

**TWELFTH KERALA LEGISLATIVE ASSEMBLY**

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

**EIGHTY EIGHTH REPORT**

(Presented on 29th June, 2009)



SECRETARIAT OF THE KERALA LEGISLATURE  
THIRUVANANTHAPURAM  
2009

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**On**

**Paragraphs relating to Health & Family Welfare and Co-operation  
Departments contained in the Reports of the Comptroller  
and Auditor General of India for the year(s) ended  
31 March 2000 (Civil), 31 March 2002 (Civil)  
31 March 2003 (Civil) and  
31 March 2004 (Civil).**

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COMMITTEE ON PUBLIC ACCOUNTS (2008-2011)

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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 Eighty Eighth Report on paragraphs relating to Health and Family Welfare and Co-operation Departments contained in the Reports of the Comptroller and Auditor General of India for the years ended 31 March 2000 (Civil), 31 March 2002 (Civil), 31 March 2003 (Civil) and 31 March 2004 (Civil).

The Reports of the Comptroller and Auditor General of India for the years ended 31 March 2000 (Civil), 31 March 2002 (Civil), 31 March 2003 (Civil) and 31 March 2004 (Civil) were laid on the Table of the House on 2nd July 2001, 8th July 2003, 28th June 2004 and 20th July 2005 respectively.

The Committee considered and finalised this Report at the meeting held on 10th June, 2009.

The Committee place on record their appreciation of the assistance rendered to them by the Accountant General in the examination of the Audit Report.

Thiruvananthapuram,  
29th June, 2009.

ARYADAN MUHAMMED,  
*Chairman,*  
*Committee on Public Accounts.*

**REPORT**  
**HEALTH AND FAMILY WELFARE AND CO-OPERATION**  
**DEPARTMENTS**

AUDIT PARAGRAPH

**Purchase of defective X-ray Unit**

One 500 MA X-ray unit purchased at a cost of Rs. 32.82 lakh was accepted inspite of being defective. No action had been taken against the supplier.

Based on recommendations of the Departmental Purchase Committee, Government issued administrative sanction (March 1997) for purchase of one 500 MA X-ray unit with IITV\* system (Rs.36.47 lakh) and one 300 MA X-ray unit (Rs.5.05 lakh) for the Department of Radiodiagnosis, Medical College, Kozhikode from Siemens Ltd. at a total cost of Rs.41.52 lakh. Ninety per cent of the cost of machines (Rs.37.36 lakh) was paid in April 1997 in advance and the machines were supplied in April 1997. The X-ray units were installed only after one year in April 1998 due to delay in making available space for the machine. During the trial run (May 1999) the 500MA X-ray unit went out of order and further problems occurred later at frequent intervals. The machine has not worked properly till date. Based on direction issued by the Director of Medical Education, the Principal, Medical College, Kozhikode rejected the X-ray unit supplied as it was not commissioned satisfactorily and directed the firm (February 1999) to refund the amount paid. But no refund could be obtained so far (April 2000), though the agreement executed by the firm provided for replacement of defective machine or payment of damages to Government. The security deposit of Rs.2.08 lakh recovered from the bankers of the firm was credited to Government account in July 1999.

There was abnormal delay in installing the machine. Though defects were noticed in the machine from the date of installation itself, the Principal failed to reject the machine and get a replacement as provided in the agreement with the firm; instead the machine was allowed to be repaired and used. No legal action was taken by the Principal against the firm so far (May 2000).

The matter was referred to Government in May 2000; reply has not been received (November 2000).

[Paragraph 3.13 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2000 (Civil)].

Note furnished by Government on the above audit paragraph is included as Appendix II.

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\*Image Intensifier TV System with usable input field, TV Camera, Collimating lens, TV Monitor etc.  
561/2009.

1. The Committee examined the audit paragraph relating to the purchase of one 500 MA X-ray unit with IITV system and one 300 MA X-ray unit for the Department of Radiodiagnosis, Medical College, Kozhikode from Siemens Ltd. The Committee enquired whether the department had taken any action for getting back the amount paid to the company towards the purchase of X-ray units. The Committee desired to know as to why the department had not blacklisted the firm. The Committee pointed out that even though there was provision in the agreement for replacement of the unit, it was not done.

2. To the Committee's query regarding the delay in taking action against the firm, the witness, Secretary, Health & Family Welfare Department stated that the case related to 10 years back and at that time there was no infrastructure facility for installing the machine. After one year, during installation, it was found that the camera of the machine was not functioning. On the initiative of the Government in the year 2003 a meeting was held with the firm and the machine was repaired. The Government issued show cause notice and the Director of Medical Education was asked to take action against the firm in 2004 and the defective camera was replaced. The witness informed the Committee that the machine was functioning satisfactorily since 2003.

3. The Committee enquired about the latest position of the two X-ray machines. In this regard the Secretary, Health & Family Welfare Department repeated his earlier reply that the machine was functioning satisfactorily. He also informed that Vigilance Department, after its inquiry in the matter had recommended to file a civil suit against the supplier firm to recover the loss sustained to Government. But the Government pleader did not agree with it. The Committee recommended that the DME should request the Home Secretary to take action against the Government pleader. The Committee opined that this was a serious offence.

4. The Committee enquired whether this firm had supplied the same machine to any other Medical Colleges or District Hospitals. The Committee desired to be furnished with the up to date details of the working condition of the machine.

#### **Conclusion/Recommendation**

**5. The Committee understands that the Government suffered a loss of Rs. 32.82 lakh by purchasing defective X-ray unit for the Medical College Kozhikode in 1997. Though there was provision in the agreement to replace the unit, the authorities did not take any action in time to get it replaced or recoup the amount from the supplier firm. The Principal of the Medical College did not black list the firm. Though the Vigilance department suggested to file a civil suit against the firm for supplying defective machine, the**

government pleader did not take any steps for this, rather he objected it. The Committee views this very seriously and recommend that action should be taken against the concerned person, who denied the recommendation of the Vigilance department for filing a civil suit against the concerned firm to recover the loss sustained to the Government. The DME should make a request to the Home Secretary in this regard. Action should also be taken against the then Principal of the Medical College, Kozhikode for not black listing the supplier firm and for not taking timely action to get the machine replaced or recoup the advance paid to the supplier. Though the Committee demanded the department to furnish the details of the present working condition of the machine, the department has not furnished any details regarding this till date. Hence, the Committee suggests that the required details should be furnished without any further delay.

#### AUDIT PARAGRAPH

#### **Defalcation of Government money in a Primary Health Centre**

*Non-observance of financial rules by the Medical Officer in charge of a Primary Health Centre facilitated defalcation of Government money.*

The Kerala Treasury Code Vol.I enjoins that the head of office\* is responsible for the custody of money drawn on establishment bills from treasury till it is paid to the recipient. The drawing officer is required to check the acquittance with reference to the pay bill and the money drawn from the treasury. The official preparing the bill is not to be allowed to disburse the salary. With regard to money remitted to treasury, the officer concerned is required to prepare a monthly statement of moneys remitted and get it certified by the concerned Treasury Officer as soon as possible.

Test check by Audit (October 1999) of the accounts of the Primary Health Centre (PHC) at Pariyaram in Kannur District revealed that the Medical Officers in charge disregarded these codal provisions facilitating misappropriation of Rs.1.71 lakh during July 1996 to October 1999 by the Upper Division Clerk (UDC) of the PHC.

UDC committed misappropriation by (i) drawal of salary in respect of officers already transferred (Rs.0.99 lakh) and salary of fictitious employees (Rs.0.51 lakh), (ii) short/non-remittance of excess amounts drawn (Rs.0.07 lakh), (iii) non-remittance of revenue collections in treasury (Rs.0.08 lakh) and (iv) other irregular claims (Rs.0.06 lakh). Forged signature of employees were affixed on acquittance rolls by the UDC.

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\* Functioning as a drawing and disbursing officer.

At the instance of Audit, the District Medical Officer (DMO) ordered a detailed internal audit of the institution. The internal audit conducted in October 1999 by the District Level Internal Audit Wing of the department confirmed the misappropriation. The UDC was held responsible and placed under suspension in October 1999.

Audit scrutiny revealed that the misappropriation was made possible as the successive Medical Officers did not (i) attest each entry in the cash book in token of check (ii) attest the entries in the Pay bill register each month and (iii) verify the acquittance register as required under Rules. He allowed the UDC to prepare the pay bills and to disburse the pay and allowances.

The DMO had fixed the liability for defalcation against the three Medical Officers in charge of the PHC during July 1996 to October 1999. The entire amount remained unrecovered as of October 2000. The matter was referred (March 2000) to Vigilance Department for investigation, further developments are awaited (October 2000). One of the Medical Officers (DDO) stated (May 2000) that as a fresh recruit she was ignorant of the rules for proper maintenance of the registers. Government should consider according proper training of its officers in financial matters before they are entrusted with financial responsibilities involving use of public funds.

The matter was referred to Government in February 2000; reply has not been received (November 2000).

[ Paragraph 3.14 contained in the Report of the Comptroller & Auditor General of India for the year ended 31 March 2000 (Civil)].

Note furnished by Government on the above audit paragraph is included as Appendix II.

6. The Committee understood from the audit observation that Rs.1.71 lakh was lost due to the fraudulent misappropriation by an Upper Division Clerk of the Primary Health Centre, Pariyaram, Kannur during July 1996 to October 1999. The Committee enquired about the latest position of the case and asked whether the culprit was still in service. The Department had submitted a detailed report in this regard and the same is included as Appendix III of this Report.

7. The Director, Health Services stated that the Vigilance and Anti Corruption Bureau recommended to prosecute the culprit. Hearing on this the Committee enquired why the department had retained him in the service and what steps were taken by the department for recovering the amount. The Committee desired to know whether the department had conducted internal audit from 1996 to 1999. The Committee recommended to give training to newly appointed officials, having financial responsibilities.

### Conclusions/Recommendations

8. The Committee is surprised to note that a large number of the Drawing and Disbursing Officers are not even aware of the basic provisions in the Kerala Treasury Code, Financial Code etc. relating to transaction of Government money and financial management. In some other cases the DDOs wilfully disregard codal provisions which facilitate repeated instances of misappropriation of public money. In the Health department also matters are not different. Hence, the Committee recommends that the department should impart proper training in financial matters to the newly appointed officers including Medical Officers having financial responsibilities. The Committee vehemently criticise the internal audit wing of the department for not exercising their duties properly in finding out irregularities, and opine that the wing's modus operandi question even its existence.

9. The Committee desires to know the present stage of the prosecution case against the Upper Division Clerk who committed misappropriation, the steps taken to recover the money, the action taken against the Medical Officers in charge during the period 1996 to 1999 etc. and suggests that a report in this context should be furnished to the Committee.

#### AUDIT PARAGRAPH

#### **Unfruitful expenditure on a hospital building**

Building for hospital ward, constructed at a cost of Rs.34.56 lakh remained idle for over 4 years.

Government converted (October 1988) Government Rural Dispensary (GRD), at Chokkad Girijan Colony in Malappuram district into Primary Health Centre (PHC), Chokkad. In March 1991, Government sanctioned construction of a 40 bedded ward with out patient block, labour room etc., for the GRD at an estimated cost of Rs.17.50 lakh. The building completed in March 1996 by the Public Works Department at a cost of Rs.34.56 lakh was taken over by the Medical Officer (MO), PHC, Chokkad in August 1996. After two year Director of Health Services (DHS), Thiruvananthapuram sent proposal to Government for creation of 13 additional posts in October 1998. Government sanctioned (November 1999) creation of 8 posts (Asst. Surgeon 1; Staff Nurse 4; Hospital Attendant Gr.II 2 and Nursing Assistant 1). As of May 2000, one Doctor (on contract basis) and one Nursing Assistant was appointed and two staff nurses were posted on working arrangement (temporarily from other hospitals).

Though the building was inaugurated in May 2000 the operation theatre and the ward were not put to use for want of staff. MO, PHC stated (June 2000) that

the inpatient ward and operation theatre could be made functional only after appointing a regular doctor and providing facilities to the ward and operation theatre.

Thus, the building constructed at a cost of Rs.34.56 lakh could not be put to use and the intended medical facilities were denied to the people of the Girijan Colony.

The matter was reported to Government in June 2000; reply has not been received (November 2000).

[ Paragraph 3.15 contained in the Report of the Comptroller & Auditor General of India for the year ended 31 March 2000 (Civil)].

Note furnished by Government on the above audit paragraph is included as Appendix II.

10. Regarding this audit paragraph the Committee enquired the present sanctioned staff strength, and the number of doctors, nurses included in the staff strength and average number of patients in Public Health Centre, Chokkad. The Secretary, Health and Family Welfare Department informed that the sanctioned strength was one Medical Officer, two Staff Nurses and one Nursing Assistant and that patients approaching Out Patient Section was comparatively very low. The Committee understood that as the Public Health Centre was located in a remote area there was no accommodation facilities available for the staff and transportation facility to reach the Public Health Centre. The Committee expressed its discontent over the matter in which so many buildings built by using MLA, MP and Panchayat funds were kept idle for want of sufficient staff. The department had furnished a detailed report regarding the existing staff strength and the same is included as Appendix III of this Report.

#### **Conclusion/Recommendation**

**11. The Committee understands that so many buildings are being built attached to Government hospitals and Public Health Centres using MLA, MP funds etc. without prior sanction of the Health department. This creates difficulty as sufficient staff cannot be provided by the department since there is fixed staff strength for every grade of hospitals. Thus newly built buildings happen to be kept idle for want of sufficient staff. The Committee suggests that this situation should be changed and that no construction of additional buildings in negligence of sanctioned staff pattern should be undertaken without prior sanction of the Health department. Along with this, maximum facilities according to the existing staff pattern should be provided to the patients.**

## AUDIT PARAGRAPH

**Hospital building lying unused for seven years**

A hospital building constructed at a cost of Rs.22.62 lakh in August 1995 could not be used due to lack of infrastructural facilities while Rs.3.21 lakh was spent on salary to idle staff.

Government sanctioned (March 1994) construction of a 30 bedded in-patient ward, an operation theatre and a kitchen block for the Primary Health Centre (PHC) at Kadavoor in Ernakulam District at an estimated cost of Rs.17.80 lakh. The building completed by Public Works Department in August 1995 at a cost of Rs.22.62 lakh was taken over by the Medical Officer of the PHC in February 1996. For arranging water supply, Medical Officer requested (August 1998) the local Panchayat to supply a motor. The local panchayat supplied the motor in January 2001 but it could not be installed due to defects in the electrical wiring. When the defects were got rectified in January 2003 it was found that the motor did not have sufficient capacity to pump water to the overhead tank. Necessary aseptic environment and instruments for use in operation theatre had also not been provided as of December 2002.

Meanwhile Government sanctioned 8 posts of paramedical staff in January 1999 and one post of Medical Officer in January 2000 for the inpatient wing. All the above staff joined duty during March 1999 to November 2000 and were subsequently transferred on working arrangement to other PHCs. However, Rs. 3.21 lakh was spent on their salary during their retention for various periods from March 1999 to November 2001 in the PHC.

Thus, a building constructed in August 1995 could not be used for over seven years for providing inpatient treatment in the absence of necessary infrastructural facilities and Rs.22.62 lakh spent on the building remained unfruitful. Unnecessary posting of additional staff despite absence of infrastructure led to payment of idle wages of Rs.3.21 lakh. And, the people of the locality who had no other medical facilities within 10 Kms. got no benefit.

The above matter was reported to Government in May 2002. No response was received (December 2002).

[ Paragraph 3.5 contained in the Report of the Comptroller & Auditor General of India for the year ended 31 March 2002 (civil)].

Note furnished by Government on the above audit paragraph is included as Appendix II.

12. The Committee enquired the reason behind the installation of a defective motor for supplying water to the PHC. The Committee noticed that the PHC was

not functioning for the previous 8 years due to the non-availability of water and limited facilities available in the operation theatre. The Committee came to know that the Government without rectifying these defects had appointed additional staff, which resulted in wastage of money spent on their salary. The Committee enquired about the latest situation prevailing there. The witness, Secretary, Health and Family Welfare Department stated that there were problems of shortage of staff and non-availability of water. He also stated that as per the latest information there was only one doctor in the Public Health Centre.

13. The Committee urged the department to furnish the details regarding present condition of the PHC building i.e. whether the building is in use at present and the date from which the staff posted in the PHC were transferred on working arrangement. The Director, Health Services agreed to do so. The department had forwarded a report regarding the staff pattern in the PHC and the same is included as Appendix III of this Report.

#### **Conclusion/Recommendation**

**14. The Committee notices that due to the non-availability of water supply and limited facilities available in the operation theatre, the in-patient ward built for the Primary Health Centre at Kadavoor, Ernakulam has not been functioning for a long period. Even though it was not functioning additional staff were appointed there. Idling of the building resulted in the loss of Rs. 25.83 lakh being construction charges and idle wages. The Committee also finds that there was inexcusable delay on the part of the authorities in reporting the non-availability of water supply and electricity to the concerned LSG Institution. The Committee desires to know the present stage of the disciplinary action taken against the Medical Officer who showed utmost irresponsibility in taking steps for getting the IP ward functional. The Committee regrets to note that though the department had agreed earlier to furnish the present condition of the PHC and the I P ward and the details of the staff working there, the department has not furnished any details regarding this till date. Hence, the Committee suggests that the desired details should be furnished without any delay.**

AUDIT PARAGRAPH

#### **Implementation of Drugs and Cosmetics Act Highlights**

Provisions of Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945 regulate the import, manufacture, distribution and sale of drugs and cosmetics in the country. Adulteration of drugs and production of spurious and substandard drugs causing serious threat to the health of the community are also sought to be

prevented by application of provisions of the Act. However, in Kerala, the Act has not been implemented effectively. The provisions of the Act regarding licensing and inspection of units, drawing/testing/reporting of samples, timely and effective action against those manufacturing and selling substandard/spurious drugs were not implemented meticulously. There was unnecessary and uncalled for interference in the legal process against the offenders. The infirmities in the Act further weakened the regulatory role of the Drugs Controller.

- The deficiencies and lapses pointed out in earlier Audit Reports were found to persist.
- There were instances where the State Government improperly suggested withdrawal of pending court cases and advised the Department not to proceed with the cases.
- There were instances where the accused (manufacturers/suppliers/sellers) escaped prosecution for want of issue of clearance by the Drugs Controller before the limitation period of three years although such clearance was not required under the Act.
- Abnormal delays were noticed in renewal of licences.
- Samples of drugs collected were far below statutory requirements and targets fixed were not representative.
- Central assistance of Rs.25 lakh was lost due to failure in submission of site plan and other details in time.
- Due to heavy shortfall in inspection several blood banks were functioning without licences.
- In six districts forty banned drugs were marketed for periods ranging from 15 months after they were banned.
- During 1998-03 under-utilization of capacity of the Drug Testing Laboratory for analysing samples was to the extent of 33 to 55 per cent. In the Ayurvedic division the percentage of under-utilization was 61 to 90.

### **Introduction**

The Drugs Control Department is responsible for the implementation of the Drugs and Cosmetics Act, 1940 (Act) and the Drugs and Cosmetics Rules, 1945 (Rules) in relation to Allopathic, Homoeopathic, Ayurvedic, Siddha and Unani drugs and also cosmetics. The provisions of the Act/Rules are sought to be enforced mainly through.

- licensing and inspection of manufacturing and sales premises/units;
- drawal of samples for testing; and
- initiating prosecution against offenders.

The status of licensing of manufacturing and selling units as of March 2003 was as under:

<i>Manufacturing units</i>		<i>Selling units</i>
Allopathy	97	12480
Ayurveda	892	*
Homoeopathy	18	668
Cosmetics	46	*
Blood Banks	127	*

Mention was made in paragraph 3.4 and 3.6 of the Reports of the Comptroller and Auditor General of India (Civil) for the years 1980-81 and 1988-89 respectively about the shortcomings in the working of the Department. The Committee on Public Accounts (PAC) had examined (May 1992) the Audit paragraphs and recommended the following measures for the effective functioning of the Department in the 39<sup>th</sup> Report of 1991-93.

- Revamping of intelligence wing for ensuring the achievement of target of inspections
- Bringing the drug stores attached to private hospitals under licensing
- Avoiding delay in collection and testing of drug samples
- Submission of periodical review reports to Government by Government analysts
- Appointment of adequate number of inspectors, enactment of a separate State legislation regarding control of the manufacture and distribution of drugs for the effective functioning of the department.

A further review of the implementation of the Act for the period 1998-2003 was conducted during January – April 2003 with reference to the records of the Drugs Controller (DC) and Drug Testing Laboratory (DTL) at Thiruvananthapuram, the five zonal offices and six District Drug Inspector's offices.<sup>#</sup> It was observed that though the department had intimated the PAC that suitable instructions had

\* The Ayurvedic drugs, Cosmetics and blood banks do not require any separate sale license.

# Kasaragod, Wayanad, Kozhikode, Malappuram, Ernakulam and Thiruvananthapuram.

been issued to the officers concerned for improving the functioning of the department, many deficiencies in the performance of the regulatory functions of the Department under the Act, pointed out in the earlier Reports were still persisting. The results of the review are discussed in the succeeding paragraphs.

### **Implementing Agencies**

The Drugs Control Department functions under the administrative control of the Health and Family Welfare Department in the Government and is headed by the Drugs Controller. He is assisted by 3 Deputy Drugs Controllers, 7 Assistant Drugs Controllers, 12 District Drugs Inspectors (except in Thrissur and Kannur districts) and 47 Drugs Inspectors (DI). There is an Intelligence wing, a Drugs Intelligence squad and a DTL at Thiruvananthapuram under the Chief Government Analyst (CGA).

### **Standing of law**

#### *Provisions contested – Court Rulings*

All hospitals other than those supported by Government or local bodies, where sale or distribution of any drug is done were required to obtain a licence under the Act. Even though the DC has been trying to implement the provisions of the Act from 1990 onwards only 173 out of four thousand – odd private hospitals in the State had been brought under the licensing regime of the department. The Qualified Private Medical Practitioners' Association (QPMPA), Kerala, challenged (1999) the relevant provisions of the Act before the Kerala High Court, which however passed the decree (November 1999) in favour of the Department. In the appeal filed (November 2001) by QPMPA in the Supreme Court (SC) against the orders of the High Court, the SC has granted (October 2003) interim stay on the High Court Order for eight more weeks. Further developments were awaited.

### **Adequacy of subordinate Legislation.**

#### *Inadequate provision for renewal*

Under Rule 72 of the Rules a licence or a renewal certificate issued shall be valid for a period of 5 years from the date of issue. But once a renewal application is submitted either before the expiry of the original licence or within six months from the date of its expiry, the original licence shall continue to be in force until orders are passed on the application by the licensing authority. As such, in cases where the inspection of the premises is delayed for some reason and subsequently the licence is found unfit for renewal, the concerned unit can function with immunity during the interval. This is a lacuna to be corrected through appropriate amendments to Rule 72 by making a provision for filing of renewal application three months or six months before the date of expiry of original licence and issue of renewal certificate on or before the date of expiry of original licence.

### **Non-differentiation of minor and major offences**

There is no differentiation of minor and major offences in the Act/Rules. As such, decision on departmental action or prosecution is left to the discretion of the DC or DIs.

#### *Lack of provision for free surrender of samples*

According to existing provisions, drug samples are required to be collected by the DI only on payment of cost thereof. In view of financial stringency, the funds allotted for this purpose are generally inadequate. As such the provision in the Rules acts as a hindrance in the collection of adequate number of samples for quality analysis.

### **Analysis of major caveats**

#### *Unauthorised interference by Government in prosecution*

Under the Act, the appellate jurisdiction of the State Government was confined to licensing only. In the following instances Government exercised powers beyond their jurisdiction by disposing of appeals from manufacturers of substandard drugs by advising the officials not to proceed with prosecution or by instructing the prosecutor to withdraw pending court cases as narrated below:

A case was filed in the Court of Judicial First Class Magistrate (JFCM) I, Aluva in September 1998 on detection of a hospital running a blood bank without licence, an offence punishable under Section 27 of the Act. Against this the hospital filed a petition in the High Court of Kerala and the High Court dismissed (January 2000) the petition observing that there were valid grounds to be proceeded against the hospital and it was not a fit case to be interfered with. Based on petition (October 1999 and February 2000) from the Hospital, \* Government again directed (June 2000) the District Collector, Ernakulam to get the case withdrawn. However, the application for withdrawal was turned down by the Court. But disregarding the directions of the High Court, Government again directed the Assistant Public Prosecutor to get the case withdrawn. But the Court again turned down (January 2003) the consent to withdraw the case on the ground that Court should not succumb to executive suggestion made in the form of application for withdrawal.

Samples of Methyl Argometrine Maleate tablets (Batch No. MMTB-96) taken (August 1998) from Taluk Headquarters Hospital, Perumbavoor by DI, Ernakulam was found to be substandard by the DTL in April 1999. A total quantity of 50.95 lakh tablets of the above drug was supplied (February 1998) in the State by an UP firm. The manufacturer had not challenged the test report. But the delay in detection (6 months) and analysis (8 months) led to administration of 49.45 lakh substandard tablets to patients.

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\* M/s. Carmel Hospital, Aluva.

Based on an appeal petition submitted (October 2000) by the manufacturer to the State Government seeking an end to legal proceedings, Government advised (March 2001) the Department not to proceed with the Court case further, disregarding the report of the DC (December 2000) to the effect that there was no merit in the appeal and it was liable to be rejected. Accordingly no case was filed.

Two court cases (CC 239/97 and CC 265/94) were filed by the DI, Thiruvananthapuram in the Court of the Chief Judicial Magistrate (CJM) Thiruvananthapuram for alleged manufacture and sale of substandard Ampicillin and Adrenaline Injections. The Central Drug Testing Laboratory, Calcutta had also confirmed the analysis report of the CGA, Thiruvananthapuram. The administration of ampicillin to patients which had caused severe rigor and fever in them had drawn considerable public attention during 1997. The request (September 1999) of the manufacturer\* for withdrawal of the court case against them was rejected (March 2000) by the State Government on grounds of being against public interest. But subsequently while disposing of a fresh appeal (December 2000) from the manufacturer, the State Government instructed (May 2001) the Public Prosecutor to get the two cases withdrawn disregarding the public interest involved therein and without allowing law to take its own course.

#### **Absence of provision for sale licence for ayurvedic drugs**

Unlike in the case of allopathic drugs, no sale licence is required for ayurvedic drugs under the Act/Rules. The authorities find it difficult to keep track of the sale of spurious, adulterated or time expired ayurvedic drugs.

#### **Absence of quality standards for Ayurvedic/Homoeopathic/Unani drugs**

Absence of quality standards for Ayurvedic/Homoeopathic/Unani drugs is another factor inhibiting the functioning of the department.

#### **Statistics of Prosecution vis-a-vis cases filed**

Out of 382 prosecution cases launched during 1998-2003, including 94 cases pending at the beginning of 1998-99, 80 cases were disposed of and 302 were pending disposal as of March 2003.

Of the 80 disposals, 18 cases were acquitted and appeal was filed against acquittal in four cases only. Government stated (August 2003) that further proceedings in the remaining cases were dropped on the basis of legal advice given by the prosecutor.

Test check of 16 convicted cases disposed during May 1997 and August 2003 revealed that the penalty awarded by the court in seven cases was simple imprisonment for three to twelve months and in nine cases fine ranging from Rs. 500 to Rs. 5,000 and simple imprisonment for one to six months in case of

\* M/s. Nestor Pharmaceuticals Ltd., Faridabad

default. Similarly, an analysis of seven acquitted cases disposed during September 2001 to July 2003 revealed that the acquittals were due to lack of conclusive evidence, failure to examine witnesses and failure of the complainant DI to appear in court etc. Two cases detected in two districts during February 1999 to October 1999 could not even be filed for want of sufficient evidence in the opinion of public prosecutors. The Department attributed failure to examine witnesses and to make appearance in court to the absence of DIs on leave without allowance to take up employment abroad. But the leave was sanctioned by Government based on recommendations of the DC.

### **Training**

The above instances of defective framing of prosecution cases could be attributed to lack of proper training to the DIs in preparing a proper case for prosecution.

During the period 1998-2003, no training programme was conducted for DIs or other staff except two induction training programmes and deputing two Analysts for short term courses outside the State during 1999-2001.

There was no system of imparting induction or legal training to the Drug Inspectors who were the sole prosecuting authorities under the Act as in the case of Inspectors of Factories in the department of Factories and Boilers, where it is one of the conditions in their special rules of recruitment that the fresh recruits should be imparted in-service training before commencement of exercising statutory functions under the Factories Act. Government stated (August 2003) that no training was required for the DIs as the cases were handled in the trial courts by the Assistant Public Prosecutors.

### **Infirmities in the Act/Rules for Prosecution**

Although the DI was empowered under the Act (Section 32) to institute proceedings in the Court of the CJM in his notified jurisdiction on his own, except in respect of cases falling under Ayurvedic, Siddha and Unani systems of medicines, it was noticed that the DIs were seeking and waiting for the sanction from the Licensing Authority viz, the DC, before filing cases in the Court even in cases where it was not required.

Government stated (August 2003) that though the sanction of the DC was not mandatory, the DIs were duty bound under Rule 51 (5) of the Rules to institute prosecutions subject to the instructions of the controlling authority and it was the precedent followed in the department to prevent indiscriminate prosecution by the inspectors. The reply is not tenable as the power granted to the DIs under Section 32 of the Act is not conditional but absolute and the rules, or precedence should not override the provisions of the Act.

There were instances where the accused escaped prosecution as the DC had not issued the sanction requested for within the statutory period of limitation of three years from date of detection of offence for filing cases as illustrated below:

A sample of Salbutamol tablets I P (Batch No. S-1023) drawn by the DI, Ernakulam on 16 January 1998 from the Community Health Centre, Vadavucode (Ernakulam) was declared substandard by Government Analyst in his test report dated 31<sup>st</sup> March 1999. By the time the test report was received on 12 April 1999, after a delay of more than 14 months, the stock of 96000 number of tablets supplied to District Medical Store, Ernakulam in November 1997 and distributed to their peripheral institutions had been exhausted and hence nothing could be withdrawn from the markets. The test report was not challenged by the manufacturer.\* The medicine and seized documents were presented to JFCM, Kolencherry in December 1999. But the final charge sheet could not be filed before the limitation period of March 2002 as the sanction of DC sought for (April 2001) by the DI had not been issued by him.

Government stated (August 2003) that the advice of the Government was sought for by the DC as one of the accused happened to be a member of the Legislative Assembly. (for which there was no response) and hence prosecution sanction was not given to the DI by the DC.

Samples of Salbutamol tablets of Batch Nos. 1024 and 1004 taken by DI, Kozhikode in October 1999 and April 2000 respectively was found to be substandard in analysis. However, no final charge sheets had been filed in the Court for want of clearance from the DC as of October 2003.

Government stated (August 2003) that a prosecution was launched earlier in the court of the CJM, Kottayam for the same offence in respect of Batch No. 1021 of the same drug against all the offenders including the MLA. But this case was ordered to be withdrawn by the Government. The court refused to allow withdrawal. The Government had subsequently filed a revision petition in the High Court of Kerala against the order of the CJM refusing to permit withdrawal of the case. Hence clearance for prosecution was not given to the DI.

#### **Poor progress in prosecution**

In 14 cases detected in 4 districts (Ernakulam, Thrissur, Kozhikode and Kannur) during April 1999 to January 2002 involving violation of storage rules, sale of substandard and banned drugs, want of labelling, want of pharmacist etc., the Department had not filed final charge sheets in the Court so far (March 2003). The period of limitation of three years had expired in respect of 5 cases during April 2002 to February 2003.

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\* M/s. Ganson (India) Pharmaceuticals Pvt. Ltd, Puzhakkattiri (Malappuram District)

In 7 cases in three districts involving sale of misbranded and substandard drugs, overpricing, want of licence, sale of spurious drug etc., detected during December 1992 to August 1998, the Department had not filed cases in the Court due to failure in obtaining essential documents from the accused manufacturers.

In six cases detected during April 1998 to November 2000, including substandard drugs, with expiry dates during August 1999 to October 2002 in Kozhikode zone the accused manufacturers escaped prosecution due to failure of the Department in filing the case in the Court before the expiry date of the drugs.

### **Inadequacy of powers of DC as an enforcing agency**

#### *Dual Control of licensing of Blood Banks*

The system of dual control over issue of licence to blood banks by the Drugs Controller General of India and the State Drugs Controller, is a limiting factor and is responsible for delay in processing applications for licence and renewal of licence.

Mention was made in paragraph 3.2 of the Report of the Comptroller and Auditor General of India (Civil) for the year ended 31<sup>st</sup> March 2001 regarding 88 expired licences of Blood Banks pending renewal as of April 2001. A further scrutiny revealed that as of October 2003, the number of such licences which expired during December 1998 to December 2002 in 12 out of the 14 districts and pending renewal was 42, of which 17 were in Government and 25 in private sector.

### **Implementation of the Act**

#### *Survey and Licensing Procedures*

It was noticed that in the absence of a system to watch the expiry and renewal of licences with reference to the entries in the licence register, several units functioned for years without renewal of licence. Test check of renewal of licence in the four zonal and six district offices revealed that in Palakkad district validity of 11 licences which expired between December 1998 and December 2000 were yet to be renewed (April 2003) despite receipt of renewal applications well before the expiry date. The delay in renewal was attributed to change of jurisdiction of Palakkad area from Ernakulam zone to Thrissur zone (November 1998) combined with delay in transfer of records and want of adequate clerical staff. A test check of the Ayurvedic Licence Register revealed that in 4 districts 20 original licence which expired during December 1976 to December 1997 remained to be renewed and the units continued to function without licence for periods ranging from 5 to 26 years (March 2003).

Government stated (August 2003) that all these licences were renewed but the entries in the register were not made up to date. The reply is not tenable as cases of non-renewal could be detected only from the entries in the register and absence of entries in the register could lead to failure in renewals going unnoticed.

## Adequacy of Sampling and Inspection

### *Sampling*

The Indian Pharmaceutical Industry has an annual domestic turnover of more than Rs. 20,000 crore, of which, Kerala accounts for more than Rs. 600 crore (3 per cent) with about 20,000 drug formulations. The present level of random sampling for quality checks done by DTL covers only 2 to 3 per cent of the drugs circulated in the market but even the low percentage of checks was not effective as indicated below.

Target for collection of samples per month was fixed at 6 for DI from 1998-99 and 10 for Regional Drug Inspector. The reduced target was short by 50 per cent of the statutory requirement. Even this reduced target was not achieved. A test check of sampling by 24 DIs in 12 districts during 1998-2002 revealed that the number of samples collected was only 4547 against 6912 due, the percentage of shortfall being in the range of 14 to 65.

No samples were taken in any district during the five months (January to March 2000, December 2000 and January 2001) as per instructions of DC issued in January 2000 and December 2000 without assigning any reason.

No samples were taken in Idukki district during the year 1998-99 as there was no full time DI in the district.

The shortfall in sampling was attributed by DC to inadequate allotment of funds by Government. However, it was noticed that even the allotted funds were not utilised in full. Out of Rs. 8.70 lakh allotted during 1998-2002, the expenditure incurred was only Rs. 6.78 lakh, the percentage of non-utilisation being in the range of 4 to 31.

The samples drawn were not representative as illustrated below (1998-2003).

<i>Zonal Office</i>	<i>Number of samples drawn during 1998-2003</i>	<i>Injections</i>	<i>Vaccines</i>	<i>Cosmetics</i>	<i>Paracetamol &amp; other tablets</i>
ADC Kannur	753	2	1	7	743
ADC Kozhikode	1245	Nil	Nil	8	1237
ADC Thrissur	1144	11	Nil	11	1122
ADC Ernakulam	968	10	Nil	9	949
<b>Total</b>	<b>4110</b>	<b>23</b>	<b>1</b>	<b>35</b>	<b>4051</b>

As can be seen from above, majority of the samples drawn were paracetamol and other combinations while samples of injections, vaccines, etc. were negligible. Government stated (August 2003) that the DTL was not equipped to test vaccines.

DIs were required to draw samples on spot payment of cash. But it was noticed that samples were drawn on credit basis and payments were delayed. Test check of payments in respect of 871 samples drawn in seven districts in four zones during August 1994 to March 2001 revealed that the payments were made only between September 1998 and May 2002, the delay being in the range of one to four years. In one case (Malappuram) the payment for the sample collected in November 1985 was released only in November 1998, after a gap of 13 years.

No sampling of Ayurvedic drugs was conducted during the 22 months from December 1999 to September 2001 as the post of Drugs Inspector (Ayurveda) in Ernakulam zonal office was kept vacant. The new Drugs Inspector (Ayurveda) who joined the zonal office in October 2001 also could not discharge his functions till July 2002 due to delayed receipt of Gazette Notification (June 2002). In the Action Taken Note submitted to the PAC (1995-96) it was stated that every person entering service could discharge his statutory duties from the date of taking charge as Government had changed the system of issuing notification by empowering the officer by designation and not by name. In view of this there was no justification for the DI not discharging his statutory duties till June 2002.

Government further stated (August 2003) that Section 21 of the Notification under the changed system applied only to allopathic and not to ayurvedic drugs. But nothing prevented the department/Government from including the notifications in respect of ayurvedic drugs referred to under Section 33 of the Act also in the changed system of notifications. Government further state that the shortage in sampling was due to delay in notifying the appointment of Government Analyst (Ayurveda). Even after the notification, the number of samples drawn by him during August 2002 to March 2003 was only 19 against 40 samples due @ 5 samples per month.

#### **Non-setting up of Drug Testing Laboratory at Kochi**

Considering the low level of 2 to 3 per cent quality checks done at the DTL at Thiruvananthapuram, the Department forwarded (May 1998) a proposal to the Drugs Controller General of India (DCGI) to establish two Regional Testing Laboratories at Kochi and Kozhikode at an estimated cost of Rs. 1.50 crore under 100 per cent Centrally Sponsored Scheme for enhancing the testing facilities. The site plan and detailed proposals for the building projet called for 8 times during July 1998 to June 2002 by the DCGI had, however, not been furnished, by the Department despite repeated reminders, by the cut off date of June 2002. Thus

the Department forfeited Central assistance of Rs. 25 lakh earmarked under the Ninth plan.

The Department attributed the failure in furnishing the details to non-availability of land. But it was noticed that 50 cents of land actually allotted by the District Collector, Ernakulam to the Department in April 1996 was not taken possession of till March 1999 when it was made over to a public library.

### **Inspection**

The mandatory requirement of inspection of a unit prescribed under the Rules to ensure compliance to conditions of licence was twice a year till August 2001 and is at least once a year from September 2001. As against this, the target of 25 units and 30 units was fixed by the Department for District DIs and other DIs respectively. The fixation of reduced target was beyond the powers of the DC and fell short of the statutory requirement by 37 per cent. Further, even the reduced target was not achieved during 1999-2000 and 2001-02. The number of inspections conducted during 1999-2000 and 2001-02 was 28,126 against 30,960 inspections due, the percentage of shortfall being in the range of 8 to 11.

Shortfall in inspections was attributed by the DC to shortage of staff. Based on the work study conducted by the Personnel and Administrative Reforms Department of Government they recommended (June 2000) creation of 16 more posts of DIs, in addition to the existing 47 posts. However, Government deferred (September 2001) the creation of the posts in view of financial constraints. Four posts of DIs out of the existing strength of 47 were vacant as of March 2003.

### **Inadequate Inspection of Blood Banks**

There was heavy shortfall in inspection of the blood banks and several blood banks were functioning without licences. During 1998-2003, only 235 inspections were conducted in respect of blood banks whose number was 127 as of March 2003 against 1100 statutory inspections due, the percentage of shortfall being in the range of 75-87.

Test check of records in three zones (Kannur, Thrissur and Ernakulam) revealed that 18 Blood Banks had not been inspected for periods ranging from 1 to 3 years.

Lack of inspection/shortfall in inspection/inadequate monitoring through survey led to unauthorised functioning of Blood Banks without licences in several districts. Four Blood Banks working without licence were detected during September 1996 to November 1999 in the 3 test checked zones and prosecution cases were still in progress.

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\* Kannur, Kozhikode, Wayanad, Malappuram, Thrissur and Ernakulam

### **Ineffective inspection**

A test check of records in respect of banned drugs in 6 districts\* showed that 40 items of banned drugs were distributed during September 1999 to March 2003 in the market for periods ranging from 15 days to 15 months from the date of banning to the date of detection.

Although it was stated (March 2003) by the field offices that the sale of these drugs was stopped, stock seized and submitted to courts, further follow up action for prosecution or departmental action by the DC to whom the fact was reported was pending.

### **Failure in Inspection of Pharmacies in Government Hospitals**

Hospitals run by Government or local bodies storing and distributing drugs are exempted from licensing under the Act and Rules. But the exemption is subject to engaging qualified pharmacist, availability of prescribed storage facilities and keeping the premises open to inspection by Drugs Control authorities. There are 1280 institutions under the Department in the exempted category including Medical College Hospitals, District/Taluk Hospitals, Community/Primary Health Centres, Government Dispensaries, TB clinics/centres and Leprosy Control Units.

But no inspection of these institutions was conducted to ensure compliance with the conditions of exemption except on receipt of complaints from public regarding the quality of drugs administered by these institutions.

### **Working of DTL**

#### *Analysis of samples*

The DTL at Thiruvananthapuram has a capacity to test 5000 samples a year. However, the full capacity has not been utilised in any of these years as shown below:

<i>Year</i>	<i>No. of samples analysed including Ayurvedic and private samples</i>	<i>Percentage of shortfall</i>
1998-1999	2827	43
1999-2000	3315	34
2000-2001	2394	52
2001-2002	2241	55
2002-2003	3359	33

Under utilisation of capacity of the laboratory was attributed to lack of adequate staff.

A separate analysis of the performance of Ayurvedic division of the DTL revealed that the actual analysis done by the division was far below the capacity of 300 samples a year; the percentage of shortfall ranging from 61 to 90 during 1998-2002.

The shortfall was attributed to non-availability of standards / methods of analysis, defective instruments and lack of chemicals.

#### **Testing of sample medicines Time taken for reporting – Adverse impact**

There were no standard norms for receipt and completion of analysis including the maximum time to be taken for analysis of individual samples in the DTL.

A test check of the Sample Analysis Register in the DTL for the period 1998-2003 (upto December 2002) revealed that in respect of 18 samples received in the laboratory from October 1999 to December 2001 there were delays ranging from 7 to 11 months for analysis and report. Delay was also noticed in intimating the test result to the manufacturers causing further delay in withdrawal of substandard drug from the market. Test check of details in respect of 68 substandard samples in the zonal offices (except Kollam) for the period 1998-2003 revealed that there was a delay of 1 to 12 months each in analysis of samples and communicating the results of analysis to the manufacturers.

Inadequacy of staff was the major reason cited by the DC for such delays. There were 17 vacant posts in DTL against the sanctioned strength of 54 as of March 2003. Another reason cited by Government was delay in obtaining reference standards in respect of certain new drugs from Central Drug Laboratory, Kolkatta or the manufacturers concerned.

#### **Lack of follow up action on samples found substandard**

As part of a programme for weeding out substandard drugs, 4070 drug samples were drawn during 1998-2002 in the four zones (except Kollam), out of which 256 samples, on analysis, were found to be substandard. A test check of 68 of these samples declared as substandard, revealed that no prosecution was launched against the erring manufacturers except in two cases in Thrissur zone.

Government stated (August 2003) that as per normal procedure prosecution were launched in cases where the active ingredient of the drug was found to be below 70 per cent. But Government had not specified the number of samples out of 256 substandard ones in which the active ingredient was below 70 per cent and reasons for not launching prosecution in all those cases.

### **Searches and Seizures**

The Intelligence Wing of the department in a raid on a licensed unit based at Kochi in February 2003 detected that it was engaged in the illegal manufacture and sale of Ayurvedic drugs which claimed to cure AIDS and other diseases, including cancer, diabetes and baldness for several years. Government stated (August 2003) that action was being taken to file complaints in the court against the proprietor.

### **Establishment of Intelligence-cum-legal cells**

The Intelligence Wing of the Drugs Control Department was required to conduct surprise inspections of supply outlets, check the stock and source of purchase and take samples for testing. The target fixed for taking samples by the Intelligence Wing was 10 allopathic samples each for the DI per month. No target was fixed for the Intelligence wing in respect of Ayurvedic drugs.

No samples were drawn by the DIs in two zones during 1998-2000. Total number of samples collected by the DIs in all the five zones during the period 1998-2002 was only 1705 against the targeted 2400 samples, the percentage of shortfall being in the range of 13 to 43. Details of inspections and sampling during the period by the Intelligence wing at Headquarters were not on record.

### **Monitoring**

The existing arrangements for monitoring and supervision include monthly returns by the field officers, tour programmes/work diaries, Officers' meetings at Regional level, State level meetings of Assistant Drugs Controllers etc. It was stated that State level meetings of all officers were not held for want of funds.

### **Other points**

#### *Financial outlay and expenditure*

The Department incurred expenditure of Rs. 14.78 crore during the period 1998-2003 against a budgetary outlay of Rs.17.99 crore. The shortfall ranging from 9 to 25 per cent in utilisation of budgeted funds was attributed by Government to adopting measures to cut down expenditure.

### **Non utilisation of Central funds**

Rupees 84.50 lakh was released during 1995-2003 under the Centrally Sponsored Schemes (i) Augmentation of Drug Testing facilities and (ii) Strengthening Drugs testing facilities. Though GOI re-validated the unspent balance for subsequent years, Rs.15.10 lakh remained unspent as of March 2002. The under utilisation of the funds was attributed to restrictions imposed on payments.

### **Failure in reporting to Government**

The CGA, DTL, Thiruvananthapuram was required to furnish periodical reports of the result of analytical work and research with a view to their publication at the discretion of Government under Rule 45 (2) of the Rules. But the CGA stated (May 2003) that the said reports had not been forwarded to Government since October 1992.

### **Non-implementation of Work study recommendations**

The P&AR Department in their work study report submitted (June 2000) to Government had recommended, *inter alia*, that proposals for setting up special courts to dispose of the pending prosecution cases and for compounding minor offences be submitted to Government of India. But the State Government had not taken any action on the recommendations as of August 2003.

### **Conclusion/Recommendation**

**The implementation of the Drugs and Cosmetics Act/Rules had not been effective due to infirmities in the Act/Rules, administrative weaknesses and lack of effective co-ordination among State DCs and the DCGI. The following recommendations are accordingly made for improving the implementation of the Act.**

Government may consider removing the following infirmities in the Act/Rules:

- ◆ Under the Act an original licence continues to be valid on filing of a renewal application on due date irrespective of the issue of renewal certificates after mandatory verifications. It may, therefore, be considered whether the mandatory verifications should be completed and certificate of renewal issued latest by the eve of date of expiry of original licence as in the case of renewal of registration and insurance of motor vehicles.
- ◆ The power granted to DIs for launching prosecutions is inhibited by the Rules which insist on securing prior approvals from the Chief Controlling Officer. This has contributed to failure in filing prosecution cases due to non-issue or belated issue of approval by the Controlling Officer.
- ◆ The differentiation between minor and major offences should be brought in the Act/Rules in order to ensure that penal action is appropriate to the gravity of the offence.

- ◆ There is no provision for free surrender of samples by the drug manufacturers to the regulatory authority. This position of law coupled with financial constraints has contributed to failure in systematic sampling of drugs by the Drug Inspectors.
- ◆ The work study recommendations regarding special efforts to clear the long pending court cases should be considered and suitably implemented.
- ◆ Lack of in-service training to the DIs had its adverse impact on the quality of their performance including proper framing of prosecution cases, which could stand judicial scrutiny. Therefore, in-service training must be imparted to DIs.

[Paragraph 3.2 contained in the Report of the Comptroller & Auditor General of India for the year ended 31 March 2003 (Civil)].

Note furnished by Government on the above audit paragraph is included as Appendix II.

15. The Committee noted that eventhough it had recommended earlier, (39<sup>th</sup> Report 1991-93) among other measures, for a separate legislation regarding the control of manufacture and distribution of drugs for the effective functioning of the Drugs Control Department, the same was not followed on by the department. The Committee expressed displeasure over this omission.

16. The Committee enquired the position of the case filed by 'Qualified Private Medical Practitioners' Association, Kerala (QPMP) against the Government department. To this, the witness stated that the case was still pending in the High Court.

17. The Committee desired to be informed whether the department had taken any action to amend Rule 72 regarding the issuance of renewal certificate. The Committee also pointed out that many units were functioning even after their licences were found to be time-expired. The Drugs Controller answered that even after the expiry period the licence was deemed to be valid. The Committee enquired the ground on which a licence was valid after its expiry date. The Drugs Controller replied that for registration of drug licence, certain conditions were followed. He also stated that it takes a lot of time for renewal of thousands of licences that expired within the same period. Then the Committee opined that, if the application for the renewal of the licence was submitted 6 months before the date of expiry then the problem of delay could be avoided.

18. The Committee opined that since certain provisions regarding licensing in the Central Act were not in conformity with the changed conditions, a state legislation for amending them was essential. But the Drugs Controller (in charge) was of the opinion that there was no need for amending the existing provisions. Not agreeing with this contention the Committee reiterated their opinion.

19. To a question regarding the rules relating to differentiation of minor and major offences, the Drugs Controller informed that currently there was no rules in this regard but action was on to amend Rules to include appropriate provisions.

20. The Committee enquired the reason for the withdrawal of the case relating to a private hospital at Aluva even after the court had turned down its withdrawal. The witness, Secretary, Health and Family Welfare Department stated that it was not the department but the Government who decided to withdraw the case and the direction for the withdrawal came from the Home Department. He also stated that the case was still pending in the court.

21. The Committee desired to know the position of the case regarding the distribution of substandard Methyl Argometrine Maleate tablets from Taluk Headquarters Hospital, Perumbavoor, Ernakulam. The Drugs Controller stated that the Department had turned down the case neglecting the recommendation of the Drugs Controller.

22. The Committee found that the Court had rejected many cases owing to the absence of the concerned Drug Inspectors in the Court, during the time of the calling of the case. The concerned officer might be on leave or took up employment abroad. Hence the Committee was very particular for having necessary amendments in the Rule, whereby 'the concerned officer' not 'the concerned person' could appear in the court. The witness agreed with that suggestion.

23. The Committee understood that out of the 382 prosecution cases filed from 1998 to 2003, 80 cases were disposed. Of these, 18 cases were acquitted and appeal was filed against the acquittal in 4 cases only. The Committee wanted to know as to why the department had not filed appeal petition against the remaining cases.

24. The Committee noticed that the department had made some delay in filing cases on proper time. It was also pointed out that the Public Accounts Committee in its earlier Report had stated that the Drugs Control Department had not confiscated sufficient quantities of samples of drugs for analysis. The Committee noticed that the sale of banned substandard and expired drugs have escalated and the cases relating to such crimes were being dropped by the department. The Committee also noticed that many cases were disposed by the Court due to non-availability of correct lab reports.

25. Regarding Audit para 3.2.8 the Committee desired to know as to why the Drug Inspectors failed in filing cases in the Court. To this the witness did not have any satisfactory answer.

26. The Committee came to know that the department had not filed charge sheets in respect of 14 cases detected in 4 districts. To this the Drug Controller explained that they had banned some combinations of drugs and those combination were not being sold in the market. The Audit refused it and stated that many of the banned drugs were still prevailing. The Committee opined that it was the duty of the department to confirm whether any substandard or banned drugs were being sold.

27. The Committee recommended that legal training should be imparted to Drug-Inspectors. The Committee also remarked that lack of legal training was the main reason for the failure of cases. The Committee desired to know as to why the department had not filed cases within 3 years in respect of 5 cases from 2002 to 2003, and enquired the reason for the manufacturers escaping prosecution in 6 cases. The Committee understood that this was due to the failure of the department in filing cases at the right time. To this matter the Drugs Controller had no satisfactory answer, rather he was indifferent to most of the queries of the Committee. The witness, Secretary, Health and Family Welfare Department assured the Committee that he would give a detailed report to the Committee after reviewing the matter.

28. The Committee wanted to know whether the State Drugs Controller had the power to renew the licence of blood banks and the Secretary, Health and Family Welfare Department stated that the renewal of licence was being done jointly by the Central and State authorities after a joint inspection of the units. The Committee desired to know whether the State Drugs Controller had requested the Drugs Controller of India to conduct a joint inspection and if so a copy of the letter should be furnished to the Committee. As far as the joint inspection was concerned, the reply of the witness was not positive.

29. The Committee suggested that the State Drugs Controller had to co-ordinate the joint inspection of the Central and the State agencies for the renewal of licences. For this, a programme showing the details of the inspection to be done had to be framed and sent to the Central Agency so as to speed up things. When enquired whether steps were taken by the Department for the renewal of 42 expired licences, the witness stated that only 5 licences were pending to be renewed. In the Government note furnished in 2003 it was stated that there was omission in entering the data in the Register kept for this purpose. The Committee was distressed to note that the department had failed to enter the data in the register

to make it up to date and observed that this reply was in contradiction with the witness's deposition that the delay in the renewal of licence was due to lack of joint inspection.

30. The Committee understood that there was shortage in the quality check of medicines during the years 1998-2000 and enquired about the reasons for such a situation. To this, the witness clarified that such a situation persisted mainly due to the shortage of staff to collect samples. The Committee noticed that the Drugs Controller had issued directions not to collect any samples for a period of 5 months during the years 2000 and 2001 and enquired whether the Drugs Controller was competent to give such an instruction. To this query, the witness replied that the Drugs Controller might have given such an instruction for clearing the backlogs. Not satisfied with the answer, the Committee wanted to know whether the Laboratory of the Department was functioning effectively. Answering to this query, the witness stated that during the year 2007, 2388 samples were tested upto 31-7-2007 and that it would cross 4000 samples by the end of the year 2007. In reply to another query, regarding the non-testing of samples in Idukki district, the witness informed that it was due to the omission to notify certain cases. The Committee directed the department to furnish the details regarding the number of samples collected up to the previous year and the number of pending cases etc. to the Committee and the witness agreed to do so.

31. The Committee also desired to know whether the department had taken any steps for making it mandatory for the companies (Medicine Manufacturers) to submit the samples of medicines for quality testing without prior payment. The witness answered that the State Drugs Controller had already brought this matter to the notice of the Central Government.

32. The Committee opined that the manufacturing companies were obliged to provide samples of medicines free of cost, which could not be considered as violation of the Central Act. They also reiterated that the Drugs and Cosmetics Act, 1940 had to be amended suitably so as to enable the State Government to go on with the inspection of drugs independently if a joint inspection was not possible and opined that this would be more practical to overcome the pitiable situation.

33. The Committee understood that the Drug Testing Laboratory in the State situated at Thiruvananthapuram was not well equipped with techniques to test vaccines. In this connection the witness explained that currently there were only two laboratories in the country other than the National Laboratory for testing vaccines. He further clarified that there was no need for fear regarding quality of the vaccines, as the vaccines supplied all over the country were being tested in the National Laboratory before their supply.

34. Moving on to such problems faced in the Ayurveda system, the Committee recommended that, like the procedure followed in Allopathy, in Ayurveda system also notification for sampling and inspection of Medicines had to be made by the 'Designation' of the Statutory Authority rather than by the 'name' of the Drugs Inspector. Agreeing with the opinion of the Committee the witness answered that he would take action in this line.

35. The Committee enquired as to why the land acquired for setting up a Drug Testing lab at Kochi with central assistance was not taken into possession by the Health Department and desired to know the latest position of the matter. The witness informed that the fund allotted by the Central Government for this purpose had lapsed; but efforts were on to construct a new building since Rs. 2.37 crore was allotted subsequently. Not satisfied with the answer the Committee stressed to know the reason for the lapse but the witness had no answer to convince the Committee.

36. The Committee expressed its serious concern over the accusation of the public that substandard drugs were being supplied in the Government Hospitals. Objecting to this, the witness informed that the Central Purchase Committee check every drug before their supply to the hospitals. When the Committee enquired as to why the mandatory requirement of the inspection of pharmaceutical units was not conducted and the reasons for reducing the target of inspection as against rules, the witness had no answer. The Committee directed that details in this regard such as the authority who reduced the target, reasons for it etc. had to be reported to them urgently and the witness agreed to it. The Secretary, Health and Family Welfare Department explained that all these things happened due to shortage of staff for doing the inspection works in a prompt manner.

37. The Committee pointed out that there occurred heavy shortfall in the inspection of blood banks, and several of them were functioning even without licences. The Committee noticed that in Kannur, Thrissur and Ernakulam districts inspection had not been conducted for periods ranging from one to three years. To this, the witness informed the Committee that the situation had changed later on, and that there was improvement in the inspection of blood banks during the subsequent years.

38. The Committee enquired about the action taken against the guilty people in the sale of forty items of banned drugs distributed in 6 districts from September 1999 to March 2003. Replying to this query the witness informed that cancellation of the licences of 42 shops were effected in that case. Not satisfied with the reply, the Committee strongly recommended that prosecution should be initiated against

all of them including the officers who had not conducted inspection in time, the manufacturers of the banned drugs, owners of selling outlets who sold the banned drugs etc. so that such crimes would not be repeated in future.

39. With regard to the analysis of drug samples, the Committee enquired as to why the shortfall in the analysis of samples of drugs during 1998-2002 occurred in Drug Testing Lab, Thiruvananthapuram and desired to know the latest position of the matter. The Witness, Secretary, Health and Family Welfare Department informed that the problem had already been solved and the department was trying to utilize the full testing capacity of DTL Thiruvananthapuram, that of 5000 samples a year.

40. He also informed that Central assistance in terms of money and equipments were sufficient but the problem of shortage of staff was the main hurdle on the way to the achievement of full utilization of the Lab. He submitted to the Committee that sufficient post creation, remodelling of the DTL so as to achieve National Accreditation of Board of Laboratories standards (NABL standards) etc. would remove the obstacles currently faced. He further stated that recommendation from the Finance Department for additional post creation for testing of samples would be very useful to achieve the target.

41. To the Committee's query regarding the steps taken by the department to avoid the delay in reporting the result of the testing of sample medicines to the manufacturers, the witness had nothing more to convince them except circling around the fact of shortage of staff. Taking into consideration the seriousness of the situation, the Committee recommended the department to complete the analysis of samples within one month and to intimate the results of the analysis to the manufacturers soon after the testing of samples. The Committee also recommended that prosecution procedures should be initiated against the manufacturers and also against the guilty officials who failed to conduct the testing properly and within the time limit.

42. Inviting the attention of the witness to the lack of follow-up action on samples found substandard the Committee enquired whether prosecution had been taken in the cases where sample testing revealed lack of ingredients up to 70% in the drugs. The witness replied to the Committee that prosecution steps were initiated in all such cases. Of the 256 cases reported, prosecution had already been initiated in 31 cases and these were pending in the court.

43. The Committee directed the department to furnish the year-wise details such as the number of punishments imposed, the nature of such punishments etc. with regard to the production and supply of substandard medicines to the Committee within 10 days. The witness agreed to do so.

44. The Committee enquired about the steps taken by the department against the illegal production and sale of Ayurvedic drugs by a Kochi based Medicine Manufacturing Unit. To this, the witness, Secretary, Health and Family Welfare department stated that the two complaints filed against the Ayurvedic drugs manufacturing unit at Kochi were pending in the Hon. High Court. The Committee asked whether the department had taken steps to stop its functioning. The witness replied that the department had cancelled its product licence. The Committee was very much dissatisfied with the reply deposed by the witness and opined that it was a serious mistake on the part of the Health department to allow a manufacturing unit, which produced substandard medicine to continue its functioning.

45. Regarding the audit observation on financial outlay and expenditure the Committee enquired whether the department had any facility for monitoring the performance reports. The witness, Secretary Health and Family Welfare Department stated that the department had convened three meetings each of 3 monitoring Committees during the years 2004, 2005 & 2006.

46. The Committee also enquired whether the department had given direction to the Drug Inspectors for conducting inspection in every district and whether they achieved the target. The witness replied that monthly reports were being received in the department and that discussions on such reports were being made. The Committee wanted to know as to why the department failed to send periodical reports of the result of analytical work to the Government. The Drugs Controller replied that usually they would send their reports after analysing the samples.

47. The Committee enquired about the latest position of the implementation of the recommendations contained in the work study report of the P&AR Department to set up special courts to dispose off the pending prosecution cases. The witness replied that there were some technical problems to implement those recommendations.

#### **Conclusions/Recommendations**

**48. The Committee finds that in our State so many drug manufacturing units are still functioning without renewing their licences. The department's argument that it is very difficult for them to renew thousands of licenses within the stipulated time due to shortage of staff is not acceptable to the Committee. The Rule is clear that expired licences should be renewed within 6 months. But now the procedure is that the expired licences are allowed to be deemed as valid. Hence, the Committee suggests that the problem can be solved if the application for the renewal of licence is submitted 6 months before the due date of expiry. The Committee recommends that the department should take necessary steps to amend the respective Rule to this effect.**

49. The Committee understands that at present there is no provision in the Act/Rules to differentiate minor and major offences and to take departmental or prosecution steps against the defaulters. Hence, the Committee recommends that steps should be taken for making separate legislation to find a solution to this problem.

50. The Committee notes that in so many cases relating to the manufacturing and sale of substandard drugs the department fails in the court for want of sufficient evidences due to the absence of the concerned Drug Inspectors who are either on leave or taken up employment abroad. The Committee suggests that the 'Concerned Officer' (designation) not the 'concerned person' who registered the case can make appearance in the court and when application for LWA submitted by Drugs Inspectors is taken for consideration, it should be ensured whether he has to attend prosecution cases. The Committee recommends that the department should taken adequate steps to amend the relevant Rule to this effect. The Committee also notices that the sale of banned/substandard drugs are still progressing and so many cases relating to this are dropped by the court due to the absence of correct lab reports. The Committee recommends that the department should monitor it so as to avoid recurrence of such instances in future.

51. The Committee finds that lack of legal training is the main reason for the failure of cases in the court. Therefore, the Committee recommends that the department should give legal training to the Drug – Inspectors.

52. It is to be noted that there are lapses in conducting joint inspection of blood banks by Central Drugs Controller and State Drugs Controller, which in turn causes delay in the renewal of blood bank licences. The Committee suggests that the joint inspection by Central and State agencies should be co-ordinated by the State Drugs Controller. A programme showing the details of inspection such as date, place etc. should be framed by the SDC and send to the Central agency. The final programme should be arranged according to the convenience of the Central officials. The quantum of irresponsibility of the department in this matter is evident from the fact that renewal of 42 expired licences of blood banks were not entered in the concerned register to make it up to date, as a result of which those renewals were not treated as renewed licences.

53. The Committee notices that during 1998-2000 there occurred shortage in the quality check of medicines. Though the department agreed to furnish the details regarding the number of samples collected upto the previous year and the number of pending cases, the report in this regard is yet to be furnished to the Committee.

54. The Committee desires that the medicine manufacturing units should provide samples of medicines for quality testing without prior payment. The Committee recommends to amend the Drugs and Cosmetics Act, 1940 enabling the State Government for inspecting drugs independently if a joint inspection is not possible and that government should try to bring an amendment in practical form to the Central Act in this regard.

55. The Committee notes that at present sampling and quality check of Ayurvedic medicines is not done properly due to certain technical problems such as ambiguity in the procedure for issuing notification. The Committee recommends that notification for sampling and inspection of Ayurvedic medicines has to be made by the designation of the Statutory Authority as is done in Modern System of Medicine rather than by the name of the Drugs Inspector.

56. The Committee understands that there exists public complaints that drugs supplied from Government hospitals are of substandard quality. Besides this the targets for the inspection of the pharmacies in the government hospitals were reduced by the Drugs Controller which is against the rule. The Committee deplors such actions and suggests that proper inspection of the pharmacies should be conducted without any compromise to existing directions. The Committee is very much astonished to find that no serious action has been taken by the department in the case related to the sale of 40 banned drugs in 6 districts during the period from March 1999 to 2003. The department had taken minor actions including suspension of the licences of 40 shops and prosecution steps against 2 shops. The Committee thinks that the sale of banned drugs is a criminal offence since it involves health hazards to common people. The Committee views it as a grave lapse on the part of the department in not taking prosecution case against all those involved in this case. Therefore, the Committee recommends to initiate prosecution against all the officers including those who conducted inspection of medical shops, the manufacturer of the banned drugs, owners of selling outlets who sold the banned drugs etc.

57. The Committee sees that at present there occurs minimum 3 months delay in reporting the results of testing of drugs samples in the Drug Testing Lab to the manufacturers. This causes delay in withdrawing substandard medicines from the market. Hence, the Committee suggests that the department should complete the analysis of samples of medicines within one month and the results be intimated immediately to the manufacturers. The Committee also recommends that repeated inspections and testing should be conducted and if sale of substandard medicines are found going on, prosecution

steps should be taken against those outlets and government should monitor whether prosecution steps are being taken properly. Regarding the production and supply of substandard drugs the Committee was assured that the year-wise details of the number of punishments imposed, the nature of such punishments etc. in the cases where substandard drugs were sold will be furnished. But the Committee regrets to note that no details have been furnished to the Committee and suggests that the required details should be furnished to the Committee within no time. Regarding the manufacturing and sale of substandard Ayurvedic medicine by a Kochi based firm, the Committee expresses extreme dissatisfaction in the fact that the department did not close down the firm at the instance of the detection of production and sale of substandard drugs and sees it as a grave mistake on the part of the department. Though the department had suspended the product licence, it is not a wholesome action. Hence, the Committee recommends that action should be taken to seal the company.

AUDIT PARAGRAPH

#### **Misappropriation of Government money**

In the District Hospital, Thrissur, physical verification of cash on 31 July 2003, with reference to the entries in the General Cash Book and Cash Book of Hospital Development Committee revealed shortage of Rs. 2.07 lakh. The Lay Secretary and Treasurer of the District Hospital who was the DDO and custodian of cash made good the shortage of cash by remitting the amount on 2 August 2003 thereby admitting the temporary misappropriation of Government funds.

Thus misappropriations were facilitated due to internal control weaknesses in the respective departments.

The matter was referred to Government in September 2003; reply has not been received (December 2003).

[Paragraph 4.1.1 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2003 (Civil)].

Note furnished by Government on the above audit paragraph is included as Appendix II.

58. The Committee observed that the act of the Lay Secretary and Treasurer of the District Hospital, Thrissur in keeping Government money (2.07 lakh) in his hand without remitting it in the concerned account was a clear case of misappropriation of Government money and opined that the officials including the Superintendent of the hospital were responsible for this. The witness explained

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that after this incident, the Superintendent had issued certain instructions so as to avoid such irregularities in future. He added that as per the Central Government norms, Hospital Development Committees had to be constituted in each hospital at all panchayat levels as part of Panchayathi Raj Act. He further clarified that there was practical difficulty in monitoring the activities of the Hospital Development Societies all over the State at Government level. The Committee desired that the power to issue sanction for spending amounts higher than Rs.5 lakh (in case of HDCs) should be vested with the District Collectors concerned.

#### **Conclusion/Recommendation**

**59. The Committee understands that weakness in internal control mechanism facilitate misappropriation of government money and recommends that in the case of Hospital Development Committees, the power to issue sanction for spending amounts higher than Rs. 5 lakh should be given to the concerned District Collectors.**

AUDIT PARAGRAPH

#### **Idle Investment**

##### **Procurement and utilisation of hospital equipment**

*Non- utilisation of funds of Rs. 5.54 crore deprived the patients of modern health care facilities*

Procurement of equipment for use in the 1270 hospitals under the control of Director of Health Services (DHS) is made through the centralised purchase wing at the Directorate and that in the five Medical College hospitals under Director of Medical Education (DME) by the Principals of the colleges respectively. Scrutiny (April-May 2003) of the records of seven hospitals\* and four Medical College Hospitals# (MCH) revealed the following.

##### **Non – utilisation of Central /State fund**

Assistance of Rs.5.30 crore released (December 1999 and August 2002) by Government of India for setting up of oncology wings at MCHs at Thrissur (Rs.1.80 crore) and Kottayam (Rs. 2 crore) and for strengthening diagnostic facilities at MCH Thiruvananthapuram (Rs. 1.50 crore) were kept in Treasury Savings Bank/utilised for opening letter of credit during February to April 2003. But the equipment had not yet been procured (June 2003) due to non-finalisation of the tenders in time. Further, Rs. 0.24 crore drawn in March 1999 by DHS for procurement of incinerators was also kept in Treasury Public Account.

\* District Hospitals at Kannur, Kanhangad, Manjeri, Palakkad and General Hospitals at Thiruvananthapuram, Ernakulam and Thalassery.

# MCH at Kozhikode, Thrissur, Kottayam and Thiruvananthapuram.

Non-procurement of the equipment even after drawal of the assistance of Rs. 5.54 crore between March 1999 and August 2002 by Central and State Governments resulted in deprival of the modern health care facilities to the patients.

#### **Idling of equipment**

Twenty equipment valued at Rs.1.58 crore and procured during January 1993 to January 2002 had been kept idle (April/May 2003) for periods ranging from one to ten years for reasons such as non-availability of infrastructure and qualified staff, failure to carry out repairs in time, obsolescence of technology, etc. as shown in Appendix IV. Delay in getting the equipment commissioned/repaired deprived the patients of the facilities.

The matter was referred to Government in July 2003; reply has not been received (December 2003).

[Paragraph 4.5.1 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2003 (Civil)].

Note furnished by Government on the above audit paragraph is included as Appendix II.

60. The Committee pointed out that the department failed to utilise properly the Central assistance of Rs.5.30 crore released for the setting up of oncology wings at Medical College Hospitals at Thrissur and Kottayam and for strengthening diagnostic facilities at Medical College, Thiruvananthapuram and it desired to know the latest position of the matter. The witness, Secretary, Health and Family Welfare department explained that out of Rs. 1.80 crore sanctioned for Medical College, Thrissur, Rs. 1.79 crore had been spent. The amount was fully utilised in the year 2004. Rs. 2 crores sanctioned for Medical College, Kottayam, was also spent for purchasing RT stimulator, HDR and for installing treatment plant system. In the case of Medical College, Thiruvananthapuram out of Rs.1.50 crore of central assistance, equipments amounting to Rs.1.36 crore were purchased in connection with the strengthening of diagnostic services and the remaining Rs.14 lakh had been credited to special TSB. Though the Committee accepted the reply, they observed that there was inordinate delay in the utilization of money.

61. The Committee found that 20 equipments valued at Rs. 1.58 crore procured during January 1993 to January 2004 had been kept idle for periods ranging from one to ten years due to various reasons. When the Committee enquired about this, the Director of Medical Education stated that all the equipments were made functional thereafter. The Secretary, Health and Family Welfare Department explained that for the previous 2 years the department had been insisting on two things while purchasing instruments. One thing was that the

machine should have minimum two years warranty and 5 years Comprehensive Contract. Another thing was installation of equipments in hospitals by way of outsourcing, under which interested parties would be provided with space in the hospitals for installing the equipments. The Department had no financial commitment in this as the department would not directly buy costly machines. The party levy user charge from patients which would be lower than the rates prevailing in Private Labs. A Committee would fix rates for various tests once in 3 years. BPL patients will be provided with these services free of cost.

### **Conclusion/Recommendation**

#### **62. No Comments.**

AUDIT PARAGRAPH

### **Indian Systems of Medicine and Homoeopathy**

#### *Highlights*

Indian Systems of Medicine consists of Ayurveda, Siddha, Unani and Naturopathy. Ayurveda is widely practiced and Homoeopathy also enjoys popularity in Kerala. Thrissur district has the highest number (95) of Ayurveda hospitals/dispensaries and Thiruvananthapuram district has the highest number (55) of Homoeo dispensaries/hospitals, whereas Wayanad district has the lowest number of institutions under both the systems. During 1999-2004 expenditure on Indian Systems of Medicine and Homoeopathy was 11 per cent of the total expenditure on Health and Family Welfare. The review revealed delay in utilisation of Central funds, lack of infrastructure facilities, shortage and under-qualification of teaching staff, non-revision of user charges since April 1994, non-observance of prescribed guidelines issued by Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH) in Ayurveda Colleges (AVC) and Homoeopathic Medical Colleges (HMC) respectively, etc.

#### **Ayurveda**

- \*\* There was shortfall in teaching posts compared to norms of CCIM in 5 AVCs ranging from 37 to 72 per cent as of March 2004. In these AVCs 49 teaching staff were under-qualified which would affect the quality of education. In AVC, Thiruvananthapuram and Kottakkal, Preliminary Examination for Post Graduate course was conducted by the Institutions themselves instead of by the Affiliated University according to the guidelines.

- \*\* Buildings constructed for 28 hospitals/dispensaries costing Rs. 1.28 crore remained unoccupied for want of staff and basic amenities.
- \*\* Acceptance of medicines not indented (cost: Rs.2.04 crore) from 'Oushadhi', a Government company, caused reduction in availability of funds for essential medicines.
- \*\* Construction of hospitals one each for AVC, Kannur and AVC, Thripunithura have not been completed though Rs.8.72 crore was spent as of March 2004. There was an unspent balance of Central funds amounting to Rs.69.45 lakh as of March 2004.

#### HOMOEOPATHY

- Buildings constructed for four hospitals/dispensaries (cost: Rs. 61 lakh) remained unoccupied as water and electricity have not been provided. Only one out of 31 Homoeo hospitals has staff quarters. Government Homoeo Dispensary, Chavakkad and Government Homoeo Hospital, Muvattupuzha were functioning in places which are not easily accessible.
- Non – utilisation/delay in utilisation of Central funds amounting to Rs.50.24 lakh released for two HMCs were noticed.
- Herbal Garden could not be established as part of HMC, Thiruvananthapuram even after three years of acquisition of land.

#### INTRODUCTION

Kerala's health care system consists of Allopathy, Indian Systems of Medicine (ISM) and Homoeopathy. ISM consists of Ayurveda, Siddha, Unani and Naturopathy of which Ayurveda is widely practiced and has an extensive network of hospitals and dispensaries, both in Government and private sector. Homoeopathy system is practiced throughout the State and enjoys popularity among the people. The objectives of the Department is to provide medical aid to the people and good medical education to the students. The three systems together had 2712 medical institutions (including Medical College hospitals) under Government Sector with 50805 beds as of March 2003 of which 46224 (91 per cent), 3411 (7 per cent) and 1170 (2 per cent) were under Allopathy, Ayurveda and Homoeopathy respectively.

#### **Organisational set up**

The Department of Indian Systems of Medicine (ISM) exercises administrative control over the Ayurveda, Sidha, Unani and Naturopathy hospitals and dispensaries.

The Department of Homoeopathy has been working as an independent department since 1973. The overall administrative control of the two departments vests with the Health and Family Welfare Department in the Secretariat. There are separate Directors for Indian Systems of Medicine (DISM) and Homoeopathy (DH). At the District level the DMO\* (ISM)/DMO\* (Homoeopathy) exercises administrative control over the respective hospitals and dispensaries. The Superintendents are in charge of the hospitals while Medical Officers hold charge of the dispensaries.

The Medical Education wing of ISM is headed by the Director of Ayurveda Medical Education (DAME). There is no separate Directorate for Homoeopathy Medical Education and the administrative control of all the Homoeopathy Medical Colleges vests with the Principal, Homoeopathy Medical College, Thiruvananthapuram.

#### **Audit Objectives**

The objectives of the review was to :

- ascertain whether resources were adequate and effectively used,
- assess the quality of health care provided to the people,
- see whether the medical education facilities were in conformity with the standards prescribed by Government of India (GOI) and
- ascertain whether there exists an in-built control mechanism to provide reasonable assurance that the department functions in an effective and efficient manner to meet its objectives.

#### **Audit coverage**

A review on Indian Systems of Medicine and Homoeopathy was conducted during January-June 2004 by test check of the records relating to the period 1999-2004 in the three<sup>#</sup> Directorates and eight<sup>α</sup> out of 27 DMOs. Data from 441 institutions (Ayurveda: 287 and Homoeopathy : 154) under the four selected districts received through proforma were subjected to detailed analysis and records of 91 institutions were subjected to local verification. Records of all the five<sup>ψ</sup> Ayurveda Colleges and four<sup>@</sup> Homoeopathy Medical Colleges were also scrutinised. The review was confined to the functioning of Government /Aided institutions.

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\* District Medical Officer

<sup>#</sup> Director of Indian Systems of Medicine, Director of Homoeopathy, Director of Ayurveda Medical Education.

<sup>α</sup> Four DMOs each of ISM and Homoeopathy in the districts of Thiruvananthapuram, Thrissur, Palakkad & Kannur

<sup>ψ</sup> Three Government colleges, one each at Thiruvananthapuram, Thripunithura and Kannur and two aided colleges one each at Ollur and Kottakkal.

<sup>@</sup> Two Government Colleges, one each at Thiruvananthapuram and Kozhikode and two aided colleges, one each at Chottanikkara and Kurichi.

## FINANCIAL MANAGEMENT

**Financial outlay and expenditure**

The overall budget provision and expenditure of the Department of Health and Family Welfare (H&FW) *vis-a-vis* the share of the Department of Indian Systems of Medicine and Homoeopathy (ISM&H) (including Medical Colleges) in H&FW during 1999-2004 were as detailed below:—

(Rupees in crore)

Year	Budget Provision			Expenditure		
	H & FW	ISM & H	Percentage share of ISM & H in H & FW	H&FW	ISM & H	Percentage share of ISM & H in H & FW
1999-2000	789.32	84.65	11	730.56	76.42	10
2000-01	720.27	79.34	11	748.56	73.35	10
2001-02	742.91	79.28	11	714.34	76.75	11
2002-03	830.69	84.75	10	806.74	84.46	10
2003-04	898.27	98.54	11	849.08	95.62	11
Total	3981.46	426.56	11	3849.28	406.60	11

Besides, an amount of Rs.9.14 crore had been incurred for ISM &H through local bodies during the period 1999-2004. On an average, expenditure on ISM and Homoeopathy was 11 per cent of the total expenditure of H&FW during the above period.

**Programme Management**

The audit findings are given in the succeeding paragraphs with separate sections for Hospitals and Dispensaries and Medical Education, both of which are sub-divided into Ayurveda, Homoeopathy and other Systems of Medicine.

**Health Care***Ayurveda*

There were 113\* Ayurveda hospitals (bed strength : 2684) and 730# dispensaries in the State. The district-wise distribution of the institution in the State indicated that Thrissur district has the highest number (95) and Wayanad district the lowest number (24) of institutions. During 1999-2004, 9.33 crore patients were treated in Ayurveda institutions in Government sector of which 1.66 lakh were in-patients. During the above period Rs.221.42 crore were spent on Ayurveda hospitals and dispensaries in the State as a whole and the analysis of expenditure incurred

on three key areas (establishment, medicine and diet) in 287 institutions in the test checked Districts revealed that on an average salaries and wages constituted 88 per cent, medicine 10 per cent and diet 2 per cent.

#### **Non- availability of facilities**

During 1999-2004 there was no occupancy in four out of 18 hospitals and in the remaining 14 hospitals the average occupancy ranged between 1 and 29 against the bed strength of 6 to 50. The Medical Officers attributed this to shortage of medicines and diet. In five hospitals a substantial decrease in out-patients was also noticed for which the department could not give any valid reasons.

In 232 Panchayats (out of 991) there were neither hospitals nor dispensaries of ISM department. In the Districts test checked out of 287 institutions 200 were functioning in own buildings, 53 in rented buildings and 34 institutions were provided with temporary accommodation by the local bodies. It was noticed that 68 institutions were not provided with electricity and 81 institutions had no proper water supply. Only eight out of 115 hospitals have staff quarters. Though this was brought to the notice of Government as well as Local Self Government Institutions no action was taken to provide electricity /water for ensuring the smooth functioning of these institutions.

Government Ayurveda Hospital (GAH), Elavally in Thrissur District, was located on a remote hill top and hence not easily accessible and this prevented the patients in approaching the hospital for treatment. No action was taken by the Department to find a solution for this problem. RMO's quarters and IP ward constructed in July 2003 and April 2002 respectively at a total cost of Rs. 4.77 lakh were unoccupied as of October 2004.

#### **Idling of Buildings**

Buildings constructed using funds from MPs, local bodies, for 27 hospitals/ dispensaries in 8 districts at a cost of Rs.1.25 crore remained unoccupied for want of staff, electricity, water, etc. Out of this, one building for GAH, Puthenchira in Thrissur district constructed at a cost of Rs.17.22 lakh remained unoccupied for the last six years for want of adequate staff. In another case of GAH, Palakuzha in Ernakulam district the average occupancy was only two against 20 beds. In spite of this, an additional building for IP ward constructed at a cost of Rs.3.05 lakh in January 2004 using MPLAD funds remained unoccupied. The department could not provide the requisite staff in time as they were unaware of the construction being taken separately through the MPLAD funds. However, Government stated that in such cases the feasibility of giving Administrative sanction by the user Department would be examined.

#### **Avoidable expenditure on additional staff**

The bed strength of GAH., Paravoor was increased to 30 from 20 in March 2000 and two Government Ayurveda Dispensaries (GAD) at Valappad and

Vadakkancherry were upgraded to a 20 bedded hospital in March 2001 and 24 posts of additional staff were sanctioned (GAH: 6 posts; GAD : 9 posts each). As the average annual occupancy of these hospitals during 2000-04 ranged between 6 and 16, the upgradation did not serve any purpose and Rs. 26.91 lakh incurred on the additional staff up to March 2004 became avoidable.

#### **Acceptance of medicines not indented.**

The medicines required by the institutions were procured from Pharmaceutical Corporation (IM) Kerala Limited (Oushadhi), a Public Sector Company, based on a common indent system. The list of medicines to be supplied to the institutions under ISM as per the common indent, were ordered by the Director in 1996. Oushadhi was required to supply these medicines to the Hospitals/Dispensaries direct. DMO was required to pass the payments in respect of all the institutions in the district and payment to the Company was made by the Director. The department purchased medicines worth Rs.13.85 crore during 1999-2004. A scrutiny of the records revealed that out of medicines supplied, medicines worth Rs. 2.04 crore (15 per cent) were not indented. Acceptance of medicines not indented by the department caused reduction in the funds available for the purchase of essential medicines actually required by the hospitals, thereby adversely affecting the quality of patient care.

#### **Homoeopathy**

There were 31\* Homoeopathy hospitals (bed strength : 970) and 525# dispensaries in the State. The district-wise distribution of the institutions in the State indicated that Thiruvananthapuram District had the highest number (55) and Wayanad District the lowest number (20) of institutions. During 1999-2004, 9.6 crore patients were treated in homoeopathy institutions of which 2.05 lakh were in-patients. During the above period, Rs. 101.97 crore were spent on homoeopathy sector and the analysis of expenditure incurred on 3 key areas (Establishment, Medicine and Diet) in 154 institutions in the test checked districts revealed that on an average establishment expenditure constituted 95 per cent, medicine 4 per cent and diet 1 per cent.

#### **Non-availability of facilities**

In 487 Panchayats (out of 991) there were no Homoeopathy hospitals or dispensaries. Out of 154 institutions, 96 were functioning in own buildings, 40 were functioning in rented buildings and 18 institutions were provided with temporary accommodation by the local bodies. It was noticed that 24 institutions were not provided with electricity and 43 institutions had no proper water supply. Staff quarters is available only in one (kurichi) out of 31 Homoeo hospitals. This

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# Urban :32 Rural :493

points to the lack of interest on the part of local bodies in providing necessary infrastructure facilities for the benefit of the people of their locality.

Government Homoeo Dispensary (GHD), Chavakkad in Thrissur district was located in the second floor of the Municipal shopping complex where no lift facility was available. Government Homoeo Hospital, Muvattupuzha in Ernakulam District was located in a place which gets flooded during the rainy season. Buildings constructed in three districts at a cost of Rs. 61 lakh for four hospitals/dispensaries using funds from local bodies remained unoccupied for want of electricity and water.

Government ordered (July 2001) not to provide accommodation to any other offices in the dispensary buildings or its premises as it would affect the functioning of the dispensaries. However, it was noticed that in three <sup>@</sup> GHDs, accommodation was provided to other offices against Government direction.

#### **Other Systems of Medicine**

There were seven Siddha institutions<sup>#</sup> one Unani dispensary and one Naturopathy hospital under the control of the DISM. In addition, 10 beds are set apart in GAH, Ottapalam for Naturopathy.

During the period 1999-2004 the total number of patients treated under Unani and Sidha systems were 0.27 lakh and 4.73 lakh respectively. The expenditure incurred during the above period was Rs. 7.15 lakh for Unani system and Rs. 1.24 crore for Sidha system.

#### **Medical Education**

##### *Ayurveda*

There were five<sup>a</sup> Ayurveda Colleges (AVCs) under Government/ aided sector having an annual intake capacity of 230 students for Graduate course and 62 students for Post Graduate courses. The hospitals attached to the AVCs had a strength of 854 beds. A review of the functioning of the Ayurveda Colleges and Hospitals was included in paragraph 3.4 of the Report of the Comptroller and Auditor General of India for the year ended 31 March 1997 (Civil).

Funds required for the three Government Ayurveda Colleges were provided in the State Budget. For the aided colleges, budgetary support in the form of grant-in-aid was provided for payment of salary and maintenance. For certain specific schemes for development of infrastructure and specialised training, GOI also provided grant-in-aid. During 1999-2004, Rs. 59.20 crore was spent for Ayurveda Medical Education. Besides Rs. 1.91 crore was received from GOI during the period by the five AVCs for development of infrastructure and specialised training.

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<sup>@</sup> Chazhoor in Thrissur, Thuruthy in Ernakulam, Chillithode in Idukki.

<sup>#</sup> One hospital and six dispensaries

<sup>a</sup> Government sector : 3 Aided sector : 2

*Non-completion of hospital buildings*

In AVC, Thripunithura, construction of a 350 bedded hospital taken up in November 1997 at an estimated cost of Rs. 11.63 crore with scheduled date of completion as September 1999 (subsequently extended to March 2004) was not completed as of June 2004 though Rs.6.94 crore was incurred upto March 2004.

In AVC, Kannur, construction of a 150 bedded hospital commenced in April 2000 at an estimated cost of Rs. 2.15 crore with date of completion as 9 April 2002, was not completed though Rs. 1.78 crore was incurred upto March 2004. The reasons for non-completion in the above two cases were attributed to non-provision of adequate funds in the budget.

*Delay in utilisation of Central assistance*

Out of Rs. 101.64 lakh released by GOI during 2001-03, only Rs. 32.19 lakh was utilised upto March 2004 leaving a balance of Rs. 69.45 lakh as detailed below.

(Rupees in lakh)

<i>Name of AVC</i>	<i>Purpose of assistance</i>	<i>Amount released and date of receipt</i>	<i>Amount utilised</i>	<i>Balance as of March 2004</i>	<i>Reasons for non-utilisation</i>
(1)	(2)	(3)	(4)	(5)	(6)
Kannur	Upgradation of Kriyasareera and Roganidhan departments for PG training and research for 2001-02.	14.64 (13-12-2003)	6.08	8.56	Delay in arranging purchase of equipment and want of sanction of the post of clerk.
Thiruvananthapuram	Construction of building and purchase of equipment for the drug testing laboratory	75.00 (8.5.2001)	20.00	55.00	Though a building to house the laboratory was constructed, equipment had not been purchased for want of sanction from Government

(1)	(2)	(3)	(4)	(5)	(6)
	Construction of college building, purchase of equipment, library books.	12.00 (15-3-2002)	6.11	5.89	Delay in arranging purchase of books and equipment
	TOTAL	101.64	32.19	69.45	

#### **Lack of minimum standards as per CCIM norms**

In August 1989 the Central Council of Indian Medicine (CCIM) prescribed norms for minimum standards and curriculum for undergraduate education in Ayurveda. However, these norms were not adhered to in various cases as detailed below:

#### **Shortage of teaching staff**

As per the norms there shall be 14 departments and a minimum of 102 teaching staff in each AVC. None of the five<sup>#</sup> AVCs had the staff pattern prescribed by the CCIM and many of the posts were lying vacant. Even the sanctioned posts were much lesser than the norms. Though the shortfall ranged from 29 to 76 per cent as mentioned in the Report of the Comptroller and Auditor General of India (Civil) for the year ended 31 March 1997, the percentage of shortfall in the filled up posts compared to norms ranged between 37 and 72 as of March 2004.

In AVC, Kottakkal there was no teaching staff in Kriyasareera department. In AVC, Thiruvananthapuram there were only two teaching staff each in the departments of Rachanasareera (against eight posts) and Koumarabrithya (against 6 posts). In Kriyasareera and Agathathanthra Departments there were only three teaching staff each against sanctioned strength of eight and six respectively. The shortage of teaching staff affected the quality of medical education imparted to the students.

#### **Under – qualification of teaching staff**

As per the Minimum Standard and Curriculum for under Graduate Education in Ayurveda, prescribed by the Ministry of Health and Family Welfare, in August 1989 a postgraduate qualification in the subject/speciality concerned included in the schedule to Indian Medicine Central Council Act 1970 is essential for teaching staff recruitments made after 1 July 1989. But 49 teachers appointed after 1989 in five<sup>@</sup> AVCs

<sup>#</sup> Thiruvananthapuram, Tripunithura, Kannur, Kottakkal and Ollur.

<sup>@</sup> AVC, Thiruvananthapuram : 9, AVC, Thripunithura: 14, AVC, Kannur:9, AVC, Kottakkal:2 and AVC Ollur:15

were only Graduates. However, Special Rules for the Kerala Health Services (Ayurveda) Collegiate Teaching Services issued by the State Government in January 1998 prescribes only a first or second class degree in Ayurveda from recognised Universities, which is not in conformity with the minimum standards prescribed by GOI. The circumstances under which under-qualified teachers were appointed in violation of GOI norms called for from Government were awaited (September 2004). The appointment of under-qualified teaching staff would adversely affect the quality and standards of the students passing out of these institutions.

### **Post Graduate (PG) Courses**

According to CCIM (PG Education) (Amendment) Regulations 1994, 16 specialities were prescribed for conduct of PG courses and it was mandatory for all Universities in India to follow the guidelines for minimum standards and curriculum for PG Courses in Ayurveda including syllabus and pattern of examinations. Deviations were noticed in the following cases.

In the case of AVCs at Kottakkal and Thiruvananthapuram, the MD (Ayurveda) Preliminary examination was conducted by the institutions themselves in January 2004. A total of 52 students (ten in AVC, Kottakkal and 42 in AVC, Thiruvananthapuram) appeared in those examinations. CCIM in February 2004 clarified that preliminary examination of PG courses should be conducted by the affiliated university only. As the Universities concerned did not ratify the action so far the examination conducted by the two AVCs was against the CCIM Regulations. There were also delays ranging from seven to 12 months in conducting examinations in these two AVCs.

In AVC, Kottakkal, PG Course in Manasikaroga was conducted from 2000-01 onwards with an intake capacity of six students per year and in AVC Thiruvananthapuram, PG Course in Panchakarma was sanctioned during 2001-02 with intake capacity of five students per year. There is no speciality 'Manasikaroga' as per the Regulations. Moreover, both the courses were now under the 'Kayachikitsa' department. Also the teaching staff required as per the norms\* did not exist in the respective specialties. Non-adherence to the norms fixed by the CCIM affected standards of Medical Education.

### **Homoeopathy**

There were four<sup>@</sup> Homoeopathy Medical Colleges (HMCs) under Government /aided sector with an annual intake capacity of 250 students for Graduate course and 36 students for Post Graduate course. The hospitals attached to the HMCs had a strength of 325 beds. During 1999-2004, Rs. 24 crore was spent for the Homoeopathy Medical Education against budget provision of Rs. 24.76 crore.

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\* Professor –1, Readers- 2, Lecturers – 4 for each specialty department.

<sup>@</sup> Government sector :2 Aided sector : 2

### **Lack of minimum standards as per CCH norms**

As per CCH norms there shall be 12 departments and a minimum of 62 teaching staff in each HMC (Professors 10, Asst. Professors 14, Lecturers 15, Demonstrators 23). The shortfall in staff with respect to norms ranged between 14 and 31 in four\*\* HMCs. The average daily occupancy in the hospitals attached to the above four HMCs ranged between 13 and 71 against the sanctioned bed strength of 100 to 125. Government may examine the possibility of filling up of vacancies at the earliest so that the students/patients are not affected by shortage of teaching staff.

### **Delay/non-utilisation of GOI assistance**

Out of Rs. 80.58 lakh released by GOI during 1996-2001 to HMCs, Thiruvananthapuram and Kozhikode for strengthening of undergraduate colleges and upgradation of PG courses only Rs. 56.17 lakh was utilised upto October 2004 leaving a balance of Rs. 24.41 lakh. Besides, Rs. 25.83 lakh released by GOI for the same purpose to HMCs., Kottayam and Ernakulam during 2002-03 had not been passed on to the institutions as of October 2004 for which reasons were not on record.

### **Delay in establishment of a Herbal Garden**

With the objective of construction of a green house, raising of potted medicinal plants and also raising of a model demonstration garden in connection with establishment of a Herbal Garden in HMC Thiruvananthapuram, five acres of land were acquired by the Revenue Department at a cost of Rs. 61.68 lakh in October –November 2001. As the land acquired was marshy, herbal garden could not be developed as of October 2004. Thus, Rs. 61.68 lakh spent on the land acquisition remained unfruitful. The Principal, HMC., Thiruvananthapuram stated (October 2004) that the nature of land had changed due to the construction of bund roads on either side of the two rivers passing by the acquired site and a project report had been prepared (August 2004) by the Directorate of Agriculture for utilising the land. Thus the objective of establishment of a Herbal Garden was not materialised even after a lapse of three years.

Incidentally, it was seen in Audit that out of Rs. 1.27 crore placed at the disposal of the Revenue Department, the unspent balance of Rs. 65.32 lakh was refunded by the department by cheque only in December 2003, after a lapse of 30

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\*\* Kozhikode, Thiruvananthapuram, Chottanikkara and Kurichi.

months. The cheque has not been encashed and credited to Government account by the Principal, HMC, Thiruvananthapuram as of September 2004.

### **Internal Control**

The Internal Control System now being followed in both the Departments of ISM and Homoeopathy was based on the Kerala Indigenous Medicine Department Manual published in 1966. Though ISM and Homoeopathy have been functioning under separate Directors since 1973, no separate Manual for the department of Homoeopathy has been brought out yet. The Supervisory Officers at State level and District level were not conducting effective inspection of the institutions under their control and submitting reports to the higher authorities for review as contemplated in the Manual.

An internal audit wing with three audit parties was functioning under the Director of ISM. No training was given to the staff posted to the wing as there was no training policy in the department.

Though the Ayurveda Medical Education has been working as a separate department under the Director since November 2000 no separate Manual has been prepared so far (October 2004).

Final replies to 180 Inspection Reports (IRs) containing 315 paragraphs relating to the period 1990-2003 were to be sent to Accountant General (Audit) as of March 2004. The department –wise and age-wise details are given in Appendix V.

### **Conclusions**

Funds provided by the GOI for various schemes for the Ayurveda and Homoeopathy colleges were not effectively utilised for the intended purposes. Essential infrastructure facilities for the smooth functioning of the institutions were not available and in many cases the existing infrastructure was not effectively used. Non-observance of guidelines prescribed by the CCIM/CCH in AVCs/HMCs in Government/Aided sector was noticed and this had affected the quality of education and training of medical students. Internal Control mechanism was either non-existent or not effective.

### **Recommendations**

- Monitoring at Government level is required to ensure that the Central assistance is passed on to the implementing departments in time and the schemes are implemented as per schedule.
- Infrastructure like buildings, staff quarters, electricity, water, etc., need to be provided to Ayurveda and Homoeopathy hospitals lacking such facilities.

- Provision of essential medicine to hospitals/dispensaries may be ensured, in case supplies from 'Oushadhi' are inadequate.
- Government level action is required to comply with the norms prescribed by CCIM/CCH for AVCs/HMCs so as to ensure the quality of education.
- Departmental Manuals need to be prepared/up-dated. Internal audit wing requires strengthening.

### **Response of the Department**

The report was discussed with the Secretary in charge of ISM&H on 2 July 2004. Directors of ISM, Homoeopathy, Ayurveda Medical Education and Principal and Controlling Officer, HMC, Thiruvananthapuram also participated in the discussion. Audit findings were accepted. The Department agreed with the recommendations of Audit.

The above points were referred to Government in August 2004; reply has not been received (November 2004).

[Paragraph 3.3. contained in the Report of the Comptroller & Auditor General of India for the year ended 31 March 2004 (civil)]

[Note furnished by Government on the above audit paragraph is included as Appendix II]

63. The Committee remarked that 232 panchayats already had ISM Hospitals and enquired whether the department had any plan for starting ISM hospitals in the remaining panchayats, and whether they would get any Central assistance for that purpose. The witness stated that the department was aiming to start at least one PHC in every Panchayats. He further clarified that National Rural Health Mission had agreed to take up the project. But Ayurveda and Homoeo systems were not included in the purview of the proposed project. The plan of Central Government was to start Ayurveda or Homoeo systems in the hospitals where Modern System of Medicine was in practice. But it is difficult to implement that proposal in our state.

64. As far as the audit paragraph regarding idling of building was concerned, the Committee pointed out that several dispensaries constructed with the aid from MLAs' and M.Ps' funds were not even working, for want of staff, electricity, water supply, equipments etc. The witness, Secretary, Health and Family Welfare Department informed that these problems continued only in Ayurveda hospitals and that Allopathy hospitals were working properly with the assistance received from National Rural Health Mission, a Central Government Project.

65. Taking into consideration the seriousness of the situation, the Committee

strongly expressed its desire that steps should be taken for providing adequate facilities in Ayurveda & Homoeo hospitals. The Committee also noticed that so many panchayats in the State were constructing hospitals without the prior permission of the Health Department, and suggested that such tendencies should be stopped immediately. The witness informed that a circular in that line was issued earlier. But he was not sure about its implementation. To a question of the Committee regarding the number of doctors working in the Government dispensaries, the witness informed that the department was planning to introduce non-practice allowance, special allowance for those working in backward areas etc. to attract the doctors to serve under the State Government. When the Committee suggested to compel the doctors to serve in the State at least for 3 years, since the Government spend lot of money for them to complete their course, the witness stated that the Government had already decided to insist the doctors to work in the State at least for one year.

66. The Committee understood from the audit observation that in three Government Homoeo dispensaries, accommodation had been provided to other offices as against Government direction. The Committee directed to stop the functioning of those offices in the hospital buildings within no time and suggested that this practice should not be allowed in future.

67. To a question of the Committee regarding the construction of a 350 bedded Ayurveda hospital building at Thripunithura in Ernakulam district the witness informed that the hospital had already started functioning. The Committee desired to be furnished with the details such as the actual expense incurred, reason for extension of time for the completion of the hospital, aspects of schedule rates etc. regarding the construction of this hospital.

68. While examining the audit paragraph on shortage of teaching staff in Ayurveda Colleges, the Committee enquired about the latest position of the situation. The Director of Ayurveda Medical Education explained that though shortfall in the number of teaching staff continued, the situation was far better than that in the earlier times. Not satisfied with the reply of the witness, the Committee desired to be furnished with the subject wise details of shortfall in the teaching staff.

69. The Committee noted that acquisition of marshy land for the construction of a Herbal Garden in the Homoeo Medical College, Thiruvananthapuram resulted in an avoidable expenditure of Rs. 61.68 lakh and enquired whether responsibility had been fixed against anyone for acquiring marshy land. Though the witness stated that the Health Department had transferred the land to Agriculture Department, the Committee opined that it was unnecessary to decide to purchase

land outside the college campus and directed the Secretary, Health & Family Welfare Department to fix responsibility on the officers responsible for this wrong decision.

70. The Committee pointed out that the department had made inexcusable delay in furnishing replies to the Audit Inspection Reports issued by the Accountant General during the period from 1990 to 2003. The Committee asked whether the Audit Committee of the department meets regularly. To this, the witness answered in the negative and stated that it was mainly due to the non-participation of Accountant General's representatives. To avoid this situation, the Committee suggested the department to convene Audit Committee meetings after seeking the convenience of the Accountant General, and observed that so many audit objections could have been avoided if the Audit Committee meetings were conducted in time. The witness requested the Committee to give him a special consideration in attending the meeting of the Committee supported by the officials concerned in the Health Department without whom he could not answer the queries of the Committee effectively since the department has to deal with a large number of reports. The Committee agreed to do the maximum in this regard and directed the department to clear the audit objections at the earliest on a priority basis.

#### **Conclusions/Recommendations**

**71. The Committee notices that several Ayurveda dispensaries are not functioning well due to scarcity of staff, electricity, water supply, equipments etc. The Committee strongly recommends to provide adequate facilities in the Ayurveda and Homoeo hospitals. The Committee also notes that many Panchayats are constructing hospitals without prior permission of the Health Department. This causes idling of these buildings since necessary staff can't be provided by the department for running these hospitals. The Committee suggests that such practices should be stopped immediately.**

**72. The Committee observes that in certain government hospitals several offices relating to other departments are also housed as against government directions. The Committee suggests to stop the functioning of these offices in hospital buildings and such tendencies should not be allowed in future.**

**73. Regarding the construction of a 350 bedded Ayurveda College hospital at Thripunithura, the department had agreed to furnish the details of the actual expense incurred, reasons for extension of time for the completion, aspects of schedule rate etc, towards the construction of the hospital. But the details are yet to be received by the Committee. Hence, the Committee suggests to furnish the details without any further delay.**

74. **The Committee notices that in Ayurveda Colleges there occurs shortage of teaching staff and the Committee desires to be furnished with the present subject wise details of the shortfall in the teaching staff.**

75. **The Committee notes that purchase of marshy land for the construction of a herbal Garden in Homoeo Medical College, Thiruvananthapuram, resulted in loss of Rs. 61.68 lakh. The Committee directs the department to fix responsibility on the officers responsible for this loss.**

76. **While commenting on the irresponsible attitude of the internal audit system of the Department, the Committee suggests that the department should convene Audit Committee meetings regularly after seeking the convenience of the Accountant General.**

#### **CO-OPERATION DEPARTMENT**

AUDIT PARAGRAPH

##### **Extra Expenditure**

Change of site of construction of a building after award of contract resulted in extra expenditure of Rs. 45.92 lakh.

The work of construction of Ladies Hostel building for Kerala State Co-operative Hospital Complex at Pariyaram was awarded to a contractor in July 1999 for an agreed amount of Rs. 3.27 crore (31 per cent above estimated cost of Rs.2.71 crore) to be completed within 18 months from the date of agreement. The selection of site and design and plan of the building were carried out by consultants assisted by the Engineering wing of the hospital. After awarding the work, the site was changed for no reasons on record and resultantly, extensive earth work, including blasting in hard rock and protective blasting had to be done as extra items resulting in extra expenditure of Rs. 45.92 lakh.

While confirming the extra expenditure due to change of site, the managing Director stated (June 2003) that classification of strata as hard rock under protective blasting was also not correct as only laterite out crop could be seen on examination of terrain and topography of the surface of excavated strata. He also added that show-cause notice had been issued to all concerned, responsible for change of site and that overpayment of Rs. 18.14 lakh made on account of wrong classification of strata would be made good from the contractor's pending bills.

The matter was referred to Government in March 2003; reply has not been received (December 2003).

[Paragraph 4.4.2 contained in the Report of the Comptroller & Auditor General of India for the year ended 31 March 2003 (civil)]

Note furnished by Government on the above audit paragraph is included as Appendix II.

77. The Committee pointed out that an additional expenditure of Rs. 45.92 lakh was incurred towards the construction of a Ladies' Hostel building in the Kerala State Co-operative Hospital complex at Pariyaram due to the change in the site after tendering the work. The witness, Secretary, Co-operation Department stated that selection of the site for the project and the design of the building were carried out by Technicalia Consultants (Pvt) Ltd, Chennai. That company had prepared the plan without visiting the site and the plan was not executable in the proposed site. He also stated that it was due to the presence of hard rock in the original site that it was changed and that the presence of medium rock in the changed site had lowered the estimated expenditure.

78. The Committee opined that the preparation of plan without visiting the site and change in the original site was a clear case of corruption. The Committee was dissatisfied with the negligent attitude shown by the Vigilance Department in inquiring this matter even though they were asked to probe into all the details of the case. The Committee also opined that the action of the Vigilance Department in returning the file without taking any action or even making any remarks was a serious mistake and that the Vigilance Director had to be summoned before the Committee for seeking explanation in this regard. The Committee assumed that the contractor also had an equal role in this conspiracy along with the Engineer, who had made the assessment that there was hard rock in the original site. The Committee recommended that the Vigilance Department should once again conduct a thorough enquiry in this matter. The department had furnished a report regarding Vigilance enquiry and the same is included as Appendix IV of this Report.

79. The Committee also noted that there existed an arbitration case in respect of this matter and enquired about the details of this Arbitration Case. Not answering to the exact question, the witness stated that there was so many arbitration cases pending with the Co-operation department mainly due to shortage of staff. He assured that action would be taken to settle these Arbitration cases. The witness admitted that the mistake wouldn't have occurred had the site been visited earlier. The Committee noted a contradiction in the replies submitted by the department in 2003 and the one that was deposed in the meeting. The reply submitted in 2003 was that there was no presence of granite rubble in the locality of the original site. The Committee observed that this was a case of cheating and the excess amount paid had to be recovered from the contractor and the concerned officers.

80. The Committee also recommended that the amount spent as extra expenditure (Rs. 45.92 lakh) should be recovered from the officers responsible for the lapse and desired to be furnished with a copy of the letter sent earlier to the Vigilance Department requesting enquiry in this case and enquired whether any action had been taken against the officers responsible. The witness agreed to furnish all the details including the incumbency details and the name of the officers responsible for the loss to the Committee within one week.

#### **Conclusions/Recommendations**

81. **The Committee is definite that the magnitude of conspiracy between the department engineers and the contractor firm was very high by which the Government lost an amount of Rs. 45.92 lakh being extra expenditure due to change of site after tendering the work for the construction of a Ladies' Hostel building in the Kerala State Co-operative Hospital Complex at Pariyaram, Kannur.**

82. **The Committee is distressed to note that the Vigilance Department had shown grave negligence in inquiring into all the details of the case regarding the construction of the Ladies' Hostel. The Committee observes that the action of the Vigilance Department is a serious mistake and asks the Vigilance Director to come before the Committee in person and to explain the circumstances which led the Vigilance department to return the file without any remarks. The Committee recommends the Vigilance department to conduct a thorough enquiry into the matter.**

83. **The Committee observes that the matter is a clear case of cheating and suggests that the extra amount paid to the contractor should be recovered from the contractor and the concerned officers involved in the work. The Committee also observes that the letter which the department had sent earlier to the Vigilance Department for enquiry into the case does not seem to be satisfactory.**

Thiruvananthapuram,  
29th June, 2009.

ARYADAN MUHAMMED,  
*Chairman,*  
*Committee on Public Accounts.*

## APPENDIX I

**Summary of Main Conclusions/Recommendations**

<i>Sl.No.</i>	<i>Para No.</i>	<i>Department Concerned</i>	<i>Conclusions/Recommendations</i>
(1)	(2)	(3)	(4)
1	5	Health & Family Welfare	<p>The Committee understands that the Government suffered a loss of Rs. 32.82 lakh by purchasing defective X-ray unit for the Medical College, Kozhikode in 1997. Though there was provision in the agreement to replace the unit, the authorities did not take any action in time to get it replaced or recoup the amount from the supplier firm. The Principal of the Medical College did not black list the firm. Though the Vigilance department suggested to file a civil suit against the firm for supplying defective machine, the government pleader did not take any steps for this, rather he objected it. The Committee views this very seriously and recommend that action should be taken against the concerned person, who denied the recommendation of the Vigilance department for filing a civil suit against the concerned firm to recover the loss sustained to the Government. The DME should make a request to the Home Secretary in this regard. Action should also be taken against the then Principal of the Medical College, Kozhikode for not black listing the supplier firm and for not taking timely action to get the machine replaced or recoup the advance paid to the supplier. Though the Committee demanded the department to furnish the details of the present working condition of the machine, the department has not furnished any details regarding this till date. Hence, the Committee suggests that the required details should be furnished without any further delay.</p>

(1)	(2)	(3)	(4)
2	8	Health & Family Welfare	The Committee is surprised to note that a large number of the Drawing and Disbursing Officers are not even aware of the basic provisions in the Kerala Treasury Code, Financial Code etc. relating to transaction of Government money and financial management. In some other cases the DDOs wilfully disregard codal provisions which facilitate repeated instances of misappropriation of public money. In the Health department also matters are not different. Hence, the Committee recommends that the department should impart proper training in financial matters to the newly appointed officers including Medical Officers having financial responsibilities. The Committee vehemently criticise the internal audit wing of the department for not exercising their duties properly in finding out irregularities, and opine that the wing's modus operandi question even its existence.
3	9	„	The Committee desires to know the present stage of the prosecution case against the Upper Division Clerk who committed misappropriation, the steps taken to recover the money, the action taken against the Medical Officers in charge during the period 1996 to 1999 etc. and suggests that a report in this context should be furnished to the Committee.
4	11	„	The Committee understands that so many buildings are being built attached to Government hospitals and Public Health Centres using MLA, MP funds etc. without prior sanction of the Health department. This creates difficulty as sufficient staff cannot be provided by the department since there is fixed staff strength for every grade of hospitals. Thus newly built buildings happen to be kept idle for want of sufficient staff. The Committee suggests that this

(1)	(2)	(3)	(4)
			<p>situation should be changed and that no construction of additional buildings in negligence of sanctioned staff pattern should be undertaken without prior sanction of the Health department. Along with this, maximum facilities according to the existing staff pattern should be provided to the patients.</p>
5	14	Health & Family Welfare	<p>The Committee notices that due to the non-availability of water supply and limited facilities available in the operation theatre, the in-patient ward built for the Primary Health Centre at Kadavoor, Ernakulam has not been functioning for a long period. Even though it was not functioning additional staff were appointed there. Idling of the building resulted in the loss of Rs. 25.83 lakh being construction charges and idle wages. The Committee also finds that there was inexcusable delay on the part of the authorities in reporting the non-availability of water supply and electricity to the concerned LSG Institution. The Committee desires to know the present stage of the disciplinary action taken against the Medical Officer who showed utmost irresponsibility in taking steps for getting the IP ward functional. The Committee regrets to note that though the department had agreed earlier to furnish the present condition of the PHC and the I.P. ward and the details of the staff working there, the department has not furnished any details regarding this till date. Hence the Committee suggests that the desired details should be furnished without any delay.</p>
6	48	„	<p>The Committee finds that in our State so many drug manufacturing units are still functioning without renewing their licences. The department's argument that it is very difficult for</p>

(1)	(2)	(3)	(4)
			<p>them to renew thousands of licenses within the stipulated time due to shortage of staff is not acceptable to the Committee. The Rule is clear that expired licences should be renewed within 6 months. But now the procedure is that the expired licences are allowed to be deemed as valid. Hence, the Committee suggests that the problem can be solved if the application for the renewal of licence is submitted 6 months before the due date of expiry. The Committee recommends that the department should take necessary steps to amend the respective Rule to this effect.</p>
7	49	Health & Family Welfare	<p>The Committee understands that at present there is no provision in the Act/Rules to differentiate minor and major offences and to take departmental or prosecution steps against the defaulters. Hence, the Committee recommends that steps should be taken for making separate legislation to find a solution to this problem.</p>
8	50	„	<p>The Committee notes that in so many cases relating to the manufacturing and sale of substandard drugs the department fails in the court for want of sufficient evidences due to the absence of the concerned Drugs Inspectors who are either on leave or taken up employment abroad. The Committee suggests that the ‘Concerned Officer’ (designation) not the ‘concerned person’ who registered the case can make appearance in the court and when application for LWA submitted by Drugs Inspectors is taken for consideration, it should be ensured whether he has to attend prosecution cases. The Committee recommends that the department should take adequate steps to amend the relevant Rule to this effect. The Committee also notices that the sale of banned/sub standard</p>

(1)	(2)	(3)	(4)
			drugs are still progressing and so many cases relating to this are dropped by the court due to the absence of correct lab reports. The Committee recommends that the department should monitor it so as to avoid recurrence of such instances in future.
9	51	Health & Family Welfare	The Committee finds that lack of legal training is the main reason for the failure of cases in the court. Therefore, the Committee recommends that the department should give legal training to the Drug Inspectors.
10	52	„	It is to be noted that there are lapses in conducting joint inspection of blood banks by Central Drugs Controller and State Drugs Controller, which in turn causes delay in the renewal of blood bank licences. The Committee suggests that the joint inspection by Central and State agencies should be co-ordinated by the State Drugs Controller. A programme showing the details of inspection such as date, place etc. should be framed by the State Drugs Controller and send to the Central agency. The final programme should be arranged according to the convenience of the Central officials. The quantum of irresponsibility of the department in this matter is evident from the fact that renewal of 42 expired licences of blood banks were not entered in the concerned register to make it upto date, as a result of which those renewals were not treated as renewed licences.
11	53	„	The Committee notices that during 1998-2000 there occurred shortage in the quality check of medicines. Though the department agreed to furnish the details regarding the number of samples collected upto the previous year and the number of pending cases, the report in this regard is yet to be furnished to the Committee.

(1)	(2)	(3)	(4)
12	54	Health & Family Welfare	The Committee desires that the medicine manufacturing units should provide samples of medicines for quality testing without prior payment. The Committee recommends to amend the Drugs and Cosmetics Act, 1940 enabling the State Government for inspecting drugs independently if a joint inspection is not possible and that government should try to bring an amendment in practical form to the Central Act in this regard.
13	55	„	The Committee notes that at present sampling and quality check of Ayurvedic medicines is not done properly due to certain technical problems such as ambiguity in the procedure for issuing notification. The Committee recommends that notification for sampling and inspection of Ayurvedic medicines has to be made by the designation of the Statutory Authority as is done in Modern System of Medicine rather than by the name of the Drugs Inspector.
14	56	„	The Committee understands that there exists public complaints that drugs supplied from Government hospitals are of sub-standard quality. Besides this the targets for the inspection of the pharmacies in the government hospitals were reduced by the Drugs Controller which is against the rule. The Committee deplors such actions and suggests that proper inspection of the pharmacies should be conducted without any compromise to existing directions. The Committee is very much astonished to find that no serious action has been taken by the department in the case related to the sale of 40 banned drugs in 6 districts during the period from March 1999 to 2003. The department had taken minor actions including suspension of the licences of 40 shops and prosecution steps against 2 shops.

(1)	(2)	(3)	(4)
			<p>The Committee thinks that the sale of banned drugs is a criminal offence since it involves health hazards to common people. The Committee views it as a grave lapse on the part of the department in not taking prosecution case against all those involved in this case. Therefore, the Committee recommends to initiate prosecution against all the officers including those who conducted inspection of medical shops, the manufacturer of the banned drugs, owners of selling outlets who sold the banned drugs etc.</p>
15	57	Health & Family Welfare	<p>The Committee sees that at present there occurs minimum 3 months delay in reporting the results of testing of drugs samples in the Drug Testing Lab to the manufacturers. This causes delay in withdrawing sub-standard medicines from the market. Hence, the Committee suggests that the department should complete the analysis of samples of medicines within one month and the results be intimated immediately to the manufacturers. The Committee also recommends that repeated inspections and testing should be conducted and if sale of sub-standard medicines are found going on, prosecution steps should be taken against those outlets and government should monitor whether prosecution steps are being taken properly. Regarding the production and supply of sub-standard drugs the Committee was assured that the year wise details of the number of punishments imposed, the nature of such punishments etc. in the cases where sub-standard drugs were sold will be furnished. But the Committee regrets to note that no details have been furnished to the Committee and suggests that the required details should be furnished to the Committee within no time. Regarding the manufacturing and sale of sub-standard Ayurvedic</p>

(1)	(2)	(3)	(4)
			<p>medicine by a Kochi based firm, the Committee expresses extreme dissatisfaction in the fact that the department did not close down the firm at the instance of the detection of production and sale of sub-standard drugs and sees it as a grave mistake on the part of the department. Though the department had suspended the product licence, it is not a wholesome action. Hence, the Committee recommends that action should be taken to seal the company.</p>
16	59	Health & Family Welfare	<p>The Committee understands that weakness in internal control mechanism facilitate mis-appropriation of government money and recommends that in the case of Hospital Development Committees, the power to issue sanction for spending amounts higher than Rs. 5 lakh should be given to the concerned District Collectors.</p>
17	71	..	<p>The Committee notices that several Ayurveda dispensaries are not functioning well due to scarcity of staff, electricity, water supply, equipments etc. The Committee strongly recommends to provide adequate facilities in the Ayurveda and Homoeo hospitals. The Committee also notes that many Panchayats are constructing hospitals without prior permission of the Health Department. This causes idling of these buildings since necessary staff can't be provided by the department for running these hospitals. The Committee suggests that such practices should be stopped immediately.</p>
18	72	..	<p>The Committee observes that in certain government hospitals several offices relating to other departments are also housed as against government directions. The Committee suggests to stop the functioning of these offices in hospital buildings and such tendencies should not be allowed in future.</p>

(1)	(2)	(3)	(4)
19	73	Health & Family Welfare	Regarding the construction of a 350 bedded Ayurveda College hospital at Thripunithura, the department had agreed to furnish the details of the actual expense incurred, reasons for extension of time for the completion, aspects of schedule rate etc, towards the construction of the hospital. But the details are yet to be received by the Committee. Hence, the Committee suggests to furnish the details without any further delay.
20	74	„	The Committee notices that in Ayurveda Colleges there occurs shortage of teaching staff and the Committee desires to be furnished with the present subject wise details of the shortfall in the teaching staff.
21	75	„	The Committee notes that purchase of Marshy land for the construction of a herbal Garden in Homoeo Medical College, Thiruvananthapuram, resulted in loss of Rs. 61.68 lakh. The Committee directs the department to fix responsibility on the officers responsible for this loss.
22	76	„	While commenting on the irresponsible attitude of the internal audit system of the Department, the Committee suggests that the department should convene Audit Committee meetings regularly after seeking the convenience of the Accountant General.
23	81	Co-operation	The Committee is definite that the magnitude of conspiracy between the department engineers and the contractor firm was very high by which the Government lost an amount of Rs. 45.92 lakh being extra expenditure due to change of site after tendering the work for the construction of a Ladies' Hostel building in the Kerala State Co-operative Hospital Complex at Pariyaram, Kannur.

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(1)	(2)	(3)	(4)
24	82	Co-operation & Vigilance	The Committee is distressed to note that the Vigilance Department had shown grave negligence in inquiring into all the details of the case regarding the construction of the Ladies' Hostel. The Committee observes that the action of the Vigilance Department is a serious mistake and asks the Vigilance Director to come before the Committee in person and to explain the circumstances which led the Vigilance Department to return the file without any remarks. The Committee recommends the Vigilance department to conduct a thorough enquiry into the matter.
25	83	Co-operation	The Committee observes that the matter is a clear case of cheating and suggests that the extra amount paid to the contractor should be recovered from the contractor and the concerned officers involved in the work. The Committee also observes that the letter which the department had sent earlier to the Vigilance Department for enquiry into the case does not seem to be satisfactory.

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## APPENDIX II

**Action Taken Report on Para 3.13 (1999-2000) Comptroller  
and Auditor General Report**

(1)

(2)

**Para 3.13 Purchase of defective X-ray Unit**

*One 500 MA X-ray unit purchased at a cost of Rs. 32.82 lakh was accepted inspite of being defective. No action had been taken against the supplier.*

Based on recommendations of the Departmental Purchase Committee, Government issued administrative sanction (March 1997) for purchase of one 500 MA X-ray unit with IITV system\* (Rs. 36.47 lakh) and one 300 MA X-ray unit (Rs. 5.05 lakh) for the Department of Radiodiagnosis, Medical College, Kozhikode from Siemens Ltd. at a total cost of Rs. 41.52 lakh Ninety per cent of the cost of machines (Rs. 37.26 lakh) was paid in April 1997 in advance and the machines were supplied in April 1997. The X-ray units were installed only after one year in April 1998 due to delay in making available space for the machine. During the trial run (May 1999) the 500 MA X-ray unit went out of order and further problems occurred later at frequent intervals. The machine has not worked properly till date. Based on direction issued by the Director of Medical Education, the Principal, Medical College, Kozhikode rejected the X-ray unit supplied at is was not commissioned satisfactorily and directed the firm (February 1999) to refund the amount paid. But no refund could be obtained so far (April 2000), though the

The X-ray machine from Siemens was purchased in April 1997 in Medical College Hospital, Kozhikode. The X-ray machine was installed only in April 1998. The camera of the X-ray unit was defective. Since the repair was occurred in the warranty period, and the machine was found to be defective, the Principal, Medical College, Kozhikode directed the firm to refund the money paid to them for the purchase of machine. They did not refund the money. On the initiative of Government a meeting was convened with the representatives of the Siemens in July 2003. During the discussion they agreed to rectify the defects in the machine. They repaired the machine in 10/2003 and gave one year warranty from 10/2003. As per the report of the Head of the Department of Radio therapy, the 500 MA X-ray machine is working satisfactorily Meanwhile Government had initiated steps to blacklist the firm. The Director of Medical Education as per his letter dated 25-8-2004, requested that since Siemens had replaced the defective Camera of the X-ray machine and the X-ray machines are working properly, all steps for blacklisting the firm may be dropped. But this issue was handed over to Vigilance for detailed

\* Image Intensifier TV System with usable input field, TV Camera, Collimating lens. TV monitor etc.

(1)	(2)
<p>agreement executed by the firm provided for replacement of defective machine or payment of damages to Government. The security deposit of Rs. 2.08 lakh recovered from the bankers of the firm was credited to Government account in July 1999.</p>	<p>enquiry. The Vigilance Department after enquiry, has recommended to file a Civil Suit against Siemens for recovering the loss sustained to Government.</p>
<p>There was abnormal delay in installing the machine. Though defects were noticed in the machine from the date of installation itself, the Principal failed to reject the machine and get a replacement as provided in the agreement with the firm, instead the machine was allowed to be repaired and used. No legal action was taken by the Principal against the firm so far (May 2000).</p>	<p>Accordingly the Government have directed the Director of Medical Education to file a Civil Suit against the Siemens, Chennai.</p>
<p>The matter was referred to Government in May 2000, reply has not been received (November 2000).</p>	

**Action Taken Notes on Para 3.14 of the Comptroller & Auditor General's  
Report for the year ended 31-3-2000 (Civil)**

- |     |  |   |   |
|-----|--|---|---|
| I   | (a) Department   | : | Health Services Department  |
|     | (b) Subject/title of the review  | : | Defalcation of Government money in a Primary Health Centre.   |
|     | (c) Paragraph No.  | : | 3.14  |
|     | (d) Report No.   | : | Audit Report for the year ended 31st March 2000 (Civil)   |
| II  | (a) Date of receipt of the Draft Paragraph in the department   | : | 14-7-2000   |
|     | (b) Date of Department's reply   | : | 24-2-2003   |
| III | Gist of Paragraph/review   | : | Non observance of financial rules Medical Officer (In charge) Facilitated defalcation of Government Money, Government should consider according proper Training of its Officer in financial matters before they are entrusted with financial responsibilities involving use of public fund. |
| IV  | (a) Does the Department agree the facts and figures included in the paragraph                                  | : | Yes   |
|     | (b) If not, please indicate the areas of disagreement and also attach copies of relevant documents in support. | : | Not applicable  |
| V   | (a) Does the department agree with the audit conclusions ?   | : | Yes   |

- (b) If not please indicate specific areas of disagreement with reasons for disagreement and also attach of relevant documents in support were necessary. : Not applicable

VI *Remedial Action Taken*

- |   |   |                 |
|---|---|-----------------|
| <ul style="list-style-type: none"> <li>(1) Improvement in system and procedures including internal controls :</li> <li>(2) Recovery of over payments pointed by Audit :</li> <li>(3) Recovery of under assessment, short levy, other dues :</li> <li>(4) Modifications in scheme and programmes including financial pattern.</li> <li>(5) Review of similar cases/complete scheme/project in the light of findings of sample check by audit.</li> </ul> | } | Report attached |
|---|---|-----------------|

**Report of Remedial Action Taken**

Sri. M. Chandran, the L.D. Clerk, Primary Health Centre, Pariyaram the Officer concerned had been placed under suspension and a Vigilance inquiry was conducted into the incident. The Vigilance investigation has been completed and it has been revealed that he had fraudulently misappropriated a sum of Rs. 1,51,648 for the period from 26-9-2006 to 22-10-2009, thus confirming the findings in the Audit Report. As requested by the Director, Vigilance and Anti-Corruption Bureau, sanction to prosecute Sri. Chandran has been issued by the Director of Health Services on 21-12-2005 in connection with the criminal misconduct of Sri. Chandran.

Directions have also been issued to the Director of Health Services as per Government letter No. 27485/H1/2000/H&FWD dated 18-2-2003 in handling of cash/maintenance of Registers and to conduct periodical inspection on cash books in all Officers urgently and the Accountant General, Kerala was also informed of it as per letter No. 27485/H1/2000/H&FWD dated 24-2-2003. Further, as per Government letter No. 15964/H1/2004/H&FWD dated 4-1-2006, the Director of Health Services has been directed to see that the direction in the Government letter and the recommendation in the relevant audit para is implemented without fail.

V. SUSAMMA,  
*Additional Secretary to Government  
 Health & Family Welfare Department  
 Government Secretariat, Tvp.*

**Statement of Remedial Measures Taken on the Report  
Comptroller & Auditor General for the year ended  
31-3-2000 (Civil) Related to Para 3.15**

- |     |   |                   |  |  |
|-----|---|-------------------|--|--|
| I   | (a) Department  | :                 | Health Services Department   |  |
|     | (b) Subject/title of the review Paragraph   | :                 | Unfruitful expenditure on a hospital building  |  |
|     | (c) Paragraph No.   | :                 | 3.15   |  |
|     | (d) Report No.  | :                 | Audit Report (Civil) for the year ended 31-3-2000 (Civil)  |  |
| II  | (a) Date of receipt of the Audit Paragraph/review in the department   | :                 | 30-6-2000  |  |
|     | (b) Date of Department's reply  | :                 | 15-2-2006  |  |
| III | Gist of Paragraph/review  | :                 | Building for hospital ward in PHC Chokkad in Malappuram District constructed at a cost of Rs. 34.56 lakh remained idle for over 4 years. |  |
| IV  | (a) Does the Department agree with the facts and figures included in the paragraph  | :                 | Yes  |  |
|     | (b) If, not please indicate the areas of disagreement and also attach copies of relevant documents in support   | :                 | Not applicable   |  |
| V   | (a) Does the department agree with the audit conclusions ?  | :                 | Yes However, earnest efforts have been taken to avoid such instances.  |  |
|     | (b) If not please indicate specific areas of disagreement with reasons for disagreement and also attach relevant documents in support, were necessary | :                 | Not applicable   |  |
| VI  | <i>Remedial Action Taken</i>  |                   |  |  |
|     | (1) Improvement in system and procedures including internal controls  | } Report attached |  |  |
|     | (2) Recovery of over payments pointed out by Audit.   |                   |  |  |
|     | (3) Recovery of under assessment, short levy, other dues.   |                   |  |  |
|     | (4) Modifications in the scheme and programmes including Financial pattern.   |                   |  |  |
|     | (5) Review of similar cases/complete scheme/project in the Light of findings of sample check by audit.  |                   |  |  |

**Comptroller and Auditor General Report for the year ended  
31-3-2000 (Civil) —Action Taken Report on Para 3.15  
(Unfruitful Expenditure on a Hospital Building)**

3.15 Unfruitful Expenditure on a Hospital Building

Building for Hospital Ward, Constructed at a cost of Rs. 34.56 lakh remained idle for over 4 years.

(1)	(2)
<p>Government converted (October 1988) Government Rural Dispensary (GRD), at Chokkad Girijan Colony in Malappuram district into Primary Health Centre (PHC), Chokkad. In March 1991, Government sanctioned construction of a 40 bedded ward with outpatient block, labour room etc., for the GRD at an estimated cost of Rs. 17.50 lakh. The building completed in March 1996 by the Public Works Department at a cost of Rs. 34.56 lakh was taken over by the Medical Officer (MO), PHC, Chokkad in August 1996. After two years Director of Health Services (DHS), Thiruvananthapuram sent proposal to Government for creation of 13 additional posts in October 1998, Government sanctioned (November 1999) creation of 8 posts (Assistant Surgeon-1, Staff Nurse-4, Hospital Attendant Grade II-2, and Nursing Assistant-1). As of May 2000, One Doctor (on contract basis) and one Nursing Assistant was appointed and two staff Nurses were posted on working arrangement (temporarily from other Hospitals).</p>	<p><i>Action Taken Report</i></p> <p>PHC Chokkad is located in a remote area on the top of a hill in Malappuram District where no transport facilities are available. The patients from nearby area are utilizing the I.P. and O.P. facilities in Taluk Head Quarters Hospital Nilambur and PHC Kalikavu where transportation facilities are available. There is no quarters for Medical Officers and staff. The average O.P. is about 40 to 50 and though there is no I.P. facility, patients are admitted for observation on a monthly average of 30 to 50. It may be noted that the service of the staff is utilised fully for Family Welfare work, RNTCP (Tuberculosis eradication), immunization and public Health etc. As the circumstances are those mentioned above and as there is no lapse or dereliction of duty on the part of officials, the para 3.15 may kindly be dropped.</p>
<p>Though the building was inaugurated in May 2000 the operation theatre and the ward were not put to use for want of</p>	

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(1)

(2)

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staff, M.O, PHC stated (June 2000) that the inpatient ward and operation theatre could be made functional only after appointing a regular doctor and providing facilities to the ward and operation theatre.

Thus, the building constructed at a cost of Rs. 34.56 lakh could not be put to use and the intended medical facilities were denied to the people of the Girijan Colony.

The matter was reported to Government in June 2000; reply has not been received (November 2000).

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**Health & Family Welfare (M) Department**

No. 16554/M1/2002/H&FWD.

**Statement of Remedial action taken on Audit paras contained  
in the Report of the comptroller & Auditor General  
for the year ended March, 2002**

<i>Sl. No.</i>	<i>Para. No.</i>	<i>Recommendation</i>	<i>Remedial Action Taken</i>
1	3.5	<i>Hospital building lying unused for seven years.</i>	
		<p>A Hospital building constructed at a cost of Rs. 22.62 lakh in August 1995 could not be used due to lack of infrastructural facilities while Rs. 3.21 lakh was spent on salary to idle staff.</p> <p>Government sanctioned (March 1995) construction of a 30 bedded in-patient ward, an operation theatre and a kitchen block for the Primary Health Centre (PHC) at Kadavoor in Ernakulam District at an estimated cost of Rs. 17.80 lakh. The building completed by Public Works Department in August 1995 at a cost of Rs. 22.62 lakh was taken over by the Medical Officer of the PHC in February 1996. For arranging water supply Medical Officer requested (August 1998) the local panchayat to supply a motor.</p>	<p>The PHC Kadavoor was constructed by Local Authority utilising the MP Fund of Rs. 22.62 lakhs. On 19-2-1996. It was handed over to the Medical Officer for starting I.P. wing. The bed strength was fixed as 30 and subsequently 9 additional posts were sanctioned. Then the District Medical Officer Ernakulam reported that the I.P. wing could not be started due to the scarcity of water, improper maintenance of Electrification works and the lack of accommodation for doctors etc. Accordingly the DHS, on 27-9-2003, instructed the local authorities to rectify the defects.</p> <p>On 10-3-2004 the District Medical Officer, Ernakulam reported that all defects were rectified and necessary instructions were issued to the Medical Officer, PHC Kadavoor, for starting the I.P wing immediately.</p> <p>But on 1-4-2004 the District Medical Officer reported that inspite of repeated directions the Medical Officer PHC Kadavoor turned in deaf ears and left the station simply by</p>

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(1)	(2)	(3)	(4)
		<p>The local panchayat supplied the motor in January 2001 but it could not be installed due to defects in the electrical wiring. When the defects were got rectified in January 2003 it was found that the motor did not have sufficient capacity to pump water to the overhead tank. Necessary aseptic environment and instruments for use in operation theatre had also not been provided as on December 2002.</p>	
		<p>Mean-while Government sanctioned 8 posts of paramedical staff in January 1999 and one post of Medical officer in January 2000 for the in-patient wing. All the above staff joined duty during March 1999 to November 2000 and were subsequently transferred on working arrangement to other PHCs. However, Rs. 3.21 lakh was spent on their salary during their retention for various periods from March 1999 to November 2001 in the PHC.</p>	
		<p>Thus, a building constructed in August 1995 could not be used for over seven years for providing in-patient</p>	

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(1)	(2)	(3)	(4)
		<p>treatment in the absence of necessary infrastructural facilities and Rs. 22.62 lakh spent on the building remained unfruitful. Unnecessary posting of additional staff despite absence of infrastructure led to payment of idle wages of Rs. 3.21 lakh. And the people of the locality who had no other medical facilities within 10 Kmts. got no benefit. The above matter was reported to Government in May 2002. No response was received (December 2002).</p>	<p>forwarding leave application on LWA for 30 days with effect from 26-3-2004 neither obtaining prior sanction from higher authorities nor handing over charge. Thus, the Medical Officer is the sole culprit in idling the I.P. wing and disciplinary action to the effect of terminating him from service is being finalized. There are three sanctioned posts of Assistant Surgeons in PHC. Kadavoor and I.P. has been started there with effect from 27-11-2004. But the Doctor who has been appointed there under compulsory rural service with effect from 1-5-2006 has not joined so far resulting temporary stoppage of I.P. facility. The DHS has reported that the vacant post will be filled up soon.</p> <p>The salaries paid to the 9 staff from March 1999 to November 2001 may not be termed as idle wages since the rate of daily OP is too high in volume and the service of the staff were fully utilised for providing treatment to the patients especially during the period of outbreak of epidemics and Natural Calamities. Hence the audit objection may kindly be dropped.</p>

M. NEELAKANTAN,  
*Joint Secretary,*  
*Health & Family Welfare Department.*

**Action Taken Report on the Report of C & AG for the year ended  
31st March 2003 (Civil)**

<i>Sl. No.</i>	<i>Audit Para No.</i>	<i>Observation of C &amp; AG</i>	<i>Action Taken</i>
(1)	(2)	(3)	(4)
1	3.2.1	There were instances where the State Government improperly suggested withdrawal of pending cases and advised the Department not to proceed with the cases.	In the case of Carmel Hospital, Aluva though Government has issued withdrawal consent as per Lr. No.14846/L3/00/Home dated, 8-6-2000, the Hon'ble Court has not permitted the withdrawal of the case. Regarding Nestor pharmaceuticals, Government has consented to withdraw the case in CC 265/97 and CC239/97 pending before the Chief Judicial Magistrate Court, Thiruvananthapuram charged against the firm due to administrative exigencies.
2	3.2.5	There were instances where the accused manufacturers/suppliers/sellers escaped prosecution due to non issue of clearance by the Drugs Controller before the limitation period of three years although such clearance was not required under the Act.	System of granting of prosecution sanction has been dispensed with in tune with Accountant General's recommendations. Care will be taken in future so that no accused escapes prosecution.
3	3.2.8	Samples of drugs collected were far below statutory requirements and targets fixed were not representative.	These are only department norms and no statutory norm. Depending upon the financial position of Drugs Testing Laboratory its capacity and facilities etc. samples are drawn. Costly and new molecules will be subjected to test in future.

(1)	(2)	(3)	(4)
4	3.2.11	Due to heavy shortfall in inspection, several blood banks were functioning without licences.	The shortfall due to non recording of Blood Bank inspection which are mostly joint inspection with officers of Central Drugs Standard Control Organisation. Steps have already been initiated to rectify the anomaly.
5	3.2.12	In six districts 40 banned drugs were marketed for period ranging from 15 days to 15 months after they were banned.	This is only case of banning of Fixed Dose Combinations Vit, B1, B6, B12. This is not a harmful combination but only an irrational combination. Departmental action by way of suspension of licences was taken against dealers who sold the drug after it was banned. Prosecution actions were taken against manufacturers who intentionally manufactured the drug after the date of ban.

B. GEETHA DEVI,  
*Joint Secretary,*  
*Health & Family Welfare Department,*  
*Government Secretariat.*

## 3.2.13. Analysis of samples

(a) Lack of sufficient staff is the main reason for decrease in output of the number of samples tested in the Drugs Testing Laboratory. During March 2003, out of 54 sanctioned Technical posts, 17 were vacant due to want of regular staff. Now the situation is improved and at present out of 60 sanctioned posts only 6 posts are vacant. After the inspection, the output is increased considerably.

(b) Up to January 2007 there were only three sanctioned posts of Drugs Inspector (Ay) in the Department, out of which one post was not filled by regular staff. One post of Drugs Inspector (Ay) reserved for SC/ST was vacant from 2002 onwards for want of PSC hand. This post was filled by provisional hand who could not draw samples for want of Gazette Notification. The regular hand was appointed only on 1-1-2007.

The target of sampling fixed for Drugs Inspector (Ay) is six per month. Hence the total number of samples which can be drawn by two Drugs Inspector (Ay) will be only 144.

In 2007 March, One more post of Drugs Inspector (Ay) is created.

Now the situation is improved and the number of samples analyzed is increased. The details of Ayurveda samples drawn during the past years are follows.

<i>Year</i>	<i>No. of samples drawn</i>
2004	132
2005	203
2006	184

3.2.14. Under Central assistance, the Laboratory is under renovation. As a part of NABL accreditation these suggestions will be incorporated in the Standard opening Procedure and will be implemented soon.

Lack of sufficient staff is the main reason. Out of 54 sanctioned posts, 17 were vacant during March 2003, Non availability of reference standard, was another reason for delay.

After the Inspection, the delay in giving reports by the Laboratory is reduced to three months. The reason for delay is due to giving priority to CPC samples, other Government samples and complaint based samples.

3.2.15. The observation is based on random sampling. Actually, out of the 15249 samples for the period 1998-2002 drawn for analysis, 874 samples are declared to be Not of Standard Quality, out of which 35 are within the purview of

prosecution guidelines. It may be noted that 31 prosecutions are already initiated. The details of samples drawn for analysis, found Not of Standard Quality (NSQ) and Number of prosecution initiated are shown below.

<i>Year</i>	<i>Total samples</i>	<i>NSQ</i>	<i>Within norms of prosecution</i>	<i>No. of Prosecution</i>
1998	2412	220	2	2
1999	2951	198	4	4
2000	3389	175	7	7
2001	3178	162	10	8
2002	3319	119	12	10
	15249	874	35	31

After the inspection, the situation is increased and the corresponding figures for the subsequent years are as follows.

<i>Year</i>	<i>Total samples</i>	<i>NSQ</i>	<i>Within norms of prosecution</i>	<i>No. of Prosecution initiated</i>
2003	3246	98	11	11
2004	3915	77	12	12
2005	3998	75	56	56
2006	3875	61	27	27
2007	2328	38	18	14
(as on 31-7-2007)	17362	349	124	120

3.2.16 Complaints already filed and they are still pending in the Court.

3.2.17 (a) After the inspection, the target of six samples per month is fixed for Drugs Inspector (Ay).

(b) Since there was too much samples pending in the Lab, Drugs Inspectors were instructed not to draw samples for four months to avoid heavy backlog. This was the reason for decreased out put.

3.2.18 Meeting was not conducted regularly during the period under report. After the report, regular zonal meetings are conducted to monitor and assess the work of the sectors.

<i>Year</i>	<i>No. of Zonal Meeting</i>
2004	3
2005	3
2006	3

3.2.19 (a) Out of Rs. 17.955 Crores allotted (plan & Non plan) for the period 1998-2003, Rs. 15.027 crores are spent. In the plan Head, out of Rs. 2.85 crores, we had spent Rs. 1.79 crores. We have fully utilized the Central assistance and that is the main reason for low utilization under plan head.

The financial outlay of the department for the period 1998-2003 is as follows.

	<i>Plan</i>	<i>Non-plan</i>	<i>Total</i>
Allotment	2,85,00,000	15,10,50,000	17,95,50,000
Expenditure	1,79,08,000	13,23,62,000	15,02,70,000
Balance	1,05,92,000	1,86,88,000	2,92,80,000

(b) Centrally Sponsored Schemes

We have fully utilized the central assistance of Rs. 84.5 lakhs. The unspent balance was revalidated and fully utilised during the year 2002-03. The receipt and expenditure is as follows.

<i>Year</i>	<i>Receipt</i>	<i>Expenditure</i>
1995-96	11,00,000	95,245
1996-97	00	
1997-98	34,00,000	26,87,497
1998-99	00	
1999-00	27,50,000	25,98,908
2000-01	12,00,000	5,83,616
<b>Total</b>	<b>84,50,000</b>	<b>59,65,256</b>

Balance	Rs. 25,34,384
Revalidated to 2002-03	Rs. 25,34,000
Spent	Rs. 25,32,313

There is only Rs. 1,687 remain as unspent.

(c) Quarterly Report:

At that time Report were not sent, but after Inspection of AG, quarterly reports of the analytical work of Government Analyst are forwarded to Government regularly.

(d) Work Study Report:

Complaints of Drugs Inspectors are taken as private complaint and hence complaints have to appear for every posting. So if one court is specifically set up Drug Inspectors from all over Kerala have to appear for every posting of the case, causing financial burden and loss of man hours.

3.2.20 1. Recommendation in the regard are forwarded to the Drugs Controller General (India) for taking up with the Drugs Consultative committee for amending concerned Rules.

2. Based on the Recommendations, the procedure of issuing sanction for prosecution is dispensed with.

3. Recommendation in the regard are forwarded to the Drugs Controller General (India) for taking up with the Drugs Consultative committee for amending concerned Rules.

4. Recommendation in the regard are forwarded to the Drugs Control General (India) for taking up with the Drugs Consultative committee for amending concerned Rules.

5. Government will consider this in consultation with Home Department.

6. On the basis of the recommendation special rule are amended by G.O. (P) No. 157/07/H&FWD dated 3-7-2007 where by Drugs Inspectors will be on training for 6 months from the date of joining in service.

കമ്പ്ട്രോളർ ആന്റ് ഓഡിറ്റർ ജനറലിന്റെ 31-3-2003-ൽ അവസാനിച്ച വർഷത്തെ റിപ്പോർട്ടിലെ ഖണ്ഡിക 3.2.13 മുതൽ 3.2.20-വരെയുള്ളവയിൽ പരിഹാര നടപടികളുടെ ഖണ്ഡിക തിരിച്ചുള്ള സ്റ്റേറ്റ്മെന്റ്

ഖണ്ഡിക നമ്പർ	അക്കൗണ്ടന്റ് ജനറലിന്റെ റിപ്പോർട്ട്	കൈക്കൊണ്ട പരിഹാര നടപടികൾ																											
(1)		(2)																											
<p>3.2.13 ഔഷധ പരിശോധനാ ശാലയുടെ പ്രവർത്തനം</p> <p>ഒരു വർഷം 5000 സാമ്പിളുകൾ പരിശോധിക്കാനുള്ള ശേഷി തിരുവനന്തപുരത്തെ ഔഷധ പരിശോധനാ ശാലയ്ക്കുണ്ട്. എന്നാൽ താഴെ പറഞ്ഞിരിക്കുന്ന ഒരു വർഷത്തിലും ഇതിന്റെ സമ്പൂർണ്ണശേഷി വിനിയോഗിക്കപ്പെട്ടിട്ടില്ല.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">വർഷം</th> <th style="text-align: left;">ആയുർവ്വേദ ഔഷധങ്ങളും സ്വകാര്യസാമ്പിളുകളും ഉൾപ്പെടെ വിശകലനം നടത്തപ്പെട്ട സാമ്പിളുകളുടെ എണ്ണം</th> <th style="text-align: left;">കുറവിന്റെ ശതമാന നിരക്ക്</th> </tr> </thead> <tbody> <tr><td>1998-99</td><td>2827</td><td>43</td></tr> <tr><td>1999-00</td><td>3315</td><td>34</td></tr> <tr><td>2000-01</td><td>2394</td><td>52</td></tr> <tr><td>2001-02</td><td>2241</td><td>55</td></tr> <tr><td>2002-03</td><td>3359</td><td>33</td></tr> </tbody> </table> <p>വേണ്ടത്ര ജീവനക്കാരുടെ അഭാവത്താണ് കുറഞ്ഞശേഷി വിനിയോഗത്തിന്റെ കാരണമായി ഉന്നയിക്കപ്പെടുന്നത്.</p> <p>വർഷത്തിൽ 300 സാമ്പിളുകളുടെ പരിശോധനാശേഷി എന്നതിനെക്കാളും വളരെ താഴെയായിരുന്നു ഡ്രഗ് ടെസ്റ്റിംഗ് ലാബറട്ടറിയുടെ ആയുർവ്വേദ ഡിവിഷനിൽ നടത്തിയ യഥാർത്ഥ രാസവിശകലനങ്ങളെന്ന് ഡിവിഷന്റെ ശതമാന നിരക്ക് 1998-2002 കാലയളവിൽ 61 മുതൽ 90 വരെ വ്യതിയാനപ്പെട്ടിരുന്നു.</p>	വർഷം	ആയുർവ്വേദ ഔഷധങ്ങളും സ്വകാര്യസാമ്പിളുകളും ഉൾപ്പെടെ വിശകലനം നടത്തപ്പെട്ട സാമ്പിളുകളുടെ എണ്ണം	കുറവിന്റെ ശതമാന നിരക്ക്	1998-99	2827	43	1999-00	3315	34	2000-01	2394	52	2001-02	2241	55	2002-03	3359	33	<p>പ്രതിവർഷം 4000 സാമ്പിളുകൾ മാത്രമേ ഡ്രഗ്സ് ടെസ്റ്റിംഗ് ലാബറട്ടറിയിൽ പരിശോധിക്കാൻ കഴിയുന്നുള്ളൂ. മേൽ പരാമർശത്തിന്റെ അടിസ്ഥാനത്തിൽ ഊർജ്ജിതമായ നടപടികൾ സ്വീകരിക്കുകയും 2004 മുതൽ സാമ്പിൾ പരിശോധനയിൽ സാരമായ വർദ്ധനയുണ്ടാവുകയും ചെയ്തിട്ടുണ്ട്. ഇത് സംബന്ധിച്ച് സ്ഥിതിവിവര ചുവടെ ചേർക്കുന്നു.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">വർഷം</th> <th style="text-align: left;">പരിശോധിച്ച സാമ്പിളുകളുടെ എണ്ണം</th> </tr> </thead> <tbody> <tr><td>2004</td><td>3915</td></tr> <tr><td>2005</td><td>3998</td></tr> <tr><td>2006</td><td>3875</td></tr> <tr><td>2007 ജൂലൈ 31 വരെ</td><td>2378</td></tr> </tbody> </table> <p>ഗവൺമെന്റ് ഓഫ് ഇന്ത്യയുടെ ക്യാമ്പയിൻ ബിൽഡിംഗ് പ്രോജക്ടിന്റെ കീഴിൽ ഡ്രഗ്സ് &amp; ഫുഡ് മേഖലയ്ക്കായി 3.21 കോടി രൂപ കേന്ദ്ര സഹായം അനുവദിച്ചു കിട്ടിയിട്ടുണ്ട്. ഈ സഹായം വിനിയോഗിച്ച് നിലവിലുള്ള ഡ്രഗ്സ് ടെസ്റ്റിംഗ് ലാബറട്ടറി, NABL സ്റ്റാൻഡാർഡിൽ എത്തിക്കുന്നതിനായി പുനരുദ്ധാരണം നടത്തികൊണ്ടിരിക്കുകയാണ്. അനലിസ്റ്റുകളുടെ കൂടുതൽ തസ്തികകൾ സൃഷ്ടിക്കുക വഴി പ്രതിവർഷം 7000 സാമ്പിളുകൾവരെ പരിശോധിക്കാൻ സാധിക്കും.</p>	വർഷം	പരിശോധിച്ച സാമ്പിളുകളുടെ എണ്ണം	2004	3915	2005	3998	2006	3875	2007 ജൂലൈ 31 വരെ	2378
വർഷം	ആയുർവ്വേദ ഔഷധങ്ങളും സ്വകാര്യസാമ്പിളുകളും ഉൾപ്പെടെ വിശകലനം നടത്തപ്പെട്ട സാമ്പിളുകളുടെ എണ്ണം	കുറവിന്റെ ശതമാന നിരക്ക്																											
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(1)	(2)
<p>നിലവാരങ്ങളുടെ/വിശകലന രീതികളുടെ ലഭ്യതയില്ലായ്മ, കേടായ ഉപകരണങ്ങൾ, രാസപദാർത്ഥങ്ങളുടെ അഭാവം എന്നിവയാ യിരുന്നു കുറവിന്റെ കാരണങ്ങളായി ഉന്നയിക്കപ്പെട്ടിരുന്നത്.</p>	<p>മെന്ന് പ്രതീക്ഷിക്കുന്നു. കൊച്ചിയിലെ കാക്കനാട് ആരംഭിക്കുന്ന റീജിയണൽ ഡ്രഗ്സ് ടെസ്റ്റിംഗ് ലാബ് പ്രവർത്തന ക്ഷമമാകുമ്പോൾ പ്രതിവർഷം 3000 സാമ്പിളുകൾ കൂടി പരിശോധിക്കുവാൻ സാധിക്കുമെന്ന് കരുതുന്നു.</p>
<p>3.2.14 സാമ്പിൾ മരുന്നുകളുടെ പരിശോധനാ-റിപ്പോർട്ട് ചെയ്യാൻ എടുത്ത സമയം-പ്രതികൂല പ്രത്യാഘാതം (സാമ്പിളുകളുടെ രാസപരിശോധന നടത്തുന്നതിലും പരിശോധന ഫലങ്ങളെ നിർമ്മാതാക്കളെ ധരിപ്പിക്കുന്നതിലും നീണ്ട കാലതാമസം) ഔഷധ പരിശോധന ശാലയിൽ ഓരോ പ്രത്യേക സാമ്പിളിന്റെയും പരിശോധനയ്ക്ക് എടുക്കേണ്ട പരമാവധി സമയം ഉൾപ്പെടെ സാമ്പിളുകൾ കൈപ്പറ്റുന്നതിനും വിശകലനം പൂർത്തിയാക്കുന്നതിനും വേണ്ട യാതൊരു നിർദ്ദിഷ്ട പരിമാനങ്ങളുമില്ലായിരുന്നു.</p> <p>1999 ഒക്ടോബർ മുതൽ 2001 ഡിസംബർ വരെ പരിശോധന ശാലയിൽ ലഭിച്ച 18 സാമ്പിളുകളുടെ വിശകലനത്തിനും റിപ്പോർട്ടിനുമായി 7 മുതൽ 11 വരെ മാസങ്ങളുടെ കാലതാമസമുണ്ടായതായി 1998-2003 (2002 ഡിസംബർ വരെ) കാലയളവിലെ ഡ്രഗ് ടെസ്റ്റിംഗ് ലാബറട്ടറിയിലെ സാമ്പിൾ അനാലിസിസ് രജിസ്റ്ററിന്റെ ലാക്ഷണിക പരിശോധനയിൽ വെളിപ്പെട്ടു. നിലവാരം കുറഞ്ഞ മരുന്നുകളെ വിപണിയിൽനിന്നും പിൻവലിക്കുന്നതിന് കൂടുതൽ കാലതാമസത്തിന് ഇടവരുത്തിക്കൊണ്ട്, മരുന്ന് നിർമ്മാതാക്കളെ പരിശോധനാഫലം അറിയിക്കുന്ന</p>	<p>സാമ്പിളുകൾ പരിശോധിച്ചു സർട്ടിഫിക്കറ്റ് നൽകുന്നതിനുള്ള ശരാശരി സമയം 3 മാസമായി കുറഞ്ഞിട്ടുണ്ട്. CPC സാമ്പിളുകൾക്കും, ICDS-ൽ നിന്നുള്ള സാമ്പിളുകൾക്കും പരാതിയുടെ അടിസ്ഥാനത്തിലെടുക്കുന്ന സാമ്പിളുകൾക്കും പരിശോധനാ ഫലം സത്വരമായി തന്നെ അറിയിച്ചുവരുന്നു. സാധാരണ (Routine) പരിശോധനകൾക്ക് കാലതാമസം ഉണ്ടാകുന്നത് പരമാവധി ഒഴിവാക്കുന്നതിനും നടപടി സ്വീകരിച്ചിട്ടുണ്ട്.</p>

(1)	(2)
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തിലും കാലതാമസം വരുത്തിയതായി കാണപ്പെട്ടു. സാമ്പിളുകളുടെ വിശകലനത്തിലും വിശകലന ഫലങ്ങൾ നിർമ്മാതാക്കളെ അറിയിക്കുന്നതിലും ഓരോന്നിലും 1 മുതൽ 12 വരെ മാസങ്ങളുടെ കാലതാമസം ഉണ്ടായതായി മേഖലാ ഓഫീസുകളിലെ (കൊല്ലം ഒഴികെ) 1998-03 കാലയളവിലെ നിലവാരം കുറഞ്ഞ 68 സാമ്പിളുകളുടെ വിവരങ്ങളിൽ നടത്തിയ ഒരു ലക്ഷണിക പരിശോധനയിൽ കണ്ടെത്തി.

ജീവനക്കാരുടെ അപര്യാപ്തതയാണ് അത്തരം കാലതാമസങ്ങൾക്ക് ഒരു മുഖ്യകാരണമായി ഡ്രഗ്സ് കൺട്രോളർ ചൂണ്ടിക്കാട്ടിയത്. ഔഷധ പരിശോധനശാലയിലേക്ക് അനുവദിക്കപ്പെട്ടിട്ടുള്ള 54 ജീവനക്കാരുടെ എണ്ണത്തിൽ 17 തസ്തികകളിൽ ആളില്ലാതെ 2003 മാർച്ചിൽ ഒഴിഞ്ഞു കിടന്നിരുന്നു. ബന്ധപ്പെട്ട ഔഷധ നിർമ്മാതാക്കളിൽ അല്ലെങ്കിൽ കൊൽക്കത്തയിലെ കേന്ദ്ര ഔഷധ പരിശോധനാശാലയിൽനിന്നും പുതിയ ചില മരുന്നുകളെ സംബന്ധിച്ച നിർദ്ദേശ-മാനദണ്ഡങ്ങൾ ലഭിക്കാനുണ്ടാകുന്ന കാലവിളംബരവും സർക്കാർ ചൂണ്ടിക്കാട്ടിയ മറ്റൊരു കാരണമാകുന്നു.

3.2.15 നിലവാരം കുറഞ്ഞതായി കാണപ്പെട്ട സാമ്പിളുകളിൽ മേൽ തുടർ നടപടി എടുക്കാതിരിക്കൽ

നിലവാരമില്ലാത്ത മരുന്നുകളെ ഉയുലനം ചെയ്യുന്ന ഒരു പരിപാടിയുടെ ഭാഗമായി, നാലു മേഖലകളിൽ നിന്നും (കൊല്ലം ഒഴികെ)

മരുന്ന് നിർമ്മാതാക്കൾക്കെതിരെയുള്ള പ്രോസിക്യൂഷൻ നടപടികൾ സ്വീകരിക്കുന്നത് ഡ്രഗ്സ് കൺസൾട്ടേറ്റീവ് കമ്മിറ്റിയുടെ മാനദണ്ഡങ്ങൾ ആധാരമാക്കിയാണ്. പരിശോധനയ്ക്കെടുക്കുന്ന മരുനിലെ പ്രധാന ചേരുവ 70%-ൽ കുറവായാലോ, ടി

(1)	(2)												
<p>1998-02 കാലയളവിൽ മരുന്നുകളുടെ 4070 സാമ്പിളുകൾ എടുക്കുകയുണ്ടായി. അതിൽനിന്നും 256 സാമ്പിളുകൾ നിലവാരമില്ലാത്തതായി രാസപരിശോധനയിൽ കാണപ്പെട്ടു. തൃശൂർ മേഖലയിലെ രണ്ടു കേന്ദ്രങ്ങൾ ഒഴികെ, ക്യാക്കാരായ നിർമ്മാതാക്കൾക്കെതിരെ പ്രോസിക്യൂഷൻ നടപടികൾ ആരംഭിച്ചിട്ടുണ്ട്. എടുത്തിരുന്നില്ലായെന്ന് നിലവാരമില്ലാത്തതായി പ്രഖ്യാപിക്കപ്പെട്ട 68 സാമ്പിളുകളുടെ ലക്ഷണിക പരിശോധനയിൽ നിന്നും വെളിവാക്കി.</p> <p>ഔഷധക്കുട്ടിലെ പരമപ്രധാനമായ ഘടകം 70 ശതമാനത്തിൽ താഴെ കാണപ്പെട്ട കേന്ദ്രങ്ങളിൽ, സാധാരണ നടപടികളനുസരിച്ചുള്ള പ്രോസിക്യൂഷൻ ആരംഭിച്ചിരുന്നുവെന്ന് ഗവൺമെന്റ് പറഞ്ഞു (2003 ഓഗസ്റ്റ്). എന്നാൽ നിലവാരമില്ലാത്തതായി കണ്ടെത്തിയ 256 എണ്ണത്തിൽ അതിലെ പ്രധാന ഘടകം 70 ശതമാനത്തിൽ താഴെ ഉണ്ടായിരുന്ന സാമ്പിളുകളുടെ എണ്ണവും അത്തരം കേസുകളിലെല്ലാം പ്രോസിക്യൂഷൻ നടപടികൾ ആരംഭിക്കാതിരുന്നതിന്റെയും സുവ്യക്തമായ കാരണങ്ങൾ ഒന്നും സർക്കാർ നൽകിയില്ല.</p>	<p>മരുന്ന് അനുവിമുക്തമാക്കി സൂക്ഷിക്കുന്നതിലോ, ബാക്ടീരിയൽ വിഷാംശ പരിശോധനയിലോ പരാജയപ്പെട്ടാൽ ഗുണനിലവാരമില്ലാത്തതായി കണക്കാക്കുകയും ആയതിന്റെ പരിശോധനാഫലം ബന്ധപ്പെട്ട ഡ്രഗ്സ് ഇൻസ്പെക്ടർമാരെ അറിയിക്കുകയും ടി മരുന്ന് നിർമ്മാതാക്കൾക്കെതിരെ പ്രോസിക്യൂഷൻ നടപടി സ്വീകരിക്കുകയും ചെയ്യുന്നു. പ്രോസിക്യൂഷൻ നടപടികളിൽ വർദ്ധനവ് ഉണ്ടായിട്ടുണ്ട്. കണക്കുകൾ താഴെ സൂചിപ്പിക്കുന്നു.</p> <table border="1" data-bbox="845 1008 1197 1433"> <thead> <tr> <th>വർഷം</th> <th>ഗുണനിലവാരമില്ലാത്തതായി കണ്ടെത്തിയ മരുന്നുകളുടെ നിർമ്മാതാക്കൾക്കെതിരെ സ്വീകരിച്ച പ്രോസിക്യൂഷനുകളുടെ എണ്ണം</th> </tr> </thead> <tbody> <tr> <td>2003</td> <td>8</td> </tr> <tr> <td>2004</td> <td>9</td> </tr> <tr> <td>2005</td> <td>16</td> </tr> <tr> <td>2006</td> <td>20</td> </tr> <tr> <td>2007</td> <td>10</td> </tr> </tbody> </table> <p>(ജൂലൈ വരെ)</p>	വർഷം	ഗുണനിലവാരമില്ലാത്തതായി കണ്ടെത്തിയ മരുന്നുകളുടെ നിർമ്മാതാക്കൾക്കെതിരെ സ്വീകരിച്ച പ്രോസിക്യൂഷനുകളുടെ എണ്ണം	2003	8	2004	9	2005	16	2006	20	2007	10
വർഷം	ഗുണനിലവാരമില്ലാത്തതായി കണ്ടെത്തിയ മരുന്നുകളുടെ നിർമ്മാതാക്കൾക്കെതിരെ സ്വീകരിച്ച പ്രോസിക്യൂഷനുകളുടെ എണ്ണം												
2003	8												
2004	9												
2005	16												
2006	20												
2007	10												
<p>3.2.16 പരിശോധനകളും കണ്ടെത്തലുകളും</p> <p>കാൻസർ, പ്രമേഹം, ക്ഷണി മൃതലായവ ഉൾപ്പെടെയുള്ള മറ്റു രോഗങ്ങളേയും എയ്ഡ്സിനേയും ഭേദമാക്കാൻ കഴിയുമെന്ന് അവകാശപ്പെട്ട കൊച്ചിയിലെ ലൈസൻസുള്ള ഒരു സ്ഥാപനം, ആയുർവേദ ഔഷധങ്ങളുടെ അന്ധീകൃത നിർമ്മാണത്തിലും</p>	<p>കൊച്ചി ആസ്ഥാനമാക്കിയുള്ള രണ്ട് ആയുർവേദ ഔഷധ നിർമ്മാണ ശാലകളിലെ റെയ്ഡിനെ തുടർന്ന് CC21/04, CC 861/04 എന്നീ നമ്പരുകളിൽ ടി കമ്പനികൾക്കെതിരെ കേസ് ഫയൽ ചെയ്തിരുന്നു. ഇപ്പോഴും കേസ് വിചാരണ കോടതിയിൽ നിലനിൽക്കുകയാണ്.</p>												

(1)	(2)
<p>വിൽപ്പനയിലും വർഷങ്ങളായി വ്യാപൃതരായിരുന്നുവെന്ന്, 2003 ഫെബ്രുവരിയിൽ ഡിപ്പാർട്ടുമെന്റിന്റെ ഇൻലിജൻസ് വിഭാഗം നടത്തിയ ഒരു റെയ്ഡിൽ കണ്ടുപിടിക്കപ്പെട്ടു. ഇതിന്റെ ഉടമസ്ഥനെതിരെ കോടതിയിൽ പരാതി ബോധിപ്പിക്കാനുള്ള നടപടികൾ എടുത്തുകൊണ്ടിരിക്കുന്നുവെന്ന് സർക്കാർ പറഞ്ഞു (2003 ഓഗസ്റ്റ്).</p> <p>3.2.17 <u>ഇൻലിജൻസ്-ലീഗൽ വിഭാഗങ്ങളുടെ സ്ഥാപിക്കൽ</u></p> <p>വിതരണ മാർഗ്ഗങ്ങളിൽ മിന്നൽ പരിശോധന നടത്തുക, ഇരിക്കുന്ന സ്റ്റോക്കും വാങ്ങിയ സ്രോതസ്സും പരിശോധിക്കുക, പരിശോധനയ്ക്ക് സാമ്പിളുകൾ എടുക്കുക തുടങ്ങിയ നടപടികൾ ഔഷധ നിയന്ത്രണ വകുപ്പിന്റെ ഇൻലിജൻസ് വിഭാഗം നടത്തേണ്ടതാണ്. പ്രതിമാസം ഓരോ ഡ്രഗ്സ് ഇൻസ്പെക്ഷറും അലോപ്പതി ഔഷധങ്ങളുടെ 10 സാമ്പിളുകൾ എടുത്തിരിക്കണമെന്ന് ഇൻലിജൻസ് വിഭാഗം ഒരു ലക്ഷ്യപരിധി നിശ്ചയിച്ചിട്ടുണ്ട്. എന്നാൽ ആയുർവേദ ഔഷധങ്ങളെ സംബന്ധിച്ച് ഒരു ലക്ഷ്യപരിധിയും നിശ്ചയിച്ചിട്ടില്ല. 1998-2000 കാലയളവിൽ, രണ്ടു മേഖലകളിൽ നിന്നും ഡ്രഗ്സ് ഇൻസ്പെക്ഷർ സാമ്പിളുകൾ ഒന്നും എടുത്തിട്ടില്ല. 1998-2002 കാലയളവിൽ ലക്ഷ്യപരിധി പ്രകാരം 2400 സാമ്പിളുകൾ ശേഖരിക്കേണ്ടിയിരുന്നിടത്ത് ഡ്രഗ്സ് ഇൻസ്പെക്ഷർമാർ എടുത്തത് 1705 സാമ്പിളുകൾ മാത്രമായിരുന്നു. ഇതിലുണ്ടായ കുറവിന്റെ</p>	<p>ആയുർവേദ വിഭാഗത്തിൽ ഒരു സീനിയർ ഡ്രഗ്സ് ഇൻസ്പെക്ഷറും 4 ഡ്രഗ്സ് ഇൻസ്പെക്ഷർമാരും നിലവിൽ ജോലി നോക്കുന്നു. ഇവരുടെ പേരുകൾ വിജ്ഞാപനം ചെയ്തിട്ടുണ്ട്. തൃശ്ശൂർ, കണ്ണൂർ എന്നിവിടങ്ങളിലെ അസിസ്റ്റന്റ് ഡ്രഗ്സ് കൺട്രോളറുടെ ആഫീസുകളിലുള്ള ഡ്രഗ്സ് ഇൻസ്പെക്ഷർമാരു (IB)ടെ പേരുകൾ വിജ്ഞാപനം ചെയ്തുകഴിഞ്ഞു. അവരെല്ലാം തന്നെ നിയമ പ്രകാരമുള്ള കർത്തവ്യങ്ങൾ നിർവ്വഹിച്ചു വരുന്നു.</p>

(1)	(2)
<p>ശതമാന നിരക്ക് 13 മുതൽ 43 വരെ വ്യതിയാനപ്പെട്ടിരുന്നു. ഇതേ കാലയളവിൽ ഇന്റലിജൻസ് വിഭാഗത്തിനാൽ തങ്ങളുടെ ആസ്ഥാനത്ത് നടത്തിയിരിക്കേണ്ട പരിശോധനകളുടേയും സാമ്പിൾ ശേഖരണത്തിന്റേയും വിവരങ്ങൾ രേഖകളിൽ ഇല്ലായിരുന്നു.</p>	
<p>3.2.18 <u>മേൽ നിരീക്ഷണം</u></p> <p>ഫീൽഡ് ഓഫീസർമാരിൽ നിന്നുള്ള പ്രതിമാസ വിവരക്കുറിപ്പുകൾ, ടൂർ പ്രോഗ്രാമുകൾ, വർക്ക് ഡയറികൾ, ഓഫീസർമാരുടെ പ്രാദേശിക തലത്തിലുള്ള മീറ്റിംഗുകൾ, അസിസ്റ്റന്റ് ഡ്രഗ്സ് കൺട്രോളർമാരുടെ സംസ്ഥാനതല മീറ്റിംഗുകൾ എന്നിവ മേൽ നിരീക്ഷണത്തിന്റേയും മേൽനോട്ടത്തിന്റേയും ഇപ്പോൾ നിലവിലിരിക്കുന്ന നടപടികളിൽപ്പെടുന്നു. ഫണ്ടുകൾ ഇല്ലാത്തതിനാൽ എല്ലാ ഓഫീസർമാരുടേയും സംസ്ഥാനതല മീറ്റിംഗുകൾ നടത്തിയിട്ടില്ല എന്ന് വെളിപ്പെടുത്തപ്പെട്ടു.</p>	<p>എല്ലാ ഓഫീസർമാരുടെയും സോണൽ മീറ്റിംഗുകൾ ഇപ്പോൾ യഥാസമയം നടത്തി വരുന്നതിനാൽ ഡ്രഗ്സ് ഇൻസ്പെക്ടർമാരുടെ ജോലികൾ വിലയിരുത്തുന്നതിനും മോണിറ്റർ ചെയ്യുന്നതിനും സാധിക്കുന്നുണ്ട്.</p>
<p>3.2.19 <u>മറ്റു വിഷയങ്ങൾ</u></p> <p><u>സാമ്പത്തിക വകയിരുത്തലും ചെലവും</u></p> <p>1998-03 കാലയളവിൽ 17.03 കോടി രൂപ ബഡ്ജറ്റിൽ വകയിരുത്തിയിരുന്നതിനാൽ, 14.78 കോടി രൂപ ഡിപ്പാർട്ടുമെന്റ് ചെലവ് ചെയ്തു. സർക്കാരിന്റെ ചെലവു ചുരുക്കൽ നടപടികൾ നിമിത്തമാണ് ബഡ്ജറ്റ് തുക ചെലവു ചെയ്യുന്നതിൽ 9 മുതൽ 25 വരെ ശതമാനം കുറവുണ്ടായതിന് കാരണമായി പറയുന്നത്.</p>	<p><u>(a) സാമ്പത്തിക വകയിരുത്തലും ചെലവും</u></p> <p>1998-03 കാലയളവിൽ അനുവദിച്ച 17.955 കോടി രൂപ (Plan &amp; NP)യിൽ 15.027 കോടി രൂപ മാത്രമേ ചെലവഴിച്ചിരുന്നുള്ളൂ. പ്ലാൻ ഹെഡിൽ 2.85 കോടി രൂപയിൽ 1.79 കോടി രൂപയാണ് ചെലവഴിച്ചത്. കേന്ദ്ര സഹായം മുഴുവനായി വിനിയോഗിച്ചതിനാലാണ് പ്ലാൻ ഹെഡിൽ വിനിയോഗം കുറയാൻ കാരണമായത്.</p>

(1)	(2)																																		
<p><u>കേന്ദ്ര ഫണ്ടുകൾ ഉപയോഗിക്കാതിരിക്കൽ</u></p> <p>(i) ഔഷധ പരിശോധനാ സൗകര്യങ്ങളുടെ വിപുലീകരണം (ii) ഔഷധ പരിശോധനാ സൗകര്യങ്ങളുടെ ശക്തിപ്പെടുത്തൽ എന്നീ കേന്ദ്രവിഷ്കൃത പദ്ധതികളിൽ കീഴിൽ 1995-03 കാലയളവിൽ 84.50 ലക്ഷം രൂപ വിടുതൽ ചെയ്തുകൊടുത്തിരുന്നു. ചെലവാക്കാത്ത നീക്കിയിരുപ്പു തുകയെ അനന്തര വർഷങ്ങളിലേയ്ക്ക് ഇൻഡ്യാ ഗവൺമെന്റ് പുനർ സാധൂകരണം ചെയ്തു കൊടുത്തിരുന്നെങ്കിലും, 15.10 ലക്ഷം രൂപ ചെലവാക്കാതെ 2002 മാർച്ചിൽ അവശേഷിച്ചിരുന്നു. പണമിടപാടുകളിൽ ഏർപ്പെടുത്തിയിരുന്ന നിയന്ത്രണങ്ങളെ യാദൃച്ഛികമായി വിനിയോഗത്തിന് കാരണമായി ഉന്നയിക്കപ്പെട്ടത്.</p> <p><u>സർക്കാരിലേക്ക് റിപ്പോർട്ട് ചെയ്യാനുണ്ടായ പിഴവ്</u></p> <p>രാസ പരിശോധനയുടെയും ഗവേഷണത്തിന്റെയും ഫലങ്ങൾ അടങ്ങുന്ന കാലാനുക്രമ റിപ്പോർട്ടുകൾ ചട്ടം 45(2) അനുസരിച്ച് സർക്കാരിന്റെ ഹിതാനുപ്രകാരം പ്രസിദ്ധീകരിക്കുന്നതിനായി, തിരുവനന്തപുരം ഔഷധ പരിശോ</p>	<p>1998-03 കാലയളവിലെ സാമ്പത്തിക ഔട്ട്ലേ താഴെ കാണും പ്രകാരമാണ്.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 20%;">പ്ലാൻ</th> <th style="width: 20%;">നോൺപ്ലാൻ</th> <th style="width: 10%;">ആകെ</th> </tr> </thead> <tbody> <tr> <td>അലോട്ട്</td> <td></td> <td></td> <td></td> </tr> <tr> <td>മെന്റ്</td> <td style="text-align: right;">2,85,00,000</td> <td style="text-align: right;">15,10,50,000</td> <td style="text-align: right;">17,95,50,000</td> </tr> <tr> <td>ചെലവ്</td> <td style="text-align: right;">1,79,08,000</td> <td style="text-align: right;">13,23,62,000</td> <td style="text-align: right;">15,02,70,000</td> </tr> <tr> <td>ബാക്കി</td> <td style="text-align: right;">1,05,92,000</td> <td style="text-align: right;">1,86,88,000</td> <td style="text-align: right;">2,92,80,000</td> </tr> </tbody> </table> <p>കേന്ദ്ര സഹായമുൾപ്പെടെ അനുവദിച്ചിട്ടുള്ള ഫണ്ടുകൾ എല്ലാം വിനിയോഗിക്കുന്നതിന് പരമാവധി ശ്രമിച്ചു വരുന്നു. പ്ലാൻ ഫണ്ടിലെ കഴിഞ്ഞ മൂന്നു വർഷങ്ങളിലെ വിനിയോഗം താഴെ പറയും പ്രകാരമാണ്.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">വർഷം</th> <th style="width: 20%;">മാറ്റിവച്ചത് (in lakhs)</th> <th style="width: 60%;">വിനിയോഗം (in lakhs)</th> </tr> </thead> <tbody> <tr> <td>2004-05</td> <td style="text-align: center;">50</td> <td style="text-align: center;">28.65 (57.3%)</td> </tr> <tr> <td>2005-06</td> <td style="text-align: center;">50</td> <td style="text-align: center;">40.43 (80.86%)</td> </tr> <tr> <td>2006-07</td> <td style="text-align: center;">50</td> <td style="text-align: center;">26.34 (87.8%)</td> </tr> </tbody> </table>				പ്ലാൻ	നോൺപ്ലാൻ	ആകെ	അലോട്ട്				മെന്റ്	2,85,00,000	15,10,50,000	17,95,50,000	ചെലവ്	1,79,08,000	13,23,62,000	15,02,70,000	ബാക്കി	1,05,92,000	1,86,88,000	2,92,80,000	വർഷം	മാറ്റിവച്ചത് (in lakhs)	വിനിയോഗം (in lakhs)	2004-05	50	28.65 (57.3%)	2005-06	50	40.43 (80.86%)	2006-07	50	26.34 (87.8%)
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(1)	(2)
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ധനാശാലയുടെ ചീഫ് ഗവൺമെന്റ് അനലിസ്റ്റ് അയച്ചുകൊടുക്കേണ്ടതായിരുന്നു. എന്നാൽ അത്തരം റിപ്പോർട്ടുകൾ 1992 ഒക്ടോബറിനുശേഷം സർക്കാരിലേക്ക് അയച്ചുകൊടുത്തിട്ടില്ലായെന്ന് ചീഫ് ഗവൺമെന്റ് അനലിസ്റ്റ് പറഞ്ഞു. (2003 മേയ്)

വർക്ക്-സ്റ്റഡി ശുപാർശകളുടെ നിർവഹണമില്ലായ്മ

നിലവ് ആയി കിടക്കുന്ന പ്രോസിക്യൂഷൻ കേസുകൾക്ക് തീർപ്പുണ്ടാക്കാനും, ചെറിയ കുറ്റങ്ങളെ കമ്പൗണ്ട് ചെയ്യാനും വേണ്ടി പ്രത്യേക കോടതികൾ സ്ഥാപിക്കണമെന്ന ഒരു നിർദ്ദേശം ഇൻഡ്യാ ഗവൺമെന്റിന് സമർപ്പിക്കണമെന്ന് സർക്കാരിന് സമർപ്പിച്ച (2000 ജൂൺ) വർക്ക് സ്റ്റഡി റിപ്പോർട്ടിൽ പിആന്റ് എ ആർ വകുപ്പ് മറ്റു പലതിന്റേയും കൂടെ ശുപാർശ ചെയ്തിരുന്നു. എന്നാൽ ഈ ശുപാർശകളിന്മേൽ സംസ്ഥാന സർക്കാർ യാതൊരു നടപടിയും 2003 ഓഗസ്റ്റ് വരെ എടുത്തിരുന്നില്ല.

വരവ് ചെലവ് കണക്കുകൾ താഴെ പറയും പ്രകാരമാണ്.

വർഷം	വരവ്	ചെലവ്
1995-06	11,00,000	95,245
1996-97	..	..
1997-98	34,00,000	26,37,497
1998-99	..	..
1999-2000	27,50,000	25,98,908
2000-01	12,00,000	5,83,616
<b>Total</b>	<b>84,50,000</b>	<b>59,15,266</b>

ബാക്കി 25,34,734 രൂപ പുനഃസാധൂകരണം ചെയ്തത് (2002-03)-25,34,000 രൂപ ചെലവഴിച്ചത്-25,32,313 രൂപ മിച്ചമുള്ള രൂപ-2421 രൂപ (1,687+734)

(c) സർക്കാരിലേക്ക് റിപ്പോർട്ട് ചെയ്യാനുണ്ടായ പിഴവ്

അക്കൗണ്ടന്റ് ജനറലിന്റെ പരിശോധനയ്ക്ക് ശേഷം ഗവൺമെന്റ് അനലിസ്റ്റുകളുടെ പരിശോധന റിപ്പോർട്ടുകൾ കൃത്യമായി സർക്കാരിലേക്ക് അയയ്ക്കുന്നതിന് നിർദ്ദേശം നൽകുകയും ആയത് ഇപ്പോൾ മുടങ്ങാതെ സർക്കാരിന് ലഭിക്കുന്നുമുണ്ട്.

(1)	(2)
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(d) വർക്ക് സ്റ്റഡി ശുപാർശകളുടെ നിർവ്വഹണമില്ലായ്മ

ഡ്രഗ്സ് ഇൻസ്പെക്ഷർമാരുടെ പരാതികൾ സ്വകാര്യ പരാതികളായി എടുക്കുന്നത് മൂലം അതിന്റെ ഓരോ പോസ്റ്റിംഗുകൾക്കും ഹാജരാകേണ്ടതായ അവസ്ഥയാണ്. ആയതിനാൽ ഇതിനുവേണ്ടി ഒരു കോടതി സ്ഥാപിക്കുന്നതിന്റെ പ്രായോഗികത പരിശോധിച്ച് വിശദമായ പഠനത്തിനു ശേഷം പരിഗണിക്കുന്നതാണ്.

3.2.20 നിഗമനങ്ങളും ശുപാർശകളും

നിയമങ്ങളിലെ/ചട്ടങ്ങളിലെ വൈകല്യങ്ങൾ, ഭരണപരമായ ദുർലഭ്യങ്ങൾ സംസ്ഥാന ഡ്രഗ്സ് കൺട്രോളറുടേയും, ഇൻഡ്യയുടെ ഡ്രഗ്സ് കൺട്രോളർ ജനറലിനുമിടയിലെ ഫലവത്തായ ഏകോപനത്തിന്റെ അഭാവം മുതലായവ നിമിത്തം ഔഷധ - സൗന്ദര്യ വർദ്ധക വസ്തു നിയമം/ചട്ടങ്ങളുടെ നിർവ്വഹണം ഫലപ്രദമല്ലായിരുന്നു. അതനുസരിച്ച് നിയമത്തിന്റെ നിർവ്വഹണം മെച്ചപ്പെടുത്തുന്നതിനുവേണ്ടി താഴെ പറയുന്നവ നടപ്പിലാക്കാൻ ശുപാർശ ചെയ്തുകൊള്ളുന്നു.

ഡ്രഗ്സ് കോസ്മെറ്റിക്സ് ആക്ട് നടപ്പിലാക്കുന്നതിൽ പുരോഗതി കൈവരിക്കുന്നതിനായി മുന്നോട്ട് വെച്ചിട്ടുള്ള ശുപാർശകൾ നടപ്പിൽ വരുത്തുന്നതിന് ആവശ്യമായ നടപടികൾ സ്വീകരിച്ചിട്ടുണ്ട്. സംസ്ഥാനത്തിന്റെ അധികാരപരിധിക്ക് പുറത്തുള്ള സംഗതികൾ ഡ്രഗ്സ് കൺസൾട്ടേറ്റീവ് കമ്മിറ്റിയുടേയും ഡ്രഗ്സ് ടെക്നിക്കൽ അഡ്വൈസറി ബോർഡിന്റെയും ശ്രദ്ധയിൽപ്പെടുത്തിയിട്ടുണ്ട്.

നിയമത്തിലെ/ചട്ടങ്ങളിലെ താഴെപ്പറയുന്ന വൈകല്യങ്ങൾ നീക്കം ചെയ്യുന്നത് സർക്കാർ പരിഗണിക്കേണ്ടതാണ്.

1. ആക്ട് പ്രകാരം നിയമാനുസൃത വെരിഫിക്കേഷനുകൾ നടത്തിയശേഷം പുതുക്കൽ സർട്ടിഫിക്കറ്റുകൾ നൽകിയിട്ടുണ്ടെങ്കിലും ഇല്ലെങ്കിലും നിശ്ചിത തീയതിയിന്മേൽ പുതുക്കൽ അപേക്ഷ സമർപ്പിച്ചിട്ടുള്ള ഒരു അസ്സൽ ലൈസൻസ് സാധുവായിതന്നെ തുടരുന്നതാണ്. മോട്ടോർ വാഹനങ്ങളുടെ രജിസ്ട്രേഷന്റെയും ഇൻഷുറൻസിന്റെയും പുതുക്കലിനെ

1. ഈ ശുപാർശയിൻമേൽ ബന്ധപ്പെട്ട റൂൾസിന്റെ പുതുക്കലിനായി ഡ്രഗ്സ് കൺസൾട്ടേറ്റീവ് കമ്മിറ്റിയിൽ തീരുമാനമെടുക്കുന്നതിന് ഡ്രഗ്സ് കൺട്രോളർ ജനറലുമായി ബന്ധപ്പെട്ടിട്ടുണ്ട്.

(1)	(2)
<p>പോലെ, നിയമാനുസൃത വെരിഫിക്കേഷൻ പൂർത്തിയാക്കി പുതുക്കിയ സർട്ടിഫിക്കറ്റുകൾ ഏറ്റവും വൈകി അസ്സൽ ലൈസൻസിന്റെ സമാപ്തി തീയതിയന്തോടുകൂടി സാധിക്കുമോയെന്ന് ആയതിനാൽ പരിഗണിക്കേണ്ടതാണ്.</p> <p>2. മുഖ്യ നിയന്ത്രണ ഓഫീസറിൽനിന്നും മുൻകൂർ അനുമതികൾ കരസ്ഥമാക്കണം എന്ന് നിർബന്ധിതമാക്കുന്ന ചട്ടങ്ങൾ പ്രോസിക്യൂഷൻ നടപടികളാരംഭിക്കുന്നതിന് ഡ്രഗ്സ് ഇൻസ്പെക്ടർമാർക്ക് നൽകിയിട്ടുള്ള അധികാരങ്ങൾ നിരോധിതമാക്കപ്പെടുന്നു. നിയന്ത്രണ ഓഫീസർമാർ അനുമതി നൽകാതിരുന്നതോ താമസിച്ച് നൽകിയതോമൂലം പ്രോസിക്യൂഷൻ കേസുകൾ ഫയൽ ചെയ്യുന്നതിന് വീഴ്ചയുണ്ടാവാൻ ഇടവരുത്തി.</p> <p>3. ശിക്ഷാ നടപടികൾ കുറ്റകൃത്യത്തിന്റെ തീവ്രതയ്ക്ക് അനുയോജ്യമായിരുന്നെന്ന് ഉറപ്പാക്കുന്നതിനുവേണ്ടി, ചെറുതും വലുതുമായ കുറ്റങ്ങളുടെ വേർതിരിവ് നിയമത്തിന്റെ/ചട്ടത്തിന്റെ കീഴിൽ കൊണ്ടുവരേണ്ടതാകുന്നു.</p> <p>4. ഔഷധ നിർമ്മാതാക്കൾ നിയന്ത്രണാധികാരിക്ക് മുമ്പിൽ വിലയിടാക്കാതെ സാമ്പിളുകൾ സമർപ്പിക്കണമെന്ന് യാതൊരു വ്യവസ്ഥയുമില്ല. നിയമത്തിന്റെ ഈ നിലപാടും സാമ്പത്തിക ബുദ്ധിമുട്ടും കൂടിച്ചേർന്ന് ഔഷധങ്ങളുടെ ചിട്ടപ്രകാരമുള്ള സാമ്പിൾ എടുക്കലിന് ഡ്രഗ്സ് ഇൻസ്പെക്ടർമാർക്ക് പിഴവുണ്ടാക്കി.</p> <p>5. നീണ്ട നാളുകളായി തീർപ്പാക്കാതെ കിടക്കുന്ന കോടതി കേസുകളെ തീർക്കുന്നതിനുള്ള പ്രത്യേക യത്നങ്ങളെ സംബന്ധിച്ച വർക്ക് സ്റ്റഡി ശുപാർശകളെ പരിഗണിക്കുകയും യഥായോഗ്യം നടപ്പിലാക്കുകയും ചെയ്യേണ്ടതാണ്.</p>	<p>2. ടി ശുപാർശയുടെ അടിസ്ഥാനത്തിൽ പ്രോസിക്യൂഷന്റെ അനുമതിക്കായുള്ള നടപടിക്രമങ്ങൾ വേണ്ടത് വച്ചിട്ടുണ്ട്.</p> <p>3. ഈ ശുപാർശയിന്മേൽ ബന്ധപ്പെട്ട റൂൾസിന്റെ പുതുക്കലിനായി ഡ്രഗ്സ് കൺസൾട്ടേറ്റീവ് കമ്മിറ്റിയിൽ തീരുമാനമെടുക്കുന്നതിന് ഡ്രഗ്സ് കൺട്രോളർ ജനറലുമായി ബന്ധപ്പെട്ടിട്ടുണ്ട്.</p> <p>4. ഈ ശുപാർശയിന്മേൽ ബന്ധപ്പെട്ട റൂൾസിന്റെ പുതുക്കലിനായി ഡ്രഗ്സ് കൺസൾട്ടേറ്റീവ് കമ്മിറ്റിയിൽ തീരുമാനമെടുക്കുന്നതിന് ഡ്രഗ്സ് കൺട്രോളർ ജനറലുമായി ബന്ധപ്പെട്ടിട്ടുണ്ട്.</p> <p>5. ആഭ്യന്തര വകുപ്പുമായി ആലോചിച്ച് പരിഗണിക്കാവുന്നതാണ്.</p>

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(1)	(2)
<p>6. ഡ്രഗ്സ് ഇൻസ്പെക്ടർമാർക്ക് നൽകേണ്ട ഇൻസർവ്വീസ് പരിശീലനത്തിന്റെ അഭാവം നിമിത്തം കോടതിയുടെ സൂക്ഷ്മ പരിശോധനയെ അതിജീവിക്കാൻ സാധിക്കുംവിധം പ്രോസിക്യൂഷൻ കേസുകളെ യുക്തമായ രീതിയിൽ തയ്യാർ ചെയ്യേണ്ട വിഷയം ഉൾപ്പെടെയുള്ള കാര്യങ്ങളിലെ അവരുടെ പ്രവർത്തനത്തിന്റെ ഗുണനിലവാരത്തിൽ പ്രതികൂല പ്രത്യാഘാതം ഉണ്ടായിട്ടുണ്ട്. ആയതിനാൽ, ഡ്രഗ്സ് ഇൻസ്പെക്ടർമാർക്ക് ഇൻസർവ്വീസ് പരിശീലനം നൽകേണ്ടതാണ്.</p>	<p>6. ഇതുമായി ബന്ധപ്പെട്ട് ഡ്രഗ്സ് ഇൻസ്പെക്ടർമാർക്ക് 6 മാസത്തെ ഇൻസർവ്വീസ് ട്രെയിനിംഗ് പുതുക്കിയ സ്പെഷ്യൽ റൂൾസിൽ ഉൾപ്പെടുത്തിയിട്ടുണ്ട്.</p>

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**Statement of Remedial Measures Taken on the Report Comptroller & Auditor  
General for the year ended 31-3-2003 (Civil) Related to Para 4.1.1**

- |     |  |   |   |
|-----|--|---|---|
| I   | (a) Department   | : | Health Services Department  |
|     | (b) Subject/title of the review Paragraph  | : | Misappropriation of Government money  |
|     | (c) Paragraph No.  | : | 4.1.1   |
|     | (d) Report No.   | : | Audit Report (Civil) for the year ended 31-3-2003 (Civil)   |
| II  | (a) Date of receipt of the Audit Paragraph/review in the department  | : | 18-9-2004   |
|     | (b) Date of Department's reply   | : | 8-2-2006  |
| III | Gist of Paragraph/review   | : | Misappropriation of Govt. money District Hospital, Thrissur was Facilitated due to internal control weakness in the Department. |
| IV  | (a) Does the Department agree with the facts and figures included in the paragraph   | : | Yes   |
|     | (b) If, not please indicate the areas of disagreement and also attach copies of relevant documents in support  | : | Not applicable  |
| V   | (a) Does the department agree with the audit conclusions ?   | : | Yes. However, earnest efforts have been taken to avoid such instances.  |
|     | (b) If not please indicate specific areas of disagreement with reasons for disagreement and also attach relevant documents in support, were necessary. | : | Not applicable  |
| VI  | <i>Remedial Action Taken</i>   |   |   |
|     | (1) Improvement in system and procedures including internal controls.  | : |   |
|     | (2) Recovery of over payments pointed out by Audit.  | : | Report attached   |
|     | (3) Recovery of under assessment, short levy, other dues.  | : |   |
|     | (4) Modifications in the scheme and programmes including Financial pattern.  | : |   |
|     | (5) Review of similar cases/complete scheme/project in the Light of findings of sample check by audit.   | : |   |

**Report of Remedial action taken**

On physical verification of cash with the cash book during the inspection conducted by the Hospital Superintendent in the presence of the Audit Party on 31-7-2003, a cash shortage of Rs. 2,07,26,363 was found. Sri. T. M. Sasidharan, Lay Secretary and Treasurer being the custodian of cash was asked for an explanation and was asked to furnish the details of the shortage of cash within 24 hours.

He has submitted his explanation stating that the cash was kept with an intention to remit in the Bank separately, which was misplaced during the inspection and that was occurred in a hurry. Eventhough the explanation was not quite satisfactory the cash balance was again verified on 1-8-2003 and was found correct agreeing with the cash book after taking into account the paid vouchers, advance taken for emergencies etc. the details of which were furnished by the Lay Secretary and Treasurer.

Meanwhile an amount of Rs. 1,60,000 was got remitted into the S.B. Account of the Hospital Development Committee on 2-8-2003. Before taking a departmental/disciplinary action Shri Sasidharan retired form service on 31-8-2003.

The Superintendent, District Hospital, Thrissur has issued the following instructions in this regard, so as to avoid such irregularities in future.

1. Huge amounts of cash should never be retained in the chest unless, it is for disbursement within 24 hours.
2. Separate containers should be kept for each account that is for Hospital Development Committee, Family Welfare, Kerala Health Research Welfare Society and General Cash balance under each head, so as for proper verification.
3. Excess amount should be remitted in respective banks and Treasury as frequently as needed.
4. Periodical physical verification of cash are being conducted regularly.

The superintendent further reported to the District Medical Officer of Health that after giving such instructions, the observance of codal provisions has been maintained properly and effectively.

V. SUSAMMA,  
*Additional Secretary to Government  
Health & Family Welfare Department  
Government Secretariat, Tvp.*

**Action Taken Report on Para 4.5.1 of the Comptroller and Auditor General  
of India for the year ended 31st March 2003**

**Procurement and Utilization of Hospital Equipment**

*Para 4.5.1 Procurement and utilisation of hospital equipment*

*Non-utilisation of funds of Rs. 5.54 crore deprived the patients of modern health care facilities.*

Procurement of equipment for use in the 1270 hospitals under the control of Director of Health Services (DHS) is made through the centralised purchase wing at the Directorate and that in the five Medical College Hospitals under Director of Medical Education (DME) by the Principals of the colleges respectively. Scrutiny (April-May 2003) of the records of seven hospitals\* and four Medical College Hospitals # (MCH) revealed the following;

*Non-utilisation of Central/State fund.*

Assistance of Rs. 5.30 crore released (December 1999 and August 2002) by Government of India for setting up of oncology wings at MCHs at Thrissur (Rs. 1.80 crore) and Kottayam (Rs. 2 crore) and for strengthening diagnostic facilities at MCH Thiruvananthapuram (Rs. 1.50 crore) were kept in Treasury Savings Bank/utilised for opening letter of credit during February to April 2003. But the equipment had not yet been procured (June 2003) due to non-finalisation of the tenders in time. Further, Rs. 0.24 crore drawn in March 1999 by DHS for procurement of incinerators was also

*(a) Medical College, Thrissur*

Out of Rs. 1.80 crores sanctioned for Oncology wing in Medical College, Thrissur, Rs. 1,79,02,670 has been utilised for the purchase of stimulator and treatment plant system. The amount has been fully utilised during 2004.

*(b) Medical College, Kottayam*

Rs.2 crores has been sanctioned for the development of Oncology Wing and the amount has been utilised for the purchase of Cobalt Unit and treatment plant system during 2004 as detailed below;

Radiotherapy Rs. 115 lakhs  
Stimulator

HDR Rs. 60 lakhs

Treatment Plant System Rs. 25 lakhs

Total Rs. 2 Crores

*(c) Medical College, Thiruvananthapuram*

Out of Rs. 1.50 crores of Central assistance equipments have been purchased in connection with the strengthening of diagnostic services in Medical College, Thiruvananthapuram for about 1.36 crores and the remaining Rs. 14 lakhs have been credited to Special TSB Account for which special sanction has been obtained from Finance Department.

(1)	(2)
<p>kept in Treasury Public Account. Non-procurement of the equipment even after drawal of the assistance of Rs. 5.54 crore between March 1999 and August 2002 by Central and State Governments resulted in deprival of the modern health care facilities to the patients.</p>	<p><i>Non-utilisation of Rs. 24 crores by Director of Health Services</i></p> <p>As per the supply order No. MSPI-78501, dated 3-3-1999 order was placed to M/s. J&amp;J Hotmax, Hydrabad for supply and installation of five electricity operated 150 Kg/hour capacity incinerators at various hospitals with direction to the consignees to provide infrastructure facilities according to the firms diagram. Infrastructure facilities cannot be provided well in advance of the purchase of incinerator since the equipment layout of one firm differ from another firm. Hence the infrastructure facilities can be provided only after finalising the tender. This leads delay in commissioning of the incinerator.</p> <p>The Director of Health Services is not in a position to offer a cut of date for completion of the infrastructure facilities for certin technical reasons, which had been informed in Government on the basis of the request received from M/s. J&amp;J Hotmax. As per Government order G.O. (Rt.) No. 2839/01/H&amp;FWD dated 1-11-2001 the supply order was cancelled and the security deposit duly released to the firm.</p>
<p><i>Idling of equipment</i></p> <p>Twenty equipment valued at Rs. 1.58 crore and procured during January 1993 to January 2002 had been kept idle( April/</p>	<p>Since requirement was received from some other institutions for incinerators (Diesel operated). As per</p>

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(1)	(2)
<p>May 2003) for periods ranging from one to ten years for reasons such as non-availability of infrastructure and qualified staff, failure to carry out repairs in time, obsolescence of technology, etc. as shown in Appendix XXIV. Delay in getting the equipment commissioned/ repaired deprived the patients of the facilities.</p> <p>The Matter was referred to Government in July 2003; reply has not been received (December 2003).</p>	<p>Store Purchase Department rules tender specification cannot be changed after floating the tender notification. New tenders were floated for the purchase of 4 Nos. of incinerators (Diesel operated) giving wide publicity through Public Relations Department, Government Gazette and notice board. But M/s. J&amp;J Hotmax did not participate in this tender. Since they had not participated, the DHS office cannot consider the offer made in the previous tender. If done so it would have been a clear violation of Store Purchase Department Rules. The Technical Committee found that the incinerator offered by the Cochin firm conformed to tender specification and of good quality and the rate was reasonable at the time of purchase comparing with the price quoted by other firms. Hence no loss sustained to Government by purchasing the 4 Nos. of incinerator from M/s. Pyrotech Engineers, Cochin. The period of supply had been extended up to the completion of infrastructure facilities.</p> <p>An amount of Rs. 30 lakhs were drawn on the basis of proforma invoice kept into TP account. The balance amount, after effecting the cost of one incinerator installed by M/s. J&amp;J Hotmax, Hyderabad, Rs. 24 lakhs kept in to TP account was permanently freed by the Government.</p>

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## IDLING OF EQUIPMENTS

Reference Para 4.5.1 Page 112

**Present status of the equipments furnished below**

<i>Sl. No.</i>	<i>Equipment</i>	<i>Institution</i>	<i>Present Status</i>
1	Gamma Camera	MCH, KKD	Not functioning, still continuing for want of Qualified Doctor.
2	Colour Doppler Ultra Sound Scanner		Subsequently repaired and made functional.
3	Deep Freezer		Subsequently repaired and made functional.
4	High Performance Liquid Chromatography	MCH, Thrissur	Still idling, under correspondence with supplier firm for repair.
5	300 MA X-ray Unit		Subsequently repaired and made functional.
6	HGM Ophthalmic Argon Laser photo coagulator Model 5	MCH, Kottayam	Not functioning Some court cases are pending Purchased through HDS.
7	Incinerator	MCH, TVM	Subsequently repaired and made functional.
8	Incinerator	General Hospital, Erna- kulam	Not in working condition. A case has been registered at Consumer Dispute Tribunal by the Department against supplier. This office file No. MSP1-3232/95 was forwarded to consumer dispute tribunal and not received back.

(1)	(2)	(3)	(4)
9	Mammography Unit	„	Working Condition
10	T.M.T. Machine	„	Not in working condition due to some mechanical problem. Action is being taken to repair the same.
11	150 Kg/hr incinerator	General Hospital TVPM	Working condition
12	Blood Bank Equipment	District Hospital Kanhangad	Working condition w.e.f. 5-5-2004
13	Equipment for Physical Medicine and Rehabilitation	„	Working condition w.e.f. 1-1-2005
14	U.S. Scanner	District Hospital, Kannur	Machine is idling during 5-10-2004 onwards. Machine could not be put to use at present for want of Sonologist.
15	Fluorescent Microscope	„	At present this machine is using in P.H. Lab attached to Dist. Hospital, Kannur.
16	Power Laundry Unit	„	Infrastructure for the power laundry unit has already been completed. Transformer for the unit has been installed. Meter deposit remitted during the month of March 2005 and now waiting for Electricity connection.

(1)	(2)	(3)	(4)
17	HP Sterilizer	„	Machine is being used in Eye OT for which electric connection already obtained.
18	Laparoscope	District Hospital Manjeri	Machine is idling during 7/2000 for want of trained Medical Officer and Staff. Medical Officers working in Gynaecology Dept. in that institutions are willing to undergo training in Laproscopy.
19	300 MA X-ray Unit	Dist. T.B. Centre Palakkad	Working condition w.e.f. 28-2-2005
20	Anaesthesia Apparatus	General Thalassery	Machine is working condition

\* District Hospitals at Kannur, Kanhangad, Manjeri, Palakkad and General Hospitals at Thiruvananthapuram, Ernakulam and Thalassery.

# MCH at Kozhikode, Thrissur, Kottayam and Thiruvananthapuram.

V. SUSAMMA,

*Additional Secretary to Govt.,  
Health & Family Welfare Department,  
Govt. Secretariat, Thiruvananthapuram.*

**Accountant General's Audit Report for the year 2003-04**  
**Reply to Audit Paras pending**

<i>Subject</i>	<i>Statement of Action Taken</i>
<p><i>Para 3.3.13</i></p> <p>Building constructed using funds from M.Ps., Local Bodies for 27 Hospitals/Dispensaries in 8 districts at a cost of 1.25 crore remained unoccupied for want of staff, electricity, water etc. Out of this, one building for, Government Ayurveda Hospital, Puthenchira in Thrissur district constructed at a cost of Rs. 17.22 lakh remained unoccupied for the last six years for want of adequate staff. In another case of Government Hospital, Palakuzha in Ernakulam district the average occupancy was only two against 20 beds. In spite of this, an additional building for I.P. ward constructed at a cost of Rs. 3.05 lakhs in January 2004 using M.P.L.A.D. funds remained unoccupied. The Department could not provide the requisite staff in time, as they were unaware of the construction being taken separately through the M.P.L.A.D. funds. However, Government stated that in such cases the feasibility of giving Administrative Sanction by the user Department would be examined.</p>	<p>Additional building facilities in various hospitals could not be used for want of additional staff, electricity, water, equipments, etc. A proposal has been submitted to Planning Board to solve this problem. Proposal for the upgradation of GAD. Puthenchira is now under consideration.</p>
<p><i>Para 3.3.15</i></p> <p>The medicines required by the institutions were procured from Pharmaceutical Corporation (IM) Kerala Limited (Oushadhi), a Public Sector Company, based on a common indent system. The list of medicines to be supplied to the institutions under Indian Systems of Medicine as per the common indent were ordered by the Director in 1996. Oushadhi was required to supply these medicines to the Hospitals/Dispensaries direct. District Medical Officer</p>	<p>Since common indent system was not found feasible that system of indenting of medicines has been discontinued.</p> <p>Now special Indent System is being introduced and followed in the Department. The Medical Officers</p>

(1)	(2)
<p>was required to pass the payments in respect of all the institutions in the district and payment to the Company was made by the Director. The Department purchased medicines worth Rs. 13.85 crore during 1999-2004. A scrutiny of the records revealed that out of medicines supplied, medicines worth Rs. 2.04 crore (15%) were not indented. Acceptance of medicines not indented by the Department caused reduction in the funds available for the purchase of essential medicines actually required by the hospitals, thereby adversely affecting the quality of patient care.</p>	<p>concerned of each and every institution under this Department will prepare indents of medicine according to the necessity of the locality around their institution and based on the urgent requirements, to face all the emergency situations, and Oushadhi supplies medicine accordingly. Moreover Oushadhi was given directions to effect the supply only according to the indents placed.</p>
<p><i>Para 3.3.24</i></p> <p>In AVC, Tripunithura, construction of a 350 bedded hospital taken up in November 1997 at an estimated cost of Rs. 11.63 crore with scheduled date of completion as September 1999 (subsequently extended to March 2004) was not completed as of June 2004 though Rs. 6.94 crore was incurred upto March 2004.</p>	<p>The Construction of the building of 350 bedded hospital in Ayurveda College, Tripunithura has been completed and the building was inaugurated on 17-12-2005.</p>
<p><i>Para 3.3.25</i></p> <p>In AVC, Kannur, construction of a 150 bedded hospital commenced in April 2000 at an estimated cost of Rs. 2.15 crore with date of completion as 9 April 2002, was not completed though Rs. 1.78 crore was incurred upto March 2004. The reasons for non-completion in the above two cases were attributed to non-provision of adequate funds in the budget.</p>	<p>The Construction of 150 bedded hospital in Ayurveda College, Kannur has been completed in December 2004.</p>

**Subject***Para 3.3.26*

Out of Rs. 101.64 lakhs released by GOI during 2001-03 only Rs. 32.19 lakhs was utilized upto March 2004 leaving a balance of Rs. 69.45 lakhs as detailed below: (Rs. in lakhs)

<i>Name of AVC</i>	<i>Purpose of assistance</i>	<i>Amount released and date of receipt</i>	<i>Amount utilized</i>	<i>Balance Rs. of March 2004</i>	<i>Reasons for non-utilisation</i>
(1)	(2)	(3)	(4)	(5)	(6)
Kannur	Upgradation of Kriyasareera and Rognidhana departments for PG training and research for 2001-02.	14.64 (13-12-2003)	6.08	8.56	Delay in arranging purchase of equipment and want of sanction of the post of clerk.
Thiruvananthapuram	Construction of building and purchase of equipment for the drug testing laboratory.	75.00 (8-5-2003)	20.00	55.00	Though a building to house the laboratory was constructed equipment had not been purchased for want of sanction from Government.
	Construction of college building, purchase of equipment, library books.	12.00 (15-3-2002)	6.11	5.89	Delay in arranging purchase of books and equipment.
Total		101.64	32.19	69.45	

**Statement of Action taken**

Central Assistance of Rs. 14.64 released to Government Ayurveda College, Kannur, upgradation of Kriyasareera and Roganidhanam department for Post Graduate training and reserarch. Rs. 1,04,000 has not been utilized for the creation of two posts of clerks, proposal in this regard is being processed.

An amount of Rs. 75 lakh released to Government Ayurveda College, Thiruvananthapuram for construction of building and purchase of equipments for Drug Testing Lab Rs. 20 lakhs for the construction of building and 55 lakhs for the purchase of equipments. Construction of the building completed and Drug Standardization unit is shifted to Ayurveda College Compound in the newly constructed building. Rs. 55 lakhs sanctioned by Government of India for the purchase of equipments had not been utilized by Government Ayurveda College, Thiruvananthapuram. Revalidation sanction was given by Government of India for utilization of the amount during 2006-07, and accordingly State Government have accorded Administrative Sanction for utilization of Rs. 55 lakhs during 2006-07 itself. Action is being pursued for the purchase of equipments.

An amount of Rs. 12 lakhs released to Government Ayurveda College, Thiruvananthapuram, for the construction of college building, purchase of equipments, library books. Out of Rs. 12 lakhs an amount of 7,88,496 has been utilized for purchase of equipments and the remaining amount will be utilized within 2 months.

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<i>Subject</i>	<i>Statement of Action taken</i>
(1)	(2)
<p><i>Para 3.3.28</i></p> <p>As per the norms there shall be 14 Departments and a minimum of 102 teaching staff in each AVC. None of the five AVCs had the staff pattern prescribed by the CCIM and many of the posts were lying vacant. Even the sanctioned posts were much lesser than the norms. Though the shortfall ranged from 29 to 76 per cent as mentioned in the Report of the Comptroller and Auditor General of India (Civil) for the year ended 31 March 1997, the percentage of shortfall in the filled up posts compared to norms ranged between 37 and 72 as of March 2004.</p>	<p>Though there are shortage of staff as per CCIM norms in Government Ayurveda Colleges, Government is not in a financial position to create as many number of posts as required. But posts are created within the financial position of Government. The shortfall in staff strength can be coped with as an when the financial condition improves.</p>
<p><i>Para 3.3.29</i></p> <p>In AVC, Kottakkal there was no teaching staff in Kiryasareera Department. In AVC, Thiruvananthapuram, there were only two teaching staff each in the Departments of Rachanasareera (against eight posts) and Koumarabrithya (against six posts). In Kriyasareera and Agathathantra Departments there were only three teaching staff each against sanctioned strength of eight and six respectively. The shortage of reaching staff affected the quality of medical education imparted to the students.</p>	<p>The present strength of teaching staff in Rachanasarera Department is 4 against 8 posts, Agathathantra Department against 11.</p>
<p><i>Para 3.3.30</i></p> <p>As per the Minimum Standard and Curriculum for Under Graduate Education in Ayurveda, prescribed by the Ministry of Health &amp; Family Welfare, in August 1989 a postgraduate qualification in the subject/ speciality concerned included in the schedule to Indian Medicine Central Council Act 1970 is essential for teaching staff recruitments made</p>	<p>It is true that as per the minimum standard and curriculum for Under Graduate Education in Ayurveda prescribed by Ministry of Health &amp; Family Welfare a Post Graduate degree in the concerned is</p>

(1)

after 1 July 1989. But 49 teachers appointed after 1989 in five AVCs were only Graduates. However, Special Rules for the Kerala Health Services (Ayurveda) Collegiate Teaching Services issued by the State Government in January 1998 prescribes only a first or second class degree in Ayurveda from recognized Universities, which is not in conformity with the minimum standards prescribed by GOI. The Circumstances under which under qualified teachers were appointed in violation of GOI norms called for from Government were awaited (September 2004). The appointment of under-qualified teaching staff would adversely affect the quality and standards of the students passing out of these institutions.

(2)

essential for teaching staff recruited after 1-7-1989. Government of India also permitted Post Graduate degree in allied subjects in areas where there are no Post Graduate degree holders.

But the service of teaching staff of Government Ayurveda Colleges are governed by Special Rules as issued as per G. O. (P) 4/98/P&ARD dated, 20-1-1998. In Note 1 to Rule 5 other qualifications of the above Special Rules it has been stated "in accordance with these Special Rules, Post Graduate degree in the concerned subject has been made compulsory qualification for appointment by promotion and by direct recruitment to the post of and above the category of Lecturer". In Note 3 to rule 5 of the same Special Rules it is stated Teachers in service who do not possess degree qualification shall be given 5 years time to acquire the prescribed qualification. Those who get promoted during the period and do not acquire the prescribed qualification within the period shall be reverted.

(1)

(2)

The Note 3 to Rule 5 of the Special Rules is amended as per G.O.(P) 88/2003/H&FWD dated 13-5-2003 allowing in extension of further 5 years from 19-1-2003.

It is also true that some of the teaching staff who were recruited after 1-7-1989 in the entry cadre ie. tutor also lack Post Graduate degree in the concerned subject . But it is not against any rules in force. As reported above the service of the teaching staff of Ayurveda College (Government) is governed by the Special Rules issued as per G. O. (P) 4/98/P&ARD dated, 20-1-1998. The following is the qualification fixed for the recruitment of the Tutors as per the Special Rules.

Rule 5 “Other Qualifications”

Tutor. 1. By Direct Recruitment

A first or second class degree in Ayurveda, the Universities in Kerala or any other University recognized by the Universities in Kerala.

*Desirable:* A Post Graduate degree in the concerned subject from any of the Universities in Kerala or any other University recognized by the Universities of Kerala.

So as per the Special Rules Post Graduate degree in the concerned is not must for appointment to the cadre of Tutor. But this department has already taken up proposals for amendments of the existing Special Rules covering this area also. Discussions with various Service Organisations at Government level is already over and it is expected that the Special Rules will be amended shortly incorporating the provisions put forward by the Government of India in this regard.

(1)	(2)
<p><i>Para 3.3.31 &amp; 32</i></p> <p><i>3.3.31</i></p> <p>According to CCIM (PG Education) (Amendment) Regulations 1994, 16 specialities were prescribed for conduct of PG courses and it was mandatory for all Universities in India to follow the guidelines for minimum standards and curriculum for PG courses in Ayurveda including syllabus and pattern of examinations. Deviations were noticed in the following cases.</p>	<p>The concerned Universities have ratified the action of the Principals Concerned regarding the conducting the preliminary examinations.</p>
<p><i>3.3.32</i></p> <p>In the case of AVCs at Kottakkal and Thiruvananthapuram, the MD (Ayurveda) Preliminary examination was conducted by the institutions themselves in January 2004. A total of 52 students (ten in AVC, Kottakkal and 42 in AVC, Thiruvananthapuram) appeared in those examinations. CCIM in February 2004 clarified that preliminary examination of PG courses should be conducted by the affiliated University only. As the Universities concerned did not ratify the action so far the examination conducted by the two AVCs was against the CCIM Regulations. There were also delays ranging from seven to 12 months in conducting examinations in these two AVCs.</p>	
<p><i>Para 3.3.33</i></p> <p>In AVC, Kottakkal, PG course in Manasikaroga was conducted from 2000-01 onwards with an intake capacity of six students per year and in AVC, Thiruvananthapuram, PG course in Panchakarma was sanctioned during 2001-02 with intake capacity of five students per year. There is no speciality 'Manasikaroga' as per the Regulations. Moreover, both the courses were now under the 'Kayachikitsa' Department. Also the teaching staff required as per the norms</p>	<p>In Ayurveda College, Kottakkal Post Graduates course Manasikaroga was conducted in 2000-01 with an intake capacity of 6 students per year, as there is a Manasikaroga hospital in Ayurveda College, Kottakkal. The Post Graduate Course in Panchakarma was sanctioned</p>

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(1)	(2)
did not exist in the respective specialities. Non-adherence to the norms fixed by the CCIM affected standards of Medical Education.	in the Ayurveda College, Thiruvananthapuram during 2001-02 with an intake capacity of 5 students per year. The Post Graduate course in Panchakarma is under the Kayachikitsa/Panchakarma Department of this college. But as per Order No. G. O. (Ms.) 126/2004/H&FWD dated, 11-6-2004 two posts (One Reader and one Lecturer) were sanctioned for this Panchakarma Department. The appointment of one Lecturer from the Kayachikitsa Department has been made and proposals were under consideration of Government for the appointment of Reader Panchakarma.

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M. NEELAKANTAN,  
*Joint Secretary,*  
*Health & Family Welfare Department,*  
*Govt. Secretariat, Thiruvananthapuram.*

APPENDIX III

ആരോഗ്യ വകുപ്പ് ഡയറക്ടറുടെ കാര്യാലയം

നമ്പർ എ.ബി. 5-560335/07/ആ.വ.ഡ. തിരുവനന്തപുരം, തീയതി 2007 ജൂലൈ 23.

പ്രേഷിതൻ

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ

സീകർത്താവ്

സെക്രട്ടറി,  
നിയമസഭാ സെക്രട്ടറിയേറ്റ്,  
തിരുവനന്തപുരം.

സർ,

വിഷയം.—ആരോഗ്യവകുപ്പ്—പബ്ളിക് അക്കൗണ്ട്സ് കമ്മിറ്റിയിൽ നിർദ്ദേശിച്ച അധിക വിവരങ്ങൾ സമർപ്പിക്കുന്നു.

സൂചന.—13-6-2007-ലെ പബ്ളിക് അക്കൗണ്ട്സ് കമ്മിറ്റി മീറ്റിംഗ് പ്രകാരം.

13-6-2007-ലെ പബ്ളിക് അക്കൗണ്ട്സ് കമ്മിറ്റി മീറ്റിംഗിൽ പാഠാ 3.14,3.15 (1999-2000) ണ്തിന്റെയും പാഠാ 3.5 (2001-02)ന്റെയും അധിക വിവരങ്ങൾ നൽകണമെന്ന തീരുമാനം ഉണ്ടായി. ആയതിന്റെ അടിസ്ഥാനത്തിൽ ഈ പാഠകളെ സംബന്ധിച്ചുള്ള അധിക വിവരങ്ങൾ ചുവടെ ചേർക്കുന്നു.

1. പാഠാ-3.14 (1999-2000)

1996-ാം ആണ്ട് ജൂലൈ മാസത്തിനും 1999-ാം ആണ്ട് ഒക്ടോബർ മാസത്തിനുമിടയ്ക്ക് പരിയാരം പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിൽ ഒരു ജില്ലാതല ഇന്റേണൽ ആഡിറ്റ് നടത്തപ്പെട്ടിട്ടുണ്ട്. ആയതിൻ പ്രകാരം പരിയാരം പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിലെ അപ്പർ ഡിവിഷൻ ക്ളാർക്കായ ശ്രീ. എം. ചന്ദ്രൻ ക്രമക്കേടുകൾ നടത്തിയതായി റിപ്പോർട്ട് ചെയ്യപ്പെട്ടിട്ടുണ്ട്. 23-8-1996-നും 23-10-1999-നും ഇടയ്ക്കുള്ള ബാധ്യതകളുടെ (ക്രമക്കേടുകൾ ആരോപിക്കപ്പെട്ടത്) ഒരു ഫോട്ടോകോപ്പി താങ്കളുടെ അറിവിലേക്കായി ഇതോടൊപ്പം സമർപ്പിക്കുന്നു. ഈ ബാധ്യതകൾ (ക്രമക്കേടുകൾ) ആണ് പരിയാരം പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിലെ അപ്പർഡിവിഷൻ ക്ളാർക്കായ ശ്രീ. എം. ചന്ദ്രനെതിരെ ഉന്നയിക്കപ്പെട്ടിട്ടുള്ളത്.

2. പാഠാ-3.15 (1999-2000)

മലപ്പുറം ജില്ലയിലെ ചൊക്കാട് ഗിരിജൻ കോളനിയിലെ സർക്കാർ ഗ്രാമീണ ഡിസ്പെൻസറിയെ ചൊക്കാട് പ്രാഥമികാരോഗ്യ കേന്ദ്രമാക്കി സർക്കാർ രൂപാന്തരപ്പെടുത്തി, 40 കിടക്കകളും, പ്രസവമുറിയോടു കൂടിയതും, 34.56 ലക്ഷം രൂപ ചിലവിട്ട് നിർമ്മിച്ചതുമായ കെട്ടിടം 1996-ാം ആണ്ട് ആഗസ്റ്റ് മാസം 13-ാം തീയതി ചൊക്കാട് പ്രാഥമിക ആരോഗ്യ കേന്ദ്രത്തിലെ അന്നത്തെ മെഡിക്കൽ ഓഫീസർക്ക് കൈമാറുകയുണ്ടായി.

1998 ഒക്ടോബറിൽ 13 അഡീഷണൽ തസ്തികകൾ സൃഷ്ടിക്കാനായി, മലപ്പുറം ജില്ലാ മെഡിക്കൽ ഓഫീസറുടെ അഭ്യർത്ഥന പ്രകാരം ഈ ഡയറക്ടറേറ്റിൽനിന്നും സർക്കാരിലേക്ക് നിർദ്ദേശം അയച്ചു. 1999 നവംബർ മാസത്തിൽ ഒരു അസിസ്റ്റന്റ് സർജനും, നാല് സ്റ്റാഫ് നേഴ്സും, രണ്ട് ആശുപത്രി അറ്റൻറന്റ് ഗ്രേഡ് II ഉം, ഒരു നേഴ്സിംഗ് അസിസ്റ്റന്റും ഉൾപ്പെട്ട എട്ടു തസ്തികകൾ അനുവദിച്ചുകൊണ്ട് ഉത്തരമായി. 2000 മേയിൽ കരാർ അടിസ്ഥാനത്തിൽ ഒരു ഡോക്ടറെയും, ഒരു നേഴ്സിംഗ് അസിസ്റ്റന്റേനെയും നിയമിച്ചു. പ്രവർത്തന വ്യവസ്ഥയിൽ താൽക്കാലികമായി മറ്റ് ആശുപത്രികളിൽ നിന്നും രണ്ട് സ്റ്റാഫ് നേഴ്സുമാരെയും നിയമിച്ചു. 7-5-2000-ൽ കെട്ടിടത്തിന്റെ ഉദ്ഘാടനം നടത്തിയെങ്കിലും ജീവനക്കാരുടെ അഭാവത്താൽ ഓപ്പറേഷൻ തിയേറ്ററും വാർഡും ഉപയോഗപ്പെടുത്താൻ സാധിച്ചിട്ടില്ല.

പ്രസ്തുത കെട്ടിടം വൻതുക ചിലവാക്കി ഉണ്ടാക്കിയതാണെങ്കിലും ആവശ്യമായ മറ്റ് സൗകര്യങ്ങൾ ഇല്ലാത്തതിനാലാണ് ഉപയോഗിക്കാതെ കിടക്കുന്നത്. പ്രധാനമായും ഫോറസ്റ്റ് ബൗണ്ടറിയായ ഈ പ്രദേശത്ത് ജനവാസമുള്ള വീടുകൾ ഒന്നുതന്നെ 3.5 കിലോമീറ്റർ ചുറ്റളവിൽ ഇല്ല. ജീവനക്കാർക്ക് താമസിക്കുന്നതിനായി വാടകയ്ക്കോ, സർക്കാർവകയായോ യാതൊരുവിധ സൗകര്യങ്ങളും ഇല്ല. മെയിൻ റോഡിൽനിന്നും ജീവനക്കാർ കാൽനടയായി വേണം നാലഞ്ചു കിലോമീറ്റർ അകലെയുള്ള പ്രാഥമിക ആരോഗ്യ കേന്ദ്രത്തിൽ എത്താൻ. സ്ത്രീ ജീവനക്കാരെ രാത്രിയുട്ടിക്ക് നിയോഗിക്കുന്നതിന് യാതൊരു സുരക്ഷിതത്വവും ഇവിടെയില്ല. ആയതിനാൽ ആവശ്യമായ ക്വാർട്ടേഴ്സ് സൗകര്യങ്ങൾ ഉണ്ടാക്കുന്നതിനായി വിശദമായ പ്രപ്പോസൽ അയക്കുകയും ആയത് നമ്പാർഡ് പദ്ധതിയിൽ ഉൾപ്പെടുത്തി നിർമ്മിക്കുന്നതിനുള്ള നടപടികൾ സ്വീകരിച്ചുവരുന്നുണ്ട്.

സൗകര്യപ്രദമായ കെട്ടിടം നിലവിലുണ്ടെങ്കിലും ഐ.പി. ആരംഭിക്കുന്നതിനുള്ള അടിസ്ഥാന സൗകര്യങ്ങളും, മിനിമം ജീവനക്കാരും ഇല്ല. മൂന്ന് ഡോക്ടർമാരും, നാല് സ്റ്റാഫ് നേഴ്സുമാരും മിനിമം ജീവനക്കാരായി വേണമെന്നിരിക്കെ രണ്ട് ഡോക്ടർമാരും, മൂന്ന് നേഴ്സുമാരും മാത്രമേ ഇവിടെയുള്ളൂ. അധികമായി ആവശ്യമുള്ള തസ്തികകൾ സൃഷ്ടിക്കുന്നതിലേക്കായി പ്രപ്പോസൽ സർക്കാരിലേക്ക് അയച്ചിട്ടുണ്ട്.

ആയതുകൊണ്ട് ആവശ്യമായ ജീവനക്കാരും, അടിസ്ഥാന സൗകര്യങ്ങളും ക്വാർട്ടേഴ്സും സജ്ജമാക്കുന്ന മുറയ്ക്ക് ചൊക്കാട് പ്രാഥമിക ആരോഗ്യ കേന്ദ്രത്തിൽ ഐ.പി. യൂണിറ്റ് പ്രവർത്തനക്ഷമമാക്കുന്നതാണെന്ന് അറിയിച്ചുകൊള്ളുന്നു.

3. പാറാ-3.5 (2001-2002)

കടവൂർ പ്രാഥമിക ആരോഗ്യ കേന്ദ്രത്തിൽ മൂന്ന് അസിസ്റ്റന്റ് സർജൻമാരുടെ തസ്തിക അനുവദിച്ചിട്ടുണ്ട്. 24-2-2003-ൽ ഡോക്ടർ എ. വിജയകുമാറിനെ, അസിസ്റ്റന്റ് സർജനായി കടവൂർ പ്രാഥമിക ആരോഗ്യ കേന്ദ്രത്തിൽ നിയമിച്ചു. 26-3-2004-ൽ അദ്ദേഹം 30 ദിവസത്തെ ശുന്യവേതന അവധിക്കായി അപേക്ഷിച്ചു. എന്നാൽ അപേക്ഷയിൽ അപൂർണ്ണതയുണ്ടെന്ന കാരണത്താൽ എറണാകുളം ജില്ലാ മെഡിക്കൽ ഓഫീസർ ആ അപേക്ഷ നിരസിക്കുകയുണ്ടായി. എങ്കിൽപോലും 26-3-2004-ൽ ഡോക്ടർ എ. വിജയകുമാർ അനുവാദമില്ലാതെതന്നെ അവധിയിൽ പ്രവേശിക്കുകയാണുണ്ടായത്.

കത്ത് നമ്പർ ഇ.എ.5-37818/04/ആ.വ.ഡ.തീയതി 2-1-2006 പ്രകാരം ഡോക്ടർ എ. വിജയകുമാറിനെതിരായി ഒരു ഷോക്കോസ് നോട്ടീസ് അയയ്ക്കുകയുണ്ടായി. ആയതിലേക്കുള്ള മറുപടിയിൽ അദ്ദേഹം തിരികെ സർവ്വീസിൽ പ്രവേശിക്കുന്നതിനുള്ള താൽപര്യം പ്രകടിപ്പിക്കുകയും, ആ അഭ്യർത്ഥന മാനിച്ച് കത്ത് നമ്പർ ഇ.എ.1-100/2007/തീയതി 3-1-2007 പ്രകാരം അദ്ദേഹത്തിന് തിരികെ സർവ്വീസിൽ പ്രവേശിക്കാൻ അനുമതി നൽകുകയുണ്ടായി. ആയതിന്റെ അടിസ്ഥാനത്തിൽ 24-1-2007-ൽ എറണാകുളം ജില്ലയിൽ തന്നെയുള്ള കടയിരിപ്പ് പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിൽ അദ്ദേഹം ഡ്യൂട്ടിക്ക് പ്രവേശിച്ചു.

ഡോക്ടർ എ. വിജയകുമാറിന് പകരമായി ഡോക്ടർ സജീവിനെ ഉത്തരവ് നമ്പർ ഇ.എ.1-90/06/ആ.വ.ഡ. തീയതി 26-7-2006 പ്രകാരം കടവൂർ പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിൽ നിയമിച്ചു. അദ്ദേഹവും യാതൊരു അനുവാദവും ഇല്ലാതെ അവധിയിൽ പ്രവേശിക്കുകയാണുണ്ടായത്. എറണാകുളം ജില്ലാ മെഡിക്കൽ ഓഫീസിൽ നിന്നും ആവർത്തിച്ചുള്ള അറിയിപ്പുകൾ അദ്ദേഹത്തിനായി അയച്ചെങ്കിലും നാളിതുവരെയും അദ്ദേഹത്തിൽ നിന്നും യാതൊരുവിധ മറുപടിയും ലഭിച്ചിട്ടില്ല.

20-4-2005 മുതൽ ഡോക്ടർ സുസി പോൾ കടവൂർ പ്രാഥമികാരോഗ്യ കേന്ദ്രത്തിൽ സേവനം ചെയ്യുന്നുണ്ട്. നിർബന്ധിത ഗ്രാമീണ സേവനത്തിന്റെ ഭാഗമായി ഡോക്ടർ ഷാഹിതയും പ്രാഥമിക ആരോഗ്യ കേന്ദ്രം, കടവൂരിൽ സേവനം ചെയ്തുവരുന്നു.

ഇപ്പോൾ ഓർഡർ നമ്പർ ഇ.എ3.52568/07/ആ.വ.ഡ. തീയതി 18-6-2007 പ്രകാരം ഡോക്ടർ മഞ്ജു എലിസബത്ത് സെബാസ്റ്റ്യനെ കടവൂർ പ്രാഥമിക ആരോഗ്യ കേന്ദ്രത്തിലേക്ക് നിയമിച്ച് ഉത്തരവായിട്ടുണ്ട്.

വിശ്വസ്തതയോടെ,

(ഒപ്പ്)

ആരോഗ്യ വകുപ്പ് ഡയറക്ടർക്ക് വേണ്ടി.

ATTENTION TO AB5 SECTION

District Medical Office,  
Kannur

No. A5/

dated.....2007.  
Fax No. 0471 2304640

From

The District Medical Officer (H)

To

The Director of Health Services,  
Thiruvananthapuram.

Sir,

*Sub:*— Internal Audit—P.H. Centre, Pariyaram for the period July 1996 to 10/99—reply furnishing of—Reg.

*Ref:*— Phone message received from AB5 section of Director of Health Services, at 4 pm dated 29-6-2007.

I may invite your kind attention to the reference cited and inform that only one audit was conducted by the District Level Internal Audit Team at P.H. Centre, Pariyaram during the period from 7/96 to 10/99.

(The period covered from 1-7-1996 to 23-10-1999).

In the above audit report, irregularities committed by Sri. M. Chandran, then Clerk has been reported.

A Photostat copy of the liability statement of P. H. Centre, Pariyaram for the period from 23-8-1996 to 23-10-1999 is enclosed herewith for your kind perusal, in which the liabilities are noted against Sri. M. Chandran, U. D. Clerk, P.H. Centre, Pariyaram.

Yours Faithfully,

(Sd.)

*District Medical Officer (H).*

Encl: 4 pages of Liability statement.

**Liability Statement of Primary Health Centre, Pariyaram from 23-8-1996 to 23-10-1999**

<i>Sl. No.</i>	<i>Period</i>	<i>Amount of Liability</i>	<i>Name of Medical Officer/Clerk</i>	<i>Nature of Liability</i>	<i>Remarks</i>
(1)	(2)	(3)	(4)	(5)	(6)
1	23-8-1996	Rs. 2700	1. Dr. Abdul Samath Medical Officer i/c	Short remittance of excess Ad hoc bonus drawn during 1995-96	Part II Para II (5)
2	5-10-1996	1512	2. Sri M. Chandran, U. D. Clerk	Irregular drawal of S.L.S.	Part II Para II (9)
		<u>Rs. 4212</u>			
3	5-4-1997	5772	1. Dr. V. A. Vijaya 2. Sri M. Chandran, U.D. Clerk	Irregular claim of Pay and Allowances	
4	3-5-1997	5772		do.	
5	2-6-1997	5772		do.	
6	21-6-1997	682		Arrear DA claim (want of proper acquittance)	Part II Para I (1)
7	2-7-1997	5772		Irregular claim of Pay and allowances	
8	1-8-1997	3068		do.	

9	18-8-1997	1355		Action of Cashewnut tree	Part IV Para III (1)
10	1-9-1997	3068	do.	Irregular claim of Pay and allowances.	Part II Para I (1)
11	8-9-1997	2500		Excess drawal of Ad hoc bonus 1996-97	Part II Para 6
12	1-10-1997	4014		Irregular claim of Pay and allowances.	Part II Para I (1)
13	1-11-1997	3964		do.	
14	1-12-1997	3964		do.	
15	1-12-1997	3038		do.	
16	20-12-1997	3038	1. Dr. V. A. Vijaya, Medical Officer i/c.	Irregular claim of Pay and allowances.	Part II Para I (i)
17	28-1-1998	3038	2. Sri. M. Chandran, U. D. Clerk	do.	
18	3-3-1998			do.	
19	16-3-1998	5543		Big amount of auction sale of Cashew nut trees.	Part IV Para I (i)
20	3-4-1998	3203	do.	Irregular claim of Pay and allowances.	Part II Para II (2)

(1)	(2)	(3)	(4)	(5)	(6)
21	3-4-1998	6429		Irregular claim of SLS	„
22	16-4-1998	3200		do.	„
23	16-4-1998	1798		do.	„
24	4-5-1998	3223		Irregular claim of pay and allowances	„
25	2-6-1998	6021		do.	„
26	24-6-1998	1080		Arrear (want of proper acquittance)	„
27	2-7-1998	5319		Irregular claim of pay and allowances	„
28	3-8-1998	5319		do.	„
29	28-8-1998	5319		do.	„
30	26-9-1998	5319		do.	„
31	3-11-1998	3301		do.	„
32	23-11-1998	3324		Irregular claim of increment	„
33	2-12-1998	3301	do.	Irregular claim of pay and allowances	„

34	22-12-1998	3301		do.	„
35	4-1-1999	363	1. Dr. V. A. Vijaya, Medical Officer i/c.	Auction sale of Parties	Part IV Para I (2)
36	4-1-1999	550	2. Sri. M. Chandran, U. D. Clerk.	Auction sale of broken cashew nut trees	
37	2-2-1999	6678		Irregular claim of pay and allowances	Part II Para II (2)
38	3-3-1999	4164		do.	„
39	6-4-1999	1755		Short disbursement of pay and allowances.	„
40	4-5-1999	4546		Irregular claim of pay and allowances	„
41	4-6-1999	4363		do.	„
42	2-7-1999	4584		do.	„
43	18-8-1999	4415	1. Dr. P. V. Pavanan, Medical Officer i/c. 29-7-1999 (Addl. Charge)	do.	„
44	8-9-1999	1000	2. Sri. M. Chandran, U. D. Clerk	Irregular claim of Ad hoc bonus/ Special festival allowances 1998-99	Part II Para II (2)

(1)	(2)	(3)	(4)	(5)	(6)
45	4-10-1999	4480		Irregular claim of pay & allowances	Part II Para II (1)
46	22-10-1999	40		Short amount in cash chest	Part II Para I (2)
47	27-11-1996	9900	1. Dr. Abdul Samad	MSS Expenditure for want of proper voucher and detailed bill.	Part III Para III (1 to 3)
48	23-12-1997	13200	2. Dr. V. A. Vijaya		
49	25-3-1999	13200	3. do.		
		<u>2,00,305.00</u>			

**Less Substained to Government due to misappropriation/for want of proper vouchers and detailed bills**

1.	1-7-1996 to 2-12-1997 FN	1. Dr. Abdul Samath	Rs. 14,112.00	During the entire period of Audit (from 1-7-1996 to 23-10-1999) Sri. M. Chandran, U. D. Clerk is working in the Primary Health Centre, Pariyaram Kannur District.
2.	1-2-1997 FN to 28-7-1999	2. Dr. V. A. Vijaya	Rs. 1,76,258.00	
3.	29-7-1999 to 23-10-1999	3. Dr. P. V. Pavanan	Rs. <u>9935.00</u>	
		Total	Rs. 2,00,305.00	

(Sd.)

*District Medical Officer of Health, Kannur.*

## APPENDIX IV

## GOVERNMENT OF KERALA

**Co-operation (C) Department**

No. 10629/C2/2007/Co-op.      *Dated, Thiruvananthapuram, 19th August, 2007.*

From

The Principal Secretary to Government.

To

The Secretary,  
Legislature Secretariat,  
Thiruvananthapuram.

Sir,

*Sub:—* Co-operation—Committee on Public Accounts (2006-08)  
Meeting on 8-8-2007—Reg.

*Ref:—* 1. Your letter No. 11720/PAC.A4/07 Leg. dated 26-7-2007.  
2. Government letter of even number dated 7-8-2007.

I am to invite your attention to the reference cited and to inform you that the chairman of PAC has directed Government to furnish the following details, at the time of the meeting held on 8-8-2007.

- (a) On what grounds was the file referred to vigilance ?
- (b) When did they return the file? Was any reason given ?
- (c) The list of officers responsible for the loss sustained ?

As directed by the Chairman of PAC above, the following details are furnished for kind consideration.

(a) The files related to the construction of Ladies Hostel in the premises of Kerala State Co-operative Hospital Complex, Kannur was handed over to the office of the Deputy Superintendent of Police, Vigilance & Anti-corruption Bureau, Kannur on demand vide enquiry No. VE3/04/KNR. dated 26-4-2004.

(b) Office of the Deputy Superintendent of Police, Vigilance & Anti-Corruption Bureau, Kannur returned the file on 16-2-2005 on the request of the institution for submitting the file to Registrar of Co-operative Societies in connection with the Arbitration case No. 90/2004 filed by the construction company.

(c) Managing Director, Kerala State Co-operative Hospital Complex and Centre for Advanced Medical Services Ltd. 4388 intimated that show cause notice was issued to the following persons and firms who were responsible for the construction process of Ladies Hostel Building in the Hospital complex.

561/2009.

1. Dr. V. K. Jayapalan, Managing Director.
2. Sri. P. V. Haridasan, Finance Manager.
3. Sri. C. H. Bharathan, Project Manager.
4. Sri. M. K. Krishna Kumar, Assistant Engineer.
5. Sri. Vinod, K. Assistant Engineer.
6. M/s. Technicaliya Consultants, Chennai.
7. M/s. Blue Chip Consultants, Ernakulam.

The Managing Director has also intimated that no liability has been fixed on any one against the loss sustained due to the change of site of the construction of Ladies Hostel Building for Kerala State Co-operative Hospital Complex.

The Vigilance Department in Government vide letter No. 9031/B2/2005/Vig. dated 7-10-2005 (copy enclosed) had informed that the recommendation of the Director, Vigilance & Anti-Corruption Bureau for no further action has been accepted.

The above details may kindly be brought to the notice of the Chairman, Public Accountants Committee.

Yours faithfully,

JJI THOMSON,  
*Principal Secretary to Government.*

GOVERNMENT OF KERALA

**Vigilance (B) Department**

N0. 9031/B2/2005/Vig.

*Dated, Thiruvananthapuram, 7th October, 2005.*

From

The Principal Secretary to Government.

To

The Secretary,  
Co-operation Department.

Sir,

*Sub:—* Irregularities in the construction of Ladies Hostel in the Co-operative Medical College, Pariyaram-Vigilance Enquiry—reg.

*Ref:—* Letter No. E. 13(VE.3/2004/KNR)818/2004 dated 7-9-2005 from the Director, Vigilance & Anti-Corruption Bureau, Thiruvananthapuram.

I am directed to forward herewith a copy of the reference cited and a copy each of the Forwarding Endorsement and Vigilance Enquiry report for information. It is also informed, that the recommendation of the Director, Vigilance & Anti-Corruption Bureau for no further action has been accepted.

This has the approval of Chief Minister.

Yours faithfully,

G. CHANDRAMOHAN,  
*Under Secretary,*  
for *Principal Secretary to Government.*

## APPENDIX IV

## IDLING OF EQUIPMENT

## Audit Report (Civil) for the year ended 31 March 2003

<i>Sl. No.</i>	<i>Equipment</i>	<i>Hospital</i>	<i>Value</i> <i>(Rs. in lakh)</i>	<i>Month/year of</i>	<i>Reason for idling</i>
(1)	(2)	(3)	(4)	(5)	(6)
1	Gamma Camera	Medical College Hospital, Kozhikode	28.33	September 1993	Kept idle for 8 years of want of qualified doctor. Meanwhile the technology became obsolete.
2	Colour Doppler Ultra Sound Scanner		25.00	August 1999	Out of order since 28-5-2002
3	Deep freezer		1.77	February 2001	Want of repair
4	High Performance Liquid Chromatography	Medical College Hospital, Thrissur	6.39	January 1998	Want of trained personnel
5	300 MA X-ray unit		3.49	October 1999	Want of sanction from the Directorate of Radiation Safety.
6	HGM Ophthalmic Argon Laser Photo Coagulator Model 5	Medical College Hospital, Kottayam	14.54	January 1993	Not working from the date of installation in April 1993
7	Incinerator	Medical College Hospital, Thiruvananthapuram	5.83	May 1997	Broke down in September 1998

8	Incinerator	} General Hospital, Ernakulam	5.40	April 1998	Want of repair
9	Mammography unit		32.17	December 1999	During the 40 month period only
10	T.M.T. machine		3.96	March 2000	87 tests were undertaken Want of infrastructure
11	150 Kg./hour incinerator	General Hospital, Thiruvananthapuram	6.00	March 1999	The unit failed on 20-2-2003. Worked only for 14 days during October 2000 to November 2001.
12	Blood bank equipment	} District Hospital, Kanhangad	5.39	1990-91	No sanction for blood bank
13	Equipment for Physical Medicine and Rehabilitation unit		1.45	March 2001	Want of staff
14	U. S. Scanner	} District Hospital, Kannur	5.15	March 1999	Want of trained personnel
15	Fluorescent Microscope		1.66	November 1999	Want of trained personnel
16	Power laundry unit		3.96	December 2001	Want of power connection
17	HP Sterilizer		1.60	January 2002	Want of electrical connection
18	Laproscope	District Hospital, Manjeri	1.22	July 2000	Want of trained medical officer
19	300 MA X-ray unit	District T. B. Centre, Palakkad	3.19	May 2001	Want of sanction from Directorate of Radiation Safety
20	Anaesthesia apparatus	General Hospital, Thalassery	1.44	May 2000	Want of repair
Total			157.94		