

Recommendations

What do we recommend?

- 1) All hospitals and AFMSDs may formulate budget estimates keeping in view the workload and past trends of expenditure and DGAFMS may allot funds based on such estimates. Funds may be allotted separately for maintenance and repairs of hospital equipment.
- 2) The Ministry and DGAFMS may rationalise the Annual Acquisition Plans (AAP) after a review of requirements and implement the AAP in a time bound manner to modernise its hospitals.
- 3) DGAFMS may regulate the postings of General Duty Medical Officers, Specialists, Nursing and Paramedical staff in hospitals based on reasonable assessment of workload to even out the deficiencies.
- 4) Exodus of medical cadets after passing out from AFMC may be discouraged by adopting a suitable scheme of incentives and disincentives.
- 5) There is a need to comprehensively review the availability of equipment in all hospitals and take immediate action to fill the existing gaps which are substantial.
- 6) The pace of procurements planned under Annual Acquisition Plans needs to be accelerated for modernisation to remain relevant. This would be possible only if budgetary outlays are significantly increased and procurement process is made more efficient.
- 7) Effective steps may be taken to streamline the maintenance and repair of costly equipment. The deficiency in technical manpower at Command Repair Cells and AFMSD Pune may be made good together with up-gradation in the skills of existing manpower to carry out emergency/minor repairs so as to reduce the downtime of equipment.
- 8) DGAFMS may strengthen the internal processes for procurement of quality medicines by strict implementation of laid-down procedures. The process of registration of vendors may be periodically checked and any deviation from the prescribed norms may invariably be investigated.
- 9) DGAFMS may revamp the system of operation of RCs to make it more efficient and suited to the needs of consignees. Backlog in concluding RCs may be removed. Effective steps may be taken to ensure that Direct Demanding Officers do not resort to local procurement without placing orders on RC holders in the first instance.
- 10) AFMSDs may ensure supply of drugs to all the dependent hospitals, so that local procurement by them is minimised.

- 11) **In view of the wide variation in rates and brands of PVMS/NIV drugs/consumables locally procured across hospitals, DGAFMS may take effective steps to regulate their procurements and increase their coverage through RCs and central purchase by AFMSDs.**
- 12) **Immediate and effective steps may be taken to make the quality assurance system in AFMS more robust for pre-despatch inspection and post-lab tests of drugs and consumables.**
- 13) **Deficiencies in the existing cold storage accommodation for drugs and ambulances should be remedied within a reasonable time.**
- 14) **Urgent steps need to be taken by DGAFMS to ensure strict adherence to the Bio-Medical Waste (Management & Handling) Rules 1998 by Health Care Establishments.**
- 15) **Effective and early steps may be taken to improve the availability of drugs, infrastructure and manpower, particularly in non-military stations, to ensure manning of equipment as well as for providing adequate patient care through ECHS.**