



GOVERNMENT OF NAGALAND

EVALUATION REPORT ON

REFERRAL HOSPITAL

AT

DIMAPUR, NAGALAND

**DIRECTORATE OF EVALUATION
GOVERNMENT OF NAGALAND
KOHIMA**

PREFACE

Nagaland is situated in the extreme North Eastern region of India. The state is still very poor in transport and communication facilities. The people of the state are therefore forced to have limited contact with the rest of the world particularly for specialised medical services. Thus there exist a wide disparity between the people of the state of Nagaland with the rest of the people of the country for specialised medical care. It was under this consideration that the idea of setting up a 500 bedded Referral Hospital at Dimapur was conceived. The Referral Hospital at Dimapur was proposed to be equipped with all modern and sophisticated investigative as well as therapeutic facilities to meet the basic specialised medical need of the people of the state.

The establishment of the Referral Hospital, Dimapur was approved in 1984 and the construction works started in 1988. But, even after nine years the construction work of this 500 bedded Referral Hospital could not get well into stride although it was poised for an ambitious career. It is in this context that the present study was taken up by the Evaluation Department at the instance- of the Planning & Co-ordination Department Government of Nagaland.

The present study aims at a realistic appraisal of the progress of construction and its problems. The progress of construction works is still lagging far behind the targeted time of completion and is likely to go incomplete for another decades if the present rate of progress is allowed to continue. Hence some positive measures have been suggested for corrective step to be taken by the Government.

The Evaluation Department gratefully acknowledges the cooperation and assistance extended by the Directorate of Medical, Govt, of Nagaland in making this study a success. The research assistances rendered by investigating staff in carrying out this study deserves much appreciation.

It is hoped that the study report would prove useful to the policy makers, Planners, Administrators the implementing Department and those concerned in the project.

Dated.....Aug. '96

(N. ZELIANG)

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CHAPTER-1.

Introduction and background:

1. General background:

1.1. Nagaland covering an area of 16,527 Sq.Km. with a population of 12,15,573 according to 1991 census is situated in the extreme North Eastern Region of India bordering Burma in the East. The state consist of hilly terrains with varying altitude and undulated topography except for some areas in the foot hills. Road way is the only means of transport. The link with the state Capital, Kohima, from all over the state in mostly by capable roads which is very inconvenient, time consuming and costly affairs. The only National highway in the state is the NH-39 running from Dimapur to Kohima and then it goes to Manipur, Dimapur is the only rail head touching the state. Air link with the rest of the world is only at Dimapur. Lack of transport and communication facilities, the people of the state arc forced to have limited contacts with the rest of the world particularly for specialised medical services.

1.2. As regard to the medical facilities available in the state. The existing Civil Hospitals are meeting the medical emergencies but arc not equipped with to meet the basic specialised medical needs of the people. The Naga Hospital Kohima which is the biggest Hospital in the state is having a small numbers of specialists in Medicine Surgery, Obstetrics &Gynac, ENT and some other broad specialists but arc not back with adequate investigation facilities. The health services available now arc not only inadequate but are far from satisfactory and there exist a wide disparity between the people of the State of Nagaland with the people of the Country in matter of specialised medical care.

1.3. It is in the above background and in recognition of the above situations that the idea of setting up of a Referral Hospital in Nagaland was conceived. The Hospital was thus brought out to act as the central pivotal point of all the services in the State through a proper Referral setup. The 500 bedded (Referral Hospital at Dimapur equipped with all modern and sophisticated investigative as well as therapeutical facilities could meet the basic specialised medical needs of the people of the State.

1.4. To begin with, the Hospital will entirely be a service oriented set up. However the possibility of taking up teaching function also has to be taken care of whenever a medical college is deemed feasible in due course of time.

1.5. In short, some of the main objectives of the Referral Hospital, Dimapur arc as under.

- (i). To serve as the Apex Hospital in the State by providing most of the specialist services both diagnostic and therapeutic.
- (ii). To provide specialist services not only to Nagaland but to all the neighboring States,
- (iii). Containment of Referral patients for treatment outside the State (Every year more than 600 patients are referred by the department for treatment outside the State Incurring expenditure of about 3-4 crores for them).
- (iv). To provide employment opportunities to the educated youths and
- (v). To create facilities for converting the hospital into Medical College-

3. Need of the Study:

1.6. Considering the importance and urgent need of the Referral Hospital, the State Government has taken up the project with seriousness. The project is suppose to be completed and fully functional by November, 1993 but, till the time of this study was conducted in June, 1995 only a spade work could be done with a total expenditure of about Rs. 34,94,52072.00 (Excluding land expenditure) upto March, 1995- Naturally, the people in all the forums expressed their complete dissatisfaction over the progress of works of the project. Since such a prestigious project could not be allowed to remain in such a dormant stage any longer, the Government of Nagaland at the instance of the Honble Minister for Planning and Coordination, Evaluation etc has directed this Department to conduct an Evaluation study of the Hospital project and submit report to the Government with die findings and suggestion within the shortest possible time for taking necessary corrective steps at the Government level. Accordingly, the study was taken up by the Evaluation Department as a snap study.

4. Scopes and Methodology:

1.7. The present Evaluation study has been confined mainly to assessed to this progress of works as the project is yet to be functioned due to delay in the completion of functional building.

1.8. The study has been carried out firstly by collecting background materials from the concerned Departments. The various items of secondary informations including those on programme, policy, views etc. were obtained through personal interviews and discussions. In the second part, a structured schedule was used for collection of primary data on specific informations.

5. LIMITATION.

1.9. All policy matter relating to the Referral Hospital rest with the High Power Committee constituted by the State Government. The Medical Directorate is reported to have merely keeping the records of the minutes of the High Power Committee and the progress reports submitted by the Chief Engineer, Works & Housing Nagaland etc without any involvement in its activities or policy matters except to provide fund for the construction of the Referral Hospital. There is no specific cell in any Department for keeping all the records systematically regarding the Referral Hospital. Necessary datum .and informations arc therefore collected from different sources and the record maintain in one office appears to have different from other offices. Much time was taken to reconciled and systematised the date for the presentation in this report.

CHAPTER - 2

PROGRESS APPRAISAL OF THE PROJECT.

1. Location and site.

2.1. The site is located on the outskirts of Dimapur which is situated at the foot of the Hills is the only rail and air link of the State. The site is on the Dimapur - Kohima National High way 39 about 10 Kms. from Dimapur. It is behind the Central jail which fronts the high way.

2. The Acquired Land.

2.2. For this project about 103 acres of land has already been acquired. The land is sloping gently with the highest point approximately 1.5 meters above the lowest level. It had two nullahs going through it with effective and natural drainage.

2.3. At one point the river is causing considerable erosions of the land. It is necessary to maintain the natural drainage of the land to the maximum possible extent. Since the river bank is prone to erosions, extensive river embankment and retaining works will have to be carried out. This work was left to the State Government of Nagaland to be done through its specialised agency and is excluded from the present estimate of works.

3. Proposed Addition Area to be Acquired.

2.4. The plot between the jail and the Hospital site belongs to private individuals. Earlier, it was proposed to acquire another 100 acres of land either across the river or adjacent to the plot. This would be utilised for housing the township. The Medical Department is however of the view that a minimum additional area of 30 acres of land is required to be acquired for housing and for which an approximate amount of Rs. 79.86 lakhs will be required.

4. The high power Committee.

2.5. The Government of Nagaland has constituted a High power Committee consisting of the following members in connection with the 500 bedded Referral Hospital Project at Dimapur.

1.	Minister (H&F.W.)	-	Chairman
2.	Chief Secretary	-	Member
3.	Development Commissioner	-	”
4.	Finance Commissioner	-	“
5.	Director (Medical Service)	-	“
6.	Chief Engineer (Housing)	-	“
7.	Chief Engineer (Power)	-	“
8.	Project Engineer (R.H)	-	“
9.	Commissioner & Secretary (H & E W.)	-	Convenor

The function of the High Power Committee are as under: -

- (i) To review of the progress of the project,
- (ii) To coordinate and monitor the project,
- (iii) To draw up policy and guide line for making the Hospital functional and other Aspects,
- (iv) Any decision made by the high Power Committee shall be binding on all Departments.

2.6. The over all control of the Referral Hospital Project at Dimapur rest with the High Power Committee Constituted by the State Government. The Chief Engineer (PWD) Works & Housing Department implement the construction works Project. The; fund for the Project are provided by the Medical Department. The Medical Department though the user Department, except keeping the minutes of the High Power Committee meetings as well as the progress of expenditure statement submitted by the Chief Engineer (W & H) and some other documents does not have any role to play in the present arrangement.

5. engagement of Consultant.

2.7. As approached by the Government of Nagaland, the Hospital Services Consultancy Cooperation (India) Limited (N-S.C.C.) a Government of India Enterprise under the administrative control of the Ministry of Health and Family Welfare, and expert team visited Nagaland in Dec. /84 and submitted and preliminary project report in April 1985 to the Government of Nagaland. After a number discussion agreement was signed between the Government of Naagaland and the H.S.C.C. on 29-1-9188 in Kohima awarding N.S.C.C. the consultancy work including the planning and design engineering services and project management of the Referral Hospital at Dimapur. In the meeting held on 30th dated 31st May 1988 at Delhi. The basic drawings and reports were finalized and the construction work at site are ready to begin by Nov./88 after the monsoon is over.

2.8. The Medical Department has already paid a sun of Rs.1,33,20,318.00 to the Hospital Services consultancy Corporation (India) Limited New Delhi as consultancy Changes.

2.9. As per the project Report the entire project is proposed to be completed in 6 years time starting from Nov./1988. The approach was to develop the Hospital Complex in a phase manner (i.e. phara I&II) at the end of each phase the Hospital will be fully functional in some particular patient care aspects.

2.10. The proposed phase-wise schedule of completion is as under:-

TABLE NO.I.

PHASE-WISE SCHEDULES OF COMPLETION.

PHASE – I.

PART	ITEMS OF WORKS	TIME -PERIOD
(91)	(2)	(3)
Part-A.	Boundary wall OPD & Guest House.	Nov.1988. to July 1990.
Part-B.	Water collection.	
	Storage, treatment	March,1980 to
	and sewage Collection and treatment works.	Sept. /1991.
Part-C.	Maternity, Emergency	May,1980 to
	& OT Block.	Nov.1991.
Part-D.	Services, Ramps 300	July,1989 to
	Beds Ward).	Jan.1992.
Part-E.	External works, Nurses Hospital Staff Quarters,	
	Helipad etc.	June,1992.
	Medical Equipment	
	Specification, tendering	
	Selection, supply and Installation.	May,1989 to July,1992.
	Commissioning of Phase -I (300 Beds).	September,1992.
PHASE II.		
PARTS	ITEMS OF WORKS	TIME-PERIOD
Part-F.	Staff quarters and external Works.	August 1991 to February 1993. Dec./91toJune 1993.
Part G.	Wards and ancillary facilities. Miscellaneous works.	
	Specifications, Tendering selection, supply and installation of medical equipments.	January 1992 to October 1993.
	Recruitment and training of Para-medical personnel.	July 1990 to April 1992.
	Recruitment and posting of medical staff.	Jan./91 to June 1992.
	Commissioning of phase-II (200 Beds).	Nov./1993.
	Supply of DT electricity by the project authority (Temporary connection)	Sept./1988 to Nov./1988
	Permanent Electricity supply connection (H.T.)	Feb./1989 to Oct./1989-
	Embankment and river training works by the Nagaland Govt, (not included in the present scope of work of the hospital complex).	Oct./1988 to Dec/1991.

2.11. After completion of Phase-I the hospital should be fully functional for the Out-patient Department (OPD), Emergency Services and all the investigative facilities for such needs. Three hundred beds for indoor patients, for broad medical specialties i.e. Medicine, Surgery, Obstetrics, Gynae. ENT & EYE would be ready at this stage. There should be accommodation available for most of the administrative staff as well as for those essential services, i.e. Nurse, Class III and Class-IV. By this time, of course, the electrical, water supply and sewerage Facilities would be fully and functionally developed to cater for the whole complex. Essential services, i.e. kitchen, laundry, CSSD, stores, workshop, operation theatre block, blood bank should be developed and made fully functional the end of [his phase.

2.12. In Phase-II the extension of the broad specialties i.e. Medicine, Surgery, Gynae, ENT & EYE, Physiotherapy Departments and Limb Fitting Centre will be developed. Accommodation fit all categories of staff will be further. Creased for the full requirement of the hospital (500 beds). Remaining Ward blocks of 200 beds will be constructed.

2.13. The total proposed area for the Hospital complex is 40.400 square meter. The specialty and Block wise areas are given below: -

TABLE NO.II.

PROPOSED AREA OF THE HOSPITAL COMPLEX.

Casualty	2955 Sq.m.	
Investigative Facilities.	5250 Sq.m.	
OPD's	Block-A	2050 Sq.m.
	Block-B	1600 Sq.m.
	Block-C	1600 Sq.m.
'Wilds. Paying ward	3800 Sq.m.	
General wards	3200 Sq.m.	
General Wards	2300 Sq.m.	
General Wards	2300 Sq.m.	
Offices/Library	850 Sq.m	
Service Block	2300 Sq.m.	
Ramp & Connecting corridor.	4500 Sq.m.	
Links to OPD	1455 Sq.m.	
Maternity Block	1500 Sq.m.	
Administration	1400 Sq.m.	
Mortuary	300 Sq.m.	
Incinerator	200 Sq.m.	
Superspeciality Block	1400 Sq.m.	
Auditorium	1500 Sq.m.	
TOTAL BUILT – UP AREA	40,460 Sq.m.	

7. Progress of construction works.

2.14. As against the above schedule of construction the progress of works made as on

2.15. 31-3-1995 is as under: -

TABLE NO.III.

PERCENTAGE OF WORKS COMPLETED

Sl. No	Items of works.	Names of Contractor.	% Of works Completed.
1	2	3	4.
1	(a) Construction of O.RD. Block (Civil)		
	(b) Construction of W/S & Elec. Works.	M/S Pabscon Dimapur	10%
2	(a) Construction of Maternity Block & Arrival Complex (Civil & Elect)	Shri Viyalie Angami	40%
3	(a) Construction of Casualty Block.	M/S Panes war Constn.	40%
4	(a) Construction of Service Block.	M/S Modern Constn.	25%
5	Construction of ward Block (Civil& Elect.)	M/S Tokishe Sema & Pabscon	35%
6	Construction of Boundary wall &: Chain link fencing.	Danil Lotha	15%
7	Construction of water Supply & Sewage Treatment Plant.	M/S Modern & Doss Premier Constn.	Earth work
8	Construction of Treatment Block	Shri Viyalie Angami & M/S Pabscon.	Nil
9	Nurses Hostel	-	
10	Sub-Station	-	Nil
11	External Sewages, External Water Supply and fire fighting storm water drainage.	-	Nil
12	Road works, pavement lighting, and misc. works.	-	Nil
13	Link Block	-	Nil
14	Air conditioning of treatment block	-	Nil
15	External illumination works	-	Nil
16	Installation of Hospital light	-	Nil
17	Doctor Hostel	-	Nil
18	Guest House	-	Nil
19	Telephone Exchange	-	Nil
20	Tree Plantation, Horticulture etc.(estimate yet to be framed)	-	Nil

(Source: - C.E. works & housing)

2.14. The above table-I clearly indicates that the progress of works are not amount of money already spent up to 31-3-1995 forth of works is at Rs. 33,58,41,754.00. Detailed position on work will be available in the relevant portion of the report.

2.15. For the works on construction of boundary wall and chain link fencing, construction of water supply and sewages treatment plant and construction of treatment block, the estimates have been framed and submitted but sanctions are yet to be received to start the works.

2.16. Due to non-receipt of fund, the final are yet to be prepared and submitted to the Govt, for sanction.

- (a) Nurses Hostel.
- (b) Sub-Station.
- (c) External sewerages.
- (d) External Water Supply.
- (e) Fire fighting storm.
- (f) Water drainage.
- (g) Road works pavements lighting & Misc. works.
- (h) Link Block.
- (i) Air conditioning of treatment Block.
- (j) External illumination works.
- (k) Installation of Hospital light.
- (l) Doctors Hostel.
- (m) Guest Home.
- (n) Telephone Exchanges etc.

2.17. A scrutiny of the above statement of facts clearly showed that the physical progress of work of the Referral Hospital at Dimapur is not upto the expected level of achievement even after 7 (seven) years of the actual start of the works. In short it can be rightly be said that only a beginning could be done so far.

8. Manpower Requirement.

2.18. Once fully developed, the Hospital would be employing around 735 persons from Medical Superintendent to Messenger. About 70% of the manpower would be recruited during phase-I and further increase in manpower would depend on the future development of the project.

9. Staffing Pattern.

2.19. The proposed staffing pattern as per the project report is that the medical staff of the wards and departments of the hospital should be arranged wherever practicable on a team basis, particularly in the main specialties of medicine, surgery, obstetrics and gynecology. In many developed countries it has been found that a team comprising a specialist physician or surgeon with an experienced assistant and one or two recently qualified assistants, all working full time, can look after about sixty beds and the associated outpatient services. This proportion may, of course, vary according to the circumstances and especially under Indian conditions. However, if staff duties include teaching, much extramural activity and time-consuming research, the team would need to be augmented or the number of beds handled per team be decreased. This will however, not be the case with his Referral for quite some time.

2.20. Junior medical staff, that is, all below the rank of consultant or specialist, should ordinarily be appointed on a full time basis. Consultants or specialists should either be appointed for whole-time duty, or else the times and periods of their hospital attendance should be very clearly defined and conscientiously observed, so that the claims of private work will not be permitted to conflict with the hospital duties.

2.21. In the staffing of the various departments of hospital, there are two systems in vogue, the parallel system all the teams say in the department of medicine, are considered to be equal and each follows its own line of practice without much reference to the others. In the hierarchical system, a head of the department is appointed and he without interfering with the detailed handling of the patients by his colleagues determines the general lines of policy his department is to follow. This he does after consultation with his colleagues, for better functioning of the whole system. In some departments a head is almost a necessity - for example, in professorial units where these exist and in departments of pathology, radiology and obstetrics, in which the training of technicians and midwives is undertaken. Here, it would be essential to adopt an agreed-upon and uniform code of procedure if juniors are to be properly trained. The recommendation made for this Referral Hospital, unless the Government of Nagaland finds the other one more suitable due to the local conditions is the hierarchical system.

2.22. The Medical Department has not so far made any appointment both technical as well as Ministerial Staff nor take any advance action to man the various posts for the Referral Hospital, Dimapur.

10. Transport.

2.23. The construction works of the Hospital was started only in 1989-90. The expected year of inauguration of the Hospital was 1995. Under this situation purchase of 2 Nos of Maruti Gypsy in 1989 at the cost of Rs. 2.90 lakhs was considered a hasty action. When till 31-3-1995 no single staff is appointed for the Referral Hospital, the 2 (two) Gypsy purchased in 1989 were practically misused in some other ways.

11. Financial Aspects.

The summary of cost as per the original estimate is as below: -

Hospital Complex.	(Rs. in crores)
Site Development works	Rs.3.20
Building & Services	Rs.18.20
Air conditioning & HV System	Rs.1.20
Nurses Hostel, Doctors Hostel, Guest House	Rs.2.40
Internal Communication System, Telephone Exchange	Rs.0.60
Total	Rs. 25.60
PHASE-I	Rs.21.80
PHASE-II	Rs.3.80
Individual housing Units	Rs.7.00
Sire works and Service Facilities	Rs.1.70
	Rs.8.70
PHASE-I	Rs.6.50
PHASE-II	Rs.2.20

PHASFWISE ESTIMATES OF COST FOR THE HOSPITAL AND HOUSING COMPLEX.

	PHASE-I	PHASE-II	TOTAL
HOSPITAL COMPLEX	21.80	3.80	25.60
HOUSING COMPLEX	6.50	2.20	8.70
TOTAL ESTIMATED COST	28.30	6.00	34.30

12. Medical equipment.

2.25. It may be noted that the above estimate does include the cost of supply and installation o medical equipments, furniture's and fixtures for the hospital. It is estimated that an additional sum of Rs.8.10 Crores would have to be provided for this purpose.

2.26. The above estimate was subsequently revised to Rs. 7500.01) lakhs.This revised estimate was inclusive of the cost of medical equipments, supply and installation, cost of additional area proposed to be acquired, Nurses Hostel, Sub-Station, Doctors Hostel, Guest House, Telephone Exchanges etc. besides the main Hospital buildings. Tree plantation and Horticulture are however excluded from the above estimate, as its details are yet to be framed. At the present rate of progress it is needless to say that the above estimate will have to be revised once again. It is doubtful that the project could be completed within the revised schedule time of completion. On seeing the present trend it will not be a miracle even if the project costs is double of the present revised estimated cast of Rs. 7500.00 lakhs by the time the project is completed.

2.27. As per record to the Medical Department the year-wise amount of fund provided for the construction of Referral Hospital, Dimapur are as under: -

TABLE NO.IV.

YEAR-WISE ALLOTMENT OF FUND (Rs. In Lakhs)

Sl. NO.	YEAR	AMOUNT PROVIDED
(1)	(2)	(3)
1	1989-90	100.00
2	1990-91	100.00
3	1991-92	300.00
4	1992-93	200.00
5	1993-94	430.00
6	1994-95	600.00
7	1995-96	1400.00
8	TOTAL	3190.00

(Source: - Director of Medical Service)

14. Financial Achievement.

2.28. The actual expenditure incurred by the Department of works & Housing, Nagaland for construction of Referral Hospital, Dimapur up to the period 31-3-1995 are in table below: -

TABLE NO. V.

ACTUAL EXPENDITURE UPTO 31-31995.

Sl. NO.	TYPE OF WORKS	NAME OF CONTRACTOR	AMOUNT SPENT UPTO 31-395
(1)	(2)	(3)	(4)
1	(I) Const. Of O.PD. Block (Civil)	M/S Padscon Dimapur.	3,44,80,325.00
	(ii) Const. of Sanitary W/S & Elec. Work.		2,73,49,061.00
2	Const. Of Maternity Block and Arrival Complex (Civil & Elect).	Shri. Viyalie Angami	
3	Const. Of casualty Block (Civil &Elect).	M/S Paneswar Construction	
4	Const. Of service Block (Civil & Elect).	M/S Modern	
5	Const. Of ward Block (Civil & Elect).	M/S Tokishe Sema and Pabscon	
6	Const. Of Boundary wall and chain link fencing.	Daniel Lotha	34,46,486.00
7	Const. Of water supply & sewages treatment plant	M/S Modern Const. & Doss Premier Const.	11,93,918.00
8	Const. Of Treatment Block.	Shri Viyalie Angami & M/S Pabscon	23,53,291.00
	TOTAL		33,58,41,754.00

(Source: - CE. WORK & HOUSING)

2.29 The above expenditure excludes the amount already spent on (a) land compensation the record of which are not available in any of the state Government Department (b) Consultancy charges paid to H.S.C.C. New Delhi (Rs.1, 33,20,318.00) (c) Purchase of 2 nos of Maruti Gypsy (Rs. 2,90,00.00) and (b) other expenses incurred by the Medical Department such as furniture & furnishing, mattresses, Dunlop pillow, filter, Medical equipments etc. for which the amount could not be really available and (e) any other expenses if any.

CHAPTER-III.

MAIN FINDINGS AND SUGGESTION.

3.1. From the analysis of factual accounts as presented in the previous chapters, the conclusion that emerges is that even after a considerable period of time the works on the referral hospital, Dimapur is showing tardy progress. It is still in its initial stage of work without any appreciable progress though an amount of Rs.33, 58,41,754.00 has already being spent for construction works alone.

3.2. None of the state government departments appears to have maintained any records on land acquisition for the referral hospital. All the Departments involved in the referral hospital project were contracted by the evaluation team for collection of data, on (a) total area actually acquired (b) names of the land owners (c) amount paid to each land owners (d) total amount paid for land compensation etc. But no department of the state government appears to have maintained any record on these vital documents. Even the Addl. Deputy commissioner, Dimapur who actually acquired the land for the referral hospital did not maintain the record. In spite of personnel visit to the office of the Addl. Deputy commissioner, Dimapur for collection of data on land acquisition, it was found that no records of land acquisition for the referral hospital could be traced out. In Nagaland, we are facing experiences how non maintenance of proper records on land acquisition for government purposes are creating innumerable legal problems. The Government should therefore, immediately trace out the documents or reconstruct the documents if untraced and keep them properly such as individual wise area of land acquired and the amount paid as and compensation to each individuals etc. otherwise the non availability of such document may encourage the individual land owner and the possibility of arising land dispute with the land owner and the Government may not be rule out in near future.

3.3. At the present of allotment of the fund to the project it may take Another 2-3 decades to complete the construction works and ultimately the Referral Hospital will be only a distant dream without its existence. The State Government may therefore, Have to take up with the center Government for treating the Referral Hospital as a special project for the State and ensure adequate fund provision if it has to be completed and commissioned within a reasonable time.

3.4. It was also found that the limited fund provided for the referral Hospital was utilised unrealistically by way of taking to much advance action such as purchased of vehicle for the Hospital, Purchased of mattresses, Dunlop pillows, filters, furniture and furnishing for the Hospital. These purchases are considered wastage of fund particularly when the building is likely to take a decade or more for its completion and commissioning. The Government should ensure that the limited fund is properly utilised by avoiding such avoidable purchases.

3.5. This prestigious project of the State Government is showing unreasonably slow progress over several years. Moreover, it is practically not possible to complete the project in a reasonable time with the present rate of fund allotment to the project. As such, if the suggestion at 3.2. above could not be materialized the only alternative left with the State Government is to fund out a suitable group/company to take over the project so that the people of the State would see the reality of its existence soon.