

TWELFTH KERALA LEGISLATIVE ASSEMBLY

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

EIGHTY FOURTH REPORT

(Presented on 29th June, 2009)



SECRETARIAT OF THE KERALA LEGISLATURE
THIRUVANANTHAPURAM
2009

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On

**Paragraphs relating to Health and Family Welfare Department contained
in the Reports of the Comptroller and Auditor General of India
for the years ended 31 March, 2005 (Civil)
and 31 March, 2006 (Civil)**

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INTRODUCTION

I, the Chairman, Committee on Public Accounts having been authorised by the Committee to present this Report on their behalf present the Eighty Fourth Report on paragraphs relating to Health and Family Welfare Department contained in the Reports of the Comptroller and Auditor General of India for the years ended 31 March, 2005 (Civil) and 31 March, 2006 (Civil).

The Reports of the Comptroller and Auditor General of India for the years ended 31 March, 2005 (Civil) and 31 March, 2006 (Civil) were laid on the Table of the House on 16 February, 2006 and 28 December, 2006 respectively.

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

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

Thiruvananthapuram,
29th June, 2009.

ARYADAN MUHAMMED,
Chairman,
Committee on Public Accounts.

REPORT

HEALTH AND FAMILY WELFARE DEPARTMENT

AUDIT PARAGRAPH

Diagnostic Services in Government Medical Colleges

Introduction

Diagnosis of disease is the foremost issue in patient care. It is scientifically done through clinical and radiology investigation using diagnostic tools such as X-ray machines, CT[♦] Scanner, Ultrasound Scanner, EEG[#] ECG^Ψ, Endoscopes etc. Diagnostic services help doctors in making early and accurate diagnosis of the diseases and charting out the treatment plan.

There are five[∞] Government Medical Colleges (MCs) in the State. The hospitals attached to these MCs are meant for imparting practical training to medical students and also for extending facilities for treatment to patients in various specialities. Patients in need of advanced clinical investigations are referred to the MCs and their attached hospitals.

The diagnostic services offered by the MCs and attached hospitals are mainly availed of by poor and lower middle class people. Hence any deficiency in these diagnostic services would result in denial of quality health care services to the weaker sections of the society.

Audit objectives

The objectives of the review were to assess

- Whether adequate funds were provided for diagnostic services based on needs and the funds provided were effectively utilised.
- Whether any system to ascertain the cost of service being provided was in existence and if not how the user charges were being collected.
- Whether all the service laboratories were established as per Indian Medical Council (IMC) Regulations and whether all the labs were functioning ensuring the quality of investigations and bio-safety/ radiation safety measures.

♦ Computerised Tomography

Electro Encephalogram

Ψ Electro Cardiogram

∞ Alappuzha, Kottayam, Kozhikode, Thiruvananthapuram and Thrissur

- Whether the clinical labs and radiology services were suitably equipped to conduct all essential special investigations, whether equipment were efficiently maintained and whether adequate manpower was provided.

Audit Coverage

A review of diagnostic services in three MCs (Thiruvananthapuram, Kozhikode and Alappuzha) was conducted during February – June 2005 covering the period 2002-03 to 2004-05. The clinical lab* services under the Departments of Pathology, Microbiology, Biochemistry and Radiology services[^] under the Department of Radio diagnosis were examined in audit. Diagnostic service facilities available in the remaining two MCs (Kottayam and Thrissur) were assessed from replies to Questionnaires issued by audit. Significant audit findings are discussed in the succeeding paragraphs.

Financial Management

There was no separate budget provision for diagnostic services in the Medical Colleges. The expenses for the same were being met from the budget provisions for each of the Medical Colleges and hospitals and as such the expenditure incurred for diagnostic services or the salary of staff deployed for the same could not be ascertained in audit.

User Charge

The cost of diagnostic investigations could not be worked out by audit for want of various inputs required for calculating the cost. The rates charged by private agencies were, however, two to three times more than that charged by the Government. The rates of user charges for clinical investigation and radiology services except CT scan in the Government Medical Institutions were last revised in 1994. As per the Government orders, genuinely poor patients up to a maximum of 30 per cent of all the patients visiting the Government Medical Institutions would be entitled to free treatment. Government stipulated (March 2002) that the patient should be Below Poverty Line (BPL) or should be having

* Pathology lab – Diseases are identified by examination of blood and other body fluids, conducts biopsy test for cancer detection;

Microbiology lab – Microorganisms like bacteria/virus are identified by culturing and drugs determined by sensitivity tests;

Biochemistry lab – Chemical composition of blood, urine etc., are analysed for glucose, urea, sodium, potassium, etc., to find out the morbidity;

[^] Radiology service: Diagnostic tools such as CT Scanner, Ultrasound Scanner, X-ray machines, etc., are employed for diagnosis.

income below Rs.1,500 per month for being eligible for free service. No system was in place in the MC, Thiruvananthapuram and the MC, Kozhikode to identify poor patients eligible for free service. Any patient declaring his income as below 1,500 per month was given free service. Test check of lab records revealed that more than 90 per cent of the patients were declaring their income as below Rs.1,500. In the MCH, Alappuzha there was a system for identifying BPL patients by insisting on BPL card or certificate from revenue authorities.

In the absence of a uniform procedure to identify the target group of poor patients, there was no reasonable assurance that the benefits were reaching the intended group.

Quality control

The Department had not developed any standard protocols for investigations and equipment as of July 2005. In the absence of Manual, there was no mechanism to enforce uniformity of procedure or to ensure accountability and quality of services.

Lack of Manual of Procedure and absence of Lab accreditation

The Department had not prepared any Manual of Procedure for regulating clinical lab/radiology services as of July 2005. Such a Manual covering all aspects of Diagnostic Services such as tests conducted, procedure followed, equipment used, records to be maintained in the lab, report delivery, turn around time, rates for investigation, quality control measures, etc., is a must for efficient running of the service. Lab accreditation is a procedure by which an authoritative body gives formal recognition of technical competence for specific tests/measurements based on third party assessment and following international standards. Government of India has authorised the National Accreditation Board for testing and calibration labs (NABL) as the sole accreditation body for testing and calibration of labs. NABL provides lab accreditation services to labs that are performing test/calibration in accordance with ISO/IEC 17025: 1999. None of the clinical labs in the MCs in the State had made any attempt to get accreditation of NABL. The Department stated (July 2005) that accreditation of labs with NABL could not be thought of as the clinical labs were not fully equipped to conduct all the essential/special investigations and for want of requisite quality of investigation.

Internal audit and management review are essential pre-requisite for applying for accreditation of labs by NABL. There was no system in the MCs to subject all the labs to periodic internal audit to assess the adequacy, efficiency and effectiveness of the diagnostic services and to identify areas requiring improvement.

Lack of Bio-safety/Radio-safety measures***Bio-safety***

There was no Bio-safety cabinet in Microbiology Departments in the MCs, Alappuzha and Kozhikode. The Bio-safety cabinet in the MC, Thiruvananthapuram was not put to use for want of gas connection. In the absence of Bio-safety cabinet, the technicians and other staff working in the lab ran the risk of exposure to highly infectious organisms.

Radiation safety

Radiology services use radiation producing imaging tools like X-Ray machines and CT Scanner for diagnosis. Radiation, having a cell damaging effect with potential genetic consequences, has to be used with absolute discretion. In order to minimise radiation hazards, mandatory regulations are enforced through regulatory bodies set up at National/State level. The Directorate of Radiation Safety (DRS), the State level regulatory agency set up by the Government under the Department of Health and Family Welfare to oversee the use of X-Rays and other radiation producing equipment reported that basic requirements of radiation safety had not been implemented in SAT Hospital under the MC, Thiruvananthapuram. The requirements of radiation safety had been only partially met in the MC, Alappuzha and the MC, Kottayam. The staff of Radiology Department were to be provided with personal badges to be worn by them for monitoring the dose of radiation received by them and for taking precautionary measures. It was observed in audit that these badges were issued to the staff of Radiology service of the MC, Thiruvananthapuram only from February 2005 onwards.

Quality assurance in Radiology service

There was no system in vogue in any of the test checked MCs to subject the X-Ray and CT installations to quality assurance tests by the Director of Radiation Safety (DRS) at least once in a year/after every major repair so as to ensure proper/safe working of the imaging system in accordance with Atomic Energy Regulatory Guidelines. It was reported by the DRS that no major attempts were made to do quality assurance tests in the MCs. The Department of Radiodiagnosis in the MCs, Thiruvananthapuram, Alappuzha and Kozhikode were not provided with quality control kits and Radiation Survey Meter for undertaking quality control measures. In the absence of these, the quality of radiology service could not be ensured.

Service Delivery Management***Deficiencies in infrastructure facilities***

Every MC requires adequate lab infrastructural facilities for providing

quality health care. Audit noticed the following deficiencies in the infrastructure relating to clinical lab services and radiology services.

Lack of essential/modern equipment

IMC Regulations stipulate that an MC should have a well equipped and updated clinical lab. Use of modern automated equipment would yield faster and accurate results with less manpower and could cater to more patients. It was noticed in audit that several modern equipment like automatic blood cell counter, automated culture system, auto-analyser, mammography unit, etc., were not available in the MCs, the details of which are given in Appendix III.

Idling Equipment

Most of the modern equipment require dust free/air conditioned environment for the proper functioning/optimum performance. However, the labs in none of the MCs have such facility. In the Microbiology Department of the MC, Thiruvananthapuram, 'Microscopes fluorescent and dark ground' for identification of fluorescent stained bacteria and virus was not working as no dust-free/AC room was available. In the Biochemistry Department of the MC, Thiruvananthapuram equipment for conducting Polymerase Chain Reaction for DNA testing was also idling due to non-electrification of equipment room. Test check by audit revealed that some of the costly equipment became defective and were not functioning for several years as detailed in Appendix IV.

No effective action was taken to get the equipment repaired. As log book for equipment were not maintained, full information regarding their value, date of purchase, actual date from which idling, action taken for repair, details of Annual Maintenance Contract (AMC), if any taken, etc., were not available. When these lapses were pointed out in audit, the Department stated that due to delay in payment of bills, major companies producing quality equipment were not responding to tenders/quotation for supplies and acceptance of lowest tender as stipulated in the Store Purchase Rules often compromised on the quality of machine being purchased.

Special X-ray investigations like Barium meal test were not conducted in MC, Alappuzha due to shortage of X-ray machines. Only two out of four machines were in working condition and the one machine in use was installed in 1986. For special X-ray investigation, there was a waiting period of over one month in MC, Kozhikode.

Three equipment viz., Automatic Blood Cell Counter (cost: Rs. 4.57 lakh), ABG analyser (cost: Rs.5 lakh) and Auto-analyser RA.100 (cost :Rs. 9 lakh) procured in the MC, Alappuzha went out of order during the guarantee period. No action was taken against the suppliers.

Annual Maintenance Contract (AMC) is absolutely essential for proper maintenance and upkeep of equipment at reasonable cost and for getting uninterrupted service. It was observed that all the X-ray machines in the MC, Alappuzha, two machines each in the MC Thiruvananthapuram and Kozhikode were not having AMC. The Head of Radio Diagnosis Department, MC Thiruvananthapuram stated (March 2005) that lack of AMC and delay in payment to companies often caused problems in getting machines repaired in time.

Clinical lab services

Lack of Centralised clinical lab/separate service labs

As per IMC stipulations, a MC should have a well equipped and updated Centralised lab with common collection centre. None of the colleges had a Centralised lab. It was found that labs under various departments were functioning at different locations in the colleges/hospitals. In the case of the MC, Alappuzha, the MCH was 10 km. away from the college resulting in scattered lab facilities. Neither a Centralised lab was provided nor proper location chart of the various labs available in the college/hospital campus was displayed. Proposals sent in September 2004/February 2005 for establishing Centralised labs in the MC, Kottayam (Rs.6.50 crore) and the MC, Thiruvananthapuram (Rs.5.00 crore) respectively were pending sanction with the Government.

As per IMC stipulations, MCs should have separate service labs for Virology, Parasitology and Immunology under Microbiology Department. These labs had not been established in the MCs, Thiruvananthapuram and Alappuzha (July 2005). In the absence of these labs, specialised investigations under these disciplines were not being conducted.

Lack of space for service labs

According to IMC Regulations each service lab should have an area of 25 square metres. However, it was found that three service labs, viz., Histopathology, Cytopathology and Haematology of the Pathology Department of the MC Alappuzha did not have the required area and were accommodated in a single room in the hospital.

Special investigations are sometimes necessary for proper diagnosis of disease and starting treatment. Details of some essential/special investigations not conducted in clinical labs in the MCs are given in Appendix V.

Though the equipment for conducting PCR[®] test was purchased (January 2005) in the Biochemistry Department of the MC, Thiruvananthapuram, it was not put to use due to non-electrification of equipment room. Blood Gas Analysis was not conducted in Biochemistry Department of the MC, Thiruvananthapuram as the equipment went out of order (August 2004) and not got repaired as of August 2005.

Radiological services

Radiology uses radiations and sound waves to create images to show how effectively the body and its internal organs and structures are functioning. Diagnostic radiology uses external radiation to produce the images for medical diagnostic purposes. Diagnostic radiology techniques include use of X-rays, Computerised Tomography (CT) scan devices, Ultrasonographic devices, Magnetic Resonance Imaging (MRI) scanner devices and radio frequency electromagnetic radiation and are generally non-invasive. The following deficiencies were noticed in delivery of these services.

Computerised Tomography Scan Service

CT scan service was not available in the MCs, Alappuzha and Kottayam. In the MCH, Alappuzha patients were utilising the CT scan service available with the Alappuzha District Cancer Care Society where the rates were higher. In the MC, Kozhikode there was a waiting period of two weeks for non-emergency scanning. In the MC, Thrissur, the CT scanner was not functioning from February 2004. Though the scanner generated an annual income of Rs. 26 lakh, sanction for its repair at an estimated cost of Rs.24 lakh had not been issued (July 2005). In the MC, Thiruvananthapuram only one CT scanner was available. Out of about 100 cases requiring CT scanning a day, nearly 70 approached the Department and only 40 cases were attended.

Manpower

The present strength of technical staff of the labs and radiology services was sanctioned more than 20 years back. Several[∞] posts of teachers/technical staff were laying vacant. As the quantum of work load had not been fixed for the technical staff, no need based assessment of manpower requirement was made, taking into consideration the yearly increase in the number of patients. In the MC Kozhikode, IMC did not give recognition for PG courses (MD and DMRD) in Radiodiagnosis for want of staff as stipulated in the Regulations.

[®] Polymerase Chain Reaction test for early detection of HIV,TB etc.

[∞] Doctors:14, Technicians: 10, Scientific Officers: 3 and Lab Assistants: 13

Conclusions

The diagnostic facilities in the Government MCs were found to be deficient mainly due to lack of modern equipment, defective equipment, shortage of manpower, absence of quality control measures, etc. Collection of user charge from those capable of paying was not effective due to absence of proper system for identifying such persons. No revision of rates had been made since 1994.

Recommendations

- Funds actually required for running diagnostic services in the MCs may be assessed and provided by the Government under distinct sub heads in the budget for proper monitoring and control.
- Manual of Procedures for regulating clinical labs/radiology services may be prepared and adequate quality control measures put in place in association with accredited labs.
- Rates of user charges fixed 11 years back need revision. An effective system may be evolved to recover user charges from those who could afford to pay.

Response of Government

The report was discussed with the Secretary to Government, Health and Family Welfare Department on 3 August 2005. The Secretary admitted that deficiencies existed in the diagnostic services as pointed out by audit. He agreed to implement the recommendations to the extent possible.

These points were referred to the Government in August 2005; reply has not been received (September 2005).

[Paragraph 3.4 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2005 (Civil)]

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

By commencing the discussion, the Committee enquired as to whether modern equipments for diagnosis of diseases such as X-Ray Machines, C.T. Scanner, Ultrasound Scanner, E.E.G., E.C.G., Endoscopes and M.R.I. Scanner were available in all the Medical Colleges in the State. To this, the Secretary, Health & Family Welfare Department answered that as CT Scanner and MRI Scanner were costly equipments, they were not available in all Medical Colleges. The Committee asked whether steps had been taken to install C.T.

Scanner & MRI Scanner in all Medical Colleges. The witness replied that MRI Scanner had already been installed in Thiruvananthapuram Medical College; order for the purchase of MRI Scanner for Kozhikode Medical College had been placed and Administrative Sanction had been obtained for installation of C.T. Scanner in General Hospital, Ernakulam. C.T. Scanners were also provided in the Medical Colleges at Kottayam & Thrissur. But Alappuzha Medical College lacked C.T. Scanner. It was also informed that the Department was planning to install C.T. Scanner in Alappuzha Medical College by way of outsourcing since there was no budget provision for this purpose. Outsourcing means providing space to external agencies in the hospital premises for installation of equipment and maintenance of which would be borne by them. He added that in Medical College, Kozhikode MRI Scanner had been installed by Hospital Development Committee under this scheme.

2. Observing that Hospital Development Committees and Kerala Health Research and Welfare Society were Government agencies, and their participation could not be considered as outsourcing, the Committee desired to know whether there was instances of any Private agencies undertaking such projects. The Secretary, Health and Family Welfare Department answered in the negative. He further informed that Hindustan Latex Limited, a Government of India Public Sector Undertaking was engaging in so many such projects outside the State. The Department was continuing negotiation with that company for installation of MRI Scanner & CT scanner in Medical Colleges with collection of user fee on the condition that the service to the people below poverty line (around 10% to 20%) should be free of cost. But the Committee commented that Hindustan Latex Limited lacked technical expertise to undertake such activities. The witness replied that Hindustan Latex Limited had set up their own technical wing for that purpose. The Committee enquired whether there was any proposal for installation of machines in hospitals by the private sector. The witness replied that there was no such proposal till date. The Committee noted the audit observation that there was no separate budget provision for diagnostic services in the Medical Colleges and because of this the expenditure incurred for this could not be accounted. They desired to know the opinion of the Health and Finance Departments in this regard and the two departments favoured the idea of separate budget allocation. The Secretary, Health & Family Welfare Department assured the Committee that they would try to get it done in the succeeding year. Finance Department also agreed to the proposal.

3. The Committee pointed out that people below poverty line and having income less than Rs. 1,500 p.m. were eligible for free diagnostic services in

Medical College Hospitals. Though the poor patients coming to Thiruvananthapuram & Kozhikode Medical Colleges were facilitated with free diagnostic services on the basis of a self declaration about their monthly family income, in Medical College, Alappuzha the hospital authorities were insisting on certificate from Revenue Authority or Ration Card, for availing free service. The Committee enquired whether any common system had been formulated to identify target group of poor patients.

4. On replying to this the witness informed that specialised services such as C.T. Scanner, Cath Lab etc. were managed by Hospital Development Committees. Not satisfied with the reply, the Committee wanted to know whether Government directly conduct such services in Medical Colleges. But the witness could not offer a specific answer to this. But he escaped from the repeated question of the Committee by saying that, the machines were purchased by Government and handed over to Hospital Development Committees, the subsequent management of which were done by them by collecting user fee. The Hospital Development Committees recruit the staff for the purpose. Since the expenses for the functioning and maintenance of the machines were to be done by the Hospital Development Committees, usually no returns come to the Government from the operation of such machines. The Committee stressed the need of framing specific guidelines for all these matters.

5. The Committee came to know that the Department had not developed any standard protocols for investigation and equipments as of July 2005 and that in the absence of a Manual, there was no mechanism to enforce uniformity of procedure or to ensure accountability and quality of services. When asked about this, the witness, Secretary, Health & Family Welfare Department informed that Bio Chemistry Lab and Pathology Lab in Medical Colleges were using test kits made by National Institutions and quality standards were prescribed in the test kit itself. It was also informed that the Department had discussions with Quality Control Councils and the Department intended to introduce uniform standards through Quality Control Institution's guidelines atleast in Government hospitals. Quality Control Institutions were demanding high rate for this and the Department was negotiating on that. The department was determined to introduce Quality Control Institution's guidelines atleast in all testing laboratories during the on going year itself.

6. The Committee asked why private hospitals were not included under the quality control guidelines. The witness replied that the department was planning to introduce a Bill in the Kerala Legislative Assembly in this regard and that an expert Committee had been set up for that purpose. The Committee suggested that private hospitals also should be brought under the purview of

the Bill. They also enquired about the time needed to standardise atleast the Laboratories in Government Hospitals. The Secretary, Health & Family Welfare Department replied that since it was a long procedure it would take some time. Studies would be carried out in respect of hospitals upto the level of Primary Health Centres (PHC) to check whether the equipments were in working condition and were of uniform standard. It was proposed to bring all the laboratories in hospitals having more than 100 beds (IP) under uniform standardisation and to introduce accreditation which would ensure quality control. Emphasising the need of the introduction of a Manual of Procedure for these things the Committee suggested to bring Private Hospitals also under the purview of the Manual. Admitting the need of a Manual, the Witness informed that Manual was prescribed by National Accreditation Board for testing and Calibration of Labs (NABL) and no laboratory in India had gained NABL accreditation till then. Grants were being sanctioned to achieve such standards. The Committee asked whether any step had been taken to prepare a Manual. The Witness replied that the preparation of the Manual was a part of the discussion with QCI and the Government was trying to get NABL accreditation for all testing laboratories in Government hospitals.

7. The Committee suggested to prepare a Manual immediately which had to be qualitative as far as the State was concerned. Intervening in the discussion, the Joint Director of Medical Education stated that in each laboratory they were conducting test as per standard operating manual even though there were procedural difference. It was also informed that according to the facilities available in the labs they were following operating procedure to get a reproducible result, otherwise the result in each lab would be different. The JDME further stated that making of a general manual was technically impossible. General directions were there for each test conducted in Laboratories.

8. Disagreeing with this opinion the Committee re-affirmed that such a Manual covering all aspects of diagnostic services such as tests conducted, procedure followed, equipment used, records to be maintained in the lab, report delivery turn-around time, rates for investigation, quality control measures etc., was an essential requirement for the efficient running of the service. The Committee also asked about the steps taken to get NABL accreditation.

9. Answering to this, the Secretary, Health & Family Welfare Department replied that no State in the Country was on receipt of NABL accreditation till then. Due to lack of modern equipments, standard procedure and computerisation of the Labs in our State, the accreditation was not granted to them. NABL was strict on that aspect. When talked with GOI they had appreciated that the Laboratories in Kerala were the best among the ones in the

country. Though NABL had sanctioned some amount to the State in the previous year to achieve the above standards, the amount was not released since NABL was stressing to shift the Drugs Controller's Office from the Public Health Laboratory at Thiruvananthapuram. Later on, the Department convinced the NABL that the State would shift the DC's office from the Laboratory after discovering a proper place to house the said office with the available resources. He added that an amount of Rs.3.32 crore had been sanctioned by European Economic Commission and works were started with that amount for standardising the Lab. When the equipments would be available, training would also be started. NABL accreditation could be thought of only after this. He further explained that it would not be easy to get accreditation for the Labs in the Medical Colleges. First the department was trying to get NABL accreditation atleast for State Level Laboratories such as Drugs Testing Laboratories, Food Testing Laboratories and Public Health Lab. Once the State Level Laboratories achieved the accreditation, department would try for it in other levels also.

10. The Committee asked whether any check was being done in Medical Colleges to subject all the Labs to periodic internal audit to assess the adequacy, efficiency and effectiveness of the diagnostic services and to identify areas requiring improvement. The witness, Director of Health Services replied that though no perfect system existed for this, periodical calibration techniques were being done in State Level Laboratories.

11. Thereafter the Committee enquired about the measures adopted for bio-safety in Medical Colleges. The Secretary, Health and Family Welfare Department stated that bio safety unit was functioning in Kozhikode Medical College. The bio safety cabinet in Alappuzha Medical College was not in working condition since it was very old and not repairable. The Department had requested for procuring a new equipment. The Bio-safety cabinet installed in Kottayam Medical College was also functional. The cabinet in the Thiruvananthapuram Medical College which was not functional due to lack of gas connection had been put to use on the subsequent receipt of gas connection. But he could not intimate the state of affairs in the Medical College, Thrissur in this regard.

12. The Committee asked about the status of Diagnostic Labs, X-ray machine & C.T. Scanner in Thrissur and Kottayam Medical Colleges. The witness informed that, the machines were in working condition in all other Medical Colleges except in Alappuzha Medical College. When the witness informed that the out of order machines in Thiruvananthapuram Medical College were got repaired and made functional, the Committee desired to be furnished

with the complete details such as the date of rectification of the machines, their commissioning etc.

13. The Committee enquired about the directions of the Director of Radiation Safety regarding the steps to be taken for minimising radiation hazards by the use of radiation producing equipments in the diagnosis of diseases. But the witness didn't reply to the specific question. He replied that Secretary level meetings were being convened to assess things frequently. Representatives from Government of India and Bhaba Atomic Research Centre were taking part in those meetings and they were inspecting Government institutions. They used to give the Department the details such as the volume of inspections made. He added that shortage of staff was an obstacle for achieving 100% efficiency in resolving Radio safety measures.

14. The Committee wanted to know the availability of Quality Control Kits and Radiation Survey Meters in the Radio Diagnosis Departments of Government Medical Colleges. The witness replied that Quality Control Kits and Radiation Survey Meters had been purchased at the time of purchase of C.T. Scanner for Kozhikode Medical College. When enquired about the position in the Medical Colleges at Thiruvananthapuram & Alappuzha, the witness agreed to buy QCKs and RSM at the time of purchase of CT Scanner for Thiruvananthapuram Medical College. The Committee remarked that though the Radiation Survey Meter was very important and a mandatory requirement for quality assurance in Radiology Service, it was not available in almost all Medical Colleges except in Kozhikode. To this, the Joint Director of Medical Education put forth a suggestion to make available the said kits and equipment in the Directorate of Radio Safety itself since the quality test was vested with that office. To a query of the Committee as to why Quality Assurance Test was not being conducted atleast once in an year, the witness could not answer.

15. The Committee enquired whether arrangements had been made in the Clinical Labs in Medical Colleges as per IMC regulations. The Joint Director, Medical Education Department replied that request for developed automated equipments from the departments in Medical Colleges could not be materialised due to financial limitations. The Committee then asked whether any proposal had been submitted to Finance Department in this regard. The witness, Secretary, Health & Family Welfare Department answered in the affirmative and added that Diagnostic Lab Services in the Medical Colleges would be shifted either to Super Speciality Blocks/new block or to the new campus according to the circumstances in the places where those institutions are situated. Though Medical Colleges were not included in National Rural Health Mission, Government was trying to get more assistance from the Project to the Medical

Colleges at Thiruvananthapuram, Kozhikode and Alappuzha, since NABARD had accepted the above Medical Colleges as the ones in rural areas.

16. While going through the audit observation that costly equipments such as the machine for conducting Polymerase Chain Reaction for DNA were kept in non-A/C rooms and were idling, the Committee desired that steps should be taken for putting those equipments in use and that, Government should provide financial assistance for this purpose.

17. The witness informed that, of late, the department was insisting on minimum 5 to 7 years of Annual Maintenance Contract (AMC) and for comprehensive maintenance wherever possible subject to the availability of funds, at the time of purchase of new equipments. When the Committee raised doubts about CAMC, the witness clarified that Annual Maintenance Contract was of two types – firstly Labour maintenance with labour and equipment and the other comprehensive Annual Maintenance Contract which would be more expensive. CAMC could be included at the time of purchase provided that there is budget provision. In most cases there would be no Labour Component. Therefore, the Department used to insist for 5-7 years Annual Maintenance contract by which out of order machines could be got repaired as part of purchase. The Committee suspected a vicious nexus and conspiracy between the departmental officers and private institutions in the matter of machines going out of order and delay in repairing them.

18. The Committee wanted to know whether log book which shows equipment value, actual date of purchase, repair and annual maintenance etc. was being maintained in any Medical College. The Joint Director, Medical Education Department replied that a department wise Equipment Register was there to record purchase of new equipments.

19. Not satisfied with the reply, the Committee repeated its question regarding the maintenance of Log Book and Equipment Register in Medical Colleges. The witness, Secretary, Health & Family Welfare Department who had no definite idea about the term 'Log Book' replied that there would be no Medical Colleges in the State which lack details such as the value of equipment purchased, date of purchase, whether functioning or not, details of repair, AMC etc. He added that there was no Register in the name of Log Book, but all necessary details regarding the purchase of equipments were available in all Medical Colleges. Then the Committee enquired whether those details had been furnished to the Accountant General during the time of audit inspection. The Joint Director, Medical Education Department replied that a department wise Register regarding the purchase of equipment related items and repairs was being

maintained but there was lapse in some departments in keeping this register. The Committee underlined the need of maintaining the Log Book in all Medical Colleges.

20. The Committee disagreed with the department's contention that the purchase were usually being done on the basis of lowest tender and in such situations quality of the machines purchased might be compromised. The Committee observed that tenders were being invited on the basis of quality as well as the price. The witness informed that department was following two ways for the purchase of major equipments; technical bid and financial bid. Technical Bid, which would be opened first, cover all the details which were mentioned in the tender document and were advertised with the specifications. Technical bid would be vetted by an Expert Committee and thereafter comes financial bid. Once all the companies have satisfied the technical bid then in financial bid, the department have no choice except the lowest one. Quality and specification were being vetted by technical committee. Minimum quality is assured during the time of the acceptance of the tender.

21. Then the Committee asked why repairs were needed even after instances of prior-quality check up. The witness replied that it would happen in small equipments but not in major equipments, because in that case specifications were well prescribed. Purchase of machines without technical specification was difficult because in that case there would be only one or two suppliers.

22. Disagreeing with the statement of the Department that major companies often do not take part in the Tender, the Committee directed the department to examine whether quality specifications were included in the tender notice or not and whether manipulation was committed. The Committee observed that it was a serious unconcern on the part of the department in not including quality specification in the tender notice which in turn kept the major companies themselves away from participating in the Tender.

23. The Committee understood that machines worth lakhs of rupees like Automatic Blood Cell Counter, ABG Analyser and Auto-analyser RA 100 got damaged during the guarantee period itself. No action had been taken in that regard. The Committee wanted to know whether responsibility had been fixed and action taken against the guilty people in this case. The witness, Joint Director Medical Education Department replied that the above mentioned equipments were purchased from M/s. Analytic Automation India (P) Ltd. for Alappuzha Medical College. The Principal of the Medical College had sent a letter to the supplier firm informing them that legal action would be taken

against them. Though the Secretary, Health & Family Welfare Department assured to give a detailed report in this regard, the Committee blamed the department for their inaction and recommended to fix responsibility on those who failed to take timely action, and to take disciplinary action against them and that loss sustained to Government should be realised from them. Legal action should be taken against the supplier firm also for supplying machines having manufacturing defects.

24. The Committee wanted to know as to why AMC was not insisted at the time of purchase of equipment. The witness, Secretary Health & Family Welfare Department replied that AMC was not insisted in the purchase of equipments made earlier. But in the case of current purchases of machines AMC was also being mentioned. When entered into AMC, there would be no problem in getting the machines repaired for 5 to 7 years. To a question relating to the delay in timely payment of the repair works, the witness did not answer. The Committee recommended that in the future purchases, AMC condition should be included at the time of inviting tenders itself.

25. When going through the audit observations on the functioning of Clinical Laboratory Services in Medical Colleges, the Committee wanted to know whether well-equipped and updated Centralised lab with common collection centre as per the stipulations of Indian Medical Council were functioning in the Medical Colleges in the State. The answer of the witness was in the negative. But he argued that IMC did not insist on Centralised Laboratory. The Joint Director, Medical Education clarified that the specification was for supportive labs for all departments. Not agreeing with this argument, the Committee established with the support of relevant documents that IMC insisted for Centralised Labs in every Medical College. Admitting the unawareness of the fact, the Joint Director, Medical Education Department replied that Centralised Lab would start functioning in Thiruvananthapuram Medical College very soon. In Kozhikode Medical College it was proposed to start a Centralised Laboratory system in the new Super Speciality Block. As far as Medical College Alappuzha was concerned it was informed that Centralised Lab System would be introduced there at the time of the shifting of Medical College to the new complex at Vandanam. A project for the Centralised Lab System in Kottayam Medical College was there as part of XI five year plan. The Committee desired to have the establishment of Centralised Labs in all Medical Colleges.

26. The Committee wanted to know whether separate service labs for Virology, Parasitology and Immunology under microbiology department were functioning in all Medical Colleges as per the stipulation of IMC. The witness, Joint Director of Medical Education Department replied that no separate labs

were functioning in any Medical College. Tests relating to Parasitology, Virology and Immunology were being conducted in Pathology and microbiology labs. To a question of the Committee about the proposed Virology lab at Alappuzha Medical College, the Secretary, Health & Family Welfare Department answered that tests had already been started there. It was functioning under the control of D.H.S.

27. The Committee wanted to know whether any plan had been prepared to provide the required area as per the stipulation of IMC to the 3 service labs in Medical College, Alappuzha and the witness replied in the affirmative.

28. The Committee wanted to know whether the machine installed in Medical College, Thiruvananthapuram for conducting Polymerased Chain Reaction test for diagnosing HIV was working or not. The witness, Joint Director, Medical Education Department replied that Bio chemistry department had already been commissioned and had started functioning at Thiruvananthapuram.

29. While discussing the audit observation on the pitiable conditions prevailing in the Radiology Services in Medical Colleges, the Committee noted that the machines like C.T. Scanner, MRI Scanner etc. were either not installed in Medical Colleges or kept idle for want of timely repair. The witness informed that the department was proposing to provide C.T. Scanner and MRI Scanner in all Medical Colleges.

30. The Committee observed that the C.T. Scanner provided in the Thrissur MC was not repaired in time thereby causing difficulties to poor patients and loss of remarkable amount in terms of service charge. The Committee suggested to fix responsibility on the officers concerned for this lapse and to take disciplinary action against them. The Committee also recommended to streamline the Hospital Equipment Repair Unit under the Health Service Department by providing sufficient staff and other equipments so that damaged hospital equipments could be get repaired regularly and periodically.

31. The Committee noted that IMC did not give recognition to PG Courses (MD and DMRD) in Radiodiagnosis in Medical College, Kozhikode for want of staff as stipulated in the regulations. The Committee suggested to take steps to get recognition to the course taking into account the future of the students. The witness replied that there were six objections out of which five were rectified and the remaining one objection was related with providing the post of Professor in Radiodiagnosis for which proposal was under the consideration of the Government. The witness also assured that it would be cleared urgently. The Committee further suggested to change the prevailing staff pattern of the technical staff in the Labs & Radiology services.

32. The Committee expressed concern in the fact that super speciality courses in some Medical Colleges were not getting approval from AIMC and also asked about the position of Neuro- PG Course in Medical College, Kottayam. The witness, Joint Director, Medical Education Department, informed that inspection of Neuro surgery had been done hardly one month ago.

33. The Committee opined that the situations in the Medical Colleges were not better to satisfy the inspection team of IMC when they came for inspection of Medical Colleges. The witness informed that there was shortage of staff and transfers were being done in connection with IMC Inspection. The Committee wanted to know whether there was any possibility to get approval to super speciality courses in Kottayam & Kozhikode Medical Colleges. The witness informed that Department had managed the problem of shortage of staff in Kottayam Medical College and the major problem was lack of operating microscope. Government had sanctioned a new operating microscope for Neuro surgery in Alappuzha Medical College and issued order. But that was insisted by the local people. So Government had issued another order and gave administrative sanction. Inspection team was satisfied and no report had come. When the Committee asked about the position regarding Kozhikode Medical College, the witness informed that the Super Speciality Courses in the Medical College would get the approval but the report in this regard had not come from IMC.

34. The Committee opined that the major problem for getting approval was shortage of staff and they called for a permanent solution to this. The witness informed that nowhere in the country, except in Kerala doctors retire at the age of 55. He submitted to the Committee a request for extending the retirement age of Doctors to 60 at least in Medical Education Department. The witness also informed that Thoracic Surgery and Heart Surgeries were stopped in Medical Colleges due to lack of doctors.

35. At this juncture, the Committee opined that the doctors were doing practice in private hospitals after their retirement and patients were also following them. The witness informed that doctors in Medical Education Department retire on 30th April every year since they are teaching staff. The Department had asked the willingness of the doctors to continue at the time of their retirement and most of them were willing to continue in Medical Colleges but the Heads of the Department were not interested in that.

Conclusions/Recommendations

36. **The Committee notes that there is no separate budget provision for diagnostic services in Medical Colleges and because of this the expenditure**

incurred for this purpose cannot be accounted. The Committee recommends to assess the funds actually required for running diagnostic services in the Medical Colleges and to provide the same by the Government under distinct sub heads in the budget for proper monitoring and control over this expenditure.

37. The Committee finds that in the absence of a uniform procedure to identify the target group of poor patients, there is no reasonable assurance that the benefit of free service allowed in Medical Colleges to BPL patients reaches the intended group. The Committee therefore suggests that specific guidelines must be issued by the Government for identifying BPL patients who approach Medical Colleges for treatment and to ensure that such patients are eligible for free diagnostic services. Government should also issue guidelines for the collection of user fee by the Hospital Development Committees since the machines are purchased by Government. Uniformity in such matters should be followed in all Medical Colleges.

38. The Committee comes to know that the department has not developed any standard protocols for investigation and equipments and that in the absence of Manual of Procedures for regulating clinical labs/radiology services there is no mechanism to enforce uniformity of procedure or to ensure accountability and quality of services. The Committee suggests to introduce Quality Control Institution's guidelines in all testing laboratories both in Government and private sector. The Committee also suggests to prepare a Manual of Procedure and that private hospitals should also be brought under the purview of that Manual. The Manual should cover all aspects of diagnostic services such as tests conducted, procedure followed, equipment used, records to be maintained in the labs, report delivery turn around time, rates for investigation, quality control etc. The Committee also recommends to speed up the actions to get NABL accreditation to the testing laboratories in the State.

39. The Committee desires to be furnished with the details regarding the functioning of bio-safety cabinet in Thrissur Medical College and complete details such as date of rectification and commissioning of out of order machines such as X-Ray, C.T. Scanner etc. in Medical College, Thiruvananthapuram.

40. The Committee finds that though Radiation Survey Meter is a very important and mandatory requirement for quality assurance in Radiology Service, it is not available in Government Medical Colleges except in the one at Kozhikode. The Committee recommends to buy Quality Control Kits and Radiation Survey Meters at the time of purchase of X-Ray machines and C.T. Scanners. The Committee notes the pitiable situation that Quality Assurance Test is not being conducted even atleast once in an year in Medical Colleges by

the Directorate of Radiation Safety. Hence, the Committee suggests that quality assurance test should be conducted in Medical Colleges as specified.

41. The Committee is very much concerned about the fact that none of the Medical Colleges has the dust free/air conditioned environment which is required for the functioning/optimum performance of modern equipments such as the equipment for conducting Polymerase Chain Reaction for DNA and Microscope fluorescent and dark ground etc. These machines are kept idle in Medical Colleges. The Committee recommends to take urgent steps for putting those equipments into use and that government should provide financial assistance for this purpose.

42. The Committee expresses its dissatisfaction over the practice of purposefully damaging new equipments and non-repairing of damaged equipments in time and feels a vicious nexus between the departmental officers and private institutions in this matter. The Committee opines that the Government have to examine the matter to reveal whether there is any hidden motive behind the frequent damage to equipments, delay in getting them repaired, non functioning of new equipments soon after its installation etc. The Committee strongly suggests to keep the Log Book in all Medical Colleges so as to make available all the details regarding the purchase and installation of equipments in these institutions.

43. The Committee understands that machines worth lakhs of rupees like Automatic Blood Cell Counter, ABG Analyser and Auto Analyser RA 100 etc. got damaged during the guarantee period itself. The Committee recommends to fix responsibility and take action against the delinquents in this case. The Committee blames the department for their inaction and recommends to fix responsibility on the persons who failed to take timely action for repairing the machines and to take disciplinary action against them. Loss sustained to government should be realised from them. The Committee also recommends to take legal action against the supplier firm for supplying machines having manufacturing defects. The Committee suggests that in future purchases, AMC condition and quality aspect should also be included in the tender conditions.

44. The Committee understands that the Medical Colleges in Kerala lack centralised lab system. Hence the Committee recommends to take urgent steps for the establishment of Centralised Laboratories in all Medical Colleges as per IMC stipulations.

45. The Committee recommends to fix responsibility on the officers concerned for not repairing the C.T. Scanner in Thrissur Medical College in time and to take disciplinary action against them. The Committee also

recommends to streamline the Hospital Equipment Repair Unit under the Health Services Department by providing sufficient staff and other equipments so that damaged hospital equipments can be got repaired regularly and periodically.

46. The Committee observes that the PG courses (MD and DMRD) in Kozhikode Medical College do not have the recognition of Indian Medical Council. Hence the Committee suggest to take necessary steps to get recognition to the above courses taking into account the future of students admitted to these courses. The Committee also suggests to change the prevailing staff pattern of technical staff in the Labs and Radiology Services in Medical Colleges.

AUDIT PARAGRAPH

Exorbitant penalty due to delay in payment of water charges

Medical College Hospital, Thiruvananthapuram defaulted on payment of water charges and had to pay a penalty of Rs. 10.93 crore to the Kerala Water Authority

Water charges of Medical College Hospital, Thiruvananthapuram (MCH) were not paid regularly to the Kerala Water Authority (KWA). The water charges payable at the beginning of August 2000 was Rs. 1.81 crore. As the water meter was not in working condition the Kerala Water Authority has been demanding water charges of Rs. 11.13 lakh per month since August 2000 based on the monthly average rates. During the period from August 2000 to January 2006 the total water charges demanded by the KWA was Rs. 7.35 crore. In addition, the KWA demanded Rs. 10.93 crore towards surcharge on delayed payments, calculated at the rate of two per cent per month on the outstanding arrears. Against the total demand of Rs. 20.09 crore (including previous period arrears of Rs. 1.81 crore) the Principal, MCH paid Rs. 9.29 crore* leaving an outstanding balance of Rs. 10.80 crore at the end of January 2006. Audit scrutiny (March 2006) of the records of MCH revealed that:

- Though the water meter was not working since August 2000, there were no records of action taken by the Principal to replace the meter so that the charges could be assessed on the basis of actual consumption.
- There was no system of making regular payments of water charges though it was known that penalty was payable on the outstanding arrears for each month.

* April 2003: Rs.25 lakh; May 2004: Rs.0.75 lakh; March 2005: Rs.5.50 crore; October 2005: Rs.2 crore; December 2005: Rs.1.5 crore; January 2006 : Rs.3 lakh.

- Allotments of Rs. 2.50 crore in 2003-04 and Rs. 3.50 crore in 2004-05 for payment of water charges lapsed for want of clearance from the Finance Department even though huge amounts were payable to the KWA at that time. Had these funds been used for payment of arrears, there would have been substantial reduction in the amount of surcharge.
- KWA was levying surcharge at the exorbitant rate of two per cent per month. The surcharge was levied monthly not only on the outstanding water charges but on the outstanding surcharge also. As a result while the water charges demanded was Rs. 11.13 lakh per month during the entire period from August 2000 to January 2006, the monthly demand of surcharge exceeded the water charges from May 2002 onwards and ranged between Rs. 11.21 lakh and Rs. 31.89 lakh.
- In response to earlier audit observations on similar payments of surcharge included as Paragraph 3.6 of the Report of the Comptroller and Auditor General of India for the year ended 31 March 1995 (Civil) State PAC had recommended (December 2000) that sufficient funds should be provided to hospitals for making payments of energy and water charges. The payment of huge surcharge was necessitated due to the Government's failure to comply with the PAC recommendations.

In order to avoid further financial burden on account of the mounting surcharge, the Government need to take urgent action to settle the outstanding dues of the KWA either by providing additional funds or by adjusting the dues against amounts payable to the Government by the KWA. Government also need to introduce a system of monthly payment of water charges in MCH so that surcharge could be entirely avoided.

The matter was referred to Government in May 2006; reply had not been received (August 2006).

[Paragraph 4.3.2 contained in the Report of the C&AG of India for the year ended on 31 March 2006 (Civil), Volume-I]

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

47. The Committee expressed concern over the payment of huge amount as surcharge and interest towards water charge due to non-payment of charges in time and nonreplacement of damaged meter. Kerala Water Authority reported

in August 2000 that the water meter fixed at Thiruvananthapuram Medical College was not in working condition. But Medical College Hospital authorities did not take any action to replace the damaged meter which resulted in the claim from the Kerala Water Authority for water charge at the rate of monthly average in place of actual rate. The arrears pending to be cleared by 31-1-2006 was Rs. 10.80 crore including surcharge and interest. The Committee viewed this lapse on the part of the Medical College Hospital authorities as very grave and highly irresponsible and suggested to take disciplinary action against the officers responsible for not replacing the damaged meter in time. The Committee was surprised at the volume of inaction on the part of the authorities in the fact that the Principal, Medical College Thiruvananthapuram wrote a letter to Kerala Water Authority to replace the meter only in the year 2007, though it went out of order in August 2000. Since water meter was to be replaced by the consumers themselves, the Medical College Hospital authorities should have replaced the meter in the year 2000 itself. Had the water meter been replaced in time, water charges could have been remitted according to the actual consumption. So the delay in replacing water meter caused a loss of huge amount as surcharge and interest.

48. The Secretary, Health & Family Welfare Department said that water charge and electricity charge in huge amounts were due in all Medical Colleges. The Department was trying to settle the issue and had cleared a lot of dues before the previous six months. The Committee found that the Finance Department was usually reluctant to release even the amount ear-marked for allotment towards water charges & electricity charges.

49. The Committee noted that allotment of Rs. 2.50 crore in 2003-04 and Rs. 3.50 crore in 2004-05 for payment of water charges lapsed for want of clearance from the Finance Department even though huge amounts were pending for payment to Kerala Water Authority at that time. Had these funds been used for payment of arrears, there would have been substantial reduction in the amount of surcharge, which was 24% per annum. The payment of huge amount towards surcharge was necessitated due to Finance Department's failure to comply with the earlier recommendation of PAC to the effect that funds for payment of electricity and water charges of hospitals should be released in time.

Conclusions/Recommendations

50. **The Committee finds that the Principal, Medical College, Thiruvananthapuram did not take timely action for replacing the damaged water meter. There occurred an inexcusable delay of 7 years for initiating steps for replacing it and this resulted in Water Authority claiming water**

charges at the rate of monthly average instead of actual consumption. The water charges payable at the beginning of August 2000 was Rs. 1.81 crore. In January 2006 Kerala Water Authority demanded Rs. 7.35 crore towards water charges and Rs. 10.93 crore towards surcharge for the period from August 2000 to January 2006 on delayed payment calculated at the rate of 2 per cent per month on the outstanding arrears. The Committee recommends to take stringent disciplinary action against all the concerned officers who committed a grave lapse of 7 years in replacing the damaged water meter.

51. The Committee opines that the payment of huge surcharge was necessitated due to Finance Department's failure to comply with the earlier recommendations of PAC in December 2000 to the effect that sufficient funds should be provided to hospitals for making payments of electricity and water charges. Finance Department is usually reluctant to release even the amount earmarked for allotment towards water and electricity charges. The Committee views the negligence on the part of the Finance Department towards the recommendation of PAC as high degree of irreverence which cannot be pardoned.

AUDIT PARAGRAPH

Idle investment on health centres

Lack of planning and failure to provide funds/staff for the continued functioning of the health centres resulted in the idling of health centres and forgoing of assistance of Rs. 8.91 crore.

Government of India introduced (November 1997) the Reproductive and Child Health (RCH) Programme as part of cent per cent Centrally Sponsored Family Welfare Programme aimed at stabilising population growth and improving the health status of women and children. The World Bank assisted programme was to be implemented during a period of five years 1997-98 to 2001-02, which was extended up to 31 March 2004. Funds for the programme were to be provided to the State during the project period and expenditure for sustaining the programme beyond that was to be met by the State Government. The Districts of Kozhikode and Palakkad in the State were selected for implementation of the RCH District Projects. Against the project cost of Rs. 27.18 crore, Rs. 18.27 crore alone had been availed of during the project period and assistance of Rs. 8.91 crore was forgone as of March 2005. Audit scrutiny conducted (July 2005) on the implementation of the project revealed the following.

Under the scheme, nine Urban Health Centres (UHC) (Rs. 0.75 crore) and 27 Maternal and Child Health Centres (MCHC) (Rs. 1.62 crore) were constructed

in Kozhikode District and 54 Reproductive and Child Health sub Centres and 22 operation theatres (Rs. 7.94 crore) were constructed in Palakkad District. Other main items of expenditure under the project were construction of a new born nursery and modification to operation theatre/labour room in Beach Hospital, Kozhikode (Rs. 0.74 crore), vehicles (Rs. 0.59 crore), furniture and office equipment (Rs. 1.51 crore), operating cost (Rs. 2.16 crore), surgical instruments and drugs (Rs. 1.03 crore), and miscellaneous expenditure (Rs. 1.94 crore).

After the project period, the Government transferred (October 2004) six out of the nine UHCs and 27 MCHCs in Kozhikode to the Kozhikode Municipal Corporation (Corporation). However, the Corporation had not taken possession of these centres for want of funds for their continued operation. It was noticed in audit that five UHCs where the Corporation had already been running dispensaries and two UHCs and six MCHCs run by the Health Services Department alone were functioning. The remaining two UHCs and 21 MCHCs were not functioning as of January 2006.

Out of the 54 RCH sub centres constructed in Palakkad District, 13 were not functioning as of January 2006 for want of electricity and water supply (four), shortage of staff (two), non-access to the centre, etc. It was also noticed that two of these sub-centres were located in a lonely place while another centre was surrounded by forest. Out of the 22 operation theatres constructed, eight were not functioning for want of staff (seven) and electricity (one).

The failure of the Department to properly locate the centres and provide basic infrastructure facilities like electricity and water supply during the project period when funds were available, and failure of the Government to provide funds/staff for the continued functioning of the health centres after the project period, resulted in the idling of the health centres/operation theatres and thus the objective of delivering the benefits of health care facilities to women and children could not be fully achieved.

Government stated (August 2006) that the newly constructed UHCs were not fully operational due to shortage of staff/paucity of funds for Kozhikode Corporation. As regards the sub centres in Palakkad district, it was stated that some of the locations might appear to be lonely but the intentions of setting up these centres had been with a vision to provide basic health facilities in unserved areas.

[Paragraph 4.4.1 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2006 (Civil) Volume-I]

Note furnished by Government on the above Audit Paragraph is included as Appendix II.

52. While discussing the audit observation on the idling of Health Centres constructed under the centrally sponsored, 'Reproductive and Child Health Programme', the Committee enquired as to why grant sanctioned by Government of India under RCH programme had not been fully availed causing lapse of Grant amounting to Rs. 8.91 crore. The witness, Director of Health Services replied that this World Bank assisted programme was initially intended for the period from 1997-98 to 2001-02. Later on it was extended up to 31st March 2004. Though an amount of Rs. 27.18 crore was allotted, only Rs. 18.27 crore could be availed by the State. The Districts selected for the project were Kozhikode and Palakkad. In Kozhikode 9 Urban Health Centres and 27 Maternal and Child Health Centres were constructed under the project. When the project period was over they were transferred to the Kozhikode Municipal Corporation since the area of operation was under them. But the Corporation did not take over the units due to lack of fund and staff for the continued functioning of the Centres. Later on, the Corporation took over these centres by passing a resolution. Most of the health centres were made functional with the financial assistance from Local Self Government Department and with the service of staff redeployed from Health Department and those posted on contract basis. As far as Kozhikode District was concerned, 54 R.C.H. sub centres and 22 operation theatres were constructed there. In addition to this, construction of New born Nursery and modification of Operation Theatre/Labour Room were also done in both districts.

53. During the time of audit inspection some centres were non-functioning. Now only a few are left non-functional due to scarcity of staff and necessary fund. The department had also sought for assistance from National Rural Health Mission. Most centres were functioning since they had been taken up by the Municipal Corporation.

54. The Committee then pointed out that out of the 9 Urban Health Centres in Kozhikode district, 2 centres were still not functioning. The witness said that those 2 centres were under the control of DHS and they were made somewhat functional with the re-deployed staff thereafter. Clinical Staff were also being re-deployed for Immunisation Service to Mothers and Children.

55. The Committee enquired about the functioning of the 27 Maternal and Child Health Centres in Kozhikode District. The DHS replied that majority of them had been handed over to the concerned Corporation. Some of the centres were still not functioning. In Palakkad District out of the 54 R.C.H. sub centres and 22 operation theatres, 13 were not functioning at the time of Audit. Some of them were still idling due to lack of electricity and water supply and due to scarcity of staff. In total, 8 sub centres were not functioning in Palakkad.

Conclusion/Recommendation

56. **The Committee opines that the non-functioning of the Reproductive and Child Health and Maternal and Child Health Centres is due to lack of proper planning from the part of the department in the implementation of the project and not taking into account the prevailing situations. Hence, it is recommended that proper steps should be taken for the effective functioning of the RCHCs and MCHCs which are idling.**

AUDIT PARAGRAPH

Premature release of funds for a project that did not take off

Government released funds for a project even before setting up the implementing agency and before identifying the external funding agency. As a result the project did not take off and Rs. 1.26 crore out of Rs. 1.40 crore released remained locked up in treasury deposits for more than three years

State Government sanctioned (November 2002) the setting up of the Kerala Heart Foundation (KHF) to function as a comprehensive cardiology prevention, treatment, training and research centre. KHF was registered as a Society in June 2003. The project estimated to cost Rs. 34.70 crore was to be financed by the Government grants (Rs. 11.70 crore including cost of land) and long term loan from external financial agencies (Rs. 23 crore). Government transferred 3.78 acres of land to KHF in the Medical College Campus at Thiruvananthapuram free of cost in December 2003.

In March 2003, even before KHF was registered as a Society, the Government released Rs. 1.20 crore to the Director, KHF for the project with the direction that the amount be kept in Treasury Savings Bank and used for setting up a 30 bedded ward and procurement of equipment. While this amount was idling in the treasury deposit a further release of Rs. 20 lakh was made in March 2004. As of April 2006, KHF spent Rs. 13.68 lakh, mainly on salary of the three staff members and expenses related to the office and the unspent balance of Rs. 1.26 crore remained in the Treasury deposit.

This is a case where the Government acted without regard to the canons of financial propriety and prudence. An appraisal committee to study the income generating capacity and financial viability of the project was constituted long after the KHF was set up and its report submitted in September 2005 was still under examination (June 2006). As a result the external agency to fund the project by way of loan could not be identified (June 2006). Meanwhile, the Government money released merely to exhaust the budget provision, without assessing actual need or scope of spending, resulted in it being locked up in a deposit account for more than three years.

Government stated (July 2006) that efforts for mobilising further funds for the project did not materialise. Hence, it was proposed to commence the Project by utilising the allotted funds for purchase of equipment to improve the facilities in the Department of Cardiology, Medical College, Thiruvananthapuram which was designated as the base unit of KHF by the Government.

[Paragraph 4.4.2 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2006 (Civil) Volume-I]

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

57. Drawing the attention of the witness to the non-materialised project of Kerala Heart Foundation, the Committee pointed out that an amount of Rs. 1.20 crore released by the State Government for the setting up of the Foundation was not spent and kept in Treasury Savings Account and Rs. 20 lakhs was again allotted even though the amount released earlier was not spent. The only expenditure incurred from the fund was Rs. 13.68 lakh spent for payment of salary of the 3 staff members and expenses related to the office establishment.

58. The witness, Secretary, Health & Family Welfare Department stated that a separate society was registered for the setting up of Heart Foundation in the lines of Regional Cancer Centre on the expectation of financial assistance from the Government and external agencies and 3.78 acres of land had already been made available to the society.

59. Then the Committee enquired as to why the expected financial assistance of Rs. 23 crore from external financial agencies was not materialised even though 3.78 acres of land was available and a project of Rs. 34.70 crore prepared. The witness could not give a specific reply in this regard, but revealed that since no external assistance was available, the department tried for loan from Housing and Urban Development Corporation but that too was not fruitful because HUDCO insisted on Bank Guarantee. Later on, it was decided to strengthen the Cardiology Department in the Medical College, Thiruvananthapuram and to utilise the grant released to the Heart foundation for that purpose.

60. As far as the proposed plan to start a 30 bedded ward and procurement of hospital equipments was concerned, the witness informed that since an amount of Rs. 1.26 crore was available, the department submitted a proposal to the Finance Department in the previous year to use the money for the purchase of equipments. But the Finance Department did not agree with it on the fact that the financial year was about to expire. Finance Department later agreed to the proposal and orders had been placed for the purchase of equipments.

61. Regarding the setting up of the society and the proposed goals, the Director, Kerala Heart Foundation stated that it was proposed to build a seven storeyed hospital complex for cardio-vascular diseases and generate fund for that purpose. The project estimate of the hospital complex was Rs. 42 crore and was proposed to construct it in two phases. The expenditure expected was Rs. 34.7 crore for phase –I and Rs. 11.7 crore for phase—II. Out of Rs. 34.7 crore proposed for phase-I, Government's share was Rs. 11.7 crore. Since the mobilisation of Rs. 23 crore from the external agencies could not be made possible, it was decided to strengthen the Cardiology Department in the Medical College and to consider it as the base unit for Heart foundation. The Heart foundation could be run as an independent and financially viable project only if large number of public approach the institution for treatment thereby enabling the institution to repay the loan amount from its own profit. But in the original concept, the society was not aimed as a profit earning institution; but rather for the cause of the general public. This situation prevented the society from availing loan from other agencies. The condition put forward by Housing and Urban Development Corporation for sanctioning loan was that the loan amount should be repaid either from the own fund of Heart Foundation or by the Government through budget provision. Since those two conditions were not feasible, construction of the building came to a standstill.

62. The witness, Secretary, Health & Family Welfare Department informed that since cardio-vascular diseases emerged as one of the major health hazards of the contemporary era, the idea of Heart Foundation would not be dissolved. The Department had placed order for some equipments in order to avoid the lapse of fund.

Conclusion/Recommendation

63. Appreciating the idea conceived for the setting up of Heart Foundation, the Committee recommends that loan should be taken from HUDCO as external assistance on Government guarantee and sufficient fund allocation must be made in budgets for the repayment of loan for 4-5 years. Efforts ought to be made for the mobilisation of fund not only from Government of India but from external agencies also.

AUDIT PARAGRAPH

Loss of Central Assistance

Delay in setting up of three Regional Diagnostic Centres resulted in loss of Government of India grant of Rs. 2.19 crore and denial of the intended diagnostic facilities to the public

Eleventh Finance Commission (EFC) awarded grant of Rs. 9 crore for setting up three Regional Diagnostic Centres (RDCs) each at a cost of Rs. 3 crore. State Government sanctioned (August 2001) setting up of the RDCs at Kollam, Ernakulam and Palakkad. The execution and management of RDCs at Kollam and Palakkad was through KHRWS * and that at Ernakulam through the Hospital Development Committee. The award of the EFC was for utilisation of the grant within the award period between April 2000 and March 2005. As per the Government of India (GOI) guidelines, the plan of action of the Administrative Department was required to conform to the pattern contemplated by the Finance Commission and grants that remained unutilised as on 31 March 2005 was to lapse.

As per the records in the Finance Department, out of the award grant of Rs. 9 crore, Rs. 7.71 crore were released by the GOI and Rs. 6.81 crore spent by the Health Department during the award period. It was also seen in Audit that

- Against Rs. 1.41 crore estimated by the EFC on cost of building for the three RDCs (Rs. 47 lakh for each RDC) the Department spent Rs. 2.57 crore.
- Though the EFC had given broad indications of the equipment required and estimated its cost as Rs. 2.53 crore for each RDC, there was huge shortfall in purchase of the equipment despite availability of funds. EFC provided Rs. 90 lakh for each RDC for purchase of Computerised Tomography (CT) scan machine, an essential and costly equipment required for diagnosis and rarely available in the Government hospitals. But this equipment was not purchased for any of the RDCs.
- RDC at Ernakulam was commissioned (November 2005) partially and RDCs at Kollam and Palakkad had not started functioning due to non-availability of adequate staff and essential equipment as of July 2006.

Thus, despite availability of GOI grant and time up to five years to utilise it, the Health Department did not take effective steps to complete construction of buildings and for purchasing of specialised equipment like Electro Cardio Gram machine, Ultra Sound Scanner, Fully Automated Haematology Analyser, Incubator, Elisa Reader with washer, etc., within the award period up to 31 March 2005. As a consequence, the benefits of diagnostic facilities contemplated to be provided to the public by starting of the three RDCs was abnormally delayed and the revenue receivable by way of user charges was also lost. Apart from this, due to the failure of the Department to utilise the EFC grant within the prescribed time, the State Government lost Central grant of Rs. 2.19 crore (Rs. 9 crore—Rs. 6.81 crore) specifically provided for the RDCs.

* Kerala Health Research Welfare Society.

The matter was referred to Government in June 2006; reply had not been received (August 2006).

[Paragraph 4.5.3 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2006 (Civil) Volume—I.]

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

64. The Committee enquired the reason for lapse of Rs. 2.19 crore out of the total fund of Rs. 7.71 crore released by the XI Finance Commission for the setting up of Regional Diagnostic Centres at Kollam, Palakkad & Ernakulam. The Director of Health Services replied that though provision was to purchase C.T. Scanner worth Rs. 90 lakh each for the 3 Centres, it was found from a study conducted, that the version of C.T. Scanner worth Rs. 90 lakh was obsolete and an amount of minimum Rs. 2.5 crore was needed for the purchase of one updated version of C.T. Scanner. Therefore, it was decided not to purchase the old version and hence the lapse.

Conclusion/Recommendation

65. **No Comments.**

Thiruvananthapuram,
29th June, 2009.

ARYADAN MUHAMMED,
Chairman,
Committee on Public Accounts.

APPENDIX I

Summary of Main Conclusions/Recommendations

<i>Sl. No.</i>	<i>Para No.</i>	<i>Department concerned</i>	<i>Conclusions/Recommendations</i>
(1)	(2)	(3)	(4)
1	36	Health and Family Welfare	The Committee notes that there is no separate budget provision for diagnostic services in Medical Colleges and because of this the expenditure incurred for this purpose cannot be accounted. The Committee recommends to assess the funds actually required for running diagnostic services in the Medical Colleges and to provide the same by the Government under distinct sub heads in the budget for proper monitoring and control over this expenditure.
2	37	”	The Committee finds that in the absence of a uniform procedure to identify the target group of poor patients, there is no reasonable assurance that the benefit of free service allowed in Medical Colleges to BPL patients reaches the intended group. The Committee therefore suggests that specific guidelines must be issued by the Government for identifying BPL patients who approach Medical Colleges for treatment and to ensure that such patients are eligible for free diagnostic services. Government should also issue guidelines for the collection of user fee by the Hospital Development Committees since the machines are purchased by Government. Uniformity in such matters should be followed in all Medical Colleges.
3	38	”	The Committee comes to know that the department has not developed any standard protocols for investigation and equipments and that in the absence of Manual of Procedures for

(1)	(2)	(3)	(4)
			<p>regulating clinical labs/radiology services there is no mechanism to enforce uniformity of procedure or to ensure accountability and quality of services. The Committee suggests to introduce Quality Control Institution's guide lines in all testing laboratories both in Government and private sector. The Committee also suggests to prepare a Manual of Procedure and that private hospitals should also be brought under the purview of that Manual. The Manual should cover all aspects of diagnostic services such as tests conducted, procedure followed, equipment used, records to be maintained in the labs, report delivery turn around time, rates for investigation, quality control etc. The Committee also recommends to speed up the actions to get NABL accreditation to the testing laboratories in the State.</p>
4	39	Health and Family Welfare	<p>The Committee desires to be furnished with the details regarding the functioning of bio-safety cabinet in Thrissur Medical College and complete details such as date of rectification and commissioning of out of order machines such as X-Ray, C.T. Scanner etc. in Medical College, Thiruvananthapuram.</p>
5	40	„	<p>The Committee finds that though Radiation Survey Meter is a very important and mandatory requirement for quality assurance in Radiology Service, it is not available in Government Medical Colleges except in the one at Kozhikode. The Committee recommends to buy Quality Control Kits and Radiation Survey Meters at the time of purchase of X-Ray machines and C.T. Scanners. The Committee notes the pitiable situation that Quality Assurance Test is not being conducted even at least once in an year in Medical Colleges by the Directorate of Radiation Safety. Hence, the Committee suggests that quality assurance test should be conducted in Medical Colleges as specified.</p>

(1)	(2)	(3)	(4)
6	41	Health and Family Welfare	The Committee is very much concerned about the fact that none of the Medical Colleges has the dust free/air conditioned environment which is required for the functioning/optimum performance of modern equipments such as the equipment for conducting Polymerase Chain Reaction for DNA and Microscope fluorescent and dark ground etc. These machines are kept idle in Medical Colleges. The Committee recommends to take urgent steps for putting those equipments into use and that Government should provide financial assistance for this purpose.
7	42	”	The Committee expresses its dissatisfaction over the practice of purposefully damaging new equipments and non-repairing of damaged equipments in time and feels a vicious nexus between the departmental officers and private institutions in this matter. The Committee opines that the Government have to examine the matter to reveal whether there is any hidden motive behind the frequent damage to equipments, delay in getting them repaired, non functioning of new equipments soon after its installation etc. The Committee strongly suggests to keep the Log Book in all Medical Colleges so as to make available all the details regarding the purchase and installation of equipments in these institutions.
8	43	”	The Committee understands that machines worth lakhs of rupees like Automatic Blood Cell Counter, ABG Analyser and Auto Analyser RA 100 etc., got damaged during the guarantee period itself. The Committee recommends to fix responsibility and take action against the delinquents in this case. The Committee blames the department for their inaction and

(1)	(2)	(3)	(4)
			<p>recommends to fix responsibility on the persons who failed to take timely action for repairing the machines and to take disciplinary action against them. Loss sustained to Government should be realised from them. The Committee also recommends to take legal action against the supplier firm for supplying machines having manufacturing defects. The Committee suggests that in future purchases, AMC condition and quality aspect should also be included in the tender conditions.</p>
9	44	Health and Family Welfare	<p>The Committee understands that the Medical Colleges in Kerala lack Centralised lab system. Hence the Committee recommends to take urgent steps for the establishment of Centralised Laboratories in all Medical Colleges as per IMC stipulations.</p>
10	45	..	<p>The Committee recommends to fix responsibility on the officers concerned for not repairing the C.T. Scanner in Thrissur Medical College in time and to take disciplinary action against them. The Committee also recommends to streamline the Hospital Equipment Repair Unit under the Health Services Department by providing sufficient staff and other equipments so that damaged hospital equipments can be got repaired regularly and periodically.</p>
11	46	..	<p>The Committee observes that the PG courses (MD and DMRD) in Kozhikode Medical College do not have the recognition of Indian Medical Council. Hence the Committee suggest to take necessary steps to get recognition to the above courses taking into account the future of students admitted to these courses. The Committee also suggests to change the prevailing staff pattern of technical staff in the Labs and Radiology Services in Medical Colleges.</p>

(1)	(2)	(3)	(4)
12	50	Health and Family Welfare	The Committee finds that the Principal, Medical College, Thiruvananthapuram did not take timely action for replacing the damaged water meter. There occurred an inexcusable delay of 7 years for initiating steps for replacing it and this resulted in Water Authority claiming water charges at the rate of monthly average instead of actual consumption. The water charges payable at the beginning of August 2000 was Rs. 1.81 crore. In January 2006 Kerala Water Authority demanded Rs. 7.35 crore towards water charges and Rs.10.93 crore towards surcharge for the period from August 2000 to January 2006 on delayed payment calculated at the rate of 2 per cent per month on the outstanding arrears. The Committee recommends to take stringent disciplinary action against all the concerned officers who committed a grave lapse of 7 years in replacing the damaged water meter.
13	51	Health and Family Welfare and Finance	The Committee opines that the payment of huge surcharge was necessitated due to Finance Department's failure to comply with the earlier recommendations of PAC in December 2000 to the effect that sufficient funds should be provided to hospitals for making payments of electricity and water charges. Finance Department is usually reluctant to release even the amount earmarked for allotment towards water and electricity charges. The Committee views the negligence on the part of the Finance Department towards the recommendation of PAC as high degree of irreverence which cannot be pardoned.
14	56	Health and Family Welfare	The Committee opines that the non-functioning of the Reproductive and Child Health and Maternal and Child Health Centres is due to lack of proper planning from the part of the

(1)	(2)	(3)	(4)
15	63	Health and Family Welfare	<p>department in the implementation of the project and not taking into account the prevailing situations. Hence, it is recommended that proper steps should be taken for the effective functioning of the RCHCs and MCHCs which are idling.</p> <p>Appreciating the idea conceived for the setting up of Heart Foundation, the Committee recommends that loan should be taken from HUDCO as external assistance on Government guarantee and sufficient fund allocation must be made in budgets for the repayment of loan for 4-5 years. Efforts ought to be made for the mobilisation of fund not only from Government of India but from external agencies also.</p>

APPENDIX II

**Action Taken Report on Para 3.4 of C & AG Report (Civil)
ended on 31-3-2005**

<i>Sl. No.</i>	<i>Para No.</i>	<i>Audit Para</i>	<i>Action Taken</i>
(1)	(2)	(3)	(4)
1	3.4.1	<i>Introduction</i> Diagnostic of disease is the foremost issue in patient care. It is scientifically done through clinical and radiology investigation using diagnostic tools such as X-ray machines, CT scanner, Ultrasound Scanner, EEG, ECG, Endoscopes, etc. Diagnostic services help doctors in making early and accurate diagnosis of the disease and charting out the treatment Plan.	No remarks
2	3.4.2	There are five Government Medical Colleges (MCs) in the State. The Hospital attached to these MCs are meant for imparting practical training to medical students and also for extending facilities for treatment to patient in various specialities. Patients in need of advanced clinical investigations are referred to the MCs and their attached hospitals. The diagnostic services offered by the MCs and attached hospitals are mainly availed of by poor and lower middle class people. Hence any deficiency in these diagnostic services would result in denial of quality health care services to the weaker sections of the society.	No remarks

(1)	(2)	(3)	(4)
3	3.4.3 <i>Audit objectives</i>	<p>The objectives of the review were to assess</p> <ul style="list-style-type: none"> • Whether adequate funds were provided for diagnostic services based on needs and the funds provided were effectively utilized. • Whether any system to ascertain the cost of service being provided was in existence and if not how the user charges were being collected. • Whether all the service laboratories were established as per Indian Medical Council (IMC) Regulations and whether all the labs were functioning ensuring the quality of investigations and bio-safety/ radiation safety measures. • Whether the clinical labs and radiology services were suitably equipped to conduct all essential special investigations, whether equipment were efficiently maintained and whether adequate manpower was provided. 	No remarks
4	3.4.4 <i>Audit Coverage</i>	<p>A review of diagnostic services in three Medical College, (Thiruvananthapuram, Kozhikode and Alappuzha) was conducted during February-June 2005 covering the</p>	No remarks

(1)	(2)	(3)	(4)																																																																														
		<p>period 2002-03 to 2004-05. The clinical lab services under the Department of Pathology, Microbiology, Biochemistry and Radiology services under the Department of Radiodiagnosis were examined in audit. Diagnostic service facilities available in the remaining two MCs (Kottayam and Thrissur) were assessed from replies to Questionnaires issued by audit. Significant audit findings are discussed in the succeeding paragraphs.</p>																																																																															
5	3.4.5	<p><i>Financial managements</i></p> <p>There was no separate budget provision for diagnostic services in the Medical Colleges. The expenses for the same were being met from the budget provisions for each of the Medical Colleges and hospitals and as such the expenditure incurred for diagnostic services or the salary of staff deployed for the same could not be ascertained in audit.</p>	<p><i>Comparative account of year wise Budget Provision and Expenditure for equipments</i></p> <p><i>(Rs. in thousands)</i></p> <table border="1"> <thead> <tr> <th colspan="5" style="text-align: center;">19 M & E (Medical Colleges)</th> </tr> <tr> <th rowspan="2" style="text-align: left;">Year</th> <th colspan="2" style="text-align: center;">Plan</th> <th colspan="2" style="text-align: center;">Non Plan</th> </tr> <tr> <th style="text-align: center;">BE</th> <th style="text-align: center;">Exp.</th> <th style="text-align: center;">BE</th> <th style="text-align: center;">Exp.</th> </tr> </thead> <tbody> <tr> <td>2003-04</td> <td style="text-align: right;">27200</td> <td style="text-align: right;">30359</td> <td style="text-align: right;">9550</td> <td style="text-align: right;">8878</td> </tr> <tr> <td>2004-05</td> <td style="text-align: right;">29400</td> <td style="text-align: right;">43292</td> <td style="text-align: right;">9550</td> <td style="text-align: right;">10340</td> </tr> <tr> <td>2005-06</td> <td style="text-align: right;">32700</td> <td style="text-align: right;">108934</td> <td style="text-align: right;">9550</td> <td style="text-align: right;">17741</td> </tr> <tr> <td>2006-07</td> <td style="text-align: right;">50000</td> <td style="text-align: right;">15380</td> <td style="text-align: right;">10900</td> <td style="text-align: right;">10799</td> </tr> <tr> <td>2007-08</td> <td style="text-align: right;">11000</td> <td style="text-align: center;">-</td> <td style="text-align: right;">12200</td> <td style="text-align: center;">-</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5" style="text-align: center;">19 M & E (Medical College Hospitals)</th> </tr> <tr> <th rowspan="2" style="text-align: left;">Year</th> <th colspan="2" style="text-align: center;">Plan</th> <th colspan="2" style="text-align: center;">Non Plan</th> </tr> <tr> <th style="text-align: center;">BE</th> <th style="text-align: center;">Exp.</th> <th style="text-align: center;">BE</th> <th style="text-align: center;">Exp.</th> </tr> </thead> <tbody> <tr> <td>2003-04</td> <td style="text-align: right;">24500</td> <td style="text-align: right;">33299</td> <td style="text-align: right;">7491</td> <td style="text-align: right;">7799</td> </tr> <tr> <td>2004-05</td> <td style="text-align: right;">27700</td> <td style="text-align: right;">68473</td> <td style="text-align: right;">7991</td> <td style="text-align: right;">8841</td> </tr> <tr> <td>2005-06</td> <td style="text-align: right;">30500</td> <td style="text-align: right;">56504</td> <td style="text-align: right;">10566</td> <td style="text-align: right;">5539</td> </tr> <tr> <td>2006-07</td> <td style="text-align: right;">38500</td> <td style="text-align: center;">-</td> <td style="text-align: right;">11883</td> <td style="text-align: right;">10105</td> </tr> <tr> <td>2007-08</td> <td style="text-align: right;">11500</td> <td style="text-align: center;">-</td> <td style="text-align: right;">12964</td> <td style="text-align: center;">-</td> </tr> </tbody> </table>	19 M & E (Medical Colleges)					Year	Plan		Non Plan		BE	Exp.	BE	Exp.	2003-04	27200	30359	9550	8878	2004-05	29400	43292	9550	10340	2005-06	32700	108934	9550	17741	2006-07	50000	15380	10900	10799	2007-08	11000	-	12200	-	19 M & E (Medical College Hospitals)					Year	Plan		Non Plan		BE	Exp.	BE	Exp.	2003-04	24500	33299	7491	7799	2004-05	27700	68473	7991	8841	2005-06	30500	56504	10566	5539	2006-07	38500	-	11883	10105	2007-08	11500	-	12964	-
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(1)	(2)	(3)	(4)
6	3.4.6	<p>The User charge cost of diagnostic investigations could not be worked out by audit for want of various inputs required for calculating the cost. The rates charged by private agencies were, however, two to three times more than that charges by the Government. The rates of user charges for clinical investigation and radiology services except CT scan in the Government Medical Institutions were last revised in 1994. As per the Government orders genuinely poor patients up to a maximum of 30 percent of all the patients visiting the Government Medical Institutions would be entitled to free treatment. Government stipulated (March 2002) that the patient should be Below Poverty Line (BPL) or should be having income below Rs. 1,500 per month for being eligible for free service. No system was in place in the Medical College, Thiruvananthapuram and Kozhikode to identify poor patients eligible for free service. Any patient declaring his income as below Rs.1,500 per month was given free service. Test check of lab records revealed that more than 90 percent of the patients were declaring their income as below Rs. 1,500. In the Medical College Hospital, Alappuzha there was a system for identifying BPL patients by insisting on BPL card or certificate from revenue authorities.</p>	<p>There is a system of user fee collection in various Medical colleges. Lab Service including Radiology Department is uplifted with modern equipment through Hospital Development Society. Major Lab services like CT, other Radiological investigation (X-ray, special investigation and Blood Testing) are charged according to Government rate fixed. For all inpatient, income assessment is done by checking ration card at the time of admission. Radiological investigation, fee collected through IIDS in Medical College, Thiruvananthapuram and Kozhikode are as follows:</p> <p><i>Medical College. Thiruvananthapuram</i></p> <p>CT—Rs. 5 lakhs per month</p> <p>X-ray— Rs. 1.5 lakh per month</p> <p>US— Rs. 2 Lakh per month</p> <p>Various rates fixed for investigation procedure by HAC is as follows:—</p> <p>Head Scan— (CT) Higher income group Rs. 1,200</p> <p>Head Scan Middle Income — Rs. 600</p> <p>Head Scan BPL —Free</p> <p>Body - High Group— Rs. 2,000</p> <p>BPL — Free</p> <p>Medium—Rs. 1,300</p>

(1)	(2)	(3)	(4)
			<p>X-ray/film—Rs. 30 per film</p> <p>US—Rs. 300 to Rs. 700 for high group Medium group—Rs. 115</p> <p>Collections rate various from Rs. 50 to 55 lakh per year.</p> <p>In Medical College, Kozhikode assessment is through ration card / corporation Certificate or Municipal Secretaries Certificate. All BPL are given free limiting to 20% of the investigation.</p> <p>CT—Head Rs. 600</p> <p>Body Rs. 1500</p> <p>PNS—Rs. 1000 Contrast is charged extra X-ray Rs. 10</p> <p>US—Rs. 100</p> <p>Doppler—Rs. 300</p> <p>All casualty X-ray done free</p>
7	3.4.7 In the absence of a uniform procedure to identify the target group of poor patients, there was no reasonable assurance that the benefits were reaching the intended group.	There is a mechanism of identified poor patient by income assessment and the services are rendered to them.	
8	3.4.8 <i>Quality control</i> The Department had not developed any standard protocols for investigations and equipment as of July 2005. In the absence of Manual, there was no mechanism to enforce uniformity of procedure or to ensure accountability and quality of services.	Most of the recently introduced clinical test has quality check in the control provided in the test kit. Biochemistry Lab, Pathology Lab, Medical College, Thiruvananthapuram & Medical College, Kozhikode are performing external quality control by associating with	

(1)	(2)	(3)	(4)
			the standard labs functioning outside state.
9	3.4.9 <i>Lack of Manual of Procedure and absence of Lab accreditation</i>	<p>The department had not prepared any Manual of Procedure for regulating clinical lab/ radiology services as of July 2005. Such a Manual covering all aspects of Diagnostic Services such as tests conducted, procedure followed, equipment used, records to be maintained in the lab, report delivery, turn around time, rates for investigation, quality control measures, etc., is a must for efficient running of the service. Lab accreditation is a procedure by which an authoritative body gives formal recognition of technical competence for specific tests/ measurements based on third party assessment and following international standards. Government of India has authorized the National Accreditation Board for testing and calibration labs (NABL) as the sole accreditation body for testing and calibration of labs. NABL provides lab accreditation services to labs that are performing test/calibration in accordance with ISO/IEC 17025: 1999. None of the clinical labs in the MCs in the State had made any attempt to get accreditation of NABL. The Department stated (July 2005) that accreditation of labs with NABL could not be thought of as the</p>	<p>Most of the lab kits and the Radiological equipments provided catalogues relating to procedure of performing test. Most of the technical persons working in the lab prepare standard operating procedures according to the available facilities in the Lab to perform test in a reliable and reproducible manner. The DME will give direction to all Medical Colleges to constitute a technical team of senior Pathologist, Biochemist and Microbiologists for evaluation of the laboratories. Only after this step will be taken for accreditation of labs in the institution, through NABL of Government of India. NABL checks only the performance of test carried out in a lab and never insist to procure latest modern equipment.</p>

(1)	(2)	(3)	(4)
		clinical labs were not fully equipped to conduct all the essential/special investigations and for want of requisite quality of investigation.	
10	3.4.10	Internal audit and management review are essential pre-requisite for applying for accreditation of labs by NABL. There was no system in the MCs to subject all the labs to periodic internal audit to assess the adequacy, efficiency and effectiveness of the diagnostic services and to identify areas requiring improvement.	As stated above audit and internal management review can be done and accreditation from NABL can be obtained after completing the above said formalities at the earliest.
11	3.4.11	<i>Lack of Bio-safety/Radio Safety measures</i>	
		There was no Bio-safety cabinet in Microbiology Departments in the MCs, Alappuzha and Kozhikode. The Bio-safety cabinet in the MC, Thiruvananthapuram was not put to use for want of gas connection. In the absence of Bio-safety cabinet, the technicians and other staff working in the lab ran the risk of exposure to highly infectious organisms.	In Medical College, Kozhikode they have installed new Bio-safety Cabinet recently and it is functioning. In Medical College, Alappuzha has an old Bio-safety cabinet and is not working and not repairable as per the report of Head of the department. They have requested for procuring new equipment. In MCT, Bio-safety cabinet is working and they got a new gas connection.
12	3.4.12	Radiology services use radiation production imaging tools like X-ray machines and CT Scanner for diagnosis. Radiation having a cell damaging effect with potential genetic consequences, has to be used with absolute discretion. In order to minimize radiation hazards,	Now all staff in radiology department have radiation Safety badges. Expenses for the above are met from HDS Fund

(1)	(2)	(3)	(4)
		<p>mandatory regulations are enforced through regulatory bodies set up at National/ State level. The Directorate of Radiation Safety (DRS), the State level regulatory agency set up the Government under the Department of Health and Family Welfare to oversee the use of X-ray and other radiation producing equipment reported that basic requirements of radiation safety had not been implemented in SAT Hospital under the MC, TVM. The requirements of radiation safety had been only partially met in the MC, Alappuzha and the MC, Kottayam. The staff of Radiology Department were to be provided with personal badges to be worn by them for monitoring the dose of radiation received by them and for taking precautionary measures. It was observed in audit that these badges were issued to the staff of Radiology service of the MC, TVM only from February 2005 onwards.</p>	
13	3.4.13 <i>Quality assurance in Radiology service</i>	<p>There was no system in vogue in any of the test checked MCs to subject the X-ray and CT installations to quality assurance tests by the Director of Radiation Safety (DRS) at least once in a year/ after every major repair so as to ensure proper/safe working of the imaging system in accordance with Atomic Energy Regulatory</p>	<p>Radiology department, Medical College, Kozhikode have radiation safety kit and Radiation Survey meter. Directorate of Radiation Safety checks the service of machines using the kit. This ensures the quality check of Radiation investigation. This kit is procured as Radiological accessory items for</p>

(1)	(2)	(3)	(4)
		<p>Guidelines. It was reported by the DRS that no major attempts were made to do quality assurance tests in the MCs. The Department of Radiodiagnosis in the MC, Thiruvananthapuram, Alappuzha and Kozhikode were not provided with quality control kits and Radiation Survey Meter for undertaking control measures. In the absence of these, the quality of service could not be ensured.</p>	<p>purchase of new CT scan of Medical College, Kozhikode. This will be procured for other Medical Colleges as and when new purchase of equipment in the Department of Radiodiagnosis in these colleges.</p>
14	<p>3.4.14 Service Delivery Management. <i>Deficiencies in infrastructure facilities.</i></p>	<p>Every MC, requires, adequate lab infrastructural facilities for providing quality health care. Audit noticed the following deficiencies in the infrastructure relating to clinical lab services and radiology services.</p>	<p>It is agreed that some labs in Medical Colleges have infrastructural deficiency. This is already corrected in Medical College, Kozhikode by shifting lab services to superspeciality block In Medical College, Thiruvananthapuram this is taken as one of the project of PMSSY. for Medical College, Alappuzha centralized lab system will be functional after shifting hospital to Vandanam.</p>
15	<p>3.4.15 <i>Lack of essential /Modern equipment</i></p>	<p>IMC Regulations stipulate that an MC should have a well equipped and updated clinical lab. Use of modern automated equipment would yield faster and accurate results with less manpower and could cater to</p>	<p>In Medical College, Kozhikode Mammography Unit is installed at institute of Maternal and Child Health using HDS Fund during the year 2006 Blood cell counter is available in IMCH and NMCH Clinical lab of Medical College,</p>

(1)	(2)	(3)	(4)
		<p>more patients. It was noticed in audit that several modern equipment like automatic blood cell counter, automated culture system, auto-analyser, mammography unit, etc. were not available in the MCs, the details of which are given in Appendix XXIV.</p>	<p>Kozhikode. Auto analyzer is purchased for Biochemistry Department of Medical College, Kozhikode. Automated culture system is also available in all Microbiology department of Medical College, Kozhikode. It is functioning and purchased in 2006. Blood cell counter and auto analyser are also available in other Medical Colleges in the clinical labs. Some of these equipments are procured through HDS Fund. User fee is also collected. Details are given in Appendix I.</p>

16 3.4.16 *Idling equipment*

Most of the modern equipment require dust free/air conditioned environment for the proper functioning/optimum performance. However, the labs in none of the MCs have such facility. In the Microbiology Department of the MC, Thiruvananthapuram, Microscopes fluorescent and dark ground for identification of fluorescent stained bacteria and virus was not working as no *dust-free* AC room was available. In the Biochemistry Department of the MC, TVM equipment for conducting Polymerase Chain Reaction for DNA testing was also idling due to non-electrification of equipment room. Test check by audit revealed that some of the costly equipment became defective and were not functioning for several years as detailed in Appendix XXV.

In Medical College, Thiruvananthapuram in the Microbiology department Fluorescent Microscope is made functional after the room was air-conditioned. The PCR equipment of biochemistry department in Medical College, Thiruvananthapuram is functioning and tests are carried out in this lab except DNA test. Defective equipment noted in appendix-II ie. Blood Cell counter is not functional now in the Medical College, Alappuzha. Company is intimated to do the repair and service repeatedly but they never turned up. Steps are taken for legal action against the company. ABG and Auto analyzer (RA 100) Medical College, Alappuzha is not functioning even now. Attempts are made to repair the item, but could not be repaired. Deepfreezer (-70).

(1)	(2)	(3)	(4)
			<p>in Medical College, Thiruvananthapuram in the Microbiology department is made functional after the audit inspection. But it is now not functioning. Steps are being taken to repair the same by central workshop in Medical College, Thiruvananthapuram. There is no AMC entered with the firm at the time of purchase. All other equipments noted in the list are made functional and the equipments listed are purchased long years back, there is no routine AMC for the equipment purchased. Details are given in Appendix II.</p>
17	3.4.17	<p>No effective action was taken to get the equipment repaired. As log book for equipment were not maintained, full information regarding their value, date of purchase, actual date from which idling, action taken for repair, details of Annual Maintenance Contract (AMC), if any taken etc., were not available. When these lapses were pointed out in audit, the department stated that due to delay in payment of bills, major companies producing quality equipment were not responding to tenders/ quotation for supplies and acceptance of lower tender as stipulated in the Store Purchase Rules often compromised or the quality of machine being purchased.</p>	<p>Most of equipment purchase will materialise in the month of February / March every year. There is no delay in payment. Payment will be effected once working condition and stock entry are certified. All equipments purchased for the year 2004 onwards have AMC/CAMC.</p>

(1)	(2)	(3)	(4)
18	3.4.18	Special X-ray investigation like barium meal test were not conducted in MC, Alappuzha due to shortage of X-ray machines. Only two out of four machines were in working condition and the one machine in use was installed in 1986. For special X-ray investigation, there was awaiting period of over one month in MC, Kozhikode.	In Medical College, Alappuzha, has CT Scan and special investigation are managed with available two X-ray machine. With CT and X-ray Machine patient load is managed at Alappuzha.
19	3.4.19	Three equipments viz. Automated Blood Cell Counter (cost Rs.4.57 lakhs), ABG analyzer (cost Rs. 5 lakhs) and Auto-analyzer RA 100 (cost Rs. 9 lakhs) procured in the MC, Alappuzha went out of order during the guarantee period. No action was taken against the supplier.	Reply as per 3.4.16
20	3.4.20	Annual Maintenance Contract (AMC) is absolutely essential for proper maintenance and upkeep of equipment at reasonable cost and for getting uninterrupted service. It was observed that all the X-ray machines in the MC, Alappuzha, two machines each in the MC, Thiruvananthapuram and Kozhikode were not having AMC. The Head of Radiodiagnosis Dept., MC, TVM stated (March 2005) that lack of AMC and delay in payment to companies often caused problems in getting machines repaired in time.	Now entered for AMC for all X-ray machines at Medical college, Thiruvananthapuram and Medical College, Alappuzha

(1)	(2)	(3)	(4)
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21 3.4.21 **Clinical lab services**

*Lack of Centralised clinical lab/
separate service labs*

As per IMC stipulations, a MC In Medical College, Alappuzha, should have a well equipped and hospitals is partially shifted to updated Centralised lab with Vandanam. Centralized lab will be common collection centre. None of started there. Medical College, the colleges had a Centralised lab. Kottayam has taken up project It was found that labs under for centralized lab during the 11th various departments were five year Plan Project submitted functioning at different locations to Government. In Thiruvananthapuram it will be taken up with in the colleges/hospitals. In the PMSSY. In Medical College, case of the MC, Alappuzha, the Kozhikode, Centralized lab is to MCH was 10 km away from the be setup in super speciality college resulting in scatter lab block. facilities. Neither a Centralised lab was provided nor proper location chart of the various labs available in the college/hospital campus was displayed. Proposals sent in September 2004/February 2005 for establishing Centralised labs in the MC, Kottayam (Rs. 6.50 crores) and the MC, Thiruvananthapuram (Rs. 5 crore) respectively were pending sanction with the Government.

- 22 3.4.22 As per IMC stipulations, MCs Parasitology, Immunology and should have separate service labs Viral Markers are tested in for Virology, Parasitology and Pathology/Microbiology labs of Immunology under Microbiology Medical Colleges. But viral Department. These labs had not culture and PCR studies are not been established in the MCs, conducted in Microbiology lab Thiruvananthapuram and Ala- of Medical Colleges. ppuzha (July 2005). In the absence of these labs, specialized investigations under these disciplines were not being conducted.

(1)	(2)	(3)	(4)
23	3.4.23 <i>Lack of Space for service labs</i>	According to IMC Regulations each/service lab should have an area of 25 square metres. However, it was found that three service labs, viz., Histopathology Cytopathology and Haematology of the Pathology Department of the MC, Alappuzha did not have the required area and were accommodated in a single room in the hospital.	Problem of lack of space will be rectified when shifting of labs completely to Vandanam Hospital Complex.
24	3.4.24 Special investigations are sometimes necessary for proper diagnosis of disease and starting treatment. Details of some essential/special investigations not conducted in clinical labs in the MCs are given in Appendix XXVI.		All special investigations mentioned in Appendix XXVI are carried out in the Medical College, Thiruvananthapuram and Kozhikode. The details are given in appendix III.
25	3.4.25 Though the equipment for conducting PCR test was purchased (January 2005) in the Biochemistry Department of the MC, Thiruvananthapuram, it was not put to use due to non-electrification of equipment room. Blood Gas Analysis was not conducted in Biochemistry Department of the MC, Thiruvananthapuram as the equipment went out of order (August 2004) and not repaired as of August 2005.		PCR testing is presently functional at Medical College, Thiruvananthapuram

(1)	(2)	(3)	(4)
26	3.4.26 <i>Radiological services</i>	<p>Radiology uses radiation and sound waves to create image to show how effectively the body and its internal organs and structures are functioning. Diagnosis radiology uses external radiation to produce the images for medicine diagnostic purposes. Diagnostic radiology techniques include use of X-ray, Computerized Tomography (CT) scan devices, Ultrasonographic devices, Magnetic Resonance Imaging (MRI) scanner devices and radio frequency electromagnetic radiation and are generally non invasive. The following deficiencies were noticed in delivery of these services.</p>	Noted
27	3.4.27 <i>Computerised Tomography Scan Service</i>	<p>CT scan service was not available in the MCs, Alappuzha and Kottayam. In the MCH, Alappuzha patients were utilizing CT scan available with the Alappuzha District Cancer Care Society where the rates were higher. In the MC, Kozhikode there was a waiting period of two weeks for non-emergency scanning. In the MC, Thrissur, the CT scanner was not functioning from February 2004.</p>	<p>CT scan is available in all Medical Colleges except Medical College, Kottayam. Administrative sanction is obtained for installation of CT Scan at Medical College, Kottayam.</p>

(1)	(2)	(3)	(4)
		<p>Though the scanner generated an income of Rs. 26 lakhs, sanction for its repair at an estimated cost of Rs. 24 lakhs had not been issued (July 2005). In the MC, Thiruvananthapuram only one scanner was available. Out of about 100 cases requiring CT scanning a day, nearly 70 approached the department and only 40 cases were attended.</p>	
28	3.4.28 <i>Manpower</i>	<p>The present strength of technical staff of the labs and radiology services was sanctioned more than 20 years back. Several posts of teachers/technical staff were lying vacant. As the quantum of work load had not been fixed for the technical staff, no need based assessment of manpower requirement was made taking into consideration the yearly increase in the number of patients. In the MC, Kozhikode, IMC did not give recognition for PG courses (MD and DMARD) in Radiodiagnosis for want of staff as stipulated in the Regulation.</p>	<p>Technical staff requirement for round the clock functioning is taken. It cannot be based on work load. Medical Council of India has pointed out six objections (DMRD and MD) of which five have been rectified. One objection related to providing Professor post in Radio diagnoses for which proposal is under consideration of Government.</p>
29	3.4.29 <i>Conclusions</i>	<p>The diagnostic facilities in the Government MCs were found to be deficient mainly due to lack of modern equipment, defective equipment, shortage of manpower, absence of quality control measures, etc. Collection of user charges from those capable of</p>	<p>In all Medical Colleges 60% of the required equipments are purchased for diagnostic services from the budget provision. Since technology is rapidly developing the state of art of modern equipments also vary. Government</p>

(1)	(2)	(3)	(4)
		paying was not effective due to absence of proper system for identifying such persons. No revision of rates had been made since 1994.	cannot afford to purchase all of them due to financial constraints.

30 3.4.30 *Recommendations*

- Funds actually required for running diagnostic services in the MCs may be assessed and provided by the government under district sub heads in the budget for proper monitoring and control
- Manual of Procedures for regulating clinical labs/ radiology services may be prepared and adequate quality control measures put in place in association with accredited labs.
- Rates of user charges fixed 11 years back need revision. An effective system .may evolved to recover user charges from those who could afford to pay.

31 3.4.31 *Response of Government*

The report was discussed with the Secretary to Government, Health & Family Welfare Department on 3 August 2005. The Secretary admitted that

(1)	(2)	(3)	(4)
		deficiencies existed in the diagnostic services as pointed out by audit. He agreed to implement the recommendations to the extent possible.	
32	3.4.32	These points were referred to the government in August 2005, reply has not been received (September 2005)	The delay is regretted. The reply submitted as above may kindly be accepted. Earnest effort has been made to utilise the resources and substantial progress has been achieved now.

**Details of non-availability of equipment
(Reference Paragraph 3.4.15)**

<i>Name of equipment</i>	<i>Name of Medical College</i>	<i>Purpose of equipment</i>	<i>Present Status</i>
(1)	(2)	(3)	(4)
Pathology			
Automatic Blood Cell Counter	Thiruvananthapuram, Alappuzha	Haematology analysis	Medical College Thiruvananthapuram has Cell Counter Purchased
Microbiology			
Automated Culture system	Thiruvananthapuram, Alappuzha, Kozhikode	Rapid diagnosis of most infectious disease especially slow growing organism like TB Bacilli	Included in PMSSY
Equipment for Polymerase Chain Reaction	Thiruvananthapuram, Alappuzha, Kozhikode	Early detection of disease	Included in PMSSY
Microscope—fluorescent and dark ground	do	Speedy identification of fluorescent stained bacteria and Virus	Available
Elisa Reader Washer and Printer	do	Detecting various diseases	Available
Biochemistry			
Autoanalyser	Thiruvananthapuram, Alappuzha, In Kozhikode no stand-by machine	For speedy bio-chemical analysis	
Automatic Blood Gas Analyser	Thiruvananthapuram, Alappuzha, In Kozhikode no stand-by machine	Essential for trauma and Intensive care	Department of Cardiology V & VS has ABG Machine at Thiruvananthapuram. One working equipment from Biochemistry department is transferred to CTVS

(1)	(2)	(3)	(4)
Equipment for Polymerase Chain Reaction	Alappuzha, Kozhikode	DNA analysis for early detection of disease	KHRWS Cardiology, Thiruvananthapuram. Medical College, Kozhikode has DSA installed during 2007.
S			
Radiology			
Digital Subtraction Angiography (DSA)	Thiruvananthapuram, Alappuzha, Kottayam, Kozhikode and Thrissur	Study of disorders of Vascular diseases	
Mammography Unit	Thiruvananthapuram, Alappuzha, Kozhikode and Kottayam	Early detection of breast cancer	Kozhikode has mammography installed through HDS. Medical College Thiruvananthapuram included in PMSSY Project. In Alappuzha/ Kottayam this equipment not available.

**Details of equipment not functioning
(Reference Paragraph 3.4.16)**

<i>Name of equipment</i>	<i>Year which equipment not functioning</i>	<i>Name of Medical College</i>	<i>Present Status</i>
(1)	(2)	(3)	(4)
Pathology			
Automatic Blood Cell Counter	2000	Alappuzha	Company is called for repair and they never turned up steps are being taken for legal action
Microbiology			
Deep freezer -70' c	2000	Thiruvananthapuram	Repair of this equipment done in 2005 Made functional. Now the equipment as per the report of Head of Department is not functional, steps are being take for repair of instrument through central workshop. Since there than is no AMC entered with company during purchase.
Biochemistry			
Automatic Blood Gas Analyser	2004	Thiruvananthapuram	Not working
Do.	1997	Alappuzha	Not functioning. Attempts to repair in vain
Auto Analyser (RA-100)	1997	Alappuzha	do.
Superstat Analyser	2003	Thiruvananthapuram	Functional
Auto Analyser Superstar 919	2003	Kozhikode	Functional
Beckmann Analyser (Electrolyte analyser)	2003	Thiruvananthapuram	Equipment repaired & made functional

**Detail Investigation not conducting Medical Colleges
(Reference Paragraph 3.4.24)**

<i>Name of investigation</i>	<i>Purpose of investigation</i>	<i>Medical Colleges in which investigation not conducted</i>	<i>Present Status</i>
(1)	(2)	(3)	(4)
Pathology			
Immunohistochemistry	For accurate diagnosis of malignant tumours	Thiruvananthapuram, Alappuzha, Kottayam, Thrissur, Kozhikode	MCT available MCK-NA MTSR-NA MKD-NA MALP-NA
Immuno fluorescent study	For accurate reporting of renal biopsy	Thiruvananthapuram, Alappuzha, Kottayam, Kozhikode	MCT—NA MALP—NA MCC—Available MKT—NA
Cytogenetics	Chromosome study for detecting genetic defects and malignant disorders like Leukemia	Thiruvananthapuram, Alappuzha, Kozhikode	MCT—Available MKD—Available MALP—NA
Coagulation Studies	Bleeding disorders like haemophilia	Thiruvananthapuram, Alappuzha, Kozhikode	MCT—Available MKD—NA MALP—NA
Fluorescent Microscopy	Final diagnosis of Kidney disease and skin diseases	Alappuzha	MALP—NA
Flow Cytometry	Detection of tumours	Kozhikode	MKD—NA
Microbiology			
Mycobacteriology only culture test is done. Sensitivity testing and identification of Acid Fast Bacilli not done	For TB detection	Thiruvananthapuram, Alappuzha, Thrissur, Kozhikode	NCT Available MTSR-NA MKD-Available MALP-NA

(1)	(2)	(3)	(4)
PCR Test	Early Detection of HIV, TV etc.	Thiruvananthapuram, Alappuzha, Thrissur, Kozhikode	MCT—Available MALP—NA MKD—NA MTSR—NA
Automated Culture System	Rapid diagnosis most infectious diseases especially slow growing organism like TB Bacilli	Thiruvananthapuram, Alappuzha, Kozhikode	MCT—NA MKD—Available MALP—Available
Microscopy	Identification fluorescent stained bacteria and virus	Alappuzha, Kozhikode	MALP—NA MKD—NA
Biochemistry			
Polymer Chain Reaction (PCR)	DNA analysis for early detection of diseases	Thiruvananthapuram, Alappuzha, Kozhikode	MCT—Available MALP—NA MKD—NA
T3.T4.TSH	thyroid function Test	Alappuzha	MALP—NA
Blood gas analysis	Essential for Trauma & Intensive Care	Thiruvananthapuram and Alappuzha	MCT—NA MALP—Available
FSH,LH, Prolactin, CEA	Infertility	Alappuzha	MALP—NA
LDL, LP(a)	For detection of Coronary Artery Diseases	Alappuzha	MALP—NA
VMA, HIAA	Tumour Markers	Alappuzha	MALP—NA

HEALTH AND FAMILY WELFARE (K) DEPARTMENT

**Action Taken Statement on the Draft Para-Exorbitant Penalty due to delay in payment of Water charges—Medical College Hospital, Thiruvananthapuram
Audit report for the year ended 31-3-2006 (Civil)**

<i>Paragraph Title and Text</i>		<i>Action Taken</i>
(1)	(2)	
I	Though water meter was not working, there were no records of action taken by the Principal to replace the defective meter. So that the charges could be assessed on the actual consumption.	Principal, Medical College, Thiruvananthapuram has already initiated effective steps to replace the defective water meters.
II	There are no system of making regular payments of water charges, though it was known that penalty was payable on the outstanding arrears for each month.	Timely allotment of water charges and monthly ceiling shall be made available by Water Authority. Principal, Medical College, Thiruvananthapuram is taking effective steps to prevent part payment of bills to avoid surcharge. Matter has been taken up with Water Authorities to submit the bills of water charges promptly so as to avoid surcharge on delayed payment.
III	The Principal surrendered Rs. 2.50 crore in 2003-04 and Rs. 3.50 crore in 2004-05 out of allocation available for payment of water charges even though huge amounts were payable to KWA at that time. Had these funds been used for payment of arrears, there would have been substantial saving of surcharge.	Though an amount of Rs. 2.5 crore was allotted for the financial year 2004-05, the amount lapsed for want of necessary ceiling clearance. Again an amount of Rs. 9 crore was allotted during 2004-05 and Rs. 5.5 crore was remitted to K W A vide C B No. 84/04-05 cashed on 31-3-2005. But the balance amount of seen use Rs. 3.5 crore lapsed

(1)	(2)
	<p>since the ceiling clearance was belated to about 9 PM on 31-3-2005 and the bill could not be presented to the Treasury at the fag end.</p> <p>Hence it may be noted that there wasn't any deliberate delay in the remittance of water charges. The amount lapsed for want of necessary ceiling clearanc in time. Steps will be taken in future to take up the clearance well ahead of time.</p>
<p>IV KWA was levying surcharge at the exorbitant rate of two <i>per cent</i> per month. the surcharge was levied monthly not only on the outstanding water charges but on the outstanding surcharge also. As a result while the water charges demanded was Rs. 11.13 lakh per month during the entire period from August 2000 to January 2006, the monthly demand of surcharge exceeded the water charges from May 2002 onwards and ranged between Rs. 11.21 lakh and 31.89 lakh.</p>	<p>If the metre is working water charge is calculated based on the consumption. If the meter is not working, it is charged on the average consumption of the period in which the meter was working.</p> <p>If the meter is not working 25% of the average consumption is imposed as surcharge for the first two months. After two months, if the not working meter is not replaced/repared, 50% of the average consumption is imposed as surcharge. After that the surcharge is 100% of the average consumption.</p>
<p>V KWA was regurly defaulting on dues to government and as on 31st march 2005 defaulted payment of loan and interest amounted to Rs. 539 crore. Had timely action taken at Government level to settle the water charges by adjusting it</p>	<p>In addition to these, from 4/99 onwards, if the charges are not remitted within the stipulated time, 2% of the outstanding amount is levied as fine for every month, from the non-domestic consumers.</p>

(1)	(2)
against overdue payments from KWA, payment of surcharge could have been avoided.	
VI	In response to earlier audit PAC recommendation is implemented observations on similar payments with effect from the current of surcharge State PAC had financial year by clearing water recommended (December 2000) that charges of Medical College sufficient funds should be provided Hospital, Thiruvananthapuram by to hospitals for making payments providing Rs. 12.50 crores under of energy and water charges. The Non-Plan head of account “2210- payment of huge surcharge was 01-110-98-05(1)—Water Charges”. necessitated due to Government’s failure to comply with the PAC recommendations.

**Committee on Public Accounts (2006-08) statement of Action Taken on the
recommndation of the C & AG for the year 2004-05 & 2005-06**

<i>Sl. No.</i>	<i>Para No.</i>	<i>Audit Para</i>	<i>Action Taken</i>
(1)	(2)	(3)	(4)
		<p><i>Idle investment/Idle establishment/Blockage of funds.</i></p> <p>HEALTH AND FAMILY WELFARE DEPARTMENT</p> <p>Idle investment on health centres</p> <p>Lack of planning and failure to provide funds/staff for the continued functioning of the health centres resulted in the idling of health centres and forgoing of assistance of Rs. 8.91 crore.</p>	
		<p>Government of India introduced (November 1997) the Reproductive and Child Health (RCH) Programme as part of cent per cent Centrally Sponsered Family Welfare Programme aimed at stabilising population growth and improving the health status of women and children. The World Bank assisted programme was to be implemented during a period of five years 1997-98 to 2001-02, which was extended up to 31st March 2004. Funds for the programme were to be provided to the State during the project period and expenditure for sustaining the programme</p>	<p>Central and State Government have approved the implementation of World Bank aided reproductive and Child health project in state level and district level in Palakkad and Kozhikode for a period of five years and hence started implementation from 1-4-1998. Government of India had extended the term of project for a period of one year from 1-4-2003 to 31-3-2004 and closed on 31-3-2004. Later it is permitted to continue the sub projects up to 31-7-2004 for winding up of sub projects activities by retaining skeleton staff up to two numbers.</p>

(1)	(2)	(3)	(4)
	<p>beyond that was to be met by the State government. The Districts of Kozhikode and Palakkad in the state were selected for implementation of the RCH district projects. Against the project cost of Rs. 27.18 crore, Rs. 18.27 crore alone had been availed of during the project period and assistance of Rs. 8.91 crore was forgone as on March 2005. Audit scrutiny conducted (July 2005) on the implementation of the project revealed the following.</p> <p>Under the scheme, nine Urban Health Centres (UHC) (Rs. 0.75 crore) and 27 Maternal and Child Health Centres (MCHC) (Rs. 1.62 crore) were constructed in Kozhikode District and 54 Reproductive and Child Health sub centres and 22 operation theatres (Rs.7.94 crores) were constructed in Palakkad District. Other main items of expenditure under the project were construction of a new born nursery and modification to operation theatre/labour room in Beach Hospital, Kozhikode (Rs. 0.74 crore), vehicles (Rs. 0.59 crore), furniture and office equipment (Rs. 1.51 crore), operating cost (Rs. 2.16 crore), surgical instruments and drugs (Rs.1.03 crore), and miscellaneous expenditure (Rs. 1.94 crore).</p>	<p>Accordingly Government had issued orders in GO(Rt) No. 2091/04/H&FWD, dated 31-7-2004 to wind up the RCH sub projects of Kozhikode and Palakkad with effect from 31-7-2004. Subsequently it has also ordered in G.O. (Rt.) No.2829/04/H &FWD, dated 7-10-2004 to handover all the assets and infrastructures procured under RCH sub projects Kozhikode to the Corporation of Kozhikode except the UHCs in Medical College Campus, West Hill and UHC Kannadikkal and sub-centre under and those UHCs subject to the following conditions.</p> <p>(i) infrastructure created through the sub-project will stand transferred to Kozhikode Corporation. Staff coming under Health Department will also be hence forth under the administrative control of the corporation.</p> <p>(ii) Corporation will immediately take action to fill up all sanctioned posts in</p>	

(1)	(2)	(3)	(4)
		<p>After the project period, the Government transferred (October 2004) six out of the nine UHCs and 27 MCHCs in Kozhikode to the Kozhikode Municipal Corporation (Corporation). However, the corporation had not taken possession of these centres for want of funds for their continued operation. It was noticed in audit that five UHCs where the Corporation had already been running dispensaries and two UHCs and six MCHCs run by the Health Services Department alone were functioning. The remaining two UHCs and 21 MCHCs were not functioning as of January 2006.</p>	<p>the UHCs. It is expected that through this 5 UHCs will be fully operational.</p>
		<p>Out of the 54 RCH sub-centres constructed in Palakkad District, 13 were not functioning as of January 2006 for want of electricity and water supply (four), shortage of staff (two), non-access to the centre, etc. It was also noticed that two of these sub-centres were located in a lonely place while another centre was surrounded by forest. Out of the 22 operation theatres constructed, eight were not functioning for want of staff (seven) and electricity (one).</p>	<p>(iii) Health Services will provide manpower including doctors to staff the remaining 4 UHCs.</p>
		<p>The failure of the Department to properly locate the centres and provide basic infrastructure</p>	<p>Despite the Government order the corporation authorities of Kozhikode did not comply the government directions since the funds were not provided for the continued activities of health centres. As such the Finance Department has offered the following remarks in connection with giving grant to the Kozhikode Municipal Corporation:— “The RCH Centre has been transferred to the Kozhikode corporation. They have asked for a special grant of Rs. 30 lakh per year for the maintenance of the RCH. Finance Department had pointed out that funds are being given separately from the LSGD to LSGIs including Kozhikode corporation, precisely for this purpose. The Government cannot sanction any additional grant to Kozhikode corporation, (or for any other LSGI for that matter). Infact, Finance Department cannot agree to</p>

(1)	(2)	(3)	(4)
		<p>facilities like electricity and water supply during the project period when funds, were available and failure of the Government to provide funds/staff for the continued functioning of the health centres after the project period, resulted in the idling of the health centres/operation theatres and thus the objective of delivering the benefits of health care facilities to women and children could not be fully achieved.</p> <p>Government stated (August 2006) that the newly constructed UHCs were not fully operational due to shortage of staff/paucity of funds for Kozhikode Corporation. As regards the sub-centres in Palakkad district, it was stated that some of the locations might appear to be lonely but the intentions of setting up these centres had been with a vision to provide basic health facilities in unserved areas.</p>	<p>sanction additional funds to LSGIs who are already being given Rs. 1350 cr. out of the plan funds and Rs. 554 cr. for maintenance grant and general-purpose grant”.</p> <p>“The Kozhikode Corporation has been granted Rs. 458.70 lakh as maintenance grant in 2004-05 for the upkeep or transferred institutions such as the RCH Centre. The requirement of Rs. 30 lakh can easily be met from that. In addition, the Corporation has been sanctioned Rs. 447.94 lakh as general-purpose grant. This also can be used for the upkeep of the RCH Centre. Above all the Corporation has been sanctioned Rs. 1583.84 lakh as plan grant in 2004-05. The required Rs. 30 lakh can easily be met from this also.”</p> <p>Inspite of the above out of nine UHCs seven were put into function with the skeletal staff of the corporation and health service and the remaining two UHCs could not be made full time functional as the lack of sufficient staffs. However Immunization services, AN care etc. were provided on fixed days by deploying staff from the Urban ICDS project.</p>

(1)	(2)	(3)	(4)
			<p>The Pulse Polio and IEC campaigns were conducted in these two UHCs.</p>
			<p>However, the corporation council has now passed resolution to take over the UHCs and MCHs. The Government has agreed to release the grant for the support of these UHC and MCHCs. They have already taken over the charge of the MCHCs and UHCs from the District Medical Officer (H). Support will be given from NRHM programme also. It is expected that all the UHCs and MCHCs will start functioning normally without any delay.</p>
			<p>The New Born Nursery and Operation theatre constructed at Government General Hospital, Kozhikode the details of which are appended as Annexure I has been posted staff under HDC. There is substantial improvement in the service delivery under O&G department during the period 2006-07.</p>
			<p>District Palghat</p>
			<p>The constructions were carried out with a view to extend public health services Grama Panchayat authorities. The sub centres and operation theatres were constructed by taking the</p>

(1)	(2)	(3)	(4)
			<p>requirement of the local area with future vision in mind. The sites for sub centres and modernization of operation theatres were selected by the concerned Panchayats and approved by the implementation committee under the Chairmanship of District Panchayat President. After conclusion of RCH Phase I, Phase II has been launched all sub-centres and operation theatres constructed under RCH Phase I will be made functional by utilizing the untied funds as well as maintenance grant allotted to PHCs under RCH phase II. The untied funds for the sub-centres under RCH phase II have been distributed. Under the new guidelines for National Rural Health Mission (NRHM), provision for hiring additional staff has been included and action will be initiated to provide deficient staff wherever necessary. Details regarding non-functioning of Sub-Centres are appended herewith as Annexure II.</p>

ANNEXURE I

1. Date from which started : Inaugurated and started on 15-10-2004
Admission started on 15-10-2004
2. How many Doctors and other Para medical staff posted exclusively for the New Born nursery : No doctors and para medical staff are posted exclusively for the New Born Nursery.
3. Furniture/Instruments Purchased : List appended
4. How many children cured : 250
5. What are the equipments needed : List appended

NILU

Started on 15-10-2004—(Inaguration) Admission started on 15-10-2005—
Furniture purchased

1.	Table	1
2.	Bench arm	1
3.	Iron cot	2
4.	Plastic Chair	5
5.	I/V Stand	4
6.	Baby cradle	15

Instruments Purchased

1.	O2 Cylinder with stand	3
2.	Electric Suction	1
3.	Photo therapy	2
4.	Laryngoscope	2
5.	Glucometer	2
6.	Rectal Thermometer	4
7.	Electronic Weighing Mechine	1
8.	Digivent Ventilator	1
9.	Warmer	5
10.	Instrument Trolley	2
11.	Ambu bag	1
12.	Radent	1
13.	O ₂ Analyser	1
14.	Stainless Kidney tray	2
15.	Neo natal Rhyie's tube	2

Children Cured 250

Equipment Needed

1.	Pediatric Ventilator	1
2.	Monitor	1
3.	USG Mechine with colour Dupler	1
4.	ECG Mechine—Digital	1
5.	ABG Analyser	1
6.	Double surface phototherapy	2
7.	Apnoea Monitor	1
8.	Incubator	2
9.	Pulse Oxymeter	1
10.	Defibrillator	1
11.	Portable X-ray	1
12.	Infusion Pumb	10
13.	Suction aparatus	4
14.	Microscope (binocular)	1
15.	CPAP	1
16.	Glucometer	1

ANNEXURE II
NON FUNCTIONING SUBCENTRES

Palakkad

<i>Sl. No.</i>	<i>Name of Sub Center</i>	<i>Name of PHC</i>	<i>Name of Panchayath</i>	<i>Reason</i>
(1)	(2)	(3)	(4)	(6)
Agali Block PHC				
1	Main Center, Sholayur (R.C.H.)	PHC, Sholayur	Sholayur	Functioning as PHC
Alanellur Block PHC				
2	Erattavari (R.C.H.)	PHC, Kottopadam	Kottopadam	Open well dug no water
3	Poonchola (R.C.H.)	PHC, Kajirappuzha	Kajirappuzha	No JPHN post
Ambalapara Block PHC				
4	Pudur R.C.H.S.C.	PHC, Perur	Lakkidi-Perur	For want of water. Borewell out of order
Challiserry Block PHC				
5	Anakkara SC (R.C.H.) Sub Project)	PHC, Kumbidi	Anakkara	lonely place and there is no water
Katambazhipuram Block PHC				
6	Alumkunnu R.C.H. Sub Project SC (Kacherikunnu)	CHC, Cherpalchery	Cherpalchery	No water facility
Coyalmannam Block PHC				
7	Kuthanur (R.C.H.) Sub Project Sub project C	PHC, Kuthanur	Kuthanur	The water is flowing through the Kannal the plinth area of the sub centre is getting water logged

(1)	(2)	(3)	(4)	(6)
Koduvayur Block PHC				
8	Nedumani (R.C.H.) Sub Project SC	PHC, Kollengode	Kollengode	For want of water, electricity
9	Vadavannur Thankayam R.C.H. Sub Centre	PHC, Vadavannur	Vadavannur	„
Kongad Block PHC				
10	Murali (R.C.H.) Sub project SC	PHC, Puduppariyaram	Puduppariyaram	No water
Koppam Block PHC				
11	Pulassey (PADHI- YANAMPATTA) SC R.C.H Sub project SC	PHC, Koppam (Block PHC)	Koppam	No compound wall no way for entering
12.	Kundoorkara SC (R.C.H.)	PHC, Ongallur	Ongallur	No inhabitants in the near locality
13.	Vandumthara R.C.H. Sub Project SC	PHC, Kulukkallur	Kulukkallur	Alone surroun- ding forest

NON FUNCTIONING OPERATION THEATRES

<i>Sl. No.</i>	<i>Name of Institutions</i>	<i>Functional status</i>	<i>Reasons</i>
Alanelur Block PHC			
1	PHC Karakkurissy	No	Cutting of Electricity
Chalavara Block PHC			
2	PHC Nellya	No	No staff
Pazhambalacode Block PHC			
3	PHC Kunnisery	No	No staff
Katampazhipuram Block PHC			
4	PHC Kottapuram	No	No impationts and insufficient staff
Nanniyode Block PHC			
5	PHC Naleppily	No	Coper T insertion being done
Pazhampalakode Block PHC			
6	PHC Melarkode	No	No staff
Vadakkancherry Block PHC			
7	PHC Ayiloor	No	No Sufficient Staff
8	PHC Vandazhi	No	Using for immunization and IUD Insertion

**Kerala Legislative Assembly—Committee on Public Accounts (2006-08),
Statement of Action Taken on the Report of the Comptroller
and Auditor General for the year 2005-06**

<i>Sl. No.</i>	<i>Para No.</i>	<i>Audit Report</i>	<i>Action Taken</i>
(1)	(2)	(3)	(4)
1	4.4.2	Government released funds for a Project even before setting up the implementing agency and before identifying the external funding agency. As a result the Project did not take off and Rs. 1.26 crore out of Rs. 1.40 crore released, remained locked up in treasury deposits for more than 3 years.	<p>Government of Kerala vide G.O.(Ms.) No. 292/2002/H&FWD, dt. 8-11-2002, has accorded sanction to establish Kerala Heart Foundation as a Society registered under the Travancore Cochin Literary Scientific and Charitable Societies Registration Act of 1955. Government of Kerala has also allotted 3.78 acres of land in survey No. 802 of Cheruvikkal village near Medical College, Thiruvananthapuram, for establishing the Kerala Heart Foundation.</p> <p>There was budget provision of 20 lakhs in 2002-03. A further sum of Rs. 1 crore was provided in supplementary demand for grants for that year. In G.O.(Rt.) No. 3329/03/Fin. dt. 29-3-2003, sanction was accorded to open a non interest bearing Spl TSB Account in the name of the Director, Kerala Heart Foundation, with District Treasury, Thiruvananthapuram, for depositing the funds relating to Kerala Heart Foundation. The amount of Rs. 1.20 lakhs was credited to Spl TSB Account No. 12498 on 31-3-2003. There was a budget provision of Rs. 20 lakhs under 2210-80-800-94 during 2003-04. This amount was also released and deposited in the TSB Account No. 12498, as per G.O.(Rt.) No. 906/04/H&FWD, dt. 25-3-2004. No other amount has been released to the TSB Account of Kerala Heart Foundation.</p>

(1)	(2)	(3)	(4)
			<p>The construction of the building for the Kerala Heart Foundation has not been taken up so far because of the non-availability of sufficient fund. After several rounds of discussion with banks and institutions like HUDCO, the offer of HUDCO for loan of Rs. 23 crore was considered. This proposal has not become fruitful as the Government did not agree to HUDCO's condition of either Government guarantee for the loan or specific budgetary provision for ensuring repayment.</p>
			<p>The Department of Cardiology, Medical College, Thiruvananthapuram, is envisaged as the base unit of Kerala Heart Foundation. Since the proposals for the construction of building for Kerala Heart Foundation is in a stand still, it has been decided to strengthen the Department of Cardiology, of Medical College Hospital, Thiruvananthapuram, (the base unit of Kerala Heart Foundation), with latest essential medical equipments. Government have accorded administrative sanction for the purchase of medical equipments amounting to Rs. 92.5 lakhs as per G.O.(Rt.) No. 3503/06/H&FWD, dt. 1-12-2006, for the purpose. As per G.O.(Rt.) No. 3311/07/Fin., dt. 18-4-2007, Government have accorded sanction to meet the expenditure required for the purchase of the medical equipments amounting to Rs. 92.5 lakhs from the TSB Account No. 12498. Procedure for the purchase of Computerized Treadmill Stress Testing System and Holter Monitor have been completed and supply order issued on</p>

(1)	(2)	(3)	(4)
			<p>14-9-2007 (total cost 12 lakhs). The machines will be installed within 2 or 3 days. The equipments namely Electro-physiology Work Station and Portable Echo Cardiographic System have been subjected to re-tender to get more tenders for effective negotiation. The budget for both the equipments will come to Rs. 75 lakhs. Beyond this, it has been decided to organize Health Education Camps in all 14 districts at a cost of Rs. 1 lakh per camp. It has also been decided to organise other activities such as release of Health Education booklets, CME programmes for doctors, training to basic health workers, establishing a preventive cardiac cell, epidemic surveys etc. Expenditure for the above purposes has also to be met from the TSB Account No. 12498 maintained by the Director, Kerala Heart Foundation, in addition to the expenditure towards salary of the staff of Kerala Heart Foundation and other contingent expenditure.</p>

KLA—COMMITTEE ON PUBLIC ACCOUNTS (2006-08) STATEMENT OF
ACTION TAKEN ON THE REPORT OF THE COMPTROLLER AND
AUDITOR GENERAL OF INDIA FOR 2005-06

<i>Sl. No.</i>	<i>Para No.</i>	<i>Audit Report</i>	<i>Action Taken</i>
(1)	(2)	(3)	(4)
3	4.5.3	<p><i>Delay in setting up of three Regional Diagnostic Centres resulted in loss of Government of India grant of Rs. 2.19 crore and denial of the intended diagnostic facilities to the public</i></p> <p>Eleventh Finance Commission (EFC) awarded grant of Rs. 9 crore for setting up three Regional Diagnostic Centres (RDCs) each at a cost of Rs. 3 crore. State Government sanctioned (August 2001) setting up of the RDCs at Kollam, Ernakulam and Palakkad. The execution and management of RDCs at Kollam and Palakkad was through KHRWS and that at Ernakulam through the Hospital Development Committee. The award of the ERF was for utilization of the grant within the award period between April 2000 and March 2005. As per the Government of India (GOI) guidelines, the plan of action of the administrative Department was required to conform to the pattern contemplated by the Finance Commission and grants that remained unutilized as on 31 March, 2005 was to lapse.</p> <p>As per the records in the Finance Department out of the award grant of Rs. 9 crore, Rs. 7.71 crore were released by the GOI and Rs. 6.81 crore spend by the Health Department during the award</p>	<p>As per G.O.(Rt.) No. 2229/01H&FWD dated, 16-8-2001 administrative sanction was accorded for setting up three regional diagnostic centres at Ernakulam, Kollam and Palakkad at a cost of Rs. 9 crore for implementation from 2001-2005 on the recommendation of the Eleventh Finance Commission and sanction was accorded for purchase of equipment as per G.O.(Rt.) 18/2004/H&FW dated, 19-1-2004 at a total cost of Rs. 540.11 lakhs.</p> <p>On the basis of the above orders for Rs. 640.91 lakhs, purchase procedures were initiated by Director of Health Services sufficiently early in anticipation of</p>

(1)	(2)	(3)	(4)
		<p>period. It was also seen in Audit that</p> <ul style="list-style-type: none"> * Against Rs. 1.41 crore estimated by the EFC by the cost of building of the Three RDCs (Rs. 47 lakhs for each RDC) the department spent Rs. 2.57 crore. * Though the EFC had given broad indications of the equipment required and estimated its crores as Rs. 2.53 crore for each RDC, there was huge short fall in purchase of equipment despite the availability of funds. EFC provided Rs. 90 lakh for each RDC for purchase of Computerised Tomography (CT) scan machine, an essential and costly equipment required for diagnosis and rarely available in the Government Hospitals. But this equipment was not purchased for any of the RDCs. * RDC at Ernakulam was commissioned (November, 2005) partially and RDCs at Kollam and Palakkad has not started functioning due to non availability of adequate staff and essential equipment as of July, 2006. <p>Thus, despite availability of GOI grant and time up to five years to utilise it, the Health Department did not take effective steps to complete construction of buildings and for purchasing of specialized equipment like Electro Cardio</p>	<p>Administrative Sanction. Tenders were invited on 26-6-2003 and tenders were opened on 6-8-2003 to speed up the purchase procedures. The Departmental purchase Committee met on 18-3-2004 and accorded purchase sanction for 16 items and subsequently supply order was placed for Rs. 70.28 lakhs. The Departmental Purchase Committee further recommended to retender the remaining items during 20-4-2005. The Technical Committee evaluated the equipments at the installation cite of firms and completed all the purchase formalities within a short span of time.</p> <p>In short, the department was to complete the purchase procedures within 14 months and at the end of 31-3-2005. The achievement was as follows :</p> <p>Grant 9 crores Amount Released 7.71 crore</p>

(1)	(2)	(3)	(4)
		<p>Gram machine, Ultra Sound Scanner, Fully Automated Haematology Analyser, Incubator, Elisa Reader with washer etc, within the award period upto 31 March, 2005. As a consequence, the benefits of diagnostic facilities contemplated to be provided to the public by starting of the three RDCs was abnormally delayed and the revenue receivable by way of user charges was also lost. Apart from this due to the failure of the Department to utilize the EFC grant within the prescribed time, the State Government lost Central grant of Rs. 2.19 crore (Rs. 9 crore-Rs. 6.81) specifically provided for the RDCs.</p>	<p>Expenditure 6.81 crores Loss 2.19 crores</p>
		<p>The matter was referred to Government in June, 2006 ; reply had not been received (Augst, 2006).</p>	<p>With regard to the purchase of CT Scanner, the technical Committee discussed the original proposal of Government of India, where Rs. 90.00 lakhs was set aside for the purchase of SC scan,. The cost of the latest version of CT scanner machine was Rs. 2.50 crores. The finding of the committee were brought into the notice of the Health Secretary. As suggested by the Health Secretary, basic equipments required for Regional Diagnostic centres was formulated in tune with the basic needs of each Regional diagnostic Centres.</p>
			<p>At present all the basic equipments required for the 3 Regional Diagnostic Centres were available and the centers were functioning smoothly. The centers were also collecting user charges according to the rate fixed for each test.</p>

(1)	(2)	(3)	(4)
			<p>In this context the dept. had initiated all possible steps to complete the purchase formalities within the short period of 14 months and its stands that there was not laxity or lapse on the part of any of the officers of the department in utilizing the funds earmarked for the purchase of equipments for 3 Regional Diagnostic Centres in Kerala. Government have accorded sanction to release the funds to the tune of Rs. 47 lakhs each to the Regional Diagnostic Centres at Kollam and Palakkad (KHRWS) and Rs. 1.50 crores to the Regional Diagnostic Centre Ernakulam. In the minutes of the meeting of the State Level empowered Committee it has been approved to release Rs. 1.50 crores to Ernakulam for civil works out of funds provided under the Head of Account 2210-06-107-94 NP for the current year. The civil work of the above Regional Diagnostic Centers have been completed and utilization certificate has already been forwarded to Government.</p>

APPENDIX III

Details of Non availability of equipment**(Reference : Paragraph 3.4.15)**

<i>Name of equipment</i>	<i>Name of Medical College</i>	<i>Purpose of Equipment</i>
(1)	(2)	(3)
Pathology		
Automatic Blood Cell Counter	Thiruvananthapuram, Alappuzha	Haematology analysis
Microbiology		
Automated culture system	Thiruvananthapuram, Alappuzha, Kozhikode	Rapid diagnosis of most infectious disease especially slow growing organism like TB Bacilli.
Equipment for Polymerase Chain Reaction	Thiruvananthapuram, Alappuzha, Kozhikode	Early detection of disease
Microscope-Flourescent and dark ground	do.	Speedy identification of fluorescent stained bacteria and virus.
Elisa Reader Washer and Printer	do.	Detecting various diseases.
Biochemistry		
Autoanalyser	Thiruvananthapuram, Alappuzha In Kozhikode no standby machine	For speedy biochemical Analysis.
Automatic Blood Gas analyser	Thiruvananthapuram, Alappuzha In Kozhikode no standby machine	Essential for trauma and Intensive Care.
Equipment for Polymerase Chain Reaction	Alappuzha, Kozhikode	DNA analysis for ealry detection of disease.

(1)	(2)	(3)
Radiology		
Digital Subtraction Alappuzha, Kottayam, Angiography (DSA)	Thiruvananthapuram Alappuzha, Kottayam. Thrissur and Kozhikode	Study of disorders of Vascular diseases
Mammography Unit	Thiruvananthapuram, Kozhikode, Alappuzha and Kottayam	Early detection of breast cancer.

APPENDIX IV

Details of equipment not functioning**(Reference : Paragraph 3.4.16)**

<i>Name of equipment</i>	<i>Year from which equipment not functioning</i>	<i>Name of MC</i>
Pathology :		
Automatic Blood Cell Counter	2000	Alappuzha
Micro Biology :		
Deep freezer-70° C	2000	Thiruvananthapuram
Biochemistry :		
Automatic Blood Gas analyser	2004	Thiruvananthapuram
do.	1997	Alappuzha
Auto analyser (RA. 100)	1997	Alappuzha
Superstat Analyser	2003	Thiruvananthapuram
Autoanalyser Superstat 919	2003	Kozhikode
Beckmann Analyser (Electrolyte analyzer).	2003	Thiruvananthapuram

Details of investigations not conducted in the Medical Colleges**(Reference : Paragraph 3.4.24)**

<i>Name of investigation</i>	<i>Purpose of investigation</i>	<i>MCs in which investigation not conducted</i>
Pathology :		
Immuno histo chemistry	For accurate diagnosis of malignant tumours	Thiruvananthapuram Alappuzha, Kottayam, Thrissur and Kozhikode
Immuno flourescent study	For accurate reporting of renal biopsy	Thiruvananthapuram, Alappuzha, Kozhikode, Kottayam
Cytogenetics	Chromosome study for detecting genetic defects and malignant disorders like leukemia	Thiruvananthapuram, Alappuzha, Kozhikode
Coagulation studies	Bleeding disorders like haemophilia	Thiruvananthapuram, Alappuzha, Kozhikode
Flourescent Microscopy	Final diagnosis of kidney diseases and skin diseases	Alappuzha
Flow cytometry	Detection of tumours	Kozhikode
Microbiology		
Mycobacteriology— Only culture test is done. Sensitivity testing and identification of Acid Fast Bacilli not done.	For T.B. detection	Thiruvananthapuram, Alappuzha, Thrissur and Kozhikode
Polymerase Chain Reaction (PCR) Test	Early detection of HIV, TB etc.	Thiruvananthapuram, Alappuzha, Kozhikode, and Thrissur

(1)	(2)	(3)
Automated culture system	Rapid diagnosis of most infectious diseases especially slow growing organism like TB Bacilli.	Thiruvananthapuram, Alappuzha, Kozhikode
Flourescent Microscopy	Speedy identification flourescent stained bacteria and virus.	Thiruvananthapuram, Alappuzha, Kozhikode
Biochemistry		
Polymerase Chain Reaction (PCR)	DNA analysis for early detection of diseases	Thiruvananthapuram, Alappuzha, Kozhikode
T3, T4, TSH	Thyroid function test	Alappuzha
Blood gas analysis	Essential for Trauma & Intensive Care	Thiruvananthapuram, and Alappuzha
FSH, LH, Prolaction, CEA	Infertility	Alappuzha
LDL; LP (a)	For detection of coronary artery diseases	Alappuzha
VMA; HIAA	Tumour markers	Alappuzha