

CHAPTER I : MINISTRY OF HEALTH AND FAMILY WELFARE

Department of Health

1 All India Institute of Medical Sciences

Highlights

- The All India Institute of Medical Sciences (AIIMS), established in 1956 as a teaching hospital for developing excellence in medical education and research has by 2000, grown into a large hospital without adequate emphasis on teaching or research. Teaching has suffered due to shortage of teaching staff, and to overcome the problem large scale adhoc recruitment has been made by the Institute in deviation of the norms. Evidently adhoc recruitment would not attract sufficiently qualified professionals. The magnitude of the problem can be estimated from the fact that more than hundred Assistant Professors are currently on adhoc appointment and all of them are continuing as such without any further career prospects.
- The Institute has failed to emphasize medical research though this was one of its major objectives. Barely one to two *per cent* of allocation of funds to the Institute is being earmarked for research. The results of research have not brought in the benefits in terms of improved methodology, patenting or commercialisation. In purely quantitative terms 339 research projects commissioned during the decade 1991 to 2000 have been completed, but no final reports have been received in respect of 153 projects. Atleast 54 out of these 153 projects were completed on paper during the period 1991-95. Since there is no evidence of the utilisation or dissemination of research findings, it has to be concluded that even the small efforts at promoting innovation have gone waste due to lack of will and application. Higher allocation would also not improve matters until the institutional arrangements improve and the projects are monitored for result.
- Career profile of doctors trained by the Institute showed that 49 *per cent* of doctors trained at AIIMS have found their vocations abroad, while the country suffers from a lack of trained medical professionals. Large investments in providing subsidised medical education for developing excellence and sufficiency have gone

substantially unreturned. The Institute has failed to review and assess the cost of medical education subsidised by the Government despite the recommendations of the Estimates Committee since 1987. The Estimates Committee had expected that medical professionals trained at the Institute would develop a sense of obligation when they know that the country invests its scarce resources for their training.

- The Institute, as a teaching hospital, failed on the one hand in developing academic excellence and innovation in technology, and on the other failed to provide quality treatment as a specialised referral hospital of national importance. Large shortages in the cadre of doctors and nurses have resulted in depriving the patients of the quality time in diagnosis, treatment and medical care. The doctor-patient ratio is very high in as much as a patient gets barely four to nine minutes of attention from the doctor at the OPD. Waiting time for surgery ranges from two and a half months to 34 months. If the waiting time for diagnostic tests are added, the waiting time would be even longer. A large number of equipments, procured for use in specialised diagnosis and treatment were installed late, not installed at all or are lying damaged. In a significant disclosure it was noticed that the Institute could not use a substantial part of resources it received from the National Illness Assistance Fund for providing treatment to the poorest of the poor. A small amount of Rs 10 lakh received in 1997 remained deposited till October 1999 and thereafter until March 2000 only Rs 4.85 lakh could be used. Patient care, a crucial element in the de-addiction treatment has suffered as deployment of nurses is at half of what is required and further casualty, emergency and intensive care facilities are not available. The Institute surprisingly did not possess a modern hygienic kitchen and there was no facility for testing dietary articles.
- While most of the resources of the Institute have gone towards the upkeep of the hospital, the infrastructure continues to be deficient. The specialised centre for treatment of cancer remains partially operational as only two out of proposed eight floors have been constructed, even though the building was scheduled to be completed in 1995. A painful consequence of this has been that atleast three to four terminally ill cancer patients are turned away daily for lack of facility. The specialised centre for treatment of trauma has not materialised even though the plan was approved in 1995. In the treatment of socially disadvantaged drug addicts, the Institute failed to provide the much needed infrastructure at its Drug De-Addiction Centre.
- Various instances of losses and mismanagement of resources were noticed in the administration of the Institute. The Institute failed to collect at least Rs 2.43 crore as Registration Fees from 64 per cent of the OPD patients. The Institute allowed a drug store and a

provision store to function in its premises at a loss of revenue of at least Rs 55.38 lakh. Instances of manipulation of records were noticed in the auctioning of an equipment in working condition. The Institute failed to reflect Rs 2.57 crore of outstanding advances against private firms on its books of accounts. In certain cases the Institute continued to keep an amount of Rs 18.73 crore in its cash balance though it was shown as debit in the final head of accounts. In an instance of mismanagement of Government funds the Institute spent Rs 9.97 crore on the vacation and possession of a piece of land at Masjid Moth.

1.1 *Introduction*

AIIMS¹ (Institute) was established in New Delhi in June 1956 through an Act of Parliament as an autonomous institution under the administrative control of Ministry of Health and Family Welfare.

1.2 *Objectives*

The objectives of the Institute are:

- (a) To develop patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India;
- (b) To bring together in one place educational facilities of the highest order for the training of personnel in all-important branches of health activity; and
- (c) To attain self-sufficiency in post-graduate medical education.

The Institute is envisaged to have comprehensive facilities for teaching, research and patient-care. As provided in the Act, the Institute conducts teaching programmes in medical and para-medical courses both at under-graduate and post-graduate levels and awards its own degrees. Teaching and research are conducted in 42 disciplines.

1.3 *Organisational set-up*

As per clause 7(1) of the Act, the Central Government nominates from among the members of the Institute the President of the Institute who is also the ex-officio Chairman of the Governing Body. At present, the Minister of Health and Family Welfare is nominated by name as a member of the Institute and also nominated as the President of the Institute. The Director is the Chief Executive Officer. There are 36 departments in the Institute providing inpatient and outpatient services in addition to training and research in selected areas. Besides, the Institute has five specialised centres : namely the Centre for Community Medicine, the Cardiothoracic Science Centre, Institute

¹ All India Institute of Medical Sciences

Rotary Cancer Hospital, Neurosciences Centre and Dr. R.P. Centre for Ophthalmic Sciences.

1.4 *Scope of Review*

The accounts and records of the Institute for the years 1995-96 to 1999-2000 were test checked in audit during June 2000 to November 2000. The review was conducted with the object of evaluating the performance of the Institute as a centre of excellence in teaching, research and patient care.

1.5 *Evaluation indicators*

On the basis of the range of activities, the infrastructural system available and the pattern of delivery of services, Audit adopted the following evaluation indicators for the review:

- Has the Institute been functioning as a center of excellence?
- Has research received the desired emphasis?
- Is the academic infrastructure adequate?
- Is patient care satisfactory?

1.6 *Results of Review*

1.6.1 *Administration of resources*

The trend of receipts and expenditure over the period 1995-96 to 1999-2000 (summary of Receipts and Payments Accounts at Appendix I) brought out that:

- During the period, receipts have grown from Rs 243.8 crore to Rs 625 crore. The growth is principally due to substantial increase in non-plan grants from the Central Government (from Rs 66 crore in 1995-96 to 160 crore in 1999-2000). Plan grants have however grown at a moderate pace rising from Rs 53 crore in 1995-96 to Rs 80 crore in 1999-2000. Evidently large resources are being made available to the Institute for its functioning without specifying the objectives. In 1995-96 the ratio of non-plan to plan resources was close to 1:1, while in 1999-2000 it is 2:1. Increasing the non-plan grant allocation while allowing the plan grant allocation to grow at a slow pace has resulted in defocusing the emphasis.
- Specific purpose grants have increased by a moderate Rs 5 crore in five years, donations are insubstantial and hospital receipts are almost static in the range of Rs five-six crore during the last five years.
- Unspent balances at the end of the year have grown from Rs 3.82 crore at the beginning of 1995-96 to Rs 95.94 crore at

the beginning of 1999-2000. Similarly investment of surplus funds went up from Rs 31.6 crore in 1995-96 to Rs 96 crore in 1999-2000. This must be seen in the background of the fact that a large number of projects remain incomplete.

- Funding of Specialised Centres which is depicted by contra entries in the Accounts have increased from Rs 36 crore to Rs 94 crore, without any corresponding change in the quality of delivery. Evidently, most of the resources have gone to provide services to a larger number of patients without ensuring quality infrastructure.
- Capital expenditure has grown from Rs 12 crore in 1995-96 to Rs 19 crore in 1999-2000, while miscellaneous contingent expenditure has grown from Rs 16 crore to Rs 36 crore during these indicative periods. Pay and allowances have increased from Rs 44 crore to Rs 115 crore.

1.6.2 *The Institute as a centre of excellence*

The Institute was conceived as a centre of excellence in the areas of medical research and medical education while serving as a hospital for specialised medical services. The review brought out that over the years the Institute has grown in terms of delivery of general medical services at the expense of research, education and required specialisation. As a result, the objectives remain largely unfulfilled while additional resources continue to be deployed with the expectation that the Institute is growing in the direction visualised. The succeeding paragraphs would show that adequate attention has not been paid in building the required infrastructure and to research, training and education. The Institute's commitment to develop and nurture trained medical professionals has failed as no survey has been conducted and no steps have been taken to arrest brain drain. Construction of the building of the Regional Cancer Centre has not been completed though the Institute has projected its full fledged functioning by the end of the eighth five year plan leading to a situation where three to four cancer patients have to be refused admission daily. The proposed centre for Dental Education at the instance of the Estimates Committee has not materialised. The existing centres have not been performing satisfactorily considering the span of attention available and large number of specialised equipments remaining unutilised. A large number of research projects remain incomplete. This is particularly significant in the background of the fact that the Institute has been investing only Rs 7 crore to Rs 12 crore annually on research programmes against its annual budget of around Rs 600 crore. Thus research works out to barely one to two *per cent* of the total expenditure. This should be considered very poor in the context of the avowed objective of the Institute to develop medical research with the intention of using research output in enhancing both teaching standards and specialised areas of medical treatment. Patients do not get the quality time of the doctors largely because of the reasons that the hospital is receiving patients at all levels, its referral character having been largely lost. Detailed audit findings on all these aspects are furnished in the succeeding paragraphs.

1.6.2.1 Academic infrastructure

Following was the position of sanctioned strength and men in position of the faculty members as on 31.3.2000:

Table 1.6.2.1 : Sanctioned strength and men in position of faculty members

S. No.	Category	Sanctioned strength	Men in position	Vacant posts
1.	Director	01	01	Nil
2.	Professors	110	108	02
3.	Additional Professor	40	119	(+) 79
4.	Associate Professor	115	82	33
5.	Assistant Professor	199	07	192
6.	Medical Superintendent	02	01	01
7.	Principal, College of Nursing	01	01	Nil
8.	Lecturer in Nursing	07	05	02
Total		475	324	151

Against the sanctioned strength of 475 faculty members as on 31st March 2000, only 324 members were in position resulting in a shortage of 151 (32 *per cent*). It may be seen that the largest shortages are in the cadre of Assistant Professors. These posts were not filled up on regular basis after September 1993 due to orders passed by the Hon'ble High Court of Delhi in November 1994. However, 115 adhoc Assistant Professors were appointed between 1993-94 to 2000-01, out of which 52 were appointed on adhoc basis three to seven years back. The adhoc arrangement dilutes the staffing norms while not contributing effectively to excellence in education.

Institute failed to create impact on other medical institutions in the country.

1.6.2.2 The Institute neither proceeded on a definite organised basis to create the requisite impact on the functioning of medical institutions elsewhere in the country nor formed any committee to achieve the above objectives. No exercise had been done to correlate the production of any category of professional, para medical or non-medical staff to meet specific identified needs.

1.6.2.3 Survey of graduates/post-graduate who passed out from Institute

Institute had not conducted studies to ascertain the cost of training.

The Estimate Committee in their 102nd report (Fifth Lok Sabha) had recommended that steps should be taken to complete studies for ascertaining the cost of education and training in the Institute and to bring home to students the cost incurred by Government on their training so as to instil in them a sense of obligation to the country. The Institute had not conducted studies to ascertain the cost of training graduate and post-graduate doctor since 1987. The academic section of the Institute never conducted any survey of graduates/post-graduates who qualified from the Institute and the Institute was not able to provide any detail of that. However, on going through report on review of extra-mural funded projects from different funding agencies which were closed as on 31.3.1992 in a pilot study based on 390 respondents,

49 per cent were practising/employed abroad. To that extent specialised medical attention has been denied to the beneficiaries.

1.6.2.4 *Centre for dental education*

Centre for post-graduate research in Dental Sciences not set up even after the 15th year of targeted period.

The Estimate Committee of the Fifth Lok Sabha in their recommendation had suggested the establishment of a centre for post-graduate education and research in Dental Sciences in the Institute. It was envisaged to establish such a centre during sixth five-year plan (1980-85) but it has not been set up so far. The Institute stated (August 2000) that academic committee had approved the proposal in July 1998 for establishment of centre for dental education and research, that the EFC memo has been prepared and approved by the project committee constituted by the Institute and that the proposal was ready for placing before the Finance Committee/Governing Body for its approval.

1.6.3 *Research programmes*

The faculty members undertake research schemes related to health and medical subjects on behalf of national and international agencies. Agency wise receipt and expenditure incurred during the last five years was as under:

Table 1.6.3 : Research programmes undertaken

Name of agency	(Rs in lakh)										
	1995-96	1996-97	1997-98	1998-99	1999-2000	Rec.	Exp.	Rec.	Exp.	Rec.	Exp.
Government agencies/ Autonomous bodies	601.65	549.14	565.69	593.52	683.66	655.29	752.12	737.27	792.96	779.19	
International agencies	130.87	168.43	165.17	209.68	302.55	231.99	358.27	324.27	403.38	389.22	
Private agencies	15.43	12.47	23.72	17.47	36.16	29.44	23.42	29.29	57.34	42.21	
Total	747.95	730.04	754.58	820.67	1022.37	916.72	1133.81	1090.83	1253.68	1210.62	

1.6.3.1 *Review of research projects*

Half-yearly review of research projects not done by the Director and Dean.

The Estimate Committee recommended that the research projects conducted at the Institute should be reviewed by the Director and Dean half yearly with reference to the progress made, expenditure incurred and time spent and likely time and expenditure required to achieve the desired results. It was seen in audit that review of research projects was conducted for one year (1997-98) only. The review for the years 1995-96, 1996-97, 1998-99 and 1999-2000 was not conducted.

In the absence of centralised assets register the assets could not be checked.

1.6.3.2 Projects/Schemes sponsored by Indian Council of Medical Research (ICMR)/Department of Science and Technology (DST)

As per terms and conditions of the grants released by the ICMR/DST, for permanent and semi-permanent assets acquired solely out of the grant, a separate register of assets was required to be maintained by the Institute. The Institute did not produce the asset register in respect of asset acquired by it out of the grant-in-aid received for research schemes/projects, which had been completed. It could not, therefore, be checked in audit whether the said assets had been returned to the funding agency or utilised by the Institute with the permission of funding agencies after accounting for the same in the Institute's stock register.

1.6.3.3 Research schemes of the Institute

All members of faculty are entitled to the grant of research funds for (a) inter-departmental research projects (b) projects connected with national health priorities and (c) projects involving development/acquisition of new techniques or skill not undertaken by the Institute. The number of projects/schemes undertaken by the Institute and completed since 1995-96 was as indicated below:

Table 1.6.3.3 : Position of Research Schemes undertaken during preceding five years

Year	No. of Projects/ Schemes undertaken	Funds allotted/ Released (Rs in lakh)	No. of projects/ schemes completed	No. of projects/ schemes completed but final report not submitted	No. of projects/ schemes in which final report submitted
1995-96	43	12/10.02	43	17	26
1996-97	46	12/11.18	46	17	29
1997-98	37	12/8.63	37	16	21
1998-99	26	12/6.46	26	19	7
1999-2000	33	12/8.57	33	30	3
Total	185	60/44.86	185	99	86

Out of 185 projects undertaken only in 86 cases final report submitted.

In respect of 54 projects undertaken/completed during 1991-95, final report not submitted till March 2001.

Since 1995-96, the Institute claimed to have completed 185 projects/schemes (March 2000). In 86 of these, final reports were submitted by the principal investigator and in remaining 99 projects/schemes, though stated to have been completed, the final reports were not submitted by the principal investigators. None of the research findings were got patented/commercialised. It was further observed that out of 154 projects/schemes undertaken during 1991-95, 54 projects/schemes stated to have been completed, no final report has been submitted by the Principal Investigators till March 2001. There is a real risk that the research projects output would go waste after lapse of such a long period. The Institute does not seem to be concerned on such lapses.

1.6.3.4 Non-accounting of research projects

A test check of records of research section revealed that investigators of projects were given advances to undertake the projects and amounts were posted in the ledgers. In certain cases, the investigators did not render the

account even after completion of projects resulting in accumulation of money in the hands of investigators. There were cases where the investigators had either retired or had left the Institute without clearing the advances. Year-wise break-up of such outstanding advances is given below:

Table 1.6.3.4:Year-wise Advance of Investigators

Year	Amount	No. of projects	Closed projects
1990-91	10475.00	2	2
1991-92	78445.00	7	7
1992-93	45100.00	7	7
1993-94	66100.00	7	7
1994-95	30623.00	7	7
1995-96	98011.00	9	9
1996-97	213690.00	3	3
1997-98	78988.00	7	--
1998-99	85020.00	5	--
1999-2000	3479442.00	56	---
	4185894.00	110	42

While Rs 41.86 lakh were outstanding with Investigators in respect of 110 projects, Rs 5.42 lakh was outstanding in respect of 42 projects which were closed four to ten years ago.

1.6.4 Hospital services

The Institute provides medical care to patients either by admitting them to private and general wards or through the OPD.

The Institute has 25 clinical departments including four superspeciality centres to manage practically, all types of disease except burn cases, dog-bite cases and cases of infectious diseases. The Institute also manages a 60-bedded hospital in the form of Comprehensive Rural Health Centre at Ballabhgarh in Haryana and provides health cover to about 2.5 lakh local population through the Centre for Community Medicine.

1.6.4.1 Out Patient Departments (OPD)

Number of Patients, number of Specialists available and time taken per patient during March 2000 in six main OPDs (Dental, Paediatric Surgery, Neurology, Cardiology, IRCH, and ENT) was as follows:

**Institute is not treating
burn cases, dog-bite
cases and infectious
diseases.**

Table 1.6.4.1

S.No.	Speciality (OPD)	Total No. of Patients seen in March 2000	Total No. of days in March 2000	Duration of OPD on working day in March 2000 (In hours)	No. of Specialists who attended OPD in March 2000	No. of Patients seen per hour per specialist/doctor	Time taken per patient in Minutes
1.	Dental	5862	25	6	6	7	9
2.	Paediatric Surgery	1702	25	5	1	13	4
3	Neurology	2842	14	4	7	7	9
4	Cardiology + CTVs	9443	25	4	14	7	9
5	IRCH	4133	20	7	4	7	9
6	ENT	9635	25	4	6	16	4

As seen from the table above, on an average seven to sixteen patients were examined per hour, taking four to nine minutes per patient.

Norms for deployment of doctors in OPD were not fixed.

Though the Public Accounts Committee (Sixth Lok Sabha) in their 49th Report had recommended that the strength of doctors be suitably fixed to bring down the waiting time of out patients to half an hour at the most, the Institute had not fixed so far any norms for deployment of doctors in OPD on the basis of workload to ensure satisfactory patient care.

1.6.4.2 Patients awaiting surgery

The position of patients awaiting surgery as on March 2000 was as under:

Table 1.6.4.2 : Patients awaiting surgery

S.No.	Name of the department	Number of patients awaiting surgery	Period by which back log will be cleared	Remarks
1.	Department of Otorhinolaryngology (a) Surgery under GA (b) Surgery under LA	5000 7000	34 months 34 months	Disease like cancer and aggressive benign disease adjusted early against patients already awaiting surgery under GA (One and half month) Patients for biopsies and other procedure in main OT who need adjustment against patients already awaiting surgery under LA (Seven and half months)
2.	Dental	75	Will be cleared in six months if extra OT and beds will be provided, otherwise it can never be cleared	
3.	Department of Nephrology	60	seven months	

S.No.	Name of the department	Number of patients awaiting surgery	Period by which back log will be cleared	Remarks
4.	Department of Neurosurgery			
	(a) Unit I	446	eight months	
	(b) Unit II	206	six months	
5.	Department of Gastrointestinal Surgery	68	two and half months	

From the above table it is apparent that waiting time for patients awaiting surgery ranged between 2 ½ months to 34 months. However, actual waiting time may be much higher if the waiting time for Ultra Sound, C.T. Scan, MRI-Scan, are added.

1.6.4.3 Deployment of nurses

The number of nurses deployed to look after in-patients, vis-à-vis the sanctioned strength and new posts created during last six years was as under:

Table 1.6.4.3

Year	Sanctioned strength	No. of new posts created	Total	In position	Shortfall	Percentage shortfall
1993-94	1453	---	1453	983	470	32
1994-95	1453	119	1572	983	589	37
1995-96	1572	39	1611	1004	607	38
1996-97	1611	8	1619	1166	453	28
1997-98	1619	15	1634	1188	446	27
1998-99	1634	138	1772	1249	523	30

Note : The Institute did not furnish the sanctioned strength and men in position of the Institute for the year ending March 2000.

No rational to create new posts when Institute failed to fill the existing vacancies. Shortfall ranged between 27 to 38 per cent.

Though 319 new posts have been created during 1994-99, it has not served any purpose. Even the sanctioned strength of 1994-95 is not yet fully utilised. As seen from the table above, the shortage in cadre of nurses ranged between 27 to 38 per cent during review period. It was also seen that at present nurses are trained in two courses only (1) B.Sc. Nursing (Post Certificate) & (2) B.Sc. (Hons.) Nursing. Both courses provide general training and no specialised training in critical areas are provided.

1.6.4.4 Surgical items available with the hospital but patients asked to purchase from the market

Patient was asked to bring surgical items which were available with the Institute.

The Institute was purchasing surgical consumables for supply to the patients undergoing surgery free of cost and a few patients were being asked to purchase certain items not available with the hospital. On test check it was observed that in the month of March 2000 a patient was asked to purchase certain items from the market which included 21 surgical items which were available with the main store and out of which 15 items were issued by the main store on indents of the concerned department.

1.6.4.5 Diet

The hospital dietary service provides food to the indoor patients of the main Hospital and all the Centres. The diet covers normal diet, private diet, semi-solid diet, modified liquid diet and therapeutic and modified diet, being prescribed by the dieticians.

No basic facility exists for testing dietary articles.

The Institute had no basic facilities for testing dietary articles, which were being examined visually by staff on duty before supply to patients. For testing food there was no composite testing laboratory. The Institute prescribed the scale of diet in February 1991 in terms of ingredients given to patients. But the scales were different for general patients and private patients. The institute was providing per patient per day diet worth Rs 20.50 to general patient whereas diet worth Rs 49.15 was given to private patient. The reasons for discrimination could not be explained in the light of the therapeutic indicator prescribed by the dietician.

Delay in deciding site resulted in non-modernisation of kitchen.

It was also noticed that a proposal for modernisation of main kitchen of the Institute, was moved in the year 1993-94 which was got approved in October 1994 by the Dietary Advisory Committee. The estimate for construction of new kitchen amounted to Rs 2.07 crore. However, no action has been taken till date (December 2000) due to non-finalisation of the alternate site for shifting the existing kitchen. Thus, due to delay in deciding alternate site, modernisation of kitchen has been delayed by more than six years. In the meantime the kitchen continues to operate with outmoded and unhealthy working arrangements.

1.6.5 Poor patient account/patient treatment account

The Institute has been receiving grants/financial assistance provided by the Ministry and the Prime Minister's Relief Fund besides other agencies, by cheques drawn in favour of the Director of the Institute for treatment of individual poor patients. Money thus received are kept in patient treatment account. Apart from this, money is also received in the form of cash donations from individuals, religious trusts and through donation boxes in various wards and OPDs of the hospital for which the Institute maintains poor patient account.

Final action is still awaited in case of shortage of cash for the month of November 1993.

- (i) A test check of poor patient account of Institute (Main), revealed that a shortage of cash of Rs 1.17 lakh was depicted in the accounts for the month of November 1993. The misappropriated amount has not been recovered as yet. The Institute stated in May 1999 that disciplinary proceedings against concerned individual have been completed and the report submitted to disciplinary authority for final decision.
- (ii) NIAF³ was established in January 1997 with a view to provide financial assistance to poor patients living below the poverty line for treatment of life threatening diseases. Under this scheme, the Government of India provided an advance payment of Rs 10 lakh to

³ National Illness Assistance Fund

the Medical Superintendent of the Institute to enable him to sanction an amount upto Rs 25000 immediately to each deserving case for treatment in the Institute. Cases requiring more than Rs 25000 were required to be sent to Managing Committee of NIAF for approval/sanction. This amount would be replenished as and when utilisation certificate/report was submitted to the Government. Financial assistance is given only on the request of the patient in requisite proforma application duly recommended by the treating physician alongwith supportive documents which is subject to the scrutiny of sub-committee. Poverty line is determined by the sub-committee as per Ministry's guidelines according to the list of per capita income per head notified by them.

Financial assistance for poor patients not utilised upto October 1999.

It was noticed that an amount of Rs 10 lakh received in December 1997 through the Ministry under the NIAF Scheme remained deposited in the bank account till October 1999. Rs 4.85 lakh was utilised by the different departments of the Institute between November 1999 and March 2000 leaving credit balance of Rs 5.15 lakh at the close of March 2000.

1.6.6 *Machinery and Equipments*

Various irregularities were noticed in the purchase and disposal of machinery and equipment :

Auction of equipment in working condition.

(i) A SM100 X-Ray generator was installed in Room No.75 of the department of Radio Diagnosis on which certain tests were conducted. Similar types of tests were done on another similar machine installed in Room No.44 of the same department. In April 1999, the department submitted a proposal for condemnation of the said equipment (in Room No. 75) which was purchased at cost of Rs 12.33 lakh in 1982, stating that it was completely worn out. The said equipment was auctioned. The upgraded version of the said equipment was purchased at a cost of Rs 30.27 lakh and was installed in August 1999. As per the service report (March 1999) and statistical register of different machines between March 1999 to August 1999, the machine was in good working condition and tests were continued to be done on that machine. In reply to the observations the department stated that to keep the continuity of records the number of investigations were kept as before. But on comparison it was observed that between March 1999 to August 1999 the outlived machine had performed even better than the machine installed in Room No. 44.

Extra expenditure of Rs 23.97 lakh due to placing of orders without availability of funds.

(ii) As per Appendix 8, Rule 7 of General Financial Rules, availability of funds is a pre-requisite for placing an order for the procurement of the stores. It was noticed that for purchase of Cath Lab. I & II each costing Rs 2.75 crore, Gamma knife costing Rs 11 crore and Cath Lab. III costing Rs two crore, Institute paid Rs 2.20 crore to the State Bank of India for opening of Letters of Credit and the balance amount was to be paid on the receipt of the funds from Government. The bank charged interest of Rs 23.97 lakh. Thus placing of order and opening

**Machine costing
Rs 46.55 lakh
procured in 1994-95
remained unutilised
right from its
installation and also
not taken in stock.**

of Letters of Credit without availability of funds resulted in extra-additional expenditure of Rs 23.97 lakh.

- (iii) The Institute purchased one machinery/equipment known as ‘Counter Chamber’ used as sample analyser for Department of Pharmacology in the year 1994-95 at a cost of Rs 46.55 lakh out of German grant. The machine is stated to be non-functioning. The machine was neither taken in the stock register of the department nor any body knows about its working and where about of the local agent. Non-accounting of this machine in the department’s store indicates that institute has no proper control to ensure that prescribed procedure was being followed for recording and smooth running of the machine. Non-functioning of this machine has not only resulted in the non-utilisation of an asset of Rs 46.55 lakh but also in depriving genuine patients of essential care.
- (iv) Department of Dermatology and Venerology procured Copper Laser Vapours with Dye Laser at a cost of Rs 18.00 lakh. When the equipment was received in the department in February 1994, it was realised that this laser was inadequate for dermatology treatment, it also required high running cost and needed isolated space for running because high intensity of noise. The equipment remained in crated condition for six years and was transferred to Bhabha Atomic Research Centre through a Memorandum of understanding against which Rs 15.50 lakh was received.
- (v) A repeat order for ‘Non-Invasive continuous hemodynamic monitoring system’ costing Rs 13.86 lakh was placed in August 1997 on the basis of purchase made in May 1996 without calling for tenders for the Department of Anaesthesiology. A perusal of records revealed that the earlier equipment purchased in 1996 was not being used by the department. There was no justification for making the second purchase. Further, the equipment was software based and in view of the rapid improvement in software not only the cost would have been reduced but also a newer and upgraded version would have been available. The purchase of the equipment on the basis of more than one year old purchase without ascertaining the price could not be justified by the department.
- (vi) Store section of the main Institute was making purchases of foreign equipments for different departments of the Institute (Main). After making payment for opening of Letter of Credit and placement of supply order no centralised record was kept to watch the receipt and installation of the equipment. No adjustment bills were being submitted to accounts branch indicating the stock entry/difference of amount due to fluctuation in the exchange rate at the time of releasing payment by the bank. In the absence of maintenance of proper and complete records by the Institute, the receipt of the equipments and payments made thereof could not be vouch safed in audit. A test check of records revealed that for purchase of 2-D hardware/software package costing DM-20000 equivalent to Rs five lakh approx. Letter of Credit was opened in March 1996 and supply order was placed in

**Purchase of
equipment which was
not justified.**

**Proper records not
maintained to keep
watch over receipt
and working of
equipments.**

**Delay upto 448 days
in clearance of
consignments.**

May 1996. Out of three cartons said to have been loaded, only one carton was received in March 1997. The Institute reminded cargo, Air India in February 1998, no action was taken thereafter.

- (vii) Scrutiny of challan files for the year 1998-99 and 1999-2000 revealed that 851 consignments were received. Of these, in 655 cases, the consignments were got cleared very late and the delays in clearance ranged upto 448 days resulted in payment of demurrage charges of Rs 17.25 lakh.

1.6.6.1 *Delay in utilisation, installation and functioning of equipment*

The Institute purchased/imported a large number of expensive equipments and machines for running various departments of the Hospital Wing. No centralised monitoring was done to watch the receipt, installation and utilisation of these equipments. On being asked by Audit the Institute could collect information from 19 departments only in four months. Scrutiny of that information and other records brought out the following :

1.6.6.2 *Equipment not installed*

Four vital equipments costing Rs 2.30 crore purchased/imported during 1993 to March 2000 were not installed due to non-supply of essential parts to run the system, equipments supplied other than ordered etc.

1.6.6.3 *Equipments not working*

Four equipments costing Rs 34.70 lakh and one costing 42650 Swiss Francs installed during September 1989 to March 1998 remained out of order for most of the time upto June 2000.

1.6.6.4 *Delay in installation of equipment*

28 equipments costing Rs 23.11crore+US\$ 131400 were purchased/imported during August 1993 to September 1998 and installed during February 1995 to April 2000. The delay in installation of equipment ranged between four to thirty one months.

1.6.6.5 *Department of Rehabilitation and Artificial Limbs*

The Department of Rehabilitation and Artificial limbs attended to the requirements of handicapped patients and helped them to return to their normal lives by providing physiotherapy, occupational therapy services and by providing them with artificial limbs. A Prosthetic and Orthotic workshop was also attached with the department for production and distribution of limbs, callipers, shoes, repair and modification etc. B.Sc. (Nursing) and Physiotherapy students were also provided clinical training, fieldwork alongwith under-graduate and post-graduate medical students.

It was seen in audit that the number of patients, especially the number of old patients; showed increase since 1995-96, but the production of appliances

(artificial limbs, calliper, shoes etc) remained stagnant except during 1998-99 and 1999-2000 which showed downward trend as detailed below :

Table 1.6.6.5

Year	Number of Patients			Production of Appliances
	New	Old	Total	
1995-1996	7518	20212	27730	1195
1996-1997	10720	18604	29324	1226
1997-1998	17340	29665	47005	1228
1998-1999	12266	31116	43382	928
1999-2000	17755	36091	53846	975

Test check of records further revealed that:

- (a) No norms for deployment of doctors, paramedical and workshop staff had been fixed. Further, no targets were fixed for evaluating the performance of the department.
- (b) The waiting period of patients in prosthetic workshop ranged between 12 months to 15 months.
- (c) Equipments costing Rs 43.35 lakh were also awaiting installation due to reasons either the essential parts were not supplied or the equipment supplied was other than the specification and looked damaged.

1.6.7 *Establishment of Rotary Cancer Hospital*

Only two floors of the eight storeyed building were completed.

The Institute, with the collaboration of Cancer Foundation Society of India established a Rotary Cancer Hospital. The construction work upto first floor of proposed eight storeyed building was completed (civil work only) in May 1981. With the rising public demands for services in the field of Oncology and need for diagnosis, prevention and treatment of cancer to fulfil the objectives of National Cancer Control Programme, the expansion of IRCH to a full fledged cancer centre was considered essential. In 1992, the Institute responded to the need to develop a comprehensive cancer centre in north India at IRCH as at that time the north zone had only 35 beds at IRCH, the only cancer centre of the region, as compared to 1100 beds in west zone, 787 in south zone, 370 in east zone and 65 in central zone. The patients attending IRCH come from different parts of the country namely Uttar Pradesh, Bihar, Punjab, Rajasthan and some time from neighboring countries but the waiting period for admission and treatment of cancer patients was inordinately long. Therefore, it was decided to construct six additional storeys above the existing block and one additional block. With a view to establishing a full fledged regional cancer centre the Institute while submitting memorandum for EFC approval in 1992 had projected completion of construction of building in three years and functioning of the hospital by the end of the eighth five year plan. The proposal for extension of IRCH was approved by EFC and first instalment of Rs 2.85 crore was received during 1992-93 and next instalment of Rs 1.65 crore during 1993-94 by the Institute.

Three to four critically ill patients were refused admission daily.

It was observed that while submitting the EFC memorandum the Institute had projected completion of construction by 1995 while as per the Architectural Consultant to whom four *per cent* charges on actual cost were to be paid, the likely date of completion of building was January 1997. The building plans were approved by NDMC in December 1995 but the construction work was taken up only in January 1999. The project which was expected to be completed for Rs 4.60 crore in 1992 was awarded at a cost of Rs 14.91 crore and actual cost of the construction taking price escalation etc. can be known only after the completion of the building. Reasons for delay were not made available to audit. The safeguard of liquidated damages was not provided in the contract. In the meantime lack of facility has resulted in the refusal of admission to three to four critically ill patients daily for the last five years. The accumulated impact could be enormous.

1.6.8 Establishment of Trauma Centre

In the context of rapid industrialisation, increase in vehicular traffic, use of machinery and equipment and growing social tensions, the AIIMS prepared a scheme for the establishment of a CATS⁴ for the city of Delhi which would include the establishment of an Apex Centre and Peripheral Hospitals with the following objectives :

- (i) to provide trauma services to the injured; preferably the treatment to be started at the site of the accident;
- (ii) to train personnel to deal with such emergencies;
- (iii) to establish a research centre in collaboration with transport, communication, law and police authorities to prevent accidents by constant data evaluation and public education; and
- (iv) to use rehabilitation techniques for effective treatment in the shortest possible time and also to make invalid victims useful citizens.

The approval of the Government for setting up a CATS project under the aegis of AIIMS at a cost of Rs 16.65 crore was conveyed in May 1984 subject to condition, among others, that the construction work of the Centralised Accident Hospital (Apex Centre) should be taken up immediately, and the Centre should be made functional within five years. The possession of land measuring about 14.5 acres near Safdarjung Hospital was taken in January 1986. The scheme was reviewed by Ministry in 1989 and keeping in view the requirement of multi-sectoral coordination with number of agencies, mostly under Delhi Administration, it was decided that the scheme may be transferred from the Central Sector to the Delhi Administration and be implemented by a society registered for the purpose and supported by Delhi Administration. It was, however, felt in 1991 that it would not be feasible to set up the CATS by Delhi Administration considering the aspects of cost and utility. The centre envisaged under CATS was necessarily to be a part and parcel of a multi-disciplinary hospital like AIIMS or Safdarjung Hospital. New Delhi

⁴ Centralised Accident and Trauma Service

Municipal Committee and Delhi Urban Art Commission in 1995 approved the drawings of Trauma Centre. The construction has not started till date (November 2000), though an expenditure of Rs 13.56 crore had already been incurred towards payment of land charges, consultancy fee etc.

1.6.9 Drug De-Addiction Centre

Drug De-Addiction Centre was established at Deen Dayal Upadhyaya Hospital under the aegis of the Institute and necessary funds, as required, were provided to the Institute during Seventh Plan with the following objectives:

- (i) to establish system for continuous monitoring which can evaluate changing trends in substance abuse over a period of time, specially in vulnerable section;
- (ii) to develop rational strategies for reducing and preventing drugs alcohol related disabilities so that the centre would become a centre of excellence and resource for SAARC and South-East countries for training, research and other related aspects.

The inputs include strengthening of the staff teaching, training and research as well as for health education. Suitable administrative staff, clinical laboratories and other staff were also employed.

The centre does not have its own casualty/emergency and ICU facilities. Patients of casualty/emergency were being sent to the casualty department of Deen Dayal Upadhyaya Hospital for treatment. The number of nurses deployed for the treatment of in-patients, sanctioned strength and shortfall was as under:

Table 1.6.9(i)

Year	Sanctioned strength	Actual posted	Vacant
1993-94	41	20	21
1994-95	41	18	23
1995-96	41	16	25
1996-97	41	16	25
1997-98	41	20	21
1998-99	41	20	21

More than 50 per cent shortfall in deployment of nurses.

The shortfall was more than 50 per cent during the years 1993-94 to 1998-99, which adversely affected the patient care.

Number of OPD cases and in patient admission during 1993-94 to 1998-99 was as under:

Table 1.6.9(ii)

Year	OPD patients			Admissions (in-patients)
	New	Old	Total	
1993-94	2664	8160	10824	492
1994-95	2103	7263	9366	495
1995-96	2434	8234	10668	499
1996-97	2713	10105	12818	478
1997-98	3393	13565	16928	529
1998-99	3927	15438	19365	458

Number of in-patients remained almost stagnant.

Though there was a considerable increase in number of new and old patients since 1995-96, but the in-patients admissions remained almost stagnant. The Institute did not furnish the data for 1999-2000.

1.6.10 Accounts

1.6.10.1 Un-reconciled expenditure

In the balance sheet as of March 2000 Rs 21.98 crore were shown as advances paid for foreign purchases under the head Machinery & Equipment of Institute (Main). But a scrutiny of records revealed that advances of Rs 21.39 crore only were made during the year. The Institute could not reconcile the difference of Rs 59 lakh.

1.6.10.2 Wrong booking of expenditure of Rs 18.73 crore in March 2000

Out of the aforesaid Rs 21.39 crore, Rs 18.73 crore were debited in the accounts on 31 March 2000. But a scrutiny of records revealed that the letters of credit thereof for making advance payments to the foreign suppliers were opened from April to August 2000. The expenditure was thus wrongly shown as incurred in 1999-2000 as cheques drawn on that account remained with the Institute itself.

1.6.10.3 Levy stamps

From April 1995 the Institute prescribed a registration fee of Rs 10 for new patients in OPD². This is collected by affixation of levy stamps by the Institute on registration card. These stamps are also fixed on old cards after one year of registration. EHS patients referred from their dispensary for these specialities and the patients referred from one OPD to another are exempted from payment of Rs 10 on this account. For this purpose the levy stamps are got printed by the Institute and kept with the cashier of the Institute, who issues the stamps to the OPD/Centres for affixation on the registration cards. A counter check of the stock and issue register of levy stamps with the figure of new OPD patients in different centres revealed the following discrepancies:

² Out Patient Department

Table 1.6.10.3 : Discrepancy in the stamps account

Year	No. of New cases in OPD	Amount of Levy stamps chargeable @ Rs 10 per patient	Levy stamps sold as per record (in Rs)
1995-96	708641	7086410	2575740
1996-97	759971	7599710	2931150
1997-98	770370	7703700	2818850
1998-99	732474	7324740	2450280
1999-2000	827828	8278280	2958460
Total		37992840	13734480

Revenue of Rs 2.43 crore foregone.

Thus, there is a difference of Rs 2.43 crore, which could not be explained by the Institute. Since the levy stamps provide revenue to the Institute, the difference between the chargeable amount and the amount actually collected, established the volume (almost 63.68 *per cent*) of revenue foregone.

1.6.10.4 Outstanding advances against private firms

The Institute had been making advance payments to various firms through departments/store for purchase of material, stores etc. The department/stores in turn render accounts in respect of these advances. The Institute did not furnish the records of these advance payments. However, as per list furnished by the Institute, outstanding advances as on 31 March 2000 were as under :

Table 1.6.10.4 : Outstanding advances

(Rs in lakh)

Year	Amount
1990-91	4.52
1991-92	1.74
1992-93	48.37
1993-94	8.58
1994-95	6.40
1995-96	14.83
1996-97	13.69
1997-98	27.39
1998-99	30.13
1999-2000	102.14
Total	257.79

Advances of Rs 2.57 crore not reflected in the annual accounts.

The Institute did not furnish the reasons for aforesaid outstanding. However, long outstanding advances were indicative of the fact that no sincere steps to adjust/recover these outstanding advances were taken by the Institute. Further, by the passage of time the possibility of their becoming bad debts cannot be ruled out. It was further noticed that these advances were not reflected in the annual accounts. The accounts were thus gravely deficient to that extent.

1.6.10.5 Un-reconciled amount of Rs 14.69 lakh under Cardiothoracic Vascular Surgery accounts

Scrutiny of accounts of the Institute for the year 1990-91 revealed that cash receipt from heart surgery patients was not being accounted for in the Institute's accounts since the inception of Cardiothoracic Vascular Surgery (CTVS) i.e. from 1979. The matter was taken up with the Ministry in February 1993 to incorporate these transactions and to revise the accounts for the year 1991-92. Accordingly the Institute revised its accounts after incorporating therein the total receipts and expenditure as worked out from the cash registers and patients file etc. available with the Institute, which revealed a difference of Rs 25.47 lakh. Out of this Rs 3.64 lakh and Rs 7.14 lakh were reconciled during 1993-94 and 1994-95 respectively leaving un-reconciled difference of Rs 14.69 lakh. As the balance amounting to Rs 14.69 lakh was not physically available with the institute it was shown as un-reconciled balance in the accounts.

The Institute stated (August 2000) that the concerned official was charge sheeted under Rule 14 of CCS (CCA) Rules. A departmental enquiry was conducted and disciplinary authority (Director, AIIMS) imposed the penalty to withhold his increment since September 1990 and the individual retired on same basic pay on 30.9.1997. The Institute could not make any case for misappropriation against the official and it was decided that this un-reconciled amount of Rs 14.69 lakh may be made good out of the interest earned by short term investments of CT Patients Fund. It was authorised by standing finance committee in its meeting (August 1998) and was approved by Chief of Cardiothoracic Centre (December 1999).

1.6.11 Miscellaneous

1.6.11.1 Unauthorised occupation of land

The Institute was allotted 32.09 acres land at Masjid Moth during 1966-69, out of which about 22 acres was under encroachment by the JJ⁵ dwellers as the land remained vacant due to paucity of funds for construction of the projects. A joint survey of this cluster was carried out in 1992-93 by the officers of the slum department of Delhi Development Authority (now MCD⁶) and the Institute, which revealed that the number of JJ dwellers who were eligible for alternate site were 2456. Resettlement charges were to be paid by the land owning agencies (Institute) which were revised by the MCD from Rs 10000 per Jhuggi to Rs 29000 per Jhuggi from April 1993. Institute deposited first instalment of Rs 2.97 crore with slum department of MCD as their share of relocation cost (upto September 1993). A cursory survey conducted by the slum wing of MCD revealed that in addition to 2456 eligible JJ dweller; there existed 4500 ineligible JJ dwellers in the cluster. After detailed deliberations in the meeting held in December 1996 under the chairmanship of Secretary (Urban Development), Ministry of Urban Affairs and Employment it was

⁵ Jhuggi Jhompadi

⁶ Municipal Corporation of Delhi

Despite payment of relocation cost of Rs 9.97 crore vacant possession of land was still to be obtained.

decided that 2456 eligible JJ families and about 4500 ineligible JJ families (as on March 1996) needed to be shifted from the site belonging to the Institute. The Institute would pay Rs 4.28 crore (Rs 7.25 crore – Rs 2.97 crore already paid) for relocation of eligible JJ families and Rs 9.90 crore for ineligible JJ families. Thus the Institute would pay a total sum of Rs 17.15 crore to the MCD as relocation cost. The additional amount could be paid in two instalments. Accordingly the Institute paid Rs seven crore to MCD in August 1997. The time schedule for shifting the JJ cluster was fixed as March 1998 or 12 months from the date of depositing the amount of Rs seven crore to the slum department of the MCD. The Institute would then protect the land and start development. As such the Institute paid Rs 9.97 crore to MCD for giving possession of land. However neither the vacation nor the possession of land was attained (July 2000).

This has resulted not only in blockage of funds of Rs 9.97 crore but also affected the construction of quarters defeating the very purpose ought to be achieved.

1.6.11.2 Non-realisation of electricity bills for Rs 13.23 lakh from outside agencies

Some private agencies are running their business in the Institute premises. These agencies are provided facilities of electricity and water. It was noticed that electricity bills for Rs 9.29 lakh in respect of State Bank of India for the period May 1993 to August 2000 and bills for Rs 3.94 lakh in respect of Super Bazar drug shop for the period March 1994 to January 2000 were raised between November 1998 and September 2000 but payment has not been received till date (November 2000). This has resulted in non-realisation of electricity bills to the tune of Rs 13.23 lakh. Reasons for raising late demand were not furnished by the Institute.

1.6.11.3 Loss of revenue of Rs 55.38 lakh towards licence fee

- (a) In 1975 the Institute handed over two garages with water supply and electricity connection located on the ground floor of the private wards to Super Bazaar for the opening of a drug and medical appliances shop at a nominal licence fee of Re one per month only. The matter for charging licence fee was reconsidered in 1977 and it was decided to charge Rs 400 per month towards licence fee instead of Re one per month from Super Bazaar. The Super Bazaar paid Rs 400 per month till May 1997 towards licence fee. After May 1997 no licence fee was recovered from Super Bazaar. A proposal for second outlet of drug shop was initiated in December 1993. A private party quoted Rs four lakh per month towards licence fee for the space, which had lesser area than that occupied by Super Bazaar. Super Bazaar had also quoted licence fee of Rs 25000 per month for the same space. The contract was, however, not finalised due to the plea that the location of the proposed shop was not proper in view of traffic and VIP movement considerations, though existing Super Bazaar drug shop was functioning at the same place. Audit was of the view that even if this contract could not be finalised due to aforesaid reason Super Bazaar

Payment of Rs 13.23 lakh has not been received.

should have been charged licence fee for Rs 25000 per month for the space which was already occupied by them. No efforts have been made to recover the licence fee @ Rs 25000 from the Super Bazaar which has resulted in a loss of Rs 18.59 lakh (March 2000).

The Institute had not accepted the licence fee @ Rs 400 p.m. from December 1997 onwards and asked (January 1998) Super Bazaar to vacate the premises which had not yet been vacated. No alternate site could be finalised by the Institute.

- (b) A provision store at Ayurvigyan Nagar is being managed by Super Bazaar Co-operative Stores Ltd. on a token licence fee of Rs 200 per month. It was decided to charge Super Bazaar @ Rs 50 per square feet as licence fee from September 1994. Accordingly the licence fee worked out to Rs 50600 per month which was duly approved by the Director of the Institute. However, in July 1997 Director revoked his earlier order and decided to charge Rs 200 per month as earlier fixed and treated the entire period on contract and extended the contract upto December 1997 on existing rates. The contract was extended retrospectively in September 2000 for the period for January 1998 to September 2000. Super Bazaar being a commercial organisation should have been charged as per CPWD norms. Thus the revocation of orders for not realising the licence fee at current rates has resulted in loss of Rs 36.79 lakh till September 2000. Super Bazaar was asked to vacate the occupied premises at Ayurvigyan Nagar on or before September 2000. The store is not vacated till October 2000.

Thus, total loss on account of licence fee amounted to Rs 55.38 lakh (Rs 18.59 lakh + Rs 36.79 lakh).

1.6.11.4 Over payment of transport allowance

As per Ministry of Finance order of 3.10.97 effective from 1.8.97, the transport allowance shall not be admissible to those employees who are provided with Government accommodation within a distance of one kilometre or within a campus housing the place of work and residence and also to those employees who have been provided with the facility of Government transport. It was, however, noticed that in contravention to these orders the Institute was making payment of transport allowance to those employees who were residing in Government accommodation within a distance of one kilometre or within the Institute's campus and also those employees who were availing the facility of Government transport. The Institute did not furnish the full details of those employees. However, as on March 2000, 938 number of employees were found availing the facility of Government transport and the Institute was maintaining 888 quarters in its campus at Ansari Nagar. The over paid transport allowance during the period from August 1997 to October 2000 worked out to Rs 1.30 crore.

**Overpayment of
Rs 1.30 crore
towards transport
allowance in
contravention of
Government's
orders.**

1.6.11.5 Infructuous expenditure of Rs 3.99 crore on computerisation

The Institute acquired a computer system at a cost of Rs 2.03 crore in April 1989. The software of patient care system (one of the modules of the computerisation programme) was developed by Tata Consultancy Service at a cost of Rs 25 lakh in May 1990. In August 1996 Institute realised that the patient care system had not been used successfully due to bottlenecks and lack of direction and coordinated efforts for the implementation of patient care system. Accordingly, it was decided that there should not be extension to the annual maintenance contract. There was no record to exhibit how far the requirements, which were shown at the time of initiation of computerisation were achieved. The break up of expenditure incurred on computer system and its maintenance, which is lying idle since May 1996 was as under:

Table 1.6.11.5 : Break up of expenditure on computer system

(Rs in lakh)	
Purchase of computer system	202.64
Development of PCS software	25.00
Annual maintenance charges	143.26
Purchase of terminals (as per the stock register from March 1988 to March 1996 excluding cost of 27 terminals)	27.64

The institute itself was unable to keep up its decision regarding replacement of the computerised system timely due to which even the data stored during its functioning could not be further utilised. Thus despite incurring an expenditure of Rs 3.99 crore, the Institute could not be benefited of the computerisation.

1.6.12 Evaluation and monitoring

1.6.12.1 Performance review not conducted

Government's decision 5(C) below GFR 150 envisaged that a review of the performance of the grantee Institute, in respect of grant-in-aid would be undertaken by the sanctioning authority concerned at least once in three to five years. No such review of performance was ever conducted by the Ministry.

The matter was referred to the Ministry in December 2000; their reply was awaited as of February 2001.