

FIFTY-FIFTH REPORT

ESTIMATES COMMITTEE

(1987-88)

(EIGHTH LOK SABHA)

**MINISTRY OF HEALTH
AND FAMILY WELFARE**

Action Taken by Government on the recommendations contained in the Fortieth Report of Estimates Committee (8th Lok Sabha) on the Ministry of Health and Family Welfare—Medical Stores Organisation



Presented to Lok Sabha on...12 April, 1988

**LOK SABHA SECRETARIAT
NEW DELHI**

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(1987-88)**

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(iv)

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(1987-88)

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8. Shri Shantaram Naik
9. Shri A. Charles

INTRODUCTION

1, the Chairman of the Estimates Committee having been authorised by the Committee to submit the Report on their behalf present this Fifty-fifth Report on action taken by Government on the recommendations contained in the Fortieth Report of the Estimates Committee (8th Lok Sabha) on the Ministry of Health & Family Welfare—Medical Stores Organisation.

2. The Fortieth Report was presented to Lok Sabha on 27th March, 1987. Government furnished their replies indicating action taken on the recommendations contained in that Report on 27th November, 1987. The replies were examined by the Study Group on Action Taken Reports of Estimates Committee at their sitting held on 23.3.88. The draft report was adopted by the Estimates Committee on 30.3.88.

3. The report has been divided into following Chapters :

(i) Report

(ii) Recommendations/Observations which have been accepted by Government.

(iii) Recommendations/Observations which the Committee do not desire to pursue in view of Government's replies.

(iv) Recommendations/Observations in respect of which replies of Government have not been accepted by the Committee.

(v) Recommendations/Observations in respect of which final replies of Government are still awaited.

4. An analysis of action taken by Government on the recommendations contained in Fortieth Report of Estimates Committee (Eight Lok Sabha) is given in Appendix. It would be observed that out of 22 recommendations made in the Report, 13 recommendations i.e. about 59.1 per cent have been accepted by Government and the Committee do not desire to pursue 2

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(viii)

recommendations i.e. about 9.1 percent in view of Government replies. Replies of Government in respect of 6 recommendations i.e. about 27.3 per cent have not been accepted by the Committee. Reply of Government in respect of 1 recommendation i.e. about 4.5 per cent is still awaited.

NEW DELHI

March 18, 1988

Phalguna 28, 1909 (S)

CHANDRA TRIPATHI,

Chairman,

Estimates Committee.

CHAPTER I

REPORT

1.1 This Report of the Estimates Committee deals with Action Taken by Government on the recommendations contained in their Fortieth Report (8th Lok Sabha) on the Ministry of Health and Family Welfare—Medical Stores Organisation presented to Lok Sabha on 27th March, 1987.

1.2 Action Taken Notes have been received in respect of all the recommendations contained in the Report.

1.3 Action Taken Notes on the recommendations of the Committee have been categorised as follows :—

- (i) Recommendations/Observations which have been accepted by the Government :

Sl. Nos. 1, 2, 3, 5, 8, 11, 14, 15, 16, 18, 19, 20, 21.

(Total 13—Chapter II)

- (ii) Recommendations/Observations which the Committee do not desire to pursue in view of Government's replies :

Sl. Nos. 4(a), 6.

(Total 2—Chapter III)

- (iii) Recommendations/Observations in respect of which Government's replies have not been accepted by the Committee :

Sl. Nos. 4, 7, 9, 10, 13, 17.

(Total 6—Chapter IV)

- (iv) Recommendations/Observations in respect of which final replies are still awaited :

Sl. No. 12.

(Total 1—Chapter V)

1.4 The Committee will now deal with the Action Taken by Government on some of the recommendations.

Setting up of New Medical Stores Depots

Recommendation Sl. No. 4 (Para 2.35)

1.5 The Committee had expressed their unhappiness over the fact that although the number of existing depots was inadequate to cater fully to the needs of the country, yet in the first instance it had been thought to strengthen the existing depots and to convert the Medical Store Sub-Depot Delhi into a full-fledged depot only. The Committee had felt that keeping in view the overall increase in the turnover of various indentors and activities of Medical Stores Depots the Ministry should examine the feasibility of setting up of more depots in the areas where there was demand but the present arrangement was not adequate to cater to it. In this context Committee desired that the feasibility of opening a sub-depot at Port Blair should be considered.

1.6 In their Action taken reply Ministry of Health and Family Welfare have stated :—

“The order issued regarding conversion of the Medical Store Sub-Depot, Delhi into a fullfledged depot has since been implemented. This depot, apart from functioning like any other depot, will help the Government in meeting some emergent situations. With this, the strength of the Medical Stores Depots in India has risen to 7. Apart from supplying medicines to CGHS and other Central Government Agencies, Medical Stores Depots supply medicines to many State Governments also. A team of officers from the Medical Stores Organisation are scheduled to visit Port Blair to discuss the whole issue with the local authorities there.”

1.7 In their original report, the Committee had recommended that the Ministry of Health and Family Welfare should examine the feasibility of setting up of more depots in such areas where there was demand as the present arrangement was not adequate to cater to the needs of those areas. In this context, the Committee had desired that the feasibility of opening a sub-depot at Port Blair should also be considered. The reply of the Ministry is inadequate in as much as it only indicates the steps taken to set up a sub-depot at Port Blair. No action has been taken on the main recommendation of the Committee regarding the indentification of such areas whose requirements are not being met fully by the existing Medical Store Depots. Since there are more than 16,000 indentors spread throughout the country, of which 75% are small indentors like Public Health Centres, Government dispensaries, etc. it is imperative to set up more sub-depots at reasonable distances from the indenting offices. In the

circumstances the Committee reiterate their recommendation and desire that the Ministry of Health should make an assessment of such areas without any further delay and take necessary measures for setting up of Medical Stores Depots in those areas.

Supplies to Indentors

Recommendation Sl. No. 7 (Para 3.8)

1.8 The Committee were surprised to find that on the one hand there was stated to be no funds constraint for the purchase of material, and on the other hand supplies to indentors were cut short by 10% on an average due to budgetary constraints and that indentors like CGHS, P&T Dispensaries, Delhi Hospitals etc. and Union Territories like.....Andaman & Nicobar Islands, Pondicherry etc., were not being supplied medicines as per their requirements. The Committee desired the Government to reconcile the two statements and pin-point the reasons because of which the indentors were not being catered to fully and initiate suitable remedial measures accordingly.

1.9 Ministry of Health and Family Welfare in their action taken reply have stated,

“Funds to the depots are allocated as usual on the basis of previous years performance. But when supplementary indents come in the end of the year additional funds are required at the particular point.

As a remedial measure, action not to entertain indents from casual indentors has already been taken.”

1.10 The Committee are not convinced by the clarification given on the failure of the Medical Stores Organisation to meet fully the demands of its indentors. The Committee recommend that requirements of all regular indentors should be pooled and assessed in time, so that in revised estimates, their needs are fully provided and arrangements made for supply in full before the year end.

Items under Rate contract

Recommendation Sl. No. 8 (Para 4.8)

1.11. The Committee had considered that the suggestion of the DGS&D to submit indents for the procurement of medicines in a phased manner and groupwise i.e. for capsule, tablets, injections etc. separately rather than in one bunch (as was being done at present) should be implemented urgently so

as to reduce the time lag between the placing of indents for medicines and their final procurement, which at present was stated to be 7 to 8 months to the barest minimum. The Committee felt that covering more items under the rate contract system would go a long way in obviating the delay in procurement of supplies. The Committee also desired the Ministry of Health and Family Welfare to initiate immediate action for computerisation of the whole process, so as to cut the delays in the procurement of medicines and their ultimate supply to the indentors.

1.12 In their action taken reply, Ministry of Health and Family Welfare have stated,

“...The Department have chalked out a programme for placement of indents on DGS&D in advance groupwise. For instance, 1988-89 indents have already been placed. The orders for computers have also been placed and training for operating computers is also being imparted to the staff.

Directors General Supply & Disposal has been requested to conclude Rate Contracts for more number of items.”

1.13 The Committee hope that a modified procedure to streamline the system of indenting, consolidating and placing of orders on DGS & D will have been by now established so as to ensure timely action on procurement and supply. The Committee desire that Ministry of Health and Family Welfare should pursue with the Director General, Supply and Disposal for inclusion of more items under rate contract system. The Committee would like to be informed about the increases in items and values thereof as included under rate contract system through DGS & D.

Enhancement of Monetary limit for local purchases

Recommendation Sl. No. 9 (Para 4.19)

1.14 The Committee had recommended that the Ministry of Health and Family Welfare should go into the matter of revision of monetary limit of Rs. 1 lakh for local purchases of medicines by MSDs in depth and resettle the monetary limit upto which the Medical Stores Depots may be allowed to make local purchases in future. Once the limit was laid down the Committee expected it to be scrupulously adhered to by Medical Stores Depots and all local purchases beyond that limit should invariably be made through DGS & D.

1.15 In their action taken reply the Ministry of Health and Family Welfare have stated : —

“To achieve the objectives of reducing local purchases, the following steps have been taken : —

1. Revision of vocabulary of Medical Stores is a continuous process and it is being updated from time to time.
2. Depots have been advised not to accept indents of NIV items from indentors.
3. DGS & D has been requested to conclude Rate contracts for more number of items.”

1.16 The Committee had observed that to meet the urgent requirements of the indentors, Medical Stores Depots resorted to local purchases within the limit of Rs. 1 lakh. The Ministry of Health and Family Welfare had informed the Committee that the present limit of Rs. 1 lakh for local purchases was not considered adequate and that a proposal of the Ministry for enhancing the financial limit upto Rs. 10 lakhs was under consideration of the Ministry of Supply. The Committee had, therefore, recommended that the Ministry of Health & Family Welfare should go into the matter of revision of monetary limit for local purchases of medicine by Medical Stores Depots in depth and resettle the monetary limits. The reply of the Ministry however shows that Ministry has not paid any attention to this matter. When restrictions exist under financial rules for local purchases, it is imperative that they are fully honoured and it is improper to violate them. The Committee do not therefore consider the steps taken adequate to justify violation of financial rules. The Committee therefore strongly reiterate that financial rules should be fully honoured and if deviations are required, the procedure prescribed under the rules should be fully observed and relaxations obtained invariably in all cases.

Disparity in procurement prices through DGS & D and locally

Recommendation Sl. No. 10 (Para 4.22)

1.17 The Committee were unhappy to find a huge disparity between the procurement prices of items procured through local purchase and those through DGS & D. It was noted that out of 44 items selected, at random, for price comparison, in as high as 23 cases (i. e. 52%) local purchases rates were lower than those approved by DGS & D, in 14 cases (i. e. 32%) they were higher than DGS & D rates and in 7 cases (i. e. 16%) the prices were at par. The very fact that DGS & D prices in 52% were higher showed that

he very purpose of making purchases through DGS & D was being completely defected. The Committee were not aware whether the procurement made through local purchases satisfied the standard specifications laid down or not. The Committee desired that a thorough check be kept on the standards of stores purchased through Local purchases as also those through DGS & D. The Committee recommended that Ministry of Health and Family Welfare should in consultation with the DGS & D, go into the matter thoroughly and have a fresh look at the system responsible for fixing prices for the procurement of medicines both through local purchases and DGS&D. They should also ensure that no vested interest had been created between persons responsible for the purchase of medicines and the firms concerned.

1.18 The Ministry of Health & Family Welfare in their action taken reply have stated :—

“Prices of drugs are normally governed by various factors i.e. time lag, number of parties responded and quantities/value of the tender, fluctuation of raw material prices. Besides this both the organisation follow different patterns of registration of firms to whom Rate Enquiries are issued.

It is felt that it is difficult to evolve a common code/system of purchase in both the organisations which are placed on different footing.

Nevertheless the purchase Organisation in this Ministry invariably keeps in mind the price determined by DGS & D which is a much bigger organisation. However, in cases where Medical Stores Organisation gets lower rates, the fact is reported to DGS & D including High Power Committee (Drugs) meeting conducted by DGS & D.”

1.19 The Committee are not convinced by the general clarification given for the variation in prices. The Committee reiterate its earlier recommendation that the contributory causes for higher prices for DGS & D purchases may be gone into thoroughly for appropriate action.

Augmentation of Storage Capacity

Recommendation Sl. No. 13 (Para 5.20)

1.20 The Committee were constrained to note that most of the Medical Stores Depots continued to be housed in very old and dilapidated buildings which had practically outlived their lives and were unsuitable for storage of

medicines. The Committee also felt unhappy to be informed that it had not been possible for the Planning Commission to provide any funds during the Seventh Five Year Plan for construction of new buildings or augmentation of the present storage capacity. All that had been ear-marked was a sum of rupees 3 crores for storage and some other items against the demand of Rs. 18 crores as a non-plan expenditure. The Committee hardly expected that within this partly amount either it would be possible to make any appreciable improvement in the storage capacity of the Medical stores Depots or construct any new buildings. The Committee had therefore recommended that the Ministry of Health and Family Welfare should emphasise upon the Planning Commission the imperative need of providing adequate and suitable storage facilities and allotment of requisite funds for the purpose. Alternatively, it should not be difficult for the Government to allot the required funds as a non-Plan expenditure.

1.21 In their action taken reply, the Ministry of Health and Family Welfare have stated :—

“Construction of the Gauhati Depot building is in progress. As regards construction of building in other Depots, the matter will be taken up depending upon the availability of funds under Non-Plan Scheme.” •

1.22 The Committee are unhappy to note that no positive reply has been given on the action taken to improve the situation. The Committee recommend that the matter may be taken up with the Planning Commission, in case it is not possible to get funds from non-plan programme.

Forward Provisioning

Recommendation Sl. No. 14 (Para 5.30)

1.23 The Committee found that the main factor coming in the way of effective forward provisioning of medical stores and ensuring full and timely supply of stores to various indentors including CGHS was the placement of a very large number of supplementary and emergency indents by the indentors in an arbitrary manner. The Committee noted that to remedy the situation, the Ministry of Health and Family Welfare was planning to ask the indentors to place indents with the Medical Stores Depots not more than twice a year. The Committee, however, failed to understand that how in the absence of proper inventory control any forward provisioning of medical stores could be meaningful even though the indentors adhered to the schedule as desired by the Ministry. They felt that all that was being done now in the name of forward provisioning of medical stores was that all provisioning was being done on an *ad hoc* basis. The Committee therefore, desired that the medical

Stores Depots should evolve an effective inventory control system so that forward provisioning of medical stores could be done on a realistic and scientific basis. In this connection the Manual of Medical Stores Depots which was stated to have become outdated should be reviewed, revised and updated so as obviate the problems in adhering to the guidelines specified for proper stock provisioning. The recommendations contained in the report of Tata Consultancy services regarding forward provisioning and modern methods of monitoring should also be examined quickly and implemented at the earliest.

The Committee desired that in future if a study regarding forward provisioning and modern methods of monitoring was conducted, it should be entrusted to an Organisation under the Government viz Defence Institute of Work Study Mussorrie and the like instead of entrusting it to a private Organisation.

1.24 In their action taken reply, Ministry of Health & Family Welfare have stated :—

“An ABC Analysis of items has been conducted for effective inventory control. Schedule for forward provisioning and consequent placement of indents on DGS & D have since been advanced. Necessary amendments will be introduced in the Manual.”

1.25 The Committee desire that the outdated Manual of Medical Stores Depots should be reviewed, revised and amended by a time bound programme. The Committee would also like to be informed regarding the action taken on the report of Tata Consultancy Services in the matter.

Life Expired Drugs

Recommendation Sl. No. 17 (Para 6.8)

1.26 The Committee were firmly of the opinion that had the Ministry of Health and Family Welfare continuously and closely monitored the receipt and despatch of drugs by the Medical Stores Depots, the quantum of stock of life expired drugs, which stood at Rs. 44.39 lakhs till August, 1986 would had been much lower. The Committee could not but attribute this state of affairs to the lassitude shown by the concerned authorities and the lackadaisical manner in which they had dealt with the matter, causing a huge loss to the exchequer. The Committee understood that the Ministry of Health and Family Welfare had then initiated certain measures to remedy that situation. The Committee stressed that strict vigil should be kept on the stock position of such drugs and their issue on priority basis so as to reduce the quantum of loss on this account to the barest minimum.

1.27 The Committee emphasised that normally drugs having full span of life at the time of purchase, should be procured by the Medical Stores Organisation. If however, due to emergency some drugs having a short period of life had to be purchased, the feasibility of inserting a condition in terms of purchase of such drugs should be considered that in case such drugs remained unutilised within the short period left for expiring these should be replaced by the firm concerned by fresh drugs free of cost.

1.28 In their action taken reply, Ministry of Health and Family Welfare have stated :

“Majority of the time-expired drugs pertain to the old years. The quantum of time expired items has come down subsequently. A good number of items have been got replaced from the suppliers free of any charge. As per standing instructions item which have got 1/6th of its shelf at the time of tendering are to be accepted. Although in emergency situation, drugs with short life span are immediately used up, instructions have been issued to all the Depots to incorporate free replacement clause in supply orders for unutilised stocks.”

1.29 The Committee feel that the present system of accepting drugs which have got 1/6 of its shelf life at the time of tendering would not be conducive to present practice of indenting by consumers, consolidating, processing with DGS & D, supply and distribution (directly and through MSD) and the Committee feel that all medicines at the time of supply must have at least one year of its shelf life still operational. The Committee therefore recommend that the existing instructions in this regard may be reviewed.

Implementation of recommendations

1.30 The Committee would like to emphasise that they attach the greatest importance to the implementation of the recommendations accepted by the Government. They therefore, urge that Government should take appropriate steps in this regard. In case where it is not possible to implement the recommendation in letter and spirit for any reason the matter should be reported to the Committee in time with reasons for non-implementation.

1.31 The Committee also desire that final replies in respect of the recommendations contained in Chapter V of this report may be furnished to the Committee expeditiously.

CHAPTER II

RECOMMENDATIONS/OBSERVATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Recommendation Sl. No. 1 (Para 1.10)

The Committee are constrained to note that despite an increase of actual indentors from 2,665 in 1984-85 to 4,000 in 1985-86 and also increase in the volume of medicines indented by them, there has been no corresponding increase in the infrastructure, storage and testing facilities in the depots being managed by Medical Stores Organisation. The depots continue to be housed in very old, in most cases rented buildings with totally inadequate storage capacity and paltry and pre-mitve testing facilities. In the circumstances, one can hardly expect the Medical Stores Organisation to realise fully the objectives for which it was set up. For all these years the expenditure being incurred on the Medical Stores Organisation has been non-plan and it is only in the 7th Five year Plan that the Ministry of Health and Family Welfare has shown seriousness for toning-up the functioning of the Medical Stores Organisation and has chalked out 'a Plan Scheme for implementation. The Committee hope that when the scheme is fully implemented it will be possible for the Medical Stores Organisation to play a vital role in the distribution of drugs to various indentors particularly to Primary Health Centres and small dispensaries located in the remotest corners of the country and implementation of National Health Programmes etc.

Reply of Government

The Plan schemes are under implementation in a phased manner.

In the first instance posts have been sanctioned for Delhi and Gauhati Depots.

[Ministry of Health & Family Welfare O.M. No. H. 11013/3/86—
DHS&PFA (Vol. III) Dated 27.11.87]

Recommendation Sl. No. 2 (Para 2.17)

The Committee note that although work of the Medical Stores Organisation has been increasing substantially with the passage of time yet the staff strength since 1979-80 has remained more or less stationary. In 1979-80 the

number of items dealt with by Medical Stores Organisation was 1,709 which has now risen to 3,060. Similarly, the turn over rose from Rs. 17.93 crores in 1979-80 to Rs. 72 crores in 1985-86. The Committee find that there is no regular and systematic procedure for the assessment of staff strength of Medical Stores Organisation and it is left to the Internal Work Study Unit to do the needful according to a roster. That Unit undertook the study of Depots at Bombay, Calcutta and Guwahati in 1976, Karnal in 1983, Madras in 1984 and Hyderabad in 1985, and recommended for the augmentation of staff in respect of some of these Depots but surprisingly the matter was kept in abeyance. The Committee desire that the Ministry of Health and Family Welfare should evolve suitable work norms and have the assessment of staff requirements made at regular intervals, so that the work of the Medical Stores Organisation could be carried on smoothly. The assistance of Administrative Staff College Hyderabad and Defence Institute of Work Study, Mussorrie could be taken in this regard. Where it is established that the staff strength needs augmentation, the follow up action should be taken promptly otherwise the whole exercise of making assessment of staff requirement becomes meaningless and cost and labour involved goes sheer waste.

Reply of Government

As advised by the Committee, the Defence Institute of Work Studies has been addressed to establish suitable work norms.

Meanwhile augmentation of staff under the VII Five Year Plan scheme has been undertaken in a phased manner.

[Ministry of Health & Family Welfare O.M. No. H. 11013/3/86—
DMS&PFA (Vol. III) Dated 27.11.87.]

Recommendations Sl. No. 3 (Para No. 2.26, 2.27)

The Committee need hardly point out that to enable the officers and staff of Medical Stores Organisation to discharge their duties efficiently, their exposure to regular and indepth training in the field of stores keeping and material management is of paramount importance. The Committee however note that there is no regular system of imparting training to the staff of Medical Stores Organisation. Only some senior officers have been sent for training organised by National Institute of Health and Family Welfare, which is stated to be hardly equipped to impart training in the field of stores keeping and material management. The Committee feel that the services of Administrative Staff Training College, Hyderabad which is considered to be a premier institution for imparting training in these fields should have been

utilised. The Committee desire that not only the staff at higher levels, but also at middle and lower levels, should be exposed to training regularly at the Administrative Staff Training College, Hyderabad so as to acquaint them with the modern techniques of store keeping and material management.

The Committee desire that training programmes in the maintenance of accounts should also be arranged for the employees working in the accounts sections of all the Depots on a regular basis.

Reply of Government

The Staff of Medical Stores Organisation at middle level as well as Senior levels are being exposed to training in Commercial Accounting Computerization as well as Management Information System.

Administrative Staff College, Hyderabad has been requested to furnish us the details of training imparted by them in the field of Stores Management/Stores Accountal, duration of training fees etc. charged by them, number of personnel admitted at a time etc. On the basis of their response, utilisation of their training facilities will commence.

[Ministry of Health & Family Welfare O. M. No. H. 11013/3/86 –
DMS&PFA (Vol. III) dated 27.11.87.]

Recommendation Serial No. 5 (Para No. 2.43)

The Committee are unhappy to note that although the pharmaceutical factories were set up long time back, nothing has been done so far to modernise them or augment their capacities. What is more distressing is that there is no such proposal for implementation in the near future also. The Committee consider that there is an urgent need for modernisation of the pharmaceutical factories as well as augmentation of their capacities in the interest of expanding the activities of the Medical Stores Organisation.

Reply of Government

An exercise to streamline the work of the factories has already begun at Madras as well as at Bombay. In the first phase, it is contemplated to :

1. Identify the ideal product mix for optimum utilisation of installed capacity.
2. Replacement of outdated machinery by modern machinery.
3. To provide balancing equipment wherever necessary.

[Ministry of Health & Family Welfare O.M. No. H. 11013/3/86 –
DMS&PFA (Vol. III) Dated 27.11.87.]

Recommendation^o Sl. No. 8 (Para No. 4.8)

The Committee consider that the suggestion of the DGS&D to submit indents for the procurement of medicines in a phased manner and group-wise i.e. for capsule, tablets, injections etc. separately rather than in one bunch (as is being done at present) should be implemented urgently so as to reduce the time lag between the placing of indents for medicines and their final procurement, which at present is stated to be 7 to 8 months to the barest minimum. The Committee felt that covering more items under the rate contract system will also go a long way in obviating the delay in procurement of supplies. The Committee would also like the Ministry of Health and Family Welfare to initiate immediate action for computerisation of the whole process, so as to cut the delays in the procurement of medicines and their ultimate supply to the indentors.

Reply of Government

The Department have chalked out a programme for placement of indents on D.G.S. & D in advance group-wise. For instance, 1988-89 indents have already been placed. The orders for computers have also been placed and training for operating computers is also being imparted to the staff.

Director General Supply & Disposal has been requested to conclude Rate Contracts for more number of items.

[Ministry of Health & Family Welfare O.M. No. H. 11013/3/86—
DMS&PFA (Vol-III) Dated 27.11.87]

Recommendation Sl. No. 11 (Para No. 4.25)

The Committee are surprised to note that the Medical Stores Depot, Karnal has been placing indents on the DGS&D for the procurement of medicines unduly late as is evident from the fact that the Depot placed indents on DGS&D in December, 1983 and end of February 1984 i.e. just three months and one month respectively before the expiry of the period for which the supply was required and the position was allowed to worsen further every year. In 1985-86, the date of placement of indent was 27.3.1986 i.e. just 3 days before the expiry of the period. The Committee visualise that the same may be the *modus operandi* in other Medical Stores Depots for going in for local purchases. No wonder, a very large number of indents placed by the Depots remain uncovered in the year for which they are placed. The Committee felt that deliberate delay on the part of the Depots in placing the indents with DGS&D and subsequent delay by DGS&D in the procure-

ment of medicines is a major reason for the very high quantum of purchases made by the Medical Stores Depots locally. The Committee would like the Ministry of Health and Family Welfare to take a very serious view of the matter and tighten their administrative control on the Medical Stores Organisation and fix responsibility on those indulging in malpractices so as to ensure that the indents on DGS&D are placed well in time and local purchases are reduced to the barest minimum.

Reply of Government

The Department have chalked out a programme for placement of indents on DGS&D sufficiently in advance. In fact 1988-89 indents were placed in August/September, 1987. The orders for computers have also been placed and training for operating computers is also being imparted to the staff to speed up the forecasting/provisioning process. Meetings are also conducted with the potential indentors for the purpose of streamlining the supplies.

[Ministry of Health and Family Welfare O.M. No. H. 11013/3/86—
DMS&PFA (Vol-III) Dated 27.11.87.]

Recommendation Sl. No. 14 (Para No. 5.30)

The Committee find that the main factor coming in the way of effective forward provisioning of medical stores and ensuring full and timely supply of stores to various indentors including CGHS is the placement of a very large number of supplementary and emergency indents by the indentors in an arbitrary manner. The Committee note that to remedy the situation, the Ministry of Health and Family Welfare is planning to ask the indentors to place indents with the Medical Stores Depots not more than twice a year. The Committee however, fail to understand that how in the absence of proper inventory control, any forward provisioning of medical stores can be meaningful even though the indentors adhere to the schedule as desired by the Ministry. They feel that all that is being done now in the name of forward provisioning of medical stores is that all provisioning is being done on an adhoc basis. The Committee therefore, desire that the Medical Stores Depots should evolve an effective inventory control system so that forward provisioning of medical stores could be done on a realistic and scientific basis. In this connection the Manual of Medical Stores Depots which is stated to have become outdated should be reviewed, revised and updated so as to obviate the problems in adhering to the guidelines specified for proper stock provisioning. The recommendations contained in the report of Tata Consultancy Services regarding forward provisioning and modern methods

of monitoring should also be examined quickly and implemented at the earliest. The Committee desire that in future if a study regarding forward provisioning and modern methods of monitoring should also be entrusted to an Organisation under the Government viz Defence Institute of Work Study Mussorie and the like instead of entrusting it to a private Organisation.

Reply of Government

An ABC Analysis of items has been conducted for effective inventory control. Schedule for forward provisioning and consequent placement of indents on DGS&D have since been advanced. Necessary amendments will be introduced in the Manual.

[Ministry of Health and Family Welfare O.M. No. H. 11013/3/86 --
DMS&PFA (Vol. III) Dated 27.11.87.]

Recommendation Sl. No. 15 (Para No. 5.38)

The Committee note that from the survey of indents of five cases, it is found that 34% of the items could not be supplied by the Medical Stores Depots to the indentors. Out of this 34%, 10% of the items could not be supplied as they were not included in the Vocabulary of Medical Stores Depots. The Committee have reasons to believe that this percentage might be higher if all the indents were verified. The Committee, therefore, need hardly stress that constant efforts are called for maintaining the Vocabulary of Medical Stores Depots upto date by making additions based on systematic analysis of demand data available from various sources and by deleting items, the demand in respect of which from all depots put together, has gone down beyond a particular level. It should also be ensured that all life saving and vital drugs find a place in the Vocabulary of Medical stores.

Reply of Government

Revision of existing vocabulary of medical stores is a continuous process. Nevertheless due care is being taken for inclusion of life saving and vital drugs at the time of revision.

[Ministry of Health and Family Welfare O.M. No. H. 11013/3/86 --
DMS&PFA (Vol. III) Dated 27.11.87.]

Recommendation Sl. No. 16 (Para No. 5.42)

The Committee regret to note that Family Welfare Stores in Calcutta Depot were exposed to vagaries of nature as they remained lying in open for three months from June, 1985 to September, 1985 because of delay in the

issuance of instructions for their despatch from the Department of Family Welfare. This is indicative of the fact that there is lack of proper coordination between the Medical Stores depots and the programme officers responsible for implementation of National Health Programmes. The Committee desire that adequate arrangements should be made by the Medical Stores Depots to keep the stores required for National Health Programme properly. The Committee feel that better coordination between Medical Stores Depots and the concerned National Health Programme officers is called for prompt despatch of such stores in future.

The Committee have been informed that Guwahati Depot has also no building of its own and there is no adequate covered space for keeping stores. The action which was reportedly being taken to construct the building should be expedited and the building completed within a definite time schedule which may be laid down for the purpose.

Reply of Government

Construction of the Guwahati Depot building is in progress. The matter regarding construction of building will be taken up for other Depots depending upon the availability of funds under Non-Plan Scheme. Periodical meetings are now being held between the Programme Officers and Officers of Medical Stores Organisation for better co-ordination to sort out the problems arising out of the distribution of programme stores.

[Ministry of Health and Family Welfare O.M. No. H. 110133/86—
DMS&PFA (Vol-III) Dated 27.11.87]

Recommendation Sl. No. 18 (Para No. 6.20)

The Committee are constrained to learn that as on 31 March 1986 a colossal amount of about Rs. 21 crores was lying outstanding for years against the indentors and all these years the Ministry of Health have not been serious either for the recovery of the amount or for removal of the bottlenecks found in the system. It was only after the Tata Consultancy Services gave their recommendations, that the Ministry initiated certain measures to retrieve the situation. The Committee hope that with the steps now envisaged, it will be possible to keep such dues to the barest minimum. The whole matter should, however, be continuously kept under review so that immediate counter steps could be taken whenever it was found that the system now evolved was going astray.

Reply of Government

Of the Rs. 21/- crores outstanding by end of 1985-86 Rs. 12.89 crores related to the last two years only (1984-85 Rs. 4.73 crores and 1985-86 Rs. 8.16 crores) Rs. 3.18 crores pertained to the period 1981-82 to 1983-84 and the balance Rs. 4.93 crores or say Rs. 5/- crores was more than 5 years old (1976-77 to 1980-81). What is left as outstanding dues is confined to some hard cases posing problems as the indentors are all state Government Department or Central Government institutions/Departments etc. In fact, what was left outstanding was after recovering substantial sums aggregating to over Rs. 45/- crores during the year 1985-86 alone. During the year 1986-87 more than Rs. 55/- crores was realised. Nevertheless, no effort is spared then or now to effect recoveries from the indentors of the residual dues by correspondence and also by personal approaches from the depot as well as from Dte. General of Health Services Headquarters level.

[Ministry of Health & Family Welfare O. M. No. H. 11013/3/86—
DMS & PFA (Vol. III) dated 27.11.87]

Recommendation Sl. No. 19 (Para No. 6.33)

The Committee are constrained to note that despite the fact that the chemical testing laboratories attached to the Medical Stores Depots at Bombay, Calcutta and Madras are very unsophisticated and illequipped to test all the samples from their respective depots, the Ministry of Health and Family Welfare remained a silent spectator to the requirement for augmentation/opening of new chemical testing laboratories, and continued to have almost 68% of the samples tested from outside laboratories. Further in some of the depots the instructions regarding testing of all the batches are not followed. To supply untested drugs for consumption by the people is playing with precious lives and the Committee fail to understand how the Ministry of Health allowed such a situation to continue for so long. It was only in December 1985 that proposal for additional chemical testing laboratories and augmentation of the existing laboratories was submitted to the Planning Commission for approval which has since been received. The Committee expect that the scheme will be implemented in right earnest without any further loss of time so that sophisticated and most modern testing facilities are made available in the testing laboratories under Medical Stores Depots.

Reply of Government

A Scheme for establishment of New Chemical and Microbiological laboratories at Gauhati/Hyderabad/Karnal/New Delhi depots was formulated during 1985-86 and included in a comprehensive scheme for strengthening of

Medical Stores Organisation. Planning Commission have approved the scheme in principle during March 1986 to be implemented during the Seventh Five Year Plan period at a cost of Rs. 3 crores. Of the 5 components the Government have since cleared one scheme viz. 'Upgradation of Delhi Sub Depot' while the others, including establishment of new chemical Laboratories and strengthening the existing ones, under the scheme of "STRENGTHENING OF QUALITY CONTROL MEASURES IN THE DEPOT" are awaiting approval.

[Ministry of Health and Family Welfare O.M. No. H. 11013/3/86—
DMS & PFA (Vol. III) dated 27.11.87]

Recommendation Sl. No. 20 (Para No. 6.38)

The Committee are surprised to find that inspite of clear instructions that the medicines should not be supplied to the indentors without proper testing, quite a large number of medicines have been accepted on warranty/guarantee certificate and despatched to the indentors before testing the samples, which failed subsequently and had to be withdrawn. They are unhappy to note that in one case the medicines had already been consumed before withdrawal process could be initiated. In the circumstances, the Committee can not help concluding that the instructions on the subject are being flouted with impunity. The Committee strongly recommend that in no case medicines should be accepted before proper lab testing. In case some medicines are accepted on warranty/guarantee certificate in an emergency, it should be ensured that their samples are properly tested before they reach the indentors. If in an emergent situation it becomes necessary to accept medicines on warranty/guarantee basis they may be despatched to indentors to save time but indentors should be told clearly not to distribute the medicine till they are given the clearance after the testing. Such drugs could be got tested on priority basis and indentor informed of the result through a fast communication like telephone, telex or telegram. In all cases where such medicines were supplied before lab testing and subsequently not found to be of requisite quality, the responsibility should be fixed on the persons involved and stringent action taken against them. The Committee would also like the Ministry of Health and Family Welfare to examine whether the existing instructions on the subject are ambiguous and require elucidation and further tightening.

Reply of Government

The observations made by the Estimate Committee in this regard have been passed on to all the Medical Stores Depot and they have been instructed to strictly follow it up.

However, it is submitted that during emergencies samples are drawn for test and stores are allowed to be despatched to save time. Clear out instructions regarding priority testing and communication with indentors through telephone and telex have been issued to all Depots.

[Ministry of Health and Family Welfare O. M. No. H. 11013/3/86—
DMS&PFA (Vol. III) dated 27.11.87]

Recommendation Sl. No. 21 (Para No. 6.40)

The Committee need hardly point out that even though there may not be a technical definition of life saving drugs as such, this terminology is very commonly and frequently used and understood. The Committee note that in the absence of such a definition, only 18 drugs have been identified as vital drugs and are required to be stocked in the Medical Stores Depots all the time. They are however, unhappy to be informed that there is no foolproof system of having regular check to ensure the availability of such drugs in Medical Stores Depots all the time as is evident from the fact that as a result of surprise check at Medical Stores Depot Bombay, 2 drugs out of these 18 were found to be not available in the stock. The Committee desire that realistic and effective checks should be conducted at regular intervals in all the Depots to ensure the availability of such drugs at all times.

Reply of Government

A fresh list of life saving drugs which are used during emergencies have since been drawn up and Medical Store Depots have been instructed to maintain a reserve stock for these drugs items in the depots.

All the senior officers of the Head-quarter of Medical Stores Organisation have been instructed to make it a point to conduct checks about the availability of these drugs and also to notify discrepancies, if any, in the stock position during their visits to the depots.

[Ministry of Health and Family Welfare O.M. No. H. 11013/3/86—
DMS & PFA (Vol. III) dated 27.11.87]

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF GOVERNMENT'S REPLIES

Recommendation Sl. No. 4 (a) (Para No. 2.36)

The Committee would also like the Government to go into the question of non-purchasing of medicines by many States from Medical Stores Organisation in all its ramifications and evolve a suitable policy where the Central Medical Stores Organisation and the States Medical Stores Organisations could work in close rapport.

Reply of Government

Many States have established their own purchasing establishment and they do not approach the Medical Stores Organisation for their normal requirements. However, they indent of Medical Stores Depots for item which they do not normally purchase and which they are not in a position to purchase, Medical Stores Depot takes action to meet their requirements. Most of the North Eastern States and Union Territories do not have purchasing establishment and their demands are met by the Medical Stores Organisation.

[Ministry of Health and Family Welfare O. M. No. H. 11013/3/86 —
DMS & PFA (Vol. III) dated 27.11.87]

Recommendation Sl. No. 6 (Para No. 2.48)

The Committee note that necessity for streamlining the functioning of Medical Stores Organisation and the desirability of converting its existing set up into a Company has been recommended by a number of expert Committees appointed so far. The Public Accounts Committee also, in their 49th Report (6th Lok Sabha) endorsed these views. The Committee consider that if the Medical Stores Organisation is to fully realise its objectives for which it was set up, it is but imperative that its functioning be effectively streamlined so as to make it a viable commercial organisation. It is surprising that the Ministry has not paid due attention to the recommendations contained in the reports

of the various expert Committees and dealt with them in a casual manner. It was only in 1975 that a note for the consideration of the Cabinet about the conversion of Medical Stores Organisation into a Government Company was prepared and circulated in pursuance of the recommendation of Administrative Staff College, Hyderabad and Task Force appointed by the Health Ministry. Subsequently the proposal was dropped. Again in 1978 a decision was taken in an inter-ministerial meeting to convert it into a Government Company. But the proposal was again dropped in the light of the recommendations made by the Committee on Public Expenditure in 1979-80. That Committee surprisingly opened that the Medical Stores Organisation should be wound up as the maintenance of health services was the responsibility of the State Governments. The Committee do not find any rationale behind such a recommendation and on the contrary feel that the Medical Stores Organisation has to play a vital role in the supply of medicines all over the country and for the implementation of the various National Health Programmes, etc. This is evident from the fact that in the last five years there has been many fold increase in the turnover of the Medical Stores Organisation. All that is required at this juncture is that the functioning of the Medical Stores Organisation should be put on a sound footing so as to enable it to discharge its functions properly. In this context the proposal to convert it into a Government company merits close consideration as the Committee strongly feel that in order to give greater flexibility and autonomy to the organisation in its day to day dealings, financial as well as management matters, it is but natural that the Medical Stores Organisation should have more elbowroom and function on sound commercial basis.

Reply of Government

The proposal to convert Medical Stores Organisation into a company was dropped long back. However, in order to have commercial approach, professionally qualified persons are imparting training to the staff in the field of Inventory control, management information system and commercial accounting.

[Ministry of Health and Family Welfare O. M. No. H. 11013/3/86 —
DMS & PFA (Vo. IIII) dated 27.11.87]

CHAPTER IV

RECOMMENDATIONS/OBSERVATION IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE

Recommendation Sl. No. 4 (Para No. 2.35)

The Committee are unhappy to be informed that although the number of existing depots is inadequate to cater fully to the needs of the country, yet in the first instance it has been thought to strengthen the existing depots and to convert the Medical Stores Sub-Depot Delhi into a full-fledged depot only. The Committee strongly feel that keeping in view the overall increase in the turnover of various indentors and activities of Medical Stores Depots the Ministry should examine the feasibility of setting up of more depots in the areas where there is demand but the present arrangement is not adequate to cater to it. In this context the feasibility of opening a Sub-depot at Port Blair should be considered.

Reply of Government

The order issued regarding conversion of the Medical Store Sub-Depot, Delhi into a full-fledged depot has since been implemented. This depot, apart from functioning like any other depot, will help the Government in meeting some emergent situations. With this, the strength of the Medical Store Depots in India has risen to 7. Apart from supplying medicines to C.G.H.S. and other Central Government Agencies, Medical Stores Depots supply medicines to many State Governments also. A team of officers from the Medical Stores Organisation are scheduled to visit Port Blair to discuss the whole issue with the local authorities there.

[Ministry of Health and Family Welfare O. M. No. H. 11013/3/86—
DMS&PFA (Vol. III) dated 27.11.87]

Recommendation Sl. No. 7 (Para No. 3.8)

The Committee are surprised to find that on the one hand there is stated to be no funds constraint for the purchase of material, and on the other hand supplies to indentors are cut short by 10% on an average due to budgetary

constraints and that indentors like CGHS, P&T Dispensaries, Delhi Hospitals etc. and Union Territories like Andaman & Nicobar Islands, Pondicherry etc, are not being supplied medicines as per their requirements. The Committee would like the Government to reconcile the two statements and pin-point the reasons because of which the indentors are not being catered to fully and initiate suitable remedial measures accordingly.

Reply of Government

Funds to the depots are allocated as usual on the basis of previous years performance. But when supplementary indents come in the end of the year additional funds are required at the particular point.

As a remedial measure, action not to entertain indents from casual indentors has already been taken.

[Ministry of Health and Family Welfare O. M. No. H. 11013/3/86—
DMS & PFA (Vol. III) dated 27.11.87]

Recommendation Sl. No. 9 (Para No. 4.19)

The Committee visualise that the limit of rupees one lakh for local purchase of medicine by Medical Stores Depots must have been laid down for keeping a check on the malpractices inherent in such deals. The Committee are perturbed to find that the Medical Stores Depots have been observing this limit more in breach and it has not at all stood in their way for local purchases which amounted to Rs. 21 lakhs, Rs. 25 lakhs, Rs. 31 lakhs respectively during the last three years in the case of CGHS, New Delhi alone. In case the Medical Stores Depots were facing certain genuine difficulties in adhering to this limit in some cases, the right course would have been to sort out the matter with the DGS&D rather than adopting dubious methods. The Committee agree that with the rise in prices the limit of rupees one lakh may not be sufficient and could have been considered for upward revision. The Committee understand that such a proposal for local purchases is presently under consideration of the Government. The Committee would like the Ministry of Health and Family Welfare to go into this matter in depth and resettle the monetary limit upto which the Medical Stores Depots may be allowed to make local purchases in future. Once the limit is laid down the Committee expect it to be scrupulously adhered to by Medical Stores Depots and all local purchases beyond that limit should invariably be made through DGS&D. The Committee also expect that steps detailed in para 4.18 in the interest of reducing local purchases would be strictly followed by the Medical Stores Depots in future.

Reply of Government

To achieve the objectives of reducing Local purchases, the following steps have been taken :—

1. Revision of vocabulary of Medical Stores is a continuous process and it is being updated from time to time.
2. Depots have been advised not to accept indents of NIV items from indentors.
3. D.G.S. & D. has been requested to conclude Rate contracts for more number of items.

[Ministry of Health and Family Welfare O.M. No. H. 11013/3/86—
DMS&PFA (Vol. III) Dated 27.11.87]

Recommendation Sl. No. 10 (Para No. 4.22)

The Committee are unhappy to find a huge disparity between the procurement prices of items procured through local purchase and those through DGS&D. It is noted that out of 44 items selected, at random, for price comparison, in as high as 23 cases (i.e. 52%) local purchases rates were lower than those approved by DGS&D. In 14 cases (i.e. 32%) they were higher than DGS&D rates and in 7 cases (i.e. 16%) the prices were at par. The very fact that DGS&D prices in 52% were higher shows that the very purpose of making purchases through DGS&D is being completely defeated. The Committee are not aware whether the procurement made through local purchases satisfied the standard specifications laid down or not. The Committee desire that a thorough check be kept on the standards of stores purchased through Local purchases as also those through DGS&D. The Committee recommend that Ministry of Health and Family Welfare should in consultation with the DGS&D, go into the matter thoroughly and have a fresh look at the system responsible for fixing prices for the procurement of medicines both through local purchase and DGS&D. They should also ensure that no vested interest have been created between persons responsible for the purchase of medicines and the firms concerned.

Reply of Government

Prices of drugs are normally governed by various factors i.e. time lag, number of parties responded and quantities/value of the tender, fluctuation of raw material prices. Besides this both the organisations follow different patterns of registration of firms to whom Rate Enquiries are issued.

It is felt that it is difficult to evolve a common code/system of purchase in both the organisations which are placed on different footing.

Nevertheless the purchase Organisation in this Ministry invariably keeps in mind the price determined by DGS&D which is a much bigger organisation. However, in cases where Medical Stores Organisation gets lower rates, the fact is reported to DGS&D including High Power Committee (Drugs) meeting conducted by DGS&D.

[Ministry of Health & Family Welfare O.M. No. H. 11013/3/86—
DMS&PFA (Vol- III) Dated 27.11.87]

Recommendation Sl. No. 13 (Para No 5.20)

The Committee are constrained to note that most of the Medical Stores Depots continue to be housed in very old and dilapidated buildings which have practically outlived their lives and are unsuitable for storage of medicines. The Committee also feel unhappy to be informed that it has not been possible for the Planning Commission to provide any funds during the Seventh Five Year Plan for construction of new buildings or augmentation of the present storage capacity. All that has been ear-marked is a sum of rupees 3 crores for storage and some other items against the demand of Rs. 18 crores as a non-plan expenditure. The Committee hardly expect that within this paltry amount either it will be possible to make any appreciable improvement in the storage capacity of the Medical stores Depots or construct any new buildings. The Committee would therefore like the Ministry of Health and Family Welfare to emphasise upon the Planning Commission the imperative need of providing adequate and suitable storages facilities and allotment of requisite funds for the purpose. Alternatively, it should not be difficult for the Government to allot the required funds as a non-Plan expenditure.

Reply of Government

Construction of the Gauhati Depot building is in progress.

As regards construction of building in other Depots, the matter will be taken up depending upon the availability of funds under Non-Plan Scheme.

[Ministry of Health & Family Welfare O.M. No. H. 11013/3/86—
DMS&PFA (Vol. III) Dated 27.11.87]

Recommendation Sl. No. 17 (Para No. 6.8)

The Committee are firmly of the opinion that had the Ministry of Health and Family Welfare continuously and closely monitored the receipt and despatch of drugs by the Medical Stores Depots, the quantum of stock of life expired drugs, which stood at Rs. 44.39 lakhs till August, 1986 would have been much lower. The Committee cannot but attribute this state of affairs to the lassitude shown by the concerned authorities and the lackadaisical manner in which they have dealt with this matter causing a huge loss to the exchequer. The Committee understand that the Ministry of Health and Family Welfare has now initiated certain measures to remedy this situation. The Committee stress that strict vigil should be kept on the stock position of such drugs and their issue on priority basis so as to reduce the quantum of loss on this account to the barest minimum.

The Committee would emphasis that normally drugs having full span of life at the time of purchase, should be procured by the Medical Stores Organisation. If however, due emergency some drugs having a short period of life have to be purchased, the feasibility of inserting a condition in terms of purchase of such drugs should be considered that in case such drugs remained unutilised within the short period left for expiring these should be replaced by the firm concerned by fresh drugs free of cost.

Reply of Government

Majority of the time-expired drugs pertain to the old years. The quantum of time expired items has come down subsequently. A good number of items have been got replaced from the suppliers free of any charge. As per standing instructions item which have got 1/6th of its self life at the time of tendering are to be accepted.

Although in emergency situations, drugs with short life span are invariably immediately used up, instructions have been issued to all the Depots to incorporate free replacement clause in supply orders for unutilised stocks.

[Ministry of Health & Family Welfare O.M. No. H. 11013/3/86—
DMS&PFA (Vol. III) Dated 27.11.87]

CHAPTER V

RECOMMENDATIONS/OBSERVATIONS IN RESPECT OF WHICH FINAL REPLIES OF GOVERNMENT ARE STILL AWAITED

The Committee expect the Ministry to expedite the finalisation of the departmental proceedings initiated against the involved personnel and fix the responsibility for the malpractices committed in the matter. The Committee would like the Ministry to strengthen the vigilance machinery so that allegations of malpractices reported from various Medical Stores Depots are investigated expeditiously and deterrent action taken against the guilty so as to avoid, recurrence of such malpractices.

Reply of Government

The cases are still at investigation stage. The point regarding strengthening of the vigilance machinery has been noted.

[Ministry of Health and Family Welfare O. M. No. H. 11013/3/86—
DMS & PFA (Vol. III) dated 27.11.87]

NEW DELHI

March 18, 1988

Phalguna 28, 1909 (S).

CHANDRA TRIPATHI

Chairman,

Estimates Committee.

ANNEXURE

Refer to para No. 6.40 of Recommendation Sl. No .21

Anti Diahoheal/Anti Amoebic & Bacilla

- | | |
|------------------------------|-------------|
| 1. Tab Furozolidine/Furoxone | 150000 Tabs |
| 2. Tab Dependal M | 75000 tabs |
| 3. Tab Intistopan Fort | 75000 tabs |

Analgesic/Anti Pyretic

- | | |
|--------------------|--------------|
| 1. Tab Paracetamol | 100,000 tabs |
| 2. Tab Disprin | 100,000 tabs |

Antispasmodic

- | | |
|-----------------|------------|
| 1. Tab Baralgan | 75000 tabs |
| 2. Inj Baralgan | 500 amps |

Anti Allergic

- | | |
|-------------|-------------|
| 1. Tab Avil | 10,000 tabs |
| 2. Inj Avil | 5,000 amps |

Anti Biotics

- | | |
|---------------------|----------------|
| 1. Tab Pencillin | 100,000 tabs |
| 2. Cap Tetracycline | 1,000,000 tabs |
| 3. Cap Ampicillin | 100,000 tabs |
| 4. Go-tramonizide | 100,000 tabs |
| 5. Inj Ampicillin | 500 amps |

Anti Malarial

- | | |
|---------------------|--------------|
| 1. Tab. Chloroquine | 100,000 tabs |
|---------------------|--------------|

Electrolytes

- | | |
|-------------|-------------|
| 1. O. R. S. | 25,000 tabs |
|-------------|-------------|

Vitamin

- | | |
|------------------|---------|
| 1. Multi Vitamin | 2 lakhs |
| 2. B. Complex | 2 lakhs |

LIST OF DRUGS

For 5000 people at the rate of
100/1000 Population

A-Vaso-Pressor

- | | |
|-----------------------------|---------|
| 1. Mephentine | 500 amp |
| 2. Dopamine | 500 amp |
| 3. Decatron/Cortico-Steroid | 500 amp |

B-Anti Hypertensive

- | | |
|----------------|--------|
| 1. Reserpine | 50 amp |
| 2. Hyrallazine | 50 amp |
| 3. Lasix | 50 amp |

C-Respiratory Stimulant

- | | |
|--------------|---------|
| 1. Dexedrine | 500 amp |
|--------------|---------|

D-Electrolyts

- | | |
|-----------------------|---------|
| 1. Potassium | 500 amp |
| 2. Sodium Bicarbonate | 500 amp |
| 3. Calcium Gluconate | 500 amp |

E-Broncho-Dilators

- | | |
|------------------|--------|
| 1. Amino Phylene | 50 amp |
| 2. Deri Phylene | 50 amp |

F-Sedative/Hypnotic

- | | |
|--------------|---------|
| 1. Pethidine | 500 amp |
| 2. Morphine | 500 amp |
| 3. Calmpose | 500 amp |

G-Anti-Allergic

- | | |
|------------------------|---------|
| 1. Chlorpromazine/Avil | 500 amp |
|------------------------|---------|

H-Analgesic/Anti Spasmodic

- | | |
|-------------|---------|
| 1. Baralgin | 500 amp |
|-------------|---------|

I-Anti-Emetic

- | | |
|-------------|---------|
| 1. Stemetil | 250 amp |
| 2. Siquil | 250 amp |

J-Anti-Haemorrhagic

- | | |
|----------------------------|---------|
| 1. Vitk | 500 amp |
| 2. Stryptocrome/Stryptovit | 500 amp |
| 3. Vito | 500 amp |

K-Others

- | | |
|-----------------|----------|
| 1. Digoxine | 50 amp |
| 2. Isoprenaline | 50 amp |
| 3. Xylocort | 50 vials |
| 4. Isoptin | 50 amp |
| 5. Inderal | 50 amp |

at (e) 10/100 population

@ 100/1000 population

@ 100/1000 population

@ 10/1000 population

@ 100/1000 population

@ 100/1000 population

@ 100/1000 population

@ 50/1000 population

@ 100/1000 population

@ 10/1000 population

L-L.V. Fluids**@ 100/1000 Population**

- | | |
|--------------------|------------|
| 1. Ringers Lactate | 500 bottle |
| 2. Dextrose Saline | 500 bottle |
| 3. Haemaccel | 500 bottle |

M-Other Equipments

- | | |
|--|------------------------------|
| 1. Splints-Lower & Upper | 250 each |
| 2. Dressing set with plenty of sterilised cotton Gauge,
Bandage | 250 rolls each
of 500 Gms |
| 3. Suture set | 500 |
| 4. Medicut/Butterfly Needles | 500 |
| 5. Disposable syringe/Needles (Assorted) | 50,000 |
| 6. Vensection sets | 250 |
| 7. Traehcostomy set | 250 |
| 8. Intrbalia set | 250 |
| Tab. Halezone | 5 lakh |
| Bleaching Powder | 10 M.T. |

APPENDIX

(Vide Introduction)

Analysis of Action Taken by Government on Fifty Fifth Report of Estimates Committee (8th Lok Sabha)

I	Total number of Recommendations	22
II.	Recommendations which have been accepted by Government (Sl. Nos. 1,2,3,5,8,11,14,15,16,18,19,20,21),	13
	Percentage to total.	59.1%
III.	Recommendations which the Committee do not desire to pursue in view of Governments, replies (Sl. Nos. 4(a),(6).	2
	Percentage to total	9.1%
IV.	Recommendations in respect of which Governments replies have not been accepted by the Committee (Sl. Nos. 4,7,9,10,13,17).	6
	Percentage to total	27.3%
V.	Recommendations in respect of which final replies are still awaited (Sl. No. 12).	1
	Percentage to total	4.59%