

Chapter XI

AYUSH

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Number of IPD and OPD patients visiting AYUSH hospitals had declined during the 2016-22. Pathology lab, maternity ward and radiology department in one of test checked hospital were not functional/partially functional. There was huge shortage of essential medicines in both the test checked hospitals.

Savings were noticed under the heads 'Supply & Medicine' and 'Machinery & Equipment' despite shortage of medicines and equipment in both the test checked hospitals. The overall shortage of staff in AYUSH Departments was 57.97 per cent. Shortages in the cadres of doctors (51.89 per cent), paramedical staff (55.93 per cent) and nurses (32.21 per cent) were noticed in the four¹ medical colleges with attached hospitals.

Four equipment costing ₹ 45.98 lakh procured (March 2018) for Pathology lab in one of test checked hospitals was not put to use and was lying idle.

GNCTD did not set up a State AYUSH Society nor did it submit State Annual Action Plan to GoI for availing financial benefit under National AYUSH Mission from 2016-17 onwards. An amount of ₹ 3.83 crore was still lying unutilized with GNCTD/Directorate of Ayush from the grant received under National Ayush Mission during 2014-16.

There was shortfall in conducting mandatory inspections of manufacturing and selling units of Ayurveda and Unani drugs.

Delhi Bhartiya Chikitsa Parishad (DBCP) constituted for providing registration of medical practitioners of Indian Systems of Medicines was not reconstituted since July 2015. Delhi Homoeopathy Anusandhan Parishad (DHAP) constituted to develop and coordinate research in Homoeopathy was not functional since 2017-18.

11.1 Introduction

The Government of National Capital Territory of Delhi (GNCTD) established (May 1996) a separate Directorate of Indian Systems of Medicine and Homoeopathy (ISM&H) under the Health and Family Welfare Department (DH&FW) to encourage the use of alternative systems of medicines such as Ayurveda, Yoga, Unani, Siddha and Homoeopathy (AYUSH) in healthcare delivery and to ensure propagation of research and education in these systems. The ISM&H was renamed as Directorate of AYUSH (Directorate) in the year 2013.

¹ Ayurveda & Tibbia College, SHMC, NHMC and CBPACS

This Directorate provides healthcare facilities through 188 dispensaries (51 Ayurvedic, 23 Unani, and 114 Homeopathic) and through four hospitals attached to four Ayush medical colleges². It also provides medical education in Ayurvedic, Unani and Homoeopathy through undergraduate and postgraduate courses at four educational institutions. Besides, the Directorate is responsible for licensing and implementing regulations under Drugs and Cosmetics Act; issuing approval to laboratories for testing of Ayurveda/Unani medicines through Drugs Control Cell; conducting market survey to check quality of available Ayurveda/ Unani medicines; and creating awareness among masses. Drug Control Department (DCD) under the DH&FW grants/renews licenses to sellers and manufacturers of homoeopathic medicines.

For the purpose of audit of AYUSH, records for the period from 2016-17 to 2022-23 of four³ autonomous bodies of the Directorate, two Ayurveda/ Unani/Homoeopathic medical colleges with attached hospitals⁴, Directorate of AYUSH, Drugs Control Cell (Ayurvedic & Unani medicines) and the Drugs Control Department⁵ were examined.

11.2 Organizational Structure of AYUSH

The Directorate, headed by a Director, functions under the overall supervision of the Secretary, Department of Health and Family Welfare. The Director is assisted by a Joint Director, two Deputy Directors, Assistant Directors. Drug Control Cell of Ayurveda and Unani is responsible for licensing the manufacturers. Drugs Control Department of allopathic drugs is also entrusted with the drug controlling functions of homoeopathic drugs.

11.3 Adequacy of funding

Proper financial management entails budgeting of funds on realistic assessment of requirement and effective utilization of available funds to ensure that operational activities do not suffer for want of funds. The State government allocated funds of ₹ 1033.35 crore against which ₹ 934.39 crore (90 per cent)

² i) Ayurvedic & Unani Tibbia College and Hospital (Tibbia College and hospital), (ii) Dr. B.R. Sur Homeopathic medical College Hospital and research centre (SHMC) (iii) Nehru Homoeopathic Medical College & Hospital (NHMC) and (iv) Choudhary Brahm Prakash Ayurvedic Charak Sansthan (CBPACS)

³ Board of Homoeopathic System of Medicine, Delhi Bhartiya Chikitsa Parishad (DBCP), Examining Body for Para Medical Training for Bhartiya Chikitsa Delhi, and Delhi Homoeopathic Anusandhan Parishad (DHAP)

⁴ (i) Ayurvedic & Unani Tibbia College and Hospitals (Tibbia College and hospital), (ii) Dr. B.R. Sur Homoeopathic medical College Hospital and research centre (SHMC)

⁵ The Drugs Control Department (DCD) headed by Drugs Controller of Delhi regulates manufacture and sale of allopathic and Homoeopathic drugs in Delhi. The functioning of Drug Control Department and overall shortfall in inspections, drug sample testing etc. has already been covered in Chapter VIII of this Audit Report. It did not hold separate inspection data of homoeopathic units and separate quality testing data of homoeopathic drugs.

was utilised for the management of AYUSH activities during the period 2016-22 as per the details given in **Table 11.1**.

Table 11.1: Budget allocation and utilisation 2016-2022

(₹ in crore)		
Department	Budget Allocation/ Grant received	Expenditure incurred
Ayurveda and Unani		
Directorate of AYUSH ⁶	201.30	150.33
A & U Tibbia College	212.04	181.46
Choudhary Brahm Prakash Ayurvedic Charak Sansthan (CBPACS)	200.91	198.17
Homoeopathy		
Homoeopathic Wing	221.23	214.57
BR Sur Homoeopathic Medical College & Research Centre (SHMC)	74.20	72.27
Nehru Homoeopathic Medical College and Hospital (NHMC)	123.67	117.59
Total	1033.35	934.39

11.3.1 Sub-optimal utilization of funds

(i) Utilization of funds under important heads in Tibbia College & Hospital: A & U Tibbia College was allocated budget of ₹ 16.55 crore under the head ‘Supply & Material’ and ‘Machinery & Equipment’ out of which only ₹ 9.41 crore was utilized during the period 2018-19 to 2021-22 leaving ₹ 7.14 crore (43 per cent) unutilised.

Budget was not allotted under the head ‘Machinery & Equipment’ during the year 2016-17 and 2019-20. Audit noted that during 2018-19 to 2021-22, there were savings ranging from 15 per cent to 96 per cent under two heads as detailed in **Table 11.2**.

Table 11.2: Savings in AU Tibbia College and Hospital

(₹ in lakhs)					
Year	Head	Budget	Total Expenditure	Savings	Saving in per cent
2018-19	S&M	700	337.75	362.25	52
	M&E	100	85.21	14.79	15
2019-20	S&M	650	485.48	164.51	25
2020-21	M&E	25	5.05	19.95	80
2021-22	S&M	150	5.81	144.18	96
	M&E	30	21.92	8.07	27
Total		1655	941.23	713.77	43

Department stated (May 2023) that funds could not be utilised due to conversion of hospitals to Covid Care Centre and Covid Vaccination Centre.

⁶ Includes budget for Ayurveda and Unani dispensaries, drug control cell of Ayurveda and Unani.

Reply is not tenable as savings were noticed under the heads 'Machine & Equipment' and 'Supply & Material' despite lack of essential equipment during pre and post Covid period.

(ii) Under-utilisation of funds for Machinery and Equipment in hospitals:

Audit noted that during five out of seven years under audit scrutiny, the unutilized funds under the head 'Machinery and Equipment' in SHMC ranged between 23.12 *per cent* and 77.45 *per cent* (upto December 2022). There were savings despite the fact that SHMC had no working Ultrasound machine during the entire audit period, whereas, working X-Ray machine was not available since 2019-20. This indicates lackadaisical approach of the hospital in acquiring the essential equipment for providing service to patients.

Similarly, in NHMC, ₹ 51 lakh out of ₹ 90 lakh (57 *per cent*) under the head Machinery and Equipment could not be utilized during the period under audit.

Government attributed (December 2023) sub-optimal utilization of funds to non-materialization of procurement by the CPA due to technical reasons till 2017-18 and non-completion of codal formalities due to shortage of time in 2019-20 and 2021-22.

GNCTD and hospitals failed to utilize the allotted funds and they should make realistic plans to ensure optimum utilization of funds.

(iii) Publicity of Ayush: One of the vision of Directorate is to popularize AYUSH system through school education programmes and media. Directorate spent only ₹ 9.81 lakh out of ₹ 34.66 lakh (28 *per cent*) for publicity of Ayurveda and Unani systems during the period 2016-2023.

11.3.2 Rush of Expenditure in closing months of financial year

Rule 56(3) of GFR states that rush of expenditure beyond 15 *per cent*, particularly in the closing months of the financial year shall be regarded as a breach of financial propriety and shall be avoided.

Audit noted that during 2016-22, 15 *per cent* to 100 *per cent* expenditure in A&U Tibbia hospital and SHMC were incurred in the month of March under three heads viz. M &E, S&M and OE in contravention of the above rule.

In the case of SHMC, the Government attributed (December 2023) it to last minute approval of proposals for procurement and settlement of pending claims. It was further stated that all nodal officers and branch in-charges have been directed to ensure that all proposals are finalized in a time bound manner. In respect of A&U Tibbia College, Department assured (May 2023) that the GFR will be adhered to in future.

Recommendation 11.1: Directorate and the GNCTD should prepare realistic budgetary plan and the hospitals should expedite the procurement to ensure timely utilization of funds received under 'Supply & Medicine' and 'Machinery & Equipment'.

11.4 Availability and Management of AYUSH Healthcare Infrastructure

Health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a State. It signifies the investment priority regarding creation of health care facilities. Infrastructure has been described as the basic support for delivery of public health activities. Examination of records disclosed inadequacies in infrastructure, as discussed in the succeeding paragraphs.

11.4.1 Inadequate built up area of the departments of A & U Tibbia College

Indian Medicine Central Council (Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012, prescribes built up area of departments of an Ayurveda College. There were shortfall in the built up area of departments of Tibbia College as given in the **Table 11.3**.

Table 11.3: Built up area of various departments of Tibbia College

Sl. No.	Department	Required built up area (Sq. Mtr.)	Available built up area (Sq. Mtr.)
1	Agad Tantra & Vidhi Vaidyak	100	60
2	Kaya Chikitsa	150	75
3	Shalya Tantra	150	60
4	Shalakya Tantra	150	60
5	Prasuti and Stri Rog	100	65
6	Kaumarbhritya	75	40

Less space than the minimum prescribed area could hamper functioning of departments.

A& U Tibbia College stated (May 2023) that the college is functioning from a heritage building and there are restrictions to modify the building. Further it stated that it has planned to build a multi-storeyed building for academic departments.

11.4.2 Lack of monitoring mechanism for Physical and Financial progress of work

During 2016-17 to 2022-23, 116 works relating to repair/maintenance/construction amounting to ₹ 17.12 crore were sanctioned to PWD by A& U Tibbia College.

Audit noted that PWD neither submitted any physical/financial progress or completion certificate to the hospital nor was requested by the hospital. Similarly, SHMC had completion certificates in respect of only nine out of 20 works which were carried out. Thus, there was no monitoring mechanism in hospitals to ensure timely completion of works.

The hospitals stated (May 2023) that monitoring of work and regular meetings with the PWD authorities are being done. In the case of SHMC, Government

stated (December 2023) that completion certificates in respect of the works have been called from PWD.

Reply is not acceptable as no documents related to monitoring of work and regular meeting by hospitals with PWD authorities was annexed with the reply.

11.4.3 Delay in completion of works in hospitals

Audit noted that in respect of A & U Tibbia College & Hospital only 48 out of 61 civil works⁷ sanctioned were completed during 2016-17 to 2022-23. Out of 48 works completed, two works were completed on time whereas 25 works costing ₹ 2.91 crore were completed with delays up to six months, 18 works costing ₹ 3.92 crore were completed with delays of six to 12 months and three works of ₹ 99.80 lakh were completed with delays of more than one year.

In respect of remaining works, two works were foreclosed, one work pertained to year 2016-17 was not taken up as plan was not approved and one work pertained to 2018-19 could not be taken up as permission for the work was not obtained from Delhi Jal Board. Nine works pertaining to year 2021-22 to 2022-23 are still in progress even after expiry of stipulated date of completion. Delay in completion of work could have affected the quality of services being provided.

Hospital stated (May 2023) that delays were due to Covid and suspension of works and adherence to DPCC guidelines to control pollution.

Reply is not acceptable as delay in completion of works were noticed during pre and post Covid period.

Recommendation 11.2: Hospitals should monitor the works in an efficient manner to avoid delay in completion of works.

11.4.4 Inadequate facilities for storing drugs

Directorate of AYUSH has no proper drug store for keeping Ayurvedic medicines procured for dispensaries as medicines were temporarily stored in a guest house of A&U Tibbia College & Hospital.

Similarly, in A&U Tibbia College & Hospital, there was no permanent store for storage of Ayurvedic and Unani medicines. Medicines were being kept in three places i.e. Canteen and two temporary tin sheds without assessing whether these structure met drug storage standards. It was also noticed that medicines were kept without having the facilities of racks were touching the floor and walls, rendering them susceptible to damage.

⁷ Works related to maintenance/renovation of the building/facilities.



Picture 11.1: Medicines kept in temporary tin shed



Picture 11.2: Medicines kept in guest house of A & U Tibbia College

As suitable site was identified for constructing Drug store for the Directorate and for Tibbia College and Hospital and preliminary estimate amounting to ₹ 3.49 crore was intimated by the PWD in March 2020 for approval which was revised to ₹ 4.11 crore (December 2022) .

Audit noted that the proposal was not approved by the competent authority.

Government intimated (December 2023) that a temporary Drug store of around 4000 sq.foot has been constructed for storage of medicines.

However, the reply was silent on the approval of the preliminary proposal by the competent authority and start of construction thereafter.

Recommendation 11.3: Directorate should develop permanent storage facility with proper racks to keep medicines.

11.4.5 Unavailability of canteen/kitchen facilities in test checked hospitals

As per Indian Medicine Central Council (Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012, there should be canteen facility with sitting arrangement for about hundred persons in the college premises with built up area of 150 sq. meter (for intake of 61-100 students) . Similarly, Schedule I (B) (Infrastructure Requirement of College) of MSR, 2013 provides for canteen facility in the Homoeopathic college premises.

A & U Tibbia College with an annual intake of 189 students has total enrollment of 800 students and 123 staff (March 2023). Besides, on an average 550 patients had visited the hospital per day during 2021-22. Similarly, SHMC has total enrollment of 315 students and 86 college staff.

Audit noted that no canteen/kitchen facilities were available in both the test checked hospitals and the premises earmarked for Canteen in A & U Tibbia College were being utilized for storage of medicines.

Government stated (December 2023) that the process for establishment of canteen in SHMC has since been initiated by uploading the tender on GeM. With regard to A&U Tibbia hospital, it was stated that the process of starting canteen service has been initiated.

The fact remains that canteen facility did not exist in either the hospitals.

11.4.6 Unavailability of Cadavers in Tibbia College

A&U Tibbia College and Hospital is a prestigious medical institution of GNCT of Delhi providing undergraduate and postgraduate education to the students in Ayurveda and Unani. The curriculum of their course and Medical College Standards issued by the GoI requires teaching of Anatomy and dissection of cadavers to students.

Audit noted that no cadaver/mummified body was available in the Anatomy Department of Tibbia college since 2020 and the Hospital had initiated the process to obtain cadaver in November 2022 only, after a delay of more than two years.

The Department stated (May 2023) that efforts are being made to get the cadaver for study purpose.

11.4.7 Running unauthorized Private Pharmacy in the premises of the Hospital

Audit noted that A&U Tibbia Hospital had allotted a space of 20 Sqm to a private agency⁸ for running a medical shop in June 2012 at a monthly lease amount of ₹ 3000. The lease deed of the pharmacy was cancelled (July 2014) and eviction process initiated by the hospital. The eviction process was halted by the ADM (April 2016) as the lease deed did not contain any clause for termination. Subsequently, the hospital filed a case in District Court in April 2019 against the order passed by the ADM after almost three years. It was observed that the case was rejected by the Court as the case was not filed on time.

Due to administrative delay on the part of the hospital, the pharmacy could not be evicted (December 2022) and was running unauthorized in the hospital premises since July 2014. Moreover, audit noted that patients were compelled to buy medicines from the private pharmacy as most of the medicines were either not available in the hospital or were available for small periods of time during the year 2018-19 to 2019-20.

A & U Tibbia College stated (May 2023) that efforts are being made to evict the unauthorized pharmacy from the premises of hospital but hospital remained silent on the other issues.

⁸ M/S Apex charitable Trust

11.5 Availability of Medicines and Equipment

11.5.1 EDL for Ayurveda, Yoga, Unani, Siddha and Homoeopathy medicines not updated on regular basis

In order to provide essential medicines free of cost to the people visiting its health facilities, the Government of NCT of Delhi framed (April 1994) a Drug Policy based on the essential medicines concept. The objective of the policy was to make available a limited number of good quality medicines to be procured at reasonable prices, thus enabling the medicine budget to be used for a much larger number of patients. Audit noted that the policy aimed at preparation of a list of drugs, every year, by a Special Committee.

Audit noted that EDL of Ayurveda, Unani and Homoeopathy drugs for dispensaries were updated only once in 2018 during the period under audit and the EDL of A&U Tibbia College & Hospital was not updated after 2015.

Government stated (December 2023) that based on the National List of Essential Ayush Medicines published by Ministry of Ayush in 2022, the Department has reviewed and adopted the new EDL for Ayurveda and Unani medicines. Regarding homoeopathy, updated EDL is under submission for approval of the competent authority.

11.5.2 State Drugs Testing Laboratory not set up

One of the objectives of National Ayush Mission (NAM), GoI is to provide Grants-in-aid to State Drug Testing Laboratories (SDTL) for testing of Ayurveda, Unani, Sidda and Homoeopathic drugs.

Audit noticed that no proposal was initiated by the Directorate of AYUSH (December 2022) for establishing SDTL whereas the Directorate had assured to set up the same in response to audit observations incorporated in the CAG Audit Report for the year ended March 2017. Moreover, ₹ 95 lakh released by GoI to set up a drug testing lab for Indian System of Medicine was also not used and was refunded to GoI.

Audit noted that Directorate of AYUSH had got tested 6940 samples of Ayurvedic and Unani drugs from 11 government approved labs and incurred ₹ 6.90 crore for testing of Ayurvedic and Unani medicines during the years 2016-17 to 2022-23. Homoeopathic drug samples are being sent for testing to Pharmacopoeia Commission for Indian Medicine and Homoeopathy, Ghaziabad, in a routine manner even though the same has been declared (22 March 2021) as an Appellate laboratory for testing of drugs by Central Government.

The Government stated (December 2023) that setting up of a laboratory is not cost-effective due to limited number of samples.

Reply is not acceptable, as it did not share cost-benefit analysis report with audit in view of the fact that on an average, more than ₹ one crore a year was being incurred on testing of samples.

11.5.3 Quality testing mechanism of AYUSH drugs

11.5.3.1 Sample testing not done for Ayurvedic, Unani and Homoeopathic drugs purchased

Operational Guidelines for Free Drugs Service Initiative issued (June 2015) by M/o Health and Family Welfare, GoI, stipulates that on receipt of test reports from empanelled laboratories, the batches which 'Pass' the testing are to be released for further distribution.

During the period 2016-18, Drug Control Cell did not conduct quality testing of batch-wise samples of drugs before distribution to dispensaries as envisaged in above said guidelines. Audit noticed that Directorate of AYUSH purchased Ayurvedic and Unani medicines amounting to ₹ 22.22 crore for supply to dispensaries during the same period. Similarly, the test checked Homoeopathic College (SHMC) distributed the medicines procured on the basis of quality reports provided by the supplier along with the supply.

Government stated (December 2023) that the medicines were procured from government agencies during the reported period and presently all supplied medicines are being tested before distribution to dispensaries. In case of SHMC it was stated that guidelines/SOP has been received (September 2023) from Directorate of AYUSH and assured to comply with it.

The fact remains that the Directorate of AYUSH did not adhere to the guidelines regarding quality testing of medicines procured for ensuring the efficacy and safety of drugs distributed to patients.

Recommendation 11.4: Directorate and hospitals should regularly test the quality of all batches of medicines used in its health facilities to ensure quality of drugs.

11.5.3.2 Not conducting drugs test according to standards of Ayurvedic and Unani Drugs

As per Rule 168 of Drugs and Cosmetics Rules, 1945, standard for identity, purity and strength as given in the edition of Ayurvedic Pharmacopoeia of India are to be complied. State Licensing Authority, Directorate of AYUSH had granted license to approved labs for carrying out tests of identity, purity, quality and strength of drugs.

Test check of bills for drugs testing of Ayurvedic and Unani medicines revealed that only three tests for microbiology, specific pathogens and heavy metals were conducted whereas tests to establish the identity and purity of raw materials and strength were not being conducted.

Government stated (December 2023) that due to the complex nature of Ayurvedic and Unani medicines, raw material testing is feasible only before preparation and strength testing is not available, only qualitative testing is available.

However, the fact remains that the Government did not ensure the purity, quality and strength of drugs at their own level.

11.5.3.3 Non-adherence to quality assurance guidelines

Operational Guidelines for Free Drugs Service Initiative issued (June 2015) by M/o Health and Family Welfare, GoI, stipulates that the labels details viz. manufacturer's name, manufacturing license number, logo or monogram of the company on the medicine samples will be concealed by indelible ink, coded with a secret number and would be sent to one of the NABL accredited empanelled Laboratory for analysis.

It was, however, observed that the samples of medicines for distribution in dispensaries were sent to the laboratory by Drugs Store, for testing, without concealing the details of the manufacturers, thereby, compromising with the provisos of the guidelines.

Department stated (May 2023) that labelling is done as per rule 106 A of Drug and Cosmetics Rules, 1945.

The reply is not tenable as the said rule deals with labelling and packing of Homoeopathic medicines whereas audit observation is regarding the procedure to be adopted while sending the samples to lab for testing.

11.5.3.4 Avoidable expenditure on quality testing of Ayurvedic and Unani drug samples

It was observed that as per the terms & conditions of tenders for purchase of Homoeopathic medicines, Homoeopathy Wing, Directorate of AYUSH recover the cost of samples testing of Homoeopathy drugs from the suppliers of medicines. However, it was noticed that no such condition was incorporated in the tender document issued for purchase of Ayurvedic and Unani medicines resulting in the cost of sample testing of Ayurvedic and Unani medicines being borne by the Directorate.

Directorate incurred an amount of ₹ 93.40 lakh during the period from 2019-20 to 2022-23 for testing of samples supplied by the manufacturer.

Government stated (December 2023) that testing was being done from the budget earmarked for testing of market and complaint samples.

Reply is not acceptable as the Directorate could have recovered the cost of testing of Ayurveda and Unani samples had it incorporated the similar clause in its tender document.

11.5.4 Availability of Essential Drugs in test checked Hospitals

(i) **A & U Tibbia Hospital:** Directorate of Ayush approved (last updated 2015) Essential Drug List of 117 Ayurveda and 92 Unani medicines for Ayurveda/Unani hospitals as per their requirement, which should be available with hospitals/pharmacies at all times in adequate quantity.

It was noticed that only 44 to 81 (38 to 69 *per cent*) out of 117 Ayurvedic medicines and 25 to 69 (27 to 75 *per cent*) out of 92 Unani medicines were available in Tibbia College & Hospital annually during the audit period 2016-17 to 2022-23.

Further, it was noticed that almost all the stock of medicines exhausted twice, in January 2019 and February 2022, but the hospital procured medicines only in March 2020 and November 2022, after a delay of 14 and nine months respectively. Audit also noticed that due to unavailability of drugs, Tibbia Hospital procured some medicines in crude form in March 2019 to make alternative arrangement for the patients.

(ii) **SHMC:** There were 200 Essential Drugs approved by the Directorate for Homoeopathic hospitals. Audit noted that 37 drugs/medicines were not available in the hospital for very long periods (**Annexure VIII**) despite being part of the EDL list.

A & U Tibbia Hospital stated (May 2023) that the medicines could not be procured due to cancellation of tenders and also due to blacklisting of L1 firms. In case of SHMC, the Government stated (December 2023) that besides keeping a buffer stock of frequently prescribed medicines, digital database of essential medicines has also now been prepared to mitigate the problem of stock-outs. Moreover, medicines which were not available have now been purchased.

The fact remains that the hospital management failed to ensure availability of sufficient quantity of medicines in the hospitals.

Recommendation 11.5: Government should ensure timely procurement and availability of essential drugs in all AYUSH hospitals.

11.5.5 Loose dispensing of medicines

EDL (Ayurveda) guidelines published by the GoI discourage loose dispensing of medicines and suggested to procure medicines in standard pack sizes based on the weekly requirement of medicines for the patients as medicine quality gets altered when these are distributed in envelopes due to the presence of salt in medicines, and medicines in big containers also get spoiled due to moisture in the environment.

Audit noted that 27 Unani and 22 Ayurvedic crude medicines (**Annexure IX**) procured in bulk and processed and prepared by the A & U Tibbia Hospital were distributed to the patients in loose form which was neither safe from moisture nor hygienic/safe to carry.

Hospital accepted the fact and stated (May 2023) that due to cancellation of tenders, the packed medicines could not be procured, hence, some alternative arrangement was made by procuring medicines in crude forms.

11.5.6 Unavailability of essential equipment in Ayush Hospitals

11.5.6.1 Shortage of essential equipment/tools in the Hospital

Equipment and tools play a vital role in the functioning of a hospital. They help healthcare professionals to provide accurate diagnoses, effective treatments, and safe surgical procedures, as well as ensure infection control and patient comfort.

During 2017-18, departments of A & U Tibbia Hospital were directed (July 2017) to submit requirement of essential instruments/ equipment (Consumable/ Non Consumable) for procurement. 14 departments had assessed requirement of 855 quantities of 184 different items.

Audit noted that against the above requisition, A & U Tibbia hospital had purchased (July and October 2018) only 177 quantities of 44 items after delay of 12 to 15 months. Thus, 43 to 87 *per cent* of items required in different departments were not purchased affecting patient health care services in the hospital. The hospital authority had not made any efforts to procure balance quantity of items since 2018.

Department stated (May 2023) that some equipment had been procured during the last year and rest are being procured.

Fact remains that the hospital did not have all the essential instruments/ equipment necessary for providing due care to patients.

11.5.6.2 Medical equipment in AU Tibbia College & Hospital not utilized

A & U Tibbia Hospital had procured four equipment costing ₹ 45.98 lakh in March 2018 with two year free AMC and five year guarantee period and same were installed in the pathology lab as per the details given in the **Table 11.4**.

Table 11.4: List of equipment purchased by Tibbia Hospital

(₹ in lakhs)			
Sl. No.	Name of Item	Quantity	Cost
1	Fully Automatic Biochemistry Analyzer	01	17.57
2	Hematology Analyzer	01	17.57
3	Electrolyte Analyzer	01	0.98
4	Immunoassay CLIA System	01	9.85
Total			45.98

Audit noted that although the equipment were installed in the lab, no test was conducted by the hospital. The free AMC and guarantee period had also expired.

Further, it was also noticed that 31 different items⁹ in the pathology lab were out of order since March 2018 which affected the complete functioning of pathology lab in the hospital and no functional machine/equipment/chemical kits were available in the pathology lab.

Similarly, it was noticed that in maternity ward, two equipment i.e. Foetal doppler and patient monitor amounting to ₹ 6.69 lakh were not put to use since its purchase (September 2018).

Department stated (May 2023) that the equipment could not be utilized due to Covid pandemic. Reply is not acceptable as it was found that these equipment were lying idle before and after the Covid period.

Government stated (December 2023) that purchase of reagents for pathology lab is in final stage.

Recommendation 11.6: Tibbia College & Hospital should take immediate measures to install the idle equipment in pathology and maternity departments to run these departments in a full-fledged manner.

11.5.6.3 Idle stock of Ventilators in Tibbia Hospital

A & U Tibbia hospital had received 34 Ventilators in September and November 2021 during COVID.

Audit noted that the ventilators were not installed and were lying in the store of the hospital due to lack of experts and facilities such as medical gas pipeline. Moreover, the hospital has not taken any steps to handover these ventilators to other needy institutions.

The hospital stated (May 2023) that ventilators were received during third wave of Covid for constituting ICU in the hospital. Due to decline of Covid, the same could not be utilized.

Government stated (December 2023) that the hospital had sent email to medical superintendents of all hospitals to handover ventilators but no reply was received. With regard to installation of medical gas pipeline, demand for budget has been sent.

Fact remained that ventilators were not put to use and were lying idle in A&U Tibbia college.

⁹ Blood cell counter, Centrifuge machine, BP instrument, Blood bank pharmaceutical refrigerator, Bio chemistry semi analyzer, Centrifuge machine 8 tube, ESR analyzer 20 channel, Elisa reader, Fully automated bio chemistry analyser, Fully automatic cell counter, Hot plate, Heat convector, Hb Bill meter, Lab refrigerator, Microscope binocular, Matic binocular microscope, Needle discarder, Mixed oxidant, Nycocard reader, Dx insta check, Refrigerator pharma, Sample rolator, Urine analyser, Ultra sonic cleaner, Weight machine, Blood bank pharmaceutical refrigerator, Auto haematology analyser, Pharmaceutical refrigerator, Electrolyte analyser, Auto chemistry analyser and Maglumi 800

11.6 Human Resource Management

For effective and efficient functioning of a health institution, adequate number of motivated, empowered, trained and skilled human resource is essential. Human resource planning is a must before investing in other components like infrastructure, equipment, drugs etc. The requirement of staff in terms of General Duty Medical Officers (GDMOs), Specialists, nurses, allied health professionals, administrative and support staff etc. has to be assessed taking into consideration health facility requirements of the people to which the health institution caters to. Availability of manpower and related issues has been discussed in the succeeding paragraphs.

11.6.1 Shortage of staff in AYUSH

There was huge shortage of staff in Ayush Directorate and its four colleges and hospitals. Overall shortage of staff in the Ayush departments was 57.97 per cent as of March 2023 as given in **Table 11.5**.

Table 11.5: Staff position in Medical Colleges and Hospitals

Name of the unit	Sanctioned strength	No. of staff posted	Shortage of staff	Vacancy in per cent	No. of outsourced staff
Directorate of AYUSH	229	118	111	48.47	48
Homoeopathic Wing	359	188	171	45.63	110
A & U Tibbia College	271	123	148	54.61	5
BR Sur Homoeopathic Medical College & Research Centre	141	62	79	56.02	30
Choudhary Brahm Prakash Ayurvedic Charak Sansthan	445	95	350	78.65	207
Nehru Homoeopathic Medical College and Hospital	211	110	101	47.86	10
Total	1656	696	960	57.97	410

Thus, health facilities under AYUSH Directorate were not equipped with adequate human resources to provide efficient and effective healthcare services.

11.6.2 Shortage of staff in Medical College Hospitals

- **Shortage of doctors, nurses and paramedical staff:** Significant staff shortages in the cadres of doctors (51.89 per cent), paramedical staff (55.93 per cent) and nurses (32.21 per cent) were noticed in the four¹⁰ medical colleges with attached hospitals as detailed in **Table 11.6**.

¹⁰ Ayurveda & Tibbia College, SHMC, NHMC and CBPACS

Table 11.6: Staff position of doctors, nurses, pharmacists in Medical College Hospitals

Category	Tibbia College		CBPACS		SHMC		NHMC		Total		Shortage of staff	
	SS	MIP	SS	MIP	SS	MIP	SS	MIP	SS	MIP	Nos.	%
Doctors	90	41	101	60	55	27	97	37	343	165	178	51.89
Paramedical staff	26	6	55	19	15	11	22	16	118	52	66	55.93
Nurses	60	19	47	46	13	11	28	25	149	101	48	32.21

- The only posts of Physiotherapist and Dentist and all the five posts of house Physicians in SHMC remained vacant during the audit period.
- The only posts of O.T Technician, ECG Technician and Laboratory assistant were vacant in SHMC as of March 2023. In NHMC, the only post of Physical Training Instructor, Assistant Dietician, Biochemist, Operation Theatre Technician etc. were found vacant during the audit period.

SHMC and Tibbia Hospital stated (May 2023) that filling of the vacancies is under process.

11.6.3 Shortage of teaching faculties in Medical Colleges

There are four AYUSH medical colleges in which undergraduate and postgraduate courses in Ayurveda, Unani and Homoeopathy are offered as per student intake given in **Table 11.7**.

Table 11.7: Student intake in AYUSH Medical Colleges

Sl. No.	Name of college	No. of seats available	
		Undergraduate	Postgraduate
1	A&U Tibbia College	158	31
2	Dr. BR Sur Homoeopathic Medical College	63	Nil
3	Nehru Homoeopathic Medical College	125	9
4	Choudhary Brahm Parkash Ayurvedic Charak Sansthan	125	51

There were huge shortage of teaching faculties in the medical colleges under AYUSH. The vacancy position as of March 2022 is given in **Table 11.8**.

Table 11.8: Staff position of teaching faculties in Medical Colleges

Category	Tibbia College		CBPACS		SHMC		NHMC		Total		Overall Shortage of staff	
	SS	MIP	SS	MIP	SS	MIP	SS	MIP	SS	MIP	Nos.	%
Principal	1	0	1	0	1	1	1	0	4	1	3	75%
Professors	17	Nil	14	6	13	10	18	7	62	23	39	63%
Asso. Professors/ Readers	24	Nil	21	13	-	-	-	-	45	13	32	71%
Asstt. Professors	49	41	23	21	15	6	26	14	113	82	31	27%

- The post of Principal remained vacant in three out of four colleges. There was overall shortage 63 per cent of Professors, 71 per cent of Associate Professors and 27 per cent of Assistant Professors in the medical colleges. There were 100 per cent vacancies of Professor and Associate Professor in A & U Tibbia College.
- Though the seats for students were enhanced from 128 to 158 (25 per cent) from academic session 2019-20 in A & U Tibbia College, teaching staff was not increased proportionate to the increased number of seats.
- It was noticed that in place of regular faculty, 15 General Duty Medical Officers were deployed for teaching purpose in SHMC.

Shortage of teaching staff in medical colleges may adversely impact on the quality of medical education and also on healthcare delivery.

The Government stated (December 2023) that the process of filling of vacant posts has already been undertaken in Homoeopathic wing. In the case of Ayurveda and Unani wings, medical officers and pharmacists have joined the department and the remaining vacant posts have been notified to UPSC and DSSB for recruitment.

Recommendation 11.7: GNCTD and Directorate should take immediate measures to fill the vacant posts of medical officer, teaching staff, nurses and paramedical staff.

11.7 Healthcare Services under AYUSH

To deliver quality health services in public health facilities, adequate and properly maintained healthcare infrastructure and equipment are of critical importance.

The number of OPD patients in hospitals during 2016-22 is given in **Table 11.9**.

Table 11.9: OPD patients in Hospitals

Year	A & U Tibbia	SHMC	NHMC	CBPACS	Total
2016-17	2,96,727	61,630	1,84,159	3,33,595	8,76,111
2017-18	3,18,117	61,139	1,75,492	3,37,272	8,92,020
2018-19	2,65,393	64,469	1,65,436	3,83,986	8,79,284
2019-20	1,66,623	64,439	1,75,655	4,35,830	8,42,547
2020-21	29,432	29,960	12,916	31,758	1,04,066
2021-22	1,63,162	40,491	89,078	1,46,279	4,39,010
2022-23 (upto Dec 22)	1,54,494	41,521	1,18,492	1,90,676	5,05,183

Examination of records disclosed inadequacies in healthcare infrastructure, as discussed in the succeeding paragraphs.

11.7.1 Enquiry window in SHMC not available

SHMC provides health care through General OPDs and special clinics in pediatrics, geriatrics, gynecology and family planning, lifestyle disorders, thyroid disorders, psychiatry, arthritis, respiratory disorders, skin diseases, renal stones, eye, ENT and physiotherapy. The annual patient turnover in OPD ranged from 61,630 (2016-17) to 42,285 (2022-23 till 24 January 2023).

Audit noted that the hospital did not provide any enquiry window for OPD to facilitate and help patients seeking information about hospital services.

Government stated (December 2023) that an enquiry window has now been opened for OPD.

11.7.2 Deficiency in Citizens Charters

Citizens' Charters initiative is a response to the quest for solving the problems which a citizen encounters, day in and day out, while dealing with organisations providing public services.

Citizen Charter of SHMC did not provide information on availability of family welfare, maternity and childcare services, immunisation services and ambulance services. Further, Citizen Charter of SHMC was not available in local language.

Government stated (December 2023) that Citizen Charter has been revised and submitted to the PWD for preparation of boards.

11.7.3 Indoor Patients Department (IPD) in hospitals

IPD refers to the areas of the hospital where patients are accommodated after being admitted, based on doctor's/specialist's assessment, from the Out-Patient Department, Emergency Services and Ambulatory Care. In-patients require a higher level of care through nursing services, availability of drugs/diagnostic facilities, observation by doctors, etc.

11.7.3.1 Declining trend of IPD patients and low bed occupancy in AYUSH Hospitals

The number of patients admitted in IPDs in the four hospitals was as given in **Table 11.10**.

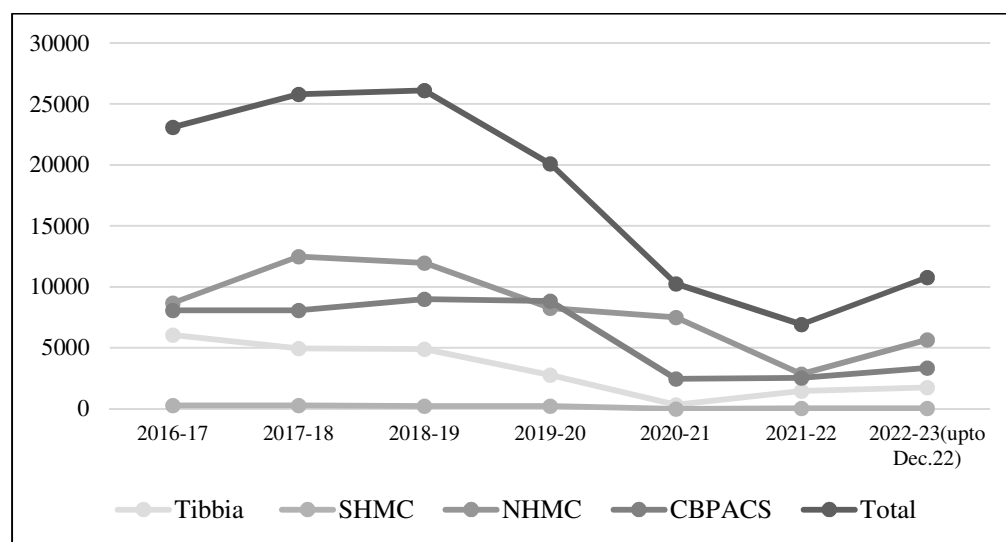
Table 11.10: IPD Patients in AYUSH Hospitals

Year	Tibbia	SHMC	NHMC	CBPACS	Total
2016-17	6068	275	8692	8073	23108
2017-18	4958	272	12498	8071	25799
2018-19	4909	232	11972	8990	26103
2019-20	2786	217	8261	8834	20098
2020-21	324	0	7490	2452	10266
2021-22	1466	44	2859	2550	6919
2022-23 (upto December 2022)	1744	46	5653	3344	10787

It can be seen from **Table 11.10** that number of patients visiting IPD declined during the audit period from 23,108 in 2016-17 to 20,098 in 2019-20 (pre-covid period) and further decreased to 10,226 (2020-21), 6,919 (2021-22) and 10,787 (upto December 2022).

The trend of patients visiting the IPD during the period 2016-17 to 2022-23 (upto December 2022) is given in **Chart 11.2**.

Chart 11.2: IPD patients in Medical College Hospitals



Government stated (December 2023) that due to Covid pandemic, hospitals were declared as a Covid Healthcare Centre and most of the staff was diverted to other Covid quarantine centres and IPD services were closed for general public.

Reply is not acceptable as the patient footfall in Tibbia Hospital and SHMC had declined prior to Covid 19 also.

11.7.3.2 Low bed occupancy in AYUSH Hospitals

Number of IPD beds available in Tibbia College, CBPACS, SHMC and NHMC were 240, 210, 50 and 100. Bed occupancy rate in AYUSH Hospitals was very low as depicted in **Table 11.11**.

Table 11.11: Bed occupancy in hospitals

Year	No. of bed days available				No. of beds occupancy days (Bed occupancy rate)			
	Tibbia (365 x240)	CBPACS (365x210)	SHMC (365x50)	NHMC (365x100)	Tibbia	CBPACS	SHMC	NHMC
2016-17	87,600	76,650	18,250	36,500	34301(39)	56994(74.35)	254(1.39)	8760(24)
2017-18	87,600	76,650	18,250	36,500	28792(33)	59606(77.76)	250(1.37)	12410(34)
2018-19	87,600	76,650	18,250	36,500	26305(30)	59058(77.05)	214(1.17)	12045(33)
2019-20	87,600	76,650	18,250	36,500	13783(16)	58298(76.05)	199(1.09)	8395(23)
2020-21	87,600	76,650	18,250	36,500	1875(2.14)	21625(28.21)	Nil	13870(38)
2021-22	87,600	76,650	18,250	36,500	8493(9.70)	22691(29.60)	40(0.22)	4745(13)

During the period from 2016-17 to 2021-22, bed occupancy rate ranged from 2.14 to 39 *per cent* in A&U Tibbia Hospital, 28.21 to 77.76 *per cent* in CBPACS, 0.22 to 1.39 *per cent* in SHMC and 13 to 38 *per cent* in NHMC.

Thus, the infrastructure in AYUSH hospitals was not optimally utilized. Absence of essential facilities like operation theatre (Paragraph 11.7.14), ultrasound (Paragraph 11.7.5), staff shortage (Paragraph 11.6.2) and absence of casualty ward (Paragraph 11.7.13) in hospitals could be reasons for underutilization of IPD facilities.

Recommendation 11.8: Ayush hospitals should develop all essential infrastructure and should provide patient care services with diagnostic and emergency facilities to attract more patients towards Ayush.

11.7.4 Absence of Medical Record Department (MRD) in A & U Tibbia Hospital

Chapter XII of Hospital Manual states that medical record keeping has importance in efficient patient health care. Medical Record Department (MRD) should maintain complete records in all respects in safe custody and compile a monthly report of medical statistics required for hospital administration. Ayurveda & Unani Tibbia hospital did not have an MRD in the absence of which mandatory data such as patient attendance record, observation and follow-up record, referral record within and outside hospital, treatment record etc. were not being maintained as per Hospital Manual.

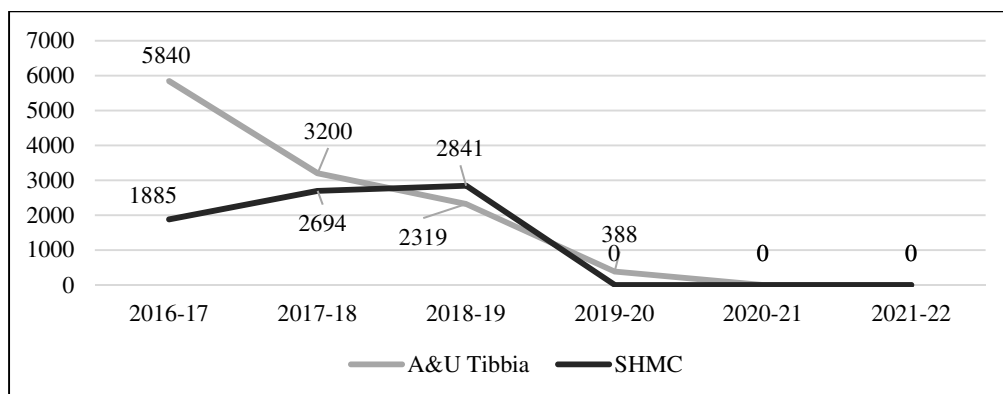
Tibbia College accepted (May 2023) the audit observation and stated that MRD could not be set up as there was no post sanctioned for MRD.

11.7.5 Non-functional Radiology Department in Hospitals

Radiology department is an essential part of any hospital, playing a critical role in the diagnosis and treatment of many medical conditions. However, radiology diagnostic facilities were not available in the test checked hospitals due to unavailability of functional equipment.

Only one X-ray machine was functional in A&U Tibbia Hospital during the period 2016-17 to 2019-20 and in SHMC from 2016-17 to 2018-19.

The hospital authorities failed to procure the above equipment even though sufficient funds were available under the head Machine and Equipment in respect of SHMC (2016-22) and A&U Tibbia Hospital (2018-22) as stated in para 11.3.1. Number of X-rays conducted in both hospitals during the audit period is as shown in **Chart 11.3**.

Chart 11.3: No. of X-ray Conducted

Absence of radiology equipment in a hospital may adversely impact diagnosis services. This may also discourage patients from availing treatment through Indian System of Medicine.

Hospital stated (May 2023) that initiative is being taken to make the radiology department functional. In case of SHMC, Government stated (December 2023) that as on date, X-Ray machine with CR system has been installed, however, license to operate the same is awaited from AERB.

Recommendation 11.9: *Hospitals should make functional radiology department with X-ray facility to facilitate the diagnosis and treatment of illness.*

11.7.6 Pathology lab in A&U Tibbia Hospital not functioning

Pathology lab is an integral part of any hospital or medical facility. These labs play a critical role in diagnosis, treatment, and management of diseases.

The number of lab tests conducted at A & U Tibbia Hospital was as given in **Table 11.12**.

Table 11.12: Number of lab tests conducted in A & U Tibbia Hospital

Sl. No.	Year	No. of test conducted
1	2016	1,63,095
2	2017	2,03,229
3	2018	1,89,717
4	2019	7,084
5	2020	1,344
6	2021	3,488
7	2022	8,021

It can be seen from **Table 11.12** that the number of tests conducted during the period 2016-22 have significantly declined from the year 2019. Audit noted that out of 44 types of lab tests that were being conducted up to 2018, only 12 tests were being conducted as of February 2023 due to unavailability of required chemicals and functional equipment.

A&U Tibbia College stated (May 2023) that the number of lab tests decreased due to COVID during 2019-2022 and the hospital had outsourced lab tests

during the said period. It further stated that efforts are being made to make the lab fully functional. Government stated (December 2023) that process of purchasing kits/reagents for pathology lab is in the final stage.

The fact remains that despite availability of pathology equipment (para 11.5.6.2) the Government could not provide pathology services. (December 2023)

11.7.7 Non-functional Maternal and Child Health (MCH) unit in the Hospital

Maternity wards are important in hospitals because they provide specialized care for women during pregnancy, childbirth and postpartum. It provides prenatal care, including check-ups, ultrasounds, and other tests to monitor the health of the mother and baby and also provide care after delivery, including breastfeeding support, postpartum check-ups for the mother, and care for the newborn.

Audit noticed that MCH ward was not functioning in the A & U Tibbia Hospital since March 2021 and the number of pregnant women admitted for delivery has continuously declined since 2016-17 as can be seen from **Table 11.13**.

Table 11.13: Performance of Maternity and Child Health Ward in Tibbia Hospital

Year	Number of pregnant women registered	Number of Normal delivery done in the hospital	Number of referred cases
2016-17	913	330	71
2017-18	606	249	74
2018-19	464	195	54
2019-20	489	152	29
2020-21	29	08	3
2021-22	Nil	Nil	Nil
2022-23	Nil	Nil	Nil

Tibbia Hospital stated (May 2023) that the Maternity and Child Health Services were discontinued during COVID period and the building was handed over to PWD for renovation and to set up oxygen beds.

Fact remains that the MCH unit is still not functional even after the decline of the Covid pandemic and no alternative arrangement was made for MCH units during the renovation period.

Recommendation 11.10: Tibbia College & Hospital should take immediate measures to repair or replace the non-functional equipment and should re-start the pathology and maternity facilities in a full-fledged manner.

11.7.8 Computerized Central Registration System in hospitals not implemented

A computerized central registration system is an essential component of hospital management, as it helps streamline the patient registration process and ensures accurate record-keeping and saves a lot of time.

During the scrutiny of records provided by the Department, it was noticed that online registration system was not established for OPD and IPD registration and pharmacy counters in the selected hospitals i.e. Tibbia Hospital and SHMC.

Hospitals stated (May 2023) that suitable action is being initiated for post creation and for computerization of registration counters. Government stated (December 2023) that a proposal has been submitted to the competent authority for creation of four computerized counters of registration in SHMC. With regard to A&U Tibbia hospital, study has been done for creation of computerized central registration.

11.7.9 Shortfall in optimal utilization of seats in Medical Colleges

A & U Tibbia College offers both Bachelor of Ayurvedic Medicine and Surgery (BAMS) and Bachelor of Unani Medicine and Surgery (BUMS) courses where as CBPACS offers only BAMS course. Similarly, SHMC and NHMC offers BHMS course in their college. There were shortfall in admission against the sanctioned seats during the period from 2016-17 to 2022-23 in the undergraduate courses offered by the Medical colleges per the details given in **Table 11.14**.

Table 11.14: Vacant seats in medical colleges

Sl. No.	Name of College	Course	Seats	Maximum vacant seat in per cent
1	A & U Tibbia College	BUMS	61 to 75	23
2	CBPACS	BAMS	100 to 125	14
3	NHMC	BHMS	100 to 125	35
4	SHMC	BHMS	50 to 63	34

A&U Tibbia college stated (May 2023) that in the case of BUMS, reserved seats for SC/ST were not filled as most of the SC/ST applicants did not possess the mandatory qualification of studying Urdu subject at the level of 10th Class.

With regard to BHMS course, Government stated (December 2023) that the seats remained vacant due to migration of students.

Recommendation 11.11: GNCTD should take suitable action for optimum utilisation of seats.

11.7.10 Non accreditation of Hospital and Laboratories from NABH and NABL

National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation program for healthcare organizations. Accreditation results in improved quality of care and patient safety.

National Accreditation Board of Laboratories (NABL) certificate provides a ready means for patients to identify and select reliable testing, measurement and calibration services that are able to meet their needs. It also provides increased

confidence in testing/calibration reports issued by the testing, calibration and medical testing laboratories which emphasize on accuracy and reliable results.

A&U Tibbia Hospital and SHMC were not accredited by NABH and its laboratories were not accredited by NABL.

A & U Tibbia College stated (May 2023) that it has applied (August 2022) for NABH accreditation. Government informed (December 2023) that process for NABL and NABH accreditation has been initiated in SHMC.

11.7.11 Yoga and Naturopathy System of treatment

Yoga focuses on the prevention of diseases and treatment of many lifestyle related disorders. Naturopathy aims to eliminate diseases and morbid matter from body to restore health through natural methods including alternative therapies. National Health Policy, 2017 envisages introduction of Yoga much more widely in schools and work places as part of promotion of good health as adopted in National AYUSH Mission (NAM).

AYUSH Directorate under GNCTD has not introduced or implemented any programme for encouraging yoga practice among school children and general public. Further, Directorate has not appointed yoga instructor in any of its dispensaries.

Government stated (December 2023) that State Advisory Board for Yoga and Naturopathy has now been constituted. Due to COVID pandemic, the meeting of Board could not be held and efforts are being made to introduce Yoga and Naturopathy in school education.

Recommendation 11.12: Directorate should take suitable measures to promote yoga and to appoint yoga instructors in its healthcare facilities.

11.7.12 Deficiencies in Hospital Disaster Management

As per Disaster Management Act (DMA), 2005 the Department has to operationalize medical response plan and deployment of Quick Response Team (QRT) during any crisis (earthquake, fire, flood, building collapse etc.) to mitigate the suffering and providing quality emergency medical response and care to save lives and minimize the effect of injuries. For this, regular mock drills are to be conducted to keep the staff trained and well prepared for any untoward incident so that they can handle the situation efficiently and minimize casualties.

It was, however, seen that only one mock drill (March 2023) was held in SHMC during the entire audit period.

Joint physical inspection and scrutiny of the records in SHMC revealed the following shortcomings:

- (i) First floor balcony obstructs the way for entry of the fire fighting vehicle.
- (ii) Smoke detectors were not found functional at seven places, whereas, it was not installed in one room.

(iii) Evacuation plan routes for fire exit were not found displayed in the hospital.

Government informed (December 2023) that fire related deficiencies have now been corrected, evacuation plan routes displayed and functional smoke detectors installed, in all places.

11.7.13 Unavailability of Emergency/Casualty ward in the Hospital

A casualty ward, also known as an emergency department, plays a crucial role in a hospital as it provides immediate medical attention to patients who are in urgent need of medical care.

As per Indian Medicine Central Council (Minimum Standard Requirements of Ayurveda Colleges and attached Hospitals) Regulations, 2012, a hospital shall have minimum eight OPDs including Aatyayika (Emergency).

Audit noted that no Aatyayika (Emergency) ward was functioning in the A & U Tibbia Hospital.

Hospital stated (May 2023) that in case of emergency, patients are being referred to nearby allopathic government hospital.

The fact remains that A & U Tibbia hospital does not have its own emergency and causality unit.

11.7.14 Unavailability of Operation Theatre Unit

Schedule I (A) of MSR 2013 (Requirement of an attached hospital to Homoeopathic colleges) provides that there should be an operation theatre unit in the hospital consisting of operation theatre, preparation room, post-operative recovery room, space for Sterilized Linen, labour room, rooms for surgeon/obstetrician/assistant and nursing staff room. Further, in schedule III of MSR, 2013, it is also stated that a well-equipped and functioning operation theatre shall be provided for day to day working. However, the above mentioned facilities were not available in SHMC.

Government stated (December 2023) that due to space constraints, limited resources and non-availability of accident and emergency services, OT unit could not be established.

11.8 National Ayush Mission

11.8.1 GNCTD is not implementing programmes under National Ayush Mission (NAM)

GoI provides grant under National Ayush Mission (NAM) for upgradation/construction of AYUSH hospitals/dispensaries, supply of medicines, setting up of OPD clinics at Primary Health Centres/hospitals etc. It also provides grant for upgradation of government/government aided medical colleges and for creation of new colleges. The main objectives of the Mission are providing preventive, promotive, curative and rehabilitative health care.

Support is also provided for Yoga Wellness Centre, Tele-medicine, Sports medicine, IEC activities, Training and capacity building for staff etc. under the flexible component of the grant.

During 2014-15 & 2015-16, ₹ 7.26 crore was released to GNCTD under NAM. Audit noted that only ₹ 3.43 crore was utilized and ₹ 3.83 crore was lying unutilized with GNCTD/Directorate and the Directorate did not submit Utilization Certificate to GoI (December 2022).

GNCTD was required to set up State AYUSH Society for implementing the NAM and submit State Annual Action Plan for receiving funds from GoI. Audit noted that GNCTD did not set up State AYUSH society nor did it submit State Annual Action plan for availing financial benefit for improving the infrastructure and health services under AYUSH.

Further, there was no State Public Health Schemes under AYUSH of GNCTD for providing preventive, promotive, curative and rehabilitative health care on musculoskeletal disorders particularly osteoarthritis, non-communicable diseases, maternal & neo-natal care, mobile medical services, geriatric & palliative care, and promotion of healthy lifestyle in schools. The citizens in Delhi also could not avail the benefit of these services covered under NAM as the same was not implemented.

Directorate stated (May 2023) that the refund of unutilized amount is under process. Regarding constitution of State Ayush Society, the Government stated (December 2023) that as per policy decision of GNCTD, the society was not constituted. It further stated that the matter regarding setting up of State Ayush Society shall be processed again.

11.8.2 Health Wellness Centres under NAM not established

Union Cabinet approved operationalization of 12,500 AYUSH Health and Wellness Centres (AHWCs) under Ayushman Bharat Scheme for implementation through National AYUSH Mission with a financial outlay of ₹ 3399.35 crore for a period of 5 years from 2019-20 to 2023-24.

The main objectives of AHWCs are to establish a holistic wellness model based on AYUSH principles and practices to empower masses for self-care to reduce the disease burden, out of pocket burden and to provide informed choice to the needy public.

For upgradation of Ayush Dispensaries to AHWCs, Central Government had earmarked a fund of ₹ 6.85 lakh as non-recurring cost and ₹ 9.37 lakh per annum as recurring cost per Ayush dispensary. Funds were provided for appointing yoga instructors, conducting refresher courses to medical officers, IEC, IT networking and establishing herbal garden etc. in each Ayush Dispensary.

Audit noted that GNCT of Delhi did not implement the Ayushman Bharat and National Ayush Mission schemes and hence did not avail the funds for establishing AYUSH Health Wellness Centers.

Directorate stated (May 2023) that a proposal for establishing State Ayush Society under NAM is under consideration.

Recommendation 11.13: *GNCTD should take necessary measures to implement National Ayush Mission scheme in Delhi for the overall development of AYUSH healthcare facilities and for the benefit of citizens of Delhi.*

11.9 Regulatory mechanism

Regulation is an important function in healthcare sector. Regulations are necessary to standardize and supervise healthcare, ensuring 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.

11.9.1 Inadequate inspections of manufacturing and selling units

Drugs Control Cell of Directorate of AYUSH ensures the quality of Ayurvedic and Unani drugs by testing samples of drugs at government approved labs. Section 162 of the Drugs and Cosmetics Act, 1940 envisages that it shall be the duty of an inspector authorized to inspect all the premises licensed for manufacture of Ayurvedic or Unani drugs within the area allotted to him not less than twice a year and to satisfy himself that the conditions of the license and the provisions of the Act and Rules made thereunder are being observed.

As of March 2023, there were 114 units manufacturing and selling of Ayurveda and Unani medicines registered with Drugs Control Cell.

The number of inspections conducted during 2016-22 is detailed in **Table 11.15**.

Table 11.15: Number of inspection of manufacturing units

Year	No. of mandatory Inspections were to be done	No. of inspections conducted	Shortfall (in per cent)
2016-17	104	89	15(14)
2017-18	130	126	4(3)
2018-19	138	108	30(22)
2019-20	138	109	29(21)
2020-21	172	116	56(32)
2021-22	210	115	95(45)
2022-23	228	93	121(53)
Total	1120	756	

It can be seen from **Table 11.15** that Drugs Control Cell had conducted only 756 inspections (67.5 per cent) against 1120 mandatory inspections in respect of units manufacturing and selling Ayurveda and Unani medicines. There was an increasing trend in shortfall of inspection which was high as 53 per cent in 2022-23. Thus, the monitoring mechanism to ensure quality of drugs was inadequate.

Further, the Drugs Control Department of DGHS responsible for inspection of manufacturing units of homoeopathic drugs did not furnish the inspection data.

Therefore, audit could not examine regulatory mechanism in respect of homoeopathic system of medicine.

Government replied (December 2023) that the mandate of two inspections per year was reduced to one inspection in five years as per Ministry of Ayush notification in October 2021.

The reply is not acceptable as the referred amendment is regarding verification of conditions of licence whereas inspection of manufacturing units were required to be conducted twice in a year as per Section 162 of the Drug and Cosmetics Act, 1940.

Recommendation 11.14: Directorate should ensure adequate number of inspections of the manufacturing units to ensure quality.

11.9.2 Delhi Bhartiya Chikitsa Parishad

Delhi Bhartiya Chikitsa Parishad (DBCP) was established in January 2001 for providing registration of medical practitioners of Indian Systems of Medicine. It has to maintain live register of practitioners, prepare a code of ethics to regulate professional conduct of practitioners, inquire into the complaints and to take suitable action against practitioners and also to check practice of Bhartiya Chikitsa by unqualified persons in NCTD.

21 member DBCP is headed by a President and assisted by the Registrar who is the Chief Executive Officer of DBCP. 683 Ayurvedic practitioners and 266 Unani practitioners have been registered with DBCP during 2022-23.

Audit noticed the following irregularities in the functioning of DBCP.

GNCTD had dissolved the DBCP in July 2015 and DBCP was not re-constituted (December 2022). The essential activities for regulating the practice of Indian System of Medicine such as disciplinary action against practitioners, inquiring into complaints against quacks etc. were not being performed. As per practice, the complaints received were forwarded to the Anti-Quackery Cell, DGHS, GNCTD for necessary action.

It was noticed that seven posts of staff including one Registrar was approved by the Lt. Governor in March 2008, but Recruitment Rules (RRs) for the post of registrar and other staff have not yet been framed/approved (March 2023).

Further the DBCP has not prepared audited annual accounts since 2017-18 and has not maintained cash book since 2018-19.

11.9.3 Examining Body for Para Medical Training in Bharatiya Chikitsa

GNCTD under the provisions of Section 33 of the Delhi Bharatiya Chikitsa Parishad (DBCP) Act, 1998, constituted an 'Examining Body for Para Medical Training for Bharatiya Chikitsa, Delhi' in March 2011 for the purpose of holding qualifying examination for para-medical training and prescribing the courses of study and training for the said examination and other matters related

to para-medical training such as pharmacists, nursing courses, panchkarma technicians etc.

Audit noticed the following irregularities in the functioning of Examining Body for Para Medical Training for Bharatiya Chikitsa:

- a) Although GNCTD sanctioned 15 posts (July 2018) of different categories, the Recruitment Rules (RRs) were not finalised and approved by GNCTD (March 2023).
- b) Examining Body in its meeting in November 2014 finalised the bye-laws and syllabus of six para medical courses¹¹, but the same has not been finally approved by the GNCTD (December 2022).
- c) As per pattern of assistance, Examining Body shall raise resources to work on self-sustaining basis within a period of 3-5 years from the date of release of first grant-in aid (GIA). However, it has not achieved this goal. It received grant from GNCTD during 2016-17 to 2021-22.

Thus, even after 12 years of formation of 'Examining Body for Para Medical Training for Bharatiya Chikitsa, Delhi', the objectives of DBCP Act could not be achieved.

11.9.4 Delhi Homoeopathic Anusandhan Parishad (DHAP)

DHAP was constituted as an autonomous body to initiate, aid, develop and coordinate research in homoeopathy and registered under the Registrar of Societies, Delhi. It was noticed that DHAP was not functional since 2017-18 and no financial aid or activity was performed. Likewise, no meetings of DHAP were held during 2016-17 to 2022-23.

Government stated (December 2023) that the proposal for decision regarding functioning of DHAP has since been submitted to competent authority.

Recommendation 11.15: GNCTD should strengthen the regulatory bodies of Ayush i.e. DBCP, Examining Body and DHAP by timely constituting the bodies, conducting regular meetings and recruiting staff.

11.9.5 No mechanism to regulate practices of paramedics of Ayurveda and Unani

There is no regulatory mechanism to register the pharmacists, nurses and panchkarma technicians of Ayurveda and Unani and to regulate their practice in Delhi. A Registration Regulations Committee had been constituted by Examining Body in December 2022 for formulating the Regulations for

¹¹ A (1) Diploma in Ayurveda Pharmacy (2) Diploma in Panchkarma Technical (3) Diploma in Ayurveda Nursing and Midwifery.
B (1) Diploma in Unani Pharmacy (2) Diploma in Ilaj-bil-tadbeer technician (3) Diploma in Unani Nursing and Midwifery.

registering para-medics of Ayurveda and Unani. However, the Regulations were not formulated (March 2023).

11.9.6 Inspection of units selling Ayurvedic and Unani medicines not conducted

To check the sale of Ayurvedic and Unani medicines which are manufactured without a valid license, Department used to lift samples of Ayurvedic and Unani medicines from the retail/wholesale shops. Audit noted that the Department did not conduct surveys and raids to seize random drug samples for quality checking since June 2020. Resultantly, GNCTD was not in a position to ensure the quality of Ayurvedic and Unani medicines sold in the region.

Recommendation 11.16: Directorate should conduct surveys and raids regularly to regulate the sale of Ayurvedic and Unani medicines in Delhi.

11.9.7 Shortfall in training of health care workers on Bio Medical Waste Management

As per Sec 4 (g) of the Bio Medical Waste Management Rule, 2016, it will be the duty of the occupiers to provide training to all its health care workers and others involved in handling of bio medical waste at the time of induction and thereafter at least once every year. There was shortfall in training of health care workers ranging from 16 to 44 *per cent* during the audit period in SHMC.

Government stated (December 2023) that on the basis of suggestion of audit, training of all staff members has been conducted in batches. It was further stated that henceforth training of all staff members shall be ensured at the time of induction and at least once in a year.

11.9.8 License for procurement of alcohol/spirit not obtained

The Homoeopathy Central Council (Minimum Standards Requirement of Homoeopathic Colleges and attached Hospitals) Regulations 2013, provides for obtaining of license/permission (and its renewal) for procurement of alcohol/spirit. Since the Homoeopathic medicines contain alcohol which in turn acts as one of the pharmaceutical vehicles, it is imperative for SHMC to obtain license for its procurement. Scrutiny of records, however, revealed that the requisite license is yet to be obtained by SHMC from the authority concerned.

Government stated (December 2023) that license has been obtained. However, copy of the same was not found attached with the reply.

11.9.9 Footfall of patients in SHMC below the minimum standards required for Homoeopathic College

As per the Homoeopathy Central Council (Minimum Standards Requirement of Homoeopathic Colleges and attached Hospitals) Regulations 2013, a minimum per day average of patients in IPD is required to be 30 *per cent* of IPD beds¹² in

¹² 50 IPD beds

the previous year. It was however, noted that except for 2016 wherein the average number of patients per day in IPD touched the benchmark, i.e. 15 (30 *per cent*), in the remaining period, the average number of patients per day ranged between two (four *per cent*) and 14 (28 *per cent*).

Regulations further provide for a minimum of 200 patients in OPD during last one calendar year (365 days) in Colleges having intake capacity of students ranging between 61 and 100. It was however, noted that the average number of patients in OPD ranged between 114 and 167 during 2020 to 2022.

Government stated (December 2023) that efforts to increase footfall has now been taken by restarting physiotherapy unit, starting dietary consultation, admitting patients in day care in IPD along with organizing various outreach community activities on a regular basis.

New Delhi

Dated: 22 August 2024



(AMAN DEEP CHATHA)

Principal Accountant General (Audit), Delhi

Countersigned



New Delhi

Dated: 10 September 2024

(GIRISH CHANDRA MURMU)

Comptroller and Auditor General of India

