CHAPTER III : MINISTRY OF AYUSH

Pharmacopoeial Laboratory for Indian Medicine, Ghaziabad

3.1 Non- achievement of intended objective

Failure to provide funds for construction of guest house in time bound manner resulted in guest house remaining non-functional and the intended objective for construction of guest house could not be achieved even after incurring an expenditure of ₹ 1.40 crore.

The Ministry of Health and Family Welfare, New Delhi (MH&FW), accorded (January 2011) administrative approval for ₹ 190.00 lakh (₹ 160.00 lakh for construction of guest house and ₹ 30.00 lakh for furnishing of guest house) for construction of Guest House/Training Hostel at Pharmacopoeial Laboratory for Indian Medicine, Ghaziabad (PLIM).

Audit examination (December 2014) of records of PLIM revealed that CPWD started (April 2011) construction work of Guest House with the stipulated time frame of completion of 12 months. The construction work was completed in April, 2013 except boundary wall, approach road and furnishing works. It was further observed that the PLIM provided ₹ 140.00 lakh in three instalments against sanctioned cost ₹ 190.00 lakh during 2011-12 to 2013-14 for above work. The Director PLIM requested (September 2014) CPWD, Ghaziabad for early completion of construction work including furnishing and assured to provide remaining amount in 2014-15. The CPWD did not complete the work (boundary wall, approach road and furnishing) due to the non-availability of funds even after lapse of three years from the date of completion of construction of building.

PLIM replied (September 2016) that construction work was almost completed except approach road, boundary wall and furnishing works and additional amount of ₹ 19.70 lakh was released on 31 March 2016. It further stated that the estimates submitted by CPWD for approach road and furnishing works have been sent to Ministry for Integrated Finance Division approval. As soon as the approval is received, the funds will be released to CPWD.

Reply of PLIM was not acceptable as PLIM failed to release the sanctioned amount to CPWD and forwarded (August 2016) the estimate of ₹ 28.26 lakh for

furnishing work to MH&FW for according approval only after being raised by audit. The Guest House remains unused since last three years as it was not furnished by the CPWD and also not handed over to the PLIM.

Thus, intended objective for construction of guest house could not be achieved even after incurring an expenditure of ₹ 140.00 lakh as PLIM failed to provide funds for the project in time bound manner.

The matter was reported to the Ministry in June 2016; their reply was awaited as of January 2017.

National Institute of Homoeopathy, Kolkata (NIH)

3.2 Medical care facilities in National Institute of Homoeopathy, Kolkata

In contravention of guidelines of World Health Organisation and Indian Public Health Standards of DGHS, the amenities provided by NIH to patients in Out Patient Departments (OPDs) were deficient in terms of seepage of toilet water in three OPDs, inadequate ventilation, inadequate sitting capacity and water filters. NIH failed to maintain sufficient stock of drugs and conducted only one general surgery during 2015-16, as against 158 surgeries done during 2013-15. The Paediatric ward was not functioning during 2013-16 due to damage of ceiling and 10 children were admitted in Female ward. There were instances of non-utilisation/under-utilisation of various laboratory equipment.

The National Institute of Homoeopathy, Kolkata (NIH) was established in 1975 as an autonomous body under the Ministry of AYUSH (Ministry), Government of India. NIH conducts undergraduate (UG) and postgraduate (PG) course for award of BHMS[1] and MD[2] degrees respectively. NIH operates hospital of 60 bed capacity since December 1975, subsequently increased to 100 bed capacity in June 2008. The Governing Body is the apex body and the Director is the Chief Executive Officer of the NIH. Audit of NIH covering the period from 2013-14 to 2015-16 was conducted from May 2016 to September 2016 to ascertain whether NIH provided efficient and effective medical care facilities to the patients. The audit was done by scrutiny of records as well as test check of records as made available by NIH. In their reply (December 2016) NIH stated that corrective actions were being taken by them on following audit findings;

[1] Bachelor of Homoeopathic Medicine and Surgery
[2] Doctor of Medicine (Homoeopathy)

however, no documentary evidence was furnished by them in support of their claim. Important findings are given in following paragraphs.

3.2.2 Functioning of Hospital

The position of patients treated in Outdoor Patient Department (OPD) and Indoor Patient Department (IPD) during 2013-16 is given in Table – 1.

Table - 1

Year	OPD		IPD	
	Total number of patients treated yearly	Number of patients treated daily[3] (Range)	Total number of patients treated yearly	Number of patients treated daily (Range)
2013-14	288051	133-2469	653	08-69
2014-15	303749	174-1956	611	12-53
2015-16	306855	126-2009	654	16-63

3.2.3 Outdoor Patient Department

NIH operated 16 OPDs for six days in a week. NIH provided free medicines from Dispensary and investigation facility[4] at a nominal cost to patients. Following deficiencies in the facilities provided to the patients were noticed:

3.2.3.1 Seepage of toilet water

World Health Organisation (WHO) recommends[5] that persistent dampness[6] and microbial growth on interior surfaces and in building structures should be avoided or minimised, as they may lead to adverse health effects. It was noticed that cracks in the beams and the ceiling led to seepage of toilet water from the first floor of the hospital building into three OPDs at ground floor. The persistent dampness in those OPDs may create adverse health effect on patients. While accepting audit observation NIH stated (December 2016) that the matter regarding repair/renovation had been taken up with CPWD.

[3] Attendance of patients on days adjacent to festival were not considered; range considered taking usual six days (Monday to Saturday) a week
[4] Pathology, Bio-chemistry, Radiology, Ultrasonography, Lung Function Test, Electrocardiograph
[5] Para 5.3 of WHO Guidelines for indoor air quality, dampness and mould
[6] Includes a history of water damage, leakage or penetration

3.2.3.2 Improper ventilation

WHO advocates that ventilation should be distributed effectively throughout spaces and stagnant air zones should be avoided. Audit noted that OPD rooms and the waiting rooms were stuffy and did not have adequate ventilation. In August 2013, although the OPD-in-charge stressed the need for arranging proper ventilation, no action has been initiated by NIH. NIH accepted the observation and stated (December 2016) that the matter regarding repair/renovation had been taken up with CPWD.

3.2.3.3 Inadequate sitting/drinking water facility

As per Indian Public Health Standards of Director General of Health Services (DGHS), enquiry counter, proper sittings arrangement, drinking water, and ceiling fans are required in hospitals. However, sitting facility for OPD patients and water filters (existing two filters supplying 2400 litre against the demand of 9000-12000 litre per day[7]) were inadequate to meet the requirement of the patients. Moreover, no fan was provided in the registration shed (tin roofing). Further, there was no dedicated information counter also. NIH stated (December 2016) that the matter regarding procurement of chairs/RO machines had been taken up. However, the reply was silent on the issues of non-availability of fan/ dedicated information counter.

3.2.4 Indoor Patient Department

NIH operates IPD for 100 bed capacity. 48 beds were earmarked for male and 52 beds for female patients including four beds for maternity and six beds for paediatric patients. The deficiencies noticed in IPD are discussed in succeeding paragraphs.

3.2.4.1 Bed availability *vis-a-vis* occupancy

The NIH (June 2008) enhanced the bed strength from 60 to 100. However, during 2013-16 only 70 to 72 beds were available and the occupancy of beds was only 32 to 38. The low availability of beds was attributed mainly due to the damaged roof of the hospital and shortage of staff by 56 *per cent* of strength. NIH accepted the audit observation and stated (December 2016) that action had been taken to repair the building by CPWD. However, the reply was silent on the issue of shortage of staff.

[7] As per assessment made by Maintenance-Cum-Store Officer I/C of NIH

3.2.4.2 Under-utilisation of operation theatres

NIH had two Operation Theatres (OT) for three types of surgeries *i.e.,* General, Gynaecological and Eye. Due to absence of regular surgeon[8], only one general surgery was conducted during 2015-16, as against 158 surgeries[9] done during 2013-15. As per the information made available to audit since the duration of engagement per month is 20 hours (as approved by SFC) no surgeon showed willingness to work on contractual basis. NIH accepted the observation and stated (December 2016) that the process had been initiated to recruit surgeon by direct recruitment as well as on call basis for utilising OT.

3.2.4.3 Non functioning of Paediatric Ward

As per para 4.1.3.8 of Indian Standard Guidelines for Nursing Homes, the paediatric clinic should provide medical care for infants and children up to the age of 12 years. Owing to the risk of infection it is essential to isolate the paediatric clinic from other clinics. Audit noted that the Paediatric ward was not functioning during 2013-16 due to damage of ceiling and 10 children were admitted[10] in Female ward. Thus, there was a risk of infection to paediatric patients by keeping them with the adult patients. NIH accepted the observation and stated (December 2016) that action had been taken to repair the building by CPWD.

3.2.5 Deficiencies in functioning of laboratory

Audit reviewed the functioning of laboratory and noticed the following deficiencies:

3.2.5.1 Non-conducting of certain tests

Despite having Clinical Pathology and Clinical Bio-Chemical Department in the Laboratory Wing, NIH directed 23 IPD patients[11] to undergo seven clinical pathology and 16 Biochemistry tests from outside. NIH stated that engagement of Pathologist for limited hours[12]; shortage of qualified staff and absence of required equipment[13] were the reasons for non-conducting of such tests. NIH

[8] The post became vacant due to retirement of surgeon in March 2015.
[9] 99 in 2013-14 and 59 in 2014-15.
[10] On scrutiny of records for March 2014, March 2015 and March 2016.
[11] Sample selected for March 2014, March 2015 and March 2016.
[12] Pathologist is engaged only for 40 hours in a month.
[13] NIH hospital is provided with semi-automated analyser which takes more time to provide report.

accepted the observation and stated (December 2016) that steps had been taken to fill up the single lab technician post at the earliest.

3.2.5.2 Inadequate X-ray facility

The X-ray unit of NIH runs with two analogue X-ray machines. One technician and one contractual Radiologist were engaged only for a limited[14] hours for preparation of X-ray report. Though the demand (March 2008) for the second (new) X-ray machine was for a digital one, NIH purchased (March 2008) an analogue X-ray Machine without any recorded reason. The new machine was installed in July 2010. Further, out of 700 X-ray done at NIH, only in 200 cases, new X-ray machine was used and the hospital took 1 to 5 days to prepare the X-ray reports. Further, in 13 cases, the IPD patients were directed to get their X-ray done from outside as the digital X-ray report was required. NIH stated that time taken for preparation of report was due to engagement of Radiologist for limited hours. NIH also stated (December 2016) that action had been initiated for filling up the vacant post of the X-ray technician.

3.2.6 Non-utilisation/Under-utilisation of equipment

Four equipment were either not utilised since procurement/installation or not properly utilised *viz.* (i) Laparoscopic Machine valuing ₹ 45.68 lakh was not utilised since installation (August 2010) due to non-availability of trained staff and as a result Laparoscopic surgery could not be carried out, (ii) Biometry Machine valuing ₹ 2.29 lakh was not utilised since procurement, (April 2009) due to non-procurement of parts of the machine (Refractometer and Slit lamp) and as a result Ophthalmology test could not be carried out. (iii) Operating Microscope valuing ₹ 3.50 lakh was not utilised since April 2014 due to absence of trained technician and as a result NIH had to refer 10 to 20 surgery cases every month to other hospitals, and (iv) Endoscopic machine valuing ₹ 36.93 lakh could not be utilised since March 2015 due to retirement of concerned Surgeon. Audit scrutiny of records for the month of March 2016 revealed that NIH had to refer three patients for Endoscopic test to other hospitals due to absence of surgeon.

NIH accepted the observations and stated (December 2016) that the process had been initiated to recruit surgeon by direct recruitment as well as on call basis for optimum use of equipment.

[14] 40 hours in a month.

3.2.7 Stock management of drugs

The stock management of drugs was not proper as evident from the following:-

3.2.7.1 Non-dispensing of certain drugs

Based on the list of medicines commonly prescribed by doctors of NIH, Essential Drug List (EDL)[15] and NIH Drug Formulary[16], NIH procured drugs. Audit noted that during 2013-16, 37 medicines of EDL and 57 drugs of NIH formulary were not available in stock for a period ranging from 40 to 434 days and 46 to 619 days respectively. Audit also noted that though the doctors prescribed three medicines of EDL and five medicines of NIH formulary during November 2014 to February 2016 to five and eight IPD patients respectively, the same could not be provided to the patients due to non-availability of these medicines. NIH stated (December 2016) that requisite drugs had been procured and were being provided to the patients.

3.2.7.2 Expired medicine

NIH has not laid down procedure for procurement/inventory management of drugs. Audit noted that 34 drugs of NIH formulary valuing ₹ 10.19 lakh purchased in March 2010 expired during the period from August 2013 to March 2015. While accepting audit observation NIH stated (December 2016) that steps had been taken to maintain maximum and minimum stock of medicines to prevent expiry of drugs.

3.2.8 Absence of quality assurance

Audit examination revealed absence of quality assurance measures as would be evident from the following:-

- Hospital Infection Prevention and Control Guidelines[17] specifies that potable water testing shall be carried out routinely for bacterial cultures in laboratory from all patient care units, hospital kitchen, canteens and hostels – preferably once in a month. However, NIH did not carry out testing of potable water to ensure quality.

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[15] Issued by the Ministry of AYUSH in March 2013.
[16] Prepared by NIH in May 2009.
[17] Issued by National Centre for Disease Control, Govt. of India, Vide Para 3.4.6.

- As per WHO Guidelines[18] on Prevention and Control of Hospital Associated Infections each hospital is to develop its own infection control manual. NIH, however, neither had any infection control manual nor any programme to prevent the risk of hospital associated infections during 2013-16.
- Hospital Manual[19] indicates that electro-mechanical laundry equipment like washing machine, hydro extractor (spin and dry) and dry tumbler should be available in Hospital. In NIH, there was no laundry machine and dhobi carried out washing of linen provided to the IPD patients. Moreover, except cloths pertaining to OT, the linens provided to the IPD patients were not disinfected.
- There were five incidences of rat bites on IPD patients in the months of July 2014, September 2014 and April 2015 and the patients had to be referred to another hospital for treatment. NIH, however, took pest control only for three months (September-November 2014) during 2013-16.

NIH stated (December 2016) that training of hospital staffs and doctors was held in September 2016 but did not offer comments on the issues of quality assurance.

3.2.9 Conclusion

The medical care facilities in National Institute of Homoeopathy suffered from deficiencies *viz.* seepage of toilet water in three Outdoor Patient Departments, improper ventilation and inadequate sitting arrangements/drinking water in Outdoor Patient Departments, non-dispensing of certain drugs, under-utilisation of operation theatres, non-functioning of paediatric ward, non-testing of potable water, absence of infection control manual/programme and inadequate rat control exercise. There were also instances of non-conducting of certain pathological tests and non-utilisation/under-utilisation of various laboratory equipment.

The matter was reported to the Ministry in September 2016; their reply was awaited as of January 2017.

[18] Issued by WHO, Regional Office, New Delhi.
[19] Para 8.22 of Hospital Manual issued by DGHS, Government of India

National Research Institute of Ayurvedic Drug Development, Kolkata

3.3 Blockage of funds

National Research Institute of Ayurvedic Drug Development did not ascertain the eligibility of National Project Construction Corporation Limited (NPCCL) under Rule 126 (2) of General Financial Rules 2005 (GFR), before awarding the work as well as releasing the payment. Also, Ministry of AYUSH took more than two years' time to ascertain the eligibility of NPCCL under provision of GFR. This led to blocking of fund of ₹ 14.30 crore with NPCCL and consequent loss of interest of ₹ 1.44 crore during the period from April 2012 to August 2014.

As per Rule 126 (2) of General Financial Rules (GFR), as amended[20] in August 2010, a Ministry or Department may at its discretion, assign repair works estimated to cost above thirty lakh and original works of any value to any Public Sector Undertakings (PSU) set up by the Central or State Government to carry out civil or electrical works or any other Central/State Government organisation/PSU which may be notified by the Ministry of Urban Development (MoUD) after evaluating their financial strength and technical competence.

In October 2009, CCRAS[21] instructed National Research Institute of Ayurvedic Drug Development (NRIADD), Kolkata to invite preliminary estimate from reputed Public Sector Organisations and to award the work to the lowest bidder for construction of a new building at NRIADD campus. Accordingly, NRIADD invited (November 2009) preliminary estimate from Government agencies against which four agencies submitted estimates. After analysing the estimates, NRIADD selected (December 2011) National Project Construction Corporation Limited (NPCCL), a PSU under the Ministry of Water Resource (MoWR). However, fulfilment of eligibility criterion of NPCCL as required under GFR was not ascertained by NRIADD at the time of selection.

In March 2012, NRIADD entered into a Memorandum of Understanding (MoU) with NPCCL for the construction work at a total estimated cost of ₹ 43.26 crore[22]. The work was to be completed in three phases within three years from the date of deposit of the fund. NRIADD placed requisition for work to NPCCL in March 2012 and deposited (March 2012) ₹ 14.30 crore to NPCCL.

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[20] Vide OM no. 15(1)/E-II(A)/2010 dated 20 August 2010, Department of Expenditure, Ministry of Finance

[21] Central Council for Research in Ayurveda and Siddha

[22] At price level of 2009

However, in April 2012, the Ministry of Health and Family Welfare, Department of AYUSH[23] circulated observation of Integrated Finance Division (IFD) that NPCCL was not notified by the MoUD for the purpose of carrying out civil or electrical works and hence, consultation with MoUD would be necessary for assigning the work to NPCCL. Consequently, NRIADD, instructed (April 2012) NPCCL to keep the work in abeyance. Thereafter, MoWR requested (July 2012) Department of Expenditure (Ministry of Finance) to confirm that the NPCCL being a Public Works Organisation is not required to be notified by MoUD for the purpose of assigning works by any Ministry/Department. Department of Expenditure replied (August 2012) citing the reference of DoE OM dated 20 August 2010 which, *inter-alia,* stated that 'under rule 126 (2) of GFR, Ministry or Department may at its discretion assign repair works estimated to cost above Rupees thirty lakh and original works of any value to any public sector undertakings set up by the Central or State Government to carry out civil or electrical works'. Subsequently, another clarification was issued by DoE (April 2013) to all the Ministries/Departments which re-iterated the eligibility of a PSU set up by Central or State Government to carry out civil or electrical works, to be treated under GFR 126 (2). Accordingly, based on DOE's clarification dated April 2013, MoWR wrote (April 2013) to Department of AYUSH that NPCCL fulfilled the criteria under GFR 126 (2), hence was not required to be notified as a public works organisation, and requested to treat NPCCL under GFR 126 (2). Based on the DoE's clarification dated April 2013, Department of AYUSH confirmed (May 2013) to MoWR that the work could be awarded to NPCCL under GFR 126 (2) and stated that the matter was under process for seeking concurrence of IFD.

Due to the delay, IFD inquired (March 2014) about the revised cost estimate of the work. NPCCL submitted (May 2014) revised cost estimate[24] of ₹ 52.70 crore for the work. In September 2014, the IFD gave concurrence for execution of the work at the revised cost and in October 2014, NRIADD intimated NPCCL to resume the work. The stipulated date of completion of the work was revised from March 2015 to October 2017. Audit noted that till May 2016, only 15 *per cent* of the work was completed and a total amount of ₹ 14.22 lakh was incurred by NPCCL.

[23] Department of AYUSH was later formed as Ministry of AYUSH from November 2014
[24] At October 2012 price level

Thus, NRIADD failed to ascertain the eligibility criterion of NPCCL in terms of Rule 126 (2) of GFR before awarding the work as well as releasing the payment to them. Ministry of AYUSH also failed to interpret the GFR condition correctly and took more than two years (April 2012 to September 2014) to confirm the eligibility of NPCCL for executing the work under provision of GFR. This led to blocking of fund of ₹ 14.30 crore with NPCCL and consequent loss of interest of ₹ 1.44 crore during the period from April 2012 to August 2014.

The matter was reported to the Ministry in July/November 2016; their reply was awaited as of January 2017.