

# **Executive Summary**



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### Introduction

Health is one of the definite facilitators for ascertaining the quality of human life. Availability, accessibility and usability of sound healthcare systems are essential requirements to meet the challenges in the field of Health. Hospitals attached to Medical Colleges, commonly known as Civil Hospitals (CHs) or Medical College Hospitals (MCHs) are tertiary-level healthcare units, which provide all services including super-specialised services. District Hospitals (DHs), Sub-District Hospitals (SDHs) and Community Health Centres (CHCs) are secondary-level hospitals, being an essential component of the district healthcare system which provides preventive, promotive and curative healthcare services to the people in the districts. Primary Health Centres (PHCs) and Sub-Centres (SCs) are primary level healthcare units which provide preventive and promotive healthcare services to the rural populace. An attempt has been made in this report to assess the availability, accessibility and usability of healthcare services at all levels in the State.

### Audit findings and recommendations

#### Human Resources

The State did not have a human resource policy for public health institutions. Despite recruitment of 9,983 healthcare personnel during 2016-22, there was a shortage of doctors, nurses and paramedics to the extent of 23, six and 23 *per cent* respectively in Public Health Institutions as of March 2022. Out of 33 districts, shortage of more than 25 *per cent* doctors and paramedics was noticed in 22 and 19 districts respectively. ***State Government may address un-even geographical distribution of staff in cadre of doctors and paramedics of PHCFs.***

Vacancy of specialist doctors was 28 *per cent* in MCHs, 36 *per cent* in DHs and 51 *per cent* in SDHs against the sanction strength. Further, against the sanction strength in DHs, vacancy of 18 *per cent* in Doctors cadre, seven *per cent* in Nurses cadre and 46 *per cent* in Paramedics cadre were existed. Out of 8,208 posts sanctioned under National Health Mission scheme, 1,510 posts (18 *per cent*) remained vacant as of March 2022. Overall, 76 *per cent* shortage of teaching staff was noticed in Nursing Colleges/Schools against norms of Indian Nursing Council. ***State Government may take necessary steps to fill the vacant posts of teaching staff in Medical Colleges, Nursing Colleges/Schools, Specialists Doctor, Doctors and Paramedics in Health care facilities.***

## Healthcare Services

Shortage of registration counters ranging from five to 12 was noticed in four MCHs out of five test-checked MCHs. Single registration counter was available in four DHs out of 19 DHs. All essential OPD services (as per IPHS) like General Medicine, General Surgery, Gynecologist, Pediatrician, Orthopedics *etc.* were available in 10 DHs out of 19 DHs. All essential IPD services were available in 10 DHs out of 19 DHs. ***State Government may take effective steps to provide maximum OPD/IPD services as per Indian Public Health Services.***

Shortages were also noticed in services such as Emergency, Intensive Care Units, Operation Theatre and Blood Banks in healthcare facilities. Emergency Services were partially available in 13 DHs out of 19 DHs. Separate Operation Theatres for Pediatrics (as per IPHS) was not available in three MCHs out of five test – checked MCHs. There was a shortfall of two OTs in one DH out of five test-checked DHs. Blood Bank service was not available in three DHs out of 19 DHs. ***State Government may ensure to make Emergency/Operation Theatre/Blood Bank services available in all secondary healthcare facilities with the required manpower and equipment.***

Pathology Services were partially available in all 19 DHs. Ambulance services were partially available in 15 DHs out of 19 DHs. Mortuary service was not available in four DHs out of 19 DHs. Dietary service was not available in one DH out of 19 DHs. Further, laundry services were available fully in all 19 DHs. ***State Government may take effective steps to improve all Auxiliary Services in all Government Healthcare facilities.***

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

Gujarat Medical Services Corporation Limited (GMSCL) is responsible for the centralised procurement of medicines included in the Essential Drugs List (EDL). GMSCL could not finalise Rate Contracts (RCs) for 10 to 25 *per cent* of items of EDL and hence, GMSCL could not supply medicines against the demand for those items raised by Health Care Facilities during 2016-22. Out of 456 procurement indents of equipment received by GMSCL during 2016-22, purchase procedure for only 67 indents were finalised. ***Gujarat Medical Services Corporation Limited may take effective steps to finalise the Rate Contracts for all the drugs included in Essential Drugs List and timely finalise tenders for procurement of equipment.***

Food and Drugs Laboratory (FDL) delayed the quality check report of samples of drugs taken from various warehouses. The pendency of testing report to be received from FDL, Vadodara ranged between five *per cent* (Bhuj Warehouse) and 55 *per cent* (Surat Warehouse) amongst the warehouses for the period

2019-22. ***Health Department may enhance the capacity of Food and Drugs Laboratory to ensure the completion of the quality assurance process in time.***

### **Healthcare Infrastructure**

Out of 33 Districts in the State, District Hospitals (DHs) were available in 19 districts and in remaining districts except Arvalli district, Tertiary Healthcare Institutes like Government MCHs, PPP mode MCHs, GMERS MCHs were available. There was an uneven distribution of Community Health Centres, Primary Health Centres and Sub-Centres in the State *vis-à-vis* IPHS norms. There was a shortage of CHCs in 14 districts ranging between one and three against IPHS norms. There was a shortage of PHCs in nine districts<sup>1</sup> ranging between two and nine against IPHS norms. ***Government may make efforts to ensure equitable distribution of Public Health Institutions as per IPHS norms so that adequate healthcare facilities could be provided to all.***

Against the approval of 5,332 works during 2016-22, 24 *per cent* of works were completed by Project Implementation Unit and 70 *per cent* of works were either dropped or not started yet. Out of 19 DHs, in 16 DHs, the number of beds was less than the IPHS norms. Shortage of beds and building infrastructure was noticed in test-checked Public Health Institutions. ***Government may take appropriate action to upgrade building infrastructure of Public Health Institutions.***

### **Financial Management**

The State Government has not framed a comprehensive health policy to guide the development of the health sector in the State. The percentage of capital expenditure to total expenditure on health was 14.17 during 2016-22. The percentage of the health budget to the total State budget for the year 2021-22 was 5.42 which was less than the target of more than eight *per cent* as laid down under the National Health Policy 2017. ***Government may take necessary steps to increase the budgetary allocation for the health sector up to eight per cent of State Budget and make efforts to augment the capital expenditure in Healthcare sector.***

As against the cumulative allotment of ₹9,538.42 crore as per State's Programme Implementation Plan, ₹7,717.50 crore (81 *per cent*) was provided by GoI and GoG during 2016-22. Out of total available funds of ₹8,540.60 crore and ₹5,240.38 crore, expenditure incurred was ₹4,792.18 crore (56 *per cent*) and ₹4,111.16 crore (78 *per cent*) during 2016-22 by Project Implementation Unit for building infrastructure development and Gujarat Medical Services Corporation Limited for procurement of drugs and equipment respectively. ***Government may***

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<sup>1</sup> 1. Bhavnagar, 2. Anand, 3. Kheda, 4. Bharuch, 5. Gir Somnath, 6. Vadodara, 7. Ahmedabad, 8. Botad and 9. Mahisagar

*take necessary steps to ensure that Project Implementation Unit and Gujarat Medical Services Corporation Limited timely utilise the available funds.*

### **Implementation of Centrally Sponsored Schemes**

Out of 9,860 Health and Wellness Centres (HWCs) established in the State, 9,474 HWCs were operational as of June 2023. The State Government has enrolled 75.82 lakh families under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana as of December 2023.

Under Reproductive and Child Health Programme, shortfall was noticed in providing 180 IFA tablets and Tetanus Toxoid (TT) immunisation to the Pregnant Women in the State. The coverage of pregnant women for providing IFA tablets and TT immunisation did not improve during 2016-22. *State Government may increase the coverage of providing all necessary health services to pregnant women for safe motherhood.*

### **Adequacy and effectiveness of the regulatory mechanisms**

The terms of members of the Gujarat Medical Council and Gujarat Nursing Council expired in 2018 and 2019 respectively, however, the Councils were not re-constituted till December 2023. *Government may take immediate steps for the reconstitution of members of the Gujarat Medical Council and Gujarat Nursing Council for effective functioning of the Councils.*

The implementation of Bio-Medical Waste Management Rules 2016 and management of bio-medical waste in the State was not effective. *State Government may ensure compliance with the Bio-Medical Waste Management Rules 2016 for monitoring the collection and disposal of bio-medical waste in the State.*

### **Sustainable Development Goal-3**

The SDG-3 score of Gujarat has shown improvement over the period 2018-2021. Gujarat has also performed higher than the All-India composite SDG score and SDG-3 score during 2020-21. Out of 10 indicators under SDG-3, the State is better than the average of India in seven indicators. In two indicators, Gujarat is below than the average achievement of India. *State Government may take effective steps to improve the performance of the State in indicators where the State is behind the average achievement of India.*