

by the Government to RKS which was not authorised to sub-lease it to private individuals.

On this being pointed out, DHS confirmed (August 2014) that RKS was only authorised to use the hospital land without changing the use of land and neither RKS was granted lease of the land nor authorised to sub-lease the Government land. In the exit conference (November 2014), the Principal Secretary, (PH&FW) stated that Government has issued orders to suspend the powers of RKS to utilise the land of hospitals. Shops would not be constructed/allotted in future and hospital premises would not be utilised for commercial activities and would only be used for hospital expansions. Eviction and other severe action would be taken.

The Government was, however, silent about the money collected by RKS through premium on these shops, which has been retained by them and not deposited into the Government account.

3.2.5 Operation of Trauma Care Centres (TCCs)

Trauma Care Centres established in Madhya Pradesh were not fully functional due to non-procurement/idling of equipment (₹ 1.05 crore), utilisation of funds for inadmissible items (₹ 0.71 crore), non-operation of ambulances and lack of manpower.

In order to augment and upgrade emergency services in accident prone areas on National Highways, Government of India (GoI) provided financial assistance to Madhya Pradesh for five district hospitals²⁵ and two medical college hospitals²⁶ under a Pilot Project during the Ninth and Tenth Five-Year Plan period (1997-2007). During Eleventh Five-Year Plan period (2007-12), two already identified hospitals (Gwalior and Shivpuri) were selected for upgradation to level-II and three new district hospitals (Narsinghpur, Sagar and Seoni) were selected for development of TCCs.

During scrutiny of records of five TCCs²⁷ (May to September 2014), we observed shortages of equipment and man-power adversely affecting the operation of TCCs, as discussed below:

GoI funds for establishment of TCCs were provided under the component building, equipment, man-power and ambulance. Expenditure on maintenance of equipment, salary of staff, liability of contractual staff (after 2011-12), sanitation work etc. was to be borne by the State Government. We observed that during the period 2010-14, the TCCs at Gwalior, Ratlam and Shivpuri incurred expenditure of ₹ 70.80 lakh from GoI grant on inadmissible items viz. salaries to contractual staff, maintenance of equipment, cleanliness and security, printing works etc. Details are given in **Appendix 3.9**.

During Tenth Plan period, GoI prescribed procurement of 10 essential equipment for each TCC. Accordingly, equipment/material valued ₹ 64.33 lakh were procured by the CS, Shivpuri for the TCC during 2005-11. We

²⁵ Guna, Ratlam, Shahdol, Shivpuri and Ujjain.

²⁶ Gwalior and Indore.

²⁷ Gwalior, Indore, Ratlam, Shivpuri and Ujjain.

observed that seven equipment²⁸ valued ₹ 35.11 lakh procured during February to March 2006 were issued to the TCC only during July to October 2013 i.e. after a delay of seven to eight years from date of procurement, adversely affecting the operation of the TCC. On this being pointed out, CS, Shivpuri stated that delay was mainly due to lack of man-power.

During Eleventh Five-Year Plan, GoI prescribed procurement of 30 essential equipment for a level-II TCC. We observed that in TCC Gwalior, 14 prescribed essential equipment and in TCC Shivpuri, 12 prescribed essential equipment were not procured (**Appendix 3.10**) despite availability of funds of ₹ 2.20 crore and ₹ 2.06 crore respectively with them.

We also observed (July 2014) that in TCC Gwalior, equipment²⁹ worth ₹ 70.26 lakh procured in September 2011 were not in working condition since October-November 2012/February 2013. We observed that though the warranty period was valid up to September 2014, the equipment were not got repaired by the suppliers. Thus, essential equipment were not available for operation of the TCC for about two years. Details are shown in **Appendix 3.11**.

During the Eleventh Five-Year Plan period, one Life Support Ambulance was provided (April 2013) to each TCC at Gwalior and Shivpuri by NHAI, Ministry of Road Transport. Scrutiny of records revealed that no man-power was sanctioned and deployed for running of ambulances and these were mainly utilised for general purposes. This adversely affected transportation of the trauma patients.

Under Tenth and Eleventh Plan, GoI guidelines prescribed norms for specialists³⁰ and supporting staff³¹ and prescribed man-power³² for the TCCs of various levels. We observed that as of March 2014, there were shortages of sanctioned posts of Specialists, Medical Officers and other staff compared to the prescribed norms, which ranged between 11 to 100 *per cent*. Even against the sanctioned posts, there were shortages of actual working man-power ranging between 15 to 100 *per cent*. Shortage of man-power adversely affected utilisation of equipment and running of ambulances. The status of man-power is given in **Appendix 3.12**.

In the exit conference (November 2014), the Government stated that the essential equipment would be procured by June 2015 and the required man-power would be sanctioned and filled up by March 2015. It was also stated that instructions had been issued to link the equipped ambulances with 'Janani Express' control room and utilise them for intended purpose only.

²⁸ Anaesthesia Machine, C-Arm Mobile Image Intensifier, Cardiac Monitor, Fully Automatic Clinically Chemistry Analyser, OT light ceiling mounted 80000 lux, Saline stand and Ventilator.

²⁹ Auto Blood Gas Analyser and Ventilator.

³⁰ 10th Five-Year Plan: Specialists of General Surgery, Medicine and Anesthesia for round the clock availability.

³¹ 10th Five-Year Plan: Nursing and other Technical Staff (ECG Technician, O.T. Assistant/Technician, X-ray Technician) for round the clock availability.

³² 11th Five-Year Plan: Level-II TCC: 9 Specialists, 8 Medical Officers, 67 Para-medical Staff and 15 other staff.

Fact remains that due to non-procurement of essential equipment, non-utilisation of equipment and shortage of required man-power, TCCs could not be made fully functional and the objectives of setting up of TCCs could not be achieved.

3.2.6 Payment of pay and allowances to the staff of non-functioning training centres

Objective of providing trained Multipurpose Health Workers (Male) (MPHW) was not achieved and expenditure of ₹ 6.26 crore was incurred on pay and allowances on staff deployed at Training Centres which were not functioning for 36 months to 141 months.

In order to impart training to Multipurpose Health Workers (MPHW) the Public Health and Family Welfare Department (Department) of Madhya Pradesh established (August 1988) seven³³ Multipurpose Health Workers (Male) training centres headed by in-charge Medical Officer. Administrative control of the centres was vested with the Chief Medical and Health Officer (CMHO) at district level and Commissioner, Health Services at State level. Twenty seven posts in different cadres³⁴ were sanctioned for each centre and the expenditure on salary and allowances was to be recouped from Government of India (GoI). Training to 60 MPHW was to be imparted each year at each centre to equip them to carry out core activities in the field of prevention and control of disease of public health importance, health education, detection and control of epidemic prone disease etc.

Test check of records of the Chief Medical and Health Officer (CMHO), Ujjain (November 2013), Barwani (December 2013) and further information collected from CMHO, Ujjain, Barwani and Vidisha (May-June 2014) revealed that training of MPHWs had not been conducted at these centres since April 2009, July 2002 and April 2011 respectively. We observed that during the concerned period (ranging from 36 months to 141 months), 18 staff were posted in Ujjain, 20-25 were posted in Barwani and 16 posted in Vidisha and a total amount of ₹ 6.26 crore was incurred on their pay and allowances as of March 2014. The district wise and period wise expenditure details were as follows:

Sl. No.	Name of district	Period	No. of persons required to be trained	No. of persons trained	Expenditure incurred on pay and allowances of staff posted in training centres (₹ in crore)
1	Ujjain	4/2009 to 03/2014	300	Nil	2.06
2	Barwani	07/2002 to 03/2014	720	Nil	2.96
3	Vidisha	04/2011 to 03/2014	180	Nil	1.24
	Total		1200		6.26

(Source: Information provided by the concerned CMHOs)

We also observed that Directorate, Health Services decided (December 2013) to merge/adjust staff of five³⁵ MPHW(M) centres in District Training Centres

³³ Barwani, Chindwara, Guna, Rewa, Sagar, Ujjain and Vidisha.

³⁴ In-charge Medical Officer-1, Public Health Tutor-2, Health Educator-2, Senior Sanitary Inspector-2, Upper Division Clerk-1, Lower Division Clerk-3, Class IV employee for Training Centre-6 and for Hostel-10.

³⁵ Barwani, Rewa, Sagar, Ujjain and Vidisha.

Appendix-3.9

(Reference: Paragraph 3.2.5, page 104)

Statement showing cases of inadmissible expenditure in test-checked TCCs

Name of TCC	Period of Expenditure	Amount diverted (₹ in lakh)	Audit Finding	Reply of the Department
Ratlam	January 2010 to March 2014	8.32	Expenditure was incurred on maintenance of equipment and other contingencies from GOI grant while it was required to be incurred by the State Government.	Accepted the observation
Shivpuri	2012-13 & 2013-14	9.19	Expenditure was incurred on payment of salaries to contractual staff appointed for trauma centre during the period 2012-13 to 2013-14 while it was liability of State Government as per MoU.	No instructions were received from the State Government.
Gwalior	October 2013 to December 2013	39.50	Expenditure was incurred on pay and allowance of regular staff posted in the centre from the fund provided for extra man-power appointed on contractual basis.	Accepted the observation.
	March 2013 to December 2013	11.84	Expenditure was incurred on cleanliness and security of the centre whereas GoI's grant was not to be utilised for the said work.	Accepted the observation.
	October 2013	1.95	Expenditure was incurred on printing work from the GoI grant received under communication head	Expenditure was incurred in view of urgent requirement.
Total		70.80		

Appendix-3.10

(Reference: Paragraph 3.2.5, page 105)

Statement showing list of availability of essential equipment prescribed for level-II TCC

S. No.	Name of equipment prescribed	Availability of essential equipment	
		Gwalior	Shivpuri
1.	C-Arm image intensifier	Yes	Yes
2.	3 D Ultrasonography	No	No
3.	500 MA X-ray	Yes	Yes
4.	CT scan	No	No
5.	100 MA portable X-ray	No	Yes
6.	O.T. Table	Yes	Yes
7.	Cautery machine	Yes	Yes
8.	O.T. ceiling light	Yes	Yes
9.	High Vacuum Suction machine	Yes	Yes
10.	Anaesthesia Machine with monitor	Yes	Yes
11.	Standard Ventilator	Yes	Yes
12.	Pneumatic tourniquet	No	Yes
13.	General surgical instrument	Yes	Yes
14.	Spinal surgery instrument	No	No
15.	Thoracotomy instrument	No	No
16.	Faciomaxillary instrument	No	No
17.	Power drill and power saw	Yes	No
18.	Craniotomy instrument	Yes	No
19.	Splints and traction	Yes	No
20.	ABG machine	Yes	No
21.	Automatic Bio-analyser	No	Yes
22.	Defibrillator	Yes	Yes
23.	Operating Microscope	No	No
24.	Operating headlights	No	Yes
25.	Rehabilitation equipment	No	No
26.	Blood bank equipment	No	Yes
27.	Ventilator	Yes	Yes
28.	Monitor	Yes	Yes
29.	Laminar air flow	No	Yes
30.	Manifold system	No	No

Appendix-3.11

(Reference: Paragraph 3.2.5, page 105)

Statement showing details of equipment reported to be not in working condition

(Amount in ₹)

Sl. No.	Name of Equipment	Total no. purchased	Name of Five-Year Plan	Date of Purchase/ Receipt	No. of equipment not in working condition	Date from which not in working condition	Period of warranty	Rate	Amount of equipment not in working condition
1.	Auto Blood Gas Analyser	01	Eleventh Plan	12.09.2011	01	12.11.2012	3 years	995000	995000
2.	Ventilator	12	Eleventh Plan	25.09.2011	10	30.10.2012 (4) and 12.02.2013 (6)	3 years	603077	6030770
	Total								7025770

Appendix-3.12

(Reference: Paragraph 3.2.5, page 105)

Statement showing status of man-power prescribed/sanctioned and working as of March 2014

Name/Type of TCC		Specialists	Medical Officer	Para-medical Staff	Other Staff
Ujjain (Pilot Project)	Prescribed	9	-	-	-
	Sanctioned	3	5	6	3
	Working	1	Nil	Nil	1
	Shortage ¹ (per cent)	6 (67)	-	-	-
	Shortage ² (per cent)	2 (67)	5 (100)	6(100)	2 (67)
Ratlam (Pilot Project)	Prescribed	9	-	-	-
	Sanctioned	3	5	10	Nil
	Working	1	2	2	Nil
	Shortage (per cent)	6 (67)	-	-	-
	Shortage(per cent)	2 (67)	3 (60)	8 (80)	-
Indore (Pilot Project)	Prescribed	9	-	-	-
	Sanctioned	Nil	Nil	Nil	Nil
	Working	Nil	Nil	Nil	Nil
	Shortage(per cent)	9 (100)	-	-	-
	Shortage(per cent)	-	-	-	-
Gwalior (level-II)	Prescribed	9	8	67	15
	Sanctioned	8	19	46	3
	Working	Nil	14	39	1
	Shortage(per cent)	1 (11)	-	21 (31)	12(80)
	Shortage(per cent)	8 (100)	5 (26)	7 (15)	2 (67)
Shivpuri (level-II)	Prescribed	9	8	67	15
	Sanctioned	3	5	10	Nil
	Working	2	Nil	10	Nil
	Shortage(per cent)	6 (67)	3 (38)	57 (85)	15 (100)
	Shortage(per cent)	1 (33)	5 (100)	Nil	-

¹ Sanctioned post against prescribed post

² Working strength against sanctioned post

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