur; five blocks⁸⁹, with 220 villages of Keonjhar; and eight blocks⁹⁰, with 160 villages of the Sundargarh district, had been identified as mining affected areas. However, the number and expenditure of health projects,

⁸⁵ Keonjhar, Sundargarh, Mayurbhanj and Jajpur

⁸⁶ Five in Sundargarh, three in Keonjhar and five in Mayurbhanj

⁸⁷ Rairangpur, Joshipur and Kusumi

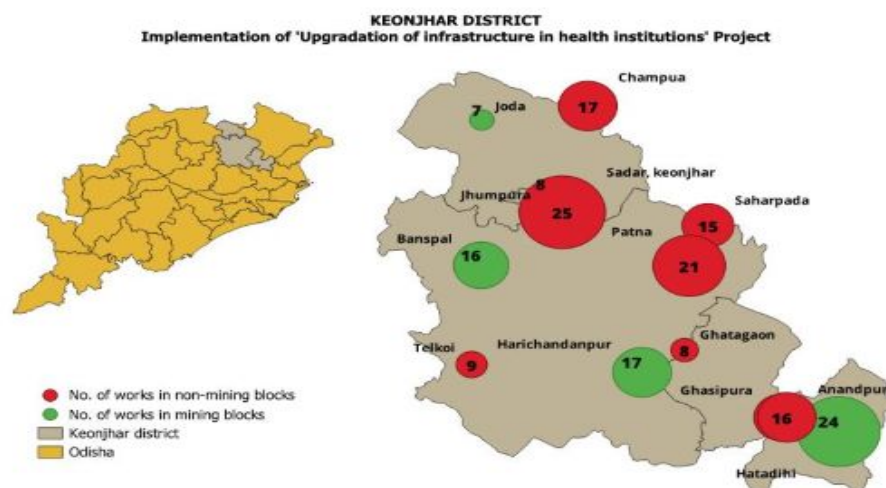
⁸⁸ Sukinda

⁸⁹ Joda, Jhumpura, Hatadihi, Harichandanpur and Banspal

⁹⁰ Gurundia, Hemgiri, Koirra, Kuarmunda, Kutra, Lahuni para, Nuagaon and Rajgangpur

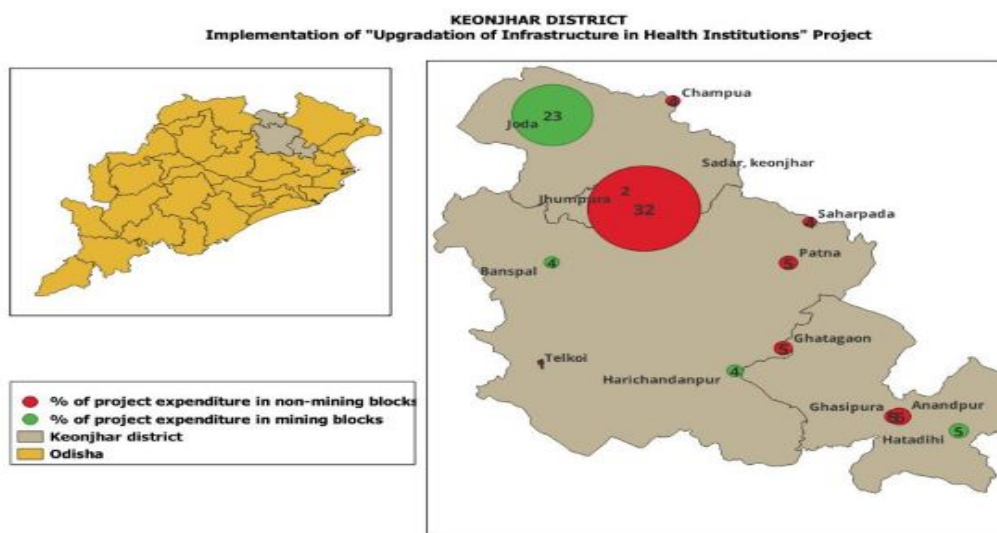
approved for the mining affected blocks of the Keonjhar district⁹¹, was as given in Picture Nos. 11A and 11B.

Picture – 11A: Infrastructure development in Keonjhar



(Source: Information collected from the H&FW Department)

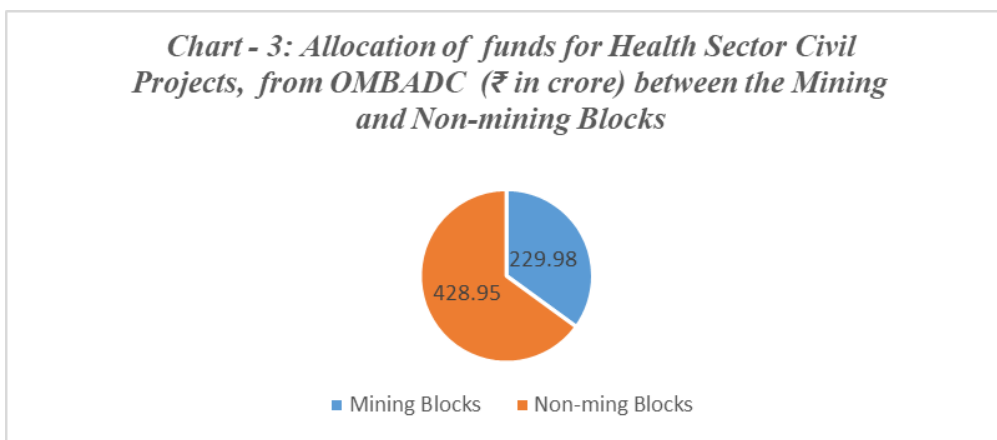
Picture – 11B: Expenditure incurred on infrastructure development in Keonjhar



(Source: Information collected from the H&FW Department)

⁹¹ Being the district with highest number of mining affected villages

The total approved budget, for civil works, was ₹658.94 crore, for four mining districts, through two schemes in the health sector, *i.e.*, “Upgradation of infrastructure in health institutions” and “Strengthening of health system in Mayurbhanj district”. However, it was noticed that, out of the total approved budget, only ₹229.98 crore had been allocated to the mining blocks of the above four districts, which constituted only 34.90 *per cent* of the total approved budget. The balance amount had been allocated for the non-mining blocks of the four mining affected districts. This implied that allocation of the compensation fund, for the health sector, in the mining blocks of four districts, was less, despite its direct impact on the health and well-being of the local inhabitants, due to illegal mining, as shown in **Chart 3**.



However, the funds approved for health infrastructure projects, for mining and non-mining blocks of the test-checked districts of Sundargarh and Mayurbhanj, were as detailed in **Table 6.2**.

Table 6.2: District-wise allocation of OMBADC Funds for health infrastructure projects, in the test-checked districts

District	Total approved amount (₹ in crore)	Approved for mining blocks (₹ in crore)	Approved for non-mining blocks (₹ in crore)
Mayurbhanj	156.27	29.69	126.58
Sundargarh	217.47	80.55	136.92
Total	373.74	110.24	263.50

(Source: Information furnished by the H&FW Department)

In reply, the CEO, OMBADC, stated (June 2023) that future project proposal allocation would be done in consideration of this suggestion and all stakeholders would be intimated in this regard.

6.2 Financial Management

6.2.1 Receipt and Expenditure of Funds

Details of funds released by OMBADC and their utilisation under different projects, as on 31 March 2022, was detailed in **Table – 6.3**.

Table 6.3: Funds released and utilized under different projects*(₹ in crore)*

Project	Approved cost of health projects	Release of funds by OMBADC	Utilisation of funds	Balance amount	Percentage of utilisation to released amount	Percentage of utilisation to total Project cost
1	2	3	4	5	6	7
Upgradation of infrastructure in health institutions	1,202.94	195.00	129.72	65.28	66.52	10.78
Construction of 150 bedded MCH at Jajpur	66.44	19.60	Nil	19.60	0.00	0.00
Procurement of medical equipment for health institution in Mayurbhanj	3.21	0.96	Nil	0.96	0.00	0.00
Strengthening of health system in Mayurbhanj district	36.76	11.02	2.65	8.37	24.05	7.21
Total	1,309.34	226.59	132.37	94.22	58.42	10.11

(Source: H&FW Department, GoO)

OMBADC had released funds in three phases since July 2018, in the ratio of 30:40:30, with the second instalments being processed for release after getting the utilization certificate (UC) for 60 per cent of the 1st installment. From **Table 6.3**, it can be seen that the Department had already received ₹226.59 crore from OMBADC, for implementation of the above four health projects, but its achievement was restricted to ₹132.37 crore only, against two projects. Audit noticed that implementation of other two projects had not yet started, despite a lapse of more than 3 years of approval (December 2019 and October 2020). Since the progress of the work was very slow, OMBADC had not sanctioned further funds to the Department, as per the laid down procedure of the Corporation.

Audit also analyzed the Implementing Agency-wise availability of funds, as well as the utilization thereof, up to 31 March 2022, as shown in **Table 6.4**.

Table 6.4: Utilization of funds*(₹ in crore)*

Sl. No.	Agency	Funds available	Total UCs furnished	Balance	Percentage of UCs to total fund
1	Four Chief District Medical and Public Health Officers	29.22	10.27	18.95	35.15
2	Rural Works Department	83.01	67.84	15.17	81.73
3	Roads & Building Divisions under Works Department	100.25	47.43	52.82	47.31
4	Director of Public Health	11.21	6.83	4.38	60.93
5	Odisha State Medical Corporation Ltd.	0.69	0.00	0.69	0.00
6	Odisha State Health & Family Welfare Department	2.21	0.00	2.21	0.00
	Total	226.59	132.37	94.22	58.42

(Source: Compiled from departmental records)

As may be seen from **Table 6.4**, out of six agencies, only two agencies (RWD and DPH) had utilized the requisite 60 *per cent* of the funds available with them, during the last three financial years. Two agencies *i.e.*, OSMCL and OSH&FW, had been unable to use the allocated funds of ₹2.90 crore, which would, otherwise, have benefited the targeted population.

In reply, the CEO, OMBADC, stated (June 2023) that slow progress of the projects had been considered and steps would be taken to expedite the funds utilization.

6.2.2 Non-maintenance of a separate bank account and non-refund of interest amount of ₹3.04 crore

As per the decision of the BoD of OMBADC, taken in its 4th meeting (February 2016), the line departments were to deposit the funds received from the OMBADC, in a separate Flexi Account, in a Nationalized bank. The entire interest, earned by the line departments, was to be returned to the OMBADC.

During audit of the H&FW Department, it was noticed that, as per the Utilisation Certificate submitted to OMBADC, in respect of the funds released for implementation of the health projects, the total accrued interest, upto 31 March 2022, was ₹3.04 crore, over the OMBADC funds. This interest amount was lying with the six project implementing agencies (PIAs) and had not been refunded to OMBADC. In addition, it was observed that another PIA, *i.e.*, OSMCL, had not maintained a separate bank account, although this was required under the conditions of fund allotment and had clubbed the OMBADC funds with funds received from other sources. Hence, the unreturned interest earned over the OMBADC share, could not be ascertained in audit.

In reply, the CEO, OMBADC, stated (June 2023) that: (i) subsequent to the audit observation, the interest amount of ₹3.04 crore, accrued till 31 March 22, by the six PIAs had been refunded (December 2022) to OMBADC and (ii) OSMCL had also calculated the interest earned on the OMBADC funds and refunded ₹ 3.13 crore (May 2023). OMBADC did not respond to the issue of non-maintenance of separate bank account by OSMCL.

6.2.3 Excess provision of recurring expenditure in the revised DPR of the Mayurbhanj district

Provision for *Swasthya Sahaya*⁹², in eight CHCs, in the Mayurbhanj district, with a total capital cost of ₹12 lakh and ₹29.90 crore of recurring expenses for six years, was included in the Revised DPR (February 2022) which was approved by BoD in August 2022. On the analysis of the provisions for recurring expenses, it was noticed that, the CDMO, Mayurbhanj, in a previous occasion, had intimated (August 2020) to H&FW Department that the total recurring expenditure for eight CHCs, would be ₹2.08 crore, with three *swasthya sahayaks* in each CHC⁹³, for a

⁹² *Swasthya Sahaya* refers to establishment of help desk in Community Health Centres

⁹³ Total recurring expenditure per year per CHC = ₹4,33,434.60 and total recurring expenditure for six years for eight CHC would be ₹4,33,434.60 X 6 years X 8 CHCs = ₹2,08,04,860.80

period of six years. Reasons for the excess provision of ₹27.82 crore (₹ 29.90 crore *minus* ₹ 2.08 crore), towards recurring expenditure and non-commencement of this component, were not found available in records. This was indicative of poor financial management, as the revised DPR, with provisions beyond the requirement, was approved by BoD, and, if not noticed, would have resulted in excess allotment of funds, leading to excess/ infructuous expenditure.

Accepting the audit observation, the CEO, OMBADC, stated (June 2023) that CDM&PHO, Mayurbhanj, had reported the expenditure as ₹62.3 lakh/ unit instead of ₹6.23 Lakh/ unit cost, due to typographical error, owing to which the total recurring amount came to ₹29.90 crore. The reply of OMBADC corroborates the audit observation that the financial aspects of the revised DPR had not been properly scrutinized by OMBADC.

6.3 Implementation of Health Projects

6.3.1 Execution of projects by Chief District Medical and Public Health Officers

As per the DPR/ RDPR, ten components⁹⁴ of health projects, had been allotted to the CDM&PHOs of the four districts, for implementation.

It was noticed in audit that, out of these 10 components, only one component, *i.e.*, ‘Procurement and operation of Ambulance’, had been implemented, in all the four districts, with 100 *per cent* achievement. ‘Bike ambulance services’, a component planned for three districts (Mayurbhanj, Sundargarh and Keonjhar), had been implemented with a cumulative achievement of 42.86 *per cent*. The achievements, in regard to *swasthya sahaya* services and Mobile vision centres, were 61.90 and 50 *per cent*, respectively. The other six components had not even been started, as of the date of audit (November 2022).

As against the total approved cost of ₹108.90 crore for the above components in four mining affected districts, the Department had released OMBADC funds, amounting to ₹29.21 crore, to the concerned CDM&PHOs, for executing these components, during the last three financial years. However, the district authorities had been able to utilise only ₹10.27 crore, during this period, which was only 35.16 *per cent* of the total funds released. Thus, the pace of implementation of the components, in the mining affected districts, was slow, and the people therein had been deprived of the improved health service, as targeted in the project report.

Accepting the Audit observation, the CEO, OMBADC, stated (June 2023) that, close monitoring and review meetings would be undertaken to expedite the

⁹⁴ Ambulance, Bike Ambulance, Telemedicine, Swasthya Sahayak, Accredited Social Health Activist (ASHA) helpdesk, mobile medical unit, Navajyoti programme for screening and treatment of Retinopathy of Prematurity (RoP), Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) Service, National Urban Health Mission (NUHM) Programme and Mobile Vision Centre

project work assigned to the PIA, CMO and PHOs of all the four mining affected districts.

6.3.2 Procurement and operation of Ambulances and Bike Ambulances in Mayurbhanj district

Out of the funds allocated for all four districts, as noted in previous paragraph, the Principal Implementing Agency for the H&FW Department, *i.e.*, Mission Director, NHM, Bhubaneswar, had released (21 May 2019) ₹10.16 crore, under the OMBADC projects, to CDM&PHO, Mayurbhanj, for implementation of programmes like procurement and operation of Ambulances, Bike ambulances, Mobile vision center and Swasthya Sahaya service etc. As per the DPR, there was provision for purchase of four ambulances and four bike ambulances, in the district, with seven years of maintenance. However, for procurement and operation of ambulances, ₹6.87 crore, and for bike ambulances, ₹81 lakh, was allotted to the Mayurbhanj district. Considering the non-initiation of procurement procedure by the district authority, the Addl. Chief Secretary, H&FW Department, instructed (July 2020) the CDM&PHO to complete the procurement process of Ambulances, through GeM portal, by the end of the month. In compliance to the above directions, CDM&PHO, Mayurbhanj, procured four vehicles, on 5 October 2020, on payment of ₹79.24 lakh. Further, the fully equipped ambulances were handed over to the service provider agencies, for operation, in November 2021, *i.e.*, after 17 months from the date of release of funds.

Out of these four Ambulances, Audit test-checked two Ambulances, deployed at DHH, Baripada and SDH, Udala. Out of these two, the log books of the ambulance placed with the DHH, Baripada, indicated that it had been in operation for 47 days, during the nine months of its operations, as on November 2022. This constituted an average of 5 days in one month. During the remaining period, it had been kept idle in the campus.

Similarly, after a delay of eight months from the date of receipt of the funds, three Bike Ambulances had been procured by the CDM&PHO, Mayurbhanj, during September 2020. Due to insignificant usage of these Ambulances, two NGOs were engaged to operate two of the bike ambulances and advance of ₹2.86 lakh was paid to them, towards operation and management for six months, with the condition of ensuring 30 patients per month, in the Bike Ambulance. Compliance of the same was, however, not found available on records.

The delays in procurement of ambulances/ bike ambulances, as well as their minimal usage, was indicative of the fact that they had been procured to utilize the available funds, without proper planning.

In reply, the CEO, OMBADC, stated (June 2023) that, three Basic Life Support (BLS) Ambulances and one Advance Life Support (ALS) ambulance, had been procured through the GeM portal, in the month of August 2020 and stationed at the SDH and DHH of the district. Further, these ambulances were to be utilized as per the demand of the patients.

However, the fact remained that, need analysis had not been carried out before placement of ambulances and bike ambulances to the concerned medical centers. Further, monthly utilization of bike ambulances, as per the conditions of their engagement, had not been called for from the NGOs appointed for their operation.

6.4 Special Public Health Programmes

Out of the five categories of health sector projects, as mentioned in **Para 6.1 *ibid***, the Director of Public Health, Odisha, was the implementing agency of the project category “Special Public Health Programmes”. This category had two components, namely, “Prevention and Control of Vector Borne Diseases” and “Prevention and Control of Pulmonary Diseases”.

6.4.1 Irregularities in the implementation of prevention and control of pulmonary diseases

As per the DPR/ RDPR, the total approved project cost, for the component “Prevention and Control of Pulmonary Diseases”, in the four mining affected districts, was ₹25.41 crore. There were five major activities⁹⁵ to be taken up under this component.

During scrutiny of records (November 2022) of the department, regarding the implementation of the component “Prevention and Control of Pulmonary Diseases”, it was noticed that, as against the total budget of ₹25.41 crore, ₹3.81 crore only had been released (November 2019) to the CDM&PHOs of the four districts. Out of the released amount, the expenditure was only ₹2.11 crore. Though the project period was seven years (2019-26), the total expenditure, during the last three financial years, had been only 8.30 *per cent* of the total budgeted costs. The activity of expanding the diagnostics facility was the major component, with an allocation of ₹18.25 crore, comprising of 71.82 *per cent* of the total budget. Expanding diagnostic facility included procurement of medical equipment and engagement of manpower (Radiographer and Laboratory Technician). The medical equipment, to be procured under this activity, for the four mining affected districts, included 15 Digital X-ray machines, 45 TrueNAAT machines⁹⁶ and 45 Binocular Microscopes.

However, out of the total 105 machines, only five TrueNAAT machines had been purchased in the Mayurbhanj District. Initially, the responsibility of procurement of equipment had been entrusted to the CDM&PHOs concerned. Since district authorities could not procure the equipment in time, it had been decided (November 2020) to procure the equipment through the Odisha State Medical Corporation Ltd. (OSMCL). The equipment was, however, yet to be supplied by the OSMCL (November 2022), even after a lapse of 24 months. During August

⁹⁵ A) Mapping High Risk Population (among the slum, mining, migrants and tribal population) and Active Case Finding B) Air Borne Infection Control in Health Care Settings C) Intensified and focused Advocacy, Communication and Social Mobilization (ACSM) activities to raise awareness regarding TB on campaign mode D) Expanding the diagnostic facilities and E) Silicosis screening at the mining sites

⁹⁶ Nucleic Acid Amplification Tests (NAAT) were done for all presumptive TB cases, as a step towards early case detection, for the TB elimination Strategy, using TrueNAAT machines

2020 to October 2022, 13,623 presumptive TB tests were done and 1,681 TB cases were detected through these five machines, constituting 12 *per cent* of the total samples tested. This indicates the utility and importance of these machines.

One of the major components, which was essential for the health of people living in the mining areas, *i.e.* Silicosis screening, at the mining sites, was yet to be started, in any of the four mining affected districts, for want of training and X-ray machines.

The slow procurement of medical equipment had a bearing on the healthcare of the targeted population of the mining affected areas, who are prone to pulmonary diseases.

Accepting the audit observation, the CEO, OMBADC, stated (June 2023) that: (i) OSMCL had procured 40 TrueNAAT machines, costing ₹3.58 crore, from its own available funds and the said machines had been distributed among four mining affected districts, for optimum utilization of rapid molecular diagnosis of TB (ii) the process for recruitment of Lab Technicians and Radiographers, at the district level, would soon be initiated by DPH and (iii) the Silicosis screening activities would be undertaken on procurement and installation of X-Ray machines in the 15 approved sites, which was under process by OSMCL.

6.4.2 Irregularities in the implementation of the special public health programme “Prevention and Control of Vector Borne Diseases”

Government of India’s National Vector Borne Disease Control (NVBDC) Programme⁹⁷ was being implemented by the H&FW department, in all districts of Odisha. In order to fortify this programme in mining affected districts, OMBADC approved (April 2019) ₹182.49 crore for “Prevention and Control of Vector Borne Diseases” as a Special Public Health Programme. The programme implementation period was seven years (2019-26). The financial provisions were revised to ₹ 182.39 crore (April 2021).

On analysis of the PIA-wise receipt and utilization of funds, as of November 2022, under the above programme, it was noticed that utilization was only three *per cent* of the total approved revised cost. This implied very slow implementation of the project, during the last three financial years. The components targeted and the achievements thereagainst, are enumerated in **Table 6.5**.

Table 6.5: Targets and achievements under the Prevention and Control of Vector Borne Diseases Programme

Sl. No.	Targeted components	Objectives	Achievement (as of September 2022)
1	2	3	4
01	Yearly engagement of 1,035 Dengue Volunteers	To conduct household surveys, both in domestic and peri-	Monthly Progress Reports (MPRs) (November 2022)

⁹⁷ National Vector Borne Diseases Control Programme (NVBDC) is a scheme of Government of India (GoI) for prevention and control of vector borne diseases namely Malaria, Japanese Encephalitis, Dengue, Chikungunya, Kala-azar and Lymphatic Filariasis

Sl. No.	Targeted components	Objectives	Achievement (as of September 2022)
	@ 15 volunteers for each block, in 69 blocks of the four districts.	domestic area; elimination and management of breeding sources; involving the community for mass cleanliness.	indicated 636 volunteers were engaged against requirement of 1035 volunteers. (Achievement: 61%)
02	1,035 Alternate Fever Treatment Depots (FTDs) were to be engaged every year, in the four mining affected districts, at the rate of 15 FTD per block.	For malaria diagnosis and treatment, as an alternative to Accredited Social Health Activist (ASHA).	MPRs indicated only 613 FTDs had been engaged in these four districts. (Achievement: 59%)
03	Yearly engagement of 69 Junior Entomologists, in four districts.	To strengthen supportive supervision and micro monitoring for prevention and control of Malaria and other VBDs at the CHC, PHC, SC and village levels.	MPRs indicated that 35 Junior Entomologist were engaged in three districts. There was, however, 'nil' progress in the Mayurbhanj district, against the total target of 26. (Achievement: 51%)
04	Procurement of instrument/ equipment, like hand operated fogging machine ⁹⁸ , knapsack sprayers ⁹⁹ , stirrup pumps ¹⁰⁰ and digital microscope and Long-lasting Insecticidal Nets ¹⁰¹ (LLIN) etc., for ₹22.11 crore through OSMCL.	For prevention and control of VBDs.	OSMCL returned the funds to DPH, in March 2021, without procuring the required equipment and LLINs. DPH returned the unutilized funds to the department. (Achievement: 0%)

(Source: Compiled from departmental records)

As evident from **Table 6.5**, the targeted components had not been prioritized and the targeted population had been deprived of improved health facilities. It was noted that, during 2021, Odisha had 13 deaths due to Malaria. This was the third highest in the country (Sundargarh district alone had contributed to four of these deaths).

In reply, the CEO, OMBADC, stated (June 2023) that ₹7.19 crore had already been utilized, as of March 2022, and the recruitment process for the remaining Dengue volunteers, FTD and junior entomologist, was under progress, as per the DPR. The reply is not tenable, as shortage of the required manpower would have a bearing on the prevention and control of vector borne diseases in the mining

⁹⁸ A versatile piece of equipment that uses a fine spray to apply a chemical solution

⁹⁹ Knapsack is a type of sprayer that disperses liquid through a hand-held nozzle that is attached to a pressurised reservoir carried on the operators back

¹⁰⁰ Stirrup pump is a portable hand pump held in position by a foot bracket and used for throwing a jet or spray of liquid

¹⁰¹ Long-lasting insecticidal nets (LLINs) are a highly effective means for preventing malaria infection and reducing associated morbidity and mortality

affected areas. However, the utilization of funds, as stated, was only 3.94 per cent, even after completion of four years from the date of approval of the DPR.

6.4.3 Execution of civil works under the health sector

The DPRs for 'Upgradation of infrastructure in health institutions' had been prepared to benefit the targeted areas, with the objective of providing upgraded health infrastructure, at the Block and Sub-Block levels. Similarly, the project for strengthening of the Health System, had been taken up in Mayurbhanj, to strengthen the delivery of health services, to the people of the district.

During April 2019 and October 2020, 1,147 civil projects, costing ₹658.94 crore, had been approved, for being undertaken for different activities under OMBADC funding, in the four mineral bearing districts of Odisha.

During scrutiny of the Monthly Progress Reports (MPRs) and DPRs, in the department, it was noticed that many civil works had either not been taken up, or were still continuing. The status of civil works, in the two test-checked districts (as of November 2022 and January 2023), was as detailed in **Table 6.6**.

Table 6.6: Details of execution of civil works in test checked districts (as of November 2022 and January 2023)

Project	District	Status, as on the date of audit	Total number of works sanctioned	Works completed	Works in progress	Yet to be started
1	2	3	4	5	6	7
Upgradation of Infrastructure in Health Institutions	Mayurbhanj	November 2022	181	106	53	22
	Sundargarh	January 2023	164	107	37	20
Strengthening of the Health System	Mayurbhanj	November 2022	323	147	41	135
	Total		668	360	131	177

(Source: Compiled from departmental records)

As enumerated in **Table 6.6**, the share of completed projects was only 54 per cent of the total number of sanctioned projects. Thus, the objective behind the allocation of funds, for these projects, had not been achieved, resulting in the persons living in the mining affected areas being deprived of timely delivery of improved health care facilities.

Accepting the audit observation, the CEO, OMBADC, stated (June 2023) that (i) the H&FW Department had requested different PIAs to handover the completed projects to the end-users (CDM & PHOs), to furnish the timeline for completion of the projects which were under progress and to submit the timelines for start of the projects which had not yet been started and (ii) regular monitoring of progress of civil works, in adherence to their implementation schedule, would be taken up.

6.4.4 Delays in execution of health projects, consequent to devolution of powers

The State Cabinet, in its 11th meeting (March 2020), approved the proposal of devolution of powers to the Panchayat Raj Institutions (PRIs), for empowering Local Self Government and transferred the assets of the H&FW Department to the PRIs. As per the devolution proposal, the PRIs were to be responsible for operation, maintenance and upkeep of assets and execution and development of infrastructure. 434 works (378 from the old DPR and the balance from the RDPR), with a total cost of ₹179.43 crore, were proposed for the transfer.

Audit observed that the CDM&PHOs had been provided with funds of ₹54.00 crore, for onward transmission to the concerned BDOs, for execution in August 2022, *i.e.*, after two and half years from the date of devolution. Moreover, during audit of CDM&PHO, Mayurbhanj district (November 2022), it was noticed that the CDM&PHO was yet to transfer the funds to the concerned BDOs, for execution of the proposed projects. Delay in the transfer of had funds resulted in delays in execution and the intended beneficiaries had remained deprived of the benefits from the construction of better health infrastructure, in the rural areas of the district.

Accepting the audit observation, the CEO, OMBADC, stated (June 2023) that: (i) steps were being taken to expedite the works of PRI projects (ii) the approved civil works had already been started at the block level in Mayurbhanj (iii) works were under progress in the Sundargarh/ Keonjhar and Jajpur districts and (iv) close monitoring was being done for projects being executed by the PRIs.

No reasons were, however, furnished in regard to the delays.

6.4.5 Delay in purchase and supply of equipment/ instruments in Mayurbhanj district

Considering the inadequacy of medical equipment in the PHCs, CHCs and SDHs of the Mayurbhanj district, the OA had instructed (October 2019) the Department to submit a proposal for using OMBADC funds for their procurement. Accordingly, the Department had submitted (November 2019) a proposal of ₹3.20 crore for Mayurbhanj district and OMBADC had released funds, amounting to ₹96 lakh, to the Department, in September 2021.

Scrutiny of records revealed that, against the released amount, the CDM&PHO, Mayurbhanj, had been able to utilise only ₹52 lakh (54 *per cent*), as of October 2022. Further, 17 out of 66 items of equipment/ instruments, costing ₹19.32 lakh, had been kept idle in the DHH and had not been distributed to the PHCs, CHCs and SDHs, defeating the purpose behind their procurement.

Accepting the audit observation, the CEO, OMBADC, stated (June 2023) that: (i) the total funds released to CDM&PHO, Mayurbhanj, were ₹96 lakh, out of which the expenditure incurred, as of March 2023, was ₹74.06 lakh, indicating 77 *per cent* of expenditure against the released funds and (ii) all the 17 items, purchased at district level, had been distributed to the concerned PHCs/ CHCs/ SDHs, as intimated by the COM&PHO, Mayurbhanj.

6.5 Joint Physical Inspections

During Audit of the sampled units, Joint Physical Inspections were conducted by Audit, during 04 December to 27 December 2022, in the Mayurbhanj district and during 20 January to 09 February 2023, in the Sundargarh district, in association with departmental personnel, to assess the actual benefits that had been transmitted to the intended beneficiaries, after execution of the projects. The major deficiencies noticed in this regard, are detailed below:

A. Construction completed but facility not in use or not up to the requirements

The Sub-Centre (SC) at Bhandan (Mayurbhanj) had not been in use after its completion (November 2022). The campus of the SC was full of grass and weeds. The room was untidy and carcasses of rodents were lying on the floor.

Date of JPI: 04 December 2022.

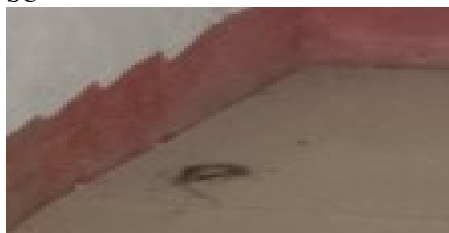
In Khuntapur (Mayurbhanj), the SC was found locked during JPI. The Asst. Engineer present, informed that the post of the Auxiliary Nurse and Midwife (ANM) of the SC was lying vacant.

Only the verandah (corridor) of SC at Lephripara of Sundargarh was being used. The remaining portion of the SC was not being used.

Date of JPI: 9 December 2022



Picture-12: Untidy campus of the Bhandan SC



Picture-13: Carcass of rat lying on the floor at the Bhandan SC

The rest sheds, at Gadia PHC, Chitrida PHC, Dantimuhan PHC and Jugal PHC, as also the meeting hall at Bhanjakila PHC, in Mayurbhanj district, had not been put to use, though construction had been completed in all respects. It was noticed that the OPDs, laboratories and store rooms, at the above PHCs, were being operated with a space crunch, due to non-handing over of the newly constructed civil infrastructure, by the PIAs.

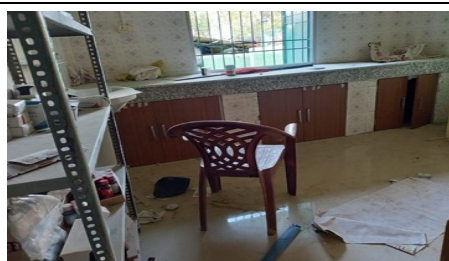
Dates of JPI: 9 and 27 December 2022.







Picture-14: OPD of the Dantimuhan PHC, operating with a space crunch

The SC building at Jamsera, under the Bisra Block of Sundargarh district, had been handed over (2 August 2022), after completion of civil and electrical works. However, the building had not been put to use, from the date of its handing over, due to non-availability of water and electricity. All the rooms of the SC were found to be in an unhygienic condition.

Date of JPI: 9 February 2023



Picture-15: Unhygienic condition of the clinic room at SC, Jamsera

<p>At Lahunipada CHC, though the civil construction of the <i>ASHA Gruha</i> had been completed, the Public Health works, <i>i.e.</i>, drinking water facilities and electric fittings, had not been installed, even after the scheduled date of completion (July 2021). While the incomplete structure was being used for storing construction material, the <i>ASHA Gruha</i> was being operated in an old, dilapidated single room of the CHC.</p> <p><u>Date of JPI</u>: 8 February 2023</p>	 <p>Picture-16: Asha Gruha at CHC, Lahunipada, being used as storage</p>
<p>B. Infrastructure used for other purposes, defeating the objective of the expenditure</p>	
<p>The newly constructed rest shed building, at CHC, Khunta, was being used for the office of the Block Project Management Unit (BPMU), under NHM. The patients were seen waiting for their turn on the corridor floor, at the OPD, for consulting the doctor.</p> <p><u>Date of JPI</u>: 15 December 2022.</p>	 <p>Picture-17: Patients waiting on the corridor, at the OPD, for consulting a doctor, at CHC, Khunta.</p>
<p>The newly constructed SC at Lephripara, Sundargarh, was being used for storage purposes. The actual date of completion of the work was 15 March 2021 and the work was stated to have been handed over on 31 May 2022.</p> <p><u>Date of JPI</u>: 20 January 2023.</p>	 <p>Picture-18: Sub-Centre at Lephripara, Sundargarh, being used for storage purposes</p>
<p>C. Procurements kept idle</p>	
<p>After completion of the civil work of the medical waste management unit at DHH, Baripada, the required machinery had been procured and stored in the room without installation, resulting in non-operation of the waste management unit.</p> <p><u>Date of JPI</u>: 15 December 2022.</p>	 <p>Picture-19: Machinery stored in the room, without installation, at DHH, Baripada</p>

D. Lack of basic infrastructure facilities for the intended users

Though a laboratory was being operated, on the ground floor, inside the campus of SDH, Udala, an existing structure, on the top floor, had been renovated under OMBADC funds, for serving as the laboratory. It was noticed, in JPI that the renovated structure was being used for storing unused belongings, instead of being used for the intended purpose. Further, the renovated structure was found to be unsuitable for serving as a laboratory, as the path upstairs was narrow. Since the laboratory was situated in the upstairs of an existing structure with a narrow staircase, without the provision of lift facility, the facility was unsuitable for the elderly and other critical patients, who were required to reach the laboratory for the necessary tests.

Date of JPI: 15 December 2022.



Picture-20: Renovated Laboratory, being used for storage purpose, at SDH, Udala

After completion of construction of a toilet complex, at the premises of SDH, Karanjia (April 2022), electricity and water connections had not been provided. Moreover, there was no approach road to the toilet complex. Hence, the amenities created could not be used by the patients and staff.

Date of JPI : 21 December 2022.



Picture-21: Toilet without approach road at SDH, Karanjia

6.6 Monitoring

As per the Notification issued (July 2021) by the GoO, in order to monitor and expedite the implementation of various health sector projects funded under OMBADC, in four Districts, namely Keonjhar/ Mayurbhanj/ Jajpur and Sundargarh, GoO had approved setting up of Monitoring Unit, along with Human Resources (HR) engagement structure, both for State and District level.

Scrutiny of records of H&FW Department revealed that no State Level Monitoring Unit (SLMU) at the State level, and District Level Monitoring Units (DLMUs), had been established, for monitoring of the health projects, taken up under OMBADC funds. Timelines for implementation of different components of projects under the health sector, had also not been prepared, along with the DPRs, due to which the progress of the projects could not be monitored and the projects had been implemented in a piecemeal manner. Monthly Progress Reports were not being submitted regularly, by the line departments, to the OMBADC, for review of the projects in the mining affected districts.

Accepting the audit observation, the CEO, OMBADC, stated (June 2023) that: (i) DLMUs were already functioning at the Mayurbhanj and Sundargarh districts (ii) action would be taken in regard to the Jajpur and Keonjhar districts, for establishment of DLMUs (iii) at the State level, SLMU work was under progress.

However, no records, in regard to the DLMUs at Mayurbhanj and Sundargarh, were made available during the course of audit.

Recommendations:

Government may consider:

16. *Including requirements of the primary health sector, in the DPRs, and planning projects using a bottom-up approach, to avoid dropping of projects in later stages.*
17. *Posting of the required numbers of doctors, in the hospitals of the mining affected districts.*
18. *Starting silicosis screening, in all mining affected districts.*

