

CHAPTER IV : AVAILABILITY OF MEDICINE AND EQUIPMENT

4.1 Introduction

Financial support is provided to States under NRHM to strengthen the health system including supply of drugs. States are being incentivized up to five *per cent* of their total outlay under NRHM to prepare policy and establish systems for free distribution of essential drugs, robust procurement system, etc.

4.2 Non-availability of equipment

NRHM framework envisages availability of essential functional equipment in all facilities to extend the assured health care facilities. As per IPHS, for SCs - the equipment necessary for conducting safe deliveries at SC Type 'B', home deliveries (for both Type 'A' and Type 'B'), immunisation, contraceptive services, etc. should be available. For PHC, the necessary equipment viz. normal delivery kit, equipment for assisted deliveries, standard surgical set, etc., to deliver the assured services should be available. For CHC, standard surgical set of various types, normal delivery kit, imaging equipment, etc., should be available. While equipment norms are different for each grade of DH, certain essential equipment viz. imaging equipment, SNCU¹ equipment, blood storage unit, etc. are required to be available in all the DHs.

Equipment is procured by State Health Society or any Corporation established for the purpose by the State.

Surveys of selected health facilities across 29 States/UT revealed that the following equipment essential for RCH services were not available as per details tabulated below in **Table 4.1**.

¹ Special Newborn Care Unit
Performance Audit of Reproductive and Child Health under National Rural Health Mission

Table 4.1: Non-availability of equipment for RCH services

Sl. No.	Name of the equipment not available	Number of health facilities where equipment not available	Percentage of total health facilities where equipment not available	Number of States/ UT involved
SC				
1.	Labour table (for Type 'B' SCs)	38	31	10
PHC				
2.	Normal delivery kit	163	32	22
CHC				
3.	Emergency obstetric care equipment	209	70	29
4.	ECG facility ²	190	63	26
5.	X-ray facility	142	47	26
DH				
6.	ECG facility	31	23	12
7.	X-ray facility	14	10	6
8.	Blood storage unit	28	21	10

Some State-wise findings are discussed below:

In **Meghalaya**, OT was available in all the three DHs, but remained unutilised, due to non-availability of anaesthetist and surgeon. New born stabilization unit (NBSU) was not available in Umsning and Riango CHCs. In the NBSU of Bhoirymbong CHC, radiant warmer, though available was not functioning.

In **Sikkim**, all the DHs were functioning without ICUs. Even the State Referral Hospital at Gangtok did not have the ICU facility. Consequently, critically ill patients requiring major surgical and medical intervention were referred to the nearest private hospital, i.e., either to Manipal Central Referral Hospital at Gangtok or outside the State. No CHCs had essential equipment *viz.* ultrasound, ECG, sterile leak proof containers, etc.

4.3 Idle equipment

In 17 States (**Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Karnataka, Meghalaya, Punjab, Rajasthan, Tamil Nadu, Telangana, Tripura, Uttarakhand and West Bengal**), 428 equipment (ultrasound, X-ray, ECG, cardiac monitors, auto analyzer, incinerator, OT equipment, blood storage unit etc.) valued at ₹ 30.39 crore were lying idle/unutilised due to non-availability of required doctors and trained manpower to operate them, lack of adequate space for their installation, etc. (State-wise details are given in **Annexure-4.1**).

Some State-wise instances are discussed below:

² This includes facilities where equipment was available but not functional.

In **Gujarat**, the Biosafety Cabinet³ for Microbiology laboratory worth ₹ 4.00 lakh was lying idle since October 2013 at the General Hospital⁴, Godhra. CDMO/Godhra stated (July 2016) that due to non-availability of space, the machine was not put to use. Similarly, two ultrasound scanners costing ₹ 11.00 lakh were lying idle in two GHs, Nadiad (since March 2013) and Godhra (since March 2011) due to absence of radiologist and impaired condition of the equipment (photograph given below).



Ultrasound machine lying idle at GH, Nadiad, Gujarat due to vacant post of Radiologist

In **Jharkhand**, in five selected districts, 26 machines/equipment costing ₹ 3.05 crore were lying idle since their purchase in March 2011, due to lack of trained manpower, reagents or kits (photographs given below).



Auto analyzer and Path Fast lying idle in store of DH, Jamtara, Jharkhand



USG machines lying idle in store of DH, Jamtara, Jharkhand

In **Karnataka**, in one DH, seven Taluka Hospitals and two CHCs, 10 ultrasound scanners costing ₹ 1.30 crore supplied were not put to use as posts of radiologists were vacant. Operation tables costing ₹ 2.39 lakh also remained unused in three CHCs as posts of General Surgeon were not sanctioned in these CHCs.

³ Biosafety Cabinet is designed to protect the operator, the laboratory environment and work materials from exposure to infectious aerosols and splashes that may be generated when manipulating materials containing infectious agents, such as primary cultures, stocks and diagnostic specimen, etc.

⁴ Government Hospital equivalent to DH.



Unutilised ultra sound scanner at Taluk Hospital Challakere, Karnataka



Operation table lying un-utilised at CHC Maradihalli, Karnataka

In **Manipur**, equipment like autoclave, x-ray machine, blood bank refrigerator, baby incubator, suction pump, incinerator, freezer, ice lined refrigerator and portable ultrasound machine had been lying unutilised in the DH, Ukhrol, DH, Senapati, CHC, Kamjong, CHC, Mao, and PHC, Phungyar, from the date of receipt of the equipment (photograph given below). The non-utilization of the equipment was attributed to lack of power supply, non-installation of equipment and non-posting of technician, etc.



Incinerator lying uninstalled in DH, Ukhrol, Manipur



Unused baby incubator in DH, Ukhrol, Manipur

In **Meghalaya**, blood storage equipment costing ₹ 10.01 lakh was lying idle in DHs of Nongstoin and Nongpoh, as there was no blood storage facility in these hospitals. Due to this, patients requiring blood transfusion were referred to other hospitals. Radiant warmers costing ₹ 1.50 lakh in CHCs Riango and Umsning were also not functional.



Blood storage equipments lying idle in DH Nongstoin, Meghalaya



Radiant warmers not functional in CHC Umsning, Meghalaya

In **Andaman and Nicobar Islands**, the main operation theatres in both the DHs (i.e., BJR Hospital and Dr. RP Hospital) and two CHCs of Nancowry and Rangat remained unutilised for want of surgical specialists and qualified medical professionals. As a result, all the surgical cases were referred to the FRU, namely GB Pant Hospital, situated in the capital town of Port Blair.

Idling of equipment not only resulted in depriving the patients of basic health care facilities but also led to blocking of funds.

4.4 Deficiencies in utilisation of funds for procurement of drugs and supplies

In three States of **Jammu and Kashmir, Jharkhand** and **Uttar Pradesh**, discrepancies regarding procurement of drugs/medicines were noticed as discussed below:

a) Tendering procedure not followed

- In **Jammu and Kashmir**, medicines/drugs/surgical items/etc. worth ₹ 6.38 crore were purchased during 2013-14 without following tendering procedure.
- In **Jharkhand**, Jharkhand Rural Health Mission Society and Civil Surgeon-cum-Chief Medical Officer approve rate contract for various medicines which is applicable across state/district respectively. The hospitals and district health societies are supposed to procure the listed drugs at the rates specified by the respective authorities only. Two DHs⁵ and one DRHS⁶ ignored the approved rate contracts and purchased medicines/consumables by calling quotations or on nomination basis during 2011-16 resulting in excess payment of ₹ 39.99 lakh to the agencies/suppliers.

Discrepancies in procurement of drugs in Uttar Pradesh

In seven selected districts, absorbent cotton wool was procured (October 2012 to December 2015) from M/s Om Surgical Ltd at the cost of ₹ 5.30 crore without ascertaining the credentials of the firm. The firm had been blacklisted by Tamil Nadu Medical Services Corporation Limited from May 2012 to May 2017 for supplying sub-standard quality of the same item. The CMOs of the selected districts intimated that they were not aware of the blacklisting of the firm. The State Government replied (November 2016) that action would be taken against erring officials after investigation.

⁵ Sadar Hospital, Dumka & West Singhbhum.

⁶ West Singhbhum.

In another case, in Uttar Pradesh, in contravention of orders of State Programme Management Unit⁷ (September 2012 and December 2014) for procurement of AYUSH drugs from the firms authorised by it, CMOs of seven districts procured drugs worth ₹ 1.25 crore from unauthorized firms. The drugs were issued to the patients without ensuring the required quality checks.

4.5 Non-availability of drugs in health facilities

IPHS prescribe certain types of drugs/medicines for each type of health facility depending upon its requirement. Some States have also devised their own Essential Drugs Lists (EDL) containing drugs/medicines suited to their own requirement. NRHM aims to strengthen the capacity of the States in ensuring quality assurance of drugs, preferably through the establishment of a state level autonomous corporation/body which is incharge not only of transparent and efficient procurement of drugs, but also of quality assurance and logistics.

Survey of selected healthcare facilities in 29 States/UT revealed that prescribed types of allopathic drugs were not available as per IPHS and as per State essential list in many health facilities in many States as shown in the **Table-4.2** given below:

Table-4.2

Sl. No.	Type of health care facility	Number of health facilities where deficiency observed	Percentage of total health facilities surveyed	Number of States/ UT involved
1.	SC	502	35	27
2.	PHC	104	20	19
3.	CHC	47	16	14
4.	DH	25	19	10

In 24 States/UT (**Andhra Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana, Jammu and Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Odisha, Punjab, Rajasthan, Sikkim, Tamil Nadu, Telangana, Tripura, Uttar Pradesh, Uttarakhand and West Bengal**), audit noticed instances of non-availability of drugs – essential/required as per IPHS such as Paracetamol, B-complex, Albendazole, etc. Out of these 24 States/UTs, in eight States⁸, essential medicines/consumables such as Vitamin-A, contraceptive pills, ORS packets, RTI/STI⁹

⁷ In Uttar Pradesh, State Programme Management Unit executes the day-to-day activities of NRHM.

⁸ Chhattisgarh, Karnataka, Kerala, Madhya Pradesh, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand.

⁹ RTI-Reproductive Tract Infection, STI-Sexually transmitted infection.

drugs, essential obstetric kits, etc., required for RCH services, were not available in selected health facilities.

4.6 Quality testing of drugs and expired medicines

In 14 States (**Assam, Bihar, Haryana, Jharkhand, Karnataka, Kerala, Maharashtra, Manipur, Odisha, Punjab, Telangana, Tripura, Uttar Pradesh and West Bengal**), medicines were issued to patients without ensuring the prescribed quality checks and without observing the expiry periods of drugs, thus exposing the patients to grave risks as detailed in **Annexure-4.2**. During the exit conference, the Ministry stated that it is now actively promoting use of IT software at the facilities for controlling such practices.

4.7 Mobile Medical Units

One major initiative under the NRHM was operationalization of Mobile Medical Units (MMUs) to provide a range of health care services for population living in remote, inaccessible, un-served and under-served areas, mainly with the objective of taking healthcare service delivery to the doorsteps of these populations. MMUs comprise one/two or three vehicles varying from State to State and carry required medical and paramedical personnel, diagnostic equipment such as X-Ray, ultrasound machine, ECG machine and generator. Depending on distances, the MMU make upto one visit a day to distant villages, with every area being visited on the same day in each month and preceded by active mobilization with a well-publicized monthly schedule of visits through loudspeakers, announcements, etc.

MMUs were not operational in four States (**Chhattisgarh, Himachal Pradesh, Mizoram and Uttar Pradesh**), while in ten States of **Bihar, Gujarat, Haryana, Jammu and Kashmir, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Odisha and Tripura**, MMUs were partially operational. Audit observed that services provided by MMUs were largely deficient in nine States of **Assam, Gujarat, Haryana, Jammu and Kashmir, Jharkhand, Meghalaya, Rajasthan, Tamil Nadu and Uttarakhand**.

4.8 National Ambulance Service

One of the components under NRHM is patient transport ambulances operating under Dial 108/102 ambulance services. 108 is predominantly an emergency response system, primarily designed to attend to patients of critical care, trauma and accident victims, etc. 102 services essentially consist of basic transport aimed to cater to the needs of pregnant women and children,

mainly under free transport facility (transfer from home to health facility, inter-facility transfer in case of referral and drop back) under Janani Shishu Suraksha Karyakram (JSSK).

4.8.1 Utilisation of funds allotted for National Ambulance Service

In eight States¹⁰, out of ₹ 175.26 crore allotted for procurement of ambulances, ₹ 155.93 crore remained un-utilized. Some of the irregularities observed by Audit in this regard were administrative delays, tendering process for procurement process not being initiated, diversion of funds for other purposes etc. resulting in non fulfilment of the intended objectives. Audit further observed deficiencies in services rendered by the ambulances such as delayed response time, not attending to calls, etc. in five States of **Assam, Jammu and Kashmir, Madhya Pradesh, Odisha and Uttarakhand**.

Good practice

In **Chhattisgarh**, as an emergency response system, the State government had provided ambulance services which were available on call (108) for dropping the patient to any public health institution and Mahtari express (Ambulance) to pick and drop the pregnant mothers to public health institution. Audit observed that there were a total of 239 ambulances (on call) and 300 Mahtari expresses available in the State and these were available round the clock.

4.9 Availability of ASHA kit and timely replenishment of items of ASHA kits

Every ASHA is to be provided with a drug kit containing a set of drugs, equipment and products¹¹. The kit enables her to provide basic level care to the community. Surveys of 3,588 ASHAs in 29 States/UT revealed the following shortfalls as given below in **Table-4.3**.

¹⁰ Bihar, Haryana, Jammu and Kashmir, Jharkhand, Kerala, Maharashtra, Meghalaya and Tripura.

¹¹ These include disposable delivery kits, pregnancy kit, paracetamol tablets, IFA tablets, ORS packets, deworming pills, condoms, etc. and basic equipment such as thermometer, BP monitor, weighing scale (for newborn), baby blanket, etc.

Table-4.3: Shortfalls in availability of items/medicines with ASHAs

Sl. No.	Name of item	ASHAs not in possession of the item/medicine	
		Number	Per cent of total ASHAs surveyed
1.	Disposable delivery kit	3,249	83
2.	Blood pressure monitor	3,170	81
3.	Thermometer	1,060	27
4.	Pregnancy kit	1,428	28
5.	Weighing scale (for newborns)	887	23
6.	Deworming pills	1,299	33
7.	Paracetamol tablets	1,006	26
8.	Iron pills	878	22

The items such as disposable delivery kit, blood pressure monitor, thermometer, pregnancy kit and weighing scale and medicines like deworming pills, paracetamol tablets and iron pills are essential for providing basic RCH services by the ASHA.

In 10 States (**Bihar, Chhattisgarh, Himachal Pradesh, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Rajasthan, Sikkim and West Bengal**), delays in replenishment of drug kits, non-availability of ASHA kits, etc. were noticed.

Conclusion

Surveys of selected health facilities across 29 States/UT disclosed that even the basic equipment required for RCH services such as labour table, normal delivery kit, emergency obstetric care equipment, X-ray facility were not available in various health facilities. Non-availability of essential drugs and idling of equipment deprived the patients of the intended health care under NRHM. In 14 States, medicines were issued to patients without ensuring the prescribed quality checks and without observing the expiry period of drugs. MMUs were not operational in four States and were partially operational in 10 States.

Recommendations:

- Availability of all essential drugs and equipment should be ensured at all health facilities.
- It must be ensured that all the prescribed drugs are validated by quality testing before being provided to the health facilities.
- MMUs and ambulances should be made fully operational and equipped with the required manpower and equipment.
- ASHAs need to be provided with prescribed kits that are replenished on time.