REPORT OF THE

COMPTROLLER AND AUDITOR GENERAL OF INDIA

ON

GENERAL AND SOCIAL SECTOR

FOR THE YEAR ENDED MARCH 2016

GOVERNMENT OF GUJARAT
REPORT NO. 7 OF 2016

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PREFACE

This Report for the year ended 31 March 2016 has been prepared for submission to the Governor of the State of Gujarat under Article 151 of the Constitution of India. This Report contains three Chapters.

This Report relates to audit of the Social and General Sectors of the Government departments conducted under the provisions of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971 and Regulations on Audit and Accounts, 2007 issued thereunder by the Comptroller and Auditor General of India. This Report is required to be placed before the State Legislature under Article 151 (2) of the Constitution of India.

The instances mentioned in this Report are those, which came to notice in the course of test audit during the period 2015-16 as well as those, which came to notice in earlier years, but could not be reported in the previous Audit Reports; instances relating to the period subsequent to 2015-16 have also been included, wherever necessary.

The audit has been conducted in conformity with the Auditing Standards (March 2002) issued by Comptroller and Auditor General of India.

CHAPTER-I

INTRODUCTION

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INTRODUCTION

1.1 About this Report

This Report of the Comptroller and Auditor General of India (C&AG) relates to matters arising from Performance Audit and Compliance Audit of the State Government.

Compliance Audit refers to examination of the transactions relating to expenditure of the audited entities. This is to ascertain whether the provisions of the Constitution of India, applicable laws, rules, regulations and instructions issued by competent authorities are being complied with. Performance Audit examines whether the objectives of the programme/activity/department are achieved economically, effectively and efficiently.

The primary purpose of the Report is to bring to the notice, important results of Audit to the State Legislature. Auditing Standards requires that the materiality level for reporting should be commensurate with the nature, volume and magnitude of transactions. The findings of Audit are expected to enable the Executive to take corrective actions. This would enable them to frame policies and directives to improve the financial management of the Government for better governance.

This chapter, in addition to explaining the planning and extent of Audit, provides a synopsis of the significant deficiencies noticed in Performance and Compliance Audits. Chapter-II of this Report contains findings arising out of Performance Audit. Chapter-III contains observations on the Compliance Audit in Government Departments.

1.2 Audited entity profile

The Accountant General (General and Social Sector Audit), Gujarat conducts Audit of the expenditure under the General and Social Services incurred by 13 Departments and 169 autonomous bodies. In addition, two Departments[1] are also audited by this office for which separate Audit Report on Local Bodies is presented in the State Legislature. The summary of fiscal transactions during the years 2014-15 and 2015-16 is given in **Table 1** as follows –

1 Panchayats, Rural Housing and Rural Development, Urban Development and Urban Housing and 57 autonomous bodies under these Departments

Table 1: Summary of fiscal transactions

(₹ in crore)

Receipts			Disbursements				
	2014-15	2015-16		2014-15	2015-16		
					Non- Plan	Plan	Total
1	2	3	4	5	6	7	8
Section-A: Revenue							
Revenue receipts	91,977.78	97,482.58	Revenue expenditure	86,651.71	63,554.46	32,224.08	95,778.54
Tax revenue	61,339.81	62,649.41	General services	30,003.32	31,512.36	1,363.69	32,876.05
Non-tax revenue	9,542.61	10,193.52	Social services	36,714.15	21,620.77	20,499.13	42,119.90
Share of Union taxes/ duties	10,296.35	15,690.43	Economic services	19,398.68	9,862.60	10,361.26	20,223.86
Grants from Government of India	10,799.01	8,949.22	Grants-in-aid and Contributions	535.56	558.73	-	558.73
Section-B: Capital							
Misc. Capital receipts	241	0.00	Capital Outlay	24,157.76	76.43	24,093.01	24,169.44
Recoveries of Loans and Advances	621.38	125.46	Loans and Advances disbursed	349.90	56.19	619.00	675.19
Public Debt receipts	19,453.94	23,486.19	Repayment of Public Debt*	5,509.20	-	-	6,194.26
Contingency Fund	0.11	14.16	Contingency Fund	14.16	-	-	3.75
Public Account receipts	62,387.52	65,131.92	Public Account disbursements	52,309.01	-	-	61,936.12
Opening Cash Balance	15,386.48	21,076.47	Closing Cash Balance	21,076.47	-	-	18,559.48
Total	**1,90,068.21**	**2,07,316.78**	**Total**	**1,90,068.21**			**2,07,316.78**

(Source: Finance Accounts for the respective years)

* Excluding net transactions under ways and means advances and overdrafts.

1.3 Authority for Audit

The authority for Audit by the C&AG is derived from Articles 149 and 151 of the Constitution of India and the C&AG's (Duties, Powers and Conditions of Service) Act, 1971.

1.4 Organisational structure of the Office of the Accountant General (G&SSA), Gujarat

The Accountant General (General and Social Sector Audit) is assisted by four Group Officers (Senior/Deputy Accountants General, heading different groups of Social or General Sector Audit). The groups are manned by Senior Audit Officers and Assistant Audit Officers who conduct the Audit in the field.

1.5 Planning and conduct of Audit

Audit process starts with the risk assessment of various Departments based on outcome of budget, Public Accounts Committee suggestions, media reports amongst various risk parameters. Previous audit findings are also considered in this exercise. Based on this risk assessment, the audit units are prioritized for planning and conduct of compliance audits.

After completion of Audit of each unit, Inspection Reports (IRs) containing audit findings are issued to the heads of the Departments. The Departments are requested to furnish replies to the Audit findings within one month of receipt of the IRs. Whenever replies are received, Audit findings are either settled or further action for compliance is advised. The important Audit observations included in the IRs are processed for inclusion in the Audit Reports. The Audit Report is submitted to the Governor of the State under Article 151 of the Constitution of India for laying in the State Legislature.

During 2015-16, 12,225 man-days were utilised to carry out one Performance Audit and Compliance Audits of total 519 units.

1.6 Significant Audit observations

In the last few years, Audit reported several significant deficiencies through Performance Audits and Compliance Audit of Government Departments/ organisations. The present report contains one Performance Audit on "Functioning of Food and Drugs Control Administration", three Compliance Audits covering themes on "Implementation of the Janani Shishu Suraksha Karyakram in Gujarat State", "Management of Bio-Medical Waste in Government Hospitals" and "Implementation of selected schemes for differently abled persons in Gujarat" and seven individual paragraphs. The highlights are given in the following paragraphs.

1.6.1 Performance Audit

1.6.1.1 Functioning of Food and Drugs Control Administration

Food and Drugs Control Administration (FDCA) is responsible for implementation of the Food Safety and Standards (FSS) Act and the Drugs and Cosmetics (D&C) Act enacted to safeguard public health. Audit revealed that important areas of FDCA required immediate attention of Government and prompt remedial action for an effective citizen's health management.

No survey was conducted for the identification of Food Business Operators (FBOs) in the State. The database maintained was only in respect of FBOs who had obtained registration/license. In absence of complete database, enforcement authorities could not identify the FBOs operating their business without obtaining license. Effective implementation of Food Safety and Standards Act and the Drugs and Cosmetics Act suffered because of overall shortage of staff in the FDCA. Shortage of Food Safety Officers resulted in partial or non-compliance of provisions of FSS Act. Shortage in the cadre of Senior Drugs Inspectors and Drugs Inspectors resulted into shortfall in inspection of drugs manufacturing and sales/distribution outlets respectively. Out of 130 cases of violation of the Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954, prosecutions had been initiated only in four cases and 108 cases were under investigation.

A Food and Drugs Laboratory (FDL) constructed at Patan district at a cost of ₹ 40.83 crore had not been made functional due to non-deployment of manpower. Mobile vans purchased at cost of ₹ 1.06 crore for spot testing of food and drugs

were not optimally utilised. Equipment purchased for microbiological testings were lying uninstalled at Regional Food Laboratory, Bhuj and Regional Food Laboratory, Rajkot.

Registration was granted and licenses were issued to FBOs without inspection in contravention of FSS Act. Due to non-inspection/non-submission of compliance report, 27 blood banks in the State were functioning without renewal of license. FDCA had not formulated any guidelines for sampling of food and food products. Resultantly, samples of infant food, instant milk substitutes, meat and meat products were not taken for analysis. Sampling methods for drugs were mainly focused on Allopathic drugs. The food samples were declared standard without conducting important tests. Out of 47,255 samples of drugs tested in FDL, Vadodara, in five *per cent* of the samples, the laboratory could not express any opinion about the quality of drugs. Fifty *per cent* of the Standard Quality (SQ) reports of drugs were issued where all required tests were not carried out.

FBOs had not recalled from the market the food products declared as sub-standard/misbranded. FDCA was very lenient with the manufacturers of grossly sub-standard drugs compared to penal provisions adopted by other State FDCAs. Communication, monitoring and evaluation mechanism of FDCA was deficient.

The deficiencies mentioned above indicate that FDCA was not successfully able to manage objectives of FSS and D&C Acts to provide quality food and standard drugs to safeguard public health.

(Paragraph 2.1)

1.6.2 Compliance Audit of Transactions

1.6.2.1 Wasteful expenditure and irregular diversion of ₹ 1.55 crore

National level essay competition on unity launched under Statue of Unity Project remained incomplete due to non-evaluation of essays received from schools. This resulted in wasteful expenditure of ₹ 1.55 crore and deprival of awards to students besides diversion of fund from the Scheme.

(Paragraph 3.1)

1.6.2.2 Wasteful expenditure of ₹ 45.44 lakh and blockage of Government money of ₹ 4.54 crore

Indecisiveness on the part of the State Government to choose the locations resulted in non-establishment of outstation campus. The intended objective of starting high-end professional courses for the benefit of tribal students of North Gujarat was not achieved. This led to wasteful expenditure of ₹ 45.44 lakh and blockage of Government money of ₹ 4.54 crore.

(Paragraph 3.2)

1.6.2.3 Idle expenditure of ₹ 80.92 lakh on Women's hostel

Failure to allot women's hostel rooms to students by the University authorities resulted in idle expenditure of ₹ 80.92 lakh on construction of hostel building.

(Paragraph 3.3)

1.6.2.4 Implementation of the Janani Shishu Suraksha Karyakram in Gujarat State

Government of India (GoI) launched (June 2011) "Janani Shishu Suraksha Karyakram (JSSK)" with an objective to assure free services to all pregnant women and sick neonates. Audit was conducted to assess the implementation of JSSK in the State and various gaps were noticed.

The State Government was required to operationalise 50 *per cent* of Primary Health Centres (PHCs) in the State as 24X7 PHC by 2010. As of August 2016, only 24 *per cent* of PHCs have been operationalised as 24X7 PHC. Complicated and assisted deliveries were not being done in test-checked PHCs due to shortage of specialist doctors and adequate facilities. The percentage of deliveries at Public Health Facilities (PHFs) was less than 40 *per cent* in the State due to non-availability of infrastructure. During 2013-16, 56 *per cent* of home deliveries were performed in absence of Skilled Birth Attendant. Minimum stay of 48 hours after normal delivery for better care and treatment was not ensured. After delivery, 53 to 60 *per cent* of women had been discharged before 48 hours.

The State Government had not included 43 out of 133 Essential Drugs notified by GoI for maternal and newborn healthcare. PHFs in the test-checked districts had procured drugs and consumables of ₹ 4.01 crore from local medical shops without ascertaining the quality. In test-checked districts, drugs and consumables were found stored in untidy and dilapidated rooms, and the required room temperature was also not ensured.

Facility of Blood Bank (BB)/Blood Storage Centres (BSCs) was not available in 18 out of 103 First Referral Units (FRUs) identified by the State Government. Adequate stock of whole blood was not available for 27 to 803 days with BBs at five District Hospitals (DHs)/Civil Hospitals (CHs). Stock of whole blood was also not available for 31 and 938 days with BSCs at DH, Dahod and Community Health Centre (CHC), Jhalod respectively. Instances of death of infants and pregnant women were noticed due to non-availability of blood at PHFs. Caesarean Section was not being performed in five test-checked CHCs due to non-availability of gynaecologist and anaesthetics. Care to sick neonates was not provided in four CHCs and DH Bhuj due to non-availability of adequate facility. Out of total 1,36,401 deliveries performed in test-checked districts, only 51,321 beneficiaries were provided free transportation from home to PHFs.

The State Government data indicated that the Maternal Mortality Rate (MMR) changed unfavourably from 72 in the year 2013-14 to 80 in 2014-15 and finally to 85 in 2015-16. Considering the pace and direction of achievement of the goals, it would be difficult for the State to achieve the target of 67 by March 2017. Apparently, implementation of JSSK did not assist in achieving MMR goals.

(Paragraph 3.4)

1.6.2.5 Management of Bio-Medical Waste in Government Hospitals

Government of India framed Bio-Medical Waste (Management and Handling) Rules, 1998 (BMW Rules) under Environment (Protection) Act, 1986. BMW Rules streamlined the procedures for disposal of the BM Wastes generated

by Health Care Establishments (HCEs). The Gujarat Pollution Control Board (GPCB) was to coordinate/monitor the activities and enforce the BMW Rules. Audit findings of Performance Audit on management of the BM Wastes in Government Hospitals (GHs) was included in the Audit Report for the year ended 31 March 2012. The current audit was undertaken to review the standards of Management of BM waste in the Government HCEs. Audit noticed very significant gaps in enforcement and implementation by the respective agencies.

Ten HCEs test-checked were running without valid authorisation from GPCB. Segregation of BM Wastes at the generation points was not done in 30 HCEs test-checked. Instances of mixing of BM Waste with Municipal Solid Waste and burning of BM wastes were noticed. BM Wastes were not being stored properly. Facility of storage room for storing BM Wastes was not available at 42 HCEs test-checked. Common Bio-Medical Waste Treatment Facility (CBWTF) operated by private agencies had not collected BM Wastes within 48 hours from test-checked HCEs. Test-checked HCEs had not taken any action for disposal of inoperative incinerators. Due to non-availability of required infrastructure, Autoclave machines supplied to 14 test-checked HCEs was found lying idle. Protectives were not being used by the labourers of the agencies while handling BM Wastes. Wastes were being manually fed into the incinerator in violation of the guidelines. Incinerator ash was kept in open instead of disposing at landfill site.

Monitoring of compliance of BMW Rules by GPCB was not effective as the specified inspections were not carried out. Task Force constituted in the hospitals failed to monitor the management of BM Waste. They also failed to submit their report to authorities concerned for further action.

(Paragraph 3.5)

1.6.2.6 Wasteful expenditure of ₹ 1.14 crore on Cancer Detection Vehicle

Cancer Detection Vehicle "Sanjivani Rath" procured at the cost of ₹ 1.14 crore for early cancer detection and cost free treatment for rural population of Rajkot district was under-utilised.

(Paragraph 3.6)

1.6.2.7 Short recovery of fees of ₹ 26.98 lakh by Gujarat National Law University and undue favour to a candidate

Gujarat National Law University (GNLU) transferred Non-Resident Indian (NRI) category seat to General category in contravention of prescribed admission procedure. This irregular transfer resulted in short recovery of fees of ₹ 26.98 lakh by GNLU and undue favour to a candidate.

(Paragraph 3.7)

1.6.2.8 Avoidable expenditure of ₹ 3.04 crore

Delay in finalisation of price bid within the validity period by Gujarat Water Supply and Sewerage Board, Ahmedabad had resulted in avoidable expenditure of ₹ 3.04 crore.

(Paragraph 3.8)

1.6.2.9 Implementation of selected schemes for differently abled persons in Gujarat

The Parliament enacted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. State Government notified (August 2001) the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2000. There are 10,92,302 differently abled persons in the State as per the 2011 Census. Various welfare schemes are being implemented by the Central and State Government for the benefit of differently abled persons.

A comprehensive database of differently abled persons based on survey and investigation was not maintained by the Department. The targets for providing benefits under various welfare schemes had been fixed without considering the actual number of beneficiaries eligible in the State. The State Government failed to establish Special Employment Exchanges for differently abled persons. No financial assistance were given to unemployed differently abled persons registered in the regular employment exchanges. Payment of pension under Indira Gandhi National Disability Pension Scheme (IGNDPS) had been made without conducting periodical verification. Payments had been made through money orders instead of direct transfer into bank/postal account of the beneficiaries with a delay up to nine months. Short payments of pension of ₹ 82.91 lakh to approximately 2,142 beneficiaries were noticed due to non-revision of rate by the State Government. Instances of denial of pension were also noticed in two test-checked districts to the eligible beneficiaries.

Gujarat Minority Finance and Development Corporation Limited (GMFDCL) took more than 180 days in disbursement of loans to 485 beneficiaries with a delay upto 2,698 days. Funds of ₹ 110.45 crore to Gujarat State Road Transport Corporation under Free Travel Scheme were released without verification.

All test-checked districts had rejected the applications for grant of scholarship of 190 beneficiaries with vision/ hearing impaired despite their eligibility. Instances of irregular and double payment due to lack of scrutiny of applications have been noticed in test-checked districts. Prosthetic aids and appliances have not been distributed to 435 beneficiaries in four test checked districts. Monitoring and internal control mechanisms were also inadequate.

Audit concluded that the five welfare schemes for differently abled persons were not implemented effectively.

(Paragraph 3.9)

1.6.2.10 Avoidable expenditure and undue favour to the agencies of ₹ 1.73 crore

Ahmedabad Urban Development Authority extended undue favour to the agencies by allowing different criteria for works. Absence of suitable clause for recovery in the tender document resulted in avoidable expenditure of ₹ 1.73 crore.

(Paragraph 3.10)

1.7 Lack of responsiveness of Government to Audit

1.7.1 Inspection Reports outstanding

Instructions issued by the Finance Department in 1992 provided for prompt response by the Executive to the Inspection Reports (IRs) issued by the Accountant General. The Heads of Offices and next higher authorities are required to comply with the observations contained in the IRs within four weeks of receipt of the IRs. Periodical reminders are issued to the Head of the Departments to furnish the replies on the outstanding paragraphs in the IRs.

As of 30 September 2016, 3,170 IRs (6,909 paragraphs) were outstanding against 13 Departments under the General and Social Sector **(Appendix-I)**.

1.7.2 Response of departments to the audit paragraphs

One draft Performance Audit report and 10 draft Compliance Audit paragraphs were forwarded to the Additional Chief Secretaries/Principal Secretaries between June 2016 and October 2016 for their responses within six weeks. The department replied to one performance audit report till date (October 2016). Entry and exit conferences were also held with the Department concerned on the audit findings included in the Performance Audit. The replies of the Department and the views expressed by them have duly been considered while finalising this report.

1.7.3 Follow-up of Audit Reports

Instructions issued by Public Accounts Committee provided all Departments to furnish Detailed Explanation (DE) to the observations included in the Audit Report within 90 days of their being laid on the table of the Legislative Assembly. The Administrative Departments did not comply with these instructions and 18 Departments[2] **(Appendix-II)** had not submitted 46 DEs for the period 2003-04 to 2014-15 as of 30 September 2016.

1.7.4 Paragraphs to be discussed by the Public Accounts Committee

Details of paragraphs pending discussion by the Public Accounts Committee as of 30 September 2016 are detailed in **Appendix–III.**

2 This includes audit of departments transferred to Principal Accountant General (E&RSA), Gujarat, Ahmedabad after restructuring with effect from 1 April 2012

CHAPTER-II

PERFORMANCE AUDIT

CHAPTER-II

PERFORMANCE AUDIT

This chapter contains findings of Performance Audit on "Functioning of Food and Drugs Control Administration".

HEALTH AND FAMILY WELFARE DEPARTMENT

2.1 Functioning of Food and Drugs Control Administration

Executive Summary

Food prepared and sold on a commercial basis has an important part to play in public health. Authorised medicines similarly, has a significant impact on the wellbeing and health of the citizens. Food and Drugs Control Administration (FDCA), Gujarat, functions under Health and Family Welfare Department to safeguard the public health. FDCA is responsible for implementation of Food Safety and Standards (FSS) Act, Drugs and Cosmetics (D&C) Act and other related laws. FDCA conducts survey of the manufacturers/sellers of the said items, grants licenses to them, inspects their premises, reports the findings and takes action against errant manufacturers/sellers. FDCA is also responsible for creation of awareness amongst citizens, monitoring and evaluation of the food and drug structure of the State.

The "Functioning of Food and Drugs Control Administration" was audited between April and September 2016, for its performance from the year 2011 to 2016. Audit emphasised on the functional presence of the requisite infrastructure, resources with an adequate administrative and regulatory framework for implementation of the relevant Acts.

FDCA embarked on certain measures perfunctorily, like reporting of drugs Not of Standard Quality (NSQ) to medicine sellers as well as enforcement agencies, through SMSs. These drugs had already been consumed by the time the SMS alerts had been issued. Audit revealed that important areas of Food and Drugs Control Administration required immediate attention of Government and prompt remedial action for an effective citizen's health management. A few instances have been highlighted below:

- ***FDCA had not conducted surveys to identify food business operators. FBOs were running business without obtaining registration or licenses consequently the enforcement authorities had no database to act on.***
- ***Effective implementation of FSS and D&C Acts suffered because of overall shortage of staff ranging from 33 to 55 per cent in the food and drugs laboratory.***
- ***FDCA laboratory infrastructure was unutilized and underutilised at several locations.***
- ***There were instances of delay in issuing licenses for continuation of food business after lapse of validity period.***
- ***FDCA had not formulated a comprehensive sampling guidelines for picking food samples, therefore samples of critical infant food, instant milk substitutes etc., were not being tested.***

- ***Audit observed that 91 per cent of the food samples were tested and declared standard without conducting important tests viz. microbiological, metal, toxic substance, insecticides, food additives and nutritional value.***
- ***Out of 47,255 samples of drugs tested in FDL Vadodara, in five per cent of the samples, the laboratory could not express any opinion about the quality of drugs. Fifty per cent of the Standard Quality (SQ) reports of drugs were issued where all required tests were not carried out.***
- ***The DOs or the FBOs did not recall packaged food items of the batches which failed and were subsequently consumed by public.***
- ***FDCA was very lenient with the manufacturers of grossly sub-standard drugs compared to penal provisions adopted by other State FDCAs.***
- ***Communication, monitoring and evaluation mechanisms of FDCA was inadequate.***

The deficiencies mentioned above indicate that FDCA was not successfully able to manage objectives of FSS and D&C Acts to provide quality food and standard drugs to safeguard public health.

2.1.1 Introduction

Food is one of the most essential requirements of human being for survival. Government of India (GoI) enacted (August 2006) "The Food Safety and Standards (FSS) Act[1], 2006" and framed (May 2011) "Food Safety and Standards Rules, 2011" for enforcement of the Act. GoI enacted "The Drugs and Cosmetics (D&C) Act, 1940" and framed "The Drugs and Cosmetics Rules, 1945" to regulate the import, manufacture, distribution and sale of drugs and cosmetics.

The provisions are meant to set standards for quality of food article. It is also meant to regulate their manufacture, storage, distribution, sale and import while ensuring availability of safe and wholesome food for human consumption.

Food and Drugs Control Administration (FDCA) functions under Health and Family Welfare Department (H&FWD). It is responsible for implementation of FSS Act and D&C Act as well as other Acts and Orders designed to safeguard public health.

2.1.2 Organisational set-up

The Principal Secretary is the administrative head of the H&FWD. The Commissioner, FDCA, is responsible for implementation of FSS Act, D&C Act, other Acts and rules framed for regulation of Food and Drugs in the State. He is assisted by four Joint Commissioners at the head office. There are Designated Officer (for Food) and Assistant Commissioner (for drugs) at district level[2], who are, in turn, assisted by Food Safety Officers and Drug Inspectors. Joint Commissioner of Food and Drugs Laboratory (FDL), Vadodara is responsible for the overall functioning of FDL and two Regional Food Laboratories at Bhuj and Rajkot. The organisational chart of FDCA is given in **Appendix-IV**.

1 "The Prevention of Food Adulteration Act, 1954", "The Fruit Products Order, 1955", "The Meat Food Products Order, 1973", "The Milk and Milk Products Order, 1992", *etc.*
2 25 district level offices

2.1.3 Audit Objectives

The broad objectives of the performance audit were to assess whether -

- adequate regulatory and administrative mechanism was in place for implementation of the relevant Acts;
- plan was prepared and implemented for strengthening and modernisation of laboratories with adequate infrastructure;
- provisions made under relevant Acts for licensing, inspection, sampling, analysis and action against errant manufacturers/sellers were followed; and
- monitoring and evaluation was effective.

2.1.4 Audit Criteria

In order to achieve the audit objectives, the following audit criteria were adopted-

- Food Safety and Standards Act, 2006, Food Safety and Standards Rules, 2011 and Food Safety and Standards Regulations, 2011;
- Drugs and Cosmetics Act, 1940 and D&C Rules, 1945;
- Drugs Price Control Order, 2013;
- Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954; and
- Guidelines, Manuals and various Food Standards issued from time to time by the Food and Drugs Control Authority of GoI and State Government.

2.1.5 Audit scope and methodology

The Performance Audit commenced with an 'entry conference' (29 April 2016) with the Additional Chief Secretary, H&FWD and officers of FDCA. The Audit objectives, scope and methodology of Audit was discussed. The audit involved scrutiny of records for the period 2011-16. Offices of the Commissioner of FDCA (Commissioner), Assistant Commissioners (ACs), Designated Officers (DOs) of eight selected districts[3] and all three food laboratories[4] and one drugs laboratory[5] were selected. The sampling was done by adopting Simple Random Sampling Without Replacement Method.

An exit conference was held (08 November 2016) with the Commissioner, FDCA to discuss the Audit findings. All the views and response of the FDCA have been considered and incorporated in the report.

Audit Findings

2.1.6 Regulatory and Administrative Mechanism

2.1.6.1 Food Safety and Standards Act

FDCA was responsible for enforcement of the FSS Act. It was responsible for setting-up regulatory and administrative mechanism to ensure efficient and uniform implementation of standards. The standards were to adhere to the criteria of objectivity, accountability, transparency and credibility.

3 Ahmedabad (Zone-II), Bharuch, Bhuj, Mehsana, Nadiad, Panchmahal, Patan and Porbandar
4 Bhuj, Rajkot and Vadodara
5 Vadodara

(i) State and District Advisory Committees

FSS Regulations, 2011 provided that the Commissioner may designate an existing advisory committee or constitute an advisory committee at village/ district and State levels. The advisory committee is to assist, aid or advise FDCA on any matter concerning food safety.

The State Advisory Committee (SAC) was constituted (September 2012) for a tenure of two years. The committee was non-functional as only one introductory meeting was held (November 2013) during its tenure up to September 2014. A new SAC was thereafter constituted after a gap of more than 18 months in April 2016. The committee has not met till October 2016. Audit further observed that the District Advisory Committees at district level were constituted only in April 2016.

The Commissioner stated (September 2016) that regular meetings of State and District Advisory Committees would be ensured.

(ii) Surveys of Food Business Operators

FSS Act provided for conduct of surveys of all industrial units engaged in manufacture or processing of food in the State to ensure compliance of all standards notified by the Food Authority. FSS Rules, 2011 provide that Food Safety Officer (FSO) would be responsible to maintain a database of all Food Business Operators (FBOs).

Audit observed that neither the State nor the district authorities had conducted any survey for the identification of FBOs. In test-checked districts, the data of FBOs maintained was only in respect of FBOs who had obtained registration/ license. In absence of complete database of FBOs, enforcement authorities could not identify the FBOs operating their business without obtaining license.

Designated officers accepted the facts and stated (May to September 2016) that FBOs operating without license, noticed during inspection, are being instructed to apply for registration/license. The Commissioner stated (September 2016) that the survey was not conducted due to vacant posts of FSOs. The matter would be taken up in the meeting of the State Advisory Committee. The controlling authority could not ensure effective compliance of the FSS Act due to vacant posts of FSOs and non-maintenance of complete database of all FBOs.

The State Government may conduct surveys of FBOs operating in the State to bring all FBOs under the ambit of FSS Act. It would help to ensure compliance of all food standards notified from time to time by the FBOs.

(iii) Enforcement Structure

FSS Act empowers FDCA to monitor and verify fulfilment of relevant requirements by FBOs. Audit observed following gaps in establishment of enforcement structure at various levels –

- FSS Act provided that the Commissioner shall appoint a Designated Officer (DO) in each district. The DOs shall not be below the rank of a Sub-Divisional Officer (SDO). The DOs were responsible for granting/ cancelling license to FBOs, investigate, issue prohibition orders and maintain records of inspection. The DOs were also responsible to review the working of FSOs and Food Analysts, refer prosecution with fine to the Adjudicating officer.

Audit observed that DOs have not been appointed in the State as of October 2016. Senior FSOs, below the rank of SDO, have been given the charge of DOs. In nine out of 33 districts[6], DOs have not been appointed. FBOs of these districts had to travel to nearby licensing authority for registration/license.

The Commissioner stated (September 2016) that the proposal for appointment of DOs had been submitted. The issue of setting-up of DO's office at nine districts would be sent to the Government.

- FSOs were responsible for inspection, taking samples for analysis, seize any article of food, summon and investigate. Audit observed that only 106 out of 185 sanctioned posts of FSOs (57 *per cent*) have been filled-up as of March 2016. Out of these 106 FSOs, 20 FSOs were incharge as DOs. Therefore, only 86 FSOs (46 *per cent*) were performing the duties of FSOs. Impacts of shortfall of FSOs are discussed in **Paragraphs 2.1.10.1, 2.1.11.1 and 2.1.12.1.** The Commissioner stated (September 2016) that proposal to fill-up the vacant posts would be submitted to the Government.

- The FSS Act provided that the State Government may notify an officer as Adjudicating Officer[7] (AO). The State Government notified (2011), two Joint Commissioners as AOs. Audit observed that only 14 out of 998 cases received during the period August 2011 to October 2013 have been adjudicated by these AOs. The State Government notified (November 2013) the Resident Additional Collector (RAC) of the districts as AOs. The remaining 984 cases were transferred to the RACs concerned. The decision to appoint Joint Commissioners as AOs did not serve the purpose resulting in delays upto two years in disposal of the cases. The Commissioner, FDCA stated (September 2016) that two Joint Commissioners have been appointed as a short-term arrangement.

- The FSS Act provided that the State Government may establish one or more Food Safety Appellate Tribunal (FSAT) to hear appeals of FBOs. The Tribunal shall be headed by a Presiding Officer with experience as a District Judge, assisted by a Registrar and administrative staff. H&FWD accorded (December 2011) approval for establishment of FSAT. The appointment of Presiding Officer was done in July 2015 after lapse of three and half years. The FBOs were, therefore, deprived of the right to appeal against the order of AO in the absence of FSAT. The posts of Registrar and other staff were also not filled-up (September 2016). The Commissioner, FDCA stated (September 2016) that issue of appointment of regular registrar and other staff is under active consideration. Presently the regular staff of FDCA has been given additional charge of FSAT.

The State Government may take action to appoint regular DOs in all districts, fill-up the vacant posts of FSOs and requisite staff for FSAT.

6 Aravali, Botad, Chotaudepur, Dang, Devbhumi Dwarka, Gir Somnath, Mahisagar, Narmada and Morbi
7 Not below the rank of Additional District Magistrate (ADM)

2.1.6.2 Drugs and Cosmetics Act

The Central and the State Governments are both identified as regulators under the D&C Act. Central Drugs Standard Control Organisation (CDSCO) holds the final delegation of regulatory responsibility at Central level. FDCA is responsible for issuance and renewal of manufacturing and selling license, inspection, sample collection and testing. Under Drugs Price Control Order, 2013 and Drugs & Magic Remedies (Objectionable Advertisement) Rules, 1955, FDCA is responsible to identify cases of higher prices being charged by drugs manufacturers/sellers. It empowers FDCA to prevent objectionable and unethical advertisements. Audit observed following gaps in establishment of enforcement structure at various levels.

(i) District License Authority

Assistant Commissioner (AC) at the district level is designated as Licensing Authority. AC is responsible for issuance/renewal of license to drugs manufacturers/sellers, inspect units and initiate action for violation of norms. AC is also responsible for reporting important matters to FDCA.

Audit observed that in nine out of 33 districts[8] in the State, district level offices had not been established. ACs had been posted only in eight out of remaining 25 district level offices[9] as of October 2016. Remaining 17 offices (68 *per cent*) were being managed by giving additional charge to ACs or by Senior Drug Inspectors. Resultantly, compliance reports of shortcomings noticed during inspection of blood banks were not submitted by ACs. In respect of NSQ drugs, investigations at manufacturer's end were also not done by ACs.

The Commissioner stated (October 2016) that establishment of AC's Office at Gir Somnath and Morbi districts are under active consideration. In remaining districts, offices would be established in a phased manner.

(ii) Drug Inspectors

Drug Inspectors (DIs) are the main forces for effective enforcement of provisions made under different Acts for drugs control. They are responsible to inspect licensee units, investigate complaints, take drug samples for testing. They are also responsible to take follow-up action for NSQ drugs and initiate prosecutions for breach of the Acts and Rules. Mashelkar Committee had recommended (2003) one Senior DI (SDI) per 50 manufacturing units and one DI per 200 sales/distribution outlets.

In the State, there were 3,403 and 33,793 licensed drugs manufacturing and selling units respectively as of March 2016. Against the requirement of 68 SDIs and 169 DIs as per Mashelkar Committee, the sanctioned strength was only 47 SDIs (69 *per cent*) and 84 DIs (50 *per cent*). Against this, men-in-position was only 26 SDIs (55 *per cent*) and 74 DIs (88 *per cent*). This was one of the prime reasons for shortfall in conducting inspection of manufacturing units and sales/ distribution outlets as discussed in **Paragraph 2.1.11.2**.

The Commissioner stated (October 2016) that 59 DIs have been appointed during 2011-16. Efforts would be made to increase the sanctioned strength as well as to fill-up the vacant posts in a phased manner.

8 Aravali, Botad, Chotaudepur, Dang, Devbhumi Dwarka, Gir Somnath, Mahisagar, Morbi and Narmada
9 There are two offices in Ahmedabad district

2.1.6.3 Drugs Price Control Order

GoI issued Drugs Price Control Order (DPCO), 2013 to keep control over price of scheduled drugs. It envisaged that every manufacturer of a scheduled formulation shall display the Maximum Retail Price (MRP) of that formulation as notified by the Government. It also stipulated that the sale price of the formulations shall not exceed the price specified in the current price list or MRP, whichever is less. In cases of charging of higher prices, the excess amount shall be recovered from the manufacturers/importers/distributors as the case may be. The details of recovery shall be reported to the National Pharmaceutical Pricing Authority (NPPA). The details of number of cases reported to NPPA and recovery made by the Commissioner during the period 2011-16 is shown in **Table 1** below –

Table 1: Number of cases reported to NPPA and recovery made during 2011-16

Sr. No	Year	Number of cases reported to NPPA	Recovery made on account of higher MRP (₹ in lakh)
1	2011-12	38	85.53
2	2012-13	93	8.81
3	2013-14	320	104.75
4	2014-15	468	81.34
5	2015-16	479	100.35
	Total	1,398	380.78

(Source: Information provided by the Commissioner, FDCA)

The table above shows an increasing trend of price violation during 2011-16. This indicated that certain drugs were being sold at higher price than the price fixed by NPPA.

2.1.6.4 Drugs and Magic Remedies

The Drugs and Magic Remedies (Objectionable Advertisement) Act, 1954 (DMR Act) was enacted with an objective to prohibit the advertisements. The Act stipulates prohibition of advertisement of drugs for treatment of certain diseases and disorders[10]. It also provides enabling provision for conviction against person who contravenes any of the provision of the Act. Details of cases detected and action taken under DMR Act during the period 2011-16 are shown in **Table 2** below -

Table 2: Number of cases detected and action taken under DMR Act during 2011-16

Year	Number of cases of violation detected		Action taken against manufacturers of the State		
	Drugs manufactured in other State	Drugs manufactured in the State	Under investigation	Warning issued	Prosecution initiated
2011-12	04	17	15	02	00
2012-13	05	13	07	04	02
2013-14	26	32	27	03	02
2014-15	54	38	31	07	00
2015-16	60	30	28	02	00
Total	149	130	108	18	04

(Source: Information provided by the Commissioner, FDCA)

10 The prevention of miscarriage/conception in women, maintenance/improvement in the capacity of human beings for sexual pleasure and correction of menstrual disorder in women

The table shows that prosecution had been initiated only against four errant manufacturers of the State out of 130 cases detected during 2011-16. Of this, 108 cases were still under investigation. Scrutiny of records of 15 cases under investigation revealed that in eight cases, firms had not been responded. In the remaining seven cases, the AC had not inspected the firms for verification of compliance submitted by the firms. Delay in investigation may result in the offenders to continue with the practices prohibited under the Act.

The Commissioner stated (October 2016) that instruction would be issued to respective Assistant Commissioners to expedite investigation.

Food and Drugs Laboratories

In the State, there are three food laboratories and one drugs laboratory for testing of food and drugs samples respectively under administrative control of FDCA.

2.1.7 Planning

2.1.7.1 Establishment of New Food and Drugs Laboratory

To provide facility of sample testing to the population of North Gujarat, FDCA constructed (May 2014) a new FDL at Patan district at a cost of ₹ 40.83 crore. Audit observed that the laboratory had not been made functional (October 2016) due to non-deployment of manpower **(Picture 1)**.

During 2014-15, 36 equipment at a cost of ₹ 1.54 crore were procured for analysis of samples to run the laboratory. As the laboratory had not been made functional, six equipment costing ₹ 96.59 lakh were transferred to FDL, Vadodara. Remaining equipment costing ₹ 57.83 lakh were lying idle (October 2016).

The Commissioner, FDCA accepted the fact and stated (September 2016) that efforts are being made to make the laboratory functional at the earliest.

The State Government may take immediate action to deploy required staff to make the laboratory operational at the earliest.

2.1.7.2 NABL Certification

National Accreditation Board for Testing and Calibration Laboratories[11] (NABL) grants formal recognition of technical competence for specific tests/ measurement. Twelfth Five Year Plan envisaged strengthening of testing procedure to acquire NABL certification for Bhuj and Rajkot Regional Food

11 An autonomous body under the aegis of Department of Science and Technology, GoI

Laboratories (RFLs). Audit observed that only partial tests conducted by the RFLs and FDL, Vadodara had been accredited by NABL certification. Out of 133 and 290 tests conducted by RFL Bhuj and Rajkot, only 52 (39 *per cent*) and 82 (28 *per cent*) tests respectively have been accredited by NABL. In FDL, Vadodara, only 87 out of 374 (23 *per cent*) numbers of tests have been accredited by NABL.

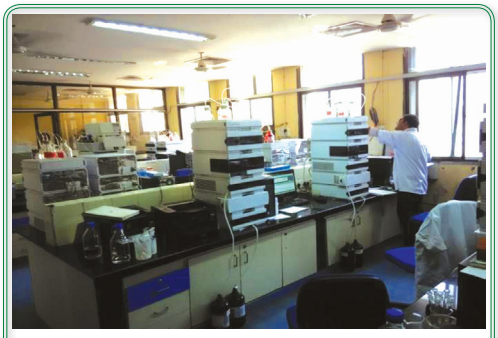
The Commissioner, FDCA stated (September 2016) that efforts are being made to obtain NABL certification for all kind of tests being done at laboratories. To achieve this goal, latest equipment and infrastructural development works would be carried out.

2.1.8 Infrastructural facilities in laboratories

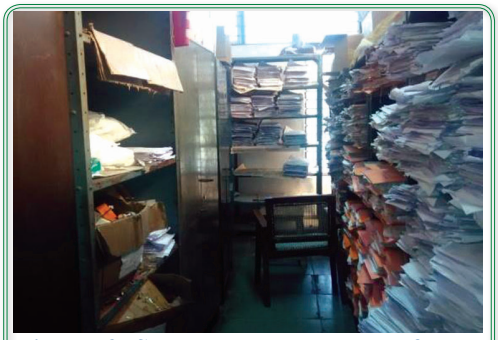
2.1.8.1 Building

Laboratories are integral component of FDCA. It confirms the quality of food or drugs samples after examining them against the set standards. Drugs as well as Food laboratories have different divisions[12] for conducting various tests. Laboratories require buildings with adequate space, proper ventilation system, drainage and separate compartment for each specialized testing. Audit observed that

- Only RFL, Rajkot was functioning in a newly constructed building having adequate space for all divisions.
- FDL, Vadodara was functioning in an old damaged building. Due to lack of space, the Chemistry Division and Sample Wards were highly congested and archives were not being stored properly **(Picture 2 and 3)**.



Picture 2: Chemical Division of FDL, Vadodara



Picture 3: Sample protocol Ward of FDL, Vadodara

- In RFL, Bhuj, equipment procured for microbiological division were lying idle in the corridor of laboratory due to non-availability of space **(Picture 4 and 5)**.

12 Chemical, Immunology and Pharmacology divisions

Picture 4: Bio-Safety Cabinet lying idle at RFL, Bhuj

Picture 5: Incubator lying idle at RFL, Bhuj

The Commissioner, FDCA stated (September 2016) that proposal for expansion of FDL, Vadodara and RFL, Bhuj are under active consideration.

2.1.8.2 Mobile testing vans

- ***Mobile food testing vans***

FDCA purchased (January 2012 and December 2013) two mobile vans for testing of food samples at a cost of ₹ 14.25 lakh. Additional expenditure of ₹ 5.00 lakh was also incurred by FDCA for modification in the designs of van. The food testing vans were equipped with testing kits for detection of adulteration in food stuff. Audit observed that food mobile testing vans were not optimally utilised. Both the vans were utilised only for 201 and 52 days respectively since its procurement till date (September 2016).

The Commissioner, FDCA attributed (September 2016) lack of supporting technical and administrative staff to non-utilisation of mobile testing vans. It was also stated that necessary action would be taken for its proper utilisation.

- ***Mobile drugs testing van***

FDCA purchased (December 2013) one mobile van for testing of drug samples at a cost of ₹ 7.63 lakh. Additional expenditure of ₹ 5.00 lakh was also incurred by FDCA for modification in the designs of van. The van was equipped with three equipment[13] purchased at a cost of ₹ 74.23 lakh for spot testing of drug samples. Audit observed that the drugs mobile testing van was operational for only 22 days since its procurement (December 2013). Out of 1,094 samples tested in the mobile van, 97 samples were found as "*Not of Standard Quality*" (NSQ). On re-test of these 97 samples in laboratory, only two samples were found as NSQ. Despite incurring an expenditure of ₹ 86.86 lakh, the objectives of spot testing of drugs remained under achieved.

The Joint Commissioner in-charge (Testing) stated (July 2016) that the results were not matching due to error in equipment. The Commissioner in the exit conference (08 November 2016) stated that instructions would be issued for optimal utilisation of the vehicles and updation of equipment.

13 Near Infrared Spectrophotometer, Hand X-ray Florescence Spectrophotometer and Raman Spectrophotometer

2.1.8.3 Human Resource Management

Availability of adequate technical and non-technical manpower is essential for complete and timely analysis of the samples of foods and drugs. The Joint Commissioner (Testing) is the head of the laboratories and was responsible for overall functioning of the laboratories. Audit observed that the post of Joint Commissioner is lying vacant since August 2012. The details of men-in-position *vis-à-vis* sanctioned strength in FDLs of FDCA as on 31 March 2016 is shown in **Table 3** below –

Table 3: Men-in-position *vis-à-vis* sanctioned strength as on 31 March 2016

Particulars	Manpower in Food Laboratories (Bhuj, Rajkot and Vadodara)				Manpower in Drugs Laboratory, Vadodara			
	Sanctioned Post	Men-in-position	Vacancy	Percentage of vacancy	Sanctioned Post	Men-in-position	Vacancy	Percentage of vacancy
Sr. Scientific Officer	04	01	03	75	05	01	04	80
Jr. Scientific Officer	06	03	03	50	08	03	05	63
Sr. Scientific Assistant	21	01	20	95	24	23	01	04
Jr. Scientific Assistant	55	33	22	40	113	83	30	27
Administrative and other staff	51	21	30	59	41	21	20	49
Class IV employee	27	14	13	48	54	34	20	37
Total	**164**	**73**	**91**	**55**	**245**	**165**	**80**	**33**

(Source: Information provided by the FDL, Vadodara)

The above table shows that overall shortage of manpower in Food laboratories (55 *per cent*) was more than the drugs laboratory (33 *per cent*). The shortage in the key posts of Sr. Scientific Officers and Jr. Scientific Officers was alarming and would have direct bearing on the quality of testing and reporting. Audit observed delay in reporting of quality of samples and incomplete analysis due to shortage of staff as discussed in **Paragraphs 2.1.13.2** and **2.1.13.3**.

The Commissioner, FDCA stated (September 2016) that the proposal for filling-up the vacant posts would be submitted to Government.

The State Government may take action to fill the vacant posts of laboratories to ensure quality and timely reporting of the results of samples tested.

- ***Training for up-gradation of skills***

Both FSS and D&C Acts envisage imparting of training to laboratory staff for up-gradation of their skills. Audit observed that the calendar for training laboratory staff has been prepared only for 2015-16. Prior to this, training was imparted in an unplanned manner. The staff of RFL, Bhuj has been provided training only once while the staff of RFL, Rajkot have not been provided training during 2011-15.

The Joint Commissioner in-charge (Testing) assured (July 2016) that calendar of training would be revised and training would be imparted henceforth.

2.1.8.4 Equipment

Equipment are the basic tools for examination and analysis of any sample of food and drugs. D&C Act and NABL guidelines provided that the laboratories should be well equipped to carry out different activities within the laboratories.

(i) Calibration of equipment

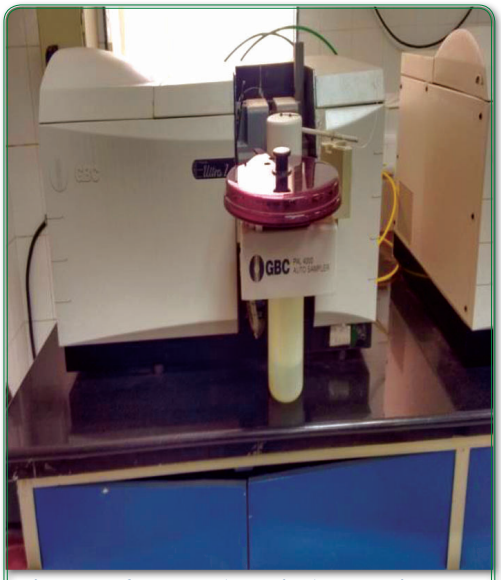
The D&C Act provided that instrument requiring calibration shall be calibrated at regular intervals. Any mechanical error may lead to incorrect result which may adversely affect either human health or food/drugs industries.

Audit observed that calibration of equipment at prescribed intervals have been done in both RFLs. Calibration of important equipment[14] due between March and May 2015, have not been calibrated till date (April 2016) at FDL, Vadodara.

The Joint Commissioner in-charge (Testing) attributed (July 2016) the reasons for delay in calibration to delay in finalisation of agency for calibration. It was further stated that henceforth these equipment would be calibrated before due date.

(ii) Utilisation of equipment

FDL, Vadodara was responsible to purchase and distribute equipment to the laboratories as per indent received from Regional Food Laboratories. In RFL Rajkot, five equipment[15] received between December 2013 and September 2015 were lying idle **(Picture 6 and 7)** for want of installation/repair (October 2016).



Picture 6 : Idle Atomic Absorption Spectrophotometer for want of repair

Picture 7: Idle BOD Incubator for want of installation

In FDL, Vadodara, three equipment[16] were also found lying idle since one to five years for want of repair (October 2016).

The Commissioner in the exit conference (08 November 2016) stated that the process for installation/repairs of equipment is in progress.

2.1.9 Financial Resources

The State Government released grants to FDLs under Plan and Non-Plan heads for capital and revenue expenditures respectively. The testing charges collected from the private parties by the laboratories are credited into Government Account. The details of grants received and expenditure thereof during the period 2011-16 are shown in **Table 4** as follows –

14 pH meter, incubator and centrifuge machine
15 BOD incubators, pH meter, Quartz Double Distillery, Atomic Absorption Spectrophotometer and Gas Chromatograph
16 Horizontal Cylindrical Stream Sterilizer, Remi-CPR 30 plus centrifuge and Analytical balance

Table 4: Details of grants received and expenditure thereof by the laboratories

(₹ in crore)

Period	Plan				Non-plan			
	Grant received	Expen-diture	Savings	Percent-age of utilisation	Grant received	Expen-diture	Savings	Percent-age of utilisation
2011-12	4.69	4.69	0	100	10.07	9.79	0.28	97
2012-13	3.84	3.84	0	100	9.92	9.84	0.08	99
2013-14	7.13	7.13	0	100	10.30	10.30	0	100
2014-15	11.00	6.54	4.46	59	10.65	10.20	0.45	96
2015-16	4.70	4.70	0	100	11.01	10.92	0.09	99
Total	**31.36**	**26.90**	**4.46**	**85.77**	**51.95**	**51.05**	**0.90**	**98**

(Source: Information provided by the Commissioner, FDCA)

The above table shows that funds released have been optimally utilized during 2011-16 except for the year 2014-15 under Plan head. FDL, Vadodara had surrendered ₹ 4.40 crore received for procurement of equipment due to non-finalisation of tender and late receipt of equipment.

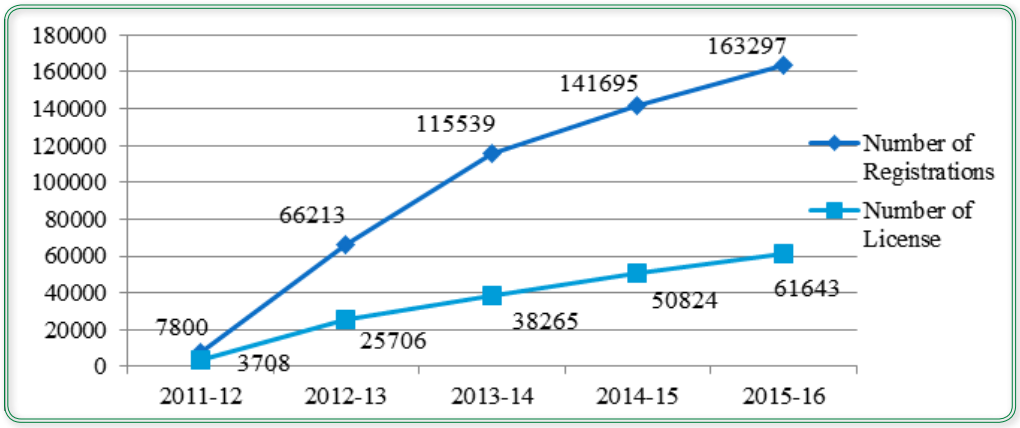
The Commissioner in the exit conference (08 November 2016) stated that due care would be taken in future to avoid any surrender of grant.

2.1.10 Issuance of License

2.1.10.1 Registration and issuance of license to Food Business Operators

FSS Regulations, 2011 provided that all FBOs in the country would have to be registered or obtain license for food business. The year-wise details of number of FBOs having obtained registration and license in the State are shown in **Chart 1** below –

Chart 1: Year-wise details of FBOs having registration and license



The above chart shows a steady increase in number of FBOs registered and having license for food business. On scrutiny of records in respect registration and issue of licenses in the test-checked districts, Audit observed that -

- ***Inspection before Issuance of Registration/License***

FSS Regulations, 2011 provided that the Registering Authority (RA) shall consider the application of Petty FBOs. RA may either grant registration or reject it with reasons recorded in writing or issue notice for inspection. If inspection is carried out, the registration shall be granted subject to fulfilling

the safety and sanitary conditions of the premises. For issue of license to FBOs, the Licensing Authority may direct the FSOs to inspect the premises to ensure general sanitary and hygienic condition. Audit observed that –

- In all test-checked districts, registrations have been granted to the FBOs by the DOs without inspecting the premises of the FBOs.
- In Panchmahal district, 426 out of 1,218 licenses (35 *per cent*) were issued to the FBOs by the Licensing Authority without inspecting the premises.
- Similarly, in Kheda district, 1,644 out of 1,975 licenses (83 *per cent*) and in Porbandar district, 97 out of 367 licenses (26 *per cent*) were issued without inspecting the premises.

This indicated that the registration and licenses were granted to FBOs without ensuring the safety and sanitary conditions as required.

The DOs attributed (May to September 2016) the reasons for non-inspection of FBOs before issue of license to vacant posts of FSOs.

- ***Issuance and Renewal of license***

FSS Regulations, 2011 provided that the license should be issued within 60 days from the date of receipt of application from the FBOs. In case the FBO fails to apply for renewal of license, the license may be cancelled and the FBO shall be stopped from doing business. Audit scrutinised 100 license files in each test-checked district as detailed in **Table 5** below -.

Table 5: Issuance, renewal and cancellation of licenses in test-checked districts

Name of the district	Number of files test-checked	Number of licenses not issued within 60 days	Number of licenses expired but not cancelled
Ahmedabad (Zone-II)	100	09	18
Bharuch	100	16	71
Kachchh-Bhuj	100	15	12
Panchmahal	100	52	27
Mehsana	100	24	34
Kheda	100	14	16
Patan	100	69	20
Porbandar	100	52	14
Total	**800**	**251**	**212**

Audit observed that –

- Out of 800 licenses, 251 were not issued within 60 days from the date of receipt of application.
- Despite non-renewal of expired licenses, the DOs did not take any action to cancel 212 licenses (October 2016).
- During joint field visit[17] of 99 FBOs whose licenses have been expired, 63 FBOs[18] were still carrying on with their businesses.

This indicated that no effective mechanism had been put in place to ensure timely issuance of license and curb such violations by the FBOs.

17 Audit team alongwith DOs/FSOs of the test-checked districts

18 Ahmedabad Zone-II - four out of 10, Bharuch - 12 out of 20, Kachchh - three out of eight, Panchmahal - 11 out of 15, Mehsana - nine out of 15, Kheda - nine out of 16 and Patan - 15 out of 15

The DOs stated (September 2016) that the delay in issue of license occurred due to large inflow of applications. Action would be initiated against the FBOs operating business without renewal of license. The Commissioner in the exit conference (08 November 2016) stated that instructions would be issued to all DOs to ensure compliance of the provisions made under FSS Act.

- ***License to Slaughter House and Meat Shops***

FSS Act provided that no person shall carry on any food business without registration/license. As of March 2016, only 55 meat shops in the State have been registered. Slaughter Houses in the State were running their business without obtaining license under FSS Act. Audit observed that nine slaughter houses[19] situated under Municipal Corporation/Nagarpalika area were functioning without license under FSS Act.

In test-checked districts, Audit observed that samples of meat and meat products have not been taken for testing by the district authorities. As per the baseline survey 2014 conducted by Registrar General of India, 39.05 *per cent* of the population of the State was non-vegetarians. Despite this, FDCA had not taken any measures to bring the slaughter houses and meat shops under the FSS Act.

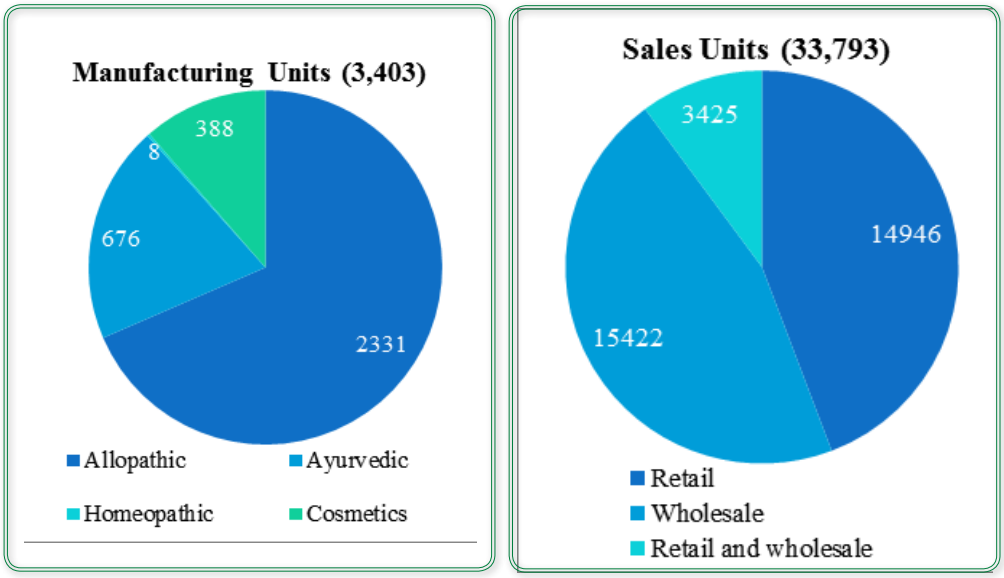
The Commissioner stated (September 2016) that instruction would be issued to all DOs to cover all slaughter and meat shops under FSS Act.

The State Government may take action to bring these FBOs under FSS Act and ensure the compliance of the Act.

2.1.10.2 Issuance of license to Drugs manufacturing and selling units

FDCA is the licensing authority for drugs manufacturing and selling units. As of March 2016, there are 3,403 drugs manufacturing and 33,793 drugs selling units in the State as shown in **Chart 2** below –

Chart 2: Drugs manufacturing and selling units in the State



(Source: Information furnished by the Office of the Commissioner, FDCA)

19 Jamnagar MC – two, Rajkot MC – one, Surat MC – two, Surendranagar NP – three and Vadodara MC - one

Drugs manufacturing units have one or more licenses, for production of different types of drugs which are required to be revalidated every five years. Audit observed that the FDCA had not evolved any control mechanism at the State or district levels to monitor timely validation of licenses. Two separate registers, one for licenses issued and the other for licenses renewed during the year, had only been maintained at district level. The entries in these registers could not be cross-linked to ascertain number of units functioning without valid licenses. The Commissioner stated (October 2016) that online submission of applications for license have been introduced in 2014. The process to upgrade the software to enable FDCA to keep watch over validity of license is under progress.

The FDCA may speed-up the up-gradation process to ensure timely validation of licenses.

2.1.10.3 Renewal of license of Blood Banks

The Blood Banks (BBs) are regulated by D&C Rules, 1945 through grant of license by the State Licensing and Central License Approving Authorities. The license is valid for five years thereafter, renewal of the same was to be made based on fresh application. A mention of BBs functioning without renewal of license was made[20] in the Audit Report of the Comptroller and Auditor General of India (General and Social Sector) for the year ended March 2014 – Government of Gujarat. Audit however observed that 27 out of 138 BBs in the State were functioning without renewal of license for one to eight years (October 2016). This was due to non-inspection/non-submission of compliance report by the ACs.

Inspection reports of BBs revealed various deficiencies such as unhygienic condition in blood collection room, non-calibration of critical equipment, *etc*. Functioning of BBs without ensuring compliance of the deficiencies noticed by SDIs during inspection was fraught with the risk of subsequent health hazards.

The Commissioner stated (October 2016) that instructions would be issued to all ACs to carry out inspection as well as timely submission of compliance report.

2.1.10.4 Renewal of approval for private laboratory

D&C Rules, 1945 provided that an approval granted to institutions for carrying out tests on drugs, cosmetics and raw materials shall be valid for five years. The application for renewal should reach before expiry date. The licensing authority shall renew the approval after inspection. Audit observed that the validity of approval in respect of two[21] out of 26 private laboratories in the State had been expired. The approval had not been renewed due to non-inspection/non-submission of compliance report by the ACs (October 2016).

The Commissioner stated (October 2016) that instructions would be issued to all ACs to carry out inspection and timely submission of compliance report.

20 Paragraph 3.2.2.3

21 Gitar Laboratories, Ahmedabad (December 2012) and Ankleshwar Research and Analytical Infrastructure Limited, Bharuch (August 2014)

2.1.11 Inspection

2.1.11.1 Inspection of Food Business Operators

FSS Regulations, 2011 provided that the Registering Authority shall carry out food safety inspection of the registered FBOs once in a year. Audit observed that inspection of FBOs have not been carried out in six test-checked districts[22]. Remaining two test-checked districts[23], only partial inspection had been carried out. In absence of periodical inspection, maintenance of hygienic practice by FBOs could not be ensured. The DOs attributed (May to September 2016) the reasons for non-conduct of prescribed inspection to heavy work load with FSOs.

2.1.11.2 Inspection of drugs manufacturing and selling units

D&C Rules provided that Drug Inspectors (DIs) shall inspect all premises licensed for manufacture and sale of drugs not less than once in a year. Details of number of drugs manufacturing and selling units inspected by DIs during 2011-16 are shown in **Table 6** below –

Table 6: Drugs manufacturing and selling units inspected by DIs during 2011-16

Year	Manufacturing units			Selling units		
	Number of units	Number of units inspected	Percentage of units inspected	Number of units	Number of units inspected	Percentage of units inspected
2011-12	3,357	1,370	41	27,989	10,411	37
2012-13	3,313	2,555	77	28,510	17,032	60
2013-14	3,328	2,489	75	30,289	31,530	104
2014-15	3,319	3,395	102	31,657	29,140	92
2015-16	3,403	2,496	73	33,793	25,960	77
Total	**16,720**	**12,305**	**74**	**1,52,238**	**1,14,073**	**75**

(Source: Information provided by the Commissioner, FDCA)

The above table shows that DIs have not conducted the prescribed inspection of units except for 2014-15 (manufacturing units) and 2013-14 (selling units). The percentage of inspection conducted ranged between 41 and 77 *per cent* and 37 to 92 *per cent* respectively in other years. On scrutiny of 100 files of manufacturing units revealed that inspection of 44 units have not been done since March 2013. Instances of lack of quality control, poor upkeep of drugs and sale of drugs in absence of pharmacist were pointed out by the DIs in their inspection reports. Shortfall in annual inspection may boost the manufacturers/ sellers of drugs to continue business without fulfilling the prescribed conditions.

The Commissioner stated (October 2016) that each SDI and DI has been given target of 10 and 42 inspections per month respectively. All ACs would be instructed to inspect units which were not inspected earlier on priority basis.

The State Government may ensure annual inspection of all units to ensure compliance of the license conditions.

22 Bharuch, Bhuj, Mehsana, Panchmahal, Patan and Porbandar
23 Ahmedabad Zone-II and Kheda

2.1.12 Sampling

2.1.12.1 Sampling of food samples

FSS Regulations, 2011 provided taking sample of food and food products from the market to ensure that the quality of food meets the standards. Audit observed that FDCA had not formulated any guidelines for sampling of food and food products. In the absence of guidelines, samples of food items were being taken randomly by FSOs. In test-checked districts, Audit observed that -

- In test-checked districts, samples of infant food, instant milk substitutes, meat and fish products, fruits and vegetables were not taken for testing.
- FDCA issued (April 2015) instructions to take samples of bottled and small pouch packaged drinking water for testing. Despite instructions, the samples of small pouch packaged drinking water had not been taken for testing except in Panchmahal and Mehsana districts.
- FDL, Vadodara tested 92 and 82 samples of small pouch of drinking water and bottled drinking water respectively during 2011-16. Out of these, 88 *per cent* of small pouch of drinking water and 43 *per cent* of bottled drinking water respectively were found to be sub-standard. Most of the samples were declared sub-standard due to presence of yeast, mould and aerobic microbial count in excess of prescribed limit. Prevalence of sub-standard packaged drinking water, particularly in small pouch is a serious concern as it may lead to water borne diseases.

The Commissioner in the exit conference (08 November 2016) stated that corrective measures would be taken to address the issue.

The State Government may formulate scientific sampling guidelines covering all categories of food products with special attention to packaged drinking water.

- ***Shortfall in taking samples***

FDCA modified (May 2008) the targets of lifting samples of food by FSOs from 12 to nine samples per month. The details of target *vis-à-vis* achievement in lifting food samples in the test-checked districts during 2011-16 are shown in **Table 7** below –

Table 7: Target *vis-à-vis* achievement in lifting food samples

Name of the District	Target	Number of samples taken	Shortfall	Shortfall in Percentage
Ahmedabad Zone-II	432	171	261	60
Bharuch	2,124	1,767	357	17
Kachchh-Bhuj	2,484	803	1,681	68
Panchmahal	2,376	957	1,419	60
Mehsana	1,620	1,420	200	12
Kheda	1,850	1,286	564	30
Patan	1,296	561	735	57
Porbandar	1,944	579	1,365	70
Total	**14,126**	**7,544**	**6,582**	**47**

(Source: Information provided by the test-checked districts)

The above table shows that the shortfall against the target set for lifting of food samples ranged between 12 (Mehsana) and 70 (Porbandar) *per cent*. Shortfall against the target would reduce the scope of identifying non-conforming food items.

DOs of the test-checked districts stated (May to July 2016) that due to heavy work load, target of lifting the samples could not be achieved. The reply is not convincing as the target already fixed had been further reduced to nine by the Commissioner considering these aspects.

2.1.12.2 Sampling of Drugs and Cosmetics

The FDCA circulates quarterly sampling guidelines for lifting the samples of various categories of drugs and cosmetics. Each Drug Inspector (DI) was responsible to take six samples of drugs and cosmetics per month. Audit observed delay in issue of guidelines by the FDCA by 15 to 40 days in almost every quarter. This led to lifting the samples of drugs randomly by some DIs in the test-checked districts. Audit further observed that -

- The sampling guidelines stipulated that 25 *per cent* of the samples should be lifted from Private Doctors/Hospitals/Dispensaries/Nursing Homes. The DIs of three[24] test-checked districts had not taken any samples from private doctors, hospitals and nursing homes. Remaining test-checked districts had taken samples ranging from one to three *per cent* only from these private establishments. Resultantly, private establishments remained uncovered under D&C Act.

- The DIs were required to take samples from different outlets. In majority cases test-checked by Audit, the DIs have taken all six samples from a single outlet. This defeated the objective of covering maximum outlets.

- The categories of drugs from which samples are to be drawn by each districts are specified in the quarterly sampling guidelines. The samples drawn are required to be sent to FDL, Vadodara for analysis. Out of 47,255 samples drawn, 45,572 **(**96 *per cent*) are Allopathic drugs and 1,237 samples (three *per cent*) are Ayurvedic drugs as shown in **Table 8** below -.

Table 8: Drugs samples drawn and analysed during 2011-16

Year	Number of samples drawn	Category-wise number of samples analysed			
		Allopathic	Ayurvedic	Homeopathic	Cosmetics
2011-12	5,796	5,504	244	03	45
2012-13	6,906	6,617	152	07	130
2013-14	9,713	9,261	359	14	79
2014-15	11,300	10,961	241	04	94
2015-16	13,540	13,229	241	09	61
Total	**47,255**	**45,572**	**1,237**	**37**	**409**

(Source: Information provided by the Commissioner, FDCA)

Less than one *per cent* samples of Homeopathic and Cosmetics have been drawn for analysis. This indicated that the sampling methods were focused mainly on Allopathic drugs.

24 Ahmedabad (Zone-II), Kachchh-Bhuj and Porbandar

The Commissioner stated (October 2016) that timely issuance of guidelines and coverage of samples other than Allopathic drugs would be ensured.

2.1.13 Analysis

2.1.13.1 Analysis of Food samples

FSS Regulations, 2011 envisaged complete analysis of each sample before declaring the same as standard quality. During the period 2011-16, the Government Food Laboratories had analysed 68,005 food samples[25]. Out of these, 36,276 samples were formal samples enforceable under FSS Act sent by FSOs. Remaining 31,729 samples were informal samples not enforceable under FSS Act received from private parties/taken by FSOs. The test results of formal samples analysed are shown in **Table 9** below –

Table 9: Test results of formal samples analysed in Food Laboratories during 2011-16

Name of the laboratories	Number of samples analysed	Test results				
		Adulterated	Misbranded	Unsafe	Standard	Percentage of standard samples
FDL, Vadodara	19,863	974	942	135	17,812	90
RFL, Rajkot	8,569	531	205	40	7,793	91
RFL, Bhuj	7,844	175	178	29	7,462	95
Total	**36,276**	**1,680**	**1,325**	**204**	**33,067**	**91**

(Source: Information provided by test-checked Food Laboratories)

The above table shows that 33,067 out of 36,276 formal samples (91 *per cent*) tested in the laboratories were found of standard quality. The remaining 3,209 samples (nine *per cent*) were not as per standards prescribed under FSS Act. Audit observed that following essential tests have not been performed by the Food laboratories -

- Microbiological tests were not being done at RFL, Bhuj and Rajkot due to non-availability of microbiological division. The requisite equipment for microbiological testing was lying un-installed (October 2016) as commented in **Paragraphs 2.1.8.1** and **2.1.8.4**.
- FSS Regulations, 2011 provided that food products shall not contain articles of metal[26], toxic substance[27] and insecticides[28]. Tests to analyse the contents of these articles were not being done at RFL, Bhuj and Rajkot due to non-availability of requisite equipment. Very few tests have been done by FDL, Vadodara, despite availability of requisite equipment.
- FSS Rules, 2011 provided that the food products may contain food additives within permissible limit as specified under regulations. It also provided that food products meant for nutrition or health claim shall specify nutritional information/facts[29] on the label of the product. Scrutiny revealed that laboratories are not carrying out these tests except for contents of colour and sweetening additives in food products.

25 FL, Vadodara - 32,366 (formal – 19,863 and informal – 12,503), RFL, Bhuj – 23,281 (formal – 7,844 and informal – 15,437) and RFL, Rajkot - 12,358 (formal – 8,569 and informal – 3,789)
26 Lead, Copper, Arsenic, *etc.*
27 Aflotoxacin, Agaric Acid, Saffrole, *etc.*
28 Aldrin, D.D.T, Endosulfan, *etc.*
29 Energy value in K.cal., amount of protein, carbohydrates and fat or any other nutrient per 100 gm/ml or per serving of the product

The Commissioner in the exit conference (08 November 2016) stated that microbiological testing would be done at both the RFLs. Facilities would also be created for other specialised tests in a phase manner.

2.1.13.2 Submission of test reports for food products

FSS Rules, 2011 stipulated that food analysts shall furnish the test report within 14 days from the date of receipt of sample to the DOs. Delays upto 76 days in issue of test reports were noticed in respect of 522 out of 1,629 samples (32 *per cent*) tested during the month of March by FDL, Vadodara.

In reply, the Food Analysts attributed (June and July 2016) the delay to shortage in manpower.

The State Government may ensure availability of requisite infrastructure and manpower for conducting complete analysis of food samples.

2.1.13.3 Analysis of drugs samples

FDL, Vadodara conducted tests for all drug samples received from different sources[30]. The test reports issued contained three categories *viz.* Standard quality (SQ), *Not of Standard Quality (NSQ)* and Findings. Details of samples received, analysed and results issued by FDL, Vadodara during 2011-16 are shown in **Table 10** below -

Table 10: Number of samples received, analysed and results issued during 2011-16

Year	Opening Balance	Number of samples received	Total samples available	Number of samples analysed	Closing Balance	Percentage of samples pending to total samples available	Test result of samples		
							SQ	NSQ	Find-ings
2011-12	1,226	5,966	7,192	5,796	1,396	19	5,057	463	276
2012-13	1,396	9,257	10,653	6,906	3,747	35	6,107	381	418
2013-14	3,747	10,452	14,199	9,713	4,486	32	8,617	567	529
2014-15	4,486	11,702	16,188	11,300	4,888	30	10,452	516	332
2015-16	4,888	13,232	18,120	13,540	4,580	25	12,463	448	629
Total		**50,609**	**66,352**	**47,255**			**42,696**	**2,375**	**2,184**

(Source: Information provided by Joint Commissioner, Testing)

The above table shows that 2,375 out of 47,255 samples tested (five *per cent*) were found to be NSQ. D&C Act and Rules envisaged that the Government Analyst shall strictly specify in the report whether the samples were SQ or NSQ. The laboratory could not express any opinion about the quality in respect of 2,184 samples (five *per cent*). Audit observed that -

- Timely testing of samples was necessary to prevent consumption of NSQ drugs and for initiating timely action against the errant manufacturers. On scrutiny of records of 1,454 out of 2,375 NSQ samples, test reports of 900 NSQ samples (62 *per cent*) have been issued within six months. Remaining test reports were issued with delay over one year from the date of receipt of samples by the Government Analysts. Test reports of 52 samples were issued in the month of expiry period of the drugs. In test-checked districts, majority of the NSQ drugs were sold out.

30 Drug Inspectors, Gujarat Medical Services Corporation Limited, Employees State Insurance Corporation and Private parties

The Joint Commissioner in-charge (Testing) stated (July 2016) that constant efforts have been made for timely analysis of the samples. The delay occurred due to large inflow of samples and vacant posts in technical cadres.

- On scrutiny of 1,576 SQ testing reports issued during January of 2014, 2015 and 2016, 793 reports (50 *per cent*) have been issued with remarks *"In expressing the opinion of declaring the drug as standard quality, only the tests and analysis as performed and given in the laboratory protocol have been taken into consideration".* This indicated that all required tests have not been done by the laboratory before declaring the samples as SQ.

  The Joint Commissioner in-charge (Testing) stated (July 2016) that all the major tests specified in pharmacopeia had been carried out. Minor tests *viz.* testing of related substances and/or impurities were not done to avoid delay in issue of test report. Audit is of the view that the sample should be declared standard only after conducting all prescribed tests. In absence of complete test, possibility of declaring NSQ drugs as standard quality could not be ruled out.

- D&C Act provided five conditions under which a drug shall be deemed to be spurious. Out of these, compliance of four conditions was to be observed by the enforcing authorities[31] and the fifth by the testing laboratories. The fifth condition provided that a drug shall be deemed to be spurious if it has been substituted wholly or in part by another drug or substance. Audit observed that the laboratory had certified the drugs as NSQ if the content of active ingredients claimed in the sample were found to be less than the prescribed limits. The samples were not analysed further to ascertain whether the drugs were substituted by another drug to meet the shortfall in active ingredients. In absence of further analysis, a spurious drug, may not be detected and would be reported as NSQ only.

  The Joint Commissioner in-charge (Testing) stated (July 2016) that the samples of drugs were analysed as prescribed in respective pharmacopeias. Tests to detect presence of other drugs or substance were not being done. It was further stated that efforts would be made to trace presence of other drugs in the samples declared as NSQ.

- Seven samples of Ayurvedic drugs taken (2013) from the manufacturing units on testing, indicated presence of allopathic drugs[32]. Presence of allopathic drugs in Ayurvedic drugs if unregulated, poses serious threat to the health of human. Despite this, laboratory was not conducting the said test on all ayurvedic drugs.

  The Joint Commissioner in-charge (Testing) stated (July 2016) that the test to detect presence of allopathic drugs was carried out only on specific complaint. It was difficult to conduct such tests on all ayurvedic products. It was further stated that efforts would be made to conduct such tests for ayurvedic products in a phased manner.

31 Drug Inspectors of Enforcement cell

32 Paracetamol (Antipyretic), Metformin Hydrochloride (Anti-Diabetic), Cyprohepatidine (Steroid), Amitriptydine (Anti-Psychotic Drug), Tadalafil, Sildenafil Citrate and Budesonide (allopathic chemicals)

- The laboratory returned the samples of diagnostic kits used for testing of urea, cholesterol and pregnancy strips due to non-availability of testing facility. Tests to determine tensile strength of sutures, elasticity of tapes and crap bandages, and strength of condoms were not being done due to non-functional equipment. This indicated that complete analysis of drugs samples were not being done before declaring it as standard quality.

  The Joint Commissioner in-charge (Testing) stated (July 2016) that the indent would be placed for procurement of requisite equipment.

The Commissioner in the exit conference (08 November 2016) stated that complete analysis of drugs samples would be ensured.

The State Government may ensure timely analysis of samples and issue of test reports to avoid consumption of NSQ drugs by humans.

2.1.14 Follow-up Action

2.1.14.1 Follow-up Action under FSS Act

(i) Recall of Unsafe/sub-standard/Misbranded food

FSS Act provided that if a food product was unsafe/sub-standard/misbranded, FBOs shall immediately initiate procedures to withdraw the same from the market.

The Food Laboratories had declared various packed foods as sub-standard/ misbranded[33]. In test-checked districts, the FBOs had not recalled from the market the food products of same batch which was declared as sub-standard/ misbranded. This indicated lack of follow-up action on the part of the enforcement authorities from preventing further consumption.

The Commissioner stated (September 2016) that a circular would be issued to all DOs to recall all unsold quantity of food declared as sub-standard/misbranded.

(ii) Action against errant manufactures/distributors/sellers

As per FSS Rules, 2011, FBOs are liable for imprisonment or imposition of fine on the basis of non-compliance of the provisions of FSS Act. Cases of imprisonment are referred by DOs to Commissioner of Food Safety (CFS) for approval to file prosecution. In cases of imposition of fine, the DOs authorize FSO to file an application with the Adjudicating Officer (AO). In all test-checked districts, prosecution case was initiated for cases of "Unsafe" food products. For sub-standard and misbranded products, the cases were filed before the AO.

- In three test-checked districts[34], instances of non-filing of application for adjudication were noticed with a delay of more than one year. The FDCA had not prescribed any time-limit for filing the application with the AO.

  The DOs attributed (May to September 2016) the delay to heavy workload with FSOs.

33 Mustard Oil, Ground nut Oil, Cottonseed oil, drinking water, *etc.*
34 Ahmedabad (Zone-II), Kheda and Porbandar

- In Panchmahal district, five applications for non-conforming samples had been filed during 2012-13 with AO Gandhinagar. It was subsequently transferred to Resident Additional Collector of Panchmahal. Adjudication was pending in these cases (October 2016).

  The DO, Panchmahal stated (September 2016) that the files are not traceable. The matter would be referred to the head office for guidance.

- In three test-checked districts[35], instances of inordinate delay upto 17 months in adjudication of cases by the AOs were noticed. In Ahmedabad Zone-II, even first hearing was not held in 16 cases filed between April 2013 and March 2016. In Mahisagar district, first hearing was not held in 11 cases filed between November 2013 and November 2015.

- FSS Rules provided that the FBO may file an appeal in the FSAT within 30 days from the date of receipt of order or make the payment of penalty. Three FBOs of Patan district and 11 FBOs of Panchamahal district had neither paid the penalty nor filed an appeal in FSAT. The district authorities had not initiated any action to recover the penalty from the FBOs (October 2016).

  The DO stated (May to September 2016) that notice would be served to FBOs to deposit the penalty or action would be taken accordingly.

- FSS Act provided that no Court shall take cognizance of an offence under this Act after the period of one year from the date of offence. The Act further provided that FDCA may approve prosecution within an extended period upto three years. Thirty samples of noodles of different companies were declared (May 2015) unsafe due to presence of lead in excess of prescribed limit. Permission to file prosecution against the accused companies had not been granted by the FDCA (October 2016).

  The Commissioner stated (October 2016) that the department is vigilant in case of Maggi/other noodles. It was also stated that information are being gathered from other States to prove the omissions on the part of the manufacturers in the Court of Law.

- During 2011-15, total 366 cases of "Unsafe" food have been filed in various Courts of law under FSS Act. None of the cases have been finalised as of October 2016.

The State Government may issue directives to expedite the follow-up process of cases to reduce the time gap taken in arriving at decision.

2.1.14.2 Follow-up of drugs and cosmetics

(i) SMS alert system for recall of NSQ drugs

NSQ drugs are required to be withdrawn to stop further sale in the market as it poses numerous health hazards to the public. FDCA launched (April 2012) a mobile SMS alert system to inform all licensed units and enforcement officers to stop sale and recall of NSQ drugs. The SMS alert depicted[36] all details of NSQ drugs to enable the sellers to sort out the NSQ drugs with them. Audit observed that most of the NSQ drugs were consumed, by the time samples were analysed and SMS alerts sent. This indicated that SMS alert system launched was not effective.

35 Kheda, Mehsana and Patan
36 Name of drugs, batch number, expiry date and manufacturer's name

(ii) Action against errant manufacturers

D&C Rules empowered the FDCA to cancel the license or suspend it for such period, if the licensee had failed to comply with the conditions of the license. Central Drugs Standard Control Organisation (CDSCO) issued (December 2008) guidelines for taking action on samples of drugs declared as NSQ. The guidelines categorized NSQ drugs as Spurious and Adulterated Drugs, Grossly Sub-standard drugs and Minor defects. The guidelines also provided that in case of drugs found grossly sub-standards[37], the matter may be investigated at the manufacturer's end. Where criminal intent or gross negligence was established, the recourse of prosecution should be resorted to.

Commissioner, FDCA had disposed 1,014 cases[38] of NSQ drugs during 2011-16. Out of this, license was suspended in 910 cases (90 per cent). Audit scrutinised records of 100 out of 910 cases pertaining to units of Gujarat and also 50 cases of NSQ drugs manufactured in other States. Out of 100 cases, the Authority had imposed suspension of license for a single day in 53 cases and for two days in 32 cases. In respect of cases pertaining to other States, the respective State FDCA had suspended the license for minimum 15 days to one year. This indicated that FDCA was very lenient with the manufacturers of grossly sub-standard drugs compared to penal provisions adopted by other State FDCAs.

The Commissioner stated (October 2016) that NSQ does not mean that drugs are totally sub-standard. It was further stated that before taking action, all aspects were examined and action were taken on the merit of the case. Unlike other States, license was suspended for all products.

The reply is not tenable as suspension of license was done for merely one or two days even in respects of drugs which were grossly sub-standard.

Audit further observed that -

- In 33 out of 100 cases, reasons behind preparation of NSQ drugs have not been investigated at the manufacturer's end by respective ACs. The suspension of license was thus taken without ascertaining the cause behind preparation of NSQ drugs.

  The Commissioner stated (October 2016) that instructions would be issued to all ACs to submit investigation report within one month. Action would be taken against all such ACs who does not comply with the instructions.

- The AC was responsible to monitor and report the activities of the manufacturing units during the period of suspension of license. Reports of only two cases were found on record.

  The Commissioner stated (October 2016) that instructions would be issued to all ACs to submit the report for all cases of suspension.

37 Samples failing on account of less active ingredient (below 70 *per cent*); Tablets/Capsules failing in disintegration or dissolution test; parental preparation failing in sterile, endotoxin test or toxicity; vaccines failing in potency, sterile, toxicity or moisture content; and presence of any adulterant which renders the product injurious to health

38 Suspension of license – 910 cases, Product permission withdrawal – 14 cases, Product withdrawal and suspension of license – five cases, Cancellation of license – two cases and Warning – 83 cases

- In 21 out of 100 cases, the delays upto two years were noticed in taking action against the manufacturer.

  The Commissioner stated (October 2016) that before taking any action, cause behind NSQ drugs has to be examined at manufacturer's end. The manufacturer shall be given an opportunity to represent their case. It was further stated that efforts have been made for early action. The investigation got delayed due to acute shortage in the cadre of AC.

The State Government may ensure proper investigation of NSQ drugs at manufacturer's end and take appropriate action within reasonable time against errant manufacturers to establish a strong deterrence. They may also ensure compliance of order of suspension or cancellation of license reported upon to the Controlling Authority.

2.1.15 Information, Education and Communication (IEC) Activities

IEC Activities are important tools to create awareness among the public and FBOs to reduce or combat the menace of unsafe and sub-standard food products. Audit observed that the State Government had not provided any funds for IEC activities. Meetings with Street food vendors and FBOs had been organised at State and district levels but not in a planned manner. It was also observed that an exhibition van purchased (January 2012) to create awareness among the public and FBOs was utilised only for 126 days as of March 2016.

The Commissioner stated (September 2016) that annual IEC activities plan with estimated cost would be chalked out. Funds would be provided for carrying out the planned activities.

The State Government may provide funds for IEC activities and issue instructions to FDCA to carry out IEC activities to create awareness among all stakeholders.

2.1.16 Monitoring and Evaluation

2.1.16.1 Submission of Annual Returns

FSS Rules provided that every licensee shall on or before 31 May of each year, submit annual return. Every licensee engaged in manufacturing of milk and/or milk products shall file half yearly returns in the month of October and April. The FDCA issued (December 2014) instructions to district authorities to obtain annual return from all FBOs and submit a consolidated return. Audit could not ensure whether the returns were submitted regularly by every licensee, FBOs and district authorities due to non-maintenance of relevant records.

The DOs of the test-checked districts stated (May to September 2016) that instructions would be issued to all licensees and FBOs to submit returns.

2.1.16.2 Evaluation of testing report

FSS and D&C Acts provided that an FBO or drugs manufacturing company may request for further testing of samples[39] in case of non-acceptance of Government Analysts testing report. The report of these referral laboratories would be considered final. Audit observed that –

39 At Referral Laboratory (RL), Ghaziabad and Central Drugs Laboratory (CDL), Kolkata

- 43 food samples declared unsafe by State/Public laboratories were declared either sub-standard or standard by Referral Laboratory.
- A sample of iodised salt declared as sub-standard by FDL, Vadodara was declared as 'Unsafe" by Referral Laboratory, Ghaziabad.
- Eight samples of drugs declared NSQ by FDL, Vadodara were declared as "standard quality" by CDL, Kolkata.
- The copies of reports of referral laboratories have not been provided to the State laboratories for evaluation.

This indicated that methods of testing adopted were inadequate.

The Commissioner stated (October 2016) that copies of the report of referral laboratories would be provided to the respective State laboratories henceforth.

The State Government may establish an effective monitoring and evaluation mechanism at all levels to ensure compliance of FSS and D&C Act.

2.1.17 Conclusion

Food prepared and sold on a commercial basis has an important part to play in public health. Authorised medicines similarly, has a significant impact on the wellbeing and health of the citizens. Food and Drugs Control Administration (FDCA), Gujarat functions under Health and Family Welfare Department to safeguard the public health. FDCA is responsible for implementation of Food Safety and Standards (FSS) Act, Drugs and Cosmetics (D&C) Act and other related laws. FDCA conducts survey of the manufacturers/sellers of the said items, grants licenses to them, inspects their premises, reports the findings and takes action against errant manufacturers/sellers. FDCA is also responsible for creation of awareness amongst citizens, monitoring and evaluation of the food and drug structure of the State. Audit emphasised on the functional presence of the requisite infrastructure, resources with an adequate administrative and regulatory framework for implementation of the relevant Acts.

FDCA embarked on certain measures perfunctorily, like reporting of drugs *Not of Standard Quality (NSQ)* to medicine sellers as well as enforcement agencies, through SMSs. These drugs had already been consumed by the time the SMS alerts had been issued. Audit revealed that important areas of Food and Drugs Control Administration required immediate attention of Government and prompt remedial action for an effective citizen's health management.

FDCA had not conducted surveys to identify food business operators. FBOs were running business without obtaining registration or licenses consequently the enforcement authorities had no database to act on. Effective implementation of FSS and D&C Acts suffered because of overall shortage of staff ranging from 33 to 55 *per cent* in the food and drugs laboratory. FDCA laboratory infrastructure was unutilized and underutilised at several locations. There were instances of delay in issuing licenses for continuation of food business after lapse of validity period. FDCA had not formulated a comprehensive sampling

guidelines for picking food samples, therefore samples of critical infant food, instant milk substitutes, *etc*., were not being tested. Audit observed that 91 *per cent* of the food samples were tested and declared standard without conducting important tests *viz*. microbiological, metal, toxic substance, insecticides, food additives and nutritional value. Out of 47,255 samples of drugs tested in FDL, Vadodara, in five *per cent* of the samples, the laboratory could not express any opinion about the quality of drugs. Fifty *per cent* of the Standard Quality (SQ) reports of drugs were issued where all required tests were not carried out. The DOs or the FBOs did not recall packaged food items of the batches which failed and were subsequently consumed by public. FDCA was very lenient with the manufacturers of grossly sub-standard drugs compared to penal provisions adopted by other State FDCAs. Communication, monitoring and evaluation mechanisms of FDCA was inadequate.

The deficiencies mentioned above indicate that FDCA was not successfully able to achieve the objectives of FSS and D&C Acts to provide quality food and standard drugs to safeguard public health.

CHAPTER-III

COMPLIANCE AUDITS

CHAPTER-III

COMPLIANCE AUDITS

This Chapter contains three Compliance Audit paragraphs covering themes on "Implementation of the Janani Shishu Suraksha Karyakram in Gujarat State", "Management of Bio-Medical Waste in Government Hospitals", "Implementation of selected schemes for differently abled persons in Gujarat" and seven individual paragraphs.

EDUCATION DEPARTMENT

3.1 Wasteful expenditure and irregular diversion of ₹ 1.55 crore

National level essay competition on unity launched under Statue of Unity Project remained incomplete due to non-evaluation of essays received from schools. This resulted in wasteful expenditure of ₹ 1.55 crore and deprival of awards to students besides diversion of fund from the Scheme.

The State Government on the occasion of the birth anniversary of Sardar Vallabhbhai Patel launched (October 2013) the Statue of Unity project. A separate society named "Sardar Vallabhbhai Patel Rashtriya Ekta Trust (SVPRET)" was established under the chairmanship of the Hon'ble Chief Minister. A High Level Executive Committee (HLEC) headed by the Chief Secretary was also constituted for taking various executive and project related decisions.

The HLEC in its meeting (04 December 2013) decided to conduct a National level essay competition on Unity for Secondary and Higher Secondary students. Three best essays of each district, three best essays at State levels and three best essays at National level were to be selected for the award. It also included an award to the respective school of the award winning student. The Gujarat Council of Education, Research and Training (GCERT) was entrusted with the work of dispatch and receipt of literatures to approximately two lakh schools in the country. Citizen for Accountable Governance[1] was entrusted with the work of evaluation of the essays received by GCERT. GCERT made advance payment (between December 2013 to April 2014) of ₹ 1.54 crore to Post Master, Gandhinagar as speed post charges for sending article and business reply envelops. An advance of ₹ 1.15 lakh was also made to M/s. Reliable Art Printery Private Limited for affixing stickers on the envelops. GCERT dispatched total 2,68,885 numbers of business reply envelops. Out of these, 19,028 envelops were undelivered and 15,586 envelops were received back.

On scrutiny of records of GCERT (January 2015), Audit observed that these 15,586 envelops were lying unevaluated with the GCERT (October 2016). The Hon'ble Chief Minister had instructed to complete the competition within three months starting from 15 December 2013. GCERT had not handed over these envelops to Citizen for Accountable Governance for evaluation. This had resulted in wasteful expenditure of ₹ 1.55 crore and deprival of awards to students having participated in the competition.

1 A non-profit earning organisation

Audit further observed that a separate grant was not provided by the State Government for implementation of essay competition. The same was implemented by diversion of funds from the regular budget of GCERT under the Plan Schem[2] EDN-12. Various programmes[3] under the scheme EDN-12 could not be implemented due to diversion of funds for statue of unity.

The Director, GCERT admitted (February 2015) that the materials were not taken by the Citizen for Accountable Governance and were lying with GCERT. The scheme EDN-12 had also suffered due to diversion of fund.

The matter was reported to Government in June 2016. Reply is awaited (October 2016).

3.2 Wasteful expenditure of ₹ 45.44 lakh and blockage of Government money of ₹ 4.54 crore

Indecisiveness on the part of the State Government to choose the locations resulted in non-establishment of outstation campus. The intended objective of starting high-end professional courses for the benefit of tribal students of North Gujarat was not achieved. This led to wasteful expenditure of ₹ 45.44 lakh and blockage of Government money of ₹ 4.54 crore.

Hemchandracharya North Gujarat University (University), Patan caters to the cultural and educational needs of four districts of North Gujarat. The University proposed a project to the Tribal Development Department for establishment of two institutes for starting five year integrated degrees.[4]The main objective of the project was to help tribals of North Gujarat to attain higher education at affordable cost and minimise the drop out ratio. The project cost proposed was ₹ 61.29 crore[5] for the above two institutes. Accordingly, the Education Department decided (March 2009) to set-up an outstation campus of the University at Khedbrahma (Sabarkantha district). Education Department released (2008-12) the grant of ₹ 4.72 crore[6] to the University for development of campus infrastructure and computer laboratory.

The Tribal Development Department and the University entered (January 2009) into a tripartite Memorandum of Understanding (MoU) with International Finance Corporation[7] (IFC) for providing advisory support for setting up Special Education Area (SEA) at Khedbrahma. The details of the project were to be finalised by IFC within 120 days from the date of signing of the MoU. The detailed proposal submitted (July 2009) by IFC was approved (December 2009) by the High Powered Committee headed by the Chief Secretary. Accordingly, a Financial Advisory Services Agreement (FASA) was signed (April 2010)

2 Under this scheme, funds were provided for qualitative training to elementary teacher and researchers and other various programmes

3 Strengthening of GCERT, District Institute of Education and Trainings (DIETs), Ramba Graduate Teacher's College (RGT) and Graduate Basic Training College (GBTC) (₹ 40 lakh), Maintenance of GCERT, DIET- Gandhinagar and Waghai (₹ 40 lakh), and Scholarship for Inclusive Education of disabled at Secondary stage (IEDSS) (₹ 70 lakh)

4 Information Technology Programme {M.Sc. (CA & IT)} and Master of Business Administration (M.B.A.)

5 M. Sc. (CA & IT) - ₹ 29.92 crore (₹ 27.01 crore for capital cost and ₹ 2.91 crore for recurring cost) and MBA - ₹ 31.37 crore (₹ 28.23 crore for capital cost and ₹ 3.14 crore for recurring cost)

6 ₹ 0.52 crore (2008-09), ₹ 3.00 crore (2009-10), ₹ 0.60 crore (2010-11) and ₹ 0.60 crore (2011-12) from EDN-31 (Plan) head

7 An international organisation established pursuant to the Articles of Agreement among its member countries including the Republic of India

between IFC, University and Development Support Agency of Gujarat[8] (D-SAG). As per FASA, IFC was responsible to conduct a detailed feasibility study of the Special Education Area at Khedbrahma and two other locations[9]. IFC was also responsible to submit a Transaction Structure Report (TSR) within six months from April 2010 (Phase-I) to the State Government. On approval of the TSR, IFC was responsible to assist in bidding process for selection of private partners for development of educational complex on Public Private Partnership (PPP) mode (Phase-II). The contractual value of US $ 1.20 lakh was payable in three instalments. Advance payment of ₹ 23.18 lakh was made (June 2010) by University out of grant released separately for the purpose by D-SAG.

IFC submitted the TSR to D-SAG in October 2010 and the second instalment of ₹ 22.26 lakh was released to IFC. As per the TSR, the site near Kalol was adjudged as the best option for development of the educational complex. In the meeting held on 03 August 2011, Hon'ble Chief Minister suggested to look for a location between Godhra and Dahod districts. Accordingly, IFC recommended (December 2011) that Kharedi and Chausala sites in Dahod were the most suitable locations. The site at Kharedi could not be finalised as the majority of the proposed land was occupied by the Gujarat Industrial Development Corporation (GIDC). The Chief Executive Officer, D-SAG requested (February 2014) the Collector, Dahod for the transfer of land at Chausala to the Tribal Development Department. There were no further developments in the matter.

Audit observed that the University belatedly took possession (November 2014) of the land allotted in April 2011 by the Collector, Sabarkantha. Government's vacillation in the matter regarding the location of the project forced the IFC to back out of the project after the expiry of FASA in September 2012. Consequently, an expenditure of ₹ 45.44 lakh incurred on consultancy services proved wasteful. The grants of ₹ 4.54 crore released (2008-12) to the University for development of Khedbrahma educational complex also remained blocked with the University. This had resulted in non-achievement of intended objective of starting high-end professional courses for the benefit of tribal students of Gujarat.

The matter was reported to Government in May 2016. Reply is awaited (October 2016).

3.3 Idle expenditure of ₹ 80.92 lakh on Women's hostel

Failure to allot women's hostel rooms to students by the University authorities resulted in idle expenditure of ₹ 80.92 lakh on construction of hostel building.

University Grants Commission (UGC) sanctioned (July 2009) ₹ 12.14 crore[10] to Maharaja Krishnakumarsinhji Bhavnagar University (University). The University informed (December 2010) UGC of taking up construction of women's hostel for female Junior Research Fellow (JRF) students at a cost of

8 An autonomous body constituted by the Tribal Development Department under the Societies Registration Act, 1860 and Bombay Public Trust Act, 1950

9 Pavagadh near Halol in Vadodara district and Kalol in Godhara district

10 ₹ 8.44 crore (General Development Grant - for Books, equipment, building and others), ₹ 3.65 crore (Merged Schemes - for Special scheme for construction of women's hostel, Adventure sports and development of sports, Basic facilities for women, Coaching schemes for SC/ST/OBC/Minorities, *etc*.) and ₹ 0.05 crore (Internal Quality Assurance Cell)

₹ 86.27 lakh[11]. The University in their justification (April 2011) to UGC stated that the hostel was urgently required for accommodating 14 JRF students. UGC accorded (March 2012) approval for the project, with UGC share limited to ₹ 80.00 lakh or 100 *per cent* of the actual expenditure, whichever is less.

Meantime, University invited tenders (August and October 2010) for the work with an estimated cost of ₹ 79.62 lakh. The work was awarded (November 2010) to an agency[12] at the tendered cost of ₹ 82.51 lakh. The hostel building consisted of six blocks duplex tenement. The work was completed (June 2012) at the cost of ₹ 80.92 lakh. Audit observed that these hostel buildings were ready for accommodating students from the academic year 2012-13 onwards. The same had not been allotted to any students till date (October 2016) and were lying idle as shown in **Picture** below.

University had enrolled nine to 11 female JRF students during 2013-15. The students had not shown any interest to avail the hostel facilities till date (October 2016). Construction of hostel building at an isolated place with a forest stretch was the main reason for students not opting for hostel accommodation. The University did not take steps for compensating these locational disadvantages. This resulted in idling of the JRF hostel building for more than four years since its completion.

University stated (September 2016) that applications were invited from JRF students in January 2013 but not a single application was received. The fact remained that no efforts have been made by the University thereafter to allot the hostel to JRF students by duly addressing the security issues.

The matter was reported to the Government (July 2016). Reply is awaited (October 2016).

11 15 *per cent* of the estimated cost including furniture
12 M/s. Bakul Construction Company

HEALTH AND FAMILY WELFARE DEPARTMENT

3.4 Implementation of the Janani Shishu Suraksha Karyakram in Gujarat State

3.4.1 Introduction

Reducing the maternal and infant mortality is a key goal of Reproductive and Child Health Programme under the National Rural Health Mission[13] (NRHM). Several initiatives have been launched by the Ministry of Health and Family Welfare under the Mission including Janani Suraksha Yojana (JSY). Implementation of JSY had resulted in phenomenal growth in institutional deliveries with more than one crore women being benefited from the scheme annually.

GoI launched (June 2011) "Janani Shishu Suraksha Karyakram (JSSK)" with an objective to assure free services to all pregnant women and sick neonates[14]. JSSK emphasised on elimination of out-of-pocket expenses for both pregnant women and sick neonates. It entitles all pregnant women delivering in Government Public Health Facilities (PHFs) to absolutely free and expense free delivery including caesarean section. It also included to and fro transportation between home and Government PHFs including transportation between facilities in case of referral. Similar free entitlements have been put in place for all newborns and sick infants[15] accessing PHFs for healthcare.

The Principal Secretary, Health and Family Welfare Department (H&FWD) is the head of the executive committee of State Health Society. The Additional Director (Family Welfare) of H&FWD is designated as the State Nodal Officer (SNO) for implementation of the JSSK. Resident Medical Officer[16] (RMO) of Medical College hospitals and District Reproductive Child Health Officer[17] (RCHO) were District Nodal Officers (DNOs) for implementation and monitoring of the JSSK in districts.

To provide adequate coverage and reasonable assurance, the records maintained at the office of SNO and seven DNOs of selected districts[18] were examined. Records of five District Hospitals (DHs)[19], two Civil Hospitals (CHs)[20], eight Community Health Centres[21] (CHCs) and nine 24X7 Primary Health Centres[22] (PHCs) were also examined. Audit was conducted between March 2016 and August 2016 and covered the period 2013-16.

13 Renamed as National Health Mission (NHM) from May 2013
14 Neonates means zero to 28 days aged child
15 Infants mean newborns less than one year of age
16 Civil Hospitals, District Hospitals and Tertiary Care Hospitals
17 Community Health Centers and Primary Health Centers
18 Ahmedabad, Banaskantha, Dahod, Jamnagar, Kachchh, Surat and Valsad
19 Sola Civil Hospital Ahmedabad, General Hospital Palanpur, General Hospital Dahod, G K General Hospital Bhuj (PPP mode) and General Hospital Valsad
20 G.G.General Hospital Jamnagar and New Civil Hospital Surat
21 Singarva (Ahmedabad), Deodar and Danta (Banaskantha), Jhalod (Dahod), Jodiya (Jamnagar), Anjar (Kachchh), Bardoli (Surat) and Nana Ponda (Valsad)
22 Kuha and Jethalpur (Ahmedabad), Jalotra (Banaskantha), Bordi (Dahod), Latipar (Jamnagar), Kukma (Kachchh), Kadod and Sachin (Surat) and Sanjan (Valsad)

3.4.1.1 Status of Maternal and Infant Mortality Rate

The main objective of JSSK was to reduce the Maternal Mortality Rate (MMR), Neonatal Mortality Rate[23] (NMR) and Infant Mortality Rate[24] (IMR) in the State. Analysis of data available in the website of Registrar General of India - Sample Registration System (SRS) for the period 2011-13 revealed that-

- The IMR of the State had reduced to 35 in 2014 from 36 in 2013. The female IMR (37) was higher than male IMR (34) and rural IMR (43) was much higher than urban IMR (23). Gujarat ranked 25th among the States and Union Territories[25].

- NMR of the State was 24 in 2014. The rural NMR (30) was much higher than urban NMR (16). Further, 69 *per cent* of infant death was from neonatal death which was higher than the national average of 67.60 *per cent*. Gujarat ranked ninth among 22 big States[26].

- National MMR reduced from 254 to 167 during 2004-13. The MMR of the State reduced from 160 to 112 only during 2004-13. This indicated that the pace of reduction in MMR was low as compared to other States. Gujarat ranked fifth in reduction of maternal death during 2011-13 among 15 big States[27]. In terms of percentage of reduction of maternal death, Gujarat ranked 11th among 15 big States[28] during 2004-13.

The State specific goals under NRHM for MMR, IMR and NMR were 82, 30 and 22 till March 2015 and 67, 24 and 18 till March 2017 respectively. Against this, the State could achieve 85 MMR, seven IMR and five NMR as of March 2016 as per the data provided by the department **(Appendix-V)**. The State had achieved success in reducing IMR and NMR. However, the MMR changed unfavourably from 72 in the year 2013-14 to 80 in 2014-15 and finally to 85 in 2015-16. Considering the pace and direction of achievement of the goals, it would be difficult for the State to achieve the target of 67 by March 2017. It was apparent that implementation of JSSK did not assist in achieving MMR goals.

In three test-checked districts, the MMR was higher than the State average *i.e.* Valsad (94), Dahod (93) and Surat (89). The State had achieved remarkably in reducing IMR and NMR during 2013-16. Statistics in respect of stillbirths (52,273) accounted for two and half times of infant deaths (22,231). Peri-natal Mortality (PNM) was higher in the three[29] test-checked districts.

Major audit findings are discussed in the succeeding paragraphs –

23 Neo-natal deaths per thousand live births
24 Infant deaths per thousand live births
25 IMR ranged from 10 (Goa) to 52 (Madhya Pradesh)
26 NMR ranged from six (Kerala) to 36 (Odisha)
27 MMR ranged from 61 (Kerala) to 300 (Assam) whereas in Gujarat it was 112
28 Highest reduction in Maharashtra (48 *per cent*) and lowest reduction in West Bengal (20 *per cent*) whereas reduction in Gujarat was 30 *per cent*
29 Banaskatha (26), Dahod (25) and Jamnagar (26)

Audit Findings

3.4.2 Financial Management

Funds under the programme were sharable between the GoI and the State Government in the ratio 75:25 which was revised as 60:40 from 2015-16. GoI and the State Government released funds under Reproductive and Child Health (RCH) Flexi Pool Programme[30] to SHS through State treasury. SHS released funds to District Health Societies (DHSs) and Regional Deputy Directors (RDDs). The CDHO of DHS was responsible for release of funds to District Hospitals (DHs), CHCs, PHCs and Sub-Centres (SCs). The RDD was responsible for release of funds to CHs for providing free services and financial benefits to JSSK beneficiaries.

During 2011-12 being the year of implementation, GoI released (October 2011) ₹ 14.69 crore as supplementary grant for implementation of JSSK in the State. From 2012-13, funds for JSSK were released under the RCH Flexi Pool programme under NRHM. The details of funds released by GoI and the State Government and the expenditure incurred under JSSK during the period 2011-16 are shown in **Table 1** below –

Table 1: Funds released and expenditure incurred under JSSK during 2011-16

(₹ in crore)

Year	Funds received		Expenditure incurred	Unspent funds	Percentage of utilisation
	GoI	State Government			
2011-12	14.69	0.00	5.49	9.20	37
2012-13	21.42	7.14	7.89	20.67	28
2013-14	21.08	7.03	28.18	0.00	100
2014-15	28.41	9.47	33.09	4.79	87
2015-16	29.58	19.72	34.59	14.71	70
TOTAL	**115.18**	**43.36**	**109.24**	**49.37**	**69**

(Source: Information provided by SNO)

The above table shows that the percentage of utilisation of funds ranged between 28 and 87 during the period 2011-16 except 2013-14. As per the grant release order of GoI for RCH, the unspent funds of a financial year would be adjusted against the funds to be released during the subsequent year. The RCH funds received in succeeding years were thus reduced by unspent balances of previous year. This indicated that the SHS could not take up the activities included in the State Action Plan resulting in accumulation of funds with the SHS.

The State Government demanded (2011-12) ₹ 46.07 crore from GoI as supplementary grant for implementation of the scheme. Against this, GoI released (October 2011) ₹ 14.69 crore. The State Government could spend only ₹ 5.49 crore and the unspent funds of ₹ 9.20 crore was lying (March 2016) in the RCH Flexi Pool programme. In six test-checked districts[31], ₹ 1.96 crore out of ₹ 2.40 crore received as supplementary grant was lying unspent as of

30 JSSK is a part of RCH Flexi pool programme under NRHM

31 Ahmedabad - ₹ 0.02 crore out of ₹ 0.37 crore, Dahod - ₹ 0.49 crore out of ₹ 0.49 crore, Jamnagar - ₹ 0.34 crore out of ₹ 0.42 crore, Kachchh - ₹ 0 .58 crore out of ₹ 0 .58 crore, Surat - ₹ 0 .35 crore out of ₹ 0 .36 crore and Valsad - ₹ 0.18 crore out of ₹ 0.18 crore

March 2016. Audit could not vouchsafe the utilisation of unspent funds for the implementation of JSSK during 2011-16 due to non-maintenance of a separate account.

The DNOs stated (April to August 2016) that as regular budget provision for JSSK had been made from 2012-13, the supplementary grant remained unspent.

Programme Implementation

3.4.3 Institutional deliveries

3.4.3.1 Availability of primary healthcare facility for maternal and child health care

The operational guidelines for PHC provided that the State Government may operationalise 50 *per cent* of PHCs in the State as 24X7 PHC[32] by 2010. The objective was to provide 24 hours delivery and newborn care. These PHCs should have been equipped with the facility to provide delivery and emergency obstetric and child health services close to client's home.

As of August 2016, the State Government could operationalise only 323 out of 1,334 PHCs (24 *per cent*) in the State as 24X7 PHC. It also failed to equip 344 PHCs as 24X7 PHCs despite passage of six years. Resultantly, Audit could not ensure healthcare facilities for pregnant women at door step as intended in the scheme. Audit further observed that –

- Only 82 out of 398 PHCs (21 *per cent*) in seven test-checked districts have been made functional as 24X7 PHCs. In three test-checked districts[33], only eight to 13 *per cent* PHCs have been operationalised as 24X7 PHCs.

- New Born Stabilisation Unit[34] (NBSU) was not established at all test-checked 24X7 PHCs. Resultantly, 197 out of 358 neonatal deaths had occurred in nine test-checked PHCs due to sepsis[35], asphyxia[36] and low birth weight during 2013-16.

- RCH-II and Indian Public Health Standards (IPHS) guidelines provided that a 24X7 PHC shall have a Gynaecologist, Paediatrician, Anaesthetic and three medical officers[37]. These PHCs should also have five staff nurses, two laboratory technicians and a pharmacist. Audit observed shortage of staff in all 323 24X7 PHCs as of September 2016 as shown in **Table 2** as follows –

32 24 hours services for normal and assisted delivery, essential newborn care and referral in case of emergencies
33 Banaskantha, Dahod and Valsad
34 For identification and management of low birth weight infants equal to and greater than 1,800 grams with no other complications
35 It is a type of neonatal infection and specifically refers to the presence of a bacterial blood stream infection (BSI) such as meningitis, pneumonia, pyelonephritis, or gastroenteritis
36 It is a medical condition resulting from deprivation of oxygen to a newborn infant that lasts long enough during the birth process to cause physical harm, usually to the brain.
37 Two MBBS doctors and one Ayush

Table 2: Shortage of staff in 24X7 PHCs in the State

Staff	Required strength	Men-in-position	Vacancy	Percentage of vacancy
Medical Officer – MBBS	646	298	348	54
Medical Officer-Ayush	323	239	84	26
Staff Nurses	1,615	512	1,103	68
Laboratory Technician	646	273	373	58
Pharmacist	323	300	23	07

(Source: Information provided by the SNO)

The above table shows that important posts of Medical Officers and Staff nurses were lying vacant. In nine test-checked PHCs, it was observed that specialist doctors such as Gynaecologists, Paediatricians and Anaesthetics were not available. Latipur PHC was functioning without staff nurse and laboratory technician since 2011. Night deliveries were not being conducted in 25 24X7 PHCs due to non-availability of staff for night duty. Due to this, complicated and assisted[38] deliveries were not being done in test-checked PHCs. Women were compelled to move either to higher PHFs or to private hospitals for safe deliveries at their own cost as discussed in **Paragraph 3.4.3.2.**

The SNO stated (September 2016) that in the absence of Medical Officer, the delivery was being conducted by other available staff.

- As of August 2016, 24X7 PHCs in the State were not having adequate facilities such as Labour Room (five PHCs), New Born Care Centre (13 PHCs), Ambulance (72 PHCs), ultra sonograghy test (266 PHCs), operation theatre (222 PHCs), drop back (27 PHCs) and diet (22 PHCs). In test-checked districts, New Born Care Centre was found non-functional at two PHCs[39] and ambulance was not available in four PHCs[40].

Non-availability of adequate manpower and infrastructure at PHCs aggravated the pregnancy related complications and also their timely medication.

It is recommended that the State Government may operationalise remaining 24X7 PHCs by equipping them with required doctors, staff and equipment.

3.4.3.2 Deliveries at Public Health Facilities

The main objective of JSSK was to achieve *cent per cent* institutional delivery by encouraging all pregnant women to deliver at Public Health Facilities (PHFs). The details of deliveries registered in the State during the period 2013-16 are shown in **Table 3** below -

Table 3: Deliveries registered in the State during 2013-16

Year	Total number of deliveries registered in the State	Number of deliveries at PHFs (percentage)	Number of deliveries at private hospitals (percentage)	Number of home deliveries (percentage)
2013-14	11,50,784	4,53,619 (39)	6,54,621(57)	42,544 (4)
2014-15	11,61,225	4,65,861 (40)	6,67,308(57)	28,056 (2)
2015-16	11,75,553	4,63,600 (39)	6,92,826(59)	19,127 (2)
Total	**34,87,562**	**13,83,080(39)**	**20,14,755(58)**	**89,727(3)**

(Source: Information provided by SNO)

38 Assisted vaginal deliveries includes forceps/vacuum delivery
39 Jethalpur and Kuha
40 Jalotra, Jethalpur, Kukma and Latipur

The above table shows slight increase in institutional deliveries in PHFs during 2014-15 and slight reduction in home deliveries during 2014-16. Audit observed that the percentage of deliveries at PHFs was less than 40 *per cent* in three[41] test-checked districts. Percentage of home deliveries was nine *per cent* in Valsad district as compared to other test-checked districts during 2013-16 due to non-availability of infrastructure. Kaprada taluka in Valsad district registered 6,512 out of 7,850 (83 *per cent*) home deliveries during 2013-16. Similarly, Danta taluka in Banaskantha district registered 2,014 out of 6,063 (33 *per cent*) home deliveries during 2013-16.

The CDHO, Valsad stated (May 2016) that home deliveries in Kaprada taluka were due to difficulty in accessibility of the vehicle and scattered hamlets. The State Government had planned to provide specific vehicles to these difficult terrains and it would be implemented in a short period. The CDHO, Banaskantha attributed (July 2016) less institutional delivery to non-availability of doctors and infrastructure. This indicated that despite implementation of JSY and JSSK since 2006 and 2011 respectively, the percentage of institutional deliveries in PHFs had not been relatively improved.

3.4.3.3 Home deliveries

Operational guidelines on maternal and newborn health provided that home deliveries should be assisted by Skilled Birth Attendant[42] (SBA) for safe deliveries. Audit observed that 50,694 out of 89,727 home deliveries (56 *per cent*) were performed in the absence of SBA during 2013-16. This was fraught with pregnancy related complications and risk of lives of both mother and child. Year-wise details of home deliveries performed without SBA and maternal deaths during the period 2013-16 are shown in **Table 4** below –

Table 4: Home deliveries performed without SBA and maternal deaths

Year	Number of home deliveries registered	Deliveries performed by SBA (percentage)	Deliveries performed without SBA (percentage)	Number of maternal deaths (out of Col.2)	Maternal Mortality Rate[43] (Col.5 x one lakh/Col.2)
1	2	3	4	5	6
2013-14	42,544	17,792 (42)	24,752 (58)	54	127
2014-15	28,056	12,451 (44)	15,605 (56)	63	225
2015-16	19,127	8,790 (46)	10,337 (54)	95	497
Total	**89,727**	**39,033(44)**	**50,694 (56)**	**212**	**236**

(Source: Information provided by the SNO)

The above table shows that the home deliveries without assistance of SBA reduced from 58 to 54 *per cent.* The MMR with reference to home deliveries increased from 127 to 497 during 2013-16. The high rate of MMR was mainly due to severe bleeding, lack of blood at First Referral Unit (FRU) and more time taken in transportation. The MMR of the State was 112 (as per Sample Registration System (SRS) 2011-13). This could have been improved if the State Government had kept a check on home deliveries and encouraged pregnant women for institutional deliveries.

41 Ahmedabad – 34 *per cent*, Banaskantha – 27 *per cent* and Valsad – 37 *per cent*

42 SBA is a professionally qualified individual who can handle normal pregnancies and deliveries, equipped with skills to provide essential newborn care, identify obstetric and neonatal emergencies, manage complications as per their defined competencies, and undertake timely referral to a higher centre where comprehensive obstetric care can be provided

43 Maternal deaths per one lakh live births during the year

The CDHOs attributed (May to August 2016) the reasons for home deliveries to non-availability of the transportation facilities and social beliefs of the people.

3.4.3.4 Post-delivery treatment

JSSK guidelines provided that the PHFs should ensure minimum stay of 48 hours after normal delivery for better care and treatment of the mother and neonates. Audit observed that PHFs in the State had discharged the women before 48 hours from the time of delivery as shown in **Table 5** below –

Table 5: Number of women discharged before 48 hours of delivery

Year	Number of deliveries registered at PHFs in the State	Number of women discharged before 48 hours of delivery (percentage)
2013-14	4,53,619	2,70,078 (60)
2014-15	4,65,861	2,70,447 (58)
2015-16	4,63,600	2,47,521 (53)
TOTAL	**13,83,080**	**7,88,046 (57)**

(Source: Information provided by the SNO)

The above table shows that 53 to 60 *per cent* of women admitted in the PHFs had been discharged before completion of 48 hours of delivery during 2013-16. In test-checked districts, the percentage of women discharged before 48 hours of delivery ranged from 32 to 94 during 2013-16 as shown in **Table 6** below –

Table 6: Number of women discharged before 48 hours of delivery

Name of the district	Number of deliveries at PHFs	Number of women discharged before 48 hours of delivery (percentage)
Ahmedabad	34,722	19,001 (55)
Banaskantha	62,116	30,639 (49)
Dahod	1,06,906	72,208 (68)
Jamnagar	40,972	38,326 (94)
Kachchh	70,130	43,003 (61)
Surat	36,040	16,982 (47)
Valsad	32,683	10,429 (32)
TOTAL	**3,83,569**	**2,30,588 (60)**

(Source: Information provided by the DNOs)

In six test-checked PHFs[44], women had been discharged within 12-24 hours of delivery during 2013-16. This was due to non-availability of infrastructure and manpower as discussed in the **Paragraphs 3.4.3.1 and 3.4.5**. The mother and newborn baby were deprived of post delivery treatment which could cause complications for both.

The PHF Authorities attributed (April to August 2016) the reasons to non-availability of facility for accommodation for the attendant/relatives. It was also stated that they preferred to go home due to loss of wages and having multiple children at home.

Deaths of 22,231 neonates out of 34.88 lakh deliveries in the State during 2013-16 were also noticed. Out of these, 15,817 neonates (71 *per cent*) had died within first week after birth. This indicated lapses on the part of the PHFs in providing prescribed care and treatment to the mother and the child after

44 Anjar (CHC), Bordi (PHC), Dahod (DH), Deodar (CHC), Jalotra (PHC) and Latipur (PHC)

delivery and early discharge from the PHFs. Forty six *per cent* of the infants died (2013-16) due to low baby weight (6,678), development of asphyxia (2,559), pneumonia (759) and sepsis (305) at the time of birth. The State Government instructed (September 2015) all CDHOs to conduct child death review. The review had not been conducted by the CDHOs till October 2016.

The State Government may review the cause of child death and instruct all the PHFs to ensure minimum post delivery stay of 48 hours for all women and neonates.

3.4.4 Drugs and consumables

JSSK guidelines provided for cost free drugs and consumables to infants and pregnant women during Ante-natal Care (ANC), Intra-natal Care (INC) and Post-natal Care (PNC) upto six weeks. It included management of normal delivery, caesarean section, any complications during the pregnancy and child birth. It also provided that the State Government should notify Essential Drug List (EDL) for RCH services. Regular procurement and uninterrupted supply at the public health institutions are also to be ensured by the department.

3.4.4.1 Essential Drug lists

World Health Organisation (WHO) defined essential medicines as drugs that satisfy the healthcare needs of the majority of the population. They should, therefore, be available at all times in adequate quantity and in appropriate dosage forms, at a price the community could afford. GoI had notified (June 2011) 133 Essential Drug (ED) Lists[45] for maternal and newborn healthcare under JSSK. In Gujarat State, Gujarat Medical Services Corporation Limited (GMSCL) was responsible for qualitative procurement of the drugs and consumables. Hospitals submit online requisition of drugs and medicines required during the ensuing year in the month of January every year. GMSCL consolidates the requisitions and procures the same after following e-tender procedure. Medicines received from suppliers are stocked in GMSCL depots and subsequently distributed to various hospitals.

Audit observed that 43 out of 133 EDs notified by GoI had not been included in the ED list of the State Government for the year 2015-16 and were not supplied by GMSCL. It was also observed that these unlisted EDs were not being procured centrally even at the district level. In test-checked PHFs, it was observed that the required drugs and consumables were being procured from the local market as and when required.

PHF authorities of test-checked districts stated (April to August 2016) that ED list was not revised as per the requirement of the sick infants. The PHFs procured medicines from local market and provided to the beneficiaries.

The State Government may notify the EDs required for healthcare of maternal and infants in the State.

45 Nine drugs for Ante natal period, 24 drugs for intra partum normal delivery, 18 consumables for normal delivery, 16 drugs for intra partum caesarean section delivery, 22 consumables for caesarean section delivery, 15 miscellaneous drugs for caesarean section delivery, 15 drugs for post-natal period and 14 drugs for newborn

3.4.4.2 Procurement of drugs and consumables from local market

To ensure the quality of medicines, State Government issued (July 2010) instructions for pre-dispatch testing of medicines from Food and Drugs Laboratory, Vadodara. The samples are to be taken from each batch of medicines and sent to the laboratory for testing the quality. GMSCL procurement policy envisages pre-dispatch testing of medicines to ensure quality. The State Level Task Force (SLTF) in its meeting (March 2015) instructed that no PHFs would be permitted to procure drugs directly through rate contracts. All such requirements for purchase of drugs would be routed through GMSCL only.

Test-checked PHFs received (2012-16) funds of ₹ 13.33 crore under JSSK for procurement of drugs and consumables. Out of this, drugs and consumables of ₹ 5.55 crore (42 *per cent*) were procured by inviting tenders and ₹ 4.01 crore (30 *per cent*) from the local medical shops. All these procurements were made without ascertaining the quality by the PHFs before issuing these drugs to the beneficiaries.

As per State Government instructions (November 2013), all local purchases above ₹ 20,000 should be made by inviting atleast three quotations. Purchases above ₹ two lakh should be made through competitive open tender procedure. Negotiations should be undertaken for obtaining maximum discounts on the procurement. The SLTF instructed (March 2015) that quotations should be obtained from the qualified pharmacies each year for local purchases. Pharmacies quoting maximum discounts on Maximum Retail Price (MRP) should be selected for procurement of drugs and consumables.

DH, Ahmedabad procured drugs and consumables of ₹ 0.32 crore (2012-16) from a single medical store without inviting any quotations and at MRP without negotiating for discounts. Similarly, drugs and consumables of ₹ 2.51 crore and ₹ 0.46 crore were procured by CH Jamnagar[46] and CH Surat respectively from local medical store without inviting tender/quotations. The medical stores at Jamnagar provided four *per cent* discount on MRP while the medical store at Surat provided 15-20 *per cent* discount.

Medical Superintendent, CH Jamnagar stated (July 2016) that the procurement from local medical shops would be discontinued. CDMO, DH Ahmedabad stated (May 2016) that the medicines were procured from nearest medical shop to eliminate out-of-pocket expenses for the beneficiaries. In future, the procurement of medicines and consumables would be done either by inviting tenders or by negotiating for maximum discounts on MRP. The CDMO, CH Surat stated (June 2016) that the drugs and consumables were procured from local markets due to short supply by the GMSCL.

The State Government may ensure timely supply of quality drugs and consumables to all PHFs to meet their requirements.

3.4.4.3 Storage of drugs and consumables

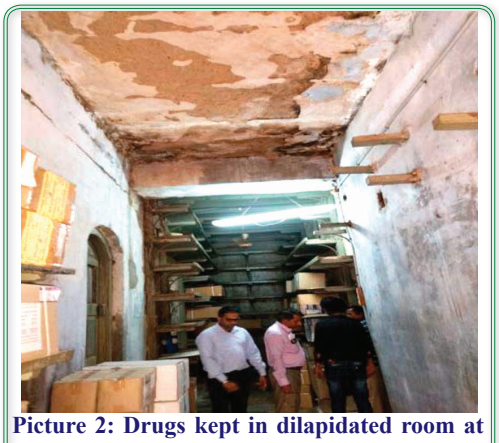
JSSK guidelines provided that the State Government should ensure proper storage of drugs and consumables. The drugs stores should be kept clean and

46 From two local private medical stores

tidy with adequate ventilation and cooling to maintain the effectiveness of drugs. Drugs to be stored in a 'cold' temperature should be kept in the refrigerator or at required room temperature to prevent deterioration in the efficacy of drugs.

During visit of drug stores of test-checked PHFs, it was observed that the maintenance of drugs stores in CHC, Bardoli was as per the standards **(Picture 1).** In other test-checked PHFs, the drugs and consumables were not properly arranged. The rooms were untidy and required room temperature was also not maintained. At DH, Palanpur, the drugs had been stored in a dilapidated room **(Picture 2).** At DH, Ahmedabad and DH, Valsad, the stores were not properly arranged and injections[47] to be stored at 25° C were found lying in the corridor. At CHC, Singarva and CHC, Deodar, the drugs had been kept in a moisture affected room **(Picture 3)**.

Picture 1: Air-conditioned and well maintained medical store at CHC, Bardoli



Picture 2: Drugs kept in dilapidated room at DH, Palanpur

Picture 3: Drugs kept in a moisture affected room at CHC, Singarva

The PHF authorities stated (April to August 2016) that due to space constraints, medicines were stocked in temporary locations. It was also stated that necessary cooling systems would be provided in due course.

The State Government may ensure proper storage of drugs and consumables by PHFs to prevent deterioration of drugs.

47 Compound Sodium Lactate Injection IP, Amoxycillin Injection, *etc.*

3.4.5 Provision of Blood

JSSK guidelines envisaged that the State Government should prepare time bound action plans for establishing and operationalising Blood Banks (BBs) at District level. It also envisaged for establishment and operationalising of Blood Storage Centres (BSCs) at identified First Referral Units[48] (FRUs). The action plan should consider availability of adequate stocks for each blood group and facilities for blood grouping, cross matching and blood transfusion.

3.4.5.1 Availability of blood at First Referral Units

As per guidance note on Prevention and Management of Postpartum Haemorrhage, high maternal mortality is largely associated with preventable causes that require Comprehensive Emergency Obstetric Care[49] (CEmOC). Postpartum Haemorrhage (PPH) is commonly known as blood loss within 24 hours after birth or blood loss that makes the woman hemodynamically unstable. A woman with PPH can die within two hours after onset of bleeding if she does not receive treatment. Availability of CEmOC services at FRUs is thus critical for effective management of complications during pregnancy, childbirth and in the post natal period.

The State Government had identified 103 FRUs[50] in the State. Out of these, 56 FRUs were having either BB or BSC and 29 FRUs had been linked with other BB/BSCs. Remaining 18 FRUs were functioning without linkage or facility of BB/BSC as of March 2016. Audit observed that –

- DH, Dahod had no facility of BB. From March 2016, facility of BSC has been made available instead of establishing a BB.
- Facility of BSCs was not available in five test-checked CHCs[51] as of March 2016. BSCs of Deodar and Danta CHCs were found non-functional and the equipment were lying idle since its procurement (2012).
- Guidelines for operationalising FRUs envisaged maintaining minimum stock of whole blood[52] of at the BSCs at any time. Adequate stock of whole blood was not available for 27 to 803 days with BBs at five DHs/CHs **(Appendix-VI)**. Stock of whole blood was also not available for 31 and 938 days with BSCs at DH, Dahod and CHC, Jhalod respectively.
- In DH, Ahmedabad, 17 pregnant women were referred to another tertiary care unit due to non-availability of blood. Three out of these 17 pregnant women were referred to higher facilities as they could not bring blood from outside. This indicated that the women had to incur out-of-pocket expense for the treatment. The CDMO, DH, Ahmedabad stated (May 2016) that due to requirement of more than two to three units of negative group, these patients were referred to CH.

48 First Referral Units - where facilities for surgical interventions such as Caesarean section (including administration of anesthesia) and blood transfusion are available
49 Such as postpartum haemorrhage (PPH), high blood pressure (pre-eclampsia/eclampsia), sepsis, unsafe abortion and obstructed labour
50 17 CHs,22 DHs,28 sub-DHs,24 CHCs,11 GIAs and one DH managed by Private Trust
51 Danta, Deodar, Jodiya, Nanaponda and Singarva
52 Five unit each of positive groups (A, B and O), two units of AB positive, and one unit each of negative groups (A, B and O)

- Out of 191 women, 66 (35 *per cent*) were referred from DH, Valsad to CH, Surat during February 2013 to May 2016 due to non-availability of blood. The distance between the two hospitals was 95 Km. and the travelling time was minimum two hours. Majority of the cases referred required blood of positive groups. This indicated that the mandatory stock of blood was not maintained at DH, Valsad. The CDMO, DH, Valsad stated (May 2016) that the blood requirement was more than blood collected by the DH. Hence, they were referred to CH, Surat for better care.

- In CH, Surat, 71 infants died due to non-availability of blood (2013-16).

- As per verbal autopsy reports (2013-16) for 732 maternal deaths of test-checked districts, 27 deaths had occurred due to non-availability of doctors and adequate facilities at PHFs. 147 deaths occurred in the ambulance and 225 deaths occurred due to PPH. Out of 225 PPH deaths, 140 deaths had occurred due to lack of blood at FRUs and at subsequent referral to higher PHFs. Thirty two deaths occurred due to excess time taken in reaching the final referral unit. Few instances noticed in audit are given below –

  (i) Due to non-availability of blood at CHC, Anjar, a woman was referred to DH, Bhuj for blood transfusion after delivery on 17 June 2015 (9.30 PM). She died on 18 June 2015 (2.00 AM) during transit in 108 ambulance.

  (ii) At CHC, Mandvi (Surat district), a woman died (23 April 2015) after delivery due to non-availability of blood in the BSC.

  (iii) CHC, Limdi (Dahod district) referred (19 September 2015 at 6.00 PM) a five month pregnant woman with breathlessness to a private hospital due to non-availability of doctor. She approached eight private hospitals and two other PHFs[53] but received no treatment mainly due to non-availability of doctor. Finally lost her life on 20 September 2015 (7.30 AM). In the verbal autopsy report, the Taluka Health Officer, Jhalod had stated that all Government or private hospitals must attend critical cases 24X7 to reduce maternal mortality.

  (iv) SDH, Dharampur (Valsad district) referred (27 May 2015 at 5.00 AM) eight month pregnant woman with breathlessness and severe anaemia to DH, Valsad due to non-availability of Gynaecologist. DH, Valsad referred her to CH, Surat (being 95 Km. away) on the same day due to non-availability of blood. The woman died on 27 May 2015 at 2.30 PM at CH, Surat. Non-availability of manpower and blood at FRUs resulted in death of the woman.

The above observations indicated lack of quality healthcare at PHFs which had resulted in loss of lives of pregnant women.

3.4.5.2 Availability of essential facilities at First Referral Units

Operationalisation of First Referral Units (FRUs) is an important component of the Reproductive and Child Health (RCH) Programme. As per the technical and operational guidelines on Engaging General Surgeons for Performing Caesarean Sections and Managing Obstetric Complications, around 15 *per*

53 Urban Hospital, Dahod and DH, Dahod

cent of pregnancies suffer from major obstetric complications. They require emergency care and around 10 *per cent* of the total delivery cases may require Caesarean Sections (CS). Audit observed that CS was not being performed in 26 FRUs in the State as of March 2016. In test-checked districts, Audit observed that –

- CS was not being performed in five test-checked CHCs[54] due to non-availability of gynaecologist and anaesthetics.
- Shortage of Paediatrician in 29 FRUs, Anaesthetist in 21 FRUs, obstetricians or CEmOC trained doctors in 12 FRUs and other Para-medical staff in 85 FRUs.
- At four CHCs[55], care to sick neonates was not provided due to non-availability of Newborn Stabilisation Units (NBSU). The NBSU at CHC Jhalod was kept in the emergency ward instead of keeping in separate room for protection against noise and dust.
- DH, Bhuj[56] was handed over (July 2013) to Gujarat Adani Institute of Medical Science (GAIMS) by the State Government on PPP mode. The conditions of the agreement envisaged availability of manpower as per Medical Council of India norms and to enhance the existing infrastructure. It also envisaged that the hospital shall not refuse to provide hospital services to any individual. Audit observed that GAIMS had not fulfilled the conditions of the agreement as indicated below –

  (i) Sick Newborn Care Unit (SNCU) was functioning without Medical Officer and Paediatrician as against the requirement of four Medical Officers and a Paediatrician;

  (ii) Only seven staff nurses had been posted in SNCU as against 24 staff nurses;

  (iii) Only three ventilators were available against the required nine ventilators;

  (iv) Only 10 pulse oximeters were available against required 30 pulse oximeters to run 30 beds in SNCU; and

  (v) Due to insufficient manpower and infrastructure, 75 sick newborns who needed ventilator support were not admitted (December 2015 to August 2016) in the SNCU.

- CHC, Anjar referred (between January 2014 to March 2016) 217 Sick newborns to private hospital[57] instead of referring them to DH, Bhuj. CHC, Anjar made payment of ₹ 14.95 lakh to the private clinics in contravention to the provision of JSSK. A telephonic survey (August 2016) was made with parents of three sick newborns[58]. It revealed that they were denied admission by DH, Bhuj and had incurred expenditure of ₹ 1.35 lakh.

54 CHCs, Danta, Deodar and Jodiya had no gynaecologist and anaesthetic, CHC, Singarva had no anaesthetic and CHC, Jhalod had no regular gynaecologist
55 Danta, Deodar, Jodiya and Singarva
56 GK General Hospital, Bhuj
57 Marutinandan Charitable Trust Hospital, Anjar
58 Out of which one was referred from CHC, Anjar in August 2016 and other two from private hospital in May 2016

The CDMO, DH, Bhuj stated (August 2016) that GAIMS had been instructed to increase the manpower and infrastructure based on complaints received. The same has not been implemented by GAIMS till date (October 2016).

The State Government may ensure availability of adequate blood units at BBs and FRUs. All the identified FRUs may also be operationalised by posting trained manpower and adequate infrastructure.

3.4.6 Provision of diet

3.4.6.1 Supply of free diet

JSSK guidelines envisaged that the State Government should ensure provision of free diet (cooked food) at all delivery points upto 24X7 PHCs from DH. The dietary services and its management should be strengthened and streamlined at all PHFs. It also envisaged providing local seasonal foods, vegetables, fruits, milk and eggs for a proper nutritious diet. The approved budget for JSSK provided breakfast, lunch and dinner for pregnant women for atleast three days for normal delivery and seven days for caesarean section.

In test-checked PHFs, Audit observed that –

- Iron, calcium and protein rich food was required to be provided to women during ANC, INC and PNC. Diet charts have not been prepared by any of the test-checked PHFs except CH Surat.

- Diet was provided thrice a day in all test-checked CHs and DHs. In six out of eight CHCs[59] and seven out of nine test-checked PHCs[60], diet was provided only twice a day. In four test-checked CHCs[61] and in all test-checked PHCs, normal/general diet without milk and fruits was provided to all pregnant women. Instead they have been provided diet based on the category of the patient *i.e.* non-therapeutic and therapeutic diet. In all test-checked CHs and DHs, same diet was provided to all pregnant women without ascertaining the actual nutritional requirement.

- Cooked food was not provided to pregnant women at 24X7 PHC, Sanjan, Valsad and only dry fruits were provided. At PHC, Jalotra, the patients were given money for diet instead of providing diet.

Authorities of test-checked CHCs and PHCs stated (May 2016) that they are streamlining the dietary services.

The fact remained that diet was provided in the PHFs without ensuring the nutrients required for each beneficiary during pre and post-natal period.

The State Government may issue instructions to PHFs to follow the scheme guidelines as intended in the scheme.

59 Except CHCs, Bardoli and Jodiya
60 Except PHCs, Sanjan and Jalotra
61 Anjar, Jhalod, Nanaponda and Singarva

3.4.7 Provision of diagnostic facilities

JSSK guidelines envisaged that during pre and post natal period, investigations are essential for timely diagnosis of complications. Both essential and desirable investigations shall be conducted free of cost for the pregnant women during pre and post natal period upto six weeks. The same is also needed when a neonate is sick and needs emergency treatment. Audit observed in test-checked PHFs that –

- Ultrasonography (USG) test was not performed at five CHCs[62] and DH, Bhuj due to non-availability of USG machine. At CHC, Singarva, the same was not performed due to non-functioning of machine since April 2013. Records regarding number of women referred to nearby PHFs or amount reimbursed to beneficiaries/private agencies for the test were not maintained.

- At PHC, Jethalpur, 22 pregnant women were advised for conducting USG, HBsAg[63], CBC[64] and VDRL[65] tests from outside during 2015-16. This was due to non-availability of testing facilities in the PHC. Scrutiny of records revealed that no payments have been made by PHC towards testing charges or transportation cost. In eight 24X7 PHCs[66], pregnant women were advised for USG tests from private laboratory or other PHFs and their cost was borne by the beneficiary itself.

This indicated that the objective of eliminating out-of-pocket expenses for both pregnant women and newborn was not achieved.

The State Government may install diagnostics facilities at all PHFs as intended in the scheme.

3.4.8 Provision of Referral transport

Operational guidelines provided that all healthcare facilities accredited for safe/ institutional delivery should necessarily have an assured referral transport (RT) linkage. A transport service should be available within 30 minutes and be able to take the pregnant women or newborn to a referral PHF within one hour. JSSK guidelines envisaged free universal reach of RT with 24X7 referral services from home to PHFs and drop back facility. It also envisaged that ambulances/ vehicles with Global Positioning System (GPS) may be provided for effective tracking and management.

The details of free transportation facilities provided to JSSK beneficiaries by PHFs of test-checked districts during 2015-16 are shown in **Table 7** as follows –

62 Danta, Deodar, Jhalod, Jodiya and Nanaponda
63 Hepatitis B Surface Antigen
64 Complete Blood Count
65 Venereal Disease Research Laboratory test is designed to test syphilis
66 Bordi, Jalotra, Kadod, Kuha, Kukma, Latipur, Sachin and Sanjan

Table 7: Free transportation facilities provided to beneficiaries in test-checked districts

Districts	Number of deliveries	Number of beneficiaries provided free RT from home to PHF	Percentage (Col. 3/2*100)	Number of beneficiaries provided free RT back home	Percentage (Col. 5/2*100)
1	2	3	4	5	6
Ahmedabad	13,043	6,076	47	12,603	97
Valsad	8,809	3,972	45	7,275	83
Surat	15,897	5,705	36	7,509	47
Jamnagar	9,351	2,550	27	3,388	36
Banaskantha	24,572	16,128	66	16,227	66
Dahod	41,016	9,169	22	16,850	41
Kachchh	23,713	7,721	33	10,206	43
Total	**1,36,401**	**51,321**	**38**	**74,058**	**54**

(Source: Information provided by DNOs)

The above table shows that out of total 1,36,401 deliveries performed, only 51,321 beneficiaries (38 *per cent*) were provided free transportation from home to PHFs. Free transportation from PHFs to home was provided only to 74,058 beneficiaries (54 *per cent*). In six test-checked districts, less than 50 *per cent* beneficiaries have been provided free transport facility from home to PHFs. In four test-checked districts, free drop back facility from PHF to home was provided to less than 50 *per cent* beneficiaries.

Audit observed that the beneficiaries who were not provided with free transportation, travelled by auto-rickshaw, Chakra or by own vehicle. PHC, Latipur though being a 24X7 PHC, facilities of ambulance or hired vehicle were not available. The transportation facility was provided to pregnant women through Chakra[67] (**Picture 4**) by paying ₹ 250 per women. Transportation of women after delivery especially after caesarean section in chakra rickshaw was highly risky for the fresh stitches of operation due to constant vibrations. The PHFs concerned stated (June 2016) that due to non-availability of ambulance, the beneficiaries arranged their own transportation.

Picture 4: Transportation facility provided at PHC, Latipur

67 A special rickshaw designed for carriage of goods in rural areas of Gujarat

Audit further observed that –

- Out of 1,763 ambulances[68] and 256 Khilkhilat Vans[69] available in the State as of March 2016, only 229 ambulances[70] (11 *per cent*) had the facility of GPS.

- Kaprada taluka of Valsad district has 557 hamlets (mainly tribals) in 120 villages with one CHC and 10 PHCs. Due to non-availability of motorable roads and telephone connectivity, they were deprived of referral transport. This forced the tribal pregnant women for home delivery. During 2015-16, 21 *per cent* maternal deaths, 30 *per cent* still births and 34 *per cent* infant deaths have been reported from this taluka. This indicated that the State Government failed to provide ambulance services to the population of this taluka. The beneficiaries having obtained treatment from the PHCs or CHC had to incur transportation cost out of their pocket.

  CDHO, Valsad stated (May 2016) that the State Government had not made any arrangement for transportation for these villages. A proposal had been sent to District Planning Officer to provide a vehicle.

- At DH, Valsad, six women were denied drop back services during July and August 2013 due to non-availability of vehicle at material time.

  CDMO, Valsad stated (June 2016) that in the initial phase of program few cases have been rejected by Khilkhilat Van Authority. They have been informed to provide drop back facilities and now proper services are being provided.

This indicated that the State Government could not provide RT for all pregnant and neonates due to non-availability of adequate vehicles at many PHFs.

The State Government may make provision for referral transport of all pregnant women and neonates as envisaged in JSSK through the PHFs.

3.4.9 Out of pocket expenses by pregnant women

JSSK guidelines emphasise that no expenses should be borne by the pregnant women coming to PHFs for delivery. Audit observed at DH, Palanpur that 21 beneficiaries admitted during 2015-16 had purchased medicines and blood worth ₹ 17,974.00. The same have not been reimbursed till August 2016.

The CDMO, DH, Palanpur stated (August 2016) that the beneficiaries were asked to bring blood from outside at their own cost as the same was not available in the hospital. It was also stated that a MoU had been executed (August 2016) with private blood bank to provide blood as and when required.

Audit conducted (April to August 2016) a joint tele-survey of 140 beneficiaries with the officials of 15 test-checked PHFs and observed that –

68 585 ambulance owned by M/s. GVK Emergency Management and Research Institute (GVK-EMRI) and 858 State ambulance, 183 hired vehicles and 137 other vehicles

69 Khilkhilat Van was designed for free drop back facility for post natal care of mother and infants since September 2012 by the GVK-EMRI. The ambulances retired from the emergency operation after run of either 3,00,000 KM or completing five years of service were utilized for drop back facility (named as Khilkhilat Van) for next 2,00,000 KM or three years of usages, whichever is earlier

70 56 State ambulances, 169 EMRI ambulances or vehicles, one PPP and three others

- In five PHFs, 17 women[71] incurred expenditure on their own ranging from ₹ 200 to ₹ 1,050 for sonography test got done from outside.
- In four PHFs, 24 women[72] incurred expenditure on their own ranging from ₹ 50 to ₹ 1,500 for procurement of drugs and consumables from outside.
- In 13 PHFs, 87 women[73] incurred expenditure on their own ranging from ₹ 100 to ₹ 700 for transportation from home to PHF as they were denied transportation by the PHFs.
- In nine PHFs, 35 women[74] incurred expenditure on their own ranging from ₹ 200 to ₹ 400 for transportation from PHF to home as they were denied transportation by the PHFs.
- In five PHFs, 22 women[75] were not provided food during their stay in the hospitals.

These expenses have not been reimbursed to the beneficiaries by the PHFs (October 2016). This indicated that the scheme has not been effectively implemented in the State.

3.4.10 Grievance Redressal

JSSK guidelines envisaged that the State Government may constitute grievance redressal mechanism at PHF, district and State levels. It also envisaged fixing atleast one hour on any two working days per week to meet the complainants and redress their grievances. Action taken to redress the complaints should be properly recorded.

Audit observed that the State Government had not fixed any timeframe for redressal of grievances relating to free entitlements at any level. Records of complaints received and its disposal by the grievance redressal authority had not been maintained at 21 out of 24 test-checked PHFs[76] (October 2016). Resultantly, Audit could not ascertain the status of redressal of grievances and the action taken by the PHFs. In DH Palanpur, 60 complaints received have been recorded but the details of action taken have not been recorded.

The CDMO, DH Palanpur stated (August 2016) that the records of redressal of the complaints would be maintained from now onwards.

3.4.11 Dissemination of the entitlements in the public domain

JSSK guidelines provided that the State Government should widely publicise the entitlements under JSSK through print and electronic media. The same should be displayed prominently in all PHFs[77]. State Government also instructed (July 2011) that all free services shall be displayed in the citizen's charter outside the health facility at prominent and visible place.

71 Bhuj (1), Kuha (1), Nanaponda (10), Palanpur (2) and Singarva (3)
72 Ahmedabad (7), Palanpur (2), Singarva (13) and Valsad (2)
73 Ahmedabad (7), Anjar (8), Bhuj (4), Bordi (1), Dahod (4), Danta (4), Jethalpur (4), Jhalotra (5), Kuha (4), Nanaponda (5), Palanpur (6), Singarva (15) and Valsad (20)
74 Ahmedabad (4), Bhuj (5), Bordi (1), Jethalpur (2), Kuha (4), Nanaponda (4), Palanpur (4), Singarva (2) and Valsad (9)
75 Ahmedabad (4), Bhuj (8), Dahod (5), Palanpur (1) and Singarva (4)
76 Except GH, Palanpur, GG General hospital, Jamnagar and PHC, Kadod
77 Main entrance, labour rooms, female and neonatal wards and outside outpatient areas

Audit observed that the hoardings of free entitlements under the JSSK were not found displayed at eight PHCs[78], four CHCs[79] and three DHs[80] test-checked **(Picture 5 and 6).** Hoardings were also not displayed at 1,283 out of 2,959 sub-centers and 31 out of 394 PHCs in the test-checked districts. It was further observed that free entitlements were not displayed in the citizen's charter at all test-checked PHFs.

Picture 5: Poster of free entitlements not displayed at PHC, Jethalpur

Picture 6: Poster of free entitlements not displayed at CHC, Singarva

3.4.12 Conclusion

Government of India (GoI) launched (June 2011) "Janani Shishu Suraksha Karyakram (JSSK)" with an objective to assure free services to all pregnant women and sick neonates[81]. The scheme envisaged free and cashless services to pregnant women including normal deliveries and caesarean operations. It also envisaged free treatment to sick new born (up to one year[82] after birth) in all Government Public Health Facilities (PHFs) across the State. The main objectives of JSSK were to reduce the Maternal Mortality Rate (MMR), Neonatal Mortality Rate (NMR) and Infant Mortality Rate (IMR) in the State. The State specific goals under NRHM for MMR, IMR and NMR were 82, 30 and 22 till March 2015 and 67, 24 and 18 till March 2017. The State had achieved success in reducing IMR and NMR. However, the MMR changed unfavourably from 72 in the year 2013-14 to 80 in 2014-15 and finally to 85 in 2015-16. Considering the pace and direction of achievement of the goals, it would be difficult for the State to achieve the target of 67 by March 2017. It was apparent that implementation of JSSK did not assist in achieving MMR goals. The implementation of the scheme was fraught with many deficiencies and gaps.

The State Government could operationalise only 323 out of 1,334 Primary Health Centres (PHCs) as 24X7 PHC as of August 2016. Despite implementation of Janani Suraksha Yojana and JSSK since 2006 and 2011 respectively, the percentage of institutional deliveries in PHFs had not relatively improved. Post delivery/birth treatment had not been provided to 53 to 60 *per cent* mother

78 Bordi, Jalotra, Jethalpur, Kukma, Kuha, Latipur, Sachin and Sanjan
79 Anjar, Danta, Jodiya and Singarva
80 GH, Valsad, GKG Hospital, Bhuj and GH, Palanpur
81 Neonates means zero to 28 days aged child
82 From April 2013. Prior to April 2013 it was up to 30 days after birth

and neonates, as they had been discharged before 48 hours of delivery. Deaths of 15,817 neonates in the State had occurred within first week after birth due to lapses on the part of the PHFs in providing prescribed care and treatment. District Hospital, Bhuj denied medical treatment to 75 sick newborns who needed ventilator support. Instances of death of women and infants due to non-availability of blood were also noticed in Audit.

Diet to mother and child was provided only twice a day instead of three times a day. Supply of diet as per patient's health and category was not ensured. Diagnostic facility was not available at some test-checked Community Health Centres (CHCs) and PHCs due to non-availability/non-functioning of equipment. Instances were noticed where beneficiaries got the tests done from outside at their own cost.

The Government needs to take decisive steps to ensure achievement of the objectives envisaged in JSSK.

The matter was reported to the Government (July 2016). Reply is awaited (October 2016).

3.5 Management of Bio-Medical Waste in Government Hospitals

3.5.1 Introduction

Bio-Medical Waste (BM Waste) is generated during diagnosis, treatment and immunisation on human/animal/research. Management of healthcare waste is an integral part of infection control and hygiene programs in Healthcare Establishments (HCEs)[83]. BM Waste and its by-products are poisonous and pollutants and could cause health hazards. These HCEs being primary source of generation of BM Waste are major contributors in generating large amount of BM Wastes.

Government of India (GoI) framed Bio-Medical Waste (Management and Handling) Rules, 1998 (BMW Rules) under Environment (Protection) Act, 1986. The BMW Rules streamlined the procedures for collection, handling, transportation and disposal of the BM Wastes. It applies to all occupiers[84] handling the BM Wastes in any form.

The Principal Secretary, Forest and Environment Department is responsible for implementation of the BMW Rules in the State. The Gujarat Pollution Control Board (GPCB) is the nodal agency to coordinate/monitor the activities and enforce the BMW Rules through its 22 regional offices. The Principal Secretary, H&FWD is responsible to ensure management of BM Wastes at the Government HCEs without any adverse effect on human and environment.

As of March 2016, there are 34 Government hospitals[85] at district level, 42 taluka hospitals and 321 Community Health Centres (CHCs) at taluka level. At village level, there are 1,265 Primary Health Centres (PHCs) and 8,121 Sub-Centres (SCs).

83 Includes Civil Hospitals, District Hospitals, Sub District Hospitals, Community Health Centres, Primary Health Centres, Sub Centres, Nursing Homes, Dispensaries, *etc.*

84 Occupier in relation to any institution generating BM Waste includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory, blood bank by whatever name called and means a person who has control over that institutions/premises

85 21 District Hospitals, six hospitals attached with Government Medical Colleges, six hospitals attached with Government Medical Education and Research Society and a hospital attached with private medical college on Private Public Participation (PPP) mode

The management of the BM Wastes in Government Hospitals (GHs) was last reviewed and findings included in the Audit Report (General and Social Sector) for the year ended 31 March 2012. Audit selected 10 out of 33 districts in the State which included six districts[86] covered in the previous Audit Report.

Audit involved test-check (between March and August 2016) of records covering the period 2012-16 of 10 selected districts[87]. Records of Commissioner of Health (CoH), eight Civil Hospitals[88] (CHs), six District Hospitals[89] (DHs) and 25 *per cent* CHCs of selected 10 districts were test-checked. Records of 11 Common Bio-Medical Waste Treatment Facilities[90] (CBWTFs), nine PHCs[91] and 10 Regional Offices (ROs) of GPCB were also test-checked.

Joint visit of the test-checked HCEs and CBWTFs were also undertaken alongwith the officials of the test-checked HCEs and GPCB to review the standard of Management of BM Waste.

Audit Findings

3.5.2 Authorisation and Annual Reporting

BMW Rules provide every occupier of an institution managing BM wastes shall make an application to the prescribed authority for grant of authorisation. The occupier/operator shall submit an annual report to the prescribed authority by 31 January every year. GPCB was responsible to monitor the functioning of HCEs with proper authorisation for generation of BM Wastes and timely renewal of authorisation by HCEs.

Large number of HCEs running without authorisation was pointed out in the previous Audit Report. In the current audit, it was observed that all test-checked CHs (except CH Gandhinagar) and DHs had obtained authorisation. In CH Gandhinagar and nine[92] out of 40 CHCs test-checked, the authorisations had expired. These HCEs had been running without valid authorisation i.e. CHC Mandvi since 2003, CHC Viramgam since 2008 while others from 2015-16. GPCB had not taken any action against these HCEs for non-renewal of authorisation. These HCEs had also not made any efforts to obtain timely renewal of authorisation. It was also observed that out of 40 CHCs test-checked, only 15 CHCs[93] had submitted the Annual Reports to the GPCB.

HCE authorities stated (May to August 2016) that action would be taken to renew the expired authorisation.

86 Ahmedabad, Bhavnagar, Jamnagar, Rajkot, Surat and Vadodara
87 Ahmedabad, Banaskantha, Bhavnagar, Gandhinagar, Jamnagar, Panchmahal, Rajkot, Sabarkantha, Surat and Vadodara
88 Ahmedabad, Bhavnagar, Jamnagar, Rajkot, Surat and Vadodara - all attached with the Medical Colleges and Ahmedabad (Sola) and Gandhinagar – both attached with Government Medical Education and Research Society (GMERS)
89 Himatnagar, Jamkhambhaliya, Palanpur, Panchmahal, Rajkot and Vadodara
90 Facilitates for treatment of BM Waste of all Sectors. Ahmedabad (02), Bhavnagar (01), Gandhinagar (02), Jamnagar (01), Banaskantha (01), Sabarkantha (01), Surat (02) and Vadodara (01)
91 Bhavnagar – PHC Dhasa, Jamnagar – PHC Bhatia and PHC Motibanugar, Rajkot – PHC Khirasara, PHC Kothariya and PHC Gomta, Surat – PHC Navi Pardi and PHC Sabhron, and Vadodara – PHC Chanod
92 Bajva, Chottaudepur, Gambhoi, Mandvi, Olpad, Palitana, Sanand, Sihor and Viramgam
93 Bardoli, Bagdana, Bajwa, Gambhoi, Jambugodha, Kakanpur, Kalawad, Kotdasanghani, Kuvadava, Padadhari, Padra, Shahera, Sikka, Timba Road and Vadali

- ***Veterinary institutions***

Government veterinary institutions are also required to obtain authorisations for generation of BM Wastes as per BMW Rules. Audit observed that GPCB had not conducted any survey to identify number of veterinary institutions functioning in the State except for Surat district. Resultantly, GPCB had no information about the quantity of BM wastes generated and disposed of by these institutions.

The matter was reported (September 2016) to GPCB. The reply is awaited (October 2016).

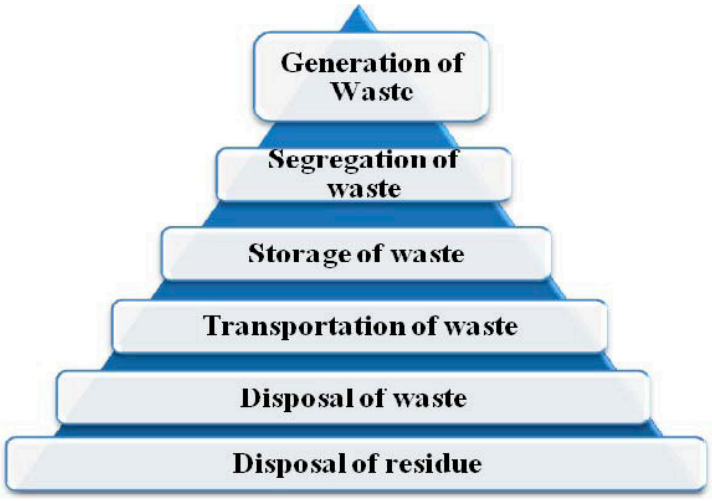
- ***108 Ambulance***

"108" ambulance service provided cost free emergency first aid treatment to patients on the spot or while taking them to nearby hospital. The BM wastes generated during first aid treatment are segregated in separate colour coded bags/containers in the ambulance. The segregated wastes were either being disposed of in the Municipal container or were being burnt instead of handing over to nearby hospitals for safe disposal. Non-compliance of BMW Rules by operators of 108 services was reported (June 2014) to the Department by CH, Rajkot. No action had been initiated by the Department.

The matter was reported (September 2016) to GPCB, however, the reply is awaited (October 2016).

3.5.3 Management of Bio-Medical Waste in Government Hospitals

BM Wastes generated in the hospitals are classified in 10 categories as per BMW Rules **(Appendix-VII)**. It provided that it shall be the duty of the occupier generating BM Wastes to ensure its proper management to avoid any adverse effect to human health and environment. Different stages of BMW management are shown in the flow-chart given below –



3.5.3.1 Segregation of BM Waste

Segregation of the waste is the first step in the entire process of BM Waste Management. BMW Rules provided that the waste shall be segregated and collected in appropriate colour coded bags at the point of generation as shown in **Table 1** as follows –

Table 1: System of segregation at the point of generation

Colour code	Type of waste	Type of treatment
Yellow	Potentially infectious non-plastic waste	Incineration/Deep Burial
Red	Potentially infectious plastic waste	Autoclave/Microwave/ Chemical treatment
Blue/ White	Waste Sharps	Autoclave/Microwave/ Chemical treatment and Shredding
Black	Discarded medicines, chemical waste, incineration ash	Disposal in secured landfill

Non-segregation of BM Wastes was pointed out in the Audit Report for the year ended March 2012. In the current Audit, it was observed that in 28 out of 40 CHCs and two out of six CHs[94] test-checked, segregation was not done at the generation points[95]. During joint visit of HCEs, it was observed that -

- Needles/syringes have not been mutilated **(Picture 1)**.
- Mutilating devices were found non-functional **(Picture 2)**.
- Puncture proof containers for sharp items were not available.
- Sharp items were not disinfected with sodium hypochlorite.
- Wastes were not kept in appropriate colour coded bags.

Picture 1: Needles/Syringes not mutilated and were not disinfected with sodium hypoclorite at CHC, Palsana, Surat

Picture 2: Needles not mutilated due to non-functional mutilation device at CHC, Olpad, Surat

Hospital Authorities of test-checked HCEs stated (May to August 2016) that action would be taken to improve the system of management of BM Waste.

The State Government may ensure proper segregation of BM Waste by the hospital authorities at the point of generation.

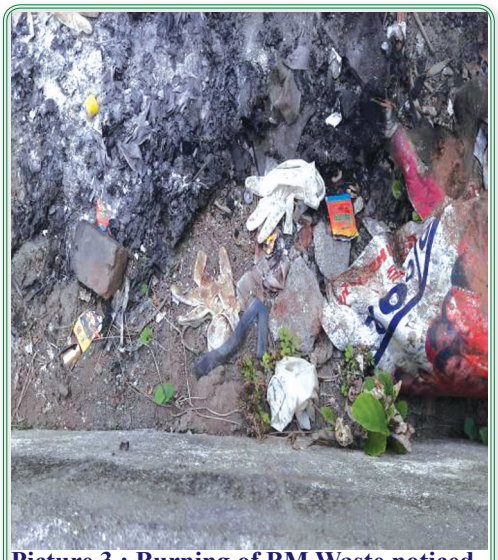
94 G.G. Hospital, Jamnagar and Sir T Hospital, Bhavnagar

95 Emergency Ward, Dressing Ward, Gynaecology Ward, Orthopaedic Ward, Surgical Ward, Medical Ward, Injection Room, Intensive Critical Care Unit, Paediatric Ward, Laboratory, Blood Bank, *etc.*

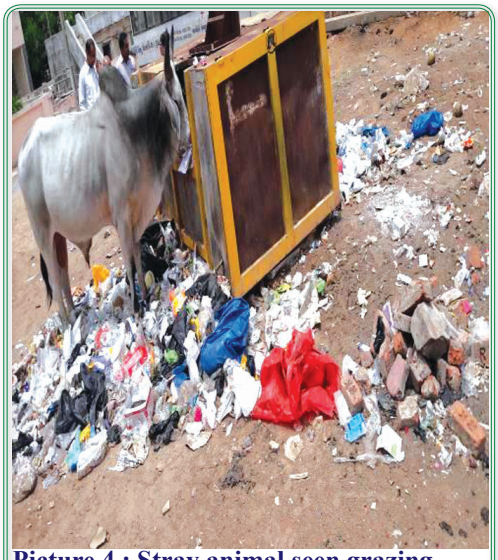
3.5.3.2 Disposal of BM Waste

BMW Rules provided that BM Waste shall be treated and disposed of in accordance with Schedule-I and Schedule-V. Guidelines issued by the CoH stipulated that pharmaceuticals should not be destroyed by burning in open as it releases toxic pollutants into the air.

Instances of mixing of BM Waste with Municipal Solid Waste (MSW) and burning of BM waste were pointed out in the previous Audit Report. In the current Audit, instances of burning of BM Waste **(Picture 3)**, mixing of BM Waste with MSW and stray animal grazing the mixed waste (**Picture 4)** were noticed in 23 test-checked HCEs. These wastes were being disposed of in open site in contravention to the BMW Rules which could cause adverse effect on human/environment.



Picture 3 : Burning of BM Waste noticed at CHC, Kamrej, Surat



Picture 4 : Stray animal seen grazing mixed waste at DH, Palanpur

The hospital authorities stated (April to August 2016) that instruction would be issued to all concerned for taking corrective action. CHC, Bavla instantly initiated corrective action by removing all the BM Wastes from municipal containers and disposed the same in the BM Waste containers.

The State Government may issue instructions to all HCEs in the State to follow the provisions of BMW Rules for disposal of BM Wastes.

3.5.3.3 In-house transportation of BM Waste

CoH guidelines stipulated that transportation of in-house waste should be done properly to avoid injuries and infection to waste handlers and contamination to the environment. The waste bags should be transported in a covered trolley which has a biohazard symbol on it. The trolley should be made of material that withstands exposure to cleaning agents used for decontamination.

Audit observed in test-checked CHCs and Sub-District Hospitals (SDHs) that the BM Waste bags were being transported manually from various wards to the storage area without use of trolley. At DH Panchmahal, the wastes were being transported on a stretcher to the storage area due to non-availability of a closed trolley **(Picture 5)**.

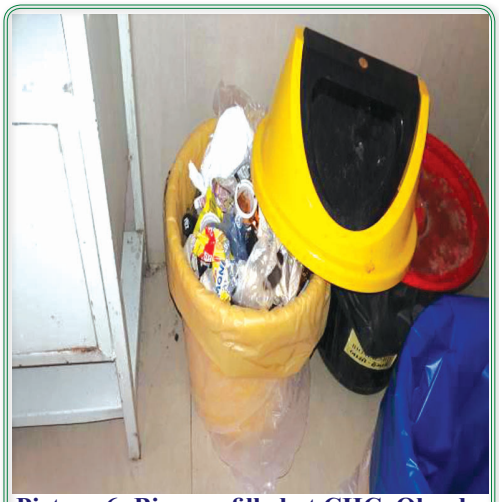
Picture 5 : Stretcher being used as trolley for transporting BM Wastes at DH, Panchmahal

Hospital authorities stated (July 2016) that action would be taken to improve the management of BM Wastes in the hospital.

3.5.3.4 Storage of BM Waste

(i) BM Wastes are infectious in nature and having potential to create health hazard. It was important to take precautionary measures for its storage *viz.* cover the bins with lid, avoid overfilling of bins, regular cleaning of bins, *etc*.

Audit observed good practice of storage of BM Wastes as per prescribed norms at three[96] test-checked CHs. At two CHs[97], all DHs and CHCs test-checked, Audit observed that the BM Wastes were not being stored properly. Instances of bins without lid/overfilled bins were also noticed (**Picture 6 and 7).**



Picture 6: Bin overfilled at CHC, Olpad, Surat

Picture 7: BM Wastes kept in open bin at Sir T Hospital, Bhavnagar

(ii) All HCEs should have the facility of a storage room to store the BM Wastes till its disposal for treatment. The storage room should be covered

96 Ahmedabad, Gandhinagar and Surat
97 G. G Hospital, Jamnagar and Sir T Hospital, Bhavnagar

with impermeable surface, and should be well ventilated, lockable, properly disinfected and pest-free. The effluent generated from these wastes should be discharged into the drain so as to avoid underground seepage.

Audit observed that the facility of separate storage room for storing of BM Wastes was not available at 42 out of 67 HCEs[98] test-checked. During joint visit of storage places, it was observed that toilets, bathrooms and old incinerator rooms were being used as BM Waste store room. Regular cleaning of these storing areas was not being done **(Picture 8 and 9)**.

Picture 8 : Toilet for disabled being used as storage room at CHC, Sanand, Ahmedabad

Picture 9 : Old incinerator room being used as storage room at Sir T Hospital, Bhavnagar

The hospital authorities stated (May to August 2016) that proper action would be taken to improve the BM Waste management.

The State Government may bolster its inspection schedule for effective management of BM Wastes.

3.5.3.5 Collection of BM Wastes by private agencies

BMW Rules provided that untreated BM wastes shall not be kept stored beyond a period of 48 hours. If for any reason it becomes necessary to store the wastes beyond such period, the authorised person must take permission of the prescribed authority.

Audit observed that the work of collection and treatment of BM Wastes generated in the Government HCEs was awarded (March 2014) to 19 private agencies[99]. These agencies were responsible to collect wastes generated from CHs and DHs on daily basis and on alternate day from CHCs and PHCs.

Delay in collection of BM Wastes by these agencies was pointed out in the previous Audit Report. During the current audit, instances of non-collection of BM Wastes within 48 hours by these agencies were noticed in 21 CHCs[100]. Delay in collection of waste in these CHCs ranged from three to seven days in

98 CHs – three, DHs – four, CHCs – 26 and PHCs - nine

99 Common Bio-Medical Waste Treatment Facilities (CBWTFs), the private agency

100 Adalaj, Bagodara, Bajva, Bardoli, Danta, Deesa, Gambhoi, Jambugodha, Kakanpur, Kamrej, Kotdasangani, Olpad, Padadhari, Palitana, Sihor, Sanand, Singarva, Tharad, Vadali, Vadgam and Vav

a month during 2015-16. It was also observed that there was no penalty clause in the agreement made with these agencies for delay in collection of BM Wastes from HCEs.

The hospital authorities stated (May to August 2016) that proper action would be taken to improve the BM Waste management.

3.5.4 Idle machineries

3.5.4.1 Non-disposal of obsolete incinerators

In the previous Audit Report, Audit had pointed out that 41 incinerators[101] installed (between 1999 and 2009) in various HCEs were inoperative. The incinerators were required to be disposed of. Audit observed that incinerators installed at all test-checked CHs and DHs (except in CH, Ahmedabad and DH Rajkot) were still lying idle. No action had been taken by hospitals for its disposal till October 2016.

The hospital authorities stated (June and October 2016) that the process for condemnation and disposal of the incinerators has been initiated.

The State Government may issue instructions to all HCEs to expedite disposal of the inoperative incinerators.

3.5.4.2 Idle Autoclave

CoH allotted (2011) Horizontal High Speed Cylindrical Autoclave machines to 68 CHCs costing ₹ 2.18 crore with a unit cost of ₹ 3.20 lakh per machine. Audit observed that due to non-availability of required infrastructure, these machines had not been installed in 14 test-checked CHCs since its allotment. The machines installed at three test-checked CHCs were found non-functional for want of repair/service/training by the supplier. This resulted in wasteful expenditure of ₹ 0.54 crore.

The matter was reported (September 2016) to the State Government. Reply is awaited (October 2016).

3.5.4.3 Idle Sterigen Disinfectant Generation System

CoH allotted (2010-13) Sterigen Disinfectant Generation System[102] to 299 CHCs costing ₹ 25.01 crore with a unit cost of ₹ 8.15 lakh to ₹ 7.76 lakh per machine. Audit observed in 40 test-checked CHCs that these machines were non-functional since six months to four years for want of repair and maintenance by the supplier. Audit further observed at General Hospital, Godhra that the parts of the machine were found missing**.**

The matter was reported (September 2016) to the State Government. Reply is awaited (October 2016).

101 41 incinerators installed in different Taluka Hospitals and DHs at the cost of ₹ 1.99 crore and six CHs (Ahmedabad, Surat and Vadodara)

102 This is a fully automatic machine with two chambers – one for Sterisol- C Solution and another for Tap water. From these chambers, they go to a main chamber where the Sterisol-C Solution and water is mixed in specific concentration and final disinfectant solution is made. The solution so prepared, can further be diluted with water in different concentrations for different uses like instrument disinfection, mopping of OT floors and walls, ward cleaning, hand disinfection, OT fumigation, Bio Film Removal *etc.*

3.5.5 Treatment of BM Waste and Residue

BMW Rules provided that every occupier shall set-up requisite bio-medical waste treatment facilities[103] or ensure treatment of waste. All HCEs in the State were members of CBWTF. The HCEs were responsible for providing segregated wastes to the agency who were responsible for transportation and disposal of waste and residue.

3.5.5.1 Transportation of BM Waste

Guidelines of Central Pollution Control Board (CPCB) stipulated that coloured bags handed over by the HCEs shall be collected in similar coloured containers with cover. The coloured bags should be labelled with details of sender's name and waste category. Transportation of waste should be done in non-peak hours to avoid BM Wastes coming in contact with public. Audit observed that-

- Vehicle used to carry BM Wastes from HCEs had no separate containers for different types of wastes. The agencies were collecting BM Wastes from all test-checked HCEs during peak hours of hospitals. The labourers were not provided with protective masks and gloves while carrying BM Wastes. The bags were not being labelled with details of waste category and sender's address. Different coloured bags were being kept one after another and bags were not being tightened to avoid spillage, against extant provisions of BMW Rules **(Picture 10 and 11)**.

Picture 10 : CBWTF vehicle of M/s. Rhythm Biocare at CHC, Vadgam, Palanpur

Picture 11 : CBWTF vehicle of M/s. Pollucare at CH, Ahmedabad

Non-use of separate containers and untied bags carried an element of risk of mixing of different categories of wastes. In the absence of details of HCEs who were not segregating the wastes as per Rules could not be traced out. Collection of BM Wastes without protection and during peak hours of hospital posed threat to the BM Waste handlers and the public.

The hospital authorities stated (May to August 2016) that proper action would be taken to improve the BM Waste management.

103 Incinerator, autoclave and microwave system

- Huge quantity of non-segregated waste and syringes with needles and their sorting being done without any protection was noticed in two agencies **(Picture 12 and 13).**

Picture 12 : Non-segregated BM Wastes at M/s. Dev BMW Management Services, Jamnagar

Picture 13 : Non-segregated BM Wastes at M/s. BMWMC-IMA, Bhavnagar

GPCB, Jamnagar stated (October 2016) that show cause notice has been issued against the agency. GPCB, Bhavnagar stated (October 2016) that the matter would be investigated and action would be taken against the defaulter.

The State Government may ensure proper collection and transportation of BM Wastes by these agencies to avoid health hazards.

3.5.5.2 Availability of treatment facilities

As per CPCB guidelines, a Common Bio-Medical Waste Treatment Facility (CBWTF) shall not be allowed to cater to HCEs situated beyond a radius of 150 km. It is also prescribed that an additional CBWTF may be allowed if number of beds handled by an agency exceeds 10,000.

In the previous Audit Report, Audit had pointed out that two out of 13 agencies in the State were covering more than 10,000 beds and one agency was covering approximately 250 km. of distance. Scrutiny of records of GPCB revealed that out of 19 agencies operating across the State, two agencies[104] were still covering more than 10,000 beds.

The matter was reported (May 2016) to the GPCB, however, the reply is awaited (October 2016).

The State Government may take steps to establish CBWTFs covering reasonable areas for timely collection and treatment of BM Waste.

3.5.5.3 Functioning of CBWTFs

Audit team visited eleven CBWTFs[105] with GPCB authorities. Following deficiencies were noticed -

104 M/s. Medicare Environment Management Private Limited, Sanand and M/s. En-cler Biomedical Waste Private Limited, Surat

105 M/s. Medicare Environmental Management Private Limited, Ahmedabad, M/s. E-Coli Waste Management Private Limited Sabarkantha, M/s. BMWMC-IMA, Bhavnagar, M/s. Pollucare BM Management Private Limited, Gandhinagar, M/s. Care-BMW, Gandhinagar, M/s. En-Cler BMW Private Limited, Surat,, M/s. Globe Bio Care, Surat, M/s. Medicare, Ahmedabad, M/s Quantum, Vadododara, M/s. Dev BMW, Jamnagar and M/s. Rhythm Biocare, Palanpur

(i) CPCB guidelines provided that manual handling shall not be allowed for discharging of BM Wastes into the incinerator. BMW Rules also prescribed that incinerator shall not be operated unless it is equipped with High Pressure Ventury Scrubber as Air Pollution Control Device (APCD). Audit observed that-

- Manual feeding of the waste in the incinerator was pointed out in the previous Audit Report. During the current audit, it was noticed that waste feeding in the incinerator was still being done manually by two agencies, as the mechanical device was non-functional **(Picture 14 and 15)**. Manual waste feeding possesses an inherent risk to the person manning the waste into incinerator.

Picture 14: CCTV footage of Manual waste feeding at BMWMC-IMA CBWTF, Bhavnagar

Picture 15: Manual waste feeding at Care-BMW, Gandhinagar

- APCD installed at CBWTF, Gandhinagar was not working. As a result, emission of gases like Carbon dioxide (CO_2) and Nitrous Oxide (NO_2) were not controlled. This would ultimately create health hazards to the nearby inhabitants as well as other living creatures.
- All the agencies procured Stack Monitoring System for online monitoring of parameters of the flue gases[106] against the standard parameters. These systems were not yet installed and linked to the GPCB XGN system though instructed by GPCB. The system procured was thus lying idle. This defeated the very purpose of online monitoring by GPCB to control emission of gases.

GPCB, Bhavnagar stated (October 2016) that the matter would be investigated and action would be taken against the defaulter. The reply of GPCB, Gandhinagar is awaited.

(ii) Autoclaving (steam sterilisation) is prescribed for disinfecting and treating micro-biology and bio-technology waste, sharp waste and soiled waste. As per BMW Rules, each autoclave should have graphic or computer recording devices which automatically monitors the operating parameters through the autoclave cycle.

106 Carbon dioxide (CO_2) and Nitrous Oxide (NO_2)

Test check revealed that Autoclave systems installed by these agencies were not having any graphic or computer recording devices with them. The operating parameters were not available on record. In absence of proper documentation, Audit could not ascertain the fact regarding proper sterilisation. Spores testing of the autoclaved waste were not conducted to ensure complete killing of Bacillus Stearothermophilus spores.

The matter was reported (May 2016) to the GPCB. The reply is awaited (October 2016).

(iii) As per CPCB guidelines, ash of incinerator shall be stored in sturdy containers in a masonry room to avoid any pilferage. The ash shall finally be disposed of in secured landfill site. For the purpose, they shall be a member of authorised Treatment Storage and Disposal Facility (TSDF).

Audit observed at two treatment facilities that huge amount of incinerator ash were being packed in plastic bags instead of storing them in sturdy containers and disposing them in landfill sites. In Gandhinagar, the ash was being stored in open place which was hazardous to the environment **(Picture 16)**. In Bhavnagar, the agency had not obtained membership of authorised TSDF since its establishment **(Picture 17)**. There was every possibility that the ash generated in Bhavnagar might have been disposed of unauthorisedly in open land.

Picture 16 : Incinerator-Ash not disposed of and kept in open place by M/s. Pollucare BM Management Private Limited, Gandhinagar

Picture 17 : Incinerator-Ash not disposed of by M/s. BMWMC-IMA, Bhavnagar

GPCB, Bhavnagar stated (October 2016) that the matter would be investigated and action would be taken against the defaulter. The reply of GPCB, Gandhinagar is awaited (October 2016).

(iv) In Gandhinagar, Audit observed that the plant installed by the agency[107] was not functioning for want of repair/maintenance work of the incinerator on the date of joint visit. Records revealed that the plant was non-functional for 12 days (from 19 June 2015 to 30 June 2015) and the facts were not reported to GPCB. This indicated that the agency had not availed prior permission of

107 M/s. Pollucare BM Management Private Limited, Gandhinagar

GPCB for storing the untreated BM Wastes beyond 48 hours as required under BMW Rules. Alternate arrangement made for treatment of waste during these non-operational periods was not found on record with the agency or the GPCB.

Similarly, in Bhavnagar, the plant was non-operational on account of "Closure Notice" issued (15 October 2015) by GPCB. The period of closure was from 16 October 2015 to 20 October 2015. GPCB instructed (15 October 2015) the agency to collect the waste and hand over the waste to the agency of Rajkot for their treatment on daily basis. Audit could not ascertain treatment of waste collected during closure period as no records were found on record. This indicated that the untreated BM Wastes could have been stored beyond 48 hours in contravention to BMW Rules.

GPCB, Bhavnagar stated (October 2016) that the matter would be investigated and action would be taken against the defaulter. The reply of GPCB, Gandhinagar is awaited.

3.5.6 Monitoring and follow-up action

3.5.6.1 Inspection of Government Hospitals

Para 5 of GPCB Manual classifies industries in three[108] categories. Hospitals have been classified as Red Category Units and GPCB was required to visit a hospital once in every three months. Audit observed that GPCB had visited one to six times only in all test-checked DHs and three to 15 times only in all test-checked CHs as against the requirement of 16 visits during 2012-16.

Monitoring by GPCB was a very important check to ensure compliance of BMW Rules by the hospitals. Shortfall in inspection by GPCB indicated the weak monitoring and enforcement of BMW Rules in the State.

The matter was reported (September 2016) to the GPCB, however, reply is awaited (October 2016).

3.5.6.2 Constitution of Task Force in Hospitals

A recommendation was made in the previous Audit Report regarding implementation of Task Force in the Govt. Hospitals. CoH issued (January 2013) instructions to all district level hospitals for constituting a Task Force for monitoring the management of BM Waste in the hospitals. It was further instructed that the Task Force team would conduct the prescribed checks and submit a monthly report to the Regional Deputy Director (RDD). The team would visit CBWTF at least once in three months to ensure the disposal of BM Wastes as per prescribed norms. Audit observed that -

- All test-checked CHs had constituted Task Forces in their hospitals. Two[109] out of six DHs test-checked had not constituted the Task Force (October 2016). The Task Force teams constituted in the test-checked CHs and DHs had not submitted the monthly reports to the RDD. Consequently, the very purpose of constituting the Task Force for monitoring the Management of BM Waste in the hospitals had been defeated.

108 Red, Orange and Green
109 Jamnabai, Vadodara and Khambhalia, Jamnagar

- The task force team had not visited treatment facilities till date (June 2016) except CH, Sola, Ahmedabad and CH, Bhavnagar. The task force of these two hospitals had conducted only two and one visit respectively since its formation. This indicated that the Task Force constituted was not performing the prescribed visits to ensure proper disposal and treatment of BM Wastes.

Hospital authorities stated (May to August 2016) that they would take proper action to improve the system of BM Waste Management in the hospitals.

3.5.6.3 Inspection of treatment facilities

As per GPCB Manual, GPCB was required to inspect a CBWTF site once in a month and clarification for the omissions noticed was to be called for. Audit observed that all the sites were not being inspected monthly by the GPCB. The inspection ranged from zero[110] to 10 times in a year during 2012-16 as against the prescribed 12 inspections in a year.

The matter was reported (September 2016) to the GPCB. Reply is awaited (October 2016).

3.5.6.4 Follow-up action on GPCB Inspection

BMW Rules and GPCB Technical Manual stipulated prosecution of applicant for failure to comply with the terms and conditions and other directives issued by GPCB.

GPCB had issued 10,274 show cause notices to Government HCEs and 16 show cause notices to CBWTFs during 2012-16 for violation of BMW Rules. Audit observed that GPCB had not imposed any penalty or initiated any penal action against the defaulters except for issuance of show cause notices. This indicated that no follow-up action have been taken by the GPCB to ensure rectification of violation by the defaulters.

The matter was reported (September 2016) to the GPCB, however, reply is awaited (October 2016).

The State Government may strengthen the monitoring mechanism by the Task Force.

3.5.7 Conclusion

BMW Rules envisaged proper management and disposal of BM Wastes in the HCEs. The State Government authorized GPCB for enforcement of BMW Rules in the State.

The management of the BM Waste in Government Hospitals (GHs) was last reviewed and findings included in the Audit Report (General and Social Sector) for the year ended 31 March 2012. The current audit was undertaken to review the standards of Management of Bio-medical waste in the State. Audit noticed huge gaps in enforcement and implementation by the respective agencies.

110 M/s. E-coli, Ahmedabad

Segregation of BM Waste was not done at the generation points as per BMW Rules in 28 CHCs and two CHs test checked. Instances of burning and mixing of BM Wastes with Municipal Solid Wastes was noticed. Facility of storage room at HCEs was not available resulting in storage of wastes in toilets/bathrooms and old incinerator rooms. Instances of delay in collection of wastes by CBWTFs beyond 48 hours were noticed. Protectives were not being used by the labourers of the agency during handling of BM Wastes. Manual feeding of wastes into the incinerator and incinerator ash kept in open instead of disposing at landfill site were noticed.

Monitoring of compliance of BMW Rules by GPCB was not effective as the specified inspection were not carried out. Task Force constituted in the hospitals failed to monitor the management of BM Waste. They also failed to submit their report to authorities concerned for further action.

This is a pointer to the fact that enforcement and implementation needs to be strengthened to ensure effective implementation of BMW Rules.

The matter was reported to the Government (July 2016). Reply is awaited (October 2016).

3.6 Wasteful expenditure of ₹ 1.14 crore on Cancer Detection Vehicle

Cancer Detection Vehicle "Sanjivani Rath" procured at the cost of ₹ 1.14 crore for early cancer detection and cost free treatment for rural population of Rajkot district was under-utilised.

The State Government decided (October 2009) to develop a High Tech Cancer Screening Van 'Sanjivani Rath' equipped with ultra modern equipment[111] in joint venture with Gujarat Cancer and Research Institute (GCRI), Ahmedabad. The objective was to provide free early cancer detection and treatment facilities for rural population by organizing regular camps in rural areas.

GCRI, Ahmedabad procured (August 2010) two Sanjivani Raths from an agency[112] at the cost ₹ 2.27 crore. The Chief District Health Officer (CDHO), Ahmedabad granted (April 2011) registration[113] for conducting Ultrasound test in the vehicles. GCRI allotted (September 2011) Sanjivani Raths to Pandit Deendayal Upadhyay (PDU) Hospital, Rajkot and General Hospital, Siddhpur for providing facilities to rural populace of Rajkot and Patan districts respectively. Rajkot district has a rural population of 15.91 lakh residing in 14 talukas and 835 villages. Patan district has a rural population of 10.63 lakh residing in seven talukas and 517 villages.

Audit observed (November 2015) that PDU Hospital, Rajkot had used the Sanjivani Rath for conducting only 175 checkups till September 2016. Till January 2013, it was lying idle as no camps had been organised by the hospital authorities. Thereafter, only 12 camps have been organised *i.e.* four camps[114]

111 Mammogram machine, Ultra Sonography machine, Fiber optic Laryngoscope, Vaginal Colposcope, *etc.*
112 M/s. Fuji Films India Private Limited, Mumbai
113 Under Pre-Conception and pre-Natal diagnostic techniques Act, 1994
114 (1) Uchhangrai Dhebar Primary School, Rajkot, (2) Government Hospital, Veraval, (3) Government Hospital, Una and (4) Meghani Rang Bhavan, Rajkot

between February and March 2013 and eight camps[115] between March and August 2015. From September 2015, the vehicle was lying idle for want of repairs[116]. PDU Hospital, Rajkot (August 2016) made correspondence with GCRI for repairing the vehicle. No action has been taken by GCRI to repair the vehicle till date (October 2016). Out of these 12 camps, only five camps had been conducted in rural areas of Rajkot district. The remaining seven camps had been conducted within Rajkot city area, Jamnagar and Junagadh districts. This resulted in wasteful expenditure of ₹ 1.14 crore on Sanjivani Rath besides deprival of benefits to the intended beneficiaries.

General Hospital, Siddhpur, Patan had organized 327 camps[117] between December 2011 and April 2015. Audit observed that 312 out of these 327 camps had been organized in only one taluka *i.e.* Siddhpur taluka. Failure on the part of GCRI to operationalise the vehicles effectively defeated the very intended objectives.

Medical Superintendent, PDU Hospital stated that presently as the vehicle needs repairs, no camps have been planned. It is recommended that the hospital authorities may get the vehicle repaired soon and organise maximum camps in villages to achieve the objectives.

The matter was reported to the Government in July 2016. Reply is awaited (October 2016).

LEGAL DEPARTMENT

3.7 Short recovery of fees of ₹ 26.98 lakh by Gujarat National Law University and undue favour to a candidate

Gujarat National Law University transferred NRI category seat to General category in contravention of prescribed admission procedure. This irregular transfer resulted in short recovery of fees of ₹ 26.98 lakh by GNLU and undue favour to a candidate.

Gujarat National Law University (GNLU) was established (March 2003) under Gujarat National Law University Act, 2003**.** GNLU was recognised by the Bar Council of India (BCI) and the University Grants Commission (UGC). GNLU functions as nodal agency to impart legal education in the State of Gujarat. As per admission procedure for Non-Resident Indians (NRIs)/Foreign National (FN) Seats, candidates seeking admission under NRI category could apply directly to GNLU. Any transfer of candidates admitted under this category to another category was not permitted. The 24th Executive Council (EC) in its meeting (7 December 2012) also decided that no transfer of FN/NRI seats, once admitted, would be made in any circumstances. The candidates seeking admission under NRI category were required to remit their fees in accordance with the applicable Reserve Bank of India (RBI) norms only. GNLU had three seats under NRI category for Under-Graduate degree programme.

115 (1) Padmakunvarba Hospital, Rajkot (2 camps), (2) Sub-District Hospital, Dhoraji, (3) Community Health Centre (CHC), Jasdan, (4) CHC, Virpur, (5) CHC, Padadhari, (6) CHC, Lodhika and (7) Jamkhambhaliya Hospital

116 Leakage in the roof of the vehicle, damaged wooden partition and wire, *etc.*

117 2011 (04), 2012 (49), 2013 (119), 2014 (137) and 2015 (18)

Audit observed that a candidate admitted (2012-13) in Under-Graduate degree programme under NRI category was transferred (July 2013) to General Category. This was in contravention to the provisions of admission procedure and decision of the EC. The candidate had paid fees for the first academic year at the rate of 12000 US Dollar plus ₹ 0.55 lakh as other charges. For the next academic years (2013-14 and 2016-17) the fees was paid as per General category as shown in **Table 1** below –

Table 1: The details of fees payable and paid during 2012-17

(Amount in ₹)

Fees	2012-13 (1st year)	2013-14 (2nd Year)	2014-15 (3rd Year)	2015-16 (4th Year)	2016-17 (5th Year)	Total
Fees payable as per NRI category	7,49,000	7,75,200	7,83,600	8,27,700	8,64,760	40,00,260
Fees actually paid	7,49,000	1,25,000	1,26,200	1,52,400	1,49,000	13,01,600
Fees under realised	**Nil**	**6,50,200**	**6,57,400**	**6,75,300**	**7,15,760**	**26,98,660**

The above table shows that as against ₹ 40.00 lakh payable by the candidate under NRI category, the candidate had paid only ₹ 13.02 lakh under general category. Change in category of admission from NRI to General category led to short recovery of ₹ 26.98 lakh and undue favour to a candidate to that extent.

GNLU stated (March 2015) that the candidate took admission under the NRI category as Gujarat Domicile (General category) seats were filled up. Subsequently, due to withdrawal of some candidates under Gujarat Domicile category, the said candidate was shifted to General Category.

Reply is not tenable as change in category of any candidate after getting admitted was contrary to the prescribed admission procedure. This led to short recovery of fees and undue favour to the candidate.

The matter was reported to Government in June 2016. Reply is awaited (October 2016).

NARMADA, WATER RESOURCES, WATER SUPPLY AND KALPSAR DEPARTMENT

3.8 Avoidable expenditure of ₹ 3.04 crore

Delay in finalisation of price bid within the validity period by Gujarat Water Supply and Sewerage Board (GWSSB), Ahmedabad had resulted in avoidable expenditure of ₹ 3.04 crore.

Central Vigilance Commission (CVC) issued (November 2008) instructions to fix a reasonable time for the bids to remain valid while issuing tender enquires. The time shall be fixed keeping in view the complexity of the tender, time required for processing the tender and seeking approval of the Competent Authority, *etc*. It also stipulated that any delay except for unforeseen circumstances, should be viewed seriously and action should be initiated against those responsible.

Chief Engineer, GWSSB, Ahmedabad invited (June 2011) tender for work of Dakor Underground Drainage Project with the estimated cost of ₹ 6.31 crore. The work involved providing, supplying, lowering, laying and joining Reinforced Cement Concrete (RCC) NP3 pipeline for proposed sewer lines. It also provided supplying, lowering and laying of Ductile Iron (DI) K9 pipeline for raising main, operation and maintenance of the project for two years.

The date of opening of technical bid was 04 August 2011 and tender validity period was fixed as 180 days from the date of opening of technical bid. Single bid of an agency[118] was received (July 2011) with tender cost of ₹ 8.21 crore (29.99 *per cent* above the estimated cost). The technical bid was opened on 16 August 2011. The approval for opening of price bid was accorded by the Chief Engineer only on 10 January 2012 after a time gap of 148 days without any recorded reasons. The price bid was opened on 03 February 2012 after a time gap of 24 days from the date of approval. Total 172 days elapsed in opening of price bid from the date of opening of technical bid. GWSSB requested (March 2012) the agency to extend the validity period. The agency refused (April 2012) the same which resulted in cancellation of the tender.

Subsequently, the Chief Engineer re-tendered and awarded (October 2013) the work to an agency[119]. The tendered cost was ₹ 11.82 crore being 87.32 *per cent* above the estimated cost of ₹ 6.31 crore[120]. The work was completed in May 2015 at the cost of ₹ 11.25 crore.

Delay on the part of the Chief Engineer in finalisation of tender within the validity period of 180 days resulted in avoidable expenditure of ₹ 3.04 crore[121].

The Superintending Engineer, GWSSB, Nadiad stated (February 2016) that the validity of the bid was valid upto 12 February 2012. The agency refused to extend the period of Bank Guarantee, hence, re-tendering was done. The reply is not tenable as the Bank Guarantee was valid upto 20 April 2012. The agency had every right to refuse the request as the tender was not finalised within the validity period. As per CVC instructions quoted above, action may be initiated against those found responsible for the delay which resulted in avoidable expenditure of ₹ 3.04 crore.

The matter was reported to Government in June 2016. Reply is awaited (October 2016).

118 M/s. Engineering Professional Company Private Limited, Surat
119 M/s. Krishna Construction Company, Ahmedabad
120 The estimates were prepared based on Schedule of Rates of 2008-09 for Civil work and of 2006-07 for Mechanical work
121 ₹ 11.25 crore (actual cost) - ₹ 8.21 crore (tender cost of first agency)

SOCIAL JUSTICE AND EMPOWERMENT DEPARTMENT

3.9 Implementation of selected schemes for differently abled persons in Gujarat

3.9.1 Introduction

The Parliament enacted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which came into effect from 01 January 1996. Subsequently, the State Government notified (August 2001) the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2000. As per the 2011 census, there are 10,92,302 differently abled persons in the State. Various welfare schemes are being implemented by the Central and State Government for the benefit of differently abled persons. During the period 2011-16, total 11 schemes were in operation in the State as indicated below –

- Free travel in State Transport,
- Sant Surdas – Indira Gandhi National Disability Pension Scheme,
- Scholarship to differently abled students,
- Schemes for prosthetic aids and appliances,
- Financial assistance scheme,
- Scheme for family insurance,
- Scheme for operation and subsequent assistance to polio patients,
- Scheme for marriage assistance,
- Assistance to differently abled widows for house construction,
- Scheme for higher educational assistance, and
- National/State awards.

The Additional Chief Secretary (ACS) is the administrative head of Social Justice and Empowerment Department (Department). The ACS is responsible for overall implementation of all welfare schemes for differently abled persons in the State. The ACS is assisted by Joint Secretary (Social Security) and Director (Social Defence) at State level and District Social Defence Officer (DSDO) at district level. An independent Commissioner (Disabilities) coordinates and monitors the implementation of schemes, besides looking into complaints. The Gujarat Minority Finance and Development Corporation Limited (GMFDCL) is responsible for implementation of Financial assistance scheme for differently abled persons.

Audit was conducted with the objective of deriving an assurance about the efficacy of implementation of five welfare schemes[122] in seven selected districts[123]. The districts were selected based on their importance and expenditure incurred. Audit also reviewed records of two other schemes[124] considering its importance to the targeted beneficiaries.

122 Indira Gandhi National Disability Pension and Sant Surdas schemes, scholarship scheme, schemes for prosthetic aids and appliances, financial assistance scheme and free travel in Gujarat State Road Transport scheme
123 Ahmedabad, Banaskantha, Dahod, Kachchh, Panchmahal, Rajkot and Sabarkantha
124 National/State awards and Scheme for higher educational assistance

Audit test-checked the records for the period 2011-16 maintained by the Director, Commissioner (Disabilities), GMFDCL and DSDOs of selected districts between February and October 2016.

Audit Findings

3.9.2 Planning

3.9.2.1 Surveys and investigations

The Act provided that the State Government and the local authorities shall undertake surveys, investigation and research concerning the cause of disabilities.

The State Government had conducted a survey in April 2010. Audit observed that the surveys remained incomplete after covering 3,48,907 differently abled persons in 139 out of 249 talukas in the State. A comprehensive database of differently abled persons in the State with the type of disabilities was not being maintained in the State. In absence of a comprehensive database, based on surveys and investigation, ineffective formulation and implementation of the schemes cannot be ruled out.

It was also observed that the Department had not prepared any action plan for implementation of welfare schemes for differently abled persons. The targets for providing benefits under various welfare schemes had been fixed without considering the actual number of beneficiaries eligible in the State. This resulted in improper implementation of the welfare schemes and deprival of benefits to differently abled persons as discussed in **Paragraphs 3.9.4 to 3.9.8**.

The Director accepted (September 2016) the audit observation and stated that the targets have been fixed based on past years' experience. In future targets would be fixed based on number of differently abled persons and relevant criteria wherever applicable.

3.9.2.2 Formulation of Policy and scheme

The Act stipulated that the State Coordination Committee shall develop a State policy to address issues faced by differently abled persons in the State. Audit observed that the State Government had not formulated any State Policy since enactment of the Act till date (October 2016). The Director stated (June 2016) that the process to formulate a disability policy was under progress and the same would be finalised soon. Audit further observed that -

- The State Government had not framed any insurance scheme for the benefit of differently abled State employees as specifically envisaged in the Act.
- The Act provided for establishment of special employment exchanges for the differently abled persons. There are 40 Special Employment Exchanges (SEEs) for differently abled persons in the country. The State Government had not established a single SEE in the State. In the absence of SEEs, the differently abled persons in the State got themselves registered in normal employment exchanges. The Additional Director, Employment and Training stated (April 2016) that proposal for starting SEEs has been taken up with Government of India (GoI).

- The Act provided that the State Government shall frame a scheme for payment of unemployment allowance to differently abled persons. The allowance shall be paid to those having registered with the SEEs for more than two years and who could not be placed in any gainful occupation. Audit observed that the State Government had not framed the said scheme. Unemployed differently abled persons registered in the regular employment exchanges in the State have not been given any financial assistance during 2011-16. The Director attributed (April 2016) the reason for non-payment of unemployment allowance to not establishing of SEEs in the State. The DSDOs accepted (August and September 2016) the fact of non-payment of special allowance in their districts.

The State Government may formulate a State specific policy and insurance scheme for differently abled persons immediately.

3.9.3 Financial Management

The GoI releases funds for the implementation of welfare schemes for differently abled persons to the State Government for centrally sponsored scheme (CSS). The Finance department, in turn, releases funds of CSS and State sponsored scheme to the Social Justice and Empowerment Department (department). The department, in turn, releases the funds to the DSDOs for implementation of welfare scheme. Year-wise budget provision and expenditure[125] incurred for implementation of welfare schemes during 2011-16 is shown in **Table 1** below -

Table 1: Year-wise budget provision and expenditure incurred by the department

(₹ in crore)

Year	Budget provision	Expenditure incurred	Excess/ Savings	Percentage of utilisation
2011-12	91.97	88.25	3.72	96
2012-13	99.53	94.09	5.44	95
2013-14	98.34	95.20	3.14	97
2014-15	103.74	97.16	6.58	94
2015-16	96.50	80.77	15.73	84
Total	**490.08**	**455.47**	**34.61**	**93**

(Source: Information provided by the Director)

Implementation of welfare schemes

3.9.4 Indira Gandhi National Disability Pension Scheme and Sant Surdas Scheme

The State Government launched (September 2000) "Sant Surdas Scheme (SSS)" with an objective to provide pension to all differently abled persons. The age criteria fixed was below 45 years of age having 75 *per cent* or more disability. Beneficiaries in the age group of zero to 17 years and 18 to 45 years were eligible for ₹ 100 per month (pm) and ₹ 200 pm respectively as pension. The said amount of pension was revised in October 2006 to ₹ 200 pm and ₹ 400 pm respectively. In August 2009, the age limit of 45 years was revised to 64 years. The amount of pension was further revised in July 2014 to ₹ 400 pm to beneficiaries in the age group of zero to 17 years.

125 Include the amount of grant in aid given to various institutions

GoI launched (July 2009) "Indira Gandhi National Disability Pension Scheme (IGNDPS)", a CSS with an objective to provide pension to BPL differently abled persons. The scheme envisaged pension of ₹ 600 pm[126] to beneficiaries in the age group of 18 to 79 years having 80 *per cent* or more disability. The pension amount was sharable equally between GoI and the State Government. The beneficiaries[127] not covered under IGNPS continued to be covered under SSS.

During 2011-16, the Department released ₹ 39.19 crore to the DSDOs of test-checked districts for disbursement of pension to the beneficiaries. As of March 2016, the test-checked DSDOs disbursed pension of ₹ 38.51 crore (98 *per cent*) to the beneficiaries.

In all test-checked districts, the payment of pension to the beneficiaries had been made by the DSDOs without conducting verification of the beneficiaries. The DSDOs have not ascertained whether the beneficiary was alive and the payment was received by the beneficiary concerned. The DSDOs attributed (April to August 2016) the reasons for non-verification of beneficiaries to shortage of staff.

Audit further observed that –

- The Department issued (July 2009) instructions that the pension shall be paid into the postal or bank saving account of the beneficiaries concerned. The pension of ₹ 100.38 crore out of ₹ 101.74 crore have been paid (2011-16) to the beneficiaries through money orders in contravention to the instructions. Payment of pension through money orders had resulted in extra expenditure of ₹ 5.02 crore as commission to the postal department. Direct transfer of money into the account of the beneficiary provided prompt and timely delivery of pension to the beneficiaries. It would have also minimised the possibilities of any malpractices in delivering the full pension to the entitled beneficiary.

- As per the scheme guidelines, pension was required to be paid to the beneficiaries in the succeeding month. Delays ranging between one to nine months in payment of pension to the beneficiaries were noticed in all test-checked districts. The DSDOs attributed (April to August 2016) the reasons for delay in payment to non-availability of grants.

- Under IGNDPS, GoI increased (November 2012) its share to ₹ 300 from ₹ 200 per month with effect from October 2012. Being a CSS sharable equally between GoI and the State Government, the share of State Government was also required to be increased. It was observed that the State Government had increased its share only from August 2014. In test-checked districts, payment of pension was made at the rate of ₹ 400 pm during October 2012 to July 2014 instead of revised rate of ₹ 600 pm. This had resulted in short payment of pension to the tune of ₹ 82.91 lakh[128] to approximately 2,142

126 The amount was revised to ₹ 600 pm and age group as 18 to 79 years with effect from October 2012. Prior to October 2012, the amount of pension was ₹ 400 pm payable to beneficiaries in the age group of 18 to 64 years

127 In the age group of zero to 17 years and others with 75 to less than 80 *per cent* disability

128 Ahmedabad – ₹ 24,51,000, Banaskantha - ₹ 9,40,500, Dahod - ₹ 11,62,600, Kachchh - ₹ 7,37,800, Panchmahal – ₹ 9,73,400, Rajkot – ₹ 10,79,700 and Sabarkantha - ₹ 9,46,200

beneficiaries. The DSDOs attributed (September to October 2016) the reason for short payment to shortage of staff, late receipt of Government Resolution, *etc.* It was also stated that the amount paid short would be paid to the beneficiaries in due course after consulting the Director.

- In Ahmedabad district, three eligible beneficiaries were having disability above 80 *per cent* as per medical certificate. They were denied pension under IGNDPS on the ground that the disability was less than 80 *per cent*. This resulted in non-payment of pension to the tune of ₹ 18,000. The DSDO Ahmedabad stated (September 2016) that the benefit was denied by mistake. The amount paid short would be paid to the beneficiaries after verification of records.

- In Rajkot district, six beneficiaries in the age group of 65 to 73 years had been denied pension under IGNDPS on the ground of upper age limit. They were actually eligible, as the age limit had been increased from 64 to 79 years in December 2013. This resulted in non-payment of pension to the tune of ₹ 66,600. The DSDO, Rajkot stated (September 2016) that the benefit was denied by mistake due to heavy workload and shortage of staff. The amount paid short would be paid to the beneficiaries after verification of records.

- DSDOs of test-checked districts had diverted ₹ 24.77 crore[129] from IGNDPS to SSS during 2011-16 in contravention to IGNDPS guidelines. The funds were utilized for making payment of pension to beneficiaries of SSS due to non-availability of funds under SSS. This had resulted in irregular diversion of Central assistance of ₹ 12.38 crore[130].

The State Government may ensure timely disbursement of pension directly into the bank account of the eligible beneficiaries.

3.9.5 Scholarship scheme

The State Government launched (July 1965) "Scholarship scheme" with a view to impart education to the differently abled students of economically weaker sections. Financial assistance included purchase of necessary materials for their education, thereby reducing the educational expenditure. The scheme envisaged scholarship of ₹ 1,000 per annum to students studying in Standard I to VII and ₹ 1,500 to ₹ 5,000 per annum to students studying in Standard VIII and above. The eligibility criteria for availing scholarship under the scheme were -

- The percentage of disability of the student must not be below 40 *per cent*;

- In case of mentally retarded students, brilliance[131] rate must be between 50 and 70 *per cent*;

- Must have passed the last annual exam with at least 40 *per cent* marks;

- Should possess disability card or certificate of disability from civil surgeon; and

129 Ahmedabad – ₹ 7.44 crore, Banaskantha - ₹ 3.62 crore, Dahod - ₹ 3.58 crore, Kachchh - ₹ 1.80 crore, Panchmahal – ₹ 1.45 crore, Rajkot – ₹ 3.79 crore and Sabarkantha – ₹ 3.09 crore

130 50 *per cent* of ₹ 24.77 crore

131 Mental ability and skills necessary for day to day living

- Annual income[132] of the family should be less than ₹ 50,000. This was subsequently removed from 11 December 2015.

During 2011-16, the State Government released ₹ 6.59 crore to the DSDOs of test-checked districts for disbursement of scholarship to the beneficiaries. As of March 2016, the test-checked DSDOs disbursed scholarship of ₹ 6.39 crore (97 *per cent*) to the beneficiaries. On scrutiny of records at test-checked districts, Audit observed following deficiencies in implementation of the scheme.

3.9.5.1 Irregular rejection

The State Government instructions (November 2006) defined that vision impaired and hearing impaired beneficiaries shall be eligible for scholarship under the scheme. DSDOs of all test-checked districts had rejected the applications for grant of scholarship received from vision impaired[133] (174) and hearing impaired[134] (16) beneficiaries. These applications had been rejected on the ground of non-fulfillment of at least 40 *per cent* of disability during 2013-16. On scrutiny of applications, it was observed that these beneficiaries had disability above 40 *per cent* as per the disability certificate attached with the application. Audit further observed that –

- DSDO, Ahmedabad had rejected four applications for scholarship during 2015-16. This was rejected on the ground that the disability (two cases) was less than 40 *per cent*, income was more (one case) and marks obtained was less than 40 *per cent* (one case). Scrutiny of the applications revealed that these cases had been irregularly rejected. In two cases, the disability certificate attached with the application indicated disability of more than 40 *per cent.* The beneficiary in the third case was eligible for the benefit as the income criteria had been removed by the State Government in December 2015. In the fourth case, the marksheet indicated that the beneficiary had secured more than 40 *per cent* marks.

- DSDO, Ahmedabad had rejected seven applications for scholarship on the ground of non-submission of disability certificate/copy of marksheet. It was observed that the DSDO had rejected the applications out-rightly without making any efforts to call for the copies of the same.

- DSDO, Banaskantha rejected six applications during 2014-16 without assigning any reason, though the beneficiaries had fulfilled all the prescribed conditions.

The DSDOs stated (May to October 2016) that the benefit was denied by mistake due to heavy workload and shortage of staff. It was also stated that the payment would be made after verification of these applications. Audit is of the view that the applications received under the scheme may be scrutinised properly to avoid denial of benefit to eligible beneficiaries.

132 Effective from March 2008 to 12 May 2015, which was revised to less than ₹ 47,000 for rural beneficiaries and less than ₹ 68,000 for urban beneficiaries from 13 May 2015. From 11 December 2015, the income criterion was removed for providing benefit to all beneficiaries in the State

133 Ahmedabad – seven cases, Kachchh – three cases, Panchmahal – 76 cases, Rajkot – two cases and Sabarkantha – 86 cases

134 Ahmedabad – one case, Kachchh – one case and Sabarkantha – 14 cases

3.9.5.2 Irregular payment

The State Government instructions (June 1991) stated that mentally retarded beneficiaries having brilliance rate between 50 and 70 *per cent* are eligible for the benefit under the scheme. Against this, in four test-checked districts, 174 beneficiaries[135] with brilliance rate below 50 *per cent* have been granted scholarship under the scheme. In Kachchh and Sabarkantha districts, 84 and 19 beneficiaries respectively, had been granted scholarship though they had secured less than 40 *per cent* of marks.

The DSDOs attributed (September and October 2016) the reasons for irregular payment to shortage of staff and committing of mistake. They also stated that proper care would be taken in future while approving the scholarship.

3.9.5.3 Double payment

The heads of schools, institutes, colleges, *etc.* are required to forward the applications of the students for grant of scholarship to the concerned DSDOs. Audit observed instances of double payment of scholarship to students in test-checked districts due to non-scrutiny on the part of DSDOs as stated below -

- DSDO, Ahmedabad had received (2015-16) claims for scholarship from L.D. Arts College, Ahmedabad and Andh Kanya Prakash Gruh, Ahmedabad (for hostel students). Scrutiny of cases revealed that the claims of 13 students were common in the list of these institutes. The scholarship had been granted to these 13 students by the DSDO through both the institutes. This resulted in double payment of scholarship to these students due to lack of scrutiny by the DSDO.
- Andh Kanya Prakash Gruh, Ahmedabad had submitted a list of 145 beneficiaries instead of submitting applications of each beneficiary. DSDO approved the scholarship based on the list received instead of calling for applications through schools/colleges concerned.
- Double payment of scholarship was also noticed in 16 cases[136] in three test-checked districts.

The instances of double payment indicated that scholarships had been released by the DSDOs without proper scrutiny of the claims.

The DSDOs accepted (August 2016 to September 2016) these omissions and stated that recovery would be made after scrutiny of these cases. It was further assured that in future the scholarship would be granted only on receipt of application form from the student.

3.9.5.4 Delayed payment

The applications for scholarships should reach DSDOs by the end of August each year. The payment is required to be made before the end of March of the respective financial year. Audit observed instances of delayed payments to beneficiaries in test-checked districts -

135 Ahmedabad – 38 cases, Banaskantha - 56 cases, Dahod - 58 cases and Panchmahal – 22 cases

136 11 cases (Navsakti Vidhyalaya, Rajkot in 2013-14 and 2015-16), two cases (Jan Kalyan Vidya Mandir, Shehara – Panchmahal district in 2015-16) and three cases (Industrial Training Institute, Modasa, Sabarkantha district – 2013-14)

- In Ahmedabad district, scholarship due to 250 students in 2015-16 has been paid during 2016-17.
- In Kachchh district, scholarship due to 158 students in 2015-16 has been paid during 2016-17.
- In Panchmahal district, scholarship to 34 students (two due in 2014-15 and 32 due in 2015-16) has been paid during 2016-17.
- In Sabarkantha district, scholarship due to 43 students in 2013-14 and to 168 students in 2015-16 had been paid during 2014-15 and 2016-17 respectively.

Records showing the details of date of receipt of application, date of approval of application, *etc.* had not been maintained by five out of seven test-checked districts. Resultantly, Audit could not ascertain the delay in approval of applications by the DSDOs concerned.

The DSDOs attributed (September and October 2016) the reasons for delay in payment to late submission of applications. It was further stated that the delay in payment was also due to late payment of scholarships by the institutes, schools and colleges. Audit, however, observed that the delay was on the part of the DSDOs as the amount was released by the DSDOs in the subsequent year. This resulted in delay in payment to the beneficiaries by the institutes, schools and colleges.

The State Government may strengthen the implementation process to enable them to meet their educational costs to continue with their education.

3.9.5.5 Non-payment of scholarship

The heads of the schools, institutes, colleges, *etc.* were responsible to make payment of scholarship to the beneficiary immediately on receipt of the same from DSDOs. They were also responsible to submit to the DSDO the proof of payment made to the beneficiaries. Audit observed that –

- In Ahmedabad district, 26 students[137] had not received their scholarship for the year 2015-16 from their schools, colleges and institutes till October 2016. The DSDO had released the amount in April 2016.
- Four students of Dahod and five students in Sabarkantha district had not received their scholarship for the year 2015-16.
- In Panchmahal district, seven applications received in 2014-15 remained unattended by the DSDO. Resultantly, the beneficiaries have been deprived of the benefit under the scheme.

The DSDOs stated (September and October 2016) that clarification would be sought for non-payment of scholarships and necessary action would be initiated.

The State Government may issue instructions to DSDOs to monitor disbursement of scholarship to the students concerned.

137 Andh Apang Kalyan Kendra Primary School – nine students, Andh Apang Kalyan Kendra Higher Secondary School – 10 students, Andh Kanya Prakash Gruh, Memnagar – three students and H K Arts College – four students

3.9.6 Scheme for Prosthetic aids and appliances

The State Government launched (April 1970) "Scheme for Prosthetic aids and appliances" for differently abled persons. The scheme envisaged supply of various materials[138] for minimising the disability and for self employment. Differently abled persons aged five to 50 years with more than 40 *per cent* disability are eligible for availing the benefits under the scheme.

During 2011-16, the State Government released ₹ 4.09 crore to the DSDOs of test-checked districts for distribution of prosthetic aids and appliances to the beneficiaries. As of March 2016, the test-checked DSDOs had utilised funds of ₹ 3.97 crore (97 *per cent*) for procurement of aids and appliances. On scrutiny of records at test-checked districts, Audit observed following deficiencies in implementation of the scheme.

3.9.6.1 Denial of benefit to eligible beneficiaries

As per the State Government instructions (June 1991), aids and appliances can be given to a beneficiary for both purposes *i.e.* minimizing of disability and self employment. The claim for a purpose cannot be denied on the ground of having given benefit for other purpose. Audit observed in four test-checked districts that 35 applications[139] had been rejected by the DSDOs. These were rejected on the ground that these beneficiaries have been given aids and appliances for one purpose (either for minimising disability or for self employment purpose under the scheme). This resulted in denial of benefit to eligible beneficiaries.

The DSDOs stated (September and October 2016) that these omissions occurred due to shortage of staff and excessive work load. It was also stated that the benefit would be given to these beneficiaries after verification of applications. Audit is of the view that the DSDOs may take up the matter with the Government for providing required staff and to implement schemes effectively.

3.9.6.2 Non-distribution of aids and appliances and pending applications

Audit observed in four test-checked districts that aids and appliances have not been distributed (October 2016) to 435 beneficiaries as shown in **Table 2** below. The applications had been approved by the DSDOs in the respective years.

Table 2: Aids and appliances not distributed to the beneficiaries in test-checked districts

Name of district	Number of applications approved					Number of beneficiaries deprived of benefit
	2011-12	2012-13	2013-14	2014-15	2015-16	
Banaskantha	11	04	09	23	113	160
Dahod	19	10	10	00	00	39
Rajkot	00	25	21	13	20	79
Panchmahal	02	17	110	28	00	157
Total	**32**	**56**	**150**	**64**	**133**	**435**

138 Artificial limbs to minimize disability (Ghodi, Callipers, Tricycles, Bicycles, wheel chairs, *etc.*), for self-employment (Hand cart, sewing machine, material for shoe-making, carpentry and electric repairing, tools for computer repairing, embroidery machine, *etc.*) hearing aid and other material for hearing impared persons and musical instruments for vision impaired persons

139 Ahmedabad – 21 cases, Dahod – one case, Rajkot – 10 cases and Sabarkantha – three cases

In Ahmedabad district, the DSDO had not taken any action in respect of 305 applications[140] received (2011-16) under the scheme (September 2016). These beneficiaries were deprived of the benefit and the very purpose of the scheme was defeated.

The DSDOs accepted (September and October 2016) the facts and stated that efforts would be made to distribute the aids and appliances to the beneficiaries. DSDO, Ahmedabad stated (September 2016) that efforts would be made to clear the pendency at the earliest.

The State Government may ensure timely issue of aids and appliances by the DSDOs to the beneficiaries so as to enable them in securing self-employment.

3.9.6.3 Maintenance of stock register

As per Rule 187 and 192 of General Financial Rules, entry of receipt and issue of consumable and non-consumable materials are required to be made in a stock register. The head of the office shall conduct physical verification of the stock atleast once in a year. Test-checked districts had not maintained any stock register for making entry of receipt and issue of aids and appliances procured under the scheme. The DSDOs had not carried out any physical verification of the stock during 2011-16.

The DSDOs attributed (May to September 2016) the reasons of shortage of staff and excessive work load to non-maintenance of stock register and non-conduct of physical verification. It was further stated that the same would be done from now onwards. This indicated the existence of weak internal control mechanism jeopardising the financial interest of the Department.

The State Government may ensure maintenance of stock register and annual verification of stock by the district authorities.

3.9.7 Financial assistance scheme

GoI established "National Handicapped Finance and Development Corporation (NHFDC)" to facilitate term loan to differently disabled persons. The NHFDC provided assistance to beneficiaries through the State Channelising Agency (SCA) for pursuing higher education in India and abroad and self-employment. The State Government nominated (November 2006) Gujarat Minority Finance and Development Corporation Limited (GMFDCL), Gandhinagar as the SCA. GMFDCL was responsible for identifying beneficiaries, scrutinising loan proposals received from beneficiaries, disbursement and recovery of loans, *etc*. Details of year-wise funds received from GoI and funds utilised under the scheme during 2011-16 are shown in **Table 3** below –

Table 3: Year-wise funds received and utilised during 2011-16

(₹ in crore)

Year	Funds received from GoI	Funds utilised
2011-12	1.70	0.37
2012-13	1.70	0.80
2013-14	0.00	0.25
2014-15	2.54	0.34
2015-16	0.00	2.04
Total	**5.94**	**3.80**

(Source: Information provided by GMFDCL)

140 69 applications received in 2011-12, 91 applications received in 2012-13, 38 applications received in 2013-14, 47 applications received in 2014-15 and 60 applications received in 2015-16

The above table shows that the GMFDCL could provide loan of ₹ 3.80 crore out of ₹ 5.94 crore (64 *per cent*) funds received during 2011-16 to the beneficiaries. As per information provided by GMFDCL, the above loans had been provided to 730 beneficiaries. Audit observed that records relating to 110 out of 730 loans disbursed were missing. On scrutiny of remaining 620 loan files, it was observed that there had been delays in disbursement of loan to all beneficiaries from the date of sanction of loan. The delays ranged from 47 to 2,698 days in disbursement of loans from the date of sanction during 2011-16 as shown in **Table 4** below –

Table 4: Delays in disbursement of loans

Year	Total number of cases	Number of cases and range of delay			
		Upto 180 days	More than 180 days to 365 days	More than 365 days to 730 days	More than 730 days
2011-12	61	0	1	9	51
2012-13	159	0	117	1	41
2013-14	45	1	33	7	4
2014-15	51	0	3	45	3
2015-16	304	134	149	7	14
Total	**620**	**135**	**303**	**69**	**113**

(Source: Information provided by GMFDCL)

From the above table, it is clear that more than 75 *per cent* of the loan applications took between six months to eight years for disbursement. More than 18 *per cent* of cases took an unacceptably high period of more than two years and above for disbursement of loan.

GMFDCL stated (September 2016) that the disbursement of loans was delayed due to time taken for completion of formalities pertaining to documentation. The reply is not tenable as more than 180 days had taken in disbursement of loan in 485 cases. This indicated the need for revamping the system of disbursement. As regards missing files, it was stated that the missing files and its information would be submitted to Audit in due course.

3.9.7.1 Poor recovery of loan

GMFDCL is responsible for monitoring the recovery of loans with accrued interest from the beneficiaries. During the period 2011-16, GMFDCL has provided loans to beneficiaries in the State for self-employment. The beneficiaries are required to repay the loan with interest in 60 instalments after completion of three months from the date of disbursement of loan. The details of recovery of loans made by GMFDCL during the period 2011-16 are shown in **Table 5** as follows –

Table 5: Details of recovery of loans and outstanding loans

(₹ in crore)

Year	Opening balance	Interest accrued	Amount of loan sanctioned	Total amount recoverable	Loan recovered	Out-standing loan amount
2011-12	9.40	0.49	0.37	10.26	1.14	9.12
2012-13	9.12	0.49	0.80	10.41	0.64	9.77
2013-14	9.77	0.47	0.25	10.49	0.53	9.96
2014-15	9.96	0.49	0.34	10.79	0.40	10.39
2015-16[141]	10.39	0.00	2.04	12.43	0.70	11.73
Total		**1.94**	**3.80**		**3.41**	

(Source: Information provided by GMFDCL)

The above table shows an increasing trend in outstanding recovery of loan including interest during 2011-16. Outstanding loan of ₹ 9.40 crore as of April 2011 had increased to ₹ 11.73 crore as of March 2016. Audit observed that poor recovery of loan from beneficiaries had resulted in default in repayment of dues by GMFDCL to NHFDC. Resultantly, an amount of ₹ 8.99 crore was outstanding for repayment to NHFDC as of March 2016. This indicated lack of efforts on the part of GMFDCL in effecting recovery of loan from the beneficiaries.

GMFDCL attributed (September 2016) the reasons of non-recovery of loan to non-functioning of the server since March 2011. It was further stated that notices for recovery of dues would be issued for expediting the recovery. The fact remained that GMFDCL does not have proper monitoring and follow-up mechanism for the timely recovery of dues.

The State Government may ensure that GMFDCL makes timely disbursement of loan to the beneficiaries and strengthen the monitoring mechanism.

3.9.8 Free Travel in Gujarat State Road Transport buses

The State Government implemented (October 1986) "Free Travel scheme" with an objective to provide financial relief in transportation cost to differently abled persons. The differently abled person can travel free of cost in the buses run by the Gujarat State Road Transport Corporation (GSRTC) within the State. The scheme further provides concessional bus fare to the extent of 50/100 *per cent* for a person accompanying differently abled persons.

The State Government released lumpsum amount of ₹ 110.45 crore[142] to GSRTC during the period 2011-16. Audit observed that the amount had been released based on the number of differently abled persons in the State and number of eligible co-travellers. The amount was released without reckoning the actual number of travels undertaken by the differently abled persons and their co-travelers in GSRTC buses. The details regarding the basis on which payment was made to GSRTC and manner in which calculation was done was not made available to Audit. Resultantly, Audit could not ascertain whether the payment made to GSRTC was in order.

141 Annual account of 2015-16 had not been finalised, hence data is provisional

142 2011-12 - ₹ 21.54 crore, 2012-13 – ₹ 20.78 crore, 2013-14 – ₹ 23.85 crore, 2014-15 – ₹ 25.37 crore and 2015-16 – ₹ 18.91 crore

The Director stated (September 2016) that the information would be collected from GSRTC. It was also stated that in case of any excess payment having being made to GSRTC, the same would be recovered from them.

3.9.9 Non-operational schemes

3.9.9.1 State Awards

The State Government launched (1992) "State Awards Scheme" with an objective to provide awards for best performance in the field of welfare of differently abled persons. The award was to be provided to two organisations and two individuals in the State. The State Government had released ₹ 10.00 lakh under the scheme during 2011-16. Audit observed that the State Government has not provided any award to any organisation or individual during 2011-16. The Director stated (June 2016) that the awards were not given due to non-finalisation of norms and non-extension of term of the Selection Committee. The reply is not tenable as the term of the Selection Committee had expired only in May 2016. Non-finalisation of norms even after lapse of 24 years since introduction of the scheme indicated lack of commitment of the Department in implementing the scheme.

3.9.9.2 Scheme of Higher Education Assistance

The State Government launched (1999) "Higher Education Assistance Scheme" with an objective to enable differently abled persons to secure employment. The scheme provided assistance to willing differently abled persons for higher education. The scheme envisaged financial assistance of 50 *per cent* of the course fee or ₹ 2,500 whichever is lower for higher education. It also included vocational and technical courses such as computer training, advance accountancy, hotel management, beauty parlour, *etc*.

Audit observed that though the objective of the scheme was very good, the State Government had released only ₹ 2.18 lakh under the scheme during 2011-16. Out of this, only ₹ 1.68 lakh have been utilised. Inadequate efforts to promote the awareness of the scheme and non-revision of the amount of assistance of ₹ 2,500 (since 1999) might have led to poor performance of scheme.

The Director stated (September 2016) that a new item would be introduced in the budget (2016-17) to increase the amount of assistance and to remove income criteria of ₹ 24,000.

3.9.10 Availability of infrastructure

3.9.10.1 Physical facilities for differently abled persons in Government buildings and public places

The Act stipulated that the State Government and the local authorities should provide easy access facilities for the benefit of differently abled persons. Audit conducted joint field visit of few Government buildings and public places in test-checked districts to assess the facilities available for differently abled persons. The findings are summarised in **Table 6** as follows –

Table 6: Availability of free access/other facilities to differently abled persons

Type of Unit	Total number of buildings/ places visited	Facilities								
		Ramp[143]		Toilets for differently abled		Lift				Neither ramp nor lift available
								Whether Braille symbols and auditory signals were available or not		
		Available	Not available	Available	Not available	Available	Not available	Available	Not Available	
School	14	13	01	0	14	0	14	0	14	01
Hospital	14	13	01	1	13	5	09	0	14	01
Bank/ATM	14	05	09	0	14	1	13	0	14	08
Bus Stand	14	13	01	0	14	1	13	0	14	01
Railway Station	14	10	04	2	12	2	12	0	14	04
Government Office	14	13	01	1	13	0	14	0	14	01
Public Park	14	09	05	0	14	0	14	0	14	05

The DSDOs stated (May 2016 to September 2016) that efforts would be made to address these issues.

3.9.10.2 Special Home for Mentally Retarded Women

As of March 2016, number of mentally retarded women below the age of 18 years and above 18 years in the State was 27,452 and 16,285 respectively. There was only one home for Mentally Retarded Women (above the age of 18 years) run by Non-Government Organisation in the State. Audit observed that this home was overcrowded. Resultantly, other mentally retarded women had to stay in open or in shelters meant for other persons such as shelter homes for beggars, *etc.* The State Government decided (April 2015) to start a new special home with intake capacity of 50 inmates in Ahmedabad district for mentally retarded women. The same was yet to be established (September 2016).

The Director admitted (September 2016) that the Government homes for mentally retarded women had not been established.

3.9.11 Human Resource Management

The details of sanctioned strength *vis-à-vis* men-in-position in District Social Defence Offices as of March 2016 are shown in **Table 7** as follows -

143 Ramp was available only at the entrance except at hospitals and railway stations

Table 7: Sanctioned strength *vis-s-vis* men-in-position in District Social Defence Offices

Name of the post	Sanctioned strength	Men-in-position	Vacant post	Percentage of vacancy to sanctioned strength
District Social Defence Officer (Class II)	33	07	26	79
Chief Officer (Class III)	21	06	15	71
Probation Officer (Class III)	40	30	10	25
Senior Clerk (Class III)	26	18	08	31
Junior Clerk (Class III)	38	24	14	37
Total	**158**	**85**	**73**	**46**

(Source: Information provided by the Director)

The above table shows that only 54 *per cent* manpower was available against the sanctioned strength. Inadequate manpower had adverse impact on the implementation of schemes as discussed in the preceding paragraphs.

The State Government may fill-up the vacant posts to ensure proper implementation of welfare schemes for the differently abled persons.

3.9.12 Information Education Communication (IEC)

The activities of Information, Education and Communication (IEC) aims to increase awareness, change attitudes and bring a change in specific behaviours. IEC means sharing information and ideas in a way that is socially sensitive and acceptable to community, using appropriate channels, messages and methods. The details of funds released and expenditure incurred on IEC during 2011-16 are shown in **Table 8** below –

Table 8: Details of funds released and expenditure incurred on IEC

(₹ in lakh)

Year	Funds allocated	Funds released	Expenditure incurred	Percentage of expenditure to allocation	Percentage of expenditure to funds released
2011-12	70.00	2.03	2.02	3	100
2012-13	10.00	2.15	0.65	7	30
2013-14	7.00	5.00	4.94	71	99
2014-15	2.00	2.00	0	0	0
2015-16	5.00	5.00	4.97	99	99
Total	**94.00**	**16.18**	**12.58**	**13**	**78**

(Source: Information provided by the department)

The above table shows that only 13 *per cent* of funds have been utilised as against the funds allocated for IEC activities during 2011-16. No funds have been expended by the district authorities during 2014-15. This indicated lack of efforts on the part of State Government to generate awareness about the benefits available under various schemes.

The Director stated (April 2016) that IEC activities would be taken up on priority from 2016-17.

3.9.13 Monitoring and Internal Control

3.9.13.1 State Co-ordination Committee and State Executive Committee

The Act provided that the State Co-ordination Committee (SCC) shall meet at least once in every six months. It also provided that the State Executive Committee (SEC) shall meet at least once in three months. Audit observed that as of March 2016, the SCC held only one meeting (December 2011) as against prescribed ten meetings in 2011-16. As against prescribed 20 meetings in 2011-16, the SEC held only two meetings in February 2012 and March 2016.

3.9.13.2 Disposal of complaints

The Act stipulated that the Commissioner (Disabilities) shall look into complaints relating to deprivation of rights of persons with disabilities. The status of disposal of complaints by the Commissioner (Disabilities) is shown in **Table 9** below –

Table 9: Status of disposal of complaints by the Commissioner (Disabilities)

Year	Opening balance	Number of complaints received	Total	Number of complaints disposed	Pending complaints (Col 4– Col 5)	Percentage of pending complaints to total complaints received
1	2	3	4	6	7	8
2011-12	09	27	36	18	18	50
2012-13	18	52	70	51	19	27
2013-14	19	220	239	225	14	6
2014-15	14	07	21	01	20	95
2015-16	20	29	49	10	39	80
Total	**80**	**335**	**415**	**305**	**110**	

(Source: Information provided by the Commissioner)

The above table shows an increasing trend in pending cases during the period 2011-16. As of April 2011, nine cases were pending for disposal which increased to 39 cases as of March 2016. The percentage of disposal of cases during 2011-14 ranged from six to 50 *per cent*. This indicated that the complaints received by the Commissioner (Disabilities) were not disposed of on top priority.

The State Government may ensure timely disposal of complaints by the Commissioner (Disabilities) to deliver justice to the complainant.

3.9.14 Conclusion

The Parliament enacted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (the Act), which came into effect from 01 January 1996. Subsequently, the State Government notified (August 2001) the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2000. As per the 2011 census, there are 10,92,302 differently abled persons in the State. Various welfare schemes are being implemented by the Central and State Government for the benefit of differently abled persons. Audit examined the implementation of five welfare schemes.

State Government had not formulated any State Policy though more than 20 years have elapsed since enactment of the Act. A comprehensive database of

differently abled persons had not been maintained by the State for effective formulation and implementation of the schemes. Payment of pension under Indira Gandhi National Disability Pension Scheme (IGNDPS) had been made without conducting periodical verification. Payments had been made through money orders instead of direct transfer into bank/postal account of the beneficiaries. Payment of pension had been delayed upto nine months. Instances of denial of benefits to eligible beneficiaries, irregular payment and delayed payments under Scholarship schemes were noticed. Under the scheme of Prosthetic aids and appliances, eligible beneficiaries have been deprived of the benefits. Aids and appliances have not been distributed to 435 beneficiaries in four test-checked districts. Monitoring and internal control mechanisms were also inadequate.

The above deficiencies indicated that the objectives envisaged in the welfare schemes for the differently abled persons had not been fully achieved.

The matter was reported to the Government (September 2016). Reply is awaited (October 2016).

URBAN DEVELOPMENT AND URBAN HOUSING DEPARTMENT

3.10 Avoidable expenditure and undue favour to the agencies of ₹ 1.73 crore

Ahmedabad Urban Development Authority extended undue favour to the agencies by allowing different criteria for works. Absence of suitable clause of recovery in the tender documents resulted in avoidable expenditure of ₹ 1.73 crore.

The State Government prescribed (December 1986) standard for design mix[144] of various concrete grades indicating the requirement of cement in kilograms (kgs.) per cubic meter for various items of concrete works. The estimates for the items of the Reinforced Cement Concrete (RCC) works included in the tender were to be prepared based on the instructions for design mix. This standard formed the basis for specifying the quantity/item of work to be carried out by the contractor, in the tender documents. The tender form of Government of Gujarat stipulated that if the cement consumption of the design mix was less than the prescribed norms, recovery was to be made as per the input rate of cement.

Ahmedabad Urban Development Authority (AUDA) awarded (between October 2013 and February 2014) four works[145] of construction of affordable houses to four different agencies. On scrutiny of records of these works, it was observed that the above standard for design mix for concrete grades[146] had been considered in the estimates prepared. Recovery clause in respect of savings in consumption of cement at input rate had not been appended in the tender documents in three out of four works. One tender[147] awarded in January 2014

144 The process of selecting suitable ingredients of concrete and determining their relative amounts with the objective of producing a concrete of the required strength, durability and workability as economically as possible, is termed the concrete mix design

145 (i) Job No. 25/2013-14 awarded in October 2013 to M/s. Katira Construction Limited, Ahmedabad, (ii) Job No. 39/2013-14 awarded in January 2014 to M/s. Yashnand Engineers and Contractor, (iii) Job No. 40-42/2013-14 awarded in January 2014 to M/s. P. R. Patel and Company, Ahmedabad and (iv) Job No. 51/2013-14 awarded in February 2014 to M/s. Ranjit Buildcon Limited, Ahmedabad

146 M-150, M-200 and M-250

147 Job No. 39/2013-14 awarded in January 2014

contained the recovery clause. Remaining three tenders awarded in October 2013, January 2014 and February 2014 had no recovery clause. This indicated laxity on the part of AUDA in issue of tenders.

It was also observed that the quantity of cement consumed in RCC works in these works was less than the quantity specified in the design mix and considered in the estimates. The saving in consumption of cement was thus, required to be recovered at the input rate from the contractors. AUDA was, however, not in position to affect the recovery in three cases due to absence of suitable clause in the tenders. In one case though recovery clause was incorporated in the tender, the recovery was not affected. This resulted in undue favour extended to the agencies and avoidable expenditure to the tune of ₹ 1.73 crore.

AUDA admitted (December 2015) that the recovery clause was appended in the tender document of only one work. Remaining three works had no provision for recovery, hence, AUDA could recover only an amount of ₹ 0.09 crore from one agency. As regards other three agencies, it was stated that the facts and figures would be verified and action would be taken for recovery.

The matter was reported to the Government (June 2016). Reply is awaited (October 2016).

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The

Countersigned

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The

APPENDICES

APPENDIX - I

Statement showing the details of year-wise outstanding IRs/Paragraphs as of 30 September 2016

(Reference: Paragraph 1.7.1; Page 8)

Year	IRs	Paras
1992-93	1	2
1993-94	9	13
1994-95	9	14
1995-96	36	49
1996-97	64	84
1997-98	55	71
1998-99	65	91
1999-2000	88	141
2000-01	64	122
2001-02	79	143
2002-03	100	180
2003-04	113	233
2004-05	97	193
2005-06	137	276
2006-07	113	255
2007-08	148	343
2008-09	178	357
2009-10	205	500
2010-11	254	476
2011-12	172	443
2012-13	178	393
2013-14	194	351
2014-15	280	823
2015-16	471	1,039
2016-17	60	317
Total	**3,170**	**6,909**

APPENDIX - II

Statement showing details of Detailed Explanations pending as of 30 September 2016

(Reference: Paragraph 1.7.3; Page 8)

Sl. No.	Department	2003-04	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2013-14	2014-15	Total
1.	Co-operation	--	01	--	--	--	--	--	--	--	01
2.	Education	--	--	--	--	01	01	--	01	01	04
3.	Fisheries	--	--	--	--	01	--	--	--	--	01
4.	Forest and Environment	--	--	--	01	--	01	--	--	--	02
5.	Health and Family Welfare	--	--	--	01	01	--	01	01	01	05
6.	Home	--	--	--	--	--	--	01	--	01	02
7.	Labour and Employment	--	--	--	--	--	--	--	--	01	01
8.	Legal	--	--	--	--	--	--	--	01	--	01
9.	Panchayats, Rural Housing and Rural Development	--	01	01	01	01	--	01	01	--	06
10.	Revenue	--	--	--	--		01	--	--	--	01
11.	Roads and Buildings	--	01	--	--	01	01	--	--	--	03
12.	Science and Technology	01	--	--	--	01		--	--	--	02
13.	Social Justice & Empowerment	--	01	01	01	--	--	01	--	--	04
14.	Urban Development and Urban Housing	--	--	--	--	--	01	01	01	01	04
15.	Water Resources	--	01	01	01	01	01	--	--	--	05
16.	Water Supply	--	--	--	01	--	--	--	--	--	01
17.	Women & Child Development	--	--	--	--	--	--	01	--	--	01
18.	Youth Services and Cultural Activities	--	--	--	--	--	01	--	01	--	02
Total		**01**	**05**	**03**	**06**	**07**	**07**	**06**	**06**	**05**	**46**

APPENDIX - III

Statement showing paragraphs to be discussed by Public Accounts Committee as of 30 September 2016

(Reference: Paragraph 1.7.4; Page 8)

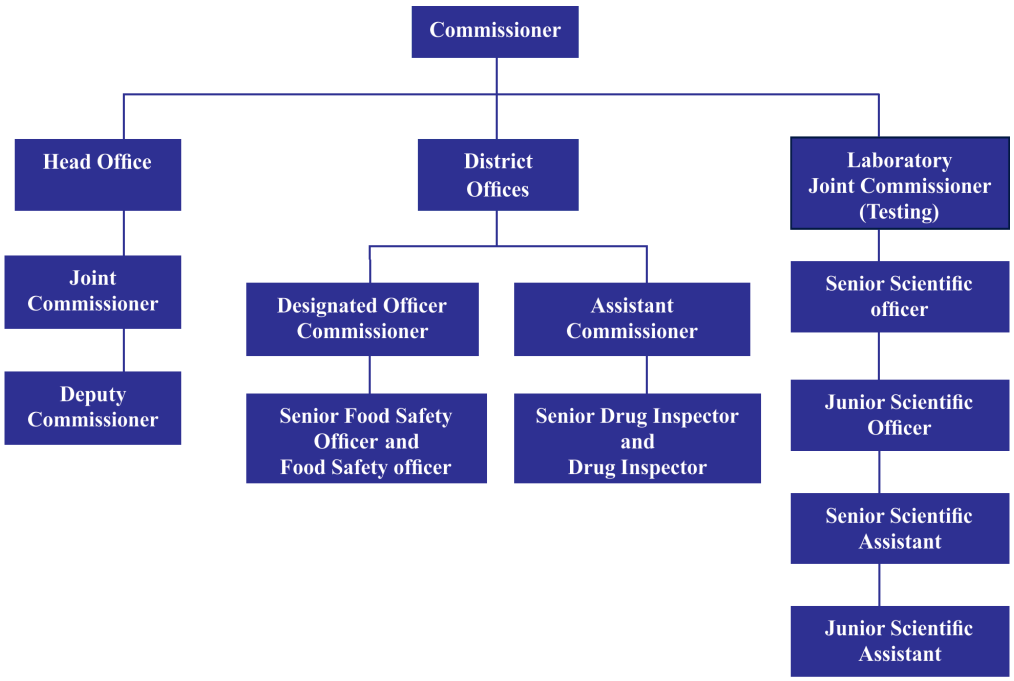
Sl. No.	Department	2003-04		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11		2011-12		2013-14		2014-15		Total	
		C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.
1.	Co-operation	--	--	--	--	04	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	**04**	**--**
2.	Education	--	--	--	--	--	--	--	--	--	--	01	01	01	--	--	--	01	--	01	--	**04**	**01**
3.	Food, Civil Supplies and Consumer Affairs	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	**--**	**--**
4.	Fisheries	--	--	--	--	01	--	--	--	--	--	01	--	--	--	--	--	--	--	--	--	**02**	--
5.	Forest and Environment	--	--	--	--	--	--	--	--	--	01	--	--	--	01	--	--	--	--	--	--	--	**02**
6.	Health and Family Welfare	--	--	--	--	--	--	--	--	--	01	01	02	--	--	01	01	01	01	01	01	**04**	**06**
7.	Home	--	--	--	--	--	--	01	--	--	--	--	--	--	--	--	--	01	--	01	--	**03**	**--**
8.	Home (Transport)	--	--	--	--	--	--	--	01	--	--	--	--	--	--	01	01	--	--	--	--	**01**	**02**
9.	Labour and Employment	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	01	**--**	**01**
10.	Panchayats, Rural Housing and Rural Development	--	--	--	--	01	--	02	--	01	--	02	--	--	--	01	01	03	01	--	02	**10**	**04**
11.	Ports	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	--	--	--	--	--	**01**	--
12.	Revenue	--	--	--	01	--	--	--	--	--	--	--	--	--	01	--	--	--	--	--	--	**--**	**02**
13.	Roads and Buildings	--	--	--	--	01	01	--	--	--	--	05	--	02	--	--	--	--	--	--	--	**08**	**01**
14.	Science and Technology	01	--	--	--	--	--	--	--	--	--	--	01	--	--	--	--	--	--	--	--	**01**	**01**
15.	Social Justice & Empowerment	--	--	--	--	01	01	--	01	--	01	--	--	--	--	01	--	--	--	--	--	**02**	**03**
16.	Urban Development and Urban Housing	--	--	--	--	01	--	--	--	--	--	--	--	01	--	--	01	05	--	04	02	**11**	**03**
17.	Women & Child Development	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	--	--	**--**	**01**
18.	Water Resources	--	--	--	--	01	--	06	01	02	--	01	01	02	--	--	--	--	--	--	--	**12**	**02**
19.	Water Supply	--	--	--	--	01	--	06	--	03	--	01	--	02	01	--	--	06	--	--	--	**19**	**01**
20.	Sports, Youth Services and Cultural Activities	--	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	01	--	--	--	**01**	**01**
21.	Legal	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	--	**01**	**--**
22.	General paragraphs	--	--	--	--	01	--	01	--	--	--	01	--	--	--	--	--	--	--	--	--	**03**	**--**
Total		**01**	**--**	**--**	**01**	**12**	**02**	**16**	**03**	**06**	**03**	**13**	**05**	**09**	**04**	**04**	**05**	**19**	**02**	**07**	**06**	**87**	**31**

Note: Performance Audit (PA) and Compliance Audit (CA)

APPENDIX - IV

Organisational Set-up

(Reference: Paragraph 2.1.2; Page 12)



APPENDIX - V

Statement showing MMR, IMR, NMR and PNM in test-checked districts and State during 2013-16
(Reference: Paragraph 3.4.1.1; Page 46)

Name of the district	Year	Still birth	Maternal death	Neonatal death	Neonatal death within a week	Infant death	Live birth	MMR	NMR	IMR	PNM
Ahmedabad	2013-14	305	36	590	468	758	34877	103	17	22	22
	2014-15	351	38	535	406	903	33790	112	16	27	22
	2015-16	282	24	390	303	491	32407	74	12	15	18
Banaskantha	2013-14	1030	48	1358	1252	1711	73515	65	18	23	31
	2014-15	1142	54	1519	1355	1898	75737	71	20	25	33
	2015-16	940	55	1278	1155	1577	81723	67	16	19	26
Dahod	2013-14	1792	50	1021	795	1329	62245	80	16	21	42
	2014-15	764	64	1145	919	1524	61298	104	19	25	27
	2015-16	824	60	1008	807	1283	64514	93	16	20	25
Valsad	2013-14	357	12	231	147	347	29030	41	8	12	17
	2014-15	558	22	219	143	321	29307	75	7	11	24
	2015-16	344	28	217	142	360	29850	94	7	12	16
Surat	2013-14	240	24	291	206	368	23544	102	12	16	19
	2014-15	286	19	209	145	307	21449	89	10	14	20
	2015-16	184	20	203	136	308	22378	89	9	14	14
Jamnagar	2013-14	591	27	409	327	560	30013	90	14	19	31
	2014-15	621	28	434	343	593	32408	86	13	18	30
	2015-16	272	10	225	164	311	16945	59	13	18	26
Kachchh	2013-14	1178	29	614	503	709	45812	63	13	15	37
	2014-15	655	46	448	355	634	44690	103	10	14	23
	2015-16	442	38	504	399	683	47121	81	11	14	18
State	**2013-14**	**19127**	**816**	**4575**	**4252**	**5889**	**1131657**	**72**	**4**	**5**	**21**
	2014-15	**17053**	**919**	**6478**	**5896**	**8367**	**1144172**	**80**	**6**	**7**	**20**
	2015-16	**16093**	**991**	**6156**	**5669**	**7975**	**1159460**	**85**	**5**	**7**	**19**

APPENDIX - VI

Statement showing non-availability of blood at BB/BSCs of test-checked PHFs during 2013-16

(Reference: Paragraph 3.4.5.1; Page 55)

Name of the PHFs	Non-availability of blood (in days)								Replies by the Authorities
	A		B		AB		O		
	+	-	+	-	+	-	+	-	
DH, Valsad	265	736	171	491	380	739	139	653	Insufficient blood collected during camps and minimum replacement by the relatives.
DH, Palanpur	105	279	105	240	87	389	54	279	Insufficient blood collected during camps and non-availability of blood collection van. It was further stated that blood was not available during 2014 due to non-renewal of licence.
DH, Ahmedabad	0	530	0	326	0	803	0	337	In absence of blood, patients were referred to CH, Ahmedabad.
CH, Surat	111	12	85	7	27	6	97	7	Blood is being procured from other BBs.
DH, Bhuj	0	1	0	1	0	2	0	1	
DH, Dahod	31	31	31	31	31	31	31	31	BSC started since March 2016.
CHC, Jhalod	938	938	938	938	938	938	938	938	Due to non-availability of license for blood component, the blood was not supplied to the patients.

APPENDIX - VII

Statement showing categorisation of BM wastes generated in hospitals (Reference: Paragraph 3.5.3; Page 66)

Category	Source of waste	Treatment and Disposal
1	Human Anatomical Waste (human tissues, organs, body parts)	Incineration/deep burial.
2	Animal Waste (animal tissues, organs, body parts, *etc*.)	Incineration/deep burial.
3	Microbiology and Biotechnology Waste (wastes from laboratory cultures, stocks or specimens of micro-organism, *etc.*)	Local autoclaving/ microwaving incineration.
4	Waste sharps (needles, syringes, scalpels, blades, *etc.*) that may cause puncture and un-used sharps.	Disinfection, autoclaving/ microwaving and mutilation.
5	Discarded Medicines and Cytotoxic drugs	Incineration/destruction and drug disposal in secured landfills.
6	Soiled Waste (items contaminated with blood and body fluids including cotton, dressing, soiled plaster casts, *etc*.)	Incineration autoclaving/ microwaving.
7	Solid Waste (waste generated from disposable items other than waste sharps such as tabbing, catheters, intravenous sets, *etc.*)	Disinfection by chemical treatment, auto-claving/ microwaving and mutilation/shred-ding.
8	Liquid Waste (waste generated from laboratory and washing, housekeeping and disinfecting activities)	Disinfection by chemical treatment and dis-charge into drains.
9	Incineration Ash	Disposal in Municipal landfills.
10	Chemical Waste (chemical used in production of biological, chemical used in disinfection, *etc.*)	Chemical treatment and discharge into drains for liquids and secured landfill for solids.