



**Report of the
Comptroller and Auditor General of India
on
Performance Audit of Public Health Infrastructure
and Management of Health Services in Jharkhand**



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



Government of Jharkhand
Report No. 5 of 2024

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Preface

Preface

This Report of the Comptroller and Auditor General of India has been prepared for submission to the Governor of Jharkhand under Article 151 of the Constitution of India for being laid before the State Legislative Assembly.

A Performance Audit on Public Health Infrastructure and Management of Health Services in Jharkhand, covering the period from FY 2016-17 to 2021-22, was carried out to assess the critical gaps in health infrastructures with a view to ascertain the quality of healthcare being provided to people through the existing policy interventions.

The instances mentioned in this Report are among those which came to notice in the course of test audit for the period 2016-17 to 2021-22 as well as those which came to notice in earlier years, but could not be reported in previous Audit Reports. Instances relating to the period subsequent to 2021-22 have also been included, wherever necessary.

The audit has been conducted in conformity with the Auditing Standards, Performance Auditing Guidelines and Regulations on Audit and Accounts issued by the Comptroller and Auditor General of India.

Audit wishes to acknowledge the cooperation received from the Department of Health, Medical Education and Family Welfare at each stage of the audit process.

Executive Summary

Executive Summary

About the Report:

India's National Health Policy (the Policy), 2017, envisages as its goal, the attainment of the highest possible level of health and well-being for all, through a preventive and promotive health care orientation in all developmental policies, and universal access to quality health care services, without anyone having to face financial hardship as a consequence. Accordingly, the State Government realised the need for concerted efforts to improve the health of citizens by providing universal, affordable and quality healthcare services and prepared (March 2018) a Vision document articulating the critical gaps, action to be taken and measurable outcomes.

In order to assess the existing healthcare infrastructure, quality of medical services provided and critical gaps remaining to be filled, the Performance Audit (PA) of 'Public Health Infrastructure and Management of Health Services in Jharkhand', covering the period from FY 2016-17 to FY 2021-22, was conducted between March and September 2022.

Why have we prepared this Report now?

We had earlier conducted several Performance Audits (PAs) of the Health Sector, and presented our findings in various Union and State Reports, to the Parliament and State Legislature. All India PAs on 'National Rural Health Mission (NRHM) - Union Report No. 8 of 2009-10' and 'NRHM-Reproductive and Child Health Component - Union Report No. 25 of 2017' had been presented to the Parliament. PA on Medical Education in Jharkhand for the period 2010-15, PA on NRHM with special focus on Reproductive and Child Health for the period 2011-16, PA on Infrastructure and Functioning of Community Health Centres in Jharkhand for the period 2008-13 and PA on District Hospital Outcomes in Jharkhand for the period 2014-19 have been laid in the State Legislature.

Keeping in view the goals laid down in the National Health Policy and Sustainable Development Goal 3 *vis-à-vis* the expected outcomes, evaluating the outcomes has become crucial for timely and systematic corrections. In this context, we have made an attempt to assess the critical gaps in health infrastructure with a view to ascertain the quality of health care being provided to people through the existing policy interventions. This Report aims at identifying the key areas that require improvement.

What has been covered in this audit?

Given the importance of the health sector in the State, a Performance Audit on “*Public Health Infrastructure & Management of Health Services in Jharkhand*” was taken up to assess the availability and management of health care infrastructure in Government healthcare facilities as well as compliance of regulatory mechanisms both in Government and Private healthcare facilities.

What have we found and what do we recommend?

We found significant areas for improvement in the health care needs of the people as highlighted below:

2. Human Resources

The delivery of quality healthcare services in hospitals is largely dependent on adequate availability of manpower, especially in the cadres of Medical Officers (MOs)/specialist, staff nurses and para-medical staff. Further, availability of adequate faculty is one of the most important criteria, to obtain recognition from MCI/ NMC, for running UG courses, as well as Post Graduate (PG) courses, in a Medical College. State Government had also sanctioned MOs and supporting staff for AYUSH dispensaries and faculties for AYUSH Educational Institutions. Shortages of MOs/ Specialists, Staff nurses and paramedics, in the State, ranged between 21 to 80 *per cent*, 14 to 76 *per cent* and 50 to 100 *per cent*, respectively.

There were huge shortages of MOs/ Specialists ranging from 47 to 66 *per cent* and paramedics and staff nurses ranging from 39 to 74 *per cent*, in the test-checked DHs, whereas shortages of doctors and paramedics ranged between 18 and 82 *per cent* in the 14 test-checked CHCs. Further, shortage of MOs, paramedics and staff nurse was also noticed in PHCs.

Audit also observed that there was shortage of radiologists, lab technicians, x-ray technicians, pathologists in the test-checked DHs. Further, shortage of lab-technicians and x-ray technicians was four and 71 *per cent* respectively in the test-checked CHCs. Shortage of lab technicians in PHCs was 92 *per cent*.

The vacancies, in the teaching and non-teaching staff, was 48 and 45 *per cent* respectively, in the six Medical Colleges in the State. Vacancies were also noticed in all cadres in the test-checked Medical Colleges and Hospitals.

The MCI Undergraduate Working Group, 2010 had made various recommendations in its “Vision 2015 document” to address the vacancies. However, the State acted belatedly, on some of the recommendations, such as, enhancing the age of superannuation from 65 to 67 years (January 2018), appointment (September 2021) of faculty on contract basis and tapping of post (December 2021) in government service departments. The State Government

was yet to act on the other recommendations to reduce the shortage of teaching and non-teaching staff.

There were shortages of 60 to 66 *per cent* of teachers in AYUSH Colleges and Hospitals. Shortage of paramedics and nurses was 71 and 87 *per cent* respectively in the State Homeopathic College, while no paramedics were available in the State Ayurvedic Pharmacy College. In addition, there was shortage of Medical Officers and compounders, ranging between 71 and 98 *per cent*, in the AYUSH dispensaries.

Recommendations:

State Government may take steps to implement all the recommendations of the MCI Working Group, so that shortage of teaching staff can be minimised.

State Government may address the shortage of MOs/Specialists, Staff nurses and paramedics in all healthcare facilities.

3. Healthcare Services

Indian Public Health Standards (IPHS) envisage providing health care that is quality oriented and sensitive to the needs of the people. District Hospitals (DHs) are expected to provide comprehensive secondary health care to the community to achieve and maintain an acceptable standard of quality of care. Similarly, comprehensive primary health care, optimal expert care and all “Minimum Assured Services” or essential services, are to be provided to the community through CHCs and PHCs.

Gaps were noticed in delivery of out/in-patient services, diagnostic services, maternity services, mobile medical services and other related services, in addition to compromises with public safety and patient rights.

Out-Patient services

Not all the prescribed Out-patient Department (OPD) services were available in the test-checked District Hospitals (DHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs). The OPD services not available mainly included General surgery, Orthopaedics and Psychiatry in DHs, General surgery, Gynaecology, Paediatrics, Dental and Eye care in CHCs and General medicine in PHCs. The patient load in OPDs was high, leading to short consultation time, which is directly linked with patient’s dissatisfaction with the consultation process.

Recommendation: *State Government may ensure availability of all OPD services in DHs/CHCs/PHCs, in line with the provisions of IPHS.*

In-Patient services

Not all the prescribed In-Patient Department (IPD) services were available in the test-checked DHs/CHCs/PHCs. The IPD services not available mainly

included Ear-Nose-Throat, Psychiatry and Orthopaedics in DHs, Pediatrics and General Surgery in CHCs and General Medicine IPD services in PHCs.

Recommendation: *State Government may proactively synergise availability of specialised in-patient services in public healthcare facilities, to ensure access of the public to quality medical care.*

Operation Theatre and Intensive Care Unit

IPHS guidelines prescribe OTs for elective major surgery, emergency services and ophthalmology/ ENT for DHs. It also prescribe availability of OTs in CHCs.

OTs for elective major surgery were available in all the test-checked DHs. However, OTs for emergency surgery & ENT, were not available in four DHs and OTs for Ophthalmology were not available in three out of five test-checked DHs. Further, OTs were available in 13 out of the 14 test-checked CHCs, with the exception being CHC, Chandil.

ICU was available only in two out of the five test-checked DHs. In the absence of ICU facility in the remaining DHs, critical patients approaching these DHs in emergency, were likely to be referred to private or other higher public healthcare facilities.

Diagnostic Services

There were significant gaps in the availability of essential pathological investigations in the test-checked DHs/CHCs/PHCs, and in-house pathology services were marred by shortage of lab technicians and essential equipment.

Maternity Services

Eighteen *per cent* of registered pregnant women were not provided the complete cycle of ANC, 29 *per cent* were not provided second TT injection and 22 *per cent* were not provided IFA tablets. Further, 35 to 93 *per cent* of mothers were discharged from the hospital within 48 hours of delivery in the test-checked districts and as such immediate management of post-partum complications was not ensured. Out of 4,072 test-checked cases during 2016-22, 2,221 eligible beneficiaries were paid cash assistance *under Janani Suraksha Yojana* (JSY) after one month of delivery, including 956 beneficiaries, who were paid after more than six months. Further, 1,078 beneficiaries had not been paid, as of August 2022.

Recommendation: *Prescribed intra-partum and post-partum care should be ensured, to minimise adverse pregnancy outcomes. Payment of cash assistance under JSY should be ensured prior to discharge of beneficiaries from the concerned healthcare facilities.*

Mobility services

Out of 22 Mobile Medical Units (MMUs) available, only 11 MMUs (50 *per cent*) were functional as of March 2022. Lady doctors and radiographers were not available in MMUs to provide ANC and child immunization. There were shortages of 19 to 23 *per cent* of required equipment in MMUs. Further, 33 to 52 *per cent* of the equipment available, was non-functional.

Infection Control

Infection control practices were not sufficiently embedded in the functioning of health care facilities. SOPs were not prepared in three out of the five test-checked DHs. High Level Disinfection system was available in only two DHs.

Bio-medical waste segregation or treatment was not being carried out in any of the test-checked DHs/CHCs/PHCs.

AYUSH

District Joint AYUSH dispensaries are required to provide OPD services of Ayurvedic, Unani and Homeopathic stream. Audit observed that Unani OPDs were not available in all the test-checked District Joint AYUSH dispensaries. Ayurvedic services were available in five out of six dispensaries. Homeopathic service was available only at Saraikela-Kharsawan. No OPD services were provided at Dumka.

Emergency Management

The primary responsibility of strengthening the public healthcare system lies with the State Governments. However, the Ministry of Health and Family Welfare, GoI, provides technical and financial support to States for strengthening the public healthcare system and management of public health challenges, from time to time, like during the COVID-19 pandemic.

COVID-19 Management Plan

GoI had released (March 2020 to March 2022) ₹ 483.54 crore for COVID-19 management, against which, GoJ had to release an amount of ₹ 272.88 crore as its share. Against the total provision of ₹ 756.42 crore, GoJ released only ₹ 436.97 crore (GoI share: ₹ 291.87 crore and State share: ₹ 145.10 crore) to JRHMS. As such, GoJ did not release GoI share amounting to ₹ 191.67 crore, as of August 2022. Against release of ₹ 436.97 crore, JRHMS utilised only ₹ 137.65 crore (32 *per cent*) during FYs 2019-20 to 2021-22.

Further, the Home, Prison & Disaster Management Department, GoJ, released (between March 2020 and December 2021) State Disaster Relief Funds (SDRF) amounting to ₹ 754.61 crore, to different Departments/Authorities for

COVID-19 management, against which only ₹ 539.56 crore was utilised, as of February 2022.

Short utilisation of COVID-19 management funds led to non-setting up of RT-PCR laboratories at the district level, Pediatric Centre of Excellence at Ranchi, pre-fabricated structures at CHCs/ PHCs/ HSCs and Liquid Medical Oxygen plants.

Due to non-setting up district laboratories during the COVID period, district authorities were forced to send collected samples to other districts which consequently resulted in delays of more than five days to two months in getting the test results.

4. Availability of Drugs, Medicines, Equipment and Other consumables

Drugs are critical supplies in the health care services. Access to and availability of low-cost, safe and quality drugs is crucial, to promote confidence among the patients, and to increase the utilisation of health services.

Procurement of drugs and equipment

Against the total available funds of ₹ 1,395.67 crore, Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Limited (JMHDPCCL) utilised only ₹ 279.39 crore (20 *per cent*) during 2016-22, on procurement of drugs and equipment. The remaining amount of ₹ 1,116.28 crore was either surrendered (₹ 255.27 crore), refunded (₹ 18.90 crore) or parked in the Personal Ledger Account (₹ 324.55 crore) and Bank Accounts (₹ 517.56 crore). JMHDPCCL could not procure 77 to 88 *per cent* of the essential medicines, leading to shortage of 66 to 94 *per cent* of medicines with the test-checked facilities.

The JMHDPCCL procured medicines worth ₹ 9.55 crore from a banned Company during FYs 2018-19 to 2021-22.

Availability of drugs and consumables in OTs, ICU and Maternity IPDs

Only two to 17 (9 to 74 *per cent*) drugs were available in the OTs of the test-checked DHs, against the prescribed 23 drugs.

Only five to eight drugs were available in the ICUs of DHs, Dumka and Gumla, during the sampled period against the required 14 drugs. Similarly, only three to six consumables were available, against the required eight consumables in the test-checked DHs.

Essential drugs like Hydralazine and Methyldopa were not available in maternity IPDs. Essential consumables were not available in the DHs though required for maintaining a clean and safe environment for mothers and newborns.

Availability of equipment in OTs, ICUs, ophthalmology and maternity IPDs

The shortages of OT equipment, in the five test-checked DHs, ranged between 48 to 67 *per cent* whereas in test-checked CHCs, it ranged between 15 and 100 *per cent*. Further, Dumka and Gumla DH, did not have full range of nine types of ICU equipment. Shortage of equipment was also noticed in Ophthalmology and maternity IPDs in the test-checked facilities.

Availability of radiology

Out of the five test-checked DHs, only DH, Saraikela Kharsawan, had all the prescribed X-ray machines (100 mA and 300 mA). DH, Gumla, had an X-ray machine (500 mA) of higher radiation and penetration, against the required X-ray machines of 100 mA and 300 mA.

X-ray machines were available in only eight out of the 14 test-checked CHCs. In three CHCs it was not put to use even after their receipt (between December, 2011 and August, 2013), due to non-availability of radiographers. Further, against the requirement of eight types of X-ray accessories, only two to seven types and two to six types of X-ray room accessories were available in the test-checked DHs and CHCs respectively.

Dental X-ray machines, available in DH, Saraikela Kharsawan (since August 2020) and CHC, Jaldega, were non-functional due to non-availability of dental X-ray film and dental chair, respectively.

Ultrasound (USG) machines were available in four out of the five test-checked DHs (except DH, Simdega). Audit further observed that the USGs, available at two DHs (Garhwa and Gumla), were non-functional, due to non-availability of Radiologists.

Availability of Laboratory Equipment

Against the required 50 essential items of laboratory equipment, only nine to 28 items of equipment were available in the five test-checked DHs. In test-checked CHCs, three to seven items out of 10 items of laboratory equipment were available.

Availability of equipment in Medical Colleges

The shortages of medical equipment in PJMCH, Dumka, ranged between 15 and 94 *per cent*. In SNMMCH, Dhanbad, they ranged between three and 100 *per cent*, whereas in RIMS, Ranchi, the shortages ranged between five and 100 *per cent*. Despite the huge shortage of equipment, PJMCH, Dumka, surrendered ₹ 1.25 crore, during FYs 2020-21 to 2021-22 and SNMMCH, Dhanbad, surrendered ₹ 23.19 crore, during FYs 2016-17 to 2021-22.

Recommendation: *State Government may ensure availability of drugs, medicines, equipment and other consumables in healthcare facilities as per norms.*

Procurement of dental equipment

The JMHPCL had taken more than four to five years to finalise the procurement of the indented dental equipment and had been able to procure only seven out of 10 types of equipment needed for setting up the Dental Clinics (as of March 2022).

Quality assurance and store management

Sub-standard medicines were issued to health facilities or distributed to patients, either prior to getting quality test reports, or even after confirmation of the medicines being sub-standard, due to non-communication of test reports by the State Drug Controller, to the concerned authorities, in time.

The test-checked healthcare facilities were not adhering to the prescribed norms for storage of drugs, which are directly linked with the loss of efficacy, shelf life and safety of the drugs. Further, instances of sub-standard drugs being distributed in the test-checked healthcare facilities, were also noticed.

Recommendation: *State Government may ensure storage of drugs in proper condition, as prescribed in the Drugs and Cosmetics Rules, 1945, to maintain their efficacy, shelf life and safety.*

Buffer Stock Management of COVID-19 drugs

Against the assessment of eight drugs, two drugs were not available in the State and four drugs were also short by 37 to 85 *per cent*. Test-checked districts did not have four out of the eight prescribed drugs, during FYs 2020-21 and 2021-22.

Availability and utilisation of Injection Remdesivir

In the Central Warehouse, Ranchi, 53,205 vials of Remdesivir Injections, against 1,64,761 received, were lying in stock as of February 2022. Further, five test-checked DHs received (between April 2021 and February 2022) 4,739 vials of Remdesivir Injections, of which 696 vials (15 *per cent*) were utilised, 2,512 vials had expired and 1,531 vials were lying in the stores of the DHs, as of April 2022.

Further, 6,990 vials of Remdesivir Injections were shown as issued (April 2021) to the State Drugs Controller, Ranchi. However, scrutiny of delivery challans revealed that these Injections were issued to two private suppliers, on telephonic orders of MD, NHM and the State Drug Controller, Jharkhand. It was further seen that one of them was also a supplier of Remdesivir Injections to the Central Warehouse during the same period.

The JMHPCL had received cheques from individuals, apart from health institutions, for supply of Injections, and 63 such cheques amounting to ₹ 39.66 lakh, including 58 cheques, given by individuals, worth ₹ 29.14 lakh, had been dishonored by the assessing banks.

Jharkhand Rural Health Mission Society (JRHMS) and CS-cum-CMO failed to realise security deposit of ₹ 69 lakh and rent of at least ₹ 3.16 crore from private hospitals to whom ventilators were given on rent.

Availability of Essential Drugs in District Joint AYUSH dispensaries

During FY 2019-20 to FY 2021-22, the availability of drugs was very low in the six test-checked District Joint AYUSH Dispensaries, in comparison to the drugs included in the EDL.

Availability of essential drugs, equipment, consumables and diagnostic services in Health and Wellness Centres

Only 14 to 44 essential drugs (15 to 48 *per cent*), 8 to 49 items of equipment (12 to 74 *per cent*), 7 to 28 types of consumables (19 to 76 *per cent*) and two to 10 diagnostic services were available in the 25 test-checked Health and Wellness Centres (HWCs).

Recommendation: *State Government may strengthen the HWCs, by ensuring availability of equipment, diagnostic services and essential drugs, to provide the mandated health care services in rural areas.*

5. Healthcare Infrastructure

Planning

The State Government formulated a Vision document which laid emphasis on, opening of new medical colleges, increasing MBBS seats and up-gradation of the existing healthcare infrastructure.

The State Government could not establish two medical colleges (Koderma and Chaibasa), approved in February 2018, till November 2022. Only 630 Under Graduate (UG) seats could be created, against the planned 830 seats, by March 2022.

The State Government planned to increase the UG seats by 200, in the existing three medical colleges, by creating the required infrastructure, recruiting Teaching Faculty, Nursing Staff, Paramedical and other support staff. However, this could not be achieved due to shortage of manpower and infrastructure.

In RIMS, Ranchi, UG seats could not be increased from 150 to 250 due to failure to fill up the gaps of human resources as per MCI norms and non-creation of infrastructure, even though funds of ₹ 90.95 crore was made available to the RIMS Management. In Shaheed Nirmal Mahto Medical College and Hospital (SNMMCH), Dhanbad, 50 UG seats were reduced (June 2017) from the existing 100 seats, due to lack of faculty and absence of infrastructural facilities.

The Doctor-Population ratio in the State was below the norms recommended by WHO. There was shortage of required beds in districts hospitals. The gap,

in the number of primary health care facilities, with regard to population norms of Indian Public Health Standards, 2012 was 58 to 82 *per cent*. District Mental Health Centres could not be set up, as envisaged, for integration of mental health services with general health services.

Recommendation: *State Government may take steps to establish new medical colleges and increase UG/PG seats in existing medical colleges. State Government may also enhance bed capacity in the DHs and minimise gaps in primary health care facilities.*

Health infrastructure is an essential pillar of the health system. To deliver quality health services in the public health facilities, adequate and properly maintained building infrastructure is of critical importance.

Audit noticed that 1,788 HSCs and 145 PHCs of the State, were running in non-Government buildings, as on March 2016. Of these, only 252 HSCs (14 *per cent*) and 49 PHCs (34 *per cent*) could be shifted to Government buildings during 2016-22. Further, six (43 *per cent*) out of the 14 test-checked CHCs were running in old PHC buildings, with bed capacities ranging between six and 20, against the requirement of 30, as per IPHS norms.

Construction of Medical Colleges and Hospitals at Koderma and Chaibasa were started (July 2019) at an agreed cost of ₹ 653.61 crore with the stipulated date of completion being January 2022. However, the work was incomplete, as of August 2022, with physical progress of eight *per cent* (Chaibasa) and 12 *per cent* (Koderma).

Construction of a 500-bedded hospital building at Kharsawan was started (February 2012) at an agreed cost of ₹ 142.88 crore. However, the work could not be completed, as of August 2022, due to frequent changes in the scope of work and delays in their approval, by the Department.

A 100-bedded Hospital at Hansdiha, Dumka was completed (November 2020), with beds and other medical equipment, at ₹ 30.18 crore. However, the Hospital could not be made functional, due to non-sanction of manpower.

Construction of hospital building of CHC, Kharaundhi, was completed (January 2016) at ₹ 2.25 crore and was functional as per the records of the Department. However, during joint physical verification in May 2022, the building was found incomplete, vacant and in a dilapidated condition.

The Department had nominated (April 2021) an Agency to set up PCR based testing laboratories in seven districts. Though the laboratories were ready in five districts, they could not be made functional as of September 2022, due to non-empanelment of Diagnostic partners. In the remaining two districts (Gumla and Deoghar), setting up of the laboratories was still under progress, as of September 2022, due to delay in handing over the buildings to the Agency by the district administration.

Further, GoI approved (August 2021) augmentation of 480 Pediatric ICU beds in DHs, pre-fabricated units at CHCs/PHCs/HSCs, liquid medical gas with medical gas pipeline *etc.* However, these were not established, as of September 2022.

Recommendation: *State Government may review all incomplete healthcare facility buildings and address the bottlenecks that are causing delays. Idle buildings may be operationalised by deploying manpower and equipment.*

6. Financial Management

The State Government provides funds for the health sector, under the State Budget. Apart from State funds, financial assistance is also provided by GoI under various Central schemes. The National Health Policy (NHP), 2017, recommended that States should increase their health sector spending to more than eight *per cent* of the State budget by 2020. It also recommended that States should increase their health expenditure to 2.5 *per cent* of the Gross State Domestic Product (GSDP), by 2025.

Audit observed that State's spending on health sector ranged between 0.97 *per cent* and 1.33 *per cent* of GSDP against the National Health Policy (NHP), 2017, recommendation of 2.5 *per cent*. The State could also not utilise 33 to 49 *per cent* of funds available under NHM. There was discrepancy of ₹ 553.17 crore, in the closing balance as on 31 March 2021, between the information provided by JRHMS and the Receipt and Payment Account of JRHMS for the FY 2020-21.

Recommendation: *State Government may increase health expenditure as per NHP, 2017, and ensure reconciliation of differences in different Books of Accounts.*

7. Implementation of Centrally Sponsored Schemes

Public Health being a State subject, the primary responsibility of strengthening the public healthcare system lies with the State Governments. However, the Ministry of Health and Family Welfare, GoI, provides technical and financial support to States, from time to time, to strengthen the public healthcare system and manage public health challenges.

Health Wellness Centres

The National Health Policy, 2017, recommended strengthening the delivery of Primary health care, through establishment of "Health and Wellness Centres (HWC)" to deliver an expanded range of services beyond Maternal and Child health care services, such as, care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma and provide diagnostic services.

Against the target of establishing 2,891 HWCs, only 1,755 (61 *per cent*) HWCs could be operationalised till March 2022. This included 499 HWCs (44 *per cent*) against the target of 1,135 HWCs in the test-checked districts.

National AYUSH Mission

National AYUSH Mission (NAM) aims to promote AYUSH medical systems, through cost effective AYUSH services and strengthening of AYUSH educational systems.

The Executive Body of the Jharkhand State AYUSH Society (SAS), responsible for preparation of State Annual Action Plans (SAAPs), execution of approved SAAPs, release of funds to implementing agencies and monitoring and evaluation of SAAPs, met only twice during 2016-22. District AYUSH Society (DAS) had not been registered in the six test-checked districts and hence, fund allocated to the District Joint AYUSH Officer, remained unutilised and had to be refunded to the Department. Only ₹ 1.44 crore (three *per cent*) of AYUSH funds could be utilised during FYs 2016-17 to 2021-22, against the available funds of ₹ 57.60 crore.

Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)

GoI launched Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in 2006. Upgradation of medical colleges by opening of super speciality departments and addition of PG seats was one of the objectives of the Scheme.

GoI conveyed (January 2014) approval for upgradation of Super Speciality Departments of SNMMCH, Dhanbad, under PMSSY, for creating additional 16 PG seats. Though the buildings were completed at a cost of ₹ 78.92 crore, the sewerage and effluent treatment plants were yet to be constructed. As such, the Super Specialty departments could not be started with additional 16 PG seats, due to delay in construction work, in addition to non-appointment of the required manpower.

Fifty eight items of medical equipment procured, under PMSSY (Phase-III), for Super Speciality Departments in SNMMCH, Dhanbad, were lying idle in sealed boxes (as of August 2022).

Recommendation: State Government may ensure establishment of Health and Wellness Centers as per target, proper execution of National AYUSH Mission and creation of Post Graduate seats in SNMMCH, Dhanbad under PMSSY scheme.

8. Adequacy and effectiveness Regulatory Mechanism

Compliance to Regulations are necessary to standardise and supervise health care, ensure that healthcare facilities comply with the public health policies and that they provide safe care to all patients and visitors to the healthcare system. The State Government constituted (February 2012) the Jharkhand State Council (JSC) for Clinical Establishments under the Clinical Establishments (Registration and Regulation) Act, 2010.

JSC was almost non-functional as only one State Coordinator had been posted against 52 sanctioned posts, as of August 2022. Non-constitution of District Registering Authorities (DRAs) in time and their failure to conduct regular

meetings led to lack of proper monitoring of private/government healthcare facilities in the districts, which were in operation without obtaining the required authorisation.

DRAs were granting only provisional registrations, original or renewal, for a period of one year, to all healthcare facilities in the State, in contravention of the Rules. During inspection (April 2019 to January 2021) of 63 private hospitals of ten districts, the departmental authorities found that 24 private hospitals were running with quacks/un-qualified doctors, nurses and paramedics; 31 were operating without having bio-medical waste management system; seven did not possess Atomic Energy Regulation Board (AERB) license for radiology services; 22 had non/inadequate firefighting system and 28 did not have the required registration. Further, five out of nine complaints regarding medical negligence, in Gumla district, had been disposed of in 380 to 1,521 days, *i.e.* well beyond the prescribed period of 15 days.

Authorisation for handling of Bio medical waste from the SPCB had not been obtained by any of the test-checked DHs/CHCs/ PHCs. Apex level posts in the office of the State Drug Controller were vacant. Three out of the six test-checked districts had no Drug Inspectors. There was 26 to 53 *per cent* of shortage in inspection of firms by Drug Inspectors in four test-checked districts. Drug Inspectors collected only 439 samples (15 *per cent*) against the required 2,880 samples in the test-checked districts. It was also seen that four blood banks in the test-checked DHs, were running without valid license.

Recommendation: *State Government may ensure compliance of all regulations in healthcare facilities such as Bio-medical Waste Rules, Atomic Energy Regulation license, firefighting safety norms, Clinical Establishment Act, 2010 etc., and its implementation may be ensured.*

9. Sustainable Development Goal-3

Sustainable Development Goal (SDG) 3, relating to the health sector, aims to ensure healthy lives and promote well-being for all, at all ages. It also aims to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines. SDG 3 lays down measurable targets and indicators to assess progress. Jharkhand was in better position, *vis-à-vis* the national average, in regard to eight out of nine indicators. Its performance was found to be unsatisfactory in total number of physicians/ nurses and midwives (only four per 10 thousand population compared to the National average of 37).

The State was to develop its own State Indicator Framework (SIF) and District Indicator Framework (DIF) for follow-up and review, at the State, district and local government levels, of the progress made in implementing SDGs, targets and their achievements. The State Government prepared a State

Indicator Framework (SIF) with 32 indicators for SDG-3 in line with the National Indicator Framework (NIF) developed by the Ministry of Statistics and Programme Implementation (MoSPI), GoI. However, District Indicator Framework (DIF) had not been prepared, as of October 2022. The Chief Minister Dash Board, as required, had also not been developed for real time monitoring.

Recommendation: *State Government may ensure proper co-ordination among the departments to achieve SDG-3 in a sustainable manner, prepare District indicator framework and develop Chief Minister Dashboard.*

Chapter 1

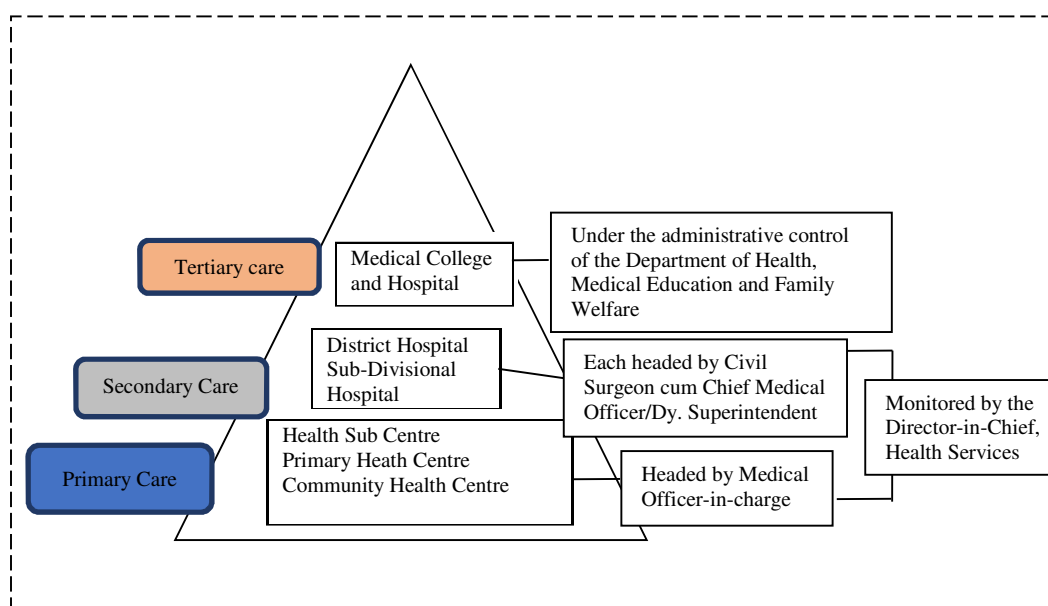
Introduction

Introduction

India's National Health Policy (the Policy), 2017, envisages as its goal, the attainment of the highest possible level of health and well-being for all, through a preventive and promotive health care orientation in all developmental policies, and universal access to quality health care services, without anyone having to face financial hardship as a consequence. The goal is aligned to Sustainable Development Goal (SDG) – 3, which aims to ensure healthy life and promote well-being for all, by 2030. The policy also recognises the need to nurture Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) systems of medicine by developing infrastructural facilities of teaching institutions, improving quality control of drugs, capacity building of institutions and professionals *etc.*

In Jharkhand, a three-tier healthcare system, *viz.* primary, secondary and tertiary, was envisaged to provide quality health care services to the people of the State. Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) are the primary level healthcare systems that exist respectively, at the village, *panchayat* and block level, as depicted in **Chart 1.1** below:

Chart 1.1: Public Healthcare Facilities in Jharkhand



Patients requiring serious health care attention are referred to the secondary level healthcare systems which comprises the Sub-Divisional Hospitals (SDHs) and the District Hospitals (DHs), at the Sub-Division and the district level, respectively. The tertiary level health care systems are the Government Medical Colleges and Hospitals (MCHs), which provide medical education and specialised health care services. In addition to the Government facilities, private healthcare facilities also play an important role in the health care system of the State.

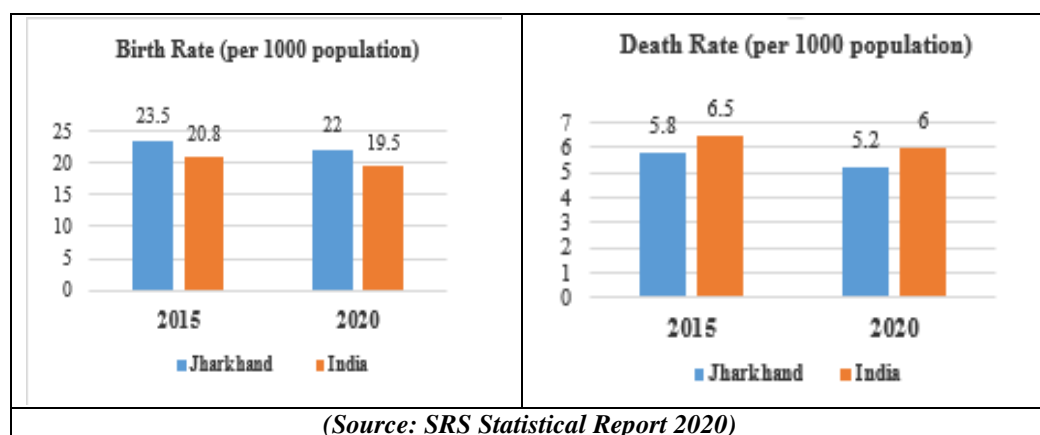
There were six MCHs, 23 DHs, 12 SDHs, 188 CHCs, 330 PHCs, 3,958 HSCs, two AYUSH colleges and hospitals and 291 AYUSH facilities¹ in the State, as of March 2022. In addition, there were 9,304 private healthcare facilities² in the State. List of DHs, SDHs, CHCs and PHCs in the State are given in **Appendix 1.1**.

1.1 Health Indicators

The State Government realised the need for concerted efforts to improve the health status of the citizens by providing universal, affordable and quality healthcare services, in order to harness the State's growth potential, in a sustained manner and contribute to the national effort to achieve the Sustainable Development Goals-3 (SDGs) by 2030. Accordingly, the State Government prepared (March 2018) a Vision Document articulating measurable outcomes/health indicators for the years 2021, 2025 and 2030. The key focus areas identified by the State Government included Maternal, Child and Reproductive Health and Health Infrastructure and Human Resources.

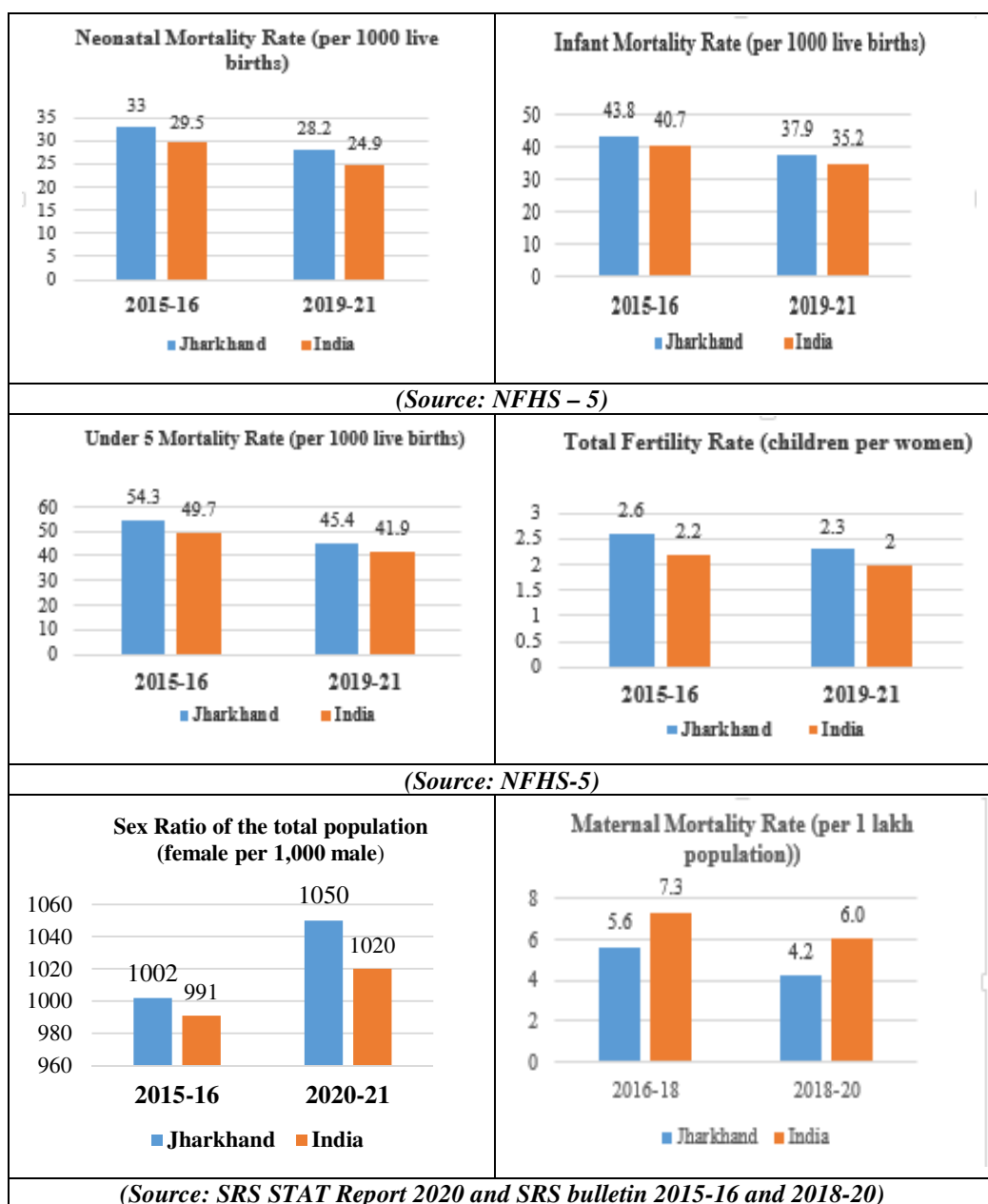
As per the Sample Registration System (SRS) statistical report 2020 and National Family Health Surveys (NFHS), some important health indicators of Jharkhand *vis-à-vis* India have been shown in **Chart 1.2**.

Chart 1.2: Health indicators of Jharkhand *vis-à-vis* India



¹ District joint dispensaries: 24, Dispensaries: 267 (Ayurvedic: 163, Unani: 32 and Homeopathy: 72).

² General clinics: 5,905, Single speciality hospitals: 1,498, Multi-speciality hospitals: 1,473, Super speciality hospitals: 121 and Others: 307.



Further, as per the SDG India Index & Dashboard 2020-21, issued by the National Institution for Transforming India (NITI) Aayog, Jharkhand was at the 11th position among the States in India, with respect to the SDG-3 index score.

Given the importance of the health sector in the State, a Performance Audit on “Public Health Infrastructure & Management of Health Services in Jharkhand” was taken up, to assess the availability and management of healthcare infrastructure and services in Government healthcare facilities, in addition to compliance with regulatory mechanisms by private healthcare facilities.

1.1.1 Jharkhand Health Indicators compared with National Health Indicators as per National Family Health Survey

Health Indicators of Jharkhand vis-à-vis National Indicators as per National Family Health Survey are shown in **Table 1.1**.

Table 1.1: Jharkhand Health Indicators as per NFHS

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	Jharkhand	India	Jharkhand	India
Sex ratio of the total population (females per 1,000 males)	1002	991	1050	1020
Sex ratio at birth for children born in the last five years (females per 1,000 males)	919	919	899	929
Total fertility rate (children per woman)	2.6	2.2	2.3	2.0
Neonatal mortality rate (NNMR)	33.0	29.50	28.20	24.90
Infant mortality rate (IMR)	43.80	40.70	37.90	35.20
Under-five mortality rate (U5MR)	54.30	49.70	45.40	41.90
Mothers who had an antenatal check-up in the first trimester (%)	52.00	58.60	68.00	70.00
Mothers who had at least 4 antenatal care visits (%)	30.30	51.20	38.60	58.10
Mothers whose last birth was protected against neonatal tetanus ³ (%)	91.70	89.00	90.80	92.00
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	15.30	30.30	28.20	44.10
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.20	14.40	14.90	26.00
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	86.90	89.30	91.50	95.90
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	44.40	62.40	69.10	78.00
Average out-of-pocket expenditure per delivery in a public health facility (₹)	1476	3197	2069	2916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.20	2.50	3.40	4.20
Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	NA	NA	68.70	79.10
Institutional births (%)	61.90	78.90	75.80	88.60
Institutional births in public facility (%)	41.80	52.10	56.80	61.90
Home births that were conducted by skilled health personnel ⁴ (%)	8.00	4.30	8.40	3.20
Births attended by skilled health personnel (%)	69.60	81.40	82.50	89.40
Births delivered by caesarean section (%)	9.90	17.20	12.80	21.50
Births in a private health facility that were delivered by caesarean section (%)	39.50	40.90	46.70	47.40
Births in a public health facility that were delivered by caesarean section (%)	4.60	11.90	7.00	14.30

(Source: NFHS-5)

Note: State health indicators, which have been shaded green, have improved while those which have deteriorated, are shaded red.

As can be seen from **Table 1.1**, performance of the State against some of the indicators in NFHS 5, such as sex ratio at birth for children born in the last five years; mothers whose last birth was protected against neonatal tetanus; average

³ Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

⁴ Doctor/nurse/LHV/ANM/midwife/other health personnel.

out-of-pocket expenditure per delivery in a public health facility and births delivered by caesarean section, had deteriorated in comparison to NFHS 4.

1.2 Organisational structure

The Department of Health, Medical Education and Family Welfare (the Department), Government of Jharkhand (GoJ), headed by the Secretary, is responsible for the management of the healthcare system in the State. The Secretary is assisted by three Joint Secretaries, four Deputy Secretaries and five Under Secretaries. There is a Directorate under the Department, which is headed by the Director-in-Chief (DIC), Health Services. DIC, Health Services, assisted by six Directors and six Additional Directors to implement the health programmes in the State.

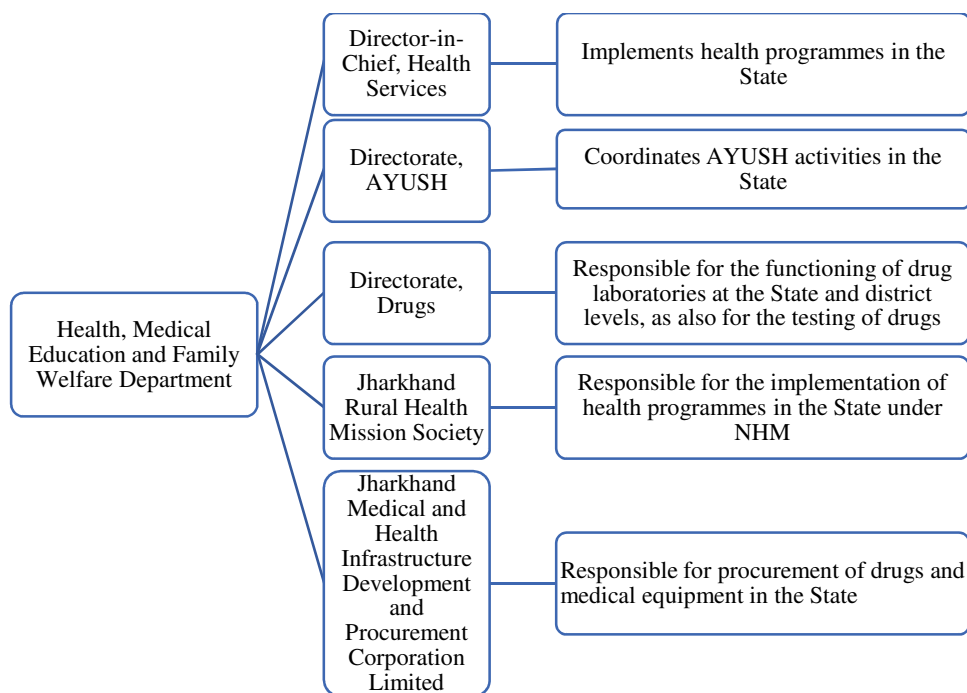
An AYUSH wing, under the Department, coordinates AYUSH activities in the State. It is headed by the AYUSH Director, who is assisted by one Additional Director and three Deputy Directors, one each for Ayurveda, Unani and Homeopathy.

The State Drug Controller (SDC) is responsible for testing of drugs through the Drug Inspectors, posted in the districts. SDC is responsible for functioning of drug laboratories at the State and the district level.

Further, Jharkhand Rural Health Mission Society (JRHMS) is responsible for implementation of health programmes under NHM, in the State, through the District Rural Health Societies (DRHSs).

The Principals are overall in-charges of the Government Medical Colleges and the Superintendents are in-charge of the teaching hospitals attached with the Medical Colleges. Civil Surgeon-cum-Chief Medical Officers (CS-cum-CMO) are responsible for the functioning of various healthcare facilities in the districts. The Deputy Superintendents (DSs) hold overall charge of District Hospitals (DHs) and Sub-Divisional Hospitals (SDHs). The Medical Officers look after the functioning of Community Health Centres (CHC) and Primary Health Centres (PHC), while the Community Health Officers (CHO) are responsible for the functioning of the Health and Wellness Centres (HWC). District Joint AYUSH Dispensaries are headed by District AYUSH Medical Officers.

The Jharkhand State Council for Clinical Establishments is responsible for the registration, supervision and monitoring of the healthcare facilities in the State. The Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Limited (JMHPCL) procures drugs and medical equipment and the Jharkhand State Building Construction Corporation Limited (JSBCCCL) constructs buildings for the health sector, as shown in the organogram below:



1.3 Audit Objectives

The objectives of the performance audit were to assess the following:

- adequacy of the funding for healthcare;
- availability and management of health care infrastructure;
- availability of drugs, medicines, equipment and other consumables, in healthcare facilities;
- availability of human resources at all levels;
- adequacy and effectiveness of the regulatory mechanisms for ensuring quality health care services in government and private healthcare facilities;
- whether State spending on health has improved the health and wellbeing of people, as envisaged under SDG-3; and
- whether the Centrally Sponsored Health Schemes were implemented properly.

1.4 Audit Criteria

Audit criteria for the performance audit were derived from the following:

- National Health Policy (NHP), 2017;
- Sustainable Development Goal (SDG)-3;
- The Indian Medical Council (IMC) Act, 1956 / the National Medical Commission (NMC) Act, 2019;
- Indian Public Health Standards (IPHS), 2012;
- Clinical Establishments Act, 2010;
- Drugs & Cosmetics Act, 1940;

- Regulatory Mechanism for AYUSH;
- Bio-Medical Waste Management Rules, 2016;
- National Accreditation Board for Testing and Calibration Laboratory (NABL) accreditation norms for testing laboratories;
- National Accreditation Board for Hospitals and Healthcare Providers (NABH) accreditation programmes for various healthcare providers, such as Hospitals, Blood Banks, Allopathic Clinics, AYUSH Hospitals *etc.*;
- Atomic Energy (Radiation Protection) Rules, 2004;
- Establishments of Medical College Regulations, 1999;
- Minimum Standards Requirement Regulations, 1999;
- Assessors' Guidebook for Quality Assurance in Government Healthcare Centres published by the Ministry of Health and Family Welfare, Government of India in 2013 and 2014;
- Framework for implementation of schemes, issued by GOI;
- NITI Aayog Reports; and
- Departmental/ Government policies, rules, orders, manuals, regulations and MoUs.

1.5 Audit Scope and Methodology

The Performance Audit (PA) of 'Public Health Infrastructure and Management of Health Services in Jharkhand', covering the period from FY 2016-17 to FY 2021-22, was conducted between March and September 2022.

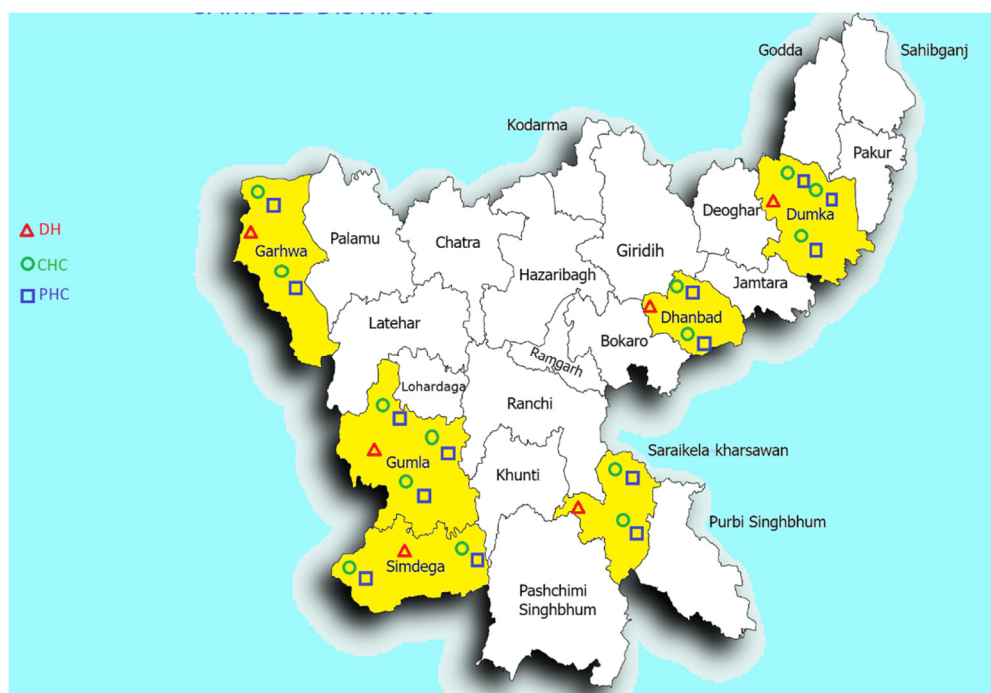
Districts were considered as the primary unit of sampling and six⁵ out of 24 districts were selected for detailed examination, by using the Probability Proportional to Size (PPS) method. Further, the Rajendra Institute of Medical Science (RIMS), two⁶ out of six medical colleges, two AYUSH educational institutions, five⁷ out of 23 DHs, 14 out of 188 CHCs, 13 out of 330 PHCs, 25 out of 1,755 Health and Wellness Centres (HWCs), 11 private hospitals and six District Joint AYUSH dispensaries, within the selected 6 districts, were selected for this Performance Audit (**Appendix 1.2**). The test-checked healthcare units, in the selected districts, are shown in the map of Jharkhand below:

⁵ Dhanbad, Dumka, Garhwa, Gumla, Saraikela Kharsawan and Simdega.

⁶ Phulo Jhano Medical College and Hospital, Dumka and Saheed Nirmal Mahto Medical College and Hospital, Dhanbad.

⁷ There was no DH in Dhanbad district. However, a DH has been proposed, for which 24 posts of doctors were sanctioned in February 2021. DH, Dumka, attached with the newly created (August 2019) Medical College, functions both as the DH and the teaching hospital.

Selected districts and test-checked units



An Entry Conference was held on 23 February 2022, with the Additional Chief Secretary (ACS) of the Department, wherein the audit objectives, audit criteria, audit scope and methodology were discussed. The audit findings were discussed with the ACS of the Department during the Exit Conference held on 28 March 2023.

Audit examined records at the offices of the Additional Chief Secretary/ Principal Secretary of the Department; Mission Director (NHM); Jharkhand Rural Health Mission Society (JRHMS); Director-in-Chief (Health Services); Directorate of AYUSH; Directorate of Drugs; Jharkhand State Council for Clinical Establishments; Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Limited (JMHIDPCL) and Jharkhand State Building Construction Corporation Limited (JSBCCL), at the State level. At the field level, records of selected entities, *viz.* three medical colleges and hospitals, six CS-cum-CMOs, five DHs, 14 CHCs, 12⁸ PHCs, 25 HWCs, six District Rural Health Societies (DRHSs) and nine private healthcare facilities were examined. Additionally, records related to funds released and utilised for the COVID-19 pandemic⁹, were examined at the office of the Secretary, Home, Jail & Disaster Management Department.

Apart from scrutiny of records, joint physical verification with the departmental officers/ officials, was conducted, to assess the status of health services and

⁸ Out of 13 sampled PHCs, one PHC, Bilingbera in the Gumla District was not functional. Therefore, audit comments have been framed for 12 PHCs only.

⁹ State Disaster Response Fund and funds released from PM CARES.

health infrastructure. Surveys of beneficiaries / stakeholders were also carried out, to assess the effectiveness of delivery of health and related services.

The report was issued (December 2022) to the Government/Department for their response. Thereafter, a revised report was issued (October 2023). However, despite reminders, no specific replies have been received (December 2023). The response/comments of the ACS of the Department during the Exit Conference have been incorporated in the Report.

1.6 Structure of the Report

This Report has been structured based on the healthcare services, human resources and infrastructure available in the State; sufficiency of funds in the health sector; effectiveness of regulatory mechanisms; and achievement of goals of SDG-3. Audit findings have been discussed in nine chapters, as follows:

Chapter 1: Introduction

Chapter 2: Human Resources

Chapter 3: Healthcare Services

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

Chapter 5: Healthcare Infrastructure

Chapter 6: Financial Management

Chapter 7: Implementation of Centrally Sponsored Schemes

Chapter 8: Adequacy and effectiveness of the Regularity Mechanism

Chapter 9: Sustainable Development Goal-3

Chapter 2

Human Resources

Human Resources

The delivery of quality healthcare services in hospitals depends, to a large extent, on adequate availability of manpower, especially in the cadres of Medical Officers (MOs)/Specialists, staff nurses and para-medical staff. Further, availability of adequate faculty is one of the most important criteria, to obtain recognition from MCI/ NMC, for running Under Graduate (UG) courses, as well as Post Graduate (PG) courses, in a medical college. State Government had also sanctioned MOs and supporting staff for AYUSH dispensaries and faculty for AYUSH educational institutions, with the aim of promoting alternative systems of medicine.

2.1 Shortage of Human Resources in the State

The State of Jharkhand is facing acute shortage of Medical Officers (MOs), staff nurses and paramedics in District Hospitals (DHs), Sub-divisional Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) *etc.* Audit observed huge vacancies of MOs, staff nurses and paramedics as discussed in the succeeding paragraphs.

- **Status of availability of MO/Specialists in the State**

Against the sanctioned posts of 3,634 MOs/ Specialists in the State, 2,210 (61 *per cent*) posts were vacant, as shown in **Table 2.1** and **Chart 2.1**.

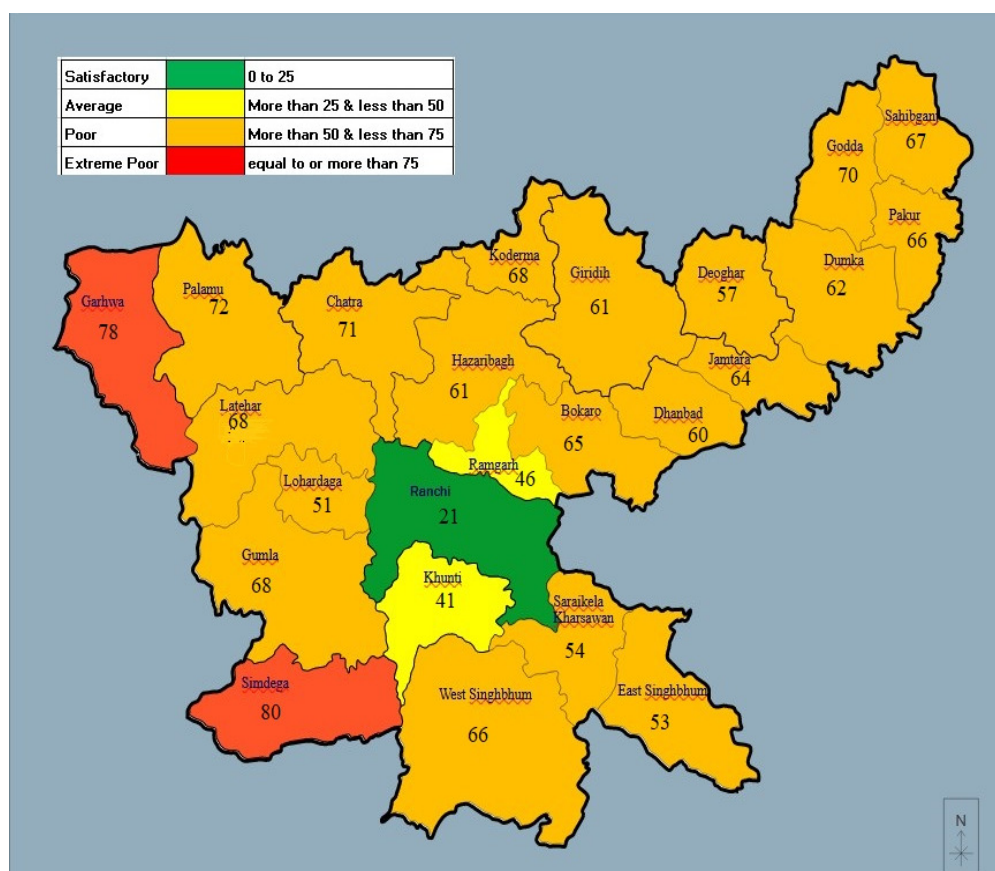
Table 2.1: District-wise sanctioned strength and persons-in-position of Medical Officers/ Specialists in the State as of March 2022

Sl. No.	Name of district	SS	PIP	Shortage	Shortage (<i>per cent</i>)
1	Bokaro	201	70	131	65
2	Chatra	129	38	91	71
3	Deoghar	137	59	78	57
4	Dhanbad	171	69	102	60
5	Dumka	194	73	121	62
6	East Singhbhum	154	72	82	53
7	Garhwa	191	42	149	78
8	Giridih	188	73	115	61
9	Godda	132	39	93	70
10	Gumla	151	49	102	68
11	Hazaribag	189	73	116	61
12	Jamtara	98	35	63	64
13	Khunti	96	57	39	41
14	Koderma	109	35	74	68
15	Latehar	111	35	76	68

Sl. No.	Name of district	SS	PIP	Shortage	Shortage (per cent)
16	Lohardaga	92	45	47	51
17	Pakur	103	35	68	66
18	Palamu	230	65	165	72
19	Ramgarh	94	51	43	46
20	Ranchi	260	206	54	21
21	Sahibganj	138	46	92	67
22	Saraikela Kharsawan	123	56	67	54
23	Simdega	119	24	95	80
24	West Singhbhum	224	77	147	66
	Total	3,634	1,424	2,210	61

(Source: Information provided by the Department)

Chart 2.1: District-wise shortage (percentage) of Medical Officers/ Specialists



- Status of availability of staff nurses**

Against the sanctioned posts of 5,872 staff nurses in the State, 3,033 (52 per cent) posts were vacant, as shown in **Table 2.2**.

Table 2.2: District-wise sanctioned strength and persons-in-position of staff nurses in the State as of March 2022

Sl. No.	Name of district	SS	PIP	Shortage	Shortage (per cent)
1	Bokaro	219	99	120	55
2	Chatra	181	70	111	61
3	Deoghar	256	174	82	32
4	Dhanbad	278	145	133	48
5	Dumka	390	188	202	52
6	East Singhbhum	330	178	152	46
7	Garhwa	232	116	116	50
8	Giridih	304	115	189	62
9	Godda	197	47	150	76
10	Gumla	330	130	200	61
11	Hazaribag	206	107	99	48
12	Jamtara	188	97	91	48
13	Khunti	165	55	110	67
14	Koderma	124	47	77	62
15	Latehar	168	84	84	50
16	Lohardaga	127	50	77	61
17	Pakur	166	56	110	66
18	Palamu	270	128	142	53
19	Ramgarh	108	36	72	67
20	Ranchi	467	401	66	14
21	Sahibganj	217	99	118	54
22	Saraikela Kharsawan	242	109	133	55
23	Simdega	264	93	171	65
24	West Singhbhum	443	215	228	51
	Total	5,872	2,839	3,033	52

- Status of availability of paramedics in the State**

Against the sanctioned posts of 1,080 paramedics in the State, 864 (80 per cent) posts were vacant, as shown in **Table 2.3**.

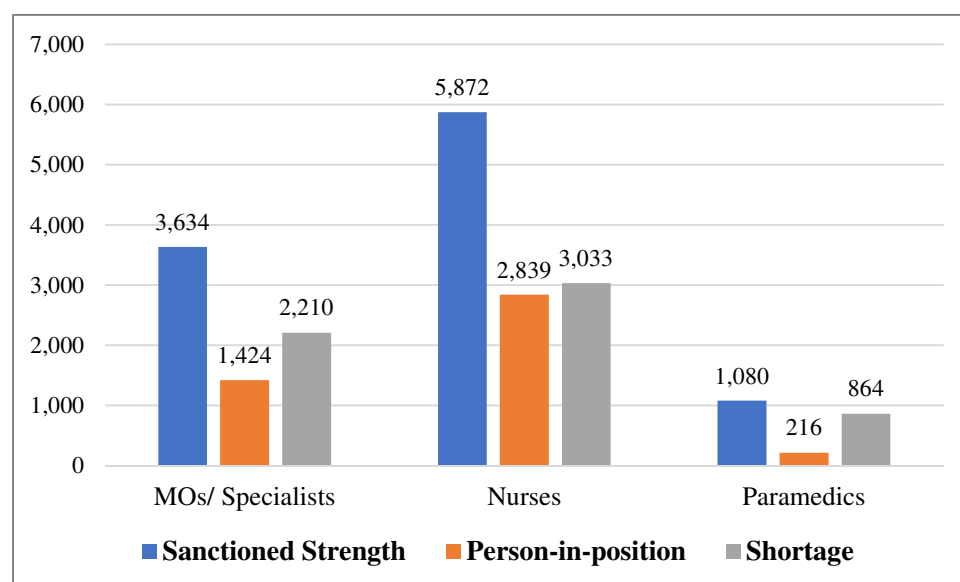
Table 2.3: District-wise sanctioned strength and persons-in-position of paramedics in the State as of March 2022

Sl. No.	District	SS	PIP	Vacancy	Shortage (per cent)
1	Bokaro	96	23	73	76
2	Chatra	30	0	30	100
3	Deoghar	58	20	38	66
4	Dhanbad	86	14	72	84
5	Dumka	47	5	42	89
6	East Singhbhum	37	0	37	100
7	Garhwa	39	0	39	100
8	Giridih	43	1	42	98
9	Godda	63	12	51	81
10	Gumla	34	6	28	82
11	Hazaribag	28	11	17	61
12	Jamtara	41	11	30	73
13	Khunti	34	7	27	79
14	Koderma	24	3	21	88
15	Latehar	24	0	24	100
16	Lohardaga	53	12	41	77

Sl. No.	District	SS	PIP	Vacancy	Shortage (per cent)
17	Pakur	33	6	27	82
18	Palamu	33	2	31	94
19	Ramgarh	14	1	13	93
20	Ranchi	94	47	47	50
21	Sahibganj	59	15	44	75
22	Saraikela Kharsawan	42	13	29	69
23	Simdega	28	6	22	79
24	West Singhbhum	40	1	39	98
	Total	1,080	216	864	80

It can be seen from **Table 2.1, 2.2** and **2.3** that shortages of MOs/ Specialists, staff nurses and paramedics ranged between 21 to 80 *per cent*, 14 to 76 *per cent* and 50 to 100 *per cent* respectively in the State. The details of sanctioned strength, person-in-position and shortage of MOs/ specialists, staff nurses and paramedics are given in the **Chart 2.2**.

Chart 2.2: District-wise sanctioned strength, person-in-position and shortage of Medical Officers/ Specialists, staff nurses and paramedics as of March 2022



2.2 Availability of human resources at DHs/CHCs/PHCs

IPHS provides that Doctors/ Specialists should be available round the clock, to provide due medical care to the patients. IPHS also prescribes norms for the posts of staff nurses and paramedics, in DHs/ CHCs/ PHCs.

Audit examination revealed significant shortages of MOs/ specialists, staff nurses and Paramedics in the DHs, CHCs and PHCs, ranging between 7 to 65 *per cent*, in the State, as shown in **Appendix 2.1**. The summarised position of shortage of MOs/Specialists, staff nurses and Paramedics in DHs/ CHCs/ PHCs are shown in **Table 2.4**.

Table 2.4: SS, PIP and shortage of MOs/ Specialists, staff nurses and paramedics in the State as of March 2022

Type of the post	Sanctioned Strength (SS)	Persons-in-position (PIP)	Vacancy (<i>per cent</i>)
DHs			
MOs/Specialists	735	317	418 (57)
Staff nurses	790	806	-
Paramedics	447	415	32 (7)
CHCs			
MOs/Specialists	1320	555	765 (58)
Staff nurses	2069	1735	334 (16)
Paramedics	1071	573	498 (46)
PHCs			
MOs/Specialists	822	294	528 (64)
Staff nurses	734	530	204 (28)
Paramedics	780	271	509 (65)

(Source: Figures of the Department)

Colour code: Green- Good, Yellow =Poor (Vacancy < 40%), Red=Very Poor (Vacancy ≥ 40%).

It was also observed that the State Government had recruited 624 MOs/Specialists during FYs 2016-17 to 2021-22.

- Shortage of MOs/Specialists, paramedics and staff nurses, in the test-checked DHs, as of March 2022, is given in **Table 2.5**.

Table 2.5: SS, PIP and shortage of MOs/ Specialists, Paramedics and Staff Nurses

DH ¹⁰	Sanctioned beds	Strength required, as per IPHS			PIP, as of March 2022			Shortage, as per IPHS (<i>per cent</i>)		
		MOs/ specialists	Paramedics	Staff Nurses	MOs/ specialists	Paramedics	Staff Nurses	MOs/ specialists	Paramedics	Staff Nurses
Garhwa	100	32	31	45	11	19	23	21 (66)	12 (39)	22 (49)
Gumla	100	32	31	45	17	12	27	15 (47)	19 (61)	18 (40)
Saraikela Kharsawan	100	32	31	45	17	19	21	15 (47)	12 (39)	24 (53)
Simdega	100	32	31	45	13	8	27	19 (59)	23 (74)	18 (40)
Total	400	128	124	180	58	58	98			

(Source: Records of test-checked DHs)

Colour code: Red=Very Poor (Shortage ≥ 40%), Yellow= Poor (Shortage > 30 % but < 40%).

It can be seen from **Table 2.5** that there were shortages of 47 to 66 *per cent* of MOs/ Specialists and 39 to 74 *per cent* of paramedics and staff nurses, in the test-checked DHs.

- Shortages of doctors and paramedics ranged between 18 and 82 *per cent* in the 14 test-checked CHCs (**Appendix 2.2**). There were 11 to 45 staff nurses, in the seven test-checked CHCs, against the prescribed norm of 10 staff nurses, whereas the remaining seven test-checked CHCs had only two to nine staff nurses.

¹⁰ Details of DH, Dumka has been included in Paragraph 2.4.1 as it was upgraded to Phulo Jhano Medical College and Hospital (PJMCH) in 2019.

- Two doctors, as prescribed under the norms, were present only in two out of the 12 test-checked PHCs. One doctor each was available in seven PHCs, whereas there were no doctors in the remaining three PHCs. There were no paramedics in 10 PHCs, against the prescribed norm of five paramedics, whereas two PHCs had only one paramedic (**Appendix 2.2**). It was also noticed that three PHCs had four to five staff nurses, against the prescribed norm of three staff nurses, whereas the remaining nine test-checked PHCs had only one to two staff nurses.

Shortage of doctors, paramedics and nursing staff, besides asymmetric deployment of staff nurses, in the test-checked healthcare facilities, was expected to have had an adverse effect on the delivery of services. The Department accepted the facts and stated (March 2023) that requisitions for recruitment for Specialists were pending with the Jharkhand Public Service Commission (JPSC) for more than two years. It was also stated that frequent changes in the Recruitment Rules by the Government had also delayed recruitment of human resources.

2.3 Shortage of Specialists in DHs/CHCs

IPHS prescribed 21 posts of specialists for DHs on the basis of bed capacity. The status of specialists, as of March 2022, in the test-check DHs, is shown in **Table 2.6**.

Table 2.6: Details of Requirement, PIP and shortage of specialists in the test-checked DHs

DHs ¹¹	Number of Specialists required as per IPHS	Number of Specialists available (in per cent)	Details of shortages of different specialists (Number of specialists short)
Garhwa	21	03 (14)	Medicine (02), Surgery (01), Obstetrics and Gynaecology (02), Paediatrics (02), Anaesthesia (02), Ophthalmology (01), Orthopaedics (01), Radiology (01), Pathology (01), Dermatology (01), Psychiatry (01), Microbiology (01), Forensics (01), AYUSH (01) - Total shortage – 18
Gumla	21	11 (52)	Medicine (01), Obstetrics and Gynaecology (01), Paediatrics (01), Anaesthesia (02), Radiology (01), Dental (01), Microbiology (01), Forensics (01), AYUSH (01) - Total shortage – 10 Excess Orthopaedics (01) Total excess- 01
Saraikela Kharsawan	21	09 (43)	Shortage Medicine (02), Surgery (01), Paediatrics (01), Anesthesia (02), Orthopaedics (01), Dermatology (01), Psychiatry (01), Microbiology (01), Forensics (01), Ayush (01) Total Shortage-12 Excess Obstetrics & Gynaecology (01), Dental (01) Total excess- 02

¹¹ Details of DH, Dumka has been included in **Paragraph 2.4.1** as it was upgraded to Phulo Jhano Medical College and Hospital (PJMCH) in 2019.

DHs ¹¹	Number of Specialists required as per IPHS	Number of Specialists available (in per cent)	Details of shortages of different specialists (Number of specialists short)
Simdega	21	06 (29)	Shortage Medicine (02), Paediatrics (01), Anaesthesia (02), Ophthalmology (01), Radiology (01), Pathology (01), ENT (01), Dental (01), Dermatology (01), Psychiatry (01), Microbiology (01), Forensics (01), AYUSH (01) Total Shortage-15

Colour code: Red= Very Poor (Availability ≤ 60%)

It can be seen from **Table 2.6** that shortages of specialists ranged between 48 and 86 per cent, in the test-checked DHs. None of the test-checked DHs had specialists of Anaesthesia, Microbiology, Forensic science and AYUSH. Excess deployment of specialists was also seen in DHs, Gumla and Saraikela Kharsawan, despite shortages in other DHs.

Further, IPHS prescribes one post each, for five specialists¹², in CHCs. However, there was no specialists, in 12 out of the 14 test-checked CHCs, whereas only one specialist (Obstetrician & Gynaecologist) each was available in two CHCs.

Shortage/non-availability of specialists may adversely affect the delivery of specialised health care services in the test-checked DHs and CHCs as discussed in **Chapter 3**. The Department accepted the facts and stated (March 2023) that requisitions for recruitment for Specialists were pending with the JPSC for more than two years. It was also stated that frequent changes in the Recruitment Rules by the Government had also delayed recruitment of human resources.

- **Availability of Ophthalmologist/ Ophthalmic Assistant in DHs/CHCs**

IPHS 2012, prescribes the availability of one to two Ophthalmologists and Ophthalmic Assistants for DHs, as per the bed strength of the hospital, and one Ophthalmic Assistant for CHCs. Availability of manpower in the Ophthalmology wing, in the test-checked DHs, is given in **Table 2.7**.

Table 2.7: Availability of manpower in Ophthalmology as of March 2022

Sl. No.	Name of DHs	Ophthalmologist		Ophthalmic Assistant	
		Required, as per IPHS	Available	Required, as per IPHS	Available
1	Dumka	2	1	2	1
2	Garhwa	1	0	1	1
3	Gumla	1	1	1	2
4	Saraikela Kharsawan	1	1	1	1
5	Simdega	1	0	1	0

Colour code: Red = Very Poor (not available), Yellow= Poor (availability = 50%), Green = Good (Shortage = Nil)

¹² Medicine, Surgery, Paediatrics, Anaesthesia and Obstetrics & Gynaecology.

It can be seen from **Table 2.7** that only two of the test-checked DHs (Gumla and Saraikela Kharsawan) had the required manpower. Further, in DH, Dumka, only one Ophthalmologist and one Ophthalmic Assistant was available against the requirement of two each.

Further, Ophthalmic Assistants were not available in four¹³ out of the 14 test-checked CHCs.

- **Availability of Lab technician, pathologist, radiologist (doctor), x-ray technician/radiographer in test-checked DHs/CHCs/PHCs**

IPHS 2012, prescribes the availability of six to 12 lab technicians, one to three pathologists, one to two radiologists, two to five x-ray technicians/radiographers for DHs, as per the bed strength of the hospital. Further, IPHS, 2012 also prescribes availability of two lab technicians and one x-ray technician/radiographer for CHCs. One lab technician is required for PHCs. Availability of these personnel, in the test-checked DHs/CHCs/PHCs, is given in **Table 2.8**.

Table 2.8: Availability of Lab technician, pathologist, radiologist (doctor), X-ray technician and Radiographer as of March 2022

DHs (05)			
Particulars	Required	Available	Shortage (per cent)
Radiologist	06	01	05 (83)
Lab Technician	36	25	11 (31)
X-ray technician/ radiographer	13	09	04 (31)
Pathologist	07	02	05 (71)
CHCs (14)			
Lab Technician	28	27	01 (4)
X-ray technician/ radiographer	14	04	10 (71)
PHCs (12)			
Lab Technician	12	01	11 (92)

It can be seen from **Table 2.8** that shortage of radiologists, lab technicians, x-ray technicians, pathologists was 83, 31, 31 and 71 *per cent* respectively in the test-checked DHs. Further, shortage of lab-technicians and x-ray technicians was four and 71 *per cent* respectively in the test-checked CHCs. Shortage of lab technicians in PHCs was 92 *per cent* (**Appendix 2.3**).

- **Essential human resources in the maternity services**

The MNH Toolkit prescribes manpower for maternity services, based on an average of 100 to 500 deliveries per month in a hospital, for quality service delivery with dignity and privacy to clients, and for providing the best possible care during pregnancy, delivery and post-partum to the

¹³ CHC, Jarmundi; CHC, Saraiyahat; CHC, Bharno and CHC, Palkot.

patients. The manpower required under maternity services, as per the MNH Toolkit, is illustrated in **Table 2.8**.

Table 2.8: Manpower required under maternity services

Average deliveries per month	Doctors	Supporting personnel	Total
100-200	4	19	23
200-500	15	26	41

Availability of manpower *vis-à-vis* requirement, based on the average monthly deliveries, for maternity services in the five test-checked DHs, during FYs 2016-17 to 2021-22, was as shown in **Table 2.10**.

Table 2.10: Availability of manpower against requirement, in maternity IPDs

Particulars		Dumka	Garhwa	Gumla	Saraikela Kharsawan	Simdega
Average monthly deliveries		252	433	343	100	124
Requirement of Doctors		15	15	15	4	4
Requirement of supporting staff		26	26	26	19	19
Total Requirement		41	41	41	23	23
Sl. No.	Particulars	Available Manpower (Percentage)				
1	Doctors	8 (53)	4 (27)	NA	4 (100)	3 (75)
2	Supporting personnel	25 (96)	10 (38)	NA	9 (47)	6 (32)
	Total Available	33 (80)	14 (34)	NA	13 (57)	9 (39)

(Source: Records of the test-checked DHs)

Colour code: Red = Availability < 50%, Yellow = Availability 50% to 75%, Green = Availability 76% to 100% and Blue = Not available (NA)

Audit noticed that service-wise specific manpower had not been sanctioned in the five test-checked DHs. However, as per the information furnished by the DHs, it was noticed that DH, Saraikela Kharsawan, had sufficient doctors in the maternity IPD. DH, Gumla, did not provide information on the availability of manpower in the maternity IPD. In the other three DHs, short deployment of doctors ranged between 25 to 73 *per cent*. It was further noticed that short deployment of supporting personnel ranged between 4 to 68 *per cent*, in four of the test-checked DHs.

Short deployment of manpower in the maternity wards of the test-checked DHs indicated that due care was not given to manage delivery related complications, ensure satisfactory newborn care and manage other maternal health emergencies.

2.4 Availability of Human Resources in Medical Colleges

2.4.1 Shortage of teaching and non-teaching staff

Deployment of adequate teaching and non-teaching staff is one of the most important criteria, in order to obtain recognition from MCI/ NMC, for running UG courses, as well as PG courses, in a Medical College.

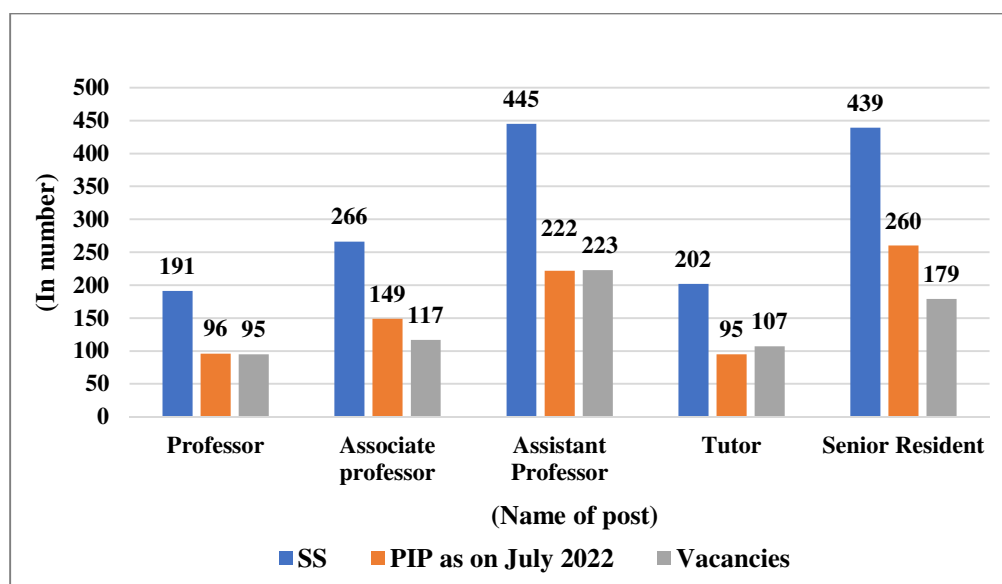
Details of sanctioned strength (SS) and persons-in-position (PIP) of teaching/non-teaching staff, as of July 2022, in the six¹⁴ MCHs in Jharkhand, is shown in **Appendix 2.4**. Summarised post-wise position of teaching and non-teaching staff is shown in **Table 2.11** and **Chart 2.3**.

Table 2.11: SS and PIP of teaching and non-teaching staff in six MCHs

Name of the post	SS	PIP, as on July 2022	Vacancies (<i>per cent</i>)
Teaching staff			
Professor	191	96	95(50)
Associate professor	266	149	117(44)
Assistant Professor	445	222	223(50)
Total	902	467	435(48)
Non-teaching staff			
Tutor	202	95	107 (53)
Senior Resident	439	260	179 (41)
Total	641	355	286 (45)

(Source: Information provided by the Department)

Chart 2.3: SS and PIP of teaching and non-teaching staff in 6 MCHs



It can be seen from **Table 2.11** and **Chart 2.3**, that vacancies against the sanctioned posts of teaching and non-teaching staff were 48 and 45 *per cent*, respectively. Audit also noticed significant vacancies, across all posts, in the test-checked MCHs (**Appendix 2.5**), during FYs 2016-17 to 2021-22, as shown in **Table 2.12**.

¹⁴ (1) SNMMCH, Dhanbad (2) PJMCH, Dumka (3) SBMCH, Hazaribag (4) MGMTMCH, Jamshedpur (5) MRMCH, Palamu and (6) RIMS, Ranchi.

Table 2.12: Vacancies during FYs 2016-17 to 2021-22

Name of MCH	Vacancies in different cadres in <i>per cent</i>		
	Teaching (Professor, Associate Professor and Assistant Professor)	Non-teaching (Senior/ Junior Resident and Tutor)	Para-medics
SNMMCH, Dhanbad	54 to 69	26 to 56	54 to 94
PJMCH, Dumka (2019-22)	67 to 72	69 to 75	45 to 82
RIMS, Ranchi	34 to 51	17 to 38	45 to 53

It can be seen from **Table 2.12** that shortages of teaching staff, *viz.* Professors, Associate Professors and Assistant Professors, ranged between 34 and 72 *per cent*, in the three test-checked MCHs. Further, shortage of non-teaching staff, *viz.* Tutors and Senior Residents, ranged between 17 and 75 *per cent*, while shortage of paramedics ranged between 45 and 94 *per cent*.

Persistent vacancies, especially in faculty posts, are bound to not only adversely affect recognition of courses by MCI/NMC but also compromise the quality of medical education imparted in these institutions. This was one of the main reasons for non-recognition of courses, and non-renewal of seats, by MCI/NMC.

A mention of this was made in **Paragraph No. 2.1.10** of the Audit Report of the Comptroller and Auditor General of India for the year ended 31 March 2015 on Government of Jharkhand, regarding the MCI Undergraduate Working Group 2010 recommendations in its “Vision 2015 documents”, in which it had been noted that shortage of teaching staff in medical institutions could be removed by means of tapping into the pool of consultants, who had left Government Service, dual/ adjunct appointments, interdisciplinary appointments, faculty development programmes, well defined career paths, employment of retired teachers, increasing the age of superannuation and increasing the pool of young teachers by increasing the postgraduate output.

It was, however, seen that the State Government had acted belatedly on three recommendations of the Working Group, *viz.* enhancing the age of superannuation from 65 to 67 years (January 2018), appointment of faculty on contract basis (September 2021) and tapping of posts in government service departments (December 2021). Further, no initiative was found to have been taken by the Health Department, as of March 2022, on the remaining five recommendations of the MCI working group. As a result, the shortage of teaching staff continued to persist. The Department accepted the facts and stated (March 2023) that requisition for appointment of Asstt. Professors have been sent to JPSC. Due to promotion of Asstt. Professors to Associate Professors, vacancy had increased. Therefore, to fill up the posts, possibility of engagement of Asstt. Professors on

contractual basis was explored four times in 2021, but no candidates had come forward.

2.4.2 Excess deployment of teaching staff against sanctioned strength

It was seen that, during FYs 2016-17 to 2021-22, there was excess deployment of teaching staff, in five departments of SNMMCH, Dhanbad, as detailed in **Table 2.13**.

Table 2.13: Excess deployment of teaching staff

Year	Name of the Department	Post	SS	PIP	Excess
2016-17	Preventive and Social Medicine (PSM)	Professor	01	02	01
2018-19	Pathology	Professor	01	03	02
	Microbiology	Associate Professor	01	02	01
	Ophthalmology	Associate Professor	02	04	02
	General Surgery	Associate Professor	03	09	06
2019-20	General Surgery	Associate Professor	03	07	04
2020-21	General Surgery	Associate Professor	03	06	03
2021-22	General Surgery	Associate Professor	03	06	03

(Source: Records of test-checked MCHs)

Reasons/justification for excess deployment of teaching staff were not furnished. The Department also did not furnish reply to the audit observation.

Recommendation: State Government may take steps to implement all the recommendations of the MCI Working Group, so that shortage of teaching staff can be minimised.

2.5 Availability of human resources in AYUSH facilities

The delivery of quality healthcare services in healthcare facilities, to a large extent, depends on adequate availability of manpower, especially doctors, staff nurses, paramedical and other supporting staff.

Audit noticed State-wide shortage of doctors and other medical staff, in AYUSH facilities, as discussed in the succeeding paragraphs.

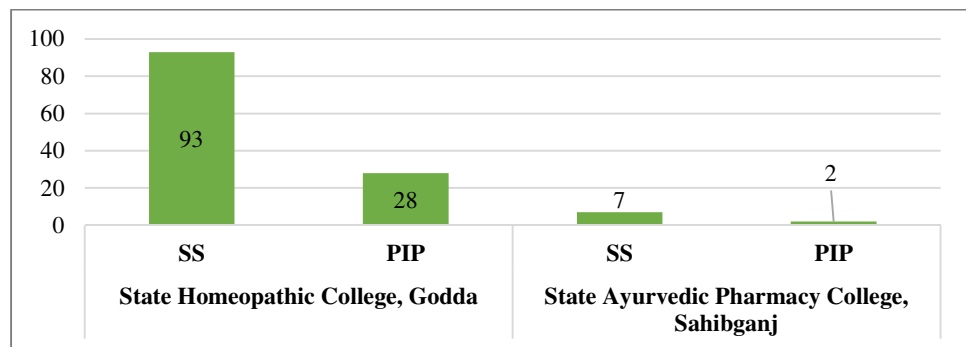
2.5.1 Shortage of teachers/staff in AYUSH institutions

The sanctioned strength (SS) and persons-in-position (PIP), in the two existing AYUSH institutions, as of March 2022, are detailed in **Table 2.14** and **Chart 2.4**.

Table 2.14: Status of persons-in-position (PIP) against sanctioned strength (SS), in AYUSH institutions

Cadre	State Homeopathic College, Godda			State Ayurvedic Pharmacy College, Sahibganj		
	SS	PIP	Shortage (per cent)	SS	PIP	Shortage (per cent)
Teachers	64	22	42 (66)	5	2	3(60)
Paramedics	14	04	10 (71)	2	00	2 (100)
Staff nurses	15	02	13 (87)	NA	NA	-
Total	93	28	65 (70)	7	2	5 (71)

(Source: Information furnished by the Directorate of AYUSH)

Chart 2.4 : Status of HR in AYUSH Institutions in Jharkhand

It can be seen from **Table 2.14** that the shortage of teachers ranged between 60 and 66 *per cent*. The shortage of paramedics and staff nurses was 71 and 87 *per cent*, respectively, in the Homeopathic College, whereas no paramedics were available in the Pharmacy College. The shortage of teachers and medical staff had an adverse impact on the functioning of these institutions. The Department, while confirming the facts, stated (March 2023) that action is being taken for recruitment of teaching staff, staff nurses and paramedics for functioning of AYUSH Colleges and Hospitals.

2.5.2 Shortage of MOs/staff in dispensaries

There were 24 District Joint AYUSH dispensaries in the districts and 267 dispensaries¹⁵ at the lower level, in the State. For each dispensary, there were sanctioned posts of Medical Officer (MO) and Compounder. Details of SS, PIP and vacancy, as of March 2022, are given in **Table 2.15**.

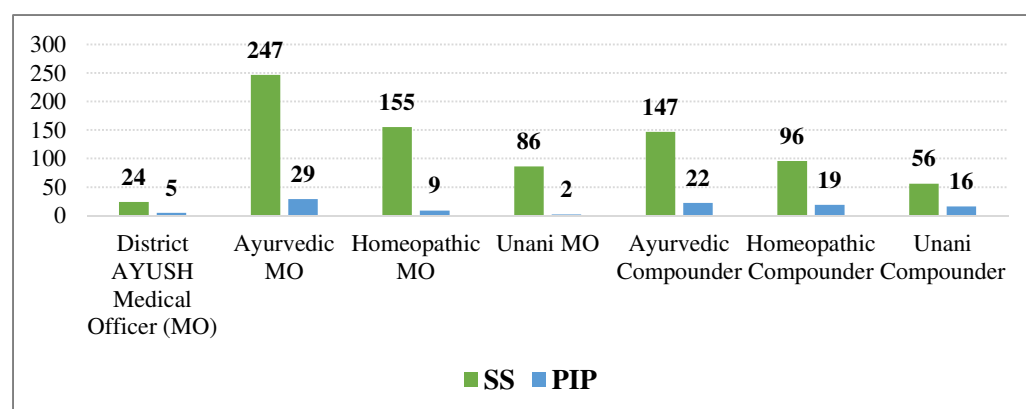
Table 2.15: SS and PIP of MO and supporting staff, in dispensaries

Posts	SS	PIP	Vacancy (per cent)
District AYUSH Medical Officer (MO)	24	5	19 (79)
Ayurvedic MO	247	29	218 (88)
Homeopathic MO	155	9	146 (94)
Unani MO	86	2	84 (98)
Ayurvedic Compounder	147	22	125 (85)
Homeopathic Compounder	96	19	77 (80)
Unani Compounder	56	16	40 (71)

(Source: Information furnished by the Directorate of AYUSH)

¹⁵ Ayurvedic: 163, Homeopathic: 72 and Unani: 32.

Chart 2.5: Status of HR in AYUSH dispensaries of Jharkhand



It can be seen from **Table 2.15** that the shortage of MOs and Compounders, in the AYUSH dispensaries, ranged between 71 and 98 *per cent*. This included shortage of 19 MOs (79 *per cent*) and 15 Compounders (83 *per cent*) in the test-checked districts, as detailed in **Table 2.16**.

Table 2.16: SS and PIP of MOs and Compounders in the test-checked District Joint AYUSH dispensaries as of March 2022

District	District AYUSH MO	Ayurvedic MO	Homeopathic MO	Unani MO	Compounder
Sanctioned	1	1	1	1	3
Dhanbad	0	0	0	0	2
Dumka	0	0	0	0	0
Garhwa	1	1	0	0	0
Gumla	0	0	0	0	0
Saraikela	0	1	1	0	1
Kharsawan	0	0	0	0	0
Simdega	1	0	0	0	0
Availability	2	2	1	0	3

(Source: Information furnished by the Directorate of AYUSH)

Colour code: Green = Available, Red = Not available

It may be seen from **Table 2.16** that Unani MOs were not available in any of the test-checked District Joint AYUSH dispensaries. The shortage of MOs and Compounders affected development of the AYUSH stream.

2.6 Availability of human resources in Health and Wellness Centres

The Operational Guidelines of Health and Wellness Centres stipulate that HWCs, upgraded from HSCs, were required to be well-equipped and staffed by trained Primary Health Care teams, comprising of Multi-Purpose Workers (MPWs), led by a Community Health Officer (CHO). Availability of manpower, in the test-checked HWCs, is shown in **Table 2.17** and **Chart 2.6**.

Table 2.17: Availability of manpower in the test-checked HWCs as of March 2022

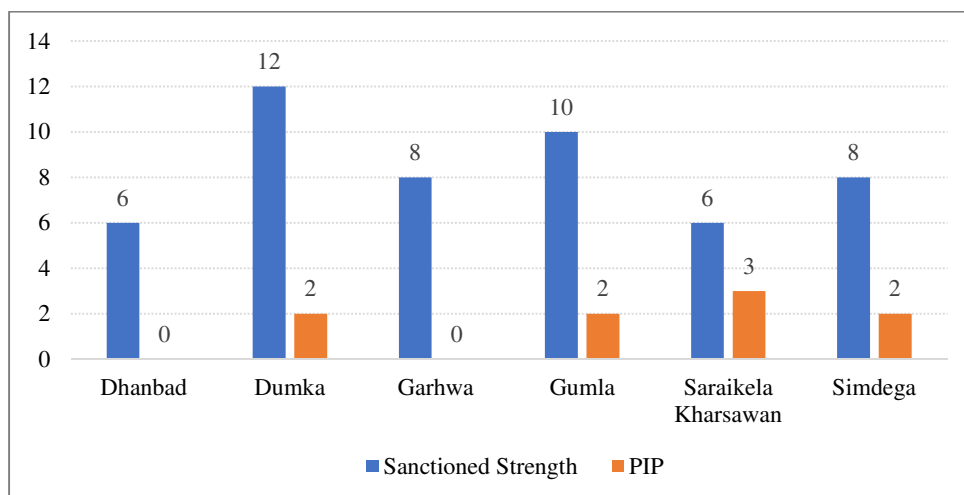
District	Number of test-checked HWCs	CHOs			MPWs		
		SS	PIP	Vacancy	SS	PIP	Vacancy
Dhanbad	3	3	3	00	6	0	6 (100)
Dumka	6	6	6	00	12	2	10 (83)

Garhwa	4	4	2	02	8	0	8 (100)
Gumla	5	5	5	00	10	2	8 (80)
Saraikela Kharsawan	3	3	3	00	06	3	3 (50)
Simdega	4	4	4	00	08	2	6 (75)
Total	25	25	23	02	50	9	41 (82)

(Source: Information furnished by the test checked HWCs)

Colour code: Red=Extremely Poor (Shortfall>60%), Yellow=Very poor (60%≤Shortfall≤40%), Green=Good (Shortfall<40%)

Chart 2.6: Position of MPWs at HWCs in the test-checked districts as of March 2022



It can be seen from **Table 2.17** that there was an overall vacancy of 82 per cent in the cadre of MPWs, in the test-checked HWCs. Non-availability of MPWs adversely impacted the delivery of diagnostic services at HWCs, as discussed in **Chapter 4**. The Department, while confirming the facts, stated (March 2023) that action is being taken for bringing about improvement in the functioning of the HWCs as per norms.

Recommendation: State Government may address the shortage of MOs/specialists, staff nurses and paramedics in all healthcare facilities.

Chapter 3

Healthcare Services

Healthcare Services

Introduction

The Public Health System in Jharkhand has been developed as a 3-tier system, viz. primary, secondary and tertiary level. Primary healthcare services are provided through Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs). District Hospitals (DHs) are expected to provide secondary healthcare (specialist and referral services) to the community to achieve and maintain an acceptable standard of quality of care. Medical Colleges and Hospitals (MCH) as tertiary health care services, serve a dual purpose such as providing medical education for the Under Graduate (UG) and Post Graduate (PG) streams and provides specialised health care services to people.

AYUSH is the acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy, which are the six systems of medicine being practiced in India.

Indian Public Health Standards (IPHS) are a set of uniform standards envisaged to improve the quality of health care delivery in the country through Primary and Secondary healthcare such as HSCs, PHCs, CHCs and District Hospitals. Further, MCI/NMC is responsible for framing guidelines, regulations and determining minimum standards for Medical Colleges and Hospitals.

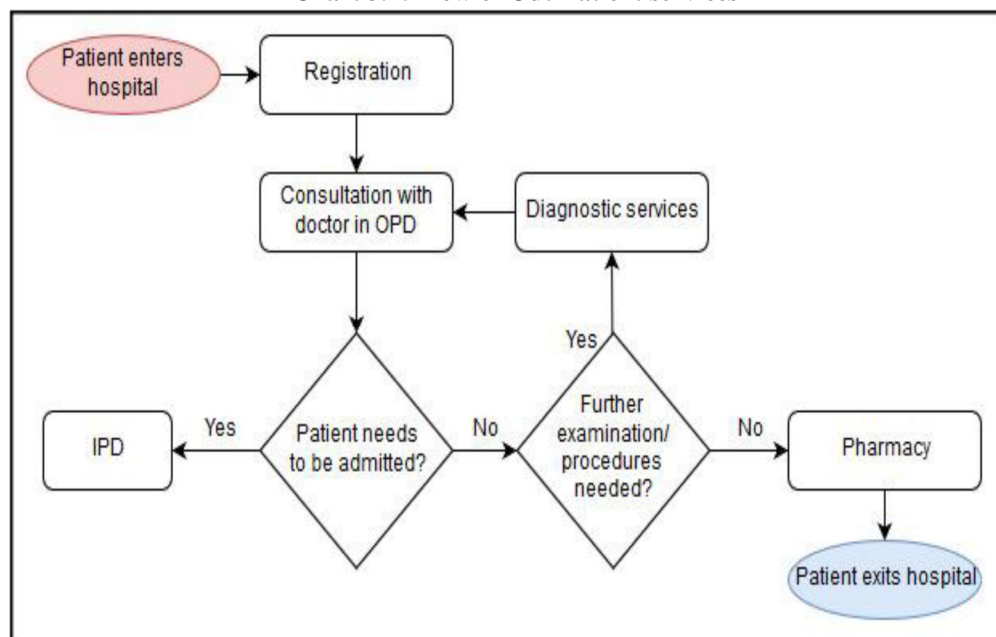
Audit findings, in regard to delivery of services, in the test-checked five DHs, 14 CHCs, 12¹⁶ PHCs, three MCHs, two AYUSH Colleges and six District Joint AYUSH dispensaries are discussed in the succeeding paragraphs. Emergency management is also discussed in this chapter.

3.1 Out-Patient Services

To avail Out-Patient services, a patient first registers at the Outdoor Patient Department (OPD). After registration, the concerned doctor examines the patient and prescribes diagnostic tests or drugs, as per requirement. Flow of Out-Patient services has been depicted in **Chart 3.1**.

¹⁶ Out of sampled 13 PHCs, PHC, Bilingbera in Gumla district was not functional.

Chart 3.1: Flow of Out-Patient services



Audit findings in regard to Out-Patient services have been discussed in the succeeding paragraphs.

3.1.1 Registration facility at OPD

The registration counter is the first point of contact of the patient with the hospital. Demographic details are recorded in the registration records and a unique identification number is given to each patient during the process of registration. The NHM Assessor's Guidebook for Quality Assurance provides that the average time taken for registration should be 3-5 minutes and hence, the number of counters required should be worked out on a scale of 12-20 patient, per hour, per counter. As such, for every 120 patients per day, one registration counter is required.

Audit observed that the OPD timings were six hours, in the test-checked healthcare facilities, during FYs 2016-17 to 2021-22. The average daily patient load¹⁷, per functional registration counter, in the test-checked five DHs, 14 CHCs and nine¹⁸ PHCs, during FYs 2016-17 to 2021-22, is shown in **Table 3.1** and **Charts 3.2** to **3.4**.

¹⁷ Total number of patients during FYs 2016-17 to 2021-22/ number of working days in a year (280 days) x number of years (6 year) x number of functional counters.

¹⁸ No Doctor at PHC, Chutiyaro; PHC, Jura, did not furnish records; and PHC, Kondra, was not providing services, as its building had been occupied by Jharkhand Armed Police since 2013.

Table 3.1: Average daily patient load in test-checked DHs/CHCs/PHCs

Hospital	Number of out- patients during FYs 2016-17 to 2021-22	Average patient load per day	Average daily patient load per functional registration counter	No. of registration counters required as per patient load	Number of functional registration counters	Shortage of registration counters
District Hospitals (05 Nos.)						
Dumka ¹⁹	4,70,663	280	140	3	2	1
Garhwa	5,43,522	318	162	3	2	1
Gumla	8,86,553	528	264	5	2	3
Saraikela Kharsawan	2,93,742	159	175	2	1	1
Simdega	3,38,091	201	201	2	1	1
Sub-total	25,32,571	--	--	15	8	7
Range	--	159—528	140—264	--	--	--
CHCs (14 Nos.)						
Govindpur	1,28,297	76	76	1	1	0
Jharia	1,34,695	80	80	1	1	0
Shikaripara	1,07,107	64	64	1	1	0
Jarmundi	1,07,143	64	64	1	1	0
Saraiyahat	1,54,964	92	92	1	1	0
Bhawnathpur	1,32,504	79	79	1	0	1
Manjhiaon	1,47,298	88	88	1	1	0
Bharno	1,87,831	112	112	1	1	0
Palkot	2,07,758	124	124	2	1	1
Raidih	2,34,239	139	139	2	1	1
Chandil	1,22,776	73	73	1	0	1
Nimdih	1,37,700	82	82	1	1	0
Bolba ²⁰	26,392	16	16	1	1	0
Jaldega ²¹	52,598	31	31	1	1	0
Sub-total	18,81,302	--	--	16	12	4
Range	--	16—139	16—139	--	--	--
PHC (9 Nos.)						
Bhaga	14,704	9	9	1	0	1
Maluti	26,785	16	16	1	0	1
Raikinari	16,041	10	10	1	0	1
Dighe	18,805	11	11	1	1	0
Kandi	59,057	35	35	1	0	1
Arangi	8,298	5	5	1	0	1
Chowlibasa	59,085	35	35	1	0	1
Hunter Patherdih	19,629	12	12	1	0	1
Bansjore	11,977	7	7	1	1	0
Sub-total	2,34,381	--	--	9	2	7
Range	--	5—35	5—35	--	--	--

(Source: Test-checked DHs/ CHCs/ PHCs)

Colour code: Red=Poor (Shortage>50%), Yellow= Satisfactory (Shortage ≤50%), Green=Good (Shortage=0%)

¹⁹ No. of patients shown against DH, Dumka are for the calendar years from 2016 to 2021.

²⁰ No. of patients are for the calendar years from 2016 to 2021.

²¹ No. of patients are for the calendar years from 2016 to 2021.

Chart 3.2: Availability of Registration counters in the test-checked DHs as of March 2022

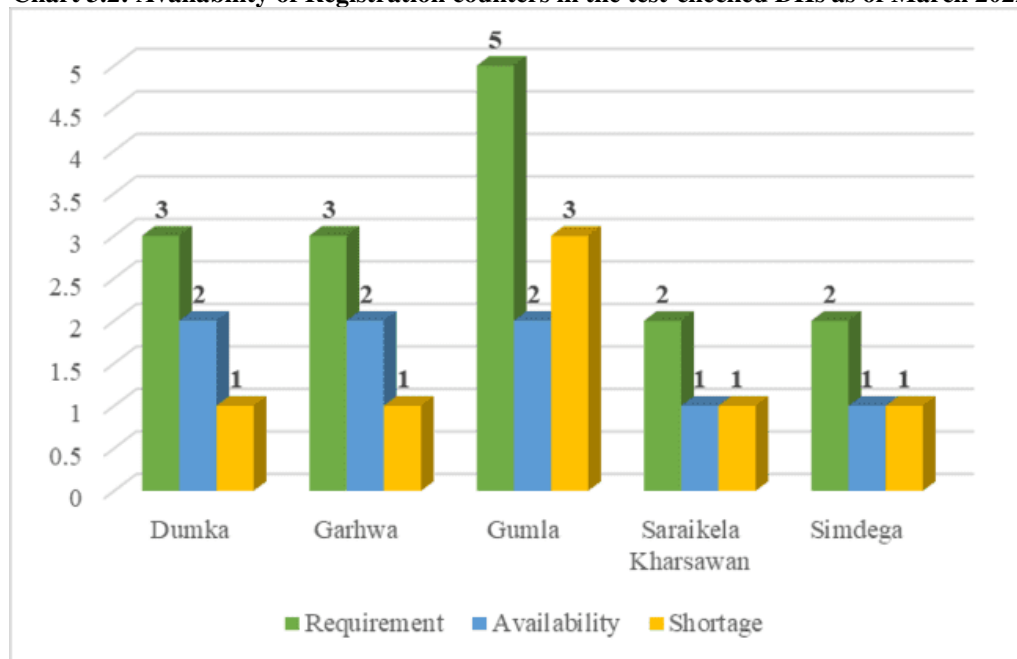


Chart 3.3: Availability of Registration counters in test-checked CHCs

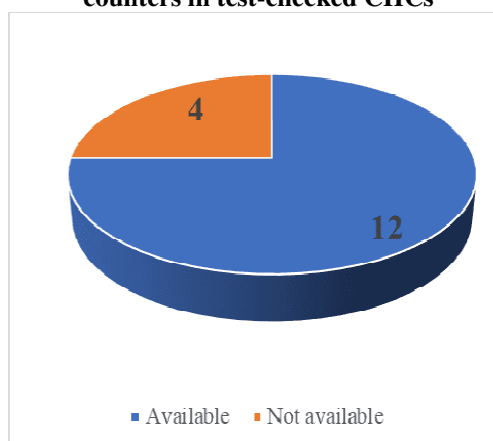
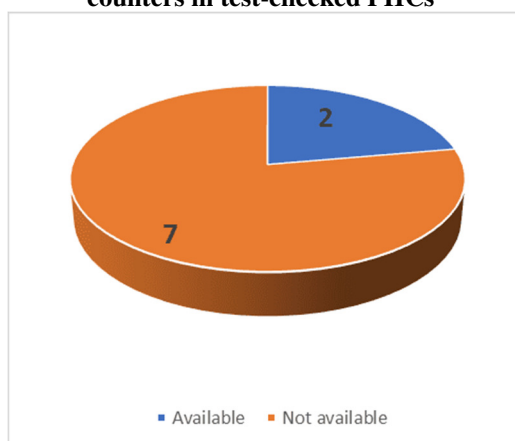


Chart 3.4: Availability of Registration counters in test-checked PHCs



It can be seen from **Table 3.1** and **Charts 3.2 to 3.4** that:

- In the test-checked DHs, the average daily patient load per registration counter ranged between 140 and 264, during FYs 2016-17 to 2021-22 and, hence, there was shortage of one to three counters in these DHs.
- Two CHCs and seven PHCs did not have registration counters. In the absence of registration counters, the serving doctors or ANMs were recording the demographic details of out-patients in the OPD registers.

Thus, due to shortage of registration counters, the average time taken for registration took up to one hour, instead of the prescribed maximum five minutes, as was noticed in the beneficiary surveys of 35 out of 65 OPD patients, in the test-checked DHs and 39 out of 112 OPD patients, in the test-checked CHCs.

3.1.2 Availability of Out-Patient Services

According to IPHS, a DH is expected to provide OPD services grouped into two categories, viz. essential and desirable²² services. Essential services *inter alia* includes Gynaecology, Paediatrics, Psychiatry, Ear-Nose-Throat (ENT), Dental, General Medicine, General Surgery, Ophthalmology and Orthopaedics services. Further, IPHS envisages that a CHC should have OPD services of General Medicine, General Surgery, Obstetrics & Gynaecology, Paediatrics and Dental services. Curative, preventive and promotive health care is to be provided through PHCs.

Audit analysis of availability of 10 OPD services²³ in the DHs of the State, revealed that 10 OPD services were available in six out of 23 DHs, nine were available in four DHs, eight were available in five DHs, six were available in one DH, four were available in four DHs, five services were available in one DH, three were available in one DH and two were available in one DH (*Appendix 3.1*). As such, 17 out of 23 DHs did not have all the required OPD services.

Further, availability of OPD services, in the test-checked DHs, CHCs and PHCs, as of March 2022, is shown in **Table 3.2**.

Table 3.2: Status of availability of Out-patient services

Availability of Out-patient services in District Hospitals						
DHs	General Surgery	Ophthalmology	Orthopaedics	Pediatrics	Psychiatry	ENT
Dumka	Y	Y	Y	Y	Y	Y
Garhwa	Y	Y	Y	Y	N	Y
Gumla	Y	Y	Y	Y	Y	N
Saraikela Kharsawan	N	Y	N	N	N	N
Simdega	N	N	N	Y	N	N
Availability of Out-patient services in CHCs						
District	Name of CHCs	General Surgery	Gynaecology	Pediatrics	Dental	Eye
Garhwa	Bhawnathpur	N	N	N	N	Y
	Manjhiaon	N	N	Y	N	Y
Gumla	Bharno	N	Y	N	Y	N
	Palkot	N	Y	N	N	N
	Raidih	N	N	N	N	N
Saraikela Kharsawan	Chandil	N	N	N	Y	N
	Nimdih	N	N	N	Y	Y
Simdega	Bolba	N	N	N	N	N
	Jaldega	N	N	N	N	N
Dumka	Shikaripara	N	N	N	N	N
	Jarmundi	N	Y	N	N	N
	Saraiyahat	Y	N	N	Y	N
Dhanbad	Govindpur	N	Y	N	Y	Y
	Jharia	N	Y	N	Y	N

Color code: Red=Not available Green=Available

²² Dermatology and Venereology (Skin & VD), Radiotherapy, Allergy, De-addiction Centre, Physical Medicine and Rehabilitation services, Tobacco Cessation Services, Dialysis Services and Post-Partum Unit with Post Natal and all Family Planning services.

²³ Gynaecology, Paediatrics, Psychiatry, Ear-Nose-Throat (ENT), Dental, General Medicine, General Surgery, Ophthalmology, Orthopaedics and Dermatology.

It can be seen from **Table 3.2** that:

- General surgery and Orthopaedics services, each, were not available in two out of five test-checked DHs, whereas Psychiatry and ENT services, each, were not available in three DHs.
- General surgery and Paediatric services were not available in 13 out of 14 test-checked CHCs whereas Gynaecology, Dental and Eye services were not available in eight to 10 CHCs.
- General Medicine service was also not available in four of the test-checked PHCs.

Thus, due to the absence of prescribed OPD services at DHs, CHCs and PHCs, the patients were either being referred to other government hospitals, or were dependent on private hospitals for these services. The Department accepted the facts and stated (March 2023) that due to shortage of doctors and allied posts, the OPD and IPD services were hampered. It was further stated that the Department had initiated the process for recruitment of doctors and allied posts to overcome the shortage of human resources and that, after recruitment, the OPD services at all hospitals would improve.

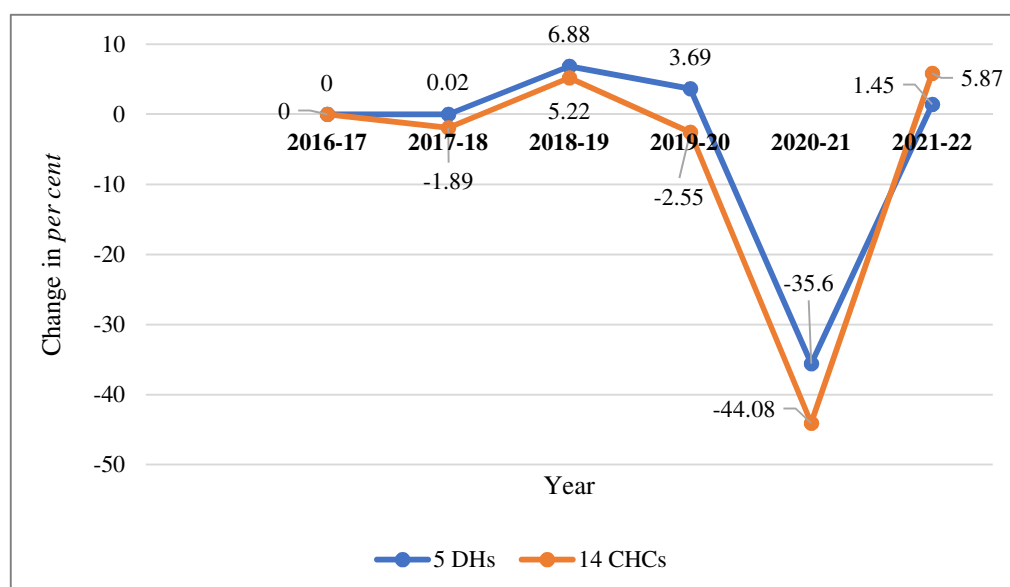
3.1.3 Patient load in OPD

Out-patient services were provided through OPD Clinics on a daily basis, in the healthcare facilities. Flow of out-patients in OPDs (details in **Appendix 3.2**), during FYs 2016-17 to 2021-22, in the test-checked DHs and CHCs, are summarised in **Table 3.3**.

Table 3.3: Number of out-patients in the test-checked DHs/CHCs

Financial Year	No. of test-checked DHs	No. of out-patients in DHs	Increase (YoY) (%)	No. of test-checked CHCs	No. of out-patients in CHCs	Increase (YoY) (%)
2016-17	5	4,50,997	--	14	3,63,358	--
2017-18	5	4,51,066	0.02	14	3,56,503	-1.89
2018-19	5	4,82,092	6.88	14	3,75,100	5.22
2019-20	5	4,99,880	3.69	14	3,65,540	-2.55
2020-21	5	3,21,935	-35.60	14	2,04,403	-44.08
2021-22	5	3,26,601	1.45	14	2,16,398	5.87

(Source: Records of test-checked DHs and CHCs)

Chart 3.5: Year-on-year change in OPD patients in the test-checked healthcare facilities

It can be seen from **Table 3.3** and **Chart 3.5** that the number of out-patients in the test-checked DHs, increased to 4,99,880 in FY 2019-20 from 4,50,997 in FY 2016-17 representing an increase of 48,883 (11 *per cent*) out-patients. Similarly, the number of out-patients in the test-checked CHCs, increased by 2,182 (0.6 *per cent*) during the same period. The significant decrease in OPD patients, during 2020-21 and 2021-22, was due to the COVID 19 pandemic.

However, despite increase in the number of patients in the OPDs, each OPD was being run by a single doctor leading to increase in the patient load per doctor per day, mainly in DHs. This led to low consultation time per patient, in the test-checked DHs, as discussed in the next paragraph. However, the patient inflow, in the CHCs and PHCs, was low. The Department did not furnish any replies.

3.1.4 Patient consultation time at OPDs

The National Institute of Public Finance and Policy had opined that consultation time spent with a doctor is an important attribute to determine satisfaction levels among patients. Longer contact time has been significantly associated with better recognition and handling of physical problems and patient empowerment. Short contact time with the healthcare personnel is a common source of patient's dissatisfaction with the consultation process.

Although the OPDs were being operated for six hours a day in the test-checked DHs, the Department had not fixed any standard time for consultation for each patient, in OPDs. Audit scrutiny of records of the sampled months²⁴ revealed heavy patient load per day per doctor, especially in general medicine OPD, ranging between 78 and 491 patients per doctor per day. The heavy patient load adversely impacted consultation time, which ranged between one and five

²⁴ May 2016, August 2017, November 2018, May 2019, August 2020 and November 2021.

minutes, per patient. Similarly, in the gynaecology OPD, patient load was also high and ranged between 75 and 245, while the consultation time ranged between two and five minutes, as detailed in **Appendix 3.3**.

Despite high patient load and low consultation time, the concerned health facilities did not take action to deploy more than one doctor in these OPDs. The Department did not furnish replies to the audit observation.

Audit further noticed wide variations in the patient load per doctor in the test-checked DHs/CHCs, as shown in **Table 3.4**.

Table 3.4: Average OPD patient load per doctor in the test-checked DHs/CHCs

Name of the Hospital	Year						Total number of out-patients	Number of OPD doctors per day	Average patient load per doctor per day ²⁵
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22			
DHs									
Dumka	92,823	89,804	93,576	1,02,240	51,949	40,271	4,70,664	9	31
Garhwa	89,568	93,491	95,871	92,980	94,662	76,950	5,43,522	8	40
Gumla	1,50,693	1,47,867	1,71,591	1,85,522	1,10,577	1,20,303	8,86,553	8	66
Saraikela Kharsawan	61,218	61,838	56,302	55,859	24,501	34,024	2,93,742	4	44
Simdega	56,695	58,066	64,752	63,279	40,246	55,053	3,38,091	4	50
CHCs									
Govindpur	11,504	24,385	30,427	35,134	11,980	14,867	1,28,297	3	25
Jharia	30,732	27,001	25,630	24,594	12,212	14,526	1,34,695	3	27
Shikaripara	18,801	23,142	24,509	21,106	10,356	9,193	1,07,107	1	64
Jarmundi	20,314	15,768	16,401	22,570	16,319	15,771	1,07,143	1	64
Saraiyahat	32,260	30,642	31,408	28,548	16,979	15,127	1,54,964	1	92
Bhawnathpur	34,274	22,600	21,979	22,730	13,000	17,921	1,32,504	2	39
Manjhiaon	39,236	32,193	36,021	14,142	9,692	16,014	1,47,298	1	88
Bharno	35,930	36,690	33,757	33,266	27,968	20,220	1,87,831	3	37
Palkot	35,727	34,870	39,544	42,138	29,277	26,202	2,07,758	2	62
Raidih	36,897	43,068	43,635	49,351	31,844	29,444	2,34,239	1	139
Chandil	24,199	22,426	26,370	24,155	7,935	17,691	1,22,776	1	73
Nimdih	27,415	28,478	28,234	30,556	9,686	13,331	1,37,700	1	82
Bolba	5,222	4,970	5,932	6,012	2,429	1,827	26,392	1	16
Jaldega	10,847	10,270	11,253	11,238	4,726	4,264	52,598	1	31
Total	3,63,358	3,56,503	3,75,100	3,65,540	2,04,403	2,16,398	18,81,302		

(Source: HMIS data)

As evident from **Table 3.4**, average patient load per doctor per day in DHs and CHC, ranged between 31 and 66 patients and 16 and 139 patients, respectively. High patient load, as discussed above and shown in **Appendix 3.3**, may adversely affect the consultation time.

3.1.5 Lack of basic facilities in OPDs

According to IPHS guidelines, DHs, CHCs and PHCs should provide amenities like seating arrangement, potable drinking water, clean toilets and functional fans/coolers for the patients in OPD.

²⁵ Calculated on 280 days (365 days minus 52 Sundays and 33 State holidays)

Audit observed the absence of basic amenities, in OPD areas in the five test-checked DHs, 14 CHCs and 12 PHCs, as shown in **Table 3.5** and **Charts 3.6 to 3.7**.

Table 3.5: Non-availability of basic facilities in OPD premises as of July 2022

Facility-wise availability of Basic Services at Registration/OPD area					
Type of facility	Name of Facility	Water Purifier	Fan	Female Toilet	Male Toilet
DHs	Garhwa	Y	Y	N	Y
	Gumla	Y	Y	N	N
	Saraikela Kharsawan	Y	Y	Y	Y
	Simdega	Y	Y	Y	Y
	Dumka	Y	Y	N	Y
CHCs	Bhawnathpur	Y	Y	Y	Y
	Manjhiyaon	Y	Y	Y	Y
	Bharno	Y	Y	Y	Y
	Raidih	Y	Y	Y	Y
	Palkot	Y	Y	Y	Y
	Chandil	N	Y	Y	N
	Nimdih	N	Y	Y	Y
	Bolba	Y	Y	Y	Y
	Jaldega	Y	Y	N	Y
	Jarmundi	Y	Y	N	Y
	Saraiyahat	Y	Y	N	Y
	Shikaripada	Y	Y	N	Y
	Govindpur	Y	Y	Y	Y
	Jharia	Y	Y	Y	Y
PHCs	Arangi	N	Y	Y	Y
	Kandi	N	N	Y	Y
	Jura	N	N	Y	N
	Kondra	N	N	Y	Y
	Chawlibasa	N	N	N	N
	Hunter Patherdih	N	Y	Y	Y
	Bansjor	N	Y	Y	Y
	Raikinari	N	Y	Y	Y
	Dighe	N	Y	Y	Y
	Maluti	N	Y	Y	Y
	Chutiyaro	N	Y	N	Y
	Bhaga	N	Y	N	Y

Color code: Red=Not available Green=Available

(Source: Joint Physical Verification of test-checked healthcare facilities)

Chart 3.6: Availability of Male toilets in the test-checked DHs

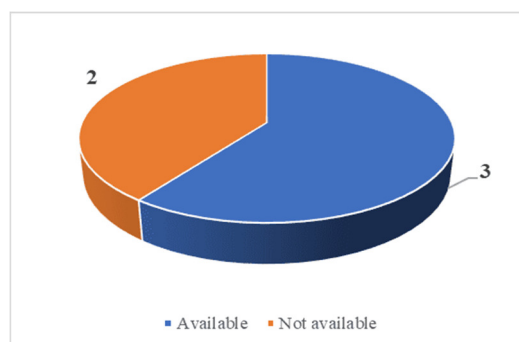


Chart 3.7: Availability of female toilets in the test-checked healthcare facilities



Thus, basic facilities, as envisaged in the IPHS, could not be provided to the OPD patients. The Department did not furnish replies to the audit observation.

Recommendation: *State Government may ensure availability of all OPD services in DHs/CHCs/PHCs, in line with the provisions of IPHS.*

3.2 In-Patient Services

To deliver quality health services in the public healthcare facilities, adequate and properly maintained Indoor Patient Departments (IPDs) are of critical importance. IPDs refer to the areas of the hospital where patients are accommodated after being admitted, based on doctor's/specialist's advice from the OPD, Emergency Services and Ambulatory Care.

Audit findings, relating to in-patient services, in the test-checked DHs, CHCs and PHCs, have been discussed in the succeeding paragraphs.

3.2.1 Availability of In-Patient services

As per the NHM Assessor's Guidebook and IPHS guidelines, a DH should provide specialist in-patient services, pertaining to Emergency, Burn, ENT, Gynaecology, General Medicine, General Surgery, Ophthalmology, Orthopaedics, Paediatrics and Psychiatry. Further, IPHS envisages General Medicine, General Surgery, Obstetrics & Gynaecology and Paediatric speciality services in the CHCs. IPHS also mandates the availability of General Medicine and Maternity Services in PHCs.

Audit noticed that these 10 in-patient services were available only in two out of 23 DHs in the State. Nine services were available in two DHs, eight in one DH, seven in five DHs, six in five DHs, five in one DH, four in two DHs, three in three DHs and two in two DHs (*Appendix 3.4*).

Availability of in-patient services, as of March 2022, in the five test-checked DHs, is shown in **Table 3.6**.

Table 3.6: Availability of In-patient services in the test-checked DHs

Name of DH	Emergency	Burn	ENT	Gynaecology	General medicine	General Surgery	Ophthalmology	Orthopaedics	Psychiatry
Dumka	Y	N	Y	Y	Y	Y	Y	Y	Y
Garhwa	Y	N	N	Y	Y	Y	Y	Y	N
Gumla	Y	N	N	Y	Y	Y	Y	Y	N
Saraikela Kharsawan	Y	N	N	Y	Y	N	N	N	N
Simdega	N	N	N	Y	Y	N	N	N	N

(Source: Records of test-checked DHs)

Colour code: Red= not available, Green= available

- It can be seen from **Table 3.6** that Burn services were not available in any of five test-checked DHs. Out of the five DHs, ENT and Psychiatry services, each, were not available in four DHs. Orthopaedics services, General Surgery & Ophthalmology services, each, were not available in two DHs.
- Paediatric services were not available in any of the 14 test-checked CHCs. General Surgery services were not available in 12 CHCs (except Bharno and Jarmundi) and General Medicine IPD services were not available in two CHCs (Govindpur and Chandil), out of the 14 test-checked CHCs. Two CHCs (Govindpur and Chandil) had only Obstetrics & Gynaecology IPD services, against the prescribed four services.
- None of the 12 test-checked PHCs were providing General Medicine in-patient services, while only 10²⁶ PHCs, out of the 12 test-checked PHCs, were providing maternity services. It was also seen that the remaining two PHCs were not providing maternity services, as no doctors had been posted.

As not all the prescribed in-patient services were available in the test-checked DHs, CHCs and PHCs, patients were dependent on other higher government healthcare facilities for availing these services, or were compelled to seek treatment in private hospitals. The Department accepted the facts and stated (March 2023) that due to shortage of doctors and allied posts, IPD services were hampered. It was also stated that the Department has initiated the process for recruitment of doctors and allied posts.

Recommendation: State Government may proactively synergise availability of specialised in-patient services in public healthcare facilities, to ensure access of the public to quality medical care.

²⁶ Arangi, Kandi, Maluti, Dighe, Raikinari, Jura, Kondra, Chowlibasa, Hunter Patherdih and Bansjore.

3.2.2 Operation Theatre

Operation Theatre (OT) is an essential service that is to be provided to the patients. Operation theatres usually have a team of surgeons, anesthetists, nurses *etc.*, to operate upon or care for the patients.

3.2.2.1 Availability of OTs

IPHS guidelines prescribe OTs for elective major surgery, emergency services and ophthalmology/ ENT for DHs. IPHS guidelines also prescribe availability of OTs in CHCs.

Audit noticed that all four OTs were available only in two out of 23 DHs. Three OTs were available in seven DHs, two in six DHs and one in eight DHs (*Appendix-3.5*).

Status of OTs, in the test-checked DHs, is shown in **Table 3.7**.

Table 3.7: Availability of OTs in the test-checked DHs, as of March 2022

Name of DH	Bed capacity	Availability of OTs			
		Elective major surgery	Emergency surgery	Ophthalmology	ENT
Dumka	300	Y	Y	Y	Y
Garhwa	100	Y	N	N	N
Gumla	100	Y	N	Y	N
Saraikela Kharsawan	100	Y	N	N	N
Simdega	100	Y	N	N	N

(Source: Test-checked DHs)

Colour code: Red= not available, Green=available

As can be seen in **Table 3.7**, OTs for elective major surgery were available in all the test-checked DHs. However, OTs for emergency surgery & ENT, each, were not available in four DHs and OTs for Ophthalmology were not available in three out of five test-checked DHs. Further, OTs were available in 13 out of the 14 test-checked CHCs, with the exception being CHC, Chandil.

Audit also observed that shortages of OT equipment and drugs ranged between 15 to 100 *per cent* and 9 to 74 *per cent* respectively in the test-checked DHs/CHCs, as discussed in **Chapter 4**.

The Department accepted the facts and stated (March 2023) that the Director-in-Chief (Health Services) has been instructed to take remedial action.

3.2.2.2 Documentation of OT procedures

The NHM Assessor's Guidebook prescribes that a surgical safety checklist, pre-surgery evaluation records and post-operative evaluation records, for OTs, should be prepared for each case. The status of documentation of OT procedures, in the five test-checked DHs, during the six sampled months, is given in **Table 3.8**.

Table 3.8: Documentation of OT procedures

Name of DH	Documentation of records (Yes/No)		
	Surgical safety checklist	Pre-surgery evaluation records	Post-operative evaluation records
Dumka	Not maintained	Not maintained	Not maintained
Garhwa	Not maintained	Not maintained	Not maintained
Gumla	Partially maintained	Partially maintained	Partially maintained
Saraikela Kharsawan	Maintained	Not maintained	Not maintained
Simdega	Partially maintained	Partially maintained	Not maintained

Colour code: Red = not maintained Yellow = Partially maintained, Green = Maintained

As shown in **Table 3.8**, only DH, Saraikela Kharsawan, had maintained the surgical safety checklist, while DH, Gumla, had maintained all the three documents partially. Thus, none of the test-checked DHs had maintained complete records regarding surgical safety and pre/post-surgery evaluation for OTs. Hence, it could not be ascertained whether safety procedures in OTs had been adhered to in the test-checked DHs. The Department did not furnish replies to the audit observation.

Further, the availability of selected surgery procedures in the test-checked DHs are shown in **Table 3.9**.

Table 3.9: Availability of surgical procedures in test-checked DHs as of March 2022

Sl. No.	Name of DHs	Availability of surgical procedures											
		Hernia	Hydrocele	Appendicitis	Haemorrhoids	Fistula	Intestinal Obstruction	Haemorrhage	Nasal packing	Tracheostomy	Foreign body removal	Fracture reduction	Putting splints/ plaster cast
1.	Dumka	Y	Y	Y	Y	Y	Y	N	N	N	Y	Y	Y
2.	Garhwa	Y	Y	Y	Y	Y	N	Y	Y	N	Y	Y	Y
3.	Simdega	Y	Y	N	N	N	N	N	N	N	N	N	Y
4.	Gumla	Y	Y	Y	N	N	N	N	Y	N	N	Y	Y
5.	Saraikela Kharsawan	N	Y	N	N	N	N	N	Y	N	Y	N	N

Colour code: Green = Available, Red = not available.

It can be seen from **Table 3.9** that surgical procedures ranging from two to nine surgical procedures were not available in the test-checked DHs against the 12 selected surgical procedures. Audit further observed that the average number of surgeries per doctor per annum in the test-checked DHs, ranged from 179 to 530 patients, as shown in **Table 3.10**.

Table 3.10: Average surgeries per surgeon in the test-checked DHs

Sl. No.	Name of DH	Number of surgeons involved during 2016-22	Total number of surgeries done 2016-22 (six years)	Average surgery per surgeon per annum (approx.)
1.	Dumka	26	13,777	530
2.	Garhwa	12	5,887	491
3.	Gumla	20	4,834	242
4.	Saraikela Kharsawan	05	1,768	354
5.	Simdega	12	2,150	179

(Source: Data provided by DHs)

Audit further observed that, though OTs were available in 13 out of 14 test-checked CHCs, they were not being used for general surgery, as no post of surgeon has been sanctioned for CHCs. IPHS norms do not envisage provision of surgery services in PHCs.

3.2.3 Availability of Intensive Care Units

As per IPHS 2012, Intensive Care Unit (ICU) facility, in DHs, is essential for providing life-saving medical aid and nursing care, to critically ill patients. Audit noticed that ICUs were available in 17²⁷ out of the 23 DHs in the State.

Audit further observed that:

- ICUs were available only in two²⁸ out of the five test-checked DHs, as of March 2022. Another ICU in DH, Garhwa, had been made functional in May 2022.
- As per the report of the DIC, Health Services, a five-bedded ICU had been set up (March 2017) at DH, Simdega, with nine types of ICU equipment, valued at ₹ 35.56 lakh. Training had also been imparted (March 2017) to Doctors and Nurses. However, no such ICU was found (May 2022) during joint physical verification and items of equipment were found lying idle in the Store. The Deputy Superintendent, DH, Simdega, also confirmed (June 2022) non-existence of the ICU.

Shortage of equipment, drugs and consumables was also noticed in ICUs in the test-checked DHs, as discussed in **Chapter 4**.

Thus, non-functional ICUs, in three out of the five test-checked DHs, led to dependence of critical patients on private or other higher public healthcare facilities. The Department accepted the facts and stated (March 2023) that the Director-in-Chief (Health Services) has been instructed to take remedial action.

3.2.4 Emergency Services

According to IPHS 2012, a dedicated emergency room is to be available in each DH, for providing round-the-clock (24 x 7) emergency services to patients. Further, each CHC is also expected to provide round-the-clock emergency services. Though emergency wings were available in the DHs of the State, certain deficiencies, as discussed in the succeeding paragraphs, were seen in provision of emergency services in the test-checked DHs.

3.2.4.1 Availability of emergency services

According to IPHS, availability of Accident and Trauma Wards in the DHs, was to be ensured. Emergency services were to be provided for appropriate management of injuries, first aid, stitching of wounds, incision & drainage of

²⁷ DH- Bokaro, Deoghar, Dumka, East Singhbhum, Garhwa, Giridih, Godda, Gumla, Hazaribag, Koderma, Khunti, Latehar, Lohardaga, Pakur, Palamu, Ranchi and West Singhbhum.

²⁸ Dumka and Gumla.

abscess and stabilisation of the condition of the patient before referral. Further, as per SDG-3, the road accident death rate was to be halved by 2030.

The State Government assessed (December 2020) a requirement of 49 Trauma Centres (TCs), at the existing healthcare facilities situated on highways. Of these, 28 TCs were to be started in the existing healthcare facilities²⁹, eight in already constructed buildings³⁰ and new buildings were to be constructed for the remaining 13 TCs.

- JMHPCL initiated (August 2021) action for the procurement of machines and equipment for nine TCs, including eight TCs for which buildings were available. However, these TCs could not be operationalised due to non-deployment of the required manpower. It was further seen that, in most cases, proposals for deployment of manpower had been initiated, only in May 2022.
- Audit further noticed that 11 TCs were to be set up in the test-checked two MCHs³¹, five DHs³² and four CHCs³³. However, no TCs were operational in any of the test-checked facilities, as of August 2022.
- In PMCH, Dhanbad, GoI had sanctioned one TC in the 11th Five Year Plan, under the National Programme for Prevention and Management of Trauma and Burn Injuries (NPPMTBI). GoI had also released (March 2012) ₹ 80 lakh to PMCH, Dhanbad, against the total allocation of ₹ 6.16 crore. The State Government had also sanctioned (September 2016) 101 posts³⁴ of doctors, paramedics, nurses and other staff required for the TC. However, GoI did not release the remaining funds, as PMCH, Dhanbad, could not utilise the released funds. It was seen that the funds could not be utilised as the estimates had not been sanctioned and administrative approval had not been received. Thus, the envisaged TC had not been made functional, at PMCH, Dhanbad, as of March 2022.
- Audit noticed that the five test-checked DHs were providing primary emergency services to trauma patients in their Emergency wings, or

²⁹ Medical College and Hospital, DHs, SDH, CHCs and PHCs.

³⁰ RIMS, Ranchi; Nagar Untari, SBMCH, Hazaribag; Barhi, Kudu, Ramgarh, Ghatshila and Bahragora.

³¹ SNMMCH, Dhanbad and RIMS, Ranchi.

³² DHs: Dumka, Garhwa, Gumla, Saraikela Kharsawan and Simdega.

³³ CHCs: Chandil (Saraikela Kharsawan); Raidih (Gumla), Jarmundi (Dumka); Shikaripara (Dumka).

³⁴ General Surgeon:3; Orthopaedics:3; Anesthesia:3; Medical Officer: 8; Nurse A grade: 40; Nursing orderly: 16; OT Assistant: 5; Lab Technician: 2; X-ray technician: 4; Clerk: 2 and Safai Karmachari: 15.

referring the patients to the nearest higher government health facility, after providing primary treatment.

- Audit further noticed that emergency services were not being provided in three³⁵ out of the 14 test-checked CHCs, as of March 2022.

Thus, due to non-availability of Accident and Trauma Wards/Centres in the DHs, emergency services were restricted to primary care only, and specialised care was not being provided to patients. The Department accepted the facts and stated (March 2023) that tender had been invited for purchase of equipment for the 24 trauma centres and they would be made functional very soon.

3.2.4.2 *Triaging of patients and average turn-around time*

The NHM Assessor's Guidebook prescribes standard treatment protocol for triaging³⁶ of patients getting admitted in an emergency ward.

Audit observed that records of triaging were not being maintained in any of the five test-checked DHs during FYs 2016-17 to 2021-2022. In the absence of triaging and other related treatment records, Audit could not ascertain the average turn-around time of the patients admitted in the emergency ward.

Thus, assurance could not be drawn regarding the efficacy of the emergency services, in terms of classification of patients according to the criticality of their condition and the turn-around time. The Department did not furnish replies to the audit observation.

3.2.5 Burn Ward

According to IPHS 2012, availability of Burn Wards was to be ensured, in DHs, for burn management and rehabilitation. Burn Wards were available only in five³⁷ out of the 23 DHs in the State.

Audit observed that, out of the five test-checked DHs, the buildings constructed (between September 2015 and January 2017) for burn units of four DHs³⁸ had been handed over (March 2016 to May 2017) to the respective Civil Surgeons. However, the buildings constructed for the burn units were not being used for the specified purpose, in these DHs. Instead, these buildings were used as TB Centre, Vector Borne Disease Centre, Dialysis Centre and Paediatrics ICU. As the burn units could not be made functional in the test-checked DHs, burn patients were being referred to the nearest government higher health facility or had to avail of treatment in private hospitals. The Department did not furnish replies to the audit observation.

³⁵ CHC, Jarmundi, CHC, Bolba and CHC, Jaldega.

³⁶ 'Triaging' is the process of determining the priority among patients for their treatment in accordance with the severity of their condition or likelihood of recovery.

³⁷ Deoghar, Giridih, Godda, Palamu and Sahibganj.

³⁸ Except DH, Saraikela Kharsawan.

3.2.6 Ophthalmic Services

As per IPHS 2012, Ophthalmology service is one of the essential services to be provided in DHs. Further, CHCs are also expected to provide eye care services, like vision testing and refraction, for early detection of visual impairment.

Audit observed the following:

- **Availability of Ophthalmology diagnostic services/ tests**

IPHS prescribes the availability of three types of Ophthalmology diagnostic services/ tests³⁹, in DHs, and vision testing and refraction, for early detection of visual impairment, in CHCs.

Audit observed that all the three prescribed Ophthalmology diagnostic services were available in three DHs (Dumka, Saraikela Kharsawan and Simdega). Retinoscopy test was not available in DH, Gumla, for want of equipment. Further, though the required equipment and an Ophthalmic Assistant was available in DH, Garhwa, Ophthalmology services were not being provided, for reasons not available on records.

Out of the three types of Ophthalmic diagnostic services, one type (Refraction by using Snellen's chart) of service was being provided in eight⁴⁰ CHCs and another type (Ophthalmoscopy) was being provided only in one CHC (Raidih), out of the 14 test-checked CHCs. Retinoscopy was not being provided in any of the test-checked CHCs, as of March 2022.

Audit also observed that none of the test-checked DHs had all the equipment for Ophthalmology and the shortages ranged between 13 and 50 *per cent*, as discussed in **Chapter 4**. Further, shortage of required manpower was also observed in the test-checked DHs/CHCs as discussed in **Chapter 2**.

The Department did not furnish replies to the audit observation.

3.2.7 Dietary services

IPHS envisages providing of nutritious and well-balanced diet to all IPD patients, in DHs, CHCs and PHCs. The quality and quantity of diet are also required to be checked on a regular basis. IPHS also envisages one dietician, essentially in DHs, whereas, in CHCs, one dietician is desirable. The Health, Medical Education and Family Welfare Department, GoJ, resolved (October 2013 and March 2021) to provide nutritious and well-balanced diet, free of cost, to all in-patients, from State funds, under '*Samagri aur Aapurti*' Scheme. Further, diets to maternity patients were to be free of cost, under the *Janani Shishu Suraksha Karyakram* (JSSK). Dietary services were available in all the 23 DHs in the State.

³⁹ Refraction by using Snellen's chart, Retinoscopy and Ophthalmoscopy.

⁴⁰ Bhawnathpur, Bolba, Chandil, Jaldega, Jharia, Manjhiaon, Nimdih and Raidih.

Audit scrutiny of records, in the five test-checked DHs, 14 CHCs and 12 PHCs, revealed the following:

- Dietary services to maternity and other in-patients were provided through outsourced agencies, in four test-checked DHs, whereas they were being provided through an in-house kitchen in DH, Gumla.
- Out of the 14 test-checked CHCs⁴¹, nine CHCs⁴² were providing cooked foods prepared by hotels, and one CHC (Manjhiaon) was providing packed⁴³ food to maternity patients. Only three⁴⁴ CHCs, out of the 14 test-checked CHCs, were providing diet to other in-patients through outsourcing. CHC, Bolba, was not providing food to any in-patient, including maternity patients.
- Out of 12 PHCs, maternity services were available in 10 PHCs. However, only four⁴⁵ out of these 10 PHCs were providing diet to maternity patients.
- Dietician was available only in DH, Gumla, out of the five test-checked DHs.
- Four of the test-checked DHs (except Simdega) and none of the test-checked CHCs and PHCs had mechanisms for quality testing of the diet provided to in-patients.
- Audit conducted a beneficiary survey of 153 in-patients in DHs/ CHCs/ PHCs. Of these, 126 in-patients (82 *per cent*) confirmed distribution of food to them. However, 12 beneficiaries (10 *per cent*) stated that the quantity of food provided was not sufficient and 37 beneficiaries (29 *per cent*) stated that food was not being provided in terms of the diet prescribed by the doctor.

Thus, dietary services were not provided to in-patients other than maternity patients, in 11 out of the 14 test-checked CHCs. Non-provision of funds to CHCs, for diet from the State funds, was the main reason for non-supply of diet to in-patients. Further, six out of 10 PHCs did not provide diet to maternity patients, despite availability of funds under JSSK. The Department did not furnish replies to the audit observation.

⁴¹ CHC, Bolba and CHC, Raidih, did not provide dietary services during FYs 2016-17 to 2021-22. Further, two CHCs (Govindpur and Jharia) did not provide dietary service to in-patients from April 2020 onwards, on the ground of COVID-19.

⁴² Jarmundi, Saraiyahat, Shikaripara, Bharno, Palkot, Bhawnathpur, Chandil, Nimdih and Jaldega

⁴³ Dry fruits, biscuits, Horlicks, mixture *etc.*

⁴⁴ Shikaripara, Jarmundi and Saraiyahat

⁴⁵ PHC, Chowlibasa and Hunter Pathardih (cooked food was being provided from hotels) and in two PHCs (Arangi and Kandi), packed food, containing dry fruits, biscuits, Horlicks, mixture *etc.*, was being provided to maternity patients.

3.2.8 Evaluation of outcome indicators

IPHS stipulates preparation of outcome indicators like Bed Occupancy Rate (BOR), Leaving Against Medical Advice (LAMA) Rate, Referral Out Rate (ROR) *etc.*, by each DH.

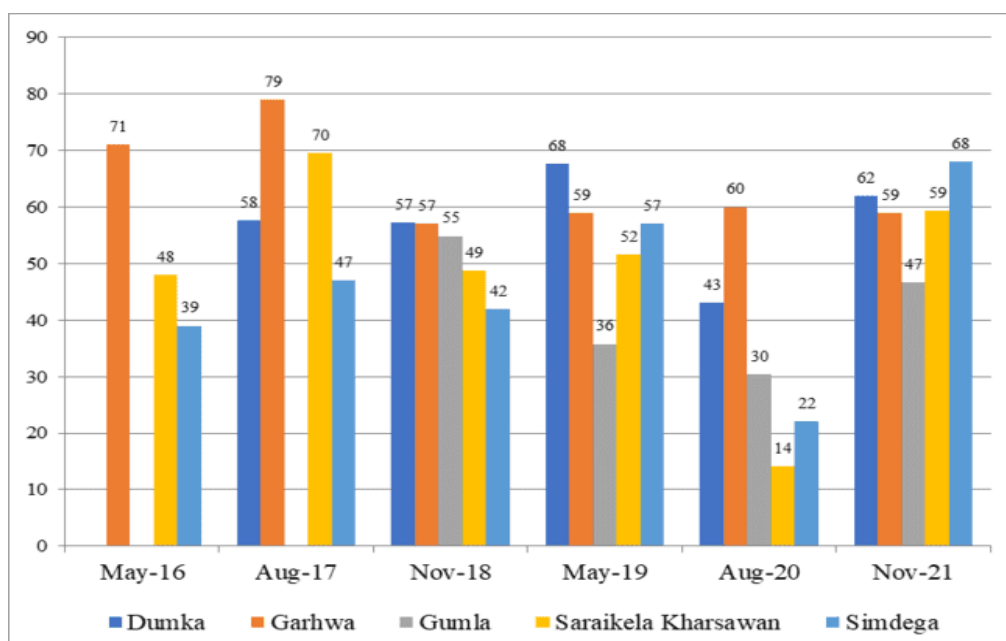
Audit findings, in regard to the above outcome indicators, against IPD services provided during FYs 2016-17 and 2021-22, in the five test-checked DHs, are discussed in the succeeding paragraphs.

- **Bed Occupancy Rate**

Bed Occupancy Rate (BOR) is an indicator of the productivity of hospital services and is a measure of verifying whether the available infrastructure and processes are adequate for the delivery of health services. As per IPHS, the BOR of hospitals should be at least 80 *percent*.

The data regarding night stayal of patients for DH, Dumka, for the month of May, 2016, and DH, Gumla, for the month of May, 2016 and August, 2017 was not made available. As such, BOR of these months could not be calculated. However, as per available data, BOR, in respect of six sampled months⁴⁶, for all the five test-checked DHs, as calculated⁴⁷ by Audit, is shown in **Chart 3.8**.

Chart 3.8: BORs in the test-checked DHs of sampled months



(Source: Records of test-checked DHs)

It can be seen from **Chart 3.8** that none of the test-checked DHs had achieved the desired BOR of at least 80 *per cent* in the sampled months. However,

⁴⁶ May 2016, August 2017, November 2018, May 2019, August 2020 and November 2021. However, data in respect of DH, Dumka (for the month of May 2016) and in respect of DH, Gumla (for the months of May 2016 and August 2017), was not made available.

⁴⁷ BOR = Total Patient Bed Days/ (Functional Beds in DH x Calendar Days in month) x 100

improvement in BOR was visible in November, 2021, as compared to May, 2016, in all the DHs, except DH, Garhwa, where it decreased to 61 per cent in November, 2021, from 71 per cent in May, 2016. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

- **Referral Out Rate**

As per IPHS norms, referral to a higher government health facility, denotes that the facilities for treatments were not available in the referring hospital. The Referral Out Rate (ROR), during the sampled months, for in-patients, calculated by Audit, in the test-checked DHs, is given in **Table 3.11**.

Table 3.11: Average RORs of sampled months for in-patients

DH	Average Referral out Rates (RORs) (percentage)
Dumka	Records not maintained
Garhwa	1
Gumla	11
Saraikela Kharsawan	7
Simdega	24

(Source: Records of test-checked DHs)

ROR= No of patients referred in the month x 100/ Total Admission

Note: Data for DH, Gumla, for the sampled month (May 16) was not available. The data of DH, Simdega, pertains to the male ward only.

It can be seen from **Table 3.11** that the average RORs of two (Gumla and Simdega) DHs was on the higher side, compared to the RORs of DHs, Garhwa and Saraikela Kharsawan, which indicated inadequate health care facilities in DHs, Gumla and Simdega. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

- **Leave Against Medical Advice**

To measure the service quality of a hospital, the Leave against Medical Advice (LAMA) Rate⁴⁸ is evaluated. LAMA is the term used for a patient who leaves the hospital against the advice of the doctor/without informing the hospital authorities.

To assess this rate, Audit scrutinised the IPD registers of six sampled months, in the five test-checked DHs. The LAMA rates per thousand admissions of the test-checked DHs, in the sampled months, are shown in **Table 3.12**.

Table 3.12: LAMA Rates in the test-checked DHs

Name of DHs	LAMA Rate
Dumka	124 to 266
Garhwa	43 to 243
Gumla	54 to 145
Saraikela Kharsawan	117 to 160
Simdega	10 to 89

(Source: Records of test-checked DHs)

Colour code: Red = Very Poor, Yellow = Poor

⁴⁸ **LAMA rate** = Total No. of LAMA cases x 1,000 / Total No. of Admissions

Table 3.12 shows that the LAMA Rate was alarmingly high in three DHs (Dumka, Garhwa and Saraikela Kharsawan) while it was the least in DH, Simdega. Higher LAMA Rates may indicate poor quality of services in the concerned DHs. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

3.2.9 Patient Satisfaction Surveys

According to IPHS, Patient Satisfaction Surveys (PSSs) had to be conducted and, after analysis of the results of the surveys, action plans had to be initiated, for quality and monitoring of the services imparted to the patients.

Audit scrutiny revealed that PSSs of out-patients/ in-patients had been conducted in four (except Garhwa) out of the five test-checked DHs and one (Raidih) out of the 14 test-checked CHCs, during FYs 2016-17 to 2021-22. Seven⁴⁹, out of 12 test-checked PHCs, had not conducted PSSs during 2016-17 to 2021-22, while the remaining five PHCs did not furnish records in this regard.

Details of PSSs conducted in the four test-checked DHs and CHC, Raidih, are shown in **Table 3.13**.

Table 3.13: Details of PSSs conducted

Test-checked DHs/ CHCs	No. of PSSs conducted	Period in which PSSs conducted
DHs		
Dumka	22	November 2021
Gumla	3,600	2016-17 to 2021-22
Saraikela Kharsawan	508	March 2019 to August 2019
Simdega	1,612	2019-20 to 2021-22
CHC		
Raidih	393	2018-19 to 2021-22

(Source: Test-checked DHs/CHCs)

Since surveys were not conducted in 21 out of the 26 test-checked⁵⁰ healthcare facilities, the difficulties faced by the patients, while availing OPD/ IPD services, could not be assessed and rectified. Further, DHs/ CHCs/ PHCs also missed the opportunity to identify gaps based on feedback by the patients and develop effective action plans for quality improvement in their respective healthcare facilities.

Further, the Ministry of Health and Family Welfare, GoI, had launched (2018) “*Mera Aspatal*” web portal, for capturing patient feedback for the services received at hospitals, through user-friendly multiple channels, such as, Short Message Service, Outbound Dialling mobile application and the web portal. Based upon the feedback provided by the patients, their satisfaction levels with various services and other aspects, are displayed on the *Mera Aspatal* web portal.

⁴⁹ Arangi, Bansjore, Chowlibasa, Hunter Pathardih, Jura, Kandi and Kondra.

⁵⁰ Five PHCs did not provide records

Audit noticed that no survey data for DHs, Dumka and Garhwa, was available on the *Mera Aspatal* web portal. Data of *Mera Aspatal*, for the remaining three test-checked DHs, for the period 2016-22, is given in **Table 3.14**.

Table 3.14: Results of Patient Satisfaction Surveys through *Mera Aspatal*

Name of DH	No. of patients surveyed during 2016-22	Very satisfied/ satisfied (in per cent)	Not satisfied	Percentage of dissatisfaction
Gumla	919	673 (73)	246	27
Saraikeela Kharsawan	91	67 (74)	24	26
Simdega	806	590 (73)	216	27
Total	1816	1,330 (73)	486	27

(Source: *Mera Aspatal* performance report)

It can be seen from **Table 3.14** that the dissatisfaction level, with regard to the above three DHs, was about 27 per cent. The main areas of dissatisfaction amongst patients were staff behaviour, cleanliness and the cost of treatment. This indicated that patients were not getting sufficient and affordable health care at the DHs.

Further, records relating to the results of patient feedback on the *Mera Aspatal* web portal were not available for the test-checked CHCs and PHCs, due to which the areas of dissatisfaction, in regard to services, could not be ascertained. The Department did not furnish replies to the audit observation.

3.3 Diagnostic Services

Efficient and effective diagnostic services, both radiological and pathological, are amongst the most essential services for delivering quality treatment to the public, based on accurate diagnosis. The role of radiology is central to disease management, for detection, staging and treatment of diseases. Adequate availability of functional radiology equipment, skilled manpower and consumables, are key requirements for delivery of quality radiology services. Laboratory services are the backbone of any hospital for extending evidence-based health care to the public. As in the case of radiology services, availability of essential equipment and human resources, are the main drivers for delivery of quality laboratory services, through in-house laboratories. Diagnostic services were available in all the 23 DHs in the State.

Audit further observed that several essential radiology and laboratory tests were not being carried out in the test-checked DHs, CHCs and PHCs, due to lack of required equipment and skilled manpower. Significant audit findings, in this regard, are discussed in **Chapter 4**.

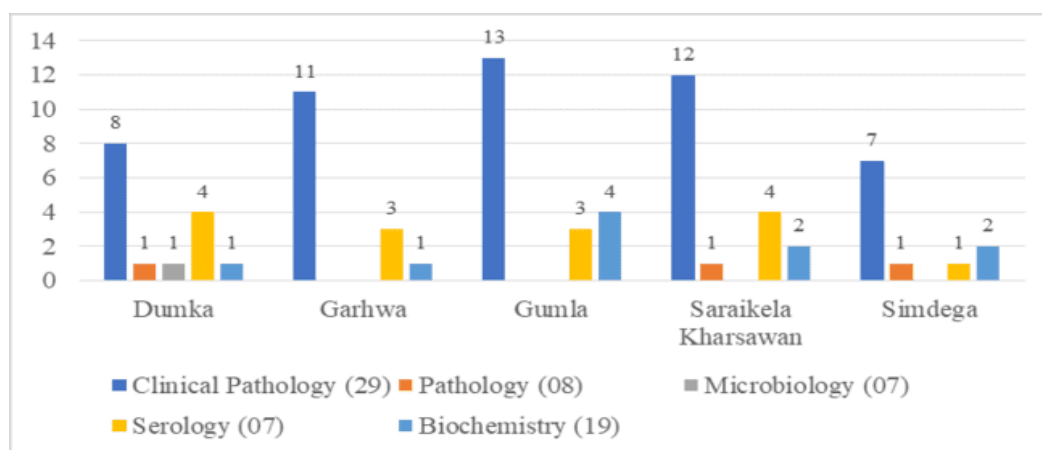
3.3.1 Availability of laboratory services

IPHS prescribes 70 and 29 types of laboratory tests, under five categories⁵¹, to be carried out in the DHs and CHCs, respectively. Further, 11 types⁵² of essential laboratory services are prescribed for PHCs. Laboratory services were available in all the 23 DHs in the State.

Audit noticed that the test-checked DHs and CHCs lacked the full range of laboratory services as detailed in **Appendix 3.6**. In this regard, Audit further observed that:

- Only 11 to 20 types of laboratory tests, against the prescribed 70 types, under five categories, were available in the test-checked DHs, as depicted in **Chart 3.9**.

Chart 3.9: Availability of laboratory services in the test-checked DHs as of March 2022

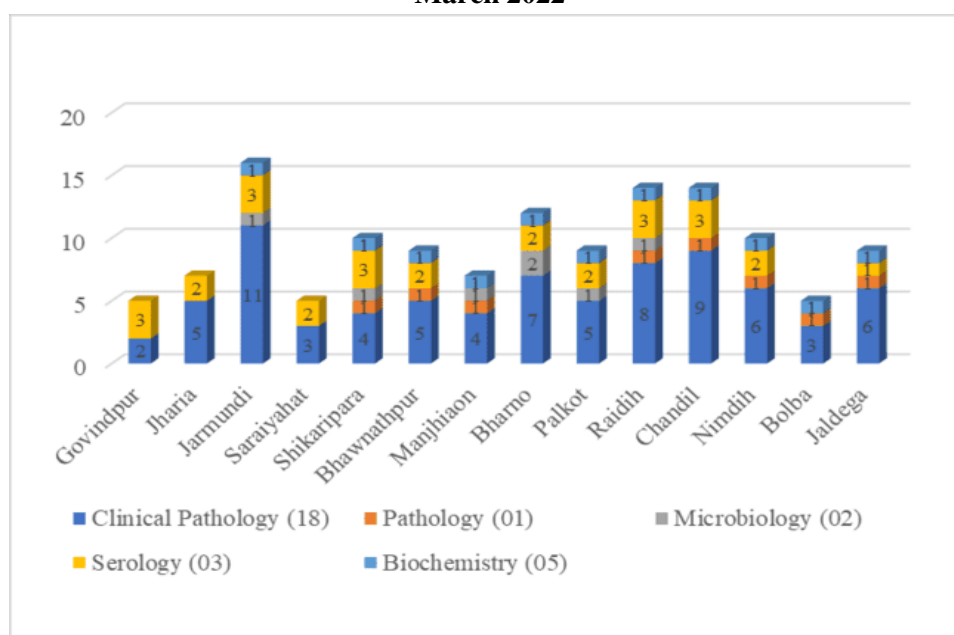


- It can be seen from **Chart 3.9** that none of the tests, under the pathology and microbiology sub-categories, were available in two and four DHs, respectively.
- Only five to 16 types of laboratory tests, out of the prescribed 29 types, under five categories, were available in the 14 test-checked CHCs, as shown in **Chart 3.10**.

⁵¹ Clinical Pathology: (DH: 29 tests, CHC: 18 tests); Pathology: (DH: 08 tests, CHC: 01 test); Microbiology: (DH: 07 tests, CHC: 02 tests); Serology: (DH: 07 tests, CHC: 03 tests) and Biochemistry: (DH: 19 tests, CHC: 05 tests)

⁵² (i) Routine Urine, stool and blood tests (Hb%, platelets count, total RBC, WBC, bleeding and clotting time) (ii) Diagnosis of RTI/STDs with wet mounting, Gram stains *etc.* (iii) Sputum testing for mycobacterium (iv) Blood smear examination malarial (v) Blood for grouping and RH Typing (vi) RDK for Pf malaria in endemic districts (vii) Rapid tests for pregnancy (viii) RPR test for Syphilis/YAWS surveillance (ix) Rapid test kit for fecal contamination of water (x) Estimation of chlorine level of water using ortho-toluidine reagent and (xi) Blood sugar.

Chart 3.10: Availability of laboratory services in the test-checked CHCs as of March 2022



It can be seen from **Chart 3.10** that none of the tests under the pathology and microbiology sub-categories, were available in six and eight CHCs, respectively. Three tests under Serology, in two CHCs⁵³ and five tests under Biochemistry, in three CHCs⁵⁴, were not available.

Laboratory services were available only in five⁵⁵ out of the 12 functional test-checked PHCs. Further, out of the prescribed 11 types of laboratory services in PHCs, only two to seven types were available in these five PHCs. In the remaining seven PHCs⁵⁶, laboratory services could not be provided to the patients, in the absence of labs/ Lab Technicians (LT)/ equipment. Shortage of equipment ranged between 30 and 100 *per cent* in the test-checked DHs/CHCs/PHCs, as discussed in **Chapter 4**.

Due to non-availability of the full range of laboratory services, the Department engaged (April and May 2015) two private vendors⁵⁷, on PPP mode, for providing laboratory services in Medical College Hospitals (MCH) and DHs. However, no such arrangements were made for providing the full range of laboratory services in CHCs and PHCs.

Thus, the full range of in-house laboratory services were not available in any of the test-checked DHs, CHCs and PHCs. Non-availability of essential equipment, in the test-checked DHs/ CHCs/ PHCs, as discussed in the

⁵³ Manjhiaon and Bolba.

⁵⁴ Govindpur, Jharia and Saraiyahat.

⁵⁵ PHC, Bhaga (two types), PHC, Kandi (two types), PHC, Arangi (two types), PHC, Chowlibasa (two types) and PHC, Bansjore (seven types).

⁵⁶ Chutiyo, Raikinari, Dighe, Maluti, Jura, Kondra and Hunter Pathardih

⁵⁷ M/s MEDALL and M/s SRL Limited.

succeeding paragraph, was among the reasons for the absence of laboratory services, in addition to the shortage of skilled human resources.

The Department accepted the facts and stated (March 2023) that funds for purchase of equipment, consumables *etc.* will be provided to strengthen the Radiology and Pathology services.

3.3.2 Quality assurance of laboratory services

According to IPHS norms, external validation of lab reports is to be done by the DHs/CHCs/PHCs, on a regular basis, with external agencies, for quality assurance in laboratory services. Further, according to the provisions of the NHM Free Diagnostics Services Initiatives, 2015, all laboratories in district hospitals are to be encouraged to achieve the National Accreditation Board for Testing and Calibration Laboratories (NABL) accreditation. A system of regular sample cross-check of diagnostic results, with identified reference laboratories, such as the All India Institute of Medical Sciences (AIIMS) or Christian Medical College (CMC), Vellore *etc.*, was also to be established, to ensure External Quality Assurance (EQA).

Audit observed that the test-checked DHs had not obtained NABL accreditation for their laboratories, as of March 2022. Further, none of the test-checked DHs, CHCs and PHCs, where laboratory services were available, had sent samples of their test results, to external agencies, for external assessment and validation, during FYs 2016-17 to 2021-22, for reasons not available on record. Thus, minimum quality standards in laboratory services were not ensured in these test-checked healthcare facilities. The Department did not furnish replies to the audit observation.

3.3.3 Waiting time and turn-around time

The time taken in receiving samples from the patients, after investigations being prescribed by the doctors, *i.e.* Waiting Time (WT) and the time taken in getting the investigations done and reporting the results to the patients *i.e.*, Turn-around Time (TAT), reflect the overall efficiency of laboratory services, in terms of patient satisfaction.

Audit observed that the in-house laboratory units of all the test-checked DHs/CHCs/PHCs, wherever available⁵⁸, had maintained registers manually, indicating the names of the patients, their registration numbers and the prescribed pathological tests. However, the time of sample collection, date of the samples having been sent to the lab, dates of receipts of test reports and dates of test reports having been handed over to patients, were, however, not recorded in these registers. As such, Audit could not ascertain the Waiting Time (WT) and Turn-around Time (TAT), for assessing efficiency of the laboratory

⁵⁸ Test-checked five DHs, 14 CHCs and five PHCs

services rendered. The Department did not furnish replies to the audit observation.

3.4 Maternity Services

The Maternal Mortality Ratio⁵⁹ (MMR), Neonatal Mortality Rate⁶⁰ (NMR), Under 5 Mortality Rate⁶¹ (U5MR) and Infant Mortality Rate⁶² (IMR) are important indicators of the quality of maternity services available. Antenatal care (ANC), Intra-partum care or delivery care (IPC) and Post-Partum Care (PPC) are the major components of facility-based maternity services. Since any pregnancy can develop complications at any stage, timely provision of obstetric care services is extremely important for management of such cases and, as such, every pregnancy needs to be cared for by a Skilled Birth Attendant⁶³ (SBA) during pregnancy, childbirth and the post-partum period. Maternity and child care services, with bed capacity of 21 to 200, were available in all the 23 DHs in the State, as of March 2022 (*Appendix 3.7*).

Audit scrutiny of records revealed deficiencies in resource management and clinical efficiency, as discussed in the succeeding paragraphs.

3.4.1 Antenatal care

ANC is the systemic supervision of a pregnant women (PWs) during pregnancy to monitor the progress of foetal growth and to ascertain the well-being of the mother and the foetus.

As per the Guidelines for Antenatal Care (ANC) and Skilled Attendance at Birth, 2010, ANC associated services mandate provision of iron folic acid (IFA) tablets and tetanus toxoid (TT) injection to a PW. The complete cycle⁶⁴ of ANC requires early registration of a PW with a hospital.

According to the Health Management Information System (HMIS), 13.63 lakh PWs were registered during FYs 2016-17 to 2021-22 in the six test-checked districts. Out of these registered PWs, 2.43 lakh (18 *per cent*) PWs had not been provided the complete cycle of ANC, 2.64 lakh (19 *per cent*) PWs were not provided first TT injections, 3.93 lakh (29 *per cent*) were not provided second TT injections and 2.98 lakh (22 *per cent*) PWs were not provided IFA tablets. As such, the PWs had not been provided adequate ANC services, in the healthcare facilities of the test-checked districts.

⁵⁹ Number of maternal deaths per 1,00,000 live births due to maternal causes.

⁶⁰ Number of deaths during the first 28 completed days of life per 1000 live births.

⁶¹ Number of deaths of infants (under five year) per 1,000 live births.

⁶² Number of deaths of infants (under one year) per 1,000 live births.

⁶³ SBAs are health workers such as ANMs, Staff Nurses *etc.*, who can identify and manage complications arising during pregnancy and child birth.

⁶⁴ Three ANCs upto FY 2016-17. From FY 2017-18, four ANCs are required.

Thus, lack of systemic supervision of a woman during her pregnancy, including monitoring of the progress of foetal growth and ascertaining the well-being of the mother and the foetus, could not be ruled out. The Department accepted the facts (March 2023).

3.4.2 Intra-partum care

Intra-partum Care (IPC) includes care of the pregnant woman during the intra-partum period (the time period spanning childbirth from the onset of labour). Proper care during labour prevents stillbirths, neonatal deaths and other complications.

For management of labour, to ensure a successful outcome for the mother and the baby, intra-partum care is needed. During this period, the woman and the baby go through physical as well as mental trauma and SBAs have the responsibility of providing the necessary care for the mother and the baby.

The Maternal and Newborn Health (MNH) Toolkit describes how to manage MNH services including specific requirements for equipment, supplies, human resources *etc.* The MNH Toolkit/ IPHS prescribes availability of drugs, consumables, equipment and manpower (doctors and supporting personnel), based on average monthly deliveries, for maternity services at DHs. Audit scrutiny revealed shortage of drugs, equipment and consumables ranging between 26 and 70 *per cent* in the test-checked DHs, as discussed in **Chapter 4**.

Shortage of essential drugs, equipment and consumables compromised the ability of the hospitals to provide emergency and critical care.

3.4.3 Post-Partum and Newborn care

- ***Post-partum care***

Prompt post-partum care is important for early detection and management of any post-delivery complications, such as, post-partum hemorrhage and eclampsia⁶⁵ which can lead to maternal death. The MNH Toolkit specifies health check-up of the mother and infant to be monitored and recorded in the post-natal care (PNC) register.

It was noticed that three of the test-checked DHs⁶⁶ did not maintain PNC registers during FYs 2016-17 to 2021-22. DHs, Dumka and Gumla, did not provide the related records. As such, Audit could not assess whether the prescribed post-partum health check-ups, of mothers and newborns, had been carried out by these DHs.

- ***Newborn Care***

As per IPHS, Special Newborn Care Units (SNCUs) are primarily needed to reduce cases of fatality among sick children, within the first 28 days of life.

⁶⁵ Seizures that occur during a woman's pregnancy or shortly after giving birth.

⁶⁶ Garhwa, Saraikela Kharsawan and Simdega.

Further, the SNCUs, in DHs, should have at least 12 beds.

Audit observed that:

- Four of the test-checked DHs had the required twelve-bedded SNCUs, whereas DH, Dumka, had 15 beds. Details of newborns admitted, referred out, LAMA and newborn deaths, during FYs 2016-17 to 2021-22, in the five test-checked DHs, are detailed in **Table 3.15**.

Table 3.15: Newborns admitted, referred out, LAMA and newborn deaths

DH	Period	Total No. of newborns admitted	Total No. of newborns referred out	Total No. of LAMA cases	Total number of deaths in SNCUs
Dumka	April 2018 to March 2022	2,489	388	363	225
Garhwa	April 2021 to March 2022	411	89	63	46
Gumla	April 2016 to March 2022	1,675	387	98	152
Saraikela Kharsawan	March 2021 to March 2022	44	06	01	00
Simdega	April 2018 to March 2022	1,627	342	56	79
Total		6,246	1,212	581	502

Colour code: Red = Very poor, Yellow = poor, Green = Good

It can be seen from **Table 3.15** that, out of 6,246 newborns admitted in the SNCUs, during FYs 2016-17 to 2021-22, 1,212 newborns (19 *per cent*) were referred to higher healthcare facilities, 581 newborns (nine *per cent*) had left the hospital against medical advice (LAMA) and 502 newborns (eight *per cent*) had not survived.

3.4.4 Discharge of mothers within 48 hours of delivery

As per Guidelines for Antenatal care and Skilled Attendance at Birth and the *Janani Shishu Suraksha Karyakram*⁶⁷ (JSSK), the first 48 hours after delivery are vital for detecting any complications and for their immediate management, for care of the mother and the newborn baby (including immunization). During this period, the mother is guided for initiating breast feeding, advised for intake of extra calories and fluids, in addition to adequate rest, which are needed for the well-being of the baby and herself.

As per the Health Management Information System (HMIS) data, the total number of institutional deliveries in Jharkhand, during FYs 2016-17 to 2021-22, was 34.29 lakh, out of which 27.55 lakh (80 *per cent*) mothers were discharged from the hospital within 48 hours of delivery. In all the six test-checked districts, 76 to 88 *per cent* of mothers were discharged from the hospital within 48 hours of delivery, during FYs 2016-17 to 2021-22, as shown in **Table 3.16**.

⁶⁷ Scheme launched (June 2011) by GoI which entitles all pregnant women, delivering in public health institutions, to absolutely free and no expense delivery including Caesarean section.

Table 3.16: Mothers discharged within 48 hours of delivery

Year	Total number of deliveries	Mothers discharged within 48 hours of delivery	Percentage of discharge within 48 hours of delivery
2016-17	1,00,945	85,854	85
2017-18	1,19,096	1,04,946	88
2018-19	1,11,136	93,549	84
2019-20	1,11,539	93,783	84
2020-21	1,58,842	1,20,170	76
2021-22	1,63,492	1,24,394	76
Total	7,65,050	6,22,696	81

(Source: HMIS database)

Colour code: Red = Very poor >75%

Audit further noticed that the ratio of discharge of mothers from the hospital within 48 hours of delivery, was very high in the six test-checked districts and ranged between 35 to 93 *per cent*, as detailed in **Appendix 3.8**. As such, detection of any post-partum complications and immediate management of care needed for the well-being of the mother and the newborn baby, could not be ensured. The Department accepted the facts and stated (March 2023) that after delivery, patients were not interested to stay on in the hospitals. It was further stated that instruction have been issued to motivate PWs to stay in the Hospitals after delivery.

3.4.5 Maternal Death and Maternal Death Review

As per IPHS, review of all maternal deaths that occur in a hospital is to be done on a fortnightly basis, by the Medical Death Review Committee constituted for the purpose.

Details of institutional deliveries and maternal deaths, in the test-checked healthcare facilities, during FYs 2016-17 to 2021-22, are given in **Table 3.17**.

Table 3.17: Maternal Deaths in the test-checked hospitals

Nature of Health Institutions	No. of deliveries	No. of maternal deaths	No. of maternal death reviews conducted (percentage)
DHs (05 Nos.)	90,337	177	69 (39)
CHCs (14 Nos.)	74,102	2	2 (100)
PHCs ⁶⁸ (09 Nos.)	10,300	0	0 (0)

(Source: Test-checked DHs/CHCs/PHCs).

Colour code: Red = Poor < 50%, Green = Satisfactory

It can be seen from **Table 3.17** that 177 maternal deaths had occurred in the five test-checked DHs, during FYs 2016-17 to 2021-22, but reviews had been conducted only for 69 (39 *per cent*) deaths. DH, Gumla, had conducted reviews for all 59 maternal deaths. However, DHs, Dumka and Garhwa, had not conducted reviews of 50 and 46 maternal deaths, respectively.

⁶⁸ Details of PHCs, Bhaga, Chutiyaro and Kondra, were not made available.

Thus, due to deficiencies in conducting maternal death reviews, the authorities remained unaware of the causes of maternal deaths, based on which remedial action, aimed at reducing such events in future, could have been taken. The Department accepted the facts (March 2023).

3.4.6 Delay in payment of cash assistance for institutional delivery

The Government of India introduced (2005) the *Janani Suraksha Yojana* (JSY), with the objective of reducing maternal and neo-natal mortality, by promoting institutional delivery among poor pregnant women. The Scheme integrates cash assistance to mothers for delivery and post-delivery care. Under the Scheme, beneficiaries of rural and urban areas were to be provided cash assistance of ₹ 1,400 and ₹1,000, respectively, to meet the cost of delivery. The assistance was required to be disbursed effectively, at the institution itself, after delivery.

In the five test-checked DHs and 14 CHCs, Audit noticed that cash assistance of ₹ 23.49 crore had been paid to 1,86,258 beneficiaries, during FYs 2016-17 to 2021-22 (*Appendix 3.9*), as detailed in **Table 3.18**.

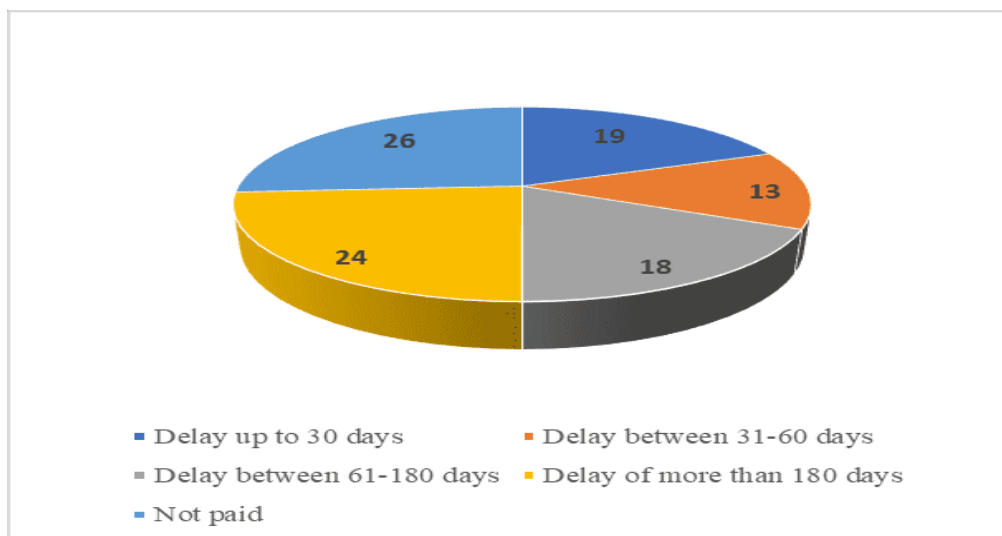
Table 3.18: Cash assistance paid to beneficiaries during FYs 2016-17 to 2021-22

Financial Year	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)
Five test-checked DHs		
2016-17	10,644	1,48,02,750
2017-18	10,995	1,49,15,500
2018-19	11,845	1,64,02,000
2019-20	13,622	1,88,70,875
2020-21	10,820	1,43,62,950
2021-22	7,631	1,04,23,900
Total (I)	65,557	8,97,77,975
14 test-checked CHCs		
2016-17	17,867	2,11,99,300
2017-18	19,817	2,33,47,000
2018-19	21,626	2,60,41,600
2019-20	23,246	2,92,43,600
2020-21	21,489	2,64,91,000
2021-22	16,656	1,88,48,517
Total (II)	1,20,701	14,51,71,017
Grand Total (I+II)	1,86,258	23,49,48,992

(Source: Test-checked DHs/CHCs)

Audit scrutinised records related to 4,072 such beneficiaries, for the period from FY 2016-17 to FY 2021-22, in the test-checked five DHs/four CHCs⁶⁹ and noticed delayed payment or non-payment of cash assistance to the beneficiaries, as shown in **Chart 3.11**.

⁶⁹ Records of date of payment of cash assistance to the beneficiaries of ten CHCs was not made available.

Chart 3.11: Delay in payment of cash assistance to beneficiaries (in Percentage)

It can be seen from **Chart 3.11** that 26 per cent of the beneficiaries (1,078) had not been paid cash assistance, as of August 2022, whereas 55 per cent of beneficiaries (2,221) had been paid after one month of delivery, including 24 per cent (956) beneficiaries who had been paid after more than six months (**Appendix 3.9**). Delay/non-payment of cash assistance defeated the objectives of the Scheme. The Department accepted the facts and stated (March 2023) that instructions have been issued to expedite timely payment of cash assistance under JSY.

Recommendation: Prescribed intra-partum and post-partum care should be ensured, to minimise adverse pregnancy outcomes. Payment of cash assistance under JSY should be ensured prior to discharge of beneficiaries from the concerned healthcare facilities.

3.5 Oxygen Services

Oxygen is an essential drug, administered when people with breathing issues cannot get enough oxygen naturally. As per the NHM Assessor's guidebook, availability of central oxygen supply and vacuum supply needs to be assessed in critical areas, like OTs and ICUs. Medical oxygen is mainly supplied through oxygen cylinders, oxygen concentrators and central sources (liquid tanks and oxygen generators).

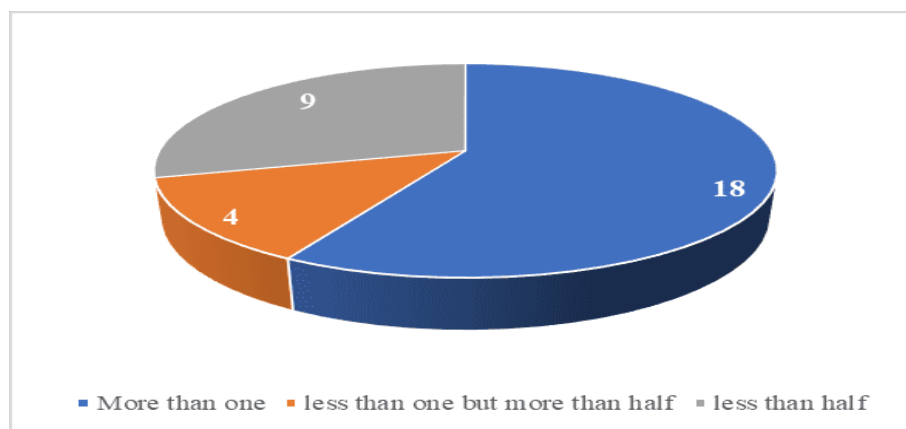
The availability of oxygen cylinders and oxygen concentrators, in the test-checked DHs/CHCs/PHCs, is indicated in **Table 3.19** and **Chart 3.12**.

Table 3.19: Availability of oxygen cylinders and concentrators

Hospitals	2016-17 to 2019-20		2020-21		2021-22	
	Oxygen cylinders	Oxygen concentrators	Oxygen cylinders	Oxygen concentrators	Oxygen cylinders	Oxygen concentrators
Five test-checked DHs						
Dumka	26	NA	60	07	495	64
Garhwa	30	16	30	43	30	43
Gumla	NA	NA	36	17	95	152
Saraikela Kharsawan	NA	03	40	14	171	45
Simdega	30	02	30	02	80	94
14 test-checked CHCs						
Govindpur	05	NA	05	NA	05	23
Jharia	06	NA	06	NA	06	37
Shikaripara	NA	NA	00	NA	100	71
Jarmundi	NA	NA	00	NA	122	86
Saraiyahat	02	NA	02	NA	132	80
Bhawnathpur	06	01	16	01	26	35
Manjhiaon	20	02	20	37	20	37
Bharno	NA	NA	NA	03	37	37
Palkot	NA	NA	NA	NA	32	31
Raidih	NA	NA	05	04	35	58
Chandil	05	00	05	02	25	29
Nimdih	07	00	07	03	07	31
Bolba	02	00	06	00	115	21
Jaldega	16	00	42	12	133	25
12 functional test-checked PHCs						
Chutiyaro	NA	NA	NA	NA	00	01
Bhaga	NA	NA	NA	NA	00	00
Maluti	00	NA	00	NA	00	NA
Raikinari	01	NA	01	NA	01	NA
Dighe	00	NA	00	NA	00	NA
Kandi	02	00	02	03	02	03
Arangi	00	00	01	00	01	01
Jura	01	NA	01	NA	01	NA
Kondra	01	NA	01	NA	01	NA
Chowlibasa	01	00	01	00	01	00
Hunter Pathardih	00	00	04	00	04	01
Bansjore	04	00	06	00	26	06

Color code: Green - Very good, Yellow - Good Red - not sufficient

Chart 3.12: Availability of Oxygen per bed in the test-checked health facilities



It can be seen from **Table 3.19** and **Chart 3.12** that oxygen cylinders were available in three test-checked DHs, nine CHCs and six PHCs, during FYs 2016-17 to 2019-20. Oxygen concentrators were available only in of the three

test-checked DHs and two CHCs, during the same period. Audit further noticed that both - oxygen cylinders and oxygen concentrators - were available in all the five test-checked DHs, 14 CHCs and four PHCs, as of March 2022. Eight PHCs had oxygen cylinders and five PHCs had oxygen concentrators, as of March 2022.

It was also noticed that Pressure Swing Absorption (PSA) oxygen generation plants had been established in all the test-checked DHs, during FYs 2021-22, but were not functional, as discussed in **Chapter 5** on Healthcare Infrastructure. The Department did not furnish replies to the audit observation.

3.6 Mobility Services

3.6.1 Mobile Medical Units

Mobile Medical Units (MMUs) envisage provision of a range of health care services for populations living in remote, inaccessible, unserved and underserved areas, mainly with the objective of taking health care service delivery to the doorsteps of these populations. With the launch of the National Urban Health Mission (NUHM), MMUs services are also intended to cater to the urban poor and vulnerable population and provide fixed services in areas where there is no infrastructure. Scrutiny of records revealed that 98 MMUs were operational in the State, as of March 2022. The status of MMUs, in the test-checked districts, is shown in **Table 3.20**.

Table 3.20: Status of MMUs in the test-checked districts, as of March 2022

District	MMUs available	Functional MMUs	Non-functional MMUs
Dhanbad	5	3	2
Dumka	3	1	2
Garhwa	3	0	3
Gumla	4	2	2
Saraikela Kharsawan	5	5	0
Simdega	2	0	2
Total	22	11	11

Colour code: Red = Poor, Yellow = Satisfactory, Green = Good

It can be seen from **Table 3.20** that, out of the 22 MMUs available in the test-checked districts, only 11 MMUs (50 per cent) were functional, as of March 2022. The non-functional MMUs in three districts (Gumla, Simdega and Garhwa), as well as the poor condition of a functional MMU at Saraikela Kharsawan, are shown in the photographs 3.1 to 3.4 below:

Photograph 3.1



Non-functional MMU at Gumla District
(05.10.2022)

Photograph 3.2



Non-functional MMU at Simdega (12.06.2022)

Photograph 3.3



Non-functional MMU at Garhwa District
(21.04.2022)

Photograph 3.4



Poor condition of MMU at Saraikela Kharsawan
(02.06.2022)

During test-check of records of four MMUs of two districts⁷⁰, Audit noticed that:

- Lady doctors and radiographers were not available in these MMUs. As such, ANC and child immunisation could not be provided during FYs 2016-17 to 2021-22.
- There was shortage of required equipment, ranging between 19 *per cent* and 23 *per cent*, in two MMUs of Saraikela Kharsawan. Further, 33 to 52 *per cent* of the available equipment was non-functional.

Thus, the objective of providing health care services through MMUs, to populations living in remote, inaccessible, unserved and underserved areas, remained unachieved. The Department accepted the facts and stated (March 2023) that 75 new MMUs have been sanctioned and non-functional MMUs would be made functional.

3.6.2 Ambulance Service

As per IPHS, DHs are to be well-equipped with Basic Life Support (BLS) and desirably one Advanced Life Support (ALS) ambulance. Ambulances are to be

⁷⁰ Gumla (two MMUs) and Saraikela Kharsawan (two MMUs)

provided with a communication system, along with required manpower. In CHCs, round-the-clock ambulance services, with basic life support, are to be made available. Further, it is desirable that the PHCs have ambulance facilities for transport of patients, for timely and assured referral to functional First Referral Units (FRUs), in case of complications during pregnancy and childbirth. The ambulances are to be equipped with drugs and equipment, as per their categorisation.

Requirement and availability of Ambulances and manpower⁷¹ in the test-checked DHs/ CHCs are given in **Table 3.21**.

Table 3.21: Requirement and availability of Ambulances and manpower as of March 2022

Healthcare facility	Number of ambulances required	Number of ambulances available	Shortage of ambulances	Number of drivers available
Five test-checked DHs				
Dumka	3	4	-	5
Garhwa	3	2	1	2
Gumla	3	3	-	5
Saraikela Kharsawan	3	4	-	3
Simdega	3	4	-	3
14 test-checked CHCs				
Govindpur	1	0	1	0
Jharia	1	0	1	0
Shikaripara	1	1	0	1
Jarmundi	1	1	0	1
Saraiyahat	1	3	-	2
Bhawnathpur	1	2	-	1
Manjhiaon	1	2	0	2
Bharno	1	1	0	1
Palkot	1	2	-	2
Raidih	1	2	-	2
Chandil	1	2	-	1
Nimdih	1	0	1	0
Bolba	1	2	-	1
Jaldega	1	2	-	1

Colour code: Red = Poor, Yellow = Satisfactory, Green = Good

It can be seen from **Table 3.21** that ambulances were available in excess of requirements in three out of the five test-checked DHs, while the number of ambulances available in DH, Garhwa, was lower. Ambulances were not available in three out of the 14 test-checked CHCs, while excess numbers of ambulances were available in eight CHCs. Among the test-checked PHCs, ambulance was available only in PHC, Bansjore. Audit also observed that excess numbers of drivers were available in two DHs, in comparison to the available ambulances, whereas the availability of drivers was lower than the available ambulances, in two DHs. Further, the required technicians were not available with any of the ambulances, in the test-checked healthcare facilities.

⁷¹ Every ambulance is to have one driver and two technicians.

The Department accepted the facts and stated (March 2023) that procurement of ambulances is in process. It was also stated that excess ambulances available in some health facilities, will be allotted to hospitals where no ambulance is available.

3.6.2.1 108-Ambulance Service

Audit further noticed that the Jharkhand Rural Health Mission Society (JRHMS) had signed (October 2015) an agreement with a private agency, to render ambulance services in the State, on contract basis. However, the service “108 Ambulance Service” could be commenced only in November 2017 due to delayed fabrication of 108 *Vahan*. The Agency was running 337 ambulances, of which 50 ambulances were equipped with Advanced Life Support (ALS) and 287 with Basic Life Support (BLS). According to the agreement, the agency is responsible to maintain average response time of 25 minutes for urban and 55 minutes for rural and difficult areas as a key performance parameter in 80 *per cent* of the cases. As per information furnished by the agency, 8.52 lakh patients had been provided 108 Ambulance Services, as of March 2022. Details of delays in response time are given in **Table 3.22**.

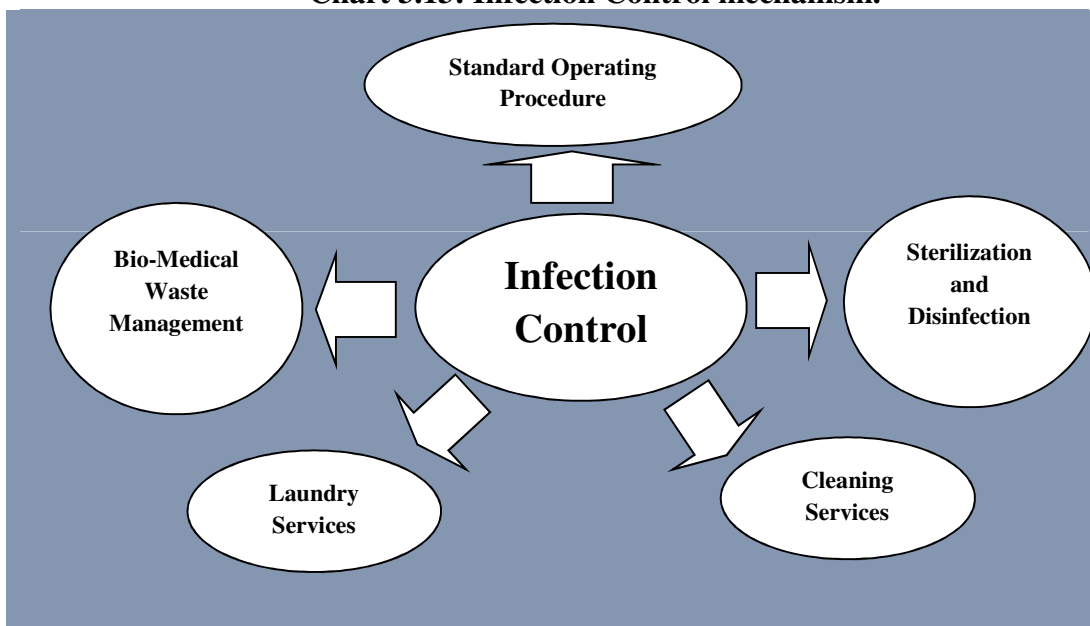
Table 3.22: Delays in response time during November 2017 to March 2022

Total number of calls attended	Delay against average response time fixed							Total number of delayed cases (<i>per cent</i>)
	1-5 minutes	6-10 minutes	11-15 minutes	16-20 minutes	21-25 minutes	26-30 minutes	>30 minutes	
2,15,088 (Urban)	13,358	8,554	5,351	3,191	2,013	1,305	2,735	36,507 (17)
6,36,821 (Rural)	5,993	4,195	2,854	1,940	1,308	965	3,235	20,490 (3)

It can be seen from **Table 3.22** that there were delays against the average response time fixed in 36,507 cases (17 *per cent*) in urban areas and 20,490 cases (3 *per cent*) in rural areas. Delays against the average response time fixed may adversely affect healthcare service to critical patients. However, as per terms of agreements, the delays were under the permissible limit.

3.7 Infection Control

Infection control practices are important in maintaining a safe environment for both patients and staff in the hospitals, by reducing the risk of potential spread of hospital associated infections. Various aspects of infection control are shown in **Chart 3.13**.

Chart 3.13: Infection Control mechanism.

3.7.1 Standard Operating Procedures

To prevent hospital acquired infections in patients, visitors and staff, the NHM Assessor's Guidebook for DHs recommends framing of an infection control programme and procedures, which are then to be put in place, for prevention and measurement of hospital associated infections. This *inter alia* requires cleaning and disinfection of patient care areas, by maintaining a checklist for hygiene and infection control in each hospital. Further, to promote cleanliness, hygiene and infection control practices in public health care facilities, a Hospital Infection Control Committee (HICC) needs to be formed in each hospital, as envisaged under “*Kayakalp*”⁷², a programme launched (May 2015) by GoI.

Audit observed that the Department had directed (September 2015) all Civil Surgeons to constitute District Infection Control Committees (DICC), similar to HICC, for framing policies for infection control and monitoring their implementation. However, DICCs had been constituted only in Gumla and Simdega districts, in March 2018 and May 2019, respectively.

Further, the State Quality Assurance Committee (SQAC) had prepared standard operating procedures (SOPs) for infection control related to various services⁷³ and communicated (June 2016) them to all Civil Surgeons (CSs), with the direction to modify the SOPs as per the needs of the districts, and report the changes, if any, to the SQAC. However, three⁷⁴ out of the five test-checked DHs

⁷² A national initiative launched by Ministry of Health and Family Welfare, GoI under Swachh Bharat Abhiyan to promote cleanliness and enhance the quality of healthcare facilities in India.

⁷³ Accident & Emergency, Blood Bank, IPD, Laboratory, Labour room, Maternity, OT, OPD, Pharmacy & Stores, Radiology, SNCU, General Administration and Mortuary.

⁷⁴ Dumka, Garhwa and Gumla.

had not prepared their own SOPs, or adopted the SOPs prepared by the SQAC, as of March 2022. In the absence of SOPs, cleanliness and infection control activities were being carried out in an *ad-hoc* manner, in the three DHs.

In the absence of systematic infection control activities, Audit could not derive an assurance that the prescribed processes of hygiene and infection control were being followed in the test-checked DHs, during FYs 2016-17 to 2021-22. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

3.7.2 Pest and rodent control

As per the NHM Assessor's Guidebook, controlling spread of infections through rodents and pests, in the hospitals, is an important component of infection control practices.

Audit observed that pest and rodent control work had not been carried out by two DHs (Dumka and Garhwa), out of the five test-checked DHs, during FYs 2016-17 to 2021-22. DH, Gumla, had started pest and rodent control work in FY 2019-20 and continued it till FY 2020-21 only. DH, Simdega had carried out pest control only in three⁷⁵ out of six years. DH, Saraikela Kharsawan, had carried out pest and rodent control work in May 2019 and December 2020, only. Further, only one test-checked CHC (Raidih) had ensured pest and rodent control during FYs 2016-17 to 2021-22. No pest control had been carried out in any of the test-checked PHCs. Thus, standardisation of pest and rodent control, for minimising hospital acquired infections, had not been ensured by any of the test-checked DHs/CHCs/PHCs, during FYs 2016-17 to 2021-22. The Department did not furnish replies to the audit observation.

3.7.3 Disinfection and sterilisation

As per the Hospital Infection Control Guidelines of the Indian Council of Medical Research (ICMR), disinfection and sterilisation helps in preventing the build-up of bacteria/ viruses *etc.*, on medical tools, linen and consumables, and reduces the chances of spread of infections among the patients and staff of hospitals. Further, the NHM Assessor's Guidebook recommends boiling, autoclaving, high level disinfection (HLD) and chemical sterilisation, for disinfection, in DHs. The methods of disinfection and sterilisation, carried out in the test-checked DHs, as of March 2022, is shown in **Table 3.23**.

Table 3.23: Availability of disinfection and sterilisation procedures

Name of DH	Boiling	Chemical sterilization	Autoclaving	High level disinfection (HLD)
Dumka	Yes	Yes	Yes	NA
Garhwa	Yes	No	Yes	No
Gumla	Yes	Yes	Yes	Yes
Saraikela Kharsawan	Yes	Yes	Yes	Yes
Simdega	Yes	Yes	Yes	No

Colour code: Red = not available, Green = available

⁷⁵ FYs 2017-18, 2018-19 and 2020-21.

It can be seen from **Table 3.23** that HLD⁷⁶ system was not available in three DHs, even though it was mandatorily required for disinfection of specific instruments and equipment.

Further, Boiling, Chemical sterilization and Autoclaving, were available in 11, six and 13 CHCs, respectively, out of the 14 test-checked CHCs. High level disinfection was not available in any of the test-checked CHCs, as on March 2022. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

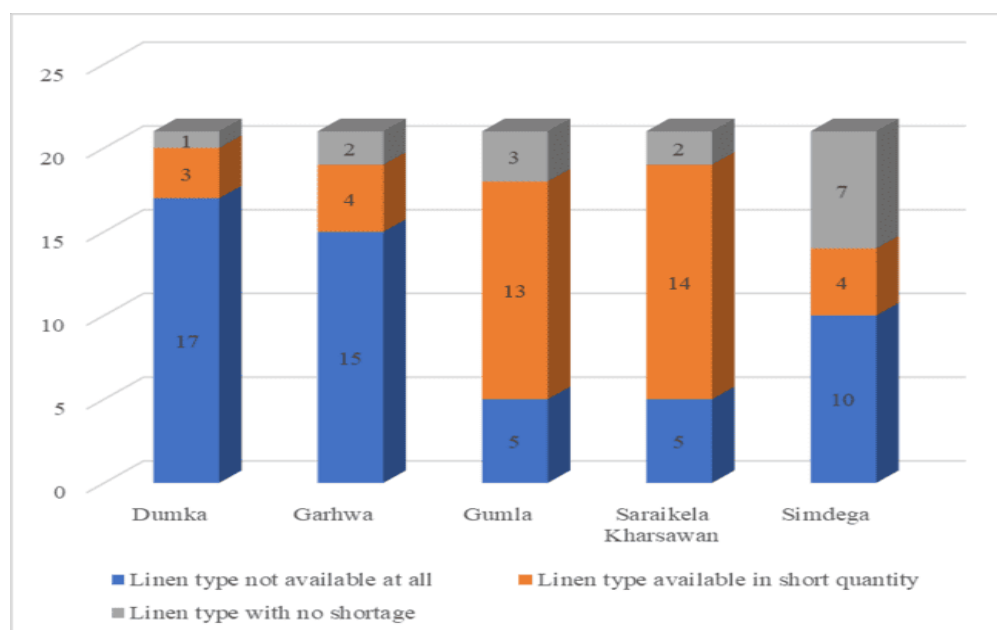
3.7.4 Laundry Services

3.7.4.1 Availability of linen

IPHS norms prescribe 21 types of linen for patient care services in accordance with the bed capacity of a hospital.

Audit observed that four to 16 types of linen were not available in the five test-checked DHs, during FY 2021-2022 (**Appendix 3.10**). The availability and shortage of linen, in the test-checked DHs, is shown in **Chart 3.14**.

Chart 3.14: Shortage of types of linen items in the test-checked DHs during FY 2021-22



It can be seen from **Chart 3.14** and **Appendix 3.10** that one to three types of linen, comprising mainly of blankets, over-shoes pairs and pillow covers were available in excess of requirements in the test-checked DHs. Blankets were available in excess of requirements by 94 to 444 *per cent*, in all the five DHs; over-shoes pairs were available in excess of requirements by 116 to 6,150 *per cent*, in two DHs⁷⁷; and pillow covers were available in excess of

⁷⁶ A process of complete elimination of all micro-organisms in or on a device with the exception of a small numbers of bacterial spores.

⁷⁷ Gumla and Saraikela Kharsawan.

requirements by 17 to 42 *per cent* in two DHs⁷⁸. Bed sheets were found in excess of requirement (105 *per cent*) in DH, Simdega (**Appendix 3.10**).

There were shortages of 14 to 20 types of linen, ranging between three and 100 *per cent*, which mainly included shortages of bed sheets, bed spreads, pillows, table cloths, OT coats and patient house coats, with male patient's *pyjamas/shirts* not being available in any of the test-checked DHs (**Appendix 3.10**).

Audit also observed that, during FY 2021-22, two to 17 types of linen were available in the 14 test-checked CHCs, as detailed in **Appendix 3.10**. Further, only 3 to 8 types of linen, were available in the test-checked PHCs.

Thus, blankets, overshoes pair, pillow covers and bed sheets were procured in excess, while procurement of other types of linen was ignored. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

3.7.4.2 Other deficiencies in laundry services

Scrutiny of records, in the test-checked five DHs and 14 CHCs, revealed that:

- Laundry registers had been maintained only in three⁷⁹ out of the five test-checked DHs and two⁸⁰ out of 14 test-checked CHCs.
- Physical verification of linen had not been carried out by any of the test-checked DHs/CHCs, during FYs 2016-17 to 2021-22. A system for checking pilferage/ loss of linen, was available only in DH, Dumka, out of the five test-checked DHs.
- In two DHs⁸¹ and six CHCs⁸², stocks of cleaned linen were found kept in a hygienic condition, in closed cupboards. In the remaining three test-checked DHs and eight CHCs, cleaned linen was found to have been kept in the open, as can be seen from the photographs 3.5 to 3.7 below:

⁷⁸ Garhwa and Simdega.

⁷⁹ Dumka, Gumla and Simdega

⁸⁰ Bharno and Raidih

⁸¹ Dumka and Simdega

⁸² Govindpur, Jharia, Jarmundi, Bharno, Raidih and Jaldega

Photograph 3.5	Photograph 3.6	Photograph 3.7
		
Washed linen kept on the floor, at DH, Garhwa (27.04.2022)	Washed linen stored in the open, at DH, Saraikela Kharsawan (16.07.2022)	Washed linen stored in the open, at CHC, Chandil (25.04.2022)

- Bed sheets were being changed every day, only in three (Garhwa, Gumla and Simdega) out of the five test-checked DHs. Different coloured bed sheets were being provided on different days, as per GoI instructions, only in two DHs (Gumla and Simdega).
- Separate trolleys, for distribution of clean linen and collection of dirty linen, were found to have been used only in DH, Gumla, CHC, Jharia and CHC, Govindpur.
- Infected and non-infected linen items were being segregated and transported in separate containers/ bags, only in two DHs (Dumka and Gumla) and in two CHCs (Jharia and Govindpur).
- Bed linen was being checked every day by the management of the hospital in DH, Gumla, only. Thus, monitoring of cleanliness and disinfection of linen, were not ensured, in the remaining four DHs.
- The Civil Surgeons of only two (Saraikela Kharsawan and Simdega) out of the six test-checked districts, had prepared and adopted policies for condemnation of linen, respectively. However, the condemnation process had not been initiated in DH, Saraikela Kharsawan, whereas no information had been provided by DH, Simdega. The remaining three test-checked districts had not prepared any policy for condemnation, nor had they condemned linen during FYs 2016-17 to 2021-22. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

3.7.5 Management of Biomedical Waste

As per the Biomedical Waste (Management and Handling) Rules, 1998, it is the duty of every occupier⁸³, of an institution⁸⁴ generating biomedical waste, to take all steps to ensure that such waste is handled without any adverse effect to human health and the environment. Further, no untreated biomedical waste is

⁸³ A person who has control over the institution and/or its premises.

⁸⁴ Includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory and blood bank

to be stored beyond a period of 48 hours. Though arrangements for management of Biomedical Waste (BMW) were available in all the 23 DHs of the State, Audit observed several deficiencies, in the test-checked healthcare facilities, as discussed below:

- As per BMW Management Rules, 2016 and IPHS, each hospital is required to obtain authorisation from the State Pollution Control Board (SPCB), for handling⁸⁵ bio-medical waste. Audit observed that none of the test-checked DHs/ CHCs/ PHCs had obtained authorisation from SPCB, during FYs 2016-17 to 2021-22, except for DH, Gumla, which had obtained consent to operate (CTO), for the period from June 2018 to June 2019.
- All the test-checked DHs were disposing biomedical waste through operator⁸⁶ and had Memoranda of Understanding⁸⁷ for the same. These DHs had been attached with the operators between October 2018 and August 2021. The method of collection, segregation, transportation and management of BMW, before engaging the operators, was not found available on records, in any of the DHs.
- Audit observed that segregation of BMW was not being carried out in any of the test-checked CHCs and PHCs. It was further observed that Bio-medical liquid waste segregation or treatment was not being carried out separately in any of the test-checked DHs/CHCs/PHCs. Further, Effluent Treatment Plants (ETPs) had not been established for pre-treatment of the liquid chemical waste, in any of the test-checked DHs, resulting in discharge of untreated waste directly into the drainage system, in violation of BMW Rules, compromising public health.
- Out of the five test-checked DHs, biomedical waste was being disposed off on alternate days, in four⁸⁸ DHs and on a weekly basis in DH, Gumla. Similarly, out of the 14 test-checked CHCs, disposal of waste was being done daily, in CHCs, Bharno and Palkot; on alternate days, in CHC, Raidih; twice in a week, in three⁸⁹ test-checked CHCs, and on a weekly basis in CHC, Bolba. Although an operator⁹⁰ had been engaged to collect BMW

⁸⁵ Includes the generation, sorting, segregation, collection, use, storage, packaging, loading, transportation, unloading, processing, treatment, destruction, conversion, or offering for sale, transfer, disposal of such waste

⁸⁶ (1) M/s Medicare Environmental Management Private Limited, Lohardaga, (2) M/s. Greenland Waste Management System, Pakur and (3) M/s Adityapur Waste Management Private Limited, Adityapur.

⁸⁷ Dumka (06.08.2021), Garhwa (01.04.2019), Gumla (13.10.2018), Saraikela Kharsawan (08.06.2020) and Simdega (13.02.2019).

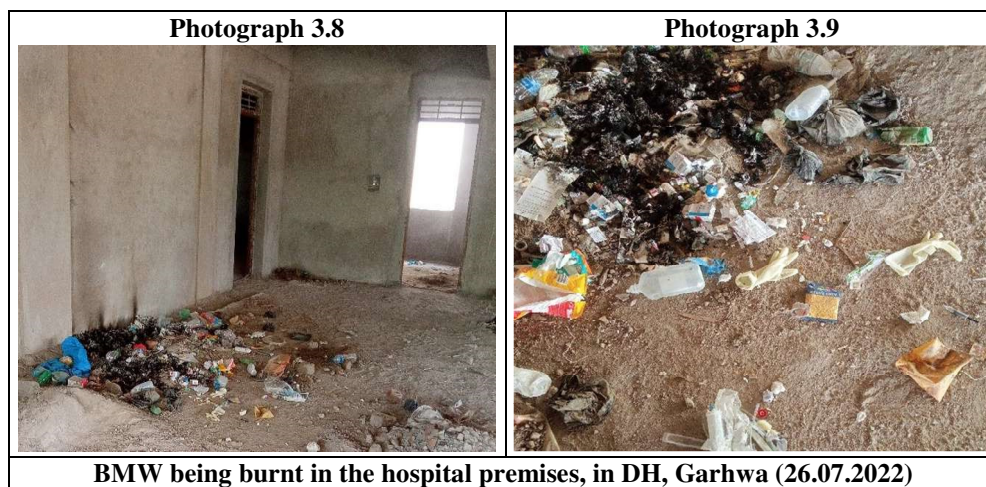
⁸⁸ DHs, Dumka, Garhwa, Saraikela Kharsawan and Simdega.

⁸⁹ CHCs, Chandil, Jaldega, Nimdih.

⁹⁰ M/s Greenland Waste Management System, Pakur.

from three⁹¹ CHCs in the Dumka district, the periodicity of collection and method of disposal of BMW was not found available on records. In the remaining four⁹² test-checked CHCs, BMW was being disposed in deep pits.

- In DH, Garhwa, an Incinerator, installed (May 2021) at a cost of ₹ 8.79 lakh, had not be used, as of June 2022. Instead, an agency had been outsourced (April 2019) for disposal of waste. Further, biomedical waste was being handled without proper safety precautions, as syringes, needles, disposable gloves, plastic bags, drug bottles *etc.*, were being burnt openly in the hospital premises, as can be seen in photographs 3.8 and 3.9.



From the above, it is evident that biomedical waste had not been managed properly. Besides affecting the environment, this would also affect the persons who were handling the waste, as well as the people in and around the hospital. The Department stated (March 2023) that the matter will be examined.

- A Sewage Treatment Plant (STP) is essential to manage the amount of sewerage generated in a hospital, so that it does not pollute the neighboring areas of the hospital. None of the test-checked DHs/ CHCs had installed STPs.
- As per Government orders, payment on account of disposal of Biomedical waste was to be made to the operators at the rate of ₹ seven per day per bed. Audit noticed that CHC, Palkot, which had a capacity of six beds, had made payments amounting to ₹ 51,240, for FY 2020-21, against the admissible amount of ₹ 15,330⁹³. This resulted in excess payment of ₹ 35,910.

3.8 Public Safety and Patient Rights

According to IPHS, a Citizen's Charter should be prominently displayed, indicating the patients' rights and responsibilities, services available, user fees

⁹¹ CHCs, Jarmundi, Saraiyahat and Shikaripara.

⁹² CHCs, Bhawnathpur, Govindpur, Jharia and Manjhiaon.

⁹³ 06 beds x ₹ 7 x 365 days= ₹ 15,330.

charged (if any) and a grievance redressal system. IPHS emphasises that hospitals should have security and safety management. Further, boundary wall/fencing, with gate was also a requirement under IPHS.

During test-check of the records of five DHs, 14 CHCs and 12 PHCs, Audit observed the following:

- Citizen's Charters were displayed in all the test-checked DHs. However, they were not displayed in nine CHCs and eight PHCs. Further, no Grievance Redressal Mechanisms were available in any of the test-checked DHs/ CHCs/ PHCs.
- IPHS provides that hospital buildings should be equipped with fire protection features. The National Building Code of India, 2005 (updated in 2016) also stipulates that fire extinguishers (FEs)/ fire hydrants must be installed in every hospital, to ensure safety of patients, attendants, visitors and the hospital staff, in case of any fire mishap in the hospital premises.

Audit observed that fire hydrants⁹⁴ had not been installed in any of the test-checked DHs/ CHCs/ PHCs. However, FEs were available in all the test-checked DHs and 13 CHCs, but the availability of FEs was limited to only four PHCs. The sufficiency or otherwise, of the FEs⁹⁵, could not be ascertained in the absence of any prescribed norms. Further, the number of available FEs was not uniform and ranged between nine and 28, in the four test-checked DHs, having capacities of 100 beds each. Availability of FEs, in the test-checked DHs/ CHCs/ PHCs, ranged between one to 15 beds per FE⁹⁶. Further, out of the test-checked DHs/ CHCs/ PHCs, smoke detectors were available only in DH, Dumka and CHC, Jarmundi. It was also noticed that fire safety audit was conducted only in nine⁹⁷ out of the 23 DHs.

- No Disaster Management Plan had been prepared and no Disaster Management Committees had been constituted by any of the test-checked DHs/ CHCs/ PHCs, except DH, Simdega and CHC, Bharno. As per IPHS, directional signages for emergency should be displayed in the hospitals. Audit observed that signages of emergency exits were available in three⁹⁸ out of the five test-checked DHs, four⁹⁹ out of the 14 test-checked CHCs and four¹⁰⁰ out of the 12 functional test-checked PHCs. Further, 'no objection

⁹⁴ A separate water connection point from which water can be tapped, in case of fire mishap

⁹⁵ In the absence of any benchmark or fire safety audit, the number of fire extinguishers available, was compared against the total number of beds.

⁹⁶ DHs: 4 to 11 beds per FE, CHCs: 3 to 15 beds per FE and PHCs: 1 to 6 beds per FE.

⁹⁷ DH:- Dumka, East Singhbhum, Giridih, Gumla, Hazaribag, Latehar, Lohardaga, Pakur and Ramgarh,

⁹⁸ DH, Dumka; DH, Saraikela Kharsawan and DH, Simdega.

⁹⁹ Jarmundi, Saraiyahat, Shikaripara and Manjhiaon.

¹⁰⁰ Maluti, Raikinari, Kandi and Bansjore.

certificates' from the State Fire Authority, had not been taken by any of the test-checked DHs/ CHCs/ PHCs. This indicated that the DHs/ CHCs/ PHCs did not have adequate security and safety management. The Department did not furnish replies to the audit observation.

- As per IPHS norms, cleanliness should be maintained in the areas inside and outside the hospitals. Photographs 3.10 to 3.15, showing the condition of hygiene and cleanliness in the test-checked hospitals, are given below.

Photograph 3.10



CHC-Jaldega (dirty toilet) (14.06.2022)

Photograph 3.11



CHC-Palkot (dilapidated condition) (11.05.2022)

Photograph 3.12



CHC-Palkot (vaccine carrier box kept outside) (03.06.2022)

Photograph 3.13



CHC-Chandil (Drugs kept near toilet) (30.07.2022)

Photograph 3.14



CHC-Jharia (drugs kept on the floor) (23.08.2022)

Photograph 3.15



DH Garhwa (Scattered bio-medical waste in the hospital premises) (26.07.2022)

3.9 Mortuary Services

A Mortuary provides facilities for conducting autopsies and keeping dead bodies before they are cremated or buried. The Mortuary is to be located in a separate building which is easily accessible from the wards, Accident & Emergency Department and Operation Theatre. It is also to be located away from general traffic routes used by the public. As per IPHS, DHs should provide mortuary services.

Audit observed that mortuary services were available, as of March 2022, in 18¹⁰¹ (including all the test-checked DHs) out of the 23 DHs.

3.10 Teaching Hospitals

Medical Colleges and Hospitals (MCHs) provide medical care to patients, either through out-patient departments (OPDs) or by admitting them as in-door patients (IPDs). Audit scrutiny of activities pertaining to service delivery to patients, revealed the following deficiencies:

3.10.1 Out-patient Departments

The out-patient departments (OPDs) provide medical services to those patients who do not require hospitalisation. As per Department's order (May 2013), each OPD in the clinical department was required to run for six hours a day, with one specialist doctor. Since MCHs cater to a large catchment area, efficient and competent OPDs, commensurate with the heavy flow of patients, are essential for providing quality services to patients, particularly poor people who cannot afford expensive treatment in private hospitals.

No norms in regard to the average consultation time had been fixed by the Department. However, the National Institute of Public Finance and Policy had opined that consultation time spent with a doctor is an important attribute for determining the satisfaction level among patients. Short contact time with healthcare personnel is a common source of patient's dissatisfaction with the consultation process.

Audit scrutiny of the records of five (except August 2020) out of six sample months¹⁰², in the three test-checked MCHs, revealed that the patient load in clinical departments, especially General Medicine, Gynaecology, Paediatrics and Surgery, was high, leading to less consultation time being available for patients, as detailed in **Table 3.24**.

¹⁰¹ Deoghar, Dumka, Garhwa, Giridih, Godda, Gumla, Hazaribag, Koderma, Khunti, Lohardaga, Latehar, Palamu, Ramgarh, Ranchi, Sahibganj, Saraikela-Kharshawan, Simdega, West Singhbhum.

¹⁰² May 2016, August 2017, November 2018, May 2019, August 2020 and November 2021.

Table 3.24: Average consultation time of departments

Name of MCH	Average Consultation time of the departments (In range)			
	General Medicine	Surgery	Gynaecology	Paediatrics
SNMMCH, Dhanbad (2016-22)	From 0.94 to 1.73 minutes	From 2.99 to 3.96 minutes	From 3.27 to 4.82 minutes	From 3.88 to 4.56 minutes
PJMCH, Dumka (2019-22)	From 2.73 to 5.61 minutes	From 9.26 to 11.31 minutes	From 5.23 to 5.67 minutes	From 7.78 to 8.61 minutes
RIMS, Ranchi (2016-22)	From 0.85 to 1.39 minutes	From 2.64 to 3.74 minutes	From 3.01 to 3.79 minutes	From 2.21 to 4.26 minutes

It can be seen from **Table 3.24** that the average consultation time ranged between one and five minutes in SNMMCH, Dhanbad and RIMS, Ranchi, due to heavy patient load (*Appendix 3.11*).

Despite high patient load and low consultation time, the concerned MCHs had not taken action to deploy more than one doctor in these OPDs. The Department did not furnish replies to the audit observation.

3.10.2 Bed occupancy in In- Patients Departments

As per MCI norms, the average occupancy of indoor beds is to be a minimum of 75 per cent per annum.

As per information provided by the three test-checked MCHs, the year-wise bed occupancy was as shown in **Table 3.25** and **Charts 3.15 to 3.17**.

Table 3.25: Year-wise bed occupancy

Year	No. of functional beds	Bed occupancy of 100 per cent (No. of functional beds x No. of days per year)	Actual occupancy	Percentage of occupancy
SNMMCH, Dhanbad				
2016-17	560	2,04,400	1,25,251	61
2017-18	560	2,04,400	1,35,455	66
2018-19	560	2,04,400	1,48,736	73
2019-20	560	2,04,960	1,52,006	74
2020-21	560	2,04,400	1,26,880	62
2021-22	560	2,04,400	1,52,673	75
PJMCH, Dumka				
2019-20	264	96,360	41,485	43
2020-21	264	96,360	45,391	47
2021-22	264	96,360	52,570	55
RIMS, Ranchi				
2016-17	1835	6,69,775	4,97,090	74
2017-18	1851	6,75,615	5,05,035	75
2018-19	1986	7,24,890	5,29,390	73
2019-20	2106	7,68,690	5,82,480	76
2020-21	2132	7,78,180	3,90,456	50
2021-22	2171	7,92,415	4,81,450	61

(Source: Data/information provided by the test-checked units)

Chart 3.15: SNMMCH, Dhanbad

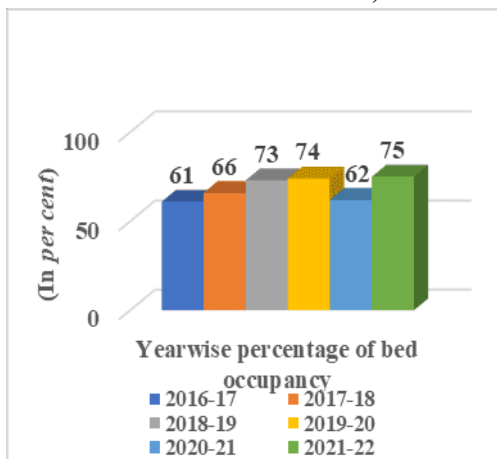


Chart 3.16: PJMCH, Dumka

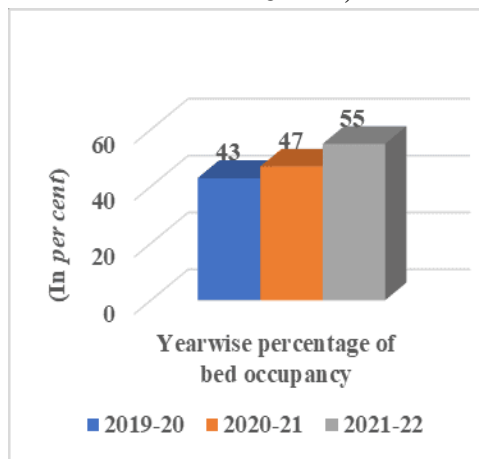
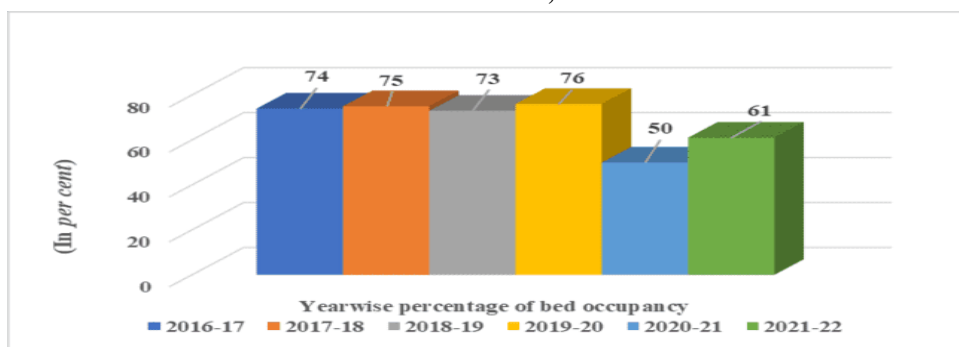


Chart 3.17: RIMS, Ranchi



It can be seen from **Table 3.25** that the average per annum bed occupancy in SNMMCH, Dhanbad, had ranged between 61 and 75 *per cent* during FYs 2016-17 to 2021-22. Though the bed occupancy had increased during FY 2018-19, it had again dipped in FY 2020-21, during the COVID-19 pandemic period. Similarly, the average per annum bed occupancy in PJMCH, Dumka, had ranged between 43 and 55 *per cent*, during FYs 2019-20 to 2021-22 and had not come up to the minimum required. Further, in RIMS, Ranchi, the bed occupancy rate was almost around 75 *per cent* during FYs 2016-17 to 2019-20. However, it had dipped to 50 and 61 *per cent* during FYs 2020-21 and 2021-22, due to the COVID-19 pandemic.

Low bed occupancy may adversely impact the renewal and recognition of the teaching hospitals by the NMC. The Department did not furnish replies to the audit observation.

3.11 Blood Banks

Blood Banks are integral constituents of a teaching hospital. They are required to supply blood to needy patients during the course of surgery or any emergency. They collect blood units from donors and store them for supply to patients, as and when needed.

The three test-checked MCHs had blood banks attached to them. The blood bank licence of SNMMCH, Dhanbad, was valid up to July 2023. The licence of

the blood bank at PJMCH, Dumka, had expired in May 2018. Similarly, the licence of the blood bank in RIMS, Ranchi, had expired in March 2021.

After expiry of the licence, two drugs inspectors had carried out inspections of the blood bank in PJMCH, Dumka, during June 2019 and July 2021, and pointed out serious deficiencies due to which licence could not be renewed. Despite non-renewal of the licence, the blood bank was issuing blood units to needy patients, as of June, 2022. In case of the blood bank in RIMS, Ranchi, though the process of renewal was started in March 2021, the licence has not been renewed as of March 2022. Details of total blood units collected and discarded in the three test-checked MCHs, during 2016-17 to 2021-22, is given in **Table 3.26**.

Table 3.26: Blood units collected and discarded

Year	Total number of blood units collected	Total number of units discarded	Reason for discarding (Number of units)						
			Haemolysed blood	Expired blood	VDRL positive	Antigen Malaria	HCV positive	HIV positive	HBsAg
SNMMCH, Dhanbad									
2016-17	9,116	155	64	3	20	9	1	4	54
2017-18	9,349	100	41	03	04	11	00	07	34
2018-19	13,222	114	44	00	08	11	02	02	47
2019-20	15,040	184	58	00	28	05	02	05	86
2020-21	13,290	141	15	02	19	01	02	09	93
2021-22	14,795	152	25	03	03	02	25	23	71
Total	74,812	846	247	11	82	39	32	50	385
PJMCH, Dumka									
2016-17	575	22	01	18	00	00	00	00	03
2017-18	743	18	00	15	00	00	01	00	02
2018-19	1,528	30	02	21	00	00	00	00	07
2019-20	1,783	23	00	12	02	00	02	00	07
2020-21	2,501	85	00	18	43	00	04	03	17
2021-22	2,866	72	00	10	47	00	01	03	11
Total	9,996	250	03	94	92	00	08	06	47
RIMS, Ranchi									
2016-17	27,996	575	66	00	00	11	194	45	259
2017-18	28,103	527	40	00	03	08	186	27	263
2018-19	29,393	475	10	00	00	04	175	31	255
2019-20	32,566	542	05	00	01	01	231	48	256
2020-21	20,573	407	15	00	00	02	200	36	154
2021-22	22,254	459	06	00	00	01	150	49	253
Total	1,60,885	2,985	142	00	04	27	1,136	236	1,440

(Source: Data/information provided by test-checked units)

It can be seen from the **Table 3.26** that:

- In SNMMCH, Dhanbad, out of the total of 74,812 units of blood collected, 846 units were discarded during FYs 2016-17 to 2021-22, on account of haemolysed¹⁰³ blood (247), expired blood due to it not being used within 35 days (11), blood testing VDRL positive (82), blood testing positive for Antigen Malaria (39), as well as blood testing HCV positive (32) and HIV positive (50) and HBsAg positive (385).

¹⁰³ The pathological process of breakdown of red blood cells in blood.

- In PJMCH, Dumka, out of 9,996 units of blood collected, 250 units were discarded during FYs 2016-17 to 2021-22, due to haemolysed blood (03), expired blood due to it not being used within 35 days (94), as well as blood testing VDRL positive (92), HCV positive (08), HIV positive (06) and HBsAg positive (47).
- In RIMS, Ranchi, out of 1,60,885 units of blood collected, 2,985 units were discarded during FYs 2016-17 to 2021-22, owing to haemolysed blood (142), as well as blood testing VDRL positive (04), Antigen Malaria positive (27), HCV positive (1,136), HIV positive (236) and HBsAg positive (1,440).

Thus, blood units were discarded due to the reasons depicted above. The Department did not furnish replies to the audit observation.

3.12 AYUSH

AYUSH is the acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha¹⁰⁴ and Homeopathy, which are the six systems of medicine being practiced in India. Jharkhand is rich in flora and fauna, and, as such, development of the AYUSH systems is expected to have added advantage as an alternative medical system.

In Jharkhand, there is an AYUSH Directorate, for co-ordination, control and implementation of Ayurveda, Unani, Homeopathy, Yoga & Naturopathy and Siddha, under the Department of Health, Medical Education and Family Welfare, Jharkhand. The AYUSH Director is assisted by one Additional Director and three Deputy Directors (one each for Ayurveda, Unani and Homeopathy). The AYUSH Directorate manages AYUSH health services, AYUSH medical education, registration of practitioners and other related functions.

As of March 2022, AYUSH services were provided through 24 District Joint Dispensaries, 163 Ayurvedic, 72 Homeopathic and 32 Unani dispensaries, in the State. Additionally, the State Government had notified (November 2001 and October 2004), five Colleges and Hospitals of the AYUSH stream, of which two Colleges, viz. Government Homeopathic Medical College & Hospital at Godda and Government Ayurvedic Pharmacy College at Sahibganj, were functional, as of March 2022.

3.12.1 Availability of Out-Patient Services

District Joint AYUSH dispensaries are required to provide OPD services of Ayurvedic, Unani and Homeopathic. Audit observed that Unani OPDs were not available in any of the test-checked District Joint AYUSH dispensaries. Ayurvedic services were available in five out of six dispensaries. Homeopathic services was available only at Saraikela Kharsawan. No OPD services were

¹⁰⁴ Siddha is a traditional system of medicine practiced in South India.

provided at Dumka. Details of OPD patients in the test-checked District joint AYUSH dispensaries¹⁰⁵ are shown in **Table 3.27**.

Table 3.27: OPD patients in the test-checked District Joint AYUSH dispensaries

District	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Dhanbad	3,852	3,467	4,907	6,404	3,121	2,095
Dumka	OPD service was not available					
Garhwa	3,131	4,004	4,764	5,748	4,623	5,074
Gumla	3,228	3,134	4,567	3,703	1,956	2,035
Saraikela Kharsawan	5,682	7,154	6,750	6,679	4,436	4,406
Simdega	1,372	481	750	1,184	761	516
Total	17,265	18,240	21,738	23,718	14,897	14,126

It can be seen from **Table 3.27** that the number of out-patients increased in the test-checked District Joint AYUSH dispensaries, during FY 2017-18 to FY 2019-20 and decreased marginally in FY 2020-21 and FY 2021-22, as compared to FY 2016-17, due to the COVID 19 pandemic. Audit further noticed that OPD services were not available in Dumka, due to non-availability of any AYUSH Medical Officer. Despite the steady flow of OPD patients, the availability of drugs in dispensaries was limited, as compared to the Essential Drugs List (EDL). Issues related to human resources in AYUSH facilities are discussed in **Chapter 2** while those related to drugs, equipment *etc.* are discussed in **Chapter 4**.

3.13 Emergency Management

Ministry of Health and Family Welfare, GoI, provides technical and financial support to States, from time to time, to strengthen the public healthcare system and manage public health challenges such as the COVID-19 pandemic.

As per the National Health Mission (NHM) Guidance Note, the “India COVID-19 Emergency Response and Health Systems Preparedness Package” (hereafter referred to as COVID Package) was a Central Sector Scheme and was intended to build resilient health systems, to support preparedness and prevention related functions, that would address not only the current COVID-19 outbreak, but also such outbreaks, in future, in the Country. The interventions in this package were to be implemented under NHM, supplementing the available resources for strengthening of health systems and ensuring complementarity.

The COVID Package was to be implemented in three¹⁰⁶ phases, from 1 January 2020 to 31 March 2024. The package included four components¹⁰⁷ for the management of COVID-19. The Guidance Note provides the framework

¹⁰⁵ Data in respect of Garhwa and Simdega is for the calendar years 2016, 2017, 2018, 2019, 2020 and 2021.

¹⁰⁶ Phase-1 from January 2020 to June 2020; Phase-2 from July 2020 to March 2021 and Phase-3 from April 2021 to March 2024.

¹⁰⁷ (i) Emergency COVID-19 Response (ii) Strengthening National and State Health Systems (iii) Community engagement and risk communication and (iv) Implementation, Management, Capacity building, Monitoring and Evaluation.

for preparation and implementation of the Emergency COVID Response Plan (ECRP), with details of the activities necessary for an effective emergency response. Initially, ECRP was to be implemented up to 30 June 2020 under Phase I, but later, its implementation period was extended up to 31 March 2021.

Further, as per the Guidance Note, “India COVID-19 Emergency Response and Health Systems Preparedness Package Phase- II” (ECRP-Phase-II) had been conceptualised to strengthen the health systems further and support States to manage the second wave and any future upsurge.

3.13.1 Objectives

The objectives of the COVID-19 Package (ECRP I) and ECRP II were as under:

COVID Package (ECRP I)

- i. To slow and limit, as much as possible, the spread of COVID-19 in India
- ii. Strengthen the National and State Health Systems, to support Prevention and Preparedness
- iii. Strengthen surveillance activities, including setting up of laboratories.

ECRP II

- Establishing dedicated Paediatric Care Units, in all districts, for responding to the needs of Paediatric COVID-19 management and a Paediatric Centre of Excellence, at the State level, for providing Tele-ICU services, mentoring and technical hand-holding to District Paediatric Units
- Timely and quality management of COVID-19 patients, by increasing bed capacities in healthcare facilities
- Increasing the availability of Intensive Care Unit (ICU) beds, including Pediatric ICU beds
- Having at least one Liquid Medical Oxygen (LMO) Storage Tank, along with Medical Gas Pipeline System (MGPS), in all districts
- Utilising UG and PG interns, Final Year MBBS, BSc. and General Nursing Midwife (GNM) Nursing students, for COVID-19 management
- Increasing access to ambulance services
- Enhancing the testing capacity for identification and clinical management of COVID-19 patients
- Implementing the Hospital Management Information System, at all District Hospitals; and
- Strengthening Tele-consultation Platforms.

3.13.2 Establishment of COVID Healthcare facilities

As per the Guidance Note of NHM on ECRP, Dedicated COVID-Hospitals¹⁰⁸ (DCHs), Dedicated COVID Health Centres¹⁰⁹ (DCHCs), Dedicated COVID Care Centres¹¹⁰ (DCCCs), Diagnostics & treatment facilities and support for human resources *etc.*, were to be established and developed, by strengthening the Government Medical College Hospitals, District Hospitals and other designated hospitals. Details of the availability of beds in Hospitals and Centres, during the 1st, 2nd and 3rd COVID-19 wave, *vis-à-vis* the position of COVID patients in the State, are given in **Table 3.28**.

Table 3.28: Availability of beds during the COVID-19 waves

	1 st wave (31.03.2020 to 21.01.2021)	2 nd wave (15.03.21 to 03.7.2021)					3 rd wave (25.12.2021 to 31.01.2022)
Total number of positive cases	1,18,629	2,11,417					78,105
Highest number of active cases at peak	15,447 (09.09.2020)	61,195 (09.05.2021)					33,189 (15.01.2022)
Types of beds	30-04-2020	30-03-2021	30-04-2021	30-05-2021	30-06-2021	27-07-2021	31-12-2021
No. of beds without oxygen support	10,091	7,201	12,012	12,534	12,702	13,931	8,738
No. of beds with oxygen support	1,760	1,459	5,947	10,297	12,289	10,323	14,863
ICU Beds	310	481	679	854	903	1,240	3,204
Ventilator Beds	381	502	634	821	865	1,178	1,456
Total	12,542	9,643	19,272	24,506	26,759	26,672	28,261
Total active cases on the day	87	2,825	57,716	8,907	914	247	1,371
Additions during the month	110	4,252	1,09,210	1,04,363	7,836	1,412	1,742

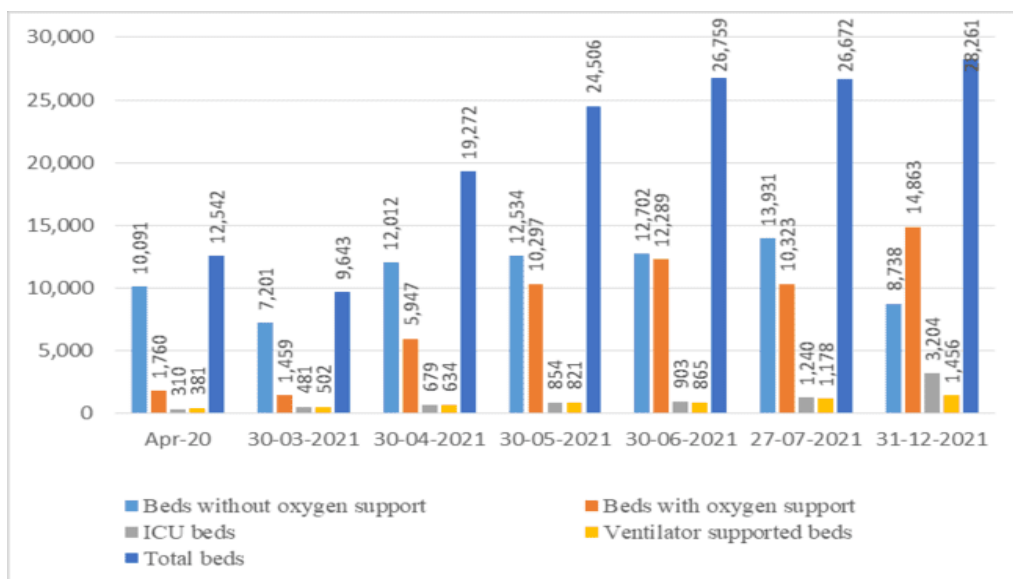
It can be seen from **Table 3.28** that that ICU beds had increased by 55 *per cent*, during April 2020 to March 2021, 88 *per cent* during the 2nd wave and 254 *per cent* from the 2nd to the 3rd wave. Ventilator beds had increased by 32 *per cent*, during April 2020 to March 2021, 72 *per cent* during the 2nd wave and 68 *per cent* from the 2nd to the 3rd wave. Beds with oxygen support decreased by 17 *per cent* during April 2020 to March 2021, increased by 742 *per cent* during the 2nd wave and 21 *per cent* from the 2nd to the 3rd wave. A pictorial representation of the availability of beds, during the three COVID-19 waves in the State, is given in **Chart 3.18**. In reply (March 2023) the Department accepted the audit observation.

¹⁰⁸ Hospitals with fully equipped ICUs, ventilators and beds, with assured oxygen support, offering comprehensive care, primarily to those patients who had been clinically assigned as 'severe'.

¹⁰⁹ Centres offering care for all cases that had been clinically assigned as 'moderate'.

¹¹⁰ Centres offering care only for cases that had been clinically assigned as 'mild' or 'very mild' or 'COVID suspect'.

Chart 3.18: Availability of beds during the 1st, 2nd and 3rd COVID-19 waves



3.13.3 Financial Management of COVID-19

Provision of funds for COVID-19 management was made from different sources, like the State Disaster Relief Fund (SDRF), Emergency Covid Response Package (ECRP), Prime Minister's Citizen Assistance and Relief in Emergency Situations (PM CARES) Fund *etc.* Details of the funds provided, released and utilised, during FYs 2019-20 to 2021-22, are given in **Table 3.29**.

Table 3.29: Receipt, release and utilisation of funds for COVID-19 management

(₹ in crore)			
Source	Provision	Release by GoJ	Utilisation
COVID-19 under NHM (GoI)	25.98	25.98	25.98
COVID-19 under NHM (GoJ)	17.32	17.32	17.32
ECRP-I (GoI)	70.84	70.84	70.84
ECRP-I (GoI) ¹¹¹ (Additional Fund)	3.38	3.38	NA
ECRP-II- Central Share	383.34	191.67	23.52
ECRP-II- State Share	255.56	127.78	
PM CARES	17.97	14.15	8.18
SDRF	754.61	754.61	539.56
Total	1,529.00	1,205.73	685.40

(Source: Data furnished by the HME & FW Department, and Home, Prison & Disaster Management Department)

Details of utilisation of all the funds, released for COVID-19 management, were not available with the HME & FW Department. Audit, however, observed the following:

¹¹¹ Provided and released in January 2022, to be utilised by 31.03.2022.

3.13.3.1 Short release and utilisation of COVID-19 funds

GoI had released (March 2020 to March 2022) ₹ 483.54 crore¹¹² for COVID-19 management, under NHM and ECRP Phases I and II. Against this, GoJ was to release ₹ 272.88 crore¹¹³, as its share. Against the total provision of ₹ 756.42 crore, GoJ released (between June 2020 and March 2022) only ₹ 436.97 crore (GoI share: ₹ 291.87 and State share: ₹ 145.10 crore) to JRHMS. The remaining amount of ₹ 319.45 crore (GoI share: ₹ 191.67 crore and State share: ₹ 127.78 crore) had not been released, as of August 2022.

Further, against the available funds of ₹ 436.97 crore, JRHMS could utilise only ₹ 137.65 crore (32 *per cent*) during FYs 2019-20 to 2021-22 and the remaining amount of ₹ 299.32 crore was lying unutilised with JRHMS and District Rural Health Societies (DRHSs). Further, JRHMS utilised ₹ 141.47 crore during FY 2020-21 under ECRP-I against the release of ₹ 70.84 crore. The excess of ₹ 70.63 crore was utilised from other funds available with NHM, which was yet to be regularised (August 2022).

Short release and short utilisation of COVID-19 management funds, led to non-setting up of (i) RT-PCR laboratories at the district level (ii) Pediatric ICU excellence Centre at Ranchi and (iii) pre-fabricated structures at CHCs/ PHCs/ HSCs, Liquid Medical Oxygen plant *etc.*, as planned under ECRP, as discussed in the succeeding paragraphs. The Department accepted the facts and stated (March 2023) that necessary steps will be taken for early utilisation of funds.

3.13.3.2 Delay in release of funds

As per the NHM Guidance Note on ECRP, in view of the urgency of the situation, the funds released under NHM and ECRP, by GoI, for COVID-19 management, were expected to be released to the State Health Society by the State, along with the corresponding State share, within seven working days from the date of release of funds by the GoI.

Audit, however, noticed that GoJ had released funds to JRHMS, with delays ranging between 14 and 135 days, from the date of release of funds by GoI (*Appendix 3.12*). The Department, while confirming the facts, stated (March 2023) that funds could not be drawn as GoI had not released the funds under the proper head. The State Government had taken up the matter with GoI and the funds have been released under the proper head in 2022-23. The funds have also been released to the implementing agencies.

¹¹² ₹ 25.98 released for COVID-19 under NHM, ₹ 457.56 crore (full share: ₹ 70.84 crore under ECRP I and ₹ 3.38 crore and ₹ 383.34 crore under ECRP II) released between April 2020 and March 2022.

¹¹³ ₹ 17.32 crore for COVID-19 under NHM and ₹ 255.56 crore under ECRP II.

3.13.3.3 Short utilisation of SDRF funds

The Home, Prison & Disaster Management Department, GoJ, released (between March 2020 and December 2021) SDRF funds of ₹ 754.61 crore, to different departments/Authorities¹¹⁴, for COVID-19 management, on the recommendation of the State Executive Council¹¹⁵. Against this, ₹ 539.56 crore had been utilised, as of February 2022, and ₹ 5.67 crore had been surrendered, by the Directorate of Information and Public Relation (₹ 11.37 lakh) and Deputy Commissioners (₹ 5.56 crore). The remaining amount of ₹ 209.38 crore was lying with the departments/authorities.

In the six test-checked districts, ₹ 28.33 crore had been released (March 2020 to December 2021) to DCs. Against this, ₹ 23.19 crore had been utilised and ₹ 1.47 crore had been surrendered. UCs/Statement of Expenditure, for the balance amount of ₹ 3.67 crore, had not been submitted by the DCs, as of July 2022. The Department did not furnish replies to the audit observation.

3.13.3.4 Utilisation of PM CARES fund

GoI released ₹ 17.97 crore, in two installments¹¹⁶, to the GoJ for welfare of migrant workers, viz. accommodation facilities, food arrangements, medical treatment and transportation arrangements. The Home, Prison & Disaster Management Department, GoJ, had released ₹ 14.15 crore to DCs in three installments¹¹⁷ and utilised ₹ 8.18 crore. UCs pertaining to the remaining amount of ₹ 5.97 crore, were not submitted by the DCs to the Home, Prison & Disaster Management Department, GoJ, as of February 2022.

In the six test-checked districts, ₹ 3.58 crore had been released (August 2020 to November 2021) to DCs. Against this, ₹ 2.75 crore had been utilised and ₹ 0.83 crore had remained unutilised with DCs, as of June 2022. The Department did not furnish replies to the audit observation.

¹¹⁴ DIC, Health Services, GoJ: ₹ 597.85 crore, Urban Development and Housing Department: ₹ 5.22 crore, Director-cum-Inspector General of Police, Jharkhand: ₹ 2.83 crore, Directorate of Information and Public Relations: ₹ 3 crore and the DCs of districts: ₹ 145.71 crore.

¹¹⁵ Chief Secretary: President; ACS, Planning-cum-Finance Department: Member; Principal Secretary, HME&FW Department: Member; Secretary Home, Jail and Disaster Management Department: Member Secretary.

¹¹⁶ 1st installment (June 2020): ₹ 8.67 crore and 2nd installment (June 2020): ₹ 9.30 crore

¹¹⁷ 1st installment (August 2020): ₹ 8.64 crore, 2nd installment (April 2021): ₹ 3.59 crore and 3rd installment (November 2021): ₹ 1.92 crore

3.14 RT-PCR testing of suspected COVID-19 patients

Collection of swabs from persons showing symptoms of COVID-19, their timely testing (RT-PCR test) and intimating the results immediately to the persons concerned, is necessary to avoid the spread of COVID-19.

Test-check of daily reports and other related records/ data, of SNMMCH, Dhanbad, for the period from April 2021 to May 2022, revealed that the Microbiology Department had received 45,954 swab samples, from the Deoghar, Dhanbad, Giridih, Godda and Jamtara districts, for conducting RT-PCR tests. Out of these, 33,399 swab samples had been tested and 12,555 samples (27 *per cent*) were pending for testing, as on 11 May 2022 (*Appendix 3.13*).

Further analysis of patient data revealed that transportation of the collected samples, from the collection points, to MCH, Dhanbad and testing of samples by MCH, Dhanbad, after receipt of samples, had consumed a significant amount of time, as shown in **Table 3.30**.

Table 3.30: Samples collected and tested

Sl. No.	District	Total Number of patients' data analysed	Range of delays from collection of samples to test result				Total Number of patients' data/ records with delayed test results
			5 to 15 days	16 to 30 days	31 to 60 days	More than two months	
1	2	3	4	5	6	7	8 (4+5+6+7)
Samples collected during April 2021 to November 2021							
1.	Bokaro	1,50,168	69,164	1,072	334	01	70,571
2.	Dhanbad	1,59,435	7,061	273	152	169	7,655
3.	Dumka	6,710	5,583	758	--	--	6,341
4.	Giridih	39,716	7,457	419	01	--	7,877
5.	Godda	4,245	3,207	1,038	--	--	4,245
6.	Hazaribag	3,794	3,514	03	--	--	3,517
7.	Jamtara	44,428	16,913	265	--	--	17,178
	Total	4,08,496	1,12,899	3,828	487	170	1,17,384
Samples collected during December 2021 to May 2022							
1.	Bokaro	31,200	19,450	81	50	--	19,581
2.	Deoghar	7,095	1,302	3,669	1,754	295	7,020
3.	Dhanbad	83,010	4,863	622	04	--	5,489
4.	Giridih	4,501	3,024	319	--	--	3,343
5.	Godda	7,107	2,177	2,656	1,943	315	7,091
6.	Jamtara	12,355	10,709	--	47	--	10,756
	Total	1,45,268	41,525	7,347	3,798	610	53,280

It can be seen from **Table 3.30** that testing of samples had taken five days to more than two months. Delay in testing of COVID samples can be attributed to non-setting up of PCR based laboratories in the districts, as discussed in **Chapter 5**. The Department accepted the facts and attributed (March 2023) the delay in RT-PCR testing to heavy patient load.

Chapter 4

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

4 Availability of Drugs, Medicines, Equipment and Other consumables

Drugs are critical supplies in health care services and account for a sizeable proportion of the health budget. Access to and availability of low-cost, safe and quality drugs, is crucial in promoting confidence among patients and increasing the utilisation of health services. Further, availability of medical equipment and other consumables is essential for diagnosing, treating and monitoring patients.

4.1 Procurement of drugs and equipment

The Government of Jharkhand (GoJ) promulgated (June 2004) the Jharkhand State Drug Policy (JSDP), with the objective of ensuring the availability and accessibility of safe, effective and good quality essential medicines, to stakeholders at all levels of the healthcare system, through an efficient procurement and distribution system.

Subsequently, the GoJ partially modified (August 2015) the JSDP and nominated the Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Limited (JMHPCL), as the central agency for procurement of medicines and equipment, for all hospitals, health centres, laboratories and other healthcare facilities of the State. The Director-in-Chief (DIC), Health Services, after compilation of annual demands from CS-cum-CMOs of districts and the Superintendents of Medical College and Hospitals (MCHs), was sending the consolidated indent to JMHPCL, for procurement of medicines and equipment. From FY 2018-19 onwards, the Department started a web-based supply chain management application for drugs, namely *e-Aushadhi*, for placement of demands by CS-cum-CMOs and Superintendents.

JMHPCL was to either procure medicines or to execute Rate Contracts with manufacturers, based upon which the CS-cum-CMOs/ Superintendents of Medical Colleges were to purchase medicines for hospitals. Drugs not covered by the Rate Contracts could be procured from firms having Rate Contracts with GoI or other State Governments for supply of drugs. Further, as per the JSDP, if no Rate Contract had been framed for a drug and procurement was warranted in an emergency situation, the same could be procured, from local vendors, by CS-cum-CMOs/ Superintendents.

Audit findings on various components/ aspects of drug management and procurement of equipment are discussed in the succeeding paragraphs.

4.2 Utilisation of funds

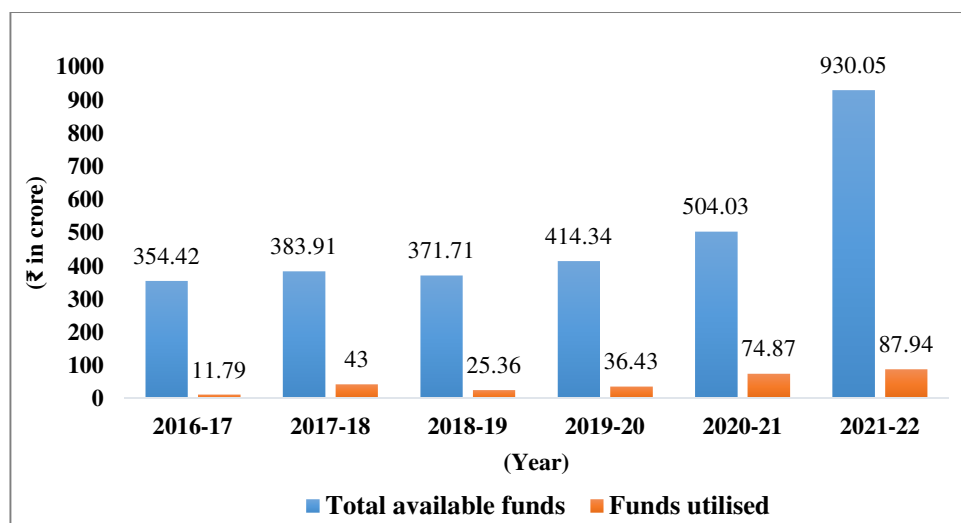
JMHIDPCL received ₹ 1,145.07 crore, during FYs 2016-17 to 2021-22, from the Director-in-Chief (DIC), Health Services; the Mission Director (MD), National Health Mission (NHM); and the Director, AYUSH, for procurement of drugs and equipment. Additionally, JMHIDPCL had an opening balance of ₹ 232.25 crore as on 1 April 2016 and had earned interest of ₹ 18.35 crore during FYs 2016-17 to 2021-22. Against the total available funds of ₹ 1,395.67 crore, only ₹ 279.39 crore (20 per cent) could be utilised during FYs 2016-17 to 2021-22. The remaining balance of ₹ 1,116.28 crore was partly surrendered (₹ 255.27 crore), partly refunded to NHM (₹ 18.90 crore) and partly parked in the Personal Ledger Account (₹ 324.55 crore) and Bank Accounts (₹ 517.56 crore) of the JMHIDPCL, as shown in **Table 4.1** and **Chart 4.1**.

Table 4.1: Details of funds available and its utilisation during 2016-17 to 2021-22

(₹ in crore)

Financial year	Opening Balance	Funds received during the year	Interest	Total available funds	Funds utilised	Amount surrendered/ refunded	Closing balance
1	2	3	4	5 (2+3+4)	6	7	8 (5-6-7)
2016-17	232.25	120.16	2.01	354.42	11.79	-	342.63
2017-18	342.63	39.34	1.94	383.91	43	18.90	322.01
2018-19	322.01	47.16	2.54	371.71	25.36	-	346.35
2019-20	346.35	64.6	3.39	414.34	36.43	-	377.91
2020-21	377.91	123.41	2.71	504.03	74.87	255.27	173.89
2021-22	173.89	750.4	5.76	930.05	87.94	0.0005	842.11
Total		1,145.07	18.35		279.39		

Chart 4.1: Year-wise availability and utilisation of funds



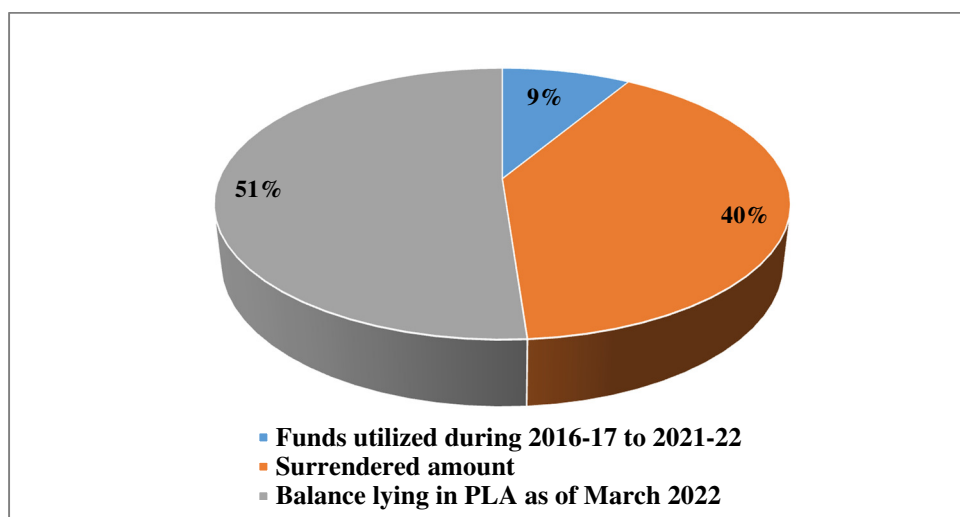
Non-utilisation of funds was mainly due to non/delayed-submission of demands by DIC and the absence of defined timelines for the procurement

process in JMHPCL, which had resulted in delay in procurement of medicines and equipment.

Audit further noticed that:

- Out of ₹ 634.52 crore¹¹⁸ received from the Director-in-Chief (DIC), Health Services, GoJ, only ₹ 54.70 crore (9 per cent) (**Appendix-4.1** and **Chart 4.2**) could be utilised during FYs 2016-17 to 2021-22. An amount of ₹ 255.27 crore, out of the remaining balance of ₹ 579.82 crore, was surrendered (May 2020), as required under Rule 334¹¹⁹ of the Jharkhand Treasury Code (JTC), as it had been lying unutilised in the Personal Ledger Account (PLA) of the JMHPCL for more than two consecutive financial years. The surrendered amount included ₹ 181.71 crore, which had been released for various purposes¹²⁰, through separate allotments, but could not be spent/utilised. The balance amount¹²¹ of ₹ 324.55 crore was lying in the PLA, as of March 2022.

Chart 4.2: Percentage of utilisation of funds during FYs 2016-17 to 2021-22 (PLA)



Out of ₹ 761.15 crore¹²² of NHM, AYUSH and 15th Finance Commission funds, only ₹ 224.70 crore (30 per cent) was utilised during FYs 2016-17 to 2021-22, ₹ 18.90 crore was refunded to NHM

¹¹⁸ The opening balance of FY 2016-17 was ₹ 201.08 crore and ₹ 433.44 crore was received during FYs 2016-17 to 2021-22.

¹¹⁹ Money lying unspent after two consecutive financial years, in PLAs, should not be spent any further and balance should be transferred as reduction of expenditure to the concerned service head from which the money was withdrawn

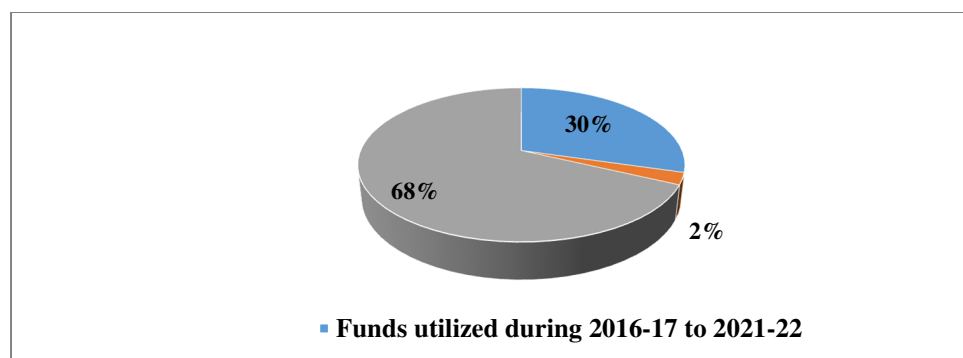
¹²⁰ Machine and equipment: ₹ 99.90 crore, Drugs: ₹ 40 crore, Ambulances: ₹ 1.44 crore, Hearse vehicles: ₹ 2.30 crore, Sanitary napkins: ₹ 15.53 crore, Furniture, fixture and consumables: ₹ 21 crore and Trauma centre: ₹ 1.54 crore.

¹²¹ Balance amount is ₹ 579.82 – ₹ 255.27 = ₹ 324.55.

¹²² ₹ 711.63 crore received during FYs 2016-17 to 2021-22, opening balance of ₹ 31.17 crore and interest of ₹ 18.35 crore.

and ₹ 517.55 crore was lying in the banks accounts of the JMHDPCCL, as on March 2022 (*Appendix-4.2* and *Chart 4.3*).

Chart 4.3: Percentage of utilisation of funds during FYs 2016-17 to 2021-22 (Bank accounts)



Non-utilisation of funds resulted in lack of essential drugs and equipment at the test-checked healthcare facilities, as discussed in the succeeding paragraphs. The Department accepted the facts and stated (March 2023) that shortage of human resources was the main reason for under-utilization of funds.

4.3 Essential Medicines

Essential medicines are those medicines which satisfy the healthcare needs of the majority of the population and should always be available in adequate quantities.

Based on the National Essential Drugs List, 2015, GoJ notified (February 2017) “Jharkhand List of Essential Medicines (JLEM), 2017”, containing 387 medicines, to be used in the primary (208 medicines), secondary (318 medicines) and tertiary level (387 medicines) healthcare facilities. Audit observed certain shortcomings in the procurement and availability of essential medicines, as discussed in the succeeding paragraphs.

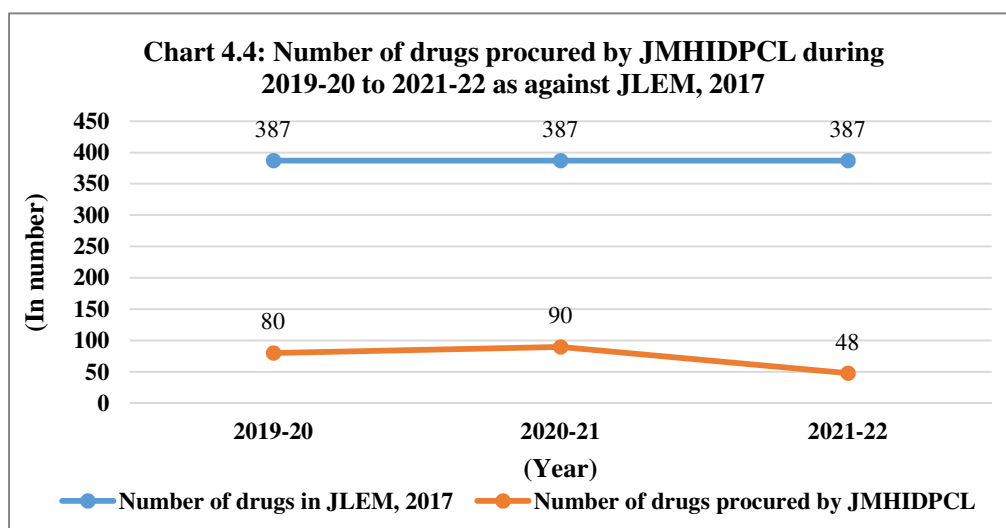
4.3.1 Procurement of essential medicines

Audit scrutiny of the procurement process of essential medicines, during FYs 2019-20 to 2021-22, revealed that the DIC had submitted indents of essential medicines to JMHDPCCL. However, the indented medicines did not include all the medicines mentioned in the JLEM. Further, JMHDPCCL had procured much lesser quantities of essential medicines than indented for by the DIC, as shown in *Table 4.2* and *Chart 4.4*.

Table 4.2: Details of medicines indented by the DIC and procurement by JMHPCL

Financial Year ¹²³	Number of drugs in JLEM, 2017	Number of drugs indented by DIC	Number of drugs procured by JMHPCL (per cent of JLEM)	Numbers of essential medicines not procured (per cent)
2019-20	387	Not available	80 (21)	307 (79)
2020-21	387	354	90 (23)	297 (77)
2021-22	387	355	48 (12)	339 (88)

(Source: data provided by JMHPCL)



It can be seen from **Table 4.2** that 77 to 88 *per cent* of the essential medicines could not be procured during FYs 2019-20 to 2021-22. Instead, JMHPCL had procured (between April 2019 and October 2021) three medicines, *viz.* Amikacin Sulphate Injection, Cephalexin Capsule and Olanzapine Tablet, valued at ₹ 2.29 crore, though these medicines were not part of JLEM, 2017. In the absence of centralised procurement of essential medicines, there was shortage of these medicines at the healthcare facilities, despite local purchases by the Superintendents and CS-cum-CMOs, as was seen in the test-checked MCHs and districts, as discussed in **Paragraph 4.3.2**. The Department accepted the facts and stated (March 2023) that delays in the tendering process and shortage of human resources were the main reasons for purchase of lower quantities of medicines.

4.3.2 Availability of essential medicines

Audit scrutinised the status of availability and shortages of essential drugs, for two years, *viz.* FYs 2020-21 and 2021-22, in the test-checked MCHs, DHs and CHCs. Details in this regard are given in **Table 4.3**.

¹²³ Stock registers are not being maintained in JMHPCL since FY 2016-17. The e-Aushadhi data provided by JMHPCL includes purchase orders (POs), which are available from October 2018 onwards.

Table 4.3: Details of essential medicines available in the test-checked healthcare facilities

Test-checked units	Total number of essential drugs	Range of availability (in numbers)	Range of availability (in per cent)	Range of shortfall (in per cent)	Range of availability (in numbers)	Range of availability (in per cent)	Range of shortfall (in per cent)
		2020-21			2021-22		
14 CHCs	208	11 to 72	5 to 35	65 to 95	13 to 70	6 to 34	66 to 94
Five DHs ¹²⁴	318	49 to 98	15 to 31	69 to 85	43 to 92	14 to 29	71 to 86
Two MCHs	387	44 to 103	11 to 27	73 to 89	43 to 105	11 to 27	73 to 89

(Source: data provided by the test-checked units)

It can be seen from the **Table 4.3** that there was shortage of essential drugs, ranging from 65 to 95 *per cent*, with the test-checked CHCs, DHs and MCHs, during FYs 2020-21 and 2021-22 (**Appendix-4.3**).

Audit further noticed that, even available drugs were out of stock, in the test-checked CHCs, DHs and MCHs, during FYs 2020-21 and 2021-22, as shown in **Table 4.4**.

Table 4.4: Details of 'stock-out drugs' in healthcare facilities

Health facility	2020-21				2021-22			
	Number of 'stock-out' drugs	'Stock-out' position (in days)			Number of 'stock-out' drugs	'Stock-out' position (in days)		
		01-60	61-120	More than 120		01-60	61-120	More than 120
Primary								
CHC, Govindpur	11	04	03	04	08	02	00	06
CHC, Jharia	15	03	04	08	18	00	01	17
CHC, Shikaripara	33	03	04	26	20	00	01	19
CHC, Jarmundi	RNA*	RNA	RNA	RNA	RNA	RNA	RNA	RNA
CHC, Saraiyahat	17	00	00	17	34	00	01	33
CHC, Bhawnathpur	45	01	03	41	41	07	03	31
CHC, Manjhiaon	RNA	RNA	RNA	RNA	RNA	RNA	RNA	RNA
CHC, Bharno	14	06	01	07	13	02	02	09
CHC, Palkot	05	02	02	01	05	00	02	03
CHC, Raidih	RNA	RNA	RNA	RNA	RNA	RNA	RNA	RNA
CHC, Chandil	23	07	06	10	23	01	02	20
CHC, Nimdih	16	02	01	13	14	01	00	13
CHC, Bolba	17	06	03	08	16	01	02	13
CHC, Jaldega	29	01	07	21	20	00	02	18
Secondary								
DH, Garhwa	40	05	02	33	48	01	03	44
DH, Gumla	10	06	01	03	15	04	04	07
DH, Simdega	29	02	04	23	26	07	03	16
DH, Saraikela Kharsawan	23	04	07	12	26	07	03	16
DH, Dumka (PJMCH, Dumka) ¹²⁵	32	01	02	29	27	00	15	12
Tertiary								
SNMMCH, Dhanbad	12	02	04	06	21	07	04	10
RIMS, Ranchi	40	10	5	25	31	8	3	20
	*Records not available							

(Source: Data provided by test-checked units)

Colour code: Red denotes most shortages, green denotes least shortages and yellow denotes moderate shortages.

¹²⁴ There was a common store of drugs, equipment and consumables for DH, Dumka and PJMCH, Dumka.

¹²⁵ There was a common store of drugs, equipment and consumables for DH, Dumka and PJMCH, Dumka.

It can be seen from **Table 4.4** that, during the said period, one to ten medicines were out of stock for periods ranging from one day to two months, one to 15 medicines for two to four months and one to 33 medicines for more than four months.

Thus, the prime objective of the Jharkhand State Drug Policy, *i.e.* to ensure availability and accessibility of safe and effective medicines to the people of the State, was not achieved. The Department accepted the facts and stated (March 2023) that JLEM, 2017 will be reviewed.

4.3.3 Procurement of medicines with lower shelf life

As per the Operational Guidelines for the Free Drugs Service Initiative¹²⁶, issued (June 2015) by the Ministry of Health and Family Welfare, GoI, suppliers were to supply their products within 30 days from the date of their manufacture. In case, the products were received after 30 days from the date of their manufacture and the products were not consumed before their expiry date, the suppliers were to replace the short expiry/ expired quantities, with fresh stocks of longer shelf life. The expired products, if not replaced, were to be returned to the supplier and the value, equal to the cost of the expired quantity, was to be recovered from any dues payable, or by any other method. Further, all batches which had failed in the sample test were to be rejected and such stocks were to be returned to the supplier. After 30 days of the issue of the letter for return of stocks, if the supplier had failed to take back the stocks and they had remained lying in the warehouses, a penalty of two *per cent* per week was to be levied on the value of stocks in the warehouse, till they were destroyed.

Audit noticed that tender documents contained the condition that medicines should be delivered within 30 days from the date of their manufacture and they should have minimum 5/6th (83 *per cent*) of the shelf life on the date of delivery. Test-check of invoices related to the procurement of drugs by JHMIDPCL and data contained in the e-Aushadhi portal revealed the following:

- During FYs 2016-17 to 2021-22, 29 medicines were supplied after 133 to 485 days beyond the prescribed 30 days of their manufacture. Further, these medicines were supplied with their remaining shelf lives ranging from 47 to 76 *per cent*, which were less than the required 83 *per cent* (**Appendix-4.4**).
- Scrutiny of records of expired medicines revealed that 27.79 lakh units of 14 medicines, costing ₹ 1.12 crore, had not been supplied within 30 days of their manufacture and had expired (between October 2018 and November 2021) at the warehouse of the JMHIDPCL (**Appendix-4.5**).

¹²⁶ The initiative, under NHM, is to ensure that a set of essential drugs based on the level of public health facilities is made available free of cost to all who access these facilities.

No action was found to have been taken by the JMHIDPCL, either to replace the expired quantities with fresh stocks or return them to the concerned suppliers and realise the money involved, in lieu.

- During physical verification (June 2020) of warehouses of the JMHIDPCL, 30.66 lakh units of sub-standard medicines (six types) were found lying in the warehouses.

No action had been taken by the JMHIDPCL, either to replace the sub-standard medicines, or to realise the penalties thereagainst, from the suppliers. The Department accepted the facts and stated (March 2023) that penal action had been taken against such manufacturers, wherever found necessary. It was further stated that procurement of drugs as per provision of tenders/rules, would be ensured.

4.3.4 Procurement of medicines from a banned Company

JMHIDPCL intimated (December 2016) DIC, Health Services, that a purchase order (PO), for supply of 19 drugs, could not be issued to M/s. Jackson Laboratories Private Limited, Amritsar, as the Company had been banned by the Government of Uttar Pradesh. However, JMHIDPCL procured medicines worth ₹ 9.55 crore from the same Company during FYs 2018-19 to 2021-22. On this being pointed out, the MD, JMHIDPCL, stated that actually the Company had not been blacklisted, but the UP Government had issued instructions to its districts, to procure medicines from this Company, only after getting prior permission of the UP Government. The reply was contradictory to the earlier statement (December 2016) of JMHIDPCL itself, which stated that POs had not been issued to the same Company, as it was banned. The Department stated (March 2023) that the matter will be examined and reply furnished.

4.3.5 Availability of drugs and consumables in OTs, ICUs and Maternity IPDs

4.3.5.1 Availability of drugs in OTs

As prescribed in the NHM Assessor's Guidebook, 23 types of drugs should be available in OTs of DHs.

Audit noticed that not all the required drugs were available in the test-checked DHs, in any of the sampled months, as shown in **Table 4.5**.

Table 4.5: Availability of essential drugs in OTs

Name of District Hospital	No. of required essential drugs	No. of available essential drugs in the sampled month, in OTs					
		May-16	Aug-17	Nov-18	May-19	Aug-20	Nov-21
Dumka	23	7	12	10	12	12	14
Garhwa	23	4	4	4	4	4	4
Gumla	23	2	2	2	2	2	14 ¹²⁷
Saraikela Kharsawan	23	4	5	6	7	17	16
Simdega	23	12	12	11	12	15	16

Colour code: Red = Very Poor (availability $\leq 50\%$), Yellow = poor (availability $> 50\%$ but $\leq 80\%$)

It can be seen from **Table 4.5** that only two to 17 (9 to 74 per cent) drugs were available in the OTs of the test-checked DHs, against the prescribed 23 drugs.

Acute shortage of prescribed drugs, in the OTs of these DHs, would have had an adverse impact on providing surgical care to patients. The Department accepted the facts and stated (March 2023) that the Director-in-Chief (Health Services) has been instructed to take remedial action.

4.3.5.2 Availability of drugs and consumables in ICUs

The NHM Assessor's Guidebook prescribes the availability of 14 essential drugs and eight essential consumables in an ICU.

Audit observed that only five to eight drugs were available in the ICUs of DHs, Dumka and Gumla, during the sampled six months¹²⁸, against the required 14 drugs. Similarly, only three to six consumables were available, against the required eight consumables. The Department accepted the facts and stated (March 2023) that the Director-in-Chief (Health Services) has been instructed to take remedial action.

4.3.5.3 Availability of drugs in Maternity IPDs

To ascertain the availability of 21 essential drugs in maternity IPDs, as per the MNH Toolkit, Audit examined the data of six sampled months, during FYs 2016-17 to 2021-22, in the five test-checked DHs and noticed non-availability of essential drugs, as given in **Table 4.6**.

Table 4.6: Non-availability of essential drugs in maternity IPDs

DH	Number of essential drugs not available during					
	May 2016	August 2017	November 2018	May 2019	August 2020	November 2021
Dumka	11	8	11	10	7	13
Garhwa	12	13	11	10	12	12
Gumla	8	8	8	8	7	7
Saraikela Kharsawan	13	12	12	10	8	6
Simdega	10	9	9	9	5	4

(Source: Records of test-checked DHs)

Colour code: Red = Shortage $> 50\%$, Yellow = Shortage $\leq 50\%$

¹²⁷ Data pertains to October 2021

¹²⁸ May 2016, August 2017, November 2018, May 2019, August 2020 and November 2021

It can be seen from **Table 4.6** that there was shortage of drugs needed for maternity care, with the maternity IPDs of the test-checked DHs, in the sampled months. Vital drugs like Hydralazine¹²⁹ were not available, in the sampled months, in all the five test-checked DHs. Methyldopa¹³⁰ was also not available, in the sampled months, in three of the test-checked DHs¹³¹. Adrenaline, used in emergencies to treat very serious allergic reactions, for improving breathing, stimulating the heart, raising dropping blood pressure *etc.*, was also not found available, in any of the sampled months, in two DHs (Dumka and Garhwa). However, Adrenaline was available in all the sampled months at DH, Gumla, whereas, it was available in one sampled month (November 2021) at DH, Saraikela Kharsawan, and in two sampled months (August 2020 and November 2021) at DH, Simdega.

Non-availability of vital drugs, such as Hydralazine, Methyldopa and Adrenaline, compromised the ability of maternity IPDs to provide emergency and critical care.

4.3.5.4 Availability of consumables in Maternity

Scrutiny of records in the test-checked DHs revealed non-availability of 20 essential consumables, prescribed under the MNH Toolkit, in the sampled six months, during FYs 2016-17 to 2021-22, as given in **Table 4.7**.

Table 4.7: Non-availability of essential consumables

DH	Number of essential consumables not available during					
	May 2016	August 2017	November 2018	May 2019	August 2020	November 2021
Dumka	12	12	11	11	11	10
Garhwa	13	9	9	NA	9	NA
Gumla	6	6	6	6	4	4
Saraikela Kharsawan	8	6	7	8	6	6
Simdega	NA	NA	NA	12	5	5

(Source: Records of the test-checked DHs)

Colour code: Red = Shortage > 50%, Yellow = Shortage ≤ 50% and Blue = Not available (NA)

Audit noticed that, out of the required 20 essential consumables, non-availability of these items ranged between four to 13 items, in the five test-checked DHs. Further, Nasogastric tubes, required for delivery and other maternity services, were not available in four of the test-checked DHs (except DH, Gumla).

Details of non-availability of essential consumables, in the sampled months, are shown in **Table 4.8**.

¹²⁹ First-line treatment for acute hypertension in *pregnancy* and heart failure.

¹³⁰ Used to treat high blood pressure in *pregnancy*.

¹³¹ Dumka, Saraikela Kharsawan and Simdega.

Table 4.8: Non-availability of essential consumables in the sampled months

Essential consumables	DHs where essential consumables were not available in any of the sampled months
Draw sheets	Dumka, Garhwa and Gumla.
Identification tags	Dumka, Garhwa and Saraikela Kharsawan.
Thread for sutures	Dumka, Garhwa, Gumla and Simdega.
Baby wrapping sheets	Garhwa and Simdega.
Gown for woman in labour	Dumka, Garhwa and Simdega.
Chronic Catgut “0”	Dumka and Gumla.

(Source: Records of the test-checked DHs)

It can be seen from **Table 4.8** that essential consumables, required for delivery and other maternity services, were not available in the DHs. This adversely affected achievement of the objective of providing a clean and safe environment for the mother and the newborn.

4.4 Availability of Equipment

4.4.1 Availability of equipment in OTs

IPHS guidelines prescribe 21 types¹³² of equipment for OTs in DHs with bed-capacity of up to 200 beds and one additional equipment¹³³ for OTs in DHs having bed-capacity between 200-300 beds. Further, IPHS prescribes 13 types of equipment for OTs in CHCs.

Availability of equipment, in the five test-checked DHs and 13 CHCs, as of March 2022, is shown in **Table 4.9**.

Table 4.9: Availability of essential equipment in OTs

Test-checked DHs/ CHCs	Bed capacity	Status of essential equipment (In Nos.)		
		Required	Available	Percentage of non-availability
DHs (five)				
Dumka	300	22	08	64
Garhwa	100	21	07	67
Gumla	100	21	11	48
Saraikela Kharsawan	100	21	10	52
Simdega	100	21	09	57
CHCs (13)				
Govindpur	10	13	06	54
Jharia	10	13	07	46
Shikaripara	30	13	06	54
Saraiyahat	30	13	07	46
Jarmundi	30	13	NA	-
Bhawnathpur	06	13	04	69

¹³² Auto Clave HP Horizontal, Auto Clave HP Vertical (2 bin), Operation Table Hydraulic Major, Operation table Hydraulic Minor, Operating table non-hydraulic field type, Autoclave vertical single bin, Shadowless lamp ceiling type major, Shadowless lamp ceiling type minor, Shadowless lamp stand model, Focus lamp Ordinary, Sterilizer (Big instruments), Sterilizer (Medium instruments), Sterilizer (Small instruments), Bowl Sterilizer Big, Bowl Sterilizer Medium, Diathermy Machine (Electric Cautery), Suction Apparatus – Electrical, Suction Apparatus - Foot operated, Dehumidifier, Ultra violet lamp Philips model 4 feet and Microwave sterilizer.

¹³³ Operating table-Orthopaedics.

Test-checked DHs/ CHCs	Bed capacity	Status of essential equipment (In Nos.)		
		Required	Available	Percentage of non-availability
Manjhiaon	30	13	09	31
Bharno	30	13	06	54
Palkot	6	13	07	46
Raidih	30	13	07	46
Nimdih	30	13	11	15
Bolba	30	13	01	92
Jaldegga	6	13	00	100

(Source: Test-checked DHs/CHCs)

Colour code: Red = Very Poor (Shortage $\geq 40\%$), Yellow = Poor (Shortage $\geq 20\%$ but $< 40\%$), Green = Satisfactory (Shortage $< 20\%$)

It can be seen from **Table 4.9** that the shortages of OT equipment, in the five test-checked DHs, ranged between 48 to 67 *per cent*. The test-checked CHCs also had shortages of OT equipment, ranging between 15 and 100 *per cent*.

Shortages of equipment in OTs would have had an adverse impact on providing surgical care to patients in the DHs/CHCs. The Department accepted the facts and stated (March 2023) that the Director-in-Chief (Health Services) has been instructed to take remedial action.

4.4.2 Availability of ICU Equipment

As per the IPHS, each ICU bed is required to be equipped with six essential equipment, *viz.* High-end Monitor, Ventilator, O₂ therapy devices, Deep Vein Thrombosis prevention devices suction, Infusion pumps and pipeline of O₂ (suction/ compressed air). Further, common facilities, *viz.* Ultrasound for invasive procedures, one Defibrillator and one Arterial Blood Gas (ABG) analysis machine, were also required in each ICU.

Audit observed that the ICUs of DHs, Dumka and Gumla, did not have three¹³⁴ out of the required nine types of ICU equipment, as of March 2022 (**Appendix 4.6**).

In the 15-bedded ICU at DH, Dumka, only two Infusion Pumps and 13 High-end Monitors were available against the requirement of 15 (one for each bed). Further, out of 17 ventilators, 15 ventilators received during the COVID-19 period had not been put to use, due to the absence of anesthetist, physician and technician and were lying idle in the store, as shown in the **photographs 4.1** and **4.2** below.

¹³⁴ Arterial Blood Gas analysis machine, Deep Vein Thrombosis prevention devices suction and Ultrasound for invasive procedures.

Photograph 4.1



Photograph 4.2



Ventilators lying idle in the Store of DH, Dumka (29.08.2022)

4.4.3 Availability of ophthalmology equipment

IPHS, 2012, prescribes 24 types of equipment for ophthalmology services in DHs. Availability of equipment in the test-checked DHs is shown in **Table 4.10**.

Table 4.10: Availability of essential equipment in the Ophthalmology wings, as of March 2022

DH	Ophthalmology		
	Number of items of equipment available	Shortage (in per cent)	Equipment not available
Dumka	21	03 (13)	Cryo Surgery Unit with retina probe, Binomags and Punctum Dilator.
Garhwa	13	11 (46)	Cryo Surgery Unit with retina probe, Perimeter, Binomags, Distant Vision Charts, Near Vision Charts, Foreign Body spud and needle, Lacrimal cannula and probes, Lid retractors (Desmarres), Punctum Dilator, YAG Laser and Flash Autoclave.
Gumla	18	06 (25)	Cryo Surgery Unit with retina probe, Perimeter, Binomags, Distant Vision Charts, Lacrimal cannula and probes and Lid retractors (Desmarres)
Saraikela Kharsawan	12	12 (50)	Cryo Surgery Unit with retina probe, Perimeter, Binomags, Distant Vision Charts, Near Vision Charts, Foreign Body spud and needle, Lacrimal cannula and probes, Lid retractors (Desmarres), Punctum Dilator, IOL Operation set, YAG Laser and Auto Refractometer.
Simdega	18	06 (25)	Perimeter, Binomags, Colour Vision Chart, YAG Laser, Auto Refractometer and Flash Autoclave

(Source: Test-checked DHs)

Red= Very poor (Shortage $\geq 40\%$), Yellow= Poor (Shortage $> 20\%$ but $< 40\%$), Green = Satisfactory (Shortage $< 20\%$)

From **Table 4.10**, it can be seen that none of the test-checked DHs had all the equipment for Ophthalmology and the shortages ranged between 13 and 50 per cent. Further, the 'Ophthalmic Perimeter' in DH, Dumka, was non-functional, due to expiry of software, while one Ophthalmoscope was

non-functional in DH, Simdega. As against the required two IOL Operation sets, only one set each, was available in DHs, Garhwa and Gumla. The Department did not furnish replies to the audit observation.

4.4.4 Availability of radiological equipment

The Indian Public Health Standards (IPHS), 2012, prescribe 11 types of radiological equipment (**Table 4.11**) for DHs. Further, IPHS prescribes X-ray machine, Dental X-ray machine, Electrocardiogram machine (ECG) and Ultrasound machine (USG) for CHCs and ECG for PHCs.

Table 4.11: Requirement of radiological equipment in DHs

Sl. No.	Equipment	Number of items of equipment required, as per IPHS	Number of items of equipment, required as per IPHS
		101-200 Bedded	201-300 Bedded
1	500 milli Ampere (mA) X-ray machine	1 Desirable	1
2	300 mA X-ray machine	1	1
3	100 mA X-ray machine	1	1
4	60 mA X-ray machine (mobile)	1 Desirable	1
5	C arm with accessories	1 Desirable	1 Desirable
6	Dental X-ray machine	1	1
7	Color Doppler Ultrasound machine with 4 probes	1 + 1	2 + 1
8	Portable Ultrasound	-	1 Desirable
9	C.T. Scan Multi slice	1 Desirable	1 Desirable
10	Mammography Unit	1 Desirable	1 Desirable
11	Echocardiogram	1 Desirable	1 Desirable

The status of availability of radiological equipment, in the test-checked five DHs and 14 CHCs, as of March 2022, is given in **Table 4.12** and **Table 4.13**, respectively.

Table 4.12: Availability of radiological equipment in the test-checked DHs

Name of DHs	No. of sanctioned beds	Name of Radiological equipment										
		X-ray (in mA)				C arm with accessories	Dental X-ray	Color Doppler Ultrasound machines with 4 probes	Portable Ultrasound	CT Scan Multi Slice	Mammography Unit	Echo-cardiogram
		500	300	100	60							
Dumka	300	1	0	3	0	0	0	0	1	0	0	0
Garhwa	100	0	0	1	0	0	0	0	1	0	0	0
Gumla	100	1	0	0	0	1	1	0	1	0	0	0
Saraikeela Kharsawan	100	0	1	2	0	0	1	1	0	0	0	0
Simdega	100	1	0	1	0	0	1	0	0	0	0	0

(Source: Test-checked DHs)

Colour code: Green = Essential and available; Red = Essential but not available; Yellow = Desirable and available and Blue = Desirable but not available

Table 4.13: Availability of radiological equipment in the test-checked CHCs

Name of CHCs	District	Name of radiological equipment			
		X-ray	Dental X-ray	ECG	Ultrasound
Govindpur	Dhanbad	0	0	0	0
Jharia	Dhanbad	0	0	0	0
Jarmundi	Dumka	1	0	0	0
Saraiyahat	Dumka	0	0	0	0
Shikaripara	Dumka	1	0	0	0
Bhawnathpur	Garhwa	1	0	1	0
Manjhiaon	Garhwa	1	0	1	0
Bharno	Gumla	0	1	0	0
Palkot	Gumla	1	0	0	0
Raidih	Gumla	1	0	0	0
Chandil	Saraikela Kharsawan	1	1	1	0
Nimdih	Saraikela Kharsawan	1	0	1	0
Bolba	Simdega	0	0	0	0
Jaldega	Simdega	0	1	0	0

(Source: Test-Checked CHCs)

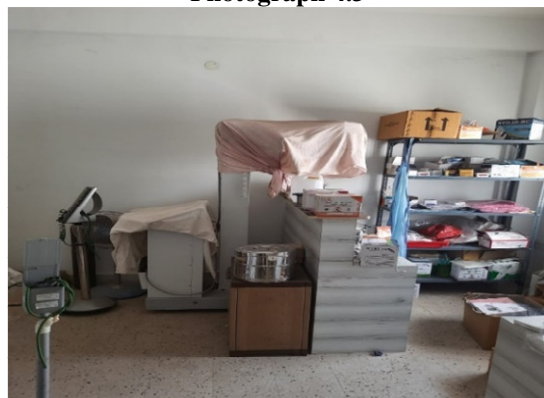
Colour code: Green = Essential and available; Red = Essential but not available and Blue = Desirable but not available

Audit noticed that:

- Out of the five test-checked DHs, only DH, Saraikela Kharsawan, had all the prescribed X-ray machines (100 mA and 300 mA). DH, Gumla, had an X-ray machine (500 mA) of higher radiation and penetration, against the required X-ray machines of 100 mA and 300 mA. As a result, the risk of patients being unnecessarily exposed to adverse effects of higher radiations could not be ruled out.
- X-ray machine of 100 mA was available in four DHs (except DH, Gumla). DH, Dumka, which had a bed capacity of 300, did not have the required 60 mA X-ray machine.
- X-ray machines were available in eight out of the 14 test-checked CHCs. However, X-ray machines had not been put to use in three CHCs¹³⁵, after their receipt (between December, 2011 and August, 2013), due to non-availability of radiographers. **Photograph 4.3, 4.4 and 4.5** of idle X-ray machines at CHCs are shown below:

¹³⁵ Gumla district: CHC, Palkot (December 2011) & CHC, Raidih (December 2011) and Garhwa district: CHC, Manjhiaon (August 2013)

Photograph 4.3



Idle X-ray machine in CHC, Raidih
(09.05.2022)

Photograph 4.4



Idle X-ray machine in CHC, Palkot
(11.05.2022)

Photograph 4.5



Idle X-ray machine in CHC, Manjhiaon (05.08.2022)

- IPHS envisages eight types of X-ray room accessories¹³⁶ in DHs and CHCs. However, only two to seven types of X-ray room accessories were available in the five test-checked DHs (**Appendix 4.7**). Dossimeter¹³⁷, an X-ray room accessory, used to measure radiation exposure, was not available in any of the test-checked DHs.
- Two to six types of X-ray room accessories were available in five¹³⁸ out of the eight test-checked CHCs where X-ray machines were available. However, Dark room timer¹³⁹ was not available in any of these CHCs (**Appendix 4.7**).
- Dental X-ray machines were available in three (Gumla, Saraikela Kharsawan and Simdega) out of the five test-checked DHs and in

¹³⁶ **For DHs:** X-ray developing tank, Safe light X-ray dark room, Cassettes X-ray, X-ray lobby single, X-ray lobby multiple, Lead apron, Intensifying screen X-ray and Dossimeter.

For CHCs: Apron lead ribber, Dark room accessories, Dark room timer, Film clips, Lead sheets, X-ray view box, X-ray protection screen and X-ray film processing tank.

¹³⁷ **Dossimeter:** measures exposure to ionising radiation over a given period.

¹³⁸ Jarmundi, Bhawnathpur, Manjhiaon, Chandil and Nimdih

¹³⁹ Used for the measurement and easy reading of time intervals during procedures performed in a darkroom (*i.e.* processing of X-ray sheets).

three (Bharno, Chandil and Jaldega) out of the 14 test-checked CHCs. Although dental X-ray machines were available in DH, Saraikela Kharsawan (since August 2020) and CHC, Jaldega¹⁴⁰, they were non-functional due to non-availability of dental X-ray film and dental chair, respectively. The non-functional dental X-ray machines are shown in the **photographs (4.6 and 4.7)** below:

Photograph 4.6



Idle Dental X-ray Machine in DH, Saraikela Kharsawan (20.04.2022)

Photograph 4.7



Idle Dental X-ray Machine in CHC, Jaldega (16.06.2022)

- Electrocardiogram machines (ECG), as required, were not available in 10 out of the 14 test-checked CHCs¹⁴¹ and all the 12 test-checked PHCs, as of March 2022. Though ECG machines had been available in four CHCs¹⁴² (since June 2011 to May 2012), they were lying idle, for want of technicians/defects in the ECG machine, as shown in the **photographs (4.8 and 4.9)** below:

Photograph 4.8



Idle ECG machine at CHC, Chandil (29.07.2022)

Photograph 4.9



Idle ECG machine at CHC, Nimdih (22.07.2022)

¹⁴⁰ Records of receipt of dental X-ray machine were not available on records.

¹⁴¹ Except CHCs, Bhawnathpur, Manjhiaon, Chandil and Nimdih.

¹⁴² CHC, Bhawnathpur (June 2011); CHC, Manjhiaon (2012-13); CHC, Chandil (March 2012) and CHC, Nimdih (May 2012).

- Ultrasound (USG) machines were available in four out of the five test-checked DHs (except DH, Simdega). Color Doppler USG was available only in DH, Saraikela Kharsawan, whereas the remaining three DHs (Dumka, Garhwa and Gumla) had portable USGs, instead of the required Color Doppler USGs. Audit further observed that the USGs, available at two DHs¹⁴³, were non-functional, due to non-availability of Radiologists.

Thus, access of patients to evidence-based treatment facilities and quality health care was limited in the test-checked DHs/CHCs/PHCs, due to non-availability of the required radiological equipment and skilled manpower. The Department accepted the facts and stated (March 2023) that funds for purchase of equipment, consumables *etc.* will be provided to strengthen the Radiology and Pathology services.

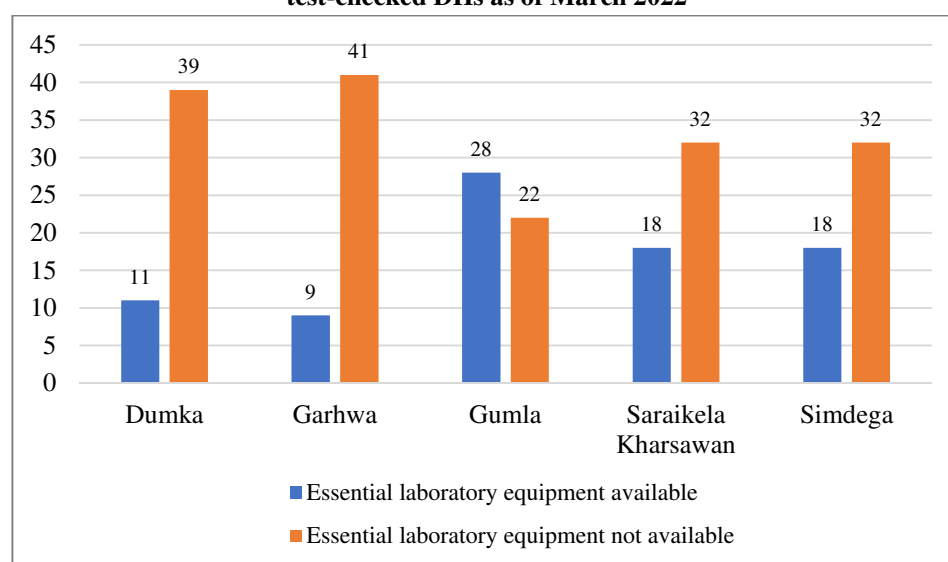
4.4.5 Availability of Laboratory equipment

IPHS prescribes availability of 50, 10 and seven types of essential laboratory equipment, for DHs, CHCs and PHCs, respectively.

Details of the availability of essential laboratory equipment, in the test-checked DHs/CHCs/PHCs, are given in **Appendix 4.8**. Audit observed that:

- Against the required 50 essential items of laboratory equipment, only nine to 28 items of equipment were available in the five test-checked DHs, as shown in **Chart 4.5** below:

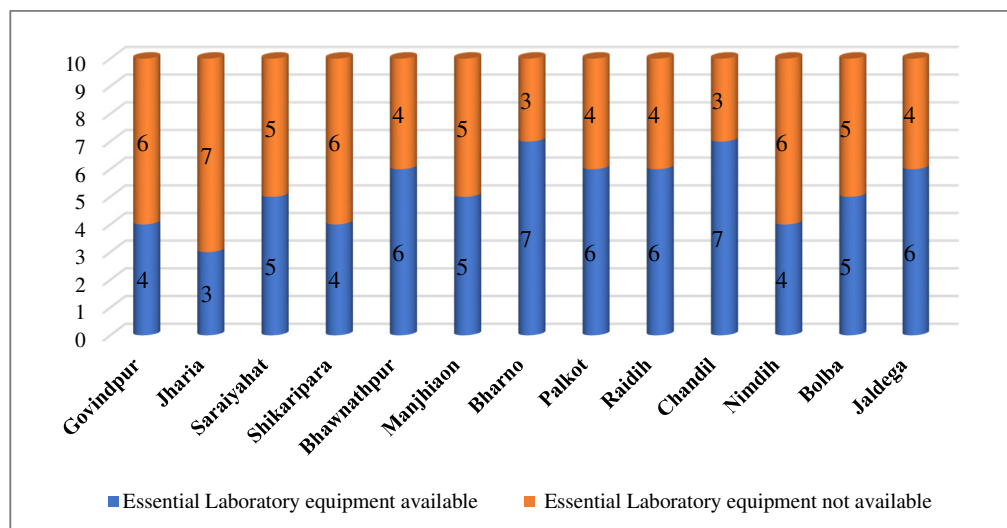
Chart 4.5: Availability/Non-availability of essential laboratory equipment in the test-checked DHs as of March 2022



¹⁴³ DH, Garhwa (Non-functional since May 2021) and DH, Gumla (Non-functional since September 2013).

- Three to seven items, out of 10 items of laboratory equipment, were available in 13¹⁴⁴ out of the 14 test-checked CHCs, as shown in **Chart 4.6**.

Chart 4.6: Availability/Non-availability of essential laboratory equipment in the test-checked CHCs as of March 2022



- In five¹⁴⁵ out of the 12 functional test-checked PHCs, where laboratory services were available, the full range of the prescribed laboratory equipment was available only in PHC, Kandi (Garhwa). In two PHCs¹⁴⁶, the availability of essential laboratory equipment ranged between one and three, whereas no laboratory equipment was available in two PHCs¹⁴⁷.

Thus, the full range of prescribed laboratory equipment was not available in the test-checked DHs/ CHCs/ PHCs. This resulted in depriving patients from availing evidence-based health care. The Department accepted the facts and stated (March 2023) that funds for purchase of equipment, consumables *etc.* will be provided to strengthen the Pathology services.

Details of shortages of these essential resources, in the five test-checked DHs, are discussed in the succeeding paragraphs.

4.4.6 Availability of equipment in Special Newborn Care Unit

As per IPHS, 14 types of essential equipment are required in 12-bedded SNCUs, for individual patient care. Details of the availability of equipment in SNCUs, in the five test-checked DHs, are given in **Table 4.14**.

¹⁴⁴ Details of CHC Jarmundi (Dumka district), were not made available.

¹⁴⁵ PHCs, Bhaga, Kandi, Arangi, Chowlibasa and Bansjore.

¹⁴⁶ PHCs, Chowlibasa and PHC, Bansjore.

¹⁴⁷ PHCs, Bhaga and Arangi.

Table 4.14: Availability of essential equipment in SNCUs as of March 2022

Sl. No.	Item	Required quantity	Dumka	Garhwa	Gumla	Saraikela Kharsawan	Simdega
1	Servo-controlled Radiant Warmer (1 for each bed +2)	14	15	12	12	12	12
2	Low-Reading Digital Thermometer	12	10	5	5	12	6
3	Neonatal Stethoscope (1 for each bed +2)	14	8	6	6	12	11
4	Neonatal Resuscitation Kit and Neonatal laryngoscope (1 for each bed +2)	14	6	4	6	0	2
5	Suction Machine	12	4	2	2	2	4
6	Oxygen Hood (unbreakable-neonatal/infant size)	12	5	0	0	12	0
7	Non-stretchable measuring tape	12	4	60	2	0	1
8	Infusion pump or syringe pump (1 for every 2 beds)	6	15	2	14	3	6
9	Pulse Oxymeter (1 for every 2 beds)	6	6	5	10	5	9
10	Double Outlet Oxygen Concentrator (1 for every 3 beds)	4	4	4	20	4	8
11	Double Sided Blue Light Phototherapy (1 for every 3 beds)	4	0	0	6	0	12
12	Generator (15 KVA)	1	1	1	1	1	0
13	CFL Phototherapy (1 for every 3 beds)	4	6	6	0	6	0
14	Horizontal Laminar Flow	1	0	0	0	0	0
Total		116	84	107	84	69	71

(Source: Test-checked DHs)

Colour code: Red = Availability < 50%, Yellow = Availability 50% to 75%, Green = Availability 76% to 100%

It can be seen from **Table 4.14** that the distribution of SNCU equipment, among DHs, was skewed, as some equipment was in excess of requirements, whereas the same equipment was short with other DHs. Further, Horizontal Laminar Flow was not available in any of the test-checked DHs and Double Sided Blue Light Phototherapy was not available in three out of the five test-checked DHs.

Further, as per IPHS, 11 types of general equipment and nine types of disinfection equipment, were also required in SNCUs. Audit noticed non-availability of four types of general equipment with DH, Dumka, eight with DH, Garhwa, three with DH, Gumla, 10 with DH, Saraikela Kharsawan, and six with DH, Simdega. Similarly, four to nine types of disinfection equipment were not available¹⁴⁸ in the five test-checked DHs.

Short/ non-availability of required equipment in SNCUs was one of the reasons behind newborns being referred either to higher healthcare facilities or leaving the hospital against medical advice, as shown in **Table 3.15**. The Department accepted the facts (March 2023).

¹⁴⁸ Non-availability of disinfection equipment in DHs- Dumka: five types, Garhwa: nine types, Gumla: five types, Saraikela Kharsawan: seven types and Simdega: four types.

4.4.7 Availability of Equipment in Maternity IPDs

According to IPHS, DHs are required to ensure the availability of 27 types of essential equipment, for examination and monitoring of patients under maternity, for DHs having up to 300 beds.

Audit observed that the test-checked DHs did not have adequate essential equipment, as of March 2022, as shown in **Table 4.15**.

Table 4.15: Equipment not available in DHs

DH	Number of equipment not available (percentage)	Name of equipment not available
Dumka	09 (33)	Baby Incubator, Phototherapy Unit, Forceps delivery kit, Craniotomy, Vacuum Extractor metal, Head Box for Oxygen, Haemoglobinometer, Glucometer and Public Address System.
Garhwa	16 (59)	Baby Incubator, Phototherapy Unit, Emergency resuscitation kit, New-born care equipment, Room Warmer, Cardio Tocography monitor, Episiotomy kit, Forceps delivery kit, Craniotomy, Vacuum Extractor metal, Silastic Vacuum Extractor, Cardiac Monitor baby & adult, Nebulizer baby, Weighing Machine infant, Head Box for Oxygen and Public Address System.
Gumla	7 (26)	Baby Incubator, New-born care equipment, Cardio Tocography monitor, Craniotomy, Vacuum Extractor Metal, Silastic vacuum extractor and Public address system.
Saraikela Kharsawan	15 (56)	Baby Incubator, Standard weighing scale, New-born Care equipment, Cardio Tocography Monitor, Craniotomy, Silastic vacuum extractor, Vacuum Extractor Metal, Pulse Oxymeter baby & adult, Cardiac monitor baby & adult, Nebulizer baby, Weighing machine infant, Head box for oxygen, Haemoglobinometer, Public Address System and wall clock.
Simdega	19 (70)	Baby Incubator, Standard weighing scale, New-born Care equipment, Double-Outlet Oxygen Concentrator, Cardio Tocography Monitor, Room warmer, Foetal Doppler, Delivery kit, Episiotomy kit, Forceps delivery kit, Craniotomy, Silastic Vacuum Extractor, Vacuum Extractor metal, Pulse Oxymeter baby & adult, Cardiac monitor baby & adult, Weighing machine adult, Head box for oxygen, Haemoglobinometer and Public Address System

Colour code: Red = Shortage > 50%, Yellow = Shortage ≤ 50%

It can be seen from **Table 4.15** that the test-checked DHs did not have essential items of equipment, with the shortage of these items of equipment ranging between seven and 19. Further, three out of the five test-checked DHs lacked more than 50 *per cent* of the essential equipment, with the shortage of essential equipment, in the test-checked DHs, ranging between 26 and 70 *per cent*.

4.4.8 Equipment lying idle

District Public Health Laboratory (DPHL) was to be established¹⁴⁹ in DH, Simdega, for strengthening of the laboratory of the DH.

¹⁴⁹ As per State Surveillance Officer, IDSP, Jharkhand, Ranchi, vide letter no. IDSP/DPHL/ 14-01-26 dated 12 March 2018.

Audit observed that a tender was invited (March 2018) for procurement of 17 items of laboratory equipment¹⁵⁰, by the Civil Surgeon-cum-Chief Medical Officer, Simdega. In response, five bids were received and the purchase committee approved (April 2018) rates for only three equipment¹⁵¹. A re-tender was floated (May 2018) for the remaining 14 items of equipment and their rates were approved¹⁵² in May 2018. Subsequently agreements were executed (between January 2019 and February 2019) between the selected bidders¹⁵³ and CS-cum-CMO, Simdega, for supply of the laboratory equipment. Ultimately, 11 items of laboratory equipment were supplied (between March and June 2019) to DH, Simdega. However, during joint physical verification (August 2022) of the Laboratory, Audit noticed that six items of equipment¹⁵⁴, valued at ₹ 15.89 lakh, were lying idle in the Laboratory/ Store, due to non-availability of Pathologist and Microbiologist. The Department did not furnish replies to the audit observation.

4.4.9 Availability of equipment in Medical Colleges

4.4.9.1 Shortage of medical equipment, department-wise, in Medical Colleges

Medical Colleges are required to maintain Department-wise medical equipment, as per the prescribed standard list of MCI/ NMC. The Department-wise availability of medical equipment, as of March 2022, against the prescribed norms of MCI/ NMC, is shown in **Table 4.16**.

¹⁵⁰ (1) Biological safety cabinet (2) Vertical Autoclave (3) Autoclave (Horizontal) for sterilization (4) BOD Biological incubator (5) Automated ELISA Micro Plate Washer (6) ELISA Reader (7) Adjustable Volume Single Channel Pipettes (8) Fine Analytical Balance (Weighing scale) (9) Vortex Mixture (10) Water Bath (11) -20 degree C vertical Deep Freezer (12) Hot Air Oven (13) Binocular Microscope (14) Needle Destroyer (15) Refrigerator (285 L) (16) Centrifuge and (17) Computer (Desktop/Laptop), Printer and Scanner.

¹⁵¹ Vertical Autoclave and Horizontal Autoclave for sterilization (in favour of M/s KK Pharmaceuticals, Jamshedpur) and Binocular Microscope ((in favour of M/s Radical Scientific Equipment Private Limited, Ambala Cantt, Haryana)

¹⁵² In favour of M/s. Matrix Eco Solution Private Limited, New Delhi and M/s. K Pharmaceuticals, Jamshedpur.

¹⁵³ M/s Matrix Eco Solution Private Limited, New Delhi and M/s K Pharmaceuticals, Jamshedpur. Records of agreement executed with bidder M/s Radical Instruments Corporation, Chennai was not available on records furnished to Audit.

¹⁵⁴ Biological Safety Cabinet, Hot Air Oven, Vertical Autoclave, Automated ELISA Micro Plate Washer, ELISA Reader and -20 degree C Vertical Deep Freezer.

Table 4.16: Department-wise availability of medical equipment

Sl. No.	Department	No of items (prescribed by MCI) for 100 seats	PJMCH, Dumka		SNMMCH, Dhanbad		RIMS, Ranchi		
			No. of items available	Shortage (Number/ per cent)	No. of items available	Shortage (Number/ per cent)	No of items (prescribed by MCI) for 150 seats	No. of items available	Shortage (Number/ per cent)
1	Anatomy	35	23	12 (34)	34	01 (3)	38	36	2(5)
2	Anaesthesiology	13	RNA*	RNA	9	04(31)	51	27	24(47)
3	Biochemistry	39	33	6(15)	18	21 (54)	32	15	17(53)
4	ENT	124	RNA	RNA	69	55 (44)	128	99	29(23)
5	Medicine	54	03	51 (94)	19	35(65)	53	18	35 (66)
6	Microbiology	45	21	24 (53)	28	17 (38)	52	38	14 (27)
7	Obstetrics and Gynaecology	98	RNA	RNA	35	63 (64)	100	73	27(27)
8	Ophthalmology	40	17	23 (58)	32	08 (20)	40	25	15 (38)
9	Pathology	85	49	36(42)	57	28 (33)	98	46	52(53)
10	Pharmacology	139	79	60 (43)	41	98 (71)	14	07	07(50)
11	Physiology	70	32	38 (54)	64	06(09)	85	18	67 (79)
12	Surgery	51	13	38 (75)	18	33 (65)	42	25	17(40)
13	Forensic Medicine and Toxicology (FMT)	45	27	18 (40)	21	24 (53)	78	40	38(48)
14	Paediatrics	57	06	51 (89)	RNA	RNA	49	09	40(81)
15	Dermatology, Venereology and Leprosy	06	RNA	RNA	02	04(67)	08	03	05(63)
16	Community Medicine	29	RNA	RNA	29	00	76	16	60 (79)
17	Psychiatry	12	01	11(92)	00	12 (100)	13	00	13(100)
18	Orthopedics	10	01	09 (90)	04	06 (60)	25	16	09 (36)

*RNA: Records not available

(Source: Data/information provided by the test-checked units)

Colour code: Red denotes most shortages, green denotes least shortages and yellow denotes moderate shortages.

It can be seen from **Table 4.16** that shortages of medical equipment in PJMCH, Dumka, ranged between 15 and 94 *per cent*, whereas, in SNMMCH, Dhanbad, they ranged between three and 100 *per cent*, except in the Community Medicine Department. In RIMS, Ranchi, the shortages ranged between five and 100 *per cent*.

Despite the huge shortage of equipment, PJMCH, Dumka, surrendered ₹ 1.25 crore, during FYs 2020-21 to 2021-22 and SNMMCH, Dhanbad, surrendered ₹ 23.19 crore, during FYs 2016-17 to 2021-22 (which had been allotted for procurement of machine and equipment). Such shortages affected the practical training and education of medical students, as well as service delivery by the teaching hospitals. The Department accepted the

facts and stated (March 2023) that action for purchase of medical equipment will be taken.

4.4.9.2 Non-condemnation of medical equipment

The State Government had engaged (June 2017) an agency for carrying out annual maintenance of medical equipment, not covered under the Annual Maintenance Contracts (AMCs)/ Comprehensive Maintenance Contracts (CMCs), in all healthcare facilities in the State, for a period of five years.

Audit noticed that the agency had tagged 1,247 medical equipment in SNMMCH, Dhanbad and 206 medical equipment in PJMCH, Dumka. Out of these, the agency had proposed condemnation of 317 (25 *per cent*) items of equipment of SNMMCH, Dhanbad (between September 2017 and February 2022), valued at ₹ 3.40 crore, and 24 (12 *per cent*) items of equipment of PJMCH, Dumka (between November 2017 and February 2022), valued at ₹ 50.96 lakh.

Further, test-check of the Service Reports¹⁵⁵ of the agency's engineers revealed that the items of medical equipment had been proposed for condemnation, as they were stated to be Beyond Economic Repair (BER). However, these items of equipment had not been condemned by the MCHs, as of July 2022.

Thus, replenishment of these urgently required machines and equipment had not been carried out. This situation is bound to further worsen the inventory position, as there was already a significant shortage of medical equipment.

Non-condemnation of medical equipment would not only inflate the inventory of functional machines and equipment but is also likely to compromise the quality of healthcare services, if these items of equipment are allowed to be used. The Department did not furnish replies to the audit observation.

4.5 Procurement of dental equipment

The State Nodal Officer (SNO), State Non-Communicable Diseases (NCD) Cell and DIC, submitted (March 2017 and March 2018) indents to JMHDPCCL, for procurement of 10 types¹⁵⁶ of dental equipment (3,080 Nos.), for setting up Dental Clinics under the National Oral Health

¹⁵⁵ SNMMCH, Dhanbad: 25 reports, pertaining to the period between May 2021 and March 2022 and PJMCH, Dumka: eight reports, pertaining to the period between February 2021 and May 2022.

¹⁵⁶ Electronic Dental chair with adequate accessories, Autoclave (Electronic), Instrument for manual cleaning of teeth, Ultrasonic scalar & Polishing kit, dental X-ray unit with developer, Light cure gun, Extraction forceps, Restorative (filling) instrument, Impression trays for RPDs and CDs and Root canal instrument set (Manual).

Programme (NOHP). JMHPCL invited (August 2018) a tender for supply, testing, demonstration, installation and commissioning of these items of dental equipment.

However, bids were finalised in respect of six¹⁵⁷ types of equipment and POs were issued (September 2019 and June 2020) to the two lowest bidders. Tender was again invited (July 2019) for the remaining four types of equipment. However, bids were finalised only for the Dental chairs, as single bids had been received for the other three equipment. The PO, for supply of 108 Dental chairs, was issued (June 2020) to the lowest bidder.

Thus, JMHPCL had taken more than four to five years to finalise the procurement of the indented dental equipment and had been able to procure only seven out of 10 types of equipment needed for setting up the Dental Clinics (as of March 2022). The Department accepted (March 2023) the audit observation.

Recommendation: State Government may ensure availability of drugs, medicines, equipment and other consumables in healthcare facilities as per norms.

4.6 Quality Assurance

As per the Jharkhand State Drug Policy (JSDP), 2004, the State was to ensure quality control of medicines, through testing, at selected Government or Private laboratories. Further, Good Manufacturing Practices¹⁵⁸ (GMP) was to be promoted and inspections of the manufacturing units were to be conducted. Further, as per the Operational Guidelines relating to the Free Drugs Service Initiative, issued by GoI, drugs received in district warehouses were to be quarantined in a clearly demarcated and segregated quarantine area and the boxes were to be numbered. Thereafter, the samples required for testing were to be drawn randomly from selected cartons, containers and packings, from the supplies of each batch. These were then to be sent to the Quality Control Wing of the Central Procurement Body (JMHPCL) at the State level.

In the Quality Control Wing, samples received were to be sorted, common batch number drugs were to be mixed and sample was to be drawn from the pooled quantity. Label details, viz. Manufacturer's name, manufacturing license number, logo or monogram of the Company, were to be concealed by indelible ink, coded with a secret number and sent to

¹⁵⁷ Dental Instrument set, intra-oral dental X-ray machine with developer, extraction forceps, restorative (filling) instruments, impression trays and root canal instrument set.

¹⁵⁸ GMPs are practices that provide minimum requirements that manufacturers must meet, to assure that their products are consistently high in quality, from batch to batch, for their intended use.

one of the National Accreditation Board of Laboratory (NABL) accredited empanelled laboratories, for analysis.

After receipt of test reports from the empanelled laboratories, the batches which had 'passed' the test would get a 'Release' confirmation through the IT system or, where such specific IT systems were not available, the concerned Warehouse-in-Charges would be informed, through email, to shift the stocks of such batches, from the quarantine area, to the distribution area, for release. All failed batches were to be rejected and such stocks returned to the concerned suppliers.

Audit observed shortcomings in the quality assurance of medicines, as discussed in the succeeding paragraph.

4.6.1 Distribution of drugs without confirming their quality

Audit noticed that JMHDPCL had been maintaining drugs quality status reports, in the e-*Aushadhi* portal, since June 2021. Scrutiny of data of e-*Aushadhi* revealed that three medicines¹⁵⁹ had been supplied (between 30 April 2021 and 28 July 2021) to two District Warehouses (Godda and Sahibganj) and the Central Warehouse, against purchase orders issued (between 22 February 2021 and 3 June 2021) by JMHDPCL. JMHDPCL had sent (between 29 June 2021 and 29 July 2021) samples of these medicines to two¹⁶⁰ laboratories, for quality testing. The quality test reports were received between 16 July 2021 and 19 August 2021. However, both the District Warehouses had already issued (between 1 June 2021 and 7 August 2021) 20.95 lakh tablets, out of 24.36 lakh tablets, to 10 CHCs, prior to receipt of the quality test reports (*Appendix 4.9*).

Further, the Central Warehouse had also issued (28 July 2021) 11,200 units of the Iron Folic Acid syrup, to the District Warehouse, Koderma, prior to receipt (19 August 2021) of the quality test reports. Subsequently, the District Warehouse had also issued (29 July 2021) 600 units of the syrup, to CHC, Jainagar, without confirming its quality (*Appendix 4.9*).

Thus, the warehouses had issued medicines to CHCs, without confirming their quality. The Department stated (March 2023) that the matter will be examined.

4.6.2 Distribution of Sub-standard drugs

As per the JSDP, the GoJ is to ensure accessibility of safe, effective and good quality essential medicines, to the people of the State. Audit, however, observed that sub-standard drugs had been distributed in

¹⁵⁹ Iron plus Folic Acid Blue tablet (60 mg + 500 mcg), Albendazole tablet 400 mg and Iron plus Folic Acid 20mg Ferrous Iron plus 0.1 mg Folic Acid Syrup 50ml.

¹⁶⁰ ITL Labs Pvt. Ltd. and Shree Sai Test House Pvt. Ltd.

healthcare facilities in the test-checked districts, viz. one MCH¹⁶¹, three DHs¹⁶² and eight CHCs¹⁶³, as discussed below:

- The Superintendent, PJMCH, Dumka, had purchased (June 2021) 10,000 tablets of Arripan 40 mg (Pantaprazole Gastro-Resistant tablets) bearing Batch No. AT-201095. A sample of the tablet was sent (August 2021) to the Regional Drug Testing Laboratory (RDTL), Guwahati, by the Drug Inspector, Dumka. The sample was reported (January 2022) as being ‘not of standard quality’ by the laboratory. However, prior to receipt of the report, the entire quantity had been distributed (between June 2021 and October 2021) to OPD patients.
- Audit noticed that JMHIDPCL had procured (May 2021) 24.52 lakh tablets of Telmisartan 40 mg, bearing Batch No: TETY-01, valued at ₹ 15.45 lakh. Of these, 23.23 lakh tablets had been issued (between July 2021 and December 2021) to 23 District Warehouses (except Pakur). The Drug Inspectors (DIs), Bokaro I and Bokaro II, sent (October 2021) three samples of the same medicine to the Regional Drug Testing Laboratory (RDTL), Guwahati, for testing. RDTL found (December 2021 and February 2022) all samples “not of standard quality” and communicated (February 2022) the results to the State Drug Controller, Jharkhand, and DI, Bokaro I. Subsequently, the State Drug Control Directorate (SDCD) communicated (February 2022 and March 2022) the results to all Drug Inspectors, with copies to NHM, JMHIDPCL and all Joint/ Deputy/ Assistant Directors (Drugs), through “Alert Notice”, with instructions to seize the stocks of the medicine, for further examination.

It was further seen that the District Warehouses of the six test-checked districts had received (between July and November 2021) 1,41,000 tablets of the same medicine and, out of these, 1,39,500 tablets had been issued to healthcare facilities, either prior to or after getting the test results, as detailed in **Table 4.17**.

¹⁶¹ PJMCH, Dumka.

¹⁶² DH, Garhwa, DH, Saraikela Kharsawan and DH, Simdega.

¹⁶³ CHC, Govindpur, CHC, Saraiyahat, CHC, Manjhiaon, CHC, Bhawnathpur, CHC, Chandil, CHC, Nimdih, CHC, Bolba and CHC, Jaldega.

Table 4.17: Details of sub-standard Telmisartan 40 mg tablets issued to the test-checked districts

Name of Warehouse	Quantity received	Date of receipt	Quantity issued	Date of issue	Issued to	Remarks
Dhanbad	24,000	24.07.2021	24,000	From 08.09.2021 to 23.04.2022	One DH & eight CHCs	CHC, Govindpur (test-checked CHC) received (14 September 2021) 2,500 tablets and issued (between 5 July 2022 and 20 July 2022) 1,300 tablets in OPD and 1,200 tablets to HSCs, on 25 July 2022.
Dumka	2,000	30.07.2021	2,000	28.10.2021	One CHC	CHC, Saraiyahat (test-checked CHC) issued 300 tablets in OPD and 1,700 tablets to HSCs, between October and November 2021.
Gumla	2,000	27.07.2021	500	01.09.2021	One Urban PHC	The remaining 1,500 quantities were kept in warehouse.
Garhwa	8,000	25.11.2021	8,000	From 29.11.2021 to 18.02.2022	One DH & seven CHCs	DH, Garhwa (test-checked DH) received 1,000 tablets (21 December 2021) and all the tablets were issued in the hospital OPD, on the same date. CHC, Manjhiaon (test-checked CHC) received 1,000 tablets (30 November 2021), out of which 500 tablets were issued in OPD (05 December 2021) and the remaining 500 tablets were issued to one PHC, on the same date. CHC, Bhawnathpur (test-checked CHC) received 2,000 tablets (between 01 December 2021 and 18 February 2022) and all the tablets were issued to HSCs, between 30 December 2021 and 03 March 2022.
Saraikela Kharsawan	93,000	04.08.2021	93,000	21.08.2021	One DH, eight CHCs & one PHC	DH, Saraikela Kharsawan (test-checked DH) issued (between September 2021 and March 2022), 2,900 tablets to the hospital OPD and IPD. CHC, Chandil (test-checked CHC) issued 12,000 tablets in OPD (August 2021).
Simdega	12,000	29.07.2021	12,000	From 01.09.2021 to 24.09.2021	One DH & seven CHCs	DH, Simdega (test-checked DH) received 2000 tablets (06 September 2021) and all tablets were issued to the Hospital OPD, between 05 October 2021 and 12 February 2022. CHC, Bolba (test-checked CHC) received 1,000 tablets (07 September 2021) and all the tablets were issued to HSCs, between 10 September 2021 and 19 September 2021. CHC, Jaldega (test-checked CHC) received 1000 tablets (06 September 2021), out of which 200 tables were issued to the OPD on 09 September 2021, while the remaining 800 tablets were issued to PHCs and HSCs on the same date.
Total	1,41,000		1,39,500			

(Source: data provided by the test-checked units)

- Audit noticed that JMHDPCCL had procured (October 2020) 13.76 lakh Zinc Sulphate Dispersible Tablet 20 mg bearing Batch No: RVT-2072, valued at ₹ 1.65 lakh, which were issued (between

November 2020 and February 2021) to 11 District Warehouses¹⁶⁴. The Drug Inspectors (DIs), Ranchi VII and Bokaro III, sent (15 January 2021 and 20 July 2021) samples of this medicine to the State Drug Testing Laboratory (SDTL), Jharkhand, Ranchi, for testing. SDTL found (09 February 2021 and 31 August 2021) the samples “not of standard quality”. The result was communicated by the DI, Ranchi VII (23 February 2021), to JMHIDPCL, with copies to the State Drug Control Directorate (SDCD), all Civil Surgeons & all DIs, with instructions to stop the distribution of stock immediately and to take necessary action for “Product Recall”. SDCD also directed (September 2021) all DIs to take necessary action.

It was further seen that the District Warehouses, of three out of the six test-checked districts, had received (between December 2020 and February 2021) 2,72,000 tablets of the medicine and, out of these, 2,46,400 tablets had been issued to healthcare facilities, either prior to or after getting the test results, as detailed in **Table 4.18**.

Table 4.18: Details of substandard Zinc Sulphate Dispersible Tablet 20 mg tablets, issued to the test-checked districts

Name of Warehouse	Quantity received	Date of receipt	Quantity issued	Date of issue	Issued to	Remarks
Dhanbad	32,000	04.12.2020	6,400	From 24.02.21 to 09.03.2021	Two CHCs	CHC, Govindpur (test-checked CHC) received (9 March 2021) 3,200 tablets and issued (16 September 2021) 900 tablets in OPD. It also issued 2,300 tablets to HSCs, between November 2021 and February 2022.
Garhwa	1,60,000	07.01.2021	1,60,000	12.01.2021 to 16.04.2021	One DH, one SDH & six CHCs	Issued 1,44,000 tablets prior, to receipt of the test report.
Saraikela Kharsawan	80,000	03.02.2021	80,000	11.02.2021	One DH and eight CHCs	DH, Saraikela Kharsawan (test-checked DH) received 2,000 tablets (11 February 2021) and issued them in the hospital OPD on the same date. CHC, Chandil (test-checked CHC) received (11 February 2021) 13,000 tablets and issued 1,800 tablets in the OPD, on 22 February 2021. The remaining 11,200 tablets were issued to PHCs and HSCs on same date. CHC, Nimdih (test-checked CHC) received 13,000 tablets (11 February 2021) and issued 2,000 tablets in OPD, on 24 February 2021. The remaining 11,000 tablets were issued to HSCs, between 20 March 2021 and 26 February 2022.
	2,72,000		2,46,400			

(Source: Data provided by the test-checked units and e-Aushadhi)

¹⁶⁴ Bokaro, Chatra, Deoghar, Dhanbad, East Singhbhum, Garhwa, Godda, Palamu, Ramgarh, Ranchi and Saraikela Kharsawan.

- The District Warehouse, Dhanbad, received (27 January 2021) three Homeopathic medicines¹⁶⁵ from JMHIDPCL which were reported (March 2021) as “not of standard quality” by the Pharmacopoeia Commission for Indian Medicine & Homeopathy, Ministry of AYUSH, GoI, to the DI, Ranchi VII. DI, Ranchi VII, communicated the test results to JMHIDPCL, with instructions to stop distribution of the stock immediately and to take necessary action for “Product Recall”, with a copy of this information to SDCD, Ranchi, and all DIs in Jharkhand, in May 2021. Further, Director AYUSH, Jharkhand, instructed (August 2021) all District AYUSH Medical Officers, to distribute all other Homeopathic medicines, except these three medicines. These medicines were issued (March 2021) to the District AYUSH Dispensary, Dhanbad and subsequently issued (from March to July 2021) to three CHCs¹⁶⁶, two PHCs¹⁶⁷ and the Government Homeopathic Dispensary, Mahubani.

Thus, sub-standard medicines were issued to healthcare facilities or distributed to patients, either prior to getting the quality test reports or even after confirmation of the medicines being sub-standard. The Department stated (March 2023) that the matter will be examined.

4.7 Store Management

The Jharkhand State Drug Policy, 2004, prescribes that an appropriate system of storage and stock management is necessary for safe and adequate stocking of drugs. The Drugs and Cosmetic Rules, 1945, stipulates parameters for the storage of drugs in stores, to maintain the efficacy of the procured drugs, before they are issued to patients.

During test-check of 18 healthcare facilities¹⁶⁸ (12 CHCs, four DHs and two MCHs) and the Central warehouse of JMHIDPCL, Audit observed deficiencies in adhering to the prescribed norms and parameters in storage of drugs, as summarised in **Table 4.19**.

¹⁶⁵ (1) Natrum Muruticum 6X tablet 450 gm: 48 packets (Batch No. BC200801), (2) Natrum Sulphuricum 6X tablet 450 gm: 48 packets (Batch No. BC200901) and (3) Silicea 6X tablet 450 gm: 48 packets (Batch No. BC201201).

¹⁶⁶ CHC, Baghmara, CHC, Kenduadih and CHC, Nagarkiyari

¹⁶⁷ PHC, Sindri and PHC, Gomo

¹⁶⁸ (1) SNMMCH, Dhanbad (2) PJMCH, Dumka (3) DH, Garhwa (4) DH, Gumla (5) DH, Saraiela Kharsawan (6) DH, Simdega (7) CHC, Jharia (8) CHC, Govindpur (9) CHC, Jarmundi (10) CHC, Saraiyahat (11) CHC, Shikaripara (12) CHC, Bharno (13) CHC, Palkot (14) CHC, Raidih (15) CHC, Chandil (16) CHC, Nimdih (17) CHC, Bolba and 18. CHC, Jaldega.

Table 4.19: Deficiencies noticed in the storage of drugs in stores as of March 2022

Sl. No.	Parameters	No. of test-checked healthcare facilities with deficiencies	Probable impact of deficiencies
1	Air-conditioned pharmacy	18	Loss of efficacy and shelf life of drugs
2	Labelled shelves/racks	08	High turnover time in the disbursement of drugs
3	Storage away from water and heat	02	Loss of efficacy and shelf life of drugs
4	Drugs stored above the floor	07	Loss of efficacy and shelf life of drugs
5	Drugs stored away from walls	07	Loss of efficacy and shelf life of drugs
6	24-hour temperature recording of cold storage area	06	Loss of efficacy and shelf life of drugs
7	Display instructions for storage of vaccines	08	High turnover time in the disbursement of vaccine
8	Functional temperature monitoring device in freezers	05	Loss of efficacy and shelf life of drugs
9	Maintenance of temperature chart of deep freezers	04	Loss of efficacy and shelf life of drugs
10	Drugs kept under lock and key	02	Risk of theft of drugs and equipment
11	Poison kept in a locked cupboard	07	Risk for unauthorised access to poisonous drugs
12	Expired drugs stored separately	06	Risk for disbursement of expired drugs

(Source: Data provided by the test-checked units)

It can be seen from **Table 4.19** that the test-checked healthcare facilities were not fully adhering to the norms for storage of drugs, which are directly linked with loss of efficacy, shelf life and safety of drugs as can be seen in **photographs 4.10 to 4.16**.

Photograph 4.10**Photograph 4.11**

Drugs kept on the floor, not in labeled racks and near a damp wall in the District Warehouse (DWH), Dhanbad (14.07.2022)

Photograph 4.12



Drugs kept near toilet, in CHC, Chandil, Saraikela Kharsawan (30.07.2022)

Photograph 4.13



Drugs kept on the floor, not in labeled racks and near a wall, in CHC, Jharia, Dhanbad (23.08.2022)

Photograph 4.14



Drugs kept on the floor, not segregated name & batch-wise, near a wall and not away from water & heat, in the Central Warehouse of JMHIDPCL, Ranchi (04.11.2022)

Photograph 4.15



Drugs kept on the floor and near a wall, in CHC, Raidih, Gumla (09.05.2022)

Photograph 4.16



Drugs kept in the passage near the store of CHC, Jarmundi, Dumka (29.08.2022)

Recommendation: *State Government may ensure storage of drugs in proper condition, as prescribed in the Drugs and Cosmetics Rules, 1945, to maintain their efficacy, shelf life and safety.*

4.7.1 Maintenance of Stock registers and physical verification of stores

As per the Standard Operating Procedures issued by the Department, regarding storage of medicines and equipment in the Warehouse, Stock Registers should contain the dates of receipt, order numbers and dates, names of the suppliers, challan numbers and dates, batch numbers, dates of manufacture and dates of expiry. Further, as per Rules 143 and 144 of the Jharkhand Financial Rules, physical verification of all stores should be carried out at least once every year and a certificate in this regard should be recorded.

Audit observed that:

- The Warehouses (Malaria Warehouse and Warehouse No. 2) of JMHPCL had not maintained Stock Registers from FY 2016-17 to FY 2021-22. Several instructions for maintaining the stock registers had been issued (between August 2020 and February 2022) to both the Store Keepers, by MD, JMHPCL and the Cell-in-Charge (Logistic and Quality Control) of JMHPCL, but it had still not been maintained (as of March 2022). Further, JMHPCL had not initiated any action against the Store Keepers. The annual physical verification of both the warehouses of JMHPCL, was also not conducted by the authorities of JMHPCL during FYs 2016-17 to 2021-22, except once in July 2020 (on the basis of the balance available on the e-Aushadhi portal), in which the following irregularities were noticed.
 - In Warehouse No. 2, some drugs had not been kept batch-wise. Hence, the actual balance of the drugs (batch-wise) could not be ascertained.
 - In Warehouse No. 2, 10.07 lakh Metronidazole Tablets IP 200 mg were available, but had not been entered in the e-aushadhi portal (*Appendix 4.10-A*).
 - The quantities of 12 drugs were found to be in excess by 42.76 lakh units, whereas eight medicines were found short by 21.32 lakh units, as compared to the quantity available on the e-Aushadhi portal (*Appendices 4.10-B & 4.10-C*).
- Audit observed that, out of the six test-checked District Warehouses (DWH), three DWHs¹⁶⁹ had conducted annual physical verification. In DWH, Garhwa, and Simdega, verification had been conducted (January 2021 and January 2022, respectively) only once, during FY 2016-17 to 2021-22. In DWH, Garhwa, the stock register was not found updated and contained over-writing, without bearing the initials of the concerned authority. The stocking of medicines was also not

¹⁶⁹ Dumka, Garhwa and Simdega.

appropriate and expired medicines, not stocked out, were also found. Further, in DWH, Dumka, though annual physical verification had been conducted every year, the physical verification reports were not made available to Audit. None of the remaining test-checked three MCHs, five DHs, 14 CHCs and 13 PHCs, had conducted physical verification of stores/warehouses during FYs 2016-17 to 2021-22. The Department accepted the facts and stated (March 2023) that instructions have been issued for maintenance of stock registers.

4.7.2 Supply and distribution

The Jharkhand State Drug Policy 2004, stipulated the establishment of an efficient system of supply and distribution. Till such time that the Central and Regional Warehouses, for storage of the supplies received and their distribution to the MCHs and districts, were constructed, warehouses at the district/peripheral healthcare facilities were to be constructed/renovated, to provide adequate space for stocking the drugs.

Audit observed that, as of March 2022, there were two Central Warehouses with JMHPCL, at the State level, and 24 District Warehouses at the district level. There was no Regional Warehouse in the State. The MCHs and District Warehouses were receiving medicines from Central Warehouses and directly from suppliers, against the purchase orders issued by JMHPCL.

Audit scrutiny revealed that DWHs, Godda and Jamtara, had made complaints to JMHPCL regarding the supply of drugs being lesser, as compared to the quantities mentioned in the issue vouchers, as also in regard to supply of termite affected drugs, as under:

- DWH, Godda had received (February 2021) 32 types of drugs, supplied (February 2021) by JMHPCL. There was short supply of 8,732 units¹⁷⁰ in regard to 05 types of drugs, as only 94,826 units were found to have been supplied against the reported supply (February 2021) of 1,03,558 units.
- DWH, Jamtara, received (February 2021) 35 types of drugs, supplied (February 2021) by the JMHPCL. Out of these, two¹⁷¹ types of drugs were found less by 400 units and 240 units of one drug (Ampicillin Powder for Injection 1g with diluent) had been supplied without diluent. Further, JMHPCL had supplied (January 2021) 6,500 Cefixime Oral Suspension IP 100 mg/5ml 30 ml pH, bearing Batch No. DS-22269. Of these, 100 were termite-affected and, hence,

¹⁷⁰ (1) Acetazolamide tablet 250 mg: 2,900 (2) Ceftazidime powder for injection 250 mg: 432 (3) Clonazepam tablet 0.25 mg: 50 (4) Omeprazole capsule 20 mg: 4600 and (5) Tranexamic Acid injection 100 mg/ml in 5 ml ampule: 750.

¹⁷¹ Ascorbic Acid tablet 100 mg: 100 and Riboflavin tablets 5 mg: 300.

had been returned to JMHPCL through the same transport. The same was, however, not rectified on the e-Aushadhi portal, by JMHPCL.

JMHPCL also constituted (March 2021) a three-member Committee to examine the issue of short supply. The Committee was to submit its findings within seven days. However, the findings or action taken, if any, were not furnished to Audit. The Department did not furnish replies to the audit observation.

4.8 Buffer Stock Management of COVID-19 drugs

4.8.1 Availability of Buffer Stock of COVID-19 drugs at the State level

As per the ECRP-II Guidance Note, State Governments need to maintain buffer stocks of drugs, in order to ensure continuous supply of drugs for treatment of COVID-19, as well as drugs required for management of the sequel to COVID-19, such as Mucormycosis and Multisystem Inflammatory Syndrome in Children (MIS-C), during any future surge.

Based on the guidelines issued (June 2021) by GoI, for Buffer Stock Management of COVID-19 Drugs, the State Government assessed (August 2021) its requirement of buffer stock of drugs. As per the assessment, so made, buffer stocks of eight¹⁷² drugs were to be maintained, with the objective of expanding and enhancing capabilities for responding to any unforeseen emerging situations; ensuring continuous supplies and guarding against high-cost procurement. Details of assessment, availability and shortage of these drugs, as of August 2021, are given in **Table 4.20**.

Table 4.20: Availability of drugs required for buffer stocks in the State, as on August 2021

Sl. No.	Name of drugs (Injection)	Quantity required	Quantity required for buffer stock	Total quantity required	Available in stock	Shortage of stock (per cent)
1	Enoxaparin 40 mg	79,911	7,991	87,902	22,254	65,648 (75)
2	Methyl Prednisolone 40mg/ml	79,911	7,991	87,902	37,028	50,874 (58)
3	Dexamethasone 4mg/ml	79,911	7,991	87,902	1,77,477	-89,575
4	Remdesivir 100 mg per vial	62,539	6,254	68,793	93,714	-24,921
5	Tocilizumab 400 mg	4,169	417	4,586	699	3,887 (85)
6	Amphotericin B Deoxycholate 50 mg per vial	799	80	879	558	321 (37)
7	Posaconazole 300 mg per vial	799	80	879	0	879 (100)
8	Intravenous Immunoglobulin (IVIG) 2g/kg	104	10	114	0	114 (100)

(Source: MD, NHM)

¹⁷² Enoxaparin Inj. 40mg, Methyl Prednisolone Inj. 40mg/ml, Dexamethasone Inj. 4mg/ml, Remdesivir Inj. 100mg per vial, Tocilizumab Inj. 400mg, Amphotericin B Deoxycholate Inj. 50mg per vial, Posaconazole Inj. 300mg/ml and Intravenous Immunoglobulin (IVIG) 2g/kg.

It can be seen from **Table 4.20** that two drugs, namely Posaconazole 300 mg (879) and IVIG 2g/kg (114) drugs, were not available at all. Shortage of four drugs was 37 to 85 *per cent*, whereas two drugs were available in excess of the required quantity.

It was further seen that the six test-checked districts did not have four¹⁷³ out of the eight prescribed drugs, which were required for the treatment of COVID-19, or managing its sequel, during FYs 2020-21 and 2021-22.

4.8.2 Availability and utilisation of Injection Remdesivir

Audit observed that 1,64,761 vials of Injection Remdesivir were received (July 2020 to June 2021) in the Central Warehouse, Namkum, Ranchi, and 1,11,556 vials were distributed (July 2020 to February 2022) to the CS-cum-CMOs of all the 24 districts; RIMS, Ranchi; MGM, Jamshedpur; CCL Hospital, Kanke; Military Hospital, Namkum; JMHDPCL; Drugs Controller *etc.* The balance 53,205 vials were still lying in the stock of State Warehouse, as of February 2022. Details are given in **Table 4.21**.

Table 4.21: Receipt, issue, expiry and balance of Injection Remdesivir, in the State and in the District Warehouses of the test-checked districts

Sl. No.	Particulars	Quantity received	Date of receipt		Quantity issued	Date of issue		Quantity expired	Balance
			From	To		From	To		
I	State	1,64,761	17-07-2020	25-06-2021	1,11,556	17-07-2020	18-02-2022	0	53,205
II	District Ware House								
1	Dhanbad	4,027	30-09-2020	01-06-2021	1,501	30-09-2020	11-01-2022	1,758	768
2	Dumka	2,655	28-08-2020	08-02-2022	2,620	06-04-2021	08-02-2022	35	0
3	Garhwa	3,132	11-04-2021	31-05-2021	371	11-04-2021	10-06-2021	2,353	408
4	Gumla	2,464	21-04-2021	25-02-2022	402	22-04-2021	13-05-2021	480	1,582
5	Saraikela Kharsawan	1,788	25-04-2021	13-06-2021	1,788	26-04-2021	14-06-2021	0	0
6	Simdega	1,448	23-04-2021	28-05-2021	100	29-04-2021	14-05-2021	730	618
Total		15,514			6,782			5,356	3,376

(Source: Records of NHM and the test-checked districts)

It can be seen from **Table 4.21** that, in the six test-checked districts, out of 15,514 vials received from the State warehouse, only 6,782 vials had been distributed to the health care facilities, 5,356 vials had expired and 3,376 vials had remained unutilised in the district warehouse, as of April 2022.

Further, Audit noticed that, in the five test-checked DHs, out of 4,739 vials received (between April 2021 and February 2022) in the store, only 696 vials (15 *per cent*) had been utilised. Out of the remaining 4,043 vials, 2,512 vials had expired and 1,531 vials had remained unutilised, in the stores of DHs, as of April 2022, as detailed in **Table 4.22**.

¹⁷³ Tocilizumab Inj. 400 mg, Amphotericin B Deoxycholate Inj. 50 mg per vial, Posaconazole Inj. 300 mg/ml and Intravenous Immunoglobulin (IVIG) 2g/kg.

Table 4.22: Receipt, utilisation, expiry and balance of Remdesivir injection in the test-checked DHs

Sl. No.	DH	Quantity received	Date of receipt		Quantity utilised	Quantity expired	Balance in stock/store
			From	To			
1	Dumka	2,608	06-04-2021	08-02-2022	298	1,272	1,038
2	Garhwa	125	22-04-2021	10-06-2021	114	0	11
3	Gumla	402	22-04-2021	13-05-2021	52	350	0
4	Saraikela-Kharsawan	1,524	26-04-2021	07-06-2021	160	890	474
5	Simdega	80	29-04-2021		72	0	8
Total		4,739			696	2,512	1,531

(Source: DHs of the concerned districts)

It is evident from the above that Remdesivir Injection had been supplied to districts without proper assessment of requirements, which had resulted in expiry and non-utilisation of a significant quantity of the stocks issued to them. The Department stated (March 2023) that the matter would be examined.

4.8.3 Irregularities in distribution of Remdesivir injection

As per Standard Operating Procedures (SOP) for Storage and Management of Warehouses, drugs are to be issued from the Warehouse, based on the strength of the appropriate indents.

Scrutiny of the Stock Register of the Central Warehouse, Namkum, Ranchi revealed that 6,990 vials of Remdesivir Injections had been shown as having been supplied (April 2021) to the Drugs Controller, Ranchi. However, delivery challans revealed that these Injections had been issued to two private suppliers *i.e.*, M/s. Medi Sales India Private Limited, Ranchi (2,040 vials) and M/s. Harihar Medical Agency Private Limited, Ranchi (4,950 vials), purportedly on telephonic orders of the MD, NHM and the Drug Controller, Jharkhand. It was noticed that M/s Harihar Medical Agency Private Limited, Ranchi, was also a supplier of Remdesivir Injections to the Warehouse, during the same period.

On Audit query, the Director (Drugs), State Drug Control Directorate, Jharkhand, Ranchi, stated (March 2022) that neither had indents for the said Injection been sent, nor had the Injections been received, by his office. Thus, misappropriation of 6,990 vials of Remdesivir Injections could not be ruled out. The Department stated (March 2023) that the matter would be examined.

4.8.4 Non-accountal of Remdesivir Injections

Remdesivir Injection (174 vials), shown in the Stock Register of the Central Warehouse, Namkum, Ranchi, as having been issued (May 2021) to the District Warehouse (DWH), Garhwa, were not found accounted for in the Stock Register of DWH, Garhwa. Further, out of 1,560 vials of

Remdesivir Injection, issued (between April and June 2021) by DWH, Saraikela Kharsawan, to DH, Saraikela Kharsawan, only 1,524 vials were found to have been accounted for in the Stock Register of the DH. As such there was a shortage of 36 vials (*Appendix 4.11*).

Thus, misutilisation of 210 vials of Remdesivir Injections could not be ruled out. The Department stated (March 2023) that action will be taken after examination of the facts.

4.8.5 Loss of government money

NHM provided (May 2021 to January 2022) four types¹⁷⁴ of Injections to JMHIDPCL, for distribution. As per instructions (April 2021) of JRHMS, Government or Private Health Institutions were to submit requisitions, through email, after assessment of needs had been carried out by Specialists of the Health Institutions. A Committee constituted by JRHMS, under the chairmanship of Director-in-Chief, Health Services, Jharkhand, was to discuss/analyse the requisitions of the institutions and recommend issue of the injections. After approval by the State Nodal Officer, on the recommendations of the Committee, the approvals were to be intimated to the concerned Health Institutions, by the JMHIDPCL. Thereafter, the concerned institutions were to send an authorised person to receive the Injections, with cheques, or with Demand Drafts, in favour of JMHIDPCL, equal to the price of the Injections, based on the price/rate prescribed/ fixed by the Directorate of Drugs.

JMHIDPCL did not furnish records related to receipt and distribution of injections to Audit, though called for. As such, following of due process, regarding verification and analysis of needs of the institutions, before issue of injections to them, by JMHIDPCL, could not be ensured by Audit. However, scrutiny of the cash book revealed that JMHIDPCL had also received cheques from individuals, apart from health institutions, for supply of these Injections, and 63 such cheques, amounting to ₹ 39.66 lakh, including 58 cheques, given by individuals, worth ₹ 29.14 lakh, had been dishonored by the assessing banks.

Thus, misutilisation of Injections by JMHIDPCL, violating the instruction of JRHMS, cannot be ruled out. Further, there was loss of ₹ 39.66 lakh, on account of the dishonored cheques.

On further enquiry, JMHIDPCL stated (March 2024), that an amount of ₹ 30.93 lakh was still to be recovered and legal notices have been issued to the individuals/institutions. The Department did not furnish replies to the audit observation.

¹⁷⁴ Actemera Tocilizumab 80 mg, Actemera Tocilizumab 400 mg, Remdesivir and Ambisome 50.

4.9 Utilisation of Ventilators

In Central Warehouse, Namkum, 1,697 ventilators had been received (between May 2020 and July 2021), out of which 1,678 had been distributed (between June 2020 and February 2022) to the healthcare facilities and 19 ventilators were lying in the stores, as of February 2022.

Audit observed that the DWHs of the test-checked districts had received (between July 2020 and September 2021) 389 ventilators and issued (July 2020 and October 2021) 357 ventilators, to the healthcare facilities¹⁷⁵. Audit further observed, in the joint physical verification, conducted between April and August 2022, that, in the five test-checked DHs, 337 ventilators had been received, but only 113 (34 *per cent*) were attached with the beds, while the remaining 224 ventilators were lying in the stores of DHs, as shown in **photographs 4.17** and **4.18**.

During joint physical verification (August 2022), it was observed in DH, Simdega, that 37 ventilators, attached with beds, had not been put to use, due to non-availability of specialist, anesthetist *etc.* Further, trained staff was not available in three¹⁷⁶ out of the five test-checked DHs. The Department stated (March 2023) that the matter will be examined.

Photograph 4.17



Packed ventilators lying idle in DH, Gumla (12.04.2022)

Photograph 4.18



Ventilators lying idle in DH, Simdega (05.08.2022)

4.10 Non-realisation of rent for ventilators from private hospitals

Keeping in view the surge in the number of COVID-19 infections and the increased demand of ventilators, the Mission Director, NHM, Jharkhand, decided (April 2021) to provide ventilators, on rental basis, to all private hospitals having designated COVID-19 ICU facility. Security deposit of

¹⁷⁵ DHs and CHCs.

¹⁷⁶ Gumla, Saraikela-Kharsawan and Simdega.

₹ one lakh per ventilator was to be deposited by the private hospital, in the form of Demand Draft. Per day rent for the ventilators, to be paid by the private hospitals, were fixed as per the Categories¹⁷⁷ of the districts in which the hospitals were situated.

Audit observed that 69 ventilators had been rented (between August 2020 and May 2021) to 18 private hospitals, by JRHMS and CS-cum-CMO, Dhanbad. The ventilators were in the possession of these private hospitals, as of March 2022. Audit further noticed that, neither had the security deposit of ₹ 69 lakh been realised from the private hospitals, prior to renting of the ventilators, nor had rent (which worked out to ₹ 3.16 crore), been realised from them, till March 2022 (*Appendix 4.12*).

Thus, JRHMS and CS-cum-CMO, Dhanbad, failed to realise security deposit of ₹ 69 lakh and rent of at least ₹ 3.16 crore, from private hospitals, against rented ventilators. The Department stated (March 2023) that the matter will be examined and necessary action will be taken for realization of the money due from the hospitals.

4.11 Supply of lower potency drugs

The Mission Director, NHM, Jharkhand, requested (11 April 2021) JMHPCL, to procure Methyl Prednisolone 60 mg (6,000 vials) Injection, for treatment of COVID-19 patients. JMHPCL, accordingly, invited (21 April 2021) Expression of Interest (EOI) for procurement. Against the EOI, two bidders quoted their rates. The Bid Process Management Committee (BPMC) approved (April 2021) the lowest rate of ₹ 49.28 per injection, including tax, offered by M/s. Pushkar Pharma, Himachal Pradesh.

Accordingly, JMHPCL issued (24 April 2021) Purchase Order (PO) for supply of 6,000 Methyl Prednisolone 60 mg injection. However, immediately after issue of the PO, the supplier informed (26 April 2021) JMHPCL that he had quoted the rate for Injection Methyl Prednisolone 40 mg, instead of Injection Methyl Prednisolone 60 mg, and requested revision of the PO. JMHPCL issued (28 April 2021) revised PO, for supply of 6,000 Methyl Prednisolone 40 mg injection, at the same rate.

Additionally, JMHPCL also issued another PO (05 May 2021) for supply of 84,000 Injection Methyl Prednisolone 40 mg, to the same firm. Thus, POs were issued for a total supply of 90,000 injections. Against this, the supplier supplied (between 19 May 2021 and 11 June 2021) 89,000 injections, for ₹ 43.85 lakh. This amount was paid to the supplier on 14 February 2022.

¹⁷⁷ Per day per ventilator rent (Category A : ₹ 1,250, Category B : ₹ 1,000 , Category C : ₹ 750)

Allowing the supplier to supply injection of lower strength (40 mg) than indented (60 mg) and that too at the rate quoted for 60 mg, constituted an undue favour extended to the contractor. The Department stated (March 2023) that the matter will be examined.

4.12 Purchase of Pulse Oximeter without proper assessment

The CS-cum-CMO, Saraikela Kharsawan, demanded (18 May 2021) 50 Pulse Oximeters, from the Central Warehouse, Ranchi, against which 85 Pulse Oximeters were supplied on 19 May 2021.

However, the CS-cum-CMO procured (20 May 2021) 650 Pulse Oximeters, valued at ₹ 10.92 lakh, from a local supplier, against a purchase order issued on 19 May 2021. Although 1,631 Pulse Oximeters were available (19 May 2021) at the Central Warehouse, Namkum, CS-cum-CMO did not place demand for the same, before procurement. Further, the Central Warehouse again supplied (June and July 2021) 379 Pulse Oximeters, to the CS-cum-CMO. It was further seen that the CS-cum-CMO had distributed (20 May to 08 July 2021) only 246 Pulse Oximeters and the remaining 905 Pulse Oximeters, including 37 available on 20 May 2021, were lying unutilised in the stores, as found during joint physical verification (6 April 2022).

Thus, the CS-cum-CMO purchased 650 Pulse Oximeters, valued at ₹ 10.92 lakh, without immediate requirement. The Department while confirming the facts stated (March 2023) that the Oximeters will be utilised.

4.13 Availability of Essential Drugs in District Joint AYUSH dispensaries

The Department of AYUSH (Drug Control Cell), Ministry of Health and Family Welfare, GoI, notified (March 2013) the Essential Drugs List (EDL) for AYUSH, with 277 Ayurvedic, 257 Homeopathic and 288 Unani drugs.

Audit scrutiny of records of the six test-checked District Joint AYUSH Dispensaries, for the period from FY 2019-20 to FY 2021-22, revealed that the availability of drugs was very low, in comparison to the drugs included in the EDL as detailed in **Table 4.23**.

Table 4.23: Availability of essential drugs in the test-checked District Joint AYUSH Dispensaries

District	Stream	Number of drugs in the EDL	2019-20	2020-21	2021-22
Dhanbad	Ayurveda	277	Drugs not available	60	30
	Homeopathy	257		53	53
	Unani	288		05	00

District	Stream	Number of drugs in the EDL	2019-20	2020-21	2021-22
Dumka	Ayurveda	277	Drugs not available during 2019-20 to 2021-22		
	Homeopathy	257			
	Unani	288			
Garhwa	Ayurveda	277	49	11	00
	Homeopathy	257	00	53	00
	Unani	288	00	05	00
Gumla	Ayurveda	277	33	30	37
	Homeopathy	257	Drugs not available	53	NA
	Unani	288		00	13
Saraikela Kharsawan	Ayurveda	277	30	16	15
	Homeopathy	257	19	00	45
	Unani	288	0	0	0
Simdega	Ayurveda	277	33	10	00
	Homeopathy	257	Drugs not available		
	Unani	288			

Colour code: Red = Very Poor (availability < 50%)

It can be seen from **Table 4.23** that three out of the six dispensaries did not have Ayurvedic drugs during FY 2019-20. No drugs were available in Dumka during FY 2019-20 to 2021-22. Similarly, Homeopathic and Unani drugs were not available in Simdega. Homeopathic medicines were not available in Garhwa during FY 2019-20 and 2021-22 and Unani drugs were not available in Saraikela Kharsawan during FY 2019-20 and 2021-22.

Shortage of drugs in the District Joint AYUSH dispensaries defeated the objective of promoting AYUSH as an alternative system of medicine in the State. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

4.14 Availability of essential drugs, equipment and consumables in Health and Wellness Centres

As per the Operational Guidelines of Health and Wellness Centres (HWCs), 91 essential drugs, 66 items of equipment and 37 types of consumables, are required to be available in each HWC.

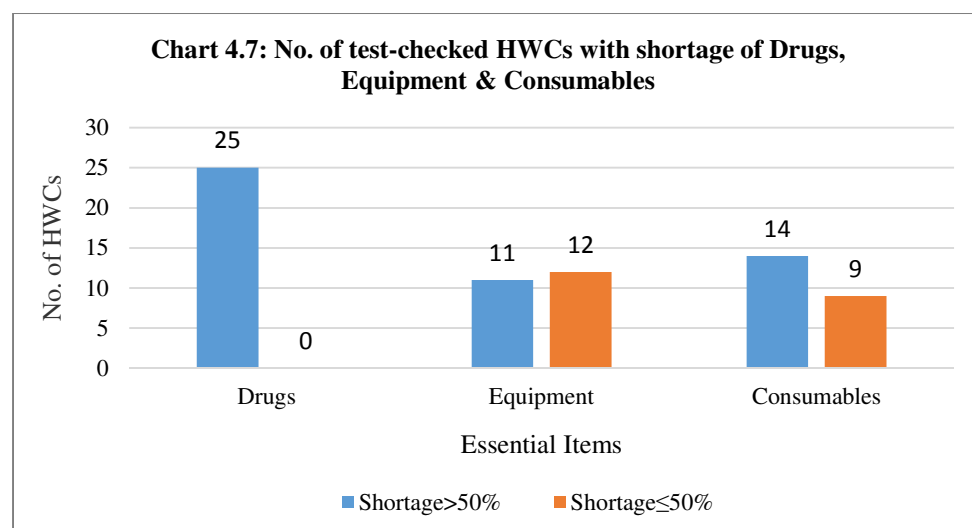
Audit noticed shortages in the availability of required drugs, equipment and consumables, as shown in **Table 4.24** and **Chart 4.7**.

Table 4.24: Status of availability of essential drugs, equipment and consumables, in the test-checked HWCs as of March 2022

Districts	HWCs	Availability of Drugs (91)	Availability of Equipment (66)	Availability of consumables (37)
Dhanbad	Kharkabad, Govindpur	33	48	16
	Barari, Jharia	30	49	22
	Mauraidih, Govindpur	31	47	09
Dumka	Simluti, Shikaripara	31	30	12
	Mokhapar, Saraiyahat	16	36	24
	Dudhani Jarmundi	25	23	23
	Sahara, Jarmundi	24	34	22
	Pattabari, Shikaripara	31	36	16
	Noniya, Saraiyahat	25	08	07
Garhwa	Sarkoni, Manjhiaon	23	49	08
	Balyari, Manjhiaon	42	48	24
	Bijdi, Manjhiaon	25	21	17
	Kadhwan, Bhawnathpur	25	NA	NA
Gumla	Pabeya, Bharno	44	43	28
	Domba, Bharno	43	09	17
	Sundarpur, Palkot	15	23	21
	Pithartoli, Palkot	14	20	16
	Konkel, Raidih	24	15	16
Saraikela Kharsawan	Heben, Nimdih	15	37	09
	Haitirul, Nimdih	20	44	09
	Urmal, Chandil	17	46	17
Simdega	Lamboi, Jaldega	25	31	23
	Konmerla, Jaldega	21	18	17
	Kundurmunda, Bolba	24	18	20
	Letabera, Bolba	34	NA	NA

(Source: Information furnished by the test-checked HWCs)

Colour code: Red = Extremely Poor (Shortfall > 60%), Yellow = Very poor (60% ≤ Shortfall ≤ 40%), Green = poor (Shortfall < 40%)

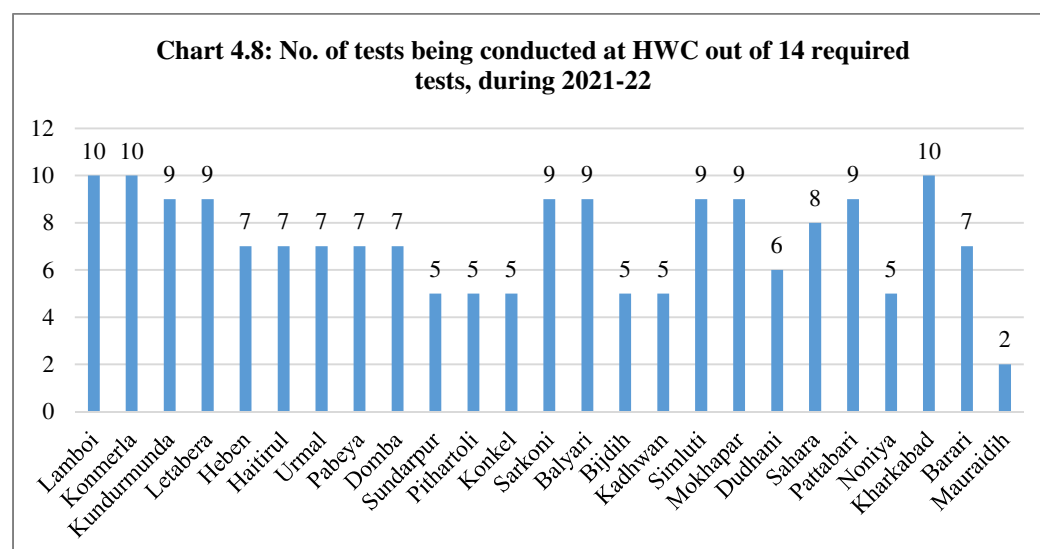


It can be seen from **Table 4.24** that, as compared to the requirements, only 14 to 44 essential drugs (15 to 48 *per cent*), 8 to 49 equipment (12 to 74 *per cent*) and 7 to 28 types of consumables (19 to 76 *per cent*), were available in the 25 test-checked HWCs, which would have restricted the functioning of the HWCs. The Department, while confirming the facts, stated (March 2023) that action is being taken for bringing about improvement in the functioning of the HWCs as per norms.

4.15 Diagnostic services in Health and Wellness Centres

As per the Operational Guidelines of HWCs, each HWC is expected to have the capacity to deliver a minimum range of basic diagnostics and screening capabilities, for conditions that are mandated to be screened/ treated at this level. 14 Diagnostic services are required to be delivered at each HWC.

Audit observed that only two to 10 diagnostic services were available, during FY 2021-22, in the test-checked HWCs as shown in **Chart 4.8**.



The Department, while confirming the facts, stated (March 2023) that action is being taken for bringing about improvement in the functioning of HWCs as per norms.

Recommendation: State Government may strengthen the HWCs, by ensuring availability of equipment, diagnostic services and essential drugs, to provide the mandated health care services in rural areas.

Chapter 5

Healthcare Infrastructure

5 Healthcare Infrastructure

5.1 Planning

The State Government formulated the Twelfth Five Year Plan (2012-17) with the main thrust being strengthening the Primary Health Care units, in line with objectives of the National Rural Health Mission (NRHM), as per Indian Public Health Standards (IPHS), in order to enable them to deliver maximum benefits to rural areas. In the Annual Action Plan of 2017-18, the State Government proposed establishment of new medical colleges, construction and strengthening of hospitals and recruitment of doctors and paramedics. Thereafter, the State Government formulated (March 2018) a Vision Document and a three years' Action Plan (2018-21), with the aim of laying the foundation for accelerating sustainable growth in the next decade, *i.e.* by 2030.

The three years' Action Plan emphasised opening of new medical colleges, increasing MBBS seats in the existing medical colleges, establishment of nine five-hundred bedded hospitals, upgradation of the existing health care infrastructure, setting up of a Medico City for developing various health and related facilities in the PPP mode, improving Ambulance Services, increasing the numbers of paramedics and mid-level public health personnel and improving maternal health components of the National Health Mission (NHM). These activities were linked with expected outcomes of improvement in the Infant Mortality Rate (IMR)/ Maternal Mortality rate (MMR), increase in Bed-Population ratio and Doctor-Population ratio, comprehensive ante/post natal care and free of cost institutional delivery to all pregnant women.

Audit noticed shortcomings in the implementation of the Plans, as discussed in the succeeding paragraphs.

5.2 Medical Colleges

The Government of Jharkhand (GoJ) had planned (FY 2016-17) to increase the capacity of the existing medical colleges. Further, the Government of India (GoI) had decided (between February 2014 and February 2018) to open five¹⁷⁸ new medical colleges under the Government Sector. At present, there are six

¹⁷⁸ Phase-I: Dumka, Hazaribag and Palamu, in 2014; Phase-II: Chaibasa and Koderma, in 2018.

State Government Medical Colleges (three old and three newly established during FY 2019-20) in the State. Further, an All India Institute of Medical Sciences (AIIMS) has been established by GoI in Deoghar, under Centrally Sponsored Scheme.

As of March 2022, Six State Medical colleges and one AIIMS (Deoghar) are functional in the State. The list of medical colleges is as under:

Table 5.1: Government Medical colleges in Jharkhand

Sl. No.	Medical College	Governed by State/ GoI	Year of establishment	Intake capacity in UG course as of March 2022	Intake capacity in PG course as of March 2022
1.	RIMS, Ranchi	State Govt.	1960	180	182
2.	SNMMCH, Dhanbad	State Govt.	1977	50	00
3.	MGMMCH, Jamshedpur	State Govt.	1979	100	24
4.	PJMCH, Dumka	State Govt.	2019	100	00
5.	SBMCH, Hazaribag	State Govt.	2019	100	00
6.	MRMCH, Palamu	State Govt.	2019	100	00
7.	AIIMS, Deoghar	GoI	September 2019	125	11

Audit further observed that:

- Rajendra Institute of Medical Sciences (RIMS), Ranchi, has an intake capacity of 180 UG seats and 182 PG seats, under 20 disciplines. It has a teaching hospital with 2,171 sanctioned beds.
- Mahatma Gandhi Memorial Medical College and Hospital (MGMMCH), Jamshedpur and Shaheed Nirmal Mahto Medical College and Hospital (SNMMCH), Dhanbad, each has an intake capacity of 100 and 50 UG seats, respectively, and having teaching hospitals of 500 sanctioned beds each.
- In addition, there are three newly established MCHs, viz. Phulo Jhano Medical College and Hospital (PJMCH), Dumka; Sheikh Bhikhari Medical College and Hospital (SBMCH), Hazaribag and Medinirai Medical College and Hospital (MRMCH), Palamu, with an intake capacity of 100 UG seats each and teaching hospitals of 300 beds each.
- AIIMS, Deoghar has been established by GoI in September 2019 with an intake capacity of 50 UG seats. Subsequently, the UG seats was increased to 125 seats. OPD services in 14 departments were started in August 2021 and increased to 18 departments in 2022-23.

5.2.1 Opening of new Medical Colleges

The three years' Action Plan had envisaged the establishment of three new medical colleges at Dumka, Hazaribag and Medininagar, through upgradation of the existing District Hospitals.

Audit noticed that the State Government had earlier planned setting up of three medical colleges at Dumka, Palamu and Chaibasa, in its Annual Plans for 2010-11 and 2011-12. Subsequently, GoI had approved (between February 2014 and February 2018) the setting up of five medical colleges, at Dumka, Hazaribag, Palamu (now Medininagar), Koderma and Chaibasa, with an annual intake capacity of 100 seats in each college, under Centrally Sponsored Scheme (Establishment of new Medical Colleges attached with existing district/referral hospitals). The total plan outlay was ₹ 1,067 crore¹⁷⁹, which was to be shared in the ratio of 60:40 by GoI and the State. GoI had released (between September 2016 and September 2020) its share of ₹ 640.20 crore to the State. In turn, the State Government had released ₹ 1,203.21 crore, including ₹ 563.01 crore¹⁸⁰, which was payable by the State.

As of August 2022, the State had been able to establish only three medical colleges (Dumka, Hazaribag and Palamu), by upgrading the existing district hospitals. It was, however, seen that though the construction of these three colleges and allied buildings (hospital, hostel, laboratory *etc.*) had started in September 2016, it was still in progress, as of November 2022. The remaining two colleges at Koderma and Chaibasa had not been established, as of October 2022 and construction work for these colleges was in progress, as discussed in the succeeding paragraphs.

Despite receiving approval in February 2018 and GoI releasing its full share of funds, the State Government has not been able to establish two medical colleges (at Koderma and Chaibasa), as of November 2022. The Department while accepting the facts stated (March 2023) that action will be taken for completion and operationalization of the medical colleges.

The findings of Audit, on the availability of infrastructure facilities along with the operational activities of the three test-checked MCHs, *i.e.* RIMS, Ranchi; SNMMCH, Dhanbad and PJMCH, Dumka, are discussed in the following paragraphs.

¹⁷⁹ ₹ 189 crore each for three colleges (Dumka, Hazaribag and Palamu) and ₹ 250 crore each for two colleges (Koderma and Chaibasa).

¹⁸⁰ State share of ₹ 426.80 crore and additional cost of ₹ 136.21 crore. The additional cost arose on account of the revised Schedule of Rates (SoR) and was to be borne by the State Government, in terms of the agreement between GoI and the State Government.

5.2.2 Medical seats

5.2.2.1 Under Graduate (UG) seats

The State Government, in its Annual Plan of 2016-17, had planned addition of 200 UG seats¹⁸¹, to the existing 350 UG seats, through strengthening of the existing medical colleges. Further, it had fixed targets, in its three years' Action Plan (2018-21), to add another 300 MBBS (UG) seats during 2018-20, through establishment of three new medical colleges. The Annual Action Plan for 2021-22 also envisaged that the total number of MBBS seats would be 830, with the establishment of two new medical colleges, at Koderma and Chaibasa.

As discussed above, the State Government had planned to enhance the total number of UG seats to 830, by March 2022. However, it was noticed that:

- In the Patliputra Medical College and Hospital (PMCH)¹⁸², Dhanbad, 50 UG seats were reduced (June 2017), from the existing 100 seats, due to lack of faculty, residents and nursing staff and absence of infrastructural facilities. These constraints and the reduced number of seats had continued till the 2021-22 session.
- In the Mahatma Gandhi Memorial Medical College and Hospital (MGMMCH), Jamshedpur, 50 UG seats were reduced, from the existing 100 seats for the academic year 2019-20, due to shortage of faculty, residents and clinical material.
- In the Rajendra Institute of Medical Sciences (RIMS), Ranchi, 30 UG seats were approved (June 2019) by GoI, for the Economically Weaker Section (EWS).
- Only 300 UG seats could be added through the establishment (August 2019) of three out of the planned five new medical colleges.

Thus, the State Government had been able to enhance the number of UG seats to only 630, instead of the planned 830, by March 2022. This has been discussed in detail in the succeeding paragraphs. The Department accepted (March 2023) the facts and stated that the targets will be achieved after operationalisation of Koderma and Chaibasa MCH.

5.2.2.2 Increase of UG seats

The Government of Jharkhand had approved a plan (FY 2016-17) to strengthen the existing MCHs and make efforts to increase the UG seats to 150 each at MGMMCH, Jamshedpur and SNMMCH, Dhanbad, along with 250 seats at RIMS, Ranchi, by creating the required infrastructure & recruiting Faculty,

¹⁸¹ RIMS, Ranchi: 250 from existing 150, PMCH, Dhanbad: 150 from 100 and MGMCH, Jamshedpur: 150 from 100.

¹⁸² The PMCH was renamed as the Shaheed Nirmal Mahto Medical College and Hospital *w.e.f.* September 2020.

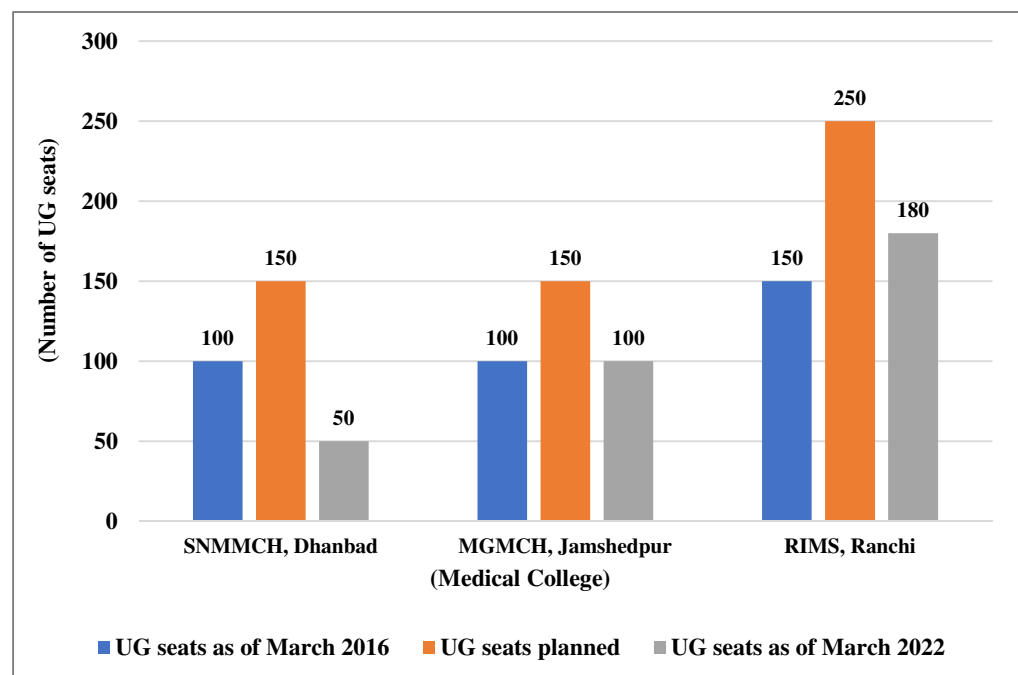
Nursing Staff, Paramedical & other support staff. The position of UG seats in these colleges is given in **Table 5.2** and **Chart 5.1**:

Table 5.2: Shortfall of UG seats

MCH	UG seats (as of March 2016)	UG seats planned	UG seats (as of March 2022)
SNMMCH, Dhanbad	100	150	50
MGMMCH, Jamshedpur	100	150	100
RIMS, Ranchi	150	250	180
Total	350	550	330

(Source: Data/information provided by the test-checked units)

Chart 5.1: Status of UG seats



As can be seen from **Table 5.2** and **Chart 5.1**, the intake capacity of the colleges could not be increased, as per the approved plan.

Audit further noticed that, in RIMS, Ranchi, a plan had been prepared (March 2016) for increasing the UG seats from 150 to 250. This plan was to be implemented on 60:40 cost sharing basis, between GoI and GoJ. For this purpose, ₹ 90.95 crore (Central share: ₹ 54.57 crore and State share: ₹ 36.38 crore) had been made available to the Management of RIMS, during January 2019 to January 2021.

Out of the available funds, ₹ 40 crore was spent on construction of an academic block¹⁸³, while the remaining amount of ₹ 50.95 crore was lying unspent in the Personal Ledger Account of RIMS, as of October 2022. As per the gap analysis, carried out by the RIMS Administration, there was a shortage of 31 faculty

¹⁸³ Academic block, consisting of library, five lecture theatres, three examination halls and one 500-bedded girl's hostel.

members, 79 technical/ paramedical staff, 309 nursing staff, 19 administrative and 23 fourth grade officials, compared to the MCI norms, against which posts were to be created/sanctioned.

Audit observed that the proposal for creation of new posts had been approved by the RIMS Governing Body (January 2021) and sent to the Department in March 2021, for approval. However, the proposal had not been approved by the Department as of March 2022 and, therefore, appointments could not be made.

Thus, the UG seats of RIMS, Ranchi, could not be increased, which adversely affected the availability of doctors in Jharkhand. In reply (March 2023), the Department accepted the audit observation.

5.2.2.3 Post Graduate seats in existing colleges

In the Annual Plan of 2016-17, the State Government planned to create necessary infrastructure and appoint manpower to start Post Graduate (PG) courses in SNMMCH (erstwhile PMCH), Dhanbad and MGMMCH, Jamshedpur.

The Government had not been able to start PG courses at SNMMCH, Dhanbad till March 2022 as discussed below.

5.2.2.4 Creation of PG seats in SNMMCH (erstwhile PMCH)

Audit observed that, for strengthening and upgrading of State Government MCHs, GoI had approved (FY 2011-12) a plan of ₹ 18.15 crore¹⁸⁴ for starting new PG courses in SNMMCH, Dhanbad, with an intake of 49 seats, in 17 disciplines¹⁸⁵, of which ₹ 13.61 crore (75 per cent) was to be provided by GoI and ₹ 4.54 crore (25 per cent) by GoJ. Against the plan outlay of ₹ 18.15 crore¹⁸⁶, an amount of ₹ 14.34 crore¹⁸⁷ had been released (February 2012 to June 2017) to SNMMCH, Dhanbad, which had kept the amount in a savings bank account, on which interest of ₹ 3.57 crore had been earned (upto March 2022). Against the available funds of ₹ 17.91 crore, including interest, ₹ 6.31 crore¹⁸⁸ had been utilised on purchase of equipment, infrastructural development, payment of inspection fees to MCI etc., while the balance amount of ₹ 11.60 crore was lying in the bank account (as of March 2022).

However, MCI had, during inspection, noticed (January and May 2019) acute shortage of faculty, resident doctors, nursing staff and accommodation of nurses in SNMMCH. Further, acute shortage of equipment in the casualty and

¹⁸⁴ Central share: ₹ 13.61 crore and State share: ₹ 4.54 crore.

¹⁸⁵ Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Preventive and Social Medicine, Medicine, Skin, Pediatrics, Surgery, Orthopaedics, Anaesthesia, Obstetrics and Gynaecology, Ear, Nose and Throat, Ophthalmology and Forensic Medicine and Toxicology.

¹⁸⁶ Central share: ₹ 13.61 crore and State share: ₹ 4.54 crore.

¹⁸⁷ Central share: ₹ 9.80 crore and State share: ₹ 4.54 crore

¹⁸⁸ Central share: ₹ 5.23 crore and State share: ₹ 1.08 crore

radiology departments were also noticed. Thus, MCI had not accepted its proposal for starting PG courses in any discipline. Failure to achieve the intended objective of the plan had resulted in non-addition of even a single PG seat in SMNNCH, Dhanbad, during FYs 2016-17 to 2021-22.

The Department accepted the facts and stated (March 2023) that action is being taken to obtain approval from NMC.

5.2.2.5 Utilisation of UG and PG seats in medical colleges

The number of seats sanctioned by the National Medical Commission (NMC) (erstwhile Medical Council of India), in all the six MCHs, under UG and PG courses and their utilisation during FYs 2016-17 to 2021-22, is given in **Table 5.3**.

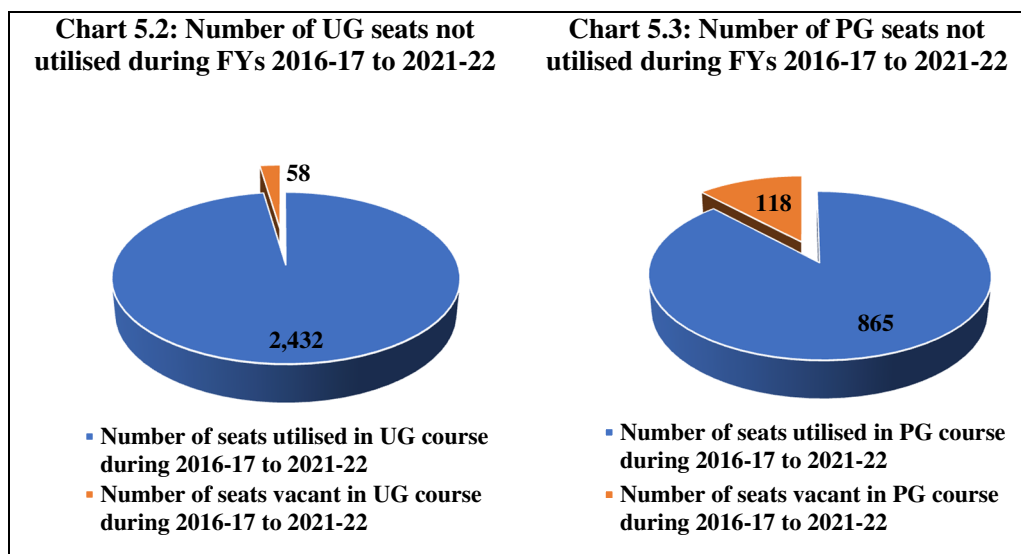
Table 5.3: Details of sanctioned UG and PG seats and their utilisation

Financial Year	Medical Institution	UG Courses			PG Courses		
		No. of seats sanctioned	No. of seats utilised	No. of seats vacant	No. of seats sanctioned	No. of seats utilised	No. of seats vacant
2016-17	SNMMCH, Dhanbad	100	78	22	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	82	18	11	07	04
	RIMS, Ranchi	150	150	Nil	119	98	21
2017-18	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	98	02	11	06	05
	RIMS, Ranchi	150	150	Nil	130	126	04
2018-19	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	100	Nil	11	11	Nil
	RIMS, Ranchi	150	150	Nil	129	109	20
2019-20	SNMMCH, Dhanbad	50	47	03	Nil	Nil	Nil
	MGMMCH, Jamshedpur	50	50	Nil	11	05	06
	RIMS, Ranchi	180	180	Nil	153	132	21
	PJMCH, Dumka	100	96	04	Nil	Nil	Nil
	SBMCH, Hazaribag	100	100	Nil	Nil	Nil	Nil
	MRMCH, Palamu	100	92	08	Nil	Nil	Nil
2020-21 ¹⁸⁹	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	100	Nil	11	09	02
	RIMS, Ranchi	180	180	Nil	182	167	15
2021-22	SNMMCH, Dhanbad	50	50	Nil	Nil	Nil	Nil
	MGMMCH, Jamshedpur	100	99	01	33	24	09
	RIMS, Ranchi	180	180	Nil	182	171	11
	PJMCH, Dumka	100	100	Nil	Nil	Nil	Nil
	SBMCH, Hazaribag	100	100	Nil	Nil	Nil	Nil
	MRMCH, Palamu	100	100	Nil	Nil	Nil	Nil
Total		2,490	2,432	58	983	865	118

(Source: Data/information provided by the test-checked units)

¹⁸⁹ NMC did not permit renewal of UG seats in the three newly established colleges, in the financial year 2020-21.

From **Table 5.3**, **Chart 5.2** & **Chart 5.3**, it can be seen that 58 UG seats (2 per cent) and 118 PG seats (12 per cent) could not be utilised during FYs 2016-17 to 2021-22.



5.2.2.6 Utilisation of intake capacity in functional AYUSH educational institutions

There were two AYUSH Educational Institutions (AEIs) in the State. Their annual sanctioned intake capacity and the actual utilisation of the sanctioned seats, during 2016 to 2021, is given in **Table 5.4**.

Table 5.4: Utilisation of intake capacity in AYUSH colleges

Year	State Homeopathic Medical College & Hospital, Godda (UG Course)			State Ayurvedic Pharmacy College, Sahibganj (D-Pharma Ayurvedic Course)		
	Sanctioned seats	Utilisation	Vacant (per cent)	Sanctioned seats	Utilisation	Vacant (per cent)
2016	50	45	05 (10)	30	00	30 (100)
2017	50	36	14 (28)	30	25	05 (17)
2018	50	39	11 (22)	30	00	30 (100)
2019	70	53	17 (24)	30	00	30 (100)
2020	63	58	05 (08)	30	19	11 (37)
2021	63	50	13 (21)	30	21	09 (30)
Total	346	281	65 (19)	180	65	115 (64)

(Source: Information furnished by the test-checked colleges)

Colour code: Red = Extremely Poor (utilisation ≤ 50%), Yellow = poor (utilization < 90 % but > 50 %), Green = Satisfactory (utilisation ≥ 90%)

It can be seen from **Table 5.4** that 65 seats (19 per cent) in the Homeopathic College and 115 seats (64 per cent) in the Ayurvedic Pharmacy College were not utilised, during 2016 to 2021.

Audit further noticed that the seats had remained vacant in the Ayurvedic Pharmacy College, as the District and State Level Admission Screening Committees had not been constituted in time. Non-utilisation of sanctioned seats

had an adverse effect on the availability of AYUSH personnel in the State. The Department accepted the facts and stated (March 2023) that action is being taken to recruit/engage human resources.

5.2.2.7 Rural and Urban health training centres

As per MCI/NMC norms, every medical college is to have three PHCs/Rural Health Training Centres (RHTCs) and an Urban Health Training Centre (UHTC), for training of students in community oriented primary health care and rural based health education, for the rural community attached to it. Further, as per revised NMC norms (October 2020), every medical college is to have one RHTC affiliated to it. This RHTC is either to be owned by the college or to be affiliated to a Government owned Health Center. If it is the latter, the academic control is to vest with the Dean/ Principal of the College, for training of students and interns.

Details of the RHTCs and UHTCs, under the three test-checked MCHs and Hospitals, along with their manpower, has been shown in **Table 5.5**.

Table 5.5: Manpower in RHTCs and UHTCs along with vacancies, as of March 2022

Name of MCH	Number of training centres		SS		PIP		Vacancy (in per cent)	
	RHTC	UHTC	RHTC	UHTC	RHTC	UHTC	RHTC	UHTC
SNMMCH, Dhanbad	1 ¹⁹⁰	1 ¹⁹¹	13	13	8	6	5 (38)	7 (54)
PJMCH, Dumka	1 ¹⁹²	1 ¹⁹³	13	16	0	0	13 (100)	16 (100)
RIMS, Ranchi	1 ¹⁹⁴	1 ¹⁹⁵	13	13	7	5	6 (46)	8 (62)

It can be seen from **Table 5.5** that, in SNMMCH, Dhanbad, one RHTC and UHTC each, had been attached under the Preventive and Social Medicine (PSM) Department. Similarly, in PJMCH, Dumka and RIMS, Ranchi, one RHTC and UHTC each, had been attached to the PSM Department. Further, the vacancy position ranged from 38 to 100 *per cent* in the RHTCs and 54 to 100 *per cent* in the UHTCs, in the test-checked MCHs. Thus, the large number of vacancies in the RHTCs and the UHTCs, adversely affected the training of students in community oriented primary health care.

Further, joint physical verification (October 2022) revealed that the building of RHTC, Ormanjhi, was in a dilapidated condition, as shown in **photographs 5.1** and **5.2**.

¹⁹⁰ PHC, Govindpur.

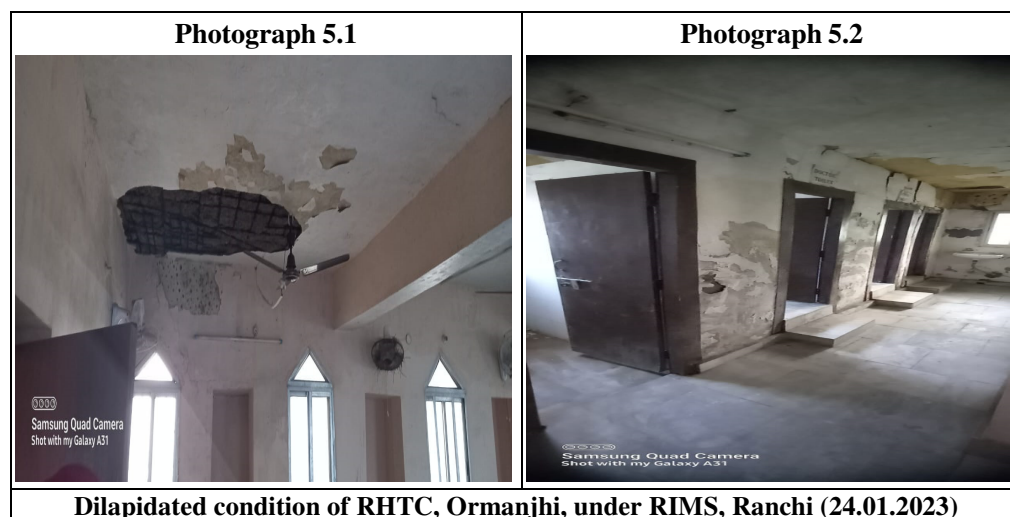
¹⁹¹ PHC, Dhanbad.

¹⁹² PHC, Gando.

¹⁹³ PHC, Rasikpur.

¹⁹⁴ RHTC, Ormanjhi.

¹⁹⁵ Urban CHC, Doranda.



Also, there was no security arrangement and the residential buildings were found to have been encroached. As such, UG Students could not stay at RHTC, Ormanjhi (RIMS, Ranchi), during their mandatory field posting.

Though the condition of RHTC, Ormanjhi, had been highlighted in Paragraph No. 1.2.8.4 of the Audit Report of the Comptroller and Auditor General of India for the year ended 31 March 2010-Government of Jharkhand, there has been no significant improvement in the infrastructure/functioning of RHTC, Ormanjhi, as of October 2022.

MCI/ NMC regulations prescribe teaching of 200 hours (including eight weeks' posting of three hours duration of each day) in Community Medicine, for the students of 5th to 7th semesters. Since the centres of PJMCH, Dumka, were defunct, due to 100 *per cent* vacancies, students of the 5th semester onwards were deprived of training in Community medicine, as envisaged. The Department did not furnish replies to the audit observation.

5.2.2.8 MCI inspections

As per the provisions of Article 26 (1) (b) & (c) of NMC Act, 2019, the medical assessment and rating board under NMC was to grant permission for establishment of new medical institutions, or to start any PG course or to increase the number of seats. It was also to carry out inspections of medical institutions for assessing and rating such institutions in accordance with the regulations made under this Act.

Audit noticed that a proposal for establishment of MCH, Dumka, with intake capacity of 100 UG seats, had been sent to MCI, in July 2018. Physical assessment of the institution was carried out by MCI in December 2018, in which deficiencies, in regard to the position of faculty and residents, bed occupancy, OPD attendance, physical infrastructure, blood bank, casualty, OT *etc.*, had been pointed out. On these grounds, MCI had refused to grant (May 2019) permission for setting up MCH, Dumka.

Against this, the State Government moved the Hon'ble Supreme Court of India (August 2019). Subsequently, on intervention by the Hon'ble Supreme Court, GoI permitted (August 2019) the establishment of MCH, Dumka, with the condition that deficiencies would be rectified within three months. NMC carried out a subsequent inspection in November 2019, to consider renewal of permission for the academic year 2020-21. Again, NMC pointed out 39 deficiencies, mainly regarding position of faculty, residents, nursing staff, bed occupancy and blood bank.

Due to non-removal of deficiencies, NMC decided (October 2020) not to grant permission for the second batch of admissions, for the academic year 2020-21. Subsequently, though the deficiencies had continued to persist, NMC granted approval for the second batch, with an intake capacity of 100 UG seats, for the academic year 2021-22, on the basis of an affidavit submitted by the Principal of the College. However, these deficiencies were still persisting in the institution, as of July 2022. Non-rectification of the deficiencies pointed out by NMC may further jeopardise approvals for subsequent batches. The Department did not furnish replies to the audit observation.

5.3 Doctor-Population Ratio

The World Health Organisation (WHO) recommends a Doctor-Population ratio of 1:1000. The three years' Action Plan envisaged improvement in the Doctor-Population ratio, with construction of new hospitals.

Audit noticed that 5,069 doctors (Allopathy stream) were registered with the Jharkhand Medical Council (JMC), as of March 2016. This number increased to 5,911 doctors, as of March 2022. Based on the district-wise decadal growth as per Census 2011, Audit worked out the population of Jharkhand to be 3.69 crore in 2016 and 4.22 crore in 2022. Based on this population, the Doctor-Population ratio of 1:7,280, in 2016, had slightly improved to 1:7,139, in 2022.

Thus, though the Doctor-Population ratio had improved in the State during 2016-22, it was still far below the norms recommended by WHO. The Department accepted the facts and stated (March 2023) that action has been initiated for opening new Medical Colleges.

5.4 Five hundred bedded hospitals

The three years' Action Plan had envisaged establishment of nine¹⁹⁶ 500-bedded hospitals, including six hospitals with existing¹⁹⁷ or proposed medical colleges.

Audit noticed that, out of the planned nine hospitals, although construction of the hospital building at Ranchi, had commenced in October 2007, it was still in

¹⁹⁶ Bokaro, Chaibasa, Dumka, Jamshedpur, Hazaribag, Saraikela Kharsawan, Koderma, Medininagar and Ranchi.

¹⁹⁷ Dumka, Hazaribag, Jamshedpur and Medininagar.

progress as of August 2022. Construction of seven¹⁹⁸ hospitals and allied buildings¹⁹⁹ had been sanctioned (between March 2011 and January 2019) at a cost of ₹ 2,701.03 crore. Thereafter, construction work had been started (between February 2012 and July 2019) at the agreed cost of ₹ 2,514.83 crore, with the stipulated dates of completion falling between February 2014 and January 2022. However, the progress of work was very slow, with physical achievement ranging between eight and 50 *per cent*, as of August 2022, with an expenditure of ₹ 620.48 crore. The building for the proposed hospital at Bokaro was yet to be sanctioned.

Thus, the State Government had not been able to set up any of the hospitals, as planned, due to abnormal delays in the construction of buildings. The Department accepted the facts and stated (March 2023) that the Sadar hospital building at Ranchi has now been completed and funds have been released for purchase of equipment and engagement of contractual personnel. It was further stated that instructions would be issued to JSBCCL for early completion of the other hospitals.

5.5 Dialysis Centre

The Pradhan Mantri National Dialysis Programme (PMNDP) was launched (April 2016) with the objective of providing free of cost dialysis services to all Below Poverty Line (BPL) patients at District Hospitals (DHs). Dialysis services were to be provided under the NHM, through the Public Private Partnership (PPP) mode. State Governments were responsible for providing space for the dialysis units in DHs, drugs, power and water supply. The service provider was to provide human resources, dialysis machine, RO water plant, dialyzer and consumables.

Audit noticed that:

- In the first phase, the State Government had approved (May 2016) the setting up of Dialysis Centres in eight²⁰⁰ districts, on the PPP mode. Five dialysis machines were to be set up in each Centre. An agreement was executed (June 2016) with the Agency²⁰¹, to set up the centres within six months of signing the contract, *i.e.* by December 2016. Dialysis facilities were to be provided at the rate of ₹1,047.70 per case. Further, the Director-in-Chief, Health Services, had approved (August 2018) increase in the

¹⁹⁸ Chaibasa, Dumka, Hazaribag, Jamshedpur, Koderma, Saraikela Kharsawan and Medininagar.

¹⁹⁹ College, hospital, hostel *etc.*

²⁰⁰ Bokaro, Chaibasa, Dhanbad, Dumka, Gumla (replaced with Simdega in May 2017 due to non-availability of space at Gumla), Hazaribag, Jamshedpur and Palamu.

²⁰¹ DCDC Health Services Private Limited, New Delhi.

number of installed dialysis machines/beds to 10 from five in four²⁰² out of the eight districts.

It was, however, seen that the first such Centre could be started only at MGM, Jamshedpur, from February 2017. In the other seven districts, the centres had been started (between November 2017 and July 2020) with delays ranging from 10 to 39 months, due to delays on the part of hospital authorities in providing space, three-phase electric connections and water connections.

- In the second phase, the State Government had sanctioned (June 2018) the establishment of Dialysis Centres in the remaining 16 districts, for which an agreement was executed (September 2019) with an Agency²⁰³. The facilities were to be provided at the rate of ₹ 1,206 per case. It was, however, seen that the agreement did not mention any timeline for setting up of the Centres.

The envisaged Dialysis Centres could be set up, within six months (up to March 2020), in only four²⁰⁴ out of 16 districts. In 10 districts, the process of setting up had taken (between August 2020 and June 2022) 11 to 33 months, whereas in the remaining two districts (Khunti and Sahibganj), the Centres could not be set up, despite the lapse of 37 months, as of October 2022. The delay was attributed mainly to the failure of the hospital authorities to provide space, three-phase electric connections and water connections, for setting up the centres.

Thus, due to delayed or non-setting up of Dialysis Centres in the districts, the objective of PMNDP *i.e.*, providing free of cost or low cost dialysis facilities to needy patients, was defeated. The Department, while accepting the facts stated (March 2023) that the Dialysis centre at Sahibganj has been started and the same will be operationalized in Khunti very soon.

5.6 Bed capacity in District Hospitals

The three years' Action Plan envisaged improvement in the Bed-Population ratio. IPHS prescribes that the total bed requirement of a District Hospital (DH) should be based on the population of the district and assesses the bed requirement on the assumption of the annual rate of admission as 1 per 50 population and the average length of stay in a hospital as five days. Audit noticed that there was shortage of 5,546 beds (60 *per cent*) in 23 DHs²⁰⁵ as shown in **Table 5.6** and **Chart 5.4**. District-wise shortage of beds are given in **Appendix 5.1**.

²⁰² Bokaro, Dumka, Hazaribag and Jamshedpur.

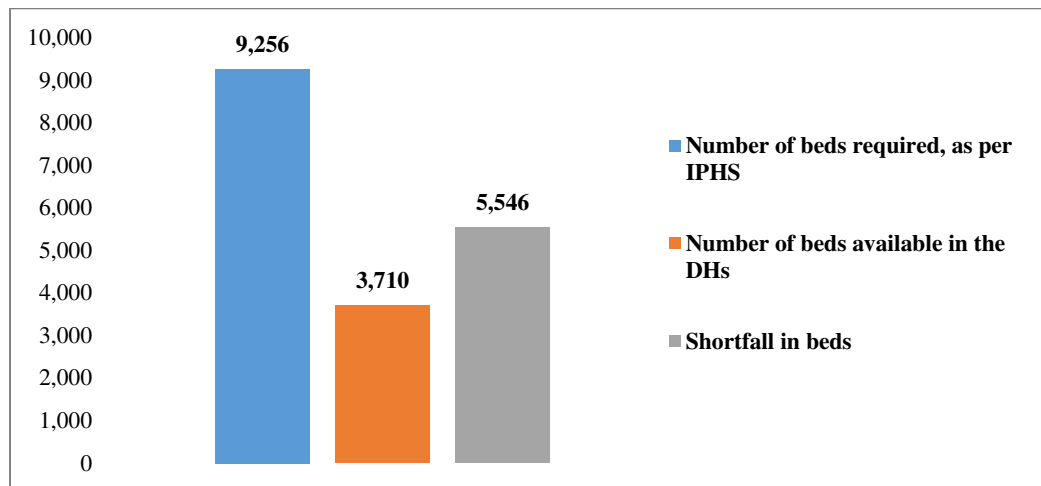
²⁰³ M/s ESKAG Sanjivani Private Limited.

²⁰⁴ Deoghar, Jamtara, Koderma and Saraikela Kharsawan.

²⁰⁵ Dhanbad has no DH. Further, the beds in the DHs at Dumka, Hazaribag and Palamu, now attached with newly established medical colleges, have been considered as available beds.

Table 5.6: Shortage of Beds in DHs, as of March 2022

Year	Population ²⁰⁶	Number of beds available in the DHs	Number of beds required, as per IPHS	Shortfall in beds (<i>per cent</i>)
2022	4,22,30,131	3,710	9,256	5,546 (60)

Chart 5.4: Status of availability of beds in DHs, as of March 2022

In the five test-checked DHs, there were 700 beds (47 *per cent*) against the requirement of 1,503 beds, as of March 2022, with shortages ranging between 19 and 74 *per cent*, as shown in **Table 5.7**.

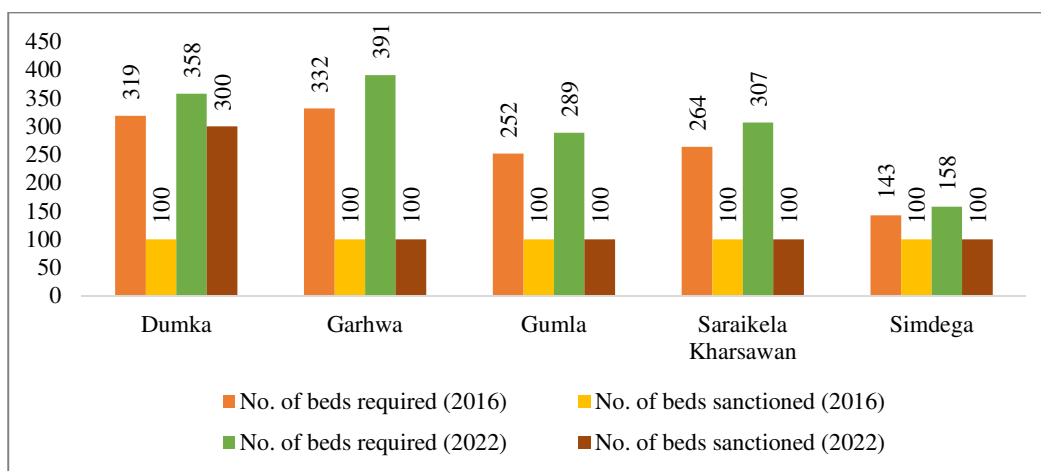
Table 5.7: Shortage of Beds in the test-checked DHs, as of March 2022

Sl. No.	District	2016				2022			
		Projected population	Number of beds sanctioned	Numbers of beds required	Shortage of beds (<i>per cent</i>)	Projected population	Number of beds sanctioned	Number of bed required	Shortage of beds (<i>per cent</i>)
1	Dumka	14,54,312	100	319	219 (69)	16,32,019	300	358	58 (16)
2	Garhwa	15,15,969	100	332	232 (70)	17,86,029	100	391	291 (74)
3	Gumla	11,50,282	100	252	152 (60)	13,19,981	100	289	189 (65)
4	Saraikela-Kharsawan	12,04,967	100	264	164 (62)	13,99,848	100	307	207 (67)
5	Simdega	6,51,278	100	143	43 (30)	7,18,898	100	158	58 (37)
Total		59,76,808	500	1310	810 (62)	68,56,775	700	1503	803 (53)

It can be seen from **Table 5.7** and **Chart 5.5** that shortage of beds, in the test-checked districts, ranged between 30 and 70 *per cent* and 16 and 74 *per cent*, respectively, during 2016-17 and 2021-22. The Department could increase the bed capacity, from 100 to 300, only in DH, Dumka.

²⁰⁶ Worked out by Audit, based on the State's decadal growth, as per Census 2011

Chart 5.5: Requirement of beds, as per population norms, during FY 2016 and FY 2022



Thus, the Department could not create adequate number of beds in DHs, commensurate with the increase in population, for providing access to quality secondary health care services, as per IPHS. The Department, while accepting the facts, stated (March 2023) that it had planned to construct 500 bedded hospital buildings at nine places in the first phase. Construction of Sadar Hospital building at Ranchi was almost completed and seven other buildings were under construction. After their completion, position of beds will improve.

5.7 Primary Healthcare facilities

The State Government, in its Twelfth Five Year Plan (2012-17), had focused on strengthening the primary healthcare facilities, *i.e.* Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs), in order to deliver maximum benefits to rural areas. The Vision Document had also envisaged narrowing the gaps in the required number of healthcare facilities in rural areas, by adding new PHCs and CHCs every year.

As per IPHS, HSCs being the most peripheral and first point of contact with the community, there was to be one HSC for every 5,000 population in plain areas and 3,000 population in tribal/ hilly areas. PHC, being the first port of call to a qualified doctor in rural areas, were to cover a population of 20,000 in hilly/tribal/difficult areas and a population of 30,000 in plain areas. PHC were to act as referral units for six HSCs and could refer out cases to CHCs and higher level public hospitals, located at the sub-district and district level.

Community Health Centres (CHCs)²⁰⁷, constituting the First Referral Units (FRUs), are designed to provide referral health care, for cases referred from PHCs, and for cases in need of specialist care, approaching the Centre directly.

²⁰⁷ A CHC is a 30-bedded hospital, providing specialist care in Medicine, Obstetrics and Gynaecology, Surgery, Paediatrics and AYUSH.

Four PHCs are included under each CHC and, thus, cater to a population of approximately 80,000 in tribal/hilly/desert areas and a population of 1,20,000 in plain areas.

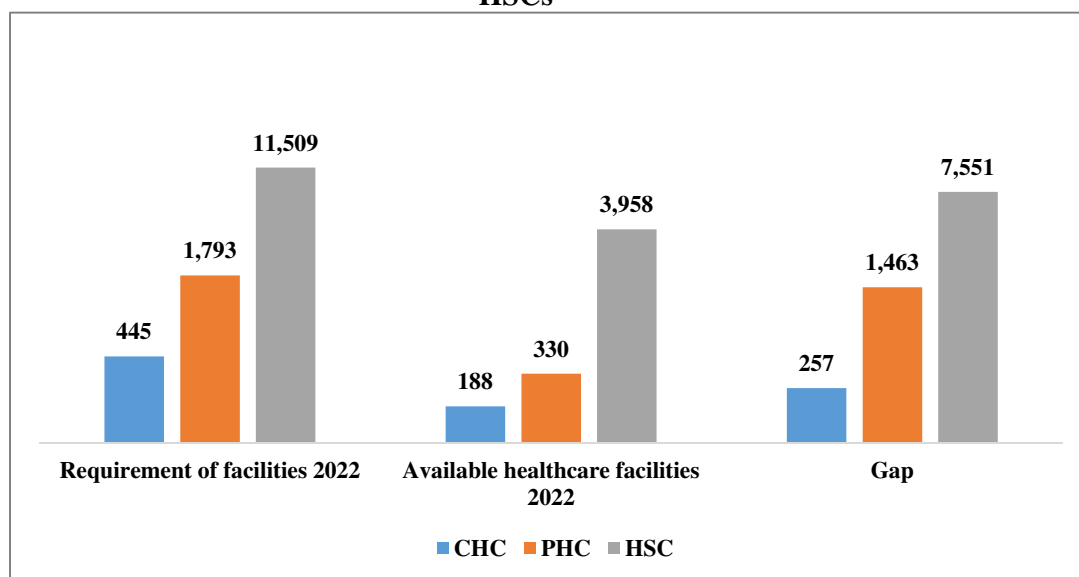
Considering the projected population of tribal²⁰⁸ and non-tribal districts in Jharkhand, gaps between requirement and availability of CHCs/PHCs/HSCs in the State, during 2016-22, are given in **Table 5.8**. District-wise shortage of primary healthcare facilities, as of March 2022, has been given in **Appendix 5.2**.

Table 5.8: Gap between the availability and requirement of primary healthcare facilities

Unit	2016				2022			
	Projected population	Requirement of facilities	Available healthcare facilities	Gap (per cent)	Projected population	Requirement of facilities	Available healthcare facilities	Gap (per cent)
1	2	3	4	5 (3-4)	6	7	8	9 (7-8)
CHC	3,68,76,857	391	188	203 (52)	4,22,30,131	445	188	257 (58)
PHC		1,563	330	1,233 (79)		1,793	330	1,463 (82)
HSC		10,048	3,958	6,090 (61)		11,509	3,958	7,551 (66)

It can be seen from **Table 5.8** that the gap between the requirement and availability of healthcare facilities in the State, such as CHCs, PHCs and HSCs, increased from 52, 79 and 61 *per cent*, respectively, in 2016 and to 58, 82 and 66 *per cent*, respectively, in 2022. Gap between the requirement and availability of CHCs, PHCs and HSCs, are shown in **Chart 5.6**.

Chart 5.6: Gap between requirement and availability of CHCs, PHCs and HSCs



The district-wise number of CHCs, PHCs and HSCs, available against the projected population (2022), is given in **Table 5.9**.

²⁰⁸ There are thirteen tribal districts in the State out of 24 districts which are covered under tribal sub-plan as per administrative guideline on Integrated Tribal Development Agency (ITDA) issued by the Department of Welfare, GoJ.

Table 5.9: District-wise number of people per CHC, PHC and HSC

District	Projected population (2022)	No. of CHCs	No. of people per CHC	No. of PHCs	No. of people per PHC	No. of HSCs	No. of people per HSC
Bokaro	24,55,287	7	3,50,755	16	1,53,455	116	21,166
Chatra	14,27,459	10	1,42,746	8	1,78,432	97	14,716
Deoghar	20,21,426	7	2,88,775	7	2,88,775	181	11,168
Dumka	16,32,019	9	1,81,335	34	48,001	258	6,326
Jamtara	9,93,171	3	3,31,057	15	66,211	132	7,524
Dhanbad	30,55,480	7	4,36,497	28	1,09,124	135	22,633
E Singhbhum	27,13,378	8	3,39,172	18	1,50,743	242	11,212
Garhwa	17,86,029	13	1,37,387	11	1,62,366	111	16,090
Giridih	33,23,786	11	3,02,162	15	2,21,586	180	18,465
Godda	17,22,494	6	2,87,082	15	1,14,833	195	8,833
Simdega	7,18,898	6	1,19,816	7	1,02,700	155	4,638
Gumla	13,19,981	10	1,31,998	13	1,01,537	242	5,454
Hazaribag	22,94,774	10	2,29,477	14	1,63,912	149	15,401
Ramgarh	10,95,253	3	3,65,084	5	2,19,051	54	20,282
Koderma	10,20,645	3	3,40,215	5	2,04,129	65	15,702
Lohardaga	6,16,985	4	1,54,246	10	61,699	73	8,452
Pakur	12,19,678	5	2,43,936	9	1,35,520	121	10,080
Palamu	25,65,265	11	2,33,206	21	1,22,155	172	14,914
Latehar	9,98,083	6	1,66,347	10	99,808	101	9,882
Ranchi	37,80,021	14	2,70,001	29	1,30,346	394	9,594
Khunti	6,73,722	5	1,34,744	3	2,24,574	108	6,238
Sahibganj	14,92,835	8	1,86,604	10	1,49,283	141	10,587
Saraikela-Kharsawan	13,99,848	7	1,99,978	12	1,16,654	194	7,216
W Singhbhum	19,01,591	15	1,26,773	15	1,26,773	342	5,560

(Source: Data provided by the Department)

Colour code: Green denotes–Poor, Yellow denotes–Very Poor and Red denotes–Extremely poor.

It can be seen from **Table 5.9** that while Dhanbad had the highest number of people dependent per CHC and HSC, Deoghar had the highest number of people dependent per PHC.

Audit further noticed that:

- Five CHCs, out of the 14 test-checked CHCs, had six to 11 beds, against the prescribed 30 beds.
- Six²⁰⁹ CHCs, out of 13 existing CHCs, were not functional in the test-checked Garhwa district.
- The building of one PHC (Bilingbera, Gumla), out of the 13 test-checked PHCs, had been completely damaged and the PHC had not been functional since the last 15 years. The manpower of the PHC had been attached with CHC, Palkot.
- Nine HSCs, out of 28 HSCs, under the test-checked CHC, Manjhiaon, of Garhwa district were also not functional.

²⁰⁹ Chiniyan, Dandai, Kandi, Kharoundee, Ramkanda and Ramna.

Thus, not all HSCs, PHCs and CHCs, reported as being functional, as per departmental records, were actually functional. The Department accepted (March 2023) the facts.

5.8 Establishment of Medico City

The State Government had planned to set up a Medico City at Itki, Ranchi, in its Annual Action Plan of 2016-17 and, subsequently, in the three years' Action Plan (2018-21). Under the Medico City, a Medical College, a Super Speciality Hospital, Nursing and Paramedical Teaching Institutes, were to be established under the PPP mode.

Audit noticed that the State Government had made budget provisions totaling ₹ 21.05 crore, during the FYs 2016-17 to 2020-21. Against this amount, only ₹ 1.10 crore could be spent, as of March 2021. Audit could not assess the present status of the proposed Medico City, as the required information was not provided to Audit by the Department, despite requisition. The Department accepted the facts and stated (March 2023) that, as the proposed project at Itki was not viable, it is now proposed to be set up in the Ranchi Institute of Neuro-Psychiatry & Allied Sciences (RINPAS), Kanke campus. It was further stated that process for approval is in progress at the Department level.

5.9 District Mental Health Programme

The District Mental Health Programme (DMHP) was launched under the National Mental Health Programme in 1996. The main objective of the DMHP was to provide Community Mental Health Services and integration of mental health services with general health services, at different levels of the district healthcare delivery system, through decentralisation of specialised Mental Hospital based care. Under the Programme, District Mental Health Centres (DMHCs) were to be established.

GoI had sanctioned DMHCs in three districts²¹⁰, during 2004-05 to 2007-08. Subsequently, the State Government had planned to establish DMHCs in the remaining 21 districts, during FYs 2016-17 to 2019-20. However, only six²¹¹ posts were sanctioned for each district, against the required eight posts, as per the DMHP guidelines issued (June 2015) by GoI. Further, DMHCs were functional only in four²¹² out of 24 districts, as of March 2022. In the remaining 20 districts, DMHCs were not functional, due to non-recruitment of the required human resources. The Department stated (July 2022) that recruitment could not be done, in view of finalisation of domicile issues and reservation policy in the State.

²¹⁰ Palamu, Dumka and Gumla.

²¹¹ Psychiatrist-1, Clinical Psychologist-1, Psychiatric Nurse -1, Psychiatric Social Worker-1, Case Registry Assistant-1, Nursing Orderly-1.

²¹² Dumka, East Singhbhum, Gumla and Palamu.

Thus, the intended objective of providing mental health services, at the district level, as also specialised Mental Hospital based care, could not be achieved in 20 districts of the State.

Recommendation: *State Government may take steps to establish new medical colleges and increase UG/PG seats in existing medical colleges. State Government may also enhance bed capacity in the DHs and minimize gaps in primary health care facilities.*

5.10 Healthcare Infrastructure

Health-infrastructure is an essential pillar of the healthcare system. To deliver quality healthcare services in the public healthcare facilities, adequate and properly maintained building infrastructure is of critical importance.

The State had 4,514 public healthcare facilities, comprising of Health Sub-Centres (HSCs); Primary Health Centres (PHCs); Community Health Centres (CHCs), Sub-Divisional Hospitals (SDHs); District Hospital (DHs) and Medical Colleges and Hospitals (MCHs), as of April 2016. The status of the buildings of these healthcare facilities, as of April 2016 and March 2022, is given in **Table 5.10**.

Table 5.10: Status of building infrastructure of healthcare facilities in Jharkhand

(In numbers)

Description of Hospital	Sanctioned healthcare facilities as of April 2016				Sanctioned healthcare facilities as of March 2022			
	Position as on April 2016	Number of facilities running in			Position as of March 2022	Number of facilities running in		
		Own Building (Govt.)	Rent free	Rented Building		Own Building (Govt.)	Rent free	Rented Building
HSC	3,958	2,170	735	1,053	3,958	2,422	691	845
PHC	330	185	124	21	330	234	87	9
CHC	188	188	0	0	188	188	0	0
SDH	12	12	0	0	12	12	0	0
DH	23	23	0	0	21	21	0	0
MCH	3	3	0	0	6	6	0	0
Total	4,514	2,581	859	1,074	4,515	2,883	778	854

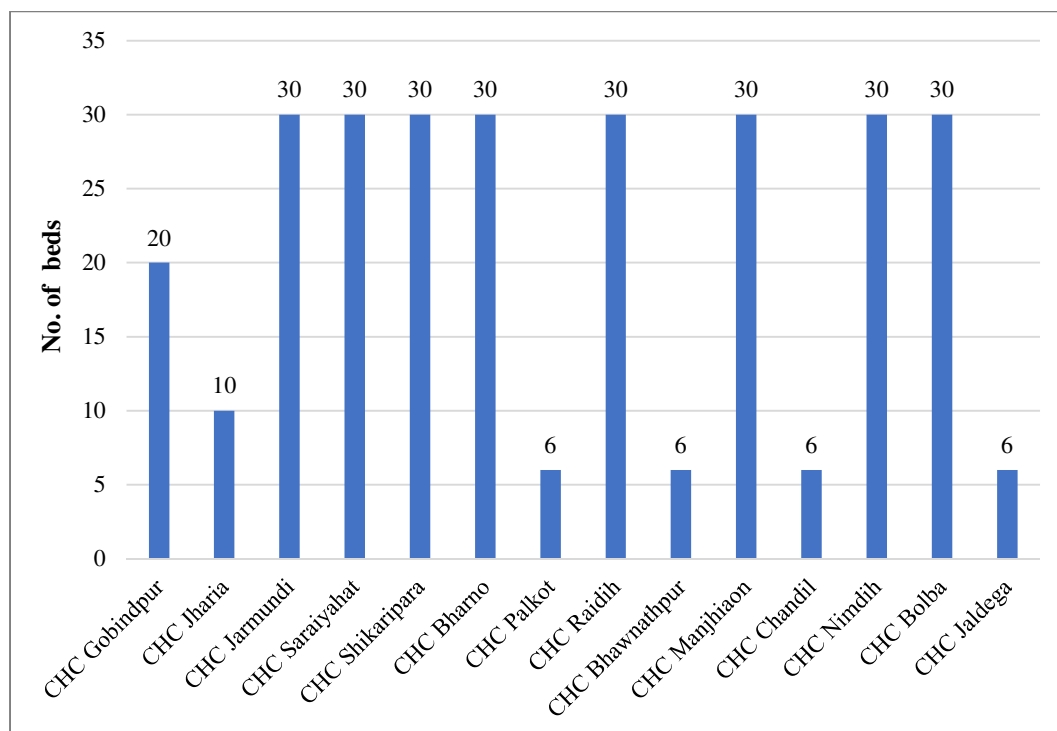
(Source: Data provided by Mission Director, National Health Mission, Jharkhand)

It can be seen from **Table 5.10** that CHCs, SDHs, DHs and MCHs, were functioning in Government buildings. However, 1,788 HSCs and 145 PHCs, were housed in non-Government buildings, as of March 2016. Of these, 252 HSCs (14 per cent) and 49 PHCs (34 per cent) could be shifted to Government buildings during FYs 2016-17 to 2021-22. The remaining 1,536 HSCs and 96 PHCs were still running in non-Government buildings, as of March 2022. This included 263 out of 1,085 HSCs and 17 out of 86 PHCs, running in non-Government buildings, in the six test-checked districts.

Audit further noticed that:

- Six²¹³ (43 *per cent*) out of the 14 test-checked CHCs were running in old PHC buildings, with bed capacities ranging between six and 20 (**Chart 5.7**), though CHCs were required to have a bed capacity of 30, as per IPHS norms.

Chart 5.7: Availability of beds in test-checked CHCs, as of March 2022



- As per IPHS norms, PHCs were required to have a bed capacity of six. It was seen that three²¹⁴ (23 *per cent*) out of the 13 test-checked PHCs did not have beds whereas three²¹⁵ PHCs were running with five beds.
- The District Rural Health Society (DRHS), Garhwa, had received (between June 2019 and May 2020) ₹ 4.19 crore, under NHM, for construction of 10 HSC buildings and was required to transfer the funds to the Building Construction Division, Garhwa, for construction work. However, DRHS, Garhwa, diverted (May and June 2021) the funds to eight CHCs and DH, Garhwa, for implementing the NHM programme. The CS-cum-CMO accepted (June 2022) the diversion and stated that funds for construction of the Health Sub-Centre would be made available to the Building Construction Division, Garhwa, after receipt of funds for the NHM programme.

²¹³ (1) Bhawnathpur: 6 beds (2) Chandil: 6 beds (3) Govindpur: 20 beds (4) Jaldega: 6 beds (5) Jharia: 10 beds and (6) Palkot: 06 beds.

²¹⁴ Chutiyaro, Bhaga and Bilingbera.

²¹⁵ Kandi, Arangi and Raikinari.

5.10.1 Creation of infrastructure

The Jharkhand State Building Construction Corporation Limited (JSBCCL) has been entrusted (November 2015) with the responsibility of construction of buildings costing more than ₹ three crore. JSBCCL had taken up 137 building works, related to healthcare facilities, at a cost of ₹ 4,509.95 crore, during FYs 2016-17 to 2021-22. The sanctioned costs and physical progress of these works, as of August 2022, are given in **Table 5.11**.

Table 5.11: Works undertaken during FYs 2016-17 to 2021-22

Financial Year	Number of works taken up	Sanctioned cost (₹ in crore)	Complete		Incomplete/ under progress	
			No.	Expenditure (₹ in crore)	No.	Expenditure (₹ in crore)
Prior to 2016-17	237	1,133.46	218	646.95	19	262.93
2016-17	14	914.01	9	24.05	5	736.61
2017-18	75	669.39	65	286.68	10	201.30
2018-19	18	162.58	12	82.94	6	56.10
2019-20	20	2,678.42	4	36.47	16	556.23
2020-21	5	57.52	3	27.95	2	0
2021-22	5	28.03	0	0	5	5.03
Total	374	5,643.41	311	1,105.04	63	1,818.20

It can be seen from **Table 5.11** that, out of 374 works, 311 works (83 *per cent*) had been completed and 63 works, including seven works, with stipulated dates of completion beyond August 2022, had remained incomplete. These works had remained incomplete either due to non-commencement of construction works, due to non-availability of land, or due to delays in complying with construction formalities, as was seen in the test-check of 28 works, sanctioned at a cost of ₹ 1,691 crore, as discussed in the succeeding paragraphs.

5.10.2 Construction of Medical Colleges at Koderma and Chaibasa

Construction of buildings for Medical Colleges and Hospitals, at Koderma and Chaibasa, were administratively approved (January 2019) for ₹ 642.78 crore²¹⁶, by the Department. The projects were approved for ₹ 500 crore (₹ 250 crore each), as a Centrally Sponsored Scheme (Establishment of new Medical Colleges attached with existing district/referral hospitals) with GoI share of ₹ 300 crore and State share of ₹ 200 crore. The works were awarded (July 2019) to a contractor, at an agreed cost of ₹ 653.61 crore²¹⁷, with the stipulated date of completion being January 2022.

The contractor could not complete the works by January 2022 and it was seen that the physical progress of works, as of August 2022, was eight *per cent*

²¹⁶ Koderma: ₹ 328.42 crore and Chaibasa: ₹ 314.36 crore.

²¹⁷ Koderma: ₹ 319.47 crore and Chaibasa: ₹ 334.14 crore.

(Chaibasa) and 12 *per cent* (Koderma), with the expenditure incurred thereon being ₹ 47 crore²¹⁸. The contractor had received (between August 2019 and December 2019) interest-bearing Mobilisation Advance (MA) of ₹ 53.01 crore²¹⁹, against Bank Guarantees (BGs) of ₹ 65.36 crore²²⁰. MA of ₹ 6.64 crore²²¹ had been recovered from RA bills of the contractor (April 2022) and ₹ 49.02 crore²²² was recovered (June 2022) by forfeiting the BGs. Thus, a total of ₹ 55.66 crore was recovered which included ₹ 53.01 crore of MA and ₹ 2.65 crore²²³ towards interest. Meanwhile, the work at Chaibasa was terminated in August 2022. Audit, however, noticed that:

- JSBCCL did not raise any demand with the contractor, for the remaining dues of ₹ 89.15 crore²²⁴, in regard to the contract of Chaibasa, after termination, as per the terms and conditions of the contract. As calculated by Audit, the outstanding dues included ₹ 5.35 crore as interest on MA, liquidated damages (LD) of ₹ 33.41 crore and additional cost of ₹ 64.09 crore, for completing the remaining work, as per the terms of the contract.
- Further, against the contract of Koderma, JSBCCL had also not realised ₹ 7.05 crore as interest on MA and LD of ₹ 31.95 crore from the contractor, on account of slow progress of work.

Thus, JSBCCL had not realised ₹ 128.15 crore from the defaulting contractor, as of August 2022.

On being pointed out (August 2022), the Executive Director, JSBCCL, stated (September 2022) that LD would be realised if extension of time is not granted to the contractor, in regard to the work at Koderma. The reply is not convincing, as it was seen that the Contractor had not applied for extension of time, as of August 2022, though any such request was to be made within the stipulated date of completion (January 2022), along with the revised work programme. The Department accepted the facts and stated (March 2023) that action will be taken for completion and operationalization of the medical colleges.

²¹⁸ Koderma: ₹ 33.22 crore and Chaibasa: ₹ 13.78 crore.

²¹⁹ Koderma: ₹ 27.95 crore and Chaibasa: ₹ 25.06 crore.

²²⁰ Koderma: ₹ 31.95 crore and Chaibasa: ₹ 33.41 crore.

²²¹ Koderma: ₹ 4.72 crore and Chaibasa: ₹ 1.92 crore

²²² Koderma: ₹ 23.96 crore and Chaibasa: ₹ 25.06 crore

²²³ Koderma: ₹ 0.73 crore and Chaibasa: ₹ 1.92 crore

²²⁴ Recoverable amount from the contractor as per clause 60.1 of SBD, on termination of agreement:

Value of work completed: ₹ 13.70 crore

Less: MA due : NIL

Less: Interest on MA: ₹ 5.35 crore

Less: Liquidated damage: ₹ 33.41 crore

Less: 20 *per cent* of work not completed: ₹ 64.09 crore

Total: (-) ₹ 89.15 crore

(Work not completed = agreed cost of ₹ 334.14 crore less completed work of ₹ 13.70 crore = ₹ 320.44 crore)

5.10.3 Construction of Phulo Jhano Medical College and Hospital, Dumka

The Phulo Jhano Medical College and Hospital (PJMCH), Dumka, was a newly established (August 2019) institution, with the district hospital being upgraded to a 300-bedded hospital and temporarily declared as a teaching hospital, to which end, it required a new infrastructure setup. For this purpose, two projects, viz. ‘Construction of medical college building’ and ‘Construction of 500-bedded hospital building’, were sanctioned at a cost of ₹ 293.89 crore and ₹ 484.58 crore, in September 2016 and December 2017, respectively.

Work for construction of the College building was awarded (January 2017) to an agency at a cost of ₹ 215.07 crore, with the stipulated date of completion being July 2019. The work was almost complete at a cost of ₹ 245.53 crore (as of August 2022) and the building so constructed was being used for academic purposes. Construction of the 500-bedded hospital building was awarded (March 2019) to another agency, at a cost of ₹ 442.45 crore, with the stipulated date of completion being November 2021. However, the physical progress of work was only around 35 *per cent*, with the expenditure being ₹ 125.95 crore, as of August 2022. The incomplete hospital building is shown in the **photograph 5.3**.

Photograph 5.3



Incomplete hospital building of PJMCH, Dumka (22.08.2022)

Due to non-completion of hospital building in time, the district hospital was still being utilised as the teaching hospital of the MCH. The Department, while confirming the facts, stated (March 2023) that action will be taken for early completion of PJMCH, Dumka.

5.10.4 Saheed Nirmal Mahto Medical College and Hospital, Dhanbad

For strengthening and upgrading of SNMMCH, Dhanbad, for the PG programme, construction of five buildings²²⁵ was sanctioned for an amount of ₹ 35.36 crore, as detailed in *Appendix 5.3*. The buildings were completed at a cost of ₹ 41.19 crore and were handed over (between September 2018 and December 2021) to the Hospital. However, MCI/ NMC did not sanction the seats as other deficiencies, such as, shortage of faculty and Resident doctors, as well as absence of equipment and nurses accommodation within the campus, persisted, as pointed out (January 2019) by the NMC.

5.10.5 Construction of 500-bedded hospital building at Saraikela Kharsawan

Construction of a 500-bedded hospital building, at Saraikela Kharsawan, was technically sanctioned (November 2010), for an amount of ₹ 184.30 crore, by the Chief Engineer (Engineering Cell) of the Department. The Department had accorded (March 2011) Administrative Approval (AA) of ₹ 153.96 crore, excluding the cost of equipment, which was valued at ₹ 30.34 crore. The hospital was to be constructed, based on the design and drawings of the 500-bedded Sadar Hospital, Ranchi.

An agreement for ₹142.88 crore was executed (February 2012) with the agency²²⁶, by the Executive Engineer, Kolhan Division, Chaibasa, with the scheduled date of completion being February 2014, which was subsequently extended upto December 2017. The work was later on transferred to JSBCCL, after its formation in November 2015. The work had, however, not been completed, as of August 2022, and the Department directed (June 2022) JSBCCL to close the agreement. The contractor, *i.e.* National Building Construction Corporation Limited (NBCC Ltd.), had been paid ₹103.74 crore, till June 2019.

Audit noticed that the Department had proposed (March 2011) to convert the proposed hospital at Saraikela Kharsawan, into a Medical College, in view of the scarcity of medical colleges and hospitals in Jharkhand. Construction of the Hospital at Saraikela Kharsawan was taken up as per the design and drawing of the 500-bedded Sadar Hospital, Ranchi, as per the direction given in the AA. However, the estimates of Sadar Hospital, Ranchi, had been framed for a normal Hospital. Further, the site condition of Ranchi and Saraikela Kharsawan was different. The site at Saraikela Kharsawan was on a hillock, with very steep

²²⁵ (1) Extension of General Medicine & Paediatrics Part A for PG programme, (2) Extension of General Medicine & Paediatrics Part B for PG programme, (3) Extension of Gynaecology Department for PG programme, (4) Extension of Surgery, Anaesthesia, ENT & Eye Department for PG programme and (5) Construction of PG boys & girls hostel.

²²⁶ NBCC Ltd.

topography. Hence, a specific DPR for the Saraikela Kharsawan hospital was required, after award of work to the contractor. As such, a consultant (M/s Arch-en Design) was engaged by the Department (August 2012), for preparation of the revised DPR of the project.

The Consultant submitted (between September 2013 and May 2017) revised drawings and DPR for the work, valued at ₹ 383.06 crore, adding new works²²⁷ and with changes in the scope of ongoing works. The NBCC Ltd. repeatedly requested (between May 2017 and February 2020) JSBCCL and the Department, to revise the agreed scope of work, as per the revised DPR, submitted by the Consultant. However, the Department did not approve the changes and constituted a Committee (December 2019), under DIC, Health Services for review of the revised DPR. The committee did not submit any report in this regard.

Subsequently, the Department constituted (February 2021) a new committee under the Chairmanship of Principal (Mahatma Gandhi Memorial Medical College, Jamshedpur), and requested (December 2021) JSBCCL to prepare the DPR, based on the report furnished by the new committee. For the purpose, JSBCCL engaged (March 2022) a new consultant, to prepare the DPR of the remaining work, after cancellation (March 2022) of the agreement with the existing consultant. Meanwhile, the Department ordered (June 2022) closure of the agreement of work. Audit, however, noticed that final measurement had not been taken, as of October 2022, despite receipt of DPR from the new consultant (September 2022).

Thus, commencement of work at Saraikela Kharsawan, on the basis of the site conditions of Ranchi and further abnormal delays in finalisation of changes in the scope of work, led to non-completion of the hospital building for more than 10 years after its sanction, in addition to unfruitful expenditure of ₹ 103.74 crore on the incomplete hospital building. This also defeated the objective of the Government to augment teaching facilities for medical education in the State of Jharkhand. The Department confirmed the facts and stated (March 2023) that the contract for construction of the 500 bedded hospital building at Saraikela Kharsawan had been rescinded and action is being taken to invite fresh tender.

5.10.6 Unfruitful expenditure of ₹ 5.48 crore on Construction of CHC, Lalpania

The Department administratively approved (February 2014) construction of a 30-bedded CHC at Lalpania (Tenughat), Bokaro, at a cost of ₹ 5.74 crore. The Executive Engineer, North Chotanagpur Division, Hazaribag, executed

²²⁷ Horticulture and landscaping, low voltage system work, solar system work, equipment (Central Sterile Supply Department, laundry, kitchen and mortuary), modular OT, medical gas pipeline system, pneumatic tube system.

(October 2014) an agreement for ₹ 6.27 crore with a contractor, for completion of work by February 2016, which was later extended up to March 2017. The work was later on transferred (November 2015) to JSBCCL. The work was incomplete, as of July 2022, after payment of ₹ 5.48 crore (till March 2022) to the contractor.

Audit observed that the site could not be handed over to the contractor till October 2015. Further, only the location of quarters for doctors, paramedics and fourth grade staff and common hall, had been shown in the approved drawings/map and the site for the main CHC building itself had not been earmarked. Audit noticed that the EE had intimated (November 2016) JSBCCL that the construction of the main CHC building had been objected to by the local people, as it was on the banks of an existing pond and the district administration had also instructed preservation of the pond during construction work. The EE had requested the Managing Director, JSBCCL, to prepare a revised Detailed Project Report (DPR), on the basis of the available land, for construction of the main CHC building. A revised DPR was submitted (February 2019) by the consultant²²⁸, for construction of the CHC building, without affecting the pond. On the basis of the building plan submitted by the consultant and approved by the JSBCCL, the contractor was directed to re-start the work in October 2020. On completion of work upto roof slab of ground floor of the CHC building, JSBCCL directed (November 2021) the EE to take final measurement of the partially completed building and close the agreement. Expenditure of ₹ 5.48 crore had been incurred on construction of the incomplete CHC, till the time of closure of work. JSBCCL prepared and technically sanctioned (June 2022) another revised DPR of ₹ 13.40 crore for the project, in regard to which the revised AA had not been provided by the Department (as of June 2022). The deficiencies in the original estimate and changes in the structural drawing of the CHC building, from 'load bearing' to 'frame structure', were cited as the main reasons for the revised DPR. The work had not been started (as of August 2022).

Thus, award/commencement of construction work, without earmarking the site for the main CHC building and failure to resolve the issues, raised by the local people, in time, deficiencies in the original estimates and changes in the structural design of the CHC building after its completion upto ground level led to non-completion of the CHC, in addition to unfruitful expenditure of ₹ 5.48 crore. The Department while confirming the facts stated (March 2023) that action is being taken to complete the CHC building at Lalpania.

²²⁸ The Creator

5.10.7 Idle expenditure of ₹ 30.18 crore on construction of 100-bedded Hospital at Hansdiha, Dumka

The Department had administratively approved (January 2017) construction of a 100-bedded hospital at Hansdiha, under Dumka district, for ₹ 31.59 crore. An agreement for work, valued at ₹ 25.11 crore, was executed (May 2017) by the EE, JSBCCL, Santhal Pargana Division, Dumka, with a contractor. The work was to be completed by May 2019 (later extended up to April 2020). The work was completed in April 2020, at a cost of ₹ 30.18 crore and handed over (November 2020) to the Civil Surgeon, Dumka. Audit noticed that expenditure of ₹ 35.04 lakh had been incurred on purchase and installation of DG set, electrification *etc.* for the hospital. However, during joint physical verification (22 August 2022), the hospital building (**Photograph 5.4**) was found to be non-functional as shown in **photograph 5.5**.

Photograph 5.4



Completed Hospital building at Hansdiha, Dumka (22.08.2022)

Photograph 5.5



Idle equipment in the Hospital building at Hansdiha, Dumka (22.08.2022)

It was stated that the hospital had not started functioning, as manpower has not been sanctioned by the Department.

Thus, the completed hospital building, with beds and other medical equipment, remained idle, after expenditure of ₹ 30.53 crore had been incurred. The Department accepted the facts and stated (March 2023) that action is being taken to operate Hansdiha hospital as a satellite hospital of AIIMS, Deoghar. For this, a report has been requested (March 2023) from Director, AIIMS, Deoghar.

5.10.8 Unfruitful expenditure of ₹ 99.73 lakh, due to construction of PHC at an ineligible site

Construction of PHC, Phularitand, Baghmara, in Dhanbad district, was administratively approved (May 2015) for ₹ 2.36 crore, by the Department. An agreement for work, valued at ₹ 2.12 crore, was executed (March 2018) by the EE, JSBCCL, North Chotanagpur Division, Hazaribag, with a contractor, with the stipulation that the work be completed by May 2019.

Audit noticed that the site for construction of the PHC had been changed (August 2018) to Targa, instead of Phularitand, by the Department, on the recommendation (June 2018) of JSBCCL. However, the construction work was stopped (January 2019), on the directions of the Department, after incurring expenditure of ₹ 99.73 lakh (till final measurement in October 2020), as the site was not found eligible²²⁹ by the Department, for establishment of a PHC, as per IPHS norms. Thereafter, the Department directed (September 2020) JSBCCL to convert the incomplete building into a trauma centre. An architect was also engaged (October 2020), for preparing the DPR for the trauma centre. However, construction of the trauma centre had not been started, as of August 2022, due to delay in preparation of the DPR.

Thus, award of work/commencement of construction, without adhering to IPHS norms, led to unfruitful expenditure of ₹ 99.73 lakh. The Department confirmed the facts and stated (March 2023) that JSBCCL has been instructed to submit revised estimates as per current SOR.

5.10.9 Irregular retention of Government money, for 2.5 years to 5.5 years

The Department transferred ₹ 33.66 crore, to JSBCCL, during FYs 2016-17 to 2019-20, for construction of 11 PHC buildings, one CHC building and three residential quarters (girls hostel, doctor's residence and nurses/ paramedics residence), at the *Rajkiye* Ayurvedic Medical College & Hospital at Chaibasa. These works were sanctioned for a total amount of ₹ 40.39 crore, during January 2013 to March 2017 (*Appendix 5.4*).

²²⁹ Reasons for not finding the site eligible were not stated by the Department, in its order.

However, the works had not been started, as of August 2022, due to non-availability of land. Thus, release of funds, without ensuring availability of land for construction, led to blocking of ₹ 33.66 crore, with JSBCCL, for 2.5 years to 5.5 years.

5.11 Health care infrastructure for COVID-19

5.11.1 Establishment of Special Labs in newly created medical colleges

Keeping in view the COVID-19 pandemic, and considering the fact that the tendering process would take time, the Health, Medical Education and Family Welfare Department (the Department), GoJ, relaxed the Financial Rules and nominated (May 2020) the PanIIT Alumni Reach for Jharkhand (PReJHA) Foundation, to set-up PCR based testing laboratories, at three²³⁰ new Medical Colleges and Hospitals (MCHs), at the rate of ₹ 2.50 crore per laboratory, excluding GST. PReJHA was required to set up laboratories, within three to four weeks from the date of the MoU (May 2020), with the Jharkhand Medical Health Infrastructure Development and Procurement Corporation Limited (JMHDPCCL). As per the MoU, PReJHA was also to select an Indian Council of Medical Research (ICMR) approved Diagnostic partner, for carrying out COVID-19 tests. The Department further nominated (April 2021) PReJHA, for setting up similar laboratories, in seven districts²³¹.

Audit observed that PReJHA had set up laboratories in the three MCHs and had started conducting RT-PCR tests between July 2020 and October 2020.

Further, as of September 2022, district laboratories were ready at five districts²³² but could not be made functional, due to non-empanelment of any Diagnostic partner, for which PReJHA had demanded funds from JMHDPCCL. In the remaining two districts (Gumla and Deoghar), though PReJHA had procured all lab equipment, setting up of labs was delayed, as the district administration had not handed over (September 2022) the buildings.

Thus, district laboratories could not be started during the COVID period and the district authorities were forced to send the collected samples to other districts wherein such labs were already in existence. This resulted in delays in getting test results. Thus, the purposes for which the expenditure had been incurred, were not achieved, due to delay in establishment of the labs. The Department, while confirming the facts, stated (March 2023) that action will be taken to ensure that the labs are functional and labs at Gumla and Deoghar would be set up.

²³⁰ Sheikh Bhikhari Medical College and Hospital, Hazaribag; Phulo Jhano Medical College and Hospital, Dumka and Medinirai Medical College and Hospital, Palamu.

²³¹ Bokaro, Chaibasa, Deoghar, Godda, Gumla, Jamshedpur and Ranchi.

²³² Bokaro, Chaibasa, Godda, Jamshedpur and Ranchi.

5.11.2 Establishment/ strengthening of RT-PCR Labs

For establishment/strengthening of the existing RT-PCR labs in the 24 districts, ₹ 7.20 crore (₹ 30 lakh for each district) was released (August 2021), by GoI, under ECRP-II. Out of this, ₹ 5.10 crore (₹ 30 lakh each) was released (February 2022) by JRHMS, to 13 districts, for establishment of RT-PCR labs, as well as to four MCHs (₹ 30 lakh each), for strengthening of their existing RT-PCR labs.

Audit noticed that the CS-cum-CMOs of three²³³ of the test-checked districts, had invited (between March and July 2022) tenders after more than four months of the receipt of funds. The tenders had not been finalised, as of October 2022. Further, MCH, Dhanbad, had utilised (July 2021 to February 2022) funds amounting to ₹ 24.51 lakh, for clearing past liabilities related to consumables purchased by the Microbiology Department.

Thus, the RT-PCR laboratories could not be set up when they were most required, *i.e.* during the COVID pandemic, even though more than 12 months had lapsed since the release of funds by GoI. The Department, while confirming the facts, stated (March 2023) that action will be taken to make the labs functional.

5.11.3 Augmentation of PICU beds

As per the Guidance Note of Emergency COVID Response Package (ECRP)-II, States were to augment the ICU beds at Medical Colleges, DHs, SDHs, CHCs *etc.*, duly reserving 20 *per cent* for Paediatric Intensive Care Unit (PICU) beds. The indicative cost per PICU bed was ₹ 16.85 lakh.

Audit observed that GoJ had submitted (July and August 2021) proposal for augmentation of 480 PICU beds, in DHs, to GoI. GoI had approved (August 2021) ₹ 80.88 crore for the purpose. No proposal had been submitted for medical colleges, SDHs and CHCs. Audit further observed that ₹ 79.34 crore had been released (February 2022) to the JMHPCL, for PICU Beds, but no expenditure had been incurred, as of September 2022. Thus, despite the availability of funds, PICU beds had not been augmented in DHs.

Further, in four out of the six test-checked districts, 188 ICU beds²³⁴, specifically for COVID-19 ICU Wards, had been set up from funds provided under Corporate Social Responsibility (CSR), District Mineral Foundation Trust (DMFT) and NHM, during FY 2021-22. However, during joint physical verification (May 2022), oxygen pipelines in the COVID-19 ICU Ward at DH, Garhwa, were found damaged. It was also seen that ICU beds had not been put

²³³ Garhwa, Saraikela Kharsawan and Simdega.

²³⁴ Dhanbad (122), Garhwa (06), Gumla (10), and Simdega (50).

to use at DH, Simdega, due to shortage of doctors, staff nurses and trained personnel.

5.11.4 Augmentation of additional beds by provision of Pre-fabricated Units

As per the Guidance Note of ECRP-II, support was provided to increase the non-ICU beds at HSCs, PHCs and CHCs, through setting up of Pre-fabricated structures. These beds were to be Oxygen supported, using either Oxygen Concentrators, Oxygen Cylinders or other Oxygen sources. At HSCs and PHCs, six-bedded units were to be established, at the maximum cost of ₹ 9.83 lakh per unit. At CHCs, 20-bedded units were to be established, at the maximum cost of ₹ 35 lakh per unit. GoI had approved (August 2021) ₹ 96.08 crore for establishment of 852 (HSC: 682, PHC: 121 and CHCs: 49) Pre-fabricated units, with the condition that the facilities be made functional, within three months.

Audit observed that JRHMS had released (February 2022) ₹ 114.29 crore (for prefab unit and 50/100 bedded field hospital), to JMHIDPCL, for establishment of the Pre-fabricated units at HSCs, PHCs and CHCs. However, no action in this regard, had been taken, as of September 2022, and the funds had remained unutilised. Thus, augmentation of beds, as envisaged, could not be achieved at the primary level, despite the availability of funds.

5.11.5 Liquid Medical Oxygen with Medical Gas Pipeline System

As per the Guidance Notes of ECRP-II, the State may provide Liquid Medical Oxygen Plant (LMO), with Medical Gas Pipeline System (MGPS), to public healthcare facilities, where the oxygen source is tied-up or available through Pressure Swing Adsorption (PSA) plants.

Audit observed that ₹ 30.40 crore had been released (February 2022), by the Department, to JMHIDPCL, for establishment of the said System in 38 hospitals (CHCs, SDHs, DHs and MCHs) in the State. However, the systems had not been installed as of September 2022, and these funds were lying unutilised.

5.11.6 Establishment of Paediatric Centre of Excellence

A Centre of Excellence (CoE) for Paediatric Care was to be established at the State level, at any MCH, for providing Tele-ICU, mentoring and technical hand-holding, to district paediatric units. GoI approved (August 2021) and released ₹ 2.73 crore for establishment of the CoE at the Rajendra Institute of Medical Science (RIMS), Ranchi.

Audit, however, observed that the envisaged CoE for Paediatric care had not been established, despite availability of funds with JRHMS.

5.11.7 Establishment of dedicated Paediatric care units

As per the ECRP-II Guidance Note, each district should have at least one Dedicated Paediatric Care Unit (DPCU), with 42 oxygen supported beds, drugs and equipment. Audit noticed that a 27-bedded DPCU ward, had been established, (December 2021) at the cost of ₹ 34.02 lakh, in DH, Simdega, from DMFT funds. In DH, Garhwa, a DPCU had been established (July 2021), at the cost of ₹ 5.53 lakh, but remained non-functional, as of September 2022, due to non-availability of doctors, nurses and paramedics and power back-up. The non-functional DPCUs at DHs, Simdega and Garhwa, are shown in the photographs below:

Photograph 5.6



**Non-functional DPCU ward at DH, Simdega
(05.08.2022)**

Photograph 5.7



**Non-functional DPCU ward at DH,
Garhwa (22.07.2022)**

5.11.8 Establishment of Pressure Swing Adsorption (PSA) Oxygen Plant

Pressure Swing Adsorption²³⁵ (PSA) oxygen generating plants are a source of medical-grade oxygen. For distribution of oxygen produced from PSA plants, oxygen can either be piped directly from the oxygen tank to wards, or further compressed to fill oxygen cylinders via a supplemental booster compressor and a cylinder filling ramp/manifold. The staff, needed to operate and maintain PSA plants, require specialised training. Strict maintenance schedules are also needed, to prevent malfunctions in the PSA plants.

In the State, 72 PSA (PM CARES: 38 and CSR: 34) plants were to be installed. The PSA plants, received under PM CARES, had been installed, during FY 2021-22, by the Defence Research and Development Organisation (DRDO), in the State.

Audit observed that, in the six test-checked districts, 16 PSA plants (PM CARES: 8, CSR: 4, DMFT: 3 and NITI Aayog: 1) had been installed (between

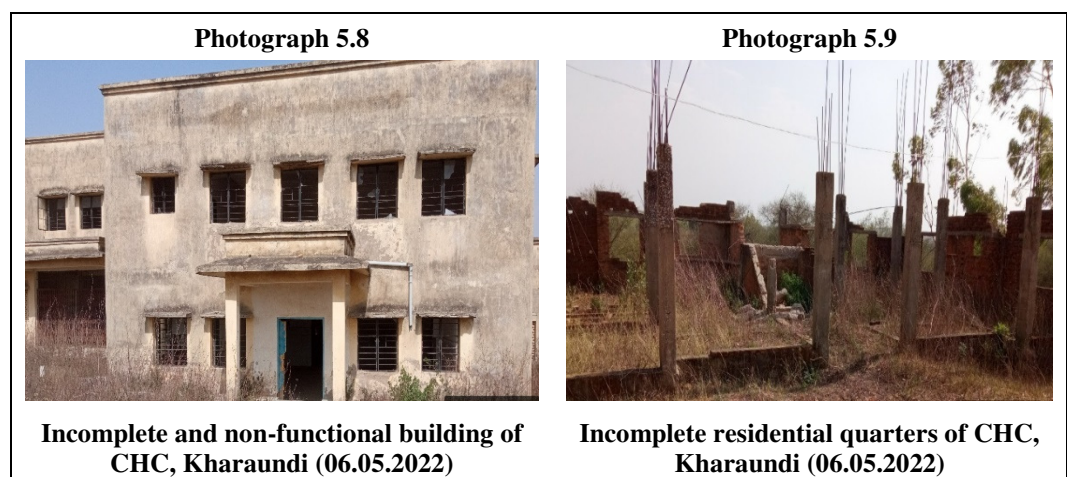
²³⁵ PSA is the process by which ambient air passes through an internal filtration system, which has a large enough total surface area, to separate nitrogen (N₂) from the air, concentrating the remaining oxygen (O₂) to a known purity. It typically consists of an air compressor, dryer, filters, dual separation chambers, a reservoir and controls.

January 2021 and June 2022). However, eight out of the 16 PSA plants, installed from January 2021 to June 2022, were non-functional, as they were not interconnected with the Medical Gas Pipeline System (MGPS), supply pipe lines were broken, there was lack of dedicated and trained manpower *etc.* Due to non-functioning of the PSA plants, the requirements of medical oxygen were being met by oxygen concentrators and cylinders, in the respective MCHs/DHs. The Department did not furnish replies to the audit observation.

5.12 Other points of interest

5.12.1 Idle building of CHC, Kharaundi

Construction of CHC, Kharaundi, was completed at a cost of ₹ 2.25 crore and handed over (January 2016) to MO, CHC, Bhawnathpur. The CS-cum-CMO, Garhwa, reported (January 2022) to the Department that CHC, Kharaundi, had been made functional from the new building. However, during joint physical verification (May 2022), the buildings were found to be incomplete, vacant and in a dilapidated condition, as shown in the photographs below:



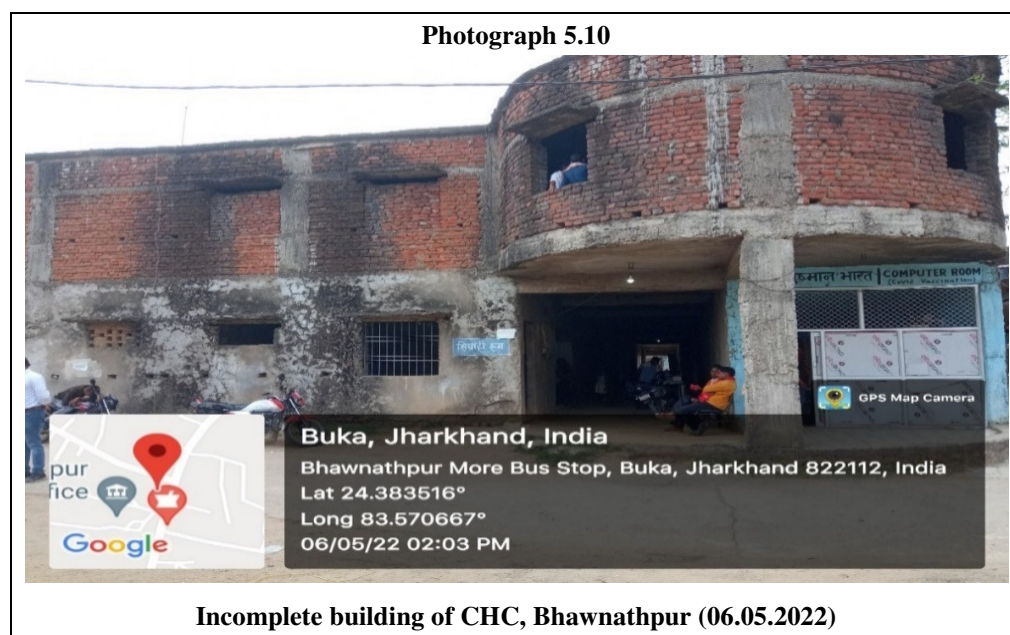
Further, CHC, Kharaundi had not been made functional, as of October 2022, due to non-posting of doctors and other staff, as intimated (November 2022) by MO, CHC, Bhawnathpur.

Thus, CHC, Kharaundi, could not be started till October 2022, despite expenditure of ₹ 2.25 crore (January 2016) on construction of building. Further, the Department had been given misleading information that it was functional. The Department while confirming the facts stated (March 2023) that action is being taken to complete the CHC building at Kharaundi.

5.12.2 Unfruitful expenditure on construction of CHC, Bhawnathpur

An agreement was executed (November 2008) for ₹ 2.48 crore, by the Executive Engineer (EE), Rural Works Division (RWD), Garhwa, with a contractor, for construction of a building for CHC, Bhawnathpur, Garhwa. The work was to be completed by November 2009. The contractor, however, stopped

(February 2012) the work, without completing it and, ultimately, the agreement was rescinded (August 2017) by the EE, RWD, Garhwa. The contractor had been paid (January 2018) ₹ 1.34 crore till the final bill. Further, though the Chief Engineer had submitted (September 2021) a revised estimate of ₹ 7.35 crore, to the Department, for administrative approval, the same was awaited, as of March 2022. Due to non-completion of the building, CHC, Bhawnathpur, was functioning in an old building, without proper facilities. A photograph of the incomplete CHC building is given below:



Thus, expenditure of ₹1.34 crore, incurred on construction of the incomplete CHC, Bhawnathpur, building, proved unfruitful. The Department while confirming the facts stated (March 2023) that action is being taken to complete the CHC building at Bhawnathpur.

Recommendation: State Government may review all incomplete healthcare facility buildings and address the bottlenecks that are causing delays. Idle buildings may be operationalised by deploying manpower and equipment.

5.12.3 Non-strengthening of the State Drug Regulatory System.

Based on a MoU signed (October 2015) between the Ministry of Health and Family Welfare, GoI, and the Department, GoJ approved strengthening of the State Drug Regulatory System, at a cost of ₹ 10.59 crore and released (April 2017 to June 2019) the central share of ₹ 6.35 crore. The funds were meant for strengthening of the State level drug testing laboratories, with adequate IT infrastructure, furniture, lab equipment, civil works and manpower.

The Department released (December 2017 to November 2019) ₹ 10.58 crore (Central share: ₹ 6.35 crore and State share: ₹ 4.23 crore), to the Director (Drugs), State Drugs Control (SDC) Directorate, Jharkhand, with directions to

transfer the funds to JMHIDPCL. Accordingly, the Director deposited (March 2018 and March 2020) ₹ 10.58 crore, in the Personal Ledger Account (PLA) of JMHIDPCL.

Audit noticed that JMHIDPCL had intimated (December 2020) the Director, SDC that it is mandated to procure only drugs and medical equipment, and, as such, it could not spend the transferred amount. However, later on, JMHIDPCL procured (between December 2018 and February 2019) furniture, valued at ₹ 1.01 crore and distributed it to the State Laboratory and offices of Drug Inspectors in the districts. The remaining amount of ₹ 9.57 crore was lying unspent in the PLA of JMHIDPCL, as of March 2022. It was further seen that the State Government, in a review meeting (February 2021) of GoI, made the misleading claim that upgradation of the existing State Drug Laboratory was in its final stage and that utilisation certificate of ₹ 5 crore had already been submitted in 2019.

Thus, the Department could not utilise the funds made available by GoI, for strengthening its drug regulatory system, despite a lapse of over three to five years since their receipt. The Department did not furnish replies to the audit observation.

Chapter 6

Financial Management

6. Financial Management

A key requirement for any healthcare system is to ensure adequate funds to the responsible organisations, in line with the objectives of the healthcare system. Such funding seeks to give the governments and health authorities, both, the financial capacity and the incentive to fulfill their objectives.

The State Government provides funds for the health sector, under the State Budget. Apart from State funds, financial assistance is also provided by GoI under various Central schemes, *viz.* NHM, Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), National AYUSH Mission (NAM) *etc.*

Allocation of funds, by the State, for the health sector, is discussed in the succeeding paragraphs:

6.1 Public spending on healthcare

The National Health Policy (NHP), 2017, recommended that States should increase their health sector spending to more than eight *per cent* of the State budget by 2020. It also recommended that States should increase their health expenditure to 2.5 *per cent* of the Gross State Domestic Product (GSDP), by 2025. The health expenditure of the State, with respect to the State budget and GSDP, during FYs 2016-17 to 2021-22, is given in **Table 6.1**.

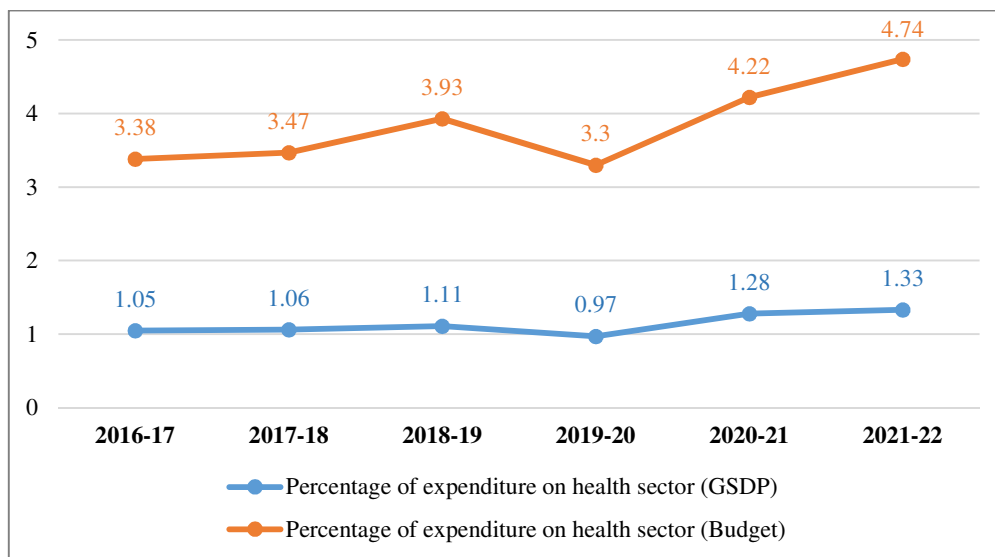
Table 6.1: Expenditure on the health sector in comparison to the State Budget and GSDP
(₹ in crore)

Financial Year	GSDP	Total Budget of the State	Expenditure on the Health Sector	Percentage of GSDP	Percentage of State budget	Percentage of national expenditure on the health sector to total expenditure (Centre and States, combined)
2016-17	2,36,250	72,966	2,469	1.05	3.38	5.0
2017-18	2,69,816	82,161	2,847	1.06	3.47	5.4
2018-19	3,05,695	86,154	3,383	1.11	3.93	5.3
2019-20	3,21,157	94,765	3,128	0.97	3.30	5.0
2020-21	3,17,079	96,278	4,062	1.28	4.22	5.4
2021-22	3,63,085	1,01,586	4,813	1.33	4.74	6.6

(Source: *Economic Surveys of Jharkhand and GoI and Appropriation Accounts of Jharkhand*)

It can be seen from **Table 6.1** that the State's spending on the health sector had ranged between 0.97 *per cent* and 1.33 *per cent* of GSDP and 3.30 *per cent* and 4.74 *per cent* of the State budgets, during FYs 2016-17 to 2021-22. It was also less compared to the national expenditure (GoI and States, combined) on the health sector. Expenditure on the health sector, to the total expenditure of the State/GSDP, during FYs 2016-17 to 2021-22, is depicted in **Chart 6.1**.

Chart 6.1: Expenditure on Health by Government to Total Expenditure of State (Budget/GSDP)



Thus, the State Government failed to increase health spending to 2.50 *per cent* of GSDP and to more than eight *per cent* of its budget, as recommended in NHP. While accepting the facts, it was stated (March 2023) that the Department is gradually increasing its expenditure to meet the targets as per norms.

6.2 Budget allocation and expenditure on Health Sector (Centre and State Government)

Year-wise budget provisions and expenditure thereagainst, during FYs 2016-17 to 2021-22, pertaining to the Department, has been shown in **Table 6.2**.

Table 6.2: Budget allocation and expenditure on Health Sector (GoI and State Government)

(₹ in crore)

Year	Government of India			Government of Jharkhand		
	Total Budget Provision	Expenditure	Savings	Total Budget Provision	Expenditure	Savings
2016-17	528	352	176 (33)	2,870	2,117	753 (26)
2017-18	726	528	198 (27)	3,318	2,319	999 (30)
2018-19	1,007	779	228 (23)	3,343	2,604	739 (22)
2019-20	1,255	757	498 (40)	3,327	2,371	956 (29)
2020-21	1,102	815	287 (26)	3,975	3,247	728 (18)
2021-22	2,048	1,113	935 (46)	4,440	3,700	740 (17)

It can be seen from **Table 6.2** that the savings, during FYs 2016-17 to 2021-22, against GoI share ranged between 23 and 46 *per cent* whereas it ranged between 17 to 30 *per cent* against the State budget.

The Department accepted the facts and stated (March 2023) that efforts to utilize the entire budgetary provisions could not be achieved due to non-approval of schemes/projects, demand not received from field units, delay in construction works, *etc.*

6.2.1 Revenue and Capital Expenditure

Analysis of health expenditures between Revenue and Capital heads has been shown in **Table 6.3**.

Table 6.3: Revenue and Capital expenditure during 2016-17 to 2021-22

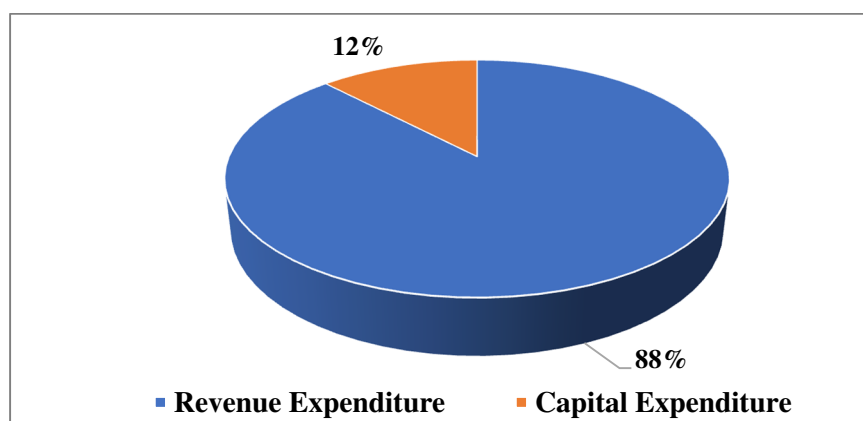
(₹ in crore)

Financial Year	Budget provision		Expenditure (percentage)		Savings (percentage)	
	Revenue	Capital	Revenue	Capital	Revenue	Capital
2016-17	2,665	733	1,957 (73)	512 (70)	708 (27)	221 (30)
2017-18	3,519	525	2,538 (72)	309 (59)	981 (28)	216 (41)
2018-19	3,881	469	3,109 (80)	273 (58)	772 (20)	196 (42)
2019-20	3,819	763	2,781 (73)	348 (46)	1,038 (27)	415 (54)
2020-21	4,416	661	3,476 (79)	586 (89)	940 (21)	75 (11)
2021-22	5,900	558	4,325 (73)	489 (88)	1,575 (27)	69 (12)
Total	24,200	3,709	18,186 (75)	2,517 (68)	6014 (25)	1192 (32)

(Source: Appropriation Accounts of respective years)

It can be seen from **Table 6.3** that the budget provision under Revenue head, ranging between 20 and 28 *per cent*, could not be utilized whereas in case of Capital head non-utilisation ranged between 11 and 54 *per cent*, during FYs 2016-17 to 2021-22. The details of Capital Expenditure *vis-à-vis* Revenue Expenditure is shown in **Chart 6.2**.

Chart 6.2: Capital Expenditure *vis-à-vis* Revenue Expenditure (2016-17 to 2021-22)



Further, in the six test-checked districts, utilisation of the State budget ranged between 83 and 92 *per cent* (**Appendix 6.1**).

6.3 Funds released under NHM

The National Health Mission (NHM) is a major instrument of financing and support to the States for strengthening their public health systems. Financing to the States, under the Scheme, is based on the State Programme Implementation Plan (SPIP), approved by the National Programme Co-ordination Committee (NPCC), Ministry of Health, GoI. Receipt and utilisation of funds, under NHM, during FYs 2016-17 to 2021-22, is shown in **Table 6.4** and **Chart 6.3**.

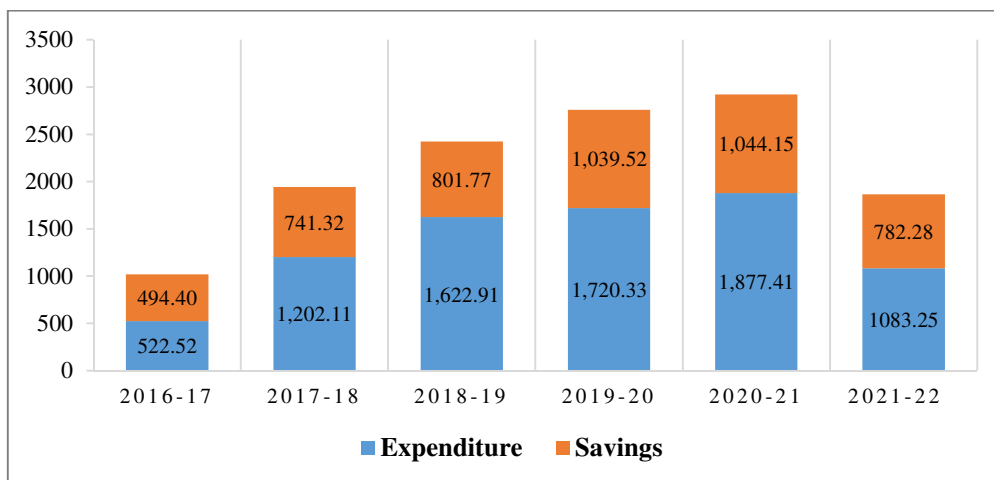
Table 6.4: Receipt and utilisation of funds under NHM

(₹ in crore)

Year	Opening balance	Receipts during the year	Total funds available during the year	Expenditure	Closing balance (per cent of available funds)
2016-17	497.44	519.48	1,016.92	522.52	494.40 (49)
2017-18	494.40	1,449.03	1,943.43	1,202.11	741.32 (38)
2018-19	741.32	1,683.36	2,424.68	1,622.91	801.77 (33)
2019-20	801.77	1,958.08	2,759.85	1,720.33	1,039.52 (38)
2020-21	1,039.52	1,882.22	2,921.56	1,877.41	1,044.15 (36)
2021-22	1,044.15	821.38	1,865.53	1,083.25	782.28 (42)

(Source: Information provided by the Jharkhand Rural Health Mission Society)

Chart 6.3: Details of funds utilised and savings



It can be seen from **Table 6.4** that the State could not utilise 33 to 49 per cent of the funds available under NHM. Further, Audit noticed a difference of ₹ 553.17 crore in the closing balance, as on 31 March 2021, between the information provided by JRHMS, and the Receipt and Payment Accounts for 2020-21. As per the Receipt and Payment Accounts, the closing balance was ₹ 1,597.32 crore, as on 31 March 2021. The Chartered Accountant, in his report, also commented upon unexplained differences in the closing balances with District Health Societies/CHCs and suggested reconciliation.

Utilisation of NHM funds, by the six test-checked districts, was better, compared to utilisation by the State, as shown in **Table 6.5**.

Table 6.5: Receipt and utilisation of NHM funds in the test-checked districts

(₹ in crore)

District	Total funds available during FYs 2016-17 to 2021-22	Funds utilised	Closing balance, as on 31 March 2022	Funds utilised (in percentage)
Dhanbad	192.41	188.75	3.66	98
Dumka	277.98	257.83	20.15	93
Garhwa	183.69	183.68	0.01	100
Gumla	179.53	165.94	13.59	92
Saraikela Kharsawan	186.04	176.00	10.04	95
Simdega	99.43	92.33	7.10	93

(Source: Data provided by DRHS)

Non-utilisation of NHM funds, by the State, was due to late submission/approval of SPIP and delays in the submission of utilisation certificates. The Department stated (March 2023) that it will be examined and detailed reply will be submitted.

6.4 Outstanding Advances

As per Paragraph 6.9.1 of the Operational Guidelines for Financial Management of NRHM, advances to implementing units, staff and suppliers are to be given for admissible activities, and are preferably to be settled within a maximum period of 90 days. Further, as per the Scheme Guidelines, Detailed Advance Registers and Advance Tracking Registers should be maintained, to monitor the various advances given.

Scrutiny of the Annual Accounts of the Jharkhand Rural Health Mission Society (JRHMS) for the financial year 2021-22, revealed that advances of ₹ 445.55 crore were outstanding, against 125 agencies/ suppliers/ government institutions/ officials. The age-wise analysis of outstanding advances is shown in **Table 6.6**.

Table 6.6: Age-wise analysis of outstanding advances, as of March 2022

(₹ in crore)		
Period of advance	Amount outstanding as of March 2022	No. of agencies/suppliers/ government institutions / officials involved
More than 10 years	34.47	39
5 to 10 years	158.74	39
2 to 5 years	26.06	34
Less than one year	226.28	13
Total	445.55	125

(Source: Latest available Annual Audit Report of NHM)

It can be seen from **Table 6.6** that advances of ₹ 219.27 crore were outstanding against 112 agencies/ suppliers/ government institutions/ officials for more than two years, and, as such, chances of misutilisation of the advances, outstanding for such long period, could not be ruled out. The Department accepted the facts and stated (March 2023) that the MD, NHM has been instructed to further reduce the outstanding advances. It was also stated that funds were deposited with JSBCCCL for execution of works which were in progress and adjusted accordingly.

6.5 Inflated utilisation certificates

As per the Scheme Guidelines of NRHM, JRHMS was to submit Utilisation Certificates (UCs) to GoI, certifying the amounts actually spent against the grant disbursed and unspent balances. Audit of the Annual Accounts revealed that inflated UCs had been submitted, as detailed in **Table 6.7**.

Table 6.7: Details of inflated UCs submitted to GoI by JRHMS

(₹ in crore)

Financial Year	Unspent balance, as per Receipt & Payment Account	Unspent balance, as per UCs submitted to GoI	Difference for which inflated UCs submitted
2016-17	675.29	602.25	73.04
2017-18	1,449.76	850.22	599.54
2018-19	1,540.45	914.01	626.44
2019-20	1,496.94	1,175.30	321.64
2020-21	1,597.32	1,099.59	497.73

It can be seen from **Table 6.7** that inflated UCs, for amounts ranging between ₹ 73.04 crore and ₹ 626.44 crore, were submitted, during FYs 2016-17 to 2020-21. The Department accepted the facts and stated (March 2023) that the matter will be examined and detailed reply submitted to Audit.

Recommendation: State Government may increase health expenditure as per NHP 2017 and ensure reconciliation of differences in different Books of Accounts.

6.6 Budget allocation for AYUSH under the State budget

Details of budget allocation by the Department, for AYUSH, during FYs 2016-17 to 2021-22, are given in **Table 6.8**.

Table 6.8: Budget allocation under the State budget for AYUSH during FYs 2016-17 to 2021-22

(₹ in crore)

Financial Year	Budget Allocation in the Health sector	Budget allocation for AYUSH (per cent of the total budget)	Budget utilisation (per cent of the allocated budget for AYUSH)
2016-17	3,397.41	52.71 (1.55)	34.63 (66)
2017-18	4,044.15	79.92 (1.98)	27.53 (34)
2018-19	4,349.89	75.54 (1.74)	24.32 (32)
2019-20	4,581.83	65.61 (1.43)	29.99 (46)
2020-21	5,077.34	69.10 (1.36)	21.59 (31)
2021-22	6,457.84	115.17 (1.78)	49.16 (43)
Total	27,908.46	458.05 (1.64)	187.22 (41)

(Source: Appropriation accounts of respective years)

It can be seen from **Table 6.8** that the overall budget allocation for AYUSH, during the period, was 1.64 per cent of the total health budget and had been decreasing since FY 2018-19 in percentage terms upto FY 2020-21 and marginally increased in FY 2021-22. Further, the overall utilisation, during the period, was also low (41 per cent of the budget allocation) and had also been decreasing over the years (except during FY 2019-20 and FY 2021-22).

Thus, the State Government had not provided due importance to the development of the AYUSH system. The Department confirmed the facts and stated (March 2023) that shortage of manpower was the main reason for non-utilisation of funds.

6.7 Fifteenth Finance Commission Grants

GoI released (November 2021) grants, amounting to ₹ 444.40 crore, to the State Government, for support to primary health care, under the Fifteenth Finance

Commission, for creation of diagnostic infrastructure, development of block public health units, development of urban health & wellness centres & polyclinics, construction of buildings where HSCs/PHCs/CHCs were being run in rented buildings and conversion of rural PHCs/HSCs into HWCs. The State Government released (March 2022) grants of ₹ 114.58 crore, to the Jharkhand Medical Health Infrastructure Development & Procurement Corporation Limited, Ranchi, for creation of diagnostic infrastructure at HSCs/PHCs/UPHCs and ₹ 329.82 crore to the district authorities²³⁶ of all 24 districts of Jharkhand, for conversion of rural PHCs and HSCs into HWCs, development of block public health units, development of infrastructure for HSCs/PHCs/CHCs without buildings, development of urban health & wellness centres and polyclinics. Audit observed that ₹ 85.67 crore had been released (March 2022) to district authorities, in the six test-checked districts, but had remained unutilised, as of March 2022. The Department accepted (March 2023) the facts.

²³⁶ DCs, DDCs, Municipal Commissioners and Executive Officers.

Chapter 7

Implementation of Centrally Sponsored Schemes

Implementation of Centrally Sponsored Schemes

7. Centrally Sponsored Schemes

Public Health being a State subject, the primary responsibility of strengthening the public healthcare system lies with the State Governments. However, the Ministry of Health and Family Welfare, GoI, provides technical and financial support to States, from time to time, to strengthen the public healthcare system and manage public health challenges.

Implementation of Centrally Sponsored Schemes such as Health & Wellness Centres (HWCs), Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) under Ayushman Bharat, National AYUSH Mission and Pradhan Mantri Swasthya Suraksha Yojana (PMSSY), are discussed in this chapter. Audit observed significant deficiencies in the implementation of the schemes as discussed below:

7.1 Health and Wellness Centres

The National Health Policy, 2017, recommended strengthening the delivery of primary health care, through establishment of “Health and Wellness Centres (HWC)”. HWCs are envisaged to deliver an expanded range of services that go beyond maternal and child health care services, to include care for non-communicable diseases, palliative and rehabilitative care, oral, eye and ENT care, mental health and first level care for emergencies and trauma, and also to supply free essential drugs and provide diagnostic services.

Government of India (GoI) announced (February 2018) the creation of 1,50,000 HWCs, by transforming the existing Sub-Health Centres and Primary Health Centres, under Ayushman Bharat, by December 2022.

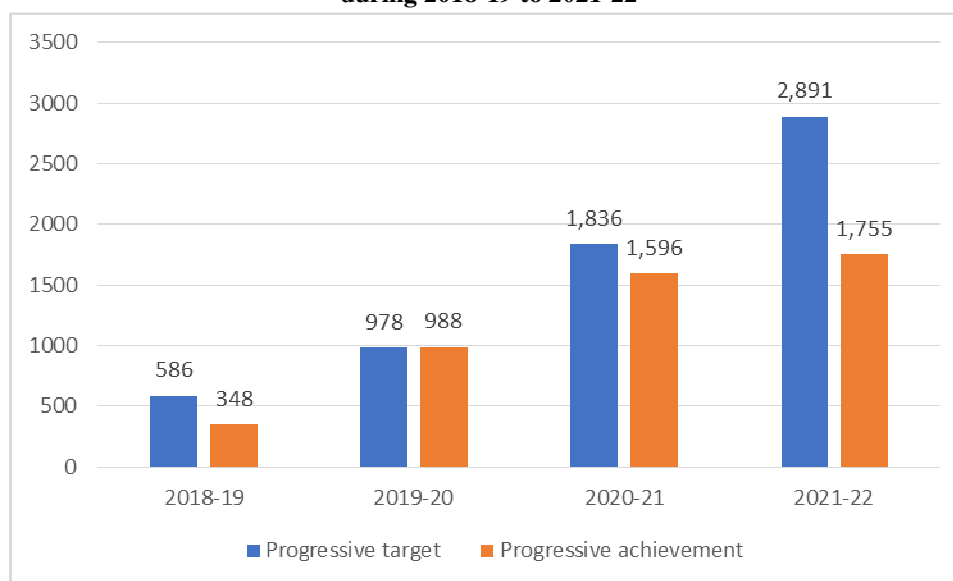
7.1.1 Targets and achievement

In Jharkhand, 2,891 HWCs were to be created, till March 2022. The year-wise targets and achievement in this regard, as of March 2022, are indicated in **Table: 7.1** and **Chart 7.1**.

Table 7.1: Status of cumulative targets and achievement in the State, as of March 2022

Financial Year	Progressive target	Progressive achievement	Shortfall/surplus	Shortfall in per cent
2018-19	586	348	238	41
2019-20	978	988	+10	-
2020-21	1,836	1,596	240	13
2021-22	2,891	1,755	1,136	39

(Source: Information provided by NHM)

Chart 7.1: Progressive targets and achievements- Creation of HWCs during 2018-19 to 2021-22

It can be seen from **Table 7.1** that only 1,755 (61 *per cent*) HWCs had been operationalised in four years. This included creation of 499 HWCs (44 *per cent*) against the target of 1,135 HWCs, in the six test-checked districts, as detailed in **Table 7.2**.

Table 7.2: Status of HWCs in the test-checked districts, as of March 2022

District	Target	Achievement	Shortfall (<i>per cent</i>)
Dhanbad	158	96	62 (39)
Dumka	239	123	116 (49)
Garhwa	135	51	84 (62)
Gumla	256	91	165 (64)
Saraikela Kharsawan	181	86	95 (52)
Simdega	166	52	114 (69)
Total	1,135	499	636 (56)

(Source: Information furnished by NHM)

Colour code: Red=Extremely Poor (Shortfall>60%), Yellow=Very poor (60%≤Shortfall≤40%), Green=poor (Shortfall<40%)

Test-check of the records of 25 operational HWCs, upgraded from HSCs, revealed shortcomings in availability of human resources, essential drugs, equipment and consumables as discussed in **Chapter 2** and **4**.

7.1.2 Telemedicine services at HWCs

Guidelines for tele-medicine services in HWCs stipulates that tele-consultation facility should be available in all HWCs. Accordingly, GoI introduced (November 2019) tele-medicine services in all HWCs on a Hub²³⁷ and spoke²³⁸ model, through the e-Sanjeevani²³⁹ online platform. As per the

²³⁷ 'Hub' means a panel of doctors to provide the first level of tele-consultation to Spokes (*i.e.* HWCs).

²³⁸ All HWCs.

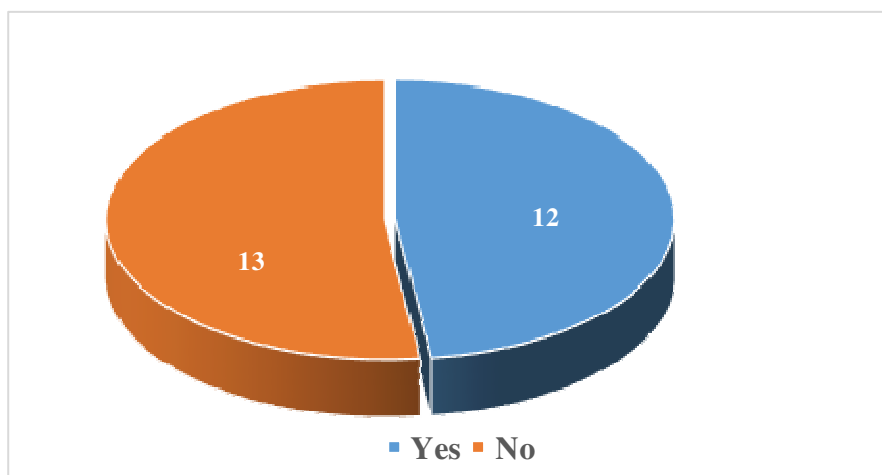
²³⁹ e-Sanjeevani, launched by GoI in 2009, is an independent platform, browser-based application, facilitating both doctor-to-doctor and patient-to-doctor tele-consultations, developed by C-DAC.

guidelines²⁴⁰ for telemedicine services in HWCs, issued (August 2019) by GoI, Hubs would be created at the State Medical Colleges, for providing Specialist/Super-specialist consultation to Doctors, at PHCs, and Specialist/Doctor consultation to Mid-Level Health Practitioners/Community Health Officers, at HWCs (called as spokes). The services of specialists, available at the District Hospitals, could also be utilised, by establishing tele-consultation facilities there.

The State introduced (April 2021) e-*Sanjeevani* telemedicine services and registered 558 doctors/specialists for providing telemedicine services. Further, HUBs of specialist doctors, at two²⁴¹ medical colleges and the Central Institute of Psychiatry, Ranchi, were also established.

Audit observed that only 294 doctors (53 *per cent*), out of 558 and 1,251 HWCs (82 *per cent*) out of 1,528 were active in the State, on e-*Sanjeevani*, as of June 2022. Out of the 25 test-checked HWCs, only 12 HWCs (48 *per cent*) had arrangements for providing tele-consultation services to the public as shown in **Chart 7.2**.

Chart 7.2: Availability of Tele-consultation Services in test-checked HWCs



Thus, not all the HWCs had been provided with tele-consultation facilities, as envisaged in the guidelines. The Department, while confirming the facts, stated (March 2023) that action is being taken for bringing about improvement in the functioning of HWCs as per norms.

7.1.3 Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY)

The Scheme was launched in September 2018, with the objective of providing quality health care to poor and vulnerable families, through improved affordability, accessibility and quality care. The scheme facilitates medical insurance coverage of Rupees five lakh, to deprived families covered under

²⁴⁰ GoI introduced in August 2019.

²⁴¹ RIMS, Ranchi and AIIMS Deoghar.

the Socio-Economic Caste Census (SECC), 2011 and *Rashtriya Swasthya Bima Yojana* (RSBY).

The State Government also converged its own health scheme, *Mukhyamantri Swasthya Bima Yojana* (MSBY), into PMJAY, to provide medical insurance coverage, to the families covered by the National Food Security Act (NFSA) and decided to provide health insurance to 59,26,204 families of the NFSA-Public Distribution System (PDS). As the benefits under the PMJAY scheme were to be provided to SECC families, the State Government intended to provide the same facilities to the remaining families of PDS, *i.e.* out of 59,26,204 families, the State Government identified 28,05,753 families under PMJAY (SECC, 2011) and the remaining 31,20,451 families under MSBY.

As per the data uploaded on the State Government website²⁴², the State Government was providing health insurance facilities to 57,10,933 families (28,05,753 families under PMJAY and 29,05,180 families under MSBY).

7.2 National AYUSH Mission

The Ministry of AYUSH, GoI, launched (2014-15) a Centrally Sponsored Scheme (CSS), National AYUSH Mission (NAM). The funding pattern, between the Centre and the State, was to be in the ratio of 75:25 initially and 60:40 from FY 2016-17 onwards. The basic objective of NAM is to promote AYUSH medical systems through cost-effective AYUSH services, strengthening of educational systems, facilitating the enforcement of quality control of Ayurveda, Siddha, Unani & Homoeopathy drugs and sustainable availability of AYUSH raw materials.

Audit findings

7.2.1 Implementation framework of AYUSH under NAM

7.2.1.1 Constitution of the State AYUSH Society

NAM focuses on the building of institutional capacity, to enhance the implementation efficiency and absorption capacity of the States. At the State level, the Mission was to be governed and executed by the State AYUSH Society (SAS).

The Government of Jharkhand (GoJ) established (February 2017) the Jharkhand State AYUSH Society (SAS), for implementation of NAM. The functioning of SAS is discussed in the succeeding paragraphs.

7.2.1.2 Governing Body

The Chief Secretary, Government of Jharkhand, is the Chairperson of the Governing Body of SAS, with the Secretary of HME & FWD being the

²⁴² www.aahar.jharkhand.gov.in

Member Secretary and seven²⁴³ other members. The Governing Body is responsible for review of AYUSH policy and programme implementation, inter-sectorial co-ordination, approval of State Annual Action Plans (SAAP) *etc.*

Audit observed that the Governing Body did not meet even once, during FYs 2016-17 to 2021-22. However, SAAPs for the period 2016-17 to 2021-22 were submitted to GoI, by the Executive Body.

Thus, the Governing Body had neither approved the SAAPs, nor monitored the implementation of SAAPs in the State.

In reply, Director (AYUSH) stated that the Governing Body meeting would be conducted shortly.

7.2.1.3 *Executive Body*

The Executive Body comprises of the Secretary of HME & FWD as Chairperson, the Director AYUSH as the Member-Secretary and 10²⁴⁴ other members. The Executive Body is responsible for preparation of SAAPs; execution of the approved SAAPs, including release of funds to implementing Agencies as per the SAAPs; follow-up of decisions of the Governing Body; monitoring and evaluation of SAAPs; and maintenance of the accounts of SAS.

Audit noticed that the Executive Body had met only twice during FYs 2016-17 to 2021-22, in which *post facto* approvals of the SAAPs for the FYs 2015-16 and 2019-20, were granted. In reply (March 2023) the Department accepted the fact.

7.2.1.4 *State Programme Management Unit*

Under NAM, a State Programme Management Unit (SPMU) was to be set up with one Programme Manager and six²⁴⁵ other members. The staff of SPMU were to be engaged on contractual basis/outsourced and their salary was to be met from the administrative cost of the Mission. SPMU was to provide technical support for implementation of NAM in the State.

²⁴³ Addl. Chief Secretary/Principal Secretary/Secretary, Planning and Finance Department; Addl. Chief Secretary/Principal Secretary/Secretary, Environment Department; Mission Director, National Health Mission; Director-in-Chief (Health Services); Director, State Drugs Controller; Director, AYUSH and Special Executive Officer, Jharkhand Medicinal Plant Board.

²⁴⁴ Special Secretary/Joint Secretary, HME&FWD; Mission Director, NHM; Nominated Member, Forest and Environment Department; Nominated Member, Planning and Finance Department; Director-in-Chief, Health Services; Deputy Director (Ayurveda); one senior medical officer from each stream *i.e.* Homeopathy/Unani/Yoga nominated by the Addl. Chief Secretary/Principal Secretary/Secretary and Special Duty Officer, State Medicinal Plant Board, Jharkhand, Ranchi.

²⁴⁵ Two consultants; one Finance Manager; one Accounts Manager; one Health Management Information System (HMIS) Manager and one Data Manager.

Audit observed that only a Programme Manager had been appointed (January 2020) and the other six posts had remained vacant, as of March 2022. Though a proposal (July 2018) for engagement of other members had been submitted by Director, AYUSH, to the Joint Secretary, Department of Health, Medical Education & Family Welfare, GoJ, it had not been approved (August 2022). Thus, the SPMU was not functional.

In reply, Director (AYUSH) stated (January 2023) that the HMIS Manager and Data Entry Operator had been appointed, while appointments for the remaining posts were under process.

7.2.1.5 District AYUSH Society

As per the implementation framework of NAM, District AYUSH Societies (DASs) were to be registered under the Societies Registration Act, 1860 for carrying out AYUSH activities.

Audit observed that the DASs had not been registered in the six test-checked districts. As such, neither had any AYUSH activities been carried out, nor had the funds, allocated to the District Joint AYUSH Officers, been utilised. The funds were ultimately returned to the SAS. Thus, non-functioning of the DASs had led to non-implementation of the programme in the districts. The Department, while confirming the facts, stated (March 2023) that the registration process is in progress.

7.2.2 Utilisation of funds released under NAM

The framework for implementation of NAM stipulates that the State AYUSH Society will prepare Perspective and Annual Action Plans.

The Jharkhand AYUSH Society had not prepared any Perspective Plan. However, SAAPs for the FYs 2016-17 to 2021-22 had been submitted to GoI. The approved SAAPs included co-location of AYUSH facilities at the PHCs and CHCs, opening of two integrated AYUSH hospitals, establishment of AYUSH Health Wellness Centres, upgradation of Government AYUSH dispensaries *etc.*

The Director (AYUSH) was maintaining a bank account (in the name of SAS, Jharkhand) for managing the funds released under NAM. It was seen that GoI did not release its share against SAAPs of ₹ 62.60 crore, for the period covered by FYs 2016-17 to 2018-19, due to low utilisation of funds released under the previous SAAPs. The receipt and utilisation of funds under NAM, during FYs 2016-17 to 2021-22, is shown in **Table 7.3** and **Chart 7.3** and **Chart 7.4**.

Table 7.3: Receipt and utilisation of funds under NAM

(₹ in crore)

Financial Year	Opening balance (OB)	Allotment during the year	Interest earned	Total funds available during the year	Expenditure (percentage)	Closing balance
2016-17	8.33	0.48 ²⁴⁶	Nil	8.81	Nil (0)	8.81
2017-18	8.81	Nil	0.27	9.08	Nil (0)	9.08
2018-19	9.08	Nil	0.34	9.42	0.20 (2)	9.22
2019-20	9.22	15.22	0.29	24.73	0.82 (3)	23.91
2020-21	23.91	Nil	0.30	24.21	0.19 (1)	24.02
2021-22	24.02	31.98	0.39	56.39	0.23 (0.4)	56.16
Total		47.68	1.59		1.44 (3)	

(Source: Information provided by the Directorate of AYUSH)

Chart 7.3: Availability and utilisation of funds under NAM at the State Level

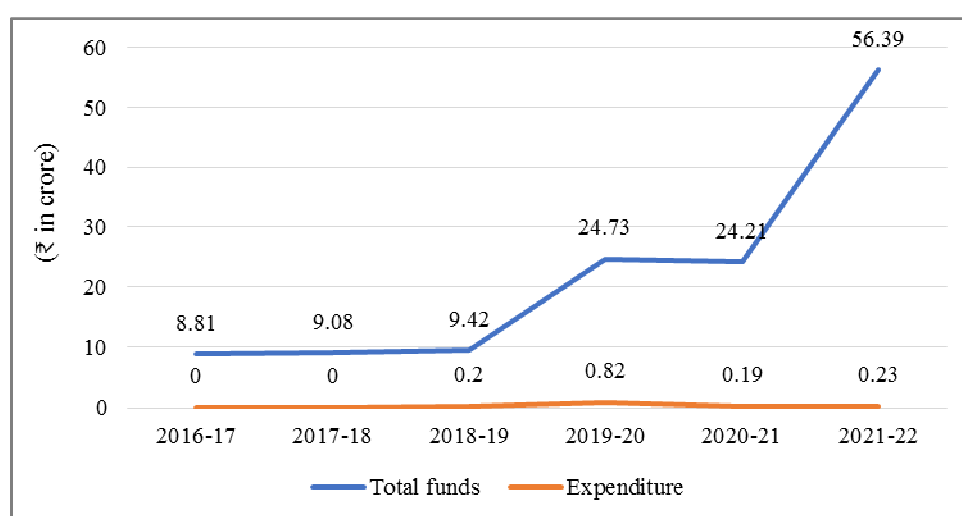
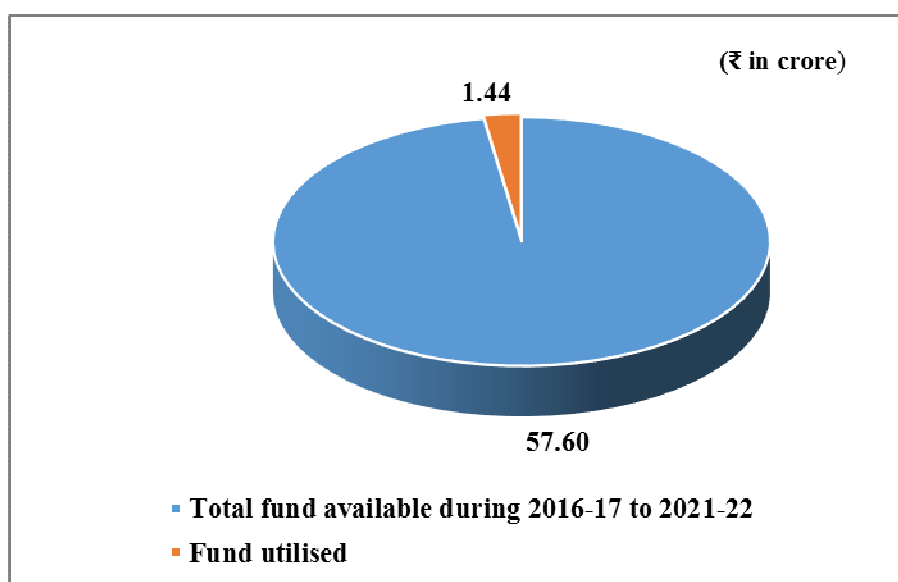


Chart 7.4: Utilisation of NAM funds in Jharkhand, during FYs 2016-17 to 2021-22



It can be seen from **Table 7.3** that only ₹ 1.44 crore (three *per cent*) could be utilised during FYs 2016-17 to 2021-22, against the available funds,

²⁴⁶ Release against the Annual Plan: 2015-16

amounting to ₹ 57.60 crore²⁴⁷. Short utilisation of funds led to the absence of AYUSH facilities to patients, as discussed in the succeeding paragraphs.

In reply, Director (AYUSH) stated that the SAAPs for FYs 2016-17 to 2018-19 had not been approved by GoI, due to low utilisation of funds released under previous SAAPs. The Department confirmed the facts and stated (March 2023) that shortage of manpower was the main reason for non-utilization of funds.

7.2.3 Absence of co-location of AYUSH facilities with existing healthcare facilities

NAM envisages co-location of AYUSH facilities with the existing healthcare facilities, through the Out-Patient Departments (OPDs) in PHCs, In-Patient Departments (IPDs) in CHCs and AYUSH wings in DHs.

- The Director, AYUSH, transferred (May 2020 to December 2021) ₹ 6.39 crore to JMHIDPCL, for purchase of AYUSH medicines for 90 CHCs/ PHCs. Out of this, only ₹ 32 lakh could be utilised till March 2022, for reasons not available on records. The remaining amount of ₹ 6.07 crore was lying with JMHIDPCL in its bank account.
- In the test-checked districts, it was noticed that the Director (AYUSH) had released (December 2020) ₹ 2.96 crore to the District Joint AYUSH Officers, for implementation of NAM. However, the same could not be utilised, as the DASs were not registered/functional. The entire funds, along with interest, were returned (October 2021 to February 2022) back to SAS.
- GoI had approved (July 2019) ₹ six crore, for establishment of an integrated AYUSH Hospital, at Ranchi, in SAAP 2019-20. Audit observed that the State Government had not initiated action, as of March 2022, to establish the approved AYUSH hospital.

Thus, SAS could not utilise the funds received under NAM. The Department accepted the facts and stated (March 2023) that shortage of manpower was the main reason for non-utilization of funds.

7.2.4 AYUSH Wellness Centres in hospitals

Under NAM, financial assistance of ₹ 1.44 crore was received during FY 2019-20 (GoI: ₹ 0.86 crore, GoJ: ₹ 0.58 crore) by SAS, for establishment of 24 AYUSH Wellness Centres (AWCs), in the 24 districts of the State, at the rate of ₹ six lakh per centre. The funds included recurring assistance of ₹ 5.40 lakh per centre, for manpower and maintenance of the centres. Yoga and Naturopathy facilities were also to be provided in the centres.

²⁴⁷ OB ₹ 8.33 crore + Fund received ₹ 47.68 crore + Interest ₹ 1.59 crore.

However, the entire amount of ₹ 1.44 crore had not been utilised, as of March 2022, as DASs were not functional in any district. The Department accepted the facts and stated (March 2023) that shortage of manpower was the main reason for non-utilization of funds.

7.2.5 Availability of sports medicine in AYUSH facilities

The Mission Directorate (NAM), GoI, approved (August 2015) ₹ 44 lakh (₹ two lakh for each centre), for treatment of sportspersons, by the existing AYUSH doctors, in District Joint AYUSH Dispensaries/ DHs/ AYUSH colleges, in 22 districts of the State.

Audit observed that the Director (AYUSH) had transferred (April 2019) the entire amount of ₹ 44 lakh, to the Sports Authority of Jharkhand, instead of developing their AYUSH facilities, for treatment of injured sportspersons, in these 22 districts. Thus, the purpose of treatment of injured sportspersons, through AYUSH, remained unachieved. The Department accepted the facts and stated (March 2023) that remedial action will be taken.

7.3 Pradhan Mantri Swasthya Suraksha Yojana

GoI launched the Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in 2006. Upgradation of medical colleges by opening of super speciality departments and addition of PG seats was one of the objectives of the Scheme.

Findings on implementation of the Scheme are discussed in the following paragraphs.

7.3.1 Construction of building for Super Speciality Block in SNMMCH

The Department of Health and Family Welfare, GoI, conveyed (January 2014) approval, to the State Government, for up-gradation of SNMMCH, Dhanbad (erstwhile PMCH, Dhanbad), under the PMSSY under Phase-III²⁴⁸. This involved the upgradation of eight²⁴⁹ Super Speciality departments and creation of 16 additional PG seats, through construction of a building for the Super Speciality Block.

The capital cost ceiling, for upgradation of the College, was kept at ₹ 150 crore, of which the Central Government share was ₹ 120 crore (including management, supervision and consultancy charges) and ₹ 30 crore was to be provided by the State Government. The ceiling cost, for Civil work and Medical equipment was fixed at ₹ 70 crore, each. The State Government

²⁴⁸ PMSSY was first launched in March, 2006, with the primary objective of correcting the imbalances in availability of affordable/ reliable tertiary level healthcare in the Country in general and to augment facilities for quality medical education in the under-served States. Under Phase-III of PMSSY, construction of Super Speciality Blocks/ Trauma Centres was to be taken up, in 39 Government Medical Colleges/ Institutions of the country.

²⁴⁹ (1) Nephrology unit, (2) Cardiology & Cath Lab unit, (3) Neurology & Neurosurgery unit, (4) Cardio Vascular Thoracic unit, (5) Plastic & Burn Surgery unit, (6) Gastroenterology-Medicine Unit, (7) Gastroenterology-Surgery unit and (8) Urology unit.

had to create the required posts, deploy personnel against the posts and make unencumbered land available for construction *etc.*

For execution of the civil works, Central Public Works Department (CPWD) was appointed (March 2014) as the Project Management and Supervision Consultant. The Chief Engineer, CPWD, Ranchi, forwarded (December 2014) the Detailed Project Report (DPR) of ₹ 150 crore, to the Additional Chief Secretary, Health, Medical Education and Family Welfare Department, GoJ, for onward submission to GoI. GoI conveyed (November 2015) approval of DPR for ₹ 85.71 crore for civil works against the ceiling cost of ₹ 70 crore. The State Government had committed (October 2015) to bear the additional cost of ₹ 15.71 crore. The GoI conveyed (January 2016) administrative approval and expenditure sanction of ₹ 85.71 crore to CPWD. The CPWD, Dhanbad, received (April 2016 to March 2021) ₹ 85.49 crore (Central: ₹ 54.07 crore and State: ₹ 31.42 crore) for this purpose.

A Tender was, thereafter, invited, at an estimated cost of ₹ 56.13 crore for the work, by Chief Engineer, CPWD, Ranchi. The work was awarded (August 2016) to an agency at ₹ 50.08 crore and an agreement was executed (August 2016) with the agency, by CPWD. The work was to be completed by December 2017. The stipulated date of completion of work was extended (03.10.2019) to October 2019 by the Chief Engineer, due to local hindrances on the allotted construction site and stay orders (September 2017 to February 2018) by the Hon'ble High Court of Jharkhand.

Audit noticed that, though the building had been completed at a cost of ₹ 78.92 crore (as of July 2022), the sewerage treatment plant (STP) and the effluent treatment plant (ETP) were yet to be constructed, due to encroachment on the proposed sites. Further, water supply in the building could not be started, as drilling of tube well was unsuccessful. Action to get water supply connection from the Municipal Corporation, though initiated (January 2022), was awaited, as of July 2022. Photographs of the completed building lying idle are shown below:

Photograph 7.1



Photograph 7.2



Idle Super Speciality Block of SNMMCH, Dhanbad (10.06.2022)

Audit further observed that the electric connection (HT) had been taken (November 2019) by the Principal, SNMMCH, Dhanbad, without immediate requirement and payment of ₹ 1.36 crore (up to March 2022) had been made against the total liability of ₹ 1.77 crore, till June 2022. Further, though the posts of faculty and other cadre had been sanctioned by the GoJ (February 2019), appointments against these posts were pending, as of July 2022.

Thus, the Super Speciality departments could not be started with 16 additional PG seats, due to non-construction of the envisaged STP & ETP, non-commencement of water supply and appointments against the required manpower, not having been made. The Department accepted the facts and stated (March 2023) that steps will be taken to complete and utilize the building.

7.3.2 Idle medical equipment

For procurement of medical equipment for Super Speciality Departments under PMSSY (Phase-III) in SNMMCH, Dhanbad, an agency was appointed (July 2016) as the Procurement Support Agency, by GoI. The agency supplied (between May 2018 and December 2020) 58 medical equipment (*Appendix 7.1*), which were lying idle in sealed boxes (as of August 2022), as can be seen from the **photographs 7.3 and 7.4**.

Photograph 7.3



Photograph 7.4



Idle medical equipment of Super Speciality departments in SNMMCH, Dhanbad (10.06.2022)

Further, the value of machines and equipment was not ascertainable, as they had been supplied by GoI and relevant records were not available in the MCH.

While accepting the facts, the Principal SNMMCH, Dhanbad, stated that most of the items of equipment were lying in the store, as the building was yet to be handed over.

However, the fact remains that failure to synchronize the supply of medical equipment, with its associated infrastructure and human resources, led to

idling of expensive equipment and the possibility of the permanent failure or damage of such equipment cannot be ruled out. The Department did not furnish replies to the audit observation.

Recommendation: State Government may ensure establishment of Health and Wellness Centers as per target, proper execution of National AYUSH Mission and creation of Post Graduate seats in SNMMCH, Dhanbad, under PMSSY scheme.

Chapter 8

Adequacy and effectiveness of the Regulatory Mechanism

Adequacy and effectiveness of the Regulatory Mechanism

8. Introduction

Regulations are necessary to standardise and supervise health care, ensure that healthcare bodies and facilities comply with public health policies and that they provide safe care to all patients and visitors to the healthcare system. Regulations mainly include safety measures, waste disposal *etc.* Indian Public Health Standards (IPHS) guidelines stipulate statutory compliances, such as no objection certificates from the competent fire authority, authorisation from the Atomic Energy Regulation Board (AERB) for X-rays, CT Scan units, *etc.*, that are to be mandatorily followed by the healthcare facilities.

8.1 Management of Biomedical Waste

IPHS prescribes authorisation for all healthcare facilities under the Bio-medical Waste (Management and Handling) Rules, 1998. As per the Biomedical Waste (Management and Handling) Rules, 1998, it is the duty of every occupier²⁵⁰ of an institution²⁵¹ generating biomedical waste, to take all steps to ensure that such waste is handled without any adverse effect to human health and the environment. Further, no untreated biomedical waste should be stored beyond a period of 48 hours. The Bio-Medical Waste Management Rules, 2016, also prescribe that authorisation be obtained from the State Pollution Control Board.

Audit noticed that the Jharkhand Rural Health Mission Society (JRHMS) had also directed (July 2019) all Civil Surgeons-cum-Chief Medical Officers to ensure authorisation for handling²⁵² of bio-medical waste, for all the institutions under them, from the State Pollution Control Board (SPCB). However, none of the test-checked DHs/CHCs/PHCs had obtained authorisation from the SPCB, during FYs 2016-17 to 2021-22. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

²⁵⁰ 'Occupier' means a person having administrative control over the institution and the premises generating bio-medical waste, including hospitals, nursing homes, clinics, dispensaries, veterinary institutions, animal houses, pathological laboratories, blood banks, healthcare facilities and clinical establishments.

²⁵¹ Includes a hospital, nursing home, clinic, dispensary, veterinary institution, animal house, pathological laboratory and blood bank.

²⁵² Includes the generation, sorting, segregation, collection, use, storage, packaging, loading, transportation, unloading, processing, treatment, destruction, conversion, or offering for sale, transfer, disposal, of such waste.

8.2 AERB licenses for radiology service

As per the Atomic Energy (Radiation Protection) Rules, 2004, a license from the Atomic Energy Regulatory Board (AERB) is necessary for establishing X-ray and CT scan units.

Audit observed that four²⁵³ out of the five test-checked DHs had not obtained an AERB license for X-ray facilities. However, DH, Dumka, had obtained the license in December 2020, for a period of five years. The test-checked DHs did not explain the reasons for non-compliance with these Rules, which carry implications for the safety of patients, as well as staff, *vis-à-vis* potential exposure to excess radiation. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.2.1 Accreditation of District Hospitals

As per IPHS, District Hospitals should prepare themselves and try to obtain certification/ accreditation against prevalent standards, like the International Organization for Standardization (ISO), National Accreditation Board for Hospitals (NABH) and National Accreditation Board for Testing and Calibration Laboratories (NABL).

No material was found available on records to suggest that the test-checked DHs had prepared themselves or tried to obtain the aforesaid certification/ accreditation, during FYs 2016-17 to 2021-22. The Department did not furnish replies to the audit observation.

8.3 Implementation of the Clinical Establishment Act, 2010

The State Government adopted (February 2012) the Clinical Establishment Act, 2010 and constituted (February 2012) the Jharkhand State Council (JSC) for Clinical Establishment, under the Chairmanship of the Principal Secretary, Health, Medical Education and Family Welfare Department. Further, the State Government framed the Jharkhand State Clinical Establishment (Registration and Regulation) Rules, 2013, and notified them in May 2013.

The functions of JSC include: (i) compiling and updating the State Registers of clinical establishments (ii) sending monthly returns to GoI for updating the National Register (iii) representing the State in the National Council (iv) publishing an Annual Report on the status of implementation of Standards in the State and (v) monitoring the implementation of the provisions of the Act and Rules.

Shortcomings in the implementation of the Act, noticed by Audit, are discussed in the succeeding paragraphs.

²⁵³ Garhwa, Gumla, Saraikela Kharsawan and Simdega.

8.3.1 Functioning of Jharkhand State Council (JSC)

As per Rule 4.5 of the Jharkhand State Clinical Establishment (Regulation and Registration) Rules, 2013, JSC should meet at least once in three months, to monitor the implementation of the provisions of the Act and Rules in the State. Further, for assisting the JSC, posts for four officials²⁵⁴, at the State level, and 48 officials²⁵⁵, for the 24 districts, were sanctioned.

Audit observed that:

- Against the required 24 meetings, during FYs 2016-17 to 2021-22, JSC had held only three meetings between August 2017 and February 2019. JSC, in its meeting (July 2018), had laid stress on constitution of the District Registering Authorities (DRAs), action against quacks/unqualified doctors, disposal of applications uploaded on the online portal²⁵⁶ within 15 days and organisation of workshops and trainings for clinical establishments in the districts.

Audit, however, noticed that 24 private hospitals, being run with quacks/unqualified doctors, nurses and paramedics, had been found (April 2019 and January 2021) during inspections conducted by the departmental authorities. Further, five out of nine complaints regarding medical negligence, in Gumla district, had been disposed of in 380 to 1,521 days, *i.e.* well beyond the prescribed period of 15 days.

- Against the sanctioned 52 posts for functioning of JSC at State and District levels, only one State Co-ordinator had been posted, while the remaining posts were vacant, as of August 2022.

Thus, JSC could not perform its functions, as mandated under the Act and the Rules. The Department did not furnish replies to the audit observation.

8.3.2 Delay in constitution of District Registering Authorities (DRAs)

Rules 5.1 and 5.4 of the Jharkhand State Clinical Establishment (Regulation and Registration) Rules, 2013, mandate constitution of District Registering Authorities (DRA) and meeting of the DRAs, at least once in a month. The DRAs are responsible for granting, renewing, suspending or canceling registration of any clinical establishment; enforcing compliance to the provisions of the Rules; investigating complaints of breach of the provisions of the Act or Rules made thereunder; and preparing and submitting quarterly reports to the JSC.

²⁵⁴ Two State Co-ordinators and two Administrative Assistant-cum-Data Entry Operators.

²⁵⁵ One District Co-ordinator and one Administrative Assistant-cum-Data Entry Operator for each district.

²⁵⁶ Centralised Public Grievance Redress and Monitoring System (CPGRAMS) is an online portal, available to citizens 24x7, for lodging their grievances with the public authorities, on any subject related to service delivery.

The State Government directed (February 2012) all CS-cum-CMOs of the districts, to constitute DRAs in each district, under the chairmanship of the Deputy Commissioner (DC). However, DRAs, were constituted with delays, in five out of the six test-checked districts, as shown in **Table 8.1**.

Table: 8.1 Constitution of District Registering Authorities (DRAs)

Sl. No.	District	Date of constitution of DRA
1	Dhanbad	02 November 2021
2	Dumka	18 April 2018
3	Garhwa	20 April 2012
4	Gumla	10 April 2018
5	Saraikela Kharsawan	19 July 2016
6	Simdega	03 December 2013

(Source: Information furnished by the test-checked districts)

It can be seen from **Table 8.1** that DRAs were constituted after more than five years in three districts. CS-cum-CMO, Gumla, attributed lack of guidance during the starting phase of implementation of the Rules, for the delay in constitution of the DRA.

Further, DRAs did not meet after their formation, in four²⁵⁷ out of six test-checked districts, during FYs 2016-17 to 2021-22. The DRA of Saraikela Kharsawan, met only five times²⁵⁸, against the required 69 meetings, whereas the DRA of Garhwa met only once (August 2021), against the required 72 meetings.

Non-constitution of DRAs in time and their failure to conduct regular meetings led to lack of proper monitoring of private/government healthcare facilities in the districts, which were in operation without obtaining the required authorisation. The Department did not furnish replies to the audit observation.

8.3.3 Functioning of private healthcare facilities

The Clinical Establishment Act, 2010, lays down provisions regarding granting of provisional registration valid for a period of one year and subsequent renewal of registration of all healthcare facilities; maintenance of medical records of staff and patients; deployment of qualified/specialised doctors, paramedics and nursing staff; statutory compliances such as No Objection Certificates (NOCs) from the State fire authorities; AERB licenses for X-ray and CT scan units; authorisation from the SPCB, for handling and management of biomedical waste *etc.*

Examination of records of the JSC and the DRAs of the test-checked districts, revealed that the departmental authorities had inspected (between April 2019

²⁵⁷ Dhanbad, Dumka, Gumla and Simdega

²⁵⁸ 2016-17 (01), 2017-18 (01), 2020-21 (01), 2021-22 (02)

and January 2021) 63 private healthcare facilities in 10 districts²⁵⁹ and pointed out the following irregularities:

- Thirty-one private healthcare facilities were running without having a proper biomedical waste management system
- Seven private healthcare facilities were running without having AERB license for radiology services
- Twenty-two private healthcare facilities were running without/inadequate fire-fighting system
- Twenty-eight private healthcare facilities were running in an unauthorised manner, without obtaining registration, as required under the Clinical Establishment Act
- Six private healthcare facilities, whose registrations had expired, were operational; and
- Eighteen healthcare facilities had either not maintained or had incomplete medical records of patients. Non-maintenance/incomplete medical record keeping could result in improper diagnosis and treatment, as well as ethical and medico-legal issues, which could, in turn, lead to severe personal and professional consequences. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.3.4 Registration of Private Clinical Establishments

Rule 6.3 of the Jharkhand State Clinical Establishment (Regulation and Registration) Rules, 2013, provides that the provisional registrations for healthcare facilities are to be issued for a period of 120 days only.

Audit noticed that DRAs were granting only provisional registrations, original or renewal, for a period of one year, to all healthcare facilities in the State, in contravention of the Rules.

CS-cum-CMO, Gumla, stated (June 2022) that the CEA portal²⁶⁰ is maintained by NIC and it auto-generates provisional certificates for a period of one year.

8.3.5 Government Healthcare facilities without proper registration

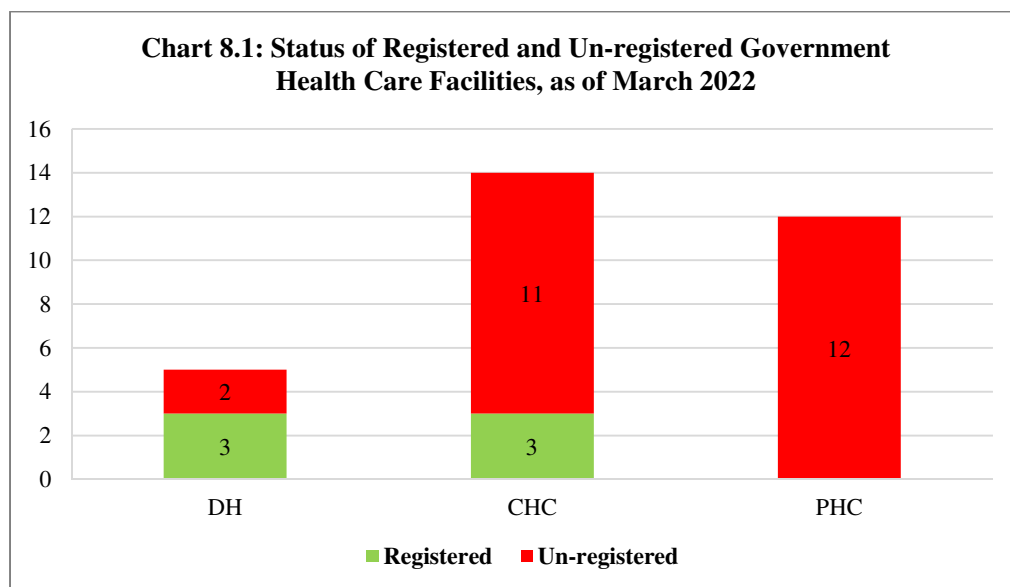
According to the Clinical Establishments (Registration and Regulation) Act, 2010, read with the Jharkhand Clinical Establishments (Registration and Regulation) Rules, 2013, no person (including clinical establishments, owned, controlled or managed by the Government) shall run a clinical establishment, unless it has been duly registered under the Act. For registration and

²⁵⁹ Chatra, Dhanbad, Dumka, Godda, Gumla, Hazaribag, Khunti, Koderma, Ramgarh and Sahibganj.

²⁶⁰ CEA portal is maintained by Ministry of Health and Family Welfare, Government of India, for online submission and redressal of issues relating to the Clinical Establishments (Registration and Regulation) Act, 2010.

continuation, every clinical establishment is required to fulfill certain conditions, such as minimum standards of facilities and services, minimum requirement of personnel *etc.*

Audit observed that, out of five test-checked DHs, three DHs²⁶¹ had provisional registration and two DHs²⁶² were not registered. Further, out of the 14 test-checked CHCs, only three²⁶³ CHCs had provisional registration. None of the 12 test-checked PHCs had been registered, as shown in **Chart 8.1**.



The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.3.6 Operation of Private Clinical Establishments

Audit observed, in five²⁶⁴ out of six test-checked districts, that 327²⁶⁵ private health care facilities (**Appendix 8.1**) were running without valid registration, as of March 2022, in violation of the Act, as their provisional registrations had lapsed between July 2017 and March 2022. The DRAs of the concerned districts had not ensured functioning of private health care facilities with valid registration, despite repeated directions²⁶⁶ of the Department for initiating action against such facilities. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.4 Fire safety norms

The Health, Medical Education and Family Welfare Department instructed (November 2016) all the CS-cum-CMOs to obtain No Objection Certificates

²⁶¹ Dumka, Gumla and Simdega.

²⁶² Garhwa and Saraikela Kharsawan.

²⁶³ CHCs: Bharno, Palkot and Raidih.

²⁶⁴ Dhanbad, Dumka, Garhwa, Gumla and Simdega.

²⁶⁵ Dhanbad: 199, Dumka: 61, Garhwa: 17, Gumla: 13 and Simdega: 37. Data in regard to Saraikela Kharsawan was not made available.

²⁶⁶ January 2018, March 2018 and August 2018

(NOCs) from the Fire Department. The Department also directed (September 2020) all CS-cum-CMOs to conduct Fire Safety Audits and submit their reports, in this regard, to the Department.

Audit observed that none of the test-checked healthcare facilities²⁶⁷ had obtained NOC from the Fire Safety Authorities during FYs 2016-17 to 2021-22. Fire Safety Audit had also not been conducted in four out of the five test-checked DHs, during FYs 2016-17 to 2021-22. Fire Safety Audit was conducted (September 2021) by the Fire Service Headquarters, Jharkhand, in DH, Gumla, and it recommended construction of a 10,000 liters capacity overhead tank, installation of a terrace pump of 450 litre-per-minute capacity, installation of manually operated fire alarms *etc.* However, these recommendations had not been implemented, as of March 2022. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.5 State Drug Controller

The responsibility for implementation of the Drugs and Cosmetics Act, 1940, rests with the State Drug Controller at the State level and with the Drug Inspectors at the District level.

Audit noticed shortage of Officers with the State Drug Controller, as of February 2022, as shown in **Table 8.2**.

Table 8.2: Sanctioned strength and Men-in-position of the State Drug Controller

Sl. No.	Post	Sanctioned strength	Men-in-position	Vacancy (per cent)
1.	Director (Drugs)	1	0	1 (100)
2.	Joint Director (Drugs)	2	0	2 (100)
3.	Deputy Director (Drugs)	08	0	8 (100)
4.	Assistant Director (Drugs)	18	06	12 (66)
5.	Drug Inspector	42	30	12 (29)

(Source: Information furnished by the State Drug Controller, Jharkhand)

Colour code: Yellow = moderate manpower and Red = poor manpower.

It can be seen from **Table 8.2** that Apex level posts were vacant, and there were vacancies of 29 to 66 per cent in the lower cadres.

Further, three²⁶⁸ out of the six test-checked districts had no Drug Inspectors, against the sanctioned post of one each for these districts. The work in these districts was being managed through additional charges given to DIs posted in neighboring districts.

Vacancies in the posts of DIs had hampered the inspection and collection of drug samples from healthcare facilities and pharmacy shops, as discussed in the next paragraph. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

²⁶⁷ Five DHs, 14 CHCs and 12 PHCs.

²⁶⁸ Garhwa, Gumla and Simdega.

8.5.1 Inadequate Inspection by Drug Inspectors

As per the instructions of the State Drug Controller, each DI was to conduct inspection of at least 15 firms/establishments in each month and collect five samples in each month, for testing by designated laboratories.

Audit noticed that the shortfall in inspection of firms was 26 to 53 *per cent*, in four²⁶⁹ out of the six test-checked districts, during FYs 2016-17 to 2021-22, as discussed in **Table 8.3**.

Table 8.3: Targets *vis-à-vis* achievements, in inspections

District	Targeted (T) inspections <i>vis-à-vis</i> Achievements (A)												Total		
	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		T	A	Shortfall (Percentage)
	T	A	T	A	T	A	T	A	T	A	T	A			
Dhanbad	540	337	540	306	540	444	540	344	540	197	540	113	3,240	1,741	1,499 (46)
Dumka	180	148	180	115	180	168	180	155	180	70	180	146	1,080	802	278 (26)
Garhwa	180	112	180	130	180	114	180	82	180	24	180	51	1,080	513	567 (53)
Gumla	180	107	180	68	180	100	180	94	180	91	180	82	1,080	542	538 (50)

(Source: Information furnished by the test-checked districts)

Colour code: Green = satisfactory performance; Yellow = moderate performance and Red: poor performance.

Two districts, *i.e.* Saraikela Kharsawan and Simdega, did not furnish the required information.

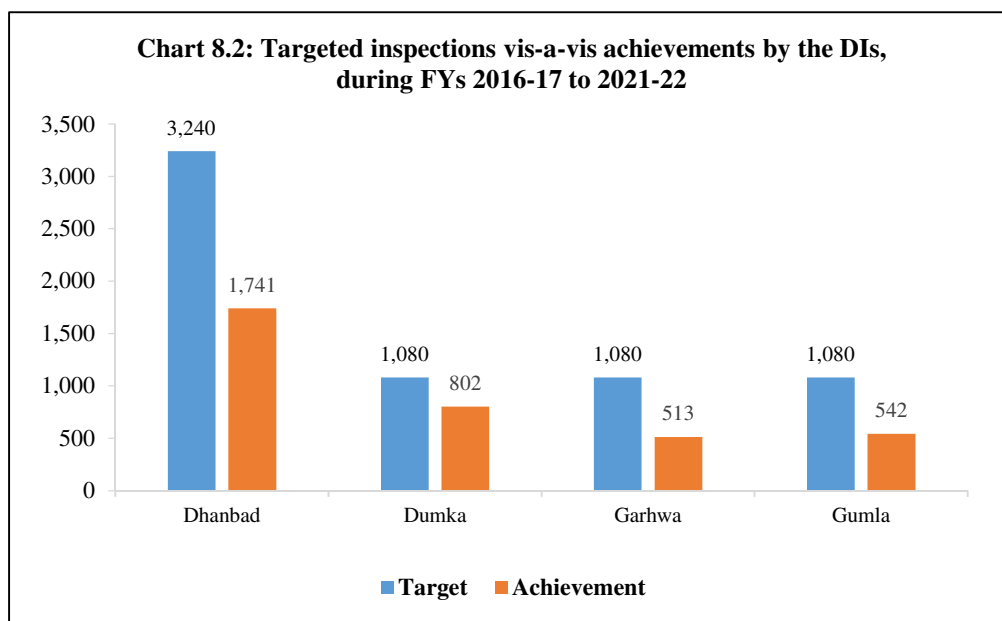
Further, in three²⁷⁰ test-checked districts, where DIs were in full strength, only 278 samples (15 *per cent*) had been collected, against the required 1,800 samples. In the remaining three²⁷¹ districts, where DIs had additional charge, only 161 samples (15 *per cent*) had been collected against the requirement of 1,080 samples. Further, against the total 439 samples collected, test reports had been obtained for only 244 samples (56 *per cent*) (**Appendix 8.2**).

²⁶⁹ Dhanbad, Dumka, Garhwa and Gumla.

²⁷⁰ Dhanbad, Dumka and Saraikela Kharsawan.

²⁷¹ Garhwa, Gumla and Simdega.

Details of the targeted inspections and achievements thereof, are shown in **Chart 8.2**.



Shortfalls in inspections, as well as in the collection and testing of samples, carries the risk of distribution of substandard drugs to the healthcare facilities and patients. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.6 Blood Bank facility

As per the National AIDS Control Organisation (NACO), a license, issued by the Drugs Controller (DC), is mandatory for running a blood bank. For ensuring the quality, safety and efficacy of blood and blood products, well-equipped blood centres, with adequate infrastructure and trained manpower, are an essential requirement. Blood banks were available in 22 DHs except DH Chatra.

Audit observed that four²⁷² out of five blood banks in the test-checked DHs, were running without valid licenses, as their licenses had expired between July 2013 and December 2018. The license of these blood banks had not been renewed, despite this having been pointed out (between October 2018 and January 2021), during inspection by the Central Drugs Standard Control Organisation (CDSCO). Lack of essential equipment in the blood banks, was one of the important reasons behind the non-renewal of licenses. The shortage of equipment in the blood banks, in the four test-checked DHs, ranged between one and 20, as detailed in **Appendix 8.3**. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

²⁷² Dumka, Garhwa, Gumla and Simdega.

8.7 Functioning of monitoring committees

The operational guidelines for Quality Assurance in Public Health, prescribe formation of a State Quality Assurance Committee (SQAC), at the State level, and District Quality Assurance Committees (DQACs), at the district level, to ensure provision of quality care, treatment and services, in accordance with laws, rules and regulations. The SQAC was required to meet at least once in six months, whereas DQACs were required to meet at least once in three months.

Audit observed that the SQAC²⁷³ had been constituted in October 2014 but had conducted only four²⁷⁴ meetings during FYs 2016-17 to 2021-22, against the requirement of a minimum of 12 meetings. DQACs²⁷⁵ were constituted in only three²⁷⁶ out of the six test-checked districts. Further, against the required 72 meetings, DQACs had conducted only nine²⁷⁷ meetings, during FYs 2016-17 to 2021-22.

SQAC, in its meetings²⁷⁸, directed all CS-cum-CMOs to ensure that all healthcare facilities improve their housekeeping and laundry services, ensure cleanliness of toilets, bathrooms and premises of hospitals, comply with BMW handling Rules *etc.* Audit observed (between April and July 2022) significant shortcomings in regard to these issues, as discussed in **paragraphs 3.1.5, 3.7.4.2 and 3.7.5**. These shortcomings were still persisting (August 2022) in the test-checked healthcare facilities. In the absence of periodical/regular reviews by the Committee, proper monitoring was not ensured, resulting in shortcomings in the delivery of healthcare services, as discussed in **Chapter 3** of the Report. The Department did not furnish replies to the audit observation.

8.8 Joint physical verification of private clinical establishments

Audit conducted (August 2022) joint physical verification of nine private hospitals and observed the following:

Human Resources

The Clinical Establishment Act, 2010, does not provide any measurable requirements of Doctors, Nurses and Paramedics, for different level of hospitals. However, it envisages availability of doctors round-the-clock, on site, per unit, and one doctor with specialisation in the subject concerned, as per the scope of the service. It further provides that nurses and paramedics should be as per requirement.

²⁷³ State Quality Assurance Committee (SQAC), a State level Committee, headed by the Principal Secretary, Health, Medical Education and Family Welfare Department, with 19 other members.

²⁷⁴ December 2017, November 2018, August 2019 and September 2020

²⁷⁵ District Quality Assurance Committee (DQAC), a district level Committee headed by the Deputy Commissioner with 14 other members.

²⁷⁶ Garhwa, Gumla and Simdega.

²⁷⁷ Garhwa (02), Gumla (06) and Simdega (01).

²⁷⁸ December 2017, November 2018, August 2019 and September 2020.

Audit noticed inconsistencies in deployment of numbers of doctors, nurses and paramedics, in the nine hospitals, as compared to their bed capacity, as detailed in **Table 8.4**.

Table 8.4: Availability of doctors, nurses and paramedics

Sl. No.	Hospital	No. of beds	Available Manpower		
			Doctors	Nurses	Paramedics
1	Bharti Hospital, Dumka	53	6	RNA	4
2	Dr. Jyotirbhushan Institute of Medical Sciences (JIMS), Dhanbad	39	12	9	3
3	Gulab Hospital, Garhwa	50	5	10	1
4	Meditrina Hospital, Adityapur	54	14	35	11
5	Mohul Pahari Christian Hospital, Dumka	150	4	37	8
6	Patliputra Nursing Home, Dhanbad	80	43	49	8
7	Santevita Hospital, Ranchi	80	56	86	23
8	St. Joseph Hospital, Gumla	50	3	30	3
9	St. Ursula Hospital, Konbir	50	1	12	3

(Source: Information furnished by the test-checked private hospitals)

RNA: Records not available

It can be seen from **Table 8.4** that three 50-bedded hospitals were functioning with one to five doctors, a 150-bedded hospital had four doctors, whereas two 80-bedded hospitals had 43 to 56 doctors. Similar inconsistencies were noticed in regard to nurses and paramedics, as three 50-bedded hospitals were functioning with 10 to 30 nurses and one to three paramedics, a 150-bedded hospital had 37 nurses and eight paramedics, whereas two 80-bedded hospitals had 49 to 86 nurses and eight to 23 paramedics.

Further, Audit noticed shortage of specialist doctors *vis-à-vis* specialised services, as shown in **Table 8.5**.

Table 8.5: Specialist Doctors *vis-à-vis* Specialised services

Sl. No.	Hospital	No. of beds	Availability of clinical services <i>vis-à-vis</i> availability of doctors		
			No. of specialised services	No. of doctors	Shortage of doctors
1	Bharti Hospital, Dumka	53	9	6	3
2	Dr. Jyotirbhushan Institute of Medical Sciences (JIMS), Dhanbad	39	11	12	--
3	Gulab Hospital, Garhwa	50	2	5	--
4	Meditrina Hospital, Dindli, Adityapur	54	3	14	--
5	Mohul Pahari Christian Hospital	150	12	4	8
6	Patliputra Nursing Home, Dhanbad	80	27	43	--
7	Santevita Hospital, Ranchi	80	20	56	--
8	St. Joseph Hospital, Gumla	50	4	3	1
9	St. Ursula Hospital, Konbir, Gumla	50	3	1	2

(Source: Information furnished by the test-checked private hospitals)

Colour code: Green = satisfactory; Yellow = moderate and Red = poor.

It can be seen from **Table 8.5** that four out of nine private hospitals had shortage of specialists. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.8.1 Availability of clinical services

The Clinical Establishments Act, 2010, prescribes 46 types of clinical services for Level-3 hospitals²⁷⁹ and 20 services for Level-2 hospitals²⁸⁰.

Audit noticed shortfalls in services, ranging between 41 and 90 *per cent*, in the nine private hospitals, as shown in **Table 8.6**.

Table 8.6: Shortages of clinical services in Level-2 and Level-3 hospitals

Sl. No.	Name of hospital	Bed capacity	Level	Required no. of clinical services	Available no. of services	Shortages in number (per cent)
1	Bharti Hospital, Dumka	53	Level-3	46	9	37 (80)
2	Mohul Pahari Christian Hospital, Dumka	150			10	36 (78)
3	Patliputra Nursing Home, Dhanbad	80			27	19 (41)
4	Santevita Hospital, Ranchi	80			20	26 (57)
5	Dr. Jyotirbhushan Institute of Medical Sciences, Dhanbad	39	Level-2	20	11	09 (45)
6	Gulab Hospital, Garhwa	50			2	18 (90)
7	Meditrina Hospital Pvt. Limited, Adityapur	54			3	17 (85)
8	St. Joseph Hospital, Gumla	50			4	16 (80)
9	St. Ursula Hospital, Konbir, Gumla	50			3	17 (85)

(Source: Information furnished by the test-checked private hospitals)

Colour code: Green = satisfactory performance; Yellow = moderate performance and Red = poor performance.

It can be seen from **Table 8.6** that Level-3 hospitals were not providing 41 to 80 *per cent* of the prescribed clinical services while Level-2 hospitals were not providing 45 to 90 *per cent* of the prescribed clinical services. The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

8.8.2 Other irregularities in private hospitals

- Only three²⁸¹ out of the nine private hospitals had authorisation from SPCB for handling of BMW. Seven hospitals were disposing BMW through

²⁷⁹ A Level 3 Hospital is a clinical establishment that provides tertiary healthcare services by advanced specialists, laboratory and radiology along with general surgery, paediatrics, general medicine, obstetrics and gynaecology services, emergency, intensive care unit *etc.*

²⁸⁰ A Level 2 Hospital is a clinical establishment that provides secondary healthcare services by various health professionals, such as doctors, nurses, allied health workers, dentists, pharmacists, and pathology and imaging professionals. It can be a general hospital providing multi-speciality services, having facility for surgery, anaesthesia, and emergency management

²⁸¹ (1) Patliputra Nursing Home, Dhanbad (2) St. Joseph Hospital, Gumla and (3) Santevita Hospital, Ranchi.

operators²⁸², whereas two hospitals²⁸³ were disposing of BMW in deep pits, in contravention of the provisions under the Bio-Medical Waste Management Rules, 2016.

- Only four²⁸⁴ out of the nine private hospitals had NOCs, as required, from the State Fire Authority.
- Only three²⁸⁵ out of the nine private hospitals had obtained AERB licenses for their X-ray facilities.
- Only one (Santevita Hospital, Ranchi) out of the nine private hospitals had NABL accreditation for their laboratories.
- Out of the prescribed 34 essential emergency drugs, as per the Clinical Establishment Act, 2010, one to nine drugs were not available with the eight private hospitals (*Appendix 8.4*). One Hospital did not furnish records.
- Out of the nine²⁸⁶ types of emergency equipment prescribed, for every private hospital, as per the Clinical Establishment Act, 2010, ECG machines were not available in the Gulab Hospital, Garhwa and St. Ursula Hospital, Gumla, whereas Nebulizers (with accessories) were not available in the Mohul Pahari Christian Hospital, Dumka.
- Despite the requirement under the Drugs and Cosmetics Act, 1940, Gulab Hospital, Garhwa, had not obtained pharmacy license for the hospital.
- Only four²⁸⁷ out of nine private hospitals had clearance for Air and Water pollution, as mandated under the Clinical Establishment Act, 2010.
- The Clinical Establishment Act, 2010, prescribes maintenance of a complete set of medical records, showing the name and Registration No. of the treating doctor, clinical history, assessment and re-assessment findings, nursing notes, diagnosis, consent of patients, discharge summary, cause of death *etc.*

²⁸² (1) M/s Medicare Environmental Management Private Limited, Lohardaga (2) M/s Greenland Waste Management System, Pakur (3) Adityapur Waste Management Private Limited, Adityapur and (4) M/s Bio-Genetic Laboratories Pvt. Ltd., Dhanbad

²⁸³ St. Ursula Hospital, Konbir, Gumla and Gulab Hospital, Garhwa

²⁸⁴ (1) Meditrina Hospital Pvt. Limited, Adityapur (Validity upto January 2023), (2) Santevita Hospital, Ranchi (Validity upto December 2022) (3) St. Joseph Hospital, Gumla (Validity upto December 2022) and (4) Patliputra Nursing Home, Dhanbad (Validity upto September 2022).

²⁸⁵ (1) Dr. Jyotirbhushan Institute of Medical Sciences (JIMS), Dhanbad (2) Mohul Pahari Christian Hospital, Dumka and (3) St. Ursula Hospital, Konbir, Gumla

²⁸⁶ (1) Resuscitation equipment including Laryngoscope (2) Oxygen Cylinder (3) Suction Apparatus (4) Defibrillator with accessories (5) Equipment for dressing/bandaging/suturing (6) Basic diagnostic equipment (7) ECG Machine (8) Pulse Oximeter and (9) Nebulizer with accessories.

²⁸⁷ (1) Meditrina Hospital Pvt. Limited, Adityapur (2) Patliputra Nursing Home, Dhanbad (3) Santevita Hospital, Ranchi and (4) St. Joseph Hospital, Gumla.

Audit noticed that none of the nine private hospitals had recorded the names and registration numbers of the treating doctors, on the in-patient medical records. The causes of death, with death summaries, were also not found on the records maintained by the Gulab hospital, Garhwa.

Thus, private hospitals were running without mandatory clearances and shortage of essential drugs and equipment, mainly due to the failure of the DRAs to conduct mandatory inspections/checks. The status of compliance with statutory provisions, by the test-checked Private Health Care Facilities, is shown in **Table 8.7**.

Table 8.7: Statutory compliances by the test-checked Private Health Care Facilities

Sl. No.	Private Health Care Facility	Authorisation from SPCB	NOC from State Fire Authority	NABL accreditation	Pharmacy License	Air and Water Pollution clearance	Maintenance of complete set of medical records
1	Bharti Hospital, Dumka	NA	NA	NA	A	NA	NA
2	Dr. Jyotirbhusan Institute of Medical Sciences (JIMS), Dhanbad	NA	A	NA	A	NA	NA
3	Gulab Hospital, Garhwa	NA	NA	NA	NA	NA	NA
4	Meditrina Hospital, Dindli, Adityapur	NA	A	NA	A	NA	NA
5	Mohul Pahari Christian Hospital, Dumka	NA	NA	NA	A	A	NA
6	Patliputra Nursing Home, Dhanbad	A	NA	NA	A	A	NA
7	Santevita Hospital, Ranchi	A	A	A	A	A	NA
8	St. Joseph Hospital, Gumla	A	A	NA	A	A	NA
9	St. Ursula Hospital, Konbir, Gumla	NA	NA	NA	A	NA	NA

(Source: information furnished by the test checked private hospitals)

Colour code: Green = Available; Red = Not available

The Department while confirming the facts stated (March 2023) that remedial steps will be taken.

Recommendation: State Government may ensure compliance of all regulations in healthcare facilities such as Bio-medical Waste Rules, Atomic Energy Regulation license, firefighting safety norms, Clinical Establishment Act, 2010 etc., and its implementation may be ensured.

Chapter 9

Sustainable Development Goal-3

9 Sustainable Development Goal-3

9.1 Introduction

The 70th session of the United Nations (UN) General Assembly (September 2015), adopted the resolution titled '*Transforming our World: the 2030 Agenda for Sustainable Development*' consisting of 17 Sustainable Development Goals (SDGs) and 169 associated targets.

Sustainable Development Goal (SDG) 3 related to the health sector, aims to ensure healthy lives and promote well-being for all at all ages. It also aims to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines.

9.2 SDG-3 targets

SDG-3 has 13 targets and 32 indicators to be achieved by 2030. The targets and indicators associated with them, are shown in **Table 9.1**.

Table 9.1: Details of health indicators and targets under SDG-3

Sl. No.	Targets	To be achieved by 2030
1	Maternal Mortality Ratio	Less than 70 per 1,00,000 live births.
2	Preventable deaths of newborns and children under 5 years of age	Reduce Neonatal Mortality to at least as low as 12 per 1,000 live births and Under-5 Mortality to at least as low as 25 per 1,000 live births.
3	Fight communicable diseases	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
4	Ensure reduction of mortality from non-communicable diseases and promote mental health	Reduce by one third, premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
5	Prevent and treat substance abuse	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Sl. No.	Targets	To be achieved by 2030
6	Reduce road injuries and deaths	Halve the number of global deaths and injuries from road traffic accidents by 2020.
7	Grant universal access to sexual and reproductive care, family planning and education	Ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes.
8	Achieve universal health coverage	Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
9	Reduce illnesses and deaths from hazardous chemicals and pollution	Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
10	Tobacco Control	Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.
11	Support the research and development of vaccines and medicines	Support the research and development of vaccines and medicines for communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines.
12	Substantially increase health financing and recruitment	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries.
13	Strengthen the capacity of all countries	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

9.3 Status of health indicators

As per SDG India Index and Dashboard Report 2020-21, brought out by NITI Aayog, Jharkhand ranked 11th amongst the States in SDG-3.

The status of important health indicators of Jharkhand, *vis-à-vis* the National average, is shown in **Table 9.2**.

Table 9.2: Health Indicators, targets as per SDG-3 and achievements

Sl. No.	Health Indicator	Target as per SDG 3 for 2030	Achievement	
			Jharkhand (2020-21)	India (2020-21)
1	Maternal Mortality Rate (MMR) (per 1,00,000 live births)	70	71	113
2	Under 5 Mortality Rate (U5MR) (per 1,000 live birth)	25	34	36
3	Percentage of fully immunized children in the age group of 9-11 months	100	94	91
4	Total case notification rate of tuberculosis (per lakh population)	242	146	177
5	HIV incidence per thousand un-infected population	0	0.04	0.05
6	Suicide rate (per lakh population)	3.5	4.4	10.4
7	Death rate due to road traffic accidents (per lakh population) by 2020	5.81	10.11	11.56
8	Percentage of institutional deliveries out of total deliveries	100	95.80	94.40
9	Total physicians/ nurses and midwives (per 10,000 population)	45	4	37

(Source: NITI Aayog Report 2020-21)

Colour code: Red = Unsatisfactory and green = Satisfactory

It can be seen from **Table 9.2** that Jharkhand was in a better position as compared to the National performance with regard to eight out of nine indicators. However, number of physicians/ nurses and midwives was extremely low, as compared to the National average. The Department while confirming the facts stated (March 2023) that requisition for recruitment have been sent to JPSC.

9.4 Institutional mechanism

The Planning-cum-Finance Department is the Nodal Department for co-ordinating the preparedness and implementation of activities in the State, with respect to SDGs. Further, for each goal, Nodal Departments have been designated, for co-ordination and for aligning the planning, implementation and monitoring of activities, towards achieving the SDG targets. The Department of Health, Medical Education and Family Welfare, is the Nodal Department, for implementation of SDG-3 in the State.

The Nodal Department, in consultation with other Departments, is required to identify the schemes/ programmes/ projects relating to specified goals; and fix yearly targets for achieving these goals. There was an SDG unit, supported by UNICEF, under the Planning-cum-Finance Department, to provide support to the Nodal departments and prepare the State and District indicator frameworks for SDG monitoring.

Audit noticed that the State Government had formulated (March 2018) the Vision Document and a three-Year Action Plan (FYs 2018-19 to 2020-21), aligning with the SDGs. The Plan was in line with the vision of the State for 2030 and aimed to lay the foundation for accelerating sustainable growth in the next decade.

9.5 The State Level Steering Committee

A State Level Steering Committee (SLSC) was to be constituted for steering the implementation of SDGs in the State. The functions of the SLSC included approval/ ratification of Annual Action Plans; half yearly review of progress; finalisation of a District Indicator Framework (DIF); ensuring need-based financing to achieve SDGs, as part of the annual budgeting process; and inter-departmental co-ordination and convergence. The SLSC was to provide necessary oversight to the Task Force²⁸⁸, to accelerate progress in the aspirant goals.

Audit observed that, in order to steer the process of moving towards the overall goals and targets, the SLSC had been constituted (November 2022), under the Chairmanship of the Chief Secretary, Government of Jharkhand. However, no Task Force for SDG 3 had been constituted, as of November 2022. The Department, while confirming the facts, stated (March 2023) that the matter is under process.

9.6 State Indicator Framework (SIF) and mapping

The Ministry of Statistics and Programme Implementation (MoSPI), GoI, circulated (July 2019) Guidelines for Development of the SDGs State Indicator Framework (SIF), similar to the National Indicator Framework (NIF) developed by MoSPI, for monitoring SDG Goals.

As per these Guidelines, the State has the primary responsibility for follow-up and review, at the State, district and local government levels, with regard to the progress made in implementing the SDG targets and achievements thereagainst. It is thus, important for the State to develop its own SIF. A District Indicator Framework (DIF) was also to be developed. The State could adapt the NIF, but it would require more disaggregated data, not only vertically (district to lower levels), but also horizontally (sex, classes, social groups, marginalised population groups, persons with disabilities, elderly, children, among others).

Further, as per the SDG India Index Baseline Report, 2018 of the NITI Aayog, Jharkhand has to operationalize the Chief Minister Dashboard, similar to the Dashboard on SDGs in India, developed by MoSPI, which has provisions to visualise data, from the national level upto the district level, for NIF.


Audit observed that the State had prepared the SIF, with 253 indicators, for all SDGs, including 32 indicators for SDG-3. DIF had not been prepared, as of October 2022. The State had also prepared Outcome Budgets, during FYs 2021-22 and 2022-23, showing the mapping of the proposed health schemes with the indicators of SDG-3. However, the Chief Minister Dash Board had not been developed, as of October 2022.

²⁸⁸ The Task force is an important institutional mechanism for taking SDG implementation forward. It was to be constituted under the State Steering Committee, to provide support and technical inputs regarding scaling up of aspirant goals related to the State.

The Department, while confirming the facts, stated (March 2023) that the matter is under process.


Recommendation: State Government may ensure proper co-ordination among the departments to achieve SDG-3 in a sustainable manner, prepare District indicator framework and develop Chief Minister Dashboard.

Ranchi
The 24 August 2024


(INDU AGRAWAL)
Principal Accountant General (Audit)
Jharkhand

Countersigned

New Delhi
The 06 September 2024


(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India

Appendices

Appendices

Appendix 1.1

(Referred to in Paragraph “Introduction”; page 16)

(A) List of District Hospitals and Sub-Divisional Hospitals in the State, as of March 2022

Sl. No.	Name of DHs	Sl. No.	Name of SDHs
1.	Bokaro	1.	Bermo
2.	Chatra	2.	Chas (Tenughat)
3.	Deoghar	3.	Madhupur (RH)
4.	Dumka	4.	Ghatshila
5.	Jamtara	5.	Nagar-Untari (RH)
6.	East Singhbhum	6.	Barhi
7.	Garhwa	7.	Hussainabad
8.	Giridih	8.	Chhatarpur
9.	Godda	9.	Bundu
10.	Simdega	10.	Rajmahal
11.	Gumla	11.	Chandil
12.	Hazaribag	12.	Chakradharpur
13.	Ramghar		
14.	Koderma		
15.	Lohardaga		
16.	Pakur		
17.	Palamu		
18.	Latehar		
19.	Ranchi		
20.	Khunti		
21.	Sahibganj		
22.	Saraikela-Kharsawan		
23.	West Singhbhum		

(B) List of Community Health Centres in the State, as of March 2022

Sl. No.	Name of CHCs	Sl. No.	Name of CHCs	Sl. No.	Name of CHCs
1	Nawadih	41	Baliapur	81	Sundarpahari (RH)
2	Bermo	42	Nirsa-cum-Chirkunda	82	Kurdeg
3	Gumia (RH)	43	Patamda	83	Bolba
4	Peterwar	44	Golmuri-cum-Jugsalai	84	Thethaitangar
5	Kasmar	45	Potka (RH)	85	Kolebira
6	Jaridih	46	Musabani	86	Jaldega
7	Chandankiyari	47	Dumaria	87	Bano
8	Hunterganj	48	Dhalbhumgarh	88	Bishunpur
9	Pratappur	49	Chakulia	89	Ghaghra
10	Kunda	50	Baharagora (RH)	90	Sisai (RH)
11	Lawalaung	51	Kharaundhi	91	Bharno
12	Itkhor	52	Bhawanathpur	92	Kamdara
13	Gidhaur	53	Kandi	93	Basia (RH)
14	Pathalgora	54	Majhiaon (RH)	94	Chainpur
15	Simaria (RH)	55	Ramna	95	Raidih
16	Tandwa	56	Nagar-Untari (RH)	96	Palkot
17	Mohanpur	57	Dhurki	97	Dumri
18	Sarwan	58	Dandai	98	Chauparan
19	Devipur	59	Chinia	99	Barhi
20	Karon	60	Meral (Pipra Kalan)	100	Padma
21	Sarath	61	Ranka (RH)	101	Ichak
22	Palojori	62	Ramkanda	102	Barkatha
23	Jashidih	63	Bhandaria (RH)	103	Bishungarh
24	Saraiyahat	64	Gawan	104	Katkamsandi
25	Jarmundi (RH)	65	Tisri	105	Keredari
26	Ramgarh (RH)	66	Deori	106	Barkagaon
27	Gopikandar	67	Raj Dhanwar (RH)	107	Churchu
28	Kathikund	68	Jamua	108	Patraru
29	Shikaripara	69	Bengabad	109	Mandu (RH)
30	Jama	70	Gande	110	Gola
31	Ranishwar	71	Birni	111	Satgawan
32	Masalia	72	Bagodar	112	Jainagar
33	Narayanpur	73	Dumri (RH)	113	Markacho
34	Nala	74	Pirtanr	114	Chandwara
35	Kundhit (RH)	75	Meherma	115	Kisko
36	Tundi	76	Thakur Gangti (RH)	116	Kuru
37	Topchanchi	77	Boarjor (RH)	117	Senha
38	Baghmara-cum-Katras	78	Mahagama (RH)	118	Bhandra
39	Gobindpur	79	Pathargama	119	Litipara
40	Jharia-cum-jorapokhar	80	Poreyahat	120	Amrapara

Sl. No.	Name of CHCs	Sl. No.	Name of CHCs
121	Hiranpur	163	Taljhari
122	Maheshpur	164	Rajmahal (RH)
123	Pakuria	165	Udhwa
124	Hussainabad	166	Pathna
125	Hariharganj	167	Barhrwa
126	Chhatarpur	168	Kuchai
127	Pandu	169	Kharsawan
128	Bishrampur	170	Chandil
129	Patan	171	Ichagarh (RH)
130	Manatu	172	Nimdih
131	Panki	173	Rajnagar (Gobindpur)
132	Chainpur	174	Gamharia (Adityapur)
133	Satbarwa	175	Sonua
134	Lesliganj	176	Bandgaon
135	Manika	177	Chakradharpur
136	Barwadih (RH)	178	Khuntpani
137	Mahuadanr	183	Tantnagar
138	Garu	184	Manjhari
139	Balumath	185	Jhinkpani
140	Chandwa	186	Jagannathpur
141	Burmu	187	Kumardungi
142	Kanke	188	Majhgaon (RH)
143	Ormanjhi		
144	Angara		
145	Silli		
146	Sonahatu		
147	Namkum		
148	Ratu		
149	Mandar (RH)		
150	Chanho		
151	Bero		
152	Lapung		
153	Bundu		
154	Tamar I		
155	Karra		
156	Torpa (RH)		
157	Rania		
158	Murhu		
159	Erki (Tamar II)		
160	Mandro		
161	Borio		
162	Barhait (RH)		

(C) List of Primary Health Centres in the State, as of March 2022

Sl. No.	Name of PHCs	Sl. No.	Name of PHCs	Sl. No.	Name of PHCs
1	Pindrajora	41	Tilaiya	81	Gamhariya
2	Chas	42	Ambona	82	Karbindha
3	Tupra	43	Banagariya 1	83	Daro
4	Bokaro Rajkiya Aushdhalay	44	Banagariya 2	84	Nonia
5	Barmasia	45	Jaypur	85	Madhuban
6	Koriya	46	Madanpur	86	Narganj
7	Chalkari	47	Salukchapra	87	Manpur
8	Chatrohatti	48	Tetuliya	88	Haldipokhar
9	Sarham	49	Chirkunda	89	Ramchandrapur
10	Mahuatarh	50	Kenduadih ((Fire zone)	90	Manusmuriya
11	Pathuria	51	Bhaga	91	Chitreshwar
12	Khairachatar	52	Sindari	92	Jadugora
13	Ratari	53	Jharia (Fire Zone)	93	Belajori
14	Bhendra	54	Laxmipur	94	Sindurgora
15	Harladih (AYUSH)	55	Chikania	95	Karaduba
16	Kanchkiro	56	Barapalasi	96	Galudih
17	Kargali Bazar	57	Karudih	97	Khariya Colony
18	Tello	58	Dalahi	98	Jhatijharna
19	Kushmil	59	Mohanpur	99	Bangurda
20	Baghmara	60	Sahara	100	Singpura
21	Kunda	61	Taljhari	101	Kokhpara
22	Jagadishpur	62	Raikinari	102	Damruhat
23	Margo Munda	63	Haripur	103	Parsa
24	Burhai	64	Dighe	104	Singhari
25	Gobindpur	65	Kendua	105	Basantrai
26	Balkush	66	Hansdiha	106	Kaswa
27	Garhraghunathpur	67	Mohra	107	Balbada
28	Maniyadih	68	Dhandara	108	Rajabhitta
29	Jogta (Katras)	69	Maluti	109	Dare
30	Katras	70	Sarastengal	110	Dewdanr
31	Mahuda	71	Rajbandh	111	Motiagaon
32	Rajganj	72	Banskuli	112	Puto
33	Chitarpur	73	Amjora	113	Tudurma
34	Gomo (Jitpur)	74	Gando	114	Kondra
35	Ramkunda	75	Koraiya	115	Jairagi
36	Roaam (Sriaam)	76	Karamdih	116	Jura
37	Pradhan Khanta	77	Makro	117	Duriya
38	Birajpur	78	Asansol	118	Karan
39	Chutiyaro	79	Chitadih	119	Kurgi
40	Nagarkiyari	80	Kathijoriya	120	Bilingbera

Sl. No.	Name of PHCs	Sl. No.	Name of PHCs	Sl. No.	Name of PHCs
121	Jori	161	Bediaya	201	Konwai
122	Kottam	162	Afjalpur	202	Loharsi
123	Fori	163	Khajuri	203	Pathra
124	Arangi	164	Fatehpur	204	Ramgarh
125	Morbey	165	Bagdehri	205	Hutar
126	Ketar	166	Amba	206	Getha
127	Bishunpur	167	Jhumri Tilaiya	207	Bansdih
128	Sangama	168	Pathhaldiha	208	Kishunpur
129	Jathi	169	Sanik S. Tilaiya	209	Nawazaipur
130	Karwa	170	Phulwaria	210	Tarhasi
131	Chinia	171	Itam	211	Bamandi
132	Ramkanda	172	Murup	212	Adhaura
133	Hariharganj	173	Nawagarh	213	Begampura
134	Danda	174	Loharsi	214	Buland Bigha
135	Merhna	175	Herganj	215	Haidarnagar
136	Kandi	176	Palheya	216	Majuraha
137	Chatania	177	Bardauni	217	Nawadiha Bazar
138	Nimiaghat	178	Mandal	218	Telari
139	Bhandro	179	Chhipadohar	219	Saraidih
140	Sariya	180	Irgaon	220	Borodari
141	Ataka	181	Rampur	221	pathakpager
142	Pihara	182	Kairo	222	Goradihkas
143	Balahara	183	Salgi	223	Gualkhor
144	Pachamba	184	Jobang	224	Kotalpokhar
145	Senadoni	185	Pesrar	225	Borband
146	Udanabad	186	Makka	226	Phoolbanga
147	Mirjaganj	187	Ugra	227	Banji
148	Nawadiha	188	Mungo	228	Mirza chowki
149	Tuladih	189	Nagjuwa	229	Mandro
150	Baramisia	190	Beldanga	230	Tin Pahar
151	Ghangharikurah	191	Jhikarhatti	231	Phutkipur
152	Karmatarh	192	Barhabad	232	Udhwa
153	Dakshinbahal	193	Dharampur	233	Chaliyama
154	Ladna	194	Dumaria	234	Govindpur
155	Mihizam	195	Amtalla	235	Bhamankutum
156	Bagrudih	196	Salgapara	236	Hudu
157	Pabiya	197	Khairachhatar	237	Adityapur
158	Geriya	198	Sahargram	238	Chawliwasa
159	Saraskunda	199	Dangapada	239	Chowka
160	Bindapathar	200	Jamune	240	Tiruldih

Sl. No.	Name of PHCs	Sl. No.	Name of PHCs	Sl. No.	Name of PHCs
241	Ramni	281	Barlanga	321	Thakurgaon
242	Hantar Pathardih (N.W)	282	Bankharo	322	Murupirhi
243	Mangudih	283	Daru	323	Garu
244	Sewai	284	Chalkusa	324	Gurugai
245	Lachragarh	285	Tatijharia	325	Dundigarh
246	Hurda	286	Kuju	326	Gobindpur
247	Bansjor	287	Chaingadda	327	Baiyasi
248	Salgapoch	288	Yadav Nagar	328	Pithauria
249	Bambalkera	289	Kunda	329	Khalari
250	Kinkel	290	Lawalong	330	Bhendra
251	Tontogram	291	Jabra		
252	Jangalhat	292	Kanha Chatti		
253	Tonto Head Office	293	Unta		
254	Hatgamharia	294	Gidour		
255	Gorabandh	295	Jauri		
256	Kharimitti	296	Pandadih		
257	Anandpur	297	Rahe		
258	Chhotanagra	298	Jonha		
259	Jeraikela	299	Getalsud		
260	Jayantgarh	300	Tangarbasuli		
261	Hathia	301	Sarjamdih		
262	Kathhbari	302	Dodiya		
263	Noamundi	303	Uthhilahor		
264	Jeteya	304	Pundibiri		
265	Karaykela	305	Rabo		
266	Dudkundi	306	Tuko		
267	Badam	307	Narkopi		
268	Chilgarha	308	Itki		
269	Harli	309	Nagri		
270	Chandwara	310	Gurbajpur		
271	Basariya	311	Marang Hada		
272	Garke	312	Kuchhu		
273	Chitarpur	313	Siladiri		
274	Chhmpadih	314	Kakriya		
275	Padma	315	Taimara		
276	Goriya Karma	316	Birbanki		
277	Ango	317	Tubid		
278	Charhi	318	Rangamati		
279	Sultana	319	Patrahatu		
280	Bariyatu	320	Maskulisganj		

Appendix 1.2

(Referred to in Paragraph 1.5; page 21)

A. Details of selected districts, DHs, CHCs, PHCs and GMCHs

Sl. No.	Selected Districts	Selected DHs	Selected CHCs	Selected PHCs	Selected MCH
1	Dhanbad	No DH exists	1. Govindpur 2. Jharia	1. Chutiyaro 2. Bhaga	SNMMCH, Dhanbad
2	Dumka	DH, Dumka	1. Jarmundi 2. Saraiyahat 3. Shikaripara	1. Maluti 2. Dighe 3. Raikinari	PJMCH, Dumka
3	Garhwa	DH, Garhwa	1. Bhawnathpur 2. Manjhiaon	1. Arangi 2. Kandi	Rajendra Institute of Medical Science, Ranchi
4	Gumla	DH, Gumla	1. Bharno 2. Palkot 3. Raidih	1. Jura 2. Bilingbera 3. Kondra	
5	Saraikela Kharsawan	DH, Saraikela Kharsawan	1. Chandil 2. Nimdih	1. Chowlibasa 2. Hunter Pathardih	
6	Simdega	DH, Simdega	1. Bolba 2. Jaldega	1. Bansjore	

B. Details of selected AYUSH Colleges and Hospitals.

Sl. No	Name of the College and Hospitals
1	State Homeopathic Medical College and Hospital, Godda
2	State Ayurvedic Pharmacy College, Sahibganj

C. Details of selected Private Hospitals

Sl. No	Name of District	Name of the Private Hospitals
1	Dhanbad	Dr. Jyotirbhusan Institute of Medical Science
2		Patliputra Multispecialty Hospital
3	Dumka	Bharti Hospital
4		Mohulpahari Christian Hospital
5	Garhwa	Heritage Health Care and Hospital
6		Gulab Hospital
7	Gumla	St. Josheph's Hospital
8		St. Ursula Hospital
9	Ranchi	Santevita Hospital, Ranchi
10		Alam Hospital and Research Centre, Ranchi
11	Saraikela Kharsawan	Meditrina Hospital, Dindli, Aditypur

D. List of test-checked Health Wellness Centres

Sl. No.	Name of District	Name of HWCs
1	Dhanbad	HSC-Kharkabad, Govindpur
2		HSC-Barari, Jharia
3		HSC-Mauraidih
4	Dumka	HSC-Simluti, Shikaripara
5		HSC-Mokhapar
6		HSC-Dudhani Jarmundi
7		HSC-Sahara, Jarmundi
8		HSC-Pattabari, Shikaripara
9		HSC-Noniya, Saraiyahat
10	Garhwa	HSC-Sarkoni, kandi
11		HSC-Balyari, Manjhiaon
12		HSC-Bijdi
13		HSC-Kadhwan
14	Gumla	HSC-Pabeya
15		HSC- Domba
16		HSC-Sundarpur
17		HSC-Pithartoli
18		HSC-Konkel
19	Saraikela Kharsawan	HSC-Heben
20		HSC-Haitirul
21		HSC-Urmal
22	Simdega	HSC-Lamboi
23		HSC-Konmerla
24		HSC-Kundurmunda
25		HSC-Letabera

Appendix 2.1

(Referred to in paragraph 2.2; page 28)

Statement showing SS, PIP and vacancy of MOs/Specialists/staff nurses/paramedics in DHs/CHCs/PHCs, as of March 2022

MOs/Specialists										
Sl. No.	Name of Specialist	DHs			CHCs			PHCs		
		SS	PIP	Vacancy	SS	PIP	Vacancy	SS	PIP	Vacancy
1.	Medical Officer/ General duty Doctors	266	186	80	771	468	303	822	294	528
2.	Medical Specialist	46	04	42	183	05	178	00	00	00
3.	Paediatrician	54	13	41	183	01	182	00	00	00
4.	Dental	48	26	22	183	81	102	00	00	00
5.	Obs & Gynae	60	26	34	00	00	00	00	00	00
6.	General surgery	46	16	30	00	00	00	00	00	00
7.	Dermatology	23	02	21	00	00	00	00	00	00
8.	Anesthetist	49	09	40	00	00	00	00	00	00
9.	ENT Surgeon	23	06	17	00	00	00	00	00	00
10.	Ophthalmologist	24	10	14	00	00	00	00	00	00
11.	Orthopaedician	23	05	18	00	00	00	00	00	00
12.	Radiologist	23	03	20	00	00	00	00	00	00
13.	Pathologist	27	09	18	00	00	00	00	00	00
14.	Psychiatrist	23	02	21	00	00	00	00	00	00
Total		735	317	418	1320	555	765	822	294	528
Staff Nurses										
Staff nurse		790	806	-	2069	1735	334	734	530	204
Paramedics										
Paramedics		447	415	32	1071	573	498	780	271	509

Appendix 2.2

(Referred to in paragraph 2.2; page 29 & 30)

Statement showing PIP and shortage of MOs/Specialists, Paramedics and Staff in the test-checked CHCs/PHCs

Name of Districts	Name of CHCs/ PHCs	Strength required as per IPHS			PIP as on March 2022			Shortage as per IPHS (<i>per cent</i>) Excess is shown as (-)		
		MO/ special- lists	Param edics	Staff Nurses	MO/ specialists	Parame dics	Staff Nurses/ ANM	MO/ special- lists	Parame- dics	Staff Nurses
14 CHCs										
Dhanbad	Govindpur	11	11	10	11	4	14	0 (00)	7 (64)	-4 (40)
	Jharia	11	11	10	9	4	2	2 (18)	7 (64)	8 (80)
Dumka	Jarmundi	11	11	10	8	7	9	3 (27)	4 (36)	1 (10)
	Saraiyahat	11	11	10	7	2	9	4 (36)	9 (82)	1(10)
	Shikaripara	11	11	10	6	2	8	5 (45)	9 (82)	2 (20)
Garhwa	Bhawnathpur	11	11	10	5	5	12	6 (55)	6 (55)	-2 (20)
	Manjhiaon	11	11	10	6	8	11	5 (45)	3 (27)	-1(10)
Gumla	Bharno	11	11	10	7	3	4	4 (36)	8 (73)	6 (60)
	Palkot	11	11	10	5	3	2	6 (55)	8 (73)	8 (80)
	Raidih	11	11	10	2	3	2	9 (82)	8 (73)	8 (80)
Saraikela Kharsawan	Chandil	11	11	10	8	8	13	3(27)	3 (27)	-3 (30)
	Nimdih	11	11	10	8	6	45	3(27)	5 (45)	-35 (350)
Simdega	Bolba	11	11	10	2	2	22	9 (82)	9 (82)	-12 (120)
	Jaldega	11	11	10	4	4	38	7 (64)	7 (64)	-28 (280)
Total		154	154	140	88 (57)	61 (40)	191	66 (43)	93 (60)	
12 PHCs										
Dhanbad	Chutiyaro	2	5	3	0	0	1	2 (100)	5 (100)	2 (67)
	Bhaga	2	5	3	0	0	2	2 (100)	5 (100)	1 (33)
Dumka	Maluti	2	5	3	1	0	2	1 (50)	5 (100)	1 (33)
	Dighe	2	5	3	1	0	2	1 (50)	5 (100)	1 (33)
	Raikinari	2	5	3	1	0	1	1 (50)	5 (100)	2 (67)
Garhwa	Arangi	2	5	3	0	0	1	2 (100)	5 (100)	2 (67)
	Kandi	2	5	3	2	0	5	0 (0)	5 (100)	-2 (67)
Gumla	Jura	2	5	3	1	0	1	1 (50)	5 (100)	2 (67)
	Kondra	2	5	3	1	0	2	1 (50)	5 (100)	1 (33)
Saraikela Kharsawan	Chowlibasa	2	5	3	2	1	4	0 (00)	4 (80)	-1 (33)
	Hunter Pathardih	2	5	3	1	0	1	1 (50)	5 (100)	2 (67)
Simdega	Bansjore	2	5	3	1	1	4	1 (50)	4 (80)	-1 (33)
Total		24	60	36	11(46)	2(3)	26(72)	13 (54)	58 (97)	10 (28)

(Source: Records of test-checked CHCs/PHCs)

Appendix 2.3

(Referred to in paragraph 2.3; page 32)

(A) Shortage of Human Resource for diagnostic services in the test-checked DHs, as of March 2022

Sl. No.	Name of District Hospital	Required as per IPHS	Manpower Available	Shortfall (Percentage)
Availability of Lab Technicians (LT) in DHs				
1	Dumka	12	5	7(58)
2	Garhwa	6	6	0(0)
3	Gumla	6	5	1(17)
4	Saraikela Kharsawan	6	6	0(0)
5	Simdega	6	3	3 (50)
Availability of Pathologists in DHs				
1	Dumka	3	0	3(100)
2	Garhwa	1	0	1(100)
3	Gumla	1	1	0(0)
4	Saraikela Kharsawan	1	1	0(0)
5	Simdega	1	0	1(100)
Availability of Radiologist (Doctor) in DHs				
1	Dumka	2	0	2(100)
2	Garhwa	1	0	1(100)
3	Gumla	1	0	1(100)
4	Saraikela Kharsawan	1	1	0(0)
5	Simdega	1	0	1(100)
Availability of X-ray Technician/ Radiographer in DHs				
1	Dumka	5	2	3(60)
2	Garhwa	2	2	0(0)
3	Gumla	2	1	1(50)
4	Saraikela Kharsawan	2	2	0(0)
5	Simdega	2	2	0(0)

(B) Shortage of Human Resource for diagnostic services in the test-checked CHCs, as of March 2022

Sl. No.	Name of CHC	Required as per IPHS	Manpower available	Shortfall (Percentage)
Availability of Lab Technicians (LT)				
1	Govindpur	2	3	0(0)
2	Jharia	2	2	0(0)
3	Jarmundi	2	4	0(0)
4	Saraiyahat	2	1	1(50)
5	Shikaripara	2	1	1(50)
6	Bhawnathpur	2	2	0(0)
7	Manjhiaon	2	3	0(0)
8	Bharno	2	2	0(0)
9	Palkot	2	2	0(0)
10	Raidih	2	1	1(50)
11	Chandil	2	3	0(0)
12	Nimdih	2	2	0(0)
13	Bolba	2	0	2(100)
14	Jaldega	2	1	1(50)

Availability of X-ray Technician/ Radiographer				
1	Govindpur	1	0	1(100)
2	Jharia	1	0	1(100)
3	Jarmundi	1	2	0(0)
4	Saraiyahat	1	0	1(100)
5	Shikaripara	1	0	1(100)
6	Bhawnathpur	1	0	1(100)
7	Manjhiaon	1	0	1(100)
8	Bharno	1	0	1(100)
9	Palkot	1	0	1(100)
10	Raidih	1	0	1(100)
11	Chandil	1	1	0(0)
12	Nimdih	1	1	0(0)
13	Bolba	1	0	1(100)
14	Jaldega	1	0	1(100)

(C) Shortage of Human Resource for diagnostic services in the test-checked PHCs, as of March 2022

Sl.No.	Name of PHC	Required as per IPHS	Manpower available	Shortfall (Percentage)
Availability of Lab Technicians (LT)				
1	Chutiyaro	1	0	1(100)
2	Bhaga	1	0	1(100)
3	Raikinari	1	0	1(100)
4	Dighe	1	0	1(100)
5	Maluti	1	0	1(100)
6	Kandi	1	0	1(100)
7	Arangi	1	0	1(100)
8	Jura	1	0	1(100)
9	Kondra	1	0	1(100)
10	Chowlibasa	1	0	1(100)
11	Hunter Pathardih	1	0	1(100)
12	Bansjore	1	1	0(0)

Appendix 2.4

(Referred to in paragraph 2.4.1; page 34)

(A) Statement showing sanctioned strength, PIP and vacancy of teaching staff of all six MCHs of the State as of July 2022

Name of Post	Name of MCH	SS	PIP	Vacancy (per cent)
Professor	MGMMCH, Jamshedpur	38	16	22 (58)
	MRMCH, Daltonganj	22	05	17 (77)
	PJMCH, Dumka	22	06	16 (73)
	RIMS, Ranchi	54	46	08 (15)
	SNMMCH, Dhanbad	33	14	19 (58)
	SBMCH, Hazaribag	22	09	13 (59)
	Total	191	96	95 (50)
Associate Professor	MGMMCH, Jamshedpur	43	33	10 (23)
	MRMCH, Daltonganj	27	05	22 (81)
	PJMCH, Dumka	27	05	22 (81)
	RIMS, Ranchi	95	71	24 (25)
	SNMMCH, Dhanbad	47	21	26 (55)
	SBMCH, Hazaribag	27	14	13 (48)
	Total	266	149	117 (44)
Asstt Professor	MGMMCH, Jamshedpur	80	47	33 (41)
	MRMCH, Daltonganj	40	24	16 (40)
	PJMCH, Dumka	40	18	22 (55)
	RIMS, Ranchi	162	68	94 (58)
	SNMMCH, Dhanbad	83	42	41 (49)
	SBMCH, Hazaribag	40	23	17 (43)
	Total	445	222	223 (50)

(B) Statement showing sanctioned strength, PIP and vacancy of non-teaching faculty of all six MCHs of the State as of July 2022

Name of Post	Name of MCH	SS	PIP	Vacancy (per cent)
Resident doctors	MGMMCH, Jamshedpur	73	40	33 (45)
	MRMCH, Daltonganj	29	15	14 (48)
	PJMCH, Dumka	29	16	13 (45)
	RIMS, Ranchi	207	123	84 (41)
	SNMMCH, Dhanbad	72	46	26 (36)
	SBMCH, Hazaribag	29	20	09 (31)
	Total	439	260	179 (41)
Tutor	MGMMCH, Jamshedpur	39	26	13 (33)
	MRMCH, Daltonganj	23	06	17 (74)
	PJMCH, Dumka	23	05	18 (78)
	RIMS, Ranchi	58	24	34 (59)
	SNMMCH, Dhanbad	36	21	15 (42)
	SBMCH, Hazaribag	23	13	10 (43)
	Total	202	95	107 (53)

Appendix 2.5

(Referred to in paragraph 2.4.1; page 34)

Year-wise details of SS, PIP and vacancy position of teaching and non-teaching staff in the test-checked MCHs

Sl. No.	Year	Category	SNMMCH, Dhanbad	PJMCH, Dumka	RIMS, Ranchi	SNMMCH, Dhanbad	PJMCH, Dumka	RIMS, Ranchi	SNMMCH, Dhanbad	PJMCH, Dumka	RIMS, Ranchi
			SS			PIP			Vacancy (number/ per cent)		
1.	2016-17	Teaching Faculty	163	---	311	57	---	167	106 (65)	---	144 (46)
		Senior resident/ Junior resident/ Tutor	108	---	312	57	---	227	51(47)	---	85(27)
		Paramedics	112	---	864	52	---	477	60 (54)	---	387 (45)
2.	2017-18	Teaching Faculty	163	---	311	51	---	152	112 (69)	---	159 (51)
		Senior resident/ Junior resident/ Tutor	108	---	323	65	---	268	43 (40)	---	55 (17)
		Paramedics	372	---	910	45	---	472	327 (88)	---	438 (48)
3.	2018-19	Teaching Faculty	163	---	311	64	---	158	99(61)	---	153 (49)
		Senior resident/ Junior resident/ Tutor	108	---	414	80	---	256	28 (26)	---	158 (38)
		Paramedics	372	---	910	41	---	468	331 (89)	---	442 (49)
4.	2019-20	Teaching Faculty	163	89	311	74	29	162	89 (55)	60 (67)	149 (48)
		Senior resident/ Junior resident/ Tutor	108	96	425	68	24	271	40 (37)	72 (75)	154 (36)
		Paramedics	372	194	1,036	36	34	492	336 (90)	160 (82)	544 (53)
5.	2020-21	Teaching Faculty	163	89	311	75	25	205	88 (54)	64 (72)	106 (34)
		Senior resident/ Junior resident/ Tutor	108	96	447	48	30	301	60 (56)	66 (69)	146 (33)
		Paramedics	373	194	1,037	31	81	520	342 (92)	113 (58)	517 (50)
6.	2021-22	Teaching Faculty	163	89	311	69	27	185	94 (58)	62 (70)	126 (41)
		Senior resident/ Junior resident/ Tutor	108	96	447	66	29	318	42 (39)	67 (70)	129 (29)
		Paramedics	373	194	1,036	24	107	518	349 (94)	87 (45)	518 (50)

(Source : Data/information provided by test checked units)

Appendix 3.1*(Referred to in paragraph 3.1.2; page 45)***Statement showing availability of OPD services in the District Hospitals in the State, as of
March 2022**

Sl. No.	Name of DH	Name of OPD Services										Services available
		ENT	GM	Paedia	GS	Ophth	Dental	Obs & Gyn	Derma	Psy	Ortho	
1	Bokaro	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
2	Chatra	N	Y	N	Y	N	N	N	N	N	N	2
3	Deoghar	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	9
4	Dumka	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	9
5	Jamtara	N	Y	Y	N	Y	Y	Y	N	N	N	5
6	East Singhbhum	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
7	Garhwa	Y	Y	Y	Y	Y	Y	Y	N	N	Y	8
8	Giridih	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
9	Godda	N	Y	Y	N	Y	Y	Y	N	N	Y	6
10	Simdega	N	Y	Y	N	N	Y	Y	N	N	N	4
11	Gumla	N	Y	Y	Y	Y	Y	Y	N	Y	Y	8
12	Hazaribag	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
13	Ramgarh	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	9
14	Koderma	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	9
15	Lohardaga	Y	Y	Y	Y	N	Y	Y	Y	N	Y	8
16	Pakur	N	Y	N	Y	N	Y	Y	N	N	N	4
17	Palamu	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
18	Latehar	N	Y	N	N	N	Y	Y	N	N	N	3
19	Ranchi	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
20	Khunti	Y	Y	Y	N	Y	Y	Y	Y	N	Y	8
21	Sahibganj	N	Y	Y	N	N	Y	Y	N	N	N	4
22	Saraikela Kharsawan	N	Y	N	N	Y	Y	Y	N	N	N	4
23	West Singhbhum	Y	Y	Y	Y	Y	Y	Y	N	N	Y	8

Available-Y; Not available-N

Appendix 3.2

(Referred to in paragraph 3.1.3; page 46)

Flow of out-patients in the test-checked DHs/CHCs during FYs 2016-17 to 2021-22

Name of the Hospital	Year						Total number of out-patients
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	
DHs							
Dumka	92,823	89,804	9,3576	1,02,240	51,949	40,271	4,70,663
Garhwa	89,568	93,491	95,871	92,980	94,662	76,950	5,43,522
Gumla	1,50,693	1,47,867	1,71,591	1,85,522	1,10,577	1,20,303	8,86,553
Saraikeela Kharsawan	61,218	61,838	56,302	55,859	24,501	34,024	2,93,742
Simdega	56,695	58,066	64,752	63,279	40,246	55,053	3,38,091
Total	4,50,997	4,51,066	4,82,092	4,99,880	3,21,935	3,26,601	25,32,571
CHCs							
Govindpur	11,504	24,385	30,427	35,134	11,980	14,867	1,28,297
Jharia	30,732	27,001	25,630	24,594	12,212	14,526	1,34,695
Shikaripara	18,801	23,142	24,509	21,106	10,356	9,193	1,07,107
Jarmundi	20,314	15,768	16,401	22,570	16,319	15,771	1,07,143
Saraiyahat	32,260	30,642	31,408	28,548	16,979	15,127	1,54,964
Bhawnathpur	34,274	22,600	21,979	22,730	13,000	17,921	1,32,504
Manjhiaon	39,236	32,193	36,021	14,142	9,692	16,014	1,47,298
Bharno	35,930	36,690	33,757	33,266	27,968	20,220	1,87,831
Palkot	35,727	34,870	39,544	42,138	29,277	26,202	2,07,758
Raidih	36,897	43,068	43,635	49,351	31,844	29,444	2,34,239
Chandil	24,199	22,426	26,370	24,155	7,935	17,691	1,22,776
Nimdih	27,415	28,478	28,234	30,556	9,686	13,331	1,37,700
Bolba	5,222	4,970	5,932	6,012	2,429	1,827	26,392
Jaldega	10,847	10,270	11,253	11,238	4,726	4,264	52,598
Total	3,63,358	3,56,503	3,75,100	3,65,540	2,04,403	2,16,398	18,81,302

Note: (1) Number of out-patients at DH Dumka is inclusive of Dumka Medical College and Hospital as DH has been upgraded after July 2019 and (2) Out-patients figures at DH Dumka, CHC Bolba and CHC Jaldega are of the calendar year 2017-18 to 2020-21.

Appendix 3.3

(Referred to in paragraph 3.1.4; page 48)

Flow of out-patients in the test-checked DHs in sampled months during FYs 2016-17 to 2021-22 and Average Consultation time in OPDs (In minutes)

Name of DH	Sampled month/ Year	Avg. patient load per day per doctor	Consultation time	Avg. patient load per day per doctor	consultation time	Avg. patient load per day per doctor	consultation time	Avg. patient load per day per doctor	Consultation time	Avg. patient load per day per doctor	Consultation time	Avg. patient load per day per doctor	Consultation time	Avg. patient load per day per doctor	Consultation time
		Gynaecology		General Medicine		General Surgery		Ophthalmology		Orthopaedics		Paediatrics		Dental	
Dumka	May-16	58.56	6.15	62.56	5.75	35.84	10.04	9.44	38.14	Patients included in General Surgery OPD as these run together		50.56	7.12	7.80	46.15
	Aug-17	55.80	6.45	55.80	6.45	38.56	9.34	16.12	22.33			63.80	5.64	14.56	24.73
	Nov-18	80.10	4.49	81.20	4.43	34.10	10.56	9.80	36.73			48.60	7.41	4.80	75.00
	May-19	63.48	5.67	64.16	5.61	38.88	9.26	9.40	38.30			46.28	7.78	11.92	30.20
	Aug-20	34.05	10.57	47.11	7.64	30.89	11.65	8.84	40.71			5.37	67.06	3.74	96.34
	Nov-21	68.79	5.23	132.05	2.73	31.84	11.31	21.32	16.89			41.79	8.61	16.79	21.44
Garhwa	May-16	84.16	4.28	94.28	3.82	22.24	16.19	40.64	8.86	21.44	16.79	35.04	10.27	11.48	31.36
	Aug-17	61.96	5.81	173.72	2.07	14.96	24.06	24.48	14.71	53.52	6.73	67.56	5.33	16.32	22.06
	Nov-18	74.95	4.80	130.15	2.77	74.85	4.81	31.05	11.59	Patients included in General Surgery OPD as these run together		56.15	6.41	7.85	45.86
	May-19	92.68	3.88	176.72	2.04	101.56	3.54	47.36	7.60			85.08	4.23	16.76	21.48
	Aug-20	42.42	8.49	NA	NA	NA	NA	NA	NA			NA	NA	NA	NA
	Nov-21	49.00	7.35	93.26	3.86	57.32	6.28	17.63	20.42			12.68	28.38	6.89	52.21
Gumla	May-16	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
	Aug-17	103.60	3.47	256.48	1.40	NA	NA	5.52	65.22	NA	NA	21.56	16.70	NA	NA
	Nov-18	144.20	2.50	109.10	3.30	NA	NA	8.50	42.35	NA	NA	28.90	12.46	NA	NA
	May-19	41.48	8.68	334.88	1.08	NA	NA	7.80	46.15	NA	NA	21.48	16.76	NA	NA
	Aug-20	58.84	6.12	92.21	3.90	NA	NA	9.79	36.77	NA	NA	25.26	14.25	NA	NA
	Nov-21	245.16	1.47	491.16	0.73	NA	NA	12.47	28.86	NA	NA	85.89	4.19	48.89	7.36
Saraikela Kharsawan	May-16	34.20	10.53	83.36	4.32	OPD Services were not provided		8.88	40.54	OPD Services were not provided		OPD Services were not provided		11.40	31.58
	Aug-17	60.84	5.92	152.96	2.35			17.76	20.27					7.52	47.87
	Nov-18	42.45	8.48	92.75	3.88			16.45	21.88					19.35	18.60
	May-19	51.84	6.94	77.60	4.64			16.12	22.33					7.12	50.56
	Aug-20	10.84	33.20	22.79	15.80			0.89	402.35					2.11	171.00
	Nov-21	35.79	10.06	85.68	4.20			17.47	20.60					9.21	39.09

Appendix 3.4

(Referred to in paragraph 3.2.1: page 50)

**Statement showing availability of IPD services in the District Hospitals in the State,
as of March 2022**

Sl. No.	Name of DHs	Name of IPD Services										Available services
		GM	Burn Ward	ENT	GS	Ophth	Ortho	Accident & Trauma (Emergency)	Obs & Gyn	Psy	Paed.	
1	Bokaro	Y	N	N	Y	Y	Y	Y	Y	N	Y	7
2	Chatra	Y	N	N	N	N	N	N	Y	N	N	2
3	Deoghar	Y	Y	N	Y	Y	Y	Y	Y	N	Y	8
4	Dumka	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	9
5	Jamtara	Y	N	N	N	N	N	N	Y	N	Y	3
6	East Singhbhum	Y	N	N	N	N	N	Y	Y	N	Y	4
7	Garhwa	Y	N	N	Y	Y	Y	Y	Y	N	Y	7
8	Giridih	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
9	Godda	Y	Y	N	N	N	Y	Y	Y	N	Y	6
10	Simdega	Y	N	N	N	N	N	N	Y	N	N	2
11	Gumla	Y	N	N	Y	Y	Y	Y	Y	N	Y	7
12	Hazaribag	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	9
13	Ramgarh	Y	N	N	Y	Y	N	Y	Y	N	Y	6
14	Koderma	Y	N	N	Y	Y	Y	Y	Y	N	Y	7
15	Lohardaga	Y	N	N	Y	N	N	N	Y	N	Y	4
16	Pakur	Y	N	N	Y	N	N	Y	Y	N	N	6
17	Palamu	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	10
18	Latehar	Y	N	N	N	N	N	Y	Y	N	N	3
19	Ranchi	Y	N	Y	Y	Y	Y	N	Y	N	Y	7
20	Khunti	Y	N	N	N	Y	Y	Y	Y	N	Y	6
21	Sahibganj	Y	Y	N	Y	N	N	Y	Y	N	N	5
22	Saraikela Kharsawan	Y	N	N	N	N	N	Y	Y	N	N	3
23	West Singhbhum	Y	N	N	Y	Y	N	Y	Y	N	Y	6

Appendix 3.5

(Referred to in paragraph 3.2.2.1; page 52)

Statement showing availability of OTs in District Hospitals in the State, as of March 2022

Sl. No.	Name of DHs	Availability of types of OT				OT services available
		Elective major surgery	Emergency surgery	Ophthalmology	ENT	
1	Bokaro	Y	Y	Y	N	3
2	Chatra	Y	Y	N	N	2
3	Deoghar	Y	N	N	N	1
4	Dumka	Y	Y	Y	Y	4
5	Jamtara	Y	N	N	N	1
6	East Singhbhum	Y	Y	N	N	2
7	Garhwa	Y	N	N	N	1
8	Giridih	Y	Y	Y	N	3
9	Godda	Y	Y	N	N	2
10	Simdega	Y	N	N	N	1
11	Gumla	Y	N	Y	N	2
12	Hazaribag	Y	Y	Y	Y	4
13	Ramgarh	Y	Y	Y	N	3
14	Koderma	Y	Y	Y	N	3
15	Lohardaga	Y	Y	N	N	2
16	Pakur	Y	N	N	N	1
17	Palamu	Y	Y	Y	N	3
18	Latehar	Y	Y	N	N	2
19	Ranchi	Y	Y	Y	N	3
20	Khunti	N	N	Y	N	1
21	Sahibganj	N	Y	N	N	1
22	Saraikela Kharsawan	Y	N	N	N	1
23	West Singhbhum	Y	Y	Y	N	3

Appendix 3.6

(Referred to in paragraph 3.3.1; page 63)

(A) Availability of laboratory services in the test-checked DHs/CHCs, as of March 2022

Sl. No.	DHs	Clinical Pathology (29)	Pathology (08)	Microbiology (07)	Serology (07)	Biochemistry (19)	Total number of test available
1	Dumka	8	1	1	4	1	15
2	Garhwa	11	0	0	3	1	15
3	Gumla	13	0	0	3	4	20
4	Saraikela Kharsawan	12	1	0	4	2	19
5	Simdega	7	1	0	1	2	11
Sl. No.	Name of CHCs	Clinical Pathology (18)	Pathology (01)	Microbiology (02)	Serology (03)	Biochemistry (05)	Total number of test available
1	Govindpur	2	0	0	3	0	5
2	Jharia	5	0	0	2	0	7
3	Jarmundi	11	0	1	3	1	16
4	Saraiyahat	3	0	0	2	0	5
5	Shikaripara	4	1	1	3	1	10
6	Bhawnathpur	5	1	0	2	1	9
7	Manjhiaon	4	1	1	0	1	7
8	Bharno	7	0	2	2	1	12
9	Palkot	5	0	1	2	1	9
10	Raidih	8	1	1	3	1	14
11	Chandil	9	1	0	3	1	14
12	Nimdih	6	1	0	2	1	10
13	Bolba	3	1	0	0	1	5
14	Jaldega	6	1	0	1	1	9

(B) Availability of laboratory services in the test-checked PHCs, as of March 2022

Sl. No.	PHCs	Laboratory service required as per IPHS	Laboratory service available	Non availability of Laboratory Service (Per cent)
1	Chutiyaro	11	0	11(100)
2	Bhaga	11	2	9(82)
3	Raikinari	11	0	11(100)
4	Dighe	11	0	11(100)
5	Maluti	11	0	11(100)
6	Kandi	11	2	9(82)
7	Arangi	11	2	9(82)
8	Jura	11	0	11(100)
9	Kondra	11	0	11(100)
10	Chowlibasa	11	2	9(82)
11	Hunter Pathardih	11	0	11(100)
12	Bansjore	11	7	4(36)

Appendix 3.7

(Referred to in paragraph 3.4; page 66)

Statement showing availability of beds for Maternity and Childcare services in all DHs

Sl. No.	DH	Number of beds for Maternity service					
		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1	Bokaro	15	15	25	40	40	40
2	Chatra	10	10	10	28	28	28
3	Deoghar	30	30	30	30	30	30
4	Dumka	30	30	30	30	30	30
5	Jamtara	45	45	45	45	45	45
6	East Singhbhum	38	38	38	38	38	38
7	Garhwa	18	43	43	43	43	43
8	Giridih	50	50	50	50	50	50
9	Godda	40	40	40	40	40	40
10	Simdega	36	36	36	36	36	36
11	Gumla	28	28	28	28	28	28
12	Hazaribag	NA	50	50	72	72	72
13	Ramgarh	48	48	48	48	48	48
14	Koderma	10	10	20	20	30	45
15	Lohardaga	20	20	20	20	32	32
16	Pakur	50	50	50	50	50	50
17	Palamu	25	25	25	40	40	40
18	Latehar	21	21	21	21	21	21
19	Ranchi	100	200	200	200	200	200
20	Khunti	40	40	40	40	40	40
21	Sahibganj	50	50	50	50	50	50
22	Saraikela-Kharsawan	24	24	24	24	24	24
23	West Singhbhum	40	48	36	36	36	36

Appendix 3.8

(Referred to in paragraph 3.4.4; page 69)

Details of mothers discharged within 48 hours of delivery in the State and in the test-checked districts during FYs 2016-22

Particulars	Total No. of Institutional Deliveries	No. of woman discharged within 48 hours of delivery	Total No. of Institutional Deliveries	No. of woman discharged within 48 hours of delivery	Total No. of Institutional Deliveries	No. of woman discharged within 48 hours of delivery	Total No. of Institutional Deliveries	No. of woman discharged within 48 hours of delivery	Total No. of Institutional Deliveries	No. of woman discharged within 48 hours of delivery	Total No. of Institutional Deliveries	No. of woman discharged within 48 hours of delivery	Total No. of Institutional Deliveries	No. of woman discharged within 48 hours of delivery	%age of discharge within 48 hours of delivery
	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22		Total		
Jharkhand	4,68,764	3,99,227	5,36,542	4,61,137	5,12,774	4,24,115	5,20,283	4,26,622	7,03,288	5,28,773	6,87,266	5,15,337	34,28,917	27,55,211	80
Dhanbad	15,540	12,820	15,734	13,551	16,372	13,204	17,282	14,654	50,432	35,252	50,269	39,778	1,65,629	1,29,259	78
Dumka	19,591	18,008	25,446	23,784	24,633	22,852	22,875	20,387	24,769	22,566	28,856	25,423	1,46,170	1,33,020	91
Garhwa	28,194	25,109	34,133	31,491	31,069	26,664	32,155	27,271	34,680	31,612	29,647	25,487	1,89,878	1,67,634	88
Gumla	16,938	16,724	20,191	19,568	16,328	15,392	17,163	15,975	18,038	15,895	21,039	18,453	1,09,697	1,02,007	93
Saraikela Kharsawan	11,562	4,554	11,982	5,329	11,944	5,089	11,591	5,600	21,133	6,469	22,067	4,758	90,279	31,799	35
Simdega	9,120	8,639	11,610	11,223	10,790	10,348	10,473	9,896	9,790	8,376	11,614	10,495	63,397	58,977	93
Total	1,00,945	85,854	1,19,096	1,04,946	1,11,136	93,549	111,539	93,783	158,842	120,170	163,492	124,394	7,65,050	6,22,696	81

(Source: HMIS data)

Appendix 3.9

(Referred to in paragraph 3.4.6; page 70 & 71)

(A) JSY Cash assistance paid to beneficiaries during FYs 2016-17 to 2021-22

Sl. No.	Name of District Hospital	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	
		Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)
1	Dumka	2,112	29,04,000	1,061	14,85,400	2,167	30,33,800	3,929	53,83,800	2,634	36,19,600	2,089	28,63,300
2	Garhwa	4,162	58,27,800	4,594	64,31,800	4,342	60,80,000	4,302	60,23,675	2,574	36,03,750	1,060	14,84,000
3	Gumla	2,645	37,03,000	3,006	42,08,400	3,385	47,39,000	3,464	48,49,600	3,245	45,43,000	3,481	47,79,000
4	Saraikela Kharsawan	608	8,51,200	1,094	15,31,600	1,012	14,16,800	1,016	14,22,400	644	9,01,600	603	8,44,200
5	Simdega	1,117	15,16,750	1,240	12,58,300	939	11,32,400	911	11,91,400	1,723	16,95,000	398	4,53,400
Total		10,644	1,48,02,750	10,995	1,49,15,500	11,845	1,64,02,000	13,622	1,88,70,875	10,820	1,43,62,950	7,631	1,04,23,900

(B) JSY Cash assistance paid to beneficiaries during 2016-17 to 2021-22 in the test-checked CHCs

Sl. No.	Name of test checked CHC	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	
		Number of beneficiaries	Cash assistance paid to beneficiaries (₹ in)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)	Number of beneficiaries	Cash assistance paid to beneficiaries (in ₹)
1	Govindpur	653	9,14,200	1,132	15,84,800	1,373	19,22,200	1,134	15,87,600	839	11,74,600	444	6,21,600
2	Jharia	1,061	10,61,000	1,910	19,10,000	3,272	32,72,000	1,525	15,25,000	1,368	13,68,000	712	7,12,000
3	Jarmundi	844	11,81,600	2,656	37,18,400	2,034	28,47,600	2,589	36,24,600	1,915	26,81,000	471	6,59,400
4	Saraiyahat	2,118	29,65,200	NA	NA	1,611	22,55,400	2,851	39,91,400	2,062	28,86,800	1,494	20,91,600
5	Shikaripara	1,077	15,07,800	1,017	14,23,800	1,013	14,18,200	1,042	14,58,800	1,355	18,97,000	728	10,19,200
6	Bharno	1,413	7,63,700	1,720	15,08,000	1,378	13,60,800	1,327	15,31,600	1,340	12,99,200	1,521	16,71,117
7	Palkot	1,266	7,19,600	1,476	12,41,800	1,056	11,01,800	1,145	9,75,800	1,216	7,78,400	1,446	1,90,400
8	Raidih	893	12,51,600	939	13,14,600	1,099	15,38,600	831	11,63,400	672	9,40,800	409	5,72,600
9	Bhawnathpur	2,550	35,70,000	2,743	38,40,200	2,656	37,18,400	3,076	43,06,400	3,130	43,82,000	2,901	40,61,400
10	Manjhiaon	2,125	29,75,000	1,743	24,40,200	1,657	23,19,800	3,076	43,06,400	3,130	43,82,000	2,901	40,61,400
11	Chandil	1,082	15,14,800	1,289	18,04,600	1,245	17,43,000	1,334	18,67,600	1,454	20,35,600	618	8,65,200
12	Nimdih	1,037	14,51,800	1,122	15,70,800	1,226	17,16,400	1,173	16,42,200	927	12,97,800	854	11,95,600
13	Bolba	353	4,70,400	574	3,23,400	505	3,06,600	537	4,03,200	491	2,71,600	576	2,40,800
14	Jaldega	1,395	8,52,600	1,496	6,66,400	1,501	5,20,800	1,606	8,59,600	1,590	10,96,200	1,581	8,86,200
Total		17,867	2,11,99,300	19,817	2,33,47,000	21,626	2,60,41,600	23,246	2,92,43,600	21,489	2,64,91,000	16,656	1,88,48,517

(C) Delay/Non-payment of cash assistance to the beneficiaries in test-checked healthcare facilities

Sl. No.	Name of test-checked healthcare facilities	Total no. of cases test-checked	Delay up to 30 days	Delay between 31-60 days	Delay between 61-180 days	Delay of more than 180 days	Not paid
1	DH, Dumka	328	43	55	169	61	0
2	DH, Garhwa	720	105	99	122	149	245
3	DH, Gumla	233	91	55	68	19	0
4	DH, Saraikela Kharsawan	656	126	144	24	72	290
5	DH, Simdega	629	0	0	169	149	311
6	CHC, Chandil	359	139	92	21	1	106
7	CHC, Nimdih	631	269	101	36	99	126
8	CHC, Govindpur	440	0	0	69	371	0
9	CHC, Jharia	76	0	1	40	35	0
Total		4,072	773	547	718	956	1,078
Percentage			18.98	13.43	17.63	23.48	26.47

(Source: Records furnished by test-checked DHs/CHCs)

Appendix 3.10

(Referred to in paragraph 3.7.4.1; page 79 & 80)

(A) Availability of linen in the test-checked DHs as of March 2022

Sl. No.	Name of linen Article	Required numbers as per IPHS		Name of DHs (quantity available)				
		101-200 bedded hospital	201-300 bedded hospital	Dumka (300 bedded)	Garhwa (100 bedded)	Gumla (100 bedded)	Saraikela Kharsawan (100 bedded)	Simdega (100 bedded)
1	Bedsheets	800	1,200	350	710	300	226	1,640
2	Bedspreads	1,200	1,800	Nil	Nil	300	Nil	Nil
3	Blankets	50	100	285	150	272	97	240
4	Patna towels	300	1,000	Nil	14	120	57	1,525
5	Table cloth	60	75	Nil	Nil	10	12	Nil
6	Draw sheet	100	150	Nil	Nil	40	Nil	Nil
7	Overcoat	60	90	Nil	Nil	Nil	Nil	76
8	OT coat	250	400	Nil	Nil	60	43	45
9	Patient house coat (for female)	600	900	Nil	Nil	250	32	Nil
10	Patients Pyjama/Shirt (for male)	300	400	Nil	Nil	Nil	Nil	Nil
11	Over shoes pair	80	100	Nil	Nil	5,000	173	Nil
12	Pillows	300	450	Nil	170	15	198	180
13	Pillows covers	600	900	Nil	850	15	138	700
14	Mattress (foam) Adult	200	300	Nil	10	195	122	305
15	Paediatric Mattress	20	40	Nil	Nil	Nil	10	Nil
16	Abdominal sheets for OT	150	200	Nil	Nil	60	74	20
17	Perineal sheets for OT	150	200	Nil	Nil	80	32	20
18	Leggings (in pairs)	100	150	30	Nil	Nil	Nil	Nil
19	Mortuary sheet	50	70	Nil	Nil	Nil	3	Nil
20	Mats (Nylon)	100	200	Nil	Nil	20	35	Nil
21	Mackintosh sheet (in meters)	200	300	77	Nil	120	7	300
Availability of types of linen in DHs				04	06	16	16	11

(Source: Test-checked DHs)

(B) Availability of linen in excess of requirement

Sl. No.	Name of linen article	Required numbers as per IPHS		Name of DHs									
		101-200 bedded hospital	201-300 bedded hospital	Dumka (300 bedded)	Excess/shortage (in per cent)	Garhwa (100 bedded)	Excess/shortage (in per cent)	Gumla (100 bedded)	Excess/shortage (in per cent)	Seraikela (100 bedded)	Excess/shortage	Simdega (100 bedded)	Excess/shortage (in per cent)
1	Blankets	50	100	285	185 (185)	150	100 (200)	272	222 (444)	97	47 (94)	240	190 (380)
2	Overshoe pairs	80	100	0	-100 (100)	0	-80 (100)	5,000	4,920 (6150)	173	93 (116)	0	-80 (100)
3	Pillow covers	600	900	0	-900 (100)	850	250 (42)	15	-585 (98)	138	-462 (77)	700	100 (17)
4	Bedsheets	800	1,200	350	-850 (71)	710	-90 (11)	300	-500 (63)	226	-574 (72)	1640	840 (105)

(C) Availability of linen in the test-checked CHCs during FY 2021-22

Sl. No.	Name of CHCs	Number of types of linen available	Linen items
1	Govindpur	17	Bedsheets, Blankets, Patna towels, Table cloth, Doctor's overcoat, OT Coat, Patient House coat, Patient Pyjama Shirt, Overshoe pair, Pillows, Pillow cover, Mattress (foam) Adult, Paediatric Mattress, Abdominal sheets for OT, Perineal sheet for OT, Mats (Nylon) and Mackintosh sheet.
2	Jharia	05	Bedsheets, Blankets, Table cloth, Pillows and Mackintosh sheet.
3	Saraiyahat	02	Bedsheets and Blankets
4	Shikaripara	NA	Records not maintained
5	Jarmundi	07	Bedsheets, Blankets, Patna towels, Pillows, Pillow cover, Mattress (foam) Adult and Mackintosh sheet
6	Bhawnathpur	11	Bedsheets, Blankets, Patna towels, Table cloth, OT Coat, Overshoe pair, Pillows, Pillow cover, Mattress (foam) Adult, Abdominal sheets for OT and Perineal sheet for OT
7	Manjhiaon	10	Bedsheets, Blankets, Patna towels, OT Coat, Pillows, Pillow cover, Mattress (foam) Adult, Abdominal sheets for OT, Perineal sheet for OT and Mackintosh sheet
8	Bharno	09	Bedsheets, Blankets, Patna towels, Pillows, Pillow cover, Mattress (foam) Adult, Paediatric mattress, Abdominal sheets for OT and Mackintosh sheet
9	Palkot	10	Bedsheets, Blankets, Patna towels, Table cloth, Overcoat, OT Coat, Pillows, Pillow cover, Mattress (foam) Adult and Paediatric mattress
10	Raidih	08	Bedsheets, Bedspreads, Blankets, Drawsheets, Pillows, Pillow cover, Mattress (foam) Adult and Abdominal sheets for OT
11	Chandil	05	Bedsheets, Blankets, Towels, Pillows and Pillow Covers
12	Nimdih	02	Pillows and Pillow Covers
12	Bolba	NA	Records not maintained
14	Jaldega	NA	Records not maintained

(Source: Test-checked CHCs)

Appendix 3.11

(Referred to in paragraph 3.10.1; page 87)

Details showing selected department-wise number of patients treated, number of specialists available in OPDs and average time taken per patient during the sample months in four OPDs

Sampled Month	Gynaecology				Surgery				General Medicine				Paediatrics			
	Total no. of patients in OPD	Total no. of OPD Days	No. of Patients seen per hour per specialist	Consultation time per patients (in minutes)	Total no. of patients in OPD	Total no. of OPD Days	No. of Patients seen per hour per specialist	Consultation time per patients (in minutes)	Total no. of patients in OPD	Total no. of OPD Days	No. of Patients seen per hour per specialist	Consultation time per patients (in minutes)	Total no. of patients in OPD	Total no. of OPD Days	No. of Patients seen per hour per specialist	Consultation time per patients (in minutes)
SNMMCH Dhanbad																
May-16	2207	25	14.71	4.08	2315	25	15.43	3.89	7420	25	49.47	1.21	1630	25	10.87	5.52
Aug-17	2218	25	14.79	4.06	2370	25	15.80	3.80	9412	25	62.75	0.96	2322	25	15.48	3.88
Nov-18	2089	19	18.32	3.27	2287	19	20.06	2.99	7293	19	63.97	0.94	1500	19	13.16	4.56
May-19	2286	25	15.24	3.94	2511	25	16.74	3.58	8296	25	55.31	1.08	1792	25	11.95	5.02
Aug-20	746	21	5.92	10.13	878	21	6.97	8.61	1861	21	14.77	4.06	426	21	3.38	17.75
Nov-21	1418	19	12.44	4.82	1726	19	15.14	3.96	3945	19	34.61	1.73	959	19	8.41	7.13
PJMCH Dumka																
May-19	1587	25	10.58	5.67	972	25	6.48	9.26	1604	25	10.69	5.61	1157	25	7.71	7.78
Aug-20	647	21	5.13	11.68	587	21	4.66	12.88	895	21	7.10	8.45	102	21	0.81	74.12
Nov-21	1307	19	11.46	5.23	605	19	5.31	11.31	2509	19	22.01	2.73	794	19	6.96	8.61
RIMS Ranchi																
May-16	2411	25	16.07	3.73	2404	25	16.03	3.74	9272	25	61.81	0.97	3215	25	21.43	2.80
Aug-17	2731	25	18.21	3.30	3115	25	20.77	2.89	10551	25	70.34	0.85	4070	25	27.13	2.21
Nov-18	2269	19	19.90	3.01	2593	19	22.75	2.64	7861	19	68.96	0.87	2927	19	25.68	2.34
May-19	2516	25	16.77	3.58	2638	25	17.59	3.41	8289	25	55.26	1.09	2893	25	19.29	3.11
Aug-20	514	21	4.08	14.71	617	21	4.90	12.25	1662	21	13.19	4.55	613	21	4.87	12.33
Nov-21	1805	19	15.83	3.79	2001	19	17.55	3.42	4909	19	43.06	1.39	1605	19	14.08	4.26

(Source: Data/information provided by test checked units)

Appendix 3.12

(Referred to in Paragraph 3.13.3.2; page 95)

Details of funds released and allotted to the NHM

(₹ in crore)

Year	ECRP Phase	Approved package	Sharing basis (CS:SS)	Release of funds by GoI		Release of matching share of GoJ and allotted to NHM			Delay in release of fund (days)
				Date	Central Share	Allotment date	State Share	Allotment date	
2019-20		43.30	60:40	25/03/2020	25.98	02/06/2020	17.32	02/06/2020	62
Total					25.98		17.32		
2020-21	I	74.22	100	06/04/2020	26.86	20/05/2020	NA	NA	37
2020-21	I		100	05/08/2020	11.09	26/08/2020	NA	NA	14
2020-21	I		100	20/10/2020	11.09	04/12/2020	NA	NA	38
2020-21	I		100	30/12/2020	8.49	20/01/2021	NA	NA	14
2020-21	I		100	26/03/2021	13.31	31/03/2021	NA	NA	No delay
2020-21	I		100	16/02/2022	3.38	25/03/2022	NA	NA	30
Total					74.22				
2021-22	II	638.90	60:40	22/07/2021	57.50	11/12/2021	127.78	11/12/2021	135
2021-22	II		60:40	18/08/2021	134.17	11/12/2021			
2021-22	II		60:40	22/03/2022	191.67	Not released			
Total					383.34		127.78		

Appendix 3.13

(Referred to in Paragraph 3.14; page 97)

Details of samples received and tested

Sl. No.	Name of District	Date of Opening balance	Opening balance of Swab sample	Period of sample received	No. of sample received	Total sample	Period of sample tested	No. of sample tested	Closing balance of sample (as on 11 May 2022)
1.	Deoghar	06/04/22	0	06/04/22 to 11/05/22	12,846	12,846	06/04/22 to 11/05/22	5,751	7,095
2.	Dhanbad	01/03/22	159	01/03/22 to 11/05/22	19,469	19,628	01/03/22 to 11/05/22	18,623	1,005
3.	Giridih	07/04/22	0	07/04/22 to 11/05/22	6,493	6,493	07/04/22 to 11/05/22	4,421	2,072
4.	Godda	07/04/22	0	07/04/22 to 05/05/22	3,164	3,164	07/04/22 to 11/05/22	1,083	2,081
5.	Jamtara	01/03/22	138	01/03/22 to 11/05/22	3,685	3,823	01/03/22 to 11/05/22	3,521	302
Total					45,657	45,954		33,399	12,555

Appendix 4.1

(Referred to in paragraph 4.2; page 101)

Details of utilisation of State funds during FYs 2016-17 to 2021-22

(₹ in crore)

Year	Opening Balance of PLA	Funds received during the year in PLA	Total funds (2+3)	Fund utilized	Amount surrendered	Closing balance	Percentage of funds not utilised
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
2016-17	201.08	96.68	297.76	8.81	0	288.95	97.04
2017-18	288.95	11.97	300.92	25.24	0	275.68	91.61
2018-19	275.68	7.29	282.97	8.07	0	274.90	97.15
2019-20	274.90	29.48	304.38	5.25	0	299.13	98.28
2020-21	299.13	5.05	304.18	3.52	255.27	45.39	98.85
2021-22	45.39	282.97	328.36	3.81	0.0005	324.55	98.84
Total		433.44		54.70			91.38

(Source: Data provided by JMHDPCL)

Appendix 4.2

(Referred to in paragraph 4.2; page 102)

Details of non-utilisation of funds

(₹ in crore)

Year	Opening Balance	Funds received during the year	Tentative Interest earned	Total funds (2+3+4)	Fund utilised	Refunded amount	Closing balance	Percentage funds not utilised
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
2016-17	31.17	23.49	2.01	56.67	2.98	0	53.69	94.74
2017-18	53.69	27.37	1.94	83.00	17.76	18.90	46.34	78.60
2018-19	46.34	39.87	2.54	88.75	17.29	0	71.46	80.52
2019-20	71.46	35.11	3.39	109.96	31.19	0	78.77	71.64
2020-21	78.77	118.36	2.71	199.84	71.35	0	128.49	64.30
2021-22	128.49	467.43	5.76	601.68	84.13	0	517.55	86.02
Total		711.63	18.35		224.70			70.48

(Source: Data provided by JMHDPCL)

Appendix 4.3

(Referred to in paragraph 4.3.2; page 104)

Details of availability of essential drugs as per Essential Drug List (EDL)

Name of district	Name of test-checked units	Total number of drugs as per EDL	2020-21		2021-22	
			Total number of drugs available	Percentage of drugs available	Total number of drugs available	Percentage of drugs available
A. Primary Level (CHCs)						
Dhanbad	Jharia	208	71	34	59	28
	Govindpur	208	40	19	42	20
Dumka	Jarmundi	208	NA	--	NA	--
	Saraiyahat	208	17	8	34	16
	Shikaripara	208	44	21	22	11
Garhwa	Bhawnathpur	208	28	13	45	22
	Manjhiaon	208	11	5	18	9
Gumla	Bharno	208	70	34	70	34
	Palkot	208	17	8	13	6
	Raidih	208	30	14	33	16
Saraikela Kharsawan	Chandil	208	72	35	61	29
	Nimdih	208	45	22	49	24
Simdega	Bolba	208	26	13	44	21
	Jaldega	208	43	21	20	10
B. Secondary Level (DH)						
Dumka	DH, Dumka	318	80	25	43	14
Garhwa	DH, Garhwa	318	49	15	53	17
Gumla	DH, Gumla	318	92	29	92	29
Saraikela Kharsawan	DH, Saraikela Kharsawan	318	98	31	84	26
Simdega	DH, Simdega	318	54	17	56	18
C. Tertiary Level (MCHs)						
Dhanbad	SNMMCH, Dhanbad	387	44	11	43	11
Ranchi	RIMS, Ranchi	387	103	27	105	27

(Source: Data provided by test-checked healthcare units)

Appendix 4.4

(Referred to paragraph 4.3.3; page 105)

Details of procurement of medicines of lesser shelf life at the time of delivery

Sl. No.	Name of medicine	Batch Number	Name of Supplier	Invoice No.	Invoice Date	MFG	EXP	Total Life period (In Days)	5/6 th of Shelf Life	Shelf life available at the time of supply (In days)	Shelf life available at the time of supply (In per cent)	Supply beyond prescribed 30 days of its manufacture
1	2	3	4	5	6	7	8	9 (8-7)	10	11 (8-6)	12	13 (6-7)
1	Amoxycillin Oral Liquid (250 mg/5ml)	DS-19550	JACKSON laboratories	2403	28/11/2019	May-19	Nov-20	579	483	368	64	211
2	Amoxycillin Oral Liquid (250 mg/5ml)	DS-19589	JACKSON laboratories	2403	28/11/2019	May-19	Nov-20	579	483	368	64	211
3	Amoxycillin Oral Liquid (250 mg/5ml)	DS-19638	JACKSON laboratories	2403	28/11/2019	May-19	Nov-20	579	483	368	64	211
4	OXATOCIN INJ IP 5 IU/ml AMPOULE	9301119	KARNATAKA ANTIBIOTICS & PHARMACEUTICALS LIMITED	RAN-2020/01304	25/02/2020	Feb-19	Jan-21	730	608	341	47	389
5	Do	9306619	Do	Do	25/02/2020	Jun-19	May-21	730	608	461	63	269
6	Do	9301019	Do	Do	25/02/2020	Feb-19	Jan-21	730	608	341	47	389
7	CEFTAZIDIME INJ	5800520	DO	RAN-2021/00574	29/09/2020	Mar-20	Feb-22	729	608	517	71	212
8	CEFIXIME TAB IP 200 MG	4401320	DO	RAN-2021/00571	29/09/2020	Apr-20	Mar-22	729	608	548	75	181
9	Amoxycillin & Potassium Calvinate INJ IP 1.2 G	3401320	DO	RAN-2021/00553	22/09/2020	Apr-20	Sep-21	547	456	373	68	174
10	CEFOTAXIME SODIUM INJ IP 250 MG-GSNFS	5200220	DO	RAN-2021/00551	19/09/2020	Jan-20	Dec-21	730	608	468	64	262
11	LEVOFLOXACIN TAB ETS	5002220	DO	RAN-2021/00393	27/07/2020	Jun-19	May-22	1095	913	673	61	422

Sl. No.	Name of medicine	Batch Number	Name of Supplier	Invoice No.	Invoice Date	MFG	EXP	Total Life period (In Days)	5/6 th of Shelf Life	Shelf life available at the time of supply (In days)	Shelf life available at the time of supply (In per cent)	Supply beyond prescribed 30 days of its manufacture
12	LEVOFLOXACIN TAB IP 500 MG	5002120	DO	RAN-2021/00362	16/07/2020	Jun-19	May-22	1095	913	684	62	411
13	DICLOFENAC SODIUM TAB 50 MG	1504219	DO	RAN-2021/00345	09/07/2020	Sep-19	Aug-21	730	608	418	57	312
14	IBUPROFEN TAB 400 MG	5400619	DO	RAN-2021/00063	30/04/2020	Jan-19	Dec-21	1095	913	610	56	485
15	DO	5400919	DO	DO	30/04/2020	Mar-19	Feb-22	1095	913	669	61	426
16	AMOXICILIN + CLAVULANIC ACID 125MG+31.2 IBOTT	DS-22338	JACKSON laboratories	960	11/09/2020	May-20	Oct-21	548	457	415	76	133
17	DICLOFENAC SODIUM TAB 50 MG GSNFS	1504119	KARNATAKA ANTIBIOTICS & PHARMACEUTICALS LIMITED	RAN-2021/00235	15/06/2020	Sep-19	Aug-21	730	608	442	61	288
18	DO	1504219	DO	DO	15/06/2020	Sep-19	Aug-21	730	608	442	61	288
19	NIMUSLIDE 100MG TAB	NM 0002	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0057	01/02/2018	Jun-17	May-19	729	608	484	66	245
20	GLIMPRIDE 2 MG TAB	2GPT-1317	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0057	01/02/2018	Jul-17	Jun-19	729	608	514	71	215
21	OMEPAZOLE 20 MG CAP	2747	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0058	01/02/2018	Jun-17	May-19	729	608	484	66	245
22	CO-TRIMOXAZOLE (S S) TAB	9447	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0058	01/02/2018	Mar-17	Feb-20	1095	913	758	69	337

Sl. No.	Name of medicine	Batch Number	Name of Supplier	Invoice No.	Invoice Date	MFG	EXP	Total Life period (In Days)	5/6 th of Shelf Life	Shelf life available at the time of supply (In days)	Shelf life available at the time of supply (In per cent)	Supply beyond prescribed 30 days of its manufacture
23	FRUSEMIDE 2ML AMP. INJ	1254	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0060	01/02/2018	Feb-17	Jan-19	729	608	364	50	365
24	FRUSEMIDE 2ML AMP. INJ	1276	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0060	01/02/2018	May-17	Apr-19	729	608	453	62	276
25	RANITIDINE 2ML AMP INJ	1261	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0060	01/02/2018	Feb-17	Jan-19	729	608	364	50	365
26	RANITIDINE 2ML AMP INJ	1253	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0060	01/02/2018	Feb-17	Jan-19	729	608	364	50	365
27	GENTAMYCIN 2ML AMP. INJ.	1260	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0061	01/02/2018	Feb-17	Jan-19	729	608	364	50	365
28	GENTAMYCIN 2ML AMP. INJ.	1269	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0061	01/02/2018	Mar-17	Feb-19	729	608	392	54	337
29	GENTAMYCIN 2ML AMP. INJ.	1270	INDIAN DRUGS & PHARMACEUTICALS LTD.	JAM/0061	01/02/2018	Mar-17	Feb-19	729	608	392	54	337

(Source: e-Aushadhi data provided by JMHDPCL)

Appendix 4.5

(Referred to in paragraph 4.3.3; page 105)

Details of expired medicines supplied beyond prescribed 30 days of its manufacture

Sl. No.	Drug Name	Mfg. Date	Expiry Date	Receive Date	Received Qty.	Issued Qty.	Available Qty. (in No.)	Value of available quantity (in ₹)	Supp. By	Total Life period (In Days)	5/6 th of Shelf Life	Shelf life available at the time of supply (In days)	Shelf life available at the time of supply (In per cent)	Supply beyond prescribed 30 days of its manufacture
1	2	3	4	5	6	7	8	9	10	11 (4-3)	12	13 (4-5)	14	15 (5-3)
1	Cetirizine Syrup As Per IP 30ml	Dec-19	Nov-21	04/02/2020	1,98,000	1,90,750	7,250	42,340	Wings Biotech	730	608	665	91	65
2	Phenytoin Tablet 100 mg	Nov-19	Oct-21	06/08/2020	36,784	22,700	14,084	4,788	Jackson Laboratories Private Limited	730	608	451	62	279
3	Ramipril Tab 5 mg	May-19	Apr-21	02/08/2019	49,150	0	49,150	32,930	Jackson Laboratories Private Limited	730	608	637	87	93
4	Albendazole Oral liquid 200 Mg/ 5 Ml 10 ml bottle	May-17	Apr-19	08/12/2017	NA	NA	5,05,475	21,22,995	Scott Edil Pharmacia Limited.	729	608	508	70	221
5	Amoxicillin + Clavulinic Acid 625 mg cap	May-17	Oct-18	14/06/2017	NA	NA	18,39,300	82,40,064		548	457	504	92	44
6	Dexamethasone Injection 4mg/ml in 2ml. Vial	Dec-17	Nov-19	11/01/2018	NA	NA	31,795	1,24,636	Jackson Laboratories Private Limited	729	608	688	94	41
7	Dextrose Inj IP I.V 10%	Apr-17	Mar-19	03/04/2018	NA	NA	1851	3,10,968	Ives Drugs India Private Limited	729	608	362	50	367
8	Dextrose with Saline I V Fluid N/2 DNS 5% + 0.45% 500ml Bottle	Apr-17	Mar-19	22/08/2017	NA	NA	2,420	38,115		729	608	586	80	143
9	Ibuprofen 400 Mg Tablet	May-17	Apr-19	09/07/2018	NA	NA	2,64,500	1,61,345	Biochem Healthcare Private Limited	729	608	295	40	434

Sl. No.	Drug Name	Mfg. Date	Expiry Date	Receive Date	Received Qty.	Issued Qty.	Available Qty. (in No.)	Value of available quantity (in ₹)	Supp. By	Total Life period (In Days)	5/6 th of Shelf Life	Shelf life available at the time of supply (In days)	Shelf life available at the time of supply (In per cent)	Supply beyond prescribed 30 days of its manufacture
10	Ibuprofen paracetamol sys 60ml	Jan-18	Dec-19	26/06/2018	NA	NA	2,880	26,611	Medipol Pharmaceuticals India Private Limited.	729	608	553	76	176
11	Pantoprazole 40mg Tablet	May-17	Apr-19	14/06/2017	NA	NA	56,700	27,783	Scott Edil Pharmacia Limited	729	608	685	94	44
12	Silver Sulphadiazine Cream IP 1% w/w 500gm	Jun-17	May-19	28/07/2017	NA	NA	1,593	1,593	Vivek Pharmachem India	729	608	672	92	57
13	Sodium Chloride And Dextrose Inj I.P. 500ml DNS(0.9% w/v Sodium Chloride + 5% w/v Dextrose)	May-17	Apr-19	03/11/2017	NA	NA	885	12,805	Pentagon Labs Limited	729	608	543	74	186
14	Sodium Chloride And Dextrose Inj I.P. N/4 DNS(0.225% w/v Sodium Chloride + 5% w/v Dextrose Inj)	May-17	Apr-19	08/06/2017	NA	NA	1,431	22,853		729	608	691	95	38
Total							27,79,314	1,11,69,826						

(Source: e-Aushadhi data provided by JMHDPCL)

Appendix 4.6

(Referred to in paragraph 4.4.2; page 110)

Availability of equipment in ICUs, as of March 2022

Sl. No.	Name of equipment	Required as per IPHS	Dumka (15 ICU beds)		Gumla (10 ICU beds)		Remarks
			Available	Shortfall (Per cent)	Available	Shortfall (Per cent)	
1	High end monitor	one for each bed	13	2(13)	10	0(0)	Three are damaged in DH Dumka.
2	Ventilator	one for each bed	17	0(0)	10	0(0)	Functional ventilator: DH Dumka-01 and DH Gumla-10
3	O ₂ therapy devices	one for each bed	15	0(0)	10	0(0)	
4	Deep Vein Thrombosis prevention devices suction	one for each bed	0	15 (100)	0	10 (100)	100 per cent Shortage in both DHs.
5	Infusion Pumps	one for each bed	2	13 (87)	10	0(0)	Shortage of 13 infusion pumps in DH Dumka.
6	Pipeline of O ₂ , suction and compressed air	one for each bed	15	0(0)	10	0(0)	
Common facilities required in ICU							
1	Ultrasound for invasive procedures	1	0	1(100)	0	1(100)	100 per cent Shortage in both DHs.
2	Defibrillator	1	2	0(0)	1	0 (0)	
3	Arterial Blood Gas (ABG) Analysis machine	1	0	1(100)	0	1(100)	100 per cent Shortage in both DHs.

Appendix 4.7

(Referred to in paragraph 4.4.4; page 114)

(A) Availability of various types of X-ray room accessories in the test-checked DHs, as of March 2022

Sl. No.	Name of the Equipment	101-200 bedded	201-300 bedded	Dumka (300 bedded)	Garhwa (100 bedded)	Gumla (100 bedded)	Saraikela Kharsawan (100 bedded)	Simdega (100 bedded)
1	X-ray developing tank	1	2	0	1	3	1	6
2	Safe light X-ray dark room	2	3	0	1	1	2	2
3	Cassettes X-ray	12	15	4	3	5	9	4
4	X-ray lobby single	6	8	0	1	0	1	2
5	X-ray lobby Multiple	1	1	0	1	0	1	2
6	Lead Apron	2	3	2	2	3	2	4
7	Intensifying screen X-ray	1	3	0	3	1	0	4
8	Dosimeter	As per need		0	0	0	0	0
No. of types of equipment available				2	7	5	6	7

(Source: Test-checked DHs)

(B) Availability of various types of X-ray room accessories in the test-checked CHCs, as of March 2022

Sl. No.	Name of the Equipment/ Name of CHCs	Aprons lead ribber	Dark room accessories	Dark room timer	Film clips	Lead sheets	X-ray view box	X-ray protecti on screen	X-ray film processing tank	Availability of types of X-ray room accessories
1	Govindpur	No	No	No	No	No	No	No	No	0
2	Jharia	No	No	No	No	No	No	No	No	0
3	Jarmundi	Yes	Yes	No	Yes	No	No	No	Yes	4
4	Saraiyahat	No	No	No	No	No	No	No	No	0
5	Shikaripara	No	No	No	No	No	No	No	No	0
6	Bhawnathpur	Yes	Yes	No	Yes	No	Yes	Yes	Yes	6
7	Manjhiaon	No	No	No	No	No	Yes	Yes	Yes	3
8	Bharno	No	No	No	No	No	No	No	No	0
9	Palkot	No	No	No	No	No	No	No	No	0
10	Raidih	No	No	No	No	No	No	No	No	0
11	Chandil	Yes	Yes	No	Yes	No	No	No	Yes	4
12	Nimdih	Yes	No	No	Yes	No	No	No	No	2
13	Bolba	No	No	No	No	No	No	No	No	0
14	Jaldega	No	No	No	No	No	No	No	No	0
Availability in CHCs		4	3	0	4	0	2	2	4	

(Source: Test-checked CHCs)

Appendix: 4.8*(Referred to in paragraph 4.4.5; page 116)***Availability/ non-availability of essential laboratory equipment in the test-checked
DHs/CHCs/PHCs, as of March 2022**

Sl. No.	Name of Hospitals	Essential laboratory equipment required	Essential laboratory equipment available	Shortage of essential laboratory equipment (Percentage)
District Hospitals				
1	Dumka	50	11	39(78)
2	Garhwa	50	9	41(82)
3	Gumla	50	28	22(44)
4	Saraikela Kharsawan	50	18	32(64)
5	Simdega	50	18	32(64)
Community Health Centers				
1	Govindpur	10	4	6(60)
2	Jharia	10	3	7(70)
3	Jarmundi	10	R.N.A*	R.N.A *
4	Saraiyahat	10	5	5(50)
5	Shikaripara	10	4	6(60)
6	Bhawnathpur	10	6	4(40)
7	Manjhiaon	10	5	5(50)
8	Bharno	10	7	3(30)
9	Palkot	10	6	4(40)
10	Raidih	10	6	4(40)
11	Chandil	10	7	3(30)
12	Nimdih	10	4	6(60)
13	Bolba	10	5	5(50)
14	Jaldega	10	6	4(40)
Primary Health Centers				
1	Chutiyaro	7	0	7(100)
2	Bhaga	7	0	7(100)
3	Raikinari	7	0	7(100)
4	Dighe	7	0	7(100)
5	Maluti	7	0	7(100)
6	Kandi	7	7	0(0)
7	Arangi	7	0	7(100)
8	Jura	7	0	7(100)
9	Kondra	7	0	7(100)
10	Chowlibasa	7	1	6(86)
11	Hunter Pathardih	7	0	7(100)
12	Bansjore	7	3	4 (57)

***RNA- Records not available.**

Appendix 4.9

(Referred to in paragraph 4.6.1; page 124)

Details of drugs supplied prior to receipt of quality test reports

Sl. No.	Name of drug	Batch No.	Expiry Date	Date of sample sent to Lab. by QC department of JMHIDPCL	Name of Lab	Date of receipt of test report from Lab.	QC Status	Name of District Warehouse (DWH) issued drug	Date of drug issued to DWH	Quantity of drug issued to DWH	Name of CHC and other health facilities issued drug from DWH	Date of drug issued by DWH to CHC & other health facilities	Quantity of drug issued by DWH to CHC & other health facilities	Location of drug supplied by supplier
1	Iron+Folic Acid Blue Tab 60 mg+500 mcg	IMTY-40	February 2023	29/06/2021	ITL labs Private Limited.	16/07/2021	Pass	DWH Godda	30/04/2021	2332350	Boarijore	02/06/2021	3,12,000	DWH Godda
											Godda Sadar	05/06/2021	2,88,000	
											Mahagama	18/06/2021	1,44,000	
											Meharma	08/07/2021	4,80,000	
											Pathargama	07/07/2021	4,56,000	
											Poraiyahat	01/06/2021	1,68,000	
2	Albendazole 400 mg Tab	8601521	May 2024	29/07/2021	Shree Sai Test House Private Limited.	10/08/2021	Pass	DWH Sahibganj	17/07/2021	104000	Sunderpahari	02/06/2021	1,44,000	DWH Sahibganj
											Barharwa	07/08/2021	98,766	
											Borio	07/08/2021	3,392	
3	Iron+Folic acid 20 mg ferrous iron+0.1 mg folic acid syrup IP 50 ml	AHL21015	April 2023	30/06/2021	ITL Labs Private Limited.	19/08/2021	Pass	DWH Koderma	28/07/2021	11200	Taljhari	07/08/2021	1,692	JMHDPCCL
											Jainagar	29/07/2021	600	

(Source: e-Aushadhi data provided by JMHIDPCL)

Appendix 4.10 A

(Referred to in paragraph 4.7.1; page 131)

Details of drugs not found entered in e-Aushadhi portal

Sl. No.	Name of warehouse	Name of drug	Batch No.	Quantity as per e-Aushadhi (In number)	Quantity as per physical stock (In number)	Remarks
1.	Warehouse No.2	Metronidazole Tablet IP 200 mg	RM2T9001	0	5,00,300	Not entered in e-Aushadhi portal
2.	Warehouse No.2	Metronidazole Tablet IP 200 mg	RM2T9002	0	71,200	
3.	Warehouse No.2	Metronidazole Tablet IP 200 mg	RM2T9003	0	4,35,800	
Total				0	10,07,300	

(Source: Records and e-Aushadhi data provided by JMHPCL)

Appendix 4.10 B

(Referred to in paragraph 4.7.1; page 131)

Details of excess quantity of drugs available in physical stock against e-Aushadhi portal

Sl. No.	Name of warehouse	Name of drug	Item type	Quantity as per e-Aushadhi (In number)	Quantity as per physical stock (In number)	Excess
1	2	3	4	5	6	7 (6-5)
1.	Malaria Warehouse	Iron + folic acid Tab IP 45 mg + 0.4 mg IFA WIFS Junior 45 mg	Tablet	1,23,41,600	1,23,92,500	50,900
2.	Malaria Warehouse	Iron and folic acid E/C Red Tablets Iron 100 mg + Folic acid 0.5 mg	Tablet	44,45,550	55,13,700	10,68,150
3.	Warehouse No.2	Albendazole 400 mg	Tablet	4,77,000	10,48,100	5,71,100
4.	Warehouse No.2	Atropine drop 1% 5ml vial	Drop	900	950	50
5.	Warehouse No.2	Calcium with Vitamin D3 Tablet IP 500 mg element Calcium and 250 iu Vitamin D3	Tablet	1,72,31,400	1,97,10,000	24,78,600
6.	Warehouse No.2	Carboxymethyl cellulose Drops 0.5% 5ml vial	Injection	1,080	2,090	1,010
7.	Warehouse No.2	Cetirizine 10 mg tab	Tablet	1,30,000	2,31,100	1,01,100
8.	Warehouse No.2	Cetirizine syrup IP 30 ml	Syrup	5,53,850	5,56,850	3,000
9.	Warehouse No.2	Clindamycin Capsule 300 mg	Capsule	31,750	33,000	1,250
10.	Warehouse No.2	Diethylcarbamazine Citrate IP 50 mg	Tablet	20,850	20,900	50
11.	Warehouse No.2	Sodium Valporate 200 mg	Tablet	5,050	5,100	50
12.	Malaria Warehouse	Gentamicin 10 mg/ml in 2 ml vial	Injection	89,560	89,920	360
Total				3,53,28,590	3,96,04,210	42,75,620

(Source: Records and e-Aushadhi data provided by JMHPCL)

Appendix 4.10 C

(Referred to in paragraph 4.7.1; page 131)

Details of short/ less quantity of drugs available in physical stock against e-Aushadhi portal

Sl. No.	Name of warehouse	Name of drug	Item type	As per e-Aushadhi stock quantity (In number)	As per physical stock (In number)	Shortage
1	2	3	4	5-	6-	7- (5-6)
1.	Malaria Warehouse	Iron+ Folic Acid Tab IP 45 mg+0.4 mg IFA WIFS Junior 45 mg	Tablet	1,73,32,500	1,72,99,500	33,000
2.	Malaria Warehouse	Iron and folic acid E/C Red Tablets Iron 100 mg + Folic acid 0.5 mg	Tablet	34,30,239	20,55,850	13,74,389
3.	Warehouse No.2	Albendazole 400 mg	Tablet	5,71,200	0	5,71,200
4.	Warehouse No.2	Cetirizine 10 mg tab		7,57,300	6,54,600	1,02,700
5.	Warehouse No.2	Drotaverine Inj. 20 mg/2ml ample	Injection	20,995	20,018	977
6.	Warehouse No.2	Flunarizine Tab 10 mg	Tablet	46,320	46,300	20
7.	Warehouse No.2	Ramipril Tab 5 mg	Tablet	49,150	0	49,150
8.	Warehouse No. 2	Sodium Bicarbonate	Injection	4,890	4,800	90
Total				2,22,12,594	2,00,81,068	21,31,526

(Source: Records and e-Aushadhi data provided by JMHPCL)

Appendix 4.11

(Referred to in Paragraph 4.8.4; page 136)

Details of non-accounting/short accounting of Injection Remdesivir in DH, Saraikela Kharsawan

Quantity issued to DH, Saraikela Kharsawan by DWH, Saraikela Kharsawan		Quantity entered in the Stock register of DH, Saraikela Kharsawan	Short/ non-accounting (in vials)
Date	Quantity (in vials)	Quantity (in vials)	
26-04-2021	12	12	0
30-04-2021	10	0	10
01-05-2021	10	0	10
03-05-2021	12	12	0
04-05-2021	6	6	0
05-05-2021	6	0	6
06-05-2021	130	130	0
11-05-2021	50	50	0
13-05-2021	300	300	0
07-06-2021	1,024	1,014	10
Total	1,560	1,524	36

Appendix 4.12

(Referred to in Paragraph 4.10; Page 138)

Details of ventilators rented to Private Healthcare facilities, rent due thereof and non-deposit of security deposit

Sl. No.	Name of District	Category	Name of Private health Facilities	Issue Date	Number of ventilators issued	Security Deposit one lakh per ventilator	Rent per Ventilator per day	Not returned as of 31 March 2022	No. of days	Total Rent
1	Dhanbad	A	Mr. Sanjay Rajuria General Manager (Jharia)	12/08/2020	10	10,00,000	1,250	31/03/2022	596	74,50,000
2	Ranchi	A	Shree Jagarnath Hospital & Research Centre, Ranchi	25/04/2021	5	5,00,000	1,250	31/03/2022	340	21,25,000
3	Ranchi	A	Pulse Super Specialist, Ranchi	25/04/2021	1	1,00,000	1,250	31/03/2022	340	4,25,000
4	Ranchi	A	Pulse Super Specialist, Ranchi	25/04/2021	2	2,00,000	1,250	31/03/2022	340	8,50,000
5	Ranchi	A	Dr. Deepak Verma Promis Health Care, Nagar Nigam Hospital, Ranchi	26/04/2021	6	6,00,000	1,250	31/03/2022	339	25,42,500
6	Ranchi	A	Guru Nanak Hospital, Ranchi	27/04/2021	4	4,00,000	1,250	31/03/2022	338	16,90,000
7	Ranchi	A	Rampyari Hospital Bariyatu Ranchi	27/04/2021	1	1,00,000	1,250	31/03/2022	338	4,22,500
8	Ranchi	A	R.P.S. Hospital, Bariatu Ranchi	30/04/2021	2	2,00,000	1,250	31/03/2022	335	8,37,500
9	Ranchi	A	Orchid Hospital, Ranchi	03/05/2021	4	4,00,000	1,250	31/03/2022	332	16,60,000
10	Ranchi	A	Medica Hospital, Ranchi	04/05/2021	2	2,00,000	1,250	31/03/2022	331	8,27,500
11	Ranchi	A	Jai Ram Hospital, Ormanjhi, Ranchi	07/05/2021	1	1,00,000	1,250	31/03/2022	328	4,10,000
12	Ranchi	A	Ram Payari Hospital Ranchi	07/05/2021	3	3,00,000	1,250	31/03/2022	328	12,30,000
13	Ranchi	A	Medica Hospital, Ranchi	07/05/2021	2	2,00,000	1,250	31/03/2022	328	8,20,000
14	Ranchi	A	Health Potlt Hospital Bariatu, Ranchi	08/05/2021	7	7,00,000	1,250	31/03/2022	327	28,61,250
15	Ranchi	A	Pulse Super Speciality Hospital, Ranchi	08/05/2021	7	7,00,000	1,250	31/03/2022	327	28,61,250
16	Ranchi	A	Bimla Harihar Hospital, Ormanghi	10/05/2021	2	2,00,000	1,250	31/03/2022	325	8,12,500
17	Ranchi	A	HEC Hospital, Ranchi	11/05/2021	1	1,00,000	1,250	31/03/2022	324	4,05,000
18	Ranchi	A	Jai Ram Hospital Ormanji, Ranchi	13/05/2021	1	1,00,000	1,250	31/03/2022	322	4,02,500
19	Hazaribag	B	HZB Arogyam Multi Hospital, Hazaribag	09/05/2021	4	4,00,000	1,000	31/03/2022	326	13,04,000
20	Dhanbad	A	Jalan Hospital, Dhanbad	23/04/2021	2	2,00,000	1,250	31/03/2022	342	8,55,000
21	Dhanbad	A	Asarfi Hospital, Dhanbad	23/04/2021	2	2,00,000	1,250	31/03/2022	342	8,55,000
Total					69	69,00,000				3,16,46,500

Appendix 5.1

(Referred to in paragraph 5.6; page 157)

Statement showing requirement, availability and shortage of beds in District Hospitals in the State

Sl. No.	District Hospital	Total beds available	Population as of March 2022 as per decadal growth rate	Beds required as per population of 2022	Shortfall in Beds
1	Bokaro	100	24,55,287	538	438
2	Chatra	100	14,27,459	313	213
3	Deoghar	180	20,21,426	443	263
4	Dhanbad	--	30,55,480	670	670
5	Dumka	300	16,32,019	358	58
6	East Singhbhum	100	27,13,378	595	495
7	Garhwa	100	17,86,029	391	291
8	Giridih	200	33,23,786	728	528
9	Godda	100	17,22,494	378	278
10	Gumla	100	13,19,981	289	189
11	Hazaribag	378	22,94,774	503	125
12	Jamtara	100	9,93,171	218	118
13	Khunti	100	6,73,722	148	48
14	Koderma	183	10,20,645	224	41
15	Latehar	100	9,98,083	219	119
16	Lohardaga	100	6,16,985	135	35
17	Pakur	100	12,19,678	267	167
18	Palamu	300	25,65,265	562	262
19	Ramgarh	110	10,95,253	240	130
20	Ranchi	401	37,80,021	828	427
21	Sahibganj	100	14,92,835	327	227
22	Saraikela-Kharsawan	100	13,99,848	307	207
23	Simdega	100	7,18,898	158	58
24	West Singhbhum	258	19,01,591	417	159
	Total	3,710	4,22,28,108	9,256	5,546

Appendix 5.2

(Referred to in paragraph 5.7; page 160)

Statement showing gaps between requirement and availability of Primary Healthcare facilities in the State as of March 2022

District	CHCs			PHCs			HSCs		
	Required	Available	Shortage	Required	Available	Shortage	Required	Available	Shortage
Bokaro	20	7	13	82	16	66	491	116	375
Chatra	12	10	2	48	8	40	285	97	188
Deoghar	17	7	10	67	7	60	404	181	223
Dhanbad	25	7	18	102	28	74	611	135	476
Dumka	20	9	11	82	34	48	544	258	286
East Singhbhum	34	8	26	136	18	118	904	242	662
Garhwa	22	13	9	89	11	78	595	111	484
Giridih	28	11	17	111	15	96	665	180	485
Godda	22	6	16	86	15	71	574	195	379
Gumla	16	10	6	66	13	53	440	242	198
Hazaribag	19	10	9	76	14	62	459	149	310
Jamtara	12	3	9	50	15	35	331	132	199
Khunti	8	5	3	34	3	31	225	108	117
Koderma	9	3	6	34	5	29	204	65	139
Latehar	12	6	6	50	10	40	333	101	232
Lohardaga	8	4	4	31	10	21	206	73	133
Pakur	15	5	10	61	9	52	407	121	286
Palamu	21	11	10	86	21	65	513	172	341
Ramgarh	9	3	6	37	5	32	219	54	165
Ranchi	47	14	33	189	29	160	1260	394	866
Sahibganj	19	8	11	75	10	65	498	141	357
Saraikela-Kharsawan	17	7	10	70	12	58	467	194	273
Simdega	9	6	3	36	7	29	240	155	85
West Singhbhum	24	15	9	95	15	80	634	342	292
Total	445	188	257	1793	330	1,463	11,509	3,958	7,551

Appendix 5.3

(Referred to in paragraph 5.10.4; page 168)

Details of five civil works sanctioned for PG Programme

(₹ in crore)

Sl. No.	Name of work	Date of sanction	Approved/ Sanctioned Cost	Agreed Cost	Due date of completion/ Actual date of completion	Expenditure	Status of work	Remarks
1.	Extension of General Medicine & Paediatric Part A for PG programme	27/08/2014	9.70	8.76	31.08.2018/ 30.08.2018	10.44	Completed and handed over on 26/09/2018	Not in use as PG courses not started yet.
2.	Extension of General Medicine & Paediatric Part B for PG programme	-do-	8.16	6.79	31.08.2018/ 30.08.2018	8.16	-do-	-do-
3.	Extension of Gynaecology department for PG programme	-do-	6.36	6.14	07.12.2016/ 30.08.2018	7.77	-do-	-do-
4.	Extension of Surgery, Anaesthesia, ENT & Eye department for PG programme	-do-	6.91	6.69	31.08.2018/ 30.08.2018	10.83	-do-	-do-
5.	Construction of PG boys & girls hostel	10/11/2015	4.23	4.16	30.08.2021/ 05.10.2021	3.99	Completed and handed over on 27/12/2021	-do-
Total			35.36	32.54		41.19		

(Source: Data/information provided by Jharkhand State Building Construction Corporation Limited)

Appendix 5.4

(Referred to in Paragraph 5.10.9; page 172)

Irregular retention of government money drawn in advance in respect of stalled/dropped schemes

(₹ in lakh)

Sl. No.	Scheme Name	AA/ TS value	Date of AA	Agreement Amount)	Agreement Date	Total Allotment received	Letter no/ date	Period for which Allotment is lying Idle (Up to June 2022)	Remark
1	PHC Raja Bazar, Bermo, Bokaro	200.69	26/08/2014	-	-	100.00	142(6)/ 23.10.2017	4 year 08 months	JSBCCL requested (August 2016) the Deputy Commissioner, Bokaro for providing land or to drop the scheme. Further action awaited.
2	PHC at Bhaga	163.15	12/01/2013	-	-	100.00	142(6)/ 23.10.2017	4 year 08 months	Old Scheme.
3	PHC Gondo, Sadar, Dumka	236.13	23/02/2017	-	-	139.44	208(6)/ 24.02.2017 292(6)/ 29.03.2017	5 years 3 months	1) Letter no 1356 dt. 31/08/2017 of ADC Dumka to make requisition of land on behalf of Health Department at changed site at Mayurnacha near Gando. 2) Letter sent from CS to Health Deptt.
4	PHC Kurgi, Sisai, Gumla	230.00	14/03/2017	233.34	20-02-2018	230.00	64(HSN)/ 14.03.2017 1401(MD)/ 11.12.2019	5 years 3 months & 2 years 6 months	Land not Available
5	PHC Karumgarh, Chainpur, Gumla	230.00	14/03/2017	233.34	20-02-2018	230.00	64(HSN)/ 14.03.2017 1401(MD)/ 11.12.2019	5 years 03 months & 2 years 6 months	Land Not Available
6	PHC Sherka, Bishunpur, Gumla	236.13	23/02/2017	235.66	01-12-2017	189.44	208(6)/ 24.02.2017 292(6)B/ 29.03.2017 193(6)B/ 15.01.2018	5 years 4 months, 5 years 3 months, 4 years 5 months	At present land is not available. However, action is being taken to make available land.
7	PHC Tubid, Arki, Khunti	236.13	23/02/2017	252.16	27-04-2018	189.44	208(6)/ 24.02.2017 292(6)B/ 29.03.2017 193(6)B/ 15.01.2018		Land not made available for nearly four years. JSBCCL recommended to Health Department to drop this Scheme.
8	PHC Khaira Chatar, Maheshpur	236.13	23/02/2017	-	-	189.44	208(6)/ 24.02.2017 193(6)/ 15.01.2018 292(6)B/ 29.03.2017	05 years 04 months, 05 years 03 months, 04 years 05 months	Repeated in NHM schemes. Serial No. 14
9	PHC Pandwa, Palamu	200.69	27/08/2014	194.86	20/04/2015	195.99	169(6)B/ 28.12.2016 86(6)B/ 22.06.2016 99(6)B/ 07.07.2016	05 years 06 months	DC allotted land through Letter no 1915 dated 02/12/2021

Sl. No.	Scheme Name	AA/ TS value	Date of AA	Agreement Amount)	Agreement Date	Total Allotment received	Letter no/ date	Period for which Allotment is lying Idle (Up to June 2022)	Remark
10	CHC Hatia, Ranchi	1,058.11	23/02/2017	907.30	13/07/2017	1,058.11	222(6)/ 24.02.2017	05 years 04 months	Land allotted in rural area for CHC sanctioned in Urban area.
11	PHC Tin Pahar, Rajmahal, Sahibganj	230.00	14/03/2017	212.10	08/03/2018	230.00	64(HSN)/ 14.03.2017 1401(MD)/ 11.12.2019	05 years 03 months 02 years 07 months	A Letter sent to AC Sahibganj for land acquiring vide this office letter No. 324 dt-21/04/2022
12	PHC Chouka, Chandil, Saraikela Kharsawan	236.13	23/02/2017	212.10	10/11/2017	189.44	208(6)/ 24.02.2017 292(6)B/ 29.03.2017 193(6)B/ 15.01.2018	05 years 04 months, 05 years 03 months, 04 years 05 months	Land Not Available
13	Construction of 50 Bedded Girls Hostel for <i>Rajkiye</i> Ayurvedic Medical College & Hospital at Chaibasa	160.09	04/08/2015	158.25	11/03/2017	100.00	38(5)/ 20.02.2017	05 years 04 months	Land not available. Work is stalled. Letter no. 1376 dt. 25/08/2021 has been written to DC for the land.
14	Construction of Doctor Residence for <i>Rajkiye</i> Ayurvedic Medical College & Hospital at Chaibasa	229.56	04/08/2015	-	-	125.00	38(5)/ 20.02.2017	05 years 04 months	Land not available. Letter no. 1376 dt. 25/08/2021 has been written to DC for the land.
15	Construction of Paramedical/Nurses Residence for <i>Rajkiye</i> Ayurvedic Medical College & Hospital at Chaibasa	156.38	04/08/2015	144.59	11/03/2017	100.00	38(5)/ 20.02.2017	05 years 04 months	Land not available. Letter no. 1376 dt. 25/08/2021 has been written to DC for the land.
Total		4,039.32				3,366.30			

(Source: Data/information provided by Jharkhand State Building Construction Corporation Limited)

Appendix 6.1

(Referred to in paragraph 6.2.1; page 183)

Allotment and expenditure in the test-checked districts under the State budget during FYs 2016-17 to 2021-22

(Amount in ₹)

Name of District	Year	Allotment	Expenditure	Surrender/ Saving	Expenditure in per cent
Dhanbad	2016-17	14,63,47,928	11,88,69,394	2,74,78,534	81
	2017-18	18,73,93,554	16,85,60,806	1,88,32,748	90
	2018-19	17,95,71,466	17,49,92,976	45,78,490	97
	2019-20	3,61,42,519	3,36,99,671	24,42,848	93
	2020-21	6,29,20,686	4,85,05,958	1,44,14,728	77
	2021-22	16,52,22,109	16,00,80,683	51,41,426	97
	Total	77,75,98,262	70,47,09,488	7,28,88,774	91
Dumka	2016-17	15,44,28,821	13,80,27,898	1,64,00,923	89
	2017-18	17,66,79,522	16,47,91,312	1,18,88,210	93
	2018-19	22,97,10,137	21,29,71,858	1,67,38,279	93
	2019-20	55,96,75,496	44,22,61,907	11,74,13,589	79
	2020-21	88,05,67,964	63,06,09,044	24,99,58,920	72
	2021-22	74,88,15,117	69,50,79,226	5,37,35,891	93
	Total	2,74,98,77,057	2,28,37,41,245	46,61,35,812	83
Garhwa	2016-17	12,49,59,481	11,62,13,769	87,45,712	93
	2017-18	19,85,81,983	18,47,84,881	1,37,97,102	93
	2018-19	24,96,72,531	21,31,88,127	3,64,84,404	85
	2019-20	30,43,26,976	24,00,66,945	6,42,60,031	79
	2020-21	34,83,61,406	31,38,06,358	3,45,55,048	90
	2021-22	30,49,85,343	28,02,41,706	2,47,43,637	92
	Total	1,53,08,87,720	1,34,83,01,786	18,25,85,934	88
Gumla	2016-17	13,51,86,820	12,35,59,561	1,16,27,259	91
	2017-18	15,88,96,040	13,92,54,853	1,96,41,187	88
	2018-19	18,25,88,221	16,89,59,664	1,36,28,557	93
	2019-20	9,39,47,522	8,43,56,811	95,90,711	90
	2020-21	8,15,36,500	5,94,59,498	22,0,77,002	73
	2021-22	40,07,50,960	36,24,67,696	3,82,83,264	90
	Total	1,05,29,06,063	93,80,58,083	11,48,47,980	89
Saraikela Kharsawan	2016-17	11,75,76,577	11,05,76,329	70,00,248	94
	2017-18	14,92,28,620	13,31,44,809	1,60,83,811	89
	2018-19	16,69,34,914	13,28,01,809	3,41,33,105	80
	2019-20	25,18,03,233	23,75,02,200	1,43,01,033	94
	2020-21	34,76,15,900	32,62,32,804	2,13,83,096	94
	2021-22	31,56,80,104	30,28,04,723	1,28,75,381	96
	Total	1,34,88,39,348	1,24,30,62,674	10,57,76,674	92
Simdega	2016-17	9,95,38,728	7,98,63,245	1,96,75,483	80
	2017-18	10,07,55,225	8,95,79,204	1,11,76,021	89
	2018-19	11,15,55,804	10,46,66,700	68,89,104	94
	2019-20	23,85,63,911	21,74,31,074	2,11,32,837	91
	2020-21	28,97,74,260	23,79,25,440	5,18,48,820	82
	2021-22	31,52,24,462	27,75,12,339	3,77,12,123	88
	Total	1,15,54,12,390	1,00,69,78,002	14,84,34,388	87

Appendix 7.1

(Referred to in paragraph 7.3.2; page 199)

List of medical equipment lying idle in Super Speciality Hospital of SNMMCH, Dhanbad as on 31 July 2022

Sl. No.	Equipment Name	Date of receiving of equipment	Periodicity of equipment kept idle as of July 2022 (in months)
1	High & Eco- Cardiograph System	09/05/2018	51
2	Blood gas Analyzer	03/09/2018	47
3	Desktop Computer	26/08/2018	47
4	ECG Machine (12 Channel)	27/09/2018	46
5	Non invective ventilator	19/09/2018	46
6	Ventilator portable	07/10/2018	46
7	Blood and Fluid Warmer	19/11/2018	44
8	C-ARM	10/12/2018	44
9	Laparoscope set	11/01/2019	43
10	Defibrillator With ECG Monitor	02/03/2019	41
11	High End monitor	02/03/2019	41
12	Zee biplane	27/02/2019	41
13	Flexible ureterscope	29/03/2019	40
14	Pulse oxidizer	23/04/2019	39
15	Instrument Trolley	14/06/2019	38
16	Microtome fully automated	15/06/2019	38
17	PCNL Set	27/05/2019	38
18	Stretcher with trolley	04/06/2019	38
19	Spin board	04/06/2019	38
20	C- ARM With Accessories	22/07/2019	36
21	Crash Cart	18/07/2019	36
22	Horizontal sterilizer	11/09/2019	35
23	Peripheral nerve stimulator	04/09/2019	35
24	Washer Disinfector model steris printer	23/08/2019	35
25	English Non UTS INTL	15/10/2019	34
26	General Surgery Instrument	14/10/2019	34
27	UPS online	23/09/2019	34
28	Infusion pump	17/10/2019	33
29	Master console	17/10/2019	33
30	Neuron surgical operating Microscope	17/10/2019	33
31	Servo ventilator	25/10/2019	33
32	Syringe infusion pump	13/11/2019	33
33	Thoracic videoscapy System	15/11/2019	33
34	TMT machine	17/10/2019	33
35	General Surgery Instrument	03/12/2019	32
36	Lead aprons, ups consul laser image DVD thyroid collars	14/12/2019	32
37	Ato generic model tunk cable lead wire set, assy care, dura cuf	14/12/2019	32
38	Anaesthesia Work Station With Monitor	18/12/2019	31
39	High & Eco- Cardiograph System	09/01/2020	31
40	Holter System with Workstation	04/01/2020	31
41	Syringe infusion pump and decline station	07/01/2020	31
42	Geo revolution evo computed tomography system	27/12/2019	31
43	Endoscope Ultrasound set	18/02/2020	29
44	Defibrillator With ECG Monitor	20/03/2020	28
45	Kerrison punch	20/03/2020	28
46	Transventricular endoscopy & instrument	25/04/2020	27

Sl. No.	Equipment Name	Date of receiving of equipment	Periodicity of equipment kept idle as of July 2022 (in months)
47	Anaesthesia Work Station With Monitor	18/06/2020	25
48	Endoscope HD Camera System With Accessories	26/06/2020	25
49	BPE Online UPS	13/08/2020	24
50	OT Table Hydraulic	14/08/2020	24
51	Portable ECG System	06/08/2020	24
52	Yag laser IPL, model	06/08/2020	24
53	Desktop computer	10/10/2020	22
54	Converting+ Operating Microscope	16/10/2020	21
55	Multipurpose OT table	26/10/2020	21
56	Portable cooler doper	10/12/2020	20
57	Ultraflux	08/03/2021	17
58	Spin surgery set	20/11/2021	8

(Source: Data/information provided by test checked units)

Appendix 8.1

(Referred to in paragraph 8.3.6; page 206)

Details of private clinical establishments in operation without having valid registration, as of March 2022

Sl. No.	Name of health care facilities	Registration No.	Valid upto	Category
Dhanbad				
1	Tata Central Hospital	2035400644	14/02/2021	Clinic
2	Accurate Pathology Centre	2035400637	14/02/2021	Lab
3	Akriti Orthopedic Clinic	2035400192	22/07/2021	Clinic
4	Amar Jyoti Hospital	2035400737	22/11/2020	Nursing Home
5	Anand Dental Clinic	2035400761	21/03/2022	Dental Clinic
6	Anand Diagnostic Centre	2035400620	21/01/2022	Lab
7	Anup Nursing Home	2035400237	16/08/2019	Nursing Home
8	Sono World Diagnostic Centre	2035400779	11/03/2022	Lab & Clinic
9	Apollo Information Centre	2035400788	13/02/2021	Clinic
10	APSC Arogya Lab	2035400649	17/01/2020	Lab
11	Arogya Homeo Care	2035400831	22/07/2021	Ayush Clinic
12	Arogya Niketan	2035400934	30/03/2022	Ayush Clinic
13	Arogya Nursing Home	2035400675	28/09/2021	Nursing Home
14	Ashirvad Clinic	2035400266	09/02/2020	Nursing Home
15	Ashirvad Polyclinic	2035400286	12/03/2022	Nursing Home
16	Ashirvad Patho Lab	2035400341	01/04/2021	Lab
17	Astha Health & Lab Care	2035400607	21/10/2020	Lab
18	Ayesha nursing home	2035400731	23/01/2022	Nursing Home
19	Ayushman Dignostic Center	2035400687	19/06/2020	Lab
20	Ayushman Hospital	2035400646	16/01/2020	Nursing Home
21	Ayurveda For All	2035400844	28/09/2021	Ayush Clinic
22	B.P. Sinha Memorial Clinic	2035400592	16/07/2021	Nursing Home
23	Baba Clinic	2035400897	21/01/2022	Nursing Home
24	Baba Hospital	2035400568	06/02/2019	Nursing Home
25	Balaji Poly Clinic	2035400602	06/07/2019	Nursing Home
26	Bio Chemical Lab	2035400437	16/07/2021	Lab
27	Bio Pathological Lab	2035400472	21/10/2021	Lab
28	Birsa Munda Pathological Lab	2035400597	29/07/2020	Lab
29	BSM Clinilab Diagnostic & Image	2035400808	14/03/2021	Lab
30	Cardio diabetic mediclinic and cardiac imaging centre	2035400663	23/02/2020	Lab
31	Chandra dental care	2035400928	24/03/2022	Dental Clinic
32	Chowdhary Nursing Home	2035400793	30/03/2022	Hospital
33	Clinicals Dental Care	2035400804	11/03/2021	Dental Clinic
34	Dental Care	2035400240	16/08/2019	Dental Clinic
35	Dental care clinic	2035400746	10/12/2020	Dental Clinic
36	Dental Clinic	2035400771	16/01/2021	Dental Clinic
37	Dental Solution	2035400783	04/02/2021	Dental Clinic
38	Devi Charitable Hospital	2035400810	14/03/2021	Hospital
39	Diabetes & Thyroid Care Clinic	2035400695	13/07/2020	Clinic
40	Diagnolab	2035400678	25/04/2020	Lab
41	Dr. M- Hanif Memorial Homeo Clinic	2035400817	01/04/2021	Ayush Clinic
42	Dr. Lal Pathlab	2035400650	04/02/2021	Lab
43	Dr. Manju Shree Clinic	2035400533	10/12/2020	Clinic
44	Dr. Raj's Multispeciality Dental Clinic	2035400811	14/03/2021	Dental Clinic
45	Dr. S.N. Iquabal Memorial Hospital	2035400550	17/01/2020	Hospital
46	Durga Matri Sadan	2035400582	25/04/2021	Nursing Home
47	Echo & X-Ray Centre	2035400221	16/07/2021	Lab
48	Eeshita Medical	2035400577	08/08/2020	Clinic
49	FPSC Labh Arogya	2035400650	17/01/2020	Ayush Clinic
50	Galaxy Hospital	2035400745	10/12/2020	Hospital

Sl. No.	Name of health care facilities	Registration No.	Valid upto	Category
51	GC Homoeopathy Clinic	2035400822	23/06/2021	Ayush Clinic
52	Gitanjali Nursing home	2035400627	01/11/2019	Nursing Home
53	Govindpur Diagnostic Centre	2035400727	21/10/2020	Lab
54	Gurunanak Diagnostic and Poly Clinic	2035400750	11/12/2020	Lab
55	Hayat Medical Seviles	2035400679	26/04/2020	Clinic
56	Hazra Clinic	2035400488	01/03/2020	Clinic
57	Health Clinic	2035400848	13/10/2021	Clinic
58	Health Map Dignostic Pvt Ltd	2035400919	14/02/2021	Lab
59	Healthy Life Care Hospital	2035400686	12/03/2022	Hospital
60	Hi-tech Hospital	2035400732	18/01/2022	Eye Hospital
61	Ivory Dental Clinic	2035400716	16/09/2020	Dental Clinic
62	JP Diagnostic Centre	2035400628	30/03/2022	Lab
63	Jai Hospital & Reserch Center	2035400757	11/03/2022	Nursing Home
64	Jai Prakash Poly Clinic	2035400614	10/08/2019	Clinic
65	Jealgora Regional Hospital	2035400843	28/09/2021	Hospital
66	Jeevan Jyoti Hospital	2035400618	23/08/2019	Hospital
67	Jharia Clinical Laboratory	2035400786	04/02/2021	Lab
68	Jharkhand Poly Clinic	2035400604	17/07/2020	Clinic
69	Kasturba Sewa Sadan	2035400770	11/01/2021	Nursing Home
70	Kesav Hospital & Research Centre	2035400385	23/12/2021	Nursing Home
71	Keshav Clinic	2035400384	23/12/2021	Clinic
72	Khushi Skin Clinic	2035400767	12/03/2022	Clinic
73	Lal Clinic Dhansar	2035400763	30/01/2021	Clinic
74	LC Eye Hospital	2035400836	06/08/2021	Eye Hospital
75	Life Care Diagnstic Centre	2035400670	06/08/2021	Lab
76	Life Care Diagnstic Centre	2035400842	28/09/2021	Lab
77	Lifeline Hospital & Research Centre	2035400700	17/07/2020	Nursing Home
78	Lifeline Nursing Home	2035400744	09/12/2020	Nursing Home
79	Lilawati Poly Clinic & Diagnostic Center	2035400792	14/02/2021	Lab & Clinic
80	M.H. Homeo Clinic	2035400346	23/06/2021	Ayush Clinic
81	Maa Shree Seva Sadan	2035400566	16/07/2021	Nursing Home
82	Maa Tara Poly Clinic	2035400664	07/03/2020	Clinic
83	Maa Tara Seva Sadan	2035400468	31/05/2019	Nursing Home
84	Madhuri Heart Clinic	2035400244	16/07/2020	Clinic
85	Magadh Poly Clinic	2035400350	20/02/2019	Clinic
86	Mahavir Galaxy Nursing Home	2035400797	14/02/2021	Nursing Home
87	Mangalam Clinic	2035400507	14/09/2020	Clinic
88	Maruti Nursing Home	2035400494	25/01/2020	Nursing Home
89	Medicare Nursing Home	2035400596	22/07/2021	Nursing Home
90	Metrolabs	2035400651	17/01/2020	Lab
91	Metropolis Health Care Ltd.	2035400647	17/01/2020	Nursing Home
92	Mishra Clinic	2035400396	21/10/2020	Clinic
93	Mondal's Laboratory	2035400187	14/02/2021	Lab
94	Mukherjee Dental Care	2035400741	09/12/2020	Dental Clinic
95	Mukut Prabha Heart Centre	2035400400	05/11/2021	Nursing Home
96	Nandan Clinic	2035400460	11/03/2021	Clinic
97	Narayni Dignostic Center	2035400773	30/03/2022	Lab
98	Navjeevan Poly Clinic	2035400204	23/06/2021	Clinic
99	Neo Dental Clinic	2035400800	11/03/2021	Dental Clinic
100	New Geetasri Clinic	2035400727	19/10/2020	Eye Hospital
101	New Navjeevan Clinic	2035400661	14/03/2021	Clinic
102	Nikhil Clinic	2035400288	04/10/2019	Clinic
103	Nikhil Nursing Home	2035400845	28/09/2021	Clinic
104	Nirmala General & Leprocy Hospital	2035400373	14/02/2020	Hospital
105	Nutan Clinic	2035400512	09/08/2019	Clinic
106	Om Dental Clinic	2035400782	04/02/2021	Dental Clinic

Sl. No.	Name of health care facilities	Registration No.	Valid upto	Category
107	Onex Laser Derma Clinic	2035400704	08/08/2020	Clinic
108	Ortho Care	2035400551	09/01/2020	Clinic
109	Ortho Clinic	2035400600	03/07/2019	Clinic
110	Pandit Eye Hospital	2035400840	18/09/2021	Eye Hospital
111	Pandit Clinic	2035400729	21/10/2020	Nursing Home
112	Paras Hospital & Research Centre	2035400633	22/01/2022	Nursing Home
113	Patho Plus Diagnostics	2035400711	28/09/2021	Lab
114	Payal Nursing Home	2035400541	07/11/2021	Nursing Home
115	Pragati Seva Sadan	2035400576	08/03/2019	Nursing Home
116	Prasad Clinic	2035400805	11/03/2021	Clinic
117	Prasad Dental Clinic	2035400803	11/03/2021	Dental Clinic
118	Priyadarshini Medical Hall	2035400578	08/08/2020	Clinic
119	Puja Nursing Home	2035400544	04/01/2021	Nursing Home
120	Radhika Clinic	2035400815	01/04/2021	Clinic
121	Raj Clinic & Research Centre	2035400209	30/03/2022	Nursing Home
122	Raj Medical & Research Centre	2035400656	01/04/2021	Clinic
123	Raj Priya Clinic	2035400581	13/10/2021	Clinic
124	Rajeshwari Health Care & Research Centre	2035400195	01/11/2019	Nursing Home
125	Kaushalya Diagnostic Centre	2035400754	18/12/2020	Lab
126	Roy Dental Care	2035400806	11/03/2021	Dental Clinic
127	Saha Clinic	2035400486	13/10/2021	Clinic
128	Sahara Hospital & Research Centre	2035400832	24/07/2021	Hospital
129	Sai Clinic (Ayurved)	2035400389	17/01/2020	Ayush Clinic
130	Sai Diagnostics Centre	2035400666	13/10/2021	Lab
131	Sai Hospital (Ayurved)	2035400463	17/01/2020	Ayush Clinic
132	Sai Nursing Home	2035400775	20/01/2021	Nursing Home
133	Sai Scan Centre	2035400446	12/03/2022	Lab
134	Sai Seva Sadan & Research Centre	2035400682	16/07/2021	Nursing Home
135	Sanjeevani Nursing Home	2035400697	15/07/2020	Nursing Home
136	Sanjeevani Rural Medicare & Research Centre	2035400665	01/04/2021	Nursing Home
137	Saurav Nursing Home	2035400886	18/01/2022	Nursing Home
138	Shanti Dental Clinic	2035400724	24/09/2020	Dental Clinic
139	Sharda Clinic	2035400207	22/02/2020	Clinic
140	Shiva Dental Clinic	2035400809	14/03/2021	Dental Clinic
141	Shree Balajee Patho Collection	2035400411	19/01/2020	Lab
142	Shree Guru Kripa Swasth Seva Kendra	2035400279	11/03/2021	Nursing Home
143	Shree Maa Patho Centre	2035400705	08/08/2020	Lab
144	Shree Ram Hospital	2035400447	16/03/2022	Nursing Home
145	Shri Ram Sharma Nursing Home	2035400353	23/01/2022	Nursing Home
146	Shwet Shree Clinic	2035400631	30/11/2019	Clinic
147	Sitara Diagnostic Center	2035400735	22/11/2020	Lab
148	Sri Balajee Pathology & Collection Centre	2035400411	04/02/2021	Lab
149	Sunjeevani Nursing Home	2035400409	22/12/2019	Nursing Home
150	Swati Diagnostic	2035400668	06/11/2021	Lab
151	Tapovan Clinic	2035400733	19/11/2020	Clinic
152	Teeth & Pearl Multispecialty Dental Care	2035400285	06/11/2021	Dental Clinic
153	The Dental Hub	2035400653	17/01/2020	Dental Clinic
154	Topchanchi Ultrasound	2035400662	14/02/2020	Lab
155	Vardan Hospital & Research Centre	2035400699	28/09/2021	Nursing Home
156	Vinayaka Nethralaya	2035400706	18/09/2021	Eye Hospital
157	X-ray & Echo House	2035400707	08/08/2020	Lab
158	X-ray & Scan Centre	2035400280	14/03/2021	Lab

Sl. No.	Name of health care facilities	Registration No.	Valid upto	Category
159	Yashlok 24x7	2035400658	14/02/2021	Nursing Home
160	Dr. SN Iqbal Memorial Hospital	2035400869	17/11/2021	Hospital
161	Maa Tara Diagnostic Centre	2035400858	06/11/2021	Lab
162	Help Plus Clinic	2035400865	07/11/2021	Clinic
163	Astha Poly Clinic	2035400867	17/11/2021	Clinic
164	Magadh Patho Lab	2035400303	07/11/2021	Lab
165	BSM Clinic Lab	2035400708	06/11/2021	Lab
166	BSM Clinic Lab	2035400856	06/11/2021	Lab
167	BSM Clinic Lab	2035400857	06/11/2021	Lab
168	Chennai Eye Care	2035400855	06/11/2021	Eye Hospital
169	24 Ghante Eye Care	2035400861	07/11/2021	Eye Hospital
170	Arika Medi World Clinic	2035400859	07/11/2021	Clinic
171	Shruti Diagnostic Lab	2035400874	11/12/2021	Lab
172	BCCL Moonidih Hospital	2035400875	11/12/2021	Hospital
173	A 2 Z Diagnostic Centre	2035400880	23/12/2021	Lab
174	Dhanbad City Hospital	2035400872	11/12/2021	Hospital
175	Ganga Harku Dental Clinic	2035400873	11/12/2021	Dental Clinic
176	Bio Path Lab	2035400881	23/12/2021	Lab
177	Sinha Patho Clinic	2035400879	23/12/2021	Clinic
178	Johar Sanjeevni Diagnostic & Health Care Pvt. Ltd.	2035400883	23/12/2021	Lab
179	Priya Das Hospital Pvt. Ltd.	2035400878	22/12/2021	Hospital
180	R.K. Diagnolab	2035400885	23/12/2021	Lab
181	Nityanand Patho Lab	2035400896	22/01/2022	lab
182	Tan Man Clinic	2035400902	23/01/2022	Clinic
183	Drishti Eye Hospital	2035400892	18/01/2022	Eye Hospital
184	Baba Pathological Lab	2035400898	22/01/2022	Lab
185	Kumardhubi Spectrum Hospital Pvt. Ltd.	2035400900	23/01/2022	Hospital
186	Laxmi Patho Lab	2035400908	11/03/2022	Lab
187	Suraksha Enterprenure Pvt. Ltd.	2035400231	11/03/2022	Lab
188	Avishkar Diagnostic	2035400910	11/03/2022	Lab
189	Nirmal Homoeo Clinic	2035400911	11/03/2022	AYUSH Clinic
190	Baba Loknath Clinic	2035400916	12/03/2022	Clinic
191	Malti Dental Clinic	2035400918	12/03/2022	Dental Clinic
192	Nucleus Diagnostic Centre	2035400913	12/03/2022	Lab
193	Asha Hospital	2035400922	16/03/2022	Hospital
194	Nidan Imaging Centre	2035400926	24/03/2022	Lab
195	Kelment Lab	2035400931	30/03/2022	Lab
196	Swet Shree Clinic	2035400932	30/03/2022	Clinic
197	Adhunik Diagnostic	2035400927	24/03/2022	Lab
198	New Max Patho Lab	2035400936	30/03/2022	Lab
199	APNA DIAGNOSTIC	2035400943	27/04/2022	LAB
Total		199		
Dumka				
1	Anand Dental Care		31/07/2017	
2	Aradhana Homeo Hall		30/11/2018	
3	Aryan Clinic		31/07/2017	
4	Dr. Lakhan Soren Clinic		31/01/2020	
5	Dr. Sita Ram Sah		31/07/2021	
6	Dr. Surendra Prasad Jaiswal		31/07/2017	
7	Dr. Surendra Prasad Jaiswal		31/07/2017	
8	Dumka X- Ray and Chest Clinic		31/07/2017	
9	Ganga Dental Care		31/07/2017	
10	Kalika Homeo Ousdhalay		31/07/2017	
11	Kathikund Meso Welfare Hospital		28/02/2018	
12	Keshri Clinic		31/07/2017	

Sl. No.	Name of health care facilities	Registration No.	Valid upto	Category
13	Maa Parvati Dental Clinic		30/11/2020	
14	Dr A K Singh Clinic		30/11/2017	
15	Clinic		31/03/2021	
16	Dental Clinic		31/08/2020	
17	Jay Mata Di Janch Ghar		31/03/2021	
18	Khusbu Dental		31/08/2020	
19	Narayan Ortho Centre		30/09/2021	
20	Maa Dialysis		31/01/2018	
21	Dr.Sushil Maranadi Clinic		31/01/2018	
22	Leela Health Centre		30/06/2021	
23	Sadar Hospital (PJMCH)		30/09/2021	
24	CHC Ramgarh		28/12/2017	
25	Meditech(Sana Lab)		31/08/2019	
26	Dr. D.N. Pande		30/06/2019	
27	Ankita Digital X- Ray		30/06/2019	
28	Maa Parvati Clinic		31/07/2021	
29	Nav Jivan Homeo Clinic		31/05/2020	
30	Thyrocare Service Provider		31/10/2021	
31	Dr. Mahboob Ansari Ortho Clinic		30/09/2021	
32	Navjeevan Maternity home		30/06/2019	
33	Vivakar Clinic		31/05/2020	
34	Prasad Pathology		31/12/2021	
35	Durga Medical Clinic		30/04/2019	
36	St. Ursula Health Centre		30/11/2021	
37	Pulse Diagnostic		30/11/2018	
38	Shivam Clinic		30/11/2019	
39	Ravi Surgical Hospital		30/11/2019	
40	Sanjeevani Maternity and Surgical Health Centre		30/11/2020	
41	Daycare Clinic		29/02/2020	
42	ITDA Meso Hospital/Kalyan Hospital		30/09/2021	
43	Jeevan Rekha Nursing Home		31/03/2021	
44	Huding Epil Seva Sadan		31/07/2021	
45	Crafting Smiles Dental Care		31/05/2020	
46	Sri Vinayak Dental Clinic		31/05/2020	
47	Shamson's Homeo Clinic		31/07/2021	
48	Prabhakar Baby Clinic		31/07/2021	
49	Pranjal Clinic		30/06/2020	
50	Ranchi Janch Ghar		31/07/2019	
51	Raj Patho Center		31/07/2019	
52	Modern Medi Clinics		30/11/2020	
53	Nishana New India Smart Homeo		30/09/2020	
54	Saha Homeo Clinic		30/06/2020	
55	Skin Clinic		31/05/2021	
56	Modrn Dental Division		31/05/2021	
57	Dumka Dental Clinic		31/12/2021	
58	Healthmap Diagnostics Pvt. Ltd.		30/09/2021	
59	Shivpuri Nursing Home		30/09/2021	
60	Prince Clinic		30/09/2021	
61	Deepa Dental Clinic		30/11/2021	
	Total	61		
Garhwa				
1	Medicare Nurshing home	2034600315	06/07/2021	Nursing Home
2	Asha Chikitsalay	2034600272	13/05/2021	Nursing Home
3	Mamta Seva Sadan	2023400293	20/09/2019	Clinic
4	Garg Clinic	2034600243	06/10/2018	Clinic

Sl. No.	Name of health care facilities	Registration No.	Valid upto	Category
5	Madras Dawakhana	2034600274	29/07/2020	Clinic
6	Health Care Nurshing Homes	2034600291	19/09/2020	Nursing Home
7	Sanjivini Hospital	2034600322	20/12/2021	Hospital
8	Utsav Dental Clinic	2034600395	10/01/2022	Clinic
9	Prakash Hospital	2034600412	09/02/2022	Hospital
10	Jaslok hospital	2034600393	23/12/2021	Hospital
11	Anjani Nurshing Home	2034600396	11/01/2022	Nursing Home
12	Devki Mahaveer Homeopath	2034600405	27/01/2022	Hospital
13	Rudra Hospital	2034600342	20/10/2021	Hospital
14	Navjivan Hospital	2034600329	27/08/2020	Hospital
15	Nirogyam	2034600340	28/09/2021	Hospital
16	Divyanjali Nursing home	2034600321	21/05/2021	Hospital
17	Sambhawna Hospital	2034600338	30/06/2020	Hospital
	Total	17		
Gumla				
1	Jan Vikash Trust Hospital	2036600263	31/01/2019	Hospital
2	Sumedha Clinic	2036600301	31/08/2020	Clinic
3	City Dental Clinic	2036600297	30/06/2021	Clinic
4	Arogyam	2036600282	31/12/2020	Clinic
5	Arogyam Health Centre	2036600272	31/10/2020	Clinic
6	Dr Suresh Sharma Clinic	2036600236	31/01/2020	Clinic
7	Mishra Medical Hall	2036600027	30/04/2019	Clinic
8	Kumar Medical Hall	20366000026	30/09/2020	Clinic
9	National Patholab	2036600295	28/02/2022	Laboratory
10	Diagnostic Point	2036600287	31/01/2021	Laboratory
11	Sahu Nursing Home	2036600251	30/11/2021	Nursing Home
12	St. Anne's Health Centre	2036600074	30/06/2021	Dispensary
13	Sacred Health Centre	2036600264	28/02/2019	Dispensary
	Total	13		
Simdega				
1	Adarsha Pathology Centre	2036700173	06/10/2018	General
2	Alam Clinic, Bhatti Toli	2036700199	05/10/2019	General
3	Alphonsa Primary Health Care	2036700207	07/12/2019	General
4	Anas Clinic	2036700216	02/04/2020	General
5	Crus Putri Swasth Kendra	2036700212	12/12/2019	General
6	Dental Care Clinic	---	05/10/2019	Single spl
7	Hammadi Life Care	2036700218	02/04/2020	General
8	Health centre Sogra	2036700188	06/12/2018	General
9	Mittal X-ray	2036700198	08/12/2020	General
10	Nagarjun Chikistalaya	2036700203	05/10/2019	
11	Sacred Heart Health Care Centre	2036700201	05/10/2019	General
12	Sarvada Medical Centre	2036700214	12/12/2019	
13	Shivam Polyclinic	2036700205	05/10/2019	General
14	Shivam Seva kendra	2036700211	07/12/2019	General
15	Shivam seva kendra	2036700202	05/10/2019	General
16	St Angela Health Centre	2036700191	12/12/2017	General
17	St Anna Health Centre	2036700154	07/12/2015	General
18	St Anna Health Centre	2036700177	06/12/2018	General
19	St Anna Health Centre	2036700196	06/12/2018	General
20	St Anna Health Centre	2036700183	06/12/2018	General
21	St Anna Health Centre	2036700178	12/12/2019	General
22	St Anna Health Centre	2036700185	12/12/2019	General
23	St Anna health Centre	2036700186	06/12/2018	General
24	St Annes Health Centre	2036700179	06/12/2018	General
25	St Annes Health Centre	2086700187	06/12/2018	General

Sl. No.	Name of health care facilities	Registration No.	Valid upto	Category
26	St Anthoni Health Centre	2036700206	07/12/2019	General
27	St Elizabad Health Centre	2036700195	12/12/2019	General
28	St Fransis of Asissi health Centre	2036700208	07/12/2019	General
29	St Joshep Primary Health	2036700180	12/12/2019	General
30	St Martha Health Centre	2036700213	12/12/2019	General
31	St Monika Sub Centre	2036700182	12/12/2019	General
32	St Paul Health Centre	2036700189	12/12/2019	General
33	St Rafael Health Centre	2036700181	06/12/2018	General
34	St Rafayal Health Centre	2036700175	06/12/2018	General
35	St Vincet Health Centre	2036700184	06/12/2018	General
36	St. Anna Health Centre	2036700181	12/12/2019	General
37	Ursuline Health Centre	2036300193	12/12/2019	General
	Total	37		
	Grand Total	327		

Appendix 8.2

(Referred to in Paragraph 8.5.1; page 208)

Shortcomings in collection of drugs sample vis-à-vis issue of test reports by the DIs in the test-checked districts

Year	Particulars	Dhanbad	Dumka	Garhwa	Gumla	Saraikela Kharsawan	Simdega	Total
2016-17	Sample to be collected	180	60	60	60	60	60	480
	Sample collected	10	3	4	2	3	0	22
	Test report issued	3	0	NA	2	1	0	6
2017-18	Sample to be collected	180	60	60	60	60	60	480
	Sample collected	5	0	0	0	2	2	9
	Test report issued	2	0	NA	0	0	1	3
2018-19	Sample to be collected	180	60	60	60	60	60	480
	Sample collected	36	9	5	15	0	3	68
	Test report issued	28	5	NA	12	0	3	48
2019-20	Sample to be collected	180	60	60	60	60	60	480
	Sample collected	59	6	18	18	0	2	103
	Test report issued	51	5	NA	11	0	2	69
2020-21	Sample to be collected	180	60	60	60	60	60	480
	Sample collected	29	10	0	30	1	5	75
	Test report issued	21	6	NA	29	1	5	62
2021-22	Sample to be collected	180	60	60	60	60	60	480
	Sample collected	67	34	25	28	4	4	162
	Test report issued	34	10	NA	8	2	2	56
Grand Total	Sample to be collected	1,080	360	360	360	360	360	2,880
	Sample collected	206	62	52	93	10	16	439
	Test report issued	139	26	NA	62	4	13	244

Appendix 8.3

(Referred to in Paragraph 8.6; page 209)

Lack of equipment in the test-checked blood banks, as of March 2022

District	Shortage of equipment
Dumka	Hand lens, serological graduated pipettes, Interval timer, insulated containers, Noradrenaline Inj., Mephentin Inj, Betamethazone Inj., Metoclorpropamide inj, Denatured spirit, Tincture iodine, Capillary tube, clinical thermometer, Watch and stopwatch= Total 13
Garhwa	Water bath, RH viewing box, mechanical Shakers, Hand Lense, serological graduate pipe, test tube, precipitating tube, interval timer, filter papers, chemical balance, Elisa reader Adrenaline injection, Noradrenaline Inj, Mephentin Inj, Metoclorpropamide Inj, Aspirin, tincture Iodine, PVC blood bags, stopwatch, Anti-coagulants= Total 20
Gumla	Incinerator= 01
Simdega	RH viewing box, Precipitating tube, Insulated containers, filter papers, chemical balance, Elisa Reader with printer, Metoclorpropamide Inj, Aspirin, incinerator, Sphygmomanometer, Copper sulphate soln, Sahil's haemoglobinometer/ Colorimetric method, Clinical thermometer= Total-13

Appendix 8.4

(Referred to in Paragraph 8.8.2; page 213)

Details of private healthcare facilities having shortage of emergency drugs, as of August 2022

Sl. No.	Name of Hospital	Essential Emergency Drug(s) not available
1.	Bharti Hospital, Dumka	Inj. Nalaxone 400 mcg= Total 01
2.	Mohul Pahari Christian Hospital, Dumka	Inj. Diazepam 10 mg, Inj Nor Adrenaline 4 mg, Inj. Adrenaline 1 MG, Inj. Dopamine, Tab. Aspirin, Neb. Inj. Adenosine and Activated Charcoal = Total 07
3.	Patliputra Nursing Home, Dhanbad	Inj Chlorpheniramine Maleate and Inj. Nalaxone 400 mcg= Total 02
4.	Dr. Jyotirbhushan Institute of Medical Sciences, Dhanbad	Inj. Diazepam 10 MG, Inj. Frusemide 20 MG, Inj Noradrenaline 4 mg, Inj Chlorpheniramine Maleate, Inj. Adrenaline 1 MG, Inj. Nalaxone 400 mcg, Inj. Lignocaine 50 ml, Activated Charcoal and NS 250 ML= Total 09
5.	Santevita Hospital, Ranchi	Inj. Nalaxone 400 mcg= Total 01
6.	Gulab Hospital, Garhwa	NA
7.	Meditrina Hospital Pvt. Limited, Adityapur	Inj Chlorpheniramine Maleate, Inj. Nalaxone 400 mcg, Inj. Lignocaine 50 ml, Activated Charcoal, NS 250 ml and Pediatric IV Infusion Solution 500 ml= Total 06
8.	St. Joseph Hospital, Gumla	Inj. Nalaxone 400 mcg, Activated Charcoal and NS 250 ml= Total 03
9.	St. Ursula Hospital, Konbir, Gumla	Nor Adrenaline 4 mg, Inj. Dopamine, Neb. Budesonide, Tab Sorbitrate, NS 100 ml and Pediatric IV Infusion Solution 500 ml= Total 06

Glossary of Abbreviations

Abbreviation	Full form
AA	Administrative Approval
ACH	AYUSH College & Hospital
AEI	AYUSH Educational Institute
AERB	Atomic Energy Regulation Board
AIIMS	All India Institute of Medical Science
ALS	Advance Life Support
AMC	Annual Maintenance Contract
ANC	Ante Natal Care
ANM	Auxiliary Nurse and Midwife
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BARC	Bhabha Atomic Research Centre
BG	Bank Guarantee
BHT	Bed Head Ticket
BLS	Basic Life Support
BMW	Bio-Medical Waste
BOR	Bed Occupancy Rate
BPL	Below Poverty Line
BPMC	Bid Process Management Committee
CCU	Critical Care Unit
CDSCO	Central Drugs Standard Control Organisation
CEA	Clinical Establishment Act
CHC	Community Health Centre
CHO	Community Health Officer
CMC	Christian Medical College
CoE	Centre of Excellence
CPWD	Central Public Works Department
CS cum CMO	Civil Surgeon cum Chief Medical Officer
CSR	Corporate Social Responsibility
CSSD	Central Sterile Supply Department
CT	Computed Tomography
CTO	Consent to Operate
DAS	District AYUSH Society
DC	Drug Controller
DCCC	Dedicated COVID Care Centre
DCH	Dedicated COVID Hospital
DCHC	Dedicated COVID Health Centre
DH	District Hospital
DI	Drug Inspector
DIC	Director in Chief
DICC	District Infection Control Committee

Abbreviation	Full form
DIF	District Indicator Framework
DMFT	District Mineral Foundation Trust
DMHC	District Mental Health Centre
DMHP	District Mental Health Programme
DPCU	Dedicated Paediatric Care Unit
DPHL	District Public Health Laboratory
DPR	Detailed Project Report
DRA	District Registering Authority
DRE	District Resource Envelop
DWH	District Ware House
ECG	Electrocardiogram
ECHO	Echocardiogram
ECRP	Emergency COVID Response Plan
EDL	Essential Drug List
EE	Executive Engineer
ENT	Ear-Nose-Throat
EOI	Expression of Interest
EQA	External Quality Assurance
ERS	Emergency Response System
ETP	Effluent Treatment Plant
FE	Fire Extinguisher
FRU	First Referral Unit
FY	Financial Year
GMCH	Government Medical College and Hospital
GMP	Good Manufacturing Practices
GNM	General Nursing and Midwifery
GoI	Government of India
GoJ	Government of Jharkhand
GSDP	Gross State Domestic Product
HDU	High Dependency Unit
HICC	Hospital Infection Control Committee
HLD	High Level Disinfection
HMC	Hospital Management Committee
HMIS	Health Management Information System
HOD	Head of Department
HSC	Health Sub-Centre
HWC	Health Wellness Centre
ICCU	Intensive Coronary Care Unit
ICMR	Indian Council of Medical Research
ICU	Intensive Care Unit
IDSP	Integrated Disease Surveillance Programme

Abbreviation	Full form
IFA	Iron Folic Acid
IMR	Infant Mortality Rate
IPC	Intra-Partum Care
IPD	In-Patient Department
IPHS	Indian Public Health Standard
ISO	International Organisation for Standardization
JLEM	Jharkhand List of Essential Medicine
JMHDPCL	Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Ltd.
JPSC	Jharkhand Public Service Commission
JRHMS	Jharkhand Rural Health Mission Society
JSBCCL	Jharkhand State Building Construction Corporation Ltd.
JSC	Jharkhand State Council
JSDP	Jharkhand State Drug Policy
JSSK	Janani Shishu Suraksha Karyakaram
JSY	Janani Suraksha Yojana
JTC	Jharkhand Treasury Code
LAMA	Leaving Against Medical Advice
LD	Liquidated Damages
LMO	Liquid Medical Oxygen
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCH	Maternal Child Health
MCI	Medical Council of India
MCP	Mother and Child Protection
MD	Managing Director
MGMMCH	Mahatma Gandhi Memorial Medical College and Hospital
MGPS	Medical Gas Pipeline System
MIS	Management Information System
MIS-C	Mucormycosis and Multi System Inflammatory Syndrome in Children
MMR	Maternal Mortality Rate
MMU	Mobile Medical Unit
MNH	Maternal and Newborn Health
MO	Medical Officer
MOIC	Medical Officer in Charge
MoU	Memorandum of Understanding
MPW	Multi-Purpose Worker
MRI	Magnetic Resonance Imaging
MRMCH	Medinirai Medical College and Hospital
MSBY	Mukhyamatri Swasthya Bima Yojana
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NABL	National Accreditation Board for Testing and Calibration Laboratory

Abbreviation	Full form
NACO	National Aids Control Organisation
NAM	National Ayush Mission
NBP	National Blood Policy
NFHS	National Family Health Survey
NFSA	National Food Security Act
NHM	National Health Mission
NHP	National Health Policy
NIF	National Indicator Framework
NITI	National Institution for Transforming India
NMC	National Medical Commission
NNMR	Neonatal Mortality Rate
NOC	No Objection Certificate
NOHP	National Oral Health Programme
NPCC	National Programme Co-ordination Committee
NPPMTBI	National Programme for Prevention and Management of Trauma and Burn Injuries
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
OPD	Out Patient Department
OT	Operation Theatre
PA	Performance Audit
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Techniques
PDS	Public Distribution System
PG	Post Graduate
PHC	Primary Health Centre
PICU	Paediatric Intensive Care Unit
PIP	Person in Position
PJMCH	Phulo Jhano Medical College and Hospital
PLA	Personnel Ledger Account
PM CARES	Prime Minister's Citizen Assistance and Relief in Emergency Situation Fund
PMCH	Patliputra Medical College and Hospital
PMJAY	Pradhan Mantri Jan Arogya Yojana
PMNDP	Pradhan Mantri National Dialysis Programme
PMSSY	Pradhan Mantri Swasthya Suraksha Yojana
PNC	Post Natal Care
PO	Purchase Order
PPC	Post-Partum Care
PPP	Public Private Partnership
PPSWOR	Probability Proportional to Size Without Replacement
PRJHA	PanIIT Alumni Reach for Jharkhand
PRI	Panchayati Raj Institution

Abbreviation	Full form
PSA	Pressure Swing Adsorption
PSS	Patient Satisfaction Survey
PW	Pregnant Women
RA	Running Account
RC	Rate Contract
RDTL	Regional Drug Testing Laboratory
RHTC	Rural Health Training Centre
RIMS	Rajendra Institute of Medical Sciences
RINPAS	Ranchi Institute of Neuro-Psychiatry and Allied Sciences
RKS	Rogi Kalyan Samiti
ROR	Referral Out Rate
RSBY	Rastriya Swasthya Bima Yojana
RTI	Right to Information Act
RWD	Rural Works Division
SAAP	State Annual Action Plan
SAS	State AYUSH Society
SBA	Skilled Birth Attendant
SBMCH	Sheikh Bhikhari Medical College and Hospital
SC	Sub Centre
SDCD	State Drug Control Directorate
SDG	Sustainable Development Goal
SDH	Sub Divisional Hospital
SDRF	State Disaster Response Fund
SECC	Socio Economic Caste Census
SIF	State Indicator Framework
SLSC	State Level Steering Committee
SMSPC	State Medicines Selection and Procurement Committee
SNCU	Special Neonatal Care Unit
SNMMCH	Saheed Nirmal Mahto Medical College and Hospital
SOP	Standard Operating Procedure
SPCB	State Pollution Control Board
SPIP	State Programme Implementation Plan
SPMU	State Programme Management Unit
SQAC	State Quality Assurance Committee
SRS	Sample Registration System
SRSWOR	Simple Random Sampling Without Replacement
SS	Sanctioned Strength
STP	Sewerage Treatment Plant
TAT	Turn Around Time
TC	Trauma Centre
TT	Tetanus Toxoid

Abbreviation	Full form
U5MR	Under-5 Mortality Rate
UC	Utilisation Certificate
UG	Under Graduate
UHTC	Urban Health Training Centre
UPHC	Urban Primary Health Centre
UT	Union Territory
WHO	World Health Organisation
WT	Waiting Time
YoY	Year on Year

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