

THIRTEENTH KERALA LEGISLATIVE ASSEMBLY

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

NINETY FIRST REPORT

(Presented on 30th June, 2015)



**SECRETARIAT OF THE KERALA LEGISLATURE
THIRUVANANTHAPURAM
2015**

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On

**Paragraphs relating to General Education, Health and Family Welfare
and Home Departments contained in the Reports of the
Comptroller and Auditor General of India for the
years ended 31 March 2010 (Civil) & 2012
(General and Social Sector)**

CONTENTS

	<i>Page</i>
Composition of the Committee	.. v
Introduction	.. vii
Report	.. 1-45
Appendices : I. Summary of main Conclusion/ Recommendation	.. 46-52
II. Notes furnished by Government	.. 53-81

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INTRODUCTION

I, the Chairman, Committee on Public Accounts, having been authorised by the Committee to present this Report, on its behalf present the 91st Report on paragraphs relating to General Education, Health and Family Welfare and Home Departments contained in the Report of the Comptroller and Auditor General of India for the years ended 31 March 2010 (Civil) and 2012 (General and Social Sector).

The Reports of the Comptroller and Auditor General of India for the years ended 31 March, 2010 (Civil) and 2012 (General and Social Sector) were laid on the Table of the House on 22nd March, 2012 and 19th March, 2013 respectively.

The Committee considered and finalised this Report at the meeting held on 3rd June, 2015.

The Committee place on record its appreciation of the assistance rendered to it by the Accountant General in the Examination of the Audit Report.

Thiruvananthapuram,
30th June, 2015.

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

REPORT

GENERAL EDUCATION, HEALTH AND FAMILY WELFARE AND HOME DEPARTMENTS

GENERAL EDUCATION DEPARTMENT

AUDIT PARAGRAPH

Extra expenditure due to irregular grant of scale of pay instead of consolidated pay to General Foundation Course teachers

Grant of scale of pay instead of consolidated pay to 165 General Foundation Course teachers having workload below six hours per week led to extra expenditure of ₹ 2.83 crore towards their salary and allowances.

The Kerala Vocational Higher Secondary Education Subordinate Service Rules, 2004 (Special Rules) considered Non Vocational Teachers having workload below 15 hours per week per subject as regular staff and classified them as Non Vocational Teachers (Junior) and granted them scale of pay. However, Non Vocational Teachers (General Foundation Course) having workload below six hours per week were not separately classified in the Rules as they were not considered as regular staff borne on the establishment. As per the Pay Revision Orders of 2006, these teachers were eligible only for a consolidated pay of ₹ 3,500 per month.

However, scrutiny (January 2010) by Audit revealed that 165 General Foundation Course (GFC) teachers having workload below six hours per week were appointed in 145 Vocational Higher Secondary Schools between June 2008 and December 2009 and were paid in the scale of pay of ₹ 9,190-15,510 as applicable to Non Vocational Teachers (Junior). This resulted in extra expenditure of ₹ 2.83 crore (reckoned at the minimum of the scale of pay) for the period June 2008 to June 2010.

Government admitted (September 2010) that the irregular grant of scale of pay to the above GFC teachers occurred due to the misinterpretation of the Special Rules by the appointing authority, i.e., the Director, Vocational Higher Secondary Education who was not competent to interpret the rules.

Government further stated (September 2010) that the Kerala Vocational Higher Secondary Education Subordinate Service Rules, 2004, had been amended with retrospective effect from 12th March, 2004 to distinguish Non Vocational Teachers (Junior) from GFC teachers having workload below six hours per week. However, Government had not intimated the action initiated against the Director who was responsible for the extra expenditure caused to them (September 2010).

[Audit Paragraph 2.2.2 contained in the report of the Comptroller and Auditor General of India for the year ended 31 March 2010 (Civil).]

Notes received from Government on the above audit paragraph is included as Appendix II.

When the Committee was informed that departmental action had been initiated against the official responsible for the loss of ₹ 2.83 crore from the exchequer by making irregular payment to the General Foundation Course teachers and that official was retired, it enquired whether pensionary benefits had been granted to him.

2. The Additional Secretary, General Education Department replied that the provisional pension was sanctioned but DCRG has been withheld. The official from the office of the Accountant General interfered to inform that recovery could be effected only from the DCRG and usually pension was sanctioned only after issuing NLC by the concerned department. He added that it was stated in the order itself that LPC and NLC were due at treasury. The Additional Secretary, General Education Department made it clear that NLC was not issued from the Department.

3. The Committee expressed its anguish that the department had failed to intimate on what departmental action had been taken against the former Director, VHSE specifically. So it urged the General Education Department to seek the explanation of the officers for this failure and submit the report to the committee at the earliest. It also urged to furnish a written statement on whether Non-liability certificate had been issued to the official responsible for the loss. The Additional Secretary, General Education Department agreed to do so.

Conclusion/Recommendation

4. The Committee admonishes the officials of the General Education Department for not intimating the action taken against the former Director of VHSE who was responsible for the extra expenditure of ₹ 2.83 crore. It directs the General Education Department to inform whether Non-Liability Certificate had been issued and pensionary benefits were disbursed to him and also the measures taken to recoup the loss. The Committee exhorts the General Education Department to seek explanation from the officials who failed to take timely action against the erred official and to report it.

HEALTH AND FAMILY WELFARE DEPARTMENT**AUDIT PARAGRAPH****Integrated Audit of the Medical Education Department***Highlights*

Kerala has made rapid progress in providing advanced medical care for its people. There are a large number of health care institutions in the State providing treatment and imparting education and training under the various systems of medicine like allopathy, ayurveda, homoeopathy, etc. The department of Medical Education has a pivotal role in providing medical and paramedical personnel under the allopathic system to cater to the health care needs of the State.

The department did not have a Strategic Plan keeping in view the long- term needs of the State.

Inaccurate preparation of budget proposals resulted in persistent savings in excess of 50 per cent of the budget provision under 15 sub-heads.

Deficient expenditure control resulted in persistent excesses and belated surrender of funds under certain sub-heads.

Facilities as per the norms of the Regulatory Councils were not available in the test-checked institutions, thus affecting the standards of medical education.

Deficiency of 21 per cent in academic posts and 18 per cent in non-academic posts was noticed in test-checked institutions.

Inadequate storage space resulted in exposure of medicines to daylight and atmospheric heat in Medical College Chest Hospital, Thrissur which would affect the potency of the medicines.

The guidelines of the Atomic Energy Regulatory Board were not followed by the department in the Medical Colleges and Hospitals test-checked.

Regular internal audit was not conducted in the department due to lack of adequate staff.

Introduction

The Directorate of Medical Education was established in 1983 for effective administrative control of institutions in the Government Sector providing educational facilities to health care personnel under the allopathic system of medicine. It is responsible for establishment and maintenance of well-equipped teaching institutions, co-ordinating the training programmes/research activities, implementation of various schemes for improving medical education, etc. The Private self-financing educational institutions do not come under the control of the Directorate of Medical Education. The course content, curriculum, conduct of examinations, etc. are the responsibility of the affiliating Universities but the Directorate of Medical Education is responsible for providing infrastructural facilities as per the prescribed norms to the teaching institutions and hospitals under its control and for ensuring quality health care to the patients in the attached hospitals. The Directorate of Medical Education also conducts and issues certificates to 13* paramedical courses.

Organisational set-up

The Director of Medical Education (DME) is the Head of the Department of Medical Education and functions under the administrative control of the Secretary to Government, Health and Family Welfare. The Director is assisted by two Joint Directors-one for dental and paramedical courses and the other for medical and pharmacy courses. Principals, the Superintendents exercise control over the Medical College Hospitals.

There are 44† institutions including five Medical Colleges under the department. While the Medical Colleges, Nursing Colleges and Paramedical institutions function under Principals the Superintendents exercise control over the Medical College Hospitals.

Audit coverage and Methodology

An integrated audit of the department was carried out during April-August 2010 covering the period 2005-2010. During audit, the records of the Directorate of Medical Education, two‡ (out of five) Medical Colleges/Hospitals, three § hospitals,

* Nine diploma courses in Medical Laboratory Technology, Radiological Technology, Ophthalmic Assistants, Dental Mechanic, Dental Hygienist, Operation Theatre Technology, Cardiovascular Technology, Neuro Technology and Endoscopic Technology and four post graduate diploma courses in Dialysis Technology, Clinical Child Development, Clinical Psychiatric Social Work and Clinical Psychology.

† Five Medical Colleges, three Dental Colleges, five Nursing Colleges, one Pharmacy College, five Medical College Hospitals, seven Hospitals, ten Hostels, one Artificial Limb Fitting Centre and seven Primary Health Centres.

‡ Thiruvananthapuram and Thrissur.

§ Sree Avittom Thirunal Hospital, Thiruvananthapuram, Regional Institute of Ophthalmology, Thiruvananthapuram and Medical College Chest Hospital, Thrissur.

the College of Pharmaceutical Sciences at Thiruvananthapuram, the Dental College at Thiruvananthapuram, two* Nursing Colleges, three† Primary Health Centres, four‡ hostels and the Artificial Limb Fitting Centre at Thiruvananthapuram were test-checked. The selection of Medical Colleges was made by the simple random sampling method. An entry conference was held (June 2010) with the Secretary to the Government, Health and Family Welfare Department wherein the audit objectives, criteria, sample selection and scope of audit were discussed. An exit conference was held with the Special Secretary to Government, Health and Family Welfare Department in October 2010 wherein the audit findings were discussed in detail. The audit findings are based on analysis of records, data, information and replies received from the audited units.

Audit objectives

The integrated audit of the department was carried out with the objective of assessing whether:

- there was adequate planning to ensure efficient functioning of the institutions;
- the financial management system was effective in ensuring proper budgetary and expenditure controls and efficient and economical utilisation of resources;
- the human resources were adequate and in consonance with the prescribed norms;
- support services were adequate and efficient ; and
- there existed a proper monitoring and internal control mechanism in the department.

Audit Criteria

- Programmes approved by the State Planning Board under the Tenth and Eleventh Five Year Plans
- Norms prescribed by Medical/Dental/Nursing/Pharmaceutical/Paramedical Councils
- Provisions of Kerala Financial Code/Kerala Treasury Code/Kerala Budget Manual
- Orders and guidelines issued by the State/Central Governments for implementation, monitoring and evaluation of schemes/programmes
- Recommendations of the Public Accounts Committee.

* Thiruvananthapuram and Thrissur

† Tholur (Thrissur), Pangappara (Thiruvananthapuram), Vakkom (Thiruvananthapuram Rural).

‡ Mens Hostel and Women's Hostel at Thrissur and Thiruvananthapuram.

AUDIT FINDINGS

Planning

Since health care is of prime importance to the people, Government have the primary responsibility to ensure that adequate numbers of qualified health care personnel are available to meet the current and future needs of the State. For this purpose a Strategic Plan for arranging sufficient number of institutions and seats to meet the increasing requirement of health care personnel and identifying the available resources was necessary. It was seen that though the department had a planning wing, no Strategic Plan was prepared keeping in view the long-term needs of the State. Only Annual Plans as part of the Five Year Plans were implemented.

The details of institutions and seats for various courses available in the Government and self-financing sectors during the years 2005 and 2010 are given Table 3.1:

TABLE 3.1: STATEMENT SHOWING MEDICAL COURSES AND THE NUMBER OF SEATS

Course	Position in 2005						Position in 2010					
	Government		Self-financing		Total		Government		Self-financing		Total	
	College	No. of Seats	College	No. of Seats	College	No. of Seats	College	No. of Seats	College	No. of Seats	College	No. of Seats
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Bachelor of Medicine and Bachelor of Surgery	5	700	8	800	13	1500	5	850	17	1650	22	2500
Bachelor of Dental Surgery	3	120	6	340	9	460	3	130	18	940	21	1070
Nursing	3	180	41	2050	44	2230	5	315	66	3425	71	3740
B.Pharm.	2	80	18	1040	20	1120	3	140	20	1170	23	1310

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
Para-medical	1	24	0	0	1	24	2	48	22	734	24	782
Post-graduation	5	275	0	0	5	275	5	441	0	0	5	441
Super speciality	3	39	0	0	3	39	3	40	0	0	3	40
Total	22	1418	73	4230	95	5648	26	1964	143	7919	169	9883

Source: Details collected from the department.

Analysis of the above data revealed the following:

- While there was significant increase in the number of institutions and the total number of seats available for various courses in the State, the increase was mainly in the self-financing sector.
- The number of seats for MBBS and BDS showed only a marginal increase in the Government sector. However, there was nearly a three-fold increase in corresponding seats in the self-financing sector. No new Medical College was established after 1982 in the Government sector.
- During the review period, only two nursing colleges and two paramedical colleges were started in the Government sector whereas 70 institutions (nine medical colleges, 12 dental colleges, 25 nursing colleges and 24 paramedical institutions) had started functioning in the self-financing sector. During the same period, the neighbouring State of Tamil Nadu had started seven medical colleges in the Government sector alone.

It was also seen that the Government was shifting the responsibility of providing adequate number of health care personnel in the State to the private sector as there was stagnation in the number of colleges as well as seats in the Government sector. As a result, the DME who had played a predominant role in medical education in earlier years, did not have any control over the bulk of the medical educational institutions in the State.

Government stated (October 2010) that there were 600 Government seats for MBBS and 470 Government seats for BDS in 12 Medical Colleges and 18 Dental Colleges in the self-financing sector, which was equivalent to starting three or four medical colleges in the Government sector. The contention of the

Government ignored the fact that students admitted in Government seats in self-financing colleges had to pay fees at much higher rates than in the Government colleges.

Syllabus and examination pattern

Though all medical colleges, dental colleges, nursing colleges, paramedical and pharmacy colleges were following uniform syllabi and examination pattern prescribed in accordance with the standards prescribed by the Medical Council of India (MCI), the Dental Council of India, the Indian Nursing Council, the Paramedical Council of India and the Pharmacy Council of India respectively, simultaneous conduct of examination could not be ensured as the colleges were affiliated to different Universities in the State. Consequently uniformity could not be ensured in course duration, timings of examination, publication of results, etc. even in the colleges under the control of the DME. It was stated that this would be synchronized under the Kerala University for Health and Allied Sciences (KUHAS), which started functioning in December 2009.

Budgetary control and Financial Management

Funds required for functioning of Directorate of Medical Education and institutions under its control are provided through the State budget. Other sources of funding like Government of India grants, Hospital Development Society funds, etc. are also utilised for specific activities.

Budget provision and expenditure

The Director of Medical Education is the chief controlling officer of 75 number of sub heads (Plan 32 and Non-Plan 43) for which funds are provided under 'Grant No. XVIII Medical and Public Health'. Details of budget provision and expenditure during 2005-2010 under the heads controlled by DME are given below:

TABLE 3.2: DETAILS OF BUDGET PROVISIONS AND EXPENDITURE UNDER REVENUE

(₹ in crore)

Year	Plan		Savings and its percentage in brackets	Non-plan		Savings and its percentage in brackets
	Provision	Expenditure		Provision	Expenditure	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2005-06	28.81	27.37	1.44 (5)	252.99	209.90	43.09 (17)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
2006-07	38.42	32.92	5.50 (14)	344.72	263.44	81.28 (24)
2007-08	22.00	18.65	3.35 (15)	326.68	287.74	38.9 (12)
2008-09	23.85	21.92	1.93 (8)	316.09	305.34	10.75 (3)
2009-10	41.76	39.99	1.77 (4)	351.97	312.13	39.84 (11)
Total	154.84	140.85		1592.45	1378.55	

Source: Detailed Appropriation Accounts.

It was seen that significant savings exceeding 10 per cent of the budget provision occurred under Plan heads during 2006-07 and 2007-08 and under Non-Plan heads during all the years except 2008-09. Such large savings indicated inflation of overall budget estimates of the department during these years.

Budget proposals-Delays and Inaccuracies

According to paragraph 14 of the Kerala Budget Manual (KBM) budget estimates are to be consolidated by the Head of the Department based on the proposals received from subordinate officers and submitted to Government on the due dates each year. It was seen in audit that there were delays ranging from 19 to 37 days in submitting Non-Plan proposals for the budgets of the years 2007-08 to 2010-11 to Government by DME. Delays ranging from five to 49 days in submitting the Plan proposals were also noticed during the period.

Test-check of Plan budget proposals submitted by DME for 2008-09 and 2009-10 to Government and the budget allocations thereon revealed that the proposals were inflated. Instances of substantial reduction in the proposal of the department by Government were noticed under several heads of accounts. It was also seen that even the reduced provision could not be utilised by the department indicating that the original proposals were highly unrealistic and prepared without proper assessment of requirement. Persistent savings in excess of 50 per cent of the budget provision were noticed in 15 sub-heads of accounts as given in Appendix XIII. In four* (out of 15) sub-heads the savings ranging between 58 and 100 per cent were noticed in all the five years from 2005-06 to 2009-10. These instances indicated that the department did not pay due attention and care in preparing budget estimates as required under the provisions of KBM and the estimates were unrealistic and inflated. Government stated (October 2010) that the DME has been instructed to avoid over-estimation in the budget proposals.

* 2210-01-110-87 Directorate of Radiation Safety, 2210-05-105-37 Artificial Limb Fitting Centre, 2210-05-105-75 Training Schemes and 2210-05-105-91 College Hostels.

Failure in expenditure control

(i) Excess expenditure over provision

The department is required to keep a careful watch over the progress of the expenditure against the budget provision and to ensure that the expenditure does not exceed the grant available at any time during the financial year. In the cases indicated below, there was substantial excess expenditure over the final grant. Such excesses indicated that the department did not exercise effective expenditure control over the funds at its disposal. There was persistent excess expenditure in all the years from 2005-06 to 2009-10 ranging between 41 and 144 per cent under '2210-03-101-98 Health unit, Pangappara, Thiruvananthapuram'.

- Under the Plan head '2210-05-105-98 Allopathy Medical College, Thiruvananthapuram' the excess expenditure over provision in 2005-06, 2007-08 and 2008-09 was 87 per cent, 74 per cent and 66 per cent respectively.
- In the heads of account '2210-05-105-41 (Plan)' and '2210-05-105-50(Plan)' excess expenditure of 212 per cent and 300 per cent occurred in 2007-08 and 2005-06 respectively.

(ii) Belated surrender of funds

For ensuring effective financial control over the resources available, departments were required to surrender the savings noticed under individual heads immediately after they were noticed so that it could be used for other schemes where additional funds are required. It was seen in audit during 2006-07, 2007-08 and 2008-09 that there were several instances of surrender of funds amounting to ₹ 1.76 crore (four subheads) ₹ 51.06 lakh (four subheads) and ₹ 83.33 lakh (five subheads) respectively on the last day of the financial year. Such belated surrender of funds serves no useful purpose as the funds could not be utilised for any other purpose.

Unnecessary supplementary grants

When original provisions are exhausted and no savings are available for re-appropriation and postponement of expenditure is not possible, supplementary grants are obtained. It is, therefore, necessary to ensure that the legislature is approached for supplementary grants only when funds are absolutely necessary for spending within the financial year. Audit scrutiny revealed that

supplementary grants obtained were unnecessary because the expenditure did not come up to the level of the original provision as given in the following table.

TABLE 3.3: UNNECESSARY SUPPLEMENTARY GRANTS

<i>Name of the drawing and disbursing officer</i>	<i>Heads of account</i>	<i>Unnecessary supplementary provision</i>	
		<i>Year</i>	<i>Amount (₹ in crore)</i>
The Principal, Medical College, Thrissur	2210-05-105-94 (Non Plan)	2005-06	0.40
		2008-09	0.71
		2009-10	2.19
	2210-05-105-94 (Plan)	2006-07	0.50
The Principal, Medical College, Kottayam	2210-05-105-96 (Non Plan)	2008-09	0.50
		2009-10	2.90
The Principal, Medical College, Thiruvananthapuram	2210-05-105-98 (Non Plan)	2009-10	6.26

Source : Detailed Appropriation Accounts.

These cases showed the failure of the department in monitoring the expenditure against budget provisions and making realistic assessment of actual requirement of funds indicating deficiencies in budgetary control.

Rush of expenditure

According to paragraph 62 (2) of KBM, the distribution of appropriations by the Chief Controlling Officer to Sub Controlling Officers and by Sub Controlling Officers among the Drawing and Disbursing Officers should be made as soon as the budget proposals are approved by the Legislature. The rules also provide for even distribution of expenditure throughout the year for better financial control over the expenditure. It was, however, noticed that

during the five-year period 2005-10, 64 to 83 per cent of the plan expenditure was incurred during the last quarter and 53 to 72 per cent was incurred during March. The year-wise break up of expenditure is given below:-

TABLE 3.4: YEAR-WISE DETAILS OF RUSH OF EXPENDITURE

<i>Year</i>	<i>Expenditure (Plan)</i>	<i>Expenditure during last quarter (Percentage)</i>	<i>Expenditure during March (Percentage)</i>
2005-06	27.37	19.77(72)	17.80(65)
2006-07	32.92	21.80(66)	18.40(56)
2007-08	18.65	11.95(64)	9.89(53)
2008-09	21.92	17.18(78)	14.27(65)
2009-10	39.99	33.22(83)	28.87(72)

Source: Detailed Appropriation Accounts and VLC data of AG (A&E) Office.

As rush of expenditure at the close of the financial years could result in undue haste in spending of funds, leading to financial malpractices and would cause strain in the cash balance position of the Government, the department needs to take steps to ensure that the administrative procedures are streamlined to avoid year end drawal of funds.

Reconciliation of expenditure

As per Article 74 (1) of KBM, the departmental figures of expenditure should be reconciled with those of the treasury and the Accountant General (A&E). It was, found during audit that none of the offices test-checked had conducted reconciliation of departmental expenditure figures with those of the treasury/AG. The DME also admitted that the figures of the department were not reconciled with the figures of the Accountant General (A&E). Absence of reconciliation is fraught with the risk that defalcations, misappropriations and overdrawals would remain undetected leading to possible loss of Government money. Government stated (October 2010) that necessary directions have been given to the DME for timely reconciliation of departmental figures with those of the Accountant General (A&E).

Irregular retention of funds in deposit accounts

Rule 40 (c) of the Kerala Financial Code provided that money drawn from the treasury should under no circumstances be kept outside Government accounts. Contrary to this, Government accorded (March 2009 and March 2010)

sanctions for withdrawal of ₹ 50 lakh each and for depositing the amount in the Public Sector bank account of the Paramedical Council for the purchase of equipment and for the construction of a building for the Paramedical Council. Accordingly, ₹ 50 lakh each drawn during 2008-09 and 2009-10 was deposited in the savings bank account of the Paramedical Council. As of March 2010, only ₹ 15 lakh out of the deposited amount was utilised for purchase of equipments and the balance ₹ 85 lakh was retained in the savings bank account of a Public Sector bank.

[Audit Paragraphs 3.1 to 3.7 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March, 2010 (Civil).]

5. Regarding the audit paragraph, 'Integrated Audit of Medical Education Department', the Secretary, Health and Family Welfare Department informed that there were 30 Medical Colleges including 7 Government Medical Colleges, 21 self-financing Medical Colleges, Pariyaram Co-operative Medical College and Amritha Medical College. In the State there is a total of 3500 seats for MBBS Course. The Committee directed the Health and Family Welfare Department to submit an up to date report on position of seats for MBBS course in various Medical Colleges. To another query the Secretary, Health and Family Welfare Department replied that after establishing a special university named 'KUHAS' in 2009, all matters concerned with syllabus, curriculum, examinations etc. had been unified and brought under the control of that university.

6. During the discussion on the audit paragraph 'Budget Provision and expenditure', the Secretary, Health and Family Welfare Department apprised that there was no balance in the TSB Account and the Budget allocation was fully utilised. To a query of the Committee, the Secretary assured to furnish the details of expenditure within one week. Even though Medical Education Department was established in 1990 the staff was under the dual control of DHS & DME and in 2009-10, they were brought under the control of the DME. He added that the planning division of DME was weak and due to scarcity of ministerial staff, proper planning of budget proposal could not be done. Though this issue had been taken up with Finance Department, the problem could not be solved out yet. He supplemented that though academic matters were dealt with by the university, procurement of equipment was done by DME (Planning). The Committee was apprehensive of the mode of assessment of nonplan fund. It directed the Health and Family Welfare Department to furnish a report detailing the plan expenditure with substantive evidence to prove plan account had been completely expended.

7. Regarding the rush of expenditure at the fag end of the financial year, the Secretary, Health and Family Welfare Department put forth that tender procedures were the reason for the cumulative expenditure. The Committee commended that though tender procedure commenced at the beginning of the financial year, procurement of equipment could be completed only during the months of February or March. In this regard, the Secretary, Health and Family Welfare Department deposed that situation is much better after the formation of KMSC. At present equipment, which costs more than ₹ 25 lakh is being procured by KMSC and it could complete tender procedures by September-October and the equipment could be supplied before January. Equipments costing less than ₹ 25 lakh were purchased by the Principal by resorting tender processes which would be the expenditure incurred during March. The Committee directed to provide the latest data regarding the expenditure and the Secretary, Health and Family Welfare Department agreed to do so.

8. Regarding the audit paragraph, the Secretary, Health and Family Welfare Department apprised that though the internal audit division of the department was very weak, reconciliation of expenditure up to the year 2011-12 had been completed. The Additional Secretary, Finance Department supplemented that the savings pointed by Audit was the savings in budget estimate, which indicates that budget provision was not fully utilised. The Committee pointed out that the department had awarded order for equipment but no expenditure was incurred, as the equipment could not be procured in time, hence savings occurred.

9. The Committee enquired the opinion of the Finance Department regarding the withdrawal of ₹ 50 lakh each in March 2009 and March 2010 from treasury and deposited the same in S.B. account of a Nationalised Bank. The Additional Secretary, Finance Department replied that the act of the Paramedical Council was absolutely irregular. He continued that the fund borrowed @ 9-16% interest had been handed over to the Department but the department withdrew that amount and deposited the same into the non-interest bearing current account of a nationalised bank and later to an S.B. account. The Secretary, Health and Family Welfare Department submitted that the amount was allotted for the construction of building for academic wing and it had been fully utilised.

10. In this regard the official from the office of the Accountant General interfered to inform that such malpractices are to be curtailed since no department maintains the details of officials handling such accounts. As such, manipulations, if any, occurred could not be traced out. The Committee was informed that the circular issued by the Finance Department in this regard was not complied with and this impropriety is still followed in many departments. The

Committee viewed this issue as a matter of grave concern and urged the Finance Department to take stringent steps to avoid such malpractices in future. It decided to recommend that every administrative department should take conscientious effort to ensure such irregular transaction of fund in future. The Committee observed that the action of the Paramedical Council was highly irregular and there were violations of rules regarding maintenance of Government accounts. The Committee decided to recommend that departmental action against the officers responsible in case of such irregularity, if any, found in future and to realise penal interest @ 18% of the fund so transferred from the official concerned.

Conclusion/Recommendation

11. The Committee directs the Health and Family Welfare Department to submit a report on the current status of seats for MBBS Course in various medical colleges in Government and private sector.

12. The Committee expresses its displeasure for not furnishing the details of expenditure as assured by the Secretary, Health and Family Welfare Department. The Committee directs the department to furnish a report detailing the Plan expenditure with substantive evidence to prove that plan fund had been utilised completely.

13. The Committee urges the Health and Family Welfare Department to submit the details of expenditure during every quarter from the year 2010-11.

14. The Committee evaluates that the very act of Paramedical Council which deposited the money drawn from the treasury in a Savings Bank Account of a Nationalised Bank is highly irregular. It speculates mishandling and manipulation in this kind of fund transaction. The Committee suggests that Finance Department should evolve an effective mechanism to bring to an end to such malpractices rather than circulating instructions.

15. The Committee moots that administrative departments should take conscientious efforts to avoid such fund transactions. It recommends that disciplinary action should be initiated against the officials responsible for it in case of such irregularity and they should be levied with penal interest @18% of the fund so transferred.

AUDIT PARAGRAPH

Programme Management

During the five-year period 2005-06 to 2009-10 the State Government had incurred ₹ 140.84 crore for implementation of various Plan schemes in the institutions under the Medical Education Department. Institution-wise details are given in Appendix XIV.

Development of the Directorate of Medical Education

During the five year period 2005-10, the State Government provided ₹ 3.15 crore for the development of the Directorate. The funds were intended for modernisation activities, which included preparation of an IT plan, purchase of hardware and software and training. Only ₹ 1.38 crore was utilised for the purchase of computers, photocopiers and minor works. The proposals (February 2010) of the department for database design, computerisation of academic activities management system, employee management system, inventory management system etc. and procurement of computer hardware and peripherals at a cost of ₹ 30 lakh did not get the approval of the IT Department of Government. Utilisation of funds provided for construction of an academic block and completion of computerisation also did not keep pace with the availability of funds. As such, the objective of modernisation of the Directorate could not be achieved as envisaged and a major share of the funds provided for the purpose remained unspent.

Development of institutions under the Directorate of Medical Education

As the department was entrusted with the responsibility of running the medical colleges and other paramedical teaching institutions under the allopathic system of medicine, the DME was required to ensure compliance with the norms of the regulatory councils and set-up benchmarks in medical education standards. During the five year period 2005-10, ₹ 104.32 crore was spent for development of the institutions through renovation and upgradation of existing infrastructure, procurement of new equipments, modernisation, improving professional standards through conversion of Medical College, Thiruvananthapuram into a Centre of excellence, etc.

(i) Compliance with the norms of the regulatory councils

The DME was responsible for ensuring that the norms laid down by the regulatory councils were followed by the educational institutions in the Government sector. The facilities available in the test-checked medical colleges/hospitals revealed that there were shortages of lecture halls, research

laboratories, demonstration rooms in non-clinical departments, departmental libraries, reading rooms, centralized laboratories, etc., compared to the minimum requirements prescribed by the MCI as detailed in Appendix XV. Deficiencies of equipment like electrocardiogram/electroencephalogram machines, ultrasound scanners, X-ray units, autoclaves, haemo dialysis machines, etc. were also noticed in various departments. Government stated (October 2010) that steps were being taken for providing the minimum requirements prescribed by the MCI.

Though five years had elapsed since the computerization of outpatient, inpatient, laboratory and enquiry wing in MCH, Thiruvananthapuram other functions like pharmacy, human resource, medical records, stores, etc. were not computerized so far (October 2010). Computerisation in other medical college hospitals was still to be taken up (October 2010).

The Dental College, Thiruvananthapuram was having a six-bedded ward for the department of Oral and Maxillofacial Surgery against the requirement of a 20-bedded ward as per the norms of Dental Council of India for BDS/MDS courses.

As per para B.11 of the MCI norms, medical colleges should provide hostel accommodation to a minimum of 75 per cent of the total intake of students. Each hostel room should not have more than three occupants and each hostel should have a study room with facilities for computer and internet. The norms also provide that there should be a recreational facility room having T V, indoor games, etc., besides messing facilities for the students. The Dental Council of India norms also prescribe that all students should be provided with hostels in the campus itself. However, the hostels of medical colleges tested did not have the required facilities as explained below:

- In Medical College, Thrissur against the required hostel facility for 563 students (75 per cent) accommodation was available only for 393 students. There were 125 students in the waiting list for accommodation in the hostel (July 2010). The women's hostel did not have a recreation room, library, computer room with internet facility, enough bathrooms and toilets, sufficient furniture etc. Government stated (October 2010) that steps were being taken to provide the facilities to the students of Medical College, Thrissur.
- In Medical College, Thiruvananthapuram, 446 and 571 students were accommodated (July 2010) against the capacity for accommodating 363 and 350 in the men's and the women's hostels respectively, resulting in over-crowding. In the women's hostel, the first year students were accommodated in the dormitory, where two students shared one cot. The hostels lacked sufficient furniture, dining hall,

toilets and bathrooms. Government informed (October 2010) that a hostel building for women for accommodating 120 students was commissioned and the process for construction of buildings for hostels for lady PG students and for men were progressing.

- In the Government College of Nursing, Thiruvananthapuram, against the requirement of hostel accommodation for 353 students, accommodation for only 253 students was available and 100 students were in the waiting list (July 2010). The hostel buildings constructed as early as 1954 required re-wiring, fire protection facilities and modification. Government stated (October 2010) that sanction was accorded for construction of a new building for the hostel.
- The Dental College, Thiruvananthapuram, started in 1959, had no separate hostel for students. The students had to depend on hostels of the medical college for accommodation.

(ii) *Waste Management in Medical College Hospitals*

Wastes generated in the hospitals are dangerous to the environment and is to be disposed of in the manner specified in the Biomedical Rules, 1998. The five medical college hospitals of the State generated solid waste of about 15 tonnes per day and liquid waste of about 2250 cubic metres per day. As per Schedule VI of the Rules, waste disposal facilities should have been created by 31st December, 2002. However, none of the hospitals test-checked had waste disposal facilities of their own as required under the Rules.

- In Medical College, Thiruvananthapuram, the functioning of the incinerator was interrupted frequently due to power failure and mechanical defects. The college engaged IMAGE* for disposal of biomedical wastes from January 2010. Other solid waste was disposed of through the Thiruvananthapuram Corporation. Effluent water was discharged through drainage without any disinfectant.
- In Medical College Hospital, Thrissur, biomedical waste was disposed of through IMAGE and other solid wastes buried in pits. The practice of deep burial was without prescribed safeguards and had the risk of causing contamination of soil and underground water sources. The incinerator available in Medical College Chest Hospital, Thrissur was not working. The biomedical waste was burnt in open. The effluent water from both hospitals was discharged through drainage without disinfectant.

* Indian Medical Association Goes Ecofriendly—A body under Indian Medical Association for dealing with biomedical wastes.

Proper disposal of the wastes generated in the hospital is a statutory responsibility of the institution and non-compliance is likely to attract penalties. Government informed (October 2010) that a provision of ₹ 5.74 crore had been provided for setting-up biomedical waste disposal plants in collegiate hospitals in the Annual Plan for 2010-11.

(iii) *Underutilisation of telemedicine system*

'Tele Health and Medical Education Project, Kerala' was started in 2004 with the participation and assistance of Indian Space Research Organisation. The main objectives of the project were tele-consultation and tele-education. The project envisaged connecting six medical college hospitals and two speciality hospitals with nine district hospitals and one community health centre. Advanced information about management of diseases was to be propagated from the medical colleges to all hospitals including those in remote and rural areas. Total expenditure incurred on the project by the State Government was ₹ 1.78 crore during 2005-10. Test-check of two medical colleges included in the project showed that no specific targets were fixed and utilisation of the system was minimal (Tele-consultation: 504*; Tele-education: 357†). Consequently the facility created remained largely underutilised and the objective of dissemination of information, which could have benefited patients in peripheral and rural hospitals could not be achieved.

Government stated (October 2010) that only two point connectivity was now available by which tele-conference with medical colleges, district hospitals and taluk hospitals was possible only on a one-to-one basis and proposals for multipoint connectivity was under consideration of Government to strengthen the system.

[Audit paragraph 3.1.8 contained in the report of the Comptroller and Auditor General of India for the year ended 31 March, 2010 (Civil).]

Notes received from Government on the above audit paragraph is included as Appendix II.

16. When enquired whether the Medical Education Department could comply with the norms of the regulatory council the Secretary, Health and Family Welfare Department submitted that the Medical Education Department could comply with the norms of Medical Council of India regarding 5 beds per student. He added that the Medical Council of India consider the total number of students integrated each year only for the verification of staff/bed strength. He continued that the student-faculty ratio was not proportionate when total number of students accommodated from first to final year was considered.

* Thiruvananthapuram: 493 and Thrissur: 11.

† Thiruvananthapuram: 286 and Thrissur: 71.

17. The Committee remarked that unless MCI norms were complied with, recognition of the institutions would get cancelled. The Committee decided to recommend that the Medical Education Department should take immediate measures to rectify the shortage of staff, equipments, hostel facility etc. in accordance with the MCI norms.

18. The Secretary, Health and Family Welfare Department invited the attention of the Committee over another issue that in the Medical Education Department the post "Assistant Professor" was the entry cadre and required qualification for the post was postgraduation in the concerned faculty. The posts of Assistant Professor could not be filled due to the lack of qualified hands through communal rotation followed by the PSC recruitment.

19. The Secretary, Health and Family Welfare Department submitted that it was in 2009-10, entry cadre was modified as Assistant Professor. Before that entry cadre designation was Lecturer and the qualification prescribed was MBBS. Bringing back that entry cadre would solve the issue. He added that the Lecturers should be appointed on a precondition that they should acquire Postgraduate qualification within three years of their appointments, so that the service of specialist doctors could be ensured in the department. The Committee decided to recommend that the proposal of the Medical Education Department should be approved.

20. The Director, Medical Education Department added that in other States, residency programme is mandatory for the admission of Postgraduate Course. She suggested that if the service as Senior Resident atleast for two years should be insisted as an essential qualification for the appointment as Assistant Professor in the Medical Education Service, the number of Senior Residents as per the norms of Medical Council of India could be ensured.

21. To a query of the Committee the Secretary, Health and Family Welfare Department replied that owing to the unattractive salary and other benefits, P.G. doctors were reluctant to receive appointment in Government service and hence there is shortage of specialists especially in General Medicine, Surgery, Anaesthesia and Psychiatry. Remuneration for such faculty is high in private sector. He continued that students for Postgraduate courses were provided with a stipend to the tune of ₹ 33,000 to ₹ 35,000 whereas the Senior Resident having Postgraduate Degree was paid @ ₹ 39,000 which is meagre when compared to salary of doctors working in private sector. The Secretary, Health and Family Welfare Department mooted that Senior Residents should be provided with the salary equivalent to the salary of Assistant Professor. In this regard the Committee opined that not only the salary but also lack of facilities

like modern lab and research facilities, library etc. made the Government service unattractive for the young professionals.

22. Then the Secretary, Health and Family Welfare Department invited the attention of the Committee over the irrational division of faculty. In some Medical Colleges there were more faculties in some departments and in some colleges certain faculty remains vacant.

23. The Committee further opined that the quality of equipments used in Medical Colleges were good, but had short life due to the absence of proper maintenance cause damage. The Committee decided to recommend that the Medical Education Department should take necessary steps to rectify the shortcomings if any, as per the norms of the Medical Council of India at the earliest.

24. To a query of the Committee, the Secretary, Health and Family Welfare Department informed that for disposing biomedical waste a programme named 'IMAGE' was started by IMA and it carried out the treatment of biomedical waste of Medical Colleges and District Hospitals. The Biomedical Waste Plant situated in Palakkad district has sufficient capacity to treat the waste from all Government and Private Hospitals and its capacity could be increased as required. The Committee was informed that the main obstacle for starting a new plant was lack of sufficient land and objection from the local inhabitants. The Committee pointed out that an extent of 110 acres of Government land was available in Brahmapuram and directed the Medical Education Department to submit a proposal to establish a bio-waste disposal plant at Brahmapuram. The Secretary, Health and Family Welfare Department agreed to do so.

25. Regarding the audit paragraph the Secretary, Health and Family Welfare Department apprised that telemedicine facility is being utilised in our state. At present it was linked with Sree Chithra Institute and Amritha Hospital.

Conclusion/Recommendation

26. The Committee observes that the facilities of many medical colleges were not in accordance with the norms of Medical Council of India and opines that it may cause the cancellation of accreditation. It recommends that Medical Education Department should take immediate measures to rectify the shortcomings in staff strength, equipment, hostel facility etc. in accordance with the norms of MCI.

27. The Committee understands that the entry post in the Medical Education Department is Assistant Professor, qualification for which requires postgraduate degree in concerned faculty and many posts remain vacant due to

the lack of qualified persons. The Medical Education Department is crippled with the scanty staff to distribute with. So the Committee recommends that persons having MBBS degree should be appointed as Lecturer in Medical Colleges on the pre-condition that the person so appointed should acquire a postgraduate degree within three years from the date of appointment.

28. The Committee recommends that two years residency programme should be stipulated as pre-requisite for getting appointment in the Medical Education Department in order to ensure sufficient number of senior residents in Medical Colleges. It remarks that the distribution of faculties in the Medical Education Department is not rationale, since certain specialities remain vacant in some colleges whereas the speciality in some other hospitals have abundance of professionals. So the Committee directs the Health and Family Welfare Department to look into the matter and make more reasonable division of faculties.

29. The Committee opines that even though the quality of equipments used in the Medical Colleges are good, they are not properly maintained. It remarks that due to the absence of modern lab and other facilities, young professionals do not prefer the job opportunity in Medical Education Department. The Committee exhorts that Medical Education Department should chalk out measures for proper maintenance of equipments and also to set-up an advanced research facilities in the Medical Colleges.

30. The Committee comments that the doctors working in the private sector are paid fairly well than those in the Government service. The Committee opines that Senior Residents having Postgraduate degree are eligible to get pay and other allowances equivalent to the salary of Assistant Professor.

31. The Committee notices that at present there is only one biomedical waste disposal plant in Kerala and suitable land could not be identified to establish another of the kind. The Committee suggests that 110 acres of Government land is available in Brahmapuam and recommends that the Health and Family Welfare Department should submit a proposal to Government to set-up a biomedical waste plant in Brahmapuram at the earliest.

AUDIT PARAGRAPH

Human Resource Management

As a service oriented department, adequacy of human resources has a significant role in ensuring the quality and standards of service. MCI and other regulatory councils prescribed norms to be observed by all teaching institutions

and attached hospitals to ensure the quality of medical education. It was observed in audit that against 5,176 sanctioned posts (academic and non-academic) in the test- checked institutions, 977 posts were vacant as of March 2010. The deficiency was 21 per cent in the academic posts and was 18 per cent in the non-academic posts. The further deficiencies noticed are given below:

Dual control of staff

The work force of the Medical College Hospitals included 6550 personnel in 92 cadres who were under the administrative control of the Director of Health Services. As this was creating difficulties in human resource management in the Medical Colleges, Government abolished (June 2007) the dual control of the staff and invited (October 2008) options from the employees to join the Medical Education Department. Only 3072 employees in 57 cadres opted to join the Medical Education Department. Though the remaining posts were to be filled up by the junior staff under the Director of Health Services, no effective action has been taken so far. The DME informed (October 2010) that inter-district transfer of junior staff was not possible as per the terms of their appointment and the matter was being examined further. Thus abolition of dual control system ordered in June 2007 could not be completed even three years after orders were issued and consequently, deficiencies in the deployment of personnel and control remained unattended.

Shortage of academic staff in Medical Colleges

In Medical College, Thiruvananthapuram, only 532 teaching posts were filled up out of the sanctioned posts of 620, leaving 88 posts vacant as of March 2010. Similarly, in Medical College, Thrissur, the vacancy was 118 posts; only 217 out of 335 sanctioned posts were filled up. MCI also pointed out shortage of 68 teaching staff and 24 teaching staff in Medical Colleges, Thiruvananthapuram and Thrissur respectively while conducting inspections of these colleges in November 2008 (Thiruvananthapuram) and March 2010 (Thrissur). Besides, MCI did not approve 34 teaching posts in Medical College, Thrissur due to lack of requisite academic qualification, teaching experience, etc. Though compliance reports were sent by the Principals, the ratifications carried out were partial. As the deficiencies pointed out by MCI have to be rectified to ensure continued recognition of the courses and the seats sanctioned, DME need to take effective action to comply with MCI directions.

Accommodation of staff against posts unrelated to the specialities

Speciality cadre posts are created in various departments to meet the academic requirements of the department and to satisfy norms prescribed by

MCI. It was noticed during audit that against certain vacancies in some departments of Medical College, Thiruvananthapuram, academic staff of other specialities were posted as shown in Table 3.5.

TABLE 3.5: DETAILS OF ACADEMIC STAFF POSTED TO OTHER SPECIALITIES

<i>Name of the post</i>	<i>Post accommodated against</i>
Professor of Anesthesia	Professor of Psychiatry
Assistant Professor of Anesthesia	Associate Professor of Forensic Medicine
Assistant Professor of Anatomy	Assistant Professor of Biochemistry
Two Associate Professor of Obstetrics and Gynaecology	Associate Professors of Cardiology and Microbiology

Source: Details compiled from departmental records.

Since the manpower requirement is to be decided based on the requirement for each department, substituting them with staff of unrelated specialities is likely to affect the functioning of such departments. The Principal informed that this was done under the orders of the Government. The directions of Government affected the effective functioning of the particular departments.

Shortage of academic staff in Nursing Colleges

The faculty student ratio as per the norms of the Indian Nursing Council (INC) was 1:10 for undergraduate courses and 1:5 for postgraduate courses. Audit scrutiny revealed that against the requirement of 54 staff members in Nursing College, Thiruvananthapuram only 34 staff was working. The college could not start a postgraduate course in psychiatric nursing due to lack of specialised faculty for the subject. Consequently, Government of India assistance of ₹ 51 lakh provided in the Eleventh Plan for starting the postgraduate course in psychiatric nursing could not be availed as of August 2010.

In the Nursing College at Thrissur (started in December 2006) against the requirement of 24 staff as per INC norms, only 10 posts were created, showing shortage of 14 posts. The large-scale shortage of academic staff in the nursing colleges was likely to have an adverse impact on the quality of education and training imparted and could lead to derecognition of the courses.

Shortage in staff nurses in Medical College Hospitals

As per the norms of the INC the minimum staff nurse-patient ratio is 1:3 for wards, 1:1 for Intensive Care Units and 3:1 for operation theatres. Reckoning the minimum ratio of 1:3 the requirement of staff nurses in the Medical College Hospitals compared with the staff in position was as shown below:

TABLE 3. 6: SHORTAGE OF STAFF NURSES AS PER INC NORMS

Institution	Total bed strength	Bare minimum as per INC norms		Sanctioned staff strength (2010)	Existing staff strength	Shortage with reference to norms	Percentage of shortage compared to norms
		Ratio	Number				
MCH, Thiruvananthapuram	1650	1:3	550	279	260	290	53
Medical College Chest Hospital, Thrissur	451	1:3	150	83	83	67	45
MCH, Thrissur	676	1:3	225	188	188	37	16
SAT Hospital, Thiruvananthapuram	1043	1:3	348	162	155	193	55

Source : Details furnished by respective Medical Colleges.

In MCH, Thiruvananthapuram, the sanctioned strength was far below the strength required as per INC norms. The non-availability of nursing staff as per the norms prescribed would seriously affect the quality of patient care in these premier hospitals. In MCH, Thiruvananthapuram it was seen that only one staff nurse was available for night shift even for wards having bed strength of 50 and more. The DME needs to take immediate action to overcome the shortfall in nursing staff. Government stated (October 2010) that action for creation of additional posts of nursing staff was under active consideration.

[Audit Paragraph 3.1.9 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March, 2010 (Civil).]

Notes received from Government on the above audit paragraph is included as Appendix II.

32. The Secretary, Health and Family Welfare Department deposed that the issue had been solved by issuing a Government Order in 17-6-2009 transferring 3096 posts belongs to 57 different categories from DHS to MES and all the posts were filled with personnel who opted to change over to MES. Whole procedures had been finished by the end of September 2011. The Committee accepted the explanation of the department.

33. Regarding the audit objection on shortage of academic staff, the Secretary, Health and Family Welfare Department deposed that sufficient posts were not created in Medical Education Department to rectify the defects. The Director of Medical Education added that there is a difference in interpretation of norms. i.e., Nursing Council of India recommends staff strength on account of the annual intake of students @ 1 teacher per 10 students. But some Nursing Colleges consider the total number of students throughout the course for staff fixation. So there is difference in staff pattern between NCI and nursing colleges. The Committee decided to recommend that steps should be taken to create necessary posts as per the requirement of the nursing colleges. The Committee urged the Medical Education Department to furnish a report on revising the basic qualifications for the posts in the entry cadre in medical institutions at the earliest.

34. The Committee is informed that there is acute shortage of nurses in the Medical Colleges. Though a proposal for creation of 3000 posts was submitted last year only 275 posts were allotted. The Committee decided to recommend that necessary posts of nurses as per the norms prescribed by the MCI/NC should be created to overcome the shortfall in nursing staff.

Conclusions/Recommendations

35. The Committee recommends that Health and Family Welfare Department should take necessary steps to create sufficient posts of academic staff in accordance with the norms of Nursing Council at the earliest.

36. The Committee recommends that necessary posts of nurses as per the MCI norms should be created to overcome the acute shortage of nurses in the Medical Colleges.

37. The Committee urges the department to furnish a report on revising the basic qualification for the post in the entry cadre in the medical institutions.

AUDIT PARAGRAPH

SUPPORT SERVICE

Supply of medicines, surgical items, etc.

The procurement of medicines, surgical items, etc. for all public health care institutions under the Government including Medical College Hospitals was

made through a Central Purchase Committee (CPC) till March 2008. Government set-up (November 2007) the Kerala Medical Services Corporation Limited (KMSCL) to procure and supply quality medicines at economical costs, as CPC was not effective for the purpose. Government provided grant-in-aid in the budget to the KMSCL for this purpose.

Audit scrutiny revealed that in MCH, Thiruvananthapuram, during 2009-10, 20 items of medicines were supplied in excess of the quantity indented, and 51 items of medicines, and 18 items of chemical/reagent were short-supplied. In Medical College, Thrissur, 44 items were short-supplied during 2008-09 and 34 items during 2009-10. In Medical College Chest Hospital, Thrissur 122 items were short-supplied during 2008-09. Short-supply of items as per indents led to their local purchase at higher cost. Thus even after entrusting the supply to KMSCL, adequate supply of required medicines could not be ensured. The DME needs to take pro-active action, in co-ordination with the KMSCL, to ensure sufficient supply of all the essential medicines and avoid the necessity of local purchases.

Lack of storage facilities

Adequate storage facilities were not available for medicines and other stores in any of the hospitals under Medical Colleges of Thiruvananthapuram and Thrissur. In Medical College Chest Hospital, Thrissur large quantities of Dextrose-5 solution, Dextrose Normal saline, Sodium Chloride solution and Ringer Lactate solution were found stored in the passages exposing them to the vagaries of nature. Exposure of the medicines to daylight and atmospheric heat was likely to have adverse effect on their potency.

Lack of centralised laboratories

None of the test-checked Medical College Hospitals had centralised laboratories. Consequently patients were forced to go to the laboratories located in different departments for various tests causing much inconvenience and delay.

Non-maintenance of log book for costly equipments

The Public Accounts Committee (2008-11) in its 84th report recommended maintenance of log books for costly equipments from which details of utilisation, annual maintenance contract, breakdown period, etc. could be ascertained. However, the DME had not issued any instructions in this regard.

Annual physical verification of stocks

There was no stores verification wing in the department. Earlier, the stores verification wing of the Directorate of Health Services was authorized to inspect stores under the Medical Education Department. Only verification covering the

period up to March 2008 was done. Proposal for constituting institutional-level and State-level store verification wings forwarded (February 2010) to Government was pending approval (July 2010). Government stated (October 2010) that action had already been taken for constituting store verification teams.

Radiation safety measure

As per the provisions of Atomic Energy Act, 1962, installation and operation of any X-ray equipment in hospitals require registration with the Directorate of Radiation Safety (DRS) and permission from the Atomic Energy Regulatory Board (AERB). The validity of certificates issued by the AERB and DRS is subject to conduct of quality assurance tests annually. The Public Accounts Committee (PAC) in its 84th report noted the failure in conducting quality assurance tests at least once in a year in the Medical Colleges and recommended prompt action to conduct the tests. However, test check of the Medical Colleges and Medical College Hospitals at Thrissur and Thiruvananthapuram revealed that the department had not followed the guidelines of AERB and taken action on this recommendation of PAC. In the absence of registration of equipments and quality tests it could not be ensured that the patients and personnel were not subjected to the hazardous effects of radiation. Government stated (October 2010) that instructions had been issued to the Director of Radiation Safety to ensure registration of all radiation emitting equipments with AERB.

Lack of laundry facilities

As per para B.2.6 of the MCI norms central mechanical laundries should be provided with bulk washing machine, hydro-extractor and flat rolling machines. Laundering of hospital linen should satisfy two basic considerations i.e., cleanliness and disinfection. The physical facilities for housing laundry equipment should be provided in the campus. Audit scrutiny revealed that laundry facilities as per the norms were not available in the test-checked MCHs. In MCH, Thiruvananthapuram the work was partly outsourced on rate contract basis and an expenditure of ₹ 20.09 lakh was incurred during 2006-10. Government stated (October 2010) that there existed no bulk washing machine and flat rolling machines in the laundry. As there is no disinfection facility in the laundry at MCH, Thiruvananthapuram, only washing, drying and folding were done there.

Water scarcity in Medical College, Thrissur—Wasteful expenditure

The daily requirement of water for Medical College, Thrissur was estimated to be about 10 lakh litres. The main source of water was supply by

Kerala Water Authority. The Principal informed that often the hostels had to be closed and surgeries postponed on account of inadequacy of water. Government accorded (March 2005) administrative sanction for rain water harvesting at a cost of ₹ 45 lakh to solve the problem of water scarcity. Under the scheme, a storage pond and two ferro-cement tanks were completed with pump connection; but the storage pond could not retain water due to puncture of the underlying membrane under excessive water pressure. The selection of site for the rainwater-harvesting pond was not appropriate due to proximity to septic tank systems and trench for waste water. Thus, the expenditure incurred on the pond amounting to ₹ 38.36 lakh* had become wasteful. With the commissioning of the second and third blocks of the hospitals, the scarcity was likely to aggravate further. The Government stated (October 2010) that dispute between two panchayaths against re-linking of the Velappaya Branch of Peechi Canal through the medical college campus would be settled in consultation with the Kerala Water Authority and that sanction had been issued for construction of a sump of five lakh litre capacity and a pump house at an estimated cost of ₹ 25 lakh.

MONITORING AND EVALUATION

Internal audit of the Directorate and subordinate offices

Internal audit is a device through which the head of the department is able to obtain independent feedback on the functioning of the various institutions under its control. The Internal Audit Wing of the Directorate of Medical Education had only four personnel (one Accounts Officer and three Clerks) against the sanctioned strength of 10. There were 44 institutions to be audited under the DME. During the five-year period 2005-10, audit has been completed only in 21 institutions. No Annual Audit Plan was prepared by the department during the period of audit (2005-10). According to the DME, the practice was to arrange internal audit as and when senior officers retired from service to enable issue of non-liability certificates. Due to absence of regular internal audit, irregularities and deficiencies in financial and other matters were likely to remain undetected and unreported, thus affecting the efficiency of the administration of the department.

The DME stated (May 2010) that the periodicity of audit could not be maintained due to administrative reasons and that sufficient experienced staff would be provided to the audit wing soon to improve its efficiency.

* ₹ 40.5 lakh released by the District Collector less cost of two ferro-cement tanks.

Non-publication of Annual Administrative Report

Administrative reports are required to be prepared every year by all departments of the Government, giving details of their activities and functioning as per a specified time schedule. However, Annual Administrative Report of DME was not prepared since 1993-94. As such, a comprehensive report on the functioning of the Medical Education Department and its activities, schemes, performance during the previous year was not available with the Director. The Director informed that as the required data could not be collected in time, the work could not be done. Government stated (October 2010) that necessary direction had been given to the DME to prepare Annual Administrative Report regularly.

Manual of Procedure for diagnostic services

The National Accreditation Board for testing and calibration of laboratories prescribed a Manual of Procedure for diagnostic services. However, this was not prepared covering all aspects of diagnostic services such as the procedure followed, equipment used, quality control measures, level of accuracy, records to be kept, etc. No time frame was also fixed for issue of test results. None of the laboratories in the Medical College Hospital had the accreditation of the Board. Government informed (October 2010) that Standard Operating Procedure (SOP) would be got prepared by the Heads of Department.

Response to Audit

Principal Accountant General (Audit) conducts audit of the Department of Medical Education and its Subordinate Offices and the major irregularities are reported through Inspection Reports (IRs). There were 739 paragraphs included in 110 IRs pending as of June 2010 as shown in the following table:

TABLE 3.7: DETAILS OF PENDING IRs AND PARAGRAPHS

<i>Year</i>	<i>Number of IRs</i>	<i>Number of paragraphs</i>
Up to 2005-06	30	199
2006-07	21	95
2007-08	15	114
2008-09	20	81
2009-10	24	250
Total	110	739

In the exit conference, the DME agreed to convene Audit Committees for the speedy settlement of paragraphs. Government stated (October 2010) that progress of clearance would be reviewed at the level of Secretary to Government by convening Audit Monitoring Committee.

Conclusion

The Medical Education Department, responsible for ensuring standards of teaching institutions under the allopathic system of medicine in Government sector, did not have any strategic plan of action to overcome the deficiencies in the sector over a period of time. The number of institutions and seats in the Government sector remained stagnant or showed only marginal increase while institutions and seats in the private sector showed rapid increase during the five-year period. There were deficiencies and non-observance of provisions of the State Budget Manual in realistic estimation of budget requirements, timely sending of proposals to Government, expenditure control measures and reconciliation of expenditure. Huge shortfalls in utilisation of funds for modernization of the Directorate were noticed and effective action was not taken for computerization of hospital records. The colleges did not have adequate facilities as prescribed by the Regulatory Councils and consequently shortages of lecture halls, research laboratories, departmental laboratories, modern equipments, hostel facilities, etc., were noticed. The teaching institutions did not have adequate number of academic staff as prescribed by the Councils. There was substantial shortage of nursing staff compared to Indian Nursing Council norms in the test-checked hospitals. Lack of facilities such as proper laundries, storage space for medicines, water supply, proper waste disposal system, etc., were also noticed in the test-checked hospitals. Overall monitoring was ineffective as internal audit was insufficient due to lack of adequate staff and the Administration Reports required to be prepared annually had not been prepared since 1993-94.

Recommendations

- The department should prepare a Strategic Plan and Annual Action Plans with specific targets to rectify the omissions and deficiencies in the teaching institutions and attached hospitals.
- Budget estimates should be prepared on the basis of realistic assessment of requirement and effective expenditure control should be exercised through monthly monitoring of expenditure of the various institutions.

- The department/Government should take urgent action to overcome the shortfalls in academic staff and nursing staff compared to the norms of the Regulatory Councils to ensure that the courses continue to get recognition of the Councils.
- The department should give priority to providing biomedical waste disposal facilities in the hospitals to prevent environmental hazards.
- Purchase of medicines through the Kerala Medical Services Corporation Limited should be streamlined to avoid the necessity of local purchases by the hospital.
- The internal audit wing should be strengthened.

[Audit Paragraphs 3.1.10 to 3.1.13 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March, 2010 (Civil).]

Notes received from Government on the above audit paragraph is included as Appendix II.

38. Regarding the audit paragraph 'Lack of centralized laboratories', the Secretary, Health and Family Welfare Department informed that centralized laboratories had been established.

39. Regarding Annual Physical verification of stocks, the Secretary, Health and Family Welfare Department submitted that physical verification of stock book had been conducting annually and details of costly equipments were maintained in the logbook.

40. With regards to 'Radiation Safety Measures', the Secretary, Health and Family Welfare Department deposed that quality of X-ray units were being assessed by X-ray technicians instead of Radiation Physicists who are competent to assess it. Irrespective of private or public sector so many institutions were working like this. He added that X-ray equipments were registered on a web based registration system of AERB (Atomic Energy Regulatory Board) and the real problem lies in the case of decommissioning of units due to lack of experts because decommissioning should be done properly or else the radiation from those units would be harmful. The Secretary, Health and Family Welfare Department emphasized the need for conducting district level manpower training for registration, licensing and decommissioning under Directorate of Radiation Safety. He added that Directorate of Radiation Safety is futuristic and very important but it did not have separate plan assessment or

Head of account. Kerala is the only state which has a separate department for DRS. Due to lack of manpower DRS could not conduct district-wise inspection to ensure quality of X-ray units. He added that this matter had been taken up with the Finance Department. The Committee decided to recommend that assessment of quality and decommissioning of X-ray units must be conducted by the personnel competent to do it.

41. When enquired about the current scenario in laundry facilities, the Secretary, Health and Family Welfare Department reported that the situation improved a lot. He continued that installing separate laundry facilities at least in major hospitals would be a preferable solution. The Committee decided to recommend to install separate laundry system in major hospitals.

42. When enquired about the steps taken to rectify the scarcity of water in Thrissur Medical College, the Secretary, Health and Family Welfare Department apprised that the pond constructed for rainwater harvesting became unusable due to the seepage from drainage canal. He added that sewage treatment plant is under construction in the Medical College campus as a remedy. It was also decided to increase the depth of the rain harvesting pond further three metres to develop it to a natural pond. Moreover administrative sanction has been got for a project with the co-operation of Water Authority to deviate and relink the Velappaya Branch Canal to the water supply system of Medical College.

Conclusions/Recommendations

43. The Committee understands that quality of X-ray units were being assessed by X-ray technicians rather than by Radiation Physicists who were competent to do it. The Committee advocates that district level centres under the control of Directorate of Radiation Safety should be established to impart training for registration, licensing and decommissioning of X-ray units. It also highlights the necessity of providing separate plan assessment and head of account for Directorate of Radiation Safety.

44. The Committee recommends that Health and Family Welfare Department should evolve a mechanism to ensure the assessment of quality and decommissioning of X-ray units conducted by persons competent to do it.

45. The Committee urges the Health and Family Welfare Department to take necessary measures to install separate power laundry system in major hospitals.

HOME DEPARTMENT

AUDIT PARAGRAPH

IMPLEMENTATION OF COASTAL SECURITY SCHEME

Introduction

The Government of India (GOI), Ministry of Home Affairs, formulated (January 2005) the Coastal Security Scheme (CSS) for implementation by Coastal States and Union Territories within five years from 2005-06. The CSS plan envisaged setting up of Coastal Police Stations on/near the coastal area equipped with land and sea capability by providing adequate number of vessels, vehicles, communication equipments, computer systems, etc. A Standard Operating Procedure (SOP) was also issued by the GOI (Bureau of Police Research & Development) as a guideline for smooth functioning of the Coastal Police Stations. Each Coastal Police Station (CPS) was to have legal jurisdiction of 12 nautical miles off the coastal line with operational jurisdiction up to five nautical miles.

The GOI sanctioned (December 2005) an outlay of ₹ 43.56 crore for implementation of the Phase I of the scheme in the State. The scheme also provided for the reimbursement of the entire recurring expenditure on fuel, maintenance and repair of vessels for five years.

The operationalisation of the scheme involved the following activities:—

- Identification, taking possession and handing over of land to the constructing agency for construction of CPSs,
- Construction of Coastal Police Stations,
- Construction of Boat Jetties,
- Procurement of Interceptor Boats and Vehicles, and
- Training of personnel for deployment.

Operationalisation of the scheme within the time frame requires the department to fix milestones for each activity mentioned above. But audit scrutiny revealed that the department had not fixed any time frame for each activity. Consequently, the scheme implementation remained incomplete till date (August 2012).

Construction of Coastal Police Stations

The High Level Empowered Committee (HLEC) held its meeting (November 2005) under the chairmanship of Union Home Secretary and approved construction of

eight CPSs in eight coastal districts* in the State at a cost of ₹ 24.70 lakh each (Total cost: ₹ 1.98 crore). The State Government entrusted (December 2005) the construction of CPSs to Kerala Police Housing Construction Corporation Ltd. (KPHCC)†. The period required for construction of Coastal Police Station was 15 months. Smooth progress of construction of CPSs was critically dependent on taking possession of free sites. The department, however, failed to ensure that the lands required were acquired well before the construction of CPSs. Without ensuring this requirement in advance, the department requested GOI to transfer the first instalment (50 per cent) of ₹ 98.80 lakh to KPHCC. Accordingly, KPHCC received ₹ 98.80 lakh from GOI in January 2006. But, the sites were handed over to KPHCC belatedly from April 2009 to August 2009. This led to blocking of ₹ 98.80 lakh with KPHCC for over three years. The balance amount of GOI grant, ₹ 98.80 lakh was also transferred to KPHCC in November 2009.

Only seven out of eight CPSs have been completed so far (August 2012). In the remaining one CPS at Azheekal, though the site was handed over to the contractor in December 2009, the work was yet to be completed as of August 2012. KPHCC attributed the delay in construction at Azheekal to the undue delay caused by the contractor and stated that the work was terminated (August 2012) at the risk and cost of the contractor.

The HLEC decided (November 2005), to construct CPSs as per the design and norms of Bureau of Police Research and Development. Later, GOI allowed (February 2006) the department to carry out suitable local design modifications to the CPS within the sanctioned grant (₹ 24.70 lakh). GOI also clarified (November 2008) that additional cost of construction of CPSs should be met by the states from their own budget and that funds from CSS and Modernization of Police Force (MoPF) Scheme should not be dovetailed.

As against the estimated cost of ₹ 24.70 lakh, the average cost of construction of CPSs was ₹ 70 lakh i.e., increased by 183 per cent. The cost over-run in construction of CPSs was mainly due to delay in timely takeover of sites and changes in the design of CPSs. The department should have obtained sanction of Government for the change in design, as the State Government was to bear the additional cost of construction. But there was failure on the part of the department to obtain permission from the State Government for changes in the design and increased cost estimates. The department met the excess expenditure by diverting funds, to the extent of ₹ 3.57[‡] crore, from MoPF, in violation of GOI directions.

* Thalangara-Kasargod, Azheekal-Kannur, Beypur-Kozhikode, Azheekode-Thrissur, Fort Kochi-Ernakulam, Thottapilly-Alappuzha, Neendakara-Kollam, Vizhinjam-Thiruvananthapuram.

† A Government of Kerala undertaking engaged in construction activities of police department.

‡ ₹ 5.55 crore - ₹ 1.98 crore = ₹ 3.57 crore

The scheme stipulates that, the CPSs be constructed on/near to the sea coast. However, it was observed in audit that five out of eight CPSs, were not constructed near to the sea coast. The distance of the CPSs from the sea coast varied from 0.750 km. to 3.500 km. and were not suitable to the police personnel for search and surveillance of coastal areas.

According to paragraph 12, Chapter 10 of the SOP, there should be a provision for keeping watch over on the high sea/coast from the places like watchtowers, etc., which are to be on or near to the sea coast. The guards were to be equipped with night vision binocular, normal binoculars, etc.

Of the completed seven CPSs, watchtowers were constructed only in six CPSs. Watchtowers of five CPSs have limited vision. Watchtower at Fort Kochi has no vision of sea at all. In respect of one CPS, yet to be completed (Azheekal), it has no view of sea.

Government replied (July 2012) that watchtower being a minor assistance tool was not a crucial factor in Coastal Security. The reply was not acceptable as the role of watchtower was a crucial factor in coastal surveillance in terms of aforesaid provision of the SOP, mainly because of the fact that watchtowers strengthen coastal security by incessant surveillance and vigil exercised. As the visibility of the sea from the watchtower was nil/limited, the purpose of constructing these were defeated.

[Audit Paragraphs 3.3.1 & 3.3.2 contained in the report of the Comptroller and Auditor General of India for the year ended 31 March, 2012 (General & Social Sector).]

Notes received from the Government on the above paragraph is included as Appendix II.

46. To a query regarding the delay in construction of coastal Police Stations, the witness, D.G.P. submitted that failure in timely acquisition of land delayed the construction and admitted that entrusting the construction of Police Stations with the Police Housing Construction Corporation Limited (KPHCC) before acquiring land was against rules. He added that it was done in good intention to avoid the fund get lapsed.

47. When the Committee enquired the sanctity of incurring excess expenditure by diverting funds to the extent of ₹ 3.57 crore from MoPF in violation of Government of India directions, the Director General of Police agreed that withdrawal of fund before incurring expenditure and its diversion for some other work was irregular by all means. When the Committee enquired about the contradiction between the report furnished by the department in response to

audit para and DGP's statement before the Committee regarding the land identification for the construction of coastal police station in Phase I. The IGP. (H Q) replied that both statements were true but represents the status of different time span. Land acquisition was completed three years after the drawal of funds. When the Committee enquired whether ₹ 24.7 lakh was sufficient for constructing one coastal Police Station, the IGP (HQ) informed that it took almost ₹ 70 lakh for completion of one coastal Police Station. The Director General of Police supplemented that high cost of construction in Kerala compared to other states reflects in the cost escalation. Moreover there occurred a miscalculation on the part of GOI while approving the DPR and hence fund had to be diverted. He assured that all measures would be taken to avoid such lapses in future and diversion of funds, if necessary, would be done only with the prior sanction of GOI.

48. The Committee was astonished to note that the watchtowers constructed have limited visibility of the sea, which undermine its purpose. The DGP submitted that due to the non-availability of land in coastal area, watchtower was constructed elsewhere. The Director General of Police explained that watchtower was constructed at top of the Police Station as per the approved design. Since land was not available close to the seashore, the watchtower constructed on tops of the CPS has limited vision of the sea. The Committee decided to recommend that no more watchtower need to be constructed and directed the Home Department to examine the feasibility of utilising the watchtowers attached with coastal police stations for any other purpose.

Conclusion/Recommendation

49. The Committee opines that diversion of GOI grant against the norms without the concurrence of Government of India is not justifiable. It urges that Home Department should take effective measures to avoid such lapses in future and also to evolve a mechanism for the fruitful utilization of central aid.

50. The Committee observes that watchtowers are constructed at sites having limited visibility of the sea and demands to stop construction of more such watchtowers. It directs the Home Department to check whether the watchtowers attached with coastal police stations could be made usable for some other purpose.

AUDIT PARAGRAPH

Manpower

According to Chapter 16 of SOP, in addition to the specialized and intensive training on various aspects of their specialized functions, one month On Job Training (OJT) onboard Coast Guard vessel was to be given to Inspector, Sub Inspector and ASI of CPS by Coast Guard.

Availability of trained manpower

According to Chapter 4.3 of the SOP, 568* personnel and 144† boat crew were required for the functioning of eight CPSs. But the Government sanctioned only 341 personnel in the CPSs. The available strength was 306 personnel in the CPSs and 57 Boat crew (daily wage) for the Interceptor Boats (IB).

According to the SOP, no police personnel should be posted to a CPS without being given the basic training. As per the information furnished (August 2012) to Audit, only 161 personnel out of the available strength of 306 personnel in the CPSs were trained. In order to overcome the shortage of trained personnel, the Department instructed (August 2011) the District Police Officers to retain the trained CPS personnel at least for three years in the CPSs. It was seen that 45‡ trained personnel who had not completed three years at CPSs were transferred out of CPSs. It was also noticed that there were frequent transfers of trained personnel from CPSs by the District Officers despite specific direction from department to retain the trained police personnel in CPSs. Government replied (July 2012) that these trained personnel cannot be retained in CPSs always and due to promotions and other administrative reasons they have to be transferred from CPSs. The reply is not acceptable as those personnel who are not likely to be shifted in near future due to promotion, etc., should have been imparted training. Retention of 145 untrained personnel in the CPSs when enough trained personnel were available is not in accordance with the standards set in the Scheme. Further, the department extensively engaged 101§ of CPSs personnel for other special duties not related to the CPS activities.

The shortage of police personnel and boat crew affected the targeted patrolling hours and in turn the surveillance. Failure of the department to ensure retention of the trained personnel in the CPSs was not conducive to the functional efficiency of the CPSs.

* 71 personnel per CPS x eight CPSs.

† 18 crew per CPS x eight CPSs.

‡ Thiruvananthapuram (1) + Kollam (3) + Kochi (20) + Thrissur (4) + Kozhikode (17).

§ Neendakara (3), Azheekode (43), Beypore (41), Bakel (14).

Shortage of boat crew

To overcome the shortage of trained boat crew, the GOI issued (December 2006) instructions for recruitment of service personnel from Navy and Coast Guard on deputation basis. But no such recruitment has taken place so far. The Coast Guard's suggestion (August 2010) to induct ex-service personnel who have strong marine background was also not adopted by the department. The remuneration sanctioned by the Government for the technical crew on daily wages was too low to attract ex-service personnel. As per the SOP*, incentive in the form of Risk Allowance at the rate of 50 per cent of basic pay was to be given to personnel posted in CPSs. But the department failed to sanction the incentive. This reduced the attractiveness of being posted in CPS. Audit noticed that Karnataka Government had already sanctioned the incentive as envisaged in the SOP to the personnel managing the CPSs.

For the proper upkeep and maintenance of IBs, detailed routine maintenance works as per the schedule prescribed in the guidelines were to be carried out by the boat crew. The SOP (Chapter 6) also stipulates the responsibilities of boat crew in this regard. There were frequent breakdowns and idling of boats. Failure of the department to provide sufficient number of trained boat crews adversely affected the upkeep and maintenance of the IBs. The lack of experienced technical personnel has resulted in under utilization of boats and in turn inadequate surveillance.

[Audit Paragraph 3.3.3 contained in the report of the Comptroller and Auditor General of India for the year ended 31 March, 2012 (General & Social Sector).]

Notes received from the Government on the above paragraph are included as Appendix II.

51. To a query, the Director General of Police replied that there was deficiency of trained personnel to appoint as boat crew. Though efforts were taken to resolve the problem by appointing retired Navy or Coastguard officials, they were reluctant to take up the job even when remuneration up to ₹ 30,000 was offered. The Committee was informed that 2 persons were essential for operating each boat and at present those boats were operated by people appointed on daily wage basis.

52. The Witness, Director General of Police invited the attention of the Committee over the fact that our neighbouring states like Tamil Nadu and Andhra Pradesh have a well organised coastal security system. He added that the proposal for strengthening the Coastal Police has been pending with the Government.

* Article 22.3.

53. The Committee was surprised to note that coastal police functions without sufficient boats and manpower to operate it. Also no clear-cut direction had been issued specifying the jurisdiction of coast guard. The Committee remarked that Coastal Police Force should be strengthened to check intrusion of terrorist outfits and illicit transaction of goods. So the Committee directed the Home Department to furnish the proposal for the rejuvenation of coastal police, before it to finalise the recommendations.

Conclusion/Recommendation

54. The Committee directs the Home Department to furnish a proposal for the rejuvenation of Coastal Police Force and also recommends to take necessary steps to strengthen the Coastal Police.

AUDIT PARAGRAPH

Interceptor Boats

Chapter 4 of SOP states that the Coastal Police Stations shall have an exclusive Marine wing for keeping surveillance on sea through boat patrolling. One of the objectives of establishing Coastal Police Station, as per Chapter 2 was to strengthen the infrastructure for patrolling and surveillance of coastal areas. The most essential equipment required for the above purpose is IBs.

MHA directed (March 2009) all coastal states/UTs to ensure the readiness to handle the Interceptor Boats (IBs) allocated to them with the following preparatory steps, before receiving IBs:—

- Coastal Police Stations to be operational to use the Boats.
- Trained manpower/crew to be available at the designated place of delivery to handle the boats
- Readiness of logistics such as jetty, electrical shore supply and fuelling capacity.
- Availability of crane/lifting device and lifting beam.

The department informed (March 2009) the GOI that all the logistics/facilities required, as per MHA letter (March 2009) for running the boats were available except facility of crane/lifting device and lifting beam. Based on this, GOI supplied 24 IBs (sixteen 12 ton IBs and eight 5 ton IBs) costing ₹ 44.94 crore during the period July 2009 to November 2010.

Scrutiny by audit revealed that the status of implementation of the scheme in March 2009 was as follows:

- Two Coastal Police Stations* were not operational.
- Trained manpower/crew with SOP specifications was not available in any of the CPSs.
- Exclusive jetty with SOP specifications was not available for berthing the IBs in any of the CPSs.

Audit observed furnishing of incorrect information by the State Government to GOI in respect of readiness of the CPSs to use IBs, availability of trained manpower and readiness of logistics such as jetty, electrical shore supply and fuelling capacity led to supply of boats as early as in July 2009 to November 2010. Due to non-availability of trained manpower/crews in CPSs, the supplied boats could not be used to the desired level. Non-availability of exclusive jetties in all CPSs resulted in the IBs being berthed along with fishing boats of local fishermen. This led to non-maintenance and underutilisation of boats. Construction of one out of eight CPSs was yet to be completed (August 2012). There was shortage of trained personnel in all the CPSs and Boat jetties were not available in any case as of October 2012.

Idling of IBs

Two 12-ton interceptor boats and one five-ton interceptor boats were supplied to each CPS. As per GOI stipulation (September 2009), the IBs were to be tasked for a minimum of 120 hours in a month, with annual tasking of minimum 1400 hours, which was revised (October 2010) to 150 hours and 1800 hours respectively. Audit scrutiny revealed that though all the 24 boats in eight CPSs were to run 90230 hours during the period from the date of supply to July 2012, the actual achievement was only 5086 hours. This constitutes only 5.64 per cent of the target fixed and indicates that all the boats were almost idling during the last two and half years resulting in non-surveillance on sea coast to the extent of 85144 hours against the target of 90230 hours. Audit scrutiny, further revealed that the utilisation of IBs was low due to technical defects and physical damage such as Diesel Generator Set complaints, Port Side Engine Complaints, Water mixing in the Jet level Oil, Fuel pump defects etc. Eight IBs† were having opaque front glass which affected vision and smooth voyage and surveillance leading to limited navigation.

Government attributed the underutilisation of IBs to low fuel efficiencies, difficulties in procuring costly LSHS diesel, delay in repairing technical defects by GSL authorities, non availability of spare parts and lack of sufficient boat crew.

* Azheekal, Thottappally.

† Kozhikode (three cases), Kasaragod & Thiruvananthapuram (two cases each) and Thrissur (one case).

Maintenance of IBs

To maintain the boats an Annual Maintenance Contract was entered between GSL, Goa and Ministry of Home Affairs (January 2010). According to the terms* of AMC, the technician should reach the repairing yard of the boat within five days, which is not seen adhered to. Further, if a boat is non operational for more than four weeks continuously after the receipt of call from base stations, the AMC charges† were to be reduced by 0.5 per cent per week for delay in repair beyond four weeks. But the base stations were not keeping any records in this respect for imposing the penalty.

As per the assessment carried out by Inspector of Police, CPS, Beypore, the servicing of boats by GSL authorities was very poor even after repeated messages and phone calls. Failure to carry out timely repair and work by these agencies would result in idling of IBs and in turn non-surveillance of coastal area.

Government admitted (July 2012) that the response times in respect of calls for repairing were very low and usually more than two months were taken to get the services of the GSL, Goa technicians.

Boat Jetties

Chapter 9 of SOP states that in maintaining secrecy of operation and for security of IBs, it would be necessary for each CPS to have its own boat jetty. It also states that the jetty should ideally be located in the close vicinity of CPS and should not be close to the beach/jetties used by local fishermen. Scrutiny by audit revealed that in six‡ CPSs, IBs were berthed in private/fisheries jetty far away from CPSs. At Fort Kochi and Azheekode CPSs IBs were berthed in make shift jetties close to the CPS. At Vizhinjam CPS, the IBs were docked in harbour meant for docking ships. The Police Inspector (Vizhinjam CPS) reported (December 2010) the Inspector General of Police.(Internal Security) that, due to non-availability of wharfs, the boats were being damaged in sea roughness. Government stated (July 2012) that no fund was allotted by GOI for construction of boat jetties.

[Audit Paragraphs 3.3.4 contained in the report of the Comptroller and Auditor General of India for the year ended 31 March, 2012 (General & Social Sector)]

* Annexure II to AMC.

† Article 4.2 of the AMC.

‡ Thalangara, Azheekal, Beypore, Thottappally, Neendakara and Vizhinjam.

Notes received from the Government on the above paragraph is included as Appendix II.

55. To the query, the AIG, Coastal Security replied that out of the 24 boats, 21 were functional and 3 were almost damaged. Due to inadequate manpower for operating all the boats, the boats are being operated on rotation basis. Nearly 70-80% of boats were using for patrolling and rescue operations.

56. Regarding the audit paragraph Idling of Interceptor Boats, the AIG, Coastal Security informed that coastal police have been conducting daily patrol regularly and they have almost achieved the target. The boats were supplied by the Central Government and out of the 24 interceptor boats allotted, 7 boats were non-operational due to poor quality.

57. With regards to the audit paragraph 'Maintenance of Interceptor Boats' the Director General of Police informed that the State Government bear the maintenance cost of boats but the AMC was issued by the Central Government. Goa Shipyard were entrusted with maintenance which was done once in a year. But the boats became unoperational within a short period. The Goa Shipyard had given contract to a Greek Company for the supply of materials for maintenance. The delay in getting the material results in lack of proper maintenance. The IGP (HQ) added that the fuel used in these boats was a special type which was difficult to store. Letter has been sent to the Central Government authority requesting supply of boats, which can be operated with Diesel or petrol. The Committee directed the Home Department to take up the matter with Government of India to obtain permission to carry out repair and maintenance of boats with the help of Cochin Shipyard Limited.

58. Regarding the audit paragraph 'Boat Jetties' the Director General of Police informed that there were no sufficient boat jetties under the control of Coastal Police to berth the boats. The non-availability of boat jetty/wharf would cause damage of the boats.

Conclusion/Recommendation

59. The Committee recommends that Home Department should take up the matter of maintenance of Interceptor Boats with the Government of India to obtain permission to carry out repair and maintenance of boats with the help of Cochin Shipyard Ltd.

60. The Committee suggests that Home Department should take necessary measures to set-up sufficient boat jetty/wharf under the control of Coastal Police for the proper maintenance of boats.

AUDIT PARAGRAPH

GENERAL

Area of jurisdiction of CPSs

Notification of Chief Judicial Magistrate under sub-section (1) of section 14 of Criminal Penal Code defining the local area of jurisdiction of each CPS was mandatory for registering cases by the respective CPSs. According to Article 5.4.4 of the SOP, the CPS was required to keep surveillance over the villages, roads, highways, Government/private jetties, vehicles, hotels etc. However, the notification was issued (July 2012) only in respect of CPSs at Azheekode, Neendakara, Fort Kochi and Bakel. In the other cases, the required notification was yet to be issued (July 2012).

Phase II of the Scheme

Phase II of the Coastal Security Scheme envisages carrying out the objectives of phase I further by way of providing additional infrastructural support to the State/UT police with a view to supplementing other coastal security initiatives being effected by the Navy and Coast Guard. The period of implementation was five years starting from 2011-12. Kerala has been sanctioned 10 new Coastal Police Stations and 20 twelve ton IBs in phase II.

Audit observed that the department was yet (August 2012) to identify suitable land for the new CPSs even after a lapse of one year. Moreover, one CPS included in phase I was not yet fully* operational.

The implementation of Coastal Security Scheme suffered due to lack of synchronization of activities like taking possession of land in advance, arrangement of works, etc., which led to enormous delays in the operationalization of the Scheme, such as delay in construction of CPSs, non construction of CPSs near the sea coast, non deployment of trained police personnel/boat crews, non-supply of boats suitable for patrolling, frequent break down of boats and failure to carry out timely maintenance and repair leading to idling of boats for long periods, etc. Consequently, the main objective of strengthening coastal security against infiltration, intrusion and other illegal activities, remained unachieved.

[Audit Paragraphs 3.3.5 contained in the report of the Comptroller and Auditor General of India for the year ended 31 March, 2012 (General & Social Sector)]

* CPS, Azheekal is now functioning in a building nine km. away from sea coast, as its own building is yet to be completed. 25 police personnel were posted, of which only seven are trained. No boat crew was posted.

Note received from the Government on the above paragraph is included as Appendix II.

61. Regarding the audit paragraph, the Committee remarked that the department's reply that the land identified for Anchuthengu Coastal Police Station faced with a problem of debt after being pledged by earlier custodian was not trustworthy. The Committee directed the department to expedite action for identification of land and construction of the Coastal Police Station. The Committee also recommended that sufficient posts of Boat crew should be created and placement should be done through PSC after providing adequate training. The Committee directed the department to submit a proposal to it in this regard.

Conclusion/Recommendation

62. The Committee directs the Home Department to expedite action for the identification of land for Anchuthengu coastal police station and its construction. The Committee recommends that sufficient posts of boat crew should be created and the posts so created filled with persons recruited through KPSC. It moots for imparting adequate training to personnel who are appointed in the Coastal Police Stations and to the fresh recruits.

Thiruvananthapuram,
30th June, 2015.

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

APPENDIX I

SUMMARY OF MAIN CONCLUSION/RECOMMENDATION

<i>Sl. No.</i>	<i>Para No.</i>	<i>Department concerned</i>	<i>Conclusion/Recommendation</i>
(1)	(2)	(3)	(4)
1	4	General Education	The Committee admonishes the officials of the General Education Department for not intimating the action taken against the former Director of VHSE who was responsible for the extra expenditure of ₹ 2.83 crore. It directs the General Education Department to inform whether Non Liability Certificate had been issued and pensionary benefits were disbursed to him and also the measures taken to recoup the loss. The Committee exhorts the General Education Department to seek explanation from the officials who failed to take timely action against the erred official and to report it.
2	11	Health and Family Welfare	The Committee directs the Health and Family Welfare Department to submit a report on the current status of seats for MBBS Course in various Medical Colleges in Government and Private Sector.
3	12	„	The Committee expresses its displeasure for not furnishing the details of expenditure as assured by the Secretary, Health and Family Welfare Department. The Committee directs the department to furnish a report detailing the Plan expenditure with substantive evidence to prove that plan fund had been utilized completely.

(1)	(2)	(3)	(4)
4	13	Health and Family Welfare	The Committee urges the Health and Family Welfare Department to submit the details of expenditure during every quarter from the year 2010-11.
5	14	Finance	The Committee evaluates that the very act of Paramedical Council which deposited the money drawn from the treasury in a Savings Bank Account of a Nationalised Bank is highly irregular. It speculates mishandling and manipulation in this kind of fund transaction. The Committee suggests that Finance Department should evolve an effective mechanism to bring to an end to such malpractices rather than circulating instructions.
6	15	All Administrative Departments	The Committee moots that administrative departments should take conscientious efforts to avoid such fund transactions. It recommends that disciplinary action should be initiated against the officials responsible for it in case of such irregularity and they should be levied with penal interest @18% of the fund so transferred.
7	26	Health and Family Welfare	The Committee observes that the facilities of many medical colleges were not in accordance with the norms of Medical Council of India and opines that it may cause the cancellation of accreditation. It recommends that Medical Education Department should take immediate measures to rectify the shortcomings in staff strength, equipment, hostel facility etc. in accordance with the norms of MCI.

(1)	(2)	(3)	(4)
8	27	Health and Family Welfare	<p>The Committee understands that the entry post in the Medical Education Department is Assistant Professor, qualification for which requires post-graduate degree in concerned faculty and many posts remain vacant due to the lack of qualified persons. The Medical Education Department is crippled with the scanty staff to distribute with. So the Committee recommends that persons having MBBS degree should be appointed as Lecturer in Medical Colleges on the pre-condition that the person so appointed should acquire a postgraduate degree within three years from the date of appointment.</p>
9.	28	"	<p>The Committee recommends that two years residency programme should be stipulated as pre-requisite for getting appointment in the Medical Education Department in order to ensure sufficient number of senior residents in Medical Colleges. It remarks that the distribution of faculties in the Medical Education Department is not rationale, since certain specialities remain vacant in some colleges whereas the speciality in some other hospitals have abundance of professionals. So the Committee directs the Health and Family Welfare Department to look into the matter and make more reasonable division of faculties.</p>
10.	29	"	<p>The Committee opines that even though the quality of equipments used in the Medical Colleges are good, they are</p>

(1)	(2)	(3)	(4)
			not properly maintained. It remarks that due to the absence of modern lab and other facilities, young professionals do not prefer the job opportunity in Medical Education Department. The Committee exhorts that Medical Education Department should chalk out measures for proper maintenance of equipments and also to set-up an advanced research facilities in the Medical Colleges.
11	30	Health and Family Welfare	The Committee comments that the doctors working in the private sector are paid fairly well than those in the Government service. The Committee opines that Senior Residents having Postgraduate degree are eligible to get pay and other allowances equivalent to the salary of Assistant Professor.
12	31	"	The Committee notices that at present there is only one biomedical waste disposal plant in Kerala and suitable land could not be identified to establish another of the kind. The Committee suggests that 110 acres of Government land is available in Brahmapuam and recommends that the Health and Family Welfare Department should submit a proposal to Government to set-up a biomedical waste plant in Brahmapuram at the earliest.
13	35	"	The Committee recommends that Health and Family Welfare Department should take necessary steps to create sufficient posts of academic staff in accordance with the norms of Nursing Council at the earliest.

(1)	(2)	(3)	(4)
14	36	Health and Family Welfare	The Committee recommends that necessary posts of nurses as per the MCI norms should be created to overcome the acute shortage of nurses in the medical colleges.
15	37	"	The Committee urges the department to furnish a report on revising the basic qualification for the post in the entry cadre in the medical institutions.
16	43	"	The Committee understands that quality of X-ray units was being assessed by X-ray technicians rather than by Radiation Physicists who were competent to do it. The Committee advocates that district level centres under the control of Directorate of Radiation Safety should be established to impart training for registration, licensing and decommissioning of X-ray units. It also highlights the necessity of providing separate plan assessment and head of account for Directorate of Radiation Safety.
17	44	"	The Committee recommends that Health and Family Welfare Department should evolve a mechanism to ensure the assessment of quality and decommissioning of X-ray units conducted by persons competent to do it.
18.	45	"	The Committee urges the Health and Family Welfare Department to take necessary measures to install separate power laundry system in major hospitals.

(1)	(2)	(3)	(4)
19	49	Home	The Committee opines that diversion of GOI grant against the norms without the concurrence of Government of India is not justifiable. It urges that Home Department should take effective measures to avoid such lapses in future and also to evolve a mechanism for the fruitful utilization of central aid.
20	50	"	The Committee observes that watchtowers are constructed at sites having limited visibility of the sea and demands to stop construction of more such watchtowers. It directs the Home Department to check whether the watchtowers attached with coastal police stations could be made usable for some other purpose.
21	54	"	The Committee directs the Home Department to furnish a proposal for the rejuvenation of Coastal Police Force and also recommends to take necessary steps to strengthen the Coastal Police.
22	59	"	The Committee recommends that Home Department should take up the matter of maintenance of Interceptor Boats with the Government of India to obtain permission to carry out repair and maintenance of boats with the help of Cochin Shipyard Ltd.
23.	60	"	The Committee suggests that Home Department should take necessary measures to set-up sufficient boat jetty/wharf under the control of Coastal Police for the proper maintenance of boats.

(1)	(2)	(3)	(4)
24	62	Home	<p>The Committee directs the Home Department to expedite action for the identification of land for Anchuthengu Coastal Police Station and its construction. The Committee recommends that sufficient posts of boat crew should be created and the posts so created filled with persons recruited through KPSC. It moots for imparting adequate training to personnel who are appointed in the Coastal Police Stations and to the fresh recruits.</p>

APPENDIX II

Notes Furnished by Government

ACTION TAKEN REPORT ON C&AG REPORT FOR THE YEAR ENDED ON 31.03.2010

Year & No. of Report	Number of paras	Recommendation	Action Taken
<p>Audit Report (Civil) for the year ended 31st March 2010 (Civil Report No.2)</p> <p>Grant of Scale of pay instead of consolidated pay to 165 General Foundation Course teachers having workload below six hours per week led to extra expenditure of ₹2.83 crore towards their salary and allowances.</p>	2.2.2	<p>The Kerala Vocational Higher Secondary Education Subordinate Service Rules, 2004 (Special Rules) considered Non-Vocational Teachers having workload below 15 hours per week per subject as regular staff and classified them as Non-Vocational Teachers (junior) and granted them scale of pay. However, Non-Vocational Teachers (General Foundation Course) having workload below six hours per week were not separately classified in the Rules as they were not considered</p>	<p>The Vocationalisation of Education in Kerala was started in 1983-84 and it became a centrally sponsored scheme during 1988-89. Both Vocational and Non Vocational Teachers were used to engage for the implementation of the scheme. The Vocational Teachers were paid salary in a scale of pay, for which central assistance had been received. But the Non Vocational Teachers were paid a consolidated pay only. The Special Rules for Kerala Vocational Higher Secondary Education State Service and the Kerala Vocational Higher Secondary Education Subordinate Service were introduced as per G.O(P)No.80/04/GE dated 12.03.2004 and G.O(P)No.81/04/GE dated 12.03.2004 respectively. Prior to that Service conditions of Staff of Vocational Higher Secondary Education were governed by executive orders. As per the orders issued in G.O(MS)No.460/95/GE dated 26.09.1995, it had been ordered that Non Vocational Teacher having workload of 12 to 20 hours in a week was to be treated as fulltime teachers, Non Vocational</p>

	<p>as regular staff borne on the establishment. As per the Pay Revision Orders of 2006, these teachers were eligible only for a consolidated pay of ₹3500 per month.</p> <p>However, scrutiny (January 2010) by Audit revealed that 165 General Foundation Course (GFC) teachers, having workload below six hours per week were appointed in 145 Vocational Higher Secondary Schools between June 2008 and December 2009 and were paid in the scale of pay of ₹ 9190-15510 as applicable to Non-Vocational Teachers (Junior). This resulted in extra expenditure of</p>	<p>Teacher having work load of 6 to 12 hours was to be treated as part time teachers and the Non Vocational Teacher in General Foundation Course having work load below 6 hours would be paid only a consolidated amount of Rs. 1,000/- per month. <u>The Special Rules issued as Stated above were in supersession of all rules and orders on the subject and in the instant case the Kerala Vocational Higher Secondary Education Subordinate Service issued as per G.O.PP.No.81/2004/GE dated 12.03.2004 is relevant.</u></p> <p>As per the above Special Rules, Non Vocational Teachers (Junior) in GFC has been included as Serial No.10 under category (i) of rule (2). <u>As per the explanation given there under Non Vocational Teacher (Junior) means post having work load of below 15 hours per week per subject. It is to be noted in this connection that even though the rules specify work load of below 15 hours per week, it does not specify any minimum period required for the post. It is needless to say that the orders issued by Government in 460/95/GE dated 26.05.1995 had lost its relevance by the introduction of Special Rules in 2004. Sri.Mohan Abraham, the then Director of Vocational Higher Secondary Education utilized this loophole and</u></p>
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	<p>₹ 2.83 crore (reckoned at the minimum of the scale of pay) for the period June 2008 to June 2010.</p> <p>Government admitted (September 2010) that the irregular grant of scale of pay to the above GFC teachers occurred due to the misinterpretation of the Special Rules by the appointing authority, i.e., the Director, Vocational Higher Secondary Education who was not competent to interpret the rules. Government further stated (September 2010) that the Kerala Vocational Higher Secondary Education Subordinate Service Rules, 2004, had been amended with retrospective effect from</p>	<p>reported the vacancies of GFC Teachers who had work load of below 6 hours per week to the Kerala Public Service Commission immediately after the finalization and publication of Special Rules on 12.03.2004.</p> <p>It is true that there is confusion in the Special Rules regarding the Non Vocational Teacher (Junior) in GFC as minimum periods required for the post have not been stipulated in it. However, the stand of the Government regarding the GFC teachers working below 6 hours per week had been made known to the Director, Vocational Higher Secondary Education through Government Order namely G.O.(Rt)No.4388/05/GE dated 05/08/2005; wherein Government had rejected the request of the petitioners therein for granting Scale of pay, on the ground that they were working less than 6 period and hence on consolidated pay. But the then Director, Vocational Higher Secondary Education, Sri Mohan Abraham never sought clarification on this order with a view to reviewing his decision in having reported the vacancies already to the Public Service Commission, nor did he inform Government the fact of reporting 165 vacancies of GFC teachers to Public Service Commission. If he had reported the fact of reporting vacancies to Public</p>
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	<p>12 March 2004 to distinguish non-vocational teachers (Junior) from GFC teachers having workload below six hours per week. However, Government had not intimated the action initiated against the Director who was responsible for the extra expenditure caused to them (September 2010).</p>	<p>Service Commission well before the examination and publication of rank list by the Kerala Public Service Commission. Government could have taken up the matter with Public Service Commission and consequent appointment of teachers in GFC in between June 2008 and December 2009 could have been averted. However to avoid recurrence of such lapses and misinterpretation of rules in future Government issued orders G.O(Ms) No.166/10/GE dated 18.08.2010 by making it clear that Non Vocational Teacher (Junior) means post having work load of above 6 periods and below 15 periods per week per subject. Subsequently formal amendments were made to the Special Rules as per G.O(P) No.290/12/G.E dated 19.09.2012. The above amendment has been given effect from 12.03.2004 onwards.</p> <p>In the meantime, Government started disciplinary action against Sri.Mohan Abraham, formerly the Director, Vocational Higher Secondary Education as promised in the Action Taken Report furnished to the C & A.G. Accordingly memo of charges with statement of allegations were served to Sri.Mohan Abraham as per Government Letter No.2216/L1/12/H.E.dn dated 03.07.12. The Written Statement of Defence submitted</p>
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<p>by him as per his letter No. CE(E)4275/10 dated 09.07.2012 was examined, rejected and decided by Government to continue disciplinary action against him as per KCS(CC&A) Rules 1960. A Mandatory enquiry was also ordered against him under Rule 15 of the above Rules and the Additional Secretary to Government, General Education Department was appointed as enquiry Officer vide G.O(Rt)No.6018/12/GE dated 17.12.2012. The enquiry is yet to be started since the entire files of the Directorate of Vocational Higher Secondary Education relating to the whole matters are now in the custody of the Vigilance and Anti-corruption Bureau as that agency has also filed a case against him as Case No. V.C/2012/SRT. In the mean time Sri.Mohan Abraham retired on superannuation on 30th November 2012 and hence the disciplinary action initiated against him will be continued and finalized as per the provisions in Rule 3 of Part (3) of KSR.</p>		
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Report of the Controller & Auditor General for the year ended 31/03/2010

Statement of Action Taken

Sl. No	Para No.	Subject/ Recommendation	Present status
1	3.1.7.2	<p>Budget proposals-delays and inaccuracies</p> <p>According to paragraph 14 of the Kerala Budget Manual (KBM) budget estimates are to be consolidated by the Head of the Department based on the proposals received from subordinate officers and submitted to Government on the due dates each year. It was seen in audit that there were delays ranging from 19 to 37 days in submitting Non-Plan proposals for the budgets of the years 2007-08 to 2010-11 to Government by DME. Delays ranging from five to 49 days in submitting the Plan proposals were also noticed during the period.</p> <p>Test check of Plan budget proposals submitted by DME for 2008-09 and 2009-10 to Government and the budget allocation thereon revealed that the proposals were inflated. Instances of substantial reduction in the proposal of the department by Government were noticed under several heads of accounts. It was also seen that even the reduced provision could not be utilised by the department indicating the original proposals were highly unrealistic and prepared without proper assessment of requirement. Persistent savings in excess of 50 percent of the budget provision were noticed in 15 sub-heads of accounts as given in Appendix XIII. In four (out of 15) sub-heads the savings ranging between 58 and 100 per cent were noticed in all the five years from 2005-06 to 2009-10. These instances indicated that the department did not pay due attention and care in preparing budget estimates as required under the provisions of KBM and the estimates were unrealistic and inflated. Government stated (October 2010) that the DME has been instructed to avoid over-estimation in the budget proposals.</p>	<p>The audit observation is noticed for future guidance. We will avoid delay for submitting Plan/Non plan proposals. This observation awarded is kept in mind while preparing budget estimates during the subsequent years. Now this is rectified in the FY 2012-13 and 2013-14. In 2014-15 a central procurement of equipments is being implemented under DME.</p>

1	<p>3.1.7.</p> <p>3.</p> <p>1.Failure in expenditure control Excess expenditure over provision The department is required to keep a careful watch over the progress of the expenditure against the budget provision and to ensure that the expenditure does not exceed the grant available at any time during the financial year. In the cases indicated below, there was substantial excess expenditure over the final grant. Such excesses indicated that the department did not exercise effective expenditure control over the funds at its disposal.</p> <ul style="list-style-type: none"> • There was persistent excess expenditure in all the years from 2005-06 to 2009-10 ranging between 41 and 144 per cent under '2210-03-101-98 Health unit, Pangappara, Thiruvananthapuram'. • Under the Plan head '2210-05-105-98 Allopathy Medical College, Thiruvananthapuram', the excess expenditure over provision in 2005-06, 2007-08 and 2008-09 was 87 per cent and 66 per cent respectively. • In the head of account '2210-05-105-41 (Plan)' and '2210-05-105-50 (Plan)' excess expenditure of 212 percent and 300 per cent occurred in 2007-08 and 2005-06 respectively. <p>2. Related Surrender of funds For ensuring effective financial control over the resources available departments were required to surrender the savings noticed under individual heads immediately after they were noticed so that it could be used for other schemes where additional funds are required. It was seen in audit during 2006-07, 2007-08 and 2008-09 that there were several instances of surrender of funds amounting to Rs.1.76 crore (four sub heads), Rs.51.6 lakh (four sub heads) and Rs.83.33 lakh (five sub heads) respectively on the last day of the financial year. Such belated surrender of funds serves no useful purpose as the funds could not be utilized for any other purpose.</p>	<p>The excess occurred under salary/wages and POEs due to over estimation of Budget proposal. This is noted for the future guidance.</p> <p>A circular instructing Head of Institutions was issued vide No.D1/6618/2012/DME dt.6/10/12.</p> <p>Funds transaction of DME is spread over the 5 Medical Colleges, 5 Nursing Colleges and 3 Dental colleges and 1 Pharmacy College. So the details of funds at the end of the financial year are normally collected from these sub offices during December/January. Steps are now being taken to give an anticipated statement much earlier and the information is passed on to government. There was no willful delay from the side of the department.</p>
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13	<p>3.1.7.5 During 2005-10, 53 per cent of the plan expenditure was utilised during March</p>	<p>Rush of expenditure According to paragraph 62 of KBM, the distribution of appropriations by the Chief controlling officer to sub controlling officers and by sub controlling officers among the Drawing and disbursing officers should be made as soon as the budget proposals are approved by the Legislature. The rules also provide for even distribution of expenditure throughout the year for better financial control over the expenditure. It was however, noticed that during the five-year period 2005-10, 64 to 83 percent of the plan expenditure was incurred during the last quarter and 53 to 72 percent was incurred during March. The year wise break up of expenditure is given below:-</p> <table border="1"> <thead> <tr> <th>Year</th><th>Expenditure</th><th>Expenditure during last quarter</th><th>Expenditure during March (Percentage)</th></tr> </thead> <tbody> <tr> <td>2004-05</td><td>27.37</td><td>19.77(72)</td><td>17.84(65)</td></tr> <tr> <td>2005-07</td><td>32.92</td><td>21.80(66)</td><td>18.42(56)</td></tr> <tr> <td>2007-08</td><td>18.65</td><td>11.85(64)</td><td>9.89(53)</td></tr> <tr> <td>2008-09</td><td>21.92</td><td>17.18(78)</td><td>14.77(65)</td></tr> <tr> <td>2009-10</td><td>39.99</td><td>33.22(83)</td><td>28.57(72)</td></tr> </tbody> </table> <p>As rush of expenditure at the close of the financial years could result in undue haste in spending of funds, leading to financial malpractices and would cause strain the cash balance position of the govt, the departments needs to take steps to ensure that the administrative procedures Administrative procedures are streamlined to avoid year end drawal of funds.</p>	Year	Expenditure	Expenditure during last quarter	Expenditure during March (Percentage)	2004-05	27.37	19.77(72)	17.84(65)	2005-07	32.92	21.80(66)	18.42(56)	2007-08	18.65	11.85(64)	9.89(53)	2008-09	21.92	17.18(78)	14.77(65)	2009-10	39.99	33.22(83)	28.57(72)	<p>The expenditure during the last two months is 15-30%. In the FY 2009-10, the rush of expenditure has been shown to be 50-75%. The following information is humbly submitted.</p> <ol style="list-style-type: none"> The bills of Hospital equipments procured during the entire FY is paid only in the last 2 months because the procurement involves tedious and lengthy procedures such as in-house Demonstrations and import of High end equipments. In the year 2009-10, an additional grant of Rs.15 crores was sanctioned in February 2010 for procurement of High end equipment alone in the Medical Colleges. The expenditure of this has to be rushed in order to ensure the entire utilization.
Year	Expenditure	Expenditure during last quarter	Expenditure during March (Percentage)																								
2004-05	27.37	19.77(72)	17.84(65)																								
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2009-10	39.99	33.22(83)	28.57(72)																								
18	<p>3.1.8.2</p>	<p>Development of institutions under the Directorate of Medical Education As the department was entrusted with the responsibility of running the Medical Colleges and other paramedical teaching institutions under the allopathic system of medicine, the DME was required to ensure compliance with the norms of the regulatory councils and set up benchmarks in Medical Education standards. During the five year period 2005-10, Rs.104.32 crore was spent for development of the institutions through renovation and up gradation of existing infrastructure, procurement of new equipments, modernization, improving professional standards</p>	<p>As far as Medical Education Department is concerned respective Council norms are complied with. However, it is true that strict enforcement of council norms is impossible with the available infrastructure facilities now available in all Government Medical, Dental and Nursing Colleges Availability of Faculty are ensured in par with respective council norms though there is subject wise variation either excess or short fall.</p>																								

<p>facilities as per Medical Council of India norms were not available in test checked Medical</p>	<p>through conversion of Medical College, Thiruvananthapuram in to a centre of Excellence etc.</p> <p>i) Compliance with the norms of the regulatory councils The DME was responsible for ensuring that the norms laid down by the regulatory councils were followed by the education institutions in the Government sector. The facilities available in the test-checked medical colleges/hospitals revealed that there were shortages of lecture halls, research laboratories, demonstration rooms in non-clinical departments, departmental libraries, reading rooms, centralized laboratories, etc, compared to the minimum requirements prescribed by the MCI as detailed in Appendix XV. Deficiencies of equipment like electro cardiogram/electro encephalogram machines, ultrasound scanners, X-ray units, autoclaves, haemodialysis machines, etc. were also noticed in various departments. Government stated (October 2010) that steps were being taken for providing the minimum requirements prescribed by the MCI. Though five years had elapsed since the computerization of outpatient, inpatient, laboratory and enquiry wing in MCH, Thiruvananthapuram other functions like pharmacy, human resource, medical records, stores, etc, were not computerized so far (October 2010). Computerization in other Medical College Hospitals was still to be taken up (October 2010).</p> <p>The Dental College, Thiruvananthapuram was having a six-bedded ward for the</p>	<p>In MCT, this has been fully established with State of Art of services for all Super Specialty Departments available like Neurology, Nephrology, itrology, Neuro Surgery are rendered from this division and all cases rendered for BPL patients free of cost and APL patients with nominal rate. State Government is providing matching grant for maintaining facilities of this block. For APL patients, ICU services of this hospital are charged at the rate of Rs.100/- per ICU bed and at the rate of Rs.600/- for ventilator services now.</p> <p>It is true that MCI norms have not been strictly enforced for providing facility of Lecturer hall adjacent to ward s ,as these works are not carried out on time limit basis by PWD. It is also convinced that construction and renovation works of wards, extension works are done by State PWD and they will not complete these works on time limit manner. Hence the deficiencies of facilities in Medical Colleges.</p> <p>In Phase of 2 of computerization SATH, Pharmacy, Store etc have been completed. National Knowledge Network connectivity is available in all major units of GMCT and in selected nodes of other Medical Colleges. Steps to computerize the Hospitals in Medical College, Calicut has been initiated. Under the e-Health programme of the GOI, Rs.90 crore has been allocated for the Health Sector which includes computerization in collegiate Hospitals.</p>
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Colleges	<p data-bbox="117 103 161 1455">department of Oral and Maxillofacial Surgery against the requirement of a 20-bedded ward as per the norms of Dental Council of India for BDS/MDS courses.</p> <p data-bbox="161 103 360 1455">As per para B.11 of the MCI norms, Medical Colleges should provide hostel accommodation to a minimum of 75 per cent of the total intake of students. Each hostel room should not have more than three occupants and each hostel should have a study room should not have more than three occupants and each hostel provide that there should be a recreational facility room having TV, indoor games, etc, besides messing facilities for the students. The Dental Council of India norms also prescribe that all students should be provided with hostels in the campus itself. However, the hostel of Medical Colleges test-checked did not have the required facilities as explained below:</p> <p data-bbox="360 103 573 1455">In Medical College, Thrissur against the required hostel facility for 563 students (75 per cent) accommodation was available only for 393 students. There were 125 students in the waiting list for accommodation in the hostel (July 2010). The women's hostel did not have a recreation room, library, computer room with internet facility, enough bathrooms and toilets, sufficient furniture etc. Government stated (October 2010) that steps were being taken to provide the</p> <p data-bbox="573 103 867 1455">Now the Dept. of Oral & Maxillo Facial Surgery wards with 10 beds Male IP & 10 Beds for Females. IP are functioning in ward 16. It is true that sanction for separate OMFS theatre Block has been obtained from Government. Other lacuna for opening OMPC wards attaching to Dental colleges, Trivandrum is non availability of adequate number of Anesthetics. All these lacuna will be ratified on full functioning of OMFS theater complex of Dental College, Trivandrum</p> <p data-bbox="573 103 715 1455">In various Medical colleges courses are conducting with annual average intake of 1000-2000. Out of which above 50 to 75 % students are accommodated hostels situated in the campus. However preference is also given for Residents. Hence the situation as pointed out. Now steps are being taken to set up Resident quarters in all Medical colleges and funds are obtained from State, NABARD and PMSSY schemes for this.</p> <p data-bbox="715 103 867 1455">A new Ladies Hostel has been commissioned in 2010 with capacity to accommodate 150 students. Another Lady PG hostel and Men's Hostel has been commissioned. The new PG block is under construction. A new 7 storey Paramedical/Dental Hostel is being initiated in the current FY 2014-15.</p> <p data-bbox="867 103 1031 1455">In Medical College, Thrissur hostel constructed with the funds obtained from SC ST Department which would give some relief in the accommodation crisis of the students.</p>
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<p>facilities to the students of Medical College, Thirissur.</p>	<p>In Medical College, Thiruvananthapuram, 446 and 571 students were accommodated (July 2010) against the capacity of accommodating 363 and 350 in the men's and the women's hostel, the first year students were accommodated in the dormitory, were two students shared one cot. The hostels lacked sufficient furniture, dining hall, toilets and bathrooms. Government informed (October 2010) that a hostel building for women for accommodating 120 students was commissioned and the process for construction of buildings for hostels for lady PG students and for men were progressing.</p> <p>In the Government College of Nursing, Thiruvananthapuram, against the requirement of hostel accommodation for 353 students, accommodation for only 253 students was available and 100 students were in the waiting list (July 2010). The hostel buildings constructed as early as 1954 required re-wiring, fire protection facilities and modification. Government stated (October 2010) that sanction was accorded for construction of a new building for the hostel. The Dental College, Thiruvananthapuram, started in 1959, had no separate hostel for students. The students had to depend on hostels of the Medical College for accommodation</p>	<p>A new under graduate Ladies hostel have been commissioned in 2010 with capacity to accommodate 150 students, and under Tsunami scheme. A lady PG block (2 Floor) is being completed this year and will be ready for occupancy in Dec 2012.</p> <p>One floor of the new men's hostel is nearing completion. Administration's sanction for a new PG block has been issued and work started in Sept 2012. Family accommodation with 37 units has been commissioned for senior PGs and super specialty in the new OPD building.</p> <p>New 3 storied hostel building for para medical courses for which AS is obtained from govt. But the work has not been started by PWD.</p> <p>In Trivandrum Medical College disposal of Bio-medical waste has entrusted with image and disposal of solid waste through corporation of Trivandrum while preparing project report and proposal for obtaining 13th Finance Commission (Government of India) Award. There was a proposal for efficient effluent water management system under INJURUM Project of Government of India through Corporation of Trivandrum. Hence the similar project was not proposed</p>
<p>Slack of accommodation for students in men's and women's hostels in Medical College, Thiruvananthapuram</p>	<p>ii) Waste Management in Medical College Hospitals</p> <p>Wastes generated in the hospitals are dangerous to the environment and is to be disposed of in the manner specified in the Bio-Medical Rules, 1998, the 5 Medical College Hospitals of the state generated solid waste of about 15 tonnes per day and liquid waste of about 2250 cubic meters per day. As per schedule VI of the Rules, waste disposal facilities should have been created by 31 December 2002. However, none of the hospitals test-checked had waste disposal facilities of their own as required under the Rules.</p>	

	<p>In Medical College, Thiruvananthapuram, the functioning of the incinerator was interrupted frequently due to power failure and mechanical defects. The college engaged IMAGE for disposal of bio-medical wastes from January 2010. Other solid waste was disposed of through the Thiruvananthapuram Corporation. Effluent water was discharged through drainage without any disinfectant.</p> <p>In Medical College Hospital, Thrissur, biomedical waste was disposed of through IMAGE and other solid wastes buried in pits. The practice of deep burial was without prescribed safeguards and had the risk of causing contamination of soil and underground water sources. The incinerator available in Medical College Chest Hospital, Thrissur was not working. The biomedical waste was burnt in open. The effluent water from both Hospitals was discharged through drainage without disinfectant.</p> <p>Proper disposal of the wastes generated in the Hospital is a statutory responsibility of the Institution and non-compliance is likely to attract penalties. Government informed (October 2010) that a provision of Rs.5.74 crore had been provided for setting up biomedical waste disposal plants in collegiate Hospitals in the Annual Plan for 2010-11</p>	<p>for inclusion in the 13th Finance Commission Award. By the implementation of the scheme through corporation of Trivandrum quality of discharge effluent water can be standardized.</p> <p>In Thrissur Medical College the disposal of bio-medical wastes were entrusted through IMAGE and other solid wastes buried in pits. Bio-medical waste was burnt in open. The effluent water from both hospitals was discharged through drainage without disinfectant due to high cost involved for the treatment of disinfectant water in large quantity. However rectification action will be taken to satisfy audit report.</p>
<p>iii) Under-utilization of telemedicine system</p>	<p>Tele Health and Medical Education Project, Kerala' was started in 2004 with the participation and assistance of Indian Space Research Organization. The main objectives of the project were tele-consultation and tele-education. The main envisaged connecting six Medical College Hospital and two Specialty Hospitals with nine district Hospitals and one community health centre. Advanced information about management of diseases was to be propagated from the Medical Colleges to all Hospitals including those in remote and rural areas. Total expenditure incurred on the project by the State Government was Rs.1.78 crore during 2005-10. Test check of two Medical Colleges included in the project</p>	<p>Single node connectivity is available in all the Medical Colleges and interactivity with some of the District Hospitals is being done on a regular basis. The telemedicine Unit of RIO is linked to various eye Hospitals. For teaching GMCT is connected to Manipal, PCIMER, Chandigarh and on request to JIPMER and Apollo Hospitals, Chennai. For optimal utilization and better output, Telemedicine should have a multimode connectivity. Institutions like ISRO have expressed their interest in this regard.</p>

19	3.1.9 Deficiency of 21 per cent in academic posts and 18 per cent in non-academic posts noticed in last checked institution one	<p>showed that no specific targets were fixed and utilization of the system was minimal (Tele-consultation:504, Tele-education:357). Consequently the facility created remained largely underutilized and the objective of dissemination of information which could have benefited patients in peripheral and rural Hospitals could not be achieved.</p> <p>Government stated (October 2010) that only two point connectivity was now available by which tele-conference with Medical Colleges, district Hospitals and Taluk Hospitals was possible only on a one two one basis and proposals for multi point connectivity was under consideration of govt. to strengthen the system</p>	
	<p>Human resource Management</p> <p>As a service orientated Department, adequacy of human resources has a significant role in ensuring the quality and standards of service. MCI and other regulatory councils prescribed norms to be observed by all teaching Institutions and attached Hospitals to ensure the quality of Medical Education. It was observed in audit that against 5,176 sanctioned posts (academic and non-academic) in the test-checked Institutions, 977 posts were vacant as of March 2010. the deficiency was 21 percent in the academic posts and was 18 percent in the non-academic posts. The further deficiencies noticed are given below:</p>		<p>All the vacancies in the entry cadre in the Non clinical departments were reported to KPSC as and when they arose. Appointment orders will be issued soon on receipt of advice of candidates from KPSC. Vacancy in higher posts will be filled through promotion soon on publication of select list of qualified hands.</p>
			<p>S. RETHA Principal 10/04/2015</p>

Report of the Comptroller and Auditor General for the year ended on 31.03.2010
Statement of Action Taken

Para No.	Audit Report	Action Taken																												
3.1.7.4	<p>Unnecessary supplementary grants When original provisions are exhausted and no savings are available for re-appropriation and postponement of expenditure is not possible, supplementary grants are obtained. It is, therefore, necessary to ensure that the legislature is approached for supplementary grants only when funds are absolutely necessary for spending within the financial year. Audit scrutiny revealed that supplementary grants obtained were unnecessary because the expenditure did not come up to the level of the original provision as given in the following table.</p> <table border="1"><thead><tr><th rowspan="2">Name of the drawing and disbursing officer</th><th rowspan="2">Heads of accounts</th><th colspan="2">Unnecessary supplementary provision</th></tr><tr><th>Year</th><th>Amt (in crore)</th></tr></thead><tbody><tr><td rowspan="3">The Principal, Medical College, Thrissur</td><td rowspan="3">2210-05-105-94 (Non Plan)</td><td>2005-06</td><td>0.4</td></tr><tr><td>2008-09</td><td>0.71</td></tr><tr><td>2009-10</td><td>2.19</td></tr><tr><td></td><td>2210-05-105-94 (Plan)</td><td>2006-07</td><td>0.5</td></tr><tr><td rowspan="2">The Principal, Medical College, Kottayam</td><td rowspan="2">2210-05-105-96 (Non Plan)</td><td>2008-09</td><td>0.5</td></tr><tr><td>2009-10</td><td>2.9</td></tr><tr><td>The Principal, Medical College, Trivandrum</td><td>2210-05-105-98 (Non Plan)</td><td>2009-10</td><td>6.26</td></tr></tbody></table> <p>These cases showed the failure of the department in monitoring the expenditure against budget provisions and making realistic assessment of actual requirement of funds indicating deficiencies in budgetary control.</p>	Name of the drawing and disbursing officer	Heads of accounts	Unnecessary supplementary provision		Year	Amt (in crore)	The Principal, Medical College, Thrissur	2210-05-105-94 (Non Plan)	2005-06	0.4	2008-09	0.71	2009-10	2.19		2210-05-105-94 (Plan)	2006-07	0.5	The Principal, Medical College, Kottayam	2210-05-105-96 (Non Plan)	2008-09	0.5	2009-10	2.9	The Principal, Medical College, Trivandrum	2210-05-105-98 (Non Plan)	2009-10	6.26	<p>Proposals for additional funds are moved by the department after taking into account the necessity, based on actual expenditure incurred in respect of the heads of accounts.</p> <p>Supplementary Demand for Grants is normally moved to meet contingent expenditure (unpredictable) incurred due to increase in stipend and scholarship, procurement of minor equipments, emergency supplies for control of epidemics etc. This expenditure is inevitable and unpredictable for running Hospital services. Hence this Supplementary Demand for Grants is justified and not inappropriate.</p> <p>However the observation of audit would be kept in mind while moving for additional funds in future.</p>
Name of the drawing and disbursing officer	Heads of accounts			Unnecessary supplementary provision																										
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Report of the Comptroller and Auditor General for the year ended on 31.03.2010

Statement of Action Taken

Sl. No	Para No.	Audit Report	Action Taken
1	3.1.8.2(i)	<p>Compliance with the norms of the regulatory councils. The DME was responsible for ensuring that the norms laid down by the regulatory councils were followed by the education institutions in the Government sector. The facilities available in the test-checked medical colleges/hospitals revealed that there were shortages of lecture halls, research laboratories, demonstration rooms in non-clinical departments, departmental libraries, reading rooms, centralized laboratories, etc. compared to the minimum requirements prescribed by the MCI as detailed in Appendix XV. Deficiencies of equipment like electro cardiogram/electro encephalogram machines, ultrasound scanners, X-ray units, autoclaves, haemodialysis machines, etc. were also noticed in various departments. Government stated (October 2010) that steps were being taken for providing the minimum requirements prescribed by the MCI.</p> <p>Though five years had elapsed since the computerization of outpatient, inpatient, laboratory and enquiry wing in MCH, Thiruvananthapuram other functions like pharmacy, human resource, medical records, stores, etc. were not computerized so far (October 2010). Computerization in other Medical College Hospitals was still to be taken up (October 2010).</p> <p>The Dental College, Thiruvananthapuram was having a six-bedded ward for the department of Oral and Maxillofacial Surgery against the requirement of a 20-bedded ward as per the norms of Dental Council of India for BDS/MDS courses.</p>	<p>It is true that MCI norms have not been strictly enforced for providing facility of Lecturer hall adjacent to wards as these works were not carried out on time limit basis by PWD. It is also convinced that construction and renovation works of wards, extension works are done by State PWD and they will not complete these works on time limit manner. Hence the deficiencies of facilities in Medical Colleges.</p> <p>In Phase 2 of computerization SAT Hospitals Pharmacy, Store etc have been included. Optical fiber connectivity has been completed. Rs.30 lakhs set apart for hardware procurement are under process. Software up gradation and new server installation by CDAC is in progress. The computerisation will be completed in all respects by December 2012.</p> <p>Now the Department of Oral & Maxillo Facial Surgery wards with 10 beds Male IP & 10 Beds for Females, IP are functioning in ward 16. It is true that sanction for separate OMFS theater Block has been</p>

	<p>As per para B.11 of the MCI norms, Medical Colleges should provide hostel accommodation to a minimum of 75 per cent of the total intake of students. Each hostel room should not have more than three occupants and each hostel should have a study room with facilities for computer and internet. The norms also provide that there should be a recreational facility room having TV, indoor games, etc. besides 'messing' facilities for the students. The Dental Council of India norms also prescribe that all students should be provided with hostels in the campus itself. However, the hostel of Medical Colleges just checked did not have the required facilities as explained below:</p>	<p>obtained from Government. Other lacuna for opening OMFC wards attaching to Dental Colleges, Trivandrum is non-availability of adequate number of Anaesthetics. All these lacuna will be rectified on full functioning of OMFS theater complex of Dental College, Trivandrum.</p>
	<p>In Medical College, Thrissur against the required hostel facility for 563 students (75 per cent) accommodation was available only for 393 students. There were 125 students in the waiting list for accommodation in the hostel (July 2010). The women's hostel did not have a recreation room, library, computer room with internet facility, enough bedrooms and toilets, sufficient furniture etc. Government stated (October 2010) that steps were being taken to provide the facilities to the students of Medical College, Thrissur.</p>	<p>In various Medical colleges courses are conducting with annual average intake of 1000-2000. Out of which above 50 to 75% students are accommodated in hostels situated in the campus. However preference is also given for Residents. Hence the situation as pointed out. Now steps are being taken to set up Resident quarters in all Medical colleges and funds are obtained from State NABARD and PMSSY schemes for this.</p>
	<p>In Medical College, Thrissur hostel constructed with the funds obtained from SC-ST Department which would give some relief in the accommodation crisis of the students.</p>	<p>A new Ladies Hostel has been commissioned in 2010 with capacity to accommodate 150 students.</p>
	<p>A new under graduate Ladies hostel have been commissioned in 2010 with capacity to accommodate 150 students and under Tsunami scheme. A lady PG block (2 Floor) is being completed this year and will</p>	

		<p>dormitory, were two students shared one cot. The hostels lacked sufficient furniture, dining hall, toilets and bathrooms. Government informed (October 2010) that a hostel building for women for accommodation 120 students was commissioned and the process for construction of buildings for hostels for lady PG students and for men were progressing.</p> <p>In the Government College of Nursing, Thiruvananthapuram, against the requirement of hostel accommodation for 353 students, accommodation for only 253 students was available and 100 students were in the waiting list (July 2010). The hostel buildings constructed as early as 1954 required re-wiring, fire protection facilities and modification. Government stated (October 2010) that sanction was accorded for construction of a new building for the hostel. The Dental College, Thiruvananthapuram, started in 1959, had no separate hostel for students. The students had to depend on hostels of the Medical College for accommodation.</p>	<p>be ready for occupancy in December 2012. One floor of the new men's hostel is nearing completion. Administration sanction for a new PG block has been issued and work started in September 2012. Family accommodation with 37 units has been commissioned for senior PCs and super specialty in the new OPD building.</p> <p>New 3 storied hostel building for para medical courses for which AS is obtained from Government. But not started the work by PWD.</p>
2	3.1.9.1	<p>Dual control of staff</p> <p>The work force of the Medical College Hospitals included 6550 personnel in 92 cadres who were under the administrative control of the Director of Health Services. As this was creating difficulties in human resource management in the Medical Colleges, Government abolished (June 2007) the dual control of the staff and invited (October 2008) options from the employees to join the Medical Education department. Only 3072 employees in 57 cadres opted to join the Medical Education Department. Though the remaining posts were to be filled up by the Junior staff under the DHS, no effective action has been taken so far. The DME informed (October 2010) that inter-district transfer of junior staff was not possible as per the terms of their appointment and the matter was being examined further. Thus abolition of dual control system ordered in June 2007 could not be completed even three years after orders were</p>	<p>Prior to the formation of Directorate of Medical Education, the Government Medical Colleges in the State of Kerala were treated as separate units and the Principals were the Head of the departments of the colleges and having control over the Collegiate Hospitals under the overall control of the DHS. With the formation of the DME separate units ceased to exist and the powers exercised by the Principals as the Head of the Department were vested with the DME. However, Nursing, Paramedical and the Ministerial staff of the Collegiate Hospitals and attached institutions continued to be under the control of the Health Service Department. This dual control created a lot of administrative difficulties in the matter of timely posting of staff Nurses, Nursing Assistants, Technicians, Attendants, Cleaning staff and other</p>

issued and consequently, deficiencies in the deployment of personnel and control remained unattended.

various categories of paramedical staff in Medical College Hospitals and attached institutions. Various committees and agencies therefore, recommended the Government for abolition of the dual control in Medical colleges in the interest of public at large. The Estimate Committee of the Kerala Legislature also made such a recommendation. It was on this background that the Government abolished dual control system existed in all the Hospitals attached to the Government Medical Colleges in the State. The employees of HSD were given an opportunity to exercise option to move to the posts transferred to the DME on account of abolition of dual control system.

Government issued orders in G.O(P) 56/2009/H&FWD dated: 27.2.2009 transferring the lien of 3072 employees of HSD, whose options were found valid, to the MES at the disposal of the DME. Accordingly the DHS in her Proceedings Order No.PLA-1/2462/05/DHS dated: 28.2.09 issued orders transferring them to the MES. But in view of the model code of conduct existed in view of the General Election to Lok Sabha, the order could not be effected. In the meantime, certain employees filed writ petitions before the Hon'ble High Court in connection with the abolition of Dual control system.

On the queries raised by the DHS regarding the implementation of the order, Government instructed the DHS to revise the list of optees based on cadre seniority, considering ratio promotion also and to consider the options of employees who had submitted their option to their controlling officers with in the time limit specified. Accordingly the DHS forwarded revised list of 3111 employees in 57 categories excluding the categories of JPHN, Lady Health Inspector, Junior Health Inspector, Health Inspector

			<p>and Health Supervisor since they do not exist in MES. Government, therefore, in super session of the aforesaid G.O.d.27.2.2009, ordered vide G.O(p)167/09/H&FWD dt.17.6.09 that 3096 posts in 57 categories would be transferred to the MES. Accordingly the DHS issued orders transferring the above employees to the MES. The shifting of posts and transferring of the personnel were not smooth as there were frequent intervention of courts on various stages. The whole process was completed by 30.09.2011.</p> <p>It may be appreciated that it was on the above reasons that the process of abolition of dual control system was delayed. Nothing was deliberate. As per Government letter No.1081/C3/2012/H&FWD dated; 6.2.2012 Government have instructed both the DME and DHS that no future option to MES will be allowed on any account and options received (kept pending) should be rejected. Government have also announced therein that the issues related to the abolition of dual control is a settled one.</p>
3	3.1.10.1	<p>Support services Supply of medicines, surgical items, etc.</p> <p>The procurement of medicines, surgical items, etc for all public health care institutions under the Government including Medical College Hospitals was made through a Central Purchase Committee (CPC) till March 2008. Government set up (November 2007) the Kerala Medical Services Corporation Limited (KMSCL) to procure and supply quality medicines as economical costs as CPC was not effective for the purpose. Government provided grant-in-aid in the budget to the KMSCL for this purpose.</p> <p>Audit scrutiny revealed that in MCH, TVM during 2009-10, 20 items of medicines were supplied in excess of the quantity</p>	<p>Observation made by C&AG is true then considering the procedure adopted for the preparation of annual</p>

		<p>indented, and 51 items of medicines, and 18 items of chemical/reagent were short supplied. In Medical College, Thrissur, 44 items were short-supplied during 2008-09 and 34 items during 2009-2010. In Medical College Chest Hospital, Thrissur 122 items were short-supplied during 2008-09. Short supply of items as per indents led to their local purchase at higher cost. Thus even after entrusting the supply to KMSCL, adequate supply of required medicines could not be ensured. The DME needs to take pro-active action, in co-ordination with the KMSCL, to ensure sufficient supply of all the essential medicines and avoid the necessity of local purchases.</p>	<p>indent for drugs and surgical items required for MCH, Typem MCCH, Thrissur. Is not on realistic basis. If it so, of course there would be shortage of drugs and surgical items at these hospital and there by increasing local purchase at exorbitant rate, through on the basis of NAC obtained from district warehouses of KMSCL. The only remedial measures in this regards is to implement computerized stock accounting and distribution of medicine and surgical items in the Hospital and thereby computer generator annual indent based on computerized stock accounting by providing software developed by Competent agency by Government.</p>
4	3.1.10.2	<p>Lack of storage facilities</p> <p>Adequate storage facilities were not available for medicines and other stores in any of the hospitals under Medical colleges of Thiruvananthapuram and Thrissur. In Medical college chest hospital, Thrissur, large quantities of Dextrose-5 solution, Dextrose normal saline, Sodium Chloride solution and Ringer Lactate solution were found stored in the passages exposing them to the vagaries of nature. Exposure of the medicines to daylight and atmospheric heat was likely to have adverse effect on their potency.</p>	<p>The Superintendent, Medical College Chest Hospital, Thrissur reported that the IV fluid (Dextrose-5 solution, Dextrose Normal Saline, Sodium Chloride solution and Ringer, Lactate solution) stored in the corridor of the hospital has been shifted in an almost full furnished room having 2000 sq. feet which situated inside the hospital compound. The room is well secured and neat for storage of medicines. At present there is no IV fluid kept in the corridor of the hospital.</p>
5.	3.1.10.3	<p>Lack of centralized laboratories</p> <p>None of the test-checked medical college hospitals and centralized laboratories. Consequently patients were forced to go to the laboratories located in different department for various tests causing much inconvenience and delay.</p>	<p>As per the MCI norms certain labs test have to be conducted in those specialized labs such as Pathology labs, Micro biology lab, Biochemistry lab etc attached to those departments itself. However steps have already been taken to start centralized laboratories in MCH for collection of specimen at one place and then send them to different labs for investigation and report. But as certain specialized tests have necessarily to be conducted in the labs attached to the</p>

		<p>department itself as laid down by the MCI taking the patients/specimen to such labs as is done now is unavoidable for the time being.</p> <p>It may also be added that the proposal for conducting all the lab tests under a single roof calls huge financial investment. It cannot but go unnoticed that running such a centralized lab round the clock will lead to waste of human resources also.</p>	<p>Necessary arrangements have been made to maintain logbook for costly and life saving equipments installed in Collegiate Hospitals and Various Medical Colleges in accordance with the format designed by Bio-medical wing of Medical College and under the supervision of Central Work shop Superintendent who is now the Technical Officer of this Directorate. Sample format is enclosed.</p> <p>Directorate of Radiation Safety has taken necessary steps to carry out the Quality Assurance tests of all diagnostic Radiology equipments in all Hospitals Clinic of Kerala including that of Medical colleges in the following manner.</p> <ol style="list-style-type: none"> 1) As per the proposal from DRS, Government have accorded the sanction to start the Quality Assurance Programme and re-fixed the fee rates vide the GO(R)No.2987/2012/H&FWD dt; 14.9.2012 2) Government have assigned additional charge of Radiation safety inspectors in DRS to the Radiation Physics faculty members of Government Medical Colleges vide the GO(R)No.1749/2012/H&FWD dt; 26.5.2012 to overcome the severe shortage of Medical Physicists in the state. The post of Technical Assistants will also be filled soon in regular
6	3.1.10.4	<p>Non-maintenance of log book for costly equipments</p> <p>The Public Accounts Committee (2008-11) in its 84th report recommended maintenance of log books for costly equipments from which details of utilization, annual maintenance contract, break down period, etc, could be ascertained. However, the DME had not issued any instruction in this regard.</p>	
7	3.1.10.6	<p>Radiation safety measures</p> <p>As per the provisions of Atomic Energy Act 1962, installation and operation of any X-ray equipment in hospitals require registration with the DRS and permission from the AERB. The validity of certificates issued by the AERB and DRS is subject to conduct of quality assurance tests annually. The Public Accounts Committee (PAC) in its 84th report noted the failure in conducting quality assurance tests at least one in a year in the medical colleges and recommended prompt action to conduct the tests. However, test check of the medical colleges and medical college hospitals at Thrissur and Thiruvananthapuram revealed that the department had not followed the guidelines of AERB and taken action on this recommendation of PAC. In the absence of registration of equipments and quality tests it could not be ensured that the patients and personnel were not subjected to the hazardous effect of radiation. Government stated (October 2010) that</p>	

	<p>Instruction had been issued to the Director of Radiation Safety to ensure registration of all radiation emitting equipments with AERB.</p>	<p>basis to ensure the adequate and regular Technical manpower in DRS</p> <ol style="list-style-type: none"> 3) DRS has decided to conduct separate quality assurance workshops for medical colleges in Kerala every year 4) DRS has proposed to enhance the budgetary provisions both in Plan and Non plan/heads to procure enough QA Kits Equipment and vehicle to perform the Scientific QA Kits 5) They have directed all Radiology professors and HOD's to comply with AERB norms and statutory guidelines to obtain the Registration or License for the diagnostic radiological installations in Govt. Medical College Hospitals. It is the sole responsibility of employers (Principals of Medical colleges/Heads of Radio Diagnosis Departments) to ensure the registration/License of Radiological equipments in their institutions. DRS is the state level regulatory authority to grant the site approval, registration/license certificates by enforcing the Rules&Guidelines <p>Audit observation in this regard is noted. It is true that no disinfection facility is available in the laundry. But washing, drying and folding were done by using and treatment by Washing soda and steaming and other detergents in traditional manner.</p>
8.	<p>3.1.10.7.</p>	<p><u>Lack of laundry facilities</u></p> <p>As per para B.2.6 of the MCI norms central mechanical laundries should be provided with bulk washing machine, hydro-extractor and flat rolling machines. Laundering of hospital linen should satisfy two basic considerations i.e., cleanliness and disinfection. The physical facilities for housing laundry equipment should be provided in the campus. Audit scrutiny revealed that laundry facilities as per the norms were not available in the test-checked MCHs. In MCH, Thiruvananthapuram the work was partly outsourced on rate contract basis and an expenditure of Rs.20.09 lakh was</p>

	<p>incurred during 2006-10. Government stated (October 2010) that there existed no bulk washing machine and flat rolling machines in the laundry. As there is no disinfection facility in the laundry at MCH, Thiruvananthapuram, only washing, drying and folding were done there.</p> <p>Water scarcity in Medical College, Thrissur-Wasteful expenditure</p> <p>The daily requirement of water for Medical College, Thrissur was estimated to be about 10 lakh litres. The main source of water was supply by Kerala Water Authority. The Principal informed that often the hostels had to be closed and surgeries postponed on account of inadequacy of water. Government accorded (March 2005) administrative sanction for rain water harvesting at a cost of Rs.45 lakh to solve the problem of water scarcity. Under the scheme, a storage pond and two ferro-cement tanks were completed with pump connection, but the storage pond could not admit water due to puncture of the underlying membrane under excessive water pressure. The selection of site for the rain water harvesting pond was not appropriate due to proximity to septic tank systems and trench for waste water. Thus, the expenditure incurred on the pond amounting to Rs.38.36 lakh and become wasteful. With the commissioning of the second and third blocks of the hospitals, the scarcity was likely to aggravate further. The Government stated (October 2010) that dispute between two panchayats against re-linking of the Velappaya branch of Peechi canal through the medical college campus would be settled in consultation with the Kerala Water Authority and that sanction had been issued for construction of a sump of five lakh litre capacity and a pump house at an estimated cost of Rs.25 lakh.</p>
9.	<p>3.1.10.8</p> <p>1) Rain water harvesting pond in Govt. Medical College, Thrissur:- As per G.O cited above, Rs.45 lakh has been sanctioned under the Jalandhri project for the implementation of Rain water harvesting project at Medical College, Thrissur. Accordingly an agreement has been executed with the Chairman District Technical committee, the District Collector and the Principal Govt. Medical College, Thrissur and the work was entrusted to the Cost Ford. Ayanthole being the Nodal Agency of Jalandhri at Thrissur. But the project could not be completed even after a span of 6 years since the work is technically failed. The Cost Ford authorities have not turned up to rectify the defects even after repeated reminders. At present it is noticed that sewage water is oozing through underground to the Rain water harvesting pond. A sewage treatment plant is under construction by Hindustan Prefab limited in Govt. Medical College campus for Rs.4.5 crores. Upon completion of STP, oozing of sewage water will be stopped for ever. As Medical College is facing acute shortage of water scarcity, a meeting was conducted in the presence of the District Collector on 29.03.2012 at Medical College, Thrissur and it is decided to convert the rain water harvesting pond to a natural pond as a source of water to tackle the water scarcity. The request has already forwarded to the District Collector to handover the rain water harvesting pond for converting it to a natural pond. If the bottom is digged to the depth of 3 meters at par with the water</p>

column of the nearby paddy field, sufficient water can be collected during the rain and there will be sufficient recharge of water also.

2) Velappaya Branch canal:-

As per G.O (R) No.1448/2010/H&FWD dt: 31.3.2010 Govt. had accorded administrative sanction and fund of Rs.20 lakhs for the works of deviation of Velappaya canal and re-linking to Govt.M.C.Thirissur. The work has been not yet completed the irrigation department. There is no dispute between two panchayat for the construction of Velappaya Branch canal

35 lakhs capacity sump in New Medical College Hospital Compound:-

As per G.O(R) No.1968/2010/H&FWD dt: 13.5.2010 Govt. have accorded Administrative Sanction and fund for Rs.25 lakhs for the construction of a new ground level 5 lakh liter capacity sump and pump house at New Medical College Hospital compound. The civil works already completed. As per this office order No.D1-17388/09/MCTCR dt: 21.7.12, Rs.1,15,000/- has been sanctioned to the Executive Engineer, PWD Division, Thirissur for the supply and providing motor pump set in newly constructed sump tank and electrification in front of New Medical College Hospital, Thirissur as per estimate vide L.No.EDT.A2-630/12 dt: 14.6.12 from the Executive Engineer, PWD, Electrical Division

4) NABARD scheme for setting up of water treatment plant and alternative sources for increasing water supply in Govt.Medical College, Thirissur

As per G.O(R) No.922/12/H&FWD dt: 19.3.12 Government have accorded Administrative Sanction for implementation of setting up of water treatment plant and alternative sources for increasing water

<p>supply in M.C. Thrissur with NABARD assistance of Rs.6.75 crores.</p> <p>The water sources for the above scheme proposed from the Anjankulam (1km from college campus) under Mulangunnathukavu grama panchayat, Veliyakulam (1½ km from college campus) under Avanoor grama panchayat and unused paddy field near proposed land for acquisition for Kerala University of Health Sciences (KUHAS)</p> <p>As the sanction from Mulangunnathukavu panchayat had not obtained, the alternate source for implementing the scheme changed to the following PWD.</p> <ol style="list-style-type: none"> 1. Acquire or purchase of nearly 1.5 acres of wet land near New Medical college hospital 2. Tapping of water from Kundikad quarry water for this NOC has to be obtained from various departments including Indian Railways <p>The scarcity of water is one of the major crisis facing by Medical College, Thrissur and its campus:</p>		<p>Department of Medical Education and Directorate came into functional with effect from 10-5-1983. Since then an internal audit wing is functioning in the directorate with minimum number of staff one accounts officer, one I.S and two clerks. The internal audit wing of directorate is vested with the duties of performing audit of accounts of 44 institutions under administrative and financial control of the DME, it is true that no audit plan was prepared by the department during the period of audit (2005-10), as internal audit was conducted to issue NLC/LC to retired officers. Directorate is fully aware of the fact that the absence of regular internal audit based on audit plan, absence of audit plan caused non findings of irregularities and</p>
<p>Internal audit of the Directorate and subordinate offices</p> <p>Internal audit is a device through which the head of the Department is able to obtain independent feedback on the functioning of the various Institutions under its control. The internal audit wing of the Directorate of Medical Education had only four personnel (One Accounts Officer and three Clerks) against the sanctioned strength of 10. There were 44 Institutions to be audited under the DME. During the five year period 2005-10, audit has been completed only in 21 Institutions. No Annual Audit Plan was prepared by the Department during the period of audit (2005-10). According to the DME, the practice was to arrange internal audit as and when senior officers retired from service to enable issue of</p>	<p>10 3.1.11.1</p>	

<p>non-liability certificates. Due to absence of regular internal audit irregularities and deficiencies in financial and other matters were likely to remain undetected and unreported, thus affecting the efficiency of the administration of the Department. The DME stated (May 2010) that the periodicity of audit could not be maintained due to administrative reasons and that sufficient experienced staff would be provided to the audit wing soon to improve its efficiency.</p>	<p>deficiencies in financial and other matters. Based on C&AG report in this regard and in order to stream line the audit function more effectively, it has been decided to include senior staff from other institutions in the audit team besides one ACO and three clerical staff of internal wing of the directorate. This has been experimentally launched in the internal audit of MCH, Kottayam and ICH, Kottayam simultaneously, by deputing senior staff from MC, Kozhikode and D.C. Kozhikode. Now audit plan is maintaining to chart out audit programme at various institutions on priority basis and considering monthly ceiling/Quarterly ceiling on T.A. Still the deficiency of adequate staff in audit wing is to be rectified by taking remedial measures.</p>
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GOVERNMENT OF KERALA

HOME (E) DEPARTMENT

**STATEMENT OF REMEDIAL MEASURES TAKEN ON AUDIT PARA NO. 3.3 CONTAINED IN THE REPORT
OF COMPTROLLER & AUDITOR GENERAL FOR THE YEAR ENDED ON 31st MARCH 2012**
(GENERAL AND SOCIAL SECTOR)

Sl No.	Para No.	Observation/ Recommendation	Action Taken Report
1	3.3 3.3.1	Implementation of Coastal Security Scheme	<p>Ministry of Home Affairs, Government of India, have formulated the Coastal Security Scheme for its implementation within a period of 5 years from 2005-06 onwards.</p> <p>In phase I, lands were identified and transferred to Police Department for the construction of 8 Coastal Police Stations. Out of the 8 Coastal Police Stations, the building of Azheekal in Kannur District only remains to be completed and is in the final stage of completion. No Boat jetties were sanctioned in the phase I of Coastal Security Scheme.</p> <p>24 Interceptor boats comprising of 16 Twelve Tonne boats 8 Five Tonne boats are being allotted in the Phase I, so that 2 Twelve Tonne boats and 1 Five Tonne boat can be provided to each Coastal Police Station. Apart from this, 2 Four Wheelers and 3 Three Wheelers were allotted to each of the Coastal Police Stations.</p>
2	3.3.2	Construction of Coastal Police Stations	<p>Out of the 8 Coastal Police Stations under Phase I the construction of 7 have been completed and the construction of Azheekal Coastal Police Station is yet to be completed. The work is progressing and it will be completed shortly.</p>

3	3.3.4	Interceptor Boats	Government of India have sanctioned 4 boat jetties under Phase II and the construction of the same will be completed by 2015. About 67% of the staff were given training. As for boat crew, qualified persons are being appointed on contract basis. The possibility of appointing retired crew from Navy and Coast Guard is being examined.
4	3.3.4.1	Idling of IBs	Out of the 24 Interceptor Boats allotted to the Coastal Police Stations in Kerala, only 17 boats are in operation now and the remaining 7 boats are non operational due to the poor quality of Interceptor Boats supplied. None of the Interceptor Boats are being kept idle due to shortage of sufficient manpower to handle the boats. The targeted task of 150 hrs of navigation/operation in a month, could not be achieved due to different reasons such as adverse weather conditions, sea conditions like tidal waves, turbulent sea, adverse humid conditions, lack of clear vision, lack of manoeuvring capability of the boats, susceptibility of the boat to frequent damage and repair work, incapability of the boat to tide over this adverse situation etc. All possible steps are being taken to achieve the target.
5	3.3.4.2	Maintenance of Interceptor Boats	The maintenance of boats are not being taken up in a time bound manner by the supplier of the boat, GSL- Goa with whom an Annual Maintenance Contract was undertaken. Steps are being taken to deduct maintenance charges on account of delay in attending the repair work. Proper records are being kept in respect of boat repair/maintenance work not taken up by the GSL, Goa, in time, for imposing penalty.
6	3.3.4.3	Boat Jetties	Scarcity of suitable and sufficient land in the water front area, the lack of fund allotment for the construction of boat jetties and the lack of suitable and safer places away from the private or fishermen jetties are the main hurdle for constructing Boat Jetties for Coastal Police Stations in order to maintain secrecy of operation.

7	3.3.5.1	Area of jurisdiction of Coastal Police Stations	Steps are being initiated for issuing Notifications with regards to the demarcation of local area jurisdiction by the concerned Chief Judicial Magistrates under Sub-section (1) of Section 14 of CrPC, in respect of Vizhinjam, Thottappally, Beypore and Azheekal Coastal Police Stations.
8	3.3.5.2	Phase II of the Scheme	Land for the construction of 9 Coastal Police Stations out of the 10 Coastal Police Stations allotted in Phase II, has been identified. For the remaining one, the 'Anchuthengu Coastal Police Station', steps are being initiated for identifying a separate suitable land, since the land already identified has been faced with a problem of debt after being pledged by the earlier custodian.