



SUPREME AUDIT INSTITUTION OF INDIA
लोकहितार्थं सत्यनिष्ठा
Dedicated to Truth in Public Interest

**Report of the
Comptroller and Auditor General of India
on Public Health Infrastructure and
Management of Health Services
for the year ended 31 March 2022**



**Government of Madhya Pradesh
Report No. 6 of 2024
(Performance Audit-Civil)**

**Report of the
Comptroller and Auditor General of India
on Public Health Infrastructure and
Management of Health Services for the
year ended 31 March 2022**

Government of Madhya Pradesh

Report No. 6 of 2024

TABLE OF CONTENTS		
	Paragraph Number	Page Number
Preface		v
Executive Summary		vii
Chapter-1: Introduction		
Public healthcare facilities in the State	1	1
Fund Management	2	3
Planning and execution of Performance Audit	3	4
Audit objectives	3.1	4
Audit criteria	3.2	4
Audit scope and methodology	3.3	4
Structure of the report	3.4	5
Acknowledgement	4	5
Chapter-2: Human Resource		
Introduction	2.1	8
Norms adopted for human resource in Public Sector Hospitals	2.2	8
Status of Human resource in Medical Education Department	2.3	17
Status of Human resource in AYUSH Department	2.4	20
Mismanagement in posting of doctors in DHs of the State	2.5	22
Status of shortage of manpower in selected districts	2.6	23
Impact on services due to non-availability of human resource	2.7	27
Training and Capacity Building	2.8	32
Chapter-3: Health Care Services		
Introduction	3.1	37
OPD Services	3.2	37
Indoor Patient Department (IPD) Services	3.3	41
Operation Theatre (OT) services	3.4	43
Evaluation IPD services	3.5	45

TABLE OF CONTENTS		
	Paragraph Number	Page Number
Emergency Services	3.6	50
Maternity Service	3.7	52
Blood Bank Services	3.8	56
Diagnostic Services	3.9	56
Diagnostic Services in Hospitals attached to Medical Colleges	3.10	58
Pathology Services	3.11	61
Dietary Service	3.12	63
Laundry Service	3.13	65
Ambulance Services	3.14	65
Unhygienic toilet facilities in the Health Care Institutions	3.15	66
Chapter-4: Availability of Drugs, Medicines, Equipment and other consumables		
Introduction	4.1	70
Procurement and availability of drugs, equipment, consumables and other items	4.2	71
Availability of Drugs and Medicines in Health Institutions	4.3	73
Role of Department Pharmacies in providing drugs	4.4	79
Availability of Equipment and Other Consumables in Health institutions	4.5	81
Rate Contract Management	4.6	99
Purchase Order Management	4.7	104
Local Purchase at district level	4.8	105
Chapter-5: Healthcare Infrastructure		
Introduction	5.1	116
Gap analysis not done for existing and required health care institutions in the State	5.2	116
Lack of infrastructure in healthcare institutions of the State	5.3	121
Intensive Care Unit	5.4	129

TABLE OF CONTENTS		
	Paragraph Number	Page Number
Health and Wellness Centers	5.5	131
Shortage of infrastructure in the Medical Colleges due to delay in construction works	5.6	136
Upgradation of infrastructure facilities in the AYUSH healthcare centers	5.7	143
Chapter-6: Financial Management		
Introduction	6.1	147
System for preparation and finalization of Budget estimates	6.2	147
Budget allotment and expenditure	6.3	148
Comparison of State budget with total spending on Health Sector	6.4	150
Expenditure on health sector as a percentage of Gross Domestic Product (GDP)	6.5	151
Less expenditure in Primary Health Sector	6.6	152
Financial arrangement in NHM	6.7	153
Financial provision and management in Medical Education Department	6.8	157
Short utilization of fund in Department of AYUSH	6.9	161
Chapter-7: Implementation of Centrally Sponsored Schemes		
Planning	7.1	164
Child Healthcare Programmes	7.2	166
Non-Establishment of superspecialist Service in DHs	7.3	171
Emergency Management	7.4	172
National AYUSH Mission	7.5	173
Health and Wellness Centers	7.6	177
Implementation of Ayushman Bharat	7.7	178
Chapter-8: Adequacy and effectiveness of the regulatory Mechanisms		
Introduction	8.1	180
Blood Bank	8.2	180

TABLE OF CONTENTS		
	Paragraph Number	Page Number
Licence from Atomic Energy Regulatory Board (AERB)	8.3	181
Citizen Charter not displayed in Medical Colleges	8.4	182
Infection Control	8.5	182
Bio-medical waste management	8.6	182
Presence of animals in hospital premises	8.7	185
Private Hospitals/Nursing Homes	8.8	185
Monitoring and Supervision	8.9	188
Supervision and Inspections in HIs of Medical Colleges	8.10	190
Mechanism to get feedback from Community and Grievances Redressal	8.11	191
Physical verification of Store and Joint Inspection of Drug Management Facility	8.12	191
Shortfall in conducting meetings of General Council in AYUSH Department	8.13	192
Chapter-9: Sustainable Development Goal-3		
Introduction	9.1	193
Achievement of SDG-3 target by the State Government	9.2	194
Reasons for not using Government Health Facilities by General Public	9.3	198
Appendices		201

PREFACE

This Report for the year ended March 2022 has been prepared for submission to the Governor of Madhya Pradesh under Article 151 of the Constitution of India for being laid before the Legislature of the State.

This Report contains significant findings of Performance Audit on Public Health Infrastructure and Management of Health Services in Madhya Pradesh.

The instances mentioned in the Report are those which came to notice in the course of test audit covering the period 2017-18 to 2021-22.

The audit has been conducted in conformity with the Auditing Standards issued by the Comptroller and Auditor General of India.

Audit acknowledges the cooperation extended by the Public Health and Family Welfare Department, Medical Education Department and Department of AYUSH.



Executive Summary

Executive Summary

Why did we take up this audit?

The landscape of public healthcare facilities in Madhya Pradesh is structured into three levels in the State for providing primary care, secondary care and tertiary care. While tertiary healthcare is administered by the Department of Medical Education, the secondary and primary healthcare is administered by the Public Health and Family Welfare Department (PH&FWD)¹, Government of Madhya Pradesh (GoMP). The audit aimed to assess the public health care infrastructure and management of healthcare services in the healthcare institutions.

Benchmarks for the Performance Audit

Benchmark to assess the infrastructure, availability of services, quality of services for health care institutions coming under Public Health and Family Welfare Department (PH&FWD) were Indian Public Health Standard (IPHS), 2012 issued by Ministry of Health and Family Welfare, GoI for District Hospitals (DHs), Sub-District Hospitals/Civil Hospitals, Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Health Centres (SHCs). Assessment of above institutions was also on basis of Maternal and Newborn Health Toolkit, Facility Based Newborn Care (FBNC) guidelines, Kayakalp guidelines, Bio-Medical Waste (BMW) Management Rules, Drugs and Cosmetics Rules and orders issued by PH&FWD. For Medical Education Department (MED), assessment was based on Medical Council of India (MCI) Act 1956, replaced by National Medical Commission (NMC) in 2019 and orders issued by MED. Further, the framework for implementation of National AYUSH Mission (NAM), Central Council of Indian Medicine regulation 2012 and Madhya Pradesh Homeopathic Council, 1976 was considered to evaluate the healthcare institutions of AYUSH department.

What we have found and what do we recommend?

Chapter 2: Human Resource

GoMP has adopted IPHS norms, 2012 for institutions coming under PH&FWD but GoMP did not depute human resource as per IPHS norms. Shortage of 22,845 healthcare workers in healthcare institutions (HIs) was noticed due to not sanctioning 182 posts as prescribed in IPHS guidelines. Further, against sanctioned posts, 11,535 healthcare workers were less deployed in 1,775 HIs. Major shortfall of manpower was in PHC, CHC and CHs.

(Paragraphs 2.2.1, 2.2.2)

GoMP did not post the doctors/specialist according to sanctioned strength. There was shortage of doctors ranging between six and 92 *per cent* in DHs, 19 and 86 *per cent* in CHs and in CHCs, PHCs and SHCs, it ranged between 27 and 81 *per cent*. There was shortage of staff in all cadres of health care ranged between 27 and 43 *per cent* in Medical Colleges and it ranged between 28 and 59 *per cent* in AYUSH department.

(Paragraphs 2.2.3.(i) {a, b and c}, 2.3.1 and 2.4)

¹ Comprising of Directorate, Health Services (DHS) and National Health Mission (NHM).

In nursing cadre, there was shortage of nurses ranging between three and 69 *per cent* in DHs, between four and 73 *per cent* in CHs and between two and 51 *per cent* in CHCs, PHCs and SHCs against the sanctioned strength. Further, there was shortage of nurses up to 27 *per cent* in Medical Colleges and up to 59 *per cent* in healthcare institutions under AYUSH department.

(Paragraphs 2.2.3.(ii) {a, b and c}, 2.3.1 and 2.4)

There was shortage of paramedical staff ranging between 10 and 80 *per cent* in DHs, between seven and 75 *per cent* in CHs and between five and 67 *per cent* in CHC, PHCs and SHCs against the sanctioned strength. Further there was shortage ranging between 14 and 100 *per cent* in Medical Colleges and it was 28 *per cent* in healthcare institutions under AYUSH department.

(Paragraphs 2.2.3.(iii) {a, b and c}, 2.3.1 and 2.4)

Due to non-availability of Anesthetists, Surgeons, OT Nurses and OT technicians, quality of OT services of nine DHs, four CHs and eight CHCs out of 38 selected health institutions got adversely affected. Further, due to shortage of nursing staff, quality healthcare to patients of ICUs and SNCUs of 10 selected DHs were compromised.

(Paragraphs 2.7.1, 2.7.2 and 2.7.3)

In 26 districts, Trauma Care Centres (TCCs) were not functional due to not deputing the staff as per sanctioned strength.

(Paragraph 2.7.7)

Regular training of Doctors and paramedical staff as envisaged in IPHS norms were not conducted.

(Paragraph 2.8.1)

Recommendations:

GoMP should:

- **Follow IPHS guidelines for filling up the gaps in human resource at all levels of HIs;**
- **GoMP should increase sanctioned strength of Doctors, Nursing and paramedical staff in accordance with IPHS norms;**
- **GoMP should ensure availability of specialist Doctors, trained staff nurses and paramedical staff to provide quality healthcare services to patients;**
- **Proper training calendar should be prepared and accordingly training programmes should be conducted.**

Chapter 3: Healthcare Services

Total 14 types of OPD services as required in DHs, AYUSH, DOT, ICTC, Psychiatry and ENT services were not available in 25, 14, 12 and seven DHs respectively out of 51 DHs. Further, out of required 12 OPD services in CHs and six OPD services in CHC full range of OPD services were not available in any of the test checked CHs and CHCs.

(Paragraphs 3.2.1, 3.2.2 and 3.2.3)

Minimum number of OPD patients required for students were not available in five out of seven AYUSH teaching hospitals.

(Paragraph 3.2.4)

Out of 10 selected DHs, eight CHs and 20 CHCs, full range of IPD services were not available in eight DHs, and in any of the selected CHs and CHCs.

(Paragraphs 3.3.1, 3.3.2 and 3.3.3)

OT for elective major surgery was not available in five CHs and OT for emergency surgery was not available in four CHs out of eight CHs. Out of 20 test checked CHCs, OT was not available in 12 CHCs.

(Paragraph 3.4.1)

Against required 12 surgical procedures, tracheotomy, intestinal obstruction and hemorrhage and Nasal packing were not available in eight, four and two DHs respectively.

(Paragraph 3.4.2)

The Bed Occupancy Ratio (BOR) of five DHs was below the norms of 80 *per cent* during 2017-22. Further, BOR above 100 *per cent* was noticed in DH Harda and Paediatric ward of Gajra Raja Medical College (GRMC), Gwalior which implied lack of adequate infrastructure. Out of eight test checked CHs, the data of BOR was not maintained by CH Hazira and Teonthar. BOR of Rani Durgawati Hospital, Jabalpur was 121 *per cent*, which implied lack of adequate infrastructure. In remaining five CHs, BOR was below the norm of 80 *per cent*.

(Paragraphs 3.5.1 (A) and (B))

Out of 51 DHs of the State, emergency unit was not available in two DHs. In 20 DHs resuscitation unit and in 16 DHs, advance life support ambulances were not available for transportation of referred patient.

(Paragraph 3.6.3)

Two doses of Tetanus Toxoid were not provided to all the pregnant women registered for Ante Natal Care. Further, 32 *per cent* (29,90,817 out of 93,88,418 women) were not registered in first trimester of pregnancy due to which 23 *per cent* (21,85,122 pregnant women) did not get all the required four or more ANC checkups during pregnancy. Out of total institutional deliveries, 10 *per cent* (6,69,619 out of 64,82,236) women were discharged within 48 hours after delivery which was against the norms.

(Paragraphs 3.7.1 and 3.7.2)

There was shortage of radiological and imaging equipment. 60 MA X-Ray Machine in 13 DHs, 100 MA X-Ray Machine in 11 DHs, 300 MA X-Ray Machine in seven DHs, 500 MA X-Ray Machine in 13 DHs, Dental X-Ray Machine in 18 DHs and Colour Doppler machine in 18 DHs were not available.

(Paragraph 3.9.1)

All the required types of diagnostic services as per order of GoMP and IPHS norms were not available in test checked HIs. In Pathological investigation, maximum shortage was noticed in Microbiology Investigation.

(Paragraphs 3.9, 3.11.1)

Waiting period for USG in Jaya Arogya Hospital of GRMC Medical College, Gwalior, was 16 to 24 days. Due to non-functioning of outdated Cobalt-60 machine, 27,894 cancer patients could not get treatment of Cobalt therapy in Hamidia Hospital, Bhopal.

(Paragraphs 3.10.1 and 3.10.2)

Patient specific diets such as diabetic, semi solid and liquid diet were not provided in 35 DHs. Quality of food provided to patients was not checked by competent authorities on regular basis in 40 DHs.

(Paragraph 3.12)

Recommendations:

GoMP should:

- **Ensure availability of all OPD and IPD services in HIs for providing quality patient care as per norms;**
- **Take initiatives to ensure availability of all pathology and imaging facilities in all HIs for early and proper diagnosis of disease;**
- **Ensure availability of Operation Theatre in DHs, CHs and CHCs so that patients may get facility near their residence;**
- **Improve dietary services in HIs by posting of dieticians, providing patient specific diet, regular quality checking of food etc.**

Chapter 4: Availability of Drugs, Medicines, Equipment and other consumables

Demands for drugs and consumables was assessed on previous years consumption basis instead of obtaining and compilation of demands from district level field offices through annual drug plan.

(Paragraph 4.2.1.(i))

Availability of Drugs required for the treatment of respiratory and Cardiac patients were not ensured in ICUs of 10 test checked DHs. Shortage of respiratory drugs ranged between 11 and 16 drugs whereas, drugs for cardiac disease treatment, it ranged between seven and 23 drugs.

(Paragraph 4.3.5)

The shortage of drugs for Reproductive Tract Infection (RTI) treatment in selected DHs ranged between 28 *per cent* and 85 *per cent*. The highest shortages of drugs for treating RTI patients was noticed in DH Gwalior (84.62 *per cent*) and Chhatarpur (81.54 *per cent*).

(Paragraph 4.3.6)

Gynaecologist or CAC trained Medical Officers were not posted in seven out of 20 selected CHCs and Medical Termination of Pregnancy (MTP) was carried out by untrained staff, thereby putting lives of patients at risk.

(Paragraph 4.3.7)

C-section deliveries were performed with non-availability of 31 types of drugs prescribed in JSSK Guidelines, 2011 in seven test checked DHs and six CHs. Maximum shortage of C-Section medicines was noticed in CH Badnagar (14 drugs).

(Paragraph 4.3.8)

Due to non-availability of consumables/reagents, six type of tests were not conducted in GMC Bhopal during 2017-18 to 2021-22. In CIMS Chhindwara, Arterial Blood Gas machine was also non-functional from April 2020 to March 2022 due to non-availability of cartridge and reagents.

(Paragraphs 4.5.8 and 4.5.13)

Out of ten selected DHs, shortage of vital equipment in four DHs ranged between five and 16 *per cent* whereas in remaining six DHs, shortage ranged between 22 and 48 *per cent*. Out of eight selected CHs, there was no OT in CH Teonthar. In three CHs (Berasia, Sendhwa and Hazira) no essential OT equipment was available. In other four selected CHs, the shortage of essential equipment ranged between 50 and 88 *per cent*.

(Paragraph 4.5.7 (i))

Due to mismanagement of stock, 263 types of medicines amounting to ₹ 108.11 lakh expired in three hospitals attached to Medical Colleges.

(Paragraph 4.5.9 (b))

In 20 test checked Health and Wellness Centres, out of 95 medicines required to be available, there was shortage of medicines ranging between 24 and 100 *per cent* (HWC Tikariya, District Mandla). Further, out of required 65 equipment, there was shortage of 38 to 59 equipment.

(Paragraphs 4.3.9 and 4.5.7 (ii))

Due to lack of administrative effectiveness in eight DHs out of 10 selected DHs, new equipment worth ₹ 1.20 crore remained uninstalled and previously acquired equipment worth ₹ 2.90 crore remained non-functional due to non-repairing/ maintenance.

(Paragraphs 4.5.10 and 4.5.11)

Indent Executing Agency (IEA) was supplier agency of equipment for Medical Colleges of the GoMP as per the contract executed between Medical Colleges and IEA. IEA failed to supply 738 equipment costing ₹19.77 crore ordered during 2017-22.

(Paragraph 4.5.12)

Corporation did not fix timelines for finalisation of tenders. In 30 tenders, Corporation took six to 12 months for finalization of rate contract.

(Paragraph 4.5.16)

Against the purchase orders issued for drugs and medicinal items, the supply was made with delay of one to 1550 days in 39 *per cent* supply orders and against the purchase orders issued for injections, supply was made with delay of one to 2088 days in 40 *per cent* supply orders.

(Paragraph 4.7.1)

In 564 drugs/medicinal items during 2017-22, DDOs/purchasing authorities ignored the available central rate contract and made purchase amounting to ₹ 8.57 crore in excess of central rate contract.

(Paragraph 4.8.2)

For acquiring Ayurvedic medicines, 81 to 96 *per cent* of expenditure was incurred to procure medicines from Laghu Vanopaj Sangh. Similarly, Government Unani Pharmacy was also unable to achieve the target due to shortage of human resource.

(Paragraphs 4.4.2 and 4.4.3)

In seven test checked teaching hospitals of AYUSH department, shortage of equipment in OPD ranged between 28 and 77 *per cent* and in IPD it ranged between 10 and 60 *per cent*.

(Paragraph 4.5.3)

Recommendations:

GoMP should:

- **Annual Drug plan should emanate from field level and assessment of demand for procurement of drugs and consumables should be realistic and need based;**
- **Ensure timeliness in procurement of centralized purchase of drugs, medicines and equipment for uninterrupted supply to HIs;**
- **Strengthen the inventory management by applying scientific methods of inventory management and considering the existing stock, previous consumption trend and future demand;**
- **Before finalisation of drug list for inviting tenders, the tender inviting authorities should review the prohibited drug list issued by Central Drugs Standard Control Organisation;**
- **Corporation should ensure all time availability of rate contracts of drugs and equipment;**
- **Systemic checks should be evolved in the M.P. Aushadhi portal to prevent local purchase of such items for which central rate contracts are available. Further, Corporation should develop standardized mechanism to ensure uniform local purchase.**

Chapter 5: Healthcare infrastructure

Number of CHCs, PHCs and SHCs established in the State were not in accordance with the IPHS population norms and there was shortage of 249 CHCs (41 *per cent*), 1,147 PHCs (48 *per cent*) and 4,904 SHCs (32 *per cent*) as of March 2022.

(Paragraph 5.2.1)

GoMP did not make sincere efforts to expand the AYUSH hospital services since last 40 years. Consequently, 26 districts were not having facilities of AYUSH hospitals.

(Paragraph 5.2.3)

In five selected DHs waiting time for registration was much higher as data indicates that in one counter per hour 20 to 45 patients were arriving for registration.

(Paragraph 5.3.1)

There was shortage of drug dispensing counters in JAH, Gwalior, and in Hamidia Hospital, Bhopal.

(Paragraph 5.3.2)

Out of 51 DHs of the state, in 33 DHs, there was shortage of 5,345 beds against the required 19,024 beds as per IPHS norms. Major shortage was noticed in 18 DHs which ranged between 31 and 88 *per cent* with 4387 beds.

(Paragraph 5.3.4)

ICU beds were not available in the DH Betul, Indore and Umaria. Shortage in ICU beds ranged between 50 *per cent* and 73 *per cent* in nine DHs.

(Paragraph 5.4.1)

In SNCUs of 10 selected districts, except in three districts, the shortage of SNCU beds ranged between one and 22 beds. Further in CIMS Chindwara shortage of SNCU beds ranged between two and 14 beds.

(Paragraphs 5.3.6 and 5.3.7)

Out of 2,436 SHCs targeted to be upgraded as HWCs, only 2,175 SHCs were upgraded, out of which in 209 HWCs, Community Health Officers were not posted.

(Paragraph 5.5.1)

Ministry of Health & Family Welfare (Government of India) implemented a Central Sector Scheme “Human Resource Development for Emergency Medical Services” wherein, medical colleges were provided grant-in-aid of ₹ 2.90 crore for setting up NELS skill Center and thereafter impart training in emergency life support to doctor, nurses and paramedics, medical personnel of state Health Departments. A memorandum of understanding (MOU) was signed (July 2018) between MoH&FW, GoI and Medical Education Department of GoMP for setting up a skill center in GRMC, Gwalior. As per the MOU, the skill centre was to be setup within a period of six months from the date of signing of MOU. Skill Centre was not started even after the lapse of three years from the date of signing of MoU.

(Paragraph 5.6.1(ii))

GoI accorded (July 2013) administrative approval for establishment/ strengthening of Multi-Disciplinary Research Units (MRUs) in GMCs and Research Institutions during 12th Five Year Plan. GoI, allotted (September 2018) ₹ 1.25 crore as 1st installment to GMC, Bhopal with

instructions that release of 2nd and 3rd installments would be subject to the achievements with reference to the laid down markers/milestones of the scheme. Against the allotment of ₹ 1.25 crore, equipment of ₹ 61.56 lakh only was purchased during the year 2021-22. Non-fulfillment of conditions given by GoI resulted in the non-eligibility for 2nd and 3rd installments. The equipment purchased for MRU were lying idle till May 2022. GRMC, Gwalior received ₹ 1.25 crore in March 2020 for the establishment of MRU but no amount was spent till March 2022.

(Paragraph 5.6.2)

GoI, Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities, approved (November 2018) the Central Sector Scheme for establishment of State Spinal Injury Centre (SIC) for the comprehensive management of spinal injuries at Gandhi Medical College and Hamidia Hospital, Bhopal and released (November 2019) ₹ 2.82 crore. Out of ₹ 2.82 crore received from GoI, GMC, Bhopal transferred (December 2019) ₹ 45.49 lakh to PIU-2 unit of Public Works Department, Bhopal for infrastructure work and purchased equipment amounting to ₹ 38.90 lakh only and ₹ 1.98 crore remained unspent. However, SIC was not established (May 2022) due to which patients related to spinal injury were deprived of special treatment.

(Paragraph 5.6.4)

Recommendations:

GoMP should:

- **Consider establishing HIs according to IPHS norms to fill the gaps in availability of HIs for better healthcare facilities to the public;**
- **Increase availability of normal and ICU beds in HIs to provide proper healthcare facilities to patients.**

Chapter 6: Financial Management

The GoMP allocated budget of ₹ 52,068.83 crore for health sector (PH&FWD, MED and AYUSH Department), out of which expenditure of ₹ 45,326.05 crore (87 *per cent*) was incurred during the period 2017-22. Thus, there was saving of ₹ 6742.78 crore (13 *per cent*). The reasons of saving could not be ascertained as the copies of sanction letters of budget were not furnished to audit.

(Paragraph 6.3)

The total expenditure on health sector including share of GoI vis-à-vis Gross State Domestic Product (GSDP) ranged between 0.94 *per cent* and 1.05 *per cent* which was less than the target of 2.5 *per cent* under NHP.

(Paragraph 6.5)

As per NHP, the expenditure on health sector was to be increased to more than eight *per cent* of the State budget by 2020. However, total allotment from State budget and GoI itself was less than eight *per cent* and it ranged between 3.61 and five *per cent* during the period 2017-22.

(Paragraph 6.4)

The target of two third (66.67 *per cent*) expenditure on primary healthcare as envisaged in NHP, 2017 was not achieved by GoMP as the actual expenditure on primary healthcare ranged between 12.60 and 17.76 *per cent* of the total expenditure during 2017-22.

(Paragraph 6.6)

Under National Health Mission (NHM), out of total available fund of ₹ 12,419.36 crore, there was unspent balance of ₹ 3,116.63 crore during 2017-22. During the above period, unspent fund ranged between four *per cent* (2018-19) and 42 *per cent* (2021-22).

(Paragraph 6.7)

No provision for committed expenditure was made in SPIP but ₹ 89.10 crore and ₹ 173.95 crore was released against which expenditure of ₹ 41.29 crore and ₹ 124.54 crore was spent during the year 2019-20 and 2020-21 respectively. Similarly, in the year 2021-22, against the provision of ₹ 12.05 crore in SPIP, ₹ 294.86 crore was released and ₹ 221.08 crore was spent which was unauthorized.

(Paragraph 6.7.3)

Recommendations:

GoMP should:

- **Increase its total expenditure on health sector to match the targets of NHP;**
- **Optimum utilization of allotted fund to health sector should be ensured to provide quality healthcare services to patients;**
- **Expenditure on Primary Health Sector should be increased to match the target of 66.67 *per cent* as envisaged in NHP.**

Chapter 7: Implementation of Centrally Sponsored Schemes

State Health Society (SHS) was required to approve State Programme Implementation Plan by 15th January every year which was to be received in Ministry of Health and Family Welfare (GoI) by third week of January. SHS approved SPIPs with delay ranging between 34 days and 52 days during 2017-22.

(Paragraph 7.1.1)

NHM provisioned ₹ 36 crore in SPIP for procurement of screening tools for District Early Intervention Centre (DEIC) and Early Childhood Development (ECD) during 2017-18 to 2021-22 under Rashtriya Bal Swasthya Karyakram. However, NHM released only ₹ 12.30 crore, out of which only ₹ 9.96 crore was spent on procurement of equipment. Fund of ₹ 26.04 crore was kept at State level for issuing it on demand from the district offices, however, demand from the districts was not found in record. Total ₹ 2.69 crore was released to test checked districts out of which ₹ 2.24 crore was spent on procurement of equipment. No fund was released during 2020-21 and 2021-22 to districts.

(Paragraph 7.2.2)

GoI allotted ₹146.49 crore out of which only ₹ 87.64 crore (59.83 per cent) could be expended during 2017-22 on procurement of IFA syrups and tablets and programme implementation. Thus, the funds were not fully utilised for implementation of the programme.

(Paragraph 7.2.3)

Provision of ₹ 46.63 crore was made in State Programme Implementation Plans for procurement of Haemoglobinometer during 2018-22. These meters were to be procured for 76 lakh Hemoglobin (Hb) test of Pregnant Women and 176 lakh Hb test for children up to 19 years of age. NHM accorded approval for procurement of 12,700 haemoglobinometers in 2019-20 for next two years, however, it could not be procured due to non-availability of Rate Contract with MPPHSCL.

(Paragraph 7.2.4)

PH&FW Department, GoMP decided (September 2017) to establish super specialty public services under *Deendayal Antyodaya Upchaar Yojna* in 12 hospitals in 1st phase in four specialities i.e. General Surgery, Orthopaedics, E.N.T and Gynaecology. NHM released ₹ 434.91 lakh to the above 12 DHs for procurement of equipment for super specialty services in February and March 2018 and ₹ 246.23 lakh in 2018-19.

(Paragraph 7.3)

Public Health Outreach Activity (PHOA) was to be undertaken to focus on increasing the awareness about AYUSH's strength and a Community Based Surveillance System (CBSS) was to be established for early identification of the disease outbreak and to increase the accessibility of AYUSH treatment and a health education team was to be constituted in every panchayat, education institution, etc. for conducting health education classes. However, the State had neither established any CBSS nor constituted any health education team in any of the test-checked districts.

(Paragraph 7.5.2)

AYUSH Gram was a concept wherein one village per block was to be selected for adoption of method and practice of AYUSH way of life and interventions of health care. Financial assistance of ₹9.60 crore was given to the State during 2018-22. It was found that only 75 villages in 58 blocks of 32 districts were identified as AYUSH Gram against 313 blocks in 51 districts of MP.

(Paragraph 7.5.3)

As per National AYUSH Mission framework, School Health Programme (SHP) is one of the core activities of AYUSH services for addressing the health needs of school going children. GoMP did not implement this programme.

(Paragraph 7.5.6)

Recommendations:**GoMP should:**

- **Timely approve the State Programme Implementation Plan;**
- **Improve accessibility of AYUSH treatment and a health education team should be constituted in every panchayat, educational institution, etc. for conducting health education classes or adoption of method and practice of AYUSH way of life and interventions of health care.**

Chapter 8: Adequacy and effectiveness of the regulatory Mechanism

Out of eight selected CHs, only three CHs (Sendhwa, Kukshi and Badnagar) had valid authorization for operating blood storage units. Out of 20 selected CHCs, only two CHCs (Badnagar and Majholi) had blood storage unit facility.

(Paragraph 8.2.2)

Blood bank in JAH Gwalior was running without license during 2017-22 as their license had expired on 31.12.2016.

(Paragraph 8.2.3)

Out of 38 selected health institutions (10 DHs, eight CHs and 20 CHCs), 16 HIs were operating different type of X-ray machines without license/ renewed license.

(Paragraph 8.3.1)

Out of 51 DHs of the State, in 17 DHs, Effluent Treatment System was not established. In 12 DHs, air swab samples were either not collected or not sent for reporting. In 14 DHs, yearly report regarding disposal of various categories of bio-medical waste was not sent to the State Pollution Control Board.

(Paragraph 8.6)

Out of 38 healthcare facilities (10 DHs, eight CHs and 20 CHCs), no beneficiary survey of OPD patients was conducted in 35 healthcare facilities (except DH Jabalpur, DH Ujjain and CH Rani Durgawati Hospital, Jabalpur) during the period 2017-22. Similarly, OPD and IPD survey was not conducted during 2017-22 in three hospitals out of four hospitals attached to three selected Medical Colleges.

(Paragraph 8.10.1)

No complaint register was maintained, and no complaint redressal committee was constituted in the hospitals attached to two medical colleges GMC, Bhopal (Hamidia and Sultania Zanana Hospital) and GRMC, Gwalior (JAH, Gwalior) during 2017-2022.

(Paragraph 8.11.1)

Against the requirement of 10 meetings, only one to three meetings of General Council of AYUSH Department were held.

(Paragraph 8.13)

Recommendations:

GoMP should:

- **Ensure that every blood bank and blood storage unit has valid license;**
- **Disposal of bio medical waste should be ensured by following BMW Management and Handling Rules;**
- **Ensure effective grievance redressal mechanism should be ensured.**

Chapter 9: Sustainable Development Goal-3

On an average, India reduced the Maternal Mortality Rate (MMR) in eight years from 178 in 2012 to 97 in 2020 *i.e 45.51 per cent* whereas, GoMP could manage to reduce it from 230 to 173 *i.e 24.78 per cent* only during the above period.

(Paragraph 9.2.1)

As per SDG-3, India set the target to reduce the mortality of children under age of five years to at least 25 per 1,000 live births by 2030. However, it was prevailing at 49.20 per thousand live births in 2020-21 in the state.

(Paragraph 9.2.2)

State Government was not able to provide 100 *per cent* vaccination to newborn except BCG. Status of vaccination of Measles and DPT was only 13 *per cent* and 0.12 *per cent* respectively during 2017-22. Thus, the target of 100 *per cent* vaccination could not be achieved for children below 5 years age as 100 *per cent* zero day immunization of newborn itself was not achieved.

(Paragraph 9.2.3)

The percentage of home deliveries decreased from the year 2017-18 onwards and it almost remained constant during the year 2018-21.

(Paragraph 9.2.6)

Out of 10 selected districts, the trauma care centres were functional in three DHs. In four districts, trauma centre buildings were not available. Further, in three districts, despite availability of trauma care centre building, trauma care centres were not functional due to non-deployment of specialist doctors, trained manpower and non-availability of equipment. Thus, the aim of reducing the preventable deaths due to accidents as per SDG-3 objectives got defeated.

(Paragraph 9.2.5)

Recommendations:

GoMP should:

- **Make sincere efforts to reduce the maternal mortality rate in the State by ensuring availability of maternal healthcare facilities in all HIs of the State;**
- **Make sincere efforts to achieve the target of 100 *per cent* vaccination for children below 5 years age and 100 *per cent* zero day immunization of newborn;**
- **Ensure functioning of all trauma care centres by posting of required staff and ensuring availability of requisite drugs, medicines and equipment.**



CHAPTER-1

Introduction

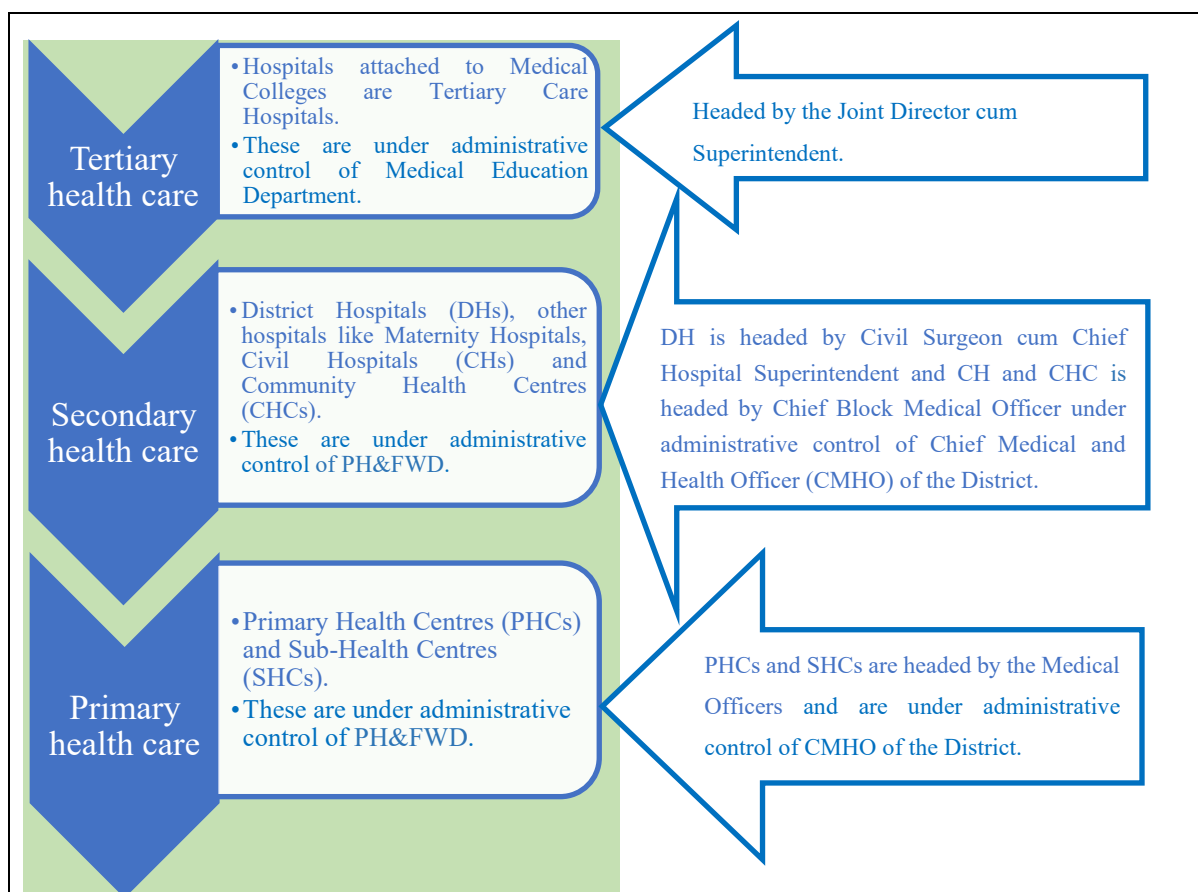
Chapter-1

Introduction

1. Public healthcare facilities in the State

The landscape of public healthcare facilities in Madhya Pradesh is structured into three levels for providing primary care, secondary care and tertiary care. While tertiary healthcare is administered by the Department of Medical Education, the secondary and primary healthcare is administered by the Public Health and Family Welfare Department (PH&FWD)¹, Government of Madhya Pradesh (GoMP). The Additional Chief Secretary (ACS) of PH&FWD and Medical Education Department (MED) are overall heads of the concerned Departments at the State level. The structure of healthcare facilities in the State is shown in **Chart 1.1** below:

Chart 1.1: Level of Health Care System in the State



Number of Healthcare Institutions providing health services in the State as on March 2022 are given in **Table-1** below:

¹ Comprising of Directorate, Health Services (DHS) and National Health Mission (NHM).

Table-1: Number of healthcare institutions in the State

Category of Health Care services	Government Health care facility	2021-22
Tertiary (Medical Education Department)	Medical College with attached tertiary care Hospital	9
	Medical College without own attached tertiary care hospitals	4
Secondary (Public Health and Family Welfare Department)	District Hospitals	52
	Civil Hospitals	119
	CHCs	356
Primary	PHCs	1,266
	SHCs	10,287
Department of AYUSH	Government Ayush Hospitals attached with Ayush Medical Colleges	9
	District Hospitals	23
	AYUSH Dispensaries	1,773
	Government Ayurved Colleges	7
	Homoeopathy College	1
	Unani College	1

The National Rural Health Mission (NRHM) was launched in year 2005 and subsequently renamed (May 2013) as National Health Mission (NHM) with an aim to bring about systematic improvements to the health care structure as well as to increase its outreach for improving Maternal and Child Health (MCH) indicators in the country.

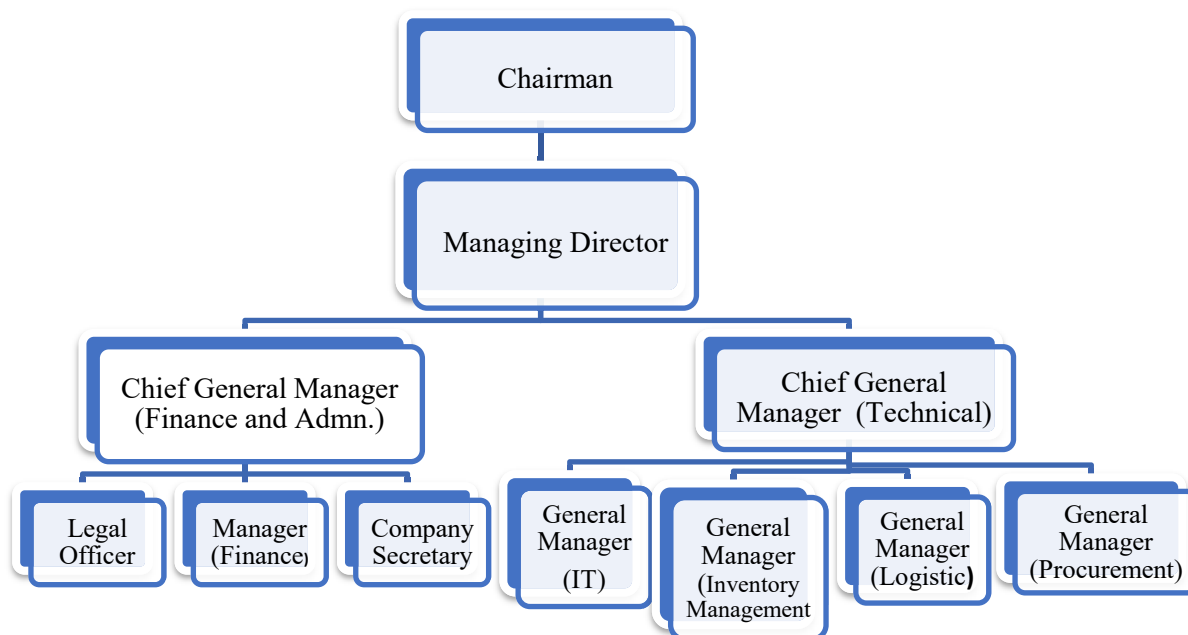
NHM is a mission mode programme carried out by State Health Society (SHS). SHS is headed by the Mission Director. At district level, there is a District Health Society, whose president is District Collector and CMHO of the District is Secretary of District Health Society. The Secretary of District Health Society is responsible to implement the programme in the district with the help of District Programme Manager (DPM) and District Account Manager (DAM) at district level; and Block Programme Manager (BPM) and Block Account Manager (BAM) at block level.

Apart from above, Department of AYUSH (Ayurveda, Unani, Siddha and Homeopathy) also provides healthcare facilities to people. National AYUSH Mission (NAM) was launched during 2014-15 by Ministry of AYUSH, Government of India (GoI). The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services and sustainable availability of AYUSH raw materials. GoMP established State AYUSH Society (August 2015), headed by Chief Secretary, for implementation of NAM.

The Principal Secretary (PS), AYUSH Department is the overall in-charge of the AYUSH health services and AYUSH education in the State. The Commissioner of the AYUSH Department and District AYUSH Officer exercises overall control over the Government AYUSH hospitals and dispensaries. Principals of AYUSH colleges are responsible for AYUSH education and hospitals attached with AYUSH Colleges and Managers of AYUSH Pharmacies are responsible for operationalizing the respective AYUSH Pharmacies.

GoMP formulated Madhya Pradesh Public Health Service Corporation Limited (MPPHSCL) as the 'Company' in September 2013 to provide best in class healthcare infrastructure services to public healthcare institutions under the GoMP. The main objective of the Company was to enter into Rate Contract for contraceptives, drugs, chemicals, lab reagents, surgical dressings, health kits, medical equipment and instruments and other medical consumables of desired quality, quantity and specifications through an efficient, effective, economic, transparent and legally acceptable procurement practice. Apart from this, the work related to warehouse management, quality control, supply chain management at district level was also assigned to the Company. The organizational set-up of the Company is given in **Chart 1.2** below:

Chart 1.2: Organisational Structure of MPPHSCL



To support the above, there were four Managers (Procurement, Logistics, Quality Assurance, and Inventory Management) two Computer Programmers, Finance Officer, Bio-Medical Engineer, two Deputy Managers (Pharma), seven Divisional Bio-Medical Engineers (BMEs) and 59 Pharmacists.

2. Fund Management

PH&FWD receives funds from the State budget and financial assistance from the GoI under the NHM. PH&FWD allots funds to CMHO and Civil Surgeon for execution of the programmes. In MED, GoI and State Government provide funds under different schemes to execute various types of works for the medical education and treatment of patients in tertiary care hospitals. The Department of AYUSH receives funds from the State budget and GoI assistance under the NAM. The ratio of Central and State assistance under NAM was 60:40 during 2017-18 to 2021-22. The GoI assistance is received by Madhya Pradesh AYUSH Society as per approved State Annual Action Plan (SAAP). The Commissioner, AYUSH

re-allocates the budget to DDOs for implementation of AYUSH Health Services through Government treasury.

3. Planning and execution of Performance Audit

3.1 Audit objectives

The PA on Public Health Infrastructure and Management of Health Services in the State was undertaken to assess:

- adequacy of funds for the health care sector in the State;
- availability and management of health care infrastructure in the State;
- availability of drugs, medicines, equipment and other consumables;
- availability of necessary human resource i.e. doctors, nursing, paramedical staff etc. at all levels;
- whether State spending on health sector has improved the health and well-being of people as per Sustainable Development Goal (SDG)-3;
- Implementation of various schemes of the GoI including the assistance/grants/ equipment received by the State.

3.2 Audit criteria

Performance of the PA was assessed with the Criteria of various guidelines on health care services issued by GoI and GoMP, Indian Public Health Standards (IPHS), 2012 Medical Council of India, (MCI) Act, 1956 replaced by National Medical Commission in 2019 which were in force during audit period (2017-22), Legal Acts and Rules, and policies, orders and manuals issued by GoMP. The list of sources of criteria is given in *Appendix-1.1*.

3.3 Audit scope and methodology

The audit scope covered the period from 2017-18 to 2021-22. Records maintained at the Directorate of Health Services (DHS), Directorate of Medical Education (DME), National Health Mission, AYUSH (Ayurved, Unani, Sidhha and Homeopathy) and MPPHSCL were examined. Records of three Government Medical Colleges and its attached hospitals, 10 CMHOs, 10 DHs, 10 District Health Societies, Eight CHs, 20 CHCs, 20 PHCs, five Government Ayurvedic Colleges, 10 District AYUSH Offices (four District AYUSH Hospitals and 39 dispensaries), Government Autonomous Homoeopathic College and Hospital, Bhopal and Hakim Saiyad Ziaul Hasan Government Autonomous Unani College and Hospital, Bhopal were also examined. Further statistical information was also collected from all the 51 districts of the State as given in *Appendix-1.2*.

Audit methodology was in accordance with the CAG's Auditing Standards, 2017 and involved scrutiny and analysis of records/data as per the audit objectives, scope and criteria, evidence gathering by scanning records, joint physical inspection of various facilities of the test-checked

hospitals, beneficiary survey, doctor's survey and gathering photographic evidence wherever required, issuing questionnaires for seeking information and obtaining replies from auditee units.

An entry conference was held on 21 October 2021 with the Additional Chief Secretary, PH&FWD and Medical Education Department, and Principal Secretary, Department of AYUSH wherein the audit objectives, scope, criteria, *etc.* were discussed and the inputs of the Department were obtained and thereafter the field audit was commenced. The exit conference was held on 02 November 2023 with the Additional Chief Secretary, PH&FWD, Medical Education Department and Commissioner, Department of AYUSH wherein the audit findings were discussed with the Government and replies of audit observations were sought. However, the replies of PH&FWD were furnished partially and replies of AYUSH Department have not yet been furnished (March 2024) by the Government.

3.4 Structure of the report

This report has been structured keeping in mind the major components of health care i.e., sufficiency of funding in health sector, availability of infrastructure, drugs and equipment, Human Resource, functioning of Regulatory Bodies in respect of relevant Acts and Rules, performance of the State in respect of efforts made for achievements of targets identified under Sustainable Development Goals-3 (SDG-3) and implementation of Centrally Sponsored Schemes.

Three departments *viz.* PH&FWD, MED and Department of AYUSH were involved in this PA. The draft report has been structured in nine chapter considering availability of human resource in healthcare institutions (HIs), healthcare services, availability of drugs, medicines and equipment, healthcare infrastructure, financial management, implementation of Centrally Sponsored Schemes, effectiveness of regulatory mechanism and efforts made to achieve the targets of SDG-3.

4. Acknowledgement

Audit acknowledges the cooperation extended by the Public Health and Family Welfare Department, Medical Education Department and Department of AYUSH.



CHAPTER-2

Human Resource

Chapter-2

Human Resource

Highlights

- In Primary Health Centres (PHCs), Community Health Centres (CHCs), and Civil Hospitals (CHs) of the State, GoMP did not sanction 41 to 50 *per cent* of the posts required as per IPHS norms. In DHs (100 to 500 bedded), 15 to 23 *per cent* of the posts as per IPHS norms were not sanctioned by the State Government.
- In various public healthcare institutions (HIs), GoMP sanctioned lesser number of posts ranging from 18 to 75 *per cent* in comparison to IPHS norms.
- GoMP did not post the doctors/specialist according to sanctioned strength. Out of 3,028 sanctioned posts of Doctors/specialists in DHs of the State, only 1,659 doctors were posted. Similarly in CHs against the sanctioned posts of 1,226 doctors, 527 were posted and in CHCs, PHCs and SHC, there was shortage of 2,047 doctors. There was shortage of 1,213 doctors in Medical Colleges and 1,139 doctors in AYUSH department.
- In nursing cadre, there was shortage of 1,513 nurses in DHs, 375 in CHs and 1,283 nurses in CHCs, PHCs and SHCs against the sanctioned strength. Further, there was shortage of 2,416 nurses in Medical Colleges and 135 nurses in healthcare institutions under AYUSH department.
- There was shortage of 1,240 paramedical staff in DHs, 452 in CHs and 2,477 in CHCs, PHCs and SHCs against the sanctioned strength. Further there was shortage of 1,450 paramedical staff in Medical Colleges and 1,259 in healthcare institutions under AYUSH department.
- In most of the Special Newborn Care Units (SNCUs) of the DHs that were examined for selected months (May 2017, August 2018, November 2019, February 2021, and May 2021), the nurse-to-baby ratio remained below IPHS standards. Further, there was significant shortage of manpower in the maternity wing ranging between one and 61 *per cent* in all DHs of the state against the required manpower as per Maternal and Neonatal Health (MNH) toolkit.
- In AYUSH Teaching Hospitals (ATHs), there was 34 *per cent* shortage of doctors, 49 *per cent* shortage of nurses, and 37 *per cent* shortage of paramedics. In District AYUSH Hospitals (DAHs), there was shortage of 24 *per cent* of doctors, 78 percent of nurses and 16 *per cent* shortage of paramedics. Data collected from all the District AYUSH Officers (DAOs) of the State revealed that only 886 doctors (47 *per cent*) were available out of the sanctioned 1,900 in the 1,773 AYUSH dispensaries. Additionally, only 2,896 paramedics were available out of the sanctioned strength of 3,990.
- In the selected districts, there was a lack of preparation for training plans or training calendars. Additionally, database of trained staff was not maintained, further, training for Skilled Birth Attendants in PHCs was not carried out.

2.1 Introduction

Para 3.3.4 of National Health Policy (NHP), 2017 acknowledges the roadmap of the 12th Five Year Plan for managing human resource for health services. The policy initiatives aim for measurable improvements in quality of care. Districts and blocks which have wider gaps for deployment of additional human resource would receive focus. Financing for human resource would be based on needs of outpatient and inpatient and utilization of key services in a measurable manner. Further, for effectively handling medical disasters and health security, the policy recommends that the public healthcare system retain a certain excess capacity in terms of health infrastructure, human resource, and technology which can be mobilized in times of crisis. In order to develop the secondary care sector, comprehensive facility development and obligations with regard to human resource, specially need of specialists, are to be prioritized.

2.2 Norms adopted for human resource in Public Sector Hospitals

2.2.1 Shortage of Human resource due to non-sanction of post as per IPHS norms

Government of Madhya Pradesh has adopted IPHS norms, 2012 for availability of human resource in public healthcare institutions under PH&FWD in the State. However, during test check of records in DHS, Bhopal, audit noticed that the State Government did not sanction posts of manpower in public Healthcare Institutions (HIs) in the State, as per IPHS norms. The details are given in **Table 2.1** below:

**Table 2.1: Short sanction of Posts against the IPHS norms by State Government
(as on 31 March 2022)**

(In Numbers)

Sl. No.	Name of healthcare institution	Sanctioned beds	Number of posts as per IPHS Norms	Human resource required to be sanctioned as per IPHS norms	Number of healthcare institutions in the state	Total number of human resource required to be sanctioned as per IPHS norms	Number of posts not sanctioned by GoMP as per IPHS norms	Number of human resource not sanctioned by GoMP in non sanctioned post	Shortage of Human resource due to not sanctioning the post by GoMP as per IPHS (in per cent)
1	2	3	4	5	6	7=5x6	8	9	10=6x9
1	PHC	06	10	14	1,266	17,724	6	7	8,862 (50.00)
2	CHC	06 to 30	29	46	356	16,376	16	20	7,120 (43.47)
3	CH	31 to 50	43	86	56	4,816	27	35	1,960 (40.69)
4	CH	51 to 100	48	134	46	6,164	28	56	2,576 (41.79)
5	DH	100	39	116	4	464	20	27	108 (23.27)

Sl. No.	Name of healthcare institution	Sanctioned beds	Number of posts as per IPHS Norms	Human resource required to be sanctioned as per IPHS norms	Number of healthcare institutions in the state	Total number of human resource required to be sanctioned as per IPHS norms	Number of posts not sanctioned by GoMP as per IPHS norms	Number of human resource not sanctioned by GoMP in non sanctioned post	Shortage of Human resource due to not sanctioning the post by GoMP as per IPHS (in per cent)
1	2	3	4	5	6	7=5x6	8	9	10=6x9
6	DH	200	39	180	13	2,340	17	31	403 (17.22)
7	DH	300	46	271	18	4,878	23	48	864 (17.71)
8	DH	400	46	346	11	3,806	23	57	627 (16.47)
9	DH	500	47	421	5	2,105	22	65	325 (15.44)
	Total				1,775	58,673	182	346	22,845 (38.93)

(Source: DHS, Bhopal)

It is evident from the above table that posts ranged between 41 to 50 *per cent* were not sanctioned by the State Government in PHC, CHC and CHs as required in IPHS norms. The role of primary healthcare centres is vital to cater the healthcare need of rural population. Due to not sanctioning the posts, people of rural areas were deprived of quality healthcare services and compelled to avail the services of DHs or private hospitals by incurring expenditure from their own pocket.

In DHs (bed capacity 100 to 500), the post ranged between 15 and 23 *per cent* against the IPHS norms were not sanctioned by the State Government.

On this being pointed out, Government replied (April 2023) that IPHS norms are mere recommendations that can be tailor made as per State to State. The current State norms of Human Resource (HR) are also prepared after due diligence and keeping in view of various aspects as per the situation of the State. The State has planned for total 46,491 additional new posts to be sanctioned as per IPHS recommendations out of which 28,902 posts (contractual) have already been sanctioned under NHM. The said proposal has been sent to Finance Department for their comments and later it would be sent to Cabinet for approval.

The fact remains that State Government sanctioned less number of posts between 15 and 50 *per cent* against the IPHS norms in healthcare institutions of the State.

2.2.2 Less number of Human resource sanctioned by GoMP in sanctioned posts against the IPHS norms

In DHS, Bhopal, audit noticed that GoMP sanctioned less number of posts in comparison to the number of posts required as per IPHS norms. The details of less number of sanctioned posts is given in **Table 2.2** below:

Table 2.2: Less sanction of posts by GoMP in comparison to IPHS norms

Name of healthcare institution	Number of sanctioned beds	Number of healthcare institutions in the State	Number of Post in which human resource was sanctioned in less number against the required human resource as per IPHS norms	Number of human resource required to be sanctioned against column 4	Total number of human resource less sanctioned against column 5	Total number of human resource sanctioned against which less number of human resource were sanctioned	Total number of less sanctioned human resource	Per centage of less number of human resource
1	2	3	4	5	6	7(=3*5)	8(=3*6)	9 = (8/7*100)
PHC	06	1,266	1	4	3	5,064	3798	75
CHC	06 to 30	356	6	25	13	8,900	4628	52
CH	31 to 50	56	7	40	12	2,240	672	30
CH	51 to 100	46	5	20	8	920	368	40
DH	100	4	3	10	5	40	20	50
DH	200	13	4	109	22	1,417	286	20
DH	300	18	11	183	50	3,294	900	27
DH	400	11	13	246	53	2,706	583	22
DH	500	5	13	305	56	1,525	280	18
Total		1,775	63	942	222	26,106	11,535	

(Source: Records of DHS, Bhopal)

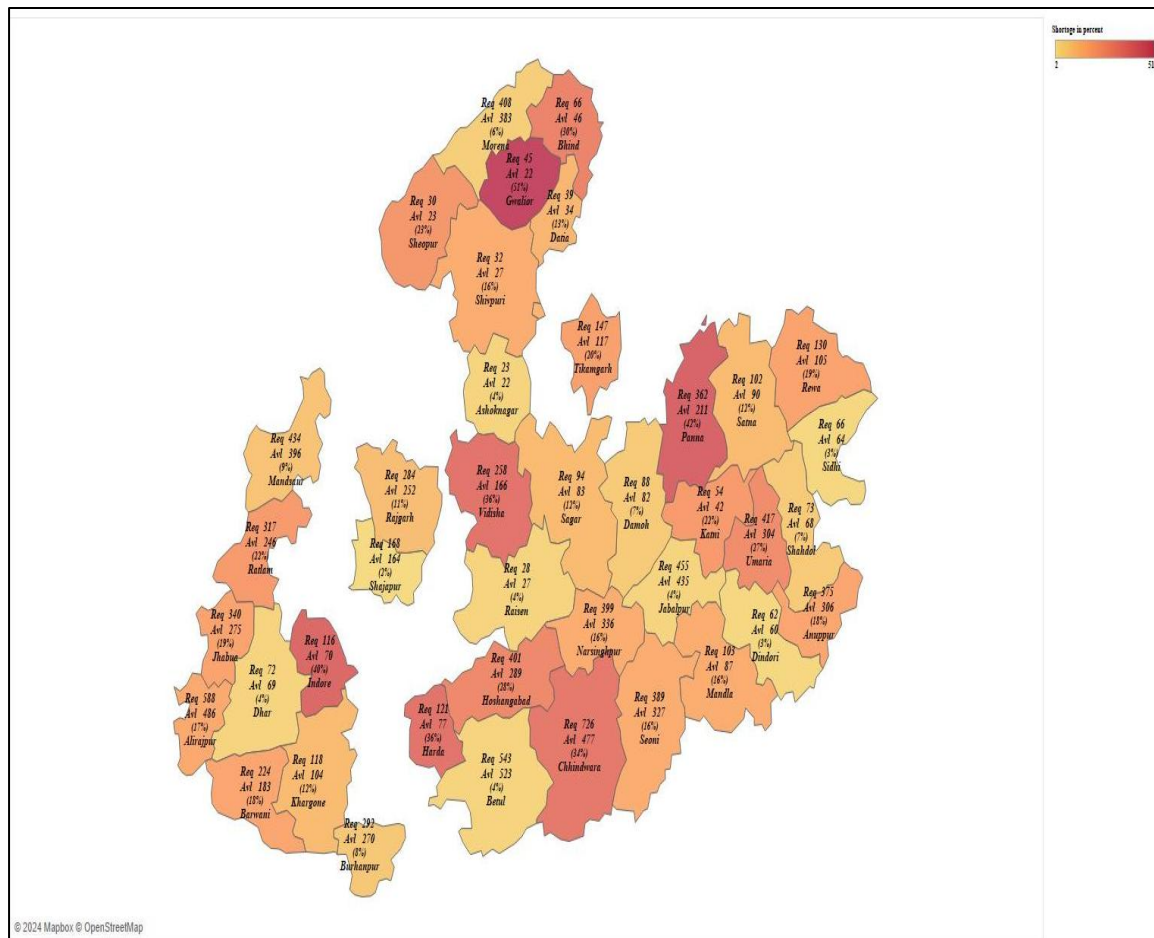
As per table above, in various public healthcare institutions, less number of posts ranging from 18 to 75 *per cent* were sanctioned by the State Government in comparison to IPHS norms.

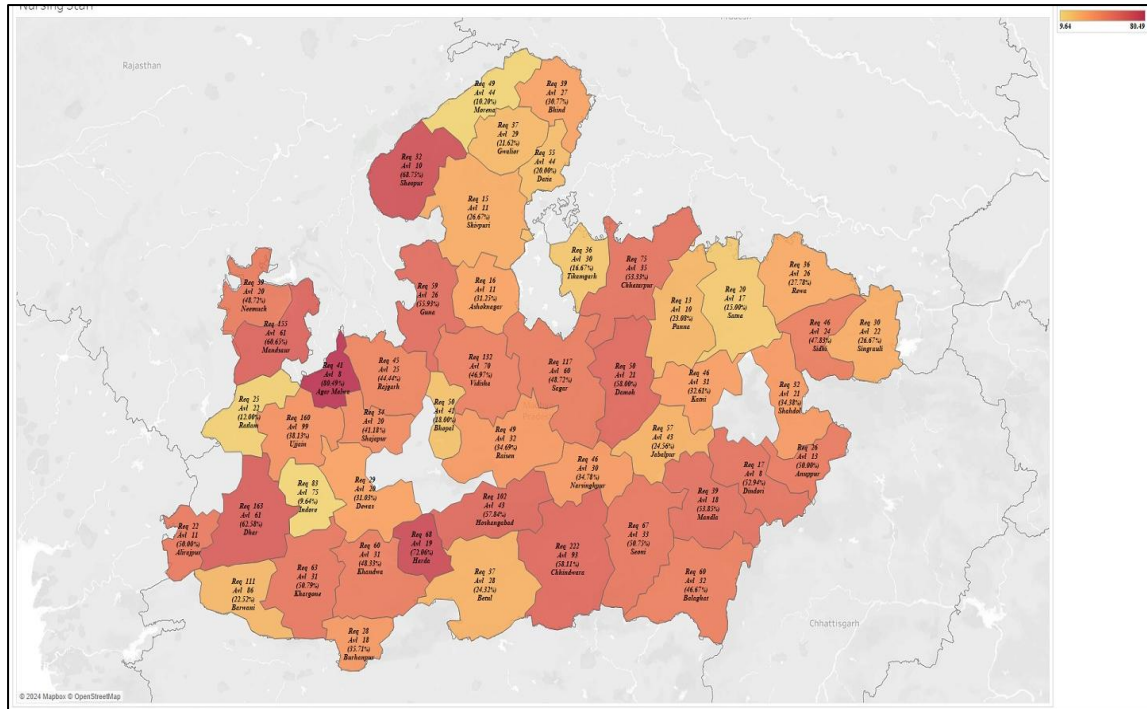
Thus, as per Table 2.1 and Table 2.2 above, huge number of posts as required by IPHS norms were either not sanctioned or sanctioned less than IPHS norms. Due to non-sanctioning or sanctioning less number of posts, there was huge deficiency of staff in all types of public healthcare institutions.

2.2.3 Availability of manpower in the health care institutions (PH&FWD) of the State (as on 31 March 2022)

2.2.3 (i) Specialists/Doctors: Doctors are specialized manpower to cater the needs of health care services. There was acute shortage of specialist / doctors in the DHs, CHs, CHCs and PHCs of State. Sanctioned strength, availability and shortage of Specialists/Doctors is shown in the Map for different type of Health Care Institution (HIs) of the State in succeeding sub paras.

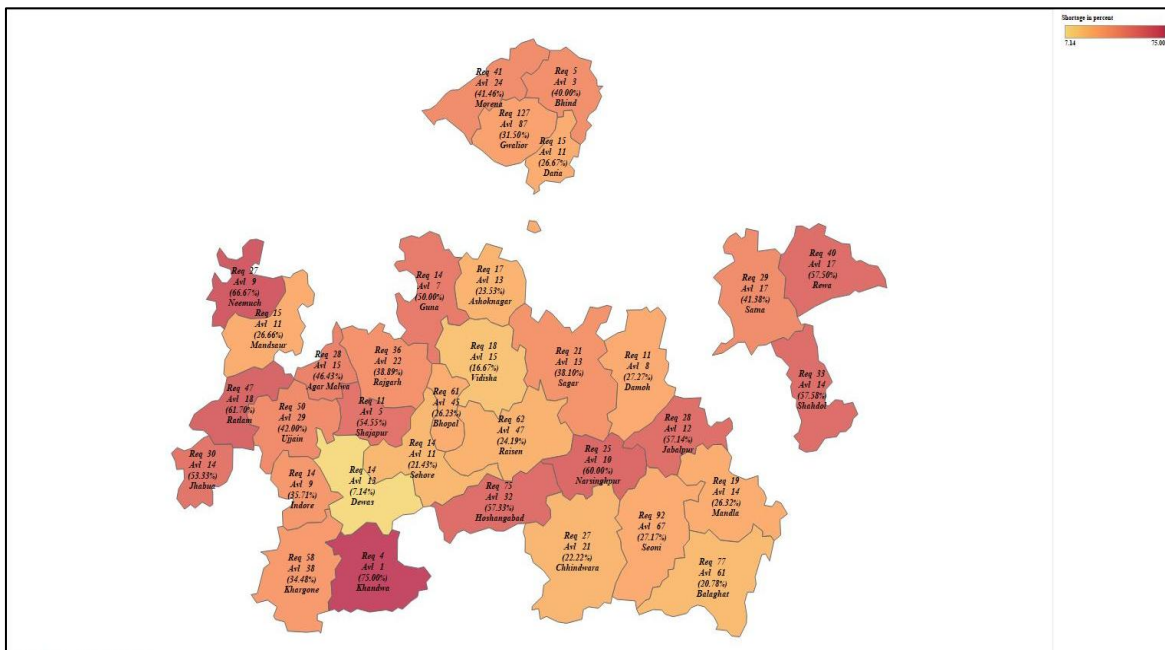
- c. **Availability of Nurses in CHCs, PHCs and SHCs:** Shortage of Nurses ranged between two and 51 per cent in the State. The range of shortage of Nurses is depicted in following Map 2.6.





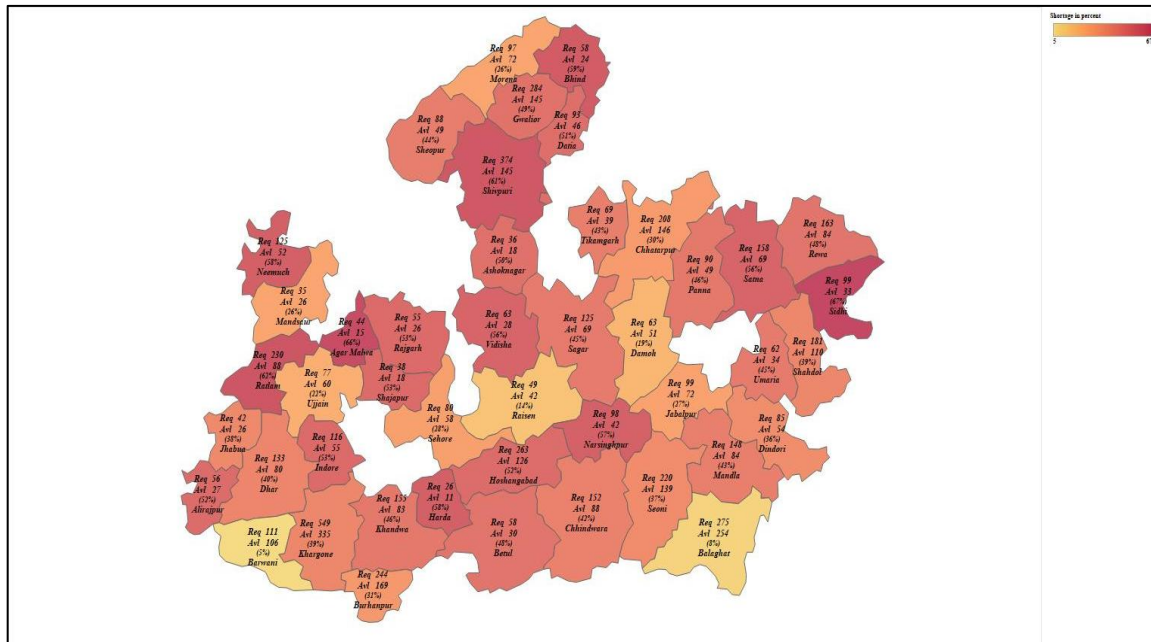
(Source: Information furnished by DHs of all districts)

- b. Availability of Paramedical staff in the CHs: Shortage of Paramedical Staff ranged between seven and 75 per cent. The range of shortage of Paramedical staff is depicted in following Map 2.8.



(Source: Information furnished by CMHOs of all districts)

- c. Availability of Paramedical staff in CHCs, PHCs and SHCs: Shortage of Paramedical Staff ranged between five and 67 per cent in the State. The range of shortage of Paramedical staff is depicted in following Map 2.9.



(Source: Information furnished by O/o CMHOs of all districts)

Details of availability of manpower in different health care institutions are given in *Appendices 2.1 to 2.9*.

Analysis of recruitment data of nursing staff revealed that staff nurses were being recruited through Government nursing colleges. Since intake from these Government nursing colleges was not sufficient to cater the vacant posts of nursing staff, the posts of nursing staff remained vacant. Further, recruitment advertisement for paramedical staff were not published at regular intervals. Despite several reminders, the information regarding advertisements and posting of Gazatted staff was not furnished to audit.

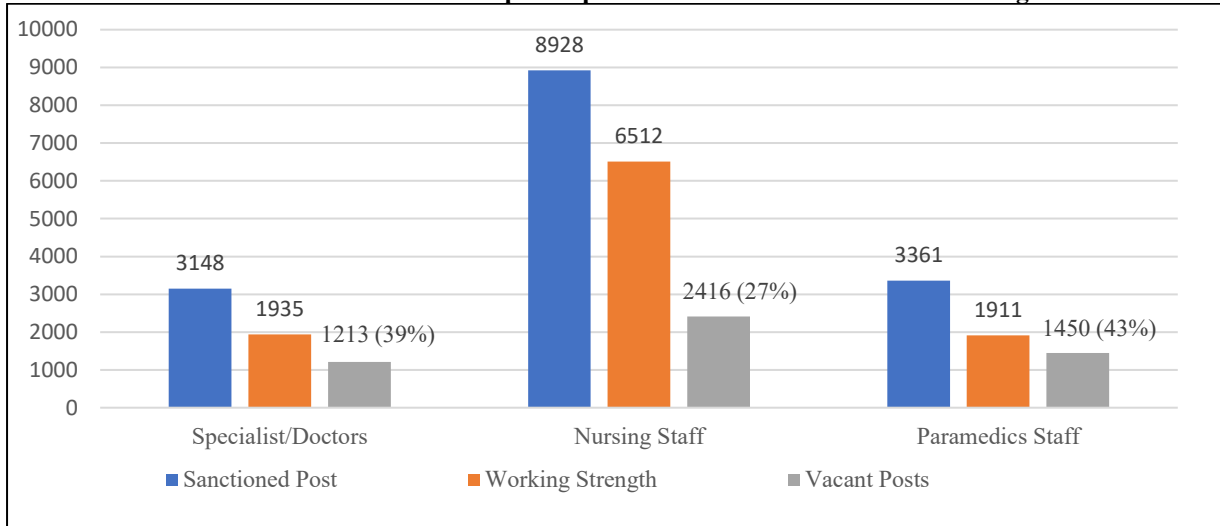
No specific reply was furnished by the department.

2.3 Status of Human resource in Medical Education Department

2.3.1 Deployment and availability of sufficient manpower

Data of human resource collected from all the 13 medical colleges of the State as on March 2022 is summarized below in the chart. The detailed description of availability of manpower is given in *Appendix-2.10*.

Chart 2.1 Manpower position in Government Medical Colleges

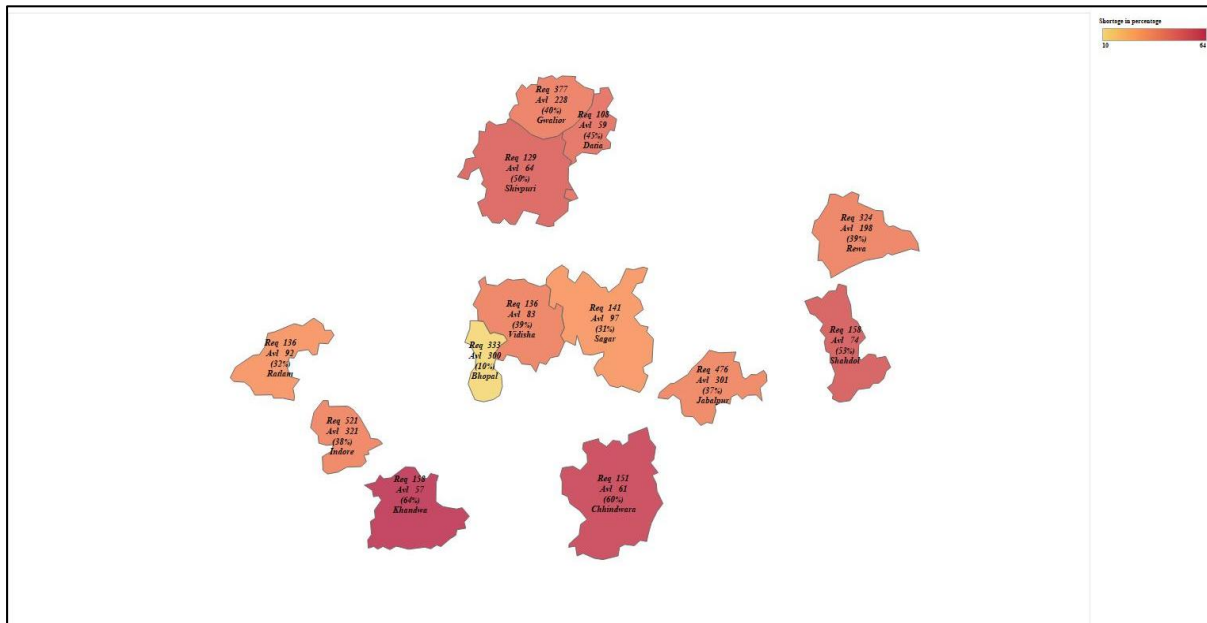


(Source: Information furnished by Medical Colleges)

It is evident from the above chart that shortage of staff in all the cadres of healthcare ranged between 27 and 43 per cent.

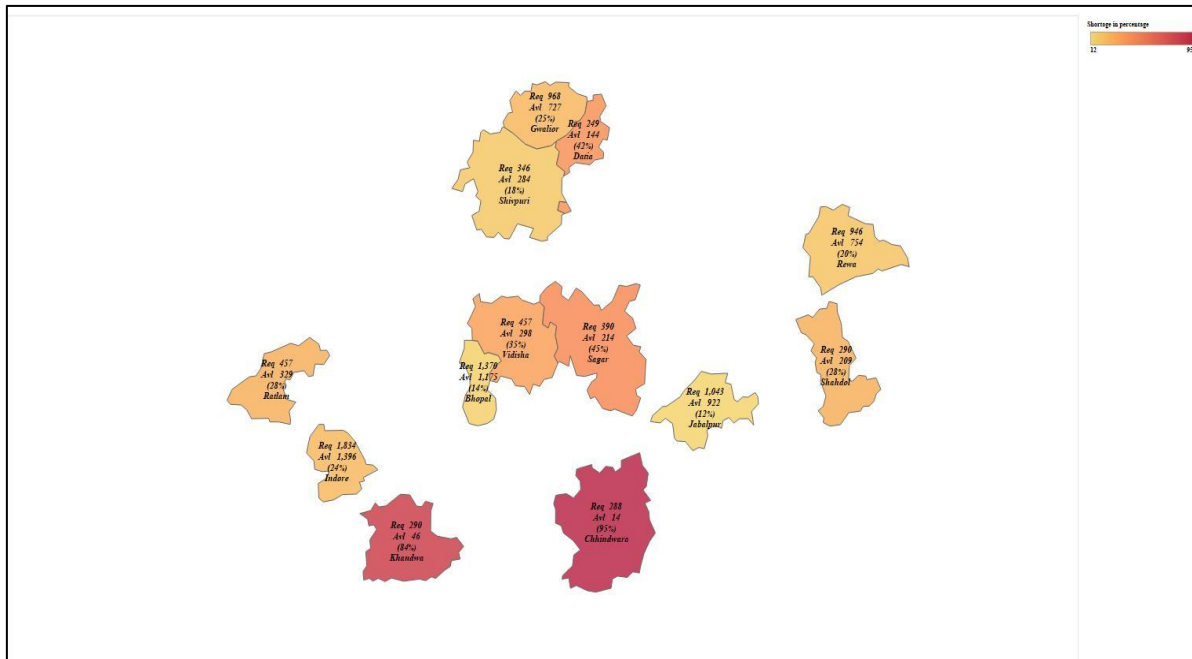
Medical College wise availability of Specialist/Doctors, Nursing Staff and Paramedical Staff is given below in State Map-

a. Specialists/Doctors availability in Medical Colleges: Shortage of specialists/doctors ranged between 10 and 64 per cent as depicted in State Map 2.10.



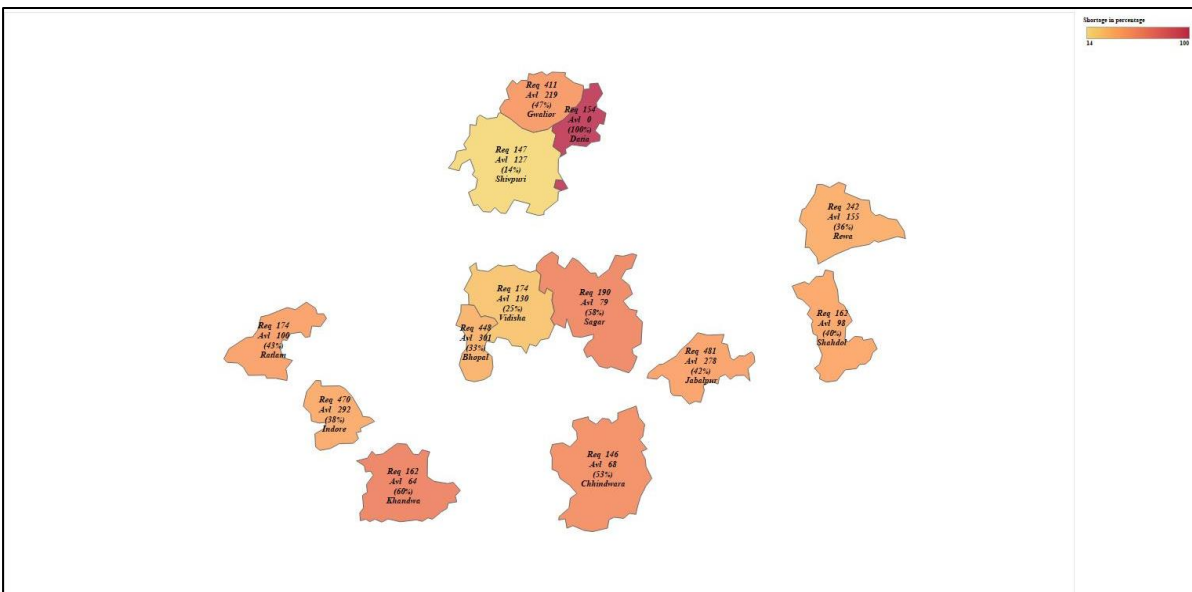
(Source: Information furnished by Medical Colleges)

b. Nursing Staff availability in Medical Colleges: Shortage of Nursing Staff ranged between 12 and 95 per cent as depicted in State Map 2.11.



(Source: Information furnished by Medical Colleges)

c. Paramedical Staff availability in Medical Colleges: Shortage of Paramedical Staff ranged between 14 and 100 per cent as depicted in State Map 2.12.



(Source: Information furnished by Medical Colleges)

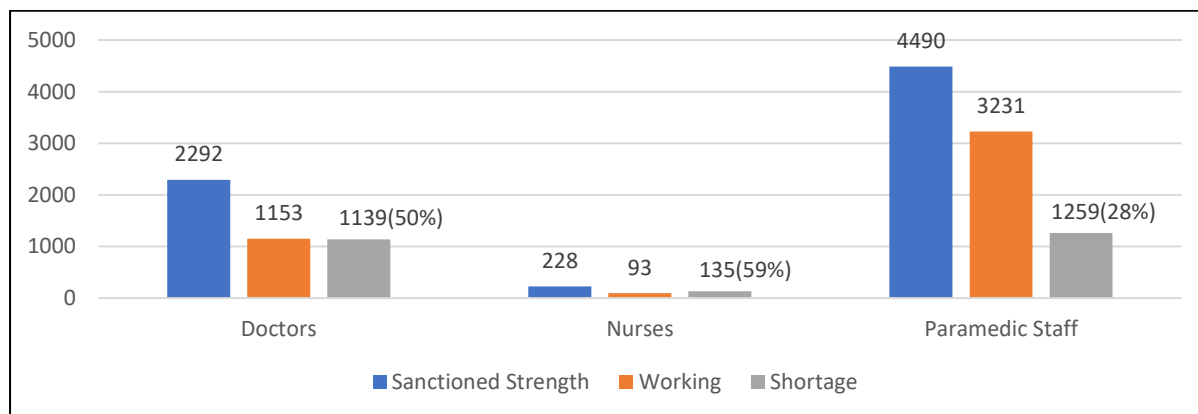
Each medical college recruits its staff on its own. Audit found that out of 13 medical colleges, 11 medical colleges made efforts to recruit teaching staff viz. professor, Associate professor, Assistant professor. In these 11 medical colleges, due to non-availability of competent candidates, posts of teaching staff were not filled. Information of recruitments made by GMC, Bhopal and GRMC, Gwalior was not provided. For the post of nursing and paramedical staff, regular recruitment efforts were not made by the medical colleges.

No reply was furnished by the department.

2.4 Status of human resource in AYUSH Department

AYUSH services are provided through nine¹ AYUSH Teaching Hospitals (ATHs), 23 District AYUSH Hospitals² (DAHs) and 1773 AYUSH Dispensaries in the State. The status of shortage of human resource is given in **Chart 2.2** below:

Chart 2.2: Status of shortage of human resource in AYUSH Department as on 31 March 2022



(Source: Information collected from Directorate, AYUSH)

It is evident from the above chart that shortage of human resource ranged between 28 and 59 *per cent*. The availability of doctors, nurses and paramedical staff in AYUSH hospitals and Dispensaries against the sanctioned posts are discussed as below.

2.4.1 Availability of AYUSH Doctors, Nurses and Paramedics in ATHs

Data collected from all the ATHs of the State revealed that there were only 203 doctors against the sanctioned strength of 308 doctors, 76 Nurses against the sanctioned strength of 149 Nurses and only 261 paramedics against sanctioned strength of 412 Paramedics in the State. Thus, the shortage of doctors, nurses and paramedics was 34, 49 and 37 *per cent* respectively. The ATH wise availability of doctors, nurses and paramedics in the State as on 31 March 2022 are as given in the **Appendix 2.11**.

2.4.2 Availability of AYUSH Doctors, Nurses, and Paramedics in DAHs

Data collected from all the DAHs of the State revealed that the shortage of doctors, nurses and paramedics in DAHs was 24, 78 and 16 *per cent* respectively. Availability of doctors, nurses and paramedics in all 23 DAHs in the State as on 31 March 2022 are given in **Appendix 2.12**.

2.4.3 Availability of AYUSH Doctors and Paramedics in Ayush Dispensaries.

AYUSH Dispensaries services were under the administrative control of District AYUSH Officers (DAOs). The Data collected from all the DAOs of the State revealed that only

¹ Government Ayurvedic College Bhopal, Burhanpur, Gwalior, Jabalpur, Indore, Rewa and Ujjain, Government Homeopathic College, Bhopal and Government Unani College, Bhopal (total nine).

² Balaghat, Betul, Bhopal, Chhatarpur, Chhindwara (Tamia), Chhindwara (Navegaon), Damoh, Dhar (two), Hoshangabad, Indore, Jhabua, Khargone, Mandla, Mandsaur, Morena, Ratlam, Sagar, Satna, Seoni, Shahdol, Shivpuri and Sidhi.

Table 2.3: Posting of doctors in excess of sanctioned strength

Sl. No.	Name of DH	Name of Post	Sanctioned post	Person in position	Excess posting
1	Agar	Dental Surgeon	1	2	1
2	Barwani	Medical Officer	21	23	2
3	Bhind	Medical Officer	21	28	7
4	Bhopal	Psychiatrist	0	1	1
5	Datia	Medical Officer	23	25	2
6	Dhar	Medical Officer	21	23	2
7	Gwalior	Medical Officer	19	34	15
	Gwalior	Obstetrician and Gynecologist	3	4	1
8	Indore	Dental Surgeon	2	3	1
9	Khargone	Dental Surgeon	2	3	1
	Khargone	Medical Officer	21	25	4
10	Narsinghpur	Civil Surgeon	0	1	1
11	Neemuch	Dental Surgeon	1	2	1
12	Ratlam	Psychiatrist	0	1	1
13	Rewa	Medical Officer	17	28	11
	Rewa	Obstetrics and Gynecologist	2	3	1
14	Sagar	Dental Surgeon	2	3	1
15	Sehore	Civil Surgeon	0	1	1
16	Shivpuri	Medical Officer	25	26	1
17	Tikamgarh	Medical Officer	19	24	5
Total			200	260	60

(Source: Information provided by DHS, Bhopal)

It is evident from the above table that 60 doctors were posted in excess of sanctioned strength in 17 DHs whereas, 575 PHCs of the State were running without posting of any Medical Officer. Thus, rationalisation of posts was not done by the State level.

On this being pointed out, Government replied (April 2023) that posting of doctors was done on the basis of sanctioned post in healthcare institutions only. In some exceptional cases, the specialists are posted on vacant post of the other specialists, but it remains under the total overall sanction of the healthcare facility.

The reply is not acceptable as many healthcare institutions of the State are functioning without specialists/doctors as discussed above whereas, in above 17 DHs, doctors have been posted in excess of sanctioned posts. Further, the excess posting of doctors was done against which vacant post, was not provided to audit.

2.6 Status of shortage of manpower in selected districts

Audit noticed in selected districts that there was huge shortfall of manpower against the sanctioned strength of healthcare staff.

2.6.1 Shortfall in District Hospitals

Shortfall of Specialist, Medical Officers, Nursing, Paramedical and Administrative Staff, Ward boys and Peons is given in **table 2.4**.

Table 2.4: Shortage of manpower in DHs

Name of DH	Year 2021-22 (shortage in <i>per cent</i>) as on 31.03.2022			
	Grade-I (Specialist Doctors)	Grade-II (Medical Officers)	Grade-III (Nursing, Paramedical and Administrative Staff)	Grade-IV (Ward boys, Peons etc.)
Barwani	88.23	8.00	36.01	50.40
Bhopal	47.92	5.71	20.88	37.41
Chhatarpur	61.76	14.71	22.03	42.05
Dhar	81.25	6.06	26.90	68.53
Gwalior	13.63	21.43	9.50	27.78
Harda	88.46	15.00	33.54	65.85
Jabalpur	56.41	14.29	7.46	56.52
Mandla	56.60	31.82	20.69	37.03
Rewa	73.08	0.00	25.60	14.29
Ujjain	51.16	19.44	24.54	60.36

(Source: Test checked DHs)

It may be seen from Table above that:

- In test checked DHs, there was shortage ranging between 13.63 *per cent* (DH Gwalior) and 88.46 *per cent* (DH Harda) of Grade-I staff.
- In Grade II posts, there was no shortage of staff in DH Rewa, In other DHs the shortage ranged between 5.71 *per cent* (DH Bhopal) and 31.82 *per cent* (DH Mandla).
- In Grade-III posts, the shortage of manpower ranged between 7.46 *per cent* (DH Jabalpur) and 36.01 *per cent* (DH Barwani).
- In Grade-IV posts, the shortage of staff ranged between 14.29 *per cent* (DH Rewa) and 68.53 *per cent* (DH Dhar).

Thus, due to shortage of required manpower, the quality of health services in these hospitals were affected. No reply was furnished by the department.

2.6.2 Shortage of staff in Civil Hospitals of selected Districts

Table 2.5: Shortage of doctors and other supporting staff in CHs as on 31.03.2022

District	Number of CHs	Doctors				Other Staff			
		Sanctioned Strength	Person in position	Shortage	Shortage in <i>per cent</i>	Sanctioned Strength	Person in position	Shortage	Shortage in <i>per cent</i>
Barwani	1(Sendhawa)	23	7	16	69.57	107	57	50	46.72
Bhopal	1(Bairasia)	13	9	4	30.77	65	46	19	29.23
Dhar	1(Kukshi)	13	10	3	23.08	91	61	30	32.96
Gwalior	2(Dabra, Hazira)	46	26	20	43.48	289	177	112	38.75
Jabalpur	3(Shihoda, Ranjhi, Rani Durgawati)	58	23	35	60.34	200	136	64	32.00
Mandla	1(Nainpur)	14	2	12	85.71	183	119	64	34.97

District	Number of CHs	Doctors				Other Staff			
		Sanctioned Strength	Person in position	Shortage	Shortage in per cent	Sanctioned Strength	Person in position	Shortage	Shortage in per cent
Rewa	3(Sirmor, Mauganj, Teonthar)	48	14	34	70.83	151	91	60	39.74
Ujjain	4(Badnagar, Mahidpur, Nagda, Khachrod)	53	17	36	67.92	190	103	87	45.79

(Source: Records of office of CMHOs of selected Districts)

It is evident from the table that in CHs of eight test checked Districts, the shortage of doctors against sanctioned strength ranged between 23.08 per cent (CH Kukshi, Dhar) and 85.71 per cent (CH Nainpur, Mandla).

Apart from doctors, the shortage of other staff (paramedical, nursing and other supporting staff), in selected CHs ranged between 29.23 per cent (CH Bairasia, Bhopal) and 46.72 per cent (CH Sendhawa, Barwani).

Shortage of doctors and other staff affected the health services in above CHs. No reply was furnished by the department.

2.6.3 Shortage of staff in CHCs of selected Districts

Table 2.6: Shortage of doctors and other supporting staff in CHCs as on 31.03.2022

District	Number of CHCs	Doctors				Other Staff			
		Sanctioned Strength	Person in position	Shortage	Shortage (in per cent)	Sanctioned Strength	Person in position	Shortage	Shortage (in per cent)
Barwani	8	54	18	36	66.67	310	208	102	32.90
Bhopal	2	11	5	6	54.55	48	35	13	27.08
Chhatarpur	10	59	20	39	66.10	213	141	72	33.80
Dhar	15	94	35	59	62.77	482	301	181	37.55
Gwalior	3	18	7	11	61.11	205	110	95	46.34
Harda	4	24	10	14	58.33	119	64	55	46.22
Jabalpur	6	47	12	35	74.47	439	314	125	28.47
Mandla	8	34	3	31	91.18	896	584	312	34.82
Rewa	8	51	16	35	68.63	277	184	93	33.57
Ujjain	5	32	10	22	68.78	117	64	53	45.30

(Source: Records of office of CMHOs of selected Districts)

It is evident from the table above that in District Mandla, there was shortage of 91.18 per cent of doctors. Out of eight CHCs of District Mandla, no doctors were posted in five CHCs⁴.

⁴ CHCs Bichhiya, Narayanganj, Bijadandi, Niwas and Mawai

In District Bhopal, there was posting of one excess medical officer in CHC Gandhinagar and in CHC Kolar, two gynaecologists and one pediatrician were posted in excess of sanctioned strength.

In CHC Jharda of district Ujjain, one Medical Officer (MO) and in CHC Ghatiya, two MOs and one Lab Technician were posted in excess of sanctioned strength. It was also noticed that there was shortage of other staff ranging between 28 and 46 *per cent*.

From above facts, it cannot be ruled out that the patients were deprived of quality healthcare services in CHCs due to shortage of required staff. No reply was furnished by the department.

2.6.4 Shortage of staff in PHCs of selected Districts

Table 2.7: Shortage of doctors and other supporting staff in PHCs as on 31.03.2022

District	Number of PHCs	Doctors				Other Staff			
		Sanctioned Strength	Person in position	Shortage	Shortage (in per cent)	Sanctioned Strength	Person in position	Shortage	Shortage (in per cent)
Barwani	28	35	30	5	14.29	251	153	98	39.04
Bhopal	9	14	11	3	21.43	62	43 ⁵	19	30.64
Chhatarpur	36	45	26	19	42.22	174	123	51	29.31
Dhar	47	59	43	16	27.12	329	195	134	40.73
Gwalior	15	23	18	5	21.74	186	97	89	47.85
Harda	6	9	8	1	11.11	40	11	29	72.50
Jabalpur	32	40	16	24	60.00	402	307	95	23.63
Mandla	32	41	22	19	46.34	179	100	79	44.13
Rewa	28	37	20	17	45.95	200	99	101	50.57
Ujjain	22	34	20	14	41.18	178	106	72	40.45

(Source: Records of office of CMHOs of test checked Districts)

As per above table, there was shortage of doctors in PHCs of all the test checked districts. Thus, PHCs of selected districts were running with deficient posting of MOs ranging between 11.11 *per cent* and 60 *per cent*. Apart from doctors, there was shortage of paramedical and other supporting staff ranged between 23.63 *per cent* (PHCs of Jabalpur district) and 72.50 *per cent* (PHCs of Harda district). Thus, people of rural area were deprived of required basic healthcare services as desired from PHCs.

In reply Government stated (April 2023) that State has made continuous efforts to fill the vacant posts by various means either through contractual or regular basis. The Department has planned for posting of total 6,845 posts in upcoming six months including 893 posts of class-I officers, 1,734 posts of class-II officers, 4,182 posts of Class-III and 36 posts of class-IV staff.

The fact remains that filling up of vacant posts remained limited to planning level only and could not be executed as very marginal increase in number of filled posts was noticed as per

⁵ Four excess ANMs were posted in three PHCs and one ward boy was posted in one PHC of District Bhopal.

data furnished by the Government. Further, no supporting documents related to filling up of vacant posts were furnished to audit.

2.7 Impact on services due to non-availability of human resource

2.7.1 Non-availability of quality of Operation Theatre services due to lack of human resource

As per IPHS norms, operation theatres usually have a team of surgeons, anesthetists and nurses to operate upon or to take care of the patients.

Due to unavailability of specialized/ trained human resource, quality of operation theatre services was not available in below mentioned health care institutions (under PH&FWD) of the test checked districts:

**Table 2.8: Unavailability human resource to operate the OT in DHs, CHs and CHC
(as on 31.03.2022)**

Name of speciality	Unavailability in DH	Unavailability in CH	Unavailability in CHC
Anaesthetist	Barwani	Kukshi, Berasia, and Rani Durgawati Hospital (Jabalpur)	Gandhinagar, Kolar, Badnawar, Bhitwar, Mohana, Timarni, Majholi and Bichhiya
Surgeon	Dhar, Harda and Rewa	Kukshi, Sendhwa and Berasia,	Gandhinagar, Badnawar, Bhitwar, Mohana, Timarni, Majholi and Bichhiya
OT Technician	Chhatarpur, Dhar, Harda, Rewa and Ujjain, Barwani, Bhopal, Mandla, Jabalpur	Berasia, Kukshi, Sendhwa and Rani Durgawati Hospital (Jabalpur)	Gandhinagar, Kolar, Badnawar, Bhitwar, Mohana, Timarni, Majholi and Bichhiya
OT Nurse	Dhar, Harda, Barwani, Ujjain, Rewa, Gwalior, Bhopal, Mandla and Jabalpur	Not mandatory	Not mandatory

(Source: test checked DHs and CHs)

It cannot be ruled out that patients who require surgical interventions had to either visit other nearby DHs or had to avail the services of private hospitals at their own cost. No specific reply was furnished by the department.

2.7.2 Shortage of manpower in SNCU

IPHS standards prescribed that one nurse in each shift should be deployed for Special Newborn Care Unit (SNCU) to cater the needs of three to four babies admitted in SNCU.

In selected DHs, audit noticed that nurse baby ratio in these DHs were not as per IPHS norms to provide quality health care services. SNCU services were compromised due to shortage of nurses. Status of nurse baby ratio is given in **table 2.9** below:

Table 2.9: Range of Average nurse baby ratio

Name of DH	Barwani	Bhopal	Chhatarpur	Dhar	Gwalior	Jabalpur	Mandla	Rewa	Ujjain
Range of Average nurse baby ratio in five sampled months	1:5 to 1:8	1:4 to 1:9	1:9 to 1:10	1:5 to 1:13	1:3 to 1:10	1:3 to 1:5	1:4 to 1:6	1:5 to 1:13	1:3 to 1:7

(Source: Test checked DHs)

Details are given in *Appendix- 2.14*.

We noticed in most of the SNCUs of test checked DHs, nurse/baby ratio remained below the IPHS standards in the selected months⁶ and it ranged up to 1:13 as mentioned in **table 2.9** above.

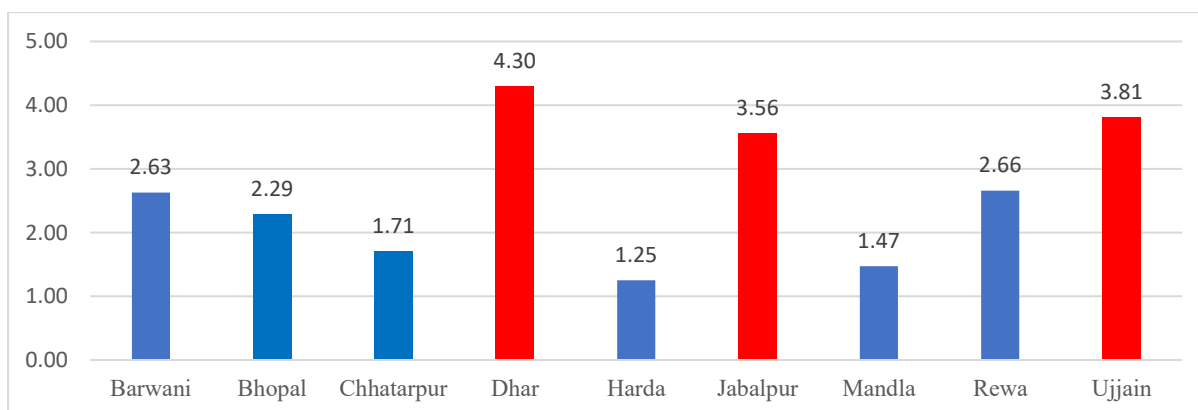
Thus, there was huge patient load on nurses in the SNCUs.

No reply was furnished by the department.

2.7.3 Shortage of nursing staff in ICUs of DHs

As per IPHS Standards, there should be one nursing staff for each Intensive Care Unit (ICU) bed. Scrutiny of records of selected months related to status of patient load per nurse in ICUs of selected DHs revealed that due to shortage of nursing staff, there was huge patient load on nurses of ICU. Audit noticed that the average patient load per nurse during above five selected months in nine selected DHs (except DH, Gwalior where ICU started functioning from 2021) is shown in **Chart 2.3** below:

Chart 2.3: Status of patient load per nurse in ICU



(Source: Records of ICUs of selected DHs)

It can be seen from the above Chart that patient load per nurse was alarmingly high in DHs Dhar, Jabalpur and Ujjain, while in other selected DHs, there was shortage of availability of nurses as per IPHS norms.

No reply was furnished by the department.

⁶ May 2017, August 2018, November 2019, February 2021 and May 2021.

2.7.4 Shortage of Human Resource in Maternity wings

As per Maternal and Newborn Health (MNH) Toolkit 2013, for quality service delivery with dignity and privacy to clients, adequate human resource, i.e. gynaecologists, surgeons, nurses etc. is required for providing best possible care during pregnancy, delivery and postpartum period. The Number of human resource required for maternity wing depending on number of deliveries per month in a DH is depicted in **Table 2.10**:

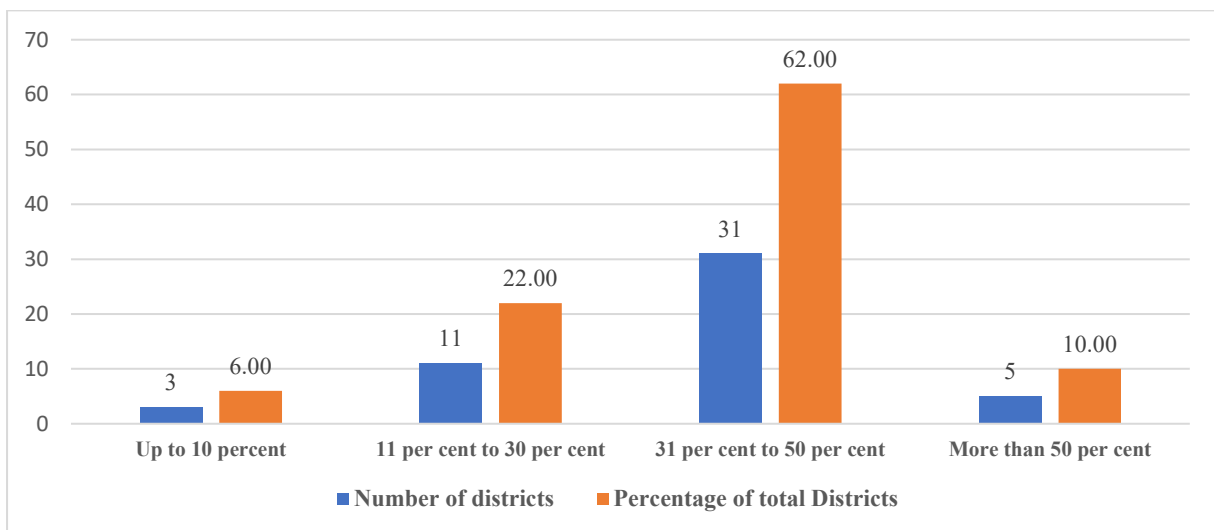
Table 2.10: Human resource required in maternity wing

Number of deliveries per month	Required number of human resource
Up to 100	13
101 to 200	29
201 to 500	59
501 and above	67

Audit noticed that there was huge shortage of manpower in the maternity wing of all DHs of the State and the unavailability of required manpower against MNH tool kit norms ranged between one and 61 *per cent* in the DHs. The details of shortage of HR in maternity wing of DHs is given in *Appendix-2.15*.

The unavailability of manpower in district hospitals is depicted in following **chart 2.4**.

Chart 2.4: Shortage of HR in maternity wing of District Hospitals in the State as on 31 March 2022



(Source: Information furnished by DHs of all districts)

No reply was furnished by the department.

2.7.5 Shortage of HR in selected CHs against MNH tool kit

Table 2.11: Shortage of staff in maternity wing of CHs as on 31.3.2022

Name of District	Name of Hospital	Average no. of monthly deliveries	Required number of staff as per MNH toolkit norms	Shortage of staff	Shortage in per cent
Barwani	CH Sendhwa	225	59	26	44
Bhopal	CH Berasia	229	59	41	69
Dhar	CH Kukshi	223	59	44	75
Gwalior	CH Hazira	96	13	4	31
Jabalpur	CH RDH	759	67	10	15
Mandla	CH Nainpur	104	29	11	38
Ujjain	CH Badnagar	220	59	38	64

(Source: Test checked CHs)

It is evident from the above table that shortage of HR in maternity wing in test checked CHs ranged between 15 per cent (CH, RDH) and 75 per cent (CH, Kukshi).

- Major shortfalls were in CHs Badnagar (64 percent) and Berasia (69 per cent) and Kukshi (75 per cent).
- In CH Teonthar (District Rewa), no dedicated staff nurse was posted in Maternity Wing. The posting of nurses in maternity wing was done as per roster of the District Hospital.
- Auxiliary Nurse and Midwife (ANMs) whose services are critical for the delivery of maternity services, were not deployed in two CHs (Kukshi and Badnagar).

No reply was furnished by the department.

2.7.6 Non-availability of Gynaecologists in CHs and CHCs

As per IPHS norms, Obstetrician and Gynaecologists should necessarily be available in all the CHs and CHCs for providing maternity services to patients.

In selected eight CHs, audit noticed that against the provision of IPHS norms, Gynaecologist was not deployed in three CHs⁷ during 2017-22 and in CH Sendhwa (Barwani), Gynaecologist was not deployed during 2019-22.

The situation was very poor in CHCs as out of 20 test checked CHCs, regular Gynaecologist was available only in CHC Kolar (Bhopal) during 2017-22 and in CHC Gandhi Nagar (Bhopal) during 2017-21. In CHC Mohna (Gwalior), Gynaecologist was posted only for two years i.e. during 2017-18 and 2018-19.

In the absence of a Gynaecologist in these CHs and CHCs, the pregnant women remained deprived of obtaining specialised Ante Natal Care (ANC) services. In pregnancy related complications such as haemorrhage, hypertension or fits and unsafe abortions, correct diagnosis and appropriate treatment by specialist doctors were not available.

No reply was furnished by the department.

⁷ Nainpur (Mandla), Teonthar (Rewa) and Badnagar (Ujjain).

2.7.7 Non deployment of human resource in Trauma Care Centre

As per the order of PH&FWD (February 2018), for establishment of Trauma Care Centre in each district, 60 number of manpower of different speciality and general cadre were sanctioned.

Audit noticed that as on 31 March 2022, in Trauma Care Centres of 26 districts⁸, human resource i.e., doctors, nurses and para medics were not posted. Due to non-deployment of human resource, Trauma Care Centres of these 26 districts remained non-functional.

No reply was furnished by the department.

2.7.8 Non availability of Specialist Human Resource for Specialist services

IPHS guidelines prescribed that different type of specialist services were to be available in DHs, CHs, and CHCs.

Audit noticed that due to non-availability of Specialist Human Resource, these services were not provided in selected health care institutions. Details of unavailability of Specialist Human Resource and services being affected is given in **Table 2.12** below:

Table 2.12: Non-availability of specialist services as on 31 March 2022

Sl. No.	Non-availability of services	Number of test checked health institutions	Reasons of non-availability
1	Specialist General Medicine service	CH -8 CHC-18	Non-availability of general medicine specialist doctor.
2	General Surgery	CH - 4 CHC- 19	Non-availability of Surgeon and Anaesthetist
3	Obstetrics and Gynaecology	CH -4 CHC- 19	Non-availability of Gynaecologist
4	Paediatric services	CH - 5 CHC- 16	Non-availability of Paediatrician
5	Ophthalmology	DH - 2 CH - 2 CHC- 8	Non-availability of ophthalmologist
6	Ear Nose Throat (ENT)	DH - 7 CH - 5 CHC- 15	Non-availability of ENT specialist
7	Orthopaedic services	DH - 3 CH - 4 CHC- 11	Non-availability of Orthopaedician
8	Radiology and Imaging services	CH - 1 CHC- 3	Non-availability of technicians
9	Psychiatry services	In all the test checked health institutions except DH Jabalpur	Non-availability of Psychiatrist
10	Dental services	DH-1 CH - 4 CHC- 19	Non-availability of Dentist
11	Physiotherapy services	In none of the test checked CHCs	Non-availability of Physiotherapist

(Source: Selected DHs, CHs and CHCs)

⁸ Agar Malwa, Alirajpur, Ashoknagar, Balaghat, Burhanpur, Damoh, Dhar, Dindori, Hosangabad, Kargone, Mandla, Mandsaur, Narsinghpur, Neemuch, Raisen, Rajgarh, Sagar, Satna, Sehore, Seoni, Sheopur, Shivpuri, Sidhi, Singrauli, Tikamgarh, Umari.

Details are given in *Appendix 2.16*.

On this being pointed out, Government replied (April 2023) that GoMP is providing all necessary health services free of cost in all healthcare institutions. The in-charge of the healthcare facility manages the OPD services and alternatively assigns duties as and when required. There is provision of hiring selective specialist HR on case-to-case basis under NHM, this is being done by CMHOs and BMOs to provide the specialist care services to the public.

The reply is not acceptable as during field visits, audit noticed that healthcare services as mentioned in above Table were not found to be available in selected healthcare institutions. Further, Medical Officers in absence of specialists, were not able to ensure quality healthcare services in all the departments like Surgery, OBG, ENT, psychiatry etc. Government did not furnish duty roster/supporting document regarding assignment of duties along with reply for verification by audit.

2.8 Training and Capacity Building

As per IPHS norms, training of all cadres of workers at periodic intervals is an essential component and function of DHs. Training need assessment/Skill Gap analysis should be done on regular basis and trainings should be planned accordingly. Both medical and paramedical staff is required to undergo Continuing Medical Education (CME) at regular intervals. DHs should also provide the opportunity for the training of medical and paramedical staff working in the institutions below district level such as skill birth attendant training and other skill development/management training to provide wide ranging technical and administrative support and education and training for primary health care. Regular training of Health care workers in patient safety, infection control and Bio-medical waste management was essential to be conducted. There should be provision for taking training feedback and assessing training effectiveness. In addition, it should provide facilities for skill based trainings. DHs also need to be ready for epidemic and disaster management all the times. The deficiencies noticed are given below.

2.8.1 Shortcomings in training and capacity building programs

During test check of records of selected DHs, shortcomings noticed are given in **Table-2.13** below:

Table 2.13: Shortcomings in training and capacity building

Type of shortcoming	Name of health institution.
Training need assessment/Skill Gap analysis not conducted.	All selected DHs.
Training plan/Training calendar not prepared.	All test checked DHs
Data base of trained staff not prepared so that after a regular interval training may be imparted.	All test checked DHs
Training of Skill birth attendants and other staff working in primary health centers were not conducted.	All test checked DHs

Due to not imparting training, patients were deprived of facility of C-section deliveries and Medical Termination of Pregnancy (MTP) were carried out by untrained staff as discussed in Paragraph 2.7.5, 3.7.4 of Chapter 3 and 4.3.7 of Chapter 4.

On this being pointed out, Government replied that trainings were conducted from time to time, the reply is not acceptable as training calendars or records related to trainings conducted during 2017-22 have not been furnished to Audit (May 2023).

In Department of AYUSH also, we noticed that the assessment of training needed for doctors, nurses and paramedical staff was not done at any level and no system for capacity building of doctors and paramedical staff was developed. The calendar of trainings was also not prepared. However, we noticed that a few trainings programmes for doctors, nurses and other staff were organized at various levels. Details of training programmes organised are given in *Appendix-2.17*, but the outcome of the training was not analysed at any level.



CHAPTER-3

Health Care Services

Chapter-3

Health Care Services

Highlights

- As per IPHS norms, 14 types of essential OPD services are required in DHs, but out of 14 services, only five types of OPD services (General Medicine, Obstetrics and Gynaecology, Pediatrics, Emergency and Dental Care) were available in all DHs of the state. In five DHs all the services were available, in remaining 46 DHs full range of OPD were not available.
- IPHS norms prescribe availability of 12 types of OPD services in Civil Hospitals (CHs), except Radiology and Imaging services, full range of OPD services were not available in all CHs.
- Among the six essential specialist OPD services required in Community Health Centers, "General Medicine" was available in all selected CHCs, whereas out of remaining five services, only few were available in CHCs.
- AYUSH Teaching Hospitals Gwalior, Jabalpur, Rewa, Ujjain and Unani Teaching Hospital Bhopal had lesser average number of OPD patients compared to what was required for student training.
- Male Medical Ward (MMW) and Female Medical Ward (FMW) were not available, in CH Teonthar. However, Male Surgical Ward (MSW) was not available in seven selected CHs (except CH Badnagar). Female Surgical Ward (FSW) was only present in CHs Berasia, Sendhwa and Badnagar.
- The unavailability of MSW, FSW, and Paediatric Wards in approximately 80 *per cent* of the selected CHCs indicated a substantial infrastructure gap compared to IPHS norms.
- Out of selected 10 DHs and eight CHs, five Civil Hospitals lacked Operation Theatre (OT) for elective major surgeries. Four CHs, and 12 CHCs had no OT for emergency/FW surgeries.
- The average Bed Occupancy Rate (BOR) in five District Hospitals (DHs) was below the norm of 80 *per cent* during 2017-22 in test-checked months, signalling a potential capacity issue. In contrast, DH Harda recorded a BOR of 154 *per cent*, indicating potential strain on resources and services of the DH.
- Out of eight tested CHs, data of BOR was maintained by six CHs only, out of which, BOR of five CHs (83 *per cent*) was below the IPHS norms of 80 *per cent*. Further, CH Rani Durgavati Hospital, Jabalpur had a high BOR of 121 *per cent*. Notably, selected 18 tested CHCs did not maintain BOR data, highlighting data management and oversight issues.
- The average bed occupancy in ATH, Jabalpur was less than 50 *per cent* of minimum required occupancy throughout the audit period.

- Out of total 93.88 lakh pregnant women (PWs) registered for antenatal care (ANC) from 2017-18 to 2021-22, only 63.98 lakh PWs (68 *per cent*) were registered within the first trimester of pregnancy. Additionally, 21.85 lakh PWs (23 *per cent*) did not receive recommended four ANC check-ups during their gestational period, indicating a significant gap in healthcare access.
- There was a substantial shortfall in the immunization of the Tetanus Toxoid (TT2) dose, affecting 32.30 lakh PWs, which accounted for 34 *per cent* of total ANC registrations and resulted in 240 cases of Tetanus neonatorum in the State during the audit period, highlighting the critical need for improved maternal and neonatal healthcare services.
- During 2017-18 and 2021-22, out of 64.82 lakh institutional deliveries conducted in the state, 6.70 lakh women (10 *per cent*), were discharged from the hospital within 48 hours of delivery, contravening the norms of Janani Shishu Suraksha Karyakram (JSSK).
- During 2017-18 to 2021-22, eight PHCs did not serve as delivery points as no deliveries occurred in these facilities. Further, out of these eight PHCs, seven had no patient admissions, except PHC Teesgaon.
- Out of 20 test checked CHCs, in 17 CHCs (85 *per cent*), C-section deliveries were not done during the entire audit period 2017-22.
- Out of eight selected CHs, three CHs (Hazira, Nainpur and Teonthar), had no blood storage unit. Similarly, out of 20 selected CHCs, only two CHCs (Badnawar and Majholi) had blood storage unit.
- 35.29 *per cent* DH of the State have no Dental X-ray, 35.29 *per cent* DH have no Color Doppler. Dental X-ray service in all test 20 CHCs and X-Ray service in six CHCs were not available. Ultrasonography service was available only in three CHCs.
- JAH, Gwalior Hospital experienced an average patient inflow of 272 patients per day, with an average waiting number of 107 patients and an average waiting time ranging from 16 to 24 days for Ultrasonography (USG) services.
- Organ Transplantation Committee for kidney transplantation permitted five patients for kidney transplantation patients to other hospitals despite functional kidney transplantation Unit in the Medical College Bhopal.
- The average shortage of Clinical Pathological Tests ranged between one and 10 tests, Biochemistry Tests ranged between one and eight tests, Shortage of Serology tests ranged between one and nine tests, and for five other essential tests, the deficiency ranged between one and five tests in the selected DHs. Notably, Microbiology tests were not available in eight of the selected DHs except DHs Bhopal and Gwalior) highlighting a significant gap in diagnostic capabilities.
- In eight selected CHs, non-availability of pathological tests ranged between two and 18 tests in the selected months. Similarly, in 20 selected CHCs during the period from 2017-18 to 2021-22, non-availability of pathological tests ranged between one and 17 tests in selected months.

- In 15 DHs, no separate trolleys were available for collection of clean and dirty linen. Further, infectious and non-infectious linen transportation in separate containers or bags was neglected in six DHs, highlighting pressing issues in linen management in these HIs.
- Sultania Zanana hospital, Bhopal had no ambulance since 2017. None of ambulances of selected HIs had full range of facilities required as per norms for Advanced Life Support or Basic Life Support ambulances.

3.1 Introduction

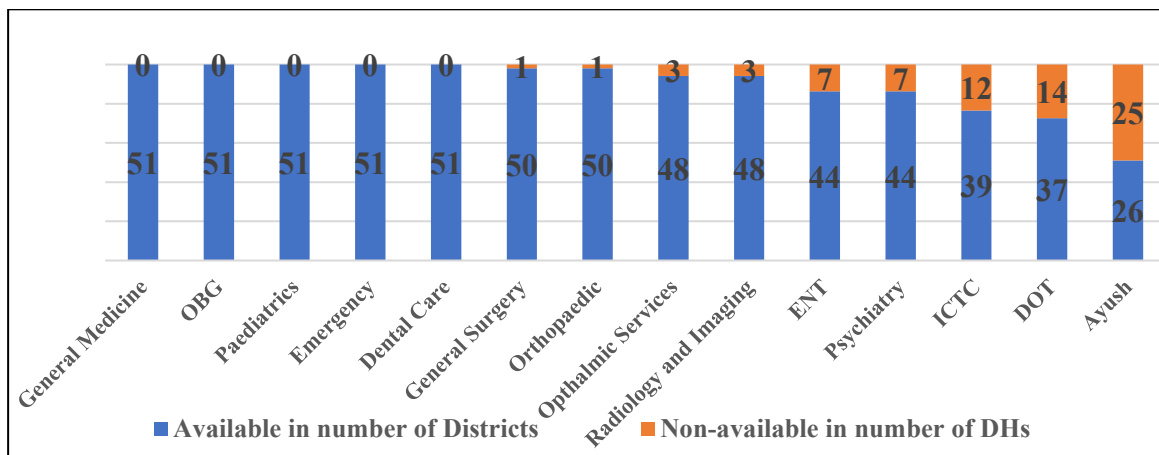
The primary aim of the National Health Policy, 2017 (NHP) is assuring availability of free, comprehensive primary health care services for all aspects of reproductive, maternal, child and adolescent health. Further, it also aimed to increase State spending on health sector to more than eight *per cent* of their budget by 2020. Audit observations regarding lack of healthcare facilities in public health care institutions are discussed in succeeding paragraphs:

3.2 OPD services

3.2.1 OPD services in District Hospitals

As per IPHS guidelines, there should be 14 types¹ of essential OPD services for patients in DHs. The overall status of OPD services in all DHs of the State is depicted in following **chart 3.1**. The details in this regard are given in *Appendix-3.1*.

Chart-3.1: Status of OPD services in DHs as on 31 March 2022



(Source: Information furnished by District Hospitals of all districts)

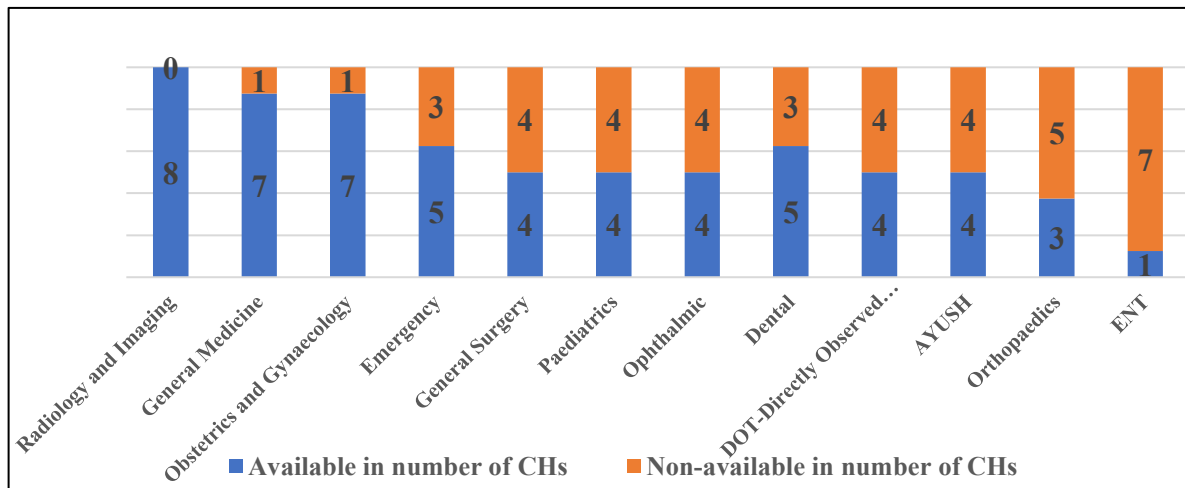
Thus, due to non-availability of specific OPD services in some DHs, patients were deprived of health services. No reply was furnished by the department.

¹ 1. General Medicine 2. General Surgery 3. Obstetrics and Gynaecology 4. Paediatrics 5. Emergency 6. Integrated Counselling and Testing Centre 7. Ophthalmic 8. Ear, Nose, Throat 9. Orthopaedics 10. Radiology and Imaging 11. Psychiatry 12 Dental care 13. DOT-Directly Observed Therapy and 14. AYUSH

3.2.2 OPD Services in Civil Hospitals (CHs)

As per IPHS norms, 12 essential specialist OPD services² are required to be available in CHs. During test check of records of eight selected CHs, audit observed that only Radiology and Imaging service was available in all the CHs. Status of non-availability of rest 11 services is shown in **Chart -3.2** below:

Chart-3.2: Status of OPD services in CHs as on 31 March 2022



(Source: Test checked CHs)

Thus, due to non-availability of some OPD services in CHs, patients were deprived of health services. The details in this regard are given in **Appendix-3.2**.

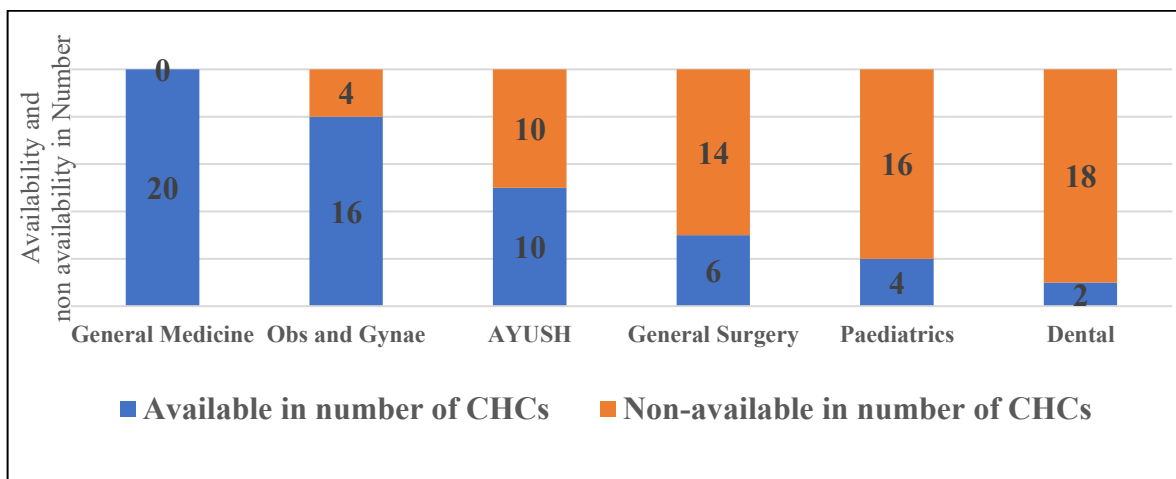
No reply was furnished by the department.

3.2.3 Availability of OPD Services in Community Health Centres (CHCs)

As per IPHS norms, six essential specialist OPD services³ are required to be available in CHCs. During tests check of records of 20 selected CHCs, audit observed that only General Medicine service was available in all the 20 CHCs. Status of non-availability of rest five service is shown in **Chart-3.3** below:

² 1. General Medicine 2. General Surgery 3. Obstetrics and Gynaecology 4. Paediatrics 5. Emergency 6. Ophthalmic 7. Ear, Nose, Throat 8. Orthopaedics 9. Radiology and Imaging 10. Dental care 11. DOT-Directly Observed Therapy and 12. AYUSH.
³ General Medicine, General Surgery, Obstetrics and Gynaecology, Paediatrics, Dental care and AYUSH.

Chart-3.3: Status of OPD services in CHCs as on 31 March 2022



(Source: Information collected from test checked CHCs)

The details in this regard are given in *Appendix-3.3*.

Due to unavailability of essential OPD services in selected CHCs, it cannot be ruled out that the patients had to suffer and either they had to avail the services of private hospitals or had to travel long distances to get the treatment from DHs.

No reply was furnished by the department.

3.2.4 Patient load in Ayush Teaching Hospitals

In AYUSH department, norms regarding patient load and future projection have not been framed. However, Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH) stipulated the norms for AYUSH educational institutions under which the teaching hospitals shall fulfil the statutory requirements. One of the conditions was the ratio of students with number of beds, In-Patient Department (IPD) bed occupancy and Out-Patient Department (OPD) attendance shall be 1:1 and 1:2, respectively for undergraduate course, as given in **Table-3.1** below:

Table 3.1: Details of bed occupancy and minimum average number of OPD patients

Intake capacity per year	Minimum number of beds in IPD on the 1:1 student bed ratio	Minimum per day average number of patients in OPD during last year (300 days) (1:2 student patient bed ratio)
60 students	60 beds	120
61 to 100 students	100 beds	200

(Source: CCIM guidelines)

During scrutiny of test checked AYUSH teaching Hospitals⁴, we observed that the average OPD patients per day during 2017-22 was as in **Table-3.2** below:

⁴ AYUSH Teaching Hospitals cover Ayurvedic Teaching Hospitals (ATHs), Unani Teaching Hospitals (UTHs) and Homeopathic Teaching Hospitals (HTHs)

Table-3.2: Details of average OPD patients for the period 2017-18 to 2021-22

Name of Test checked Ayush Teaching Hospitals (No. of seats)	Minimum number of OPD Patients required per day	Average OPD patients					Average of 5 years
		2017-18	2018-19	2019-20	2020-21	2021-22	
ATH, Bhopal (75)	200	462	530	466	129	246	367
ATH, Gwalior (75)	200	177	171	170	26	117	132
ATH, Jabalpur (75)	200	132	154	147	86	131	130
ATH, Rewa (75)	200	77	92	93	54	64	76
ATH, Ujjain (75)	200	176	76	214	144	222	166
UTH, Bhopal (75)	200	188	179	137	69	148	144
HTH, Bhopal (125)	200	465	494	461	250	308	396

(Source: Records of selected districts)

As evident from the above table, against the minimum requirement, the shortfall was noticed in ATH, Gwalior, Jabalpur, Rewa, Ujjain and UTH, Bhopal. We noticed that the number of OPD patients had decreased in ATH Bhopal, Gwalior, Jabalpur, Rewa, HTH, Bhopal and UTH, Bhopal during 2018-21. Thus, above hospitals failed to comply with the norms prescribed by the CCIM regarding OPD patients. No reply was furnished by the department.

3.2.5 OPD services in AYUSH Dispensaries

Apart from the AYUSH Hospitals, 1,773 AYUSH dispensaries were established in the State for OPD services. In test checked districts, we collected data for OPD patients for the period of 2017-18 to 2021-22 from 39 AYUSH dispensaries out of 352 dispensaries⁵. The average per day OPD patients in test checked dispensaries are given in **Table-3.3** below:

Table- 3.3: Details of dispensaries in test checked districts and average OPD patients

Test checked district	Total dispensaries	No. of test checked dispensaries	Range of average OPD patient per day during 2017-22
Barwani	26	3	16 to 24
Bhopal	25	3	20 to 49
Chhatarpur	31	3	10 to 28
Dhar	49	5	10 to 58
Gwalior	33	4	10 to 33
Harda	17	3	13 to 20
Jabalpur	41	4	5 to 33
Mandla	30	3	9 to 19
Rewa	66	7	14 to 43
Ujjain	34	4	19 to 50
Total	352	39	

(Source: Records of test checked districts)

⁵ 285 Ayurvedic dispensaries, 56 Homoeopathic dispensaries and 11 Unani dispensaries.

AYUSH department did not frame any norms regarding patient load for AYUSH dispensaries, though, we observed that the patient load in test checked AYUSH dispensaries ranged between five and 58. No reply was furnished by the department.

3.3 Indoor Patient Department (IPD) Services

3.3.1 Lack of IPD services in DHs

IPHS guidelines for DHs prescribe for availability of 20 types of wards⁶ in DHs having bed strength of above 200 and 14 types of wards⁷ in DHs having bed strength of 101 to 200.

During test check of records of 10 selected DHs, Audit observed that Male Medical Ward (MMW), Female Medical Ward (FMW), Male Surgical Ward (MSW), Female Surgical Ward (FSW), Paediatrics Ward, Critical Care Ward and Dialysis Unit was available in all the test checked DHs. The status of unavailability of other wards in test-checked DHs is given in **Table 3.4** below:

Table 3.4: Status of unavailability of IPD Services in DHs as on 31 March 2022

Name of IPD Ward	DHs where IPD facility was not available
Isolation ward	Chhatarpur, Gwalior, Ujjain and Rewa
Emergency Ward	Dhar, Mandla and Ujjain
Burn Ward	Bhopal, Gwalior, Mandla and Rewa
Orthopaedic Ward	Rewa
Ophthalmic Ward	Dhar
Post-operative Ward	Barwani

(Source: Test checked DHs)

We further noticed that due to absence of Isolation ward, Burn Ward and Post-operative Ward in the DHs as shown in above table, patients to be admitted in these wards were admitted in general ward as a result of which, on one hand, prevention of spread of infection to these patients must have been compromised and on the other hand, other patients admitted in general wards were also put at risk of getting infection from these patients. Thus, the safety and specific needs of patients were compromised.

No reply was furnished by the department.

⁶ General Medicine Ward, Newborn Ward, Mothers Room, Paediatrics Ward, Critical Care Ward, Isolation Ward, Dialysis Unit, Thoracic Medicine Ward, General Surgery Ward, Post-operative Ward (General Surgery), Accident and Trauma Ward, Labour Room, Labour Room (Eclampsia), Septic Labour Room, Ante-natal Ward, Post-natal Ward, Postpartum Ward, Post-operative Ward (C-section), Ophthalmology Ward and Burn Ward.

⁷ Same as for DHs having bed strength of above 200 excluding Dialysis Unit, Thoracic Medicine Ward, Labour Room (Eclampsia), Septic Labour Room, Post-operative Ward (C-section) and Burn Ward.

3.3.2 Lack of IPD services in CHs

IPHS norms prescribe for availability of IPD services for General Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics in CHs. During scrutiny of records of eight selected CHs, we noticed that CH Rani Durgawati (Jabalpur) was a women hospital so there were only Maternity and Paediatrics wards. The status of unavailability of wards against the IPHS norms in rest of the CHs is given in **Table 3.5** below:

Table 3.5: Status of unavailability of IPD Services in CHs as on 31 March 2022

Unavailability of essential indoor services	Name of CH
Male Medical Ward	Teonthar
Female Medical Ward	Teonthar
Male Surgical Ward	Unavailable in all the selected CHs (except CH Badnagar)
Female Surgical Ward	Unavailable in all the selected CHs except in Badnagar, Berasia, and Sendhwa
Paediatric Ward	Kukshi, Sendhwa, Teonthar, Berasia and Badnagar,
Maternity Ward	Teonthar

(Source: Joint physical verification during May 2022 and records of test checked CHs)

Audit noticed that:

- MMW and FMW were available in all the selected CHs except in CH Teonthar.
- MSW was not available in any of the test checked CHs (except CH Badnagar) and FSW was available only in CHs Badnagar, Berasia and Sendhwa.

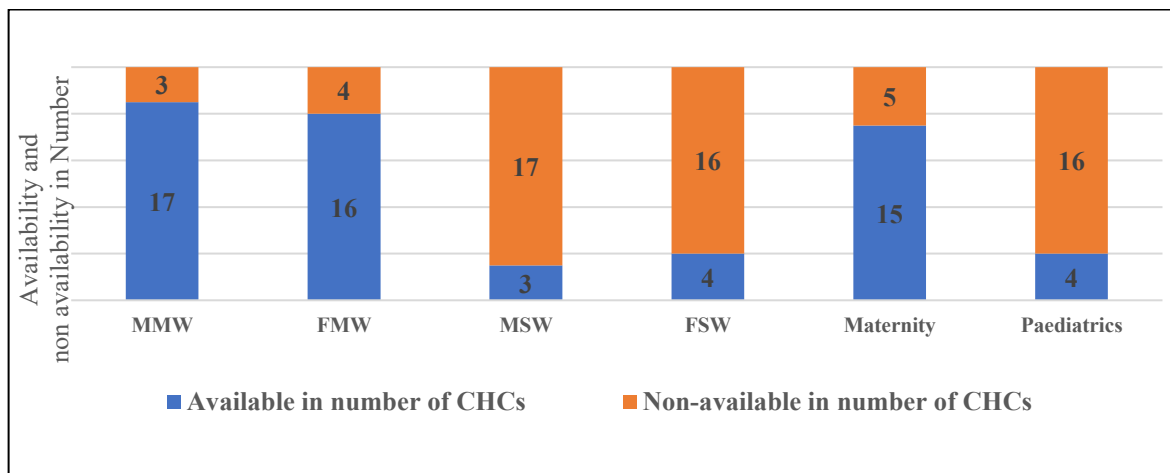
The details of unavailability of IPD Services in CHs are given in **Appendix- 3.4 (A)**.

Due to non-availability of separate MSW and FSW, patients who had undergone surgery were also admitted in MMW and FMW. So, these patients were put at risk of getting infection from other patients thereby safety and specific needs of these patients were compromised. No reply was furnished by the department.

3.3.3 Lack of IPD services in CHCs

IPHS norms prescribe for availability of IPD services for General Medicine, Surgery, Obstetrics & Gynaecology and Paediatrics in CHCs. The status of IPD services in 20 selected CHCs against the IPHS norms is given in **Chart 3.4** below:

Chart-3.4: Status of IPD wards in CHCs as on 31 March 2022



(Source: Joint physical verification and information collected from test checked CHCs)

The details of unavailability of IPD Services in CHCs are given in *Appendix- 3.4 (B)*.

It is evident from the above chart that MSW, FSW and Paediatric Ward was not available in 16 to 17 CHCs, which indicates that IPD services as per IPHS norms were not ensured in CHCs. No reply was furnished by the department.

3.3.4 IPD services in Government Medical Colleges (GMCs)

Medical Council of India has prescribed minimum required IPDs services depending upon annual admission capacity of medical college in Minimum Standard Requirements for the Medical College Regulations, 1999.

As per the department wise annual admission data of IPD services provided by test checked medical colleges, audit noticed that all types of IPD services prescribed in Minimum Standard Requirements for the Medical College Regulations, 1999 were available.

3.3.5 IPD services in AYUSH Hospitals

In MP AYUSH department, norms regarding department wise distribution of beds were not framed for DAHs.

We noticed that the ATH Bhopal, Rewa, HTH Bhopal, UTH Bhopal did not have any bed distribution among the departments as stipulated in the norms of CCIM. In ATH Jabalpur, we noticed that the hospital was running with 60 beds against the sanctioned 100 beds and department wise distribution of beds was also made as per 60 beds. No reply was furnished by the department.

3.4 Operation Theatre (OT) services

3.4.1 OT services in DHs, CHs and CHCs

IPHS guidelines prescribe availability of OTs for elective major surgery, emergency/FW surgeries and ophthalmology/ENT (Ear, Nose and Throat) for DHs having bed strength of 101 to 500 beds. Further, these guidelines prescribe availability of elective major and

emergency/FW OT for CHs having bed strength of 51 to 100 beds. Besides, these guidelines also prescribe availability of one OT in each CHC.

Out of 10 selected DHs, eight selected CHs and 20 CHCs, the status of unavailability of OTs for providing OT services to patients is given below in **Table 3.6:**

Table 3.6: Unavailability of OT services in DHs, CHs and CHCs (as on 31.03.2022)

Name of OT not available	Unavailability in DH	Unavailability in CH	Unavailability in CHC
OT for elective major surgeries	Nil	Badnagar, Nainpur, Sendhwa, Berasia and Teonthar	Not required
OT for emergency/ FW surgeries	Nil	Badnagar, Nainpur, Berasia and Teonthar	Warla, Silawad, Ishanagar, Khajuraho, Gandhwani, Handia, Panagar, Bamhni, Govindgarh, Simariya, Ingoriya and Tarana
OT for ophthalmology/ENT	Nil	Not mandatory	Not required

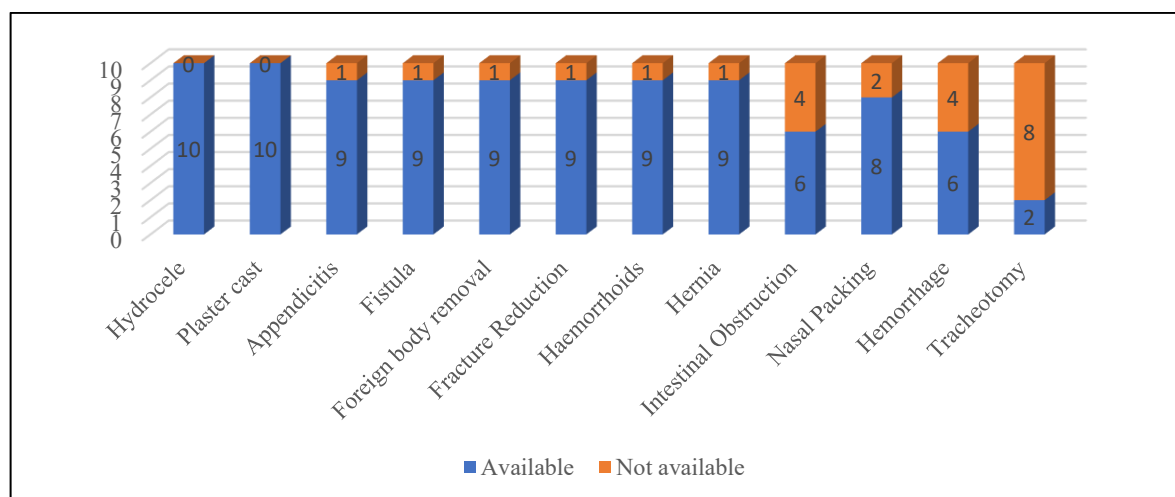
(Source: Test checked DHs and CHs)

Thus, due to non-availability OT services in CHs and CHCs the patients were deprived of even minor surgical interventions, thereby the patients had either to go to other nearby DHs or had to avail the services of private hospitals at their own cost. No reply was furnished by the department.

3.4.2 Surgical Procedures in DHs

As per IPHS norms, 12 surgical procedures should be available in all DHs. Analysis of data of 10 test-checked DHs revealed that the complete range of required procedures were not available. The status of non-availability of essential 12 surgical procedures is given in **Chart 3.5** below:

Chart 3.5: Status of Surgical Procedure in Selected Districts as on 31 March 2022



(Source: Information collected from test checked DHs)

Thus, due to non-availability of surgical procedures, patients were deprived of respective health services. Details are given in *Appendix 3.5*.

No reply was furnished by the department.

3.5 Evaluation of IPD services

As per IPHS norms, Bed Occupancy Rate (BOR) and Leave Against Medical Advice (LAMA) are the key performance indicators. On the basis of these indicators, quality of healthcare services provided through IPD services by 10 test-checked DHs, eight CHs and 20 CHCs during 2017-22 of selected months⁸ were test-checked.

The records related to BOR and LAMA were not maintained by DH, CH and CHCs of district Gwalior. The status of BOR and LAMA of remaining selected HIs is discussed below.

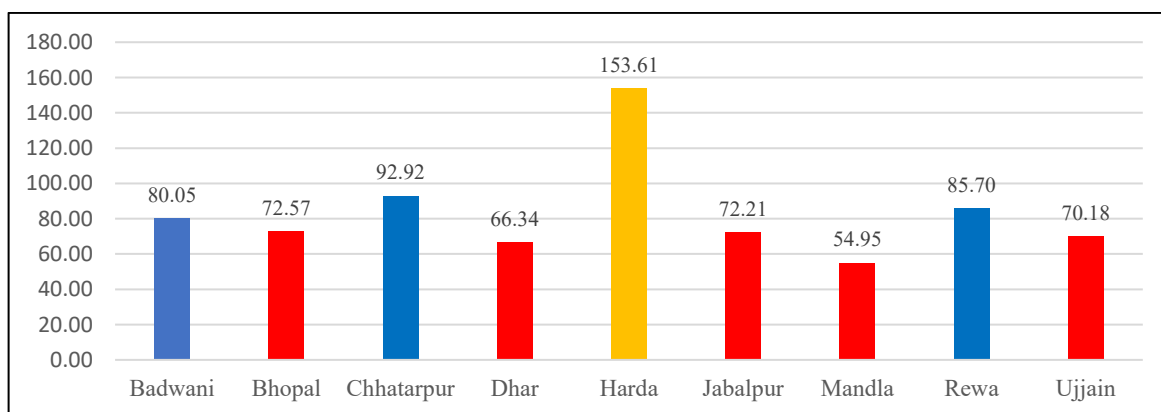
3.5.1 Bed Occupancy Rate

The BOR⁹ is an indicator of the productivity of the hospital services and is a measure of verifying whether the available infrastructure and processes are adequate for delivery of health services. As per IPHS, the BOR of hospitals should be at least 80 *per cent*.

(A) BOR in DHs

The average BOR during five selected months of nine selected DHs is shown in **Chart 3.6** below:

Chart-3.6: Average BOR of five selected months of nine selected DHs during 2017-22



(Source: Data collected from selected DHs)

As can be seen from the above Chart that the productivity of five DHs was below the norm of 80 *per cent* for the test-checked months. Further, BOR above 100 *per cent* was noticed in DH Harda which implied lack of adequate infrastructure in the DHs and led to strain on resources of the hospitals.

No reply was furnished by the department.

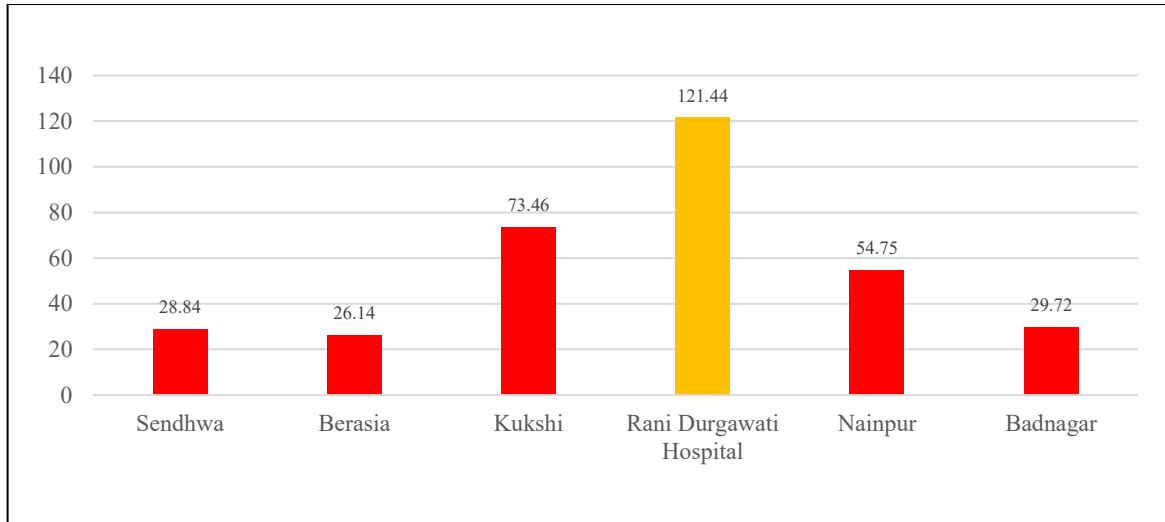
⁸ May 2017, August 2018, November 2019, February 2021 and May 2021.

⁹ Total patient bed days ÷ (Functional beds in Hospital X Calendar days in a month) X 100

BOR in CHs

The data of BOR was not maintained by CH Hazira and Teonthar. The average BOR of five selected months of remaining six selected CHs is shown in **Chart-3.7** below:

Chart-3.7: Average BOR of five selected months of six selected CHs during 2017-22 (in per cent)



(Source: Data collected from selected CHs)

As can be seen from the above Chart that out of eight test checked CHs, the data of only six CHs was made available to audit, out of which the productivity of five CHs was below the norm of 80 per cent for the test-checked months. Further, BOR of 121.44 per cent was noticed in Rani Durgawati Hospital, Jabalpur which implied lack of adequate infrastructure in the CH and led to strain on resources of the hospital.

No reply was furnished by the department.

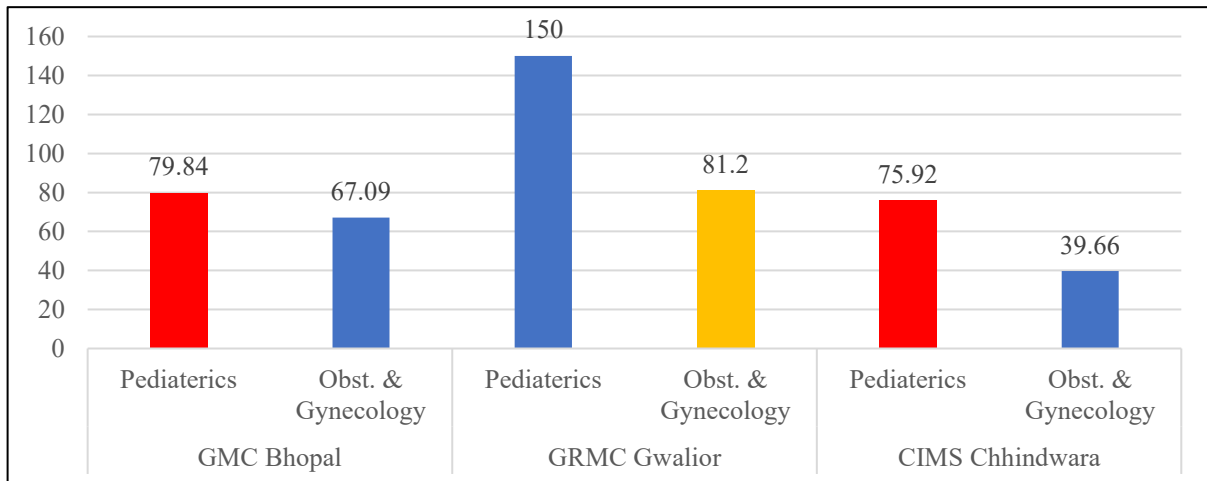
BOR in CHCs

Audit observed that records related to BOR were not maintained in 18 CHCs out of 20 test checked CHCs. Thus, in the absence of records related to BOR, it was not possible for audit to derive an assurance regarding the productivity of the test checked CHCs.

(B) BOR in Hospitals attached to Medical Colleges

As per MCI norms for 100 and 200/250 MBBS admissions seats in Medical Colleges, annual bed occupancy should at least be 60 and 75 per cent respectively in associated hospitals.

The average BOR during five selected months of two selected departments in test check Medical Colleges is shown in **Chart 3.8** below:

Chart 3.8: Average BOR (in *per cent*) of selected months during 2017-22

(Source: Records of test-checked Medical Colleges)

It is evident from the above that productivity of Obstetrics and Gynecology Department in GMC Bhopal and CIMS Chhindwara was below the norm of 75 and 60 *per cent* respectively. Further, BOR above 100 *per cent* was noticed in Pediatrics Department of GRMC Gwalior which implied lack of adequate infrastructure in the department and led to strain on resources of the hospitals.

No reply was furnished by the department.

(C) Average Bed Occupancy in Ayush Teaching Hospitals

As per para 7 of CCIM norms, the average bed occupancy of Ayush Teaching Hospitals per day should be 40 *per cent* of the number of beds available.

We noticed that the average BOR per day during 2017-22 was as per **Table-3.7** below:

Table- 3.7: Details of BOR during 2017-22

Name of Test checked hospital	BOR						
	Sanctioned beds	Minimum BOR	2017-18	2018-19	2019-20	2020-21	2021-22
ATH, Bhopal	150	60	84	79	87	18	41
ATH, Gwalior	100	40	53	48	55	9	5
ATH, Jabalpur	100	40	17	17	12	4	19
ATH, Rewa	100	40	54	54	56	20	6
ATH, Ujjain	100	40	51	52	53	2	13
HTH Bhopal	50	20	56	87	77	12	31
UTH Bhopal	100	40	79	82	38	2	11

(Source: Records of test checked units)

As evident from the above table, the average BOR in ATH, Jabalpur was less than 50 per cent of minimum required occupancy throughout the last five years. We noticed low bed occupancy in all seven-test checked hospitals in 2020-21 and 2021-22 (except HTH Bhopal in 2021-22) which was due to Covid-19.

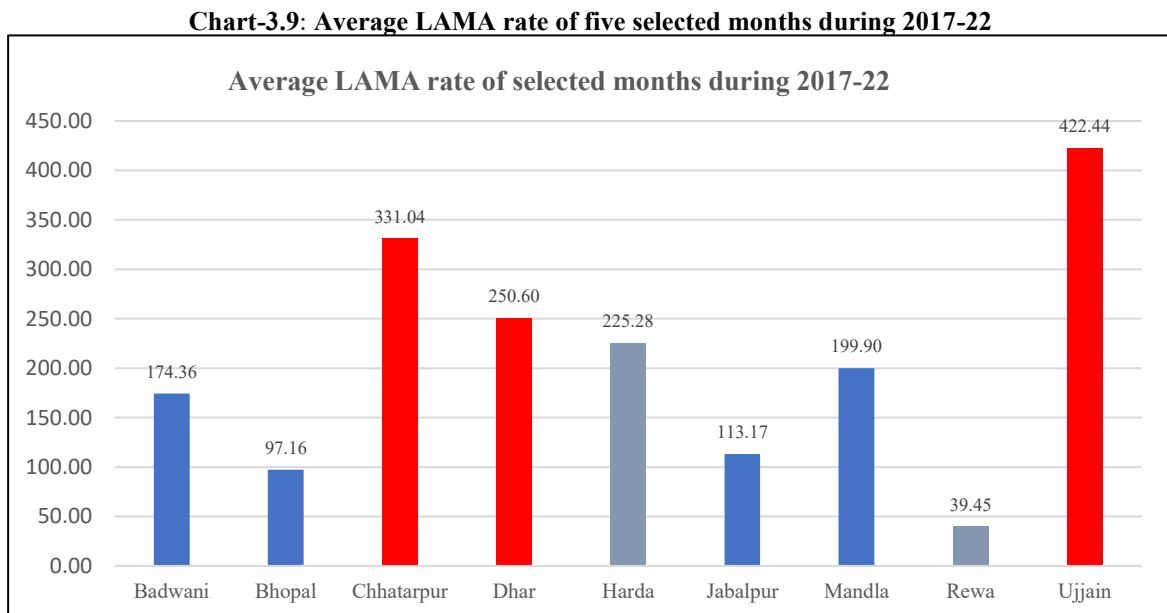
No reply was furnished by the department.

3.5.2 Leave Against Medical Advice

To measure service quality of a hospital, LAMA Rate¹⁰ is evaluated. LAMA is the term used for a patient who leaves the hospital against the advice of the doctor. LAMA rate is presented in succeeding paragraphs.

(A) LAMA in DHs

Data of LAMA rate was not maintained by DH Gwalior. The status of LAMA rate in remaining nine test checked DHs is given in **Chart 3.9** below:



(Source: Test checked DHs)

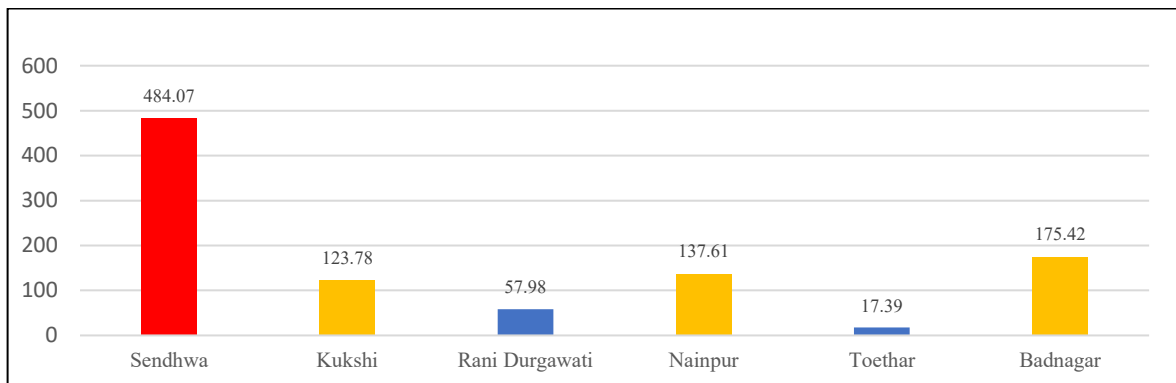
Thus, the LAMA rate was alarmingly high in DH Ujjain, Chhatarpur and Dhar indicating poor quality of health services.

No reply was furnished by the department.

(B) LAMA rate in CHs

Data of LAMA rate was not maintained by CH Hazira whereas in CH Berasia, there was no case of LAMA. The status of LAMA rate in remaining six test checked CHs is given in **Chart 3.10** below:

¹⁰ Total number of LAMA cases X 1000 ÷ Total number of admissions.

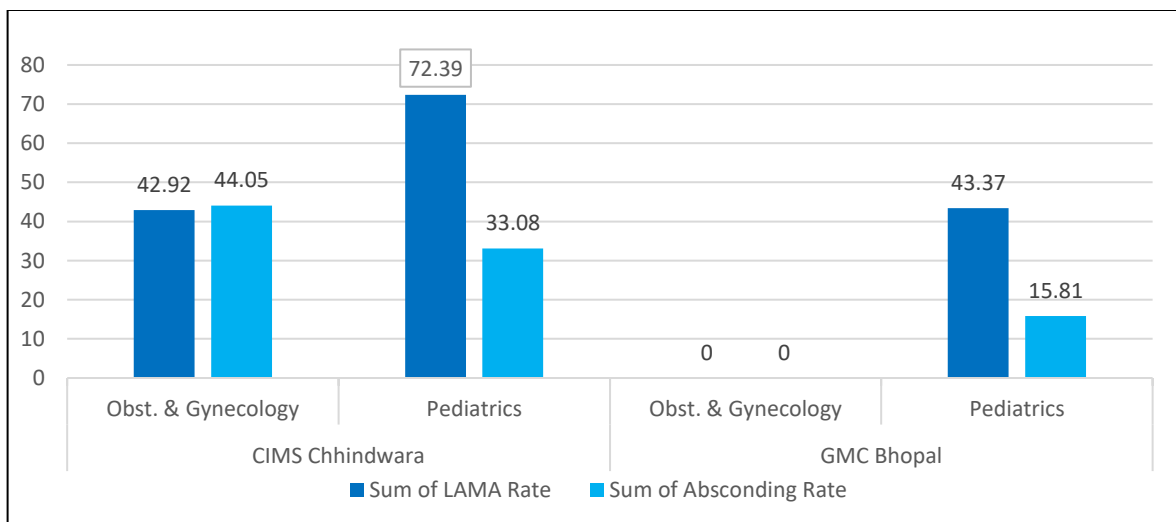
Chart-3.10: Average LAMA rate of selected months in test checked CHs during 2017-22

(Source: Test checked CHs)

It is evident from the chart that the LAMA rate was alarmingly high in CH Sendhwa whereas it was above 100 in CHs Kukshi, Nainpur and Badnagar. No reply was furnished by the department.

LAMA and Absconding rate of hospitals attached to Medical Colleges

LAMA rate and Absconding Rate¹¹ of five selected months of two selected departments of GMC Bhopal and CIMS Chhindwara is shown in **Chart 3.11** below:

Chart-3.11: Average LAMA rate of selected months during 2017-22

(Source: Records of test-checked Medical Colleges)

Data of LAMA and Absconding Rate was not maintained by the Obstetrics & Gynecology department and Pediatrics department of GRMC Gwalior.

Thus, substantially higher LAMA rate in these healthcare institutions is indicative of not providing quality healthcare service to the patients. No reply was furnished by the department.

¹¹ Absconding rate refers to patients who leave the hospital without informing the hospital authorities.

3.6 Emergency services

3.6.1 Availability of Intensive Care Unit (ICU) and High Dependency Wards in selected DHs

As per IPHS norms, ICU is essential for critically ill patients requiring highly skilled life-saving medical aid and nursing care. These include major surgical and medical cases such as head injuries, severe hemorrhage, poisoning, cardiac and respiratory diseases *etc.*

In selected DHs, audit observed that ICU services in DH Gwalior started from October 2021 and ICU of DH, Harda was non-functional during 2020-22 due to admission of COVID patients in ICU. Further, ICUs of DHs were required to establish High Dependency Wards (HDWs) also, but HDWs were not available in any DH except Bhopal. Due to non-availability of ICU services in above two DHs, critically ill patients were deprived of speciality services. No reply was furnished by the department.

3.6.2 Functioning of Trauma Care Centres (TCCs) in DHs

Global SDG target 3.6 aims to reduce the number of deaths and injuries from road traffic accidents to 50 *per cent* from the base year 2015 where it was 5.81 per one lakh population. In line of Global SDG target, GoI launched the scheme and started establishing Trauma Care Services along the National Highways. The overall objective of the scheme was to bring down preventable deaths because of road accidents to 10 *per cent* by developing a pan India trauma care network in which no trauma victim is required to be transported for more than 50 kilometres and a designated TCC is available at every 100 Km.

Data related to TCCs collected from all the DHs of the State revealed that in 18 DHs, TCCs were not functional. Name of DHs and reason due to which TCCs were not functional is given in **Table 3.8** below:

Table 3.8: Data related to TCC as on 31 March 2022

Sl. No.	DHs where TCCs services were not functional	Reasons of non-functional of TCC
1	Ashoknagar	Man power and equipment was not available, Building was not used for Trauma care
2	Balaghat	Building was not being used for Traum care, Manpower was not posted
3	Betul	Building was not being used for Trauma Care
4	Burhanpur	Manpower, Equipment, Building was not available
5	Dhar	Building was not used for TCC, Man power was not posted
6	Hosangabad	Building was not used for TCC, Man power was not posted
7	Indore	Building was not available, equipment was not available,
8	Jabalpur	Building was not available
9	Jhabua	Equipment were not available, Building was not used for Trauma Care
10	Mandla	Building was not available, Man power was not posted
11	Mandsaur	Building and Man power and Equipment were not available

Sl. No.	DHs where TCCs services were not functional	Reasons of non-functional of TCC
12	Neemuch	Man power was not posted, Building was not used for TCC
13	Sagar	Building, Man power and, Equipment were not available
14	Satna	Man power and equipment was not available, Building was not used for TCC
15	Sehore	Equipment and Man power was not available, Building was not used for Trauma care
16	Seoni	Separate man power was not posted,
17	Sidhi	Building and equipment were not available, Man power was not posted
18	Umaria	Equipment and Man power was not available, Building was not used for Trauma Care

(Source: Data furnished by DHs of the State)

As per report of Road Accidents in India, 2021, issued by GoI, Ministry of Road Transport and Highways, total number of persons killed in accidents in MP were 10,177 in 2017 which increased to 12,057 in the year 2021. Due to increase in number of deaths, the rank of MP in total number of persons killed in road accidents became fourth in India in 2021 which was sixth in 2017.

Thus, due to non-functioning of TCCs, the aim of reducing the preventable deaths due to accidents could not be achieved. No reply was furnished by the department.

3.6.3 Functioning of Emergency Units

DHS issued instructions (April 2015) to establish emergency units in all the DHs. The purpose was to provide quality emergency services immediately and effective implementation of life saving treatment for patients. Necessary infrastructure, equipment, consumables, drugs and trained staff were to be available in emergency unit. Patients were to be shifted in the ward/referred to other healthcare institutions in stable condition. The status of unavailability of Emergency Units/Services in DHs of the state as on 31 March 2022 is given in **Table 3.9** below:

Table 3.9: Non-availability of Emergency services in DHs of the state

Sl. No.	Non-availability of emergency services	No. of DHs
1	Emergency medical unit	2
2	Four beds in emergency treatment unit for handling post-resuscitation patients.	18
3	Separate well-equipped resuscitation unit	20
4	Advance life support ambulances were not available in emergency to transport the refer-out patients to higher centres	16
5	Duty roster of specialist, medical officer, nurses and para medical staff not displayed in emergency medical treatment unit.	3

Sl. No.	Non-availability of emergency services	No. of DHs
6	Phone number of Ambulance and higher referral centres not displayed in emergency medical treatment unit and other prominent places of Hospital.	8
7	Red coloured glow sign board for emergency room not placed in visual site.	26

(Information collected from DHs)

Due to shortfall in infrastructure and non-availability of emergency services, purpose of providing emergency treatment to critically in-patients got defeated. The details of non-availability of various services in Emergency Units is given in **Appendix- 3.6**.

No reply was furnished by the department.

3.7 Maternity Service

The 12th Five Year Plan aims to bring all women during pregnancy and childbirth into the institutional fold so that delivery care services of good quality can be provided to them at the time of delivery at zero expense. Under this, free institutional delivery including C-section with a provision for free drugs, diagnostics, diet, blood and free transport from home to facility, between facilities and drop back to home was envisioned.

As per guidelines for Antenatal Care (ANC) and skilled attendance at birth, 2010, the essential components of ANC are to take the patient's history, conduct a physical examination—measure the weight, blood pressure and respiratory rate and check for pallor and oedema, conduct abdominal palpation for foetal growth, foetal lie and auscultation of Foetal Heart Sound (FHS) according to the stage of pregnancy, carry out laboratory investigations, such as hemoglobin estimation and urine tests (for sugar and proteins).

ANC allows for the timely management of complications through referral to an appropriate facility and opportunity to prepare a birth plan and identify the facility for delivery and referral in case of complications.

3.7.1 Ante Natal Care (ANC)

As per Reproductive, Maternal, Newborn Child plus Adolescent Health (RMNCH+A) guidelines, ANC package included two doses of Tetanus Toxoid (TT-2) vaccine and adequate amount of Iron and Folic Acid (IFA) tablets or syrup. The position of ANC registration and services provided in the State depicted in **Table 3.10** below:

Table 3.10: Status of ANC registration and services

Year	Total pregnant women registered for ANC (public and private institutions)	Registered within 1 st trimester (12 weeks)	Received four or more ANC checkups during pregnancy	Given TT- 1 during current pregnancy	Given TT- 2 during current pregnancy	Pregnant women given 180 IFA tablets
1	2	3	4	5	6	7
2017-18	18,32,836	11,50,609	13,28,819	13,56,694	12,12,188	16,99,537
2018-19	18,75,916	12,31,587	13,99,890	14,28,392	12,52,906	17,27,497
2019-20	19,19,655	13,35,313	15,18,862	14,30,958	12,84,008	17,87,495
2020-21	19,06,138	13,68,448	15,31,005	13,53,032	12,28,799	18,24,625
2021-22	18,53,873	13,11,644	14,24,720	13,09,822	11,80,496	17,70,605
Total <i>(Per cent)</i>	93,88,418	63,97,601 <i>(68)</i>	72,03,296 <i>(77)</i>	68,78,898 <i>(73)</i>	61,58,397 <i>(66)</i>	88,09,759 <i>(94)</i>

(Source: HMIS of State Health Society)

It is evident from the above table that out of total 93.88 lakh pregnant women (PWs) registered for ANC in Hospitals during 2017-22, only 63.98 lakh PWs (68 per cent) were registered within 1st trimester of pregnancy. Further, 21.85 lakh (23 per cent) could not receive four ANC check-ups during the gestational period. Audit noticed that shortfall in immunization of TT2 dose was 32.30 lakh PWs which was 34 per cent of total ANC registration during 2017-22 in the State. Thus, objective of NHM to achieve 100 per cent immunization for PWs was not fulfilled.

Department stated (April 2023) that immunization has been increased in the state as reported in National Family Health Survey (NFHS)-5 (2020-21) in comparison to NFHS-4 report. The reply is not acceptable as the Department failed to ensure 100 per cent immunisation as per the objectives of NHM.

3.7.2 Post Natal Care (PNC)

As per *Janani Shishu Suraksha Karyakram* (JSSK) guidelines, 2011, care of the mother and baby are essential at least up to 48 hours after delivery at hospital. During this period, mother is guided for initiating breast feeding and advised for extra calories, fluids and adequate rest which is needed for the wellbeing of the baby and herself. The status of institutional deliveries and discharge of women within 48 hours of delivery from the hospitals during 2017-22 in the State is given in **Table 3.11** below:

Table 3.11: Status of pregnancy outcome and care during 2017-22

Year	Total number of deliveries at Healthcare institutions	Number of women discharged within 48 hours of delivery (<i>per cent</i>)
2017-18	12,51,619	1,12,523 (9)
2018-19	13,07,119	1,15,771 (9)
2019-20	13,52,232	1,32,142 (10)
2020-21	13,14,958	1,51,279 (12)
2021-22	12,56,308	1,57,904 (13)
Total	64,82,236	6,69,619 (10)

(Source: HMIS of the State)

It is evident from the above table that in case of 6.70 lakh (10 per cent) institutional deliveries, norms of JSSK were not adhered to and women were discharged from the hospital within 48 hours of delivery.

The Department accepted the facts and stated (April,2023) that approximately 10 per cent beneficiaries left the hospital against medical advice (LAMA) i.e. before 48 hours of delivery.

The fact remains that essential health services were not ensured in case of 10 per cent beneficiaries who left before 48 hours.

3.7.3 Delivery services in PHCs

The overall objective of IPHS is to provide health care that is quality oriented and sensitive to the needs of the community. Maternal and Child Health Care including Family Planning is essential to be available in all PHCs i.e. Antenatal care, Intra-natal care (24-hour delivery services both normal and assisted) and Postnatal Care maternity services.

During test check of records and joint physical verification (May and June 2022) of 20 test checked PHCs, we noticed that in eight PHCs, no delivery services were available due to reasons mentioned in **Table 3.12** below:

Table 3.12: Details of PHCs where no deliveries took place during 2017-22

District	PHC	Reasons for non-availability of delivery services
Bhopal	Barkhedidev	Staff nurse was not posted during 2017-20. Restabilisation of labour room was under progress.
Chhatarpur	Vikrampur	No equipment were available.
Dhar	Akhada	The doctor posted in PHC Akhada was attached to CHC Bagh and only one dresser was available in the PHC.
	Teesgaon	Proximity of the PHCs to DH and availability of better facilities in the DH.
Harda	Mashngaon and Rehankalan	In PHC Mashngaon, nurse was not available during 2017-20, whereas, no Staff Nurse was available in PHC Rehankalan during 2017-22. Normal delivery kit essential for deliveries was not available in both PHCs.
Jabalpur	Umaria Chaube	Doctor was not posted. Normal delivery kit essential for deliveries was not available in PHC.
Rewa	Tiwani	Staff Nurse was not available.

(Source: Joint physical verification and test check of records of PHCs)

It is evident from above facts that these eight PHCs were not delivery points as no deliveries took place in these PHCs during 2017-22. Due to non availability of delivery facilities, the pregnant women had to travel to higher healthcare facilities for delivery services. Further, we also noticed that no patients were admitted in seven out of eight PHCs shown above except PHC, Teesgaon.

Thus, CMHOs of the concerned districts and DHS, Bhopal could not make these PHCs fully operational with the availability of requisite human resources and essential equipment.

Resultantly, the objective of Government to provide comprehensive primary health care to the community through the PHCs got defeated. No reply was furnished by the department.

3.7.4 *Inadequate access to C-section services*

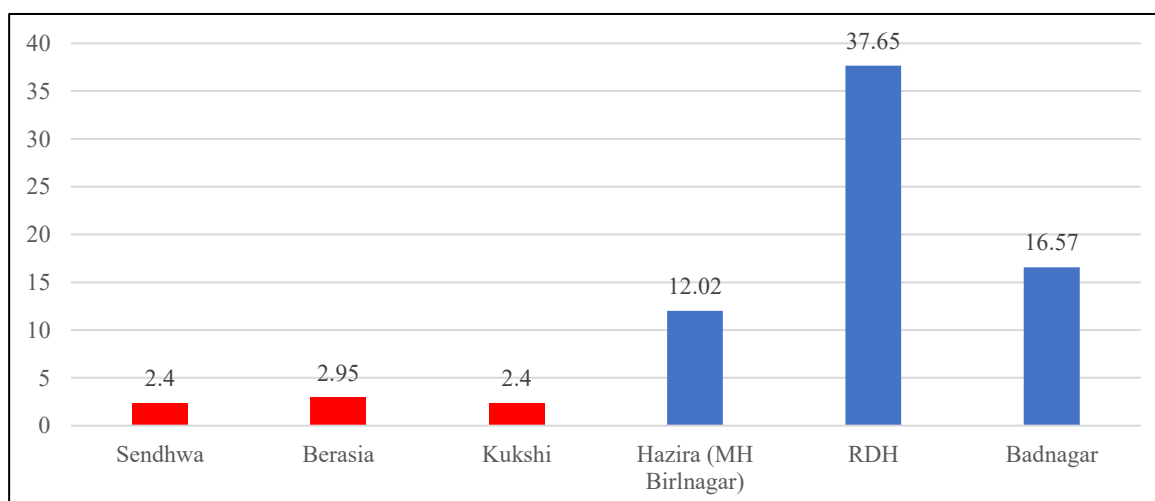
MNH Toolkit, 2013 designates all CHCs/CHs/DHs as the central facility for providing C-section services with the provision of specialised human resource (gynaecologist/obstetrician and anaesthetist) and equipped OTs to provide Emergency Obstetric Care (EmOC) to pregnant women. In this respect, *Janani Shishu Suraksha Karyakram* (JSSK) entitles all pregnant women to C-section services with provision for free drugs, consumables, diagnostics *etc.* Examination of records of the test checked CHCs/CHs/DHs revealed that C-section services were either not available or hampered by shortages of essential resources. Specific audit findings are discussed in the succeeding paragraphs.

NHM Guidelines on ‘Engaging General Surgeons for Performing Caesarean Sections and Managing Obstetric Complications, 2014’ state that around ten *per cent* of total delivery cases require C-Section. Even though there is scarcity of Obstetricians, General Surgeons are available even in CHs and CHCs. Normally C-Section is performed by Obstetricians. However, in the absence of obstetricians, General Surgeons present at the facility can perform life saving C-Section and also manage life threatening obstetric complications. This would reduce referral to higher centres, thereby not only reducing the load at these centres but also preventing delay in receiving care due to referrals.

Status of C-section deliveries in test-checked healthcare institutions is given below:

- Out of ten test-checked DHs, the percentage of C-section deliveries in comparison to total number of deliveries was five *per cent* in DH Mandla and six *per cent* in DH Rewa during 2017-20.
- Out of eight selected CHs, facility of C-section delivery was not available in CHs Nainpur and Teonthar. Status of C-section deliveries in remaining six test checked CHs is depicted in **Chart 3.12** below:

Chart-3.12: Status of Percentage of C-section deliveries out of total deliveries



Since CHs Hazira and RDH are dedicated maternity hospitals, number of C-section deliveries was more than 10 *per cent* of total deliveries. In remaining CHs, percentage of C-section deliveries was much less than 10 *per cent* except CH Badnagar.

- Out of 20 test checked CHCs, in 17 CHCs (85 *per cent*), C-section deliveries were not done during the entire audit period 2017-22.
- Out of remaining three CHC¹² where C-Section deliveries were carried out, in two CHCs, percentage of C-Section was almost negligible as it was 0.49 *per cent* in CHC Gandhinagar, Bhopal and 0.83 *per cent* in CHC Badnawar, Dhar whereas it was 14.62 *per cent* in Kolar (Bhopal).

Non-availability/ less availability of C-section services in test checked CHCs was due to non-deployment of anaesthetist and gynaecologist as discussed in paragraphs 2.7.1 and 2.7.6 respectively of Chapter 2 and shortage of drugs and consumables in test checked hospitals. No reply was furnished by the department.

3.8 Blood Bank Services

3.8.1 Blood banks services in DHs

Data collected from all 51 DHs regarding Blood Banks revealed that Blood Bank was not available in DH, Indore. In 25 DHs, due to shortages of vital and essential equipment, which ranged between eight *per cent* and 71 *per cent*, quality services were not provided. Details are given in *Appendix-3.7*.

No reply was furnished by the department.

3.8.2 Status of blood storage unit in CHs and CHCs

In selected eight CHs, we noticed that three CHs viz. Hazira, Nainpur and Teonthar, blood storage unit was not available during 2017-22. Similarly, out of 20 selected CHCs, only two CHCs (Badnawar and Majholi) had blood storage unit facility. In remaining 18 CHCs, there was no blood storage units.

Due to non-availability of blood storage units in CHs and CHCs, the patients requiring blood transfusion had to face difficulty as either they had to rush to DHs or avail the services of private hospitals by incurring out of pocket expenditure. No reply was furnished by the department.

3.9 Diagnostic Services

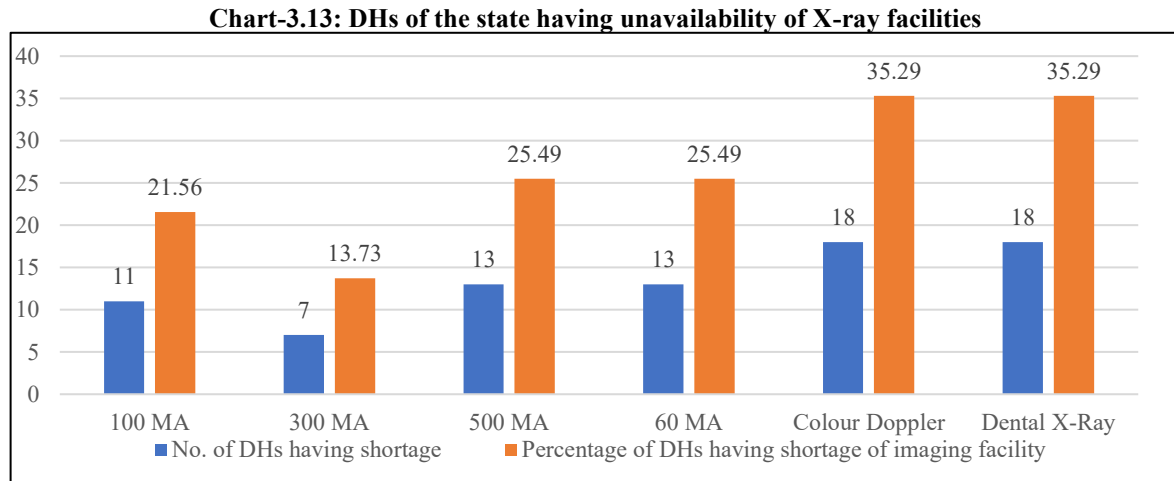
Efficient and effective diagnostic services, both radiological and pathological, are amongst the most essential health care facilities for delivering quality treatment to the public based on accurate diagnosis.

¹² CHC Kolar, Gandhi Nagar and Badnawar.

3.9.1 Availability of radiology services

(A) Availability of radiological services in DHs

Availability of diagnostic services in 51 DHs of the State as on 31 March 2022 is depicted in following **Chart:3.13**:



(Source: Information furnished by District Hospitals of all districts)

Status of availability of diagnostic services in all the DHs of the State are given in **Appendix-3.8**.

Further, Audit observed that many of the significant radiology tests were not performed in the test-checked hospitals due to lack of required equipment and skilled manpower. No reply was furnished by the department.

(B) Availability of radiological services in CHs

IPHS, 2012 prescribe the availability of five types of radiological services in 51 to 100 bedded CHs (60-MA X-ray, 100-MA X-ray, 300-MA X-ray, Dental X-ray and Ultrasound Machine).

Scrutiny of records of selected CHs revealed that as on 31 March 2022 there was a shortage of one to five radiological equipment. The maximum shortage was in CHs Sendhwa, Nainpur and Badnagar (80 per cent). Thus due to shortage of equipment, the patients were deprived of health services. No reply was furnished by the department.

(C) Availability of radiological services in CHCs

As per IPHS norms 2012, CHCs should have availability of X-ray, dental X-ray and ultrasonography (desirable) services.

In 20 selected CHCs, it was noticed that as on 31 March 2022 Dental X-ray service was not available in all test checked CHCs, whereas any type of X-Ray machine was not available

in six CHCs¹³ to provide X-Ray service. Further, Ultrasonography service was available only in three CHCs¹⁴.

Due to unavailability of radiological equipment in the DHs/CHs/CHCs, patients were deprived of proper diagnosis based treatment. No reply was furnished by the department.

3.10 Diagnostic services in Hospitals attached to Medical Colleges

3.10.1 Long waiting period for Ultrasonography (USG) in the Hospitals of Medical Colleges

Scrutiny of records of USG in JAH Gwalior revealed that 17 USG machines were available in the hospital, out of which six machines were not working as they were not repairable even though one machine was under warranty period. Four machines were lying idle due to unavailability of the support system. Out of the remaining seven working machines, two machines were portable USG machines used for in-patient ward, thus only five USG machines were available for use for OPD. There was huge influx of patients for USG test and incoming patients were given long waiting time, details of which are as given in **Table 3.13** below:

Table 3.13: Details of waiting period for USG

Date	Number of functional Machines	Average number of patients registered for USG	No. of average USG done per day	Average no. of patients kept for waiting	Waiting Period given for USG
15.06.2022	Five	272	165	107	16 to 24 days
16.06.2022					
17.06.2022					

(Source: Records collected of JAH Gwalior)

It is evident from the table that the average patient inflow was 272 patients per day, average waiting number of patients was 107 and average waiting time was 16 to 24 days. Audit observed that USG test register was not being maintained properly as only name of patients was mentioned but the date on which USG test was to be conducted was not mentioned. Thus, longer waiting period for USG tests indicates poor quality of health services and inadequate infrastructure facilities.

The state government replied (November 2023) that out of 22 USG machines, 21 are functional at GRMC Gwalior.

Reply is not acceptable as the state government did not offer any comment on the long waiting period for the USG test as well as on maintenance of proper records related to USG test.

¹³ CHCs Warla, Bichhiya, Ishanagar, Govindgarh, Ingoriya and Handia

¹⁴ CHCs Gandhi Nagar, Kolar and Majholi.

3.10.2 Services of Cobalt therapy

Scrutiny of records of Hamidia Hospital, Bhopal revealed that Cobalt-60 machine model (Theratron 780), installed in 1984 to treat cancer patients, was not functioning. The details of patients treated by cobalt therapy during 2017-22 is given in **Table 3.14** below:

Table 3.14: Details of therapy given during 2017-22

Calendar Year	No. of patients registered	No. of patients to whom cobalt therapy was given	Patients referred to other institutes in the absence of functioning machine
2017	4182	148	0
2018	7191	79	0
2019	10026	105	0
2020	5115	0	17
2021	1556	0	12
January 2022 to March 2022	156	0	0
Total	28226	332	29

(Source: Records of GMC, Bhopal)

As evident from the above table that from January 2017 to March 2022 total 28,226 patients were registered for Cobalt-60 therapy but only 332 patients (1.18 per cent) were provided Cobalt-60 therapy. The machine was nonfunctional from October 2019, 29 patients were referred to other institutions for therapy. Further, scrutiny of records revealed that the Cobalt-60 machine is 37 year old and Service Provider refused to repair machine due to non-availability of parts, however, huge registration for getting the Cobalt-60 therapy were done. Further, Audit found no records relating to efforts made by authorities of Hamidia Hospital for procuring of new machine.

The state government accepted the audit observation and stated (November 2023) that Cobalt-60 machine became operational from July 2022.

3.10.3 Service of Radio Therapy in the Medical College

The gamma machine is used in Nuclear Medicine to image gamma radiation emitting radioisotopes to view and analyses images of the human body.

We noticed that GMC, Bhopal procured Gamma machine for ₹ 4.52 crore in July 2014 from M/s Wipro GE Healthcare. Machine remained idle for 11 months due to non- installation and commissioning of camera and accessories till May 2015 by the supplier and machine was verified by Verification committee in June 2015.

Audit noticed that the operation of machine was interrupted for approximately two years (710 days) during 2017-20 due to 32 breakdowns. Reason for break down was not mentioned in the records and machine remained idle since February 2020.

During the period from January 2017 to February 2020, we noticed that various types of 1390 tests were carried out in GMC, Bhopal as detailed in **Table 3.15** below:

Table 3.15: Status of diagnostics

Name of treatment/ Diagnosis	Calendar Year				Total
	2017	2018	2019	2020 (As on February 2020)	
Bone Scan	302	117	164	20	603
Renal DTPA Scan	138	76	105	23	342
Renal DMSA Scan	76	5	22	4	107
Thyroid Scan	116	34	27	4	181
Myocardial Perfusion Imaging	9	1	0	0	10
HIDA	45	8	11	4	68
Other	78	0	1	0	79
Total	764	241	330	55	1390

(Source: Records of GMC Bhopal)

Due to non-functioning of machine, patients were deprived of the services. These services could have been made available to patients had the Medical College authorities taken necessary action at appropriate time on below mentioned points:

- As per agreement with supplier, two consultants were to be imparted training at a foreign university and two “Nuclear Medicine technologists” (technicians) of the hospital were to be trained by the Company. But only one consultant was imparted training (from January 2016 to February 2016). Services of trained consultant were suspended from December 2017 because he left the organization. Further, Medical College authorities failed to get trained two “Nuclear Medicine technologists” from supplier firm.
- Machine was operated by an untrained consultant from December 2017 to February 2020 during which maximum breakdown of machine were noticed and machine remained functional intermittently for one year only in three years.
- In charge of Radio Therapy Department intimated in February 2020 to Dean, GMC Bhopal about the requirement of CMC as Warranty and AMC/CMC of Gamma Camera Spect-CT (Gama machine) expired in March 2020. Dean did not make efforts in this regard and the AMC/CMC was not done till March 2022.
- As per rule 3 and 9 of Atomic Energy (Radiation Protection) Rules, 2004, Medical College was required to renew license for operation of GAMA machine from Atomic Energy Regulatory Board (AERB) in every five years. However, the license expired on 08.06.2020 after which the renewal was not obtained from AERB (March 2022).

Thus, in absence of proper maintenance and required manpower, patients were deprived of valuable services, diagnosis, and treatment.

The state government stated (November 2023) that Gama Camera was operational from July 2022. Reply of the State government is not acceptable as no trained staff was deployed by the college for operation of the machine and required license was also not obtained from AERB.

3.10.4 Referral of kidney transplantation patients

In March 2018, GMC Bhopal sent a proposal to DME to start a unit of Nephrology and Urology for Renal transplant facility for kidney patients within the state and mitigate the expenses incurred towards the referral of transfer of the kidney patients.

DME, sanctioned (September 2018) ₹ 336.15 lakh for the purchase of necessary equipment and furniture to establish Kidney Transplantation Unit in GMC Bhopal.

After a lapse of almost three years of allotment of funds, kidney transplantation unit started functioning in September 2021 and two successful kidney transplants were performed (September and December 2021). Audit noticed that Organ Transplantation Committee permitted (November 2021 and February 2022) five patients for kidney transplant in other hospitals despite the kidney transplantation unit in GMC Bhopal was functional and the reasons in this regard could not be verified from the records.

The state government replied (November 2023) that organ transplant committee looking at ethical aspect of organ transplant permitted patients for kidney transplant to other hospital based on the proposal received from other registered hospital of the division, which was as per rules.

Reply is not acceptable as the state government did not provide any evidence in this regard.

3.11 Pathology services

3.11.1 Pathological tests in DHs

The DH Laboratory should serve the purpose of public health laboratory and be able to perform all tests required to diagnose epidemics or important diseases from public health point of view.

DHS, Bhopal issued orders (April, 2019) and categorised pathological investigations, which were to be available in hospitals having bed capacity of 100 to 500 beds, under five categories viz., Clinical pathology (22 tests), Biochemistry (nine tests), Serology (13 tests), Microbiology (one test) and other tests such as thyroid test, hormonal assay, torch test, PAP Smear for Cytology and Cartridge- based nucleic acid amplification test (CBNAAT).

Data collected from all DHs revealed that all the required number of pathological tests were not available. Status of unavailability of pathology tests in all DHs as on 31 March 2022 are given in *Appendix-3.9*.

Test check of records of the selected healthcare institutions revealed following average shortage of:

- Clinical Pathological Tests ranged between one and ten tests,
- Biochemistry Tests ranged between one and eight tests,
- Serology tests ranged between one and nine tests,
- Microbiology tests were not available in eight selected DHs except DHs Bhopal and Gwalior,
- Other five tests ranged between one and five tests.

Thus, due to non-availability of pathology tests, the patients were deprived of quality health services.

No reply was furnished by the department.

3.11.2 Pathological tests in CHs and CHCs

As per orders of DHS, Bhopal (January 2013), 32 types of pathological tests in CHs and 28 types of pathological tests in CHCs were required to be available free of cost for all the patients.

- In the eight selected CHs, non-availability of pathological tests ranged between two and 18 tests in the selected months for the period 2017-22.
- Non-availability of pathological tests in 20 selected CHCs ranged between one and 17 tests during selected months for the period 2017-22.

Details are given in *Appendix-3.10*.

The major reasons for non-availability of pathological services were lack of equipment, non-availability of reagents and non-posting of Microbiologists in DHs, CHs and CHCs. Thus, due to shortage of availability of pathological services, the patients were deprived of diagnosis based treatment and quality healthcare services.

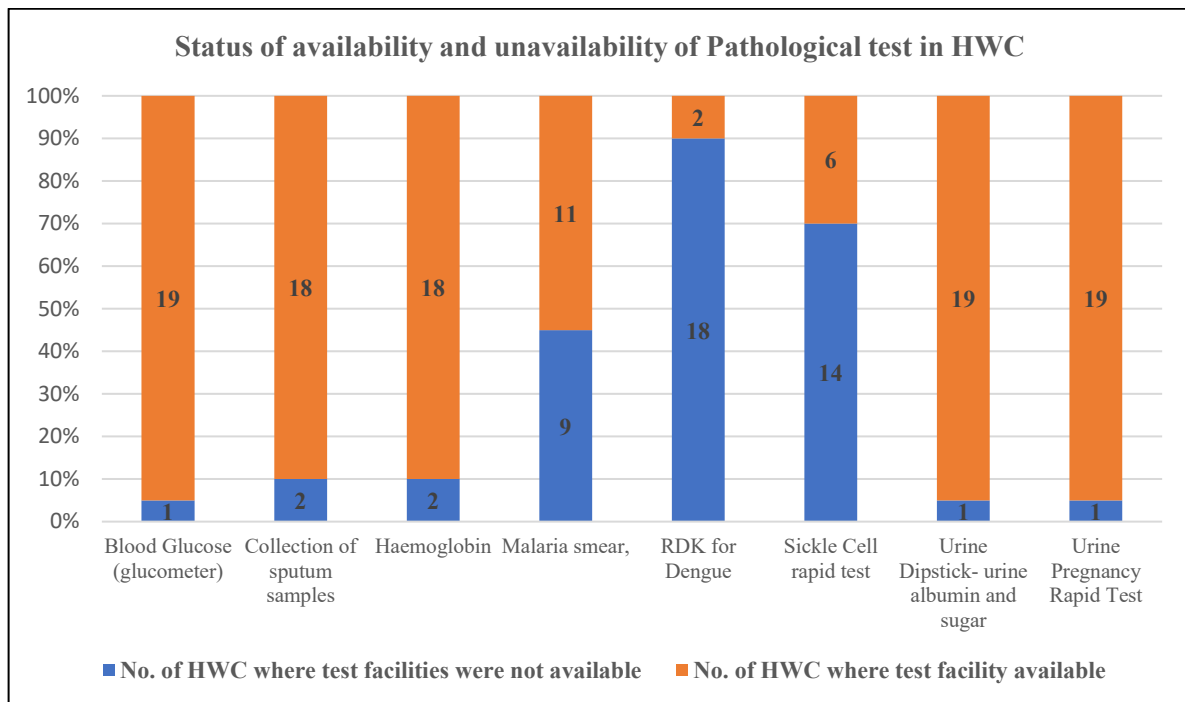
No reply was furnished by the department.

3.11.3 Pathological tests in HWCs

Annexure –III of AYSHMAN BHARAT, Comprehensive Primary Health Care Guidelines, 2018 prescribes eight types of pathological tests¹⁵ through Health and Wellness Centres (HWCs) to provide comprehensive care. The status of availability of pathological tests in 20 test checked HWCs given in **Chart 3.14** below:

¹⁵ (i) Haemoglobin, (ii) Urine pregnancy rapid test, (iii) Urine dipstick-urine albumin and sugar, (iv) Blood Glucose, (v) Malaria Smear, (vi) RDK for Dengue, (vii) Sickle cell Rapid test and (viii) Collection of Sputum sample.

Chart 3.14: Status of pathological tests in HWCs as on 31 March 2022



Thus, due to non-availability of pathology tests, the patients were deprived of valuable health services. (The details of shortage of pathological tests in 20 selected HWCs is given in *Appendix-3.11*).

No reply was furnished by the department.

3.12 Dietary Service

As per IPHS norms, the dietary service of a hospital is an important therapeutic tool. It should be easily accessible from outside along with vehicular accessibility and separate room for dietician and special diet. Apart from normal diets, diabetic, semi-solid diets and liquid diets shall be available. Food shall be distributed in a covered container. Quality and quantity of diet shall be checked by authorized person on regular basis.

Data collected from all 51 DHs regarding dietary services revealed that in 37 DHs, Dietician was not available. In 20 DHs, foods were not checked by Food Inspector or district authorities before distribution it to patients. In 21 DHs, a system of diet counselling to the patients was not adopted. Other irregularities noticed in DHs are shown in *Appendix-3.12*.

During physical verification (May and June 2022) of dietary services in test checked health institutions, major deficiencies were noticed as mentioned in **Table 3.16** below:

Table 3.16: Shortcoming in Dietary services in PH&FWD and AYUSH Department

Dietary services	Number/Name of health institution where the facilities were not available
PH&FWD	
Patient specific such as diabetic, semi-solid and liquid diet	35
Checking of quality of diet by competent person on regular basis.	31
Checking of foods distributed to patients by Food Inspector or district authorities	40
Diet not provided to the IPD patients except maternity ward.	In CH Kukshi and Berasia, CHC Ishanagar, District Chhatarpur, CHC Warla, District Barwani, CHC Gandhinagar and Kolar and PHC Tumda
AYUSH Department	
Dietary service	ATH Rewa, DAH Chhatarpur and Mandla
Dietary service providing in house	ATH Bhopal and DAH Bhopal (diet providing through outsourced)
Dietician	All test checked hospitals except HTH Bhopal
Food supplied to patients is patients specific	All test checked hospitals
Quality testing by food Inspector of district authorities	All test checked hospitals
System of diet Counselling to the patients	All test checked hospitals
Facility of serving trolley	ATH Gwalior, Jabalpur, Rewa DAH Bhopal, Chhatarpur, Dhar and Mandla
Refrigerator and Water purifier	ATH Gwalior, Rewa, Ujjain HTH Bhopal DAH Mandla
Commercial Gas cylinders	All test checked hospitals except ATH Bhopal, HTH Bhopal and UTH Bhopal
Maintenance of kitchen equipment inventory	All test checked hospitals except ATH Gwalior & DAH Dhar.
Medical Education Department	
Dietician	GMC Gwalior, Bhopal and Chhindwara
Diet chart	GMC Gwalior, Bhopal and Chhindwara
Diet counseling	GMC Gwalior, Bhopal and Chhindwara
Formation of caloric requirement	GMC Gwalior, Bhopal and Chhindwara
Maintenance of Diet register	Hamidia and Sultaniya Zanana Hospital

On being pointed in audit that food was not provided to IPD patients, the BMO of CH, Kukshi issued orders (June 2022) to provide free of cost food to all the IPD patients with immediate effect.

It is evident from the above table that proper dietary services were not provided to the patients as per their disease and specific needs. Further, no testing of quality of food was done by any of the designated authorities due to which it could not be ascertained that quality food was being served to IPD patients.

The State government replied (November 2023) that regular monitoring of dietary services and maintenance of diet register were being done by GMC, Bhopal and Dietary services were being provided by GRMC, Gwalior as per IPHS norms. Further, the state government did not offer any comment on CIMS, Chhindwara.

The reply was of Government is not acceptable as deployment of dietician, maintenance of diet chart and diet register and diet counseling were not observed during joint physical verification.

3.13 Laundry Service

As per IPHS standards, Hospital Laundry should be provided with necessary facilities for drying, pressing and storage of soiled and cleaned linens. It may be outsourced. As per “KAYAKALP” guidelines issued by MoH&FW, GoI (May 2015), all the linen generated from patient care areas should be segregated into dirty and infected linen. Dirty and soiled linen needs to be transported in separate covered trolleys to the laundry. The heavily soiled/infected linen should be washed separately from non-soiled linen.

Scrutiny of records of laundry services of all DHs revealed major shortcomings as below:

- In 15 DHs, linen department did not have separate trolley for distribution of clean linen and collection of dirty linen.
- In 10 DHs, linen department did not have a system of sorting of different category of linen before putting into washing machine.
- In six DHs, infectious and non-infectious linen were not transported in separate containers/bags.

Thus, due to above shortcomings, safety and hygiene in linen was not ensured to prevent cross infections among patients. (District wise above shortcomings along with three other shortcomings are given in *Appendix-3.13*).

No reply was furnished by the department.

3.14 Ambulance Services

3.14.1 Deployment of Ambulances as per population

As per Operational guidelines, 2013 of Emergency Response Service System of National Ambulance Services (ENAS) issued by GoI, a district with five lakh population should have

five BLS ambulances and one ALS ambulance. Audit observed that 96 ALS ambulances in 40 districts and 289 BLS ambulances in 46 districts were deployed less than prescribed norms. Further, audit also noticed that in districts Anuppur and Umaria, one BLS ambulance was deployed in excess of the norms of GoI. The details are shown in **Appendix 3.14**. Thus, the norms fixed by the GoI were not followed by the State for deploying the ambulances, as a result, the beneficiaries were deprived of the services of ambulances.

As per Letter of Acceptance issued by M/s Ziqitza Healthcare Ltd. to Mission Director, NHM (August 2016), the service provider shall be responsible for maintaining the average response time of 15 to 20 minutes for urban areas and 20 to 30 minutes for rural areas as a key performance parameter. Audit noticed that the response time of ambulance was much higher than the terms of agreement in rural areas as well as in urban areas during 2021-22. No reply was furnished by the department.

3.14.2 Non availability of ambulance services in Hospitals attached to Medical Colleges

As per IPHS Guidelines (2012), hospitals should have well equipped BLS and desirably one ALS ambulance with communication system. Serviceability and availability of equipment and drugs in ambulance shall be checked on daily basis. Hospitals having more than 300 beds should have at least four ambulances.

Audit noticed that Hamidia Hospital, Bhopal and JAH Gwalior both had bed capacity of more than 300 beds. As per norms, four ambulances were required in these hospitals. Hamidia Hospital had only one ambulance and JAH, Gwalior had three ambulances. In the ambulances of these hospitals, no trained technicians were posted. Further, Sultania Zanana hospital, Bhopal did not have any type of ambulance from 2017. Audit also noticed that none of the ambulances of these hospitals had full range of facilities as prescribed in norms for ALS or BLS ambulances.

The State government accepted the audit observation and stated (November 2023) that Ambulance services in GMC, Bhopal were inadequate, however, availability of nine ambulances as per IPHS norms was in GRMC Gwalior.

Reply is not acceptable as the Government did not provide any evidence regarding availability of ambulances along with equipped with ALS and BLS as per prescribed norms.

3.15 Unhygienic toilet facilities in the health care institutions

As per IPHS norms, health care institutions should have clean and functional toilets. During joint physical verification, audit noticed that in DH Dhar, CH Kukshi, CHC Ishanagar and CH Teonthar, clean toilets were not available. In DH Dhar, toilet of male surgical ward was found locked and in CHC Ishanagar toilet was being used for dumping the medicines as may be seen in **Photographs 3.1 to 3.6** below:



Photograph 3.1- CHC Ishanagar (Chhatarpur)



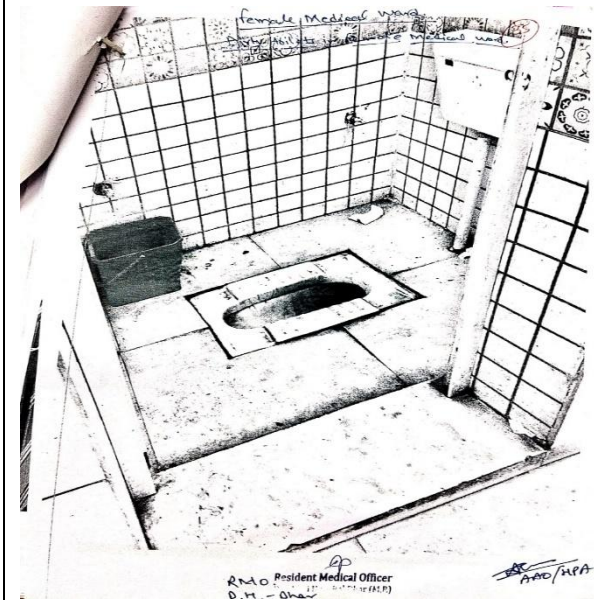
Photograph 3.2- CHC Ishanagar (Chhatarpur)



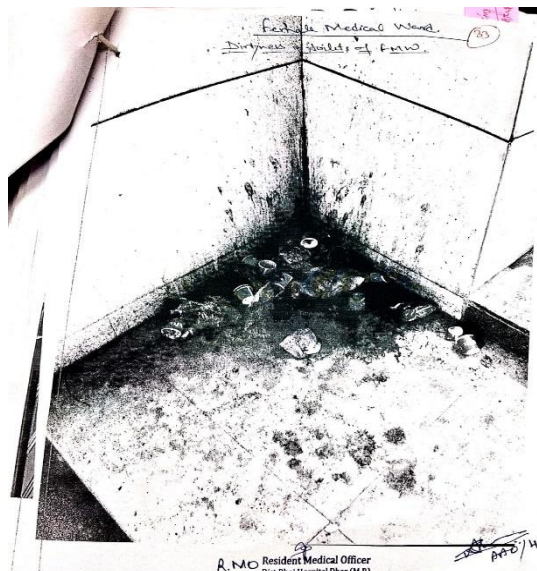
Photograph 3.3- CH Teonthar (Rewa)



Photograph 3.4- CH Kukshi (Dhar)



Photograph 3.5- DH Dhar



Photograph 3.6- DH Dhar

From above photographs, it is clear that patients were deprived of safe and clean toilet facilities in these hospitals. No reply was furnished by the department.

CHAPTER-4

**Availability of Drugs, Medicines,
Equipment and other consumables**

Chapter-4

Availability of Drugs, Medicines, Equipment and other consumables

Highlights

- Directorate Health Services (DHS) did not submit the Annual Drug Plan (ADP) to the Madhya Pradesh Public Health Service Corporation Limited (MPPHSCL) during 2017-18 to 2021-22. In the absence of ADP, the Corporation floated the tenders of drug and consumables based on average consumption from the previous rate contracts and the same procedure was adopted for the Medical Education Department (MED), Bhopal Gas Tragedy Relief and Rehabilitation Department (BGTRR) and AYUSH Departments. Similarly, ADP for the financial year 2017-18 to 2019-20 and 2021-22 was not prepared by the MED. In the year 2020-21, ADP for drugs and consumables was prepared and sent to MPPHSCL in December 2020 with inordinate delay of 13 months.
- All the required essential lifesaving drugs were not available in SNCUs for more than three months during 2017-22 in selected district.
- There was shortage of ICU beds in six test checked DHs ranging between 13 and 73 *per cent*. Further, there was shortage of equipment in ICUs of all the ten test checked DHs ranging between 4.17 *per cent* and 68.12 *per cent* in comparison actual availability of beds in ICUs.
- During 2017-22, out of total 34,634 admitted patients in ICUs of ten selected DHs, 16,846 (48.64 *per cent*) patients were suffering from respiratory and cardiac diseases and 3,025 deaths (18 *per cent*) occurred in ICU due to respiratory and cardiac problems. It was found that for treatment of respiratory problems, out of 16 essential drugs (as per IPHS norms), unavailability of drugs ranged between 11 and 16 drugs. Similarly, for the treatment of Cardiovascular problems, out of 26 essential drugs (as per IPHS norms), unavailability of drugs ranged between seven and 23 drugs in ICUs which is a matter of grave concern.
- Audit observed that full range of essential drugs for C-section deliveries were not available in seven out of ten test-checked DHs.
- Minimum stock of EDL (448 essential drugs) was not maintained in the test checked hospitals associated with Medical Colleges. Shortage ranged between zero and 72 *per cent* during the period 2017-18 to 2021-22.

- 263 kinds of drugs costing ₹108.11 lakh expired during 2017-18 to 2021-22 in Hamidia Hospital, Bhopal, JAH, Gwalior and CIMS Chhindwara. This indicates lack of proper management of stock of drugs and consumables by Hospital Superintendents.
- In 14 HIs/ CMHO stores, 201 new equipment worth ₹120.16 lakh were kept idle and not issued to any ward or health institutions for a period of nine months to eight years.
- In HIs of ten selected Districts (June 2022), 20 equipment worth ₹2.90 Crore were kept non-functional/ non-operational in eight HIs due to various reasons such as non-registration of complaint for repair with Service Provider, non-availability of Specialist/technician, non-installation of new X-ray machine etc. for a period of six months to eleven years.
- In 30 tenders out of 263 tenders finalized, there were delays ranging between six months (181 days) and one year (354 days) from the date of tender publishing to the date on which the rate contract was uploaded on the portal by the Corporation.
- Unavailability of essential drugs in test checked health care institutions ranged between 57 and 94 *per cent* in Ayurvedic Hospitals, in Homeopathic hospitals, it ranged between 26 and 40 *per cent* and in Unani Hospitals it ranged between 89 and 99 *per cent* during the period of 2017-18 to 2021-22.
- In AYUSH hospitals, there was 28 to 77 *per cent* shortage of equipment for OPD while 10 to 60 *per cent* shortage of equipment for IPD.

4.1 Introduction

The Madhya Pradesh Public Health Service Corporation Limited (MPPHSCL) currently has adopted decentralized process, wherein it invites online tenders for entering the rate contract for supply of drugs, consumables, suture, and equipment to the public health care institutions. Corporation, after finalizing the rate contracts, uploads the approved rates of the items as per the rate contract entered with the bidders on M.P. Aushadhi Portal. Public health care institutions, based on their requirement raise the purchase orders (PO) and procure the materials through the M.P. Aushadhi Portal.

Public Health and Family Welfare Department (including National Health Mission) (PH&FW), Medical Education Department (MED), Bhopal Gas Tragedy Relief and Rehabilitation Department (BGTRR) and AYUSH Department (AYUSH) were the prominent procuring departments. After receipt of the ordered quantity, payment to the suppliers was to be made through the M.P. Aushadhi Portal under the centralized system.

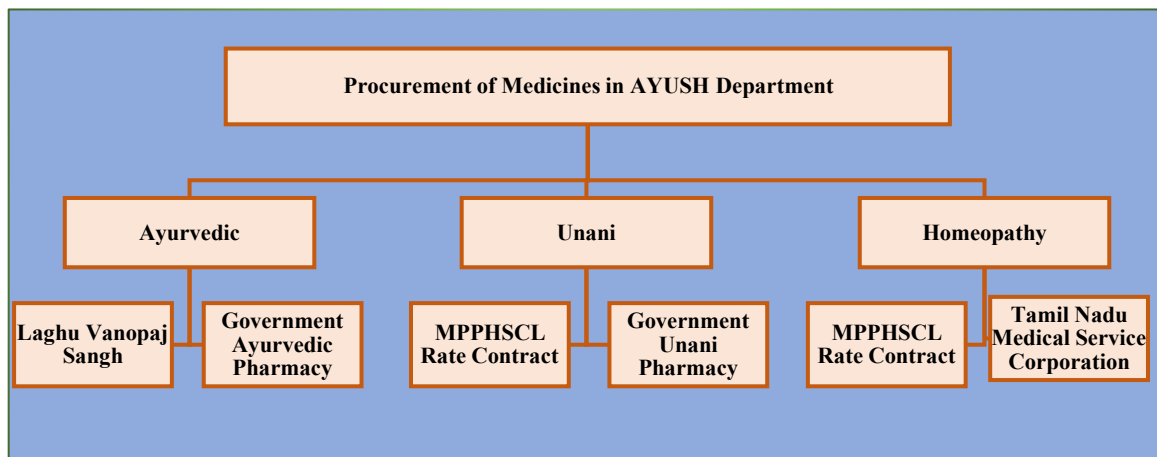
Audit noticed that three¹ bank accounts were operated by the National Health Mission (NHM) for payment to the suppliers through the Corporation. These bank accounts were utilized for payment for the purchases made from the State and NHM budget by the respective Chief Medical and Health Officers (CMHOs) and Civil Surgeons (CSs) of the districts. DME, BGTRR and AYUSH did not adhere to the centralized payment system and made payment to the suppliers through their own bank accounts through offline mode.

¹ Bank Account No. 6310001200000016 and 6310001200000025 (Punjab National Bank), 159329361547 (Indus Bank)

4.2 Procurement and availability of drugs, equipment, consumables and other items

Corporation floated 418² tenders (Drugs-71, Equipment-208 Consumables-73 and Others-66) for procurement of drugs, equipment, consumables, and other medicinal items to supply the public health care institutions during the period from April 2017 to March 2022.

In Madhya Pradesh, the procurement of medicines in AYUSH department was done at directorate level during 2017-22 which is as below:



We noticed that Ayurvedic medicines were procured from MP *Laghu Vanopaj Sangh* (LVS) and Government Ayurvedic Pharmacy located at Gwalior. Further, Unani medicines and Homoeopathic medicines were procured through MPPHSCL and from Government Unani Pharmacy, Bhopal during 2017-22.

4.2.1 (i) Assessment of demand for procurement

Drug Procurement Guidelines-2017 stipulated that all CMHOs and CSs of the districts would prepare an Annual Drug Plan (ADP) including the requirement of its subordinate units. Every year, these ADPs of each district would be submitted to the Directorate, Health Services (DHS) by 15th October. After consolidation of ADPs of all the districts, procurement wing of the DHS would forward the State annual drug plan to the MPPHSCL for entering into the rate contracts.

Scrutiny of records pertaining to preparation of ADP in the DHS revealed that the ADP for drugs and equipment was neither prepared and sent to the DHS by any of the subordinate health institutions nor was sought by the DHS from the districts for consolidation at its level. Further, Audit noticed that DHS did not submit the ADP to the MPPHSCL during the period 2017-22. In absence of the ADP, the MPPHSCL floated the tenders of drug and consumables based on the recurrent consumption from the previous rate contracts and the same procedure was adopted for the DME, BGTRR and AYUSH Departments.

² NIT-122 to NIT-214 (93 tenders) and T-001 to T-312 (312 tenders), EOI/MPPHSCL-TA services, EOI No.001/MPPHSCL/202, EOI-202, GEM/202/1/B/1692495, GeM/202/1/B/174112, GeM/202/2/B/1833563, GeM/202/2/B/1884927, GeM/202/2/B/1886386, GeM/202/2/B/1882720, GeM/202/2/B/1900479, GeM/202/2/B/1986178, GeM/202/2/B/1988936, GeM/202/2/B/1989074 (13 tenders)

However, only indents in view of various disease control programme of NHM showing the specific requirement of drugs, consumables, and equipment from State Health Society-NHM were found attached in the tender files.

Similarly for Medical Education Department, Director MPPHSCL wrote to Commissioner, Medical Education Department (January 2017) to collect the ADP of ensuing year from all the Medical Colleges by 15th November every year for its onward submission to MPPHSCL by 30th November every year. Commissioner Medical Education Department issued instructions (February 2017) to all Dean/superintendent/competent Authority to prepare ADP for the ensuing year taking into consideration current stock in store and disease profile and upload it on MP Aushadhi portal by 30th November every year.

Scrutiny of records of DME revealed that the ADP for the financial year 2017-20 and 2021-22 was not prepared. In the year 2020-21, ADP for drugs and consumables was prepared and sent to MPPHSCL in December 2020 with inordinate delay of 13 months.

The Government stated (May 2023) that the MPPHSCL floated the tenders based on last year consumptions and need of number of drugs i.e. maximum consumption of last three years and also according to the indents received from various indenting departments. The Government accepted and stated (November 2023) that ADP of DME was first prepared in the year 2020 and for the year 2021-22 it was not prepared due to covid pandemic.

The reply confirms the fact that the demand assessment was not based on the actual requirement of healthcare institutions of the State. Further, consumption basis of previous years for demand of drugs and consumables resulted in non-availability of rate contract for procurement of essential drugs, equipment and consumables as discussed in paragraphs 4.6.1 to 4.6.3.

4.2.1 (ii) Delay in submission of ADP by selected Medical Colleges to DME

During test check of records of associated hospitals of selected Medical Colleges, it was noticed that the ADP for 2020-21 was sent to DME with delay as shown in the **Table 4.1** below:

Table-4.1: Details of submission of Annual Drug Plan to DME

Name of Unit	Due date of submission of ADP to DME	Actual date of submission	Delay in months
GMC, Bhopal and associated Hamidia Hospital	15.11.2019	17.05.2020	Six months
Sultania Zanana Hospital, Bhopal	15.11.2019	28.05.2020	Six months
GRMC, Gwalior and associated JAH	15.11.2019	15.04.2020	Five months
CIMS, Chhindwara	15.11.2019	18.05.2020	Six months

(Source: Records of test-checked units)

As evident from the above table that test checked units submitted ADP for drugs and consumables to DME with a delay ranging from five to six months. Further, a shortage of drugs/medicines and equipment noticed in various specialties of healthcare institution (as discussed in paragraphs 4.3.2 and 4.5.2) revealed non-preparation of ADP on realistic basis.

The Government did not offer any comment on delay in submission of ADP to DME.

4.3 Availability of Drugs and Medicines in Health Institutions

4.3.1 Availability of Essential Drugs in PH&FW department

Para 15.1 of the Drug Policy stipulates that drugs included in Essential Drug List (EDL) would be stored with three months' stock at district level and with two months' stock below district level. The medicines which are not listed in the fast moving EDL, can be procured as per requirements by open tender by the respective district level health institutions. The responsibility of storing the prescribed stock would rest upon the respective health institutions' procurement officer.

During test-check of store records of district level health institutions (March 2021, July to August 2021 and May to July 2022), Audit noticed that drugs and medicines included in the EDLs were either not procured at all during the year or not procured regularly in order to maintain their stock of three or two months during 2017-22. Percentage of unavailability of Essential Drugs as per EDL is given in **Table 4.2**.

Table 4.2: Percentage of unavailability of Essential Drugs as per EDL in test checked HIs

HIs	Date of unavailability	2017-18	2018-19	2019-20	2020-21	2021-22
DHs	First date of each quarter	23.52 to 74.66	26.04 to 71.19	12.74 to 87.53	16.85 to 70.41	06.78 to 76.49
CHs	First date of every two months	51.68 to 89.94	52.51 to 93.31	38.13 to 89.63	31.12 to 94.61	26.67 to 76.63
CHCs		45.95 to 98.65	37.55 to 95.92	39.18 to 85.71	27.18 to 90.78	25.69 to 92.49

(Source: Stock registers of test checked HIs)

Thus, it is evident from the above table that most of the drugs and medicines included in the EDL were not available in the stores of test checked HIs, which was in contravention of the Para 15.1 of Drug Policy 2009 and indicates that officers-in-charge of the HIs did not review the availability of essential drugs. This might have resulted in non-treatment of such patients who needed those unavailable drugs/medicines or referring of such patients to other higher level HIs for further treatment, though no records of such patients were available.

No reply was furnished by the department.

4.3.2 Availability of Essential Drugs in Medical Education Department

According to "Medicine Procurement Guidelines" of GoMP, minimum stock for three months in advance is required to be maintained at various levels, for ensuring that there would not be any cases of stock out or over stocking of any item.

Audit noticed that minimum stock of essential drugs (448 essential drugs) was not maintained in the test checked hospitals during 2017-22. The stock-out position of essential drugs in test checked hospitals is given in the **Table 4.3** below:

Table 4.3: Stock-out of essential drugs in test checked hospitals attached to medical colleges during 2017-22

Name of Hospital	Position of Non availability of Essential Drugs at Hospital									
	2017-18		2018-19		2019-20		2020-21		2021-22	
	1-6 months	More than 6 months	1-6 months	More than 6 months	1-6 months	More than 6 months	1-6 months	More than 6 months	1-6 months	More than 6 months
Hamidia /Sultania Zanana Hospital Bhopal*	30	223 (50%)	28	215 (48%)	43	226 (50%)	16	248 (55%)	25	324 (72%)
JAH Gwalior	46	241 (54%)	36	209 (47%)	35	208 (45%)	24	225 (50%)	37	200 (45%)
CIMS Chhindwara	0	0	28	194 (43%)	18	182 (41%)	26	218 (49%)	21	228 (51%)

(Source: Medicine distribution register of test checked units)

We conclude that availability of essential drugs was not ensured due to lack of preparation of ADP by hospitals attached to Medical Colleges.

The State Government did not offer relevant reply to the audit observation.

4.3.3 Availability of essential drugs in AYUSH department

GoI prescribed (June 2019) a list of 277 essential drugs for Ayurvedic hospitals, 257 essential drugs in various dilutions (total 546 drugs) for Homoeopathic hospitals and 288 essential drugs for Unani hospitals to be provided free of cost to IPD and OPD patients at the healthcare centers. Though, the State had to decide the required medicines out of the medicines listed in the EDL as per the prevalence of diseases and need of the patients. Accordingly, AYUSH Department of MP adopted EDL as prescribed by GoI.

We, however, noticed that against the EDL, essential drugs ranged between 57 and 94 *per cent*, between 26 and 40 *per cent* and between 89 and 99 *per cent* were not available in test checked health care institutions of Ayurvedic Hospitals, Homeopathic hospitals and Unani Hospitals respectively during 2017-22 as detailed in *Appendix 4.1*.

Non-availability of essential drugs in health care institutions of Ayurvedic Hospitals, Homeopathic hospitals and Unani Hospitals revealed lack in implementation of EDL prescribed by GoI as adopted by AYUSH Department of the state. This might have resulted in non-treatment of such patients who needed those unavailable drugs/medicines. No specific reply was furnished by the department.

4.3.4 Availability of life saving drugs in Special Newborn Care Unit (SNCU)

As per IPHS norms, there should be minimum 12 lifesaving drugs³ which must be available in SNCUs. However, this is not an exhaustive list for an emergency in any SNCUs.

³ Injection Adrenaline (1:10000), Injection Naloxone, Sodium Bicarbonate, Injection Aminophylline, Injection Phenobarbitone, Injection Hydrocortisone, 5%, 10%, 25% Dextrose, Normal saline, Injection Ampicillin with Cloxacillin, Injection Ampicillin, Injection Cefotaxime, Injection Gentamycin.

During scrutiny of records in SNCUs of selected DHs, Audit noticed that all the essential lifesaving drugs were not available in SNCUs. The status of unavailability of life saving drugs for more than three months during 2017-22 is given in the **Table-4.4** below:

Table 4.4: Status of non-availability of life saving drugs in SNCU

Name of DH	Number of life savings drugs not available out of 12 drugs for more than three months				
	2017-18	2018-19	2019-20	2020-21	2021-22
Barwani	7	4	6	7	9
Bhopal	3	3	3	3	3
Chhatarpur	Not provided	Not provided	5	3	3
Dhar	4	3	3	3	4
Gwalior	4	4	4	5	2
Harda	2	2	2	2	2
Jabalpur	2	2	3	3	3
Mandla	1	3	1	1	1
Rewa	9	9	9	10	7
Ujjain	2	2	2	2	2

(Source: Stock registers SNCUs of test checked DHs)

It is evident from above facts that due to non-availability of life saving drugs, the SNCUs of selected DHs were not fully equipped to tackle the critically ill neonates in emergent medical situations. No specific reply was furnished by the department.

4.3.5 Non-availability of medicines for Respiratory disease and Cardiac problem

As per IPHS norms, there should be availability of 16 medicines for respiratory diseases and 26 medicines for cardiovascular diseases in DHs.

Scrutiny of medicine stock register of ICUs of 10 test checked DHs revealed that for treatment of respiratory problems, out of 16 medicines, unavailability of medicines ranged between 11 and 16 drugs. Similarly, for the treatment of Cardiovascular problems, out of 26 medicines, unavailability of medicines ranged between seven and 23 drugs in ICUs during the entire period of 2017-22.

Further it was noticed that large number of patients admitted in ICU were suffering from Cardiac and Respiratory problem and number of death due to these disease during 2017-22 in selected DHs is given in **Table 4.5** below:

Table 4.5: Status of patients admitted in ICU due to respiratory and Cardiac problems in selected DHs

Year	Total number of patients admitted in ICU	No. of patients admitted due to respiratory disease	No. of patient deaths due to respiratory disease	No. of patients admitted due to cardiac problems	No. of deaths due to cardiac failure	No. of deaths due to respiratory and cardiac problem both	Total no. of deaths due to respiratory and cardiac problems
1	2	3	4	5	6	7	8 (=4+6+7)
2017-18	6,349	571	62	2712	165	226	453
2018-19	6,988	595	69	2938	159	373	601
2019-20	7,636	854	77	2946	179	301	557
2020-21	6,194	643	118	1778	157	344	619

Year	Total number of patients admitted in ICU	No. of patients admitted due to respiratory disease	No. of patient deaths due to respiratory disease	No. of patients admitted due to cardiac problems	No. of deaths due to cardiac failure	No. of deaths due to respiratory and cardiac problem both	Total no. of deaths due to respiratory and cardiac problems
2021-22	7,467	1,390	213	2419	179	403	795
Total	34,634	4,053	539	12,793	839	1,647	3,025

(Source: Records of selected DHs)

It is evident from the table above that out of total 34,634 admitted patients in ICU, 16,846 (48.64 *per cent*) patients were suffering from respiratory and cardiac diseases and 3,025 death cases (18 *per cent*) in ICU were due to respiratory and cardiac problems, which is a matter of grave concern.

No specific reply was furnished by the department.

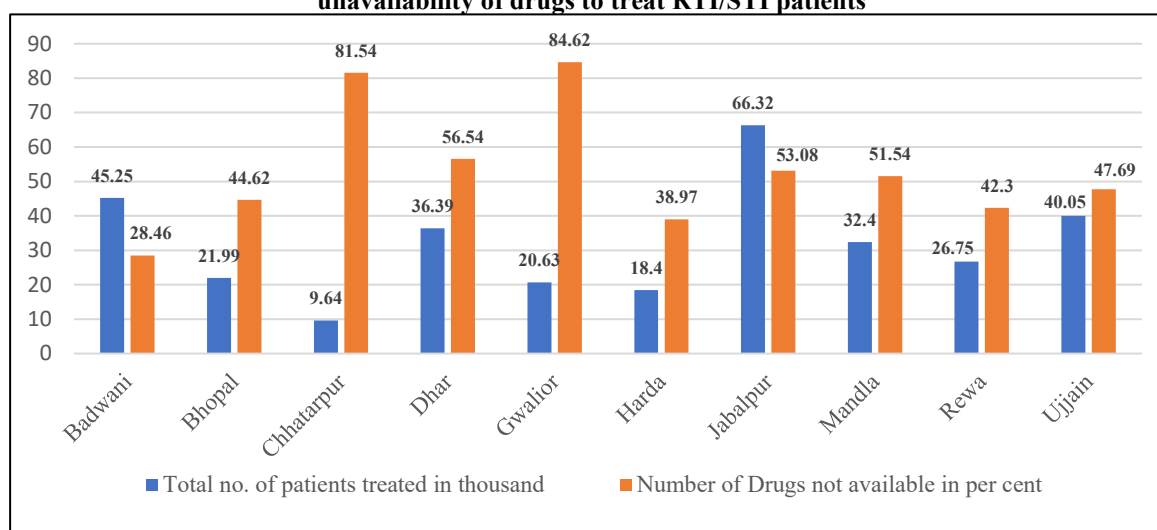
4.3.6 Availability of required drugs for Reproductive Tract Infection/ Sexually Transmitted Infection

As per Operational Guidelines for the Programme Managers and Service Providers for Strengthening Reproductive Tract Infection (RTI)/ Sexually Transmitted Infection (STI) Services, 2007 issued by MoH&FW, GoI, all hospitals had to maintain adequate stocks of 13 drugs⁴.

During test check of selected health institutions of selected districts, audit noticed that Venereal Disease Research Laboratory (VDRL)/ Rapid Plasma Reagin (RPR) investigation facilities were available in all the 38 test checked health institutions (DHs, CHs and CHCs) to detect RTI/STI. However, health care institution did not have provision of the required drugs to treat the RTI/STI patient even though large number of patient suffered with RTI/STI. Status of patients treated for RTI/STI during 2017-22 (District wise) and percentage of unavailability of drugs in these healthcare institutions are shown in **Chart 4.1** below:

⁴ 1. Tab Cefexime 200 mg or 400 mg, 2. Tab Azithromycine 500 mg or 1000 mg, 3. Tab Acyclovir 200 mg or 400 mg, 4. Cap Doxycycline 100 mg, 5. Benzyl Benzoate 25 %, 6. Clotrimazole 500 mg. vaginal pessaries 7. Tab Erythromycin 250 mg or 500 mg, 8. Tab Metronidazole 400 mg, 9. Podophyllin Tincture 20 %, 10. Cap Amoxicillin 500 mg, 11. Tab. Secnidazole 1000 mg or 2000 mg 12. Inj. Benzathine Penicillin 2.4 MU, 13. Tab/Cap Flucanazole 150 mg.

Chart 4.1: Status of total number of RTI and STI patients treated (in thousands) and percentage of unavailability of drugs to treat RTI/STI patients



(Source: Test checked healthcare institutions)

It is evident from the above Chart that the maximum shortage of drugs for treatment of RTI/STI patients was in the district Gwalior (84.62 *per cent*) and district Chhatarpur (81.54 *per cent*) and in remaining test-checked districts it ranged between 28 and 57 *per cent*. Healthcare institution wise and year wise shortage of drugs are given in *Appendix 4.2*.

Shortage of essential drugs for the management of RTI/STI in the hospitals was indicative of poor management of RTI cases, which might lead to miscarriage, stillbirths and neonatal deaths. No specific reply was furnished by the department.

4.3.7 Availability of drugs for Medical Termination of Pregnancy

Unsafe abortions due to pregnancy complications also contribute to maternal morbidity and mortality. MNH Toolkit, 2013 prescribes the availability of Comprehensive Abortion Care (CAC) services at each DH, CH and CHC with deployment of Medical Termination of Pregnancy (MTP) trained Medical Officer and availability of essential drugs.

Records of 20 selected CHCs revealed that there were irregularities in carrying out MTP procedures. Status of abortion carried out, unavailability of drugs (Misoprostol and Mifepristone) for MTP and trained human resource during 2017-22 is given in **Table 4.6** below:

Table 4.6: Status of unavailability of drugs for MTP

Year	Number of CHCs where neither Gynaecologist nor a trained staff was posted	Number of CHCs where require medicine was not available	Number of abortions carried out
2017-18	7	3	235
2018-19	7	4	231
2019-20	7	3	228
2020-21	8	4	214
2021-22	6	3	196
		TOTAL	1104

(Source: Records of test checked CHCs)

From above data and facts, it is clear that almost in seven CHCs, 1104 abortions were carried out during 2017-22 without the availability of Gynecologist/CAC-trained Medical Officers. Further, in CHCs required medicines for MTP were also not available.

No specific reply was furnished by the department.

4.3.8 Availability of medicines for C-section deliveries

Janani Shishu Suraksha Karyakram (JSSK) Guidelines, 2011 prescribe 31 types of drugs for performing C-section deliveries and these drugs were to be provided to pregnant women free of cost.

Audit observed that out of eight selected CHs and 20 CHCs, C-section services were not available in two⁵ CHs and 17⁶ CHCs. In the health care institutions, where C-sections deliveries were performed, full range of medicines were not available. We further noticed that drugs remained unavailable during entire audit period. District wise details are shown in **Table-4.7** below:

Table-4.7: Details of non-availability of drugs required for C-section for entire period during 2017-22

District Hospitals		Civil Hospitals	
Name	Number of drugs not available	Name	Number of drugs not available
Barwani	1	Sendhwa	9
Bhopal	0	Berasia	14
Chhatarpur	10	-	-
Dhar	16	Kuskshi	11
Gwalior	15	Birlanagar ⁷	9
Harda	15	RDH (Jabalpur)	10
Rewa	15	-	-
Ujjain	24	Badnagar	14

HIs wise shortage of drugs is given in **Appendix-4.3**. Thus, in HIs patients were compelled to procure medicines from own expenses. No specific reply was furnished by the department.

4.3.9 Availability of medicines in Health and Wellness Centres

Annexure-I of AYUSHMAN BHARAT, Comprehensive Primary Health Care through Health and Wellness Centres Guidelines, 2018 prescribes 95 essential medicines in HWCs. We noticed that out of 95 medicines required to be available in Health and Wellness Centres (HWCs), there was shortage of medicines ranging from 24 (Amaha, District Rewa) to 100 per cent (HWC Tikariya, District Mandla) in test checked 20 HWCs.

The details of shortage of medicines are given in **Appendix 4.4**.

No specific reply was furnished by the department.

⁵ CH Nainpur (Mandla) and CH Tyonthar (Rewa)

⁶ CHC Warla, Silawad, Ishanagar, Khajuraho, Gandhwani, Bhitwarwar, Mohna, Timarni, Handia, Panagar, Majholi, Bichiya, Bamhni, Govindgarh, Simariya, Tarana and Ingoriya

⁷ There was no maternity facility in CH Hazira. All patients of maternity availed services in Maternity Home Birlanagar.

4.4 Role of Departmental Pharmacies in providing drugs

The AYUSH department has two pharmacies (one for Ayurvedic medicines and another for Unani medicines).

4.4.1 Ayurvedic Pharmacy, Gwalior

There is one Government Pharmacy at Gwalior for manufacturing of Ayurvedic medicines. This pharmacy was manufacturing 66 to 75 types of drugs for supplying it to Government Ayurvedic Hospitals and dispensaries at free of cost. The total expenditure to maintain pharmacy during 2017-22 was ₹23.16 crore, of which, ₹15.08 crore (65 per cent) was spent on Pay and allowances and amount of ₹7.53 crore (33 per cent) was spent on account of purchase of raw material etc. for drug manufacturing. On scrutiny of records of pharmacy, we noticed the following deficiencies:

4.4.2 Target and achievement for production of drugs

The Superintendent of Pharmacy prepares an Action Plan every year regarding manufacturing of drugs based on capacity of the pharmacy, availability of staff, equipment and procurement of raw material. As per the action plan, the target and achievement regarding production of drugs in Ayurvedic pharmacy, Gwalior during 2017-22 are given in the **Table-4.8** below:

Table 4.8: Target and achievement of Ayurvedic pharmacy

Year	No. of Medicines targeted for Manufacturing	Achievement (per cent)	Shortfall (per cent)
2017-18	66	40 (60)	26(40)
2018-19	71	31 (44)	40(56)
2019-20	75	33 (44)	42(56)
2020-21	71	19 (27)	52(63)
2021-22	72	15 (21)	57(79)

(Source: Records of Government Ayurvedic Pharmacy, Gwalior)

It can be seen from the above Table that there was a shortfall between 40 and 79 per cent in production of drugs during 2017-22. Audit noticed that it was due to paucity of raw material. Further, the demand for providing raw material was sent by Pharmacy to the directorate of AYUSH for procurement on MPPHSCL rates but the required quantity of raw material was not made available during the aforesaid period.

We also noticed that during 2017-22, most of the procurement of Ayurvedic medicines was done through LVS rather than to manufacture in Pharmacy. The details of medicines manufactured in Government Pharmacy and procured from LVS are shown in the **Table 4.9** below:

Table-4.9: Details of procurement of Ayurvedic medicines through Government pharmacy and LVS

(₹ in crore)

Year	Medicines manufactured in Government Pharmacy (per cent)	Medicine purchased from LVS (per cent)
2017-18	4.72 (19)	19.76 (81)
2018-19	3.45 (7)	47.08 (93)
2019-20	2.01 (11)	16.48 (89)
2020-21	0.88 (5)	15.88 (95)

Year	Medicines manufactured in Government Pharmacy (per cent)	Medicine purchased from LVS (per cent)
2021-22	0.40 (4)	8.60 (96)

(Source: Records of Pharmacy and directorate)

It can be seen from the above Table that out of the total cost of medicines procured during 2017-22, the cost of medicines procured from Government Pharmacy ranged between four and 19 per cent.

Further, we observed that the rates of medicines procured from LVS were much higher than the cost of medicines⁸ manufactured in Government Ayurvedic Pharmacy. A comparison of rates between Government Ayurvedic Pharmacy and LVS in respect of following selected medicines are given in **Table-4.10** below:

Table-4.10: Comparison of rates between MP LVS and Government Ayurvedic Pharmacy (for 2020-21)

Name of Medicine	Rate as per Government Ayurvedic Pharmacy (Amount in ₹)	Rate as per LVS (Amount in ₹)	Percentage of rate excess to the rate of Government Pharmacy
<i>Aavipattikar Churna</i> 500 Gram	128.81	242.00	87
<i>Majishtha Churna</i> 500 gram	109.38	261.00	139
<i>Arjunarishhta</i> 200 ml	39.29	55.00	40
<i>Triktu Churna</i> 500 gram	393.00	497.00	26
<i>Shankh Bhasma</i> 500 gram	89.00	326.00	266

(Source: Records of pharmacy and Directorate of AYUSH)

The above table shows that the rates of medicines purchased from LVS were exorbitantly high as compared to the cost of medicines manufactured in Government Ayurvedic Pharmacy. Despite this, priority was given to the LVS for procurement of medicines instead of providing the required raw material to the Government Ayurvedic Pharmacy.

No reply was furnished by the department.

4.4.3 Government Unani Pharmacy, Bhopal

AYUSH Department established (December 1981) one Unani Pharmacy at Bhopal for production of Unani medicines. This pharmacy was manufacturing 27 to 103 types of drugs for supplying to Government Unani Hospital and Unani dispensaries free of cost. The total expenditure to maintain pharmacy was ₹11.58 crore during 2017-22, of which, ₹ 5.90 crore (51 per cent) was spent on account of purchase of raw material, ₹ 5.02 crore (43 per cent) on Pay and allowances and the remaining amount was spent for office expenses, equipment etc. Scrutiny of records of pharmacy, revealed shortfall of achievement against target.

The year wise targets for production of drugs (consolidated quantity) and achievements in Unani pharmacy, Bhopal during 2017-22 are given in the **Table-4.11** below:

⁸ Cost of manufactured medicine = Cost of Raw material + 30 per cent of Cost of Raw material + Packing expenses

Table-4.11: Year-wise target and achievement of test-checked pharmacies

Year	No. of Medicines targeted for manufacturing	Achievement (per cent)	Shortfall (per cent)
2017-18	103	44(43)	59 (57)
2018-19	92	51(55)	41 (45)
2019-20	99	37(37)	62 (63)
2020-21	103	24(23)	79 (77)
2021-22	27	17(63)	10(37)

(Source: Records of Government Unani Pharmacy, Bhopal)

It can be seen from the above Table that against the target there was a short fall in manufacturing of medicines between 37 and 77 per cent. In this regard, we noticed that only three Davakob (an important post at manufacturing unit) were deployed against 12 sanctioned posts.

No specific reply was furnished by the department.

4.5 Availability of Equipment and Other Consumables in Health Institutions

4.5.1 Availability of Equipment at HIs

DHS, Bhopal issued instructions (December 2014) to all the CMHOs/CSs for ensuring minimum availability of Vital and Essential equipment in HIs according to their bed capacity. Besides availability of budget and sanction of the competent authority for incurring expenditure, availability of sufficient space in the health institutions for installation of the equipment and trained manpower for its operation were among the main conditions to be fulfilled before making the procurement.

During scrutiny of records and joint physical inspection of offices of the CMHOs, CSs and their subordinate units (CH, CHC, PHC) of the selected districts, Audit observed (June 2022) shortage/excess in availability of Vital and Essential equipment against the prescribed norms of their availability as shown in the **Table 4.12** below:

Table 4.12: Year-wise details of average availability of vital and essential equipment during 2017-22

(Figures in per cent)

Year	Type of equipment	Shortage / Excess	Eight CHs	20 CHCs	10 DHs
2017-18	Vital	Shortage	60	65	44
		Excess	15	20	36
	Essential	Shortage	78	85	58
		Excess	6	5	28
2018-19	Vital	Shortage	57	64	43
		Excess	19	21	39
	Essential	Shortage	61	84	59
		Excess	6	5	28
2019-20	Vital	Shortage	55	58	33
		Excess	23	27	52
	Essential	Shortage	68	77	56
		Excess	7	3	31

Year	Type of equipment	Shortage / Excess	Eight CHs	20 CHCs	10 DHs
2020-21	Vital	Shortage	53	62	33
		Excess	23	36	59
	Essential	Shortage	75	82	51
		Excess	5	5	48
2021-22	Vital	Shortage	57	65	24
		Excess	28	20	85
	Essential	Shortage	77	89	43
		Excess	16	1	43

(Source: Records of offices of the CMHOs/CSs of the selected districts)

It can be observed from the above table that:

- During the period 2017-22, in 10 DHs of selected districts, the average percentage of shortage of vital equipment ranged between 24 and 44 and essential equipment between 43 and 59. Besides, it was also seen that in some categories of equipment, availability was in excess e.g. the average percentage of excess for vital equipment ranged between 36 and 85, for essential equipment between 28 and 48.
- During the period 2017-22, in eight CHs of the selected districts, percentage of shortage of vital equipment ranged between 53 and 60 and essential equipment between 61 and 78. Besides, it was also seen that in some categories of equipment, availability was in excess e.g. percentage of excess for vital equipment ranged between 15 and 28 and for essential equipment between five and 16. In 20 CHCs of 10 selected districts, percentage of shortage of vital equipment ranged between 58 and 65 and essential equipment between 77 and 89 *per cent*. Besides, it was also seen that in some categories of equipment, availability was in excess e.g. the percentage of excess for vital equipment ranged between 20 and 36, for essential equipment between one and five *per cent*.

Conspicuous acute shortages of Vital and Essential equipment against the prescribed norms indicates that officers-in-charge of the health institutions neither reviewed availability of equipment under the aforesaid categories nor did they make any assessment of their requirement, resulting in excess availability of equipment under other categories. Thus, quality health services and medical facilities to the citizens were constrained and hampered by non-availability of medical equipment in various DHs/CHs/CHCs. No specific reply was furnished by the department.

4.5.2 Availability of equipment in hospitals attached to Medical college.

To ascertain the availability of essential equipment as stipulated by MCI for associated hospitals with medical colleges, audit examined availability of the essential equipment in departments⁹ of test checked hospitals. The details of availability of essential equipment in medical colleges are as given below:

⁹ Orthopaedics, Anaesthesia, Ophthalmology, Radiology, ENT and Paediatrics (for Old medical colleges) Radiology, Surgery, Medicine, Obstetrics and Gynaecology and Orthopaedics (for New Medical College)

As per MCI schedule-II norms, every medical college and medical institution and its associated teaching hospitals for annual intake of 250 MBBS admissions annually should have required number of equipment for each department.

The deficiency of essential equipment in different departments of GMC, Bhopal ranged between 8.33 (Radiology Department) and 74.87 *per cent* (Gynecology Department) and in GRMC¹⁰ Gwalior, it was 2.26 (Pediatrics Department) to 81.93 *per cent* (Orthopedics Department) during 2017-22. The details of availability of essential equipment in the above medical college are given in *Appendix-4.5*.

In CIMS, Chhindwara, deficiency of essential equipment was ranging from 41 *per cent* (Radiology and Paediatric department) to 99 *per cent* (Orthopedic and Pathology department) during 2018-22 (as the medical college became functional in April 2018). It was noticed that the tertiary hospital to be attached with CIMS Chhindwara was under construction, however, the equipment procured for CIMS hospital were installed in District Hospital, Chhindwara under a MOU between CIMS Chhindwara and District Hospital. The details of availability of essential equipment are given in *Appendix 4.6*.

The Government stated (November 2023) that GMC Bhopal had procured equipment according to upgradation of MBBS seat from 150-250 seat from covid fund and under ECRP schemes. Further, no deficiency of equipment was reported in recent MBBS/PG, NMC inspections of medical college.

Reply is not acceptable as the government could not provide any evidence in this regard.

4.5.3 Availability of equipment in AYUSH department

Central Council for Indian Medicine (Minimum standard Requirements of Ayurveda College and attached Hospitals) Regulation, 2012 prescribed the minimum number of essential equipment for AYUSH Teaching hospitals. The details of availability of essential equipment in test checked AYUSH teaching hospitals are detailed in **Table-4.13** below:

Table-4.13 Status of availability of equipment in test checked hospitals in various departments

[A] Out-patient Department (OPD)

Sl. No.	Name of test checked Hospital	Type of required Essential equipment	Shortage of equipment (<i>Per cent</i>)	Total Number of essential equipment required (as per type of required essential equipment as mentioned in column (iii))	Shortage of equipment (<i>Per cent</i>)
(i)	(ii)	(iii)	(iv)	(v)	(vi)
1	ATH, Bhopal	50	24 (48)	97	52 (54)
2	ATH, Gwalior	50	14 (28)	97	27 (28)
3	ATH, Jabalpur	50	17 (34)	97	34 (35)
4	ATH, Rewa	50	23 (46)	97	40 (41)
5	ATH, Ujjain	50	13 (26)	97	27 (28)
6	UTH, Bhopal	48	40 (83)	99	76 (77)
7	HTH, Bhopal	0	0	0	0

¹⁰ This data excludes the information of equipment of Pathology and Gynecology department of JAH Gwalior of 2017-21 as the information for the year was not provided.

[B] In-patient Department (IPD)

Sl. No.	Name of test checked Hospital	Type of required Essential equipment	Shortage of equipment (Per cent)	Number of required essential equipment	Shortage of equipment (Per cent)
1	ATH, Bhopal	170	48 (28)	350	96 (27)
2	ATH, Gwalior	170	18 (11)	350	41 (12)
3	ATH, Jabalpur	170	95 (56)	350	210 (60)
4	ATH, Rewa	170	123 (72)	350	207 (59)
5	ATH, Ujjain	170	110 (65)	350	162 (46)
6	UTH, Bhopal	170	68 (40)	350	139 (40)
7	HTH, Bhopal	18	2 (11)	113	11 (10)

(Source: Records of test checked teaching hospitals)

As evident from the above table that the shortage in availability of equipment for OPD and IPD was between 28 to 77 per cent and 10 to 60 per cent respectively.

The AYUSH Department in MP has not standardised any norms for minimum requirement of equipment for DAHs and dispensaries. However, we noticed that essential equipment like BP monitor, Glucometer and thermometer were not available in the test checked dispensaries as detailed in **Table-4.14** below:

Table-4.14 Details of non-availability of equipment in dispensaries

Name of Equipment	Name of dispensary where equipment not available
BP monitor	Kurail (Chhatarpur), Deedwanaoli, Tansen Nagar (Gwalior), Gohalpur (Jabalpur), Indokh (Ujjain), Pipariakala (Jabalpur), Bangrasia (Bhopal), Mausahania (Chhatarpur), Unani (Ujjain), Bichchhapur (Harda) Total = 10
Thermometer	Bangrasia, Panchsheelnagar and Rafiquia (Bhopal), Khardooti (Chhatarpur), Korkheda, Badwaniya, Rajod, Naogaon, Kod (Dhar), Deedwanaoli, Tansen Nagar (Gwalior), Chidgaon Mel (Harda), Gohalpur, Polipathar, Mohas (Jabalpur), Gwari, Mandla (Mandla), Karede, Unani (Ujjain), Badiakbai (Gwalior), Bandhouli (Gwalior), Chhidgaonmel (Harda), Indokh (Ujjain) Total = 23
Glucometer	Panchsheel Nagar, Rafiquia (Bhopal), Korkheda, Badwaniya, Rajod, Naogaon, Kod (Dhar), Deedwanaoli, Tansen Nagar, Bandhouli, (Gwalior), Chidgaon Mel, Gahal (Harda), Gohalpur, Polipathar, Mohas (Jabalpur), Gwari, Mandla (Mandla), Judmaniya, Puraini, Kalamandir, Goghar, Garh (Rewa), Karede, Bhausola, Ujjain, Indokh (Ujjain) Total = 26

We noticed that out of 39 test checked dispensaries, 10 dispensaries did not have BP monitors, 23 dispensaries did not have thermometers and 26 dispensaries did not have Glucometer equipment.

Thus, in the absence of basic diagnostic machines, it cannot be ruled out that the treatment of patients could have been affected. No specific reply was furnished by the department.

4.5.4 Availability of equipment in SNCU

As per order of DHS, Bhopal (December 2014), the required number of Vital and Essential Equipment as per number of sanctioned beds in the SNCU of DH is given in **Table 4.15** below:

Table 4.15: Required number of Vital and Essential Equipment in SNCU of DH

No. of sanctioned beds in DH	Required Number of Vital Equipment	Required Number of Essential Equipment
100	40	14
101-200	45	14
300	85	18
400	98	18
500	106	25
700	110	25

During test check of records in selected DHs, we noticed that there was shortage of vital and essential equipment in SNCU as of March 2022 which is shown in **Table 4.16** below:

Table 4.16: Shortage of essential and vital equipment in SNCUs

Name of DH	No. of Vital Equipment required	Available Vital Equipment	Shortage	No. of Essential Equipment required	Available Essential Equipment	Shortage of Essential Equipment
Barwani	85	81	4	18	18	0
Bhopal	98	98	0	18	14	4
Chhatarpur	85	75	10	18	15	3
Dhar	85	67	18	18	13	5
Gwalior	45	42	3	14	11	3
Harda	40	35	5	14	12	2
Jabalpur	45	35	10	14	10	4
Mandla	85	82	3	18	11	7
Rewa	40	37	3	14	10	4
Ujjain	110	101	9	25	18	7

(Source: Stock registers of SNCUs)

Due to shortage of essential and vital equipment, patients were deprived of quality health care services. Due to non-availability of the facilities, either patients were referred to tertiary care hospitals away from their residence or had to go to private hospitals to get the services. Thus, possibility of incurring expenditure from their own pocket cannot be ruled out.

No specific reply was furnished by the department.

4.5.5 Availability of equipment in Intensive Care Unit (ICU)

As per IPHS norms, requirement of equipment in ICU is given in **Table 4.17** below:

Table 4.17: Requirement of equipment in ICU of DH

Equipment required for each bed	Common facilities for ICU
1.High End Monitor 2. Ventilator 3. O ₂ Therapy devices 4. Deep Vein Thrombosis prevention devices 5. Infusion Pump	1.Pipeline of O ₂ , suction and compressed air 2. Ultrasound 3. Defibrillator 4. Arterial Blood Gas analysis machine

During test check of records in selected DHs, we noticed that there was shortage of equipment in ICUs against IPHS norms as shown in **Table 4.18** below:

Table 4.18: Shortage of equipment in ICUs against IPHS norms as on 31 March 2022

Name of DH	Total number of beds in the DH	Minimum required number of beds (five per cent)	Actual availability of beds	Shortage of beds (in per cent)	Number of equipment required as per available beds	Number of equipment actually available	Shortage of equipment as per actual availability of beds (in per cent)
1	2	3	4	5	6	7	8 = {(6-7)/ 6x100}
Barwani	300	15	6	9 (60)	34	17	50.00
Bhopal	400	20	40	0	204	126	38.24
Chhatarpur	300	15	15	0	79	32	59.49
Dhar	300	15	7	8 (53)	39	22	43.58
Gwalior	200	10	20	0	104	60	42.30
Harda	100	5	4	1 (20)	24	18	25.00
Jabalpur	300	15	13	2 (13)	69	22	68.12
Mandla	300	15	4	11 (73)	24	23	4.17
Rewa	100	5	18	0	94	61	35.11
Ujjain	700	35	10	25 (71)	54	44	18.51

(Source: Stock registers of ICUs)

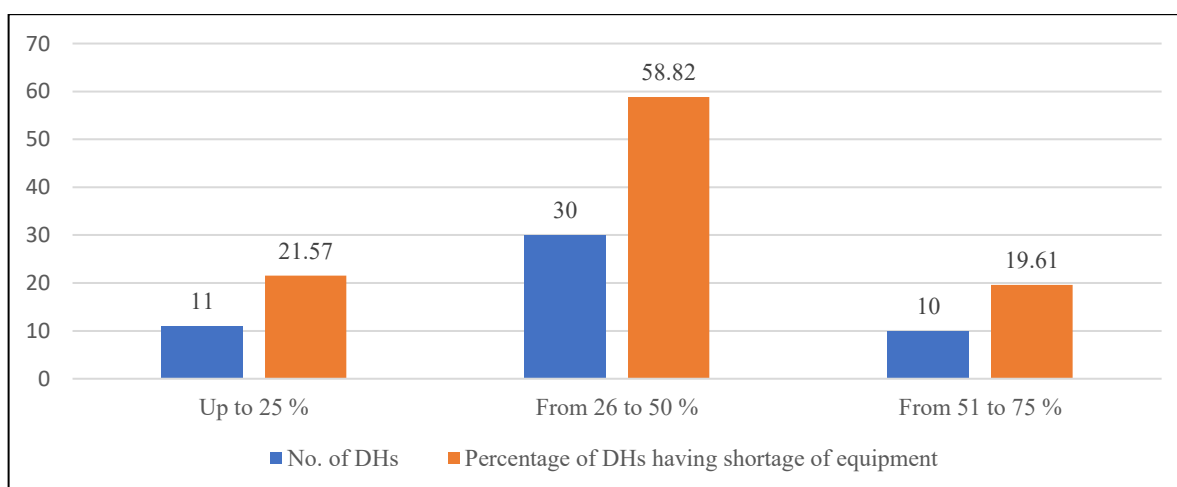
It is evident from the table above that shortage of ICU beds ranged between 13 (Jabalpur) and 73 per cent (Mandla) in seven DHs except Chhatarpur, Gwalior and Rewa. Similarly, shortage of equipment ranged between 4.17 per cent (Mandla) and 68.12 per cent (Jabalpur) in all test checked DHs against the available ICU beds. Due to shortage of equipment in ICU, patients were deprived of quality health care services.

No specific reply was furnished by the department.

4.5.6 Availability of equipment for laboratory services

DHS issued (December 2014) orders regarding minimum number of essential and vital equipment for pathology labs in accordance with bed capacity of the hospital.

Shortage of equipment in 51 DHs is shown in **Chart 4.2** below:

Chart 4.2: Shortage of essential and vital equipment in DHs of the State as on 31 March 2022

(Source: Information furnished by District Hospitals of all districts)

The details are given in **Appendix 4.7**.

Audit observed that there was shortfall of vital and essential equipment ranging between six and 67 *per cent* in DHs of the State.

Audit observed that as on 31 March 2022, in eight test-checked CHs, the shortfall of vital equipment ranged between 25 and 100 *per cent*. Similarly, we found that in three CHs (Berasia, Nainpur and Teonthar), there was 100 *per cent* shortage of essential equipment. In the four CHs, the shortage of essential equipment ranged between 33 and 67 *per cent*. In RDH Jabalpur, there was no shortage of essential equipment. Details are given in **Appendix 4.8**.

No specific reply was furnished by the department.

4.5.7 (i) Availability of equipment in Operation Theatres

During test check of records in ten selected DHs, Audit noticed shortage of essential and vital equipment in Operation Theatres (OTs) in DHs. Status of unavailability (as on 31 March 2022) of essential and vital equipment in OTs required as per list of vital and essential equipment issued by DHS (December 2014) is given below:

- Out of ten selected DHs, shortage of vital equipment in four DHs ranged between five and 16 *per cent* whereas in remaining six DHs, shortage ranged between 22 and 48 *per cent*. Similarly, shortage of essential equipment in four DHs ranged between 33 and 45 *per cent* whereas in remaining six DHs, shortage ranged between 58 and 100 *per cent*.
- During test check of records of eight selected CHs, we noticed that there was no OT in CH Teonthar. In three CHs (Berasia, Sendhwa and Hazira) no essential OT equipment was available. In other four selected CHs, the shortage of essential equipment ranged between 50 and 88 *per cent*.
- During test check of records of 20 selected CHCs, we found that in seven CHCs, no vital OT equipment was available. In remaining 13 CHCs, shortage of vital equipment ranged between 25 and 94 *per cent*. Further, in 13 CHCs, there was no essential OT equipment. In rest of the seven CHCs, the shortage of essential OT equipment ranged between 50 and 75 *per cent*.

The details of shortage of vital and essential equipment in OTs of DHs, CHs and CHCs is given in **Appendix 4.9**.

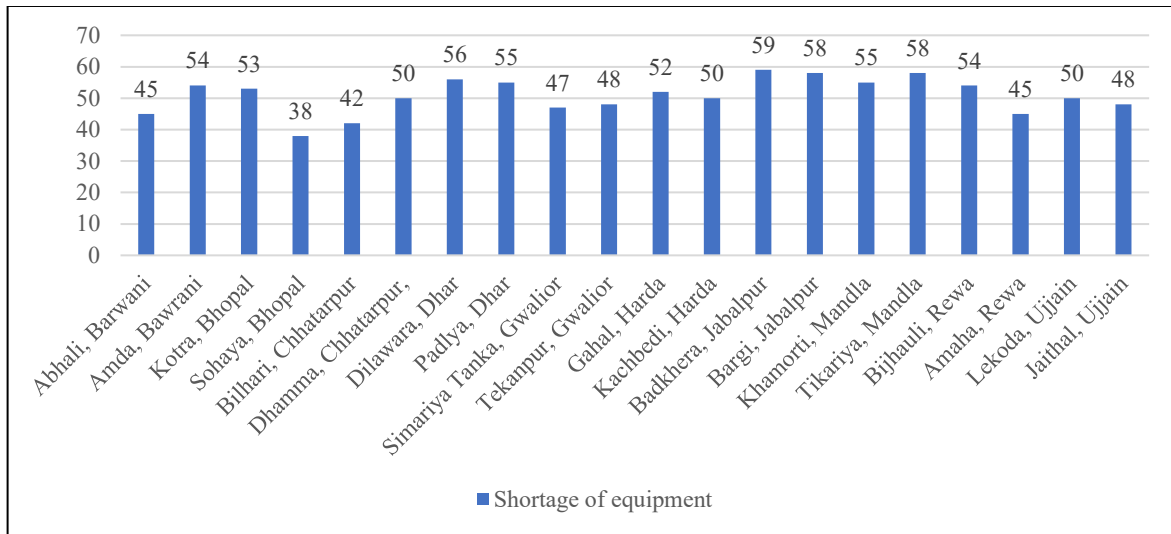
It is evident from the above facts that there was acute shortage of OT equipment in all the test checked healthcare institutions. Despite this none of the CSs and CMHOs of test checked districts sent demand to Directorate for bridging the gap in shortage of OT equipment. Thus, the OTs of selected healthcare institutions were not able to provide all the OT services to the patients with 100 *per cent* efficiency. No specific reply was furnished by the department.

4.5.7 (ii) Availability of equipment in HWCs

Operational guidelines of Ayushman Bharat, 2018 prescribe for availability of 65 equipment in HWCs. As per information furnished by 20 test checked HWCs, it was noticed that there

was huge shortage of equipment in selected HWCs. The status of shortage of equipment is given in **Chart 4.3** below:

Chart 4.3: Shortage of equipment in HWCs as on 31 March 2022



Thus, in absence of equipment, healthcare services at these centers were affected. No specific reply was furnished by the department.

4.5.8 Availability of Consumables/Reagents in Pathology and Bio-chemistry department of GMC

Scrutiny of the records of Pathology department of selected MCs revealed that in GMC, Bhopal following equipment were not in working condition/position due to non-availability of reagents. The details of pathological test not being conducted in lack of reagents is given in **Table 4.19** below:

Table 4.19: Details of tests not conducted

Name of Equipment	Department	Name of Test	Period in which test were not conducted
Fully Automatic Coagulometer STA Compact	Pathology department	TT Test	May 2021 to March 2022 (11 month)
		D Dimer Test	September 2019 to October 2020 (14 Month)
		Fibrinogen Test	November 2018 to March 2022 (Three-year Five Month)
Fluoresce Microscope	Pathology department	Immuno Histo Chemistry	March 2018 to March 2022
High-performance liquid chromatography (HPLC System)	Biochemistry department	DNA sampling	Not used upto May 2022
Hydrasys 2 scan Automated GEL Electrophoresis	Biochemistry department	Used for separate mixture of compounds	Not used up to May 2022

(Source: Records of GMC Bhopal)

We also noticed that despite frequent requests (April 2019, March 2020, January 2021 and November 2021) regarding demand of chemicals, kits and reagents made by the Department of Pathology and Biochemistry to the Dean, GMC, Bhopal but same were not supplied.

No specific reply was furnished by the department.

4.5.9 Deficient stock management

(a) PH&FW department

As per para 14 of Drug Procurement Guidelines, 2017, expired drugs should not be found in the drug store under any circumstances. Necessary arrangements should be made to transfer the drugs having expiry date within the next four months to other districts through Transfer Module of the Portal under intimation to the MPPHSCL.

Scrutiny of records pertaining to stores of CMHOs, DHs, CHs, CHCs and PHCs in 10 selected Districts revealed (June 2022) that as many as 746 medicines worth ₹55.35 lakh got expired in 19 health institutions/ CMHO stores. This reflected failure of the district authorities to observe the above instructions for store management. Details in this regard are given in **Table 4.20** below:

Table 4.20: Details of expired medicines in government health institutions during 2017-22

Sl. No.	Name of the district	Name of the audited units	No. of medicines which got expired	Amount of expired medicines (in ₹)	Reasons for expiry of medicines, if there is any
1	Bhopal	CS Bhopal	330	2676160	Essential medicine and short consumption
2	Rewa	CS Rewa	27	317425	Not furnished
3	Rewa	CHC Govindgarh	1	37350	Not furnished
4	Rewa	CH Teonther	1	237	Not furnished
5	Gwalior	CMHO Gwalior	6	90978	Covid/NSQ
6	Gwalior	CS Gwalior	3	79171	Not furnished
7	Chhatarpur	CMHO Chhatarpur	6	4587	Not furnished
8	Chhatarpur	CS Chhatarpur	15	121832	Not furnished
9	Badwani	CS Badwani	25	227616	Not furnished
10	Ujjain	CMHO Ujjain	55	387215	Not furnished
11	Ujjain	CS Ujjain	15	230597	Not furnished
12	Harda	CMHO Harda	17	79105	Not furnished
13	Harda	CS Harda	48	289101	Due to Covid (2021-22) for 2017-21 not furnished
14	Jabalpur	CHC Majholi	17	27915	Not furnished
15	Jabalpur	PHC Baghrajji	57	41432	Not furnished
16	Mandla	CMHO Mandla	15	175786	Not furnished
17	Mandla	CS Mandla	81	681633	Not furnished

Sl. No.	Name of the district	Name of the audited units	No. of medicines which got expired	Amount of expired medicines (in ₹)	Reasons for expiry of medicines, if there is any
18	Mandla	CHC Bichhiya	22	66812	Not furnished
19	Dhar	CH Kukshi	5	332	Not furnished
Total			746	5535284	

(Source: Records of the above offices)

Expiry of medicines of ₹55.35 lakh clearly indicates that due to non-preparation of ADP, heads of the health institutions were not in a position to assess their actual requirement of medicines and procured medicines on *ad hoc* basis without sufficient justification. Expiry of drugs was attributable to the absence of a monitoring mechanism for observing the above instructions for store management. If the above medicines were nearing expiry date, these medicines should have been transferred to those health institutions where these were lacking and required to be provided to the beneficiaries so that the medicines could be optimally utilized.

No specific reply was furnished by the department.

(b) Medical Education Department

According to para 15 of Drug Policy 2009, the Procurement Officer at district level is responsible to ensure availability of stock of medicines for three months at District level and two months below district level. Drug cell constituted at State level is responsible to review purchase of medicine, availability, quality, over stocking and expiry of medicines regularly at District level. Hospital Superintendent was responsible for management of surplus and deficit stocks of drugs and medical consumables.

In selected hospitals, Audit noticed that 263 kinds of drugs costing to ₹108.11 lakh were expired during 2017-22 in Hamidia Hospital, Bhopal, GRMC Super Speciality Hospital, Gwalior JAH, Gwalior and CIMS Chhindwara as given in **Table 4.21** below:

Table 4.21: Details of expired drugs in test-checked associated hospitals

Name of associated hospital	Number of drugs expired	Amount (₹ in lakh)
Hamidia Hospitals, Bhopal	153	74.34
GRMC Jaya Arogya Hospital, Gwalior-MCH	40	16.84
GRMC Super Speciality Hospital, Gwalior	57	12.66
CIMS Chhindwara	13	4.27
Total	263	108.11

(Source: Stock registers of test-checked hospitals)

Expiry of medicines indicate lack of proper management of stock of drugs and consumables by the Hospital Superintendents.

Audit also observed that, the drug cell at State level was not constituted to review the purchase of medicines, unavailability, and expiry of medicines. This indicates lack of proper implementation of Drug Policy at DME level.

The Government accepted the audit observation and stated (November 2023) that due to decrease in foot fall in routine patients in hospitals during COVID 2020-22 expiry of drugs majorly occurred.

4.5.10 New equipment kept idle in store

As per the instructions (December 2014) of DHS, Bhopal regarding procurement of equipment, availability of budget and sanction of the competent authority, availability of sufficient space in the health institutions for installation of the equipment and trained manpower for its operation were among the main conditions to be fulfilled before making the procurement.

Scrutiny of records pertaining to stores of offices of the CMHOs, DHs and CHs, CHCs and PHCs of ten test-checked districts revealed (June 2022) that in 14 health institutions/ CMHO stores, as many as 201 new¹¹ equipment worth ₹120.16 lakh were kept idle and not issued to any ward or health institutions for a period of nine months to eight years due to various miscellaneous reasons such as non-functioning of Trauma unit in DH Bhopal, non- receipt of Blood storage license, vacant post of Pathologist/Lab technician, non-posting of Radiologist/Gynecologist, non-availability of ECG/X-ray technician, non-availability of dentist, New Color Doppler not installed by the supplier firm and non-availability of building for installation etc. as shown in the **Table 4.22** below:

Table 4.22: Details of new equipment lying idle in store as on 31 March 2022

(₹ in lakh)				
Name of the District	No. of health institutions/ medicine stores	No. of equipment lying unutilized	Period of lying unutilized (since when)	Cost of equipment in Lakh
Badwani	2	7	One to six years	30.03
Bhopal	6	62	Two to eight years	65.69
Chhatarpur	2	18	Two to four years	3.78
Gwalior	1	12	Two to seven years	0.04
Harda	1	1	Six months	0.36
Jabalpur	1	97	Nine months	14.61
Ujjain	1	4	One Year	5.65
Total	14	201	Six months to eight years	120.16

(Source: Records of the above offices)

Equipment-wise details regarding the above are shown in *Appendix 4.10*.

We conclude that the above-mentioned equipment were purchased without assessment of its requirement, availability of trained staff and taken into consideration of bed occupancy. Resultantly these were not in use/idle, and the expenditure to the tune of ₹120.16 lakh incurred on it was unfruitful as of March 2022. No specific reply was furnished by the department.

¹¹ New equipment stands for such equipment that are unutilized/idle in store and have never been used.

4.5.11 Non-operational equipment in health institutions

Scrutiny of records in DHs, CHs, CHCs and PHCs of 10 selected Districts revealed (June 2022) that in eight health institutions 20 equipment worth ₹2.90 core were kept non-functional/ non-operational due to various reasons such as non-registration of complaint for repair with AIM Health Care, Service Provider, non-availability of Specialist/technician, non-installation of new X-ray machine, no action taken in case of technical issues etc. for a period of six months to eleven years as shown in the **Table 4.23** below:

Table 4.23: Details of non-operational equipment

(₹ in lakh)				
Name of the District	No. of health institutions	No. of equipment lying non-functional/non-operational	Period for which lying non-functional/non-operational	Cost of equipment
Bhopal	2	7	One to five years	39.49
Chhatarpur	1	1	Eleven years	94.00
Dhar	1	8	Six months to seven years	123.99
Gwalior	1	1	One year	11.40
Jabalpur	3	3	Not available	21.10
Total	8	20	Six months to eleven years	289.98

(Source: Records of the above offices)

Equipment-wise details regarding the above are shown in the *Appendix 4.11*.

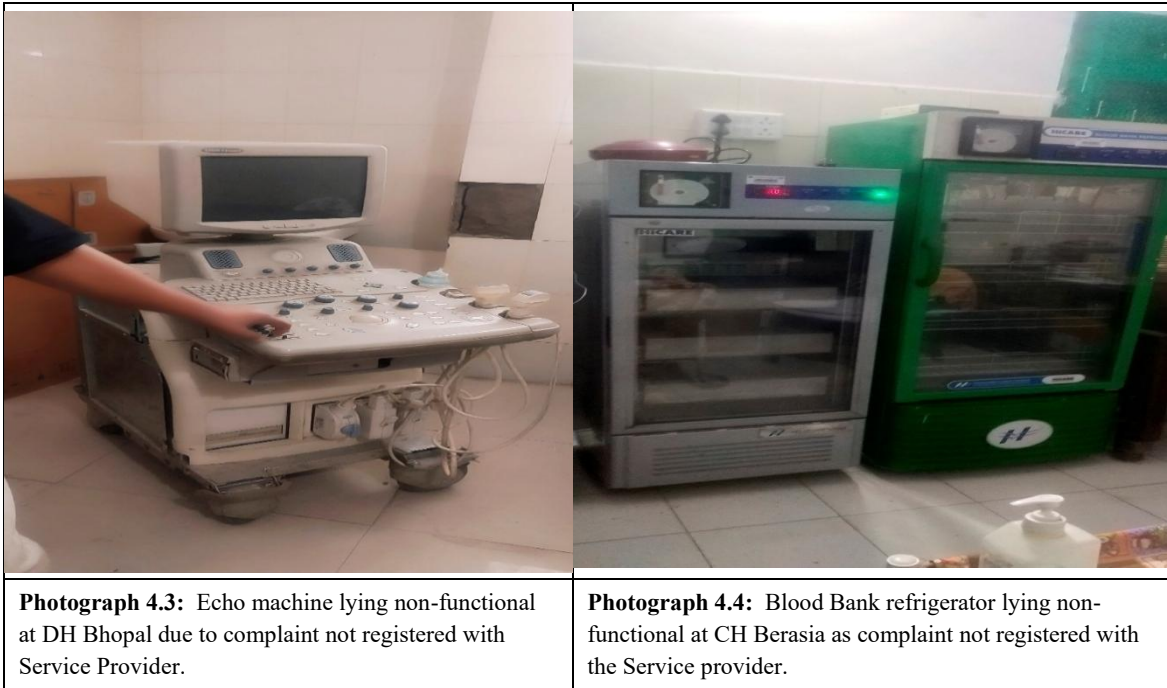
Audit observed that in 15 out of 20 cases, no action was initiated to address the reasons of non-operation of the equipment lying unutilized in the wards/departments resulting in blockage of the Government money to the tune of ₹2.90 crore and setback to the Government’s efforts in ensuring availability of equipment and providing quality healthcare facilities to the citizens of the State. Important equipment lying idle due to non-maintenance issues and other reasons are shown in following **photographs 4.1 to 4.4**.



Photograph 4.1: USG Machine lying unused in CHC Gandhi Nagar, Bhopal due to non-availability of Radiologist/technician.



Photograph 4.2: TMT machine at DH Bhopal lying non-functional due to non-repair by the service provider owing to high expenditure in repair.



No specific reply was furnished by the department.

4.5.12 Equipment not supplied against purchase order

As per the Notification of Award issued by Madhya Pradesh Public Health Services Corporation Ltd. to the supplier firms, delivery period for ordered equipment is sixty days from the date of supply order and as per terms and conditions envisaged in para 2.2 of contract between medical college (CIMS, Chhindwara) and central procurement agency (HITES), timelines are an essential part of the order agreement. The Indent Execution Agency (IEA) should plan build specification in consultation with client, execute the installation and commissioning of goods in line with MCI norms.

Audit noticed in test-checked units that out of 5,366 equipment ordered during 2017-22, 4628 equipment were supplied and 738 equipment amounting ₹19.77 crore were not supplied as detailed in the **Table 4.24** below:

Table 4.24: Details of equipment not supplied in test checked unit

Name of Unit	Number of equipment for which order placed	Number of equipment supplied	Number of equipment not supplied	Value of equipment not supplied (₹ in crore)
GMC Bhopal	2905	2863	42	0.97
Sultania Zanana Hospital, Bhopal	176	176	0	0
GRMC Gwalior	1734	1127	607	12.03
CIMS Chhindwara	551	462	89	6.77
Total	5366	4628	738	19.77

(Source: Records of test checked units)

Further scrutiny of records revealed that:

- In GMC Bhopal, 42 equipment, ordered between December 2019 and October 2021, were not supplied included major equipment four C-Arm Machine costing ₹43.31 lakh to be used in Orthopedic Department and Fully automated chemistry analyzer of worth ₹34.22 lakh to be used in Microbiology Department.
- In GRMC, Gwalior, 607 equipment ordered between December 2017 and October 2020 but not delivered till March 2021, included three types of heavy machines¹² costing ₹18.94 lakh and a machine Colorado Teletherapy Services (CTS) costing ₹75.08 Lakh, however purchase records of equipment during 2021-22 was not provided to audit.
- In CIMS Chhindwara audit noticed that 89 equipment ordered between February 2018 and August 2021 not supplied, included four types of heavy machines¹³ costing ₹1.29 crore, mobile C-arm machine ₹14.56 lakh (2019-20), two Urology surgical set amounting ₹45.73 lakh and nine general surgery set worth ₹2.20 crore (2020-21) was not delivered.

The Government accepted the audit observation and stated (November 2023) that supply chains of equipment were interrupted during COVID period.

Government accepted the fact that equipment and Machines were not supplied in due time to Hospitals during 2017-22.

4.5.13 Installation and functioning of equipment

Audit observed in test-checked units that out of 3,501 equipment delivered, 3,208 equipment were installed and 293 equipment (*Appendix 4.12*) were not installed as detailed in the **Table 4.25** below:

Table 4.25: Details of equipment not installed after delivery

Name of Unit	No. of equipment delivered	No. of equipment installed	No. of equipment not installed
GMC Bhopal	2863	2642	221
GMC Bhopal (Sultania Zanana Hospital)	176	139	37
CIMS Chhindwara	462	427	35
Total	3501	3208	293

(Source: Records collected from test checked units)

Further scrutiny of records revealed that:

- GRMC, Gwalior did not provide records pertaining to 2021-22.
- In Sultania Zanana Hospital (a unit of GMC Bhopal) audit noticed that out of 37 uninstalled equipment (during 2017-21), four types of equipment¹⁴ could not be installed due to lack of space and one portable X-ray machine was not installed as the technician for

¹² Video Laryngoscope for ENT (1), Bronchoscope set for paediatrics and Bubble CPAP for paediatrics (2).

¹³ Laparoscope for pediatric (1), Cystoscope and Resectoscope(1), Laparoscope Set(1), and C-Arm Machine with ERCP(1).

¹⁴ Portable USG Machine (1), Multifunctional ICU Beds(4), Ventilators(1) and Mid END Non-invasive ventilator(1).

operating machine was not posted in the hospital. The hospital did not provide information regarding purchase and installation of equipment for the year 2021-22 to audit.

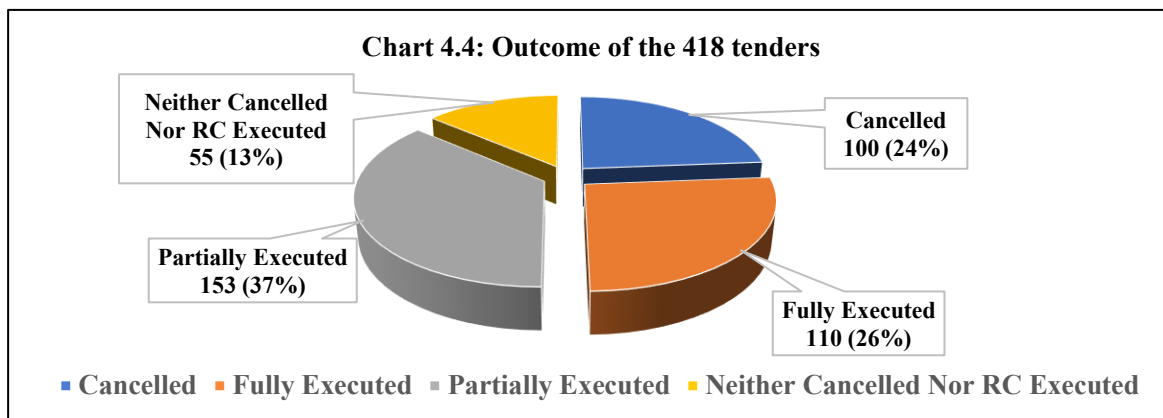
- In CIMS, Chhindwara, two Arterial Blood Gas¹⁵ (ABG) machines were purchased in November 2019, out of which one machine was installed (January 2020) in ICCU of DH, Chhindwara. Demand for cartridge and reagents was raised and orders were issued in April 2020 for the supply of reagents and making ABG machine functional. But cartridge/reagents were not supplied to the hospital up to May 2022 due to which machine remained non-functional.

Thus, due to non-installation of equipment, patients were deprived of healthcare facilities even after spending public money.

The Government accepted and stated (November 2023) that due to incomplete construction work equipment were not installed at CIMS Chhindwara and ABG machine was not functional due to non-supply of Consumables by the firm. However, the Government did not offer any comment on non-installation of equipment in GMC, Bhopal and GRMC, Gwalior.

4.5.14 Invitation of Tenders

The MPPHSCL had floated 418 tenders during the period 2017-22 and the outcome of these tenders is shown in the **chart 4.4** below:



As apparent from above, only 26 *per cent* tenders were fully executed and 24 *per cent* tenders were cancelled, 37 *per cent* tenders were partially executed¹⁶ and in remaining 13 *per cent*, tenders were neither declared as cancelled nor were the RCs executed. The reasons have been analyzed in the succeeding paragraphs.

The Government stated (May 2023) in respect of tenders which were neither cancelled nor RC finalized, out of 55 tenders, six tenders were finalized in the financial year 2022-23 and the rest were cancelled or in process.

¹⁵ Arterial blood gas analyzer (ABG) measures the balance of oxygen and carbon dioxide in blood to see how well the lungs are working.

¹⁶ Partially executed means rate contracts of all floated items of the tender could not be executed.

The reply is not satisfactory as these 55 tenders were floated between March 2017 and March 2022 and remaining 49 tenders are yet to be finalized.

4.5.15 Outcome of Tenders

Out of 418 tenders, 100 tenders were declared as cancelled and key reasons for cancellation are given in **Table 4.26** below:

Table 4.26: Details of key reasons for cancellation

Sl. No.	Reasons for cancellation uploaded on the MPPHSCL portal	Total tenders
1	All the bids received were technically non-responsive/no bids were received.	34
2	Cancelled due to administrative reasons.	27
3	Closure of website www.mpeproc.gov.in on 31.12.2018	23
4	Tender Inviting Authority (TIA) rejected all the received proposals, hence tender cancelled	13
5	Cancelled due to bid validity expired/all items were dropped/new short-term tender invited	3
Grand Total		100

(Source: MPPHSCL tender documents, website)

It is quite evident from the above that the maximum number of tenders (34 per cent) were cancelled due to no participation of qualified bidders and no bids were received in the tender process.

Audit noticed that 12¹⁷ tenders were declared as cancelled by stating administrative reasons or by rejecting all received proposals. However, the fact was that these tenders were floated without due deliberation such as the need was felt for modification in technical specification, scope of work, required quantity, eligibility criteria etc. after opening of the bids. This indicates that the MPPHSCL floated these tenders casually and as a result these tenders were declared cancelled.

Further Audit noticed that in 19¹⁸ tenders which were either cancelled due to administrative reasons or TIA rejected all the received proposals, specific reasons were not found mentioned in the records.

MPSEDC¹⁹'s portal (www.mpeproc.gov.in) on which the MPPHSCL invited online tenders was discontinued from 31st December 2018 and migrated to a new portal (www.mptenders.gov.in). Further, MPSEDC intimated (January 2019) to MPPHSCL that it was not possible to migrate the already uploaded tenders from old portal to the new portal.

Audit observed that the MPPHSCL had cancelled²⁰ 23 tenders²¹ (floated between 12th April 2018 and 6th October 2018) on the ground of closure of MPSEDC's portal. Out of these 23 tenders, technical bids of 21 tenders were opened and even after availability of sufficient

¹⁷ T-035, T-109, T-171, T-180, GeM/1692495, T-291, T-294, T-194, NIT-163, T-120, T-192, GeM/1886386

¹⁸ T-95, 235, 46, 52, 57, 105, 125, 240, 299, 300, 301, 310, 126, 35, NIT-151, 123, 196, 203 and 160.

¹⁹ M.P. State Electronics Development Corporation Ltd. (MPSEDC)

²⁰ Date was not mentioned in the order issued for cancellation.

²¹ NIT-176,182, 183, 190, 191, 194, 195, 197, 198, 199, 201, 202, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214

time, the MPPHSCL did not finalize these tenders and declared as cancelled by assigning the reasons 'due to closure of portal as on 31st December 2018'.

We observed that there were 55 such tenders of which rate contracts were neither executed nor were declared as cancelled. Further, in case of 153 tenders, rate contracts of all requisite items could not be executed, thus, these tenders were partially executed.

The reasons for not finalizing the tenders were, the quoted rates were not found reasonable in comparison to the rates of other State Health Corporations/other sources, bids for items were not quoted by the bidders, technically responsive bids were not received, single bid received etc. Some interesting instances of tender cancellation are given in **Table 4.27** below:

Table 4.27: Details of some interesting instances for cancellation of tenders

Sl. No.	Reasons for non-execution	Details
1	Tenders were floated without ensuring that rate contracts were already available.	NIT 125 was floated (March 2017) for POC test kit for syphilis, however the rate of similar kit was available in NIT-105 (October 2016). In NIT-166, after opening of financial bid, it came to the notice that item 'Phenyl as per schedule O' was reserved item of MPLUN, hence, this item was dropped. Rate contract of item 'Breathing Circuit' floated in T-071 (May 2020) was already available in T-066 (April 2020), so the item was deleted. In T-146 (February 2021) two items viz. 'Cryo labels in roll format' and 'Micro Centrifuge tube' were dropped after opening of financial bid as the rate contracts of these items were already available in tender T-080 (July 2020). In T-018, five drugs were dropped on the ground that the rate contracts of these drugs were available in other similar drug strength.
2	Drugs were invited with brand name instead of generic name	In T-024, four drugs were dropped on the ground that the drugs were invited on the brand name 'Xylocaine' instead of its generic name 'Lignocaine'.
3	Established clinical protocol was not ensured before floating of tenders.	T-210 (June 2021) and T-289 (January 2022) were floated for Amphotericin B 50 mg and Molnupiravir 200 mg respectively. However, later-on these tenders were dropped on the ground that "the drug was prone for severe reaction, or 'there was no GoI guidelines for prescription'.
4	Inordinate delay in tendering procedure	NIT-130 ²² (March 2017) and NIT-156 (October 2017) were floated against the indent received from NHM in December 2016. However, rate contracts could not be executed till March 2018, hence, on the request of indenter that budget may not be available in next financial year 2018-19, the tender was cancelled. NIT-210 ²³ (September 2018) and T-014 (March 2019) were floated against the indent received in April 2018. However, due to delay in tendering procedure bid validity was expired and tender was declared as cancelled in November 2019.

Thus, the MPPHSCL which was established by GoMP in order to strengthen the procurement process in a centralized manner to ensure availability of good quality drugs, consumables, and other medicinal items at lowest price, for the public health institutions

²² Rate contracts for all indented equipment could not be finalized, hence, NIT-156 was floated.

²³ Tender was cancelled due to closure of website in December 2018.

uninterruptedly. However, the MPPHSCL could not meet its objectives as evident from the above paragraphs and as can be seen that only 26 *per cent* tenders could be finalized successfully.

This inefficiency resulted in non-execution of rate contracts of indented drugs, consumables and other medicinal items which led to purchases made by the purchasing authority at higher rates through local arrangements as discussed in **paragraphs 4.6.1 to 4.6.3, 4.8.1 to 4.8.5**.

The Government stated (May 2023) that the MPPHSCL made efforts to increase the participation of bidders, viz. timely refund of EMD, fully online payment, exemption in EMD for MP State MSME etc. Tenders were also cancelled or could not be finalized due to lack of raw material/workers in the firms. Closure of MPSEDC portal in December 2018 was also the reason for cancellation of 23 tenders as no platform was available for further process.

Further, in respect of five tenders where audit pointed out that tenders were floated for such items of which rate contracts were already available or drugs were invited with brand name instead of generic name. The MPPHSCL stated that these items were dropped as corrective measures. Further in view of two tenders which were floated without established clinical protocol, the MPPHSCL stated that due to Covid-19 pandemic there was no requirement of clinical protocol.

Reply is not acceptable because the MPPHSCL did not adopt various measures which were illustrated in GoI and GoMP's guidelines/orders to increase bidders' participation. Further, out of 23 tenders cancelled due to closure of portal, technical bids of 21 tenders were already opened, however, the MPPHSCL did not open the financial bids even after availability of sufficient time. Further in view of five²⁴ tenders if the Corporation had taken due diligence before floating of these tenders, the cancellation could have been avoided. The Reply stating, '*clinical protocol was not required*', was contradictory to the Managing Director's remarks that '*there was no GoI guidelines for prescription*'.

4.5.16 Delay in finalization of Tenders

Rule-144 (ix) of General Financial Rule (GFR)-2017 stipulates that a complete schedule of procurement cycle from the date of issuing of the tender to the date of issuing of the contract should be published when the tender is issued.

During the scrutiny of tender documents floated during the period from 2017-22, Audit noticed that the Corporation specified the schedule only from the publishing/document sale start date to bid opening date in the tender documents. No timelines/dates were fixed for the subsequent stages of finalization of the tender. Hence, Audit could not ascertain how many tenders were finalized within the time limit.

However, Audit analyzed the time taken by the Corporation from the date of tender publishing to the date on which the rate contract was uploaded on the portal and noticed that in 30 tenders out of 263²⁵ tenders finalized, the period involved was six months (181 days)

²⁴ NIT-125, NIT-166, T-024, T-146 and T-018.

²⁵ 110 (fully executed tenders) and 153 (partially executed tenders).

to one year (354 days) which resulted in local purchase by the districts at differential/ higher rates. (detailed in *Appendix 4.13*)

The Government stated (May 2023) that as per the tender terms and conditions, the bid validity period is 180 days from the date of technical bid opening and the complete process of tender needs to be executed within this bid validity period. However, some tenders were delayed due to lack of human resource and Covid-19 pandemic situation.

The reply is not satisfactory as these tenders for medicinal items were finalized beyond the six months from the date of bid publication.

4.6 Rate Contract Management

To provide quality drugs and medicines at the right time to all patients in the public health institutions in the state was the main objective of the New Drug Policy. Drug Procurement Guidelines provides that all required drugs/medicinal items should be procured through the central rate contract. Further, subject to the ceiling of 20 *per cent* of allotted budget, local purchase may be made only for special purposes and in exceptional/indispensable cases. Thus, all time availability of central rate contract of essential drugs, items, consumables, and equipment was to be ensured. In view of above, Audit noticed the following shortcomings:

4.6.1 Availability of rate contract for essential drugs

Directorate of Health Services (PH&FW-Department) and Directorate of Medical Education (Medical Education Department) issued list of essential drugs from time to time. During the period 2017-22, status of availability of central rate contract against the essential drugs is detailed in the **Table 4.28** below:

Table 4.28: Availability of central rate contract against the essential drugs

Sl. No.	Public Health and Family Welfare Department			
	Period	Total No. of essential drugs	No. of drugs of which RC was available	No. of drugs (percentage) of which RC was not available
1.	Prior to 8 th May 2020	361	276	85 (24%)
2.	8 th May 2020 to 4 th Feb. 2021	267	230	37 (14%)
3.	5 th Feb. to 21 st Oct. 2021	285	243	42 (15%)
4.	22 nd Oct. 2021 to 31 st March 2022	295	252	43 (15%)
Medical Education Department				
5.	2017-22	448	357	91 (20%)

(Source: Public Health and Family Welfare and Medical Education Department)

As apparent from above, the Corporation did not ensure complete availability of rate contract in respect of all the essential drugs during 2017-22. Non-availability of rate contract of essential drugs ranged between 14 and 24 *per cent* in respect of PH&FW-Department and 20 *per cent* in respect of Medical Education Department. Thus, the public health institutions were left with no option but purchase essential drugs at higher rates through local arrangements, as discussed in the **paragraphs 4.8.1 to 4.8.5**.

4.6.2 Availability of rate contract for equipment

DHS issued (December 2014) a list of vital, essential, and desirable equipment for public health institutions functioning under the Department. However, the Corporation provided the rate contract data for equipment from 2018-19 to 2021-22. Audit examined the availability of rate contract for vital, essential, and desirable equipment for the above period and found the following shortcomings:

Table 4.29: Availability of rate contract for vital, essential, and desirable equipment

Category of Equipment	Total No. of Equipment	No. of equipment (percentage) for which Rate Contract was not available during 2018-22				No. of equipment (percentage) of which RC was not available during any of the four years
		2018-19	2019-20	2020-21	2021-22	
Vital	62	31 (50%)	41(66%)	29(47%)	36(58%)	20(32%)
Essential	55	40(73%)	34(62%)	31(56%)	41(75%)	25(45%)
Desirable	24	23(96%)	20(83%)	14(58%)	18(75%)	14(58%)

(Source: Public Health and Family Welfare Department and MPPHSCL)

It is evident from the above table that the Rate Contracts for all the required vital, essential, and desirable equipment were not made available to the health institutions by the Corporation and in absence of these equipment, crucial care to the patients was not ensured defeating the very objectives of the corporation.

4.6.3 Availability of rate contracts of drugs/items required for National Health Programmes

NHM also implements various National Communicable/Non-communicable Disease Control Programmes. In this connection, State Health Mission-NHM from time to time sends indent to the Corporation for execution of rate contract of drugs/items required for these programmes. Audit examined the indents received from NHM and the rate contract executed by the Corporation and found that rate contracts of significant number of drugs/items were not executed as detailed below in **Table 4.30**:

Table 4.30 Availability of rate contract of drugs/items required for National Health Mission

Sl. No.	Name of Programme	Drugs/ Equipment	No. of items/drugs of which rate contract was required	No. of items/drugs of which rate contract was available	No. of items/drugs (percentage) of which rate contract was not available
1.	Maternal and Child Health Programme	Equipment	93	70	23(25%)
2.	Pediatric Intensive Care Unit	Equipment	53	20	33(62%)
		Drugs	57	44	13(23%)
3.	National Viral Hepatitis Control Programme	Drugs	09	03	06(66%)
		Diagnostic Kits	08	00	08(100%)
4.	National Programme for Prevention and Control of Cancer, Diabetes,	Drug	57	52	05(9%)

Sl. No.	Name of Programme	Drugs/ Equipment	No. of items/drugs of which rate contract was required	No. of items/drugs of which rate contract was available	No. of items/drugs (percentage) of which rate contract was not available
	Cardiovascular Diseases and Stroke				
5.	Anti-Cancer Drug as per cancer protocol in District Hospital	Drugs	10	05	05(50%)
6.	National Programme for Control of Blindness	Instruments	36	10	26(72%)
		Drugs	25	14	11(44%)

(Source: NHM and MPPHSCL)

Thus, the Corporation could not fulfill the requirements of National Health Programmes as rate contract of nine to 100 *per cent* items/drugs/diagnostic kits could not be executed.

The Government stated (May 2023) that rate contracts of all drugs, equipment, consumables, and other medicinal items categorized under essential, vital, and desirable could not be executed due to non-participation of bidders, bidders were found technically non-responsive, quoted rates were not justifiable, firms did not execute the rate contract etc.

The reply is not satisfactory as the GoMP established the Corporation consisting of capable administrators with an aim to strengthen the procurement arrangements for the requirement of public health care institutions. Further, to provide quality drugs and medicine at the right time to all patients in the public health care institutions was the main objective of the New Drug Policy 2009. Thus, non-availability of rate contracts for all the essential drugs, vital and desirable equipment/items, defeated the purpose of establishment of the Corporation.

4.6.4 Rate contract entered for the prohibited Drugs

Central Drugs Standard Control Organization (CDSCO) notifies list of drugs prohibited by Ministry of Health and Family Welfare, GoI for manufacturing, sale, and distribution for human use, under the Drugs and Cosmetics Act, 1940. In this regard, CDSCO issued in November 2021 a list of 518 prohibited drugs/fixed dose drug combination.

Audit observed that during the period 2017-22, the Corporation executed the rate contracts of the prohibited drugs, and the departments purchased these drugs as detailed in **Table 4.31** below:

Table 4.31: Rate contract for purchase of prohibited drugs

Sl. No.	Name of Prohibited drugs	Date of prohibition as per Gazette Notification	Rate Contract Number (date)	Order Quantity	Amount of Purchase made by the health institutions
(₹ in lakh)					
Purchase made through MPPHSCL rate contract					
1.	Metronidazole + Norfloxacin	10.03.2016	20160342101 (27.10.2016) 20160342102 (01.07.2017)	442569	32.14
2.	Azithromycin + Cefixime	10.03.2016	20200345501 (16.08.2020), 20180173001 (07.07.2018),	549939	121.32

Sl. No.	Name of Prohibited drugs	Date of prohibition as per Gazette Notification	Rate Contract Number (date)	Order Quantity	Amount of Purchase made by the health institutions
			20160121601 (11.05.2016), 20160121602 (01.07.2017)		
Total					153.46
Purchase made through local arrangements					
3.	Azithromycin + Cefixime	10.03.2016	Local purchase	180000	12.08
4.	Azithromycin, Secnidazole and Fluconazole	07.09.2018	Local Purchase	3000	0.12
5.	Gliclazide 80 mg + Metformin 325 mg	07.09.2018	Local Purchase	492995	10.76
Total					22.96
Grand Total					176.42

(Source: Data of MPPHSCL and Gazette Notification of GoI)

Thus, the Corporation executed the rate contract amounting to ₹153.46 lakh and local purchase of ₹22.96 lakh was made at district level through local tenders for the prohibited drugs for human consumption, thereby endangering the public health.

Had the Corporation and Department showed cautiousness and done due exercise of removing the prohibited drugs before floating the tender, rate contract of these prohibited drugs could have been avoided.

The Government stated (May 2023) that prohibition of drug combination Metronidazole+Norfloxacin was published in Gazette Notification dated 10.03.2016. Thereafter, the case of prohibition was sub-judice in Hon'ble Supreme Court and as per directions of the court the matter was examined by Drug Technical Advisory Board. Further on the basis of recommendations of the Board, the GoI again issued the Gazette Notification dated 07.09.2018 in supersession of Gazette Notification of 10.03.2016 for prohibition of the said combination for manufacture, sale and distribution for human use.

Further in case of Azithromycin+Cefixime supply by M/s. Zest Phrama, it was stated that such combination is being supplied in a kit form i.e. one tablet of Azithromycin and one tablet of Cefixime separately, hence Gazette Notification dated 10.03.2016 fixed dose combination does not apply.

The reply confirms that the drug combination Metronidazole+Norfloxacin which was banned in March 2016 was upheld by the Hon'ble Supreme Court in its order (December 2017) and in compliance, the GoI again issued order for prohibition of the said combination for manufacture, sale and distribution for human use. Hence the Corporation instead of justifying their stand should have banned the drug with immediate effect after Gazette Notification of March 2016.

4.6.5 Rate contract and purchase beyond the ceiling prices fixed by National Pharmaceutical Pricing Authority

National Pharmaceutical Pricing Authority (NPPA) under the Ministry of Chemical and Fertilizers, GoI notifies the maximum ceiling prices for drugs. Under the Drug Price Control Order (March 2018), NPPA issued a scheduled list of 841 drugs with maximum ceiling prices for procurement. The ceiling prices were applicable with effect from 1st April 2018 and the manufacturers not complying with ceiling prices shall be liable to deposit the excess amount with interest thereon under provisions of the Drug Prices Control Order (DPCO), 2013.

During comparison between the drug ceiling prices and the rate contracts executed/ purchase made after notification of DPCO order, Audit noticed that execution of rate contract and purchase of drugs were made at higher rates in comparison to the ceiling prices. Details are given in below **Table 4.32**:

Table 4.32: Purchase of drugs made at higher rates in comparison to the ceiling prices

(Amount in ₹)

Sl. No.	Name of Drug	Ceiling Price	Rate as per rate contract on which drug purchased	Difference between ceiling price and purchase price	Total quantity of which payment has been made by the purchaser	Total excess payment (5 x 6)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01.	Calcium gluconate Inj. (10 ml)	5.20 (rate 0.52 per ml)	7.47	2.27	1,18,744	2,69,549
02.	Silver Sulphadiazine cream 1% (500 gm. Jar)	140 (rate 0.28 per gram)	168.99	28.99	2,320	67,257
Total						3,36,806

(Source: Orders of DPCO and Data of MPPHSCL)

Thus, it is obvious that the Corporation did not consider the prescribed ceiling limit of DPCO and executed rate contract at higher rates, resultantly excess and avoidable expenditure of ₹3.37 lakh was incurred by the purchasing health institutions.

The issue of quoting higher price than the DPCO's ceiling price by the manufacturers/suppliers was discussed in Board of Directors (BoD) meeting (13th July 2018) and a clause "If any bidder quotes rate higher than the DPCO/NPPA ceiling price, then such bid would be disqualified, and the bidder shall be debarred from participating in the tender for a period of three to six months" was to be incorporated in the tender documents.

However, the Corporation, despite being aware of the decision of the BOD, did not include this specific clause in the tenders. Thus, recovery from the manufacturers/suppliers who were liable for the overcharged rates was ruled out.

Further, during scrutiny of local purchase made by the district authorities through MP Aushadhi Portal, Audit noticed that the CMHOs and CSs also have purchased 38 drugs for ₹46.49 lakh above the DPCO's ceiling limit. Therefore, excess payment of ₹49.86 lakh

(₹3.37 lakh MPPHSCL rate contract + ₹46.49 lakh local purchase) was made to the suppliers.

Thus, if the Corporation and PH&FW-Department had taken cognizance of the ceiling prices notified by DPCO/NPPA, the excess expenditure of ₹49.86 lakh incurred could have been avoided.

The Government stated (May 2023) that the Corporation uploaded the rate contract on 07.01.2017 for Inj. Calcium Gluconate 10 ml vial and Silver Sulphadiazine USP cream, hence the revised rate of DPCO does not apply as the ceiling prices were applicable from April 2018.

The reply is not acceptable as it is clearly mentioned in the order of April 2018 that all manufacturer of scheduled formulations, selling branded or generic or both the version of scheduled formulations at price higher than the ceiling prices so fixed and notified by the Government, shall revise the prices of all such formulations downward not exceeding the ceiling price specified.

4.7 Purchase Order Management

Drug Procurement Guidelines provides that all purchase of drugs, suture surgical, consumables and equipment would be done through *MP Aushadhi Portal*. All Drawing and Disbursing Officers would utilize 80 per cent of the allotted budget to purchase the required items on the rate contracts finalized by the Corporation. In case of emergency, 20 per cent of the allotted budget was to be utilized at district level through local tenders by making the entries on *MP Aushadhi Portal*. However, the supply was not made timely and significant delay in supply was noticed as discussed in succeeding paragraphs:

4.7.1 Delay in supply of ordered drugs/medicinal items.

The New Drug Policy and the terms and conditions of tenders provide that supply should be completed within 45 days from the date of issue of purchase order. However, for injectables, supply was to be completed within 60 days from the date of issue of purchase order. In this regard, Audit noticed inordinate delay in supply of drugs, injectables and other medicinal items, by the suppliers/manufacturers as detailed in **Table 4.33** and **4.34** below:

Table 4.33: Supply Status of Drugs and medicinal items excluding injections

Year	Total No. of Purchase orders	Total No. of PO against which Supply was made within time limit	Total No. of Purchase Order against which Supply was made with delay – range of delay (in days)				
			46 to 90	91 to 200	201 to 300	301 to 1550	Total
2017-18	46244	28856	12942	3934	403	109	17388
2018-19	45829	27047	12824	5005	623	330	18782
2019-20	47404	28344	14216	3996	544	304	19060
2020-21	48892	27097	13887	6794	775	339	21795
2021-22	61219	40464	16239	4219	183	114	20755
Total	249588	151808 (61%)	70108 (28%)	23948 (9%)	2528 (1%)	1196 (1%)	97780 (39%)

(Source: Data of MPPHSCL)

Table 4.34: Supply Status of injections

Year	Total No. of Purchase Orders	Total No. of Purchase Order against which supply was made within the time limit	Total No. of Purchase Orders against which Supply was made with delay – range of delay (in days)				
			61 to 90	91 to 200	201 to 300	301 to 2088	Total
2017-18	13642	8972	2992	1503	145	30	4670
2018-19	15529	9685	3428	2211	148	57	5844
2019-20	13068	7628	2956	2145	227	112	5440
2020-21	15319	7893	3185	3510	429	302	7426
2021-22	18557	11456	4184	2752	100	65	7101
Total	76115	45634 (60%)	16745 (22%)	12121 (16%)	1049 (1%)	566 (1%)	30481 (40%)

(Source: Data of MPPHSCL)

As evident from above tables that in respect of drugs and other medicinal items, delayed supply was made in 39 *per cent* purchase orders and in respect of injections delayed supply was made in 40 *per cent* purchase orders. Inordinate delays ranged up to more than five years. Thus, the main objective of the New Drug Policy to provide quality drugs and medicines at the right time to all patients in the public health institutions in the State was defeated.

Further, the New Drug Policy and the terms and conditions of the tenders provide that the purchase order would stand cancelled at the end of 60th day (75th day for injections) from the issue of the purchase order. Security Deposit of such suppliers would be forfeited besides taking other penal action like blacklisting/debarring from participating in forthcoming tenders. However, the Corporation neither cancelled the purchase orders nor initiated any action against the suppliers who were responsible for delayed supply. The delayed supply of items was being accepted as a regular practice.

The Government stated (May 2023) that MP Aushadhi portal has a provision for deducting penalty on delayed supply. Further during Covid-19 pandemic the extension in delivery period was provided without imposing any penalty for late delivery. In case of non-supply Corporation initiated various actions like issuing of show cause notice, blacklisting/debarring of product/firms and forfeiting of Performance Bank Guarantee (PBG).

The reply is not acceptable as delay in supply of drugs was noticed during the last five years as mentioned in the table above, besides the Covid-19 pandemic period. Delay in supply defeated the objective of New Drug Policy-2009 to provide quality drugs and medicines at the right time to all patients in the public health institutions of the State.

4.8 Local purchase at district level

4.8.1 Purchase at local level in absence of Central Rate Contract

The Drug Procurement Guidelines stipulate that all purchases should be made through a central rate contract. However, as discussed in earlier paragraphs that significant number of tenders were either cancelled or rate contracts were not finalized. Thus, in the absence of central rate contract following items were procured at district level through local tenders:

Table 4.35: Drugs and medicines procured at district level due to non-availability of Central rate contract.

(₹ in crore)

Year	No. of medicines/items of which RC not done	PO amount
2017-18	372	13.89
2018-19	350	8.66
2019-20	235	17.05
2020-21	781	39.78
2021-22	998	59.41
Total	2,736	138.79

(Source: Data of MPPHSCL 'e-aushadhi portal')

As the central rate contracts of above 2,736 drugs/medicinal items were not available during the period 2017-22, the purchasing authorities at district level were compelled to purchase the medicines which were not in rate contract locally amounting to ₹138.79 crore.

4.8.2 Purchase on local Rate Contract by ignoring the Central Rate Contract

Audit noticed in 564 drugs/medicinal items, that during the period 2017-18 to 2021-22 for which central rate contracts were available on *MP Aushadhi Portal*, the DDOs/purchase authorities ignored the Central Rate Contract and made purchases at higher rates through local tender rates by violating the provisions of Drug Procurement Guidelines and made excess expenditure amounting to ₹8.57 crore, as detailed below:

Table 4.36: Purchase at local rate contract by ignoring the Central Rate Contract

(₹ in crore)

Year	No. of medicines/items	Amount of Purchase at local rate contract	Amount of Purchase if it made through Central Rate Contract	Excess expenditure due to purchase made on local rate contract instead of central rate contract	Instances of purchase on local Rate Contract by ignoring the Central Rate Contract (in ₹)			
					Item	CRC rate	Local purchase rate	
2017-18	129	2.85	1.37	1.48	1.5/1.6 Adult Dialyzer	474	CS-Harda	589
							CS-Harda	750
							CS-Raisen	1170
					Amlodipine 5mg+Atenolol	25.93	CMHO-Harda	58.90
2018-19	89	1.53	0.74	0.79	Acyclovir Inj(250 mg/Vial), Injection	23.39	Ratlam-CS	95.20
							Hamidia Hospital, Bhopal	44
					Azithromycin (500mg Tab)	423.58	Sheopur-CMHO	500
2019-20	72	1.55	0.70	0.85	Amikacin (500mg /2ml (2ml Vial)	15.30	Shajapur-CS	38.50

Year	No. of medicines/ items	Amount of Purchase at local rate contract	Amount of Purchase if it made through Central Rate Contract	Excess expenditure due to purchase made on local rate contract instead of central rate contract	Instances of purchase on local Rate Contract by ignoring the Central Rate Contract (in ₹)			
					Item	CRC rate	Local purchase rate	
					Amoxicillin and Clavulanic Acid I.P.(500mg + 125mg	413.68	Betul-CS Harda-CMHO	1380 1380
2020-21	98	5.33	2.05	3.28	Acyclovir tab. IP - 200mg	111	Sehore-CMHO	760
					Meropenem Inj 125mg/Vial	39.95	Raisen-CS	160.70
2021-22	176	3.79	1.62	2.17	Aceclofenac 100Mg+ Paracetamol 325Mg+ Serratepepdose	99.85	Sehore CMHO	650
					Amoxicillin +Clavulanic acid	15.95	Jhabua CMHO	84
Total	564	15.05	6.48	8.57				

(Source: Data of MPPHSCL 'e-aushadhi portal')

Further, it is appropriate to mention here that the above purchases were being made through *MP Aushadhi Portal*. However, no corrective measures were taken by the departments as well as by the Corporation, which led to the excess expenditure despite availability of central rate contracts.

4.8.3 Same drugs/medicinal items purchased by the different DDOs at different rates in the same financial year

Audit noticed inordinate variation in the rates of 1,727 drugs/medicinal items purchased among the DDOs/purchasing authorities through the local purchase during 2017-22. We have compared the rates of drugs/items which were purchased by different DDOs within the State and found huge difference in the rates of same drugs/items as detailed below:

Table 4.37: Same drugs/medicinal items purchased by different DDOs at different rates in the same financial year

Year	No. of medicines/items	Total Difference Amount (₹ in crore)	Instances of same drugs/medicinal items purchased by the different DDOs at different rates (Amount in ₹)		
			Item	Name of DDO/ Purchasing Authorities	Local purchase rate
2017-18	347	8.88	Alkaline Phosphatase (ALP) DEA 300 ml	Dean BMC Sagar	7866
				Jabalpur-CS	2050
			Amikacin(250mg/2ml), Injection	Betul-CMHO	18
				Sheopur-CMHO	06
2018-19	308	6.40	Adenosine Inj 6 mg/ 2ml	Shivpuri-CS	148
				Sanjay Gandhi Hospital Superintendent, Rewa	57
			Cephalexine(500mg), Capsule	Shajapur CMHO	487.59
				Sheopur CMHO	210
2019-20	267	7.67	Catgut Chromic Size:2/0 length 150 cm	Bhopal-CMHO	2250
				Bhind-CMHO	465
			Iron Sucrose USP (100 mg/5 ml (5 ml Amp)),Injection	Raisen CMHO	74.30
				Sheopur-CS	20.15
2020-21	355	17.09	L-ornithine +L-Aspartate 5mg inj (5mg), Injection	Shahdol-CS	194
				GRMC Jaya Arogya Hospital, Gwalior	42.15
2021-22	450	19.94	Dextrose 50 %, (25 ml) Inj (50 %), Injection	Hamidia Hospital, Bhopal	20.89
				Medical College JD Superintendent, Jabalpur	7.90
			Doxylamine Succinate (10 mg),Tablet	Dean college Ratlam	53.57
				Dean college Shahdol	9.79
Total	1727	59.98			

Thus, uniformity in the purchase rates of 1,727 drugs/medicinal items was not found among the district level purchase authorities. Even in the same district two different purchase authorities viz. CMHO and CS purchased items at different rates. The difference has been calculated in comparison to the lowest rates of the item with that of higher rates of the same item purchased and the difference amount arrived was ₹59.98 crore.

4.8.4 Same purchase authority purchased same drugs/items at different rates in the same financial year

Audit noticed that there were 112 such DDOs/purchasing authorities who purchased 243 same drugs/medicinal items at different rates in the same financial year. Thus, the difference when compared to the drugs/items purchased with the lowest rate and with the same drugs/items purchased at higher rates, resulted in excess avoidable expenditure amounting to ₹3.20 crore as detailed below:

Table 4.38: Same DDO/purchasing authority purchased same drugs/items at different rates in the same financial year

Year	No. of DDOs involved	No. of medicines/items	Total Difference Amount (₹in crore)	Instances of same purchase authority purchased same drugs/items at difference rates (Amount in ₹)			
				Item	Name Of DDO	Date Of Purchase	Local purchase rate
2017-18	33	53	0.34	Cough Syrup Each 5ml Contains Ammonium Chloride	Alirajpur CMHO	6 th December 2017	11.47
						2 nd January 2018	21.20
				Povidone Iodine (5% 100 ml), solution	Bhopal CMHO	4 th May 2017	11.40
						14 th September 2017	52.50
2018-19	04	04	0.01	Rabies vaccine IP Human cell culture 2.5 IU/dose	Chhindwara CMHO	17 th January 2019	225
						28 th December 2018	290
				Surgical Spirit BP 500 ml.	Seoni CMHO	8 th March 2019	83.20
						19 th December 2018	25.00
2019-20	14	12	0.21		Dhar CMHO	3 rd May 2019	9.45

Year	No. of DDOs involved	No. of medicines/ items	Total Difference Amount (₹in crore)	Instances of same purchase authority purchased same drugs/items at difference rates (Amount in ₹)			
				Item	Name Of DDO	Date Of Purchase	Local purchase rate
				Chlorpheniramine Maleate (10mg/ml Inj 10 ml),Vial		26 th December 2019	38.00
				Spinal Needle 26 G (each), Needle	Hoshangabad-CS	20 th August 2019	83.00
						24 th May 2019	45.00
2020-21	28	58	1.38	Medical Oxygen Gas IP in Jambo Size Cylinder (D Type)	Dean college Khandwa	13 th March 2021	140
						1 st January 2021	373
						13 th March 2021	275
				Absolute Ethanol (500ml), Consumable	Dean college Ratlam	12 th November 2020	708
						23 rd November 2020	600
2021-22	33	116	1.26	Enoxaparin (40mg equivalent to- 4000 IU Vial/PFS)	Dean BMC Sagar	13 th April 2021	280
						16 th June 2021	366
				Clindamycin (150mg/ml (2 ml Vial/Amp)), Injection	Dean college Ratlam	29 th September 2021	140
						11 th February 2022	301.59
Total	112	243	3.20				

Thus, due to irrational purchase of 243 drugs/items by the district authorities, excess avoidable expenditure of ₹3.20 crore was incurred from the public money.

4.8.5 Same supplier supplied same drugs/items at different rates to the purchase authorities in the same financial year.

Audit noticed that there were 192 such instances in which same suppliers supplied the same drugs/medicinal items at different rates to the different DDOs/purchasing authorities in the same financial year. Thus, the difference when compared to the drugs/items purchased at the lowest rate with the same drugs/items purchased on higher rate resulted in excess avoidable expenditure amounting to ₹13.24 crore as detailed below:

Table 4.39: Same supplier supplied same drugs/items at different rates to the DDOs/purchasing authorities in the same financial year

(₹ in crore)

Year	No. of suppliers involved	No. of medicines/items	Total Amount	Instances of same supplier supplied same drugs/items at different rates to the purchase authorities (amount in ₹)				
				Item	Name of Suppliers	Name of DDO	Date	Local purchase rate
2017-18	33	118	1.60	Alkaline Phosphatase (ALP) DEA 300 ml	Anu Sales	Dean BMC Sagar	03.05.17	7526
						Dean BMC Sagar	31.03.18	7866
				Bilirubin (Direct) AS 300 ml (Model BA 400 System)	Anu Sales	Dean BMC Sagar	03.05.17	3007
						Dean BMC Sagar	15.02.18	13110
2018-19	27	117	0.80	Ceftriaxone (500mg Vial), Injection	Apex Pharmaceutical	Tikamgarh-CMHO	01.12.18	9.50
						Chhatarpur-CMHO	21.02.19	15.65
				VDRL Kit (Strip)(50 Test/Kit)	Aanya Medical Agency	Rajgarh-CMHO	12.02.19	1125
						Bhopal-CMHO	18.03.19	1800
2019-20	33	100	0.95	Foleys Catheter Size 16-2 Way(11 Each)	Sulabh Pharma Indore	Sidhi-CS	18.07.19	75
						Hoshangabad-CMHO	23.09.19	47.50
					Aanya Medical Agency	Betul-CS	07.09.19	60
						Raisen-CMHO	09.07.19	240
2020-21	43	114	2.72	Multivitamin drops (Approx 22 drops), Drop	Aanya Medical Agency	Shajapur-CMHO	20.09.20	27.50
						Harda-CMHO	29.06.20	17.25
				Normal Saline (0.9% (500ml FFS Bottle)), Infusion	Jeet Associates	Hamidia Hospital, Bhopal	15.03.21	30.42
						Hamidia Hospital, Bhopal	15.05.20	14.25
2021-22	56	133	7.17	Calcium Syrup 100ML Syrup (240mg/5 ml)	Aanya Medical Agency	Raisen-CS	01.07.21	18.50
						Singrouli-CMHO	07.10.21	35
				Povidone iodine		Rajgarh-CMHO	03.06.21	290

Year	No. of suppliers involved	No. of medicines/ items	Total Amount	Instances of same supplier supplied same drugs/items at different rates to the purchase authorities (amount in ₹)				
				Item	Name of Suppliers	Name of DDO	Date	Local purchase rate
				surgical scrub Solution. - 7.5%	Aanya Medical Agency	Raisen-CMHO	07.06.21	220
Total	192	582	13.24					

Thus, out of total local purchase of ₹237.72 crore during 2017-22, purchase of ₹153.84²⁶ crore was made indiscriminately, which includes excess avoidable expenditure of ₹76.42²⁷ crore. Though the above purchases were made through the MP Aushadhi Portal, neither the departments nor the Corporation took any remedial action to intervene and come out with measures of rationale purchase.

In respect of above audit observations of local purchases made at the district level, the Government stated (May 2023) that the health institutions purchased the drugs/medical items according to their requirements and on consumption basis in favour of the patient welfare. Further, variation in the rates and purchases made at higher rates, was due to Covid-19 pandemic where suppliers were also facing the shortage of raw material, lack of manpower, production issues, raw material at higher prices and lock-down conditions.

The reply is not acceptable as inconsistencies in purchases at the local level was observed during the last five years as mentioned above, besides the Covid-19 pandemic period. Further, above purchases were made through MP Aushadhi portal and the Corporation had full access to the data and reports, despite this no remedial action was taken both at the department level nor by the Corporation to rationalize the purchases at district level. Due to non-preparation of ADP for drugs and equipment by the subordinate health institutions as well as by the DHS during the period 2017-22 as discussed in paragraph 4.2.1(i), RC for all required drugs/equipment was not processed by MPPHSCL, which resulted in inconsistency of purchasing of drugs/equipment.

Emergency Response for Covid Management

In view of Covid related emergencies, the shortcomings noticed are detailed in the following paragraphs.

4.8.6 Non-availability of rate contract for drugs useful for covid treatment

In the wake of covid pandemic, a meeting with specialist doctors of various fields was organized (4th June 2020) under the chairmanship of Managing Director (MD), MPPHSCL. In the meeting, 31 drugs were categorized as essential for Covid-19 emergency. Hence, rate contracts of these drugs were required to be executed at the earliest, so that the public health institutions could be able to procure these drugs for treatment of covid patients. However,

²⁶ ₹138.79 crore + ₹15.05 crore=₹153.84 crore

²⁷ ₹59.98 crore + ₹3.20 crore + ₹13.24 crore

Audit noticed that the Corporation could not execute rate contracts of 14 drugs²⁸ (45 per cent) out of 31 drugs during 2020-22.

The Government stated (May 2023) that Rate Contracts of some drugs/items were not available/executed as firms did not participate, those who participated were found technically non-responsive and if found responsive then the rates quoted by the firms was not justifiable.

The facts remains that the Corporation could not finalize the rate contracts of drugs which were utmost required for treatment of the Covid patients.

4.8.7 Non – installation/supply of equipment procured for Covid 19

During the scrutiny of purchase records of GRMC Gwalior for Covid-19, audit noticed that 2,944 equipment of 34 types, procured for an amount of ₹5.60 crore and received between June 2020 and March 2022 to fight Covid-19 pandemic, were lying idle in the store for 93 to 752 days. Details given in *Appendix-4.14*.

GMC Bhopal ordered 1,647 equipment and furniture of 41 types during 2021-22 against which 21 defibrillator machines and 113 furniture (i.e., stretcher trolley, bed side locker and over bed table), were not received. CIMS, Chhindwara ordered total 713 equipment and 30 types of furniture against which three defibrillator machine, one USG machine with colour doppler and 17 furniture (i.e. stretcher trolley and bed side locker) were not received. Details given in *Appendix 4.15*.

Thus, due to non-supply/ installation of the equipment, the patients were deprived of health care facilities intended through these equipment.

No specific reply was furnished by the department.

²⁸ Azithromycin (500mg Tab), Teicoplanin (200 mg/vial), Ostelamivir Cap (75 mg), Pentaprazole Inj Vial (40 mg), Etiophylline (77 mg)+ theophylline (23 mg) Tab, Salbutamol Inhalation IP 100 mcg, Injection Heparin 5000 IU (5 ml), Dextrose 5% (500 ml FFS Bottle), Normal Saline (0.9% (500 ml FFS Bottle)), Ringer Lactate IP I/V 0.24%, Budesonide repsules 0.25 mg/ml Inhalation (2ml Amp/Repsule), Attracurium (10mg/ml (2.5 ml vial/Amp), Pantaprazole 40 mg Tab, and Paracetamol Tab (500 mg).



CHAPTER-5

Healthcare Infrastructure

Chapter-5

Healthcare Infrastructure

Highlights

- Civil Surgeons of DHs and CMHOs did not focus on analysis to identify gaps in physical infrastructure such as buildings and equipment for delivering quality healthcare services to patients. Additionally, none of the heads of these health institution forwarded a budget demand to higher authorities to address the existing gaps in physical infrastructure of HIs.
- In 2022, there existed significant shortfalls in healthcare institutions in Madhya Pradesh, with 41 *per cent* gap for CHCs, a 48 *per cent* gap for PHCs, and a 32 *per cent* gap for SHCs compared to the requirements needed to serve the projected rural population of 6.25 crore. During the period 2017 to 2022, only 27 additional/new CHCs, 54 PHCs, and 36 SHCs were established.
- In the last 40 years, the State Government did not establish any AYUSH Hospital and neglected to formulate an action plan for such endeavours. Notably, from 2017-18 to 2021-22, seven 50-bedded hospitals were sanctioned under the National AYUSH Mission (NAM), and these projects were in various stages of construction. Out of these seven hospitals, four were approved in districts (Bhopal, Indore, Mandleshwar & Balaghat) where an AYUSH Hospital already existed.
- The average time required for registering a single patient at healthcare institution registration counter was found to be less than three minutes. This abbreviated registration process duration raises concerns as it may not be sufficient to capture all the essential patient details adequately.
- A notable observation was the shortage of Drug Distribution Counters (DDCs) in Hamidia Hospital and JAH Gwalior.
- There was shortage of beds in 33 DHs of the State. Among these, five DHs faced severe shortage of 50 *per cent* of required number of beds.
- Seven selected DHs faced shortages of one to 22 beds in their Special Newborn Care Units (SNCUs), excluding DH Harda, Mandla and Rewa. Two to three neonates were sharing a single phototherapy unit and radiant warmer.
- CIMS, Chhindwara had nine to 41 *per cent* shortage of SNCU beds, while GRMC, Gwalior had severe shortage of 44 to 58 *per cent* beds in SNCU and PICU.
- 25 District Hospitals (DHs) had a shortage of ICU beds ranged between seven *per cent* (Damoh) and 100 *per cent* (Betul, Indore and Umaria) in comparison to IPHS norms.
- Many healthcare institutions had buildings located in flood-prone areas, lacking basic amenities such as running water, electricity, breastfeeding areas and fire safety measures.

- The functioning of Tertiary Cancer Care Center (TCCC) in GRMC, Gwalior was delayed because the work, which was supposed to be completed by September 17, 2020, remained incomplete till June 2022.
- Incomplete construction, inadequate equipment, and manpower shortages prevented the Super Specialty Block at GRMC, Gwalior from operating in all departments, defeating the Government's objective of delivering quality healthcare services to patients.
- In the absence of staff and availability of equipment, the burn unit in GRMC, Gwalior was not found fully operational, and the purpose of treating the burnt patients could not be achieved.
- Despite spending ₹ 2.76 crore on equipment and having the necessary space, the project to establish a Central Sterile Supply Department (CSSD) in CIMS Chhindwara has not been completed as of June 2022 even after a lapse of four years from the date of initiation process.
- The unavailability of a suitable electricity connection prevented the installation of a 600 mA X-ray and Ultrasonography machine in CIMS Chhindwara and three X-ray machines in GRMC Gwalior depriving patients of access to these healthcare facilities.
- Equipment worth ₹ 56.09 lakh for histopathological investigation were lying idle in CIMS Chhindwara due to a lack of space to establish a Pathology laboratory.

5.1. Introduction

To ensure the quality provision of health services, an organised health service provider network is essential. For this, benchmarks are needed to ensure that expected standards are maintained. This purpose is being served by Indian Public Health Standards (IPHS) which are a set of uniform standards envisaged to improve the quality of healthcare delivery in the country. Every Medical College and its associated teaching hospital have to adhere to minimum standard requirements for the Medical Colleges stipulated by the Medical Council of India (now National Medical Council).

5.2 Gap analysis not done for existing and required health care institutions in the State

Para 3.3.4 of NHP duly acknowledges the roadmap of the 12th Five Year Plan (2012 to 2017). It aims for measurable improvements in quality of healthcare. Districts and Blocks which have wider gaps for development of infrastructure and deployment of additional human resources would receive focus. Financing for additional infrastructure or human resources would be based on needs of outpatient and inpatient attendance and utilization of key services in a measurable manner.

We noticed during audit that Civil Surgeons of DHs and CMHOs of selected healthcare institutions did not focus on the improvement in quality of healthcare as no analysis for identification of gaps in physical infrastructure like building, equipment was done during

the audit period. Accordingly, no budget demand for bridging the existing gaps in physical infrastructure was forwarded to higher authorities by the heads of any of the test-checked health institutions.

This indicates lack of planning for augmentation of healthcare services in public healthcare facilities.

5.2.1 Gaps in Primary Health Care Facilities in the State against the requirement

As per IPHS norms, the population wise criteria for establishment of CHC, PHC and SHC level of healthcare institutions are given in **Table 5.1** below:

Table 5.1: Population criteria for establishment of PHC, CHC and SHC

Population	Health care institution	Area
80,000	CHC	Tribal/Hilly Areas
1,20,000		Plain areas
20,000	PHC	Tribal/Hilly Areas
30,000		Plain areas
3,000	SHC	Tribal/Hilly Areas
5,000		Plain areas

(Source: IPHS 2012)

Audit observed significant gaps in health care institutions (CHC, PHCs and SHCs) in the State as compared to the requirements based on projected population of the State for the year 2022. Details are given in **Table-5.2** below:

Table 5.2: Gap in availability of healthcare institutions in the State

(Population figures in crore)

Name of healthcare institutions	Total Population of State (as per census 2011)	Available healthcare institutions in the state up to 2017	Projected rural population of 2022 ¹	Requirement of healthcare institutions in rural areas as per projected population of 2022	Available healthcare institutions up to March 2022	Gap as on March 2022 (per cent)
1	2	3	4	5	6	7
CHC	7.26	328	6.25	604	355	249 (41)
PHC	7.26	1,203	6.25	2,404	1,257	1,147 (48)
SHC	7.26	10,189	6.25	15,129	10,225	4,904 (32)

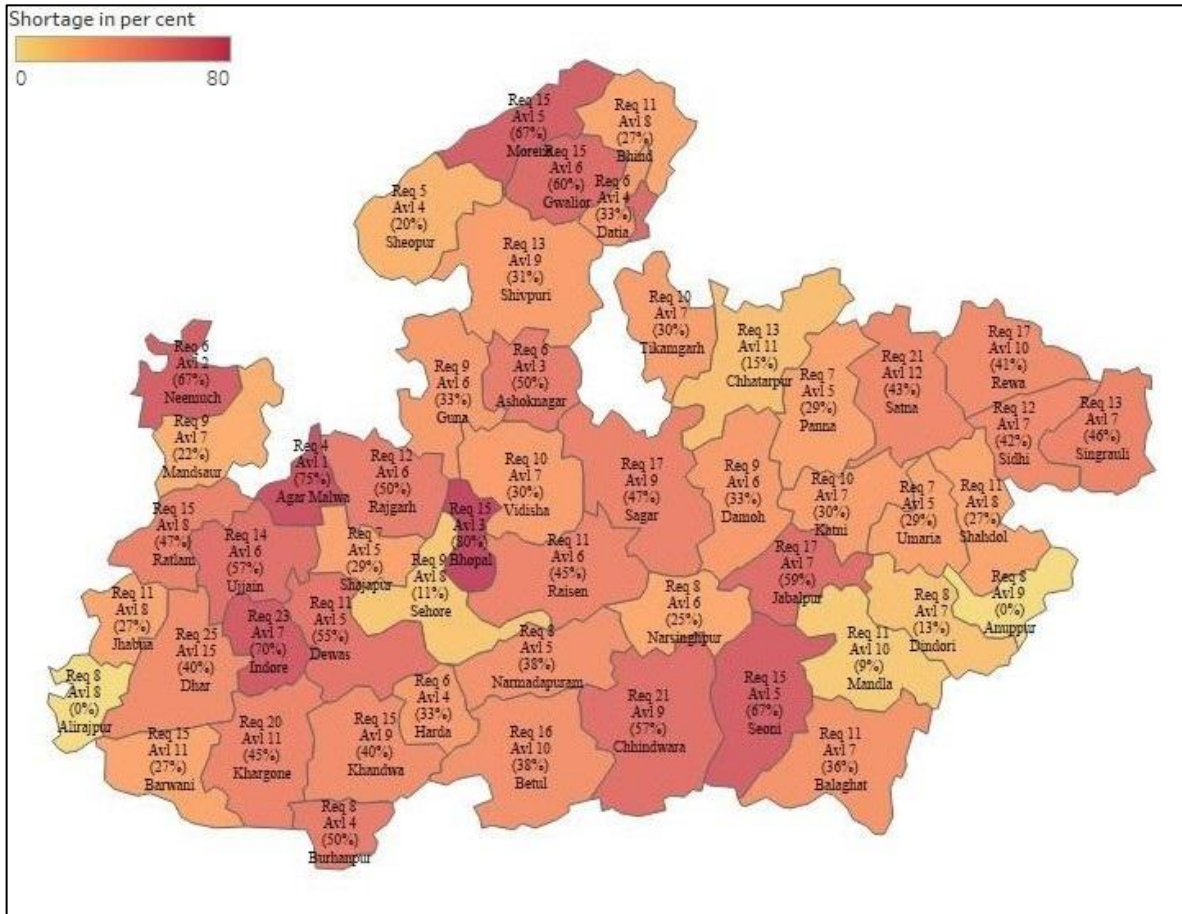
(Source: Census 2011 and Administrative Report of PH&FW Department)

It is evident from the above table that 41, 48 and 32 *per cent* CHCs, PHCs and SHCs respectively were not available in the rural area of the state to cater healthcare needs. Further, NRHM and State intervention were limited to upgrade the existing healthcare institutions during 2017-22. As a result, only 27 additional CHCs, 54 PHCs and 36 SHCs were established during 2017-22. Further, no plan to mitigate the gaps in required healthcare institutions was observed on records.

The district wise gaps in health care institutions (shortage in number of CHCs, PHCs and SHCs) in the State as compared to the requirements based on projected population of the State are shown in following maps for overview of healthcare infrastructure in the state. Details are in **Appendix 5.1**.

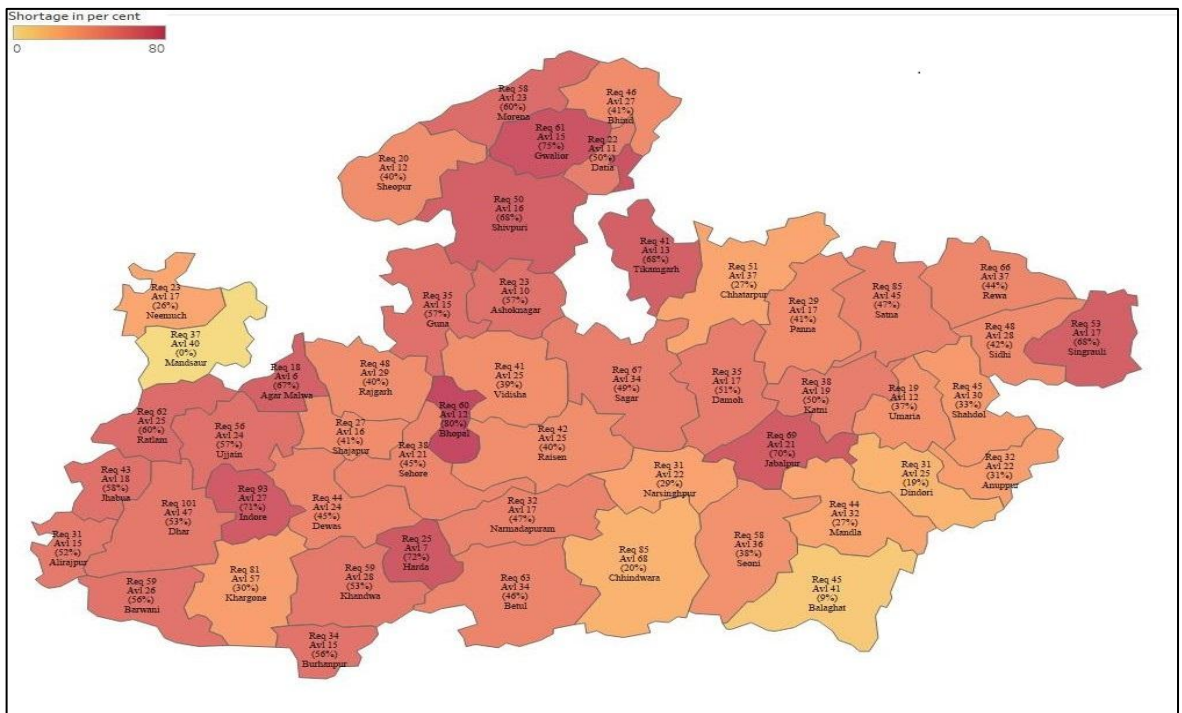
¹ As per population data furnished by CMHOs of all districts.

Map 5.1: Districts wise shortage of CHCs in the State



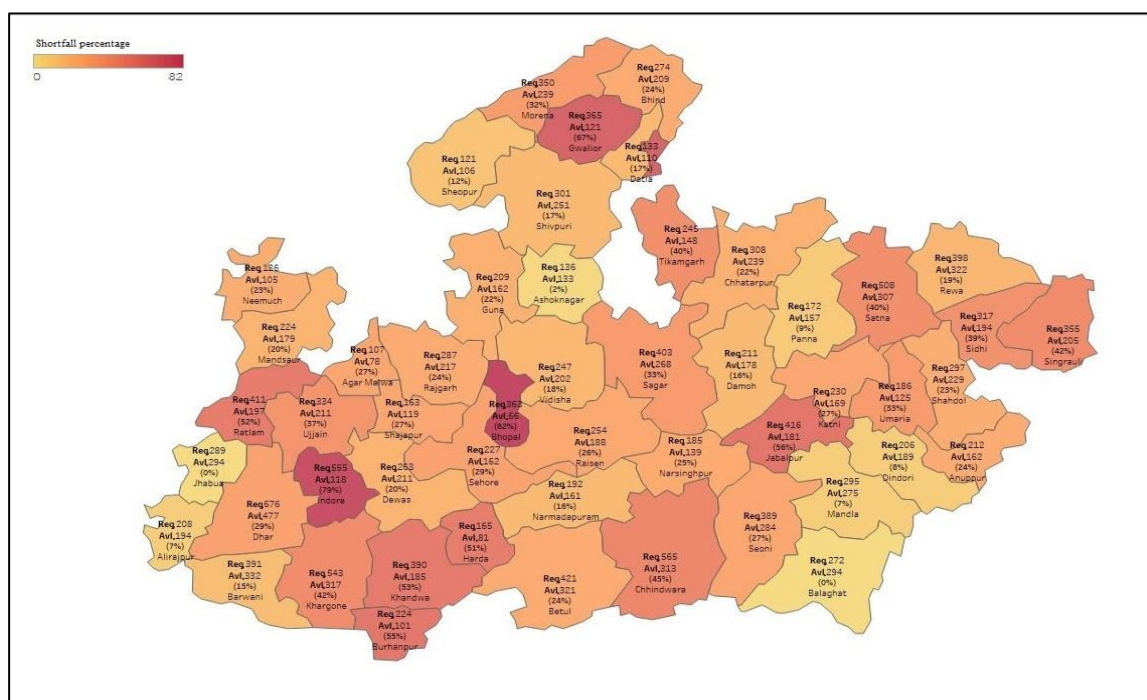
(Source: Information furnished by CMHOs of all districts)

Map 5.2: Districts wise shortage of PHCs in the State



(Source: Information furnished by CMHOs of all districts)

Map 5.3. District wise shortage of SHCs in the State



(Source: Information furnished by CMHOs of all districts)

Thus, due to gaps in availability of healthcare institutions, health services were not ensured in districts as indicated in charts above. No specific reply was furnished by the department.

5.2.2 Lack of beds in Civil Hospital (CHs)

As per IPHS norms, Sub-district (Sub-divisional) hospitals/Civil hospitals are below the district and above the block level (CHC) hospitals. They have an important role to play as First Referral Units in providing emergency obstetrics care and neonatal care and help in bringing down the Maternal Mortality and Infant Mortality. Civil Hospital saves the travel time for the cases needing emergency care and reduces the workload of DHs. A subdivision hospital caters about five to six lakh people. These CHs fall under two categories (Category I-31 to 50 beds, Category II- 51 to 100 beds).

Audit noticed that out of 119 Civil Hospitals, 12 CHs were not having the bed capacity under any of the above two categories. Details of availability of beds in these 12 CHs is given in Table below:

Table 5.3: Status of availability of beds

Name of district	Name of Civil Hospital	Number of beds available	Name of district	Name of Civil Hospital	Number of beds available
Gwalior	Hem Singh ki Pared	20	Ujjain	Jiwajiganj	20
Datia	Lady Hospital	20	Dewas	Kannaud	30
Indore	Malharganj	20	Dewas	Hatpipaliya	6
Khandwa	Omkareshwar	20	Ratlam	Aalot	30
Chhindwara	Chandameta	30	Shajapur	Akodiya	10
Narsinghpur	Jhoteswar	30	Shajapur	Shujalpur Mandi	28

From above table, it can be seen that to cater the healthcare needs of five to six lakh population, these hospitals were not having sufficient bed and it was even less than the infrastructure required for CHCs. Further, it was also noticed that despite higher Maternal and neonatal mortality rate in Madhya Pradesh, GoMP did not make efforts to upgrade the infrastructure of CHs. No specific reply was furnished by the department.

5.2.3 AYUSH Hospital services not increased in the State

As of March 2022, nine AYUSH Teaching hospitals, 23 DAHs (30 bedded each) i.e., total 32 AYUSH hospitals were running in 26² districts out of 52 districts. Thus, the remaining 26 districts³ were deprived of AYUSH hospitals facilities.

We observed that the State Government did not establish any AYUSH Hospital for the last 40 years. The Department also did not prepare any action plan for the same. However, seven 50 bedded hospitals⁴ were sanctioned during 2017-18 to 2021-22 under National AYUSH Mission (NAM) which were under construction. The details have been discussed in succeeding paragraphs. We also noticed that out of above seven 50 bedded hospitals, four hospitals were sanctioned in the same district (Bhopal, Indore, Khargone (Mandleshwar) and Balaghat) where an AYUSH Hospital was already in existence. Thus, the State did not make any plan to develop AYUSH healthcare facilities in the State.

No specific reply was furnished by the department.

5.2.4 Disproportionate establishment of AYUSH dispensaries

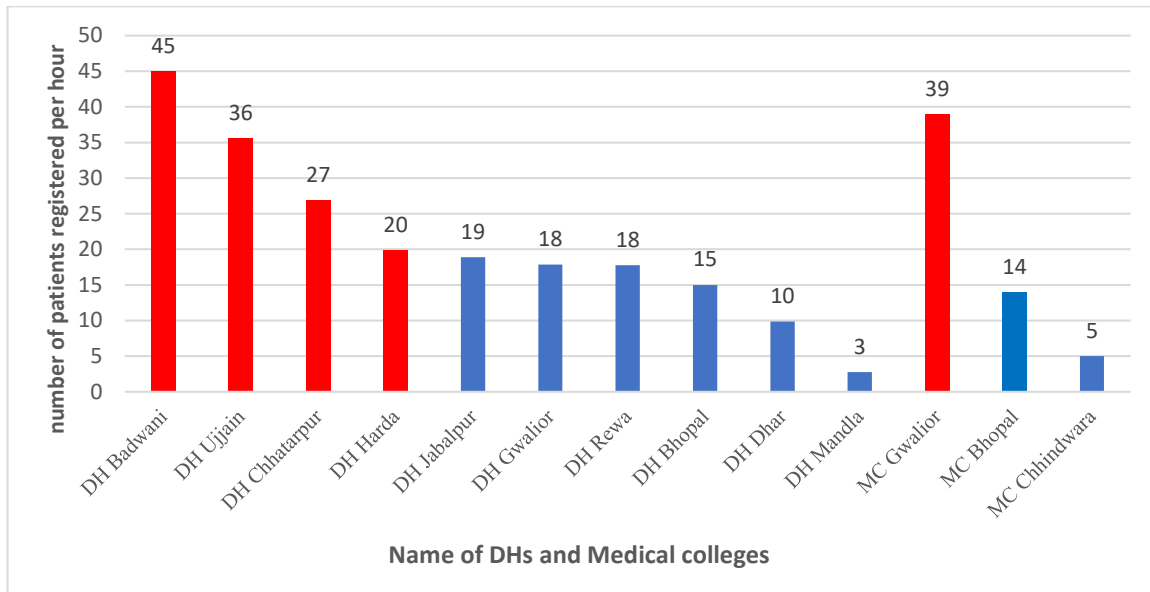
As per IPHS norms for establishment of primary health centres, one PHC was proposed for every 30,000 rural population in the plain area and one PHC for every 20,000 population in hilly, tribal, and difficult areas for effective coverage. In the absence of such governing policy for implementation of AYUSH health facilities in the state, AYUSH dispensaries were not established to cover the population in the districts. As per Census data 2011, there were 50 districts in Madhya Pradesh. Considering population census data of 2011, it was seen that 42 out of 50 districts lacked AYUSH primary health centres as per norms. This lack in coverage ranged from 2.38 *per cent* in Damoh (41 primary health centres created against 42) to 77.06 *per cent* in Indore (where 25 primary health centres created against 109). Similarly, we also noticed excess coverage of AYUSH Primary health centres in six districts ranging from 1.75 *per cent* in Bhind (58 against 57) to 86.11 *per cent* in Narsinghpur (67 primary health centres against 36). This shows that the establishment of AYUSH Health Centres had not been proportionately distributed and the population in most of the districts in MP state was poorly covered with AYUSH primary health centers. The districts wise dispensaries in State are shown in the Map below:

² Balaghat, Betul, Bhopal (four) Burhanpur, Chhatarpur, Chhindwara (two), Damoh, Dhar (two), Gwalior, Hoshangabad, Indore (two), Jabalpur, Jhabua, Khargone, Mandla, Mandsaur, Morena, Ratlam, Rewa, Sagar, Satna, Seoni, Shahdol, Shivpuri, Sidhi, Ujjain

³ Agar Malwa, Alirajpur, Anuppur, Ashoknagar, Barwani, Bhind, Datia, Dewas, Dindori, Guna, Harda, Katni, Khandwa, Narsinghpur, Neemuch, Niwari, Panna, Raisen, Rajgarh, Sehore, Shajapur, Sheopur, Singrauli, Tikamgarh, Umariya, Vidisha

⁴ Bhopal, Narsinghpur, Indore, Mandleshwar (Khargone), Balaghat, Sehore, Annuppur (Amarkantak)

Chart 5.1: Patient load per registration counter per hour in 2021-22



It is evident from chart above that in five selected HIs, there was patient load ranging between 20 and 45 patients per hour per registration counter which indicates that patients had to wait for a longer time for treatment in these HIs. No specific reply was furnished by the department.

5.3.2 Inadequate drug dispensing counters at Drug Distribution Centre (DDCs) in the Hospitals of Medical Colleges

IPHS norms prescribe that for every 200 OPD patients in a day, there should be one drug dispensing counter. Details of availability of drug dispensing counter and daily OPD patient load in JAH, Gwalior and Hamidia Hospital, Bhopal in the selected months is given in **Table 5.4**.

Table-5.4 Details of drug dispensing counters and OPD patients

Month	Working days	Hamidia Hospital Bhopal				JAH Gwalior			
		Total number of OPD patients	Average OPD patients per day	Required number of drug dispensing counters	Number of drug dispensing counters available	Total number of OPD patients	Average OPD patients per day	Required number of drug dispensing counters	Number of drug dispensing counters available
May 2017	26	44,141	1,698	09	06	48,796	1,877	09	07
Aug 2018	25	56,036	2,241	11	06	71,922	2,877	14	07
Nov 2019	25	71,077	2,843	14	06	75,846	3,034	15	07
Feb. 2021	23	32,866	1,429	07	06	56,805	2,470	12	07
May 2021	24	16,554	690	04	06	23,398	975	05	07

(Source: Records of Hamidia Hospital Bhopal and JAH Gwalior)

It can be seen from the table above that there was an overall increase in the number of OPD patients in above hospitals till the onset of COVID-19 in 2020. Audit noticed that Hamidia Hospital Bhopal had only six counters while requirement of counters ranged between nine and 14. Similarly JAH, Gwalior had only seven DDCs while the requirement ranged between nine and 15. Data presented in table reveals that there was shortage of DDCs in proportion with the number of patients visiting OPD for consultation. The fact was also

confirmed during survey of OPD patients conducted (May and June 2022) in which 24 out of 35 surveyed patients from both the hospitals accepted that time taken in delivery of medicines was more than 15 minutes.

The Government accepted the audit observation and stated (November 2023) that instruction to increase drug dispensing counters in GMC Bhopal within one month was issued. Further, two dispensing counters are operational in JAH, Gwalior and a complete unit of dispensing counters is operational in newly constructed 1,000 bedded hospital.

Reply is not acceptable as the Government did not provide the copy of instructions issued to GMC Bhopal.

5.3.3 Inadequacy/deficiency in Delivery of Service in Outpatient Department (OPD) and In Patient Department (IPD)

Audit conducted (May and June 2022) OPD and IPD survey of total 70 patients in the test-checked units of selected hospitals⁶ and findings are depicted in **Table 5.5**:

Table 5.5 Inadequacy/deficiency in Delivery of Service in OPD and IPD noticed during Survey

Sl. No.	Inadequacy/ Deficiency in Delivery of Services (as per surveyed patients)	JAH Gwalior (out of 25)	District Hospital Chhindwara (out of 25)	Hamidia Hospital Bhopal (out of 10)	Sultania Zanana Hospital Bhopal (out of 10)
OPD					
1.	Inadequate Registration Centre	3	9	1	7
2.	Inadequate Seating Arrangement at OPD registration Counter	2	19	5	9
3.	Waiting period of more than 15 minutes at OPD Counter	12	16	-	7
4.	Toilets not being neat and clean	20	6	-	2
5.	Waiting period of 30 to 120 minutes before Consultation	14	2	1	9
6.	More than 15 minutes of Time taken in receiving medicine	17	-	7	-
IPD					
1	Delay of more than 30 minutes in admission	24	15	10	5
2	Delay of more than 30 minutes in first visit of doctor	22	4	1	1
3	All the medicines prescribed by the doctors not available in pharmacy	6	1	4	-

⁶ Hamidia Hospital Bhopal (10), Sultania Zanana Hospital Bhopal (10), JAH Gwalior (25) and DH Chhindwara (25)

Sl. No.	Inadequacy/ Deficiency in Delivery of Services (as per surveyed patients)	JAH Gwalior (out of 25)	District Hospital Chhindwara (out of 25)	Hamidia Hospital Bhopal (out of 10)	Sultania Zanana Hospital Bhopal (out of 10)
4	Patients paid out of pocket for medicines/diagnostic tests/lab services etc.	3	1	4	0
5	Absence of Effective Security system in patient care areas	4	25	-	-
6	Non-availability of clean and adequate toilet facility for male and female patients	12	5	2	6

During the OPD survey, following irregularities were also noticed:

As per order issued by DME (February 2017), patients were to be provided facility of free investigation and free drugs.

In Hamidia Hospital, Bhopal free medicines were provided against prescription of doctor only to seven patients out of 30 OPD patients surveyed in March 2021, remaining patients purchased 25 to 75 *per cent* of medicines from private medical stores. Questionnaire filled by the patients during survey revealed that one patient had to get investigations done from private lab. In JAH, Gwalior, free medicines were provided only to two patients out of 13 OPD patients surveyed, remaining patients purchased few medicines (such as Nevlon lotion, Flovera etc.) from private medical stores. Despite availability of test facility in Government Hospital, one patient was compelled to opt for private pathology for tests viz. Hematology, Urine, and culture tests.

The Government stated (November 2023) that in GMC Bhopal, provision of free test and free drugs for patients depends upon availability of the drug and the services of test. In GRMC Gwalior, facility for free test and free drug is available adequately to OPD patients.

Reply is not acceptable as availability of stock of drugs as required in IPHS norms was not ensured.

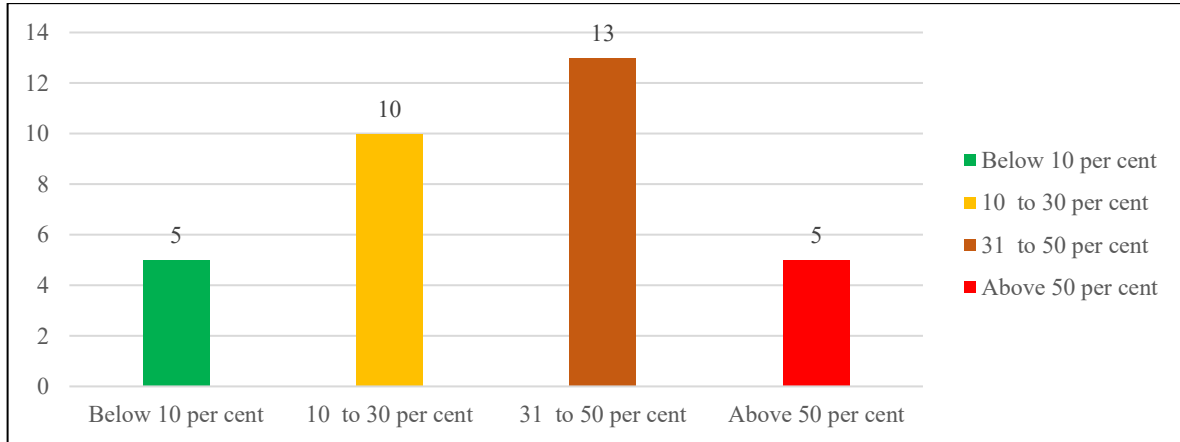
5.3.4 Bed availability in the healthcare institutions of the State

IPHS norms prescribed that for population of 10 lakh, DH should have availability of 220 beds⁷, this indicated requirement of 22 beds per one lakh population. On scrutiny of data related to actual availability of beds in the DHs, CHs, CHCs and PHCs revealed that total number of 42,911 beds were available in hospitals of the state. There were 356 CHCs in the State, each having 30 bed capacity and similarly there were 1266 PHCs of six bed capacity. No shortage of beds was noticed in selected CHCs and PHCs. Shortage of beds against IPHS norms in DHs is given in below paragraph.

⁷ Based on assumptions of the annual rate of admission as one per 50 population and average length of stay in a hospital as five days.

Scrutiny of data related to actual availability of beds in the DHs revealed that against IPHS norms, there was no shortage of beds in 18 DHs. Status of shortage of beds per one lakh projected population of 2022 in remaining 33 DHs is depicted in **Chart 5.2** below:

Chart 5.2: Status of shortage of beds in DHs of the State



(Source: Information furnished by DHs and CMHO offices of all districts)

The details are given in *Appendix-5.3*.

Thus, it cannot be ruled out that shortage of beds as per norms deprived the patients of healthcare facilities in above HIs. No specific reply was furnished by the department.

5.3.5 Special New Born Care Unit (SNCU)

As per Para 1.1 of Facility Based New Born Care Operational Guide (FBNC), SNCU is a neonatal unit in the vicinity of the labour room which will provide special care (all care except assisted ventilation and major surgery) for sick newborns. Any facility with more than 3,000 deliveries per year should have an SNCU.

5.3.6 Lack of infrastructure in SNCU

As per FBNC operational guidelines, the minimum recommended number of beds for an SNCU at the DH is 12. If DH conducts more than 3,000 deliveries per year, then four beds should be added for each additional 1,000 deliveries. Number of deliveries, availability of beds and shortage of beds against the norms in selected DHs during the period 2017-22 is given in **Table 5.6** below:

Table 5.6: Details of number of deliveries and shortage of beds in SNCU

Name of selected district Hospital	Number of deliveries in 2017-18	Number of deliveries in 2018-19	Number of deliveries in 2019-20	Number of deliveries in 2020-21	Number of deliveries in 2021-22	Number of available beds	Shortage of beds in range
Barwani	6,252	5,963	6,027	5,247	5,802	20	1 to 5
Bhopal	5,288	4,861	6,382	5,328	5,166	20	1 to 6
Chhatarpur	8,722	9,510	10,062	9,408	8,420	20	14 to 20
Dhar	5,253	6,437	6,770	6,203	6,721	20	1 to 7
Gwalior	6,743	6,752	6,925	6,957	6,129	20	5 to 8
Harda	4,055	4,080	3,929	3,754	4,267	20	Nil

Name of selected district Hospital	Number of deliveries in 2017-18	Number of deliveries in 2018-19	Number of deliveries in 2019-20	Number of deliveries in 2020-21	Number of deliveries in 2021-22	Number of available beds	Shortage of beds in range
Jabalpur	9,812	10,478	9,549	8,774	9,123	20	15 to 22
Mandla	3,556	3,871	4,149	4,193	3,677	20	Nil
Rewa	2,285	2,472	2,783	2,625	2,951	20	Nil
Ujjain	7,950	8,385	7,269	6,650	5,104	20	1 to 14

(Source: Records of selected DHs)

It is evident from the above table that there was shortage of beds ranging between one and 22 beds in seven DHs (except DH Harda, Mandla and Rewa).

Further, it was noticed that average number of neonates admitted in SNCU in selected months and shortage of beds against admitted neonates during 2017-22 ranged between two and 28 beds in eight DHs (except DH Harda and Rewa). The details are given in **Table 5.7** below:

Table 5.7: Details of shortage of beds against admitted neonates

Name of DH	Average Number of neonates admitted per day in SNCU					Shortage of bed in range
	May 2017	August 2018	November 2019	February 2021	May 2021	
Barwani	27	26	39	27	24	4 to 19
Bhopal	27	34	28	20	20	7 to 14
Chhatarpur	43	46	37	45	34	14 to 26
Dhar	33	41	48	25	24	4 to 28
Gwalior	12	16	42	28	25	5 to 22
Harda	3	3	3	1	2	0
Jabalpur	Data not available	35	28	22	19	2 to 15
Mandla	14	23	16	13	17	0 to 3
Rewa	13	14	11	10	8	0
Ujjain	35	33	26	18	19	6 to 15

(Source: Information collected from test checked DHs)

It is evident from above table that SNCUs of selected DHs were not having sufficient beds to accommodate the admitted neonates.

Further, during physical verification (May 2022) of SNCUs of selected DHs, audit noticed that two to three neonates were kept in one phototherapy unit and radiant warmer as shown in **Photographs 5.1 and 5.2** below because of which the possibility of cross infection cannot be ruled out.



Photographs 5.1 and 5.2- Two to three neonates placed on single radiant warmer in SNCU of DH Dhar

Thus, due to lack of infrastructure, quality healthcare services and safety against infections was not ensured. No specific reply was furnished by the department.

5.3.7 Shortage of beds in SNCU of CIMS, Chhindwara

We noticed that there was shortage of SNCU beds in DH Chhindwara attached to CIMS Chhindwara. Details of shortage of beds in selected months is given in **Table 5.8** below:

Table-5.8: Details of bed occupancy of SNCU ward

Selected Month	Total functional Beds	No. of patient bed days in the month	Days in the month	Average per day bed requirement	Average shortage of beds (Per day)	Percentage shortage of beds
1	2	3	4	5	6	7(6*100/5)
May 2017	20	884	31	29	9	31
Aug 2018	20	943	31	31	11	35
Nov 2019	Data not provided					
Feb 2021	20	944	28	34	14	41
May 2021	20	670	31	22	2	9

(Source: Records of CIMS Chhindwara)

From above table it is evident that there was shortage of SNCU beds ranging between nine and 41 *per cent*. Due to shortage of beds, it cannot be ruled out that quality of SNCU services of the hospital were affected. No specific reply was furnished by the department.

5.3.8 Availability of beds in SNCU and PICU in JA Hospital of GRMC Gwalior

As per point no. B.1.9 (i) Medicines and Allied Specialties, Note (1) of regulations 1999 (amended upto January 2018) of Medical Council of India, minimum standard requirement for the medical college was prescribed having intake of 200 admissions per annum, as per which there shall be well equipped and updated intensive Care Unit (I.C.U.), Intensive Coronary Care Unit (I.C.C.U.) Intensive Care Pediatric beds and Preferably Intensive care in Tuberculosis and Respiratory Disease”.

Further, to fulfill MCI’s requirements by the applicant colleges for obtaining letter of intent and letter of permission for establishment of the new medical college and yearly renewals under section 10-A of the Medical Council of India Act, 1956 (Amended up to August 2018),

for 200 admissions, OT and ICU should have at least 5 beds PICU/NICU at time of recognition.

Scrutiny of records of SNCU and PICU of JAH Gwalior revealed that 17 PICU beds and 44 SNCU beds were available against the norms but not in accordance with the patients admitted/patients load. Details of shortage of beds, patients admission and patients death during 2017-21 is given in **Table 5.9** below:

Table 5.9: Details of shortage of beds, patients admission and patients death

Calendar Year	No. of Patient admitted in PICU	No. of patients admitted in SNCU		Total number of admissions	Total availability of beds in the year (per day availability of beds (17 PICU +44 SNCU) *365 days	Required number of beds in year to accommodate admitted patients considering five days ALOS as per IPHS	Shortage of beds	Percentage shortage of beds	Total number of death (percentage of mortality rate)
		Inborn	Out born						
1	2	3	4	5	6	7 (=5*five)	8 (7-6)	9	10
2017	3,266	2,377	3,167	8,810	22,265	44,050	21,785	49	1,630 (19)
2018	3,778	2,676	4,072	10,526	22,265	52,630	30,365	58	1,977 (19)
2019	3,762	2,770	4,004	10,536	22,265	52,680	30,415	58	2,078 (20)
2020	2,702	2,387	2,956	8,045	22,265	40,225	17,960	45	1,616 (20)
2021	4,078	1,567	2,303	7,948	22,265	39,740	17,475	44	1,543(19)
Total	17,586	11,777	16,502	45,865	1,11,325	2,29,325	1,18,000		8844 (19)

(Source: Patient admission registers of GRMC Gwalior)

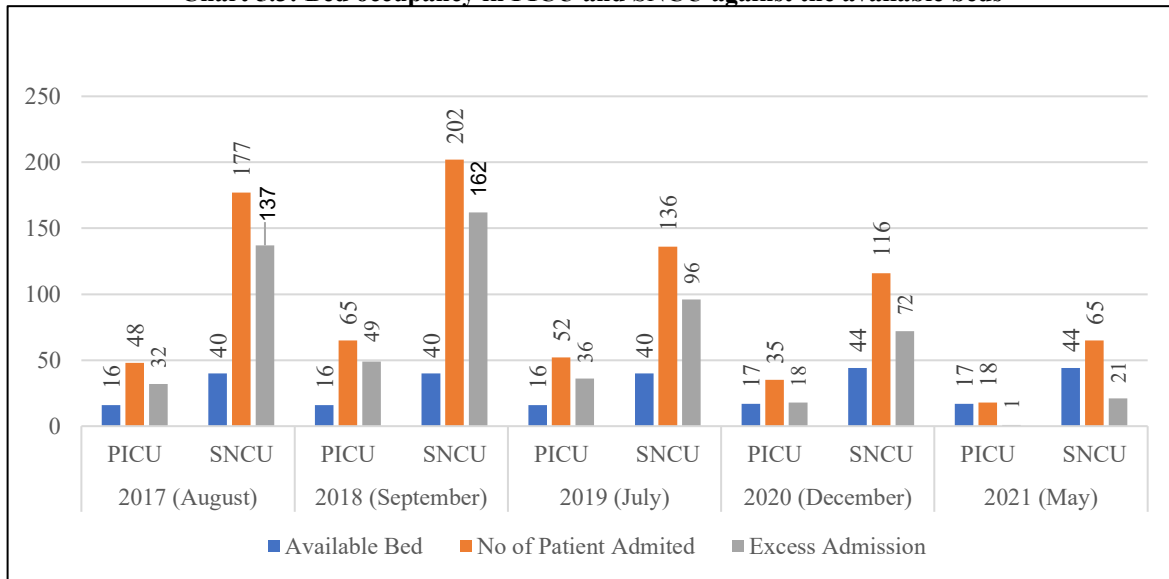
It is evident from above Table that out of 45,865 patients admitted in PICU and SNCU, 8,844 (19 per cent) patients died during 2017-21. Thus, shortage of beds ranging between 44 and 58 per cent resulted in poor quality of health services in SNCUs.

The Government replied (November 2023) that bed capacity of PICU was increased from eight beds to 16 beds and additional 30 beds were added as HDU. Further, number of radiant warmers, ventilators, CPAP were added in SNCU.

Reply is not acceptable as the Government did not provide any evidence regarding increase in bed capacity of PICU.

5.3.9 Bed Occupancy of SNCU and PICU

Data in respect of PICU and SNCU bed occupancy for sample selected months in a calendar year from 2017-22 of GRMC, Gwalior is given in chart below:

Chart 5.3: Bed occupancy in PICU and SNCU against the available beds

(Source: Records of GRMC Gwalior)

It is evident from the above chart that number of children and neonates admitted were two to four times against the capacity of SNCU/PICU (except May 2021 during COVID period). Despite this, GRMC Gwalior did not make efforts to increase the capacity of PICU and SNCU beds to improve the health care services.

The Government stated (November 2023) that Bed occupancy in tertiary care hospital is overburdened and three times higher than its availability due to referring of newborns and children from many DHs and CHCs in very sick condition.

The reply is not acceptable as Government should make efforts to increase bed capacity in above PICU/SNCU in view of patient load to ensure quality healthcare services to patients.

5.4 Intensive Care Unit

As per IPHS norms, Intensive Care Unit (ICU) is essential for critically ill patients requiring highly skilled life-saving medical aid and nursing care. These include major surgical and medical cases such as head injuries, severe hemorrhage, poisoning, cardiac and respiratory diseases *etc.*

5.4.1 Shortage of ICU beds in DHs

As per IPHS norms, the number of ICU beds should be five to ten *per cent* of the available number of beds in the hospital. Number of beds may be restricted to five *per cent* of the total bed strength initially but should be expanded to ten *per cent*. Out of these, they can be equally divided among ICU and High Dependency Wards (HDWs). For example, in a 500 bedded hospital, total of 25 beds will be for Critical Care. Out of these, 13 may be ICU beds and 12 will be allocated for High Dependency Wards.

However, data collected from all DHs revealed that there was shortage of ICU beds in comparison to IPHS norms in 25 DHs and it ranged between seven *per cent* (Damoh) and 100 *per cent* (Betul, Indore and Umaria). In Indore district, ICU is available in the hospital

attached to the Medical College but the same is not available in DH. In DH Umaria and Betul, ICUs were not established. Details are given in the *Appendix 5.4*.

Further, during scrutiny of records and joint physical inspection (May 2022) of ICUs of selected DHs, it was noticed that there was shortage of ICU beds in selected DHs as given in **Table 5.10** below:

Table 5.10: Status of shortage of ICU beds in DHs

Name of DH	Total number of beds in the DH	Number of ICU beds required as per IPHS norms	Number of ICU beds available	Shortage of ICU beds	Number of beds for HDWs
Barwani	300	15	6	9	Nil
Bhopal	400	20	40	0	4
Chhatarpur	300	15	15	0	Nil
Dhar	300	15	7	8	Nil
Gwalior	200	10	20	0	Nil
Harda	100	5	4	1	Nil
Jabalpur	300	15	13	2	Nil
Mandla	300	15	4	11	Nil
Rewa	100	5	18	0	Nil
Ujjain	700	35	10	25	Nil

(Source: Records of test checked DHs)

It is evident from the above table that except for DHs Chhatarpur, Gwalior and Rewa, there was shortage of ICU beds in other seven test checked DHs ranging from one to 25 beds. Further, no HDW beds (except four in DH Bhopal) were available in nine test checked DHs.

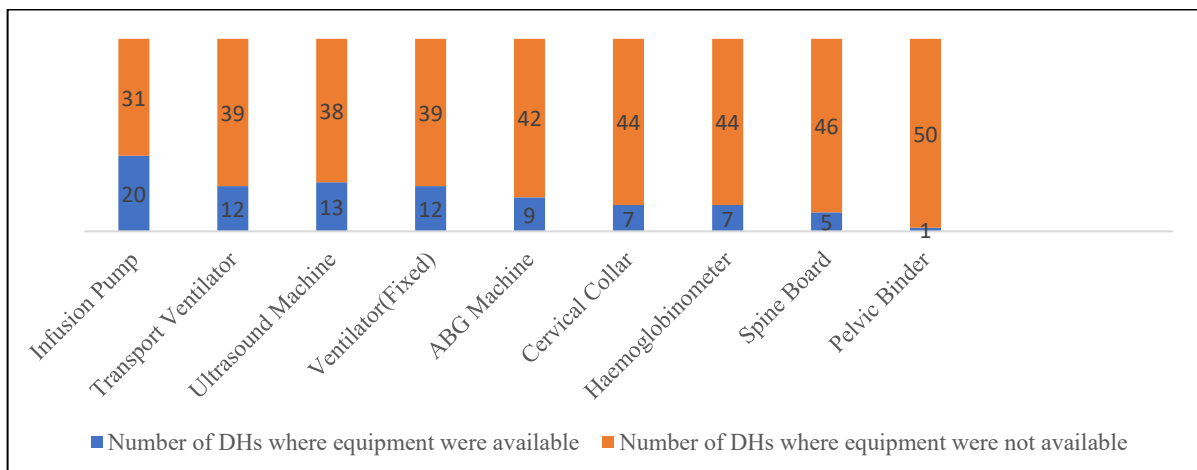
Thus, selected DHs were not able to provide specific care required to critically ill patients due to shortage of ICU and HDW beds.

No specific reply was furnished by the department.

5.4.2 Functioning of Emergency Units

Directorate Health Services (DHS) issued instructions (April 2015) that 20 types of equipment should be available in Emergency Unit of all DHs. As per data collected from all the 51 DHs regarding availability of equipment in Emergency Unit, the status of unavailability of equipment is given in **Chart 5.4** below:

Chart 5.4: Status of equipment in Emergency units of DHs as on March 2022



Thus, in absence of required equipment, it cannot be ruled out that the quality of health services in emergency units was not ensured. The details of non-availability of various equipment are given in *Appendix 5.5*.

No specific reply was furnished by the department.

5.5 Health and Wellness Centers

5.5.1 Non conversion of SHCs in Health and Wellness Centres (HWCs)

National Health Policy (NHP 2017) prescribed that to provide comprehensive care, existing sub-centers shall be upgraded to HWCs.

We noticed that against the target for upgrading of 2,436 SHCs to HWCs, only 2,175 SHCs were upgraded in selected districts. Further, Community Health Officers (CHOs) were posted in only in 1,966 upgraded SHCs. Thus, due to non upgradation of remaining SHCs into HWCs, it cannot be ruled out that the patients were deprived of upgraded healthcare services.

No specific reply was furnished by the department.

5.5.2 Lack of infrastructure in the drug stores of the health institutions

Audit carried out joint physical verification of drug stores (May and June 2022) of 58 health institutions during field visit. Following irregularities were noticed in drug stores against the IPHS norms:

Table 5.11: Status of shortcomings in drug stores (PH&FWD)

Sl. No.	Irregularities noticed	Number of healthcare institutions
1	Bad condition of store building (too old, dilapidated)	09
2	Seepage from roof and walls	16
3	Non-availability of 24 hour electric supply	07
4	Non-availability of 24 hour power back up	09
5	Insufficient space for storage of medicines	31
6	Cold chain not maintained	15
7	No fire extinguishers in the store	14
8	Non-availability of thermometer for measuring temperature of storage area of medicines	26
9	Storage of drugs on floor or adjacent to walls	05
10	Non-maintenance of Bin Card	15
11	Narcotic medicines are not kept in double lock	20
12	Expired Medicines not disposed of as per norms	05
13	Physical verification not conducted regularly	10
14	Temporary connections and loosely hanging electric wires.	09
15	No fire exit in the Store	15

Due to above shortcomings in infrastructure, the quality of healthcare services provided to the patients was affected. The details of healthcare institutions where above irregularities were noticed is given in *Appendix-5.6*.

No specific reply was furnished by the department.

5.5.3 Lack of infrastructure in test checked healthcare institutions

During field audit, joint physical verification (May and June 2022) of 58 selected healthcare institutions was carried out. In joint physical verification, following deficiencies in hospital infrastructure and facilities were noticed:

Table 5.12: Lack of infrastructure and facilities in the hospital premises

Sl. No.	Unavailability of facilities in test checked Hospitals	Number of healthcare institutions
1	Building was in flood prone area.	8
2	Running water facility.	5
3	Sewage and storm water disposal.	22
4	24x7 electricity and power back up was not available.	08
5	Hospital was near garbage collection center.	3
6	Hospital was near cattle shed house.	4
7	Hospital was in water logging area.	5
8	Hospital is not having intact boundary wall along with gate.	13
9	Fire protection measures are not available in Hospital.	14
10	Staff was not trained for using fire fighting equipment.	30
11	Directional and layout signages for all the departments and utilities (toilets, drinking water etc.) not displayed for easy access.	6
12	Safety, hazards and caution signs not displayed e.g. radiation hazards for pregnant women in X-Ray Room.	28
13	Suggestion, complaint box was not available and name of persons responsible for grievance redressal was not displayed at appropriate places.	32
14	Adequate space was not available for waiting area.	8
15	Breast feeding area was not available.	28
16	Ramps were not available for handicapped patients.	5
17	Dressing room was not available.	10
18	Central Sterile Supply Department (CSSD) was not available.	48
19	Hospital Laundry services is not available.	20
20	Ambulances were not available in Hospital.	30
21	Seepage in the walls or roof of different wards of the Hospital was found.	17
22	No preventive measures were available to prevent entry of stray animals inside hospital premise.	22
23	Clean linen was not available in the wards and the bedsheets and pillow covers were not changed on daily basis.	17
24	Linen department has no separate trolley for distribution of clean linen and collection of dirty linen.	42
25	Linen department has no system of sorting of different category of linen before putting into washing machine.	45
26	Emergency medical treatment unit was not available in the hospital.	24
27	Red coloured Glow sign board for emergency room was not placed in visual site.	46
28	Duty roster of specialist, medical officer, nurses and para medical staff was not displayed in emergency medical treatment unit.	35
29	Phone number of Ambulance and higher referral center was not displayed in emergency medical treatment unit and other prominent places of Hospital.	33

Thus due to lack of above infrastructure facilities, the healthcare services of these HIs were impacted. The details are given in **Appendix-5.7**.

No specific reply was furnished by the department.

5.5.4 Non-adoption of infection control practices

(A) Non-availability of equipment sterilization facilities

NHM, Bhopal issued guidelines (August 2018) for disinfection of infected equipment and instrument. According to guidelines, OT, Labour room or Central Sterile Services Department (C.S.S.D) were to maintain the autoclave records to ensure sterile equipment are being used for patient care and cross infection is not being spread by health institution.

During test check of records of 54 health institutions, we noticed that autoclaving facilities were available only in 22 health institutions as given in **Table-5.13** below:

Table 5.13: Status of availability of autoclaving facility as on 31 March 2022

Type of Health Care Institutions	Name of Health Care Institution
DH	Barwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda, Jabalpur, Rewa and Ujjain
CH	Sendhwa, Berasia, Hazira, RDH and Badnagar,
CHC	Kolar, Gandhi Nagar, Govindgarh, Semariya, Timarni, Tarana and Panagar
PHC	Chinor

(Source: Test checked DHs, CHs, CHCs and PHCs)

Due to non-availability of autoclaving facilities in rest of the 32 health institutions, we could not ascertain that sterilized equipment/ instruments were being used for patient services. In absence of autoclaving facility, the quality of healthcare services were impacted.

No specific reply was furnished by the department.

5.5.4 (B) Fire Safety arrangements

As per instructions of GoI, MoH&FW (November 2016), 'No Objection Certificate/Fire Safety Certificate' should be obtained from the Local Authorities/Fire Department in public interest.

The status of obtaining the No objection Certificate/Fire Safety Certificate by the test-checked hospitals for the period 2017-18 to 2021-22 is given in **Table 5.14**.

Table-5.14: Details of Fire Safety Certificate not taken from local authorities

Sl. No.	Name of Hospital	Name of Premises	Date on which applied for certificate	Date on which certificate was issued	Type of Certificate issued
1	Superintendent Hamidia Hospital Bhopal	Trauma Block	23-05-2021	15-06-2021	Provisional
2	Superintendent Hamidia Hospital Bhopal	Hamidia Hospital	05-02-2022	15-02-2022	Provisional
3	Dean Gandhi Medical College	Multilevel Car Parking Hamidia	26-12-2021	15-02-2022	Provisional
4	Superintendent Kamla Nehru Hospital	Kamla Nehru Hospital Hamidia Hospital Campus	10-11-2021	12-11-2021	Provisional

Sl. No.	Name of Hospital	Name of Premises	Date on which applied for certificate	Date on which certificate was issued	Type of Certificate issued
5	Superintendent Sultania Zanana Hospital	Sultania Zanana Hospital	02-03-2022	29-03-2022	Provisional
6	District Hospital Chhindwara	District Hospital	11-08-2021	07-12-2021	Provisional

(Source: Records collected from the selected units)

All the test-checked units obtained provisional 'No objection Certificate/Fire Safety Certificate' from their respective local authorities only in the year 2021-22

Further, Kamla Nehru Hospital in Hamidia Hospital Campus Bhopal applied for the 'No objection Certificate' only after the incident of fire broke out in SNCU ward on 8 November 2021, which claimed lives of five children and caused damage to the property.

Further, audit noticed that GRMC, Gwalior had started (October-2019) OPD service in the newly constructed Super Specialty Hospital Block before taking possession of the building and during COVID-19 pandemic, the building was converted into COVID-19 hospital. On 21st November, 2020 a fire broke out in COVID ICU ward in which one ICU Bed, High Flow Nasal cannula system machine, Multipara Monitor with accessories and false ceiling of that area got burnt.

Further, fire alarm system, fire hose reel system and sprinkler water system installed in the hospital did not served the purpose at that time, which indicates that the building was running without adequate fire safety measures.

No specific reply was furnished by the department.

5.5.5 Delay in functioning of Drug testing laboratory by AYUSH Department

Quality control plays a major role in providing high quality drugs to the patients. The supplier should produce the quality test report issued by NABL to directorate of AYUSH along with the supply of medicines.

The only Government Drug Testing Laboratory (DTL) in the State was established (November 2019) in Gwalior for testing of Ayurvedic and Unani medicines. Audit noticed that the sanction for establishing DTL was given by GoI in the year 2002-03 and ₹ 1.00 crore was provided for the building and equipment.

Audit further noticed that the construction of the building was completed and equipment were procured in 2004-05, but the DTL could not be started in absence of recruitment of staff till November 2019. We also noticed that no concrete efforts were made by the State for making the DTL functional by posting the required staff. Thus, due to non operation of the DTLs, the purpose of expenditure on building and equipment remained unfulfilled.

No specific reply was furnished by the department.

5.5.6 Non availability of basic facilities in OPD of AYUSH Hospitals

During joint inspection (May-July 2022), we observed that all basic facilities like electricity with uninterrupted power supply and potable drinking water facility were available in the test checked AYUSH hospitals. However, the other basic facilities were not available in OPD as detailed in **Table 5.15** below:

Table-5.15 Non-availability of basic facilities in OPD in test checked AYUSH hospitals

Facility	Hospitals without the facility
Enquiry window to seek information about hospital services	ATH, Gwalior, DAH Chhatarpur, Dhar and Mandla
All prescribed investigations	ATH Gwalior, DAH Bhopal, Chhatarpur, Dhar and Mandla
Separate toilets for male and female	ATH Gwalior
Patient and visitors were sensitized	Ayurvedic College, Bhopal, Unani College, Bhopal, Homeopathic College Bhopal, DAH Bhopal, and DAH Chhatarpur
Fire fighting system	None of the selected AYUSH hospitals

Thus, due to lack of basic facilities in AYUSH hospitals, it cannot be ruled out that patients were deprived of quality healthcare services. No specific reply was furnished by the department.

5.5.7 Lack of basic facilities in AYUSH dispensaries

We noticed that out of 1,773 AYUSH dispensaries in the state, 169 AYUSH dispensaries did not have their own building and were either running in rental buildings (163 dispensaries) or in other government buildings (six dispensaries). In test checked districts audit observed that the AYUSH dispensaries lacked basic infrastructure as detailed in **Table-5.16** below:

Table- 5.16: Details of lack of basic facilities in dispensaries of test-checked district

Name of district	Number of Dispensaries in test checked district	Basic facility not available				
		Electricity	Drinking Water	Separate Toilet for male and female	Fire Fighter	Generator/ inverter
Barwani	26	6	12	24 (5*)	26	26
Bhopal	25	4	14	21	25	25
Chhatarpur	31	20	24	30	31	31
Dhar	49	34	0	33	49	49
Gwalior	33	14	12	10	33	33
Harda	17	13	15	17	17	17
Jabalpur	41	12	16	29	39	37
Mandla	30	8	26	10	30	30
Rewa	66	0	66	66 (4*)	66	66
Ujjain	34	14	20	31 (10*)	34	34
Total	352	125	205	271 (19*)	350	348

*No toilet available in dispensary

(Source: Records of test checked units)

- Out of 352 dispensaries in the test checked districts, 125 dispensaries (36 per cent) were functioning without electricity and 205 dispensaries (58 per cent) without drinking water.

Only four (in Jabalpur) out of 352 dispensaries have generator or inverter facilities. Thus, without basic facilities running of these dispensaries are namesake only.

- Out of 352, separate toilets for male and female patients were not available in 271 dispensaries and 19 dispensaries were functioning without a toilet facility.
- Fire-fighting equipment was available in only two Government Ayurvedic dispensaries⁸ in Jabalpur which were attached with CHC/PHC.

We noticed that 11⁹ dispensaries out of total 39 test checked dispensaries were running without any doctor. We also noticed that the only *Unani* dispensary at Gwalior was also running without a doctor. Divisional AYUSH Officer, Gwalior had posted (February 2022) a Compounder of a Homeopathic dispensary in *Unani* dispensary, Gwalior for treatment of patients. We observed that medicines were supplied to this Unani dispensary regularly and patients were enrolled for treatment. Thus, the dispensary was running without a doctor or even a trained staff. This dispensary was running in a rental building at the rate of ₹ 9,000/- per month.

Thus, due to lack of basic facilities in AYUSH dispensaries, patients were deprived of quality healthcare services. No specific reply was furnished by the department.

5.6 Shortage of infrastructure in the Medical Colleges due to delay in construction works

5.6.1 (i) Tertiary Cancer Care facilities not started due to incomplete construction.

GoI launched National Program for the Prevention and Control of Cancer, Diabetes, Cardio Vascular Diseases and Stroke (NPCDCS) during 12th Five Year Plan (2012-17) with an aim to prevent and control chronic Non-Communicable diseases, especially Cancer, Diabetes, Cardio Vascular Diseases (CVDs), Stroke and support the diagnosis and cost effective treatment at primary, secondary and tertiary levels of health care under which 20 State Cancer Institutes (SCI) in 20 states and 50 Tertiary Cancer Care Centers (TCCC) in different parts of the country were to get one time financial assistance up to ₹ 120 crore for SCI and ₹ 45 crore for TCCC where expenditure was to be borne by the GoI and respective State Government at 60 : 40 ratio. In the state Netaji Subhash Chandra Bose Medical College (NSCBMC), Jabalpur and GRMC, Gwalior were selected for SCI and TCCC respectively.

In GRMC Gwalior, for establishment of TCCC, DME, GoMP had an estimated cost of ₹ 42 crore of which ₹ seven crore was for construction and furniture and ₹ 35 crore for equipment. GoI released ₹ 18.90 crore till 31.03.2018 which was 75 *per cent* of its share and instructed to complete the project till March 2019 as the assistance was only for the financial year 2018-19. DME released amount of ₹7.30 crore¹⁰ to PIU for construction work and

⁸ Sahpura and Indrana.

⁹ Tansen Nagar (U) in Gwalior, Mau Sahaniya (A), Kurail (A), Kardooti (H) in Chhatarpur, Mandla (U) in Mandla, Garh (A), Puraini (A), Kalamandir (H) in Rewa, Indokh (A), Karedi (A) in Ujjain, Gohalpur (U) in Jabalpur

¹⁰ ₹ seven crore in September 2018 and ₹ 30 lakh in March 2020.

₹ 5.85 crore¹¹ to medical college for the purchase of equipment but medical college surrendered all the budget allotted at end of the respective financial year.

Audit noticed that in a report of ongoing projects in GRMC, Gwalior furnished by PIU, completion date of TCCC was mentioned as 17-09-2020, however, the work had yet to be completed.

Further during joint physical inspection (June 2022), audit noticed that civil work for the establishment of TCCC was not completed as shown in **Photograph 5.3** below:



Photograph 5.3- TCCC at GRMC Gwalior, 13 June 2022

Thus, as of June 2022, the purpose of the scheme to support the diagnosis and cost-effective treatment was not fulfilled even after a lapse of more than one and half year from the date fixed for the completion of building of TCCC.

The Government accepted the fact and stated (November 2023) that a letter regarding release of funds for remaining construction work of tertiary cancer care center was sent (February 2023) to DME by GRMC, Gwalior.

5.6.1(ii) National Emergency Life Support (NELS) skill Center not started.

Ministry of Health and Family Welfare, GoI implemented a Central Sector Scheme “Human Resource Development for Emergency Medical Services” wherein, medical colleges were provided Grant-In-Aid to the tune of ₹ 2.90 crore for setting up NELS skill Center and thereafter impart training in emergency life support to doctor, nurses and paramedics, medical personnel of state Health Departments.

Audit noticed that a memorandum of understanding (MOU) was signed (July 2018) between MoH&FW, GoI and Medical Education Department of GoMP for setting up a skill centre in GRMC, Gwalior. As per the MOU, the skill centre was to be setup within a period of six months from the date of signing of MOU. GOI released (September 2018) first installment of ₹ 1.40 crore, as Grant-in-Aid for civil and electrical work, which was credited in the bank

¹¹ ₹ 85 lakh in January 2018 and ₹ five crore in September 2018.

account of GRMC Gwalior on the same day. Further Medical Education Department accorded (January 2019) the administrative sanction and GRMC

Gwalior made two payments of ₹ 50.00 Lakh each to PIU Gwalior on 26.02.2020 and 03.05.2021. PIU completed (August 2021) the construction work of skill centre and requested to take over the possession of the skill centre building as early as possible, but GRMC Gwalior took possession of building in June 2022.

Skill Centre was not started even after the lapse of three years from the date of signing of MoU. Even taking over possession of the building took one year after completion of construction work. Thus, the purpose of the fund release could not be served due to delay in implementation of project.

The Government accepted the fact and stated (November 2023) that National Emergency Life Support skill center would be started soon as equipment were procured (January 2023) and recruitment of coordinator was under process.

5.6.2 Non-functional Multidisciplinary Research Unit (MRU)

GoI accorded (July 2013) administrative approval for establishment/ strengthening of Multi-Disciplinary Research Units (MRUs) in GMCs and Research Institutions during 12th Five Year Plan. The main objective was to encourage and strengthen an environment of research in MCs.

The GoI, MoH&FW (Department of Health Research) allotted (September 2018) ₹ 1.25 crore as 1st installment to GMC, Bhopal under MRU scheme with instruction that release of 2nd and 3rd installments would be subject to the achievements with reference to the laid down markers/milestones of the scheme. Further, the recurring expenditure liability of the labs shall be taken over by the respective State Governments/State Medical College after the project period of five years.

Scrutiny of records revealed that against the allotment of ₹ 1.25 crore, equipment of ₹ 61.56 lakh only was purchased during the year 2021-22. Non-fulfillment of conditions given by GoI in release order of 1st installment resulted in the non-eligibility for 2nd and 3rd installments. Further, on joint physical verification, it was noticed that equipment purchased for MRU were lying idle till May 2022, as shown in **Photograph 5.4** below:



(Photograph 5.4- MRU unit in GMC Bhopal)

While GRMC, Gwalior received ₹ 1.25 crore in March 2020 for the establishment of MRU but no amount was spent till March 2022.

Thus, in the above two test checked units despite the availability of fund, MRU was either not installed or not functional defeating the purpose of sanctioning of MRU in these colleges.

No specific reply was furnished by the department.

5.6.3 Non-establishment of Sports Medicine Centre

Ministry of Youth Affair and Sports, allotted (November 2019) ₹ 3.55 crore for the establishment of Sports Medicine Centre under National Centre of Sports Science and Research (NCSSR) Scheme with the condition that the utilization certificate (UC) shall be submitted within 12 months after the closing of current financial year. The objective was to support high level research, education and innovation in respect of high performance of elite athletes.

Scrutiny of records revealed that ₹ 3.55 crore was received (December 2019) for establishment of Sports Medicine Centre at GMC, Bhopal. However, Sports Medicine Centre was not established. Therefore, funds remained with the college which was neither utilized nor refunded to GoI so far. Thus, inaction by the college in this regard defeated the purpose of funds released.

No specific reply was furnished by the department.

5.6.4 Non-Establishment of State Spinal Injury Centre (SIC)

GoI, Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities, had approved (November 2018) the Central Sector Scheme for the establishment of State SIC at Gandhi Medical College and Hamidia Hospital, Bhopal for the comprehensive management of spinal injuries and released (November 2019) ₹ 2.82 crore.

The Central Government had to bear the non-recurring expenditure upto ₹ 2.33 crore on equipment and upto ₹ 0.56 crore for setting up of 12 bedded wards. Out of 12 beds which were proposed to be dedicated for treatment and management of spinal injuries, the Central Government would support by means of reimbursement to concern State Governments – the cost involved in management of 10 beds at the rate of ₹ 1,000 per bed/day.

Scrutiny of records revealed that out of ₹ 2.82 crore fund received from GoI, GMC, Bhopal transferred (December 2019) ₹ 45.49 lakh to PIU-2 unit of Public Works Department, Bhopal for infrastructure work and purchased equipment amounting to ₹ 38.90 lakh only and an amount of ₹ 1.98 crore remained unspent. Audit noticed that State SIC was not established (May 2022) due to which patients related to spinal injury were deprived of the special treatment at proposed SIC. No specific reply was furnished by the department.

5.6.5 Partially functioning Super Speciality Hospital (SSH)

Under Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) Phase III upgradation programme, approval for construction of Super Specialty Block at GRMC Gwalior was accorded in December 2014 by GoI. Project was to be completed within 26 months i.e by February, 2017 including commissioning of the services, but construction was started in June 2016 itself. Records related to completion and handing over of super specialty block was not made available to audit. Whereas, out of six¹² super specialty departments, three¹³ departments started OPD services in June 2021 and of which two¹⁴ departments started IPD services by September 2021.

Scrutiny of records related to procurement of medical equipment from HLL Infratech Services Limited (HITES) revealed that out of released fund of ₹54.71 crore to HITES for procurement of medical equipment, equipment worth ₹ 41.68 crore only were ordered out of which equipment of ₹ 30.09 crore were received during 2018 to December 2021. Equipment worth ₹13.39 crore were yet to be ordered. Further, audit noticed that out of received equipment namely Ultrasound Colour Doppler, Portable Colour Doppler, Cell Server Machine etc. worth ₹ five crore were kept idle in the store (September 2022).

Due to incomplete construction, non-availability of complete range of equipment and shortage of manpower, all the departments were not operational and the objectives of the Government to provide quality healthcare services to patients got defeated.

The Government stated (November 2023) that advertisement for recruitment against super specialty faculty was published many times. However, the Government did not offer any comment on non-availability of equipment.

Thus, it cannot be ruled out that quality health services were not provided to the patients due to lack of complete range of equipment and shortage of manpower.

¹² Gastroenterology, Nephrology, Surgical Gastroenterology, Urology, Pediatric surgery, and Neonatology

¹³ Urology, Pediatrics and neonatology.

¹⁴ Urology and Pediatrics

5.6.6 Partially functional Burn Unit in GRMC Gwalior

To address burn injury related problems, GoI, MoH&FW initiated "National Programme for Prevention & Management of Burn Injuries (NPPMBI)" in 12th five-year plan. The main objective of the programme was to reduce incident, mortality, morbidity and disability due to burn injuries with a focus on prevention, treatment, rehabilitation and training. In this programme, a burn unit of 12 beds (eight general beds and four ICU beds) with other required facilities were to be created in the hospital premises at a cost of ₹ 2.17 crore.

Programme Appraisal Committee accorded technical sanction (May 2017) for establishment of burn unit in GRMC Gwalior. Constructed building was handed over on 15th February 2020 to GRMC. Scrutiny of records revealed that an amount of ₹ one crore allotted for the purchase of equipment in 2018-19 was surrendered in the same year and equipment worth ₹ 44.84 lakh were purchased against the allotment of ₹ 50 lakh in 2019-20. Further it was observed that out of 27 types of recommended equipment under norms of NPPMBI, only three¹⁵ types of equipment were available.

During physical verification (June-2022), audit observed that ramp, lift, and air-cooling were not available. ICU and Operation Theatre (OT) were also not functional in the burn unit.

Against total 35 sanctioned posts in the burn unit of GRMC, Gwalior, only 14 were filled. Further, out of seven specialist posts like Surgeon, Anesthetist and Medical Officer, only two were available (one Anesthetist and one medical officer).

Thus, in absence of required staff and equipment, the burn unit was not found fully operational, and the purpose of providing quality healthcare services to the patients was not served.

The Government stated (November 2023) that Burn unit is fully functional.

Reply is not acceptable as the Government did not provide any evidence in support of its reply.

5.6.7 Non -installation of Machine in Central Sterile and Supply Department

HLL Infratech Services Ltd. (HITES) invited bid (dated 11.10.2018) regarding supply, installation and commissioning of Central Sterile and Supply Department (CSSD)¹⁶ for seven New Medical Colleges including CIMS, Chhindwara on behalf of Director, Medical Education, Madhya Pradesh. HITES awarded (10.05.2019) contract to M/S Med Freshe Pvt. Ltd. New Delhi to supply the same. The equipment costing ₹ 2.76 crore was received in CIMS, Chhindwara on 05.08.2020 while inspection of site by HITES was done on 22.06.2020 and permission for installation on consignee site was issued on 29.06.2020. As per HITES notification of award (May-2019) warranty period was 60 months from the date of installation, commissioning and acceptance.

¹⁵ Ventilator, Electric cautery and Hemoglobin meter

¹⁶ 1. Washer Disinfector (280 to 350 Litre) with Accessories (2 Nos.), 2. Spray Gun Rinser (2 Nos.), 3. Horizontal Sterilizer 500 Litre or More with Minimum 8 Stu Capacity and Accessories (2 Nos.), 4. Sterilizer 250 Litre OT more and minimum 4 STU Capacity with Accessories (01 Nos.), 5. Tabletop Sterilizer with Accessories (2 Nos.), 6. Drying Cabinet (1 Nos.)

Head of Department of Microbiology issued site handing over certificate for Supply, Installation and Commissioning of CSSD to HITES, M/S Med Freshe Pvt. Ltd on 30.06.2020. The supplier firm informed the Dean, Medical College CIMS Chhindwara (08.07.2020) that due to COVID-19 pandemic, the company was unable to install the equipment as per schedule and asked for additional time to complete the project. However, installation and commissioning of CSSD was not done till June 2022.

Further during joint physical inspection (June 2022), audit noticed that civil work for the installation and commissioning of CSSD was not complete and wooden boxes in which the items were received, were also damaged/removed. Thus, equipment costing ₹ 2.76 crore purchased for CSSD were lying idle without any protection/security arrangement. Further, it was found the garbage was also dumped in the Washer Disinfector as may be seen from the **Photograph 5.5** below:



(Photograph 5.5- CSSD Machine lying idle in CIMS Chhindwara)

Thus, even after incurring expenditure of ₹ 2.76 crore on equipment and availability of space, the project was not completed (June 2022) even after a lapse of four years from the initiation of the process to establish CSSD due to which every department had to do sterilization on its own rendering the expenditure unfruitful.

The Government accepted the fact and stated (November 2023) that CSSD machine had been currently installed in CIMS Chhindwara which would be operational after the training of staff.

5.6.8 Non -Installation of Radiology Equipment

As per Gazette notification of India published on 23-08-2017, Medical Council of Indian revised notification for medical colleges having 100 MBBS admissions per year, in which new list of equipment in Radiology department was issued which included two X-ray machines of 100mA, 300mA, 500mA each, one 800mA X-ray machine and three Ultrasonography equipment.

During the inspection (June 2022), audit observed that in Radiology department of CIMS, Chhindwara, one 600 mA x-ray machine was not installed which was purchased in

December 2019. Institute also purchased one Ultrasonography machine in 2019 but in its installation report, the service engineer gave the remarks (October 2019) that due to insufficient power supply points in room, installation of the machine could not be done.

Three x-ray machines in GRMC Gwalior were also not installed due to non-availability of electricity connection since December 2020 though radio diagnosis department had repeatedly written for the electricity connection to the higher authorities.

Thus, due to the non-availability of suitable electricity connection, equipment in the above-mentioned medical colleges were not installed, as a result, the patients were deprived of health facilities intended from the machines.

The Government stated (November 2023) that all the three x-ray machines are currently functional at GRMC Gwalior.

The fact remains that the patients were deprived of services of three newly procured X-Ray machines for two and half years. No reply was furnished in respect of CIMS, Chhindwara.

5.6.9 Equipment purchased for histopathological investigation lying idle due to non-availability of space to set up Pathology laboratory.

As per para-B.4 of Minimum standard requirements for the medical college regulations 1999 of Medical Council of India, there shall be well equipped and updated central laboratories preferably with common collection center for all investigations in histopathology and other specified work, if any.

Scrutiny of records of CIMS, Chhindwara, revealed that number of equipment costing ₹ 56.09 lakh were procured during April 2019 to June 2020 for histopathological investigation and installation in Central laboratory. Further, scrutiny of the correspondences made by Head of the Department (HOD) of Pathology and Dean CIMS Chhindwara, revealed that histopathology lab was not setup till 17.5.2022 due to the non-allotment of space by the DH. Histopathology room in central lab in DH was occupied by the DH Pathologist. Histopathology lab could not be started and equipment costing ₹ 56.09 lakh were lying idle (May 2022).

The Government accepted the fact and stated (November 2023) that Histopathological machine was not installed due to non-establishment of lab and construction work of CIMS associated Medical College hospital was under progress. Thus, due to non installation of equipment, it cannot be ruled out that patients were deprived of healthcare services.

5.7 Upgradation of infrastructure facilities in the AYUSH healthcare centres

5.7.1 Building Infrastructure

The department received funds through State Budget and Central sponsored schemes for upgradation of infrastructure facilities in AYUSH Health Care centers. The details of works sanctioned during 2017-22 is given in **Table- 5.17** below:

Table 5.17: Details of work sanctioned during 2017-22

Year	Number of works sanctioned	Number of works completed	Number of works incomplete	Number of works not started
2017-18	44	40	3	1
2018-19	25	17	5	3
2019-20	3	1	1	1
2020-21	4	0	4	0
2021-22	2	0	0	2
Total	78	58	13	7

(Source: Records of directorate of AYUSH)

Scrutiny of records revealed that construction of 78 AYUSH buildings including 68 AYUSH dispensaries was sanctioned during 2017-22 at a cost of ₹22.77 crore. Out of these, 58 buildings were completed and the works of 13 buildings were under progress. Out of 13 incomplete works, three works were sanctioned in 2017-18 and five works were sanctioned in 2018-19. Seven works could not be started up to June 2022 due to issues such as not fixing construction agency and land disputes. In test checked units, we noticed the followings:

- Building of Government Ayurvedic College, Bhopal with attached hospital was constructed in 2008. The areas defined for OPD, IPD, Administrative Office, Reception, Panchakarma and OT etc. were as per requirement. However, we noticed that there was no dedicated space for the medicine store in the buildings. Medicine stores were operating under stairs, ramps, and wards. Medicine store of Unani Hospital was operating four KMs away from the hospital.
- Building of ATH Gwalior is 64 years old and is in dilapidated condition. As per Works Manual of the Public Works Department (PWD), every public building and structure costing above ₹ 5.00 lakh should be examined at least once in each calendar year by Executive Engineer, PWD. We noticed that neither any inspection was done by PWD nor any proposal was submitted by college authorities to PWD for inspection of the building.
- GoMP, Department of AYUSH issued an administrative sanction of ₹ 33.48 lakh (July 2018) for construction of building of AYUSH Dispensary (Bhairavgarh, Ujjain) but the construction work could not be started till July 2021 due to non-availability of land. GoMP changed the site and issued (July 2021) revised sanction for construction of AYUSH dispensary at Rishi Nagar (Basant Bihar), Ujjain in place of Bhairavgarh. Thus, the selection of the site at Bhairavgarh was not done based on actual requirements.
- In Gwalior, a newly constructed dispensary “*Badiakbai*” was converted into AYUSH Health and Wellness Centre (HWC). In the newly constructed building, there was no electricity connection, no water connection (a government hand pump on the road in front of the dispensary is the source of drinking water) and no space for YOGA. We noticed that the In-charge Medical Officer of HWC *Badiakbai* repeatedly requested District AYUSH Officer, Gwalior to provide funds for electricity connection in HWC. However, no funds were provided and electricity connection was not established (April 2022).

- As of March 2022, there was no Government Homeopathic pharmacy in the State. However, ₹ two crore was sanctioned for establishment of Homeopathic Pharmacy under NAM during 2007-08 out of which only ₹ one crore was utilised. Further, ₹ 25 lakh was sanctioned under NAM in the year 2015-16. In response to audit enquiry, Directorate of AYUSH intimated that construction work of building for Homeopathic pharmacy at Bhopal was completed and procurement of equipment through MPPHSC was under process. Thus, despite availability of funds since 2007-08, the homeopathic pharmacy could not be established till July 2022.

Thus, due to above shortcomings, the quality of healthcare services of above HIs were affected. No specific reply was furnished by the department.

5.7.2 Inordinate delay in construction of 50 Bedded AYUSH Hospital, Bhopal

As stipulated in operational guidelines of NAM, 50 bedded Integrated AYUSH Hospitals should be in such a place where adequate connectivity is available and should be able to function as referral hospital to the AYUSH Dispensaries, AYUSH Health & Wellness Centres (HWCs), Primary Health Centres etc.

The details of 50 bedded hospitals sanctioned during 2016-17 to 2021-22 under NAM is given in **Table 5.18** below:

Table 5.18: Details of sanctioned 50 bedded hospitals

Year of sanction of Project	Name of place where these hospitals sanctioned	Year of sanction of funds	Sanctioned Amount (₹ in crore)	Commencement of work	Status of work
2016-17	Bhopal	2016-17	3.94	10.8.2018	Construction completed and interior work was in progress (July 2022)
		2017-18	1.06		
		2020-21	2.00		
		Total	7.00		
2017-18	Indore	2017-18	1.77	19.10.2022	In progress
		2018-19	2.23		
		Total	4.00		
	Sehore	2017-18	1.77	Not started	Changed location to Narsinghpur.
		2017-18 (supplementary)	2.23		
		Total	4.00		
	Chitrakoot	2017-18	3.00	Not started	Not started and abandoned and changed to Amarkantak
2018-19	Narsinghpur	2018-19	2.00	04.01.2019	In Progress. Projected date of completion is 31.12.22
		2021-22	2.00		
		Total	4.00		
2018-19	Mandleshwar	2018-19	2.00	Not Started	Change of land. Work not started.
2021-22	Balaghat	2021-22	0.50	Not Started	Not started
	Amarkantak	2021-22	3.00	Not Started	Not Started
	Sehore	2021-22	0.50	Not started	Not Started

The above table shows that none of the 50 bedded hospitals were completed. In audit scrutiny, we noticed the following:

A 50 bedded Ayurvedic Hospital, Bhopal was sanctioned under State Annual Action Plan (SAAP) 2016-17 with the condition that the State is required to furnish the commitment for state share, land details with ownership rights, Detailed Project Report and commitment of creation of regular post for proposed hospital.

We noticed that the hospital sanctioned in 2016-17 costing ₹ seven crore was still incomplete. Required equipment was also not procured. Posts of Doctors, Nurses, Paramedical staff and technicians were yet to be created. However, Directorate of AYUSH, GoMP sent a proposal (February 2022) to the Cabinet of State Government, but the sanction was awaited. Further, the selection of the site of the hospital was also not justified as a 150 bedded ATH was already established in the same campus. Audit conducted a patient survey (27 OPD and 25 IPD) at ATH, Bhopal and noticed that 11 patients stated that the hospital campus is far away from city and public transport was not available easily. Thus due to not started/ incomplete works, the patients were deprived of intended health care services.

No specific reply was furnished by the department.



CHAPTER-6

Financial Management

Chapter-6

Financial Management

Highlights

- A meaningful budgetary exercise for ascertaining demands/need of resources and fund requirement of the DDOs of selected units for consolidation at the State level was not carried out, and the planning exercise remained limited to allocating the budgeted funds to the DDOs on *ad hoc* basis.
- National Health Policy, 2017 (NHP), aimed to increase expenditure on health sector to over eight *per cent* of the State budget by 2020, the Health Sector consistently received a low allocation, ranging between 2.15 *per cent* and 2.57 *per cent* of the State budget during 2017-18 to 2021-22.
- The actual expenditure on the Health Sector, including both State budget and Central fund, minimally increased in proportion to the Gross State Domestic Product (GSDP) during 2017-18 to 2021-22, remaining below 50 *per cent* of the envisioned 2.5 *per cent* of GSDP expenditure as outlined in NHP.
- The expenditure on primary healthcare services during 2017-22 ranged from 12.60 *per cent* to 17.76 *per cent* of the total health sector expenditure in Madhya Pradesh, falling significantly short of the expected 67 *per cent* (two third).
- DME did not send Utilisation Certificates (UCs) amounting to ₹ 1665.36 crore against the expenditure to GoI during 2020-21 to 2021-22 as the implementing units had not provided UCs to DME, which indicates lack of monitoring by the higher authorities.

6.1 Introduction

National Health Policy duly acknowledges the roadmap of the 12th Five Year Plan for managing human resource for health. The policy initiatives aim for measurable improvements in quality of care. Districts and blocks which have wider gaps for development of infrastructure and deployment of additional human resource would receive focus. Financing for additional infrastructure or human resource would be based on needs of outpatient and inpatient attendance and utilization of key services in a measurable manner.

Further Para 2.4.3 of National Health Policy envisages increase in health expenditure by Government as a per cent age of GDP from the existing 1.15 *per cent* to 2.5 *per cent* by 2025 and increase in State sector health spending to more than eight *per cent* of their budget by 2020.

6.2 System for preparation and finalization of Budget estimates

As envisaged in para B7 of Budget Manual, during the budget preparation stage of the budget cycle, all Budget Controlling Officers (BCOs) are responsible for collating estimates of expenditure and receipts prepared by the Drawing and Disbursing Officers (DDOs) under them as well as for preparing estimates of off budget funds likely to be received for department

schemes during the ensuing financial year. Further Para B 8 *ibid* stipulates that for finalization of estimates of expenditure and receipts, BCOs should collate all estimates prepared by DDOs and review the same to ensure that estimates have been prepared only for existing expenditure and any new expenditure/ new instrument of expenditure proposed has been estimated and submitted separately.

Further, BCO has to prepare facility development plans¹ for each hospital on the basis of analysis of gaps in the available health facilities *vis-à-vis* the norms/standards.

Audit, however, observed that the gap analysis to ascertain the requirement of resources and service provisioning in the hospitals was not done. Consequently, a meaningful budgetary exercise for ascertaining demands/need of resources and fund requirement of the DDOs of selected units for consolidation at the State level could not be carried out, and the planning exercise remained limited to allocating the budgeted funds to the DDOs on *ad hoc* basis.

We noticed that the Directorate of Ayush (BCO for the Ayush Department) ignoring the proposal related to budget estimate² received from respective DDOs, prepared the budget based on the expenditure of previous years. Further, savings in the budget of last five years were under the heads viz. purchase of medicine, equipment and capital works as discussed in succeeding paragraphs.

On this being pointed out, Government replied (April 2023) that for budget preparation, meetings were conducted on various levels to ascertain the requirement of field offices after extensive discussions. Gap analysis was regularly conducted based on which, budget estimated were prepared.

The reply is not acceptable as no records related to budget demands sent by the field offices and its compilation at the Directorate level were furnished to Audit. Further, the minutes of meetings conducted for gap analysis and preparation of budget, were also not furnished to audit by DHS or field offices. Thus, budget of the department was being prepared without collecting demands/estimates from the field offices which was against provisions of the budget manual.

6.3 Budget allotment and expenditure

The State Government makes budgetary provisions under the Annual Budget for the functioning of healthcare institutions under PH&FWD, MED and Department of AYUSH.

Budget allotment and expenditure of PH&FWD, NHM, MED and Department of AYUSH for the period 2017-22 are given in tables below:

Table 6.1: Budget allotment and expenditure of PH&FWD including NHM

Year	Budget Allotment			Expenditure			Savings (Per cent)
	State Govt.	Central Govt.	Total	State Govt.	Central Govt.	Total	
2017-18	2,911.56	2,785.46	5,697.02	2,437.28	2,799.12	5,236.41	460.61 (8.09)
2018-19	3,537.65	3,040.41	6,578.06	2,878.92	2,214.12	5,093.04	1485.02 (22.58)

¹ Facility Development Plan comprises of components such as infrastructure, equipment, human resources, drugs and supplies, quality assurance systems and service provisioning.

² Consists 80 to 90 *per cent* expenditure related to pay and allowances.

Year	Budget Allotment			Expenditure			Savings (Per cent)
	State Govt.	Central Govt.	Total	State Govt.	Central Govt.	Total	
2019-20	3,910.42	3,744.51	7,654.93	3,159.14	3,603.47	6,762.61	892.32 (11.66)
2020-21	3,624.84	3,930.56	7,555.4	3,320.60	3,905.48	7,226.08	329.32 (4.36)
2021-22	4,131.69	6,548.98	10,680.67	3,632.82	6,086.30	9,719.12	961.55(9.00)
Total	18,116.16	20,049.92	38,166.08	15,428.76	18,608.49	3,4037.26	4,128.82(10.82)

(Source: Appropriation budget data for FYs 2017-18 to 2021-22)

Table 6.2: Budget allotment and expenditure of Medical Education Department

(₹ in crore)

Year	Budget Allotment			Expenditure			Savings (Per cent)
	State Govt.	Central Govt.	Total	State Govt.	Central Govt.	Total	
2017-18	1,103.54	227.68	1,331.22	1,013.81	216.03	1,229.84	101.38 (7.62)
2018-19	1,477.52	621.81	2,099.33	1,357.1	585.76	1,942.86	156.47 (7.45)
2019-20	1,885.96	633.43	2,519.39	1,578.83	452.18	2,031.01	488.38 (19.38)
2020-21	1,920.8	544.11	2,464.91	1,476.65	274.73	1,751.38	713.53 (28.95)
2021-22	2,165.04	543.74	2,708.78	1,798.22	236.14	2,034.36	674.42 (24.90)
Total	8,552.86	2,570.77	11,123.63	7,224.61	1,764.84	8,989.45	2,134.18 (19.19)

(Source: Directorate MED budget data for FYs 2017-18 to 2021-22)

Table 6.3: Budget allotment and expenditure of Department of AYUSH

(₹ in crore)

Year	Budget Allotment			Total Expenditure	Savings (Per cent)
	State Govt	Central Govt.	Total		
2017-18	414.86	17.95	432.80	343.00	89.80 (20.75)
2018-19	433.29	32.04	465.33	429.26	36.07 (7.75)
2019-20	489.18	63.83	553.01	512.05	40.96 (7.41)
2020-21	516.01	64.00	580.00	436.85	143.15 (24.68)
2021-22	599.47	148.5	747.98	578.18	169.80 (22.70)
Total	2,452.81	326.32	2,779.12	2,299.34	479.78 (17.26)

(Source: Department of AYUSH budget data for financial year 2017-18 to 2021-22)

Table 6.4: Budget allotment and expenditure under National Health Mission

(₹ in crore)

Year	Opening balance	Interest earned/other grant/advance refund	Receipt during the year		Available balance	Expenditure	Closing balance
			Central share	State share			
2017-18	792.19	245.48	1073.98	1298.56	3410.21	2107.56	1302.65
2018-19	1301.55	314.92	865.55	731.16	3213.18	2347.39	865.79
2019-20	865.79	691.86	1447.18	1345.58	4350.41	3147.02	1203.39
2020-21	1202.90	281.80	1753.65	1179.45	4417.80	3289.85	1127.95
2021-22	1127.95	494.07	3192.44	2615.06	7429.52	3854.55	3574.97
Total	5290.38	2028.13	8332.80	7169.81	22821.12	14746.37	8074.75

(Source: CA report of State Health Society, NHM)

Note: 1. Opening balance of NHM is saving in previous FY which was utilized in the next FY without lapse of fund.

- 2.** There was a difference of ₹1.10 crore in the closing balance of 2017-18 and opening balance of 2018-19, and ₹0.49 crore in the closing balance of 2019-20 and opening balance of 2020-21 as per the report of Chartered Accountant.

Table 6.5: Consolidated budget allotment and expenditure to Health Sector

(₹ in crore)

Year	Budget Allotment			Total Expenditure	Savings (Per cent)
	State Govt.	Central Govt.	Total		
2017-18	4,429.96	3,031.09	7,461.04	6,809.25	651.79 (8.74)
2018-19	5,448.46	3,694.26	9,142.72	7,465.16	1,677.56 (18.35)
2019-20	6,285.56	4,441.77	10,727.33	9,305.67	1,421.66 (13.25)
2020-21	6,061.65	4,538.67	10,600.32	9,414.31	1,186.00 (11.19)
2021-22	6,896.20	7,241.22	14,137.42	12,331.66	1,805.77 (12.77)
Total	29,121.83	22,947.01	52,068.83	45,326.05	6,742.78 (12.95)

It can be seen from the above Table that there was a saving against the budget allotment up to 18 per cent during 2017-22. However, the reasons of savings could not be ascertained in Audit as the copies of budget sanction letters were not provided by the department despite repeated reminders.

The Government stated (November 2023) that due to entire expenditure not being incurred by construction agencies, there was unutilized fund, which was regularly monitored.

Reply is not acceptable as saving up to 18 per cent of the budget allotment indicates non-monitoring of expenditure by the concerned authorities.

6.4 Comparison of State budget with total spending on Health Sector

Para 2.4.3 of National Health Policy, 2017 (NHP) envisages increase in expenditure on health sector to more than eight per cent of the State budget by 2020.

The status of total allotment to Health Sector by the State in comparison to State Budget during the period 2017-18 to 2021-22 is given in **Table 6.6** below:

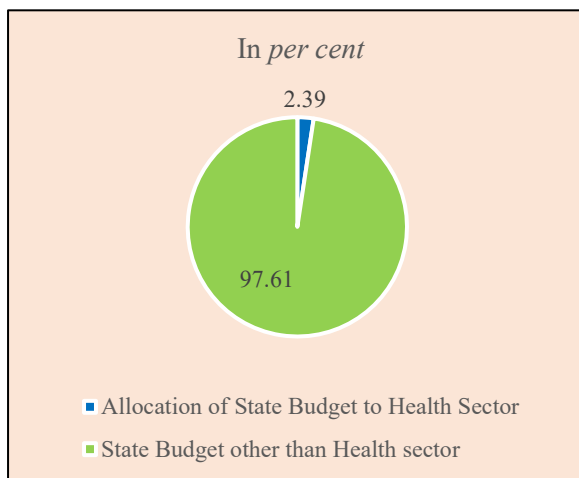
Table 6.6: Spending on Health Sector vis-a-vis State Budget

(₹ in crore)

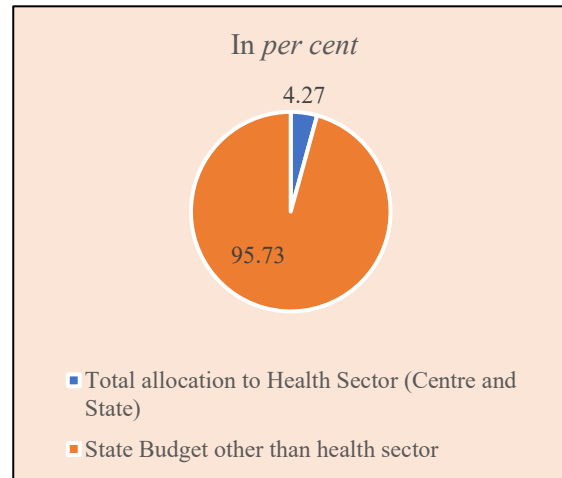
Year	Total budget of the State	Total allotment of State budget for Health Sector	Total allotment of Central fund for Health Sector for Madhya Pradesh	Total allotment to health sector including State Govt. fund and Central Govt. fund	Per cent age of allotment of State budget to health sector	Per cent age of total allotment (Central and State fund) to health sector in comparison to State budget
(1)	(2)	(3)	(4)	(5) {3+4}	(6){3/2*100}	(7) {5/2*100}
2017-18	206469.55	4,429.96	3,031.09	7,461.04	2.15	3.61
2018-19	238302.67	5,448.46	3,694.26	9,142.72	2.29	3.84
2019-20	256925.40	6,285.56	4,441.77	10,727.33	2.45	4.18
2020-21	235927.02	6,061.65	4,538.67	10,600.31	2.57	4.49
2021-22	282779.61	6,896.20	7,241.22	14,137.43	2.44	5.00
Total	1220404.25	29,121.83	22,947.01	52,068.83	2.39	4.27

Total allotment (in per cent) to Health Sector in comparison to State budget during the period 2017-18 to 2021-22 is shown in **Pie Chart 6.1 and 6.2** below:

Pie Chart 6.1: Total allotment (in *per cent*) to Health Sector from State budget during 2017-18 to 2021-22 in comparison to State budget



Pie Chart 6.2: Total consolidated allotment (in *per cent*) to Health Sector (State budget and Central fund) during 2017-22 in comparison to State budget



It is evident from the above Table and Pie Charts that total allotment to Health Sector in comparison to State budget remained between 2.15 *per cent* and 2.57 *per cent* during 2017-22. Since the allotment of State budget to Health Sector itself was much below eight *per cent*, the targeted spending of eight *per cent* of State budget by 2020 as envisaged in NHP was not adhered to. Further, total allotment to Health Sector in the State including funds provided by Central Government and allocation of fund from State budget was also much below the target of NHP which indicates that sufficient funds were not allocated by the GoMP to achieve the target set up in NHP.

On this being pointed out, Government replied (April 2023) that the spending on Health Sector *vis-a-vis* State Budget mentioned in the report shows gradual increase in the allotment of State budget to health sector during financial year 2017-18 to 2021-22. Thus, GoMP had made sincere efforts for enhancement of health sector services in order to provide better healthcare facilities to the citizens.

We conclude that though the State Government had gradually increased budget allocation in health sector during 2017-22 yet it is much below the target set by NHP.

6.5 Expenditure on health sector as a percentage of Gross Domestic Product (GDP)

Para 2.4.3 of National Health Policy, 2017 envisages increase in health expenditure by Government as a per cent age of GDP from the existing 1.15 *per cent* to 2.5 *per cent* by 2025.

Considering the above policy, status of expenditure of fund to health sector during the period 2017-18 to 2021-22 in comparison to Gross State Domestic Product (GSDP) is depicted in **Table 6.7** below:

Table 6.7: Expenditure of fund on health sector in comparison to GSDP during 2017-22

(₹ in crore)

Year	GSDP of the State	Required expenditure of 2.5 per cent of GSDP	Total expenditure on health sector (Including State and Central Govt. fund)	Shortage in expenditure in comparison to GSDP	Actual expenditure on health sector by State and Central Govt. in per cent of GSDP	Shortfall
1	2	3	4	5	6(4/2*100)	7(3/2*100-6)
2017-18	7,26,284	18,157.10	6,809.25	11,347.85	0.94	1.56
2018-19	8,31,024	20,775.60	7,465.16	13,310.44	0.90	1.60
2019-20	9,38,602	23,465.05	9,305.67	14,159.38	0.99	1.56
2020-21	9,76,281	24,407.03	9,414.31	14,992.72	0.96	1.54
2021-22	11,69,004	29,225.10	12,331.66	16,893.44	1.05	1.45

(Source: GSDP data from Appropriation Account)

It can be seen from the above Table that against targeted expenditure of 2.5 per cent of GSDP as recommended in NHP, there was a shortfall ranging between 1.45 per cent and 1.60 per cent in expenditure incurred on health sector by the State and Central Government during 2017-22.

No specific reply was furnished by the department.

6.6 Less expenditure in Primary Health Sector

As per Para 12 of NHP, financing of health care, target of expenditure on primary health should be two third (67 per cent) of the health expenditure. The status of total expenditure on Health sector and Primary Health Care is given as below in **Table 6.8**:

Table 6.8: Expenditure on Health sector and Primary Health Care

Year	Fund allotted to Health sector	Actual expenditure on Health sector	Fund allotted to Primary Health Care	Actual Expenditure incurred on Primary Health Care	Per cent age expenditure on Primary Health care in comparison to total expenditure on Health sector
2017-18	7,461.04	6,809.25	1,467.06	1,141.08	16.76
2018-19	9,142.72	7,465.16	1,540.32	1,326.18	17.76
2019-20	10,727.33	9,305.67	1,669.47	1,452.65	15.61
2020-21	10,600.31	9,414.31	1,612.53	1,446.20	15.36
2021-22	14,137.43	12,331.66	1,761.81	1,554.07	12.60

(Source: Appropriation budget data for FYs 2017-18 to 2021-22)

From above table it can be seen that actual expenditure on primary health care sector ranged between 12.60 and 17.76 per cent of the expenditure incurred on health sector during 2017-22 in Madhya Pradesh. Thus, the expenditure on primary healthcare was much below the targeted norms of NHP.

No specific reply was furnished by the department.

6.7 Financial arrangement in NHM

NHM is a comprehensive health care scheme which encompasses several programmes of GoI. The Central and State Government provide funds for NHM in the ratio of 60:40 from 2015-16. GoI releases grants to State and further State releases fund to SHS. SHS disburses funds to District Health Society at district level, CHCs at block level and PHCs and SHCs at village level.

The details of funds released by the GoI and the GoMP for programmes related to Reproductive Child Health (RCH), NRHM flexible pool and Immunization and expenditure incurred thereof during 2017-22 are shown in the **Table 6.9** below:

Table 6.9: Total allocation, expenditure and un-utilized balances during 2017-22

Year	Opening Balance	Fund received during the year		Bank Interest	Total available Funds (2+3+4+5)	Expenditure during the year	Reconciliation of unspent balances	Total expenditure (7+8)	Closing Balance (6-9)	Per cent age of unspent balance
		Central share	State share							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
2017-18	-144.07	969.34	1,203.45	15.61	2,044.33	1,721.62	0	1,721.62	322.71	16
2018-19	322.71	821.17	731.16	24.37	1,899.41	1,825.39	0	1,825.39	74.02	4
2019-20	74.02	1,074.18	1,267.94	14.77	2,430.91	2,020.54	0.30	2,020.84	410.07	17
2020-21	410.07	1,114.23	935.69	9.75	2,469.74	1,673.30	0	1,673.30	796.44	32
2021-22	796.44	1,379.87	1,386.47	12.19	3,574.97	2,051.83	9.75	2,061.58	1,513.39	42
Total	1,459.17	5,358.79	5,524.71	76.69	12,419.36	9,292.68	10.05	9,302.73	3,116.63	

(Source: CA report of State Health Society)

It is evident from the above table that unspent amount ranged between four and 42 *per cent* at the end of financial year 2017-22. Unspent balances under NHM indicates that programmes were not efficiently implemented to the extent of funds provided.

No specific reply was furnished by the department.

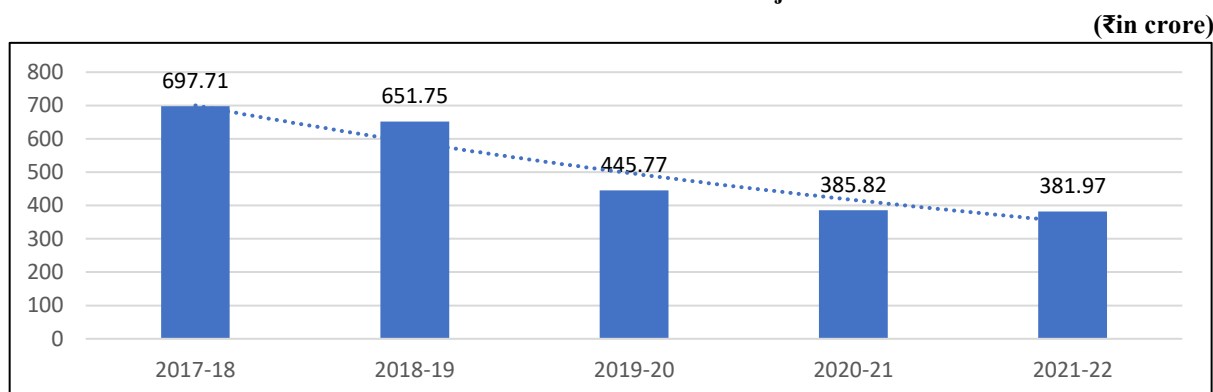
6.7.1 Lack of expenditure against budget on rural areas as per norms

As envisaged in Para 3.3 of the Operational Guidelines for Financial Management, 2012 of NRHM, 10 *per cent* of NRHM fund was to be utilized at the State level, 20 *per cent* at the district level and at least 70 *per cent* at block and below level. In the review of activity wise cumulative expenditure statement of NHM, Bhopal for the year 2021-22, it was found that utilisation of funds at State, District and Block level were 18, 40 and 42 *per cent* respectively. Thus, the norms envisaged in guidelines were not followed by the State and it cannot be ruled out that it impacted the healthcare services at block and rural level.

No specific reply was furnished by the department.

6.7.2 Unadjusted advances to various agencies

As per para 6.9.1 and 6.9.2 of Operational Guidelines for Financial Management, 2012 of NRHM, all advances should be duly approved by the competent authority and preferably be settled within a maximum period of 90 days. For the purpose of facilitating proper tracking of advances and their settlement, advance tracking register should be maintained at all the levels from where the advances are given. The year wise status of outstanding advances as per CA reports from 2017-18 to 2021-22 has been shown in **Chart-6.3** below:

Chart: 6.3: Year wise status of unadjusted advances

(Source: CA Report of NHM Bhopal)

Though the outstanding advances were declining in comparison to 2017-18, however, an amount of ₹381.97 crore was outstanding as on 31st March 2022, which shows non-compliance of the provision of guidelines.

Further, audit noticed that in selected districts, an amount of ₹17.60 crore³ was outstanding against implementing agencies/ staff and external parties. Advance tracking registers were also not maintained by District Health Societies in any of the test checked districts. Advance settlement was carried out in Tally account by seven districts⁴. In the absence of non-maintenance of advance tracking register, audit could not ascertain the date of issue and adjustment of outstanding advances in prescribed time. District-wise and year-wise details of advances are given in *Appendix 6.1*.

The Department stated (April 2023) that for implementation of various programmes, State/Districts/Blocks need to issue some advances which are recovered from time to time. Regarding maintenance of manual advance tracking register, instructions have been issued to all DDOs.

The fact remains that there was lack of monitoring mechanism for recovery of advances.

6.7.3 Committed expenditure without approval of GoI ₹374.86 crore

As per Para 2.4.4 of Operational guideline for Financial Management of NRHM, 2012, committed unspent fund are for the activities for which implementation has already been started, are under progress or have been administratively approved but not yet completed. The State should provide details of activity-wise balances for such activities while proposing the PIP for the next financial year. The State should also provide estimated timeline for utilization of committed liability, preferably within next two quarters.

Scrutiny of SPIP and other records such as sanction letters of SPIP issued by GoI, information provided by the NHM, allotment and expenditure of fund, files made available by NHM from 2017-18 to 2021-22 revealed that the status of committed expenditure in the State was as per **Table 6.10** below:

³ Unadjusted advance against (Implementing agencies ₹16.09 crore, Staff ₹1.21 crore and External parties /Suppliers ₹0.30 crore)

⁴ Bhopal, Chhatarpur, Dhar, Gwalior, Harda, Rewa and Ujjain

Table 6.10: Status of Committed expenditure in the State during 2017-18 to 2021-22**(₹ in crore)**

Year	Provision in SPIP	Allotment of fund during the year	Expenditure during the year
1	2	3	4
2017-18	141.68	No separate fund allotted for committed expenditure	103.79
2018-19	111.20	31.99	8.52
2019-20	0.00	89.10	41.29
2020-21	0.00	173.95	124.54
2021-22	12.05	294.86	221.08
Total	264.93	589.90	499.22

(Source: SPIP, FMIS, e-vitt portal and files provided by NHM)

It is evident from the above table that total ₹ 264.93 crore was approved as committed expenditure by GoI during 2017-22 against which ₹ 589.90 crore was allotted and ₹ 499.22 crore was spent by NHM, Madhya Pradesh.

Further, it was noticed that during the year 2019-20 and 2020-21, no provision for committed expenditure was made in SPIP but ₹ 89.10 crore and ₹ 173.95 crore was released against which expenditure of ₹ 41.29 crore and ₹ 124.54 crore was spent during the year 2019-20 and 2020-21 respectively. Similarly, in the year 2021-22, against the provision of ₹ 12.05 crore in SPIP, ₹ 294.86 crore was released and ₹ 221.08 crore was spent which was unauthorized. Thus, during the year 2019-22, ₹ 545.86 crore was allotted and ₹ 374.86 crore was spent unauthorizedly.

The status of committed expenditure in test checked districts has been shown in **Table 6.11** below:

Table 6.11: Status of committed expenditure in test checked districts during 2017-22**(₹ in lakh)**

Name of District	2017-18		2018-19		2019-20		2020-21		2021-22	
	Allotment	Expenditure	Allotment	Expenditure	Allotment	Expenditure	Allotment	Expenditure	Allotment	Expenditure
Barwani	0.00	0.00	0.00	0.00	16.24	13.48	21.26	15.42	5.30	5.25
Bhopal	0.00	0.00	6.50	5.95	33.65	19.72	66.15	58.50	101.56	80.44
Chhatarpur	0.00	0.00	0.00	0.00	203.61	64.63	66.16	45.62	250.18	198.06
Dhar	Not provided in FMIS*	364.22	0.00	0.00	135.96	57.68	39.30	27.22	163.91	160.24
Harda	Not provided in FMIS*	8.27	0.00	0.00	13.45	13.45	11.44	11.44	108.06	108.06
Gwalior	Not provided in FMIS*	Not provided by DHS	129.68	19.72	170.63	130.18	76.69	39.38	66.77	52.59
Jabalpur	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mandla	Not provided in FMIS*	132.04	0.00	0.00	9.65	9.28	10.38	10.38	7.45	7.40
Rewa	3.09	2.74	0.10	0.00	70.38	57.80	54.71	32.68	84.78	83.42
Ujjain	0.00	0.00	179.00	154.97	145.66	33.63	307.28	235.32	233.82	230.66
Total	3.09	507.27	315.28	180.64	799.23	399.85	653.37	475.96	1,021.83	926.12

(Source: Records of test checked District Health Societies)

*Separate allotment for committed expenditure was not provided in FMIS

From the above table it can be seen that:

1. Bhopal, Chhatarpur and Ujjain districts intimated nil budget allotment and expenditure in 2017-18 whereas Barwani intimated nil allotment and expenditure in 2017-19 and Jabalpur

intimated nil allotment and expenditure during 2017-22. However, scrutiny of Financial Management and Information System and E-vitt report revealed that an amount of ₹10.56 crore was spent as committed expenditure in the above four⁵ districts during 2017-18 and in Jabalpur during 2017-22.

2. District Health Societies, Chhatarpur and Rewa stated that proposal of committed expenditure was not sent to SHS, Bhopal. Further, District Health Society, Chhatarpur also stated that no separate approval was received for the fund released as committed expenditure from SHS, Bhopal.

District Health Society of remaining seven test checked districts did not furnish the information related to proposal for committed expenditure incurred by them during 2017-18 to 2021-22. Thus, SHS released fund as committed expenditure without ensuring that the work under the activities were underway or administratively sanctioned as envisaged in guidelines.

The department stated (April 2023) that GoI had approved Programme Implementation Plan (PIP) every year along with the approval of unspent balances utilized as committed expenditure against ongoing activities at year ending.

The reply is not acceptable as the details of approval of committed expenditure were not available with the PIPs produced to audit.

6.7.4 Unauthorized operation of Bank Account

NHM, Bhopal issued (July 2018) instructions that all the bank accounts at district and block level were to be closed and the balance amounts were to be transferred to bank account⁶. Scrutiny of statement of bank accounts at Block Medical Officer, Unhel under District Health Society, Ujjain, revealed that total five bank accounts⁷ in the name of Block Medical Officer (BMO), Unhel were operational in Bank of India. The then BMO Dr. Kalpesh⁸ took charge of BAM of PHC, Unhel on 17 September, 2019 and transferred ₹27.74 lakh subsequently to the bank accounts of five persons and his own account during August 2018 to November 2020 as detailed in **Table 6.12** below:

Table 6.12: Status of transfer of fund from Bank Accounts of PHC Unhel

(₹ in lakh)						
Sl.No.	Name of persons	Account Number from which fund transferred	Account number in which fund transferred	Total amount transferred	Mode of transfer/ withdrawal	Date of transfer
1	2	3	4	5	6	7
01	Dr. Kalpesh (BMO)	911110210000060	30082029555 (SBI)	2.50	Cheque	15.04.2020 to 16.05.2020
				4.52	Cash	19.12.2019 to 12.05.2020
		911110110000930		1.90	NEFT	02.09.2020 to 17.09.2020

⁵ Barwani, Bhopal, Chhatarpur and Ujjain

⁶ 32214925722, IFS Code SBIN0007242 of SBI, Vindhyachal branch, Bhopal

⁷ Account number-(i) 911110210000058 (RCH), (ii) 911110210000059 (NRHM), (iii) 911110210000060 (Immunization), (iv) 911110110000930 (BMO), (v) 911110100010018 (BMO)

⁸ Dr. Kalpesh Dahima was posted as Block Medical Officer (BMO) at Primary Health Centre (PHC), Unhel from January 2018 to September 2021.

Sl.No.	Name of persons	Account Number from which fund transferred	Account number in which fund transferred	Total amount transferred	Mode of transfer/ withdrawal	Date of transfer
1	2	3	4	5	6	7
			--	0.33	Cash	14.09.2020 to 07.11.2020
02	Rahul Prajapati, contractual staff	911110210000060	911118210006273	8.02	Cheque	30.08.2018 to 30.04.2020
			--	3.54	Cash	25.11.2019 to 07.01.2020
03	Arshad	911110210000060	911210110011637	1.18	Cheque	30.09.2019 to 30.05.2020
04	Yogesh Soni	911110210000060	911110100011604	1.10	Cheque	11.10.2019
05	Abhishek Singh	911110210000060	910110310000222	3.63	Cheque	11.10.2019 to 12.12.2019
			--	0.48	Cash	10.01.2020
06	Ranchhod	911110210000060	--	0.54	Cash	20.05.2020 to 27.05.2020
Total				27.74		

(Source: Records of PHC Unhel, District Ujjain)

On requisitioning the records such as cash book, ledgers and vouchers in respect of transfer of funds from the above accounts, the records were not made available to audit.

Thus, the BMO, Unhel did not close the bank account in compliance of the above order of NHM and transferred the fund unauthorisedly in his personal account and accounts of other persons. Since, no records related to transaction was produced to audit, it is evident that the funds were transferred in bank accounts of other persons in unauthorised manner.

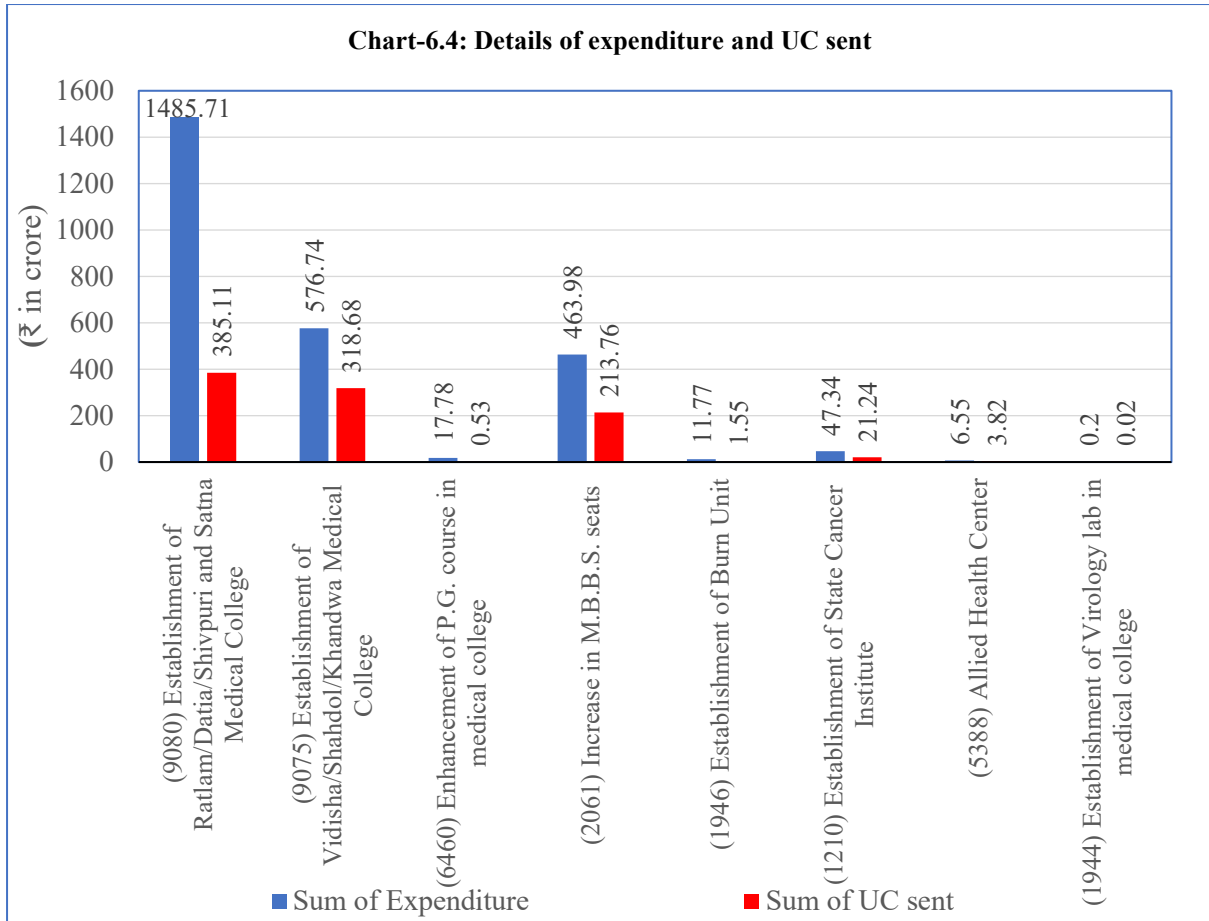
The department stated (April 2023) that out of six bank accounts, five bank accounts had been closed and one bank account was operational for the fund flow of Rogi Kalyan Samiti as informed by the CMHO, Ujjain.

The fact remains that bank accounts were unauthorisedly operated by BMO, Unhel in violation of instructions issued by NHM, Bhopal.

6.8 Financial provision and management in Medical Education Department

6.8.1 Non submission of Utilisation Certificates (UCs) to GOI

GoMP in assistance with Ministry of Health and family welfare of GoI implemented various schemes for upliftment of health infrastructure and availability of health services during 2017-22. DME allotted ₹ 3,881.57 crore to implementing units of which expenditure of ₹ 2,610.07 crore was incurred. Against this expenditure, UCs of ₹ 944.71 crore only were sent to GoI. The details of expenditure and UCs sent are given in **Chart- 6.4** below:



(Source: Records of DME Bhopal)

Further details of allotment, distribution, expenditure and UCs provided are as given the **Table 6.13** below:

Table 6.13: Details of UC against expenditure

Sl. No.	Scheme	From Treasury			Details of UC	
		Allotment	Distribution	Expenditure	UC sent	UC not sent
1	(9080) Establishment of Ratlam/Datia/Shivpuri and Satna Medical College	2143.74	1824.49	1485.71	385.11	1100.6
2	(9075) Establishment of Vidisha/Shahdol/Khandwa Medical College	700.58	614.66	576.74	318.68	258.06
3	(6460) Enhancement of P.G. course in medical college	153.57	30.75	17.78	0.53	17.25
4	(2061) Increase in M.B.B.S. seats	714.92	488.69	463.98	213.76	250.22
5	(1946) Establishment of Burn Unit	24.14	18.78	11.77	1.55	10.22
6	(1210) Establishment of State Cancer Institute	122.30	52.63	47.34	21.24	26.10
7	(5388) Allied Health Center	19.17	10.73	6.55	3.82	2.73
8	(1944) Establishment of Virology lab in medical college	3.15	0.20	0.20	0.02	0.18
	Total	3881.57	3040.93	2610.07	944.71	1665.36

(Source: Records of DME Bhopal)

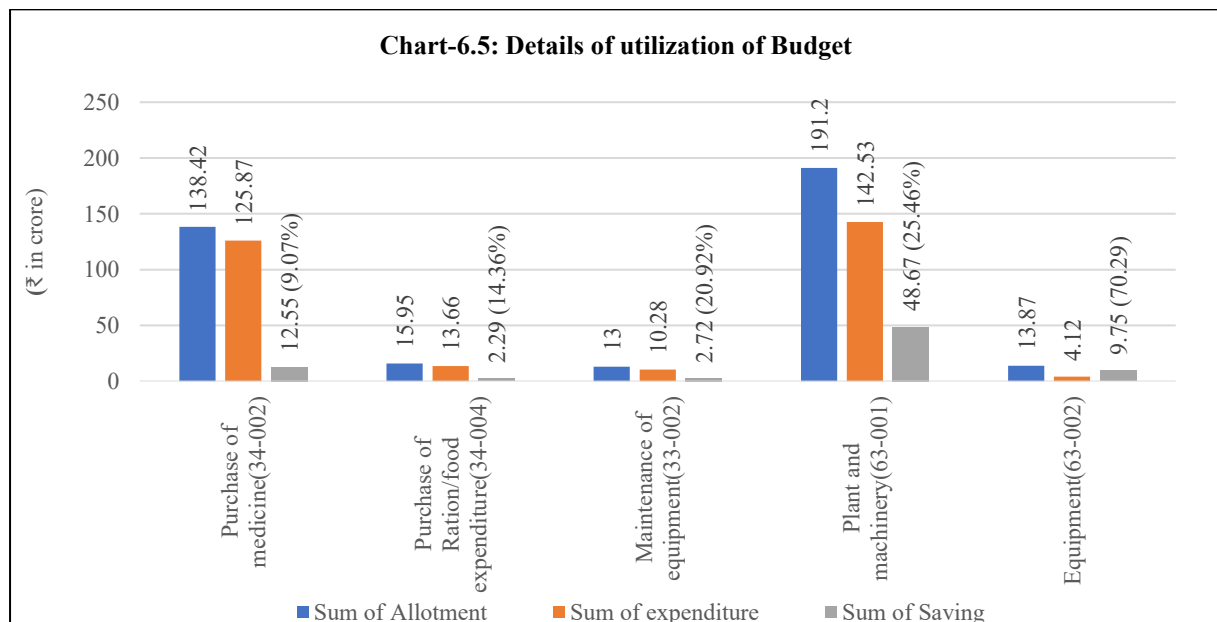
Audit noticed that DME did not send UCs amounting to ₹1,665.36 crore against the expenditure to GoI. Further for 2020-21 to 2021-22, the implementing units did not provide UCs to DME, which indicates lack of monitoring by the higher authorities. Available UCs of ₹944.71 crore were pertaining to financial years 2017-18 to 2019-20.

The Government accepted the fact and stated (November 2023) that utilization certificate for the expenditure of ₹ 235.35 crore was not sent to GoI.

6.8.2 Under Utilization of Budget in test-checked units

As envisaged in para B.13 of Budget manual of Government of Madhya Pradesh, during the course of financial year, BCOs are also responsible for control over budget, collation of revised estimate of expenditure and receipts, obtaining necessary sanction for re-appropriation and supplementary grant and surrender of saving, if any to the finance department.

Scrutiny of records of budget revealed that during the period 2017-18 to 2021-22, fund was not fully utilised in the test checked units⁹ under following heads. Details are as given in **Chart- 6.5** below:



(Source: Records of test checked units)

As shown in above chart, saving in the mentioned heads were between 9.07 per cent to 70.29 per cent.

Thus, non-utilization of funds indicates lack of monitoring by the higher authorities.

The Government accepted the fact and stated that efforts are being made for proper utilization of funds.

⁹ Gandhi Medical College (GMC) Bhopal, Hamidia Hospital Bhopal, Sultania Zanana Hospital Bhopal, Gajra Raja Medical College (GRMC) Gwalior, Jaya Arogya Hospital (JAH) Gwalior, Chhindwara Institute of Medical Science (CIMS) Chhindwara.

6.8.3 Monitoring of fund

6.8.3 (i) Diversion of Fund of ₹ 60.40 lakh

As per Annexure II of Budget Manual Volume II, object detail head 34-002 stands for “purchase of medicine” and 34-009 stands for “Others” which includes such expenditure that is not covered in the other listed details heads.

Scrutiny of vouchers revealed that diversion of funds from one object-detail head to another was done on frequent basis specially from object-detail head 34-002 which is for the purchase of medicine. Audit noticed that from this head consumables and other items such as blanket, Apron, Cannula fixator etc. were purchased which were to be purchased from object-detail head 34-009. Detail of diversion of funds is given in **Appendix 6.2**.

Diversion of funds of ₹ 60.40 lakh was made from object-detail head 34-002 to 34-009, 34-009 to 63-002, and 34-006 to 31-006 in test check units¹⁰ despite availability of funds under respective heads. Audit noticed that fund amounting ₹ 51.84 lakh¹¹ was either surrendered or remained unutilized under object detail head 34-009 and 31-006 during 2018-19 to 2021-22.

The Government stated (November 2023) that the matter was being investigated under intimation to Audit. No further information provided to audit,

6.8.3(ii) Short utilisation of funds due to release of funds in fag end of financial year

Scrutiny of sanction orders of budget allotment from DME to test-checked units, revealed that sanctions of ₹ 37.87 crore were granted between 20th February and 31st March during financial year 2018-19 to 2021-22. Details are as given in **table 6.14** below:

Table-6.14: Details of Allotment and less utilization of fund

(₹ in lakh)

Name of Unit	Year								Total	
	2018-19		2019-20		2020-21		2021-22		Allotment	Surrender
	Allotment	Surrender	Allotment	Surrender	Allotment	Surrender	Allotment	Surrender		
GMC Bhopal	0	0	97.51	97.51	725.44	725.44	990.00	990.00	1812.95	1812.95
Hamidia Hospital	120.00	95.36	0	0	50.00	50.00	226.86	47.50	396.86	192.86
SultaniaZanana Hospital	0	0	0	0	16.59	16.59	125.00	36.32	141.59	52.91
CIMS Chhindwara	80.00	80.00	0	0	42.53	28.38	63.50	24.70	186.03	133.09
GRMC Gwalior	100.40	0.75	71.97	71.97	129.46	115.28	815.90	172.44	1117.73	360.44
JAH Gwalior	112.61	112.61	0	0	10.55	10.55	8.50	7.50	131.66	130.66
Total	413.01	288.72	169.48	169.48	974.57	946.24	2229.76	1278.46	3786.82	2682.91

(Source: Records of DME Bhopal)

It is clear from the above table that ₹ 37.87 crore was sanctioned during 2018-22, out of which ₹ 26.83 crore (70.85 per cent) was not utilized due to delayed sanctions.

¹⁰ Hamidia hospital Bhopal (₹20.83 lakh), Sultania Zanana Hospital Bhopal (₹ 30.77 lakh) and CIMS Chhindwara (₹8.80 lakh).

¹¹ Surrender/Remaining budget in 34-009 of ₹ 29.71 lakh and 31-006 of ₹ 22.13 lakh.

The Government stated (November 2023) that the entire amount could not be utilized due to compliance with the procedure and rules. However, intensive regular monitoring by the department was done in this regard.

Reply is not acceptable as the funds remained unutilized due to release of funds in the fag end of the financial year.

6.8.3 (iii) Lack of Internal Control system resulted in loss of ₹ 10.20 lakh due to double payment

Scrutiny of records of DME, Bhopal revealed that DME sanctioned (January 2018) an amount of ₹ 50.00 lakh to Mental Hospital (MH), Gwalior for the procurement of equipment and upgradation of services. The sanction was intimated to MH but funds were not transferred and kept with DME. MH Gwalior purchased equipment costing ₹ 10.20 lakh (February and March 2018) and sent duplicate bills to DME (keeping original bill with MH) for payment. The DME made payment to the supplier firms in March 2018. Further, the DME withdrew remaining sanctioned amount of ₹ 39.00 lakh from treasury on 31 March 2018 and transferred to MPPHSCS to avoid lapse of budget. MPPHSCS further transferred this amount to MH, Gwalior in July 2018.

Audit further noticed that the office of the Director MH, Gwalior made payments (July 2018) of bills for purchase of equipment costing ₹ 27.62 lakh to the supplier concerned including the amount of ₹ 10.20 lakh, which was already paid by DME Bhopal in March 2018, leading to the double payment of ₹ 10.20 lakh.

The Government stated (November 2023) that action for recovery as per rules would be taken.

6.9 Short utilisation of fund in Department of AYUSH

The head wise allocation of funds and expenditure is given as **Table-6.15** below:

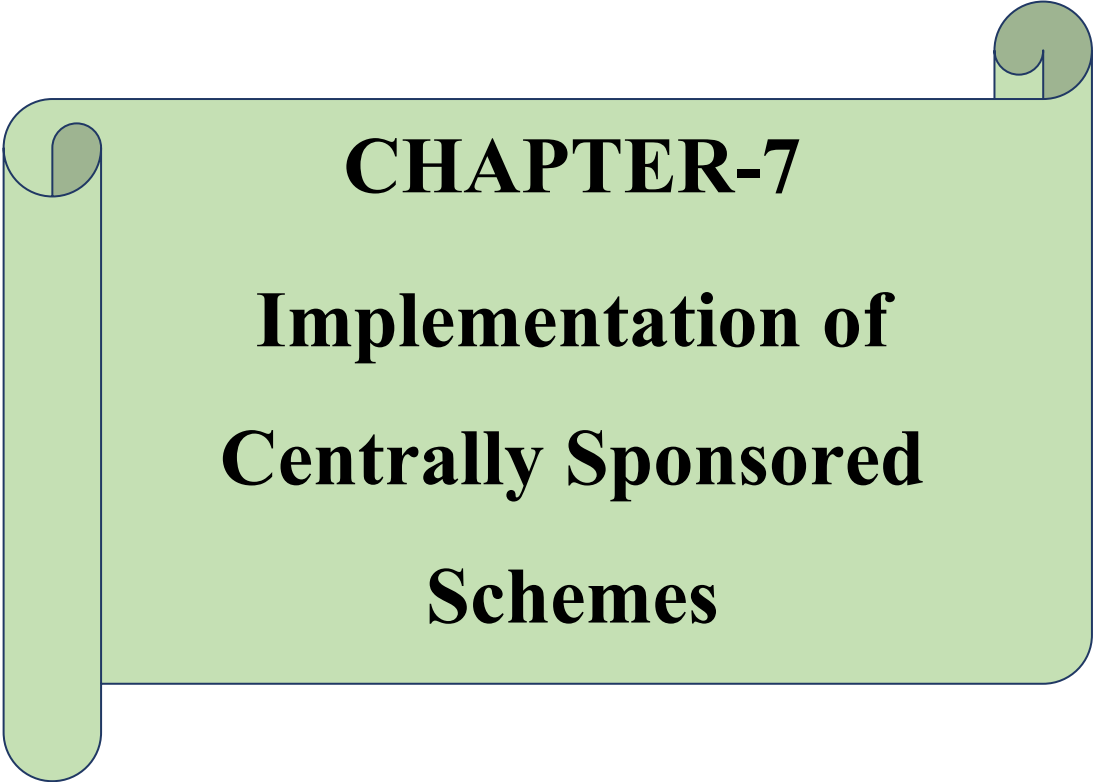
Table-6.15: Details of head wise allocation of funds and expenditure during 2017-22

Head	(₹ in crore)		
	Allocation (per cent age of total allocation)	Expenditure	Saving (per cent age of total allocation)
Pay and Allowances	1886.92 (67.90)	1758.39	128.53 (6.81)
Purchase of Medicines	425.20 (15.30)	259.02	166.18 (39.08)
Equipment	1.36 (0.05)	0.33	1.03 (75.74)
Capital works	295.03 (10.62)	155.55	139.48(47.28)
Other expenditure	170.61(6.14)	126.06	44.55 (26.11)
Total	2779.12	2299.35	479.77 (17.26)

As evident in the above table, ₹479.77 crore (17.26 per cent) remained unutilised during 2017-22 against the total allocation of funds of ₹ 2779.12 crore.

Despite a very small allocation of funds made for capital works (10.62 per cent), medicines (15.3 per cent), equipment (0.05 per cent) and other expenditure (6.14 per cent), there were saving of 47.28 per cent in capital works, 39.08 per cent in purchase of medicine, 75.74 per cent in equipment and 26.11 per cent in other expenditure. Thus, it indicates that monitoring was not done to ensure utilization of funds under capital works and equipment heads.

No specific reply was furnished by the department.



CHAPTER-7

Implementation of

Centrally Sponsored

Schemes

Chapter-7

Implementation of Centrally Sponsored Schemes

Highlights

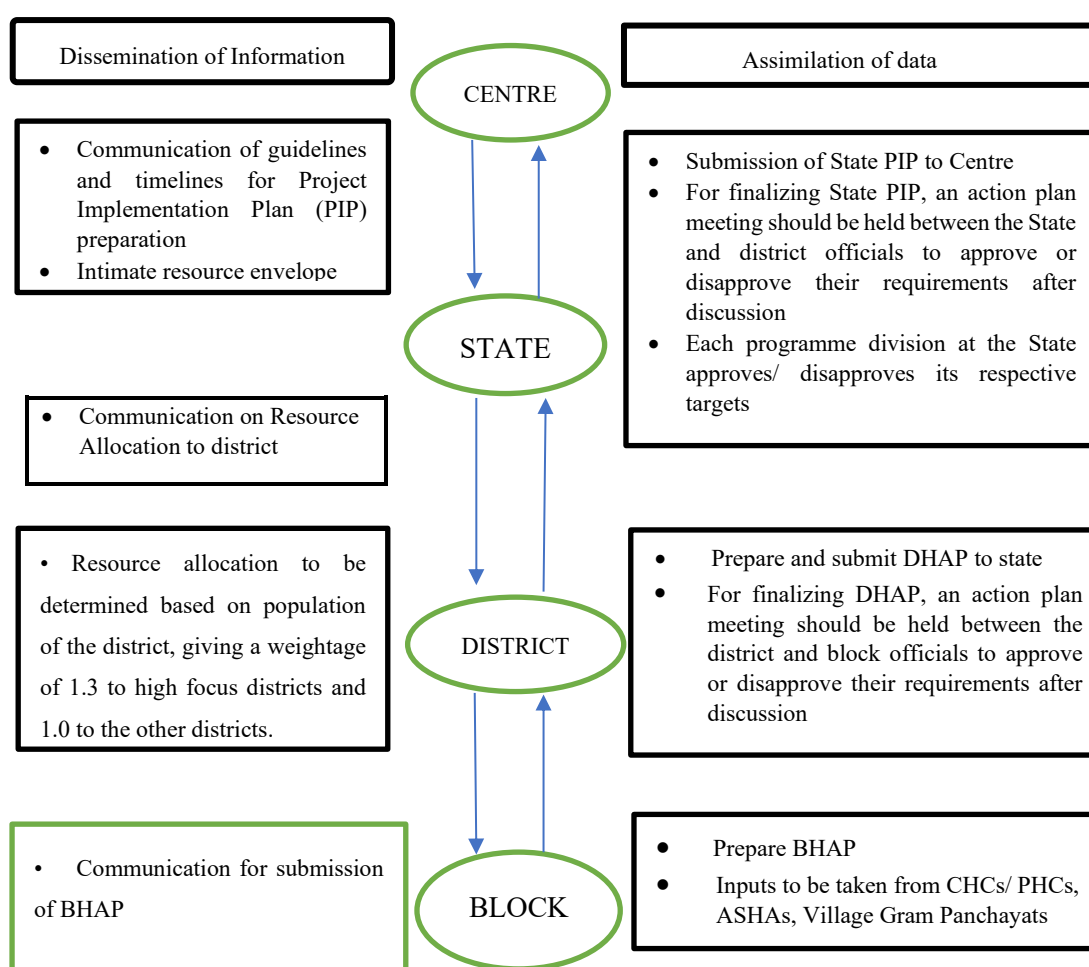
- District Health Action Plan (DHAP) was not prepared by four districts (Jabalpur, Mandla, Rewa and Ujjain) at district level. Similarly, nine District Health Societies (DHS) intimated that Block Health Action Plan were not prepared. Thus, due to non-preparation of DHAP and BHAP, bottom-up approach for planning was not followed.
- State Health Society (SHS) approved SPIPs with delays ranging between 34 days and 52 days.
- Under *Anaemia Mukh Bharat (AMB)*, haemoglobin (Hb) level of all the Pregnant Women (PW) and school going children between 10 and 19 years of age in Government Schools and Government aided schools were to be checked by digital haemoglobinometer. Due to delay in procurement of haemoglobinometers, the screening of Anaemia in different age groups could not be done during 2018-19 to 2021-22.
- Public Health Outreach Activity (PHOA) was to be undertaken to focus on increasing the awareness about AYUSH's strength and a Community Based Surveillance System (CBSS) was to be established. State had neither established any Community Based Surveillance System (CBSS) nor constituted any health education team in any of the test-checked districts for early identification of the disease outbreak and to increase the accessibility of AYUSH treatment for the population residing in the geographical region.
- Only 75 villages in 58 blocks of 32 districts were identified as AYUSH Gram against 313 blocks in 51 districts of MP. Thus, AYUSH Gram was implemented only in 19 per cent blocks in the State.
- Two out of ten test checked Health and Wellness Center (HWCs) under AYUSH Department did not have their own building, five HWCs were running without electricity, four HWCs did not have drinking water facility, eight HWCs did not have separate toilets for male and female and none of these test checked HWC ensured fire safety equipment.

National Health Mission

7.1 Planning

A good plan prioritizes the requirements of the State within resource envelope. A situation analysis based on available evidence including recent surveys, burden of disease studies, evaluations, assessments, monitoring and Customer Relationship Management (CRM) findings and identifying cost effective high impact interventions should be the first step towards a good planning exercise. The process for preparation of State Programme Implementation Plan (SPIP) and District Health Action Plan (DHAP) and Block Health Action Plan (BHAP) is explained in Chart below:

Chart 7.1 : Process for preparation of SPIP, DHAP and BHAP



(Source: Para 2.4 of Operational Guidelines on Financial Management, 2012 of NRHM)

Scrutiny of records related to Maternal Health and Child Health (MCH), SPIPs from 2017-22 at NHM, Bhopal revealed that the provision of medicine in SPIP was made by the NHM programme officers by self-estimating the requirement of medicines instead of inclusion of requirement of DHAP. Further, NHM partially obtained the requirement of equipment from the subordinate units i.e. Secretary, District Health Society related to the MCH. The status of preparation of DHAP by selected districts during 2017-22 is given in **Table 7.1** below:

Table 7.1: Status of preparation of DHAP by selected districts

Name of District	2017-18	2018-19	2019-20	2020-21	2021-22
Barwani	Yes	Yes	No	No	No
Bhopal	Yes	Yes	No	Yes	Yes
Chhatarpur	Yes	Yes	Yes	Yes	No
Dhar	No	No	No	No	No
Gwalior	No	Yes	No	No	No
Harda	Yes	Yes	No	No	No
Jabalpur	No	No	No	No	No
Mandla	No	No	No	No	No
Rewa	No	No	No	No	No
Ujjain	No	No	No	No	No

(Source: Records of District Health Societies)

Similarly, nine District Health Societies¹ intimated that BHAPs were not prepared. Thus, due to non-preparation of DHAP and BHAP, bottom-up approach for planning was not followed as required under para 2.2 of Operational Guidelines for Financial Management of NRHM, 2012 and instructions of NHM was also not followed.

The department stated (April 2023) that bottom-up approach for planning was followed, few districts were unable to provide DHAP in time. However, consultative process of planning was adopted in the preparation of SPIPs. Further, data generated from village/SHC/Blocks and Districts were used for estimating the requirements and planning thereof.

The reply is not acceptable as copy of DHAPs/BHAPs, and minutes of consultative meetings were not made available to audit by test-checked districts. In lack of which the preparation of DHAPs/BHAPs by utilizing the data received from village/SHC/Block and district level could not be ensured in audit.

7.1.1 Delays in Preparation and approval of SPIP

Para 2.6 of Operational Guidelines for Financial Management, 2012 stipulates that financial year beginning from 1st April is the enforcement date of the Annual Project Implementation Plans. Hence, the budget needs to be approved and communicated at all levels before this date. As per the timelines of NHM guideline, SHS was to approve SPIP by 15th January every year which was to be received in Ministry of Health and Family Welfare (GoI) by third week of January. The status of approval of SPIP by SHS has been shown in **Table 7.2** below:

Table-7.2 : Status of approval of SPIP by SHS

Year	Date on which SPIP required to be approved by State Health Society	Date of approval of SPIP by State Health Society	Delay in approval of SPIP by State Health Society (days)
2017-18	15.01.2017	09.03.2017	52
2018-19	15.01.2018	09.03.2018	52
2019-20	15.01.2019	19.02.2019	34
2020-21	15.01.2020	09.01.2020	0
2021-22	15.01.2021	Not approved by SHS ²	--

(Source: SPIP, NRHM guidelines and NHM files)

¹ Bhopal, Chhatarpur, Dhar, Gwalior, Harda, Mandla, Jabalpur, Rewa and Ujjain.

² The approval of SPIP was not accorded by the GB due to Covid pandemic.

It was noticed that SHS approved SPIPs with delays ranged between 34 days and 52 days. Thus, the timeline of approval and communication of SPIP to GoI was not adhered to by SHS. The department stated (April 2023) that no health activities were interrupted as the approvals were accorded before the beginning of the financial year.

The reply is not acceptable as the approval was not issued by the GoI before commencement of next financial year and also budget was not released to the State well in time.

7.2 Child Healthcare Programmes

7.2.1 Non providing of Baby dress to newborn admitted in Special Newborn Care Unit (SNCU) at District Hospitals (DHs)

NHM, Madhya Pradesh provisioned ₹seven crore in SPIP (₹3.50 crore in each year 2017-18 and 2018-19) for one lakh newborn likely to be admitted in SNCUs in DHs and Medical Colleges Hospitals to protect them from cold stress. Each newborn admitted in SNCU was to be provided two pairs of baby dresses. The release of fund to DHs and expenditure incurred during 2017-19 is shown in **Table 7.3** below:

Table-7.3: Details of purchase of baby dress during 2017-19 at State level

(₹ in crore)						
Year	Target of children (in lakh)	Number of children for whom fund was released to DHs (in lakh)	Fund provisioned	Fund released to DH and GMCs	Expenditure incurred by DHs and GMCs	Fund remained unutilized
1	2	3	4	5	6	7
2017-18	1.00	1.00	3.50	3.50	3.23	0.27
2018-19	1.00	0.87	3.50	0.00	0.00	0.00
Total	2.00	1.87	7.00	3.50	3.23	0.27

(Source: Record of Proceeding (ROP), MP e-aushadhi portal and files of NHM, Bhopal)

Scrutiny of records revealed that NHM, Bhopal released funds to 49 CSs and Superintendents of five MCs of the State in August 2017 to March 2018. Audit noticed that the rate of baby dress to be provided was ₹ 350 (two pairs) as per RoP. The district offices procured 2,27,562 baby dresses at the rate of ₹283.50³ (two sets of dress) between August 2017 and March 2018 for ₹3.23 crore, however, payment of ₹0.47 crore⁴ remained unpaid to supplier firms. DH Agar and Indore did not procure baby dresses due to non-release of fund. Though a sanction was issued in March 2019 for making available baby dresses to children admitted in SNCU but fund was not released on MP e-aushadhi portal for 2018-19 due to which CSs and Superintendents of Medical College Hospitals could not made available the baby dress to children. Further, NHM did not make provision for baby dress in SPIP of 2019-20, and hence fund was not made available to CS and Superintendents of MCs after 2018-19.

Out of selected districts, despite allotment of ₹1.76 lakh, no baby dress was procured for distribution to newborn babies in Rewa district. In Barwani, Chhatarpur, Dhar, and Harda

³ As per Rate Contract (RC) with MPPHSC.

⁴ Netaji Subhash Chandra Medical College, Jabalpur (₹3.54 lakh), Gajraraja Medical College (₹18.14 lakh), Shyamshah Medical College, Rewa (₹11.13 lakh), Mahatma Gandhi Medical College, Bhopal (₹7.09 lakh) and CS Raisen (₹7.09 lakh)

districts baby dress were distributed to newborn babies less than the babies admitted in SNCUs as given in **Table 7.4** below:

Table 7.4: Details of distribution of baby dress

Name of District	Number of new born admitted in SNCUs of DHs in 2017-18	No. of pairs of baby dress to be distributed	No. of pairs of baby dresses actually distributed	Less number of baby dresses distributed
1	2	3	4	5
Barwani	2,572	5,144	3,814	1,330
Chhatarpur	2,422	4,844	4,000	844
Dhar	2,096	4,192	3,512	680
Harda	1,073	2,146	1,704	442
Total	8,163	16,326	13,030	3,296

(Source: Information provided by test checked DHs)

DHs Gwalior, Jabalpur and Ujjain did not furnish the information of distribution of baby dress to newborns admitted in SNCUs.

Thus, newborns could not be provided baby dresses due to non-procurement by the CSs, non-release of fund by NHM, Bhopal in time and non-availability of RC with Madhya Pradesh Public Health Services Corporation Limited (MPPHSCL).

Further, scrutiny of purchase order reports for procurement of Newborn Baby dress in *e-aushadhi* portal, revealed that CMHOs and CSs of the districts procured Newborn Baby dress for ₹50.49⁵ lakh from the budget of different activity codes⁶ during 2018-19 to 2019-20 which was marked for other activities as detailed in **Appendix 7.1**.

The department stated that there was a provision for procurement of baby dress in PIP by GoI in financial year 2017-18 and 2018-19. No budget provision was made by GoI for the procurement of baby dresses from 2019-20 onwards. The department also accepted the fact that in the absence of provision for baby dresses, some districts purchased baby dresses from the remaining budget from different activities codes.

Reply is not acceptable as no proposal was incorporated in SPIP by the State Health Society for procurement of baby dresses after 2018-19 resulting in deprival of newborns in SNCUs. Besides this, department did not mention in the reply whether permission had been sought from the government before procuring baby dress from budget under different activities codes.

7.2.2 Implementation of Rashtriya Bal Swasthya Karyakram (RBSK)

Rashtriya Bal Swasthya Karyakram (RBSK) is a new initiative aimed at screening over 27 crore children from zero to 18 years of age for four Ds - Defects at birth, Diseases, Deficiencies and Development Delays including Disabilities. Children diagnosed with illnesses shall receive follow up including surgeries at tertiary level, free of cost under NRHM. Children in the age group of six weeks to 18 years would be examined in the *Anganwadi* Centres, Government

⁵ 2018-19 (₹ 29.34 lakh); 2019-20 (₹21.15 lakh).

⁶ 6.2.1.7.e-other JSSK drugs and consumables, 6.2.21.1-JSSK Delivery consumables, 6.4.3- JSSK Delivery consumables, 16.3.1.9- NRHM budget for medicines and diagnostics etc.

schools and Government aided schools by the dedicated Mobile Health Teams (MHTs). A tool kit with essential equipment for screening of children would also be provided to the MHT members. Fund position for procurement of equipment has been shown in **Table 7.5** below:

Table 7.5: Status of Fund for procurement of equipment under RBSK from 2017-18 to 2021-22

(₹ in crore)						
Year	Activity /FMR ⁷ code	Activity/FMR code details	Total Budget approved	Total Budget Released (per cent)	Expenditure (per cent)	Savings (per cent)
1	2	3	4	5	6	7
2017-18	B16.1.6.3	Equipment for RBSK	3.58	3.58 (100)	2.33 (65)	1.25 (35)
2018-19	6.1.1.5	Procurement of bio-medical equipment: RBSK	4.03	3.96 (98)	3.72 (94)	0.24 (06)
2019-20	6.1.1.5	Procurement of bio-medical equipment: RBSK	8.70	4.55 (52)	3.70 (81)	0.85 (19)
2020-21	6.1.1.5	Procurement of bio-medical equipment: RBSK	14.80	0.20 (1) ⁸	0.20 (100)	0.00
2021-22	6.1.1.5	Procurement of bio-medical and other equipment: RBSK	4.89	0.01 (0)	0.01 (100)	0.00
Total			36.00	12.30 (34)	9.96 (81)	2.34 (19)

(Source: Records of NHM, Bhopal)

It is evident from the above table that NHM provisioned ₹36 crore in SPIP for procurement of screening tools (2,100), equipment for District Early Intervention Centre (DEIC) and Early Childhood Development (ECD) screening kit (2,200), Bera Phone (101) etc. during 2017-18 to 2021-22. Out of above provisions, NHM released only ₹12.30 crore, out of which only ₹9.96 crore was spent on procurement of equipment during the above period which was 28 per cent of provisioned amount. Audit noticed that fund of ₹26.04 crore was kept at State level for issuing it on demand from the district offices. Further, NHM, Bhopal asked (April 2019) for demand from districts, however, demand from the districts was not found in record. It was also noticed that total ₹2.69 crore was released to test checked districts out of which ₹2.24 crore was spent on procurement of equipment as shown in **Appendix 7.2**. No fund was released during 2020-21 and 2021-22 to districts.

The department stated that due to covid 19 epidemic, equipment were not purchased under RBSK during 2020-22.

The reply is not acceptable as due to non-purchase of essential equipment under RBSK, it cannot be ruled out that the objectives of the programme, i.e. screening, diagnosis and follow up of children for better health, got impacted.

7.2.3 Prevalence of Anaemia in Madhya Pradesh

Anaemia is a condition in which the number of Red Blood Cells or their oxygen-carrying capacity is insufficient to meet the body's physiological requirements, which varies by age, sex, altitude, smoking habits and during pregnancy.

⁷ Financial Management Report

⁸ Includes ₹0.14 crore as committed expenditure for the year 2019-20.

GoI designed (April 2018) operational guidelines of the *Anaemia Mukh Bharat* (AMB) to reduce prevalence of Anaemia by three percentage points per year among children, adolescents and women in the reproductive age group (15–49 years) through adopting a life cycle approach under National Iron Plus Initiative (NIPI) and Weekly Iron and Folic Acid Supplementation (WIFS) programme during the period 2018-19 to 2021-2022. The interventions include age-appropriate Iron and Folic Acid (IFA) supplementation for all age groups and a treatment protocol for facility-based management of Anaemia.

The prophylactic dose and regime for IFA supplementation are shown in **Table 7.6** below:

Table 7.6: Prophylactic dose and regime for IFA supplementation

Age Group	Dose and regime	Service Delivery
Children 6-59 months of age	Biweekly, 1 ml IFA syrup	Through ASHA
Children 5-9 years of age	Weekly, 1 IFA tablet (Pink)	In school through teachers and for out of school children through Anganwadi centres.
School going adolescent girls and boys, 10-19 years of age, Out of school adolescent girls, 10-19 years of age	Weekly, 1 IFA tablet (Blue)	

(Source: Guideline issued by GoI on AMB)

Total ₹146.49 crore was allotted and ₹ 87.64 crore (59.83 *per cent*) was spent during 2017-22 on procurement of IFA syrups and tablets, incentive for mobilizing children and/or ensuring compliance and reporting, printing of cards, registers, reporting formats, training and IEC etc.

It was observed that during the year 2017-22, achievement of target for distribution of IFA ranged between 49 (2017-18 and 2019-20) and 71 *per cent* (2018-19) in all three categories of beneficiaries i.e. 6-59 months, 5-9 years and 10-19 years against the target. Further, availability of IFA medicine against the targeted children ranged between 38 and 168 *per cent* during 2017-22. Further, audit noticed that out of 51 districts, in 28 districts, IFA syrup was available for the period less than two months. In 18 districts, IFA pink tablet and in 34 districts IFA Blue tablet was available for less than two months in May 2020. Similarly, IFA syrups in 20 districts, IFA Pink tablets in 15 districts and IFA Blue tablets in 12 districts was available for less than two months in January 2019, however, minimum two months stock was to be maintained. It was also noticed that distribution of IFA syrups in test checked districts ranged between zero (Gwalior, Rewa 2017-18 and Rewa 2018-19) and 130 *per cent* (Mandla 2021-22), Pink tablet ranged between zero (Mandla, Rewa 2017-18 and 2018-19, Mandla 2019-20, Gwalior, Harda 2021-22) and 149 *per cent* (Jabalpur 2021-22) and blue tablet ranged between zero (Rewa 2017-18 and 2018-19) and 203 *per cent* (Mandla 2018-19) as shown in **Appendix 7.3**. Thus, due to not ensuring the distribution of prescribed supplementation to the targeted groups, the target set by GoI to reduce the prevalence of Anaemia by three percentage points per year, could not be achieved as shown in **Table 7.7** below:

Table 7.7: Status of prevalence of Anaemia in the State during 2015-21*(In per cent)*

Category of beneficiaries	Prevalence rate in 2015-16	Prevalence rate in 2020-21	Reduction target in Anaemia up to 2022 at 3 percentage points per annum from baseline per GoI target
Children aged 6- 59 months who were anaemic	68.9	72.7	50.9

(Source: NFHS-5 report)

From the above facts it is evident that the programme was not being implemented properly resulting in increase of cases of Anaemia in children aged 6-59 months by 3.8 *per cent* in 2020-21 as shown in above table instead of decreasing as per targets fixed by GoI in *Anaemia Mukh Bharat*.

The department stated that AMB Abhiyan has been initiated from 2018-19 under the NIPI for reduction of Anaemia in all the age groups and screening of Anaemia through haemoglobinometer is also being ensured from 2022-23. Diet based behavioral change is also being conducted with stakeholder departments.

The reply is not acceptable as the department failed to ensure distribution of iron supplements in all districts as per the targets fixed to reduce the prevalence of Anaemia and needs to intensify the efforts for reduction of Anaemia to achieve the targets of three *per cent* points reduction per year.

7.2.4 Availability of Haemoglobinometer under Anaemia Mukh Bharat

Under AMB, hemoglobin (Hb) level of all the Pregnant Women (PW) and Government Schools and Government aided school going children between 10 and 19 years of age were to be checked by digital haemoglobinometer.

The status of budget provision, fund release, expenditure and procurement of Haemoglobinometer during 2017-22 is shown in **Table 7.8** below:

Table 7.8: Status of procurement of Haemoglobinometer*(₹ in crore)*

Year	Activity Code/FMR code	Opening Balance	Budget Provision	Budget released	Expenditure	Fund carried forwarded to next year	Number of Haemoglobinometer procured
2017-18	0	0.00	0.00	0.00	0.00	0.00	0
2018-19	6.4.1	0.00	1.00	0.00	0.00	1.00	0
2019-20	6.4.1	1.00	45.31 ⁹	0.00	0.00	46.31	0
2020-21	6.1.1.2.2	46.31	0.00	0.00	0.00	46.31	0
2021-22	6.1.1.2.2	46.31	0.32	0.00	0.00	46.63	0
Total			46.63	0.00	0.00		0

(Source: ROP, EMMS report)

It is evident from the above table that ₹46.63 crore was provisioned in SIPs for procurement of Haemoglobinometer during 2018-22. These meters were to be procured for 76 lakh Hb test of PWs and 176 lakh Hb test for children up to 19 years of age. NHM accorded approval for

⁹ The fund was kept as committed expenditure for the 2020-21 due to no expenditure in 2019-20.

procurement of 12,700 haemoglobinometers in 2019-20 for next two years, however, it could not be procured due to non-availability of RC with MPPHSCL. Thereafter, CMHOs were again instructed (December 2019) to procure haemoglobinometer at district level through GeM portal, however, the same could not be procured as haemoglobinometer of the required specifications was not available with GeM. NHM, sent indent to MPPHSCL for technology neutral tender process in February 2021, but no process was initiated by MPPHSCL till July 2021. Thus, the aim envisaged in guideline of AMB i.e. checking of Hb level of each PW and school going children up to 10 to 19 years of age could not be achieved due to non-finalization of tender by MPPHSCL resulting in non-procurement of haemoglobinometer. Despite availability of funds, haemoglobinometers were not procured for testing of Hb in PWs and children up to 10-19 years to achieve the objectives of AMB.

The department stated that rate contract process was undergoing in the year 2021-22 for procuring haemoglobinometers and a total of 23,846 haemoglobinometers have been procured and provided to the RBSK, MHTs, ANMs and CHOs. First phase was conducted in the year 2022-23, where a screening of 105.99 lakh beneficiaries in different age groups was done.

Fact remains that due to delay in procurement of haemoglobinometers, the screening of Anaemia in different age groups was not done during 2018-22 which affected the programme implementation during this period.

7.3 Non-Establishment of super specialist service in DHs

The NHM framework for implementation envisaged building an integrated network of all primary, secondary and substantial part of tertiary care hospitals providing a continuum from community level to the DH, with robust referral linkages to tertiary care. NHM is making a paradigm shift in focus of comprehensive primary care and to complement this, strengthening of DHs for providing multi-specialty care (as per IPHS) and as a training site has been identified as a key priority under NHM.

PH&FW Department, GoMP decided (September 2017) to establish super specialty public services under *Deendayal Antyodaya Upchaar Yojna* in 12 hospitals¹⁰ in 1st phase in four specialties i.e. General Surgery, Orthopedics, E.N.T and Gynecology. Further, a budget of ₹683.40 lakh was prepared for procurement of 12 types¹¹ of equipment for super specialty services out of which 50 per cent i.e. ₹341.70 lakh was approved under activity code B.16.1.5.4 in 2017-18. It was noticed that NHM, MP released ₹434.91 lakh to the above 12 DHs for procurement of equipment for super specialty services in February and March 2018 and ₹246.23 lakh in 2018-19 for five DHs¹². Scrutiny of records revealed that an expenditure of

¹⁰ Bhopal, Betul, Chhindwara, Dewas, Gwalior, Jabalpur, Khandwa, Morena, Ratlam, Sagar, Satna and Ujjain.

¹¹ 1. Laproscopic gynae operating table (12); 2. Monitor 26" HD camera system, live source cable and unit (24) 3. Cold LED light source (24); 4. CO₂ insulator (24); 5. Electro surgical unit (48); 6. Laproscopic trolley (24); 7. Battery operated drill (Ortho OT) (12); 8. 3 KVA online UPS (48); 9. Operating microscope ENT with beam splitter and side tube (12); 10. Micro motor with straight hand piece (ENT OT) (12); 11. Laminar airflow (48) and 12. Air conditioner (48).

¹² DHs Rajgarh, Sehore, Bhind, Shivpuri, Khandwa.

₹156.84 lakh was incurred during 2017-18 by seven DHs¹³ and ₹218.81 lakh by five DHs in 2018-19. It was also noticed that ₹228.45 lakh was issued to Bhind, Rajgarh, Sehore and Shivpuri DHs. The records related to selection of these DHs was not available with the Department due to which the selection of DHs could not be ensured by the audit. Further no fund was released during 2019-20 to 2021-22 to any DH. However, the facility of super speciality was not established in the four test checked DHs¹⁴. Thus, the aim to strengthen DHs as super specialty healthcare facility could not be fulfilled and patients were deprived of intended quality healthcare services.

No specific reply was furnished by the department.

7.4 Emergency Management

7.4.1 Non-Implementation of Emergency COVID Response Package-II

GoI, National Health Mission (NHM) approved (August 2021) an amount of ₹ 1020.74 crore as Emergency COVID Response Package: Phase-II (ECRP-II) for the State (share of 40 per cent) with the conditions that (i) all approved activities were to be completed well before 31st march 2022 (ii) the allocated amount was to be spent on the selected activities and under no circumstances it should be used for any other activity. GoI released ₹ 863.93 crore against the approved amount ₹ 1020.74 crore over the period of September 2021 to November 2021. State Health Society (SHS) sanctioned (December 2021) an amount of ₹ 180.68 crore to 13 Medical Colleges of the state for selected activities. Funds allotted to test checked units are given in **Table 7.9** below:

Table 7.9: Details of fund allotment for ECRP-II

Sl. No.	Name of Medical College	Activity No. S2.4.1 ICU Bed		Activity No. S2.1.4 Oxygen supported Paediatric Bed		Activity No. S2.1.5 Hybrid ICU/HDU (12 bed per unit)		Total	Fund Receive Date
		Sanctioned units	Released fund	Sanctioned units	Released fund	Sanctioned units	Released fund		
1	GMC Bhopal	100	7.58	30	0.39	06	6.13	14.10	24.12.2021
2	CIMS Chhindwara	0	0.00	30	0.39	02	1.82	2.21	23.12.2021
3	GRMC Gwalior	100	7.58	30	0.39	04	3.63	11.60	
	Total		15.16		1.17		11.58	27.91	

(Source: Records of test checked units)

Audit noticed that Dean GMC, Bhopal expended ₹ 3.39 crore out of ₹ 14.10 crore and Dean CIMS, Chhindwara expended ₹ 0.48 crore out of ₹ 2.21 crore within limit for the completion of activities and informed (April 2022) DME accordingly.

Further, audit noticed that after March 2022, Dean CIMS Chhindwara spent ₹ 39.66 Lakh on

¹³ DHs Betul, Chhindwara, Gwalior, Jabalpur, Morena, Ratlam and Sagar.

¹⁴ Bhopal, Gwalior, Jabalpur and Ujjain.

activity No. S.4.10-Implementation of Hospital Management Information System (HMIS), instead of selected activity under the scheme. Thus, funds provided were not fully utilized by the Medical Colleges for respective activities under ECRP.

No specific reply was furnished by the department.

7.5 National AYUSH Mission

The Department of AYUSH under the MoH&FW, GoI had launched National AYUSH Mission (NAM) during 12th Plan (2012-17) for implementing through States/UTs. The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha, and Unani & Homoeopathy (AYUSH) drugs and sustainable availability of AYUSH raw materials.

Framework for implementation of NAM issued by GoI stipulates that the State level implementation agency would prepare a prospective and annual action plan with the technical support from a “Technical Support Group” at the State level. Audit observed that the State had prepared the State Annual Action Plan (SAAP) for implementation of AYUSH during 2017-21 but did not prepare a prospective/long term plan.

No specific reply was furnished by the department.

7.5.1 Components of the Mission

The mandatory components of the NAM are AYUSH Services, AYUSH Educational Institutions, Quality Control of AYUSH Drugs and Medicinal Plants. The component wise details of fund is depicted in **Table 7.10**:

Table-7.10: Component wise details of allocation of fund under NAM

(₹ in crore)						
Year	AYUSH Services	AYUSH Education	Quality control	Medicinal plants	HWCs	Total
2017-18	42.96	3	0.17	4.5	0	50.63
2018-19	55.60	1.52	1.08	3.34	0	61.54
2019-20	43.12	0	0.65	5.16	1.25	50.18
2020-21	42.47	0	0.27	0	0	42.74
2021-22	30.42	0	0	0	40.90	71.32
Total	214.57	4.52	2.17	13	42.15	276.41

(Source: Approved State Annual Action Plan by GoI)

It is evident from the above table that ₹ 214.57 crore (i.e.78 per cent) out of total allocation of funds of ₹ 276.41 crore was sanctioned under AYUSH services. The details of further component wise allocation of funds under AYUSH services are given in the **Table 7.11** below:

Table-7.11: Details of component wise allocation under AYUSH Services

(₹ in crore)		
Core/essential activities under AYUSH Services	Allocation during 2017-22	Allocation in per cent
Supply of Essential Medicines in AYUSH Hospitals and AYUSH Dispensaries	121.85	57
Co-location of PHCs/CHCs and District AYUSH Wing (Medicine)	31.11	14
Setting up of 50 bedded hospitals	19.06	9
Upgradation of 23 AYUSH Hospitals and dispensaries	11.05	5
Establishment and Infrastructure and equipment in AYUSH Wings	8.80	4
Public Health Outreach Activity	11.14	5
AYUSH Gram	9.60	4
Mobility Support	1.36	1
IEC/BCC	0.60	0.30
School Health Program	0	0
Total	214.57	

(Source: Minutes of approval of Mission directorate, GoI)

As evident from the table, most of fund allocation (71¹⁵ per cent) was under supply of essential medicines in AYUSH Hospitals and dispensaries, AYUSH wings in DH, CHCs and PHCs. Five per cent allocation was for upgradation of 23 AYUSH Hospitals under which renovation of buildings and infrastructure and purchase of equipment were made. In other essentials components, the status of implementation was as discussed in succeeding paragraphs:

7.5.2 Public Health Outreach Activity

Public Health Outreach Activity (PHOA) was to be undertaken to focus on increasing the awareness about AYUSH's strength and a Community Based Surveillance System (CBSS) was to be established for early identification of the disease outbreak and to increase the accessibility of AYUSH treatment for the population residing in the geographical region and a health education team was to be constituted in every panchayat, education institution, etc. for conducting health education classes.

However, the audit observed that the State had neither established any CBSS nor constituted any health education team in any of the test-checked districts. The expenditure incurred under PHOA was only ₹6.27 crore against the available funds of ₹ 11.14 crore for organising Mega camps, AYUSH day and Yoga Day. Thus, ₹ 4.87 crore remained unutilised, and the activities were not taken up as desired. No reply was furnished by the department.

7.5.3 AYUSH Gram

AYUSH Gram was a concept wherein one village per block would be selected for adoption of method and practice of AYUSH way of life and interventions of health care. The objective is to spread awareness within the community for practice of those dietary habits and lifestyles as described in AYUSH Systems of Medicine which help in preventing disease and promoting

¹⁵ 57 per cent on medicine supply in AYUSH hospitals and Dispensaries and 14 per cent in AYUSH wings (DH/CHC and PHC)

health and to advise people for preservation and cultivation of those herbs which are found in their surroundings by explaining to them their medicinal values. The AYUSH Medical Officers under the programme implement the health plans and train the health workers in identification of medicinal plants and utilization of home remedies. Financial assistance of ₹ 9.60 crore was given to the State during 2018-22. The details of receiving and utilization of grant under AYUSH Gram activity are given in **Table-7.12** below:

Table-7.12: Details of receiving and utilization of grant

(₹ in crore)			
Year	Grants received	Utilised	Remaining
2017-18	0	0	0
2018-19	1.80 ¹⁶	1.80	0
2019-20	6.30 ¹⁷	2.63	3.67
2020-21	0	0	0
2021-22	1.50 ¹⁸	0	1.50
Total	9.60	4.43	5.17

(Source: Records of Directorate of AYUSH)

Since AYUSH Gram was to be adopted in one village per block, we noticed that only 75 villages in 58 blocks of 32 districts were identified as AYUSH Gram against 313 blocks in 51 districts of MP. Thus, AYUSH Gram was implemented only in 19 *per cent* blocks in the state leaving 81 *per cent* blocks. Due to inadequate coverage, the main objective of the scheme to promote AYUSH based lifestyles was not achieved.

No reply was furnished by the department.

7.5.4 Mobility Support

Successful generation of outcome envisaged under the mission can only be resulted by regular and systematic monitoring. The financial assistance of ₹5.00 lakh per annum at State Level and ₹1.20 lakh per annum at District Level was given as mobility support for this purpose.

We noticed that during 2017-18, ₹ 69.60 lakhs was sanctioned for activity “Mobility support” by Mission directorate which were fully utilised. In 2021-22, ₹ 66.20 lakh was sanctioned and out of which expenditure of only ₹ 15.29 lakh was incurred. Further, in test checked districts, we noticed that none of the districts except, Dhar, Jabalpur and Ujjain received any funds under mobility support during 2017-22. In Bhopal, the funds of ₹1.20 lakhs under mobility support were received during 2017-21. However, no expenditure was incurred and the whole amount was surrendered. No reply was furnished by the department.

7.5.5 Behaviour Changes Communication (BCC)/ Information Education and Communication (IEC)

The disease burden of the country is shifting towards communicable diseases to non-communicable diseases. Early prevention and case detection is the most important strategy of

¹⁶ ₹ 6.00 lakh for 30 AYUSH Grams

¹⁷ ₹ 6.00 lakh for 30 AYUSH Gram ₹ 10.00 lakh for each 45 new AYUSH Gram

¹⁸ ₹ 2.00 lakh for each 75 AYUSH Gram

all non-communicable diseases which have generally emerged due to lifestyle deviations and unhealthy diets. AYUSH systems of medicines are thriving in the country with well-founded principles of disease prevention, promotion of health and specific intervention considering patient and environmental and dietary factors.

Mass media communication strategy incorporating AYUSH strengths in early prevention of diseases through promotion of healthy diet and lifestyle to be adopted by the community will be advocated by the states for which adequate financial support is proposed to be provided under AYUSH flexi-pool. A financial assistance of ₹20.00 lakhs per annum for each State is provided for BCC/IEC activities.

Scrutiny of approved supplementary SAAP for 2018-19 by Mission Directorate (March 2019), revealed that the State had proposed (March 2019) the said activity to promote awareness about disease causative factors existing in surroundings by giving them literature about health care. However, the Mission Directorate did not accept the proposal because previous allocated grant of ₹ 60 lakh for BCC/IEC during 2014-17 was not utilised.

Further, we also noticed that ₹ 60 lakh¹⁹ was sanctioned under BCC/IEC of NAM. However, only expenditure of ₹36.93 lakhs was incurred against the allotted fund during 2019-22. The incurred expenditure was primarily done on publicity on All India Radio, Bhopal (*Prasar Bharti*) and display of flex.

Audit noticed in six out of ten selected districts that the said activities were not taken up. However, Barwani, Harda, Ujjain and Jabalpur districts organised camps and published flex etc.

Thus, the IEC activities which aimed to create awareness and disseminate information regarding the benefits of adopting AYUSH practices could not be ensured in the State as these were not implemented properly. No reply was furnished by the department.

7.5.6 Non-implementation of School Health Programme

As per NAM framework, School Health Programme (SHP) is one of the core activities of AYUSH services for addressing the health needs of school going children.

Audit observed that GoMP did not implement this programme.

The Directorate of AYUSH stated (July 2022) that the School Health Programme would be taken up from 2022-23.

7.5.7 Flexible Components

Out of the total State envelop available, 20 per cent funds would be earmarked for flexible funds which can be spent on any of the items given below with the stipulation that not more than five per cent of the envelope is spent on any of the components, i.e. AYUSH Wellness

¹⁹ ₹ 20 lakh in each year during 2019-20, 2020-21 and 2021-22.

Centres including Yoga & Naturopathy, Tele-medicine, Sports Medicine through AYUSH and Innovations on Mainstreaming of AYUSH including PPP.

Audit noticed that only one component “AYUSH Wellness Centre” called as Health and Wellness Centre was taken up for implementation in the State from 2019-20.

7.6 Health and Wellness Centres

7.6.1 Development of Health and Wellness Centres (HWCs)

The AYUSH system advocates holistic wellness approach aiming at prevention of diseases and promotion of health and wellbeing. The Union cabinet has approved (March 2020) the proposal to operationalize AYUSH HWCs through State under the broad umbrella of NAM in a phased manner by 2023-24. The main objectives were to establish a holistic wellness model based on AYUSH principles and practices, to empower masses for self-care to reduce the disease burden out of pocket expenditure and to provide informed choice to the needy public.

The health care facilities to be upgraded as AYUSH HWCs are AYUSH dispensaries. At the upgraded AYUSH HWC dispensaries, expanded AYUSH services will be initiated initially and gradually the NHM components will be incorporated as per the feasibility.

As per para 11 of HWC guideline, the first step for each state is to develop a road map with the number of HWCs that will be created in a phased manner. Essential requirement for strengthening a facility to serve as a Health & Wellness Centres are:

- Separate male and female toilets
- Electricity supply linked to main lines or adequate solar source, inverter, or back generator as appropriate.

Audit observed that during 2017-22 the department converted 362 AYUSH dispensaries into HWCs in the state. In sampled districts, 10 AYUSH dispensaries which were converted into HWCs were test checked by Audit and the details of the basic infrastructure facility in test checked HWCs were as given in the **Table-7.13** below:

Table-7.13: Details of basic infrastructure available in HWC

Name of Test checked District	Name of test checked HWC	Own Building	Electricity	Uninterrupted Power supply	Drinking Water	Separate toilet for male and female	Fire safety
Barwani	Chichali	✓	✓	×	✓	×	×
Bhopal	Bangrasia	×	×	×	✓	×	×
Chhatarpur	Mau Sahniya	✓	✓	×	✓	✓	×
Dhar	Khodkheda	✓	×	×	✓	×	×
Gwalior	Badi Akbai	✓	×	×	×	×	×
Harda	Bicchupur	✓	×	×	✓	×	×
Jabalpur	Piparikala	×	✓	×	✓	×	×
Mandla	Padmi	✓	✓	×	×	✓	×
Rewa	Garh	✓	✓	×	×	×	×
Ujjain	Indokh	✓	×	×	×	×	×

(Source: Data collected at District level)

The above table shows that two out of ten test-checked HWCs did not have their own building, five HWCs were running without electricity, four HWCs did not have drinking water facility, eight HWCs did not have separate toilets for male and female and none of these test checked HWC ensured fire safety equipment. Thus, the basic facilities were not ensured in the AYUSH HWCs in the State.

No specific reply was furnished by the department.

7.7 Implementation of Ayushman Bharat

Ayushman Bharat is a flagship health scheme of the GoI, launched in September 2018 to achieve the vision of universal health coverage (UHC) and it is designed to meet Sustainable Development Goals (SDGs). Ayushman Bharat adopts a continuum of care approach, comprising of two inter-related components, which are (i) Pradhan Mantri Jan Arogya Yojana (PM-JAY); and (ii) Health and Wellness Centre (HWCs). The main objective of PM-JAY is to provide the poor and vulnerable population of the country with free quality healthcare services in public and private hospitals.

PM-JAY aims at providing a health cover of ₹ five lakh per family per year for secondary and tertiary care hospitalization to poor and vulnerable population as identified by Socio-Economic Caste Census 2011 (SECC 2011) at no cost, through a network of Empaneled Health Care Providers (EHCP).

In Madhya Pradesh, 83.57 lakh families were targeted to be covered in rural and urban areas. From targeted families, total 470.19 lakh persons were identified to be covered under the scheme but only 267.89 lakh beneficiaries were registered. It indicates that efforts to cover all the targeted beneficiaries were not made even after lapse of four years from commencement of the scheme. From targeted beneficiaries, 43.02 *per cent* remained deprived from benefits of scheme.

Further, Audit noticed that to provide the treatment to beneficiaries as of March 2022 there were 879 empaneled hospitals in the State. During 2018-22, these hospitals raised total number of 13,42,472 claims of amount ₹1,908.41 crore in which total 8,96,419 claims of amount ₹1,582.95 crore were paid. Thus, total number of 4,46,053 claims of ₹325.46 crore remained unsettled for above period. Details are given in *Appendix-7.4*.

No reply was furnished by the department.



CHAPTER-8

Adequacy and effectiveness of the regulatory Mechanisms

Chapter-8

Adequacy and effectiveness of the regulatory Mechanisms

Highlights

- Out of 51 DHs of the State, 23 DHs did not have the required authorization for operating a Blood Banks. Further, out of 10 test checked DHs, only four DHs viz. Bhopal, Jabalpur, Rewa and Ujjain had valid blood bank license.
- Out of eight selected CHs, only three CHs (Sendhwa, Kukshi and Badnagar) had valid authorization for operating blood storage units. CHs Berasia and RDH did not apply for authorization to operate blood storage unit before expiry of previous license (30.07.2021 and 06.05.2021 respectively).
- The blood bank in Jaya Arogya Hospital (JAH) Gwalior was running without license during 2017-18 to 2021-22 as their license expired on 31.12.2016. The license could not be renewed as conditions required for renewal of license were not fulfilled and blood bank was running without license for last five and half years.
- Contrary to the provisions of Atomic Energy (Radiation Protection) Rules 2004, in 38 selected health institutions (10 DHs, eight CHs and 20 CHCs) different type of X-ray machines were being operated, out of which some were running without license/ renewed license.
- Hamidia Hospital Bhopal and JAH Gwalior did not comply with the IPHS norms for displaying the Citizen Charter.
- Out of 58 health institutions test checked, only 16 healthcare institutions had arrangement for pest and rodent control.
- Data collected from all DHs of the State regarding bio-medical waste management revealed that in 17 DHs, Effluent Treatment System was not established. In 12 DHs, air swab samples were either not collected or not sent for reporting. In 14 DHs, yearly report regarding disposal of various categories of bio-medical waste was not sent to the State Pollution Control Board.
- Despite paying ₹ 34.45 lakh (July 2019) by the JAH, Gwalior as Environment Compensation for not complying with Bio-Medical Waste Management Rules and authorization fee to grant consent up to June 2022, the consent was not obtained till June 2022.
- During physical verification (May and June 2022) of CHC, Ishanagar, District Chhatarpur, it was found that BMW generated by the CHC was not disposed of as per BMW (Management and Handling Rules). Empty glass bottles of medicines and expired bottles of Normal Saline were thrown with used syringes in the open space behind the hospital. Huge quantity of Albendazole Tablets, 400 mg (expiry May, 2023), Metranidazole syrup, and Iron and Folic Acid Tablets (expiry June 2022) were thrown behind the toilets in hospital premises, which is a violation of BMW Disposal Rules.
- Several instances of presence of stray dogs and other stray animals in the premises of DH Dhar.

8.1 Introduction

For effective and efficient delivery of health care services through the health care institutions, GoI/GoMP enacted Madhya Pradesh *Upcharya griha Tatha Rujopchar Sambandhi Sthapnaye (Registrikaran Tatha Anugyapan) Adhiniyam*, 1973, Drugs and Cosmetics Act 1940 and Rules 1945, Bio-Medical Waste Management Rules, 2016, Guidelines for disinfection of infected equipment and instrument issued by NHM, Bhopal in August 2018, Atomic Energy (Radiation Protection) Rules, 2004.

8.2 Blood Bank

As per Para 122-F of Drugs and Cosmetics Rules, 1945, application for the grant and/or renewal of license for the operation of a Blood Bank/processing of human blood for components/manufacture of blood products (collection, processing, testing, storage, banking and release of umbilical cord blood stem cells) shall be made to the Licensing Authority and shall be accompanied by prescribed license fee. Provided that if the applicant applies for renewal of license before the expiry of the said license, he shall continue to operate the same till the orders on his application are communicated to him.

8.2.1 Status of licenses of blood banks in DHs

Data collected from all the 51 DHs of the State regarding Blood Banks revealed that 23 DHs did not have the required authorization for operating a Blood Banks as given in *Appendix-3.7*.

Further, in test check of records related to renewal of blood bank license in DHs, we noticed that out of 10 test checked DHs, only four DHs viz. Bhopal, Jabalpur, Rewa and Ujjain had valid blood bank licenses. Thus, it cannot be ruled out that in absence of valid license, the functioning of these blood banks as per norms were not monitored by the regulating authorities.

No specific reply was furnished by the department.

8.2.2 Status of licenses of blood storage unit in CHs and CHCs

During test check of records related to authorization to operate blood storage unit in eight selected CHs, we noticed that only three CHs (Sendhwa, Kukshi and Badnagar) had valid authorization for operating blood storage units and remaining CHs did not have valid authorization, despite this, they were operating blood storage units. CHs Berasia and RDH did not apply for authorization to operate blood storage unit before expiry of previous license (30.07.2021 and 06.05.2021 respectively).

Out of 20 selected CHCs, only two CHCs (Badnawar and Majholi) had blood storage unit facility. CHC Majholi had valid authorization, whereas in CHC Badnawar the license got expired (November 2019). No specific reply was furnished by the department.

8.2.3 Non-renewal of License for the Operation of Blood Bank in the Medical College

As per MCI norms, the Blood Bank operation is to be carried out as prescribed in the Drugs and Cosmetics Rules, 1945 amended from time to time. Contrary to general conditions for

license, Audit observed that the blood bank in Jaya Arogya Hospital Gwalior was running without license during 2017-22 as their license had expired on 31.12.2016 Audit, further, observed that the license could not be renewed as conditions¹ required for renewal of license were not fulfilled and blood bank of Jaya Arogya Hospital, Gwalior was running without license for last five and half years. Thus, in absence of required facilities, the quality of services rendered by the blood bank was not ensured.

The Government accepted the audit observation and stated (November 2023) that documents required for renewal of license of blood bank were submitted to the concerned authorities.

8.3 License from Atomic Energy Regulatory Board (AERB)

As per Atomic Energy (Radiation Protection) Rules 2004, no person shall establish a radiation installation without obtaining a license from the AERB for siting, design, construction, commissioning and operation.

8.3.1 License / renewal of license for radiology machines not obtained from AERB

Audit noticed that contrary to the provisions of Atomic Energy (Radiation Protection) Rules 2004, in 38 selected health institutions (10 DHs, eight CHs and 20 CHCs) different type of X-ray machines were being operated, out of which 16 HIs were running without license/ renewed license. Status of different types of X-ray machines being operated without having a valid license of AERB is given in **Table 8.1-** below:

Table 8.1: Status of valid license for operating x-ray machines as on 31 March 2022

Name of X-ray machine	Name of Health institution where license of AERB was not obtained	Not applied for license
60 MA x-ray machine	CHC Gandhinagar and Kolar, CHC Khajuraho, CH Kukshi, DH Rewa, CHC Mohna, CHC Bamhani	CHC Gandhinagar and Kolar, CHC Khajuraho, CH Kukshi, DH Rewa, CHC Mohna, CHC Bamhani
100 MA	CHC Silawad, CH Berasia, DH Chhatarpur, CH Kukshi, DH Rewa, CHC Simariya, CHC Bhitwar, CHC Panagar, CHC Majholi	CHC Silawad, CH Berasia, DH Chhatarpur, CH Kukshi, DH Rewa, CHC Simariya, CHC Panagar, CHC Majholi, CHC Bhitwar
300 MA	CH Berasia, DH Chhatarpur, CH Kukshi, CHC Badnawar, CHC Gandhwani, CHC Bamhani, CH Badnagar, CHC Tarana	CH Berasia, DH Chhatarpur, CH Kukshi, CHC Badnawar, CHC Gandhwani, CHC Bamhani, CH Badnagar, CHC Tarana
500 MA	DH Chhatarpur, DH Ujjain	DH Chhatarpur

(Source: Test checked DHs, CHs and CHCs)

Thus, in absence of required licenses from the authorities, functioning of these radiology equipment in lab as per norms was not ensured. No specific reply was furnished by the department.

¹ Such as availability of room for maintaining donor's privacy, adequate furniture and equipment, air conditioner and maintenance of records as prescribed.

8.4 Citizen charter not displayed in Medical Colleges.

As per IPHS norms each hospital should display a citizen’s charter in local language indicating the services available, user fees charged, if any, and a grievance redressal system. During the test check, Audit noticed that Citizen Charter was not displayed in Hamidia Hospital Bhopal and JAH Gwalior as required as per IPHS norms.

No specific reply was furnished by the department.

8.5 Infection Control

8.5.1 Non-compliance of operational guidelines for Quality Assurance

As per operational guidelines for Quality Assurance in Public Health Facilities, 2013, the healthcare institutions were required to establish procedure for pest, rodent and animal control for ensuring infection free environment in the hospitals.

During test check of records of 58 health institutions, we noticed that only 16 health institutions had arrangement for pest and rodent control as given in **Table-8.2** below:

Table 8.2: Status of availability of pest and rodent control

Type of Health Care Institutions	Name of Health Care Institution
DH	Barwani, Bhopal, Dhar, Gwalior, Harda, Jabalpur, Rewa and Ujjain
CH	Hazira, Kukshi and RDH Jabalpur
CHC	Kolar, Gandhi Nagar, Govindgarh and Timarni
PHC	Tumda

(Source: Test checked DHs, CHs, CHCs and PHCs)

Due to non-availability of arrangement for pest and rodent control in rest of the 42 health institutions, infection free environment was not ensured by the hospital authorities. No specific reply was furnished by the department.

8.6 Bio-medical waste management

The GoI framed Bio-Medical Waste (Management and Handling) Rules, 1998 under Environment (Protection) Act, 1986, which were superseded by Bio-Medical Waste Management Rules, 2016 (BMW Rules). The BMW Rules *inter alia* stipulate the procedures for collection, handling, transportation, disposal and monitoring of the BM waste with clear roles for waste generators and Common Bio-Medical Waste Treatment Facilitator (CBMWTF).

Data collected from all DHs of the State regarding bio-medical waste management revealed that in 17 DHs, Effluent Treatment System was not established. In 12 DHs, air swab samples were either not collected or not sent for reporting. In 14 DHs, yearly report regarding disposal of various categories of bio-medical waste was not sent to the State Pollution Control Board. The details of healthcare institutions where above irregularities were found, is detailed in **Appendix-8.1**.

Further, the irregularities found in BMW management in test checked districts is discussed in succeeding paragraphs. No specific reply was furnished by the department.

8.6.1 Irregularities in handling Bio Medical Waste (BMW)

Bio-Medical Waste (Management & Handling) Rules, 1998 as amended in 2016 envisaged management and handling of BMW.

However, BMW rules were being followed in all test checked 10 DHs. During audit of remaining 28 test checked CH/CHC/PHCs, following irregularities were noticed:

Table 8.3: Irregularities noticed in handling and disposal of Bio-Medical Waste (BMW)

Rule	Type of irregularity	Number of CH	Number of CHC	Number of PHC
Rule no 10	Authorization and renewal from state pollution control board was not obtained for generation of BMW	5	15	16
Rule No. 13(1)	Yearly report was not sent to state pollution control board for disposal of various categories of BMW	6	16	16
Rule No. 4(b) & 8(2)	Segregation of BMW was not being carried out at the source of generation	1	5	10
Rule No. 4(b)	Colour coded polythene bags were not used for segregation of BMW.	1	2	6
Rule No. 4(b)	Storage room was not available for BMW.	3	7	13
IPHS norms	Wheeled trolley was not available for transportation of BMW.	2	10	12
Rule No.4(C)	BMW was not disinfected before storage in BMW storage room.	6	12	13

(Source: Test checked DHs, CH and CHCs)

Thus, above table indicates that handling of the BMW in these HIs was not being done as per norms and it cannot be ruled out that it affected the hygiene and safety of the hospital premises. The details of HIs where above irregularities were found given in **Appendix-8.2**.

No specific reply was furnished by the department.

8.6.2 Disposal of BMW against the BMW (Management and Handling Rules) in HIs of PH&FWD

During physical verification (May and June 2022) of CHC, Ishanagar, District Chhatarpur, it was found that BMW generated by the CHC was not disposed of as per BMW (Management and Handling Rules) and was dumped at various places in the hospital. Following deficiencies were noticed in disposal of BMW during joint physical verification:

- Empty glass bottles of medicines and expired bottles of Normal Saline were thrown with used syringes in the open space behind the hospital as given in **Photographs 8.1 and 8.2** below which is hazardous.



Photographs 8.1 and 8.2 BMW dumped behind the hospital in CHC Ishanagar, District Chhatarpur (18.06.2022)

- It was also found that huge quantity of Albendazole Tablets, 400 mg (expiry May, 2023), Metranidazole syrup, and Iron and Folic Acid Tablets (expiry June 2022) were thrown behind the toilets in hospital premises as given in **Photograph 8.3** below, which is a violation of BMW Disposal Rules.



(Photograph 8.3: BMW thrown behind the toilets in hospital premises in CHC Ishanagar)

Thus, above instances indicate that due care was not taken to ensure disposal of BMW as per norms which affected the safety and hygiene of the hospital premises. No specific reply was furnished by the department.

8.6.3 Non-receipt of consent/authorization for the disposal of Bio Medical Waste by the hospital of Medical College

Scrutiny of records of BMW Management in JAH, Gwalior, revealed that team of Central Pollution Control Board inspected the Hospital on 24 April 2019 and found 14 discrepancies with respect to provisions of BMW Management Rules, 2016.

For corrective measures 15 day's time span was granted. On 20 June 2019, Central Pollution Control Board ordered to deposit ₹ 21.75 Lakh (@ ₹ 37,500/- per day for 58 days from date of

inspection to order date) as Environment Compensation for not complying with BMW Management Rules which was further increased to ₹ 22.08 Lakh in August 2019. Since authorization of handling of BMW of JAH, Gwalior had expired (June 2013) thus for granting authorization Madhya Pradesh Pollution Control Board demanded an amount of ₹ 34.45 lakh (July 2019) as authorization fee to grant consent up to June 2022. The said amount was deposited by the Joint Director, JAH in the bank account of MPPCB in August 2019, but the consent was not given till June 2022. No further communication in this regard was available in the records.

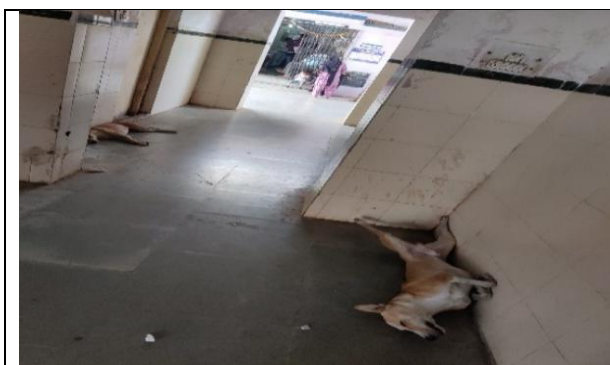
Joint physical verification (June 2022) revealed dumping of biomedical waste in open area in the hospital premises which led to non-compliance of Bio-Medical Waste Management Rules in biomedical waste management in the hospital.

No specific reply was furnished by the department.

8.7 Presence of animals in hospital premises

As per IPHS guidelines, the hospital should have a high and intact boundary wall with at least two exit gates to prevent animals from entering the premises of the hospitals to control infection among the patients and hospital staff.

Audit, however, noticed several instances of presence of stray dogs and other stray animals in the premises of DH Dhar as depicted in **Photographs 8.4 and 8.5** below:



Photograph 8.4- Stray dogs sleeping inside the premises of DH, Dhar, in the corridor of OPD (19.05.2022)



Photograph 8.5- Pigs roaming inside the hospital premises of DH, Dhar (19.05.2022)

Thus, presence of stray animals in the hospital premises affected the hygiene and safety of the hospital. No specific reply was furnished by the department.

8.8 Private Hospitals/Nursing Homes

8.8.1 Joint physical verification of Private Hospitals/Nursing Homes

In place of Clinical Establishment Act, 2010, GoMP made Madhya Pradesh *Upcharyagriha Tatha Rujopchar Sambandhi Sthapnaye (Registrikaran Tatha Aungyapan) Rules, 1997* to start or carry on a nursing home or a Clinical Establishment.

A joint physical inspection of one private hospital/nursing home in each test-checked district was conducted (June 2022) with a Medical Officer nominated by respective CMHO. During

the inspection and test check of records available in CMHO office, following irregularities were noticed as mentioned in **Table 8.4** below:

Table 8.4: Irregularities noticed in private hospitals

Irregularities noticed	Names of Private Nursing Home/Hospital and District
Record of patients admitted or children born in the Private Hospital/Nursing Home was not kept in Form 'D'	Shri Sai Baba Jeevan Dhara Hospital Badwani, Narmada Apna Hospital, Chhatarpur, Shree Shyam Hospital, Dhar, Yogiraj Hospital and Research Centre, Mandla, Telankar Health Care Medical Research Institute, Ujjain
Register of patients examined or treated or in respect of whom any tests are carried out was not maintained in form 'E'.	Shri Sai Baba Jeevan Dhara Hospital Badwani, Narmada Apna Hospital, Chhatarpur, Shree Shyam Hospital, Dhar, Yogiraj Hospital and Research Centre, Mandla, Telankar Health Care Medical Research Institute, Ujjain
Requisite reports and returns were not submitted by the hospital to the CMHO	Shri Sai Baba Jeevan Dhara Hospital Badwani, Shree Shyam Hospital, Dhar, Telankar Health Care Medical Research Institute, Ujjain
Approximate 50 bedded hospital were running against license of a 10 bedded nursing home	Shree Shyam Hospital, Dhar
License for only two private wards was obtained, whereas there were four private wards in the Hospital.	Shree Shyam Hospital, Dhar
In the application submitted, license was not obtained for establishment of laboratory in the hospital, whereas laboratory was established in the hospital and several blood tests was being carried out.	Shree Shyam Hospital, Dhar
Number of Doctors and Paramedical Staff were less than the number mentioned in the application submitted for obtaining license of hospital.	Yogiraj Hospital and Research Centre, Mandla
As per Schedule-II, Rule 17 the floor space in nursing home shall be 100 sq. feet for one bed and additional 60 sq. feet for every additional bed in the room. It was found that in general ward (for example), there were 12 beds, so the minimum area should be not less than 760 sq. feet, but the area of general ward was approximately 500 to 550 square feet. Thus, insufficient space was there in the wards.	Shree Shyam Hospital, Dhar
The Labour room and Operation Theatre was established on first floor of the hospital but neither ramp nor lift was available for smooth carriage of the patients.	Shree Shyam Hospital, Dhar
Even after a lapse of more than one year of renewal of licence, ICU of the Hospital was not operational.	Yogiraj Hospital and Research Centre, Mandla
Three fire extinguishers were available in the Hospital which got expired on 19.06.22 but refilling was not done.	Shree Shyam Hospital, Dhar
The rate list of various healthcare facilities was neither available at the registration counter nor it was displayed at prominent places.	Shree Shyam Hospital, Dhar
NOC from fire department was not obtained.	Shree Shyam Hospital, Dhar
No fire exit plan was prepared. No signages for fire exit was found in the hospital.	Shree Shyam Hospital, Dhar

Irregularities noticed	Names of Private Nursing Home/Hospital and District
There was no waiting space for OPD patients and attendants of IPD patients.	Shree Shyam Hospital, Dhar
It was found that names of four to five visiting doctors were displayed in the hospital to be made available on call, whereas the names of these doctors were not mentioned in the application submitted for granting licence.	Shree Shyam Hospital, Dhar
Colour coded poly bags were not used for segregation and disposal of Bio Medical Waste. Thus, BMW was not disposed off as per norms. Colour coded bins were not available in every ward of the hospital.	Shree Shyam Hospital, Dhar
Fumigation of Labour OT and General OT was not done as foul smell was found in the operation theatres.	Shree Shyam Hospital, Dhar

On being pointed out in audit, the CMHO of District Dhar issued notices (June 2022) to all the private hospitals of district to maintain all the requisite records and regularly send reports and returns to CMHO office, failing which the process of cancellation of licenses would be initiated.

The fact remains that the test checked private hospitals were not fulfilling all the conditions as mentioned in application in Form A for registration and issuing license for running the private hospitals. Further, audit noticed that the CMHO or any supervising officers nominated by CMHO did not carry out regular inspections of private hospitals to ensure the maintenance of requisite records and regular submission of reports/returns to CMHO office.

In reply to irregularities noticed in private nursing homes/hospitals, Government accepted the facts and stated that detailed directions have been issued to all CMHOs and Health Officers regarding implementation of amended (October 2021) Rules and the Government has issued directions for stringent implementation of said Rules to all CMHOs from time to time.

8.8.2 Private Hospital running without renewal of license

As per Rule 6 of MP *UpcharyagrihaTatha Rujopchar Sambandhi Sthapana (Registration Tatha Anugyapan) Adhiniyam, 1973*, an application for the renewal of registration shall be made in advance in Form 'A' at least one month before the date of expiry of the registration and license. On receipt of an application, the supervising authority shall, if satisfied that the application is in order, issue a fresh certificate in **Form 'B'** and a license in **Form 'BB'**. Rule 8 *ibid* stipulates that the supervising authority may, after giving an opportunity of being heard and for reasons to be recorded in writing and communicated to the applicant, refuse to grant or renew the certificate of registration and license.

During test check of records of **Register in Form 'C'** maintained by CMHO office showing the names of persons registered and issued license to carry on private hospitals, it was found that license of private hospital 'Patidar Chikitsa Seva Sansthan Private Limited' in District Dhar expired on 31.03.2022. The hospital was required to apply for renewal of license at least before one month from the date of expiry of license, but the hospital applied for renewal of license on 01.04.2022 i.e. after the expiry of license of the hospital. The CMHO sent back the application on 4-4-2022 with remarks "BMW agreement, NOC from fire department,

OT/X-ray technician, Pharmacist was not shown in staff details”. It was found that Patidar Hospital did not comply with the objections raised by the CMHO and despite refusal of application for renewal of license, Patidar Hospital continued to operate unauthorizedly even after more than three months from the date of expiry of license which was against **Rule 6** *ibid*.

Further, it was found that the CMHO did not initiate any action against the defaulter private hospital.

No specific reply was furnished by the department.

8.9 Monitoring and Supervision

8.9.1 Non supervision of programmes by Governing Body (GB) and Executive Committee (EC) of State Health Society due to non-holding of regular meetings

GoI issued instructions for composition of State Health Mission (SHM) and SHS. The SHS would carry the functions under the SHM and would be headed by the Chief Secretary. GoMP re-organised the SHM in September 2013 which was headed by the Chief Minister. SHM would have two committees i.e. Governing Body (GB) and Executive Committee (EC).

As per Para 5 of the Bylaws of SHS and GoMP order (September 2013), the GB of the Society should meet at least once every three months mainly to prepare and execute detailed plan, approve and adopt annual reports and financial statements of accounts and budget of society, to improve and strengthen the society, to raise funds as deemed fit and necessary for the purpose and objective of the society etc. Similarly, the EC had also to meet once in every two months to detail review of expenditure and programme implementation, approval of District action plan, allotment of funds sanctioned under State Action Plan, allotment of funds to District Health Societies and execute the decisions taken by the GB. It was noticed during audit that only five meetings against the required 20 by GB and 14 against the requirement of 30 by EC were held during 2017-22. Similarly, in case of test checked districts, it was noticed that regular meetings of GB were not held. Further, only 53 meetings of EC out of required 600 meetings were held in test checked districts during 2017-22.

Thus, it is evident that the responsibilities were not discharged by the SHS and DHS as envisaged in bylaws.

The department stated in its reply that the meetings of the GB and EC were organized. Further, review meetings, inter-departmental meetings were organized by the Honorable Chief Minister and Chief Secretary from time to time through which continuous supervision was done.

The reply is not acceptable as the required number of meetings of GB/EC as per the bylaws of SHS, were not conducted due to which the proper supervision of NHM activities was not done.

8.9.2 Non monitoring of implementation of National Iron Plus Initiative (NIPI) by State level Advisory committee

GoMP, department of PH&FW formed (April 2013) State Weekly Iron Folic Acid (IFA) Supplementation Advisory Committee for supplementation of IFA for control of Anaemia in 10-19 year aged boys and girls under the chairmanship of Principal Secretary, PH&FW. The committee was re-constituted as State NIPI Advisory Committee in August 2014. The committee targeted the supplementation of child aged 6-60 months, children aged 6-10 years,

adolescent aged 10-19 years and Pregnant Women and lactating mothers aged 20-45 years on life cycle based policy. The meeting of the committee was to be convened once every three months to monitor the implementation, reporting, inter-departmental coordination, training and IEC activities as well as monitoring the procurement and availability of IFA tablets.

Audit noticed that only two meetings of State NIPI Advisory Committee were held in November 2018 and September 2021 against requirement of 20 meetings during 2017-22. Thus, the monitoring of the programme was not carried out by the State NIPI Advisory Committee by convening the meeting as required in formation order.

The Department (April 2023) replied that the State Level Committee monitors the programme at the state level through review meetings under the chairmanship of Principal Secretary, PH&FW along with representatives of Women and Child Development Department, Education and Tribal Development Department whereas Department was silent in respect of holding prescribed meetings of State NIPI Advisory Committee.

The fact remains that only two meetings of State Level Advisory Committee were held during 2017-22 which indicates lack of proper monitoring of the programme.

8.9.3 Non formation of NIPI Advisory Committee at District level

National Health Mission, Bhopal instructed (June 2015) all the District Collectors and CMHOs for formation of NIPI/WIFS Advisory Committee under the chairmanship of Collector, to implement and operationalise the programme successfully through Schools and *Anganwadi* Centre. The committee had to organise a meeting every month by the CMHO with the coordination of District Programme Officer, Integrated Child Development Services (ICDS), District Education Officer and Tribal Welfare Department.

The committee was required:

- (i) to carry out reviews of implementation of programme by the ASHA workers, *Anganwadi* workers and Teachers and sudden inspections;
- (ii) to ensure the action to solve the problems of under-performing schools and *Anganwadi* Centres;
- (iii) to ensure the availability of IFA tablets and review the distribution up to schools and *Anganwadi* Centres;
- (iv) judicious display and utilisation of IEC materials and block-wise intensive monthly review of the programme so that the status report of implementation of programme can be sent to State Nodal Officer within time.

Audit noticed that:

- Advisory committee was not formed in five test checked districts².
- Records related to formation of committee was not made available to audit by Chhatarpur, Gwalior and Ujjain.

² Barwani, Bhopal, Jabalpur, Mandla and Rewa.

- Advisory committee was formed in Dhar and Harda, but records related to review of programme were not furnished due to which audit could not ascertain its proper implementation.

The department stated that District Magistrate conducts review of implementation of *Anaemia Mukh Bharat* programme during District Health Society meetings.

The reply is not acceptable as the meetings were to be held by the CMHOs monthly to review the implementation of programme which was not followed.

8.10 Supervision and Inspections in HIs of Medical Colleges

8.10.1 Patient satisfaction surveys not conducted

- As per orders of Directorate, Health Services (DHS), Bhopal (June 2011), patient satisfaction survey of at least five OPD patients should be conducted. The purpose of patient satisfaction is to check whether quality services are being provided to patients by the health care institutions and to improve the quality of the health care services.

During scrutiny of records of 38 healthcare facilities³, Audit noticed that no patient satisfaction survey was conducted in 35 healthcare facilities except DHs Jabalpur, Ujjain and CH Rani Durgawati Hospital, Jabalpur during 2017-22.

Thus, non-conduction of patient satisfaction survey in more than 90 *per cent* of test checked healthcare facilities revealed that the purpose of survey to ensure quality services was defeated.

- In Government Medical Colleges, no norms for conducting Patients Satisfaction Surveys were framed in MCI. However, audit observed that JAH attached with GRMC, Gwalior conducted the patient satisfaction survey of total 2,155 patients in the selected months⁴, out of which 197 patients (9.14 *per cent*) had given adverse remarks whereas remaining three⁵ test-checked units did not conduct patient satisfaction survey.

Not conducting beneficiary survey was contrary to the orders of the DHS and IPHS norms. Further, due to not conducting beneficiary survey, heads of the healthcare institutions were not aware of lack of facilities for patients in OPDs. Thus, no remedial action was taken to improve the facilities for patients.

The Government stated (November 2023) that patient satisfaction survey is being conducted on daily basis in GMC Bhopal. In GRMC Gwalior, help desk counters, feedback, suggestion facility was available in hospital area and patient's satisfaction survey for OPD and IPD patients were being done periodically by concerned authorities.

Reply is not acceptable as the Government did not provide any evidence in support of its reply.

³ 10 DHs, eight CHs and 20 CHCs

⁴ May 2017, August 2018, November 2019, February 2021 and May 2021

⁵ Hamidia Hospital, SultaniaZanana Hospital attached with GMC Bhopal and District Hospital Chhindwara attached with CIMS Chhindwara.

8.10.2 Internal Audit and Inspection

According to Rule 293 of Madhya Pradesh Treasury Code (MPTC), every controlling officer should carry out thorough inspection of the office once a year.

We noticed that the DME prepared and issued detailed Audit programmes for Departmental Internal Audit from the year 2013-21. However, no Internal Audit or Periodical Departmental Inspection was carried out since 2013-14.

No specific reply was furnished by the department.

8.11 Mechanism to get feedback from Community and Grievances Redressal

8.11.1 Lack of grievances redressal system

As per IPHS Norms, every hospital should have Grievance Redressal System which should be displayed in the citizen's charter.

Audit noticed that no complaint register was maintained, and no complaint redressal committee was constituted in the hospitals attached to two medical colleges GMC, Bhopal (Hamidia and Sultania Zanana Hospital) and GRMC, Gwalior (JAH, Gwalior) during 2017-2022.

JAH Gwalior stated that a committee of three to five members is constituted whenever a complaint is received. However, in the absence of records related to redressal of grievances, Audit could not ascertain the response of hospital administration to resolve the patient specific issues and grievances.

No specific reply was furnished by the department.

8.12 Physical verification of Store and Joint Inspection of Drug Management Facility

As per Madhya Pradesh Store Purchase and Service Procurement Rule 2015, physical verification of all stores should be physically verified once in a year.

During the physical verification (May-June 2022) of Central Store of Medicines of test checked hospitals, following irregularities were noticed:

- Central store of JAH Gwalior was more than 100-years-old and in a dilapidated condition as declared (April 2015) by Public Works Department. Further, Audit observed that physical verification of store in Hamidia Hospital, Sultania Zanana Hospital of Bhopal, CIMS Chhindwara was not done during 2018-22.
- None of the pharmacies of test-checked units had labeled shelves/racks, 24-hour temperature recording of cold storage area, register of maintenance of temperature charts of deep freezer etc. Cartons of drugs were lying on the floor in JAH Gwalior and Hamidia Hospital, Sultania Zanana Hospital of Bhopal.

Thus, in absence of physical verification, the stock position as per records was not ensured.

No specific reply was furnished by the department.

8.13 Shortfall in conducting meetings of General Council in AYUSH Department

As per bylaws for Autonomy of Ayurvedic/Homeopathic Colleges and Associated Hospitals, the General Council of the society shall consist of Minister of the Department (President), Principal Secretary of the Ayush Department, Principal Secretary of Finance, one member of Parliament and Legislative Assembly, Mayor of the town where Ayurvedic College is located, Commissioner of the Revenue Division, Principal of the college and Superintendent of Teaching Hospital. The main function of General Council of the society was to lay down the broad policies and programmes of the colleges and hospitals, to consider the fee structures and other charges payable by students and patients for various courses and services as proposed by Executive Committee and to review the implementation of the policies laid down earlier from time to time.

The General Council of the society was required to meet ordinarily twice every year. In test checked Ayurvedic and Homeopathic Colleges, we noticed number of meetings organised were less than prescribed as given below in **Table-8.5**.

Table-8.5 Meetings of General Council

Name of Teaching Hospital	Number of meetings required to be held during 2017-22	Number of meetings actually held
Ayurvedic Teaching Hospital (ATH) Bhopal	10	3
ATH Gwalior	10	2
ATH Jabalpur	10	1
ATH Rewa	10	2
ATH Ujjain	10	2
Homeopathic Teaching Hospital (HTH) Bhopal	10	3
Unani Teaching Hospital Bhopal	10	2

It is evident from the above table that against the requirement, only one to three meetings of General Council were held. Thus, in absence of regular meetings, review of implementation of policies laid down was not done regularly.

No specific reply was furnished by the department.



CHAPTER-9

Sustainable Development

Goal-3

Chapter-9

Sustainable Development Goal-3

Highlights

- On an average, India reduced the MMR in eight years from 178 in 2012 to 97 in 2020 *i.e* 45.51 *per cent* whereas, GoMP could manage to reduce it from 230 to 173 *i.e* 24.78 *per cent* only during the above period.
- The State Government fell short of achieving 100 *per cent* vaccination coverage for newborns, except for BCG. Measles and DPT vaccination rates were particularly dismal, standing at just 13 *per cent* and 0.12 *per cent*, respectively from 2017-18 to 2021-22. Thus the target of 100 *per cent* zero day vaccination was not achieved.
- The Infant Mortality Rate (IMR) in Madhya Pradesh did not align with the IMR of the Government of India (GoI), posing a significant challenge to achieving the set goal of reducing child mortality in the under-five age group to 25 per 1000 live births by 2030.
- Out of the 10 selected districts, only three DHs had functional trauma care centres. In four districts, trauma care centres buildings were not available. Trauma centres buildings in three DHs remained non-functional due to the lack of specialist doctors, trained personnel, and essential equipment. Consequently, the objective of reducing preventable deaths from road accidents in line with SDG-3 goals got defeated.
- The public faced the challenge of traveling long distances to access specialist services, and healthcare service were delayed due to the non-deployment of sanctioned staff.
- The mismatch between OPD timings of healthcare institutions and the labour class's working hours, which typically operate during the day, created inconvenience. Further, lack of essential drugs, equipment, and consumables indicated poor quality of healthcare services in government health facilities.

9.1 Introduction

At the global level, the Sustainable Development Agenda aims to ensure healthy lives and promote well-being for all ages by 2030 as per Sustainable Development Goal (SDG) 3 and India also strives to achieve the SDG-3 by 2030. The target set by the India corresponding to the Global SDG-3 objectives are given in **Table-9.1** below:

Table 9.1: SDG-3 Targets

Indicator	Target	Justification of Target
Maternal Mortality Ratio (per 1,00,000 live births)	70	Global SDG target 3.1 aims to reduce maternal mortality ratio to less than 70 per 1,00,000 live births by 2030.
Under 5 Mortality Rate (per 1,000 live births)	25	Global SDG target 3.2 aims to reduce the Under-5 Mortality Rate to at least 25 per 1,000 live births by 2030.
Percentage of children in the age group 9-11 months fully immunized	100	This target corresponds to the global SDG target 3.2 which aims to end preventable deaths of newborns and children under 5 years of age. 100 <i>per cent</i> immunization coverage (BCG, measles, and 3 doses each of polio and DPT) is a prerequisite to achieve this global target.
Substance abuse		SDG- 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
Death rate due to road traffic accidents (per 1,00,000 population)	5.81	Global SDG target 3.6 aims to halve the number of global deaths and injuries from road traffic accidents. (Base year 2015)
Percentage of institutional deliveries out of the total deliveries reported	100	This target corresponds to the global SDG target 3.7 which aims to ensure universal access to reproductive health-care services by 2030.

9.2 Achievement of SDG-3 target by the State Government

9.2.1 Maternal Mortality Ratio

As per SDG-3, India set the target to reduce the Maternal Mortality Ratio (MMR) to 70 per one lakh live birth by 2030. Sample Registration Survey (SRS) data of MMR for the period 2010-18 for Madhya Pradesh and India is given in **Table -9.2** below:

Table 9.2: MMR data of India and Madhya Pradesh for the period 2010-12 and 2018-20

Sl. No.	Health Indicator	Madhya Pradesh		India	
		2011	Latest Data	2011	Latest Data
1	MMR (<i>per</i> lakh live birth)	230 (SRS, MMR, 2010-12)	173 (SRS, MMR, 2018-20)	178 (SRS, MMR, 2010-12)	97 (SRS, MMR, 2018-20)

It is evident from the table that on an average, India reduced the MMR in eight years from 178 in 2012 to 97 in 2020 *i.e* 45.51 *per cent* whereas, GoMP could manage to reduce it from 230 to 173 *i.e* 24.78 *per cent* only during the above period.

On this being pointed out, Government replied that as of March 2023, MMR of MP was 173 per lakh live births (SRS 2018-20). Under *Aatmnirbhar* Madhya Pradesh, the target set for MMR reduction is 100 per lakh live births by December 2024. For reducing MMR, State has been continually reviewing maternal health services for improvement and state has achieved remarkable results on maternal health indicators.

The fact remains that efforts made by the State Government for reducing MMR are not proportionate for the achievement of targets set in SDG-3.

9.2.2 Mortality Rate for Under 5 year of children

As per SDG-3, India set the target to reduce the mortality of children under age of five years to at least 25 per 1,000 live births by 2030. Sample Registration Survey (SRS) and National Family Health Survey-5 data of infants (Children of age group zero to 12 month) mortality for the period 2011 (SRS) and 2019-21 (NFHS-5) for Madhya Pradesh and India along with the mortality data of children under age of five years from NFHS-4 and NFHS-5 for the period of 2015-16 and 2020-21 is given in **Table -9.3** below:

Table 9.3: Infant and under five Mortality Rate of Madhya Pradesh and India

Sl. No.	Health Indicator	Madhya Pradesh		India	
1	Infant mortality rate (IMR) per thousand live birth	59 (SRS-2011)	41.3 (2020-21) NFHS-5	44 (SRS 2011)	35.2 (2019-21) NFHS-5
2	Under five Mortality Rate (per 1000 live births)	64.60 (2015-16 NFHS-4)	49.20(2020-21) NFHS-5	49.70 (2015-16 NFHS-4)	41.90 (2019-21 NFHS-5)

Children under the age of five years include the infants as well as children of age one to less than five years. IMR of Madhya Pradesh was not corresponding to IMR of India. Further, under five years age mortality was also more than National average. It is pertinent to mention here that until infant mortality does not reduce to desired level, the target of under five year age mortality cannot be achieved as infants are also a part of children under the five years age.

No specific reply was furnished by the department.

9.2.3 Immunisation of children

Global SDG target 3.2 aims to end the preventable deaths of newborns and children under five years of age. 100 *per cent* immunization coverage (BCG, Measles, three doses each of Polio (OPV) and DPT) is a prerequisite to achieve the global target.

Status of zero day vaccination of newborn of these three vaccines for the period 2017-22 in the State is shown in **Table-9.4** below:

Table 9.4: Status of vaccination of newborn on zero day

(In number)

Year	Total live birth	BCG (per cent)	Measles (per cent)	OPV (per cent)	DPT (per cent)
2017-18	13,36,337	13,52,491 (101)	2,88,171 (22)	11,74,925 (88)	3,460 (0.26)
2018-19	13,59,708	13,69,171 (101)	2,04,809 (15)	12,29,354 (90)	1,851 (0.14)
2019-20	14,03,115	14,02,695 (100)	1,68,577 (12)	12,69,436 (90)	1,595 (0.11)
2020-21	13,67,676	13,38,519 (98)	1,08,301 (8)	12,30,020 (90)	137 (0.01)
2021-22	13,00,715	12,73,743 (98)	88,706 (7)	11,89,192 (91)	1,238 (0.09)
Total	67,67,551	67,36,619 (100)	8,58,564 (13)	60,92,927 (90)	8,281 (0.12)

(Source: Records of office of the Mission Director, NHM Bhopal)

It is evident from the above table that the State Government was not able to provide 100 per cent vaccination to newborn except BCG. Out of total live births, status of vaccination of Measles and DPT was pathetic as it was only 13 per cent and 0.12 per cent respectively during 2017-22. Thus, the target of 100 per cent vaccination could not be achieved for children below five years age as 100 per cent zero day immunization of newborn itself was not achieved.

On this being pointed out, the Government replied (April 2023) that State has been conducting special catchup rounds of campaigns for improvement in mortality rate and achievement in immunization coverage.

The fact remains that under five mortality rate in 2021 was prevailing at 49.20 per thousand live births in the state and proper planning and sincere efforts are required to be made for 100 per cent zero-day vaccination to reduce the number of preventable deaths of newborns and children under five years of age.

9.2.4 Substance abuse

Global SDG target 3.5 aims to strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. For the treatment of substance abuse, psychiatrist/psychologist play an important role.

Audit test checked the data of 58 health institutions of 10 selected districts and noticed that the post of psychiatrist/psychologist was sanctioned only in one DH (Dhar) whereas psychiatrist/psychologist was posted only in DH Bhopal and Jabalpur (against non-sanctioned

post). Thus, efforts of GoMP were not sufficient to achieve the SDG-3 objective. No specific reply was furnished by the department.

9.2.5 Efforts for reduction in death rate due to road traffic accidents

Global SDG target 3.6 aims to reduce the number of deaths and injuries from the road traffic accidents to 50 *per cent* from the base year 2015 where it was 5.81 per one lakh population. In line of Global SDG target, Government of India launched the scheme - Capacity Building for developing Trauma Care Facilities on National Highways in the 11th Five Year Plan as a 100 *per cent* central grant-in-aid scheme, with an aim to augment Trauma Care Services in healthcare facilities along the National Highways. The overall objective of the scheme was to bring down preventable deaths because of road accidents to 10 *per cent* by developing a pan India trauma care network in which no trauma victim is required to be transported for more than 50 kilometres and a designated trauma centre is available at every 100 Km.

We noticed that in three¹ out of 10 selected districts, the trauma care centres were functional. In four² districts trauma centre buildings were not available. Further, in three³ districts, despite availability of trauma care centre building, trauma care centres were not functional due to non-deployment of specialist doctors, trained manpower and non-availability of equipment. Thus, the aim of reducing the preventable deaths due to accidents as per SDG-3 objectives got defeated.

On this being pointed out, Government replied (April 2023) that there are total 51 trauma centres in the all DHs of the State, out of which 48 are functional and the construction work of Trauma Centre of DH Sidhi and Indore will be completed soon.

The reply of the Government is not acceptable as physical verification revealed that the buildings made for Trauma Centre were being used for other purposes such as shifting of few wards of the DH like Maternity ward and orthopaedic ward. Consequently, the purpose of construction of Trauma centres to reduce the number of deaths and injuries from road traffic accidents got defeated.

9.2.6 Status of institutional deliveries out of total deliveries

SDG target 3.7 aims to ensure universal access to reproductive healthcare services and increase the institutional deliveries up to 100 *per cent* by 2030. Status of data from office of the Mission

¹ Barwani, Gwalior and Rewa.

² Bhopal, Chhatarpur, Jabalpur and Mandla.

³ Dhar, Harda and Ujjain.

Director, Bhopal and Health Management and Information System (HMIS) for institutional and home deliveries for the period of 2017-22 is given in **Table-9.5** below:

Table 9.5: Status of institutional deliveries and home deliveries

Year	Total deliveries	Institutional deliveries	Home Deliveries	Percentage of home deliveries to total deliveries
2017-18	13,50,597	12,51,619	98,978	7.33
2018-19	13,75,631	13,07,119	68,512	4.98
2019-20	14,12,758	13,52,232	60,526	4.28
2020-21	13,74,364	13,14,958	59,406	4.32
2021-22	13,09,303	12,56,308	52,995	4.04

(Source: Data of O/o Mission Director, Bhopal HMIS)

It is evident from the table that the *percentage* of home deliveries decreased from the year 2017-18 onwards and it almost remained constant during the year 2018-21, as a result the MMR in the state remained high as 173 per lakh live birth.

On this being pointed out, State Government replied (April 2023) that for promotion of ANC services and institutional deliveries schemes are implemented for providing cash incentives to organized and unorganized labour class. Similarly, incentive to ASHA workers for mobilizing institutional deliveries has also been increased through State budget.

9.3 Reasons for not using Government health facilities by general public

As per NFHS-5 report, the percentage of households in Madhya Pradesh whose members do not generally use a government health facility when they fall ill as given in **table 9.6** below:

Table 9.6 Reasons of not using Government facility

Reasons of not using Government facility	In per cent
No nearby facility	41.80
Facility time not convenient	25.50
Health personnel often absent	16.20
Waiting time too long	41.70
Poor quality of care	48.20

(Source: Report of NFHS-5)

The above facts were also confirmed in physical verification (May and June 2022) where audit noticed that public had to travel a long distance to avail the specialist services, and due to non-deployment of sanctioned manpower, the services were delayed. Since labour class go for work during day time and return in the evening, but OPD timings in healthcare institutions, which

generally function during day time, are not as per their need. Further, due to non-availability of specialist doctors, essential drugs, equipment and consumables, the patients have to suffer and have to incur expenditure from their own pocket which is indicative of poor quality of healthcare services in government health institutions.

No specific reply was furnished by the department.

Gwalior
The 08 November 2024



(PRIYA PARIKH)
Accountant General (Audit-I),
Madhya Pradesh

Countersigned

New Delhi
The 12 November 2024



(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India



Appendices

Appendix-1.1
(Reference: Paragraph No. 3.2 Page No. 4)
Sources of Audit criteria

(A) Public Health and Family Welfare Department

- Indian Public Health Standard (IPHS) for District Hospitals, Civil Hospitals, CHCs, PHCs and SHCs, and National Health Policy
- Sustainable Development Goals-3 and Reports of National Family Health Survey
- Madhya Pradesh *Upcharyagriha Tatha Rujopchar Sambandhi Sthapanaye (RegistrikanTathaAnugyapan) Adhiniyam*, 1973
- Drugs and Cosmetic Act and Pharmacy Practice Regulations, 2015
- Guidelines of NHM, Rogi Kalyan Samiti, National Quality Assurance Standards (NQAS);
- Madhya Pradesh Treasury Code (MPTC), Madhya Pradesh Financial Code (MPFC), Budget Manual, 2012; Drugs and Equipment Procurement Policy, Tender Files and Documents for outsourcing services;
- Bio-Medical Waste Rules, 1998, Atomic Energy Rules, 2004, State Pollution Control Act, 1981 and rules made thereunder;
- Standards for Blood Banks and Blood Transfusion Services issued by National AIDS Control Organisation (NACO).
- Operational Guidelines of AYUSHMAN BHARAT Comprehensive Primary Health Care through Health and Wellness Centres Guidelines, 2018.
- Maternal and New Born Health tool kit 2013, Guideline for Antenatal care and skilled Attendance at birth by Auxiliary Nurse Midwife (ANM)/Lady Health Visitor (LHV)/Student Nurse (SN), Operational Guidelines of Dakshta (for maternity services)
- Facility based New Born Care Operational Guide (FBNC)
- *Anemia Mukh Bharat Operational Guideline 2018*,
- Integrated Diarrhoea Control Fortnight Guidelines
- Norms of World Health Organisation

(B) Medical Education Department

- MCI Act 1956 replaced by National Medical Commission in 2019
- Professional Conduct, Etiquette and Ethics Regulation 2002
- Drugs & Cosmetic Act, 1940 Rule 1945, Pharmacy Act 1948
- The Indian Nursing Council Act, 1947
- National Accreditation Board for Testing and Calibration Laboratories Accreditation programmes for Testing Laboratories as per ISO/IEC 17025, Calibration Laboratories as per ISO/IEC 17025, Medical Laboratories as per ISO 15189 etc.
- National Accreditation Board for Hospitals and Healthcare Providers accreditation programme for various Health care providers such as Hospitals & Blood Banks, etc.
- Establishment of Medical College Regulations, 1999

(C) Department of AYUSH

- Central Council of Indian Medicine Regulation 2012
- National Commission for India medicine Act 2020
- Framework for implementation of National Ayush Mission
- Madhya pradesh Ayurveda, Unani and Naturopathy Professional Act, 1971
- Madhya pradesh Homeopathic Parishad council, 1976
- Madhya Pradesh Government. "Ayush Department" Gazetted Service and Non Gazetted Service Recruitment Rule, 2013

Appendix-1.2

(Reference: Paragraph No.3.3, Page No. 4)

List of selected samples and collected statistical information

(A) Public Health and family Welfare Department

Sl. No	Name of District	Name of DH	Name of DHS	Name of CMHO	Name of CH	Name of CHC	Name of PHC
1	Barwani	Barwani	Barwani	Barwani	Sendhwa	Warla, Silawad	Ojhar, Upla
2	Bhopal	Bhopal	Bhopal	Bhopal	Berasia	Gandhi Nagar, Kolar	Tumda, Barkheridev
3	Chhattarpur	Chhattarpur	Chhattarpur	Chhattarpur	Not available	Ishanagar, Khajuraho	Alipura, Vikarampur
4	Dhar	Dhar	Dhar	Dhar	Kukshi	Badnawar, Gandhwani	Akhada, Teesgaon
5	Gwalior	Gwalior	Gwalior	Gwalior	Hazira	Bhitarwar, Mohna	Antri, Chinor
6	Harda	Harda	Harda	Harda	Not available	Handia, Timarni	Rehankalan, Masangaon
7	Jabalpur	Jabalpur	Jabalpur	Jabalpur	Rani Durgawati Hospital	Panagar, Majholi	UmariyaChaube, Baghraj
8	Mandla	Mandla	Mandla	Mandla	Nainpur	Bichhiya, Bamhani	Vijaypur, Anjani
9	Rewa	Rewa	Rewa	Rewa	Teonthar	Govindgarh, Semariya	Amiliha, Tiwani
10	Ujjain	Ujjain	Ujjain	Ujjain	Badnagar	Ingoriya, Tarana	Bhatpachlana, Unhel

DH- District Hospital, DHS-District Health Society, CMHO-Chief Medical and Health Officer, CH-Civil Hospital, CHC-Community Health Centre, PHC-Primary Health Centre

(B) Medical Education Department

Sl. No	Name of District	Name of Medical College	Associated Tertiary Care Hospital
1	Bhopal	Gandhi Medical College, Bhopal	(i) Hamidia Hospital, Bhopal (ii) Sultania Zanana Hospital, Bhopal
2	Gwalior	Gajraraja Medical College, Gwalior	(i) Jaya Arogya Hospital, Gwalior
3	Chhindwara	Chhindwara Institute of Medical Science, Chhindwara	(i) C.S Chhindwara

(C) Department of AYUSH

Sl No.	Name of Test checked Unit	Description of Unit
1	Pt. Khushi Lal Sharma Government Autonomous Ayurvedic College and Hospital, Bhopal	Hospital attached with College
2	Government Autonomous Ayurvedic College and Hospital, Gwalior	Hospital attached with College
3	Government Autonomous Ayurvedic College and Hospital, Jabalpur	Hospital attached with College

Sl No.	Name of Test checked Unit	Description of Unit
4	Government Autonomous Ayurvedic College and Hospital, Rewa	Hospital attached with College
5	Government Autonomous Dhanvantri Ayurvedic College and Hospital, Ujjain	Hospital attached with College
6	Government Autonomous Homoeopathic College and Hospital, Bhopal	Hospital attached with College
7	Hakim Saiyad Ziaul Hasan Government Autonomous Unani College and Hospital, Bhopal	Hospital attached with College
8	District Ayush Officer, Badwani	1.Govt. Ayurvedic Dispensary, Mundla 2.Govt. Homoeopathic dispensary, Rajpur 3.Govt. Ayurvedic Dispensary and HWC, Chichali
9	District Ayush Officer, Bhopal	(1)District Ayush Hospital, Bhopal 4.Govt. Homeo Dispensary & HWC, Bangrasia, Bhopal 5.Govt. Ayush Dispensary Panchsheel Nagar, Bhopal 6.Govt.Unani Dispensary Rafiquia, Bhopal
10	District Ayush Officer, Chhatarpur	(2)District Ayush Hospital, Chhatarpur 7.Govt. Ayurvedic Dispensary, Mau-sahniya 8.Govt. Ayurvedic Dispensary, Kurail 9.Govt. Homeo Dispensary, Kharduti
11	District Ayush Officer, Dhar	(3)District Ayush Hospital, Dhar 10.Govt. Ayurvedic Dispensary, Naogaon 11.Govt. Ayurvedic Dispensary, Kodkheda 12.Govt. Ayurvedic Dispensary, Badwanya 13.Govt. Ayurvedic Dispensary, Rajod 14.Govt. Ayurvedic Dispensary, Kod
12	District Ayush Officer, Gwalior	15.Govt. Ayurvedic Dispensary, Badi Akbai 16.Govt. Ayurvedic Dispensary, Bandholi 17.Govt. Ayurvedic Dispensary, Deedwanaoli 18.Govt.Unani Dispensary, Tansen Nagar
13	District Ayush Officer, Harda	19.Govt. Ayurvedic Dispensary, Chhidgaon Mel 20.Govt. Ayurvedic Dispensary & HWC, Bichhapur 21.Govt. Homeo Dispensary, Galhal

Sl No.	Name of Test checked Unit	Description of Unit
14	District Ayush Officer, Jabalpur	22.Govt. Unani Dispensary, Gohalpur
		23.Govt. Homeo Dispensary, Polipathar
		24.Govt. Ayurvedic Dispensary, Mohas
		25.Govt. Ayurvedic Dispensary & HWC, Piparikala
15	District Ayush Officer, Mandla	(4)District Ayush Hospital, Mandla
		26.Govt. Ayurvedic Dispensary & HWC, Padmi
		27.Govt. Homeo Dispensary, Gwari
		28.Govt. Unani Dispensary, Mandla
16	District Ayush Officer, Rewa	29.Govt. Ayurvedic Dispensary, Garh
		30.Govt. Ayurvedic Dispensary, Judmaniya
		31.Govt. Ayurvedic Dispensary, Rampur
		32.Govt. Ayurvedic Dispensary, Puraini
		33.Govt. Homeo Dispensary, Kalamandir
		34.Govt. Unani Dispensary, Ghoghar
		35..Govt. Ayurvedic Dispensary, Tamradesh
17	District Ayush Officer, Ujjain	36.Govt. Ayurvedic Dispensary & HWC, Indokh
		37.Govt. Ayurvedic Dispensary, Karede
		38.Govt. Homeo Dispensary, Bhausola
		39.Govt. Unani Dispensary (Ayush Wing), Ujjain
18	Government Ayurvedic Pharmacy, Gwalior	Government Ayurvedic Pharmacy, Gwalior
19	Government Unani Pharmacy, Bhopal	Government Unani Pharmacy, Bhopal

(D) Further Statistical information collected from all Districts

SN	Statistical Information Collected
1.	District wise requirement and availability of CHC/PHC/SC as per prescribed population norms
2	OPD Services in DHs
3	Availability of beds in all DHs
4.	Maternal and Child care in all DHs and availability of beds
5	Emergency Services, Imaging Diagnostic Services, Pathology Services, Ambulance Services and other support services link Blood bank/Dietary Services/Laundry Services/BMW management, Mortuary Services etc. information may be presented graphically for all DHs
6	Manpower position in all Government Health Institutions viz. DHs/MCs/CHCs/PHCs/SCs should also be given for the entire State reflecting shortages. Break-up of Doctors/Specialists/Nurses/Para-medics/Others may be given for respective HCIs.
7	Ayushman Bharat – coverage and achievement in the states. Comment even if it is being operated in the State with a different nomenclature.
8	Information on existing and new Medical colleges established in the State. Healthcare infrastructure like AIIMS etc. created in the State.
9	Operation of 108-Ambulance Service

Appendix-2.1

(Reference: Paragraph No.2.2.3 (i)(a), Page No. 17)

Availability of Doctors in District Hospitals

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of districts
0 to 20	7
21 to 40	12
41 to 60	17
61 to 80	13
81 to 100	2

Detail Status of availability of Specialist/ Doctors in District Hospitals.

District	Sanctioned post of Doctors/ Specialist	Working Doctors/ Specialist	Shortage in <i>per cent</i>
Agar Malwa	20	5	75.00
Alirajpur	44	19	56.82
Anuppur	55	23	58.18
Ashoknagar	34	23	32.35
Balaghat	82	31	62.20
Barwani	59	33	44.07
Betul	48	27	43.75
Bhind	66	36	45.45
Bhopal	82	60	26.83
Burhanpur	38	20	47.37
Chhatarpur	73	50	31.51
Chhindwara	73	33	54.79
Damoh	57	28	50.88
Datia	41	27	34.15
Dewas	68	42	38.24
Dhar	65	48	26.15
Dindori	33	10	69.70
Guna	73	12	83.56
Gwalior	37	45	-21.62
Harda	49	29	40.82
Hoshangabad	65	33	49.23
Indore	50	36	28.00
Jabalpur	87	50	42.53
Jhabua	39	35	10.26
Katni	65	25	61.54
Khandwa	76	42	44.74
Khargone	79	61	22.78
Mandla	63	23	63.49
Mandsaur	35	7	80.00

District	Sanctioned post of Doctors/ Specialist	Working Doctors/ Specialist	Shortage in <i>per cent</i>
Morena	117	109	6.84
Narsinghpur	37	13	64.86
Neemuch	47	17	63.83
Panna	51	16	68.63
Raisen	70	47	32.86
Rajgarh	58	38	34.48
Ratlam	74	42	43.24
Rewa	45	39	13.33
Sagar	72	55	23.61
Satna	68	38	44.12
Sehore	33	31	6.06
Seoni	60	14	76.67
Shahdol	62	5	91.94
Shajapur	50	41	18.00
Sheopur	46	22	52.17
Shivpuri	37	26	29.73
Sidhi	65	25	61.54
Singrauli	103	21	79.61
Tikamgarh	44	40	9.09
Ujjain	138	70	49.28
Umaria	42	16	61.90
Vidisha	53	21	60.38
Total	3028	1659	

Appendix-2.2

(Reference: Paragraph No.2.2.3 (i)(b), Page No. 17)

Availability of Doctors in Civil Hospitals

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of districts
0 to 20	1
21 to 40	5
41 to 60	14
61 to 80	11
81 to 100	4

Detail status of availability of Specialists/ Doctors in Civil Hospitals of Districts

District	Sanctioned post of Doctor/Specialist	Working-Doctors/ Specialist	Shortage in <i>per cent</i>
Agar Malwa	24	4	83.33
Ashoknagar	31	10	67.74
Balaghat	30	8	73.33
Barwani	25	10	60.00
Bhind	12	6	50.00
Bhopal	61	44	27.87
Chhindwara	62	16	74.19
Damoh	11	5	54.55
Datia	7	3	57.14
Dewas	23	11	52.17
Dhar	53	23	56.60
Guna	23	7	69.57
Gwalior	45	28	37.78
Hoshangabad	52	18	65.38
Indore	20	15	25.00
Jabalpur	58	34	41.38
Jhabua	42	14	66.67
Katni	9	4	55.56
Khargone	26	18	30.77
Mandsaur	26	7	73.07
Morena	32	26	18.75
Narsinghpur	23	11	52.17
Neemuch	21	4	80.95
Raisen	40	23	42.50
Rajgarh	68	24	64.71

District	Sanctioned post of Doctor/Specialist	Working-Doctors/ Specialist	Shortage in per cent
Ratlam	32	15	53.13
Rewa	50	16	68.00
Sagar	23	4	82.61
Satna	49	26	46.94
Sehore	33	21	36.36
Seoni	51	10	80.39
Shahdol	22	3	86.36
Shajapur	18	9	50.00
Ujjain	94	36	61.70
Vidisha	30	14	53.33
Total	1226	527	

Appendix-2.3

(Reference: Paragraph No.2.2.3 (i)(c), Page No. 17)

Availability of Doctors in CHCs, PHCs and SHCs

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of districts
0 to 20	1
21 to 40	5
41 to 60	22
61 to 80	21
81 to 100	2

Detail status of availability of Specialists/ Doctors in CHCs, PHCs and SHCs of Districts

District	Sanctioned post of Doctor	Working Doctor	Shortage in <i>per cent</i>
Agar Malwa	13	5	61.54
Alirajpur	87	32	63.22
Anuppur	63	25	60.32
Ashoknagar	33	14	57.58
Balaghat	48	25	47.92
Barwani	113	66	41.59
Betul	92	19	79.35
Bhind	76	27	64.47
Bhopal	27	28	-3.70
Burhanpur	57	13	77.19
Chhatarpur	157	92	41.4
Chhindwara	170	85	50.00
Damoh	54	17	68.52
Datia	39	20	48.72
Dewas	71	52	26.76
Dhar	121	63	47.93
Dindori	65	20	69.23
Guna	67	39	41.79
Gwalior	58	30	48.28
Harda	36	21	41.67
Hoshangabad	66	22	66.67
Indore	108	67	37.96
Jabalpur	76	21	72.37
Jhabua	52	34	34.62
Katni	60	20	66.67
Khandwa	56	22	60.71
Khargone	109	21	80.73
Mandla	41	24	41.46
Mandsaur	36	17	52.78
Morena	77	51	33.73

District	Sanctioned post of Doctor	Working Doctor	Shortage in per cent
Narsinghpur	78	30	61.54
Neemuch	53	12	77.36
Panna	65	16	75.38
Raisen	26	10	61.54
Rajgarh	67	28	58.21
Ratlam	101	50	50.5
Rewa	125	54	56.8
Sagar	102	19	81.37
Satna	106	73	31.13
Sehore	65	34	47.69
Seoni	85	23	72.94
Shahdol	79	22	72.15
Shajapur	53	15	71.7
Sheopur	40	23	42.50
Shivpuri	67	33	50.75
Sidhi	77	27	64.94
Singrauli	54	12	77.78
Tikamgarh	128	73	42.97
Ujjain	69	35	49.28
Umaria	56	14	75
Vidisha	40	22	45.00
Total	3664	1617	

Appendix-2.4

(Reference: Paragraph No.2.2.3 (ii)(a), Page No. 17)

Availability of Nursing staff in District Hospitals

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of district
0 to 20	37
21 to 40	11
41 to 60	2
61 to 80	1
81 to 100	0

Detail status of availability of Nursing staff in Districts

District	Sanctioned post of Nurses	Working-Nurses	Shortage in <i>per cent</i>
Agar Malwa	107	88	17.76
Alirajpur	101	62	38.61
Anuppur	152	129	15.13
Ashoknagar	75	73	2.67
Balaghat	216	187	13.43
Barwani	234	205	12.39
Betul	163	151	7.36
Bhind	189	121	35.98
Bhopal	207	170	17.87
Burhanpur	122	99	18.85
Chhatarpur	189	157	16.93
Chhindwara	203	185	8.87
Damoh	163	139	14.72
Datia	141	123	12.77
Dewas	232	184	20.69
Dhar	149	130	12.75
Dindori	99	90	9.09
Guna	223	168	24.66
Gwalior	133	133	0.00
Harda	145	92	36.55
Hoshangabad	187	150	19.79
Indore	176	176	0.00
Jabalpur	276	219	20.65
Jhabua	145	124	14.48
Katni	193	149	22.80
Khandwa	185	170	8.11
Khargone	172	156	9.30
Mandla	176	155	11.93
Mandsaur	225	204	9.33

District	Sanctioned post of Nurses	Working-Nurses	Shortage in <i>per cent</i>
Morena	299	279	6.69
Narsinghpur	139	135	2.88
Neemuch	145	92	36.55
Panna	165	108	34.55
Raisen	194	174	10.31
Rajgarh	163	51	68.71
Ratlam	243	210	13.58
Rewa	106	93	12.26
Sagar	181	181	0.00
Satna	185	176	4.86
Sehore	123	123	0.00
Seoni	204	204	0.00
Shahdol	165	139	15.76
Shajapur	145	115	20.69
Sheopur	100	89	11.00
Shivpuri	175	104	40.57
Sidhi	187	89	52.41
Singrauli	111	111	0.00
Tikamgarh	142	116	18.31
Ujjain	412	300	27.18
Umaria	119	102	14.29
Vidisha	163	151	7.36
Total	8844	7331	

Appendix-2.5

(Reference: Paragraph No.2.2.3 (ii)(b), Page No. 17)

Availability of Nursing staff in Civil Hospitals

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of district
0 to 20	20
21 to 40	10
41 to 60	3
61 to 80	3
81 to 100	0

Detail status of availability of Nursing staff in Civil Hospitals of Districts

District	Sanctioned Nurses	Working Nurses	Shortage in <i>per cent</i>
Agar Malwa	31	18	41.94
Ashoknagar	36	27	25.00
Balaghat	57	57	0.00
Barwani	72	41	43.06
Bhind	15	9	40.00
Bhopal	92	92	0.00
Chhindwara	73	64	12.33
Damoh	26	20	23.08
Datia	10	7	30.00
Dewas	27	23	14.81
Guna	24	15	37.50
Gwalior	70	52	25.71
Hoshangabad	110	86	21.82
Indore	27	26	3.70
Jabalpur	88	88	0.00
Jhabua	66	25	62.12
Katni	10	10	0.00
Khandwa	6	6	0.00
Khargone	36	36	0.00
Mandla	26	26	0.00
Mandsaur	36	30	16.66
Morena	48	56	-16.67
Narsinghpur	52	26	50.00
Neemuch	23	15	34.78
Raisen	73	60	17.81
Rajgarh	80	72	10.00
Ratlam	35	35	0.00
Rewa	69	27	60.87
Sagar	55	15	72.73

District	Sanctioned Nurses	Working Nurses	Shortage in <i>per cent</i>
Satna	72	67	6.94
Sehore	50	36	28.00
Seoni	55	55	0.00
Shahdol	20	16	20.00
Shajapur	36	32	11.11
Ujjain	114	78	31.58
Vidisha	35	32	8.57
Total	1755	1380	

Appendix-2.6

(Reference: Paragraph No.2.2.3 (ii)(c), Page No. 17)

Availability of Nursing staff in CHCs, PHCs and SHCs in the Districts

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of district
0 to 20	39
21 to 40	10
41 to 60	2
61 to 80	0
81 to 100	0

Detail status of availability of Nursing staff in CHCs, PHCs and SHCs of Districts

District	Sanctioned strength	Person in position	Shortage in <i>per cent</i>
Agar Malwa	13	13	0
Alirajpur	588	486	17
Anuppur	375	306	18
Ashoknagar	23	22	4
Balaghat	569	894	0
Barwani	224	183	18
Betul	543	523	4
Bhind	66	46	30
Bhopal	21	36	0
Burhanpur	292	270	8
Chhatarpur	115	115	0
Chhindwara	726	477	34
Damoh	88	82	7
Datia	39	34	13
Dewas	61	67	0
Dhar	72	69	4
Dindori	62	60	3
Guna	47	58	0
Gwalior	45	22	51
Harda	121	77	36
Hoshangabad	401	289	28
Indore	116	70	40
Jabalpur	455	435	4
Jhabua	340	275	19
Katni	54	42	22
Khandwa	72	72	0
Khargone	118	104	12
Mandla	103	87	16

District	Sanctioned strength	Person in position	Shortage in per cent
Mandsaur	434	396	9
Morena	408	383	6
Narsinghpur	399	336	16
Neemuch	37	37	0
Panna	362	211	42
Raisen	28	27	4
Rajgarh	284	252	11
Ratlam	317	246	22
Rewa	130	105	19
Sagar	94	83	12
Satna	102	90	12
Sehore	68	68	0
Seoni	389	327	16
Shahdol	73	68	7
Shajapur	168	164	2
Sheopur	30	23	23
Shivpuri	32	27	16
Sidhi	66	64	3
Singrauli	58	58	0
Tikamgarh	147	117	20
Ujjain	51	52	0
Umaria	417	304	27
Vidisha	258	166	36
Total	10101	8818	

Appendix-2.7

(Reference: Paragraph No.2.2.3 (iii)(a), Page No. 17)

Availability of Paramedical Staff in District Hospitals

Shortage in Range

Range of shortage of manpower in <i>per cent</i>	Number of districts
0 to 20	10
21 to 40	17
41 to 60	19
61 to 80	5
81 to 100	0

Detail status of availability of Paramedical Staffs in District Hospitals of Districts

District	Sanctioned-Paramedics	Working-Paramedics	Shortage in <i>per cent</i>
Agar Malwa	41	8	80.49
Alirajpur	22	11	50.00
Anuppur	26	13	50.00
Ashoknagar	16	11	31.25
Balaghat	60	32	46.67
Barwani	111	86	22.52
Betul	37	28	24.32
Bhind	39	27	30.77
Bhopal	50	41	18.00
Burhanpur	28	18	35.71
Chhatarpur	75	35	53.33
Chhindwara	222	93	58.11
Damoh	50	21	58.00
Datia	55	44	20.00
Dewas	29	20	31.03
Dhar	163	61	62.58
Dindori	17	8	52.94
Guna	59	26	55.93
Gwalior	37	29	21.62
Harda	68	19	72.06
Hoshangabad	102	43	57.84
Indore	83	75	9.64
Jabalpur	57	43	24.56
Jhabua	27	30	-11.11
Katni	46	31	32.61
Khandwa	60	31	48.33
Khargone	63	31	50.79
Mandla	39	18	53.85

District	Sanctioned-Paramedics	Working-Paramedics	Shortage in per cent
Mandsaur	155	61	60.65
Morena	49	44	10.20
Narsinghpur	46	30	34.78
Neemuch	39	20	48.72
Panna	13	10	23.08
Raisen	49	32	34.69
Rajgarh	45	25	44.44
Ratlam	25	22	12.00
Rewa	36	26	27.78
Sagar	117	60	48.72
Satna	20	17	15.00
Sehore	28	28	0.00
Seoni	67	33	50.75
Shahdol	32	21	34.38
Shajapur	34	20	41.18
Sheopur	32	10	68.75
Shivpuri	15	11	26.67
Sidhi	46	24	47.83
Singrauli	30	22	26.67
Tikamgarh	36	30	16.67
Ujjain	160	99	38.13
Umaria	14	14	0.00
Vidisha	132	70	46.97
Total	2902	1662	

Appendix-2.8

(Reference: Paragraph No.2.2.3 (iii)(b), Page No. 17)

Availability of Paramedical Staff in Civil Hospitals

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of district
0 to 20	2
21 to 40	17
41 to 60	12
61 to 80	3

Detail status of availability of Paramedical Staffs in Civil Hospitals of Districts

District	Sanctioned paramedical staff	working Paramedical staff	Shortage in <i>per cent</i>
Agar Malwa	28	15	46.43
Ashoknagar	17	13	23.53
Balaghat	77	61	20.78
Bhind	5	3	40.00
Bhopal	61	45	26.23
Chhindwara	27	21	22.22
Damoh	11	8	27.27
Datia	15	11	26.67
Dewas	14	13	7.14
Guna	14	7	50.00
Gwalior	127	87	31.50
Hoshangabad	75	32	57.33
Indore	14	9	35.71
Jabalpur	28	12	57.14
Jhabua	30	14	53.33
Khandwa	4	1	75.00
Khargone	58	38	34.48
Mandla	19	14	26.32
Mandsaur	15	11	26.66
Morena	41	24	41.46
Narsinghpur	25	10	60.00
Neemuch	27	9	66.67
Raisen	62	47	24.19
Rajgarh	36	22	38.89
Ratlam	47	18	61.70
Rewa	40	17	57.50
Sagar	21	13	38.10
Satna	29	17	41.38
Sehore	14	11	21.43

District	Sanctioned paramedical staff	working Paramedical staff	Shortage in <i>per cent</i>
Seoni	92	67	27.17
Shahdol	33	14	57.58
Shajapur	11	5	54.55
Ujjain	50	29	42.00
Vidisha	18	15	16.67
Total	1185	733	

Appendix-2.9

(Reference: Paragraph No.2.2.3 (iii)(c), Page No. 17)

Availability of Paramedical Staff in CHCs, PHCs and SHCs

Shortage in Range

Range of shortage of manpower in <i>Per cent</i>	Number of districts
0 to 20	8
21to 40	13
41to 60	24
61 to 80	4

Detail status of availability of Paramedical Staffs in CHCs, PHCs and SHCs of Districts

District	Sanctioned Strength	Person in Position	Shortage in <i>per cent</i>
Agar Malwa	44	15	66
Alirajpur	56	27	52
Ashoknagar	36	18	50
Balaghat	275	254	8
Barwani	111	106	5
Betul	58	30	48
Bhind	58	24	59
Bhopal	40	52	0
Burhanpur	244	169	31
Chhatarpur	208	146	30
Chhindwara	152	88	42
Damoh	63	51	19
Datia	93	46	51
Dewas	65	65	0
Dhar	133	80	40
Dindori	85	54	36
Guna	44	52	0
Gwalior	284	145	49
Harda	26	11	58
Hoshangabad	263	126	52
Indore	116	55	53
Jabalpur	99	72	27
Jhabua	42	26	38
Khandwa	155	83	46
Khargone	549	335	39
Mandla	148	84	43
Mandsaur	35	26	26
Morena	97	72	26

District	Sanctioned Strength	Person in Position	Shortage in <i>per cent</i>
Narsinghpur	98	42	57
Neemuch	125	52	58
Panna	90	49	46
Raisen	49	42	14
Rajgarh	55	26	53
Ratlam	230	88	62
Rewa	163	84	48
Sagar	125	69	45
Satna	158	69	56
Sehore	80	58	28
Seoni	220	139	37
Shahdol	181	110	39
Shajapur	38	18	53
Sheopur	88	49	44
Shivpuri	374	145	61
Sidhi	99	33	67
Singrauli	85	85	0
Tikamgarh	69	39	43
Ujjain	77	60	22
Umaria	62	34	45
Vidisha	63	28	56
Total	6108	3631	

Appendix-2.10

(Reference: Paragraph No. 2.3.1, Page No. 17)

Human resource availability against sanctioned strength

Information of Human Resource of Medical Colleges															
Sl. No.	Name of District	Name of Medical College	Specialist/Doctors			Nursing Staff			Paramedics Staff			Other Staff			Remark
			Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacancy %)	Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacanc y %)	Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacancy %)	Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacancy %)	
1	Bhopal	Gandhi Medical College Bhopal	333	300	33 (10%)	1370	1175	195 (14%)	448	301	147 (33%)	1631	1462	169 (10%)	Old Medical College
2	Gwalior	Gajra Raja Medical College Gwalior	377	228	149 (40%)	968	727	241 (25%)	411	219	192 (47%)	1035	532	503 (49%)	Old Medical College
3	Indore	Mahatma Gandhi Medical College Indore	521	321	200 (38%)	1834	1396	438 (24%)	470	292	178 (38%)	949	664	285 (30%)	Old Medical College
4	Jabalpur	Netaji Subhash Chandra Bose Medical College Jabalpur	476	301	175 (37%)	1043	922	121 (12%)	481	278	203 (42%)	232	125	107 (46%)	Old Medical College
5	Rewa	Shyama Shah Medical College Rewa	324	198	126 (39%)	946	754	192 (20%)	242	155	87 (36%)	581	203	378 (65%)	Old Medical College
6	Sagar	Bundelkhand Medical College Sagar	141	97	44 (31%)	390	214	176 (45%)	190	79	111 (58%)	319	115	204 (64%)	Old Medical College
7	Chhindwara	Chhindwara Institute of Medical Science Chhindwara	151	61	90 (60%)	288	14	274 (95%)	146	68	78 (53%)	80	25	55 (69%)	New Medical College

Information of Human Resource of Medical Colleges															
Sl. No.	Name of District	Name of Medical College	Specialist/Doctors			Nursing Staff			Paramedics Staff			Other Staff			Remark
			Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacancy %)	Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacanc y %)	Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacancy %)	Sanctio ned Post	Workin g Strengt h	Vacant Post (Vacancy %)	
8	Datia	Govt. Medical College Datia	108	59	49 (45%)	249	144	105 (42%)	154	0	154 (100%)	61	19	42 (69%)	New Medical College
9	Khandwa	Govt. Medical College Khandwa	158	57	101 (64%)	290	46	244 (84%)	162	64	98 (60%)	59	32	27 (46%)	New Medical College
10	Ratlam	Govt. Medical College Ratlam	136	92	44 (32%)	457	329	128 (28%)	174	100	74 (43%)	77	64	13 (17%)	New Medical College
11	Shahdol	Govt. Medical College Shahdol	158	74	84 (53%)	290	209	81 (28%)	162	98	64 (40%)	60	28	32 (53%)	New Medical College
12	Shivpuri	Govt. Medical College Shivpuri	129	64	65 (50%)	346	284	62 (18%)	147	127	20 (14%)	73	50	23 (32%)	New Medical College
13	Vidisha	Govt. Medical College Vidisha	136	83	53 (39%)	457	298	159 (35%)	174	130	44 (25%)	77	29	48 (62%)	New Medical College
		Total	3148	1935	1213 (39%)	8928	6512	2416 (27%)	3361	1911	1450 (43%)	5234	3348	1886 (36%)	

Appendix- 2.11

(Reference: Paragraph No.2.4.1, Page No. 20)

Availability of Ayush Doctors, Nurses and Paramedics in ATHs

District	Name of Hospital attached with Ayush college	Number of Beds	Sanctioned Strength			Person-in-position			Shortage (in per cent)		
			Doctors/ Special list	Nurses	Paramedics	Doctors/ Special list	Nurses	Paramedics	Doctors	Nurses	Paramedics
Indore	Govt. Ashtang Ayurved College Indore	60	29	11	24	18	5	21	37.93	54.55	12.50
Burhanpur	Pt. Shivnath Shastri Govt. Autonomous Ayurved College & Hospital	100	26	12	8	13	3	5	50.00	75.00	37.50
Gwalior	Government Ayurved College & Hospital	100	34	22	10	29	4	46	14.71	81.82	0.00
Rewa	GOVT.AYU.COLLEGE & HOSPITAL REWA	100	31	22	51	18	6	23	41.94	72.73	54.90
Ujjain	Govt. Dhanwantari Ayurved College & Hospital	100	31	9	37	22	9	40	29.03	0.00	0.00
Jabalpur	Govt. Auto. Ayurveda College & Hospital Jabalpur	100	24	8	6	21	8	6	12.50	0.00	0.00
Bhopal	Pt. Khushilal sharma Govt. Ayurved Institute Bhopal	150	32	32	170	24	21	58	25.00	34.38	65.88
Bhopal	HSZH Govt. Unani Medical College & Hospital, Bhopal	100	47	19	60	31	6	31	34.04	68.42	50.00
Bhopal	Govt. Hoemeopathic Hospital attached with College, Bhopal	50	54	14	46	27	14	32	50.00	0.00	30.43
	Total	860	308	149	412	203	76	261	34.09	48.99	36.65

Appendix-2.12

(Reference: Para No. 2.4.2, Page No. 20)

Availability of Ayush Doctors, Nurses and Paramedics in DAHs

Sl. No.	District	SS Doctors	SS Nurses	SS Paramedics	PIP Doctors	PIP Nurses	PIP Paramedics	Shortage doctors (%)	Shortage Nurses (%)	Shortage Paramedics (%)
1	Balaghat	5	4	3	2	0	3	60.00	100.00	0.00
2	Betul	4	4	3	2	0	1	50.00	100.00	66.67
3	Bhopal	4	3	3	4	0	3	0.00	100.00	0.00
4	Chhatarpur	4	4	3	3	0	2	25.00	100.00	33.33
5	Chhindwara ¹	5	4	2	0	1	2	100.00	75.00	0.00
6	Damoh	4	4	3	3	0	1	25.00	100.00	66.67
7	Dhar ²	6	6	6	5	0	6	16.67	100.00	0.00
8	Hoshangabad	4	3	3	4	0	2	0.00	100.00	33.33
9	Indore	5	4	9	10	4	10	0.00	0.00	0.00
10	Jhabua	4	4	3	4	3	2	0.00	25.00	33.33
11	Khargone	4	4	3	4	4	3	0.00	0.00	0.00
12	Mandla	1	4	3	1	0	3	0.00	100.00	0.00
13	Mandsaur	3	4	3	3	1	1	0.00	75.00	66.67
14	Morena	6	2	8	6	0	8	0.00	100.00	0.00
15	Ratlam	4	2	8	3	0	8	25.00	100.00	0.00
16	Sagar	4	4	3	4	0	4	0.00	100.00	0.00
17	Satna	4	3	4	3	1	3	25.00	66.67	25.00
18	Seoni	3	4	3	0	0	3	100.00	100.00	0.00
19	Shahdol	3	4	5	2	1	4	33.33	75.00	20.00
20	Shivpuri	4	4	3	1	0	1	75.00	100.00	66.67
21	Sidhi	3	3	3	0	0	3	100.00	100.00	0.00
	Total	84	79	88	64	17	74	23.81	78.48	15.91

¹ Two District Ayush Hospital in Chindwara one Ayurvedic and One Homeopathic)² Two District Ayush Hospital in Dhar one Ayurvedic and One Homeopathic)

Appendix- 2.13

(Reference: Para No.2.4.3, Page No. 21)

Availability of Ayush Doctors and Paramedics in Ayush Dispensaries

Sl. No.	District	No of Dispensaries	SS Doctors	SS Paramedics	PIP Doctors	PIP Paramedics	Shortage doctors (%)	Shortage Paramedics (%)
1	Agar malwa	12	12	23	7	11	41.67	52.17
2	Alirajpur	25	25	70	22	48	12.00	31.43
3	Anuppur	14	14	37	9	33	35.71	10.81
4	Ashoknagar	17	17	48	8	30	52.94	37.50
5	Badwani	26	26	26	26	26	0.00	0.00
6	Balaghat	57	58	82	25	100	56.90	-21.95
7	Betul	49	61	139	33	83	45.90	40.29
8	Bhind	58	57	161	20	127	64.91	21.12
9	Bhopal	25	32	74	27	62	15.63	16.22
10	Burhanpur	12	12	30	5	13	58.33	56.67
11	Chhatarpur	32	32	95	9	69	71.88	27.37
12	Chhindwara	74	75	74	35	63	53.33	14.86
13	Damoh	41	41	118	17	89	58.54	24.58
14	Datia	22	28	60	14	53	50.00	11.67
15	Dewas	37	37	107	25	83	32.43	22.43
16	Dhar	49	49	49	47	43	4.08	12.24
17	Dindori	11	21	13	11	18	47.62	-38.46
18	Guna	24	24	68	7	35	70.83	48.53
19	Gwalior	33	33	91	28	87	15.15	4.40
20	Harda	17	17	40	10	23	41.18	42.50
21	Hoshangabad	41	42	95	23	59	45.24	37.89
22	Indore	25	27	74	28	58	-3.70	21.62
23	Jabalpur	41	54	91	41	85	24.07	6.59
24	Jhabua	32	37	58	19	47	48.65	18.97
25	Katni	36	36	85	10	40	72.22	52.94
26	Khandwa	25	38	69	20	37	47.37	46.38
27	Khargone	35	35	35	33	34	5.71	2.86
28	Mandla	30	30	30	17	30	43.33	0.00
29	Mandsaur	39	39	78	9	46	76.92	41.03
30	Morena	39	39	111	13	98	66.67	11.71
31	Narsinghpur	67	68	93	14	78	79.41	16.13
32	Neemuch	27	30	77	10	37	66.67	51.95
33	Panna	21	21	62	5	50	76.19	19.35
34	Raisen	31	36	93	15	65	58.33	30.11

Sl. No.	District	No of Dispensaries	SS Doctors	SS Paramedics	PIP Doctors	PIP Paramedics	Shortage doctors (%)	Shortage Paramedics (%)
35	Rajgarh	44	45	45	6	19	86.67	57.78
36	Ratlam	31	35	100	10	51	71.43	49.00
37	Rewa	66	90	131	26	116	71.11	11.45
38	Sagar	59	57	158	33	110	42.11	30.38
39	Satna	62	62	181	18	130	70.97	28.18
40	Sehore	37	37	100	20	48	45.95	52.00
41	Seoni	48	44	143	15	138	65.91	3.50
42	Shahdol	31	37	78	12	53	67.57	32.05
43	Shajapur	27	27	78	11	43	59.26	44.87
44	Sheopur	19	20	53	5	30	75.00	43.40
45	Shivpuri	38	39	113	7	85	82.05	24.78
46	Sidhi	57	57	61	7	29	87.72	52.46
47	Singrauli	14	14	39	3	18	78.57	53.85
48	Tikamgarh	35	35	35	14	34	60.00	2.86
49	Ujjain	34	35	98	20	59	42.86	39.80
50	Umaria	11	11	11	4	10	63.64	9.09
51	Vidisha	36	52	110	33	63	36.54	42.73
	Total	1773	1900	3990	886	2896	53.37	27.41

Appendix-2.14

(Reference: Paragraph No.2.7.2, Page No. 28)

Shortage of Nurses in Special New Born Care Unit

Month		Barwani	Bhopal	Chhatarpur	Dhar	Gwalior	Harda	Jabalpur	Mandla	Rewa	Ujjain
May 2017	No. of Admitted Neonates	827	834	1328	1018	366	102	Data not available	441	413	1092
	Total number of nursed deployed in the month in three shifts	372	356	403	405	352	390		343	93	554
	Average no. of nurses deployed per shift	124	119	134	135	117	130		114	31	185
	Nurse baby ratio	1:7	1:7	1:10	1:8	1:3	1:1	Data of nurses not available	1:4	1:13	1:6
August 2018	No. of Admitted Neonates	815	1047	1413	1273	498	87	1074	698	424	1033
	Total number of nursed deployed in the month in three shifts	515	376	434	413	364	400	682	336	116	461
	Average no. of nurses deployed per shift	172	125	145	138	121	133	227	112	39	154
	Nurse baby ratio	1:5	1:8	1:10	1:9	1:4	1:1	1:5	1:6	1:11	1:7
November 2019	No. of Admitted Neonates	1158	840	1106	1425	1255	102	844	489	326	794
	Total number of nursed deployed in the month in three shifts	449	289	358	317	376	356	477	300	75	471
	Average no. of nurses deployed per shift	150	96	119	106	125	119	159	100	25	157
	Nurse baby ratio	1:8	1:9	1:9	1:13	1:10	1:1	1:5	1:5	1:13	1:5
February 2021	No. of Admitted Neonates	747	554	1256	705	789	33	629	354	286	511
	Total number of nursed	422	371	393	407	409	336	587	290	79	471

Month		Barwani	Bhopal	Chhatarpur	Dhar	Gwalior	Harda	Jabalpur	Mandla	Rewa	Ujjain
	deployed in the month in three shifts										
	Average no. of nurses deployed per shift	141	124	131	136	136	112	196	97	26	157
	Nurse baby ratio	1:5	1:4	1:10	1:5	1:6	3:1	1:3	1:4	1:11	1:3
May 2021	No. of Admitted Neonates	742	632	1043	736	767	71	587	517	242	597
	Total number of nursed deployed in the month in three shifts	879	312	359	378	440	333	484	354	155	466
	Average no. of nurses deployed per shift	160	104	120	126	147	111	161	118	52	155
	Nurse baby ratio	1:5	1:6	1:9	1:6	1:5	1:1	1:3	1:4	1:5	1:4

Appendix-2.15

(Reference: Paragraph No. 2.7.4, Page No. 29)

Status of shortage of human resource in maternity wing of DHs

Sl. No.	Name of District Hospital	Total number of deliveries in the year	Average per month	HR required to be posted in Maternity Wing	Actual Person in position	Shortage	Shortage in per cent
1	Agar Malwa	3632	303	59	32	27	46
2	Alirajpur	2087	174	29	19	10	34
3	Anuppur	2346	195	29	22	7	24
4	Ashok Nagar	5157	430	59	35	24	41
5	Balaghat	7462	622	67	49	18	27
6	Barwani	5802	484	59	55	4	7
7	Betul	5887	491	59	41	18	31
8	Bhind	7744	645	67	35	32	48
9	Bhopal	5166	431	59	36	23	39
10	Burhanpur	6126	510	67	34	33	49
11	Chhatarpur	8420	702	67	31	36	54
12	Chhindwara	9915	826	67	66	1	1
13	Damoh	8604	717	67	41	26	39
14	Datia	4022	335	59	54	5	8
15	Dewas	8275	689	67	44	23	34
16	Dhar	6721	560	67	38	29	43
17	Dindori	1661	139	29	17	12	41
18	Guna	6300	525	67	33	34	51
19	Gwalior	6129	511	67	31	31	46
20	Harda	3648	304	59	36	36	61
21	Jabalpur	9123	760	67	35	32	48
22	Katni	4309	359	59	48	11	19
23	Khandwa	9263	772	67	48	19	28
24	Indore	758	63	29	20	9	31
25	Jhabua	1122	94	29	25	4	14
26	Khargone	8654	721	67	37	30	45
27	Mandla	3677	306	59	33	33	56
28	Mandsaur	5772	481	59	48	11	19
29	Morena	9534	795	67	41	26	39
30	Narmadapuram	4887	407	59	48	11	19
31	Narsinghpur	5198	434	59	45	14	24
32	Neemuch	4045	337	59	39	20	34
33	Panna	2874	240	59	34	25	42
34	Raisen	3804	317	59	36	23	39
35	Rajgarh	4492	374	59	36	23	39

Sl. No.	Name of District Hospital	Total number of deliveries in the year	Average per month	HR required to be posted in Maternity Wing	Actual Person in position	Shortage	Shortage in per cent
36	Ratlam	8547	712	67	46	21	31
37	Rewa	2951	246	59		<i>Record not maintained</i>	
38	Sagar	4472	373	59	39	20	34
39	Satna	9695	808	67	45	22	33
40	Sehore	6151	513	67	46	21	31
41	Seoni	6528	544	67	38	29	43
42	Shahdol	5565	464	59	42	17	29
43	Shajapur	5521	468	59	34	25	42
44	Sheopur	3680	307	59	37	22	37
45	Shivpuri	8458	705	67	41	26	39
46	Sidhi	4055	338	59	29	30	51
47	Singrauli	4328	361	59	32	27	46
48	Tikamgarh	7693	641	67	50	17	25
49	Ujjain	5104	425	59	32	27	46
50	Umariya	2170	181	29	19	10	34
51	Vidisha	6955	580	67	47	20	30

Upto 10 per cent-Good	From 10 per cent to 30 per cent- Moderate	Between 30 to 50 per cent-Poor	Above 50 per cent-Very poor
------------------------------	--	---------------------------------------	------------------------------------

Appendix-2.16

(Reference: Paragraph No. 2.7.8, Page No. 32)

Non-availability of healthcare services due to lack of manpower

Non-availability of service	Name of healthcare institution
Specialist General Medicine Service	All the test checked CHs and CHCs except CHC Govindgarh and Khajuraho
General Surgery	CH Sendhwa, CHC Silawad, CHC Warla, CH Berasia, CHC Gandhinagar, CHC Ishanagar, CHC Khajuraho, CH Kukshi, CHC Badnawar, CHC Gandhwani, CHC Mohna, CHC Bhitwar, CHC Timarni, CHC Handia, CHC Panagar, CHC Majholi, CHC Bamhani, CHC Bichhiya, CH Teonthar, CHC Semariya, CHC Govindgarh, CHC Ingoria, CHC Tarana
Obstetrics and Gynaecology	CH Sendhwa, CHC Silawad, CHC Warla, CHC Gandhinagar, CHC Ishanagar, CHC Khajuraho, CHC Badnawar, CHC Gandhwani, CHC Mohna, CHC Bhitwar, CHC Timarni, CHC Handia, CHC Panagar, CHC Majholi, CH Nainpur, CHC Bamhani, CHC Bichhiya, CH Teonthar, CHC Semariya, CHC Govindgarh, CH Badnagar, CHC Ingoria, CHC Tarana
Paediatric Services	CH Sendhwa, CH Berasia, CHC Ishanagar, CHC Khajuraho, CHC Badnawar, CHC Gandhwani, CHC Mohna, CHC Bhitwar, CHC Timarni, CHC Handia, CHC Panagar, CHC Majholi, CH Nainpur, CHC Bamhani, CHC Bichhiya, CH Teonthar, CHC Semariya, CHC Govindgarh, CH Badnagar, CHC Ingoria, CHC Tarana
Ophthalmology	CHC Warla, CH Berasia, CHC Gandhwani, CHC Mohna, CHC Bhitwar, DH Harda, RDH Jabalpur, CHC Bichhiya, CHC Semariya, CH Badnagar, CHC Ingoria, CHC Tarana, DH Mandla
Ear, Nose, Throat (ENT)	DH Barwani, CH Sendhwa, CHC Silawad, CHC Warla, DH Bhopal, CH Berasia, CHC Kolar, CHC Gandhinagar, DH Chhatarpur, CHC Ishanagar, CHC Khajuraho, DH Dhar, CH Kukshi, CHC Badnawar, CHC Gandhwani, CH Hazira, CHC Mohna, DH Harda, CHC Timarni, DH Jabalpur, CHC Majholi, DH Mandla, CH Nainpur, CHC Bamhani, CHC Bichhiya, CHC Ingoria, CHC Tarana
Orthopaedic Services	DH Barwani, CH Sendhwa, CHC Silawad, CHC Warla, CH Hazira, CHC Mohna, CHC Ishanagar, CHC Khajuraho, DH Harda, CHC Timarni, CHC Handia, DH Mandla, CH Nainpur, CHC Bamhani, CHC Bichhiya, CH Badnagar, CHC Ingoria, CHC Tarana
Radiology and Imaging Services	CHC Ishanagar, CHC Bichhiya, CH Teonthar, CHC Govindgarh,
Psychiatry Services	In all the test checked healthcare institutions except DH Jabalpur
Dental Services	CHC Silawad, CHC Warla, CH Berasia, CHC Kolar, CHC Gandhinagar, CHC Ishanagar, DH Jabalpur, CHC Khajuraho, CHC Badnawar, CHC Mohna, CHC Bhitwar, CHC Timarni, CHC Handia, CHC Panagar, RDH Jabalpur, CHC Majholi, CH Nainpur, CHC Bamhani, CHC Bichhiya, CH Teonthar, CHC Semariya, CHC Govindgarh, CHC Ingoria, CHC Tarana
Physiotherapy services	In none of the test checked CHCs

Appendix- 2.17
(Reference: Para No. 2.8.1, Page No. 33)

Details of Training

Sl. No.	Training Subject	Training Target	Cadre	No. of Actual Trainees	Training Centre/ Institute	Training Year
1	Doctor's Training (posted at divisional level)	Quality of Medical	Medical Officer	93	Not Available	2017
2	Paramedical Training	Quality of medical	Paramedical	6	Not Available	2019
3	Leadership & Soft Skill Development	Skill Development	1st and 2nd Class Doctors	3	RCVP Naroha Academy of Administration and Management Bhopal	2021-22
4	Conduct Rules and Department Enquiry	Skill Development	Ist and 2nd Class Doctors	8	RCVP Naroha Academy of Administration and Management Bhopal	2021-22
5	Online/Offline procedure and record management file maintenance	Skill Development	Ist and 2nd Class Doctors	5	RCVP Naroha Academy of Administration and Management Bhopal	2021-22
6	Delivery Point skill lab	For Delivery Point	Medical Officer	1	J.P Hospital Bhopal	2017-18
7	Delivery Point skill lab	Maternity Wing	Nurses	5	J.P Hospital Bhopal	2017-18
8	COVID-19	Prevention to 3rd Wave of COVID-19	Officer's/ Staff	60	Gandhi Medical College Bhopal	2021-22

Appendix- 3.1

(Reference: Paragraph No.3.2.1, Page No. 37)

Status of OPD services in DHs

Sl. No.	Name of OPD service	Number of district where service is available	Name of District Hospital where service is not available	Number of districts where service is not available	Percentage of unavailability
1	General Medicine	51	-	0	0
2	General Surgery	50	Indore,	1	1.96
3	Obstetrics and Gynaecology	51	-	0	0
4	Paediatrics	51	-	0	0
5	Emergency	51	-	0	0
6	ICTC	39	Barwani, Damoh, Datia, Guna, Gwalior, Harda, Indore, Jhabua, Ratlam, Sehore, Sheopur, Sidhi,	12	23.53
7	Ophthalmic Services	48	Barwani, Indore, Umaria,	3	5.88
8	ENT	44	Alirajpur, Anuppur, Burhanpur, Narsinghpur, Neemuch, Umaria, Mandla	7	13.73
9	Orthopaedic	50	Indore,	1	1.96
10	Radiology and Imaging	48	Agar Malwa, Dewas, Tikamgarh	3	5.88
11	Psychiatry	44	Anuppur, Burhanpur, Harda, Panna, Sidhi, Tikamgarh, Mandla	7	13.73
12	Dental Care	51	-	0	0
13	DOT	37	Ashoknagar, Barwani, Chhatarpur, Harda, Panna, Rajgarh, Ratlam, Rewa, Sehore, Seoni, Sheopur, Shivpuri, Taikamgarh, Umaria	14	27.45
14	Ayush	26	Agar Malwa, Ashoknagar, Barwani, Burhanpur, Damoh, Dewas, Dhar, Dindori, Gwalior, Harda,	25	49.02

Sl. No.	Name of OPD service	Number of district where service is available	Name of District Hospital where service is not available	Number of districts where service is not available	Percentage of unavailability
			Hoshangabad, Khargone, Neemuch, Panna, Raisen, Rewa, Sagar, Sehore, Seoni, Shajapur, Sheopur, Sidhi, Singrauli, Umaria, Mandla		

Appendix- 3.2

(Reference: Paragraph No. 3.2.2, Page No. 38)

Availability of OPD services in test checked CHs

Name of OPD Service	Name of Civil Hospital								Available in number of CH
	Badnagar, Ujjain	Berasia, Bhopal	Sendhwa, Badwani	Kukshi, Dhar	Hazira, Gwalior	Rani Durga wati Hospital, Jabalpur	Teonthar, Rewa	Nainpur, Mandla	
General Medicine	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	7
General Surgery	Yes	Yes	No	Yes	Yes	No	No	No	4
Obstetrics and Gynaecology	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	7
Paediatrics	No	Yes	No	Yes	No	Yes	No	Yes	4
Emergency	Yes	Yes	No	Yes	Yes	No	No	Yes	5
Ophthalmic	No	Yes	No	Yes	Yes	No	No	Yes	4
ENT	No	No	No	No	Yes	No	No	No	1
Orthopaedics	Yes	No	No	Yes	Yes	No	No	No	3
Radiology and Imaging	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Dental	Yes	No	Yes	Yes	Yes	No	No	Yes	5
DOT- Directly Observed Therapy	Yes	Yes	No	Yes	No	No	No	Yes	4
AYUSH	Yes	Yes	No	Yes	No	No	No	Yes	4
Total (Yes)	9	9	4	11	9	3	2	9	

Appendix-3.3

(Reference: Paragraph No.3.2.3, Page No. 39)

Availability of OPD services in test checked CHCs

Name of CHCs	Name of OPD service and its availability in CHCs						Available in number of CHC
	General Medicine	General Surgery	Obs. and Gynaecology	Paediatrics	Dental	AYUSH	
Tarana, Ujjain	Yes	No	Yes	No	No	No	2
Ingoriya, Ujjain	Yes	No	Yes	No	No	Yes	3
Warla, Barwani	Yes	No	Yes	No	No	No	2
Silawad, Barwani	Yes	No	Yes	No	No	No	2
Gandhinagar	Yes	Yes	Yes	No	No	No	3
Kolar	Yes	Yes	Yes	No	No	Yes	4
Handia	Yes	No	Yes	Yes	No	Yes	4
Timarni	Yes	No	Yes	Yes	Yes	Yes	5
Ishanagar	Yes	No	Yes	Yes	No	No	3
Khajuraho	Yes	No	No	No	No	No	1
Badnawar, Dhar	Yes	Yes	Yes	No	No	Yes	4
Gandhwani, Dhar	Yes	No	No	No	No	No	1
Bhitarwar, Gwalior	Yes	Yes	Yes	Yes	Yes	Yes	6
Mohna, Gwalior	Yes	Yes	Yes	No	No	Yes	4
Panagar, Jabalpur	Yes	No	Yes	No	No	No	2
Majholi, Jabalpur	Yes	Yes	No	No	No	Yes	3
Bichhiya, Mandla	Yes	No	No	No	No	No	1
Bamhani	Yes	No	Yes	No	No	Yes	3
Govindgarh, Rewa	Yes	No	Yes	No	No	No	2
Semariya, Rewa	Yes	No	Yes	No	No	Yes	3
Total (Yes)	20	6	16	4	2	10	

Appendix- 3.4 (A)

(Reference: Paragraph No. 3.3.2, Page No. 42)

Status of unavailability of IPD services in test checked CHs

Name of CHs	Male Medical Ward	Female Medical Ward	Male Surgical Ward	Female Surgical Ward	Maternity	Paediatrics
Sendhwa, Barwani	Yes	Yes	No	Yes	Yes	No
Berasia, Bhopal	Yes	Yes	No	Yes	Yes	No
Kukshi, Dhar	Yes	Yes	No	No	Yes	No
Hazira, Gwalior	Yes	Yes	No	No	Yes	Yes
Nainpur, Mandla	Yes	Yes	No	No	Yes	Yes
Teonthar, Rewa	No	No	No	No	No	No
Badnagar, Ujjain	Yes	Yes	Yes	Yes	Yes	No
Total (Yes)	6	6	1	3	6	2

Appendix- 3.4 (B)

(Reference: Paragraph No. 3.3.3, Page No. 43)

Status of unavailability of IPD services in test checked CHCs

Name of CHCs	Male Medical Ward	Female Medical Ward	Male Surgical Ward	Female Surgical Ward	Maternity	Paediatrics
Tarana, Ujjain	Yes	Yes	No	No	Yes	No
Ingoriya, Ujjain	No	No	No	No	Yes	No
Warla, Badwani	Yes	Yes	No	No	Yes	No
Silawad, Badwani	Yes	Yes	No	No	Yes	No
Panagar, Jabalpur	Yes	Yes	No	No	Yes	No
Majholi, Jabalpur	Yes	Yes	No	No	No	No
Gandhinagar, Bhopal	Yes	Yes	No	No	Yes	No
Kolar, Bhopal	Yes	No	No	Yes	Yes	No
Ishanagar, Chhatarpur	No	No	No	No	Yes	No
Khajuraho, Chhatarpur	No	No	No	No	No	No
Bhitarwar, Gwalior	Yes	Yes	Yes	Yes	Yes	Yes
Mohna, Gwalior	Yes	Yes	No	No	Yes	No
Bichhiya, Mandla	Yes	Yes	No	No	No	No
Bamhani, Mandla	Yes	Yes	No	No	Yes	No
Govindgarh, Rewa	Yes	Yes	No	No	No	No
Semariya, Rewa	Yes	Yes	No	No	Yes	No
Handia, Harda	Yes	Yes	No	No	Yes	Yes
Timarni Harda	Yes	Yes	Yes	Yes	Yes	No
Gandhwai, Dhar	Yes	Yes	No	No	No	Yes
Badnawar, Dhar	Yes	Yes	Yes	Yes	Yes	Yes
Total (Yes)	17	16	3	4	15	4

Appendix-3.5

(Reference: Paragraph No.3.4.2, Page No. 45)

Status of Surgical Procedures

Name of surgical procedure	Name of DHs where surgical procedure is available	Name of DHs where surgical procedure is not available
Tracheotomy	Harda ,Chhatarpur,(2)	Badwani, Bhopal, Dhar, Gwalior, Jabalpur, Mandla, Rewa and Ujjan (8)
Hydrocele	Badwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Mandla, Rewa and Ujjan (10)	
Plaster Cast	Badwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Mandla, Rewa and Ujjan (10)	
Appendicitis	Badwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Rewa and Ujjan (9)	Mandla (1)
Fistula	Badwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Rewa and Ujjan (9)	Mandla (1)
Foreign body removal	Badwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Rewa and Ujjan (9)	Mandla (1)
Fracture reduction	Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Mandla, Rewa and Ujjan (9)	Badwani (1)
Haemorrhoids	Badwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Rewa and Ujjan (9)	Mandla (1)
Hernia	Badwani, Bhopal, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Rewa and Ujjan (9)	Mandla (1)
Intestinal obstruction	Bhopal, Chhatarpur, Dhar, Harda Jabalpur and Ujjan (6)	Badwani, Gwalior, Mandla and Rewa (4)
Nasal Packing	Badwani, Chhatarpur, Dhar, Gwalior, Harda Jabalpur, Rewa and Ujjan (8)	Bhopal and Mandla (2)
Haemorrhage	Badwani, Chhatarpur, Dhar, Gwalior, Harda and Jabalpur (6)	Bhopal, Mandla, Rewa and Ujjan (4)

Appendix-3.6

(Reference: Paragraph No. 3.6.3, Page No.52)

Status of unavailability of Emergency Units/Services in District Hospital

Particulars	Total Number of DHs where services were not available	Name of DHs where services were not available
Emergency medical treatment unit	2	Khargone, Narsinghpur
Four beds in emergency treatment unit to handling post resuscitation patients.	18	Ashoknagar, Barwani, Betul, Burhanpur, Chhatarpur, Dewas, Dhar, Guna, Hosangabad, Indore, Khandwa, Khargone, Neemuch, Sehore, Seoni, Shahdol, Sidhi, umaria
Separate resuscitation unit in the hospital and availability of all the required equipment.	20	Agar malwa, Ashoknagar, Barwani, Betul, Burhanpur, Chhindwara, Datia, Dewas, Dhar, Guna, Gwalior, Hosangabad, Indore, Khandwa, Khargone, Mandla, Mandsaur, Sehore, Seoni, Sidhi
Advance life support ambulance in emergency to transport the refer-out patient in higher centre.	16	Agar malwa, Ashoknagar, Burhanpur, Chhindwara, Dewas, Dindori, Gwalior, Khandwa, Mandla, Mandsaur, Morena, Panna, Raisen, Sehore, Sheopur, Tikamgarh
Duty roster of specialist, medical officer, nurses and para medical staff displayed in emergency medical treatment unit.	3	Balaghat, Khargone, Mandla
Phone number of Ambulance and higher referral centres displayed in emergency medical treatment unit and other prominent places of Hospital.	8	Ashoknagar, Balaghat, Burhanpur, Dhar, Hosangabad, Khargone, Mandla, Sehore
Red coloured glow sign board for emergency room placed in visual site.	26	Agar malwa, Ashoknagar, Balaghat, Barwani, Betul, Chhatarpur, Damoh, Dhar, Dindori, Hosangabad, Indore, Khargone, Mandla, Mandsaur, Morena, Neemuch, Narsinghpur, Panna, Rajgarh, Ratlam, Sagar, Sehore, Seoni, Shivpuri, Sidhi, Umaria

Appendix-3.7

(Reference: Paragraph No.3.8.1, Page No. 56 & Paragraph No.8.2.1, Page No. 180)

Shortage of Equipment in Blood Bank Unit

Name of District	No. of Beds	Blood Bank Available (Yes/No)	Authorisation for operating Blood Banks	Required No. of Total Equipment	Shortage of Essential Equipment	Shortage of Vital Equipment	Total Shortage	Percentage of Shortage
Agar Malwa	200	Yes	Yes	7	0	1	1	14
Alirajpur	100	Yes	No	7	0	0	0	0
Anuppur	200	Yes	No	7	0	1	1	14
Ashok Nagar	200	Yes	Yes	7	0	0	0	0
Badwani	300	Yes	No	7	0	0	0	0
Balaghat	300	Yes	Yes	7	0	0	0	0
Betul	300	Yes	Yes	7	0	0	0	0
Bhind	300	Yes	Yes	7	0	0	0	0
Bhopal	400	Yes	Yes	8	0	0	0	0
Burhanpur	200	Yes	No	7	0	0	0	0
Chhatarpur	300	Yes	No	7	0	0	0	0
Chhindwara	400	Yes	No	8	0	1	1	13
Damoh	300	Yes	Yes	7	1	1	2	29
Datia	350	Yes	Yes	8	0	1	1	13
Dewas	400	Yes	No	8	0	0	0	0
Dhar	300	Yes	No	7	0	1	1	14
Dindori	100	Yes	Yes	7	0	1	1	14
Guna	400	Yes	Yes	8	0	0	0	0
Gwalior	200	Yes	No	7	0	0	0	0
Harda	100	Yes	No	7	0	0	0	0
Hoshangabad	300	Yes	Yes	7	0	1	1	14

Name of District	No. of Beds	Blood Bank Available (Yes/No)	Authorisation for operating Blood Banks	Required No. of Total Equipment	Shortage of Essential Equipment	Shortage of Vital Equipment	Total Shortage	Percentage of Shortage
Indore	100	No	No	7	0	1	1	14
Jabalpur	500	Yes	Yes	10	0	0	0	0
Jhabua	200	Yes	Yes	7	0	1	1	14
Katni	200	Yes	No	7	0	1	1	14
Khandwa	400	Yes	Yes	8	0	0	0	0
Khargone	300	Yes	Yes	7	0	0	0	0
Mandla	300	Yes	No	7	0	0	0	0
Mandsaur	500	Yes	Yes	10	1	1	2	20
Morena	300	Yes	No	7	0	0	0	0
Narsinghpur	300	Yes	No	7	0	0	0	0
Neemuch	200	Yes	Yes	7	0	0	0	0
Panna	300	Yes	No	7	0	1	1	14
Raisen	350	Yes	No	8	0	1	1	13
Rajgarh	300	Yes	Yes	7	0	1	1	14
Ratlam	500	Yes	Yes	10	1	0	1	10
Rewa	100	Yes	Yes	7	0	0	0	0
Sagar	400	Yes	No	8	1	0	1	13
Satna	400	Yes	No	8	0	1	1	13
Sehore	200	Yes	No	7	0	0	0	0
Seoni	400	Yes	Yes	8	0	0	0	0
Shahdol	300	Yes	Yes	7	0	0	0	0
Shajapur	200	Yes	Yes	7	1	1	2	29
Sheopur	200	Yes	No	7	1	0	1	14
Shivpuri	400	Yes	Yes	8	0	2	2	25
Sidhi	300	Yes	No	7	0	0	0	0

Name of District	No. of Beds	Blood Bank Available (Yes/No)	Authorisation for operating Blood Banks	Required No. of Total Equipment	Shortage of Essential Equipment	Shortage of Vital Equipment	Total Shortage	Percentage of Shortage
Singrauli	200	Yes	Yes	7	1	1	2	29
Tikamgarh	200	Yes	Yes	7	0	0	0	0
Ujjain	700	Yes	Yes	12	1	0	1	8
Umaria	200	Yes	No	7	1	4	5	71
Vidisha	300	Yes	Yes	7	0	0	0	0

Appendix- 3.8

(Reference: Paragraph No. 3.9.1 (A), Page No. 57)

Shortage of X-ray machines in DHs of the State

Sl. No.	Type of X-Ray	Name of DH where equipment were not available	No of DH where equipment were not available	Percentage of DHs having shortage
1	100 MA	Balaghat, Dindori, Indore, Jabalpur, Mandla, Satna, Seoni, Shahdol, Sidhi, Ujjain, Alirajpur	11	21.56
2	300 MA	Damoh, Hoshangabad, Raisen, Ratlam, Sagar, Shahdol, Balaghat	7	13.73
3	500 MA	Bhind, Datia, Dewas, Jabalpur, Khargone, Mandsaur , Narsinghpur, Panna, Rajgarh, Ratlam, Shahdol, Sidhi, Barwani	13	25.49
4	60 MA	Chhatarpur, Chhindwara, Damoh, DATIA, Dewas, Guna , Jabalpur, Khargone, Morena , Rajgarh, Seoni , Shahdol, Sidhi	13	25.49
5	Colour Doppler	Anuppur, Agar malwa, Balaghat, Bhind, Chhatarpur, Datia, Dewas, Harda, Indore, Katni, Khargone, Neemuch, Panna, Ratlam, Shajapur, Sheopur, Singrauli , Tikamgarh,	18	35.29
6	Dental X-Ray	Alirajpur, Agar Malwa, Ashoknagar, Bhind, Chhatarpur, chhindwara, Datia, Dewas, Dindori, Harda, Jabalpur, Jhabua , Neemuch, Ratlam, Sagar, Singrauli , Tikamgarh, Ujjain	18	35.29

Appendix- 3.9

(Reference: Paragraph No. 3.11.1, Page No. 61)

Details of unavailability of pathological tests in DHs

	Clinical Pathology test	Biochemistry tests	Serology tests	Microbiology tests	Other five required tests	Total
Required no. of tests	22	9	13	1	5	50
Name of DH						
Agar Malwa	5	0	5	1	2	13
Alirajpur	4	0	5	1	2	12
Anuppur	2	0	6	1	2	11
Ashok Nagar	0	1	2	1	2	6
Balaghat	4	0	6	1	3	14
Betul	0	0	2	1	1	4
Bhind	2	1	4	0	3	10
Burhanpur	0	0	7	1	4	12
Chhindwara	0	0	0	1	1	2
Damoh	1	1	4	1	3	10
Datia	1	5	4	0	2	12
Dewas	0	0	0	1	0	1
Dindori	0	0	3	1	3	7
Guna	1	0	4	1	2	8
Hoshangabad	1	0	3	1	3	8
Indore	3	8	7	1	5	24
Jhabua	0	0	0	1	3	4
Katni	3	0	3	1	2	9
Khargone	1	0	3	1	1	6
Mandsaur	0	0	1	1	2	4
Morena	1	1	0	1	2	5
Narsinghpur	5	0	6	1	3	15
Neemuch	0	0	0	1	2	3
Panna	1	0	0	1	2	4
Raisen	1	1	2	0	0	4
Rajgarh	0	0	4	1	3	8
Ratlam	1	0	3	1	4	9
Sagar	1	0	1	1	0	3
Satna	0	0	3	1	3	6
Sehore	2	1	5	1	3	12
Seoni	6	1	4	1	4	16
Shahdol	0	0	0	1	0	1
Shajapur	1	0	2	1	2	6
Sheopur	1	1	2	0	2	6
Shivpuri	1	0	3	1	3	8
Sidhi	4	0	2	1	4	11
Singrauli	5	1	3	1	5	15

	Clinical Pathology test	Biochemistry tests	Serology tests	Microbiology tests	Other five required tests	Total
Umariya	0	0	0	1	3	4
Vidisha	1	0	0	0	1	2
Khandwa	0	0	0	0	0	0
Tikamgarh	0	0	0	1	0	1
Barwani	5	5	6	1	4	21
Bhopal	3	1	1	0	3	8
Chhatarpur	9	7	9	1	5	31
Dhar	3	1	5	1	4	14
Gwalior	1	0	0	0	1	2
Harda	10	2	4	1	4	21
Jabalpur	5	0	3	1	4	13
Mandla	0	0	1	1	0	2
Rewa	6	1	3	1	3	14
Ujjain	3	0	1	1	2	7

Appendix-3.10

(Reference: Paragraph No.3.11.2, Page No.62)

(A) Status of unavailability of pathological tests in CHs

Name of CH	Unavailability of pathological tests against the required 32 types of tests in sample selected months					
	May 2017	August 2018	November 2019	February 2021	May 2021	Average no. of non-availability of tests
Sendhwa, Barwani	5	5	6	6	5	5
Berasia, Bhopal	9	9	9	9	9	9
Kukshi, Dhar	3	7	7	5	5	5
Hazira, Gwalior	2	2	2	2	2	2
RDH, Jabalpur	3	3	3	3	3	3
Nainpur, Mandla	2	2	2	2	2	2
Teonthar, Rewa	18	18	18	18	18	18
Badnagar, Ujjain	14	15	15	15	15	15

(Source: Records of laboratories of sample selected CHs)

(B) Status of unavailability of pathological tests in CHCs

Name of CHC	Unavailability of pathological tests against the required 28 types of tests in selected months					
	May 2017	August 2018	November 2019	February 2021	May 2021	Average no. of non-availability of tests
Silawad, Barwani	17	17	16	11	1	12
Warla, Barwani	16	16	16	16	16	16
Gandhi Nagar, Bhopal	11	9	9	9	9	9
Kolar, Bhopal	17	17	17	17	17	17
Ishanagar, Chhatarpur	15	14	15	14	14	14
Khajuraho, Chhatarpur	6	6	6	4	4	5
Badnawar, Dhar	7	8	5	3	4	5
Gandhwani, Dhar	9	5	11	13	12	10
Mohna, Gwalior	Record not available		20	15	16	17
Bhitarwar, Gwalior	13	13	13	13	13	13
Handia, Harda	15	15	14	13	13	14
Timarni, Harda	15	11	13	11	13	13
Panagar, Jabalpur	9	19	10	11	9	12
Majholi, Jabalpur	6	6	3	4	4	5
Bichiya, Mandla	14	14	14	14	14	14
Bamhani, Mandla	1	1	1	1	1	1
Govindgarh, Rewa	8	11	14	6	12	10
Semariya, Rewa	12	12	12	10	10	11
Ingoria, Ujjain	7	7	7	7	7	7
Tarana, Ujjain	8	7	7	7	7	7

(Source: Records of laboratories of sample selected CHCs)

Appendix- 3.11

(Reference: Paragraph No.3.11.3, Page No.63)

Status of non-availability of Pathology test in Health and Wellness Centre

Name of Test	Name of HWCs where test facilities were not available	No. of HWCs where test facilities were not available
Blood Glucose (glucometer)	HWC TIKARIYA Mandla	1
Collection of sputum samples	HWC ABHALI Barwani, HWC TIKARIYA Mandla	2
Haemoglobin	HWC Tekanpur Gwalior, HWC TIKARIYA Mandla	2
Malaria smear	Dilawara Dhar, HWC BIJHAULI Rewa, HWC Bilhari Chhatarpur, HWC Gahal Harda, HWC JAITHAL Ujjain , HWC Kachbedi Harda, HWC Padlya Dhar, HWC Amda Barwani, HWC TIKARIYA Mandla	9
RDK for Dengue	Dilawara Dhar, HWC BIJHAULI Rewa, HWC AMAHA Rewa, HWC BADKHERA Jabalpur, HWC BARGI Jabalpur, HWC Bilhari Chhatarpur, HWC dhamna Chhatarpur, HWC Gahal Harda, HWC JAITHAL Ujjain, HWC Kachbedi Harda, HWC LEKODA Ujjain, HWC Padlya Dhar, HWC ABHALI Barwani, HWC Amda Barwani, HWC KHAMROTI Mandla, HWC Simariya Tal Gwalior, HWC Tekanpur Gwalior, HWC TIKARIYA Mandla	18
Sickle Cell rapid test	Dilawara Dhar, HWC BIJHAULI Rewa, HWC AMAHA Rewa, HWC Bilhari Chhatarpur, HWC dhamna Chhatarpur, HWC Gahal Harda, HWC JAITHAL Ujjain , HWC Kachbedi Harda, HWC LEKODA Ujjain, HWC Padlya Dhar, HWC ABHALI Barwani, HWC Simariya Tal Gwalior, HWC Tekanpur Gwalior, HWC TIKARIYA Mandla	14
Urine Dipstick-urine albumin and sugar	HWC TIKARIYA Mandla	1
Urine Pregnancy Rapid Test	HWC TIKARIYA Mandla	1

Appendix- 3.12

(Reference: Paragraph No. 3.12, Page No. 63)

Status of Unavailability of Dietary Services in the District Hospital

Particular	Name of District where services not available	Total number of district where services not available
Dedicated kitchen was not available.	Anuppur, Mandla	2
Commercial gas cylinders were not being used in kitchen.	Bhopal, Datia, Dewas, Dhar, Gwalior, Harda, Mandla, Narsinghpur, Sehore, Seoni , Shahdol, Ujjain	12
Diet Register was not maintained.	Harda, Mandla, Alirajpur	3
Dietician was not available.	Agar Malwa, Alirajpur, Ashok Nagar, Balaghat, Betul , Bhind, Bhopal, Chhatarpur, Chhindwara, Damoh, Datia, Dhar, Dindori, Guna, Gwalior, Harda, Hosangabad, Indore, Jhabau , Katni, Mandla, Mandsaur , Narsinghpur, Neemcuh , Panna, Raisen, Rajgarh , Ratlam, Rewa, Sagar, Sehore, Seoni , Shahdol, Shajapur, Shivpuri , Sidhi, Tikamgarh	37
Before distribution of foods to patients, it was not being checked by Food Inspector or district authorities.	Ashok Nagar, Balaghat, Barwani, Burhanpur, Chhatarpur, Dewas, Dhar, Gwalior, Hosangabad, Jhabau , khandwa, Mandla, Ratlam, Rewa, Sehore, Shivpuri , Singrauli, Tikamgarh, Ujjain, Vidisha	20
Facilities such as refrigerator, water purifier and storage room were not available.	Narsinghpur	1
Facility of serving trolley was not available.	Balaghat	1
Patients specific diet such as diabetic, semi solid and liquid were not being provided to patients.	Burhanpur, Chhatarpur, Guna, Gwalior, Jabalpur, Jhabau , Katni, Mandla, Narsinghpur, Neemcuh , Rewa, Shivpuri	12
FSSAI registration certificate were not obtained as required under food safety and standard Act 2006.	Ashok Nagar, Balaghat, Barwani, Dhar, Dindori, Gwalior, Harda, Indore, Jhabua, Khandwa, Mandla, Morena , Narsinghpur, Panna, Ratlam, Rewa, Singrauli, Tikamgarh	18
Inventory of kitchen equipment was not maintained.	Harda, Hosangabad, Mandla, Ratlam	4
Minimum number of staffs required for cooking and distribution of foods to IPD patients were not specified and not deployed.	Guna, Gwalior, Harda, Rajgarh , Ujjain	5

Particular	Name of District where services not available	Total number of district where services not available
Proper hygiene of kitchen was not maintained.	Mandla	1
Protective gears (apron, head gear, clear plastic gloves) were not used by the cooks in the kitchen those serving food. (Yes/No)	Mandla, Ratlam, Ujjain	3
Quality of diet was not checked by a competent person on regular basis as prescribed in IPHS Guideline.	Agar Malwa, Ashok Nagar, Burhanpur, Dewas, Dhar, Harda, Hosangabad, khandwa, Khargone, Mandla, Neemcuh , Seoni , Singrauli, Tikamgarh	14
Standard operating procedure were not prepared for providing Hygenic and nutritious diet to the patients.	Ashok Nagar, Burhanpur, Datia	3
System of diet counselling to the patients, formulation of caloric requirement and accordingly setting diet for the patients was not adopted.	Ashok Nagar, Balaghat, Barwani, Burhanpur, Chhatarpur, Guna, Gwalior, Hosangabad, Indore, Jabalpur, Jhabau , Mandla, Narsinghpur, Neemcuh, Ratlam, Rewa, Satna, Sehore, Seoni , Shivpuri , Ujjain	21

Appendix-3.13

(Reference: Paragraph No. 3.13, Page No. 65)

Status of non-availability of Laundry Services in DHs

Laundry Services	No. of DHs where laundry services not available	Name of DHs where laundry service not available
Linen department has not separate trolley for distribution of clean linen and collection of dirty linen.	15	Alirajpur, Badwani, Balaghat, Burhanpur, Chhatarpur, Dewas, Dhar, Indore, Jhabua, Mandla, Mandsaur, Rajgarh, Singrauli, Tikamgarh, Umaria
Linen department has no system of sorting of different category of linen before putting into washing machine.	10	Alirajpur, Balaghat, Chhatarpur, Dhar, Indore, Barwani, Rajgarh, Shajapur, Tikamgarh, Umaria
Infectious and non infectious linen were not transported into separate containers / bags.	6	Badwani, Chhatarpur, Dhar, Mandla, Rajgarh, Umaria
Patient linen were not being changed every day.	4	Agar Malwa, Balaghat, Burhanpur, Dhar
Linen department has no procedure for sluicing of soiled, infected and fouled linen.	3	Alirajpur, Rajgarh, Sehore
Record were not being maintained for changing the linen.	1	Sehore

Appendix 3.14

(Reference: Paragraph 3.14.1, Page No. 66)

Details of deployment of ambulances in districts

Sl.No.	District	Projected total population in 2022 (in lakh)	Number of available 108-ambulances		Requirement of ambulances as per Guideline of ENAS		Excess (+)/ Short (-) deployment of ambulances	
			ALS	BLS	ALS	BLS	ALS	BLS
1	AGAR	7.42	1	5	1	7	0	-2
2	ALIRAJPUR	8.61	1	8	1	8	0	0
3	ANUPPUR	8.77	1	9	1	8	0	1
4	ASHOKNAGAR	9.40	1	7	1	9	0	-2
5	BALAGHAT	18.76	1	12	3	18	-2	-6
6	BARWANI	16.22	1	11	3	16	-2	-5
7	BETUL	17.44	1	11	3	17	-2	-6
8	BHIND	18.94	1	11	3	18	-2	-7
9	BHOPAL	25.05	1	16	5	25	-4	-9
10	BURHANPUR	9.28	1	7	1	9	0	-2
11	CHHATARPUR	21.28	1	14	4	21	-3	-7
12	CHHINDWARA	23.40	1	15	4	23	-3	-8
13	DAMOH	14.60	1	10	3	14	-2	-4
14	DATIA	9.21	1	9	1	9	0	0
15	DEWAS	18.19	1	11	3	18	-2	-7
16	DHAR	28.01	1	15	5	28	-4	-13
17	DINDORI	8.55	1	7	1	8	0	-1
18	GUNA	14.46	1	9	2	14	-1	-5
19	GWALIOR	25.20	1	14	5	25	-4	-11
20	HARDA	6.83	1	6	1	6	0	0
21	HOSHANGABAD	13.29	1	9	2	13	-1	-4
22	INDORE	38.35	1	15	7	38	-6	-23
23	JABALPUR	28.77	1	17	5	28	-4	-11
24	JHABUA	12.00	1	9	2	12	-1	-3
25	KATNI	15.89	1	11	3	15	-2	-4
26	KHANDWA	16.18	1	9	3	16	-2	-7
27	KHARGONE	22.50	1	13	4	22	-3	-9
28	MANDLA	12.24	1	10	2	12	-1	-2
29	MANDSAUR	15.50	1	9	3	15	-2	-6
30	MORENA	24.18	1	12	4	24	-3	-12
31	NARSINGHPUR	12.78	1	8	2	12	-1	-4
32	NEEMUCH	9.40	1	6	1	9	0	-3
33	PANNA	11.90	1	9	2	11	-1	-2
34	RAISEN	17.58	1	11	3	17	-2	-6
35	RAJGARH	19.85	1	10	3	19	-2	-9
36	RATLAM	17.03	1	10	3	17	-2	-7
37	REWA	27.53	1	22	5	27	-4	-5
38	SAGAR	27.84	1	23	5	27	-4	-4
39	SATNA	35.08	1	16	7	35	-6	-19
40	SEHORE	15.65	1	14	3	15	-2	-1
41	SEONI	16.14	1	11	3	16	-2	-5
42	SHAHDOL	12.31	1	9	2	12	-1	-3
43	SHAJAPUR	11.26	1	5	2	11	-1	-6
44	SHEOPUR	8.36	1	6	1	8	0	-2

Sl.No.	District	Projected total population in 2022 (in lakh)	Number of available 108-ambulances		Requirement of ambulances as per Guideline of ENAS		Excess (+)/ Short (-) deployment of ambulances	
			ALS	BLS	ALS	BLS	ALS	BLS
45	SHIVPURI	20.79	1	15	4	20	-3	-5
46	SIDHI	13.13	1	9	2	13	-1	-4
47	SINGRAULI	14.72	1	8	2	14	-1	-6
48	TIKAMGARH	16.91	1	11	3	16	-2	-5
49	UJJAIN	23.07	1	12	4	23	-3	-11
50	UMARIA	7.71	1	8	1	7	0	1
51	VIDISHA	17.07	1	11	3	17	-2	-6
	Total	864.63	51	555	147	842	-96	-289 +2

(Source: Information provided by NHM and population data received from CMHO of the District)

Appendix 4.1

(Reference: Paragraph No. 4.3.3, Page No. 74)

Details of non-availability of Essential drugs in Ayush Hospitals

Parameters	Test checked Ayurvedic Hospitals				
	2017-18	2018-19	2019-20	2020-21	2021-22
Number of drugs in EDL	277	277	277	277	277
Range of non-availability of drugs (percentage in range)	159-215 (57-78)	162-248 (58-90)	190-251 (69-91)	192-249 (69-90)	214-261 (77-94)
Range of non-availability of drugs for one to six months	1-48	6-64	24-113	6-95	13-36
Range of non-availability of drugs for more than six months	150-192	149-211	122-227	97-238	200-248
Parameters	Test checked Homeopathic Hospitals				
	2017-18	2018-19	2019-20	2020-21	2021-22
Number of drugs in EDL (257 in various dilutions)	546	546	546	546	546
Number of drugs not available (percentage)	217 (40)	219 (40)	158 (29)	144 (26)	144 (26)
Number of drugs not available for one to six months	14	6	12	3	5
Number of drugs not available for more than 6 months	203	213	146	141	139
Parameters	Test checked Unani Teaching Hospital				
	2017-18	2018-19	2019-20	2020-21	2021-22
Number of drugs in EDL	288	288	288	288	288
Number of drugs not available (percentage)	272 (94)	284 (99)	268 (93)	257 (89)	268 (93)
Number of drugs not available for one to six months	21	18	24	18	25
Number of drugs not available for more than 6 months	251	266	244	239	243

Appendix-4.2
(Reference: Paragraph No. 4.3.6, Page No. 77)
Shortage of drugs for treatment of RTI/STI patients

Name of health institution	Number of patients treated in 2017-18	Number of Drugs out of 13 not available in 2017-18	Number of patients treated in 2018-19	Number of Drugs out of 13 not available in 2018-19	Number of patients treated in 2019-20	Number of Drugs out of 13 not available in 2019-20	Number of patients treated in 2020-21	Number of Drugs out of 13 not available in 2020-21	Number of patients treated in 2021-22	Number of Drugs out of 13 not available in 2021-22	Total Treated Patients	Number of drugs not available	Percentage of non-availability of drugs
1	2	3	4	5	6	7	8	9	10	11	12	13	14(13*100/65))
DH Barwani	9542	0	9608	1	9490	3	8634	3	7973	6	45247	13	20.00
CH Sendhwa	0	3	0	3	0	3	0	3	0	3	0	15	23.08
CHC Silawad	0	6	0	7	0	6	0	6	0	6	0	31	47.69
CHC Warla	0	3	0	3	0	3	0	3	0	3	0	15	23.08
Total											45247	74	28.46
DH Bhopal	3296	3	4000	4	5876	3	3470	3	5342	4	21984	17	26.15
CH Berasia	Not provided	3	Not provided	3	Not provided	3	Not provided	3	Not provided	3	-	15	23.08
CHC Kolar	0	13	0	13	1	13	2	13	0	13	3	65	100.00
CHC Gandhi Nagar	Not provided	6	Not provided	3	Not provided	4	Not provided	3	Not provided	3	-	19	29.23
Total											21987	116	44.62
DH Chhatarpur	2000	5	1999	5	1992	8	1263	6	2386	5	9640	29	44.62
CHC Ishanagar	0	13	0	13	0	13	0	13	0	13	0	65	100.00
CHC Khajuraho	0	13	0	13	0	13	0	13	0	13	0	65	100.00
Total											9640	159	81.54
DH Dhar	7632	2	8587	2	8823	2	4082	2	7144	2	36268	10	15.38
CH Kukshi	5	13	5	13	11	13	5	13	9	13	35	65	100.00
CHC Badnawar	34	8	43	Record not available	10	13	0	7	0	7	87	35	53.85
CHC Gandhwani	0	8	0	7	0	7	0	7	0	8	0	37	56.92
Total											36390	147	56.54
DH Gwalior	Record not available	Record not available	3306	5	7550	6	4793	8	4982	6	20631	25	38.46
CH- Hazira	0	13	0	13	0	13	0	13	0	13	0	65	100.00
CHC-Mohna	0	13	0	13	0	13	0	13	0	13	0	65	100.00
CHC-Bhitarwar	0	13	0	13	0	13	0	13	0	13	0	65	100.00

Name of health institution	Number of patients treated in 2017-18	Number of Drugs out of 13 not available in 2017-18	Number of patients treated in 2018-19	Number of Drugs out of 13 not available in 2018-19	Number of patients treated in 2019-20	Number of Drugs out of 13 not available in 2019-20	Number of patients treated in 2020-21	Number of Drugs out of 13 not available in 2020-21	Number of patients treated in 2021-22	Number of Drugs out of 13 not available in 2021-22	Total Treated Patients	Number of drugs not available	Percentage of non-availability of drugs
Total											20631	220	84.62
DH Harda	3802	5	2874	5	2863	8	984	5	2649	12	13172	35	53.85
CHC Handia	0	Not provided	0	7	0	7	0	Not provided	0	8	0	22	33.85
CHC Timarni	763	Record not maintained	849	Record not maintained	1180	Record not maintained	1315	9	1116	10	5223	19	29.23
Total											18395	76	38.97
DH Jabalpur	6183	5	4767	6	5542	5	3199	5	6546	5	26237	26	40.00
RDH Jabalpur	6448	3	9069	3	8690	3	6335	3	8542	3	39084	15	23.08
CHC Panagar*	0	13	0	13	0	13	0	13	0	13	0	65	100.00
CHC Majholi	205	13	232	13	194	2	143	2	224	2	998	32	49.23
Total											66319	138	53.08
DH Mandla	5280	6	5880	6	6480	6	7080	6	7680	6	32400	30	46.15
CH Nainpur	0	3	0	3	0	3	0	3	0	5	0	17	26.15
CHC Bamhni	0	13	0	13	0	13	0	13	0	13	0	65	100.00
CHC Bichhiya	0	4	0	5	0	5	0	5	0	3	0	22	33.85
Total											32400	134	51.54
DH Rewa	3501	0	5685	0	7408	0	5017	0	5143	0	26754	0	0.00
CH Teonthar	0	13	0	13	0	13	0	13	0	13	0	65	100.00
CHC Govindgarh	0	4	0	6	0	7	0	6	2	4	2	27	41.54
CHC Semaria	0	3	0	3	0	5	0	3	0	4	0	18	27.69
Total											26754	110	42.30
DH Ujjain	9701	0	7301	0	5780	3	4323	3	12946	2	40051	8	12.31
CH- Badnagar	Record not maintained	13	Record not maintained	13	Record not maintained	13	Record not maintained	13	Record not maintained	13	-	65	100.00
CHC- Ingoriya	0	4	0	5	0	7	0	7	0	5	0	28	43.08
CHC-Tarana	0	5	0	4	0	5	0	5	0	4	0	23	35.38
Total											40051	124	47.69

Appendix-4.3

(Reference: Paragraph No. 4.3.8, Page No. 78)

Status of Unavailability of C-section medicines in months during 2017-22 in the selected health care institutions

Sl. No.	Name of District	District Hospitals								Civil Hospitals						
		Barwani	Bhopal	Chhatarpur	Dhar	Gwalior	Harda	Mandla	Rewa	Ujjain	Barwani	Bhopal	Dhar	Gwalior	Jabalpur	Ujjain
1	Inj. Metronidazole IP 5 mg; 100 ml in each bottle	0	0	26	7	60	0	0	23	0	0	10	6	34	0	0
2	Inj. Gentamycine Suphate IP 40 mg/ml; 2 ml in each vial	1	0	19	7	60	31	0	16	0	0	28	6	27	0	0
3	Inj. Cefotaxime Sodium IP 1 gm per vial	0	0	9	0	60	14	0	30	0	0	6	16	29	0	0
4	Inj. Cloxacillin Sodium IP 500 mg/vial	60	0	60	60	60	60	0	60	60	60	60	60	60	0	0
5	Inj. Oxytocin IP 50.I.U./ml; 02 ml in each ampoule	0	0	0	0	60	60	0	9	60	0	0	7	16	0	0
6	Inj. Sensorcain IP 0.5 mg	0	0	28	60	60	60	0	60	0	60	60	60	60	60	60
7	Inj. Lignocaine Hydrochloride IP 5% w/v; 02 ml ampoule	0	0	60	60	8	60	0	60	60	0	60	24	31	60	60
8	Inj. Lignocaine Hydrochloride 50mg/ml with 7.5 dextrose hyperbaric (heavy); 02 ml ampoule	0	0	42	60	60	60	0	60	60	0	60	60	60	60	60
9	Inj. Lignocaine Hydrochloride IP 2% w/v; 30 ml in each vial for local anaesthesia	0	0	11	0	21	0	1	24	60	0	18	6	38	0	0

Sl. No.	Name of District	District Hospitals								Civil Hospitals						
		Barwani	Bhopal	Chhatarpur	Dhar	Gwalior	Harda	Mandla	Rewa	Ujjain	Barwani	Bhopal	Dhar	Gwalior	Jabalpur	Ujjain
	Name of Health Institution															
10	Inj. Promethazine Hydrochloride 25mg/ml; 02 ml ampoule	0	0	60	60	1	60	0	60	0	60	4	19	50	60	
11	Inj. Declofenac 25 mg in 3ml	0	0	3	0	46	0	3	21	0	0	3	6	19	0	
12	Compound Sodium lactate IV Injection IP*	0	0	1	4	58	0	0	15	0	0	0	1	27	0	
13	Sodium Chloride IV Injection 0.09 %w/v; 500 ml in each plastic bottle	0	0	0	36	0	24	0	60	0	0	12	2	10	0	
14	Dextrose IV Injection 5%w/v 500 ml in each plastic bottle.	0	0	0	0	25	0	0	27	0	0	0	5	6	0	
15	Inj Soda bicarbonate 7.5 % w/v 10 ml in each ampoule	11	0	0	0	60	41	5	16	0	0	31	16	24	60	
16	Inj. Menadione (Vitamin K3) 10mg/ml; 01 ml in each ampoule.	0	0	21	60	48	0	0	60	0	0	60	18	60	0	
17	Inj. Pentazocine Lactate I.P. 30 mg per ml; 01 ml in each amp.	0	0	1	60	4	24	0	35	0	0	1	4	33	24	
18	Inj. Adrenaline- 1mg/ml	0	0	4	0	1	0	0	32	0	0	12	18	38	0	
19	Inj Atropine 600ug/ml	0	0	0	0	3	6	0	16	0	0	0	20	17	0	
20	Inj Dopamine USP 40 mg/ml	0	0	0	0	15	51	2	54	0	60	48	5	25	60	
21	Inj Bupivacaine 0.5 %	0	0	47	60	12	60	0	60	0	36	25	60	27	48	
22	Inj Betamethasone sod. phosphate 4mg/ml	0	0	60	60	5	15	0	37	0	0	39	60	60	0	
23	Halothan IP 0.01% w/w	0	0	60	60	60	60	0	60	0	60	60	60	60	60	

Sl. No.	Name of District	District Hospitals								Civil Hospitals						
		Barwani	Bhopal	Chhatarpur	Dhar	Gwalior	Harda	Mandla	Rewa	Ujjain	Barwani	Bhopal	Dhar	Gwalior	Jabalpur	Ujjain
24	Inj. Thiopentone 500 mg	0	0	4	60	60	60	0	60	60	0	60	60	60	60	60
25	Inj Vecuronium Bromide USP 4mg	0	0	60	60	60	60	0	60	60	0	60	60	60	60	60
26	Inj Ketamine 10mg/ml	0	0	9	60	9	60	0	60	60	0	60	22	31	60	60
27	Tab Salbutamol 4mg	0	0	60	60	60	60	0	60	60	0	60	60	60	60	60
28	Tab Frusemide IP 40 mg	0	0	60	60	60	60	0	60	60	0	60	21	1	60	60
29	Tab Diazepam IP 10 mg	0	0	60	0	60	60	0	60	60	0	60	55	12	60	60
30	Dexamethasone Inj.	0	0	0	30	1	0	0	22	0	0	1	28	3	0	0
31	Ethfyllin B Plus Inj.	0	0	60	60	60	60	0	36	60	0	48	13	60	60	60

*Compound Sodium lactate IV Injection IP (Ringer lactate) -0.24% V/V of lactic acid (Equivalent to 0.32% w/v of Sodium Lactate), 0.6% w/v Sodium Chloride, 0.04 % w/v Potassium Chloride and 0.027 % w/v Calcium Chloride; 500 ml in each plastic bottle.

Appendix- 4.4

(Reference: Paragraph No. 4.3.9, Page No. 78)

Shortage of Medicines in selected HWCs in 2021-22

Name of District	Name of Selected SHC	Required No. of Medicines	No. of Medicines Not Available	Percentage of non-availability
Badwani	SHC ABHALI	95	48	50
	SHC Amda	95	57	60
Bhopal	SHC Sohaya	95	65	68
	SHC Kotra Chopda	95	66	69
Chhatarpur	HWC Dhamna	95	54	56
	HWC -BILHARI	95	38	40
Dhar	HWC Padlya block Tirla	95	63	66
	SHC Dilawara	95	49	51
Gwalior	SHC Simariya Tal	95	63	66
	SHC Tekanpur	95	68	71
Harda	HWC Gahal chc Handiya	95	64	67
	HWC Kachbedi chc Handiya	95	55	57
Jabalpur	HWC BADKHERA	95	30	31
	HWC BARGI	95	33	34
Mandla	SHC KHAMROTI	95	60	63
	SHC TIKARIYA	95	95	100
Rewa	HWC AMAHA	95	23	24
	HWC Bijhauri	95	67	70
Ujjain	HWC JAITHAL block Ghatiya	95	52	54
	HWC Lekoda block Tajpur	95	57	59
Total		1900	1107	58

Appendix- 4.5
(Reference: Paragraph no 4.5.2, page No. 83)
Availability of essential equipment not ensured in Medical College Hospitals

(i) Old Medical College Hospital

GMC Bhopal																					
SL. No.	Name of Department	Required (2017-18 to 2018-19) as per Admission seat 150	As on 31 March 2018		As on 31 March 2019		Required (2019-20) as per Admission seat 200	As on 31 March 2020		Required (2020-21) as per Admission seat 250	As on 31 March 2021		As on 31 March 2022								
			Availability	Percentage of Deficiency	Deficiency	Percentage of Deficiency		Deficiency	Percentage of Deficiency		Availability	Deficiency	Percentage of Deficiency	Availability	Deficiency	Percentage of Deficiency					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
1	Anesthesia	123	82	41	33.33	82	41	33.33	154	98	56	36.36	154	73	81	52.6	154	56	98	63.64	
2	Otorhinolar yngology ENT	291	178	113	38.83	170	121	41.58	294	183	111	37.76	294	203	91	30.95	294	118	176	59.86	
3	Ophthalmology	85	66	19	22.35	66	19	22.35	113	67	46	40.71	123	71	52	42.28	123	63	60	48.78	
4	Orthopedics	83	33	50	60.24	33	50	60.24	95	37	58	61.05	95	34	61	64.21	95	34	61	64.21	
5	Pediatrics	133	112	21	15.79	112	21	15.79	167	124	43	25.75	174	134	40	22.99	174	122	52	29.89	
6	Radiology	21	19	2	9.52	19	2	9.52	24	21	3	12.5	24	22	2	8.33	24	20	4	16.67	
7	Pathology	885	518	367	41.47	518	367	41.47	989	577	412	41.66	1114	654	460	41.29	1114	654	460	41.29	
8	Gynecology	427	126	301	70.49	126	301	70.49	552	161	391	70.83	581	146	435	74.87	581	149	432	74.35	

GRMC, Gwalior

SL. No.	Name of Department	As on 31 March 2018			As on 31 March 2019			As on 31 March 2020			As on 31 March 2021			As on 31 March 2022			
		Availability	Deficiency	percentage of Deficiency	Availability	Deficiency	percentage of Deficiency	Availability	Deficiency	percentage of Deficiency	Availability	Deficiency	percentage of Deficiency	Availability	Deficiency	percentage of Deficiency	
1	2	4	5	6	7	8	9	11	12	13	15	16	17	18	19	20	21
1	Anesthesia	27	96	78.05	27	96	78.05	27	96	78.05	27	96	78.05	154	88	66	42.86
2	Otorhinolar yngology ENT	152	142	48.29	165	129	43.88	225	69	23.46	213	81	27.55	298	230	68	22.82
3	Ophthalmology	76	9	10.59	76	9	10.59	76	9	1.59	76	10.59	6.77	123	97	26	21.14
4	Orthopedics	15	68	81.93	15	68	81.93	15	68	81.92	15	68	81.92	95	23	72	75.79
5	Pediatrics	130	3	2.26	130	3	2.26	130	3	2.26	130	3	2.26	161	101	60	37.27
6	Radiology	20	3	13.04	20	3	13.04	20	3	13.04	20	3	13.04	24	19	5	20.83
7	Pathology	Not available			Not available	Not available		Not available				Not available		1206	385	821	68.08
8	Gynecology	Not available			Not available	Not available		Not available				Not available		554	468	86	15.52

Appendix-4.6
(Reference: Paragraph No. 4.5.2, Page No. 83)
Availability of essential equipment not ensured in New Medical College hospital, CIMS Chhindwara

SL. No.	Name of Department	Required (100 seat of admission)	As on 31 March 2019			As on 31 March 2020			As on 31 March 2021			As on 31 March 2022		
			Availability	Deficiency	percentage of Deficiency	Availability	Deficiency	percentage of Deficiency	Availability	Deficiency	percentage of Deficiency	Availability	Deficiency	percentage of Deficiency
1	Medicine	338	88	250	73.96	91	247	73.08	90	248	73.37	93	245	72.49
2	Gynecology	299	108	191	63.88	154	145	48.49	50	249	83.28	73	226	75.59
3	Orthopedics	76	1	75	98.68	17	59	77.63	17	59	77.63	11	65	85.53
4	Pediatrics	102	59	43	42.16	59	42	42.16	59	43	42.16	43	59	57.84
5	Surgery	201	64	137	68.16	80	121	60.20	90	111	55.22	47	154	76.62
6	Pathology	808	5	803	99.38	284	524	64.85	283	525	64.98	284	524	64.85
7	Radiology	19	6	13	68.42	8	11	57.89	8	11	57.89	11	8	42.11

Appendix-4.7
(Reference: Paragraph No.4.5.6, Page No. 86)

Shortage of Equipment in Laboratory Department in DHs of the State

Name of District	No. of Beds	Required No. of Total Equipment	Shortage of Essential Equipment	Shortage of Vital Equipment	Total Shortage	Range upto 25 per cent	
						Percentage of Shortage	
Gwalior	200	21	0	3	3		14
Khandwa	400	33	1	1	2		6
Morena	300	26	0	2	2		8
Umaria	200	21	0	2	2		10
Neemuch	200	21	0	3	3		14
Badwani	300	26	0	5	5		19
Jhabua	200	21	0	4	4		19
Damoh	300	26	0	6	6		23
Dindori	100	21	0	5	5		24
Sehore	200	21	2	3	5		24
Tikamgarh	200	21	1	4	5		24
Total districts							11
From 26 to 50 per cent							
Shahdol	300	26	0	7	7		27
Burhanpur	200	21	0	6	6		29
Dhar	300	26	2	5	7		27
Mandla	300	26	2	6	8		31
Alirajpur	100	21	1	6	7		33
Sheopur	200	21	1	6	7		33
Bhopal	400	33	3	9	12		36
Satna	400	33	3	9	12		36
Agar Malwa	200	21	2	6	8		38
Ashok Nagar	200	21	0	8	8		38
Shajapur	200	21	1	7	8		38
Sidhi	300	26	2	8	10		38
Singrauli	200	21	2	6	8		38

Name of District	No. of Beds	Required No. of Total Equipment	Shortage of Essential Equipment	Shortage of Vital Equipment	Total Shortage	Percentage of Shortage
Vidisha	300	26	3	7	10	38
Datia	350	33	1	12	13	39
Betul	300	26	1	10	11	42
Chhindwara	400	33	4	10	14	42
Panna	300	26	2	9	11	42
Anuppur	200	21	1	8	9	43
Sagar	400	33	3	12	15	45
Seoni	400	33	4	11	15	45
Balaghat	300	26	0	12	12	46
Narsinghpur	300	26	1	11	12	46
Ujjain	700	37	7	7	14	38
Raisen	350	33	3	13	16	48
Bhind	300	26	2	11	13	50
Chhatarpur	300	26	2	11	13	50
Khargone	300	26	1	12	13	50
Jabalpur	300	26	2	11	13	50
Rewa	100	21	3	4	7	33
Total districts						30
From 51 to 75 %						
Indore	100	21	3	8	11	52
Katni	200	21	3	8	11	52
Shivpuri	400	33	4	13	17	52
Dewas	400	33	4	14	18	55
Mandsaur	500	35	4	16	20	57
Guna	400	33	3	16	19	58
Rajgarh	300	26	2	13	15	58
Hoshangabad	300	26	3	13	16	62
Ratlam	500	35	3	20	23	66
Harda	100	21	1	13	14	67
Total districts						10

Appendix-4.8

(Reference: Paragraph No.4.5.6, Page No. 87)

Shortage of Equipment in Laboratory Department in test checked CHs

Name of health institution	No. of beds	Required no. of vital equipment	Shortage of vital equipment (per cent)	Required no. of essential equipment	Shortage of essential equipment (per cent)
Sendhwa, Barwani	100	16	4 (25)	3	1 (33)
Berasia, Bhopal	50	15	9 (60)	1	1 (100)
Kukshi, Dhar	100	16	4 (25)	3	1 (33)
Hazira, Gwalior	100	16	10 (63)	3	1 (33)
Rani Durgawati, Jabalpur	122	16	6 (38)	3	0
Nainpur, Mandla	100	16	16 (100)	3	3 (100)
Teonthar, Rewa	100	16	16 (100)	3	3 (100)
Badnagar, Ujjain	100	16	6 (38)	3	2 (67)

Appendix-4.9

(Reference: Paragraph No. 4.5.7 (i), Page No. 87)

Shortage of OT equipment as on 31 March 2022

(A) Shortage of vital and essential OT equipment in DHs

Sl. No.	Name of DH	No. of beds	Required no. of vital equipment	Shortage of vital equipment	Percentage of shortage	Required no. of essential equipment	Shortage of essential equip	Percentage of shortage
1	Ujjain	700	55	17	30.90	14	9	64.29
2	Jabalpur	500	48	13	27.08	12	4	33.33
3	Bhopal	400	41	6	14.63	12	7	58.33
4	Barwani	300	27	9	33.33	11	7	63.64
5	Chhatarpur	300	27	6	22.22	11	4	36.36
6	Dhar	300	27	13	48.15	11	5	45.45
7	Mandla	300	27	7	25.92	11	11	100.00
8	Gwalior	200	20	2	10.00	8	8	100.00
9	Harda	100	19	3	15.78	7	5	71.43
10	Rewa	100	19	1	5.26	7	3	42.86

(B) Shortage of vital and essential OT equipment in CHs

Name of CH	No. of beds	Required no. of Vital Equipment	Shortage of vital equipment	Percentage of shortage	Required no. of essential equipment	Shortage of essential equipment	Percentage of shortage
CH Berasia, Bhopal	50	17	3	17.65	5	5	100.00
CH Sendhwa, Barwani	100	19	5	26.32	6	6	100.00
CH Kukshi, Dhar	100	19	3	15.79	6	4	66.67
CH, Hazira, Gwalior	100	19	0	0.00	6	6	100.00
Rani Durgawati Hospital Jabalpur	122	20	3	15.00	8	7	87.50
CH, Nainpur Mandla	100	19	9	47.36	6	3	50.00
CH, Badnagar Ujjain	100	19	9	47.37	6	4	66.67

(C) Shortage of vital and essential OT equipment in CHCs

Name of CHC	No. of beds	Required no. of Vital Equipment	Shortage of vital equipment	Percentage of shortage	Required no. of essential equipment	Shortage of essential equipment	Percentage of shortage
Silawad, Barwani	30	16	14	87.50	4	3	75
Warla, Barwani	30	16	16	100.00	4	4	100
Kolar Bhopal	30	16	4	25.00	4	2	50

Name of CHC	No. of beds	Required no. of Vital Equipment	Shortage of vital equipment	Percentage of shortage	Required no. of essential equipment	Shortage of essential equipment	Percentage of shortage
Gandhi Nagar Bhopal	30	16	5	31.25	4	3	75
Ishanagar, Chhatarpur	30	16	16	100.00	4	4	100
Khajuraho, Chhatarpur	30	16	16	100.00	4	4	100
Gandhwani, Dhar	30	16	13	81.25	4	4	100
Badnawar, Dhar	30	16	6	37.5	4	3	75
Mohana, Gwalior	30	16	13	81.25	4	3	75
Bhitarwar, Gwalior	30	16	7	43.75	4	4	100
Timarni, Harda	30	16	10	62.5	4	3	75
Handia, Harda	30	16	15	93.75	4	4	100
Majholi Jabalpur	30	16	16	100.00	4	4	100
Panagar Jabalpur	30	16	16	100.00	4	4	100
Bichiya Mandla	30	16	7	43.75	4	3	75
Bamhni Mandla	30	16	10	62.50	4	4	100
Govindgarh Rewa	30	16	16	100.00	4	4	100
Simariya, Rewa	30	16	9	56.25	4	4	100
Ingoriya Ujjain	30	16	16	100.00	4	4	100
Tarana Ujjain	30	16	7	43.75	4	4	100

Appendix 4.10

(Reference: Paragraph No. 4.5.10, Page No. 91)

Statement showing details of new equipment kept idle in health institutions of selected districts

District	Name of Institution	Item	PO/Date	Invoice	Amount	Purchased Quantity	Quantity Lying in Store	Idle Period as on 31.03.2022	Cost of Item lying in Store	Reason	
Barwani	District Hospital	Platelet Incubator with micro processor	1719/201 17/03/2016	C1/07772/16 31/03/2016	196762	1	1	6 Years	196762	non availability of building for installation	
		Plazma Freezer with Digital Led Display	1719/201 1/03/2016	C1/07822/16 31/03/2016	217688	1	1	6 Years	217688	non availability of building for installation	
		Ultra Low Freezer Vertical	1717/201 17/03/2016	C1/07770/16 31/03/2016	405000	1	1	6 Years	405000	non availability of building for installation	
		Cryobath	1723	TPL/M/D/1617/0031 22.04.20216	107991	1	1	6 Years	107991	non availability of building for installation	
CMHO		Plasma Bath	1721	TPL/M/D/1617/0032 22.04.20216	62744	1	1	6 Years	62744	non availability of building for installation	
		CyroFuge (Refrigerator Centrifuge)	1799/2016/21.03.2016	9240034449 02.05.2016	1949850	1	1	6 Years	1949850	non availability of building for installation	
		Double Surface Phototherapy	720069980557/12.06.2020	PC-1381/15.01.21	442176	7	1	1 Years 3 Month	63168	Not installed by supplier/Firm	
Total	2					7		3003203			
Bhopal	District Hospital	ICU Ventli Monitor	GemC511687790754506/31.3.18	240/31.3.18	985000	1	1	4 Years	985000	Non operational Trauma care Centre	
		Non Invasive Ventilator	4984/9.3.18	1255/17.3.18	142912	2	2	4 Years	142912		
		Suction Machine	497677/7.3.18	279/12.3.18	98112	4	2	4 Years	49056		
		Pnuematic Tourniquet Heildi from Germany	4518/27.2.18	17/25.4.18	584640	2	1	4 Years	292320		
		Cautyry Machine	4369/24.2.18	3769/13.3.18	1173312	3	1	4 Years	391104		
		Stryker System GTM Sagittal Saw/ Drill System	482425/5.3.18	587/26.3.18	1900000	2	1	4 Years	950000		
		B P Monitor Arial Type	Gem51168773819772/1.8.18	269/4.8.18	16250	25	13	3 Years 7 Month	8450		Kept Idle in store
		Fetal Doppler	71811998 0928	827/10.1.19	30428	4	2	3 Years 2 Month	15214		Kept Idle in store

District	Name of Institution	Item	PO/Date	Invoice	Amount	Purchased Quantity	Quantity Lying in Store	Idle Period as on 31.03.2022	Cost of Item lying in Store	Reason	
Bhopal	District Hospital	IV Stand	Gem501517-9/30.3.18	3344/30.3.18	14500	10	2	4 Years	2900	Kept Idle in store	
		3 Bucket Trolley	7000/10.4.18	7/10.4.18	70000	5	1	4 Years	14000	Kept Idle in store	
		Electronic Weight Machine	Gem511687704260789/21.10.19	263/29.10.19	14388	6	5	2 Years 5 Month	11990	Kept Idle in store	
	CMHO Bhopal	Medicine Trolley	1687705127572/13.11.19	2490/22.11.19	10415	13	6	2 Years 4 Month	4807	Kept Idle in store	
		Centrifuge Machine	19392/26.10.13	SA/564/8.11.13	25987	15	1	7 Years 5 Month	1732	Kept unused as no pathologist/lab technician posted	
	CHC Gandhi nagar	Colorimeter			CMHO issue date /1213/10.10.14		1	1	6 Years 5 Month	20000	Kept unused as no pathologist/lab technician posted, Cost taken from portal
		ECG machine	719109980338/10.10.19	1652/12.10.19	53200	1	1	2 Years 5 Month	53200	Due to non-availability of technician	
		Blood Storage Refrigerator	718099980181/28.09.18	4855/30.10.18	99120	1	1	3 Years 5 Month	99120	Due to non-availability of Blood Storage Unit	
		Environmental Decontamination System	71812998026424.12.18	172/28.12.18	590000	2	2	3 Years 3 Month	590000	Kept Idle in store	
	CHC Kolar	USG Machine	3631/5.3.18	6/9.4.18	810000	1	1	3 Years 11 Month	810000	Kept idle from March 2020 due to non-availability of Radiologist/Gynaecologist	
Blood Storage Refrigerator		718099980182/28.09.18	4854/30.10.18	99120	1	1	3 Years 5 Month	99120	Due to non-availability of Blood Storage Unit		
Blood Storage Refrigerator		718099980067/20.09.18	4854/30.10.18	99120	1	1	3 Years 5 Month	99120	Due to non-availability of Blood Storage Unit		
Binoocular Microscope		13845/1.10.15	448/12.10.15	24675	1	1	6 Years 5 Month	24675	Due to non-availability of Blood Storage Unit		
Water Bath		13530/26.9.15	57/12.10.15	11025	1	1	6 Years 5 Month	11025	Due to non-availability of Blood Storage Unit		
Centrifuge Machine		13491/24.9.15	100446/12.10.15	20475	1	1	6 Years 5 Month	20475	Due to non-availability of Blood Storage Unit		
Stop Watch		13491/24.9.16	100446/12.10.16	1732	1	1	5 Years 5 Month	1732	Due to non-availability of Blood Storage Unit		
Bhopal	CHC Kolar	Colorimeter	15795/15.12.14	267/19.12.14	9345	1	7 Years 03 Month	9345	Due to non-availability of Blood Storage Unit		

District	Name of Institution	Item	PO/Date	Invoice	Amount	Purchased Quantity	Quantity Lying in Store	Idle Period as on 31.03.2022	Cost of Item lying in Store	Reason
	CH Berasia	Incubator	13493/24.9.15	100445/12.10.15	18699	1	1	6 Years 5 Month	18699	Due to non-availability of Blood Storage Unit
		ECG machine	Cost taken from portal	CMHO issued, /663/03.09.2013		1	1	8 Years 6 Month	30000	Due to non-availability of technician, Cost taken from portal
		Laryngoscope Adult	Cost taken from portal	CMHO issue date /3443/5.11.15		1	1	6 Years 4 Month	10000	Kept Idle in store, Cost taken from portal
		ENT Diagnostic Set	Cost taken from portal	Barcode-400010		1	1		316827	Kept Idle in store, Cost taken from portal
		USG Digi 600 Pro	Cost taken from portal	Barcode- 484821		1	1		800000	Kept Idle due to receipt of New USG/color Doppler. USG done on 9th of every month only by Pvt Doctor; Cost taken from portal
		Blood Bag tube Sealer	Cost taken from portal	Barcode- 417579		1	1		150000	Lying idle due to non-receipt of Blood Storage Unit license; Cost taken from portal
		Blood Bank Refrigerator	Cost taken from portal	Barcode- 417574		1	1		30000	Lying idle due to non-receipt of Blood Storage Unit license; Cost taken from portal
		Centrifuge Machine	Cost taken from portal	Barcode- 417577		1	1		5000	Lying idle due to non-receipt of Blood Storage Unit license; Cost taken from portal
		Incubator	Cost taken from portal	Barcode- 417576		1	1		30000	Lying idle due to non-receipt of Blood Storage Unit license; Cost taken from portal
		ECG machine	719109980337/10.10.19	1920/12.10.19		1	1	2 Years 6 Months	53200	Due to non-availability of technician
		Dental Unit	702/13.01.16	2501/7.3.2016	417898	1	1	5 Years 9 Month	417898	Lying idle in store from 2016 due to non-availability of Dentist while warranty may has gone to end.
		Total	6					62		6568921
Chhatapur	District Hospital	Physiotherapy materials for physiotherapy unit	Vr. no-04234/20.12.2019	NRHM/7512-14/07.10.2019	51395	8	8	2 Years 5 Month	51395	

District	Name of Institution	Item	PO/Date	Invoice	Amount	Purchased Quantity	Quantity Lying in Store	Idle Period as on 31.03.2022	Cost of Item lying in Store	Reason
		Physiotherapy materials for physiotherapy unit	Vr. no-04740/20.12.2019	NRHM/7515-17/07.10.2019	34120	7	7	2 Years 5 Month	34120	
		Haemoglobinometer	SHMPL/1521/21.06.19	719069980670/18.06.2019	1254	1	1	2 Years 9 Month	1254	
		Infant Radiant warmer	Gem/11/29.12.17	GemC147027-8/15.12.2017	46650	1	1	4 Years 3 Month	46650	
		Vertical Autoclave		GEMC-719019980142/05.01.2019	244968	1	1	3 Years 2 Month	244968	
Total	2					18		378387		
Gwalior	CHC Bhitwar	Multipara Monitor		PO Date 15.01.15	3540	1	1	7 Years 2 Month	3540	
		Hemoglobinometer		PO Date 11.11.19		5	5	2 Years 4 Month	Not available	
		Anterior Wall Retractor		PO Date 11.11.19		6	6	2 Years 4 Month	Not available	
Total	1					12		3540		
Harda	CS, Harda	BPAP	721089980722/17.8.21	O/W- 600 Dt- 17.9.21	35690	1	1	6 Month	35690	
Total	1					1		35690		
Jabalpur	CMHO	Neonatalie Complite (Light)	8/5/2021	427/27-5-2021	26550	1	1	10 Month	26550	
		Shadow less Lamp standing Model	8/3/2021	145/17-6-2021	53054	1	1	9 Month	53054	
		Semi Fowler Patient Bed	9/5/2021	13040902/9-05-2021	493000	34	34	9 Month	493000	
		Semi Fowler Patient Bed	3/6/2021	13437261/9-6-2021	377000	26	26	9 Month	377000	
		Semi Fowler Patient Bed	18/5/2021	13195729/19-5-2021	493000	34	34	9 Month	417796	
Total	1					97		1461220		
Ujjain	CHC-Tarana	OraDecT DCX (Dental X-Ray machine)	721029980654/ 11.3.21	2021XPG098/ 11.3.21	99456	1	1	1 year	99456	Non-availability of Dentist.
		Dental Elevator	721029980651/ 26.2.21	G-191/2020-21/25.3.21	9486	1	1	1 year	9486	-do-
Ujjain	CHC-Tarana	Compressed air system	721029980653	CDEPL403/ 31.3.21	38350	1	1	1 year	38350	-do-

Appendices

District	Name of Institution	Item	PO/Date	Invoice	Amount	Purchased Quantity	Quantity Lying in Store	Idle Period as on 31.03.2022	Cost of Item lying in Store	Reason
		Dentist Chair	721029980652	SZD/306/21.3.21	417256	1	1	1 year	417256	-do-
Total	1						4		564548	
Grand Total	14						201		12015509	

Appendix 4.11

(Reference: Paragraph No. 4.5.11, Page No. 92)

Statement showing details of non-working equipment in health institutions of selected districts

Sl. No	District	Health Institution	Department	Invoice no/date	Received from/Via	Item	Idle/Not working from	Reason for lying Idle/Not Working	Any Action taken	Quantity	Period of Non-working as on 31.03.2022	Amount	Remark
1	Bhopal	District Hospital	ICU	Bho/028/19.03.2013	CS Bhopal	TMT Machine Bar Code-415480	05.10.2020	Machine was not repaired by the firm (AIM Health Care) which had contract for maintenance of equipment by stating incurrence of higher expenditure on maintenance as Mother Board damaged	Complaint made but no action was taken by the firm.	1	1 Years 5 month	1233750	
2			Imaging	005/07-08/11.04.2007	Purchased	Colour Doppler/ECHO Barcode-415928	15.06.2017	Machine was not working due to some technical problem.	Complaint made but no action was taken by AIM Health Care.	1	1 Year 8 month	1550314	
3			Imaging		Donation	1 Probe of Samsung Digital USG/Color Doppler	02.02.2022	Probe not repaired by AIM (SP) stating that cost of machine entered on portal is lower than actual	Complaint made but no action was taken by AIM Health Care.	1	1 Month	800000	No stock Entry
4			LR	22013/6.02.14	Purchased	Multipara Monitor	14.05.2020	AIM declared not repairable in place of replace of multiple board	Complaint made but no action was taken by AIM Health Care.	1	1 year-9 month	88200	
5			Dental Unit	23/3.01.03	CMHO Store	Dental Chair	Apr-17	Not working (Electric fault)	No complaint made to AIM Health Care	1	5 years	216216	
6			Dental Unit	AC/06/10/10.05.07	Purchased	Dental X Ray machine	May-17	Not working (Tube fault)	No complaint made to AIM Health Care	1	4 years 11 month	30992	
7		CH Berasia	Blood Bank		Cost taken from portal	Blood Bank Refrigerator	May-19	Not working	No complaint made to AIM Health Care	1	3 years	30000	
	Bhopal	2								7		3949472	
8	Chhatarpur	CS	CT Scan clinical department	Vr. no. 563/31.03.09	DHS/BPL/Vr. no.78210027/26.06.2000	CT Scan machine	11 Yrs.	Not functioning /working	No Action /Proceedings done	1	11 years	9400001	Machine had been declared condom in March 2022
	Chhatarpur	1								1		9400001	
9	Dhar	District Hospital	X ray Department			CT Scan Machine	Sep-15	Not Working, not Repairable	No action taken	1	6 Years 6 month	9664000	

Sl. No	District	Health Institution	Department	Invoice no/date	Received from/Via	Item	Idle/Not working from	Reason for lying Idle/Not Working	Any Action taken	Quantity	Period of Non-working as on 31.03.2022	Amount	Remark
10			Dialysis unit	3.3.16	CS Store	Hemo Dialysis Machine	03.03.16	Touch Screen Issue	No action taken	1	6 years	1250000	
11			SNCU	02.07.19	CS Store	Radiant Heat Warmer	02.07.21	Skin Prob Issue	No action taken	1	1 year 8 month	41805	
12			SNCU	09.11.17	CS Store	Multipara Monitor (5)	09.11.19	SPO2 Prob	No action taken	1	2 year 4 month	40300	Not Available
13			PICU	30.03.21	CS Store	Ventilator	1.04.21	Battery is not working	No action taken	1	1 year	1288000	
14			PICU	13.09.21	CS Store	CPAP Machine	13.09.21	Installation is not done.	No action taken	1	6 month	33990	
15			Labour room	13.05.16	NRHM	Quatry (ESD)	13.05.16		No action taken	1	5 years 10 month	31999	
16			Labour room	13.05.16	NRHM	Electro Surgical Diatherapy (Quatry)	13.05.16	no need	No action taken	1	5 years 10 month	48999	Not Done
	Dhar	1								8		12399093	
17	Gwalior	DH, Gwalior	USG	3977/27.5.15	CS Gwalior	Colour Doppler Ultrasound machine	18.12.20	Machine was not working	Complaint made AIM Healthcare	1	1 year 3 month	1140000	
	Gwalior	1								1		1140000	
18	Jabalpur	CH(RD H)	Ultra Sound*	Not Available	Not Available	USG Machine	Not Available	Due to non availability of specialist	Not Available	1		800000	Not Available
19		CHC Majholi	X-Ray	Not Available	Not Available	X- Ray Machine	Not Available	Due to availability of new digital x-ray machine	Not Available	1		655200	Not Available
20		CHC Panagar	X-Ray	Not Available	Not Available	X- Ray Machine	Not Available	Due to availability of new digital x-ray machine	Not Available	1		655200	Not Available
	Jabalpur	3								3		2110400	

Appendix- 4.12

(Reference: Paragraph No. 4.5.13, Page No. 94)

Non-installation of equipment

Sl. No	Name of Unit	Purchase Order No.	Date	Name of Supplier	Invoice No/Date	Name of Equipment	Quantity	Amount	Received Date
1	Dean, GMC Bhopal	721109980288	25-Oct-21	Science House Medicals Pvt Ltd	SHMPL/21-22/6273/25.12.21	Microscope Binocular Bright Field	51	771808.5	25.02.2022
2		721109980290	25-Oct-21	Adarsh Enterprises	AE/2021-22/117/11.02.2022	Co2 Incubator / Candle Jar	1	743400	15.02.2022
3		721109980299	25-Oct-21	Adarsh Enterprises	MPPHSL/GST/AE/2K 21/28	Direct Ophthalmoscope	2	53312	05.03.2022
4		721109980301	25-Oct-21	Bpl Medical Technologies Pvt Ltd	IN2123000667/23.12.21	High Frequency Linear transducer (6-12 MHz)	2	235200	28.12.2021
5		721109980304	25-Oct-21	Bpl Medical Technologies Pvt Ltd	IN2123000667/23.12.21	Convex Transducer (2 0-6 0 MHz)	2	302400	28.12.2021
6		721109980315	25-Oct-21	Decent Medical Equipment Systems Pvt Ltd	2279/08.11.2021	Electric Operated Suction Machine	7	668281.6	12.11.2021
7		721109980400	28-Oct-21	Bionic Health Corporation	BH/283/21-22/6.12.21	ECG MACHINE	84	2812992	17.03.2022
8		721109980385	27-Oct-21	Allengers Medical Systems Ltd	AL/DV/GST/10631/12.1 1.21	Portable X-Ray Machine 100 mA	1	299910.24	12.11.2021
9		721109980412	28-Oct-21	Bpl Medical Technologies Pvt Ltd	IN2123000661/23.12.21	USG Machine 2D with Color Doppler	2	1612800	28.12.2021
10		721109980413	28-Oct-21	Bpl Medical Technologies Pvt Ltd	IN2123000660/23.12.21	High Frequency Linear transducer (6-12 MHz)	2	235200	11.03.2022
11		721109980415	28-Oct-21	Bpl Medical Technologies Pvt Ltd	IN2123000659/23.12.21	Convex Transducer (2 0-6 0 MHz)	2	302400	28.12.2022
12		722019980162	05-Jan-22	Science House Medicals Pvt Ltd	SHMPL/22-23/0106/08.04.22	Pulse Oxymeter Multi Channel	1	15592.5	16.04.2022
13		722019980168	05-Jan-22	Science House Medicals Pvt Ltd	EWS/29.4.22	Pulse Oxymeter Multi Channel	30	46775	
14		722019980523	14-Jan-22	Nitrox Engineering (P) Limited	NEPLBHD/359/10.3.22	Oxygen Generation Plant 1500 LPM	1	13378400	12.03.2022
15		722019980867	28-Jan-22	Staan Bio-Med Engineering Pvt Ltd	IN-1-2122-727/26.3.22	General Surgery Set	2	6101760	31.03.2022
16		722019980870	28-Jan-22	Staan Bio-Med Engineering Pvt Ltd	IN-1-2122-556/26.2.2022	General Instrumentation Set for Fracture Reduction	1	1607200	11.03.2022
17		722029980622	12-Feb-22	Sigmatronics	GST/IND-309/21-22/17.2.22	Resuscitation Kit	14	1960000	24.02.2022

Sl. No	Name of Unit	Purchase Order No.	Date	Name of Supplier	Invoice No/Date	Name of Equipment	Quantity	Amount	Received Date
18		722029980648	15-Feb-22	Sigmatronics	GST/IND-311/21-22/17.2.22	Resuscitation Kit	10	1400000	24.02.2022
19		722029980649	15-Feb-22	Biomedical System Pvt Ltd	BMS/2021-22/3765/28.3.22	Defibrillator with TCP and AED	3	618240	05.04.2022
20		722039980865	24-Mar-22	Arsh Traders	CR-0177/25.04.2022	High End Neurosurgical Operating Microscope	1	19045200	06.05.2022
21		722039980868	24-Mar-22	Suz Dent India Pvt Ltd	SZD 410/30.3.22	Electrically operated dental chair mount unit	2	834512	
			Total				221	53466383.84	
1	(GMC Bhopal) Hospital Superintendent Sultania Janana Hospital Bhopal	GEMC-511687709675670	27.03.2020	M/s Meditech Enterprises, Bhopal	0000009/28.03.20	Portable USG Machine	1	1148500	28.03.2020
2		GEMC-511687722656035	25.02.2020	Rajveer Enterprises Bhopal	448/17.3.20	Medilap 400 Proseal	1	381990	17.3.20
3		GEMC-51168772572176	13.02.2019	Technochem Associates Bhopal	385/14.03.19	Multifunctional ICU Bed	1	138499	14.03.19
4		GMCE-51168779482901	13.03.2019	Technochem Associates Bhopal	384/14.03.19	Multifunctional ICU Bed	3	415501	14.03.19
5		GEMC-51168774245201	12.01.2019	M/s Gecom India Bhopal	122/18.01.19	Gecoms, Beas II Syringe Infusion Pump	9	198403	12.01.19
6		GEMC-51168778894599	03.12.2018	Technochem Associates Bhopal	R/306/31.01.19	Syringe Pump	8	239199	31.01.19
7		GEMC-511687734088265	12.01.2019	Technochem Associates Bhopal	R/303/31.01.19	Volumetric Infusion Pump	6	253500	31.01.19
8		GEMC-511687788076723	28.03.2019	M/s Honey Enterprises, Bhopal	Hone/455/29.3.19	Syringe Infusion Pump	5	167600	29.03.19

Sl. No	Name of Unit	Purchase Order No.	Date	Name of Supplier	Invoice No/Date	Name of Equipment	Quantity	Amount	Received Date
9		GEMC-511687704254167	23.03.2020	M/s Meditech Enterprises, Bhopal	0000008/28.03.2020	Adult & ped Ventilator	1	1279990	28.03.2020
10		GEMC-511687798333116	27.03.2020	M/s Metsure Life care, Bhopal	0000145/28.03.2020	Mid End Non-invasive ventilator	1	899890	28.03.2020
11		GEMC-511687788074502	19.03.2020	M/s Honey Enterprises, Bhopal	HONE/477/19.03.2020	Portable X-Ray machine	1	294498	19.03.2020
						TOTAL	37	5417570	
1	CIMS Chhindwar a	HITES/PCD/MP/07/CSSD/19-20/769	10.05.2019	M/s. Medfreshe Pvt. Ltd.	MSP/MP/20-21/3/09.07.2020	CSSD	1	26266800.00	05.08.2020
2		HITES/PCD/MP/CLINICAL/RC-03/19-20/7890	23.03.2020	Medelec Instruments Pvt. Ltd.	560/23.11.2021	Cataract set	6	504000.00	25.11.2021
3		HITES/PCD/MP/CLINICAL/RC-03/19-20/7896	23.03.2020	Medelec Instruments Pvt. Ltd.	566/23.11.2021	Entropion set	1	10752.00	25.11.2021
4		HITES/PCD/MP/CLINICAL/RC-03/19-20/7897	23.03.2020	Medelec Instruments Pvt. Ltd.	562/23.11.2021	Enucleation set	1	11435.20	25.11.2021
5		HITES/PCD/MP/CLINICAL/RC-03/19-20/7898	23.03.2020	Medelec Instruments Pvt. Ltd.	567/23.11.2021	Evisceration set	1	6384.00	25.11.2021
6		HITES/PCD/MP/CLINICAL/RC-03/19-20/7899	23.03.2020	Medelec Instruments Pvt. Ltd.	565/23.11.2021	Squint set	1	15069.60	25.11.2021
7		HITES/PCD/MP/CLINICAL/RC-04/19-20/7909	23.03.2020	Wipro GE Healthcare Pvt. Ltd.	KA/2021/050926/24.1.2.2020	Echo Cardiography machine	1	5850000.00	31.12.2020
8		HITES/PCD/MP/CLINICAL/RC-04/19-20/7909	23.03.2020	Wipro GE Healthcare Pvt. Ltd.	KA/2021/050926/24.1.2.2020	Echo Cardiography machine	1	2200000.00	31.12.2020
9		HITES/PCD/MP/CLINICAL/RC-05/2020-21/3117	09.12.2020	Hospimedica International Limited Delhi	VM/HH/20-21/256/07.01.2021	Peripheral nerve stimulator	2	221760.00	11.01.2021
10		HITES/PCD/MP/10RT/VVS/2019-20/7356	27.02.2020	Maveric Solution Inc	MAV/19-20/126/11.03.2020	Anatomy Virtual Visualisation system	1	24597100.00	20.03.2020
		HITES/PCD/MP/GeM/902905/21-22/612	16.04.2021	Allied Health Technologies Limited	AHTL/21-22/16/10.05.21	ICU Monitor with EtCO2, Suitable Central Station	11	1900000.00	19.06.2020
11		HITES/PCD/MP/CLINICAL/RC-02/21-22/2250	06.08.2021	Schiller Healthcare (India) Pvt Ltd	SI3479021004725/15.1.0.2021	Defibrillator	1	184800.00	23.10.2021

Sl. No	Name of Unit	Purchase Order No.	Date	Name of Supplier	Invoice No/Date	Name of Equipment	Quantity	Amount	Received Date
13		HITES/PCD/MP/RC-01/19-20/4817	05.11.19	Siemens Healthcare Lucknow	UP3909001460/27.11.2019	Blood Gas Analyzer	1	649000.00	28.11.2019
14		HITES/PCD/MP/RC-02/19-20/7865	23.03.20	Jupiter Healthcare Company New Delhi	JHC/20-21/09327/25.08.20	Vascular Set	2	1806000.00	31.08.2020
15		HITES/PCD/MP/RC-02/19-20/7882	23.03.20	M/s Vishal Surgical Equipment New Delhi	TI/272/20-21/18.09.2020	Pneumatic Drill and Reamer	1	1230537.00	25.09.2020
16		HITES/PCD/MP/RC-02/19-20/7883	23.03.20	M/s Vishal Surgical Equipment New Delhi	TI/204/20-21/18.09.2020	Electric Drill and Reamer	1	1345470.00	25.09.2020
17		HITES/PCD/MP/RC-01/19-20/1001	24.05.19	General Medical Equipment Noida	57/06.12.2019	600 MA X-Ray Machine	1	1617240.00	12.12.2019
18		HITES/PCD/MP/RC-03/19-20/2106	18.07.19	Sudheer Scientific works Ambala	6272/11.11.2019	BOD Incubator	1	64782.00	27.11.2019
						Total	35	68481129.80	
						Grand Total	293	127365083.64	

Appendix- 4.13

(Reference: Paragraph No. 4.5.16, Page No. 99)

Statement showing delay in finalization of tenders

Sl. No.	Tender No.	Tender Category	Publishing/ document sale start date	Date of uploading of RC	Time taken for tender finalization (in days)
1	T-256	Equipment	01-11-2021	14-07-2022	255
2	T-250	Consumables	28-10-2021	27-04-2022	181
3	T-249	Consumables	27-10-2021	30-06-2022	246
4	T-246	Equipment	25-10-2021	28-04-2022	185
5	T-234	Consumables	07-09-2021	07-03-2022	181
6	T-229	Equipment	19-08-2021	16-03-2022	209
7	T-228	Consumables	19-08-2021	11-03-2022	204
8	T-225	Others	18-08-2021	07-07-2022	323
9	T-221	Equipment	09-08-2021	15-02-2022	190
10	T-214	Equipment	15-07-2021	24-01-2022	193
11	T-213	Drug	07-07-2021	10-02-2022	218
12	T-207	Equipment	24-06-2021	02-02-2022	223
13	T-195	Drug	29-05-2021	06-12-2021	191
14	T-182	Equipment	01-05-2021	01-11-2021	184
15	T-158	Equipment	08-03-2021	04-12-2021	271
16	T-157	Equipment	06-03-2021	24-11-2021	263
17	T-156	Equipment	05-03-2021	16-11-2021	256
18	T-155	Equipment	01-03-2021	23-11-2021	267
19	T-153	Equipment	01-03-2021	05-10-2021	218
20	T-152	Equipment	01-03-2021	27-09-2021	210
21	T-151	Equipment	26-02-2021	15-02-2022	354
22	T-147	Equipment	26-02-2021	16-11-2021	263
23	T-145	Equipment	22-01-2021	25-08-2021	215
24	T-139	Consumables	28-12-2020	03-09-2021	249
25	T-134	Drug	09-12-2020	10-08-2021	244
26	T-124	Ayush	07-11-2020	13-08-2021	279
27	T-118	Equipment	28-10-2020	12-08-2021	288
28	T-110	Consumables	16-10-2020	01-10-2021	350
29	T-092	Equipment	01-09-2020	01-04-2021	212
30	T-089	Others	11-08-2020	01-05-2021	263

Appendix-4.14

(Reference: Paragraph no. 4.8.7, Page No. 113)

Equipment purchased but not used for COVID-19

Sl. No.	Name of Unit	Name of Machine/equipment	Quantity received	Installed and issued to respective ward	No. of Machine/equipment not installed	Date of equipment registered	Period of idle (in days) upto 24.06.22	Total Amount (in ₹)
1	2	3	4	5	6	7	8	9
1.	GRMC Gwalior	Defibrillator	31	10	12	20.10.20	612	2217600
					5	25.12.20	546	924000
					4	28.12.20	543	739200
2.	GRMC Gwalior	Infusion Syringe Pump	580	378	10	07.11.20	594	301280
					4	07.11.20	594	120512
					4	07.11.20	594	120512
					96	05.11.20	596	2252544
					88	19.09.20	643	2464296
3.	GRMC Gwalior	Emergency Drug Trolley	87	47	32	22.08.20	671	713664
					8	02.01.21	538	178416
4.	GRMC Gwalior	Laryngoscope set	1000	109	91	02.06.20	752	203840
					195	01.07.20	723	436800
					341	09.08.20	684	763840
					200	04.09.20	658	448000
					64	19.10.20	613	143360
5.	GRMC Gwalior	ECG Machine	19	18	1	27.10.20	605	70560
6.	GRMC Gwalior	Oxygen Cylinder B- type	28	2	26	08.12.20	563	174845
7.	GRMC Gwalior	Bronchoscope with Display monitor	9	8	1	06.11.20	595	526064
8.	GRMC Gwalior	Suction Machine	41	9	12	09.11.20	592	389760
					20	17.02.21	492	649600
9.	GRMC Gwalior	Multipara Monitor	366	226	140	05.11.20	596	6319040
10.	GRMC Gwalior	Oxygen concentrator	68	17	1	16.10.20	616	33936

Sl. No.	Name of Unit	Name of Machine/equipment	Quantity received	Installed and issued to respective ward	No. of Machine/ equipment not installed	Date of equipment registered	Period of idle (in days) upto 24.06.22	Total Amount (in ₹)
1	2	3	4	5	6	7	8	9
11.	GRMC Gwalior	ICU Bed	176	105	71	20.12.20	551	6618620
12.	GRMC Gwalior	Portable Colour Doplar	4	0	4	24.09.20	638	5465600
13.	GRMC Gwalior	Cardiac Package	16	0	16	24.09.20	638	1120000
14.	GRMC Gwalior	Visitor Chair Assistance Room	70	20	50	23.03.22	93	168858
15.	GRMC Gwalior	Table set Assistance Room	70	10	60	23.03.22	93	958066
16.	GRMC Gwalior	Oxygen Hood	68	30	38	25.02.22	119	89680
17.	GRMC Gwalior	IV Stand	596	275	225	07.08.20	686	464625
18.	GRMC Gwalior	IV Stand 2	98	0	98	20.12.20	551	103651
19.	GRMC Gwalior	Dressing Trolley	14	0	14	08.02.22	136	105811
20.	GRMC Gwalior	Emergency cart	26	0	26	08.02.22	136	536900
21.	GRMC Gwalior	Over Bed Table	114	0	114	08.02.22	136	423738
22.	GRMC Gwalior	Over Bed Table 2	80	0	80	15.12.20	556	339840
23.	GRMC Gwalior	Self Inflatable bag and mask 250 ml	68	0	68	08.02.22	136	456960
24.	GRMC Gwalior	Oxygen Cylinder B Type- Make EKC	34	0	34	18.01.22	157	260740
25.	GRMC Gwalior	Bed Side Screen 3 Panel	48	14	34	03.12.21	203	118715
26.	GRMC Gwalior	Bed Side Locker	274	26	248	13.10.21	254	867751
27.	GRMC Gwalior	Bed Side Locker 2	186	158	28	01.03.21	480	102787
28.	GRMC Gwalior	Portable Oxygen Contractor	100	32	68	05.08.21	323	4449220
29.	GRMC Gwalior	Test Lung for Ventilator Jyoti CNC Model	124	14	110	10.06.21	379	85161
30.	GRMC Gwalior	Ventilator	62	42	20	16.05.21	404	4838400
31.	GRMC Gwalior	ABG Machine	4	0	4	29.01.21	511	2596000

Sl. No.	Name of Unit	Name of Machine/equipment	Quantity received	Installed and issued to respective ward	No. of Machine/equipment not installed	Date of equipment registered	Period of idle (in days) upto 24.06.22	Total Amount (in ₹)
1	2	3	4	5	6	7	8	9
32.	GRMC Gwalior	Resuscitation	13	3	10	27.10.20	605	1400000
33.	GRMC Gwalior	Recovery cum transport Patient trolley	18	1	7	12.12.20	559	289100
34.	GRMC Gwalior	Environmental Decontamination System	18	12	10	01.03.21	480	413000
		Total	4510	1566	2944	25.09.20	637	56063835

Appendix-4.15

(Reference: Paragraph no. 4.8.7, Page No. 113)

Non-supply of equipment procured for COVID-19

Sl. No.	Name of unit	PO No.	PO Date	PO Amount	Rate Per Unit	Purchasing Authority	Consignee Name	Supplier Name	Equipment Name	Tender No.	Ordered Qty.
1	CIMS Chhindwara	721129980757	21-Dec-21	665280	198000	Dean, Medical College – Chhindwara	Chhindwada – MC	Bpl Medical Technologies Pvt Ltd	Defibrillator with TCP and AED	T-218	3
2	CIMS Chhindwara	721129980835	24-Dec-21	806400	720000	Dean, Medical College – Chhindwara	Chhindwada – MC	Bpl Medical Technologies Pvt Ltd	USG Machine 2D with Color Doppler	T-118	1
		Total		1471680							4
3	CIMS Chhindwara	721129980761	21-Dec-21	17495	2965.25	Dean, Medical College – Chhindwara	Chhindwada – MC	Samar Steel Industries	Bed Side Locker SS	T-092	5
4	CIMS Chhindwara	721129980763	21-Dec-21	14868	6300	Dean, Medical College – Chhindwara	Chhindwada – MC	Acme	Stretcher Trolley For Patients	T-092	2
5	CIMS Chhindwara	721129980910	31-Dec-21	34990	2965.25	Dean, Medical College – Chhindwara	Chhindwada – MC	Samar Steel Industries	Bed Side Locker SS	T-092	10
		Total		67353				Grand Total			17
											21
1	GMC, Bhopal	721129980818	22.12.2021	4656960	198000	Dean, Gandhi Medical College - Bhopal	GMC Bhopal-MC	Bpl Medical Technologies Pvt Ltd	Defibrillator with TCP and AED	T-218	21
		Total		4656960							21

Sl. No.	Name of unit	PO No.	PO Date	PO Amount	Rate Per Unit	Purchasing Authority	Consignee Name	Supplier Name	Equipment Name	Tender No.	Ordered Qty.
2	GMC, Bhopal	721129980821	22.12.2021	118944	6300	Dean, Gandhi Medical College - Bhopal	GMC Bhopal-MC	Acme	Stretcher Trolley For Patients	T-092	16
3	GMC, Bhopal	722019980045	03.01.2022	111968	2965.25	Dean, Gandhi Medical College - Bhopal	GMC Bhopal-MC	Samar Steel Industries	Bed Side Locker SS	T-092	32
4	GMC, Bhopal	722019980075	03.01.2022	241605	3150	Dean, Gandhi Medical College - Bhopal	GMC Bhopal-MC	Inline Medicare	Over Bed Table	T-118	65
		Total		472517							113
		Grand Total		5129477	210415.25						134

Appendix-5.1
(Reference: Paragraph No.5.2.1, Page No. 117)
Shortage of CHC, PHC and SHC in the State

District	Population (projected) of district (March 2022)	Rural projected population	Actual availability of CHCs (March 2022)	Requirement of number of CHCs as per projected population of 2022	Shortage of CHCs	Shortage in per cent	Actual availability of PHCs (March 2022)	Required number of PHCs as per projected population of 2022	Shortage of PHCs	Shortage in per cent	Actual availability of SHCs (March 2022)	Required number of SHCs as per projected population of 2022	Shortage of SHCs	Shortage in per cent
Agar Malwa	741562	536668	1	4	3	75	6	18	12	67	78	107	29	27
Alirajpur	8,61,400	623395	8	8	0	0	15	31	16	52	194	208	14	7
Anuppur	8,76,907	634618	9	8	0	0	22	32	10	31	162	212	50	24
Ashoknagar	9,40,462	680612	3	6	3	50	10	23	13	57	133	136	3	2
Balaghat	18,76,000	1357661	7	11	4	36	41	45	4	9	294	272	0	0
Barwani	16,22,035	1173867	11	15	4	27	26	59	33	56	332	391	59	15
Betul	17,43,909	1262067	10	16	6	38	34	63	29	46	321	421	100	24
Bhind	18,94,490	1371042	8	11	3	27	27	46	19	41	209	274	65	24
Bhopal	25,05,183	1813001	3	15	12	80	12	60	48	80	66	363	297	82
Burhanpur	9,27,816	671460	4	8	4	50	15	34	19	56	101	224	123	55
Chhatarpur	21,28,212	1540187	11	13	2	15	37	51	14	27	239	308	69	22
Chhindwara	23,40,129	1693551	9	21	12	57	68	85	17	20	313	565	252	45
Damoh	14,60,214	1056757	6	9	3	33	17	35	18	51	178	211	33	16
Datia	9,20,817	666395	4	6	2	33	11	22	11	50	110	133	23	17
Dewas	18,19,399	1316699	5	11	6	55	24	44	20	45	211	263	52	20
Dhar	28,01,312	2027309	15	25	10	40	47	101	54	53	477	676	199	29
Dindori	8,54,588	618465	7	8	1	13	25	31	6	19	189	206	17	8
Guna	14,46,370	1046738	6	9	3	33	15	35	20	57	162	209	47	22
Gwalior	25,19,725	1823525	6	15	9	60	15	61	46	75	121	365	244	67
Harda	6,83,445	494609	4	6	2	33	7	25	18	72	81	165	84	51
Narmadapuram	1328570	961486	5	8	3	38	17	32	15	47	161	192	31	16
Indore	3835046	2775423	7	23	16	70	27	93	66	71	118	555	437	79

District	Population (projected) of district (March 2022)	Rural projected population	Actual availability of CHCs (March 2022)	Requirement of number of CHCs as per projected population of 2022	Shortage of CHCs	Shortage in per cent	Actual availability of PHCs (March 2022)	Required number of PHCs as per projected population of 2022	Shortage of PHCs	Shortage in per cent	Actual availability of SHCs (March 2022)	Required number of SHCs as per projected population of 2022	Shortage of SHCs	Shortage in per cent
Jabalpur	28,77,418	2082387	7	17	10	59	21	69	48	70	181	416	235	56
Jhabua	11,99,716	868234	8	11	3	27	18	43	25	58	294	289	0	0
Katni	15,89,252	1150142	7	10	3	30	19	38	19	50	169	230	61	27
Khandwa	16,18,449	1171272	9	15	6	40	28	59	31	53	185	390	205	53
Khargone	22,49,549	1627999	11	20	9	45	57	81	24	30	317	543	226	42
Mandla	12,23,901	885737	10	11	1	9	32	44	12	27	275	295	20	7
Mandsaur	15,50,000	1121735	7	9	2	22	40	37	0	0	179	224	45	20
Morena	24,18,143	1750010	5	15	10	67	23	58	35	60	239	350	111	32
Narsinghpur	12,77,906	924821	6	8	2	25	22	31	9	29	139	185	46	25
Neemuch	9,40,064	680324	2	6	4	67	17	23	6	26	105	136	31	23
Panna	11,90,000	861203	5	7	2	29	17	29	12	41	157	172	15	9
Raisen	17,57,709	1272054	6	11	5	45	25	42	17	40	188	254	66	26
Rajgarh	19,85,131	1436639	6	12	6	50	29	48	19	40	217	287	70	24
Ratlam	17,03,013	1232471	8	15	7	47	25	62	37	60	197	411	214	52
Rewa	27,52,842	1992232	10	17	7	41	37	66	29	44	322	398	76	19
Sagar	27,83,747	2014598	9	17	8	47	34	67	33	49	268	403	135	33
Satna	35,08,000	2538740	12	21	9	43	45	85	40	47	307	508	201	40
Sehore	1565075	1132645	8	9	1	11	21	38	17	45	162	227	65	29
Seoni	16,14,135	1168149	5	15	10	67	36	58	22	38	284	389	105	27
Shahdol	12,31,000	890875	8	11	3	27	30	45	15	33	229	297	68	23
Shajapur	11,25,950	814850	5	7	2	29	16	27	11	41	119	163	44	27
Sheopur	8,36,000	605013	4	5	1	20	12	20	8	40	106	121	15	12
Shivpuri	20,78,682	1504342	9	13	4	31	16	50	34	68	251	301	50	17
Sidhi	13,12,993	950213	7	12	5	42	28	48	20	42	194	317	123	39
Singrauli	14,71,502	1064926	7	13	6	46	17	53	36	68	205	355	150	42

District	Population (projected) of district (March 2022)	Rural projected population	Actual availability of CHCs (March 2022)	Requirement of number of CHCs as per projected population of 2022	Shortage of CHCs	Shortage in per cent	Actual availability of PHCs (March 2022)	Required number of PHCs as per projected population of 2022	Shortage of PHCs	Shortage in per cent	Actual availability of SHCs (March 2022)	Required number of SHCs as per projected population of 2022	Shortage of SHCs	Shortage in per cent
Tikamgarh	16,91,422	1224082	7	10	3	30	13	41	28	68	148	245	97	40
Ujjain	23,06,749	1669394	6	14	8	57	24	56	32	57	211	334	123	37
Umaria	7,70,556	557651	5	7	2	29	12	19	7	37	125	186	61	33
Vidisha	17,07,323	1235590	7	10	3	30	25	41	16	39	202	247	45	18
Total	86463818	62573863	355	604	249 ¹	-	1257	2404	1147 ²	-	10225	15129	4904 ³	-

Note: Name of districts shown in bold are tribal districts.

- ¹ In district Anuppur, one CHC was in excess.
- ² In district Mandasaur, three PHCs were in excess.
- ³ In districts Balaghat and Jhabua, 22 and 5 SHCs were in excess respectively.

Appendix-5.2

(Reference: Paragraph No.5.3.1, Page No. 121)

Patient load per registration counter per day in selected DHs

Average load per registration counter for registration of patients for OPD in 2021-22							
SL.No.	Name of HIs	Total No. of patient registration counters	Total Number of OPD Patient registered in the year	Total working days in the year	Patient load on registration counters per day	Patient load per registration counter per day	Average no. of patient registered per hour
1	2	4	5	6	7 (=5/6)	8 (=7/no. of registration counters)	9 (=8/8)
1	DH Badwani	2	210847	293	719.61	359.81	44.98
2	DH Bhopal	7	251036	293	856.78	122.40	15.30
3	DH Chhatarpur	5	315116	293	1075.48	215.10	26.89
4	DH Dhar	7	163004	293	556.33	79.48	9.94
5	DH Gwalior	6	252230	293	860.85	143.48	17.94
6	DH Harda	3	139671	293	476.69	158.90	19.86
7	DH Jabalpur	5	220700	293	753.24	150.65	18.83
8	DH Mandla	4	26072	293	88.98	22.25	2.78
9	DH Rewa	4	166469	293	568.15	142.04	17.76
10	DH Ujjain	3	250886	293	856.27	285.42	35.68
11	GRMC Gwalior	21	1905561	293	6503.62	309.69	38.71
12	GMC Bhopal	14	445794	293	1521.48	108.67	13.58
13	CIMS Chhindwara	8	102069	293	348.35	43.54	5.44

Appendix-5.3

(Reference: Paragraph No.5.3.4, Page No. 125)

District-wise Projected Population of 2022 and shortage of beds in DHs of the State

Sl. No.	Name of DH	Population as per Census 2011	Projected population as of 2022	Availability of beds in DHs	Required number of beds as per IPHS norms	Shortage of beds in DH	Shortage in per cent
1	Agar Malwa	-	741562	200	163	0	0
2	Alirajpur	749237	8,61,400	100	190	90	47
3	Anuppur	749237	8,76,907	200	193	0	0
4	Ashok Nagar	845071	9,40,462	200	207	7	3
5	Balaghat	1701698	18,76,000	300	413	113	27
6	Barwani	1385881	16,22,035	300	357	57	16
7	Betul	1575362	17,43,909	300	384	84	22
8	Bhind	1703005	18,94,490	300	417	117	28
9	Bhopal	2371061	25,05,183	400	551	151	27
10	Burhanpur	757847	9,27,816	200	204	4	2
11	Chhatarpur	1762375	21,28,212	300	468	168	36
12	Chhindwara	2090922	23,40,129	400	515	115	22
13	Damoh	1264219	14,60,214	300	321	21	7
14	Datia	786754	9,20,817	350	203	0	0
15	Dewas	1563715	18,19,399	400	400	0	0
16	Dhar	2185793	28,01,312	300	616	316	51
17	Dindori	704524	8,54,588	100	188	88	47
18	Guna	1241519	14,46,370	400	318	0	0
19	Gwalior	2032036	25,19,725	200	554	354	64
20	Harda	570465	6,83,445	100	150	50	33
21	Indore	3276697	3835046	100	844	744	88
22	Jabalpur	2463289	28,77,418	300	633	333	53
23	Jhabua	1025048	11,99,716	200	264	64	24
24	Katni	1292042	15,89,252	200	350	150	43
25	Khandwa	1310061	16,18,449	400	356	0	0
26	Khargone	1873046	22,49,549	300	495	195	39
27	Mandla	1054905	12,23,901	300	269	0	0
28	Mandsaur	1340411	15,50,000	500	341	0	0
29	Morena	1965970	24,18,143	300	532	232	44
30	Narmadapuram	1241350	1328570	300	292	0	0
31	Narsinghpur	1091854	12,77,906	300	281	0	0
32	Neemuch	826067	9,40,064	200	207	7	3
33	Panna	1016520	11,90,000	300	262	0	0
34	Raisen	1331597	17,57,709	350	387	37	9
35	Rajgarh	1545814	19,85,131	300	437	137	31
36	Ratlam	1455069	17,03,013	500	375	0	0

Sl. No.	Name of DH	Population as per Census 2011	Projected population as of 2022	Availability of beds in DHs	Required number of beds as per IPHS norms	Shortage of beds in DH	Shortage in per cent
37	Rewa	2365106	27,52,842	100	606	506	83
38	Sagar	2378458	27,83,747	400	612	212	35
39	Satna	2228935	35,08,000	400	772	372	48
40	Sehore	1311332	1565075	200	344	144	42
41	Seoni	1379131	16,14,135	400	355	0	0
42	Shahdol	1066063	12,31,000	300	271	0	0
43	Shajapur	1512681	11,25,950	200	248	48	19
44	Sheopur	687861	8,36,000	200	184	0	0
45	Shivpuri	1726050	20,78,682	400	457	57	12
46	Sidhi	1127033	13,12,993	300	289	0	0
47	Singrauli	1178273	14,71,502	200	324	124	38
48	Tikamgarh	1445166	16,91,422	200	372	172	46
49	Ujjain	1986864	23,06,749	700	507	0	0
50	Umaria	644758	7,70,556	200	170	0	0
51	Vidisha	1458875	17,07,323	300	376	76	20
	Total				19024	5345	

(Source: information furnished by DH and CMHO offices of the State)

Shortage up to 10 per cent	Shortage from 11 to 30 per cent	Shortage from 31 to 50 per cent	Shortage above 50 per cent

Appendix- 5.4

(Reference: Paragraph No. 5.4.1, Page No. 130)

Shortage of ICU Beds as per IPHS Norms

Sl. No.	Name of District Hospital	Number of Beds	Number of ICU Beds Available	Required as per IPHS Norms	Shortage of beds as per IPHS norms	Shortage of ICU Beds in per cent
1	Datia	350	5	18	13	72
2	Seoni	400	13	20	7	35
3	Mandsaur	500	12	25	13	52
4	Anuppur	200	7	10	3	30
5	Umaria	200	0*	10	10	100
6	Guna	400	10	20	10	50
7	Jhabua	200	7	10	3	30
8	Khandwa	400	10	20	10	50
9	Raisen	350	14	18	4	22
10	Shahdol	300	10	15	5	33
11	Sidhi	300	6	15	9	60
12	Damoh	300	14	15	1	7
13	Ratlam	500	22	25	3	12
14	Hosangabad	300	10	15	5	33
15	Indore	100	0*	5	5	100
16	Khargone	300	12	15	3	20
17	Panna	300	10	15	5	33
18	Betul	300	0*	15	15	100
19	Barwani	300	6	15	9	60
20	Bhopal	400	40	20	0	0
21	Dhar	300	7	15	8	53
22	Harda	100	4	5	1	20
23	Jabalpur	300	13	15	2	13
24	Mandla	300	4	15	11	73
25	Ujjain	700	10	35	25	71

*In Indore district, ICU is available in the hospital attached to the Medical College but the same is not available in DH. In DH Umaria and Betul, ICU were not established.

Appendix- 5.5

(Reference: Paragraph No. 5.4.2, Page No. 131)

Status of non-availability of equipment in emergency unit

Name of equipment	Name of DH where equipment not available	Total No. of DH where equipment not available
ABG Machine	Betul, Bhopal, Damoh, Datia, Dindori, Satna, Shivpuri, Vidisha, Agar Malwa, Anuppur, Balaghat, Bhind, Dewas, Hosangabad, Madnsaur, Raisen, Sehore, Seoni, Shahdol, Shajapur, Sheopur, Umaria, Alirajpur, Chhatarpur, Dhar, Indore, Jabalpur, Neemuch, Rewa, Gwalior, Khandwa, Khargone, Mandla, Sidhi, Harda, Morena, Ratlam, Badwani, Burhanpur, Ujjain, Ashoknagar, Narsinghpur	42
Cervical Collar (Adult & Paediatric)	Tikamgarh, Katni, Rajgarh, Sagar, Shivpuri, Ashoknagar, Bhopal, Damoh, Panna, Betul, Datia, Dindori, Hosangabad, Satna, Shajapur, Sheopur, Umaria, Madnsaur, Singrauli, Agar Malwa, Balaghat, Bhind, Dewas, Dhar, Neemuch, Sehore, Seoni, Shahdol, Alirajpur, Anuppur, Indore, Chhatarpur, Jabalpur, Khandwa, Khargone, Mandla, Gwalior, Ratlam, Sidhi, Harda, Morena, Badwani, Burhanpur, Ujjain	44
ECG Machine	Harda, Morena, Ratlam, Badwani, Burhanpur, Ujjain	6
Glucometer	Sehore, Mandla, Sidhi, Badwani, Burhanpur, Ujjain	6
Haemoglobin ometer	Narsinghpur, Katni, Rajgarh, Sagar, Shivpuri, Ashoknagar, Bhopal, Damoh, Panna, Vidisha, Betul, Datia, Dindori, Hosangabad, Satna, Shajapur, Sheopur, Umaria, Madnsaur, Singrauli, Agar Malwa, Balaghat, Bhind, Dewas, Dhar, Rewa, Seoni, Shahdol, Alirajpur, Anuppur, Indore, Sehore, Chhatarpur, Khandwa, Khargone, Gwalior, Mandla, Ratlam, Harda, Morena, Sidhi, Badwani, Burhanpur, Ujjain	44
Infusion pump	Betul, Dindori, Satna, Agar Malwa, Anuppur, Balaghat, Bhind, Dewas, Sehore, Seoni, Shahdol, Singrauli, Alirajpur, Chhatarpur, Dhar, Indore, Jabalpur, Rewa, Gwalior, Khandwa, Khargone, Mandla, Sidhi, Harda, Morena, Ratlam, Badwani, Burhanpur, Ujjain, Narsinghpur, Rajgarh	31
Laryngoscope Blades (2, 3, 4) all sizes	Ashoknagar, Chhindwara, Anuppur, Sehore, Chhatarpur, Sidhi, Morena, Badwani, Burhanpur, Jhabua	10
Manual defibrillator	Gwalior, Harda, Khandwa, Khargone, Mandla, Morena, Ratlam, Sidhi, Badwani, Burhanpur, Ujjain, Chhatarpur, Indore, Neemuch, Rewa, Singrauli	16
Multipara monitor with ECG, NIBP, SPO2	Badwani, Balaghat, Burhanpur, Dhar, Guna, Gwalior, Harda, Jabalpur, Khandwa, Khargone, Mandla, Morena, Ratlam, Sagar, Sidhi, Ujjain	16
Oxygen Supply working cylinders (B&H type with intact pressure gauze	Badwani, Burhanpur, Narsinghpur, Ujjain, Alirajpur, Panna	6

Name of equipment	Name of DH where equipment not available	Total No. of DH where equipment not available
Pelvic Binder	Guna, Jhabua, Katni, Narsinghpur, Rajgarh, Sagar, Ashoknagar, Bhopal, Chhindwara, Damoh, Panna, Betul, Datia, Dindori, Hosangabad, Raisen, Satna, Shajapur, Sheopur, Umaria, Vidisha, Madnsaur, Singrauli, Agar Malwa, Balaghat, Bhind, Dewas, Dhar, Neemuch, Sehore, Seoni, Shahdol, Alirajpur, Anuppur, Indore, Rewa, Chhatarpur, Jabalpur, Khandwa, Khargone, Mandla, Gwalior, Ratlam, Sidhi, Harda, Morena, Badwani, Burhanpur, Ujjain, Tikamgarh	50
Portable pulse oxymeter	Guna, Singrauli, Anuppur, Gwalior, Harda, Sidhi, Badwani, Burhanpur, Ujjain	9
Spine board	Guna, Jhabua, Tikamgarh, Narsinghpur, Katni, Raisen, Rajgarh, Sagar, Shivpuri, Ashoknagar, Damoh, Panna, Datia, Dindori, Hosangabad, Satna, Shajapur, Sheopur, Umaria, Betul, Madnsaur, Singrauli, Agar Malwa, Balaghat, Bhind, Dhar, Neemuch, Rewa, Seoni, Shahdol, Anuppur, Indore, Jabalpur, Sehore, Alirajpur, Chhatarpur, Khargone, Gwalior, Ratlam, Harda, Mandla, Morena, Sidhi, Badwani, Burhanpur, Ujjain	46
Stethoscope	Betul, Alirajpur, Khandwa, Mandla, Badwani, Burhanpur, Ujjain	7
Suction Machine	Jabalpur, Gwalior, Harda, Badwani, Burhanpur	5
Syringe Infusion pumps	Datia, Vidisha, Madnsaur, Agar Malwa, Balaghat, Bhind, Dewas, Neemuch, Seoni, Shahdol, Alirajpur, Anuppur, Indore, Jabalpur, Narsinghpur, Rewa, Chhatarpur, Gwalior, Khandwa, Khargone, Mandla, Harda, Ratlam, Sidhi, Morena, Badwani, Burhanpur, Ujjain	28
Transport Ventilator	Alirajpur, Chhatarpur, Dhar, Indore, Jabalpur, Neemuch, Rewa, Singrauli, Gwalior, Khandwa, Khargone, Mandla, Sidhi, Harda, Morena, Ratlam, Badwani, Burhanpur, Ujjain, Narsinghpur, Agar Malwa, Anuppur, Bhind, Bhopal, Chhindwara, Dewas, Dindori, Hosangabad, Katni, Madnsaur, Raisen, Sehore, Seoni, Shahdol, Shajapur, Sheopur, Shivpuri, Umaria, Vidisha	39
Ultrasound machine	Tikamgarh, Chhindwara, Raisen, Bhopal, Damoh, Panna, Rajgarh, Vidisha, Ashoknagar, Datia, Dindori, Hosangabad, Satna, Shajapur, Umaria, Betul, Dewas, Madnsaur, Rewa, Agar Malwa, Balaghat, Dhar, Seoni, Singrauli, Jabalpur, Sehore, Alirajpur, Anuppur, Chhatarpur, Khandwa, Khargone, Ratlam, Mandla, Harda, Sidhi, Badwani, Burhanpur, Ujjain	38
Ventilator (Fixed)	Agar Malwa, Anuppur, Balaghat, Bhind, Dewas, Hosangabad, Madnsaur, Panna, Raisen, Sehore, Seoni, Shahdol, Shajapur, Sheopur, Umaria, Ali Rajpur, Chhatarpur, Dhar, Indore, Jabalpur, Neemuch, Rewa, Singrauli, Gwalior, Khandwa, Khargone, Mandla, Sidhi, Harda, Morena, Ratlam, Badwani, Burhanpur, Ujjain, Narsinghpur, Betul, Damoh, Datia, Satna	39

Appendix-5.6

(Reference: Paragraph No. 5.5.2, Page No. 131)

Statement showing deficiencies noticed during Physical verification of Store of selected hospitals

Sl. No	Irregularities noticed	Physical verification of Store of sample selected hospitals
1	Bad Condition (Total 9)	CH Sendhwa, CHC Ishanagar, DH Dhar, CHC Badnawar, PHC Tisgaon, CHC Bhitwarwar, CHC Timmarni, CH Teothar, CH Badnagar
2	Seepage from roof and walls (Total 16)	CH Sendhwa, CHC Warla, PHC Upla, DH Bhopal, CHC Gandhinagar, CHC Ishanagar, CHC Badnawar, PHC Tisgaon, CHC Bhitwarwar, PHC Antari, CHC Handia, CHC Timmarni, CHC Bichiya, CH Teonthar, CH Badnagar, CHC Tarana
3	Non-availability of 24 hour electric supply (Total 7)	CHC Ishanagar, PHC Vikrampur, CHC Badnawar, PHC Tisgaon, PHC Akhara, CHC Handia, PHC Amaliha,
4	Non-availability of 24 hour power back up (Total 9)	CHC Silawad, CHC Ishanagar, CHC Badnawar, PHC Tisgaon, PHC Akhara, CHC Handia, CHC Govindgarh, PHC Amaliha, PHC Unhel
5	Insufficient space for storage of medicines (Total 31)	DH Barwani, CH Sendhwa, CHC Silawad, PHC Upla, DH Bhopal, CHC Kolar, PHC Barkhedi Dev, CHC Ishanagar, CHC Khajuraho, DH Dhar, CHC Badnawar, PHC Tisgaon, CHC Bhitwarwar, CHC Mohana, PHC Chinor, PHC Antari, DH Harda, CHC Handia, CHC Timmarni, CHC Majholi, DH Mandla, CH Nainpur, CHC Bichiya, DH Rewa, CH Teothar, CHC Govindgarh, CHC Simariya, PHC Amaliha, CH Badnagar, CHC Tarana, PHC Unhel
6	Cold chain not maintained (Total 15)	CH Sendhwa, PHC Barkhedi Dev, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CHC Badnawar, PHC Akhara, PHC Rahinkalan, PHC Masangaon, CHC Bichiya, CHC Bahmni, CH Teothar, CHC Govindgarh, CHC Simariya, PHC Amaliha,
7	No fire extinguishers in the store (Total 14)	CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, PHC Akhara, CHC Handia, CHC Timmarni, PHC Rahinkalan, PHC Masangaon, CH Teothar, CHC Govindgarh, PHC Amaliha, CHC Ingoriya, PHC Bhatpachlana, PHC Unhel
8	Non-availability of thermometer for measuring temperature of storage area of medicines (Total 26)	CH Sendhwa, CHC Warla, PHC Ojhar, CH Barasia, PHC Barkhedi Dev, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CH Kukshi, CHC Badnawar, PHC Tisgaon, PHC Akhara, CHC Bhitwarwar, PHC Chinor, PHC Antari, CHC Handia, CHC Timmarni, PHC Rahinkalan, PHC Masangaon, CHC Bichiya, CH Teothar, PHC Amaliya, CH Badnagar, CHC Ingoriya, PHC Bhatpachlana, PHC Unhel
9	Storage of drugs on floor or adjacent to walls (Total 5)	PHC Tisgaon, PHC Chinor, CHC Bahmni, PHC Tiwni, CHC Tarana,
10	Non-maintenance of Bin Card (Total 15)	CH Sendhwa, CHC Warla, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CH Kukshi, CHC Badnawar, CHC Gandhwani, PHC Akhara, CHC Timmarni, CH Teothar, CH Badnagar, CHC Ingoriya, PHC Bhatpachlana, PHC Unhel
11	Narcotic medicines are not kept in double lock (Total 20)	CH Sendhwa, CHC Warla, PHC Ojhar, CH Kukshi, CHC Badnawar, PHC Tisgaon, PHC Akhara, CHC Bhitwarwar, PHC Chinor, PHC Antari, CHC Handia, PHC Rahinkalan, CHC Bichiya, CHC Bahmni, CH Teothar, PHC Amaliya, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel
12	Expired Medicines not disposed of as per norms (Total 5)	CHC Ishanagar, CH Kukshi, PHC Amaliya, CHC Ingoriya, PHC Bhatpachlana
13	Physical verification not conducted regularly (Total 10)	CH Sendhwa, CH Barasia, PHC Barkhedi Dev, CHC Gandhwani, PHC Chinor, PHC Antri, CHC Handia, PHC Rahinkalan, PHC Masangaon, PHC Amaliya,

Sl. No	Irregularities noticed	Physical verification of Store of sample selected hospitals
14	Temporary connections and loosely hanging electric wires. (Total 9)	CH Sendhwa, CHC Ishanagar, PHC Tisgaon, CHC Timmarni, PHC Masangaon, CHC Bichiya, CH Teothar, PHC Tiwni, PHC Unhel
15	No fire exit in the Store (Total 15)	CH Sendhwa, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CH Kukshi, CHC Badnawar, CHC Handia, CHC Timmarni, PHC Rahinkalan, PHC Masangaon, CHC Bichiya, CH Teothar, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana

Appendix- 5.7

(Reference: Paragraph No.5.5.3, Page No. 132)

Statement showing Lack of facilities in test checked healthcare institutions

Sl No.	Unavailability of facilities in test checked Hospitals	Name of healthcare institution
1	Building is in flood prone area (Total 8).	CHC Silawad, DH Dhar, CHC Badnawar, CHC Timarni, CHC Handia, PHC Rehankalan, CHC Tarana, CH Teonthar
2	Running water facility (Total 5)	CHC Timarni, CHC Handia, PHC Masangaon, PHC Tiwani and PHC Vijaypur
3	Sewage and storm water disposal (Total 22)	PHC Ojhar, PHC Upla, CH Barasia, PHC Barkhedhi Dev, CHC Ishanagar, PHC Vikrampur, DH Dhar, CHC Badnawar, CHC Gandhwani, DH Gwalior, CHC Bhitwarwar, CHC Timarni, CHC Handia, DH Jabalpur, CH Rani Durga wati, CHC Panagar, CHC Majholi, PHC Umariya Chobey, PHC Bhghraji, CHC Bahmini, CH Teonthar, PHC Tiwani
4	24x7 electricity and power back up is not available (Total 8)	CHC Badnawar, CHC Timarni, CHC Handia, PHC Umariya Chobey, PHC Bhghraji, CH Nainpur, PHC Tiwani, CHC Ingoriya
5	Hospital is near garbage collection centre (Total 3)	PHC Upla, CHC Tarana, PHC Bhatpachlana
6	Hospital is near cattle shed house (Total 4)	CHC Silawad, PHC Upla, PHC Barkhedhi Dev, PHC Bhatpachlana
7	Hospital is in water logging area (Total 5)	CHC Silawad, CHC Gandhinagar, CHC Timarni, CHC Handia
8	Hospital is not having intact boundary wall along with gate (Total 13)	CHC Warla, CH Barasia, PHC Barkhedhi Dev, CHC Khajuraho, PHC Vikrampur, CHC Bhitwarwar, PHC Chinor, PHC Antri, PHC Masangaon, PHC Rahinkalan, PHC Bhghraji, PHC Vijaypur, PHC Anjani
9	Fire protection measures are not available in Hospital (Total 14)	CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CHC Handia, PHC Masangaon, PHC Rahinkalan, CHC Majholi, PHC Umariya Chobey, PHC Bhghraji, CHC Bichiya, PHC Anjani, CH Teonthar, PHC Amaliya, CHC Ingoriya
10	Staff is not trained for using fire fighting equipment (Total 30)	CH Sendhwa, PHC Upla, CH Barasia, CHC Gandhinagar, PHC Toomda, PHC Barkhedhi Dev, CHC Khajuraho, PHC Vikrampur, DH Dhar, CHC Badnawar, CHC Gandhwani, CH Hazira, CHC Mohana, PHC Chinor, PHC Antari, CHC Timarni, CHC Handia, PHC Masangaon, PHC Rahinkalan, CHC Majholi, PHC UmariyaChobey, PHC Bhghraji, CHC Bichiya, CHC Bahmini, PHC Vijaypur, PHC Anjani, CH Badnagar, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana,
11	Directional and layout signages for all the departments and utilities (toilets, drinking water etc.) not displayed for easy access (Total 6)	PHC Vikrampur, DH Dhar, PHC Masangaon, PHC Bhghraji, PHC Unhel, CH Teonthar.
12	Safety, hazards and caution signs not displayed e.g radiation hazards for pregnant woman in X-Ray(Total-28)	CHC Warla, CH Barasia, PHC Barkhedhi Dev, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, DH Gwalior, CH Hazira, CHC Bhitwarwar, CHC Mohana, PHC Chinor, PHC Antari, PHC Masangaon, PHC Rahinkalan, PHC Umariya Chobey, PHC Bhghraji, CH Nainpur, PHC Vijaypur, PHC Anjani, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, PHC Tiwani, PHC Amaliya, CHC Govindgarh, CHC Simariya, CH Teonthar
13	Suggestion, complaint box is not available and name of persons responsible for grievance redressal is not displayed at appropriate places. (Total-32)	CHC Silawad, CHC Gandhinagar, PHC Toomda, PHC Barkhedhi Dev, DH Chhatapur, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, DH Dhar, CH Kukshi, CHC Badnawar, CH Hazira, CHC Mohana, PHC Chinor, PHC Antari, PHC Rahinkalan, CHC Majholi, PHC Umariya Chobey, PHC Bhghraji, CH Nainpur, CHC Bichiya, CHC Bahmini, PHC Vijaypur, PHC Anjani, CH Badnagar, CHC Tarana, PHC Bhatpachlana, PHC Unhel, CH Teonthar, CHC Govindgarh, PHC Amliha, PHC Tiwani
14	Adequate space is not available for waiting area.(Total-08)	PHC Upla, CHC Gandhinagar, PHC Vikrampur, DH Dhar, CHC Badnawar, CHC Bhitwarwar, CHC Majholi, PHC Unhel

Sl No.	Unavailability of facilities in test checked Hospitals	Name of healthcare institution
15	Breast feeding area is not available.(Total-28)	CHC Warla, CHC Silawad, PHC Upla, PHC Barkhedi Dev, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CH Kukshi, CHC Badnawar, DH Gwalior, CH Hazira, CHC Bhitwarwar, CHC Mohana, PHC Chinor, PHC Antari, CHC Handia, PHC Masangaon, PHC Rahinkalan, CHC Panagar, CHC Majholi, PHC UmariyaChobey, CH Nainpur, CHC Bichiya, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, PHC Tiwri
16	Ramps are not available for handicapped patients (Total-05)	CHC Badnawar, PHC Masangaon, PHC Rahinkalan, CH Teonthar, PHC Tiwri
17	Dressing room is not available (Total- 10)	PHC Upla, PHC Vikrampur, CHC Badnawar, PHC Masangaon, PHC Rahinkalan, PHC UmariyaChobey, PHC Anjani, CHC Ingoriya, PHC Bhatpachlana, PHC Tiwri
18	Central Sterile Supply Department (CSSD) is not available. (Total-48)	DH Barwani, CH Sindhwa, CHC Warla, PHC Ojhar, PHC Upla, CH Barasia, CHC Gandhinagar, CHC Kolar, PHC Toomda, PHC Barkhedi Dev, DH Chhatarpur, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CH Kukshi, CHC Badnawar, CHC Gandhwani, DH Gwalior, CH Hazira, CHC Bhitwarwar, CHC Mohana, PHC Chinor, PHC Antari, CHC Timarni, CHC Handia, PHC Masangaon, PHC Rahinkalan, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Bhghraji, CH Nainpur, CHC Bichiya, CHC Bahmni, PHC Vijaypur, PHC Anjani, DH Ujjain, CH Badnagar, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, DH Rewa, CH Teonthar, CHC Simariya, CHC Govindgarh, PHC Amliha, PHC Tiwri
19	Hospital Laundry services is not available (Total- 20)	CHC Warla, PHC Ojhar, PHC Upla, PHC Barkhedi Dev, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CHC Timarni, CHC Handia, PHC Masangaon, PHC Rahinkalan, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Bhghraji, PHC Vjaypur, PHC Anjani, CHC Tarana, PHC Bhatpachlana, PHC Unhel, PHC Anjani, PHC Bhatpachlana, CH Teonthar, CHC Simariya,
20	Ambulances are not available in Hospital (Total-30)	CH Sindhwa, CHC Warla, PHC Upla, CHC Gandhinagar, PHC Toomda, PHC Barkhedi Dev, CHC Ishanagar, PHC Vikrampur, CHC Bhitwarwar, CHC Mohana, PHC Chinor, PHC Antri, CHC Timarni, CHC Handia, PHC Masangaon, PHC Rahinkalan, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Bhghraji, PHC Vjaypur, PHC Anjani, CHC Tarana, PHC Bhatpachlana, PHC Unhel, CH Teonthar, CHC Simariya, CHC Govindgarh, PHC Amliha, PHC Tiwri
21	Seepage in the walls or roof of different wards and store of the Hospital was found. (Total- 17)	CH Sindhwa, CHC warla, PHC Upla, DH Bhopal, CHC Gandhinagar, CHC Ishanagar, CHC Badnawar, CHC Bhitwarwar, CH Nainpur, PHC Masangaon, PHC Unhel, CHC Tarana, CHC Govindgarh, CH Teonthar, CHC Handia, CHC Timarni, DH Harda
22	No preventive measure were available to prevent entering stray animals inside hospital premise. (Total-22)	CHC Silawad, CH Barasia, CHC Khajuraho, CHC Ishanagar, PHC Vikrampur, DH Dhar, CHC Badnawar, CHC Gandhwani, DH Gwalior, CHC Bhitwarwar, CHC Mohna, PHC Chinor, PHC Antri, CHC Timarni, PHC Masangaon, PHC Rahinkalan, CHC Majholi, PHC Bhghraji, CHC Bichiya, PHC Anjani, CHC Ingoriya, CHC Tarana
23	Clean linen is not available in the wards and the bedsheets and pillow covers are changed on daily basis. (Total 17)	CH Barasia, PHC Barkhedi Dev, PHC Vikrampur, DH Dhar, CH Kukshi, CHC Badnawar, CHC Bhitwarwar, PHC Masangaon, PHC Rahinkalan, CHC Panagar, CHC Majholi, PHC UmariyaChobey, CH Badnagar, CHC Ingoriya, PHC Unhel, CH Teonthar, PHC Tiwri
24	Linen department has no separate trolley for distribution of clean linen and collection of dirty linen. (Total 42)	DH Barwani, CH Sindhwa, CHC Warla, CHC Silawad, PHC Ojhar, PHC Upla, CH Bairasia, CH Gandhinagar, PHC Toomda, PHC Barkheridev, DH Chhattarpur, CHC Ishanagar, CHC Khajuraho, PHC Vikarampur, DH Dhar, CH Kukshi, CHC Badnawar, CHC Gandhwani, CHC Bhitwarwar, CHC Mohana, PHC Chinor, PHC Antari, DH Harda, PHC Masangaon, PHC Rahinkalan, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Bichiya, PHC Bhghraji, PHC Vjaypur, PHC Anjani, DH Ujjain, CH Badnagar, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, CH Teonthar, CHC Simariya, PHC Amliha, PHC Tiwri
25	Linen department has no system of sorting of different category of linen before putting into washing machine (Total 45)	DH Barwani, CH Sindhwa, CHC Silawad, PHC Ojhar, PHC Upla, DH Bhopal, CH Bairasia, CHC Gandhinagar, CHC Kolar, PHC Toomda, PHC Barkhedi Dev, DH Chhattarpur, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, DH Dhar, CH Kukshi, CHC Badnawar, CHC Gandhwani, CHC Handia, PHC Masangaon, PHC Chinor, PHC Antari, CHC Timarni, CHC Handia, PHC Masangaon, PHC Rahinkalan, DH Jabalpur, CH Ranidurgawati, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Bhghraji, CHC Bichiya, PHC Vjaypur, CH Badnagar, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, CH Teonthar, CHC

SI No.	Unavailability of facilities in test checked Hospitals	Name of healthcare institution
26	Emergency medical treatment unit was not available in the hospital (Total 24)	Simariya, PHC Amlilha, PHC Tiwani PHC Upla, CHC Gandhinagar, PHC Toomda, PHC Barkhedidev, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, CH Kukshi, CHC Mohana, PHC Chinor, PHC Antari, PHC Masangaon, PHC Rahinkalan, CH Rani Durgawati, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Bhghraji, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, PHC Tiwani, PHC Amlilha
27	Red coloured Glow sign board for emergency room was not placed in visual site (Total-46)	DH Barwani, CH Sendhwa, CHC Warla, CHC Silawad, PHC Ojhar, PHC Upla, CH Barasia, CHC Gandhinagar, CHC Kolar, PHC Toomda, PHC Barkhedidev, DH Chhatarpur, CHC Ishanagar, PHC Vikrampur, DH Dhar, CH Kukshi, CHC Badnawar, CHC Gandhwani, CH Hazira, CHC Mohana, PHC Chinor, PHC Antari, DH Harda, PHC Masangaon, PHC Rahinkalan, CH Rani Durgawati, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Baghraji, CH Nainpur, CHC Bichiya, CHC Bahmni, PHC Vijaypur, PHC Anjani, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, CH Teonthar, CHC Simariya, CHC Govindgarh, PHC Amlilha, PHC Tiwani
28	Duty roster of specialist, medical officer, nurses and para medical staff was not displayed in emergency medical treatment unit. (Total 35)	DH Barwani, CH Sendhwa, CH Barasia, CHC Gandhinagar, CHC Kolar, PHC Toomda, PHC Barkhedidev, DH Chhatarpur, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, DH Dhar, CH Kukshi, CHC Badnawar, CHC Gandhwani, CHC Mohana, PHC Chinor, PHC Antari, CHC Timarni, CHC Handia, PHC Masangaon, PHC Rahinkalan, CH Rani Durgawati, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Baghraji, CHC Bichiya, PHC Vijaypur, PHC Anjani, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, PHC Tiwani
29	Phone number of Ambulance and higher referral center was not displayed in emergency medical treatment unit and other prominent places of Hospital. (Total 33)	DH Barwani, CH Sendhwa, CHC Warla, CHC Silawad, DH Chhatarpur, CHC Ishanagar, CHC Khajuraho, PHC Vikrampur, DH Dhar, CH Kukshi, CHC Badnawar, CHC Gandhwani, CHC Bhitwarwar, CHC Mohana, PHC Chinor, PHC Antari, CHC Timarni, CHC Handia, PHC Masangaon, PHC Rahinkalan, CH Rani Durgawati, CHC Panagar, CHC Majholi, PHC UmariyaChobey, PHC Bhghraji, CH Nainpur, CHC Bichiya, PHC Anjani, CHC Ingoriya, CHC Tarana, PHC Bhatpachlana, PHC Unhel, CHC Govindgarh

Appendix 6.1
(Reference: Paragraph No.6.7.2, Page No. 154)
Year-wise detail of advances in selected districts

(₹ in lakh)

District	Year	Advance issued to Implementing agencies			Advance issued to Staff			Advance issued to external parties/suppliers		
		Advance issued	Adjustment/ settlement during the year	Unadjusted advance	Advance issued	Adjustment/ settlement during the year	Unadjusted advance	Advance issued	Adjustment/ settlement during the year	Unadjusted advance
1	2	3	4	5	6	7	8	9	10	11
Barwani	2017-18	0	0	0	0	0	0	0	0	0
	2018-19	0	0	0	0	0	0	40.24	40.24	0
	2019-20	0	0	0	0	0	0	105.55	105.55	0
	2020-21	0	0	0	0	0	0	22.80	22.80	0
	2021-22	0	0	0	92.37	0.19	92.18	79.46	61.30	18.16
Total		0	0	0	92.37	0.19	92.18	248.05	229.89	18.16
Bhopal	2017-18	1,893.93	1,716.98	176.95	0	0	0	0	0	0
	2018-19	592.82	848.50	-255.68	0	0	0	0	0	0
	2019-20	147.03	119.49	27.54	0	0	0	0	0	0
	2020-21	171.04	183.78	-12.74	0	0	0	0	0	0
	2021-22	248.13	165.88	82.25	0	0	0	0	0	0
Total		3,052.95	3,034.63	18.32	0	0	0	0	0	0
Chhatarpur	2017-18	Not Provided								
	2018-19	251.51	137.86	113.65	11.77	4.41	7.36	107.28	0	107.28
	2019-20	314.37	294.50	19.87	15.82	9.45	6.37	134.62	116.84	17.78
	2020-21	285.91	265.34	20.57	24.44	20.43	4.01	144.04	129.10	14.94
	2021-22	336.13	294.89	41.24	37.25	36.95	0.30	178.94	178.94	0
Total		1,187.92	992.59	195.33	89.28	71.24	18.04	564.88	424.88	140.00
Dhar	2017-18	0	0	0	0	0	0	0	0	0
	2018-19	0	0	0	0	0	0	0	0	0
	2019-20	323.21	285.33	37.88	0	0	0	0	0	0
	2020-21	157.32	101.22	56.10	0	0	0	0	0	0
	2021-22	412.67	288.16	124.51	0	0	0	0	0	0
Total		893.20	674.71	218.49	0	0	0	0	0	0
Gwalior	2017-18	Not provided								
	2018-19	34.74	0	34.74	0.95	0	0.95	0	0	0
	2019-20	66.20	0	66.20	0	0	0	0	0	0
	2020-21	85.13	0	85.13	0	0	0	0	0	0
	2021-22	186.41	0	186.41	0	0	0	0	0	0
Total		372.48	0	372.48	0.95	0	0.95	0	0	0
Harda	2017-18	428.92	452.06	-23.14	0	0	0	0	0	0
	2018-19	Not provided								
	2019-20	8.79	8.79	0	0	0	0	0	0	0
	2020-21	37.93	35.62	2.31	0	0	0	0	0	0
	2021-22	76.54	76.54	0	0	0	0	0	0	0
Total		552.18	573.01	-20.83	0	0	0	0	0	0
Jabalpur	2017-18	1,907.97	1,803.06	104.91	0	0	0	0	0	0
	2018-19	477.73	726.90	-249.17	0.24	0	0.24	0	0	0
	2019-20	307.05	311.54	-4.49	0.19	0	0.19	0	0	0
	2020-21	236.55	217.29	19.26	0	0	0	0	0	0
	2021-22	77.05	45.61	31.44	0.36	0	0.36	0	0	0
Total		3,006.35	3,104.40	-98.05	0.79	0	0.79	0	0	0
Mandla	2017-18	1,823.50	1,656.79	166.71	0.26	0.55	-0.29	0	1.59	-1.59
	2018-19	305.99	174.82	131.17	0.20	0.20	0	24.71	129.48	-104.77
	2019-20	169.51	74.68	94.83	1.11	1.11	0	29.34	28.42	0.92
	2020-21	166.93	164.99	1.94	1.62	1.62	0	74.18	71.70	2.48
	2021-22	142.01	142.01	0	10.88	2.55	8.33	102.61	100.55	2.06

District	Year	Advance issued to Implementing agencies			Advance issued to Staff			Advance issued to external parties/suppliers		
		Advance issued	Adjustment/settlement during the year	Unadjusted advance	Advance issued	Adjustment/settlement during the year	Unadjusted advance	Advance issued	Adjustment/settlement during the year	Unadjusted advance
1	2	3	4	5	6	7	8	9	10	11
Total		2,607.94	2,213.29	394.65	14.07	6.03	8.04	230.84	331.74	-100.90
Rewa	2017-18	Not provided								
	2018-19	72.14	2.84	69.30	0	0	0	0	0	0
	2019-20	84.65	81.90	2.75	0	0	0	0	0	0
	2020-21	4.67	2.95	1.72	0	0	0	0	0	0
	2021-22	261.24	222.20	39.04	0	0	0	0	0	0
Total		422.70	309.89	112.81	0	0	0	0	0	0
Ujjain	2017-18	2,395.93	1,948.90	447.03	1.71	0.55	1.16	1.95	33.56	-31.61
	2018-19	135.72	219.51	-83.79	0	0	0	0	0	0
	2019-20	51.13	49.09	2.04	1.63	1.63	0	2.97	1.62	1.35
	2020-21	77.34	59.98	17.36	0.45	0.45	0	2.67	0	2.67
	2021-22	263.03	229.46	33.57	22.77	22.77	0	0	0	0
Total		2,923.15	2,506.94	416.21	26.56	25.40	1.16	7.59	35.18	-27.59
Grand Total		15,018.87	13,409.46	1,609.41	224.02	102.86	121.16	1,051.36	1,021.69	29.67

(Source: Records of DHS offices)

Appendix-6.2

(Reference: Paragraph No. 6.8.3 (i), Page No. 160)

Diversion of Fund

Sl. No.	Name of Unit	Year	Scheme/Head (Fund Allotted)	Item	Name of Purchase Item (Fund Utilized)	Purchase Order No/Date	Name of Firm	Invoice no/Date of Firm	Amount without GST	GST	Total Amount	Bill no/Date of office
1	Joint Director Hamidia Hospital, Bhopal	2018-19	2210-01-110-0101-1353-34-002	Drug	Kambal/Jambu	18413-15/30.11.2018	Khadi and Gramodyog Emporium, Ujjain	302/18.12.2018	580630	11850	592480	656/01.01.2019
								Total	580630	11850	592480	
2	Joint Director Hamidia Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	Blood Administration set	10211901718/07.03.2019	Jeet Associates, Bhopal	JA/1650/19.3.2019	81000	9720	90720	218/27.06.2019
3	Joint Director Hamidia Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	Ventilator Tube (500pc)	10797-99/06.07.2019	Surgi-Medi Devices, Indore	SMD/19-20/176/27.07.2019	110000	13200	123200	382/23.09.2019
4	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	Yankur Suction Set (2000 pc)	3552/06.03.2019	Surgi-Medi Devices, Indore	SMD/19-20/73/28.5.2019	96000	11520	107520	--do--
5	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	Yankur Suction Set (4000 pc)	7070-72/25.05.2019	Surgi-Medi Devices, Indore	SMD/19-20/83/23.5.2019	192000	23040	215040	--do--
6	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	Cannula Fixator set (40000pc)	10991-93/10.07.2019	Surgi-Medi Devices, Indore	SMD/19-20/180/27.7.2019	132000	15840	147840	--do--
7	Joint Director Hamidia Hospital,	2019-20	--do--	Drug	Articast 4"(250 pc)	7073-75/25.05.2019	Surgi-Medi Devices, Indore	SMD/19-20/130/2.7.2019	43500	5220	48720	--do--

Sl. No.	Name of Unit	Year	Scheme/Head (Fund Allotted)	Item	Name of Purchase Item (Fund Utilized)	Purchase Order No/Date	Name of Firm	Invoice no/Date of Firm	Amount without GST	GST	Total Amount	Bill no/Date of office
	Bhopal											
8	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	Articast 6" (250 pc)	7076-78/ 25.05.2019	Surgi-Medi Devices, Indore	SMD/19-20/129/2.7.2019	54500	6540	61040	--do--
9	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	X-Ray film (Quantity 2500)	9799-9801/ 18.06.2019	Suresh Medical store, Gwalior	SMS19-20/158	99950	11994	111944	--do--
10	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	A Lead Apron with collar	Nil	Wellcare Surgical, Bhopal	CR-0162/23.08.2018	88327	10599.34	98926.34	--do--
11	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	Small PU From Dressing Kit (10 pC)	15893-94/ 07.10.2019	Sigmatronics, Bhopal	SIGMA/05/2019-20/15.7.2019	40180	4822	45002	405/1.10.2019
12	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	CCNPWT Medium PU From Dressing Kit (10 pC)	--do--	Sigmatronics, Bhopal	SIGMA/02/2019-20/15.7.2019	59380	7126	66506	--do--
13	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	CCNPWT Medium PU From Dressing Kit (10 pC)	- -do--	Sigmatronics, Bhopal	SIGMA/02/2019-20/15.7.2019	59380	7126	66506	--do--
14	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	draw sheet	6370-72/14.05.2019	MP State Power loom Weavers Co-operation Federation, Bhopal	Bpl 2721 dt.14.11.19	95000	4750	99750	--do--

Sl. No.	Name of Unit	Year	Scheme/Head (Fund Allotted)	Item	Name of Purchase Item (Fund Utilized)	Purchase Order No/Date	Name of Firm	Invoice no/Date of Firm	Amount without GST	GST	Total Amount	Bill no/Date of office
15	Joint Director Hamidia Hospital, Bhopal	2019-20	--do--	Drug	Adamin sheet	6370-72/14.05.2019	MP State Power loom Weavers Co-operation, Federation, Bhopal	Bpl 2720 dt.14.11.19	198000	9900	207900	--do--
								Total	1349217	141397.34	1490614.34	
								Grand Total	1929847	153247.34	2083094.34	
1	Superintendent Sultania Zanana Hospital, Bhopal	2018-19	52-2210-01-110-0101-1353-34-002	Drug	Napkin	102818237 16/08.06.2018	MP State Power loom Weavers Co-operation, Federation, Bhopal	2016/19.6.2018	364500	18225	382725	20007 02716 /23.07 .2018
2	Superintendent Sultania Zanana Hospital, Bhopal	2018-19	52-2210-01-110-0101-1353-34-002	Drug	Towel	102818464 21/19.09.2018	MP State Power loom Weavers Co-operation, Federation, Bhopal	2678/29.9.2018	239000	11950	250950	20001 93043 6/24.1 2.201 8
3	Superintendent Sultania Zanana Hospital, Bhopal	2018-19	52-2210-01-110-0101-1353-34-002	Drug	Napkin	102818464 22/19.09.2018	MP State Power loom Weavers Co-operation, Federation, Bhopal	2679/29.9.2018	324000	16200	340200	20001 93043 6/24.1 2.201 8
4	Superintendent Sultania Zanana Hospital, Bhopal	2018-19	52-2210-01-110-0101-1353-34-002	Drug	White Bed sheet	102818464 24/19.09.2018	MP State Power loom Weavers Co-operation, Federation, Bhopal	2684/29.9.2018	113500	5675	119175	20001 93043 6/24.1 2.201 8

Sl. No.	Name of Unit	Year	Scheme/Head (Fund Allotted)	Item	Name of Purchase Item (Fund Utilized)	Purchase Order No/Date	Name of Firm	Invoice no/Date of Firm	Amount without GST	GST	Total Amount	Bill no/Date of office
5	Superintendent Sultania Zanana Hospital, Bhopal	2018-19	52-2210-01-110-0101-1353-34-002	Drug	Bed sheet Colour	102818464 25/19.09.2018	MP State Power loom Weavers Co-operation Federation, Bhopal	2681/29.9.2018	71700	3585	75285	20001 93043 6/24.12.2018
6	Superintendent Sultania Zanana Hospital, Bhopal	2018-19	52-2210-01-110-0101-1353-34-002	Drug	Hole sheet	102818464 20/19.09.2018	MP State Power loom Weavers Co-operation Federation, Bhopal	2677/29.9.2018	276000	13800	289800	20001 93043 6/24.12.2018
7	Superintendent Sultania Zanana Hospital, Bhopal	2018-19	52-2210-01-110-0101-1353-34-002	Drug	Front Apron	102818464 23/19.09.2018	MP State Power loom Weavers Co-operation Federation, Bhopal	2680/29.9.2018	107000	5350	112350	20001 93043 6/24.12.2018
							Total		1495700	74785	1570485	
8	Superintendent Sultania Zanana Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	Draw Sheet	102119040 50/08.08.2019	Reliance Pharmaceuticals, Bhopal	RP/0178/18.8.2019	89600	10752	100352	20004 79908 2/Nil
9	Superintendent Sultania Zanana Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	Bed sheet Colour	73-75/05.10.2019	MP State Power loom Weavers Co-operation Federation, Bhopal	2600/11.10.2019	239000	11950	250950	20004 83687 8/Nil
10	Superintendent Sultania Zanana Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	Bed sheet Colour	1-3/19.08.2019	MP State Power loom Weavers Co-operation Federation, Bhopal	2495/31.8.2019	239000	11950	250950	20004 17729 2/11.09.2019

Sl. No.	Name of Unit	Year	Scheme/Head (Fund Allotted)	Item	Name of Purchase Item (Fund Utilized)	Purchase Order No/Date	Name of Firm	Invoice no/Date of Firm	Amount without GST	GST	Total Amount	Bill no/Date of office
11	Superintendent Sultania Zanana Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	Hole sheet	127-129/19.11.2019	MP State Power loom Weavers Co-operation Federation, Bhopal	868/25.11.2019	300000	15000	315000	20005 22976 9/Nil
12	Superintendent Sultania Zanana Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	Pilo-cover	136-138/19.11.2019	MP State Power loom Weavers Co-operation Federation, Bhopal	872/25.11.2019	130000	6500	136500	20005 22976 9/Nil
13	Superintendent Sultania Zanana Hospital, Bhopal	2019-20	52-2210-01-110-0101-1353-34-002	Drug	White Bed sheet	148-150/19.11.2019	MP State Power loom Weavers Co-operation Federation, Bhopal	873/25.11.2019	227000	11350	238350	20005 22976 9/Nil
							Total		1224600	67502	1292102	
14	Superintendent Sultania Zanana Hospital, Bhopal	2021-22	52-2210-01-110-0101-1353-34-009	Other	Patient-Bed	GEM/5116 877973248 34/03.01.2020	M/s Shiv Pharma, Indore	19-20/226/11.02.2020	181525	32675	214200	20009 81547 9/12.0 7.202 1
							Total		181525	32675	214200	
							Grand Total		2901825	174962	3076787	
1	Chhindwara institute of medical sciences Chhindwara	2019-20	52-2210-05-105-9080-34-006	Consumable	Jhadu, Pochha etc.	622/01.032019	M/S Vyakatesh Trader, Chhindwara	154/05-03-2019	20840	500	21340	99/20. 09.20 19
					Total				20840	500	21340	
2	Chhindwara institute of medical sciences Chhindwara	2020-21	52-2210-05-105-9080-34-006	Consumable	Khateta Jhadu, Toilet Cleaner etc.	5528/05.12.2020	New India Sales Corporation, Noida, New Delhi	718/10-12-2020	123305	22195	145500	26801 .01.20 21

Sl. No.	Name of Unit	Year	Scheme/Head (Fund Allotted)	Item	Name of Purchase Item (Fund Utilized)	Purchase Order No/Date	Name of Firm	Invoice no/Date of Firm	Amount without GST	GST	Total Amount	Bill no/Date of office
					Total				123305	22195	145500	
3	Chhindwara institute of medical sciences Chhindwara	2021-22	52-2210-05-105-9080-34-002	Medicine	Curtain Green Redymade	102121007 08/05.02.2021	MP State Power loom Weavers Co-operation Federation, Burhanpur	5684dt.8.02.21	372000	18600	390600	16/19.04.2021
4	Chhindwara institute of medical sciences Chhindwara	2021-22	52-2210-05-105-9080-34-002	Medicine	Table cloth	102120070 9/05.02.2021	MP State Power loom Weavers Co-operation Federation, Burhanpur	5685 dt.08.02.21	90000	4500	94500	16/19.04.2021
5	Chhindwara institute of medical sciences Chhindwara	2021-22	52-2210-05-105-9080-34-002	Medicine	Bed sheet coloured	102121007 10/05.02.2021	MP State Power loom Weavers Co-operation Federation, Burhanpur	5686 dt.08.02.21	217012	10850	227862	16/19.04.2021
					Total		Total		679012	33950	712962	
					Grand Total		Grand Total		823157	56645	879802	
					Grand Total (All Institutions)		Grand Total (All Institutions)		5654829	384854.34	6039683.34	

Appendix 7.1

(Reference: Paragraph 7.2.1, Page No. 167)

Status of un-authorised procurement of newborn baby dress

Sl. No.	Sl. No. of PO report	DDO- Consignee	Purchase order No.	Purchase order Date	Name of Supplier	Program under which baby dress was procured	Rate/ Unit (excluding tax)	Ordered Quantity	Purchase Order Amount (₹)	Quantity received by Consignee	Paid amount (₹)
1	2	3	4	5	6	7	8	9	10	11	12
2018-19											
1		Sehore-CMHO	10281814901	01-Apr-18	M.P State Power Loom Weavers Co Operative Fed Ltd	NRHM Budget For Medicines and Diagnostics NRHM/OL/Path/B-16-3-1-009	135.00/No. Tax:5 %	4,000	5,67,000	4,000	0
2		Sehore-CMHO	10281814901	01-Apr-18	M.P State Power Loom Weavers Co Operativa Fed Ltd	NRHM Budget For Medicines and Diagnostics NRHM/OL/Path/B-16-3-1-009	135.00/No. Tax:5 %	5,000	7,08,750	5,000	0
3	2667	Damoh-CS	1021190000	02-Jan-19	Vandana Associates	JSSK-Delivery 6-2-1-7 e Consumable	125.00 / No. Tax:5 %	750	98,438	750	98,438
4	7194	Sheopur-CMHO	10211801805	05-Dec-18	Singal Medical Agencies	JSSK-Delivery 6-2-1-7 e Consumable	35.00 / No. Tax:12 %	500	19,600	500	19,600
5	12193	Rewa-CS	1021190002	07-Jan-19	Kashyap Traders	JSSK-Delivery 6-2-1-7 a-d Consumable	135.00/No. Tax:5 %	125	17,719	125	17,719
6	15108	Rewa-CS	1021190002	09-Jan-19	Kashyap Traders	JSSK-Delivery 6-2-2-1-1 Consumable	135.00/No. Tax:5 %	200	28,350	200	28,350
7	15109	Rewa-CS	1021190002	09-Jan-19	Kashyap Traders	JSSK-Delivery 6-2-1-7 e Consumable	135.00/No. Tax:5 %	1,540	2,18,295	1,540	2,18,295
8	15110	Rewa-CS	1021190002	09-Jan-19	Kashyap Traders	JSSK-Delivery 6-4-3 JSSK Consumable	135.00/No. Tax:5 %	200	28,350	200	28,350
9	28463	Damoh-CS	1021190120	16-Feb-19	Vandana Associates	JSSK-Delivery 6-2-1-7 e Consumable	125.00 / No. Tax:5 %	257	33,731	257	33,731
10	28634	Rewa-CMHO	1021190120	16-Feb-19	Kashyap Traders	JSSK-Delivery 6-4-3 JSSK Consumable	135.00/No. Tax:5 %	450	63,788	450	63,788
11	28635	Rewa-CMHO	1021190120	16-Feb-19	Kashyap Traders	JSSK-Delivery 6-2-1-7 e Consumable	135.00/No. Tax:5 %	2,000	2,83,500	2,000	2,83,500
12	28838	Dewas-CMHO	1021190004	16-Jan-19	Reliance Pharmaceuticals	JSSK-Delivery 6-4-3 JSSK Consumable	135.00/No. Tax:5 %	110	15,593	110	0
13	28839	Dewas-CMHO	1021190004	16-Jan-19	Reliance Pharmaceuticals	JSSK-Delivery 6-2-2-1-1 Consumable	135.00/No. Tax:5 %	190	26,933	190	0
14	28840	Dewas-CMHO	1021190004	16-Jan-19	Reliance Pharmaceuticals	JSSK-Delivery 6-2-1-7 e Consumable	135.00/No. Tax:5 %	1,400	1,98,450	1,400	0
15	30896	Dewas-CS	1021190004	17-Jan-19	Hari Om Vikray Kendra	JSSK-Delivery 6-2-2-1-1 Consumable	130.00 / No. Tax:5%	110	15,015	110	15,015
16	30897	Dewas-CS	1021190004	17-Jan-19	Hari Om Vikray Kendra	JSSK-Delivery 6-4-3 JSSK Consumable	130.00 / No.	110	15,015	110	15,015

Sl. No.	SI No. of PO report	DDO- Consignee	Purchase order No.	Purchase order Date	Name of Supplier	Program under which baby dress was procured	Rate/ Unit (excluding tax)	Ordered Quantity	Purchase Order Amount (₹)	Quantity received by Consignee	Paid amount (₹)
1	2	3	4	5	6	7	8	9	10	11	12
			38				Tax:5%				
17	30898	Dewas-CS	102119004	17-Jan-19	Hari Om Vikray Kendra	JSSK-Delivery ^ 6-2-1-7 e Consumable	130.00 / No. Tax:5%	990	1,35,135	990	1,35,135
18	42945	Raisen-CS	102119022	22-Mar-19	Aanya Medical Agency	JSSK-Delivery ^ 6-2-1-7 a-d Consumable	120.60 / No. Tax:5%	160	20,261	160	20,261
19	42948	Raisen-CS	102119022	22-Mar-19	Aanya Medical Agency	JSSK-Delivery ^ 6-2-21-1 Consumable	120.60 / No. Tax:5%	140	17,728	140	17,728
20	42949	Raisen-CS	102119022	22-Mar-19	Aanya Medical Agency	JSSK-Delivery ^ 6-2-1-7 e Consumable	120.60 / No. Tax:5%	805	1,01,937	805	1,01,937
21	42952	Raisen-CS	102119022	22-Mar-19	Aanya Medical Agency	JSSK-Delivery ^ 6-4-3 JSSK Consumable	120.60 / No. Tax:5%	140	17,728	140	17,728
22	46416	Betul-CMHO	102119006	24-Jan-19	Aanya Medical Agency	JSSK-Delivery ^ 6-2-1-7 a-d Consumable	135.00 / No. Tax:5%	254	36,005	254	36,005
23	46417	Betul-CMHO	102119006	24-Jan-19	Aanya Medical Agency	JSSK-Delivery ^ 6-4-3 JSSK Consumable	135.00 / No. Tax:5%	311	44,084	311	44,084
24	46419	Betul-CMHO	102119006	24-Jan-19	Aanya Medical Agency	JSSK-Delivery ^ 6-2-21-1 Consumable	135.00 / No. Tax:5%	311	44,084	311	44,084
25	46420	Betul-CMHO	102119006	24-Jan-19	Aanya Medical Agency	JSSK-Delivery ^ 6-2-1-7 e Consumable	135.00 / No. Tax:5%	1,260	1,78,605	1,260	1,78,605
					Total			21,313	29,34,094	21,313	14,17,368
2019-20											
1	2248	Dewas-CMHO	102119026	02-May-19	Maa Gayatri Medicose	JSSK-Delivery ^ 6-2-21-1 Consumable	130.00 / No. Tax:5%	827	1,12,886	827	1,12,886
2	2249	Dewas-CMHO	102119026	02-May-19	Maa Gayatri Medicose	JSSK-Delivery ^ 6-2-1-7 e Consumable	130.00 / No. Tax:5%	88	12,012	88	12,012
3	2250	Dewas-CMHO	102119026	02-May-19	Maa Gayatri Medicose	JSSK-Delivery ^ 6-4-3 JSSK Consumable	130.00 / No. Tax:5%	186	25,389	186	25,389
4	6016	Raisen-CMHO	102818157	04-Jul-19	M.P State Power Loom Weavers Co Operativa Fed Ltd	NRHM Budget For Medicines and Diagnostics ^ NRHM/OL/Path/B-16-3-1-009 FMR 6.4.1	35.00 / No. Tax:5%	5,000	7,08,750	5,000	0
5	6083	Vidisha-CMHO	102818144	04-Jul-19	M.P State Power Loom Weavers Co Operativa Fed Ltd	NRHM Budget For Medicines and Diagnostics ^ NRHM/OL/Path/B-16-3-1-009	35.00 / No. Tax:5%	4,000	5,67,000	4,000	0
6	14940	Raisen-CS	102119027	08-May-19	Aanya Medical Agency	JSSK-Delivery ^ 6-4-3 JSSK Consumable	120.60 / No. Tax:5%	99	12,536	99	12,536
7	14944	Raisen-CS	102119027	08-May-19	Aanya Medical Agency	JSSK-Delivery ^ 6-2-21-1 Consumable	120.60 / No. Tax:5%	375	47,486	375	47,486
8	18050	Raigarh-CMHO	102119027	10-May-19	Mahakal Pharma	JSSK-Delivery ^ 6-4-3 JSSK Consumable	125.00 / No. Tax:5%	213	27,956	213	27,956
9	18051	Raigarh-CMHO	102119027	10-May-19	Mahakal Pharma	JSSK-Delivery ^ 6-2-1-7 e Consumable	125.00 / No. Tax:5%	109	14,306	109	14,306

Sl. No.	Sl. No. of PO report	DDO- Consignee	Purchase order No.	Purchase order Date	Name of Supplier	Program under which baby dress was procured	Rate/ Unit (excluding tax)	Ordered Quantity	Purchase Order Amount (₹)	Quantity received by Consignee	Paid amount (₹)
1	2	3	4	5	6	7	8	9	10	11	12
10	18052	Raigadh-CMHO	10211902710211902763	10-May-19	Mahakal Pharma	JSSK-Delivery^ 6-2-21-1 Consumable	125.00 / No. Tax:5%	1,026	1,34,663	1,026	1,34,663
11	25376	Sheopur-CMHO	10211904610211904664	15-Dec-19	Singal Medical Agencies	NUHM-UPHC ^ NUHM-Consumable/P-4-4-1-1	35.00 / No. Tax:12%	979	38,377	979	38,377
12	27480	Raisen-CMHO	10211902710211902728	16-May-19	Aanya Medical Agency	JSSK-Delivery^ 6-2-1-7 e Consumable	120.60/ No. Tax:5%	92	11,650	92	11,650
13	27481	Raisen-CMHO	10211902710211902730	16-May-19	Aanya Medical Agency	JSSK-Delivery^ 6-4-3 JSSK Consumable	120.60/ No. Tax:5%	233	29,505	233	29,505
14	27484	Raisen-CMHO	10211902710211902729	16-May-19	Aanya Medical Agency	JSSK-Delivery^ 6-2-21-1 Consumable	120.60/ No. Tax:5%	879	1,11,308	879	1,11,308
16	44129	Betul-CMHO	10211902810211902843	24-May-19	Aanya Medical Agency	JSSK-Delivery^ 6-2-1-7 e Consumable	120.60/ No. Tax:5%	89	11,270	89	11,270
17	44130	Betul-CMHO	10211902810211902844	24-May-19	Aanya Medical Agency	JSSK-Delivery^ 6-2-21-1 Consumable	120.60/ No. Tax:5%	836	1,05,863	836	1,05,863
18	44131	Betul-CMHO	10211902810211902845	24-May-19	Aanya Medical Agency	JSSK-Delivery^ 6-4-3 JSSK Consumable	120.60/ No. Tax:5%	244	30,898	244	30,898
19	60103	Rewa-CMHO	10211904710211904713	31-Dec-19	Kashyap Traders	NUHM-UPHC^ NUHM Consumable/P-4-4-1-1	135.00/ No. Piece Tax:5%	800	1,13,400	800	1,13,400
Total								16,075	21,15,255	16,075	8,39,505
Grand Total								37,388	50,49,349	37,388	22,56,873

(Source: MP e-aushadhi portal report)

Appendix 7.2

(Reference: Paragraph 7.2.2, Page No. 168)

Procurement of equipment in test checked districts under RBSK

District	Year	Activity code B.16.1.6.3.1/6.1.1.5.a- Equipment for Mobile Health Team (MHT)		Activity code B.16.1.6.3.2/6.1.1.5.b- Equipment for DEIC		Activity code B.16.1.6.3.3/6.1.1.5.c-Any other equipment		Total release of fund	Total expenditure	Saving
		Release of fund	Expenditure	Release of fund	Expenditure	Release of fund	Expenditure			
Barwani	2017-18	0.84	0.94	1.00	1.00	0.00	0.00	1.84	1.94	-0.10
	2018-19	0.78	0.11	0.00	0.00	0.00	0.00	0.78	0.11	0.67
	2019-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		1.62	1.05	1.00	1.00	0.00	0.00	2.62	2.05	0.57
Bhopal	2017-18	0.24	0.24	3.00	0.00	0.00	0.00	3.24	0.24	3.00
	2018-19	2.04	1.96	0.00	0.00	0.00	0.00	2.04	1.96	0.08
	2019-20	0.00	0.00	20.68	19.90	0.00	0.00	20.68	19.90	0.78
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		2.28	2.20	23.68	19.90	0.00	0.00	25.96	22.10	3.86
Chhatarpur	2017-18	0.96	0.88	0.00	0.00	0.00	0.00	0.96	0.88	0.08
	2018-19	1.02	0.36	0.00	0.00	0.00	0.00	1.02	0.36	0.66
	2019-20	0.00	0.00	20.68	17.11	0.00	0.00	20.68	17.11	3.57
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		1.98	1.24	20.68	17.11	0.00	0.00	22.66	18.35	4.31
Dhar	2017-18	1.56	0.90	3.00	2.98	0.00	0.00	4.56	3.88	0.68

District	Year	Activity code B.16.1.6.3.1/6.1.1.5.a- Equipment for Mobile Health Team (MHT)		Activity code B.16.1.6.3.2/6.1.1.5.b- Equipment for DEIC		Activity code B.16.1.6.3.3/6.1.1.5.c-Any other equipment		Total release of fund	Total expenditure	Saving
		Release of fund	Expenditure	Release of fund	Expenditure	Release of fund	Expenditure			
	2018-19	1.68	1.36	0.00	0.00	0.00	0.00	1.68	1.36	0.32
	2019-20	0.00	0.00	20.68	17.11	0.00	0.00	20.68	17.11	3.57
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		3.24	2.26	23.68	20.09	0.00	0.00	26.92	22.35	4.57
Gwalior	2017-18	0.48	0.46	3.00	3.00	0.00	0.00	3.48	3.46	0.02
	2018-19	1.38	0.36	0.00	0.00	0.00	0.00	1.38	0.36	1.02
	2019-20	0.00	0.00	20.68	10.50	0.00	0.00	20.68	10.50	10.18
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		1.86	0.82	23.68	13.50	0.00	0.00	25.54	14.32	11.22
Harda	2017-18	0.36	0.36	0.00	0.00	0.00	0.00	0.36	0.36	0.00
	2018-19	0.51	0.17	0.00	0.00	0.00	0.00	0.51	0.17	0.34
	2019-20	0.00	0.00	20.68	17.11	0.00	0.00	20.68	17.11	3.57
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		0.87	0.53	20.68	17.11	0.00	0.00	21.55	17.64	3.91
Jabalpur	2017-18	0.84	0.00	6.00	8.32	0.00	0.00	6.84	8.32	-1.48
	2018-19	1.86	0.53	51.31	51.19	0.00	0.00	53.17	51.72	1.45
	2019-20	0.00	0.00	20.68	20.27	0.00	0.00	20.68	20.27	0.41
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		2.70	0.53	77.99	79.78	0.00	0.00	80.69	80.31	0.38

District	Year	Activity code B.16.1.6.3.1/6.1.1.5.a- Equipment for Mobile Health Team (MHT)		Activity code B.16.1.6.3.2/6.1.1.5.b- Equipment for DEIC		Activity code B.16.1.6.3.3/6.1.1.5.c-Any other equipment		Total release of fund	Total expenditure	Saving
		Release of fund	Expenditure	Release of fund	Expenditure	Release of fund	Expenditure			
Mandla	2017-18	1.08	0.94	4.00	4.00	0.00	0.00	5.08	4.94	0.14
	2018-19	0.87	0.71	0.00	0.00	0.00	0.00	0.87	0.71	0.16
	2019-20	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		1.95	1.65	4.00	4.00	0.00	0.00	5.95	5.65	0.30
Rewa	2017-18	1.08	0.00	3.00	0.00	0.00	0.00	4.08	0.00	4.08
	2018-19	1.42	0.41	0.00	0.00	0.00	0.00	1.42	0.41	1.01
	2019-20	0.00	0.00	20.68	14.69	0.00	0.00	20.68	14.69	5.99
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		2.50	0.41	23.68	14.69	0.00	0.00	26.18	15.10	11.08
Ujjain	2017-18	0.72	0.50	7.90	7.95	0.00	0.00	8.62	8.45	0.17
	2018-19	1.42	0.52	0.00	0.00	0.00	0.00	1.42	0.52	0.90
	2019-20	0.00	0.00	20.68	17.11	0.00	0.00	20.68	17.11	3.57
	2020-21	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	2021-22	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		2.14	1.02	28.58	25.06	0.00	0.00	30.72	26.08	4.64
Grand Total		21.14	11.71	247.65	212.24	0.00	0.00	268.79	223.95	44.84

(Source: Records of NHM)

Appendix 7.3
(Reference: Paragraph 7.2.3, Page No.169)
Percentage of distribution of IFA syrups and tablets to children in selected districts

Name of district	2017-18			2018-19			2019-20			2020-21			2021-22		
	IFA Syrup ¹	IFA Pink Tablet ²	IFA Blue tablet ³	IFA Syrup	IFA Pink Tablet	IFA Blue tablet	IFA Syrup	IFA Pink Tablet	IFA Blue tablet	IFA Syrup	IFA Pink Tablet	IFA Blue tablet	IFA Syrup	IFA Pink Tablet	IFA Blue tablet
Barwani	28	53	47	43	108	133	65	79	85	66	34	43	45	46	57
Bhopal	23	53	25	37	28	114	53	9	120	78	90	145	69	118	178
Chhatarpur	88	35	11	59	116	125	62	74	61	92	122	92	121	119	79
Dhar	11	70	20	17	35	48	37	124	121	49	19	45	34	108	41
Gwalior	0	40	51	36	58	92	58	59	138	65	85	135	70	0	103
Harda	6	80	58	42	25	71	84	137	121	72	15	62	20	0	34
Jabalpur	35	69	44	51	50	99	86	111	143	100	48	70	66	149	157
Mandla	4	0	73	51	0	203	80	0	143	101	52	77	130	139	84
Rewa	0	0	0	0	0	0	39	92	127	92	142	117	41	77	56
Ujjain	31	98	59	19	56	112	40	94	101	55	7	78	57	62	106

(Source: Data provided by the DHS offices)

¹ IFA syrup supplemented to children aged 0-59 months.
² IFA Pink tablet is supplemented to children aged 5 to 9 years.
³ IFA Blue tablet is supplemented to children aged 10 to 19 years.

Appendix 7.4

(Reference: Paragraph 7.7, Page No.178)

Year-wise detail of beneficiaries, empaneled hospitals and claims paid to hospitals

Details of beneficiary registered					
Year	No. of beneficiary identified	No. of beneficiary registered	Male	Female	Others
2018-19	47019164	9018962	4251938	4766870	154
2019-20		4920778	2343093	2577616	69
2020-21		9134283	4586600	4547587	96
2021-22		3714902	1760645	1954196	61
Total		26788925	12942276	13846269	380

(Source: Ayushman Bharat "Niramayam"MP)

Details of empaneled/de-empaneled/re-empaneled hospital				
Year	No. of Hospital apply for empanelment	No. of Hospital empaneled	No. of Hospital de-empaneled	No. of Hospital Re-empaneled
2018-19	229	203	25	0
2019-20	323	312	8	0
2020-21	239	188	23	0
2021-22	550	176	54	0
Total	1341	879	110	0

Note: - De-empaneled Hospitals apply for again Re-empaneled after one year from the De-empaneled date.

(Source: Ayushman Bharat "Niramayam"MP)

Details of claims and amount paid to Hospitals						
(₹ in Crore)						
Year	Total no. of claims received	Total amount of claims received	Total no. of claims paid to Public Hospitals	Amount of claims paid to public hospital	Total no. of claims paid to Private hospital	Amount of claims paid to private Hospital
2018-19	38059	41.20	0	2.26	0	9.01
2019-20	258862	339.50	0	90.03	0	191.84
2020-21	358795	479.67	120921	118.36	179947	289.46
2021-22	686756	1048.04	222739	214.04	372812	667.95
Total	1342472	1908.41	343660	424.69	552759	1158.26

(Source: Ayushman Bharat "Niramayam"MP)

Appendix-8.1

(Reference: Paragraph no. 8.6, Page No. 182)

Irregularities noticed in handling and disposal of Bio-Medical Waste

Sl. No.	Name of Services	District where not available the services	No. of district where services were not available
1	Air swab samples were not collected/ not sent for reporting.	Ashok Nagar, Burhanpur, Katni, Khandwa, Mandsaur , Raisen, Satna, Sehore, Shahdol , Shajapur, Shivpuri, Vidisha	12
2	Authorization from state pollution control board was not obtained for generation of biomedical waste (BMW).	Bhopal, Burhanpur, Chhatarpur, Harda, Ratlam, Sheopur	6
3	BMW was not disinfected before storage in BMW storage room.	Barwani, Guna, Harda, Mandla, Mandsaur , Rajgarh, Satna	7
4	Colour coded polythene bags were not used for segregation of BMW.	Rajgarh	1
5	Effluent Treatment system was not established in Health care institutions.	Agar malwa, Barwani, Bhopal, Chhatarpur, Datia, Dhar, Harda, Hosangabad, Jhabua , Katni, Khandwa, Neemuch, Shajapur, Sidhi, Singrauli, Tikamgarh, Umaria	17
6	Rodent control measure were not carried out .	Hosangabad, Shahdol , Sidhi	3
7	Segregation of biomedical waste was not being carried out at the source of generation.	Burhanpur	1
8	Storage room was not available for BMW.	Burhanpur	1
9	Wheeled trolley was not available for transportation of BMW.	Betul, Hosangabad, Umaria	3
10	Yearly report was not sent to state pollution control board for disposal of various categories of bio-medical waste.	Ashok Nagar, Balaghat, Barwani, Burhanpur, Chhatarpur, Dhar, Harda, Jabalpur, Mandla, Mandsaur , Neemuch, Rewa, Sheopur, Sidhi	14

Appendix-8.2

(Reference: Paragraph No. 8.6.1, Page No. 183)

Handling and Disposal of Bio-Medical Waste

Sl. No.	Type of Irregularities	Name of Civil Hospital	Name of CHC	Name of PHC
1	Authorization and renewal from state pollution control board was not obtained for generation of BMW	Bairasia, Nainpur, Teonthar, Badnagar, Kukshi	Warla, Silawad, Gandhinagar, Kolar, Ishanagar, Khajuraho, Bhitwar, Mohna, Handia, Timarni, Bamhni, Bichhiya, Ingoriya, Badnawar, Gandhwani	Ojhar, Upla, Barkhedidev, Tumda, Alipura, Vikrampur, Antri, Chinor, Masangoan, Rahankala, Amiliha, Tiwni, Bhatpachlana, Unhel, Tisgoaw, Akhada
2	Yearly report was not sent to state pollution control board for disposal of various categories of BMW	Sendhwa, Bairsia, Nainpur, Teonthar, Badnagar, Kukshi	Warla, Silawad, Gandhinagar, Kolar, Ishanagar, Khajuraho, Bhitwar, Mohna, Handia, Timarni, Bamhni, Bichhiya, Simariya, Ingoriya, Badnawar, Gandhwani	Ojhar, Upla, Barkhedidev, Tumda, Alipura, Vikrampur, Antri, Chinor, Masangoaw, Rahankala, Amiliha, Tiwni, Bhatpachlana, Unhel, Tisgaow, Akhada
3	Segregation of BMW was not being carried out at the source of generation	Nainpur	Khajuraho, Handia, Timarni, Bamhni, Bichhiya	Upla, Barkhedidev, Tumda, Vikrampur, Masangoaw, Rahankala, Amliha, Tiwni, Bhatpachlana, Akhada
4	Colour coded polythene bags were not used for segregation of BMW.	Nainpur	Khajuraho, Bamhni	Upla, Barkhedidev, Vikrampur, Masangoaw, Rahankala, Akhada
5	Storage room was not available for BMW.	Hazira, Nainpur, Teonthar	Warla, Ishanagar, Mohna, Bamhni, Bichhiya, Badnawar, Gandhwani	Ojhar, Upla, Barkhedidev, Alipura, Vikrampur, Antri, Masangoaw, Rahankala, Amiliha, Tiwni, Bhatpachlana, Unhel, Akhada
6	Wheeled trolley was not available for transportation of BMW.	Nainthar, Teonthar	Silawad, Ishanagar, Khajuraho, Bhitwar, Handia, Timarni, Bamhni, Bichhiya, Govindgarh, Gandhwani	Upla, Barkhedidev, Tumda, Alipura, Vikrampur, Antri, Masangoaw, Rahankala, Bhatpachlana, Unhel, Tisgoaw, Akhada
7	BMW was not disinfected before storage in BMW storage room.	Sendhwa, Bairsia, Hazira, Nainpur, Teonthar, Kukshi	Warla, Silawad, Kolar, Khajuraho, Bhitwar, Handia, Timarni, Bamhni, Bichhiya, Ingoriya, Badnawar, Gandhwani	Ojhar, Upla, Barkhedidev, Tumda, Vikrampur, Antri, Masangoaw, Raihankala, Amiliha, Tiwni, Bhatpachlana, Unhel, Akhada

© COMPTROLLER AND
AUDITOR GENERAL OF INDIA
www.cag.gov.in

<https://cag.gov.in/ag1/madhya-pradesh/en>