CHAPTER-III
PERFORMANCE REVIEWS

This chapter contains one Performance review and three long paragraphs. The Performance review is on (3.1) Implementation of Drugs and Cosmetics Act and long paragraphs are on (3.2) Accelerated Irrigation Benefit Programme, (3.3) Saurashtra Pipe Line Project (Mahi Based Water Supply Scheme) and (3.4) Computerisation Programme in Motor Vehicle Department.

HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 Implementation of Drugs and Cosmetics Act

The Drugs and Cosmetics Act 1940 (Act) is a Central Act to be implemented by all the States. The Act along with the other associated Acts and the rules made thereunder regulate the import, manufacture, distribution, sale and clinical research of drugs and cosmetics. In Gujarat, huge shortage of Drug Inspectors adversely affected the functioning of the Drugs and Cosmetics Act and the menace of spurious drugs continued to prevail. No follow-up action was taken to withdraw the drugs declared as not of standard quality from the market. The licensing system was ineffective and the DCA did not maintain proper record. Monitoring at State level was poor. Thus the objective of prevention of the menace of spurious drugs to eliminate the danger to human life had not been achieved.

Highlights

Inadequate strength of technical staff weakened the enforcement of the Administration and diluted regulatory functions.

(Paragraph 3.1.3)

There was sharp increase in pendency in the cases of prosecution.

(Paragraph 3.1.4)

Sales of drugs without complying with the conditions of licences were noticed. 105 sales licences were issued to pharmacies without registered pharmacists to supervise sales in contravention of the provisions of the Act.

Shortfall in inspections ranging from 54 to 69 *per cent* (manufacturing units) and from 63 to 77 *per cent* (selling units) was noticed.

Two Blood banks with serious deficiencies collected 5948 units of blood.

Real magnitude of spurious/Not of Standard Quality drugs sold in the market could not be assessed due to inadequate sampling.

Under-utilisation of capacity of the laboratory resulted in delay in testing and follow up action. Inordinate delay in despatch of the drug samples to the testing laboratory resulted in delayed declaration of NSQ drugs.

Delayed declaration of NSQ drugs resulted in selling of NSQ drugs before they could be withdrawn.

(Paragraph 3.1.5)

Sub-standard drugs worth Rs.68 lakh purchased by CMSO and ESIS were not replaced.

(Paragraph 3.1.7)

3.1.1 Introduction

• *Background*

At the beginning of the twentieth century, pharmaceuticals were being imported from abroad. After the First World War manufacturing concerns, both Indian and Foreign, sprang up to produce pharmaceuticals at cheaper rates to compete with imported products. Some of these products were of inferior quality and harmful. Government, therefore, decided to introduce legislation to control the manufacture, distribution and sale of drugs and medicines. A Select Committee appointed by the Central Legislative Assembly in 1937 recommended various measures, providing for the uniform control of manufacture and distribution of drugs as well as of import and finally the Drugs and Cosmetics Act[1] was enacted on 10 April 1940.

At present, the Acts and Rules, apart from the Drugs and Cosmetics Act, 1940, which govern the manufacture, sale, import, export and clinical research of drugs and cosmetics in India are : The Pharmacy Act, 1948; The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954; The Narcotics Drugs and Psychotropic Substances Act, 1985; The Medicinal and Toilet Preparations (Excise Duties) Act, 1956; The Drugs (Prices Control) Order 1995 (Under the Essential Commodities Act). However, 'The Drugs and Cosmetics Act, 1940' continues to be the main Act.

• *Main features of the Act*

To ensure standards of Drugs and Cosmetics, Diagnostics and Devices.

To monitor the quality of drugs and medicines imported, manufactured, distributed and sold.

To take punitive measures for violations of provisions of the Act.

To regulate clinical research and publication of Indian Pharmacopoeia.

[1] Drugs and Cosmetics Act, 1940 was amended in December 1961 to provide for regulation of the manufacture of cosmetics and prohibition of import and sale of sub-standard and misbranded cosmetics.

• ***Statutory Functions***

This is a Central Act and is applicable to all the States. Central Government lays down the regulatory measures and the standards of drugs, cosmetics and diagnostics, and makes amendments to Acts and Rules. It regulates market authorisation of new drugs and standards of imported drugs. It is the Central Licence Approving Authority for Blood Banks, Large Volume Parenterals and Vaccines and Sera. Drugs Technical Advisory Board (DTAB), Drugs Consultative Committee (DCC) and Central Drugs Laboratories are under the control of the Central Government.

The main functions of the State Government are (a) licensing of drug manufacturing and sales units, (b) licensing of drug testing laboratories, (c) approval of drug formulations for manufacture, (d) monitoring of quality of Drugs and Cosmetics manufactured, (e) investigation and prosecution in respect of contravention of legal provisions, (f) regulation of the standards of imported drugs, (g) inspection and (h) recall of sub-standard drugs.

3.1.2 Audit coverage

Records maintained at Commissioner, Food and Drugs Control Administration Office, 8 circle offices[⊕] and a drug laboratory (Vadodara) for the period from 1997-98 to 2002-03 were test checked (December 2002 to March 2003) and important points observed therein are presented in succeeding paragraphs.

3.1.3 Implementing Agencies: Implementation arrangement

• ***Organisational Set-Up***

The Act is implemented by Commissioner, Food and Drugs Control Administration[♥]. 3 Joint Commissioners, 3 Deputy Commissioners at Gandhinagar and 18 Assistant Commissioners at district level (circle offices) assist him with 47 inspectors[*] (19 Sr. Drug Inspectors (SDIs) and 28 Drug Inspectors (DIs)) under them.

• ***Staff shortage in key posts***

Shortage of staff diluted the regulatory functions

As of March 2003, the shortage against the sanctioned posts in DI/SDI posts was *56* and *49 per cent* respectively. Moreover, only 48 (14.37 *per cent*) DI/SDIs were in position against the required strength of 334 DI/SDIs as per recommendation of the Task Force Committee (TFC) accepted by the Central Government. It was noticed that this shortfall of 286 persons (85.63 *per cent*) adversely affected the implementation of the various regulatory functions[↵] as discussed in subsequent paras.

⊕ Ahmedabad(City), Ahmedabad(Rural), Rajkot, Bhavnagar, Bharuch, Surat, Vadodara and Valsad.

♥ Administration

* In Gujarat SDIs are entrusted with the work relating to manufacturing units and DIs with the work relating to sales units.

↵ Regulatory functions performed by DI/SDIs : Inspection of premises, verification of compliance furnished by the manufacturer/seller, sampling, effective control over production of safe/standard drugs, detection of spurious drugs, prevention of circulation of NSQ/spurious drugs, withdrawal/seizure/destruction of stock of such drugs, launching prosecution

As against the proposal (June 1998) for recruitment of 66 DIs submitted to Government, only 13 persons were recruited as of March 2002. Though six posts of Assistant Commissioners and two DIs were sanctioned (October 2000) in respect of six new revenue districts formed (1998), these posts were not filled up due to the failure of Government to notify the vacancies to the Gujarat Public Service Commission.

The Parliamentary standing committee on HRD has taken a serious note (May 2001) of the vacancies in the posts of DI in states while reviewing the status of the quality of drugs in the country.

• ***Improper deployment of technical staff***

It was observed that during 2001-2002, in seven Circles[Π] having more than 900 sales units, only one DI was deployed against sanctioned posts ranging from 2 to 4, whereas in Surendranagar (298) and Godhra (534) with less number of units, two DI's were deployed and in Rajkot with 1279 units, three DI's were deployed.

• ***Financial Outlay and Expenditure***

There was no separate budgetary allotment for drug administration as it was combined with food administration. Grants allotted, expenditure incurred and receipts during 1997-2003 were as under:

(Rupees in lakh)

YEAR	Grants allotted			Expenditure			Receipt[£] (D & C Act)
	Non-plan	Plan	Total	Non-plan	Plan	Total	
1997-98	739.74	66.20	805.94	746.63	66.82	813.45	32.37
1998-99	1104.56	200.00	1304.56	1019.46	196.53	1215.99	37.79
1999-00	978.56	212.82	1191.38	991.11	121.37	1112.48	34.00
2000-01	1035.29	146.84	1182.13	1014.60	119.27	1133.87	113.57
2001-02	1074.18	94.35	1168.53	1018.34	76.83	1095.17	510.87
2002-03	916.70	112.50	1029.20	987.26	105.72	1092.98	646.62
Total	**5849.03**	**832.71**	**6681.74**	**5777.40**	**686.54**	**6463.94**	**1375.22**

3.1.4 Poor progress in prosecution

Sharp increase in pendency of prosecution cases

As per the Act, manufacturing/selling of NSQ, misbranded, adulterated, fake and spurious drugs/cosmetics was not a cognizable offence. In order to penalize persons involved in such activities, the Administration had to depend on police.

Π Ahmedabad(1922), Nadiad(1153), Bharuch(979), Valsad(1002), Bhavnagar(907), Mehsana(1471) and Junagadh(912).

£ Receipt includes fees for granting various types of licences and renewals thereof, GMP/WHO GMP certificates, product permissions, testing fees etc.

The details of the prosecutions launched, decided, convicted and pending with the court during 1997-98 to 2002-03 were as under:

Year	Pending (OB)	Additions	Total	Disposed		Pending at the end of the year
				Convicted	Acquitted	
1997-98	208	21	229	04	03	222
1998-99	222	22	244	02	03	239
1999-00	239	16	255	12	06	237
2000-01	237	29	266	06	05	255
2001-02	255	27	282	02	06	274
2002-03	274	11	285	00	01	284
Total		**126**		**26**	**24**	

- Out of 284 pending cases, as at March 2003, 177 pertained to the period prior to 1997-98, and the balance[Ψ] cases pertain to the years 1998-2003.

- During last six years 126 cases were added and only 50 cases were disposed of.

- Out of 24 acquitted cases, only 12 cases (50 *per cent*) were found fit for appeal and referred to the Legal Department. Of which, appeal was filed in eight cases only as directed by the Legal Department. Even though the major reason for acquittal was the "witnesses turning hostile" (in all 24 cases), several deficiencies on the part of the Administration were noticed. These deficiencies were: (i) counterpart sealed samples were not sent to the court (2 cases), (ii) improper sampling/panchnama made (1 case), (iii) charge-sheet filed after lapse of one year from the date of seizure of drugs in question (1 case) and (iv) F.I.R. lodged very late (1 case).

- Out of 26 convicted cases, sentence for imprisonment ranging from one day to two years with a fine ranging from Rs.600 to Rs.7000 was imposed in 13 cases, whereas, fine ranging from Rs.50 to Rs.25000 was imposed in other 13 cases. Though the Administration referred three cases to Legal Department for filing appeal for enhancement of punishment, consent was received in respect of one case only. Reasons for non-consent for two cases were not available.

3.1.5 Implementation of the Act:

- ***Issue / renewal of Licences***

Sales without complying with conditions of licences

In test checked 8 circle[ℵ] offices 17833 and 6271 licences were renewed and cancelled (1997 to 2002) respectively. The test check of 1292 cases revealed that there was delay ranging from 03 to 102 months in 520 renewal cases (40.25 *per cent*) and 02 to 23 months in 29 cancellation cases.

Thus delay in cancellation allowed 29 licensees to run their activities without complying with conditions of licence.

[Ψ] 1997-98 13 cases, 1998-99 16 cases, 1999-2000 16 cases, 2000-01 27 cases, 2001-02 29 cases and 2002-03 (upto December 2002) 6 cases

[ℵ] Ahmedabad (city), Ahmedabad (rural), Rajkot, Bhavnagar, Bharuch, Surat, Vadodara and Valsad.

Improper issue of sales licences to Pharmacies

Licence for sale of drugs was issued to pharmacies which did not have registered pharmacists

As per provisions of the Rules, retailers were required to sell drugs under supervision of a "Registered Pharmacist" with a diploma/degree in pharmacy and due registration with the Registrar of the Gujarat State Pharmacy Council under Pharmacy Act, 1948. However, 105[∇] sales licences were issued between September 2002 and March 2003 to pharmacies which had no registered pharmacists to supervise the sales.

The licensing authorities stated that this was based on the directions of the Commissioner in December 1998. The directions of the Commissioner and issue of such licences were irregular.

- ***Adequacy of sampling and inspection***

Inspection

The Act stipulates inspection of each licensed establishment once in a year (twice up to September 2001). In respect of manufacturing units this was done by SDI and in respect of sales and distribution by the DI. As per norms fixed (February 1999) by Government each SDI was to inspect 120 (96 up to 1998-99) manufacturing units and each DI to inspect 540 (420 up to 1998-99) sales units within his jurisdiction each year.

Shortfall in inspection

Inspection of manufacturing units by SDI

Year	No.of units	No.of inspections to be carried out as per		Actual inspect-tion	Shortfall (percentage) as per	
		Act	Norms		Act	Norms
1997-98	2897	5794	2880	2031	65	29
1998-99	3018	6028	2784	1858	54	33
1999-00	3048	6096	3480	1915	69	45
2000-01	3220	6440	2520	2364	67	06
2001-02	3253	6506	2280	2226	66	02

Inspection of selling units by DI

Year	No.of units	No.of inspections to be carried out as per		Actual inspect-tion	Shortfall (percentage) as per	
		Act	Norms		Act	Norms
1997-98	16086	32172	14280	11998	62.71	15.98
1998-99	17170	34340	13860	12484	63.64	9.93
1999-00	18116	36232	17820	12126	65.53	31.95
2000-01	19645	39290	13500	9847	74.94	27.05
2001-02	20412	40824	12420	9210	77.44	25.82

The shortfall in inspections as per provisions of Act ranged between 54 and 69 *per cent* in respect of manufacturing units and between 63 and 77 *per cent* in respect of sales units. Shortfall in inspection as per norms ranged between 02 and 45 *per cent* in respect of manufacturing units and between 10 and 32 *per cent* in respect of sales units.

∇ In test checked circles: Vadodara(92) and Surat(13).

Blood banks

Act permitted the blood banks to run their activities without complying with conditions of the licences

Central Licence Approving Authority (CLAA) grants licences to blood banks for five years at a time. The CLAA and State Authorities conduct joint inspection to grant/renew licences.The Act permitted the blood banks to carry on activities till renewal even after expiry of licence. This lacuna in the Act permitted two blood banks with serious deficiencies whose licences were subsequently cancelled to function for a period upto 37 months.

Name of Blood bank	Date of expiry of licence	Date of joint inspection	Date of closure of licences	No. of blood units collected during the period
Dr. Jivraj Mehta Smarak Blood Bank, Ahmedabad	31.12.1999	21.12.2002	05.02.2003	3576
Gujarat Blood Bank (Voluntary) Pathology Laboratory and R.I.A., Paldi, Ahmedabad	31.12.2001	21.12.2002	05.02.2003	2372
			Total:	**5948**

The following were some of the serious deficiencies noticed during the joint inspections of these two blood banks forcing the CLAA to close them:-

(i) Serious defects in ELISA testing of collected blood for screening for serious diseases like Hepatitis B, Hepatitis C and HIV(AIDS).

(ii) Thermographs to monitor the temperature level of the refrigerators to store tested/untested blood bags were not working.

(iii) Blood bank activity was intertwined with pathology laboratory activity by sharing the same equipment, premises and infrastructure in contravention of the provisions of the Act.

(iv) Anti-sera for blood grouping which expired 3 to 36 months ago were stored in the refrigerator (in case of Gujarat Blood Bank).

(v) No registered nurse was available (in case of Gujarat Blood Bank).

(vi) Stored blood bags were found to be haemalysed and clumps (in case of Dr. Jivraj Mehta Smarak Blood Bank).

These blood banks had collected 5948 units of blood from donors for supplying to various patients during this period. As the effectiveness of the screening tests were doubtful, the transfusion of these blood units might have led to many health hazards. This requires urgent follow up of the recipients of these blood units by the health authorities to assess the extent of damage caused.

As of March 2003, out of 162 blood banks in the State, 50 blood banks whose licences expired on 31.12.2002 were carrying on their activities unhindered. 26 out of these 50 blood banks had collected 51349 units of blood between January and June 2003. Deficiencies, if any in these cases similar to the above two blood banks would be known only at the time of joint inspection.

Sampling

Ineffective sampling

Real magnitude of Spurious/NSQ drugs sold in the market could not be assessed due to ineffective sampling

Even though the number of manufacturing and sales units increased by 25 *per cent* from 18983(1997-98) to 23665(2001-2002), number of samples drawn for test/analysis increased by 8 *per cent* only from 3335(1997-98) to 3613(2001-02). Compared to the magnitude of the increase in the manufacturing/sales unit, the drawing of samples was inadequate. Due to the inadequacy, the manufacture/sales of spurious/NSQ drugs would remain undetected.

- ***Working of Drug Testing Laboratory***

Under-utilisation of testing capacity of laboratory

Drugs testing laboratory was not functioning as per capacity

As against the installed capacity for testing 57024 samples and targeted capacity of 34138 samples, only 21392 samples were tested during 1997-2003 and 1704 samples were pending as of March 2003. It was observed that the time taken for testing ranged between 3 to 4 months. The department stated that as the testing process of drugs at the laboratory involved 3 to 4 stages, a long period was required. Besides, inadequate fund for maintenance and replacement of equipment, insufficient purchase of chemicals and reagents etc were the reasons attributed for inordinate delay. However, audit found that (i) as against 72 sanctioned posts of Junior Scientific Assistant, the actual men-in-position during 1997-2003 ranged between 44 and 53 affecting the function of the laboratory. (ii) Further, out of the Central assistance of Rs.128 lakh released (1999-2001) for strengthening the State drug laboratories, Rs.99.56 lakh only was utilised besides advance payment of Rs.7.96 lakh (January 2003) for renovation of laboratory building leaving unspent balance of Rs.20.48 lakh. Hence the contention of the department was not tenable.

Testing of samples medicines and drugs – time taken for reporting and the adverse impact on reporting delays

Delays in sending drugs for testing

It was seen that 46 drug samples drawn by DI/SDIs were dispatched to the laboratory for testing and analysis after a delay ranging from 13 days to 67 days. The laboratory took time ranging form 24 days to 154 days to analyse them, out of which 8 were declared as NSQ.

Further, it was also found that another 46 samples received at laboratory were either in damaged conditions or in insufficient quantities; which further hampered the detection of NSQ drugs. Besides, the department had not fixed a time limit to declare the results. This gave ample scope to the unscrupulous manufacturers to retain NSQ drugs in the market without any hindrance.

Follow up action on samples found sub-standard or spurious

Detection of NSQ drugs

Sale of NSQ drugs was not checked

Out of total 28251 samples available for analysis during 1997-2003, results for 21392 [÷]samples **(Appendix-XXV)** were given. Of which, 3131[±](14.63 *per cent*) samples were declared as "Not of Standard Quality"(NSQ). Of these

[÷] Gujarat based 13367, Other State based 8025 (Appendix XXVI)

[±] Gujarat based 2012 (64 *per cent*) and Other State based 1119 (36 *per cent*) (Appendix XXVI)

NSQ samples, 126 (4.03 *per cent*) contained no active ingredients or wrong ingredients, 889 (28.4 *per cent*) had low content of active ingredients and 2116 (67.57 *per cent*) were of poor quality.

As soon as a drug is declared as NSQ, the administration was to initiate urgent action through the manufacturers/distributors to withdraw the particular batch of the drug from the market to prevent its use by the public. However due to the protracted procedures to be completed before declaring a drug as NSQ; a large quantity of the NSQ drugs used to be consumed by the public making disease control ineffective and injuring their health.

To assess the quantum of NSQ drugs consumed by the general public, audit test checked 107 out of 3131 NSQ cases. It was observed that in all the 107 cases the entire batch of NSQ drugs comprising of 26.22 crore tablets, 26.12 lakh capsules, 15056 litres of liquid drugs and 2534 kilograms of other items/drugs were sold to the public. The drugs included life saving drugs like dexamethazone, anti TB drugs like ethambutol, antibiotics like erythromycin, Roxythromycin, Gentamycin, Ciproflaxocin etc.

Similarly, NSQ drugs worth Rs.3.13 crore (578 batches) were purchased by Central Medical Stores Organisation (CMSO) and Employees State Insurance Scheme (ESIS) for distribution in the various Government hospitals. The consumption of NSQ drugs by the patients may have resulted in many health hazards.

Out of the 3131 NSQ drugs detected, 1119 (36 *per cent*) pertained to manufacturers in other States **(Appendix-XXVI).** The Administration informed the concerned State Drug Controller telegraphically for immediate action. However, in 433 cases (39 *per cent*), details of action taken were awaited. This indicated poor co-ordination between various State authorities in taking action. Further, 1229® NSQ drugs manufactured in the State were detected by other States, which indicated that the authority had failed to ensure the quality of drugs manufactured in the State.

3.1.6 Lack of effective interaction between State and Central Authority

Poor Co-ordination between State and Central authorities

State Administration was to submit (August 2000) quarterly information in respect of the retail prices of a basket of 214 drugs to National Pharmacy Pricing Authority (NPPA) to facilitate the monitoring of retail price of drugs. However, the State Administration submitted only one return (June 2002) as against five returns due upto June 2002. Thus, there was no proper co-ordination between Central and State Authorities for price fixing/price control under the Drug (Price Control) Order, 1995.

3.1.7 Other points of interest

- ***Non-replacement of substandard drugs worth Rs.68 lakh purchased by the CMSO and ESIS***

NSQ drugs worth Rs.68 lakh were not replaced by the manufacturers

In respect of Government sector in Gujarat, drugs are purchased centrally by CMSO and ESIS. As and when samples drawn from these purchase were found substandard/NSQ, the Government Analyst (GA) would send a copy of the Test-Report (TR) to the CMSO/ESIS for replacement of drugs or for effecting recovery from suppliers of NSQ drugs as per terms of contract.

® Year-wise break-up of 1229:1997(139), 1998(144), 1999(200), 2000(227), 2001(245), and 2002 (274)

Details of samples found as substandard / NSQ drawn from Government organisations (CMSO, ESIS) was as under.

Year	Total NSQ	NSQ among		Total	Percentage of NSQ in ESIS & CSMO against total NSQ
		ESIS	CMSO		
1997-98	425	46	155	201	47
1998-99	590	45	216	261	45
1999-00	631	33	166	199	31
2000-01	446	16	157	173	39
2001-02	544	19	214	233	43
2002-03	495	27	202	229	46
Total	**3131**	**186**	**1110**	**1296**	**41**

The percentage of substandard/NSQ samples pertaining to ESIS and CMSO ranged between 31 and 47 *per cent*. Substandard drugs worth Rs. 68 lakh-Rs.55.70 lakh- (1995-96 to December 2002) CMSO and Rs. 12.30 lakh-(1980-81 to July 2002) ESIS were neither replaced by the supplier nor the cost recovered.

3.1.8 Monitoring

The various regulatory functions require close monitoring to ensure that the objectives are achieved efficiently. However, it was observed that database of manufacturers/licences developed by authority was not sufficient as detailed unit-wise information was not available. A plan for countrywide computerisation of all drug control offices including drug testing laboratory has been undertaken by the Director of Health Services, New Delhi. The work was in progress (April 2003).

3.1.9 State Drugs Advisory Board

With a view to advise the State Government on technical matters arising out of the administration of the Drugs and Cosmetics Act, 1940 and carry out other functions assigned, a State Drugs Advisory Board (Board) was constituted in April 1991 and was in force up to April 1993 and reconstituted in October 2002. No meeting was held since then; thus defeating the very purpose of its reconstitution.

3.1.10 Evaluation

The State Government (General Administration Department) selects certain programmes/schemes/activities/departments for evaluation. No such evaluation of Food and Drugs Control Administration has been undertaken so far.

3.1.11 Conclusions

As a result of shortage of manpower and loop holes in and improper application of the provisions of the Act, manufacture/supply of safe and standard drugs could not be ensured. The Administration also failed to gauge the real magnitude of the problem of NSQ drugs causing health hazards to the public. Moreover, the standard of activities carried out by the blood banks in

the State could not be ensured due to delayed regulatory functions by drug authorities.

3.1.12 Recommendations

- Appointment of sufficient technical staff, as per the recommendations of Task Force Committee, should be made.
- Database of licences of manufacturers/sellers along with Management Information System and monitoring system modules should be developed to have close monitoring of various regulatory functions.
- Proper mechanism should be evolved for timely renewal of manufacture/sales licences. Licensees should not be permitted to carry on the activities merely on the ground of application for renewal of licences particularly in case of manufacturing and blood bank activities. Time limit should be fixed for processing such applications by concerned authorities.
- There should be a provision for compounding of offences to minimize the number of litigants.Offences attracting imprisonment of more than three years only are treated as cognizable offence. There is a need to amend the Act to make all the offences under it as cognizable.
- Deterrent penalty should be imposed for manufacture or sale of adulterated/ spurious or misbranded drugs irrespective of their intensity.

NARMADA, WATER RESOURCES AND WATER SUPPLY DEPARTMENT

3.2 Accelerated Irrigation Benefit Programme

3.2.1 Introduction

A large number of River Valley Projects, both multipurpose and irrigation, spilled over from plan to plan mainly because of financial constraints faced by the State Governments. At the end of VIII Plan (1996-97) there were nine major and thirteen medium ongoing irrigation projects in Gujarat State, on which Rs.5346.38 crore were spent, in various stages of completion. With a view to realising the irrigation potential (IP) of such projects over the next four working seasons, i.e. in two years period, "Accelerated Irrigation Benefit Programme" (AIBP) was launched in 1996-97.

Under the Programme, Central Loan Assistance (CLA) is provided to the State Governments. For the purpose of assistance, projects were classified in two categories (i) multipurpose projects each costing more than Rs.500 crore where substantial progress has been made and (ii) major and medium irrigation projects excluding the above which were at an advanced stage of

APPENDIX – XXV

Details of Number of samples received, analysed, samples found as not of standard quality (NSQ) and pending at the laboratory

(Reference: Paragraph 3.1.5; Page 40)

Year	Previous pending	Received	Rejected*	Total available for analysis	Total Results given	No. of samples found NSQ	Pending at last of year	Percen-tage of Pendency
1997-1998	873	3335	09	4199	2952	425	1247	29.70
1998-1999	1247	3485	08	4724	3364	590	1360	28.79
1999-2000	1360	3562	04	4918	3866	631	1052	21.40
2000-2001	1052	3879	06	4925	4083	446	842	17.10
2001-2002	842	3613	15	4440	3786	544	654	14.73
2002-2003	654	4395	04	5045	3341	495	1704	33.78
TOTAL	**6028**	**22269**	**46**	**28251**	**21392**	**3131**		

*Samples received in laboratory in damaged condition

APPENDIX - XXVI

Detail of Not of Standard Quality Drugs with reference to Gujarat based manufacturers and other States based manufacturers

(Reference: Paragraph 3.1.5; Page 41)

YEAR	Samples Tested			Not of Standard Quality Drugs		
	Manu-factured in Gujarat	Manu-factured in other States	TOTAL	Manu-factured in Gujarat	Manu-factured in other States	Total
1997-98	1913	1039	2952	278	147	425
1998-99	2215	1149	3364	427	163	590
1999-00	2541	1325	3866	424	207	631
2000-01	2536	1547	4083	269	177	446
2001-02	2211	1575	3786	320	224	544
2002-03	1951	1390	3341	294	201	495
TOTAL	**13367**	**8025**	**21392**	**2012**	**1119**	**3131**
Percentage				**64.26**	**35.74**	**14.64**