# Chapter IV : Activities of National Institute for the Orthopaedically Handicapped (Ministry of Social Justice and Empowerment)

## Highlights

- **Only 257 students could pass in undergraduate courses during the period of report. Similarly, only 14 students could pass post graduate courses over a period of four years.**
  **(*Paragraph 4.3.1.1)***
- **During the year 2010, the Institute could admit only 103 students against the intake capacity of 113 students through common entrance test in undergraduate courses.**
  ***(Paragraph 4.3.1.2)***
- **Sixteen faculty posts were vacant for several years which adversely affected the academic activities.**
  ***(Paragraph 4.3.1.3)***
- **Proposed equipment for strengthening the existing Research and Development unit was not procured despite obtaining approval at an estimated cost of ₹ 5.5 crore from the Executive Council.**
  ***(Paragraph 4.3.2.1)***
- **The training of Employment and Placement Officers and Vocational Councilors were not being organized since 2005.**
  ***(Paragraph 4.3.3)***
- **The Institute did not maintain any database on persons suffering from Orthopaedic disabilities.**
  ***(Paragraph 4.3.4.1)***
- **There was no mechanism to verify the eligibility of the beneficiary under ADIP scheme.**
  ***(Paragraph 4.3.8.1)***

## *Summary of recommendations*

- ***The Institute should identify reasons responsible for drop out by the students in mid-way of the course.***
- ***The Institute should take effective action to recruit qualified faculties with a view to provide quality education to the students.***
- ***The Institute should establish formal links with national and international organizations of repute working in similar areas.***
- ***In order to achieve its objective, the Institute should maintain a comprehensive database of the patients to serve as an apex***

***documentation and information centre in the area of disability and rehabilitation.***

- ***The Institute should establish surgical ICU, blood bank and provide ambulance services.***

## 4.1 Introduction

As a measure of empowerment of persons with disability, Government of India established National Institute for the Orthopaedically Handicapped (Institute) in 1978 by acquiring the assets including building and equipment of Kr. P.N. Roy Group of Hospital, Kolkata. Subsequently, in 1982, the Institute was registered as an autonomous body under the Societies Registration Act, 1980 under the aegis of erstwhile Ministry of Social Welfare (now Ministry of Social Justice and Empowerment), Government of India. It is a premier institution in the area of locomotors[1] disability (Orthopaedically Handicapped).

### 4.1.1 Organisational Structure

The Governing Council, headed by the Secretary to the Government of India, Ministry of Social Justice and Empowerment, is the apex body for management of the Institute. The Governing Council consists of 14 members including six specialists/representatives of voluntary organisations/social workers in the field nominated by Government of India. The Governing Council is responsible for formulating policies, general control and directions to Executive Council. The Executive Council, headed by the Joint Secretary of the Ministry, looks after management and administration of the Institute as per the Memorandum of Association of the Institute. The Director manages day-to-day administration of the Institute. An Academic Committee was also constituted by the Executive Council to plan academic programs/activities of the Institute. The Director is assisted by Deputy Director (Technical) and Deputy Director (Administration).

### 4.1.2 Objectives

The major objectives of the Institute are:

- to develop manpower for providing services to the Orthopaedically handicapped population;
- to conduct and sponsor research related to the rehabilitation of the Orthopaedically handicapped;
- to provide services in the area of rehabilitation, restorative surgery, aids and appliances and vocational training to the persons with disability;

[1] Locomotor disability is defined as a person's inability to execute distinctive activities associated with moving both himself/herself and objects.

- to standardise aids and appliances and to promote their manufacture and distribution;
- to serve as an apex documentation and information centre in the area of disability and rehabilitation.

### 4.1.3 Financial position

The main source of revenue to the Institute is grants-in-aid from Government of India. The position of receipts and payments during the period 2005-06 to 2009-10 is given in table–1.

**Table–1**

*(₹ in crore)*

| Year | Grants received | | | Internal receipt | Grants utilized | | | Unutilised grants | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Plan | Non-Plan | Specific purpose | | Plan | Non-Plan | Specific purpose | Plan | Non-Plan | Specific purpose |
| 2005-06 | 2.59 | 3.84 | 2.60 | 0.28 | 2.59 | 3.84 | 2.60 | 0.00 | - | - |
| 2006-07 | 4.00 | 3.43 | 4.58 | 0.46 | 2.76 | 3.35 | 3.16 | 1.24 | 0.08 | 1.42 |
| 2007-08 | 1.95 | 3.26 | 0.50 | 0.32 | 1.95 | 3.26 | 0.17 | 0.00 | - | 0.33 |
| 2008-09 | 3.50 | 4.70 | 1.48 | 0.55 | 3.05 | 5.06 | 0.63 | 0.45 | (-)0.36* | 0.85 |
| 2009-10 | 5.02 | 5.60 | 4.44 | 0.66 | 2.10 | 5.51 | 0.00 | 2.92 | 0.09 | 4.44 |
| **Total** | **17.06** | **20.83** | **13.60** | **2.27** | **12.45** | **21.02** | **6.56** | **4.61** | **(-)0.19** | **7.04** |

*** Excess utilisation under non-plan was met from the internal receipts of the Institute**

Internal Receipts included tuition fee, hostel fee, laboratory fee, bed charges etc. As the internal receipts during 2005-06 to 2009-10 was about 5.7 *per cent* of total payments there was remote possibility of self-sufficiency to the Institute.

## 4.2 Scope of Audit

Annual audit of the Institute is conducted under Section 20(1) of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971. The performance audit covers activities of the Institute for the period 2005-06 to 2009-10.

### 4.2.1 Audit objectives

Performance audit of the activities of the Institute was taken up with the objectives of assessing whether:

- the Institute has met its objective of developing human resource by providing quality education;
- mechanism for collection of data and maintenance and dissemination of information was effective and efficient;
- the Institute has efficiently and effectively conducted original and productive researches in the related fields over the years;
- the rehabilitation services extended by the Institute have been able to address the needs of the disabled people efficiently and effectively;

- the Institute has been able to develop, manufacture, promote and distribute aids and appliances to those concerned efficiently and effectively.

### 4.2.2 Audit criteria

The following audit criteria were adopted:

- Directives and guidelines of the West Bengal University of Health Science, the Rehabilitation Council of India, the West Bengal Nursing Council and the National Board of Examination;
- Memorandum of Association of the Institute;
- Ministry's directives and correspondences;
- Deliberations of the meetings of the Governing Council, Executive Council and the Academic Committee;
- UGC/CSIR guidelines.

### 4.2.3 Audit methodology

Audit examined records in the different departments of the Institute. Audit also gathered evidence and response through interviews and surveys of patients and students to assess the user satisfaction in respect of the Institute's activities and services.

The audit objectives and methodology was discussed with the Management of the Institute in an entry conference held in May 2010. The audit findings were discussed with the Management in an exit conferences held in January 2011.

## 4.3 Audit findings

### 4.3.1 Academic Activities

The Institute conducts the following post-graduate, under-graduate, and diploma courses as detailed in table-2.

**Table-2**

| Name of Course | Year of start | Duration of the course | Sanctioned seats | Affiliated to |
|---|---|---|---|---|
| **Post Graduate Courses** | | | | |
| Master in Physiotherapy (MPT) | 2007 | 2 years | 6 | WBUHS[2] |
| Master in Occupational Therapy (MOT) | 2007 | 2 years | 3 | WBUHS |
| Master in Prosthetics & Orthotics (MPO) | 2007 | 2 years | 3 | WBUHS |
| Diploma National Board in Physical Medicine & Rehabilitation (DNB in PMR) | 1992 | 3/2 years | 4 | National Board of Examination |
| Post Graduate Diploma in Disability Rehabilitation & Management (PGDDRM) | 1999-2000 | 1 year | 15 | WBUHS |
| **Degree Level Courses** | | | | |
| Bachelor in Physiotherapy (BPT) | 1984-1985 | 4 years 6 months | 43 | WBUHS |
| Bachelor in Occupational Therapy (BOT) | 1984 | 4 years 6 months | 42 | WBUHS |
| Bachelor in Prosthetics & Orthotics (BPO) | 1984 | 4 years 6 months | 28 | WBUHS |
| **Diploma courses** | | | | |
| Diploma in Orthopaedic & Rehab Nursing | 2008 | 1 year | 15 | Indian Nursing Council and West Bengal Nursing Council |
| Diploma in Tool & Die Making | 2001 | 4 years | 5 | In collaboration with CTTC[3], Kolkata |
| Diploma in CAD-CAM | 2001 | 6 months | 2 | In collaboration with CTTC, Kolkata |

#### 4.3.1.1 Development of human resource vis-à-vis success rate of students

Though the Institute started undergraduate courses in the streams of Physiotherapy, Occupational Therapy, Prosthetics and Orthotics way back in the year 1984, the Post Graduate courses in those fields were started as late as 2007. The position of sanctioned number of seats, students admitted, passed out etc. was also far from satisfactory as is given in table-3.

[2] West Bengal University of Health Sciences, Kolkata
[3] Central Tool Room & Training Centre

**Table-3**

| Year | Course/ duration | Sanctioned number of seats | Students admitted | Students who passed within the normal time period | Students who passed beyond the normal time period | Students failed | Students dropped the course in the midst | Still studying |
|---|---|---|---|---|---|---|---|---|
| **Undergraduate courses** | | | | | | | | |
| 2000-2005 | BPT/ 4.5year | 146 | 134 | 75 | 23 | 5 | 15 | 16 |
| | BOT/ 4.5year | 140 | 132 | 78 | 19 | 3 | 27 | 5 |
| | BPO/ 4.5year | 69 | 68 | 47 | 15 | 2 | 3 | 1 |
| **Total** | | **355** | **334** | **200** | **57** | **10** | **45** | **22** |
| | | | 94 *per cent* of intake | **257** | | | | |
| 2006-2009 | BPT/ 4.5 year | 149 | 140 | - | - | - | 7 | 133 |
| | BOT/ 4.5 year | 147 | 108 | - | - | - | 11 | 97 |
| | BPO/ 4.5year | 99 | 79 | - | - | - | 6 | 73 |
| **Total** | | **395** | **327** | **-** | **-** | **-** | **24** | **303** |
| | | | 82 *per cent* of intake | | | | | |
| **Grand Total** | | **750** | **661** | **200** | **57** | **10** | **69** | **325** |
| **Post graduate courses** | | | | | | | | |
| 2007-2010 | MPT#/ 2 years | 24 | 21 | 3 | 2 | - | 1 | 15 |
| 2007-2010 | MOT#/ 2 years | 14 | 10 | 4 | - | - | 2 | 4 |
| 2007-2010 | MPO#/ 2 years | 14 | 13 | 3 | 1 | - | 1 | 8 |
| 2007-2010 | DNB 3/2 year | 16 | 4 | 1 | - | - | 3 | 00 |
| **Total** | | **68** | **48** | **11** | **3** | **-** | **7** | **27** |
| | | | | **14** | | | | |

**# MPT, MOT and MPO were started from the year 2007**

It may be seen from the above table that only 661 (88 *per cent*) students took admission against the total 750 seats available for undergraduate courses for the period 2000-2009. A critical analysis of the table revealed that the percentage of students admitted against the intake capacity was reduced from 94 during 2000-2005 to 82 during the period 2006-2009.

It was also observed that of the 334 students of UG courses during the period 2000-2005 only 200 (60 *per cent*) students passed out within the stipulated period and 57 (17 *per cent*) cleared their courses beyond the course duration whereas 55 (16 *per cent*) either failed or dropped midway and the remaining

22 (7 *per cent*) are still pursuing their courses. To sum up, in pursuance of its objective of developing manpower for providing services to the Orthopaedically handicapped population, the Institute produced only 257 persons (72 *per cent* of the capacity) during the period of report qualified for the purpose. On the front of PG courses, a total 48 students took admission against the availability of 68 seats during the period 2007-2010 of which only 14 students passed out whereas seven dropped midway and the remaining 27 are still pursuing their courses.

Though no specific reasons for the drop out rate and students passing beyond the normal time were found on record, factors such as relaxation in admission criteria, non-availability of adequate qualified faculties and poor infrastructure had an adverse effect on the performance of the Institute, which is discussed in subsequent paragraphs.

Thus, objective of the Institute to develop human resource for providing service to the Orthopaedically handicapped was met partially as only 257 undergraduate degrees were awarded during the period of report.

***Recommendation***

- *The Institute should identify reasons responsible for drop out by the students in mid-way of the course and address the same.*

#### 4.3.1.2 Admission process

The Institute conducts Common Entrance Test (CET) jointly with NIRTAR[4] at all India level for admission to its undergraduate courses. The admission criteria were 50 *per cent* marks in Physics, Chemistry and Mathematic/Biology at Higher Secondary level with minimum age of 17 years and maximum age of 21 years up to 2009. For CET 2010, the Institute waived the condition of minimum marks and age limits. During 2010 about 600 applications were received for 283 seats (113 seats in NIOH and 170 seats in NIRTAR). The Institute could select 103 students against 113 seats even after relaxation of admission criteria. This indicates either lack of demand or lack of awareness among aspirants for the courses offered by the Institute.

Though the exam is pan-Indian, the candidates were mostly from West Bengal and from neighbouring States. Audit observed that about 15 - 80 *per cent* of the seats in different courses remained vacant between April 2004 and March 2010. The intake in respect of Diploma courses in Tool & Die Making was very poor as against the capacity to admit 25 students only 11 were enrolled in five years (2005-10). In case of Diploma in CAD-CAM not even a single student took admission during 2005-08. Though the Institute was aware of the problem, it took no effective action to popularise the courses.

#### 4.3.1.3 Faculties

[4] National Institute for Rehabilitation Training & Research, a sister institute near Cuttack, Orissa

The available regular faculties of the Institute as on October 2010 consisted of four Assistant Professors, five Lecturers and 20 others which included non-teaching posts like Senior Physiotherapist, Physiotherapists, Senior Occupational Therapist and Occupational Therapists. The faculties were being utilised both for academic work as well as for medical care of the patients. Audit noted that out of 45 posts carrying teaching responsibilities 16 were vacant as of October 2010. Of this, 13 regular faculty posts sanctioned by the Ministry way back in January 2005 were never filled up. The remaining three posts were vacant since April 2003, June 2007 and April 2009 respectively. In the absence of any specific student-teacher ratio prescribed by the affiliating agencies, audit was not in a position to ascertain the exact requirement of faculties for the academic needs. However, in a survey conducted by audit, it was observed that of the 50 randomly selected (out of 521) students surveyed, 64 *per cent* stated that the number of faculties and demonstrators was not sufficient whereas sixty eight *per cent* stated that the prescribed syllabi could not be completed before examination.

Audit observed that four out of five faculties for the MPO course were working on contract basis as of July 2010. While approving the continuance of the course, the Rehabilitation Council of India (RCI) directed (May 2009) to recruit core faculties at Assistant Professor level but the Institute failed to comply with the directions and recruited Senior Professional Trainees on contract basis. In case of MPT course, all the four faculties were on contract basis as of July 2010. It was also observed that diploma holders were teaching the undergraduate students. Only 14 out of 29 regular faculties could upgrade their academic qualifications since appointment.

Management attributed the reason for non-recruitment of faculties to non-availability of aspirants with required qualification and experience and explained that 10 faculties (Assistant Professors etc.) were deployed on contract basis and services of guest faculties were also taken.

***Recommendation***

- *The Institute should take effective action to recruit qualified faculties with a view to provide quality education to the students.*

### 4.3.2 Infrastructure

Availability of well developed infrastructure is a pre-requisite for any educational institution of national stature. The existing building of the Institute consists of three floors accommodating administrative office, class rooms, laboratories as well as hospital wing.

Front view of the NIOH building at B.T. Road, Bonhooghly, Kolkata

There were only nine class rooms available against the requirement of at least 20 class rooms. The West Bengal Nursing Council opined (July 2008) that the classroom for the nursing course was not spacious enough and there were no teaching aids like the Over Head Projector, Portable Computer etc. During the survey conducted by the audit, 78 *per cent* of the students commented about shortage of classrooms. While giving approval for the MPO course, the RCI directed (June 2007) to procure additional computerised designing and manufacturing equipment for strengthening the laboratory. Audit observed that the Institute could not provide hostel accommodation to all the willing students particularly the girl students. Further, the hostel rooms were not adequately equipped with basic amenities.

During the survey of 50 students conducted by audit, 74 *per cent* felt that books, journals and internet facilities available in the library were not adequate, 52 *per cent* students felt that the laboratory and other facilities available in the Institute were not up to the mark and 68 *per cent* students rated the canteen facilities as poor.

Management while accepting the shortage of hostel accommodation stated (September 2010) that proposals for acquiring laboratory equipment were pending with the Ministry since 2008.

#### 4.3.2.1 Non-procurement of proposed equipment

The Executive Council of the Institute approved (December 2008) a proposal for strengthening the existing R&D unit at an estimated cost of ₹ 5.5 crore. But the Institute could not procure the proposed instruments namely CAD CAM System, Material Testing Equipments, Myo-signal Analyser, Modular signal generator, CNC etc. as of November 2010. As a result, the Research workers and the students of the Master and Bachelor degree courses were deprived of latest technology in the concerned field.

As the practical classes on cosmetic restoration of body parts was compulsory for the students of the Master in P&O course and in order to give cosmetic look to Prosthetic aids the Executive Council of the Institute approved (May 2008) a proposal for setting up of a Cosmetic Rehabilitation Laboratory at a cost of ₹ 5 lakh. However, the Management is yet to establish this facility (November 2010).

***Recommendation***

- *The Institute should ensure availability of basic infrastructure for properly conducting its academic activities in a professional manner.*

### 4.3.3 Other academic issues

- The Institute was to commence four long-term courses at its Regional Centre, Aizawl (Mizoram) as per the direction (June 2002) of the Ministry. It was, however, observed that only one course titled 'Diploma in Rehabilitation Therapy' could be started so far (January 2011).

- The Regional Centre, Dehradun (Uttarakhand) opened in 2000 had four faculties but no course was being conducted as of January 2011.

- The objective of Human Resource Development also included training of Employment & Placement Officers and Vocational Counsellors. Though, prior to the year 2005, few such training programmes were conducted, no such training programs had been conducted thereafter.

- The Institute had not established any formal links with national and international organizations of repute working in similar areas for brain storming.

- In a student survey it was found that 70 *per cent* did not get sufficient exposure to acute cases, 50 *per cent* felt that practical classes for medical subjects were held less in comparison to departmental subjects and 50 *per cent* rated the quality of courses as average.

***Recommendations***

- *The Institute should start more courses at the Regional Centres for development of more human resources.*
- *The Institute should establish formal links with national and international organizations of repute working in similar areas.*

### 4.3.4 Information and Documentation Services

Information and Documentation aims at retrieving, compiling and disseminating information to meet the need of professionals, researchers, Non-Government Organisations etc. Selective Dissemination of Information Services (SDIS) and Current Awareness Services (CAS) are rendered by the

Library and Information Section of the Institute to fulfil the objective of serving as an apex documentation and information centre in the area of disability and rehabilitation.

**Collection of books at NIOH Library**

Audit observed that the publication of SDIS was done on monthly basis till May 2007. Thereafter, the publication became erratic with two-five issues coming out in a year. In case of CAS, the Institute could not publish it after June 2007. Further, in a review meeting of the National Institutes working for disabled people under the Ministry held in September 2007, it was decided that e-learning facilities should be provided by the library. The Institute had not initiated any action in this regard so far.

#### 4.3.4.1 Database management

The Institute did not maintain any database on persons suffering from orthopaedic disabilities. A pilot project on 'Disability Mapping' though initiated in the year 2006-07 was yet to be completed. The Institute could not provide records relating to present status and expenditure involved in the project to audit.

It was further observed that there was no system for maintaining patients' assessment records or history sheet or plans for rehabilitation. Only basic information like registration number, name and address of patients' visiting the outdoor patient department (OPD) were maintained. Since September 2006 only carbon copies of prescriptions in respect of patients visiting the OPD were kept in the store rooms which have very short shelf life. The assessment/diagnosis done by the experts of different rehabilitation wings i.e. Occupational Therapist and Physiotherapist was also handed over to the patient without retaining any copy thereof. As the rehabilitation plans were customised depending on the need of the patient, lack of proper maintenance of records also resulted in loss of trails of lines of treatment.

The Institute stated (November 2010) that a project has been undertaken to keep all records in digital format. It, however, did not provide any document in support of their reply.

The fact remained that the Institute failed to achieve its own objective of serving as an apex documentation and information centre in the area of disability and rehabilitation.

***Recommendations***

- *The Institute should ensure publication of SDIS and CAS on regular basis besides establishing an e-library.*
- *In order to achieve its objective, the Institute should maintain a comprehensive database of the patients to serve as an apex documentation and information centre in the area of disability and rehabilitation.*

### 4.3.5 Research Activities

One of the main objectives of Institute is to conduct and sponsor research in all aspects of education and rehabilitation of the Orthopaedically handicapped persons. The expenditure on Research and Development (R&D) incurred by the Institute during 2005-06 to 2009-10 vis-à-vis budgets allotted is given in table-4.

**Table-4**

*(₹ in crore)*

| Year | Total Plan Grant | Budgeted for R&D | Percentage of budget allotment towards R&D | Actual Expenditure on R&D |
|---|---|---|---|---|
| 2005-2006 | 2.59 | 0.14 | 5.41 | 0.01 |
| 2006-2007 | 4.00 | 0.10 | 2.50 | 0.03 |
| 2007-2008 | 2.40 | 0.10 | 4.08 | 0.07 |
| 2008-2009 | 3.50 | 0.30 | 8.57 | 0.09 |
| 2009-2010 | 5.02 | 0.30 | 5.98 | 0.04 |
| **Total** | **17.51** | **0.94** | **5.31** | **0.24** |

The Institute allocated 5.31 *per cent* of the total grants received to R&D but could utilise only 25 *per cent* of the allocation during 2005-06 to 2009-10. This indicated the Institute's lack of focus on research work which was one of its stated aims.

#### 4.3.5.1 Research projects

It was observed that the Institute did not prepare detailed plans for research work. The Institute since inception could not develop any in-house products that could be put to mass use. The Institute took up 15 projects since 2003. Out of these only five projects could be completed and five projects were stated to be under clinical trials. The remaining five projects were still in progress. The Institute had not prescribed any scheduled date for completion

of research projects. There was also no Research Committee to monitor and assess the progress of Research Works. The records relating to cost of the projects, approvals and their progress could not be made available to audit by the Institute.

***Recommendations***

- *The Institute should make proper planning for research works by identifying specific areas of research, fixing its goals and completion time schedule.*
- *The Institute should constitute a Research Committee for monitoring and assessing the progress of research work on regular basis.*

### 4.3.6 Medical Rehabilitation Activities

The Institute provides medical treatment to both in-patients and out patients including rehabilitation services to the Orthopaedically handicapped persons. The Indoor Wards included 66 beds distributed amongst 'Restorative Surgery Wing' (RSU) having 21 beds which included five Paediatric Beds, 'Camp ward' having 16 beds, and 'Rehabilitation wing' (RW) having 29 beds.

#### 4.3.6.1 Availability of doctors and nurses

The patients were generally provided five types of basic treatments i.e. medicine, surgery, physiotherapy, occupational therapy and supply of Prosthetics and Orthotics. Combination of treatments may also be provided as per the requirement.

Total number of patients visiting the Institute vis-a-vis number of major surgeries etc. during the last five years is given in table-5.

**Table-5**

| Year | No. of new patients | No. of visits by the patients | No. of major surgeries done | No. of Doctors | No of Nurses |
|---|---|---|---|---|---|
| 2005-06 | 13561 | 16338 | 134 | 10 | 12 |
| 2006-07 | 15207 | 17492 | 271 | 10 | 12 |
| 2007-08 | 15996 | 17884 | 138 | 10 | 13 |
| 2008-09 | 19362 | 20872 | 172 | 9 | 13 |
| 2009-10 | 21015 | 22401 | 233 | 15* | 13 |
| **Total** | **85141** | **94987** | **948** | **54** | **63** |
| ***Includes contractual staff and trainees** | | | | | |

There were no specific norms prescribed on the Patient-Doctor ratio available due to which Audit could not form an opinion on the existing work load on Doctors and Nurses. It is, however, evident from the table that number of new patients including number of visits by patients is increasing gradually over the years during the period of report but no corresponding increase in number of doctors was noticed except in the year 2009-10 when the number of doctors increased to 15. Similar was the position with nurses where also no major

increase was noticed when compared to the increase in number of patients. The Institute admitted (November 2010) the audit observation.

#### 4.3.6.2 Patient care amenities

Audit observed the following deficiencies in patient care facilities offered by Medical Rehabilitation unit:

- Some of the staircases, especially the one nearest to the Patient Wards (RSU and RW) was devoid of any hand support/rail which made it difficult for the disabled patients to move.
- Certain routine tests like routine culture and sensitivity of urine, stool, Anti CCP Tests etc. were not being done by the Institute due to lack of infrastructure.
- Institute conducts about 190 major surgeries per year but did not have a blood bank, which was also required in the 'DNB' Course.
- Though the Institute was conducting major and minor operations on regular basis, there was no surgical Intensive Care Unit and the post-operative patients were kept along with the pre-operative patients in the Restorative Surgery Unit.
- The Institute did not have any emergency unit.
- The Institute did not maintain any ambulance facility.

The Institute, while partly agreeing to the audit observations, stated (January 2011) that only planned surgeries were being done and blood could be arranged from authorised blood banks.

***Recommendation***

- *The Institute should establish surgical ICU, blood bank and provide ambulance services.*

### 4.3.7 Socio-Economic Rehabilitation (SER)

The Department of Socio-Economic Rehabilitation with three staff viz. i) Research Officer (Social Science), ii) Vocational Counsellor cum Placement Officer and iii) Extension Service Officer is responsible for capacity building of the disabled people visiting the Institute. The following deficiencies were noticed in audit:

- The Research Officer (Social Science) started (1992) longitudinal follow-up work of 26 cerebral palsy children with multiple disabilities and continued till 2010. However, no new cases could be added in the research work due to engagement of the officer in other non research works. It was further observed that the officer developed a project model for reduction of parental mental stress and development of positive attitude for doing mainstreaming work for the cerebral palsy children with multiple disabilities. Though, the project model had

already been published in international journal of Rehabilitation Research in December 2006 but the same was pending approval of competent authority for implementation of the same in OPD since October 2009. Delay in approval of the project resulted in depriving the patients of the intended benefits.

- For the purpose of rehabilitation of disabled people, the Institute had a placement cell where, a manual record of the needy persons are kept and on the basis of requirement received from different organisations; these registered persons are informed of the opportunities. As of November 2010, there were 77 registered persons of which 23 were deployed through placement cell. The survey on beneficiaries conducted by audit disclosed that majority of the patients were ignorant of the existence of the placement cell.

### 4.3.8 Distribution of aids and appliances

The Prosthetic and Orthotics appliances help to assist/improve functions and/or prevent further complications in the affected parts of the individual. The Institute through its Prosthetics and Orthotics department provides such assistive aids/appliances after designing, fabrication, modification and fitment as per prescription and based on individuals need. The Institute distributes aids and appliances to the needy eligible disabled through outdoor/indoor departments and camps organised by it. The aids/appliances are also distributed through Community Based Rehab Projects (CBR) undertaken by the Institute.

#### 4.3.8.1 ADIP scheme

There is a scheme called 'Assistance to Disabled Persons for purchase/fitting of aids/appliances' (ADIP) under the Ministry. The Institute provides durable, sophisticated and scientifically manufactured, modern, standard aids and appliances to the needy persons that can promote their physical, social and psychological rehabilitation, by reducing the effects of disabilities and enhance their economic potential. One of the criteria for selection of beneficiaries under the ADIP Scheme was that the disabled person should not have received any assistance from the other agencies and the Institute during the last three years for the same purpose. For children below 12 years of age this limit was one year.

However, it was observed that the Institute did not maintain any centralised data on beneficiaries receiving aids and appliances in past. Further, there was no mechanism with the Institute to verify that the beneficiary had not availed the benefit from any other agency under the same scheme. Thus, possibility of individuals misusing free aids and appliances received from the Institute cannot be ruled out.

While accepting the audit observation on absence of mechanism to verify the eligibility of the beneficiaries, the Institute stated (June/November 2010) that a

suitable modification would be made in the computerised system after implementation of Unique Identification Number.

As per conditions of the grant in aid under the ADIP scheme, a report on a test check of records of previous beneficiaries indicating the utility of the aid/appliance was to be included. It further stipulated that a test check of 10 *per cent* of beneficiaries, where the total number of beneficiaries is less than 500 was to be carried out. But no documents in support of such test checks were available to audit.

The Institute stated (November 2010) that such test checks were not practically possible.

The reply is not acceptable as such checks could be done in follow-up camps to check the utility of aids/appliances distributed and the functional improvement of beneficiaries was done on a regular basis.

There was a delay ranging from two to 61 months in delivery of aids/appliances to patients under ADIP scheme as given in table–6.

**Table-6**

| Year | Total no. of patients for whom appliances were required to be supplied under ADIP | Total no. of patients for whom there was delay in delivery of appliances under ADIP | Delay in delivery of aids and appliances (in months) |
|---|---|---|---|
| 2005-06 | 483 | - | - |
| 2006-07 | 1295 | 104 | 2 to 11 |
| 2007-08 | 543 | 123 | 3 to 22 |
| 2008-09 | 635 | 120 | 2 to 22 |
| 2009-10 | 472 | 112 | 2 to 61 |

**Source: Fabrication Register maintained by Prosthetics and Orthotics department**

The main reasons attributed (August 2010) by the Institute was staff shortage, absence of modern equipments and delay in procurement of raw material.

#### 4.3.8.2 Follow up

The post distribution care to the beneficiaries is also required under ADIP scheme. However, the Institute had no mechanism on the follow-up of the beneficiaries and to cater for post fitment care of them.

The Institute stated that follow-up camps were not held to verify usage of aids/appliances due to non-availability of specified manpower for the purpose and stated that collaborating agencies shall be persuaded for follow-up camps.

***Recommendations***

- *The Institute should develop a mechanism to verify the eligibility of beneficiaries under ADIP scheme.*

- *The Institute should ensure timely delivery of aids and appliances to the beneficiaries.*

### 4.3.9 District Disability Rehabilitation Centres

District Disability Rehabilitation Centres (DDRC) were to be set up with an aim to provide comprehensive service to the disabled at grass root level in the unserved districts of the country through organising camps to bring awareness. It is a joint venture of Central and State Governments. The Central Government was responsible for initial funding for manpower, contingencies as well as equipment needed and also technical inputs while the State Governments provided infrastructure and coordinates and monitors the activities of the DDRCs. After initial three years of its existence, the DDRC (five years in North-East and Jammu and Kashmir) during which, NIOH the implementing agency provided technical manpower, equipment and training etc. and then hand over the same to the State Government/NGO selected for future maintenance. It was envisaged that DDRCs should be self-sustaining in the long run and hence required to attempt at resource generation through donation and other means as well as by fixing nominal charges for various services. As the scheme did not envisage any permanent posts, the required staff was appointed on contractual basis.

**Front view of the closed DDRC, Madhyamgram, N-24 Parganas**

**Equipments for the CPO Course at Ranchi lying unutilized**

So far, 14 DDRCs were established by the Institute during June 2000 to July 2004, of which 12 were handed over to NGO/State Government during April 2004 to April 2009. Out of them, 10 DDRCs were defunct as of October 2010. Even those two which were not handed over had been stated to be functioning partially. The details are placed in the **Annexe-A**.

The Institute attributed (October 2010) the reason for non-functioning of the DDRCs after handover to non-availability of advance fund from the Ministry and low honorarium structure for the rehabilitation professionals. It further stated that with limited trained manpower available locally, only some services could be offered through the DDRCs.

**Case Study**

The Audit team visited two DDRCs opened by the Institute at Madhyamgram (North 24 Parganas, West Bengal) and Ranchi (Jharkhand) and the following deficiencies were noticed.

i) **The DDRC Madhyamgram (North 24 Parganas)** was set up in 2003 and handed over to the Indian Red Cross Society (IRCS) in 2006. Facility of the Physiotherapist, Audiologist, Speech Therapist and Prosthetic and Orthotics unit was available at the centre. The centre worked for only six months after its handing over to IRCS and thereafter it was closed. The IRCS stated that DDRC had to be closed for want of funds from the Ministry.

ii) **The DDRC, Ranchi** was set up in November 2001 in collaboration with IRCS and functioning smoothly till 2006. Facility of Physiotherapy, Occupational Therapy, Prosthetic and Orthotics unit was available at the centre. The Executive Council of the Institute approved (July 2006) to establish a Regional Centre at Ranchi and to start two courses namely (i) Certificate in Prosthetics and Orthotics; and (ii) Diploma in Rehabilitation Therapy. The release of regular funds to DDRC was stopped by the Institute due to non-availability of funds from the Ministry. However, DDRC was yet to be upgraded as a Regional Centre as of January 2011. It was further observed that equipment procured for Certificate in Prosthetics and Orthotics course were lying idle.

***Recommendation***

- *The Ministry should continue providing the DDRCs with funds so that the DDRCs could continue functioning.*

## 4.4 Conclusion

Despite its existence for three decades, the Institute could not achieve its objectives to the desired extent. The infrastructural facilities could not be improved to match the increasing number of beneficiaries. There was a need for intensive research and development work. There were considerable delays in delivery of aids/appliances to the disabled persons under ADIP scheme. The Institute also failed to achieve its own objective of serving as apex documentation and information centre in the area of disability and rehabilitation as it did not create any system for maintaining patients' assessment records or history sheet or plans for their rehabilitation. Due to these drawbacks, it could not fully utilize the funds under Plan head.

The Institute needed to take strategic decisions for its modernisation to keep pace with the changing times and to serve as the apex organization in the country in the area of rehabilitation of the Orthopaedically handicapped population.

## 4.5 Acknowledgement

We acknowledge the co-operation extended to the Audit team by the Institute during the course of audit.

The matter was reported to the Ministry in January 2011; their reply was awaited as of July 2011.

## Annexe-A

*(refer to paragraph 4.3.9)*

| Sl. No. | Name of the DDRC | Date of inception of the DDRC | Date of handover of the DDRC and to whom | Its present status |
|---|---|---|---|---|
| 1. | DDRC – North 24-Pgs West Bengal | 11-11-2003 | 21-12-2006 Handed over to IRCS, Barasat | Not functioning |
| 2. | DDRC – Murshidabad West Bengal | NA- Charge taken from NIHH Dec 2001 | 04-11-2004- Handed over to District Health & Family Welfare Society, | Not functioning |
| 3. | DDRC – Dimapur Nagaland | 30-06-2000 | 08-06-2006 Handed over to IRCS, Dimapur | Not functioning |
| 4. | DDRC – Shillong Meghalaya | 16-03-2001 | 28-06-2006- State Society for the Implementation of Rehabilitation Services for the persons with Disabilities (SSIRPD) | Functioning |
| 5. | DDRC – Darbhanga Bihar | 07-04-2001 | 28-02-2007- Handed over to District Admn. Under DWO, Darbhanga | Not functioning |
| 6. | DDRC – Chapra Bihar | NA- taken from NIRTAR Jul 2004 | 08-07-2006 Handed over to VARDAN (NGO) | Not functioning |
| 7. | DDRC – Jehanabad Bihar | 10-02-2004 | 27-02-2007 Handed over to IRCS, Jehanabad | Not functioning |
| 8. | DDRC – Samastipur Bihar | 14-01-2004 | 01-03-2007 Handed over to IRCS, Samastipur | Not functioning |
| 9. | DDRC – Gaya Bihar | NA- Charge taken from NIHH Nov 2003 | 01-04-2004 Handed over to IRCS, Gaya | Not functioning |
| 10. | DDRC – Allahabad U.P | 17-10-2000 | 17-02-2007- Handed over to JRH University, Chitrakoot, U. P. | Not functioning |
| 11. | DDRC-Ambedkarnagar U.P | 10-08-2004 | 10-04-2009- Handed over to NFNDRC under NTPC – Tanda, Ambedkarnagar | Functioning |
| 12. | DDRC – Tezpur Assam | 15-08-2002 | 26-06-2008- Sonitpur Dist. Disability Rehabilitation & Welfare Society | Not functioning |
| 13. | DDRC – Ranchi Jaharkhand | 01-11-2001 | Not yet handed over | Partially functioning |
| 14. | DDRC – Port Blair ANI | 05-02-2003 | Not yet handed over | Partially functioning |