CHAPTER 4

Availability of drugs, medicines, equipment and other consumables

4 Chapter *Availability of drugs, medicines, equipment and other consumables*

Audit Objective: Whether the health sector had adequate resources, viz., drugs, consumables, equipment etc., as per prescribed norms and whether these resources were utilised efficiently and effectively.

Health & Family Welfare Department, GoWB, had no documented Drug Policy and there was no central monitoring over suppliers regarding delay/ non-supply of medicines/ consumables, in different health facilities of the State. Instances of non- receipt of Quality Testing Reports of drug samples and delays in uploading the test-checked cases of non-standard medicines, were noticed. Non-procurement of essential drugs, out of the 'Essential Drug List (EDL)', was noticed. Undue favour to agencies, in procurement of bio-medical equipment, bypassing safety standards and quality, were also observed. Essential items of Equipment, in most of the test-checked primary and secondary care giving hospitals, were not available. Calibration of most of the Bio-medical Equipment had also not been done.

A. Drugs

4.1 Lack of a specific drug Policy

The Government of West Bengal selected (December 2021) M/s Price Waterhouse Coopers Private Limited (PwC), as the transaction advisor, for preparing Drugs & Equipment policies and the Drugs & Equipment maintenance policies, at a cost of ₹ 38.25 lakh. The contract was extended for three months, upto June 2022. The said firm was also directed to prepare and consolidate, *inter-alia*, an Essential Drugs List (EDL), for each tier of health facilities and procurement policies. The Department did not have any documented drug policy, before award of the contract to PwC.

It was noticed that, on earlier occasions, the Department had prepared (with the help of experts from the Department, Directorate and Medical Colleges & Hospitals), facility–wise EDLs, under catalogued drugs and circulated the same, during April 2016 and January 2018. Later, in November 2021 and December2021, the Department notified an EDL, for six sub-tiers of primary healthcare, Sub-divisional hospitals and State General hospitals, respectively, in supersession of all previous orders. The Department again circulated (July 2022) an EDL, alongwith two *addendums* for each level of health facilities, right from the primary tier to the tertiary tier, in supersession of all its previous orders. Thus, the absence of a drug policy resulted in frequent changes in the availability of Essential Drugs at all three tiers.

The Department in its reply (February 2024) offered no response in this regard.

4.2 Absence of a central monitoring system over supply

The Central Medical Store (CMS) is the authority for finalising rates for different type of medicines and consumables, to be used at all three tiers of health facilities in the State. However, there was no central monitoring over

suppliers, regarding delay/ non-supply of medicines/ consumables, to different health facilities. This resulted in non-availability of medicines to the public, at times of need (*as elaborated at paragraph 4.3.6 in this Report*) and also put pressure on the exchequer, due to the purchase of the required medicines being made locally.

The Department in its reply (February 2024) offered no response in this regard.

4.3 Quality Control Mechanism

Quality control of medicines involves testing of medicines and determining if they are as per the specifications for the final product. It involves a testing mechanism and testing units. Having a good quality control system is essential in ensuring the quality of medicines procured by the State, which, in turn, are consumed by the public in general. The Quality Control section, under the CMS, is the authority for collecting samples, including the consumables and reagents through selected couriers/ transport agents, from all health facilities, spread across primary, secondary and tertiary level healthcare. Dispatch of such samples, by various field units, is tracked in the Store Management Inventory System (SMIS), which is primarily used for managing the inventory of all medicines and equipment, after observing due procedures, such as recording the batch numbers of the medicines, making work orders, arranging samples as per the work orders *etc.* These samples are sent by courier agents, for testing, to NABL accredited laboratories, selected through the tender process, for testing purposes. The results of testing of samples, including those where samples are found sub-standard, are also uploaded by the CMS authorities, in SMIS, for appropriate actions to be taken by different stakeholders. Scrutiny of records, regarding testing of drugs, revealed the following:

4.3.1 Collection of samples for testing

Drugs purchased from different manufacturers are required to be tested for ensuring their quality, before their consumption by the public. The testing arrangements for drugs are administered centrally, by the Quality Control Section, under the Central Medical Store. However, no standing order was made available to Audit, in regard to the number of samples to be collected from different field units[93] including Fair Price Shop (FPS)[94] for testing purpose. In the absence of such an order, it was not clear whether the field units were compulsorily required to send samples of all medicines and consumables received, to CMS, which, in turn, would forward the samples to the laboratories, for testing. It was also not clear whether they were required to send samples to CMS soon after receiving the same from suppliers or whether any time period, between receipt and dispatch of samples, was allowed. Test-check of records, in connection with dispatch of samples, by the SSKM Hospital, Raiganj; Medical College & Hospital (MC&H), Purulia; MC&H, Medinipur MC&H, and the District Reserve Stores (DRSs) of the Jalpaiguri, Uttar Dinajpur, Purulia, Paschim Medinipur and Bashirhat districts, revealed the following:

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[93] *Field units include different hospitals such as District hospital, Sub-divisional hospital, State General hospital and Medical College & Hospital. It also includes District Reserve Store which keeps medicines and consumables/equipment for the entire primary sector of that district.*

[94] ***'Fair Price Shop'** is an initiative of the Government of West Bengal under Public Private Partnership (PPP) with private parties where the private party offering the maximum discount over MRP of the medicines is selected.*

Table 4.1: Drug Samples collected and sent for testing

Indenting unit	Number of samples received by CMS for testing during 2016-22	Number of samples sent to laboratories during 2016-22[95]	Number of samples declared standard out of column no. (3)	Number of samples declared non-standard out of column no. (3)[96]
(1)	**(2)**	**(3)**	**(4)**	**(5)**
IPGME&R and SSKM Hospital	113	108	84	2
Raiganj MC&H	1	1	1	0
Purulia MC&H	49	41	30	0
Medinipur MC&H	139	123	82	0
DRS of Jalpaiguri	524	493	328	2
DRS/ Uttar Dinajpur	1,260	1,213	849	25
DRS/ Purulia	1,446	1,364	957	12
DRS/ Paschim Medinipur	3,327	3,056	2,173	37
DRS of Bashirhat	464	418	306	4
DH Jalpaiguri	168	159	102	2
Total:	**7,491**	**6,976**	**4,912**	

Source: CMS Data

As may be seen from the above, that the number of samples sent by the Purulia MC&H, Medinipur MC&H and IPGME&R (SSKM Hospital), was considerably less, as compared to those sent by various DRSs[97]. The Raiganj MC&H had forwarded only one sample, during 2016-22. None of the Super Speciality Hospitals (SSH),[98] located at Jalpaiguri, Islampore, Bashirhat, Debra and Hatuara, had forwarded any sample to CMS, during 2016-22. Similarly, the DHs at Bashirhat, SDHs Islampore, Ghatal and Raghunathpur, had not forwarded any samples to CMS, during this period. This indicates that the field units were sending samples as per their own decision and there was no monitoring over this aspect.

Further, it could be seen that 30 *per cent* of the samples sent to testing laboratories were not received at all. The State-wide position in this regard is discussed in the following paragraph.

The Department in its reply (February 2024) offered no response in this regard.

4.3.2 Non-receipt of report of samples sent for testing

It was revealed in audit that, during the period from 2016 to 2022, against 50,988 samples received by CMS, 49,779 samples were sent for testing and reports for 33,501 samples (67 *per cent* of the samples sent for testing) were received, as shown below:

Table 4.2: Non-receipt of reports of samples sent for testing

Financial Year	Samples received by CMS for testing	Samples sent by CMS for testing	Number of test reports received	Number of samples found standard	Number of samples found non-standard
From Govt. establishments					
2016-17	8,759	8,568	8,199	8,103	96
2017-18	9,443	9,281	8,734	8,555	179
2018-19	7,307	7,096	3,097	3,091	6

[95] *The differences between column (2) and (3) are due to wrong batch/ same batch or damaged condition*

[96] *Result of tests in respect of the remaining samples, were not received in the CMS*

[97] *The District Reserve Store (DRS) is a store house of medicines, where medicines supplied by the Department/ Directorate, for the entire primary tier of the district, are stored and, subsequently, distributed to various RHs/ BPHCs and PHCs. It functions under the administrative control of one of the Deputy Chief Medical Officers of Health.*

[98] *41 SSHs were functional in the State*

Financial Year	Samples received by CMS for testing	Samples sent by CMS for testing	Number of test reports received	Number of samples found standard	Number of samples found non-standard
2019-20	6,987	6,868	3,121	3,089	32
2020-21	4,302	4,107	3,066	2,994	72
2021-22	3,754	3,432	1,393	1,391	2
TOTAL	**40,552**	**39,352**	**27,610**	**27,223**	**387**
From Fair Price (FPS) Shop [99]					
2016-17	1,819	1,779	1,593	1,563	30
2017-18	1,533	1,502	1,591*	1,562	29
2018-19	1,796	1,614	709	707	2
2019-20	2,757	2,545	1,059	1,052	7
2020-21	1,363	1,094	414	406	8
2021-22	1,168	1,893	525	499	26
Total	**10,436**	**10,427**	**5,891**	**5,789**	**102**
Grand Total	**50,988**	**49,779**	**33,501**	**33,012**	**489**

Source: CMS & FPS Data

** Receipt of higher number of reports, compared to the number of samples sent, was due to the fact that reports of some of the samples sent in the previous year, were received during this year.*

It is seen from **Table 4.2** above, that, out of 40,552 samples collected by CMS, from different Government establishments[100], during 2016-22, 39,352 (97 *per cent*) samples were sent for testing. The difference between the two figures is due to factors such as samples having been received from the same batch or from a wrong batch, or in insufficient quantity, in damaged condition *etc*. Out of the 39,352 samples sent for testing, reports were received only for 27,610 samples (70 *per cent*). Quality testing reports for the remaining 11,742 samples were to be received (as of March 2022).

Similarly, out of 10,427 samples collected from different Fair Price shops sent for testing during 2016-22, reports of 5,891 samples (57 *per cent*) only, had been received (as of March 2022). Scrutiny of records revealed that 3,999, 3,747 and 2,039 test reports were yet to be received, against samples sent for testing from Government establishment, during FYs 2018-19, 2019-20 and 2021-22, respectively. Similarly, in respect of samples collected from Fair Price Shops; 905, 1486, 680 and 1,368 test reports, were yet to be received against samples sent for testing, during the four years from FYs 2018-19 to 2021-22, respectively. No analysing of the reason(s) for non-receipt of report of the samples sent, had been carried out by Dy. Director of Health Services (Equipment & Store). Neither had it taken up the matter with the laboratories concerned.

The Department in its reply (February 2024) offered no response in this regard.

4.3.3 Non-receipt of testing reports from the State Drug Control Research Laboratory (SDCRL)

Against 12,429 samples collected from different Government establishments and sent to the State Drug Control Research Laboratory (SDCRL), for testing, during 2016-2022, reports of only 2,984 (24 *per cent*) samples had been

[99] *'Fair Price Shop' is an initiative of the Government of West Bengal, under the Public Private Partnership (PPP) made with private parties, where the private party, offering the maximum discount over MRP, of the medicines, is selected.*

[100] *Various Government hospitals such as District hospital, Sub-divisional hospital, State General hospital, Medical College & Hospital, Super Speciality hospital etc. It also includes District Reserve Stores.*

received (as of March 2022). Similarly, reports of only 700 (14 *per cent*) samples had been received from SDCRL, till March 2022, against 5,003 samples collected from different Fair Price Shops, during 2016-2022, as shown in **Table 4.3**.

Table 4.3: Non-receipt of testing reports from SDCRL

Financial Year	Samples sent for testing to SDCRLs	Number of test reports received from SDCRL	Number of samples found standard	Number of samples found non-standard
From Govt. establishment				
2016-17	804	557	490	67
2017-18	1,008	697	677	20
2018-19	4,865	954	953	1
2019-20	4,147	600	595	5
2020-21	607	69	69	NIL
2021-22	998	107	103	4
TOTAL	**12,429**	**2,984**	**2,887**	**97**
From Fair Price Shops				
2016-17	325	155	140	15
2017-18	438	210	201	9
2018-19	1,036	141	139	2
2019-20	1,664	123	122	1
2020-21	615	38	38	NIL
2021-22	925	33	33	NIL
Total	**5,003**	**700**	**673**	**27**
Grand Total	**17,432**	**3,684**	**3,560**	**124**

Source: CMS Data

Thus, test reports of only 3,684 (21 *per cent*) samples had been received, during 2016-2022, from SDCRL, against 17,432 samples sent to SDCRL, during the said period. Thus, a major part of the medicines had been consumed, without being tested. The CMS authorities concerned had not raised this issue with SDCRL.

The Department in its reply (February 2024) offered no response in this regard.

4.3.4 Delays in uploading the test results of samples

Samples of drugs and chemicals & laboratory chemicals are dispatched by the CMS, to the approved testing laboratories as per provisions contained in Government Order issued in July 2003 and the report of tests are to be mandatorily sent by e-mail, followed by hard copy by courier/ post (whichever is earlier). Seven working days are permissible for submission of test reports, in case of drugs, chemicals & laboratory chemicals, as well as consumables[101] which do not undergo sterility test[102], counted from the dates of receipt of the relevant samples, upto the dates of uploading the report to the designated authorities. Similarly, 14 working days are allowed in case of injectables and IV Fluids, as well as other drugs, like eye drops *etc.*, which require sterility test counted from the dates of receipt of the relevant samples, up to the dates of uploading the reports to the prescribed authority.

Scrutiny of records revealed that there were a delays, ranging from five days to 275 days, in respect of 77 test-checked cases, in excess of the permissible 14 days, in uploading the test results, in respect of samples which had been

[101] *Tablet/ Capsule/ Powder/ Ointment etc.*

[102] *Sterility testing is designed to demonstrate the presence or absence of extraneous viable contaminating microorganisms in biological parenterals designed for human use.*

found non-standard. This had resulted in consumption of such non-standard drugs by the public, during the intervening period. Details in this regard, are shown, in respect of the test-checked units ***(Appendix 4.1)***. The office of the Deputy Director of Health Service (Equipment & Store) had not enquired into the matter, or taken up the matter with the concerned laboratories.

Cross-checking of the records of medicines of the District Reserve Stores (which cater to medicines up to the secondary level hospitals of the district), of the selected districts *vis-à-vis* the list of drugs found to be of Non-Standard Quality (NSQ), revealed that 18 batches[103] of the 14 NSQ drugs,[104] had been distributed during the audit period 2016-22, to various Healthcare Facilities (HCFs), from the DRSs, either owing to delayed uploading of test reports in the portal, or due to non-verification of the test reports, as detailed in ***Appendix 4.2***.

The Department in its reply (February 2024) offered no response in this regard.

4.3.5 Inadequate manpower for Quality control under CMS

Against the sanctioned strength of eight, in the Quality Control Section, under CMS, only four officials were in position, as of March 2022. The post of Inspector of stores had been lying vacant since FY 2019-20. There was no pharmacist in position, during 2016-2022, except for the financial years 2018-2019 and 2019-2020.

In the test-checked districts, incidences of consumption of non-standard drugs (Ibuprofen Oral Suspension 100 mg/ 5 ml; Batch No. IBS 1901) by patients, were noticed in the Sabang RH of Paschim Medinipur, while the non-standard drug was found being distributed though OPD in two phases (500 tablets in each phase), between August 2019 and November 2019 and again, between February 2020 and August 2020.

The Department in its reply (February 2024) offered no response in this regard.

4.3.6 Non-availability of Essential Drugs in health facilities

Government formulated (2018) 'Essential Drug Lists', to be prescribed by doctors, specific to the different tiers of Government run hospitals across the State, for implementation of the free drug initiative of the National Health Mission and of the State.

Review of the availability status of the essential drugs, at the 38 selected SCs, 19 PHCs and 10 CHCs, showed that a wide range of essential drugs had never been procured by the health facilities, as shown below ***(Appendix 4.3 to 4.5)***:

Table 4.4: Non-availability of essential drugs at the health facilities

Category of Hospital	No. of essential drugs as per EDL	Percentage of drugs never procured
Sub-Centres*	53	41 to 85 *per cent*
Primary Health Centres	229	52 to 80 *per cent*
Community Health Centres (BPHC/ RH)	271	43 to 69 *per cent*

Source: Test-checked SCs, PHCs, CHCs & Essential Drugs list of SCs, PHCs & CHCs prepared by the State
** In 34 SCs as data of Purulia district was not available.*

[103] *Jalpaiguri: Six batches, Basirhat: Eight batches and Purulia: Four Batches*
[104] *Jalpaiguri: Three drugs, Basirhat: Seven drugs and Purulia: Four drugs*

Moreover, out of the essential drugs that had been procured, a number of drugs had remained out of stock for prolonged periods, during the test-checked period. In 23 SCs, essential drugs, ranging from 1 to 10 in number, had remained out of stock, for more than 300 days, while the out of stock position was more than 100 days, in respect of another 1 to 10 drugs, in 22 SCs, during the audit period. Similarly, up to 61 types and 83 types of drugs, had remained out of stock, for more than 100 days, in the PHCs and the CHCs, respectively.

A District Hospital (DH), being a secondary level hospital, was required to procure and maintain essential stocks of 480 drugs, including life-saving drugs, so that desired services could be rendered.

Review of data of the test-checked two DHs showed that 57 *per cent* and 63 *per cent* of the 480 essential drugs, had never been procured by the selected DHs, during the test-checked years, *i.e.* 2019-20 and 2021-22.

Table 4.5: Position of procurement of Essential drugs, in the test-checked DHs

Sl. No.	Name of the DH	No. of Essential Drugs as per State EDL	No. of drugs procured	No. of drugs never procured (percentage)
1.	Jalpaiguri	480	207	273 (56.88)
2.	Bashirhat		179	301 (62.71)

Source: Test-checked DHs & Essential Drugs list for DHs of the State

Essential drugs remaining out of stock: Of the small percentage of EDL drugs procured by the selected DHs, 446 drugs and 26 drugs had remained out of stock, in Jalpaiguri DH and Bashirhat DH, for different periods of time, during 2019-20 and 2021-22 as shown below:

Table 4.6: Position of essential drugs remaining out of stock, in the test-checked DHs

Name of DH	No. of drugs that had remained out of stock for the given range of days				
	<30 days	31-100 days	101-200 days	201-300 days	>300 days
Jalpaiguri	163	127	91	38	27
Bashirhat	1	0	1	1	23

Source: Test-checked DH's Data

Further, the Assessor's Guidebook of NHM specified that availability of certain drugs was to be ensured in the OT Emergency. The NRHM Maternal and Newborn health Tool Kit (2013) also cited that the emergency drugs tray, at the Labour Rooms should contain certain drugs. Audit scrutiny in Bashirhat DH, regarding the status of availability of the specified drugs, during FY 2019-20, 2020-21 and 2021-22, revealed that important drugs were out of stock, as below:

- **OT:** Out of the 23 essential medicines, four medicines, namely Gentamycin, Magsulf (Inj.), Hydrocortisone Succinate (Inj.) and Ceftriaxone, had been out of stock for a total of 365 days, 525 days, 30 days and 315 days, respectively, during the aforementioned period.
- **Emergency:** Of the eight essential medicines, two medicines, *viz.* Atropine Sulphate (Inj.) and Magsulf, had been out of stock, for a total of 644 days and 525 days respectively.
- **Labour Room:** Out of the 28 essential drugs, four drugs, *i.e.* Gentamycin, Misprostl 200mg, Magsulf (Inj.) and Ceftriaxone, had been out of stock for a total of 365 days, 1,122 days, 525 days and 315 days, respectively, during the aforementioned period.

Beneficiary survey, carried out by Audit, among patients across the primary care healthcare facilities that had been test-checked in audit, showed the following picture:

Table: 4.7 Beneficiary survey on Drugs at the OPDs & IPDs

Sl. No.	Issues raised through surveys	No. of patients surveyed	No. of patients confirming the issue in PSS[105]	Percentage
OPD:				
1	Non-availability of the prescribed medicines at the hospital pharmacy	366	170	46.45
IPD:				
1	Prescribed drugs not being available at the Pharmacy and wards	96	56	58.33
2	Patient having to pay out-of-pocket for the medicines	96	22	22.92

Source: Beneficiary survey on drugs

Further, the beneficiary survey, carried out by Audit, among patients of the DHs and SDHs, test-checked in audit, showed the following picture:

Table 4.8: Beneficiary Survey among patients of DHs & SDHs

Sl. No.	Issues raised through surveys	No. of patients surveyed	No. of patient confirming the issue in PSS	Percentage
OPD:				
1	All the prescribed medicines not being made available by the hospital pharmacy	81	37	45.68
IPD:				
1	All the drugs prescribed not being made available at the Pharmacy and wards	79	28	35.44
2	Patient having to pay out of pocket for the medicines	79	25	31.65

Source: Beneficiary survey of the test-checked DHs & SDHs

Thus, non-availability of medicines in the hospitals was also evident from the results of the survey.

The Department in its reply (February 2024) offered no response in this regard.

Recommendation:

8. The H&FW Department may formulate a Comprehensive Drugs Policy, ensuring continuing supply of essential and lifesaving drugs, monitoring of the quality of medicines and dissemination of the results of such tests to all health facilities, at the earliest, to avoid consumption of non-standard medicines, by persons consuming such medicines.

B. Equipment

4.4 Inventory control, maintenance and calibration of Bio-medical equipment

4.4.1 Maintenance of bio-medical equipment

IPHS (for DHs) states that the department is supposed to have a system of preventive maintenance, breakdown repair and periodic calibration of equipment.

[105] *Patient satisfaction survey*

The responsibility of inventory control, maintenance and calibration of bio-medical equipment was vested on the West Bengal Medical Services Corporation (WBMSCL), a company formed under the H&FW Department. M/s HLL Infratech Services Ltd. (HITES), an outsourced agency, was engaged, by execution of an agreement (June 2018), by WBMSCL, for maintenance of all bio-medical equipment, in all public health care facilities, up to the PHC level {except for Super Specialty Hospitals, wherein such maintenance is done by another agency, *i.e.* M/s AOV International LLP (engaged from November 2021), supported by a web-based application, with a web-based call logging system, called the Equipment Management Information System (EMIS)}.

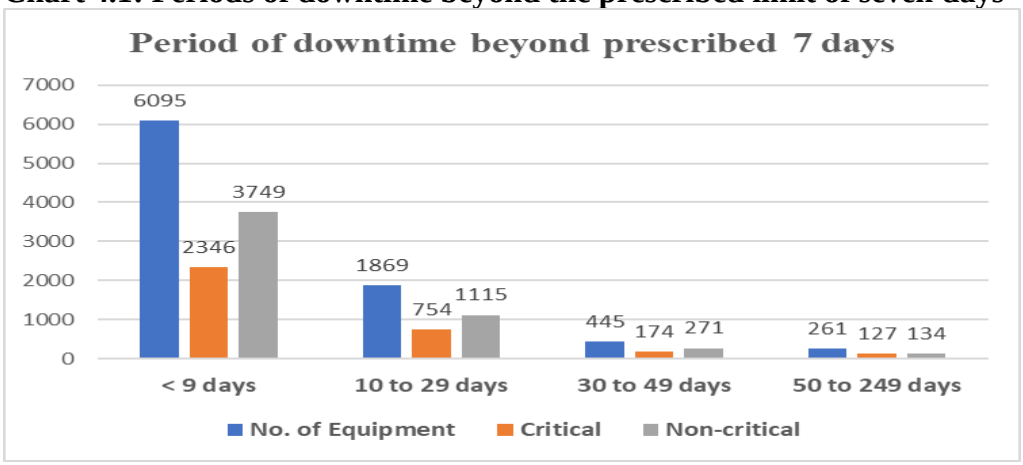
The agency was also assigned to update the Equipment Inventory on a bi-annual basis, *i.e.* on 1st January and 1st July every year.

4.4.2 Downtime of bio-medical equipment beyond the agreed period

It was agreed. between WBMSCL and M/s HITES (June 2018), that, at no point of time, in a single breakdown, should the unserviceable period exceed 120 hours from the time of registration of fault; and. if the equipment remained dysfunctional beyond seven days, penalties could to be imposed on the service provider, as specified in the agreement.

From the records relating to the status of call logs of complaints, regarding maintenance of out of order machines and their resolution, from October 2018 to March 2022, Audit observed that, 8,670 (*12.5 per cent*) items of medical equipment, in want of repair, out of 69,104 items of medical equipment, had remained non-functional, for periods ranging between one and 249 days, beyond the agreed period of seven days, as shown below:

Chart 4.1: Periods of downtime beyond the prescribed limit of seven days



Source: WBMSCL data

Though penalties were duly deducted, provision of health services was hindered for downtime of biomedical equipment (Critical[106] and Non-critical[107]), at different hospitals, for want of repair.

[106] *Critical Equipment like USG Machine (Basic), Semi-auto Biochemistry Analyzer, ECG Machine, Anaesthesia Machine, Oxygen Concentrator, ICU Ventilator, ABG Analyzer, Auto Hematology Analyzer, Mortuary Cooler, Horizontal Autoclave Machine, Surgical Laproscopic Unit, Multi-para Monitor, Tele Cobalt Unit, Radiant Warmer etc.*

[107] *Non-critical equipment like Pulse Oximeter, Basic Sterilizer, X-ray Machine, Incubator, Fumigator, Dental chair, Surgical Operating Microscope, Basic Hematology Analyzer, Hemoglobin meter, Centrifuge, Blood Bag Tube Sealer etc.*

In the test-checked Sabang RH of the Paschim Medinipur district, it was observed that the Blood Bank Refrigerator of the Blood Storage Unit had malfunctioned and HITES had attended the complaint, for repair of the said equipment, on four occasions, in a span of seven months (17-9-2021, 27-9-2021, 29-10-2021 and 11-4-2022). Yet, the machine had remained out of order, as on the date of audit (March 2022). It was observed that, as a result of such malfunctioning, 49 *per cent* of the blood units of its stock had been damaged and discarded.

The Department in its reply (February 2024) offered no response in this regard.

4.4.3 Excess payment of ₹ 131.97 lakh, towards maintenance charges of unserviceable bio-medical equipment

As per the payment clause of the agreement, M/s HITES was to submit invoices, complete in all respects, by the 7th day of every month, to WBMSCL, for the previous month. On receipt of such monthly invoices, WBMSCL was to pay 80 *per cent* of the invoiced amount and balance 20 *per cent*, after further verification, within three months.

Audit observed, in the latest equipment inventory prepared by the agency, that at least 400 [108] items of equipment had been declared as "Recommended Beyond Economic Repair' (RBER), between 2018 and 2020. However, it was observed that WBMSCL had paid ₹ 131.97 lakh, towards maintenance charges of 400 items of RBER equipment, in full, from June 2018 to July 2021 and 80 *per cent* of the invoiced amount, up to November 2021.

Payments made on those 400 unserviceable bio-medical equipment, that had been declared as RBER, amounting to ₹131.97 lakh, was inadmissible and in excess.

The Department in its reply (February 2024) offered no response in this regard.

4.4.4 Calibration of bio-medical Equipment not done

Calibration of equipment is an important element of maintenance[109], for minimizing the errors and bringing measurements to an acceptable level, for clinical diagnosis or therapy. Medical equipment, used in hospitals for monitoring and treatment of patients, require calibration, in order to have confidence in their functioning and operation. Calibration of equipment should be done either quarterly, biannually, or annually, depending on its category. Further, the service provider providing services for maintenance of bio-medical equipment was required to arrange a third-party annual audit by an NABL accredited laboratory, for the calibration process.

Analyzing records of equipment valuing ₹ 5.00 lakh and above, Audit observed that 1,330 (23 *per cent)* items of equipment, out of 5,810 items of equipment in the State (excluding SSHs) had never been calibrated ***(Appendix 4.6)***, as of March 2022, since the engagement (June 2018) of M/s HITES as the service provider for maintenance of bio-medical equipment.

Thus, the quality of provision of health services especially, in regard to the diagnosis of patients was compromised as the probability of erroneous diagnosis, leading to wrong treatment, could not be ruled out.

The Department in its reply (February 2024) offered no response in this regard.

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[108] *ICU Ventilator, Anaesthesia Machine, Autoclave (Horizontal) Machine, Oxygen Concentrator, X-Ray Machine, Dental X-Ray Machine, ECG Machine, Endoscopic Unit, Blood Bank Refrigerator, Auto Biochemistry Analyzer, Phaco Machine, Radiant Warmer etc.*

[109] *Maintenance includes preventive and corrective maintenance of biomedical equipments.*

4.4.5 *Excess payment of ₹ 59.55 lakh towards maintenance fee of SSH equipment*

A. For comprehensive maintenance of 4,450 items of equipment, of 42 SSHs, with an overall asset value of ₹ 152.88 crore, an agreement was executed (November 2021) between WBMSCL and M/s AOV International LLP, for a period of three years. As per the agreement, payment of maintenance fee (at the rate of 3.6 *per cent* of the asset value) would be made on a monthly basis, wherein 80 *per cent* of the invoice value was to be paid on receipt of monthly invoices, along with monthly reports and the balance. 20 *per cent* was to be paid within three months, after verification of correctness of claims. The agreement also clearly stipulated that the commencement date of services would be the date of signing the Agreement.

From the records, however, Audit found that WBMSCL had paid maintenance fee, amounting to ₹ 45.86 lakh, for the month of October 2021, to M/s AOV International LLP, *i.e.* for one month, before the scheduled commencement of services, in violation of the Agreement.

B. Further in terms of the Award of Contract (23.09.2021), the detailed inventory of Medical Equipment, for each hospital, was to be cross checked and validated by the respective Superintendents/ Bio- Medical Engineers of Districts/ MSVPs of the Medical Colleges, for determination of the final value of the contract, for the purpose of arriving at the maintenance fee, which was to be paid at the rate 3.6 *per cent* of the asset value.

In this regard, it was observed that M/s AOV has tagged 3,660 items of equipment, valuing ₹ 136.08 crore, in place of 4,450 equipment, valuing ₹ 152.88 crore, in 42 SSHs. Out of those 3,660 items of equipment, 290 items of equipment, valuing ₹ 1.50 crore, were lying in the stores of the concerned SSHs, evidently not requiring service maintenance.

However, M/s AOV International LLP submitted bills for the months from November 21 to March 22, on the asset value of ₹ 152.88 crore, instead of ₹ 136.08 crore. WBMSCL also paid ₹ 215.56 lakh[110], without considering the asset value of the tagged equipment of ₹ 136.08 crore and equipment of ₹ 1.50 crore lying in store. As a result, ₹ 13.69[111] lakh was paid in excess, to the agency, for the months from November 2021 to March 2022, towards the maintenance fee of the equipment of SSHs.

As such, payment of ₹ 59.55 lakh (₹ 45.86 lakh + ₹ 13.69 lakh) towards maintenance fee to M/s AOV International LLP was inadmissible and in excess.

The Department in its reply (February 2024) offered no response in this regard.

4.4.6 *Procurement of bio-medical equipment, valuing ₹ 2.27 crore, compromising safety standards and quality, by extending undue favour to the agency concerned*

WBMSCL floated (April 2016) an e-tender, for purchase of Anaesthesia Workstations with ventilators, with definite technical specifications, for 12 SSHs. As per the Safety Standards as detailed in the tender document, the equipment was to be US FDA[112] and CE[113] approved. US FDA certification of

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[110] *excluding GST, IT & TDS; Nov-Dec 21: Full and Jan-March 22: 90 per cent*

[111] *₹ 215.56 lakh minus {3.6 per cent of ₹ 134.58 crore (₹ 136.08 crore plus ₹ 1.5 crore) X 5/12}*

[112] *Food and Drug Administration.*

[113] *Conforfite Europeene: Compliance of product with all applicable European health safety performance and environmental requirement.*

medical equipment/ product safety and efficacy of the equipment as well as security of the patients.

In order to receive FDA approval for a high-risk medical device, a device must prove to the FDA that the 'item is safe and effective'. This process requires the manufacturer to work with the FDA, during the human trials of the device, to ensure that the trials meet rigorous scientific standards and that human subjects are protected from unnecessary risks. Firms involved in manufacturing, packaging or processing a device are required to register with the USFDA, list their devices and pay an annual fee.

While analyzing records, Audit observed that work order had been issued (July 2016) to M/s BPL Medical Technologies Pvt. Ltd., for supply of 12 items of equipment, at a cost of ₹ 1.70 crore (at a rate of ₹ 14.18 lakh). It was further observed that the equipment had only been registered and enlisted as applying for certification under US FDA, at that point of time, which did not denote approval by the FDA. The Technical Experts of the H&FW Department also substantiated (July 2018) this fact, stating that enlistment of medical equipment/ products under FDA did not ensure the quality & safety of the product.

Further, the device had been recalled (March 2012) for several problems and the manufacturer itself had issued (November 2011) a Technical Bulletin on the identified problems, relating to the device.

However, without floating any fresh e-tender, another AOC (Award of Contract) was issued (January 2018) to the same supplier, *i.e.* M/s BPL Medical Technologies Pvt. Ltd., for the same machine (four Anaesthesia Work Stations with ventilators), after expiry of the validity period of one year of the previous e-tender at the same rate (₹ 14.18 lakh each) for the NRS Medical College & Hospital at a cost of ₹ 56.70 lakh.

Thus, WBMSCL had placed orders on M/s BPL Medical Technologies Pvt. Ltd, for supply and installation of 16 Anaesthesia Workstations with ventilators[114], at a cost of ₹ 2.27 crore[115], despite non-fulfilment of the criteria (*i.e.* US FDA certification) relating to the safety standards stipulated in the e-tender, compromising safety standards and quality, by extending undue favour to the agency concerned.

The Department in its reply (February 2024) offered no response in this regard.

4.5 Non-availability of equipment as per IPHS

The IPHS prescribed equipment norms for different levels of hospitals. Though there are Essential Drugs Lists, for different levels of health facilities, the H&FW Department had not devised any essential equipment norm/ list, for maintenance in the health facilities (except for the equipment to be maintained at the Critical Care Unit (CCU) and Sick Neonatal Care Unit (SNCU), which was specified).

However, an analysis of the availability of equipment, in the test-checked health facilities, against the essential lists of equipment, as prescribed in the IPHS, revealed that the facilities had been operating without a majority of the essential equipment being available therein.

114 SSHs-12 and NRS MCH-4
115 ₹ 170.10 lakh plus ₹ 56.70 lakh

- **Sub-Centres:** Against the 43 essential types of equipment, 10 *per cent* to 67 *per cent* types of equipment were not available in the test-checked SCs (data of four SCs in Purulia was not made available). Of the available equipment, up to 22 equipment were found to have been non-functional, in 27 SCs. Effectively, the SCs suffered the absence of 23 *per cent* to 88 *per cent* of essential equipment ***(Appendix 4.7)***.

  In reply, Department admitted (February 2024) that procurement of essential equipment has been completed in respect of 34 *per cent* SCs and is under process for the rest of the SCs. It further stated that due to non-availability of funds, equipment remained non-functional.

- **Primary Health Centres (PHCs):** Out of the 36 types of essential equipment, 36 *per cent* to 92 *per cent* types of equipment were not available in 18 PHCs. The shortage was 50 *per cent* or more, in 15 of these PHCs ***(Appendix 4.8)***. Of the test-checked PHCs, none had the required number of items of Pap Smear equipment, required for tests indicative of cervical cancer.

  In reply, Department did not specifically provide any details/ status of the test-checked PHCs while commenting (February 2024) that equipment were supplied to 551 PHCs out of 916 PHCs.

- **Community Health Centres (CHCs):** The following was the status of availability of various categories of equipment in the 10-test-checked CHCs ***(Appendix 4.9 to 4.11)***:

Table 4.9: Availability of equipment in the test-checked CHCs

Sl. No.	Type of Equipment	Status of availability
1	Standard Surgical Sets I-VI	Non-availability ranged from 62.30 *per cent* to 100 *per cent* in all the CHCs ***(Appendix 4.9)***.
2	IUD Insertion Kits	Non-availability ranging from 21.05 *per cent* and 100 *per cent* in all the 10 test-checked CHCs ***(Appendix 4.9)***
3	Normal Delivery Kit	More than 50 *per cent* of various types of equipment were not available in 2 CHCs ***(Appendix 4.9)***
4	Anaesthesia equipment of required 17 types	All the equipment were unavailable in 6 CHCs ***(Appendix 4.9)***
5	Neonatal Resuscitation	Absent, ranging from 20 *per cent* to 68 *per cent*, in all 10 CHCs ***(Appendix 4.9)***
6	Equipment for Operation Theatre	More than 50 *per cent* were not available in 3 CHCs ***(Appendix 4.9)***
7	Radiology equipment of 10 types	8 CHCs did not have any of the 10 types ***(Appendix 4.10)***
8	Immunization equipment	33 *per cent* to 100 *per cent* were not available in 8 CHCs ***(Appendix 4.10)***
9	Equipment for New-born Corner in OT/ Labour Room	14.29 *per cent* to 71.43 *per cent* were not found in all 10 CHCs ***(Appendix 4.10)***
10	Equipment for Stabilization Unit	Not available between 25 *per cent* and 100 *per cent* in 8 CHCs ***(Appendix 4.10)***
11	Laboratory Equipment	30 *per cent* and more were not available in 6 CHCs ***(Appendix 4.10)***
12	Equipment for Prevention and Control of Deafness (NPPCD)	Not available in any of the 10 test-checked CHCs ***(Appendix 4.10)***
13	National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS) equipment	No equipment was found in 4 CHCs, while shortages ranging between 55 *per cent* to 82 *per cent*, were noticed in 6 CHCs ***(Appendix 4.11)***
14	Equipment for Physical Medicine and Rehabilitation (PMR) (18 types)	No equipment was found in 9 CHCs, one CHC suffered a shortage of 50 *per cent* ***(Appendix 4.11)***
15	NVBDCP* related Equipment	4 CHCs suffered more than 50 *per cent* shortage ***(Appendix 4.11)***

Source: data provided by test-checked CHCs
** NVBDCP: National Vector Borne Disease Control Programme*

With such shortages of essential equipment, the CHCs could not have delivered the essential services they were supposed to deliver to the population. Further, no Downtime Registers were maintained for Critical Equipment, in nine CHCs, out of the10 CHCs test-checked.

The Department furnished no reply except stating that under NPPCD some basic ENT equipment were supplied to 174 CHCs in the State and claimed to have the immunisation equipment in all facilities. The contention of the Department, however, was inconsistent *vis-à-vis* the observation noted in the test-checked CHCs as detailed above.

4.5.1 Non-availability of essential equipment in secondary level hospitals

A review of the speciality-wise availability of equipment, in the test-checked five secondary level hospitals (two DHs & three SDHs), showed significant shortages, as below:

- ***Non-availability of equipment for newborn care:*** The Indian Public Health Standards (IPHS) stipulated the list of equipment for use in Special New-born Care Units (SNCUs) of a District Hospital. Though the list had been framed for running a minimum 12-bedded SNCU, a comparison of equipment, against this list, in the two test-checked districts, showed acute shortages of equipment, as detailed in ***Appendix 4.12***.

  Out of the 21 test-checked types of equipment, essential to run an SNCU, Jalpaiguri DH and Basirhat DH did not have 16 and 11 types of equipment, respectively.

  Important instruments, like Resuscitation Kits, Portable X-ray machines, Suction Machines, Infantometers, Multi-Channel Monitors, Digital Thermometers, CFL Phototherapy, Horizontal Laminar Flow *etc*., were either scarce and/ or absent, across Jalpaiguri DH (JDH) and Bashirhat DH (BDH).

Further, it was noticed in audit that out of two Foetal Dopplers in Ghatal SDH, one had remained non-functional for 18 months, during the audit period.

In reply, the Department stated (February 2024) that six of the major equipment for running SNCU were supplied centrally which are available at all functional SNCUs. The Department, however, did not comment on the shortages found in availability of those equipment in audit. In respect of availability/ shortage of the other 15 types of equipment, the Department stated that funds are disbursed to the facilities enabling local procurement.

- ***Non-availability of OT equipment:*** Status of availability of the equipment (as of January-March 2023) , in the OTs of the selected DHs and SDHs, was found grossly deficient, as below:

Table 4.10: Requirement and availability of equipment for OT, in selected DHs

Equipment Type	Requirement of equipment		Absence of equipment		Shortage of equipment	
			JDH	BDH	JDH	BDH
OT:	***Essential***	**19**	7	13	1	2
	Desirable	**3**	3	3	--	--
Anesthesia	***Essential***	**15**	2	5	3	9

Source: Test-checked DHs

Table 4.11: Requirement and availability of equipment for OT, in SDHs

Equipment Type	Requirement of equipment		Absence of equipment			Shortage of equipment		
			Paschim Medinipur	Purulia	Uttar Dinajpur	Paschim Medinipur	Purulia	Uttar Dinajpur
OT	***Essential***	**17**	9	Not made available	7	2	Not made available	1
Anaesthesia	***Essential***	**15**	4		3	4		1

Source: Test-checked SDHs & DHs

It may be seen from the above table that, out of 17 essential OT equipment, the SDHs in Paschim Medinipur and Uttar Dinajpur, did not have nine and seven types of equipment, while four and three types of Anaesthesia equipment were found absent in these two SDHs, respectively. Out of the available types of OT equipment, the SDHs in Paschim Medinipur and Uttar Dinajpur, had shortage in two and four types of equipment whereas the shortages in respect of Anaesthesia equipment were four and one in these two SDHs, respectively.

- ***Equipment/ instruments required in Emergency not available:*** Status of availability (as on January-March 2023) of essential emergency equipment, as prescribed in Assessors Guidebook, under the National Quality Assurance Scheme, showed that:
  - Bashirhat DH did not have basic equipment, like ECG, Defibrillator and Laryngoscope in its Emergency ward.
  - Ghatal SDH, in Paschim Medinipur, did not have Spotlights, in its Emergency ward and
  - Islampur SDH, in Uttar Dinajpur, did not have seven types of equipment, *viz.* Spotlight, ECG, Ambu bag, Defibrillator, Laryngoscope, Suction Apparatus, Crash cart/ drug trolley, in its Emergency ward.
- ***Shortage/ non-ustilisation of essential major equipment in CCU:*** Operational Guidelines of the Government of West Bengal, for CCU and HDU, laid down the standard lists of equipment. The status of availability, when checked in audit, revealed considerable shortages and/ or non-functioning of equipment, in CCUs, as below:
  - The Jalpaiguri District Hospital did not have an adequate number of nebulisers (two, against stipulated eight).
  - Although the Jalpaiguri District Hospital had an adequate number (20) of Standard Ventilators, seven were non-functional.
  - The Bashirhat District Hospital did not have an adequate number of Ripple Mattress as (nil, against the stipulated 12), nebulisers (nil, against the stipulated eight), Syringe Infusion Pumps (six, against the stipulated 12) and Overbed Table (nil, against the stipulated 12).
  - ***Non-availability/ Shortage of equipment:*** The lists of equipment prescribed in IPHS (for a 500-bedded DH), for some of the remaining departments/ services, obtained from the respective departments, revealed shortages and anomalies in stock, as detailed in ***Appendix 4.13 to Appendix 4.18***.
- **ENT equipment** ***(Appendices 4.13 & 4.14)*****:** Out of 20 essential ENT equipment, all the test-checked DHs, SDHs did not have/ had a shortage of 19 types of equipment. Out of three desirable equipment, Jalpaiguri DH and Ghatal SDH did not have two and Basirhat DH did not have one equipment.

  In reply, the Department stated (February 2024) that desirable equipment are subject to demand of the hospitals and availability of fund. However, the

Department did not comment on non-availability of essential equipment as observed in audit.

- **Eye equipment** ***(Appendices 4.15 & 4.16)*****:** Review of 20 types of essential and two types of desirable Eye equipment, in the test-checked DHs, showed that while in Jalpaiguri DH, there were no equipment or inadequate equipment in respect of 16 types, Bashirhat DH had 11 types of equipment which were absent or inadequate in number. Islampur SDH suffered a shortage in respect of two types of eye equipment, against the essential nine types.

  The Department, in reply, claimed (February 2024) that necessary equipment have already been supplied subsequently in the year 2022-23 and 2023-24.

- **Cardiopulmonary equipment** ***(Appendices 4.17 & 4.18)*****:** Out of sixteen essential Cardiopulmonary Equipment, five equipment were not available, across both-the two selected DHs.

It is evident from the above that all the selected DHs/ SDHs were operating in the absence of and/ or with serious shortages of essential equipment.

- ***Radiology Equipment:*** Most of essential equipment, as stipulated in IPHS, which was required to ensure delivery of desired radiology services in a district hospital, as well as in a sub-divisional hospital, was not available in the DHs/ SDHs, as below:

Table 4.12: Dearth of equipment *vis-à-vis* IPHS requirements, in DHs

Sl. No.	Equipment	Number required	Nos. available		Remarks
			JDH	BDH	
1.	500 M.A. x-ray machine	1	1	0	**JDH:** More than 22 years old and is partly functional
2.	300 M.A. x-ray machine	1	0	0	--
3.	100 M.A. x-ray machine	1	3	1	**JDH:** 2 Non-Functional
4.	60 M.A. x-ray machine (Mobile)	1	0	0	--
5.	C arm with accessories	1/ desirable	0	0	--
6.	Dental x-ray machine	1	1	0	**JDH:** Non-Functional
7.	Colour Doppler Ultrasound machine with 4 probes.	4	6	1	**JDH:** 3 Non-Functional
8.	Portable ultrasound	1/ desirable	0	0	--
9.	C.T. Scan Multi slice (64 slice)	1/ desirable	0	0	--
10.	Mammography Unit	1	1	0	--
11.	Echocardiogram	1/ desirable	1	0	--
12.	MRI 1.5 Tesla	1/ desirable	0	0	--

Source: Test-checked DHs

Table 4.13: Dearth of equipment *vis-à-vis* IPHS requirements in SDHs

Sl. No.	Name of Equipment	Number required	Nos. available			Remarks
			Ghatal SDH	Raghunathpur SDH	Islampur SDH	
1.	300 M.A. x-ray machine	1	0	**Not furnished to Audit**	0	Non-functional in Ghatal for past four year and declared condemned in Islampur on 07.01.21
2.	100 M.A. x-ray machine	1	0		1	Non-functional in Ghatal for past one year
3.	60 M.A. x-ray machine (Mobile)	1	1		1	--
4.	C arm with accessories	1/ desirable	1		1	--

Sl. No.	Name of Equipment	Number required	Nos. available			Remarks
			Ghatal SDH	Raghunathpur SDH	Islampur SDH	
5.	Dental x-ray machine	1	1		1	--
6.	Ultra Sonogram (Obs & Gyne. department should be having a separate ultra-sound machine of its own)	1 + 1	2		1	1 Non-functional in Ghatal for past three years
7.	Mammography Unit	1/ desirable	0		0	--
8.	Echocardiogram	1/ desirable	0		1	--

Source: Test-checked SDHs and IPHS norms

- **Lack of essential Laboratory equipment:** The 58 essential types of laboratory equipment, as stipulated by IPHS, to ensure delivery of desired diagnostic services in a district hospital, were not available with the DHs, as below:
  - 24 and 38 types of laboratory equipment were not available with Jalpaiguri DH and Bashirhat DH, respectively.
  - 34 and 46 types of equipment showed gross shortages, in Jalpaiguri DH and Bashirhat DH, respectively.
  - In Ghatal SDH, Binocular Microscope, Semiauto analyser and Electric Centrifuge tabletop, had remained non-functional, for two to three years, during the audit period, from 2016-17 to 2021-22.

The Department in its reply (February 2024) offered no response in this regard.

4.5.2 Ventilators supplied from PMCARES

- Five ventilators[116] were received by the Critical Care Medicine Department of SSKM MCH, under PMCARES, and installed on 23.9.2020. They were also recorded in the stock register on the same date and had been lying in stock, (as of March 2022).
- These ventilators had not been made operational, due to lack of consumables[117]. After repeated pursuance by the Department with suppliers who supplied ventilators to the SSKM earlier, 10 flow sensors[118] could be arranged, but the ventilators could not be made functional.
- The ventilators, in their basic form, as supplied, were fit for short period use. For continued use, supply of consumables was necessary. Without the back-up supply of consumables, the ventilators were not fit for functioning for a longer period, at a stretch. Use these of machines in the 'Assist control' mode[119] or 'Pressure Controlled' modes[120], was still not possible, as of March 2022.

[116] *Sl. No.-BVACV 24799, BVACV 24422, BVACV 24571, BVACV 11417 and BVACV 247*
[117] *Bacteria Filter, Bains Circuit etc.*
[118] *Flow sensor is one of the components of ventilators. They are required to make the ventilators functional.*
[119] *Assist Control Mode (AC) is one of the most common methods of mechanical ventilation in the ICU. It works by setting a fixed tidal volume that the ventilator will deliver at set interval of time or when patient initiates a breath.*
[120] *Pressure Controlled mode is a modality utilized in patients with an indwelling endotracheal tube or tracheostomy tube that affords the practitioner the ability to ventilate a patient with a maximal peak pressure.*

- Another three (3) ventilators (Model: CV 200), received (dates of receipts not available) under PMCARES, were found lying packed in the store room of the Hospital, during physical verification (March 2022). No handing over note, challans of items received, warranty papers *etc*., in their regard, were made available to Audit.

Picture 4.1: Three ventilators (Model: CV 200) received under PMCARES, lying packed in the store room of SSKM (March 2022)

- Seventeen (17) ICU Ventilators, received by RMC&H, under PMCARES, during 2020-22 were found to have remained non-functional (as of March 2022), due to non-operation of the HDU. Some of them were lying in store room of the hospital. Five (5) Oxygen Concentrators, also received under PMCARES, were lying in the store.

The Department in its reply (February 2024) offered no response in this regard.

4.5.3 PSA plants supplied from PMCARES

Government of India, between October 2020 and June 2021, supplied[121] 46 Pressure Swing Adsorption (PSA) oxygen generating plants to the State under PMCARES. The State also received 29 more PSA plants donated under Corporate Social Responsibility (CSR) scheme. Audit, however, observed that 57.33 *per cent* of the PSAs were either not commissioned and/or not functioning as shown in **Table 4.14**:

Table 4.14: Functional status of PSA plants as of December 2023

Sources	PSAs received	Commissioned	Functional	Not commissioned and/or not functional
PMCARES	46	43	23	23
CSR	29	18	9	20
Total:	**75**	**61**	**32**	**43 (57.33 *per cent*)**

Source: Records of the H&FW Department

In reply, West Bengal Medical Services Corporation Limited (WBMSCL), stated (February 2024) that the activity of installation of PSA plants/ making non-functional commissioned PSA plants, functional, was within the scope of the GoI/ donating Corporate Concerns. No documents, in this regard, though were made available. The reply further showed that, as per H&FW Department's directive (July 2023), the WBMSCL had invited tenders for making non-functioning PSA plants, functional, and after their finalisation, with approval of the H&FW Department, agencies would be selected for making non-functioning PSA plants, functional. The reply was to an extent dichotomous as on one hand it says that it was beyond the scope of work and on the other hand it says that it had since invited tenders for selection of agencies for making

[121] *Excluding three PSAs supplied to AIIMS-Kalyani, ESI Baltikuri and ESI Joka.*

non-functional commissioned PSA plants, functional. Further, there was also no clarity in respect of these issues from the H&FW Department, though called for.

Thus, there was no assurance available to indicate as to when commissioning of yet to be installed PSA plants would be done/non-functional PSA plants, would be actually put to use.

Recommendations:

9. ***Appropriate steps may be taken to make all essential equipment available in health facilities, to ensure proper diagnosis and treatment.***
10. ***Maintenance of bio-medical equipment may be ensured, to avoid instances of the equipment going out of order and lying non-functional, hindering services.***
11. ***Centralised monitoring may be carried out, to ensure that the bio-medical equipment undergoes periodic calibration, ensuring error-free diagnosis and treatment.***