

112

NATIONAL CANCER CONTROL
PROGRAMME

MINISTRY OF HEALTH AND
FAMILY WELFARE
(DEPARTMENT OF HEALTH)

HUNDRED AND TWELFTH REPORT



LOK SABHA SECRETARIAT
NEW DELHI

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HUNDRED AND TWELFTH REPORT
PUBLIC ACCOUNTS COMMITTEE
(1995-96)

(TENTH LOK SABHA)

NATIONAL CANCER CONTROL PROGRAMME

MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF HEALTH)



Presented to Lok Sabha on 22 December, 1995

Laid in Rajya Sabha on 22 December, 1995

LOK SABHA SECRETARIAT
NEW DELHI

December , 1995/Agrahayana , 1917 (Saka)

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CORRIGENDA TO 112TH REPORT OF PUBLIC ACCOUNTS COMMITTEE
(10TH LOK SABHA)

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PART II**

Minutes of the Sitzings of Public Accounts
Committee held on 17.10.1995 and
18.12.1995

** Not printed (one cyclostyied copy laid on the Table of the House and five copies placed in Parliament Library).

**COMPOSITION OF PUBLIC ACCOUNTS COMMITTEE
(1995-96)**

Shri Ram Naik—Chairman

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Expired on 1 December, 1995.

INTRODUCTION

1. I, the Chairman of the Public Accounts Committee, as authorised by the Committee, do present on their behalf this Hundred and Twelfth Report on Paragraph 9.1 of the Report of the Comptroller and Auditor General of India for the year ended 31 March, 1994, No. 1 of 1995, Union Government (Civil) relating to National Cancer Control Programme.

2. The Report of the Comptroller and Auditor General of India for the year ended 31 March, 1994, No. 1 of 1995, Union Government (Civil) was laid on the Table of the House on 3 May, 1995.

3. In this Report, the Committee have observed that though the National Cancer Control Programme was introduced way back in 1975-76 and various new schemes were floated from time to time in recognition of the need to control the dreaded disease of cancer, achievement of the laudable objectives behind the Programme still remains a distant goal. The Committee's examination has revealed that the implementation of the Programme had suffered from various inadequacies and shortcomings. While Government of India released funds to the State governments and grantee institutions which was much below the budgetary provisions, the State governments failed to utilise funds and also did not succeed in creating the infrastructure and provide other requisite facilities in the Medical Colleges and Regional Cancer Centres resulting in the poor implementation of the Programme. Despite accelerated funding during the Eighth Plan, newly introduced schemes like District Projects, Development of Oncology Wings in selected medical Colleges/hospitals, involvement of Voluntary Organisations in the programme for health education and early detection of cancer did not take off as projected. The Committee have considered it unfortunate that even where the grants sanctioned were actually spent, several cases of financial and other irregularities have been widely reported. In their opinion, the single most important factor which contributed to the unsatisfactory implementation of the Programme was the absence of appropriate monitoring and failure on the part of Ministry of Health and Family Welfare as the nodal agency to ensure accountability in respect of the grants sanctioned. Evidently, the Ministry of Health and Family Welfare were not administratively geared up to handle the Programme. While expressing their deep concern over the manner in which the Programme has been implemented so far, the Committee have recommended that the Government should, in the light of the facts contained in this Report, constitute an independent High Level Committee headed by an eminent medical expert to undertake a comprehensive review of the Programme in all its ramifications including the level of funding with a view to streamlining the same and taking further necessary corrective/remedial measures in order to deal with the dreaded disease of cancer in a more effective manner. The Committee have also desired that a periodic evaluation should be prescribed henceforth so as to review and initiating appropriate corrective measures in time.

4. The Committee have suggested that it would be a better strategy to establish a few centres of excellence spread over the entire country in the central sector which can inspire confidence among the people to provide facilities of international standard for detection, treatment and research in cancer. This is desirable particularly in view of the difficulties experienced owing to thin spreading of resources, problems of control, monitoring and financing recurring liability etc.

5. The Committee examined Audit paragraph 9.1 at their sitting held on 17 October, 1995. The Committee considered and finalised the Report at their sitting held on 18 December, 1995. Minutes of the sitting form Part-II* of the Report.

6. For facility of reference and convenience, the observations and recommendations of the Committee have been printed in thick type in the body of the report and have also been reproduced in a consolidated form in Appendix-II to the Report.

7. The Committee would like to express their thanks to the Officers of the Ministry of Health and Family Welfare for the co-operation extended by them in giving information to the Committee.

8. The Committee place on record their appreciation of the assistance rendered to them in the matter by the Office of the Comptroller and Auditor General of India.

NEW DELHI;
19 December, 1995

RAM NAIK,
Chairman,
Public Accounts Committee.

28 Agrahayana, 1917(Saka)

REPORT

NATIONAL CANCER CONTROL PROGRAMME

I. Introductory

Cancer is a disease with a high rate of mortality unless it is detected and treated early. There are about 20 lakhs cancer patients in India at any given point of time and about seven lakhs new cases are added every year.

2. Recognising the need to control this dreaded disease, the Government of India launched the National Cancer Control Programme (NCCP) in a rudimentary form during 1975-76 when central assistance was given for purchase of Cobalt therapy units to medical institutions and assistance was also given to 10 major institutions which were recognised as Regional Cancer Centres (RCCs) for improvement of Cancer treatment facilities. During the Seventh Five Year Plan, the Cancer Research and Treatment programme was launched with the objectives of: (i) Primary prevention of tobacco related cancer, (ii) Secondary prevention of cancer of uterine cervix, and (iii) Extension and strengthening of the therapeutic services on a national scale through RCCs and medical and dental colleges. A new impetus was sought to be given in the Eighth Five Year Plan by laying greater emphasis on prevention and early detection of cancer particularly in rural areas and urban slums. Accordingly, the following three new schemes were undertaken from 1990-91:

- (i) District Projects for health education, early detection of cancer including pain relief measures.
- (ii) Development of oncology wings in medical colleges/hospitals.
- (iii) Financial assistance to voluntary organisations.

3. All the five schemes operating under NCCP received financial assistance in the form of grants-in-aid from the Government of India. At present 25 States/Union Territories are implementing NCCP under one or more schemes. NCCP is operated by the Ministry of Health and Family Welfare with assistance from Directorate General of Health Services. The Programme is implemented through the state governments and grantee Institutions. The State governments provide necessary facilities including staff and civil works wherever assistance is given for development of oncology wing and/or installation of Cobalt unit. They implement the district projects in identified districts and also oversee the activities of voluntary organisations seeking grant under NCCP. The Ministry are also required to closely co-ordinate with the RCCs whose Governing Body include representatives of the State Government.

4. This report is based on Paragraph 9.1 of the Report of the C&AG of India for the year ended 31 March, 1994 (No. 1 of 1995) wherein the Audit had conducted a review of the implementation of the Programme during 1985—94 with reference to records of the Ministry of Health and Family Welfare and by the Accountants General in a few districts of 14 States and one Union Territory. The Audit Paragraph is reproduced as Appendix-I to the Report.

II. Financial Shortcomings/Irregularities

5. The pattern of financial assistance for the different schemes under NCCP was as follows:—

- (i) **Purchase of Cobalt Therapy Units:—**The rate of financial assistance was increased from Rs. 2.50 lakhs in 1975-76 to Rs. 20 lakhs during 1990-91 to Rs. 50 lakhs in 1992-93 and to Rs. One crore with effect from 1.4.1995.
- (ii) **Regional Cancer Centres:—**There are eleven Regional Cancer Centres in the country as on date which were at varying stages of development. The centres at Bombay and Guwahati were financed by the Department of Atomic Energy and other agencies. Institute Rotary Cancer Hospital, New Delhi is a part of All India Institute of Medical Sciences (AIIMS) receiving grant-in-aid from the Ministry. Chittaranjan National Cancer Institute, Calcutta is financed jointly by the Government of India and Government of West Bengal. The other Regional Cancer Centres are provided grant-in-aid by the Ministry mainly for procurement of equipment & research work. The rate of financial assistance in general is Rs. 50.00 lakhs for each centre, other than Institute Rotary Cancer Hospital, New Delhi and CNCI, Calcutta.
- (iii) **Development of oncology wing in Government Medical Colleges/hospitals:—** The central assistance is provided for procurement of equipment including a cobalt unit. The rate of central assistance was upto Rs. one crore which has been increased to Rs. 1.50 crores from the financial year 1994-95.
- (iv) **District Projects for health education, early detection and pain relief measures:—**Financial assistance @ Rs. 15 lakhs is provided to the State Governments for the district project selected under the Scheme in the first year with a provision for recurring assistance of Rs. 10 lakhs for the remaining project period. 28 districts have so far been taken up under the Scheme.
- (v) **Voluntary Organisations for health education and detection activities:—**The rate of financial assistance under the Scheme is upto Rs. 5 lakhs.

6. The allocation of funds for NCCP from 1985-86 to 1995-96 was as follows:—

(Rs. in crores)

Year	Provision for general component (both Plan and Non-Plan)	Provision for Japanese aid
1985-86	5.96	—
1986-87	5.81	—
1987-88	5.41	—
1988-89	5.00	12.00
1989-90	6.60	10.50
1990-91	7.15	14.00
1991-92	10.92	8.00
1992-93	20.60	6.00
1993-94	24.25	—
1994-95	19.75	—
1995-96	16.83	—
Total	128.28	50.50

7. It would be seen from the above that an amount of Rs. 142.20 crores was allocated for the Programme during the period of Audit review, viz., 1985—94.

8. The Audit have pointed out the following shortcomings/irregularities relating to the grant and utilisation of financial assistance to the NCCP:—

- (a) Release of funds lesser than budgetary provisions,
- (b) Non-utilisation of Government grants,
- (c) Diversion of funds,
- (d) Non-submission of utilisation certificates,
- (e) Deposit of funds in personal ledger account etc.

These aspects are discussed in the subsequent sections of the Report.

(a) Release of Funds lesser than Budgetary Provision

9. According to the Audit paragraph, as against the budget provision of Rs. 142 crores during the nine years period from 1985-94, the Ministry of Health & Family Welfare had released Rs. 82 crores only (58 per cent) to the various State Governments/grantee institutions. When the Committee asked the reasons for the same, the Ministry of Health & Family Welfare in their note stated that during the Seventh Plan, out of a provision of Rs. 51.28 crores, there was a notional provision of Rs. 22.50 crores under Japanese Equipment Grant. The Japanese Equipment Grant worth

Rs. 10.05 crores was received and the remaining notional provision of Rs. 12.45 crores could not be utilised due to non-supply of equipments under Japanese Grant. As regards the general component, it was stated that out of a provision of Rs. 28.78 crores, an amount of Rs. 23.84 crores was utilised over the years. The savings (4.94 crores) were due to less number of institutions qualifying for grant for the purchase of cobalt unit and less release to Chittaranjan National Cancer Institute, Calcutta, as this was a newly formed institution and actual release against budgetary provision was confined to what the institution could actually spend. Similarly, according to the Ministry during 1990-94, out of a total provision of Rs. 90.92 crores both on Plan & Non-Plan, Rs. 28.00 crores was notional provision for Japanese equipment grant. The Japanese grant of Rs. 7.25 crores only was received and the balance notional provision of Rs. 20.75 crores could not be utilised due to non-supply of the equipment. As regards the general component, out of the provision of Rs. 62.92 crores, an amount of Rs. 58.40 crores was utilised over the years. Under-utilisation of funds were stated mainly due to less release to All India Institute of Medical Sciences as the Institute could not utilise earlier release for Linear Accelerator and did not submit utilisation certificate. The Committee specifically asked whether explanation was sought from the Institute for non-utilisation of grant. The Ministry in the post-evidence note stated that the grant released earlier to AIIMS was proposed to be spent for the purchase of Linear Accelerator. However, since procedure for its purchase could not be completed they could not place the order.

10. The Ministry further stated that the funds under NCCP were now being released almost fully as budgeted. During the year 1994-95 the budget estimate of Rs. 19.75 crores was fully released.

(b) Non-utilisation of Government Grants

11. The Audit paragraph reveals that out of Rs. 29.52 crores sanctioned as grants under the Programme to 13 States during 1985-94, Rs. 15.53 crores (*i.e.* 53%) remained unutilised as of 31 March 1994. Out of the total grant sanctioned for the States, the Institute Rotary Cancer Hospital (IRCH) in AIIMS, New Delhi accounted for Rs. 7.69 crores which could utilise only Rs. 3.19 crores. According to the Audit, the non-utilisation of grant ranged from 15 to 100 per cent. It has further been pointed out by Audit that six States (Karnataka, West Bengal, Uttar Pradesh, Punjab, Tamil Nadu and Delhi) were not able to utilise even half the amount. The Ministry in their note attributed non-utilisation of Central Grants by States *inter-alia* to low priority accorded to the Programme by the State Governments, delay in releasing the grant to concerned institutions, and delay in making provision for balance funds and creation of infrastructure.

12. When enquired about the steps taken by the Ministry for ensuring full utilisation of the grants by the State Governments/grantee institutions, the Ministry in a note replied:—

“The State Governments/institutions will be impressed upon to utilise the funds within the stipulated period for the purpose for which these are sanctioned and periodic monitoring would be ensured and inspection of institutions conducted wherever considered necessary”.

13. Asked whether it did not indicate that no serious efforts had been made in the past for proper implementation of NCCP, the Ministry in a post-evidence note replied:—

“There was monitoring in respect of Regional Cancer Centres mainly and also where second grant was given. It is further submitted that no regular close monitoring could be done to ensure the utilisation of the grants released in other cases”.

14. On the question of non-utilisation of funds, the representative of the Ministry stated during evidence that the main problem was the limited amount of funds that was made available under the Programme. As regards steps now taken for ensuring full utilisation of the grants, the Ministry in a note stated that the quantum of financial assistance under the scheme for Cobalt therapy units had been increased from Rs. 50.00 lakhs to Rs. One crore with effect from 1 April 1995 to commensurate with the cost of the unit and lessen the burden on the States and to help them instal the units early.

(c) *Diversion of Funds*

15. According to the Audit Paragraph, in nine States (Assam, Rajasthan, Punjab, West Bengal, Madhya Pradesh, Kerala, Orissa, Karnataka and Maharashtra) out of Rs. 4.17 crores released during 1985—94, an amount of Rs. 2.28 crores (55%) was diverted and spent outside the objective qualifying for the grant. Thus, expenditure was stated to have been incurred on items like construction of building, salary of officers and staff, contingency, furniture, vehicles etc. The Audit also pointed out that the Ministry had not evolved any mechanism to check such irregular diversion of funds by the grantee institutions. Asked the reasons for not evolving proper mechanism by the Ministry to check irregular diversion of funds, in a note furnished to the Committee the Ministry *inter-alia* stated:—

“The institutions receiving grants are required to utilise the grant for the purpose for which it has been sanctioned. This is a specific condition put on the institution/State Government while releasing the grant. Any diversion of grant for purposes which are not covered is unauthorised and liable to be returned/adjusted. It is observed that a portion of the grant has been diverted for other

purposes despite specific condition put on the grantee institution to utilise the grant for the purposes for which it was released.”

16. The Ministry further stated:—

“All these institutions/State Governments would be asked to specify the reasons for diversion and steps would be taken to make adjustment while releasing grant to them in future. Also, a system would be evolved whereby periodical utilisation report would be obtained from the grantee institutions and rectification sought if diversion is detected”.

17. Asked why explanation from the institutions/States for diversion of funds were not sought immediately after being pointed by Audit, the Ministry in the post-evidence note *inter-alia* stated that only after receipt of questionnaire from the Public Accounts Committee, the concerned States/institutions were requested for providing information regarding the reasons for diversion of funds etc. and also submitting the utilisation certificate alongwith audited accounts. Out of nine States where diversion was pointed out by Audit, explanations were stated to have been received by the Ministry only in case of three States (Karnataka, Kerala, Punjab). The Ministry stated that the remaining States would be reminded in the matter.

18. The Committee desired to know if any further grant was sanctioned to these institutions in the interregnum pending clarifications for the earlier lapses, the Ministry stated that no further grants to Government of Karnataka and Mohan Dai Oswal Cancer Treatment & Research Foundation had been sanctioned. The Regional Cancer Centre, Trivandrum had however been given annual grants. No information was furnished regarding other States.

19. To a specific query from the Committee as to whether any system had since been evolved for obtaining periodical utilisation report from the grantee institutions and thereby preventing irregular diversion of funds, the Ministry stated that it was proposed to review the matter at regular intervals and also get the institutions inspected where considered necessary.

(d) Non-submission of Utilisation Certificates

20. It is seen from the Audit Paragraph, Rs. 82.24 crores were released during 1985—94 against which utilisation certificates and audited statement of accounts for Rs. 68.18 crores were wanting till September 1994. The Ministry were continuously sanctioning and releasing grants without insisting on the required utilisation certificates and audited statement of accounts. The Audit have pointed out that there was no system in place in the Ministry to expedite and link further release of grants with the furnishing of utilisation certificates and audited statement of accounts.

21. The Committee desired to know the extent of delay in submission of these certificates by the concerned institution/State Government and reasons for the same. The Ministry in a note stated:—

“The grantee Institutions/State Governments are required to utilise the grant within a period of one year and submit the utilisation certificates thereafter. There has been delayed utilisation of the grant by some Institutes/State Governments. A few institutions have not been able to utilise the grant particularly for cobalt therapy units etc. due to their administrative and financial reasons. Some Institutions/State Governments have since reported non-utilisation due to increased cost of the unit.”

22. On being asked whether there was a system in the Ministry to monitor furnishing of utilisation certificates by the State Government/Institutions the representative of the Ministry stated:—

“.....There is not a regular monitoring system. We ask for six monthly utilisation certificates where next grant is to be released. There is no system according to which we can ask for utilisation certificate every month.”

23. The Committee desired to know the procedure pertaining to release of grants to State Governments and grantee institutions by the Ministry and the obtaining system in practice to expedite and link further release of grants with the furnishing of utilisation certificates and audited statement of accounts. The Ministry in a post-evidence note stated:—

“The financial assistance to State Governments is released for District Projects, development of oncology wings in Medical Colleges/Hospitals and cobalt therapy units. As regards Regional Cancer Centres, grant-in-aid is provided direct to these institutions by the Ministry. The financial assistance to voluntary organisations recommended by the concerned State Government for health education and detection activities is provided direct by the Ministry. As regards cobalt therapy units in case of Charitable organisations, assistance is provided either direct or through the concerned State Government.

The Regional Cancer Centres submit the Annual Reports & Audited Annual Accounts which are laid on the table of both the Houses of Parliament. Before further release, the expenditure incurred is taken into consideration.

Insofar as District Projects are concerned first release is confined to Rs. 15 lakhs, and Rs. 10 lakhs is granted per year for next 4 years. While releasing further instalments, the utilisation report of earlier release is obtained.

While releasing further assistance to Voluntary Organisations engaged in health education and case detection utilisation report is invariably obtained.

Assistance for Cobalt Unit and development of Oncology Wings is one time measure.”

24. Giving the latest position in regard to receipt of utilisation certificates/audited statement of accounts the Ministry stated that the utilisation certificates for Rs. 20.91 crores more have since been received. As regards efforts made to ensure obtaining of pending utilisation certificates alongwith audited statement of accounts, the Ministry stated that the institutions/State Governments have been reminded to submit utilisation certificates/reports.

(e) Delay in release of Grant by the State Governments

25. According to the Audit paragraph there was inordinate delay on the part of State Governments in releasing of the Central assistance to the concerned grantee institutions which ultimately delayed the implementation of the scheme. It has been pointed out by Audit that in four States (Assam, Kerala, Rajasthan and Tamil Nadu), there was delay ranging from 6 to 25 months in release of Central assistance to the grantee institutions. In this connection, the Committee desired to know whether any mechanism has been evolved in the Ministry to check such inordinate delays. The Ministry in a note *inter-alia* stated:—

“The cost of Cancer treatment and the equipments involved is very high with comparatively less visible results. The State Governments/institutions had to provide the balance share over and above the grant released by this Ministry for equipments. Delay in release apparently is attributable to low priority accorded by the States to Cancer programme and constraints of finances.”

(f) Deposit of Funds in Personal Ledger Account

26. The Audit paragraph has brought out that in four States (Maharashtra, Orissa, Rajasthan and West Bengal) Rs. 64 lakhs sanctioned mainly for the purpose of establishing cobalt therapy units in their respective cancer institutes/hospitals were kept outside the Government account in personal ledger accounts for periods ranging from 9 to more than 48 months. The Committee desired to be furnished with the reasons for allowing the concerned institutes to keep the sanctioned amounts in personal ledger accounts. In a note the Ministry stated that grants are sanctioned to the institutions/State Governments subject, *inter-alia*, to the condition that the institution/organisation should maintain an account with a Bank or a Post Office in the name of the institution and not of an individual whether by name or by designation.

27. Commenting on this irregularity, the representative of the Ministry deposed in evidence:—

“The point is that the amounts are not to be deposited in the personal ledger accounts. But, somehow all the Institutions have done so”.

28. Asked how the Ministry had come to know the irregularities, the witness stated:—

“This matter has come to our notice only because of Audit Report”.

29. Enquired further as to when the Ministry had initially sought clarifications, the witness replied:—

“The Audit brought it to our notice. Immediately after that, we got the questionnaire (from the PAC) also and asked for the information”.

30. On being enquired whether clarification was sought from the concerned States for this irregularity and follow-up action taken on them, the Ministry in a note initially stated that the “concerned States would be asked to clarify why the amount provided to them were kept in personal ledger in violation of terms and conditions in the grant”. Subsequently, the Ministry informed the Committee that clarifications have been received from two States (Orissa and Punjab). Replies from other States were awaited and the Ministry stated that they had been reminded on 20 October, 1995 for expediting clarification.

31. While intimating the corrective action for future, the Ministry stated that it was proposed to review the matter periodically so that the amounts were kept in proper accounts and utilised expeditiously for the purpose. They added that while releasing grant, the specific condition in this regard would specifically be brought to the notice of grantee institution for strict compliance. Further, while monitoring utilisation periodically the institutes would be advised to provide information about accounts etc. maintained for the grant released.

III. Operation of Schemes

(a) *Setting up of Cobalt Therapy Units*

32. Cobalt therapy plays an important role in the treatment of cancer. More than half the cancer patients require radiation treatment at one stage or the other. According to Audit, on the basis of an estimate that one Cobalt therapy unit was needed for one million population, the country required 900 Cobalt therapy units. However, as against this target, 180 Cobalt therapy units only had been installed in the country so far. Further the available Cobalt therapy units were quite inadequate and even these few were unevenly distributed in the country. The Central assistance to Government medical colleges/hospitals for establishment of Cobalt therapy units was given subject to the condition that the recipient of Central

assistance agreed to provide the requisite infrastructure and trained technical staff. The assistance was to be used for the purchase of cobalt therapy units along with ancillary equipment and cobalt source, the last to be supplied by Board of Radiation and Isotope Technology (BRIT) on the recommendations of Bhabha Atomic Research Centre (BARC).

33. Giving the latest position about setting up of cobalt therapy units, the Ministry stated that there were about 214 Radiotherapy equipments installed in the country and out of those 77 machines were in the private sector. Since actual installation of these units was much below the estimated target, the Committee desired to know the constraints in this regard and if those had since been identified. The escalation of cost of the unit was stated to be the major constraint on the way of setting up of these units. In this connection, the Committee desired to know the present non-recurring and recurring cost of setting up of an ideal Cobalt therapy unit.

The Ministry of Health and Family Welfare in a note stated:

"A cobalt therapy unit costs around Rs. 1.20 crores. The recurring cost is on cobalt source which costs about Rs. 20.00 lakhs every 5 years. For running a cobalt treatment facility, two radiotherapists, four technicians, two nurses and four Class-IV staff are required. Salary component would be around Rs. 56,000 per month. In addition to this, construction of building costs around Rs. 20.00 lakhs. It is also estimated to cost about Rs. 2-3 lakhs per annum for spares and maintenance."

34. On being asked the steps taken to overcome this constraint and accelerate the setting up of the cobalt therapy units, the Ministry in a note stated:

"The quantum of financial assistance under the scheme for cobalt therapy units has been increased from Rs. 50.00 lakhs to Rs. one crore to commensurate with the cost of the equipment. Besides, a scheme for development of oncology wings has been initiated to fill up geographical gaps in the availability of cancer treatment facilities in the country. Assistance under the Scheme has also been raised from Rs. 1.00 crore to Rs. 1.50 crore. The cobalt unit forms an integral part of the development of oncology wings. The cobalt therapy unit has been exempted from payment of custom duty *vide* Ministry of Finance Notification No. 122/94-Customs dated 3.6.1994."

35. Keeping in view the fact that 214 cobalt therapy units have so far been installed and provisions for only five units has been made in this year's budget, the Committee desired to know the time frame for installation of envisaged 900 cobalt therapy units. In a note the Ministry stated as follows:

"Since budgetary allocation for Cancer Control Programme is modest, it may not be possible to provide required number of cobalt therapy units under Central budget. There is a proposal to obtain loan from the World Bank. If this materialises and a component of

loan is agreed for cobalt units, the facilities can be further augmented."

36. The Audit have pointed out several inadequacies/shortcomings in regard to the setting up of the cobalt therapy units which are dealt with in the succeeding paragraphs.

(i) *Delay in commissioning of Cobalt Therapy Units*

37. The Audit have pointed out that in seven States (Assam, Kerala, Karnataka, Orissa, Rajasthan, Madhya Pradesh and Delhi) 11 cobalt therapy units and other related equipments acquired at a cost of Rs. 6.32 crores out of Central assistance sanctioned during 1982—90 were commissioned with a delay ranging from 3 months to 8½ years. The reasons for the delay were reported to be non-availability of funds for construction of building, delay in taking up construction work and further delay in completion of building, non-completion of infrastructure and non-posting of staff especially by Bhabha Atomic Research Centre (BARC) and delay in placement of orders for supply of cobalt source.

38. In this connection the Committee desired to know about the monitoring mechanism in existence for timely installation and proper functioning of the units set up with Central assistance. The Ministry in a note stated that under the scheme, creating infrastructural facilities including special building to house the cobalt unit and required technical staff was the responsibility of the State Government/Institution. Quoting their experience the Ministry added that the State Governments took long time in creating these infrastructural facilities. The Ministry added:

"There has, however, been no periodical monitoring. Now onwards there would be periodical follow-up with the grantee institutions/ State Governments to ensure timely installation and commissioning of the units."

39. When asked about the reasons for not evolving any such monitoring system even though the Programme was launched way back 1975-76, the Ministry in a post evidence note replied:

"It is conceded that no effective periodical monitoring system was evolved to remind and obtain utilisation and status of installation from the grantee institutions."

40. Enquired about the system of periodical monitoring/follow-up now effected, the Ministry in a post evidence note *inter-alia* added:

"For institutions which will be given grant now onwards, a separate monitoring register would be maintained, scheme-wise, so that periodical monitoring is invariably done to ensure proper utilisation and timely commissioning of cobalt units etc. A review has also been undertaken at the level of Minister of State for Health to ascertain the position about installation of cobalt units etc. and consider measures to ensure early installation by way of additional assistance

wherever grants have not been utilised for purchase and commissioning of cobalt units.”

41. The Audit paragraph further revealed that seven cobalt therapy units, one gamma camera and one fuorescopic microscope acquired out of Central assistance sanctioned during the period 1985-86 to 1992-93 by five States (Assam, Karnataka, Orissa, Rajasthan and Madhya Pradesh) at a cost of Rs. 5.48 crores could not be commissioned mainly due to non-completion of buildings in Assam, Madhya Pradesh and Orissa and for want of cobalt source in Karnataka and Rajasthan. On being asked the latest position in regard to their commissioning, the Ministry informed the Committee that cobalt machine at J.L.N. Medical College, Ajmer, has been installed and made operational with effect from 15 June, 1995. Information from other institutes was stated to be awaited.

(ii) Utilisation of cobalt therapy assistance by the States

42. It is seen from the Audit Paragraph that grant-in-aid amounting to Rs. 2.70 crores sanctioned to seven States (Uttar Pradesh, West Bengal, Rajasthan, Maharashtra, Orissa, Punjab and Karnataka) during the period 1985-94 for setting up of cobalt therapy units in medical colleges/hospitals remained unutilised mainly due to insufficiency of Central assistance and lack of infrastructural facilities to be provided by the State Governments. In this connection the Committee desired to know about the number of units which could not be set up owing to insufficient Central assistance and the remedial steps taken in this regard. In their note the Ministry stated that some of the institutions could not utilise the grant for lack of additional funds over and above the grant released by the Central Government. When asked for the details in this regard, the Ministry in a further note stated that letters were addressed to 37 institutions/State Governments on 28 April, 1995 for submission of utilisation certificates. From the replies received from 19 such institutions, It was observed by the Ministry that the grants released were not utilised by nine of them on account of higher cost or inability on the part of the State Government to provide additional funds required for purchase of the unit.

43. Assistance under the National Cancer Programme meant for setting up of cobalt therapy units was to be utilised within one year from the date of grant-in-aid sanctioned for the purpose. Any portion of the grant not utilised on the objects for which it was sanctioned was to be refunded to the Government. The Audit have pointed out that Mohan Dai Orwal Cancer Treatment and Research Foundation, Ludhiana in Punjab spent Rs. 9.02 lakhs on purchase of 200 RMM source and Rs. 2.98 lakhs on other cancer related activities out of Rs. 12 lakhs sanctioned in March, 1985 for setting up of a cobalt therapy unit.

44. Giving details in this regard the Ministry cited two more cases of diversion of funds viz. International Cancer Centre, Neyyor (Tamil Nadu) and Cooch Behar Cancer Centre (West Bengal).

(iii) Performance of Cobalt Therapy units

45. The Audit Paragraph has brought out that five cobalt therapy units procured in three States (Himachal Pradesh, Uttar Pradesh and Assam) were not performing satisfactorily. There was under-utilisation of the unit at Indira Gandhi Medical College (IGMC), Shimla where percentage of patients treated ranged from 29 to 86.5 during the period 1986-87 to 1993-94. At Sanjay Gandhi Post-Graduate Institute of Medical Science, Lucknow, the percentage of patients treated ranged from 19.5 to 51.66 during the years 1990-94. Besides one linear accelerator with capacity of 2000 cases per annum installed in the Institute in October, 1992 at a cost of Rs. 1.75 crores from Japanese grants could provide treatment only to 193 patients during 1992-93 and 1993-94 which was only 4.80 per cent of its capacity. At S.N. Medical College, Agra also the cobalt therapy unit could not be utilised fully where the treatment chart showed a declining trend during the period 1985-94 (except 1989-90) from 56.5 to 43.16 per cent. At Dr. Baruah Cancer Institute, Assam the percentage of treatment of patients fell during 1990-92. The reasons attributed to the poor performance in these cases were non-awareness of the facilities available at the Institute, treatment of referral patients only, frequent failure of the machine due to its being as old unit and decline in the strength of cobalt source. On being asked as to how many cobalt therapy units which have been installed are operational, the Ministry in a post-evidence note stated that 10% of the machines were not fully functional as these were very old and spare parts required for smooth operation were not available.

46. When enquired about the steps taken by the Ministry to make the cobalt therapy units fully operational, it was stated that the State Government or the concerned institution was required to maintain the cobalt therapy unit in working condition and the cobalt source was to be replaced by them after the stipulated period. According to the Ministry, the Government of India did not bear the responsibility for sanctioning additional assistance for replacement of source for the cobalt therapy unit and it was the responsibility of the institution concerned to send half-yearly report regarding working of cobalt unit to Directorate General of Health Services. This condition was attached to the grant released for purchase of cobalt units. The Ministry further stated:—

“It has been ascertained that the reports have not been received by the Directorate. No efforts were, however, made to obtain the reports from the institutions.”

(b) Assistance to Regional Cancer Centres (RCCs)

47. Under the National Cancer Control Programme, Government of India recognised 11 Regional Cancer Centres spread all over the country to work as nodal treatment centres. The Ministry of Health & Family Welfare provide grants-in-aid to 9 Regional Cancer Centres. An amount to Rs. 50.00 lakhs each is provided to the institutions at Bangalore,

Ahmedabad, Gwalior, Madras, Trivandrum, Cuttack and Allahabad annually. Chittaranjan National Cancer Institute, Calcutta is financed jointly by the Government of West Bengal and Government of India. Institute Rotary Cancer Hospital, New Delhi is a part of All India Institute of Medical Sciences receiving grant-in-aid from this Ministry. Tata Memorial Hospital, Bombay is financed by the Department of Atomic Energy Dr. B. Baruah Cancer Institute, Guwahati is financed by the Department of Atomic Energy, Government of Assam and North-Eastern Council under a tripartite agreement.

48. It is seen from the Audit Paragraph that during 1985—94 grants-in-aid to the tune of Rs. 42.64 crores (Rs. 32.66 crores under plan and Rs. 9.98 crores under non-plan provision) were released by Government of India as financial assistance for purchase of equipments. The Audit have pointed out that in Assam, Madhya Pradesh and West Bengal, equipments purchased with Central assistance were not put to use from 16 to 62 months.

The grant was also diverted for the purchase of equipment other than for which it was originally sanctioned, under-utilisation of installed capacity of the equipments and avoidable extra expenditure in purchase of equipment.

49. On being asked the specific reasons for under utilisation of equipments by these Regional Cancer Centres, the Ministry stated that specific reasons for the same will be ascertained from the concerned Regional Cancer Centres and furnished in due course of time.

50. It is seen from the Audit Paragraph that the Central assistance of Rs. 12 lakhs was received by Dr. Baruah Cancer Institute, Guwahati during 1987-88 for purchase of treatment planning system. The equipment which was received and installed in the institute in March, 1989 could not be put to use till May, 1994. Explaining the reasons for non-utilisation and present status of utilisation of the equipment, the Ministry in a note stated that only a limited number of patients were treated under the system till May, 1994 as it could not be linked up with Simulator for regular utilisation. According to the Ministry, the machine was repaired and put to service in May, 1995 and so far, the institute treated 40 patients under TPS since July, 1995. Shortage of technical staff was stated to be the main reason for under-utilisation of the machine. It was further stated that since the institute had recently appointed a technical person, it was expected that capacity utilisation will show a new trend from 1995.

51. It is seen from the Audit Paragraph, that during 1989—94, Government of India released grant of Rs. 8.59 crores for the Chittaranjan National Cancer Institute. However, as against its prescribed share of Rs. 2.86 crores, the State Government contributed a sum of Rs. 90.80 lakhs indicating a shortfall of Rs. 1.95 crores. The Committee desired to know the reasons for non-payment of due share by the State and steps taken by the Government to ensure timely and due payment by the State

Government in future. The Ministry stated that the State Government could not contribute its 25% share due to some administrative reasons. The Government of West Bengal is stated to have been advised to make up for the short-release of grant as early as possible.

52. Further according to the Audit Paragraph the Chittaranjan National Cancer Institute procured in January, 1993 a Theratron 780-C Tele Cobalt machine at a cost of Rs. 58.13 lakhs from Canada, the highest bidder through their Indian agent at Calcutta ignoring the lowest (Rs. 44.73 lakhs) and the second lowest (Rs. 46.76 lakhs) bidders without assigning any reason which resulted in avoidable extra expenditure of Rs. 13.40 lakhs.

53. Similarly, in another case pointed out by Audit, Cancer Hospital and Research Institute (CHRI), Gwalior placed orders on foreign firms in May 1988 and February 1991 for purchase of Treatment Planning System Unit (TPS) and Ultra Sound Scanner EUB-515 along with accessories and optional attachments at a cost of Rs. 13.87 lakhs in Netherland's currency and Rs. 23.97 lakhs in Japanese currency respectively. The machines were received in December, 1990 and May, 1992 i.e. after 31 and 15 months respectively. The delay in receipt of machines was mainly due to late receipt of NMIC (Not Manufactured in India Certificate) and CDEC (Customs Duty Exemption Certificate) which were applied for after the issue of supply order. During this period the Rupee had been devalued in comparison to Guilder and Japanese Yen. Consequently, payment of Rs. 22.35 lakhs for TPS and Rs. 41.17 lakhs for Ultra Sound Unit was made through letter of credit. This resulted in extra payment of Rs. 25.80 lakhs (Rs. 8.48 lakhs and Rs. 17.20 lakhs respectively). The Audit observed that had the formalities like obtaining of NMIC and CDEC been completed in time before placing the supply order the extra payment could have been avoided.

54. When asked to indicate the circumstances which resulted in avoidable expenditure in both the cases, the Ministry in a note replied:

" It is observed that delay in completion of certain formalities by the Institute such as obtaining not manufactured indigenously certificate and Custom duty exemption certificate are the reasons for extra expenditure due to escalation of costs. Chittaranjan National Cancer Institute, Calcutta had been asked to explain why orders were not placed on the lowest bidder which resulted in avoidable extra expenditure of Rs. 13.40 lakhs."

55. Explaining the reasons for ignoring the lowest bidder and thereby incurring avoidable extra expenditure in the case relating to Chittaranjan National Cancer Institute, the Ministry in a post-evidence note further stated:—

"Chittaranjan National Cancer Institute, Calcutta has informed that the Standing Finance Committee of the Institute decided to purchase Cobalt 60 on limited tender basis. M/s. UB Electronics and M/s.

Wipro G.E. Medical offered cobalt machine of capacity of 9000 and 8000 RHM respectively. M/s. Birla Technology quoted Theratron 780/c which could accommodate 12000 RHM upto 15000 RHM source. The High Power Purchase Committee constituted for the purpose recommended purchase of Cobalt equipment with 12000 RHM source. The Purchase Committee considered criteria as to the price, specification and technical qualities and recommended purchase of Theratron 780 Cobalt 60 unit from M/s. Theratronics International Limited through their Indian agent M/s. Birla Medical Technology.

56. On being asked the specific role assigned to the Regional Cancer Centre under the NCCP and the manner in which the Ministry precisely monitor their functioning, the Ministry in a note stated:

“The Regional Cancer Centres recognised by this Ministry provide comprehensive facilities for diagnosis and treatment of cancer patients. These are also centres for research work in the field of cancer treatment. These centres, however, are free to develop themselves in accordance with their environment, capability and initiative. The Central assistance of Rs. 50.00 lakhs per annum is granted mainly for procurement of equipments. The Regional Cancer Centre which are made nodal agency by the State Government for District Projects is also required to provide training to medical and para-medical staff. The Annual Report containing the activities of the Regional Cancer Centres and their Audited accounts are laid on the table of both the Houses of Parliament.

(c) Development of Oncology Wing in Medical Colleges/Hospitals

57. According to the Audit paragraph, the National Cancer Control Programme proposed development of well equipped oncology wings in 15 Medical Colleges/Hospitals in the country during the Eighth Plan with emphasis on prevention and early detection of Cancer in the region where adequate facilities for its treatment were not available. Under the Scheme the three modes of therapies viz; surgical treatment, radio therapy and chemotherapy were to be made available in the oncology wings proposed to be established. Upto Rs. 1 crore was proposed to be provided to each selected medical college/hospital for purchase of equipments with the implied condition that the concerned State Government would provide necessary infrastructure and staff. An amount of Rs. 8.70 crores was released by the Government of India during 1991—94 for development of the oncology wings in 11 Government medical colleges/hospitals. But none of the 11 selected colleges/hospitals achieved the objectives of setting up of the oncology wings. Eight colleges/hospitals had not even utilised the assistance involving Rs. 5.70 crores as of May, 1994 at all. And three colleges/hospitals purchased the cobalt therapy units but these could not be commissioned.

58. The Committee desired to know whether any time frame had been fixed by the Ministry for completion of the Project while granting the financial assistance. The Ministry in a post-evidence note stated that one of the conditions attached to the release of the grant was that the institution should utilise the amount within a period of one year.

59. Asked the reasons for non-initiating action for procurement of essential equipments by eight medical colleges/hospitals as of May, 1994 even after grant of an amount of Rs. 5.70 crores, the Ministry attributed it to delay in release of the grant by the State Governments to the grantee institutions.

60. The Committee specifically asked whether clarifications were sought from the concerned institutes and about the action taken subsequently to facilitate early setting up of these oncology wings. The Ministry in their post-evidence not stated:—

“Some institutions have informed that they had utilised the amount released to them for setting up oncology wing. In other cases, it is proposed to write to the Chief Secretaries of the concerned State Governments at the level of Secretary/Additional Secretary in the Ministry of Health and Family Welfare as all these beneficiaries are Government institutions. It would be impressed upon them to utilise the grants already released in the current financial year.”

61. Asked to explain the laxity on the part of the Ministry in monitoring the implementation of this scheme, the Ministry in a note submitted after evidence stated that while granting assistance for oncology wings, the institutions were generally inspected by a team of experts to ensure that there was infrastructure and some basic facilities for development of oncology wing. The concerned State Government also commits before such grants are considered and released that they will complete their part of the job including civil works and providing staff. Therefore, it was expected that the grantee institutions would in all earnestness set up the oncology wing in time.

62. The Committee further desired to know whether any inspection was carried out to check the progress made by the grantee institution in setting up of the proposed oncology wings, the Ministry stated:

“No formal inspection had been carried out to check the progress made by the institutions. However, the Programme Officer in Directorate General of Health Services had occasion to enquire from the institutions about the progress made in course of her visits to the institutions in connection with other programmes. Also, whenever the State representatives attend the meetings arranged by the Ministry of Health & Family Welfare in respect of Cancer or other programmes, enquiries are, made from them about the progress made.”

63. On being asked the extent of coverage of oncology wings and the amount of grant so far released for this purpose, the Ministry stated that till now 27 institutions have been provided Central assistance to the tune of Rs. 25.24 crores. As regards the current status of setting up of oncology

wings, the Ministry could furnish information only about 9 institutes where oncology wings were at different stages of development.

64. Keeping in view the current status of progress, the attention of the Ministry was drawn to the fact that the Project for development of oncology wings has been badly delayed. Offering their comments in this regard the Ministry in the post-evidence note stated:—

“It is accepted that the State Government have not taken effective and expeditious steps to set up oncology wing in time. There has been undue delay on the part of certain State Governments which has caused delay in the setting up of oncology wing.”

(d) Scheme for District Projects

65. According to Audit, a Scheme for District Projects was introduced from 1990-91 under the National Cancer Control Programme for prevention and early detection of cancer cases particularly in rural areas. The main aim of the Scheme was to create awareness among people about early symptoms of cancer, importance of observing personal hygiene and healthy life style, and ill effects of tobacco consumption. Under the scheme, financial assistance of Rs. 15 lakhs each was provided to the State Government/UT administration for each district project selected and the Project was linked with RCC/government medical Colleges/hospitals having reasonably good facilities for treatment of cancer. The main components of the scheme comprised of:

- (i) dissemination of information in rural areas in the form of literature;
- (ii) establishment of 3-4 cancer detection centres at sub-divisional level;
- (iii) training of medical and para medical personnel;
- (iv) provision of palliative treatment of terminal patients; and
- (v) evaluation and monitoring.

66. According to the Ministry, under the Scheme for district projects, assistance has been provided for 28 districts so far and the grant of an order of Rs. 4.60 crores has already been released under this scheme.

67. The audit have pointed out that out of Rs. 2.10 crores released under the scheme during 1990-93, Rs. 71.33 lakhs were spent of which Rs. 27.69 lakhs in Karnataka, West Bengal and Kerala was on item not approved under the Programme. Further, a test check of records of seven States viz. Karnataka, Kerala, Orissa, West Bengal, Punjab, Tamil Nadu and Madhya Pradesh by Audit revealed that only 34 per cent of available funds could be utilised during 1990-94.

68. When asked the reasons leading to diversion of funds it was stated that the State Governments of Karnataka, West Bengal and Kerala have been asked to specify the reasons for diversion of the funds. As and when

requests would be received from these State Governments for recurring grant, the amount which have been diverted for expenditure on items not covered under the scheme may be adjusted while releasing recurring grant. Separately, the existing instructions would be reiterated to the State governments, impressing upon them to utilise the grant strictly in terms of the scheme and component-wise.

69. In this connection, the Committee specifically desired to know the system of checks and balances in existence in the Ministry to ensure that grants received for the Project were not misused for other purposes. In their post-evidence note the Ministry stated that under the scheme in force, the State Governments were required to spend money on components specified under the scheme. They were not permitted to spend money outside the approved pattern of expenditure. By regular monitoring and utilisation certificates it would be possible to ensure that funds are utilised for the purpose for which it has been sanctioned. It was further stated that while releasing further instalments, utilisation of earlier grants was checked.

70. The committee further desired to know whether the reasons for low utilisation of grants by the States released for district projects been analysed and about the remedial steps taken to facilitate implementation of the scheme. In a note the Ministry stated:—

“It appears that the State Government do not accord high priority to cancer programme. Since grants are released to the States for undertaking identified district projects, it is for the State Governments to take expeditious steps to implement the programme. However, as far as Central Government is concerned, the State Government could only be persuaded to implement the programme without delay and in letter and spirit of the approved scheme.”

(i) *Dissemination of information in rural areas in areas in the form of literature*

71. During Eighth Plan Programme emphasis was laid on creation of awareness among people regarding early symptoms of cancer, importance of observation of personal hygiene and healthy life style, ill-effects of tobacco consumption etc. The Audit have pointed out that a sum of Rs.3 lakhs was being provided to each district for this purpose. Test check of records of Rajasthan and West Bengal by Audit showed that neither had any work connected with creation of public awareness in regard to ill effects of tobacco consumption been carried out nor were any funds allocated for this purpose. The programme could not be launched in Himachal Pradesh due to non-provision of funds by the Government while in Uttar Pradesh Rs.2 lakhs sanctioned in 1989-90 remained unutilised as of May 1994. Further in Haryana, an expenditure of Rs. 1.45 lakhs was incurred through 13 Civil Surgeons in 1990-91 resulting in lapse of an unspent balance of Rs. 0.55 lakh. It was noticed that out of Rs. 0.72 lakhs

spent by 4 out of the 13 Civil Surgeons (Ambala, Karnal, Sonapat and Sirsa) Rs. 0.70 lakhs was diverted towards purchase of laboratory equipment and chemicals etc.

(ii) Setting up of Cancer Detection Centres

72. The Audit paragraph revealed that under the National Cancer Control Programme, Central assistance at the rate of Rs. 0.50 lakh was provided for the purchase of equipment required for establishing early cancer detection centre subject to the condition that the recipient of Central assistance agreed to provide trained staff. For this purpose an amount of Rs.5 lakhs was being provided to set up at least 3-4 cancer detection centres each having equipment worth Rs. 1.30 lakhs approximately at sub-divisional level in the States.

73. The Audit have pointed out that Central assistance of Rs. 0.50 lakh was provided to Rajasthan Government in Septemeber 1988 for establishment of one early cancer detection centre at Ravindra Nath Tagore Mdical College, Udaipur. Neither was any such centre established nor was any separate staff provided by the State Government. Further no cancer detection centres were opened at divisional level in Tamil Nadu though Government had released (March 1991) Rs. 1.30 lakhs to each of the cancer detection centres for this propuse (April 1994.) In Madhya Pradesh no Central assistance for setting up of early cancer detection centre was allotted resulting in no such centres being established in the State except under the scheme of district project for Morena and Bhind.

74. Asked the reasons for non-setting up of early cancer detection centres in Rajasthan and Tamil Nadu inspite of sanctioning of grant for the purpose, it was stated that these two States were requested to indicate latest position in this regard and replies from them are awaited. As regards the position in respect of other States the Ministry are stated to have advised them to intimate the progress made and to furnish utilisation certificates from the auditors alongwith copy of relevant audited accounts. However replies from the State Government were awaited.

(iii) Training of medical and paramedical staff

75. According to Audit, imparting training to medical/para-medical personnel/staff was one of the important components of National Cancer Control Programme for detection of oral cancer in the early stages and for propagation of health education. Funds amounting to Rs. 2 lakhs were being provided under the scheme for district projects. The training was to be organised jointly by Indian Council of Medical Research and Regional Cancer Centres.

76. Test check of the records of seven States (Assam, Haryana, Himachal Pradesh, Madhya Pradesh, Rajasthan, Orissa and Delhi) by Audit revealed that no training was arranged for medical/para-medical personnel. The Committee desired to know the reasons for non conducting

required training programmes for medical/para-medical personnel. The Ministry stated that necessary training programmes was required to be arranged at the district Headquarters by the technical experts of the Concerned Regional Cancer Centre/Medical College/Institution. The State Government and the nodal agency were primarily responsible for this. Asked to elucidate the role of the Ministry in this regard and measures taken by the Government to ensure that the scheme is implemented in letter and spirit, it was stated that it may not be possible for the Central Government to arrange such training programmes at district level. The scheme had been recirculated by the Ministry which contains specified components of expenditure, including training and the agencies responsible for this. Only through periodical monitoring, inspections and utilisation reports it would be possible for the Ministry to find out whether they were implementing the scheme in letter and spirit.

(iv) Palliative and pain relief measures

77. According to the Audit paragraph one of the functions under National Cancer Control Programme was extension and strengthening of therapeutic services including pain relief on a national scale through Regional Cancer Centres and medical and dental colleges. Due importance was to be given to palliative and pain relief measures for terminal cases. Financial assistance of Rs. 4 lakhs was being provided by the Government under the scheme for supply of oral morphine and other pain relief measures. A test check of the records of 5 States (Haryana, Orissa, Rajasthan, Madhya Pradesh and Tamil Nadu) by Audit showed that financial assistance for the purpose had been received only by Madhya Pradesh and Tamil Nadu. Though 3 beds were allotted for palliative treatment to terminal patients in the District Headquarters Hospital at Cuddalore in Tamil Nadu no beds were earmarked in the Villupuram Hospital. Further, no drugs like oral morphine were purchased and supplied as of February 1994 to the Headquarters Hospital out of the allotted amount of Rs. 4 lakhs. However, only 15 cases were treated at the hospital during 1993-94 utilising the 3 earmarked beds. In Madhya Pradesh no palliative care ward was established so far at District Hospital, Bhind. It was noticed in Audit that no patient of palliative care was admitted in the ward since no facilities for terminal care were developed. Further no supply of morphine tablets was made due to lack of demand from the CMHOs.

78. The Committee desired to know about the monitoring mechanism in practice for the district project scheme. Responding to this query, the Ministry in the post-evidence note stated:—

“The scheme envisages that a small committee can be set up under the Chairmanship of either Collector or Chief Medical Officer of the district and representative of Regional Cancer Centre/Medical College shall be a member in the said Committee. The Chief Medical Officer will periodically report the matter to the State Government

and also to the Regional Cancer Centre/Medical College. The representative of Regional Cancer Centre/Medical College shall also be a member in the Apex Committee under the Chairmanship of Health Secretary of the concerned State Government."

79. Asked further whether any evaluation of this scheme was carried out with a view to assessing its utility and actual implementation in the grass root level, it was stated that consultants appointed for the purpose had so far visited nine districts. Among the suggestions made were the need for detailed plan/method of working which was common for all districts: health education materials developed need be pooled and standardised; and setting up of a Coordinating Unit to regularly monitor and guide the programme in the concerned district.

(E) Assistance to Voluntary Organisations

80. A scheme for providing financial assistance upto Rs.5 lakhs during a year to voluntary organisations under the National Cancer Control Programme was introduced from the year 1990-91 for their involvement in the following areas:—

- (i) Health education activities particularly in the rural areas and urban slum of the country.
- (ii) Setting up of early cancer detection facilities and holding cancer detection camps.

81. The Committee desired to know the criteria adopted for selecting voluntary organisations. The representative of the Ministry, during evidence stated:—

"The criteria for helping the voluntary organisations is that the voluntary organisations have to apply to the State Governments, and the State Government recommended those cases to us. So, we mostly go by the recommendations of the State Governments in this....."

82. To a question, the witness further informed the Committee that 28 voluntary organisations had been sanctioned grants during 1990-91 to 1994-95 amounting to Rs. 1.24 crores.

83. The Audit have pointed out that neither was any utilisation certificate furnished by any voluntary organisation nor was the same insisted upon by the Ministry in respect of the financial assistance of Rs. 91.75 lakhs released by the Government to 21 voluntary organisations in 8 States (including Union Territory of Delhi) during 1990-94. According to Audit, the Ministry were not in a position to ascertain whether the amount of financial assistance released to the voluntary organisations had actually been utilised for the purpose for which it was released as there was no mechanism evolved by them to keep a watch over its utilisation.

84. In the absence of utilisation certificates, the Committee asked as to how the Ministry satisfied themselves that the grant sanctioned was

actually utilised for the purpose for which it was sanctioned. In a note the Ministry stated that the grant was provided subject, *inter-alia*, to the condition that the grantee institution would submit utilisation certificate. This grant was not repeated every year to all grantee institutions. However, some of the reputed voluntary organisations have been given grants in the subsequent years also. Utilisation certificate have been obtained and verified before releasing further grant to such voluntary organisations.

85. On being asked about the steps now proposed by the Ministry to ensure accountability in this regard, the Ministry in their note stated:—

“One-time grantee has now been asked to provide utilisation certificate duly verified by the Auditors. Similarly, the institutions which would receive grant in future would be asked periodically to furnish utilisation certificates duly certified by the Auditors. Concerned State Governments would also be advised to ensure utilisation and submission of utilisation certificate.

The grantee organisations would be periodically reminded to furnish utilisation certificate. The concerned State Governments will also be advised to monitor activities and expenditure of the organisation. Inspection of the selected organisations may also be arranged to ensure accountability and expenditure on the approved pattern.”

86. In this connection, the Committee drew attention of the Ministry to the fact that several non-governmental voluntary organisations were working for the control of cancer without financial assistance from the Government. Asked whether the Ministry at any point of time considered involving those voluntary organisations with a view to implementing the scheme effectively rather than solely depending upon the recommendations of the State Governments in this regard. In response, the representative of the Ministry stated that such a meeting has not been organised so far but assured the Committee to organise such a meeting in near future.

87. Intimating the precise position of receipt of utilisation certificates from these organisations, the Ministry stated that only 7 voluntary organisations have furnished utilisation certificates/utilisation reports so far.

(IV) Grant-in-aid to Indian Cancer Society, Bombay

88. According to the Audit Paragraph, Under NCCP, Indian Cancer Society, Bombay was given grant-in-aid amounting to Rs. 1.50 crores from 1986-87 to 1989-90 to undertake a Project on “Educational Aspect of Cancer Research and Treatment Programme”. The Audit paragraph reported certain irregularities in the utilisation of grant like incurrance of expenditure without adherence to the approved limits, unauthorised diversion of funds to third party, acquisition of lesser number of mobile cancer units etc.

89. On being asked to clarify the above audit objections as well as to elucidate the monitoring adopted by the Ministry to ensure effective utilisation of the grant by the society, the Ministry in a post-evidence note stated:—

“Indian Cancer Society, Bombay was given grant-in-aid of Rs. 1.50 crores from 1986-87 to 1989-90. Rs. 50 lakhs was released during 1986-87 and again during 1987-88 Rs. 50.00 lakhs was released. During 1988-89 Rs. 20.00 lakhs and during 1989-90 Rs. 30.00 lakhs was released, thus making a total of Rs. 1.5 crores. The society utilised this amount upto 31.3.1992 as per certificates furnished by Chartered Accountant. The Chartered Accountant in its certificate dated 25.5.1992 certified that Indian Cancer Society utilised the grant for the purpose for which it was sanctioned.

Head of Cancer Surgery Department in Safdarjung Hospital, New Delhi was deputed in 1992 to conduct evaluation of the functioning of Indian Cancer Society. Among other findings, the evaluation report indicated that more than 62% of money had been spent on public education programme. A special audit was also conducted by the Deputy Controller of Accounts in the Ministry of Health & Family Welfare in 1992.

The Society was asked to clarify on the specific objections raised by the audit. They have clarified that the scheme was approved for initial research survey, public educational efforts, mobile and detection centres and preventional educational efforts. Public education on cancer was the main thrust of Cancer Control Project. Since educational campaign could be undertaken only through various media such as newspaper, journals, pamphlets, audio cassettes & video films etc. there was a need to avail the services of advertising agents which should not be viewed as diversion of third party. They have further clarified that they could procure only two mobile detection units for Delhi and Calcutta, since they had already a cancer mobile unit in Bombay and due to lack of proper infrastructure facilities at Madras they could not utilise the provision for two more Mobile Cancer Detection Units. Provision for mobile cancer detection units was better utilised for public educational campaign.

They have also added that they intimated the Ministry and sought permission to treat the over all expenditure schedule mainly as a guideline and further permission was sought to divide the expenditure under various heads without changing the main features of the project and by keeping the total amount to be spent intact.

The sanctioned grant has been utilised for cancer control though expenditure has not been confined to component-wise as approved. No misutilisation has been reported.”

90. In this context, the representative of Ministry stated during evidence:—

“I think our stand in this matter has to be more firm that whenever there has been misutilisation of grants, the recovery procedure be started immediately. That is what we should be doing and that is what we propose to do now.”

(V) Japanese Grant-in-aid Programme

91. The Japanese Grant-in-Aid programme envisaged utilisation of Japanese grant by the Government of India exclusively for the purchase of the products meant for cancer control/treatment from Japan. Under the Programme, the amount was to be utilised for procurement of equipments such as C.T. Scanner and supplementary equipments for RCCs and services necessary for the installation. The Audit Paragraph revealed that under the Japanese Grant-in-aid programme 15 whole body CT Scanners costing Rs. 17.04 crores were received and installed in 15 institutions with a view to providing diagnostic tool for early cancer detection and for assessment of extent of tumour and for proper treatment planning.

(a) Delay in installation of CT Scanners

92. The Audit have pointed out that in five States and one UT (Assam, Haryana, Rajasthan, Orissa, Uttar Pradesh and Chandigarh) the CT Scanners were received in the hospitals/institutions remained idle from 2 to 10 months due to their late commissioning. Asked to explain the reasons for delay in installation of CT Scanners in these States, the Ministry stated that the delay in the installation of C.T. Scanners ranged from two months to ten months. Some reasonable time was required for creating infrastructure for installation. However according to the Ministry, the Government of Assam, Haryana, Rajasthan, Orissa, Uttar Pradesh and Chandigarh would be asked to specify the reasons for delay in the installation.

(b) Under utilisation of CT Scanners

93. Further according to Audit under-utilisation of equipment ranged from 15.27 per cent to 97.80 per cent in three States, viz. Assam, Haryana and Orissa, In reply to a question of the Committee, the Ministry stated that the concerned State Governments/institutions were required to maintain the equipment and keep it operational. However, they stated that no analysis of the reasons for under-utilisation had been done. Keeping in view the large under-utilization of CT Scanners, the Committee specifically desired to know the steps being contemplated for its optimal utilisation. In the post-evidence note the Ministry stated that the grantee institutions would be advised to provide present performance status, reasons for under-utilisation so as to examine as to what steps could be taken to make them functional/optimally utilised.

VI. Survey on pattern of prevalence

94. One of the aims of the National Cancer Control Programme was to study the pattern of prevalence and incidence of cancer in the country so as to devise appropriate early detection programme followed by a system of referral and treatment. It has been pointed out by Audit that in seven States (Himachal Pradesh, Kerala, Karnataka, Rajasthan, Orissa, West Bengal and Uttar Pradesh) no survey on prevalence and incidence of cancer was conducted. Further, no funds were provided either by the State Government or by Government of India.

95. In this connection, the Committee enquired about the measures taken by the Ministry with a view to conducting a proper survey on prevalence and incidence of cancer. The representative of the Ministry during evidence *inter alia* stated:

“About the survey to know what kind of cancers are there in India. In fact we have a system better than a survey. We have a continuing programme under Indian Council of Medical Research, the ‘National Cancer Registry Programme’ and this Programme has been in India since 1982. So, survey is generally a one time look at the people who are suffering from cancer, and to find out what kind of cancers are there. Whereas this is a continuous programme.”

96. Supplementing further on this point, the Ministry in the post-evidence note stated that the Current Network of National Cancer Registry Programme of Indian Council of Medical Research consists of (a) 7 population based cancer registries located at Bombay, Bangalore, Madras, Delhi, Bhopal, Barshi and Panchmahal (b) 5 hospital-based cancer registry located at Trivandrum, Bangalore, Bombay, Madras and Barshi. Based on the data generated by these Registries, projections of estimated number of cases in the country are made. The Indian Council of Medical Research proposed to expand the network of National Cancer Registry Programme through new registries in rural areas, subject to availability of funds for the purpose. There had been requests for population based cancer registries in West Bengal, Uttar Pradesh, Haryana and Orissa.

97. When asked about the main types of cancer prevalent in the country, the representative of the Ministry during evidence explained:

“Among different kinds of cancers, the commonest cancers in the country are tobacco related cancers, such as that of oral cavity, throat, lung etc accounting for about one third of all cancer cases. About the half of the cancer cases, among males and about twenty percent of all cases in female are those of tobacco related sites. The most common type of cancer found in female is that of cervix followed by breast cancer. After that the third category is of oral cavity. We publish the kind of report periodically and last report published was in 1992 which contained data up to 1989. Based on this

data, it has been estimated that during the year 1992 we had about 6.44 lakh new cancer cases in India.”

98. Explaining the pattern of financing the survey the Ministry stated that the estimates for the whole country were derived from the data under the National Cancer Registry Programme and funds for this purpose was provided by the Indian Council of Medical Research (ICMR)

VII. Monitoring of NCCP

99. A State Cancer Control Board was to be constituted in each State to monitor smooth implementation of the National Cancer Control Programme in the States. The function of the State Cancer Control Board was to coordinate cancer control activities including health education, early cancer detection, diagnosis, treatment, rehabilitation and research and to work out the details of strengthening the existing infrastructure at different levels in terms of physical facilities, human resources, equipment and framing facilities. According to Government instructions, the State Cancer Control Board was required to meet atleast once in three months.

100. A test check of records of 8 States (Assam, Himachal Pradesh, Haryana, Karnataka, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh) by Audit revealed that no system for effective coordination between the various agencies as well as monitoring the overall programme was evolved by the State governments at any stage. Although in four States (Himachal Pradesh, Karnataka, Orissa and Rajasthan) State Cancer Boards were constituted, they met once in the States of Karnataka and Orissa while no meeting was ever held by the Boards since their constitution in the States of Himachal Pradesh and Rajasthan: No Board or Committee was functional in Uttar Pradesh as on May, 1994.

101. Further, the National Cancer Control Board constituted in June, 1986 held its meeting twice, first in October, 1986 and then in February, 1989. No meeting was held thereafter to follow up the various suggestions and recommendations made in two meetings.

102. Keeping in view the inadequacies pointed out by Audit in monitoring the programme, the Committee desired to know about the monitoring mechanism devised when the programme was introduced in 1976. The Ministry in a note stated:

“Monitoring mechanism for effective implementation of National Cancer Control Programme consists of obtaining utilisation certificates from the grantee institutions, obtaining Annual Reports & Audited Accounts from Regional Cancer Centres to lay on the Table of both the Houses of Parliament. Some institutions are also inspected by the technical officers of Directorate General of Health Services. The programme is reviewed from time to time while examining budget proposal and plan expenditure before the Planning Commission. These programmes are also reviewed in the Central

Council of Health & F.W. where Health Ministers/ Health Secretaries of the State Governments are the members in addition to other experts and connected organisations.”

103. In this connection the Committee further desired to know the functions of the National Cancer Control Board (NCCB) and the way it exercises control over State Cancer Control Board. In a note furnished to the Committee, the Ministry stated that National Cancer Control Board was required to oversee the implementation of the cancer research and treatment programme of the Government of India and also responsible for issue of directions to State Governments/Regional Cancer Centres and others connected with the cancer research and treatment programme. The State Cancer Control Board in the States/UTs were also required to be set up by the State Governments/UTs to guide the cancer control activities in their State/UT. According to the Ministry no specific provision was made for exercising control over State Cancer Control Board except that National Cancer Control Board was responsible for issue of directions to State Governments.

VIII. Evaluation of National Cancer Control Programme

104. According to Audit, the NCCP was neither evaluated by any agency of the State nor Central Government to ascertain the impact of the Programme. The Committee enquired as to why periodic evaluation of the programme was not conducted with a view to assessing its impact. In its absence, the Committee further asked as to how the Ministry ensured fulfillment of the objectives enshrined in the scheme. In their post-evidence note the Ministry explained:

“During Seventh Plan, the scheme was confined to assistance for Cobalt therapy unit and assistance to Regional Cancer Centres. From 1990-91, new schemes like district projects, development of oncology wings and assistance to voluntary organisations engaged in health education and early detection were initiated.

Evaluation of National Cancer Control Programme is a continuing process. As a result of evaluation and experience gained, assistance for cobalt therapy unit has been raised upto Rs. 1.00 crore and for development of oncology wings upto Rs. 1.50 crores. The National Cancer Control Programme is also discussed in Central Council of Health & F.W. which gives an opportunity to assess the impact and suggest measures for improvement of the programme. The Cancer Control Programme is also reviewed by the Department Related Parliamentary Committee and Consultative Committee attached to this Ministry.

However, no comprehensive or independent evaluation has so far been conducted to assess the impact of the Programme.”

IX. Action taken on Audit Para

105. The draft Audit review on National Cancer Control Programme was issued to the Ministry of Health & Family Welfare (Department of Health) in November 1994. In this connection the Committee inquired to know about the follow-up action taken by the Ministry on the various inadequacies/deficiencies pointed out by Audit. Responding to this query, the Ministry stated that as a follow-up the first letter was issued on 28 April, 1995 to 37 institutes, State Governments for furnishing utilisation position. Other letters were issued in July, August & September, 1995 in regard to deficiencies brought out in the Audit Paragraph. In respect of other States not covered by the Audit, the letters were issued in September 1995. During evidence the representative of the Ministry stated that they had issued letters to the States/Institutions after the Audit paragraph came and a questionnaire was received from the Public Accounts Committee.

X. Remedial/Corrective measures

106. While enumerating the steps taken to improve the implementation of NCCP, the Ministry have informed the Committee that the Central assistance for cobalt therapy unit has been increased from Rs. 50 lakhs to Rs. one crore w.e.f. 1 April, 1995. Similarly, the Central assistance under the Scheme for development of oncology wing has been raised from Rs. one crore to Rs. 1.50 crores from the financial year 1994-95. Further in the light of the numerous deficiencies/shortcomings pointed out by Audit the Committee desired to know as to what further measures do the Ministry propose to take for streamlining the administration of the programme in order to deal effectively with the dreaded disease. According to the Ministry, it was resolved in the meeting of the Central Council of Health & Family Welfare held in October, 1995 that at Central level the staff in Directorate General of Health Services and Ministry of Health & Family Welfare may be strengthened for overview of the programme and for better coordinations with the State Governments/UTs.

107. In the light of the difficulties experienced owing to thin spreading of resources, problem of Central monitoring and funding of recurring liability, when asked to comment as to whether it would not be a better strategy to build a few centres of excellence spread over the entire country in the Central sector, to provide facilities of institutional standard for detection, treatment and research in cancer, the Ministry opined that there were already 11 Regional Cancer Centres which provide comprehensive facilities for diagnosis and treatment of cancer and are also engaged in research work. These centres could be developed further under this programme for providing better treatment and undertaking research on larger scale.

108. In this context of the need for streamlining the NCCP, the Committee desired to be apprised of the Policy of the Government on level of funding, enforcing accountability of State Governments/Medical

Institutes and research in treatment of cancer including research in alternative system of medicine. Dealing with the level of funding under cancer control programme the Ministry stated that the Budget provision of Rs. 15 crores earmarked for 1995-96 was proposed to be increased to Rs. 18.60 crores at the R.E. stage. Provision for additional funds would depend upon the overall budgetary savings under various other programmes. This level of funding was stated to be modest as far as cancer control Programme was concerned. According to the Ministry, there was a proposal for approaching world bank for loan for the programme.

109. In regard to enforcing the accountability of State Governments/ medical institutes, it was stated that certain specific conditions are attached to the release, namely, that (i) the amount of the grant was utilised within a period of one year and only for the purpose for which it was sanctioned, (ii) any portion of the grant which was not utilised for expenditure upon the objectives for which it was sanctioned will be refunded in cash to Government of India in the Ministry of Health & F.W. The involvement and the accountability of the State Government Institutions can be ensured by interaction at senior levels at the Ministry of Health & F.W. and periodical follow up at the highest possible level.

110. Spelling out the policy of the Government relating to research in treatment of cancer including research in alternative systems of medicine, the Ministry stated that besides Regional Cancer engaging themselves in research work, the Indian Council of Medical Research was also engaged in research in cancer. Under the Indian system of medicine, the Central Council for Research in Ayurveda and Siddha under the Ayurvedic Clinical Research Programme had conducted investigations of the efficacy of certain ayurvedic drugs with encouraging results.

111. Keeping in view the poor implementation of NCCP due to one or the other reasons, the Committee enquired to know whether a review of the Programme was necessary. Responding to the query from the Committee, the representative of the Ministry, during evidence stated:

"We do feel that a review is necessary. In fact, after receiving the questionnaire we are working on this programme. It has not been implemented for several years. Only in the last two plans, in the current plan and in the last plan something like Rs. 100 crore was spent. We would undertake a detailed review of this programme. One of the problems is that the States are not coming out with their contributions and they think that it is a Central programme and the funds should come from the Centre."

XI. Conclusions and Recommendations

112. Cancer is a disease with a high rate of mortality unless it is detected and treated early. There are about 20 lakhs cancer patients in India at any given point of time with seven lakhs new cases emerging every year. Recognising the need to control this dreaded disease, the Government of

India launched the National Cancer Control Programme (NCCP) during 1975-76 with the introduction of two schemes, namely financial assistance for setting up of cobalt therapy units and providing grants-in-aid to 10 major institutions which were recognised as Regional Cancer Centres (RCC). During the Seventh Five Year Plan, stress was given on prevention of tobacco related and uterine cervix cancer, extension and strengthening of the therapeutic services on a national scale. Subsequently, a new impetus was sought to be given in the Eighth Five Year Plan by laying greater emphasis on prevention and early detection of cancer particularly in rural areas and urban slums. Accordingly, three new schemes were undertaken from 1990-91, viz. (i) Development of oncology wings in medical colleges/hospitals; (ii) District Projects for health education, early detection of cancer including pain relief measures; (iii) Financial assistance to voluntary organisations. At present, 25 States/Union Territories are implementing the Programme under one or more schemes with the financial assistance from the Union Government. The Audit Paragraph based on a review of the implementation of the Programme in selected States/Union Territories during 1985-94 and further examination by the Committee have revealed several irregularities/shortcomings in the implementation of NCCP which are dealt with in the succeeding paragraphs.

113. The NCCP is largely financed by grants-in-aid from the Government of India. During the course of examination the Committee have come across several cases of financial irregularities of varied nature such as, release of funds lesser than budgetary provisions, non-utilisation of Government grants, diversion of funds, non-submission of utilisation certificates, delay in release of grant by the State Governments, deposit of funds in personal ledger account etc. The Committee find that as against the provision of Rs. 142 crores made in the Union Budget for the nine years period from 1985-94, the Ministry of Health & Family Welfare had released Rs. 82 crores only (i.e. 58%) to the various State Governments/grantee institutions. Further, a scrutiny by the Committee of the cases test checked by Audit revealed that out of the amount released, as much as 53% remained unutilised as on 31 March, 1994. The Ministry of Health and Family Welfare attributed non-release of funds to non-receipt of equipment under the Japanese grant, less number of institutions qualifying for the grant, failure of institutions like All India Institute of Medical Sciences to utilise earlier grant etc. According to the Ministry, non-utilisation of Central grants was due to low priority accorded to the Programme by State Governments, delay in their making provision for balance funds and creation of infrastructure etc. The Committee are deeply concerned over the poor utilisation of the meagre funds allotted for NCCP over the years. This also clearly indicates the failure of the Ministry of Health and Family Welfare as the nodal authority in ensuring efficient utilisation of the scarce resources allotted from the Union Budget over the years and thereby defeating the very purpose behind the introduction of the laudable Programme.

114. The Committee also find that apart from gross underutilisation of funds, the Programme also suffered due to misuse of the financial assistance. Their scrutiny of the cases revealed that out of Rs. 4.17 crores released during 1985-94 to nine States, an amount of Rs. 2.28 crores i.e. 55% was diverted and spent outside the objectives qualifying for the grant. Furthermore, in four States, Rs. 64 lakhs sanctioned mainly for the purpose of establishing cobalt therapy units were kept outside the Government account in personal ledger accounts for periods ranging from nine to more than 48 months. The extent of misutilisation of funds revealed in a mere test check would seem to indicate that the malady is fairly widespread. Admitting the irregularities, the Ministry of Health and Family Welfare stated that while the former set of cases violated the stipulated condition of utilisation of funds for the purposes for which it had been sanctioned, the latter had contravened the provision that the institution/organisation should maintain an account with a Bank or Post Office in the name of the institution and not of an individual whether by name or designation. The Committee consider it unfortunate that despite the gravity of the offences, the Ministry are yet to obtain clarifications/explanations from all the concerned States/institutions for the misutilisation of funds.

115. Further, the grantee institutions/State Governments were required to utilise the grant within a period of one year and submit the utilisation certificates/audited statement of accounts thereafter. The Committee are, however, surprised to note that utilisation certificates in respect of the grants amounting to Rs. 68.18 crores out of Rs. 82.24 crores released during 1985-94 to various States/institutions were wanting till September 1994. Despite the action claimed to have been taken by the Ministry after the subject had engaged the attention of this Committee, the requisite certificates/accounts for Rs. 47.27 crores are yet to be received by the Ministry.

116. It is evident from the facts stated above that there was gross failure on the part of the Ministry of Health and Family Welfare in administering properly the funds granted under National Cancer Control Programme. The Committee are amazed to note that even though the Programme was introduced as far back as 1975-76, the Ministry did not evolve any system to obtain the requisite feedback from the recipient States/institutions for ensuring proper utilisation of the funds and thereby enforcing accountability. The Ministry were blissfully unaware of the irregularities until they were pointed out by Audit and the subject matter was taken up for detailed examination by this Committee. Distressingly, even now, the Ministry have not been successful in taking effective action to obtain the explanations from the defaulting agencies identified in test Audit, in ascertaining the precise position elsewhere and also in streamlining the system. This is clearly indicative of the callous and apathetic attitude of the Ministry in exercising financial accountability in the judicious utilisation of funds. The Committee deprecate the laxity shown by the Ministry in this

regard and desire that all the cases of financial irregularities mentioned above should be thoroughly looked into and appropriate action taken for the various acts of omission and commission. The Ministry should atleast now evolve a proper system of monitoring with a view to ensuring that the funds allotted for NCCP are utilised efficiently in consonance with the avowed objectives of the Programme and for obviating recurrence of misuse. The Committee would also like to be apprised of the latest position in respect of the extent of utilisation of the budget allocations for NCCP and also the receipt of the utilisation certificates/audited statement of accounts.

117. Cobalt therapy plays an important role in the treatment of cancer. More than half of the cancer patients require radiation treatment at one stage or the other. Financial assistance for setting up of cobalt therapy units in Government Medical Colleges/hospitals has, therefore been in operation since the inception of National Cancer Control Programme and is the foremost among the five different schemes implemented under the aegis of the Programme. Central assistance was provided for this purpose to Government Medical Colleges/hospitals initially at the rate of Rs. 2.5 lakhs per unit which was gradually increased to Rs. 50 lakhs since 20 January, 1993. The assistance was to be used for the purchase of cobalt therapy units alongwith ancillary equipment and cobalt source and was given subject to the condition that the recipient of Central assistance agreed to provide the requisite infrastructure and trained technical staff. The Committee's examination revealed several shortcomings and irregularities in the implementation of this scheme. The Committee find that in seven States, 11 cobalt therapy units and other related equipments acquired at a cost of Rs. 6.32 crores were commissioned with delays ranging from three months to 8½ years. Seven cobalt therapy units, one gamma camera and one fuoroscopic microscope costing Rs. 5.48 crores acquired out of Central assistance sanctioned during 1985-93 could not be commissioned by five States. Further, grants-in-aid amounting to Rs. 2.70 crores, sanctioned to seven States during the period 1985-94 for setting up of cobalt therapy units remained unutilised. The reasons adduced for delay in commissioning, non-commissioning and non-utilisation of funds were mainly, inadequate Central assistance, failure to provide infrastructural facilities, want of cobalt source etc. The Committee's examination also revealed gross under-utilisation of cobalt therapy units and accessory equipments in three States ranging from 4.8 to 86.5 per cent per annum due to frequent failure of the machines, decline in strength of cobalt source, non-awareness of the facilities available etc. Further, cases involving diversion of funds released for purchase of cobalt therapy units to other purposes were also observed in certain States, which have been dealt with earlier. From the foregoing, the Committee regret to observe that even where funds were ostensibly spent for setting up of cobalt therapy units, adequate efforts were not made by the authorities concerned

to ensure proper utilisation resulting in the equipments procured at great costs lying non-operational for considerable length of time and thereby depriving the facilities to the needy patients.

118. The Ministry of Health and Family Welfare were unable to apprise the Committee of the precise status of the specific cases mentioned above. On the other hand, the Ministry attempted to apportion the blame solely to the State governments/institutions stating that creating infrastructural facilities including special buildings to house the cobalt unit and the required technical staff was their responsibility. According to them, the State governments or the institutions concerned were required to maintain the unit in working condition. They, however, conceded that no effective periodical monitoring system had been evolved to remind and ascertain the status of installation and utilisation of the equipments from the grantee agencies. In fact, the Committee during the course of their examination found that as per the conditions attached to the grant released for purchase of cobalt units, the recipient institutions were required to send half-yearly reports regarding the working of the units to the Government of India. The Ministry admitted that no such reports were either received or efforts made to obtain them from the concerned institutions. The Committee cannot but express their unhappiness over the failure of the Ministry in the whole matter in co-ordinating with the states/institutions for timely installation/commissioning and proper performance of the cobalt therapy units. The Committee do not approve the manner in which the Ministry have sought to absolve themselves by passing on the blame entirely to the State governments/Institutions without discharging their functions seriously as the principal financing and nodal agency for the implementation of the Programme.

119. Recounting the corrective steps taken, the Ministry of Health and Family Welfare stated that all the agencies concerned have since been asked to indicate the details of the purchase of cobalt therapy units made by them in pursuance of the grants sanctioned by Union Government. According to the Ministry, now onwards separate monitoring would be made scheme-wise so that timely commissioning and proper utilisation of cobalt therapy units could be ensured. Further, the Ministry stated that the quantum of financial assistance for purchase of cobalt therapy units has been increased to Rs. one crore with effect from 1 April, 1995 so as to enable the states to tide over the financial constraints which some of them had hitherto experienced. The Ministry also stated that a review has been undertaken at the level of the Minister of State for Health to ascertain the position of installation of cobalt therapy units etc. and consider the question of additional finance in deserving cases. The Committee would await the efficacy of those steps. They would, however, like to emphasise that since the Programme has been launched and financed mostly by the Government of India, the Ministry of Health and Family Welfare should discharge their responsibilities in overseeing the Programme in a more serious manner. The Ministry should,

therefore, ascertain the status of establishment and performance of all the cobalt therapy units in the country for which financial assistance had been rendered by the Government of India and take immediate steps to remove the bottleneck for their optimal utilisation.

120. The Committee view with concern that as against an estimated target of 900 cobalt therapy units required for the country, only 214 Radiotherapy equipments have been installed so far. The inadequacy of funds provided under the scheme coupled with escalation of the cost of the unit was stated to be the major constraint on the way of setting up of these units. The Committee have informed that the present cost of setting up of an ideal cobalt therapy unit is approximately around Rs. two crores. The Ministry have further stated that without adequate funds, the huge gap between existing facilities and requirement can not be bridged by the Government. In an effort to seek financial assistance to tide over the crunch, the Ministry are, therefore, stated to have proposed to obtain loan from the World Bank. Keeping in view the fact that the constraints in this regard were already known and that the scheme has been in operation for the past 20 years, the Committee regret to point out that no serious efforts had been made by the Government to assess the gravity of the problem and chalk out an effective strategy to overcome the same. Considering the crucial importance of cobalt therapy in the treatment of cancer, the Committee hope that atleast now the Government will address themselves to the situation and take all necessary steps with a view to setting up of the maximum possible units in the country, which can provide excellent and uninterrupted service.

121. Another scheme in operation as part of NCCP since its inception has been the financial assistance rendered to the Regional Cancer Centres. Under the scheme, Government of India have so far recognised 11 Regional Cancer Centres spread all over the country to work as nodal treatment centres and financial assistance had been provided to these centres for purchase of equipments. During the period 1985—94, grants-in-aid to the tune of Rs. 42.64 crores were released by Government of India as financial assistance. The Committee during the course of their examination, however, found several disquieting trends arising out of utilisation of the grants sanctioned by the Union Government in this regard. They find that in Regional Cancer Centres of Assam, Madhya Pradesh and West Bengal, equipments purchased were not put to use for 16 to 62 months. Besides, there was under-utilisation of installed capacity of the equipments and avoidable extra expenditure in purchase of equipment. The treatment planning system costing Rs. 12 lakhs which was installed at Dr. Baruah Cancer Institute, Guwahati in 1989 was put to service only in May, 1995 and is yet to be made fully operational. The financial assistance to Chittaranjan National Cancer Institute, Calcutta is shared by the Central and West Bengal Governments on proportionate basis. However, during 1989—94, out of its share of Rs. 2.86 crores, the State Government contributed a sum of Rs. 90.80 lakhs only indicating a shortfall of Rs. 1.95

crores. In another case, Cancer Hospital and Research Institute, Gwalior incurred avoidable extra expenditure amounting to Rs. 25.68 lakhs on account of purchase of Treatment Planning System unit and Ultra Sound Scanner alongwith accessories and optional attachments due to laxity on the part of the authorities concerned in carrying out the requisite formalities. The facts stated above establish that the funds provided to the Regional Cancer Centres could not be utilised prudently and judiciously leading to non-utilisation/under-utilisation of equipments and avoidable extra expenditure incurred in purchase of equipments. Distressingly, no plausible explanation was forthcoming from the Ministry. What is further disquieting to note is that though the scheme has been prevalent since the inception of the Programme, no effective monitoring system was evolved by the Government to review the functioning of these centres. The Committee, therefore, desire that a review should be undertaken with a view to streamlining the working of the Regional Cancer Centres and ensuring proper utilisation of allotted grants so that the objectives envisaged in the scheme are fully achieved. The specific cases of delay/extra expenditure etc. mentioned above should be looked into further with a view to fixing responsibility and obviating recurrence.

122. Keeping in view the enlarged objectives of NCCP, a scheme envisaging financial assistance for development of Oncology Wing in selected medical College/hospitals was introduced by Government of India in 1990-91. The scheme proposed development of well equipped oncology wings in 15 Medical Colleges/hospitals in the country during the Eighth Plan with emphasis on prevention and early detection of cancer in the region where adequate facilities for its treatment were not available. Under the Scheme, the three modes of therapies viz., surgical treatment, radio therapy and chemotherapy were to be made available in the oncology wings proposed to be established. Financial assistance upto Rs. one crore was proposed to be provided to each selected medical college/hospital for purchase of equipments with the implied condition that the concerned State Governments would provide necessary infrastructure and staff. The test Audit had revealed that out of Rs. 8.70 crores released by Government of India to 11 medical colleges/hospitals during 1991-94, eight colleges/hospitals had not even utilised the assistance involving Rs. 5.70 crores at all and in the three remaining cases, some of the equipments purchased could not be commissioned. The Committee during the course of their scrutiny found that as of now, 27 institutions have been provided with central assistance of Rs. 25.24 crores. However, to the Committee's utter dismay, it was found that not even a single institution had so far set up the oncology Wing. Surprisingly, though one of the conditions attached to the release of the grant was that the institution should utilise the amount within a period of one year, it was neither complied with by the grantee institutions nor enforced by the Ministry. More surprisingly, though the implementation of the Programme envisaged inspection to be undertaken by the Ministry, no such formal inspection had been carried out to check the progress made by

the institution. Clearly, the Ministry have been remiss in discharging their responsibilities in the matter. The Committee, however, are astonished that instead of accepting their object failure in watching the progress made in the establishment of Oncology Wings by the grantee institutions, the Ministry chose to pass on the buck totally to the State governments. The Committee cannot but deplore this sorry state of affairs. Keeping in view the present status of setting up of Oncology Wings, they are least hopeful of achieving the avowed objectives behind introduction of the scheme. The Ministry of Health and Family Welfare sought to assure the Committee that they were proposing to take up the matter at higher level with the defaulting States concerned to impress upon them the need to utilise the grants in the current financial year and that with the enhancement of Central assistance from Rs. one crore to Rs. 1.50 crores for developing of Oncology Wing, the situation would improve. The Committee cannot remain satisfied with this. Considering the extent of financial assistance granted for this Scheme over the years, the Committee desire that the Ministry of Health and Family Welfare should chalk out a time bound programme for establishment of the wings in the grantee institutions concerned with a view to setting up of such wings expeditiously. The Committee would like to be apprised of the precise action taken in this regard.

123. Another component of NCCP is the Scheme of District Projects which was introduced from 1990-91 for prevention and early detection of cancer cases particularly in rural areas. The basic objective of the scheme was to create awareness among people about early symptoms of cancer, importance of observing personal hygiene and healthy life style and ill effects of tobacco consumption. The Scheme inter-alia envisaged: (i) dissemination of information in rural areas in the form of literature, (ii) establishment of 3-4 cancer detection centres at sub-divisional level, (iii) training of medical and para-medical personnel, (iv) provision of palliative treatment of terminal patients, and (v) evaluation and monitoring. The District Projects are linked up with RCCs/Government Medical Colleges having reasonably good infrastructure for treatment of cancer. The Committee have been informed that under the scheme Rs. 4.60 crores has already been released to 28 districts so far. The Committee are concerned to observe that besides diversion of funds amounting to Rs. 27.69 lakhs in three states, seven states could utilise only 34 per cent of available funds during 1990-94. Further, test check of the implementation of the sub-components of the Scheme in certain states seemed to indicate a dismal picture. For example, though a sum of Rs. three lakhs was being provided to each district for creating awareness among people in rural areas through dissemination of information in the form of literature, no such course was undertaken in Rajasthan, West Bengal, Uttar Pradesh, Himachal Pradesh and Haryana. Further, although the scheme envisaged early establishment of at least 3-4 cancer detection centres approximately at sub-divisional level

in the states for which an amount of Rs. five lakhs was provided, no such detection centres could be established in Rajasthan, Tamil Nadu and Madhya Pradesh and the Ministry failed to intimate the position in regard to other states where the scheme was being implemented. Moreover, though funds amounting to Rs. two lakhs was being provided under the scheme for imparting training to medical/para-medical persons/staff for detection of oral cancer in the early stages and for propagation of health education, no such training programme was arranged in Assam, Haryana, Himachal Pradesh, Madhya Pradesh, Rajasthan, Orissa and Delhi. Furthermore, while due importance was to be given to palliative and pain relief measures for terminal cases, facilities created in this direction were found to be quite inadequate. From the foregoing, the Committee cannot but conclude that despite the laudable objective behind its introduction, the scheme for district Projects is yet to take off. The inability of the Ministry even to furnish requisite information to the Committee speaks volumes of the total absence of monitoring in regard to implementation of this Scheme. The Committee are constrained to point out this as yet another instance of the casual and apathetic attitude of the Ministry with regard to NCCP which is unfortunate to say the least. They desire that in the light of the shortcomings observed, the implementation of the district Project Scheme be examined afresh, monitoring strengthened and periodic evaluation conducted with a view to taking corrective measures.

124. As part of NCCP, another Scheme for providing financial assistance upto Rs. five lakhs during a year to voluntary organisation was introduced from 1990-91 for their involvement in health education activities particularly in rural areas and urban slums of the country and setting up of early cancer detection facilities and holding cancer detection camps. The voluntary organisations are stated to have been selected mostly through recommendations from the states. The grant is provided subject inter-alia to the condition that the grantee Institution would submit utilisation certificate. However, the Committee are astonished to note that out of the 28 voluntary organisations which has been sanctioned grants involving a total of Rs. 1.24 crores since inception, only seven have so far furnished utilisation certificates. As observed in the case of other schemes, there was no system in the Ministry to keep a watch over the utilisation of financial assistance rendered to these organisations as well. While expressing their dissatisfactions over the failure of the Ministry in keeping a watch over the utilisation of grants by those institutions, the Committee desire that this unfortunate situation should be remedied forthwith. The Committee would like to be apprised of the status of utilisation of funds by all the voluntary organisations concerned.

125. In this context, the Committee wish to point out that several non-governmental organisations are presently working for the control of cancer without financial assistance from Government. The Committee are of the view that those organisation should also be appropriately involved in the

venture with a view to implementing NCCP more effectively rather than solely depending upon the recommendations of the State governments in this regard.

126. The Committee find that the Indian Cancer Society, Bombay, was sanctioned grant amounting to Rs. 1.50 crores from 1986-87 to 1989-90 for a Project of "Educational aspect of Cancer Research and Treatment Programme". The audit Paragraph reported certain irregularities in the utilisation of grant like incurrence of expenditure without adherence to the approved limits, unauthorised diversion of funds to third party, acquisition of lesser number of mobile cancer units etc. Commenting on these reported irregularities, the Ministry of Health and Family Welfare stated that the facts were got examined and it was found that the grant had been utilised by the Society for cancer control though the expenditure had not been incurred component-wise, as approved. The Committee cannot remain satisfied with this reply. They desire that the matter should be re-examined and appropriate action taken with a view to ensuring that the grant sanctioned in such cases are strictly utilised for purposes for which they had been sanctioned and that cases of mis-utilisation are effectively checked.

127. The Japanese Grant-in-aid programme envisaged utilisation of the grant by the Government of India exclusively for the purchase of the products meant for cancer control/treatment from Japan. Under this programme, the amount was to be utilised for procurement of equipment such as CT Scanners etc. The Committee note that 15 whole body CT Scanners costing Rs. 17.04 crores were received under the Japanese Grant-in-aid Programme and installed in 15 Institutions with a view to providing diagnostic tool for early cancer detection and for assessment of extent of tumour and for proper treatment planning. The Committee's examination revealed that there was delay in installation of CT Scanners ranging from 2 to 10 months in five states and one Union Territory. Further under-utilisation of equipments ranged from 15.27 per cent to 97.80 per cent in three states. According to the Ministry, reasons for delay and under-utilisation of CT Scanners alongwith their present performance would now be ascertained from the grantee institutions with a view to examining the steps required to be taken for their optimal utilisation. The Committee once again regret to point out this as yet another area where lack of initiative and effective monitoring on the part of the Ministry contributed to poor implementation of the National Cancer Control Programme. They would like to be apprised of the present performance status of the CT Scanners installed in various institutions alongwith remedial measures taken for their optimal utilisation.

128. The Committee find that although one of the aims of NCCP was to study the pattern of prevalence and incidence of Cancer in the country so as to devise appropriate early detection programme, no funds were provided either by the State Governments or by the Government of India. During evidence, the representative of the Ministry of Health and Family Welfare

maintained that it was not considered necessary since there was a system under the National Cancer Registry Project initiated by the Indian Council of Medical Research (ICMR) for undertaking a continuous survey of the pattern of prevalence of the disease. The Committee's examination, however, found that the survey presently conducted by ICMR in this regard was confined only to a few places. The Committee are of the view that the ICMR should expand its network of National Cancer Registry Project particularly in rural areas with a view to ascertaining the precise pattern of prevalence of the disease in the country so that appropriate detection/Control Programme could be devised.

129. If monitoring of NCCP was virtually absent at the Central level in the Ministry, the position at State levels was also not entirely different. The Committee note that a State Cancer Control Board was to be constituted in each State to monitor smooth implementation of the National Cancer Control Programme in the States. The function of the State Cancer Control Board was to coordinate cancer control activities including health education, early cancer detection, diagnosis, treatment, rehabilitation and research and to work out the details of strengthening the existing infrastructure at different levels in terms of physical facilities, human resources, equipment and framing facilities. According to Government instructions, the State Cancer Control Board was required to meet atleast once in three months. However, the Committee found that no system for effective coordination between the various agencies as well as monitoring the overall programme was evolved by the State Governments at any stage. Further, the National Cancer Control Board constituted in June, 1986 was required to oversee the implementation of the Cancer Research and Treatment Programme and also responsible for issuing directions to State Governments/RCCs and others connected with this programme. However, the Board met only twice, first in October 1986 and then in February 1989 and no meeting was reportedly held thereafter to follow up the various suggestions and recommendations made in the two meetings. Evidently, there was no system of effective monitoring either at the State level or at the Government of India level for effective coordination of various agencies. The Committee are therefore inclined to conclude that the National Cancer Control Programme suffered as much due to inadequacies in the implementation of the Programme if not more than the paucity of funds. The Committee cannot but express their serious concern over this unfortunate state of affairs. The Committee, therefore, recommend that the Ministry should initiate corrective steps to strengthen the monitoring mechanism for better coordination with State Governments/UTs and ensuring effective implementation of the Programme.

130. The Committee regret to note that the Ministry's response to the Audit objections was also uninspiring. Though the draft Audit Paragraph on the subject pointing out various inadequacies/difficiencies was made available to the Ministry of Health & Family Welfare in November 1994, no

action was taken either to reply to the draft paragraph or take corrective/remedial action. A communication to the concerned State Governments/institutes was initially issued only on 28 April, 1995 for ascertaining the position. Unfortunately, the Ministry did not bother to follow them up till the matter was taken up by this Committee in July 1995. Also the Ministry chose to issue letters seeking information from other States not covered by the Audit, only in September, 1995 after it was known that the matter would come up before the Committee for oral evidence in October 1995. While expressing their displeasure over the attitude of the Ministry in the matter, the Committee desire that suitable steps should be taken to ensure that the Audit objections are replied and necessary follow-up action taken promptly in future in such cases. The Committee would also like to be furnished with a detailed report indicating the precise action taken on the specific cases/objections raised by Audit in the instant paragraph.

131. It is further distressing to note that the National Cancer Control Programme was neither evaluated by any agency of the State nor Central Government since its inception to ascertain its impact. In the absence of any periodic evaluation, the Committee fail to appreciate as to how the Government ensured fulfillment of the objectives enshrined in the various schemes. The Committee, therefore, desire that a periodic evaluation should be prescribed henceforth so as to review and initiating appropriate corrective measures.

132. From the facts stated in the foregoing paragraphs, the Committee regret to observe that though the National Cancer Control Programme was introduced way back in 1975-76 and various new schemes were floated from time to time, achievement of the laudable objectives behind the Programme still remains a distant goal. Unfortunately, the implementation of the Programme had suffered from various inadequacies and shortcomings. While Government of India released funds to the State Governments and grantee institutions which was much below the budgetary provisions, the State Governments failed to utilise funds on the plea that the grants were not commensurate with the cost of equipment and also did not succeed in creating the infrastructure and provide other requisite facilities in the Medical Colleges and Regional Cancer Centres resulting in the poor implementation of the Programme. Despite accelerated funding during the Eighth Plan, newly introduced schemes like District Projects, Development of Oncology Wings in selected Medical Colleges/hospitals, involvement of Voluntary Organisations in the Programme for health education and early detection of cancer did not take off as projected. The Committee consider it unfortunate that even where the grants sanctioned were actually spent, several cases of financial and other irregularities have been widely reported. In their opinion the single most important factor which contributed to the unsatisfactory implementation of the Programme was the absence of appropriate monitoring and failure on the part of Ministry of Health and Family Welfare as the nodal agency to ensure accountability in respect of

the grants sanctioned. Evidently, the Ministry of Health and Family Welfare were not administratively geared up to handle the Programme. Admitting the inadequacies and failures, the representative of the Ministry stated during evidence that a review of the programme was necessary. While expressing their deep concern over the manner in which the Programme has been implemented so far, the Committee recommend that the Government should, in the light of the facts contained in this Report constitute an independent High Level Committee headed by an eminent medical expert to undertake a comprehensive review of the Programme in all its ramifications including the level of funding with a view to streamlining the same and taking further necessary corrective/remedial measures in order to deal with the dreaded disease of cancer in the more effective manner. The Committee would like to be informed about the outcome of the review and the follow-up action taken thereon within a period of six months.

133. In this context, the Committee would suggest that it would be a better strategy to establish a few centres of excellence spread over the entire country in the central sector which can inspire confidence among the people to provide facilities of international standard for detection, treatment and research in cancer. This is desirable particularly in view of the difficulties experienced owing to thin spreading of resources, problems of control, monitoring and financing recurring liability etc. which have been discussed at length in the preceding paragraphs.

NEW DELHI;
 19 December, 1995
 28 Agraayana, 1917 (Saka)

RAM NAIK,
 Chairman,
 Public Accounts Committee.

APPENDIX I

Paragraph 9.1 of the Report of the C & AG of India for the year ended 31 March, 1994 (No. 1 of 1995)

9.1 National Cancer Control Programme

9.1.1 Introduction

Cancer is a disease with a high rate of mortality unless it is detected and treated early. In India it is estimated that there are about 2 million cancer patients at any given point of time with 0.5 million new cases emerging every year.

The National Cancer Control Programme (NCCP) was started by Government of India in a rudimentary form during 1975-76 when Central assistance was given for purchase of cobalt therapy units to medical institutions. Assistance was also given for improvement of treatment facilities to 10 major institutions which were recognised as Regional Cancer Centres (RCCs).

During the Seventh Five Year Plan, the Cancer Research and Treatment Programme was launched with the objectives of (i) Primary prevention of tobacco related cancer, (ii) Secondary prevention of cancer of uterine cervix, and (iii) Extension and strengthening of the therapeutic services including pain relief on a national scale through RCCs and medical and dental Colleges.

During the Eighth Five Year Plan greater emphasis has been laid on prevention and early detection of cancer particularly in rural areas. With this end in view the following new schemes have been undertaken from 1990-91:

- (i) District Projects for health education, early detection of cancer including pain relief measures.
- (ii) Financial assistance to voluntary organisations.
- (iii) Development of oncology wings of medical colleges/hospitals.
- (iv) Financial assistance for setting up of cobalt therapy units

9.1.2 Scope of Audit

The implementation of the programme during 1985-94 was test checked by Audit with reference to records of the nodal Ministry—Health and Family Welfare and by the Accountants General in a few districts of 14 States and 1 Union Territory.

9.1.3 Highlights

Out of Rs. 29.52 crores sanctioned as grant to 13 States during 1985—94, six States (Punjab, Karnataka, West Bengal, Uttar Pradesh, Tamil Nadu and Delhi) were not able to utilise even 50 per cent of the funds released. This was mainly due to State Governments not fully releasing grants in turn, infrastructure not being developed and additional funds for the equipment, not being provided as well as execution not conforming to the Scheme etc.

(Paragraph 9.1.4.1)

Out of Rs. 4.17 crores grants-in-aid sanctioned to 9 States, Rs 2.28 crores (55 per cent) was diverted and spent outside the objectives qualifying for the grant.

(Paragraph 9.1.4.2)

Against Rs. 82.24 crores released during 1985—94, utilisation certificates alongwith audited statement of accounts for Rs. 68.18 crores were wanting. There was no system in place in the Ministry to expedite and link further release of grants with the furnishing of utilisation certificates and audited statement of accounts.

(Paragraph 9.1.4.3)

In 4 States, Rs. 64 lakhs sanctioned mainly for establishing cobalt therapy units were kept outside the Government account in personal ledger accounts even upto 4 years.

(Paragraph 9.1.4.5)

Against 900 cobalt therapy units required, only 180 cobalt therapy units have been installed which are quite inadequate and not evenly distributed in the country.

(Paragraph 9.1.5.1)

In 7 States, 11 cobalt therapy units, and other related equipments, acquired at a cost of Rs. 6.32 crores were commissioned with delays ranging from 3 months to 8½ years mainly due to non-availability of funds for construction of special buildings, incomplete infrastructure and staff not being posted.

[Paragraph 9.1.5.1(a)]

Seven cobalt therapy units, one gama camera and one fluoroscopic microscope costing Rs. 5.48 crores acquired out of central assistance sanctioned during 1985—93 could not be commissioned by Five States (Assam, Karnataka, Orissa, Rajasthan and Madhya Pradesh).

[Paragraph 9.1.5.1(c)]

Grants-in-aid amounting to Rs. 2.70 crores to Uttar Pradesh, West Bengal, Rajasthan and Karnataka and 3 other States for establishing of

cobalt therapy units remained unutilised mainly due to inadequate Central assistance and lack of infrastructure facilities to be provided by the State Governments.

(Paragraph 9.1.5.2)

Of the 11 hospitals and medical colleges test checked in audit none had set up the oncology wings, although 3 had purchased cobalt therapy units.

(Paragraph 9.1.6)

Against Rs. 2.10 crores released during 1990—93 under the scheme for district projects, expenditure of Rs. 71.33 lakhs (34 per cent) was reported to have been incurred.

[Paragraph 9.1.7.1(b)]

No training for medical/paramedical personnel could be arranged in 7 States mainly due to non-provision of funds and staff.

(Paragraph 9.1.7.4)

In the RCCs of Assam, Madhya Pradesh and West Bengal equipments purchased with Central assistance were not put to use for 16 to 62 months due to delay in installation/completion of buildings etc.

(Paragraph 9.1.8)

No system for effective coordination between various agencies involved as well as monitoring and evaluating the overall programme was evolved in 8 States.

(Paragraph 9.1.13)

9.1.4 Financial Arrangements

Ministry of Health and Family Welfare released grants-in-aid directly to 9 out of 10 RCC's recognised by it out of which one Centre was partially funded by the Government of India as well as the State government of West Bengal. Financial assistance to the selected institutions was channelised through the concerned State governments while the amount was released to the concerned voluntary organisations directly on the recommendation of the State governments.

During Seventh Plan, against the budget provisions of Rs. 51.28 crores, Rs. 23.84 crores had been released to various State governments/institutions. Similarly against the budget provision of Rs. 90.92 crores, a sum of Rs. 58.40 crores was released during 1990—94. In addition 15

whole body CT scanners involving Rs. 17.04 crores were received under the Japanese great-in-aid programme. A test check of the records revealed as under:—

9.1.4.1 Non-utilisation of Government Grants

Out of Rs 29.52 crores sanctioned as grants under the programme to 134 States during 1985—94, Rs. 15.53 crores (53 per cent) remained unutilised as of 31 March 1994. Out of the total grant sanctioned for the States, the Institute Rotary Cancer Hospital (IRCH) in AIIMS, New Delhi accounted for Rs. 7.69 crores. IRCH could utilise only Rs. 3.19 crores. It was seen that non-utilisation of grant ranged from 15 to 100 per cent. Six States (Karnataka, West Bengal, Uttar Pradesh, Punjab, Tamil Nadu and Delhi) were not able to utilise even half the amount. The reasons were mainly failure of by the State governments to further release the grants, non-development of infrastructure for the equipment, inadequacy of the funds provided and execution not in conformity with the Scheme.

9.1.4.2 Diversion of funds

The grantee institution was not authorised to divert the grant-in-aid or entrust the execution of the Scheme to another institution or organisation. In case it was not in a position to execute or complete the Scheme, the grant was required to be refunded to the Government. It was noticed that in 9 States, out of Rs. 4.17 crores released during 1985—94, an amount of Rs. 2.28 crores (55 per cent) was diverted and spent outside the objective qualifying for the grant: purchase of machinery/equipment relating to cancer treatment activities in 5 States (Assam, Rajasthan, Punjab, West Bengal and Madhya Pradesh), construction of building in Kerala, salary of officers and staff, contingency, furniture and vehicles in 3 States (Orissa, Karnataka and Maharashtra). No concrete reasons were put forth by any of the States for such irregular diversion except in Orissa in which the institution attributed it to non-receipt of the grant from the State government. The Ministry had also not evolved any mechanism to check such irregular diversion of funds by the grantee institutions.

9.1.4.3 Non-submission of utilisation certificates

Rs. 82.24 crores were released during 1985—94 against which utilisation certificates and audited statements of accounts for Rs. 68.18 crores were wanting (September 1994).

It was noticed that there was no system in place in the Ministry to expedite and link further release of grants with the furnishing of the required utilisation certificates and the audited statements of accounts. In the absence of such a system, it was not understood how the Ministry satisfied itself regarding the fulfilment of the terms and conditions governing the sanction of the grant. Instead the Ministry was continuously sanctioning and releasing grants without insisting on the required

utilisation certificates and audited statements of accounts. Ministry's comments in this regard were awaited.

9.1.4.4 Delay in release of grant by the State governments

A test check of records of States revealed that there was inordinate delay on the part of State governments in releasing of the Central assistance to the concerned grantee institutions which ultimately delayed the implementation of the Scheme. It was noticed that in 4 States (Assam, Kerala, Rajasthan and Tamil Nadu), there was delay ranging from 6 to 25 months in release of Central assistance to the grantee institutions.

9.1.4.5 Deposit of funds in personal ledger account

It was noticed that in four States (Maharashtra, Orissa, Rajasthan and West Bengal) Rs. 64 lakhs sanctioned mainly for the purpose of establishing cobalt therapy units in their respective cancer institutes/hospitals were kept in personal ledger accounts for periods ranging from 9 to more than 48 months. The reasons for non-utilisation of funds cited were: Maharashtra—want of State government orders, Orissa—amount could not be utilised as funds were inadequate. No reasons were put forth by the remaining State.

9.1.5 Setting up of cobalt therapy units

9.1.5.1 Cobalt therapy plays an important role in the treatment of cancer. More than half the cancer patients require radiation treatment at one stage or the other. One cobalt therapy unit is needed for one million population. On the basis of this estimate the country for its 900 million population required 900 million cobalt therapy units against which 180 cobalt units have been installed in the country so far. The available cobalt units are quite inadequate and even these few are unevenly distributed in the country.

With a view to extend radio therapy treatment to cancer patients under the National Control Programme, Central assistance was provided for establishment of cobalt therapy units in various Government medical colleges/hospitals and Cancer Institutes.

Central assistance was provided to Government medical colleges/hospitals from the inception of programme in 1975-76 at the rate of Rs. 2.5 lakhs which was gradually increased. The rate of financial assistance for cobalt therapy units is now Rs. 50 lakhs per unit, since 20 January 1993. The assistance was to be used for the purchase of cobalt therapy units along with ancilliary equipment and cobalt source, the last to be supplied by Board of Radiation and Isotope Technology (BRIT) on the recommendations of Bhabha Atomic Research Centre (BARC). The Central assistance was given subject to the condition that the recipient of Central assistance agrees to provide the requisite infrastructure and trained technical staff.

(a) During the course of test check of records it was noticed that in seven States (Assam, Kerala, Karnataka, Orissa, Rajasthan, Madhya Pradesh and Delhi) 11 cobalt therapy units and other related equipments acquired at a cost of Rs 6.32 crores out of Central assistance sanctioned during 1982—90 were commissioned with a delay ranging from 3 months to 8½ years. The reasons for the delay were mainly: Assam—non availability of funds for construction of building; Kerala — delay in taking up of construction work and further delay in completion of building; Orissa—non-completion of infrastructure and non-posting of qualified staff especially by BARC; Rajasthan—delay in placement of order for supply of cobalt source.

(b) Test check also revealed that Brachy therapy unit, purchased by RCC Cuttack worked only for 10 months and treated 136 patients upto 15 April 1994 (115 patients upto 16-10-1992, and 21 patients partially treated between 17-10-1992 to 15-4-1994). Similarly a special x-ray machine valuing Rs. 4.33 lakhs worked only for 18 months with six repairs during May 1988 to March 1994 while the image intensifier and the TV monitor valuing Rs. 5.78 lakhs could not be utilised since its purchase in July 1991 as the interlinked special x-ray machine was laying idle. Also the treatment planning system purchased at a cost of Rs. 7.86 lakhs in June 1989 remained inoperative from June 1992 due to its unsatisfactory treatment. Remedial action taken by the Institute to get the equipment repaired was not intimated to Audit.

(c) Test check further revealed that seven cobalt therapy units, one gamma camera and one fluoroscopic microscope acquired out of Central assistance sanctioned during the period 1985—86 to 1992—93 by five States (Assam, Karnataka, Orissa, Rajasthan and Madhya Pradesh) at a cost of Rs. 5.48 crores could not be commissioned mainly due to non-completion of buildings in Assam, Madhya Pradesh and Orissa and for want of cobalt source in Karnataka and Rajasthan. Action taken by the States for the early installation/commissioning of the equipment was awaited.

(d) Test check also showed that a linear accelerator valuing Rs. 1.75 crores procured under the Japanese grant-in-aid programme during 1988—89 by Sanjay Gandhi Post-Graduate Institute of Medical Sciences, Lucknow was partly functional for want of spare parts while a radiation field analyser procured during 1989 (cost. Rs. 16 lakhs) out of Government grants installed in November 1991 could not be calibrated due to faults in its software. After repairs, the equipment functioned but two years later it became non-functional in October 1993. Although the new software was loaded in June 1994, but the problem remained unsolved as of September 1994. Further, a thermoluminescence dosimeter, irradiator and programmable oven procured by the same Institute in October 1988, failed when installed (March 1991) for calibrating the unit. Thus even after six years of its procurement, the equipment could not be put to use. Similarly a therapy unit called selectron LDR purchased by JK Cancer Institute, Kanpur in July 1988 at a cost of Rs. 23.90 lakhs was put to use in November 1991

without necessary clearance from BARC 91 female cancer patients were treated between November 1991 to April 1993 although an essential equipment called clinical dosimeter/rectal dosimeter required to start the treatment was not available. The machine worked for one and half years and was later shifted and installed at a cost of Rs. 0.34 lakh in a newly constructed room in June 1993 but it could not be put to use despite clearance for its commissioning from BARC in October, 1993 due to the absence of clinical dosimeter/rectal dosimeter and new x-ray machine. Besides above, service charges of Rs. 1.36 lakhs paid to the firm for the maintenance of machine during the period from February 1991 to January 1994 were not commensurate to the benefits derived from the machine. Besides six treatment tube channels which were accessories to the selectron LDR valuing Rs. 2.47 lakhs purchased in July 1988 were not commissioned.

9.1.5.2 Non-utilisation of funds by the States

Grants-in-aid amounting to Rs. 2.70 crores sanctioned to seven States (Uttar Pradesh, West Bengal, Rajasthan, Maharashtra, Orissa, Punjab and Karnataka) during the period 1985—1994 for setting up of cobalt therapy units in medical colleges/hospitals remained unutilised mainly due to insufficiency of Central Assistance and lack of infrastructural facilities to be provided by the State government.

It was noticed that the funds were deposited in the respective accounts of the three Institutes in Uttar Pradesh as the cost of the therapy unit had gone up and the difference in the cost was not provided by the State government. In West Bengal, though one Institute had the required infrastructural facilities and the manpower, the entire amount was kept in a current account with a bank, outside the Government account and could not be utilised for want of additional funds. In Maharashtra, the amount was kept in a personal ledger account and not utilised for want of State government orders. However, the State Government had since instructed the amount to be deposited in Government account.

Similarly, in Orissa, the Central assistance of Rs. 20 lakhs was lying in civil deposit account since April 1992 for want of additional grant from the State government. It was also noticed that one Institute in Punjab retained Central assistance amounting to Rs. 20 lakhs sanctioned in March 1991 in a savings bank account till April 1994 when it was finally refunded to the Government. The grant was sanctioned without ascertaining that this Institute had already been equipped with one cobalt therapy unit in July 1984. It was further noticed that Rs. 50 lakhs sanctioned by the Government of India in March 1994 had not been released by the State government to the Institute till June 1994.

9.1.5.3 Diversion of funds

The assistance under the National Cancer Control Programme was to be utilised for setting up cobalt therapy units within one year from the date of the grant-in-aid sanctioned for the purpose. Any portion of the grant not utilised on the objects for which it was sanctioned was to be refunded to the Government.

During the test check of records, it was noticed that Mohan Dai Oswal Cancer Treatment and Research Foundation, Ludhiana in Punjab spent Rs. 9.02 lakhs on purchase of 200 RMM source and Rs. 2.98 lakhs on other cancer treatment related activities out of Rs. 12 lakhs sanctioned in March 1988 for setting up of a cobalt therapy unit.

9.1.5.4 Performance of cobalt therapy units

(i) Five cobalt therapy units were procured in three States (Himachal Pradesh, Uttar Pradesh and Assam). It was noticed that at IGMC, Shimla, percentage of patients treated ranged from 29 to 86.5 during the period 1986-87 to 1993-94. The under-utilisation was attributed to fewer patients reporting for treatment from nearby areas due to non-awareness of the facilities available at the Institute.

(ii) At Sanjay Gandhi Post-Graduate Institute of Medical Science, Lucknow, the percentage of patients treated ranged from 19.5 to 51.66 during the years 1990—94. Besides one linear accelerator with capacity of 2000 cases per annum installed in the Institute in October 1992 at a cost of Rs. 1.75 crores from Japanese grants could provide treatment only to 193 patients during 1992-93 and 1993-94 which was only 4.80 per cent of its capacity. Reason put forth by the Institute for under-utilisation of the equipments was that it was a tertiary care super-speciality referral institute and treated only referral patients. This is not tenable as under-utilisation of equipments was due to procurement of both the cobalt unit and the linear accelerator instead of going in for either one unit of cobalt 60 or one unit of linear accelerator as per the recommendation of the Association of Radiation Oncologists of India. At SN Medical College, Agra also, the cobalt therapy unit could not be fully utilised. The treatment chart showed a declining trend during the period 1985—94 (except 1989-90) from 56.5 to 43.16 per cent. Reasons were attributed to frequent failure of the machine due to its being an old unit.

(iii) At Dr. Baruah Cancer Institute, Assam the percentage of treatment of patients fell during 1990-92. This was attributed to the decline in the strength of cobalt source which was replaced only in August 1993.

9.1.6 Development of Oncology Wing in Medical Colleges/Hospitals

The Programme proposed development of well-equipped oncology wings in 15 medical colleges/hospitals in the country during the Eighth Plan with emphasis on prevention and early detection of cancer in the regions where adequate facilities for its treatment were not available. Under the Scheme the three modes of therapies viz. surgical treatment, radio therapy and chemotherapy were to be made available in the oncology wings proposed to be established.

Upto Rs. 1 crore was proposed to be provided to each selected medical college/hospital for purchase of equipments with the implied condition that the concerned State Government would provide necessary infrastructure and staff.

(i) A test check of the records of six States (Assam, Karnataka, Maharashtra, Rajasthan, West Bengal and Uttar Pradesh) revealed that an amount of Rs. 8.70 crores was released by the Government of India during 1991-94 for development of the oncology wings in 11 government medical colleges/hospitals.

(ii) Out of the grant of Rs. 8.70 crores released for development of oncology wing in 11 medical colleges/hospitals, an amount of Rs. 5.70 crores released to eight medical colleges/hospitals could not be utilised as of May 1994 as no action was initiated to procure the essential equipments. An amount of Rs. 1.40 crores granted at the rate of Rs. 70 lakhs each to BRD Medical College, Gorakhpur and Karnataka Medical College, Hubli in March 1992 and March 1993 respectively was not released by the State Governments to these colleges as of May 1994.

(iii) The remaining 3 colleges/hospitals viz. Silchar Medical College (Assam), Jawaharlal Medical College, Ajmer (Rajasthan) and North Bengal Medical College (West Bengal) were given grants-in-aid at the rate of one crore rupees each for procurement of 12 items of equipment for development of the oncology wing. The present status of each of these items was as under:—

(a) Purchase order for one cobalt therapy unit was placed on a Canadian firm in March 1993 by Silchar Medical College, Assam although the first instalment of the grant amounting to Rs. 70 lakhs was released by Government of India in March 1992. The equipment was lying at Calcutta sea port since October 1993 for want of category certificate (for customs duty exemption) from DGHS which was received only in May 1994. The delay in procuring the equipment was attributed to late release of grant by the State Government beyond one year, delay in issue of category certificate and non-availability of the building for housing the unit. The construction of the building has still not started for want of approved design and drawings from Bhabha Atomic Research Centre (BARC). The equipment was lying in the warehouse due to non-payment of port charges and awaiting installation as of May 1994.

(b) A cobalt unit was purchased at a cost of Rs. 90.99 lakhs in August 1993 by Jawaharlal Medical College, Ajmer was yet to be installed as of April 1994. Reason for delay in commissioning of the unit was attributed to non-supply of cobalt source.

(c) A cobalt unit for the oncology wing was purchased in November 1993 by the North Bengal Medical College and Hospital, Siliguri, West Bengal. The machine was lying in the bonded warehouse of Calcutta port since November 1993 for want of custom duty exemption certificate from DGHS which was yet to be obtained as of May 1994. Services of two Radio Therapists posted in March and April 1993 in the hospital could not be utilised for the purpose in the absence of the machine.

This the objective with which the Scheme was initiated in selected colleges/hospitals could not be achieved as in none of the eleven colleges/hospitals test checked in audit, could the oncology wing be set up. Eight colleges/hospitals did not utilise the assistance at all, while 3 colleges/hospitals purchased the cobalt therapy units but these were yet to be commissioned. The desirability of purchasing the equipment for other therapies viz. chemotherapy and surgery as envisaged in the scheme was not considered.

9.1.7 Scheme for District Projects

9.1.7.1 A Scheme for District Projects was introduced from 1990-91 under the National Cancer Control Programme for prevention and early detection of cancer cases particularly in rural areas. The main aim of the Scheme was to create awareness among people about early symptoms of cancer, importance of observing personal hygiene and healthy life style, ill effects of tobacco consumption. The main components of the scheme comprised of:

- (i) dissemination of information in rural areas in the form of literature;
- (ii) establishment of 3-4 cancer detection centres at sub-divisional level;
- (iii) training of medical and para medical personnel;
- (iv) provision of palliative treatment to terminal patients; and
- (v) evaluation and monitoring.

(a) Under the scheme, financial assistance of Rs. 15 lakhs each was provided to the State Governments/UT administration for each district project selected and the project was linked with RCCs/government medical colleges/hospitals having reasonably good facilities for treatment of cancer. During 1990-92 twelve district projects had been undertaken in 8 States (Gujarat, Karnataka, Madhya Pradesh, Kerala, Orissa, Tamil Nadu, West Bengal and Delhi). In 1992-93 five more districts were taken up in 3 States (Gujarat, Punjab and Tamil Nadu). A test check of the records of seven States (Karnataka, Kerala, Orissa, West Bengal, Punjab, Tamil Nadu and Madhya Pradesh) revealed that only 34 per cent of available funds could be utilised during 1990-94.

(b) From the details of financial assistance released and the expenditure reported, it was noticed that out of Rs. 2.10 crores released during 1990-93, Rs. 71.33 lakhs were spent of which Rs. 27.69 lakhs in Karnataka, West Bengal and Kerala was on items not approved under the programme such as payment of salary, expenditure on contingencies and advertisement charges. No specific reasons for such expenditure were put forth by any of the States.

9.1.7.2 Development of Health Education Material

During Eighth Plan programme, emphasis was laid on creation of awareness among people regarding early symptoms of cancer, importance of observation of personal hygiene and healthy life style, ill-effects of

tobacco consumption etc. A sum of Rs. 3 lakhs was being provided to each district selected under the scheme.

(i) A test check of the records of Rajasthan and West Bengal showed that neither had any work connected with creation of public awareness in regard to ill effects of tobacco consumption been carried out nor were any funds allocated for this purpose. The programme could not be launched in Himachal Pradesh due to non-provision of funds by the Government while in Uttar Pradesh Rs. 2 lakhs sanctioned in 1989-90 remained unutilised as of May 1994.

(ii) In Haryana, an expenditure of Rs. 1.45 lakhs was incurred through 13 Civil Surgeons in 1990-91 resulting in lapse of an unspent balance of Rs. 0.55 lakh. It was noticed that out of Rs. 0.72 lakh spent by 4 out of the 13 Civil Surgeons (Ambala, Karnal, Sonapat and Sirsa) Rs. 0.70 lakh was diverted towards purchase of laboratory equipment and chemicals etc.

9.1.7.3 *Setting of Cancer Detection Centres*

Under NCCP, Central assistance at the rate of Rs. 0.50 lakh was provided for the purchase of equipment required for establishing early cancer detection centre subject to the condition that the recipient of Central assistance agreed to provide trained staff like cyto-pathologists, cyto-technicians/technologists, lab assistants etc. During Eighth Five Year Plan, more emphasis was given on prevention and early detection of cancer particularly in rural areas. For this an amount of Rs. 5 lakhs was being provided to set up atleast 3-4 cancer detection centres each having equipment worth Rs. 1.30 lakhs approximately at sub-divisional level in the States.

(i) During test check of records, it was noticed that Central assistance of Rs. 0.50 lakh was provided to Rajasthan Government in September 1988 for establishment of one early cancer detection centre at Ravindra Nath Tagore Medical College, Udaipur. Neither was any such centre established nor was any separate staff provided by the State Government. No explanations were forthcoming.

(ii) It was further noticed that no cancer detection centres were opened at divisional level in Tamil Nadu though Government had released (March 1991) Rs. 1.30 lakhs to each of the cancer detection centres for this purpose (April 1994).

In Madhya Pradesh no Central assistance for setting up of early cancer detection centre was allotted resulting in no such centres being established in the State except under the scheme of district projects for Morena and Bhind.

9.1.7.4 Training of medical and paramedical staff

Imparting training to medical/para-medical personnel staff was one of the important components of NCCP for detection of oral cancer in the early stages and for propagation of health education. Funds amounting to Rs. 2 lakhs were being provided under the scheme for district projects. The training was to be organised jointly by Indian Council of Medical Research and Regional Cancer Centres.

During a test check of the records of 7 States (Assam, Haryana, Himachal Pradesh, Madhya Pradesh, Rajasthan, Orissa and Delhi) it was noticed that no training was arranged for medical para-medical personnel. The reasons were mainly non provision of funds/staff—Haryana, Himachal Pradesh and Rajasthan while no reasons were stated in respect of Assam, Madhya Pradesh, Orissa and Delhi. In Tamil Nadu, though the project contemplated training of medical and para-medical personnel, 53 per cent of para-medical staff in Cuddalore and 71 and 95 per cent of medical and para-medical staff respectively in Villupuram were yet to be trained.

9.1.7.5 Palliative and pain relief measures

One of the functions under NCCP was extension and strengthening of therapeutic services including pain relief on a national scale through RCCs and medical and dental colleges. Due importance was to be given to palliative and pain relief measures for terminal cases. Financial assistance of Rs. 4 lakhs was being provided by the Government under the scheme for supply of oral morphine and other pain relief measures.

(i) A test check of the records of 5 States (Haryana, Orissa, Rajasthan, Madhya Pradesh and Tamil Nadu) showed that financial assistance for the purpose had been received only by Madhya Pradesh and Tamil Nadu. Though 3 beds were allotted for palliative treatment to terminal patients in the District Headquarters Hospital at Cuddalore in Tamil Nadu no beds were earmarked in the Villupuram Hospital. Further no drugs like oral morphine were purchased and supplied as of February 1994 to the Headquarters hospital out of the allotted amount of Rs. 4 lakhs. However, only 15 cases were treated at the hospital during 1993-94 utilising the 3 earmarked beds.

(ii) In Madhya Pradesh no palliative care ward was established so far at District Hospital, Bhind though such a ward with four beds was established in District Hospital, Morena in 1992-93. It was noticed that no patient of palliative care was admitted in the ward since no facilities for terminal care were developed. Further no supply of morphine tablets was made due to lack of demand from the CMHOs.

9.1.8 Regional Cancer Centres

Under the National Cancer Control Programme, Government of India recognised ten Regional Cancer Centres spread all over the country to work as nodal treatment centres. Financial assistance for purchase of equipment is provided in full to eight of these RCCs. Tata Memorial

Hospital, Bombay receives grants from the Department of Atomic Energy and the assistance in Chittaranjan National Cancer Institute, Calcutta is shared by the Central and West Bengal Governments on proportionate basis.

During 1985—94 grants-in-aid to the tune of Rs. 42.64 crores (Rupees 32.66 crores under plan and Rs. 9.98 crores under non-plan provision) were released by Government of India as financial assistance for purchase of equipments.

During the course of test check of records of 3 States (Assam, Madhya Pradesh and West Bengal) it was noticed that equipment purchased with Central assistance were not put to use from 16 to 62 months due to delay in installation, delay in completion of building and lack of development of infrastructural facilities etc. The grant was also diverted for the purchase of equipment other than for which it was originally sanctioned, under-utilisation of installed capacity of the equipments, avoidable extra expenditure in purchase of equipment due to delay in taking timely action for procurement of "Not Manufactured in India" Certificate (NMIC) and custom duty exemption certificates etc., non-utilisation of the assistance fully and shortfall in the share of State Government leading to non-fulfilment of terms of agreed financial pattern.

9.1.8.1 Central assistance of Rs. 12 lakhs was received by Dr. Baruah Cancer Institute, Guwahati, during 1987-88 for purchase of treatment planning system. The equipment which was received and installed in the Institute in March 1989 could not be put to use till May 1994.

(i) Against the grant of Rs. 12 lakhs sanctioned during 1989-90 for the purchase of linear accelerator, the Institute after keeping the entire amount unutilised for three years, purchased a therapy simulator at a cost of Rs. 58.34 lakhs in April 1992. The balance amount was met from other resources of the Institute. Ex-post-facto sanction for diversion of funds was yet to be obtained as of May 1994. The equipment was installed in August 1993 after a lapse of 16 months which was yet to be commissioned as of May 1994. The delay in installation and commissioning of the equipment was attributed to non availability of components and delay in construction of building.

(ii) A review of the utilisation of two machines viz. selectron and ultra sound unit purchased and put to use by the Institute under the programme revealed that the capacity utilisation during the period from 1988 to 1993-94 varied from 1.83 to 15.8 per cent. The reasons for under-utilisation were not on record.

9.1.8.2 According to the agreed financial pattern, share of West Bengal is to be one third of the plan grants released by the Government of India for Chittaranjan National Cancer Institute. During 1989-94, Government of India released a grant of Rs 8.59 crores. Against its share of Rs. 2.86 crores the State Government contributed a sum of Rs. 90.80 lakhs only.

Shortfall in State Government's share on this account worked out to Rs 1.95 crores.

The Institute procured in January 1993 a Theratron 780-C Tele cobalt machine at a cost of Rs. 58.13 lakhs from Canada, the highest bidder through their Indian agent at Calcutta ignoring the lowest (Rs.44.73 lakhs) and the second lowest (Rs 46.76 lakhs) bidders without assigning any reason. This resulted in avoidable extra expenditure of Rs. 13.40 lakhs.

9.1.8.3 On the grants-in-aid for purchase of equipments received by CHRI Gwalior from the Government of India, unspent balances amounted to Rs. 25.65 lakhs at the end of March 1994. While the entire amount of grant received was required to be utilised within a period of one year from the date of sanction, the utilisation of available funds ranged between zero to 82 per cent during 1985—94. The Director, CHRI Gwalior stated (August, 1994) that the grants were released on adhoc basis and were not commensurate with the cost of equipments included in the proposals of grant submitted to Government. Besides this, most of the equipments were not available in India and had to be imported, which has a long lead time. Due to these reasons grants could not be utilised within the stipulated time.

CHRI Gwalior placed orders on foreign firms in May 1988 and February 1991 for purchase of Treatment Planning System Unit (TPS) and Ultra Sound Scanner EUB 515 along with accessories and optional attachments at a cost of Rs. 13.87 lakhs in Netherlands currency i.e. 201050 Guilders (1NGL=Rs. 6.90) and Rs. 23.97 lakhs in Japanese currency respectively. The machines were received in December 1990 and May 1992 i.e. after 31 and 15 months respectively. The delay in receipt of machines was mainly due to late receipt of NMIC (Not manufactured in India Certificate) and CDEC (Custom Duty Exemption Certificate) which were applied for after the issue of supply order. During this period the Rupee had devalued in comparison to Guilder and Japanese Yen. Consequently, payment of Rs. 22.35 lakhs for TPS and Rs. 41.17 lakhs for Ultra Sound Unit was made through letter of credit. This resulted in extra payment of Rs. 25.68 lakhs Rs. (8.48 lakhs and Rs. 17.20 lakhs respectively) Had the formalities like obtaining of NMIC and CDEC been completed in time before placing the supply orders the extra payment could have been avoided.

9.1.9. *Survey on pattern of prevalence*

One of the aims of the National Cancer Control Programme was to study the pattern of prevalence and incidence of cancer in the country so as to devise appropriate early detection programme followed by a system of referral and treatment. During a test check of records of 8 States (Himachal Pradesh, Kerala, Karnataka, Rajasthan, Orissa, West Bengal, Uttar Pradesh and Tamil Nadu) it was noticed that survey on prevalence and incidence of cancer in the State was conducted only by the Tamil Nadu Government, which did not furnish any information on the subject.

Further, no funds were provided either by the State Government or by Government of India. It was also noticed that an attempt was made by the Kidwai Memorial Institute in Karnataka during April 1992 to March 1993 to conduct survey regarding tobacco related cancer amongst randomly

selected population of about 0.36 lakh persons the results of which were awaited (June 1994). Similarly 24 surveys/camps conducted from March 1989 to January 1994 by the oncology wing of RCC in Kerala, revealed 127 cancer cases out of 0.14 lakh persons who attended those camps instead of revealing any pattern of prevalence and incidence of cancer in the State.

9.1.10 Japanese Grant-in-Aid Programme

Under the Japanese Grant-in-aid programme 15 whole body CT scanners costing Rs. 17.04 crores were received and installed in 15 institutions with a view to provide diagnostic tool for early cancer detection and for assessment of extent of tumour and for proper treatment planning. Test check of records disclosed the following points.

9.1.10.1 Delay in installation of CT scanners

In five States and one UT (Assam, Haryana, Rajasthan, Orissa, Uttar Pradesh and Chandigarh) the CT scanners were received in the hospitals/institutions which remained idle from 2 to 10 months due to their late commissioning for which no reasons were given in five out of seven cases as detailed below:—

Table 9.1.10.1: Delay in installation of CT scanners

Sl. No.	Name of the State	Name of the Institution	Date of receipt of the scanner	Date of installation	Date of commissioning	Delay in commissioning	Reasons for delay
1	Assam	Dr. Baruah Cancer Institute, Guwahati	1991 (Exact date not intimated)	November/1992	November/1992		Due to the defective air conditioner
2	Haryana	Medical College, Rohtak	7-6-1990	12-11-1990	23-12-1990	6 months	No reasons were intimated
3	Rajasthan	Sawai Man Singh Hospital, Jaipur	17-5-1989	21-7-1989	21-7-1989	2 months	Non-completion of electrical fittings
4	Orissa	AHRCRTS Cuttack	June/1990	April/1991	—	—	No reasons intimated
5	Uttar Pradesh	(i) Kamla Nehru Memorial Hospital, Allahabad (ii) King George Medical College	Feb./1989 Feb./1986	Aug./1989 Dec./1986	Aug./1989 Dec./1986 Lucknow	6 months 10 months	-do- -do-
6	Union Territory, Chandigarh	PGIMER, Chandigarh	30-4-1986	21-1-1987	5-2-1987	10 months	-do-

9.1.10.2 Under-utilisation of equipment

A test check of records in a few States revealed that the equipments (CT scanners) were not utilised optimally for screening the cancer patients. Under utilisation of equipments ranged from 15.27 per cent to 97.80 per cent as shown in the following table:

Table 9.1.10.2: Under-utilisation of CT scanners

Name of the Institution/ State	Screening capacity of the equipment	Year	Actual number of patients screened	Short-fall in screening	Percentage shortfall per year
1. Dr. B. Baruah Cancer Hospital, Guwahati (Assam)	3600 patients per year	1992-93	79	3521	97.80
		1993-94	346	3254	90.38
2. Medical College Rohtak (Haryana)	-do-	Dec./1990 to Feb./1994	7853	3847	32.88
3. AHRCCRTS, Cuttack (Orissa)	-do-	1991-92	827	2773	77.02
		1992-93	3050	550	15.27
		1993-94	2815	785	21.80

9.1.10.3 In Rajasthan, due to non-functioning of the CT scanner on 9 occasions (for 162 days) about 2270 patients remained deprived of the benefit during the period July 1989 to January 1994.

9.1.11 Grant-in-aid to Indian Cancer Society, Bombay

Under NCCP, Indian Cancer Society, Bombay is being given grants-in-aid to undertake a project on "Educational Aspect of Cancer Research and Treatment Programme".

(i) A project on Educational aspect of Cancer Research and Treatment Programme involving an outlay of Rs. 1.50 crores submitted by a voluntary organisation was approved by the Ministry of Health and Family Welfare in 1986, initially for a period of three years, commencing from April 1986. The project period was subsequently extended upto March 1992.

Audit scrutiny revealed that the expenditure on the major components of the project were not adhered to by the voluntary organisation and the expenditure of Rs. 86.29 lakhs on public education was 102 per cent in excess of the provision and the money spent did not make any appreciable

impact on the public according to findings of a survey conducted during 1989-91.

(ii) Grants-in-aid to voluntary organisation cannot be diverted to a third party. It was however noticed in audit that Rs. 71.59 lakhs out of Rs. 86.29 lakhs on Public Education and Rs. 3.67 lakhs meant for Research Survey were actually paid to a private party who was appointed as consultant.

(iii) As per the project report submitted in 1983-84 four mobile cancer detection centres one each for Bombay, Calcutta, New Delhi and Madras were provided at a total cost of Rs. 35.66 lakhs (capital cost of mobile units Rs. 28.44 lakhs; recurring cost Rs. 7.22 lakhs). The cost was further raised to Rs. 54.69 lakhs in the revised estimated schedule submitted in 1986 which was approved by Government of India in December 1986. However, during actual implementation of the programme only two mobile cancer detection units costing Rs. 22.67 lakhs were procured between January 1988 and March 1988 and supplied to Calcutta and New Delhi centres. While the centre at Bombay already had a mobile unit, the centre at Madras was not provided with a mobile detection unit.

9.1.12 *Voluntary organisations*

A scheme for providing financial assistance upto Rs. 5 lakhs to voluntary organisations under the National Cancer Control Programme was introduced from the year 1990-91 for their involvement in the following areas:

- (i) Health education activities particularly in the rural areas and urban slum of the country.
- (ii) Setting up of early cancer detection facilities and holding cancer detection camps.

Financial assistance of Rs. 91.75 lakhs was released by the Government of India to 21 voluntary organisations in 8 States (including Union Territory of Delhi) during 1990-94. Test check of the records of the Ministry in this context revealed that neither was any utilisation certificate furnished by any voluntary organisation nor insisted upon by the Ministry. The Ministry was not in a position to ascertain whether the amount of financial assistance released to the voluntary organisations had actually been utilised for the purpose for which it was released as there was no mechanism evolved by it to keep a watch over its utilisation.

9.1.13 *Monitoring and evaluation*

In order to monitor smooth implementation of the National Cancer Control Programme in the States, a State Cancer Control Board was to be constituted in each State. The function of the State Cancer Control Boards was to co-ordinate cancer control activities including health education, early cancer detection, diagnosis, treatment, rehabilitation and research and to work out the details of strengthening the existing infrastructure at

different levels in terms of physical facilities, human resources, equipment and framing facilities. According to Government instructions, the State Cancer Control Board was required to meet atleast once in three months.

During a test check of records of 8 States (Assam, Himachal Pradesh, Haryana, Karnataka, Madhya Pradesh, Orissa, Rajasthan and Uttar Pradesh), it was noticed that no system for effective co-ordination between the various agencies as well as monitoring the overall programme was evolved by the State Governments at any stage. Although in 4 States (Himachal Pradesh, Karnataka, Orissa and Rajasthan) State Cancer Control Boards were constituted, they met once in the States of Karnataka and Orissa while no meeting was ever held by the Boards since their constitution in the States of Himachal Pradesh and Rajasthan. No Board or Committee was functional in Uttar Pradesh as of May 1994. No reasons for this non-observance of the Government instructions for effective coordination and monitoring the programme were put forth by any of the States.

At the Central level, it was observed that no periodical returns/reports were prescribed to be furnished by the grantee institutions except a few annual reports from the Regional Cancer Centres received by the Ministry. Further, the National Cancer Control Board constituted in June 1986 held its meeting twice; first in October 1986 and then in February 1989. No meeting was held thereafter to follow up the various suggestions and recommendations made in the two meetings.

It was further noticed that NCCP was neither evaluated by any agency of the State nor Central Government to ascertain the impact of the programme. However, one external review of the initial implementation of district cancer programme in the districts of Morena (Madhya Pradesh) and Dharwar (Karnataka) was conducted by a representative of WHO in February 1993 to assess whether the model was workable and that the project was on track and to make recommendations on indicators and information needs for programme assessment and monitoring. There were no indications that these pilot indicators were utilised to develop a monitoring and evaluation mechanism.

9.1.14 The National Cancer Registry Project (NCRP) was initiated by the ICMR in 1981-82 by augmenting/establishing three Population Based Cancer Registries (PBCR) one each at Bombay, Bangalore and Madras and three Hospital Cancer Registries (HCR) at Chandigarh, Dibrugarh and Trivandrum. The current network of the NCRP has since been extended to six PBCRs and six HCRs. The NCRP was intended to collect data on the incidence of cancer.

Initially it was proposed to start hospital based registry in the Seventh Five Year Plan and later on expand to population based registry. It was accordingly decided in the first meeting of the State Cancer Control Board, Orissa held in June 1988 to take up the work of cancer registry in selected

districts of the State. But it was noticed that no cancer registry had been started so far (May 1994). On inquiry, the reasons for non-starting of cancer registry were attributed to non-provision of adequate infrastructure like staff and office equipment.

9.1.14.1 Avoidable extra expenditure

Government of Uttar Pradesh sanctioned staff and funds (Rs. 22 lakhs) simultaneously in March 1984 for purchase of a cobalt machine for installation in a building constructed at a cost of Rs. 19.44 lakhs in 1982 at LLR Medical College, Meerut. After finalisation of proceedings for purchase and installation the Medical College placed a supply order in March 1990 and the machine was received in the college at a cost of Rs. 46.95 lakhs in October 1990. The unusual delay in completion of formalities for purchase and installation escalated the cost of machine and the college had to incur extra expenditure of Rs. 26.45 lakhs on the purchase of the cobalt machine. Besides the new building constructed at a cost of Rs. 19.44 lakhs also remained unutilised for about 9 years.

9.1.14.2 Government of Uttar Pradesh sanctioned Rs. 1.30 lakhs to BRD Medical College, Gorakhpur (Rs. 0.63 lakh) and Medical College, Jhansi (Rs. 0.67 lakh) during the year 1985-86 to 1986-87 to purchase equipment for establishment of cancer detection centres in their medical colleges. While BRD Medical College, Gorakhpur did not purchase the equipment though it drew the money in March 1986, the equipment purchased by Medical College, Jhansi has not been put to use since the date of purchase (March 1988) due to non-availability of an air-conditioned room. The money drawn by BRD Medical College, Gorakhpur, was lying in a personal ledger account as of April 1994.

9.1.15 Summing Up

While Government of India released funds to the State Governments and grantee institutions which was much below the budgetary provision the State Governments failed to utilise the funds partly because the grants were not commensurate with the cost of equipments and also because the State governments could not create the infrastructure and provide other requisite facilities in the medical colleges and Regional Cancer Centres resulting in the poor implementation of the programme.

— Despite accelerated funding during the Eighth Plan, newly introduced schemes like district projects, development of oncology wings in selected medical colleges/hospitals, involvement of voluntary organisations in the programme of health education and early detection of cancer did not take off as projected.

— The scheme of Oncology wings for selected hospitals and medical colleges was expected to augment the availability of cancer therapy in the country and to fill up the geographical gap in the cancer treatment facilities in the country. The geographical gap could not be reduced to the extent

envisaged as the oncology wings could not be set up as of May 1994. Even at the sub-divisional level, no significant work could be done in the selected districts. The early cancer detection centres failed to make any significant impact in the rural areas.

The draft review on National Cancer Control Programme was issued to the Ministry of Health and Family Welfare (Department of Health) in November 1994 for confirming facts and figures mentioned therein but no reply has been received (January 1995).

APPENDIX II

Conclusions and Recommendations

Sl. No.	Para No.	Ministry/ Deptt. Concerned	Conclusions / Recommendations
1.	2	3	4
1.	112	Ministry of Health & Family Welfare (Deptt. of Health)	<p>Cancer is a disease with a high rate of mortality unless it is detected and treated early. There are about 20 lakhs cancer patients in India at any given point of time with seven lakhs new cases emerging every year. Recognising the need to control this dreaded disease, the Government of India launched the National Cancer Control Programme (NCCP) during 1975-76 with the introduction of two schemes, namely financial assistance for setting up of cobalt therapy units and providing grants-in-aid to 10 major institutions which were recognised as Regional Cancer Centres (RCC). During the Seventh Five Year Plan, stress was given on prevention of tobacco related and uterine cervix cancer, extension and strengthening of the therapeutic services on a national scale. Subsequently, a new impetus was sought to be given in the Eighth Five Year Plan by laying greater emphasis on prevention and early detection of cancer particularly in rural areas and urban slums. Accordingly, three new schemes were undertaken from 1990-91, viz; (i) Development of oncology wings in medical colleges/hospitals, (ii) District Projects for health education, early detection of cancer including pain relief measures, (iii) Financial assistance to voluntary organisations. At present, 25 States/Union Territories are implementing the Programme under one or more schemes with the financial assistance from the Union Government. The Audit Paragraph</p>

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			<p>based on a review of the implementation of the Programme in selected States/Union Territory during 1985-94 and further examination by the Committee have revealed several irregularities/shortcomings in the implementation of NCCP which are dealt with in the succeeding paragraphs.</p>
2.	113	<p>Ministry of Health & Family Welfare (Deptt. of Health)</p>	<p>The NCCP is largely financed by grants-in-aid from the Government of India. During the course of examination the Committee have come across several cases of financial irregularities of varied nature such as, release of funds lesser than budgetary provisions, non-utilisation of Government grants, diversion of funds, non-submission of utilisation certificates, delay in release of grant by the State Governments, deposit of funds in personal ledger account etc. The Committee find that as against the provision of Rs. 142 crores made in the Union Budget for the nine years period from 1985-94, the Ministry of Health & Family Welfare had released Rs. 82 crores only (i.e. 58%) to the various State governments/grantee institutions. Further, a scrutiny by the Committee of the cases test checked by Audit revealed that out of the amount released, as much as 53% remained unutilised as on 31 March, 1994. The Ministry of Health and Family Welfare attributed non-release of funds to non-receipt of equipment under the Japanese grant, less number of institutions qualifying for the grant, failure of institutions like All India Institute of Medical Sciences to utilise earlier grant etc. According to the Ministry, non-utilisation of central grants was due to low priority accorded to the Programme by State governments, delay in their making provision for balance funds and creation of infrastructure etc. The Committee are deeply concerned over the poor utilisation of the meagre funds allotted for NCCP over the years. This also clearly indicates the failure of the Ministry of Health</p>

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			and Family Welfare as the nodal authority in ensuring efficient utilisation of the scarce resources allotted from the Union Budget over the years and thereby defeating the very purpose behind the introduction of the laudable programme.
3.	114	Ministry of Health & Family Welfare (Deptt. of Health)	<p>The Committee also find that apart from gross under-utilisation of funds, the Programme also suffered due to misuse of the financial assistance. Their scrutiny of the cases revealed that out of Rs. 4.17 crores released during 1985-94 to nine states, an amount of Rs. 2.28 crores i.e. 55% was diverted and spent outside the objectives qualifying for the grant. Furthermore, in four States, Rs. 64 lakhs sanctioned mainly for the purpose of establishing cobalt therapy units were kept outside the Government account in personal ledger accounts for periods ranging from nine to more than 48 months. The extent of misutilisation of funds revealed in a mere test check would seem to indicate that the malady is fairly widespread. Admitting the irregularities, the Ministry of Health and Family Welfare stated that while the former set of cases violated the stipulated condition of utilisation of funds for the purposes for which it had been sanctioned, the latter had contravened the provision that the institution/organisation should maintain an account with a Bank or Post Office in the name of the institution and not of an individual whether by name or designation. The Committee consider it unfortunate that despite the gravity of the offences, the Ministry are yet to obtain clarifications/explanations from all the concerned States/institutions for the misutilisation of funds.</p>
4.	115	—do—	<p>Further, the grantee institutions/State governments were required to utilise the grant within a period of one year and submit the utilisation certificates/audited statement of accounts thereafter. The Committee are, however, surprised to note that utilisation</p>

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5.	116	Ministry of Health & Family Welfare (Deptt. of Health)	<p>certificates in respect of the grants amounting to Rs. 68.18 crores out of Rs. 82.24 crores released during 1985—94 to various States institutions were wanting till September 1994. Despite the action claimed to have been taken by the Ministry after the subject had engaged the attention of this Committee, the requisite certificates/accounts for Rs. 47.27 crores are yet to be received by the Ministry.</p> <p>It is evident from the facts stated above that there was gross failure on the part of the Ministry of Health and Family Welfare in administering properly the funds granted under National Cancer Control Programme. The Committee are amazed to note that even though the Programme was introduced as far back as 1975-76, the Ministry did not evolve any system to obtain the requisite feedback from the recipient States/institutions for ensuring proper utilisation of the funds and thereby enforcing accountability. The Ministry were blissfully unaware of the irregularities until they were pointed out by Audit and the subject matter was taken up for detailed examination by this Committee. Distressingly, even now, the Ministry have not been successful in taking effective action to obtain the explanations from the defaulting agencies identified in test Audit, in ascertaining the precise position elsewhere and also in streamlining the system. This is clearly indicative of the callous and apathetic attitude of the Ministry in exercising financial accountability in the judicious utilisation of funds. The Committee deprecate the laxity shown by the Ministry in this regard and desire that all the cases of financial irregularities mentioned above should be thoroughly looked into and appropriate action taken for the various acts of omission and commission. The Ministry should atleast now evolve a proper system of monitoring with a view to ensuring that the funds allotted for NCCP are utilised</p>

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efficiently in consonance with the avowed objectives of the Programme and for obviating recurrence of misuse. The Committee would also like to be apprised of the latest position in respect of the extent of utilisation of the budget allocations for NCCP and also the receipt of the utilisation certificates/audited statement of accounts.

6. 117 Ministry of Health & Family Welfare (Deptt. of Health)

Cobalt therapy plays an important role in the treatment of cancer. More than half of the

cancer patients require radiation treatment at one stage or the other. Financial assistance for setting up of cobalt therapy units in Government Medical Colleges/hospitals has, therefore, been in operation since the inception of National Cancer Control Programme and is the foremost among the five different schemes implemented under the aegis of the Programme. Central assistance was provided for this purpose to Government Medical Colleges/hospitals initially at the rate of Rs. 2.5 lakhs per unit which was gradually increased to Rs. 50 lakhs since 20 January 1993. The assistance was to be used for the purchase of cobalt therapy units alongwith ancillary equipment and cobalt source and was given subject to the condition that the recipient of Central assistance agreed to provide the requisite infrastructure and trained technical staff. The Committee's examination revealed several shortcomings and irregularities in the implementation of this scheme. The Committee find that in seven states, 11 cobalt therapy units and other related equipments acquired at a cost of Rs. 6.32 crores were commissioned with delays ranging from three months to 8½ years. Seven cobalt therapy units, one gamma camera and one fluoroscopic microscope costing Rs. 5.48 crores acquired out of Central assistance sanctioned during 1985-93 could not be commissioned by five states. Further, grants-in-aid amounting to Rs. 2.70 crores, sanctioned to seven states during the period 1985-94 for

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setting up of cobalt therapy units remained unutilised. The reasons adduced for delay in commissioning, non-commissioning and non-utilisation of funds were mainly, inadequate central assistance, failure to provide infrastructural facilities, want of cobalt source etc. The Committee's examination also revealed gross under-utilisation of cobalt therapy units and accessory equipments in three states ranging from 4.8 to 86.5 per cent per annum due to frequent failure of the machines, decline in strength of cobalt source, non-awareness of the facilities available etc. Further, cases involving diversion of funds released for purchase of cobalt therapy units to other purposes were also observed in certain states, which have been dealt with earlier. From the foregoing, the Committee regret to observe that even where funds were ostensibly spent for setting up of cobalt therapy units, adequate efforts were not made by the authorities concerned to ensure proper utilisation resulting in the equipments procured at great costs lying non-operational for considerable length of time and thereby depriving the facilities to the needy patients.

7. 118 Ministry of
Health &
Family
Welfare
(Deptt. of
Health)

The Ministry of Health & Family Welfare were unable to apprise the Committee of the precise status of the specific cases mentioned above. On the other hand, the Ministry attempted to apportion the blame solely to the state governments/institutions stating that creating infrastructural facilities including special buildings to house the cobalt unit and the required technical staff was their responsibility. According to them, the state governments or the institutions concerned were required to maintain the unit in working condition. They, however, conceded that no effective periodical monitoring system had been evolved to remind and ascertain the status of installation and utilisation of the equipments

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			<p>from the grantee agencies. In fact, the Committee during the course of their examination found that as per the conditions attached to the grant released for purchase of cobalt units, the recipient institutions were required to send half-yearly reports regarding the working of the units to the Government of India. The Ministry admitted that no such reports were either received or efforts made to obtain them from the concerned institutions. The Committee cannot but express their unhappiness over the failure of the Ministry in the whole matter in co-ordinating with the states/institutions for timely installation/commissioning and proper performance of the cobalt therapy units. The Committee do not approve the manner in which the Ministry have sought to absolve themselves by passing on the blame entirely to the state governments/institutions without discharging their functions seriously as the principal financing and nodal agency for the implementation of the Programme.</p>
8.	119	Ministry of Health & Family Welfare (Deptt. of Health)	<p>Recounting the corrective steps taken, the Ministry of Health and Family Welfare stated that all the agencies concerned have since been asked to indicate the details of the purchase of cobalt therapy units made by them in pursuance of the grants sanctioned by Union Government. According to the Ministry, now onwards separate monitoring would be made scheme-wise so that timely commissioning and proper utilisation of cobalt therapy units could be ensured. Further, the Ministry stated that the quantum of financial assistance for purchase of cobalt therapy units has been increased to Rs. one crore with effect from 1 April 1995 so as to enable the states to tide over the financial constraints which some of them had hitherto experienced. The Ministry also stated that a review has been undertaken at the level of the Minister of State for Health to ascertain the</p>

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position of installation of cobalt therapy units etc. and consider the question of additional finance in deserving cases. The Committee would await the efficacy of those steps. They would, however, like to emphasise that since the Programme has been launched and financed mostly by the Government of India, the Ministry of Health and Family Welfare should discharge their responsibilities in overseeing the Programme in a more serious manner. The Ministry should, therefore, ascertain the status of establishment and performance of all the cobalt therapy units in the country for which financial assistance had been rendered by the Government of India and take immediate steps to remove the bottlenecks for their optimal utilisation.

9. 120 Ministry of Health & Family Welfare (Deptt. of Health)

The Committee view with concern that against an estimated target of 900 cobalt therapy units required for the country, only 214 Radiotherapy equipment have been installed so far. The inadequacy of funds provided under the scheme coupled with escalation of the cost of the unit was stated to be the major constraint on the way of setting up of these units. The Committee have been informed that the present cost of setting up of an ideal cobalt therapy unit is approximately around Rs. two crores. The Ministry have further stated that without adequate funds, the huge gap between existing facilities and requirement can not be bridged by the Government. In an effort to seek financial assistance to tide over the crunch, the Ministry are, therefore, stated to have proposed to obtain loan from the World Bank. Keeping in view the fact that the constraints in this regard were already known and that the scheme has been in operation for the past 20 years, the Committee regret to point out that no serious effort had been made by the Government to assess the gravity of the problem and chalk out an effective strategy to overcome the same.

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			<p>Considering the crucial importance of cobalt therapy in the treatment of cancer the Committee hope that atleast now the Government will address themselves to the situation and take all necessary steps with a view to setting up of the maximum possible units in the country, which can provide excellent and uninterrupted service.</p>
10.	121	Ministry of Health & Family Welfare (Deptt. of Health)	<p>Another scheme in operation as part of NCCP since its inception has been the financial assistance rendered to the Regional Cancer Centres. Under the scheme, Government of India have so far recognised 11 Regional Cancer Centres spread all over the country to work as nodal treatment centres and financial assistance had been provided to these centres for purchase of equipments. During the period 1985—94, grants-in-aid to the tune of Rs. 42.64 crores were released by Government of India as financial assistance. The Committee during the course of their examination, however, found several disquieting trends arising out of utilisation of the grants sanctioned by the Union Government in this regard. They find that in Regional Cancer Centres of Assam, Madhya Pradesh and West Bengal, equipments purchased were not put to use for 16 to 62 months. Besides, there was under-utilisation of installed capacity of the equipments and avoidable extra expenditure in purchase of equipment. The treatment planning system costing Rs. 12 lakhs which was installed at Dr. Baruah Cancer Institute, Guwahati in 1989 was put to service only in May, 1995 and is yet to be made fully operational. The financial assistance to Chittaranjan National Cancer Institute, Calcutta is shared by the Central and West Bengal Governments on proportionate basis. However, during 1989—94, out of its share of Rs. 2.86 crores, the State Government contributed a sum of Rs. 90.80 lakhs only indicating a shortfall of Rs. 1.95 crores. In</p>

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another case, Cancer Hospital and Research Institute, Gwalior incurred avoidable extra expenditure amounting to Rs. 25.68 lakhs on account of purchase of Treatment Planning System unit and Ultra Sound Scanner along with accessories and optional attachments due to laxity on the part of the authorities concerned in carrying out the requisite formalities. The facts stated above establish that the funds provided to the Regional Cancer Centres could not be utilised prudently and judiciously leading to non-utilisation/under-utilisation of equipments and avoidable extra expenditure incurred in purchase of equipments. Distressingly, no plausible explanation was forthcoming from the Ministry. What is further disquieting to note is that though the scheme has been prevalent since the inception of the Programme, no effective monitoring system was evolved by the Government to review the functioning of these centres. The Committee, therefore, desire that a review should be undertaken with a view to streamlining the working of the Regional Cancer Centres and ensuring proper utilisation of allotted grants so that the objectives envisaged in the scheme are fully achieved. The specific cases of delay/extra expenditure etc. mentioned above should be looked into further with a view to fixing responsibility and obviating recurrence.

11. 122 Ministry of
Health &
Family Welfare
(Deptt. of
Health)

Keeping in view the enlarged objectives of NCCP, a scheme envisaging financial assistance for development of Oncology Wing in selected medical colleges/hospitals was introduced by Government of India in 1990-91. The scheme proposed development of well equipped oncology wings in 15 Medical Colleges/hopitals in the country during the Eighth Plan with emphasis on prevention and early detection of cancer in the region where adequate facilities for its treatment were not available. Under the Scheme, the three modes of therapies viz.,

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surgical treatment, radio therapy and chemotherapy were to be made available in the oncology wings proposed to be established. Financial assistance upto Rs. one crore was proposed to be provided to each selected medical college/hospital for purchase of equipments with the implied condition that the concerned state governments would provide necessary infrastructure and staff. The test Audit had revealed that out of Rs. 8.70 crores released by Government of India to 11 medical colleges/hospitals during 1991—94, eight colleges/hospitals had not even utilised the assistance involving Rs. 5.70 crores at all and in the three remaining cases, some of the equipments purchased could not be commissioned. The Committee during the course of their scrutiny found that as of now, 27 institutions have been provided with central assistance of Rs. 25.24 crores. However, to the Committee's utter dismay, it was found that not even a single institution had so far set up the Oncology Wing. Surprisingly, though one of the conditions attached to the release of the grant was that the institution should utilise the amount within a period of one year, it was neither complied with by the grantee institutions nor enforced by the Ministry. More surprisingly, though the implementation of the Programme envisaged inspection to be undertaken by the Ministry, no such formal inspection had been carried out to check the progress made by the institution. Clearly, the Ministry have been remiss in discharging their responsibilities in the matter. The Committee, however, are astonished that instead of accepting their abject failure in watching the progress made in the establishment of Oncology Wings by the grantee institutions, the Ministry chose to pass on the buck totally to the state governments. The committee cannot but deplore this sorry state of affairs. Keeping in view the present status of setting up of Oncology Wings, they are least

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hopeful of achieving the avowed objectives behind introduction of the scheme. The Ministry of Health and Family Welfare sought to assure the Committee that they were proposing to take up the matter at higher level with the defaulting States concerned to impress upon them the need to utilise the grants in the current financial year and that with the enhancement of central assistance from Rs. one crore to Rs. 1.50 crores for developing of Oncology Wing, the situation would improve. The Committee cannot remain satisfied with this. Considering the extent of financial assistance granted for this scheme over the years, the Committee desire that the Ministry of Health and Family Welfare should chalk out a time bound programme for establishment of the wings in the grantee institutions concerned with a view to setting up of such wings expeditiously. The Committee would like to be apprised of the precise action taken in this regard.

12 123 Ministry of Health & Family Welfare (Deptt. of Health)

Another component of NCCP is the Scheme of District Projects which was introduced from 1990-91 for prevention and early detection of cancer cases particularly in rural areas. The basic objective of the scheme was to create awareness among people about early symptoms of cancer, importance of observing personal hygiene and healthy life style and ill effects of tobacco consumption. The scheme *inter-alia* envisaged: (i) dissemination of information in rural areas in the form of literature, (ii) establishment of 3-4 cancer detection centres at sub-divisional level, (iii) training of medical and para-medical personnel, (iv) provision of palliative treatment of terminal patients, and (v) evaluation and monitoring. The District Projects are linked up with RCCs/Government Medical Colleges having reasonably good infrastructure for treatment of cancer. The Committee have been informed that under the scheme Rs. 4.60 crores has already been

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released to 28 districts so far. The Committee are concerned to observe that besides diversion of funds amounting to Rs. 27.69 lakhs in three States, seven States could utilise only 34 per cent of available funds during 1990—94. Further, test check of the implementation of the sub-components of the Scheme in certain States seemed to indicate a dismal picture. For example though a sum of Rs. three lakhs was being provided to each district for creating awareness among people in rural areas through dissemination of information in the form of literature, no such course was undertaken in Rajasthan, West Bengal, Uttar Pradesh, Himachal Pradesh and Haryana. Further, although the scheme envisaged early establishment of at least 3-4 cancer detection centres approximately at sub-divisional level in the States for which an amount of Rs. five lakhs was provided, no such detection centres could be established in Rajasthan, Tamil Nadu and Madhya Pradesh and the Ministry failed to intimate the position in regard to other States where the scheme was being implemented. Moreover though funds amounting to Rs. two lakhs was being provided under the scheme for imparting training to medical/para-medical persons/staff for detection or oral cancer in the early stages and for propagation of health education, no such training programme was arranged in Assam, Haryana, Himachal Pradesh, Madhya Pradesh, Rajasthan, Orissa and Delhi. Furthermore, while due importance was to be given to palliative and pain relief measures for terminal cases, facilities created in this direction were found to be quite inadequate. From the foregoing, the Committee cannot but conclude that despite the laudable objectives behind its introduction, the scheme for district projects is yet to take off. The inability of the Ministry even to furnish requisite information to the Committee speaks volumes of the total absence of monitoring in

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			<p>regard to implementation of this scheme. The Committee are constrained to point out this as yet another instance of the casual and apathetic attitude of the Ministry with regard to NCCP which is unfortunate to say the least. They desire that in the light of the shortcomings observed, the implementation of the district project scheme be examined afresh monitoring strengthened and periodic evaluation conducted with a view to taking corrective measures.</p>
13.	124	<p>Ministry of Health & Family Welfare (Deptt. of Health)</p>	<p>As part of NCCP, another Scheme for providing financial assistance upto Rs. Five lakhs during a year to voluntary organisations was introduced from 1990-91 for their involvement in health education activities particularly in rural areas and urban slums of the country and setting up of early cancer detection facilities and holding cancer detection camps. The voluntary organisations are stated to have been selected mostly through recommendations from the states. The grant is provided subject <i>inter-alia</i> to the condition that the grantee institution would submit utilisation certificate. However, the Committee are astonished to note that out of the 28 voluntary organisations which had been sanctioned grants involving a total of Rs. 1.24 crores since inception, only seven have so far furnished utilisation certificates. As observed in the case of other schemes, there was no system in the Ministry to keep a watch over the utilisation of financial assistance rendered to these organisations- as well. While expressing their dissatisfaction over the failure of the Ministry in keeping a watch over the utilisation of grants by those institutions the Committee desire that this unfortunate situation should be remedied forthwith. The Committee would like to be apprised of the status of utilisation of funds by all the voluntary organisations concerned.</p>

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14.	125	Ministry of Health & Family Welfare (Deptt. of Health)	In this context, the Committee wish to point out that several non-Governmental organisations are presently working for the control of cancer without financial assistance from Government. The Committee are of the view that those organisations should also be appropriately involved in the venture with a view to implementing NCCP more effectively rather than solely depending upon the recommendations of the State governments in this regard.
15.	126	-do-	The Committee find that the Indian Cancer Society, Bombay was sanctioned grant amounting to Rs. 1.50 crores from 1986-87 to 1989-90 for a project on "Educational aspect of Cancer Research and Treatment Programme." The Audit Paragraph reported certain irregularities in the utilisation of grant like incurrence of expenditure without adherence to the approved limits, unauthorised diversion of funds to third party, acquisition of lesser number of mobile cancer units etc. Commenting on these reported irregularities, the Ministry of Health and Family Welfare stated that the facts were got examined and it was found that the grant had been utilised by the Society for cancer control though the expenditure had not been incurred component-wise, as approved. The Committee cannot remain satisfied with this reply. They desire that the matter should be re-examined and appropriate action taken with a view to ensuring that the grant sanctioned in such cases are strictly utilised for purposes for which they had been sanctioned and that cases of mis-utilisation are effectively checked.
16.	127	-do-	The Japanese Grant-in-aid programme envisaged utilisation of the grant by the Government of India exclusively for the purchase of the products meant for cancer control/treatment from Japan. Under this programme, the amount was to be utilised for

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procurement of equipments such as CT Scanners etc. The Committee note that 15 whole body CT Scanners costing Rs. 17.04 crores were received under the Japanese Grant-in-aid Programme and installed in 15 Institutions with a view to providing diagnostic tool for early cancer detection and for assessment of extent of tumour and for proper treatment planning. The Committee's examination revealed that there was delay in installation of CT Scanners ranging from 2 to 10 months in five States and one Union Territory. Further under-utilisation of equipments ranged from 15.27 per cent to 97.80 per cent in three States. According to the Ministry, reasons for delay and under-utilisation of CT Scanners along with their present performance would now be ascertained from the grantee institutions with a view to examining the steps required to be taken for their optimal utilisation. The Committee once again regret to point out this as yet another area where lack of initiative and effective monitoring on the part of the Ministry contributed to poor implementation of the National Cancer Control Programme. They would like to be apprised of the present performance status of the CT Scanners installed in various institutions alongwith remedial measures taken for their optimal utilisation.

17. 128 Ministry of Health & Family Welfare (Deptt. of Health)

The Committee find that although one of the aims of NCCP was to study the pattern of prevalence and incidence of Cancer in the country so as to advise appropriate early detection programme, no funds were provided either by the State Governments or by the Government of India. During evidence, the representative of the Ministry of Health and Family Welfare maintained that it was not considered necessary since there was a system under the National Cancer Registry Project initiated by the Indian Council of Medical Research (ICMR) for undertaking a continuous

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survey on the pattern of prevalence of the disease. The Committee's examination, however, found that the survey presently conducted by ICMR in this regard was confined only to a few places. The Committee are of the view that the ICMR should expand its network of National Cancer Registry Project particularly in rural areas with a view to ascertaining the precise pattern of prevalence of the disease in the country so that appropriate detection/control programme could be devised.

18. 129 Ministry of
Health &
Family Welfare
(Deptt. of
Health)

If monitoring of NCCP was virtually absent at the Central level in the Ministry, the position at State levels was also not entirely different. The Committee note that a State Cancer Control Board was to be constituted in each State to monitor smooth implementation of the National Cancer Control Programme in the States. The function of the State Cancer Control Board was to coordinate cancer control activities including health education, early cancer detection, diagnosis, treatment, rehabilitation and research and to work out the details of strengthening the existing infrastructure at different levels in terms of physical facilities, human resources, equipment and framing facilities. According to Government instructions, the State Cancer Board was required to meet atleast once in three months. However, the Committee found that no system for effective coordination between the various agencies as well as monitoring the overall programme was evolved by the State Governments at any stage. Further, the National Cancer Control Board constituted in June, 1986 was required to oversee the implementation of the Cancer Research and Treatment Programme and also responsible for issuing directions to State Governments/RCCs and others connected with this programme.

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However, the Board met only twice, first in October 1986 and then in February 1989 and no meeting was reportedly held thereafter to follow up the various suggestions and recommendations made in the two meetings. Evidently, there was no system of effective monitoring either at the State level or at the Government of India level for effective coordination of various agencies. The Committee are therefore inclined to conclude that the National Cancer Control Programme suffered as much due to inadequacies in the implementation of the Programme if not more than the paucity of funds. The Committee cannot but express their serious concern over this unfortunate state of affairs. The Committee, therefore, recommend that the Ministry should initiate corrective steps to strengthen the monitoring mechanism for better coordination with State Governments UTs and ensuring effective implementation of the Programme.

19. 130 Ministry of Health & Family Welfare (Deptt. of Health)

The Committee regret to note that the Ministry's response to the Audit objections was also uninspiring. Though the draft Audit Paragraph on the subject pointing out various inadequacies/deficiencies was made available to the Ministry of Health & Family Welfare in November 1994, no action was taken either to reply to the draft paragraph or take corrective remedial action. A communication to the concerned State Governments/institutes was initially issued only on 28 April, 1995 for ascertaining the position. Unfortunately, the Ministry did not bother to follow them up till the matter was taken up by this Committee in July 1995. Also, the Ministry chose to issue letters seeking information from other States not covered by the Audit, only in September, 1995

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after it was known that the matter would come up before the Committee for oral evidence in October 1995. While expressing their displeasure over the attitude of the Ministry in the matter, the Committee desire that suitable steps should be taken to ensure that the Audit objections are replied and necessary follow-up action taken promptly in future in such cases. The Committee would also like to be furnished with a detailed report indicating the precise action taken on the specific cases/objections raised by Audit in the instant paragraph.

20. 131 Ministry of Health & Family Welfare (Deptt. of Health)

It is further distressing to note that the National Cancer Control Programme was neither evaluated by any agency of the State nor Central Government since its inception to ascertain its impact. In the absence of any periodic evaluation, the Committee fail to appreciate as to how the Government ensured fulfilment of the objectives enshrined in the various schemes. The Committee, therefore, desire that a periodic evaluation should be prescribed henceforth so as to review and initiating appropriate corrective measures.

21. 132 -do-

From the facts stated in the foregoing paragraphs, the Committee regret to observe that though the National Cancer Control Programme was introduced way back in 1975-76 and various new schemes were floated from time to time, achievement of the laudable objectives behind the Programme still remains a distant goal. Unfortunately, the implementation of the programme had suffered from various inadequacies and shortcomings. While Government of India released funds to the State Governments and grantee institutions which was much below the budgetary provisions, the State Governments failed to utilise funds on the plea that the grants were not commensurate with the cost of equipment and also did not succeed in creating the infrastructure and provide other requisite facilities in the Medical Colleges and

Regional Cancer Centres resulting in the poor implementation of the Programme. Despite accelerated funding during the Eighth Plan, newly introduced schemes like District Projects, Development of Oncology Wings in selected Medical Colleges/hospitals, involvement of Voluntary Organisations in the programme for health education and early detection of cancer did not take off as projected. The Committee consider it unfortunate that even where the grants sanctioned were actually spent, several cases of financial and other irregularities have been widely reported. In their opinion the single most important factor which contributed to the unsatisfactory implementation of the Programme was the absence of appropriate monitoring and failure on the part of Ministry of Health and Family Welfare as the nodal agency to ensure accountability in respect of the grants sanctioned. Evidently, the Ministry of Health and Family Welfare were not administratively geared up to handle the Programme. Admitting the inadequacies and failures, the representative of the Ministry stated during evidence that a review of the Programme was necessary. While expressing their deep concern over the manner in which the Programme has implemented so far, the Committee recommend that the Government should, in the light of the facts contained in this Report constitute an independent High Level Committee headed by an eminent medical expert to undertake a comprehensive review of the Programme in all its ramifications including the level of funding with a view to streamlining the same and taking further necessary corrective/remedial measures in order to deal with the dreaded disease of cancer in the more effective manner. The Committee would like to be informed about the outcome of the review and the follow-up action taken thereon within a period of six months.

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22. 133 Ministry of Health & Family Welfare (Deptt. of Health) In this context, the Committee would suggest that it would be a better strategy to establish a few centres of excellence spread over the entire country in the central sector which can inspire confidence among the people to provide facilities of international standard for detection, treatment and research in cancer. This is desirable particularly in view of the difficulties experienced owing to thin spreading of resources, problems of control, monitoring and financing recurring liability etc. which have been discussed at length in the preceding paragraphs.
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