

**NATIONAL CANCER CONTROL
PROGRAMME**

**MINISTRY OF HEALTH AND
FAMILY WELFARE
(DEPARTMENT OF HEALTH)**

**PUBLIC ACCOUNTS
COMMITTEE
1996-97
THIRD REPORT**

**100, SARVA SECRETARIAT
NEW DELHI**

THIRD REPORT
PUBLIC ACCOUNTS COMMITTEE
(1996-97)

(ELEVENTH LOK SABHA)

NATIONAL CANCER CONTROL PROGRAMME

MINISTRY OF HEALTH AND FAMILY WELFARE
(DEPARTMENT OF HEALTH)

*[Action Taken on 112th Report of Public
Accounts Committee (10th Lok Sabha)]*



Presented to Lok Sabha on 20.12.1996
Laid in Rajya Sabha on 20.12.1996

LOK SABHA SECRETARIAT
NEW DELHI

December, 1996/Agrahayana, 1918 (Saka)

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**Corrigenda to the Third Report of Public Accounts Committee
(Eleventh Lok Sabha)**

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CONTENTS

	Page
COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE.....	(iii)
INTRODUCTION.....	(v)
CHAPTER I Report.....	1
CHAPTER II Recommendations/Observations which have been accepted by Government.....	8
CHAPTER III Recommendations/Observations which the Committee do not desire to pursue in the light of the replies received from Government.....	42
CHAPTER IV Recommendations/Observations replies to which have not been accepted by the Committee and which require reiteration.....	43
CHAPTER V Recommendations/Observations in respect of which Government have furnished interim replies.....	49
PART II	
Minutes of the Sitzings of Public Accounts Committee held on 17.12.1996.....	50
APPENDIX	
Conclusions and Recommendations	52

COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE
(1996-97)

Dr. Murli Manohar Joshi — *Chairman*

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INTRODUCTION

I, the Chairman, Public Accounts Committee having been authorised by the Committee to present the Report on their behalf, do present this Third Report on action taken by Government on the recommendations of the Public Accounts Committee contained in their 112th Report (10th Lok Sabha) on National Cancer Control Programme.

2. This Report was considered and adopted by the Public Accounts Committee at their sitting held on 17 December, 1996. Minutes of the sitting form Part II of the Report.

3. For facility of reference and convenience, the 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 to the Report.

4. 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, 1996

28 Agrayana, 1918 (Saka)

DR. MURLI MANOHAR JOSHI,

*Chairman,
Public Accounts Committee.*

CHAPTER I

REPORT

This Report of the Committee deals with the action taken by Government on the recommendations/observations of the Committee contained in their Hundred and Twelfth Report (10th Lok Sabha) on paragraph 9.1 of the Report of the Comptroller & Auditor General of India for the year ended 31 March, 1994 (No. 2 of 1995), Union Government (Civil) relating to National Cancer Control Programme.

2. The Hundred and Twelfth Report which was presented to Lok Sabha on 22 December, 1995 contained 22 recommendations/observations. Action taken notes on all these recommendations/observations have been received from the Ministry of Health & Family Welfare (Department of Health). The action taken notes have been broadly categorised as follows:—

- (i) Recommendations and observations which have been accepted by the Government.

Sl. Nos. 1 to 3, 6 to 19

- (ii) Recommendations and observations which the Committee do not desire to pursue in the light of replies received from the Government.

Sl. No. 20

- (iii) Recommendations and observations replies to which have not been accepted by the Committee and which require reiteration.

Sl. Nos. 4, 5, 21 to 22

- (iv) Recommendations and observations in respect of which the Government have furnished interim replies.

—Nil—

Implementation of National Cancer Control Programme

3. The National Cancer Control Programme (NCCP) was introduced in 1975-76 by Government of India in a modest form and various new schemes were floated from time to time in recognition of the need to control the dreaded disease of cancer. Presently, the Programme has five components for which financial assistance was given, viz., (i) setting up of cobalt therapy units in Government Medical Colleges/hospitals, (ii) Regional Cancer Centres, (iii) Development of Oncology Wing in selected medical colleges/hospitals, (iv) Scheme of District Projects, and (v) voluntary organisations.

4. In their 112th Report (10th Lok Sabha), the Committee had observed that the implementation of the Programme had suffered from various inadequacies and shortcomings. These *inter-alia* included financial shortcomings/irregularities, unsatisfactory performance of various schemes operating under the aegis of NCCP, absence of periodic evaluation of the programme and over and above poor monitoring both by Central Government and State Governments. Resultingly, achievement of the laudable objectives behind the programme remained a distant goal.

5. The action taken notes furnished by the Ministry of Health & Family Welfare on the various observations/recommendations of the Committee contained in the Report have been reproduced in the relevant chapters of this Report. In the succeeding paragraphs the Committee, however, deal with the action taken by Government on some of their recommendations/observations.

Financial shortcomings/irregularities

(S.Nos. 4 & 5, Paragraphs 115 & 116)

6. In their 112th Report (10th Lok Sabha), the Committee had observed several cases of financial irregularities in the implementation of NCCP such as release of funds lesser than budgetary provisions (Rs. 82 crores released as against the provision of Rs. 142 crores during 1985—94), non-utilisation of Government grants (53%), diversion of funds, non-submission of utilisation certificates, delay in release of grants by the State Governments, deposit of funds in personal ledger accounts etc. As regards utilisation of funds made available under NCCP from the Union Budget, the Committee found that out of Rs. 82 crores released to various Governments/grantee institutions during 1985—94, as much as 53% remained unutilised as on 31 March, 1994. They were deeply concerned over the poor utilisation of the meagre funds allotted for NCCP. Further the Committee were surprised to note that the grantee institutions/State Governments which were required to utilise the grant within a period of one year and submit the utilisation certificates/audited statement of accounts thereafter to the Government, utilisation certificates amounting to Rs. 47.77 crores released during 1985—94 were pending receipt from them.

7. Expressing their deep concern over the poor utilisation of the meagre funds allotted for NCCP and the failure of the Ministry of Health & Family Welfare in exercising financial accountability, the Committee had recommended that all the cases of financial irregularities should be thoroughly looked into and appropriate action taken for the various acts of omission and commission. They had also desired that 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 had also wanted 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.

8. In their action taken notes on the observations/recommendations of the Committee on the financial shortcomings/irregularities, the Ministry *inter-alia* stated that a Committee has been constituted under the Chairmanship of Director General of Health Services, New Delhi for a review of the various aspects of the Programme. The Ministry stated that the budget allocations were now released by them almost in full under NCCP and that there had been a vast improvement in the utilisation of funds under the Programme over the last two years. According to the Ministry, in a number of cases, the matter regarding release/utilisation of funds had been taken up with the Health Secretaries/Chief Secretaries of the State Governments. The position was being reviewed by them from time to time and utilisation certificates for an additional amount of Rs. 4.50 crores had since been received. Besides, the Ministry stated, a number of institutions had intimated that they had committed the funds for procurement of equipment by placing orders and that the utilisation certificates would be sent in due course. The Ministry also enumerated the explanations offered by various State Governments/other agencies on the specific irregularities. They also claimed that there had been an increased awareness about the Programme and that it had been emphasised that the amounts should be utilised for the purpose for which it was sanctioned.

9. The Committee are unhappy to note that in respect of the various cases of misuse of NCCP funds, the Ministry have merely enumerated the explanations offered by the State Governments concerned without indicating whether those explanations were accepted/acceptable to the Ministry and, if not, the action taken or proposed to be taken on the various acts of omission and commission. Distressingly, the action taken note is completely silent whether a system of monitoring has since been evolved with a view to proper administering of the funds released and obviating recurrence of cases of financial irregularities. What has caused deep concern to the Committee is that out of funds amounting to Rs. 47.27 crores released to the State Governments during 1985—94, utilisation certificates for Rs. 42.77 crores are yet to be obtained by the Ministry. The Committee strongly deplore this state of affairs and desire that the Ministry should take concrete action on all the cases of misuse of NCCP funds, establish a proper system of monitoring in respect of funds released and ensure that all the pending utilisation certificates are obtained within a period of three months. The Committee would also like to be informed of the latest position with regard to release and utilisation of funds and submission of utilisation certificates.

Review of the Programme

(S.Nos. 21 & 22, Paragraphs 132 & 133)

10. Besides financial shortcomings/irregularities, the implementation of NCCP also suffered from various other inadequacies and shortcomings.

After examining the implementation of the various facets of the Programme, the Committee in Para 132 had summed up the Reports as follows:—

“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 a 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”.

11. In their action taken note the Ministry have stated as follows:—

“The Cancer Control Programme was started in a modest form initially. Three new schemes were undertaken starting from the year 1990-91. The equipment for cancer treatment are very costly and require sophisticated infrastructure in terms of civil works as approved by Bhabha Atomic Research Centre, Mumbai and the trained personnel. In the Central Council of Health & Family Welfare the need to accord higher priority to cancer control was emphasised to the State Governments/UTs. The funds under National Cancer Control Programme are being released by the Ministry and the same was about 100% during the last two years. During the year 1996-97 a plan provision of Rs.18.00 crores has been made for the programme. As regards setting up of cobalt therapy units, the position has been reviewed in the Ministry. The district cancer projects were reviewed in a meeting in March, 1996. The Annual Report and Audited Accounts of Regional Cancer Centres are laid in the two Houses of Parliament. The separate registers, scheme-wise are being maintained for the grant-in-aid released under various schemes. Necessary action has been initiated to strengthen the staff in the Directorate General of Health Services and the Ministry for the programme. In regard to development of oncology wing, the institutions are got inspected for the purpose before release of grant. A number of non-government organisations in the field are coming up particularly for health education and detection activities. There is a Standing Committee on Radiotherapy Development Programme regarding cobalt therapy units and other radiotherapy equipments. The Committee includes the representative from Bhabha Atomic Research Centre, Mumbai and the experts. A Committee has been set up under the Chairmanship of Director General of Health Services, New Delhi which includes specialists as members for monitoring various aspects of the programme. The items for the Committee include (i) Review of the existing schemes under National Cancer Control Programme, (ii) Augmentation of Cancer Registry Programme to know the state-wise prevalence rate of the disease in various age groups, (iii) simplification of procedures for financial releases under the Programme, (iv) Bottlenecks of District Cancer Control Projects—recommendations for their improvement, (v) updations of document on National Cancer Control Programme. There is a proposal for World Bank assistance for Cancer Control and the Core Committee included experts in the medical field.”

12. The Committee take note of the various steps claimed to have been taken by the Ministry of Health and Family Welfare now (as enumerated above) for improving the implementation of the National Cancer Control Programme. However, in view of the slow progress in the implementation of various schemes under NCCP, particularly setting up of oncology wings in

27 institutions and obtaining of utilisation certificates from Voluntary Organisations, the Committee are not inclined to share the tall claims made by the Ministry. Nevertheless, the committee note that Government have set up a committee under the Chairmanship of the Director General of Health Services for monitoring various aspects of the Programme including review of the existing schemes under NCCP. From the action taken notes furnished by the Government, it appears that the said committee has been in existence atleast for a year. The Committee would have, therefore, expected the Ministry to apprise of the specific time given for the expert committee and the precise progress made in the accomplishment of the task. In the absence of the same, the Committee regret to conclude that the expert committee has made no worthwhile progress. The Committee, therefore, reiterate that the expert committee may be asked to complete the review of the Programme in all its ramifications including the level of funding and take necessary follow-up action in order to deal with the dreaded disease of cancer in a more effective manner. The Committee would like to be apprised of the concrete action taken within a period of three months.

Setting up of Centres of excellence

(S.No.22, Para 133)

13. Emphasising the need for improvement in the quality of Cancer Control Programme, the Committee had recommended 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. In the opinion of the Committee this was desirable particularly in view of the difficulties experienced owing to thin spreading of resources, problems of control, monitoring and financing recurring liability etc.

14. The Ministry in their action taken note have stated as follows:—

“At present there are 12 Regional Cancer Centres in the country. These are specialised institutions exclusively for providing comprehensive facilities for diagnosis and treatment of cancer and undertaking research work in the field. The 10 Regional Cancer Centres are provided grant-in-aid on recurring basis by this Ministry. The two centres at Bombay and Guwahati are financed by the Department of Atomic Energy and other agencies. A number of Regional Cancer Centres receive financial support from the concerned State Governments as well and some of them are State Government institutions. As the cost of cancer treatment is high, there is an endeavour to shorten the distances to be travelled by the patients to avail of the facilities for diagnosis and treatment. There has been emphasis on preventive health education and early detection of cancer and augmentation of treatment facilities. The pain relief measures have also been included in the programme particularly for

terminally ill-patients. There is a proposal for obtaining world Bank assistance for Cancer Control activities.”

15. The Committee agree that geographical proximity may be relevant for treatment of cancer. However, at the same time, the quality of facilities available at such centres is of paramount importance. Since the performance of various schemes operated under NCCP including that of Regional Cancer Centres have been largely unsatisfactory, so far, the idea behind the suggestion for creating centres of excellence was to gain maximum benefit by optimum utilisation of the limited resources available under the Programme. With the existing set up and level of funding and performance, the Committee feel that RCCs may not be able to meet the task effectively. The Committee, therefore, desire that Government should re-examine the whole matter from this point of view.

CHAPTER II

RECOMMENDATIONS AND OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY GOVERNMENT

Recommendations

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 Territory during 1985—94 and further examination by the Committee have revealed several irregularities/short-comings in the implementation of NCCP which are dealt with in the succeeding paragraphs.

[Sl.No.1, Appendix II, Para 112 of 112th Report of PAC (10th Lok Sabha)].

Action Taken Note

Cancer has emerged as a major public health problem with fast changing life-styles and rapid urbanisation. At the global level, about 9.0 million people develop cancer during the year and more than 20 million people suffer from the disease. The 2/3rd of the new cancer patients each year are in developing countries which have only about 5% of global resources to fight the disease. With about 1/6th of the World's population, India's share of the global burden of cancer will be considerable. In India 50%

cancers among males are tobacco related. The common cancers among women are cervical and breast cancer. As a large number of cancer cases are related to the use of tobacco, there has to be emphasis on tobacco control in the country. There has been ban on the advertisements on T.V. and Radio regarding use of tobacco, prohibition of smoking in public places and a warning on cigarette packets that smoking is injurious to health. An anti-tobacco legislation is under consideration of the Government. A comprehensive project has been prepared for National Cancer Control Programme for seeking necessary funding assistance involving a cost of about Rs.100 crores. A Committee under the Chairmanship of Director General of Health Services has been set up for various aspects of the Programme. There is a Standing Committee on Radiotherapy Development Programme which includes the representative of Bhabha Atomic Research Centre, Mumbai and experts in the field. There are twelve Regional Cancer Centres at present which provide comprehensive facilities for diagnosis and treatment of cancer. The institutions at Bombay and Guwahati are financed by the Department of Atomic Energy and other agencies. Grant-in-aid is provided to ten Regional Cancer Centres by the Ministry of Health and Family Welfare and their Annual Reports and Audited Accounts are laid in both the Houses of Parliament. There is wide involvement of Government Medical Colleges/hospitals and non-Government organisations in the fight against cancer. The support of World Health Organisation is also being increasingly obtained for training/workshops, palliative care etc. A WHO funded and supported workshop for monitoring District Cancer Projects was held in March, 1996 which was inaugurated by the Union Minister of State for Health & Family Welfare. The workshop reviewed the progress of the District Cancer Projects with the emphasis of early detection and treatment and wide dissemination of information and education relating to the disease. This included participants from all across the country.

[Ministry of Health & Family Welfare U.O. No. H.11013/595R,
Dated of 24.7.1996]

Recommendations

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 31st 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.

[Sl. No.2 Appendix II Para 113 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

National Cancer Control Programme is implemented through Regional Cancer Centres, State Governments, Medical Colleges and institutions with involvement of non-Government organisations particularly for health education and cancer detection activities. It has been the experience that a large number of cancer patients report with an advanced stage of disease when the treatment is very difficult and rather impossible in a number of cases when only palliative treatment is given. The aspects of early detection of cancer and palliative care have been included in the Programme. The equipment for treatment of cancer patients are very costly and a cobalt therapy unit costs about Rs. One crore. The cobalt source which has to be replaced after about every 5 years costs about Rs. 20.00 lakhs. The cobalt therapy units are all imported at-present. There have been certain problems encountered by some of the State Governments in release of the grant-in-aid under the schemes. A Committee has been constituted under the Chairmanship of Director General of Health Services, New Delhi for review of various aspects of the Programme. This Committee met on 19.12.1995 to oversee all aspects of the Programme. There is a Standing Committee on Radiotherapy Development programme which scrutinises the applications of various institutions for clearance for installation of Radiotherapy units. In a number of cases the matter regarding release/utilisation of funds under the Programme have been taken up with Health Secretaries/Chief Secretaries of the State Governments. The matter regarding utilisation of funds for cobalt therapy units was reviewed in the Ministry. There has been vast improvement in the utilisation of funds under the Programme over the last

2 years. The budget allocations are now released by the Ministry almost in full under National Cancer Control Programme. During the year 1994-95, a plan outlay of Rs. 18.00 crores was approved under the Programme, out of which an amount of Rs. 17.99 crores was released. During 1995-96, a Plan outlay of Rs. 15.00 crores was approved initially and the same was increased to Rs. 16.00 crores subsequently. During these years, the release of funds under the Programme was about 100% as indicated below:—

Year	Plan Allocation	Expenditure (Rs. in crores)
1994-95	18.00	17.99
1995-96	16.00	15.98

During the year 1996-97, a provision of Rs. 18.00 crores has been made for National Cancer Control Programme (Plan) for various schemes.

[Ministry of Health & Family Welfare U.O. No. H. 11013/5/95-R dated 24.7.1996]

Recommendations

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. Adnutting the irregularities, the Ministry of Health & Family Welfare stated that while the former set of cases violated the stipulated condition of utilisation of funds for the purpose 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.

[Sl. No. 3, Appendix II, Para 114 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The matter was taken up with the concerned institutions/State Governments. As regards keeping the amount for cobalt therapy unit in

personal ledger accounts, Govt. of West Bengal has intimated that the amount was kept in the name of the NRS Medical College, Calcutta in the current account with State Bank of India. Regarding diversion of funds. Government of Karnataka has intimated that the district projects in Dharwad and Chikmagalur are implemented through Kidwai Memorial Institute of Oncology, Bangalore which is a Regional Cancer Centre. Out of the expenditure of Rs. 25.63 lakhs, the amount of Rs. 8.73 lakhs (referred to as diversion) was spent under the District Cancer Control Projects towards salaries, contingencies, stationery, TA & DA to staff included in the project. A mobile cancer detection exhibition bus has been built to educate the people in the district. The programme regarding implementation of district projects was reviewed in a WHO meeting held in March, 1996. Cancer Hospital and Research Institute, Gwalior has intimated that they had obtained prior permission of the Directorate General of Health Services, New Delhi for incurring the expenditure towards the District Cancer Control Programme.

Regional Centre for Cancer Research & Treatment Society, Cuttack intimated that a part of the amount was utilised towards ways and means position temporarily and the situation has been rectified by them. As regards Regional Cancer Centre, Trivandrum which is an institution of Government of Kerala, it has been stated that the expenditure on construction work was incurred with the approval of Central Government, Governing Body of the institution and the Government of Kerala. In regard to the district project in Ernakulam, an amount of Rs. 6.44 lakhs has been treated as diversion. Out of this an amount of Rs. 4.18 lakhs has been utilised for conducting a workshop on pain management and training was provided to Medical Officers for administering palliative medicines under palliative care approach. Govt. of West Bengal in regard to district project in Midnapore have intimated that the equipments like endoscope and ultrasound were purchased for early detection of cancer on the specific recommendations of the Committee with District Magistrate as Chairman, as the routine equipment were already available with the Midnapore district Sadar Hospital where the cancer detection centre had been located. J.L. Nehru Medical College and Associated Hospitals, Jaipur regarding diversion of funds has stated that an amount of Rs. One crore was sanctioned by the Government of India for purchase of equipment for Oncology wing. In addition the State Government provided Rs. 21.00 lakhs. Against this allocation cobalt unit and its source were purchased for Rs. 105.99 lakhs. Thus the Central Government Grant of Rs. 100.00 lakhs has been fully utilised for cobalt therapy. As regards purchase of Mammography, which is an X-ray machine for detection of breast cancer, the same was purchased against the sanction of the State Government. This machine is of great significance for early detection of breast cancer.

[Ministry of Health & Family Welfare U.O. No. H. 11013/5/95-R dated
24.07.1996]

Recommendations

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 8 ½ 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 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.

[Sl. No. 6, Appendix II, Para 117 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The cobalt unit costs about Rs. one crore and requires necessary infrastructure in terms of civil works and trained personnel for running the unit. It has radiation hazards and the institutions are inspected by Bhabha Atomic Research Centre, Mumbai. The cobalt source is normally to be changed after every five years and the old source is disposed of carefully under safety regulations. There is a Standing Committee on Radiotherapy Development Programme for regulating cobalt units in the country. The cobalt units are provided for augmentation of treatment facilities and that the patients do not have to travel long distances. The cost of cancer treatment is quite high for the patients and long distance involved may be detrimental to the interest of patient care. The organisations are now asked to provide information regarding installation/functioning of cobalt units etc. quarterly so that appropriate remedial action is taken, where necessary. A number of Institutions/State Governments could not raise the balance funds to meet the cost of the cobalt unit. The quantum of Central assistance for cobalt unit has been increased to Rs. One crore under the scheme. The grantee institutions are impressed upon to utilise the grant within a period of one year for the purpose for which the same is sanctioned. Grant-in-aid to Govt. of Maharashtra and Govt. of Uttar Pradesh for cobalt therapy units in four institutions has been sanctioned recently and it has been stipulated that the cobalt units be installed within a period of six months and the report regarding performance of the equipment may be sent every quarter to the Ministry and the Directorate General of Health Services, New Delhi. The quantum of financial assistance under the scheme for development of oncology wings has also been raised from Rs. One crore to Rs. 1.50 crores for equipment which includes one cobalt unit. These institutions are got inspected for the purpose for release of the grant in selected institutions and various formalities involved in the process are explained to them. The reports received include the following:—

(1) Karnataka Cancer Therapy and Research Institute, Hubli has intimated that the cobalt therapy unit was installed on 2.2.94 and after loading cobalt 60 source obtained from Board of Radiation and Isotope Technology, Mumbai in April, 1994. The unit has been commissioned and the same is functioning satisfactorily.

(2) Assam Medical College, Dibrugarh has intimated that building for installation of cobalt therapy machine has been completed. The cobalt therapy machine will be installed after receipt of cobalt source from Bhabha Atomic Research Centre, Mumbai.

(3) Acharya Harihar Regional Centre for Cancer Research & Treatment Society, Cuttack has intimated that the consignment of Gamma Camera was received on 25.6.1988 Government of Orissa provided funds for infrastructural requirements as indicated below:—

- (i) Civil works Rs. 2,15,700/— *vide* letter dated 24.02.88.
- (ii) Air-conditioning Rs. 1,62,300/— *vide* letter dated 20.01.89.
- (iii) Electrical installations Rs. 58,526/— *vide* letter dated 23.01.89

The funds were allotted to respective Government Departments and the infrastructural works were completed by 1.6.89 and the installation work of the equipment was started by M/s. U.B. Picket Limited, the Indian agent of M/s. Picker International, USA that manufactured the equipment. The Engineer in-charge of installation found several defective parts with the equipment on installation which were said to have been damaged due to long storage in improper environment. The spares were sent for replacement under warranty and some replaced parts were received on 16.8.91. In the meantime, the Indian agent of the manufacturer were changed and M/s. Network Picker Limited were appointed as their agent. The spares were replaced in phased manner till 21.3.95 and the Gamma Camera was finally installed and partially commissioned on 28.4.95. The hard disk of the Computer was found defective and a replaced hard disk under warranty terms and conditions was received on 18.10.95.

(4) Indira Gandhi Medical College, Shimla has intimated that the approval for installation of teletherapy unit was received *vide* Directorate General of Health Services letter dated 28.10.87 with the advice to apply to Division of Radiological Protection, Bhabha Atomic Research Centre, Mumbai for plan and final approval to be accorded after the completion of conditions. Accordingly the drawing plans were submitted to Division of Radiological Protection, Bhabha Atomic Research Centre, Mumbai and drawings were prepared after incorporating the changes/suggestions of Bhabha Atomic Research Centre, Mumbai. Bhabha Atomic Research Centre approved the drawings *vide* letter dated 07.04.88 and the intimation regarding final approval by the Directorate General of Health Services was received *vide* letter dated 24.5.88.

(5) Amala Cancer Hospital & Research Centre, Trichur has submitted utilisation certificate for Rs. 12.00 lakhs sanctioned during 1988-89 for procurement of cobalt therapy unit. The unit has been commissioned on 20.3.91.

(6) Jawaharlal Nehru Medical College, Ajmer have intimated that the cobalt unit and cobalt source were procured by them and the amount has been utilised for the purpose for which it was sanctioned.

(7) S.P. Medical College, Bikaner has intimated that the amount of Rs. 20.00 lakhs has been utilised for purchase of cobalt therapy unit.

An amount of Rs. 77.82 lakhs was received from the Government of Rajasthan towards the project.

(8) Cancer Hospital, Jabalpur has intimated that the cobalt machine received with financial assistance from Central Government was installed in April, 1994. After source loading, the treatment of patients was started from September, 1994.

(9) S.G. Cancer Hospital, Indore has intimated that cobalt unit purchased with the Central assistance has been installed and is fully operational.

(10) Kamala Nehru Memorial Hospital, Allahabad have intimated that the cobalt unit with financial assistance from Central Government has been procured by them. Action is being taken for installation of the unit.

(11) MBS Hospital, Kota could not procure the cobalt unit due to inadequate funds. Necessary infrastructure like civil works as approved by Bhabha Atomic Research Centre, Mumbai are available and additional amount has been provided to the institution for cobalt unit.

(12) An amount of Rs. 20.00 lakhs was sanctioned to VSS Medical College, Burla for cobalt therapy unit. Government of Orissa have requested for additional funds for the purpose.

The cases for additional funds to institutions for cobalt unit were reviewed. The grantee institutions have also been requested to submit quarterly report regarding performance/installation of cobalt units.

[Ministry of Health & Family Welfare U.O. No. H. 11013/5/95—R
dated 24.7.1996]

Recommendations

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.

[Sl. No. 7, Appendix II, Para 118 of 112th Report of PAC—10th Lok Sabha]

Action Taken Note

The institutions were required to send a half-yearly return regarding functioning of cobalt therapy units for treatment of cancer patients. The position has been reviewed and the grantee institutions are now requested to send a quarterly report regarding performance of cobalt unit set up, to the Ministry and the Directorate General of Health Services for remedial action wherever necessary. In regard to the grant released to the Govt. of Maharashtra and Govt. of Uttar Pradesh for cobalt units in four institutions, it has been stipulated that the unit be set up within a period of six months. The life of the cobalt unit is about ten years and the cobalt source is to be replaced after about five years. The cobalt source is got replaced by the institution/State Govt. through Bhabha Atomic Research Centre, Mumbai. In order to have proper coordination with State Govt. institutions, the Central Council of Health & Family Welfare has recommended increase in the staff in the Directorate General of Health Services, New Delhi and the Ministry. Necessary action has been taken for getting necessary work study in the matter.

[Ministry of Health & FW U.O. No. H.11013/5/95-R dated 24.7.1996]

Recommendations

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 bottlenecks for their optimal utilisation.

[Sl. No. 8, Appendix II, Para 119 of 112th Report of PAC
(10th Lok Sabha)]

Action Taken Note

The position regarding procurement of cobalt units by various organisations was reviewed by the Ministry. The quantum of financial assistance for procurement of cobalt units has been increased to Rs. 1.00 crore to commensurate with the cost of the unit. It was observed that a number of institutions provided grant-in-aid for cobalt units earlier, could not raise the balance amount required for the purpose. In a few cases additional grants have been provided to the institutions making a total not exceeding Rs. One crore per unit where necessary infrastructure was available. It is now stipulated that the organisations may provide a quarterly report to the Ministry and the Directorate General of Health Services regarding performance of the cobalt therapy unit set up with the grant-in-aid from the Ministry. There is a Standing Committee on Radiotherapy Development Programme under the Chairmanship of Director General of Health Services which includes representative from Bhabha Atomic Research Centre, Mumbai and experts in the field. The quantum of financial assistance under the scheme for oncology wings has also been raised from Rs. One crore to Rs. 1.50 crores for procurement of equipment which includes one cobalt unit. These institutions are got inspected for the purpose for release of Central assistance. The separate grant registers schemewise are now being maintained under the programme for various schemes. In order to have proper coordinations with the States necessary action is in hand for strengthening the staff in the Ministry and the Directorate General of Health Services for the purpose.

[M/o Health & FW U.O. No. H. 11013/5/95-R dated 24.7.96]

Recommendations

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 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 cannot 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. Considering the crucial importance of cobalt therapy in the treatment of cancer, the Committee hope that at least 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.

[Sl. No. 9, Appendix II, Para 120 of the 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The cost of a cobalt therapy unit is about Rs. one crore and necessary infrastructure in terms of civil works and trained personnel is necessary for functioning of the unit. A proposal has been formulated for obtaining World Bank assistance for treatment of cancer patients at district level involving a project cost of about Rs. 100 crores. The cobalt therapy units are all imported at present. A number of cobalt units in the private sector are also coming up and they set up the units without any financial assistance from the Government. They have, however, to obtain clearance from technical angle from Bhabha Atomic Research Centre, Mumbai and the Standing Committee on Radiotherapy Development Programme. The cobalt units have been exempted from Custom Duty which reduces financial burden on the institution. It is, however, stated that the estimate of 900 cobalt units for the country is on a higher side for a developing country and estimates on international standards may not be applicable for the country. It may be reasonable if the target of about 300 units is attained by the country. Thereafter the expansion programme may be increased further depending upon the availability of resources. There is also the problem of replacement of cobalt units as the average life of a unit is about ten years. A few institutions have linear accelerators alongwith cobalt units. The use of linear accelerator is desirable subject to availability of resources as the linear accelerator is very expensive. We are informed that Department of Electronics have developed a low energy linear accelerator indigenously.

[M/o Health & FW U.O. No. H. 11013/5/95-R dated 24.7.1996]

Recommendations

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 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.

[Sl. No. 10, Appendix II, Para 12, of the 112th Report of PAC
(10th Lok Sabha)]

Action Taken Note

At present there are 12 Regional Cancer Centres in the country. The Ministry provides grant-in-aid to 10 Regional Cancer Centres at Bangalore, Cuttack, Calcutta, Ahmedabad, Gwalior, Trivandrum, Madras, Allahabad, Delhi and Hyderabad. The centre at Mumbai is financed by Department of Atomic Energy and also the Centre at Guwahati which is a State Government institution is now financed by the Department of Atomic

Energy, Government of Assam and North-Eastern Council under a tripartite agreement. Regional Cancer Centres are managed by the respective Governing Bodies which include representatives from the State Government and the Central Government. The institutions provide comprehensive facilities for diagnosis and treatment of cancer. Dr. B.B. Cancer Institute, Guwahati has intimated that the Treatment Planning System was received and installed in March, 1989. As regards utilisation of the machine, since 1989 a limit number of patients were treated under this system as it could not be linked-up with Simulator. The Simulator had a defective I.I. tube and a new tube was imported and put to service in May, 1994. In respect of utilisation of selection machine patients referred from other departments from time to time are getting treatment under this machine. As regards ultrasound equipment, it has been intimated that after the delivery of the machine in 1991 certain parts were found damaged in transit. The supplier took more than one year to replace the parts and repair the machine and the same started functioning towards the last part of 1992-93. The institute has intimated that steps have been initiated to increase the capacity utilisation of Selection and ultrasound machines. Cancer Hospital and Research Institute, Gwalior regarding delay in utilisation of central grant has intimated that the equipment purchased with the central grant are from countries other than India generally. This the amount could not be spent within the stipulated period. Now the formalities like obtaining 'not manufacture in India certificate from Directorate General of Technical Development and Custom Duty Exemption Certificate are not required and the position has improved. As regards import of Treatment Planning System and Ultrasound Scanner, much time was spent in the process of obtaining 'not manufactured in India' and Custom Duty Exemption Certificate. During the period devaluation of Indian rupee was effected and the difference was to be paid by the institute resulting in the expenditure of more amount for these two items. As regards Chittaranjan National Cancer Institute, Calcutta, the institute is financed jointly by the Government of India and Government of West Bengal. It had some administrative problems. The State Government is insisted upon for release of their share and the matter was also discussed in the Standing Finance Committee of the institute which includes the representatives from the State Government and Central Government. A meeting of the Governing Body of Cancer Hospital and Research Institute, Gwalior and Kamala Nehru Memorial Hospital Allahabad were attended recently by senior representatives from the Ministry and the Directorate General of Health Services. The opportunity was also taken to monitor the expenditure and review progress of the institutions concerned.

[M/o Health & FW U.O. No. H. 11013/5/95-R dated 24.7.1996]

Recommendations

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/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 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 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 grant in the current financial year and that with the enhancement of central assistance from Rs. one core to Rs. 1.50 crores for developing oncology wings, 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.

[Sl. No. 11, Appendix II, Para 122 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The scheme for development of oncology wings was taken up for augmentation of cancer treatment facilities in the country and filling up of geographical gaps in the availability of treatment facilities. The quantum of financial assistance under the scheme has been raised to Rs. 1.50 crores per institution which includes one cobalt unit. The assistance under the scheme is provided to Government institutions. The matter regarding development of oncology wing has been taken up with the concerned Health Secretary/Chief Secretary. The responses received from some of the State Governments/institutions are enumerated.

Under the oncology wing the facilities of treatment of cancer patients/cobalt therapy unit have been provided in Jawaharlal Nehru Medical College, Ajmer, Regional Medical College, Imphal, Nizam's Institute of Medical Sciences, Hyderabad and Goa Medical College, Goa. Karnataka Medical College, Hubli have intimated that cobalt unit has been installed in the institution under the scheme for development of oncology wings. Sílchar Medical College, Sílchar has intimated that the cobalt unit has been received for the oncology wing. Assam Medical College, Dibrugarh intimated that the building for the purpose has been completed and the cobalt unit will be installed on receipt of source from Bhabha Atomic Research Centre, Mumbai. Government of Mizoram has intimated that an amount of Rs. 1,28,3,19/- has been utilised for oncology wing out of the amount of Rs. 1,28,95,000/- sanctioned for the purpose. University of Health Services, Vijayawada have intimated that the civil works have been completed but the site is to be handed over to the university by the State Government. The oncology wing will be established soon after the transfer of the land and building to the University of Health Sciences. Government of Uttar Pradesh have intimated that the amount of Rs. 1.00 crore for oncology wing in Aligarh Muslim University, Aligarh has been released to them. The institution has committed the amount for cobalt therapy unit towards irrevocable Letter of Credit. RNT Medical College, Udaipur has intimated that an amount of Rs. 85.00 lakhs has been utilised towards oncology wing out of Rs. 1.00 crore sanctioned to them. Lady Hardinge Medical College, New Delhi are in the process of completion of infrastructure and providing trained personnel for the oncology wing. Government of Bihar have intimated that they have not been able to utilise the amount of Rs. 50.00 lakhs for oncology wing in Darbhanga

Medical College, Laheriasarai as the cost of the equipments is about Rs. 2.00 crores. They have requested that the amount of Rs. 50.00 lakhs sanctioned for oncology wing in the Darbhanga Medical College and the amount of Rs. 1.00 crore sanctioned for Patna Medical College, Patna may be permitted to be utilised for Cancer Centre in Indira Gandhi Institute of Medical Sciences, Patna for which State Government has sanctioned an amount of Rs. 1.53 crores. This has, however, not been agreed to by this Ministry. A number of other institutions/State Governments requested for revalidation of the sanctions and the same were agreed to. The matter is being pursued with the concerned State Governments/institutions. It is expected that cancer treatment facilities in most of these institutions would be available in a period of about one year.

[M/o Health & FW U.O. No. H. 11013595-R, dated 24.7.1996]

Recommendations

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 College 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 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 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 Short-comings observed, the implementation of the district project scheme be examined a fresh, monitoring strengthened and periodic evaluation conducted with a view to taking corrective measures.

[Sl. No. 12—Para 123 of 112 Report of PAC (10th Lok Sabha)].

Action Taken Note

The scheme for district projects for health education, early cancer detection and pain relief measures was initiated for providing facilities at the district level. Directorate General of Health Services, New Delhi have got a number of these projects visited. The projects were reviewed in a WHO meeting in March, 1996. The meeting was inaugurated by the Union Minister of State for Health & Family Welfare. Government of Karnataka are implementing district projects in Dharwad and Chikmagalur through Kidwai Memorial Institute of oncology, Bangalore which is a Regional Cancer Centre. The institute has intimated that the amount of Rs. 40.00 lakhs released to them for the purpose has been utilised fully. Out of this an amount of Rs. 8.73 lakhs referred to as diversion was spent under the district cancer control projects towards salaries, contingencies, stationery, TA & DA to staff included in the project. A mobile cancer exhibition van has been built up to educate the people in the district. In regard to Morena district, Cancer Hospital and Research Institute, Gwalior has intimated that the proposal for release of further grant towards the project has been submitted to the concerned State Government for further necessary action. Government of West Bengal in regard to district project in Midnapore intimated that the equipments like endoscope and ultrasound were purchased for early detection of cancer on the specific recommendations of the Committee with District Magistrate as Chairman, as the routine equipment were already available with the Midnapore district Sadar Hospital where the Cancer detection centre had been located. Government of Gujarat has submitted utilisation certificates in respect of Panchmahal district project undertaken through Gujrat Cancer & Research Institute, Ahmedabad which is one of the Regional Cancer Centres. Govt. of Tamil Nadu has submitted the utilisation certificate in respect of the district project in South Arcot district. A number of

institutions have requested for a van under the scheme. The various, district projects were reviewed in a meeting in March, 1996 which was attended by the representatives of the concerned institutions and State Governments.

[M/o Health & FW U.O. No. H. 11013595-R, dated 24.7.1996]

Recommendations

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 *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 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.

[Sl. No. 13 Appendix II Para 124 of 112th Report of PAC (10th Lok Sabha)].

Action Taken Note

Under the scheme for voluntary organisations, assistance is provided for health education and cancer detection activities. A large number of cancer cases are preventable through proper health education and the cases detected at the initial stage of the disease are curable effectively, economically and without much effort. It was considered to involve the non-Government organisations in the field on a larger scale and the scheme was initiated. The organisations provided assistance under the scheme are visited by the concerned officers of the State Government and assistance is provided on the recommendations of the State Government. The utilisation certificates are also received through the concerned State Government. The various organisations had been requested for sending the utilisation certificates and responses have been received from a number of organisations. The utilisation certificates for the amount of Rs. 55.00 lakhs have been received under the scheme. The utilisation certificates have been received from the organisations as Indian Cancer Society, Delhi, (ii) Dharamshila Cancer Foundation and Research Centre, New Delhi,

(ili) Lokmanya Foundation, Pune, (iv) Nargis Dutt Memorial Hospital, Barshi, (v) Cancer Centre and Welfare Home, Thakurpukur, (vi) Sanjeevan Medical Foundation, Miraj, (vii) Behala B.B. Hospital, Calcutta, (viii) Cancer Detection Society of India, Delhi and (ix) Amala Cancer Hospital, Trichur. A few organisations have intimated that the amount have been utilised by them for the purpose and the same are in the process of providing utilisation certificates/audited accounts through the concerned State Government. Indian Cancer Society, Solapur has intimated that they have utilised a part of financial assistance for the purpose and they are in the process of completing the project. The organisations are requested to utilise the amount for the purpose and submit the utilisation certificates/accounts. Adequate awareness amongst the organisations about the scheme has been created for involvement of more and more organisations for the purpose of cancer control and early detection.

[M/o Health & FW U.O. No. H. 11013595-R, dated 24.7.1996]

Recommendations

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.

[Sl. No. 14 Appendix II Para 125 of 112th Report of PAC (10th Lok Sabha)].

Action Taken Note

The organisations under the scheme are visited by the concerned officers in the State Government which are at distant places throughout the country, in a number of cases. The financial assistance to voluntary organisations is provided on the recommendations of the concerned State Government. The State Government also make their recommendation regarding the ability of organisation to carry out the activities, soundness of financial position, population of the area to be covered and level of the organisation. The utilisation reports are also received through the concerned State Government subsequently taking the responsibility on a continuing basis in respect of the organisations. In view of the large number of such organisations in various parts of the country, uniformity for the purpose may be there. The representatives of various organisations visit the concerned officers in the Ministry and the Directorate General of Health Services and necessary procedures are explained to them. There is increased awareness amongst the organisations and a large number of them approach for involvement in the Programme.

[M/o Health & FW U.O. No. H. 11013595-R, dated 24.7.1996]

Recommendations

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.

[Sl. No. 15 Appendix II Para 126 of 112th Report of PAC (10th Lok Sabha)].

Action Taken Note

The institutions are requested to utilise the grant for the purpose for which it is sanctioned. It is in fact mentioned as one of the conditions of the release of grant-in-aid. The institutions provides an undertaking accepting the terms and conditions of the grant and thereafter the Demand Draft or cheque for the sanctioned amount is sent to the organisation. This fact is now brought home to the representatives of the institutions in meetings/workshops also and whenever they visit the Ministry/Directorate General of Health Services. In a workshop on district projects in March, 1996, it was categorically intimated to the representatives that the grant-in-aid sanctioned by the Ministry should be utilised strictly for the purpose for which it is sanctioned component-wise. Indian Cancer Society is a reputed organisation in the field. The Society has intimated that the educational campaign was undertaken through various media like newspapers, journals, audio cassettes and video films etc. and there was a need to avail the services of advertising agents which may not be viewed as diversion to third party. In such a case overall expenditure schedule may be treated mainly as a guideline without changing the main features and purpose of the project and by keeping the total amount to be spent intact in respect of the project. It is impressed upon the institutions to adhere strictly to the scheme and prior permission may be sought in case any variation was considered necessary to some extent and the cases may be considered depending on merits of each case and nature/extent of variation.

[M/b Health & FW U.O. No. H. 11013595-R, dated 24.7.1996]

Recommendations

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 equipments such as CT scanners, etc. The Committee noted 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 along with remedial measures taken for their optimal utilisation.

[S.No. 16 Appendix II Para 127 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The various institutions receiving C.T. scanners and other equipments under Japanese aid were addressed in the matter. Pt. B.D. Sharma Institute of Medical Sciences, Rohtak has intimated that the C.T. scanner was installed as a turnkey project as soon as the construction work was completed. It started functioning in December, 1990. During the first two years the number of required cases was less and accordingly there was under-utilisation of the equipment. As people came to know of this facility in the institution the number of cases went on increasing. During the last two years the number of cases done is more than the screening capacity of the unit and the number of CT scans during the year 1994 was 4345. Cancer Hospital & Research Institute, Gwalior has intimated that the CT scanner was commissioned from 1.8.1989. The equipment is being utilised optimally and during 1994-95, total number of scanning was 3553. Dr. B.B. Cancer Institute, Guwahati has intimated that there has been under-utilisation of the CT Scanner due to poor air-conditioning. Steps are being taken to install additional window air-conditioners. Kamala Nehru Memorial Hospital, Allahabad has intimated that the CT scanner is being utilised properly with least breakdowns. The number of CT scans during

1994-95 was 1640. Cancer Institute, Madras has intimated that CT scanner was installed in July, 1986 and the same has been utilised optimally. The number of scans done annually has been in the range of 17,000 to 21,000. The institute has stated that utilisation of a CT scanner is as much qualitative as quantitative and the utilisation may be estimated by the number of tomographic slices and cuts that are taken. Instead of the number of patients scanned, the institute has given the range of number of scans done annually. It has been stated that the CT scanner has been utilised to the best possible extent and during the last 9 years the down-time for service and repair has been less than a week per year. The equipment is functioning satisfactorily. Government Medical College Hospital, Nagpur has intimated that there is optimal utilisation of CT scanner. The number of patients scanned during 1994 was 3086. Safdarjung Hospital, New Delhi has intimated that the CT scanner has been used extensively and the equipment is functioning satisfactorily. All India Institute of Medical Sciences, New Delhi has intimated that the CT scanner was installed in October, 1986. The equipment has been utilised optimally and the number of cases done during 1994-95 was 2220. The equipment is now giving trouble regarding maintenance. During inspection of institutions in the year 1992 receiving CT scanner under Japanese aid, satisfactory reports were received regarding performance of the equipment.

[M/o Health & FW U.O. No. H. 11013/5/95-R dated 24.7.1996]

Recommendations

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 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.

[S.No. 17 Appendix II Para 128 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The estimates regarding incidence of cancer and prevalence of the disease are obtained from the cancer registry project of Indian Council of Medical Research. At present there are 6 population based cancer

registries and 6 hospital based cancer registries under the Programme. The Council has intimated that there have been requests for population based cancer registries in West Bengal, Uttar Pradesh (Allahabad and Mainpuri), Haryana (Faridabad) and Orissa. The proposal for expansion of National Cancer Registry Programme, especially population based cancer registries in rural areas, has been under consideration of the Council. However, it has not been possible to initiate new registries due to financial constraints. The Council have intimated in May, 1996 that the network of National Cancer Registry Programme would be expanded if the resources permit.

[M/o Health & FW U.O. No. H. 11013/5/95-R dated 24.7.1996]

Recommendations

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 at least 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.

[S.No. 18 Appendix II Para 129 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

In regard to National Cancer Control Programme, there has been interaction with State Governments in the meetings of the Central Council of Health & Family Welfare under the Chairmanship of Union Minister of Health & Family Welfare. Besides, the interaction is through workshops and monitoring meetings. In regard to District Cancer Projects a WHO workshop was held in March, 1996 which was inaugurated by the then Minister of State in the Ministry of Health & Family Welfare and attended by the representatives of State Governments concerned, Regional Cancer Centres and other representatives. The scheme for oncology wings came up as a follow-up action on the earlier recommendations of the Central Council of Health and Family Welfare. In the last meeting of Central Council of Health & Family Welfare it was *inter-alia* recommended that the staff in the Directorate General of Health Services and the Ministry may be strengthened for overview of the Programme and for better coordination with the State Governments/UTs. Necessary action has been taken to get the work study done for the purpose. The Programme Officers in the Ministry have visited a few institutions and there has been increasing interaction with the representatives of State Governments as regards the Cancer Control Programme. The institutions for development of oncology wings are got inspected before providing financial assistance and there have been consultations with the representatives of the State Governments. It has also been emphasised that the State Governments/UTs may accord higher priority to cancer control and take appropriate action in the matter.

[M/o Health & FW U.O. No. H. 11013/5/95—R dated 24.7.1996]

Recommendations

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 and 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 28th 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 could 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.

[S. No.19 Appendix II Para 130 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The matter regarding utilisation of funds and replies to specific audit objection was taken up with various State Governments/institutions. Letters were addressed to various institutions regarding cobalt therapy units in connection with review of utilisation of funds in this regard. The specific objections/case have also been brought to the notice of the concerned institutions/State Governments. The first letter was issued to 37 institutions/State Governments for furnishing utilisation reports. Other letters were issued in July, August and September '95 in regard to deficiencies pointed by the audit and other cases not covered by audit. A copy each of the proforma letter written to 37 institutions and three other sample letters are available as Annexure-I. The Ministry has received 46 more replies in the matter from various institutions/State Governments. The position regarding District Cancer Projects was reviewed in a meeting held in March, 1996. In regard to cobalt and oncology unit, there is a Standing Committee on Radiotherapy Development Programme.

[M/o Health & FW U.O. No. H. 11013/5/95—R dated 24.7.1996]

ANNEXURE-I

**No.T.20013/11/95-R
Government of India
Ministry of Health & Family Welfare**

**Nirman Bhavan, New Delhi
the 28th Apr., 1995**

To

**Secretary,
Karnataka Cancer Research Therapy Unit,
Hubli,
KARNATAKA**

**Sub: Utilisation report concerning grant for cobalt therapy
unit—regarding**

...

Sir,

An amount of Rs. 20.00 lakhs (Rupees twenty lakhs) only was sanctioned by this Ministry vide letter No.T.20013/9/92-R dated 14.01.1993 for purchase of cobalt therapy unit for your institution.

It is requested that a utilisation report and the relevant audited Annual Accounts of the institution alongwith the utilisation certificate duly certified by the auditors to the effect that the amount has been utilised for the purpose for which it was sanctioned may please be sent to this Ministry through the concerned State Government. An advance copy of the utilisation report and other documents alongwith information in the enclosed proforma may also please be sent to this Ministry direct urgently.

Yours faithfully,

**Sd/-
(L. PRASAD)
DIRECTOR (PH)**

Copy to:

**Secretary, Health and Family Welfare Department,
Government of Karnataka, Bangalore**

**Sd/-
DIRECTOR (PH)**

PROFORMA

1. **Name of the institution** :
2. **Amount sanctioned by the Ministry of Health & FW with sanction No., date and purpose.** :
3. **Total cost of cobalt therapy unit** :
4. **The amount utilised for the purchase of cobalt unit** :
5. **Unutilised amount, if any with the institution** :
6. **Interest etc. earned on the unutilised amount so far** :
7. **The source from where the balance amount was arranged with details thereof** :
8. **Remarks** :

**MOST IMMEDIATE
PAC MATTER
TIME BOUND**

**No.G.20011/16/94/-R(i)
Government of India
Ministry of Health & F.W.**

**Nirman Bhavan, New Delhi
the 11th July, 1995**

To

**The Secretary (Health)
(Smt. Leena Chakraborty)
Government of West Bengal,
CALCUTTA**

**Sub: Audit review—funds released under National Cancer Control
Programme—diversion of funds—reg.**

Sir,

The Comptroller & Auditor General of India has conducted an audit review concerning National Cancer Control Programme. It has *inter alia* been observed that in the State there was diversion of funds in respect of the funds released for the State as per annexure. The grantee institution is not authorised to divert the grant-in-aid for other purposes or entrust the execution of the scheme to another institution or organisation. In case it is not in a position to execute and complete the scheme, the grant is required to be refunded to the Ministry.

It is requested that the reasons for diversion of funds alongwith Action Taken Notes may please be sent to this Ministry. It is also requested that the utilisation certificates alongwith the audited accounts may also please be sent to this Ministry. The requisite information/documents may please be sent to this Ministry within 15 days as the action taken notes is required to be sent to the Public Accounts Committee.

Yours faithfully,

**Sd/-
(L. PRASAD)
DIRECTOR (PH)**

ANNEXURE

Cases of Diversion of Funds

Name of State	Name of grantee institute	Year of sanction	Amt. of grant sanctioned/ released (Rs. in lakhs)	Purpose for which grant sanctioned/ released	Amt. diverted (Rs. in lakhs)	%age	Purpose for which amount of grant diverted with reasons
West Bengal	State Govt.	1991-92 1992-93	25.00	Under the scheme for district project in Midnapore Dt.	12.40	49.6	Spent on purchase of equipment not envisaged in the programme.

**MOST IMMEDIATE
TIME BOUND
PAC MATTER**

**No.G.20011/16/94/-R
Government of India
Ministry of Health & F.W.**

**Nirman Bhavan, New Delhi
the 14th July, 1995**

To

**The Secretary (Health)
Government of Assam/Karnataka/Masharashtra/
Rajasthan/West Bengal/Uttar Pradesh**

**Sub: Audit review—funds under National Cancer Control Programme—
development of oncology wing in medical colleges/hospitals—reg.**

...

Sir,

The Comptroller & Auditor General of India has conducted an audit review concerning National Cancer Control Programme. It has *inter alia* been observed that in regard to development of oncology wings in the institution in your State as per annexure, the project has not been completed expeditiously and there was delay in release of the central assistance by the State Government to the concerned institution.

It is requested that information/documents in respect of the following may please be sent to this Ministry:—

- (1) The utilisation report in respect of the funds provided by the Central Government for development of oncology wing in the institution.**
- (2) The reasons for delay in releasing the central assistance by the State Government to the concerned institution.**
- (3) Reasons for: delay in procurement of equipments/non-initiating the action for procurement of essential equipments under the project.**
- (4) Current status of setting up of oncology wing in the institution and whether the same is fully operational and the steps taken to accelerate the project.**
- (5) Whether chemotherapy and surgery as envisage in the scheme have been considered in the project. The details may please be provided.**

It is requested that the necessary information/documents may please be sent to this Ministry within 15 days as the requisite information is required to be sent to the Comptroller & Auditor General of India/Public Accounts Committee.

Yours faithfully,

Sd/-
(L. PRASAD)
DIRECTOR (PH)

Copy to: The concerned institutions.

It is requested that necessary action may please be taken for completion of the project early and the current status of the project may please be intimated to this Ministry urgently.

Sd/-
(L. PRASAD)
DIRECTOR (PH)

(Rs. in lakhs)

Sl.No.	Name of the institution	Amount of grant	Year of receipt of central assistance by the State Govt.	Date of receipt of funds by the instt.	Date of receipt of equipment	Date of installation	Date of commissioning
1.	Sitchar Medical College, Assam	70.00 30.00	91-92 92-93	3/93 3/94	Lying in warehouse since Oct.,93	Yet to be installed	Yet to be commissioned.

**MOST IMMEDIATE
TIME BOUND
PAC MATTER**

**No.G.20011/16/94/-R
Government of India
Ministry of Health & F.W.**

**Nirman Bhavan, New Delhi
the 21st July, 1995**

To

**The Chairman,
Ashwini Rural Cancer Relief Society,
Agalgaon Road, Barshi,
Solapur-413 401**

**Sub: Utilisation certificate for the funds under National Cancer Control
Programme—regarding.**

Sir,

An amount of Rs. 2.50 lakhs was sanctioned to your organisation for health education and detection activities under National Cancer Control Programme vide this Ministry's letter No. T.20015/20/91-R dated 31.03.92.

It is requested that the utilisation certificate alongwith the relevant audited annual accounts of the institution may please be sent to this Ministry through the concerned State Government. An advance copy of the documents may also please be sent to this Ministry urgently.

It is requested that necessary information/documents may please be sent to this Ministry within 15 days as the requisite information is required to be sent to the Comptroller & Auditor General of India/Public Accounts Committee.

Yours faithfully,

**Sd/-
(L. PRASAD)
DIRECTOR (PH)**

**Copy to: The Secretary (Health), Department of Health & F.W.,
Government of Maharashtra, Bombay**

It is requested that it may please be ensured that the amount is utilised by the organisation for the purpose for which it is sanctioned. The utilisation certificate alongwith the audited annual accounts may please be sent to this Ministry.

**Sd/-
(L. PRASAD)
DIRECTOR (PH)**

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN THE LIGHT OF THE REPLIES RECEIVED FROM GOVERNMENT

Recommendations

It is further distressing to note that the National Cancer Control Programme was neither evaluated by any agency of the State or 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.

[S.No. 20 Appendix II, Para 131 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

Evaluation of National Cancer Control Programme is a continuing process. As a result of experience gained, assistance for cobalt therapy units 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 & Family Welfare which gives an opportunity to assess the impact and suggest measures for improvement of the Programme. The Programme is also considered by the Consultative Committee attached to the Ministry. There are frequent interactions with the Directors of the Regional Cancer Centres. District Cancer Control projects have been reviewed recently and a review regarding utilisation of grant for cobalt units was also undertaken. There is an endeavour to strengthen the monitoring and evaluation aspects of the Programme.

[Mo Health & FW U.O. No. H. 11013595-R dated 24.7.1996]

CHAPTER IV

RECOMMENDATIONS/OBSERVATIONS REPLIES TO WHICH HAVE NOT BEEN ACCEPTED BY THE COMMITTEE AND WHICH REQUIRE REITERATION

Recommendations

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.

[Sl. No. 4 Appendix II, Para 115 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

A bulk of the funds under National Cancer Control Programme have been released under the schemes for development of oncology wings and setting up of cobalt therapy units. The scheme for development of oncology wings also contains a provision for procurement of cobalt unit for treatment of cancer patients. The cobalt therapy units are all imported from other countries like Canada at present. An institution has to obtain clearance from Bhabha Atomic Research Centre, Mumbai for installation of cobalt therapy units in view of the radiation hazards and also from the Standing Committee on Radiotherapy Development Programme and provide trained personnel. The equipment has long lead time and requires a special design of civil works as per the plans approved by the Bhabha Atomic Research Centre, Mumbai. A number of institutions were not able to provide the balance funds required for procurement of equipment apart from the Central assistance. The matter was reviewed under the guidance of the then Union Minister of State for Health & Family Welfare. In a number of cases the Health Secretaries/Chief Secretaries of the State Governments were requested for providing utilisation reports and the situation has been improved. The utilisation certificates for an additional amount of Rs. 4.50 crores have been received. Besides a number of

institutions have intimated that the funds have been committed/utilised by them but the supply of equipments/audit of accounts is in process and utilisation certificates will be sent in due course.

[M/o Health & FW U.O. No. H. 11013595-R dated 24.7.1996]

Recommendations

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 at least 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.

[Sl. No. 5 Appendix II, Para 116 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

There has been increased awareness about the programme through WHO workshops and a large number of organisations approach the Ministry/Directorate General of Health Services for involvement in various schemes. A number of organisations are doing good work in the field. A Committee has been set up under the Chairmanship of Director General of Health Services for various aspects of the Programme. It is emphasised to the organisations that the amount should be utilised by them for the

purpose for which it is sanctioned. The funds under the programme are released almost fully to various organisations. During the last two years the position regarding release of funds is as follows:—

(Rs. in crores)

	Funds	
	Plan Allocation	Expenditure
1994-95	18.00	17.99
1995-96	16.00	15.98

During 1995-96, the plan provision was Rs. 15.00 crores initially which was increased to Rs. 16.00 crores and the same was utilised almost 100% under various schemes. During the year 1996-97, a Plan provision of Rs. 18.00 crores has been made for the programme.

The matter regarding utilisation of funds has been taken up at the level of Health Secretary/Chief Secretary in a number of cases. The position is reviewed from time to time and utilisation certificates for an additional amount of Rs. 4.50 crores have been received. A number of institutions have intimated that they have committed the funds for procurement of equipment by placing orders and the utilisation certificates will be sent in due course. The separate grant registers, scheme-wise are now maintained in respect of the grants released under the Programme. The Annual Report and Audited Accounts of the Regional Cancer CENTERS are laid in the two Houses of Parliament. In regard to oncology wings, the institutions are got inspected before release of the financial assistance for the purpose.

[MO Health & FW U.O. No. H. 11013595-R dated 24.7.1996]

Recommendations

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 a 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.

[S. No. 21 Appendix II Para 132 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

The Cancer Control Programme was started in a modest form initially. Three new schemes were undertaken starting from the year 1990-91. The equipment for cancer treatment are very costly and require sophisticated infrastructure in terms of civil works as approved by Bhabha Atomic Research Centre, Mumbai and the trained personnel. In the Central Council of Health & Family Welfare the need to accord higher priority to cancer control was emphasised to the State Governments/UTs. The funds under National Cancer Control Programme are being released by the Ministry and the same was about 100% during the last two years as indicated below:—

(Rs. in crores)

Year	Plan Allocation	Amount Released
1994-95	18.00	17.99
1995-96	16.00	15.98

During the year 1996-97 a Plan provision of Rs. 18.00 crores has been made for the programme. As regards setting up of cobalt therapy units, the position has been reviewed in the Ministry. The district cancer projects were reviewed in a meeting in March, 1996. The Annual Report and

Audited Accounts of Regional Cancer Centres are laid in the two Houses of Parliament. The separate registers, scheme-wise are being maintained for the grant-in-aid released under various schemes. Necessary action has been initiated to strengthen the staff in the Directorate General of Health Services and the Ministry for the programme. In regard to development of oncology wing, the institutions are got inspected for the purpose before release of grant. A number of non-government organisations in the field are coming up particularly for health education and detection activities. There is a Standing Committee on Radiotherapy Development Programme regarding cobalt therapy units and other radiotherapy equipments. The Committee includes the representative from Bhabha Atomic Research Centre, Mumbai and the experts. A Committee has been set up under the Chairmanship of Director General of Health Services, New Delhi which includes specialists as members for monitoring various aspects of the programme. The items for the Committee include (i) Review of the existing schemes under National Cancer Control Programme, (ii) Augmentation of Cancer Registry Programme to know the State-wise prevalence rate of the disease in various age groups, (iii) simplification of procedures for financial releases under the Programme, (iv) Bottlenecks of District Cancer Control projects—recommendations for their improvement, (v) updation of document on National Cancer Control Programme. There is a proposal for World Bank assistance for cancer control and the Core Committee included experts in the medical field.

[M/o Health & FW U.O. No. H. 11013595—R dated 24.7.1996]

Recommendations

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.

[Sl. No. 22 Appendix II Para 133 of 112th Report of PAC (10th Lok Sabha)]

Action Taken Note

At present there are 12 Regional Cancer Centres in the country. These are specialised institutions exclusively for providing comprehensive facilities for diagnosis and treatment of cancer and undertaking research work in the field. The 10 Regional Cancer Centres are provided grant-in-aid on recurring basis by this Ministry. The two centres at Bombay and Guwahati are financed by the Department of Atomic Energy and other agencies. A number of Regional Cancer Centres receive financial support from the concerned State Governments as well and some of them are State Government institutions. As the cost of cancer treatment is high, there is an endeavour to shorten the distances to be travelled by the patients to

avail of the facilities for diagnosis and treatment. There has been emphasis on preventive health education and early detection of cancer and augmentation of treatment facilities. The pain relief measures have also been included in the programme particularly for terminally ill-patients. There is a proposal for obtaining World Bank assistance for Cancer Control activities.

Sd/-

(Rita Menon)

Joint Secretary (RM)

Min. of Health & Family Welfare

[M/o Health & FW U.O. No. H. 11013/5/95—R dated 24.7.1996]

CHAPTER V

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH GOVERNMENT HAVE FURNISHED INTERIM REPLIES

·NIL·

NEW DELHI;
19 December, 1996

28 Agrahayana, 1918(S)

DR. MURLI MANOHAR JOSHI,
Chairman,
Public Accounts Committee.

PART II

MINUTES OF THE TENTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE HELD ON 17 DECEMBER, 1996

The Committee sat from 1500 hrs. to 1600 hrs. on 17 December, 1996 in Committee Room "D", Parliament House Annexe.

PRESENT

Dr. Murli Manohar Joshi — *Chairman*

MEMBERS

Lok Sabha

2. Shri Anandrao Vithoba Adsul
3. Shri Nirmal Kanti Chatterjee
4. Smt. Sumitra Mahajan
5. Shri Suresh Prabhu
6. Shri V.V. Raghavan
7. Dr. T. Subbarami Reddy
8. Shri Ishwar Dayal Swami

Rajya Sabha

9. Shri Rajubhai A. Parmar

SECRETARIAT

1. Shri J.P. Ratnesh — *Joint Secretary*
2. Smt. P.K. Sandhu — *Director*
3. Shri P. Sreedharan — *Under Secretary*

Officers of the Office of C&AG of India

1. Shri Vijay Kumar DGA, P&T
2. Shri B.M. Oza DGACR
3. Shri Sameer Ray Pr. Director (DT)
4. Shri A.K. Thakur Pr. Director
(Report Central)
5. Shri S.C.S. Gopalkrishnan Director (Railway)
6. Smt. Sangeeta Chore Director (DT)

7. Shri Ashim Sharma

Dy. Director (DT)

2. The Committee took up for consideration the following draft Reports:—

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|-------|--|-----|-----|
| (i) | *** | *** | *** |
| (ii) | *** | *** | *** |
| (iii) | Action Taken on 112th Report of PAC (10th Lok Sabha) on National Cancer Control Programme. | | |

The Committee adopted the draft Reports at serial Nos. (i) and (ii) above with Certain modifications and amendments as shown in Annexure-I* and II* respectively. The Committee adopted the draft Report at serial No. (iii) above without any amendments.

3. The Committee also authorised the Chairman to finalise these draft Reports in the light of verbal and consequential changes arising out of factual verification by Audit and present these Reports to the House in the current Session of Parliament.

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| 4. | *** | *** | *** | *** |
| 5. | *** | *** | *** | *** |
| 6. | *** | *** | *** | *** |
| 7. | *** | *** | *** | *** |
| 8. | *** | *** | *** | *** |

The Committee then adjourned.

APPENDIX

Conclusions and Recommendations

Sl. No.	Para No.	Ministry/Deptt. concerned	Conclusions/Recommendations
1	2	3	4
1.	9	Ministry of Health & Family Welfare (Department of Health)	The Committee are unhappy to note that in respect of the various cases of misuse of NCCP funds, the Ministry have merely enumerated the explanations offered by the State Governments concerned without indicating whether those explanations were accepted/acceptable to the Ministry and, if not, the action taken or proposed to be taken on the various acts of omission and commission. Distressingly, the action taken note is completely silent whether a system of monitoring has since been evolved with a view to proper administering of the funds released and obviating recurrence of cases of financial irregularities. What has caused deep concern to the Committee is that out of funds amounting to Rs. 47.27 crores released to the State Governments during 1985-94, utilisation certificates for Rs. 42.77 crores are yet to be obtained by the Ministry. The Committee strongly deplore this state of affairs and desire that the Ministry should take concrete action on all the cases of misuse of NCCP funds, establish a proper system of monitoring in respect of funds released and ensure that all the pending utilisation certificates are obtained. within a period of three

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months. The Committee would also like to be informed of the latest position with regard to release and utilisation of funds and submission of utilisation certificates.

2. 12 Ministry of Health & Family Welfare (Department of Health)

The Committee take note of the various steps claimed to have been taken by the Ministry of Health and Family Welfare now (as enumerated above) for improving the implementation of the National Cancer Control Programme. However, in view of the slow progress in the implementation of various schemes under NCCP, particularly setting up of oncology wings in 27 institutions and obtaining of utilisation certificates from Voluntary Organisations, the Committee are not inclined to share the tall claims made by the Ministry. Nevertheless, the Committee note that Government have set up a Committee under the Chairmanship of the Director General of Health Services for monitoring various aspects of the Programme including review of the existing schemes under NCCP. From the action taken notes furnished by the Government, it appears that the said Committee has been in existence atleast for a year. The Committee would have, therefore, expected the Ministry to apprise of the specific time given for the expert Committee and the precise progress made in the accomplishment of the task. In the absence of the same, the Committee regret to conclude that the expert committee has made no worthwhile progress. The Committee, therefore, reiterate that the expert Committee may be asked to complete the review of the Programme in all its

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ramifications including the level of funding and take necessary follow-up action in order to deal with the dreaded disease of cancer in a more effective manner. The Committee would like to be apprised of the concrete action taken within a period of three months.

3. 15 Ministry of Health & Family Welfare (Department of Health)

The Committee agree that geographical proximity may be relevant for treatment of cancer. However, at the same time, the quality of facilities available at such centres is of paramount importance. Since the performance of various schemes operated under NCCP including that of Regional Cancer Centres have been largely unsatisfactory, so far, the idea behind the suggestion for creating centres of excellence was to gain maximum benefit by optimum utilisation of the limited resources available under the Programme. With the existing set up and level of funding and performance, the Committee feel that RCCs may not be able to meet the task effectively. The Committee, therefore, desire that Government should re-examine the whole matter from this point of view.

**LIST OF AUTHORISED AGENTS FOR THE SALE OF LOK SABHA
SECRETARIAT PUBLICATIONS**

Sl. No.	Name of Agent	Sl. No.	Name of Agent
ANDHRA PRADESH		WEST BENGAL	
1.	M/s. Vijay Book Agency, 11-1-477, Mylargadda, Secunderabad-500361.	13.	M/s. Manimala, Buys & Sells, 123, Bow Bazar Street, Calcutta-1.
BIHAR		DELHI	
2.	M/s. Crown Book Depot, Upper Bazar, Ranchi (Bihar).	14.	M/s. Jain Book Agency, C-9, Connaught Place, New Delhi. (T. No. 351663 & 350806).
GUJARAT		15.	M/s. J. M. Jaina & Brothers, P. Box 1020, Mori Gate, Delhi- 110006. (T. No. 2915064 & 230936).
3.	The New Order Book Company, Ellis Bridge, Ahmedabad-380006. (T. No. 79065).	16.	M/s. Oxford Book & Stationery Co., Scindia House, Connaught Place, New Delhi-110001. (T. No. 3315308 & 45896).
MADHYA PRADESH		17.	M/s. Bookwell, 2/72, Sant Niran- kari Colony, Kingsway Camp, Delhi-110009. (T. No. 7112309).
4.	Modern Book House, Shiv Vilas Palace, Indore City. (T. No. 35289).	18.	M/s. Rajendra Book Agency IV-DR59, Lajpat Nagar, Old, Double Storey, New Delhi- 110024. (T. No. 6412362 & 6412131).
MAHARASHTRA		19.	M/s. Ashok Book Agency, BH-82, Poorvi Shalimar Bagh. Delhi-110033.
5.	M/s. Sunderdas Gian Chand, 601, Girgaum Road, Near Princes Street, Bombay-400002.	20.	M/s. Venus Enterprises, B-2/85, Phase-II, Ashok Vihar, Delhi.
6.	The International Book Service, Deccan Gymkhana, Poona-4.	21.	M/s. Central News Agency Pvt. Ltd., 23/90, Connaught Circus, New Delhi-110001. (T. No. 344448, 322705, 344478 & 344508).
7.	The Current Book House, Maruti Lane, Raghunath Dadaji Street, Bombay-400001.	22.	M/s. Amrit Book Co. N-21, Connaught Circus, New Delhi.
8.	M/s. Usha Book Depot, 'Law Book Seller and Publishers' Agents Govt. Publications 585, Chira Bazar Khan House, Bombay-400002.	23.	M/s. Books India Corporation Publishers, Importers & Expor- ters, L-27, Shastri Nagar, Delhi-110052. (T. No. 269631 & 714465).
9.	M&J Services, Publishers, Repre- sentative Accounts & Law Book Sellers, Mohan Kunj, Ground Floor 68, Jyotiba Fuele Road, Nalgaum-Dadar, Bombay-400014.	24.	M/s. Sangam Book Depot, 4378/4B, Murari Lal Street, Ansari Road, Darya Ganj, New Delhi-110002.
10.	Subscribers Subscription Services India, 21, Raghunath Dadaji Street, 2nd Floor, Bombay-400001.		
TAMIL NADU			
11.	M/s. M. M. Subscription Agen- cies, 14th Murali Street, (1st floor) Mahalingapuram, Nungam- bakkam, Madras-600034. (T. No. 476558).		
UTTAR PRADESH			
12.	Law Publishers, Sardar Patel Marg, P. B. No. 77, Allahabad, U.P.		