

Chapter III

Performance audit of the Directorate of Indian Systems of Medicine and Homoeopathy

Highlights

The Directorate of Indian Systems of Medicine and Homoeopathy is entrusted with implementation of the various programmes and policies of the Government of NCT of Delhi relating to Indian systems of medicine and homoeopathy. The performance audit of the functioning of the directorate revealed non-utilization of available resources and shortfall in setting up of homoeopathic, ayurvedic and unani dispensaries and health facilities. The spread and availability of treatment facility under Indian systems of medicine and homoeopathy fell far short of targets envisaged in the State health policy announced in 2001. Only 18 ayurvedic, nine unani and 31 homoeopathic dispensaries could be set up as of March 2005 against a target of 135 ayurvedic, 45 unani and 90 homoeopathic dispensaries during the Ninth Plan and the first three years of the Tenth Plan. Administrative laxity and lack of effective pursuance resulted in the utilization of only Rs.19 lakh (seven per cent) out of the grants-in-aid of Rs.2.67 crore made available by the Government of India during 2000-01 to 2004-05 for implementation of six centrally sponsored plan schemes while a drug testing laboratory was not set up for over three years despite availability of funds.

(Paragraphs 3.1 to 3.5)

There were significant shortages of qualified medical personnel under various categories. The percentage of shortage of staff in the dispensaries ranged between 12 and 49. All the 21 ayurvedic and nine unani dispensaries were without pharmacists. Such shortages adversely affected the delivery of health care services to patients as well as the optimum utilization of the established infrastructure.

(Paragraph 3.7)

The facilities created in the three medical colleges and hospitals were deficient. The shortage of personnel and facilities was one of the factors contributing to the low average bed occupancy in the three hospitals which ranged from 23 to 52 per cent. Even the existing infrastructure was not optimally utilized due to lack of adequate planning and co-ordination between creation of infrastructure and provision of necessary manpower and equipment.

(Paragraph 3.8)

The functioning of the Delhi Bharatiya Chikitsa Parishad established to prevent and deter practice by unqualified or unregistered practitioners was grossly inadequate. No action was taken in 170 out of 359 complaints received by the Parishad more than two years ago. Raids contemplated in 72 cases were not conducted even after a lapse of about one year.

(Paragraph 3.11)

The Drugs Control Cell of the directorate failed to adequately discharge its responsibility of ensuring compliance with the provisions of the Drugs and Cosmetics Rules. Inspection of only two units was carried out during the period 2000-01 to 2004-05 as against the stipulated 918 inspections. The Cell did not draw any sample of ayurvedic and unani drugs during the period 2000-05 to check their conformity with the prescribed quality standards except on complaints from the public.

(Paragraph 3.12)

There was non-adherence to codal provisions in purchase of medicines by both the directorate and the A&U Tibbia College. Medicines were purchased at higher rates on grounds of quality incurring an extra expenditure of Rs.24 lakh without following the procedure prescribed in the tender documents to ensure the quality of the medicines.

(Paragraph 3.9)

Summary of recommendations

- *There should be systematic monitoring of expenditure so as to ensure the utilization of available funds for the intended purpose within the financial year. The expenditure pattern should also be reviewed and rationalized to see whether more funds can be devoted to creation of infrastructure and medical supplies/equipment by cutting down on administrative expenses.*
- *The Directorate should review its plan schemes taking into account the already established infrastructure and the availability of resources and prioritize its needs. Thereafter, annual targets for setting up of dispensaries, mobile clinics, etc. should be decided and thereafter rigorously monitored.*
- *The Directorate should take time bound action to adequately man the existing dispensaries so as to ensure optimum utilization of the existing infrastructure. The sanctioned strength of all categories of staff in the hospitals and colleges should be reviewed so as to ensure that they are adequate to enable the institution to discharge its functions effectively. The requirements of medical equipment of these hospitals should be prioritized and the equipment procured on a fast track basis.*
- *The Directorate together with the Delhi Bharatiya Chikitsa Parishad need to urgently ensure that cases of unqualified or unauthorized practice are effectively pursued and deterrent action taken.*
- *The Directorate needs to review immediately its procurement practices and particularly its quality assurance procedures so as to obviate the possibility of irregularities in purchase of medicines at higher rates and procurement of sub-standard medicines which may endanger patient health.*
- *Systems and procedures for ensuring quality control of medicinal preparations need to be urgently strengthened so as to ensure compliance with the provisions of the Drugs and Cosmetics Rules. There should be strict monitoring of the number of inspections carried out and follow up of cases of violation of the rules.*
- *A mechanism to ensure better co-ordination and monitoring of works needs to be devised by the department in association with the executing agency (PWD). Systems should be streamlined to ensure timely sanction and release of funds to NGOs. The Register of Grants should also be scrupulously maintained to enable proper monitoring.*

3.1 Introduction

The Directorate of Indian Systems of Medicine and Homoeopathy (ISM&H), initially a part of the Directorate of Health Services of the Government of NCT of Delhi, was set up as a separate Directorate in May 1996. The Directorate is responsible for the implementation of various programmes and policies of the Government of Delhi relating to Indian systems of medicine and homoeopathy. It functions under the overall supervision of the Principal Secretary, Department of Health and Family Welfare and is headed by a Director who is assisted by one Joint Director, two Deputy Directors and four Assistant Directors.

There are three medical colleges with attached hospitals, viz. (i) A&U Tibbia College, (ii) Nehru Homoeopathic Medical College and Hospital and (iii) Dr.B.R.Sur Homoeopathic Medical College, Hospital and Research Centre, 74 homoeopathic dispensaries (including six dispensaries under the Bhagidari scheme), 21 ayurveda dispensaries and nine unani dispensaries under the administrative control of the Directorate as of March 2005. Three autonomous bodies, viz. (i) Dilli Bharatiya Chikitsa Parishad, (ii) Board of Homoeopathic System of Medicine and (iii) Dilli Homoeopathic Anusandhan Parishad also function under the administrative control of the Directorate.

The Department of Health and Family Welfare provides necessary funds to the Directorate and the three medical colleges and hospitals for their functioning. The year-wise budget provision and expenditure were as under:

Table 3.1: Budget Allocation and Actual Expenditure

(Rs. in crore)

Year	Budget Provision	Expenditure
2000-01	8.50	3.46
2001-02	8.00	6.53
2002-03	8.00	7.34
2003-04	7.50	6.74
2004-05	8.50	6.70
Total	40.50	30.77

3.2 Scope of audit

A performance appraisal of the Directorate of ISM&H was conducted with a view to ascertaining the efficiency and effectiveness of the various programmes implemented by the Directorate during the five years from 2000-01 to 2004-05.

3.3 Audit objectives

The objectives of the performance audit were:

- to assess the utilization of funds with reference to the stated objectives;
- to evaluate the planning and implementation of the various programmes and schemes implemented by the Directorate with reference to the norms set by the Central Council of Indian Medicine and the Central Council of Homoeopathy;
- to assess the quality of health care services being delivered and the availability of ISM&H facilities with reference to the objectives of the schemes;
- to assess the functioning of the medical colleges and hospitals with reference to the prescribed norms and objectives;
- to assess the extent and effectiveness of efforts to prevent practice of ISM&H by unqualified persons and to safeguard against production and distribution of sub-standard medications; and
- to evaluate the adequacy of the system of monitoring and internal controls.

3.4 Audit methodology

The audit objectives and parameters were finalized taking into account the views of the Principal Secretary (Health), Government of Delhi and the Director (ISM&H) expressed in a meeting with the Accountant General (Audit) held on 25 November 2004. The audit methodology included:

- scrutiny and test check of the records of the Directorate, the three medical colleges, the Dilli Bharatiya Chikitsa Parishad, the Board of Homoeopathic System of Medicine and the Dilli Homoeopathic Anusandhan Parishad.
- inviting comments of the institutions on the audit observations and seeking confirmation of facts; and
- obtaining the views and comments of the Director (ISM&H) and the administrative department concerned on the audit findings and the proposed recommendations.

The audit findings and recommendations were discussed with the Principal Secretary (Health) and the Director (ISM&H) and other officers concerned on 17 June 2005. Their views as expressed in the meeting and as formally communicated thereafter were taken into account and reflected in the review.

3.5 Utilization of funds

3.5.1 Non-utilization of central funds of Rs.2.48 crore

During the period 2000-05, the Government of India, Ministry of Health and Family Welfare, Department of Ayurveda, Yoga-Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) provided central assistance totaling Rs.2.67 crore to the Directorate as grants-in-aid for implementation of six centrally sponsored Plan schemes as below:

Table 3.2: Funds released and Expenditure incurred

(Rs. in crore)				
Year	Name of Scheme	Amount of funds released	Amount of funds utilised	Amount of funds unutilised
1	2	3	4	5
2000-01	Implementation of Information Technology	0.10	0.08	0.02
2001-02	Strengthening of State Government Drug Testing Laboratories and Pharmacies of ISM&H	0.95	Nil	0.95
2003-04	Development of Under-graduate Colleges	0.12	0.11	0.01
2004-05	(i) State Model Institute of Ayurved/Siddha/Unani/Homoeopathy	1.47	Nil	1.47
	(ii) Re-orientation Training Programme	0.02	Nil	0.02
	(iii) Continuing Medical Education.	0.005	Nil	0.005
Total		2.67	0.19	2.48

The Directorate could however utilize only Rs.0.19 crore (7.1%) for implementing two centrally sponsored Plan schemes. The balance of Rs.2.48 crore including Rs.1.50 crore provided for implementation of three schemes in December 2004 (Rs.1.49 crore) and January 2005 (Rs.50,000) remained unutilized as of April 2005.

The Government stated in June 2005 that the Government of India was being approached to revalidate the sanction of Rs.1.50 crore.

3.5.2 Strengthening of drug testing laboratories and pharmacies of ISM&H

The Union Ministry of Health and Family Welfare released Rs.95 lakh to the Government of Delhi in February/March 2002 for strengthening of the existing Combined Food and Drug Testing Laboratories at Lawrence Road by setting up a separate ISM&H drug testing laboratory in the same building. Of

this amount, Rs.65 lakh was for procurement of equipment, Rs.20 lakh for renovation and expansion of the building and Rs.10 lakh for contractual manpower. The grants were to be utilized within one year from the date of its release. As the grants-in-aid was released by the Union Ministry only on 31 March 2002, the Directorate requested the Union Ministry in May 2002 for revalidation of the sanction which was accorded in August 2002.

The Directorate placed an order with Hospital Services Consultancy Corporation (India) Limited (HSCC) in March 2003 for purchase of machinery and equipment for Rs.50 lakh. The standard terms of supply stipulated payment of 50 per cent on confirmation of order and the remaining 50 per cent before placement of order. However, the supply order placed by the Directorate provided for payment only after full delivery. No action was taken by the Directorate to ensure receipt of the supplies. In November 2003, HSCC informed the Directorate that Rs.60 lakh would now be required for procurement of the machinery/equipment and for the opening of Letter of Credit due to fluctuation in exchange rates. This was followed by several reminders between December 2003 to June 2004 for advance payment so as to enable HSCC to execute the order. However, the Directorate did not take cognizance of these reminders and therefore, the grants-in-aid of Rs.65 lakh sanctioned for the purchase of machinery/equipment remained unutilized as of June 2005.

In January 2003, the Directorate requested the Government of India to reallocate the grants-in-aid of Rs.20 lakh meant for renovation/expansion of the building to the component "Procurement of machinery/equipment" as they had issued an expenditure sanction of Rs.10 lakh for repair and renovation of the building in February 2002 from out of funds of the Government of Delhi. This was refused by the Government of India in May 2004.

As the grants-in-aid of Rs.95 lakh could not be utilized by the Directorate during the revalidated year 2002-03, the Directorate repeatedly requested the Government of India to revalidate the sanction to enable utilization of the grants-in-aid during the financial years 2003-04 and 2004-05. The Government of India ultimately revalidated the sanction for Rs.80 lakh for the year 2004-05 in March 2005 (received in the Directorate on 28 March 2005). The grants-in-aid could not be utilized by the Directorate during 2004-05 for want of authorization from the Finance Department of the Government of Delhi and the revalidation again lapsed.

Thus, the objective of setting up of a separate ISM&H drug testing laboratory remained unachieved though the Directorate had the requisite funds at its disposal from August 2002 onwards. This was despite the fact that the Directorate lacked a laboratory of its own for analysing samples.

The Directorate stated in February 2005 that the purchase of equipment and the creation of posts for the laboratory was a time-consuming process. The Government added in June 2005 that it would seek fresh sanction of the grants-in-aid from Government of India after ascertaining the cost changes, if any, from HSCC.

3.5.3 *Disproportionate expenditure on manpower*

Audit scrutiny of records of the three medical colleges and hospitals revealed that the average expenditure on staff to the total expenditure in all the three medical colleges and hospitals was 76 per cent during the period from 2000-01 to 2004-05 whereas it was a meager seven per cent on medicines and four per cent on equipment as indicated below:

Table 3.3: Expenditure on Staff, Medicine, Equipment and others

Year	Staff Cost		Medicines		Equipment		Others	Total
	Rs. (in lakh)	Percentage of total costs	Rs. (in lakh)	Percentage of total costs	Rs. (in lakh)	Percentage of total costs	Rs. (in lakh)	Rs. (in lakh)
2000-01	576.07	79	33.95	5	18.90	3	102.72	731.64
2001-02	646.52	72	74.62	8	71.21	8	104.60	896.95
2002-03	744.51	74	84.07	8	37.01	4	140.60	1006.19
2003-04	728.75	77	78.82	8	5.12	0.5	133.61	946.30
2004-05	892.27	77	43.71	4	69.97	6	146.76	1152.71

Average expenditure on staff costs to total expenditure in three Medical Colleges and Hospitals was 76 per cent during 2000-05, whereas it was 7 per cent on medicines and 4 per cent on equipment.

The apparently minimal expenditure on medicines and equipment was attributed to the low cost of medicines under the ISM&H system as compared to allopathic medicines. The A&U Tibbia College and Hospital however accepted in January/February 2005 that it could not procure equipment during the year 2003-04 due to administrative reasons though funds were available while the Dr.B.R.Sur Medical College, Hospital and Research Centre stated that the equipment was being purchased now after appointment of regular staff in various departments.

Greater emphasis was evidently required on creation and up gradation of infrastructural facilities and procurement of essential medical equipment (detailed in Para 3.1.8.3) in order to improve the quality of the delivery of health care services to the patients and teaching/curricular facilities to the students.

Recommendations

- *There should be systematic monitoring of utilization of funds so as to ensure their utilization for the intended purpose within the given financial year; and*

- *The expenditure pattern of the ISM&H institutions should be reviewed and rationalized to see whether more funds can be devoted to creation of infrastructure and medical supplies/equipment by cutting down on administrative expenses.*

The Government stated in June 2005 that the above recommendations had been accepted and a monthly review of expenditure, demand for equipment and essential drugs had been started at the level of the head of department.

3.6 Planning and implementation of Plan schemes

3.6.1 Inadequate coverage

The State Health Policy announced in 2001 envisaged one health care centre for every 50,000 persons in thickly populated areas and for every 25,000 persons in sparsely populated areas to deliver primary health care services including ISM&H. As of 31 March 2005, there were 104 dispensaries (21 ayurvedic, 9 unani and 74 homoeopathic) in the NCT of Delhi with each ayurvedic dispensary covering a population of about seven lakhs, each unani dispensary covering a population of 15 lakhs and each homoeopathic dispensary covering a population of two lakhs as depicted below:

Table 3.4: Population coverage by ISM&H dispensaries

Description of health care facility	Number available as on 31 March 2005	Population of NCT as per Census of 2001 (in lakh)	Average population covered (in lakh)
Ayurvedic dispensaries	21	139	6.62
Unani dispensaries	9	139	15.44
Homoeopathic dispensaries	74	139	1.88

In addition, the department had one 150-bedded ayurvedic and unani medical college and hospital, one 100-bedded and another 50-bedded homoeopathic medical college and hospitals with a capacity of 88 students, 50 students and 50 students respectively.

It was apparent that the ISM&H health care facilities available with the department were not adequate to meet the declared objectives of providing health care services to citizens of the NCT and of propagating Indian systems of medicine and homoeopathy. Similarly, the ISM&H educational facilities of three colleges with an aggregate admission strength of merely 188 students were grossly inadequate for the NCT with a population of over 1.30 crore.

One of the stated objectives of the Government of Delhi was to provide facility of all systems of medicine, viz. allopathy, ayurveda, unani and homoeopathy under one roof at all levels of health care. As of March 2005, 132 out of 194 dispensaries/hospitals did not have any ISM&H component while only 50 had one of the components as depicted below:

Table 3.5: Availability of ISM&H facility

Availability of ISM&H facilities	No. of dispensaries available as on 31 March 2005
Allopathic dispensaries/hospitals having Ayurvedic and Homoeopathic components	10
Allopathic dispensaries/hospitals having Unani and Homoeopathic components	02
Allopathic dispensaries/hospitals having only one of the Ayurvedic, Unani and Homoeopathic components	50
Allopathic dispensaries/hospitals having no component of Ayurveda, Unani and Homoeopathy	132
Total	194

The Government stated in June 2005 that other agencies, viz. Municipal Corporation of Delhi (MCD), New Delhi Municipal Council (NDMC) and Government of India were also providing health care facilities in the NCT and as such the availability of health care facilities was reasonable. It however added that it remained committed to the process of integration of ISM&H medical facilities with allopathic system of medicine and it would decide either to relocate the existing dispensaries or to open new ones on case to case basis as and when the dispensaries under the allopathic system were expanded. Regarding inadequacy of ISM&H educational facilities, the Government stated that it was making efforts to increase the intake capacity of students in the Nehru Homoeopathic Medical College and Hospital.

The reply of the Government is not tenable as even if the health care facilities made available by other agencies are taken into account, they would still not be adequate to cover the population of the NCT as envisaged in the State Health policy. Further, the fact that 68 per cent of the existing allopathic dispensaries/hospitals had no ISM&H component as of March 2005 reflected the inadequacy of the planning and efforts made by the department to achieve the objectives of the policy.

3.6.2 Shortfall in opening of new clinics

There was 100 per cent shortfall in opening of speciality clinics, yoga centres and hospitals as envisaged in the Ninth and Tenth Plans. There was also shortfall in opening of ayurvedic, unani and homoeopathic dispensaries.

The Ninth Five Year Plan provided for opening of 60 ayurvedic and 20 unani dispensaries, 30 ayurvedic/unani speciality clinics, 20 yoga centres and nine ayurvedic/unani zonal hospitals (four 300-bedded and five 100-bedded) under the scheme "Health care services of ISM, etc.". The Plan also contemplated the opening of 25 homoeopathic dispensaries under the scheme "Opening of homoeopathic dispensaries, etc." During the Tenth Five Year Plan, a total of 165 dispensaries (75 ayurvedic, 25 unani and 65 homoeopathic), 30 ayurvedic/unani speciality clinics, 25 yoga centres and four 250-bedded ayurvedic/unani zonal hospitals were targeted to be opened under the scheme. The Directorate could however open only 58 ISM&H dispensaries during the Ninth Five Year Plan and the first three years of the Tenth Plan as detailed below:

Table 3.6: Opening of New Clinics: Targets and Achievements

Description of dispensary	Targets		Achievements as of March 2005
	Ninth Plan	Tenth Plan	(In numbers)
	(In numbers)		
Ayurvedic	60	75	18
Unani	20	25	09
Homoeopathic	25	65	31*

* Includes six dispensaries opened with Bhagidari of NGOs.

The Directorate could not open any speciality clinic, yoga centre and hospital as of March 2005.

The Government stated in June 2005 that the then Finance department had decided in January 2002 that new ayurvedic/unani dispensaries would be opened only by the MCD. The Directorate had decided to seek a review of the above decision. As regards homoeopathic dispensaries, the Government stated that the targets had been reduced from 65 dispensaries in the Tenth Plan to 40 dispensaries.

3.6.3 Establishment of homoeopathic mobile clinics

The Ninth and the Tenth Five Year Plans envisaged the establishment of 10 homoeopathic mobile clinics every year under the scheme "Opening of Homoeopathic Dispensaries/Special Clinics/Mobile Clinics and Hospitals". The scheme was aimed at providing homoeopathic treatment to the vulnerable sections living in JJ clusters, rural areas and resettlement colonies.

The Directorate failed to establish even a single Homoeopathic Mobile Clinic as against the target of 10 clinics every year during the Ninth and the Tenth Plans.

The Directorate could not establish even a single such mobile clinic during the Ninth Plan period and the first three years (2002-05) of the Tenth Plan thereby depriving the targeted population of the benefit of the scheme.

The Government stated in June 2005 that implementation of the scheme had been indefinitely deferred.

3.6.4 Information, Education and Communication (IEC)

Organization of 'Swasthya Saptahs', training programmes, seminars, etc.

Neither any 'Swasthya Saptah' nor any international seminar was organized during the first three years of the Tenth Plan. Only two training programmes conducted during 2002-05.

The Tenth Five Year Plan envisaged organization of 'Swasthya Saptahs' to create health awareness among the general public and for conducting orientation and reorientation training programmes for physicians of Indian systems of medicine to make them aware of the latest techniques and developments in the field. There was also provision for organization of international seminars, workshops, exhibitions, trade fairs and health camps to propagate the concept of ayurveda at an international level.

The Directorate could conduct only two training programmes during the first three years (2002-05) of the Tenth Plan in which 355 physicians participated. Despite availability of funds, no 'Swasthya Saptah,' international seminar/workshop, exhibition or health camp was organized during the period. As no targets were fixed for imparting training, the performance with regard to the two training programmes conducted could not be analysed in audit.

Establishment of library at State level

The Directorate failed to establish the Library as envisaged in Ninth and Tenth Plans.

A State level library aimed at providing reference facilities to the students on research works relating to the Indian Systems of Medicine was proposed to be established as a component of the scheme "Information, Education and Communication (IEC)" in the Ninth and Tenth Plan periods. This was yet to be done.

Propagation and popularizing of ISM&H was one of the objectives of the department. The efforts made in this regard were clearly less than adequate.

Recommendations

- *The Directorate should review its plan schemes taking into account already established infrastructure and the availability of resources and prioritize its needs. Thereafter annual targets for setting up of dispensaries, mobile clinics, etc. should be determined which could be rigorously and effectively monitored.*

- *A systematic programme needs to be formulated to propagate and popularize Indian systems of medicine in the NCT of Delhi both amongst the general public as well as amongst medical practitioners. Quantified annual targets in terms of holding of workshops, health melas, etc. in different zones should be set.*

The Government stated in June 2005 that while they had been participating in melas and exhibitions organized by the Government of India and non-governmental organizations, they were examining the recommendations of audit for the holding of national/international level seminars. As far as the library was concerned, there were land as well as planning issues which were being sorted out before they could undertake construction of the library within the A&U Tibbia College complex.

3.7 Quality of health care services

As per norms approved by the Government, one medical officer, one pharmacist and one nursing orderly are required to be posted in each dispensary. The staff position in 98 dispensaries of the Directorate (21 ayurvedic, nine unani and 68 homoeopathy) as of 31 March 2005 was as under:

Table 3.7: Staff position in dispensaries

Sl. No.	Category	Required as per norms (in numbers)	Actual (in numbers)	Shortfall (Percentage)
1.	Medical Officers	108*	95	13(12)
2.	Pharmacists	108*	55	53(49)
3.	Nursing Orderlies	98	78	20(20)

**Includes 10 posts as leave reserves @ one post after every 10 posts as per approved norms.*

The percentage of shortage of staff in the dispensaries ranged between 12 and 49 as of March 2005.

The percentage of shortage of staff in the dispensaries ranged between 12 and 49. All the 21 ayurvedic and nine unani dispensaries were without pharmacists. Such shortages adversely affected the delivery of health care services to patients as well as the full utilization of the established infrastructure.

The Government stated in June 2005 that the filling up of the posts of medical officers, pharmacists and nursing orderlies was in progress.

Recommendation

The Directorate should take time bound action to properly man the existing dispensaries so as to ensure utilization of at least the existing infrastructure.

3.8 Functioning of the Medical Colleges and Hospitals

3.8.1 Shortages of staff with reference to CCIM/CCH norms

Scrutiny of the records of the three medical colleges with attached hospitals, viz.(i) A&U Tibbia College and Hospital, (ii) Nehru Homoeopathic Medical College and Hospital and (iii) Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre revealed that there were huge shortages of staff in different categories in all the institutions as compared to the norms prescribed by the Central Council of Indian Medicines (CCIM) and the Central Council of Homoeopathy (CCH) as depicted below:

Table 3.8: Staff position in Medical Colleges and Hospitals

(a) A&U Tibbia College & Hospital

Sl. No.	Category	Required as per CCIM norms	Sanctioned posts	Actual	Shortage vis-à-vis norms (Percentage)	Shortage vis-à-vis sanctioned posts (Percentage)
1	Teachers	81	71	42	39(48)	29(41)
2	Doctors	23	07	06	17(74)	01(14)
3	Para-medical	88	52	49	39(44)	03(06)
	Total	192	130	97	95(49)	33(25)

(b) Nehru Homoeopathic Medical College & Hospital

Sl. No.	Category	Required as per CCH norms	Sanctioned posts	Actual	Shortage vis-à-vis norms (Percentage)	Shortage vis-à-vis sanctioned posts (Percentage)
1	Teachers	43	46	28	15(35)	18(39)
2	Doctors	18	11	07	11(61)	04(36)
	Total	61	57	35	26(43)	22(39)

(c) Dr. B.R. Sur Homoeopathic Medical College, Hospital & Research Centre

Sl. No.	Category	Required as per CCH Norms	Sanctioned posts	Actual	Shortage vis-à-vis norms (Percentage)	Shortage vis-à-vis sanctioned posts (Percentage)
1	Teachers	43	19	12	31(72)	07(37)
2	Doctors	11	10	06	05(45)	04(40)
	Total	54	29	18	36(67)	11(38)

All the three medical colleges and hospitals stated in January 2005 that their proposals for creation, sanction and filling up of the vacant posts as per the CCIM/CCH norms were pending with the different departments of the Government of Delhi and the Union Public Service Commission (UPSC). The Government stated in June 2005 that the issues relating to the manning of the posts in the A&U Tibbia College were being sorted out and that a comprehensive review of the staffing pattern of the homoeopathic colleges would be undertaken to rectify the deficiencies.

Such severe shortage of teachers and doctors adversely affected the ability of the institutions to implement teaching and health care programmes in an effective and efficient manner.

3.8.2 Under-utilization of available beds

The average bed-occupancy in one Medical College and Hospital during 2000-05 was 52 per cent in Ayurvedic and 47 per cent in Unani, whereas it was 27 per cent and 23 per cent in two Homoeopathic Medical Colleges and Hospitals

The number of beds available with A&U Tibbia College, Nehru Homoeopathic Medical College and Hospital and Dr.B.R Sur Homoeopathic Medical College, Hospital and Research Centre for treatment of patients in the Indoor Patients Department was 150 (ayurvedic 75 and unani 75), 100 and 50 respectively as of March 2005. The hospital-wise position of bed-occupancy during the period 2000-05 was as follows:

Table 3.9: Bed occupancy in Hospitals

Year	Number of beds occupied (percentage)			
	A&U Tibbia College		Nehru Homoeopathic Medical College and Hospital	Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre
	(Ayurvedic)	(Unani)	(Homoeopathy)	(Homoeopathy)
2000-01	9294 (34)	8261 (30)	9031(25)	348*(3)
2001-02	17675 (65)	16058 (59)	10492(29)	3287(18)
2002-03	17904 (65)	18892 (69)	8398(23)	5400(30)
2003-04	14516 (53)	12782(47)	10813(30)	5946(33)
2004-05	12066 (44)	8941(33)	10249(28)	3687(20)

*From September 2000 to March 2001

The percentage of bed-occupancy in the A&U Tibbia College ranged between 34 and 65 in ayurvedic system and between 30 and 69 in unani system. Similarly, in the Nehru Homoeopathic Medical College and Hospital, the bed-occupancy ranged between 23 per cent and 30 per cent while in the Dr.B.R.Sur Homoeopathic Medical College, Hospital and Research Centre, the bed-occupancy ranged between a mere three to 33 per cent. The percentage of bed-occupancy in the ayurvedic and unani systems decreased constantly during the years 2003-04 and 2004-05 while in the homoeopathic system it decreased during the year 2004-05. The low bed-occupancy was attributable to shortage of doctors and para-medical staff and lack of essential medical equipment. It was apparent that even the existing infrastructure in the three medical colleges and hospitals could not be utilized optimally due to poor planning and coordination between creation of infrastructure and provision of necessary matching manpower and equipment.

The Government stated in June 2005 that patients visited ISM&H hospitals primarily to avail of OPD facilities and the matter of extending emergency

services involving critical care or pre/post operative care to the patients under ISM&H were being explored in consultation with the CCIM and CCH.

3.8.3 *Lack of essential medical equipment in the medical colleges and hospitals*

A test-check of the records revealed that the medical colleges and hospitals were functioning without certain essential medical and teaching equipment as detailed in the following paragraphs

The **A&U Tibbia College and Hospital** was running 14 departments each for the ayurvedic graduate course and unani graduate course as of March 2005. The various departments of the unani graduate course lacked the following equipment:

Table 3.10: Insufficient Medical Equipment

Sl. No.	Nature of equipment	Required as per CCIM norms	Actual	Shortage
		(In numbers)		
1.	Distillation Apparatus	13	01	12
2.	Projector Overhead and Slide	13	07	06
3.	Suction Machine	05	Nil	05
4.	ECG Machine	04	02	02
5.	Ultra Sound Machine	03	Nil	03
6.	CT Scan	01	Nil	01
7.	Basal Metabolic Rate Apparatus	01	Nil	01
8.	Computer	01	Nil	01

The **Nehru Homoeopathic Medical College and Hospital** did not have an emergency department for its patients nor any hostel facility for its students due to scarcity of space. The College had also not provided any facility of yoga and naturopathy due to lack of an instructor. The College stated in April 2005 that a proposal for purchase of land for the development of hostel facility was yet to be taken up with DDA and that it had since started the yoga classes for patients and staff with effect from March 2005.

The **Dr. B.R. Sur Homoeopathic Medical College, Hospital and Research Centre** had no facilities for emergency treatment, hostel and for yoga and naturopathy due to shortage of space. The College stated in April/May 2005 that it had not created the hostel facility as only local students were admitted by the college and that yoga and naturopathy facilities would be provided after completion of the ongoing construction work in its building.

The Government stated in June 2005 that there was no shortage of equipment for teaching/medical care under ayurvedic system in A&U Tibbia College and Hospital and the students of the ayurvedic graduate course and unani graduate

course were sharing the medical equipment available under the ayurvedic system.

However, the CCIM stipulated separate norms for medical equipment/infrastructural facilities for ayurvedic graduate course and unani graduate course even for a combined medical college and hospital and its absence inhibited the ability of the colleges/hospital to fully utilize the services of the resident doctors as well as provide the intended health care and teaching facilities to its students and patients.

The Government added that it was requesting the CCH to reconsider its norms in regard to the addition of yoga and naturopathy as under graduate courses of study in homoeopathic medical colleges and hospitals since neither had the Central Council for Yoga and Naturopathy determined a regulatory mechanism nor had the University Grants Commission approved any course in these subjects. Regarding the facility of emergency department, the Government stated that the matter was under consideration.

Recommendations

- *The sanctioned strength and men-in-position of all categories of staff in these hospitals and colleges should be reviewed so as to ensure that they are adequate for the institution to discharge its functions effectively.*
- *The Directorate should take remedial measures to ensure optimal utilization of existing infrastructure created out of public funds. Towards this end, the requirements of medical equipment of these hospitals should be prioritized and procured on fast track.*

3.9 Purchase of medicines

In April 2003, the Directorate invited open tenders for purchase of medicines for the years 2003-04 and 2004-05 and purchased 456 medicines (299 ayurvedic and 157 unani) worth Rs.1.32 crore in 2003-04 and 232 medicines (108 ayurvedic and 124 unani) worth Rs.0.60 crore in 2004-05. Similarly, the A&U Tibbia College purchased 323 medicines (188 ayurvedic and 135 unani) worth Rs. 55 lakh from 24 firms in 2003-04 and 196 medicines (95 ayurvedic and 101 unani) worth Rs. 16 lakh from 16 firms in 2004-05 for the hospital attached to the college at the rates approved by the Directorate. Audit scrutiny revealed the following:

Procurement of medicines at a higher cost of Rs.24 lakh without adequate justification.

- Supply contracts for 153 medicines by the Directorate and for 131 medicines by the A&U Tibbia College were awarded at higher rates ignoring the lowest tenderers (up to L-6) on the ground of quality of medicines. However, the samples of medicines obtained from the tenderers for quality

check were tested/analyzed by the Directorate and the A&U Tibbia College through organoleptic* examination and not through any chemical test or analysis in a drugs testing laboratory as envisaged in the tender documents. Consequently, the grounds for rejection of the lower tenderers were not on any firm scientific basis. There should have been chemical tests to conclusively establish the quality deficiencies of the L-1 if they were to be rejected since it involved an extra expenditure aggregating to Rs. 24 lakh.

- Orders for purchase of medicines were placed by the Directorate with 21 firms in 2003-04 and 2004-05 and by the A&U Tibbia College with 24 firms in 2003-04 and 16 firms in 2004-05 without entering into any contract agreement which contravened the codal provisions (GOI Decision below Rule 12 of General Financial Rules).

- One of the terms and conditions attached to the Notice Inviting Tender floated by the Directorate was that the medicines to be supplied by the supplier firms should be subject to a chemical test/analysis in an authorized drugs testing laboratory at the risk and cost of the contractor and that the supplier firm should submit a test report from any government approved laboratory at the time of supply. However, the Directorate and the A&U Tibbia College accepted the supply of medicines worth Rs.1.92 crore and Rs.71 lakh respectively from the supplier firms though none of them furnished the required test reports at the time of supply of medicines nor did the Directorate ask for it.

Medicines worth Rs.2.63 crore were accepted without stipulated test reports to ensure quality.

Under such circumstances, procurement of medicines at a higher cost of Rs. 24 lakh by both the Directorate and the A&U Tibbia College lacked justification and there existed every possibility of sub-standard medicines being supplied by the supplier firms and their subsequent issue to the patients.

Recommendation

It was imperative that the Directorate review immediately its procurement practices and particularly its quality assurance procedures so as to obviate the possibility of irregularities in purchase of medicines at higher rates and procurement of sub-standard medicines which would endanger patient health.

Accepting the above recommendation, the Government stated in June 2005 that it had set up a committee to look into the issues relating to procurement practices and quality assurance procedures.

* 'Organoleptic' testing through stimulating any of the organs of sensation viz. taste, smell, etc.

3.10 State Medicinal Plants Board not set up

The Government of India set up a National Medicinal Plants Board (NMPB) in November 2000 with the primary objective of establishing an agency which would be responsible for co-ordination of all matters relating to medicinal plants including drawing up of policies and strategies for conservation, proper harvesting, cost-effective cultivation and marketing of raw material. In June 2001, the Government of India, Department of ISM&H, asked all the State governments to initiate action to set up a similar Board in their States on the pattern of the National Medicinal Plants Board.

The Government of Delhi could not constitute the State Medicinal Plants Board (SMPB) as of March 2005. Resultantly, no activity was carried out for the development of medicinal plants in the NCT as of March 2005. This not only prevented the Government from participating in the activities relating to the overall growth and development of the medicinal plants sector in the country, but also deprived the stakeholders of the NCT (dealing with the cultivation, processing and marketing of medicinal plants and their products) of the opportunity of availing of the benefits of the commercially important species with an assured market.

The Government informed in June 2005 that a proposal for setting up of the Board was being submitted to the cabinet for approval.

3.11 Prevention of unauthorized practice of ayurveda and unani systems of medicine

The Delhi Bharatiya Chikitsa Parishad was established by the Government of NCT of Delhi in January 2001 in pursuance of the provisions of the Delhi Bharatiya Chikitsa Parishad Act, 1998. The Act stipulated that the Parishad should ensure that no unauthorized or unqualified person practices any Indian system of medicine in the NCT of Delhi. During the period from January 2001 to March 2005, the Parishad received 359 complaints from the public and the Anti Quackery Cell of the Directorate of Health Services, Government of NCT of Delhi, regarding the practice of ayurveda and unani systems of medicine by unqualified/unregistered persons. An appraisal in audit of the action taken by the Parishad on these complaints indicated as follows:

- No action was taken in 170 cases pertaining to the years 2001-02 (90 cases) and 2002-03 (80 cases) as of April 2005.
- Five cases were dropped on the basis of investigations and 49 cases were under process by the Parishad.

- In June 2004, it was decided to undertake raids in 72 cases. However, not a single raid had been conducted even after a lapse of about one year.
- 34 cases were filed in the court. In June/August 2004, it was decided to file court cases in another 29 cases. However no action had been taken as of April 2005.

The Parishad had not initiated any action to detect or conduct raids etc. against unqualified/unregistered persons. The Parishad did not follow up or attempt to ascertain the outcome in 10 cases where it had initiated action against unqualified/unregistered persons who had applied for registration with the Parishad on the basis of unrecognized qualifications. These cases had been handed over to the Delhi Police in August 2003. Further, the Parishad had not maintained any complaint case register upto December 2003 to watch the progress and disposal of the cases and the register maintained from January 2004 onwards did not indicate the up-to-date progress made in each case from time to time. It was evident that there was lack of seriousness in detecting and pursuing cases of unauthorized practice or practice by unqualified persons by the Parishad. Consequently, the objective of deterrence and prevention of unauthorized practice which could pose a danger to public health as well as undermine public confidence in the efficacy of Indian systems of medicine remained unachieved.

The Parishad stated in May 2005 that necessary action would be taken in the matter. The Government informed in June 2005 that the audit observations had been communicated to the Parishad for appropriate action.

Recommendation

The Directorate in conjunction with the Parishad need to urgently ensure that cases of unqualified or unauthorized practice are effectively pursued and deterrent action taken.

3.12 Quality control of drugs

3.12.1 Failure to conduct inspections

Rule 162 of the Drugs and Cosmetics Rules, 1945, provides for inspection of every manufacturing unit twice a year under ayurvedic and unani systems to ensure compliance to conditions of the licence as laid down in Rules 157 and 158 of the Rules *ibid* read with Section 33EEB of the Drugs and Cosmetics Act, 1940. The Directorate is the licensing authority for the issue of licences for manufacture for sale of ayurvedic and unani drugs. The Drugs Control Cell of the Directorate is responsible for enforcement of the provisions of the Act/Rules in regard to ayurvedic and unani drugs.

The position of licensee units, inspections prescribed and inspections actually carried out by the Drugs Control Cell during the years 2000-01 to 2004-05 was as under:

Table 3.11: Performance of Drug Control Cell

Year	No. of manufacturing units			Inspections	
	Ayurvedic	Unani	Total	Prescribed	Conducted
2000-01	84	24	108	216	Nil
2001-02	79	23	102	204	Nil
2002-03	66	20	86	172	Nil
2003-04	68	17	85	170	Nil
2004-05	63	15	78	156	02

As against 918 inspections prescribed to ensure quality of drugs, only two inspections of manufacturing units were conducted during 2000-05 and that too at the instance of audit.

Only two inspections were conducted by the Directorate in the period 2000-2005, during January-March 2005 at the instance of audit. Further, the Licence Index Register had not been maintained up-to-date and the entries made therein had not been attested by the licensing authority. It was evident that no action had been taken by the Government to ensure effective compliance of the conditions of the licence.

The Directorate informed in February 2005 that it had updated the Licence Index Register and that the entries had been duly attested by the Licensing Authority.

3.12.2 Non-drawal of samples

Though Rule 162 of the Drugs and Cosmetics Rules, 1945 provides for drawal of samples of drugs for analysis from manufacturing units under ayurvedic and unani systems to ensure that the drugs conform to the prescribed standard and quality, the Drugs Control Cell did not suo moto draw any sample of ayurvedic and unani drugs during the period 2000-05. Evidently, the standard and quality of drugs had not been ensured by the Directorate of ISM &H.

Out of a total of 38 samples of drugs drawn by the Drugs Control Cell during raids conducted on the basis of complaints, etc. during the period from 2000-01 to 2004-05, only 27 samples were sent to the laboratory for testing. Of this, four samples were received back without test, four samples were reported to be of standard quality, eight samples were reported to be sub-standard and the test reports in respect of 11 samples were awaited as of April 2005. In all the eight cases of sub-standard drugs, complaints were lodged with the Delhi Police but the Directorate did not know the final outcome.

The Directorate in December 2004 attributed the inadequacies in inspections and samplings to the shortage of staff in the Drugs Control Cell. It added in February 2005 that inspections of units carried out by it for issue/renewal of licences include quality control assurance also.

The reply is not tenable as against the sanctioned strength of one Assistant Drugs Controller, three Drugs Inspectors (Ayurvedic) and two Drugs Inspectors (Unani), at least one Drugs Inspector always remained posted in the Drugs Control Cell during the period covered in audit. In any case, the onus of filling up the vacant posts lies with the Directorate. Further, the proposal to fill up the post of Assistant Drugs Controller (ADC), which fell vacant in July 2000, was sent to the UPSC only in August 2003, i.e. after three years from the date of its falling vacant. The proposal was sent back by the UPSC to the Government of NCT of Delhi in November 2003 as it was incomplete. Even after a lapse of more than one year, the complete proposal had not been sent to the UPSC as of April 2005 which was indicative of the lackadaisical approach of the Directorate/Government in the matter. Further, inspections conducted by it for the purpose of issuing/renewing the licences for manufacture of drugs cannot substitute for inspections required to be conducted by it for ensuring maintenance of standard and quality of the drugs manufactured by those units after the issue/renewal of the licences as per the provisions of the Act/Rules.

Recommendation

Systems and procedures for ensuring quality control of medicinal preparations need to be urgently strengthened so as to ensure compliance with the provisions of the Drugs and Cosmetics Rules. There should be strict monitoring of the number of inspections carried out and follow up of cases of violations of the provisions of the Rules.

The Government stated in June 2005 that in pursuance of the audit recommendation, it had directed the licensing authority to fix appropriate targets of inspections per month as also to review the performance of the licensing authority and the drug inspectors on a fortnightly basis.

3.13 Monitoring systems and internal controls

3.13.1 Monitoring of capital works

Capital works relating to creation of ISM&H infrastructure are executed by the Public Works Department (PWD). During 2000-01 to 2004-05, Rs. 7.81 crore was sanctioned to PWD for a total of 56 capital works by the Directorate (Rs.2.40 crore for three works), A&U Tibbia College (Rs.4.44 crore for 36 works), Nehru Homoeopathic Medical College and Hospital (Rs.0.27 crore for three works) and Dr. B.R.Sur Homoeopathic Medical College, Hospital and Research Centre (Rs.0.70 crore for 14 works). Of the 56 capital works, 52 works estimated to cost Rs.7.33 crore had been completed, one work estimated to cost Rs.0.20 crore was in progress and three works estimated to

No monitoring mechanism to watch progress of works.

cost Rs.0.28 crore had not been taken up for construction due to non-finalisation of tenders by PWD.

There were delays ranging from 42 days to 565 days in the completion of the works. The sanctioning authorities did not know the quantum of expenditure incurred against each sanction due to non-receipt of monthly financial and physical progress reports from PWD. The Register of Capital Works maintained by the Directorate and the three medical colleges and hospitals did not contain even basic information regarding date of commencement of work, stipulated date of completion, latest physical and financial progress, etc. Evidently, there was no monitoring of progress of works.

The Government stated in June 2005 that a system of review of capital works at the level of the Director (ISM&H) had been introduced and that necessary directions had been issued to complete the Registers of Capital Works.

3.13.2 System of financial control

During the period 2000-01 to 2004-05, the Directorate provided grants-in-aid to various Non-Governmental Organisations (NGOs) under two Plan schemes, viz. (i) Grants-in-aid to Non-Governmental Organisations for ISM and (ii) Bhagidari Scheme for Homoeopathic Dispensaries for carrying out activities in the field of Indian systems of medicine and homoeopathy. The quantum of grants-in-aid provided by the Directorate during the period was as follows:

Table 3.12: Grants in aid to NGOs

(Amount in Rupees)	
Year	Amount of grants-in-aid provided
2000-01	11,00,000
2001-02	6,00,000
2002-03	18,25,000
2003-04	7,75,000
2004-05	11,81,050
Total	54,81,050

Test check of the records revealed the following:

- The General Financial Rules stipulated that rush of expenditure particularly in the closing month of the financial year was to be regarded as a breach of financial regularity and should be avoided. The Directorate sanctioned and released grants-in-aid aggregating to Rs. 26.25 lakh to eight NGOs in the month of March. Such late release of funds was not only violative of the codal provisions but was also indicative of a tendency to utilize the budget at the close of the financial year.

Grants-in-aid were sanctioned at the fag end of the year.

The Register of Grants did not contain certain vital information in terms of the codal provisions.

- The accounts of the NGOs in five cases from out of the eight cases relating to the grants-in-aid provided by the Directorate were not audited by the Examiner of Local Fund Accounts of the Directorate of Audit, Government of NCT of Delhi, to ensure that the grants-in-aid was utilized by the NGOs for the purpose for which it was given. The Directorate also did not have any mechanism to verify the correctness of the utilization certificates furnished by the NGOs.
- In order to monitor receipt of statement of accounts, utilisation certificates, etc. and to guard against the possibility of double payment of grants-in-aid, the General Financial Rules [Rule 151 (4) (d)] stipulated that a Register of Grants containing stipulated columns should be maintained by the sanctioning authority. The Register of Grants maintained by the Directorate during the period 2000-05 was not complete as certain vital information such as (a) purpose of grant, (b) conditions attached to the grant, (c) date by which the statement of accounts and utilization certificates are actually received and (d) date of submission of utilization certificates to PAO, etc, were not recorded. Moreover, the Register (Ayurvedic/Unani wing) had never been initialed by the authority sanctioning the grants-in-aid.

Thus, the system of financial management in the Directorate was deficient, monitoring of expenditure was weak with instances of funds being released only to avoid their lapse and even the Register of Grants had not been maintained in proper format. Such lack of adequate monitoring and control retards the ability of the Directorate to ensure fruitful utilization of the funds for the intended purposes.

The Government stated in June 2005 that it had issued instructions for compliance of the codal provisions relating to the sanction and release of grants-in-aid.

Recommendations

- *A mechanism to ensure better co-ordination and monitoring of works needs to be devised by the Department in association with the executing agency (PWD).*
- *Systems should be streamlined to ensure timely sanction and release of funds to NGOs so as to enable their utilization within the financial year. The Register of Grants should also be scrupulously maintained so as to enable proper monitoring.*