

**THIRTEENTH KERALA LEGISLATIVE ASSEMBLY**

**COMMITTEE  
ON  
PUBLIC ACCOUNTS  
(2014-2016)**

**ONE HUNDRED AND EIGHTH REPORT  
(Presented on 15th December, 2015)**



**SECRETARIAT OF THE KERALA LEGISLATURE  
THIRUVANANTHAPURAM  
2015**

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**ONE HUNDRED AND EIGHTH REPORT**

**on**

**Action Taken by Government on the Recommendations contained in the  
146th Report of the Committee on  
Public Accounts (2008-2011)**

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COMMITTEE ON PUBLIC ACCOUNTS  
(2014-2016)

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## INTRODUCTION

I, the Chairman, Committee on Public Accounts, having been authorised by the Committee to present this Report, on their behalf present the 108th Report on Action Taken by Government on the Recommendations contained in the 146th Report of the Committee on Public Accounts (2008-2011).

The Committee considered and finalised this Report at the meeting held on 24th November, 2015.

DR. T. M. THOMAS ISAAC,

*Chairman,*

*Committee on Public Accounts.*

Thiruvananthapuram,  
15th December, 2015.

## **REPORT**

This Report deals with the Action Taken by Government on the recommendations contained in the 146th Report of the Committee on Public Accounts (2008-2011).

The 146th Report of the Committee on Public Accounts (2008-2011) was presented to the House on 23rd February, 2011. The Report contained 23 recommendations relating to various departments. Government were addressed on 1st March, 2011 to furnish the statement of Action Taken on the recommendations contained in the Report and the final copies were received on 15-1-2014.

The Committee considered the Action Taken Statements at its meetings held on 1-8-2012, 27-8-2013, 30-10-2013, 30-4-2014 and approved the same in the light of the replies furnished by Government. The recommendations of the Committee and the replies furnished by Government are included in this Report.

### **ENVIRONMENT DEPARTMENT**

#### **Recommendation**

*(Sl. No. 1, Para No. 32)*

The Committee learns that even though the Biomedical Waste (Management and Handling) Rules were framed in the year 1998 and the Kerala State Pollution Control Board was identified as the prescribed authority in the State, there was a delay of two years for the department in prescribing the authorisation fee for application in time. The Committee finds no justification in the lapse of two years for issuing a notification for fixing the authorisation fee which needs only a little bit of time and expresses deep dissatisfaction over the delay in implementing the Rules in a State like Kerala where population density is high and the people are cautious about such subjects, disregarding the availability of Central assistance.

#### **Action Taken**

The Member Secretary, Kerala State Pollution Control Board reported as follows:

Implementation of the Biomedical Waste Rules which came into effect on July 20, 1998 in the State got delayed initially by the delay in notifying (25-10-1999) the Board as the Prescribed Authority to enforce the Rules and then by the further delay in notifying (2-6-2000) the authorisation fee by the Government. Prescribed Authority was not specified in the Principal Rule.

Meanwhile the Board started work of providing awareness to occupiers and staff of health care institutions on the various aspects of the Rules by arranging workshops. Repeated workshops were also arranged to educate the hospital staff from top to bottom regarding segregation, collection, transportation, disposal etc. As there was no exhaustive list of health care establishments readily available with any of the organisations/Government Departments in the State, an address list of health care institution was also prepared based on the details collected from various hospital organisation and Government Departments and initiated actions to issue provisional authorisation.

Government have given directions to all concerned for strict compliance of Biomedical Waste (Management & Handling) Rules vide Government Order dated 13-3-2012. Copy of G.O. enclosed.

### **Recommendation**

(Sl. No. 2, Para No. 33)

The Committee cannot agree with the Board's stand that lack of adequate staff had led to the lapse in conducting inspection to the institutions applied for authorisation. The Committee presumes that the *modus operandi* adopted by the Kerala State Pollution Control Board in assigning duty to the existing staff is not satisfactory and as a result they are sitting idle. The Committee understands the strong efforts exercised by the Finance Department to examine and assign the performance study of staff pattern in the Kerala State Pollution Control Board resulted in vain. Therefore, the Committee recommends that the Government should conduct an exhaustive work study about the performance of Kerala State Pollution Control Board by a competent agency and to furnish the report.

### **Action Taken**

The Member Secretary, KSPCB reported as follows:

The recommendation of the Hon'ble Committee to have an exhaustive work study in the Board is agreeable. Such a work study is highly essential to implement the Rules effectively. Kindly note that the Board is having district level offices in all districts with the staff structure—One Environmental Engineer, One Assistant Environmental Engineer, one/two Assistant Engineer(s) and three lab staff to look after the activities in the district, relating to implementation of the statues namely

Water Act, Air Act, Water Cess Act, Municipal Solid Waste Rules, Ozone Depleting Substances Rules, Noise Control Rules, Chemical Accidents Preparedness Rules, Battery Rules, Plastic Rules, BMW Rules, Public Liability Insurance Act, Environmental impact Assessment Notification, Hazardous Wastes Rules Hazardous Microorganisms Rules, E-waste Rules etc. The work entrusted are routine inspections, compliance monitoring, ambient air and water monitoring, compliant investigation, issuance of clearances, preparation of reports and affidavits to Courts, Lok Ayukta, Ombudsman (LSG), Ombudsman (Devaswom), Human Rights Commission, Information Commission etc., various Legislative Committees, Parliamentary Committees to Government on petitions received through them etc., and preparation of inquiry reports on consent/authorisation applications etc. Hence the present staff strength is not sufficient.

Government have decided on 29-3-2012 to conduct a work study by the Personnel and Administrative Reforms Department, which is under consideration of that department.

### **Recommendation**

*(Sl. No. 3, Para No. 34)*

The Committee is displeased on the vague answer rendered by the representative of the Kerala State Pollution Control Board regarding the Health Care Establishments under the purview of Biomedical Waste Rules. The Committee strongly condemns this irresponsible attitude and view this as utter ignorance which cannot be excused at any cost. Though the Kerala State Pollution Control Board was notified as statutory authority responsible to enforce the implementation of the Biomedical Waste Rules, it did not prepare a comprehensive list of Biomedical waste generating institutions and take effective steps to enforce Biomedical Waste Rules in all the identified Health Care Establishments.

### **Action Taken**

The Board could not prepare a comprehensive inventory of health care institutions due to shortage of manpower as the Board was already overloaded with other statutory work and no additional posts were created for BMW management. As there were no exhaustive State level list of health care institutions, the Board collected the addresses available with the Director of Health Services,



Directorate of Medical Education and organizations like Indian Medical Association (IMA) Qualified Private Medical Practitioners Association (QPMPA), Catholic Health Association etc. and also collected information by addressing individual institutions. However a detailed inventory of Thiruvananthapuram District was prepared in 2007 and 1282 HClS were identified. Of the 1282 HClS, 280 are hospitals with inpatient facility. The rest includes small consulting centers, dental clinics etc. Classification of HClS according to type and sector and hospitals according to bed strength and sector in Thiruvananthapuram District are as follows:

Type of HCl	Sector		Total
	Government	Private	
Hospitals	66	214	280
Clinics	261	179	440
Clinical Laboratories	2	332	334
Dental Institutions	1	136	137
Veterinary Institutions	89	2	91
Total	419	863	1282

Bed strength	Government	Private	Total
≥ 500	5	0	5
≥200&<500	10	12	22
≥50&<200	16	28	44
<50	35	174	209
Total	66	214	280

Action is being taken by the Board to prepare a detailed district-wise inventory of health care institutions in other districts in the State.

Government have given strict directions to all concerned for strict compliance of Biomedical Waste (Management & Handling) Rules vide Government Order dated 13-3-2012 Copy of G. O. enclosed.

### **Recommendation**

*(Sl. No. 4, Para No. 35)*

The Committee blames the Kerala State Pollution Control Board for not keeping records relating to the issue or authorisation to the Health Care Establishments. The Committee understands that the Board had pathetically failed to bring all the identified institutions under the purview of the Rules. Even for Health Care Establishments which had been issued authorisation, timely renewal had not been made. Kerala State Pollution Control Board neither conducted on the spot verification nor took follow-up action after issue of provisional authorisation in most of the cases. As a result most of the Health Care Establishments are functioning without authorisation, in gross violation of the Rules.

### **Action Taken**

The institutions identified were directed to provide biomedical waste management facilities and to apply for authorisation. According to the Rules, authorisation can be issued only to institutions possessing necessary facility to handle biomedical waste. This has to be verified by conducting enquiry at the site. As the time and resources available with the Kerala State Pollution Control Board as well as the response of the health care institutions were limited, issue of authorisations (895) by March 2007 was also limited. Though all the health care establishments are required to handle biomedical waste scientifically as stipulated in the Rules, the institutions are required to apply for and to obtain authorisation only if there are inpatients or if there are more than 1000 outpatients per month.

Initially the Board issued provisional authorisations for one year specifying conditions for providing facilities as required under the Rules within the validity period of authorisation to all health care institutions (this includes clinics, dental

clinics etc.) without considering the bed strength. At the end of validity period of provisional authorisation, the applicant was required to report completion of biomedical waste management facility. The Board after verifying the adequacy, used to regularise the authorisation for a block period of 3 years. Thus the Board could issue authorisation only to a small percentage of health care institutions who applied and provided facilities.

As observed, inadequate infrastructure in health care institutions to handle biomedical waste was the main reason for non-issue of authorisations. The situation improved substantially since January 2004 on the common facility of IMAGE becoming functional, as evident from the fact that 2750 institutions are now availing the service of IMAGE at Palakkad and about 1250 hospitals are under authorisation purview as per the Biomedical Waste (Management & Handling) Rules. Non-applicability of HCLs in obtaining authorisation in cases where the persons served is <1000 per month, non-submission of application by institutions, non-rectifying of defective applications and non-remittance of required fee and incomplete application are the main reasons for the non-reflection of the entire IMAGE clients in the list of authorisees. The switch over of clearance issued to integrated clearance under Water Act, Air Act and BMW Rules is also a major reason for pending of authorisation by HCLs, as facilities for control of all kinds of pollution is must for issue of integrated clearance. Apart from all these, shortage of manpower is the main problem being faced by the Board to carry-out routine inspections and strict enforcement of the Rules.

#### ENVIRONMENT DEPARTMENT AND LSGD

##### **Recommendation**

*(Sl. No. 5, Para No. 36)*

The Committee recommends to introduce a system of production of authorisation of Kerala State Pollution Control Board under Biomedical Waste Rules by Health Care Establishments which applying for registration/renewal of registration with Local Self Government Institutions so as to bring all Private Health Care Establishments under the Rules.

**Action Taken**

(ENVIRONMENT DEPARTMENT)

Most of the local bodies presently insist industries/hospitals for production of integrated Clearance (Consent under Water Act, Consent under Air Act and Authorisation under the BMW Rules) of the Board while applying for their license and renewal of license. Board already addressed local bodies to insist the hospitals/industries produce Board's clearance for issuing/renewing license. Giving statutory backing for such a requirement would be welcome.

Government have given strict directions to KSPCB for strict compliance of Biomedical Waste (Management & Handling) Rules vide Government Order dated 13-3-2012. Copy of G. O. enclosed.

**Action Taken**

(LSGD)

The Local Self Government (DC) Department issued circular directing all Local Self Government Institutions to ensure registration/license in this connection (Circular No. 47724/DC1/2011/LSGD dated 9-12-2011).

ENVIRONMENT DEPARTMENT

**Recommendation**

*(Sl. No. 6, Para No. 37)*

The Committee finds that the Kerala State Pollution Control Board did not take any significant action against those institutions which had not applied for authorisation as per Rule. The Committee views it as dereliction of duties and evasion from responsibilities though the Board is empowered to handle subjects related to hazardous waste disposal which affect the public seriously. The Committee recommends that Kerala State Pollution Control Board should invoke penal provisions under Environment (Protection) Act, 1986 to ensure compliance of Rules by biomedical waste generators.

### **Action Taken**

As stated above implementation of the Rules in the State started only in 2000. Initially the Kerala State Pollution Control Board resorted to persuasion rather than coercive steps. However the Board has started taking coercive steps against violators. Show cause notices/closure directions are issued on noticing violation of the Rules. In some instances hospitals were also insisted for furnishing bank guarantee in order to ensure installations of waste management facilities in a time bound manner. Experience in the administration of the Water Act shows that invoking the penal provisions is not productive. It takes 15 to 20 years for the final verdict to come from the Supreme Court on a prosecution case started in the First Class Magistrate's Court. The Board's Engineer who files the complaint has to be present in the Court on all the monthly postings. If he/she is absent on any posting, the case can get dismissed for default. Instead the provision to issue directions such as closure of hospitals is expected to be more beneficial. The decision to close down hospitals is to be taken with utmost caution and regard for the sake of the patients. The Board will resort to penal action in extreme cases.

Government have given strict directions to KSPCB for strict compliance of Biomedical Waste (Management & Handling) Rules. Copy of G.O. enclosed.

### **Recommendation**

*(Sl. No. 7, Para No. 38)*

The Committee analyses the huge loss sustained to the public exchequer by way of Registration fees due to the non-issuance of authorisation/renewal of authorisation to the Health Care Establishments identified. The Committee understands that the Kerala State Pollution Control Board had not taken any earnest efforts to recover the amount due to Government. The Committee observes that mainly Health Care Establishment in Government sector are reluctant in remitting the required fees.

### **Action Taken**

Health Care Institutions are statutorily bound to obtain authorisation only if there are inpatients or if there are more than 1000 outpatients per month. Thus

many of the identified institutions, clinics, laboratories etc. are exempted from the requirement of obtaining authorisation. Majority of the private hospitals has been covered under authorisation purview. As per the integrated clearances system implemented since July 2006, the common fee being collected for clearance under Water Act, Air Act and Biomedical Waste Rules is based on capital investment. The Government hospitals represented their inability in remitting the consent fee because of the shortage of fund allotted to them and hence requested to reduce the consent fee. This issue was raised in many high-level meetings. This matter was discussed in the Board meetings and the Board recommended to the Government to amend the rule and to notify the consent fee for Government hospitals as 10% of the total consent fee. The rule was amended and notified in 2006. Accordingly Government hospitals should remit only 10% of total fee.

Government have given strict directions to all concerned for strict compliance of Biomedical Waste (Management & Handling) Rules vide Government Order dated 13-3-2012. Copy of G.O. enclosed.

#### **Recommendation**

*(Sl. No. 8, Para No. 39)*

The Committee notes that only 14 per cent of Government Health Care Establishments had obtained authorisation as of March 2007 and regular funds were not allotted to these HCEs for proper management of biomedical waste. It was found that even the funds allotted for creating infrastructure facilities for waste disposal were not utilised. Therefore the Committee strongly suggests that Government should ensure availability of funds for infrastructure facility and for meeting recurring expenditure in Government sector.

#### **Action Taken**

The Member Secretary, KSPCB reported that separate fund for pollution control and waste management in Government Hospitals is necessary.

Government have given instructions to all concerned that funds provided under budgetary allocations of HMC/HDC for biomedical wastes disposal shall be fully and properly utilised. Instructions have been given to Health & Family

Welfare Department also to provide necessary budget assistance to Government Health Care Establishments under their Rent, Rate & Taxes or other appropriate budget heads for the mandatory payments for disposal of biomedical wastes. Copy of G. O. enclosed.

## HEALTH AND FAMILY WELFARE DEPARTMENT

### **Recommendation**

*(Sl. No. 9, Para No. 40)*

The Committee learns that treatment and disposal of Biomedical Waste is not properly done in most of the Health Care Establishments which generate serious health and hygienic problems. It is clear that waste treatment and disposal facilities were either non-existent or inadequate in most of the Health Care Establishments. The Committee desires to know about the regular system adopted by the department to monitor the same. The Committee further observes that the department is not serious in adhering to the norms and conditions laid down in the Biomedical Waste Rules. The Committee recommends to create a regular system for inspecting the HCEs and to conduct a study on the matter by engaging a special agency so that the lapses and drawbacks can be avoided in future in accordance with the report of such study.

### **Action Taken**

The biomedical waste from all major hospitals are collected by the IMAGE. biomedical waste from all institutions are disposed by deep burial. This system of biomedical waste management is approved by the Pollution Control Board. At present the biomedical waste from Government hospitals is not producing any problem to the general public.

## ENVIRONMENT AND HEALTH AND FAMILY WELFARE DEPARTMENT

### **Recommendation**

*(Sl. No. 10, Para No. 41)*

The Committee points out that even though the Act provides deep burial method for waste disposal, the Kerala State Pollution Control Board deny it for the reason it is not suitable for the topography of our State. However, the Committee

observes in the audit report that in General Hospital, Thiruvananthapuram and Medical College Hospital and Women and Children Hospital, Alappuzha deep burial method is practiced occasionally. As this method of deep burial is liable to cause contamination to the surrounding areas, the Committee directs the Health and Family Welfare Department to disallow the practice of deep burial system and to adopt alternative methods for waste disposal.

**Action Taken**

(ENVIRONMENT DEPARTMENT)

Though deep burial is an approved alternative for incineration for disposal of category 1&2 type wastes, this is not a safe method in Kerala in view of the topography, close proximity to residential areas and water bodies and high water table. It is true that many hospitals had earlier resorted to deep burial for disposal of biomedical waste. The General Hospital, Thiruvananthapuram which had earlier adopted deep burial, as affiliated with IMAGE in 2006 for disposal of the biomedical waste at the common facility in Palakkad. Medical College Hospital and Women and Children Hospital in Alappuzha have also joined IMAGE for biomedical waste disposal. Since most of the areas in Alappuzha District are water logged and flood prone, sanction for deep burial is not given to hospital in this District.

**Action Taken**

HEALTH AND FAMILY WELFARE DEPARTMENT

At present biomedical waste from General Hospital, Thiruvananthapuram and Women and Children Hospital, Alappuzha is completely disposed through IMAGE.

ENVIRONMENT DEPARTMENT

**Recommendation**

*(Sl. No. 11, Para No. 42)*

The Committee notes that the Kerala State Pollution Control Board appears to be reluctant in taking remedial action in accordance with the audit objections though it has the backing of sufficient staff.



**Action Taken**

The Member Secretary, KSPCB reported that present staff strength is not adequate to implement all the pollution control Act & Rules in the State, the Board had taken and is being taking effective steps to implement the Biomedical Waste Rules by effectively utilising existing manpower.

**Recommendation**

*(Sl. No. 12, Para No. 43)*

The Committee realises that only one common Biomedical Waste Treatment Facility existed against the four required and it was handling waste in excess of its stated capacity leading to improper disposal of waste. Proper monitoring and evaluation mechanism did not exist at Government/prescribed authority/operator level. Thus the implementation of Biomedical Waste Rules in the State is very poor, as a result of the low priority assigned by Government/KSPCB in enforcing compliance with the Rules as most of the 11000 MTs of biomedical waste estimated to be generated in the State annually is being disposed without proper segregation and treatment. There could be disastrous consequences to the health of the people due to possible contamination of the environment by toxic and infectious waste. The Committee recommends that sufficient number of CBWTF should be established in accordance with the guidelines issued by Central Pollution Control Board.

**Action Taken**

Inspections/monitoring are conducted by Board officials frequently in the CBWTF of IMAGE at Palakkad for evaluating the operation and maintenance of the treatment facilities [shredder, incinerators (3 nos.) with air pollution control facility, autoclaves (2 nos.), effluent treatment plant, sharps pit etc.] provided in the CBWTF-IMAGE have enhanced the capacity of the facility by installing a new effluent treatment plant with all pollution control measures. Now 2750 institutions are availing the service of IMAGE, about 17 tonne/day of biomedical waste is disposed through the facility and they have proposed one more incinerator in view

of the progress in affiliation of more institutions with the facility. It is also understood that one more common facility is under consideration of IMAGE and they had taken steps to obtain land and connected work. As per the BMW Rules, the Municipal Corporations, Municipal Bodies or Urban Local Bodies, as the case may be responsible for providing suitable common disposal/incineration sites for the biomedical waste generated in the areas under their jurisdiction. In areas outside jurisdiction of any municipal body, it shall be the responsibility of the occupier generating biomedical waste/operator of a biomedical waste treatment facility to arrange for suitable sites individually or in association, so as to comply with the provisions of the Rules.

Government of India (Ministry of Environment & Forests) has informed about the new schemes with central assistance for CBWTF. The KSPCB has been authorised to get applications for setting up of CBWTF and to recommend eligible cases for subsidy. The target may be that there is at least one CBWTF for two district (seven in all).

### **Recommendation**

*(Sl. No. 13, Para No. 44)*

The Committee suggests that the monitoring of the Health Care Establishments should be vitalised. Norms for regular inspection should be fixed to ensure regular compliance of Rules by the biomedical waste generators.

### **Action Taken**

The Board has only one office in each district except in Ernakulam, where there are 3 offices. The technical and scientific staff strength in each District Office is as follows:

Environmental Engineer—1

Assistant Environmental Engineer—1

Assistant Engineer—1 or 2

Assistant Environmental Scientist/Assistant Scientist—1

Junior Scientific Assistant/Senior Scientific Assistant—2

The District Offices are responsible for routine inspections and compliance monitoring. They have other duties like ambient air and water quality monitoring complaint investigation, conducting statutory inspections under Water Act, Air Act, Water Cess Act, Municipal solid Waste Rules, Ozone Depleting Substances Rules, Noise Control Rules, Chemical Accidents Preparedness Rules, Battery Rules, Plastic Rules, BMW Rules, Public Liability Insurance Act, Environmental impact Assessment Notification, Hazardous Wastes Rules, Hazardous Micro organisms Rules etc. issuance of clearances preparation of reports and affidavits to Courts, Lok Ayukta Ombudsman (LSG), Ombudsman (Devaswom), Human Rights Commission, Information Commission etc. various Legislative Committees, Parliamentary Committees to Government on petitions received through them etc. and preparation of inquiry reports on consent/authorisation applications etc. Thus the District Officers are heavily overloaded. Fixing frequency norms for inspection of health care institutions is not a practicable proposition. In the present condition of staff shortage, priority can be given only for crisis management. However, all the possible efforts are being taken to strengthen monitoring by efficiently utilising the available manpower.

Instructions were given to KSPCB to vitalize monitoring of Health Care Establishments. Copy of G.O. enclosed.

## HEALTH AND FAMILY WELFARE DEPARTMENT

### **Recommendation**

*(Sl. No. 14, Para No. 45)*

The Committee learns that most of the Hospitals lack advisory committee. As private hospitals are involved in the sector, the Committee strongly recommends to take urgent necessary steps to constitute Advisory Committee in every Health Care Establishments, as a part of modernising the Hospital Development Committee.

### **Action Taken**

As per G.O. (Ms.) No. 64/2004/H&FWD. dated 9-3-2004 (copy enclosed) with regards to the duties and functions of HDS, Hospital Advisory Committees were in existence in each hospital right down to the Primary Health Centres for matters relating to complaints/grievance redressal.

But as per G.O. (Ms.) No. 248/2006/H&FWD dated 20-11-2006 (copy enclosed) Government prescribed new guidelines for the reconstitution of Hospital Development Committee/Hospital Development Society of Government Medical College Hospital including the SAT Hospital, Thiruvananthapuram and General Hospital and Speciality Hospitals in which there was no provisions for Hospital Advisory Committee.

Also as per G.O. (Ms.) No. 15/2007/H&FWD dated 12-1-2007, (copy enclosed) all the orders issued by H&FWD regarding the formation of HDC for the transferred institutions and up to the District Hospital Level (including Allopathy, Ayurveda, Homoeopathy) were cancelled. The Hospital Management Committees were formed in these institutions in accordance with the provisions of Kerala Panchayath Raj Act and Kerala Municipality Act vide G.O. (Ms.) No. 79/2007/LSGD dated 14-3-2007. Hence no Hospital advisory committees are now in existence in Government Hospitals.

HDC/HMC in Government Hospitals are carrying out the objectives of Hospital Advisory Committees. Hence formation of the Hospital Advisory Committees will, lead to the overlapping of the functions of two bodies and create administrative stand still condition. Hence the Hospital Advisory Committees need not be formed in Government Hospitals as part of modernising HDC as per PAC recommendations (Appendix enclosed).

#### ENVIRONMENT DEPARTMENT

##### **Recommendation**

*(Sl. No. 15, Para No. 46)*

The Committee finds that there is lack of co-ordination between local bodies, hospitals and Health Department. The Committee views that the doctors could not get enough time to look into the biomedical waste disposal matters after discharging their routine work. The Committee suggests to fix the responsibility to Kerala State Pollution Control Board as it is the sole agency in the State which is empowered to issue license of Health Care Establishments.

**Action Taken****ENVIRONMENT DEPARTMENT**

Biomedical waste handling requires utmost care as its generation and disposal may adversely affect human health and environment. Hence for effective waste management, the responsibility for safe handling of waste shall be with the waste generator. The Rules fix this responsibility with the Health Care Establishments. One officer other than doctors preferably an engineer with qualification in biomedical engineering may be insisted at least in each hospital with bed strength 100 and above to look after the waste management requirements. The Board being the Prescribed Authority under the Rules shall monitor, and if necessary take action against violators by enforcing the statutory provisions under the Rules.

Instructions have been given to all DMOs to form a sub-committee including representative of KSPCB and local body for monitoring the waste management activities in the Health Care Establishments under their jurisdiction and to ensure remedial action. Copy of G.O. enclosed.

**LSGD AND HEALTH & FAMILY WELFARE DEPARTMENT****Recommendation**

*(Sl. No. 16, Para No. 47)*

The Committee remarks that the local bodies should issue license for waste disposal which is to be renewed in a time bound manner. The Kerala State Pollution Control Board should take strict action against those institutions which does not possess license. The Committee highlights the irresponsibility exhibited by Local Self Government Department and Health and Family Welfare Department for the deficiencies noted. The Committee opines that it is shameful to say Municipality like Neyyattinkara lying adjacent to the capital city lack suitable site for waste disposal.

**Action Taken****HEALTH AND FAMILY WELFARE DEPARTMENT AND LOCAL SELF GOVERNMENT DEPARTMENT**

The Neyyattinkara Municipality has already acquired the land and started initial proceedings to establish a modern waste disposal plant. The delay in installing the plant is mainly because of the public opposition and writ petitions filed against the land acquisition in the Hon'ble High Court.

LOCAL SELF GOVERNMENT DEPARTMENT AND HEALTH & FAMILY  
WELFARE DEPARTMENT

**Recommendation**

*(Sl. No. 17, Para No. 48)*

The Committee realises that carcass carries costing ₹ 13.23 lakh was allotted to Neyyattinkara, Cherthala, Nedumangad and Kayamkulam Municipalities where common biomedical waste disposal facility was not provided. These local bodies continued to dispose waste by burning/burial. The Committee considers it as the utter mismanagement of Government money.

**Action Taken**

In the Neyyattinkara Taluk Hospital the waste disposal is going on smoothly without any complaint. IMA is collecting the biomedical waste from the hospital on a daily basis and treated in their own treatment plant. The other wastes in the hospital are collected and disposed of by the Municipality. There is no more dumping of waste in and around the Taluk Hospital.

Kayamkulam, Nedumangad and Cherthala Municipalities have not yet sent their response to the comments and recommendations of Public Accounts Committee. It will be collected and submitted as early as possible.

HEALTH & FAMILY WELFARE DEPARTMENT

**Recommendation**

*(Sl. No. 18, Para No. 49)*

Observing the overcrowding in the Neyyattinkara Taluk Hospital and the heavy workload assigned to the doctors, the Committee recommends to depute a responsible officer to deal exclusively with administration matters and to entrust the overall control of administration to the Superintendent.

**Action Taken**

By the implementation of the Speciality and Administrative cadre, a Superintendent is posted exclusively for the administrative matters of the hospital.

## ENVIRONMENT AND LOCAL SELF GOVERNMENT DEPARTMENT

**Recommendation***(Sl. No. 19, Para No. 50)*

The Committee witnessed that the complete waste generated in the Hospital was dumped in a congested open spot, adjacent to the pay wards producing foul smell. The Committee is dissatisfied with the information that the waste was dumped in a pit and as the Municipality had not lifted the same for the previous 8 years, it was heaped, which is hazardous to the nearby inhabitants and patients. The Committee finds that the Municipality has derelicted from carrying away the waste from the hospital premises and strongly suggests that the Municipality should take urgent care to this serious problem.

*(Sl. No. 20, Para No. 51)*

The Committee directs the concerned officers to consider and to take necessary immediate action to resolve the complaint received from the inhabitants of the nearby police quarters requesting to find out a solution to the grave problem faced by them due to unhealthy atmosphere generated from the non-disposal of hospital waste.

**Action Taken***( Para 50 & 51-ENVIRONMENT DEPARTMENT)*

The Taluk Headquarters Hospital, Neyyattinkara has joined the IMAGE (Indian Medical Association Goes Ecofriendly) for the disposal of biomedical wastes generated. Garbage from the hospital is now being collected by Neyyattinkara Municipality and other general waste from the hospital is being burnt in two open pits on the back side of the hospital. The hospital has stopped dumping waste near the pay wards. Sewage generated from the hospital is disposed in septic tanks but those are inadequate. The authorities of the hospital informed that they have made a project proposal for sewage treatment plant and fund for its implementation has already been sanctioned. The District Panchayat has to do further necessary action for implementing the scheme.

**Action Taken***(Para 50-LSGD)*

In the Neyyattinkara Taluk Hospital the waste disposal is going on smoothly without any complaint. IMA is collecting the biomedical waste from the hospital on a daily basis and treated in their own treatment plant. The other wastes in the hospital are collected and disposed of by the Municipality. There is no more dumping of waste in and around the Taluk Hospital.

Kayamkulam, Nedumangad and Cherthala Municipalities have not yet sent their response to the comments and recommendations of Public Accounts Committee. It will be collected and submitted as early as possible.

LOCAL SELF GOVERNMENT DEPARTMENT AND  
HEALTH AND FAMILY WELFARE DEPARTMENT

**Recommendation***(Sl. No. 20, Para No. 51)*

The Committee directs the concerned officers to consider and to take necessary immediate action to resolve the complaint received from the inhabitants of the nearby police quarters requesting to find out a solution to the grave problem faced by them due to unhealthy atmosphere generated from the non-disposal of Hospital waste.

**Action Taken**

(LOCAL SELF GOVERNMENT DEPARTMENT AND  
HEALTH AND FAMILY WELFARE DEPARTMENT)

At present the Neyyattinkara Taluk Hospital do not have the system to collect solid waste. The hospital waste is collected by IMA and other waste by the Municipality. In addition the Taluk Hospital has taken steps to establish a liquid waste processing plant with the help of Suchitwa Mission. The project has been handed over to District Panchayat. Once the District Panchayat establishes the plant, the problem will be solved (Appendix enclosed).



## GENERAL EDUCATION DEPARTMENT

**Recommendation***(Sl. No. 21, Para No. 53)*

The Committee expresses grave concern over the fact that even though the Headmistress of Kanjirappally Government J. P. School who misappropriated an amount of ₹ 2,10,000 through various irregularities during her tenure as Headmistress the departmental action taken was a minor one that of barring of two increments of the delinquent with cumulative effect. It is quite surprising to note that such a criminal action was not transmitted to Vigilance Department.

*(Sl. No. 22, Para No. 54)*

The committee identifies the clear supervisory lapse on the part of the Superintendent of the office of the Assistant Education Officer in this case. The Committee denounces the cold shoulderness exhibited by the department in taking any stringent action against the culprit. The Committee finds no justification for the obligation in handling cash to a person who has a past record of defalcation of Government money. The Committee perceives that Treasury is also involved in the case and recommends to conduct a thorough inquiry on the matter by the Finance Inspection Wing and to submit a detailed report to the Committee.

**Action Taken**

## GENERAL EDUCATION DEPARTMENT

*(Para No. 53 & 54)*

As per G.O. (P) No. 21/2010/Vig. dated 9-6-2010 (copy enclosed), Government enhanced the limit of financial misappropriation for investigation by vigilance and Anti-Corruption Bureau. As per the said Government Order cases of misappropriation involving amount between 2 lakh and 5 lakh will be investigated by CBCID. In this case the amount of misappropriation involved is ₹ 2,10,000. Therefore Government have given direction to the Director General of Police to conduct Crime Branch inquiry vide Government Letter No. 11918/M3/11/Home dated 17-2-2011.

Finance Inspection Wing has conducted the enquiry and this department has transferred the case to Vigilance Department for conducting Vigilance Enquiry.

Crime Branch registered the case as Crime No. 103/CR/EOW-II/KTM/11. The ADGP, Crimes has informed that chargesheet will be filed before the court immediately (Appendix enclosed).

#### **Action Taken**

#### **FINANCE DEPARTMENT**

As per the direction of PAC, Finance Inspection Wing has conducted inspections in the offices of the DDE, Kottayam, AEO, Kanjirappally and the STO, Ponkunnam on the recommendation contained in Paras 53 & 54 of the 146th report of the Public Accounts Committee (2008-2011).

The vetted copy of the report on the inspections conducted by the Finance Inspection Wing is attached herewith (Appendix enclosed).

#### **SPORTS AND YOUTH AFFAIRS (A) DEPARTMENT**

#### **Recommendation**

*(Sl. No. 23, Para No. 56)*

The Committee notices that lack of foresight, failure in making timely and effective decision, mismanagement and corruptive governance have contributed a lot to the whole affairs in the establishment of a High Altitude Training Center at Munnar. The Committee analysis the plight and views that mismanagement of Government money and inordinate delay in the completion of the project could have been avoided if proper planing and monitoring were effectively applied.

#### **Action Taken**

The High Altitude Training Center (HATC) was established at Munnar with an aim to impart training, improve the skill and capabilities of sports persons and enhance the same to international standards. As the first step towards the achievement of the goal, the Department of Sports and Youth Affairs has initially focused at providing advanced infrastructure facilities at HATC.

The first phase of this work has been completed and officially inaugurated. The construction of road, track and soccer field has been completed along with kerbs, inner drain and outer drain and road drain. The boys hostel has been completed. A training batch for football has been started and the same is undergoing training at HACT, Munnar.

In the Budget Speech 2012-13, an amount of ₹ 1 crore has been earmarked for laying a synthetic track at HATC, Munnar. The National Games Secretariat has been entrusted to prepare and finalise the plan and estimate of the said work.

Thiruvananthapuram,  
15th December, 2015.

DR. T. M. THOMAS ISAAC,  
*Chairman,*  
*Committee on Public Accounts.*

## APPENDIX I



## GOVERNMENT OF KERALA

**Abstract**

ENVIRONMENT DEPARTMENT—MANAGEMENT OF BIOMEDICAL WASTES  
 IN THE STATE RECOMMENDATIONS OF THE PUBLIC ACCOUNTS  
 COMMITTEE (2008-2011)—IMPLEMENTED—ORDERS ISSUED

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**ENVIRONMENT (A) DEPARTMENT**

G. O. (Ms.) No. 04/12/Envt. *Dated, Thiruvananthapuram, 13th March, 2012.*

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- Read:—*1. 58th Report of the Public Accounts Committee (2006-2008) of the Kerala Legislative Assembly.
2. 146th Report of the Public Accounts Committee (2008-2011).
3. Letter No. PCB/TAMS/14/09 dated 24-11-2011 of the Member Secretary, Kerala State Pollution Control Board.
4. G. O. (Rt.) No. 06/12/Envt. dated 9-12-2011.
5. Letter No. IO-3/2008-HSMD dated 4-8-2010 from the Joint Secretary, Ministry of Environment & Forests, Government of India.

**ORDER**

The Biomedical Wastes (Management and Handling) Rules, 1998 (BMW Rules) issued by the Government of India under the Environment (Protection) Act, 1986 came into effect on 20-8-1998. It is mandatory that every occupier/operator of biomedical waste generating establishment shall have an authorisation to function. The State Pollution Control Board is the prescribed Authority to enforce the rules. The Public Accounts Committees of the Kerala Legislative Assembly in its 58th and 146th reports have made very important recommendations for the effective administration of the rules and to streamline the

procedure for handling collection transportation and disposal of biomedical wastes with the objective of avoiding any adverse effect on human health and environment. Government have carefully considered the recommendations and issue the following orders for strict compliance by all concerned.

2. It is estimated that about 11000 MT of biomedical waste is generated in the state per annum. There is chance for a good portion of the pathogenic wastes finding its way to the Municipal Solid wastes and water bodies posing grave health hazards. In order to ensure that Biomedical wastes do not mingle with the Municipal Solid Waste and contaminate water bodies, it is ordered that:

(i) (a) All 'occupiers' as defined in the Biomedical Wastes (Management and Handling) Rules, 1998 shall register with the Kerala State Pollution Control Board. Occupier in relation to any institution generating biomedical wastes means hospitals, nursing homes, clinical dispensaries, veterinary institutions, animal houses, pathological laboratory, blood bank by whatever name called, who has a control over that institution and/or its premises;

(b) *Those occupiers who are yet to register with the State Pollution Control Board shall register with the Board within three months from the date of this order;*

(ii) The Local Self Government Institutions shall insist for production of the authorization/registration certificate issued by the Kerala State Pollution Control Board for licensing or granting permission to any 'occupier' and shall not permit any such institution generating biomedical wastes to function, without the authorization/registration certificate of the Kerala State Pollution Control Board.

(iii) The Local Self Government Institutions, shall enforce the enabling provisions of Chapter XX of the Kerala Panchayati Raj Act, 1994 and Chapter XV of the Kerala Municipalities Act, 1994 in the matter of registration of hospitals and ensure that the biomedical wastes are properly segregated and disposed of as per the Biomedical Wastes (Management and Handling) Rules, 1998, and no such waste are collected, transported or disposed of as *Municipal Solid Wastes*.

(iv) The Kerala State Pollution Control Board shall ensure that no Health Care Establishments (HCE) regardless of strength or number of patients and other 'occupiers' are permitted to function without authorization/registration by the Board, and Securing disposal facilities as per rules and guidelines governing biomedical wastes;

(v) No 'occupier' shall be permitted to carry on with the activities beyond the initial trial period if allowed, without regularization. All units issued with provisional authorization shall be inspected within the validity period of provisional authorization and the authorization regularized or cancelled as the case may be;

(vi) The Kerala State Pollution Control Board shall issue or renew the authorization to all registered institutions requiring payment of fees, promptly so that the Board will not suffer revenue loss on that account, and biomedical waste generating units do not function without proper arrangement for disposal of the wastes;

(vii) All Government Health Care Establishments shall register with the Kerala State Pollution Control Board availing the 90% rebate in fee for registration. Government Health Care Establishments generating biomedical wastes shall make arrangements as per the rule for safe disposal of the wastes. Funds provided under budgetary allocations or HDS/HDC for biomedical waste disposal shall be fully and properly utilized. Government Health Care Establishments shall be provided with regular financial support for implementation of biomedical wastes collection, treatment and disposal as stipulated in the rules. Health & Family Welfare Department may provide necessary budget assistance to Government Health Care Establishments under their Rent, Rate & Taxes or other appropriate budget heads for the mandatory payments for disposal of biomedical wastes;

(viii) (a) In the letter read above, Government of India (Ministry of Environment & Forests) has informed about the new schemes with central assistance for Common Biomedical Waste Treatment and Disposal Facilities (CBWTF). The Pollution Control Board is authorized to get applications for setting up of Common Biomedical Waste Treatment and Disposal Facilities and to recommend eligible cases for subsidy. The target may be that there is at least one Common Biomedical Waste Treatment and Disposal Facilities for two districts (seven in all);

(b) *Common incinerator facility shall be installed in all the CBWT facilities.*

(ix) Deep burial method of biomedical wastes disposal shall not be permitted. The authorities concerned shall see to it that alternative methods are adopted in all such cases;

(x) (a) The Pollution Control Board shall vitalize monitoring of Health Care Establishments. Norms for regular inspection should be fixed to ensure compliance with rules and consent conditions. If there is paucity in engineering category, the Board may as an internal arrangement utilize the services of offices in the scientific category as well, in cases where no engineering aspects are involved. Comprehensive inventory of Health Care Establishments shall be prepared and updated and effective steps shall be taken to enforce the rules and to ensure that biomedical wastes do not mix up with other streams of wastes, and are disposed of scientifically. The records related to administration of the rules shall be maintained properly in all unit offices, and shall be inspected by higher authorities of the Board. The Board shall also make it sure that the Advisory Committee relating to the implementation of the rules is convened as provided in the rules, and verify that the Common Biomedical Waste Treatment and Disposal Facilities function properly without causing any pollution problems. The Health Care Establishments shall be insisted to constitute Waste Management Committees to monitor, review and analyze the wastes management practices. Annual Reports required to be submitted by the Health Care Establishments shall be obtained, consolidated by the Pollution Control Board and submitted to the Central Pollution Control Board and Government, without fail;

*(b) The District Medical Officers should form a subcommittee including representatives of Pollution Control Board and local body for monitoring the waste management activities in the Health Care Establishments under their jurisdiction, and to ensure remedial action;*

(xi) The Pollution Control Board shall take stringent action against the 'occupiers' who do not register with the Board. Those Health Care Establishments including Government institutions which do not follow the statutory provisions on handling and disposal of the biomedical wastes generated in such Health Care Establishments, may be proceeded against as per Law. Penal provisions/measures for closure may be invoked in cases of non-compliance with Biomedical Wastes (Management and Handling) Rules, to ensure compliance by the 'occupiers';

(xii) (a) Government also order that biomedical wastes being a reservoir of potentially harmful microorganisms which can infect hospital patients, health care personnel and general public, also capable of causing injuries, poisoning and pollution, management thereof shall be as an integral part of health care activities. Management including scientific disposal of biomedical wastes in accordance with the rules therefore shall get the topmost priority in the management of solid wastes. A regular system shall be created in all Health Care Establishments generating biomedical wastes, to monitor and inspect the status of management of such wastes generated in the Health Care Establishments. Functioning of the system shall be reviewed in the inspections being conducted by departmental authorities in the Health Care Establishments;

(b) *More training programmes on the Biomedical Waste (Management & Handling) Rules for the benefit of those concerned with the implementation of waste management facilities in Health Care Establishments shall be conducted, and awareness materials in Malayalam detailing the type of containers to be used for segregation of Biomedical waste and treatment options shall be distributed by the State Pollution Control Board;*

3. The Public Accounts Committee in the report read as second paper has observed that the implementation of Biomedical Wastes Rules in the State is very poor, as a result of the low priority assigned by the Pollution Control Board in enforcing compliance with the rules, and expressed concern that a major portion of the biomedical wastes generated in the State is being disposed of without proper segregation and treatment there could be disastrous consequences to the health of the general public due to possible contamination of the environment by toxic and infectious wastes. Government Order that the Pollution Control Board and Local Self Government Institutions shall take stringent action as per the Environment (Protection) Act, 1984, Kerala Panchayati Raj Act, 1994, Kerala Municipalities Act, 1994 and other enabling legal provisions to strictly arrest the illegal practices and to bring the erring institutions under the regulatory regime of the Biomedical Wastes (Management and Handling) Rules.'

4. (i) The Local Self Government Institutions concerned shall collect and dispose of any nonbiomedical solid wastes (MSVV) from hospitals;



(ii) The officer having the legal authority to oversee or control/regulate the management of wastes generated in Health Care Establishments in the State will be personally responsible for making the Health Care Establishments, under his/her jurisdiction adhere to the statutory provisions on management of wastes generated by the Health Care Establishments;

5. The Director of Health Services will make available copies of this order to all District Medical Officers and the Director of Panchayat and Urban Affairs to all Grama Panchayats and Municipalities.

By order of the Governor,  
**JAMES VARGHESE,**  
*Principal Secretary to Governor.*

To

Principal Secretary to Government

The Secretary, Kerala Legislative Assembly, Thiruvananthapuram (with covering letter)

The Principal Accountant General (Audit) Kerala, Thiruvananthapuram

The Chairman, Kerala State Pollution Control Board, Thiruvananthapuram

The Member Secretary, Kerala State Pollution Control Board, Thiruvananthapuram

The Director, Directorate of Health Services, Thiruvananthapuram

The District Medical Officer, Thiruvananthapuram

The Director, Animal Husbandry Department, Thiruvananthapuram

The Director, Ayurveda Medical Education Department

Government Ayurveda College, Thripunithura/Thiruvananthapuram/  
 Pariyaram, Kannur

The Director, Homoeopathic Department, Thiruvananthapuram

Government Homoeopathic Medical College, Kozhikkode/Thiruvananthapuram

The Director, Indian Systems of Medicine, Thiruvananthapuram-1

- The Registrar, Kerala Veterinary and Animal Sciences University  
The Managing Director, Kerala Health Research & Welfare Society,  
Red Cross Road, Thiruvananthapuram-35.
- The Director, Regional Cancer Centre, Thiruvananthapuram  
The Director, Regional Institute of Ophthalmology, Thiruvananthapuram  
The Director, Urban Affairs Department, Thiruvananthapuram  
The Director of Panchayats, Thiruvananthapuram  
The Secretary, Corporation of Thiruvananthapuram/Kollam/Kochi/  
Thrissur/Kozhikkode
- The Director, Public Relations Department  
The Secretary, Indian Medical Association, Thiruvananthapuram  
All Municipalities (through Director of Urban Affairs)  
All Grama Panchayats (through Director of Panchayats)  
The Health & Family Welfare Department  
The Local Self Government Department  
Stock file/Office copy.

## APPENDIX II



## GOVERNMENT OF KERALA

**Abstract**

HEALTH AND FAMILY WELFARE DEPARTMENT—HOSPITAL DEVELOPMENT  
COMMITTEES/HOSPITAL DEVELOPMENT SOCIETIES—DUTIES AND  
FUNCTIONS—FURTHER ORDERS—ORDERS ISSUED

## HEALTH &amp; FAMILY WELFARE (M) DEPARTMENT

G.O. (Ms.) No. 64/2004/H&FWD. Dated, Thiruvananthapuram, 9th March, 2004.

- Read:*—1. G. O. (Ms.) No. 26/83/HD dated 29-1-1983  
2. G. O. (Ms.) No. 30/99/H&FWD dated 25-1-1999  
3. G. O. (Ms.) No. 277/01/H&FWD dated 5-11-2001.

**ORDER**

The question of giving more autonomy to Hospital Development Committees/Hospital Development Societies in the various Government Hospitals in the State and making their working more effective and accountable has been engaging the attention of Government for quite sometime. After having examined the matter in detail, Government issue the following orders in modification of the existing orders in the matter:

**I. Financial Matters :**

- (a) In addition to utilizing 35% of the collections towards establishment charges, as envisaged in Government Order read as 2nd and 3rd papers above, the Hospital Development Committees/Hospital Development Societies are authorized to incur not more than 10% of their collections towards cleanliness of the hospitals and their surroundings, repair and maintenance of sewage pipelines, provision for patient friendly arrangements in the hospitals by providing adequate chairs/benches.

- (b) One-time special permission is granted to all Hospital Development Committees/Hospital Development Societies to utilize not more than 10% of their collections for putting in place a biomedical waste segregation and disposal mechanism in the light of the recent directions of the Hon'ble High Court.
- (c) The ceiling/monitory limit fixed on expenditure by Hospital Development Committees/Hospital Development Societies as per the Government Order read as 2nd paper above shall be enhanced as follows:
- (i) From Rs. 10 lakh to Rs. 15 lakh in the case of Medical Colleges.
  - (ii) From Rs. 5 lakh to Rs. 10 lakh in the case of District Hospitals and District level Women & Children Hospitals.
  - (iii) From Rs. 2.5 lakh to Rs. 5 lakh in the case of Taluk Hospitals.
  - (iv) From Rs. 1 lakh to Rs. 2 lakh in the case of other Hospitals.
- (d) The Superintendents of District Hospital/Women & Children Hospitals/ General Hospitals are empowered to procure medicines in emergencies, to the tune of Rs. 50,000 and the Superintendents of Medical Colleges to the tune of Rs.1 lakh. The decision to resort to such a procedure shall, however, be taken by a committee consisting of the Superintendent of the hospital, RMO and the Lay Secretary wherever there is a Lay Secretary. After incurring expenditure in emergency situation the matter shall be placed before the Executive Committee of the Hospital Development Committees/Hospital Development Societies for ratification. The Executive Committee shall in turn, meet at least once in a month and take appropriate decision on the issues on hand.

- (e) Hospital Development Committees/Hospital Development Societies are empowered to buy a computer each so as to computerize all accounts. An appropriate software shall be developed for the purpose and supplied to the hospitals. Hospital Development Committees/Hospital Development Societies are also empowered to engage a Computer-cum-Accounts Assistant, duly qualified in Accountancy and Data Entry subject to usual conditions.

## II. Power to set-up public amenities

Comfort Stations for bystanders shall be set-up in all hospitals right down to Community Health Centres to begin with. Similarly, the Medical Colleges shall also arrange to set-up Comfort Stations. Setting up of Comfort Stations shall be subject to the following conditions:

- (a) In the hospitals coming under Director of Health Services, a comfort station will consist of 5 toilets for men and 5 for women and 1 bathroom each for men and women. In Medical Colleges comfort stations will have 10 toilets for men, 10 for women and 2 bathrooms each, for men and women.
- (b) The comfort station will be maintained on contract basis by transparent auction.
- (c) The highest bidder will be permitted to charge Re. 1 for using the toilet and Rs. 5 for bathing.
- (d) For the purpose of ensuring adequate water supply, a borewell/ open well will be dug as may be required.
- (e) The expenditure towards putting up the above facilities shall be met by local bodies/voluntary agencies. In case the Hospital

Development Committees/Hospital Development Societies are not able to succeed in getting support from outside, they shall incur the expenditure from their own collections. The works shall be executed after getting the detailed estimates approved by the Hospital Development Committees/Hospital Development Societies.

### III. **Matters relating to complaints/grievance redressal:**

- (a) *Hospital Advisory Committees* : Each hospital right down to the Primary Health Centres shall have a Hospital Advisory Committee consisting of elected members of the concerned local body and headed by the President/Mayor as the case may be, of the local body. The Superintendent/Medical Officer of the concerned hospital shall be the convenor and the committee shall meet at least once in a month.
- (b) *Aim & functions of Hospital Advisory Committee* : The Primary aim of the Hospital Advisory Committees shall be to redress the grievances relating to cleanliness, maintenance of infrastructure patient care, availability of drugs, maintenance of equipments, attendance of personnel and their output. The Hospital Advisory Committee shall also hear complaints from individuals/institutions and arrange to redress them locally. In respect of complaints relating to patient care and personnel, they shall be examined by the Committee and appropriate recommendations forwarded to Director of Medical Education/Director of Health Services/Director of Ayurveda Medical Education/Director of Health Services/Director of Ayurveda Medical Education/Director of Homoeopathy/Director of Indian Systems of Medicine/Principal Homoeo Medical College.

All District Collectors, Head of Departments, Superintendents of Hospitals shall give top priority to implement the above orders and report compliance to Government in a time bound manner. They shall also forward to Government periodical progress reports on the items mentioned above.

By order of the Governor,

TOM THOMAS,  
*Deputy Secretary.*

To

All District Collectors

Superintendents of all Medical Colleges/District Hospitals/General Hospitals, Women & Children Hospitals/Taluk Headquarters Hospitals, Medical Officers of Community Health Centres & Primary Health Centres

The Director of Medical Education, Thiruvananthapuram

The Director of Health Services, Thiruvananthapuram

The Director of Ayurveda Medical Education, Thiruvananthapuram

The Director of Homoeopathy, Thiruvananthapuram

The Director of Indian Systems of Medicine, Thiruvananthapuram

The Principal & Controlling Officer, Homoeo Medical College, Thiruvananthapuram

The Principal, Homoeo Medical College, Kozhikkode

The Stock File/OC.

*Copy to*

The PS to Minister (Health)

The PA to Principal Secretary (Health)

The CA to Deputy Secretary (Health).



## APPENDIX III



## GOVERNMENT OF KERALA

**Abstract**

HOSPITAL DEVELOPMENT COMMITTEE/HOSPITAL DEVELOPMENT SOCIETIES—  
 RECONSTITUTION OF GOVERNMENT MEDICAL COLLEGE HOSPITAL  
 INCLUDING THE SAT HOSPITAL, THIRUVANANTHAPURAM AND  
 GENERAL HOSPITALS AND THE SPECIALITY HOSPITALS—  
 ORDERS ISSUED

## HEALTH &amp; FAMILY WELFARE (M) DEPARTMENT

G. O. (Ms.) No. 248/2006/H&FWD. Dated, Thiruvananthapuram, 20th November, 2006.

- Read:—*(1) G. O. (Ms.) No. 26/83/HD. dated 29-1-1983  
 (2) G. O. (Ms.) No. 132/97/H&FWD. dated 8-4-1997  
 (3) G. O. (Ms.) No. 277/01/H&FWD. dated 5-11-2001  
 (4) G. O. (Ms.) No. 308/2004/H&FWD. dated 29-11-2004  
 (5) G. O. (Ms.) No. 1513/2005/H&FWD. dated 27-5-2005.

**ORDER**

Government are pleased to order the reconstitution of Hospital Development Committees/Hospital Development Societies in Government Medical College Hospitals including the SAT Hospital, Thiruvanthapuram and General Hospitals and the Speciality Hospitals on an adhoc basis with immediate effect in accordance with the guidelines in existence and subject to the following modifications.

The ad hoc Committee shall hold office till separate Governing Body and Executive Committee of the Hospital Development Societies are reconstituted after finalisation of revised rules and regulations. The ad hoc committees will

exercise all the powers and duties and follow the existing procedures and order regarding HDS/HDC. The HDS/HDC shall hold meetings once in a month and the quorum for the meetings may be fixed as one-third of the total members.

### **MEDICAL COLLEGE HOSPITAL, THIRUVANANTHAPURAM**

#### **Official Members**

- |   |                         |
|---|-------------------------|
| (1) District Collector, Thiruvananthapuram  | .. Chairperson          |
| (2) Medical Superintendent of the Hospital  | .. Secretary & Convener |
| (3) Principal, Medical College  | .. Vice Chairperson     |
| (4) Lay Secretary   | .. Treasurer            |
| (5) Deputy Medical Superintendent of the hospital as senior doctor from the hospital to be nominated by the Principal | .. Chairperson          |
| (6) District Medical Officer (Health)   | ..                      |
| (7) Executive Engineer (PWD) (Buildings)  |                         |
| (8) Nursing Superintendent of the Hospital  |                         |

#### **Non-Official Members**

- (1) Member of Parliament, Thiruvananthapuram
- (2) Member of Parliament, Chirayinkeezhu
- (3) Member of Legislative Assembly, Thiruvananthapuram East
- (4) Nominee of Minister for Law, Parliamentary Affairs, Sports, Youth Affairs and Sports
- (5) Mayor, Corporation, Thiruvananthapuram
- (6) Councillor of the locality, Thiruvananthapuram Corporation

- (7) One Senior Doctor (Preferably Retd. from Medical Education Service and should be a resident of the local body or adjacent areas) to be nominated by the Government.
- (8) & Two Social Workers—one of them to be
- (9) Woman (should be a resident of the local body or adjacent areas)—to be nominated by the Government.

### **S.A.T. HOSPITAL, THIRUVANANTHAPURAM**

#### **Official Members**

- (1) District Collector, Thiruvananthapuram .. Chairperson
- (2) Medical Superintendent of the Hospital .. Secretary & Convener
- (3) Principal, Medical College, Tvpm. .. Vice Chairperson
- (4) Lay Secretary .. Treasurer
- (5) One Senior Doctor from the hospital to be .. Chairperson  
nominated by the Principal
- (6) District Medical Officer (Health)
- (7) Executive Engineer (PWD) (Buildings)
- (8) Nursing Superintendent of the Hospital

#### **Non-Official Members**

- (1) Member of Parliament, Thiruvananthapuram
- (2) Member of Parliament, Chirayinkeezhu
- (3) Member of Legislative Assembly,  
Thiruvananthapuram East

- (4) Nominee of Minister for Law, Parliamentary Affairs, Sports, Youth Affairs and Sports
- (5) Mayor, Corporation, Thiruvananthapuram
- (6) Councillor of the locality, Thiruvananthapuram Corporation
- (7) One Senior Doctor (Preferably Retd. from Medical Education Service and should be a resident of the local body or adjacent areas)—to be nominated by the Government
- (8) & Two Social Workers—One of them to be
- (9) Woman (should be a resident of the local body or adjacent areas)—to be nominated by the Government.

### **MEDICAL COLLEGE HOSPITAL, KOTTAYAM**

#### **Official Members**

- |  |                         |
|--|-------------------------|
| (1) District Collector, Kottayam   | .. Chairperson          |
| (2) Superintendent of the MCH  | .. Secretary & Convener |
| (3) Principal, Medical College, Kottayam   | .. Vice Chairperson     |
| (4) Lay Secretary  | .. Treasurer            |
| (5) Deputy Medical Superintendent of the hospital to be nominated by the Principal |                         |
| (6) District Medical Officer (Health)  |                         |
| (7) Executive Engineer (PWD) (Buildings)   |                         |
| (8) Nursing Superintendent of the Hospital   |                         |

**Non-Official Members**

- (1) Member of Parliament, Kottayam
- (2) MLA, Ettumanoor
- (3) Member of Legislative Assembly, Kottayam
- (4) District Panchayat President, Kottayam
- (5) Municipal Chairperson, Kottayam Municipality
- (6) Ward Member of the locality, Grama Panchayat
- (7) One Senior Doctor (Preferably Retd. from Medical Education Service and should be a resident of the District)—to be nominated by the Government
- (8) & Two Social Workers—one of them to be
- (9) Woman (should be a resident of the District)—to be nominated by the Government.

**MEDICAL COLLEGE HOSPITAL, ALAPPUZHA****Official Members**

- |  |                         |
|--|-------------------------|
| (1) District Collector, Alappuzha              | .. Chairperson          |
| (2) Superintendent of the MCH, Alappuzha Town  | .. Secretary & Convener |
| (3) Principal, Medical College, Alappuzha      | .. Vice Chairperson     |
| (4) Lay Secretary                              | .. Treasurer            |
| (5) Superintendent of the MCH, Vandanam Campus |                         |
| (6) District Medical Officer (Health)          |                         |
| (7) Executive Engineer (PWD) (Buildings)       |                         |
| (8) Nursing Superintendent of the Hospital     |                         |

### **Non-Official Members**

- (1) Member of Parliament, Alappuzha
- (2) MLA, Mavelikkara
- (3) Member of Legislative Assembly, Alappuzha
- (4) Nominee of Minister for Co-operation & Devaswom
- (5) Nominee of Minister for Finance
- (6) Municipal Chairperson, Alappuzha Municipality
- (7) Councillor of the locality, Alappuzha Municipality
- (8) Ward Member of the locality, Grama Panchayat, Vandanam Campus
- (9) One Senior Doctor (Preferably Retd. from Medical Education Service and should be a resident of the District)—to be nominated by the Government.
- (10) Two Social Workers—One of them to be & Woman (should be a resident of the District)—to be
- (11) nominated by the Government.

### **MEDICAL COLLEGE HOSPITAL, THRISSUR**

#### **Official Members**

- |  |                         |
|--|-------------------------|
| (1) District Collector, Thrissur         | .. Chairperson          |
| (2) Superintendent of the hospital       | .. Secretary & Convener |
| (3) Principal, Medical College, Thrissur | .. Vice-Chairperson     |
| (4) Lay Secretary                        | .. Treasurer            |
| (5) District Medical Officer (Health)    |                         |

- (6) Executive Engineer (PWD) (Buildings)
- (7) Nursing Superintendent of the Hospital
- (8) Deputy Medical Superintendent or a Senior Doctor of the hospital to be nominated by the Principal.

### **Non-Official Members**

- (1) Member of Parliament, Thrissur
- (2) Member of Parliament, Mukundapuram
- (3) MLA, Thrissur
- (4) Nominee of Speaker, Kerala Legislative Assembly
- (5) Nominee—Minister for Revenue
- (6) Mayor, Thrissur Corporation
- (7) District Panchayat President
- (8) Ward Member of the locality, Block Panchayat
- (9) Ward Member of the locality, Grama Panchayat
- (10) One Senior Doctor (Preferably Retd. from Medical Education Service and should be a resident of the District)—to be nominated by the Government
- (11) Two Social Workers—One of them to be & Woman (should be a resident of the
- (12) District)—to be nominated by the Government.

**MEDICAL COLLEGE HOSPITAL, KOZHICKODE****Official Members**

- |  |                         |
|--|-------------------------|
| (1) District Collector, Kozhikkode   | .. Chairperson          |
| (2) Superintendent of the MCH  | .. Secretary & Convener |
| (3) Principal, MCH, Thrissur   | .. Vice Chairperson     |
| (4) Lay Secretary  | .. Treasurer            |
| (5) District Medical Officer (Health)  |                         |
| (6) Executive Engineer (PWD) (Buildings)   |                         |
| (7) Nursing Superintendent of the hospital   |                         |
| (8) Deputy Medical Superintendent or a Senior Doctor of the hospital to be nominated by the Principal. |                         |

**Non-Official Members**

- (1) Member of Parliament, Kozhikkode
- (2) Member of Parliament, Vadakara
- (3) MLA, Kozhikkode I
- (4) MLA, Kozhikkode II
- (5) Nominee of the Minister for Industries
- (6) Nominee of the Minister for Forest and Housing
- (7) Mayor, Kozhikkode Corporation
- (8) District Panchayat President, Kozhikkode



- (9) Councillor of the locality, Kozhikkode Corporation
- (10) One Senior Doctor (Preferably Retd. from Medical Education Service and should be a resident of the District)—to be nominated by the Government
- (11) Two Social Workers—One of them to be & Woman (should be a resident of the local body or adjacent areas)—to be nominated by the Government.

## **IMCH, KOZHICKODE**

### **Official Members**

- (1) District Collector, Kozhikkode .. Chairperson
- (2) Superintendent of Institute of Maternal and Child Health .. Secretary & Convener
- (3) Principal, MC, Thrissur .. Vice Chairperson
- (4) Lay Secretary .. Treasurer
- (5) District Medical Officer (Health)
- (6) Executive Engineer (PWD) (Buildings)
- (7) Nursing Superintendent of the Hospital
- (8) Deputy Medical Superintendent or a Senior Doctor of the hospital to be nominated by the Principal.

### **Non-Official Members**

- (1) Member of Parliament, Kozhikkode
- (2) Member of Parliament, Vadakara
- (3) MLA, Kozhikkode I
- (4) MLA, Kozhikkode II
- (5) Nominee of the Minister for Industries
- (6) Nominee of the Minister for Forest and Housing
- (7) Mayor, Kozhikkode Corporation
- (8) District Panchayat President, Kozhikkode
- (9) Councillor of the locality, Kozhikkode Corporation
- (10) One Senior Doctor (Preferably Retd. from Medical Education Service and should be a resident of the local body or adjacent areas)—to be nominated by the Government
- (11) Two Social Workers—One of them to be & Woman (should be a resident of the local
- (12) body or adjacent areas)—to be nominated by the Government.

### **HOSPITAL DEVELOPMENT SOCIETIES FOR GENERAL HOSPITALS/ SPECIALITY HOSPITALS**

#### **Official Members**

- |  |                         |
|--|-------------------------|
| (1) District Collector                     | .. Chairperson          |
| (2) Medical Superintendent of the hospital | .. Secretary & Convener |

- (3) Lay Secretary .. Treasurer
- (4) Additional Director of Health Services .. Vice Chairperson  
in-charge of District
- (5) Deputy Director of Health Services
- (6) District Medical Officer (Health)
- (7) Executive Engineer (PWD) (Buildings)
- (8) A Senior Medical Officer of the Hospital  
nominated by DMO
- (9) Nursing Superintendent of the Hospital.

### **Non-Official Members**

- (1) Member of Parliament of the locality
- (2) MLA of the locality
- (3) One Nominee each of the Ministers in the  
District
- (4) Mayor, Corporation/Chairperson, Municipality/  
President Block Panchayat of the locality
- (5) District Panchayat President
- (6) Councillor/Ward member of the locality of  
the respective Corporation/Municipality/  
Grama Panchayat
- (7) One Senior Doctor (Preferably Retd. From  
Health Services and should be a resident of  
the local body or adjacent areas)-to be  
nominated by the Government
- (8) & Two Social Workers—One of them to be
- (9) Woman (should be a resident of the local  
body or adjacent areas)—to be nominated by  
the Government.

The Committees may be registered as societies to avail funds under NRHM, wherever applicable. Wherever the Committees are known as Hospital Development Committees, the names will stand changed as Hospital Development Societies.

By order of the Governor,

DR. VISHWAS MEHTHA,  
*Secretary (Health).*

To

All District Collectors

The Director of Health Services, Thiruvananthapuram.

The Director of Medical Education, Thiruvananthapuram.

The Director of Indian Systems of Medicine, Thiruvananthapuram.

The Principals/Supt. of all Medical Colleges/SAT Hospital,  
Thiruvananthapuram.

The Superintendent of General Hospitals/Speciality hospital (through DHS)

All District Medical Officers (Health)

All Mayors/All Municipal Chairman (through Director of Municipal  
Administration)

All Block/Grama Panchayat/District Panchayat Presidents (through Director  
of Panchayats)

The Director of Homoeopathy, Thiruvananthapuram.

*Copy to:*

The Private Secretary of Minister (H&SW).

The CA to Secretary (Health & Family Welfare Department)

The Director of Public Relations

The Stock File

Office Copy.

## APPENDIX IV



## GOVERNMENT OF KERALA

**Abstract**

HOSPITAL DEVELOPMENT COMMITTEES/HOSPITAL DEVELOPMENT SOCIETIES  
CONSTITUTION/RECONSTITUTION AND WORKING OF—ORDERS ISSUED

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HEALTH & FAMILY WELFARE (M) DEPARTMENT

G. O. (Ms.) No. 15/2007/H&FWD. *dated, Thiruvananthapuram, 12th January, 2007.*

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- Read:*—(1) G. O. (Ms.) No. 26/83/HD. dated 29-1-1983  
 (2) G. O. (P) No. 189/95/LSGD. dated 18-9-1995  
 (3) G. O. (P) No. 566/95/H & FWD. dated 23-12-1995  
 (4) G. O. (MS.) No. 132/97/H&FWD. dated 8-4-1997  
 (5) G. O. (P) No. 272/99/H&FWD. dated 2-7-1999  
 (6) G. O. (MS.) No. 277/01/H&FWD. dated 5-11-2001  
 (7) G. O. (P) No. 259/2003/LSGD. dated 27-8-2003.

**ORDER**

As per the Government Order read as 1st paper above, Government have framed the Rules and Procedures to regulate the constitution and working of the Hospital Development Committees in Government Hospitals. In the Government Orders read as 4th and 6th above Government have also issued orders for the reconstitution of Hospital Development Committees/Hospital Development Societies of Government Hospitals based on certain guidelines. Subsequently a large number of Government Orders/Circulars were issued modifying the provisions contained in the above said orders. While so as part of decentralization of powers orders were issued transferring the control of Health Care Institutions to

the three levels of Panchayats in accordance with the status of the institutions as per the G. O. read as 2nd and 3rd paper above and revised orders were issued by transferring powers to District Panchayat from Health & Family Welfare Department to Local Self Government vide reference read as 5th paper above.

Subsequently as per the Government Order read as 7th paper above, Government issued Orders forming Hospital Management Committees for the institutions transferred to local bodies and defining their powers.

In view of the fact that the continuance of Hospital Development Committees in the present format, has become untenable in the case of transferred institutions, Government after having examined the matter in detail, are pleased to order that all the orders issued by the Health & Family Welfare Department hitherto regarding formation of Hospital Development Committees, for the transferred institutions only up to the District Hospital level (including Allopathy, Ayurveda, Homoeo) are cancelled with immediate effect. Hospital Management Committees as stipulated in the Kerala Panchayath Raj Act and Kerala Municipality Act will be formed for these institutions, as per the provisions of these Acts and the relevant Rules framed by the Local Self Government Department.

In the newly constituted Hospital Management Committees for the transferred institutions, nominee of the political parties having representation in the Kerala Legislative Assembly, or in the respective three-tire panchayats shall also be included as members.

The Hospital Development Committees for these institutions shall stand dissolved from the date of formation of the new Hospital Management Committees and all the assets/cash/Bank account with the Hospital Development Committee shall be transferred to the Hospital Management Committee.

The rules framed by Health & Family Welfare Department for the day to day functioning of the Hospital Development Committees shall be followed for the Hospital Management Committees also for the time being, in so far they are not contradictory to the spirit of the rules for Hospital Management Committees already framed by Local Self Government Department.

The registration of the Hospital Management Committees as societies and framing of rules for their functioning will be decided separately by the Health & Family Welfare Department in consultation with Local Self Government Department.

By order of the Governor,

DR. VISHWAS MEHTA,  
*Secretary (Health).*

To

All District Collectors.

The Director of Health Services, Thiruvananthapuram.

The Director of Medical Education, Thiruvananthapuram.

The Director of Ayurveda Medical Education, Thiruvananthapuram.

The Director of Homoeopathy, Thiruvananthapuram.

The Principal & Controlling Officer, Government Homoeo Medical College,  
Thiruvananthapuram.

The President of all District Panchayat/Block Panchayats/Grama Panchayat  
(through Director of Panchayats)

All Mayors/All Municipal Chairman (through Director of Municipal  
Administration)

All District Medical Officers (Health), (Ayurveda), (Homoeo) (through DHS)

Local Self Government Department (vide Note No. 13485/N1/05/LSGD.  
dated 20-9-2005)

General Administration (SC) Department (vide Council Decision No. 615  
dated 9-1-2007)



*Copy to:*

**The P S to Minister (H & FW)**

**PS to Minister (LSGD)**

**PS to Minister (Finance)**

**PA to Secretary (Health)**

**PA to Special Secretary (Health)**

**The Director of Public Relations**

**Stock File/Office copy.**

## APPENDIX V



## GOVERNMENT OF KERALA

**Abstract**

VIGILANCE DEPARTMENT—VIGILANCE AND ANTI-CORRUPTION BUREAU—  
 INVESTIGATION OF CASES—MISAPPROPRIATION OF FUNDS—ENHANCEMENT  
 OF THE LIMIT OF FINANCIAL MISAPPROPRIATION—FURTHER  
 ORDERS ISSUED

## VIGILANCE (E) DEPARTMENT

G. O. (P) No. 21/2010/Vig. *Dated, Thiruvananthapuram, 9th June, 2010.*

*Read:*—1. G. O. (P) No. 65/92/vig. dated 12-5-1992.

2. G. O. (P) No. 80/94/vig. dated 6-10-1994.

3. G. O. (P) No. 18/97/vig. dated 5-4-1997.

4. Letter No. T-1015/2009 dated 22-7-2009 from the Director,  
 Vigilance and Anti-Corruption Bureau, Thiruvananthapuram.

## ORDER

In the letter read as fourth paper above the Director, Vigilance and Anti-Corruption Bureau has requested to raise the existing limit of financial misappropriation cases to be investigated by Vigilance and Anti-Corruption Bureau.

Government have examined the matter in detail and are pleased to raise the existing limits of financial misappropriation cases as follows:—

- (1) Cases of misappropriation involving amount upto Rs. 2 lakh will be the investigated by the local police.

- (2) Cases of misappropriation between 2 lakh and 5 lakh will be investigated by CBCID.
- (3) Cases of misappropriation above Rs. 5 lakh will be investigated by the Vigilance and Anti-Corruption Bureau.

The Government Order read as third paper above will stand modified to the above extent with immediate effect.

By order of the Governor,

K. JAYAKUMAR,

*Additional Chief Secretary to Government.*

To

The Director, Vigilance and Anti-Corruption Bureau, Thiruvananthapuram  
All Heads of Departments  
All District Collectors etc.  
The Accountant General, Thiruvananthapuram  
All Departments and Sections in the Secretariat including Law and Finance.

## APPENDIX VI

REPORT ON THE INSPECTION CONDUCTED BY FINANCE (INSPECTION NT-D)  
DEPARTMENT IN THE OFFICES OF THE DEPUTY DIRECTOR OF  
EDUCATION, KOTTAYAM, ASSISTANT EDUCATION OFFICER,  
KANJIRAPPALLY AND SUB TREASURY OFFICER, PONKUNNAM

Finance Inspection Wing conducted inspections in the Offices of the DDE, Kottayam, AEO, Kanjirappally and the STO, Ponkunnam on the recommendation contained in Paras 53 & 54 of the 146th report of the Public Accounts Committee (2008-2011).

**The case as in detail**

In the course of Central audit of vouchers relating to GHS, LPS, Kanjirappally, Kottayam, an instance of double drawal of arrears of wages of part-time sweeper was noticed by CAP (K), Team of A.G. During the local audit of the AG in the said school on 25-10-2005 repeated drawal of arrear bills relating to retired persons was also noticed. The total amount so misappropriated was 1,07,075. The person responsible was Smt. Treasamma Simon, Headmistress. Verification at GLPS, Cheruvally where she worked as Headmistress (3-6-2004 to 31-3-2005) revealed that LIC deduction of ₹ 7,212 was also misappropriated. It was further noticed that temporary withdrawals from GPF in respect of Smt. Treasamma Simon (₹ 31,900) and Sri A. Unnikrishnan, P. D. Teacher (₹ 43,067) were misclassified under Kerala Aided School Employees Provident Fund (KASEPF) and consequently, withdrawals had not appeared in the GPF accounts of the employees. Sri A. Unnikrishnan had also complained that he had received ₹ 24,000 only against the withdrawal of ₹ 43,067 which would indicate that the remaining ₹ 19,067 was misappropriated. The AG intimated the position regarding the misappropriation to the Deputy Director of Education, Kottayam vide Letter No. IAU111/111 JN15-2/05-06/187/822 dated 5-11-2005 and also proposed for investigation by Vigilance.

Based on the report of the AG, the Deputy Director of Education, Kottayam suspended Smt. Treasamma Simon from service vide Order No. B2/18317/05 dated 7-11-2005 on the ground that detailed enquiry in this regard was necessary. Further detailed audit on the accounts of the said schools was conducted by the DPI and DDE, Kottayam. The details of the defalcation done by Smt. Treasamma Simon is detailed below:

### Government LPS, Cheruvally

Smt. Treasamma Simon was working as Headmistress in GLPS Cheruvally from 3-6-2004 to 31-3-2005. The AG in their Audit Report has stated that she had misappropriated an amount of ₹ 82,179 during the period.

(a) On verification of the documents it was found that an amount of ₹ 7,212 was drawn @ ₹ 1,202 in excess every month than the admissible amount in pay bills for the period from 9/2004 to 2/2005. The net amount encashed is more than the net amount payable as per the office copy of the bills for the period. The amount for which acquittance have been obtained are also different from the net amount payable. The details are as follows:

Month of estt. bill	Gross amount of the bill	Net amount encashed and date of encashment	Net amount payable as per office copy of the bill	Amount shown as paid in acquittance	Excess amount drawn
9/2004	36053	33003 – 4-10-2004	31801	31801	1202
10/2004	36053	30103 – 1-10-2004	28901	30101	1202
11/2004	36053	30103 – 2-12-2004	28901	30101	1202
12/2004	36755	30805 – 22-12-2004	29603	30803	1202
1/2005 & DA arrears	58921	30945 – 3-2-2005	29743	30943	1202
2/2005	36895	30945 – 2-3-2005	29743	29603	1202
Total					7212

It is found that the amount drawn in excess represented the deduction towards the LIC of staff members. Even though the net amount after deducting LIC premium alone is paid to the staff, but no amount was actually paid to LIC as premia during the period.

(b) *Irregular withdrawal of GPF Advance*

The irregular withdrawal of GPF made during the month of September 2004 is given below:

Sl. No.	Name of Employees	GPF Account No.	Date of encashment	Amount
1	Sri A. Unnikrishnan, P. D. Teacher	EDN 240313	20-9-2004	43067
2	Smt. Treasamma Simon, Headmistress	EDN 192588	29-9-2004	31900

The PF advance for an amount of ₹ 43,057 was drawn on 29-9-2004 in favour of Sri Unnikrishnan, and out of the above amount, Smt. Treasamma Simon disbursed an amount of ₹ 24,000 only to Sri Unnikrishnan and in the acquittance the amount was manipulated as ₹ 44,717. Sri Unnikrishnan reported that he has received only ₹ 24,000 from the Headmistress and an amount of ₹ 19,067 might have been misappropriated by Smt. Treasamma Simon. (The same has been remitted by her later). An amount of ₹ 31,900 was also withdrawn from her own account on 29-9-2004.

The AG has reported that the above two withdrawals had not appeared in the GPF accounts maintained by AG's Office branch at Kottayam. No amount was also seen booked by the treasury under GPF withdrawal against the school during the month. It was noticed that both the withdrawals were misclassified under Kerala Aided School Employees Provident Fund (h/a 8009-01-101-98) instead of GPF (h/a 8009-01-101-99).

It may be noted that no withdrawals have been deducted by the AG from the GPF accounts of Smt. Treasamma Simon and Sri Unnikrishnan and they seem to have received 8% interest for their GPF Deposit for the period starting from 29-9-2004. Although no deduction was made from the GPF account of Sri Unnikrishnan he received ₹ 24,000 on 29-9-2004 and Smt. Treasamma Simon remitted an amount of ₹ 19,067 on 27-3-2007 in his GPF Account. Hence an amount of ₹ 24,000 with interest @8% had to be

recovered from him with effect from 29-9-2004 and an interest for an amount of ₹ 19,067 @8% has to be recovered from Smt. Threasamma Simon for the period from 29-9-2004 to 27-3-2007 as no loss has been sustained to the GPF Account of Sri Unnikrishnan.

However, the AG in the letter No. PF16/CL65/KTM/2011-12/457 dated 26-5-2011 has informed that the amount of ₹ 43,067 withdrawn from the account of Sri A. Unnikrishnan on 29-9-2004 initially debited wrongly to the KASPEF account and on locating the debit from the treasury, adjusted to his PF account by proposing transfer entry during 12/2005 itself and hence the recovery ordered from Sri A. Unnikrishnan (24,000+8% interest) is not necessary.

#### **Govt. LPS, Kanjirappally**

Smt. Threasamma Simon was working in Govt. LPS, Kanjirappally, as HM from 1-4-2005 onwards. The details of amount defalcated by Smt. Treasamma Simon on the basis of audit report of AG and DDE, Kottayam are detailed below:

Sl. No.	Nature of irregularity	As per audit report of AG	As per DDEs records
1	Fraudulent drawal of arrear of DA and SLS of Sri P. J. Luke, Retd. HM	30,327	30,327
2	Fraudulent drawal of arrear of DA and SLS of Smt. M. Annamma, Retd. HM	41,348	41,348
3	Fraudulent drawal of arrear wages and DA of Smt. K. J. Sanathakumari, PTCM	35,200	35,200
4	GPF Advance No. 4205		48,000
5	Increment arrear of Smt. Janimol P. Thomas		1,113
6	DA arrear of Sri P. J. Luke		7,429
7	DA arrear of Smt. Annamma		12,471
8	Daily wages of Smt. Sreeji A. Nair		6,300
9	Festival allowance of Smt. Sreeji A. Nair		400
	Total	1,07,075	1,82,788

As per the audit report of DDE on the accounts of Govt. LPS Kanjirappally and Govt. LPS Cheruvally, an amount of ₹ 2,09,874 has been fixed as liability of Smt. Treasamma Simon. The amount is exclusive of the LIC premium of the staff of GLPS Cheruvally (₹ 7,212), which was deducted, but not paid to LIC. Department/Disciplinary action was started against Smt. Treasamma Simon and the suspension period was extended vide Order No. B2/18315/05 dated 6-5-2006 of the DDE, Kottayam. In the same time, as per the direction of the authorities she remitted back an amount of ₹ 1,56,704 and ₹ 54,582 at STO Ponkunnam on 2-8-2006 and 27-3-2007 respectively. Thus she remitted a total amount of ₹ 2,11,286 an excess amount of ₹ 1,412 over the Government money, which was defalcated by her. Out of the ₹ 7,212 being the irregular drawal in GLPS Cheruvally as LIC premia, she remitted an amount of ₹ 3,979 directly to LIC including a surcharge of ₹ 169, and an amount of ₹ 3,402 was handed over to one Smt. Saramma Joseph, from whom the money defalcated.

Government vide Letter No. 25730/-H3/07/Gen. Edn. dated 18-7-2007 informed the DDE to realize 5.5% of the amount misappropriated by her and to adjust the interest against the excess amount refunded and it was reported that she had remitted the amount in question.

At the same time, the DPI revoked the suspension ordered against Smt. Threasamma Simon and she was reinstated in service vide Order No. V2/84449/05/DPI dated 17-7-2007 and also directed the DDE to issue necessary posting order to her and to finalize the disciplinary action against her. Accordingly she was posted as HM at MGM Govt. LPS, Panappilavu vide Order No. A2/5807/07 dated 28-7-2007 of DDE, Kottayam.

The Deputy Director of Education, Kottayam vide Order No. B2/18317/05 dated 16-10-2008 finalized the disciplinary action as per KCS(CC&A) Rule 1960 by with holding two increments of Smt. Treasamma Simon with cumulative effect and treated the suspension period from 7-11-2005 to 31-7-2007 as suspension itself. She filed an appeal petition against the above decision before the DPI. The ADPI (General) vide Order No. VI/88694/08/DPI dated 11-3-2009 cancelled the said order of the DDE in this regard on the grounds that additional charges were entrusted in the final orders of the DDE other than those given in the charge memo and that no formal enquiry is seen conducted before imposing major punishment.



(b) the treatment of suspension period as suspension is irrelevant. (c) the delinquent teacher is seen kept under suspension for more than 14 months without any review by the higher authorities. Orders were also issued to proceed for a De Nova enquiry and to finalise the disciplinary proceedings.

The DDE conducted a De Nova enquiry in this regard on following codal procedure and prepared an enquiry report. As per the said report financial misappropriation and defalcation of Government money were noticed and Smt. Treasamma Simon was found responsible for the same which warranted disciplinary proceedings against the delinquent HM as per KSC(CC&A) rules 1960 part V Rule 11. As per Order No. B2/18317/05 dated 31-7-2010 of the DDE, the disciplinary action against Smt. Treasamma Simon was finalised by barring two increments with cumulative effect as per KCS(CC&A) Rules, 1960 Part V Rule 11 V(A). Later as per Order No. B1/7419/05 dated 30-11-2010 of DDE, the suspension period from 2-11-2005 to 30-7-2007 was regularized as eligible leave period.

### **Observations of Finance Inspection Wing**

#### **(a) Departmental action**

The Committee denounces that the departmental action taken was a minor one that of barring of two increments of the delinquent with cumulative effect and also finds no justification for the obligation in handling cash to a person who had a past record of defalcation of Government money. In this connection, it is noticed that barring of increment with cumulative effect is a major punishment as per Rule II (1) and 15 of KCS (CCA) Rules 1960. The punishment imposed against the delinquent, barring of two annual increments with cumulative effect shows that she is not in service for the last two years. By this punishment she will loss the monetary value of two years increment plus DA, reduction of pension, commutation and DCRG etc.

The Headmasters of the Govt. LP/UP Schools are the Drawing and Disbursing Officer and can draw the bills from the treasuries directly. As Smt. Treasamma Simon was reinstated in service and posted as Headmistress, automatically she became the Drawing and Disbursing Officer. To avoid such a situation she may be degraded as PD teacher. On considering the gravity of the case, General Education Department may take necessary steps in this regard.

(b) *Proposal for vigilance enquiry*

As per Article 305 @ of KFC Vol. I the embezzlement of public money should be investigated by the police vigilance department. In this case, the AG reported the position regarding the misappropriation to the General Education Department and proposed for a vigilance investigation on 1-12-2005. The case is of a criminal nature, it demands an enquiry on that angle. Government, may be in view of the criminal nature of the offence vide Letter No. 11918/M3/11/Home dated 17-2-2011 directed the Director General of Police to register a case and conduct an enquiry through CBCID into the allegation of misappropriation of Govt. Money at GLPS, Cheruvally and GLPS, Kanjirappally.

Government informed the matter to the DPI, vide Letter No. 25730/H3/07/G.Edn. dated 22-3-2011 and the same was informed to the DDE Kottayam. A criminal case was registered vide No. 103 CR/EOWII/KTM/2011 against Smt. Treasamma Simon. The first sitting of Crime Branch enquiry was seen held at DDE, Kottayam on 18-5-2011.

(c) *Supervisory lapse from the part of the Superintendent*

In Para 54 of the report, the Committee identifies the clear supervisory lapse on the part of the Superintendent of the office of the AEO in this case. During the time of inspection, it was informed by the DPI that as per the delegation of powers, the Headmasters of LP/UP School can draw the bills from the treasury directly. In respect of department schools, there is no need to obtain the counter signature of Senior Superintendents of the AEO. The Senior Superintendent is the authority to sanction the Terminal surrender of Earned Leave of the retired Government LP/UP School Headmasters. On the basis of the sanctioning order of the Senior Superintendent, the bills are prepared and passed by Headmasters. The Counter Signature of the SS is needed only if the present HM is absent. Smt. Treasamma Simon was the HM who prepared and presented the bill at the time.

(d) *Involvement of Treasury officials in the case*

The irregular withdrawal of GPF occurred at Sub treasury, Ponkunnam. The irregularity was verified with the sub treasury, Ponkunnam and it was noticed that the amounts of ₹ 31,900 & ₹ 43,067 had been withdrawn from treasury vide sequence No. 51 & 52 respectively on 29-9-2004. The treasury officials informed that they could not enter the correct head of account at the time of withdrawal made during the period as the computerization of treasury was going on. Normally the District Treasury could have rectified such mistake at the time of monthly account being forwarded to the AG. The sub treasury officer stated that there is no system in existence to trace out and transfer the GPF vouchers misclassified under KASEPF to the AG (A&E) who maintains the GPF Accounts. Moreover the applications were filled in KASEPF application form.

It is seen that the misclassification in the above head of account was rectified later. Disciplinary action was taken by the Director of Treasuries against Sri P. S. Jacob, STO and Sri B. Sunil, Accountant during the period. They were censured and as per Letter No. VG/1/7310/07 dated 4-9-2010 and this was entered in their Service Books.

**Recommendations**

- (1) Smt. Treasamma Simon has been awarded a punishment of barring two increments with cumulative effect by the Deputy Director of Education. When comparing with the gravity of the irregularity, the punishment awarded to the teacher is minor, even if it comes under major penalty. The deliberate action of the Deputy Director of Education in taking a lenient view towards the delinquent officer has to be got explained. The Administrative Department may take stringent measures in this regard to set right the case by taking suitable measures.

- (2) Urgent steps may be taken to strengthen the internal audit wing of the department, especially that of DDE and to conduct periodical inspection in all offices under their jurisdiction including schools in the district at least once in an year.
- (3) AD may be directed to take urgent steps to finalise the enquiry report of CBCID, since Smt. Treasamma Simon is retiring on 31-3-2013.

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