respectively. MD, NHM despite being made aware (January 2011) of the fact of selection of the site for Medical College, had proceeded with the construction works.

Above observations point towards non coordination between the MD, NHM and the State Health Department which ultimately resulted in wasteful expenditure of ₹2.49 crore[8] incurred on construction of health infrastructures which had to be dismantled midway. In addition, GoA had to bear the cost of dismantled construction.

The matter was reported to the Government in December 2019, the Principal Secretary stated (September 2020) that to upgrade Dhubri Civil Hospital to Medical College, the existing structure was not appropriate for the use of medical college, and there was no other option but to dismantle these four buildings, in view of the larger benefit supposed to accrue from a Medical College.

Recommendations: Both the cases at Paras 1.2.1 and 1.2.2 point out indifferent approach/ attitude towards programmes and projects funded by the GoI, though they were meant for the benefit of the State's citizens. The GoA may take necessary action to not only streamline the systems and coordination between all agencies, but also ensure that responsibility is fixed on officials whose action led to waste of government funds and non-utilisation of facilities created out of these funds.

1.2.3 Unfruitful Expenditure

"Establishment of Hospital Ship on the river Brahmaputra" a GoI funded novel project for providing health care services, remained incomplete and unfruitful after incurring an expenditure of ₹2.20 crore on the project.

Government of India (GoI), Ministry of Development of North Eastern Region (MDoNER) accorded (November 2009) Administrative Approval of ₹ four crore (₹ three crore for ship building and ₹one crore for equipment and machineries) to Government of Assam (GoA) for the scheme "Support for establishment of Hospital Ship on the river Brahmaputra by the Centre for North East Studies and Policy Research (C-NES)[9], Guwahati". Objective of the scheme was to provide quality health care services in the riverine and *char* areas[10] with full time medical and pathological facilities. The funds were to be contributed by GoI and GoA in 90:10 ratio with ₹ 3.60 crore by GoI and ₹ 0.40 crore by GoA and the target date for completion of the project was 31 December 2011. GoI released ₹ 2.40 crore to GoA in two instalments during November 2009 (₹0.40 crore) and October 2012 (₹ two crore). Director of Medical Education (DME), Assam released ₹ 2.20 crore between December 2011 and April 2015 to the C-NES for implementation of the Project on the basis of demands raised by C-NES.

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8 ₹2.36 crore on construction and ₹0.13 crore on dismantling

9 As per the website of C-NES (an NGO), it aims to develop strategies and policies to impact policies and perceptions and mobilise public opinion on issues relating to the North East across a broad range of areas: health, education, environment, infrastructure, connectivity, conflict, gender, civil society, culture and heritage, communications and as well as regional cooperation.

10 A riverine island locally known as char area.

Audit scrutiny of records (October 2018) of the Director, Medical Education (DME), Assam and information collected from C-NES (the implementing NGO) revealed that the C-NES took almost two years from the approval of project by GoI to finalise the tender and issued work order only in October 2011. The delay was attributed to delays in preparation of plan drawings and technical specification through a Naval Architect based in Kolkata and also delays in finalising the tender due to backing off by the initial bidders in the first round. Thus, delays in finalisation of plan estimates and tender delayed the commencement of the work.

The C-NES utilised ₹ 2.20 crore up to 2015-16 with physical progress of 62 *per cent* till date of audit (October 2018) as shown in the following photographs.

Photograph (26 July 2018) of incomplete hospital ship

Due to inordinate delays in completion of the project, GoI declared (February 2018) the project closed on 'as is where is basis' and directed the State Government to complete the left over work out of their own resources. The State Government did not take any further action to complete and utilise the project.

Thus, hospital ship sanctioned in November 2009 remained incomplete for almost 10 years (December 2019) mainly due to GoI's decision to award the work to an NGO without ascertaining its competence and disinterest on the part of GoA to complete the project. Despite an expenditure of ₹ 2.20 crore, the intended beneficiaries of riverine and *char* areas were deprived of the desired health care services expected on completion of the project.

DME stated (October 2018) that it was difficult to exercise check over the pace of execution as the implementing agency is an NGO, and DME has little control over them. The reply was not convincing since the project was for the benefit of the State's beneficiaries though the executing agency may have been selected by GoI and their order specifically mentioned that the project shall be monitored by the Health and Family Welfare Department, GoA.

The matter was reported to the Government in December 2019, the Commissioner & Secretary, H&FW stated (September 2020) that to run a Hospital Ship is very costly affair and so the concept of Hospital Ship has changed. However, the issue is being examined, and final decision on the incomplete project would be taken in consultation with C-NES.

Recommendation: In keeping with the GoI directions, the State Government may take steps to complete the project expeditiously.

1.2.4 Suspected Misappropriation of Cash

The Cash collector of Silchar Medical College and Hospital (SMCH), appointed on contractual basis, misappropriated cash of ₹30.54 lakh by short depositing the cash. Absence of supervision over cash collections especially of contractual staff and inadequate monitoring facilitated the defalcation of cash.

Rule 15 (Annexure III) of Schemes for delegation of Hospital Autonomy, H&FW Department, Government of Assam, Byelaws (August 2002) provides that all revenue realised by the Hospital Management Society (HMS) should be deposited in the Society Bank account the very next day and this will be the responsibility of the Member Secretary of HMS.

Rule 95 (2) of AFR states that each entry in the cash book should be verified daily by the head of the office or by a Gazetted Officer authorised by him. In either case the head of the office will be responsible for the accuracy of the cash book and of the cash balance.

The Silchar Medical College & Hospital receives service charges from patients against services like pathological tests and medical procedures, bed charges, cabin charges, ICU charges, *etc*. Charges were collected through seven Central Cash Counters[11] (CCC provided with computer system installed with a software[12] (operationalised since December 2010). The collector of each counter was assigned unique login ID and the cash collected was required to be deposited with the Cashier on a daily basis, who in turn was to record the same in the Cash book and subsequently deposit the same in the bank account of HMS on the following day.

During audit test check (September 2018) of records relating to user fees collected and deposited by all seven collectors for one randomly selected month, it was found that user fees collected by six cash collectors were being deposited with the cashier except by one collector (Shri Pappu Rabidas, a contractual employee) who had not regularly deposited the daily collections to the cashier. A detailed audit scrutiny revealed that whereas the said collector had collected cash of ₹2.88 crore during the period from April 2014 to August 2018, he had deposited only ₹2.58 crore with the cashier, leading to a short deposit of ₹30.54 lakh.

In this regard, Audit also observed several deficiencies in supervisory checks and monitoring mechanism over cash collections:

- Cashier did not have access to the daily login reports of the cash collectors manning the cash counters, till such time that the cash collector of a particular

[11] Till Sept 2017 there were five counters and after Sept 2017 there were seven counters.
[12] Integrated Hospital Management System.