

TWELFTH KERALA LEGISLATIVE ASSEMBLY

**COMMITTEE
ON
PUBLIC ACCOUNTS
(2008-2011)**

HUNDRED AND SEVENTH REPORT

(Presented on 17th July, 2009)



SECRETARIAT OF THE KERALA LEGISLATURE
THIRUVANANTHAPURAM
2009

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On

**Action taken by Government on the Recommendations
contained in the Ninety Ninth Report of the Committee
on Public Accounts (1998-2000)**

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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 Hundred and Seventh Report on Action taken by Government on the Recommendations contained in the 99th Report of the Committee on Public Accounts (1998-2000).

The Committee considered and finalised this Report at the meeting held on Fourteenth July, 2009.

Thiruvananthapuram,
17th July, 2009.

ARYADAN MUHAMMED,
Chairman,
Committee on Public Accounts.

REPORT

This Report deals with the action taken by Government on the recommendations contained in the 99th Report of the Committee on Public Accounts (1998-2000).

The 99th Report of the Committee on Public Accounts (1998-2000) was presented to the House on 18th December, 2000. This Report contained 12 recommendations relating to Health and Family Welfare Department. Government were addressed on 2nd February, 2001 to furnish the statement of action taken on the recommendations contained in the Report and final replies were received on 29th June 2007.

The Committee examined the action taken statement furnished by Government at its meeting held on 1st August, 2007. The Committee was not satisfied with the statement of action taken furnished by Government on recommendation Nos.1,2,5,6,7,8,9,10,11 and 12 (Para Nos. 16, 17, 20, 21, 22, 23,27,28,29&30) and decided to pursue them further. Such recommendations, replies thereon and further recommendations of the Committee are included in Chapter I of this Report.

The Committee decided not to pursue further the remaining recommendations Sl.No. 3&4 (Para Nos. 18 & 19) in the light of the replies furnished by Government. Such recommendations of the Committee and the action taken by Government are included in Chapter II of this Report.

CHAPTER I

RECOMMENDATIONS IN RESPECT OF WHICH ACTION TAKEN BY
GOVERNMENT ARE NOT SATISFACTORY AND WHICH
REQUIRES REITERATION

HEALTH AND FAMILY WELFARE DEPARTMENT

Recommendation

(Sl. No. 1 Para No. 16)

1.1. The Committee understand that some medical institutions in the State do not prepare the indents for medicines and forward the same to the authorities concerned in time. During the year 1986-87, only 83 out of 109 institutions in Ernakulam district forwarded their indents. But this is in contradiction to the statement of the department that they place orders for medicines only after getting the indents from all the institutions. The Committee also understand that Internal Audit Wing of the department does not watch such lapses and they concentrate mainly on scrutiny of expenditure. The Committee are of the view that the Internal Audit Wing must be vigilant in day to day affairs of the financial matters of the department and that it should be strengthened so as to enable them to have an effective super check over the financial transactions of the department. The Committee is not convinced of the contention of the department that non-receipt of indents from some of the institutions does not affect the purchase and distribution of medicines since most of the institutions submit indents for same medicines. The Committee note that as per the Government Order issued in 1984, indents for medicines should be submitted by the month of December every year and the Central Purchase Committee which include the Director of Health Services, Drugs Controller etc. should scrutinise them and place purchase orders for medicines. When taking into account these facts, it should be taken as a grave lapse on the part of Central Purchase Committee in not having examined whether all the institutions have submitted indents in time. The Committee do not agree with the proposals of the department that indent system be abolished. They are of the view that orders for medicines must be placed only on the basis of the indents submitted which will help to assess the actual requirements of medicines and thereby excess supply, shortage in the stock of essential medicines etc. can be avoided. The Committee therefore recommend that in no circumstances the indent system need be abolished and the department should take utmost vigilance to ensure that all the institutions submit their indents well in advance of the completion of formalities of purchases. The Committee are deeply distressed on the non-submission to it of the details of indents received from the institutions in all the districts from

1985-86 to 1998-99 which the department had promised to furnish within one week. The Committee view seriously the lethargic attitude of the department and desire that the required details shall be furnished to the Committee at once.

Action Taken

1.2. The requirements for a year is assessed considering the consumption for the last 12 months and the quantity in hand. The indent is scrutinized by the District Store Verification Officer before counter signature of the District Medical Officer of Health. The indent is also signed by the Pharmacist/ Pharmacist-cum-Store Keeper/Store Superintendent as the case may be, in token of approval. The indents are collected well in advance, ie. on or before 1st December of every year. If any of the Institution fails to submit the indent in time, the requirements of such institution will be treated as nil. If any complaints are received later regarding the non-receipt of medicines in such institutions, the Medical Officer in charge will be personally held responsible.

1.3. If any of the firms fails to supply the required quantity in the 1st quarter the entire supply orders placed with the firm will stand cancelled and the entire quantity will be purchased from other sources and the loss sustained will be realized from the firm which failed to supply the item in time.

1.4. The recommendation is related to the period between 1984 to 1987. The purchase till 1985 were carried out by the Stores Officer, Government Medical stores. In July 1984, the Government had constituted a Central Purchase Committee for the procurement of drugs from 1985 onwards.

1.5. The role of the Central Purchase Committee is to identify the firm for each product, for the rate and rates for the same. The District Medical Officer of Health will place the order directly with the firms as per the annual indent submitted to the Director of Health Services.

1.6. The firm will effect the supply in four equal quarters. Therefore the Purchasing Officer can, within the above 4 quarters, cancel any items found to be in excess quantity.

1.7. It will be difficult to identify the person responsible at this distance of time.

1.8. However, in order to streamline the purchase system, Government have issued orders for a new procurement policy. As per this system, a Committee will be constituted in each institution for proper assessment of purchase of drugs. Hence the objection sustained in this regard may kindly be dropped.

1.9. The system of collection of annual indents of medicines from all the Districts will not be abolished and utmost importance will be given to ensure that all the institutions submit their indents well in advance for completion of formalities of purchases.

1.10. Annual indents for the year 2002-03 had been received from all the Districts.

1.11. The details required by the Committee will be furnished without delay in future.

Further Recommendation

1.12. The Committee is deeply distressed over the vague reply furnished by the department and opine that it is not acceptable to the Committee.

Recommendation

(Sl. No. 2 Para No. 17)

1.13. The Committee note that Injection Analgin supplied to Hospital had no relation to the indents submitted. Though indent was for 5 lakh ml., 15 lakh ml. was supplied. The Committee know that this is against the spirit of the Government Order issued in July 1984. They reasonably doubt that medicines are being purchased not on the basis of the indents received from lower levels but at the will and pleasure of higher authorities. The higher officers try to dump unwanted medicines in Hospitals. It is alarming to note that one of the medicines so supplied (injection Analgin) is banned in almost all Asian Countries. So also, medicines like B-Complex Injection, Injection Haemacel etc. were supplied to various Hospitals without indents for them or in quantities much in excess of the indents. The Committee reasonably think it as a deliberate attempt to satisfy the vested interests of certain officials. The Committee opine that the purchase of unwanted and banned medicines should be avoided scrupulously. The Committee recommend that proper enquiry should be conducted in this matter and that the persons responsible for the purchase of unwanted medicines should be brought to book and stringent action taken against them so that recurrence of such instances should be curtailed in future.

Action Taken

1.14. In this case, against the indents of five lakh ml, orders were placed for 15 lakh ml., that is three times more quantity. It is not clear who had made the purchase during the above period. It will be difficult to identify the person responsible at this distance of time.

1.15. Injection Analgin is available as ampoules and vials. Ampoule can only be used as single dose, whereas vial can be used as multiple dose. The wastage of drug is comparatively higher in ampoules when compared to vials. It is economical to purchase vials in the hospitals. Analgin is a common drug meant for all categories of Hospitals. Hence, the quantity ordered did not appear to be high and was utilized fully. There is no studied report on the carcinogenic and anaphylactic reaction of Analgin.

1.16. Injection B-Complex is a very common drug meant for nervous disorders and in malnutrition. The quantity supplied was fully utilized.

1.17. Injection Haemacel is a substitute for blood plasma. It is required for the maternity hospital in the Post-Partum bleeding case. It can also be given in severe fluid loss in burn injury. The quantity supplied was fully utilized.

1.18. The purchase of unwanted and banned medicines will be avoided scrupulously. Stringent action will be taken against the persons responsible for the purchase of unwanted medicines in future.

Further Recommendation

1.19. The Committee expresses its displeasure over the lethargic attitude of the department in not taking any legal action against the officers responsible for the purchase of unwanted and banned medicines.

Recommendation

(Sl. No. 5 Para No. 20)

1.20. It is alarming to note that time expired medicines were issued in various Government Hospitals all over Kerala in spite of the contention of the department that strict instructions to guard against such irregularities have been issued. The Committee is constrained to opine that the Health Department does not bestow due concern over the health of poor public who depend on Government Hospitals for treatment. The Committee recommend that the stores verification team of the department should be strengthened and the system streamlined so as to ensure that all institutions in the State are inspected periodically and that no time expired medicines are retained/administered to patients. The Committee also recommend that medicines should be purchased only on the basis of actual requirement so that the loss on account of accumulation of time expired medicines can be minimised.

Action Taken

1.21. The stores verification work at the hospitals and the District Medical Stores are carried out by the Stores Verification Team attached to the respective district. The District Stores Verification Team is functioning in all the districts except Kasaragod. The verification work of Kasaragod district is at present carried out by the District Stores Verification Team attached to Kannur district. The verification work is done in all districts regularly and effectively. Thus time barred medicines, if any, in the stock are detected and removed effectively.

1.22. Strict action will be taken to purchase medicines for the institution only on the basis of the actual requirement to avoid loss on accumulation of time expired medicines. Also stores verification of the districts will be done periodically so as to avoid retaining time expired medicines to Hospitals and administering those items to the public.

Further Recommendation

1.23. The Committee strongly criticise the department for not taking any disciplinary action against the officers responsible for the purchase of expired medicines.

Recommendation

(Sl. No. 6 Para No. 21)

1.24. As per Circular No. AC6-6606/87/GMS, dated 1-1-1988 all Government Medical Institutions should keep an emergency kit of 20 specified medicines at all times. But in some Hospitals life saving drugs like anti-snake venom are out of stock for months and even for years. The Committee cannot approve the contention of the department that shortage in supply of medicines is the reason for such a situation. They are of the view that earnest efforts should be made for ensuring the availability of such life saving medicines, if necessary through other means including local purchase. The Committee strongly recommend that there should not be any laxity in ensuring availability of life saving medicines in all the medical institutions. The Committee recommend that strict disciplinary action should be taken against the Officers for their failure in conducting stock inspection regularly and in ensuring the availability of life saving medicines in all Government Hospitals.

Action Taken

1.25. The list of essential drug kit item has been revised from 20 to 75 in tune with the latest developments in the Health Care System.

1.26. Every month, in Senior Officers' Conference, review of stock position of essential drugs is being done to monitor the regular supply.

1.27. At present almost all the essential drugs are available in the hospitals.

1.28. Whenever a firm fails to supply an item, that item can be purchased alternatively at the risk and cost of the non-supplying firm. This ensures the availability of essential drugs at any time in the hospital.

1.29. District Stores Verification Team is conducting periodic stock verification in the hospitals to ensure the availability of drugs.

Further Recommendation

1.30. The Committee took exception to the serious lapses shown by the department for not taking any disciplinary action against the officers even after the recommendation of the Committee. The Committee also suggest to intimate the reports on stock verification and Inspection Report for the last two years.

Recommendation

(Sl. No. 7 Para No. 22)

1.31. The Committee is deeply dissatisfied with the fact that equipments/appliances like X-ray unit, water stills, Hydraulic Major Operation table, Power Laundry, Vertical High Pressure Sterilizers etc., have been kept idle in various Hospitals for a long period for want of timely repairs or replacement. They are of the view that there should be permanent set up in the Health Department to repair faulty machines so that machines costing lakhs of rupees are not kept idle. The Committee also suggest that infrastructure and other facilities for proper functioning ought to be ensured before the purchase and installation of costly equipments like X-ray units in any Hospital.

Action Taken

1.32. Noted for future guidance. Infrastructure and all other facilities necessary for the proper functioning of the equipments/appliances will be ensured in future without fail before purchase and installation of costly equipments.

Further Recommendation

1.33. The Committee recommend that the stock verification should be conducted by the officers of the same department other than the same office.

Recommendation

(Sl. No. 8 Para No. 23)

1.34. The Committee note that stock verification in Medical Stores attached to the Hospitals is conducted by the Officers in the same institutions. The Committee opine that this may lead to the erring officers going scot free. Moreover, the annual physical verification of stocks is pending from 1976-77 to 1984-85 and the verification, if at all conducted occasionally has been defective. The Committee urge that the Department should make urgent necessary arrangements to conduct the annual physical verification in Medical Stores as stipulated in the Kerala Financial Code at regular intervals effectively.

Action Taken

1.35. Annual physical verification in Medical Stores is being done regularly as per rules. The Stores Verification Team during their periodical inspection gets the stock physically verified and discrepancies, if any, are brought to light.

1.36. District Stores Verification Team is conducting periodic stock verification in the hospitals to ensure the availability of drugs.

1.37. District Stores Verification Team in all districts except in Kasaragod district are functioning. The Verification of Kasaragod is attended to by the Kannur Team.

1.38. State Stores Verification Team which is formed to attend to the inspection of District Stores is also functioning now.

Further Recommendation

1.39. The Committee vehemently criticise the department for not taking any disciplinary action against the officers for not having conducted the stock verification in time.

Recommendation

(Sl. No. 9 Para No. 27)

1.40. The Committee regret to note that the officials concerned in the Health Department showed utmost negligence by keeping idle the laundry machine, costing Rs. 2.12 lakh purchased for the Sanatorium at Pariyaram since its procurement in 1986. The main switch with allied fittings attached to the electrical unit of the machine was stolen on 21-10-1992 as a result of the idling of the machine. It is distressing to note that the department is ignorant of the

present position of the police case registered in this regard. The Committee express deep concern over the negligence and inefficiency shown by the department in this matter. The Committee cannot but condemn this type of inaction and recommend that details of the police case and its present position should be furnished to the Committee forthwith.

Action Taken

1.41. The machine was fixed on platform on 21-4-1987 and 3 phase electrical work completed on 1-7-1987. The Superintendent, Chest Disease Sanatorium, Pariyaram during October 1992 informed that the power laundry was partially commissioned on 26-2-1992. From 1987 to 1992, the machine could not be installed due to reasons such as non-availability of suitable building, power connection, transformer etc. The machine could not be commissioned fully due to defects that had developed in the main switch attached to the laundry machine. The matter was reported to PWD and KSEB authorities. The supplier firm informed that as the machine was lying idle for more than 10 years all electrical parts bearing sealings, some shaft sheet metal parts, rubber parts, gaskets etc. could have been spoilt. To replace the parts, an amount of Rs. 20,000 were required as preliminary expenses. It was therefore suggested to request the supplier firm for submitting the quotation for complete servicing of the equipment and if it was found uneconomical to take further action to dispose of the same after considering the total cost of a new set of equipment. Accordingly the firm had been addressed. But the same was returned unclaimed by postal authorities.

1.42. On 21-10-1992, the Superintendent, SCD, Pariyaram reported that the total main switch with allied fittings attached to the electrical unit of the laundry machine has been stolen and the matter was informed to police on 14-6-1993. DMOH, Kannur requested to shift the power laundry to District Hospital, Kannur. Accordingly, sanction was accorded to shift the power laundry to District Hospital, Kannur.

1.43. District Medical Officer of Health, Kannur on 8-8-1995 informed that the power laundry has not been shifted to District Hospital, Kannur. Orders have been issued to hand over the machine to Academy of Medical Science on payment basis. Now the unit has been taken over by the Academy of Medical Science and they installed the same. But the date of installation has not been reported by the Academy of Medical Science.

1.44. The power laundry machine is now under the possession of the Pariyaram Medical College authorities. But they have not yet made any payment towards the cost of machine.

1.45. The theft of the spare parts attached to the unit was reported to Police and enquiry conducted. But the case was written off for want of evidence.

Further Recommendation

1.46. The main switch with allied fittings attached to the electrical unit of the machine was stolen on 21-10-1992. But the matter was informed to the Police only on 14-6-1993. The Committee views this as a clear negligence of duty and inefficient administration of the department.

Recommendation

(Sl. No. 10 Para No. 28)

1.47. The Committee understand that an X-ray unit costing Rs.2.01 lakh was purchased in March 1987 for Government Hospital, Mala, without obtaining administrative sanction for electrical works. Not only that, administrative sanction for the purchase of accessories for dark room was given after five years of the date of purchase. The Committee opine that the purchase of equipment without administrative sanction was irregular and the department had no planning and had not given adequate attention to the basic needs for the installation of such an equipment. The Committee recommend that delay in giving administrative sanction to such minor works or purchase of equipments should be minimised. The Committee cannot but blame the action of the officer who purchased the equipment without obtaining administrative sanction and stringently warn against such irregular action.

Action Taken

1.48. Noted for future guidance and delay in giving administrative sanction for purchases will be avoided as far as possible. Strict action will be taken for any such lapses in future.

Further Recommendation

1.49. The Committee opine that the purchase of equipment in Government Hospital, Mala without obtaining administrative sanction for electrical works was irregular and blame the department for not fixing the responsibility on the delinquent officer. The Committee views this as a criminal negligence of duty.

Recommendation

(Sl. No. 11 Para No. 29)

1.50. The Committee note with serious concern that the water for injection amounting to Rs. 23.96 lakh purchased during 1986-87 was of substandard quality and unfit as they contained sediments or suspended particles and glass

pieces. The Committee opine that the officers who are duly bound to carry out prior examination of the quality and quantity of the water for injection has not done it. The Committee is at a loss to understand what were the extraordinary circumstances warranting immediate payment for the materials supplied even before sample testing. The Committee view seriously these types of irresponsibility since it causes serious health hazards to general public who approach Government Hospitals for treatment. Therefore, the Committee recommend that strict disciplinary action must be taken against those officers who have failed miserably in discharging their duties and strict instructions to the effect that payments for the materials supplied shall not be effected without conducting the quality check should be issued so as to avoid the recurrence of such lapses in future. The Committee also desire that details of action taken against the supplier firm should be furnished to them.

Action Taken

1.51. The firms are not permitted to supply any drug awarded to them which is manufactured under loan licence or purchased from any other source. Supply should be made with their invoices and with necessary manufacturing certificates. Firms will be permitted to supply the imported items, if they are direct importers and that the imported products should be from the same parent company. In order to watch the substandard items, all samples of drugs submitted by manufacturers are subjected to analysis/test to ensure their quality. Test fee as per the rates fixed is also collected from the firm itself. In case a firm supplies an item of substandard quality, the total cost of that item supplied is recovered from the firm. Moreover, the firms are required to submit the certificate of analysis as per Drugs and Cosmetic Rule with every consignment.

1.52. With regard to the supply of substandard water for injection, action is being taken to proceed with Revenue Recovery proceedings to realise the cost of supply of substandard water for injection from the supplier firms.

1.53. Necessary directions were given to the Store superintendents to note all the details such as batch numbers, expiry date, rate etc. in the bin cards as well as in the stock registers so as to guard against the supply of substandard items.

Further Recommendation

1.54. The Committee expresses its deep concern and recommends that the department should have taken stringent disciplinary action against the delinquent officer. The Committee also recommends that it should be intimated on the steps taken by the department on Revenue Recovery.

Recommendation*(Sl. No. 12 Para No. 30)*

1.55. While taking evidence the witness had promised to furnish several details within two weeks. But the Committee is distressed to note that none of the details have been furnished to the Committee. The Committee warn against such 'face saving' endeavours adopted by the witness and assert that the details called for by the Committee shall be furnished immediately. The Committee view the lapse on the part of the witness seriously and suggest to bring it to the notice of the Chief Secretary to take appropriate steps for not to repeat such lapses.

Action Taken

1.56. The Additional Director of Health Services (Medical) and the Programme Officers are alerted to pursue action to furnish the final reply immediately. Such lapses will be avoided in future and the details if any, required by the Committee will be furnished without fail within the stipulated time.

Further Recommendation

1.57. The Committee opine that non-furnishing of the reply in time as promised by the witness should be considered seriously.

CHAPTER II

RECOMMENDATIONS IN RESPECT OF WHICH THE COMMITTEE
DO NOT DESIRE TO PURSUE ACTION IN THE LIGHT
OF THE REPLIES FURNISHED BY THE
GOVERNMENT

HEALTH AND FAMILY WELFARE DEPARTMENT**Recommendation***(Sl. No. 3 Para No. 18)*

2.1. The Committee observe that Medical Officers in-charge of Hospitals, Dispensaries, Primary Health Centers etc. resort to local purchase of medicines even in normal situations. This seems to be a clear-cut violation of the instructions issued by Government in this regard. The Committee vehemently criticize the method of resorting to local purchase of ordinary medicines in bulk in total disregard to the system of centralized purchase. The Committee opine that these officers wilfully exceeded their financial powers by splitting up of purchases irregularly so as to contain each purchase within their financial powers. The Committee are of the view that regular local purchase will cause unnecessary spending of public money as well as loss on account of paying higher rate. Therefore, the Committee recommend that the higher officers concerned should keep maximum vigil to ensure that local purchase of medicines is not resorted to except in very emergent situations and that supply of essential medicine is made uninterrupted.

Action Taken

2.2. It is now strictly watched whether the local purchase of medicines are resorted to by the Medical Officers only in accordance with the delegated powers. As per the standing orders local purchase of medicines should be resorted to in respect of items which are not available in the District Medical Stores. However in cases of emergency, the Non-Availability Certificate from the District Medical stores are not insisted on as per standing orders. Local purchase of medicines are being effected only through Running Contract procedures.

2.3. All concerned are instructed to furnish the consolidated details of local purchase of medicine in each financial year to the Central Purchase Committee so as to enable them to evolve measures to avoid it invariably in all cases, in future. There is remarkable improvement in the procedures due to the serious steps taken from the department.

2.4. Excessive exercise of financial powers tantamount to misappropriation of Government money and hence all the officers have already been instructed in this regard to adhere to the financial limitations prescribed in the case of local purchase of medicines.

2.5. Strict directions have been given to all the Heads of Institutions to minimize the local purchase of medicines except in very emergent situation to avoid loss on account of paying higher rate and unnecessary spending of public money.

Recommendation

(Sl. No. 4 Para No. 19)

2.6. The Committee observe that though Glucometer is useful to count blood sugar in a more convenient and correct method within two minutes, the purchase of 14 equipments was made in 1986 without any indent for it from any of the DMOs/Hospitals done by violating Stores Purchase Rules and by not evaluating the utility of the equipment. The Committee suggest that the introduction of glucometers in Hospitals may be considered only if it is economically feasible when compared to the existing system especially in view of the observation that the equipments supplied to certain Hospitals are lying idle for want of technicians.

Action Taken

2.7. 14 numbers of Glucometer were purchased for 14 District Medical Offices. The instrument is used for estimating blood sugar in a more convenient and accurate method and takes only 2 minutes, while the conventional method takes 2-3 hours and is inaccurate also. Since such an instrument is very vital in emergency situation it was decided to purchase one such instrument for each district. The decision for the purchase of one instrument for each district was taken at the Directorate level. It was with a good motive to introduce the most modern technique of testing blood sugar in the Government Hospitals. Therefore the same was purchased even without tenders.

2.8. The equipment was supplied to Major Hospitals in 14 districts. No trained Technician is necessary to operate the instrument. The dextrose strips which is to be used in the instrument is slightly expensive. The equipment supplied to a few hospitals ceased to function as the dextrose strips supplied with the instrument ran out of stock and the purchase of new strips was

economically not feasible. That was why the equipment was kept idle for some time. It is submitted that the Glucometer has not been purchased centrally since 1986.

2.9. The Committee approved the action taken statement on the above para after expressing strong displeasure for not observing the procedure in the purchase of Glucometer.

ARYADAN MUHAMMED,

Chairman,

Committee on Public Accounts.

Thiruvananthapuram,
17th July, 2009.

APPENDIX

Summary of Main Conclusions/Recommendations

<i>Sl. No.</i>	<i>Para Nos.</i>	<i>Department Concerned</i>	<i>Conclusions/Recommendations</i>
(1)	(2)	(3)	(4)
1	1.12	Health & Family Welfare	The Committee is deeply distressed over the vague reply furnished by the department and opine that it is not acceptable to the Committee.
2	1.19	„	The Committee expresses its displeasure over the lethargic attitude of the department in not taking any legal action against the officers responsible for the purchase of unwanted and banned medicines.
3	1.23	„	The Committee strongly criticise the department for not taking any disciplinary action against the officers responsible for the purchase of expired medicines.
4.	1.30	„	The Committee took exception to the serious lapses shown by the department for not taking any disciplinary action against the officers even after the recommendation of the Committee. The Committee also suggest to intimate the reports on stock verification and Inspection Report for the last two years.
5.	1.33	„	The Committee recommend that the stock verification should be conducted by the officers of the same department other than the same office.
6.	1.39	„	The Committee vehemently criticise the department for not taking any disciplinary action against the officers for not having conducted the stock verification in time.

(1)	(2)	(3)	(4)
7.	1.46	Health & Family Welfare	The main switch with allied fittings attached to the electrical unit of the machine was stolen on 21-10-1992. But the matter was informed to the Police only on 14-6-1993. The Committee views this as a clear negligence of duty and inefficient administration of the department.
8.	1.49	„	The Committee opine that the purchase of equipment in Government Hospital, Mala without obtaining administrative sanction for electrical works was irregular and blame the department for not fixing the responsibility on the delinquent officer. The Committee views this as a criminal negligence of duty.
9.	1.54	„	The Committee expresses its deep concern and recommends that the department should have taken stringent disciplinary action against the delinquent officer. The Committee also recommends that it should be intimated on the steps taken by the department on Revenue Recovery.
10.	1.57	„	The Committee opine that non-furnishing of the reply in time as promised by the witness should be considered seriously.