TAMIL NADU LEGISLATIVE ASSEMBLY

COMMITTEE ON PUBLIC ACCOUNTS

(2011-2012)

(FOURTEENTH ASSEMBLY)

THIRTY SEVENTH REPORT

(Presented to the Assembly on 7-5-2012)

Legislative Assembly Secretariat,
Chennai-600 009.

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REPORT OF THE COMMITTEE ON PUBLIC ACCOUNTS ON THE PARAGRAPHS INCLUDED IN THE REPORT OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA (Civil) FOR THE YEAR 1999-2000 AND 2000-2001 RELATING TO HEALTH AND FAMILY WELFARE DEPARTMENT

CONTENTS

Paragraph Number (1)	Subject (2)	Pages (3)
	Contents	i-iii
	Composition of the Committee on Public Accounts (2011-2012)	v
	Introduction	vii

REPORT

REPORT OF THE COMMITTEE ON PUBLIC ACCOUNTS ON THE PARAGRAPHS INCLUDED IN THE REPORT OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA (Civil) FOR THE YEAR 1999-2000 AND 2000-2001 RELATING TO HEALTH AND FAMILY WELFARE DEPARTMENT

HEALTH AND FAMILY WELFARE DEPARTMENT

1. National Family Welfare Programme (Para No.3.2) of Audit Report 1999-2000) 1
2. Achievement of demographic goals Birth Rate, Death Rate and Infant Morality Rate (Para 3.2.6.1. of Audit Report 1999-2000) 2
3. Family Planning Methods-Tubectomies and Vasectomies (Para 3.2.6.2. of Audit Report 1999-2000) 2-4
4. Non/Poor utilization of Operation Theatres in PHCs in sterilisation programme (Para 3.2.6.4 of Audit Report 1999-2000) 4-6
5. Manpower Position (Para 3.2.7 of Audit Report 1999-2000) 6
6. Medical Termination of Pregnancy (Para 3.2.9 of Audit Report 1999-2000) 6-7
7. PAP Smear Test Facility Programme (Para 3.2.10 of Audit Report 1999-2000) 7-8
8. Reproductive and Child Health Programme (RCHP) (Para 3.2.11.2 of Audit Report 1999-2000) 8-10
9. Sterilisation Bed Scheme (Para 3.2.13 of Audit Report 1999-2000) 10
10. DANIDA funds lying unutilised with Tamil Nadu Medical Services Corporation (Para 3.2.14.3 of Audit Report 1999-2000) 10-11
11. Irregular expenditure on items not qualified for Central Assistance (Para 3.2.17.1 of Audit Report 1999-2000) 11-12
12. Irregular claim towards staff cost (Para 3.2.17.2 of Audit Report 1999-2000) 12

13. Excess claim towards charges on Direction and Administration and contingencies (Para 3.2.17.3 of Audit Report 1999-2000) 13
14. Unutilised amount with Tamil Nadu Medical Services Corporation (Para 3.2.17.4 of Audit Report 1999-2000) 13-14
15. Miscellaneous Purposes Fund (Para 3.2.18 of Audit Report 1999-2000) 14-15
16. Implementation of Prevention of Food Adulteration Act 1954 (Para No.3.3 of Audit Report 1999-2000) 15-16
17. Poor coverage of areas (Para 3.3.5.1 of Audit Report 1999-2000) 16
18. Non-revision of target fixed for lifting samples (Para 3.3.5.2. of Audit Report 1999-2000) 16-17
19. Non-achievement of target fixed for lifting samples (Para 3.3.5.3 of Audit Report 1999-2000) 17-18
20. Inadequate sampling from manufacturers/wholesalers (Para 3.3.5.4 of Audit Report 1999-2000) 18-19
21. Coverage of food items (Para 3.3.5.5 of Audit Report 1999-2000) 19-20
22. Inadequate sampling (Para 3.3.5.6 of Audit Report 1999-2000) 20-21
23. Non-testing of food articles for pesticide residue, Aflatoxin and heavy metals and non-testing of containers (Para 3.3.5.7 of Audit Report 1999-2000) 21-22
24. Performance of Laboratories (Para 3.3.5.8 of Audit Report 1999-2000) 22
25. Food Inspectors (Para 3.3.6 of Audit Report 1999-2000) 22-24
26. Delayed Prosecution (Para 3.3.7 and 3.3.7.1 of Audit Report 1999-2000) 24
27. Huge Pendency of cases (Para 3.3.7.2 of Audit Report 1999-2000) 24-25
28. License fee and fees for analysis (Para 3.3.8 & 3.3.8.1 of Audit Report 1999-2000) 25-26
29. Monitoring and Evaluation (Para 3.3.9 of Audit Report 1999-2000) 26-27
30. Conclusion (Para No.3.3.10 of Audit Report 1999-2000) 27-28
31. Prevention and Control of Diseases (Para 3.4 of Audit Report 2000-2001) 28
32. Shortfalls in Sputum examination (Para 3.4.5.2.2 of Audit Report 2000-2001) 28-29
33. Non-availability of anti TB drugs (Para 3.4.5.2.4 of Audit Report 2000-2001) 29-30
34. Follow-up of patients (Para 3.4.5.2.6 of Audit Report 2000-2001) 30
35. Discontinuance of treatment (Para 3.4.5.2.8 of Audit Report 2000-2001) 30-31
36. Sputum Culture (Para No.3.4.5.2.9 of Audit Report 2000-2001) 31-32

37. Establishment of District Tuberculosis Centres (Para 3.4. 5.3 of Audit Report 2000-2001) 32-33
38. Time-expired and sub standard drugs (Para 3.4.5.4 of Audit Report 2000-2001) 34-35
39. Non-utilisation of funds (Para 3.4.6.2.(i) of Audit Report 2000-2001) 35-36
40. Non-utilisation of funds (Para 3.4.6.2.(ii) to (iv) of Audit Report 2000-2001) 36-38
41. Inadmissible expenditure on employment of excess staff for District Mobile Ophthalamic Unit (Para 3.4.6.3 of Audit Report 2000-2001) 38
42. Poor performance under Government Sector (Para 3.4.7.4 of Audit Report 2000-2001) 39
43. Non-supply of spectacles after surgery (Para 3.4.7.5 of Audit Report 2000-2001) 40
44. Non-restoration of vision even after cataract surgery (Para 3.4.7.6 of Audit Report 2000-2001) 41
45. Quality Control (Para 3.4.8.1 of Audit Report 2000-2001) 41-42
46. Non-utilisation of funds provided for purchase of equipment to hospitals (Para 3.15 of Audit Report 2000-2001) 43
47. Unfruitful expenditure due to non-utilisation of a floor in Government Stanely Hospital (Para 3.16 of Audit Report 2000-2001) 43-45
48. Unproductive expenditure on civil works (Para 3.17 of Audit Report 2000-2001) 45-47
49. General 47

ANNEXURE

Summary of Recommendations 48-54

TAMIL NADU LEGISLATIVE ASSEMBLY

Composition of the Committee on Public Accounts (2011-2012)

(Constituted on 10th June 2011)

CHAIRMAN

1. Thiru S.Ramachandran

MEMBERS

2. Hon.Thiru O.Panneerselvam,
   Minister for Finance (*Ex-Officio*)
3. Thiru P.G.Narayanan,
   Chairman, Committee on Estimates (*Ex-Officio*)
4. Thiru V.Somasundaram
   Chairman, Committee on Public Undertakings (*Ex-Officio*)
5. Thiru K.P.Anbalagan
*6. Thiru M.S.M.Anandan
7. Thiru P.V.Kathiravan
8. Thiru Kadambur Raju
9. Thiru V.P.Kalairajan
10. Vacant
11. Thiru M.Gunasekaran
12. Thiru O.K.Chinnaraj
13. Dr.Kovi.Chezhian
14. Thiru R.Duraikkannu
15. Thiru K.Pandiarajan
16. Thiru K.V.Markendeyan
17. Thiru R.Ramamoorthy
18. Tmt R.Rajalakshmi
19. Thiru S.John Jacab

SECRETARIAT

Thiru A.M.P.Jamaludeen	..	Secretary
Tmt G.Gayathiri	..	Joint Secretary
Selvi S.Philomena	..	Deputy Secretary
Thiru Rm.S.Giridharan	..	Under Secretary

*Upto 11-12-2011

INTRODUCTION

1. I, Chairman, Committee on Public Accounts having been authorised by the Committee (2011-2012) to submit the Report on its behalf present this Thirty Seventh Report on the paragraphs pertaining to Health and Family Welfare Department included in the Report of the Comptroller and Auditor General of India (Civil) for the years 1999-2000 and 2000-2001.

2. The Report of the Comptroller and Auditor General of India for the years 1999-2000 and 2000-2001 were laid on the Table of the House on 6.9.2001 and 10.5.2002 respectively.

3. The Committee at its meeting on 22-11-2006 examined the Secretary to Government, Health and Family Welfare Department in connection with the important paras pertaining to that Department.

4. The Committee records its appreciation of the valuable assistance rendered by the Secretary, Legislative Assembly, Principal Accountant General (Civil Audit) and Deputy Secretary, Finance Department. The Committee is also thankful to the Secretary to Government, Health and Family Welfare Department for the co-operation extended to the Committee in its' deliberations.

5. The original notes submitted by the department and the particulars, clarifications etc., made available during evidence have been taken into account by the Committee in finalising this Report.

6. The Committee approved this Report at its meeting held on 22nd November 2011.

Chennai-600 009,
22nd November 2011,
Karthigai 6,
Thiruvalluvar Aandu-2042.

S.RAMACHANDRAN,
Chairman,
Committee on Public Accounts.

REPORT OF THE COMMITTEE ON PUBLIC ACCOUNTS ON THE PARAGRAPHS INCLUDED IN THE REPORTS OF THE COMPTROLLER AND AUDITOR GENERAL OF INDIA FOR THE YEARS 1999-2000 AND 2000-2001 (CIVIL) RELATING TO HEALTH AND FAMILY WELFARE DEPARTMENT

HEALTH AND FAMILY WELFARE DEPARTMENT

Introduction

1.National Family Welfare Pogramme (Para 3.2 of Audit Report 1999-2000)

1.1. The Committee notes that the Government of India started the National Family Programme in 1951 as a purely demographic programme with a clinical approach and the Family Welfare (FW) Programme was introduced as a target oriented programme in the First Five Year Plan in 1952.

The target-oriented approach of the programme was replaced by "Target Free Approach" from 1995-96 onwards and renamed as "Community Needs Assessment Approach" under which the needs of the community were assessed based on the requirement of the people for Maternal and Child Health (MCH) services. The main objectives of the Programme were (i) to bring down the birth rate and death rate through various family planning measures and temporary methods of birth control (ii) to persuade people to adopt small family norms by popularising the use of conventional contraceptive devices or oral pills etc., and (iii) to provide medical services, medicines, incentives, etc free of cost at the doorsteps of the acceptors of family planning measures.

Secretary, Health and Family Welfare Department of the State Government is responsible for implementation of the Programme at Government level. Various Directorates are implementing the programme at State level. The programme is implemented through 10899 units in the State. Apart from these units, voluntary organisations, approved and unapproved private nursing homes are also involved in the implementation of the programme and their achievements are also included in the performance report.

The services of the ORG centre for Social Research, a division of ORG Marg Research Limited was commissioned by the Comptroller and Auditor General of India, with a view to obtaining the beneficiary perception of the programme and related matters. The ORG Marg carried out survey over a sample, determined on the basis of socio-cultural characteristics and development status. The sample covered in Tamil Nadu included 1887 households (647 urban and 1240 rural), 1473 women and 42 health facilities.

Family Welfare Programme is a 100 percent centrally sponsored scheme right from its inception. The entire expenditure incurred by the State under the programme is reimbursable by the Central Government in strict conformity with the approved pattern of schemes.

2. Achievement of demographic goals Birth Rate, death Rate and Infant Morality Rate (Para 3.2.6.1 of Audit Report 1999-2000)

2.1. The Committee notes against the demographic goals of 21 per thousand towards Crude Birth Rate (CBR), 9 per thousand towards crude Death Rate (CDR) and below 60 per thousand live births towards infant Mortality Rate (IMR) under the NHP, the vital rates achieved by the State as per the Report of the Registrar General, New Delhi under sample registration system are as given below:-

Year	BR			DR			IMR		
	Rural	Urban	State as a whole	Rural	Urban	State as a whole	Rural	Urban	State as a whole
1995	21.0	19.0	20.3	8.8	6.6	8.0	61	39	54
1996	20.0	18.4	19.5	8.7	6.6	8.0	60	39	53
1997	19.3	18.3	19.0	8.7	6.7	8.0	58	40	53
1998	19.7	18.1	19.2	9.3	6.8	8.5	59	40	53
1999 (provisional)	19.8	18.2	19.3	8.7	6.6	8.0	58	39	52

BR: Number of live births in a given area during the year / Estimated mid-year population of that area for that year X 100

DR: Number of deaths in a given area in a year / Estimated mid-year population of that area for that year X 100

IMR: Mortality of infants up to one year of birth during the year / Total number of live births during the year X 100

The difference in vital rates between rural and urban areas was attributed (December 1999) by the DPHPM to better living conditions, socio-economic status and better institutional facilities available in urban areas with latest technologies. The adverse ratios in rural areas were mainly due to vacancies in the post of doctors, non-functioning/poor functioning of operation theatres in PHCs for want of infrastructural facilities and poor referral linkages.

2.2. The Committee wants to know the follow-up action in this regard.

3.Family Planning Methods - Tubectomies and Vasectomies (Para 3.2.6.2 of Audit Report 1999-2000)

3.1. The Committee notes that the stress on adopting family planning continued to be focused on women as evidenced from the fewer number of vasectomy operations conducted in the State; while the percentage of tubectomies to total sterilisations in the State ranged between 86.9 and 89.2 during 1995/2000, the percentage of vasectomies performed was only between 0.1 and 0.2 during the same period. As per opinion of 6 DDMRHS covered by test-check, vasectomy was not popular due to social and personal reasons.

The Beneficiary assessment survey also revealed that about 97 percent of current users of Family Planning methods had adopted female sterlisation and only 1.8 percent adopted vasectomy.

A perusal of the institution-wise achievement under sterlisation in the State during the last 3 years revealed that 56 to 59 percent of sterilisations were done in Government Hospitals and 22 to 24 percent in approved nursing homes as given below.

Data obtained in this connection in 2 districts (Madurai and Salem) revealed the following:

(i) While the performance of one voluntary organisation i.e. Family Planning Association of India, Madurai constituted about 56 percent (47,381) of the total sterilisation (84,635) operations done in the district during 1995-2000, the performance of Government Hospitals (23,416) and PHCs (847) constituted only 29 percent during the same period. The DDMRHS, Madurai stated (February 2000) that the poor performance was due to non-availability of continuous services of Doctors and required number of Anesthetists in Government hospitals.

(ii) In Salem, out of 93,808 sterilisations performed during 1995-2000, 82 percent were in approved nursing homes and only 16 percent were in Government Hospitals. DDMRHS, Salem stated (August 2000) that the poor performance was mainly due to non-functioning of operation theatres in some Government institutions and want of qualified Anesthetists.

3.2. The department in its explanatory notes has stated that in Tamil Nadu females are willing to accept Family Welfare method rather than their husbands. However, efforts are made through IEC activities such as conducting group meetings, district OTC, posters, pamphlets cloth banners and publicity through All India Radio and Doordarshan for more eligible fathers to accept the 'No Scalpel Vasectomy'.

3.3. The Committee observes that the reply furnished by the department was quite general.

3.4. The Committee desires to know the steps taken for improving the performance of sterilisations in Madurai and Salem Districts and whether the deficiencies pointed out have been rectified.

3.5. The Secretary, during deposition stated that only 600 Anesthetists are there in the State. Government gives priority to the Medical Collages who come forward for organising a course for Anesthetists. All the new colleges of Medicines proposed to be opened in Vellore, Andipatti, Theni and Tuticorin, will have Anesthetists course. Further action had been taken to commence the course for Anesthetists in all the 21 District Medical Colleges in the State. The Secretary has further stated that situation in Madurai and Salem has changed subsequently.

The Secretary further stated that in districts like Coimbatore and Erode, people opt for treatment only in private Medical Institutions and 90 percent of the deliveries are made in private Medical Institutions whereas 90 percent of the deliveries are made only in Government Medical Institution in districts like Dharmapuri, Krishnagiri and Thiruvannamalai. Government is taking all steps to improve the functioning of Government Medical Institution to attract more people in the state.

3.6 Committee recommends that the posts of Anesthetists be created in all Government Medical Institutions and adequate man-power commensurate with the work load be deployed in all Institutions to render effective Family Planning activities in all these Government owned Medical Institutions. Committee also strongly recommends the creation of conducive scenario in all Government Medical Institutions to attract more and more people in future.

4. Non/poor utilisation of Operation theatres in PHCs in sterilisation programme (Para 3.2.6.4 of Audit Report 1999-2000)

4.1. The Committee notes that on a perusal of records in the 6 sample districts revealed that the Operation Theatres (OTs) in most of the PHCs were not put to use and no sterilisations were conducted as indicated below:

District	Number of PHCs wherein OTs are available	Number of PHCs wherein OTs were not put to use and no sterilisations conducting during		
		1997-98	1998-99	1999-2000
Cuddalore	17	7	8	11
Dharmapuri	14	12	12	11
Erode	16	14	14	13
Kancheepuram	13	Not available	11	11
Madurai	12	4	9	7
Salem	20	20	20	20

Though 59,979 sterilisations were conducted in Salem district during 1997-98 to 1999-2000, no sterilisations were conducted in the OTs in any of the 20 PHCs. The performance of OTs in the PHCs in the other 5 sample districts during the last 3 years was also very poor and the percentage of sterilisations conducted in PHCs to total sterilisations in these districts ranged only between 1 and 11.

District	Number of sterilisations done in PHCs					
	1997-98		1998-99		1999-2000	
	Number of PHCs	Number of cases	Number of PHCs	Number of cases	Number of PHCs	Number of cases
Cuddalore	10	1277(11)	9	673(6)	6	400(3)
Dharmapuri	2	895(7)	2	725(5)	3	342(2)
Erode	2	432(3)	2	325(2)	2	703(4)
Kancheepuram	2	230(2)	2	409(3)	2	388(3)
Madurai	8	169(1)	3	159(1)	5	248(1)

(Figures in brackets indicate the percentage to total sterilisation in the district)

Repairs/damages to OTs, non-receipt of certification after swab testing, non-availability of infrastructural facilities like water, non-availability of staff including Anaesthetist were the main reasons attributed by 6 DDsHs for the poor performance of the Operation Theatres in PHCs.

4.2. The department in its explanatory notes has stated that action is being taken to make Operation Theatres functional in the Rural Family Welfare centres in all districts and the performance of sterilisation has now improved. Regular camps are being conducted by deputing doctors from nearby Government Institution. A total number of 141 operation theatres are functioning in the State (i.e. attached to Government Primary Health Centres). In the year 2001-2002, 18970 sterilisation were done in the Government Primary Health Centres alone which shows improvement in the Government Primary health Centres performance in the year 2001-2002. The improvement of functional operation theatres in sample districts are given below:

District	Number of PHCs wherein OTs available	Number of operation theatres put in to use
Cuddalore	17	6
Dharmapuri	14	6
Erode	16	16
Kancheepuram	13	6
Madurai	12	11
Salem	20	2

4.3. Committee observes that the utilisation of the Operation theatres is far from adequate. Committee desires that the department should concentrate on providing all the basic requirements for the Operation theaters at PHCs and ensure fuller utilisation of the Operation theatres for the benefit of the Public.

4.4 The Committee desires to know the action taken by the Department in this regard.

5. Manpower Position (para 3.2.7 of Audit Report 1999-2000)

5.1. Shortage in some of the critical posts in rural areas as on 30 April 2000, are given below

	Serial Number	Category of post	Number of posts sanctioned	Number in Position as on 30 April 2000	Number of vacant posts as on 30 April 2000
HSCs	1	VHN	10,594	10,429	165
	2	Health Inspectors	4,342	3,992*	350
PHCs	3	Medical Officer - Surgeon/Assistant Surgeon	2,875	2,067	808
	4	Sector Health Nurse	1,495	1,386	109

* as on 30 September 1999.

The Vacancies in the critical posts of Medical Officer-Surgeon/Assistant Surgeon caused shortfall in achievement in important areas like conducting of sterilisation operations, provision of MCH services, treatment of referral cases etc, which affected the programme as discussed in paragraphs 3.2.6.2 to 3.2.6.4.

5.2 The department in its explanatory notes has stated that every year nearly 250 to 300 Assistant Surgeons are released for undergoing Post Graduate Courses. Further the Assistant Surgeons with Post Graduate qualifications are released from Primary Health Centres to Government Hospitals and Medical Colleges to fill up the Specialist vacancies which has resulted in number of vacancies of Assistant Surgeons in Primary Health Centres which is the entry level post. These vacancies (in Primary Health Centres) have to be filled up only through direct recruitment by Tamil Nadu Public Service Commission. Out of the 808 vacancies as on 30.4.2000, 778 vacancies were filled up from the 1999 recruitment of Assistant Surgeons through Tamil Nadu Public Service Commission during April and May 2000.

5.3 Committee desires to know the action taken for filling up the other categories of Posts.

6.Medical Termination of Pregnancy (Para 3.2.9 of Audit Report 1999-2000)

6.1. Committee notes that Medical Termination of Pregnancy (MTP) is permissible under certain conditions under the MTP Act, 1971. MTP conducted in unauthorised places with improper facilities and by unqualified/inexperienced staff is the cause for many deaths and morbidity.

Out of 403 PHCs provided with operation theatres in the State as on 31st March 2000, 261 PHCs were approved for conducting MTP as on that date, of which only 136 PHCs were conducting MTPs. The percentage of MTPs done by these PHCs to total MTPs done in the State during the period 1995-96 to 1999-2000 ranged between 0.4 and 2.1.

As per the Beneficiary Assessment survey, only about 13 percent of respondents were found aware of the place for availing MTP services.

Non-availability of Gynaecologists and other trained staff including Anaesthetist for performing MTPs (Cuddalore, Erode and Madurai), non-availability of required equipment (Madurai), non-functioning of Operation theatres due to repairs and damages (Salem), non-availability of potable water (Cuddalore and Salem) were some of the reasons attributed by the District Officers for the poor performance of PHCs in this activity. The DDMRHS, Kancheepuram stated (June 2000) that the poor performance was due to hesitancy on the part of their Medical Officers to conduct MTP on account of their being raw recruits to the PHCs, location of PHCs in remote areas and some mothers do not want to have the MTP conducted in their area PHCs and opt for nearby hospitals and private nursing homes to keep confidentiality.

6.2. The department in its explanatory notes has stated as follows:

As per MTP Act 1971, MTP should be done only in approved places by trained medical practitioners. The particulars of the performance of MTP done in the approved place only are collected. To improve the knowledge, attitude and practise of the mothers needing MTP, we are popularising MTP services through IEC activities. Doctors positioned in PHCs approved for MTP are deputed to MTP training, if they are not qualified Obstetrics and Gynaecologists. The causes for the poor performance in PHCs were given by the Audit itself. However, steps are taken to post doctors in PHCs where operation theatres are functioning to do MTP services.

6.3. Committee observed that the reply was very general. Committee desires the department to furnish a report on the specific action taken for solving the various hurdles attributed by PHCs brought out in the Report.

7.PAP Smear Test Facility Programme(Para 3.2.10 of Audit Report 1999-2000)

7.1. The Committee notes the PAP Smear Test Facility (STF) Programme was introduced by GOI in 25 Medical Colleges on pilot basis from 1977 for early detection of Cervical Cancer among women. The programme was extended in a phased manner during the subsequent period. One post of Cyto-technician was provided in each Medical College Hospital Post Partum Centre for collecting and examining smears from women and reporting the results.

As against 9 PPCs attached to medical colleges in the State, wherein the STF was introduced by GOI, only 8 colleges were implementing the programme, the post of Cyto-technician was filled up only in 3 colleges. Though the DFW attributed (May 2000) the non-filling up of these posts to dearth of qualified candidates, specific action taken to overcome this difficulty was not reported by him. The Christian Medical College Hospital, Vellore was not implementing the propgramme stating that the funds allotted for the programme were inadequate.

Perusal of connected records relating to the programme in 2 Hospitals revealed the following.

(1) In the Institute of Obstetrics and Gynaecology and Government Hospital for Women and Children, Chennai the post of Cyto-technician was vacant. Though the date on the number of smears collected, examined etc., were furnished in the progress reports for the period 1995-96 to 1999-2000, the Project Officer had not given details of the persons who had attended to this work in the absence of cyto-technician and their qualification.

(2) In Government Rajaji Hospital, Madurai, out of 751 women referred for treatment, with infection and pre-cancerous growth, only 135 (18 percent) were reported to be under treatment and subsequently cured as per the reports made available to Audit. The Project Officer had no records of number of smear tests conducted and the results of the smear tests.

The details regarding the number of women treated and follow up action taken were not available in both institutions.

7.2. The department in its explanatory notes has stated as follows:

" (a) Since the post of cyto technician is vacant for a long period, proposals for renewal of the post is being taken to fill up the post.

At present there are four Cyto preparatory technicians (Grade I) working in this institution, the incumbent are graduates, selected to special training in cyto technology and they underwent the special training at Cancer Institute. So the services of these qualified technicians are utilised in Cytology section, which includes PAP smear training in the Pathology Department of the Institute of Obstetrics and Gynaecology Government Hospital for women and Children, Chennai-8.

(b) In Government Rajaji Hospital, Madurai, 750 women patients were recommended for treatment with infection and pre cancerous growth, out of which 135 women patients were treated and subsequently cured. The balance 615 patients did not turn up to the hospital for their continuous treatment. It is submitted that the particulars of further treatment taken by them are not available."

7.3. The Committee desired to know the particulars regarding the persons who were attending to the work of Smear Test during 1995-96 to 1999-2000 at the Government Hospital for women and children, Chennai-8, in the absence of cyco-technician and the reasons for not maintaining records showing number of smear tests conducted and results thereof at Rajaji Hospital, Madurai.

8.Reproductive and Child Health Programme (RCHP) (Para 3.2.11.2 of Audit Report 1999-2000)

8.1. The Committee notes that the objective of RCHP was to integrate fertility regulation, maternal and child health with reproductive child health services such as screening diagnosis and treatment of Reproductive Tract infections (RTIs) and Sexually Transmitted infections (STIs) with the aim to reduce infant and maternal mortality morbidity and unwanted fertility.

The programme consisted of 2 components viz., National component and District/sub-project component and the estimated amount of assistance for 5 years from 1997-98 for these components were Rs.182.97 crore and Rs.23.14 crore respectively. As of March 2000, Rs.353.75 lakh were lying unutilised with the Project Director, RCHP.

8.2. The following observations were made in this regard.

(a) Of the projected assistance of Rs.101.39 crore for the first 3 years for the National component, GOI released only Rs.3.45 crore (3.4 per cent) and the same was reported as fully utilised. Similarly, for the District-sub-project component, out of the assistance of Rs.18.18 crore projected for the first 3 years, GOI released only Rs.7.25 crore (39.9 percent) upto March 2000, of which only Rs.3.71 crore were utilised.

(b) Further, out of Rs.3.45 crore released for National Project towards provision of infrastructure in HUDs, only Rs.2.20 crore were released and Rs.1.26 crore were lying unutilised in the Personal Deposit accounts of Executive Engineers of 26 Public Works divisions.

(c) Besides, the amount of Rs.125.14 lakh released (March 1999) under National component to Tamil Nadu Medical Services Corporation (TNMSC) for supply of medicines, Rs.21.60 lakh were also released (March 1999) to TNMSC under the sub-project. As of March 2000, only Rs.118.18 lakh were utilised towards purchase of drugs, cotton bandages and cotton rolls for PHCs/FRUs and an amount of Rs.28.56 lakh was lying unutilised with TNMSC.

(d) The Beneficiary Assessment Survey found that in majority of the facilities, medical officers were not trained in deliveries. Only one-fifth of the Health Sub-centres had ANMs trained in IUD insertion and one-third had ANMs trained in RTI/STD.

8.3. The department in its explanatory notes has stated that under the Reproductive and Child Health Sub Project, Government of India have released Rs.500 lakhs during February and March 1998 and as on September 2000 Rs.468.00 lakhs (i.e. 93.6%) amount has been spent. Regarding the amounts released to EEs and PWD divisions for provision of infrastructure in HUDs, the department stated that the minor civil works are of very small in nature and a total of 612 estimates have been prepared for carrying out minor civil works in Primary Health Centres and Health Sub centres by the Executive Engineers, PWD. All these minor civil works are expected to be carried out in a very short time. Up to December 2000 the civil works to the tune of Rs.2.15 crore have been carried out and the statement of expenditure was submitted to Government of India. The Executive Engineer of PWD was requested to return the unspent balance amount to the Project Director and remittances are being made. Regarding unspent amount with TNHSL the department stated that the Corporation has purchased the drugs for the total amount and kept in the warehouses for distribution. The drug distribution started from April 99 onwards based on the requirements furnished by the respective Primary Health Centres and First Referral Units through the drugs indent on need basis to ensure proper utilisation. The drugs were procured during March 99 and distribution started immediately. As on March 2000, Rs.118.18 lakh worth of drugs have been utilised by the PHCs and drugs worth of Rs.28.56 lakh are available in the various drug warehouses and was being utilised by the Health units depending on their requirements. Regarding training of personnel, the department stated that all the Auxiliary Nurse Midwives were trained in IUD insertion under Reproductive and Child Health Programme funding. Only newly recruited Auxiliary Nurse Midwives were not trained. IUD insertion at Sub centres, level is being carried out in all sub centers. There is no special training programme for the Medical Officers in conducting deliveries as they have already been trained in conducting deliveries during Compulsory Rotary House Surgery Period.

8.4. The Committee requires a further report on the status of works completed by EEs, PWD along with details of unspent grant remitted back to Government account.

9. Sterilisation Bed Scheme (Para 3.2.13 of Audit Report 1999-2000)

9.1. Committee notes that some beds were reserved for sterilisation in hospitals run by local bodies and voluntary organisations. From 1995-96, maintenance grant was admissible to hospitals run by local bodies and voluntary organisations at Rs.4,500, Rs.3,000 and proportionate amount of Rs.3,000 per bed if the number of tubectomies per bed per annum was 60 or more, 45 to 60 and below 45 respectively.

Out of Rs.123.05 lakh received as grant from GOI under Sterilisation Bed Scheme during April 1995 to March 2000, State Government released only Rs.92.76 lakh to hospitals run by 22 voluntary organisations having a total of 540 beds. DFW stated (December 1999) that the bed maintenance grants was sanctioned to hospitals an advance grant (50 percent) based on their performance during the previous year. However, DFW did not maintain any record to show the details of number of sterilisation operations conducted. In the absence of such records audit could not ensure whether the grants released for maintenance of beds were in conformity with GOI guidelines.

9.2. The department in its explanatory notes has stated that Family Welfare Directorate has been maintaining records from the inception of the Bed Maintenance Grant Scheme for having sanctioned above grants with detail regarding the number of sterilisation operations conducted by the voluntary organisations/institution wise and are in confirming with GOI guidelines. However the details of grants sanctioned to the Voluntary Organisations/Local Bodies based on the performance and Bed strength during 2000-2001 are given in the Annexure. The amount spent on this scheme has been fully reimbursed by GOI.

9.3. The Committee desires to know the reasons for (i) non-maintenance of results for the period from 1995-96 to March 2000 and (ii) as to how the department would ensure the correctness of the released grants in the absence of basic records.

10. DANIDA funds lying unutilised with Tamil Nadu Medical Services Corporation (Para 3.2.14.3 of Audit Report 1999-2000)

10.1. Committee states that out of Rs.7.18 crore released by the Project Director, TNAHCP during 1997-99 to TNMSC for various purposes like improvement, repairs, construction of PHCs/HSCs, provision of furniture, medical equipment and for strengthening of medical supply infrastructure of TNMSC, RS.1.68 Crore were utilised and the remaining amount of Rs.5.50 crore was lying unutilised in the Deposit account of TNMSC. Most of the works were in processing/execution stage only and not completed. Some of the important components under which huge amounts were kept unutilised are given in the Appendix XX.

Similarly, Rs.6.73 crore released during 1999-2000 to TNMSC for construction and repairs to PHCs/HSCs were lying unutilised with TNMSC in its Deposit account of March 2000, as tenders were under scrutiny in some cases, estimates were under

preparation in some cases and the basic particulars were under collection in some cases.

10.2. The department in its explanatory notes has stated that out of the unutilised amount of Rs.5.50 crore, the major component is renovation of PHCs in the Project districts, which amounts to Rs.2.80 crore. The Government orders issued for these purposes are based on the budget provided in the Project document, which is based on the requirement during the middle of 1994. The Project has utilised the strategy to renovate the PHCs on need basis and optimum use of money earmarked in the Project document by taking renovation of more PHCs on priority basis. Hence, teams from both TNMSC and DANIDA Tamil Nadu Area Health Care Project inspected each PHC in the Project districts and thereby estimates were prepared and then the PHC were prioritised for execution of renovation work. As a result, about 50% more PHCs have been taken for renovation within the sanctioned amount. Now the works are going fast and the non tendered works by the TNMSC have been handed over to Deputy Directors of Health Services/Block Development Officers concerned for departmental execution. Similarly for renovation of training institutions viz., institute of Vector Control and Zoonoses, Hosur construction of Drug Warehouse, Dharmapuri and purchase of equipment for drug warehouses, a major portion of the amount meant for purchase of equipment and furniture can be incurred only after the construction work is over. Now as far as Central Drug Warehouse, Dharmapuri is concerned, all the works have been completed and TNMSC has purchased and supplied equipment to all Central Drug Warehouses in the State. Committee desires to know the following:

10.3. How many PHCs were covered for renovation works? Has the entire balance of Rs.5.50 crores has been spent? If so, what are the details, indicating the districts, number of PHCs covered, the expenditure incurred?

10.4. What are the details of expenditure incurred against subsequent release of Rs.6.73 crore (released during 1999-2000)? Why could not the work be speeded up?

11.Irregular expenditure on items not qualified for Central assistance (Para 3.2.17.1 of Audit Report 1999-2000)

11.1. Committee notes that expenditure of Rs.14 crore incurred during 1995-96 to 1998-99 towards traveling allowance (TA) to VHNs and travel expenses of staff of units claimed for reimbursement from GOI was irregular, as no provision existed in the pattern of assistance prescribed by GOI for incurring such expenditure.

11.2. The department in its explanatory notes has stated that the GOI makes annual allocation/releases for various items for implementing the centrally sponsored Family Welfare Programme the allocation/release are broad-based and the GOI do not go much into the detailed/divisional items of expenditure. Expenditure on T.A. is covered under the main head "Salary and Allowances". Any Government servant who is discharging his official duties, particularly under the Family Welfare Programme, the field staff who are engaged in motivational activities, have to travel a lot and to do door to door service. In the implementation of Family Welfare Programme, particularly in the rural areas, the field staffs have to cover longer distances. These activities are an important part of the motivation and the amount paid as T.A. is an integral part of the salary of the field staff.

11.3. Committee observes that as the GOI scheme/pattern of assistance did not provide for payment of TA under the specified components, the expenditure should not have been included in the claim and the expenditure, if felt essential, ought to have been met out of State funds.

11.4. Committee recommends that the department should appraise GOI on the issue and take suitable action for rectifying the irregular diversion of the earmarked funds for the purposes not intended.

12. Irregular claim towards staff cost (Para 3.2.17.2 of Audit Report 1999-2000)

12.1. Committee notes that for the 3 newly formed DFWBs at Nagapattinam, Tiruvannamalai and Villupuram the State Government directed (January 1998) DFW to send proposals to GOI for Central assistance to meet the expenditure involved. Though GOI's concurrence was not received, as reported (May 2000) to Audit by the DFW, the expenditure on the entire staff of these DFWBs was debited to Central funds. The expenditure thus irregularly booked during 1997-98 to 1999-2000 was Rs.57.56 lakh on pay alone (at Rs.53,300 per mensem per DFWB).

12.2. The department in its explanatory notes has stated that New District Family Welfare Bureaux were formed in the 3 Districts of Tiruvannamalai, Villupuram and Nagapattinam and proposals were sent to Government for sanction of District Family Welfare Bureaux in the remaining 6 Districts. It was also informed that the expenditure on the District Family Welfare Bureaux was met under Direction and Administration and the present ceiling of expendiiture under Direction and Administration was 8% Government were requested to address GOI to enhance the ceiling under Direction and Administration from 8% to 10% so that the expenditure on the formation of new District Family Welfare Bureaux will be met under the above ceiling. Government had addressed the GOI, in this regard in their ref.No.7792/R1/97-16, dt.7.6.99 and no orders were received. However, recently the GOI have issued orders informing that the State Governments have been given flexibility to create/abolish posts within the amount allotted under Direction and Administration. The ceiling of expenditure admissible under Direction and Administration has been enhanced to 12% of the total grants admissible under Family Welfare Programme. At present expenditure under Direction and Administration is well within the ceiling of 12% As regards TA to VHNS it has been clarified that this is essentially a motivation allowance and hence forms an integral part of salaries and allowances.

12.3. Committee desires that the irregular expenditure on the staff for the three newly formed District Family Welfare Bureaus may be got ratified by GOI immediately. Otherwise the expenditure should be got regularized by GTN from out of State funds.

12.4. Committee wanted to know the follow-up action taken by the department in this regard within 2 months.

13.Excess claim towards charges on Direction and Administration and contingencies (Para 3.2.17.3 of Audit Report 1999-2000)

13.1. Committee notes that an amount of Rs.4.55 crore was claimed in excess from GOI towards charges on Direction and Administration and contingencies, due to incurring of expenditure under these items in excess of ceiling fixed by GOI during 1995-99.

13.2. The department in its explanatory notes has stated that the ceiling on expenditure under contingencies and Direction and Administration was fixed long time back and due to the increase in salaries (i.e. VI th pay Commission arrears and revision of DA etc) and other expenses, increase in telephone charges, electricity charges and way bill booking charges etc. the expenditure had exceeded the ceiling. It is very difficult to implement the programme without meeting this expenditure and it is not possible to restrict. Now GOI have revised the ceiling of the expenditure under Direction and Administration and at present there is no excess expenditure.

13.3. Committee observes that the excess incurred over and above the limit prescribed by GOI, should not have been included in the claim for reimbursement by GOI without the concurrence of the GOI. The action of Department only amounted to irregular diversion of funds.

13.4. The Committee desires to know the action taken by the department for regularising the excess over allocation.

14. Unutilised amount with Tamil Nadu Medical Services Corporation (Para 3.2.17.4 of Audit Report 1999-2000)

14.1. Committee notes that DFW released an amount of Rs.390.94 lakh to TNMSC during 1995-2000 for supply of medicines for FW programme. After prolonged correspondence TNMSC stated (January 2000) that Rs.290.53 lakh was utilised during 1995-99. Details of medicines and other items purchased and distributed were not submitted. However, DFW had treated the entire advance of Rs.390.94 lakh as final expenditure towards purchase of medicines, without ensuring supply by TNMSC and claimed Central assistance. TNMSC was debiting service charges (2 percent for 1996-97 and one percent for 1997-98) on the cost of medicines, towards administrative overheads under the programme. As such expenditure was not admissible for reimbursement from GOI, these charges were to be met from State funds.

14.2. The department in its explanatory notes has stated that prior to formation of TNMS Corporation purchase of medicines was made by the District Officers from the funds distributed from the Family Welfare Directorate. The State Government have introduced a system of central purchase through a Government agency (i.e.) TNMS Corporation. Consequent on the purchase by the Corporation of bulk quantities there was a considerable benefit in the cost of purchase. A list of Drugs has been standardised for use in MCH Care. Both State and Central Funds are pooled together to supply these drugs to the PHC/HSC. Further for doing this activities and storage of Medicines in the stores in each District with cold storage facilities the TNMS Corporation has to be given a nominal amount as service charges. The GOI have been addressed for allowing service charge for the supplies made in kind and the same is under positive consideration of the GOI.

14.3. The Committee desires to know.

(i) The reasons for not obtaining the details of medicines procured and distributed under Family Welfare Programme from TNMSC.

(ii) Whether the department watched the utilisation of the balance amount of Rs.100.41 lakh (Rs.390.94 lakh - Rs.290.53 lakh) with the TNMSC against the release made up to 2000?

(iii) Whether GOI has given concurrence for including service charges paid to the Corporation under the programme.

15. Miscellaneous Purpose Fund (Para 3.2.18 of Audit Report 1999-2000)

15.1. The Committee notes that the assistance provided by GOI for payment of compensation to acceptors of sterilisation included an element of contribution at specified rates to Miscellaneous Purpose Fund (MPF). The fund was intended to be utilised by the State Government for implementing Family Welfare Programme according to the local needs. The accruals under the fund were to be utilised within the same financial year except that 50 percent of the accrual during the last quarter could be utilised up to September of the following year. The unspent balance at the close of each financial year would lapse and was to be refunded to GOI.

State Government issued (November 1997) orders for opening a separate account in a nationalised bank for crediting the accrued amount to the fund. Accordingly, DFW deposited (April 1988, April 1999, October 1999 and April 2000) the accumulation to the fund for the period April 1997 to December 1999 to the tune of Rs.49.05 lakh in the bank account. As of April 2000, Rs.3.03 lakh alone was utilized and the remaining amount of Rs.46.02 lakh was available in the account without refunding it to GOI.

15.2. The department in its explanatory notes has stated that since 1999 there were a lot of litigations for failure/ death after sterilisation operation. Hence, a lot of payment on compensation has to be made to the acceptors. There was pendency in the payment of compensation for Death cases due to administrative reasons and Court intervention. After 1999 large amount has been paid as compensation to acceptors. During 4/2000 to 3/2001 a sum of Rs.50.60 lakh was spent and from 4/2001 to 3/2002 a further amount of Rs.39.92 lakh was incurred. As per accounts upto 11/2001 only a sum of Rs.7,516 is available on hand. The accumulated amount has been fully utilised.

15.3. The Committee desires to know when the fund amount was to be utilised for the planning of further improvements in the Family Welfare Programme and as the amount was to be utilised only for furthering the activities under the Programme, how the department could justify the expenditure from the fund for meeting the liability on compensation charges payable to acceptors.

15.4. The Secretary, during deposition stated that from 2005 onwards, compensation charges payable to acceptors were brought under a separate scheme together with Oriental Insurance Company and such errors as pointed out would not happen in future.

15.5 Committee insists on taking immense care in utilising the funds meant for furthering the Family Planning Programmes and such diverted usage should be strictly avoided in future.

16. Implementation of Prevention of Food Adulteration Act 1954 (Para 3.3 of Audit Report 1999-2000)

16.1. The Committee notes that Prevention of Food Adulteration Act (PFA Act), 1954 is a Central Act aimed at ensuring availability of unadulterated food and drink to consumers, protecting them from fraudulent trade practices and providing guidance/norms to the manufacturers/dealers of food articles. The Act was implemented in the State from June 1955. The PFA Rules, 1955 framed under the Act, lay down the definitions and standards of quality for food, labeling requirements, the limits for poisonous metals in foods, the nature and quantities of additives permissible in foods and the conditions to be observed in the manufacture and sale of food.

The State Government framed rules called the Madras (Tamil Nadu) PFA Rules, 1961.

The Act covers all the articles used as food or drink for human consumption other than drugs and water and broadly includes Beverages, Spices and Condiments, Sugar and Sweetening agents, Milk and Milk products, Edible oils, Fat products, Cereals, Pulses and its products, Fruit products and Mineral water. Standards of quality have been defined for 32 broad categories of food items.

The Director of Public Health and Preventive Medicine (DPHPM) is implementing the Act under the administrative control of Secretary, Health and Family Welfare Department at Government level. The Joint Director of Public Health and Preventive Medicine (JDPHPM) (PFA Act) assists the DPHPM in the implementation of the Act. JDPHPM (PFA) issues written consent to launch prosecution under section 20(1) of PFA Act, 1954 to the Food inspectors (FIs).

Medical Officers of the Primary Health Centres and the Health Officers/Commissioners were declared as Local Health Authorities for Town Panchayats /Panchayat Unions and Municipalities/Corporations respectively for the purpose of the Act. Sanitary Inspectors attached to Corporations/Municipalities/Town Panchayats and Health Inspectors Grade-I attached to the Primary health Centres are acting as part time FIs.

In the State, there are six Food Analysis Laboratories (FALs) under the control of DPHPM at Guindy, Coimbatore, Madurai, Salem, Thanjavur and Palayamkottai. The laboratory at Guindy is headed by Government Analyst. Other laboratories are headed by Public Analysts. In addition, there is one Food Analysis Laboratory (Autonomous) headed by a Public Analyst exclusively for the Corporation of Chennai.

16.2. Committee Observes that a review of the implementation of PFA Act, 1954 had already appeared earlier in the Report of the Comptroller and Auditor General of India, Government of Tamil Nadu (Civil) for the year ended March 1980 and was also discussed by the State Public Accounts Committee (PAC) during July 1984 and recommendations of PAC given in March 1985.

16.3. For the current review the records relating to implementation of the Act during 1995-96 to 1999-2000 in the Department of Health and Family Welfare in Secretariat, Directorate of Public Health and Preventive Medicine, Office of the Commissioner of Municipal Administration, Directorate of Town Panchayats and six FALs attached to the Directorate and one FAL at Chennai Corporation and in 59 local bodies (5 Corporations, 37 Municipalities, 16 Town Panchayats and one Panchayat Union) spread over 16 districts were test-checked during November 1999 to April 2000, besides the records of the offices of the Deputy Directors of Health Services (DDsHS) at Coimbatore, Madurai, Salem, Thanjavur and Thiruvarur.

17. Poor coverage of areas (Para 3.3.5.1 of Audit Report 1999-2000)

17.1. Committee notes that though the Act was applicable to the entire State and came into force from June 1955, its coverage was extremely poor. It was observed that out of 1134 local bodies, the Act was implemented only in 479 local bodies (42 percent) and of this, FIs were available and taking samples only in 110 local bodies (10 percent). Further, out of 12, 612 village panchayats, the Act was implemented only in 2 village panchayats, even these had no FIs.

17.2. The department in its explanatory notes has stated that at present 71 local bodies have been covered implementation. Remaining local bodies will be covered in a phased manner.

17.3. Committee recommends that the department should consider drawing a suitable programme of action so as to complete the coverage of all the local bodies in phases as well as positioning of Food Inspectors also. Committee desires to have a report on the progress within 2 months.

18.Non-revision of target fixed for lifting samples (Para 3.3.5.2 of Audit Report 1999-2000)

18.1. Committee notes that the Director of Primary Health and Preventive Medicine had fixed the (February 1987)monthly quota of total number of samples to be lifted by each local body through FIs and for analysis by the laboratories. This had not been revised since then, though the Act has been amended several times to bring within its purview additional food items and food vendors. Thus, the enforcement of the Act could not be construed as effective. Government in its reply (July 2000) stated that in view of reduction in strength of FIs, the revision of targets would not give fruitful result. The contention of the Government was not tenable as the target needed to be refixed considering the increase in vendor population and food items, and a comparison of present achievement against a target fixed with reference to parameters existing in the distant past would not be appropriate. PAC also emphasised the need for fixing targets commensurate with the increase in the population. Even with reference to the existing norms, the performance was not only poor but had deteriorated over the years.

18.2. The department in its explanatory notes has stated that due to non-availability of Food Inspectors in many Local bodies samples are not being lifted at present. Hence target for lifting samples could not be revised. 320 Food Inspectors will be appointed in a phased manner. The target will be revised after appointment of Food Inspectors.

18.3. Committee recommends for immediate action to deploy the required number of Food Inspectors and monitor the performance after revising the targets suitably.

19. Non-achievement of target fixed for lifting samples (Para 3.3.5.3 of Audit Report 1999-2000)

19.1. a) Committee notes that the following table would show that the percentage of samples lifted against the quota fixed by Government during 1995-2000 in the State as a whole had declined from 34 in 1995-96 to only 12 in 1999-2000.

Year	Number of FIs available	No. of samples To be lifted as per quota	Actually lifted	Percentage of achievement
1995-96	381	33096	11273	34
1996-97	236	33096	8440	26
1997-98	205	33096	6222	19
1998-99	174	33096	4153	13
1999-2000	139	33096	4092	12

The decrease was attributed (July 2000) by Government to the decrease in the availability of Food Inspectors for taking samples. Factors contributing to the non-availability of required FIs are discussed in the Review.

b) An analysis of the samples lifted in 59 local bodies test checked revealed that the percentage of samples lifted with reference to the quota fixed decreased from 45% to 20% during the period 1995-99 as given below:-

Year	Number of FIs available	No. of samples as per quota fixed	Actually take	Percentage of achievement
1995-96	163	11698	5227	45
1996-97	141	11698	4541	39
1997-98	114	11698	3379	29
1998-99	90	11698	2284	20
1999-2000 (upto December 1999)	67	8774	1938	22

The achievement was very poor in Coimbatore Corporation (3.8 percent), Salem Corporation (12 percent) and Chennai Corporation (30.5 percent). The percentage varied only between 6.6 and 18.9 in 15 local bodies.

It was observed that despite the availability of part time FIs in these local bodies (except in Nagapattinam Municipality), the quota fixed for the local bodies was not achieved resulting in the poor implementation of the Act.

19.2. The department in its explanatory notes has stated that at present 112 part time Food Inspectors were available and 320 part time Food Inspectors will be appointed in phased manner. Action has been taken for improving the performance by conducting regular review meetings.

19.3. The Committee is much unhappy to note that the reply was very general and not relevant to the issue raised.

The Committee desires to have the following particulars:

a) Decline in the number of Food Inspectors available over the years and non-posting of required number of Food Inspectors.

b) The action taken for the shortfall in number of samples taken for analysis as against the prescribed quota.

c) Specific reasons for the very poor achievement in Coimbatore Corporation and Salem Corporation pointed out in the Report.

19.4 The Secretary, during deposition, stated that there were lot of practical difficulties in the implementation of Food Adulteration Prevention Act. Prior to 1985, training for 3 months were given to Health Inspectors and they were appointed as Food Inspectors. But later the Act was amended to appoint only B.Sc. (Chemistry) graduates for the post of Food Inspectors. There were only less number of B.Sc. (Chemistry) graduates then and after training 294 Food Inspectors were appointed in 10 years. Our requirement of Food Inspectors was 854. But only 192 persons are there on job now. Even these persons are also only part time Food Inspectors. Hence the difficulties continued in implementation of the Act. Now it has been decided that all departments of State Government viz Commissioner of Municipal Administration, Local bodies in consultation with Health & Family welfare Department should take steps to implement this Act still more effectively. It is proposed to convene a meeting within a week under the chairmanship of the Chief Secretary to Government of Tamil Nadu to sort out all issues concerning the implementation of the Act including posting of Food Inspectors.

19.5 Committee desires the Department to furnish the details of the outcome of the meeting held under the Chairmanship of the Chief Secretary to Government of Tamil Nadu in respect of Food Inspectors and on the recent steps taken for effective implementation of the Act.

20. Inadequate sampling from manufacturers/wholesalers (Para 3.3.5.4 of Audit Report 1999-2000)

20.1. The PAC, in its Report No.33-VII Assembly of March 1985 on the Review on the implementation of the Act included in the Report of the Comptroller and Auditor General of India for 1979-80 (Civil) (Government of Tamil Nadu) observed that the drawal of samples at premises of manufacturers/wholesalers is of great importance as it helped in detecting the adulteration at the source itself and recommended that the monthly quota of samples to be drawn for this purpose should be increased to atleast 10 percent of the number of units functioning and it should be ensured that all the units were covered atleast once a year. The memorandum of instructions issued by DPHPM in 1973 for officers implementing the PFA Act, 1954 also stressed the need for giving priority for lifting samples from wholesale dealers since the scope for adulteration was more at that juncture. However, out of the total samples collected and analysed during 1995 to 1998, the percentage of samples collected from manufacturers/wholesalers was very poor ranging between 1.2 and 2.4, as detailed below:

Sl. No.	Year	Total No. of samples collected and analysed	No. of samples collected from manufacturers/ wholesalers	Percentage to total samples Column 4 to Column 3
1.	1995	11978	140	1.2
2.	1996	9274	227	2.4
3.	1997	7055	92	1.3
4.	1998	4679	77	1.6

It was also observed from the sample registers maintained in the test checked local bodies that samples of food were not lifted from hotels, restaurants, etc. Full details of the manufacturers, wholesalers, retailers and street vendors were also not available in the offices of DPHPM and Director of Municipal Administration so as to ensure that adequate number of samples were lifted from all categories of food vendors to ensure prevention of adulteration at the source level.

20.2. The department in its explanatory notes has stated that strict instructions have been issued to the Food Inspectors through the Local Authorities to lift the samples from Manufacturers/wholesalers. During the year 2000-2001, 140 samples and 84 samples during 2001-2002 have been lifted from the Manufacturers/wholesalers.

20.3. The Committee desires to know (a) the reasons for poor performance in lifting samples from Manufacturers/wholesalers during 1995 to 1998?

b) Whether there was any monitoring mechanism at all to review the progress and fix responsibility for failures/lapses. and

c) As to how the coverage of the centres could be ensured in a phased manner in the absence of details of Manufacturers/wholesalers etc.

20.4. The Committee recommends for appointment of more number of Food Inspectors according to the population in Tamil Nadu by conducting a review meeting under the leadership of Chief Secretary at the earliest. Further the Committee already recommended that the drawal of samples at the premises of manufacturers/whole sellers is of great importance as it helped in detecting the adulteration at the source itself. Hence, the Committee now recommends both the H & FW and MA & WS Department could jointly form a commissionarate to fill up the vacant posts for testing the adulteration in food items especially in mineral waters manufactured by the leading companies.

21. Coverage of food items (Para 3.3.5.5 of Audit Report 1999-2000)

21.1. Committee notes that the Memorandum of instructions for officers implementing the Act provided, as a rule, that sampling should be restricted to the food items wherein adulteration and/or misbranding was most likely viz. milk, ghee, butter, gingelly oil, coconut oil, coffee powder, tea, turmeric, toor dal, flours, honey, aerated water, sherbeths and artificially coloured foods like sweets etc. It also mentioned that the samples of food items wherein food adulteration was not likely as it could be detected by the consumers themselves should not be lifted merely to

achieve the monthly quota. DPHPM also instrutcted (December 1993) the FIs to lift variety of food samples.

Details of food samples (categorywise) analysed and the samples found adulterated during the period 1995-96 to 1998-99 (Appendix XXII) revealed that the samples of spices and condiments, tea, coffee and chicory, edible oils and cereal products, where the percentage of adulteration was only 3, constituted 74 percent of the total number of samples lifted. However, the samples of milk, butter, ghee, ice creams and fruit products lifted where the percentage of adulteration was about 32 constituted only 7 percent of the samples lifted. This showed that adequate attention was not being paid to the adulteration prone items and the instructions on the subject were not being followed.

Samples of branded goods of the same type where probability of adulteration was less were continued to be lifted. Certain special food items popular in some areas such as Sago and Tapioca Products in Salem district, banana chips in Coimbatore district and halwa in Tirunelveli were rarely lifted. Inspite of specific instructions from GOI/DPHPM, samples of milk were not lifted from collecting centres, dairies and moving tankers and samples of fruits, vegetables and meat products were not taken; number of samples of carbonated beverages lifted was negligible.

21.2. The department in its explanatory notes has stated that the Food inspectors have been instructed to lift such items regularly. Further strict instructions have been issued to draw Milk samples from collecting centres, dairies and moving tankers.

21.3. The Committee desires to know the following:

a) what purpose would be served if mere instructions are issued without any proper follow-up and critical analysis for determined action?

b) Why could not the sampling be concentrated in respect of adulteration prone items as envisaged in the instructions?

c) The reasons for the omission to cover popular items in Coimbatore and Tirunelveli Districts

d) Why were samples of Milk not lifted and analysed? Why no reply has been furnished on the comment in this regard?

22. Inadequate sampling

(Para 3.3.5.6 of Audit Report 1999-2000)

MINERAL WATER

22.1. Committee notes that the DPHPM issued instructions (January 1997) to all the Food Inspectors to lift at least one sample every month and send to the Food Analysis Laboratory, Guindy. Instructions were reiterated (December 1999).

However, as per the Reports of FAL, Guindy, only 38 samples of mineral water were received during 1997-98 to 1999-2000 (upto December 1999) from the local

bodies as against the 5799 samples required to be lifted at the rate of one sample per month per FI. The FAL did not have necessary infrastructure viz., equipments, glassware, chemicals and furniture and staff (analysts, technicians and supporting staff) for micro-biological analysis. The micro-biological analysis was being conducted with the help of the Chief Water Analyst of the King Institute, Guindy. A micro-biologist was posted to the FAL in April 1999, other allied posts and required infrastructure were yet to be provided. Thus, the testing of mineral water was highly inadequate.

22.2. The department in its explanatory notes has stated that there were presently 112 Food Inspectors and it was proposed to appoint 320 part time Food Inspectors in a phased manner.

Committee would like to know the following particulars.

22.3. a) Did the Department work out the overall requirements of FIs so as to cover the entire State in all local bodies for implementation of Act strictly? If so, what is the requirement? Earlier, the requirement has been assessed as 1200 FIs. With this 112 FIs and proposed addition of 320, will all the local bodies be covered?

b) Why delay in appointing the 320 part time FIs? Does not the department feel the urgency of the issue? What was the action taken all these years?

c) Instructions have been issued in January 1997 for all the FIs to lift at least one sample in a month and send to FAL, Guindy. So, for the deficiency in coverage subsequently, what was the action taken against the FIs for violation?

d) Why were not the required infrastructure provided in FAL, Guindy?

e) Despite specific instructions issued by GOI in 10/97 and in March 1999 and inspite of further instructions issued by DPH and PM in April 1999 for lifting adequate samples and analysis of the same, there was very poor implementation. What was the action taken against the concerned for the poor coverage?

23.Non-testing of food articles for pesticide residue, Aflatoxin and heavy metals and non-testing of containers (Para 3.3.5.7 of Audit Report 1999-2000)

23.1. Committee notes that the Director General of Health Services, New Delhi issued instructions to all the Food (Health) Authorities during 1996 to 1999, to undertake analysis to detect crop contaminants like Aflatoxin, pesticide residue, heavy metals in the food articles and to ensure conformity with standard prescribed in PFA Act.

A scrutiny of information and records made available to audit disclosed that the analysis for presence of heavy metals was done on limited items, while tests for Aflatoxin and pesticide residue were not at all done in the FALs. Further, it was also observed that containers in which food items were sold were not checked in the

laboratories with regard to ISI specifications/other standards as specified in the PFA Rules. This was attributed by the Government/Public Analysts of the FALs to lack of trained manpower, equipment and chemicals in the laboratories.

23.2. The department in its explanatory notes has stated that all the Public Analyst have been requested to submit necessary proposals for equipping the Laboratories for testing Aflatoxin and pesticide residue. After equipping the Laboratories existing staff will be given training for testing the above said food articles.

Committee observes that the reply is totally inadequate and desires to know:

23.3. (a) Why delay for so many years in providing the required equipment and manpower?

(b) Is not the department seized of the importance of the issue?

(c) Could not the department expedite action? What is the latest stage of action?

24. Performance of Laboratories (Para 3.3.5.8 of Audit Report 1999-2000)

24.1. Committee notes that quota for samples to be analysed by 7 FALs under PFA Act had been fixed as 33,096 per annum and notified by the DPHPM as early as in 1987 based on the samples to be collected from the local bodies. A perusal of the samples analysed by 7 FALs during the period 1995-96 to 1999-2000 revealed that the number of samples analysed had decreased considerably from 11,647 to 4,122 and as compared to the quota fixed by DPHPM, the percentage of samples analysed decreased from 35 percent in 1995-96 to a mere 12 percent in 1999-2000. The main reason attributed by the analysts of the FALs for the non-achievement and the decline in the percentage of achievement over the years was the non-availability of FIs for lifting the samples. Thus, due to the non-achievement of the target fixed, the laboratories were grossly under utilised.

24.2. The department in its explanatory notes has stated that to increase the Food Inspectors necessary action has already been taken. Present status of the part time Food Inspectors is 112/320 part time Food Inspectors will be appointed in a phased manner. At present individual performance of the Food Inspectors are reviewed periodically to achieve the target by the Food Inspectors.

24.3. Committee reiterates its queries as given against para 3.3.5.6.

25. Food Inspectors (Para 3.3.6 of Audit Report 1999-2000)

25.1. Committee notes against the requirements of 1200 FIs (at the rate of one full time FI for local area having a population of 50,000), only 139 part time FIs were available at present. Following points were observed in this regard.

a) As per the amendments made (February 1980 and March 1983) to Rule 8 of the Act, after 1 April 1985, only a person who is a graduate in Science with Chemistry as one of the subjects or a graduate in any one of the following disciplines viz.

Agriculture, Public Health, Pharmacy, Veterinary Science, Food Technology and Dairy Technology or diploma holder in Food Technology or Dairy Technology can be given training in Food Inspection and be appointed as FI. Although the DPHPM requested (May 1995) all the Commissioners of Corporations and Municipalities and the Director of Town Panchayat to issue instructions to the Sanitary Inspectors working under them to acquire the required qualification, no further improvement was seen in the matter.

b) DPHPM requested (February 1998 to April 1998) the Government in Health and Family Welfare Department, Commissioner of Municipal Administration, Director of Town Panchayat and the Comissioners of six Municipal Corporations for amending the adhoc/special rules for recruitment of Sanitary Inspectors/Health Inspectors to the effect that 10 percent of these posts would be reserved for those candidates possessing qualification required for FIs, so that they can be utilised for lifting samples. However, no amendments to this effect were made.

c) While amending (February 1996) the original notification of 7 December 1955, Government substituted the expression "Health Inspectors" by "Health Inspectors Grade I" for appointment as FIs, provided they possessed the necessary qualification and underwent the training in food inspection and sampling. Though none of the officials working as Health Inspectors Grade I possessed the qualification prescribed, a proposal of DPHPM to make eligible the available Health Inspectors Grade II and Health Inspectors Grade I B with the required qualification by amending the notification was pending with the Government (April 2000) since May 1996. As a result, 32 Health Inspectors Grade II and 30 Health Inspectors of Grade 1B, who were already trained in food inspection and sampling during 1996 and 1999, could not be utilised for sampling. Also, about 200 Health Inspectors of grade 1B and II possessing the qualification were available, but could not be imparted necessary training and utilised as FIs.

d) Similarly, a proposal of the DPHPM to amend the notification to make eligible the Sanitary Officers and Block Health Supervisors to act as FIs was also pending with the Government since December 1997. As a result, 32 Sanitary Officers and 12 Block Health Supervisors could not be utilised for food inspection.

e) PAC, in pursuance of its previous Report, had recommended (1996-97) the appointment of full time FIs for the efficient implementation of the Act. Though the State Government had reported that this could not be done due to financial constraint, the PAC observed that the financial constraints should not be allowed to stand in the way of effective implementation of the Act. However, the part time FIs continued as such, and besides attending to the implementation of the Act, they had to attend various other duties such as conservancy, detection and prevention of infectious diseases, health propaganda, inspection of places of dangerous and offensive trade and issue of licences etc. Thus, the implementation of the Act was affected to a great extent due to non-availability of required FIs for lifting samples.

25.2. The department in its explanatory notes has merely stated that amendment have been issued to the relevant notification for the appointment of Health Inspector Grade II, Grade IB, Block Health Supervisors, Sanitary Officers also as Food Inspectors. Action has been taken for the appointment of 320 part time Food Inspectors in a phased manner.

25.3. Committee desires to know the reasons for non-deployment of required number of FIs, particularly when the enforcement of the Act is so vital and essential for the welfare of the State.

Prosecution and Acquittals

26. Delayed Prosecution (Para 3.3.7 and 3.3.7.1 of Audit Report 1999-2000)

26.1. Committee notes that Food Inspectors have to launch prosecution against the vendors whose samples were found adulterated/misbranded or for violation of the provisions of the Act after the receipt of an analysis report from the Analyst and a written consent from JDPHPM. The prosecution has to be launched as early as possible, as the vendor has the right to cause analysis of the second sample, kept by the Local (Health) Authority, in the Central Food Laboratory, under Section 13 (2) of the Act and the same assumed significance if the sample happened to be a cooked food or a food made of milk, which would deteriorate in quality if delayed. Such delays in launching prosecution had resulted in acquittal of the accused as seen from various judgments of Courts in this connection. Department itself had stated in May 1995 that only 50 per cent of the adulterated cases were prosecuted and the prosecution was not launched or belatedly launched in the remaining 50 percent of cases.

Test check of records in the Directorate revealed that in respect of 20 adulterated cases (including 16 items of milk/milk products) relating to samples taken during the period between March 1994 and November 1996 by the FIs of Chennai Corporation, the proposals for grant of sanction to launch prosecution were submitted after a delay ranging from 5 months to 3 years.

Prosecution was launched in respect of 1395 cases during 1995-96 to 1999-2000. It was noticed that courts ordered acquittal in 437cases and conviction in 692 cases during the same period. A scrutiny of records relating to 108 cases of acquittal in the Directorate revealed that the acquittal was due to procedural lapses on the part of Department like delay in launching prosecution, non-production of appointment order/training certificate of the Food Inspector in support of their qualification, failure to issue notice under section 13(2) to the vendor along with the copy of analysis report, non/observance of procedure prescribed for sampling etc. These irregularities persisted despite being pointed out in the previous Audit report and PACs recommendations thereon requiring a case study of such acquittals and necessary steps to avoid such acquittals in future.

27. Huge Pendency of cases (Para 3.3. 7.2 of Audit Report 1999-2000)

27.1. Committee notes that as per the annual reports on the working of the PFA Act in the State, out of 8133 cases pending in the court as of 31 December 1998, 7011 cases were pending for more than 3 years. Non-execution of non-bailable warrants against the accused due to their absconding and non-availability of FIs in the local bodies to attend to court cases were the main reasons for the accumulation of cases.

27.2. The department in its explanatory notes has stated that the main reason for not launching prosecution is due to retirement of Food Inspectors and the Food Inspectors transferred from their existing local body to another local body. The other cases are regularly monitored for launching prosecution in time.

27.3. Committee observes that the reply is very casual and indifferent. A perusal of the reply reveals that the department has not paid adequate attention and attached required seriousness to the deficient processing/ follow up of the cases that led to acquittal in many cases.

27.4. Committee recommends that the department may constitute a Committee for identifying the types of lapses and formulate necessary measures and procedures to streamline the system of follow up, free from all inadequacies and omissions.

28. License fee and fees for analysis (Para 3.3.8 & 3.3.8.1 of Audit Report 1999-2000)

28.1. Committee notes that the Commissioners of Corporation and Municipalities, the Executive Officers of Town panchayats/Townships and the Commissioners of Panchayat Unions are competent to issue licences to vendors under PFA Act. The fees specified to be collected as per PFA Rules of 1961 ranged from Rs.3 to Rs.25 for fresh licence and Rs.1 to Rs.15 for renewal according to the category of vendor viz. wholesaler, retailer and hawker. Scrutiny of records in the local bodies and the information furnished by them revealed that

a) the licences to vendors were not issued in the proper form (Form B) prescribed by the Department except in the Municipalities in Thanjavur District.

b) no demand registers were maintained by the Corporation of Chennai at Central/Zonal level with the result that the correct amount of the licence fee due to be collected could not be ascertained. Details of total number of food vendors in Chennai Corporation to whom licences were to be issued were not on record. Thus, there was no system to ensure collection of licence fees due.

c) The DPHPM proposed as early as in 1988 for revision of licence fees. The proposal was still under the consideration of the Government and licence fee was continued to be collected at old rates. As per the proposed revision, the fees range between Rs.10 and Rs.50. Non-revision of fees resulted in loss of revenue to the local bodies. In the test checked local bodies, the revenue loss calculated at the minimum proposed increase for renewal of license worked out to Rs.12.94 lakh for the period 1995-96 to 1999-2000.

28.2. The department in its explanatory notes has stated that instructions have been issued to all local authorities to collect the license fees regularly and issue licence in the proper from (Form B). They are also requested to maintain the demand register. The proposal for revision of licence fees submitted to the Government is under consideration of the Government.

28.3. Committee observes that the reply is very general and totally inadequate.

28.4. Committee desires to have the following particulars:

i) Did the department ensure, after the issue of repeated instructions, that the licenses are issued in the prescribed form? Can the department assure the Committee that this has been implemented in all the local bodies?

ii) What was the action taken against the concerned officials for failure to maintain the required demand registers duly updated at Corporation of Chennai?

iii) Are the Demand Registers maintained now in the Corporation and has it been updated with respect to the latest data? Could not the department report on the action taken to the Committee?

iv) Has it been ensured that the Demand Registers are maintained properly duly updated in all the other local bodies also? Are the demands monitored closely? Has any monitoring mechanism evolved for reviewing the proper implementation?

v) Why delay in taking a decision to revise the licence fee on the proposals mooted as early as in 1988? What were the bottlenecks? Could this not be expedited in view of the huge revenue loss to Government involved?

29.Monitoring and Evaluation (Para 3.3.9 of Audit Report 1999-2000)

29.1. Committee notes that the implementation of the Act is monitored by DPHPM at the apex level assisted by JDPHPM (PFA). However, full details regarding incumbency of FIs and pendency of cases in various local bodies, details of fines imposed by court and their apportionment between local bodies and Government were not available with him. While the Act was administered at the apex level by Public Health Department, the field level implementation was with the Sanitary-cum-Food Inspectors functioning under the day-today administrative control of the local bodies. Thus, dual control of FIs stood in the way of effective monitoring of the implementation of the Act. Entrustment of various duties to the part time FIs of the local bodies other than taking samples resulted in shortfall in collection of samples when compared to the quota fixed for this purpose by DPHPM.

At the District level, DDsHS were to review the performance of local bodies falling in their districts. Records in the districts test checked revealed that no review meetings were held in Salem for the analysis of the performance of FIs and in respect of Thanjavur, no information on conduct of review meetings has been furnished. Even where meetings were held, only oral instructions were issued routinely and the attendance of FIs in such meetings was very poor. No separate staff was earmarked for monitoring the implementation of the Act.

No records were produced to Audit regarding the monitoring at Government level.

No evaluation was conducted on the implementation of the Act either by any Government agency or by private agency.

Government, in reply (July 2000), generally accepted the facts.

29.2. The department in its explanatory notes has stated that the dual control over Food Inspectors is not the problem in the implementation of the PFA Act. The performance will be improved by increase in the number of Food Inspectors by

appointing 49 trained Health Inspectors as Food Inspectors and to give training to 250 qualified persons to appoint them as Food Inspectors in phased manner. The programme is being evaluated by collecting periodical performance reports on the implementation of PFA Act in Public Health Directorate and reviewed regularly and feed back is given to the Food Inspectors and Local Health Authorities for better implementation of the Act. The deputy Directors of the Health Services are instructed to conduct regular monthly meetings at district level for the Food Inspectors and Local Health Authorities and to maintain review minutes register. The performance of Food Inspectors are being reviewed then and there by the Local Health Authorities. Zonal review meetings are being conducted by the State Food Health Authority for all Food Inspectors and Local Health Authorities. The implementation of the Act is being monitored at the Government level by prescribing a monthly periodical.

29.3. The Committee observes that the department's vague reply in general terms on the monitoring aspect was not convincing, as against the specific findings of poor monitoring brought out in the Audit report in test checked cases.

29.4. Taking a serious view of the deficient monitoring, Committee recommends that the department should immediately arrange to gear up its mechanism at various levels to monitor the performances under every component of the Act through proper returns and progress reports and review meetings. The returns/reports should be critically analysed for immediate corrective action. The findings/conclusions of the Review meetings should be closely followed with urgent corrective action.

Committee desires to have a detailed specific report on the action taken on the above lines.

30.Conclusion (Para 3.3.10 of Audit Report 1999-2000)

30.1. Committee notes that in the light of the foregoing, the critical questions that should bother the administrator of the PFA Act relate to organizational and manpower requirements.

First is the question of DPHPM being the administering authority of the Act. As revealed by Audit analysis, the officer, being overwhelmingly busy in his own profession, is hardly expected to give adequate attention to issues relating to implementation of PFA Act. At the district level, the position is no better. Second is the question of inadequate number of Food Inspectors and the types of food articles to be sampled. Perhaps the Government need to think afresh regarding the organization and management of the PFA Act with a view to making it more effective and capable of enforcing the Act and the Rules governing food adulteration, since it is a vital issue of public health and peoples well being.

30.2. The department in its explanatory notes has stated that the Food Health Authority (DPH & PM) with the assistance of the Joint Director (PFA) is reviewing the performance of the Food Inspectors by conducting review meetings. The status of Food Inspectors are being improved in a phased manner. This will lead the food sampling efficiency. The DPH & PM the administering authority of the Act is fully concentrating in the implementation. With the powers vested to him, he has prohibited the sale of non liaised common salt and banned the sale of Pan Masala, Gutka containing tobacco and chewing tobacco in the State of Tamil Nadu in the

interest of the public Health. A survey on the savourities has been conducted for identifying the artificial colouring agents. As such the Food Health Authority is concentrating on the implementing of the Act.

30.3. Committee observes that in view of the importance and the social objective involved in the implementation of the PFA Act, in the light of many lapses and omissions brought out in the implementation of the Act successfully, Committee recommends that a separate Committee be appointed to go into all vital aspects and prescribe a well structured mechanism and system for effective implementation of the Act more strictly covering all the requirements in all the local bodies throughout the State.

Committee desires to be informed about the action taken in this regard.

2000-2001

31. Prevention and Control of Diseases (Para 3.4 of Audit Report 2000-2001)

31.1. The Committee notes that Tuberculosis and Blindness are two major diseases prevalent in the State Tuberculosis(TB) is an infectious disease caused by a bacterium and spreads through the air from a person suffering from TB. It is estimated that in India about 14 million population was suffering from active TB of whom 3 to 3.5 million were in highly infectious stage. According to a National Survey conducted by the Indian Council of Medical Research (ICMR) during 1955-58 about 10 lakh people suffered from TB in Tamil Nadu of whom one fourth (2.5 lakh) were infectious. This position remained the same even as of April 2000.

According to a survey conducted during 1986-1989 by World Health Organisation (WHO) with a view to find out the magnitude and causes of blindness in the country in respect of blind people with visual acuity less than 6/60 the prevalence of blindness in the country was 1.49 per cent and in the State it was 1.65 per cent. According to this survey 82.8 per cent of the blindness in Tamil Nadu was due to cataract.

32. Case finding
Shortfalls in Sputum examination (Para 3.4.5. 2.2 of Audit Report 2000-2001)

32.1. The Committee notes that according to technical guidelines of Central TB Division, efforts are required to be made under the programme to improve diagnosis of TB among patients attending health facilities, as it is expected that at least 2 per cent of adult out-patients will be chest symptomatic. Every patient attending out-patient department (OPD) in a health unit for any reason should be specifically asked about the presence of cough and sputum samples obtained. Though the targets fixed for sputum examination were achieved at State level, as mentioned in para 3.4.5.2.1 yet shortfalls in sputum examination up to 100 per cent were noticed in 68 Public Health Institutions(PGIs) covered by test-check. The main reasons attributed for the shortfall were vacancies in the posts of Laboratory Assistants (LAs)/Laboratory Technicians (LTs) and non-cooperation of patients to give sputum for examination. The study Committee constituted (June 1999) by State Government to assess the performance of the Programme also pointed out that sputum examination was not

done for most of the chest symptomatic who reported at OPD as required and consequently many sputum positive cases were let off without any diagnosis and treatment.

32.2. Audit observed that the posts of LAs remained vacant in 83 designated microscopy centres, specially under (RNTCP) Revised National Tuberculosis Control Programme for carrying out Sputum examination. Also for 1,409 PHCs in the State,1,050 posts of LAs were sanctioned and the men in position were only 701. In the (ITM) Institute of Thoracic Medicine, Chennai which examined sputum collected from Government Medical College Hospitals in Chennai and peripheral hospitals 3 posts of LAs vacant from February 1998 and October 1998 had not been filled up.

To carry out sputum test exclusively, Government ordered (September 2000) to fill up 25 posts of LTs Grade I in 23 institutions/hospitals attached to Medical Colleges on contract basis for the time being and then by redeployment from DMRHS. However, the posts are yet to be filled up (April 2001).

Though the Public Accounts Committee(PAC) in its 60th Report (April 1992) had recommended that the shortfall in sputum examination should be made good at all costs as it adversely affected the implementation of the Programme, such shortfall still persisted and no effective action was taken by the Department to overcome it. DMRHS requested (March 2001) DPHPM to at least depute LAs from the deputing PHCs to work in the 83 designated microscopy centres for sputum examination till these vacancies are filled by regular incumbents.

32.3. The department in its explanatory notes has stated that the component target for sputum examination was not achieved in certain PHCs for want of Lab Assistants and these "Vacancies" are being filled.

32.4. The Committee views the shortfall in achievement of sputum examination with concern. The Committee recommends that immediate action should be taken for filling up the posts of LAs. As any delay will dilute the objectives of the scheme action is called for on priority basis.

33. Non-availability of anti TB drugs (Para 3.4.5.2.4. of Audit Report 2000-2001)

Part-A

33.1. The Committee notes that due to non-receipt of supply from DTC/TNMSC, anti TB drugs such as Streptomycin Injection (0.75 gms) Rifampicin capsules, Ethambutol, Pyrazinamide and Isoniazid tablets were not administered to 346 patients in 11 institutions in Dindigul, Kancheepuram and Salem districts during February 1997 to February 2001 out of 56 institutions covered by test-check. By not following the drug regimen recommended the treatment would be ineffective.

33.2. The department in its explanatory notes has merely stated that the districts always have sufficient stock of anti TB drugs. On a few occasions, when there is shortage, they get the required drugs transferred from other districts or locally procured them with the assistance of District TB Association. Doctors ensure effective treatment.

33.3. The Committee observes that the reply is general and does not meet the point. The Committee desires to know:

(a) Why were drugs not made available at the institution ?

(b) What were steps taken to arrest the trend ?

(c) Is it ensured that drugs are made available on a continued basis for all the institutions?

(d) Why could not a specific reply be furnished for the audit comment?

34. Follow -up of patients (Para 3.4.5.2.6 of Audit Report 2000-2001)

34.1. The Committee notes that for monitoring patients progress towards cure, follow-up sputum examinations are required to be conducted at prescribed intervals during the course of treatment.

The data compiled in Appendix XVI of AR 2000-01 clearly reveal that the expected rates of conversion were not achieved in 4 districts viz Kancheepuram, Dindigul, Salem and Thanjavur. While in Chennai, the expected rate of conversion was achieved only during 1999-2000 in respect of failure cases and during 2000-2001 in respect of new and relapse cases, in Cuddalore it was achieved during 1999-2000. the non-achievement was attributed to patients not turning up and migration/death of patients.

In Government Hospital of Thoracic Medicine, Tambaram, Chennai no evidence was available in the treatment cards regarding the conduct of follow-up sputum examinations.

Though the PAC recommended in their Report in April 1992 that effective follow-up action be taken in cases of large-scale drop-outs yet these deficiencies continued to persist as mentioned above.

It is evident that because the lack of follow up action, there was no reduction in the annual incidence of new TB patients (2.50 lakh) added every year.

34.2. The department in its explanatory notes has stated that DOTS has just been introduced in the State. When patients start taking treatment regularly their sputum is found to become "Negative" in 2 or 3 months from the start of treatment Patients are suitably motivated.

34.3. The Committee recommends for adoption of improved methods of follow-up to attain the required objectives.

35. Discontinuance of treatment (Para 3.4.5.2.8 of Audit Report 2000-2001)

35.1. The Committee notes that against 4.61 lakh TB patients detected for treatment during 1996-2000 only 2.33 lakh patients (51 per cent) had completed treatment as reported (February 2001) by the DMRHS. The shortfall was mainly due to failure of TB patients to turn up for treatment after diagnosis and after commencement of treatment. Although huge amounts have been spent on

Information, Education and Communication (IEC) activities under the programme impact is lacking on account of frequent changes in treatment policies/procedure.

Test-check of records in the sample districts revealed that 9 to 80 per cent of the patients who commenced treatment during 1996-2000 discontinued it. Under the programme, the patients who defaulted had to be motivated through home visits and brought back to treatment. A scrutiny of treatment cards, however, disclosed that the fact of home visits made by health service providers viz., Lady Health Visitors, Multipurpose Health workers etc., and the reasons for the default were not recorded therein in most of the cases. As the responsibility for curing TB patients is placed on the health workers under the programme, high rate of default would indicate poor follow-up of patients by health workers. This had eventually led to low cure rate and transmission of TB. Though no specific reasons were given for less number of home visits, two DTCs (Salem and Kancheepuram) stated that the home visits would be recorded in future and reasons for default analysed.

Against the cure rate of 85 per cent to be achieved under RNTCP, the cure rate actually achieved during 1999-2000 was only 75 per cent and 74 per cent in Chennai City and Cuddalore District were selected under the World Bank Project.

35.2. The department in its explanatory notes has stated that long duration of (6 to 8 months) treatment is the main reasons for defaulters in drug intake. All the patients are motivated, during each drug collection, to be regular in taking treatment. House visits are done to retrieve the "defaulters".

35.3. The Committee observes that the reply given by the Department is not sufficient. The Committee desires the department to take necessary attempts to review the existing procedure of follow up and formulate new strategies for attracting the patients for continuous treatment. The Committee would like to have the detailed reply from the Department.

36. Sputum Culture (Para 3.4.5.2.9 of Audit Report 2000-2001)

36.1. The Committee notes that Sputum culture and sensitivity testing is valuable for surveillance, planning and management of resistant/failure cases. As these facilities are not available in (DTCs) Distirct Tuberculosis Centres the sputum samples of patients were sent for culture to (TRCs) Tuberculosis Research Centres, at Chennai and Madurai, (ITM) Institute of Thoracic Medicine at Chennai and TB Sanatorium, Tambaram (Chennai). For providing sputum culture facilities, Government sanctioned (August 1997) Rs.36 lakh at the rate of Rs.4 lakh per DTC. Equipment needed for this facility were purchased (March 1998 to June 1999) at a cost of Rs.22.07 lakh and supplied to 9 DTCs. However the equipment were not installed and the facility is not yet established for want of manpower like microbiologist and other infrastructure like rooms with air-conditioning, resulting in the equipment lying idle. DTCs continued to send patients /samples for culture and sensitivity test to the two TRCs, ITM and TB Sanatorium.

Results of tests were not intimated to the referring DTC in all cases Audit found the position in DTC Dindigul and DTC Salem as under:

	Referred cases	Period	Results received	From
DTC Dindigul	15	December 1997-March 2001	5	TRC Madurai
DTC,Salem	40`	March 2000-March 2001	14	TRC Chennai

Incidentally TRC Madurai had requested (October 2000) the DTC Dindigul to refer fewer cases for testing as their work load and commitment had risen to a great extent owing to referral from different centres.

36.2. The department in its explanatory notes has stated that District TB centres are concentrating on sputum examination as envisaged under the RNTCP. Culture facility is available in TB Sanatorium. The Culture equipments have been transferred to the TB Sanatorium and Medical College Hospitals by the District TB Centres.

36.3. The Committee would like to know the reasons for

i. Non-provision of required facilities in the DTCs, so as to utilize the equipment allotted.

ii. When were the equipments transferred?

iii. Have all the 9 equipments been transferred?

iv. DTCs were referring cases to other centres for culture and sensitivity tests. Could it not be ensured that the results of tests were sent promptly to DTCs for information and further monitoring?

v. If this does not happen would it not dilute the very objective of DTCs?

The Committee would like to have the reply of the Department at the earliest.

37. Establishment of District Tuberculosis Centres (Para 3.4.5.3 of Audit Report 2000-2001)

37.1. The Committee notes that one DTC has to be established for an average population of 19 lakh under RNTCP with the key staff comprising DTO Treatment Organiser, Laboratory Technician, X-ray Technician and Statistical Assistant. DTC functions as a specialized referral centre and is specifically responsible for the organization of TB control activities in the district. As of March 2001 only 25 DTCs were functioning against 30 per norm.

(i) DTCs were not established in the four districts viz, Ariyalur, Karur, Madurai (at Usilampatti) and Thiruvarur though the establishment of the DTC was a pre-requisite for the implementation of the World Bank assisted RNTCP proposals

(April 1999 and April 2001) of the DMRHS towards establishment of these DTCs were pending with State Government (May 2001) . Audit observed that the buildings for DTCs at Karur, Usilampatti and Thiruvarur were completed between December 1999 and September 2000 at a cost of Rs.88.16 lakh. However, the DTCs with required key staff were not yet established. The buildings were reported (September 2001) to be utilized for TB programme work with a MO posted locally.

(ii) Though Coimbatore District had a population of 38.87 lakh, only one DTC was functioning in the district against the requirement of two.

(iii) Twelve DTCs already established did not have full strength of staff essential for proper implementation of RNTCP. DMRHS replied (May 2001) that his proposal (September 2000) for creation of 27 posts including 2 posts of DTOs (Nilgiris and Theni) 4 posts of second medical officers, 11 posts of Statistical Assistants and 3 posts of Pharmacists was pending with the State Government. The Central TB division recommended (July 1997) that the headquarters of TB unit in Chennai Corporation be strengthened with additional manpower of one Data Entry Operator, Driver, IEC Officer, Medical Officer and Secretarial Assistant each. However except the post of driver, all the remaining posts were not filled up (August 2001).

The PAC in their Report (April 1992) had observed that considering the importance of the scheme, the financial constraints should not stand in the way of establishing DTCs with required staff. However, the deficiencies in this regard still persist and affect the implementation of the programme. Correspondence between DMRHS and Government in this regard disclosed that there were financial constraints in establishing DTCs with required staff.

This has to be viewed in the background of substantial amounts of expenditure met by State Government on running the TB institutions towards staff, maintenance of buildings, vehicles etc. The per capita expenditure on this account worked out to Rs.543.69 per patient during 1996-2000.

37.2. The Department in its explanatory notes has stated that proposals to establish District TB Centre in the newly formed Karur, Tiruvarur and Madurai and Usilampatti Districts and to improve the minimum additional staff in certain existing District TB centres could not be complied at present due to financial constraints. However the TB programme officers of the adjoining districts covers these districts and ensure proper implementation of RNTCP with the man-power assistance etc. provided by the District TB Control Society formed in each of these new districts also. A local Medical Officer trained in RNTCP has also been posted at Karur, Tiruvarur and Usilampatti to look into the RNTCP activities in the respective districts.

37.3. The Committee strongly disapproves the delay in posting the staff required for the DTCs at various locations. The Committee notes with displeasure that there is long delay in establishing the DTCs as per norms and in providing the required staff in the existing DTCs.

37.4. The Committee desires to stress on the need for attending to the above requirements immediately without any further delay.

38. Time-expired and sub standard drugs (Para 3.4.5.4 of Audit Report 2000-2001)

38.1(a) Time-expired drugs

Drugs worth Rs 24.51 lakh became time-expired in 5 sample districts viz. Chennai, Coimbatore, Cuddalore, Dindigul and Thanjavur. A detailed scrutiny of records revealed that the Injection Streptomycin and tablet Isoniazid became time expired in Coimbatore (June 1997) and Government Medical Stores Depot(GMSD), Chennai (September 1999) respectively, while these drugs were not administered to the patients during March 1997 and july-September 1999 in Kancheepuram District due to non-availability. The DTCs at Coimbatore and Cuddalore stated that the drugs became time-expired, as they had been supplied to them by DGHS/TNMSC without any indent/in excess of indented quantity.

(b) Sub-standard drugs

3.37 lakh tablets of Pyrazinamide (500mg) (cost Rs.5.19 lakh) (3 lakh supplied by M/s,C.T.Laboratories, Calcutta received from GMSD, Chennai during April 1996 by DTC, Thanjavur and 0.37 lakh supplied by firm Unicare(India) Private Limited between June 1999 and September 1999 to DTC Dindigul) were declared as sub-standard in June 1997 and December 2000 by the Government Analyst, Drug Testing Laboratory Chennai as the sample tablets did not conform to the Indian Pharmacopoeia (IP) specification in respect of disintegration test. By the time fact was intimated (June 1997 and January 2001) to DTCs, Thanjavur and Dindigul, 3.24 lakh tablets were distributed to various institutions and in turn would have been distributed to TB patients. In PHC Eriyodu (Dindigul District) to which 5700 such tablets were supplied (June 1999 to January 2000) Audit found that they had been distributed to the patients. Information regarding action taken against the defaulting firms was not on record.

38.2. The department in its explanatory notes has stated that due to change of Policy with regard to administration of Anti TB drugs to the TB patients, streptomycin had to be given only for limited cases. Certain districts experienced supply of short expiring drugs and certain supplies were made by the Centre even when there were no indents or in excess of indented quantity. Orders of the DGHs to write-off the expired drugs are awaited.

38.3. The Committee observed that the reply was very casual. The anti TB drugs became time expired in the centres due to excess supply but simultaneously in another District Kancheepuram there was shortage of such medicines leading to the denial of the same to the needly patients.

This unhealthy trend must be curbed.

38.4. The Committee desires to have the following particulars

(a) Why has the department not taken any corrective procedure/methods subsequently to prevent such poor situations and to ensure the quick transfer/diversion of such accumulated stock at one place to the other needy areas?

(b) Could not the Department monitor the stock situation every month at various centres and advice the centres appropriately for redistribution?

The Secretary to Government Health Department stated before the Committee at its meeting held that the TB drugs were being supplied by the Central Government. The Central Government had written-off the amount for date expired drugs. He added that medical inspectors were being appointed by the District Collectors of concerned districts and were paid a consolidated amount of Rs.6000/- p.m. Further 100% standard medicines were supplied at the time of supply of samples and after distribution it was found that they were sub-standard. A Joint Director (Drug Controller) incharge was posted for the purpose and he was due to retire in 2 months. He added that those qualified in MSC (Pharmacy) could be posted as Joint Director on seniority basis for examining the standard of drugs.

38.5. The Committee decided to have a detailed report from the Department.

39. Non-utilisation of funds (Para 3.4.6.2(i) of Audit Report 2000-2001)

39.1. Non Utilisation of funds allocated for furnishing eye wards and operation theatres.

Committee note that GOI released a sum of Rs.95.40 lakh towards furnishing of newly constructed eye wards and operation theatres. However State Government accorded sanction for Rs.77.40 lakh.

Out of the amount sanctioned by Government, Rs.10 lakh were credited to the Personal Deposit (PD) account of TNSBCS only in March 2000 and is lying unutilized (April 2001) as the Society had not received any proposals from the institutions. The original sanction for Rs.67.40 lakh issued (March 2000) to DMRHS (Rs.46.80 lakh) and DME (Rs.20.60 lakh) for furnishing 25 completed eye wards and operation theatres was revalidated in September 2000. As of April 2001, an expenditure of only Rs.16.86 lakh was incurred by DMRHS; details regarding the expenditure incurred by DME have not been made available to Audit.

Similarly a sum of Rs.60 lakh released (Rs.30 lakh each in April and May 2000) by GOI towards furnishing of newly constructed eye wards has not been released by State Government to TNSBCS (March 2001).

39.2. The department in its explanatory notes has stated that to provide furnishings to the 35 new base eye wards and Operation theatres and for furnishing an renovation of OTs and wards attached to the existing eye department, the State Government had released the entire amount of Rs.95.40 lakh to the Director of Medical Education and Director of Medical & Rural Health Services according to their eligibility and requirement. The Director of Medical education and Director of Medical & Rural Health Services have incurred the entire amount except Rs.2.21 lakh by the Director of Medical Education.

39.3. The Committee observes that the reply was vague.

The Committee would like to know the following particulars.

(a) How much was released to DME and how much was released to DMRHS ? What were the dates of release?

(b) Have all the eye wards and operation theatres been furnished? If so, when and where? What was the final expenditure?

(c) Has the balance of Rs.2.21 lakh been remitted back to Government?

(d) Could not the department furnish all the relevant details while replying to the Committee?

40.Non-Utilisation of funds (Para No.3.4.6.2(ii) to (iv) of Audit Report 2000-2001)

(ii) Non-utilisation of assistance earmarked for IEC activities

40.1. The Committee notes that as against the amount of Rs.1.18 crore earmarked for IEC activities, GOI released only Rs.0.52 crore (44 per cent) upto 2000-2001, the end of the project period of which TNSBCS spent only Rs.0.17 crore (32 per cent). Remaining amount of Rs.35.23 lakh was lying unutilised with the Society. This would lead to non-availing of World Bank Credit to the full extent. TNSBCS and hence due to non-receipt of instructions/bills the funds could not be utilised. The contention of TNSBCS is not tenable as State Society is responsible for implementing IEC activities under the Programme. Further there are various other IEC activities on which the amount could have been utilised.

(iii) Non-utilisation of assistance given under the component "consumables"

40.2. The Committee notes that GOI released in 1995-96 to State Government included Rs.29 lakh towards the component "consumable" under the World Bank Project. However, TNSBCS incurred an expenditure of only Rs.2.56 lakh under consumables during 1996-2000 and the balance amount of Rs.26.44 lakh was lyind unutilised.

(iv) Non-utilisation of funds allocated to Eye-banks:

40.3. The Committee notes that GOI allocated Rs.12.50 lakh during 1994-2001 for establishment of 4 eye-banks under NPCB. Two eye-banks in Chennai have been established during 1994-95 to 1999-2000. The model eye-bank in Coimbatore Medical College Hospital has not been established as of April 2001 although it was ordered in July 1998. State Government had not issued orders till March 2001 for the establishment of fourth eye-bank sanctioned by GOI during 1998-99. During the period 1996-2000, an expenditure of only Rs.2.84 lakh was incurred in the two eye-banks indicating poor performance.

40.4. Such non-utilisation of funds under the above components of the programme would hamper dissemination of information about the programme to the public and the quality of service.

40.5. For para (ii) the department in its explanatory notes has stated that the expenditure incurred by the Tamil Nadu State Blindness Control Society is recorded in

the Quarterly and Annual Statement of expenditure sent to Government of India. The activities have been conducted in a cost effective method to avoid duplication (or) overlapping. This can be ensured and consecutively for 3 years Tamil Nadu stood first among the 7 major states, who implemented the Project. By seeing the overall expenditure of Rs.24.85 crore, out of allocation of Rs.16.99 crore, it is very clear that the expenditure exceeded by Rs.7.86 crore which is nearly 46% over and above the allocation made by Government of India. Hence the prudent action was taken by the Tamil Nadu State Blindness Control Society to save an expenditure which would otherwise been a waste.

40.6. At the end of the extended project period upto 2002, Committee desires to know the amount remaining unspent with the State Society and whether this been refunded back to GOI.

40.7. For para (iii) the department in its Explanatory Notes has stated that since the consumables to District Blindness Control Societies are provided by Government of India by kind the grant amount allocated and released during 1995-96 towards consumables have not been incurred entirely. In the subsequent years the suply of kind component from Government of India was on the increase, which nearly matched the full requirement by the implementing agencies, the amount unspent under the component "consumables" was saved and used towards the expenditure under other components.

40.8. Committee notes that Rs.26.44 lakh relating to funds released ruing 1995-96 for consumables, was lying unspent at the end of 2000. Of this Committee desires to know how much was spent for other components and whether GOI's concurrence was obtained for diverted spending? What is the final balance as of date? Committee desires to know whether this has been remitted back to GOI.

40.9. For para (iv) the department in its explanatory notes has stated that under World Bank Project, 5 Eye Banks have been allocated to Tamil Nade between 1994-1995 to 2000-2001 and the Government have also issued orders for establishment of eye bank at the following places.

1. 1994-95 - Government Stanley Hospital, Chennai (G.O. 2D No.123, Health dated 11.10.90

2. 1997-98 - Coimbatore Medical College Hospital, Coimbatore (GO Ms.No.378 Health Dated 10.7.98)

3. 1998-1999 - Government Royapettah Hospital Chennai (GO) Ms.No.511 Health dated 14.12.99)

The Director of Medical education has reported that due to meagre consolidated honorarium of Rs.300/- per month no Social worker came forward for appointment and hence funds could not be utilised towards establishment of Eye Bank.

4. 1995-96 - Government Head Quarters Hospital, Erode (GO D.No.1558, Health dated 16.11.95) Eye Bank estabished and is functioning.

5. 2000-2001 Tirunelveli Medical College Hospital (GO Ms. No.336 Health dated 24.12.2001) - Eye Bank was established and Rs.5 lakh towards purchase of equipments was utilised.

40.10. Development of eye banks is an important activity to address the problem of corneal blindness as observed by GOI. Committee feels that it is expedient for the department to address the problems seriously and take early steps for establishing the eye Banks as contemplated. The department may pursue further action closely.

41. Inadmissible expenditure on employment of excess staff for District Mobile Ophthalmic Unit (Para 3.4.6.3 of Audit Report 2000-2001)

41.1. The Committee notes that the Mobile Ophthalmic Units were established to provide out reach services to the beneficiaries. As there are hardly any eye care facilities below the district level these units were supposed to provide eye care services including cataract surgery in rural areas.

It was expected that each mobile unit would perform a minimum of 1,500 cataract surgeries per annum. Two mobile units at Ramanathapuram and Pudukottai were functioning from 1997-98. Scrutiny of records in Tamil Nadu State Blindness Control Societies (TNSBCS) revealed that against the norm of 1,500 per annum, the performance was between 122 and 589 in Ramanathapuram District and between 120 and NIL in Pudukottai during 1997-98 to 1999-2000.

District Blindness Control Society, (DBCS), Ramanathapuram attributed (August 2001) the shortfall to lack of awarness among the public and stated that action would be taken to achieve target Specific reasons for the huge shortfall in Pudukottai District have not been furnished.

41.2. The department in its explanatory notes has stated that in Tamil Nadu Regional/District Mobile Ophthalmic Units were in operation with greater strength numbering from 15 to 46 earlier to Government's sanction. According to Government of India guidelines, 6 posts are allowed for each District Mobile Ophthalmic Units. Twenty five Districts were in Tamil Nadu as on March 1997. Since more number of staff strength required because of various other activities of the mobile team i.e. to conduct IEC activities at the camp sites, attending other ailments of the people in addition to cataract operations etc. the Government of Tamil Nadu have reorganized the District Mobile Ophthalmic Unit in all the Districts and sanctioned ten posts to each District Mobile Ophthalmic Unit in all the Districts and sanctioned ten posts to each District Mobile Ophthalmic Units i.e.250 posts and the salary for the eight District Mobile Ophthalmic Units have been met from state Funds and only for seventeen District Mobile Ophthalmic Units. i.e. for 170 posts have been ordered to be drawn under the above project, but out of 170 posts sanctioned the men in position in accordance with the report available from the director of Medical & Rural Health Services was only 118 i.e. well within the allowed limit of 150 posts (25 x 6)

41.3. As no reply has been furnished for the poor performance at Pudukkottai the Committee would like to have the detailed reply in this regard.

42. Poor performance under Government Sector (Para 3.4.7.4 of Audit Report 2000-2001)

42.1. The Committee notes that Cataract surgeries have been assigned to three sectors viz Government, Non-Government Organisations and private sector. The break-up details of the performance under the programme during 1994-95 to 2000-2001 revealed that the Government sector contributed to only 22 per cent of the surgeries in 1994-95 and 17 per cent in 2000-2001 against the targeted 55 and 23 per cent respectively. The other two sectors contributed 93 per cent and 80 per cent of the achievement. Inspite of the provision of additional infrastructure to the tune of Rs.18.22 crore during 1994-95 to 1999-2000 mainly by upgrading facilities in medical institutions and by creating 106 posts of Para Medical Ophthalmic Assistants (PMOAs) in as many PHCs the target for Government sector was scaled down from 1,20,000 (1994-95) to 85,000 (2000-01) TNSBCS in reply to Audit stated that since private sector has more number of beds than Government sector, target fixed for NGOs was increased. Even so, the achievement in Government sector was only 73 percent of the target in 2000-01 Test-check of records in Directorates and in the sample districts revealed that the average number of contract surgeries performed by one surgeon in Government sector was only 208, while the expected norm was 700 per annum as given in World Bank Aid Memory .Poor performance of PMOAs in mobilizing and enrolling patients for surgery in Government institutions was another reason for the shortfall in achievement. PD, TNSBCS himself had admitted (July 1999) that the performance of ophthalmic surgeons in the State was far below the target and the output per bed was also found to be low.

The PD attributed (November 2000) the poor performance in Government Sector to vacancies in posts of ophthalmologists in certain districts and less number of surgeries performed in Regional Institute of Ophthalmology at Government Ophthalmic Hospital.

Further, better facilities available with NGOs, pre-occupation of Medical College Ophthalmologists with other activities like teaching etc cumbersome procedure in Government Hospitals were also cited as reasons by field level officers.

42.2. The Department in its explanatory notes has stated that though the infrastructures such as buildings, equipments, etc were provided under World bank assistance, adequate number of Ophthalmic surgeons trained in IOL Surgery were not provided to Government Hospitals. As the camp surgeries have been discontinued and the people preferred only IOL surgeries which can be done only in the Government Hospitals there is huge drop in the performance in Government side. Further most of the cases prefer the NGOs who have got better facilities with trained personnel for performing IOL surgeries in their base Hospitals and they have been encouraged by the Government of India by increasing the grant in aid under the project from Rs.200/- to Rs/600/- the NGOs started doing more cases of cataract surgeries and hence the low percentage of performance by Government sector.

42.3. As the Government is keen in reducing the prevalence of blindness in the State and as huge expenditure is being incurred, year after year, on the infrastructure and other facilities, Committee desires to have a report on the progress made as of date along with the extent of coverage made so far and that proposed in the near future.

43. Non-supply of spectacles after surgery (Para 3.4.7.5 of Audit Report 2000-2001)

43.1. The Committee notes that Cataract can be treated by removing the entire lens including its surroundings capsule by conventional method of Intra Capsular Cataract Extraction (ICCE). This method requires the use of spectacles after surgery. The DBCS were to provide free spectacles to the poor patients who had undergone cataract surgery.

However, in four sample districts spectacles were provided by DBCS only to 15,152 (22 per cent) persons after surgery out of 70,148 surgeries performed during the period 1996-97 to 2000-2001. DBCS Coimbatore and Tiruvannamalai attributed the non-supply to cost of spectacles being higher than the rate allowed by GOI and non-receipt of prescriptions from PMOAs of PHCs. Where spectacles were not provided complete restoration of eye sight after the surgery could not be ensured.

43.2. The department in its explanatory notes has stated that normally the cataract operated persons are from rural areas and they are reluctant to attend the follow-up. However the District Blindness Control Society takes suitable action to give follow-up through Para Medical Ophthalmic Assistants. Hence the spectacles could not be supplied to all the cataract operated persons. Only those who are attending the follow-up and those who were available at the time of visit by Para Medical Ophthalmic Assistants were provided with spectacles. Hence there is a shortfall of spectacles supplied to the cataract operated persons. Moreover of late nearly 90% cases operated towards cataract are implanted with IOL. Hence the prevalence rate of non-supply of spectacles are comparatively very low now a days. However instructions have been issued to the District Programme Managers to ensure 100% issue of spectacles to the ICCE operation cases by better follow up through Para Medical Ophthalmic Assistants.

43.3. The Committee observes that the reply furnished was very strange. In test-checked cases of DBCSS at Coimbatore and Thirvannamalai non-supply of spectacles has been noticed.

43.4. The Committee would like to know;

a. Why has necessary action not been taken to obtain the required funds and arrange to supply of spectacles without any omission to all the patients?

b. How could there be slackness in this regard ?

c. What purpose would it serve to conduct surgeries only without giving spectacles?

d. the action taken now by the Department to monitor the same.

43.5 The Committee recommends that action should be taken to supply of spectacles to all the ICCE operation cases.

44. Non-restoration of vision even after cataract surgery (Para 3.4.7.6 of Audit Report 2000-2001)

44.1.The Committee notes that the Compilation of details from the progress reports of 25 District Blindness Control Societies (DBCS) during the period 1996-97 to 2000-2001 revealed that in 10,969 cases vision was not restored after surgery out of 12,44,823 cases and the percentage of failure ranged between 1.2 and 0.5 per cent during the above period. No strategy has been devised to reduce the number of failures by updating the quality of surgery.

44.2. The department in its explanatory notes has stated that though vision restoration after operation are mainly depends upon the performance of surgery, it also depends upon the patient's general condition and the way they attend the follow up and the post operative care taken by the patients against cold, cough, fever, dental care, gynaec sepsis etc. Hence most of the failure is only due to non follow up because of non availability of patient during the visit of Para Medical Ophthalmic assistant in their dwelling places and non appearance of patient in the camp organized specially for follow up.

44.3. The Committee was perturbed to note the huge quantum of failure in restoration of vision after surgeries. The Committee was not able to appreciate the casual manner in which the reply has been given.

44.4. The Committee recommends that the department should immediately conduct a detailed investigation into the causes of failure and initiate suitable medical measures for strict compliance. The department should also consider improved methods/changed strategy in the follow-up of the patients after surgery.

45. Quality Control (Para 3.4.8.1 of Audit Report 2000-2001)

45.1. The Committee notes that according to the Staff Appraisal Report of the World Bank quality control should be monitored through (i) close supervision of service delivery (ii) spot checks of records and surprise visits to camps, patients and hospitals by the Programme Coordinator or District Ophthalmic Surgeons(iii) beneficiary assessment to be conducted by independent organization to measure patients satisfaction and (iv) periodical evaluation by expert ophthalmologists to assess quality outcomes.

However the annual beneficiary assessment envisaged under the programme was not carried out. Further, no independent beneficiary assessment by any external/independent agency was done.

Moreover the findings of a rapid assessment survey conducted by DGHS in Nilgiirs and Dindigul Districts during December 1997 and January 1998, as part of mid-term review of the project, revealed that the programme activities had covered only 73 and 86 per cent of affected persons in Nilgiris and Dindigul Districts respectively. Follow-up of cataract glasses operated cases was not encouraging as most of the patients were not given correct glasses after performing refraction resulting in poor vision after surgery. Less than 12 per cent of surgeries conducted in Dindigul were in Government Hospitals and their contribution in Nilgiris was 23 per cent, Despite all inputs and funds for providing free eye care, only 57 per cent

(Nilgiris) to 67 per cent (Dindigul) operations were done free of cost. Also the DBCSs did not perform the expected role in the implementation of the programme except as a channel of funding the NGOs as a result the coverage of population was grossly inadequate in the peripheral areas of the districts. The performance of the units under Government sector, which received maximum assistance, was sub optimal. There was no co-ordination between private and public sector hospitals resulting in avoidable duplication and waste of resources, poor selection and poor planning in holding eye camps and poor/negligible follow-up, poor focus on results/outcomes and non-provision of Intra-ocular lens(IOLs)/ glasses to the poor.

45.2. The Department in its explanatory notes has stated as follows:-

"Regarding Quality Control, a team from the State Society visits the districts periodically and inspects the District Blindness Control Societies and the Non-Governmental Organisations. The team consists of the Accounts Officer or the Deputy Director (Control of Blindness) and other office staff from the Society. The performance of the district has been inspected and suitable rectification has been advised wherever required. This matter has also been discussed during the quarterly review Meetings conducted at the Headquarters of the Society with all the District Blindness Control societies. The short falls noticed have been rectified with suitable balancing activities in Tamil Nadu. Due to strong presence of Non-Governmental Organisations, the District Blindness Control Societies have to depend on Non-Governmental Organisations to certain extent to clear the backlog in cataract operations. Though the infrastructure have been sanctioned to Government sectors, this has been developed at a very later stage of the project. Hence the fuller utilization of the infrastructure can be noticed during the course of the time.

Regarding co-ordination, the District Collector as Chairman of the District Blindness Control Society conducts periodical meeting of the Executive Committee, which consists of all representatives from several Non-Governmental Organisations so as to chart out their working plan in the districts. Like-wise at state level also the activities are planned in such a way not to over lap with the activities of the Non-Governmental Organisations along with the Government sectors".

45.3. The Committee feels that there is an urgent need for improving the monitoring of the Project implementation more closely for achieving greater results.

The Committee expresses its serious concern at the poor pace of implementation of the scheme and the poor follow-up. The Committee recommends that in line with the various observations, the department should take up a thorough analysis of the hurdles and bottlenecks at the various stages and launch corrective measures in all the wanting areas for speedier and positive implementation to attain the desired results.

45.4. The Committee desires to have a further report on the action taken.

46.Non-utilisation of funds provided for purchase of equipment to hospitals (Para 3.15 of Audit Report 2000-2001)

46.1. The Committee notes that the Government of Tamil Nadu in June 1998, sanctioned Rs.190.35 lakh towards purchase of equipment (operative laparoscope, Blood Gas analyzer, X-ray Haemodialyser, etc.,) for various medical institutions under the control of Director of Medical Education (DME) for improvements in teaching hospitals.

DME Purchased equipment worth Rs.65.48 lakh only upto March 1999. The balance of Rs.124.878 lakh was transferred to Personal Deposit(PD) account of Tamil Nadu medical Services Corporation (TNMSC) with the permission of Government. TNMSC was to settle the bills as and when the equipment was supplied to the hospitals based on purchases made by DME. As of July 2001, a balance of Rs.37.09 lakh remained in the PD account of TNMSC.

Although Government ordered (January 2001) that Rs.32.05 lakh were to be utilized to procure operative microscope and equipment for Nephrology department for Stanley Medical College Hospital, no action was taken as of July 2001.

Though the funds were sanctioned in June 1998 the benefit has not reached the patients as intended even after a lapse of 3 years.

46.2. The department in its explanatory notes has stated that out of the total amount of Rs.124.87 lakh a sum of Rs.1,16,02,239/- has been utilized and a sum of Rs.8,84,361/- is reserved for balance payment of (10%) some of the equipments for which LCD is already opened. After deducting the already spent amount and the balance available is only Rs.28,835/- This amount is available because of Tender negotiation of certain equipment purchased which is lesser than the amount provided. The saving of Rs.28,835/- is with Tamil Nadu Medical Services Corporation Limited at present. This amount will be utilized by purchasing a FAX machine which is essential for Director of Medical Education Office.

46.3. The Committee desires to know the details of equipment purchased indicating the cost and dates of procurement along with the justified reasons for belated procurement.

47. Unfruitful expenditure due to non-utilisation of a floor in Government Stanely Hospital (Para 3.16 of Audit Report 2000-2001)

47.1. The Committee notes that Non-commissioning of the Paediatric Block constructed in the Government Stanley Hospital, Chennai at a cost of Rs.2.35 crore even after 12 years (as of February 1994) due to poor planning, piecemeal proposals for allied works etc was commented in the Report of the Comptroller and Auditor General of India Civil for the year ended 31st March 1994. The Public Accounts Committee (PAC) strongly condemned (November 2000) the long delay in providing a full fledged Pediatrics Block for the benefit of the public.

Further scrutiny by Audit in March 2001 revealed the following:-

The Paediatric Block with a plinth area of 9624.87sq mts was completed at a cost of Rs.2.70 crore and some of the wards started functioning from March 1994. The

sixth floor of the building (878.79 sq.mts) was earmarked as Pediatrics Operation Theatre (OT) to avoid risks associated with shifting of children requiring surgery across the road to the OTs in the main campus. Pre-operative, Post-operative and intermediary care room and store-room were also to function on the sixth floor. Six air-conditioning units were also provided (1990) at a cost of Rs.6.60 lakh in the OT. However the sixth floor remained unutilized even as of August 2001.

Although civil works for the manifolding room for ensuring supply of Oxygen, Nitrous oxide and compressed air were completed in July 1992, yet the Dean decided to provide pipelines for supply of gases to all the eight floors only in February 1997. The pipeline works were completed only in March 2000.

Since qualified Anesthesia technicians had not been posted despite sending proposals to Director of Medical Education (DME) in December 2000, the Dean stated (August 2001) that arrangements have been made to give training to 3 hospital workers to do the work of anesthesia technicians,. Further the Dean submitted proposal for providing shadow less lamps at a cost of Rs.16.50 lakh for commissioning the OT only in May 2000 to DME. Final action taken by Government on the above proposals is yet to be made available to Audit (August 2001).

The Dean admitted (April 2001) delay in processing proposals for sanction of staff and purchase of essential equipment. This was in violation of Government institutions (September 1985) that schemes relating to Public Health should be drawn up in a comprehensive manner and staff, equipments etc required should be properly planned in the first instance itself.

Thus, even after seven years of completion of the construction work, the Pediatrics Operation Theatre could not be made functional (August 2001) due to non-sanction of staff and essential equipment. Expenditure of Rs.31.27 lakh (proportionate cost of construction Rs.24.67 lakh cost of air-conditioning facility provided Rs.6.60 lakh) remained unfruitful.

47.2. The department in its explanatory notes has stated that the proposal to sanction 3 posts of Anesthetic Technician under Part II Scheme for 2001-02 was considered, but this could not be taken up during 2001-2002. Hence there was delay. However, 3 Hospital workers would be given promotion to work as Anesthetic Technician in Government Stanley Hospital, Chennai.

47.3. The Committee desires to know:

a. the reason for the undue delay in sending proposals for posting qualified Anesthesia technicians

b. Why have they not been posted even as of date?

c. Why delay in training the workers to do the work of Anesthesia technicians?

d. How does the Department justify their action to utilize merely trained persons instead of appointing qualified technicians?

e. What about the proposal given by the dean in May 2000 for providing shadow less lamps at a cost of Rs.16.50 lakh?

47.4. The Director, Medical Education during deposition stated that due to want of staff and equipments, the Pediatric Block was not commissioned. He also stated that there was delay in provision of pipelines meant for various gases. He concluded stating that the Block is functioning now.

47.5. Committee desires the Department to take expeditious steps in time to ensure that the infrastructure created is put to use without much loss of time and the initial proposal for seeking an infrastructure should be comprehensive and full inclusive of all items of recurring and non-recurring expense. The undue delay in this respect must be avoided in to in such cases in future. Committee requires a detailed reply for the questions raised in para 47.3.

48 Unproductive expenditure on civil works (Para 3.17 of Audit Report 2000-2001)

48.1. The Committee notes that the Department of Atomic Energy (DAE) Government of India donated a Gamma Camera with accessories and radiopharmacy equipment costing Rs.45 lakh to Government Arignar Anna Memorial Cancer Hospital (GAAMCH) Kancheeepuram (April 1998) to provide diagnostic Nuclear Medicine procedure to cancer patients and to familiarize the medical students with the application of Nuclear Medicine techniques.

Task force of DAE suggested in March 1998 some modifications to the existing building to be used as Nuclear Medicine Laboratory where the camera was to be installed and asked the Director of the Hospital to submit layout plan to Radiological Physics and Advisory Division (RPAD) of Bhabha Atomic Research Centre for approval.

The layout plan was approved (September 1998) by RPAD from radiation safety point of view with a condition among others, to provide a separate drainage system with delay tank and stainless steel sinks for the Nuclear Medicine Laboratory . Government sanctioned Rs.15 lakh in December 1998, based on the estimate prepared by Executive Engineer, Public Works Department (PWD) Kancheepuram, which did not include provision of stainless steel sinks and delay tank.

PWD completed the civil work and electrical work at a cost of Rs.14.16 lakh in September 1999. Thereafter an estimate for Rs.5.20 lakh for providing separate drainage, water supply, compound wall etc was forwarded to Government by Director of Medical Education only in January 2001. Administrative approval of Government was still awaited (July 2001).

Simultaneously, the construction of Nuclear Medicine inpatient ward was taken up in the second floor of the hospital building under MPLAD scheme at a cost of Rs.10.57 lakh. The Medical Officer in charge of Nuclear Medicine Department GAAMCH informed RPAD in May and July 2000 that the Nuclear Medicine inpatient ward was nearing completion. RPAD advised (August 2000) Director GAAMCH to suspend the construction of the ward and submit the plan for approval. However the plan was submitted to RPAD only later in December 2000 after the construction was completed in November 2000. As of September 2001, the plan had not been approved by RPAD.

Thus due to non-provision of stainless steel sinks drainage system with delay tank and compound wall, the Gamma Camera costing Rs.45 lakh received in April 1998 was not commissioned and expenditure of Rs.14.16 lakh incurred on Nuclear Medicine Laboratory remained unproductive. The Nuclear Medicine Ward constructed at a cost of Rs.10.57 lakh was not being used, for want of approval of the plan by RPAD.

48.2. The department in its explanatory notes has stated that the Public Works Department completed civil works in September 1999 without carrying out the work of sink, drainage system and compound wall. Further the Gamma Camera in question is now in working condition. As at present the Services of the One Nuclear Medicine Medical Officer and One Nuclear Medicine Technologist are diverted twice a week from the Bernard Institute of Radiology and Oncology Chennai. Their services are utilised for the commissioning and operational use of the Gamma Camera. Even though the Gamma Camera has been donated at a cost of Rs.45 lakh, the BARC Mumbai has imposed certain Rules and regulations with regard to the permanent use of Gamma Camera. Unless otherwise these rules and regulations are followed to the satisfaction of the BARC authorities the Gamma Camera cannot be put to full use. The Government are taking all steps to put the Gamma Camera to use. For providing stainless steel sink and compound wall around the Nuclear Medicine Laboratory necessary proposal is under consideration of the Government in consultation with Finance. The further completion report will be sent on issue of orders in this regard.

48.3. The Committee observes that despite the specific condition that a separate drainage system with delay tank and stainless steel sinks should be provided, it was not included in the estimates prepared by the EE, PWD, Kancheepuram.

48.4. The Committee desires to have the following particulars.

(a) Why did the Department not suitably interact with EE, PWD Kancheepuram on this vital issue?

(b) Why it has not furnished any reply on the issue of inpatient ward completed without the approval of RPAD.

(c) Was it obtained subsequently

(d) Why there was delay in providing required facility even after so many years?

The Director, Medical Education has stated before the Committee during the meeting that at the time of supply of Gamma camera, a part of the camera was not functioning. Now it has been rectified and the camera is being used.

The Committee was very unhappy to note that the construction of Nuclear Medicine inpatient ward was taken up in the second floor of the hospital building under MPLAD at a cost of Rs.10.57 lakh without approval of RPAD.

48.5. The Committee requires to have a detailed report regarding provision of necessary facilities such as drainage, water supply, compound wall etc to the Nuclear Medicine Laboratory, effective utilisation of the camera for the intended purpose, approval of RPAD for construction of Nuclear Medicine inpatient ward and its usage.

49. General

49.1 The Committee desires that expeditious action should be taken by the Government on all the recommendations in this report. Wherever specific time limits have been indicated in the recommendations, they should be adhered to. In other cases, a final report of action taken should be sent within six months.

Chennai-600 009,
22nd November 2011,
Karthigai 6,
Thiruvalluvar Aandu-2042.

S.RAMACHANDRAN,
Chairman,
Committee on Public Accounts.

TAMIL NADU LEGISLATIVE ASSEMBLY
வாய்மையே வெல்லும்
TRUTH ALONE TRIUMPHS

ANNEXURE

SUMMARY OF RECOMMENDATIONS

1. The Committee wants to know the follow-up action in this regard. (Paragraph No.2.2)

2. The Committee desires to know the steps taken for improving the performance of sterilisations in Madurai and Salem Districts and whether the deficiencies pointed out have been rectified. (Paragraph No.3.4)

3. Committee recommends that the posts of Anesthetists be created in all Government Medical Institutions and adequate man-power commensurate with the work load be deployed in all Institutions to render effective Family Planning activities in all these Government owned Medical Institutions. Committee also strongly recommends the creation of conducive scenario in all Government Medical Institutions to allow more and more people in future. (Paragraph No.3.6)

4. Committee observes that the utilisation of the Operation theatres far from adequate. Committee desires that the department should concentrate on providing all the basic requirements for the Operation theaters at PHCs and ensure fuller utilisation of the Operation theatres for the benefit of the Public. (Paragraph No.4.3)

5. The Committee desires to know the action taken by the Department in this regard. (Paragraph No.4.4)

6. Committee desires to know the action taken for filling up the other categories of Posts. (Paragraph No.5.3)

7. Committee observed that the reply was very general. Committee desires the department to furnish a report on the specific action taken for solving the various hurdles attributed by PHCs brought out in the Report. (Paragraph No.6.3)

8. The Committee desired to know the particulars regarding the persons who were attending to the work of Smear Test during 1995-96 to 1999-2000 at the Government Hospital for women and children, Chennai-8, in the absence of cyco-technician and the reasons for not maintaining records showing number of smear tests conducted and results thereof at Rajaji Hospital, Madurai. (Paragraph No.7.3)

9. The Committee requires a further report on the status of works completed by EEs, PWD along with details of unspent grant remitted back to Government account. (Paragraph No.8.4)

10. The Committee desires to know the reasons for (i) non-maintenance of results for the period from 1995-96 to March 2000 and (ii) as to how the department would ensure the correctness of the released grants in the absence of basic records. (Paragraph No.9.3)

11. How many PHCs were covered for renovation works? Has the entire balance of Rs.5.50 crores been spent? If so, what are the details, indicating the districts, number of PHCs covered, the expenditure incurred? (Paragraph No.10.3)

12. What are the details of expenditure incurred against subsequent release of Rs.6.73 crore (released during 1999-2000)? Why could not the work be speeded up? (Paragraph No.10.4)

13. Committee recommends that the department should appraise GOI on the issue and take suitable action for rectifying the irregular diversion of the earmarked funds for the purposes not intended. (Paragraph No.11.4)

14. Committee wanted to know the follow-up action taken by the department in this regard within 2 months. (Paragraph No.12.4)

15. The Committee desires to know the action taken by the department for regularising the excess over allocation. (Paragraph No.13.4)

16. The Committee desires to know. (i) The reasons for not obtaining the details of medicines procured and distributed under Family Welfare Programme from TNMSC. (ii) Whether the department watched the utilisation of the balance amount of Rs.100.41 lakh (Rs.390.94 lakh - Rs.290.53 lakh) with the TNMSC against the release made up to 2000? (iii) Whether GOI has given concurrence for including service charges paid to the Corporation under the programme. (Paragraph No.14.3)

17. The Committee desires to know when the fund amount was to be utilised for the planning of further improvements in the Family Welfare Programme and as the amount was to be utilised only for furthering the activities under the Programme, how the department could justify the expenditure from the fund for meeting the liability on compensation charges payable to acceptors. (Paragraph No.15.3)

18. Committee insists on taking immense care in utilising the funds meant for furthering the Family Planning Programmes and such diverted usage should be strictly avoided in future. (Paragraph No.15.5)

19. Committee recommends that the department should consider drawing a suitable programme of action so as to complete the coverage of all the local bodies in phases as well as positioning of Food Inspectors also. Committee desires to have a report on the progress within 2 months. (Paragraph No.17.3)

20. Committee recommends for immediate action to deploy the required number of Food Inspectors and monitor the performance after revising the targets suitably. (Paragraph No.18.3)

21. Committee desires the Department to furnish the details of the outcome of the meeting held under the Chairmanship of the Chief Secretary to Government of Tamil Nadu in respect of Food Inspectors and on the recent steps taken for effective implementation of the Act. (Paragraph No.19.5)

22. The Committee recommends for appointment of more number of Food Inspectors according to the population in Tamil Nadu by conducting a review meeting under the leadership of Chief Secretary at the earliest. Further the Committee already recommended that the drawal of samples at the premises of manufacturers/whole sellers is of great importance as it helped in detecting the adulteration at the source itself. Hence, the Committee now recommends both the H & FW and MA & WS Department could jointly form a commissionarate to fill up the vacant posts for

testing the adulteration in food items especially in mineral waters manufactured by the leading companies. (Paragraph No.20.4)

23. The Committee desires to know the following: a) what purpose would be served if mere instructions are issued without any proper follow-up and critical analysis for determined action? b) Why could not the sampling be concentrated in respect of adulteration prone items as envisaged in the instructions? c) The reasons for the omission to cover popular items in Coimbatore and Tirunelveli Districts d) Why were samples of Milk not lifted and analysed? Why no reply has been furnished on the comment in this regard? (Paragraph No.21.3)

24. Committee would like to know the following particulars. a) Did the Department work out the overall requirements of FIs so as to cover the entire State in all local bodies for implementation of Act strictly? If so, what is the requirement? Earlier, the requirement has been assessed as 1200 FIs. With this 112 FIs and proposed addition of 320, will all the local bodies be covered? b) Why delay in appointing the 320 part time FIs? Does not the department feel the urgency of the issue? What was the action taken all these years? c) Instructions have been issued in January 1997 for all the FIs to lift at least one sample in a month and send to FAL, Guindy. So, for the deficiency in coverage subsequently, what was the action taken against the FIs for violation? d) Why were not the required infrastructure provided in FAL, Guindy? e) Despite specific instructions issued by GOI in 10/97 and in March 1999 and inspite of further instructions issued by DPH and PM in April 1999 for lifting adequate samples and analysis of the same, there was very poor implementation. What was the action taken against the concerned for the poor coverage? (Paragraph No.22.3)

25. Committee observes that the reply is totally inadequate and desires to know: (a) Why delay for so many years in providing the required equipment and manpower? (b) Is not the department seized of the importance of the issue? (c) Could not the department expedite action? What is the latest stage of action? (Paragraph No.23.3)

26. Committee reiterates its queries as given against para 3.3.5.6. (Paragraph No.24.3)

27. Committee desires to know the reasons for non-deployment of required number of FIs, particularly when the enforcement of the Act is so vital and essential for the welfare of the State. (Paragraph No.25.3)

28. Committee recommends that the department may constitute a Committee for identifying the types of lapses and formulate necessary measures and procedures to streamline the system of follow up, free from all inadequacies and omissions. (Paragraph No.27.4)

29. Committee desires to have the following particulars: i) Did the department ensure, after the issue of reported instructions, that the licenses are issued in the prescribed form Can the department assure the Committee that this has been implemented in all the local bodies? ii) What was the action taken against the concerned officials for failure to maintain the required demand registers duly updated at Corporation of Chennai? iii) Are the Demand Registers maintained now in the Corporation and has it been updated with respect to the latest data? Could not the

department report on the action taken to the Committee? iv) Has it been ensured that the Demand Registers are maintained properly duly updated in all the other local bodies also? Are the demands monitored closely? Has any monitoring mechanism evolved for reviewing the proper implementation? v) Why delay in taking a decision to revise the licence fee on the proposals mooted as early as in 1988? What were the bottlenecks? Could this not be expedited in view of the huge revenue loss to Government involved? (Paragraph No.28.4)

30. Taking a serious view of the deficient monitoring, Committee recommends that the department should immediately arrange to gear up its mechanism at various levels to monitor the performances under every component of the Act through proper returns and progress reports and review meetings. The returns/reports should be critically analysed for immediate corrective action. The findings/conclusions of the Review meetings should be closely followed with urgent corrective action. Committee desires to have a detailed specific report on the action taken on the above lines. (Paragraph No.29.4)

31. Committee observes that in view of the importance and the social objective involved in the implementation of the PFA Act, in the light of many lapses and omissions brought out in the implementation of the Act successfully, Committee recommends that a separate Committee be appointed to go into all vital aspects and prescribe a well structured mechanism and system for effective implementation of the Act more strictly covering all the requirements in all the local bodies throughout the State. Committee desires to be informed about the action taken in this regard. (Paragraph No.30.3)

32. The Committee views the shortfall in achievement of sputum examination with concern. The Committee recommends that immediate action should be taken for filling up the posts of LAs. As any delay will dilute the objectives of the scheme action is called for on priority basis. (Paragraph No.32.4)

33. The Committee observes that the reply is general and does not meet the point. The Committee desires to know: (a) Why were drugs not made available at the institution ? (b) What were steps taken to arrest the trend ? (c) Is it ensured that drugs are made available on a continued basis for all the institutions? (d) Why could not a specific reply be furnished for the audit comment? (Paragraph No.33.3)

34. The Committee recommends for adoption of improved methods of follow-up to attain the required objectives. (Paragraph No.34.3)

35. The Committee observes that the reply given by the Department is not sufficient. The Committee desires the department to take necessary attempts to review the existing procedure of follow up and formulate new strategies for attracting the patients for continuous treatment. The Committee would like to have the detailed reply from the Department. (Paragraph No.35.3)

36. The Committee would like to know the reasons for i. Non-provision of required facilities in the DTCs, so as to utilize the equipment allotted. ii. When were the equipments transferred? iii. Have all the 9 equipments been transferred? iv. DTCs were referring cases to other centres for culture and sensitivity tests. Could it not be ensured that the results of tests were sent promptly to DTCs for information and further monitoring? v. If this does not happen would it not dilute the very objective of

DTCs ? The Committee would like to have the reply of the Department at the earliest. (Paragraph No.36.3)

37. The Committee desires to stress on the need for attending to the above requirements immediately without any further delay. (Paragraph No.37.4)

38. The Committee desires to have the following particulars (a) Why has the department not taken any corrective procedure/methods subsequently to prevent such poor situations and to ensure the quick transfer/diversion of such accumulated stock at one place to the other needy areas? (b) Could not the Department monitor the stock situation every month at various centres and advice the centres appropriately for redistribution? The Secretary to Government Health Department stated before the Committee at its meeting held that the TB drugs were being supplied by the Central Government. The Central Government had written-off the amount for date expired drugs. He added that medical inspectors were being appointed by the District Collectors of concerned districts and were paid a consolidated amount of Rs.6000/- p.m. Further 100% standard medicines were supplied at the time of supply of samples and after distribution it was found that they were sub-standard. A Joint Director (Drug Controller) incharge was posted for the purpose and he was due to retire in 2 months. He added that those qualified in MSC (Pharmacy) could be posted as Joint Director on seniority basis for examining the standard of drugs. (Paragraph No.38.4)

39. The Committee decided to have a detailed report from the Department. (Paragraph No.38.5)

40. The Committee observes that the reply was vague. The Committee would like to know the following particulars. (a) How much was released to DME and how much was released to DMRHS ? What were the dates of release? (b) Have all the eye wards and operation theatres been furnished? If so, when and where? What was the final expenditure? (c) Has the balance of Rs.2.21 lakh been remitted back to Government? (d) Could not the department furnish all the relevant details while replying to the Committee? (Paragraph No.39.3)

41. At the end of the extended project period upto 2002, Committee desires to know the amount remaining unspent with the State Society and whether this been refunded back to GOI. (Paragraph No.40.6)

42. Committee notes that Rs.26.44 lakh relating to funds released ruing 1995-96 for consumables, was lying unspent at the end of 2000. Of this Committee desires to know how much was spent for other components and whether GOI's concurrence was obtained for diverted spending? What is the final balance as of date? Committee desires to know whether this has been remitted back to GOI. (Paragraph No.40.8)

43. Development of eye banks is an important activity to address the problem of corneal blindness as observed by GOI. Committee feels that it is expedient for the department to address the problems seriously and take early steps for establishing the eye Banks as contemplated. The department may pursue further action closely. (Paragraph No.40.10)

44. As no reply has been furnished for the poor performance at Pudukkottai the Committee would like to have the detailed reply in this regard. (Paragraph No.41.3)

45. As the Government is keen in reducing the prevalence of blindness in the State and as huge expenditure is being incurred, year after year, on the infrastructure and other facilities, Committee desires to have a report on the progress made as of date along with the extent of coverage made so far and that proposed in the near future. (Paragraph No.42.3)

46. The Committee would like to know; a. Why has necessary action not been taken to obtain the required funds and arrange to supply of spectacles without any omission to all the patients? b. How could there be slackness in this regard ? c. What purpose would it serve to conduct surgeries only without giving spectacles? d. the action taken now by the Department to monitor the same. (Paragraph No.43.4)

47. The Committee recommends that action should be taken to supply of spectacles to all the ICCE operation cases. (Paragraph No.43.5)

48. The Committee recommends that the department should immediately conduct a detailed investigation into the causes of failure and initiate suitable medical measures for strict compliance. The department should also consider improved methods/changed strategy in the follow-up of the patients after surgery. (Paragraph No.44.4)

49. The Committee feels that there is an urgent need for improving the monitoring of the Project implementation more closely for achieving greater results. The Committee expresses its serious concern at the poor pace of implementation of the scheme and the poor follow-up. The Committee recommends that in line with the various observations, the department should take up a thorough analysis of the hurdles and bottlenecks at the various stages and launch corrective measures in all the wanting areas for speedier and positive implementation to attain the desired results. (Paragraph No.45.3)

50. The Committee desires to have a further report on the action taken. (Paragraph No.45.4)

51. The Committee desires to know the details of equipment purchased indicating the cost and dates of procurement along with the justified reasons for belated procurement. (Paragraph No.46.3)

52. The Committee desires to know: a. the reason for the undue delay in sending proposals for posting qualified Anesthesia technicians b.Why have they not been posted even as of date? c. Why delay in training the workers to do the work of Anesthesia technicians? d. How does the Department justify their action to utilize merely trained persons instead of appointing qualified technicians? e. What about the proposal given by the dean in May 2000 for providing shadow less lamps at a cost of Rs.16.50 lakh? (Paragraph No.47.3)

53. Committee desires the Department to take expeditious steps in time to ensure that the infrastructure created is put to use without much loss of time and the initial proposal for seeking an infrastructure should be comprehensive and full inclusive of all items of recurring and non-recurring expense. The undue delay in this respect must be avoided in to in such cases in future. (Paragraph No.47.5)

54. The Committee desires to have the following particulars. (a) Why did the Department not suitably interact with EE, PWD Kancheepuram on this vital issue? (b) Why it has not furnished any reply on the issue of inpatient ward completed without the approval of RPAD. (c) Was it obtained subsequently (d) Why there was delay in providing required facility even after so many years? The Director, Medical Education has stated before the Committee during the meeting that at the time of supply of Gamma camera, a part of the camera was not functioning. Now it has been rectified and the camera is being used. The Committee was very unhappy to note that the construction of Nuclear Medicine inpatient ward was taken up in the second floor of the hospital building under MPLAD at a cost of Rs.10.57 lakh without approval of RPAD. (Paragraph No.48.4)

55. The Committee requires to have a detailed report regarding provision of necessary facilities such as drainage, water supply, compound wall etc to the Nuclear Medicine Laboratory, effective utilisation of the camera for the intended purpose, approval of RPAD for construction of Nuclear Medicine inpatient ward and its usage. (Paragraph No.48.5)

56. The Committee desires that expeditious action should be taken by the Government on all the recommendations in this report. Wherever specific time limits have been indicated in the recommendations, they should be adhered to. In other cases, a final report of action taken should be sent within six months. (Paragraph No.49.1)

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