

Republic of Mauritius

NATIONAL ASSEMBLY

PUBLIC ACCOUNTS COMMITTEE

Special Report

**Warehousing of Pharmaceutical and
Medical Disposables –
Central Supplies Division (CSD),
Ministry of Health and Wellness,
stemming from the Director of Audit Reports
2021-2024**

**Eighth National Assembly
First Session**

27 April 2026

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1. ESTABLISHMENT OF THE COMMITTEE

1.1 Your Committee is currently comprised as follows:

- (1) Hon. Adrien Charles Duval, MP, Opposition Whip – Chairperson
- (2) Honourable Kuvalayan Kugan Parapen, MP, Junior Minister of Social Integration, Social Security and National Solidarity
- (3) Honourable Gilbert Tony Apollon, MP
- (4) Honourable Rameshwar Etwareea, MP
- (5) Honourable Jean Francisco François, MP
- (6) Honourable Shridhur Jugurnauth, MP
- (7) Dr the Honourable Sandeep Prayag, MP
- (8) Honourable Kaviraj Rookny, MP
- (9) Dr the Honourable Mohamed Reza Saumtally, MP
- (10) Honourable Manoj Seeburn, MP

1.2 Your Committee derives its powers under **Standing Order 69(2)** of the Standing Orders and Rules of the National Assembly (1995), an extract of which is set out in the Appendix to this Report.

1.3 Your Committee –

- (i) is constituted of **10 Members** of Parliament, both from Government and Opposition sides;
- (ii) is by convention, chaired by a Member of the Opposition;
- (iii) examines audited accounts showing the appropriation of the sums granted by the Assembly to meet public expenditure;
- (iv) is mandated to examine such other accounts laid before the Assembly as the Assembly may refer to Your Committee together with the Director of Audit's report thereon. However, no such referral has been made;
- (v) meets regularly and the members are assisted by the Director of Audit and his staff, by the representatives of the Ministry of Finance, the Accountant General's Office and the Procurement Policy Office. Accounting Officers of Ministries and Departments and their representatives attend the hearings to give evidence;
- (vi) holds its meetings in camera without any disclosure of the proceedings; and
- (vii) is served by the Clerk of the National Assembly, assisted by the Deputy Clerk and the Clerk Assistants.

- 1.4 Your Committee has met on 26 occasions to date.
- 1.5 Members of Your Committee worked collectively and in a bipartisan manner to fulfil the duties thereof.
- 1.6 The main duties of Your Committee are to examine and report on the efficiency, effectiveness and economy with which Ministries, Government Departments and other bodies have used resources put at their disposal. Your Committee also examines compliance with the principles of good governance and reports as to whether value for money has been obtained when spending the taxpayer's rupee.
- 1.7 Your Committee is currently examining the Reports of the Director of Audit for fiscal years 2021-2022, 2022-2023 and 2023-2024 respectively, during which Your Committee has already held regular meetings with Accounting Officers and senior staff members of selected Ministries and Departments.
- 1.8 During the course of its examination of the Reports of the Director of Audit for financial years 2021–2022, 2022–2023 and 2023–2024, Your Committee held meetings with the representatives of the Ministry of Health and Wellness on 6 occasions namely 10, 18 and 31 July, 26 August, 11 September and 06 November in the year 2025 respectively and carried out site visits on 05 September and 30 October in the year 2025 respectively, during which it identified serious and urgent concerns relating to the warehousing, storage and inventory management of medicines and medical supplies by the Central Supplies Division of the Ministry of Health and Wellness.
- 1.9 In view of the gravity of the findings observed during hearings and site visits conducted by Your Committee, it was decided, in accordance with Standing Order 70(14)(b) of the Standing Orders and Rules of the National Assembly, to issue this Report pending completion of the wider examination and final report of Your Committee on the Reports of the Director of Audit for the abovementioned financial years.
- 1.10 This Special Report therefore focuses specifically on matters relating to the warehousing and storage of medicines and medical supplies by the Central Supplies Division of the Ministry of Health and Wellness.

2. Background

- 2.1 The Central Supplies Division (“CSD”) of the Ministry of Health and Wellness is responsible for the procurement, storage, distribution and management of medicines, medical supplies and consumables to public healthcare institutions across Mauritius. The CSD therefore constitutes a critical component of the national public healthcare supply chain and is responsible for managing significant quantities of pharmaceutical and medical stock.
- 2.2 The Central Supplies Division (CSD) operates five warehouses in Mauritius, of which four are situated in the Plaine Lauzun area and one at New Grove. The New Grove warehouse serves as the primary point of entry and initial storage facility for medicines and medical supplies received by air and sea, prior to their dispatch to the CSD warehouses at Plaine Lauzun.
- 2.3 The main CSD warehouse, located at Plaine Lauzun, comprises multiple stores dating back since 1965 and handles the storage of essential medicines, including vaccines, as well as highly controlled substances such as methadone, together with medical supplies including vials and disinfectants. In addition, there are three smaller decentralised warehouses situated within walking distance of one another in the Plaine Lauzun area, which are used for the storage of, inter alia, medicines such as paracetamol and infant medication, medical supplies including surgical and dressing supplies, and equipment such as thermometers and wheelchairs.
- 2.4 Your Committee notes that the Director of Audit Reports for financial years 2021–2022, 2022–2023 and 2023–2024 highlighted several serious concerns regarding warehousing, inventory management and storage capacity within the CSD. Amongst the main findings reported were the following:
- (i) pharmaceutical stocks held by the CSD as at 30 June 2023 were valued at approximately **Rs 1.8 billion**;
 - (ii) annual expenditure on procurement of medicines, drugs and vaccines amounted to approximately **Rs 1.4 billion** during financial year 2023–2024;
 - (iii) expired pharmaceutical and medical items recorded in the Electronic Inventory Management System (“EIMS”) totalled approximately **Rs 213 million** for the period January 2020 to August 2023;

(iv) approximately **Rs 83.3 million** was incurred in rental of buildings and security and cleaning services over a period of three financial years due to the absence of a centralised warehouse facility; and

(v) approximately **Rs 28.6 million** was incurred in storage and demurrage fees over the same period owing to insufficient warehousing capacity.

2.5 Your Committee considers that the magnitude of the expenditure involved, coupled with the value of pharmaceutical stocks under the responsibility of the CSD, necessitates robust warehousing infrastructure, effective inventory management systems and strict compliance with proper storage and safety standards.

3. FINDINGS

3.1 Dilapidated infrastructure and lack of amenities

3.1.1 Your Committee found that warehouses used for the storage of medicines and medical supplies are in a deplorable and severely degraded condition.

3.1.2 At least three of the Plaine Lauzun warehouses were devoid of electrical installations and consequently had no access to electricity.

3.1.3 The warehouses situated in the former buildings of the Tobacco Board had allegedly been condemned due to defective electrical circuits. However, during hearings held in the presence of representatives of the Ministry of Public Infrastructure and the Ministry of Housing and Lands, the Committee was informed that there existed uncertainty as to whether the buildings had in fact been condemned by the Electrical Services Division (“ESD”) or by the civil engineering unit.

3.1.4 Your Committee noted with irony that the same Energy Services Division, which had reportedly refused authorisation for electrical installations within parts of the Ministry of Health and Wellness storage facilities, was itself occupying the first floor of one of the buildings with full electrical amenities, including lighting and air-conditioning, whilst the ground floor of the very same building, occupied by the Ministry for the storage of medicines and medical supplies, remained deprived of such basic amenities on the basis that it had allegedly been “condemned”.

- 3.1.5 Your Committee considers it particularly aggravating that the Ministry of Health and Wellness was unable to produce any records evidencing that requests had in fact been made for electrical installations in respect of the former Tobacco Board buildings, nor any written confirmation that the buildings had been formally condemned or that authorisation for electrical installations had been refused.
- 3.1.6 The Committee was further informed that only after the site visits did the Ministry initiate formal procedures for electrical clearance and installation of electricity within the affected facilities.
- 3.1.7 The Committee further noted with grave concern that sensitive medicines and medical supplies were being stored in facilities deprived of electricity, air-conditioning and proper ventilation despite requiring climate-controlled storage conditions in accordance with manufacturers' specifications. Officers informed the Committee that prolonged exposure to excessive heat and humidity may cause medicines, especially paediatric formulations such as paracetamol for infants, to expire prematurely or deteriorate in quality due to storage temperatures and humidity levels exceeding the recommended range.
- 3.1.8 Your Committee further found the condition of the two storage buildings located at the former Tobacco Board site, over and above the lack of electricity, to be utterly deplorable and wholly unfit for the storage of medicines and medical supplies. One of the buildings exhibited clear signs of structural deterioration, including damaged ceilings, excessive humidity, heavy dust accumulation, cracks in the walls and banyan roots penetrating through the structure, thereby creating unsanitary conditions exposing medicines and medical supplies to contamination risks. During the site visit, Your Committee further observed damaged wheelchairs and deteriorated medical boxes stored within the premises, further illustrating the severe state of degradation and the wholly unsuitable nature of the facilities for the storage of medical supplies and equipment.
- 3.1.9 The Committee considers it wholly unacceptable that medicines and medical supplies procured at significant public expense for the treatment, care and wellbeing of patients may be rendered less effective due to inadequate warehousing, improper storage conditions and failure to maintain appropriate climate-control standards.

3.2 Rodent Infestation

- 3.2.1 Out of the five warehouses reportedly operated by the Central Supplies Division in Mauritius, the four warehouses situated in the Plaine Lauzun area were reported to be affected by **rodent infestation**.
- 3.2.2 Your Committee noted that the most severely affected facility was Section C, where IV fluids, syrups, solvents and other liquid medical supplies are stored. During the site visit, the Committee observed visible entry points for pests, including holes and openings within the deteriorated structure. Officers further informed the Committee that packaging and boxes containing medicines and liquid supplies are regularly damaged and compromised by rats, particularly at the far end of the warehouse where humidity, mould and structural deterioration have been observed to appear most severe, by Your Committee.
- 3.2.3 Your Committee further noted that the entire facility was deprived of electricity and remained poorly lit, relying on makeshift lighting arrangements, thereby significantly hampering proper monitoring, storage and handling operations within the warehouse. The Committee considers it deeply alarming that medicines and medical supplies intended for use in public healthcare institutions are being stored in such degraded, unsanitary and unsafe conditions.
- 3.2.4 Your Committee finds it particularly alarming that, at the very time this Report is being written, the country is reportedly confronting a significant outbreak of **leptospirosis** — a potentially fatal disease associated with rodent infestation — with approximately 15 reported cases and four reported deaths.
- 3.2.5 Against this backdrop, the continued storage of medicines and medical supplies in facilities reportedly affected by **rodent infestation** and unsanitary conditions represents not merely an administrative or infrastructural failure, but a **serious and immediate public health concern** requiring urgent corrective action.

3.3 Storage planning and optimisation failures

- 3.3.1 Your Committee observed that medicines and supplies were stored in a haphazard and disorganised manner, with no coherent warehousing strategy or optimisation of available storage space.
- 3.3.2 Large quantities of expired medicines, **some having expired since January 2025**, were occupying prime climate-controlled rooms at New Grove whilst sensitive dialysis products, essential IV fluids, syrups, medicines and medical disposable items, including surgical supplies and dressings, continued to be stored in severely degraded and rat-infested warehouses at Plaine Lauzun.

3.3.3 Your Committee further noted that the climate-controlled (i.e. temperature, humidity and ventilation) storage areas at New Grove appeared to be operating **significantly below capacity** despite the Ministry repeatedly citing lack of storage space as a major operational difficulty.

3.4 Expired medicines and delays in disposal

3.4.1 Your Committee observed large quantities of expired medicines being stored for prolonged periods together with usable stock. Officers informed the Committee that disposal of expired medicines requires technical reports and approvals from the Ministry of Environment, Solid Waste Management and Climate Change before disposal at landfill sites.

3.4.2 Your Committee noted with concern that bureaucratic delays in obtaining approvals for disposal had resulted in expired medicines remaining in storage for periods exceeding ten months, thereby occupying valuable climate-controlled storage space.

3.4.3 Given that wastage of medicines reportedly exceeded Rs 213 million over the last three financial years, Your Committee finds such delays wholly unacceptable.

3.5 Inventory management and failure of the Electronic Inventory Management System (EIMS)

3.5.1 Your Committee established that there is no reliable real-time inventory management system operational within the Central Supplies Division warehouses.

3.5.2 The Electronic Inventory Management System (EIMS), which was intended to facilitate barcode scanning and real-time stock monitoring, remains **totally ineffective** due to lack of electricity, absence of network connectivity and inability to install computer terminals and scanners in certain condemned buildings.

3.5.3 As a result, stock control continues to depend on paper records and the personal knowledge of employees, increasing the risk of errors, wastage and stock mismanagement, more so, in the absence of any methodology for the storage of shelving and management thereof.

3.6 Security, fire and safety concerns

- 3.6.1 Your Committee observed serious deficiencies in security and emergency preparedness across the warehouse facilities.
- 3.6.2 Despite the enormous value of medicines stored at the sites, including highly controlled drugs such as **methadone** at the main CSD warehouse in Plaine Lauzan, no police sentry personnel were posted at the warehouses during working hours. Furthermore, no CCTV cameras had been installed inside the storage areas.
- 3.6.3 Your Committee also observed barrels of highly flammable alcohol used for cleaning and disinfecting hospitals and medical equipment being stored outside storage units under direct sunlight at the main warehouse, which stores 450 out of a total of 700 different items stored at the CSD. The alcohol was manually transferred into smaller containers without specialised equipment, resulting in frequent spillages and creating a **major fire hazard**. The more so that not one “No Smoking” signages could be seen.
- 3.6.4 Your Committee further noted that **no fire certificates** had reportedly been issued in respect of the Plaine Lauzun warehouses, and observed the **absence** of sprinkler systems, fire hydrants, alarm systems connected to the Mauritius Fire and Rescue Service, as well as contingency plans in the event of fire. No dedicated health and safety officer was met on site.
- 3.6.5 Shortcomings were also observed in respect of a clear fire evacuation and contingency plan in respect of the New Grove warehouse.
- 3.6.6 Your Committee was particularly alarmed by the conditions prevailing within the warehouse facility which is designated as Section C at Plaine Lauzun, where a handy worker was assigned duties despite the extremely hazardous environment. During the site visit, the Committee observed that the building was in an **advanced state of disintegration**, with pieces of the deteriorated ceiling continuously falling within the premises during the visit itself. Large quantities of cement dust and mould particles were suspended in the air, whilst substantial accumulations of dust covered both the floors and stored items.
- 3.6.7 Your Committee further observed a strong putrid noxious odour within the building, which officers attributed to **leakages of highly concentrated reagents and fluids used for dialysis treatment** stored within the facility. The Committee noted with grave concern that such sensitive medical products were being stored in atrocious and wholly unsuitable conditions characterised by excessive humidity, poor ventilation, rodents, persistent leakages, mold and heavy dust accumulation.

- 3.6.8 Your Committee was informed that the officer concerned had reportedly previously been hospitalised as a result of the appalling working conditions prevailing within the facility. Notwithstanding the obvious occupational health risks, **no meaningful corrective action** had reportedly been undertaken to improve conditions or provide the employee with even the most basic protective equipment. Neither masks, gloves nor any other form of personal protective equipment had been provided to the officer despite the visibly unsafe and contaminated environment. Furthermore, access to basic facilities, including toilets, in respect of the staff were nonexistent.
- 3.6.9 No person should be required to work in conditions posing **such serious risks to their health and safety**.
- 3.6.10 **No health and safety certificate have reportedly been issued** in respect of any of the CSD warehouses.
- 3.6.11 Your Committee is appalled by the apparent lack of concern demonstrated by the Ministry of Health and Wellness with regard to the health and safety of its personnel. It is further worth noting that, during the two site visits conducted by the delegation, no basic protective equipment whatsoever — including face masks, gloves, protective eyewear, hard hats or other Personal Protective Equipment (PPE) — was provided, notwithstanding the hazardous and at times dangerous conditions observed at the sites. This further illustrates the apparent absence of adequate health and safety considerations on the part of the Ministry.

3.7 Hazardous chemical storage at the New Grove warehouse

- 3.7.1 During the site visit at the New Grove warehouse, Your Committee observed medicines and medical supplies being stored alongside fogging chemicals and mosquito-control products intended for use during endemic outbreaks.
- 3.7.2 Some containers were leaking and **toxic liquid** was observed spilling onto boxes of medicines. Fumes were emanating from the affected area and yet officers working on the premises were not provided with masks, gloves or other personal protective equipment.
- 3.7.3 Your Committee considers that the absence of proper segregation and ventilation in relation to hazardous chemicals poses a serious risk to staff safety and the integrity of medicines stored within the facility.

3.8 Staffing and logistical deficiencies

- 3.8.1 Your Committee noted that the **acute shortage of staff** across the Central Supplies Division is not merely an administrative inconvenience but a major contributing factor to wastage, stock mismanagement and operational inefficiencies throughout the warehousing system. Officers informed the Committee that transfers are often effected with immediate notice, disrupting workflow and institutional continuity. It was further highlighted that delivery vehicles are frequently dispatched without accompanying officers due to manpower shortages, thereby weakening accountability and supervision within the supply chain.
- 3.8.2 At New Grove warehouse, **only four officers** were managing operations despite the substantial size of the warehouse. Manual handling of supplies remained unavoidable due to the absence of motorised forklifts and the limited availability of functioning vehicles.
- 3.8.3 The severe shortage of manpower prevented proper adherence to the First-In First-Out (FIFO) principle and resulted in newly received stock being placed randomly within the warehouse without proper organisation or stock rotation.
- 3.8.4 Your Committee considers that many of the losses incurred through expired medicines, stock discrepancies, delayed distribution and poor stock rotation could have been substantially mitigated had adequate staffing and proper working conditions been provided. Officers themselves stated that **funds lost through wastage** could have been better invested in recruitment, logistics equipment and improvement of warehouse infrastructure.
- 3.8.5 Your Committee noted with concern that despite the premium price being charged as rent for the New Grove warehouse, it appeared to be lacking adequate elevator and loading bay facilities. Furthermore, there was no dedicated security personnel or CCTV cameras. Lastly, the facility appeared to lack an exclusive access to warehouse.

3.9 Recommendations

- 3.9.1 Your Committee considers the construction of a **state of art centralised warehouse** to be an **absolute and urgent priority**. The project has been under consideration since as far back as 2009, yet, some **17 years later**, no concrete implementation has **materialised**. During that period, estimated costs have escalated dramatically from approximately **Rs 60 million** to some **Rs 2.2 billion** as at **2023**.
- 3.9.2 Your Committee is of the view that the sheer extent of taxpayers' money being lost through damaged, expired and improperly stored medicines and medical supplies should, in itself, constitute a compelling justification for the **immediate implementation of the project**.
- 3.9.3 Your Committee further notes with concern that the Ministry of Health and Wellness has, as at date, not identified a definitive site for the construction of such a facility. This state of affairs is **wholly unsatisfactory**, particularly having regard to the strategic and national importance of pharmaceutical storage and supply management.
- 3.9.4 Your Committee therefore recommends that a high-level Steering Committee be established **as a matter of urgency**, comprising representatives of the Ministry of Health and Wellness, the Ministry of Finance, the Ministry of Housing and Lands, the Ministry of National Infrastructure and other relevant stakeholders, with a clear mandate to finalise, coordinate and fast-track the implementation of the project within defined timelines.
- 3.9.5 Pending construction, Your Committee hereby makes the following recommendations:
- (i) **Immediate priority** should be given to installation of electricity, air-conditioning and climate-control systems at all warehouses storing sensitive medicines and dialysis products.
 - (ii) The Ministry should urgently rehabilitate warehouses to ensure safe, ventilated and secure storage conditions compliant with health and safety standards. The store designated as Section C at Plaine Lauzun should be **vacated forthwith** and relocate its operation to New Grove, which appears to be underutilised.

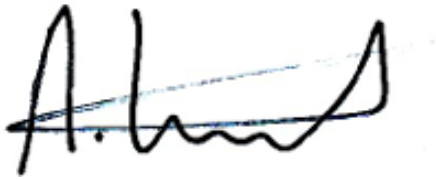
- (iii) The Electronic Inventory Management System (EIMS) should be fully operationalised to ensure **real-time inventory monitoring** and proper stock management, with full utilisation of the bar code system.
- (iv) Expired medicines should be disposed of promptly and should not occupy climate-controlled storage areas required for sensitive products.
- (v) CCTV systems should be installed in all storage areas and a **permanent armed police sentry** should be posted at all the CSD warehouses.
- (vi) Proper fire safety infrastructure, including sprinkler systems, hydrants, alarm systems and contingency plans, should be implemented without delay.
- (vii) Hazardous chemicals should be properly segregated from medicines and appropriate protective equipment should be provided to all staff working in such environments.
- (viii) In view of the recurring accumulation of expired medicines and prolonged delays associated with landfill disposal, Government should urgently examine the feasibility of establishing a **dedicated incineration facility** or other appropriate disposal mechanism for pharmaceutical waste.
- (ix) Pending the completion of recruitment exercises to fill vacant positions, officers should be **trained and temporarily redeployed** from other Ministries and Departments to address the urgent shortage of staff required for the delivery, stocking, handling and sorting of medicines and medical supplies within warehouse facilities.
- (x) Forklifts and other appropriate warehousing equipment should also be provided to improve stock rotation and warehousing operations.
- (xi) Transport facilities from other Government bodies and institutions, including local authorities and the Mauritius Police Force, which are reportedly underutilised, should be mobilised where necessary to assist in the timely delivery and distribution of medicines and medical supplies, particularly in urgent situations.

4. Conclusion

- 4.1 Your Committee notes that the conditions observed by the Committee within warehouses operated by the Central Supplies Division **fall drastically below** the very standards which the Ministry itself requires others to observe, in its role as regulator.
- 4.2 Your Committee considers it deeply concerning that patients relying upon public healthcare institutions may consequently be placed at a significant disadvantage, compared to those utilising private healthcare institutions in Mauritius, in terms of the quality, integrity and storage conditions of medicines and medical supplies made available to them.
- 4.3 Your Committee therefore considers it wholly unacceptable that medicines and medical supplies procured at significant public expense for the treatment, care and wellbeing of patients may be **rendered less effective** due to inadequate warehousing, improper storage conditions and failure to maintain appropriate climate-control standards. Such conditions not only undermine public confidence in the healthcare system, but also reveal serious systemic failures in planning, maintenance, inventory management, safety and oversight, whilst raising **grave concerns regarding value for money** and the effective use of public funds.
- 4.4 The continued storage of sensitive medicines in degraded and unsafe conditions, coupled with persistent failures in inventory control and delayed disposal of expired products, exposes public health resources to unacceptable risks and demands **urgent corrective action**.

5. ACKNOWLEDGEMENT

- 5.1** Your Committee is grateful to **all** of its members who have actively participated in the various meetings of Your Committee and in drafting this report which was unanimously approved by all members.
- 5.2** Your Committee would like to place on record its appreciation for the collaboration it received from the Director of Audit, officers of the National Audit Office, officers from various ministries, the Accountant General's Department and Procurement Policy Office, who deponed before Your Committee.
- 5.3** Your Committee would also like to thank the Clerks of the National Assembly, the officers from the Clerk's Office and staff from the National Assembly for their support and guidance.

A handwritten signature in black ink, appearing to read 'A. Duval', written over a faint blue horizontal line.

Honourable Adrien Charles Duval, MP
Opposition Whip
Chairperson of the Public Accounts Committee

27 April 2026

APPENDIX 1

Photographs of site visit effected on 05 September 2025 at Plaine Lauzun



Photo above showing boxes of medicines and medical supplies damaged by humidity.



Photo above shows makeshift rat trap (rat glue on cardboard) in warehouse.



Photo of one of the two former Tobacco Board warehouse showing invasion of banyan tree roots.



Photo showing structural damage and mold infestation in Store B used for the storage of medicines and medical supplies are kept.



Photo showing extensive humidity damage to boxes containing medicines and medical supplies.



Photo showing mold infestation and humidity damage to boxes.

Item NAME	NEW BATCH	NO NEW BATCH
1. Acitretin 10mg	8/27, 5/27	
2. Acyclovir 400mg	4/28	
3. Ascorbic acid 500mg	1/26, 5/26	
4. Cyclosporine Cap 50mg	8/26	
5. Fenofibrate 200mg	4/28	
6. Erythropoietin eye drops		X
7. Cyclosporine cap 100mg		X
8. Fluocortisone tab 0.1mg	1/26, 3/27	

Photo showing a handwritten ledger used for management of storage, instead of utilizing the computer system (EIMS).



Photo showing barrels as well as smaller gallons containing highly flammable alcohol product used for cleaning and disinfecting health facilities.



Photo above showing a leaking gallon of toxic fogging chemicals and mosquito-control products intended for use during endemic outbreaks left on a stack of supplies.



Photo above showing toxic fogging chemicals and mosquito-control products intended for use during endemic outbreaks stored in proximity to medicines and medical supplies.

APPENDIX 2

Standing Order 69(2) of the Standing Orders and Rules of the National Assembly (1995)

(2) Public Accounts Committee

- (a) There shall be a Committee to be known as the Public Accounts Committee to consist of a Chairperson to be appointed by the Speaker and not more than nine Members to be nominated by the Committee of Selection at the beginning of each session. It shall be the duty of the Committee to examine the audited accounts showing the appropriation of the sums granted by the Assembly to meet the public expenditure and such other accounts laid before the Assembly as the Assembly may refer to the Committee together with the Director of Audit's report thereon.
- (b) The Committee shall have power, in the exercise of the duties mentioned at paragraph (a) of this Order, send for persons and records, to take evidence, and to report from time to time.
- (c) If the Chairperson is unable to be present at any meeting, the Committee shall elect another Chairperson whose tenure of office shall be for the day of his or her election only.
- (d) In discharging its duties under this Order, while examining accounts showing the appropriation of funds granted by the Assembly and such other accounts which the Assembly had referred to it, the Committee has to satisfy itself –
 - (i) that the monies shown in the accounts as having been disbursed were legally available for, and applicable to, the services or purpose to which they have been applied or charged;
 - (ii) that the expenditure conformed to the authority which governed it;
 - (iii) that every re-appropriation has been made in accordance with the provisions made in this behalf under appropriate rules; and
 - (iv) that cases involving negative expenditure and financial irregularities wherever they have occurred in the financial year under study, having regard to the financial report and the estimates as approved by the House, are subjected to scrutiny.