सत्यमेव जयते

Report of the Comptroller and Auditor General of India on Performance Audit of Public Health Infrastructure and Management of Health Services for the year ended March 2022

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

छत्तीसगढ़ शासन
सत्यमेव जयते

Government of Chhattisgarh

Report No. 02 of the year 2024

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PREFACE

This Report of the Comptroller and Auditor General of India has been prepared for submission to the Governor of the State of Chhattisgarh under Article 151 of the Constitution of India for being laid before the Legislature of the State. The report has been prepared in accordance with the Performance Auditing Guidelines, 2014 and Regulations on Audit and Accounts, 2020 of the Comptroller and Auditor General of India.

The report contains results of Performance Audit on Public Health Infrastructure and Management of Health Services covering the period from 2016-17 to 2021-22.

The audit has been conducted in conformity with the Auditing Standards issued by the Comptroller and Auditor General of India.

Audit acknowledges the cooperation received from the Health and Family Welfare Department, Chhattisgarh at each stage of the audit process along with their field functionaries in conducting the Performance Audit.

Executive Summary

Why did we take up this audit?

Chhattisgarh State ranks 10 out of 19 larger States in NITI Aayog's Health Index for 2020. As per National Family Health Survey 5 (2019-21), the State was lagging behind the national average in respect of Neonatal Mortality Rate (32.40), Infant Mortality Rate (44.30), Under five Mortality Rate (50.40) and institutional births (85.8 *per cent*). Maternal Mortality Ratio (MMR) of Chhattisgarh though improved from 159 (2018) to 137 (2020) as per Sample Registration System (2018-20), it was far behind the national average of 97. National Health Policy (NHP) 2017 was adopted by Government of India (GoI) to inform, clarify, strengthen, and prioritise the role of the Government in shaping health systems in all its dimensions. Considering NHP 2017 and experience in COVID-19 pandemic, Performance Audit on "Public Health Infrastructure and Management of Health Services" was conducted to assess the adequacy of financial resources allocated, availability of health infrastructure, manpower, drugs, and equipment in the healthcare institutions as well as efficacy in the management of health services in the State. The Performance Audit also covers the efficacy of the regulatory framework being enforced by the Government to regulate private health sector, central share/sector schemes being implemented by the GoI, through State Government and overall linkage with the Sustainable Development Goal–3. The Performance Audit was conducted for the period 2016-21 but wherever feasible, the data has been updated up to 2021-22 or later.

Against which benchmarks, performance has been assessed?

Ministry of Health and Family Welfare, GoI has issued a set of uniform standards called the Indian Public Health Standards (IPHS) to improve the quality of healthcare delivery in the country and serve as a benchmark for assessing performance of healthcare delivery system. The IPHS for District Hospitals (DHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Health Centres (SHCs) prescribe standards for the services, manpower, equipment, drug, building and other facilities. These include the standards to bring the Healthcare Institutions (HIs) to a minimum acceptable functional grade (indicated as Essential) with scope for further improvement (indicated as Desired).

In addition to IPHS, various standards and guidelines on healthcare services issued by GoI such as the Maternal and Newborn Health toolkit; Assessor's Guidebook for Quality Assurance; National Quality Assurance Standards for Public Health Facilities; *Kayakalp* guidelines; Bio-Medical Waste Management Rules; and Drugs and Cosmetics Rules were used to evaluate the HIs.

What have we found and what do we recommend?

Human Resources

The Government of Chhattisgarh (GoCG) had not formulated any human resource policy for the healthcare sector to ensure availability of Doctors,

Nurses, and Paramedics in HIs as per the IPHS norms. Though the Doctor population ratio (1: 2492) of State had improved during 2016-22 but, it was far behind the WHO benchmark of 1:1000 and national ratio of 1:1456. The posts of Doctors were not sanctioned uniformly on the basis of population resulting in uneven distribution of Doctors under the DHS across the districts. In the 23 DHs, there was shortage in the sanctioned post of Specialist Doctors (three *per cent*), Staff Nurse (27 *per cent*) and paramedical staff (24 *per cent*) according to the population criteria prescribed in the IPHS norms.

There was overall shortage of 34 *per cent* (25,793) in availability of manpower against the sanctioned strength (74,797) in the Department.

In 23 DHs, there was shortage in availability of Specialist Doctors (33 *per cent*), Medical Officer (four *per cent*), and Paramedics (13 *per cent*) against the sanctioned strength. In 172 CHCs, there was shortage of Specialist Doctors (72 *per cent*) and Doctors (15 *per cent*) against the sanctioned strength. In 776 PHCs in the State, there was shortage of Medical Officers (32 *per cent*), Staff Nurse (32 *per cent*) and Paramedics (36 *per cent*) against the sanctioned strength.

In 4,996 SHCs, 17 *per cent* post of ANMs were vacant against the sanctioned strength. In 502 SHCs, no ANMs were posted and thus required maternity services could not be provided to the pregnant women in these SHCs.

Against the total sanctioned strength of 915 in the cadre of Doctors (256), Staff Nurse (528) and Paramedical Staff (131) in the State, a total of 694 persons comprising Doctors (190), Staff Nurse (366) and Paramedical Staff (138) were deployed with shortage of 24.15 *per cent* in 23 MCHs. Post of Doctors, Staff Nurse and Paramedical Staff was not sanctioned in remaining seven MCH wings.

Shortage of Specialist Doctors, Staff Nurse and Paramedical Staff ranged between 58 and 30 *per cent*; 64 and 15 *per cent*; 55 and 24 *per cent* respectively in test checked five GMCs/ GMCHs. In Super Specialty Hospital Raipur, only nine (3.21 *per cent*) posts of Doctors (2), Staff Nurse (5) and Paramedical Staff (2) were filled with regular staff against the sanctioned strength of 280, and 208 posts were filled with contractual staff.

Staff Nurse to Bed ratio in ICU ranged upto 1:20 against the norms of 1:1 and in non-ICU wards this ratio ranged up to 1:39 against the norms of 1:3 in test checked GMCHs. Further, sanctioned strength of staff nurse was also less than the Medical Council of India norms and it was not fixed in accordance with the bed capacity.

Four new GMCs and one private college were opened during 2016-22 and intake capacity (UG) has been increased to 1,370 from 1,100; however, none of the GMCs could attain maximum permissible intake capacity as of March 2022.

There was shortage of Doctors (29 *per cent*), Staff nurse (60 *per* cent) Paramedics (30 *per cent*) in AYUSH facilities and teaching staff (29 *per cent*) in Government Ayurveda Colleges. In selected districts, 130 out of 538 dispensaries were functioning without Doctor.

Recommendations:

1. **The GoCG may formulate a human resource policy for the healthcare sector to make available required number of qualified manpower for public health;**
2. **The GoCG may increase sanctioned strength of doctors, staff nurse and paramedical staff according to the IPHS norms in all HIs. Post of doctors may be sanctioned uniformly across all DHs to mitigate regional imbalance;**
3. **The GoCG should ensure availability of specialist doctors, staff nurse and paramedical staff against the sanctioned strength;**
4. **Specialist doctor for each department may be posted to all DHs and CHCs to facilitate specialist services to the patients;**
5. **The GoCG should post more staff nurse in the GMCHs to improve staff nurse to bed ratio in ICU and non ICU wards for proper nursing care; and**
6. **The GoCG should take action for posting doctors in 130 AYUSH healthcare institutions that were operating without regular doctors.**

Availability and management of Healthcare Services

All ten specialist services as required under IPHS norms were available in only five (22 *per cent*) out of 23 DHs in State. 12 DHs had nine essential services except dermatology and venereology while in DH, Kondagaon only four specialist services were available. Similarly, Outpatient Department (OPD) services in General Medicine, General Surgery, Obstetrics and Gynecology and Pediatrics were not available in 104 (60 *per cent*), 148 (86 *per cent*), 126 (73 *per cent*) and 133 (77 *per cent*) CHCs respectively. In 282 (36 *per cent*) out of 776 PHCs, Doctor (Medical Officer) was not available to provide OPD services as per IPHS norms.

OPD services in Cancer unit (GMCH Jagdalpur) and Cardiology, Nephrology, and Neurology Departments (GMCH Rajnandgaon) could not be started for more than eight years due to non-availability of Specialist Doctors.

Average OPD cases per Doctor per annum were highest in GMCHs (between 28,804 and 7,723) followed by CHCs (between 19,659 and 4,451) and DHs (10,437 and 3,834). In 11 HIs (DHs/CHCs/GMCHs), the number of patients per hour per registration counter was more than norms (20) during 2016-22.

IPD ward/beds as per IPHS norms for all five basic in-patient services (General medicine, General surgery, Ophthalmology, accident and trauma, Pediatrics) were available in only one out of seven test checked DHs. In two DHs, the number of beds was available as per IPHS norms for four out of five services. DH Balod did not have required number of beds in any of the five wards. Burn ward was not available in four out of seven test checked DHs.

Bed Occupancy Rate (BOR) in five out of seven DHs was below the IPHS norms of 80 *per cent*. Average BOR of DH Surajpur and Baikunthpur was 137 and 185 *per cent* respectively which shows inadequate number of beds

against requirement. Average Bed turnover ratio of DH, Sukma was 173 *per cent* while in DH Raipur it was quite low (16.50) as compared to other DHs.

Operation Theatre (OT) services were available in all test checked GMCHs and DHs. All 12 surgical procedures were available in only two DHs as per IPHS norms. In remaining five DHs, non-availability of surgical procedures ranged between one and four. OT services were not available in three (21 *per cent*) out of 14 test checked CHCs and seven (50 *per cent*) out of 14 test checked PHCs.

All four surgery services (General Surgery, ENT, Orthopedics and Ophthalmology) were available in only three out of seven test checked DHs. Three types of surgeries in two DHs and only two types of surgery were available in one DH. Against the national average of 194 surgeries per surgeon in a year, four DHs have more than average surgeries per surgeon in Ophthalmology. Similarly, it was more than the national average in one DH in General Surgery department and in one DH in orthopedics department.

Emergency services were available in all test checked DHs, but the required facilities in the emergency ward, as per IPHS norms, were not available in four out of seven test checked DHs.

Routine and emergency care was not available in 25 (15 *per cent*) out of 172 CHCs in the State. Facility of 24 hours management of selected emergency services such as accident, first aid, stitching of wounds etc., were not available in two out of 14 test checked PHCs.

Intensive Care Unit (ICU) facility was not available in four out of seven test checked DHs. Availability of beds (25) in NICU (GMCH Bilaspur) was less than the average patient load per day (33) and thus two neonates had to share single bed.

As per National Family Health Survey-5 report, only 60 *per cent* pregnant women received four ANC during pregnancy and only 26.30 *per cent* pregnant women were provided iron folic acid tablets for 180 days.

Institutional birth/deliveries increased from 70.20 *per cent* to 85.70 *per cent* during 2016-21. C-section deliveries also increased from 9.9 *per cent* in 2015-16 to 15.2 *per cent* in 2020-21, but it was much higher (57 *per cent*) in private HIs than the public HIs (8.9 *per cent*) in the State.

Special Newborn Care Unit (SNCU) service was not available in five (22 *per cent*) out of 23 DHs in the State and neonatal death rate (15) was highest in DH Kondagaon and lowest (0.23) in DH Bilaspur.

Lack of adequate maternal and neonatal facilities/services coupled with improper implementation of Central Sector Schemes such as Janani Shishu Suraksha Karyakaram (JSSK), Janani Suraksha Yojana (JSY) and other programmes related to maternal and child health might have affected the maternal and neonatal healthcare adversely. This may also have resulted in higher IMR and MMR in the State in comparison to National average as indicated in NFHS-5 survey.

All Imaging (Radiology) services required under IPHS were not available in any of the test checked DHs/CHCs. Stress test and ECHO facility was not

available in five out of seven test checked DHs. MRI services was not available in three out of five GMCHs. Ultra Sonography facility was available in only one out of 14 test checked CHCs. Full range of essential pathological investigations as per IPHS norms was not available in any of the test checked HIs (GMCHs/ DHs/ CHCs).

Number of Advance Life Support (ALS) ambulances were insufficient in 15 districts as only 30 ALS vehicles were deployed against the requirement of 52 as of March 2022 under 108 *Sanjeevni Express*. In 33.99 *per cent* cases, the response time of the ambulances was more than 30 minutes whereas in 57,398 cases (8.59 *per cent*) ambulance reached patients after one hour of receiving their calls. In nine districts, the response time was more than 30 minutes.

Dietary services in HIs were marred by inadequate facilities such as lack of dedicated kitchens, dieticians and food safety registration certificates. Laundry services were available in all test checked DHs. In three test checked CHCs, records of linen services were not maintained. In two test checked GMCHs, linen were not changed every day and quality of bed linen was not checked on daily basis in any of the test checked GMCHs, except GMCH Raipur.

All test checked DHs and GMCHs had 24x7 mortuary facility but availability of facility for pathological postmortem was not available in four DHs and one GMCH. System to provide identification tag/wrist band for each stored dead body were not available in two DHs and three GMCHs.

Biological testing/ physical testing of water samples were not carried out in nine HIs out of 26 test checked DHs/CHCs/GMCHs.

Citizen's charter was not displayed in nine out of 27 test checked HIs (DHs/ CHCs/ GMCHs/ DKSPGI). NOC/fire safety license was not obtained by 39 out of 41 HIs (DHs/ CHCs/ PHCs/ GMCHs/ DKSPGI). Healthcare Institutions also lacked smoke detection systems (36), fire hydrants (36) and signage (31). Hospital Infection Control Committee was not formed in 30 out of 41 HIs.

Patient satisfaction survey was not conducted in three GMCHs, in three CHCs and in two PHCs out of test checked five GMCHs, 14 CHCs and 14 PHCs during 2016-22. Audit conducted survey of 450 patients and non-availability of neat and clean toilet facilities, adequate seating arrangements and non-availability of prescribed medicines was expressed by 38, 14 and 18 *per cent* patients respectively.

Recommendations:

The GoCG may:

7. **Ensure availability of all OPD/ IPD services in HIs for quality patient care as per regulatory norms;**
8. **Take initiatives to ensure availability of all pathological and imaging facilities such as USG and X-ray machines in all HIs for early and proper diagnosis of diseases;**

9.	**Improve dietary services in healthcare institutions by providing dedicated kitchens, dieticians, regular quality checks, registration certificates;**
10.	**Install fire safety systems comprising fire alarm/smoke detectors etc., in all healthcare institutions on a priority basis; and**
11.	**Consider to form Hospital Infection Control Committees in CHCs and PHCs and address deficiencies w.r.t Citizen's Charter and entitlements, grievance redressal mechanism and patient feedback in healthcare institutions.**

Availability of Drugs, Medicines and Equipment in the Healthcare Institutions

The GoCG had established (2010) Chhattisgarh State Medical Services Corporation Limited (CGMSCL) as a centralised nodal agency for all procurement and supply of drugs, medicines and equipment under the Health Department. During 2016-22, the Department of Health and Family Welfare, GoCG (Department) had procured drugs, medicines and equipment valuing ₹ 3,753.18 crore.

The Annual Indents (AI) for procurement of drugs, medicines and consumables were finalised by the Directorates of Health Department with delay and in *ad hoc* manner without considering previous year's consumption, existing stocks and purchase orders already placed. Moreover, programme/ scheme drugs were not included in the AI.

Despite having centralised procurement agency, the purchases of drugs, medicines and consumables were made through local purchase (decentralised procurement) ranging from 26.79 to 50.65 *per cent* of total procurement during 2016-22.

CGMSCL failed to prepare purchase manual in consonance with the Chhattisgarh Stores Purchase Rules (CGSPR) due to which in many cases purchases were made in violation of CGSPR. Out of total 278 tenders finalised for Rate Contracts (RCs) by CGMSCL, 165 tenders were finalised with delay ranging from three to 694 days during 2016-22 resulting in delay in supply of drugs and equipment. Delay in finalisation resulted in local purchase of drugs at higher rates.

The percentage of essential drugs from the indented quantity for which RC could not be finalised during 2016-22 ranged between 48.82 *per cent* (2016-2017) and 63.59 *per cent* (2018-2019) resulting in local purchase of untested essential drugs valuing ₹ 97.93 crore during 2017-22.

The validity period of new RCs for procurement of equipment and drugs was extended by the CGMSCL without the approval of Competent Authority.

There were instances of procurement of drugs and equipment by CGMSCL at tailor made specification, inviting tender with indicative quantity instead of bulk quantity, without assessing reasonability of quoted rates and evaluation of bids without applying due diligence which resulted in procurement at higher rates with avoidable extra expenditure. Further, equipment was procured without ensuring requirement/availability of required infrastructure/

parts/reagent/training/operating modalities which resulted in idling of equipment of ₹ 49.68 crore. CGMSCL also purchased drugs worth ₹ 23.98 crore from blacklisted firms.

CGMSCL failed to get replacement of Not Standard Quality drugs supplied by the suppliers and neither levy penalty of ₹ 1.69 crore nor recovered the demurrage charges of ₹ 24.60 lakh from such defaulting suppliers.

The drugs inventory management system was deficient as CGMSCL placed the purchase orders without considering available stock in its warehouses, the previous consumption trends and future requirement which resulted in expiry of drugs valuing ₹ 33.63 crore.

There were instances of non-availability of drugs at HIs. Out of 272 EDL drugs required for DHs, 103 drugs were not available as of 31 March 2022 in the seven test checked districts. Similarly, out of 149 EDL drugs required for CHCs, 39 drugs were not available in the 14 test checked CHCs.

In test checked warehouses, the prescribed temperature for storage of various drugs was not maintained by the CGMSCL due to lack of effective cooling system, which may result in loss of efficacy and quality of drugs.

Audit observed irregularities in procurement of COVID-19 related items such as purchase through distributor, from bidders not qualifying Pre-Qualification Requirement and modifying supply schedule to favour suppliers. CGMSCL had procured COVID-19 related items worth ₹ 23.13 crore without recommendation of COVID Committee which was irregular.

Four Liquid Medical Oxygen (LMO) tanks purchased during the covid period for GMCHs were lying idle. Further, Cryogenic LMO tank (12KL) fixed in super specialty hospital was not connected to the oxygen pipeline of the hospital and remained idle.

There was lack of planning in developing IT system by CGMSCL as the different software *viz*., Drug Procurement and Distribution Management Information System (DPDMIS), Equipment Management Information System (EMIS), Health Infrastructure Management Information System (HIMIS) and e-procurement were not interconnected and had overlapping modules related to procurement and payment. Further, all the modules were not fully operational in any of IT system.

In DPDMIS and EMIS various input/ processing/ output controls and system security were inadequate which resulted in non-capturing of barcode details at the time of receipts of drugs, supply of tertiary level drugs to PHC, generation same Purchase Order (PO) number, non-levy of Liquidated Damages (LD)/ penalty through system and non-monitoring of quality control reports.

Recommendations:

The GoCG should:

12. ensure timeliness in procurement of centralised purchase of drugs, medicines and equipment for uninterrupted supply to HIs;

13. prepare standard generic specification for commonly used equipment across all the HIs to maintain uniformity and economy in procurement;

14.	**prepare the procurement manual in accordance with CGSPR;**
15.	**evaluate the tenders of testing equipment in such a manner that cost of consumables/ reagents may also be considered;**
16.	**strengthen the inventory management system in CGMSCL by applying scientific methods of inventory management and considering the existing stock, previous consumption trend and future demand;**
17.	**ensure that asset created under emergency procurement viz., oxygen plant, oxygen pipeline etc., are put to use at HIs;**
18.	**strengthen process control/ output controls by proper mapping of business rules in IT developed or to be developed;**
19.	**ensure proper validity checks in the system to prevent unauthentic and duplicate data with minimum manual intervention;**
20.	**initiate action to achieve full computerisation for interconnection of available databases of different software and operationalisation of all existing modules; and**
21.	**ensure implementation of the barcode scanning system.**

Availability and management of Healthcare Infrastructure

The Public Health Institutions under the State Government comprises 10 GMCHs, one super specialty hospital, 23 DHs, 20 Civil Hospitals, 172 CHCs, 776 PHCs and 4,996 SHCs in State as on 31 March 2022.

Tertiary Level Hospitals (GMCHs/Super specialty hospital) increased in the State by 83 *per cent* from six in 2016-17 to 11 in 2021-22. However, the number of functional DHs decreased due to conversion of three DHs into GMCHs. Primary level HIs also decreased during the same period.

In the State, the number of DHs, CHCs, PHCs and SHCs established were not in accordance with the IPHS norms and there was shortage of five DHs (18 *per cent*), 81 CHCs (32 *per cent*), 219 PHCs (22 *per cent*) and 1,195 SHCs (19 *per cent*) as of March 2022.

Out of targeted 47 CHCs, only 16 CHCs were upgraded as First Referral Units due to non-availability of manpower and infrastructure. Out of 500 earmarked PHCs, only 266 PHCs (53 *per cent*) were functional on 24x7 basis.

In the State there were 838 HIs which did not have designated Government buildings. Out of the 42 test checked CHCs of seven selected districts, other infrastructure facilities like blood storage units (28 CHCs) dedicated kitchen (18 CHCs), dedicated stores (16 CHCs) and operation theatres (10 CHCs) were not available. Similarly, CCTV (140 PHCs), minor OT (94 PHCs), boundary wall (92 PHCs), staff quarters (77 PHCs) were not available out of 191 test checked PHCs in seven selected districts. Citizen charter (19 SHCs), fire safety equipment (15 SHCs), separate toilet facility for male and female (14 SHCs) and labor room (5 SHCs) were not available out of 28 SHCs in seven test checked districts. Trauma care centre/facility could not be established in four out of five GMCHs due to non-finalisation of site. Similarly, construction of Burn Unit and State cancer Institute was also not started in GMCH Bilaspur though fund was received from GoI. There were

cases of seepage in OT, X- ray room and ICU wards and unhygienic conditions in wards of selected HIs.

As of March 2022, the overall availability of bed in the State was 1.13 against the norms of two bed per thousand population. In 12 districts, shortage of bed was more than 50 *per cent*. In 15 DHs, against the IPHS norms, the shortage of normal beds was 22 *per cent* and ICU beds was 49 *per cent*. Dedicated ICU facilities were not available in 11 DHs. In 172 CHCs in the State, functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms. In 48 out of 172 CHCs, there was shortage of beds ranging from four to 25 against the requirement of 30 beds in a CHC. Similarly, in 776 PHCs against the requirement of 4,656 beds, there were 5,191 beds available. However, in 147 out of 776 PHCs, the shortage of beds was ranging from one to six against the norms of six beds.

In the State, 30 Maternal Child Health (MCH) wings were sanctioned with 2,250 beds. Out of this, 25 MCHs were operational with 1,750 functional beds and five were not operational due to lack of required infrastructure.

Against the target of 4,421 Health and Wellness Centre (HWCs), 1,213 PHCs/ SHCs could not be upgraded in HWCs and out of the upgraded HWCs, 450 HWCs could not be made operational, as the Community Health Officers (CHO) were not posted in these HWCs.

The GoCG has sanctioned 4,360 works for constructions and renovation in HIs during 2016-22 to the centralised agency i.e., CGMSCL. Out of this, 2,798 works were awarded to contractors and the remaining 1,562 works were not executed due to non-availability of site and non-allotment of funds etc. Out of 2,798 works, 1,660 works (59.33 *per cent*) valuing ₹ 377.12 crore were completed as on 31 March 2022 and 1,138 works valuing ₹ 356.69 crore were in progress.

Out of the 265 construction works of AYUSH across the State, 100 works amounting to ₹ 13.60 crore remained incomplete during the period 2016-22. Postgraduate (PG) Block at Government Ayurveda College, Raipur was not operationalised due to incomplete construction work. Further, the test checked HIs had inadequate infrastructure resulting in lack of storage space, idling of equipment and inefficient stock management.

Recommendations:

The GoCG should:

22. consider establishing HIs according to the IPHS norms to fill the gaps in available infrastructure for better healthcare facility to the public;

23. provide basic infrastructure facilities such as designated Government building, blood storage units, OT, dedicated kitchen, stores, staff quarters, boundary wall, toilets etc., in all HIs as per the IPHS norms;

24. increase availability of normal and ICU beds in HIs to achieve the target of two beds per 1,000 persons in the State;

25. take necessary steps for timely completion of construction and renovation work of HIs; and

26. issue instructions to complete and operationalise the PG Block at Government Ayurveda College, Raipur. Further, it should also ensure the completion of other pending construction works of Dispensaries.

Funding for healthcare in Chhattisgarh

The Government of Chhattisgarh (GoCG) did not prepare State Health Policy to achieve the broader goals, objectives and targets of NHP. The GoCG allocated budget of ₹ 34,100.85 crore for healthcare under the Department of Public Health and Family Welfare (Department), out of which expenditure of ₹ 27,989.94 crore (82 *per cent*) was incurred during the period 2016-22. The percentage of GoCG share in total expenditure decreased from 61 to 58 *per cent* whereas share of GoI has increased from 39 to 42 *per cent* during 2016-22.

The percentage of health expenditure *vis-à-vis* Gross State Domestic Product (GSDP) ranged between 1.15 *per cent* and 1.64 *per cent* which was less than the target of 2.5 *per cent* under NHP. The target of two-third (66.67 *per cent*) expenditure on primary healthcare, as envisaged in NHP, 2017 was not achieved by GoCG in any of the years during 2016-22 and ranged between 30 and 34 *per cent* of the total expenditure.

The capital expenditure (₹ 2,138.91 crore) on health during the period 2016-22 was only 7.64 *per cent* of total expenditure against the revenue expenditure (₹ 25,851.06 crore) which constitute 92.36 *per cent* of total expenditure.

During the period 2016-22, the funds for National AYUSH Mission were received from the GoCG with delay ranging from four to 526 days.

The GoI and the GoCG had allocated ₹ 2,422.80 crore for COVID-19 management through State Budget, State Disaster Relief Fund (SDRF) and Emergency Response and Health System Preparedness Package (ECRP) during 2019-22. There was excess expenditure of ₹ 135.85 crore over the allotment from the State Budget and there was savings of ₹ 3.31 crore under SDRF. Funds received under ECRP was not utilised as per the guidelines and out of total allocation of ₹ 788.69 crore only ₹ 328.21 crore (41.61 *per cent*) was utilised during March 2020 to March 2022

Recommendations:

The GoCG should:

27. prepare a comprehensive State Health Policy at the earliest;

28. increase its total expenditure on health to match the targets of NHP;

29. increase capital expenditure under health sector to improve infrastructure in healthcare institutions; and

30. ensure utilisation of the fund allocated for the emergency purpose in due time by adhering to the Guidelines.

Implementation of Centrally Sponsored Schemes

During 2016-22, NHM failed to utilise the fund received and unspent funds ranged between ₹ 288.49 crore and ₹ 777.39 crore. Similarly, it could spend only ₹ 244.58 crore out of total available fund of ₹ 453.20 crore under NUHM.

Incidence of Non-Communicable Diseases (NCD) such as cardiovascular disease, diabetes, lung diseases, Cancer and hypertension increased from 24,144 in 2016-17 to 12,13,113 in 2021-22. However, fund of ₹ 36 crore received under NCD programme remained untilised as of March 2022.

During 2016-22, five types of OPD mental health services were available in only three out of 14 test checked CHCs. All the mental health drugs (17) were not available in four out of 14 test checked CHCs and test checked DHs failed to provide all 27 drugs prescribed under National Mental Health Programme.

Under *Janani Shishu Suraksha Karyakaram (*JSSK) out of 18.64 lakh institutional deliveries, diet services were provided to only 8.38 lakh Pregnant Women (PW) and incentive was not given to 2.22 lakh PW under *Janani Suraksha Yojana (*JSY).

Benefit of ₹ 500 per month was not transferred to 26,332 (17.23 *per cent*) tuberculosis patients out of total 1,52,790 tuberculosis patients during the treatment period under the National Tuberculosis Elimination Programme (NTEP) during 2016-22.

During the period 2020-22, it was observed that only ₹ 15.1 crore was spent against the total allotment of ₹18.55 crore under *Haat Bazar* Scheme (Rural Mobile Medical facility). The Department did not sanction any post and also did not allot any dedicated vehicle for implementation of this scheme.

During period 2016-22 against the total number of 1,041 public HIs, only 55 (5.28 *per cent*) HIs obtained National Quality Assurance Standards (NQAS) certificate.

Recommendations:

The GoCG should:

31. institute a proper mechanism for monitoring the utilisation of funds available under NHM and review the progress of the schemes at regular intervals to overcome the hindrances;

32. ensure utilisation of the earmarked fund under National Disease Control Programmes in order to achieve the targets;

33. ensure to provide OPD facilities and drugs related to mental health programme in all the HIs of the State as per norms;

34. ensure to achieve 100 per cent institutional delivery and provide prescribed diet and incentive for every pregnant woman, as envisaged in JSSK/ JSY guidelines;

35. recruit regular staff and provide dedicated vehicles under Haat Bazar Scheme for smooth implementation of scheme; and

36. make efforts to obtain NQAS certification for all HIs in the State.

Adequacy and effectiveness of the regulatory mechanism

District Committee did not conduct inspection of 11,911 private medical establishments within a time limit as stipulated under *Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010 (UTRSSAA, 2010) and Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam,* 2013 (*UTRSSAN*, 2013).

Pharmacy inspectors were not appointed till July 2022 by the Pharmacy council for the inspection as required under the Pharmacy Act, 1948.

Testing of 80 *per cent* of samples were not done within the prescribed limit of 60 days due to shortage of manpower and infrastructure.

Out of 2,099 Government HIs, 766 (36.49 *per cent*) HIs were managing Bio Medical Waste (BMW) at facility level without obtaining authorisation from Chhattisgarh Environment Conservation Board (CECB).

Effluent Treatment Plants (ETPs) could not be established in 120 out of 222 HIs despite release of funds of ₹ 29.62 crore by the Director Health Services. Three Autoclave cum Shredder costing ₹ 1.04 crore supplied to DH Baikunthpur, CHC Manendragarh and Khadgawa for BMW treatment were kept idle since 2019.

Recommendations:

The GoCG should:

37. ensure the inspection of private medical establishments by District Committee within a time limit stipulated under the *UTRSSAA*, 2010 and *UTRSSAN*, 2013;

38. appoint the Pharmacy Inspectors and Drug Inspectors in Pharmacy Council and FDCA for monitoring of drugs dispensation and inspection of medical shops to ensure quality of drugs dispensed in public health facilities in compliance to relevant Acts; and

39. make efforts to establish ETP in all HIs and obtain authorisation from CECB for all Government HIs in the State for handling Bio Medical Waste.

Sustainable Development Goal-3: Good Health and Well Being

The GoCG included 38 indicators in the framework against the total 42 SDG National Indicators for Goal 3- Good Health and Well Being.

The resource allocation in the State Budget was not linked with State development indicators and financial indicators as per NHP, 2017 in any of the years of the review period. SDG dashboards for IT based monitoring of progress of SDG indicators at the State, district and further local levels have not been set up by State Planning Commission (SPC).

The GoCG had fixed the MMR target of 107 per one lakh live births by 2030 which is far below the national target of 70 by 2030. As against the first milestone target of MMR of 160 per lakh live births by 2020, the State has achieved the MMR of 159 (173 in the base year).

The State could not achieve the first milestone target of U5MR and NMR.

In the State, death due to road accidents increased to 16.1 against the baseline status of 15.9 per lakh population and the injuries from road accidents reduced from 52.3 to 44.7 as of 2020 against the target of halving the numbers fixed for first milestone. The suicide mortality rate (26.4) in Chhattisgarh is higher than the national average (10.4) and other neighboring States.

Recommendations:

The GoCG should:

40. make efforts to fix and achieve milestone targets for all indicators to achieve the goals of SDG – 3;

41. initiate linking of budget with the SDGs to achieve the targets fixed for the second milestone of 2024; and

42. take all the necessary measures to bring down the Infant Mortality Ratio and U5MR in rural areas, Neo-Natal Mortality rate, suicide mortality rate and deaths due to traffic injuries in Chhattisgarh.

Chapter – I

Introduction

Chapter - 1

1 Introduction

1.1 Introduction

Health is a vital indicator of human development and it is a basic ingredient of economic and social development. In India, the right to healthcare and protection has been recognised and considered a priority. The right to health is a fundamental part of human rights. Constitution of the World Health Organisation (WHO) states that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

National Health Policy, 2017 consists of Specific Quantitative Goals and Objectives outlined under three broad components viz., (a) health status and programme impact, (b) health systems performance and (c) health system strengthening. These goals are aligned to achieve sustainable development in health sector in keeping with the policy thrust.

The Government of Chhattisgarh (GoCG) has to provide necessary policy framework, institutions and resources in the shape of finances, personnel, drugs and equipment for the delivery of public healthcare services in the State. The Department of Health and Family Welfare (The Department), GoCG is entrusted with the responsibility of extending healthcare facilities in the State.

In view of the importance of functioning of healthcare sector in the State, a Performance Audit on "Public Health Infrastructure and Management of Health Services" was conducted.

1.2 Healthcare services

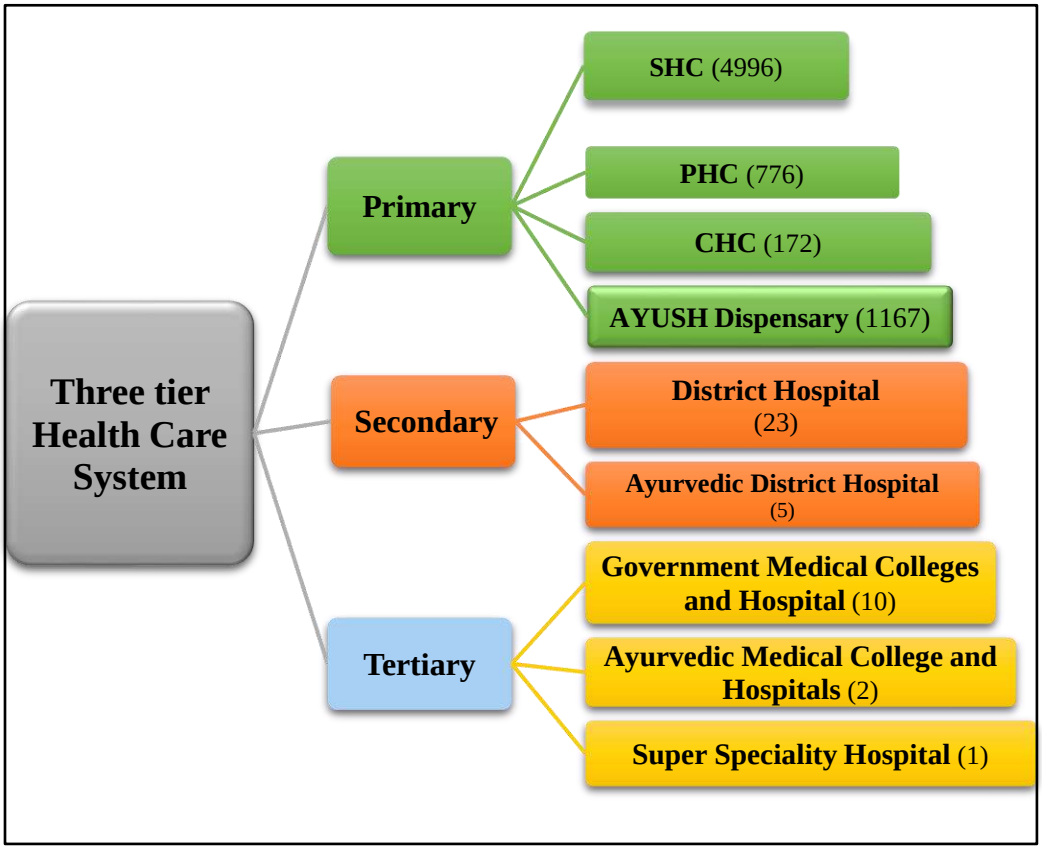
Delivery of quality and efficient healthcare services in public Healthcare Institutions (HI) plays a significant role in improving the health indicators of the public at large. For ensuring efficient operation of public sector hospitals, it is essential to prescribe standards/norms for providing various resources in the hospitals. On the basis of these standards/norms, requirement of resources should be assessed and provisions should be made accordingly. Audit has assessed the availability of line services, support services, auxiliary services in Chapter 3 and resource management has been discussed in Chapter 2, 4 and 5.

Line services	*Support services*
1. Outdoor patient department (OPD) 2. Indoor patient department (IPD) 3. Emergency Services 4. Super specialty (OT, ICU) 5. Maternity Services	1. Oxygen Services 2. Dietary services 3. Laundry services 4. Biomedical waste management 5. Ambulance services 6. Mortuary services 7. Blood bank 8. Diagnostic services
Auxiliary services	***Resource Management***
1. Patient safety facilities 2. Patient registration 3. Grievance / complaint redressal 4. Stores	1. Building Infrastructure 2. Human Resources 3. Drugs and Consumables 4. Equipment

1.3 Overview of healthcare institutions in the State

Availability, accessibility and usability of sound healthcare system are essential requirements to meet the challenges in the field of Health. The public healthcare institutions in the State are divided into three levels for providing primary care, secondary care and tertiary care under administrative control of Department, as detailed in ***Chart - 1.1***.

Chart - 1.1: Levels of Public Healthcare system



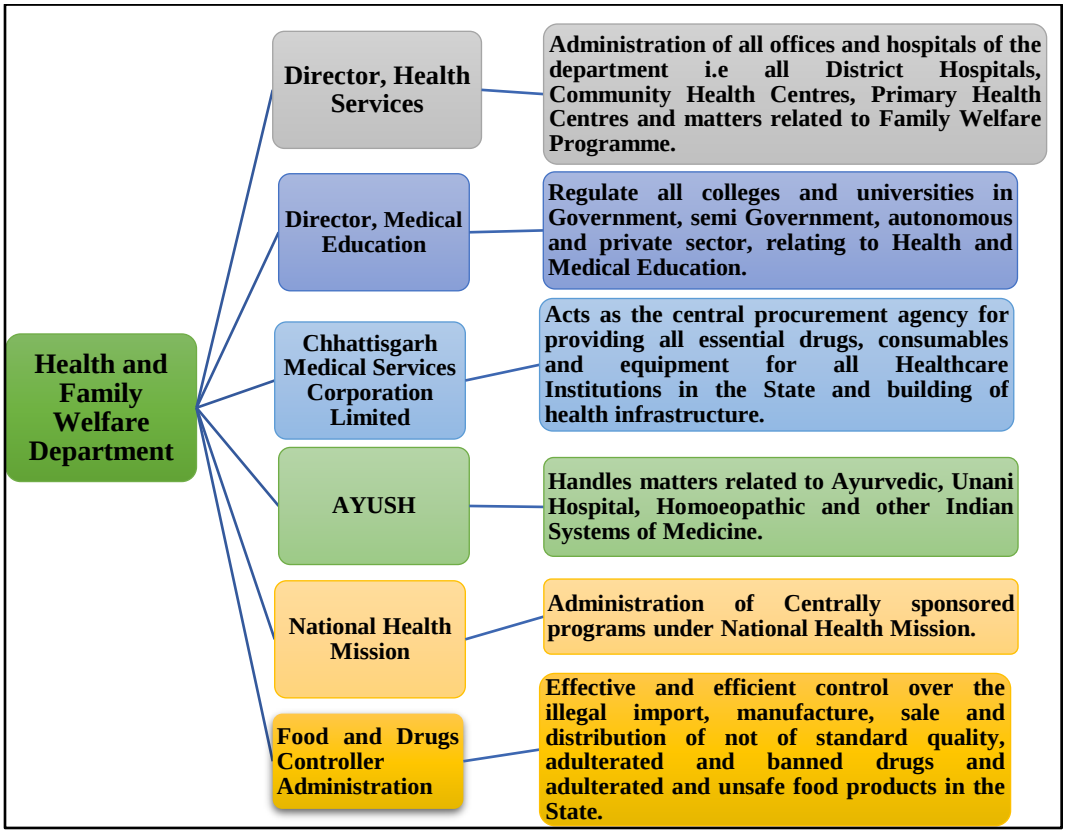
(Figures inside brackets represent number of institutions available in the State as on 31.03.22)

1.4 Organisational Set-up

The Secretary of the Department, GoCG is the executive authority for making policies and decisions in respect of health, medical education and family welfare schemes. The Secretary is assisted by the Director, Health Services (DHS); Director, Medical Education (DME); Director, Ayurveda, Yoga and Natural Treatment, Unani, Siddha and Homeopathy (AYUSH); Mission Director, National Health Mission (NHM) and Managing Director, Chhattisgarh Medical Services Corporation Limited (CGMSCL) and Controller, Food and Drugs Administration (FDCA).

The organisational set-up of the Department and the CGMSCL has been depicted in ***Chart - 1.2***

Chart - 1.2: Organisational set-up of the Department



1.5 Status of Health Indicators in the State

Health indicator is a yardstick to assess the performance of Government to improve the healthcare facilities. A comparison of Chhattisgarh with the overall performance of India in terms of important health indicators is shown in ***Chart - 1.3 (a), (b), (c), (d), (e) and (f).*** Indicator wise performance of the State in comparison to India has been discussed in **Chapter - 9**.

Chart - 1.3 (a): Birth Rate (per 1,000 population)

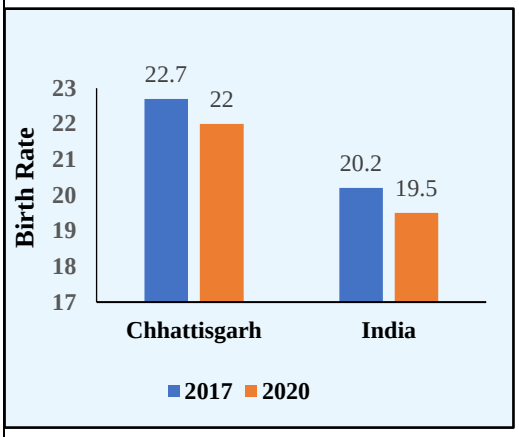
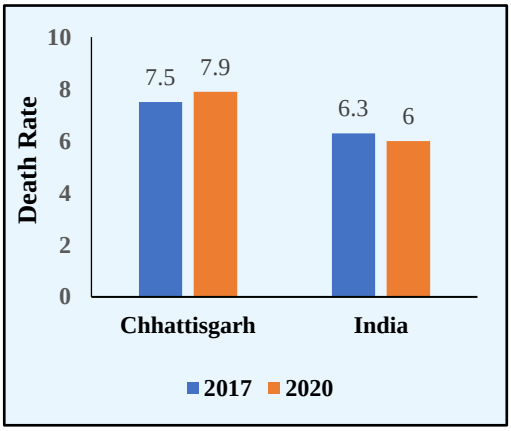


Chart - 1.3 (b): Death Rate (per 1,000 population)



Source: SRS Bulletin 2017 and 2020

Chart - 1.3(c): Total Fertility Rate (children per woman)

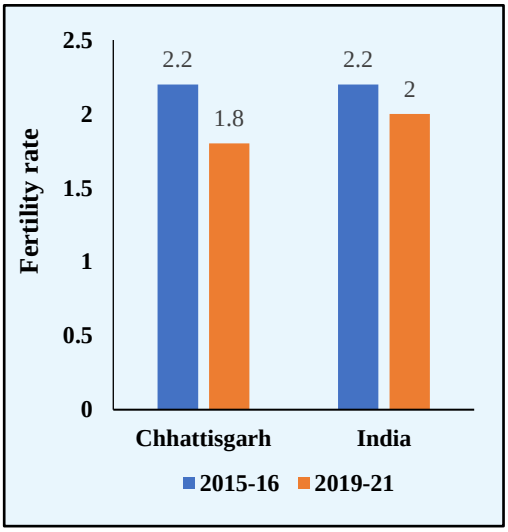
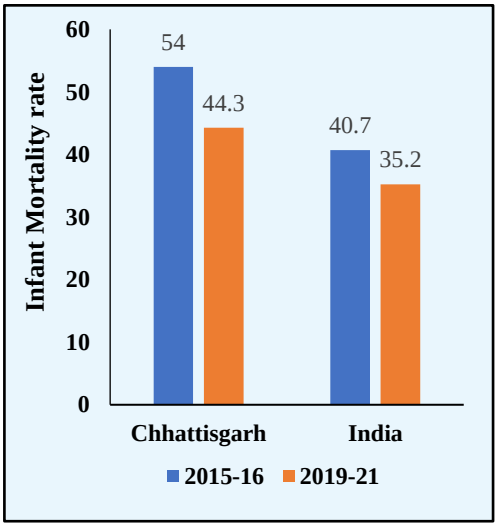


Chart - 1.3 (d): Infant Mortality Rate (per 1,000 live births)



Source: NFHS-4 and NFHS-5 factsheet of Chhattisgarh and India

Chart - 1.3 (e): Maternal Mortality Rate (per one lakh population)

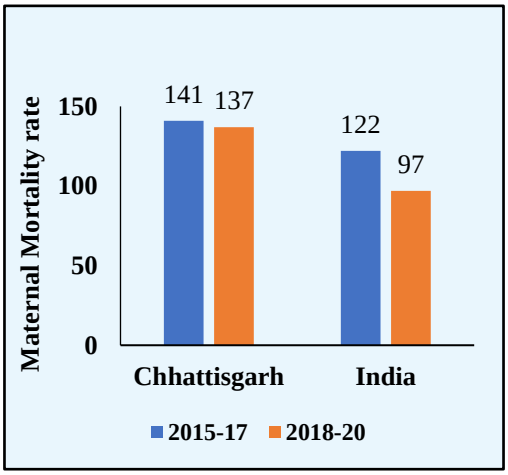
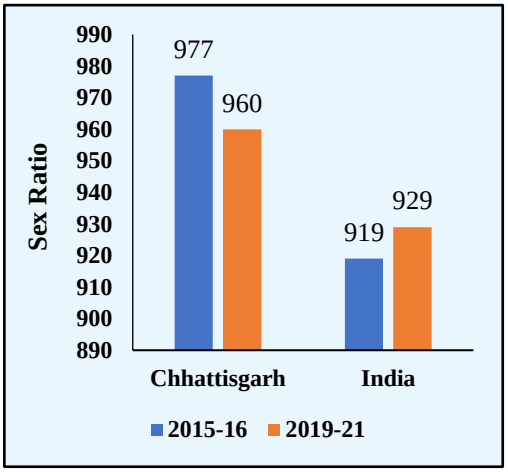


Chart - 1.3(f): Sex ratio at birth for children born in the last five years (females per 1,000 males)



(Source: SRS special bulletin on Maternal Mortality in India 2015-17, 2018-20 and NFHS-4 and NFHS-5)

1.6 Status of overall health indicators

To measure India's performance towards the indicators of Goal-3 (Good Health and Well-Being), *NITI Aayog* had assessed the performance based on these indicators, the Sustainable Development Goal (SDG) Index score and rank of Chhattisgarh for the years 2018, 2019 and 2020 which are shown in the following ***Table - 1.1***:

Table - 1.1: Ranking and score of Chhattisgarh State

Particulars	2018		2019		2020	
	Score	Rank	Score	Rank	Score	Rank
Score and ranking in terms of SDG 3: Good Health and Wellbeing	42	21	52	21	60	26

(Source- Niti Aayog SDG India Index & Dashboard 2018, 2019-20 and 2020-21)

As it could be seen from table, the SDG health index ranking of the State deteriorated over the period 2018-20; from 21 in 2018 to 26 in 2020. That means other states have improved in health index compared to Chhattisgarh.

1.6.1 Chhattisgarh Health indicators compared with National Health Indicators as per National Family Health Survey (NFHS)

A comparison of important health indicators as per National Health Indicators NFHS-4 and NFHS-5 of Chhattisgarh is depicted in the following ***Table - 1.2*:**

Table - 1.2: Chhattisgarh Health Indicators as per NFHS- 4 and 5

Indicator	NFHS-4 (2015-16)		NFHS-5 (2019-21)	
	Chhattisgarh	India	Chhattisgarh	India
Sex ratio of the total population (females per 1,000 males)	1019	991	1015	1020
Sex ratio at birth for children born in the last five years (females per 1,000 males)	977	919	960	929
Total fertility rate (children per woman)	2.2	2.2	1.8	2.0
Neonatal mortality rate (NNMR)	42.1	29.5	32.4	24.9
Infant mortality rate (IMR)	54.0	40.7	44.3	35.2
Under-five mortality rate (U5MR)	64.3	49.7	50.4	41.9
Mothers who had an antenatal check-up in the first trimester (*per cent*)	70.8	58.6	65.7	70.0
Mothers who had at least 4 antenatal care visits (*per cent*)	59.1	51.2	60.1	58.1
Mothers whose last birth was protected against neonatal tetanus[1](*per cent*)	94.3	89.0	91.9	92.0
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (*per cent*)	30.3	30.3	45.0	44.1
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (*per cent*)	9.5	14.4	26.3	26.0
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (*per cent*)	91.4	89.3	97.5	95.9
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (*per cent*)	63.6	62.4	84.0	78.0
Average out-of-pocket expenditure per delivery in a public health facility (in ₹)	1480	3197	1833	2916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth (*per cent*)	4.7	2.5	9.8	4.2
Children who received postnatal care from a doctor/ nurse/LHV /ANM/ midwife/other health personnel within 2 days of delivery (*per cent*)	NA	NA	81.7	79.1
Institutional births (*per cent*)	70.2	78.9	85.7	88.6
Institutional births in public facility (*per cent*)	55.9	52.1	70.0	61.9
Home births that were conducted by skilled health personnel[2] (*per cent*)	8.4	4.3	5.8	3.2
Births attended by skilled health personnel (*per cent*)	78	81.4	88.8	89.4
Births delivered by caesarean section (*per cent*)	9.9	17.2	15.2	21.5
Births in a private health facility that were delivered by caesarean section (*per cent*)	46.6	40.9	57.0	47.4
Births in a public health facility that were delivered by caesarean section (*per cent*)	5.7	11.9	8.9	14.3

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

2 Doctor/ nurse/ LHV/ ANM/ midwife/ other health personnel

1.7 Audit Objectives

The Performance Audit was conducted to examine:

- The adequacy of the funding for the Government healthcare institutions.
- The availability and management of Government healthcare infrastructure.
- The availability of the necessary human resources in the Government Healthcare Institutions (HI).
- The availability of drugs, medicines, equipment and other consumables at Government HIs and efficient usage, with focus on availability of affordable and quality assured drugs for end users including Covid-19 pandemic period.
- The funding and spending under various schemes of the Government of India.
- The adequacy and effectiveness of the Regulatory mechanisms for ensuring that the quality healthcare services are provided in the HIs.
- Whether State spending on health has improved the health and wellbeing conditions of people as per SDG-3.

1.8 Audit Scope and Methodology

The Performance Audit covering the period 2016-22 was conducted during August 2021 to June 2022 through test check of records in the offices of the Managing Director, Chhattisgarh Medical Services Corporation Limited, Director (Health Services), Director (Medical Education), Director (AYUSH), Mission Director, National Health Mission, Medical Colleges and their attached Hospitals, Government Ayurveda College and Hospital, Drug Testing Laboratory and Research Centre (DTLRC), Chief Medical and Health Officers (CMHO), District Hospitals (DH), District Ayurveda Officer (DAO), District Ayurveda Hospital, Block Medical Officer (BMO), Community Health Centers (CHC), Primary Health Centers (PHC), Government Ayurveda Pharmacy, AYUSH Polyclinic and AYUSH Dispensary and Co-located Centre[3].

The Audit Methodology involved scrutiny of records and document analysis, response to audit queries, collection of information through questionnaires, proforma, prescription audit, doctor - patient survey of selected service users/ beneficiaries for end-user satisfaction. In addition, joint physical inspections of hospital assets, sub-stores and civil works were also conducted. Photographic evidences were obtained wherever necessary, to substantiate the audit findings. Analysis of database of web applications (DPDMIS, EMIS and HIMIS)[4] was also conducted through data-analysis tools such as Microsoft Excel and MySQL.

An Entry Conference was held on 25 February 2021 with Additional Chief Secretary of the Department, wherein audit objectives, audit criteria, audit scope and methodology were discussed. Further, the revised audit objectives were

[3] 695 AYUSH dispensaries, 12 AYUSH poly clinic and 460 co-located centers.

[4] **DPDMIS:** Drugs Procurement and Distribution Management Information System; **EMIS**: Equipment Management Information System; and **HIMIS:** Health Infrastructure Management Information System

intimated on 3 February 2022 to the Principal Secretary of the Department. The draft report was issued to the Government on 18 August 2022. The Exit conferences were held on 4 November 2022 and 9 January 2023 to discuss the draft report with the Secretary of the Department and DHS respectively. The replies/ views of the Government have been suitably incorporated in the report. Further, revised PA Report was again issued to the State Government in November 2023 for which reply was awaited (26 March 2024). The coverage of the Performance Audit was as follows:

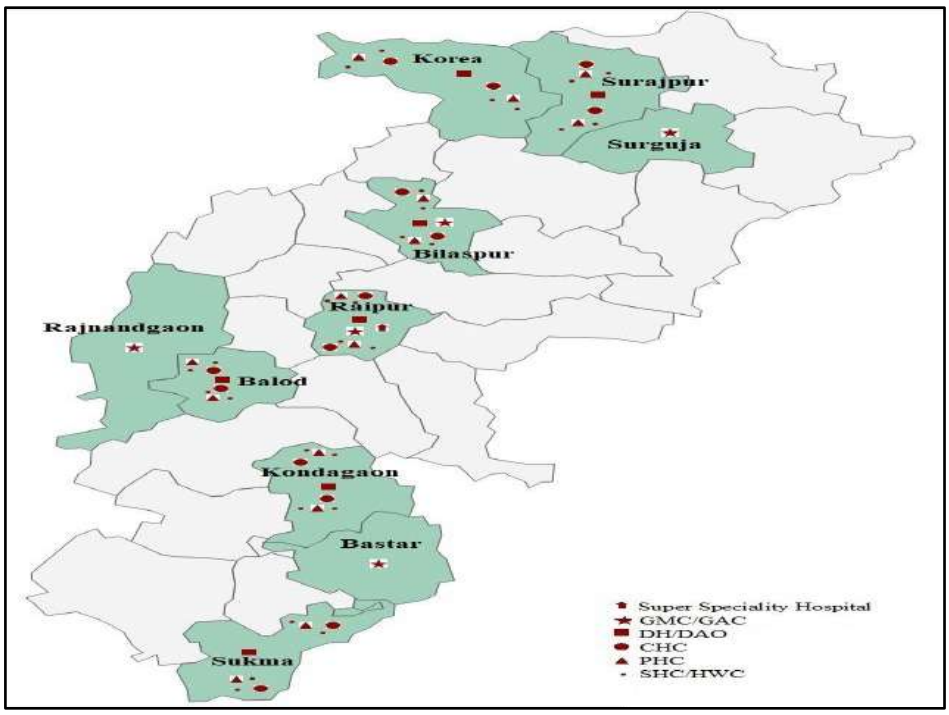
All five apex units

- Director, Health Services
- Director, Medical Education
- Chhattisgarh Medical Services Corporation Limited.
- Director, AYUSH
- Mission Director, National Health Mission

Seven districts (Balod, Bilaspur, Kondagaon, Korea, Raipur, Sukma and Surajpur) for field study out of 28 districts selected using SRSWOR method

- Seven District Hospitals pertaining to each of the selected districts.
- Seven Chief Medical and Health Offices pertaining to each of the selected districts.
- 14 Community Health Centres (CHCs), two in each selected districts.
- 14 Primary Health Centres (PHCs), one under each CHC
- 28 Sub Health Centres (SHCs) two under each PHC
- Five medical colleges and attached hospitals, one from each Division.
- The lone Super Speciality Hospital DKS PGI Super Speciality Hospital, Raipur (DKSPGI)
- Seven District Ayurveda Officer (DAO) out of total 22 DAOs and 77 AYUSH dispensaries under seven DAOs
- All two Ayurvedic Colleges and attached hospitals
- The only Drug Testing Laboratory and Pharmacy of AYUSH in the State was also covered.
- In CGMSCL, out of 156 tenders for drugs, 78 tenders were selected and out of 122 equipment tenders, 61 tenders were selected on the basis of stratified sampling method
- All Covid-19 pandemic procurement were reviewed.

The selected field units are marked in the following map of Chhattisgarh indicating uniform geographical representation:



1.9 Doctors'/ patient survey/ prescription audit

1.9.1 Patient - doctor survey conducted at healthcare institutions

As a part of Audit exercise, patient survey was conducted in 41 HIs covering 450 patients[5] on the overall facilities available in HIs, which has been discussed in **Chapter 3.**

1.9.2 Prescription Audit

Audit conducted prescription audit[6] of five GMCHs, seven test checked DHs and DKSPGI. Audit observed lack of details of ailment, clear dosages of medicines and duration of dosages in the prescription of patients, as detailed in ***Table – 4.25*** **of Chapter - 4.**

1.10 Audit Criteria

The sources of audit criteria adopted for assessing the audit objectives were:

- National Health Policy, 2017;
- UN Sustainable Development Goals;
- MCI Act, 1956 replaced by National Medical Commission Act 2019;
- Indian Public Health Standards (IPHS) - 2012;
- Professional Conduct, Etiquette and Ethics Regulation 2002;
- Drugs & Cosmetics Act, 1940;
- Regulatory mechanism for AYUSH;

[5] five GMCs (135), DKSPGI (25), seven DHs (178), 14 CHCs (70) and 14 PHCs (42)
[6] GMCHs (338), DHs (340) and DKSPGI (30)

- The National Commission for Indian System of Medicine Act, 2020;
- Bio Medical Waste Management Rules, 2016;
- Establishment of Medical College Regulations, 1999;
- WHO Norms;
- Framework for implementation of schemes issued by GoI;
- *NITI Aayog* Reports;
- Chhattisgarh Store Purchase Rules, 2002; and
- Orders and circulars issued by GoI and GoCG from time to time.

1.11 Ayushman Bharat scheme

Ayushman Bharat, a flagship health scheme of the Government of India, was launched (23 September 2018) to achieve Universal Health Coverage (UHC) as recommended in the National Health Policy, 2017. Ayushman Bharat scheme adopts a continuum of care approach, comprising of two inter-related components, which are (i) Health and Wellness Centres (HWCs); and (ii). *Pradhan Mantri Jan Arogya Yojana* (PMJAY), as discussed in following paragraphs:

Health and Wellness Centres (HWCs)	•Creation of 4,421 HWCs in Chhattisgarh by transforming the existing Sub Health Centres and Primary Health Centres in February 2018. •Aim to deliver Comprehensive Primary Health Care (CPHC) covering maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.
PMJAY	•Aims to provide a cover of ₹ 5 lakh per family per year for secondary and tertiary care hospitalisation across public and private empanelled hospitals in India. •Over 37.29 lakh poor and vulnerable entitled families (approximately 1.37 crore beneficiaries) in Chhattisgarh are eligible for these benefits. •Provides cashless access to healthcare services for the beneficiary at the point of service, that is, the hospital. •Benefits of the scheme are portable across the country i.e., a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment. •Services include approximately 1,393 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT, and ICU charges etc. •Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

PMJAY provides cashless and paperless access to services for the beneficiaries at the point of service. The inclusion of households is based on the deprivation and occupational criteria of the Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. This number also includes families that were covered in the *Rashtriya Swasthya Bima Yojana* (RSBY) but were not present in the SECC 2011 database. Coverage of households and beneficiaries under *PMJAY* across the districts is detailed in ***Table - 1.3***:

Table - 1.3: Coverage of Households and Beneficiaries across districts under PMJAY

Sl. no.	Name of district	No. of eligible households	No. of eligible beneficiaries	No. of beneficiaries registered	Beneficiaries registered (in *per cent*)
1	2	3	4	5	6
1	Balod	92,109	3,33,953	1,29,097	38.66
2	Baloda Bazar	1,85,098	7,18,321	2,40,055	33.42
3	Balrampur	1,23,684	5,09,836	1,32,959	26.08
4	Bastar	1,35,232	5,13,018	88,148	17.18
5	Bemetara	86,379	3,47,416	1,68,096	48.38
6	Bijapur	44,203	1,87,704	23,476	12.51
7	Bilaspur*	3,01,752	10,96,003	3,30,570	30.16
8	Dantewada	45,537	1,71,954	28,976	16.85
9	Dhamtari	96,537	3,57,090	1,64,063	45.94
10	Durg	1,76,266	4,62,518	2,24,536	48.55
11	Gariyaband	1,13,015	4,05,822	1,19,327	29.40
12	Janjgir-Champa	2,66,047	9,95,784	3,36,698	33.81
13	Jashpur	1,49,146	6,06,422	2,10,489	34.71
14	Kabirdham	1,15,958	4,42,951	1,38,127	31.18
15	Kanker	1,05,938	4,43,833	1,70,358	38.38
16	Kondagaon	87,930	3,96,931	81,991	20.66
17	Korba	1,99,800	6,67,604	3,02,153	45.26
18	Korea	1,00,866	3,39,827	1,02,728	30.23
19	Mahasamund	1,87,687	6,70,977	1,74,493	26.01
20	Mungeli	1,12,203	4,32,557	1,19,693	27.67
21	Narayanpur	21,466	99,207	18,722	18.87
22	Raigarh	2,59,097	9,12,040	2,40,157	26.33
23	Raipur	2,39,002	7,24,482	2,33,158	32.18
24	Rajnandgaon	1,89,318	7,24,964	2,35,344	32.46
25	Sukma	42,672	1,66,737	6,756	4.05
26	Surajpur	1,10,177	4,37,028	1,43,690	32.88
27	Surguja	1,42,019	5,47,043	1,75,204	32.03
	Total	**37,29,138**	**1,37,12,022**	**43,39,064**	**31.64**

(Source: Data provided by SNA PMJAY)

****Bilaspur district included data for Gaurela-Pendra-Marwahi district formed in February 2020.***

As average percentage is 31.64, Districts with percentage below 32 has been highlighted in pink colour.

It could be seen from the above table that out of 27 districts, 14 districts were having low coverage (below 32 *per cent*) of beneficiaries.

1.12 Audit Findings

Audit findings related to the identified components and the factors that contribute towards their achievement have been discussed in detail in the succeeding chapters under the following headings:

Chapter 2: Human Resources

Chapter 3: Healthcare Services

Chapter 4: Availability of Drugs, Medicines and Equipment in the Healthcare Institutions

Chapter 5: Availability and management of healthcare infrastructure

Chapter 6: Funding for healthcare in Chhattisgarh

Chapter 7: Implementation of Centrally Sponsored Schemes

Chapter 8: Adequacy and effectiveness of the regulatory mechanism

Chapter 9: Sustainable Development Goal-3 "Good health and wellbeing"

1.13 Acknowledgement

Audit acknowledges the cooperation of the Government of Chhattisgarh including Additional Chief Secretary of the Department and its apex units. Audit also appreciates the assistance provided by the field functionaries of the Department for smooth conduct of the audit.

Chapter - II

Human Resources

Chapter 2

Human Resources

Highlights

- The Government of Chhattisgarh (GoCG) had not formulated any human resource policy for the healthcare sector to ensure availability of Doctors, Nurses and Paramedics in healthcare institutions as per the IPHS norms. In the Public Health and Family Welfare Department, Chhattisgarh there was shortage of 25,793 (34 *per cent*) manpower against the sanctioned strength of 74,797.
- Though the doctor population ratio of State had improved during 2016-22 and was 1: 2,492 as of March 2022, it was still far behind the WHO benchmark of 1:1,000 and national ratio of 1:1,456. The post of doctors was not sanctioned uniformly on the basis of population in the State, resulting in uneven distribution of doctors across the districts ranging from one doctor for 2,181 persons to 10,969 persons.
- In the 23 District Hospitals, there was shortage in the sanctioned post of Specialist doctors (three *per cent*), Staff nurse (27 *per cent*) and paramedical staff (24 *per cent*) according to the criteria prescribed in the IPHS norms. Also, there was shortage in availability of specialist doctors (33 *per cent*), Medical officer (four *per cent*), and paramedics (13 *per cent*) against the sanctioned strength.
- In 172 CHCs in the State there was shortage of Specialist doctors (79 *per cent*), Staff Nurse (five *per cent*) and paramedics (three *per cent*) respectively against IPHS norms. In 776 PHCs in the State, there was shortage of Medical Officers (33 *per cent*), Staff nurse (42 *per cent*) and paramedics (50 *per cent*) against the IPHS norms.
- In 4,996 SHCs in the State, 17 *per cent* post of ANMs (Auxiliary Nurse and Midwife) were vacant against the sanctioned strength. In 502 SHCs, ANMs were not posted and thus maternity services in these SHCs could not be provided to the pregnant women as per IPHS norms.
- Against the total sanctioned strength of 915 posts in the cadre of doctors (256), staff nurse (528) and paramedical staff (131) in the State, total 694 persons in position in the cadre of Doctors (190), staff nurse (366) and paramedical staff (138) were deployed with shortage of 24.15 *per cent* in 23 MCHs. Post of Doctors, staff nurse and paramedical staff was not sanctioned in remaining seven MCH wings.
- Shortage of Specialist doctors, Staff nurse and paramedical staff ranged between 58 *per cent* and 30 *per cent*; 64 *per cent* and 15 *per cent*; 55 *per cent* and 24 *per cent* respectively in test checked five GMCs/ GMCHs.
- In DKSPGI super specialty Hospital, Raipur, only nine (3.21 *per cent*) posts of doctors (2), Staff nurse (5) and paramedical staff (2) was filled with regular

staff against the sanctioned strength of 280 and 208 posts were filled with contractual staff.

- Staff nurse to Bed ratio in ICU ranged upto 1:20 against the norms of 1:1 and in non-ICU wards this ratio ranged upto 1:39 against the norms of 1:3 in test checked GMCHs. Further, sanctioned strength of staff nurse was also less than the MCI norms and it was not fixed in accordance with the bed capacity.
- Though, four new GMCs and one private college was opened during 2016-22 and intake capacity (UG) has been increased to 1,370 from 1,100, none of the GMCs could attain maximum permissible intake capacity, as of March 2022.
- There was shortage of doctors (29 *per cent)*, staff nurse (60 *per cent*) and paramedics (30 *per cent*) in AYUSH facilities and 29 *per cent* posts of teaching staff were lying vacant in Ayurveda Colleges.
- In selected districts, 130 out of 538 Ayurvedic dispensaries were functioning without doctor.

2.1 Introduction

Human Resources (HR) Management plays a significant role in healthcare delivery system and systematic management is critical. The delivery of adequate and quality healthcare services in hospitals largely depends on the adequate availability of doctors, staff nurses (SN), paramedical and other supporting staffs.

2.2 Policy/norms for Human Resources Management

National Health Policy 2017 duly acknowledges the roadmap of the 12th Five Year Plan for managing human resources for health. Framework for implementation of NRHM 2012-17 provides to fill the gaps in HR in line with IPHS norms but in proportion to caseload. The IPHS and NMC prescribe the minimum essential and desirable requirement of HR to be made available for different level of healthcare institutions. Audit observed that the Department had not prepared any human resources policy to fill the gaps in the availability of human resource (i.e. Doctors, SN, paramedical and other staff) to meet the requirement of the healthcare institutions according to the IPHS/ NMC norms.

DHS stated (January 2023) that HR policy, 2004 was formulated, however, the same was not implemented and assured to formulate a HR Policy by reviewing the present scenario.

2.3 Human resource availability against sanctioned strength

Audit collected data on availability of human resources against the sanctioned strength from the Directorates (Health Services, Medical Education, National Health Mission, AYUSH and Food and Drugs Control Administration). The combined position of sanctioned strength and persons-in-position for the public health sector in the State as on 31 March 2022 is presented in ***Table - 2.1:***

Table - 2.1: Directorate wise position of human resource as of March 2022

Name of the Department/ Institution	Sanctioned strength healthcare workforce	Share in Total Workforce (per cent)	Actual Person-in-Position	Vacant Posts	Vacancy (in *per cent*)
Director Health Services (DHS)	38,369	51	26,868	11,501	30
Director Medial Education (DME)	13,359	18	4,976	8,383	**63**
National Health Mission (NHM)	17,183	23	13,253	3,930	23
AYUSH	5,189	7	3,648	1,541	30
Food and Drugs Control Administration (FDCA)	697	1	259	438	**63**
Total	**74,797**	**100**	**49,004**	**25,793**	**34**

(Source: Administrative report of the Department 2021-22 and information provided by HIs)

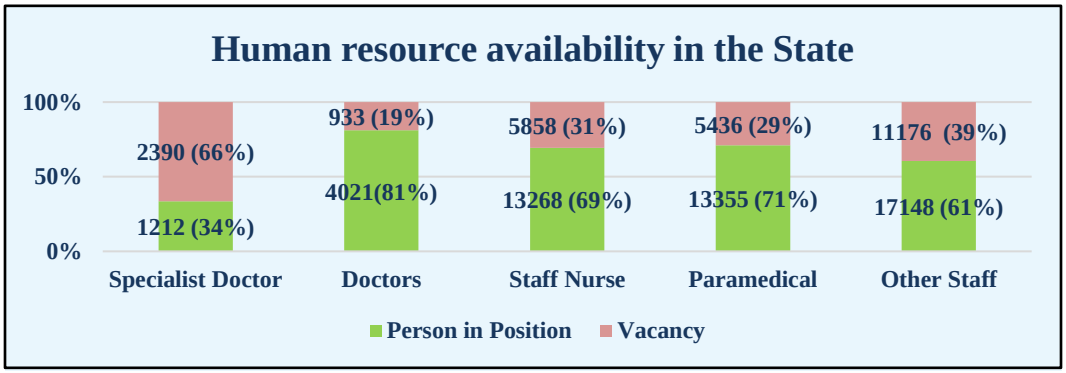
Color code

No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

It could be seen from the above table that 49,004 manpower was deployed in various HIs in the State as against the total sanctioned posts of 74,797, as of March 2022, leaving vacancy of 34 *per cent*.

Manpower position in Health Department, as on 31 March 2022 has been depicted in ***Chart - 2.1.*** During the period 2019-22, the GoCG had made recruitment[1] of 789 Doctors, 844 Staff Nurse and 1043 Para medical staff in HIs of the State on regular basis against the recruitment published for 1794 Doctors, 1620 Staff Nurse and 3047 Para medical staff. Lack of efforts by the Department in filling of vacant post of Doctors, Staff Nurse and Para medical staff adversely affected the healthcare services in the State.

Chart - 2.1: Manpower position in public health sector in State (as on 31 March 2022)



(Source: Administrative report 2021-22 and information provided by HIs)

It could be seen from the above chart that the vacancy of Specialist doctors and Medical Officer was 66 *per cent* and 19 *per cent* respectively. Similarly, the

[1] Data compiled by Audit from the Vidhan Sabha question replies provided by DHS .

vacancy of Staff nurse, paramedical staff and other staff was 31 *per cent*, 29 *per cent* and 39 *per cent* respectively, as of March 2022.

The overall directorate wise position of human resources, as of March 2022 in the State is detailed in succeeding paragraphs:

2.4 Availability of staff in various posts under Director, Health Services (DHS)

In DHS, 11,501 posts (29.97 *per cent)* were vacant against the total sanctioned posts of 38,369. Category wise vacancy position is shown in ***Table - 2.2***:

Table - 2.2: Availability of staff in various posts under DHS as of March 2022

Category	Sanctioned Post	Person in position	Vacant Posts	Vacancy (*per cent*)
Doctor	3,813	2,493	1,320	34.62
Nursing cadre	13,386	10,260	3,126	23.35
Paramedics	11,912	8,351	3,561	29.89
Others	9,258	5,764	3,494	37.74
Total	**38,369**	**26,868**	**11,501**	**29.97**

(Source: Administrative report of Department 2021-22)

From the above table, it could be seen that as on 31 March 2022, there were vacancies in the cadre of doctors (34.62 *per cent*), nurses (23.35 *per cent*), paramedics (29.89 *per cent*) and others (37.74 *per cent*). As on 31 March 2022, vacancy position in some of the important posts under DHS is shown in ***Table - 2.3***:

Table - 2.3: Vacancy position in some important posts under DHS

Sr. No.	Post Name	Sanctioned Post	Working Strength	Vacant Posts	Vacancy (in *per cent*)
Doctors					
1	Specialist Doctor	1,586	310	1,276	80.45
2	Medical Officer/doctor	2,227	2,183	44	1.97
	Sub total (A)	**3,813**	**2,493**	**1,320**	**34.62**
Nursing cadre					
1	Rural Health Organiser (female)	6,191	5,209	982	15.86
2	Supervisor (female)	1,133	829	304	26.83
3	Staff nurse	5,698	4,080	1,618	28.40
4	Nursing sister and others	364	142	222	60.99
	Sub total (B)	**13,386**	**10,260**	**3,126**	**23.35**
Paramedics					
1	Supervisor (male)	974	819	155	15.91

Sr. No.	Post Name	Sanctioned Post	Working Strength	Vacant Posts	Vacancy (in *per cent*)
2	Male health worker	5,353	3,959	1,394	26.04
3	Ophthalmic Assistant Officer	842	515	327	38.84
4	Dental technician	25	0	25	100
5	O. T Technician	98	6	92	93.88
6	ECG Technician	26	0	26	100
7	Audiometrician	1	0	1	100
8	Dermatology technician	1	0	1	100
9	Pharmacist	1,329	981	348	26.19
10	Radiographer	271	206	65	23.99
11	Medical Lab Technologist	1,319	1,003	316	23.96
12	Lab Assistant	54	18	36	66.67
13	Dresser	1,225	522	703	57.39
14	Other paramedical staff	394	322	72	18.27
	Sub total (C)	**11,912**	**8,351**	**3,561**	**29.89**
Other staff					
1	O.P.D attendant	120	18	102	85.00
2	O.T attendant	323	170	153	47.37
3	Accountant/Assist. Grade/ Cashier	1,682	1,200	482	28.66
4	Driver	560	394	166	29.64
5	Peon	640	487	153	23.91
6	Ward Boy	1,307	853	454	34.74
7	Ward Aaya	1,406	678	728	51.78
8	Sweeper	725	527	198	27.31
9	Washer	162	117	45	27.78
10	Guard	274	178	96	35.04
11	Others	2,059	1,142	917	44.54
	Sub total (D)	**9,258**	**5,764**	**3,494**	**37.74**
Grand Total (A)+(B)+(C)+(D)		**38,369**	**26,868**	**11,501**	**29.97**

(Source: Administrative report of Department 2021-22)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

It could be seen from the above table that there was 100 *per cent* shortage of manpower in the post of Dental Technician, ECG Technician, Audiometrician, Dermatology Technician besides acute shortage in other important post i.e. OT Technician (94 *per cent*) and OPD attendant (85 *per cent*).

2.4.1 Uneven distribution of sanctioned post of doctors in public HIs at District Level

Chhattisgarh has a total of 3,813 sanctioned posts of doctors[2] under DHS, i.e. one government doctor for 6,665 people[3]. It was observed that sanctioned posts of doctors have no correlation with population, as shown in the map ***Chart - 2.2***.

Chart - 2.2: Uneven distribution of sanctioned post of doctors at district level

Color code: **SS of one doctor for population range**

Less than 4000	4000-6000	6000-8000	More than 8000

As evident from the map in ***Chart - 2.2***, one doctor was sanctioned for 2,181 people in Dantewada district whereas one doctor was sanctioned for 10,969 people in Raipur district.

[2] Doctors include specialist doctors and medical officers
[3] Total population of 2.54 crore as per census 2011 has been considered

2.4.2 District wise availability of doctors in the State

In DHS, doctors have several designations like Specialist doctor, Medical Officer, Chief Medical and Health Officer, Civil Surgeon, etc. Overall, DHS has a total of 2,493 public doctors available against their total sanctioned strength of 3,813. Thus, 34.62 *per cent* posts of doctors were lying vacant in the State, as on 31 March 2022. District wise position of vacancy along with population of districts is shown in the ***Table - 2.4***:

Table - 2.4: District wise availability of doctors under DHS, as of March 2022

S. N.	District Name	Population as per census (2011)	Sanctioned Post	Working Strength	Vacant Posts	Vacant posts (in *per cent*)
1	Raipur	21,60,876	197	212	-15	-
2	Durg	17,21,726	196	181	15	7.65
3	Bilaspur	16,25,502	185	140	45	24.32
4	Janjgir-Champa	16,19,707	189	89	100	**52.91**
5	Rajnandgaon	15,37,133	188	118	70	37.23
6	Raigarh	14,93,627	191	132	59	30.89
7	Baloda Bazar	13,05,343	129	77	52	40.31
8	Korba	12,06,563	133	118	15	11.28
9	Mahasamund	10,32,754	117	89	28	23.93
10	Jashpur	8,51,669	148	91	57	38.51
11	Surguja	8,40,352	150	115	35	23.33
12	Bastar	8,34,375	173	76	97	**56.07**
13	Balod	8,26,165	121	81	40	33.06
14	Kabirdham	8,22,526	116	56	60	**51.72**
15	Dhamtari	7,99,781	120	74	46	38.33
16	Bemetara	7,95,759	106	80	26	24.53
17	Surajpur	7,89,043	153	114	39	25.49
18	Kanker	7,48,941	159	94	65	40.88
19	Mungeli	7,01,707	112	85	27	24.11
20	Korea	6,58,917	110	84	26	23.64

S. N.	District Name	Population as per census (2011)	Sanctioned Post	Working Strength	Vacant Posts	Vacant posts (in *per cent*)
21	Balrampur	5,98,855	143	70	73	**51.05**
22	Gariyaband	5,97,653	114	79	35	30.70
23	Kondagaon	5,78,326	122	48	74	**60.66**
24	Gaurella-Pendra-Marwahi	3,36,420	96	38	58	**60.42**
25	Dantewada	2,83,479	130	62	68	**52.31**
26	Bijapur	2,55,230	88	28	60	**68.18**
27	Sukma	2,50,159	75	31	44	**58.67**
28	Narayanpur	1,39,820	52	31	21	40.38
Total		**2,54,12,408**	3813	2493	**1320**	34.62

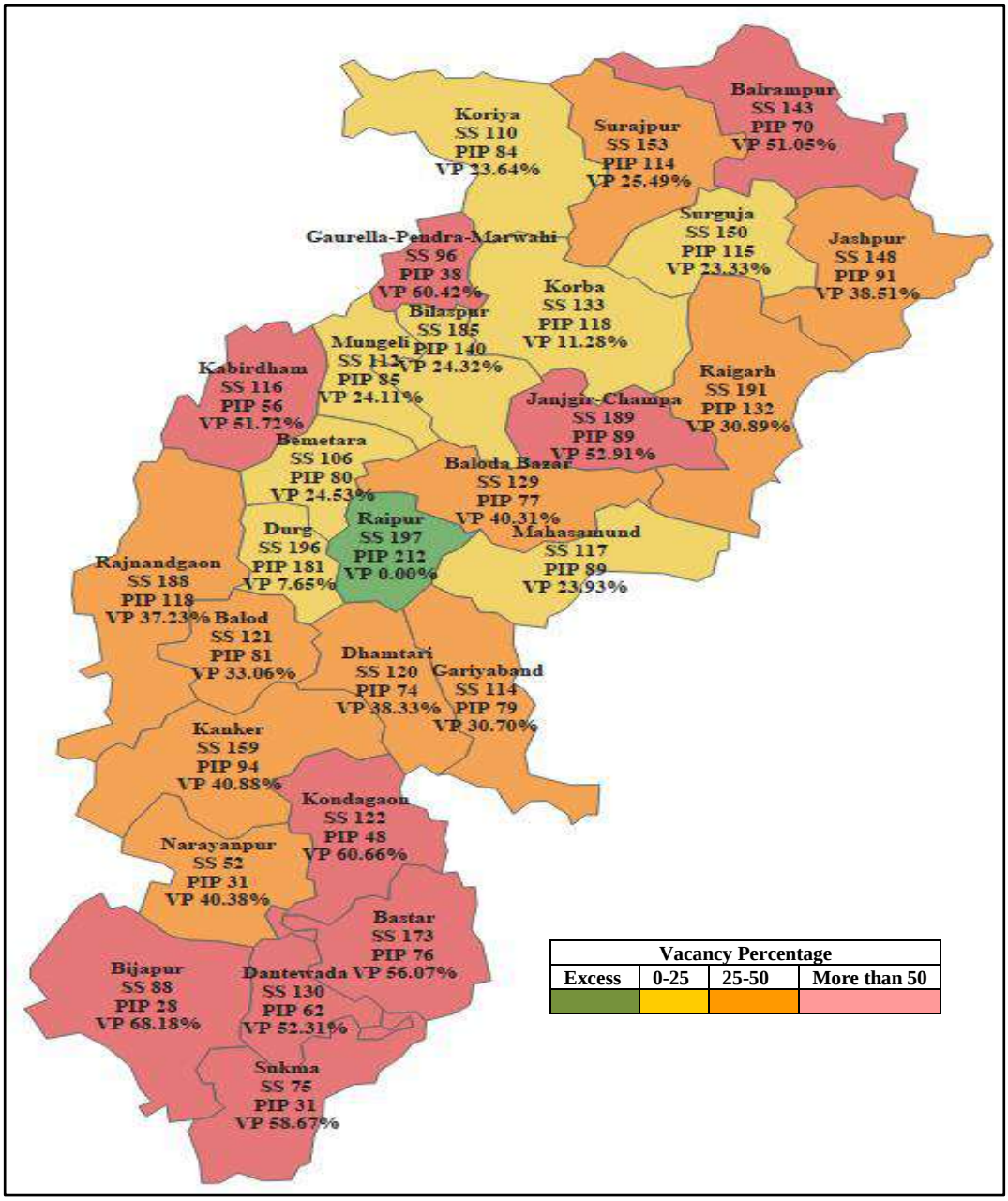
(Source: Administrative report of the Department 2021-22)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

It can be seen from the above table that posts of Doctors were vacant in all the 28 districts except Raipur where 15 doctors were posted over and above the sanctioned strength. Vacancies in terms of number of posts at district level ranged from 15 in Durg (lowest) to (highest) 100 in Janjgir-Champa district. Vacancy percentage was more than 50 *per cent* in nine districts, 25 to 50 *per cent* in 10 districts and less than 25 *per cent* in eight districts. In terms of percentage, eight *per cent* to 68 *per cent* posts of doctors were vacant in the districts indicating skewed distribution of available doctors across the districts of Chhattisgarh, which was depicted in the following ***Chart - 2.3.***

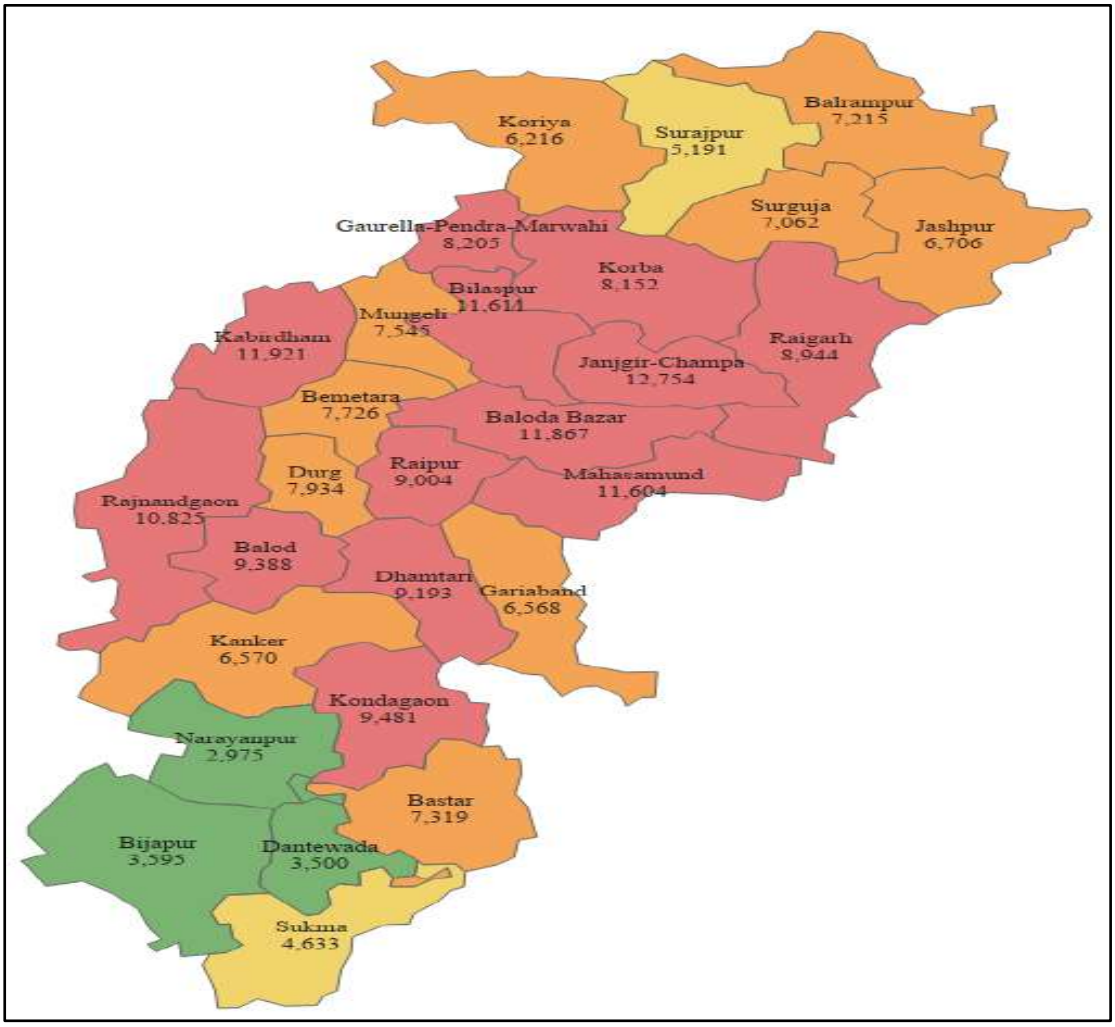
Chart - 2.3: Heatmap showing the district wise vacancy of Doctors in the State



2.4.3 Doctor to Population Ratio in the State

In the primary and secondary healthcare sector HIs functioning under DHS, 3,081 doctors (2,493 from DHS + 588 contractual from NHM/DMFT) are rendering services, as of March 2022. It makes availability of one public doctor for 8,248 people in Chhattisgarh. It was found that the availability of public doctors at district level is not uniform across the districts, and it varies from one public doctor for 2,975 people in Narayanpur district to as low as one doctor for 12,754 people in Janjgir-Champa district, as shown in ***Chart - 2.4.***

Chart - 2.4: Doctor population ratio is uneven in the districts of Chhattisgarh



Color code: **PIP of one doctor for population range**

Less than 4000	4000-6000	6000-8000	More than 8000

2.4.4 Trend of doctor population ratio

As per census 2011, population of Chhattisgarh State was 2,54,12,408. World Health Organisation (WHO) had recommended one doctor for every 1,000 population. Accordingly, the State should have 25,412 doctors. As per records of Chhattisgarh Medical Council (CGMC), the State had a total of 11,975 registered doctors (public and private), as of March 2022. As per projected population of State (2021-22), one doctor was catering to population of 2,492 in Chhattisgarh which was less than the WHO recommendation.

Audit observed that year wise doctor to population ratio was not maintained by the Department. As the Department had not maintained any year wise ratio of doctor to population, Audit calculated it by taking into consideration the projected

population[4] of State and number of doctors registered with CGMC, as detailed in ***Table - 2.5***:

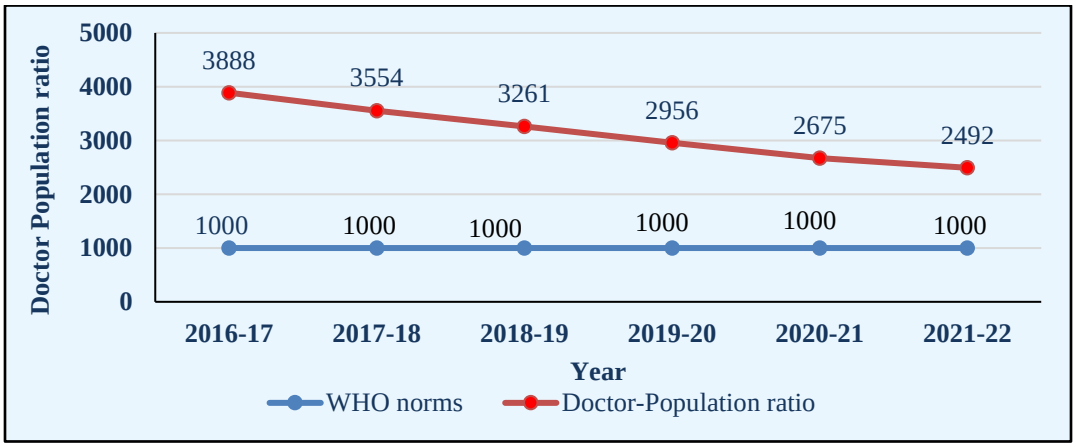
Table - 2.5: Statement showing year wise population, doctors registered and doctors population ratio

Year	Projected Population (in lakh) as per data published by GoI	Doctors registered in CGMC	Doctor population ratio in State
2016-17	279.56	7,190	1:3888
2017-18	283.40	7,975	1:3554
2018-19	287.24	8,808	1:3261
2019-20	291.09	9,847	1:2956
2020-21	294.93	11,024	1:2675
2021-22	298.36	11,975	1:2492

(Source: Information furnished by CGMC)

The trend of doctor population ratio against the WHO norms over the years 2016-22 is shown in following ***Chart - 2.5***:

Chart - 2.5: Chart showing year wise Doctor-Population Ratio with respect to WHO norms



It could be seen from the ***Chart - 2.5*** that though the ratio of doctor to population has significantly improved during 2016-22 however, it was much lower than the national ratio (1:1456) and also WHO norms (1:1000).

DME stated (July 2022) that the Department does not calculate doctor population ratio and the registration of doctors was maintained by CGMC.

Reply confirms that doctor population ratio was not maintained by the Department and no policy or plan was prepared to achieve standard doctor population ratio as per WHO norms.

[4] Data published by National Commission on Population MoHFW

2.4.5 Availability of Nursing and Paramedical staff

Under DHS, in nursing cadre overall availability of nursing staff was 10,260 against the sanctioned post of 13,386 with 3,126 vacant posts. Similarly, under paramedical staff cadre, availability of staff was 8,351 against the sanctioned post of 11,912 with 3,561 vacant posts.

District wise shortage (in *per cent*) in availability against sanctioned post of nursing and paramedical staff indicate skewness in availability of manpower across the districts as depicted in the ***Chart - 2.6 (a) and (b):***

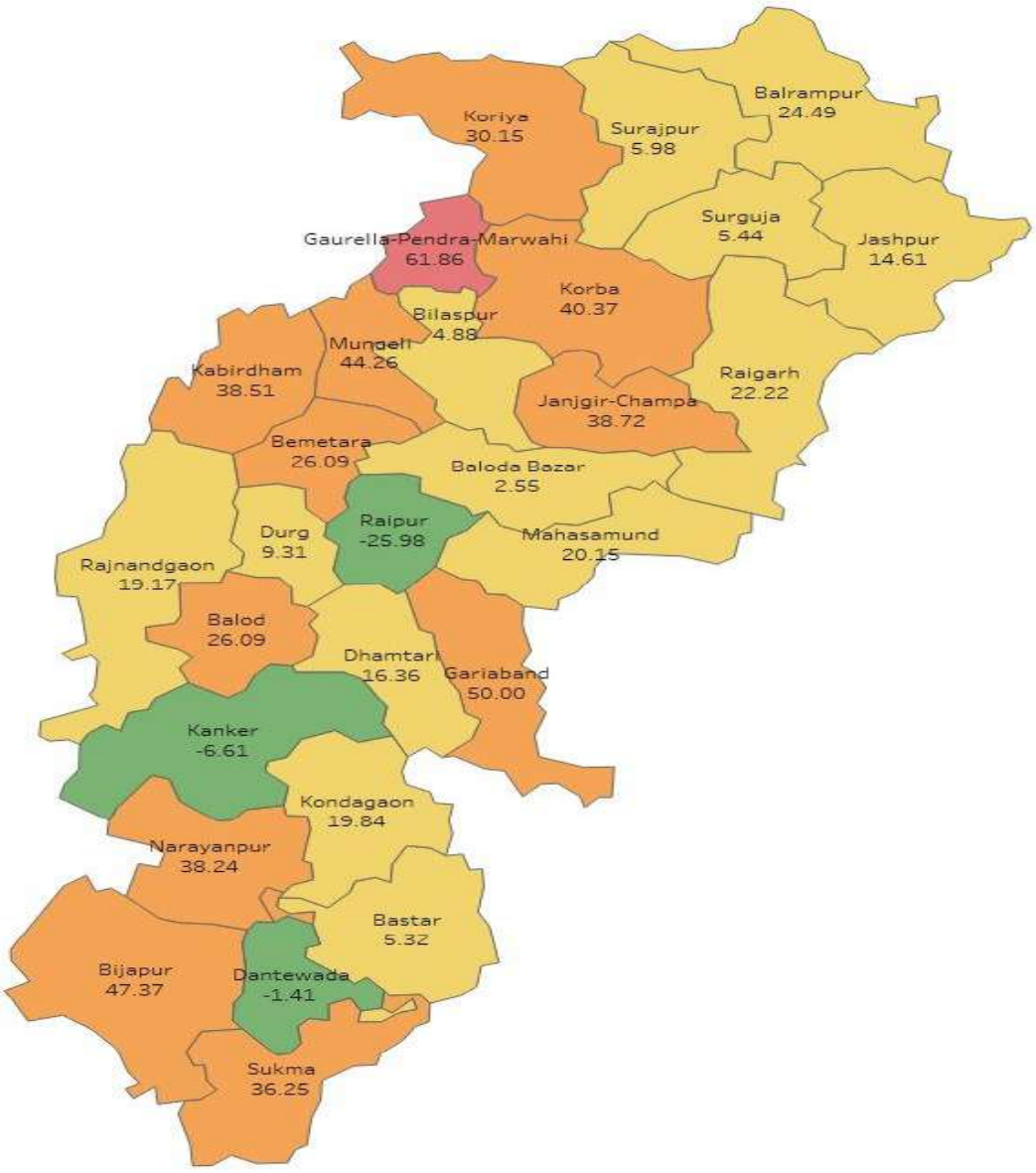
Chart - 2.6 (a): District wise Vacancy position (in *per cent*) in nursing staff

(Source: Analysis of data provided by CMHOs)

Color code:

Excess or nil vacancy	0-25 *per cent*	25-50 *per cent*	More than 50 *per cent*

Chart – 2.6 (b): District wise Vacancy position (in *per cent*) in Paramedical Staff



(Source: Analysis of data provided by CMHOs)

Color code:

Excess or nil vacancy	0-25 *per cent*	25-50 *per cent*	More than 50 *per cent*

It could be seen from the above map that there was shortage of staff nurse in 22 districts upto 57 *per cent*. Audit further observed that excess staff nurse was posted in six districts upto 36 *per cent* against the sanctioned strength. Similarly, posts of paramedical staff was vacant in 25 districts upto 62 *per cent* and was excess in three districts upto 26 *per cent* against sanctioned strength.

2.5 Human Resources in DHs/ MCHs/ CHCs/ PHCs/ SHCs in the State

The delivery of quality healthcare services in hospitals largely depends on the adequate availability of doctors, nurses, para-medical and other supporting staffs. Audit observed that the Department did not have any centralised database of the sanctioned strength and deployment of doctors, nurses and paramedical staff in the HIs for the overall State. In the absence of this information, overall shortage of staff in the State could not be ascertained.

IPHS norms envisage that doctors and nurses should be available round the clock in the IPDs to provide due medical care to the in-patients. These norms also prescribe the minimum number of doctors and nurses to be available in different hospitals upto the district level according to the number of sanctioned beds.

Audit observed that the GoCG had not laid down any norms for allocation of human resources to the various categories of HIs (DHs, CHCs, PHCs and SHCs) in the State since its formation (November 2000). The GoCG had notified from time to time sanctioned strength of various human resources to be deployed in the HIs.

2.5.1 Availability of manpower in District Hospitals

In the State, one 500 bedded DH, Durg, five 200 bedded DHs[5] and 17 numbers of 100 bedded DHs[6] were in operation, as of March 2022. The GoCG had sanctioned 2,672 posts of doctors, nurses and other paramedical staffs, as of March 2022 against which 1,936 (72.45 *per cent*) were posted on regular basis leaving 736 (27.55 *per cent)* vacancies in the DHs. The Department had engaged 836 manpower on contractual basis under various cadres. The details of HR against sanctioned setup and IPHS norms in all DHs are shown in the ***Table - 2.6:***

Table - 2.6: Availability of human resources against the sanctioned set up and IPHS norms of all DHs in the State

Cadre	As per IPHS norms	Sanction strength	PIP			Vacancy against IPHS norms (in *per cent)*	Vacancy against SS (in *per cent*)
			Regular	Contractual	Total		
1	2	3	4	5	6 (4+5)	7 (7/2*100)	8(8/3*100)
Specialist Doctors							
Medicine	49	45	24	3	27	22 (44.90)	18 (40.00)
Surgery	48	44	19	5	24	24 (50)	20 (45.45)
Obstetric & Gynae	55	47	29	7	36	19 (34.55)	11 (23.40)
Paediatrics	54	46	29	6	35	19 (35.19)	11 (23.91)
Anaesthesia	48	43	16	6	22	**26 (54.17)**	21 (48.84)
Ophthalmology	24	25	17	5	22	2 (8.33)	3 (12)
Orthopaedics	24	26	20	5	25	-1 (-4.17)	1 (3.85)

[5] DH: Bastar, Bilaspur, Dhamtari, Raipur and Rajnandgaon

[6] DH: Balod, Balodabazar, Balrampur, Bemetara, Bijapur, Dantewada, Gariyaband, GPM, Janjgir-Champa, Jashpur, Kabirdham, Kondagaon, Korea, Mungeli, Narayanpur, Sukma and Surajpur

Cadre	As per IPHS norms	Sanction strength	PIP			Vacancy against IPHS norms (in *per cent*)	Vacancy against SS (in *per cent*)
			Regular	Contractual	Total		
1	2	3	4	5	6 (4+5)	7 (7/2*100)	8(8/3*100)
Radiology	24	27	16	2	18	6 (25)	9 (33.33)
Pathology	31	38	17	2	19	12 (38.71)	19 (50)
ENT	24	26	17	2	19	5 (20.83)	7 (26.92)
Dental	25	27	25	4	29	-4 (-16)	-2 (-7.41)
Psychiatry	23	22	2	0	2	**21 (91.3)**	**20 (90.91)**
Total specialist Doctors (A)	**429**	**416**	**231**	**47**	**278**	**151(35.20)**	**138(33.17)**
AYUSH Doctors (B)	24	11	12	0	12	12 (50)	-1 (-9.09)
Medical Officer (C)	275	450	350	81	431	-156 (-56.73)	19 (4.22)
Subtotal Medical officers	**299**	**461**	**362**	**81**	**443**	**-144(-48.16)**	**18(3.90)**
Staff Nurse (D)	1440	1057	854	308	1162	278 (19.31)	-105 (-9.93)
Paramedical Staff (E)	785	598	390	130	520	265 (33.76)	78 (13.04)
Others (F)	262	140	99	270	369	-107 (-40.84)	-229 (-163.57)
Grand Total A+B+C+D+E+F	**3215**	**2672**	**1936**	**836**	**2772**	**443 (13.78)**	**-100 (-0.04)**

(Source: Compiled from information provided by DHs)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

From the above table Audit observed the following:

- There was shortage of sanctioned set-up of Specialist Doctors in various vital departments like general medicine, general surgery, obstetrics and gynaecology, paediatrics, anesthetic services and SN and paramedics etc., as compared to IPHS norms for DH.
- Against the requirement of 429 Specialist Doctors under IPHS norms, GoCG had sanctioned 416 posts. Vacancy of Specialist Doctors in all DHs of the State was 35.20 *per cent* and 33.17 *per cent* against IPHS norms and SS respectively.
- There was shortage of 18 (4 *per cent*) doctors (Medical Officers and AYUSH) in all DHs against the sanctioned strength of 461.
- Posts of SN were not sanctioned according to IPHS norms, in nine 100 bedded DHs[7], 19 to 37 posts against 45; in five 200 bedded DHs[8], 45 to 67 against 90 and in one 500 bedded DH, 121 posts against 225 was sanctioned. Overall vacancy in SN cadre was 19.31 *per cent* against IPHS norms.

[7] Balod, Balodabazar, Balrampur, Bemetara, Bijapur, Gariyaband, Kondagaon, Sukma and Surajpur

[8] Bastar, Bilaspur, Dhamtari, Raipur and Rajnandgaon

- Vacancy in paramedical cadre against IPHS norms and SS was 33.76 and 13.04 *per cent* respectively.

Availability of Specialist Doctors, Medical Officers, SN and paramedical staff in 23 DHs is detailed in ***Appendix - 2.1*** and in the following ***Charts - 2.7(a), (b), (c) and (d):***

Chart - 2.7(a): Availability of Specialist Doctors in DHs (including contractual staff)

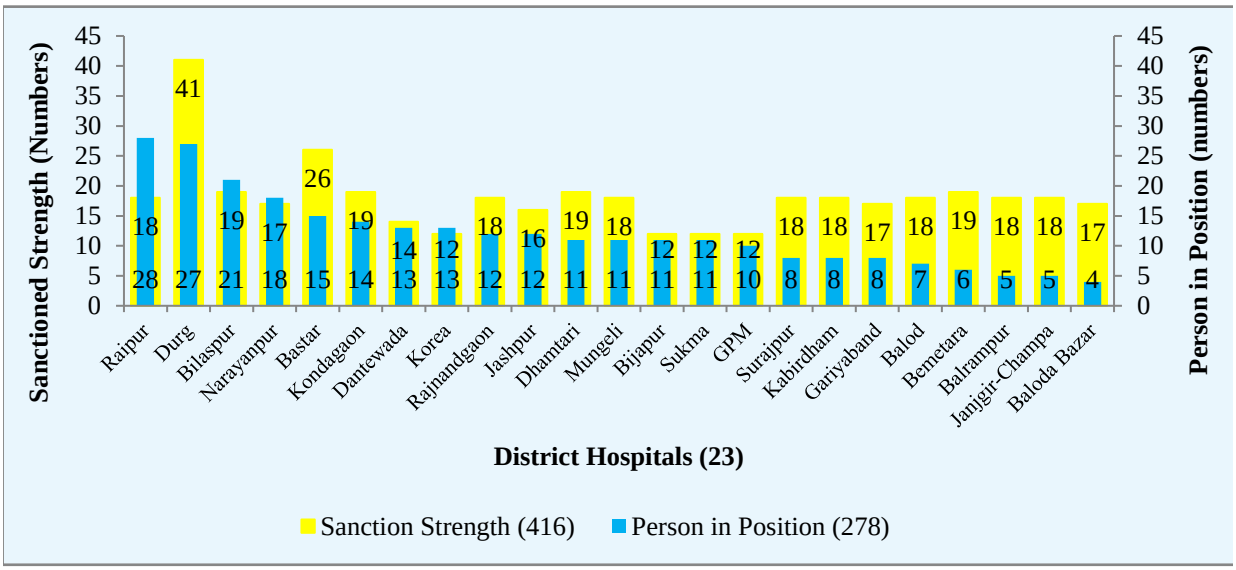


Chart - 2.7 (b): Availability of medical officers in DHs (including contractual staff)

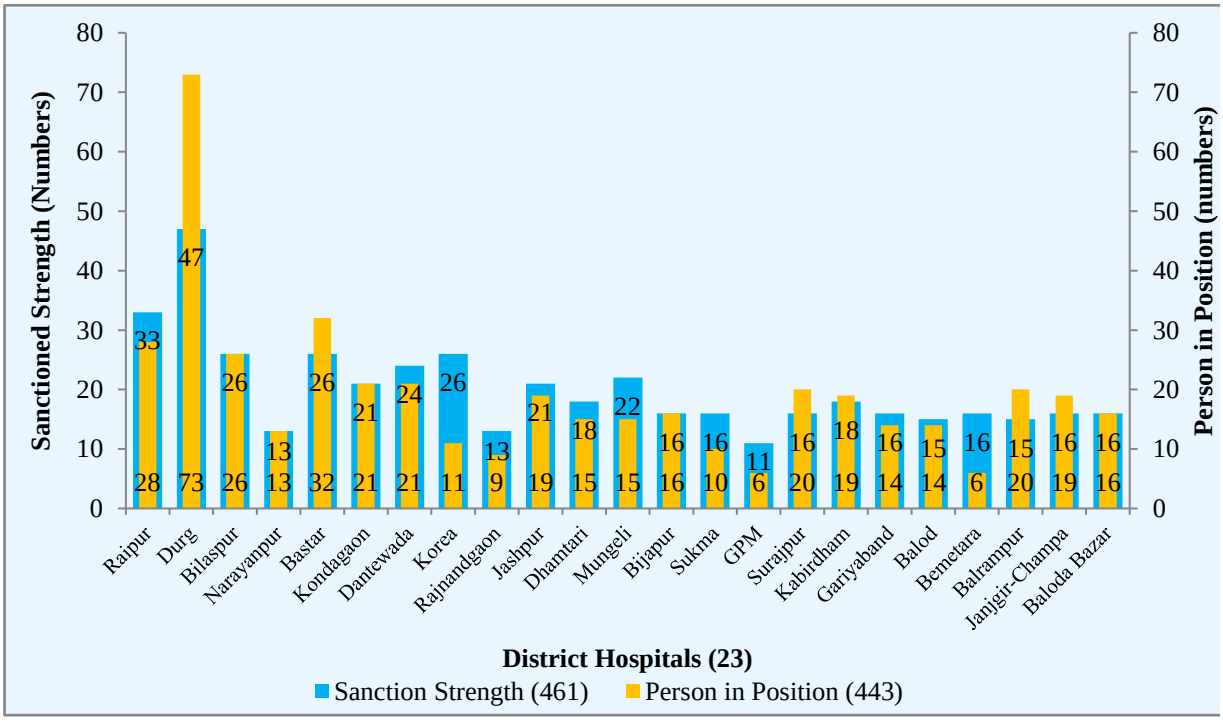


Chart - 2.7(c): Availability of Staff Nurse in DHs (including contractual staff)

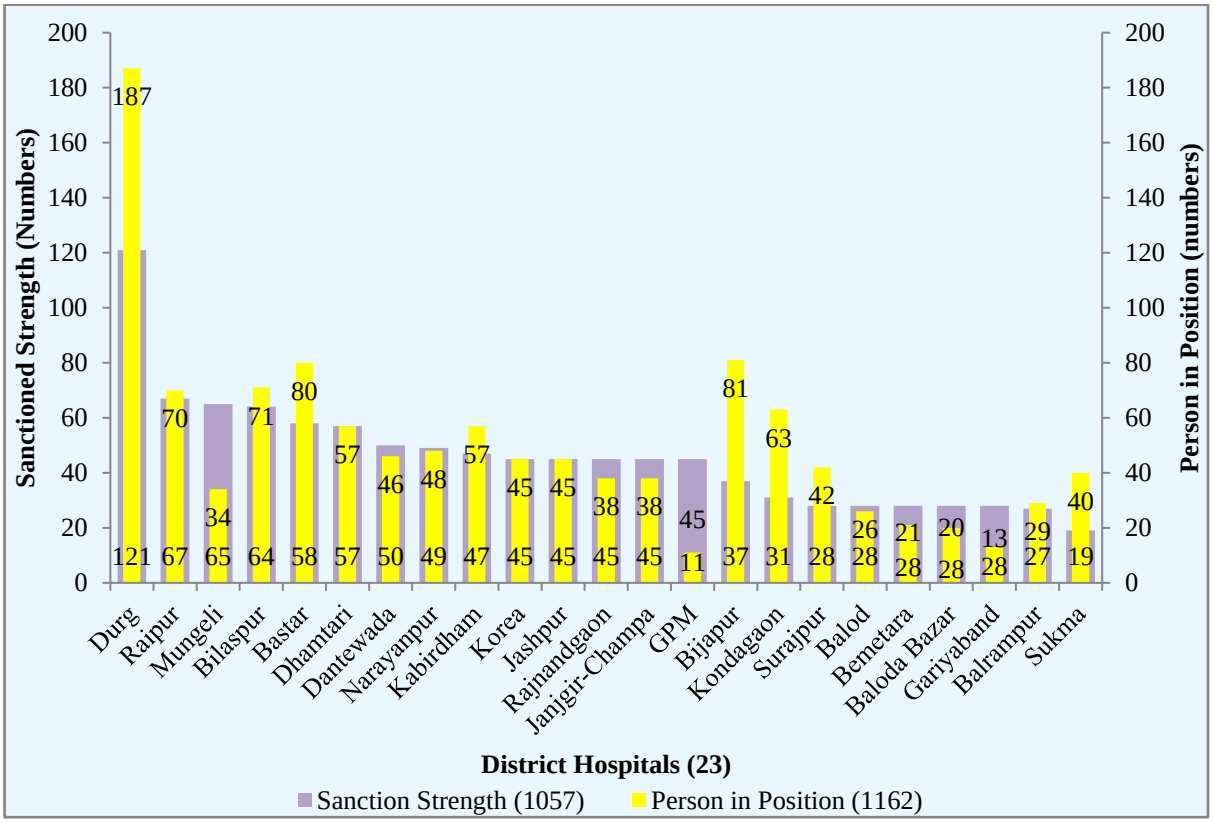
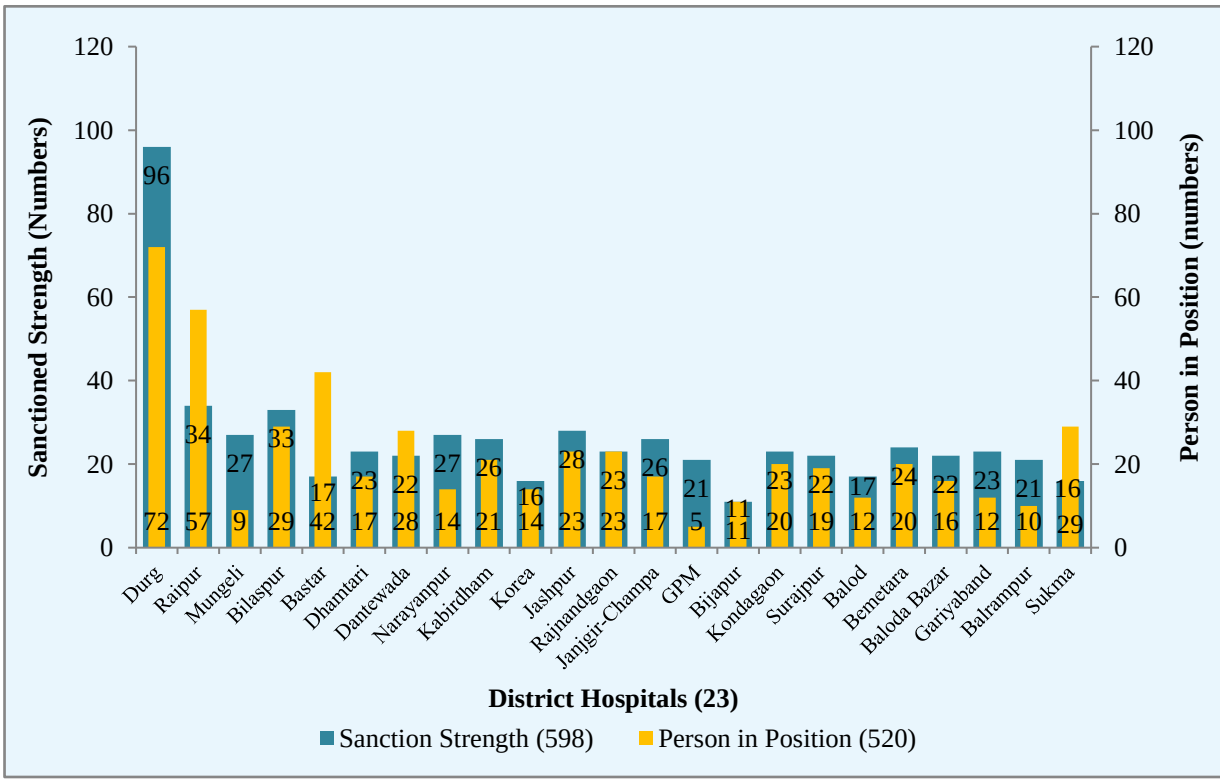


Chart - 2.7 (d): Availability of paramedical staff in DHs (including contractual staff)



2.5.2 Availability of manpower in Community Health Centres

The GoCG had sanctioned 4,720 posts of various cadres viz., Doctors (1,221), SNs (1,606), paramedical staff (1,014) and others (879) in 172 CHCs of the State. Out of 4,720 sanctioned posts, 4,657 persons were posted which includes doctors (1,032), SN (1,628), paramedical staff (1,163) and others (834), as of March 2022. Accordingly, there was 1.33 *per cent* vacancy in the State, as detailed in ***Appendix - 2.2*** and in the ***Table - 2.7***:

Table - 2.7: Availability of Human Resources against the sanctioned set up and IPHS norms in all CHCs in the State

Cadre	Required as per IPHS norms	Sanction Strength	PIP		Total PIP	Shortage/ excess as per IPHS norms (in *per cent*)	Shortage/ excess as per SS (in *per cent*)
			Regular	Contractual			
General Surgeon	172	142	8	0	8	**164 (95.35)**	**134 (94.37)**
Physician	172	77	24	0	24	**148 (86.05)**	**53 (68.83)**
Obstetrician & Gynaecologist	172	163	22	0	22	**150 (87.21)**	**141 (86.5)**
Paediatrician	172	162	33	0	33	**139 (80.81)**	**129 (79.63)**
Anesthetist	172	146	3	0	3	**169 (98.26)**	**143 (97.95)**
Dental Surgeon	172	79	49	79	128	44 (25.58)	-49 (-62.03)
Sub total specialist doctor	**1,032**	**769**	**139**	**79**	**218**	**814(78.88)**	**551 (71.65)**
General Duty Medical Officer	344	432	424	74	498	-154 (-44.77)	-66 (-15.28)
Medical Officer (AYUSH)	172	20	9	307	316	-144 (-83.74)	-296 (-1480)
Total doctors	**1,548**	**1,221**	**572**	**460**	**1,032**	**516 (33.33)**	**189(15.48)**
Staff Nurse	1,720	1,606	1,246	382	1,628	92(5.35)	-22 (-1.37)
Paramedical Staff	1,204	1014	733	430	1,163	41 (3.41)	-149 (-14.69)
Others	2,752	879	526	308	834	**1918 (69.69)**	45 (5.12)
Total	**7,224**	**4,720**	**3,077**	**1,580**	**4,657**	**2567 (35.53)**	**63 (1.33)**

(Source: Information furnished by CHCs)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

From the above table, Audit observed the following:

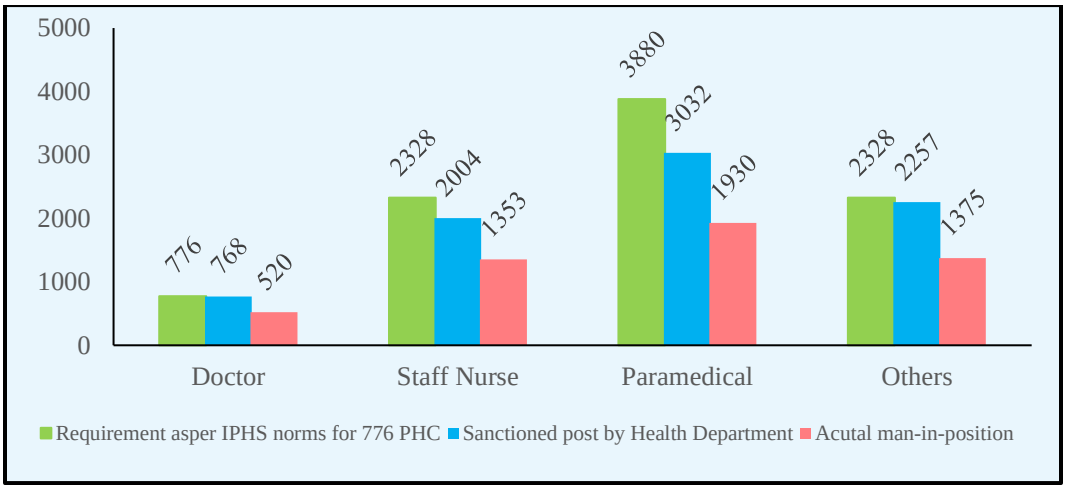
- Sanctioned strength was not according to the IPHS norms in various specialist cadres like General Surgery (83 *per cent*), Physician (45 *per cent*), Obstetrics and Gynaecology (95 *per cent*), Paediatrics (94 *per cent*), Anaesthesia (85 *per cent*), Dental Surgeon (46 *per cent*), Medical Officer (AYUSH) (12 *per cent*), Staff Nurse (93 *per cent*) and paramedics (84 *per cent*), whereas excess manpower over and above IPHS norms was sanctioned in General Duty Medical Officers (126 *per cent*) post.

- Against sanctioned strength of 4,720 posts in the 172 CHCs, 3,077 (65.19 *per cent*) posts were filled up on regular basis and 1,580 (33.47 *per cent*) on contractual basis and 1.33 *per cent* posts were lying vacant.
- Shortage of Specialist Doctors in all the CHCs in State was 78.88 *per cent* and 71.65 *per cent* against IPHS norms and sanctioned strength respectively.
- Shortage of Specialist Doctor in Anesthesia and General Surgery was 143 (97.95 *per cent*) and 134 (94.37 *per cent*) respectively against sanctioned strength, whereas dental surgeons were posted in excess of sanctioned strength.
- There was vacancy of 92 (5.35 *per cent*), 41 (3.41 *per cent*) posts and 1,918 (69.69 *per cent*) in the SN, Paramedics and other posts respectively against IPHS norms.

2.5.3 Availability of Manpower in Primary Health Centres

IPHS norms had prescribed the norms for the Medical Officers and other healthcare staff for PHC. The details of actual men-in-position against sanctioned strength and IPHS norms in all PHCs in State, as of March 2022 is given in ***Appendix - 2.3*** and in the ***Chart - 2.8***:

Chart - 2.8: Details of doctors, nurses, paramedical and other staff in all PHCs in the State



(Source: information provided by CMHOs)

It could be seen from the above chart that:

- There was shortage of 256 (33 *per cent)* Doctors (Medical Officer) in PHCs as against the requirement of 776 as per IPHS norms. Further, there was acute shortage of 975 SNs (42 *per cent)* and 1,950 paramedical (50 *per cent*) against the IPHS norms.
- In the State, 633 Rural Medical Assistants[9] were providing basic healthcare services in the PHCs due to shortage of Medical Officers.

[9] Chhattisgarh started a novel three years medical course for medical assistants, to counteract physician shortage in rural areas.

- Against the sanctioned set up of 768 posts of Medical Officers, 520 (68 *per cent)* posts were filled up; 1,353 (68 *per cent)* SNs were positioned against sanctioned set up of 2,004; 1,930 (64 *per cent)* paramedical were engaged against the sanctioned set-up of 3,032.

2.5.4 Availability of Manpower in Sub health centres

IPHS norms provides for appointment of one Auxiliary Nurse Midwife (ANM) and one Rural Health Organiser (Male) (RHO - M) in each SHC.

In the 4,996 SHCs, against the sanctioned set-up of 6,505 ANMs and 4,891 RHO (M), 5,413 ANMs and 3,506 RHO (M) were posted and there were vacancies of 1,092 (16.79 *per cent*) and 1,385 (28.32 *per cent*) respectively in these posts, as of March 2022. In 502 SHCs, no ANMs were posted due to which essential care for pregnant women could not be provided as per IPHS norms.

2.5.5 Availability of Manpower in Maternal and Child Health (MCH)

The GoI sanctioned (2013-14) 30 MCH wings (50 bedded: 19, 100 bedded: 10, 300 bedded: one) for Chhattisgarh. Out of 30 MCH wings, five MCH[10] wings were not functional due to lack of building infrastructure. The human resource set-up was approved for 23 MCH wings. However, for the remaining seven[11] MCH wings, proposal for HR were sent to GoCG for approval.

The availability of MCH wings in State vis-a-vis SS, PIP and vacant posts are shown in ***Table - 2.8***:

Table - 2.8: Sanctioned strength, PIP in MCH wings in State as of March 2022

MCH wing	Post	SS	PIP	Vacant posts	Vacancy (*per cent*)
100 bedded (8)	Specialist doctor	96	40	56	58.33
	Medical officer	40	79	-39 (excess)	-
	SN	288	195	93	32.29
	Paramedics	56	68	-12	-
50 bedded (15)	Specialist doctor	75	14	61	81.33
	Medical officer	45	57	-12	-
	SN	240	171	69	28.75
	Paramedics	75	70	5	6.66
Total		**915**	**694**	**221**	**24.15**

(Source: Data provided by DHS/ HIs)

It could be seen from the table that against the SS of 915 posts in doctors, SN and paramedical staff cadre; 694 posts were filled with vacancy of 24.15 *per cent*.

In test checked 10 MCH[12] wings, Audit observed that in six MCH[13] wings, against the total sanctioned strength of 267 manpower (Doctors, SN and paramedical staff),

[10] Bijapur, Pakhanjur of Kanker district and Pithora of Mahasamund district, Korea and GMCH Raipur

[11] GMCH Raipur, DH Raipur, Bilaspur, Durg, Bijapur, Pakhanjur, and Korea.

[12] Balod, Bilaspur, Kondagaon, Raipur, Sukma, Surajpur, Bhaiyathan CHC, Bilha CHC, Korea and GMCH Raipur

[13] DH Balod, DH Kondagaon, DH Sukma, DH Surajpur, CHC Bhaiyathan and CHC Bilha

242 (90.64 *per cent*) were posted. Two MCH wings[14] were operating with existing manpower of DHs in the absence of sanctioned setup. Two MCHs wings[15] were under construction.

The DHS stated (January 2023) that proposals for HR set up has been submitted to Government.

2.6 Shortage of human resources and its impact on delivery of health services in test-checked districts

The number of sanctioned/ filled posts of Doctors/ Staff Nurse/ Paramedical Staff in the seven selected districts is as given in ***Table - 2.9***:

Table - 2.9: Shortage of staff in all HIs in selected districts

Name of District	Name of Unit (No)	Doctors			Staff Nurse			Paramedical Staff		
		SS	MIP	Shortfall (*per cent*)	SS	MIP	Shortfall (*per cent*)	SS	MIP	Shortfall (*per cent*)
Balod	DH Balod	33	21	36.36	28	26	7.14	17	12	29.41
	CHCs	43	33	23.26	60	64	-6.67	30	29	3.33
	PHCs	29	18	37.93	72	60	16.67	98	65	33.67
	SHC	NA[16]	NA	NA	NA	NA	NA	616	458	25.65
Bilaspur	DH Bilaspur	45	47	-4.44	64	71	-10.94	33	29	12.12
	CHCs	42	25	40.48	52	46	11.54	29	35	-20.69
	PHCs	41	29	29.27	107	80	25.23	141	126	10.64
	SHCs	NA	NA	NA	NA	NA	NA	556	395	28.96
Kondagaon	DH Kondagaon	40	35	12.5	31	63	-103.23	23	20	13.04
	CHCs	46	27	41.3	62	68	-9.68	35	42	-20
	PHCs	17	13	23.53	58	41	29.31	74	48	35.14
	SHCs	NA	NA	NA	NA	NA	NA	626	457	27
Korea	DH Baikunthpur,	38	24	36.84	45	45	0	16	14	12.5
	CHCs	43	38	11.63	59	65	-10.17	38	28	26.32
	PHCs	29	7	**75.86**	77	44	42.86	105	73	30.48
	SHCs	NA	NA	NA	NA	NA	NA	604	425	29.64
Raipur	DH Raipur	51	56	-9.8	67	70	-4.48	34	57	-67.65
	CHCs	38	53	-39.47	58	78	-34.48	34	58	-70.59
	PHCs	19	15	21.05	36	34	5.56	72	65	9.72
	SHCs	NA	NA	NA	NA	NA	NA	525	381	27.43
Sukma	DH Sukma	28	21	25	19	40	-110.53	16	29	-81.25
	CHCs	22	12	45.45	30	33	-10	21	13	38.1
	PHCs	15	4	**73.33**	43	32	25.58	58	13	**77.59**

[14] DH Raipur and DH Bilaspur
[15] Korea and GMCH Raipur
[16] NA- Not applicable

Name of District	Name of Unit (No)	Doctors			Staff Nurse			Paramedical Staff		
		SS	MIP	Shortfall (*per cent*)	SS	MIP	Shortfall (*per cent*)	SS	MIP	Shortfall (*per cent*)
	SHCs	NA	NA	NA	NA	NA	NA	308	190	38.31
Surajpur	DH Surajpur	34	28	17.65	28	42	-50	22	19	13.64
	CHCs	58	55	5.17	83	82	1.2	56	83	-48.21
	PHCs	36	29	19.44	78	35	**55.13**	141	100	29.08
	SHCs	NA	NA	NA	NA	NA	**NA**	717	544	24.13

(Source: Information furnished by test checked Districts)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

It is evident from the above table that there were vacancies in all the categories in HIs in selected districts. Due to shortage of staff, the delivery of health services in the test-checked districts was affected adversely, as highlighted in ***Chapter - 3*** of this report.

2.7 Human Resources under National Health Mission

The National Health Mission (NHM) supplements human resources for health who are directly engaged in healthcare service delivery as well as the ones who are engaged in administering various programmes. Broadly, based on the nature of work, human resources for health under NHM may be categorised into the following two categories:

(i) Programme Management (PM): The NHM has Programme Management Units (PMUs) to facilitate planning and implementation of all programmes under it at National, State and District levels. All the HR placed at the PMUs and/or engaged in performing administrative or managerial functions at the health facilities or other associated institutions like training institute etc., constitute the PM Staff.

(ii) Service Delivery: This includes the staff who are directly involved in delivery of healthcare services and are placed at the HIs. For example: Medical Officers/Doctors, Staff Nurses, Auxiliary Nurse Midwives (ANMs)/ Multipurpose Health Workers (MPWs), Laboratory Technicians, Counsellors, etc. Service delivery staff also includes the staff providing healthcare services outside of the HIs such as the staff of Mobile Medical Units, *Rashtriya Bal Swasthya Karyakram* (RBSK) etc.

The category wise sanctioned posts vis-à-vis person in position and vacant posts are depicted in ***Table - 2.10***:

Table - 2.10: Category wise sanctioned posts and person in position and vacant posts under NHM in State as of March 2022

NHM Programme Management (A)				
Name of the post	**Sanctioned**	**Men in position**	**Vacant**	**Vacancy percentage**
PM	**2,646**	**2,359**	**287**	**11**
Service Delivery (B)				
Specialist Doctors	235	112	123	**52**
Medical officers	460	349	111	24
Nursing Staff	2,900	1,969	931	32
Paramedical Staff	4,045	3,490	555	14
Other Staff	6,897	4,974	1,923	28
Total (B)	**14,537**	**10,894**	**3,643**	**25**
Total (A+B)	**17,183**	**13,253**	**3,930**	**23**

(Source: Information furnished by NHM)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

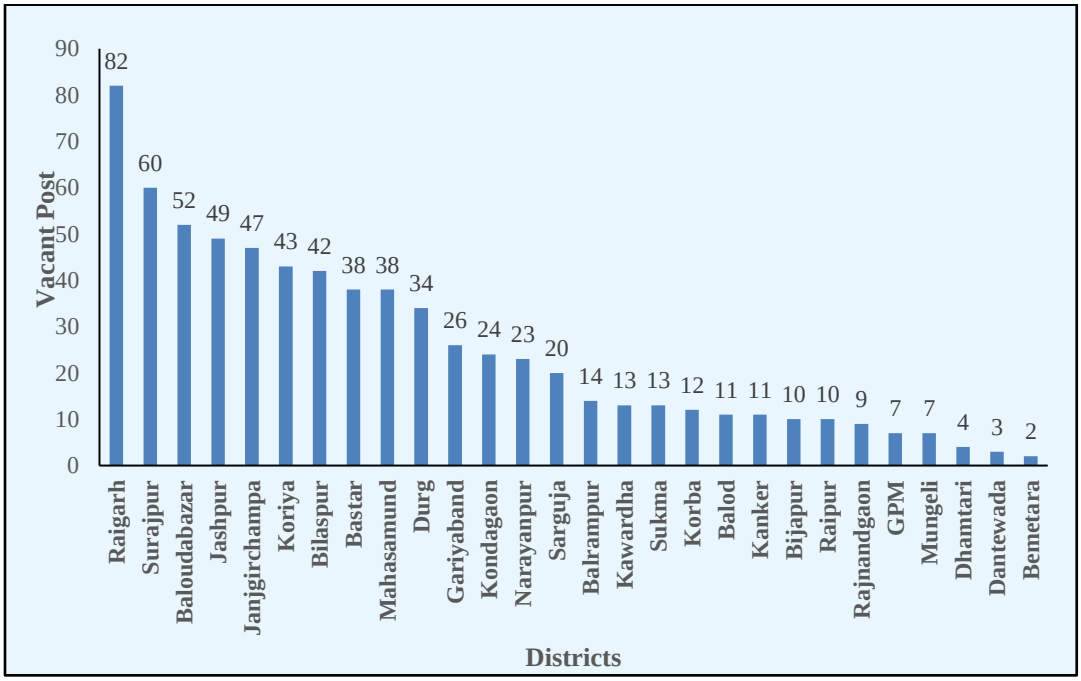
From the above table, it could be seen that out of 235 sanctioned posts of Specialist Doctors, only 112 (48 *per cent*) were posted. Vacancies in the post of Medical Officers, nursing staff, paramedical staff and other staff related to service delivery were 24 *per cent*, 32 *per cent*, *14 per cent* and 28 *per cent* respectively. There was substantial vacancy of 11 *per cent* in the PM cadre also. Overall, 23 *per cent* posts were vacant in PM and SD categories under NHM in State.

2.8 Availability of Accredited Social Health Activists (ASHAs)

One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist, Accredited Social Health Activist (ASHA).

As per guidelines issued by the GoI on ASHA, one ASHA is required per thousand population. As per estimated population (2,98,36,000) of Chhattisgarh in 2022, there was requirement of 29,836 ASHAs against which there was availability of 71,344 (excess of 139 *per cent* over the actual requirement) ASHAs in the State which, however, was less than the sanctioned strength of 72,048 fixed by GoCG. In the State, one ASHA is rendering services to population of 418. District wise shortage (in numbers) in availability of ASHAs against the sanctioned set up, as of March 2022 is shown in ***Chart - 2.9***.

Chart - 2.9: District wise vacancy of ASHAs as against the sanctioned setup as of March 2022



(Source: Information furnished by State Health Resource Center)

From the above chart, it was evident that the shortage of ASHAs was highest (82) in Raigarh district and lowest in Bemetara district (2).

Though number of ASHAs were more than the norms of GoI but as per NFHS 5 (2020-21), those percentage of mothers who had at least four antenatal care visits was only 60.1 *per cent* in Chhattisgarh. Pregnant women who consumed iron folic acid for 180 days or more were only 26.3 *per cent*.

2.9 Human resource under Directorate of Medical Education (DME)

Medical Council of India (now National Medical Commission) has prescribed minimum requirements of posts and other requirements such as infrastructure, equipment etc. in Medical Colleges and associated hospitals.

Audit observed that DME had not maintained HI wise data of sanctioned strength, person in position and vacant posts. In the absence of these data, DME could not ascertain the availability of doctors, paramedical staff and nursing staff in its HIs.

Status of Doctors, paramedical staff and staff nurse in GMCs/GMCHs under DME as of March 2022 is shown in ***Table - 2.11:***

Table - 2.11: Category wise sanctioned strength, person in position and vacancies in GMCs/GMCHs and DKS PGI Raipur, as of March 2022

GMC/GMCH	Cadre/Post	Sanctioned strength	Person in position			Vacancy		Vacancy (*per cent*)	
			Regular	Contractual	Total	Against Regular	Against Total	Against Regular	Against Total
DKS PGI Raipur	Super specialist	38	2	30	32	36	6	**94.74**	15.79
	Medical Officers	46	0	23	23	46	23	**100.00**	50.00
	Staff Nurse	150	5	137	142	145	8	**96.67**	5.33
	Paramedical staff	46	2	18	20	44	26	**95.65**	**56.52**
Sub-Total		**280**	**9**	**208**	**217**	**271**	**63**	**96.79**	**22.50**
Ambikapur	Specialist	109	36	39	75	73	34	**66.97**	31.19
	Medical Officer	71	13	61	74	58	-3	**81.69**	-4.23
	Staff Nurse	176	149	0	149	27	27	15.34	15.34
	Paramedical staff	42	1	18	19	41	23	**97.62**	**54.76**
Sub-Total		**398**	**199**	**118**	**317**	**199**	**81**	**50.00**	**20.35**
Bilaspur	Specialist	263	60	56	116	203	147	**77.19**	**55.89**
	Medical Officer	124	16	85	101	108	23	**87.10**	18.55
	Staff Nurse	345	128	0	128	217	217	**62.90**	**62.90**
	Paramedical staff	377	260	28	288	117	89	31.03	23.61
Sub-Total		**1,109**	**464**	**169**	**633**	**645**	**476**	**58.16**	**42.92**
Jagdalpur	Specialist	168	25	46	71	143	97	**85.12**	**57.74**
	Medical Officer	140	11	85	96	129	44	**92.14**	31.43
	Staff Nurse	297	120	0	120	177	177	**59.60**	**59.60**
	Paramedical staff	99	38	15	53	61	46	**61.62**	46.46
Sub-Total		**704**	**194**	**146**	**340**	**510**	**364**	**72.44**	**51.70**
Raipur	Specialist	270	123	65	188	147	82	**54.44**	30.37
	Medical Officer	199	39	95	134	160	65	**80.40**	32.66
	Staff Nurse	708	227	28	255	481	453	**67.94**	**63.98**
	Paramedical staff	262	109	31	140	153	122	**58.40**	46.56
Sub-Total		**1,439**	**498**	**219**	**717**	**941**	**722**	**65.39**	**50.17**
Rajnandgaon	Specialist	149	29	43	72	120	77	**80.54**	**51.68**
	Medical Officer	97	12	67	79	85	18	**87.63**	18.56
	Staff Nurse	176	80	0	80	96	96	**54.55**	**54.55**
	Paramedical staff	60	15	14	29	45	31	**75.00**	**51.67**
Sub-Total		**482**	**136**	**124**	**260**	**346**	**222**	**71.78**	**46.06**
Kanker	Specialist	149	18	15	33	131	116	**87.92**	**77.85**
	Medical Officer	73	32	0	32	41	41	**56.16**	**56.16**
	Staff Nurse	177	6	0	6	171	171	**96.61**	**96.61**
	Paramedical staff	54	0	0	0	54	54	**100.00**	**100.00**
Sub-Total		**453**	**56**	**15**	**71**	**397**	**382**	**87.64**	**84.33**

GMC/GMCH	Cadre/Post	Sanctioned strength	Person in position			Vacancy		Vacancy (*per cent*)	
			Regular	Contractual	Total	Against Regular	Against Total	Against Regular	Against Total
Korba	Specialist	150	30	8	38	120	112	**80.00**	**74.67**
	Medical Officer	82	1	2	3	81	79	**98.78**	**96.34**
	Staff Nurse	176	0	0	0	176	176	**85.85**	**85.85**
	Paramedical staff	223	3	0	3	220	220	**98.76**	**98.76**
Sub-Total		**631**	**34**	**10**	**44**	**597**	**587**	**94.61**	**93.03**
Mahasamund	Specialist	147	43	24	67	104	80	**70.75**	**54.42**
	Medical Officer	69	43	7	50	26	19	37.68	27.54
	Staff Nurse	176	0	0	0	176	176	**100.00**	**100.00**
	Paramedical staff	57	0	0	0	57	57	**100.00**	**100.00**
Sub-Total		**449**	**86**	**31**	**117**	**363**	**332**	**80.85**	**73.94**
Raigarh	Specialist	131	21	43	64	110	67	**83.97**	**51.15**
	Medical Officer	87	6	50	56	81	31	**93.10**	35.63
	Staff Nurse	198	125	0	125	73	73	36.87	36.87
	Paramedical staff	154	61	26	87	93	67	**60.39**	43.51
Sub-Total		**570**	**213**	**119**	**332**	**357**	**238**	**62.63**	**41.75**
Durg	Specialist	164	0	1	01	164	163	**100.00**	**99.39**
	Medical Officer	83	0	0	00	83	83	**100.00**	**100.00**
	Staff Nurse	176	0	0	00	176	176	**100.00**	**100.00**
	Paramedical staff	54	0	0	0	54	54	**100.00**	**100.00**
Sub-Total		**477**	**0**	**1**	**01**	**477**	**476**	**100.00**	**99.79**
Grand Total		**6,992**	**1,889**	**1,160**	**3,049**	**5103**	**3943**	**72.98**	**56.39**

(Source: Information furnished by GMCs/ GMCHs and DKSPGI)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

It could be seen from the ***Table-2.11*** that as against the total 280 sanctioned posts with the posts of doctors (84), SNs (150), paramedical staff (46) in super specialty Hospital Raipur only total nine (3.21 *per cent*) posts, that of doctors (2), staff nurse (5) and paramedical staff (2) were filled on regular basis and percentage of vacancy was 22.50 including contractual staff.

Further, against the total sanctioned strength of 6,992 in all GMCs/GMCHs including DKSPGI, there was vacancy of 72.98 *per cent* of regular manpower and by including the contractual staff, there was overall vacancy of 56.39 *per cent*. While the highest vacancy was observed in GMC/ GMCH Durg (99.79 *per cent*), the vacancy ranged from 20.35 *per cent* (Ambikapur) to 93.03 *per cent* (Korba) in other GMC/GMCHs.

Against the sanctioned strength of Specialist doctors, SN and paramedical staff in all GMC/GMCHs in the State, there was vacancy of 54.44 *per cent* (Raipur) to 100 *per cent* (Durg) in the posts of Specialist doctors, 15.34 (Ambikapur) to

100 *per cent* (Durg and Mahasamund) in the posts of SN and 31.03 (Bilaspur) to 100 *per cent* in the posts of paramedical staff (Kanker, Durg and Mahasamund) against regular posts.

Post wise manpower position in selected GMCs/GMCHs is given in ***Chart - 2.10 (a), (b), (c) and (d)***:

Chart - 2.10 (a) Specialist cadre and vacancy in GMCs/GMCH

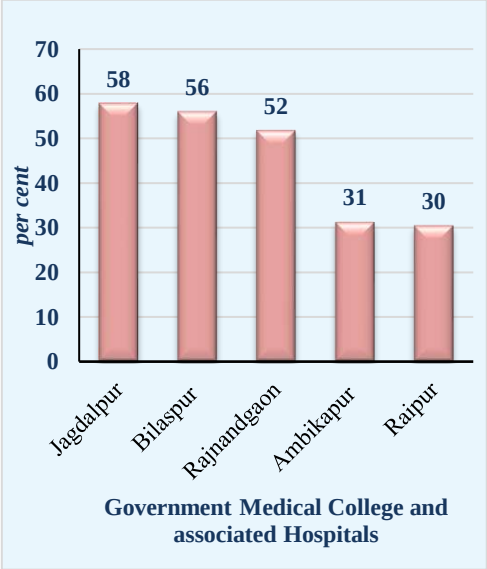


Chart - 2.10 (b) Medical Officer cadre and vacancy position in GMCs/GMCH

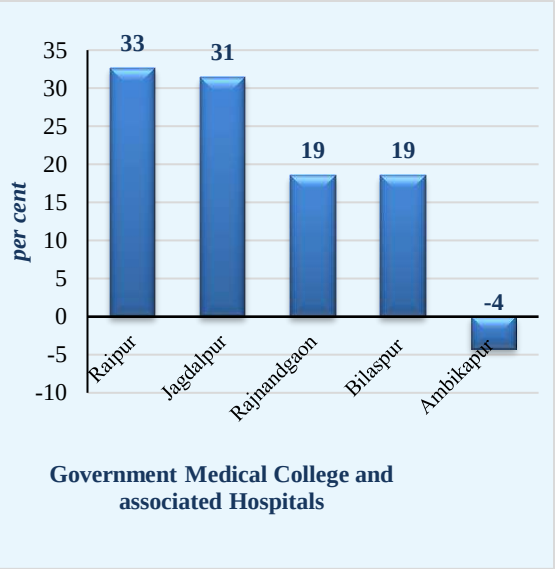


Chart - 2.10 (c) Staff nurse cadre in GMCs/GMCH

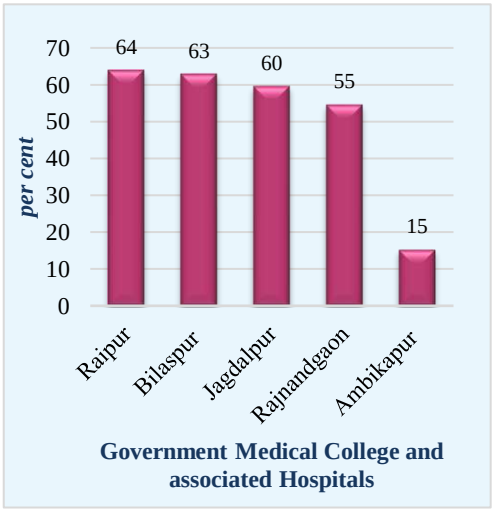
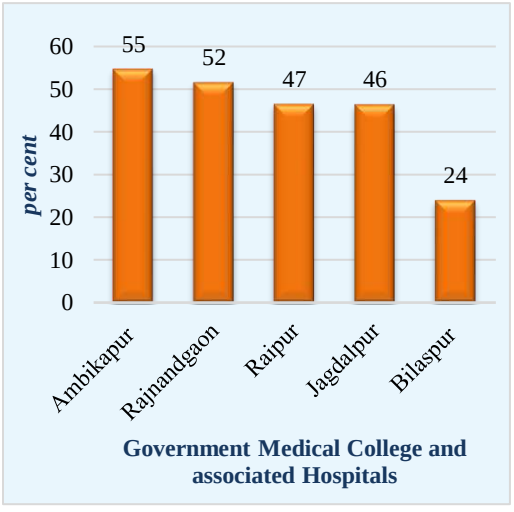


Chart - 2.10 (d) Paramedical Staff cadres vacancy in GMCs/GMCH



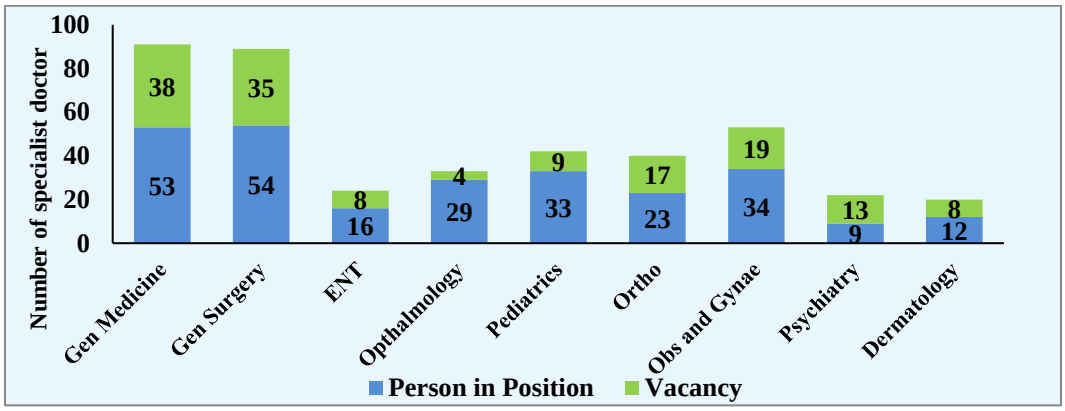
(Source: Information furnished by test-checked GMCs/ GMCH)

It was further observed that as on 31 March 2022, vacancy in specialist cadre ranged between 58 and 30 *per cent* among all five test checked GMCs/ GMCHs. Vacancy in SN cadre was alarming and more than 50 *per cent* posts were vacant in all test checked GMCHs except GMCH Ambikapur. Similarly, 24 to 55 *per cent* posts of paramedical staff was vacant in selected GMCHs.

2.9.1 Specialty wise availability of doctors in GMCHs

Specialty wise sanctioned strength and person in position of doctors in selected five GMCHs is shown in the ***Chart - 2.11***:

Chart - 2.11: Specialty wise person in position and vacancy in five test checked GMCs/GMCHs



(Source: information provided by GMC/GMCHs)

It could be seen from the above chart that sanctioned strength of Specialty doctors was highest in general medicines (91) and general surgery (89) department. Vacancy percentage was highest in psychiatry (59.10 *per cent*) whereas it was lowest in ophthalmology (12.12 *per cent*) department.

Audit further observed shortage of manpower and rendering of services without sanctioned set up in technical posts in the selected GMCs/ GMCHs under DME which are discussed in following paragraphs:

- Post of Dialysis Technician and CT Scan Technician was not sanctioned at GMCH Jagdalpur though four dialysis machines and a CT scan machine were installed, which were operated by temporary staff recruited by the District Collector, Jagdalpur under District Mining Fund Trust (DMFT). Six ambulances in the hospital were being operated by engaging drivers on daily wages. Joint Director cum Superintendent had requested (22 August 2016 and 22 June 2019) DME for sanction of Dialysis Technician and CT Scan Technician, six posts of Ambulance Technician and Driver each. However, the same had not been sanctioned (December 2022).
- Four posts of Casualty Medical Officer were vacant since 2016 in GMCH Rajnandgaon and these services were provided by the other doctors.

The Government stated (April 2023) that walk-in-interviews are being organised from time to time for filling the posts on contractual basis and proposal is being

sent to the Government for regular posting through Chhattisgarh Public Service Commission.

Fact remains that the despite substantial vacancies, Department failed to engage regular staff and were operating the services on contractual basis.

2.9.2 Sanctioned strength was not according to MCI norms in Staff Nurse cadre

As per norms of Nursing Council of India (as adopted in MCI norms for GMCHs), Staff Nurse (SN) to bed ratio in GMCHs should be 1:1 in ICU and 1:3 in non-ICU wards.

Audit observed that bed to SN ratio was not assessed either at DME level or GMCH level as per MCI norms. In absence of any assessment, DME as well as GMCHs could not revise sanctioned strength of SN in the GMCHs. As a result, due to failure to fix the sanctioned strength of SN in accordance with the bed capacity it was less than the MCI norms. Even if, the Department fills all the sanctioned posts, there will still be shortage of SN.

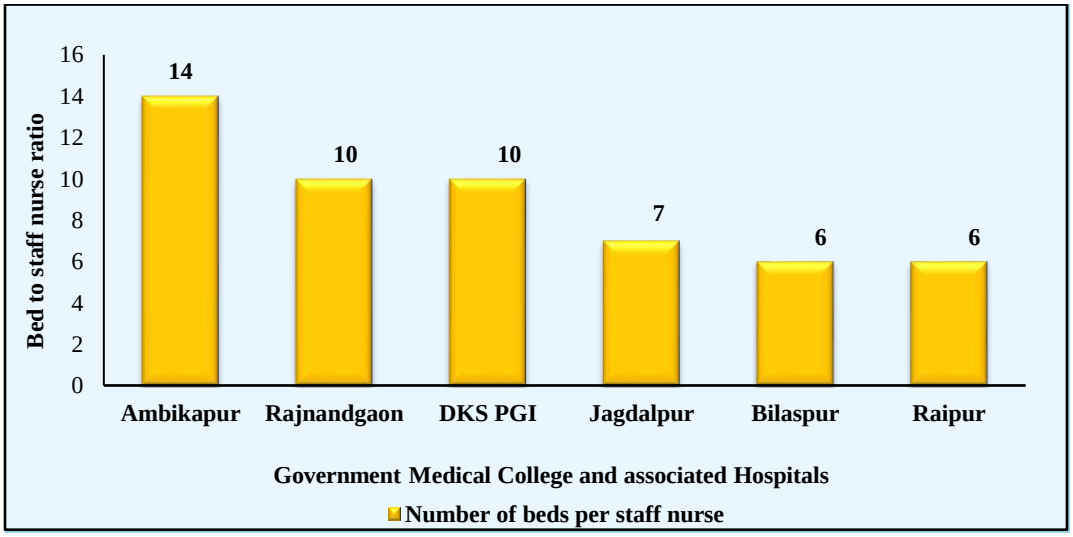
Bed capacity, sanctioned strength of SN in selected GMC/GMCHs is shown in ***Table - 2.12*** and ***Chart - 2.12.***

Table - 2.12: Bed capacity and sanctioned strength of SN as of March 2022

GMCH	Bed capacity	SS of Staff Nurse	Staff Nurse to Bed ratio
Ambikapur	835	176	1:14
Bilaspur	710	345	1:6
Jagdalpur	650	297	1:7
Raipur	1,440	708	1:6
Rajnandgaon	607	176	1:10
DKS PGI	501	150	1:10

(Source: information furnished by GMCHs)

Chart - 2.12: Chart showing number of beds per staff nurse



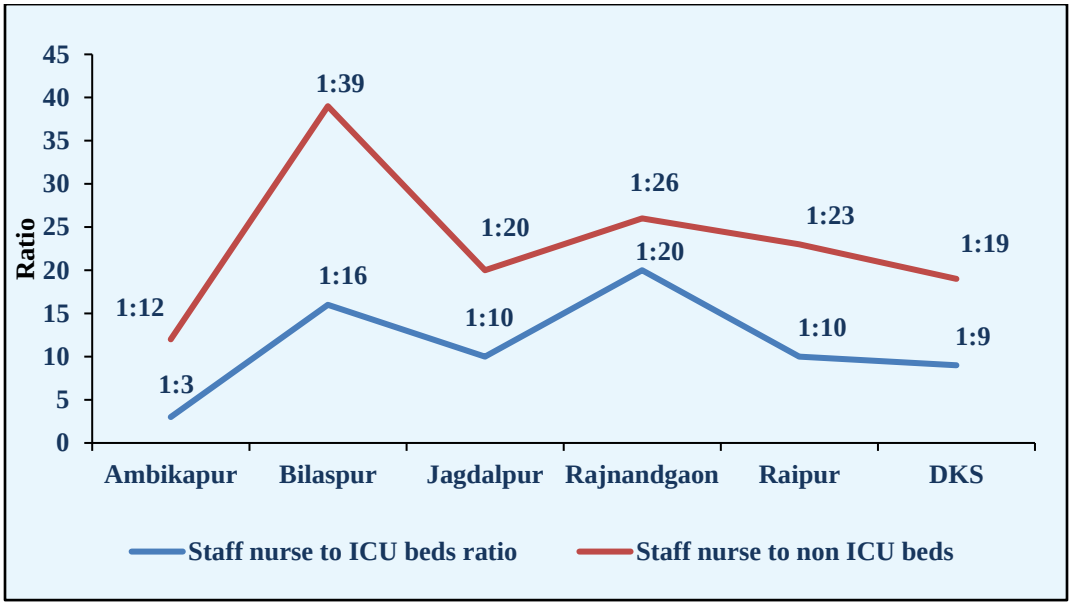
(Source: Compiled from information furnished by GMCHs)

Thus, it could be seen that ratio of sanctioned post of SN to beds ranged between 1:6 and 1:14 and there was no uniformity in the bed staff nurse ratio in the GMCHs.

2.9.2.1 Staff nurse to Bed ratio

Audit observed that there was acute shortage of SN in the selected GMCHs and the SN to bed ratio in ICU ranged between 1:3 and 1:20 against the norms of 1:1. Similarly, in non-ICU wards, this ratio ranged between 1:12 and 1:39 against the norms of 1:3. This indicates significant shortfall in the requisite level of care in ICU and other wards, as mentioned in the ***Chart - 2.13:***

Chart - 2.13: Details of Staff Nurse to bed ratio in ICU/ non-ICU wards



(Source: Compiled from information furnished by GMCHs)

Government stated (April 2023) that after obtaining proposals from GMCs/ GMCHs, it would be sent to the Government.

2.9.2.2 Intake capacity in State

The availability of GMCs in State and there intake capacity, during 2016-22 is mentioned in ***Table - 2.13***:

Table - 2.13: Year wise intake capacity of GMCs/private Medical Colleges in State during 2016-22

A. Government Medical College (Intake Capacity)					
Sl.	**Name of Medical College**	**2016-17**		**2021-22**	
		UG	**PG**	**UG**	**PG**
1	GMC, Raipur	150	92	180	142
2	GMC, Bilaspur	150	3	180	36
3	GMC, Jagdalpur	100	0	125	10
4	GMC, Rajnandgaon	100	0	125	11
5	GMC, Raigarh	50	0	60	6

Sl.	Name of Medical College	2016-17		2021-22	
		UG	PG	UG	PG
6	GMC, Ambikapur	100	0	125	0
7	GMC, Kanker	0	0	125	0
8	GMC, Durg	0	0	Entrance process could not be initiated during 2021-22 due to non-recognition by NMC	
9	GMC, Korba	0	0		
10	GMC, Mahasamund	0	0		
	Total number of seats in GMCs	**650**	**95**	**920**	**205**
B. Private Medical College					
Sl.	**Name of Medical College**	**2016-17**		**2021-22**	
		UG	**PG**	**UG**	**PG**
1	Chandulal Chandrakar Memorial Medical College, Durg	150	0	Acquired by GoCG in 2021-22	
2	Shri Shankaracharya Institute of Medical Sciences, Bhilai	150	0	150	57
3	Raipur Institute of Medical Sciences, Raipur	150	0	150	47
4	Balaji Institute of Medical Sciences, Raipur	0	0	150	0
	Total number of seats in private colleges	**450**	**0**	**450**	**104**
	Grand total (A+B)	**1,100**	**95**	**1,370**	**309**
DKS Post graduate Institute and research centre (super speciality courses)					
Sl	**Course name**	**2016-17**		**2021-22**	
1.	**M.Ch.**	**NA**		**06**[17]	

(Source: information furnished by DME)

It could be seen from ***Table – 2.13*** that during 2016-22, four new GMCs and one private college[18] were opened and intake capacity (UG) has been increased to 1,370 from 1,100 during the same period. Though the State had achieved significant progress during 2016-22, however, the same was not sufficient in view of adverse doctor population ratio. Audit also observed that GoCG had not prepared any comprehensive plan to bridge the gaps to achieve the required doctor population ratio. It was further observed that:

- As of March 2022, out of 10 GMCs in the State, none of the GMC could attain the maximum permissible intake capacity of 250. Moreover, the GoCG did not plan and also no proposal was sent to GoI for increasing the intake capacity during 2016-22. GMC, Raipur though established in 1963, could extend the annual intake capacity to 180 (includes 30 additional seats for

[17] Two seats in M. Ch. in neuro surgery, three seats in M. Ch. pediatric surgery and one seat in M. Ch. plastic and reconstructive Surgery

[18] One private college Chandulal Chandrakar Medical College was acquired by State Government in 2021-22 and a new private Medical college (Balaji medical college) was opened in 2021-22.

EWS category). Similarly, GMC Bilaspur, established in the year 2001 has annual intake capacity of 180 students. The intake capacity of five test checked GMCs remained unchanged during 2016-22, except increase of 135 seats due to creation of additional seats for EWS.

- Post Graduate seats were increased from 95 (2016-17) to 205 (2021-22) in five[19] GMCs during 2016-22.
- DKSPGI, Raipur was providing (2019) three super-specialty courses with intake capacity of six whereas other GMCs were not providing super-specialty course in any of the subject. This indicated that the medical aspirants of the State had limited opportunity for specialised courses in GMCs.

The Government stated (April 2023) that no separate policy has been prepared for opening of new colleges. However, efforts are being made to open new Medical Colleges. Regarding super specialty courses it was stated that application for courses in neuro anesthesia and neurology would be submitted by DKSPGI in coming years.

2.10 Human Resource under Food and Drug Administration Department

As on 31 March 2022, there were 27 District Offices of Food and Drug Controller Administration (FDCA) in the State. Availability of adequate technical and non-technical staff is essential to perform the duty of FDCA, for complete and timely analysis of the samples of drugs. The Controller, FDCA is responsible for issuing licenses to drug manufacturing units, blood banks and medicine shops assisted by the Joint Drug Controller, Deputy Drug Controller, Assistant Drug Controller at the district level supported by the Drug Inspector, Food Safety Officer and Sample Assistant.

As against the sanctioned strength of 697 posts, 438 (63 *per cent*) posts were vacant, as of March 2022. Drug Inspectors (DIs) and Food Safety Officers (FSO) were required for discharging functions of the FDCA. However, only 78 (70 *per cent*) DIs were available against the sanctioned set up of 112 DIs. Similarly, only 59 (53 *per cent*) FSOs are posted as against the sanctioned strength of 112. There is one State Food Testing Laboratory and one State Drug Testing Laboratory functioning in the State at Raipur, with skeleton staff.

The details of men-in-position vis-à-vis sanctioned strength of the technical persons of the laboratory, as of November 2022 is as shown in ***Table - 2.14.***

[19] GMC Raipur, Bilaspur, Rajnandgaon, Jagdalpur and Raigarh.

Table - 2.14: Post wise sanctioned strength vis-à-vis men in position in the laboratories

Name of Post	Sanctioned strength	Men-in-position	No of vacant posts	Percentage of vacancy
State Food Testing Laboratory				
Coordinator	01	0	01	**100**
Public Analyst	02	0	02	**100**
Technical Officer	03	0	03	**100**
Micro biologist	03	0	03	**100**
Scientific Officer	02	0	02	**100**
Asst. Public Analyst	03	01	02	**67**
Lab. Technician	05	02	03	**60**
Lab Assistant	05	01	04	**80**
Lab. Attendant	04	0	04	**100**
Office Attendant	04	0	04	**100**
Total	**32**	**4**	**28**	**88**
State Drug Testing Laboratory				
Director	01	0	01	**100**
Sr. Scientific Officer	02	0	02	**100**
Micro biologist	02	0	02	**100**
Sr. Scientific Assistant	03	01	02	**67**
Jr. Scientific Assistant	15	0	15	**100**
Asst. Accounts Officer	01	0	01	**100**
Lab Assistant	05	0	05	**100**
Lab Attendant	02	0	02	**100**
Total	**31**	**01**	**30**	**97**

(Source: Data furnished by the State Food Testing Laboratory & Drug Testing Laboratory)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

It could be seen from above table, there was acute shortage of staff in the FDCA. Overall shortage of technical manpower in food laboratory was 88 *per cent* and in drug laboratory was 97 *per cent*.

2.11 Availability and management of human resource in AYUSH

2.11.1 Non-availability of key medical and non-medical staff

For the proper functioning of any organisation, availability of sufficient manpower is an important factor. GoCG had sanctioned the setup of AYUSH consisting of doctors, pharmacists, nurses and other supporting staff in the State.

Against the sanctioned strength of 5189 posts, the Men-in-Position (MIP) was 3648 and 1541 posts remained vacant. Further, against the sanctioned strength of 1239 posts of doctors, the MIP was only 874 (71 *per cent*) and against the sanctioned strength of 2293 posts of supporting staff, MIP was only 1582 (69 *per cent*), as of March 2022 in the State. The status of vacancies of key posts for the entire State is shown in ***Table - 2.15:***

Table - 2.15: Statement showing sanctioned strength vis-à-vis MIP as on March 2022

Sl. No.	Name of Post	Sanctioned Post	MIP (Permanent)	MIP (Contractual)	Total MIP	Vacancy (*per cent*)
1	Ayurvedic Medical Officer	1034	359	379	738	296 (28.62)
2	Homeopathic Medical Officer	124	72	16	88	36 (29.03)
3	Unani Medical Officer	38	15	0	15	23 (60.52)
4	Specialist Doctor	37	29	0	29	8 (21.62)
5	Ayurveda Specialist	6	4	0	4	2 (33.33)
Total		**1239**	**479**	**395**	**874**	**365 (29.46)**
1	Staff Nurse	85	34	0	34	51 (60.00)
2	Pharmacist– Ayurveda	1068	730	5	735	333 (31.17)
3	Pharmacist– Homeopathy	124	21	3	24	100 (80.64)
4	Pharmacist– Unani	38	0	1	1	37 (97.37)
5	Panchakarma Asst (Male)	74	64	0	64	10 (13.51)
6	Panchakarma Asst (Female)	74	48	0	48	26 (35.13)
7	Female Health Worker (Dai)	77	51	2	53	24 (31.16)
8	Dispensary Servant	753	599	24	623	130 (17.26)
Total		**2293**	**1547**	**35**	**1582**	**711 (31.01)**

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

Audit observed that there was shortage of human resources in the AYUSH healthcare facilities ranging between 22 and 33 *per cent* in the post of specialist doctor, 29 and 61 *per cent* in the post of Medical Officer, 60 *per cent* in the post of staff nurse, 14 and 35 *per cent* in the post of panchakarma assistant and 31 and 97 *per cent* in the post of pharmacist, as on March 2022.

Further, the status of vacancies in teaching posts in two Government Ayurveda colleges located at Raipur and Bilaspur are detailed in ***Table - 2.16*:**

Table - 2.16: Manpower position of teaching posts in two Colleges

Name of College	Name of Post	Sanctioned Post	Total MIP	Vacant Post	Vacancy (*per cent*)
GAC&H Bilaspur	Principal	1	1	0	0
	Professor	7	3	4	57
	Reader	13	11	2	15
	Lecturer	18	13	5	28
	Lab Technician	9	5	4	44
GAC Raipur	Principal	1	1	0	0
	Professor	14	11	3	21
	Reader	23	17	6	26
	Lecturer	36	26	10	28
	Lab Technician	21	13	8	38
Total		**143**	**101**	**42**	**29**

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

As observed in ***Table - 2.16***, there was shortage of teaching staff in two colleges ranging between 21 and 57 *per cent* in the post of professor, 15 and 26 *per cent* in the post of reader, 28 *per cent* in the post of lecturers and 38 and 44 *per cent* in the post of lab technician, as on March 2022.

Further, in selected districts, there was shortage of essential manpower in different posts, as shown in ***Table - 2.17***

Table - 2.17: Availability of manpower in selected districts

Name of Post		Doctors	Pharmacist	Staff Nurse	Panchkarma Asst.	Others
DAO Raipur	Sanction Post	60	53	0	8	59
	MIP	59	38	0	8	39
	Vacant (*per cent*)	1 (2)	15 (28)	0 (0)	0 (0)	20 (34)
DAO Bilaspur	Sanction Post	51	43	0	4	53
	MIP	44	38	0	4	53
	Vacant (*per cent*)	7 (14)	5 (12)	0 (0)	0 (0)	0 (0)
DAO Dantewada	Sanction Post	35	34	3	4	18
	MIP	25	14	0	2	15
	Vacant (*per cent*)	10 (29)	**20 (59)**	**3 (100)**	2 (50)	3 (17)
DAO Surguja	Sanction Post	52	50	2	4	18
	MIP	49	45	0	3	18
	Vacant (*per cent*)	3 (6)	5 (10)	**2 (100)**	1 (25)	0 (0)
DAO Korea	Sanction Post	52	51	3	8	19
	MIP	37	24	0	5	10
	Vacant (*per cent*)	15 (29)	**27 (53)**	**3 (100)**	3 (38)	9 (47)
DAO Balod	Sanction Post	53	53	2	4	52
	MIP	25	45	0	3	27
	Vacant (*per cent*)	**28 (53)**	8 (15)	**2 (100)**	1 (25)	25 (48)
DAO Jagdalpur	Sanction Post	77	75	2	4	37
	MIP	67	39	0	3	24
	Vacant (*per cent*)	10 (13)	36 (48)	**2 (100)**	1 (25)	13 (35)

(Source: Data provided by DAOs and compiled by Audit)

Color code:

Excess/No shortage	Shortage range		
	1-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

In 130 out of 538 healthcare facilities in the selected districts, the appointment of regular doctors had not been done. Non availability of doctors in selected districts is shown in ***Table - 2.18*****:**

Table - 2.18: DAOs vis-à-vis number of facilities without regular doctors

Sl. No.	Name of DAO	Total Number of Dispensaries	Number of Dispensaries without regular Doctor
1.	DAO Dantewada	58	8
2.	DAO Raipur	53	5
3.	DAO Surguja	135	22
4.	DAO Bilaspur	82	34
5.	DAO Korea	49	13
6.	DAO Bastar	110	18
7.	DAO Balod	51	30
Total		**538**	**130**

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

The dispensaries shown in ***Table - 2.18*** were being managed by giving additional charge to doctors in alternate days from other dispensaries. As a result the dispensaries functioned without doctors for at least three days in a week and drugs were distributed by the other staff posted in the dispensary. Further, three[20] facilities under DAO, Korea, and eight[21] facilities under DAO, Bastar was not operational since its inception due to non-availability of doctors.

GoCG (December 2022) replied that the joining orders of Specialist Doctors (4), Unani Medical Officer (1), Homeopathic Medical Officer (15) and Pharmacist Ayurveda (156) have been issued by the Department between March 2022 and January 2023. It further stated that the recruitment of Ayurveda Medical Officer (132) is under process and the recruitment process for class III and class IV employees was pending at Government level.

Conclusion

The Government of Chhattisgarh (GoCG) had not formulated any human resource policy for the healthcare sector to ensure availability of doctors, nurses, and paramedics in healthcare institutions as per the IPHS norms. In the Public Health and Family Welfare Department, Chhattisgarh, there was shortage of 25,793 (34 *per cent*) manpower against the sanctioned strength of 74,797.

Though the doctor population ratio of State had improved during 2016-22 and was 1:2492 as of March 2022, still it was far behind the WHO benchmark of 1:1000 and national ratio of 1:1456. The post of doctors was not sanctioned uniformly on

[20] PHC Budhar, PHC Chirmiri, PHC Madisarai

[21] PHC Aasna, PHC Belar, PHC Mawibhata, PHC Kukanar, PHC (Unani) Lajoda, Adenga,PHC (Homeo) Dhanora, CHC (Unani) Keshkal.

the basis of population in the State, resulting in uneven distribution of doctors across the districts ranging from one doctor for 2,181 persons to 10,969 persons.

In the 23 District Hospitals, there was shortage in the sanctioned post of Specialist doctors (three *per cent*), staff nurse (27 *per cent*) and paramedical staff (24 *per cent*) according to the criteria prescribed in the IPHS norms. There was shortage in availability of specialist doctors (33 *per cent*), Medical officer (four *per cent*), and paramedic (13 *per cent*) against the sanctioned strength.

In 172 CHCs in the State, there was shortage of Specialist doctors (79 *per cent*), Staff nurse (five *per cent*) and paramedics (three *per cent*) against IPHS norms. In 776 PHCs in State, there was shortage of Medical Officers (33 *per cent*), Staff nurse (42 *per cent*) and paramedics (50 *per cent*) against IPHS norms.

In 4,996 SHCs in State, 17 *per cent* post of ANMs were vacant against sanctioned strength. In 502 SHCs, ANMs were not posted and thus maternity services in these SHCs could not be provided to the pregnant women as per IPHS norms.

Against the total sanctioned strength of 915 posts in the cadre of doctors (256), staff nurse (528) and paramedical staff (131) in the State, total persons in position was 694 including the cadre of doctors (190), staff nurse (366) and paramedical staff (138) with shortage of 24.15 *per cent* in 23 MCHs. Post of doctors, staff nurse and paramedical staff was not sanctioned in remaining seven MCH wings.

Shortage in *per cent* of Specialist doctors, staff nurse and paramedical staff ranged between 58 and 30; 64 and 15; 55 and 24 respectively in test checked five GMCs/ GMCHs. In DKSPGI super specialty Hospital Raipur only nine (3.21 *per cent*) posts of doctors (2), staff nurse (5) and paramedical staff (2) was filled with regular staff against the sanctioned strength of 280 and 208 posts were filled with contractual staff.

Staff nurse to bed ratio in ICU ranged upto 1:20 against the norms of 1:1 and in non-ICU wards this ratio ranged between 1:12 and 1:39 against the norms of 1:3 in test checked GMCHs. Further, sanctioned strength of staff nurse was also less than the Medical Council of India norms and it was not fixed in accordance with the bed capacity.

Though, four new GMCs and one private college was opened during 2016-22 and intake capacity (UG) has been increased to 1,370 from 1,100; none of the GMCs could attain maximum permissible intake capacity, as of March 2022.

There was shortage of doctors (29 *per cent*), paramedics (31 *per cent*) in AYUSH facilities and teaching staff (29 *per cent*) in Government Ayurveda Colleges. In selected districts, 130 out of 538 dispensaries were functioning without doctor.

Recommendations

1. ***The GoCG may formulate a human resource policy for the healthcare sector to make available required number of qualified manpower for public health;***
2. ***The GoCG may increase sanctioned strength of doctors, staff nurse and paramedical staff according to the IPHS norms in all HIs. Post of doctors***

may be sanctioned uniformly across all DHs to mitigate regional imbalance;

3. ***The GoCG should ensure availability of specialist doctors, staff nurse and paramedical staff against the sanctioned strength;***
4. ***Specialist doctor for each department may be posted to all DHs and CHCs to facilitate specialist services to the patients;***
5. ***The GoCG should post more staff nurse in the GMCHs to improve staff nurse to bed ratio in ICU and non ICU wards for proper nursing care; and***
6. ***The GoCG should take action for posting doctors in 130 AYUSH healthcare institutions that were operating without regular doctors.***

Chapter - III

Healthcare Services

Chapter 3

Healthcare Services

Highlights

- All 10 specialist services as per IPHS norms were not available in 18 (78 *per cent*) out of 23 DHs in the State, while in DH, Kondagaon only four specialist services were available. Similarly, Outpatient Department (OPD) services in General Medicine, General Surgery, Obstetrics and Gynecology and Pediatrics were not available in 104 (60 *per cent*), 148 (86 *per cent*), 126 (73 *per cent*) and 133 (77 *per cent*) CHCs respectively. In 282 (36 *per cent*) out of 776 PHCs, Doctor (Medical Officer) was not available to provide OPD services as per IPHS norms.
- OPD services in the Cancer unit in GMCH Jagdalpur and Cardiology, Nephrology, and Neurology Departments in GMCH Rajnandgaon could not be started for more than eight years due to non-availability of specialist doctors.
- Average OPD cases per doctor per annum in DHs ranged between 10,437 and 3,834 and in CHCs, it ranged between 19,659 and 4,451. In GMCHs, it ranged between 28,804 and 7,723. Against the national average of 28 OPD cases per doctor per day for DHs, one DH (Raipur) out of seven test checked DHs had more number of OPD cases (upto 35) than the national average. In 11 HIs (DHs/CHCs/GMCHs) number of patients per hour per registration counter was more than norms (20) during 2016-22.
- IPD ward/ beds as per IPHS norms were available for all five basic in-patient services (General medicine, General surgery, Ophthalmology, accident and trauma, Pediatrics) in only one out of seven test checked DHs. In two DHs the number of beds were available as per IPHS norms in respect of four out of five services. DH Balod did not have the required number of beds in any of the five wards. Burn ward was not available in four out of seven test checked DHs.
- Bed occupancy rate (BOR) of five out of seven DHs was below 80 *per cent* norms of IPHS. Average BOR of DH Surajpur and Baikunthpur was 137 and 185 respectively which shows inadequate number of beds against requirement.
- Average Bed turnover ratio of DH, Sukma was 173 *per cent* during the period which shows requirement of additional beds. The bed turnover ratio of DH Raipur was quite low (16.50) as compared to other DHs.
- Operation Theatre (OT) services were available in all test checked GMCHs and DHs. All 12 surgical procedures were available in only two DHs as per IPHS norms. In the remaining five DHs, non-availability of surgery ranged between one and four.
- All four surgery services (General Surgery, ENT, Orthopedics and Ophthalmology) were available in only three out of seven test checked

- DHs. Three types of surgeries in two DHs and only two types of surgery were available in one DH.
- Against the national average of 194 surgeries per surgeon in a year, four DHs had more than average surgeries per surgeon in Ophthalmology. Similarly, it was more than the national average in one DH in General Surgery department and in one DH in orthopedics department.
- OT services were available in three (21 *per cent*) out of 14 test checked CHCs and seven (50 *per cent*) out of 14 test checked PHCs.
- Emergency services were available in all test checked DHs, but all types of infrastructure and facilities as per IPHS norms were not available in four out of seven test checked DHs.
- Routine and emergency care was not available in 25 (15 *per cent*) out of 172 CHCs in the State. Facility of 24 hours management of selected emergency services such as accident, first aid, stitching of wounds etc., were not available in two out 14 test checked PHCs.
- Intensive Care Unit (ICU) facility was not available in four out of seven test checked DHs. Whereas, in one DH, the number of available ICU beds was less than the IPHS norm. The required number of ICCU beds was not available as per MCI norms in three GMCHs but availability of beds (25) in NICU (GMCH Bilaspur) was less than the average patient load per day (33) and thus, two neonates had to share a single bed.
- As per NFHS-5 survey report, only 60 *per cent* pregnant women received four Ante Natal Care (ANC) during pregnancy and only 26.30 *per cent* pregnant women were provided, iron folic acid tablets for 180 days. Further, 66 *per cent* of pregnant women received ANC during their first trimester during 2020-21.
- Institutional birth increased from 70.20 *per cent* to 85.70 *per cent* during 2016-21 and C-section deliveries increased from 9.9 *per cent* in 2015-16 to 15.2 *per cent* in 2020-21, but it was much higher (57 *per cent*) in private HIs than the public HIs (8.9 *per cent*).
- Special Newborn Care Unit (SNCU) service was not available in five (22 *per cent*) out of 23 DHs in the State. Neonatal death rate was highest in DH Kondagaon and lowest in DH Bilaspur.
- All Imaging (Radiology) services required under IPHS were not available in any of the test checked DHs/ CHCs. Stress test and ECHO facility was not available in five out of seven test checked DHs. In GMCHs, MRI services were not available in three out of five GMCHs. Ultra Sonography facility was available in only one out of 14 test checked CHCs. A full range of essential pathological investigations as per IPHS norms was not available in any of the test checked HIs (GMCH/ DHs/ CHCs).
- The number of Advance Life Support (ALS) ambulances were insufficient in 15 districts as only 30 ALS vehicles were deployed against the requirement of 52 under *108 Sanjeevni Express*, as of March 2022. In 33.99 *per cent* cases, the response time of ambulances was more than

30 minutes whereas in 57,398 cases (8.59 *per cent*) ambulance reached patients after one hour of receiving their calls. In nine districts, the response time was more than 30 minutes.

- Dietary services in HIs were marred by inadequate facilities like lack of dedicated kitchens, dieticians and food safety registration certificates. Blood bank/storage facility was available in all test checked DHs/GMCHs but license to operate blood bank was expired in DH Baikunthpur (Korea). Laundry services were available in all test checked DHs. In three test checked CHCs, records of linen services were not maintained. In two test checked GMCHs, linen were not changed every day and quality of bed linen was not checked on daily basis in any of the test checked GMCHs except GMCH Raipur.
- All test checked DHs and GMCHs had 24x7 mortuary facility but availability of facility for pathological postmortem was not available in four DHs and one GMCH. System to provide identification tag/ wrist band for each stored dead body was not available in two DHs and three GMCHs.
- Biological testing/ physical testing of water samples were not carried out in nine HIs out of 26 test checked DHs/ CHCs/ GMCHs. Uninterrupted stabilised power supply was not available in CHC Dondilohara and PHC Chintagupha out of test checked 14 CHCs and 14 PHCs.
- Citizen's charter was not displayed in nine out of 27 HIs (DHs/CHCs/GMCHs/DKSPGI). NOC/fire safety license was not obtained by 39 out of 41 HIs (DHs/CHCs/PHCs/GMCHs/DKS PGI). Healthcare Institutions also lacked smoke detection systems (36), fire hydrants (36) and signage (31). Hospital Infection Control Committee was not formed in 30 out of 41 HIs.
- Patient satisfaction survey was not conducted in three GMCHs, in three CHCs and in two PHCs out of test checked five GMCHs, 14 CHCs and 14 PHCs during 2016-22. Audit conducted survey of 450 patients and non-availability of neat and clean toilet facilities, adequate seating arrangements and non-availability of prescribed medicines was expressed by 38, 14 and 18 *per cent* patients respectively.
- The test checked HIs of AYUSH lacked fire safety equipment. Panchakarma services were not extended in seven test checked HIs.

3.1 Introduction

Health services should be accessible to all people and in a way that responds to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality while also ensuring that the use of these services does not expose the user to financial hardship.

3.2 Delivery of healthcare services

Healthcare services provided by Healthcare Institutions (HIs) are broadly classified into line services (directly related to patient care), support services (indirectly related to patient care) and auxiliary services (facilitate delivery of healthcare services). The Audit assessed the availability of these services in

the HIs in the State and observations related to management of these services in test checked HIs are discussed in succeeding paragraphs.

Line services

Line services include (i) Outdoor Patient Department (OPD), (ii) Indoor Patient Department (IPD), (iii) Emergency, (iv) Super Specialty Services etc., directly related to patient treatment.

3.3 Availability of OPD Services

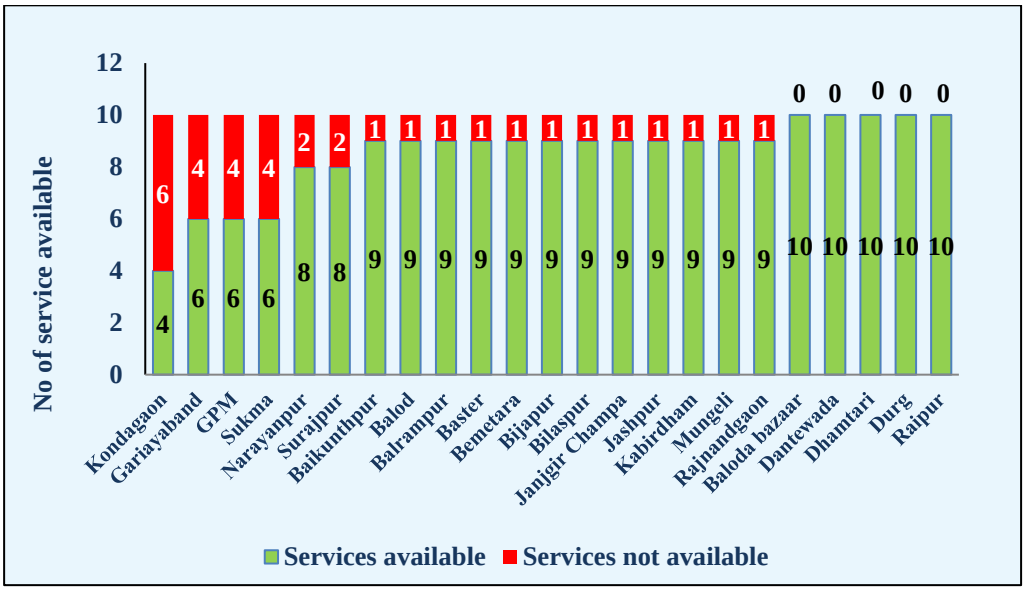
3.3.1 OPD Services

3.3.1.1 Availability of OPD services in District Hospitals (DHs)

As per IPHS norms, nine OPD services viz., ENT, General Medicine, Paediatrics, General Surgery, Ophthalmology, Dental, Obstetrics and Gynaecology, Psychiatry and Orthopaedics are essential for DHs while one service i.e., Dermatology and Venereology is desirable.

Availability of OPD services in all DHs in the State is shown in the following ***Chart - 3.1***:

Chart - 3.1: Availability of specialist OPD services in DHs



(Source: Compiled from information furnished by respective DHs)

From the above chart, it could be seen that all ten specialist services were available only in five (22 *per cent*) out of 23 DHs in the State, while in DH, Kondagaon only four specialist services were available. Twelve DHs had all the essential OPD services except the services in Dermatology and Venereology Department, as detailed in ***Appendix - 3.1*.**

Details of availability/ non-availability of OPD services in seven test checked DHs as of March 2022 is given in ***Table - 3.1***

Table - 3.1: Availability of OPD services in seven test checked DHs

Specialty Services (OPD)	DH Baikunthpur (Korea)	DH Balod	DH Bilaspur	DH Kondagaon	DH Raipur	DH Sukma	DH Surajpur	Not Available
ENT	Yes	Yes	Yes	**No**	Yes	**No**	**No**	**3**
General Medicine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Pediatrics	Yes	Yes	Yes	**No**	Yes	Yes	Yes	**1**
General Surgery	Yes	Yes	Yes	**No**	Yes	Yes	Yes	**1**
Ophthalmology	Yes	Yes	Yes	Yes	Yes	**No**	Yes	**1**
Dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Obstetrics & Gynaecology	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Psychiatry	**No**	Yes	Yes	**No**	Yes	**No**	Yes	**3**
Orthopedics	Yes	Yes	Yes	**No**	Yes	Yes	Yes	**1**
Derma & venereology	Yes	**No**	**No**	**No**	Yes	**No**	**No**	**5**
Number of Services Available	**9**	**9**	**9**	**4**	**10**	**6**	**8**	-

(Source: Information furnished by test checked DHs)

It could be seen from the above table that in four (57 *per cent*) out of seven test checked DHs, all nine essential specialised services were not available. It was further observed that:

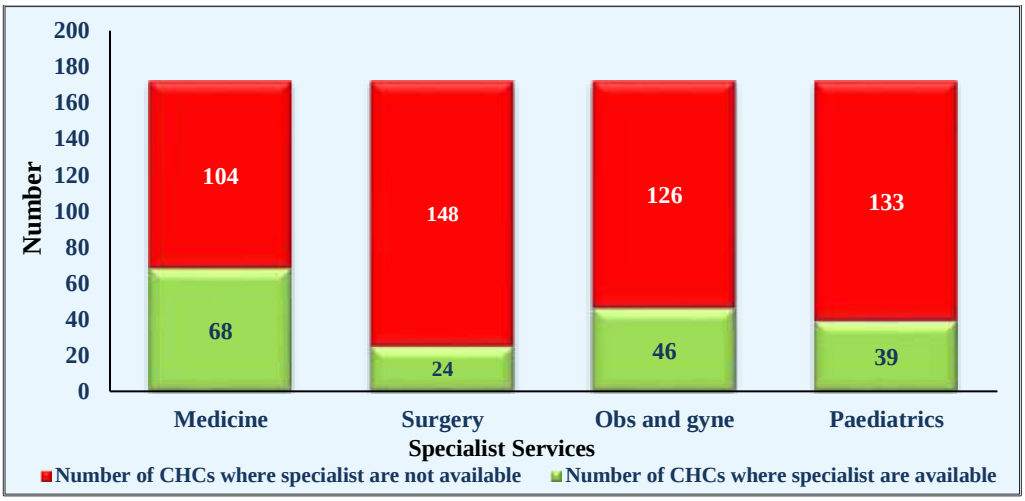
- General Medicine, Obstetrics and Gynaecology and Dental services were available in all test checked DHs.
- DH Kondagaon did not have six OPD services in ENT, Paediatrics, General Surgery, Psychiatry, Orthopedics and Dermatology and venereology service.
- Dermatology and Venereology which is desirable service was not available in five DHs[1].
- Psychiatry services was not available in three DHs[2].
- ENT service was not available in DH Sukma, Surajpur and Kondagaon.

3.3.1.2 Availability of OPD services in CHCs

As per IPHS norms, CHCs should provide four specialist out-patient services pertaining to General Medicine, General Surgery, Obstetrics and Gynaecology, and Paediatrics. Availability of specialist services in 172 CHCs in the State is depicted in the following ***Chart - 3.2*:**

[1] Balod, Bilaspur, Kondagaon, Sukma and Surajpur
[2] Baikunthpur**,** Kondagaon and Sukma

Chart - 3.2: Availability of specialist services in CHC



(Source: Information furnished by test-checked Healthcare Institutions)

It could be seen from the chart that non-availability of General medicine, General Surgery, Obstetrics and Gynecology and Paediatrics Services were alarming in CHCs and it was not available in 60, 86, 73 and 77 *per cent* CHCs respectively.

The availability/ non-availability of OPD services in the test checked CHCs is shown in ***Table - 3.2***:

Table - 3.2: Availability of OPD services in test checked CHCs

Sr. No.	Name of HIs	General Medicine	Surgery	Obstetrics & Gynaecology	Paediatrics	Dental	AYUSH
1	Arang	**No**	**No**	Yes	Yes	Yes	**No**
2	Bhaiyathan	Yes	**No**	**No**	**No**	Yes	Yes
3	Bishrampur	Yes	**No**	Yes	Yes	**No**	**No**
4	Chhindgarh	Yes	**No**	**No**	**No**	Yes	**No**
5	Chirmiri	Yes	**No**	Yes	Yes	**No**	**No**
6	Dondi	**No**	**No**	**No**	**No**	Yes	**No**
7	Dondilohara	Yes	**No**	**No**	**No**	Yes	**No**
8	Janakpur	Yes	**No**	Yes	Yes	Yes	Yes
9	Konta	Yes	Yes	Yes	Yes	Yes	Yes
10	Kota	Yes	**No**	Yes	Yes	Yes	Yes
11	Makdi	Yes	**No**	**No**	**No**	Yes	Yes
12	Takhatpur	Yes	**No**	Yes	Yes	Yes	**No**
13	Tilda	**No**	**No**	Yes	**No**	Yes	**No**
14	Vishrampuri	Yes	**No**	Yes	Yes	Yes	Yes

(Source: Information furnished by test checked CHCs)

It can be seen from the above table that none of the 14 test checked CHCs have all specialist services available except CHC Konta. In CHC Dondi, only Dental care OPD services were available. Thus, the CHCs failed to provide comprehensive healthcare services to the people in their/nearby area.

3.3.1.3 Availability of OPD services in PHCs

As per IPHS norms, six hours of OPD services (four hours in the morning and two hours in the afternoon) for six days in a week is mandated. No specialist OPD services are prescribed in IPHS for PHCs.

Doctors (Medical Officers) were not posted in 282 (36 *per cent*) PHCs out of 776 PHCs in State and thus, general OPD services as per IPHS norms were not available in these PHCs.

Audit observed that general OPD services were available in all 14 test checked PHCs. In four PHCs[3], doctors were not posted and OPD services were provided by Rural Medical Assistants[4] (RMA). Further, separate areas for consultation and examination in outpatient room were available in all PHCs.

3.3.1.4 Non-availability of AYUSH services in DHs, CHCs and PHCs

As per IPHS norms, DHs and CHCs should have AYUSH services and it is desirable in PHCs.

Audit observed that AYUSH services were not available in 15 DHs (65.22 *per cent*), 84 (48.84 *per cent*) CHCs and 720 (92.78 *per cent*) PHCs out of 23 DHs, 172 CHCs and 776 PHCs respectively due to vacancy in the post of AYUSH doctors.

Similarly, in test checked HIs, Audit observed that AYUSH services were not available in five DHs[5] (71 *per cent*), eight (57 *per cent*) CHCs[6] and 14 (100 *per cent*) PHCs out of test checked seven DHs, 14 CHCs and 14 PHCs respectively due to vacant post of AYUSH doctors.

3.3.1.5 Availability of OPD services in GMCHs

In five test checked GMCHs, all essential OPD services were available as per norms of MCI. However, in two GMCHs, following OPD services were not provided to patients:

- Posts of doctors and supporting staff for cancer unit were sanctioned in January 2014 in GMCH, Jagdalpur but till date (January 2023) these posts were lying vacant due to which cancer unit has not been established and cancer patients were being attended by Professor of Radiotherapy Department.
- Similarly, posts were sanctioned (October 2015) for the Cardiology, Nephrology and Neurology Departments in GMCH Rajnandgaon. However, no doctor was posted in these departments, as of March 2022 resulting in non-availability of these specialised patient care services.

Government stated (April 2023) that proposals for filling the vacant posts were sought from the GMC/GMCHs.

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3 PHC Bahrasi, Nawagaon (salka), Salna and Sanjari

4 Chhattisgarh started a novel three years medical course for medical assistants, to counteract physician shortage in rural areas.

5 DH Balod, Bilaspur, Kondagaon, Raipur and Surajpur

6 CHC Arang, Tilda, Bhaiyathan, Chhindgarh, Dondi, Dondilohara, Takhatpur and Janakpur

In the last seven years the Department has not made any significant efforts for recruitment of vacant post.

3.3.2 OPD cases

3.3.2.1 In test checked DHs, CHCs and GMCHs

OPD cases in test checked seven DHs, 14 CHCs and five GMCHs during 2016-22 is shown in the ***Table - 3.3***:

Table - 3.3: OPD cases in test checked HIs during 2016-22

Year	No. of out-patients in DHs	Increase (YoY) (*per cent*)	No. of out-patients in CHCs	Increase (YoY) (*per cent*)	No. of out-patients in GMCHs	Increase (YoY) (*per cent*)	Total No. of out-patients in GMCHs/ DHs/CHCs
2016-17	6,05,354	-	3,89,845	-	12,79,559	-	22,74,758
2017-18	7,28,930	20	4,52,057	16	15,20,385	19	27,01,372
2018-19	7,81,253	7	4,31,144	-5	16,09,044	6	28,21,441
2019-20	8,30,140	6	4,84,671	12	16,83,383	5	29,98,194
2020-21	4,52,743	-45	3,44,561	-29	10,51,767	-38	18,49,071
2021-22	6,19,662	37	4,38,569	27	11,32,781	8	21,91,012

(Source: data provided by test checked HIs)

It can be seen from the table that OPD cases in DHs ranged between 4,52,743 and 8,30,140. Similarly, for CHCs and GMCHs, it ranged from 3,44,561 to 4,84,671 and 10,51,767 to 16,83,383 respectively during 2016-22.

There was a substantial increase of 31.80 *per cent* in out-patient load in the test-checked HIs in 2019-20 as compared to 2016-17 but decreased (38.32 *per cent*) in 2020-21 due to COVID-19, and again it has been increased (18.49 *per cent*) in 2021-22 as compared to 2020-21.

3.3.2.2 OPD Services in AYUSH facilities

OPD cases in AYUSH HIs during 2016-22 and HI wise daily patient load[7] across the State was as shown in ***Table - 3.4***:

[7] Daily patient load is defined as the number of outpatients visiting a facility divided by the number of days the facility is in operation in a year.

Table - 3.4: Statement showing year wise daily patient load

Year	No of patient	No of days[8]	Daily patient load	Total HIs	HI wise patient load
A	**B**	**C**	**D (B/C)**	**E**	**F (D/E)**
2016-17	51,41,477	296	17,370	1,174[9]	15
2017-18	53,36,494	296	18,029	1,174	15
2018-19	62,04,050	296	20,960	1,174	18
2019-20	57,56,681	296	19,448	1,174	17
2020-21	35,54,312	296	12,008	1,174	10
2021-22	38,46,783	296	12,996	1,174	11
				Average	**14**

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

As shown in ***Table - 3.4,*** the daily patient load ranged from 10 to 18 patients per day per HI for the State during 2016-22, which indicates that the mainstreaming of AYUSH healthcare to the population of State is yet to be achieved.

Further, it could be seen that this load had been decreasing during COVID-19 period. This shows less interest of the people in visiting AYUSH facilities.

GoCG replied (December 2022) that due to Covid-19 pandemic and shortage of doctors the patient load was average and instructions for increasing the patient ratio had been issued to the DAOs. It was further stated that AYUSH centres organised health camps, awareness camps and AYUSH health fair etc. as per the Government directions to make people aware of various aspects of AYUSH.

3.3.2.3 Average OPD cases per doctor per annum against available OPD services

Average OPD cases per doctor per annum against the available OPD services in test checked DHs, CHCs and GMCHs during 2016-22 is shown in ***Chart - 3.3 (a), (b) and (c)***:

[8] Days counted as 296 days (excluding 52 Sundays and 17 gazetted holidays from 365 days) in a year.

[9] 637 Ayurveda Dispensary, 52 Homeopathy Dispensary, 6 Unani Dispensary, 5 District Hospital, 2 MCH, 15 AYUSH Wing, 12 AYUSH Polyclinic, 74 co-located centres in CHC, 371 co-located centres in PHC.

Chart - 3.3 (a): Average OPD cases per doctor per annum during 2016-22 in seven test checked DHs

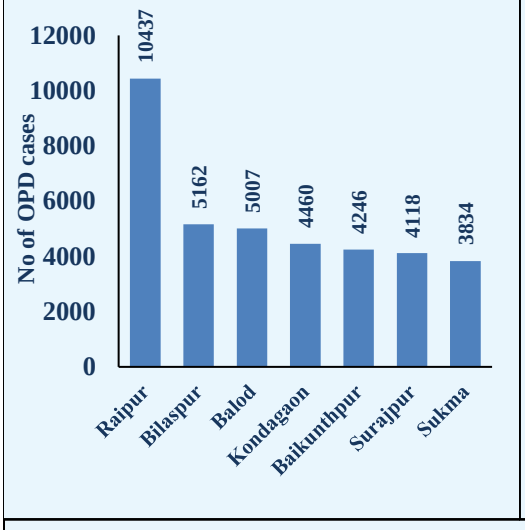


Chart - 3.3 (b): Average OPD cases per doctor per annum during 2016-22 in five test checked GMCHs

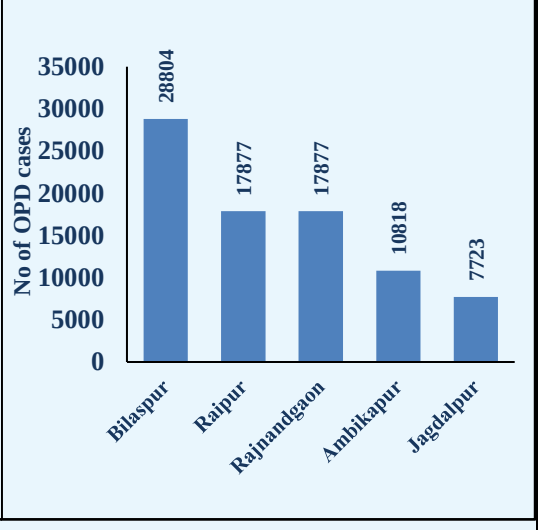
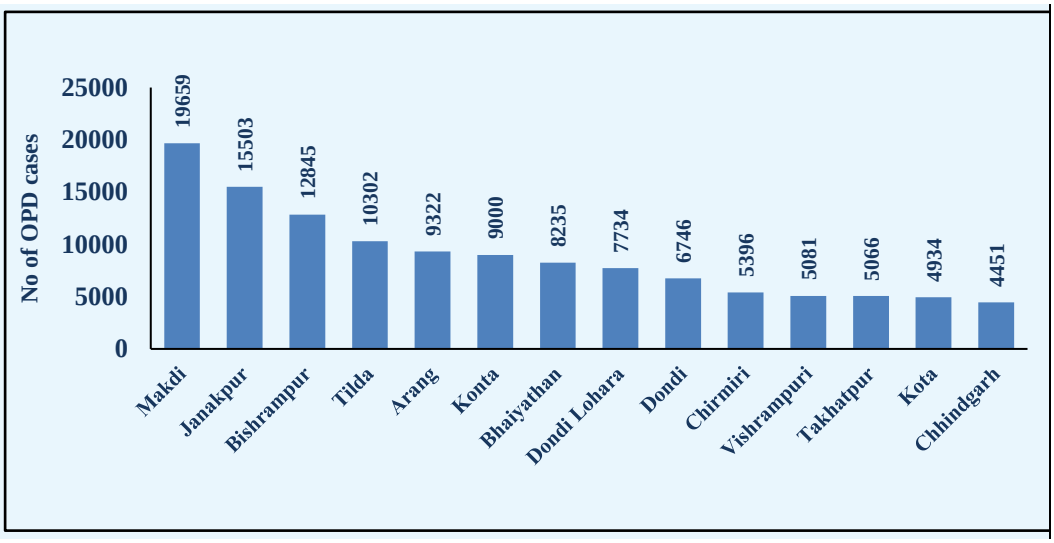


Chart - 3.3 (c): Average OPD cases per doctor per annum during 2016-22 in 14 test checked CHCs



(Source: Information furnished by test-checked Healthcare Institutions)

The average OPD cases per doctor per annum in DHs ranged between 10,437 and 3,834 and in CHCs and GMCHs, it ranged between 19,659 to 4,451 and 28,804 to 7,723 respectively during 2016-22.

Against the national average[10] of 28 OPD cases per doctor per day for DHs, one DH (Raipur) out of seven test checked DHs, had more number of OPD cases[11] (upto 35) than the national average.

[10] As per *Niti Ayog* report for DHs (best practices in the performance of district Hospitals), 2021.

[11] OPD cases per doctor per annum was divided by 296 days (excluding 52 Sundays and 17 gazetted holidays from 365 days)

3.3.3 Average consultation time

Average consultation time given to patients in test checked DHs/CHCs/ GMCHs during 2016-22 is shown in ***Table - 3.5*:**

Table - 3.5: Average consultation time taken per case in OPD

Consultation time	Test checked His		
	DHs (7)	CHCs (14)	GMCHs (5)
Up to five minutes	0	1	1
5.1 to 10 minutes	0	2	3
above 10 minutes	7	11	1

(Source: data provided by test checked HIs)

As evident from the above, the average consultation time given to patients was more than 10 minutes in all test checked DHs, one GMCH and 11 CHCs. Less than five minutes average consultation time was noticed in one GMCH and one CHC.

3.3.4 Availability of registration counter and average daily patient load per registration counter

As per NHM assessor's guidebook for quality assurance in HIs, the number of registration counters should be such that there are 12-20 patients/hour per registration counter. A total of 296 working days and six hours per day OPD have been considered during 2016-22.

Average number of patients per hour per registration counter in DHs, CHCs and GMCHs during 2016-22 is shown in the ***Chart - 3.4 (a) and (b)***:

Chart - 3.4 (a): Average number of OPD patients in GMCHs and DHs per registration counter per hour during 2016-22

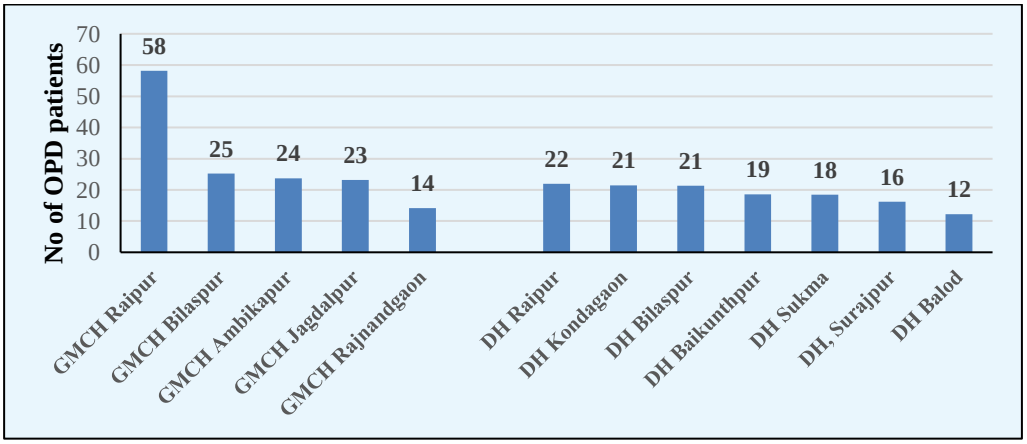
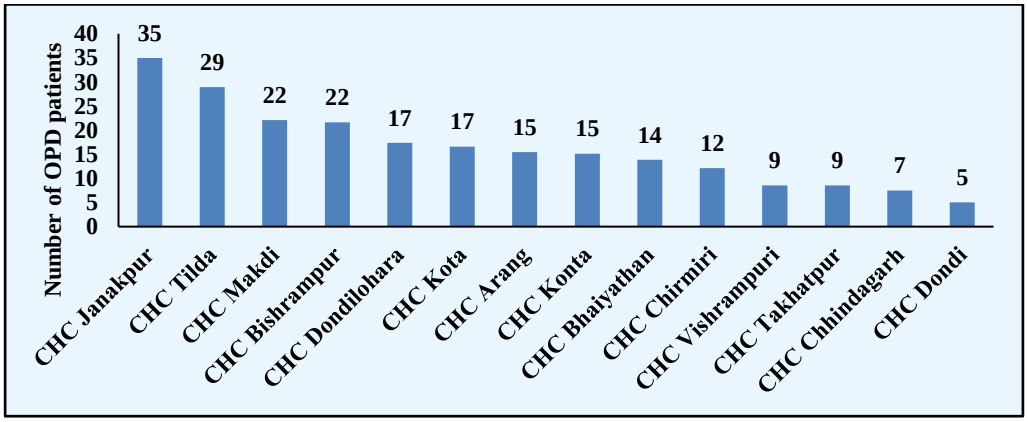


Chart - 3.4 (b): Average number of OPD patients in CHCs per registration counter per hour during 2016-22



(Source: Information furnished by test checked Health Institutions)

As can be seen from above, 11 HIs (DHs/CHCs/GMCHs) had a higher average number of patients per hour per registration counter than the norms during 2016-22. Thus, the HIs with higher patient load against the norms should increase the number of registration counters.

The result of higher number of patients was visible in long queues in the HIs, as depicted in the ***Photograph 1 and 2:***

1. Long queue in OPD registration counter in DH Surajpur (Date 07 March 2022)

2. Long queues of OPD Patient at registration counters in GMCH Raipur (Date 16 May 2023)

Implementation of e-hospital project

e-hospital Project was implemented under European Commission State Partnership Programme (ECSPP) to provide health-related services of the HIs like patient registration (IPD, OPD) and billing, through online platform to expedite these services for both HIs and patients. The DHS released ₹ 6.22 crore for implementation of e-hospital project for 24 DHs in two installments between June 2016 and March 2017.

The Mission Director, National Health Mission (MD, NHM), directed (October 2021) to operate all modules of e-hospital i.e., OPD, Billing, Nursing, Pharmacy, Lab Service, Blood bank in all the DHs.

Audit observed that 17 DHs hosted e-hospital project in the cloud space and only three modules- OPD registration, IPD and billing could be started due to lack of human resources and cloud space. Due to non-availability of NIC cloud space, seven DHs could not operate e-hospital project.

Audit further observed that the department developed (October 2021) a new State specific Software (Health Management Information System: HMIS) in coordination with National Informatics Centre (NIC), covering five GMCs, 24 DHs, eight Civil Hospitals, 143 CHCs and 464 PHCs which involves capturing data of name based OPD registration, IPD, Discharge, Bed Management. The project will be financed through NHM in RoP 2022-24 with an estimated cost of ₹ 13.99 crore.

Thus, due to improper planning, all modules could not be started in 17 DHs even after lapse of six years and in remaining seven DHs it could not be started till date.

DHS stated (January 2023) that due to lack of human resources and cloud space, the other modules could not be started. The new software (HMIS) was user friendly and easily acceptable to the human resources working in the remote areas.

The reply confirms that e-hospital could not be fully implemented.

3.4 IPD Services

Indoor Patients Department (IPD) refers to the areas of the HIs 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.

3.4.1 IPD cases in DHs/CHCs/GMCHs

Number of IPD cases in test checked DHs/CHCs/GMCHs during 2016-22 is shown in ***Table - 3.6***:

Table – 3.6: IPD cases in test checked *DHs/ CHCs/ GMCHs* during 2016-22

Year	No. of in-patients in DHs	Increase (YoY) (*per cent*)	No. of in-patients in CHCs	Increase (YoY) (*per cent*)	No. of in-patients in GMCHs	Increase (YoY) (*per cent*)
2016-17	53,253	-	36,213	-	2,66,463	-
2017-18	65,171	22	36,566	1	2,80,755	5
2018-19	70,671	8	38,409	5	2,08,261	-26
2019-20	78,373	11	35,918	-7	2,21,477	6
2020-21	57,970	-26	27,753	-23	1,69,985	-23
2021-22	67,446	16	37,529	35	1,65,459	-3

(Source: data provided by test checked HIs)

Thus, there was a substantial increase of IPD patients in DHs (26.65 *per cent*) and CHCs (3.63 *per cent*) but it decreased in GMCHs during 2016-22.

IPD cases for DHs ranged between 53,253 and 78,373, for CHCs it ranged between 27,753 and 38,409 and for GMCHs it ranged between 1,65,459 and 2,80,755 during 2016-22. Further, it was observed that department wise IPD data was not maintained in test checked DHs/CHCs for the year 2016-22.

3.4.2 Availability of IPD wards/beds in District Hospitals

As per IPHS norms for DHs, the IPD bed shall be categorised as General Medicine Ward, Paediatrics Ward, General Surgery Ward, Ophthalmology

Ward, Accident and trauma Ward, etc. Availability of IPD beds in seven test checked DHs is shown in ***Table - 3.7***:

Table - 3.7: Availability of IPD wards and beds in seven test checked DHs, as of March 2022

Sr. No.	Name of Ward	Requirement of beds in DH as per IPHS up to 200 beds[12]	DH Baikunthpur (Korea)	DH Balod	DH Bilaspur	DH Kondagaon	DH Raipur	DH Sukma	DH, Surajpur
1	General Medicine	30	120	20	28	37	20	29	50
2	General Surgery	30	30	**10**	**14**	37	20	17	30
3	Ophthalmology	5	30	**2**	23	14	20	21	25
4	Accident and trauma	10	**4**	**2**	6	10	10	9	**4**
5	Paediatrics	10	30	**5**	6	20	42	21	50

(Source: Information furnished by test checked DHs)

Colour code:

Availability range			
0-50 *per cent*	51-75 *per cent*	76 -99 *per cent*	100 *per cent* and above

As could be seen from the table, beds as required in IPHS norms were not maintained in any of the test checked DHs except DH Kondagaon. DH Balod did not maintain minimum required beds in General Surgery, General Medicine, Ophthalmology, Accident and Trauma and Pediatrics Ward. DH Bilaspur (General Surgery, General Medicines, Pediatrics, Accident and Trauma) and Sukma (General Surgery, General Medicines, Accident and Trauma) also did not maintain minimum number of IPD beds against the requirement under IPHS Norms.

3.4.3 Availability of Burn and Isolation wards in District Hospitals

As per IPHS norms, HIs should have certain wards like burn ward, isolation ward etc. Audit observed that out of 23 DHs, 11 DHs (48 *per cent*) did not have burn ward and four DHs (17 *per cent*) did not have facility of isolation ward. Availability of burn and isolation wards in seven test checked DHs is mentioned in the ***Table - 3.8:***

Table - 3.8: Availability of Burn ward and Isolation ward in seven test checked DHs, as of March 2022

District Hospital	Burn ward	Isolation ward
Balod	Available	Available
Bilaspur	**Not Available**	Available
Kondagaon	**Not Available**	Available
Baikunthpur (Korea)	Available	**Not Available**
Raipur	**Not Available**	**Not Available**
Sukma	**Not Available**	Available
Surajpur	Available	Available

(Source: Information furnished by seven test checked DHs)

[12] Seven test checked DHs are upto 200 beds

It could be seen from the table that DH Raipur did not have either burn ward or isolation ward whereas DH Balod and Surajpur had both the services.

3.4.4 Availability of six beds in PHCs with Maternal and Child Health Care

As per IPHS norms for PHCs, six indoor/observation beds, labour room should be available at PHCs. Availability of beds, labour room and operation theatre (optional) to facilitate conduct of selected surgical procedures (vasectomy, tubectomy, hydrocelectomy etc.) in test checked PHCs is given in ***Table – 3.9***:

Table - 3.9: Availability of labour rooms with beds and OT in test checked PHCs

District	Number of PHCs test checked	Availability of six beds	Availability of labour room	Availability of OT (for vasectomy, tubectomy, etc.
Balod	**2**	**Yes**	**Yes**	**No**
Bilaspur	**2**	**Partially available**	**Yes**	**No**
Kondagaon	**2**	**Yes**	**Yes**	**No**
Korea	**2**	**Yes**	**Yes**	**No**
Raipur	**2**	**Yes**	**Yes**	**No**
Sukma	**2**	**Yes**	**Yes**	**No**
Surajpur	**2**	**Yes**	**Yes**	**Partially available**

(Source: Information furnished by test checked PHCs)

It is evident from the above table that:

- All 14 test checked PHCs except PHC Nawagaon Salka in Bilaspur had six beds as per norms.
- All 14 test checked PHCs in seven districts had facility of labour room as per norms.
- OT facility for vasectomy and tubectomy surgeries was not available in all test checked PHCs as per norms except PHC Basdei (Surajpur).

3.4.5 Evaluation of IPD services through Outcome Indicators

The productivity, efficiency, clinical care capability and service quality provided by seven test-checked DHs during 2016-22 was evaluated through certain Outcome Indicators (OI) *viz*., Bed Occupancy Rate[13] (BOR), Bed Turn Over Rate[14] (BTR), Leave Against Medical Advice Rate (LAMA), Average Length of Stay (ALoS) and Referral Out Rate (ROR).

[13] Bed occupancy rate (BOR) is a measure of utilisation of the available bed capacity in the hospital, and it indicates the percentage of beds occupied by patients in a given period of time.

[14] The Bed Turnover Rate (BTR) is the rate of usage of beds in an in-patient department at a given period of time and is a measure of the utilization of the available bed capacity. High BTR indicates high utilisation of the in-patient beds in a department while low BTR could be due to fewer patient admissions or longer duration of stay in the departments.

The outcome indicators were evaluated based on the data provided by the DHs from the IPD registers of the HIs and against the prescribed norms of the NHM Assessor Guidebook and the same is indicated in the ***Table - 3.10***:

Table - 3.10: Outcome indicators of IPD services in seven test checked DHs for the year 2021-22

Name of DH	No of sanctioned / functional beds in DH	BOR (*per cent*)	BTR	Discharge Rate (*per cent*)	ROR (*per cent*)	ALoS (No. of Days)	LAMA rate (*per cent*)
Balod	100/100	75.04	53.11	65.22	6.29	5.71	6.53
Bilaspur	200/180	57.57	55.02	99.22	NA	3.78	6.35
Kondagaon	100/125	46.72	42.70	71.72	11.87	5.50	7.50
Baikunthpur (Korea)	100/250	185.00	92.00	87.00	8.00	6.00	5.00
Raipur	200/220	59.62	16.50	95.49	2.52	3.61	1.87
Sukma	100/168	70.90	172.53	83.00	1.29	3.06	0.01
Surajpur	100/110	137.01	97.00	88.00	7.00	4.00	4.00

(Source: Information furnished by test checked DHs)

It could be observed that:

- BOR of five DHs was below 80 *per cent* norms of IPHS. Average BOR of DH Surajpur and Baikunthpur was 137 and 185 respectively which shows inadequate number of beds against requirement. DHs did not maintain the data of BOR for each IPD department during 2016-22.
- The average BTR of DH, Sukma was 173 *per cent* during the period which shows requirement of additional beds. BTR of DH Raipur was quite low as compared to other institutions.

Above outcome indicators were not maintained by the test checked GMCHs and CHCs during 2016-22, due to which Audit could not ascertain the bed occupancy in test checked GMCHs and CHCs.

3.4.6 Operation Theatre (OT) services

3.4.6.1 OT services in District Hospitals

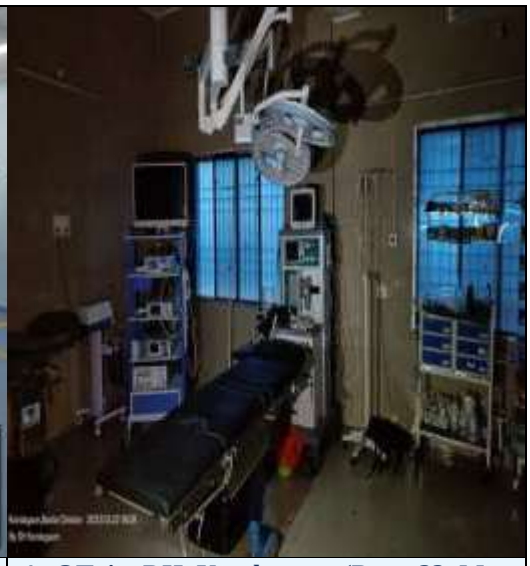
(a) Availability of OTs

Operation Theatre (OT) is an essential service that is to be provided to the patients. IPHS norms prescribe OT for elective major surgery; emergency services; ophthalmology, and ENT for DHs. As per guidelines/assessors' guidebook for quality assurance for HIs, the OT should have convenient relationship with surgical ward, ICU, radiology, pathology, blood bank and Central Sterile Supply Department (CSSD). It should have access without any physical barrier.

As per the information provided by DHs, convenient relationship with surgical ward, intensive care unit, radiology, pathology, blood bank and CSSD, disabled friendly access and maintenance of patient's records and clinical information was being ensured by all seven test checked DHs. OTs in all DHs had piped suction and medical gases, electric supply, heating, air-conditioning

and ventilation. The procedure for internal and external calibration of measuring equipment was also available as shown in ***Photograph no. 3 and 4***:

3. OT in DH Sukma (Date 23 May 2023)



4. OT in DH Kondagaon (Date 22 May 2023)

(b) Surgery facility in District Hospitals

As per NHM assessor's guidebook, 2013 and IPHS norms for DH, surgeries related to General Surgery, Obstetrics and Gynaecology, Paediatrics, Ophthalmology, ENT and Orthopaedics should be available at DHs. Further, as per IPHS norms, CHCs should be able to provide routine and emergency care in surgery. This includes dressings, incision and drainage, surgery for hernia, hydrocele, appendicitis, haemorrhoids, fistula, and stitching of injuries. It should also be able to handle emergencies like intestinal obstruction, haemorrhage etc., and do fracture reduction and putting splints/ plaster cast.

Availability of specific surgery procedures in the test-checked DHs is provided in ***Table - 3.11***:

Table - 3.11: Availability of surgery facility in test checked DHs

Name of procedure (as per IPHS)	DH Bilaspur	DH Balod	DH Kondagaon	DH Baikunthpur (Korea)	DH, Raipur	DH Sukma	DH Surajpur
Hernia	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hydrocele	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Appendicitis	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Haemorrhoids	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fistula	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Intestinal Obstruction	**No**	**No**	Yes	Yes	Yes	Yes	Yes
Haemorrhage	**No**	Yes	Yes	**No**	Yes	Yes	**No**
Nasal packing	**No**	**No**	**No**	Yes	Yes	Yes	Yes
Tracheostomy	**No**	**No**	**No**	**No**	Yes	Yes	Yes
Foreign body removal	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Fracture reduction	Yes	**No**	Yes	Yes	Yes	Yes	Yes
Putting splints/ plaster cast	Yes	Yes	Yes	Yes	Yes	Yes	Yes

(Source: Information furnished by test-checked Health Institutions)

It could be seen from the table that surgeries required under IPHS were available in DH Raipur and Sukma. Surgery facility for Haemorrhoids, Intestinal obstruction, Nasal Packing and Trachestomy was partially available in test checked DHs.

(c) Availability of major and minor surgeries in General surgery, ENT, Eye and Orthopaedics departments in test checked District Hospitals

Major and minor surgeries performed in General surgery, ENT, Eye and Orthopaedics departments in test checked DHs is shown in the ***Table - 3.12***:

Table - 3.12: Major and Minor surgeries performed in General Surgery, ENT, Ophthalmology and Orthopedics Departments in seven test checked DHs during 2016-22

Name of DH	General surgery		ENT		Orthopaedics		Ophthalmology	
	Major	Minor	Major	Minor	Major	Minor	Major	Minor
Baikunthpur (Korea)	382	1,157	52	134	1,984	369	2,766	154
Balod	372	732	0	0	0	0	406	1
Bilaspur	Data not provided						2,193	98
Kondagaon	14	16	2	17	58	13	2,106	546
Raipur	122	277	7	37	476	335	1,420	202
Sukma	301	639	0	0	480	2,056	255	0
Surajpur	11	289	0	0	5	192	1,455	174
Total	1,202	3,110	61	188	3,003	2,965	10,601	1,175

(Source: Information furnished by test checked DHs)

It could be seen from the table that surgery facility in General Surgery and Eye Department was available in all seven test checked DHs.

ENT (major and minor) surgeries were available in only three (43 *per cent)* DHs i.e., DH Baikunthpur (Korea), Kondagaon and Raipur. Similarly, Orthopaedic (major and minor) surgeries were available in five test checked DHs and not in DH Balod and DH Bilaspur.

Further, it could be seen that, all four types of surgeries were available in only three DHs (Baikunthpur, Kondagaon and Raipur), three type of surgeries in (DH Sukma and Surajpur) and two types of surgeries in DH Balod.

(d) Surgery load per surgeon

Audit analysed data of surgeries conducted per surgeon available in seven test checked DHs and observed huge variations across DHs during 2016-22, as shown in ***Table - 3.13***:

Table - 3.13: Average number of surgeries per surgeon in seven test checked DHs

Name of DH	Year	General surgery		ENT		Orthopaedics		Ophthalmology	
		Avg. No. of surgeons	Average No. of surgeries per annum per surgeon	Avg. No. of surgeons	Average No. of surgeries per annum per surgeon	Avg. No. of surgeons	Average No. of surgeries per annum per surgeon	Avg. No. of surgeons	Average No. of surgeries per annum per surgeon
Baikunthpur (Korea)	2016-22	1	257	2	16	3	131	2	243
Balod[15]	2016-22	1	184	0	0	0	0	1	68
Bilaspur	2016-22	Data was not provided						1	382
Kondagaon	2016-22	1	5	1	3	1	12	1	442
Raipur	2016-22	2	33	2	7	3	45	3	90
Sukma	2016-22	1	157	0	0	1	422	1	43
Surajpur	2016-22	2	25	0	0	1	33	1	272

(Source: Information furnished by test-checked DHs)

It could be seen from the table that against the national average[16] of 194 surgeries per surgeon in a year, four DHs had more than average surgeries per surgeon in Ophthalmology. Similarly, it was more than the national average in one DH in General Surgery department and in one DH in orthopedics department.

3.4.6.2 In Community Health Centers

(a) Operation Theatres

IPHS norms for OT in CHCs prescribe that there should be one OT and one labour room. Audit observed that labour room was available in all 172 CHCs in the State. However, 38 (22 *per cent*) CHCs were functional without OT.

In 14 test checked CHCs, though labour rooms were available in all the CHCs but OT services were available in only three (21 *per cent*) CHCs[17]. Non-functional OTs were found in CHC Kota and CHC Bhaiyathan, as depicted in ***Photographs number 5 and 6***:

15 Surgeries were conducted by PGMOs.
16 NITI Ayog report on District Hospitals 2021.
17 CHC Arang, Janakpur and Tilda

5. OT not in use in CHC Kota due to non posting of general surgeon since 2016 (Date 19 May 2023)

6. Non functional OT in CHC Bhaiyathan (Date. 14 March 2022)

(b) Surgery facility in CHCs

In 14 test checked CHCs it was noticed that in seven CHCs[18], none of the surgery facility was available. In remaining seven CHCs, surgery facility of Hernia, Hydrocele, Appendicitis, Hemorrhoids, Fistula, Intestinal obstruction and Tracheostomy etc., was partially available. Surgery facility for Haemorrhage was available in four CHCs[19]; Nasal Packing facility was available only in three CHCs Dondilohara, Janakpur and Tilda; Foreign body removal facility was available in six CHCs[20]; Fracture reduction facility was available only in three CHCs Arang, Janakpur and Tilda. Reasons for non-availability of all types of surgery was mainly due to vacant post of specialist doctors.

3.4.6.3 In Primary Health Centers

As per IPHS norms, minor OT/ emergency room should be located close to the OPD to cater to patients for minor surgeries and emergencies after OPD hours. It should be well equipped with all the emergency drugs and instruments.

Audit observed that out of 776 PHCs in the State, minor OT facility was not available in 464 (60 *per cent*) PHCs. In test checked PHCs it was observed that in seven[21] (50 *per cent*) out of 14 PHCs, services of minor OT were not available.

The DHS stated (January 2023) that due to shortage of Specialist Doctors these services were affected, and it was further stated that corrective action would be taken for operationalisation of OT services in all CHCs.

3.4.6.4 OT in Government Medical College Hospitals

On review of OT services, Audit observed that OT services were available in all the five test checked GMCHs. Audit further observed that:

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18 Takhatpur, Vishrampuri, Chirmiri, Chhindgarh, Konta, Bishrampur and Bhaiyathan
19 CHC Dondi, Dondilohara, Janakpur and Tilda
20 CHC Dondi, Dondilohara, Janakpur, Kota, Makdi and Tilda
21 Basdei, Chikhlakasa, Reewa, Salna, Sanjari, Shampur and Tongpal

- One modular OT valuing ₹ 94.14 lakh installed (September 2018) in DKSPGI Raipur, remained unutilised from October 2018 due to seepage in ceiling, as shown in following ***Photograph - 7***:

7. OT not in use in DKS PGI, Raipur due to seepage (Date 03 June 2022)

- C-Arm machine valuing ₹ 39.98 lakh supplied (August 2019) to GMCH Bilaspur was of inferior quality and not in accordance to the technical specification; as such, it could not be installed. Thus, Orthopedics Department at GMCH Bilaspur was facing problem in conducting laparoscopic surgeries forcing them to conduct open surgeries thereby denying the advance patient care. Due to non-availability of machines, number of surgeries were reduced to 233 (2021) from 427 (2019).

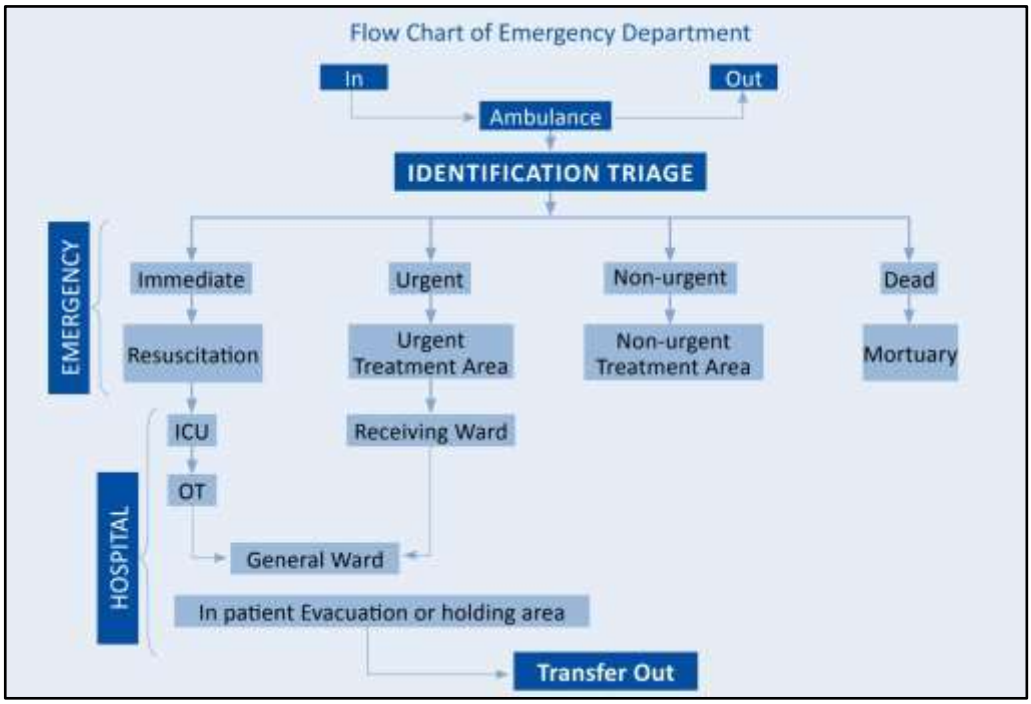
Government stated (April 2023) that procurement of new C-Arm machine is under progress.

The reply was not acceptable as the Department could not procure machine for more than three years and thus, surgery cases were badly affected in Orthopedic Department at GMCH Bilaspur.

3.5 Emergency services

The Emergency Department is the first point of contact for any critically ill patient needing immediate medical attention. Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. Flow chart of Emergency Department is shown in ***Chart - 3.5***:

Chart – 3.5: Flow chart of Emergency Department



(Source: IPHS DH)

3.5.1 Availability of emergency services

(i) In District Hospitals

As per IPHS norms for DHs, 24x7 operational emergency services should be available with dedicated emergency room, medical equipment, adequate manpower, dedicated triage, resuscitation and observation area, mobile X-ray/ laboratory, side labs/plaster room, One Emergency OT and minor OT facilities.

The status of emergency services in seven test-checked DHs is detailed in ***Table - 3.14***:

Table - 3.14: Availability of emergency services in test-checked DHs

Availability of	DH Baikunthpur	DH, Balod	DH, Bilaspur	DH Kondagaon	DH, Raipur	DH, Sukma	DH, Surajpur
Emergency OT	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Infrastructure in Emergency ward	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Infrastructure relating to trauma ward such as Bed capacity, machinery & equipment etc.	**No**	Yes	Yes	Yes	**No**	Yes	Yes
Triage process to sort patients	**No**	Yes	Yes	Yes	Yes	Yes	Yes
Surgical facilities for Emergency Appendectomy	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Diagnose and to treat for Hypoglycemia, Ketosis and Coma	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Assault injuries/ Bowel injuries/ Head injuries/ Stab injuries /Multiple injuries/ Perforation/ Intestinal	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Availability of	DH Baikunthpur	DH, Balod	DH, Bilaspur	DH Kondagaon	DH, Raipur	DH, Sukma	DH, Surajpur
obstruction							
Emergency laboratory services	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blood bank in close proximity to emergency department	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mobile X-ray/ laboratory, side labs/plaster room in Accident and Emergency Service	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Operation Theatre for Maternity, Orthopaedic Emergency, Burns and plastic and Neurosurgery cases round the clock	Yes	**No**	Yes	Yes	Yes	Yes	Yes
Facilities for Accidents and emergency services including poisoning and Trauma Care	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Separate provision of emergency ward for examination of rape/sexual assault victim	**No**	Yes	Yes	Yes	Yes	Yes	Yes
Sufficient separate waiting areas and public amenities in emergency ward for patients and relatives.	**No**	Yes	Yes	Yes	Yes	Yes	Yes
Emergency protocols in emergency ward.	Yes	Yes	Yes	Yes	Yes	Yes	**No**
Disaster management plan in emergency ward.	**No**	Yes	Yes	Yes	Yes	Yes	**No**

(Source: Information furnished by test-checked DHs)

(ii) Community Health Centres

As per IPHS norms, CHCs should provide care of 'routine and emergency cases' like dengue hemorrhagic fever, cerebral malaria and others like dog and snake bite cases, poisonings, burns, shock, acute dehydration etc. Further, essential and emergency obstetrics care including surgical interventions like C-Sections and other medical interventions should be available.

Audit observed that out of 172 CHCs in State, emergency services were not available in 25 (15 *per cent*) CHCs. Further, in 14 test checked CHCs, emergency services were not available in two (14 *per cent*) CHCs[22].

The availability of care of 'Routine and Emergency cases' in CHCs is given in ***Table - 3.15***:

[22] CHC Chhindgarh and CHC Konta

Table - 3.15: Availability of routine and emergency care in 14 test checked CHCs

Name of Routine and Emergency care service	No. of test checked CHCs						
	Balod (02)	Bilaspur (02)	Kondagaon (02)	Korea (02)	Raipur (02)	Sukma (02)	Surajpur (02)
Dengue Haemorrhagic Fever	P	P	A	P	P	P	NA
Cerebral Malaria	A	A	A	P	NA	P	A
Dog and snake bite cases	A	A	A	A	A	A	A
Poisonings	A	P	A	A	A	A	A
Congestive Heart Failure	P	NA	P	P	NA	P	P
Left Ventricular Failure	P	NA	P	NA	NA	P	P
Pneumonias	A	P	A	A	A	A	A
Meningoencephalitis	NA	P	P	NA	NA	NA	NA
Acute respiratory conditions	A	P	A	A	P	A	A
Status Epilepticus	A	P	A	A	P	P	A
Burns	A	NA	A	A	P	A	A
Shock	A	NA	A	A	P	A	P
Acute dehydration	A	A	A	A	A	P	A
Obstetric care including surgical interventions like caesarean Sections and other medical interventions	NA	P	NA	A	A	NA	NA

(Source: Information furnished by test-checked CHCs)

A-Available, NA- Not Available and P- Partially Available

It was observed that:

- Routine and Emergency care service for dengue haemorrhagic fever was not available in seven CHCs (Dondi, Kota, Chirmiri, Tilda, Chhindgarh, Bishrampur and Bhaiyathan) and cerebral malaria care was not available in four CHCs (Chirmiri, Tilda, Arang and Chhindgarh).
- Dog and snake bite care services were available in all CHCs and pneumonias, poisonings emergency care services were also available in test checked CHCs except CHC Takhatpur.
- Care of acute respiratory conditions was not available in CHC Takhatpur and Arang while acute dehydration care was available in all test checked CHCs except CHC Chhindgarh.
- Burns care was not available in three CHCs (Kota, Takhatpur and Arang) while emergency care of shock was not available in four CHCs (CHC Kota, Takhatpur, Arang and Bishrampur)

- Obstetric care including surgical interventions like C-Sections and other medical interventions was available only in five CHCs (Takhatpur, Chirmiri, Janakpur, Tilda and Arang) out of 14 test checked CHCs.

(iii) Management of Emergency cases in Primary Health Centres

As per IPHS norms for PHCs, 24 hours emergency services such as appropriate management of injuries and accident, first aid, stitching of wounds, incision and drainage of abscess, stabilisation of the condition of the patient before referral, Dog bite/ snake bite/ scorpion bite cases, and other emergency conditions should be provided in PHCs. Intra-natal care: 24-hour delivery services both normal and assisted including appropriate and prompt referral for cases needing specialist care should be ensured.

Audit observed that out of 776 PHCs in State, emergency services were not available in 65 (8.38 *per cent*) PHCs. Further, out of 14 test checked PHCs, emergency services were available in 12 PHCs.

Availability of 24 hours management of selected emergency services and emergency on call basis, 24-hour normal delivery services and referral emergency services in PHCs is detailed in ***Table - 3.16***:

Table - 3.16: Availability of Emergency Services in 14 test checked PHCs

Name of District	Name of test-checked PHCs	24 hours management of selected emergency services	Emergency on call basis, 24-hour normal delivery services and referral
Balod	Sanjari	Available	Available
	Chikhlakasa	Available	Available
Bilaspur	Belpan	**Not Available**	Available
	Nawagaon salka	Available	Available
Kondagaon	Shampur	Available	Available
	Salna	Available	Available
Korea	Khadgawa	Available	Available
	Baharasi	Available	Available
Raipur	Bangoli	Available	Available
	Reewa	Available	Available
Sukma	Tongpal	Available	Available
	Chintagupha	Available	Available
Surajpur	Basdei	Available	Available
	Salka	**Not Available**	Available

(Source: Information furnished by test-checked PHCs)

Facility of 24 hours management of selected emergency services such as accident, first aid, stitching of wounds etc., were not available in two out of the 14 test checked PHCs. 24 x7 emergency, referral and normal delivery services were available in all the14 test checked PHCs.

(iv) In Government Medical College Hospitals

Number of beds available and availability of medical equipment in emergency ward in the five test checked GMCHs is mentioned in ***Table - 3.17:***

Table - 3.17: Availability of beds and equipment in emergency ward in five test checked GMCHs

No of beds/ Equipment	Requirement as per MCI norms	Ambikapur	Bilaspur	Jagdalpur	Raipur	Rajnandgaon
No. of beds	20	20	24	20	31	20
Ventilators	03	**01**	03	03	09	07
Multipara monitors	03	**01**	05	03	20	13
ECG machine	03	**01**	05	02	02	04
Emergency X ray 300/500 mA	01	**00**	**00**	**00**	01	**00**
Mobile X ray 100 mA	01	01	01	**00**	01	03
Sonography machine	01	**00**	**00**	**00**	02	04
Pulse oximeter	02	**01**	07	02	**00**	**01**

(Source: Information provided by test checked GMCHs and compiled by Audit)

Colour code:

Availability range		
0-50 *per cent*	51-99 *per cent*	100 *per cent* and above

Audit observed that required number of beds as per norms were available under emergency services in all test checked GMCHs. However, only one ventilator, multipara monitor and ECG machine was available against three in GMCH Ambikapur. Emergency X ray was not available in four out of five GMCHs and mobile X ray was not available in GMCH Jagdalpur. Sonography machines were not available in GMCH Jagdalpur, Ambikapur and Bilaspur. Pulse oximeter was not available in GMCH Raipur whereas its availability was only one against two in GMCH Ambikapur and Rajnandgaon.

Government stated (April 2023) that instructions have now been issued to GMCHs for providing emergency services according to MCI Norms.

3.5.2 Availability of Intensive care units: Critical Care Services

Intensive Care Unit (ICU) is essential for critically ill patients requiring highly skilled life-saving medical aid and nursing care. These include major surgical and medical cases such as head injuries, severe haemorrhage, poisoning etc.

On review of ICU services, Audit observed following:

(i) District Hospitals

Intensive care services in DHs are essential for providing minimum assured services as per the IPHS for DHs with more than 100 beds. IPHS prescribes for keeping 5 to 10 *per cent* of total beds for critical care. Out of 23 DHs in the State, ICU ward was not available in 11 DHs. The details of availability of total beds and ICU beds in seven test checked DHs during 2021-22 is shown in ***Table - 3.18***:

Table - 3.18: Details of availability of ICU beds in test-checked DHs during 2021-22

Name of District Hospital	Total sanctioned beds	Minimum ICU beds required as per IPHS norms (5-10 *per cent* of total beds)	ICU beds available	Percentage of beds kept for ICU
Balod	100	5	10	10
Bilaspur	200	10	**Not available**	**00**
Kondagaon	100	5	11	11
Baikunthpur	100	5	03	03
Raipur	200	10	**Not available**	**00**
Sukma	100	5	**Not available**	**00**
Surajpur	100	5	**Not available**	**00**

(Source: Information furnished by test-checked DHs)

Colour code:

Availability range		
0 *per cent*	less than 100 *per cent*	100 *per cent* and above

Audit observed that ICU ward was not available at DH, Bilaspur, Raipur, Sukma and Surajpur due to shortage of manpower. Thus, in the absence of ICU facility, patients approaching DHs despite being in an emergent condition were likely to be referred to another DH, GMCH or private HIs.

DHS stated (January 2023) that through NCD program, ICU facility is soon going to start in these districts.

(ii) Government Medical College Hospitals

As per MCI norms, there shall be well equipped five beds each in Intensive Care Unit (ICU), Intensive Coronary Care Unit (ICCU), Intensive Care Pediatric/Neonatal Unit (PICU/NICU) and preferably Intensive Care in Tuberculosis and Respiratory Diseases.

Availability of beds in Critical Care Units in GMCHs as of March 2022 is shown in ***Table - 3.19:***

Table 3.19: Availability of beds in critical care units in five test checked GMCHs

Name of Critical Care Unit	Norms of functional beds as per MCI Regulations,1999 as amended in October 2020	Number of functional beds				
		Ambikapur	Bilaspur	Jagdalpur	Raipur	Rajnandgaon
ICU	5	10	08	17	68	17
ICCU	5	**0**	20	**0**	10	**0**
PICU	5	10	**0**	08	14	30
NICU	5	**0**	25	36	**0**	40
SICU	5	10	09	20	10	**0**
	Total	**50**	**53**	**61**	**92**	**87**

(Source: Information provided by test-checked GMCHs)

Colour code:

Excess/No shortage	Shortage

Audit observed that there were no separate Intensive Coronary Care Unit (ICCU) in three GMCHs (Ambikapur, Jagdalpur and Rajnandgaon), PICU, in GMCH, Bilaspur, NICU in two GMCHs (Ambikapur and Raipur) and SICU

in GMCH, Rajnandgaon. But availability of ICU beds were higher than the minimum required. Further, there were insufficient beds in NICU of GMCH, Bilaspur against the number of patients which is detailed in following paragraph:

Insufficient beds in NICU affected the quality of vital health services

New born babies who need intensive medical care are often put in a special area of the HIs i.e. NICU.

During scrutiny of records and joint physical verification of NICU of GMCH, Bilaspur, Audit observed that number of neonates admitted in the NICU were much more than existing bed capacity of 25 beds. It was further, observed that in 342 days out of 387 days (in 13 latest months) more patients (up to 54 patients in a day) were admitted against the availability of 25 beds. Due to shortage of beds, two neonates were accommodated in a single bed as depicted in the following ***Photograph* - 8**:

8. Image of NICU in GMCH Bilaspur where two neonates were accommodated in one bed. (20 April 2022)

Government stated (April 2023) that instructions have been issued to increase the number of beds for better patient care.

3.5.3 Emergency cases referred to other Healthcare Institutions (HIs)

Details of emergency cases referred to other HIs from seven test checked DHs is given in ***Table - 3.20***:

Table - 3.20: Emergency cases referred to other HIs from test-checked seven DHs

(figures in per cent)

Year	Baikunthpur	Balod	Bilaspur	Kondagaon	Raipur	Sukma	Surajpur
2016-17	9	20	11	11	0	0	**62**
2017-18	8	14	10	10	0	6	**39**
2018-19	10	14	9	11	4	9	**36**
2019-20	13	7	11	12	20	16	**47**
2020-21	11	12	10	14	9	18	**42**
2021-22	15	15	6	12	3	13	**54**
Average	11	13	13	13	5	13	48

(Source: Information furnished by test-checked DHs)

Colour code:

Percentage range of referral cases			
0 *per cent*	1-10 *per cent*	11-30 *per cent*	**Above 30 *per cent***

It is evident from the above table that percentage of emergency cases referred to other HIs ranged between 36 and 62 *per cent* (highest) in DH Surajpur and ranged between zero and 20 *per cent* (lowest) in DH Raipur during 2016-22.

3.6 Maternity Services

Ante Natal Care (ANC), Intra-Partum Care or delivery care (IPC) and Post Natal Care (PNC) are the major components of facility based maternity services. ANC is the systemic supervision of women during pregnancy to monitor the progress of fetal growth and to ascertain the well-being of the mother and the fetus. PNC includes medical care of the mother and newborn after delivery of the child especially during the 48 hours post-delivery, which are considered critical.

3.6.1 Achievement of required four Antenatal Care check-ups and delivery of Iron folic Acids tablets, Tetanus Toxoid to pregnant women

ANC involves general and abdominal examination and laboratory investigations to monitor pregnancies and management of complications. Every pregnant woman is required to visit at least four times for ANC, including the first visit/ registration.

All pregnant women need to be given one tablet of Iron Folic Acid for at least 180 days. Further, as per IPHS immunization programme, Tetanus Toxoid (TT), TT-1 should be provided early in pregnancy and TT-2 after 4 weeks of TT-1.

Percentage of pregnant women provided ANC, TT, and IFA tablets in the State as per National Family Health Survey -5 (NFHS-5) is shown in ***Table - 3.21***:

Table - 3.21: Indicators of Antenatal Care, TT administration and IFA tablets in State

(in per cent)

Indicators	2015-16	2020-21
ANC received in the first trimester	70.80	65.70
Pregnant women received at least four ANC	59.10	60.10
TT administration	94.30	91.90
IFA (180 days)	9.50	26.30

(Source: NFHS-5 report)

It is evident from the above table that mothers who consumed iron folic acid for 180 days or more when they were pregnant has increased to 26.30 *per cent* from 9.50 *per cent* during 2016-21 but still only at 26.3 *per cent* of pregnant women get these tablet. Further, during 2020-21 only 65.7 *per cent* of pregnant women received ANC during their first trimester while 60.1 *per cent* of pregnant women received four required ANC during their pregnancy period.

3.6.2 Status of institutional deliveries

IPHS norms of CHCs/ PHCs provide that each CHC/ PHC should have a fully equipped and operational labour room. Percentage of institutional births in

public HIs and home birth by Skilled Health Personnel in the State as per NFHS-5 is shown in ***Table - 3.22***:

Table - 3.22: Indicators of institutional births and home births by Skilled Health Personnel in the State

(In per cent)

Indicators	2015-16	2020-21
Institutional births	70.2	85.7
Institutional births in public health facility	55.9	70
Home birth by Skilled health personnel	8.4	5.8

(Source: NFHS-5 survey report)

As could be seen from the above table that institutional births have increased from 70.2 *per cent* in the year 2015-16 to 85.70 *per cent* in 2020-21. However, institutional births in public health facility remained at 70 *per cent* during 2020-21.

3.6.3 Labour room facilities in DHs/ CHCs/ PHCs

Availability of labour room facility in test checked DHs/CHCs/ PHCs is given in ***Table - 3.23***:

Table - 3.23: Availability of labour room in test-checked DHs/CHCs/ PHCs

Type of Health Institutions	Total Number of HIs	Availability of Labour Room in no. of His
DHs	07	07
CHCs	14	14
PHCs	14	14

(Source: Information furnished by test-checked health institutions)

It could be seen that labour rooms were available in all the test checked DHs, CHCs and PHCs.

3.6.4 Pathological investigations

ANC Guidelines 2010 prescribes conducting six pathological investigations[23], depending upon the condition of pregnancy during ANC visits to identify pregnancy related complications. Availability of Pathological investigations for pregnant women in test-checked HIs is given in ***Table - 3.24:***

Table - 3.24: Availability of Pathological investigations for pregnant women in test-checked HIs

Name of test	DHs (07)	CHCs (14)
Blood group including Rh factor	07	14
Venereal disease research laboratory (VDRL)/Rapid Plasma Reagin (RPR)	07	14
HIV testing	07	14
Rapid Malaria test	07	14
Blood Sugar testing	07	14
Hepatitis B surface Antigen (HBsAg)	07	14

(Source: Information furnished by test-checked Health Institutions)

[23] Blood group including Rh factor, Venereal disease research laboratory (VDRL)/Rapid Plasma Reagin (RPR), HIV testing, Rapid Malaria test, Blood Sugar testing, Hepatitis B surface Antigen (HBsAg)

Audit observed that all pathological investigations facility related to pregnancy were available in all test-checked DHs and CHCs.

3.6.5 Caesarean deliveries (C- section)

Maternal and Newborn Health Toolkit designated all FRU-CHCs/DHs as centre for providing surgical (C-section) services with the provision of specialised human resources (gynecologist/obstetrician and anesthetist) and equipped operation theatre to provide Emergency Obstetric Care (EmOC) to pregnant women. The statement showing C-section deliveries as per NFHS-5 in Chhattisgarh is shown in ***Table - 3.25***:

Table - 3.25: Status of Caesarean deliveries (C-Section) in the State

(In per cent)

Indicators	2015-16	2020-21	*Per cent* increase
C-section deliveries	9.9	15.2	53.54
Private health facility C-section deliveries	46.6	57	22.32
Public health facility C-section deliveries	5.7	8.9	56.14

(Source: NFHS-5 survey report)

It is evident from the above table that C-section deliveries have increased from 9.9 *per cent* in 2015-16 to 15.2 *per cent* in 2020-21, but it was much higher (57 *per cent*) in private HIs than the public HIs (8.9 *per cent*). The increase in rate of C-section deliveries was lower at private HIs (22.32 *per cent*) as compared to public HIs (56.1 *per cent*).

Number of C-section deliveries conducted during 2016-22 in test-checked five GMCHs and seven DHs is shown in ***Chart - 3.6 (a) and (b)***:

Chart - 3.6 (a): Number and percentage of C-Section deliveries conducted in test-checked DHs (07)

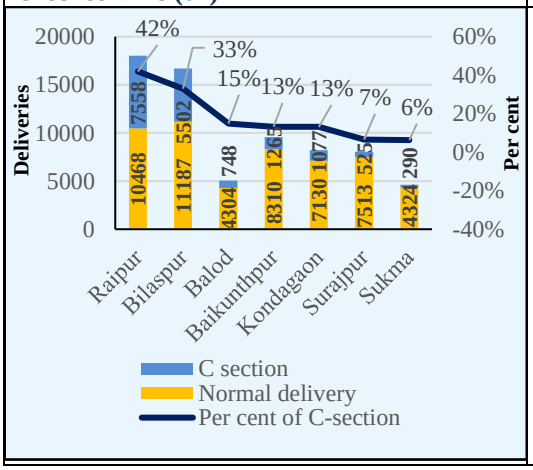
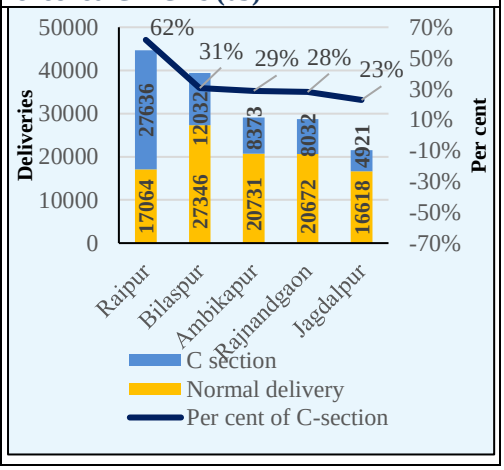


Chart - 3.6 (b): Number and percentage of C-Section deliveries conducted in test-checked GMCHs (05)



(Source: Information provided by HIs)

It was also observed that:

- Facility of C-section delivery was available in all test checked DHs and it was noticed that percentage of C-section delivery was highest in DH Raipur (41.93 *per cent*). There was an increasing trend of C-section deliveries in DH, Kondagaon (13 to 759) during 2016-22.

- During the period 2016-22, average percentage of C-section deliveries was highest in GMCH Raipur (61.8 *per cent*) and lowest in GMCH Jagdalpur (22.8 *per cent*).
- In 11 CHCs[24] (79 *per cent*) out of test checked 14 CHCs due to non-availability of specialist doctors no C-section deliveries could be conducted during the period 2016-22.

3.6.6 Plotting of partograph

In three GMCHs Bilaspur, Rajnandgaon, Raipur and in DH Balod and Raipur, partograph[25] was plotted for all the deliveries. No record of plotting of partograph was maintained in DH Bilaspur. The details of partographs plotted against the number of deliveries in test checked GMCHs/ DHs, is given in ***Table - 3.26***:

Table - 3.26: Partographs plotted against deliveries in test checked DHs/ GMCHs

Name of HI	Total no. of deliveries	No. of partographs plotted
DH Baikunthpur	9,575	8,409
DH Bilaspur	16,689	Not maintained
DH Kondagaon	8,207	3,949
DH Sukma	4,614	4,058
DH Surajpur	8,038	7,877
GMCH Ambikapur	29,104	17,014
GMCH Jagdalpur	21,539	19,033

(Source: Information furnished by test checked DHs/ GMCHs)

3.6.7 Special Newborn Care Unit

As per IPHS norms, twelve bedded Special Newborn Care Unit (SNCU) is essential to treat critically sick new-born in a DH. Twelve bedded SNCU was not available in five out of 23 DHs in the State, and in seven test checked DHs, SNCU service was not available in one DH Surajpur.

Total admission, Referral rate, LAMA rate and neonatal death rate in SNCUs of seven test-checked DHs is given in ***Table - 3.27***:

Table - 3.27: Evaluation of SNCU services in test-checked DHs through Outcome Indicators

DH	Year	Total Admission	Referral Rate (*per cent*)	LAMA rate (*per cent*)	Neonatal death rate (*per cent*)
Baikunthpur (Korea)	2016-17	794	7.76	5.41	5.33
	2017-18	778	**27.48**	2.1	7.92
	2018-19	857	**20.1**	1.5	3.66
	2019-20	1247	13.44	3.75	5.23
	2020-21	961	19.46	1.5	3.95
	2021-22	933	15.72	1.25	4.8

[24] CHC Bishrampur, Chhindagarh, Dondi, Dondilohara, Konta, Kota, Makdi, Takhatpur, Vishrampuri, Bhaiyathan and Janakpur

[25] A partograph or partogram is a composite graphical record of key data (maternal and fetal) during labor entered against time on a single sheet of paper.

DH	Year	Total Admission	Referral Rate (*per cent*)	LAMA rate (*per cent*)	Neonatal death rate (*per cent*)
Balod	2016-17	Service started in 2019-20			
	2017-18				
	2018-19				
	2019-20	646	9.20	2	1
	2020-21	726	10	1	3
	2021-22	834	10.20	3	1
Bilaspur	2016-17	520	11	2	0
	2017-18	840	15	0.83	0.23
	2018-19	771	17.5	3.11	0.9
	2019-20	626	**22.52**	15.43	0.47
	2020-21	417	**25.4**	5	0.23
	2021-22	418	**26.40**	11	0.5
Kondagaon	2016-17	Service started in 2019-20			
	2017-18				
	2018-19				
	2019-20	222	7.20	3	14
	2020-21	791	7	3	15
	2021-22	719	14.60	3	13
Raipur	2016-17	651	8.60	6.45	0.30
	2017-18	681	9.54	6.46	0
	2018-19	662	10.72	4.98	0
	2019-20	750	13.60	1.20	0.66
	2020-21	844	13.38	0.71	0.71
	2021-22	831	5.29	2.04	0.72
Sukma	2016-17	Service started in 2019-20			
	2017-18				
	2018-19				
	2019-20	133	9.77	2.25	1.50
	2020-21	607	14	2.30	1.15
	2021-22	547	19	1.64	2.00

(Source: Information furnished by test-checked DHs)

Colour code:

Performance range			
0 *per cent*	less than 10 *per cent*	above 10 and less than 20 *per cent*	**above 20 *per cent***

It is evident from the above table that referral percentage was on higher side in DH Baikunthpur and Bilaspur which ranged from 7.76 *per cent* to 27.48 *per cent* and 11 *per cent* to 26.40 *per cent* respectively. Referral percentage was lowest in DH Balod and it ranged from 9.20 *per cent* to 10.20 *per cent* during 2016-22.

LAMA rate was highest in DH Bilaspur (0.83 *per cent* to 15.43 *per cent*) and lowest in DH, Sukma between 1.64 *per cent* and 2.30 *per cent* during 2016-22.

Neonatal death rate was highest in DH, Kondagaon and ranged between 13 *per cent* and 15 *per cent* and lowest in DH, Bilaspur which ranged between zero and 0.90 *per cent*.

3.6.8 Vaccination of birth doses to new-born

As per IPHS norms, "A fully immunized infant is one who has received BCG, three doses of OPV, three doses of Hepatitis B and Measles before one year of age." The details of achievement in vaccination of birth doses to new-born in seven test-checked districts is shown in ***Table - 3.28***:

Table - 3.28: Achievement (*per cent*) of birth doses given to newborn in seven test checked districts during 2021-22

Name of District	Total live birth	Achievement (*per cent*)			
		Vitamin 'K'	OPV	Hepatitis B	BCG
Balod	6090	91	133	100	145
Bilaspur	21186	52	166	97	218
Kondagaon	11190	88	107	79	122
Korea	10224	99	110	100	127
Raipur	26849	86	120	95	121
Sukma	6154	58	90	88	105
Surajpur	13366	53	102	70	137

(Source: Data compiled by Audit from HMIS.)

It can be seen from the above table that the percentage of doses of Vitamin K which were supposed to be given to neonates soon after birth and within 24 hours of delivery was only 52 *per cent* in Bilaspur district followed by Surajpur (53 *per cent*) and Sukma (58 *per cent*). Similarly, the percentage of doses of OPV and Hepatitis B administered to neonates in Sukma District was respectively 90 *per cent* and 88 *per cent*.

3.6.9 Less check-up within 48 hours of delivery in post-natal care

The *Janani Shishu Suraksha Karyakram* (JSSK) programme entitles all pregnant women to free institutional delivery including C-section with a provision for free drugs, diagnostics, diet, blood and transport from home to HIs, between HIs and drop back home. There should be adequate number of beds in postnatal care ward to ensure 48 hours of stay after delivery. Details related to women discharged within 48 hours from HIs in seven test-checked districts is shown in ***Table - 3.29***:

Table - 3.29: Total no. of women discharged within 48 hours after delivery in seven test checked districts during 2021-22

Name of District	Total no. of institutional delivery	Total no. of women discharged within 48 hours	Percentage
Balod	6,104	1,292	21.17
Bilaspur	20,795	1,690	8.13
Kondagaon	11,329	4,377	38.63
Korea	10,331	258	2.50
Raipur	26,968	2,435	9.03
Sukma	6,041	54	0.89
Surajpur	13,365	1,088	8.14
Total	**94,933**	**11,194**	**11.79**

(Source: Data compiled by Audit from HMIS.)

It is evident from the above table that during the year 2021-22, out of the total 94,933 institutional deliveries, 11,194 (11.79 *per cent*) women were discharged from HIs within 48 hours. This percentage was highest (38.63 *per cent*) in Kondagaon followed by Balod district (21.17 *per cent*).

Thus, it can be seen from the above paras that though labour room and pathology facilities were available, lack of specialist doctor and OT and sonography services at CHC level and inadequate ante and post natal care such as administration of IFA tablets and at least four ANC to all pregnant women, discharge after delivery within 48 hours contributed to higher maternal and neonatal deaths.

3.6.10 Maternity care outcomes

With a view to gauge the quality of maternity care provided by the test checked HIs, Audit collected data for maternal care outcomes in terms of still birth, referral, LAMA, Absconding rate, and neonatal deaths pertaining to 2016-22.

(a) Still Births

The stillbirth rate is a key indicator of quality of care during pregnancy and childbirth. Stillbirth and/or intrauterine fetal demise is an unfavorable pregnancy outcome and is defined as complete expulsion or extraction of the baby from its mother with no signs of life. Details of rate of still birth/Intra Uterine Fetal Demise (IUFD) in test checked five GMCHs and seven DHs is given in ***Table - 3.30***:

Table - 3.30: Still birth rate in test-checked GMCHs/ DHs

Name of HIs	Still birth percentage					
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
DH, Baikunthpur	4.42	3.92	2.65	4.84	**6.16**	**5.17**
DH, Balod	3.60	4.20	1.30	3.00	2.80	1.60
DH, Bilaspur	2.50	2.90	2.30	3.10	2.30	1.50
DH, Kondagaon	**7.50**	**9.50**	**6.80**	**5.60**	4.60	**5.20**
DH, Raipur	0.40	0.48	0.67	0.76	1.56	0.68
DH, Sukma	3.52	4.54	**5.11**	**5.55**	**5.53**	4.89
DH, Surajpur	0.60	0.90	1.00	0.70	0.50	0.20
GMCH, Ambikapur	0.13	0.07	0.12	0.26	0.23	0.38
GMCH, Bilaspur	2.70	3.10	0.10	0.10	0.30	0.40
GMCH, Jagdalpur	0.05	0.24	0.44	0.63	0.84	0.43
GMCH, Raipur	4.70	**5.20**	4.80	4.60	4.70	3.50
GMCH, Rajnandgaon	**5.92**	4.59	4.17	4.05	4.55	2.51

(Source: Information furnished by test-checked DHs/GMCHs)

Colour code:

0- 1 *per cent*	1- 5 *per cent*	**above 5 *per cent***

It was observed that:

- Still birth rate ranged between 0.2 *per cent* and 9.5 *per cent* of the total births in test checked seven DHs and it was on higher side in DH Kondagaon and Sukma during the year 2016-22.
- Still birth rate ranged between 0.05 *per cent* and 5.92 *per cent* of the total births in test checked GMCHs during the year 2016-22. Still birth rate was highest in GMCH Rajnandgaon.

(b) Other indicators

Performance of the test checked DHs/GMCHs in maternity care on certain outcome indicators such as average ROR, average LAMA and average Absconding Rate (AR) for the period 2016-22 given in ***Table - 3.31***:

Table - 3.31: Average ROR/LAMA/AR in test-checked DHs/GMCHs

Name of His		Total IPD in Maternity	Average ROR		Average LAMA		Average Absconding	
			Cases	Rate	Cases	Rate	Cases	Rate
DH	Baikunthpur	9575	**1078**	**11**	433	5	138	1
	Balod	8272	0	0	0	0	0	0
	Bilaspur	24050	1418	6	1291	5	422	2
	Kondagaon	10058	**2309**	**23**	664	7	162	2
	Raipur	21470	54	0.25	90	0.4	0	0
	Sukma	52582	4059	8	1863	4	88	0.16
	Surajpur	13600	962	7.07	221	1.63	128	0.94
GMCH	Ambikapur	41360	**4229**	**10.22**	**4788**	**11.57**	1789	4.33
	Bilaspur	39378	0	0	918	2.33	85	0.22
	Jagdalpur	32242	0	0	**13635**	**42.29**	0	0
	Raipur	24050	1418	5.89	1291	5.37	422	1.75
	Rajnandgaon	41482	488	1.18	3692	8.9	265	0.63

(Source: Information furnished by test-checked DHs/GMCHs)

Colour code:

0- 1 *per cent*	1- 5 *per cent*	5- 10 *per cent*	**Above 10 *per cent***

It is evident from the above table that average ROR was lowest (zero *per cent*) in GMCH, Jagdalpur, Bilaspur and DH Balod, whereas the same was highest (23 *per cent*) in DH, Kondagaon. The average LAMA rate was lowest (zero *per cent*) in DH Balod and highest (42.29 *per cent*) in GMCH Jagdalpur. There was no absconding case in GMCH Jagdalpur, DH Balod and Raipur but it was highest (4.33 *per cent*) in GMCH Ambikapur.

(c) Maternal Death and Neonatal Death Review

As per IPHS norms, all the mortality that occur in HIs shall be reviewed on fortnightly basis. Further, as per child death review guidelines (2014), detailed investigation should be conducted in all cases of child deaths.

Details of maternal and neonatal death reviews conducted in test checked GMCHs/ DHs during 2016-22 are given in ***Table - 3.32***:

Table - 3.32: Maternal Death Review/ Neonatal Death Review conducted in test-checked GMCHs/ DHs during 2016-22

Name of District	Maternal Death			Neonatal Death		
	No. of Maternal deaths	No. of Maternal death review conducted	Shortfall (*per cent*)	No. of Neonatal deaths	No. of Neo-natal death review conducted	Shortfall (*per cent*)
DH Baikunthpur	33	33	0	306	306	0
DH, Balod	0	0	0	0	0	0
DH Bilaspur	5	5	0	23	23	0
DH Kondagaon	36	36	0	418	247	41
DH Raipur	3	3	0	19	5	74
DH Sukma	7	7	0	44	44	0
DH Surajpur	3	3	0	**74**	**0**	**100**
GMCH Ambikapur	265	265	0	2944	2944	0
GMCH Bilaspur	0	0	0	3915	3915	0
GMCH Jagdalpur	146	146	0	**3457**	**0**	**100**
GMCH Raipur	365	365	0	1136	1136	0
GMCH Rajnandgaon	62	62	0	516	516	0

(Source: Information furnished by test-checked GMCHs/DHs)

Colour code:

0 *per cent*	1-50 *per cent*	51-75 *per cent*	**76-100 *per cent***

It is evident from the above table that*:*

- Maternal death case was nil in DH, Balod and GMCH Bilaspur. Maternal death cases were reviewed in six test checked DHs and four GMCHs.
- Four DHs (Baikunthpur, Balod, Bilaspur, Sukma) and four GMCHs (Ambikapur, Bilaspur, Raipur and Rajnandgaon) reviewed all neonatal deaths but there was shortfall of 41 *per cent* in conducting review of neonatal deaths in DH, Kondagaon and 74 *per cent* in DH Raipur during 2016-22 whereas no neonatal death review was conducted by DH Surajpur and GMCH, Jagdalpur.

It could be seen from above paragraphs that higher number of maternal and neonatal death contributed to higher MMR and IMR in the State. Lack of adequate maternal and neonatal care facilities/services coupled with improper implementation of Central Sector Scheme such as JSSK and other programmes related to maternal and child health might have affected the maternal and neonatal health adversely resulting in higher MMR and IMR in the State in comparison to national average.

3.7 Availability of services in Health and Wellness Centers

As per Comprehensive Primary Health Care guidelines, the availability of diagnostic services, essential medicines, clinical materials, tools and equipment, linens, consumables and miscellaneous supplies, furniture and

fixtures and lab diagnostic materials and reagents for screening should be ensured for the delivery of comprehensive primary healthcare services by converting existing SHCs and PHCs into HWCs. The availability (*per cent*) of equipment, consumables, etc., in the test checked HWCs (14) is shown in ***Table - 3.33***:

Table - 3.33: Availability of essential services in 14 test checked HWCs (in *per cent*)

Name of District	Name of HWC	Diagnostic Services (PHC: 22)	Essential Medicines (91)	Medicine indented by MLHP (43)	Clinical Material, Tools, and Equipment 66)	Linens, Consumables, and misc. items (37)	Furniture and Fixtures (7)	Lab - Diagnostic Materials and Reagents for Screening (19)
Balod	Chikhlakasa	100	59	**21**	73	92	100	84
	Sanjari	100	53	**44**	71	81	100	79
Bilaspur	Belpan	82	65	81	76	76	100	79
	Nawagaon Salka	64	59	100	53	81	71	74
Kondagaon	Salna	100	**41**	**49**	94	76	100	95
	Shampur	100	**34**	67	52	68	100	**32**
Korea	Khadgawa	100	78	100	85	86	100	100
	Bahrasi	**50**	125	70	91	89	100	79
Raipur	Bangoli	73	81	65	86	81	86	79
	Reewa	**36**	79	**30**	59	89	86	89
Sukma	Chintagupha	64	115	67	73	65	57	**42**
	Tongpal	86	96	93	100	95	100	105
Surajpur	Basdei	91	100	86	100	100	100	100
	Salka	82	69	74	91	81	100	53

(Source: Information furnished by test checked HWCs)

Colour code:

Availability of essential services			
100 *per cent*	76-99 *per cent*	51-75*per cent*	**1-50 *per cent***

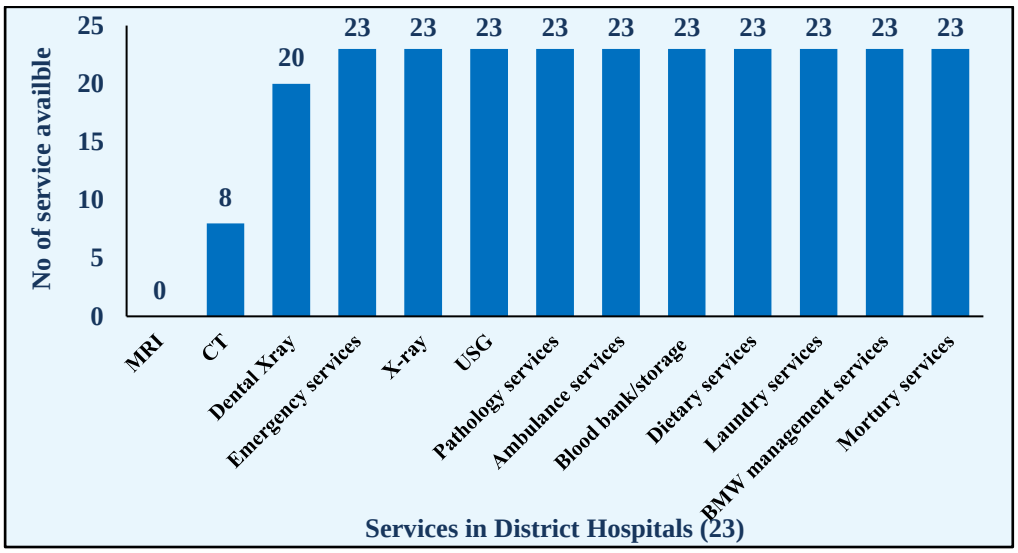
It is evident from the above table that there was shortfall in required number of equipment, consumables, miscellaneous supplies, Diagnostic Services, Essential Medicines, etc.

3.8 Support Services

3.8.1 Availability of Support Services in DHs in State

Support services in HIs are the services which are not directly related to patient care but indirectly contribute to patient management. Availability of (i) emergency services, (ii) imaging diagnostic services, (iii) pathology services, (iv) ambulance services, (v) blood bank, (vi) dietary, (vii) laundry services, (viii) bio medical waste management services etc., in DHs in State is mentioned in the ***Chart - 3.7***:

Chart - 3.7: Availability of support and auxiliary services in all DHs in State



(Source: Information provided by DHs)

It could be seen from the chart that MRI services was not available in any of the DHs in State while CT scan services was available in eight DHs[26] (34.78 *per cent*) only. Dental X-ray was not available in three DHs[27] whereas emergency services, X-ray, USG, blood bank etc., were available in all DHs.

3.8.2 Diagnostic Services

Efficient and effective diagnostic services, both radiological and pathological, are amongst the most essential healthcare facilities for delivering quality treatment to the public based on accurate diagnosis. Significant audit findings are discussed in the succeeding paragraphs:

(i) Availability of Imaging (Radiology) Diagnostic Services in test-checked District Hospitals

IPHS 2012 prescribe norms for radiology services for DHs (X-ray, Ultrasonography and CT scan etc.) and X-ray (Chest, Skull, Spine, Abdomen, bones, Dental). It also prescribes diagnostic services under cardiac investigation, ENT, Radiology, Endoscopy, Respiratory and Ophthalmology in DHs. The availability of diagnostic services under various categories was checked in test-checked seven DHs during audit and the status of availability is shown in ***Table - 3.34:***

[26] DH Baloda Bazar, Bastar, Dantewada, Dhamtari, Durg, Janjgir-Champa, Kondagaon and Rajnandgaon.

[27] DH Bastar, Dhamtari and Gaurella-Pendra-Marwahi.

Table - 3.34: Availability of Imaging (Radiology) services in seven test checked DHs

Name of Service	Name of Test/Diagnostic Service	DH Balod	DH Baikunt-hpur	DH Bilaspur	DH Kondagaon	DH Raipur	DH Sukma	DH Surajpur
Radiology	X-ray for chest, Skull, Spine, Abdomen, bones	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Dental X-ray	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Ultrasonography	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CT scan	No	No	No	Yes	No	No	No
	Barium Swallow, Barium meal, Barium enema, IVP	No	Yes	No	No	Yes	No	No
	MMR (Chest)	No	No	No	No	Yes	No	No
	HSG	No	Yes	No	No	Yes	No	No
Cardiac Investigation	ECG	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Stress tests	No	Yes	No	No	Yes	No	No
	ECHO	No	Yes	No	No	Yes	No	No
ENT	Audiometry	Yes	Yes	Yes	No	Yes	Yes	Yes
	Endoscopy for ENT	Yes	Yes	No	No	Yes	No	No
Ophthalmology	Refraction by using Snellen's chart	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Retinoscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Ophthalmoscopy	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Endoscopy	Laparoscopic (diagnostic)	No	No	No	Yes	No	No	No
	Oesophagus	No	No	No	No	No	No	No
	Stomach	No	No	No	No	No	No	No
	Colonoscopy	No	No	No	No	No	No	No
	Bronchoscopy	No	No	No	No	No	No	No
	Arthroscopy	No	No	No	No	No	No	No
	Hysteroscopy	No	No	No	No	Yes	No	No
Respiratory	Pulmonary function tests	No	No	Yes	No	Yes	No	No

(Source: Information furnished by test checked DHs)

It was observed that:

- Facility of X-ray for chest, skull, spine, abdomen and bones, Dental X-Ray and ultrasonography was available in seven test checked DHs but CT scan facility was available only in DH Kondagaon.
- Facility for Barium Swallow, Barium meal, Barium enema, IVP test and HSG was available in two DH Baikunthpur and Raipur while MMR services were available only in DH Raipur.

- ECG service was available in all test checked DHs. ECHO Radiology service and stress test was not available in five DHs (Balod, Bilaspur, Kondagaon, Sukma and Surajpur).
- Endoscopy tests like Arthroscopy, Bronochoscopy, Colonoscopy, Oesophagus and Stomach tests were not available in any of the test checked DHs.
- Laparoscopic (diagnostic) was available only in DH Kondagaon and hysteroscopy test was available only in DH Raipur.
- Ophthalmology test was available in all of the test-checked DHs but audiometry test was not available in DH Kondagaon and Endoscopy for ENT was not available in four DHs *viz* Bilaspur, Kondagaon, Sukma and Surajpur.
- Pulmonary function tests were available only in DH Bilaspur and DH Raipur out of seven test checked DHs.

(ii) Availability of Imaging (Radiology) Diagnostic Services in test checked Community Health Centers

IPHS 2012 norms provide that X-ray for chest, skull, spine, abdomen, bones; Dental X-ray, and USG (desirable) facilities should be available in a CHC under imaging services. Further, ECG which is a cardiac investigation service should be provided in every CHC. Out of 172 CHCs in the State, X ray services were not available in nine CHCs[28]. Availability of these services in test checked CHCs is shown in ***Table - 3.35***:

Table - 3.35: Availability of services related to Radiology and Cardiac investigation in 14 test checked CHCs

District	Name of CHC	Radiology			Cardiac Investigation
		X-ray for chest, skull, spine, abdomen, bones	Dental X-ray	Ultrasonography (desirable)	ECG
Balod	CHC, Dondi	Yes	Yes	No	Yes
	CHC, Dondilohara	Yes	Yes	No	Yes
Bilaspur	CHC, Kota	Yes	Yes	No	Yes
	CHC, Takhatpur	Yes	Yes	No	No
Kondagaon	CHC, Makdi	Yes	Yes	No	Yes
	CHC, Vishrampuri	Yes	Yes	No	No
Korea	CHC, Chirmiri	Yes	No	No	Yes
	CHC, Janakpur	Yes	Yes	No	Yes
Raipur	CHC, Arang	Yes	Yes	No	No
	CHC, Tilda	Yes	Yes	No	No
Sukma	CHC, Chhindgarh	Yes	Yes	No	Yes
	CHC, Konta	Yes	Yes	Yes	Yes
Surajpur	CHC, Bhaiyathan	Yes	Yes	No	Yes
	CHC, Bishrampur	Yes	No	No	Yes

(Source: Information furnished by test checked CHCs)

It was observed that X-Ray service for chest, skull, spine, abdomen and bones were available in all test checked CHCs but Dental X-ray facility was not

[28] CHC, Biharpur, Usoor, Amlipadar, Patadhi, Pharsabahar, Lormi, Darima, Shankargarh and Gujara

available in two CHCs viz. Bishrampur and Chirmiri. Ultrasonography (desirable) was not available in the test checked CHCs except CHC Konta. Further, ECG service was not available in four (Takhatpur, Vishrampuri, Arang and Tilda) out of 14 test checked CHCs.

DHS replied (January 2023) that USG facilities were not available in CHCs as it requires ultrasound sonologist, but the post was not available in the sanctioned set up of CHCs.

Fact remains that the Department had not taken efforts to create ultrasound sonologist posts in CHCs in order to make available the USG facilities.

(iii) Availability of Imaging (Radiology) Diagnostic services in Government Medical College Hospitals

During the course of audit, details related to availability of diagnostic services in five test checked GMCHs were gathered and the same was compared with IPHS norms for 500 bedded DH shown in ***Table - 3.36***:

Table - 3.36: Availability of Imaging (Radiology) services in five test checked GMCHs

Sr. No.	Type of Diagnostic Services	GMCH Ambikapur	GMCH Bilaspur	GMCH Jagdalpur	GMCH Raipur	GMCH Rajnandgaon
1	**Cardiac[29](3)**	2	2	2	3	1
2	**Ophthalmology[30](3)**	2	3	3	3	3
3	**ENT[31](2)**	2	2	1	2	2
4	**Radiology[32](7)**	5	6	4	5	3
5	**Endoscopy[33](7)**	**0**	**0**	5	1	4
6	**Respiratory[34](1)**	**0**	**0**	1	1	1

(Source: Information furnished by test checked GMCHs.)

Colour code:

Availability of Imaging (Radiology) services			
100 *per cent*	51-99 *per cent*	1-50 *per cent*	**Not Available**

In two GMCHs (Ambikapur and Bilaspur), endoscopy and respiratory diagnostic services were not available.

Audit observed in test checked GMCHs that MRI services were not available in three GMCHs and CT scan, despite being an essential service, was not available in GMCH Rajnandgaon, as mentioned in the ***Table - 3.37:***

29 ECG, Stress Test, ECHO
30 Refraction by using Snellen's chart, Retinoscopy, Ophthalmoscopy
31 Audiometry, Endoscopy for ENT
32 X ray for chest, skull, spine, abdomen, bones; Barium swallow, Barium meal, Barium enema, IVP; MMR(Chest); HSG; Dental X-ray; ultrasonography; CT scan
33 Oesophagus, stomach, colonoscopy, Bronchoscopy, Arthroscopy, Laparoscopy (Diagnostic), Hysteroscopy
34 Pulmonary function test.

Table - 3.37: Availability of various types of radiology services in test checked GMCHs

Radiology services	Ambikapur	Bilaspur	Jagdalpur	Raipur	Rajnandgaon
CT Scan	Yes	Yes	Yes	Yes	**No**
MRI	**No**	Yes	**No**	Yes	**No**
X-Ray	Yes	Yes	Yes	Yes	Yes

(Source: information provided by five GMCHs)

Government stated (April 2023) that in GMCH Rajnandgaon, budget provision was being made in 2022-23 for MRI and that purchase of CT Scan machine is under process at CGMSCL.

The Department failed to create CT and MRI facility in GMCH Rajnandgaon despite lapse of eight years of establishment. Reply is silent on procurement of MRI machine in other two GMCHs.

3.8.3 Pathology Services

Pathology services are the backbone of any HI for extending evidence-based healthcare to the public. The availability of essential equipment, reagents and human resources are the main drivers for the delivery of quality pathology services through laboratories.

(i) Availability of Pathology diagnostic services in test-checked District Hospitals / Government Medical College Hospitals.

IPHS prescribed 72 types of laboratory investigations for DHs under six categories viz., Clinical pathology, Pathology, Microbiology, Serology, Biochemistry etc. The position of availability of laboratory services in test-checked DHs/ GMCHs is shown in following ***Table - 3.38***:

Table - 3.38: Availability of Pathology services in test checked GMCHs/DHs

Name of Health Institution	Clinical pathology[35] (29)	Pathology[36] (08)	Microbiology[37] (07)	Serology [38] (07)	Biochemistry[39] (21)	Total (72)
GMCH Ambikapur	27	7	7	7	15	63
GMCH Bilaspur	21	2	7	5	**0**	35
GMCH Jagdalpur	27	6	7	5	20	65
GMCH Raipur	24	8	**0**	**0**	**0**	32
GMCH Rajnandgaon	27	8	6	6	11	58
DH Balod	21	2	1	4	10	38
DH Baikunthpur	19	1	1	5	11	37

[35] Clinical Pathology (DH): Haematology, Immunoglobin profile (IGM, IGG, IGE, IGA), Fibrinogen Degradation product, Urine Analysis, Stool Analysis, Semen Analysis, CSF Analysis Aspirated fluids

[36] Pathology (DH): PAP smear, Sputum, Haematology, Histopathology

[37] Microbiology (DH): KOH study for fungus, Smear for AFB & KLB, supply of different media for peripheral laboratories, Culture and sensitivity for blood, sputum, pus, urine etc.

[38] Serology (DH): RPR card test for syphilis, Pregnancy test ELISA for Beta HCG, Leptospirosis, WIDAL test, DCT/ ICT with titre etc.

[39] Biochemistry (DH): Blood sugar, Glucose, Glycosylated haemoglobin, Blood urea, blood cholesterol, serum bilirubin, Icteric index, Serum calcium, Serum Phosphorous, Serum Magnesium, Iodometry titration etc.

Name of Health Institution	Clinical pathology[35] (29)	Pathology[36] (08)	Microbiology[37] (07)	Serology [38] (07)	Biochemistry[39] (21)	Total (72)
DH Bilaspur	18	1	**0**	4	9	32
DH Kondagaon	27	4	5	5	14	55
DH Raipur	24	1	6	6	13	50
DH Sukma	13	1	**0**	3	9	26
DH Surajpur	17	2	**0**	3	11	33

(Source: Information furnished by test checked GMCHs/DHs)

Colour code:

Availability of pathology services			
100 *percent*	51- 99 *per cent*	0 -50 *per cent*	Not available

It is evident from above ***Table - 3.38*** that the test checked DHs are providing pathology services ranging between 36 and 76 *per cent*. However, three DHs viz., Bilaspur, Surajpur and Sukma did not provide even 50 *per cent* pathology tests as per IPHS norms. Non-availability of tests in five test checked GMCHs ranged between 10 and 56 *per cent*.

It was further observed that:

- Thyroid test (T3 and T4) to test the function of the thyroid was not available in six DHs[40] and also in GMCH Bilaspur and Raipur.
- Coagulation test used to check the coagulation disorder of blood was not available in any of the test checked DHs and in GMCH Bilaspur and Jagdalpur.
- ELISA for TB was not available in five DHs[41] and in four GMCHs Ambikapur, Bilaspur, Raipur and Rajnandgaon.
- HbA1c test used to measure the amount of blood sugar (glucose) attached to hemoglobin was not being conducted in GMCH Bilaspur since September 2021 due to non-availability of reagents. On an average 150 tests per month were conducted (January to March 2021).

(ii) Laboratory services in Community Health Centers

IPHS norms prescribes facilitation of 29 types of pathological investigation for CHCs under various categories, viz., Clinical Pathology[42] (18), Pathology (01), Microbiology (02), Serology (03) and Biochemistry (05).

Audit observed that the full range of pathological investigations was not available in all 14 test checked CHCs. The position of availability of investigation facility in the test-checked CHCs is shown in the ***Table - 3.39***:

[40] DH Balod, Bilaspur, Baikunthpur, Raipur, Sukma and Surajpur
[41] DH Baikunthpur, Bilaspur, Kondagaon, Raipur and Sukma.
[42] Haematology (14), Urine Analysis (01) and Stool Analysis (03)

Table - 3.39: Availability of Laboratory services in 14 test checked CHCs

District	Name of CHC	Clinical pathology (18)	Pathology (01)	Microbiology (02)	Serology (03)	Biochemistry (05)	Total availability (29)
Balod	Dondi	12	**0**	1	3	5	21
	Dondilohara	14	1	2	3	2	22
Bilaspur	Kota	9	1	1	3	5	19
	Takhatpur	11	**0**	1	3	5	20
Kondagaon	Makdi	11	**0**	1	3	5	20
	Vishrampuri	13	1	1	3	5	23
Korea	Chirmiri	13	**0**	**0**	3	2	18
	Janakpur	15	1	2	3	5	26
Raipur	Arang	13	**0**	1	3	5	22
	Tilda	17	1	1	3	5	27
Sukma	Chhindgarh	5	**0**	1	3	4	13
	Konta	15	**0**	1	3	5	24
Surajpur	Bhaiyathan	14	1	2	3	4	24
	Bishrampur	12	**0**	2	3	5	22

(Source: Information provided by test checked CHCs)

Colour code:

Availability of pathology services			
100 *per cent*	51-99 *per cent*	1 -50 *per cent*	**Not available**

The above table indicates that the test checked CHCs lacked investigations under one or more sub-categories. Percentage of non-availability of pathology services in test checked CHCs was highest in CHC Chhindgarh (55.17 *per cent*) and lowest in CHC Tilda (6.90 *per cent*).

(iii) Laboratory services in Primary Health Centers

As per the information provided by CMHOs, laboratory services were not available in 106 PHCs (13.66 *per cent*) out of 776 PHCs in the State. Further, in seven PHCs[43], due to non-engagement of lab technician, laboratory services could not be extended to patients. While in all test checked 14 PHCs lab services were available.

DHS stated (January 2023) that the GoCG is committed to improve the availability of prescribed pathological tests as per IPHS norms through *Hamar lab*[44].

Fact remains that the required pathology tests were not available as per IPHS norms.

3.8.4 Ambulance Services

(i) Shortage of ambulances in State

MCI and IPHS norms provide for round the clock ambulance service with basic life support system in GMCHs, DHs and CHCs.

[43] PHC – Kargikala, Kenda, Katadol, Dornapal, Anatpur, Lubha, Shampur

[44] "*Hamar* Lab" (our lab) scheme launched in February 2020 is an integrated health laboratory with state-of-the-art equipment.

An MoU was entered (November 2019) with Consortium of M/s Jai Ambey Emergency Services, M/s Samaan Foundation, M/s Jai Ambey Road Lines and M/s Pragati India Road Lines (Agency) by DHS for providing services of *108 Sanjeevani Express* ambulance in the State.

Ambulance service is being provided by 108 *Sanjeevani* express and 102 *Mahtari* express (dedicated for pregnant women) operated centrally in the State apart from the dedicated ambulance available at the HIs. The State Health Resource Centre under DHS monitors the services of 108 ambulances in the State.

As per the operational guidelines of Emergency Response Service System of National Ambulance Services (ENAS), a district with five lakh population should have five Basic Life Support (BLS) ambulances and one ALS (Advanced Life Support) ambulance.

Audit observed that the required number of BLS vehicles were deployed in State, but ALS vehicles were insufficient. In 15 districts, only 30 ALS vehicles were deployed against the requirement of 52 as of March 2022 under *108 Sanjeevni Express (*detailed in ***Appendix - 3.2)***. Apart from the 108 ambulances, test checked DHs/ GMCHs had sufficient ambulances as per the norms.

DHS replied (January 2023) that as per WHO guidelines, and norms of national Ambulance services, deployment of one ambulance per one lakh population has been ensured. Ambulances were deployed according to the ROP and proposal would be submitted to GoI after receipt of population status. Apart from the 108 ambulances, 513 Government owned ambulances are also deployed at the district level.

Reply is not acceptable as deployment of ALS ambulances in State was not as per guidelines.

(ii) Response time

Response time is the duration between call received time and the time when ambulance reaches the patient. As per para 5.1.2 of MOU, average response time for all ambulances should be 30 minutes. Response time for the period December 2019 to March 22 is shown in the ***Table - 3.40***:

Table - 3.40: Response time of 108 ambulances in State during 2019-22

Sl	Response time Range (in Minutes)	No. of cases	Cases in *per cent*
1	0-15	2,63,342	39.41
2	15-30	1,77,797	26.61
	Response time upto 30 minutes	**4,41,139**	**66.01**
3	30-60	1,69,725	25.40
4	60-120	52,030	7.79
5	120-240	4,480	0.67
6	**240-360**	**165**	**0.02**
7	**More than 360**	**723**	**0.11**
Total		**6,68,262**	

(Source: Information provided by DHS)

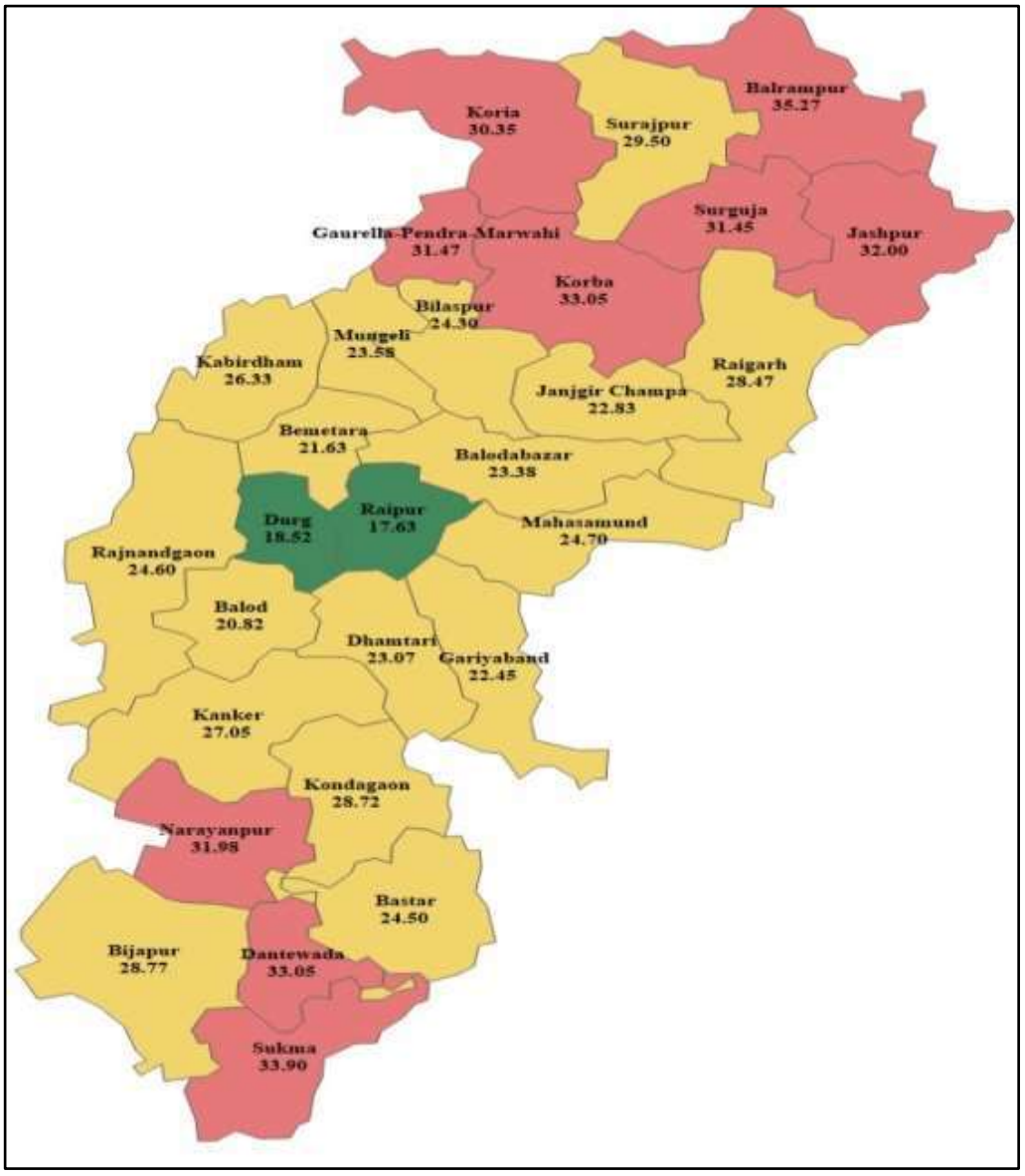
Colour code: **Response time (in minutes)**

0-30	31-120	121-240	**More than 240**

As shown in ***Table - 3.40***, in 2,27,123 (33.99 *per cent*) cases the response time was more than 30 minutes whereas in 57,398 (8.59 *per cent*) cases, ambulance reached patients after one hour of receiving calls.

It was further noticed that in nine districts,[45] response time was more than 30 minutes. The highest response time was noticed in Balrampur district (35:16 minutes) while in Raipur district (17:38 minutes) it was the lowest. District wise response time in State is shown in map in ***Chart - 3.8***:

Chart - 3.8: District wise average response time of 108 Ambulance in State



Less than 20 minutes	20-30 minutes	More than 30 minutes

(iii) Undue favour to agency of ₹3.59 crore

As per MoU, the firm was to be paid ₹ 1.33 lakh per vehicle per month for old fleet and ₹ 1.92 lakh for new fleet as operational expenses for Ambulance services. State Health and Resource Centre (SHRC) was to monitor the

[45] Balrampur, Dantewada, GPM, Jashpur, Korba, Korea, Narayanpur Sukma and Surguja

services of the agency. As per clause 4.4 of the MoU, 10 *per cent* of payments to be made to the agency was to be withheld till verification of the bills by SHRC which was to be released after adjustment of penalty (if any) based on SHRC report.

It was observed that SHRC reported (June 2020) that during December 2019 to April 2020, against the target of 300 vehicles per month, the agency had deployed only 247 vehicles. Out of this, it operated only 193 vehicles on an average and 54 vehicles remained non-operational during the same period. SHRC had recommended that a proportionate amount on account of non-operational vehicles should be deducted from the bills payable to the agency. However, the agency submitted the bills claiming that all 247 vehicles (per month) were operational during December 2019 to April 2020 and accordingly, entire payment of ₹ 18.17 crore was made to the agency. Out of this, ₹ 3.59 crore was paid (August 2020 and September 2020) to the firm by ignoring the recommendation of SHRC, which had resulted in undue benefit of ₹ 3.59 crore to agency for non-operational vehicles, as detailed in ***Appendix - 3.3.***

The DHS stated (January 2023) that the payment of last three years will be reviewed and suitable penalty clause will be included in next MoU.

(iv) Non-availability of ambulance services in AYUSH hospitals

Audit observed that ambulance services were available only in Government Ayurveda College and Hospital (GAC&H), Bilaspur. In Govt. Ayurveda College Hospital (GACH) Raipur, District Ayurveda Hospital (DAH) Balod and DAH Surguja, ambulance vehicles were not in working condition since two to 12 years with expired fitness, insurance and pollution certificate and thus resulted in non-availability of services. DAH Bastar did not have any ambulance. The details of deficiencies in ambulance services are as detailed in ***Table - 3.41***:

Table - 3.41: Availability of ambulance services in AYUSH hospitals

District	Name of Facilities	Ambulance Services available (Yes/No)	Ambulance Vehicle available (Yes/No)	Reason
Raipur	GACH	No	Yes	Available ambulance not in working condition as vehicle has completed 15 years and registration and RC cannot be renewed (RC valid till 30/01/2018)
Balod	DAH	No	Yes	Available ambulance not in working condition as vehicle has completed 15 years and registration and RC cannot be renewed (RC valid till 2010)
Surguja	DAH	No	Yes	Available ambulance not in working condition as vehicle has completed 15 years and registration and RC cannot be renewed (RC valid till 02/08/2010)
Bilaspur	GAC&H	Yes	Yes	Available ambulance in working condition
Bastar	DAH	No	No	Ambulance not available

(Source: Data provided by selected units and compiled by Audit)

GoCG replied (December 2022) that work regarding write-off of unusable ambulance is in progress and after completion of the same, demand for new ambulances will be submitted to GoCG.

3.8.5 Oxygen Services

IPHS norms and NHM Assessors guidelines provides that HIs should ensure the availability of centralised/ local piped oxygen. Audit observed that central oxygen supply system was installed and arrangements for oxygen cylinder were made in five test checked GMCHs. Availability of oxygen services in test-checked DHs is given in ***Table - 3.42***:

Table - 3.42: Oxygen services in test checked DHs as of March 2022

Name of service	District Hospital						
	Baikunthpur	Balod	Bilaspur	Kondagaon	Raipur	Sukma	Surajpur
Whether the requirement of oxygen in the hospital was assessed and infrastructure created accordingly?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Whether the standard operating procedure for oxygen was available and was being followed?	**No**	Yes	Yes	**No**	Yes	Yes	Yes
Whether agreements were executed for the supply of uninterrupted oxygen?	**No**	Yes	Yes	Yes	Yes	Yes	**No**
Whether Centralised oxygen supply system was installed in the hospital?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
In all such cases, whether required buffer stock was assessed and maintained all the time?	Yes	Yes	Yes	Yes	Yes	**No**	Yes
Whether records of serviceability and availability of oxygen cylinders were maintained as per guidelines?	Yes	Yes	Yes	**No**	Yes	Yes	Yes
Whether required number Oxygen Supply (Central) are available in Eclampsia Room?	**No**	Yes	Yes	Yes	Yes	Yes	Yes
Whether oxygen reservoir is available for each bed at Special New-born Care Unit?	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Whether the health institution have Double Outlet Oxygen Concentrator at Special New-born Care Unit?	Yes	Yes	Yes	Yes	Yes	**No**	Yes

(Source: Information furnished by test checked DHs)

It was observed that:

- Requirement of oxygen was assessed, and necessary infrastructure was created in all test checked DHs, but standard operating procedure for oxygen was not available in two DHs viz. Baikunthpur and Kondagaon.
- Centralised oxygen supply system was installed, and oxygen reservoir was available for each bed at Special New-born Care Unit in all test

checked DHs, but Double Outlet Oxygen Concentrator was not available at Special New-born Care Unit in DH Sukma.

- Required number of oxygen supply (Central) was available in Eclampsia Room of all the test checked DHs except DH Baikunthpur.
- Required buffer stock was not assessed and maintained in DH Sukma.
- Records of serviceability and availability of oxygen cylinders were not maintained as per guidelines in DH Kondagaon.

3.8.6 Dietary Services

(i) Availability of dietary services in District Hospital, Community Health Centers and Government Medical College Hospitals

The dietary service of a hospital is an important therapeutic tool. The IPHS stipulate that apart from the normal diet, the food supplied should be patient specific such as diabetic, semi solid and liquid. In order to prescribe diet on the scientific lines for different types of patients, the services of qualified dietician are essential in all the GMCHs and DHs, while it was desirable in CHCs.

Audit observed that the dietary services were available in all test checked GMCHS/ DHs/ CHCs. Other deficiencies are detailed in ***Table – 3.43***:

Table - 3.43: Availability in dietary services in test checked five GMCHs, DKSPGI, seven DHs and 14 CHCs

Sl. No.	Particulars	GMCHs including DKSPGI (6)	DHs (7)	CHCs (14)
1	Availability of dedicated kitchen	6	5	**4**
2	Dietician is available	5	**0**	**0**
3	Food supplied to the patients is patients specific such as diabetic, semi solid and liquid	6	6	13
4	System of diet counselling to the patients, formulation of caloric requirement and accordingly setting diet for the patients is adopted	6	**0**	**2**
5	List of the items to be provided in diet is prepared (Menu Chart)	6	7	12
6	Protective gears (apron, head gear, clear plastic gloves) are used by the cooks in the kitchen those serving food	5	7	**6**
7	Proper hygiene of kitchen is maintained	5	6	10
8	Quality of diet is checked by a competent person on regular basis as prescribed in IPHS Guideline	5	**1**	**6**
9	FSSAI registration certificate were issued under food safety and standard Act 2006, and it was renewed regularly?	4	6	**1**
10	Distribution of foods to patients is checked by Food Inspector or district authorities from time to time	3	**0**	**7**

(Source: Data provided by test checked HIs during joint physical verification)

Colour code:

Availability range		
100 *per cent*	51 – 99 *per cent*	**0-50 *per cent***

Audit noticed following deficiencies in dietary services during joint physical verification:

- Dedicated kitchens were not available in two DHs[46] and 10 CHCs[47] and food was prepared outside hospital premises through outsourcing agencies.
- In GMCH Rajnandgaon and all seven test checked DHs, dieticians were not posted while the post of dietician was not included in sanctioned set-up of CHCs. Thus, in the absence of dietician, food supplied to patients was not prescribed by a dietician according to the requirement of patient in a scientific manner.
- As per IPHS norms, quality of diet was not checked on regular basis in GMCH Rajnandgaon, six DHs[48] and eight CHCs[49].
- GMCH Ambikapur and Rajnandgaon, DH Baikunthpur and 13 CHCs[50] did not obtain registration certificate under Food Safety and Standard Act, 2006.
- Distribution of foods to patients was not checked by Food Inspector or district authorities in three GMCHs[51], all seven DHs and seven CHCs[52].

(ii) Dietary services in Primary Health Centres

As desired in the IPHS norms, nutritious and well-balanced diet shall be provided to all IPD patients keeping in mind their cultural preferences.

Out of 776 PHCs in the State, 301 PHCs (38.79 *per cent*) did not provide dietary services to IPD patients. Audit observed that dietary services were not provided to the 18,884 patients admitted in eight (57 *per cent*) PHCs[53] out of 14 test checked PHCs during 2016-22.

Government replied (April 2023) that letter has been issued to healthcare facilities to comply with the observations of Audit. The DHS did not furnish specific reply and stated that Department has enhanced diet charges from ₹ 150 to ₹ 250 per day per patient from this year (2022-23).

3.8.7 Blood Bank

As per IPHS norms, Blood bank shall be in close proximity to pathology department and at an accessible distance to operation theatre department, intensive care units and emergency and accident department. Blood Bank

46 DH Balod and Kondagaon
47 CHC Arang, Bhaiyathan, Chhindgarh ,Chirmiri, Dondilohara, Konta, Kota, Makdi, Takhatpur, and Tilda
48 DH Balod, Bilaspur, Kondagaon, Raipur, Sukma and Surajpur.
49 CHC Bhaiyathan, Chhindgarh, Chirmiri, Kota, Konta Dondilohara, Takhatpur and Tilda
50 CHC Arang, Bhaiyathan, Bishrampur, Chhindgarh, Chirmiri, Dondi, Dondilohara, Konta, Kota, Makdi, Takhatpur, Tilda &Vishrampuri
51 GMCH Ambikapur, Bilaspur &Rajnandgaon.
52 CHC Bishrampur, Chhindgarh, Dondi, Konta, Kota, Makdi and Tilda
53 PHC Bangoli, Basdei, Chintagupha, Reewa, Salka, Salna, Sanjari and Shampur

should follow all existing guidelines and fulfil all requirements as per the various Acts pertaining to setting up of the Blood Bank.

- Blood bank was available in all test checked GMCHs except GMCH Rajnandgaon where blood storage facility was available.
- In test checked DHs, though blood bank was available in all DHs but in DH Baikunthpur (Korea), license to operate blood bank had expired and was not renewed.

3.8.8 Laundry Services

(i) Availability of laundry service in test-checked District Hospitals and Community Health Centers

IPHS norms provides that hospital laundry should be provided with necessary facilities for segregated collection, drying, pressing and storage of soiled and cleaned linens.

It was observed that required linen sets, system of changing the patient/OT linen at the prescribed intervals to maintain hygiene, system to check the quality of cleanliness of the linen received from laundry, system of date wise and patient wise records against each entry of linen issued from linen stock, system for periodic physical verification of linen inventory and procedure for sluicing of soiled and infected linen were available in all test checked DHs.

In CHCs it was noticed that:

- Required linen sets were not available in CHC Kota and system of changing the patient/OT linen at the prescribed intervals to maintain hygiene were not followed by three CHCs viz. Bishrampur, Kota and Takhatpur.
- System to check the quality of cleanliness of the linen received from laundry was not available in two CHCs viz. Kota and Takhatpur.
- Date wise and patient wise records against each entry of linen issued from linen stock and system for periodic physical verification of linen inventory was not maintained in three CHCs viz., Kota, Takhatpur and Tilda.
- Follow-up of procedure for sluicing of soiled and infected linen was not done in three CHCs viz., Bishrampur, Kota and Takhatpur.

(ii) Laundry services in Government Medical College Hospitals

Availability of laundry services in five test checked GMCHs and DKSPGI is shown in the ***Table - 3.44***:

Table - 3.44: Details of availability of laundry services in GMCH and DKSPGI

Particulars	Bilaspur	Jagdalpur	Ambikapur	Raipur	Rajnandgaon	DKS PGI Raipur
Whether bed linen are changed every day?	Yes	**No**	**No**	Yes	Yes	Yes
Whether different coloured bed linen is provided on different weekdays?	**No**	**No**	**No**	**No**	**No**	**No**
Whether bed linen is changed every time when got soiled?	Yes	Yes	**No**	Yes	Yes	Yes

Whether complaint about linen was attended?	Yes	No	No	No	Yes	Yes
Whether any officer visits to check the bed linen every day?	No	No	No	Yes	No	No

(Source: Data compiled from joint physical verification of GMCHs)

It could be seen from the table that:

- Bed linens were not changed daily in GMCH Ambikapur and Jagdalpur.
- Different coloured bed linen was not provided on different weekdays in any of the GMCHs.
- Quality of bed linen was not checked every day in any of the GMCHs except GMCH Raipur.

3.8.9 Mortuary Services

As per IPHS norms, mortuary provides facilities for keeping of dead bodies and conducting autopsy. Infrastructure for mortuary services under norms was available in three DHs[54] and one GMCH (Ambikapur) out of test-checked seven DHs and five GMCHs. Availability of infrastructure for mortuary services in remaining four DHs and four GMCHs is shown in ***Table - 3.45:***

Table - 3.45: Mortuary Services in test checked DHs and GMCHs

	DH				GMCH			
Availability of	**Bilaspur**	**Kondagaon**	**Sukma**	**Surajpur**	**Rajnandgaon**	**Jagdalpur**	**Bilaspur**	**Raipur**
24x7 mortuary facility	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Stainless steel autopsy table with sink, a sink with running water for specimen washing and cleaning and cup-board for instruments in post-mortem room	Yes	Yes	No	Yes	No	Yes	Yes	No
Availability of separate room for body storage provided with at least 2 deep freezers for preserving the body	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Mortuary van	No	Yes	Yes	No	Yes	No	Yes	No
Availability of facility for pathological post mortem	No	No	No	No	Yes	Yes	Yes	No
System to categorize the dead bodies before preservation	No	No	No	No	Yes	Yes	Yes	No
System to provide identification tag/wrist band for each stored dead body	Yes	Yes	No	No	No	No	Yes	No
System for storage of unclaimed body for fixed duration	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Copy of death certificate accompanied with bodies sent to mortuary	Yes	Yes	Yes	No	No	No	No	No
Facility of high level disinfection by boiling or chemical	Yes	Yes	Yes	No	Yes	Yes	Yes	No

(Source: Information furnished by test checked DHs and GMCHs)

It was observed that:

[54] DH Balod, Baikunthpur and Raipur

(i) All the test checked DHs and GMCHs had 24x7 mortuary facility. System to provide identification tag/wrist band for each stored dead body was not available in two DHs at Sukma and Surajpur and in three GMCHs (Raipur, Rajnandgaon and Jagdalpur). Facility for high level disinfection by boiling or chemical were available in all test checked DHs/ GMCHs except DH, Surajpur and GMCH Raipur.

(ii) Facility of separate room with at least two deep freezers for preserving and storage of the body was available in test checked DHs and GMCHs except GMCH Raipur. Facility for pathological postmortem was not available in four DHs[55] and GMCH Raipur.

Auxiliary Services

3.8.10 Water supply

As per *Kayakalp* guidelines, availability of adequate water, sanitation and hygiene services are essential components for providing basic healthcare services in the HIs. Assessment of water requirement, physical testing of water, maintenance of records, cleaning of overhead water tank etc., were being followed in GMCH Jagdalpur, three DHs (Bilaspur, Raipur and Surajpur) and four CHCs (Bhaiyathan, Dondi, Dondilohara and Bishrampur) in test checked HIs. Adequacy of water supply at remaining GMCHs (4)/ DHs (4)/ CHCs (10) is shown in ***Table - 3.46***:

Table - 3.46: Water Supply in test checked DHs/ CHCs/ GMCHs

Name of health institution		Assessment of water requirement per bed per day after excluding requirements for fire fighting, Horticulture and steam	Biological/ Physical testing of water samples and maintenance of record	Maintenance of record related to water consumption, purification, complaints on water supply disruption/ downtime	Regularly Cleaning of Overhead water tank at prescribed interval	AMC of water purifiers
GMCH	Ambikapur	Yes	Yes	Yes	Yes	**No**
	Bilaspur	**No**	**No**	**No**	Yes	**No**
	Raipur	Yes	**No**	Yes	Yes	**No**
	Rajnandgaon	**No**	Yes	**No**	Yes	**No**
DH	Baikunthpur (Korea)	**No**	Yes	**No**	Yes	Yes
	Balod	Yes	Yes	Yes	Yes	**No**
	Kondagaon	Yes	Yes	**No**	Yes	Yes
	Sukma	Yes	Yes	Yes	Yes	**No**
CHC	Arang	**No**	**No**	Yes	Yes	Yes
	Chhindgarh	**No**	Yes	**No**	Yes	Yes
	Janakpur	Yes	**No**	Yes	Yes	Yes
	Chirmiri	**No**	**No**	**No**	Yes	**No**
	Konta	**No**	**No**	**No**	Yes	Yes
	Kota	Yes	**No**	**No**	Yes	Yes
	Makdi	Yes	Yes	**No**	Yes	**No**
	Takhatpur	Yes	**No**	**No**	Yes	Yes
	Tilda	**No**	Yes	Yes	Yes	Yes
	Vishrampuri	**No**	**No**	**No**	Yes	Yes

(Source: Information furnished by test checked Health institutions)

[55] DH Bilaspur, Kondagaon, Sukma, Surajpur

It was observed from the table that:

(i) Out of 26 test checked DHs/CHCs/GMCHs**,** the assessment of water requirement per bed per day was made in only 17 HIs.

(ii) Nine out of 26 test checked DHs/CHCs/GMCHs did not carry out biological testing/ physical testing of water samples.

(iii) Records related to water consumption, purification, complaints on water supply disruption were not maintained in 11 HIs out of 26 test checked HIs. So, in the absence of physical testing/biological testing of water samples and non-maintenance of above record, quality of water supply could not be assessed.

(iv) Water tanks were regularly cleaned in all the test checked HIs.

(v) In eight out of 26 test checked DHs/CHCs/GMCHs**,** AMC of water purifier was not initiated**.**

3.8.11 Power supply

As per IPHS norms, 24-hour uninterrupted power supply should be available in all HIs. Back-up generator facility should also be available. Further, AMC should be done for all equipment which need special care and preventive maintenance should be done to avoid breakdown and reduce down time of all essential and other equipment. Availability of power supply in test-checked HIs is shown in ***Table - 3.47***:

Table - 3.47: Power supply in test checked Healthcare Institutions

Name of District	Name of health facility	Availability of 24-hour uninterrupted stabilised power supply	Installation of Generator back-up and inverters	AMC of backup facility like generators and inverters
Balod	DH Balod	Yes	Yes	**No**
	CHC (02)	Partially available	Partially available	Partially available
	PHC (02)	Yes	Yes	Partially available
Bilaspur	DH Bilaspur	Yes	Yes	Yes
	CHC (02)	Yes	Partially available	Yes
	PHC (02)	Yes	**No**	Partially available
Kondagaon	DH Kondagaon	Yes	Yes	**No**
	CHC (02)	Yes	Yes	Partially available
	PHC (02)	Yes	Partially available	Partially available
Korea	DH, Baikunthpur	Yes	Yes	Yes
	CHC (02)	Yes	Yes	Yes
	PHC (02)	Yes	Yes	Yes
Raipur	DH, Raipur	Yes	Yes	Yes
	CHC (02)	Yes	Yes	Yes
	PHC (02)	Yes	Partially available	Yes

Name of District	Name of health facility	Availability of 24-hour uninterrupted stabilised power supply	Installation of Generator back-up and inverters	AMC of backup facility like generators and inverters
Sukma	DH, Sukma	Yes	Yes	**No**
	CHC (02)	Yes	Yes	Yes
	PHC (02)	Partially available	Partially available	Partially available
Surajpur	DH, Surajpur	Yes	Yes	Yes
	CHC (02)	Yes	Yes	Yes
	PHC (02)	Yes	Partially available	Partially available

(Source: Information furnished by test checked Health Institutions)

It was observed that 24-hour uninterrupted stabilised power supply with backup of generator was available in all the test checked DHs but AMC of backup facility like generators and inverters was not available in three DHs viz., Balod, Kondagaon and Sukma.

In test checked 14 CHCs and 14 PHCs, Audit observed that:

- Uninterrupted stabilised power supply was not available in CHC Dondilohara and PHC Chintagupha.
- The backup of generator or inverter was not found installed in two CHCs *viz*., Dondilohara and Takhatpur and five PHCs *viz*., Belpan, Nawagaon, Shampur, Reewa and Basdei.
- AMC of backup facility like generators and inverters was not available in two CHCs *viz*., Dondilohara and Makdi and five PHCs *viz*., Basdei, Belpan, Chikhlakasa, Chintagupha and Shampur.

3.9.1 Citizen charters

As per IPHS norms, citizen's charter should be displayed at a proper place in the HIs, so that the patients are aware of their rights.

During joint physical verification of test checked HIs, it was observed that in nine HIs[56] citizen's charter was not displayed and patients coming to HIs were unaware of their rights and services available in the HIs. Details are in ***Table - 3.48:***

[56] GMCH Bilaspur, Raipur, Rajnandgaon; CHC Arang, Chhindgarh, Dondilohara, Konta, Kota and Vishrampuri

Table - 3.48: Non-availability of citizen charter and patient rights and display of services-in test checked GMCHs, DKS PGI, DHs and CHCs

Sl. No.	Particulars	GMCHs, DKS PGI(6)	DHs (7)	CHCs (14)
1	Services and entitlements available in its departments were not displayed	2	1	4
2	Rights of patients were not found displayed	3	1	7
3	User charges were not found displayed	3	1	6
4	Information about available OPD services and their department wise timings was not found displayed	2	0	5
5	Information about available diagnostic services was not displayed	3	1	4
6	Information about available family welfare, maternity and childcare services were not found displayed	1	1	6

(Source: Data collected from test checked HIs)

Colour code:

Availability range			
100 *per cent*	76-99 *per cent*	51-75 *per cent*	**upto 50 *per cent***

It could be seen from the above table that:

- In seven HIs,[57] services and entitlements available in its departments were not displayed.
- Rights of patients were not found displayed in 11 HIs[58].
- User charges were not found displayed in 10 HIs[59].
- Information about available OPD services and their department wise timing was not found displayed in seven HIs[60].
- Information about available diagnostic services was not displayed in eight HIs[61].
- Information about available family welfare, maternity and childcare services were not found displayed in eight HIs[62].

3.9.2 Patient registration, grievance/ complaint redressal

As per IPHS norms, online registration facility should be available in DHs. Patient satisfaction survey is to be conducted quarterly. Each DH should display prominently a citizen's charter for the DH indicating the services available, user fees charged, if any, and a grievance redressal system. Citizen's

[57] GMCH Bilaspur, Rajnandgaon DH Bilaspur, CHC Bhaiyathan, Chhindgarh, Takhatpur and Vishrampuri

[58] DKSPGI, Raipur; GMCH Rajnandgaon, Raipur; DH Sukma; CHC Arang, Dondilohara, Kota, Takhatpur, Konta, Chhindagarh and Vishrampuri

[59] DKSPGI, Raipur; GMCH Bilaspur, Raipur; DH Bilaspur; CHC Arang, Dondilohara, Makdi, Takhatpur, Chhindagarh and Vishrampuri

[60] DKSPGI, Raipur; GMCH, Rajnandgaon; CHC Bishrampur, Kota, Konta, Chhindagarh and Vishrampuri

[61] GMCH Bilaspur; Jagdalpur, Rajnandgaon DH Bilaspur, CHC Takhatpur, Konta, Chhindagarh and Vishrampuri

[62] GMCH Rajnandgaon; DH Bilaspur, CHC Arang, Takhatpur, Dondi, Chhindgarh, Konta and Vishrampuri

charter should be in local language. There shall be provision of complaints/ suggestion box and a mechanism to redress the complaints.

Further, NHM Assessors guidelines provides that adequate registration counters should be available as per patient load. Unique identification number should be given to each patient during process of registration. Availability of patient registration, grievance/complaint redressal facilities in test-checked HIs is shown in ***Table - 3.49***:

Table - 3.49: Availability of patient registration, grievance/complaint redressal services in test checked HIs

Particulars	DHs (07)	GMCHs includes DKS PGI (06)	CHCs (14)	PHCs (14)
Availability of adequate registration counters	7	6	13	14
Availability of Online Registration System	7	2	14	10
Patient Satisfaction Survey (OPD)	7	3	11	12
Legibility of prescription slips	7	6	12	14
Availability of Citizen charter at OPD	7	5	13	**6**
Providing unique ID at the time of registration	7	6	12	12
Availability of Grievance Redressal Cell or Complaint cell to register patients' grievances regarding quality of supplied food to them	6	6	10	**6**
Availability of mechanism for receipt of complaints and whether suggestion boxes had been placed at appropriate places	7	5	13	12
Formation of Grievance Redressal Committee and redressal of complaints in a timely manner	7	5	11	9

(Source: Information furnished by test checked Health Institutions)

Colour code:

Availability range			
100 *per cent*	76-99 *per cent*	51-75 *per cent*	**upto 50 *per cent***

It was observed that:

- Adequate registration counters were available in 40 out of 41 test checked HIs.
- Online registration system was not available in DKSPGI, three GMCHs (Bilaspur, Raipur and Rajnandgaon) and four PHCs (Belpan, Nawagaon, Bahrasi and Basdei) out of the test checked HIs, whereas legible prescription slips were given to patients in all these HIs except CHC Kota and CHC Makdi.
- The patient satisfaction survey (OPD) was not conducted in three GMCHs *viz.*, Bilaspur, Raipur and Rajnandgaon, three CHCs *viz.*, Kota, Makdi and Vishrampuri and two PHCs *viz.*, Belpan and Salka.
- Unique ID at time of registration were not provided in two CHCs *viz.*, Bishrampur, Kota and two PHCs (Shampur and Bahrasi).
- Grievance redressal cell or complaint cell to register the complaint related to quality of supplied food to the patients was not available in DH Kondagaon, four CHCs (Chhindgarh, Kota, Makdi and Vishrampuri) and eight PHCs (Sanjari, Chikhlakasa, Belpan, Shampur, Bahrasi, Reewa, Salka and Tongpal).

- Mechanism of receipt of complaint and suggestion boxes were placed at appropriate place in all GMCHs/ DHs/ CHCs/ PHCs except GMCH Bilaspur, CHC Kota and PHC Shampur and Bahrasi.
- Grievance Redressal Committee was formed in all the test checked DHs but not available in GMCH Rajnandgaon, three CHCs (Chirmiri, Kota and Makdi) and five PHCs (Nawagaon, Salna, Bahrasi, Bangoli and Reewa).

In CHC Makdi, drug distribution counter was used as patient registration counter due to non-availability of separate registration counter, as shown in following ***Photograph - 9*** (date: 23 May 2023) :

9. Non availability of separate registration counter at CHC Makdi (Date 23 May 2023)

3.9.3 Infection Control Management

Infection Prevention and Control (IPC) programme and quality standards of healthcare are essential for the well-being and safety of patients, their families, health workers and the community.

NHM Assessor's guidebook requires that for cleaning and disinfection of patient care areas, standard practices be followed through maintenance of a checklist for hygiene and infection control in each HI. Also, infection control policies are needed to be framed, practiced and monitored by the Hospital Infection Control Committee (HICC). The role of the HICC is to implement the infection control programme and policies by monitoring, surveillance, reporting, research and education.

Audit observed that no such committees were formed in DKSPGI, Raipur, DH Kondagaon, 14 test checked CHCs and in 14 test checked PHCs. So, regular infection control exercise done by the HIs could not be verified during audit.

It was observed that*:*

- All the test checked GMCHs/ DHs had checklist for hygiene and infection control. The test checked HIs had HICC and meetings of HICC were conducted in all the test checked HIs.

- Pest control, rodent control and anti-termite treatment was done in all test checked GMCHs and DHs but cattle trap was not installed in GMCH Jagdalpur and Raipur and DH Kondagaon.
- Out of the four procedures[63] for disinfection and sterilization, chemical sterilization and autoclaving procedures were available in all the test checked GMCHs/ DHs.

DHS replied (January 2023) that in most of the DHs and CHCs, HICC is formed and working, However, DH Kondagaon and CHCs will again be monitored to have infection control practices and HICC.

3.9.4 Patient safety

(i) Availability of patient safety services in test checked health institutions

NHM Assessors guidelines provide that the health facility should have a disaster management plan in place and ensure that the staff is aware of disaster plan and their role and responsibilities in disaster is defined.

IPHS norms for CHCs provide that all healthcare staff should be trained and well conversant with disaster prevention and management aspects. Availability of patient safety services in test-checked HIs is shown in ***Table - 3.50***:

Table – 3.50: Availability of services related to patient safety

DKS PGI/ GMCH/DH/ CHC	Name of the His	Services			
		Disaster management plan formulated for patient safety	Formation disaster management committee	Facility assigned a space or ward to manage additional patient load in the event of a disaster	Standard Operating Procedure for all concerned depart-ments to act in an event of a disaster
DH	Baikunthpur	Yes	Yes	**No**	Yes
	Balod	Yes	Yes	Yes	Yes
	Bilaspur	Yes	Yes	Yes	Yes
	Kondagaon	Yes	**No**	Yes	Yes
	Raipur	Yes	Yes	Yes	Yes
	Sukma	Yes	Yes	Yes	**No**
	Surajpur	Yes	Yes	Yes	Yes
CHC	Arang	Yes	Yes	Yes	**No**
	Bhaiyathan	Yes	**No**	Yes	Yes
	Chhindgarh	Yes	**No**	Yes	Yes
	Dondi	**No**	**No**	Yes	Yes
	Dondilohara	**No**	**No**	**No**	**No**
	Janakpur	Yes	Yes	Yes	Yes
	Chirmiri	**No**	**No**	**No**	**No**
	Konta	Yes	Yes	Yes	Yes
	Kota	**No**	**No**	**No**	**No**
	Makdi	**No**	Yes	**No**	**No**
	Bishrampur	Yes	Yes	Yes	Yes
	Takhatpur	Yes	Yes	Yes	Yes
	Tilda	**No**	**No**	**No**	**No**

[63] boiling, high level disinfection, chemical sterilization, autoclaving

DKS PGI/ GMCH/DH/ CHC	Name of the His	Services			
		Disaster management plan formulated for patient safety	Formation disaster management committee	Facility assigned a space or ward to manage additional patient load in the event of a disaster	Standard Operating Procedure for all concerned depart-ments to act in an event of a disaster
	Vishrampuri	Yes	**No**	Yes	**No**
GMCH	Ambikapur	Yes	Yes	Yes	Yes
	Bilaspur	Yes	**No**	Yes	**No**
	Jagdalpur	Yes	Yes	Yes	Yes
	Raipur	Yes	**No**	Yes	**No**
	Rajnandgaon	Yes	Yes	Yes	Yes
DKSPGI	Raipur	Yes	Yes	Yes	Yes

(Source: Information furnished by test checked HIs)
A-Available, NA-Not Available

It could be seen from the above table that:

- Disaster management plan for patient safety was not formulated in six CHCs.
- Disaster management committee was not formed in DH Kondagaon, eight CHCs and two GMCHs.
- Standard operating procedure for all concerned departments to act in an event of a disaster was not prepared in DH Sukma, seven CHCs and two GMCHs.

(ii) Availability of fire-fighting equipment

As per IPHS norms, fire-fighting equipment should be available, maintained and be readily available when there is a problem.

The status of availability of fire extinguishers and other items in test checked HIs during 2021-22 is shown in ***Table - 3.51***:

Table - 3.51: Non-availability of firefighting equipment and other items in test checked HIs

Equipment/Statutory compliance		GMCHs DKS PGI (6)	DHs (7)	CHCs (14)	PHCs (14)
NOC/license not granted		4	**7**	**14**	**14**
Provision of detection (non-availability)	smoke detector	3	5	**14**	**14**
	Alarm	3	5	**14**	**14**
For meeting fire exigencies (non-availability)	Extinguishers	0	0	0	0
	Fire hydrants	2	**6**	**14**	**14**
	Sand buckets	4	**6**	**13**	**13**
	underground back up water	1	4	**13**	**14**
Evacuation (non availability)	Signage	**6**	0	**14**	11

(Source: Compiled from test checked healthcare facilities)

Colour code:

Non Availability range			
0 *per cent*	1-25 *per cent*	26-50 *per cent*	**51-100 *per cent***

Audit observed that:

- Joint physical verification of test checked 41 HIs (GMCHs, DKSPGI, DHs, CHCs and PHCs) revealed that only DKSPGI, Raipur and GMCH Jagdalpur had obtained NOC/ fire safety license.
- Provision of smoke detection and alarm were not available in three GMCHs,[64] five DHs[65] and all test checked CHCs and PHCs.
- Provision for fire exigencies, fire hydrants were not available in GMCH Bilaspur and Raipur, six DHs[66] and all test checked 14 CHCs and 14 PHCs. For functioning of fire hydrant, underground backup water was not available in GMCHs Bilaspur, four DHs[67] and 13 CHCs[68] as well as all 14 test checked PHCs. Further, Audit also observed that sand buckets were not available in four GMCHs,[69] six DHs,[70] 13 CHCs and 13 PHCs.
- In case of fire accident, signage facility for evacuation of people, was not available in all six GMCHs, all 14 test checked CHCs and 11 PHCs.
- Fire detection and alarm system was installed in NICU of GMCH Bilaspur only after the fire accident (2019) and in remaining buildings still no such equipment was installed. Open MCB box posing risk of fire, was found in GMCH Bilaspur, as shown in ***Photograph - 10*** below:

10. Open MCB box in GMCH Bilaspur in risk of short circuit (Date 26 April 2022)

- Audit observed that GoCG accorded administrative sanction of ₹ 1.16 crore for establishment of Fire safety system in GMCH, Raipur in 2016-17 and 2018-19. GMCH, Raipur transferred the fund to CGMSCL between 2016-19. However, the system was not supplied or installed, as of May 2022 and funds remained blocked with CGMSCL for more than five years.

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64 Ambikapur, Bilaspur and Raipur

65 DH Balod, Bilaspur, Baikunthpur (Korea), Sukma and Surajpur

66 DH Balod, Bilaspur, Kondagaon, Baikunthpur (Korea), Sukma and Surajpur

67 DH Balod, Baikunthpur (Korea), Sukma and Surajpur

68 CHC Dondilohara, Bhaiyathan, Bishrampur, Chhindgarh, Chirmiri, Dondi, Konta, Kota, Takhatpur, Makdi, Sukma, Tilda and Vishrampuri

69 DKSPGI, Raipur; GMCH Bilaspur, Jagdalpur and Raipur

70 DH, Balod, Bilaspur, Kondagaon, Baikunthpur (Korea), Sukma and Surajpur

DHS replied that ₹ 6.50 crore has been sanctioned for fire safety in 20 DHs and firefighting system will be installed in a phased manner after conducting fire safety audit. Government stated (April 2023) that fire safety license has been obtained in DKSPGI, Raipur and GMCH Ambikapur and instructions have been issued to other GMCHs for obtaining fire safety license.

(iii) Fire safety measures in AYUSH HIs

During scrutiny of records and joint physical verification of 77 AYUSH HIs, Audit observed that the inspected HIs did not had adequate and proper fire safety equipment in the premises. All the five[71]AYUSH hospitals did not obtain NOC from the Fire Department and fire safety audit was also not conducted in any of the facilities. Moreover, fire extinguishers available in these five hospitals were inadequate which showed lack of preparedness in all the facilities towards fire related emergency/hazard.

GoCG replied (December 2022) that it has instructed all the AYUSH HIs for installation of fire safety equipment.

3.9.5 Availability of seating arrangement, toilet facility and signage for Emergency, Departments and Utilities

As per IPHS norms, a waiting area with adequate seating arrangement shall be provided and an Enquiry/ 'May I Help Desk' with staff fluent in local language should be displayed. Health institutions should put in place directional signage for emergency, departments and utilities. The status of availability of the above features in test checked GMCHs/DHs/CHCs/PHCs is given in ***Table - 3.52***:

Table - 3.52: Non-availability of seating arrangement, toilet facility etc. in test checked HIs

Name of service	DHs	GMCHs	CHC	PHC
	Total =7	Total =5	Total=14	Total=14
Enquiry/ 'May I Help Desk' with staff fluent in local language	0	0	0	4
Directional signage for Emergency, Departments and Utilities	0	0	5	4
Display of safety, hazard and caution signs were displayed prominently at relevant places?	0	0	2	1
Important contacts like higher medical centres, blood banks, and fire department, police and ambulance services were displayed	0	0	3	6
Mandatory information (under RTI Act, PNDT Act, etc.) was displayed	0	1	2	7
Adequate seating facility	1	0	1	1
Patient Calling System (Digitalisation)	**4**	**3**	**11**	**10**
Separate toilets for male and female	0	0	0	2

(Source: Information furnished by test checked HIs)

Colour code:

Non-availability range			
0 *per cent*	1-25 *per cent*	26-50 *per cent*	**51-100 *per cent***

[71] Three District Hospitals and two Medical College Hospitals.

From above, it could be seen that Enquiry/ 'May I Help Desk' with staff fluent in local language was not displayed in four PHCs. Adequate seating arrangement was not available at one DH, one CHC and one PHC. Availability/ non-availability of seating arrangements was noticed in DH Bilaspur and CHC Arang, as shown in the following ***Photographs - 11 and 12***:

11. Inadequate seating arrangement at OPD area in CHC Arang (Date 09 May 2023)

12. Proper seating arrangement in DH Bilaspur (Date 18 May 2023)

Positive features (GMCH Jagdalpur)

Audit observed that Enquiry/ 'May I Help Desk' with staff fluent in local language, Display of OPD services and doctors available in health institution and separate registration and pharmacy counter for male, female and old age persons were available in GMCH Jagdalpur as shown in ***Photographs - 13 to 16***:

13. Separate registration counter for women and old age persons (Date: 29 December 2021)

14. Doctor duty roaster in OPD displayed in TV screen (Date: 29 December 2021)

15. 'May I help you desk' in local language (Date: 29 December 2021)

16. Separate drug distribution counter for women and old age persons (Date: 29 December 2021)

3.10 Patient satisfaction survey

IPHS norms prescribes that a patient satisfaction survey is to be carried out by the HIs to monitor the patients' satisfaction and feedback for improvement of quality of service.

Audit observed that patient satisfaction survey was not conducted in three GMCHs[72], in three CHCs[73] and in two PHCs[74] out of test checked five GMCHs, seven DHs, 14 CHCs and 14 PHCs during 2016-22.

3.10.1 Outcome of patient survey conducted at Healthcare Institutions

Patient survey was conducted in 41 HIs[75]. In these HIs, survey of 450 patients[76] was conducted the outcome of which is mentioned in ***Table - 3.53:***

Table - 3.53: Statement showing results of patient survey

Service	Non-Availability of services (*per cent*)				
	GMCHs (160)	DHs (178)	CHCs (70)	PHCs (42)	Total HIs (450)
Adequate seating arrangement was not available	9 (5.63)	34 (19.10)	15 (21.43)	07 (16.67)	65 (14.44)
Drinking water facility was not available	12 (7.50)	5 (2.81)	17 (24.29)	1 (2.38)	35 (7.78)
Signs for guidance were not available.	0 (0)	2 (1.12)	21 (30.00)	8(19.05)	31 (6.89)
Facilities for differently abled persons were not available	1 (0.63)	10 (5.62)	10 (14.29)	08 (19.05)	29 (6.44)
Neat and clean toilet facility was not available	**93 (58.13)**	67 (37.64)	12 (17.14)	0 (0)	172 (38.22)
Number of registration counter was not adequate	11(6.88)	23 (12.92)	0 (0)	0 (0)	34 (7.56)
Doctor did not explain the nature of ailment in an understandable way	68 (42.50)	4 (2.25)	0 (0)	0 (0)	72 (16.00)
All prescribed medicines were not made available by HI pharmacy	65 (40.63)	13 (7.30)	3 (4.29)	1 (2.38)	82 (18.22)
Complaint box was not available in OPD	79 (49.38)	0 (0)	5 (7.14)	6(14.29)	90 (20.00)

(Source: Compiled from patient survey conducted by Audit)

Colour code:

Non-availability range			
0 *per cent*	0-25 *per cent*	25-50 *per cent*	**50-100 *per cent***

For OPD services, 450 patients were surveyed in test checked HIs (DHs/ GMCHs/ CHCs/ PHCs). Of these, 38 *per cent* patients said that neat and clean

[72] Bilaspur, Raipur and Rajnandgaon
[73] Kota, Makdi and Vishrampuri
[74] Belpan and Salka
[75] five GMCHs, one super specialty hospital, seven DHs, 14 CHCs and 14 PHCs
[76] Patient were selected on random basis

toilet facility was not available, 18 *per cent* said that all prescribed medicines were not made available by HI pharmacy, 14 *per cent* patient stated that adequate seating arrangement was not available and seven *per cent* stated that drinking water facility not available.

During joint physical inspection in DH Baikunthpur and CHC Takhatpur, Audit observed that neat and clean drinking water facility and toilet was not available, as evident from the following ***Photographs - 17 and 18***:

17. Toilet is not neat and clean and in unhygienic condition DH Baikunthpur (17 May 2023)

18. Non-availability of neat and clean drinking water CHC Takhatpur (17 Aug 2023)

The survey indicates that there is need for improvement in the cleanliness of toilet facilities, proper seating arrangements, and availability of prescribed medicines across the HIs.

DHS replied (January 2023) that patient satisfaction survey is being conducted in most of the HIs. Directions will be issued to the concerned for compliance of audit observations.

Conclusion

All 10 specialist services as per IPHS norms were not available in 18 (78 *per cent*)) out of 23 DHs in State, while in DH, Kondagaon only four specialist services were available. Similarly, Out-patient Department (OPD) services in General Medicine, General Surgery, Obstetrics and Gynecology and Paediatrics were not available in 104 (60 *per cent*) 148 (86 *per cent*), 126 (73 *per cent*) and 133 (77 *per cent*) CHCs respectively. In 282 (36 *per cent*) out of 776 PHCs, doctor (Medical Officer) was not available to provide OPD services as per IPHS norms.

OPD services in Cancer unit in GMCH Jagdalpur and Cardiology, Nephrology, and Neurology Departments in GMCH Rajnandgaon could not be started for more than eight years due to non-availability of specialist doctors.

OPD cases in test checked DHs ranged between 4,52,743 and 8,30,140; in CHCs it ranged between 3,44,561 and 4,84,671 and in GMCHs it ranged between 10,51,767 and 16,83,383 during 2016-22.

Average OPD cases per doctor per annum in DHs ranged between 10,437 and 3,834 and in CHCs ranged between 19,659 and 4,451. In GMCHs it ranged between 28,804 and 7,723. Against the national average of 28 OPD cases per doctor per day for DHs, one DH (Raipur) out of seven test checked DHs had more number of OPD cases (upto 35) than the national average. In 11 HIs (DHs/CHCs/GMCHs) number of patients per hour per registration counter was more than norms (20) during 2016-22.

IPD cases in DHs, CHCs and GMCHs ranged between 53,253 and 78,373; 27,753 and 38,409 and 1,65,459 and 2,80,755 respectively during 2016-22. Department wise IPD data was not maintained in test checked DHs/CHCs.

IPD ward/ beds as per IPHS norms were available for all five basic in-patient services (General medicine, General surgery, Ophthalmology, accident and trauma, Paeditrics) in only one out of seven test checked DHs. In two DHs, the number of beds were available as per IPHS norms in four out of five services. DH Balod did not have required number of beds in any of the five wards. Burn ward was not available in four out of seven test checked DHs.

Bed occupancy rate (BOR) of five out of seven DHs was below 80 *per cent* norms of IPHS. Average BOR of DH Surajpur and Baikunthpur was 137 and 185 respectively which shows inadequate number of beds against requirement.

Average Bed turnover ratio of DH, Sukma was 173 *per cent* during the period which shows requirement of additional beds. Bed turnover ratio of DH Raipur was quite low (16.50) as compared to other DHs.

Operation Theatre services were available in all test checked GMCHs and DHs. All 12 surgical procedures were available in only two DHs as per IPHS norms. In the remaining five DHs, non-availability of surgical procedures ranged between one and four.

All four surgery services (General Surgery, ENT, Orthopedics and Ophthalmology) were available in only three out of seven test checked DHs, three types of surgeries in two DHs and in one DH only two type of surgery was available.

Against the national average of 194 surgeries per surgeon in a year, in four DHs, average surgery per surgeon in Ophthalmology was more than national average. Similarly, in General Surgery and in Orthopedics departments, it was more than the national average in respective one DH.

OT services were available in three (21 *per cent*) out of 14 test checked CHCs and seven (50 *per cent*) of 14 test checked PHCs.

Emergency services were available in all test checked DHs, but all types of infrastructure and facilities as per IPHS norms were not available in four out of seven test checked DHs.

Routine and emergency care was not available in 25 (15 *per cent*) out of 172 CHCs in the State. Facility of 24 hours management of selected emergency services such as accident, first aid, stitching of wounds etc., were not available in two out 14 test checked PHCs.

Intensive Care Unit (ICU) facility was not available in four out of seven test checked DHs. In one DH, number of available ICU beds was less than the IPHS norm. Required number of ICU beds was available as per MCI norms in GMCHs but availability of beds (25) in NICU (GMCH Bilaspur) was less than the average patient load per day (33) and thus two neonates had to share a single bed.

As per NFHS-5 survey report only 60 *per cent* pregnant women received four ANC during pregnancy and only 26.30 *per cent* pregnant women were provided iron folic acid tablets for 180 days. Further, 66 *per cent* of pregnant

women received Ante Natal Care during their first trimester during 2020-21 which was one of the main reasons for higher MMR, NMR and IMR in the State.

Institutional birth increased from 70.20 *per cent* to 85.70 *per cent* during 2016-21 and C-section deliveries increased from 9.9 *per cent* in 2015-16 to 15.2 *per cent* in 2020-21, but it was much higher (57 *per cent*) in private healthcare institutions than the public healthcare institutions (8.9 *per cent*).

Special New Born Care Unit (SNCU) service was not available in five (22 *per cent*) out of 23 DHs in the State. Neonatal death rate was highest in DH Kondagaon and lowest in DH Bilaspur.

All Imaging (Radiology) services required under IPHS was not available in any of the test checked DHs/ CHCs. Stress test and ECHO facility was not available in five out of seven test checked DHs. In GMCHs, MRI services was not available in three out of five GMCHs. Ultra Sonography facility was available in only one out of 14 test checked CHCs. Full range of essential pathological investigations as per IPHS norms was not available in any of the test checked healthcare institutions (GMCH/ DHs/ CHCs).

Number of Advance Life Support (ALS) ambulances were insufficient in 15 districts as only 30 ALS vehicles were deployed under *108 Sanjeevni Express* against the requirement of 52, as of March 2022. In 33.99 *per cent* cases, the response time of 108 ambulances was more than 30 minutes whereas in 57,398 cases (8.59 *per cent*) ambulance reached patients after one hour of receiving their calls. In nine districts response time was more than 30 minutes.

Dietary services in Healthcare Institutions were marred by inadequate facilities like lack of dedicated kitchens, dieticians and food safety registration certificates. Blood bank/storage facility was available in all test checked DHs/GMCHs but license to operate blood bank had expired in DH Baikunthpur (Korea). Laundry services were available in all test checked DHs. In three test checked CHCs records of linen services were not maintained. In two test checked GMCHs, linen were not changed every day and quality of bed linen was not checked on daily basis in any of the test checked GMCHs except GMCH Raipur.

All test checked DHs and GMCHs had 24x7 mortuary facility but availability of facility for pathological postmortem were not available in four DHs and one GMCH. System to provide identification tag/wrist band for each stored dead body were not available in two DHs and three GMCHs.

Biological testing/ physical testing of water samples were not carried out in nine healthcare institutions out of 26 test checked DHs/ CHCs/ GMCHs. Uninterrupted stabilised power supply was not available in CHC Dondilohara and PHC Chintagupha out of test checked 14 CHCs and 14 PHCs.

Citizen's charter was not displayed in nine out of 27 healthcare institutions (DHs/CHCs/GMCHs/DKSPGI). NOC / fire safety license was not obtained by 39 out of 41 HIs (DHs/CHCs/PHCs/GMCHs/DKSPGI). Healthcare Institutions also lacked smoke detection systems (36), fire hydrants (36) and

signage (31). Hospital Infection Control Committee was not formed in 30 out of 41 healthcare Institutions.

Patient satisfaction survey was not conducted in three GMCHs, in three CHCs and in two PHCs out of test checked five GMCHs, seven DHs, 14 CHCs and 14 PHCs during 2016-22. Audit conducted survey of 450 patients and non-availability of neat and clean toilet facilities, adequate seating arrangements and non-availability of prescribed medicines was expressed by 38, 14 and 18 *per cent* patients respectively.

Recommendations

The GoCG may:

7. ***Ensure availability of all OPD/ IPD services in HIs for quality patient care as per regulatory norms.***
8. ***Take initiatives to ensure availability of all pathological and imaging facilities such as USG, CT scan and X-ray machines in all HIs for early and proper diagnosis of diseases***
9. ***Improve dietary services in healthcare institutions by providing dedicated kitchens, dieticians, regular quality checks, registration certificates.***
10. ***Install fire safety systems comprising fire alarm/smoke detectors etc., in all healthcare institutions on a priority basis.***
11. ***Consider to form Hospital Infection Control Committees in CHCs and PHCs and address deficiencies w.r.t Citizen's Charter and entitlements, grievance redressal mechanism and patient feedback in healthcare institutions.***

Chapter – IV

Availability of Drugs, Medicines and Equipment in the Healthcare Institutions

Chapter 4

Availability of Drugs, Medicines and Equipment in the Healthcare Institutions

Highlights

- During 2016-22, the Department of Health and Family Welfare, GoCG (Department) had procured drugs, medicines and equipment valuing ₹ 3,753.18 crore. The GoCG had established (2010) Chhattisgarh State Medical Services Corporation Limited (CGMSCL) as a centralised nodal agency for all procurement and supply of drugs, medicines and equipment under the Health Department.
- The Annual Indents (AI) for procurement of drugs, medicines and consumables were finalised by the Directorates of Health Department with delay and in *ad hoc* manner without considering previous consumption, existing stocks and purchase orders already placed. Moreover, programme/scheme drugs were not included in the AI. Further, local purchases were not entered in Drug Procurement and Distribution Management Information System (DPDMIS) by Healthcare Institutions (HIs).
- Despite having centralised procurement agency, 26.79 to 50.65 *per cent* of total drugs, medicines and consumables procured during 2016-22 were purchased locally (decentralised procurement).
- CGMSCL failed to prepare/finalise the purchase manual for standardising purchase process in consonance with the Chhattisgarh Stores Purchase Rules (CGSPR) due to which in many cases, purchases were made in violation of CGSPR. There was delay ranging from three to 649 days in finalisation of 165 tenders out of total 278 tenders called for finalising Rate Contracts (RCs) for procurement of drugs, medicines and equipment during 2016-22. As a result, there were instances of delay in supply of drugs resulting in non-availability of drugs as per essential drugs list (EDL) in the HIs and consequent local purchases or purchase of essential drugs by the patients on their own cost.
- The validity period of new RCs for procurement of equipment and drugs was extended by the CGMSCL from one year to two years and from one year to 18 months respectively thereby extending the validity period by six months without the approval of Competent Authority.
- CGMSCL did not finalise the RC for all indented drugs and the percentage of drugs for which RC was not finalised against the indented quantity during 2016-22 ranged between 48.82 (2016-2017) and 63.59 (2018-2019) *per cent.* Consequently, HIs had to purchase the untested EDL drugs valuing ₹ 97.93 crore through local purchase during 2017-22.

- CGMSCL had executed the long-term RCs for all the equipment indented by the HIs without considering the category of equipment viz., high value, occasionally required etc., which was not in the best interest of the Government because some equipment is demanded by the HIs occasionally and due to frequent upgradation in technology, the equipment may not be available at current market rate.
- There were serious lapses in tender evaluation system of CGMSCL for procurement of equipment as it did not consider the price of reagents required for testing with the equipment and evaluated only cost of testing equipment which resulted in purchase of reagents costing ₹ 129.27 crore without inviting tenders and considering them as proprietary item at the rates quoted by the supplier.
- In four cases, the technical specifications of equipment were fixed by DHS/CGMSCL without due diligence and in collusion with the suppliers which resulted in fixation of tailor-made specifications and irregular procurement of ₹ 30.48 crore.
- The CGMSCL had finalised RCs for procurement of equipment in three cases without proper assessment of reasonability of quoted rates which led to avoidable extra expenditure of ₹ 3.26 crore.
- The Health Department had procured Biosafety Cabinet, Calorimeter and Micro pipette more than the requirement, which has resulted in unwarranted procurement of ₹ 23.09 crore leading to idling of equipment.
- CGMSCL procured PET-CT machine in PPP mode for Medical College Hospital, Raipur without finalisation of modalities for operating the machine resulting in idling of equipment and infrastructure worth ₹ 18.46 crore besides deprival of facility to general public till date (November 2022).
- A total of 21 medical equipment valuing ₹ 8.13 crore were kept idle in HIs due to various reasons i.e., technical fault, non-availability of vital parts, non-supply of reagents/kits, non-construction of necessary infrastructure, non-providing the training to staff etc., in GMC/GMCH Raipur, Jagdalpur and Rajnandgaon
- The CGMSCL had purchased drugs, medicines and consumables at higher rates due to lack of monitoring of prevailing market price, by ignoring existing RCs with lower rates and rejection of lower rate on unjustified grounds which resulted in extra expenditure of ₹ 7.35 crore. There were instances of procurement of drugs and medicines at tailor made specifications, invitation of tender with indicative quantity instead of bulk quantity etc. CGMSCL also purchased drugs worth ₹ 23.98 crore from blacklisted firms.
- CGMSCL mentioned the requirement of Paracetamol and RD Malaria Kit much lower than the actual indent and could not take benefit of bulk purchase and tenders were finalised at higher rate which had resulted in avoidable loss of ₹ 4.09 crore.

- CGMSCL failed to place purchase order for Anti Rabies Vaccine within validity of RC as per the indented quantity despite having demand from the HIs and purchased the same at higher rate on nomination basis, which resulted in avoidable extra expenditure of ₹ 3.20 crore. Further, in subsequent tender, the CGMSCL deviated from the indented variant and opted the variant of higher rate further resulting in avoidable extra expenditure of ₹ 1.95 crore.
- CGMSCL failed to get replacement of 'Not of Standard Quality' drugs from the supplier and did neither levy penalty of ₹ 1.69 crore nor recovered the demurrage charges of ₹ 24.60 lakh from such defaulting suppliers.
- The drugs inventory system was deficient as CGMSCL placed the purchase orders without considering available stock in its warehouses, the previous consumption trend and future requirement resulting in expiry of drugs valuing ₹ 33.63 crore.
- In warehouse management, there were instances of non-compliance with the Drugs and Cosmetics Rules for storage of the drugs. CGMSCL failed to maintain the prescribed temperature at the warehouses for storage of various drugs which resulted in loss of efficacy and quality of drugs. There were no standard operating procedures defined by CGMSCL for warehouse management.
- There were instances of non-availability of drugs at HIs. Out of 272 EDL drugs required for DHs, total 103 drugs were not available, as on 31 March 2022 in seven test checked districts. Similarly, out of 149 EDL drugs required for CHC, total 39 drugs were not available in 14 test checked CHCs.
- For procurement of COVID-19 drugs and equipment, CGMSCL had issued 340 purchase orders for 131 items of equipment worth ₹ 142.73 crore and 385 purchase orders for 84 items of drugs, medicines and consumables worth ₹ 860.03 crore to the suppliers.
- The COVID Committee had recommended the finalisation of tenders for procurement of COVID-19 related items with the two bidders who did not fulfil the pre-qualification requirement. This resulted in irregular purchases of ₹ 22.98 crore.
- In case of procurement of Truenat combo kit, the COVID Committee recommended to purchase through distributor instead of concessional kit offered by the original manufactures, which resulted in avoidable extra expenditure of ₹ 9.33 crore.
- Due to modification in supply schedule in the tender of Rapid Antigen Detection Test and inclusion of stringent conditions, out of six bidders only one bidder accepted the revised supply conditions and quoted the rate of ₹ 89.60 per kit which was 245 per cent higher in comparison to previous finalised rate. This had resulted in avoidable extra expenditure of ₹ 13.21 crore.
- Procurement agency (CGMSCL) had procured COVID-19 related items worth ₹ 23.13 crore without recommendation of COVID Committee which was irregular.

- Four Liquid Medical Oxygen (LMO) tanks purchased for GMCHs were either not installed or not connected to the supply line of hospitals and these were lying idle. Further, Cryogenic LMO tank (12KL) fixed in DKSPGI hospital was not connected to the oxygen pipeline of the hospital.
- The Annual Indents of Directorate AYUSH were furnished to the procurement agency (CGMSCL) with a delay ranging from four to 256 days during 2016-22. A total of 281 equipment costing ₹ 0.75 crore were excessively supplied to the AYUSH HIs in the selected districts.
- The IT system was developed with inadequate planning. The modules of the software were partially functional. The different databases used in software were not interconnected.
- The system did not have checks for data authentication and duplicity of records.
- Drugs were supplied in excess up to 467 *per cent* over and above the annual indent. Expiry of drugs and delay of supply was not monitored in system.
- Barcode system was not implemented and there was no mechanism to capture barcode details in the system.
- Quality Control reports were received with delay ranging from 43 to 265 days.
- Tertiary level drugs were supplied to primary level facilities due to discrepancies in facility management.
- The system did not have a password policy and robust website security policy.

4.1 Introduction

Availability of drugs, medicines and equipment in the Healthcare Institutions (HIs) plays important and crucial role in patient care. The procurement of drugs, medicines and equipment in the State were made through centralised and decentralised (local) purchase. For centralised procurement, GoCG incorporated (2010) the Chhattisgarh State Medical Services Corporation Limited (CGMSCL) as a wholly owned Government Company under the administrative control of Department of Public Health and Family Welfare (Department) which started its business operations from 2013-14. The primary objective of CGMSCL is to ensure supply of drugs, medicines and equipment in HIs throughout the State and get the benefit of bulk purchase through centralised procurement. CGMSCL was required to make procurement of all essential drugs, medicines, consumables and equipment by open competitive bidding process through e-procurement portal following the provisions of Chhattisgarh Stores Purchase Rules, 2002 (CGSPR), as amended.

The decentralised procurement was made by the HIs in the case of non-supply of drugs, medicines and consumables by CGMSCL for their indented items. The HIs also procure non-EDL drugs through decentralised procurement. Total procurement of drugs, medicines, consumables and equipment for HIs during 2016-22 are given in the ***Table - 4.1***:

Table - 4.1: Year-wise details of total procurement of drugs and equipment for healthcare facilities

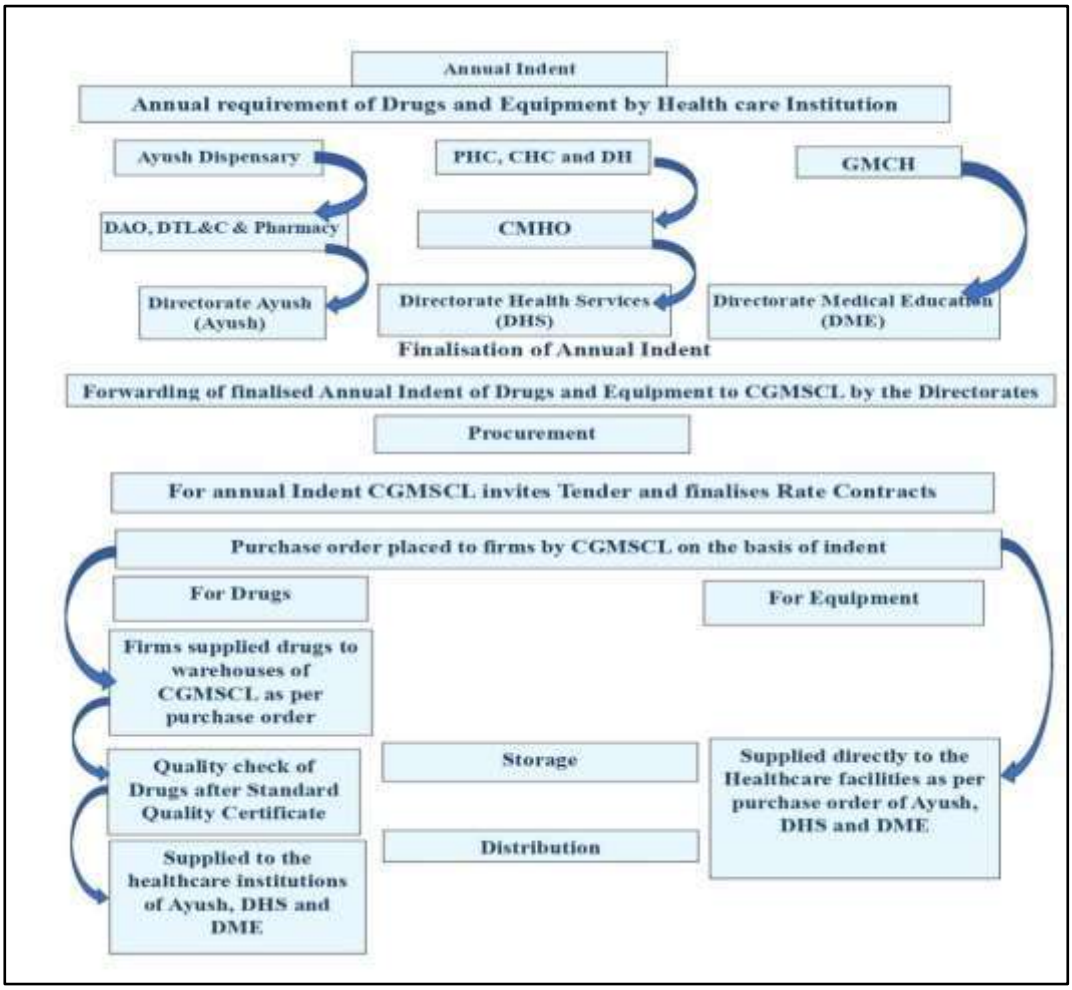
Year	Centralised procurement (₹ in crore)		Decentralised procurement (₹ in crore)		Total procurement (₹ in crore)	
	Drugs & Medicines	Equipment	Drugs & Medicines	Equipment	Drugs & Medicines	Equipment
2016-17	112.93	81.47	115.90	6.87	228.83	88.34
2017-18	170.08	108.06	95.82	38.54	265.90	146.60
2018-19	145.72	163.94	106.89	5.14	252.61	169.08
2019-20	179.26	103.62	162.83	6.49	342.09	110.11
2020-21	589.24	264.97	215.65	25.41	804.89	290.38
2021-22	528.01	216.43	269.66	40.25	797.67	256.68
Total	**1725.24**	**938.49**	**966.75**	**122.70**	**2691.99**	**1061.19**

(***Source: VLC database under the detailed head 25-001, 005, 007 and 28-003***)

4.2 Centralised Procurement by CGMSCL

The process followed for indent, procurement, storage and distribution of drugs and equipment by Health Department is shown in ***Chart - 4.1***:

Chart - 4.1: Chart showing details of process of indent, procurement, storage and distribution of drugs and equipment by Health Department



(Source: Compiled from Information furnished by CGMSCL)

4.2.1 Finalisation of Annual Indents (AI)

During scrutiny of records related to AIs of drugs and medicines received from the DHS/DME/DA, Audit observed the followings:

(i) Delayed finalisation of Annual Indent

The GoCG instructed (27 May 2016) that the estimates of required medicines for all the HIs in the State should be prepared at Directorate level by 30 September every year. After scrutiny of annual estimates of medicines, the respective Directorates should finalise the AI with clear specification and quantity which should be placed to CGMSCL by 31 October of every year.

Audit observed that a State Level Committee (SLC) in DHS finalises the AIs. The SLC meetings were however not conducted in a timely manner for finalisation of indent. The minutes of the meeting were also not available on the records. Audit noticed delay in forwarding of AIs by DHS to CGMSCL ranging between one month and eight months, as detailed in ***Table - 4.2.***

In case of DME, field HIs under DME forwarded the indent directly to CGMSCL until March 2020 and thereafter from 2020-21 onwards, DME consolidated the demand of field HIs for onward submission to CGMSCL. There was delay ranging between one month and five months in forwarding the AIs to CGMSCL by the DME, as detailed in ***Table - 4.2***.

Table - 4.2: Year wise scheduled date and actual date of submission of AI by DHS and DME

Year	Date of SLC meeting	Due date of submission of indent to CGMSCL	Actual date of submission to CGMSCL	Delay in submission of AIs to CGMSCL	Actual date of submission to CGMSCL	Delay in submission of AIs to CGMSCL
			DHS		DME	
2016-17	30-12-2015	31-10-2015	23-02-2016	04 months	--	--
2017-18	4-12-2016	31-10-2016	28-04-2017	06 months	--	--
2018-19	7-06-2018	31-10-2017	12-07-2018	08 months	--	--
2019-20	23-01-2019	31-10-2018	03-05-2019	06 months	--	--
2020-21	29-11-2019	31-10-2019	04-12-2019	01 month	06-12-2019	01 month
2021-22	5-12-2020	31-10-2020	26-12-2020	02 months	03-04-2021	05 months

(Source: Compiled from information furnished by the DHS and DME)

It was further observed that there were no working papers relating to finalisation of indents at Directorate level. Audit observed that the HI wise indent data for drugs and medicines for the previous years was not available in the back-end data of Drug Procurement and Distribution Management Information System (DPDMIS) portal to assess the pattern of demand by field units and revisions made at the level of district/health directorates.

Audit further observed that while placing the AIs to CGMSCL for next year, the quantities of non-purchased drugs and consumables of the previous years were not taken into consideration. Due to this, the possibilities of purchase of overlapping/excessive quantities could not be ruled out.

The indents forwarded by HIs were revised at District and Directorate level without recording any justification and without analysis of consumption pattern, available stock in units and warehouses of CGMSCL and status of supply against the previous indent.

Due to unscientific approach in finalisation of indents, Audit noticed instances of procurement of drugs and medicines in excess of the requirement. Moreover, expiry of drugs and non-availability/ shortage of drugs in HIs were also noticed during audit which are discussed in subsequent paragraphs in this chapter.

The DHS stated (January 2023) that the AIs for the year 2023-24 were finalised in time. DHS further stated that the process of finalisation of indent includes considering available stock in warehouses and by adding an additional 10 *per cent* over the last year's consumption. The Director assured that in future the minutes of the committee meeting will be documented along with working papers.

(ii) Non-inclusion of non-EDL and programme/ scheme drugs in AIs

Audit observed that while finalising the AIs, the indents for specific programme and scheme drugs viz. *Mitanin* Programme, National Mental Health Programme, Sickle Cell Management Programme, National Communicable Disease Programme were not obtained from HIs and the same were purchased in decentralised manner at local level.

For instance, for the period from 2016-22, DHS did not send the indent to CGMSCL for EDL drugs/consumables required under *Mitanin* Programme even though ₹ 33.33 crore was allocated to CHMOs for purchase of *Mitanin dawa peti*. Subsequently, all these drugs/consumables were purchased by the districts HIs through local purchase.

The DHS stated (January 2023) that the *mitanin* and programme-oriented drugs are included in current AI (2023-24) excluding central supplied schemes as per the Audit recommendations.

(iii) Deficient implementation of DPDMIS

Audit observed that entries of local purchase were not entered in DPDMIS by HIs. On test check in seven districts, it was noticed that 17 HIs procured drugs and consumable worth ₹ 86.93 crore through local purchase by obtaining No objection Certificates (NoC) from the CGMSCL and drugs and consumable worth ₹ 86.37 crore were procured without obtaining NoC. Further, Material Receipt Certificate were not generated in DPDMIS during the period from 2019-22.

4.2.2 Non-implementation of policy for centralised and decentralised procurement

For availing benefit of bulk purchases, the health directorates transfer the funds to the CGMSCL for centralised procurement. Further, to meet the emergency requirement and in case of non-availability of drugs, medicines and equipment at CGMSCL, DHS allocates the fund to districts for decentralised procurement through CMHO/CS. Similarly, in case of DME,

GMCHs and associated hospitals also procured drugs, medicines and consumables through decentralised procurement (local purchases). The Department directed (11 September 2019) all the Directorates to transfer 90 *per cent* of the budget to CGMSCL for centralised procurement. The details of transfer of funds to CGMSCL for centralised purchase and allocation of funds to field HIs for decentralised purchase during 2016-22 is given in ***Table - 4.3***:

Table - 4.3: Centralised and decentralised procurement of drugs, medicines and consumables for DHS, DME and AYUSH units

(₹ in crore)

Year	Total expenditure on drugs by the Department	Funds transferred to CGMSCL for drug procurement by the Department (Centralised)	Drug Procurements by field Healthcare institutions (De-centralised procurement)	Decentralised procurement (*Per cent*)
2016-17	228.83	112.93	115.90	50.65
2017-18	265.90	170.08	95.82	36.04
2018-19	252.61	145.72	106.89	42.31
2019-20	342.09	179.26	162.83	47.60
2020-21	804.89	589.24	215.65	26.79
2021-22	797.67	528.01	269.66	33.81
Total	**2,691.99**	**1,725.24**	**966.75**	

(Source: VLC database of AG (A&E); Purchases during 2020-21 & 2021-22 includes COVID purchase also)

As could be seen from the above that expenditure on drugs purchased through decentralised (local purchases) manner increased from ₹ 95.82 crore in 2017-18 to ₹ 269.66 crore in 2021-22. During the period of 2016-22, share of local purchase ranged from 26.79 to 50.65 *per cent* in drugs/consumables. HIs continued to purchase the drugs, medicines and consumables through local purchase despite higher rates and untested drugs. Instances of local purchases at higher rate are tabulated in ***Table - 4.4***:

Table - 4.4: Details of medicines purchased locally and L1 rates in centralised purchase

Sl.	Drug name	CGMSCL Rate (₹ per unit)	L1 rate (₹ per unit)	Rate difference (₹ per unit)	Percentage difference	Local supplier	Purchased quantity (nos.)	Date of Supply	Name of HI
1	Inj Corboplatin 150mg	369.00	413.28	44.28	12.00	M/s Chopda enterprises Raipur	176	16-10-2020	GMCH Raipur
2	Betamethasone Val-erate Ointment IP 0.1%	7.39	12.32	4.93	66.71	Hitendra enterprises Raipur	5000	11-07-2018	GMCH Ambikapur
3	Linezolid 2mg/ ml Injection	68.264	110.88	42.616	62.43	Pankaj Medico traders Bilaspur	300	08-07-2019	GMCH Bilaspur
4	Human Anti D Immunoglobulin (Polyclonal/ Monoclonal) Inj BP300mcg	1848.00	2912	1064	57.58	Pankaj Medico traders Bilaspur	100	06-01-2021	GMCH Bilaspur
5	Tab amox+clav 375 mg	3.91	6.16	2.25	57.54	M/s Hindustan	3000	13-08-2020	GMCH Raipur

Sl.	Drug name	CGMSCL Rate (₹ per unit)	L1 rate (₹ per unit)	Rate difference (₹ per unit)	Percentage difference	Local supplier	Purchased quantity (nos.)	Date of Supply	Name of HI
						Medi Traders, Raipur			
6	Inj. gematabine 1.4 gm	513.02	777.84	264.82	51.62	M/s kapish pharma Raipur	192	28-10-2020	GMCH Raipur
7	Oint. povidone iodine	7.03	10.07	3.04	43.24	M/s Suresh medical store	6000	21-08-2019	GMCH Ambikapur
8	Inj. Ceftriaxone Pow der for injection1g IP	12.86	18.20	5.34	41.52	Pankaj Medico traders Bilaspur	5400	15-06-2019	GMCH Bilaspur
9	Enoxaparin Inj. 40mg	155.40	209.00	53.60	34.49	Gurunanak medical	1000	02-03-2022	GMCH Bilaspur
10	Inj. permetriaed 500mg	708.00	928.48	220.48	31.14	Shubham agency	50	29-08-2020	GMCH Raipur

(Source: Compiled from Information furnished by GMCH, Raipur, Ambikapur and Bilaspur)

The above EDL drugs were procured locally by the HIs after obtaining NoC from the DPDMIS indicating that CGMSCL failed to ensure supplies of these indented drugs to HIs in time.

4.2.3 Inordinate delay in preparing purchase manual/rules of doing business

Being a centralised procurement agency, it is essential for CGMSCL to have a comprehensive procurement manual in accordance with the CGSPR so that economic, effective and efficient procurement can be done for the State HIs.

Audit observed that CGMSCL procured the drugs, medicines and equipment without any standardised documented procurement system as no procurement manual/policy has been framed by it since inception. As a result, there was lack of uniformity in procurement procedures adopted by CGMSCL. Audit had noticed instances of procurement which were in deviation to prescribed rules/ norms and are discussed in succeeding paragraphs of this chapter.

Audit further observed that the Board of Directors (BoD) of CGMSCL had accorded (January 2016) approval for a draft procurement manual named as "Principles of doing business" and CGMSCL forwarded (March 2016) the same to the Department for obtaining approval. In response, the Department directed (January 2018) CGMSCL to make some amendments and addition in its proposed draft. Accordingly, MD constituted (15 February 2018) three members[1] committee and directed to submit the revised draft within 10 days. Audit however, observed that even after lapse of about five years, the procurement manual was not prepared.

[1] General Manager (Finance), Incharge General Manager (Technical) and Deputy Manager (Finance)

4.2.4 Irregular extension of the validity of Rate Contracts for procurement of drugs, medicines and equipment in violation of CGSPR

As per CGSPR, the Rate Contracts (RCs) for procurement of materials is generally valid for one year. Accordingly, CGMSCL finalises the RC for validity period of one year. It is the responsibility of CGMSCL to finalise new RC before expiry of validity period of current RC so that continued supply of drugs to HIs can be ensured. For this, it is supposed to act in advance for inviting fresh tender for new RCs. In case of a delay in finalisation of fresh tender, CGMSCL extends the validity of existing RCs for further six months at the same rates, terms and conditions.

Audit observed following shortcomings on validity period of RCs:

(i) RCs for equipment

CGMSCL, w.e.f. August 2016, extended the validity period of its new RCs for procurement of equipment from one year to two years with facility to further extended them for six months. Audit observed that CGMSCL had *suo motu* extended the validity of the RCs for procurement of equipment for the duration from one year to two years in violation of CGSPR without approval of competent authority.

(ii) Rate Contracts for drugs and medicines

Audit observed (March 2021) that CGMSCL in its 30th Board meeting decided (23 February 2019) to extend the validity period of its new RCs for procurement of drugs and medicines from one year to 18 months which could be further extended for six months. The extension of validity period was in violation of CGSPR as it was without the approval of competent authority and hence irregular.

4.2.5 Abnormal delay in finalisation of tenders

The Department had fixed (8 December 2016) time limit of 153 days from the date of NIT for finalisation of RC by CGMSCL in respect of drugs, consumables and equipment. During 2016-22, CGMSCL had finalised 278 tenders for RC of drugs/consumables (156 tenders) and medical equipment (122 tenders).

Audit observed that out of total 278 tenders, 165 tenders (59 *per cent*) were finalised with delay of more than 153 days. Delay in finalization of 74 tenders of drugs/ consumable ranged from four to 494 days and in 91 tenders of equipment it ranged from three to 649 days in, as detailed in ***Appendix - 4.1*** and ***4.2*** respectively**.** Delay in tender encouraged local purchase at higher rates as discussed in next para.

Audit noticed that due to lack of clarity in pre-qualification requirement and technical specifications mentioned in the tender, frequent amendments were made to the tender after notification, which also delayed the finalisation of tenders.

As the user department furnishes the demand for one year, in case of delayed finalisation of tender, the demand becomes irrelevant. Further, some medicines required for specific seasons would not be available to the patients

in due time owing to delay in tender finalisation and if the same are supplied after such specific season, then chances of expiry of such drugs would be higher.

4.2.6 Non-finalisation of RCs for all indented drugs resulted in purchase of drugs through local purchase

CGMSCL invites online tenders for finalisation of RCs for procurement of drugs, medicines and equipment from the registered suppliers according to the AIs of Department. After finalisation of tenders RCs were executed with successful bidders and drugs/ equipment were purchased by placing POs. The details of finalisation of RC against the drugs indented is given in ***Table - 4.5***:

Table - 4.5: Year-wise indent of drugs received, and RC finalised for DHS and DME

Particulars	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
No. of indented drugs by DHS and DME	723	867	997	966	1235	2095
No. of drugs, for which RC finalized	370	343	363	386	421	998
No. of drugs, for which RC not finalized	353	524	634	580	714	1097
Percentage of drugs, for which RC not finalised	**48.82**	**60.44**	**63.59**	**60.04**	**62.91**	**52.36**

(Source: Compiled from Information furnished by the DHS and DME)

As could be seen from the ***Table - 4.5*** that CGMSCL had failed to finalise the RC for all indented drugs. Percentage of RCs not finalised ranged between 48.82 *per cent* and 63.59 *per cent* of indented drugs during 2016-22. Due to non finalisation of RCs by the CGMSCL against the indent, HIs made purchase of untested essential drugs valuing ₹ 97.93 crore[2] locally during 2017-22[3].

Procurement of equipment

4.2.7 Finalisation of RCs for high value equipment

Rule 4.3.3 of the CGSPR stipulates that all the Government purchases valuing more than ₹ one lakh are to be made through open tendering process. The RCs are to be executed with the suppliers in accordance with the CGSPR for the items which are to be used frequently so that it may be available in very short time. Audit observed that neither CGMSCL nor Department had categorised the medical equipment, which were required frequently and occasionally in HIs. In absence of the same the CGMSCL had executed the long-term RCs[4] for all the equipment indented by the HIs irrespective of its value whether, it was low value equipment or high value equipment. Some illustrative examples of procurement of medical equipment (value ranging between ₹ 25 lakh and ₹ five crore) by CGMSCL during 2016-21 with RCs of two years are given in ***Appendix - 4.3.***

[2] As per CGMSCL's DPDMIS online system
[3] CGMSCL started to maintain the local purchase data only from April 2017.
[4] 24 months for equipment

Finalisation of RCs for high value equipment is not in the best interest of the Government because it is demanded by the HIs occasionally and due to frequent upgradation in technology, procurement through long term RC may result in purchase of outdated equipment at higher cost.

Therefore, CGMSCL should reconsider its practice of finalisation of RCs for all the medical equipment. For more efficient and effective tendering, CGMSCL may also consider including extension/ repeat order clause[5] in its tender in line with CGSPR.

The Government assured (December 2022) that in future, quantity tenders will be invited for capital equipment.

4.2.8 Purchase of equipment in excess of the quantity indicated in tender due to non-assessment of actual requirement

Rule 4.14 of CGSPR stipulates that the repeat/ subsequent order would not be more than 25 *per cent* quantity of the original order. Therefore, the total purchased quantity should not exceed more than 25 *per cent* of the tendered quantity. The Schedule of requirement (Annexure – 1 of tender document) indicates the tentative quantity to be purchased, which helps the bidder to quote the most competitive rates for the minimum quantity. Audit observed that during 2016-22 in 173 cases, CGMSCL had procured equipment in higher quantities than the tendered quantities of the items. Some illustrative examples are tabulated in ***Table - 4.6:***

Table - 4.6: Details of actual purchase of equipment vis-à-vis tendered quantity

Sl. No.	Tender Ref. No. and date	Name of Equipment	Tendered quantity (nos.)	Rate (₹ per unit)	Total purchase (nos.)	Excess than the tendered quantity (nos.)
1	53 15-06-17	Baby Weight Machine	1	2,450	19,142	19,141
2		Multi Parameter Monitor	2	1,48,425	357	355
3		Bio Chemical Analyser	2	1,80,000	142	140
4		Microscope	1	2,10,000	70	69
5		Dental Chair	1	1,79,000	65	64
6		B.P. Apparatus/ Sphygm-omanometer	11	3,920	694	683
7	77(R) 08-07-18	Emergency resuscitation tray with intubation eqp	3	1,34,400	545	542
8		ICU Beds	3	1,41,600	333	330
9	67(R2) 08-08-18	Instrument Trolley All Stainless Steel	20	13,570	1,491	1,471
10		IV Stand	68	4,129	4,995	4,927

(Source: Compiled from records furnished by CGMSCL)

Large variation in the quantity procured as against the tendered quantity indicates that the requirement was not assessed properly by the DHS/ DME/ AYUSH to avail the benefit of bulk purchase. There may be possibility that

[5] Rule 4.14 of CGSPR stipulates that the extension/repeat order would be placed upto the 25 *per cent* quantity of the original order.

reputed and renowned suppliers may not have participated in the tenders due to fewer quantities mentioned in the tender. As the subsequent requirements were significantly higher than the original indent, CGMSCL should have invited fresh tenders to get most competitive rates. The procurement of the multiple quantity was also against the provisions contained in Rule 4.14 of CGSPR.

Audit also observed that in 31 tenders invited during 2016-22, CGMSCL has not mentioned any quantity in schedule of requirement in the tender. In absence of indicative quantity, it was very difficult to obtain competitive rates as well as the benefit linked to bulk purchase.

The Government stated (December 2022) that after finalisation of rate contract demands were received from other user departments, accordingly equipment was purchased.

It is evident from the reply that before inviting the tender CGMSCL did not obtain demand from all the user departments, which had resulted in abnormal variation between tendered quantity and actual purchased quantity.

4.2.9 Irregularities in procurement of equipment and its reagents

CGMSCL procured following diagnostic equipment from a firm[6] through online tenders based on the indents received from DHS, AYUSH and GMCHs during 2017-22, as detailed in ***Table - 4.7***:

Table - 4.7: Details of diagnostic equipment purchased during 2017-18 to 2021-22

Sl. No.	Name of equipment and tender no.	Qty	Rate per unit	Total amount of Equipment (₹ in crore)	Duration of procurement of equipment	Duration of Reagent procurement	Quantity of reagent purchased (nos.)	Value of reagent purchased (₹ in crore)	Delay in procurement of reagent (day)
1	Urine Anal- yser (53EP)	105	1,27,440	1.32	Nov 2017 to Aug 2019	Jan 2020 to Dec 2021	8,250	3.21	791
2	Blood Cell C-ounter (53EP)	154	5,07,400	7.81	Jan 2018 to May 2020	Apr 2020 to Dec 2021	6,141	15.90	699
3	Protein Anal-yser Hba1c (53EP)	18	2,65,500	4.78	Nov 2017 to Oct 2018	Jan 2020 to Dec 2021	3,467	13.48	791
4	Fluoride Ion Meter (55EP)	7	4,87,340	0.34	Nov-17	Mar 2020 to Apr 2020	654	3.49	834
5	Carbon Mon-oxide monitor (100EP)	82	1,82,900	1.50	Oct 2018 to Sept 2020	Jan 2020 to Mar 2020	2,010	2.85	457
6	Auto Hemat-ology Anal-yser[109(R)EP]	29	15,08,040	4.37	Nov 2019 to Sept 2021	May 2020	1,466	2.79	192
7	Fully Autom-atic Auto An-alyser(77R/EP)	46	28,26,100	13.00	Mar 2019 to May 2020	Jun 2020 to Dec 2021	9,011	86.55	458
8	Blood Gas A-nalyser(94EP)	31	26,40,960	8.19	Feb 2019 to Mar 2020	Aug 2020 to Jan 2021	29	1.00	547
Total				**41.31**			**31,028**	**129.27**	

(Source: Compiled from records furnished by CGMSCL)

These diagnostics equipment required various types of reagents for testing/ analysis. Accordingly, CGMSCL procured reagents (equipment wise) worth ₹ 129.27 crore during January 2020 to March 2022.

[6] M/s Mokshit Corporation

Audit however, observed the following deficiencies:

(a) Deficient tender evaluation process for diagnostic equipment as cost of required reagents were not considered

The diagnostic equipment requires some reagents/testing strips for diagnosis of sample which is a recurring cost depending upon the number of tests conducted through it. Hence, it is important and essential to evaluate the cost of reagents required while inviting the tenders for procurement of equipment. Audit observed that while submitting the indent of above mentioned eight diagnostic equipment, the DHS had failed to identify the requirement of reagents. CGMSCL even failed to invite the composite bid for equipment and reagents after carrying out cost benefit analysis and tenders were finalised based on rate quoted only for diagnostic equipment.

As CGMSCL had invited these tenders as open tender system, hence it was essential to identify the source of supply of its reagents along with the cost of reagents so that the cost effectiveness and efficiency of the procured equipment could be ensured. However, CGMSCL ignored these requirements while inviting tenders and during finalisation of tenders.

The Secretary stated (4 November 2022) in exit conference that the CGMSCL has now changed the system of procurement of diagnosis equipment from open to close system[7]. The MD, CGMSCL further added that in latest tenders of procurement of equipment, they have started evaluating the bids by considering the cost of reagents as well for cost benefit analysis (per test cost).

(b) Purchase of reagents worth ₹ 129.27 crore without inviting tenders considering them as proprietary item without proper analysis and justification

CGMSCL purchased 31,028 reagents kits of ₹ 129.27 crore for the equipment mentioned in ***Table - 4.7*** from the same vendor as propriety items during January 2020 to March 2022 based on indent received from the DHS. Audit observed that in its indent DHS demanded that the reagent be purchased from the same manufacturer/supplier from which the equipment was purchased. CGMSCL without verifying the proprietary nature of the reagents considered these reagents as proprietary item and executed RCs at the quoted rates of supplier.

Audit further observed that the equipment was procured by CGMSCL as an open system, which *interalia* did not require procurement of consumables/ reagents as proprietary nature items. However, while procuring reagents, the supplier declared the equipment as a closed system, which entailed procurement of only compatible reagents for accurate results and proper functioning of equipment. On the basis of propriety certificate from the supplier, the CGMSCL purchased reagent as propriety item and executed RC at quoted rate of supplier. Further, CGMSCL did not obtain any Proprietary Article Certificate (PAC) of the reagent from the user department i.e., DHS. Instead, it collected the self-declaration from the supplier/ manufacturer that the equipment was proprietary of the supplier/manufacturer even though the

[7] Close system are those analysers which use manufacturer specific reagents only.

self-declaration of the supplier was not supported by any supporting documents such as details of reagents, its patent certificates, nature of proprietary, certification from the Government agency/ organization. etc. Thus, CGMSCL did not assess the requirement of reagent for the equipment at the time of purchase and failed to do due diligence in assessing the cost of reagent while finalisation of rate of equipment.

The Government stated (December 2022) that DHS demanded the reagent of the same manufacturer from which the equipment was purchased.

Reply is not acceptable because CGMSCL did not take proper action to verify the proprietary nature of the items. Further, the demand of specific brand by the DHS cannot be considered as proprietary item.

(c) Idling of diagnosis equipment for want of its reagent/ testing kits

As could be seen from the above ***Table - 4.7***, the CGMSCL had supplied various equipment to HIs between November 2017 and February 2019. However, the same were not put to use immediately due to lack of reagents which was actually supplied later between January 2020 and August 2020. Thus, these equipment were kept idle for the period ranging between 192 days and 834 days. This indicates deficient planning at the Directorate level, which failed to assess the requirement of reagents timely.

The Government stated (December 2022) that indent of reagent was received after one year from supply of equipment, accordingly the reagent was procured.

It is evident from the reply that requirement of reagent for the equipment was not assessed while procuring the equipment and therefore, equipment remained idle for want of reagents.

(d) Avoidable loss of ₹ 6.37 crore due to supply of reagent to healthcare institutions where the testing equipment was not installed

DHS raised (October 2019, March 2020 and August 2020) the indent for reagent for the Protein Analyzer (HBA1C) equipment and accordingly CGMSCL procured (January, June and August 2020) 3,467 kits of reagent valuing ₹ 13.48 crore at the rate of ₹ 38,869.20 per kit.

Audit observed that out of total 3,467 reagent kits procured, CGMSCL supplied (January 2020 to August 2020) 1,639 kit worth ₹ 6.37 crore to ten[8] HIs where the Protein Analyzer HBA1C equipment was not available. As a result, these reagents could not be used and ultimately reached their expiry at the HIs with consequent loss of ₹ 6.37 crore to the Government exchequer.

The Government stated (December 2022) that reagents were supplied in the HIs as per the demand of DHS. The Director, DHS stated (January 2023) that the matter will be examined and had assured to take appropriate action against those responsible.

[8] CMHO Raipur, CMHO Sukma, CMHO Dantewada, CMHO Dhamtari, CMHO Rajnandgaon, CMHO Narayanpur, CMHO Kondagaon, CMHO Jashpur, DH Raipur and DH Gourella Pendra Marwahi.

It indicates serious system failure on the part of DHS as well as CGMSCL which supplied the reagent to such HIs where equipment was not installed.

(e) Purchase of reagent at higher rate resulted in extra expenditure of ₹8.88 crore

As mentioned above, the CGMSCL had purchased the 3,467 reagent kits (HBA1C) at the rate of ₹ 38,869.20 per kit and capacity of one kit was 25 tests. At the time of accepting the rate of reagent, the CGMSCL did not assess the reasonability of rate by comparing the prevailing market rate and accepted rates which were on the higher side. Considering the capacity of 25 test per kit, the cost of one test comes to ₹ 1,554, however the same tests were being carried out by the private pathological labs at maximum cost of ₹ 500 per test. This has resulted in extra expenditure of ₹ 9.14 crore[9] on procurement of 3,467 reagent kits.

The Government stated (November 2022) that the rate was finalised after getting consent from the user department.

Reply is not acceptable because being a central procurement agency it is the responsibility of CGMSCL to procure items at economical rate after conducting due diligence.

4.2.10 Framing tailor-made specification of equipment to qualify only particular bidder

Audit observed that neither user departments nor CGMSCL had finalised the standard generic specifications of generally used/ required medical equipment in the HIs. The specifications of equipment to be purchased were decided by the officials of the Directorates and as a result instead of generic, specifications of branded/trademark items were demanded and procured by the CGMSCL. Some instances are discussed below:

In following four cases, the technical specifications of equipment to be purchased were designed to favour specific suppliers resulting in restricted competition in the tenders invited and procurement of equipment technically through single bid by DHS/CGMSCL:

Sl	Name of equipment	Name of supplier	Supplied quantity (Nos.)	Unit rate (₹)	Total cost of equipment (₹ in crore)	Value of reagent purchased
1	**Carbon Monoxide monitor**	**M/s Mokshit Corporation**	**82**	**1.83 lakh**	**1.50**	**2.85 crore**
	The DHS in its indent for equipment and reagent prescribed the tailor-made specification, which was not generic in nature. The specifications were exactly same as of the product of manufacturer/supplier with trademark reagents[10]. CGMSCL also ignored the tailor-made specifications which restricted the competition. As a result, only two bids were received against the tender. In respect of one of the bidders i.e., M/s Recorders and Medicare Systems Private Limited whose product was not as per technical specification, the tender committee had qualified it in order to avoid tender finalisation on single bid as the bid of M/s Mokshit was ultimately finalised because the specifications given by it were exactly same as the tender specifications. This indicates collusion among the officials of DHS, CGMSCL and both the bidders. It is evident that the tenders were invited by framing tailor-made specifications and to extend undue favour to the supplier.					

9 (₹ 1554 – ₹ 500) x 3,467 kits x 25 tests

10 D-Piece™ and Steribreath™ mouthpiece

Sl	Name of equipment	Name of supplier	Supplied quantity (Nos.)	Unit rate (₹)	Total cost of equipment (₹ in crore)	Value of reagent purchased
2	**Sterigen- C Electro - lyte Concentrate Solution for Sterig - en Disinfectant Gen - eration System**	**M/s Faith Innovations**	**5945**	**23500**	**13.97**	**--**
	Audit observed that CGMSCL invited the tender for Electrolyte Concentrate Solution for Sterigen Disinfectant Generation System with the specific brand name i.e. "Sterigen-C", which is manufactured by only one bidder i.e. M/s Faith Innovations. This resulted in procurement of equipment from M/s Faith Innovation only on the basis of tailor-made specification.					
3	**Calorimeter**	**M/s Esteem Enterprises**	**4350**	**5861.63**	**2.55**	**--**
	Audit observed that while placing the indent for calorimeter, the DHS had not sent any specifications and CGMSCL invited tender (20 September 2016) without mentioning any technical specification in violation of rule 4.1 of CGSPR, which prescribes that specification/ standards for procured item should be decided before tendering. In response to tender, one of the bidder (M/s Esteem) sought clarification (07 December 2016) from the CGMSCL about the two models of calorimeter (one is digital photo calorimeter and other is microprocessor-based calorimeter) and submitted specification of its digital calorimeter. After that CGMSCL amended (16 December 2016) its tender providing same specifications as received from M/s Esteem. After amendment in tender, only a single bid of M/s Esteem was received and accepted by the CGMSCL. This has resulted in finalisation of tailor-made specifications and consequent undue favour to the bidder.					
4	**Fully Automated Auto-Analyser**	**M/s Mokshit Corporation**	**34**	**28.26 lakh**	**9.61**	**--**
	CGMSCL invited tender without mentioning the technical specifications for fully automated auto-analyser in violation of rule 4.1 of CGSPR. After invitation of tender, DHS finalised technical specifications, which was favouring one particular model of the specific manufacturer (M/s Mokshit Corporation, Durg authorised distributor of M/s Diasys Diagnostic Systems Gm Bh Germany). CGMSCL amended the tender after three months from publication of tender. Due to tailor-made specifications, only single bid was received and CGMSCL finalised the tender by accepting (March 2019) the single bid. Further, other vendors i.e., M/s Transasia Mumbai had objected (08 November 2018) about the tailor-made technical specifications included in the tender, however, CGMSCL did not take any cognizance of concerns raised by the competitive bidder and did not cancel the tender.					

The Government stated (December 2022) that in all the cases, tenders were finalised on the basis of specifications furnished by the user department.

The reply is not acceptable because CGMSCL should have invited tender on the basis of generic specifications for competitive bidding.

Case study

Irregular finalisation of RC for item reserved for CSIDC under CGSPR and avoidable extra expenditure of ₹3.86 crore

To ensure timely supply of quality material at economical rate to State Government Departments and encourage local Small Scale Industries, the Chhattisgarh State Industrial Development Corporation (CSIDC) was made nodal agency for finalisation of RC for reserved items under rule 3 of the CGSPR. The unreserved items are purchased by the concerned State Government Department by tendering process, as per the rule 4 of the CGSPR.

CGMSCL invited (15 June 2017) tenders for rate contract of 30 types of various equipment based on the indent received (23 September 2016) from AYUSH Department, which also included baby weighing machine

(Item code: AYUSH 27). For baby weighing machine, three bids were received and M/s Nitiraj Engineers Limited quoted the lowest price of ₹ 2,450 per unit, which was accepted by CGMSCL and RC was executed on 16 November 2017 for the validity period upto 15 November 2018. CGMSCL purchased 19,142 units of baby weighing machine valuing ₹ 5.53 crore during the period from January 2018 to February 2020.

Audit observed that baby weighing machine (Mechanical and Electrical both type) was included in the reserved item of the CGSPR. Accordingly, only CSIDC was vested with the power to execute the RC for baby weighing machine (hanging). However, CGMSCL had purchased the reserved item valuing ₹ 5.53 crore in violation of CGSPR, which was irregular.

Further, the user department i.e. Directorate of AYUSH demanded the mechanical type of baby weighing machine (hanging). CGMSCL however, had finalised the RC of electric type baby weighing machine. As per the RC of CSIDC, the rate of mechanical type baby weighing machine (hanging) was ₹ 876.30, whereas CGMSCL had finalised the RC at the rate of ₹ 2,450 per unit. Hence, CGMSCL purchased the costlier item, than demanded. This resulted in avoidable extra expenditure of ₹ 3.01 crore on purchase of 19,142 unit of electric type baby weighing machine against the indent of mechanical type machine.

The Government stated (December 2022) that it had finalised the RC for electronic type weighing machine. Moreover, in pre-bid meeting with bidders, no bidders raised any objection regarding categorisation of this item in CSIDC's reserved item list.

Reply is not acceptable because CGMSCL had finalised the RC of costlier electronic baby weighing machine instead of actual indented mechanical baby weighing machine by the DHS. Further, the act of CGMSCL was against the provision of CGSPR.

Out of total purchase of 19,142 units, 18,666 units were supplied to CMHOs of all districts for onward supply to CHCs, PHCs, SHCs and MCHs whereas, as per IPHS norms 5,513 baby weighing machine were required for 5,513 HIs. As the Department had procured the machine in excess of the requirements, it had invariably resulted in unwarranted purchase of 13,153 baby weighing machine valuing ₹ 3.80 crore.

4.2.11 Finalisation of RCs for equipment in contravention of tender committee recommendation on the basis of single bid received resulting in irregular procurement of equipment worth ₹ 31.83 crore

CGMSCL invited (5 August 2017) two online tenders (Tender No. 58 and 59) for finalisation of RCs for procurement of various medical equipment based on the indent received (June 2017) from Pt. Jawahar Lal Nehru Medical College, Raipur and GMCH, Jagdalpur. The details of bids received in above tenders are given in the following ***Table - 4.8***:

Table - 4.8: Details of bids received for tender numbers 58 and 59

Tender no.	Total bidders participated	Date of technical evaluation	Technically qualified bidders	No. of equipment	Date of price bid	No. of equipment for multiple bid received	No. of equipment for single bid received
58	17	16/03/2018	13	17	20/03/2018	4	13
59	10	05/02/2018	8	9	06/02/2018	2	7

(Source: Compiled from records furnished by CGMSCL)

As evident from the above table that in these two tenders single bid were received for 13 and seven number of equipment. So, the tender committee recommended (20 March 2018 and 6 February 2018) for retendering of items for which single bid was received.

Audit however observed that MD, CGMSCL had finalised the rates of single bid items overlooking the recommendation of tender committee after negotiation with the bidders without going for retendering. Thus, finalisation of RCs of single bid items and procurement of equipment worth ₹ 31.83 crore (as detailed in the ***Appendix - 4.4***) were irregular.

4.2.12 Avoidable extra expenditure due to finalisation of tenders at higher rate – ₹ 3.26 crore

Audit observed that CGMSCL had finalised RCs in the following four cases without due diligence and ensuring reasonability of quoted rates which led to avoidable extra expenditure and consequent loss to the Government exchequer.

4.2.12.1 Procurement of IV stand for supply to healthcare institutions of DHS at higher rate, despite having available RC at lower rate resulted in avoidable extra expenditure of ₹1.24 crore.

Based on the indent received for IV Stand from DHS and AYUSH, CGMSCL finalised two separate tenders, as detailed in the following ***Table - 4.9***:

Table - 4.9: Details of indent received and tender finalised for procurement of IV stand

Sl	Particulars	Tender no. 86 EP	Tender no. 67(R2) EP
1	User Department, from which indent was received	DHS	AYUSH
2	Date of indent	13-Dec-17	02-Aug-18
3	Indent quantity	70	68
4	Date of tender	04-Apr-18	08-Aug-18
5	Indicative tendered quantity (variable as per requirement)	70	68
6	Date of opening of price bid	26-Sep-18	15-Nov-18
7	L1 Rate (₹ Per unit)	1936.38	4128.82
8	Name of L1 bidder	M/s Carevel Medical System Private Limited	M/s Bansal Lifesciences
9	Date of approval of rate	17-Dec-18	05-Mar-19
10	Total quantity purchase by DHS	115	5670
11	Total purchase value by DHS (in ₹)	2,22,684	2,34,10,409
12	Duration of purchase	11-May-20	19 June 19 to 21 Mar 2020
13	Total purchase by AYUSH	0	0

(Source: Compiled from records furnished by CGMSCL)

DHS placed (December 2017) an indent for 70 IV stand (two hook top) with CGMSCL. CGMSCL floated (4 April 2018) tender no. 86 for IV stand and finalised the tender (December 2018) at a rate of ₹ 1,936.38 per unit with M/s Carevel Medical System Private Limited. Against the indented quantity, purchase order (PO) was placed with the supplier by CGMSCL in May 2020. Meanwhile, CGMSCL also received (2 August 2018) the indent for IV stand (four hook top) from AYUSH for which CGMSCL floated (08 August 2018) separate tender no. 67(R2) which was finalised (March 2019) at a rate of ₹ 4,128.82 per unit with M/s Bansal Lifescience. The Directorate of AYUSH however did not purchase any quantity of IV Stand under this RC so far.

Audit however observed that after finalisation (March 2019) of second RC for IV stand at higher rate with M/s Bansal lifescience, DHS placed indent of 5,670 units for IV stand (four hook top) during 2019-21 without recording any justification for demanding costlier version of IV stand. CGMSCL also issued PO under tender no. 67(R2) to M/s Bansal Lifescience at the rate of ₹ 4,128.82 per unit.

This has resulted in avoidable extra expenditure of ₹ 1.24 crore[11] on purchase of 5,670 IV Stand and undue financial benefit to M/s Bansal Lifesciences.

CGMSCL stated (November 2022) that IV stand was supplied to DHS as per the specific demand of IV stand which was finalised against the indent of AYUSH. It was further stated that specifications of the IV stands were different. The Director, DHS stated (January 2023) that the reasons for demanding IV stand of costly version will be examined and assured to take the appropriate action against the responsible.

It is evident from the reply that DHS willfully demanded the costly IV stand (finalised against AYUSH indent) in comparison to the RC finalised for DHS to extend the undue benefit to the supplier, which ultimately resulted in loss to the Government.

4.2.12.2 Cancellation of tender for Microscope neurosurgery on unjustifiable ground and finalisation of subsequent tender at higher rate resulted in loss of ₹ 1.08 crore

CGMSCL invited (August 2016) online tenders from manufacturers/ authorised distributors for procurement of Microscope Neurosurgery for DKSPGI. In response, two bids were received from M/s. Bagree Enterprises (M/s Bagree) and M/s Varad Corporation (M/s Varad) and both the bidders had qualified (December 2016) on technical evaluation. Accordingly, price bids of both the bidders were opened on 15 March 2017. M/s Bagree quoted the rate of ₹ 2.41 crore and M/s Varad quoted the rate of ₹ 3.39 crore. After opening the price bids, M/s Varad represented and stated that M/s Bagree has not quoted for some vital features i.e., "Image injection for CT, MR, Endoscopes with neuro navigation compatible with the system" and rate offered by M/s Varad includes the cost of Image Injection as well, which makes the bid costlier than that of the M/s Bagree. Ultimately, CGMSCL cancelled (29 August 2017) the tender for Microscope Neurosurgery (Item Code: DKS31).

[11] (₹ 4128.82 – ₹ 1936.38) x 5670 unit = ₹12431134

CGMSCL re-invited (28 June 2017) online tender [Tender no. 49(R)] for the same item and one bid was received from M/s. Bagree Enterprises (M/s Bagree) which was qualified (12 February 2018) after technical evaluation. The price bid was opened on 16 February 2018 and the rate of ₹ 3.49 crore quoted by M/s Bagree for Microscope Neurosurgery was accepted by the CGMSCL and PO was issued (21 March 2018).

Audit observed that in the first tender (Tender no. 35/E/P) the rate of Microscope Neurosurgery offered by M/s Bagree was lesser and as per the technical specification of the tender, technical committee had qualified M/s Bagree. Moreover, during demonstration of the Microscope Neurosurgery, user department also recommended the product offered by M/s Bagree.

Since the first bid of M/s Bagree at the quoted rate of ₹ 2.41 crore was technically qualified and user department also recommended the equipment, procurement of same equipment at higher rate of ₹ 3.49 crore was not justifiable and against the standard of financial propriety. This resulted in avoidable expenditure of ₹ 1.08 crore on the purchase of the equipment.

The CGMSCL stated (April 2019) that M/s Varad made a complaint on specification of the equipment. CGMSCL convened the meeting with the representatives of both the bidders i.e., M/s Bagree and M/s Varad to resolve the complaint, but no decision was taken in that meeting and CGMSCL cancelled the tender.

Reply is not acceptable because in the first tender, the bidder (M/s Varad) was technically qualified and its product was also qualified in demonstration by the user department, however, CGMSCL had cancelled the tender without any justifiable ground. As a result, it had to procure the equipment at higher rate in subsequent tender.

4.2.12.3 Avoidable extra expenditure of ₹ 56.70 lakh on procurement of Advance Heart Lung Machine at higher rate

As per price fall clause (Clause 8) of the tender "the bidder undertakes that it has not supplied/is not supplying similar product/systems or subsystems at a price lower than that offered in the present bid to any other Department of the Government of Chhattisgarh or a PSU and if it is found at any stage that similar product/ systems or sub systems was supplied by the bidder to any other Department of the Government of Chhattisgarh or a PSU at a lower price, then that very price, with due allowance for elapsed time, will be applicable to the present case and the difference in the cost would be refunded by the bidder to the buyer, if the contract has already been concluded."

CGMSCL finalised (22 July 2019) the RC for procurement of Heart Lung Machine with Heater cooling unit (S5 with 3T) at the rate of ₹ 1.25 crore plus GST at the rate of 12 *per cent* per unit with M/s Sarv Health Care Private Limited Mumbai. Audit observed that M/s Sarv Health Care Private Limited had entered RC with Kerala Medical Services Corporation Limited (KMSC) for the same equipment of the same manufacturer at lower rate of ₹ 75 lakh (₹ 53 lakh Hearth lung machine + ₹ 22 lakh Heater cooling unit) plus GST at rate of 12 *per cent* per unit which was valid upto October 2020. It was further observed that in support of experience, M/s Sarv Health Care furnished the

details of supplies to various medical institutions at rates ranging between ₹ 88.00 lakh and ₹ 91.72 lakh per unit. CGMSCL however, finalised the tender for Heart Lung Machine at ₹ 1.25 crore which was 40 *per cent* higher than the rates of supply to KMSC. Further, despite the availability of price fall clause in tender, CGMSCL did not insist the supplier to reduce the rate and to match the rate of KMSC. This had resulted in finalisation of rate contract at higher rate and consequent avoidable extra expenditure of ₹ 55.50 lakh[12].

The Government stated (December 2022) that equipment supplied at KMSCL was lower end machine in comparison to CGMSCL supply. Due to this the rate of CGMSCL was higher than the supply at KMSCL.

The reply is factually incorrect as the model no. (S5 with 3T) of the equipment supplied at Kerala and CGMSCL was the same.

4.2.12.4 Non-finalisation of tender for Central Monitoring System and it's consequent purchase at higher rate on nomination basis resulted in avoidable extra expenditure of ₹36.78 lakh.

Rule 4.3.3 of the CGSPR stipulates that all the Government purchases valuing more than ₹ one lakh is to be made through open tendering process.

Audit observed that on the basis of indent received (July 2017) from GMCH, Raipur, CGMSCL invited (August 2018) tender for procurement of various type of 15 equipment, which also includes the Central Monitoring Station (item code GMCR002).

In response to the tender, two bidders participated in the tender for three different equipment. After evaluation of the bid and demonstration of equipment, the technical committee qualified both the bidders for all the three items. Accordingly, the price bids were opened and CGMSCL finalised the tender for two items except Central Monitoring Station, for which no reasons were recorded. The details are given in ***Table - 4.10***:

Table - 4.10: Details of finalisation of rate for medical equipment

Item code	Item description	Quoted rate/ accepted rate (₹)	Name of bidder
GMCR001	Multipara Monitors with wall Mounted adjustable stands with Central Monitoring station	4,45,760.00/ 4,41,302.40	M/s Bagree Enterprises Raipur
GMCR032	Neonatal Pediatric Ventilator with Attached Bubble CPAP device	18,46,650.40/ 18,28,183.84	Schiller Healthcare India Pvt. Ltd
GMCR002/ Station001	Central Monitoring Station compatible with above multipara monitor	2,40,550 (L1) **Tender not finalised**	M/s Schiller Health Care (I) Pvt Ltd
		6,94,400.00/ (L2) **Tender not finalised**	M/s Bagree Enterprises Raipur

(Source: Compiled from records furnished by CGMSCL)

Audit observed that after lapse of one year, CGMSCL purchased three units of Central Monitoring Station from M/s Bagree on nomination basis at the rate of ₹ 14.67 lakh per unit without inviting tender, which was about 509 *per cent* higher than the L1 rate received in the previous tender. Purchase of equipment

[12] (₹ 1,24,55,000 – ₹ 75,00,000) + GST @12 *per cent*

on nomination basis at higher rate without inviting tender was against rule 4.3.3 of CGSPR. This has resulted in irregular purchase of Central Monitoring Station valuing ₹ 44.01 lakh and consequent avoidable extra expenditure of ₹ 36.78 lakh[13] due to purchase at higher rate.

4.2.13 Unwarranted procurement of equipment

In the following four instances, the equipment was procured by CGMSCL without assessing the requirement of the same by the Directorates and CGMSCL which led to unwarranted procurement and consequent loss to the Government exchequer/ blocking of funds.

4.2.13.1 Unwarranted procurement of Biosafety Cabinet valuing ₹ 72.41 lakh

The DHS forwarded (March 2016) AI for 272 various equipment for the year 2016-17 to CGMSCL which included 31 Biosafety Cabinets.

CGMSCL supplied (June 2016 to December 2016) 31 Biosafety Cabinets valuing ₹ 72.41 lakh to various HIs by finalising (June 2016) the RC. After procurement of all the 31 Biosafety Cabinets, DHS informed (April 2017) CGMSCL to cancel its previous indent on the grounds of improper assessment of requirement by the technical committee of the DHS/CMHOs and sought clarification from responsible officers. As the equipment was already supplied in 2016, the PO thus could not be cancelled. This indicates the lackadaisical approach of the DHS in the assessment of the requirement of equipment before placing indent to CGMSCL.

The absence of a proper system of indenting, i.e., after assessment of actual requirements by DHS, has resulted in unwarranted purchase of Biosafety Cabinets valuing ₹ 72.41 lakh, as the equipment could not be utilised in the facilities.

The GoCG stated (January 2023) that equipment was used during the COVID-19 pandemic.

It is evident from the reply that equipment was procured during June 2016 to December 2016 without any requirement and it remained idle till 2020-21 till they were put to use during COVID pandemic i.e., after four years from the purchase.

4.2.13.2 Unwarranted purchase of Calorimeter resulted in avoidable loss of ₹ 1.44 crore due to unrealistic indent by DHS

CGMSCL finalised the tender of Calorimeter with M/s Esteem Enterprises (Supplier) on single bid at a negotiated price of ₹ 5,861.63 per unit and purchased (March 2017) 4,350 units of Calorimeter as detailed in ***Table - 4.11***:

Table - 4.11: Details of purchase of Calorimeter

Sl. no.	Purchase order no. and date	Qty.	Date of supply	Rate per unit including tax (₹)	Total Amount (₹)
1.	1045/ 25.03.17	2,250	March 2017	5,861.625	1,31,88,656.25
2.	1130/30.03.17	2,100	May 2017		1,23,09,412.50
Total		**4,350**		--	**2,54,98,068.75**

(Source: Compiled from records furnished by CGMSCL)

[13] (₹14.67 lakh - ₹ 2.41 lakh) x 3= ₹ 36.78 lakh

Out of total 4,350 units of Calorimeter procured in March 2017, the CGMSCL had issued 2,938 units to the hospitals upto June 2022 and remaining 1,412 units worth ₹ 82.77 lakh was lying at the warehouses of CGMSCL. Further, out of 2,938 Calorimeters, 1,040 Calorimeters valuing ₹ 60.96 lakh was lying at the stores of HIs, as of February 2021.

Audit observed that as per the IPHS norms there were only 835 healthcare facilities in which calorimeter could be used in the State as of March 2017. Thus, there was overall requirement of 835 calorimeters[14]. Against this, the DHS, without obtaining the demand from its HIs, had assessed the requirement of 7,394 units of calorimeter which was on abnormally higher side. This indicates that indents were prepared without assessing the actual requirement at DHS level and CGMSCL also failed to scrutinise the indent properly. As a result, as of June 2022, 2,452 units[15] of Calorimeters valuing ₹ 1.44 crore[16] were lying idle at warehouse of CGMSCL and in the stores of HIs. Supply of calorimeter to HIs in excess of the IPHS norms causes a doubt on the actual utilisation of the distributed quantities.

The Director, DHS instructed (January 2023) the concerned Deputy Director to verify the reasons for indenting on an unrealistic higher side.

4.2.13.3 Purchase of micro pipette in excess of the requirement resulted in unwarranted purchase of ₹20.92 crore

The DHS forwarded (24 April 2017) the indent for Micro Pipettes for 36,131 units of 10 – 50 (including 5,000 unit of 10 – 100) micro litre variant to CGMSCL for procurement as against the IPHS norms of 440 micro pipettes (all capacity) for all the HIs.

Based on the indent, CGMSCL finalised (15 June 2018) the tender (No. 83EP) at the rate of ₹ 5,841 per unit. In the meantime, HIs of DHS raised the online indent of 321 Micro Pipette and the same was also forwarded (28 June 2018) to CGMSCL by the DHS. CGMSCL had procured 36,126 Micro Pipette valuing ₹ 21.10 crore during the period from 31 July 2018 to 12 September 2018.

Audit observed that indent of 36,131 units by the DHS was on an abnormally higher side and was 112 times more than the actual quantity of 321 demanded/ indented by the 11 CMHOs and 21 DHs. The procured Micro Pipettes were issued to various CMHOs in equal quantities of 1,338 in each district without any requirement. This had resulted in the purchase of 35,810 Micro Pipettes valuing ₹ 20.92 crore without any demand from the HIs.

The DHS stated (January 2023) that matter is under enquiry at CGMSCL level.

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[14] As per IPHS norms, one calorimeter is required in PHC and Civil Hospitals. There are 816 PHCs and 19 Civil hospitals in the State.

[15] 1412 at CGMSCL and 1040 at stores of hospitals

[16] At CGMSCL warehouses 1,412 units valuing ₹ 82.77 lakh and at HIs stores 1,040 units valuing ₹ 60.96 lakh.

4.2.13.4 Unwarranted procurement of costlier stethoscope

Based on indent received (4 June 2018) from the Directorate of AYUSH, CGMSCL finalised (11 September 2019) the tender for stethoscope with M/s CB Corporation at the rate of ₹ 7,840 and purchased (September 2021) 5,572 quantity costing ₹ 4.37 crore.

Audit observed that as per IPHS norms 2,615 stethoscopes were required for 243 DHs, CHs, CHCs and MCHs in the State. As against this, DHS had demanded 5,572 stethoscopes which were ultimately procured by CGMSCL. This has resulted in unwarranted procurement of 2,957 stethoscope valuing ₹ 2.32 crore.

Audit further observed that the user department had demanded normal stethoscopes at the estimated cost of ₹ 500 per unit. However, ignoring the demand and overlooking the economy aspect in the procurement, the CGMSCL had procured costlier imported stethoscopes at the rate of ₹ 7,840 each against the estimated cost of ₹ 500.

4.2.14 Unfruitful expenditure on procurement of PET-CT machine

CGMSCL invited (June 2018) tender for supply of Gamma camera and PET CT for GMCH, Raipur from manufacturers/ authorised distributors. The terms and conditions for service provider were to build, supply, install, operate/run and maintain for eight years including free maintenance of the whole system for three years as guarantee period and additional post guarantee maintenance cost for five years.

The tender was finalised (August 2018) with M/s Labindia Healthcare Private Limited Mumbai (M/s Labindia) on L1 rate at a total value of ₹ 18.46 crore. The Labindia supplied (31 January 2019) and installed (21 February 2019) the equipment after completion of construction work. However, the equipment was lying idle at GMCH, Raipur due to non- commissioning. The equipment procured and installed at GMCH, Raipur is as shown below in photograph number 1:

1.PET CT scan machine kept idle in GMCH Raipur (February 2022)

In this connection Audit observed the following shortcomings:

(i) Procurement of equipment without finalisation of operational modalities

Audit observed that after installation, the supplier had not commissioned the equipment, as of January 2023 despite agreement (August 2019) with the supplier for commissioning and operationalisation of equipment. The equipment, however, could not be put to use due to non-finalisation of operational modalities between the supplier and the Government which resulted in idling of equipment costing ₹ 18.46 crore besides deprival of intended services to the general public.

(ii) Irregular release of payment of ₹ 2.09 crore to M/s Labindia without obtaining the requisite certificate of operation of equipment

As per terms of the contract, 80 *per cent* of the payment is to be made after commissioning of equipment and balance 20 *per cent* after receipt of certificate on working status from the consignee along with licenses from AERB for running the unit.

It was observed that after supply (January 2019) and installation (February 2019) of the equipment, M/s Labindia raised the invoice of ₹ 10.46 crore. After releasing (April 2019) 80 *per cent* of the contract amount (₹ 8.36 crore) CGMSCL also paid (May 2019) the balance 20 *per cent* i.e., ₹ 2.09 crore M/s Labindia after one month without commissioning of the equipment and before obtaining license for operation from the AERB, as the same was received only in December 2019.

4.2.15 Idling of medical equipment

4.2.15.1 Idling of equipment in GMCHs valuing ₹8.13 crore

Audit observed that 21 medical equipment valuing ₹ 8.13 crore was kept idle in HIs due to various reasons i.e., technical fault, non-availability of vital parts, non-supply of reagents/ kits, non-construction of necessary infrastructure, non-providing training to its staff etc., as discussed below:

- Eight types of equipment valuing ₹ 4.35 crore installed at three[17] GMC/GMCHs were lying idle for period ranging between 158 and 1,346 days (May 2018 to August 2021) due to technical fault/ non-availability of vital parts. The HIs did not make any effort to consult the suppliers to resolve the technical fault and the equipment was still lying idle even though five out of eight equipment were under warranty period.
- Similarly, five types of equipment valuing ₹ 2.13 crore installed at GMC Jagdalpur, Raipur, Rajnandgaon, GMCH Jagdalpur and Rajnandgaon were lying unutilised for periods ranging between 440 and 1,468 days (from December 2017 to January 2021) for want of required reagents/ kit /consumables.
- Further, Rigid Thoracoscope valuing ₹ 57.69 lakh installed (July 2018) at GMC, Raipur was not being utilised since its installation. Similarly,

[17] GMC Jagdalpur, GMC Raipur and GMCH Rajnandgaon

CO_2 incubator valuing ₹ 15.03 lakh installed (November 2018) at GMC, Jagdalpur, which was under warranty up to November 2021, was lying idle since July 2019 till November 2019. The reasons for non-utilising the equipment could not be ascertained from the records.

- The Brainstem-evoked response Audiometry (BERA) machine used for early identification of hearing impairment in children and neonates valuing ₹ 15.95 lakh installed in GMC Jagdalpur could not be utilised since its installation (March 2019) due to non-construction of soundproof room. The GMCH Jagdalpur also did not take any steps for construction of soundproof room.
- The multiple laser suit valuing ₹ 13.97 lakh installed (November 2018) at GMCH Jagdalpur was not being utilised since its installation due to non-availability of trained staff. At the time of installation, the GMCH, Jagdalpur had however, certified that necessary training was provided to staff for operating the equipment.
- Four medical equipment i.e., Treadmill, Spectrophotometer, Electroencephalogram and Video EMG and Nerve Conduction Velocity Machine valuing ₹ 62.27 lakh were supplied to GMC, Ambikapur through CGMSCL. The four medical equipment were installed in non-clinical departments whereas as per NMC norms they were to be installed only in clinical departments. Thus, the four medical equipment were lying idle for a period ranging between one and 3.5 years since their installation.

Government stated (April 2023) that instructions have been issued to the concerned HIs to put these equipment to use at the earliest.

4.2.15.2 Idling of medical equipment in District Hospitals valuing ₹8.66 crore

The Annual Maintenance Contract (AMC) for maintenance of equipment in all HIs of Chhattisgarh, was awarded (April 2018) to Mediciti Health Care Services Private Limited (Service provider). Accordingly, service provider had prepared the equipment profile and status list by tagging all the equipment of HIs.

Audit had shortlisted the equipment valued above ₹ One lakh from the database of service provider and conducted the physical verification of selected DHs in Kondagaon, Baikunthpur (Korea) and Bilaspur.

During physical verification following observations were noticed:

- In three DHs, 90 equipment valuing of ₹ 5.73 crore were lying idle. Operational condition of these idle equipment were deteriorating due to non-utilisation. The purpose of obtaining these equipment, date of receipt and installation was not on the records of the DH.
- Further, as per profile, 28 high value equipment worth ₹ 1.36 crore were proposed for condemnation by the service provider; however, no action were taken for disposal of these equipment.
- During the joint physical verification in three DHs, 53 equipment worth ₹ 1.57 crore included in the list of equipment geo-tagged for AMC were

not found and Bio Medical Engineer was unable to explain the reasons for the same.

4.2.15.3 Idling of equipment in Primary HIs

Audit observed that 357 medical equipment valuing ₹ 4.55 crore were kept idle in selected districts/CHCs/PHCs due to various reasons i.e. non-supply of reagents, lack of manpower and unwarranted supply as discussed below:

- Thirty-four medical equipment valuing ₹ 2.07 crore supplied to 16 CHCs/PHCs of selected districts were kept idle due to non-availability of reagents/manpower/infrastructure facilities. **(*Appendix - 4.5*)**
- Three hundred and seventeen equipment such as (ICU beds, Carbon Monoxide Monitor, Instrument trolley, Cautery Machine etc.) valuing ₹ 2.24 crore were supplied to 13 CHC/PHC and six CMHO of selected districts without any indent from these facilities resulting in these equipment remaining idle. **(*Appendix - 4.6*)**
- Six equipment valuing ₹ 24.05 lakhs were supplied to five CHC/PHC but due to lack of manpower they remained idle. **(*Appendix - 4.7*)**

2. Breast Cancer Detector, CHC Konta (06 Jan 2022)

3. Auto clave HP Vertical, CHC Kota, Bilaspur (25 March 2022)

4. Biochemistry Analyser, CHC Janakpur, Korea 28 April 2022

5. Urine Analyser, CHC Janakpur, Korea 28 April 2022

4.2.16 Non-recovery of penalty of ₹ 4.62 crore from the supplier due to delay in supply of materials

The CGMSCL has procured various equipment for *Dau Kalyan Singh* Post Graduate Institute and Research Centre (DKSPGI) against tender nos. 50/EP, 49(R), 42(R), 45/EP, 42/EP and 35/R3. As per terms of the tender, the entire ordered quantity was to be supplied within 60 days from the date of purchase order. In case of delay, penalty at the rate of 0.2 *per cent* per day subject to maximum of 12 *per cent* of contract value of unexecuted quantity was recoverable from the bill. If the delay is more than 120 days, the purchase order was to be deemed to be cancelled.

Audit observed (July 2021) that four suppliers[18] did not supply the equipment in time in respect of said tenders. The same were supplied with delay ranging between 142 and 477 days. However, CGMSCL released the payment of ₹ 38.51 crore without recovering penalty of ₹ 4.62 crore from these suppliers (detailed vide ***Appendix - 4.8***). Further, in six cases, three suppliers supplied the material after 120 days which was accepted by CGMSCL in violation of tender conditions.

Releasing the payment without recovery of penalty of ₹ 4.62 crore for delayed supply was not only irregular, but it was also invariably extension of undue financial benefit to suppliers.

Procurement of drugs, medicines and consumables

On review of the finalisation of RCs for drugs, medicines and consumables, Audit observed the following:

4.2.17 Purchase of drugs at higher rates

4.2.17.1 Purchase of drugs and medicines at higher rate due to lack of monitoring of prevailing market price resulting in extra expenditure of ₹ 5.05 crore

As per the tender documents, an undertaking was to be obtained from the bidders that the instant item was not supplied to any organisation at lower rate than the quoted rate during last six months and will also not supply the item at lower rate than the quoted rate to any organisation during the validity of RC finalised against this tender. In case of violation of declaration, the Tender Inviting Authority can forfeit the Earnest Money Deposit and/or Security Deposit and/or blacklist the firm for a period of five years.

The tender documents also stipulated that if bidder supplies the similar product at lower than the offered price in any other Department of the Government of Chhattisgarh or PSU, then that very price will be applicable to the present case and the difference in the cost would be refunded by the bidder to the buyer.

Audit observed that 23 suppliers who supplied drugs to CGMSCL during the period (April 2017 to October 2020) had also supplied 39 drugs and medicines

[18] M/s Mokshit Corporation, M/s Mediglobe Medical System Private Limited, Arjo Huntleigh Healthcare India Private Limited and M/s MDD medical System India Private Limited

to other PSUs (State Medical Services Corporations) at lower rates during the same period (detailed vide ***Appendix - 4.9***). CGMSCL purchased the drugs amounting to ₹ 31.12 crore upto October 2020 at higher rates from these suppliers despite furnishing the undertakings in prescribed format. Thus, due to lack of monitoring of prevailing market rate by the CGMSCL, there was avoidable extra expenditure of ₹ 5.05 crore. CGMSCL also did not take any action to recover the extra expenditure or blacklist the concerned firms.

The Director, DHS stated (December 2022) that one officer from DHS has been posted for monitoring of drugs, consumables and equipment purchase in CGMSCL.

The fact remains that there was no mechanism in place in the CGMSCL for monitoring the rate offered by suppliers to various clients which has ultimately resulted in extra expenditure of ₹ 5.05 crore.

4.2.17.2 Extension of undue benefit to supplier resulted in avoidable extra expenditure of ₹one crore on purchase of RD Kit

CGMSCL received (July 2018) an indent for Rapid Diagnostic Kit-10 (RD Kit) for malaria from DHS. Accordingly, it had initiated the purchase process of RD Kit through Government e-Marketing (GeM) portal and uploaded the requirement/ specification of RD Kit on GeM portal on 24 August 2018 with due date of submission of bid as 27 August 2018. In response, nine bids were received and after evaluation of bids, CGMSCL had finalised (29 August 2018) the bid of M/s Voxtur Bio Limited (M/s Voxtur) and procured eight lakh units of RD Kit at the rate of ₹ 151.76 per unit[19] with total cost of ₹ 12.14 crore.

Audit observed (March 2019) the following shortcoming:

To ensure the quality of products and soundness of the supplier, CGMSCL fixes the Pre-Qualification Requirement (PQR). The pre-qualification criteria states that the bidder shall be a manufacturer having valid own manufacturing license issued by State Drug Controller or direct importer holding valid import license issued by Central Drug Standard Control Organisation (CDSCO). But in the instant case CGMSCL mentioned the license no. (MH/101421 dated 01/08/2015) of specific supplier as eligibility criteria in the tender documents. The license no. (MH/101421 dated 01/08/2015) was issued by Food and Drug Administrator, Maharashtra State to M/s Voxtur. As a result, out of nine participating bidders eight were rejected on the ground of non-fulfilment of bid requirement and M/s Voxtur, sole holder of the said license became the only eligible supplier. Thus, specific modifications were made in the PQR to qualify the supplier.

As per Rule 4.5 of the CGSPR, the time limit for submission of bid for open tender for value more than ₹ 10 lakh is 30 days. However, Audit observed that in the instant case, CGMSCL uploaded the terms and conditions and requirement of RD Kit on 24 August 2018 with due date of submission of 27 August 2018 allowing only three days against 30 days as per the CGSPR which was violation of CGSPR and thus, it restricted the competition resulting

[19] Each unit contains 10 RD Kit

in receipt of only one bid. Further, The Chief Executive Officer of GeM had also objected (10 September 2018) to the process adopted by CGMSCL and raised questions about the fairness of bidding process. However, CGMSCL did not initiate any steps for conducting enquiry in this regard.

Audit observed that CGMSCL had finalised (29 August 2018) the bid at the rate of ₹ 151.76 per unit through GeM portal without assessing the reasonability of prevailing rates. Madhya Pradesh Public Health Services Corporation Limited (MPPHSCL) had finalised (July 2018) the RC of RD Kit at the rate of ₹ 139.22 per unit from M/s Aspen Laboratories Private Limited through open tender. Thus, CGMSCL had procured the RD Kit at rates which were higher by ₹ 12.54 per unit, resulting in avoidable expenditure of ₹ 1.00 crore.

The CGMSCL had accepted (February 2020) the Audit observation and stated that matter was referred to the Government for initiating action. However, the Government has not taken any action so far (March 2023).

4.2.17.3 Purchase of drugs amounting to ₹ 13.14 crore at higher rates without inviting tenders and by ignoring the existing RC resulted in avoidable extra expenditure of ₹ 1.86 crore

On the basis of the indent received (July 2016) from AYUSH, CGMSCL after finalising the RC tenders of Ayurvedic, Homeopathic and Unani Medicines for one year, as detailed in ***Table - 4.12,*** had purchased (July 2017 to December 2018) various Ayurvedic, Unani and Homeopathy medicines worth ₹ 12.17 crore from the suppliers.

Table - 4.12: Statement showing details of RC finalised in respect of Ayush

Sl	Tender no.	Particulars	Date of finalisation of RC
1	01/Ayurvedic-classical, dt 06/03/2017	Ayurvedic Medicines	July 2017
2	01/Homeo, dated 25/01/2017	Homeopathic Medicines	July 2017
3	01/Unani, dated 04/02/2017	Unani Medicines	July 2017

(Source: Compiled from records furnished by CGMSCL)

The CGMSCL again received (January and February 2018) indent for various Ayurvedic, Homeopathic and Unani medicines and in response, it purchased the indented medicines amounting to ₹ 13.14 crore on nomination basis from M/s Pharmaceutical Corporation (Indian Medicines) Kerala Ltd. (Oushadhi); M/s The Kerala State Homoeopathic Co-operative Pharmacy Ltd. (HOMCO) and M/s Indian Medicines Pharmaceutical Corporation Limited (IMPCL) without inviting any tender.

Purchase of the medicines without inviting tender was not only a violation of Rule 4.3.3 of CGSPR, it was also against the set principles of public procurement/CGSPR (as amended) of the State Government and hence irregular.

Audit further observed that the rates of medicines of M/s Oushadhi, M/s HOMCO and M/s IMPCL were higher than the existing valid RCs

finalised under tenders[20]. However, overlooking the available lower rates of existing RC, CGMSCL purchased medicines costing ₹ 13.14 crore from the three suppliers, that too without inviting tenders. This has resulted in avoidable extra expenditure of ₹ 1.86 crore.

4.2.17.4 Finalisation of RC at higher rate due to reduction in indented quantity resulted in deprival of benefit of bulk purchase and consequent avoidable loss of ₹ 4.09 crore

On the basis of indent received (February 2018 and January 2019) from the Department for supply of Paracetamol I.P. tablet 500 mg and Rapid Diagnostic (RD) Kit for Malaria testing, the CGMSCL had finalised the RC with M/s Medico Remedies Private Limited and M/s SD Biosensor respectively, as detailed in the ***Table - 4.13***:

Table - 4.13: Statement showing details of RC 152inalized in respect of two drugs

S. N.	Drug name and drug code	Indent month	Indent quantity	Tendered quantity	Date of finalisation of tender	Final rate (₹ per unit including taxes)	Name of supplier	Supplied quantity (in lakh)	Value of supply (₹ in crore)
1	Paracetamol I.P. tablet 500 mg (D395)	January 2018 to February 2018	16.28 lakh unit[21] (1 unit contain 10 x 10 Tablet)	23,700 unit	17/12/2018	36.96	Medico Remedies Pvt Ltd	34.79	12.86
2	Rapid Diag - nostic (RD) Kit for Mal - aria testing (D454M)	January 2019	5.09 lakh unit[22] (1 unit contain 10 kit)	3,120 unit	14/02/2020	123.09	SD Biosensor	24.81	30.54

(Source: Compiled from records furnished by CGMSCL)

Audit observed that in both the tenders, despite the indent for 16.28 lakh unit of Paracetamol Tablet and 5.09 lakh unit of RD kit for malaria, CGMSCL mentioned the requirement as 23,700 unit and 3,120 unit respectively in the tenders. As evident from ***Table - 4.13***, the required quantity was reduced considerably at the time of tendering i.e., about 99 *per cent* less than the actual requirement. After finalisation of tenders, CGMSCL later procured 34.79 lakh and 24.81 lakh units of respective drugs. Thus, despite substantial requirement of drugs, only one *per cent* of the required quantity was tendered and later required quantity of drugs were purchased. Hence, due to the reduction in the required quantity during tendering, the benefit of bulk purchase could not be availed.

Audit also noticed that the same drugs during the same period were purchased at the lower rate by the other States PSUs, as detailed in ***Table - 4.14***:

[20] Tender no. 01/Ayurvedic-Classic, 01/Homeo and 01/Unani
[21] DHS: 10.59 lakh unit; DME: 0.23 lakh unit; and Mitanin: 5.46 lakh unit
[22] DHS: 5.00 lakh unit and DME: 0.9 lakh unit

Table - 4.14: Details of RC of the supplier in other states

Name of other state	Name of supplier	Rate (₹ per unit including GST)	Validity	
			From	To
Paracetamol I.P. tablet 500 mg (D395)				
Madhya Pradesh	Cipco Pharmaceuticals	29.80	01/09/2020	31/08/2022
Gujrat	Deep Pharma	28.89	20/11/2018	30/09/2020
Rapid Diagnostic (RD) Kit for Malaria testing (D454M)				
Madhya Pradesh	Aspen Laboratories Limited	116.66	15/09/2020	14/03/2022

(Source: Compiled from records furnished by CGMSCL)

This has resulted in avoidable extra expenditure of ₹ 4.09 crore (₹ 2.49 crore[23] for paracetamol and ₹ 1.60 crore[24] for RD malaria kit).

CGMSCL stated (August 2022) that tender was invited on 9 July 2018 after receipt of indent from DME in February 2018 for 23,700 units. After invitation of tender, indent for 5.13 lakh units was received from DHS on 12 July 2018. Therefore, the tender was invited with the indicative quantity of 23,700 units. Moreover, during the negotiation, the rate was reduced from ₹ 33.75 to ₹ 33 per unit.

The reply is not acceptable as the CGMSCL issued seven amendments from 12 July 2018 to 31 August 2018 for deletion/review of tendered items and extension of due date of submission of bids without amending the quantity.

4.2.17.5 Avoidable expenditure of ₹44.20 lakh due to rejection of existing rate contract and purchasing the same at higher rate with the same supplier in subsequent tender

The CGMSCL received (November 2016) indents for various type of drugs for the year 2017-18 which included 22,550 unit of Anti Tetanus Immunoglobulin USP (D46). After inviting tenders, CGMSCL finalised (19 July 2018) RC for Anti Tetanus Immunoglobulin with M/s Bharat Serums and Vaccines Limited (M/s Bharat Serum) at ₹ 1244.32 per unit. However, CGMSCL did not issue any PO to Bharat Serum, instead CGMSCL rejected (26 February 2019) the bid of M/s Bharat Serum after seven months of finalisation of tender by quoting the reasons as "*The prices of the above products quoted by the bidders are not justified and so the above-mentioned products are rejected*".

The CGMSCL further invited (28 February 2019) fresh tender (No. 41M) for procurement of Anti Tetanus Immunoglobulin. After evaluation, tender was finalised (27 September 2019) with the same firm M/s Bharat Serum at a higher rate of ₹ 1496.25 per unit and thereafter, purchased 17,826 unit at a total cost of ₹ 2.66 crore during the period from 30 September 2019 to 18 March 2020.

[23] (₹ 36.96 – ₹ 29.8) x 34,78,564 unit =₹ 2,49,06,518 {Rate of neighbouring State (Madhya Pradesh) has been considered}

[24] (₹ 123.09 – ₹ 116.66) x 24,80,728 = ₹ 1,59,51,081

Thus, the rejection of rates finalised for Anti Tetanus Immunoglobulin in earlier tender and finalisation of the higher rate with the same supplier in subsequent tender had resulted in avoidable extra expenditure of ₹ 44.90 lakh[25] to the Government.

4.2.17.6 Irregularities in purchase of Anti Rabies Vaccine

CGMSCL finalised (October 2016) the RC for Anti Rabies Vaccine (ARV) with M/s Indian Immunologicals Limited (IIL) at ₹ 122.40 per unit[26] for the period from 7 November 2016 to 8 May 2018 on the basis of indent of 5.88 lakh units received (October 2016) from DHS. CGMSCL had procured total 4.87 lakh unit of ARV valuing ₹ 6.02 crore during November 2016 to March 2018. However, after expiry of RC period, CGMSCL issued PO (10 May 2018) for supply of 23,151 units of ARV to IIL which was not supplied by the IIL.

CGMSCL did not invite fresh tender before the expiry of existing RC despite having demand and after lapse of the validity of existing RC, CGMSCL sought (18 June 2019) permission from the Department of Commerce and Industries, GoCG (DCI) to purchase ARV on nomination basis due to urgent requirement of ARV. The DCI allowed (5 July 2019) CGMSCL to purchase 10 lakh units of the ARV from M/s IIL. Accordingly, CGMSCL purchased 3.80 lakh units at ₹ 262.50 per unit from M/s IIL between June 2019 and January 2020.

On scrutiny of the records Audit observed the following irregularities:

(a) Avoidable extra expenditure of ₹ 1.67 crore due to non-placing the PO as per the indented quantity

Audit noticed that against the indented quantity of 5.88 lakh ARVs, CGMSCL procured only 4.87 lakh unit from the M/s IIL during the contract period from 7 November 2016 to 8 May 2018. Due to non-issue of PO for the entire indented quantity, the balance quantity of ARV was procured at higher rates as discussed below:

Due to urgent requirement of ARV and stock out at CGMSCL's warehouses, HIs purchased 20,654 units of ARV valuing ₹ 70.77 lakh during 2018-19 at the average rate of ₹ 342.62 per unit through local purchase, which had resulted in avoidable extra expenditure of ₹ 0.47 crore[27]. Audit further observed that the balance quantity of 80,653 units were purchased (June 2019 to January 2020) from M/s IIL on nomination basis at the quoted rate of ₹ 262.50 per unit which was ₹ 148.55 higher than tender rate in previous RC. This further resulted in avoidable extra expenditure of ₹ 1.20 crore on purchase of 80,653 units.

Non-issue of PO within validity period of RC despite having demand had resulted in avoidable extra expenditure of ₹ 1.67 crore[28].

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25 17,826 x (₹ 1,496.25 – ₹ 1,244.32)

26 Revised from ₹ 122.40 to ₹ 113.95 per unit on the basis of observation raised by Audit regarding non-compliance with price fall clause by M/s IIL.

27 20,654 unit x (₹ 342.62 – ₹ 113.95) = ₹ 47,22,950

28 ₹ 0.47 crore + ₹ 1.20 crore

CGMSCL stated (December 2022) that purchase order was issued by mistake after expiry of validity of RC. Due to non-availability of RC and receipt of requirement from the user department, the same was procured on nomination basis after obtaining permission from DCI.

The reply is not acceptable as CGMSCL failed to place PO as per the requirement of HIs within the validity period of RC. As a result, the Government had to bear extra expenditure of ₹ 1.67 crore on purchase of balance unit of ARVs.

(b) Accepting the rate quoted by M/s Indian Immunological Limited without assessing its reasonability resulted in avoidable extra expenditure of ₹1.53 crore

Audit observed that DCI had permitted CGMSCL to purchase 10 lakh units of ARV on nomination basis from M/s IIL. CGMSCL purchased total 3.80 lakh units of ARV at the quoted rate of ₹ 262.50 per unit of M/s IIL. Audit noticed that the rates were accepted without assessing the reasonability of the rates by comparing with the prevailing market rate in other States, as IIL was supplying the same drug during the same period to Tamil Nadu Medical Services Corporation Limited at lower rate of ₹ 207.90 per unit. This resulted in purchase of ARVs at higher rate and consequently there was avoidable extra expenditure of ₹ 1.53 crore[29].

(c) Deviation from indented variant resulted in avoidable extra expenditure of ₹1.95 crore

The CGMSCL had finalised (February 2020) the rate contract for ARVs (Purified Chick Embryo Cell – D42A) with M/s Chiron Behring Vaccines Private Limited on single tender basis for drug code D42A at ₹ 296.10 per unit and purchased 4.53 lakh units with total value of ₹ 13.42 crore.

Audit observed that DHS and DME had demanded 6,00,000 and 83,000 units respectively of ARV (cellular culture – D42) for the year 2019-20. However, the CGMSCL invited (28 November 2019) tender for another variant i.e., purified chick embryo cell (D42A) by modifying the indented variant of the DHS and DME, which was costlier than the cellular culture (D42). Both variants are used in the treatment of dog bites. This has resulted in finalisation of tender of ARV (purified chick embryo) of costlier variant involving extra expenditure of ₹ 1.95 crore.

It is also worthwhile mentioning that M/s IIL had offered (February 2020) to supply ARVs at ₹ 253.05 per unit before finalisation of tender. As the DCI had permitted to purchase 10 lakh unit of ARVs from M/s IIL on nomination basis and out of 10 lakh unit, CGMSCL had purchased 3,80,000 units. Accordingly, CGMSCL could have purchased the balance quantity (6.20 lakh units) from M/s IIL at its quoted rate of ₹ 253.05 per unit. This further resulted in avoidable extra expenditure of ₹ 1.95 crore[30] in comparison to rate offered by M/s IIL.

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[29] (3,80,000 – 1,01,307) x (₹ 262.50 – ₹ 207.90)

[30] 4,53,170 unit X (₹ 296.10 – ₹ 253.05)

CGMSCL stated (December 2022) that due to non-receipt of any bid for cellular culture variant in past seven tenders, CGMSCL had invited bids for other variants of purified chick embryo because both the variants are used for same purpose.

Reply is not acceptable because CGMSCL did not assess the financial implications before change of the variant from cellular culture to purified chick embryo. Further, it had been procuring the cellular culture variant since inception. Moreover, the same variant was also procured by the Medical Corporations of other States *viz.* Tamil Nadu, Rajasthan and Gujarat. CGMSCL also ignored the fact that M/s IIL was ready to supply ARV (cellular culture) at lower rate.

4.2.18 Irregular purchase of drugs amounting to ₹ 23.98 crore from the blacklisted firms

The terms and conditions of the tender stipulated that where product(s)/ suppliers is blacklisted in any other State or by a Central Agency after the submission/opening of the bid/award of contract, the product(s)/ bidder/firm will be liable for blacklisting/rejection/termination/ cancellation of contract/ PO/ LOI.

Audit observed (May 2022) that CGMSCL had finalised the tenders with nine suppliers[31], which were blacklisted by the other Government agencies at the time of finalisation of the tenders or at the time of issuing of the POs to them. CGMSCL procured drugs worth ₹ 23.98 crore from nine blacklisted suppliers, as detailed in the ***Appendix - 4.10***, which was not only irregular but also resulted in extension of undue benefit to the suppliers. Out of these nine suppliers, six were backlisted due to quality issues. Procurement of drugs from the suppliers whose products have quality issues may lead to serious health and fatality issues to the intended users.

Audit also noticed that at the time of bidding, two bidders[32] were blacklisted by other Government agencies. However, they had furnished false undertaking along with the tender documents to the effect that they were not blacklisted by any other Government agencies, which also made them liable for blacklisting. Despite submission of false undertaking, CGMSCL did not take any action viz., forfeiture of EMD, SD/PG, blacklisting etc., against these bidders as per the terms and conditions of the tender.

4.3 Quality Assurance

The CGMSCL had established a Quality Control Section to ensure quality of procured drugs. The drugs are quarantined in the warehouses of CGMSCL till the test reports are received from empaneled laboratories. Drugs which pass the quality tests are distributed to the HIs and the drugs which fail the quality control checks (Not of Standard Quality – NSQ) are returned to the suppliers.

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[31] M/s Saar Biotech, M/s Kwality Pharmaceuticals Pvt. Ltd., Celon Laboratories Limited, Ciron Drugs and Pharmaceuticals Pvt Ltd, Unicure India Pvt. Ltd, Syndicate Pharma, M/s Nestor Pharmaceuticals Ltd, Goldwin Medicare Limited, Cipco Pharmaceuticals

[32] Ciron Drugs and Pharmaceuticals Pvt Ltd, Unicure India Pvt. Ltd

If the supplied product is declared NSQ, the concerned supplier must replace the consignment within 30 days after declaring NSQ and deposit penalty at the rate of 20 *per cent* of NSQ stock. In any case, if NSQ stock is not lifted within 30 days, a demurrage charge at the rate of 0.1 *per cent* per day subject to maximum of six *per cent* is also levied against the supplier apart from the penalty.

In this connection Audit observed the following:

4.3.1 Non-replacement of NSQ drugs by the suppliers and non-levy of penalty of ₹ 1.69 crore and demurrage charges ₹ 24.60 lakh against such default suppliers

Audit observed that during the period from 2016-22, CGMSCL declared 383 batches of various types of drugs valuing ₹ 8.48 crore supplied by various suppliers as NSQ. Further, the suppliers did not lift the NSQ drugs worth ₹ 4.10 crore for replacement within stipulated time of 30 days. Audit further observed that CGMSCL did not take any effective step for replacement of NSQ drugs and neither recovered the penalty of ₹ 1.69 crore nor recovered the demurrage charges of ₹ 24.60 lakh from the defaulting suppliers. This had resulted in extension of undue financial benefit of ₹ 1.93 crore to the suppliers who supplied the sub-standard quality of drugs and failed to replace them.

The Government stated (December 2022) that process of recovery from the suppliers who have not replaced the NSQ drugs, is under progress.

4.3.2 Distribution of the Not of Standard Quality (NSQ) drugs to the healthcare institutions

Audit observed that during the period 2016-22, 129 batches of various drugs, which were issued to HIs by CGMSCL, were re-tested in empaneled laboratories and all these 129 batches were found to be NSQ. Despite declaring NSQ, CGMSCL did not take any step to recall these NSQ drugs. Possibility of distribution of such NSQ drugs to the patients cannot be ruled out.

The Government stated (December 2022) that drugs are issued to HIs only after quality check from the authorised laboratories. It was further stated that if the drugs are retested and found NSQ, then the same were kept on hold in DPDMIS software. Therefore, the question of issue of NSQ drugs does not arise.

The reply is factually incorrect because 129 batches of these drugs were issued and the same were not recalled from the HIs even after being found to be NSQ and the same were shown as distributed in the DPDMIS system.

Case Study

CGMSCL finalised (June 2018) the tender (tender no. 02/SP/2017-18) for Omeprazol 20 mg + Domperidon 10 mg (Drug Code SP1717) with M/s Maan Pharmaceuticals Limited, Mehsana, Gujarat at ₹ 11.09 per unit and procured (May 2019) 5.20 lakh units with total value of ₹ 57.72 lakh. As per the clause 9.2 of the tender document, if the sample is declared to be "Not of Standard Quality" or spurious or adulterated or misbranded, such batch/ batches will be deemed to be rejected goods.

Audit observed that drug supplied by M/s Mann Pharmaceuticals were sent to empaneled laboratory for testing. As per the test report, the instant drug SP-1717 did not conform to the standard of IP 2018 and was declared (September 2019) "Misbranded" by the testing laboratory. Therefore, this drug was required to have been replaced by the supplier. On the contrary, and in violation of tender terms and conditions, the CGMSCL accepted all such batches of instant drug SP-1717 after obtaining (April 2020) opinion from the Controller, Food and Drug Administration, Chhattisgarh.

This had resulted in irregular purchase of misbranded drugs valuing ₹ 57.72 lakh and extension of undue financial benefit to M/s Mann Pharmaceuticals.

4.4 Inventory and Warehouse Management

4.4.1 Inventory Management

4.4.1.1 Management of stock of fast-moving drugs

The CGMSCL issues drugs to various HIs through its drug warehouses. The drugs stored in the warehouses are distributed to the public/ patients by the HIs on the basis of the doctor's prescription. Therefore, it becomes essential for CGMSCL to adopt the scientific inventory management of the drugs, which includes the identification of fast moving drugs, slow moving drugs, non-drugs, fixation of minimum level, re-order level, maximum level of drugs, assessment of lead time for supply and placement of PO by assessing the future requirement on the basis of previous consumption pattern and current stock at warehouses and HIs of any particular drug.

The GoCG directed (June 2013) CGMSCL to maintain buffer stock of the EDL drugs at its warehouses for three months requirements. It also directed for placement of advance PO for procurement of drugs for the requirement of next two months. In addition, DHS identified 142 types of most essential drugs i.e., fast moving drugs which are regularly prescribed by the doctors to the patients.

Audit observed that CGMSCL did not maintain the stock of fast-moving essential drugs in any of the five test checked warehouses[33] and essential 128 drugs under 30 categories were stock out for the period ranging between 1 day and 1826 days**.**

Due to stock out of fast-moving drugs, the HIs had to arrange these drugs through local purchase at higher rates or patients had to purchase them at their

[33] Ambikapur, Durg, Bilaspur, Jagdalpur and Raipur

own cost. Thus, the very purpose of formation of CGMSCL was defeated as it failed to provide the essential drugs to the HIs.

4.4.2 Expiry of drugs

Audit observed that huge quantities of medicines get expired every year in the warehouses of CGMSCL. The value of expired drugs during the period 2016-17 to 2021-22 is given in ***Table - 4.15***:

Table - 4.15: Year wise value of expired drugs during 2016-17 to 2021-22

Year	Value of expired medicines (₹ in crore)
2016-17	0.40
2017-18	0.43
2018-19	14.47
2019-20	12.48
2020-21	3.24
2021-22	2.61
Total	**33.63**

(Source: Data furnished by CGMSCL)

Further, in test checked seven HIs[34] and implementing units, Audit observed that under 95 categories, 1,19,372 number of drugs and consumables had expired during the period 2018-21. Few instances of expiry of drugs are discussed as follows:

4.4.2.1 Placement of purchase order without assessment of current stock and consumption trend resulted in expiry of drugs – ₹9.53 crore

Audit observed that before placing the purchase order, the CGMSCL did not assess the consumption pattern of previous year, available stock and future requirement, which was one of the main reasons for expiry of drugs. Instances of drug expiry are discussed below:

(i) Vitamin B12 injection

CGMSCL received (January 2016) an indent for 45.56 lakh units from DHS for procurement of Vitamin B12 injection (D526) which was revised (March 2016) to 46.63 lakh units.

Audit observed (December 2021) that CGMSCL procured 54.91 lakh units of Vitamin B12 injection costing ₹ 5.16 crore from two suppliers[35] upto April 2017 as against the indented quantity of 46.63 lakh units without any further indent from DHS/ DME. CGMSCL placed POs for the entire quantity of drug between November 2016 and April 2017 despite availability of stock in the warehouse and HIs. As a result, total of 16.64 lakh units of Vitamin B12 injection worth ₹ 1.56 crore expired between November 2018 to January 2019.

Expiry of 16.64 lakh units of Vitamin B12 injection indicates the system irregularity in placing PO to vendors, as detailed in ***Table - 4.16***:

[34] CHC: Dondi, Dondilohara, Arang, Tilda, Chhindgarh, Konta and CMHO Kondagaon
[35] Kwality – 37.56 lakh and Alpha – 17.36 lakh at the rate of ₹ 9.39 per unit

Table - 4.16: Details of POs issued for Vitamin B12

Sl No.	PO Number	Date	Vendor	PO quantity	Receipt Quantity	Date of receipt	Drugs Receipt value (₹)
1	Drug Cell/16-17/18600648	26/11/2016	Kwality	6,74,800	6,74,800	29-12-2016 to 10-01-2017	63,36,372
2	Drug Cell/16-17/18600826	08/12/2016	Kwality	10,35,000	10,34,775	25-01-2017 to 06-03-2017	97,16,537
3	Drug Cell/16-17/18600851	16/12/2016	Kwality	10,49,400	10,49,238	09-03-2017 to 06-04-2017	98,52,345
4	Drug Cell/16-17/18700901	05/01/2017	Alpa.	10,35,000	9,17,912	17-02-2017 to 11-04-2017	86,19,194
5	Drug Cell/16-17/18700913	07/01/2017	Alpa	8,18,100	8,17,606	27-03-2017 to 27-05-2017	76,77,320
6	Drug Cell/17-18/18600097	29/04/2017	Kwality	10,00,000	9,96,975	05-06-2017 to 05-09-2017	93,61,595
Total				**56,12,300**	**54,91,306**		**5,15,63,363**

(Source: Compiled from records furnished by CGMSCL)

As against this, the stock position of the drug at the end of each month during December 2016 to May 2017 was as detailed in ***Table - 4.17:***

Table - 4.17: Closing stock of Vitamin B12 drug during December 2016 to March 2019

Month	Opening Stock of month	Receipt during the month	Total Issue during the month	Closing stock of the month
Dec-16	0	2,17,430	0	2,17,430
Jan-17	2,17,430	8,00,825	500	10,17,755
Feb-17	10,17,755	7,54,072	84,200	16,87,627
Mar-17	16,87,627	18,13,417	1,65,015	33,36,029
Apr-17	33,36,029	5,41,841	1,18,065	37,59,805
May-17	37,59,805	3,16,856	79,290	39,97,371
Mar-18	39,96,579	2,77,760	1,38,880	41,35,459
Mar-19	15,34,430	91,940	45,970	15,80,400

(Source: Compiled from records furnished by CGMSCL)

It could be seen from the ***Table - 4.16 and 4.17*** that CGMSCL did not assess the current stock vis-à-vis the consumption pattern for previous year (94,280 unit) before procurement of vitamin B12 injection due to which stock level kept increasing and peaked during March 2018. In the instant case, CGMSCL despite availability of 33.36 lakh units of drugs in stock as on 31 March 2017, placed further orders to vendor for supply of 10 lakh units of this injection. Hence, purchase of additional 10 lakh unit of Vitamin B12 Injection worth ₹ 93.39 lakh was unwarranted, which ultimately resulted in expiry of Vitamin B12 Injection valuing ₹ 1.56 crore.

The CGMSCL stated (January 2020) that 54.91 lakh units of Vitamin B12 Injection (D526) were purchased against the indent of 57.68 lakh units for the years 2016-17 and 2017-18. The CGMSCL further stated that drugs were procured as per the AIs received from the user Departments. When the HIs don't send indent, drugs are not issued, and thus the drugs get expired after lapse of time for which CGMSCL is not responsible.

The reply is not acceptable because CGMSCL had procured the drugs in excess of requirement on the basis of unrealistic indent, which ultimately resulted in expiry of drugs valuing ₹ 1.56 crore. Further, after receipt of new indent for the year 2017-18, the indent of previous year i.e., 2016-17 became null and void.

(ii) Cetirizine syrup and Amoxicillin powder

Audit noticed that procurement of Cetirizine Syrup (D583) and Amoxycillin Powder for Oral Suspension IP (D30) were made on the basis of quantity indented by the Directorates without assessing actual requirement based on consumption pattern and availability of current stock and consumption trend, which ultimately resulted in expiry of these drugs worth ₹ 2.35 crore, as detailed in ***Table - 4.18***:

Table - 4.18: Details of indent quantity, previous consumption, actual purchase, stock position and expired quantity in respect of Cetrizine syrup

Drug Name: Cetrizine Syrup IP -5mg/5ml								
Drug Code: D583								
Total indent	**Previous year consum-ption**	**Date of purchase**	**Purchased quantity**	**Rate (₹ per unit)**	**Name of supplier**	**Stock position as on PO date**	**Expired quantity**	**Value of expired drugs (₹)**
2,09,08,350	23,55,304	03-01-2017	41,64,039	12.55	Karnataka Antibiotics Pharmaceuticals limited	0	13,71,477 (expired during 31/12/2018 to 31/01/2019)	1,72,12,036
		30-03-2017	10,40,064	12.55		38,34,639		
20908350	**23,55,304**		**52,04,103**					**1,72,12,036**
Drug Name: Amoxycillin Powder for Oral Suspension IP								
Drug Code: D30								
26,37,170	1,53,280	17-06-2016	61,860	9	Yelluri Formulation Pvt. Ltd.	34,170	6,99,504 (expired during:30/06/2018 to 31/10/2018)	6,29,5536
		17-06-2016	41,240	9	Bharat Parenterals Ltd			
		12-09-2016	2,45,800	9		71,135		
		30-11-2016	10,38,104	9		2,61,639		
		08-12-2016	1,08,00,00	9		22,9444		
		09-12-2016	1,69,500	9		2,26,284		
26,37,170	**1,53,280**		**26,36,504**				**6,99,504**	**6,29,5536**

(Source: Compiled from records furnished by CGMSCL)

The CGMSCL stated that as per the AIs received from the user Departments, CGMSCL procured the drugs. After procurement of drugs, it was issued to HIs on the basis of their monthly indents. When the HIs did not send indent, drugs were not issued and thus the drugs expired after lapse of time.

The reply is not acceptable because CGMSCL has failed to assess the current stock and consumption trend before placement of purchase order, which ultimately resulted in expiry of drugs.

(iii) Caffeine citrate injection

CGMSCL received (February 2019/May 2020) indent for various drugs from DME which included 1,540 units and 87,512 units of Caffeine Citrate 20 mg/ml Injection (Drug Code D574) for the year 2019-20 and 2020-21

respectively. Accordingly, CGMSCL finalised (13 February 2020) the RC with M/s Maan Pharmaceuticals Limited, Mehasana, Gujrat (M/s Maan Pharma) at the rate of ₹ 504 per unit and purchased (May and June 2020) 87,500 units valuing ₹ 4.41 crore.

Audit observed (February 2021) that consumption of Caffeine Citrate injection in earlier years of 2017-18 and 2018-19 was only 1200 and 1000 units respectively, however, this consumption trend was not considered while issuing the purchase order for the forthcoming years and CGMSCL issued the purchase order for the whole indented quantity. The details of purchases made; quantity issued to hospitals are given in ***Table - 4.19***:

Table - 4.19: Details of drugs purchase and issued to HIs

Year	Opening Bal (as on 1 April of FY)	Receipt			Issue		Balance quantity	Excess purchase for the year	Value of excess purchase (₹)
		Total receipt against PO	Date of receipt	QC receipt/ inter warehouse receipt	Issued to HIs	QC issue/ inter warehouse issue			
2019-20	170	1000	04/01/20 to 08/01/20	220	830	310	250	--	--
2020-21	250	87,500	12/5/20 to 24/6/20	4,750	26,233	4,950	61,317	61,267	3,08,78,568
2021-22	61,317	0	--	402	56,931	392	4,396 (expired)	--	--

(Source: Compiled from information furnished by CGMSCL)

As could be seen from the above table, 4,396 units of caffeine citrate injection valuing ₹ 22.16 lakh had expired at CGMSCL's warehouses. It is worthwhile to mention that the caffeine citrate injection is used in the treatment of pre-mature baby and there were 2,380 cases of pre-mature delivery in HIs of Raigarh district during 2019-20. However, GMC Hospital, Raigarh raised the indent of 80,000 unit i.e., about 34 times higher than the total reported cases during previous year. Further, out of total purchased quantities of 87,500 units, GMC Hospital, Raigarh had lifted 75,570 unit and issued them to wards in bulk quantities[36]. However, scrutiny of records at ward level revealed that only 4,766 unit were utilised and remaining 70,804 units of drugs valuing ₹ 3.57 crore expired in wards of HIs of Raigarh district. This has ultimately resulted in expiry of drugs valuing total ₹ 3.79 crore[37].

(iv) Factor IX injection

The DME made indent for 3,800 units of Factor IX Complex (Coagulation factors II, VII, IX, X) Injection Dried (Factor IX injection, drug code D215[38]) for the year 2020-21 which included 3,600 units for GMC Hospital, Raigarh. CGMSCL finalised (6 December 2019) the RC with M/s Baxalta Bio Science India Private Limited, Gurgaon (M/s Baxalta) and procured 2,190 units valuing ₹ 1.97 crore at the rate of ₹ 9,009 per unit.

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[36] 20,000 unit in December 2021; 5000 unit in January 2022 and 24134 units in February 2022

[37] 4,396 unit expired at CGMSCL's warehouse and 70,804 unit expired at GMCH, Raigarh (total quantity 75,200 x ₹ 504 per unit = ₹ 3.79 crore)

[38] It is used for treatment of hemophilia A

Audit observed that the quantity of Factor IX injection requisitioned by DME in the indents of previous years from 2016-19 ranged between 110 and 300 units per annum. The GMC Hospital, Raigarh had lifted 1,644 units costing ₹ 1.48 crore during September 2020 to October 2021 just before expiry of drugs (approaching expiry within 31 days to 251 days) and the same were issued to wards in bulk quantities. As per the information provided by the GMC Hospital, Raigarh, out of total 1,644 units, only 90 units were used and balance 1,554 units valuing ₹ 1.40 crore had expired at ward.

Further, out of balance quantity of 546 injections, 496 were issued under push mechanism without any demand from HIs of DHS/ DME and 50 injections expired in the warehouse of the CGMSCL. Thus, total 1,604 units of Factor IX injection (73 *per cent* of procured quantity) valuing ₹ 1.45 crore had expired (May 2021 and November 2021) resulting in loss to the Government exchequer.

(v) Nenotaxel 300 mg injection

CGMSCL finalised (26 May 2020) the rate contract with M/s Fresenius Kabi Oncology Limited at the rate of ₹ 11,760 per unit on the basis of indent of 2000 units for Nenotaxel 300 mg Injection (Drug Code D699) received from the DME for the year 2020-21 and purchased (December 2020) 2,000 units valuing ₹ 2.35 crore under tender no. 56M (R). Out of this, 325 units stock valuing ₹ 38.22 lakh had expired in September 2022. The details of purchase, issues to HIs and balance are given in the ***Table - 4.20***:

Table - 4.20: Details of purchase, issued to HIs and balance Drugs

Year	Opening balance	Total receipt against PO	Date of receipt	Value of drug (₹)	QC receipt/ inter ware-house receipt	Issued to His	QC issue/ inter ware-house issue	Balance quantity	Excess purchase for the year	Value of excess purchase (₹)
2020-21	0	2000	1/12/20 - 11/12/20	2,35,20,000	0	580	45	1,375	1,420	1,66,99,200
2021-22	1,375	0	--	--	12	902	0	485	--	--
2022-23	485	0	--	--	0	0	10	475	--	--

(Source: Compiled from information furnished by CGMSCL)

Injudicious decision of placing PO for the entire quantity instead of staggered purchase in a phased manner led to non-utilisation of drugs within the shelf life. Moreover, no minimum level/ buffer stock for various essential drugs has been fixed by the CGMSCL which led to stock out of some of essential drugs on one side and expiry of other drugs on the other side. This indicated lack of effective system of placing procurement order and deficient inventory management system as explained in succeeding paragraphs.

It is also evident from the above cases that Department did not adopt any effective system for assessment of requirement on the basis of past consumption and available stock at the time of finalisation of AI which ultimately resulted in expiry of drugs.

4.4.2.2 Expiry of drugs valuing ₹3.27 crore due to acceptance of drugs with less than 80 per cent shelf life

As per the terms and conditions of the tender, the drugs supplied must have a shelf life of 80 *per cent* or more at the time of delivery. Essential medicines having shelf life of 60 to 80 *per cent* will be accepted only after the approval of MD, CGMSCL, if the supplier/agency/manufacturer submits notarised undertaking that it will replace the expired medicine free of cost with fresh batches.

Audit observed that in 1,156 instances, CGMSCL, in violation of tender conditions, had received various drugs with shelf life less than 80 *per cent* at the time of delivery. Of these, in 57 instances, the drugs had shelf life less than 60 *per cent.* No reasons were found on the records for accepting such drugs. As a result, various drugs valuing ₹ 3.27 crore supplied by 36 suppliers had expired in the warehouses, as detailed in ***Appendix - 4.11***. Out of this, CGMSCL got expired drugs valuing ₹ 3.49 lakh only replaced from two suppliers. After being pointed out by the Audit, CGMSCL directed (05 April 2022) eight suppliers to replace the nine drugs valuing ₹ 1.71 crore which had expired during the period between June 2019 and March 2022. However, these eight suppliers did not replace the drugs (December 2022) but no further action was taken by CGMSCL to either get the remaining expired drugs valuing ₹ 1.52 crore replaced or recover this amount from the suppliers resulting in undue benefit to supplier.

The Government assured (December 2022) that recovery will be made from the supplier's bill.

4.4.3 Expiry of reagent kits worth ₹ 2.32 crore at HIs

In 10 test checked HIs, Audit observed that reagent kits valuing ₹ 2.32 crore supplied by CGMSCL had expired during the period 2020-22 as they could not be utilized due to non-availability of technical manpower and equipment, as detailed in the following ***Table - 4.21***:

Table - 4.21: Details of expiry of reagent kit

S. N.	Particulars of Reagent	Total nos. of reagent	Total value of reagent (₹ in crore)	Name of HIs
1	TISAB II reagent kit for Fluoride Ion Meter	200	**1.33**	CMHO, Surajpur
2	HBA1C reagent kit for HBA1CAnalyzer	84	**0.33**	CMHO: Bilaspur (36 nos.), Korea (38 nos.) DH, Kondagaon (11 nos.)
3	CBC reagent kit for Blood Cell Counter	151	**0.39**	CHC: Kota (13 nos.), Ratanpur (7 nos.), Kharora (20 nos.), Tilda (8 nos.) Arang (93 nos.) and Bhaiyathan (10 nos.)
4	Fluoride Calibration Standard kit	100	**0.27**	CMHO, Surajpur
Total			**2.32**	

(Source: Compiled from information furnished by CGMSCL)

The huge number of expired kits in the above HIs reveals that the Department is not having any mechanism for assessing the requirement of reagent kits by considering available equipment and manpower in the respective HIs.

4.4.4 Deficiencies in push mechanism

To overcome the problem of non-lifting of drugs by the HIs, CGMSCL started (August 2015) push mechanism under which the near expiry drugs were issued to the facilities without any requisition so that the loss could be minimised in this account. This practice got validated by the Department of Health, GoCG when it directed (September 2019) to introduce the 'Push Mechanism' for supply of these drugs to the HIs which were not lifted by HIs on time. Accordingly, CGMSCL formally introduced (October 2019) the 'Push Mechanism'.

Audit observed that CGMSCL was issuing the drugs to the HIs under the push mechanism at the near expiry time of these drugs (viz. approaching the expiry within 2 to 3 months) in bulk, without assessing the consumption pattern of drugs at HIs. Audit noticed 3,528 instances (during 9 November 2016 to 20 January 2021) when 179 drugs valuing ₹ 4.87 crore were issued to HIs just two months before expiry. In some cases, Audit observed that after receipt of such drugs in bulk, the drugs store of the HIs immediately issued the same to the OPDs and IPDs for onwards distribution to patients. As a result, the concerned drug was out from the stock of CGMSCL's warehouses as well as from HIs stores consequently escaping the channel of recording the expiry in the DPDMIS.

Moreover, one of the disadvantages of push mechanism was that drugs accepted with less than prescribed shelf-life escaped replacement by the supplier. In absence of audit trail of drugs that were issued to the patient in the HIs, Audit could not ascertain whether the drugs issued under push mechanism were actually utilised or not. Some instances are as follows:

(i) CGMSCL issued (January 2019) 17.23 lakh bottles of Multivitamin Syrup with expiry date of February 2019 to the HIs which was more than the average monthly issue quantity of 2.26 lakh bottles. After receipt, the HIs also issued 16.03 lakh bottles to OPD/ IPD in January 2019 for onward distribution to patients. This indicates issue of drugs to HIs just before their expiry.

(ii) CGMSCL under push mechanism issued (28 February 2022) 500 SKU[39] of Ribociclib 200 mg Tab (drug code SP19541) to GMCH, Raipur just one month before its expiry on 31 March 2022.

(iii) 26 types of drugs valuing ₹ 6.16 lakh was supplied by the CGMSCL to four GMCHs[40] just before they approached their expiry dates (expiry dates approaching within one to three months) and the same was issued to wards without any demand, which subsequently expired at the wards level.

[39] Stock-keeping Unit
[40] CIMS Bilaspur, GMCH Jagdalpur, GMCH Rajnandgaon and GMCH Raipur

Case Study

CGMSCL received (8 October 2020) 1,143 SKU[41] of Ribociclib 200 mg Tab (drug code SP19541) having 74 *per cent* shelf-life and valuing ₹ 2.20 crore at its warehouse, with the approval of MD.

As per the online system for issue of drugs, the system blocks the issue of drugs which have expiry period less than one month. During the year 2020-21, CGMSCL issued 52 SKU[42] to the HIs. Similarly, during the year 2021-22, CGMSCL issued 753 SKU to the HIs under push mechanism, which included the issue of 500 SKU to GMCH, Raipur on 28 February 2022 i.e., just one day before being blocked for issue. As the expiry of this drug was within one month, the GMCH, Raipur returned 407 SKU to the warehouses on 22 April 2022. Thus, total 745 SKU of Ribociclib 200mg Tab (drug code SP19541) valuing ₹ 1.44 crore expired at CGMSCL's warehouse.

Further, as per the online system of CGMSCL, these drugs were not appearing in list of expired drugs despite the fact that 745 SKU of the expired drug were lying at warehouse in Raipur.

After being pointed out by the audit, CGMSCL got replaced (July 2022) the expired drugs with new batches and stated (November 2022) that supplier had replaced 743 SKU with new batches and cost recovery of 2 SKUs will be made from the supplier's bill.

4.4.5 Warehouse Management

For warehouse management, the Drugs and Cosmetic Rules, 1945 provides essential framework for storage of drugs and medicines viz., facility of good storage conditions (cleanliness, maintenance of ideal temperature, humidity), proper housekeeping and pest control, sufficient racks/bins, separate space for rejected or recalled drugs, safe and secured area for highly hazardous, poisonous and explosive materials, adequate fire protection system, regular check for spillage, breakage, leakage of containers, etc.

CGMSCL has 16 warehouses in the State to ensure easy availability of drugs to the HIs within the minimum possible time. Out of 16 warehouses, Audit selected five warehouses i.e., Raipur, Durg, Bilaspur, Jagdalpur and Ambikapur for detailed scrutiny. During inspection of five selected Drug Warehouses of CGMSCL, Audit observed the following:

4.4.5.1 Standard Operating Procedures (SoP)

CGMSCL had not prepared any SoP for operation and maintenance of its warehouses. As a result, there were many instances of violation of the Drugs and Cosmetic Rules and other Statutory requirements which are discussed in the subsequent paragraphs.

4.4.5.2 Improper lighting arrangement

Audit observed that in three warehouses viz., Raipur, Bilaspur and Jagdalpur, more than 50 *per cent* of lights were not working. Streetlights installed inside

[41] One Stock Keeping Unit (SKU) = 1 x 21 tablet
[42] Including issue to QC wing

the campuses of Bilaspur, Durg and Jagdalpur warehouses were also not found in working condition.

The Warehouse Incharges stated (March 2022) that the proposal for replacement of light was pending with CGMSCL's Head Office since August 2020.

4.4.5.3 Temperature Management in Warehouse

Audit observed that drugs were not grouped in families on the basis of the temperature viz., drugs requiring sub-zero degree Celsius temperature were to be stored in deep freezers and some specific drugs require cold room with temperature ranging between 2 and 5 degree Celsius.

The details of the cold storage facilities available in five test checked warehouses are as given in the ***Table - 4.22***:

Table - 4.22: Details of temperature facilities in the warehouses

Name of the Warehouse	For 2-8 degree Celsius temperature			For subzero degree Celsius temperature
	Cold Room	Linear Refrigerator	Ice Linked Refrigerator	Deep Freezer
Ambikapur	1	1	1	Not Available
Durg	1	1	1	Not Available
Bilaspur	1	1	3	Not Available
Jagdalpur	1	1	0	Not Available
Raipur	1	0	2	Not Available

(Source: Information furnished by CGMSCL)

In all five test checked warehouses, there was no arrangement for storage of the drugs requiring minus degree Celsius and therefore, such drugs were not stored in the warehouse. For instance, the COVID-19 vaccine which required to be stored in -20 degree Celsius were kept in the medical college attached hospitals.

Further, the cooling system installed in warehouse at Durg was not functional since installation (2017) and at Jagdalpur since February 2022 due to burning of power supply cable while at Raipur the cooling system was not installed in one out of two storerooms, as shown in the following ***Photographs : 6 to 9***:

6. Date: 12 April 2022 (Store 1)

7. Date: 12 April 2022 (Store 2)

	
8. Date: 12 April 2022 (Store 2)	**9. Date: 12 April 2022 (Store 2)**
No cooling arrangement at Store 1 and Store 2 of the Raipur warehouse	

CGMSCL, in its 32nd Board Meeting decided (5 October 2019) for installation of cooling system in its four drug warehouses at Raipur, Durg, Bilaspur and Ambikapur at a tentative cost of ₹ three crore. However, after lapse of more than 30 months, no progress in this regard was achieved by CGMSCL.

It indicates the casual approach of the management as the air-cooling system is not working in all the test checked warehouses. On date of inspection (March/April 2022) the maximum temperature recorded in all the test checked warehouses ranged between 31 and 39 degrees Celsius.

4.4.5.4 Poisonous medicines and hazardous chemicals

As per the Drug and Cosmetics Rules, 1945, the highly hazardous, poisonous and explosive materials such as narcotics, psychotropic drugs and substances presenting potential risks of abuse, fire or explosion shall be stored in safe and secure areas. Audit observed that there was no separate space for storage of poisonous and hazardous chemicals such as phenyl, bleaching powder, Anti-snake venom etc., in three[43] warehouses. Further, even though there was separate space for storage of poisonous and hazardous chemicals in the Jagdalpur Warehouse, Polyvalent Anti-snake Venom and pesticide were kept in the warehouse along with general medicine.

4.4.5.5 Management of expired Drugs and NSQ drugs

Audit observed that there was a separate space/ room for storage of expired and NSQ drugs in all the warehouses except Durg Warehouse. However, due to space constraints and large quantity of expired drugs, the same were stored along with the usable drugs in the warehouses.

4.4.5.6 Other miscellaneous issues

Audit observed that facilities for storage of drugs was not adequate/ proper due to which drugs/ medicines were stored on the floors without racks. Generator system under power back-up facilities was not available in four out of five warehouses. No pest control arrangements were made in three warehouses. Though the fire extinguishers were available, they were found

[43] Durg, Bilaspur and Raipur

expired since 2021 in three out of five warehouses. Further, automatic fire detection and alarm system were not installed in all the test checked warehouses. The physical verification and inspection of warehouses, as prescribed in the norms, was also not conducted. Barcode scanning of drugs/medicine packets was not being done due to non-availability of barcode scanners.

The Government stated (December 2022) that it had requested (September 2022) the Food and Drug Administration Department for inspection of all warehouses and had also requested to provide the report within seven days for taking corrective action.

Reply substantiates the fact that CGMSCL had not developed any effective warehouse management.

4.5 Distribution of drugs by HIs

4.5.1 Availability of essential drugs at healthcare institutions

As per IPHS 2012 norms, 493 drugs, lab reagents, consumables and disposables under 20 different categories should be available in a DH and 176 drugs under three different categories in CHC.

Audit observed that Department had identified (November 2021) 272 drugs, lab reagents, consumables and disposables under 30 different categories for DH and 149 drugs under 21 categories for CHC from Chhattisgarh Essential Drug List 2021, which should be available in DH and CHC respectively.

Availability of drugs, lab reagents, consumables and disposables under 30 categories in the test checked DHs is detailed in ***Table - 4.23*** as under:

Table - 4.23: Availability of Drugs, Lab Reagents, Consumables and Disposables in test-checked DHs

Sr. No.	Categories	Number of drugs required as per EDL 2021	Availability in test-checked DHs						
			DH, Surajpur	DH, Baikunthpur	DH, Sukma	DH Bilaspur	DH Raipur	DH Kondagaon	DH Balod
1	Anaesthetics	6	**0**	5	4	3	2	2	6
2	Analgesics, Antipyretics, Nonsteroidal Anti-Inflammatory Medicines	14	6	12	10	8	10	8	14
3	Antiallergics And Medicines Used In Anaphylaxis	9	**2**	9	7	5	5	7	8
4	Antidotes And Other Substances Used in Poisoning	6	**1**	3	**1**	2	**1**	3	5
5	Anticonvulsants/Antiepileptics	10	3	8	7	6	3	4	10
6	Anti Infective, Anti Bacterial, Anti Fungal & Anti Biotics Drugs	23	13	22	19	14	11	12	22
7	Anti Viral And Nucleoside Reverse Transcriptase Inhibitors-TART (To Be Provided By NACO)	13	**0**	**1**	**0**	**3**	**0**	**1**	7
8	Anti Malarial & Anti Filarials	13	10	13	13	13	**1**	11	13
9	Antimigraine Medicines	3	1	**0**	**0**	**0**	1	1	3
10	Antineoplastic,Immunosuppressives,	21	**4**	**3**	18	**2**	**1**	**1**	18

Sr. No.	Categories	Number of drugs required as per EDL 2021	Availability in test-checked DHs						
			DH, Surajpur	DH, Baikunthpur	DH, Sukma	DH Bilaspur	DH Raipur	DH Kondagaon	DH Balod
	Medicines For Palliative Care								
11	Antiparkinsons Medicines	1	0	0	0	0	0	0	1
12	Medicines Affecting the Blood	8	7	8	8	8	6	7	8
13	Blood Products and Plasma Substitutes	3	1	0	1	1	1	1	2
14	Cardiovascular Medicines	17	9	10	11	10	12	11	17
15	Dermatological Medicines (Topical)	11	9	9	6	8	4	8	10
16	Disinfectants And Antiseptics-Consumables	6	6	5	5	6	5	3	6
17	Diuretics	5	5	4	4	2	2	0	4
18	Gastrointestinal Medicines	19	16	17	18	16	14	15	19
19	Insulins & Other Antidiabetic Agents	9	8	5	2	7	5	4	7
20	Immunologicals	3	3	3	3	3	3	3	3
21	Muscle Relaxants	2	1	0	0	0	2	0	2
22	Ophthalmological Preparations	10	2	2	3	3	7	8	8
23	Oxytocic And Antioxytocics	8	5	5	4	2	4	5	8
24	Psychotherapeutic Medicines	12	12	6	2	3	1	1	10
25	Medicines Acting on The Respiratory Tract (Bronchodilator)	9	6	6	5	4	7	6	8
26	Solutions Correcting Water, Electrolyte And Acid-Base Disturbances	10	7	6	9	10	7	6	10
27	Vitamins And Minerals	12	9	11	9	11	9	7	11
28	Ear, Nose and Throat Preparations	2	1	0	1	0	1	0	2
29	Specific Medicines for Neonatal Care	4	0	0	1	1	2	0	4
30	Medicines for Disease of Joints	3	1	2	0	0	1	0	3
Total		**272**	**148**	**175**	**171**	**151**	**128**	**135**	**246**

(Source: Information furnished by District Hospitals)

Color Code:

(in per cent)

Availability range			
75 to 100	50 to 75	25-50	**0 – 25**

As could be seen from the above table that none of the DHs maintained the required 272 drugs and availability of drugs ranged from 128 drugs (DH, Raipur) to 246 drugs (DH, Balod). Further, 103 essential drugs under 10 categories at were stock out in the test checked DHs.

Similarly, availability of drugs, lab reagents, consumables and disposables under 21 categories in the test checked CHCs are detailed in ***Table - 4.24***:

Table - 4.24: Availability of Drugs, Lab Reagents, Consumables and Disposables in test-checked CHCs

Sl No	Category	Number of drugs required as per EDL 2021	Availability in test-checked CHCs													
			Arang	Tilda	Dondi	D. Lohara	Makdi	Vishrampuri	Konta	Chhindgarh	Janakpur	Chirmiri	Bhaiyathan	Bishrampur	Kota	Takhatpur
1	Anesthetics	2	2	2	2	2	1	1	1	**0**	1	1	2	2	**0**	1
2	Analgesics, antipyretics, nonsteroidal anti-inflammatory medicines	9	8	8	9	9	7	6	6	7	5	5	8	7	6	8
3	Antiallergics and medicines used in anaphylaxis	6	6	6	6	6	6	6	6	5	6	4	3	6	5	6
4	Antidotes and other substances used in poisoning	3	1	2	3	3	1	3	2	1	2	1	2	3	1	1
5	Anticonvulsants/antie pileptic	8	4	7	8	8	5	5	3	**2**	**1**	**1**	**2**	3	3	5
6	Anti-infective, anti-bacterial, anti-fungal & anti biotics drugs	15	12	12	13	15	14	14	10	9	11	5	6	12	8	10
7	Anti-malarial & anti filarials	12	9	10	12	12	7	12	12	11	12	5	10	4	7	9
8	Medicines affecting the blood	8	6	7	8	8	6	7	6	4	5	5	5	7	6	7
9	Cardiovascular medicines	15	11	11	14	15	11	12	9	5	5	**2**	7	9	6	7
10	Dermatological Medicines (Topical)	8	5	7	8	8	5	6	8	4	5	**2**	3	6	6	8
11	Disinfectants and antiseptics-consumables	5	4	3	5	5	2	4	5	3	3	3	5	5	4	4
12	Gastrointestinal medicines	17	14	17	17	17	14	16	15	13	13	8	13	17	15	16
13	Insulins & other antidiabetic agents	4	3	2	4	4	2	4	3	3	2	**1**	**1**	3	2	3
14	Immunologicals	3	3	3	3	3	3	3	2	3	3	3	3	3	2	2
15	Ophthalmological preparations	3	1	2	3	3	1	1	1	1	1	**0**	**0**	2	1	1
16	Oxytocic and antioxytocics	4	**1**	3	4	4	3	3	3	3	**1**	**1**	**1**	3	2	4
17	Psychotherapeutic medicines	4	**1**	2	4	4	2	**1**	2	**0**	**0**	**0**	4	**1**	**0**	2
18	Medicines acting on the respiratory tract (bronchodil- ator)	7	3	5	7	7	**1**	4	4	3	4	**0**	2	5	**1**	3
19	Solutions correcting water, electrolyte and acid-base disturbances	5	4	5	5	5	5	4	5	5	5	4	4	4	4	5
20	Vitamins and Minerals	10	7	8	10	10	6	9	8	5	6	5	6	8	9	9
21	Ear, Nose and Throat preparation	1	1	1	1	1	**0**	1	**0**	**0**	**0**	**0**	**0**	**0**	1	1
		149	**106**	**123**	**146**	**149**	**102**	**122**	**111**	**87**	**91**	**56**	**87**	**110**	**89**	**112**

(Source: Information furnished by test checked CHCs)

Color Code:

(in per cent)

Availability range			
75 to 100	50 to 75	25-50	**0 – 25**

As could be seen from the above table that none of the CHCs maintained the required 149 drugs except CHC Dondilohara and availability of drugs in other CHCs ranged from 56 drugs (CHC, Chirmiri) to 146 drugs (CHC, Dondi) against the required 149. Further, 39 essential drugs under five categories were stocked out in test checked CHCs.

4.6 Prescription audit

Prescription Audit is a facility level review exercise conducted periodically for reviewing the facility's prescriptions.

As per directions (7 June 2013) of the GoCG, the Prescription Audit was to be done by the Drugs and Therapeutics Committee (DTC) to be established in all Government DHs, College associated hospitals. The DTC was also to review the results of the Prescription Audit and recommend the same to the State Government.

Audit observed that DTC existed only in DKSPGI, however it has not conducted the prescription audit since inception (October 2018). Similarly, no DTC was constituted in other GMC hospitals and DHs of Balod, Bilaspur, Korea and Kondagaon. In remaining three DHs of Raipur, Sukma and Surajpur, though DTC was formed, but Prescription Audit was conducted only in DH, Sukma (December 2021) and DH, Raipur (September and October 2019), and no Prescription Audit was conducted in DH, Surajpur.

Thus, Prescription Audit has not been conducted in any GMC hospitals, DH, Surajpur and DKSPGI so far. In absence of Prescription Audit, it could not be ensured whether the doctors are writing the prescription as per the norms.

Test check of four GMC hospitals and seven test checked DHs revealed lack of details of ailment, proper dosages of medicines and duration of dosages in the prescription of patients as detailed in ***Table - 4.25***:

Table - 4.25: Deficiencies noticed in prescription slips

Name of the GMC hospital	Prescription test checked	Handwriting in legible in capital letters (in *per cent*)	Medicines prescribed by generic names (in *per cent*)	Medicine Schedule/ doses clearly written (in *per cent*)	Medicines advised are available in the dispensary
GMCH					
DKSPGI	30	3	26	70	26
Ambikapur	51	2	86	100	67
Bilaspur	32	13	77	72	58
Jagdalpur	47	23	58	87	38
Rajnandgaon	56	9	95	100	31
Raipur	152	0	92	98	66
District Hospitals					
Balod	127	0	90	88	83
Bilaspur	29	0	88	55	94
Kondagaon	25	0	76	68	92
Baikunthpur	22	0	86	23	95
Raipur	52	0	94	100	91
Sukma	34	0	86	100	91
Surajpur	51	0	99	88	98

4.7 Maintenance of medical equipment

4.7.1 Discrepancies in the annual maintenance contract of equipment

CGMSCL invited (28 December 2017) tender for hiring a service provider for maintenance of biomedical equipment installed at various healthcare facilities in the State. After evaluation of bids, the tender was finalised (May 2018) with M/s Mediciti Health Care Services Private Limited Hyderabad (M/s Medicity) at the rate of 6.80 *per cent* of estimated value of inventory of ₹ 98 crore, which comes to ₹ 7.86 crore per year (including taxes). As per terms and conditions of tender, the scope of work included maintenance of equipment, setting up customer care centre to register the fault, recruitment of trained manpower and providing equipment management information system. Accordingly, M/s Medicity had prepared equipment profile and status by tagging all the equipment available in various health facilities.

On scrutiny of the records Audit observed the following:

- M/s Medicity identified 44,345 equipment, as detailed in ***Table - 4.26***:

Table - 4.26: Statement showing equipment quantity vis-à-vis value

Particular of equipment valuing	Number of equipment in facilities	Amount of equipment (₹ in crore) *(per cent)*
Below ₹1 Lakh (minor)	41,037	62.05 (32.74)
Above ₹1 Lakh	3,308	127.46 (67.25)
Total	**44,345**	**189.51 (100)**

(Source: Compiled from information furnished by CGMSCL)

Audit observed that list of equipment mentioned in ***Table - 4.26*** were not verified by the Department.

- Audit had shortlisted the equipment costing above ₹ one lakh from the database of M/s Medicity and conducted joint physical verification of these equipment in test checked HIs. Audit observed that in three DHs, 61 equipment[44] valuing ₹ 3.09 crore were kept idle and 53 equipment[45] valuing ₹ 1.60 crore were not found in the premise of DHs.

CGMSCL stated (November 2022) that it was the responsibility of the head of the HIs to ensure keep the equipment in working condition.

4.8 Procurement under COVID-19

The GoCG has constituted (28 March 2020) a State Level Committee[46] (COVID Committee) for COVID-19 related procurement. The objective of the committee was to finalise the immediate and emergency procurement of drugs, consumables and equipment required for the safety, treatment and

[44] 28 equipment worth ₹ 172.14 lakh in DH Bilaspur, 15 equipment worth ₹ 57.89 lakh in DH Baikunthpur (Korea) and 18 equipment worth ₹ 78.5 lakh in DH Kondagaon

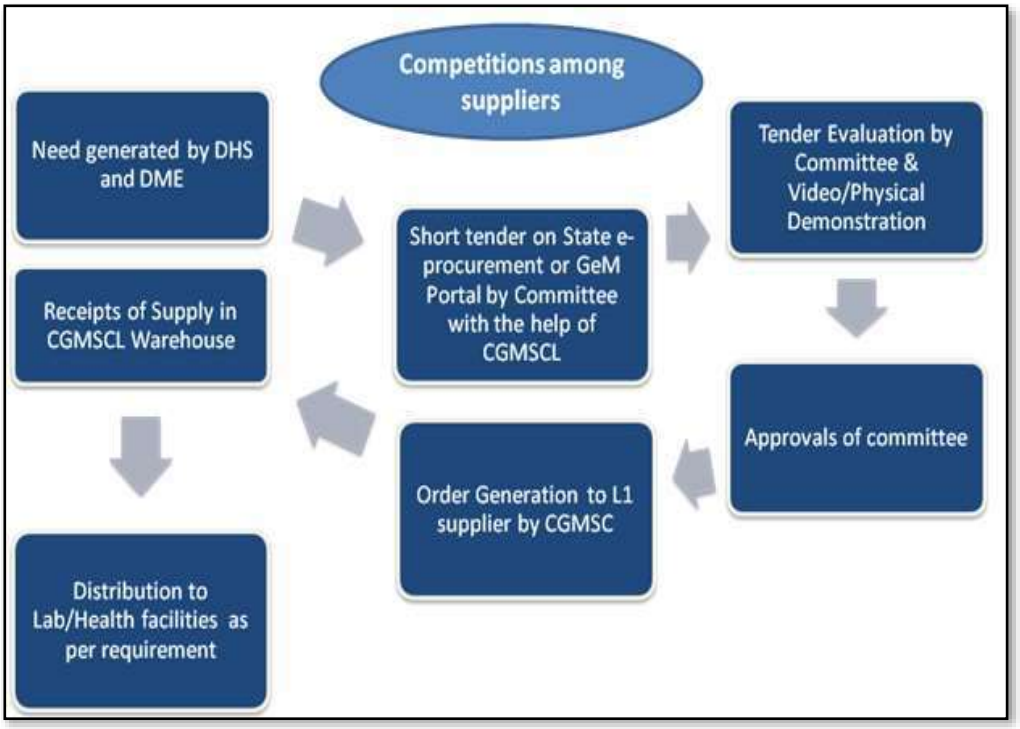
[45] 30 equipment worth ₹ 80.77 lakh in DH Bilaspur, 07 equipment worth ₹ 28.70 lakh in DH Baikunthpur (Korea) and 16 equipment worth ₹ 50.29 lakh in DH Kondagaon

[46] Committee comprises 10 members - senior officials of State Government departments and experts

prevention from COVID-19 pandemic under Rule 10 of the Chhattisgarh State Stores Purchase Rule, 2002.

In the first COVID Committee meeting, mandate of the COVID Committee was decided by its members that procurement of drugs, consumables and equipment relating to COVID-19 will be done by the CGMSCL for limited tender period of three days. The procurement would be done on the basis of the recommendation of the committee after assessing the requirement of Health Department and its approval by the Cabinet. In the first meeting (29 March 2020) of the COVID Committee, it was also decided that the requirements/ indent of supplies for COVID-19 shall be placed by the Health Department before the COVID Committee for recommendation after assessment of demand. The Committee had finalised procurement mostly through GeM, short-term online tenders and existing RCs of CGMSCL. The procurement model of the Committee is explained in ***Chart – 4.2:***

Chart – 4.2: Procurement model of the state level committee



(Source: Compiled from the records furnished by COVID Committee)

During March 2020 to November 2021, CGMSCL had issued 340 POs for 131 items of equipment worth ₹ 142.73 crore and 385 POs for 84 items of drugs, medicines and consumables worth ₹ 860.03 crore related to COVID-19 to the suppliers.

The irregularities noticed during scrutiny of records of purchase of supplies related to COVID-19 are discussed in succeeding paragraphs.

4.8.1 Finalisation of tender with the ineligible bidders resulted in irregular purchases valuing ₹ 22.98 crore and consequent undue financial benefit to the suppliers.

(i) Irregular procurement of RT-PCR kits of ₹ 13.85 crore from ineligible bidders

CGMSCL received (May 2020) indent from DME for procurement of RT-PCR Test Kits. Accordingly, CGMSCL invited (16 June 2020) tender for 3.50 lakh RT-PCR Kits. As per eligibility criteria, the bidder should be a manufacturer or 100 *per cent* subsidiary of the manufacturer. The authorised distributor for imported products was also eligible to participate in the bidding. Further, the quantity could be split and may be distributed among maximum three successful bidders at a 60:40 (for top two bidders) or 50:30:20 (for top three bidders) ratio in case of exigencies.

After evaluation of bid, the COVID Committee finalised (15 July 2020) the rate of ₹ 571.20 per kit. Accordingly, CGMSCL purchased (July 2020 to October 2020) 2,425 units[47] at the cost of ₹ 13.85 crore from M/s PD Enterprises and 2,941 units[48] at the cost of ₹ 16.12 crore from M/s SD Biosensor Healthcare Private Limited.

Audit observed that M/s PD Enterprises participated in the tender on behalf of M/s Huwel Lifesciences Private Limited, which had manufacturing factory in Hyderabad, Telangana. M/s PD Enterprises declared itself authorised distributor in affidavit submitted to CGMSCL along with the bid document. However, as per the terms of the tender, authorised distributors were eligible to participate in the tender for imported items only. Ignoring this aspect, M/s PD Enterprises was declared technically qualified. This had resulted in irregular finalisation of tender with ineligible bidder i.e., M/s PD Enterprises and consequent extension of undue financial benefit of ₹ 13.85 crore by procurement of RT-PCR kits.

(ii) Irregular finalisation of tender with the ineligible bidder and irregular purchase valuing ₹ 9.13 crore from M/s Unity Healthcare

The COVID Committee received (September 2020) indent from DHS for procurement of PPE coverall (breathable fabric) for COVID-19. Accordingly, CGMSCL invited (15 September 2020) a short-term tender for the procurement of six lakh PPE coverall.

As per the eligibility criteria of the tender, the bidder should have experience of selling 60,000 similar items to any State Government/GoI Institution. Further, as per the tender, if L2 and L3 bidders agree to supply the materials at L1 rates, the scheduled requirements can be split among L1, L2 and L3 bidders in ratio of 50:30:20.

In response to the tender, 14 bidders participated in the tender and after evaluation of bids, COVID Committee finalised (25 September 2020) the lowest price of ₹ 304.45 per unit quoted by M/s P.D. Enterprises and accordingly, CGMSCL counter offered to other bidders. In response, M/s BMA Prints Private Limited and M/s Unity Health Care accepted (September 2020 and October 2020) the counteroffer. The CGMSCL procured three lakh PPE kits each worth

[47] One unit contains 100 kit
[48] One unit contains 96 kit

₹ 18.26 crore from M/s Unity Healthcare and M/s BMA Prints Private Limited, as detailed in ***Table - 4.27***:

Table - 4.27: Details of purchase order issued to the suppliers in respect of PPE Coverall (Breathable fabric) under tender No. 67832

Sl	Purchase Order no.	Date	Quantity (Nos.)	Last MRC[49] Date	Rate (₹ per kit)	PO value (₹)
	BMA PRINTS PRIVATE LIMITED					
1	Drug Cell/20-21/3BMA01122	25-September-2020	50,000	10-Nov-20	304.45	1,52,22,500
2	Drug Cell/20-21/3BMA01143	10-October-2020	1,00,000	29-Nov-20	304.45	3,04,45,000
3	Drug Cell/20-21/3BMA01299	28-November-2020	1,50,000	12-Jan-21	304.45	4,56,67,500
Total (A)			**3,00,000**			**9,13,35,000**
	Unity Healthcare					
1	Drug Cell/20-21/3UNITY01123	29-September-2020	50,000	15-Nov-20	304.45	1,52,22,500
2	Drug Cell/20-21/3UNITY01144	10-October-2020	1,00,000	08-Dec-20	304.45	3,04,45,000
3	Drug Cell/20-21/3UNITY01301	28-November-2020	1,50,000	15-Feb-21	304.45	4,56,67,500
Total (B)			**3,00,000**			**9,13,35,000**
Grand Total (A+B)			**6,00,000**			**18,26,70,000**

(Source: Compiled from information furnished by CGMSCL)

Audit observed M/s Unity Health Care did not fulfill the eligibility criteria as it had furnished copy of POs of only 46,872 kits as against the required 60,000 kits to Government institutions. The COVID Committee however allowed purchase of three lakh PPE kit valuing ₹ 9.13 crore from this firm. This has resulted in irregular finalisation of tender with ineligible bidder and irregular purchase of PPE kits worth ₹ 9.13 crore.

It was further observed that the CGMSCL had not placed any PO to L-1 bidder i.e., M/s P.D. Enterprises for which no justification/ reasons were found recorded.

4.8.2 Avoidable extra expenditure due to finalisation of tenders at higher rates – ₹ 22.54 crore

(i) Avoidable extra expenditure of ₹ 9.33 crore due to purchase of Truenat Combo Kit from the distributor

For testing of COVID-19, Truenat COVID-19 Combo Kit-E gene and Orfla gene (Truenat Combo Kit) were required. The DHS furnished (7 December 2020) indent for five lakh Truenat Combo Kit to CGMSCL required for next three months. In this connection, M/s Molbio which was an OEM, offered (10 December 2020) the rate of ₹ 1,120 per kit for Truenat Combo Kit along with the free kits if PO is placed directly to it (not through any distributor/GeM) till 31 December 2020. The schedule of placement of PO for getting free kits is detailed in ***Table - 4.28***:

[49] Material Receipt Certificate

Table - 4.28: Statement showing schedule with condition of placement of PO

Sl. No.	Number of kit of purchase order	Percentage of free kit	Number of kits including free kits
I.	1,00,000	10%	1,10,000
II.	1,00,000 – 3,00,000	15%	1,15,000 – 3,45,000
III.	3,00,000 – 5,00,000	20%	3,60,000 – 6,00,000

(Source: Compiled from records furnished by COVID Committee)

As detailed in ***Table - 4.29,*** the effective rate of Truenat Combo kit was ₹ 933.33 per kit for PO quantity of three lakhs and more subject to PO being placed directly to M/s Molbio before 31 December 2020. As per the offer, CGMSCL was required to place PO for indented quantity of five lakh kits in the manner as detailed in ***Table - 4.29***:

Table – 4.29: Details of purchase order to be placed by CGMSCL

Indented quantity (DHS)	Orders to be placed for the quantity	Purchase order value at the rate of ₹ 1120 per kit (₹)	20 *per cent* free quantity as per the offer of M/s Molbio	Total quantity receivable against the PO	Effective rate per kit (₹)
1	**2**	**3**	**4 (2 x 20%)**	**5**	**6 (3/5)**
5,00,000	4,16,667	46,66,67,040	83,333	5,00,000	933.33

(Source: Compiled from records furnished by CGMSCL)

However, the COVID Committee did not consider the offer of M/s Molbio without recording any reasons/ justification and instead, the CGMSCL invited (11 December 2020) tender (no. 917404) through GeM. The COVID Committee finalised (18 December 2020) the rate of ₹ 1,120 per kit with M/s Virtuoso Medico Infratech Private Limited, which had participated in the tender as distributor of M/s Molbio and purchased (24 December 2020 and 8 April 2021) five lakh Truenat Combo Kit worth ₹ 56.00 crore.

Thus, decision of the COVID Committee for the purchase the Truenat Combo Kit through GeM from distributor of M/s Molbio by ignoring the best offer of direct purchase from M/s Molbio was not in the best financial interest of GoCG. Had the Truenat Combo Kit been purchased directly from M/s Molbio, the free kits could have been received in terms of concessional offer. Accordingly, the effective rate would be ₹ 933.33 per kit.

This has resulted in avoidable extra expenditure of ₹ 9.33 crore[50] on purchase of five lakh Truenat Combo Kit from the distributor and consequent extension of undue financial benefit to it.

(ii) Procurement of RAT kits at higher rates due to stringent tender conditions resulted in avoidable extra expenditure of ₹13.21 crore

The COVID Committee received (8 April 2021) indent from DHS for the procurement of 18 lakh Rapid Antigen detection Test (RAT) kits for requirement of next three months. Accordingly, based on the recommendation of the COVID Committee, CGMSCL invited (12 April 2021) a short-term

[50] ₹ 56.00 crore – ₹ 46.67 crore

tender for procurement of 22 lakh RAT kits[51]. The CGMSCL also issued Tender Amendment Notice on 13 April 2021 and changed the clause of supply schedule as follows:

Existing condition	Revised condition
Supply of kits within 15 days from the date of purchase order	Minimum one lakh test kit per day from day one to day 10 and entire quantity is to be supplied within 15 days from the date of purchase order.

In response to the tender, six bids were received. After evaluation, the COVID Committee qualified (19 April 2021) three bids for all other technical points, however only one bidder i.e., M/s SD Biosensor Private Limited agreed to supply as per the supply schedule. Accordingly, the single price bid was opened on the same day by CGMSCL. The bidder quoted the rate of ₹ 89.60 (including GST) per test kit. The COVID Committee approved the proposal. Accordingly, CGMSCL procured 33 lakh RAT kits valuing ₹ 25.30 crore from M/s SD Biosensor, as detailed in ***Table - 4.30***:

Table - 4.30: Statement showing details of PO placed for RAT kit

PO date	Quantity	Rate per kit including GST (₹)	Amount (₹)	Remarks
19 April 2021	10,00,000	89.60	8,96,00,000	
13 May 2021	12,00,000	78.40	9,40,80,000	The supplier suo motto reduced the price of kits.
5 July 2021	11,00,000	63.00	6,93,00,000	
Total	**33,00,000**		**25,29,80,000**	

(Source: Compiled from records furnished by CGMSCL)

Audit observed that the amendment of supply schedule by CGMSCL from supply of kits within 15 days from the date of PO to one lakh kit per day from day one to day 10 and the entire quantity within 15 days was too stringent and restrictive. As a result, out of six bids received, only one bidder accepted the supply schedule and qualified the tender. This consequently resulted in finalisation of tender for procurement of RAT kits at exorbitant higher rate of ₹ 89.60 per kit, which was 245 *per cent* higher in comparison to previous finalised (February 2021) RC with M/s Oscar Medicare Private Limited and M/s Trivitron Healthcare Private Limited which offered the rate of ₹ 36.62 per kit for 15.84 lakh quantity (27 February 2021 to 13 April 2021) valuing ₹ 5.80 crore and having supply schedule from 7th day to 15th day from date of PO, which were actually supplied till 24 May 2021. Here, it is pertinent to mention that the prices of RAT kits were in decreasing trend as was evident from the fact that in November 2020 the CGMSCL procured the kits at ₹ 304.60 per kit, in January 2021 the rate was ₹ 150.08 per kit and from February 2021 to March 2021 the rate of RAT kit was ₹ 36.62 per kit. Further, in subsequent tenders which were finalised on 17 August 2021, the COVID Committee obtained much lower rates which was ₹ 10.80 per kit only (583 *per cent* lower than the previous purchase price) and procured 24 lakh kits during August 2021 to October 2021. It is worthwhile to mention

[51] As per the tender terms and conditions 50 *per cent* more quantities could be purchased in case of exigency in addition to original requirement of 18 lakh kits.

that in the State, one lakh RAT based testing was never conducted in a single day during the period April 2021 to August 2021.

After the COVID Committee had finalised the tender for 22 lakh RAT kits, CGMSCL had split the requirements into two separate POs. The POs were then issued on 19 April 2021 (10 lakh units) and 13 May 2021 (12 lakh units). The CGMSCL thus, had extended undue benefit to M/s SD Biosensor because as per the terms and condition, entire quantity was to be supplied within 15 days from the date of issue of PO. By issuing two separate POs, CGMSCL had allowed M/s SD Biosensor extra time for supply of RAT kit.

Application of stringent tender conditions and ignoring the decreasing trend of the rates, the COVID Committee finalised the rate of RAT kits on higher side which had resulted in avoidable extra expenditure of ₹ 13.21 crore[52].

4.8.3 Procurement without the recommendation of COVID committee – ₹23.13 crore

As per mandate of the COVID Committee, it recommends for procurement of drugs, consumables and equipment relating to COVID-19 after assessment of requirement/indent furnished by the Health Department. It was also decided in the first meeting of COVID Committee that all the requirements/indent of COVID-19 should be placed before COVID Committee for assessment.

Audit observed that in six instances, recommendation of the COVID Committee was not obtained before inviting tender nor the bids received were placed before COVID Committee prior to placing the purchase order to three different suppliers, as detailed in the following ***Table - 4.31:***

Table - 4.31: Details of purchase by CGMSCL without approval of COVID Committee

Sl	Particulars of items	Indented quantity (no.) and Date of Indent	PO no. and date	Purchase quantity (no.)	Name of the supplier	Total Value (₹ in lakh)
1	Truenat Machine	30 (13 June 2020)	EQP/114/20-21, (16/06/2020)	30	M/s Molbio Diagnostic Private Limited	436.80
2	Trueprep auto transport	40,000 (6 July 2020)	EQP/157/2020-2021, (17/08/2020)	40,000		80.64
3	Pasture pipette	42,500 (06 July 2020)	EQP/158/20-21, (17/08/2020)	42,500		12.54
4	Rapid Antigen Detection Test Kits	Nil (no indent was received for purchase of additional quantity of five lakh)	Drug Cell/20-21/ 3MDSPL/01293 (19-11-20)	5 lakh (supplied only 2 lakh)	M/s Mylab Discovery Solutions Pvt. Ltd.	609.20
5			Drug Cell/20-21/ 3D2001483 (14-01-21)	3 lakh	M/s SD Biosensor Healthcare Private Limited	450.24
6	RT-PCR Kits	60,000 (29 March 2020)	Drug Cell/20-21/ 3SD2000073 (15-04-20); 3SD2000631 (24-05-20); 3SD2000063 (08-06-20)	67,200		724.04
Total						**2,313.46**

(Source: Compiled from records furnished by CGMSCL)

[52] ₹ 25,29,80,000 – (₹ 36.62 X 33 lakh kits)

This has resulted in irregular purchase of COVID related items valuing ₹ 23.13 crore without the recommendation of COVID Committee.

4.8.4 Finalisation of higher rate of RNA Extractor Machine resulted in avoidable extra cost of ₹24.41 lakh

As per the mandate of the COVID Committee, it should recommend for procurement of drugs, consumables and equipment relating to COVID-19 by assessing the reasonability of rate by comparing the rates of item with other States, GeM, Central Supplies Organisation etc., for ensuring economy of the rates.

Audit observed that based on indent (29 April 2020) and directions (8 May 2020) of the COVID Committee, CGMSCL invited (9 May 2020) online tenders for Automatic RNA Extractor.

The COVID Committee, after evaluation (6 June 2020) of bids, had recommended the L1 rate of ₹ 37.89 lakh per unit for Automatic Nucleic Acid Extraction System (48 tube model no. - Genetix Purfier 96) quoted by M/s Genetix Biotech Asia Private Limited, New Delhi by comparing the rate with purchases made by other States/GeM. Accordingly, CGMSCL issued (5 December 2020) the PO for four numbers of Automatic Nucleic Acid Extraction System.

Audit observed that while comparing the rate of other institutions the COVID Committee found that the same item and same model was available at GeM for ₹ 31.79 lakh. However, ignoring the available lower rate, the COVID Committee recommended to finalise the tender at ₹ 37.89 lakh which was ₹ 6.10 lakh higher (about 19 *per cent* higher) than the GeM rate. This has resulted in avoidable extra cost of ₹ 24.41 lakh.

4.8.5 Undue benefit to supplier by not levying penalty for default in supply of drugs

CGMSCL invited (12 April 2021) tender for procurement of Favipiravir 200 mg (indent quantity – 51 lakh tablet) and 400 mg tablet (indent quantity - 26 lakh tablet) based on indent of DHS. After assessment of reasonability of the rates, the COVID Committee recommended (27 April 2021) the price quoted by M/s Synokem Limited for both the variants. Accordingly, the CGMSCL placed (3 May 2021) two POs to M/s Synokem Limited for purchase of 51 lakh tablets of Favipiravir 200 mg and 26 lakh tablets of Favipiravir 400 mg at the rate of ₹ 9.40 and ₹ 18.424 per tablet respectively for a total of ₹ 9.58 crore[53], which was to be supplied within 15 days from the date of supply order i.e., on or before 18 May 2021.

Audit observed that M/s Synokem Limited did not supply any quantity of Favipiravir 200 mg tablet against PO quantity of 51 lakh tablet whereas in case of Favipiravir 400 mg tablet, only one lakh tablets against 26 lakh PO quantity was supplied (4 June 2021).

Despite default in supply of the most essential drugs for COVID-19, the CGMSCL did not levy penalty at the rate of 20 *per cent* of un-supplied quantity on M/s Synokem Limited as per the terms and conditions of tender

[53] ₹ 4.79 crore for Favipiravir 400 mg + ₹ 4.79 crore for Favipiravir 200 mg

and thereby had extended undue financial benefit of ₹ 1.88 crore[54] to the supplier. CGMSCL also not initiate any action to blacklist the supplier from participating in the future tenders.

4.8.6 Irregularities in procurement of equipment and consumables by DME

The DHS provided (March and June 2020) ₹ 6.00 crore to DME for management of COVID-19 under State Disaster Relief Fund (SDRF) for purchase of equipment, PPE kit etc. The DME formulated (23 March 2020) a committee of five members under the Chairmanship of the Director, Medical Education and purchased equipment and consumables valuing ₹ 3.71 crore. Audit observed the following shortcomings:

(i) Undue favour to firm by purchase on nomination basis in violation of manual of procurement, 2017

Rule 4.3.3 of the CGSPR stipulates that all purchase valuing more than ₹ one lakh is to be made through open tendering process except in case of procurement of proprietary item.

Audit observed that in contravention of Rule 4 of the Store Purchase Rules, Director, DME, Raipur (Shri S.L. Adile) had purchased various equipment viz, fowler bed, video laryngoscope, manual ICU bed, swab sticks, Bed side lockers and casualty/dead body bags costing ₹ 63.63 lakh directly from M/s B.M. Swastik, Raipur on nomination basis without following the tendering process. It was also noticed that the promoter of B.M. Swastik is Shri Sankalp Adile, son of Chairman of the committee. Further, there was a conflict of interest between the Chairman of the Committee and the supplier (M/s B.M Swastik Raipur), hence, the DME should have reclused himself from the procurement process.

Thus, purchase of ₹ 63.63 lakh without following tendering process from the close relative of the Chairman of procurement committee besides being irregular was also extension of undue financial benefit to the supplier.

The DME stated that all purchases were made after obtaining approval of directorate level purchase committee in accordance with Disaster Management Rules. The purchase committee comprises of DME and other specialists.

The reply is not acceptable because despite having prior information about the relationship between the Director, DME and the owner of the supplier, the fact was overlooked while placing orders to the supplier.

(ii) Irregular procurement of Liquid Medical Oxygen (LMO) tanks

Audit observed that CGMSCL had procured (April 2021) LMO tanks valuing ₹ 1.71 crore and supplied to four GMCHs[55] for setting up of oxygen generation plants and cryogenic liquid oxygen tanks. However, the user department i.e., DME had obtained the required administrative sanction for

[54] Un-supplied value ₹ 9.40 crore x 20 *per cent*

[55] GMC Ambikapur, Jagdalpur, Raigarh and Rajnandgaon

this only in March 2022 from GoCG. Thus, purchase of LMO tanks without administrative approval was irregular.

(iii) Idling of Liquid Medical Oxygen tanks

During COVID-19 pandemic, medical oxygen proved to be the most important lifesaving element. Most HIs depend on external sources that produce and transport medicinal oxygen as and when demanded by them. The intense outbreak of COVID-19 forced the authorities to revisit the production and supply challenges. In the wake of sudden spike in medical oxygen demand and its consequences, MoHFW stressed (May 2021 and July 2021) on the importance of dedicated oxygen generation plants to make hospitals self-sufficient and in addition, setting up of Liquid Medical Oxygen (LMO) storage tanks to step-up emergency preparedness.

During joint physical verification (July 2022) of selected GMCHs, it was noticed that none of the LMO tanks had been operationalised even though payment of ₹ 87.78 lakh was released to firms. These tanks were only erected in GMCHs Jagdalpur and Rajnandgaon and kept idle in GMCH Ambikapur.

As the LMO tanks were either not installed or were non-operational for seven to 10 months without any reason, therefore, the objective of providing uninterrupted oxygen supply was not ensured.

Similarly, scrutiny of records at DKSPGI it was noticed that:

- ***Idling of LMO tank installed in DKSPGI hospital premises:*** Cryogenic LMO tank (12KL) worth ₹ 38.11 lakh was supplied by CGMSCL (PO date 24 April 2021). The equipment was installed in hospital premises and testing/ demonstration was done in January 2022 without connecting it with the main oxygen pipeline of the hospital and thus, it was kept idle since its supply.
- ***Supply of Low-quality oxygen:*** Pressure Swing Adsorption (PSA) plant of 1500 LPM capacity worth ₹ 2.90 crore was installed in DKSPGI on September 2018, the warranty of which expired in March 2022. However, AMC/ CMC has not been done by the DKSPGI, Raipur till date (June 2022). The display on machine shows that the purity of oxygen was less than 35 *per cent* and maintenance was required but no action was taken in this regard. According to WHO guidelines on PSA, only high-quality medical grade oxygen (90 *per cent* to 96 *per cent*) should be given to patients.

Government stated (April 2023) that LMO tank would be installed in new building, which is under construction in GMC Ambikapur. CGMSCL had been directed to complete installation work of LMO tank in DKSPGI Raipur. Instructions had been issued to GMCs for early installation of the LMO tanks.

4.8.7 Non utilisation of Automatic Nucleic Acid Extraction Systems valuing ₹ 2.77 crore due to non-availability of reagent

RNA extraction machines are used to automate the process of RNA extraction from cell or tissue samples and widely used in RTPCR test for detection of COVID-19.

Audit observed that the CGMSCL issued (June and August 2020) purchase order to the supplier Genetix Biotech Asia Private Limited for supply and installation of four Automatic Nucleic Acid Extraction System 96 Channel 48 tube in four[56] Medical Colleges worth ₹ 1.79 crore. The equipment were supplied and installed at GMC hospitals between July and August 2020 with warranty upto August 2025. It was noticed that these equipment were not utilised for one to 14 months due to non-availability of extraction kits.

Similarly, in two Medical Colleges[57] three RNA extraction machines supplied by ICMR, UNICEF and purchased locally were installed between September 2020 and July 2021 but could not be utilised after installation, as detailed in ***Table - 4.32***:

Table - 4.32: Details of supply and installation of RNA extraction machine

Name of GMC	Supplier	Date of receipt	Date of installation	Value (₹in lakh)	Idle since
GMC Bilaspur	CGMSCL	July 2020	July 2020	44.71	May 2021
	UNICEF donated	July 2021			from the date of supply
GMC Ambikapur	CGMSCL	July 2020	July 2020	44.71	March 2021
GMC Jagdalpur	Local purchase	Not mentioned	21 September 2020	55.48	since its installation
	ICMR	July 2020	04 September 2020	42.19	since its installation
GMC Rajnandgaon	CGMSCL	July 2020	July 2020	44.71	February 2021
GMC Raipur	CGMSCL	August 2020	August 2020	44.71	December 2020
Total				**276.51**	

(Source: Compiled after joint physical verification of GMCH Bilaspur, Ambikapur, Jagdalpur, Rajnandgaon and Raipur)

Thus, due to deficient planning and lack of coordination between GMCs and CGMSCL, above equipment could not be put to use for want of extraction kit resulting in non-utilisation of the same during COVID-19 pandemic.

The Government stated (April 2023) the CGMSCL to maintain uninterrupted supply of the extraction kit.

4.8.8 Availability of ventilators in test checked districts

Details related to ventilators received and distributed to various HIs under COVID-19 in the test checked district are given in the following ***Table - 4.33***:

[56] Ambikapur, Bilaspur, Rajnandgaon and Raipur
[57] Bilaspur and Jagdalpur

Table - 4.33: Ventilators received in the test checked district

District	Total number of ventilators supplied to CMHO	Number of ventilators installed in time	Number of ventilators installed with delay	Range of delay in installation (day)	Number of ventilator not installed
Raipur	114	20	80	1 to 454	14
Korea	28	0	28	10 to 14	0
Balod	15	0	15	18 to 259	0
Kondagaon	18	18	0	No delay	0
Sukma	18	4	14	25 to 95	0
Surajpur	26	26	0	No delay	0
Bilaspur	30	8	22	2 to 17	0
Total	**249**	**76**	**159**	**1 to 454**	**14**

(Source: Information furnished by CMHO)

As could be seen from the above table that total 249 ventilators were supplied to seven test checked districts. Out of this, only 76 ventilators were installed on time and 159 ventilators were installed with delay ranging from 1 to 454 days. It was further observed that in Raipur district 14 ventilators have not been installed till May 2023 though they were supplied between 1 April 2021 and 20 August 2021.

4.9 Availability of drugs, medicines, equipment, and other consumables in AYUSH

4.9.1 Delay in finalisation of annual indent of drugs

GoCG had entrusted the work of centralized procurement and distribution of drugs for Health Department to CGMSCL which has developed and operationalized (May 2013) DPDMIS to facilitate online indent, procurement and distribution of drugs and medicines. The Department directed (May 2016) that every year Annual Indent (AI) for drugs and consumables should be prepared by 30 September and compiled AIs should be submitted to CGMSCL by 31 October of the preceding year.

Audit observed that Directorate compiled and forwarded AIs received in offline mode to CGMSCL with delay as mentioned in ***Table - 4.34:***

Table - 4.34: Statement showing delay in submission of Annual Indent

Year	Date of receipt of AI from Facilities[58]	Approval date by Directorate, AYUSH	Actual date of submission to CGMSCL	No of days taken for approval by Directorate	Delay in submission of AI to CGMSCL
(a)	(b)	(c)	(d)	e (c-b)	(f)
2017-18	23-07-16	12-09-2016	15-09-2016	51 Days	No Delay
2018-19	26-05-17	31-03-2018	31-03-2018	309 Days	151 Days
2019-20	29-11-18	08-02-2019	11-02-2019	71 Days	103 Days
2020-21	25-10-19	31-10-2019	04-11-2019	06 Days	04 Days
2021-22	30-01-21	25-02-2021	26-02-2021	26 Days	118 Days

(Source: Data furnished by Directorate, AYUSH and compiled by Audit)

[58] Date of receipt taken as the date of receiving AI from the last healthcare facility

Directorate took more than six to 309 days against the prescribed time of 30 days in finalisation of the AIs after receiving them from healthcare facilities. AIs of drugs were submitted to CGMSCL after 31 October every year with a delay except 2017-18, ranging from four days to 151 days. The committee formed at Directorate level to analyse the AI, forwarded the indent to CGMSCL by rationalising the demand received from healthcare facilities without any working papers or recording reasons. Moreover, Directorate and healthcare facilities failed to utilise Drug Procurement and Distribution Management Information System (DPDMIS) for indenting and distribution which could have reduced the delay in the finalisation of AI, procurement, and distribution.

GoCG replied (December 2022) that due to delay in receiving the AI from healthcare facilities and consolidation of indent at Directorate level, there was consequent in delay in forwarding the AI. Further, online software for indent is under development by CGMSCL and in future, the AI will be forwarded using the software.

The reply is not acceptable as DPDMIS has been operational since 2013 and existing AYUSH facilities were not mapped in the DPDMIS system by the Directorate.

4.9.2 Non-availability of standard equipment at Drug Testing Laboratory and Research Centre (DTLRC), Raipur

The State Government established (2001), a DTLRC for carrying out quality testing of medicines produced at Government and private pharmacies in the State. As per the operational guidelines for quality control for Ayurvedic, Siddha, Unani & Homeopathy drugs issued under NAM, 59 types of equipment are required for three sections namely chemistry (34 types), pharmacognosy (16 type) and microbiology (9 types) in DTLRC.

Audit observed that only 42 types[59] of equipment were available in the DTLRC. Further, due to lack of manpower the microbiology section was not operational and two[60] equipment were kept idle.

GoCG accepted the facts (December 2022) and stated that due to lack of technical manpower, microbiology section could not be made operational. Further, demand has been furnished to CGMSCL for procurement of the remaining equipment.

4.9.3 Shortfall in achievement of targets of production of medicines

Government Ayurveda Pharmacy (GAP) is involved in production and distribution of ayurvedic medicines in the State. Every year targets for production of drugs by GAP on the basis of annual indent received from healthcare facilities of the State are approved by the Director, Ayush.

Audit observed that GAP produced 132 solid medicines and 20 liquid medicines with shortfall in production ranging from 58 to 92 *per cent* for solid

[59] 26 types of equipment in chemistry, 14 types of equipment in pharmacognosy and 2 types of equipment in microbiology

[60] BOD incubator and Other related Equipment and reagents

medicines and 72 to 100 *per cent* for liquid medicines during 2016-21. A total of 33 medicines worth ₹ 93.03 lakh were produced without any demand from the districts, as detailed in ***Appendix - 4.12***. Further, shortfall in production of drugs against the target was more than 80 *per cent* in four out of last five years.

GoCG replied (December 2022) that due to short supply of essential raw materials by CGMSCL the desired annual targets could not be achieved by GAP.

4.9.4 Excess supply of equipment worth ₹0.75 crore

Equipment required in the healthcare facilities are supplied by CGMSCL as per the annual indent furnished by them which consists of the number and specification of the equipment required by the healthcare facilities. AI for equipment are prepared by healthcare facilities and compiled AIs are submitted to CGMSCL by Directorate, AYUSH for onward supply to the healthcare facilities.

Audit observed that in seven selected districts, 281 equipment were supplied in excess to the healthcare facilities without considering the AI, as detailed in ***Table - 4.35*:**

Table - 4.35: Excess supply of equipment in selected districts during 2016-22

S. N.	Number of Equipment of received against AI /without Indent			Value of Equipment (in ₹ Cr)
	AI Demand Qty.	AI Received Qty.	Excess Qty. supplied	
1.	207	282	75	0.19
2.	0	206	206	0.56
Total	**207**	**488**	**281**	**0.75**

(Source: Data provided by selected units and compiled by Audit)

It was further observed that 69 equipment costing ₹ 0.36 crore were lying idle due to supply in excess of requirement in 29 test-checked healthcare facilities.

GoCG stated that (December 2022) equipment is supplied as per the indent raised by the facilities and due to delay in issuing work orders by CGMSCL, equipment against previous year's indent is supplied along with the current year's indent resulting in excess supply.

Reply is not acceptable as annual indents were being prepared without considering previous years supplies resulting in excess equipment worth ₹ 0.75 crore being accepted by the healthcare facilities.

4.10 Information Technology System developed by CGMSCL

4.10.1 Introduction

GoCG developed e-Procurement system in the state under mission mode project of National e-Governance Plan (NeGP) through Chhattisgarh Infotech Promotion Society (CHiPS). CHiPS implemented e-Procurement system in the State which is used by various departments for tendering purposes. Similarly, to streamline the procurement and distribution of drugs, consumables, and equipment in the healthcare system, GoCG approved (July 2012) to develop of

an Information Technology (IT) system through CGMSCL, which deals with indenting, purchase, inventory management and distribution of various drugs, consumables, and equipment etc., to all the healthcare facilities across the State.

CGMSCL being centralized procurement agency of the State initiated implementation and use of the computerized system[61], as shown in ***Table - 4.36***:

Table - 4.36: Statement showing the web-based application used by CGMSCL

Name of Application software	Developed by	Date of operationalization
Drug Procurement and Distribution Management Information System (DPDMIS)	CGMSCL	May 2013
Equipment Management Information System (EMIS)	CGMSCL	August 2017
Health Infrastructure Management Information System (HIMIS)	CGMSCL	December 2014
e-Procurement	CHiPS	March 2016

(Source: Data provided by CGMSCL and compiled by Audit)

DPDMIS consists of eight modules namely indent, tender & contracts, purchase order, warehouse, quality control, health facility, supplier, and finance for purchase of drugs and consumables. EMIS consists of three modules namely procurement, maintenance, and complaints for equipment. HIMIS consists of six modules namely head office, division, sub-division, sub-engineer, finance, and contractor for monitoring of construction works.

The IT audit covered the application software *viz*., DPDMIS, EMIS and HIMIS. Audit scrutinised the manual records/files at the head office of CGMSCL and analysed data available in DPDMIS, EMIS (Oracle data dumps) using SQL queries and MS Excel.

The audit examination of the prevailing IT system has been bifurcated to evaluate general, application and output controls of the system. Audit examined whether reliable controls were in place to ensure data security and whether necessary audit trails were incorporated into the system.

4.10.2 General Controls

General Controls are the foundation of the IT Control structure. These are concerned with the general environment in which the IT systems are developed, operated, managed, and maintained. Weaknesses in the general controls noticed in Audit are discussed below.

4.10.2.1 Lack of planning in developing IT system

For development of IT system which caters to the need of the CGMSCL and user healthcare facilities, short-term and long-term plan was required to be formulated.

Accordingly, for automation of various operations of the CGMSCL such as procurement and distribution of drugs and equipment along with installation and maintenance, civil works, human resources management and financial accounting, the work of preparation of a web-based application software was

[61] Please refer to Chart – 4.1 for the process flow of procurement.

awarded (February 2013) to the M/s Board Line Computer System (BLCS), Chennai. BLCS prepared the software and handed over (2016) the system to CGMSCL only for procurement and distribution of drugs (DPDMIS). After that application system (EMIS and HIMIS) was developed by the in-house team of CGMSCL.

Audit observed that the feasibility study of the systems viz., DPDMIS, EMIS and HIMIS was performed in March 2013, August 2014 and 2016 respectively. Further, the documents related to the feasibility study were not prepared till date despite lapse of nine years from the date of feasibility study.

Further, CGMSCL failed to monitor the work after award. As a result, five modules out of eight modules were non-functional in DPDMIS and documents such as User Requirement Specifications (URS), System Requirement Specification (SRS), change management policy and manual of the IT system were not prepared by the BLCS during the execution of the work.

Additionally, parallel testing of only finance module of DPDMIS was done (February 2021) by CGMSCL at the instance of Audit and parallel testing of all the other modules was not conducted. In the absence of parallel testing, audit could not ascertain whether the various stages of process followed in online system were same as in the manual system.

CGMSCL, while developing the IT system in the organisation has developed different software and different database (i.e., DPDMIS, EMIS, HIMIS and e-Procurement) and these different databases were not interconnected. As a result, the end-to-end process of procurement, distribution to healthcare facilities and payment facility to vendors, suppliers, and financial transactions is still not fully computerized and could not be linked, as discussed in paras ***4.10.3.2(C), 4.10.3.2(D),*** and ***4.10.3.3(A).***

Government replied (November 2022) that the modules developed by CGMSCL will be included in the existing SRS and URS documents and document preparation for a feasibility study of all applications is under process and would be completed by FY 2023-24. Separate manpower for conducting and documenting parallel testing will be assigned by CGMSCL. Further, all the databases will be interconnected in future as and when required.

4.10.2.2 Non-operational Integrated e-Procurement System and DPDMIS

GoCG entrusted (August 2007) Chhattisgarh Infotech Promotion Society (CH*i*PS) to implement a new Integrated e-Procurement System (IePS) in five[62] Departments on a pilot basis including Department of Health.

CH*i*PS were to implement the eight modules namely vendor management, indent management, e-tendering, e-auctions, contract management, e-payment, accounting, and MIS for mandatorily rolling out in the five pilot Departments.

Audit observed that out of eight modules to be implemented in the IePS in Health Department, only three modules[63] were operational and rest of

[62] Health Department, Chhattisgarh State Industrial Development Corp. Ltd., Public Health Engineering Department, Public Works Department, and Water Resources Department

[63] Vendor Management, e-Tendering, and MIS.

five modules[64] were not implemented even after Go-live[65] of application in March 2016. Further scrutiny revealed that operationalization of the remaining modules was not enforced by the Health Department.

In parallel, CGMSCL had developed (May 2013) another software i.e., DPDMIS for the same purpose and developed the eight modules[66] in the software. Out of the eight modules developed by CGMSCL, four modules[67] were overlapping with the existing IePS. However, only two modules i.e., purchase order and quality control were fully functional, and one module i.e., warehouse was partially functional and five modules i.e., indent, tender, facility, supplier, and payment were non-functional as of March 2022. Despite availability of the IePS of CH*i*PS, the CGMSCL rolled out parallel software at a cost of ₹ 49.02 lakh. However, even in this software all the modules as envisaged by CGMSCL were non-functional (June 2022). Thus, despite existence of a software another one was developed for the same purpose but both remained incomplete and hence the objective of development of an integrated software could not be achieved.

Government replied (November 2022) that e-procurement application is only used for the e-tendering process. CGMSCL has sent a letter to CH*i*PS to share detailed functionality of other modules of e-procurement.

Fact remains that despite the availability of required modules in IePS and acceptance of the same by CGMSCL, a parallel software was developed by CGMSCL.

4.10.3 Application Controls

Application controls consist of input, processing, and output controls which help to ensure rule mapping, proper authorization, completeness, accuracy, and validity of transactions.

4.10.3.1 Input controls

Input controls ensure that the data entered is complete and accurate. Input controls are those controls that are used mainly to check the integrity of data entered into a business application. Weaknesses in the input controls noticed in audit are discussed below:

(A) Failure to implement input checks in application system

The accuracy of data input in a system could be controlled by imposing computerised validity checks. Validity checks ensure that input data remains within specified parameters.

Deficiencies in input control observed in DPDMIS database are as following:

- In Master table *mastitems* data, which captures data related to drugs such as drug code, drug name, strength, packing quantity, date of entry, etc., 3,417 entries were made without mentioning date and 2,546 entries were

64 Indent management, e-auctions, Contract Management, Accounting, and e-payment.
65 Go-live means the date on which one complete cycle of services for all modules, as requisitioned by the Department is completed.
66 Indent/Demand, Tender & Contracts, Purchase/Supply Order, Warehouse, Quality Control, Health Facility, Supplier Module, and Finance/Payment.
67 Indent module, Tender & Contracts, Supplier and Finance.

made with the same date (01.11.2018) indicating non-availability of any checks to prevent entry of backdate.

- Entry without proper approval resulted in incomplete data being captured by the system.
- There was no field to record entry date, update date and user id in master tables (i.e., *masitems, masssuppliers, masschemes, masitemcategories, and masaccyearsettings* etc.) and transaction tables (i.e., *soordereditems, soorderplaced, and aoccontractitems* etc.).
- Twenty cases with invalid manufacturing date format and four cases[68] having the same batch number but different manufacturing dates, were accepted in DPDMIS.
- In case of six tenders[69] for equipment, purchase orders amounting to ₹ 17.92 crore were issued through DPDMIS instead of EMIS.
- As per physical records, in tender no 27M(P), total 13 contracts were executed without signature and date by CGMSCL, while contract sign date was found recorded in the system in nine cases. Further start date and end date were not recorded in manual contracts but were recorded in the system in four cases.

Further, deficiencies in input control observed in EMIS database are mentioned below:

- There were 73 and 26 cases of null data in the mandatory fields of *contract_sign_date* and *contract_end_date* respectively in the table *award_of_contract*.
- In EMIS, system generated purchase orders are issued to the supplier. In two tenders (tender no.44 and 53), purchase orders for equipment of ₹ 24.69 crore were issued by the system after the end of validity period[70] of contract entered with the six suppliers[71] for 15 items. In absence of any checks in the system, there was delay in issue of purchase orders ranging from 184 days to 436 days after the expiry of validity period of contract (as detailed in ***Appendix - 4.13***).

Government replied (November 2022) that a new column of entry date has been added in all master tables. Further, wrong entries may be considered a human error and CGMSCL is in the process of implementing the Bar-coding system to overcome this situation.

(B) Failure to verify authenticity of input data

Validity checks for data entered into the system must be integrated to verify the authenticity of the input entered into the database.

Audit observed that in EMIS database, input data was entered without checking validity and authenticity and accepted in the master table *massuppliers* table as shown in ***Table - 4.37***:

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[68] Compound Sodium Lactate Inj. IP- 93MI317027, H1N1 Trivalent Vaccine- R3J143V, Pneumococcal Injection- T012369, H1N1 Quadrivalent Vaccine- UJ381AA

[69] Tender No. 029E(P), 057/E(P), 125E(P), 141E(P), 87(R2)/E(P), 141(R)E(P)

[70] Validity period of two year with maximum extension period of six months

[71] Bagree Enterprises, Mokshit Corporation, Asha Medical System, Medico Surgical, Nitiraj Engineers Ltd., CB Corporation.

Table - 4.37: Statement showing invalid records entered in database

supplier_id	is_contractor	Name	mobile_no
22	NULL	M/s. Allied Medical Limited	7773006975
42	NULL	Getiange India PVT.LTD	7773006975
44	NULL	Dee Enterprises	9329759559
46	NULL	Faith Innovation	8889997404
48	NULL	Faith Biotech Ltd	8889997404
57	NULL	M/s Aarogya Medico	333
58	NULL	Hospimedica Inernational Ltd	333
59	NULL	M/s Sun Medical System	333
62	NULL	Avasarala Technology Limited	9329759559
110	NULL	Jai shree medical store	1111122222
111	NULL	Labtop	1111122222

(Source: Data extracted from DPDMIS and compiled by Audit)

As shown in the above ***Table – 4.37***, the same mobile number for different suppliers and invalid mobile numbers with less than 10 digits were also accepted indicating lack of validity checks in the system.

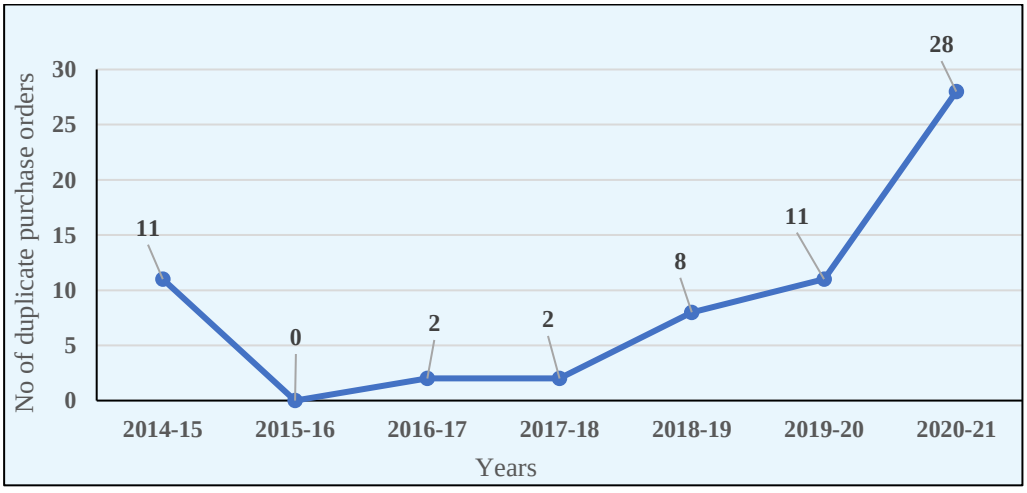
Government replied (November 2022) that checks have been implemented for new supplier entries where software would only accept entries of ten-digit number and no duplicate entry would be accepted.

(C) Failure to check duplicity of records

DPDMIS and EMIS software will generate a unique purchase order number, order type, order date and quantity when an order is placed to supplier.

Data analysis of DPDMIS and EMIS database revealed that in 14 cases, two or more Purchase Orders (PO) having same number were found indicating issue of duplicate POs. The year-wise trend of the duplicate POs is depicted in ***Chart - 4.3***

Chart - 4.3: Chart showing trend of duplicate purchase orders



It could be seen from the preceding chart that in the absence of any check in the system, the software is generating more than one PO number for the same purchase order.

Government stated that (November 2022) all 14 cases do not have a dispatch number, hence, the POs are incomplete.

The reply is not acceptable as the system has issued duplicate PO numbers rather than generating a unique number for every PO.

4.10.3.2 Processing controls

Process controls inbuilt in the system must ensure that the process was complete and accurate and processed data was updated in the relevant files. The defects in the programming logic and the non-incorporation of all the business rules in the system with respect to contract conditions noticed in audit are discussed below.

(A) Supply of drugs more than indent under push mechanism

CGMSCL invites tender for procurement of drugs based on the indent from different Directorates and after issue of PO, the vendor delivers the drugs to 16 warehouses of the State for onward distribution to the healthcare facilities using DPDMIS. Warehouses supply drugs to healthcare facilities based on the monthly indent furnished by them using First Expiry First Out (FEFO) method. DPDMIS enables the warehouses to supply near-expiry drugs using a push mechanism without any demand from the health facilities.

Audit analysis of database revealed that CGMSCL supplied 1101 types[72] of drugs to the healthcare facilities of Directorates[73] across the State during the period 2016-22. Audit observed that CGMSCL had supplied drugs in excess of the requirement ranging between 0.01 to 467 *per cent* of the average annual consumption[74] to the facilities.

As there is no mechanism to capture data on the drugs expired in the store as well as distributed to patients in healthcare facilities, the expiry of drugs due to excess supply under the push mechanism cannot be ruled out, which has been discussed in ***paragraph 4.4.4***.

Government replied (November 2022) that currently the system is not based on consumption rather it is based on indent quantity. Therefore, there could be variations in the consumption pattern. Also, from the next FY i.e., 2023-2024, CGMSCL would restrict the issue quantity and would not issue drugs more than the AI received from the facilities.

(B) Non-implementation of barcoding system

Implementation of Barcoding System addresses the issue of authenticity of drugs and improves traceability which benefits the entire healthcare supply chain, from manufacturing units to end users.

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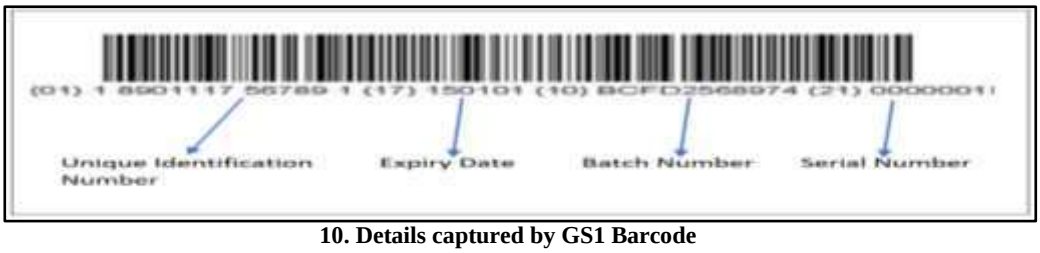
72 510 allopathic drugs supplied to DHS and DME and 591 types of AYUSH drugs.
73 DHS, DME and AYUSH
74 Calculated as average of year wise supply from warehouse to the facilities.



10. Details captured by GS1 Barcode

The General Conditions of the Tender dated February 2016 (clause no. 7.5(vii), 8.7 and 11.2.3) states that secondary and tertiary packs should bear GS1 barcode containing the detailed product information. No medicine will be accepted without barcode and non-compliance to barcode requirement may be penalized up to 1.5 *per cent* (for secondary packing one *per cent* & for tertiary packing 0.5 *per cent*) on the value of goods.

As per the DPDMIS data, out of 39,757 MRCs received from 201 suppliers during the period 2016-21, barcode was not present at the secondary level of packaging in 23,671 MRCs (60 *per cent*) with purchase value of ₹ 574.43 crore and at tertiary level in 18,126 MRCs (46 *per cent*) with purchase value of ₹ 346.33 crore. In 15,850 (40 *per cent*) cases barcode was not present at any level of the packing as per terms and conditions of tender. The penalty amount of ₹ 7.47 crore[75] was not deducted for non-compliance to barcode requirement as per tender conditions.

Additionally, during the test check of 39 drug samples (***Appendix - 4.14***), it was observed that only 9.09 *per cent* (Primary Packing) and 22.72 *per cent* (Secondary Packing) of the medicines supplied have fulfilled the barcode requirements as specified in the tender documents of CGMSCL.

As discussed in the 30th Board of Directors (BoD) meeting (23 February 2019), though the tender document already included provision of bar code requirement for supplier, but the CGMSCL was not scanning the barcode. It was decided to implement the Barcoding system in all the levels as barcoding is an essential requirement for removing discrepancies in the system due to manual data capturing. The barcoding system was to be implemented at tertiary level as suggested by GS1[76] Organisation.

Audit observed that for the implementation of barcoding system, necessary equipment was not procured by the CGMSCL as of June 2022. Audit analysis of database revealed that field/column for barcode compliance was present along with every Material Receipt Certificate (MRC), but with "Yes/No" reply. However, the details of drugs were not captured by scanning the barcode at the time of receipt of drugs from the supplier and issue of drugs to healthcare facilities.

Implementation of the barcoding system enables the distribution system of CGMSCL to be more efficient and improves patient safety. Absence of barcode system prevents CGMSCL to track the movement of drugs from the

[75] Penalty amount for non-compliance to barcode requirement calculated as 1 *per cent* of purchase value for absence of barcoding in secondary packing and 0.5 *per cent* for absence of barcoding in tertiary packing.

[76] GS1 is a not-for-profit standards organisation, set up by the Ministry of Commerce and Industry, Government of India, along with CII, FICCI, ASSOCHAM, FIEO, IMC, BIS, Spices Board, APEDA, and IIP.

point of manufacture to the point of supply and verifying the authenticity of drugs.

Government stated (November 2022) that CGMSCL is in discussion with GS1 Barcode company for the implementation of barcoding requirements. The process of mapping drugs with suppliers is in progress.

(C) Non-mapping of business rules for levy of LD

CGMSCL issues purchase orders to the suppliers for drugs and equipment for onward supply to healthcare facilities within the stipulated time failing which liquidated damages were to be levied as per terms and conditions[77] of the tender. The tender states that the entire ordered quantity shall be supplied within 60 days from the date of purchase order. Irrespective of any reason even beyond the control of supplier, it should complete the supply of the ordered quantity before 90/120 days (with proper approval of MD, CGMSCL) of issue of the purchase order after which Liquidated Damages (LD) would be levied by CGMSCL.

- Data analysis of DPDMIS database revealed that in 692 instances, various suppliers failed to execute orders within the stipulated period and the delivery of drugs was pending for supply with delays ranging from 97 to 1729 days.
- Data analysis of EMIS database revealed that 5046 purchase orders were either not executed or equipment not installed after supply with a delay ranging from 125 to 1204 days.

As the payment module was not fully operational in DPDMIS and EMIS, details of action taken against non-supply and the amount of LD levied from the suppliers was not captured in the system till date due to non-mapping of business rules for LD.

Government stated (November 2022) that LD was calculated manually based on MRC till August 2021. Payment Module has been implemented since February 2021 (DPDMIS) and April 2021 (EMIS).

The reply is not acceptable as CGMSCL failed to implement the payment module and the levy of the liquidated damages was not captured in the system for maintaining transparency.

(D) Non-adherence to business principles in EMIS software

CGMSCL developed web-based application software, Equipment Management Information System (EMIS) for effective supply chain management of equipment. During data analysis of EMIS, audit observed following cases of non-adherence to business principles:

- During 2016-22, in 42 tenders[78] multiple POs were issued through the system for an item by the Directorates (DHS, DME & AYUSH) to the same supplier on the same date without any process control checks.

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77 As per clause no. 6 of section II, 10 of section III for drugs and clause no. 5 of section II, 7 of section III for equipment

78 PO issued to 26 suppliers in 42 tenders during 2016-22.

- Indent of DHS for equipment AYUSH31 (Blood Cell Counter) for the year 2018-19 was 60 units but the procured quantity was 70 units, as depicted in ***Table - 4.38***.

Table - 4.38: Statement showing procurement vis-à-vis indent of DHS in 2018-19

Equipment Code	Indent Date	Indent Quantity	PO Number	Procured Quantity
AYUSH 31	31.07.2018	55	EQP/223/2018-19 Dt 04/08/18	7
	07.08.2018	5	EQP/327/2018-19 Dt 25/08/18	15
			EQP/328/2018-19 Dt 25/08/18	16
			EQP/329/2018-19 Dt 25/08/18	27
			EQP/571/2018-19 Dt 08/03/19	5
Total Indent		**60**	**Total Procurement**	**70**

(Source: Data extracted from EMIS and compiled by Audit)

- The indent quantity by DHS for AYUSH31 for 2018-19 is shown as 61 as system allowed indent from the previous year 2017-18 (07 October 2017) in the year 2018-19.
- CGMSCL issued tenders of the same equipment i.e., Blood Cell Counter using different equipment Code BCC001 and AYUSH31.

Government accepted (November 2022) that the system did not have any checks for placing the multiple purchase orders for the procurement of equipment. A check would be placed before placing PO of previous year indents, post the approval and discussion with Directorates.

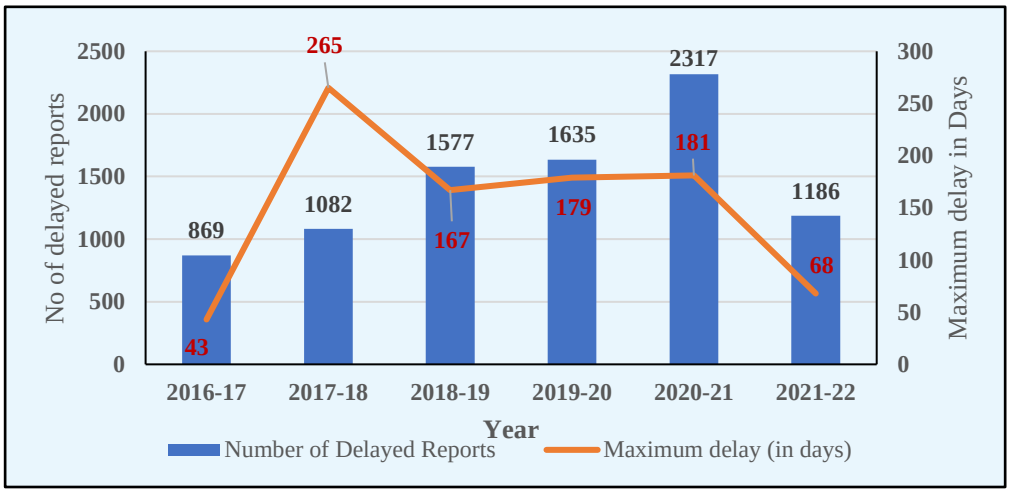
(E) Delay in Quality Control (QC) reporting

CGMSCL has created Quality Control (QC) protocols to monitor the aspects of QC such as delay in reporting by the testing laboratories and supply of sub-standard drugs, to ensure that quality drugs are procured and supplied to the healthcare facilities.

As per the agreement clause 15 (i) and (ii) of the quality assurance test of drugs, the empaneled laboratory should do complete analysis of each sample and furnish the test report within 8/21 days of receipt of the sample. Further as per clause 15 (iv), for any delay of more than the stipulated period, 0.5 *per cent* of the testing charges per day would be deducted as penalty, subject to a maximum 20 *per cent.*

Details of delay in submission of the QC reports by the empaneled labs observed during data analysis of QC module of DPDMIS for the period 2016-22 is depicted in ***Chart - 4.4***.

Chart - 4.4: Year wise delay in QC Reporting



As observed, during the period 2016-2022, in 8,666 samples (32 *per cent*) out of 26,924 samples, the empaneled labs submitted QC reports with delays ranging between 43 to 265 days against the stipulated period of 8/21 days resulting in loss of useful life of drugs. Further, the penalty amount levied for the delay was not reflected in the system and action taken against the empaneled labs, if any, was not recorded in DPDMIS.

Government stated that (November 2022) QC dashboard is present for monitoring of sample status and labs. If any delay is found for QC testing, a penalty is imposed on the labs.

The reply is not acceptable as 32 *per cent* of QC reports were received with delay and the penalty amount levied was not captured in the system.

4.10.3.3 Output Controls

Output controls ensure that computer output is complete and accurate. Weaknesses in the output controls noticed in the audit are discussed below.

(A) Discrepancies in facility management module

The facility management module was implemented (2017) as per the health facility manual of DPDMIS. Data analysis of test-checked facility CHC, Konta revealed discrepancies in the facility management module as mentioned below:

- The test checked facility, CHC Konta is a secondary-level facility for the distribution of drugs as per EDL[79]. It was observed that the facility was indenting and receiving tertiary-level drugs on a regular basis despite being a secondary-level facility. The details of such instances are mentioned in ***Table - 4.39:***

[79] Essential Drug List (EDL) issued by Department of Health & Family Welfare in 2019.

Table - 4.39: Year wise supply of tertiary level drugs to facility

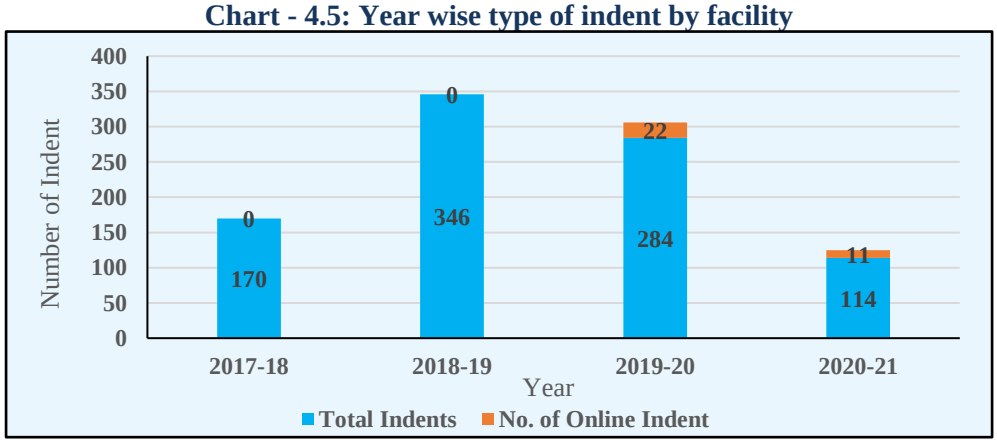
Year	Number of Drugs	Name of Drugs which are tertiary level drugs as per the EDL
2016-17	5	D350- Midazolam Inj.IP D187- Dobutamine HCL Inj. D378- Ofloxacin Tablet D94- Cefadroxyl for Oral Suspension D93- Cefadroxyl Tablet D21- Amikacin Sulphate Inj. D498- Terbutaline Inj, D744- Telmisartan Tablet D725- Rabies Immunoglobulin Equine Injection ND9- Piperacillin and Tazobactum Powder, D728- Rapid Acting Insuline Analogue Injection D569- Biphasic Insuline D734- Sodium corboxymethyl Cellulose+Stablized Oxychloro Complex D535- Xylometazoline Nasal Drop D510- Tranexamic Acid Injection ND37- Long-Acting Insulin Glargin Cartridge D626- Escitalopram Tablet
2017-18	6	
2018-19	13	
2019-20	5	

(Source: Data extracted from DPDMIS and compiled by Audit)

Data analysis further revealed that quantity of 25.78 lakh tertiary drugs valuing ₹ 5.66 crore was supplied to 768 PHCs out of 805 PHCs across the State.

- Data related to the expiry of drugs and their disposal was not recorded at the facility level in DPDMIS.
- As per manual, CHCs should forward indents online once a month. However, data analysis revealed that CHC Konta forwarded indents multiple times in a month primarily in manual mode with manual indents ranging from 90.35 *per cent* to 100 *per cent* of indents during 2017-21, as depicted in ***Chart - 4.5***.

Chart - 4.5: Year wise type of indent by facility



Regarding supply of tertiary-level drugs Government stated (November 2022) that CGMSCL does not issue higher-category drugs to lower-level facilities. There is a provision in DPDMIS of the interfacility transfer of drugs of different levels as and when required. Regarding capturing data on expired

drugs, GoCG stated that the details of expired drugs and the disposal process will be captured at the facility level after consultation with Directorates.

Reply is not acceptable as secondary-level facilities are receiving tertiary-level drugs against the norms stipulated in EDL through DPDMIS in the absence of any checks in the system.

4.10.4 Information system security

An effective IT security policy is important for the protection of the information assets created and maintained by the organization. Weaknesses in IT security noticed in Audit are discussed below.

4.10.4.1 Non-formulation of Password policy

As per the IT policy of the Department of Electronics and Information Technology (DEIT), GoI, the same password should not be used by more than one person, so that the authenticity of the data entered can be verified at later stages.

Data analysis of DPDMIS revealed that four common passwords given to the users were used by 28 out of 237 users. It was also observed that CGMSCL has not formulated any password policy for the users and also not implemented any automated checks to enforce the security criteria of the system.

Government stated that (November 2022) that they have since created a password policy (07 November 2022). Further, DPDMIS while creating a new user, sets a default password for the user and the user is to ensure that the default password is changed as soon as possible.

The reply is not acceptable as even default passwords should be different in the system and checks indicating the user to change their passwords periodically and repetition of same password have not been formulated in the system.

4.10.4.2 Absence of robust website security policy

CGMSCL has been hosting nine Universal Resource Locators[80] (URLs) as websites on the web server for the operation of DPDMIS, EMIS, and HIMIS. The following shortcomings regarding website security were noticed during the Audit:

- To comply with the guidelines regarding website security of URLs issued by the Computer Emergency Response Team (CERT) in 2017, CGMSCL issued (August 2019) work order to M/s iSec Services Private Ltd. Mumbai for conducting a security audit of five URLs[81] of CGMSCL. Audit observed that CGMSCL obtained security clearance for only one URL[82] and the results of the security audit of the remaining four URLs were not found on the records. Further, security clearance of

[80] 1) CGMSCL, 2) DPDMIS, 3) Drug Reports, 4) EMIS, 5) HIMIS, 6) Facility Online, 7) Warehouse Login, 8) Facility DDC login, 9) Vendor registration system (VRS)
[81] 1) CGMSCL, 2) DPDMIS, 3) EMIS, 4) HIMIS, 5) VRS
[82] DPDMIS

two other URLs[83] were received for which no work order was issued by CGMSCL.

- The websites should be hosted using *https* protocol employing Secure Socket Layer (SSL) encryption. Audit observed that out of the nine URLs hosted by CGMSCL only four URLs[84] are SSL certified.

Government stated (November 2022) that the security audit has been completed and a certificate for the same has also been issued by certified empaneled firm 'Tata Power Delhi Distribution Limited' in March 2022. All the URLs have been SSL certified.

4.10.5 Audit Trail

Internal audit system both in the manual as well as IT environment ensures that the controls are in place.

During the scrutiny of the system, Audit observed that there was no audit module in DPDMIS, EMIS & HIMIS systems to generate customised reports for facilitating the conduct of internal audit. Though the system has been operational since 2013, no mechanism was in place to verify the transactions and stock balances at the warehouses and healthcare facilities due to the absence of audit trails in the system.

Government stated (November 2022) that audit module will be rolled out after the assignment of manpower for the same and audit trail feature will be added by the end of FY 2022-23.

Conclusion

During 2016-22, the Department of Health and Family Welfare, GoCG (Department) had procured drugs, medicines and equipment valuing ₹ 3,753.18 crore. The GoCG had established (2010) Chhattisgarh State Medical Services Corporation Limited (CGMSCL) as a centralised nodal agency for all procurement and supply of drugs, medicines and equipment under the Health Department.

The Annual Indents (AI) for procurement of drugs, medicines and consumables were finalised by the Directorates of Health Department with delay and in *ad hoc* manner without considering previous consumption, existing stocks and purchase orders already placed. Moreover, programme/scheme drugs were not included in the AI. Further, local purchases were not entered in DPDMIS by Healthcare Institutions (HIs).

Despite having centralised procurement agency, the purchases of drugs, medicines and consumables were made through local purchase (decentralised procurement) which ranged from 26.79 to 50.65 *per cent* of total procurement during 2016-22.

CGMSCL failed to prepare/ finalise purchase manual for standardising purchase process in consonance with Chhattisgarh Stores Purchase Rules (CGSPR) due to which in many cases, purchases were made in violation of CGSPR. Out of total 278 tenders in which Rate Contracts (RCs) for

[83] Warehouse login and Facility online
[84] CGMSCL, HIMIS, EMIS, VRS

procurement of drugs, medicines and equipment were finalised during 2016-22, there were delay ranging from three to 649 days in finalisation of 165 tenders. As a result, there were instances of delay in supply of drugs resulting in non-availability of drugs as per essential drugs list (EDL) in the HIs and consequent local purchases or purchase of essential drugs by the patients on its own cost.

The validity period of new RCs for procurement of equipment and drugs was extended from one year to two years and from one year to 18 months respectively with extension period of six months by the CGMSCL without the approval of Competent Authority.

CGMSCL did not finalise the RC for all indented drugs and the percentage of drugs for which RC was not finalised during 2016-22 ranged between 48.82 (2016-2017) and 63.59 (2018-2019) *per cent* of the total indented drugs. Consequently, HIs had purchased untested EDL drugs valuing ₹ 97.93 crore through local purchase during 2017-22.

CGMSCL did not consider the price of reagents required for testing of equipment at the time of procurement of testing equipment and evaluated only cost of testing equipment. This resulted in purchase of reagents (₹ 129.27 crore) without inviting tenders considering them as proprietary item at the rates quoted by the supplier. Further, the technical specifications of equipment were fixed by DHS/ CGMSCL without due diligence which resulted in fixation of tailor-made specifications and led to irregular procurement of equipment worth ₹ 30.48 crore in four cases. CGMSCL had finalised RCs of equipment in three cases without proper assessment of reasonability of quoted rates which led to avoidable extra expenditure of ₹ 3.26 crore.

CGMSCL procured PET-CT machine in PPP mode for GMC, Raipur without finalisation of modalities for operating the machine resulting in idling of equipment and infrastructure worth ₹ 18.46 crore and deprival of intended facility to general public till November 2022. Further, Biosafety Cabinet, Calorimeter and Micro pipette were procured by the Health Department without requirement, which has resulted in unwarranted procurement of ₹ 23.09 crore. Further, 21 medical equipment valuing ₹ 8.13 crore was kept idle in GMCs/GMCHs Ambikapur, Raipur, Jagdalpur and Rajnandgaon due to technical fault, non-availability of vital parts, non-supply of reagents/kits, non-construction of necessary infrastructure, non-providing training to staff.

In case of procurement of drugs, medicines and consumables, CGMSCL had purchased them at higher rates due to lack of monitoring of prevailing market price, procurement by ignoring existing RCs with lower rates, rejection of lower rate on unjustified grounds which resulted in extra expenditure of ₹ 7.35 crore. CGMSCL also purchased drugs worth ₹ 23.98 crore from blacklisted firms. There were instances of procurement of drugs and medicines at tailor-made specifications. Invitation of tenders with indicative quantity instead of bulk quantity resulted in deprival of benefit of bulk purchase and consequent avoidable loss of ₹ 4.09 crore.

CGMSCL failed to get replacement of 'Not of Standard Quality' drugs from the supplier and neither levied penalty of ₹ 1.69 crore nor recovered

demurrage charges of ₹ 24.60 lakh from such defaulting suppliers.

The drugs inventory system was deficient as CGMSCL placed the purchase orders without considering available stock in its warehouses, the previous consumption trend and future requirement resulting in expiry of drugs valuing ₹ 33.63 crore.

There were instances of non-availability of drugs at HIs. Out of 272 EDL drugs required for DHs, only 103 drugs were available in seven test checked districts, as of 31 March 2022. Similarly, out of 149 EDL drugs required for CHCs, only 39 drugs were available in 14 test checked CHCs.

The prescribed temperature at the warehouses for storage of various drugs was not maintained by the CGMSCL due to lack of effective cooling system in test-checked warehouses, which may result in loss of efficacy and quality of drugs.

Procurement agency (CGMSCL) had procured COVID-19 related items worth ₹ 23.13 crore without recommendation of COVID Committee which was irregular.

Four Liquid Medical Oxygen (LMO) tanks purchased for GMCHs were lying idle. Further, Cryogenic LMO tank (12KL) fixed in DKSPGI hospital was not connected to the oxygen pipeline of the hospital.

There was lack of planning in developing IT system as the database of different software viz., Drug Procurement and Distribution Management Information System (DPDMIS), Equipment Management Information System (EMIS), Health Infrastructure Management Information System (HIMIS) and e-procurement were not interconnected and had overlapping modules related to procurement and payment.

In DPDMIS and EMIS various input processing/output controls and system security were inadequate such as failure to capture details of drugs at the time of receipt by scanning barcode, tertiary level drugs supplied to PHC, failure to generate unique Purchase Order (PO) number, non-levy of Liquidated Damages (LD)/penalty through system in case of delay in supply drugs and quality control reports.

Recommendations

The GoCG should:

12. ensure timeliness in procurement of centralised purchase of drugs, medicines and equipment for uninterrupted supply to HIs;

13. prepare standard generic specification for commonly used equipment across all the HIs to maintain uniformity and economy;

14. prepare the procurement manual in accordance with CGSPR.

15. evaluate the tenders of testing equipment in such a manner that cost of consumables/ reagents may also be considered.

16. strengthen the inventory management system in CGMSCL by applying scientific methods of inventory management and considering the existing stock, previous consumption trend and future demand.

17. ***ensure that asset created under emergency procurement viz., oxygen plant, oxygen pipeline etc., are put to use at HIs.***
18. ***strengthen process control/ output controls by proper mapping of business rules in IT system developed/to be developed.***
19. ***ensure proper validity checks in the system to prevent unauthentic and duplicate data with minimum manual intervention.***
20. ***initiate action to achieve full computerisation for interconnection of available databases of different software and operationalisation of all existing modules.***
21. ***ensure implementation of the barcode scanning system.***

Chapter – V

Availability and management of healthcare infrastructure

Chapter 5

Availability and management of healthcare infrastructure

Highlights

- In the State of Chhattisgarh 6,170 CHCs/ PHCs/ SHCs were available as of March 2022 against 7,665 required as per IPHS norms. Shortage in CHC, PHC and SHCs was 81 (32 *per cent*), 219 (22 *per cent*) and 1,195 (19 *per cent*) respectively. Out of 28 districts in the State, DH was functional only in 23 Districts due to conversion of five DHs into GMCHs.
- There was significant shortage of Healthcare Institutions (HIs) in the State in comparison with IPHS norms as of March 2022 and thus population served by CHCs, PHCs and SHCs was not uniform across various districts and ranged between 51,046 to 3,25,100 for CHCs, 16,677 to 61,739 for PHCs and 2,185 to 7,959 for SHCs.
- Out of targeted 47 CHCs only 16 CHCs, were upgraded as FRUs due to non-availability of manpower and infrastructure. Out of 500 earmarked PHCs, only 266 PHCs (53 per cent) were functional on 24x7 basis.
- In the State, 298 HIs were co-located and rendering health services in same premises. Six PHCs namely Kistaram and Gogunda in Sukma; Kiskodo and Gondahur in Kanker; and Bagra and Madguri in Balrampur district were not functional due to lack of building infrastructure.
- There were 838 HIs (CHC, PHC, SHC) which did not have their own designated building and there were non-availability of various basic facilities such as dedicated kitchen, boundary wall, CCTV camera, staff quarters, toilets, uninterrupted power supply, drinking water in these CHCs/PHCs/SHCs.
- The unit of Trauma Care Facility (TCF) could not be started in three GMCHs due to non finalisation of site despite receipt of fund from GoI. Similarly, the facilities of Burn Unit and State Cancer Institute was also not started in GMCH Bilaspur though fund was received from GoI, liquid Medical Oxygen Tank was supplied but not installed in three GMCHs for seven to 10 months as of March 2022.
- There were only 1.13 beds available for every 1,000 population in the State which was less than the norms of National Health Policy of two per 1,000 population in HIs as of March 2022. In 12 districts, availability of bed was less than one.
- In the State, 1,213 SHCs could not be upgraded into the Health and Wellness Centres (HWCs) against the target of 4,421 and out of upgraded HWCs, 450 HWCs could not be made operational as Community Health Officers (CHOs) were not posted in these HWCs as of March 2022.
- In 172 CHCs in the State functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms. In 48 out of 172 CHCs, there was shortage of beds ranging from four to 25 against the requirement of 30 beds in a CHC. Similarly, in 776 PHCs against the requirement of 4,656 beds

- there were 5,191 beds available. However, in 147 out of 776 PHCs the shortage of beds was ranging from one to six against the norms of six beds.
- In the State, 30 Maternal Child Health (MCH) wings were sanctioned with 2,250 beds. Out of this, 25 were operational with 1,750 functional beds and five were not operational due to lack of infrastructure.
- Against the Administrative Approval (AA) for 4,360 types of construction and renovation works of various HIs, Chhattisgarh Medical Services Corporation Limited (CGMSCL) had finalised the tender for 2,798 works (64.18 *per cent*) and issued work orders of ₹ 733.81 crore to various contractors for execution of construction, renovation, maintenance works of various HIs during 2016-22. The remaining 1,562 works (35.82 *per cent*) were not taken up by CGMSCL due to non-availability of site, changes in site, less participation in tender, non-allotment of fund etc.
- Out of the 265 construction works for AYUSH facilities across State for the period 2016-22, 100 works amounting to ₹ 13.60 crore remained incomplete. The test checked healthcare facilities had inadequate infrastructure resulting in lack of storage space, idling of equipment and inefficient stock management.

5.1 Introduction

To ensure the quality provision of close-to-client health services, an organised health service provider network is essential. For this, benchmarks are needed to ensure that expected standards are maintained. This purpose is being served by Indian Public Health Standards (IPHS) which are a set of uniform standards envisaged to improve the quality of healthcare delivery in the country. IPHS norms were revised in 2012 and 2022 keeping in view the changing protocols of the existing programmes and introduction of new programmes.

These standards cover Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs). They provide guidance on the infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering healthcare services at these institutions. Every Medical college and its associated teaching hospitals had to adhere minimum standard requirements for the medical colleges stipulated by the Medical Council of India (now National Medical Commission).

5.2 Availability of Infrastructure

Health infrastructure is an important indicator for implementation of the healthcare policy and welfare mechanism in a State. The building infrastructure has been described as the basic support for the delivery of public health activities. To deliver quality healthcare services to the public, suitably placed, adequate and properly maintained building infrastructure is essential.

Healthcare services in the State are provided through a three-tier system *viz.* primary, secondary and tertiary healthcare services. A brief description is given in ***Table - 5.1***:

Table - 5.1: Types of healthcare services *vis-à-vis* brief description

Category of Healthcare services	Brief Description
Primary Healthcare Services	This includes CHCs, PHCs and SHCs. The PHC is the cornerstone of rural health services. After introduction of *Ayushman Bharat* – Health and Wellness Centre (AB-HWC), all the SHCs and PHCs are to be converted to HWC by 2024.
Secondary Healthcare Services	Secondary healthcare refers to a second tier of health system, in which patients from primary healthcare are referred to specialists in higher hospitals for treatment. The health centres for secondary healthcare are the DHs at district level. They form a link between SHC, PHC, CHC and Government Medical College Hospitals (GMCHs). The District Healthcare system is the fundamental basis for implementing various health policies, delivery of healthcare and management of health services for a defined geographic area that is, a district.
Tertiary Healthcare Services	Tertiary healthcare refers to a third level of health system, in which specialised consultative care is provided usually on referral from primary and secondary medical care. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel are the key features of tertiary healthcare. Under public health system, tertiary care service is provided by GMCHs and advanced medical research institutes. It comprises of Medical College associated hospitals which provide specialized healthcare services.

The details of healthcare institutions (HIs) available in the State as of March 2022 are given in ***Table - 5.2***:

Table - 5.2: Number of HIs available in State during 2016-22

S. No.	Category of Healthcare services	Healthcare facility	Available in Numbers			Increase As per administrative report (*per cent*)
			As per administrative report		No. of HIs as per data provided by CMHOs	
			2016-17	2021-22		
1	**Tertiary Healthcare Services**	Super Specialty Hospital (DKSPGI)	NA	01	01	1 (100)
		Government Medical College Hospitals (GMCHs)	06	10	10	4 (66.66)
2	**Secondary Healthcare Services**	District Hospitals (DHs)	26	25	23	--
		Civil Hospitals (CH)	19	20	20	1 (5.26)
3	**Primary Healthcare Services**	Community Health Centres (CHCs)	169	171	172	2 (1.18)
		Primary Health Centres (PHCs)	785	793	776	8 (1.02)
		Sub Health Centres (SHCs)	5,186	5,206	4996	20 (0.39)
4	**Urban Healthcare Institutions**	Urban Community Health Centre (UCHC)	Not available	04	04	---
		Urban Primary Health Centre (UPHC)		52	52	
		Swasthya Suvidha Kendra (SSK)		370	370	
		Total	**6,191**	**6,652**	**6,424**	**0.60**

(Source: Administrative Report of the Department for 2016-17 and 2021-22 and information provided by Chief Medical & Health Officers of the State)

It could be seen from the above table that there was a marginal increase of 0.60 *per cent* in the overall number of HIs in Chhattisgarh from 2016 to 2022 mainly as a result of increase in primary HIs. However, during the same period, the number of GMCHs increased by 67 *per cent* by converting DHs into GMCHs.

Audit observed that the number of HIs (DHs, CHCs, PHCs and SHCs) as shown in the administrative report of the Department for the year 2021-22 was not matching with the actual HIs as per information provided by the Chief Medical and Health Officer (CMHOs) of the districts as detailed in above table. The reason for excess/ deficit in functional HIs in the State was not ascertained by the DHS.

5.3 Availability of DHs, CHCs, PHCs and SHCs vis-à-vis prescribed norms

National Health Policy (NHP) emphasised filling up of wide gaps of infrastructure development. NHM framework envisages service delivery by primary level HIs *i.e.*, CHCs, PHCs and SHCs based on population as per IPHS norms. For district level healthcare services every district is expected to have a DH as per IPHS norms. Requirement of primary HIs as per IPHS norms is mentioned in the ***Table - 5.3***:

Table - 5.3: Requirement of HIs as per IPHS norms based on population

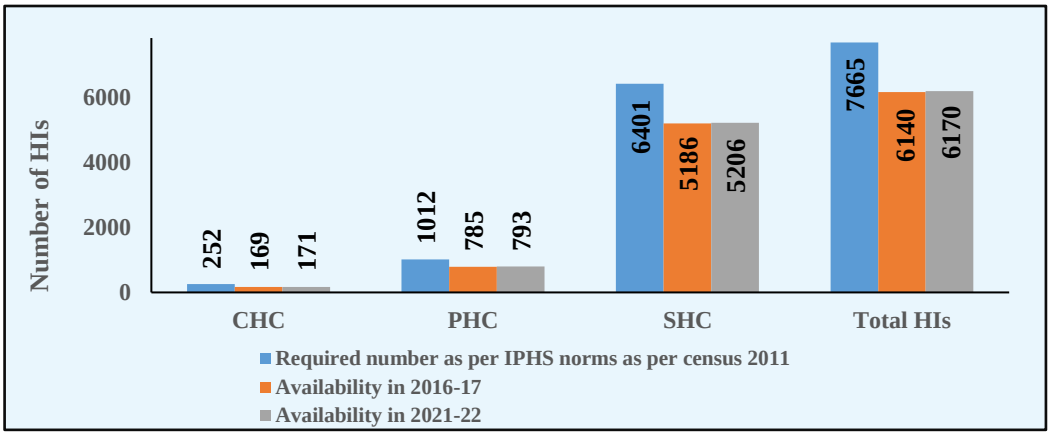
HIs	Population norm for Plain area	Population norm for Tribal/ hilly area
SHC	5,000	3,000
PHC	30,000	20,000
CHC	1,20,000	80,000

(Source: IPHS norms)

Audit observed that out of 28 districts in the State, DHs are functional only in 23 districts as of March 2022 due to conversion of DHs into GMCHs in five districts (Surguja, Raigarh, Kanker, Korba and Mahasamund).

Audit further observed that there was significant shortage of CHCs, PHCs and SHCs in the State against the IPHS norms as of 31 March 2022 as shown in ***Chart - 5.1***:

Chart - 5.1 Number of HIs required as per IPHS norms *vis-à-vis* actual available in State



(Source: Administrative report of Department 2016-17 and 2021-22)

From ***Chart - 5.1***, it may be seen that over a period of five years, only two CHCs, eight PHCs and 20 SHCs were added in the State.

Audit observed that only 6,170 CHCs/ PHCs/ SHCs were available in the State as of March 2022 against IPHS norms of 7,665. Shortage in CHC, PHC and SHCs was 81 (32 *per cent*), 219 (22 *per cent*) and 1,195 (19 *per cent*) respectively.

Framework for implementation of National Urban Health mission (NUHM) envisages that for every 2.5 lakh urban population an Urban Community Health Center (UCHC) will be created with in patient facility, 30-50 bedded and for every 50,000 population an Urban Primary Health Center will (UPHC) be created.

Audit observed that only 426 UCHCs/ UPHCs/ SSKs were available in the State as of March 2022 against NUHM guidelines of 1,054. Shortage in UCHC, UPHC and SSKs were 15 (79 *per cent*), 42 (45 *per cent*) and 571 (61 *per cent*) respectively.

Audit further observed that though the NHM had done gap analysis of HIs established against the IPHS norms based on census 2011 data and projected population of 2020-21 but HIs were not established to fill the gaps. As per census 2011, Audit has assessed district wise requirement and availability (as per data provided by CMHOs) of CHC/PHC/SHC against the IPHS norms, as given in the ***Table - 5.4***:

Table - 5.4: District wise requirement and availability of CHC/PHC/SHC against IPHS norms

Sl. No	District	CHCs			PHCs			SHCs		
		Requi-red as per IPHS norms	Availa-bility as of 2021-22	Short-age (+) / Excess (-) (*per cent*)	Requi-red as per IPHS norms	Availa-bility as of 2021-22	Short-age (+)/ Excess (-) (*per cent*)	Requ-ired as per IPHS norms	Availa-bility as of 2021-22	Short-age (+) / Excess (-) (*per cent*)
1	**Balod**	**8**	6	**25**	**30**	30	**0**	**186**	161	**13**
2	Baloda Bazar	11	7	36	44	30	32	261	152	42
3	Balrampur	7	5	29	30	29	03	200	193	04
4	Bemetara	7	5	29	27	21	22	159	127	20
5	Bijapur	3	5	-67	13	10	23	85	87	-2
6	**Bilaspur**	**14**	5	**64**	**54**	41	**24**	**325**	192	**41**
7	Dantewada	4	4	0	14	13	7	94	75	20
8	Dhamtari	7	3	57	30	24	20	184	169	8
9	Durg	14	9	36	57	21	63	344	128	63
10	Gariyaband	6	6	0	26	17	35	164	198	-21
11	GPM[1]	4	3	25	17	15	12	112	74	34
12	Jagdalpur	10	7	30	42	37	12	278	234	16
13	Janjgir-Champa	13	11	15	54	48	11	324	273	16
14	Jashpur	11	8	27	43	35	19	284	263	7
15	Kabirdham	7	6	14	30	24	20	189	147	22
16	Kanker	9	8	11	37	34	8	250	249	0
17	**Kondagaon**	**7**	6	**14**	**29**	22	**24**	**193**	173	**10**
18	Korba	15	6	60	60	35	42	402	214	47
19	**Korea**	**8**	6	**25**	**33**	29	**12**	**220**	188	**15**
20	Mahasamund	9	5	44	34	30	12	207	227	-10
21	Mungeli	6	3	50	23	28	-22	140	124	11
22	Narayanpur	2	2	0	7	8	-14	47	64	-36
23	Raigarh	15	10	33	61	52	15	388	338	13
24	**Raipur**	**18**	7	**61**	**72**	18	**75**	**432**	164	**62**
25	Rajnandgaon	13	10	23	51	48	6	307	312	-2
26	Surguja	11	7	36	42	26	38	280	198	29
27	**Sukma**	**3**	3	**0**	**13**	15	**-15**	**83**	105	**-27**
28	**Surajpur**	**10**	9	**10**	**39**	36	**8**	**263**	167	**37**
Total		**252**	**172**	**80 (32)**	**1012**	**776**	**236 (23)**	**6,401**	**4,996**	**1405 (22)**

(Source: IPHS norms and Data provided by CMHOs)

Color code:

Excess/No shortage	Shortage range		
Upto Zero	1-25 *per cent*	26-50 *per cent*	**51-100 *per cent***

It could be seen from the above table that shortage of CHCs, PHCs and SHCs in the districts of Chhattisgarh ranged from 10 to 64 *per cent* (in 23 districts), three to 75 *per cent* (in 24 districts) and four to 63 *per cent* (in 21 districts) respectively. In test checked districts, Audit observed that there was gap of 26 CHCs (38 *per cent*), 79 PHCs (29 *per cent*) and 552 SHCs (32 *per cent*) against IPHS norms, as highlighted in bold in ***Table - 5.4***.

[1] Gourella Pendra Marwahi

There were sufficient HIs as per the IPHS norms in two districts (Narayanpur and Sukma), whereas there was severe shortage of HIs at all level in Raipur district, as depicted in the following heat maps of CHCs, PHCs, and SHCs.

Chart -5.2 (a): Community Health Centres Gap Analysis

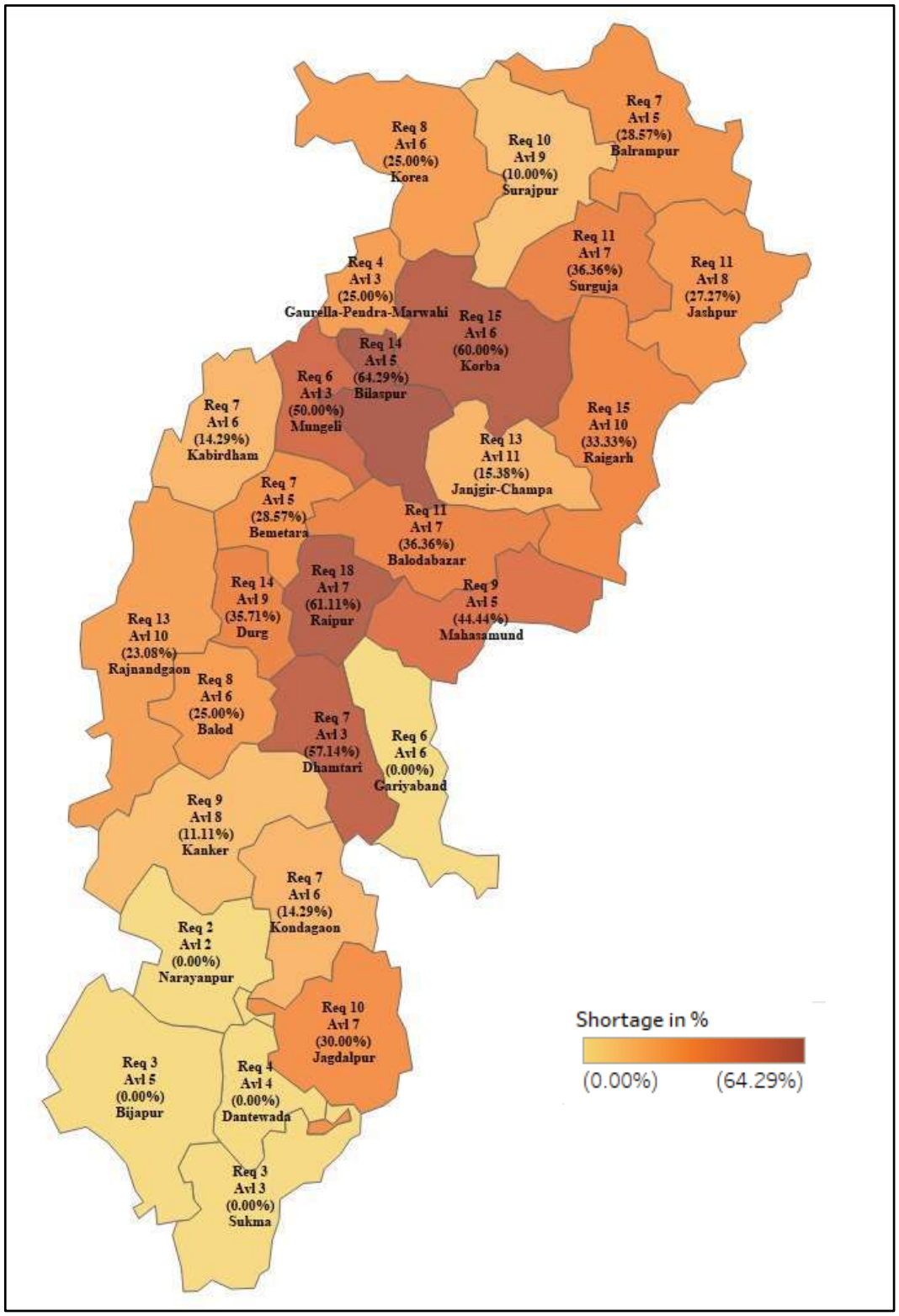


Chart – 5.2 (b): Primary Health Centres Gap Analysis

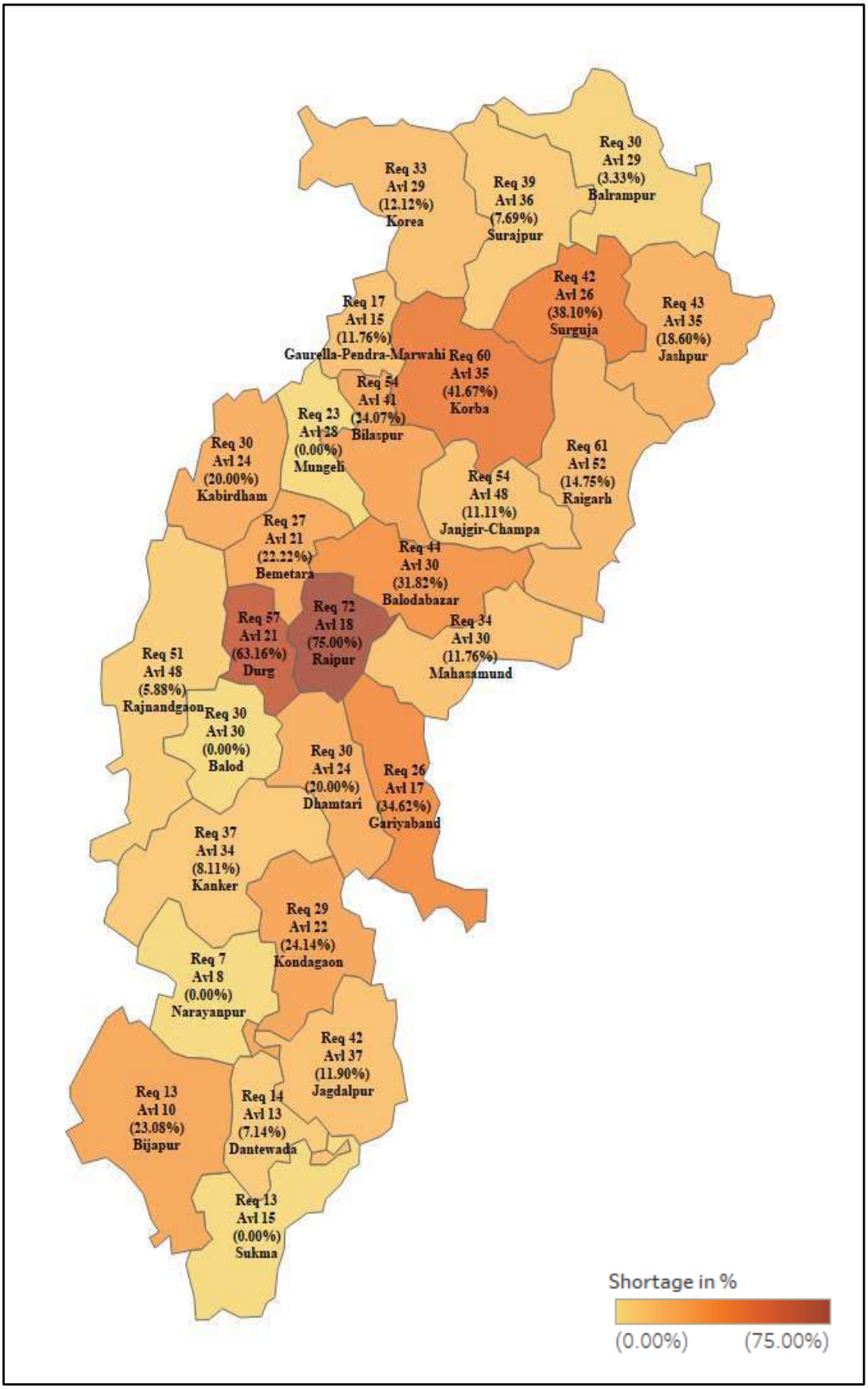
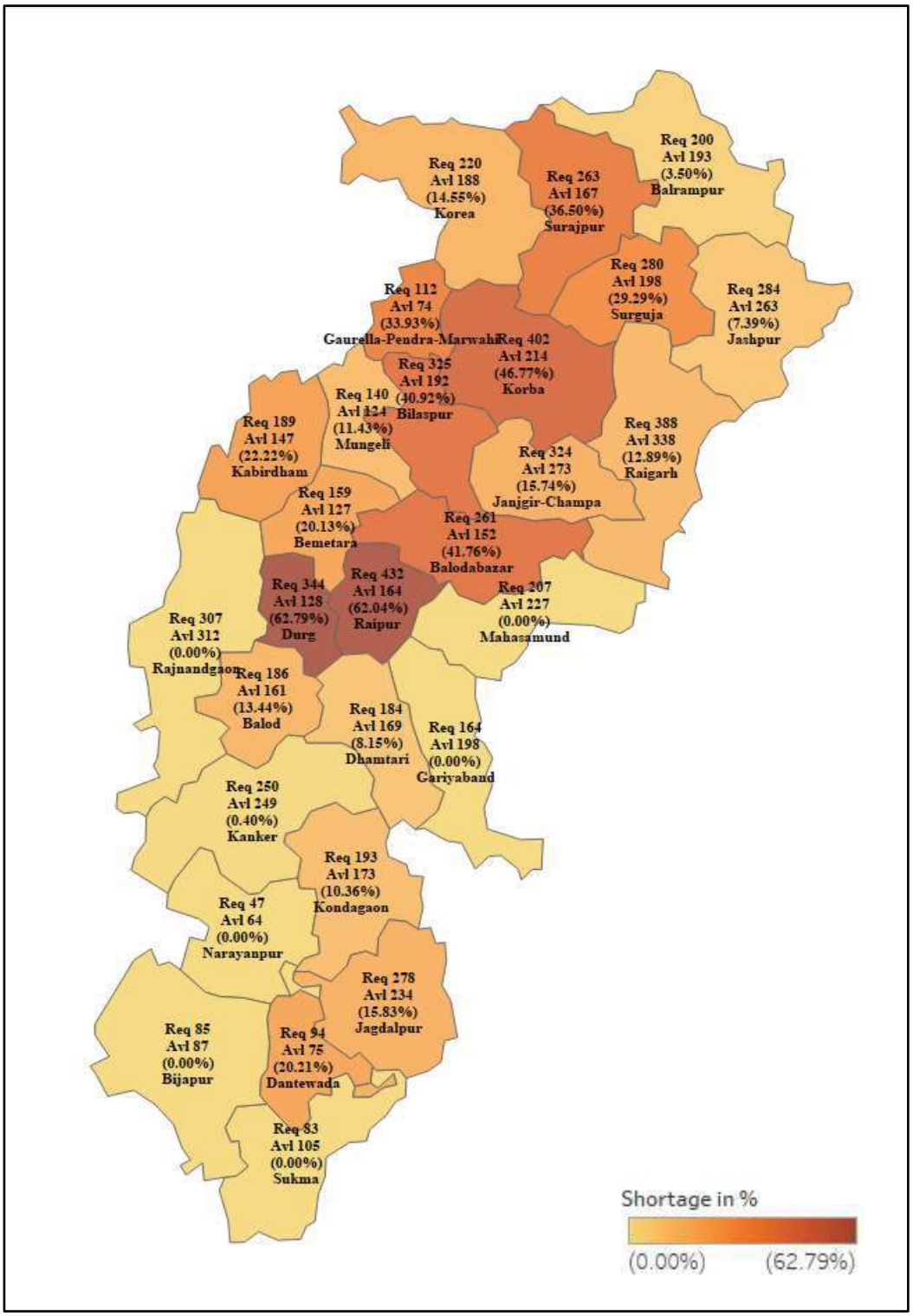


Chart – 5.2 (c): Sub-Health Centres Gap Analysis



The department did not set targets for year-wise up-gradation/ new establishment of CHCs/ PHCs/ SHCs. Audit further observed that there was variation across districts in terms of population served per CHC/ PHC/ SHC as detailed in the ***Table - 5.5***:

Table - 5.5: District wise number of persons per CHC/PHC/SHC

Name of the District	Population as per 2011 census	No. of CHCs available	No. of persons per CHC	No. of PHCs available	No. of persons per PHC	No. of SHCs available	No. of persons per SHC
Balod	**8,26,165**	**6**	**1,37,694**	**30**	**27,539**	**161**	**5,131**
Baloda Bazar	13,05,343	7	**1,86,478**	31	42,108	164	**7,959**
Balrampur	5,98,855	5	1,19,771	29	20,650	193	3,103
Bemetara	7,95,759	5	1,59,152	21	37,893	127	6,266
Bijapur	2,55,230	5	51,046	10	25,523	87	2,934
Bilaspur	**16,25,502**	**5**	**3,25,100**	**44**	**36,943**	**222**	7,322
Dantewada	2,83,479	4	70,870	13	21,806	75	3,780
Dhamtari	7,99,781	3	2,66,594	25	31,991	182	4,394
Durg	17,21,726	9	**1,91,303**	30	**57,391**	221	**7,791**
Gariyaband	5,97,653	6	99,609	17	35,156	198	3,018
GPM	3,36,420	3	1,12,140	15	22,428	74	4,546
Jagdalpur	8,34,375	7	1,19,196	40	20,859	243	3,434
Janjgir-Champa	16,19,707	11	1,47,246	49	33,055	277	5,847
Jashpur	8,51,669	8	1,06,459	35	24,333	263	3,238
Kabirdham	8,22,526	6	1,37,088	25	32,901	152	5,411
Kanker	7,48,941	8	93,618	35	21,398	253	2,960
Kondagaon	**5,78,326**	**6**	**96,388**	**22**	26,288	**173**	3,343
Korba	12,06,563	7	**1,72,366**	38	**31,752**	244	**4,945**
Korea	**6,58,917**	**6**	**1,09,820**	**30**	21,964	**196**	**3,362**
Mahasamund	10,32,754	5	**2,06,551**	31	33,315	232	4,452
Mungeli	7,01,707	3	**2,33,902**	29	24,197	128	5,482
Narayanpur	1,39,820	2	69,910	8	17,478	64	2,185
Raigarh	14,93,627	10	**1,49,363**	55	27,157	350	4,268
Raipur	**21,60,876**	**10**	**2,16,088**	**35**	**61,739**	**277**	**7,801**
Rajnandgaon	15,37,133	10	1,53,713	51	30,140	332	4,630
Surguja	8,40,352	7	**1,20,050**	29	28,978	206	4,079
Sukma	**2,50,159**	**3**	**83,386**	**15**	**16,677**	**105**	**2,382**
Surajpur	**7,89,043**	**9**	**87,671**	**36**	21,918	**167**	**4,725**
Total	**2,54,12,408**	**176**		**828**		**5,366**	

(Source: Census 2011 data and information provided by CMHO of districts)

(Test checked districts have been highlighted in bold letter) (CHCs include UCHCs, PHCs include UPHCs and SHCs include SSKs)

Color code for population served by HIs as per IPHS norms:

Within norms	**more than 1-25 percent of IPHS norms**	**Above 25 and below 50 percent of IPHS norms**	**more than 50 percent of IPHS norms**

From the above table, it could be seen that Durg, Korba and Raipur districts faced severe shortage of CHCs, PHCs and SHCs in the State and population served by the HIs in the Raipur district was highest among the districts in the State. High population load was being served by CHCs in ten districts. Similarly, PHCs of five districts and SHCs of six districts served the highest populations among the districts in the State.

DHS stated (January 2023) that the budget is limited and as per available budget, the number of HIs is gradually increasing.

It is evident from the reply that the Department had failed to create the sufficient HIs as per the IPHS norms in the State.

5.4 Gaps in availability of Healthcare Institutions

Audit observed that health infrastructure in Chhattisgarh was affected by regional imbalances of availability as well as non-functional hospitals.

5.4.1 Availability of Healthcare Institutions in tribal and non-tribal areas

Tribal/ non-tribal area wise availability of HIs, and requirement as per IPHS norms in Chhattisgarh, on the basis of population of census 2011 is given in the following ***Table - 5.6*** :

Table - 5.6: Availability of HIs in tribal/ non tribal areas in State

Category (Tribal/ Non-tribal)	HIs	Required no. of HIs as per IPHS norms	Available number HIs as of March 2022	Shortage (no.)	Shortage (*per cent*)
Tribal	CHC	122	96	26	21
	PHC	495	411	84	17
	SHC	3299	2,851	448	14
Non -tribal	CHC	130	76	54	42
	PHC	517	365	152	29
	SHC	3,102	2,145	957	31
Grand total		**7,665**	**5,944**		

(Source: information provided by CMHOs)

It could be seen from the table that there were shortage of HIs in tribal and non-tribal area in comparison to IPHS norms. The shortage of HIs in non- tribal areas was on higher side and there were shortage of 54 CHCs (42 *per cent*), 152 PHCs (29 *per cent*) and 957 SHCs (31 *per cent*). Similarly, in tribal areas there were shortage of 26 CHCs (21 *per cent*), 84 PHCs (17 *per cent*) and 448 SHCs (14 *per cent*).

5.4.2 Operation of Healthcare Institutions in same premises

Audit observed that 298 HIs were co-located and rendering health services in same premises of other HIs. Eight PHCs were running in SHC building,

270 SHCs were running in PHC building, 18 SHCs were running in CHC buildings and one SHC and one CHC was running in DH building. The designated services of SHCs were restricted to field work only because higher HIs were operating in the same building. The co-located HIs are depicted in ***Photograph 1 to 3***:

1. PHC Nawagaon and SHC Nawagaon co-located and SHC was not functional and used as store (Date 19 May 2023)

2. CHC Bhaiyathan and SHC Bhaiyathan in same campus (Date 18 May 2023)

3. PHC Bahrasi and SHC Bahrasi in same location (Date 17 May 2023)

5.4.3 Non-functional PHCs in the State

Audit observed that out of 776 PHCs in the State, six PHCs namely Kistaram and Gogunda in Sukma district; Kiskodo and Gondahur in Kanker district; and Bagra and Madguri in Balrampur district were not functional as per the data provided by the Department. Due to non-availability of building, healthcare services were also not being provided to the public. The manpower posted in these PHCs were providing services in other HIs.

Case study 1: CHC Takhatpur, district Bilaspur

During physical verification of CHC Takhatpur, which was upgraded from PHC to CHC in 1985, Audit observed that despite lapse of 37 years since its upgradation, the CHC was being operated with 20 bedded capacity in old PHC building against the mandatory norms of 30 beds. As a result, the patients of the Takhatpur block were dependent either on DH or private hospitals. Apart from the essential services viz. operation theatre, separate central store for drugs and medicines, adequate staff quarters for doctors and staff nurses were not available.

4: CHC Takhatpur running in PHC building (Date 22.03.2022)

5.5 Non-achievement of target for operating First Referral Units and Primary Health Centres on 24x7 basis

First Referral Units (FRUs) provides comprehensive 24x7 obstetric and gynecological services. The facilities available in functional FRUs include normal delivery, management with antibiotics, management of high blood pressure and convulsions, removal of retained placenta by hand, medical termination of pregnancy, assisted delivery, newborn resuscitation, C-section operation and blood transfusion.

The Executive Committee of State Health Society (Committee) under NHM decided (July 2016) to operate 75 HIs (25 DH, 3 Civil Hospital (CH) and 47 CHCs) as FRUs and 492 PHCs (revised to 500 PHC in 2021) to run round the clock (24X7 basis).

- Audit observed (October 2021) that 43 HIs (25 DHs, 2 CHs, 16 CHCs) were upgraded as FRUs and remaining 32 HIs could not be made functional due to non-availability of human resources, trained manpower and infrastructure.
- Out of 500 PHCs only 266 PHCs (53 *per cent*) were functional on 24X7 basis.

Thus, the target to run the required number of FRUs and PHCs on 24X7 basis, even after lapse of five years could not be achieved, which ultimately resulted in deprival of FRU services to the targeted population.

5.6 Availability of infrastructure

IPHS norms provide for availability of own designated Government building, uninterrupted power supply, drinking water, drainage system, toilet facilities, dedicated kitchen, dedicated stores, boundary wall, CCTV camera, doctor's quarters etc. in the HIs. Audit observed the discrepancies in the availability of the basic facilities in the HIs as discussed in the following paragraphs:

5.6.1 Operation of Healthcare Institutions in other buildings

Audit observed that as of March 2022, 838 (14.10 *per cent*) out of 5,944 HIs (CHCs/PHCs/SHCs) in the State did not have own designated Government buildings and were operational from community centres, *panchayat bhavan*, and rented buildings etc., as detailed in the ***Table - 5.7***:

Table - 5.7: Details of HIs in other buildings

Healthcare Institutions	No. of rented Buildings	No. of rent-Free *Panchayat* / Society Buildings
CHCs	0	3
PHCs	3	61
SHCs	25	746
Total	**28**	**810**

(Source: Information furnished by NHM)

It could be seen from above that 838 HIs were operated on temporary premises on arrangement basis. Due to unspecified design these premises lacked facilities like adequate space, infrastructure, service delivery, beds, toilets etc.

5.6.2 Basic infrastructure

(a) General appearance and upkeep of DHs and other HIs

IPHS norms prescribe good appearance and up-keep of hospitals, environmentally friendly features, circulation areas and other Disaster Prevention Measures. General Appearance and up-keep in test checked seven DHs is detailed in the ***Table - 5.8***:

Table - 5.8: General appearance and up-keep in seven test checked DHs

Particulars	Required (IPHS norms)	Baikunthpur	Balod	Bilaspur	Kondagaon	Raipur	Sukma	Surajpur
Environment friendly features	i. Rainwater harvesting ii. solar energy use iii. use of energy-efficient bulbs/ equipment iv. Provision for horticulture services including herbal garden.	Yes	Yes	Yes	Yes	Yes (solar energy system was not available)	Yes (solar energy system was not available)	Yes (Rainwater harvesting system was not installed)
Circulation areas	i. Circulation areas co-mprise corridors, lifts, ramps, staircase and other common spaces etc ii. anti-skid flooring and non slippery.	Yes	Yes (except anti-skid flooring)	Yes	Yes	Yes	Yes	Yes
Disaster Prevention Measures	i. Earthquake proof measures – structural and non- structural built in to withstand quake as per geographical/ state Government guidelines.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

(Source: Information furnished by test-checked DHs)

During joint physical inspection in DH Kondagaon, CHC Kota, CHC Arang and GMCH Bilaspur, Audit observed that the hospital buildings were poorly maintained and critically important wards like female wards, major OT and x-ray room were in a dilapidated condition due to seepages/ moisture causing peeling of paint and damaging the roofs as seen in the following ***Photograph 5 to 12*:**

5. Seepage and scrape in female surgical ward GMCH Bilaspur (19 April 2022)

6. Seepage of water in the ceiling of Major OT GMCH Bilaspur (19 April 2022)

7. Plaster coming out of Nurse duty room in Surgical ward II GMCH Bilaspur (19 April 2022)

8. Seepage in the walls of X ray room GMCH Bilaspur (19 April 2022)

9. Approach road to reach the isolation ward was not constructed at CHC Arang. (9 May 2023)

10. Plaster of roof came off in X -ray room CHC Kota and X-ray services are blocked (19 May 2023)

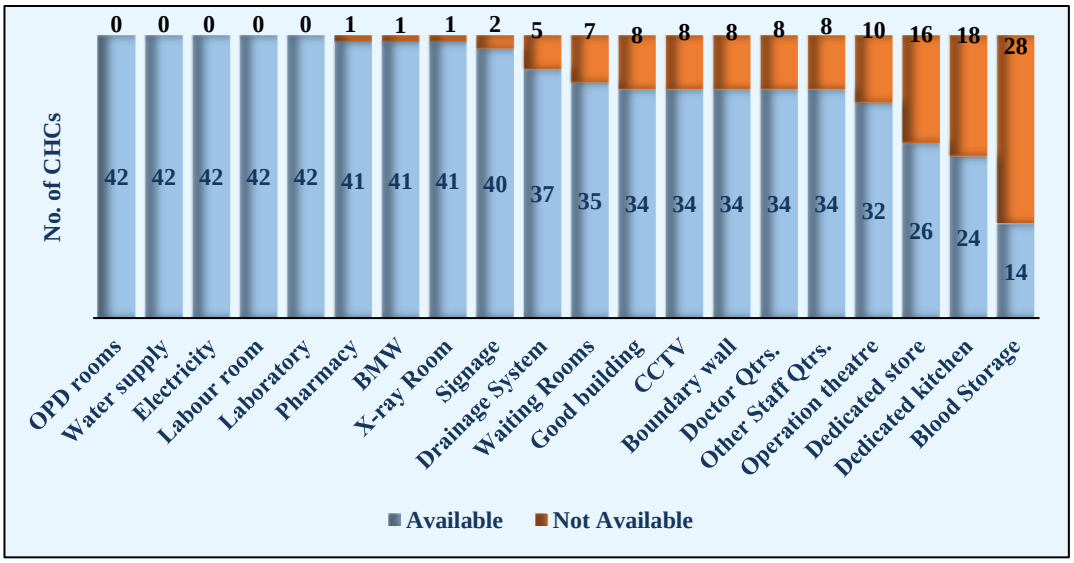
11. Seepage in Labour room CHC Arang (Date 09 May 2023)

12. Seepage in IPD ward of DH Kondagaon (Date 22 May 2023)

(b) Community Health Centres

Availability of basic infrastructure in all 42 CHCs of seven test checked districts of Chhattisgarh is shown in the following ***Chart - 5.3***

Chart - 5.3: Availability of basic infrastructure in CHCs of test checked seven districts



(Source: Compiled from data provided by CHCs/CMHOs)

It is evident from the above chart that OPD rooms, labour rooms, laboratory, water supply and electricity facility were available in all CHCs. Further, audit observed following discrepancies in CHCs of test checked districts:

- In eight CHCs buildings were not in good condition and boundary walls were not available in eight CHCs.
- 10 CHCs functioned without operation theatre and in 16 CHCs dedicated stores were not available.
- Two CHCs were running without proper signage.
- 28 CHCs functioned without blood storage unit. In 18 CHCs dedicated kitchen was not available.
- Residential facility for doctors and staff was not available in eight CHCs.

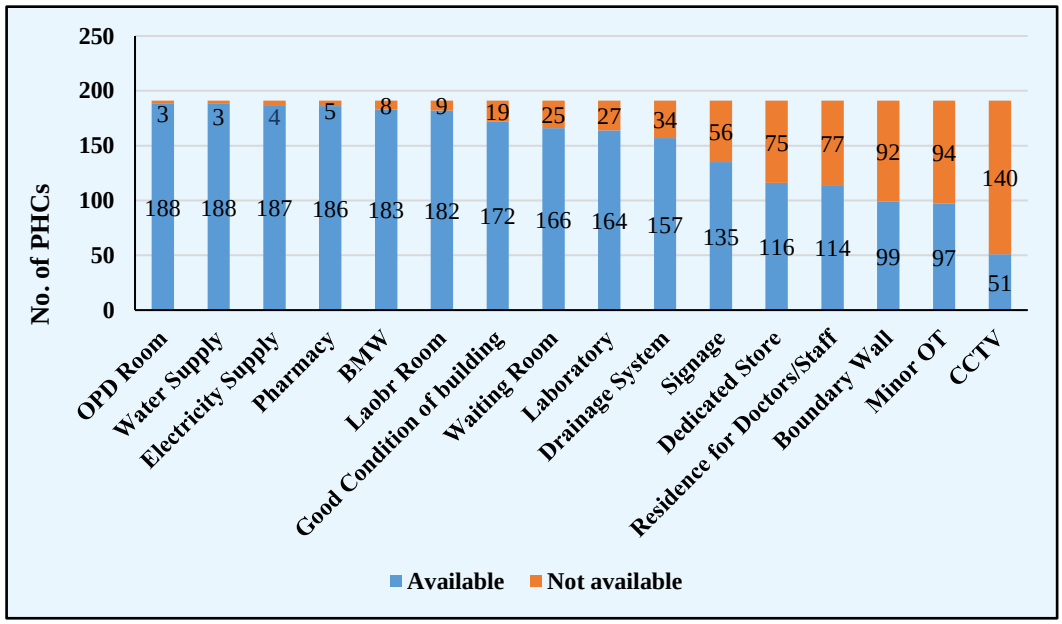
In test checked 14 CHCs it was observed that OPD room, labour room, water supply, electricity supply and X ray room was available in all the CHCs but OT, CCTV facility and blood storage facility was not available in three[2], two[3] and nine[4] CHCs respectively.

(c) Primary Health Centres

Availability of basic infrastructure in all 191 PHCs in seven test checked districts is shown in the following ***Chart - 5.4:***

[2] CHC Bishrampur, Chhindgarh and Kota
[3] CHC Bhaiyathan and Konta
[4] CHC Bhaiyathan, Bishrampur, Chhindgarh, Chirmiri, Dondi, Dondilohara, Makdi, Takhatpur and Vishrampuri

Chart - 5.4: Availability of basic infrastructure in the PHCs of test checked seven districts



(Source: information provided by CMHOs/PHCs)

Audit observed following shortcomings in the infrastructure facilities of PHCs in the test check districts: -

- OPD rooms and water supply facility were not available in three PHCs.
- Electricity facility was not available in four PHCs. Pharmacy, Bio Medical Waste and Labor room facility was not available in five, eight and nine PHCs respectively.
- Building condition of 19 PHCs was not good. Waiting room and laboratory was not available in 25 and 27 PHCs.
- Drainage system was not available in 34 PHCs. In 56 PHCs were having signage boards and in 92 PHCs boundary wall were not there.
- Dedicated stores and residence for doctors or other staffs were not available in 75 and 77 PHCs respectively. Further, Minor OT was not available in 94 PHCs and CCTV was not installed in 140 PHCs.

In test checked 14 PHCs Audit observed that CCTV camera and boundary wall was not available in six PHCs[5] (43 *per cent*) and five PHCs[6] (36 *per cent*) respectively. Non-availability of doctors residence and drainage system in six PHCs[7] and three PHCs[8] respectively were seen.

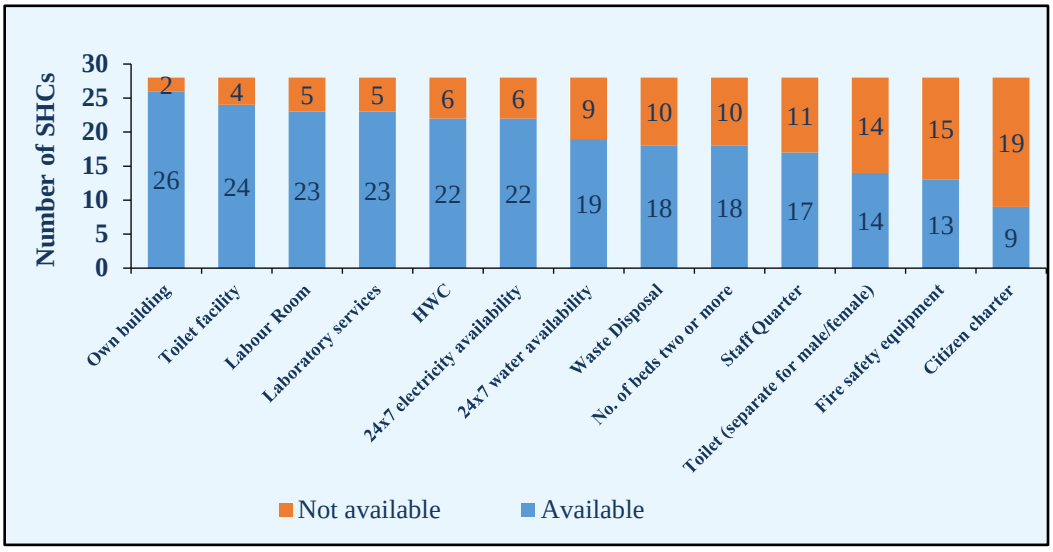
Thus, non-availability of all basic facilities would have affected the quality of healthcare services.

[5] PHC Reewa, Bangoli, Belpan, Sanjari, Chikhlakasa and Salka
[6] PHC Chintagupha, Reewa, Sanjari, Bahrasi and Basdei
[7] PHC Salna, Reewa, Nawagaon (Salka), Belpan, Sanjari and Basdei
[8] PHC Shampur, Salna and Chikhlakasa

(d) Sub-Health Centres

Availability of basic infrastructure in test checked 28 SHCs in test checked seven districts is shown in the following ***Chart - 5.5***:

Chart - 5.5: Availability of basic infrastructure in the test checked 28 SHCs of selected districts.



(Source: information provided by CMHOs/SHCs)

Audit observed following shortcomings in the infrastructure facilities of 28 SHCs in the test check districts:

- Two SHCs[9] did not have own Government building and toilet facility was not available in four SHCs[10], furthermore separate toilet facility for male and female was not available in 14 SHCs.
- Labor room and laboratory services were not available in five SHCs.
- Six SHCs[11] were not upgraded to HWCs under *Ayushman Bharat Yojana* and 24x7 electricity supply was not available in six SHCs[12].
- Water facility (24x7) was not available in nine SHCs and 10 SHCs were not having waste disposal facility and 10 SHCs were functioning with the bed capacity of less than two.
- 11 SHCs did not have staff quarters for ANMs. Further, fire safety equipment was not available in 15 SHCs and citizen charter was not displayed in 19 SHCs.

[9] SHC Minpa and Kolaiguda
[10] SHC Belpan, Kolaiguda, Minpa and Salka
[11] SHC Bahrasi, Salka, Minpa. Kolaiguda, Leda and Belpan
[12] SHC Salka, Satyanagar, Minpa, Kolaiguda, Belpan and Amali

5.6.3 Infrastructure not created in Government Medical College Hospitals

Audit observed that despite availability of funds various health infrastructures could not be created in GMCHs as mentioned in succeeding paragraphs:

(a) Inordinate delay in establishment of Trauma Care Facility (TCF)

The MoHFW, GoI, initiated a centrally sponsored scheme "Capacity building for trauma care facilities in Government Hospitals on National Highways". Under the scheme GoI sanctioned (2014-17) funds for creation of trauma care facility centres at a cost of ₹ 10.27 crore each at GMCH Raipur, Bilaspur and Jagdalpur while in Raigarh and Ambikapur with a cost of ₹ 4.94 crore each. The funding pattern for this scheme was initially bifurcated between GoI and GoCG at the ratio of 70:30, which was later revised to 60:40. As per Clause 6 (e) of MoU executed between GoI and GoCG, the maximum time limit for establishing of trauma unit was within two years from release of grants by the GoI. Against GoI share of ₹ 24.42 crore, grant of ₹ 15.93 crore was released by GoI between 2014-17.

Audit observed that in four GMCHs out of five GMCHs which were covered under the scheme had not finalised the site for construction of trauma care centre as mentioned in ***Table - 5.9***:

Table - 5.9: Showing details of fund released and status of work of trauma care in GMCHs

(₹ in crore)

Name of GMCH	Fund released by GoCG for construction	Fund released by GoCG for equipment	Year of fund transfer	Status of work	Reasons for delay
Ambikapur	1.00	2.32	2020-21	Started	Delay in Site clearance and work commenced (Apr 2022)
Bilaspur	Nil	Nil	Nil	Not started	Site finalized was changed, new site not yet finalized
Jagdalpur	1.50	4.42	2020-21	Not started	
Raipur	1.05	Nil	2016-17	Not started	
Raigarh	Nil	1.87	2019-20	Not started	
Total	**3.55**	**8.61**			

(Source: Compiled from records furnished by GMCHs)

In a review meeting held with GoI (April 2019), GoCG had assured to make TCF Ambikapur, Raigarh and Jagdalpur functional by December 2019 while Bilaspur and Raipur by March 2020. However, site for TCF has not yet been finalised in four GMCHs and no expenditure was incurred as of March 2022. Further, without completion of construction works, funds of ₹ 8.61 crore was transferred (2019-21) to Chhattisgarh Medical Services Corporation Limited (CGMSCL) for procurement of equipment. This indicates lack of planning and lackadaisical

approach of GoCG in construction of trauma centre, besides deprival of benefits to public at large.

The Government stated (April 2023) that instruction has been issued to GMCHs to take necessary action in this regard.

Reply indicates the causal approach of the Department in creation of specialised healthcare facilities in the State, despite availability of funds, though the death rate due to traffic injuries in Chhattisgarh was 17.34 (per 1,00,000 of population), which was higher than national average of 11.56.

(b) Inordinate delay in establishment of burn unit

The main purpose of a burn unit in a hospital is to minimise the incidence of infection among burn patients and to provide comprehensive burn care.

GoI released (April 2016) ₹ 2.60 crore for establishment of Burn Unit at GMCH Bilaspur under National Program for Prevention and Management of Burn Injury (NPPMBI). The scheme included creating infrastructure and equipment for management of burn cases.

The GoI directed (April 2019) the GoCG to make it functional by December 2019. However, the site for construction had not been finalised as of March 2022 and no expenditure was incurred. Moreover, the GoCG had not accorded any administrative approval for the same despite availability of funds.

Due to non-establishment of dedicated burn unit, the burn cases were treated in the normal burn ward with existing staff and infrastructure. During joint physical inspection of the burn ward in the hospital, Audit observed seepage and deterioration of plaster in the walls of burn ward that may lead to infection in the patients. The situation of burn ward is depicted in following ***Photograph 13:***

13. Dilapidated condition and seepage in burn ward in GMCH Bilaspur (Date 20 April 2022)

Thus, due to non-receipt of administrative approval from GoCG and non-finalisation of site for six years, fund of ₹ 2.60 crore remained unutilised and also patients were deprived from quality treatment, and they are being treated in risk of infection due to unhygienic conditions of burn ward.

Government stated (April 2023) that construction work is to be executed through CGMSCL.

Reply is not acceptable as necessary administrative approval and fund was not provided to CGMSCL.

(c) Inordinate delay in establishment of State Cancer Institute (SCI)

The GoI released (January and May 2020) ₹ 51.84 crore for building construction and procurement of equipment for establishment of State Cancer Institute (SCI) at GMC Bilaspur against approved amount of ₹ 115.20 crore under funding pattern of 60:40 between GoI and GoCG.

Audit observed (April 2022) that though the site for SCI had been finalised (October 2015) at Koni, Bilaspur, however, the GoCG had not accorded the administrative approval even after lapse of 23 months from receipt of GoI share.

Government stated (April 2023) that CGMSCL has been appointed as executive agency for construction of building. It was further stated that administrative approval has been accorded (May 2022) to facilitate the transfer of funds to executive agency.

Reply is not acceptable because as against the total receipt of ₹ 51.84 crore from the GoI, GMCH, Bilaspur transferred only ₹ 20.91 crore to CGMSCL only in January 2023, which has resulted in delay in establishment of SCI.

(d) Inordinate delay in upgradation of Viral Research and Diagnostic Laboratory

The GoI released (October 2014) ₹ 1.30 crore[13] to Dean, GMC, Jagdalpur for establishing a Viral Research and Diagnostic laboratory (VRDL) at GMC Jagdalpur under GoI scheme "Setting up of nationwide network of laboratories for managing epidemics and national calamities". The scheme included creating infrastructure for capacity building for identification of novel and unknown virus and providing training to health professionals and undertaking research. Out of fund received, ₹ 37 lakh was to be used for civil work and remaining fund was to be used for procurement of equipment for laboratory.

Audit observed that the Dean transferred (January 2016) ₹ 37 lakh to the CGMSCL for upgradation into BSL 2 Lab[14]. CGMSCL returned (February 2020) the amount stating that no bidder participated in tender and funds were kept in bank account of Dean. Thus, the fund provided by GoI for civil work could not be utilised and Microbiology Department was providing the required services in its existing laboratory.

The Dean, GMC Jagdalpur stated that due to Covid 19 pandemic, the process for civil work could not be initiated. To upgrade the BSL-2 lab, inspections had been

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[13] ₹ 70 lakh for equipment, ₹ 37 lakh for construction and ₹ 23 lakh for salary & consumables

[14] BSL-2 laboratories are used to study moderate-risk infectious agents or toxins that pose a moderate danger if accidentally inhaled, swallowed, or exposed to the skin. Design requirements for BSL-2 laboratories include hand washing sinks, eye washing stations, and doors that close and lock automatically.

done by two local companies. Upgradation and renovation work would be undertaken after normalisation of Covid-19 pandemic.

Fact remains that upgradation of lab into BSL 2 lab could not be done even after normalisation of Covid-19 pandemic.

(e) Non installation of Liquid Medical Oxygen tanks

Liquid Medical Oxygen (LMO) tanks were supplied to ensure continuous supply of standard quality medical oxygen in GMCHs. Audit observed that LMO tanks were lying idle in GMCH, Ambikapur while in DKS PGI, Raipur; GMCH, Jagdalpur, Rajnandgaon and Raigarh LMO tanks were not connected to the main oxygen pipeline of the hospital. Thus, equipment were non-operational as of November 2022 as detailed in following ***Photograph 14 to 18:***

14. GMC Ambikapur (31 March 2022)

15. GMCH Ambikapur (7 April 2022)

16. GMCH Rajnandgaon (14 July 2022)

17. GMCH Jagdalpur (11 July 2022)

18. LMO tank worth ₹ 38.11 lakh supplied and not installed in DKSPGI Raipur (Date 27 May 2022)

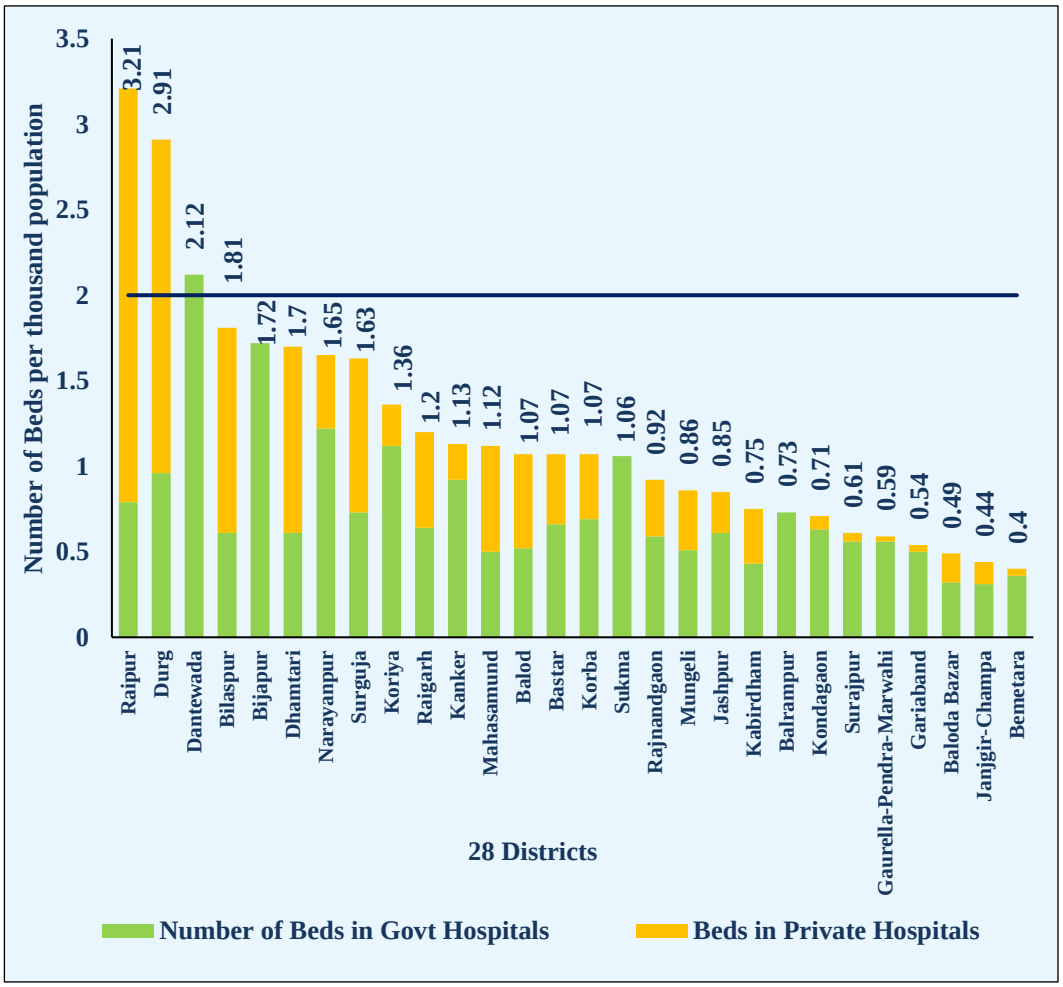
5.7 Availability of beds against norms in Healthcare Institutions

National Health Policy, 2017 aspires to provide most of the secondary care at the district level which is currently provided at a GMCH. To achieve this, it aims to have at least two beds per thousand population distributed in such a way that it is accessible within golden hour rule[15].

Audit observed that the bed availability in Chhattisgarh was less than the requirement as envisaged in NHP. There were 33,812 beds available in HIs in the State against the projected population of 298.36 lakh as of March 2022 which means that 1.13 beds were available per thousand population that was lower than the norms of two beds per thousand population in State.

District wise position of availability of beds per 1,000 population in the State is shown in ***Chart - 5.6***.

Chart – 5.6: District wise availability of beds per thousand population



(Source: Information provided by DHS)

[15] This implies an efficient emergency transport system.

It could be seen from the ***Chart - 5.6*** that only in Dantewada district the Department met the norms under public sector, besides this in Raipur and Durg districts, the availability of beds were as per the norms due to substantial number of beds in private hospitals but in other districts, required number of beds were not available. Thus, the availability of beds was not uniform in the State as detailed in ***Appendix - 5.1*****.**

(i) District Hospitals

IPHS norms recommends bed occupancy rate of at least 80 *per cent* in a DH serving a population of 10 lakh, which means the bed requirement in the DH would be 220 beds[16] or 22 beds per one lakh population. Audit observed that there was shortage of beds and ICU beds in DHs as of March 2022 in the State as shown in the ***Table - 5.10*** and detailed in ***Appendix - 5.2.***

Table - 5.10: Requirement of beds as per IPHS norms and actual beds in DHs, CHCs and PHCs as on March 2022

Category of beds	Beds required as per IPHS norms	Functional Beds available	Shortfall in beds (*per cent*)
Beds in DHs	4,641	3,612	1,029 (22.17)
ICU beds[17] in DHs	233	118	115 (49.36)
Beds in CHCs	5,160	4,681	479 (9.00)
Beds in PHCs	4,656	5,191	-535 (-11.49)

(Source: Information provided by HIs)

It could be seen from the above table that there was shortage of 1,029 normal beds and 115 ICU beds in 23 DHs and 479 beds in 172 CHCs**.**

In the State, 15 DHs (65.22 *per cent*) have less than the prescribed 220 beds per 10 lakh population. DH Dantewada had the highest average beds of 97 per lakh population in the State, while DH Bemetara had the lowest average of six beds per lakh population. Taking the State average, a DH had 18 beds per lakh population. Further, Audit observed that in 11 DHs[18] dedicated ICU wards were not available.

Audit further observed that Department had not rationalised the number of beds in DHs and there were variations between sanctioned bed and actual functional bed in the State as given in the ***Appendix - 5.3*****.**

It was also observed that 11 DHs[19] were functioning with excess bed capacity in comparison to the sanctioned beds, whereas six DHs[20] were functioning with less

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16 based on the assumptions of the annual rate of admission as 1 per 50 population and average length of stay in a hospital as five days

17 Five *per cent* of total beds strength

18 DH Bilaspur, Baloda Bazar, Kawardha, Dhamtari, Bemetara, Surajpur, Balrampur, GPM, Sukma, Raipur and Narayanpur

19 Jagdalpur, Dantewada, Dhamtari, Janjgir-Champa, Kawardha, Kondagaon, Baikunthpur, Narayanpur, Raipur, Sukma and Surajpur

20 Bemetara, Bilaspur, Durg, Gariyaband, GPM and Mungeli

bed capacity than the sanctioned beds. However, the manpower requirements and infrastructure were not assessed by the Department according to the functional beds in the DHs and no efforts were made to enhance existing infrastructure according to the patient load of the DHs.

Audit observed in test checked DHs that additional functional beds were being operated without proper infrastructure as the existing infrastructure was for sanctioned beds only. During joint physical inspection, Audit observed that additional beds were arranged in corridor due to shortage of space for inpatient care in DH Baikunthpur and Surajpur as could be seen in the following ***Photograph 19 and 20:***

19. Additional functional beds arranged in corridor in DH Baikunthpur (04 May 2022)

20. Additional functional beds arranged in corridor in DH Surajpur (09 March 2022)

(ii) Community Health Centres

As per IPHS norms, CHC should be 30 bedded hospitals. However, Audit observed that in 172 CHCs in the State functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms with shortage of 479 beds (nine *per cent*). In 48 out of 172 CHCs, shortage of bed ranged from four to 25 against the requirement of 30 beds in a CHC. In test checked 14 CHCs, it was observed that in three[21] CHCs (21 *per cent*), bed capacity was less than the norms of 30 beds.

(iii) Primary Health Centres

As per IPHS norms, PHC should be six bedded hospital. Audit observed that against the requirement of 4656 beds in 776 PHCs in the State, the availability of bed were 5,191 beds. However, in 147 out of 776 PHC, the shortage of beds ranged from one to six against the norms of six beds in a PHC. In test checked 14 PHCs, one PHC (Shampur, Kondagaon) was functional with less than six beds. It was further observed that due to shortage of space for inpatient care in CHC Chirmiri and PHC Khadgawa of Korea, additional functional beds were arranged in corridor, as shown in following ***Photograph 21 and 22:***

[21] CHC Kota, Makdi and Takhatpur

21. Additional functional beds in corridor in CHC Chirmiri (3 May 2022)

22. Additional functional beds in corridor in PHC Khadgawa (16 May 2023)

The DHS stated (January 2023) that the low bed availability was due to shortage of manpower and limitation of DH for having 100 or 200 beds. It was also stated that the plans for expanding the bed availability is under process and more emphasis will be given to increase the bed capacity in PHCs and CHCs.

(iv) Maternal and Child Health (MCH) wings

The GoI sanctioned (2012-13, 2016-17 and 2020-21) Maternal and Child Health Wings (MCH wings) at District Hospitals/District Women's Hospitals and other high case load facilities at sub-district level as integrated facilities for providing quality obstetric and neonatal care. The MCH hospital comprises Maternal, Child, Operation theatre, SNCU (Special Newborn Care Unit) and NRC (Nutrition Rehabilitation Centre) components.

In Chhattisgarh, 30 MCH wings (50 bedded: 19, 100 bedded: 10 and 300 bedded-1) were sanctioned with 2,250 beds. Out of 30 MCH, 25 were operational with 1,750 functional beds and five were not operational due to lack of infrastructure.

Audit observed that 15 MCH wings were operational with 1,250 beds alongwith DHs. The 50 bedded MCH wing established at Gourella, Pendra Marwahi (GPM) district was converted (April 2020) into DH of GPM. Five MCH wings[22] were under construction. 10 MCH wings were operational with 500 beds alongwith CHCs. Further, the Department had not prepared any plan to establish district level MCH wings in the remaining 11[23] districts for providing integrated facilities for providing quality obstetric and neonatal care under one roof, indicating regional imbalance in MCH services.

5.8 Health and Wellness Centres

The NHP 2017 recommended strengthening of primary healthcare, through establishment of "Health and Wellness Centres (HWC)" as the platform to deliver Comprehensive Primary Health Care (CPHC) by upgrading the existing SHCs and reorienting PHCs to provide comprehensive set of preventives, promotive, curative and rehabilitative services. The NHP also advocates to allocate at least two third of the available sources i.e., health budget on primary healthcare.

[22] Bijapur (50), Raipur (300), Korea (50) and Pakhanjur (Kanker) (50)

[23] Balrampur, Bastar, Dantewada, Dhamtari, Graiyaband, Janjgir-Champa, Kabirdham, Kanker, Korba, Mahasamund, Narayanpur

Further, second report of Voluntary National Review (VNR) presented by *NITI Aayog* advocates Government efforts to revamp public health infrastructure through world's largest health protection programme - *Ayushman Bharat (AB)*.

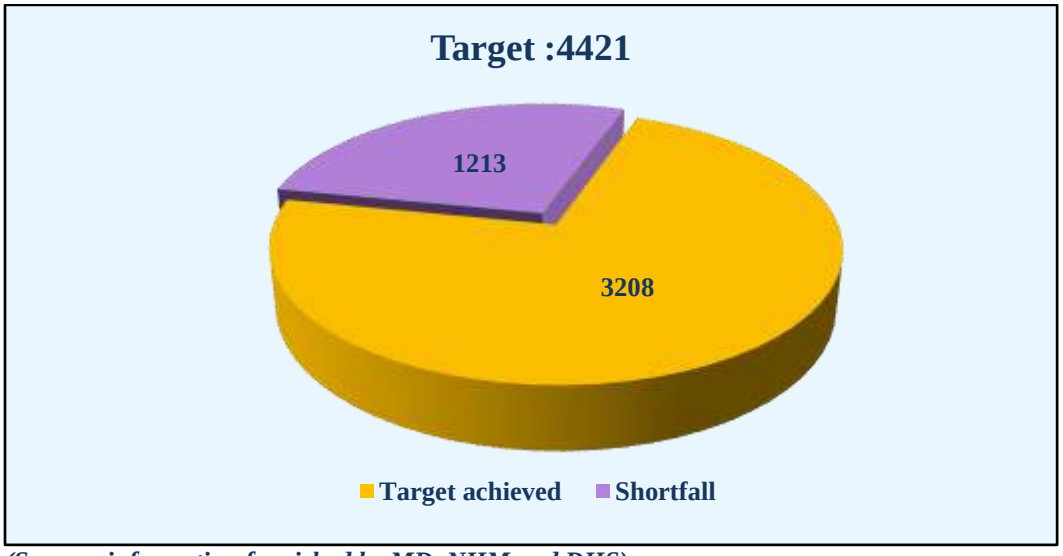
The GoI announced (February 2018) for establishment of 1,50,000 HWCs by transforming existing SHC and PHC to deliver the CPHC, which was one of the components of the AB scheme. As per AB operational guidelines, existing SHC covering a population of 3,000-5,000 and PHC in rural and urban area will be converted into HWC, so that deliverance of CPHC services may be ensured. Such AB-HWC at SHC level would be equipped with proper infrastructure and trained primary healthcare team led by Community Health Officer (CHO), who shall be mid-level service provider and comprising of multi-purpose workers with Accredited Social Health Activists (ASHAs).

In this connection, Audit observed the following:

5.8.1 Target and achievement for upgradation of HWCs

The details of target for upgradation of HWC and achievement in State as of March 2022, is given in following ***Chart - 5.7***:

Chart - 5.7: Target achieved and shortfall in upgrading HWCs in State

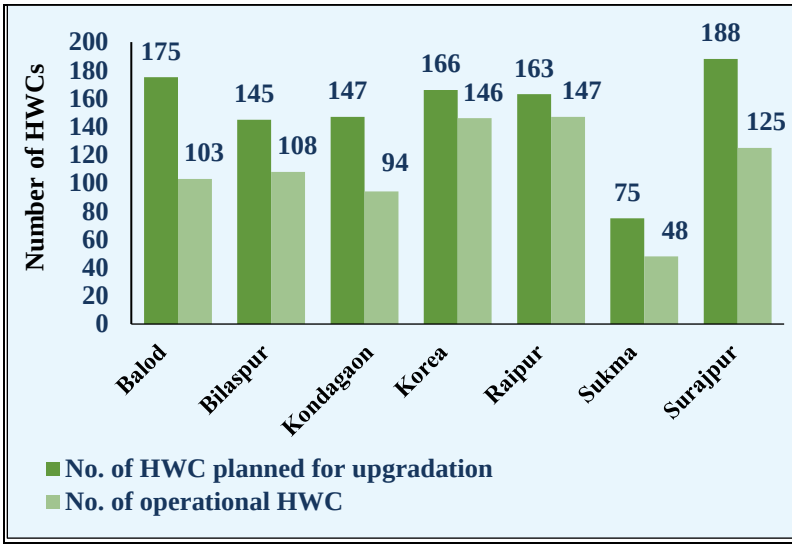


(Source: information furnished by MD, NHM and DHS)

As could be seen from ***Chart - 5.7*** that, against the target of establishment of 4,421 HWCs, the Department established 3,208 HWCs and there was shortfall of 1,213 (27.44 *per cent*) HWC.

Further, the status of upgradation of HWCs in test checked seven districts is given in ***Chart - 5.8***:

Chart - 5.8: Status of up-gradation of HWCs in seven test-checked districts



As per the State Annual Action Plan (SAAP) for the year 2020-21 and 2021-2022 approved by the GoI, 240 AYUSH dispensaries were to be upgraded into HWCs, out of which upgradation of all 240 dispensaries has been achieved by the department.

(Source: Information provided by NHM)

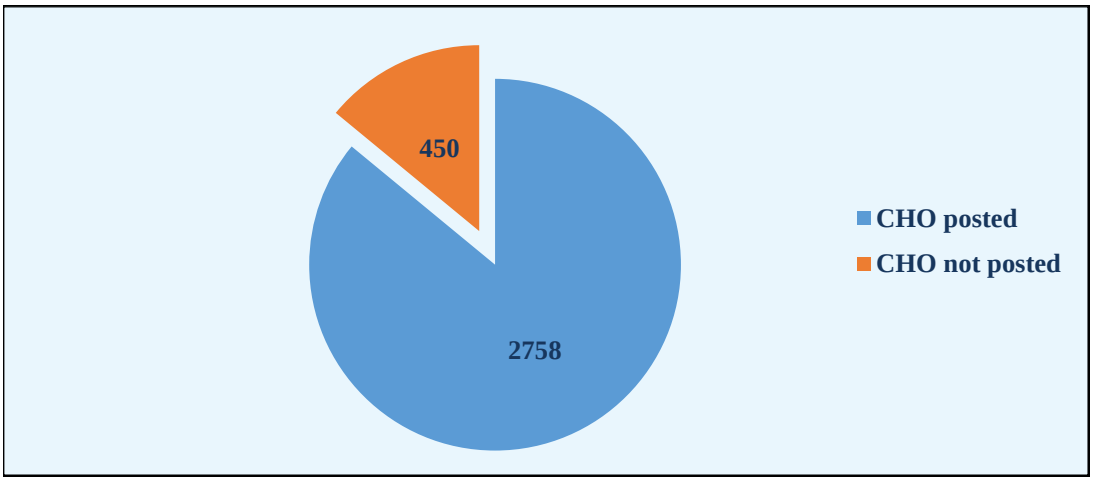
It was observed that in test-checked districts, out of 1,059 targeted HWCs, only 771 HWCs could be upgraded with a shortfall of 27 *per cent*. The minimum shortfall was seen in Raipur district (9.82 *per cent*), while maximum shortfall (41.14 *per cent*) was seen in Balod district.

5.8.2 Operationalisation of HWCs

As per CPHC guidelines for HWCs, a key addition to the primary health team at the SHC-HWC, would be the Mid-level Health Provider (MLHP) who would be a CHO, having qualification of B.Sc. in Community Health or a Nurse (GNM or B.Sc.) or an *Ayurveda* practitioner, trained and certified through IGNOU/ other State Public Health/ Medical Universities for a set of competencies in delivering public health and primary healthcare services.

The number of up-graded HWCs, which were not operationalised with posting of CHO in State are given in ***Chart - 5.9***:

Chart - 5.9: Number of HWCs upgraded but not fully operationalised in State



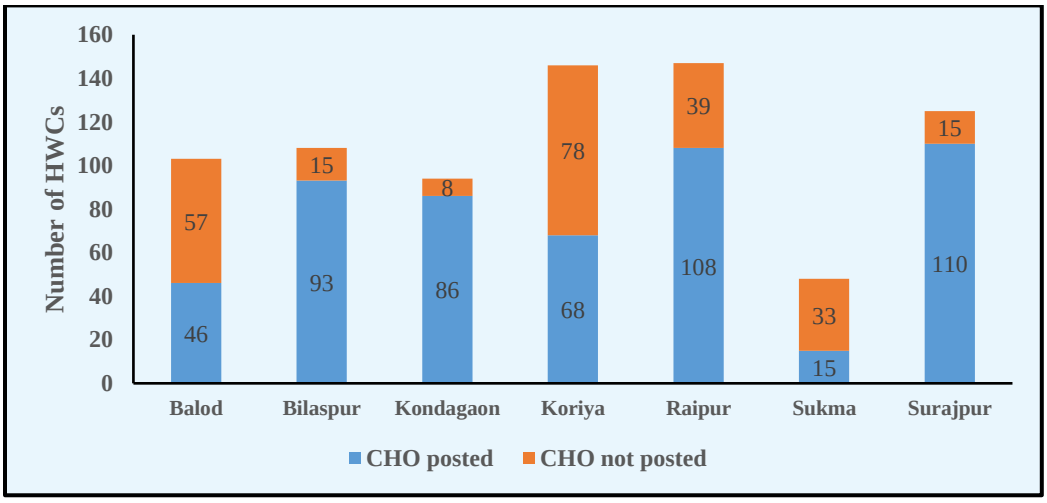
(Source: Information provided by NHM)

As against the established 3,208 HWCs as of March 2022, only 2,758 CHOs were posted with a shortage of 450 (14.03 *per cent*). It is also worthwhile to mention that due to shortage of CHOs, the duties of the same were being performed by Ayush Medical Officer (AMO)/Rural Medical Assistant (RMA) posted at PHCs on roster basis, which was also affecting the healthcare services at PHC level and HWCs are not made fully operational to provide the envisaged services as per HWC guidelines.

Moreover, after introduction of HWC, the Department has prescribed 91 types of drugs in line with the operational guidelines of HWC. However, Audit observed that separate indent for drugs for HWC was neither prepared by the CMHO nor by the DHS during 2018-22, and there was shortage in supply of prescribed 91 types of drugs in 11 (79 *per cent*) out of 14 test checked HWCs of seven test checked districts. Shortage in availability ranged between 4 to 66 *per cent.*

Status of upgraded HWCs and non-operational HWCs in test checked districts is mentioned in the ***Chart - 5.10***:

Chart - 5.10: Upgraded HWCs and non-operational HWCs in test-checked Districts



(Source: Information provided by NHM)

Out of total number of 771 upgraded HWCs in test-checked seven districts, CHO was not posted in 245 HWCs. The maximum percentage of vacant posts of CHO was seen in Balod district.

The Mission Director (NHM) stated (December 2022) that the recruitment of CHOs could not be done due to less training capacity as per IGNOU norms, non-availability of candidate in reserved category and Covid-19 pandemic. Regarding indent for HWC drugs, DHS assured (January 2023) that the audit observation will be considered during the preparation of indent for the next year.

5.9 Drugs storage facility at district level

Audit observed inadequate storage facility in the HIs of test checked districts, which are discussed as follows:

- In seven test checked districts, no annual physical verification of stock/ stores was conducted in six DHs[24] and six CMHOs[25].
- In two DHs (Kondagaon and Baikunthpur) and two CMHO (Korea and Raipur), proper storage facility (dedicated central stores) for drugs and consumables was not available as depicted in ***Photograph 23 to 25:***

23. District Hospital (Store) Baikunthpur (Date: 20 April 2022)

24. CMHO Korea (Date 20 April 2022)

25. CMHO Raipur (Date 09 February 2022)

- Pharmacy store was not air-conditioned in three[26] GMCHs.
- In four GMCHs[27], temperature chart was not being maintained and moreover drugs were not being stored above the floor, as shown in the ***Photograph 26 and 27:***

26. GMCH Raipur (Date: 19 July 2022)

27. GMCH Rajnandgaon (Date: 11 July 2022)

- Display instructions for storage of vaccines were not found in three[28] GMCHs.
- During joint physical verification (November 21- June 22) of the storage of drugs of District Ayurveda Officer (DAO) in seven[29] test checked districts, it

[24] DH Bilaspur, Kondagaon, Baikunthpur, Raipur, Sukma and Surajpur
[25] CMHO Bilaspur, Kondagaon, Korea, Raipur, Sukma and Surajpur
[26] GMCH Ambikapur, Jagdalpur and Raipur
[27] GMCH Ambikapur, Jagdalpur, Raipur and Rajnandgaon
[28] GMCH Ambikapur, Jagdalpur, Rajnandgaon
[29] DAO: Balod, Bilaspur, Dantewada, Bastar, Korea, Raipur, Surguja

was noticed that dedicated storage space was not available in two DAOs Raipur and Balod. DAO Bastar lacked necessary racks and almirahs for storage of drugs. DAO, Surguja and Korea was operating in rented building and did not have adequate space for storage of drugs. Drugs received were kept haphazardly due to lack of storage infrastructure as depicted in following ***Photograph 28 to 31:***

State of storage facilities in Ayush district offices

28. Drugs stored in office corridor at DAO, Balod (27 November 2021)

29. Drugs kept haphazardly at DAO, Surguja (29 March 2022)

30. Drugs kept on the floor at DAO Korea (24 May 2022)

31. Drugs kept in sacks at DAO Bastar (6 June 2022)

GoCG stated (December 2022) that drugs were only stored for a limited time in stores under DAOs and were distributed to the facilities as per their demand as soon as possible. Further, sufficient storage space with racks and almirahs were available in healthcare facilities.

Reply is not acceptable as drugs were lying on the floor and corridors during physical verification by Audit and dedicated store facility was not available in DAOs Raipur and Balod while drugs were haphazardly kept by DAOs of Bastar, Surguja and Korea without racks and almirahs.

5.10 Status of new construction and upgradation works

The CGMSCL is nodal agency for construction of the medical infrastructure (PHCs, CHCs, MCHs, DHs, GNC and DW) in the State under various schemes of GoI (NHM) and GoCG.

Audit observed the following irregularities in execution of the construction activities by the CGMSCL:

(i) Non-taking up of construction of healthcare infrastructure resulted in deprival of health benefit to the general public

During 2016-22, CGMSCL received Administrative Approval (AA) for 4,360 types of construction, renovation, upgradation, maintenance and various types of other civil works for various HIs[30] valuing ₹ 1,071.24 crore. Out of 4,360 works, CGMSCL had finalised the tender for 2,798 works[31] (64.18 *per cent*) and issued work orders of ₹ 733.81 crore to various contractors. The remaining 1,562 works (35.82 *per cent*) were not taken up by CGMSCL as of March 2022, due to various reasons as detailed in ***Table - 5.11***:

Table - 5.11: Statement showing details of works and reasons for its delay

Particulars	Pending works as of March 2022				
	HCF (Medical College, DH, CHC, PHC, SHC)	Repair, Maintenance, upgradation and other Civil works	Total work	Range of delay from date of administrative approval (day)	Reasons
	Number of works				
Work cancelled by CGMSCL	30	52	82	266 days to 2,181 days	Non-availability of site, changes in site, less participation in tender, deficient planning of original building
Tenders were not invited by CGMSCL	19	195	214	22 days to 1,702 days	Non-availability of land, non-clearance of site, non-finalisation of drawing and estimates, delay in grouping of work for invitation of tender
CGMSCL issued the tenders but not finalised	109	960	1,069	29 days to 1,952 days	Delay in inviting tender, delay in technical sanction due to changes of site, delay in finalisation of land,
Pending at AYUSH	-	4	4	1573 days to 1,952 days	Less allotment of fund, non-finalisation of land
Pending at DHS	24	169	193	36 days to 1,880 days	Non-allotment of fund, change in sites, selection of disputed site, non-finalisation of land, non-availability of Khasara,
Total			**1,562**		

(Source: Compiled from data provided by CGMSCL)

[30] New healthcare facilities: 734 works and others: 3626 works
[31] New healthcare facilities: 557 works and others: 2241 works

The Government reiterated (December 2022) the same reasons mentioned in the above table.

The reply indicates that there is lack of coordination among revenue department, user department and CGMSCL for identification of suitable land and site clearance.

(ii) Delay in completion of healthcare infrastructure resulted in deprival of health benefits to the general public and blockage of fund of ₹ 356.69 crore

The details of progress of civil works as on 31 March 2022 are given in ***Table - 5.12***:

Table - 5.12: Statement showing details of construction work completed and work in progress as on 31 March 2022

Particulars		No. of works			Value of total works (₹ in crore)
		Construction of HCF (Medical College, DH, CHC, PHC, SHC)	Repair, Maintenance, upgradation and other Civil works.	Total work	
Completed work	Beyond time schedule (with delay ranging from one to 1558 days)	256[32]	498	754	226.44
	Within time schedule	111[33]	795	906	150.68
	Total (A)	**367**	**1,293**	**1,660**	**377.12**
Work in Progress (WIP) as on 31 March 2022	Scheduled date of completion expired	66[34]	172	238	89.15
	Balance WIP	124[35]	776	900	267.54
	Total (B)	**190**	**948**	**1,138**	**356.69**
Grand Total (A+B)		**557**	**2,241**	**2,798**	**733.81**

(Source: Compiled from data provided by CGMSCL)

Delay in completion of works, indicates the ineffective monitoring on the part of the Civil Wing of CGMSCL and this may also lead to delay in providing healthcare facilities to the people.

The Government stated (December 2022) that due to land dispute in the working site, Left Wing Extremism activities in some areas, non-availability of labour due to local festival and some construction at remote area, the work could not be completed in scheduled time.

The reply is not acceptable as the reasons mentioned by the Government were in general in nature and too common which could have been avoided by adopting proper planning and execution.

[32] 19 – CHCs, 36- PHCs, 201 – SHCs
[33] 25- PHCs and 86 – SHCs
[34] 12 – CHCs, 15 – PHCs and 39 – SHCs
[35] 5 – CHCs, 43 – PHCs and 76 – SHCs

(iii) Delay in construction of AYUSH HIs and blockade of funds amounting to ₹13.60 crore

Audit observed that out of 265 works that were allotted to the executing agencies for construction of AYUSH dispensaries and boundary wall in the State during 2016-22, 165 works had been completed and remaining 100 works of ₹ 13.60 crore were still incomplete, as detailed in ***Appendix - 5.4*** and ***Appendix - 5.5***. Out of the 100 incomplete works, 80 works were yet to be started by the executing agencies. Similarly in the selected districts, out of 90[36] works allotted to the executing agencies for construction of dispensaries and boundary wall, 68 works[37] had been completed and remaining 22 works[38] amounting to ₹ 2.56 crore were still incomplete as of July 2022 as detailed in ***Appendix - 5.6.***

It is evident that the construction of HIs was delayed by one to five years, resulting in blockage of fund of ₹ 13.60 crore and HIs were operated either in other Government buildings or in rented building with insufficient space.

GoCG replied (December 2022) that the construction work was under progress and would be completed in the next five-six months. Due to delay in release of funds, the work is delayed, and the Society has instructed the executing agencies to complete the pending construction work.

(iv) Inordinate delay in construction of Post Graduate block building in Government Ayurveda College, Raipur

Government Ayurveda College (GAC), Raipur is the premier ayurveda medical college of the State established in 1955. GoCG accorded (February 2016) administrative approval for construction of the PG block for ₹ 12.33 crore at GAC Raipur and appointed CGMSCL as the nodal agency. The CGMSCL awarded the work to M/s Shankar Enterprises, Kawardha, for ₹ 12.19 crore with completion period of 18 months from the date of agreement (March 2017). However, the work could not be completed within the stipulated period and the premise was acquired (July 2020) by the State under the Epidemic Act 2005. In July 2021, CGMSCL cancelled the work due to stopping of construction activity by the contractor after July 2020 without levying any penalty. Total payment of ₹ 7.28 crore was made to the contractor against the work.

Audit observed that construction work was still incomplete (20 *per cent*) even after lapse of four years (September 2018), as depicted in following ***Photograph 32 and 33:***

[36] 38 no. of construction of dispensaries and 52 no. of construction of boundary wall (38 + 52 = 90)

[37] 23 no. of dispensaries and 45 no. of boundary wall were completed

[38] 15 no. of dispensaries and 07 no. of boundary wall were incomplete

32. Front view of PG Building (21 March 2022)

33. Inside view of PG Building (21 March 2022)

Thus, delay in construction of PG block at GAC, Raipur, resulted in blockage of ₹ 7.28 crore as the facility remained incomplete.

GoCG replied (December 2022) that most of the work of the building has been completed and the M/s Shivhare Construction company has been awarded the contract (September 2022) and remaining finishing work will be completed very soon.

5.11 Establishment of Super Specialty Institute

There were two super specialist hospitals in the State i.e., AIIMS under GoI (established in 2012) and Dau Kalyan Singh Post Graduate Institute & Research Center, Raipur (DKSPGI, established in October 2018) under GoCG**.**

The GoCG decided (December 2015) to establish the DKSPGI with academic objectives of super specialty teaching and training along with research with 450 bedded hospital with specialty services in Nephrology, Urology, Cardiology, Neurology, Neurosurgery, Pediatrics, Burn and Plastic surgery, Gastro surgery etc. The work of renovation and procurement of medical equipment for DKSPGI was entrusted (December 2015) to CGMSCL. The total cost of project was ₹ 104.05 crore as per the Detailed Project Report (DPR) prepared by the DKSPGI management which included ₹ 10 crore on civil works, ₹ 59.97 crore for medical equipment, ₹ 15.21 crore for hospital furniture, ₹ 4.92 crore for electrical installation, air conditioners and lift, ₹ 6.00 crore for office furniture etc.

The works were completed and handed over to DKSPGI in October 2018, however payment of ₹ 66.39 crore[39] is yet to be made to contractors/ suppliers by CGMSCL.

On scrutiny of the records Audit observed the following:

- ***Execution of work of DKSPGI more than the administrative sanction resulted in irregular execution of works valuing ₹ 7.71 crore***

The GoCG accorded (September 2018) administrative approval[40] of ₹ 27.22 crore for the work of upgradation of old *(*DKS) building,

[39] ₹ 4.63 crore for civil works and ₹ 61.76 core for equipment

Audit observed that initial work of ₹ 8.10 crore was assigned to contractor by CGMSCL in September 2016 against the administrative approval (March 2016) of ₹ 10.58 crore. Scope of work for existing items were revised and some new items of works were added and awarded (July 2017 to July 2018) to other contractors at a cost of ₹ 10.99 crore without obtaining approval/ sanction of additional works from the GoCG. However, approval of the revised cost of ₹ 27.22 crore was obtained from GoCG in September 2018. Against the total administrative approval of ₹ 27.22 crore, CGMSCL got executed work of ₹ 34.93 crore from the contractor till October 2018 and released payment of ₹ 30.30 crore to contractor. This resulted in irregular execution of work of ₹ 7.71 crore and unauthorised payment of ₹ 3.08 crore without obtaining approval from GoCG.

- ***Procurement of equipment more than the administrative approval resulted in unauthorised procurement of ₹61.76 crore***

The GoCG sanctioned the fund of ₹ 12.99 crore during 2016 to 2018 and also provided guarantee in 2017 to Punjab National Bank for sanctioning term loan of ₹ 64 crore to DKSPGI for procurement of medical equipment. DKSPGI against the above guarantee, availed loan of ₹ 63.01 crore and procured equipment worth ₹ 138.26 crore through CGMSCL.

Audit observed that as against the DPR provision of ₹ 59.97 crore, the DKSPGI procured various types of medical equipment worth ₹ 138.26 crore through CGMSCL. Audit further observed that against the total procurement of ₹ 138.26 crore, the Hospital Superintendent, DKSPGI released ₹ 76.50 crore to various suppliers of equipment through CGMSCL. Audit also observed that the DKSPGI Management neither obtained approval from the competent authority i.e., Secretary, Department for procurement of additional equipment nor revised the DPR justifying the reasons for additional cost. This resulted in unauthorised purchase of medical equipment at DKSPGI valuing ₹ 61.76 crore.

To regularise the payment and to clear the pending payment to the suppliers, DKSPGI Management requested additional budget from DME. Further, the Hon'ble High Court, Chhattisgarh also directed the concerned authorities (Department of Health, Finance Department, CGMSCL, DKSPGI) to release the pending payment in response to the petition filed by the various suppliers for releasing the pending payment.

In absence of the revised administrative approval and budget allocation, payment of ₹ 61.76 crore was still pending (November 2022) to the various suppliers since its installation. Due to non-payment of dues, the DKSPGI is facing problems regarding maintenance/AMC/repairing of equipment, which may result in breakdown of the equipment and consequent deprival of health benefit to the public.

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[40] a. Original Administrative Approval for ₹ 10.58 crore on 18 March 2016
b. Revised Administrative Approval for ₹ 27.22 crore on 19 September 2018

➢ *Establishment of Satellite Cardiology Centre*

The GoCG while sanctioning fund clearly mentioned that equipment may be procured subject to availability of human resources and building.

Audit observed that the turnkey project for cardiology, setup at DKSPGI through CGMSCL at a total cost of ₹ 2.60 crore, was commissioned (October 2018) in view of the proposed (January 2017) shifting of the cardio department to DKSPGI from GMCH Raipur. Later it was decided (June 2019) to cancel the shifting of cardio department from GMCH Raipur to DKSPGI. So, the above cardiology setup at DKSPGI was lying idle since November 2019 to till date (March 2023), due to non-availability of doctors[41]. Further, the warranty period of the cardiology setup has expired in October 2021.

Thus, deficient planning and lack of coordination between DKSPGI and GMCH, Raipur resulted in unfruitful expenditure of ₹ 2.60 crore on setting up the cardiology department at DKSPGI. Moreover, DKSPGI had not initiated any action to shift its cardiology setup to other HIs having cardiology department. This has ultimately resulted in deprival of services to the patients in the State besides blocking of Government fund.

Government stated (April 2023) that equipment of the cardiology setup would be shifted to GMCH Raipur or other GMCHs as per their requirement after decision of autonomous committee of hospital.

➢ *Idling of high-end equipment costing ₹ 2.52 crore*

To cater to the needs of patient and to provide advance services, 77 high end medical equipment of ₹ 57.72 crore were procured (October 2018 to November 2020) by the CGMSCL for DKSPGI.

Audit observed that three high end medical equipment of ₹ 2.52 crore were kept idle in the departments of DKSPGI since its installation/soon after installation, for which no reasons were found on the records produced to Audit, as detailed in ***Table - 5.13***:

Table - 5.13: Statement showing details of idling of equipment in the DKSPGI

Name of equipment	Value (₹ in lakh)	Date of installation	Idling since
Pneumatic Tube system	61.44	Sep-18	Since installation
Diabetic Clinic setup	95.93	Feb-20	Since installation
Semi Modular OT (one no.)	94.40	Sep-18	October 2018
Total	**251.77**		

(Source: Compiled from records furnished by DKSPGI)

This has resulted in deprival of healthcare facilities to the patients. Moreover, huge Government fund also remained blocked for two-four years.

[41] Dr Bansal, Cardiologist (contractual appointment) resigned from service in November 2019

Government stated (April 2023) that letters are being issued to DKS PGI, Raipur to take necessary steps.

5.12 Infrastructure facility created for management of COVID-19

To manage the COVID – 19 pandemics, GoCG had converted various existing hospitals into Dedicated COVID Hospital (DCH) and Dedicated COVID Health Centre (DCHC) as per requirement throughout the State. The details DCH and DCHC in the Chhattisgarh as of November 2022 is given in the ***Table - 5.14***:

Table - 5.14: Details of DCH and DCHC in Chhattisgarh as of November 2022

Sl	Particulars of COVID care facilities	Total number of COVID care facilities	Total beds	General Bed (Excluding ICU)	ICU bed	No. of ventilators	Availability of oxygen manifold system
1	DCH	8	1,750	1,443	307	208	8
2	DCHC	22	1,586	1,371	215	72	9

(Source: Information collected from Healthcare Institutions)

Similarly, the GoCG had also converted 113 various medical and non-medical Government buildings into COVID Care Centre with total bed capacity of 15,794 and converted 62 private hospitals into COVID hospital with total bed capacity of 3,001.

Apart from the above, GoCG also created various infrastructure for treatment of COVID–19 patients. The details of available infrastructure *viz.,* quarantine camp, PPE kit, ventilators, Oxygen Generation Plants (OGP), testing laboratories etc., are given in the following ***Table - 5.15***:

Table - 5.15: Details of infrastructure and facilities established during COVID-19 in Chhattisgarh

Sl	Particulars	2020-22
1	No. of quarantine camps opened	14,169
2	No. of inmates accommodated in the camps	4,75,837
3	Setting up additional testing laboratories (virology and RTPCR lab)	41
4	**Procurement**	
A	PPE kit	1,17,861
B	Coverall with Head Cover (Medium and Large) Shoe covers	3,09,981
C	Face shield (Reusable)	30,000
D	Latex & Surgical Gloves	14,20,000
E	Triple Layer Masks and N95 Mask	38,69,920
F	No. of ECG Machine Computerised	44
G	No. of Multipara Monitor	90
H	No. of ventilators	44
I	No. of Defibrillator	36
J	No. of ICU beds	129
K	No. of Electrolyte Concentrate Solution	547
L	No. of Blood Cell Counter	41
M	No. of OGP	14

(Source: Information provided by DHS)

5.13 Inadequate infrastructure in test checked HIs of AYUSH

5.13.1 Lack of storage space, inefficient stock management and lack of operational space

During Joint physical verification (November 2021- June 2022) of 77 healthcare institutions in seven selected districts, Audit observed that electricity supply was available in all HIs, however, regular water supply was not available in nine[42] HIs. Similarly, dilapidated condition of buildings, lack of storage space, inefficient stock management and idling of equipment were also observed, as detailed in ***Table - 5.16***:

[42] GAD Keralapal, CHC Sukma (specialty Ayurvedic clinic), GAD Jayanagar, GHD Sindhi Colony, GHD Nagar, GAD Nagpur, GHD Manendragarh, GAD Navgai and GAD Katgodi

Table - 5.16: Statement showing inadequate infrastructure in healthcare facilities

Name of District	Number of Test Checked Healthcare Facilities	Nature of Deficiency			
		Dilapidated buildings/ lack of basic amenities like toilet facilities, sitting area	Lack of storage space for drugs	Inefficient stock management leading to excess/shortage and expiry of drugs	Lack of operational space leading to idling of equipment
Balod	6	1	0	0	1
Bilaspur	11	5	4	7	7
Dantewada	11	5	2	2	1
Bastar	11	2	2	9	3
Korea	12	3	1	4	5
Raipur	14	4	2	9	2
Surguja	12	5	5	2	1
Total	**77**	**25**	**16**	**33**	**20**

(Source: Data collected during physical verification and compiled by Audit)

- Buildings were found in poor conditions such GAD, Namnakala with dilapidated ceiling and DH, Jagdalpur with major seepage problems as shown in following ***Photograph 34 and 35:***

34. Dilapidated ceiling at GAD, Namnakala (Surguja) (31 March 2022)

35. Seepage problem in DH, Jagdalpur (11 June 2022)

- Due to lack of space, doctor was sitting in same room where drugs were stored as observed in PHC, Bade Bacheli and drugs were kept on ground in Government Homeopathy Dispensary (GHD), Sindhi colony as shown in following photograph 36 and 37:

36. Doctor sitting among medicine at PHC, Bade Bacheli (29 December 2021)

37. Drugs kept in ground in GHD, Sindhi Colony (21 April 2022)

- Inefficient stock management resulted in expiry of drugs in PHC, Bhainswar where 26 types of drugs were expired and in GAD, Talnar where expired drugs were kept outside in carton box as shown in following photograph 38 and 39:

38. Expired medicines in PHC, Bhainswar (26 May 2022)

39. Expired medicines kept in carton box in GAD, Talnar (28 December 2021)

- Equipment was lying idle in healthcare facilities due to lack of operational space such as Panchakarma equipment holding trolley being used as a cook top in DH, Baikunthpur and panchakarma equipment kept in packed condition in DH, Balod as shown in following photograph 40 and 41:

40. Panchakarma equipment holding trolley being used as cook top in DH, Baikunthpur (25 May 2022)

41. Panchakarma equipment kept in packed condition in DH, Balod (01 December 2021)

- At Govt. Ayurveda College Hospital (GACH), Raipur it was observed that the construction of X-Ray room was not according to the AERB Safety Code as there was no separate disposal facility. Further, in attached hospital of Government Ayurveda College & Hospital (GAC&H), Bilaspur idling of equipment due to lack of space was noticed as shown in the following photograph 42 and 43:

42. X-Ray dark room without proper disposal facility in GACH, Raipur (08 March 2022)

43. Spirometer equipment kept in packed condition in GAC&H, Bilaspur (05 May 2022)

GoCG replied (December 2022) that regular identification of dilapidated buildings and construction of new buildings as per the approval of GoCG in a phase-wise manner was under progress. Directorate has also instructed the DAOs to carry out the necessary repair work in the healthcare facilities.

5.13.2 Lack of infrastructure in Panchakarma

During scrutiny of records and joint physical verification (of seven[43] healthcare facilities extending *panchakarma*[44] services, it was noticed that due to lack of infrastructure (non-availability of space), shortage of manpower and lack of planning by the concerned authorities, *panchakarma* services were not extended to the patients by all seven Ayush facilities and *panchakarma* equipment valuing ₹ 0.19 crore were kept idle. Idling of equipment in two facilities is shown in following ***Photograph 44 and 45:***

44. Idling of *vaman* and *virechan* equipment at Special therapy center, CHC, Manendragarh (Korea) (25 May 2022)

45. Idling of *Shirodhara* equipment at Ayush Wing, Baikunthpur (25 May 2022)

GoCG stated (December 2022) that the special therapy center of Manendragarh and Dantewada have been made operational by the department.

The reply is not acceptable as adequate infrastructure was not available in the facilities and no comments regarding the remaining facilities have been provided by the department.

Conclusion

There were 10 Government Medical College and Hospitals (GMCHs), 23 DHs, 172 CHCs, 776 PHCs and 4,996 SHC in State as on 31 March 2022.

Tertiary Level Hospitals (GMCHs) increased in the State by 67 *per cent* from six in 2016-17 to 10 in 2021-22. However, the number of functional DHs decreased due to conversion of five DHs into GMCHs. Thus, five districts did not have DHs as per IPHS norms.

As per IPHS norms, every 1.20 lakh, 30,000 and 5,000 population requires respectively one CHC, one PHC, and one SHC for plain areas; similarly for every 80,000, 20,000 and 3,000 population, one CHC, one PHC, and one SHC was

[43] 1) AYUSH Wing, DH, Ambikapur; 2) Special Therapy Centre; CHC, Masturi; 3) Special Therapy Centre, CHC, Mungeli; 4) GAC&H, Bilaspur; 5) AYUSH Wing Baikunthpur; 6) Special Therapy Centre, CHC Manendragarh; 7) GAD Vidhansabha

[44] Panchakarma (PANCHA (five) – KARMA (procedures)) is a method of cleansing the body of all the unwanted waste.

required for tribal areas. However in the State, the CHCs, PHCs and SHCs established were not in accordance with the IPHS population norms and there was shortage of CHCs (81), PHCs (219) and SHCs (1,195) as of March 2022.

Out of targeted 47 CHCs, only 16 CHCs, were upgraded as First Referral Units due to non-availability of manpower and infrastructure. Out of 500 earmarked PHCs, only 266 PHCs (53 *per cent*) were functional on 24X7 basis.

In the State, 838 Healthcare Institutions (HIs) did not have designated Government building. Other infrastructure facilities like Blood storage units (in 28) dedicated kitchen (in 18), dedicated stores (in 16) and Operation Theatre (in 10) were not available in the CHCs of seven test checked districts. Similarly, CCTV (140), minor OT (94), boundary wall (92), staff quarters (77) were not available out of 191 PHCs in seven test checked districts.

In the 28 SHCs of seven test checked districts, Citizen charter (in 19), fire safety equipment (in 15), separate toilet facility for male and female (in 14) and labour room (in 5) were not available.

Construction of trauma care facility could not be started in four out of five GMCHs due to non-finalisation of site despite receipt of fund from GoI during 2014-17. Similarly, construction of Burn Unit and State cancer Institute was also not started in GMCH Bilaspur though fund was received from GoI in 2016 and January 2020 respectively.

Liquid Medical Oxygen Tank was not installed and kept idle in three GMCHs as of March 2022. There were cases of seepage in Operation Theatre, X- ray room and ICU wards and unhygienic conditions in wards of selected HIs.

Bed availability in Chhattisgarh was less than the requirement as envisaged in National Health policy and there were 1.13 beds available against the norms of two per thousand population in HIs in State, as of March 2022. In 12 districts, shortage was more than 50 *per cent*.

As per IPHS norms, for every 10 lakh population, there is requirement of 220 beds in a DH. However, in 15 DHs there was a shortage of required number of normal beds 1,029 (22 *per cent*) and ICU beds 115 (49 *per cent*) against IPHS norms. In 11 DHs, dedicated ICU facilities were not available.

In 172 CHCs in the State functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms. In 48 out of 172 CHCs, there was shortage of beds ranging from four to 25 against the requirement of 30 beds in a CHC. Similarly, in 776 PHCs against the requirement of 4,656 beds there were 5,191 beds available. However, in 147 out of 776 PHCs the shortage of beds was ranging from one to six against the norms of six beds.

In the State, 30 Maternal Child Health wings were sanctioned with 2,250 beds. Out of this, 25 were operational with 1,750 functional beds and five were not operational due to lack of infrastructure.

Against the target of 4,421 HIs in the State, 1,213 (PHC/ SHC) could not be upgraded in HWCs and out of upgraded HWCs, 450 HWCs could not be made

operational as Community Health Officers were not posted in these HWCs.

GoCG had sanctioned 4,360 works for constructions and renovation in HIs during 2016-22 to the centralised agency i.e., CGMSCL. Out of this, 2,798 works were awarded to contractors and the remaining 1,562 works were not taken up due to non-availability of site and non-allotment of funds. Out of 2,798 works, 1,660 works (59.33 *per cent*) valuing ₹ 377.12 crore was completed as on 31 March 2022 and there were 1,138 works valuing ₹ 356.69 crore which were in progress.

Out of the 265 construction works of AYUSH across the State, 100 works amounting to ₹ 14.08 crore remained incomplete during the period 2016-22. Postgraduate (PG) Block at Government Ayurveda College, Raipur was not operationalised due to incomplete construction work. Further, the test checked HIs had inadequate infrastructure resulting in lack of storage space, idling of equipment and inefficient stock management.

Recommendations

The GoCG should:

22. consider establishing HIs according to the IPHS norms to fill the gaps in available infrastructure for better healthcare facility to the public;

23. provide basic infrastructure facilities such as designated Government building, blood storage units, OT, dedicated kitchen, stores, staff quarters, boundary wall, toilets etc., in all HIs as per the IPHS norms;

24. increase availability of normal and ICU beds in HIs to achieve the target of two beds per 1,000 persons in the State;

25. take necessary steps for timely completion of construction and renovation work of HIs; and

26. issue instructions to complete and operationalise the PG Block at Government Ayurveda College, Raipur. Further, it should also ensure the completion of other pending construction works of Dispensaries.

Chapter - VI

Funding for healthcare in Chhattisgarh

Chapter 6

Funding for healthcare in Chhattisgarh

Highlights

- During the review period 2016-22, the GoCG allocated budget provisions of ₹ 34,100.85 crore (including GoI share of ₹ 13,165.17 crore) for healthcare to Department of Public Health and Family Welfare (the Department). Out of this, the Department incurred expenditure of ₹ 27,989.97 crore (82 *per cent*) on healthcare.
- The expenditure by Health Department was less than the National Health Policy (NHP) target of 2.5 *per cent* of GSDP and ranged between 1.15 and 1.64 *per cent* of State GSDP during the review period of 2016-22. Further, though the expenditure by Health Department increased from 5.72 *per cent* of total expenditure of GoCG in 2016-17 to 7.66 *per cent* in 2021-22, it was less than the target of eight *per cent.*
- The overall capital expenditure during the period 2016-22 was only 7.64 *per cent* amounting to ₹ 2,138.91 crore against the revenue expenditure of ₹ 25,851.06 crore.
- The target of two third (66.67 *per cent*) expenditure on primary healthcare as envisaged in NHP, 2017 was not achieved in any of the year during 2016-22 and it ranged between 30 and 34 *per cent*.
- The GoCG has not formulated any State Health Policy till date (November 2022).
- GoI and GoCG released ₹ 3,576.02 crore and ₹ 3,236.88 crore respectively during 2016-22 under National Health Mission (NHM). Out of total fund of ₹ 7,263.47 crore available with the NHM including interest and opening balance, it utilised ₹ 6,486.08 crore with un-utilised fund of ₹ 777.39 crore, as on 31 March 2022. Thus, the total utilisation of fund under NHM ranged between 66 *per cent* (2021-22) and 73 *per cent* (2016-17).
- CGMSCL, being centralised nodal agency for construction and procurement, received funds from the Health Department. Against the total fund of ₹ 3,628.01 crore, available during 2016-22, they spent only ₹ 2,754.60 crore and the balance ₹ 873.41 crore remained unspent with CGMSCL, as on 31 March 2022. Further, CGMSCL did not maintain any records and is not having any system for assessment of requirement of fund for each year. The demand for fund was made from the GoCG on *ad hoc* basis, without assessment of the requirement based on indent received.
- The amount of liquidated damages of ₹ 37.72 crore recovered by CGMSCL from defaulting suppliers/contractor was treated as its own income on which it paid income tax of ₹ 11.54 crore.

- To fight against the COVID-19 pandemic, GoCG allocated ₹ 1,391.74 crore from the State Budget during 2020-22. However, there was excess expenditure of ₹ 135.85 crore over the allotment from the State Budget during this period.
- The GoCG also allocated ₹ 242.37 crore under SDRF during 2019-22 and out of this, ₹ 239.06 crore was spent for management of quarantine camps, purchase of PPE kit, drugs, and equipment testing kits, laboratories as of March 2022 and balance of ₹ 3.31 crore is kept with implementing agencies.
- The fund allocated by GoI through NHM under Emergency Response and Health Preparedness Package (ECRP) for strengthening of healthcare infrastructure was not utilised as per the guidelines and out of total allocation of ₹ 788.69 crore, only ₹ 328.21 (41.61 *per cent*) was utilised, till March 2022

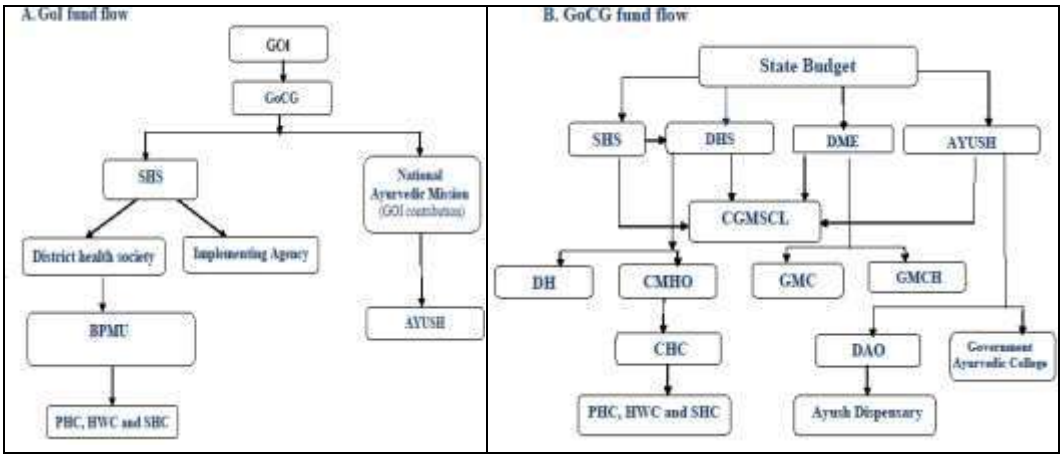
6.1 Introduction

The National Health Policy, 2017 (NHP) proposes a potentially achievable target of raising public health expenditure to 2.5 *per cent* of the GDP in a time bound manner. It envisages that the resource allocation to States will be linked with State development indicators, absorptive capacity and financial indicators. The States would be incentivised for incremental State resources for public health expenditure. A key requirement for any health system is to ensure that the available public funds are directed to organisations to fulfil their objectives.

6.2 Expenditure on public healthcare

In Chhattisgarh, the State Health Budget comprises two elements i.e., GoCG funding and the funds received from Government of India (GoI) besides other sources of funding such as District Mineral Fund, State Disaster Response Fund, Corporate and external aid/assistance. The Health Budget allocations are made for healthcare infrastructure, salary and wages to human resources, procurement of drugs, medicines, equipment and consumables etc. The details of fund flow in healthcare sector are given in the following ***Chart - 6.1***:

Chart - 6.1: Fund flow in Healthcare sector in Chhattisgarh



6.2.1 Allocation on healthcare sector

The details of total budget provision and total expenditure of the Department of Public Health and Family Welfare (Department) during 2016-22 are as given in ***Table - 6.1***:

Table - 6.1: Year wise, total budget and expenditure of the Department

(₹ in crore)

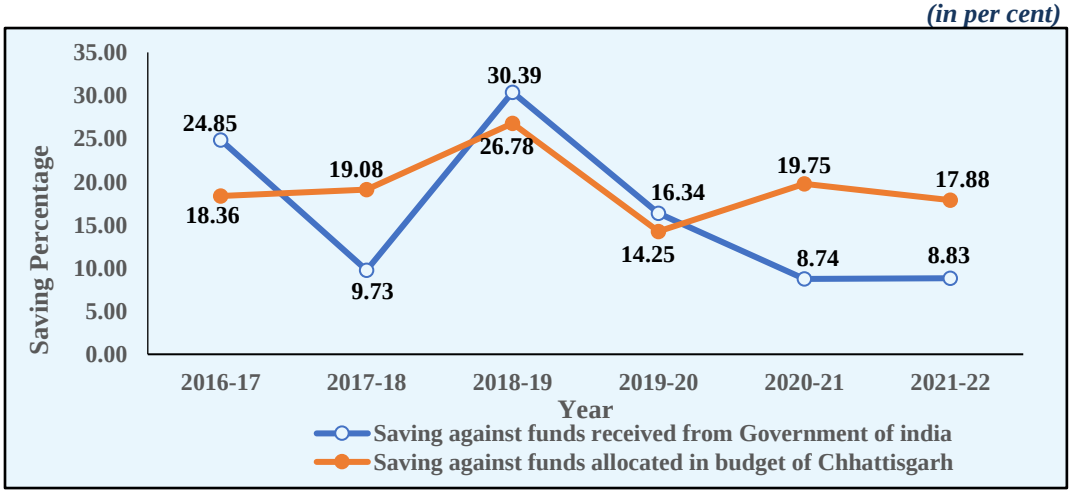
Year	Budget provision			Total expenditure			Saving *(per cent)*	
	GoI share	GoCG	Total[1]	GoI	GoCG	Total	GoI	GoCG
2016-17	1,703.27	2,471.51	4,174.78	1,280.01	2,017.67	3,297.68	423.26 (24.85)	453.84 (18.36)
2017-18	1,834.42	2,911.74	4,746.16	1,655.97	2,356.28	4,012.25	178.45 (9.73)	555.46 (19.08)
2018-19	2,187.49	3,056.99	5,244.48	1,522.74	2,238.48	3,761.22	664.75 (30.39)	818.51 (26.78)
2019-20	2,180.22	3,326.68	5,506.90	1,823.93	2,852.79	4,676.72	356.29 (16.34)	473.89 (14.25)
2020-21	2,230.31	4,553.06	6,783.37	2,035.49	3,654.01	5,689.50	194.82 (8.74)	899.05 (19.75)
2021-22	3,029.46	4,615.70	7,645.16	2,762.09	3,790.51	6,552.60	267.37 (8.83)	825.19 (17.88)
Total	**13,165.17**	**20,935.68**	**34,100.85**	**11,080.23**	**16,909.74**	**27,989.97**	**2,084.94 (15.84)**	**4,025.94 (19.23)**

[Source: Data extracted from VLC, PAG (A&E)]

It could be seen from the above ***Table - 6.1*** that the Department did not fully utilise the available fund during the period 2016-22 and there were saving ranging from 8.74 to 30.39 *per cent* in GoI funds and 14.25 to 26.78 *per cent* in GoCG budget, as depicted in the following ***Chart - 6.2***.

Chart - 6.2: Saving against total budget provision

(in per cent)



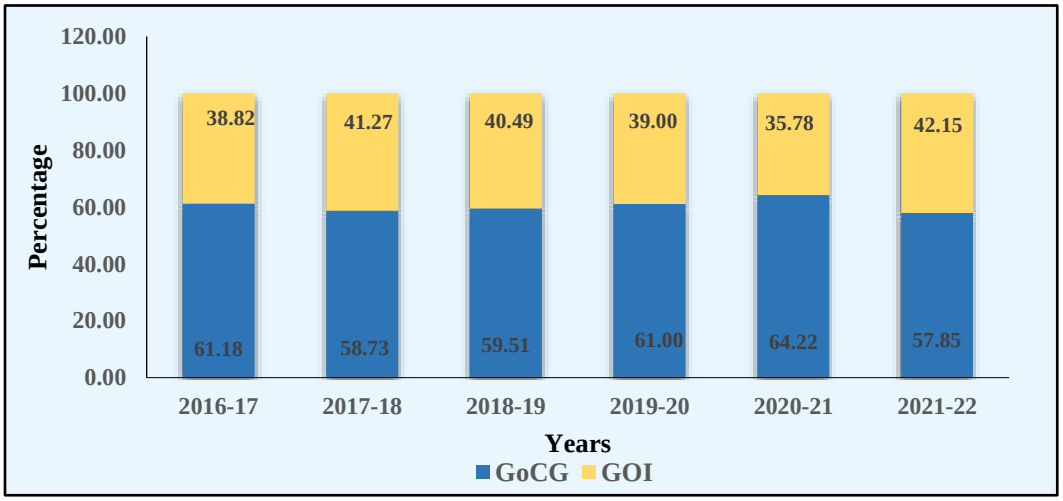
[Source: Data extracted from VLC, PAG (A&E)]

[1] Grant no. 19, 41, 64, 68, 79 and major head 2210, 2211, 2701 and 4210 included for health budget.

The percentage of GoI and GoCG funds in the total expenditure is shown in the ***Chart - 6.3***. The percentage share of expenditure from GoCG fund decreased from 2016-17 (61 *per cent*) to 2021-22 (58 *per cent*) while that from GoI fund increased from 39 *per cent* (2016-17) to 42 *per cent* (2021-22).

Chart - 6.3: Percentage of expenditure against GoI and GoCG share

(in per cent)



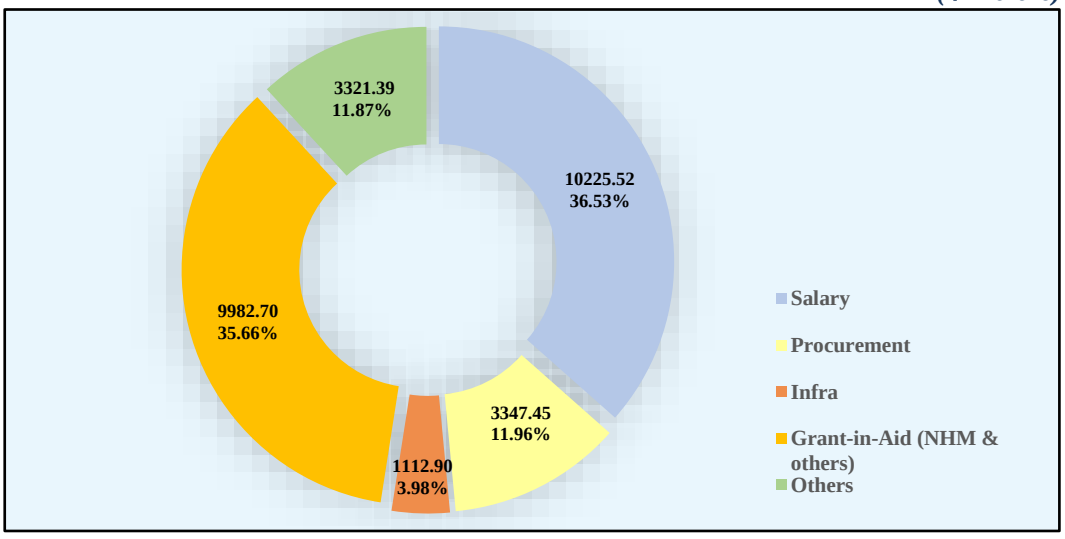
[Source: Data extracted from VLC, PAG (A&E)]

6.2.2 Component wise expenditure on healthcare by the Department

The main components of expenditure of the Department are salaries, procurement, infrastructure works, NHM and other grants etc. Expenditure incurred in these components during 2016-22 is depicted in ***Chart - 6.4***.

Chart - 6.4: Component wise expenditure by the Department during 2016-22

(₹in crore)



It is evident from the above chart that the Department incurred major expenditure on salary and Grants head during the period 2016-22. However, only four *per cent*

of total expenditure was incurred on health infrastructure in the same period.

6.2.3 Total expenditure on healthcare by the Department in comparison with NHP targets

The NHP 2017 proposes to raise public health expenditure to 2.5 *per cent* of Gross Domestic Product (GDP) in a time bound manner. It also provides that the State should aim to spend more than eight *per cent* of their budget on health sector by the year 2020. The details of Gross State Domestic Product (GSDP), total expenditure of the State and health expenditure by the Department during 2016-22 are as given in ***Table - 6.2***:

Table - 6.2: Year wise GSDP, total expenditure and health expenditure

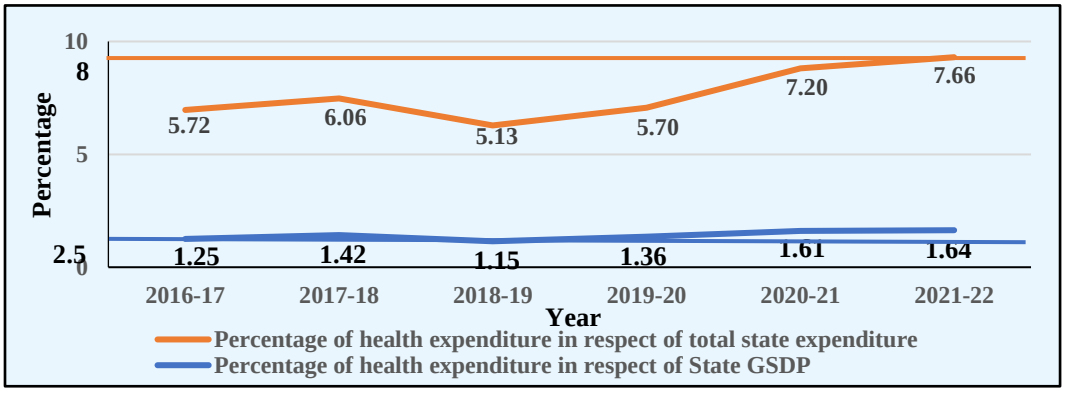
(₹ in crore)

Year	GSDP of the State	Total expenditure of State Government	Total expenditure of Health Department	Per capita expenditure [2] ₹	Percentage of health expenditure in respect of GSDP	Percentage of public health expenditure in respect to total expenditure of the State
1	2	3	4	5	6 (4/2*100)	7 (4/3*100)
2016-17	2,62,802	57,635.11	3,297.68	1,298.30	1.25	5.72
2017-18	2,82,266	66,230.71	4,012.25	1,579.63	1.42	6.06
2018-19	3,27,693	73,314.63	3,761.22	1,480.79	1.15	5.13
2019-20	3,44,571	82,043.70	4,676.72	1,841.23	1.36	5.70
2020-21	3,52,161	79,057.03	5,689.50	2,239.96	1.61	7.20
2021-22	4,00,061	85,514.23	6,552.60	2,579.76	1.64	7.66
Total	**19,69,554**	**4,43,795.41**	**27,989.97**		**1.42**	**6.31**

[Source: Data extracted from VLC, PAG (A&E) and Economic Health Survey 2021-22]

The percentage of expenditure on healthcare by the Department with respect to total expenditure of the State and GSDP during 2016-22 is depicted in ***Chart - 6.5:***

Chart - 6.5: Percentage of expenditure on health by Department in comparison to the total expenditure of State/GSDP



[Source: Data extracted from VLC, PAG (A&E) and Economic Health Survey 2021-22]

It is evident from the above table that during the review period of 2016-22, the health expenditure by Department ranged between 1.15 and 1.64 *per cent* of State

[2] 2.54 crore population as per census 2011

GSDP which was less than the target of 2.5 *per cent*. Further, though the expenditure on healthcare in comparison with total State expenditure improved from 5.72 *per cent* in 2016-17 to 7.66 *per cent* in 2021-22, however, it remained less than the target of eight *per cent.*

The DHS stated (December 2022) that the budget proposals had been prepared on the basis of expenditure as per the directions of the Finance Department, however, in future it would be prepared on the basis of NHP, 2017.

6.2.4 Revenue and capital expenditure

Total capital budget provision, total expenditure on revenue and capital on healthcare sector during the year 2016-22 is depicted in the following ***Table - 6.3*** and ***Chart - 6.6***:

Table - 6.3: Year wise capital provision, capital expenditure vis-à-vis revenue expenditure on healthcare sector

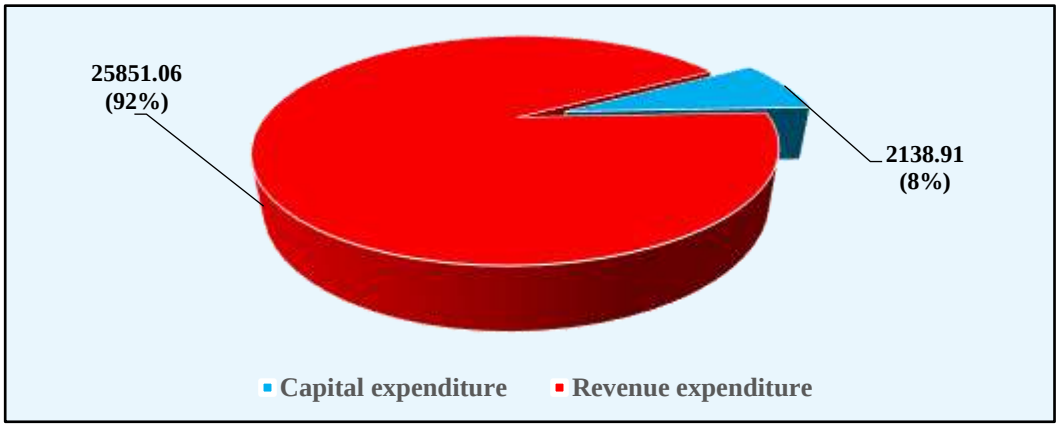
(₹ in crore)

Year	Total expenditure on health	Capital			Revenue		
		Provisions	Expenditure	*Per cent* (w.r.t total exp.)	Provisions	Expenditure	*Per cent* (w.r.t total exp.)
2016-17	3,297.68	466.71	325	9.86	3,708.08	2,972.68	90.14
2017-18	4,012.25	618.28	401.19	10.00	4,127.88	3,611.06	90.00
2018-19	3,761.22	585.87	214.49	5.70	4,658.61	3,546.73	94.30
2019-20	4,676.72	739.35	361.82	7.74	4,767.55	4,314.90	92.26
2020-21	5,689.50	873.88	511.71	8.99	5,909.48	5,177.79	91.01
2021-22	6,552.60	769.11	324.7	4.96	6,876.06	6,227.90	95.04
Total	**27,989.97**	**4,053.20**	**2,138.91**	**7.64**	**30,047.66**	**25,851.06**	**92.36**

[Source: Data extracted from VLC, PAG (A&E) and finance accounts of GoCG 2016-22]

Chart - 6.6: Capital expenditure vis-à-vis Revenue expenditure on healthcare sector (2016-22)

(₹ in crore)



As evident in ***Table - 6.3*** and ***Chart – 6.6*** that the capital expenditure on healthcare was very low, which ranged between 4.96 and 10 *per cent* of total expenditure

during the year 2016-22. The overall capital expenditure was only 7.64 *per cent.* Further, in Directorate of AYUSH, allotment of fund of ₹ 8.66 crore for equipment during 2016-21 had been misclassified in the revenue head instead of capital head. It was also observed that the GoCG allotted only ₹ 2,652.89 crore (65.45 *per cent*) against the budget provision of ₹ 4,053.20 crore for capital expenditure during the period 2016-22. However, the Department was able to utilise only ₹ 2,138.91 crore (80.63 *per cent* of total allotment). Due to less allotment of fund by the Department, the CGMSCL could not take up the 28 construction work of healthcare facilities[3] out of 4,360 works assigned to CGMSCL for execution during 2016-22.

6.3 Planning and allocation of resources

6.3.1 Non preparation of State Health Policy

There is a need of Comprehensive Health Policy of the State so that the broader goals, objectives, and targets of NHP can be planned and achieved in a time bound manner by formulating the State specific strategies in alignment with the objectives of NHP. Audit observed that GoCG had not formulated a Comprehensive Health Policy for the State since its formation. The State Health Resource Center (SHRC) had drafted a health policy in 2006, however, it was not approved by the GoCG and the reasons for the same were not found on records.

During exit conference the Secretary assured (November 2022) to formulate the State Health Policy.

6.3.2 Allocation of resources

As per NHP 2017, two third (66.67 *per cent*) of total health budget should be allocated for primary healthcare. It also stipulated that the allocation of resources in budget was to be made based on differential financial ability, developmental needs and high priority districts to ensure horizontal equity through targeting specific population subgroups, geographical areas, availability of healthcare services and gender related issues.

Audit observed that expenditure on primary healthcare by the Department was less than the target prescribed by the NHP during 2016-22, as given in ***Table - 6.4***:

[3] 28 (8 new healthcare facilities and 20 other works) works were pending due to non-availability of fund

Table - 6.4: Statement showing target vis-à-vis actual expenditure on primary healthcare during 2016-22

(₹in crore)

Year	Healthcare expenditure by Department	Targeted expenditure on primary healthcare as per NHP 2017 (2/3rd of total expenditure)	Actual expenditure on primary healthcare		Shortfall	
			Amount	Percentage	Amount	Percentage
1	2	3	4	5 (4x100/2)	6 (3-4)	7 (6x100/3)
2016-17	3,297.68	2,198.45	973.95	29.53	1,224.50	55.70
2017-18	4,012.25	2,674.83	1,214.09	30.26	1,460.74	54.61
2018-19	3,761.22	2,507.48	1,290.32	34.31	1,217.16	48.54
2019-20	4,676.72	3,117.81	1,493.55	31.94	1,624.26	52.10
2020-21	5,689.50	3,793.00	1,825.51	32.09	1,967.49	51.87
2021-22	6,552.60	4,368.40	1,944.99	29.68	2,423.41	55.48
Total	**27,989.97**	**18,659.97**	**8,742.41**		**9,917.56**	

[Source: Data extracted from VLC, PAG (A&E)]

The Department stated (December 2022) that the budget proposals had been prepared on the basis of the directions of the Finance Department, however, in future it would be prepared on the basis of NHP, 2017.

6.3.3 Funding under Corporate Social Responsibility

The GoCG obtains the funds from the various Companies including public sector undertakings, registered trust, registered society or Section 8 Companies[4] authorised for Corporate Social Responsibility (CSR) expenditure for supporting health care infrastructure and services. The NHP, 2017 emphasizes the use of CSR funds for filling health infrastructure gaps in public health facilities across the country.

- During the period 2020-21, the DHS received funds of ₹ 20 crore under CSR from National Mineral Development Corporation Limited and South Eastern Coalfield Limited (SECL) which were utilised for COVID-19 management.
- Further, SECL allocated funds of ₹ 79.83 crore for five districts of Chhattisgarh i.e. Bastar, Bijapur, Mahasamund, Kanker and Narayanpur under theme "Healthcare SECL stands for Health". SECL released (March 2019) first instalment of ₹ 47.89 crore (60 *per cent* of the total fund) to NHM, out of which only ₹ 37.66 crore could be utilised by the NHM up to March 2022 and the balance amount of ₹ 11.17 crore was kept in the bank account. Due to non-utilisation of fund, second installment was not released by the SECL, as of November 2022.
- National Thermal Power Corporation (NTPC) sanctioned ₹ 100 crore for upgradation of infrastructure and installation of other basic amenities at Government Medical College (GMC), Raigarh under CSR. As per the MoU (November 2019), first installment of ₹ 25 crore was released in 2019-20.

[4] A company is referred to as Section 8 Company when registered as a Non-Profit Organisation (NPO) i.e., when it has the motive of promoting arts, commerce, education, charity, protecting of environment, sports, science, research, social welfare, religion and intends to use its profits (if any) or other income for promoting these objectives.

Audit observed that GMC Raigarh utilised ₹ 14.71 crore as of March 2022 and the remaining ₹ 10.29 crore was kept in the bank account. Further installments were not received as of November 2022 due to non-utilisation of the first instalment.

During exit conference Secretary stated (November 2022) that efforts will be made to expedite the release of second instalment by SECL and NTPC.

It is evident from the reply that the Department has failed to utilise all the CSR funds and demanded the second installment from SECL only after pointed out by the Audit.

6.4 Budget allocation and expenditure by Health Directorates

The Directorate wise breakup of budget allocation out of the total budget of the state and expenditure incurred from it during 2016-22 is given in ***Table - 6.5***.

Table - 6.5: Statement showing allotment and expenditure of DHS, DME and AYUSH

(₹ in crore)

Year	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Grand Total
A. Director Health Services (DHS)							
Provision	2916.20	3381.91	3788.12	3667.84	4875.35	5672.18	**24301.6**
Allotment	2666.27	2882.16	3017.64	3208.47	3945.20	5672.18	**21391.92**
Expenditure	2409.08	2977.15	2907.19	3476.46	4415.83	5352.40	**21538.11**
Saving/excess (-)	257.19	-94.99	110.45	-267.99	-470.63	319.78	**-146.19**
Saving/excess (-) %	9.65	-3.30	3.66	-8.35	-11.93	5.64	**-0.68**
B. Director Medical Education (DME)							
Provision	745.87	855.18	946.19	1337.39	1361.74	1449.37	**6695.74**
Allotment	745.87	855.18	946.19	1337.39	1361.74	1449.37	**6695.74**
Expenditure	525.28	666.54	556.00	838.03	903.26	818.11	**4307.22**
Saving/excess (-)	220.59	188.64	390.19	499.36	458.48	631.26	**2388.52**
Saving/excess (-) %	29.57	22.06	41.24	37.34	33.67	43.55	**35.67**
C. Director AYUSH							
Provision	248.43	291.28	290.63	294.52	312.06	318.45	**1755.37**
Allotment	248.43	291.28	290.63	294.52	312.06	318.45	**1755.37**
Expenditure	181.30	225.31	208.59	238.84	233.62	247.21	**1334.87**
Saving/excess (-)	67.13	65.97	82.04	55.68	78.44	71.24	**420.50**
Saving/excess (-) %	27.02	22.65	28.23	18.91	25.14	22.37	**23.96**
Grand Total (A+B+C)							
Provision	**3910.5**	**4528.37**	**5024.94**	**5299.75**	**6549.15**	**7440**	**32752.71**
Allotment	**3660.57**	**4028.62**	**4254.46**	**4840.38**	**5619.00**	**7440.00**	**29843.03**
Expenditure	**3115.66**	**3869.00**	**3671.78**	**4553.33**	**5552.71**	**6417.72**	**27180.20**
Saving/excess (-)	**544.91**	**159.62**	**582.68**	**287.05**	**66.29**	**1022.28**	**2662.83**
Saving/excess (-) %	**14.89**	**3.96**	**13.70**	**5.93**	**1.18**	**13.74**	**8.92**

(Source: Compiled by audit from budget data provided by DHS, DME and AYUSH)

As it could be seen from ***Table - 6.5*** that during the review period of 2016-22, the GoCG made provision of ₹ 32,752.71 crore for Health in the budget, out of which ₹ 29,843.03 crore was allocated to the three Directorates. However, from this allotment only ₹ 27,180.20 crore could be utilised. So, the Department was left with saving of ₹ 2,662.83 crore, which was 8.92 *per cent* of total allotment of budget. The total saving ranged between ₹ 66.29 crore (1.18 *per cent* of total allotment in 2020-21) and ₹ 1,022.28 crore (13.74 *per cent* of total allotment in 2021-22) during the review period of 2016-22. Thus, despite having sufficient budget provisions, the Department failed to utilise ₹ 2,662.83 crore during 2016-22.

It was further observed that out of all the three Directorates, the DME failed to utilise its major portion of allocated fund and there was saving of ₹ 2,388.52 crore out of total allotment of ₹ 6,695.74 crore, which is 35.67 *per cent* of total allotment during the review period of 2016-22. This indicates, improper planning and poor implementation of plan on the part of the DME, which failed to spend its budget on capacity building of healthcare staff by constructing GMCs, increasing the medical seats in the colleges, engaging the trained teaching staff, providing necessary infrastructure in GMCs and attached hospitals.

Similarly, Directorate of AYUSH also failed to utilise its available fund and there was saving of ₹ 420.50 crore out of total allotment of ₹ 1,755.37 crore which was 23.96 *per cent* of the total allotment. This indicates that AYUSH also failed to carry out its activities in full force during 2016-22.

During exit conference the Secretary stated (November 2022) that major savings were attributed due to lack of administrative approval from Finance Department for recruitment of vacant posts in DME and AYUSH departments.

It is evident from the reply that DME and AYUSH failed to utilise the fund as per the budget allocation.

6.5 Funding under National Health Mission

The National Health Mission (NHM) is a flagship health sector reform initiative started by GoI in 2005. The NHM has initiated multiple health system reforms to strengthen primary and secondary care. NHM is both flexible and dynamic and is intended to guide States towards ensuring the achievement of universal access to health care through strengthening of health systems, institutions, and capabilities.

The Resource Envelope (RE) under NHM for a financial year consists of unspent balances of the previous years, proposed budget allocation and Central State share in the ratio of 60:40 during 2016-22. GoI share is released to the GoCG and GoCG transfers the same along with its share to the Mission Director, NHM, Chhattisgarh.

The receipt and expenditure under NHM and funds outlays for NHM during 2016-22 are given in ***Table - 6.6***:

Table - 6.6: Receipt and expenditure under NHM during 2016-22

(₹ in crore)

Year	Receipt						Expenditure during the year and *percent*	Closing balance
	Fund available (Opening)	GoI	GoCG	Interest received during current year	Adjustment/ other receipts	Total		
2016-17	324.82	397.92	322.54	13.05	-0.21	1058.12	769.63 (73)	288.49
2017-18	288.49	542.71	455.72	17.78	0.35	1305.05	894.72 (69)	410.33
2018-19	410.33	530.40	394.13	12.33	-0.28	1346.91	896.93 (67)	449.98
2019-20	449.98	629.77	585.68	69.26	-2.49	1732.20	1,149.39 (66)	582.81
2020-21	582.81	738.76	593.53	22.46	0.16	1937.72	1,287.80 (66)	649.92
2021-22*	649.92	736.46	885.28	9.04	-15.70	2265.00	1,487.61 (66)	777.39
Total		**3,576.02**	**3,236.88**	**143.92**	**-18.17**	**9645.00**	**6,486.08**	

(Source: Information provided by NHM)

***Unaudited figure**

As evident from the ***Table - 6.6*** that expenditure of ₹ 6,486.08 crore incurred under NHM was 23.17 *per cent* of the total expenditure (₹ 27,989.97 crore) of the GoCG under the Department during 2016-22. NHM utilised only ₹ 6,486.08 crore out of total available fund of ₹ 7,263.47 crore[5] during this period with balance of ₹ 777.39 crore as on 31 March 2022. The total utilisation of fund ranged between 66 *per cent* (2021-22) and 73 *per cent* (2016-17). This indicates lack of monitoring over implementation of various Schemes on the part of Mission Director NHM, which is the nodal agency in the State for implementation of the same.

During the exit conference, the Secretary stated (November 2022) that the major savings were attributed to 7,000 vacant posts in NHM which could not be filled and due to COVID-19 situation, funds could not be utilised.

The implementation of various schemes funded under NHM has been discussed in the **Chapter 7: Implementation of Centrally Sponsored Schemes**.

6.6 Funding under National AYUSH Mission

6.6.1 Non-utilisation of funds under National AYUSH Mission

The National AYUSH Mission (NAM) is the centrally sponsored flagship mission, through which AYUSH services are provided as a part of public health services. As per guidelines of NAM, the GoCG submits the State Annual Action Plan (SAAP) on yearly basis (1st week of May) to NAM for approval. The SAAP includes components of Admin Cost, Flexi pool and Core Activities[6] under NAM. The State AYUSH Mission Society is responsible for implementation of scheme in the State. The grant-in-aid released to the Society shall be utilised within 12 months from the date of issue of its sanction by GoI.

[5] Total fund available [₹ 324.82 crore (OB of 2016-17) + ₹ 3,576.02 crore (GoI share) + ₹ 3,236.88 crore (GoCG share) + ₹ 125.75 crore (other interest receipt with adjustment) = ₹ 7,263.47 crore]

[6] Core activities include AYUSH Services, AYUSH Educational Institutions, Quality control of ASU&H drugs, Medicinal plant and Health and Wellness centers.

During the period 2016-22, the Society had received ₹ 116.21 crore for implementation of the activities mentioned in SAAP. Out of the available funds, only ₹ 51.85 crore (45 *per cent*) had been utilised and remaining funds of ₹ 64.36 crore were not utilised, as detailed in ***Table - 6.7***:

Table - 6.7: Details of funds allotted, expenditure incurred and utilised by Society.

(₹ in crore)

Year	Fund received (GoI + State Share)	Expenditure	Fund not utilised as per the Society	Amount of UCs submitted	Percentage of UCs not submitted	Interest amount received in Society Account
A	B	C	D	E	F= (C-E)/C*100	G
2016-17	19.27	17.24	2.03	9.45	45	0.20
2017-18	20.29	17.49	2.80	10.23	42	0.10
2018-19	17.78	9.95	7.83	2.88	71	0.43
2019-20	0.00	0.00	0.00	0.00	0	0.46
2020-21	44.85	7.17	37.68	4.24	41	0.22
2021-22	14.02	0.00	14.02	0.00	0	1.62
Total	**116.21**	**51.85**	**64.36**	**26.80**	**--**	**3.03**

(Source: Data received from Directorate, AYUSH and compiled by Audit)

Audit observed that non utilisation of funds ranged from 41 to 71 *per cent* during the period 2016-22 while utilisation was nil in 2021-22, which indicates that the physical progress of the activities of NAM was not adequate. Further, SAAP for 2019-20 was neither finalised nor forwarded to GoI by the Society. As a result, no funds were allotted in that particular year. Audit further observed that during 2016-22, Society earned interest amounting to ₹ 3.03 crore which was retained in the bank accounts of the Society instead of returning it to the GoCG.

GoCG replied (December 2022) that the interest earned on the amount lying in the accounts of the society amounting to ₹ 2.84 crore has been returned (April 2022). Further, the funds were not utilised as the work allotted could not be completed by the executing agencies in due time.

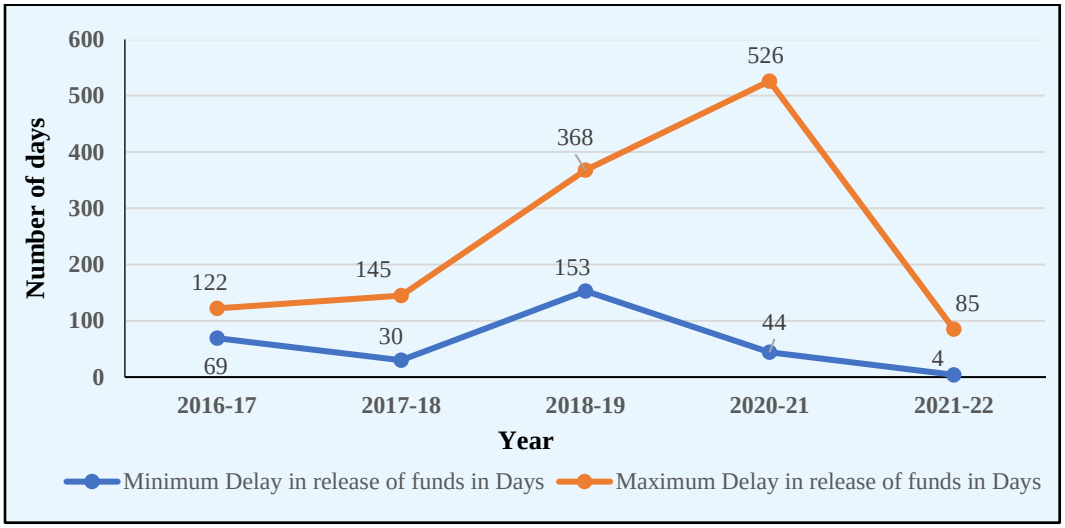
Reply is not acceptable as due to lack of monitoring by the department and co-ordination with executive agencies funds of ₹ 64.36 crore remained unutilised.

6.6.2 Delay in release of NAM fund from GoCG to the Society

GoI releases NAM funds to the State which is transferred to the Society through treasury after including matching State share of 40 *per cent* for implementation of scheme. The Society further transfers funds to District Ayurveda Officers (DAOs) for implementation of the scheme.

It was observed that during 2016-22, GoCG released funds after inclusion of its own matching share with delay ranging between four and 526 days (***Appendix - 6.1)*** as depicted in ***Chart - 6.7:***

Chart - 6.7: Chart showing year wise maximum and minimum delay in fund release



The GoCG stated (December 2022) that GoI approves the fund as per the SAAP in the month of November-December of the financial year. The process of withdrawal of funds received from GoI along with the matching share of GoCG is done by treasury. Due to the above reasons, funds were received with delay by the society.

The reply is not acceptable as the funds received by the society should be utilised in the same Financial Year (FY) but funds were received with delay of more than a year in 2018-19 and 2020-21.

6.7 Financial Management in CGMSCL

CGMSCL being the centralized nodal agency receives funds from the Department *viz*., DHS, DME and AYUSH for procurement of drugs, consumables and equipment as well as for creation of healthcare facilities in the State. It is responsibility of the CGMSCL to surrender the un-utilised fund to the user department at the year end. Audit observed following deficiencies relating to fund management in CGMSCL.

6.7.1 Blocking up of funds with CGMSCL due to non-surrender of un-utilised fund to the GoCG

As per GoCG order (April 2014), 40 *per cent* of budget relating to procurement of drugs, medicines and equipment as well as infrastructure development works was to be allocated to CGMSCL in the month of April each year. The remaining 60 *per cent* is to be released by the GoCG in October only after submission of utilisation certificate regarding expenditure of the initial amount.

The details of fund received by CGMSCL from DHS, DME, AYUSH and other sources, expenditure and balance at year end is given in ***Table - 6.8***:

Table - 6.8: Details of fund received, expenditure and closing balances from DHS, DME, AYUSH and other sources

(₹in crore)

Year	Source of fund	Opening balance	Receipt	Expenditure	Closing Balance	Utilisation percentage
2016-17	DHS	86.20	157.97	137.08	107.08	56.14
	DME	78.55	72.43	34.84	116.14	23.08
	AYUSH	25.83	33.79	7.06	52.56	11.84
	Others	7.45	1.17	1.02	7.60	11.83
	Total	**198.03**	**265.36**	**180.01**	**283.39**	**38.85**
2017-18	DHS	107.08	203.12	229.50	80.71	73.98
	DME	116.14	91.33	83.10	124.37	40.05
	AYUSH	52.56	50.49	26.35	76.70	25.57
	Others	7.60	0.55	1.60	6.55	19.63
	Total	**283.39**	**345.50**	**340.55**	**288.33**	**54.15**
2018-19	DHS	80.71	207.38	224.47	63.61	77.92
	DME	124.37	104.92	84.02	145.27	36.64
	AYUSH	76.70	24.05	32.63	68.12	32.39
	Others	6.55	0.37	0.16	6.76	2.31
	Total	**288.33**	**336.72**	**341.29**	**283.77**	**54.60**
2019-20	DHS	63.61	286.41	240.48	109.54	68.70
	DME	145.27	69.81	102.85	112.23	47.82
	AYUSH	68.12	24.00	34.72	57.40	37.69
	Others	6.76	2.50	3.22	6.04	34.77
	Total	**283.77**	**382.72**	**381.27**	**285.22**	**57.21**
2020-21	DHS	109.54	902.40	718.94	293.00	71.05
	DME	112.23	132.53	64.59	180.17	26.39
	AYUSH	57.40	18.65	22.66	53.39	29.80
	Others	6.04	1.60	3.28	4.36	42.93
	Total	**285.22**	**1055.18**	**809.47**	**530.93**	**60.39**
2021-22	DHS	293.00	877.39	602.87	567.52	51.51
	DME	180.17	122.75	75.73	227.19	25.00
	AYUSH	53.39	38.51	22.96	68.94	24.98
	Others	4.36	5.86	0.46	9.76	4.50
	Total	**530.93**	**1,044.51**	**702.02**	**873.41**	**44.56**
Grand total (2016-22)	**DHS**	**86.20**	**2,634.67**	**2,153.35**	**567.52**	**79.14**
	DME	**78.55**	**593.77**	**445.13**	**227.19**	**66.21**
	AYUSH	**25.83**	**189.49**	**146.38**	**68.94**	**67.98**
	Others	**7.45**	**12.05**	**9.74**	**9.76**	**49.95**
	Total	**198.03**	**3,429.98**	**2,754.60**	**873.41**	**75.93**

(Source: Compiled from CGMSCL's record)

During the period 2016-22, CGMSCL received funds of ₹ 3,429.98 crore from the Health Directorates which constitutes 12.62 *per cent*[7] of total expenditure of these Directorates. However, in this period utilisation of funds by CGMSCL ranged between 38.85 *per cent* (2016-17) and 60.39 *per cent* (2020-21). As against, the total fund of ₹ 3,628.01 crore[8] available with CGMSCL during 2016-22, it spent only ₹ 2,754.60 crore (76 *per cent*) and the balance ₹ 873.41 crore remained unspent with CGMSCL, as on 31 March 2022.

During the same period, year wise fund utilisation by DHS ranged between 51.51 *per cent* (2021-22) and 77.92 *per cent* (2018-19). Similarly, for DME, it ranged between 23.08 *per cent* (2016-17) and 47.82 *per cent* (2019-20). For AYUSH, it ranged between 11.84 *per cent* (2016-17) and 37.69 *per cent* (2019-20). Thus, there were major savings of ₹ 382.32 crore and ₹ 138.01 crore under infrastructure and drugs heads in DHS and ₹ 192.69 crore under equipment head in DME.

Audit also observed that CGMSCL did not develop any system for recording utilisation against the funds received from each directorate for each year. The demand for fund was made from the Directorate on ad-hoc basis without ensuring utilisation of first instalment and submission of UCs. Moreover, CGMSCL did not maintain records relating to release/sanction order received from the Department, date of receipt of funds into its account, head of fund, purpose of fund etc., properly, which indicates poor fund management. Audit further observed that the Directorates also failed to adhere the GoCG order (April 2014) which stipulated that second instalment of 60 *per cent* of fund was to be released by the Directorates in October, only after receipt of utilisation certificate of first instalment of 40 *per cent*.

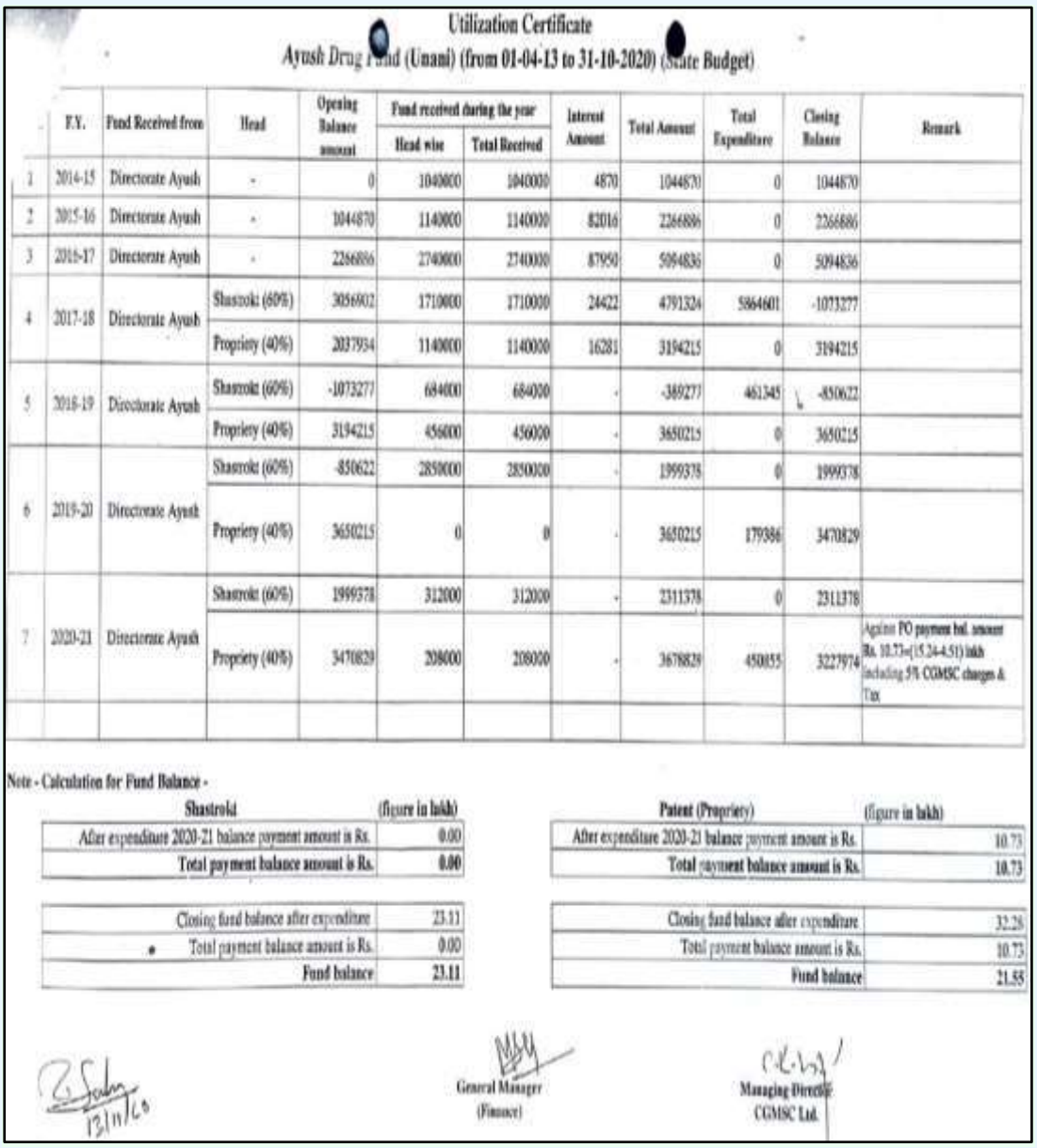
Due to poor fund management, huge unspent balances ranging between ₹ 283.39 crore (2016-17) and ₹ 873.41 crore (2021-22) were lying in the bank account of CGMSCL, which was 6.79 *per cent* to 11.42 *per cent* of the total health budget of the State during the corresponding year.

6.7.2 Non submission of utilisation certificate on timely basis

Audit further observed that CGMSCL did not submit UCs to the GoCG regularly as required under GoCG order dated 15 April 2014. The UCs were prepared by CGMSCL on ad-hoc basis, as and when required or demanded by the Department. Moreover, the same were not being maintained by CGMSCL properly, which indicates the poor record keeping by it. For instance, CGMSCL has forwarded the utilisation certificate to AYUSH for the period from 2014-15 to 2020-21, only in November 2020. An illustrative example of the same is shown in picture – 1:

[7] (₹ 3429.98/27180.20)*100=12.62 *per cent*

[8] ₹ 198.03 (opening balance) + ₹ 3,429.98 (total receipt) = ₹ 3,628.01



Utilization Certificate

Ayush Drug Fund (Unani) (from 01-04-13 to 31-10-2020) (State Budget)

	F.Y.	Fund Received from	Head	Opening Balance amount	Fund received during the year		Interest Amount	Total Amount	Total Expenditure	Closing Balance	Remark
					Head wise	Total Received					
1	2014-15	Directorate Ayush	-	0	1040000	1040000	4870	1044870	0	1044870	
2	2015-16	Directorate Ayush	-	1044870	1140000	1140000	82016	2266886	0	2266886	
3	2016-17	Directorate Ayush	-	2266886	2740000	2740000	87950	5094836	0	5094836	
4	2017-18	Directorate Ayush	Shastroki (60%)	3056902	1710000	1710000	24422	4791324	5864601	-1073277	
			Propriety (40%)	2037934	1140000	1140000	16281	3194215	0	3194215	
5	2018-19	Directorate Ayush	Shastrokt (60%)	-1073277	684000	684000	-	-389277	461345	-850622	
			Propriety (40%)	3194215	456000	456000	-	3650215	0	3650215	
6	2019-20	Directorate Ayush	Shastrokt (60%)	-850622	2850000	2850000	-	1999378	0	1999378	
			Propriety (40%)	3650215	0	0	-	3650215	179386	3470829	
7	2020-21	Directorate Ayush	Shastrokt (60%)	1999378	312000	312000	-	2311378	0	2311378	
			Propriety (40%)	3470829	208000	208000	-	3678829	450855	3227974	Against PO payment bal. amount Rs. 10.73=(15.24-4.51) lakh including 5% CGMSC charges & Tax

Note - Calculation for Fund Balance -

Shastrokt	(figure in lakh)
After expenditure 2020-21 balance payment amount is Rs.	0.00
Total payment balance amount is Rs.	0.00
Closing fund balance after expenditure	23.11
Total payment balance amount is Rs.	0.00
Fund balance	23.11

Patent (Propriety)	(figure in lakh)
After expenditure 2020-21 balance payment amount is Rs.	10.73
Total payment balance amount is Rs.	10.73
Closing fund balance after expenditure	32.28
Total payment balance amount is Rs.	10.73
Fund balance	21.55

13/11/20

General Manager (Finance)

Managing Director CGMSC Ltd.

Picture 1: Utilisation Certificate of AYUSH fund furnished by CGMSCL to AYUSH

6.7.3 Non-crediting of liquidated damages to the GoCG fund

The CGMSCL works as central nodal agency of the Department for procurement of drugs, equipment and construction activities. The CGMSCL recovers administrative charges at the rate of five *per cent* for all the procurement made in respect of drugs, equipment and construction activity.

CGMSCL has recovered ₹ 37.72 crore as Liquidated Damages (LD) during the period 2016-22 from the suppliers/ contractors due to default in supply of indented items to State healthcare facilities as per the contract, as detailed in ***Table - 6.9***:

Table - 6.9: Details of LD collected from the supplier/ contractors

Sr. No.	Year	LD collected (₹ in crore)	Total profit earned (in crore)	Amount of total tax paid by the Company	Amount of tax burden due to recognising LD as income
1	2016-17	2.81	3.95	1.98	0.93
2	2017-18	6.14	8.57	4.74	2.03
3	2018-19	5.81	4.51	3.33	1.60
4	2019-20	6.92	7.32	3.19	2.31
5	2020-21	5.71	4.08	1.65	1.66
6	2021-22#	10.33	Accounts not yet finalised		3.01
	Total	**37.72**			**11.54**

(Source: Compiled from CGMSCL's record)
(# Provisional figures)

Audit observed (February 2021) that CGMSCL has accounted for the LD as its own income instead of refunding/crediting the same to the indenting Department. Since LDs were received against the contract made on behalf of indenting Department for which CGMSCL has claimed administrative expenses, any income arising out of non-servicing of contract should go to the aggrieved party i.e., Department. Hence treating the LD as CGMSCL's income is not in order and resulted in loss of revenue of ₹ 37.72 crore to the GoCG.

Moreover, CGMSCL had paid income tax of ₹ 11.54 crore (as detailed in ***Table – 6.9***) due to treating LD as its own income, which could have been avoided.

During exit conference, the Secretary accepted (November 2022) the audit observation and assured to take corrective action in this regard.

6.8 Financial support under COVID-19

6.8.1 State Budget

The GoCG provided funds to the Department under SDRF and under the scheme head 6441- "Prevention of infection and treatment of COVID -19" during the year 2020-21 and 2021-22 for wages to contractual staff, procurement of drugs and equipment, testing kits, consumables and other supporting activities. The year wise allocation and expenditure under the scheme head of COVID-19 is given in the following ***Table - 6.10*****:**

Table - 6.10: GoCG budget allocation and expenditure under COVID-19

(₹ in crore)

Year	Budget Provision	Budget Allotted	Expenditure	Savings/excess
2020-21	485.65	485.65	435.41	50.23
2021-22	907.88	906.10	1092.18	-186.08
Total	**1393.53**	**1391.74**	**1527.59**	**-135.85**

[Source: Data extracted from VLC, PAG (A&E)]

It could be seen from above table that during the period 2020-22, an expenditure of ₹ 135.85 crore was incurred in excess of the allotment received due to meagre allocation of funds under the head procurement of drugs and wages to contractual staff engaged for management of COVID -19 activities during the period 2020-22.

6.8.2 State Disaster Relief Fund (SDRF)

The GoCG provided funds of ₹ 15 crore, ₹ 177.37 crore and ₹ 50 crore under SDRF during the years 2019-20, 2020-21 and 2021-22 respectively to the Department for emergency response to COVID-19. Out of allocated funds of ₹ 242.37 crore, the Directorate Health Services spent ₹ 239.06 crore as of March 2022 on measures for quarantine, sample collection, screening, procurement of essential equipment/ labs and relief measures for response to COVID -19.

6.8.3 Emergency Response and Health System Preparedness Package

To build resilient health system for COVID-19, the Ministry of Health and Family Welfare, GoI (MoHFW) introduced (7 April 2020) the COVID-19 Emergency Response and Health System Preparedness Package (ECRP). Its main components included emergency COVID-19 response, strengthening National and State healthcare systems to support prevention and preparedness, procurement of essential medical equipment, consumables, and drugs, strengthening of surveillance activities including setting up of laboratories and bio-security preparedness. The State Health Society (NHM), was made as implementing agency for the ECRP.

The allocation under the package was to be used by the States as per the requirement of various Districts. In this connection, MoHFW issued (23 April 2020 and 6 August 2020) guidance notes on ECRP. The details of fund received, and expenditure incurred for the period from January 2020 to March 2022 under ECRP I and ECRP II is given in ***Table - 6.11***:

Table - 6.11: Details of fund received vis-à-vis expenditure incurred under ECRP-I and ECRP-II

(₹in crore)

Particulars	Fund received and released at NHM			Fund utilised at NHM level	Fund released by NHM to implementing agency	Total Expenditure (including NHM utilisation)	Balance Amount
	GoI	GoCG Share	Total				
1	2	3	4 (2+3)	5	6	7	8 (4-7)
ECRP I[9] 25/03/2020	25.98	17.32	43.30	1.36	41.94	43.30	0
ECRP I[10] 06/04/2020, 05/08/2020, 25/11/2020, 30/12/2020 26/03/2021 and 10/01/2022	118.61	-	118.61	1.66	116.95	109.21	9.40
ECRP II[11] 25/10/2021 and 23/03/2022	376.07	250.71	626.78	0	583.31	175.70	451.08
Total	**520.66**	**268.03**	**788.69**	**3.02**	**742.20**	**328.21**	**460.48**

(Source: Compiled from records furnished by NHM, Chhattisgarh)

Audit scrutinised the records related to implementation of ECRP and observed the following points:

6.8.3.1 Failure to utilise available fund under ECRP II

Para 2.5 of the supplementary guidelines and Para 5 (a) of ECRP II guidelines stipulate that GoCG must ensure that the ECRP should contain only such deliverables/ activities, which can be fully implemented by 31 March 2022, i.e., the fund should be utilised before the end of March 2022.

It could be seen from the above table that the amount of ₹ 9.40 crore (7.93 *per cent*) remained un-utilised as of July 2022 under ECRP I for envisaged activities.

Audit further observed that the activities approved under ECRP II was also not completed by the end of 31 March 2022 which was one of the conditions for approval of the fund under ECRP-II. It was also observed that NHM failed to transfer entire amount ₹ 626.78 crore received under ECRP II and transferred ₹ 583.31 crore to implementing units and balance amount of ₹ 43.47 crore was kept with NHM as of March 2022. Moreover, out of total release of ₹ 583.31 crore, implementing units could utilise only ₹ 175.70 crore with unspent amount of ₹ 407.61 crore (70 *per cent* of available fund) lying with them. This indicates inadequate monitoring of implementing agencies by NHM because various essential activities related to COVID-19 i.e., Liquid Medical Oxygen Plant, procurement activities, capacity building activities were not carried out despite release of funds. The component wise expenditure under ECRP I and ECRP II is given in the ***Appendix - 6.2.*** Out of the total Fund received, the key expenditure for COVID-19 is given in ***Table - 6.12:***

[9] For FY 2019-20
[10] ₹ 109.21 crore (FY 20-21) + ₹ 9.40 crore (2021-22 Provisional)
[11] ₹ 626.78 crore (FY 2021-22).

Table - 6.12: Progress of COVID-19 Components under ECRP-II

Activity / Heads	Plan as per ROP 2021-22	Expenditure Upto 31 March 2022	Percentage of Expenditure
	(₹ in crore)	(₹ in crore)	(*per cent*)
COVID Essential Diagnostics and Drugs	107.37	62.49	58.2
RAT and RT-PCR including Lab	158.74	63.38	39.92
Essential drugs for COVID19 Management, including maintaining buffer stock	28.00	30.80	110
Support for Liquid Medical Oxygen (LMO) plant (with MGPS) including site preparedness and installation cost	17.00	0	0
LMO storage tanks.	15.20	0	0
TOTAL	**326.31**	**156.67**	**48.01**

(Source: Information furnished by NHM)

6.8.3.2 Failure to report monthly expenditure and physical progress of the work under ECRP

Para 5 of the supplementary guidelines[12] and Para 6 of the Guidelines for ECRP II provide that the States must ensure the monthly expenditure and the physical progress report of COVID-19 package should be reported to the GoI (MoHFW) by the 5th and 7th of every month respectively in the prescribed formats.

Audit observed that NHM failed to send monthly physical progress report as per the guidelines during period 2019-22. It shows that NHM did not have any mechanism to monitor the progress of works undertaken under the ECRP.

6.8.4 Utilisation of fund in test checked districts under COVID -19

Funds received and utilised under COVID-19 in test checked districts during 2019-21 is given in the following ***Table - 6.13***:

Table - 6.13: Fund utilisation in test checked districts under COVID-19

(₹in lakh)

District	2019-21		
	Receipt	Expenditure	Saving/ (-) Excess
Raipur	76.12	15.15	60.97
Korea	362.75	779.52	-416.77
Balod	149.6	149.21	0.39
Kondagaon	70.00	76.55	-6.55
Sukma	551.75	551.30	0.45
Surajpur	221.24	220.68	0.56
Bilaspur	0	0	0
Total	**1431.46**	**1792.41**	**-360.95**

(Source: Information furnished by CMHO)

As could be seen from the above table that funds amounting to ₹ 14.31 crore were released to the above selected seven districts during 2019-21 and against this an expenditure of ₹ 17.92 crore was incurred, resulting in excess expenditure of

[12] Guidelines issued on 6 August 2020

₹ 3.61 crore. In Korea district, the excess expenditure was ₹ 4.17 crore, which was highest in the above test checked district.

Conclusion

The Government of Chhattisgarh (GoCG) failed to prepare State Health Policy to achieve the broader goals, objectives and targets of NHP.

During the review period of 2016-22, out of the allocated budget of ₹ 34,100.85 crore (including GoI share of ₹ 13,165.17 crore) for healthcare, the Public Health and Family Welfare Department (Department) incurred expenditure of ₹ 27,989.97 crore (82 *per cent*). During this period, the percentage of GoCG share in total expenditure decreased from 61 to 58 *per cent* whereas share of GoI has increased from 39 to 42 *per cent.*

The percentage of health expenditure *vis-à-vis* Gross State Domestic Product (GSDP) ranged between 1.15 and 1.64 *per cent* which was less than the target of 2.5 *per cent* under NHP. The target of two third (66.67 *per cent*) expenditure on primary healthcare, as envisaged in NHP, 2017 was not achieved by GoCG in any of the years during 2016-22 and ranged between 30 and 34 *per cent* of the total Government healthcare expenditure.

The capital expenditure (₹ 2,138.91 crore) on health during the period 2016-22 was only 7.64 *per cent* of total expenditure against the revenue expenditure of ₹ 25,851.06 crore which constituted 92.36 *per cent* of the total expenditure.

The funds for National AYUSH Mission were received from the GoCG with delay ranging from four to 526 days during 2016-22.

The GoI and the GoCG had allocated ₹ 2,422.80 crore for COVID-19 management through State Budget, State Disaster Relief Fund (SDRF) and Emergency Covid Response Package (ECRP) during 2019-22. There was excess expenditure of ₹ 135.85 crore over the allotment from the State Budget under the scheme head of COVID-19 and there was saving of ₹ 3.31 crore under SDRF. Funds received under ECRP was not utilised as per the guidelines and out of total allocation of ₹ 788.69 crore, only ₹ 328.21 crore (41.61 *per cent*) was utilised during March 2020 to March 2022.

Recommendations

The GoCG should:

27. prepare a comprehensive State Health Policy at the earliest;

28. increase its total expenditure on health to match the targets of NHP;

29. increase capital expenditure under health sector to improve infrastructure in healthcare institutions; and

30. ensure utilisation of the fund allocated for the emergency purpose in due time by adhering to the Guidelines.

Chapter - VII

Implementation of Centrally Sponsored Schemes

Chapter 7

Implementation of Centrally Sponsored Schemes

Highlights

- The GoI and GoCG allocated budget provision of ₹ 7,263.47 crore to NHM under NHM scheme during 2016-22. Out of this, the Department incurred expenditure of ₹ 6,486.08 crore (89.30 *per cent*).
- Under NHM ₹ 154.07 crore were received for the Non-Communicable Diseases (NCD) scheme. However, fund were unutilised as per plan during 2016-22, which resulted in savings of ₹ 36.00 crore.
- The NHM had utilised only 40 *per cent* to 78 *per cent* of the fund allocated under National Mental Health Programme (NMHP) scheme during 2016-22 except in the year 2019-20 in which the utilisation was 117 *per cent*.
- All five types of mental health services were not available in three to 10 CHCs. Mental health drugs ranging from 30 *per cent* to 89 *per cent* were not available in seven test checked DHs and from 29 *per cent* to 100 *per cent* in 14 test checked CHCs.
- Out of ₹ 3.13 crore received under National Iodine Deficiency Disorder Control Programme (NIDDCP) during 2016-22, out of which only ₹ 1.41 crore (45.04 *per cent*) was spent and ₹ 1.72 crore remained unspent.
- Out of 1,52,790 patients registered in Nikshay Poshan Yojana (NPY) portal of NTEP, only 26,332 patients completed their treatment, but the benefit of ₹ 500 per patient per month during the treatment period was not extended to them.
- As per Health Management Information System (HMIS) data, 30.30 lakh Pregnant Women (PW) were registered for Ante Natal Care (ANC), out of which 18.64 lakh (62 *per cent*) institutional deliveries were conducted during 2017-22 under JSSK scheme. Free medicines, diet and diagnostics services were provided to only 12.17 lakh (40 *per cent*), 8.38 lakh (28 *per cent*) and 11.89 lakh (39 *per cent*) pregnant women respectively.
- As per HMIS data, 2.22 lakh (10 *per cent*) out of 23.33 lakh PW who delivered at healthcare institutions (22.26 lakh) and home (1.07 lakh) during 2017-22 were not provided *Janani Suraksha Yojana* (JSY) incentive during 2016-22.
- Against the total allotment of ₹ 18.55 crore, only ₹ 15.10 crore (81 *per cent*) was spent under *Haat Bazar* scheme during October 2019 to March 2022. During this period 73,390 *Haat Bazar* clinic was organised and 26.17 lakh patients were benefited under this scheme.
- In *Kayakalp* programme, 6,145 health institutions (HIs) participated however, only 1382 HIs (22.49 *per cent*) were found eligible for *Kayakalp* programme during 2016-22.
- During 2016-22, only 55 (5.28 *per cent*) HIs are National Quality Assurance Standards (NQAS) certified out of total 1,041 HIs.

7.1 Introduction

Health, being a State subject, the Central Government supplements the efforts of the State Governments in delivery of health services through various schemes of primary, secondary, and tertiary care.

The National Rural Health Mission (NRHM) was launched (April 2005) by the Government of India (GoI) to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. Subsequently, GoI launched (May 2013) National Urban Health Mission (NUHM) as a sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other sub-mission of National Health Mission (NHM).

NHM program is mainly divided into four major parts viz. A: RCH flexi pool, B: NRHM flexi pool, C: Immunization and D: National Disease Control Programmes (NDCPs[1]).

7.2 Fund allocation and expenditure

The Resource Envelope (RE) under NHM for a financial year consists of unspent balances of the previous years, proposed budget allocation from GoI and State share contribution due for the year in the ratio of 60:40 during 2016-22. GoI share is released to the State Government and State Government transfers the same along with its share to the Mission Director, NHM Chhattisgarh.

The receipt and expenditure under NHM during 2016-22 is shown in ***Table - 7.1*:**

Table - 7.1: Receipt and expenditure under NHM during 2016-22

(₹ in crore)

Year	Receipt						Expenditure during the year and *per cent*	Closing balance
	Fund available (Opening)	GoI	GoCG	Interest received during current year	Adjustment /other receipts	Total		
2016-17	324.82	397.92	322.54	13.05	-0.21	1058.12	769.63 (73)	288.49
2017-18	288.49	542.71	455.72	17.78	0.35	1305.05	894.72 (69)	410.33
2018-19	410.33	530.40	394.13	12.33	-0.28	1346.91	896.93 (67)	449.98
2019-20	449.98	629.77	585.68	69.26	-2.49	1732.20	1,149.39 (66)	582.81
2020-21	582.81	738.76	593.53	22.46	0.16	1937.72	1,287.80 (66)	649.92
2021-22*	649.92	736.46	885.28	9.04	-15.70	2265.00	1,487.61 (66)	777.39
Total		**3,576.02**	**3,236.88**	**143.92**	**-18.17**		**6,486.08**	

(Source: information provided by NHM)
(*unaudited figure)

It could be seen from ***Table - 7.1*** that during 2016-22 expenditure under NHM (₹ 6,486.08 crore) was 23.17 *per cent* of the total expenditure (₹ 27,989.97 crore) of the Health Department. Further, NHM could utilise only ₹ 6,486.08 crore out

[1] It includes various programmes such as malaria (NVBDCP), TB (NTEP), blindness (NBCP), Leprosy (NLEP), IDSP, etc.

of total available fund of ₹7,263.47 crore[2]and fund of ₹ 777.39 crore (34 *per cent*) remained unutilized, as of March 2022.Thus, the total utilisation of funds ranged between 66 *per cent* (2021-22) and 73 *per cent* (2016-17). This indicates lack of monitoring over implementation of various health schemes on the part of NHM.

The total fund available and total expenditure made during 2021-22 by NHM is detailed in ***Chart - 7.1 (a)*** and ***(b).***

(₹ in crore)

Chart - 7.1 (a): Total fund available during 2021-22 by NHM

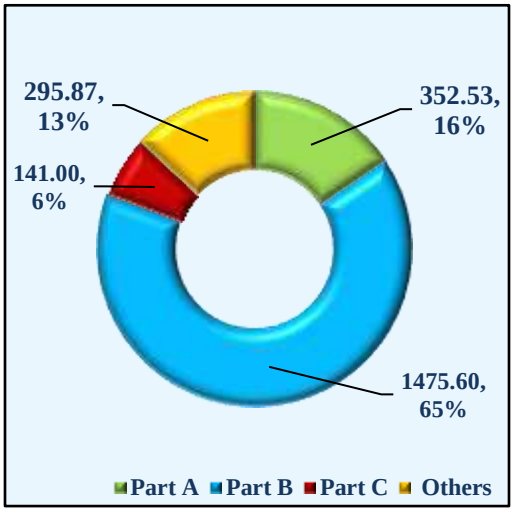
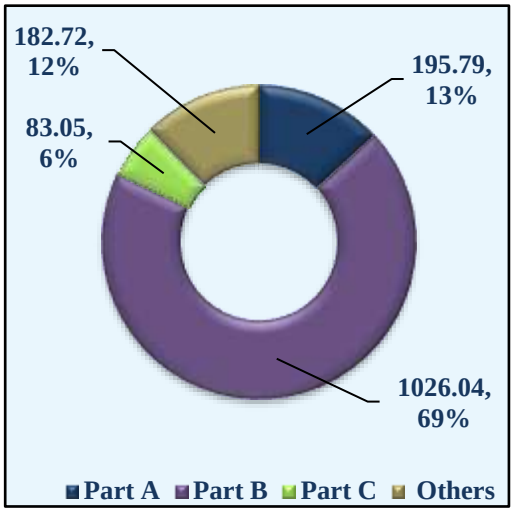


Chart - 7.1 (b): Total Expenditure during 2021-22 by NHM



Part A – RCH II; **Part B** – Mission Flexi pool; **Part C** - R Immu, Pulse Polio, Covid Vaccination, **Others** - NIDDCP(Iodine), NUHM, IDSP, NVBDCP, NLEP, NTEP, NVHCP, NCD, NRCP

The above chart shows that during the year 2021-22, the major portion of fund allocation was for mission flexi pool which stood at 65 *per cent*.

Review of selected schemes under NHM

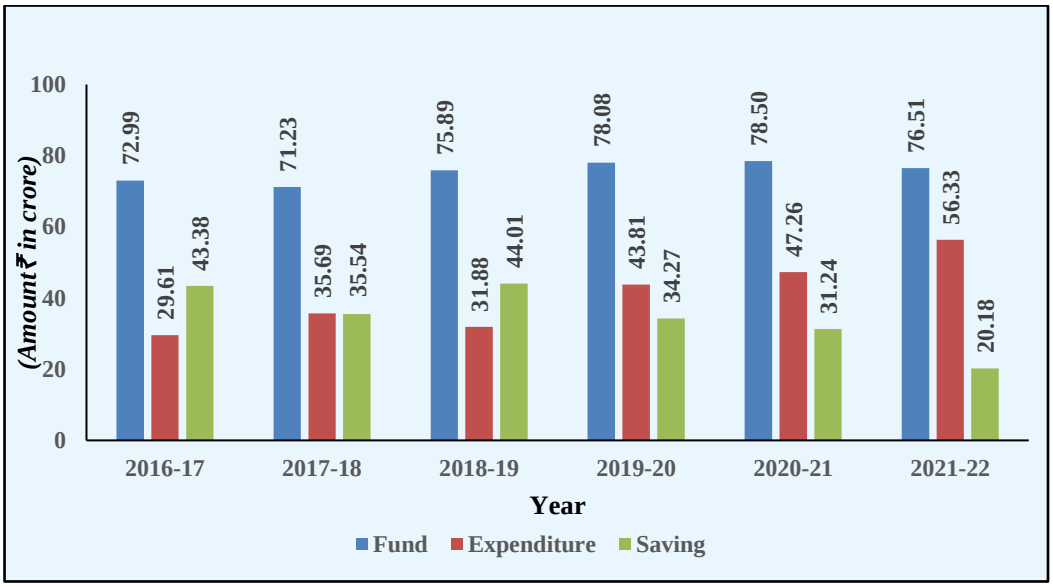
Audit reviewed the performance of NUHM, selected diseases control programme, NCD, NMHP, NIDDCP, NTEP, Family Welfare Schemes (FWS), *Janani Shishu Suraksha Karyakaram* (JSSK), *Janani Suraksha Yojana* (JSY), *Mukhyamantri Haat Bazar scheme*, *Kayakalp Programme*, and National Quality Assurance Standards (NQAS) under the NHM. The findings with respect to implementation of centrally sponsored schemes in the State are discussed in the succeeding paragraphs.

7.3 Implementation of National Urban Health Mission

Year wise Record of Proceedings (RoP) and expenditure under NUHM is shown in ***Chart -7.2***:

[2] Total fund available [₹ 324.82 crore (OB of 2016-17) + ₹ 3,576.02 crore (GoI share) + ₹ 3,236.88 crore (GoCG share) + ₹ 143.92 crore (interest received during current year) - ₹ 18.17 crore (other receipt) = ₹ 7,263.47 crore]

Chart - 7.2: Fund received, expenditure and saving under NUHM during 2016-22



(Source: Compiled from data provided by NHM)

There were four Urban CHCs, 52 Urban PHCs and 370 *Swasthya Suvidha Kendras* operational in the State. During 2016-22, the NHM could spend only ₹ 244.58 crore (54 *per cent*) out of total available fund of ₹ 453.20 crore, due to shortage of manpower and infrastructure in UPHCs and UCHCs. This indicates that the NHM failed to utilise funds earmarked for implementation of its plan.

7.3.1 Utilisation of funds

NHM allocates funds to UCHCs/UPHCs for operational activities (untied fund and annual maintenance grant).

The year wise allocation and utilisation of funds (except pay and allowances) during the period 2016-22 are given in the ***Table - 7.2:***

Table - 7.2: Year wise fund allotted, expenditure and savings in UCHCs and UPHCs

(₹ in crore)

Year	Fund allotted		Expenditure		Savings		Saving (in *per cent*)	
	UCHCs	UPHCs	UCHCs	UPHCs	UCHCs	UPHCs	UCHCs	UPHCs
2016-17	0.00	10.41	0.00	9.17	0.00	1.24	0.00	11.91
2017-18	0.00	17.52	0.00	14.56	0.00	2.96	0.00	16.89
2018-19	0.43	15.22	0.13	14.88	0.30	0.34	69.77	2.23
2019-20	1.04	17.70	0.33	14.65	0.71	3.05	68.27	17.23
2020-21	1.11	29.53	0.65	22.11	0.46	7.42	41.44	25.13
2021-22	2.39	24.88	1.40	22.23	0.99	2.65	41.42	10.65
Total	**4.97**	**115.26**	**2.51**	**97.6**	**2.46**	**17.66**	**49.50**	**15.32**

(Source: Information provided by NHM)

As it could be seen from above ***Table - 7.2,*** there were savings ranging from 41.42 *per cent* to 69.77 *per cent* in UCHCs and 2.23 *per cent* to 25.13 *per cent* in

UPHCs. This indicates that the UCHCs and UPHCs failed to utilise the allocated funds to provide facilities to the patients.

7.3.2 Plan and execution of outreach camps

As envisaged in operational guidelines of NUHM for conducting Outreach Services in urban areas, the Outreach Services would cover the most vulnerable and marginalised groups with special attention to their specific health needs.

The services would be provided on monthly basis by organising the outreach camp along the lines of integrated case management, involving periodic provision of services by other health professionals and specialists. The details of target and achievement of outreach camps during 2016-22 is given in the ***Table - 7.3***:

Table - 7.3: Planning and achievement in organizing outreach camps during the period 2016-22

Year	Total no. of outreach camp planned	Total no. of outreach camp organised	Shortfall (+)/Excess (-) and *per cent*	Total no. of orientation workshop planned	Total no. of orientation workshop organized	Shortfall and *per cent*
2016-17	21,702	21,525	177 (0.82)	17	16	1 (5.88)
2017-18	22,919	22,615	304 (1.33)	17	16	1 (5.88)
2018-19	21,940	21,805	135 (0.62)	16	15	1 (6.25)
2019-20	21,938	22,428	-490 (-2.23)	16	12	4 (25.00)
2020-21	21,088	21,189	-101 (-0.48)	18	11	7 (38.89)
2021-22	20,847	20,573	274 (1.31)	18	16	2 (11.11)
Total	**1,30,434**	**1,30,135**		**102**	**86**	

(Source: Information provided by NHM)

It is evident from the above table that during the period 2016-22, there were shortfalls ranging from 0.62 *per cent* to 1.33 *per cent* in organising outreach camp and 5.88 *per cent* to 38.89 *per cent* in conducting orientation workshop. Due to shortfall, the intended benefit of organising the outreach camp and orientation workshop could not be achieved.

7.3.3 Outreach services and Orientation workshop of NUHM

As per operational guidelines for conducting Outreach Sessions in Urban Areas, the outreach services can be categorised in two types – (i) Monthly outreach sessions/Urban Health and Nutrition Days (UHNDs) and (ii) Special Outreach Sessions to be held periodically as per the local requirements of the specific population subgroups. Details of outreach sessions held in test-checked districts during 2016-22 is shown in ***Table - 7.4***:

Table - 7.4: Status of Outreach Sessions and Orientation Workshops held in test-checked districts during 2016-22

Name of District	Target	Achievement	Shortfall	Shortfall (*per cent*)
Outreach session				
Bilaspur	18,012	17,898	114	1
Raipur	32,544	32,544	0	0
Orientation workshop				
Bilaspur	6	3	3	50
Raipur	10	8	2	20

(Source: Information furnished by NHM)

It is evident from the above table that there was shortfall of 20 *per cent* (Raipur) to 50 *per cent* (Bilaspur) in organising orientation workshops during 2016-22.

7.4 National Disease Control Programmes

7.4.1 Abnormal savings of ₹ 36 crore under Non-Communicable diseases

India is experiencing rapid demographic and epidemiological transitions with Non-Communicable Diseases (NCDs) causing significant disability, morbidity and mortality both in urban and rural populations and across all socio-economic strata. According to the ICMR, four NCDs - Cardiovascular Diseases (CVDs), Cancers, Diabetes and Chronic respiratory diseases - contributed nearly 58 *per cent* of the premature mortality in the age group 30-69 years.

The global pandemic of NCDs is a threat to Sustainable Development. The Sustainable Development Goals (SDGs) include reducing premature deaths from the four main NCDs by one-third by 2030. Furthermore, three out of the nine health targets in SDGs also focus on NCDs-related issues.

The National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Disease and Stroke (NPCDCS) has been expanded to cover the entire country. Population Based Screening initiative for Hypertension, Diabetes and three common Cancers has been initiated for structured screening, disease management, referral and follow-up. The integration of services at the district level and beyond has been brought under the umbrella of the NHM.

The year wise receipts, utilisation and savings of funds under the NCD program is detailed in the ***Table - 7.5*****:**

Table - 7.5: Utilisation of fund under NCD programme during 2016-22

(₹in crore)

Year	Opening Balance	GOI Fund Received	State Share	Total Receipts	Other receipt	Total available Fund	Expenditure	Closing balance	Expenditure (*per cent*)
2016-17	35.86	16.29	2.60	18.89	0.26	55.01	11.92	43.09	21.67
2017-18	43.09	36.69	0.00	36.69	1.29	81.07	11.35	69.72	14.00
2018-19	69.72	21.15	1.66	22.81	0.00	92.53	20.04	72.49	21.66
2019-20	72.50	5.16	0.00	5.16	1.52	79.18	21.43	57.75	27.06
2020-21	57.74	0.00	7.00	7.00	1.56	66.30	12.55	53.75	18.93
2021-22	53.75	3.85	19.57	23.42	-0.39	76.78	40.79	35.99	53.13
Total		**83.14**	**30.83**	**113.97**	**4.24**		**118.08**		

(Source: Information provided by NHM)

Audit observed that during 2016-22, NHM received an amount of ₹154.07 crore[3] under the NCD programme. The GoCG could not utilise the fund as per plan during the period, which resulted in savings of ₹ 36 crore[4]. The savings ranged from 46.87 *per cent* to 86 *per cent*. Details of NCD cases during the period 2016-22 is given in ***Table - 7.6*:**

Table - 7.6: Details of number of NCD cases during the year 2016-22

Year	CVD (cases new and follow up)	Diabetes Mellitus (cases new and follow up)	Lung Diseases (cases new and follow up)	Cancer (cases new and follow up)	Others (hypertension) (cases new and follow up)
2016-17	481	11,657	0	573	11,433
2017-18	968	39,919	0	109	16,831
2018-19	3,324	1,99,813	2,498	6,712	1,97,052
2019-20	5,362	3,39,203	3,560	337	3,51,909
2020-21	1,781	2,81,278	2,527	982	3,19,471
2021-22	6,343	5,25,762	8,315	64,827	6,07,866
Total	**18,259**	**13,97,632**	**16,900**	**73,540**	**15,04,562**

(Source: Information furnished by NHM)

It is evident from the above table, despite persistent increase in NCD cases the department failed to utilise the earmarked funds during period 2016-22. Although screening of NCD cases were done in all Healthcare Institutions (HIs) in the State, Cardiac care units were functional in only two districts (Ambikapur and Jashpur) and day care chemotherapy facility was available in 15 districts.

3 ₹ 113.97 crore (Total receipt during 2016-22) + ₹ 35.86 crore (Opening Balance) + ₹ 4.24 crore (other receipt) = ₹ 154.07 crore (total fund received)

4 ₹ 154.07 crore (Total receipt) - ₹ 118.08 crore (total expenditure) = ₹ 35.99 crore (saving)

Underutilisation of funds earmarked for the programme adversely affected the achievement of targets fixed under the SDG vision 2030. This indicates lack of planning and monitoring in implementation of the programme which resulted in lapse of funds amounting to ₹ 36 crore in March 2022.

The Mission Director (NHM) in reply stated (December 2022) that as per NPCDCS approved ROP approvals, physical and financial activities are approved for State and districts. Delay in finalisation of tenders by CGMSCL attributed to less expenditure and persistent savings in NPCDCS program.

7.4.2 National Mental Health Programme

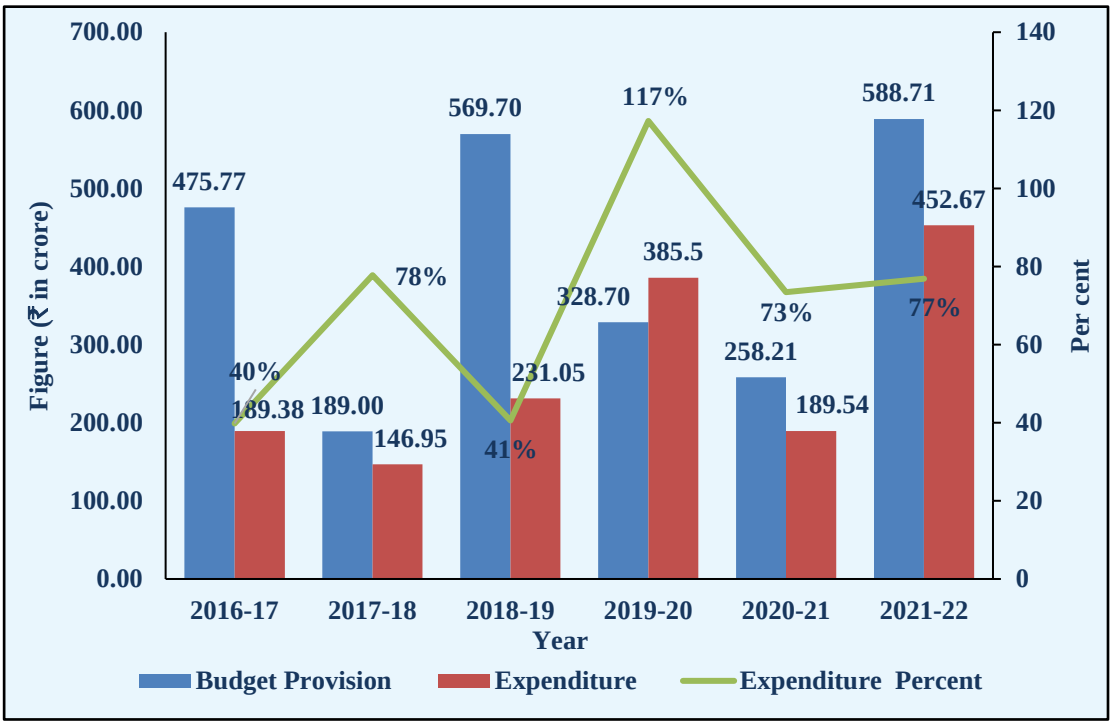
The objective of National Mental Health Programme (NMHP) is to provide mental health services including preventive, promotion and long-term continuous care at different levels of district level health care system. As per National Mental Health Survey (2015-16), 11.66 *per cent* of total population above 18 years of age in Chhattisgarh are suffering from any mental morbidity and lifetime prevalence was 14.06 *per cent*. Depressive disorder is among 1.59 *per cent* and severe mental morbidity was less than one *per cent* of total population. Suicide risk assessment in the surveyed population revealed that 0.28 *per cent* of the population was at high risk for suicide. The suicide incidence rate per lakh population in the State was 22.40 as per National Crime Records Bureau 2014 estimates.

The implementation of NMHP is discussed in the succeeding paragraphs:

7.4.2.1 Non-utilisation of funds under National Mental Health Programme

Funds are available under Flexi pool for NCD (Non-Communicable Diseases). There is a flexibility provided to all States to allocate funds across various strategies as per local needs and broad national priorities. The NMHP allocated budget provisions for activities like infrastructure, training, targeted interventions etc. The number of components under Flexi pool varies from state to state. Financial outlay on NMHP, during the period 2016-22 is shown in ***Chart - 7.3***:

Chart - 7.3: Budget provision and expenditure under NMHP in the State



(Source: information provided by NHM Chhattisgarh)

From the above chart, it is evident that NHM could utilise only 40 *per cent* to 78 *per cent* of the funds allocated during 2016-22 except in the year 2019-20 in which utilisation was 117 *per cent* earmarked for the NMHP.

7.4.2.2 Implementation of Mental Health Programme in State

At present, to provide sustainable basic mental health services, 28 districts in the State with 170 beds, besides, the one State Mental Hospital, located at Sendri, Bilaspur with 200 beds providing specialised services to Mental Health patients are covered under District Mental Health Programme (DMHP) launched by GoI.

During the period 2017-22, DHs provided OPD and IPD services under NMHP, which are detailed in ***Table - 7.7***:

Table - 7.7: Year wise number of NMHP OPD and IPD services provided by Healthcare Institutions in Chhattisgarh

Year	OPD Patients	IPD Patients	Remarks
2017-18	16,752	-	OPD data not available for 2016-17 and from 2016-21, no separate data is available for IPD Patients
2018-19	36,761	-	
2019-20	84,255	-	
2020-21	85,292	-	
2021-22	1,30,997	6,525	

(Source: Information furnished by NHM)

It is clear from the above table that there was substantial increase in OPD cases during 2017-22. Further, out of 23 DHs, Psychiatrists are posted only in two DHs (Raipur and Rajnandgaon) and Counsellors are posted in five DHs (Bastar,

Gariyaband, Jashpur Sukma and Surajpur), which was adversely affected OPD services under Mental Health Programme.

7.4.2.3 Availability of mental health services

Audit assessed the availability of mental health services in test checked 21 HIs of the State is detailed in ***Table - 7.8***:

Table - 7.8: Availability of mental health services in test-checked Health Institutions

Sr. No.	Particulars	DHs (07)	CHCs (14)
1	Whether provisions of Outpatient Services for walk-in-patient and patients referred by the PHC is provided by MO.	7	11
2	Whether early identification, diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia, Manic Depressive Psychosis) are available.	7	10
3	Whether In-patient services are available for emergency psychiatry illnesses.	6	4
4	Whether counseling services provided by the Clinical Psychologist/ Trained Psychologist.	7	5
5	Whether continuing care and support to persons with Severe Mental Disorder (SMD) provided to the patients. This includes referral to district hospital for SMD patients and follow up based on treatment plan drawn up by the Psychiatrist at the district hospital.	7	5

(Source: Information furnished by test-checked HIs)

Note: Color Scheme

Satisfactory performance	Poor performance

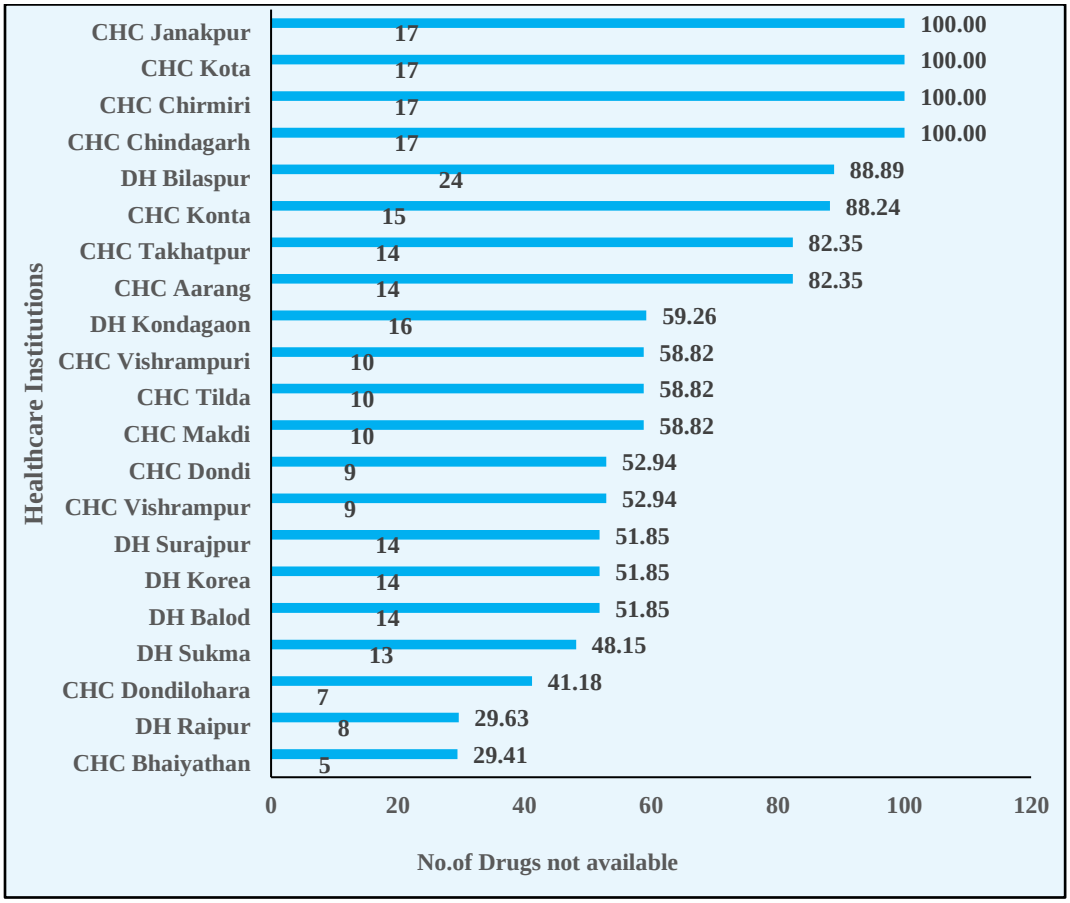
It was observed that:

- Provisions of Outpatient services for walk-in-patients and patients referred by the PHCs were not available in three CHCs (Chirmiri, Bishrampur and Chhindgarh).
- In-patient services for emergency psychiatry illnesses were not available in DH, Kondagaon and 10 CHCs (Makdi, Vishrampuri, Dondilohara, Arang, Takhatpur, Chirmiri, Bishrampur, Janakpur, Konta and Chhindgarh).
- Counseling services were not available in nine CHCs (Vishrampuri, Dondi, Arang, Kota, Takhatpur, Chirmiri, Bishrampur, Janakpur and Chhindgarh).
- Continuous care and support to persons with Severe Mental Disorder (SMD) were not provided to the patients in nine CHCs (Makdi, Vishrampuri, Dondi, Kota, Takhatpur, Chirmiri, Bishrampur, Janakpur and Chhindgarh).

7.4.2.4 Availability of Mental Health Programme drugs in test checked Health Institutions

As per instructions issued by Ministry of Health and Family Welfare, GoI (May 2018), 27 items of Psychotherapeutic drugs/ medicines for seven types of mental health conditions should be available at DHs and 17 items of drugs should be available at CHCs/PHCs. As per data furnished by test checked HIs (DHs: 07 and CHCs: 14), the shortfall (*per cent*) in availability of mental health drugs is detailed in ***Chart - 7.4***:

Chart - 7.4: Shortfall (*per cent*) of mental health drugs in test checked HIs



(Source: Information furnished by test checked HIs)

From the above chart, it was observed:

- Shortfall ranging from 30 *per cent* to 89 *per cent* was seen in seven DHs.
- Shortfall ranging from 29 *per cent* to 88 *per cent* was seen in 10 CHCs.
- In four CHCs mental health drugs were not available at all.

7.4.3 National Iodine Deficiency Disorders Control Programme

National Goitre Control Programme was launched with a goal to bring the prevalence of Iodine Deficiency Disorder (IDD) below five *per cent* in the country and to ensure 100 *per cent* consumption of adequately iodised salt

(15 ppm) at the household level. The programme was renamed (August 1992) as National Iodine Deficiency Disorders Control Programme (NIDDCP) with a view of wide spectrum of Iodine Deficiency Disorders. The programme is financed by the GoI for the following purposes:

- Human resource of State IDD Cell i.e. Technical Officer, Statistical Asst. & LDC and State IDD monitoring laboratory i.e., Lab Technician and Lab Assistant.
- Health Education and Publicity activities including global IDD Day activities and
- Conducting district IDD survey/resurvey to assess the magnitude of IDD.

The year wise receipt of funds and expenditure incurred thereon during 2016-22 is depicted in the ***Table - 7.9*****:**

Table – 7.9: Utilisation of fund under NIDDC Programme during 2016-22

(₹ in lakh)

Year	Opening Balance	GoI Fund Received	GoCG Share	Total Receipts	Interest	Total available Fund	Expen-diture	Closing Balance	Exp. in *per cent*
2016-17	35.41	70.00	33.33	103.33	1.27	140.01	31.30	108.71	22.36
2017-18	108.43	0.00	0.00	0.00	5.91	114.34	24.29	90.05	21.24
2018-19	90.05	0.00	0.00	0.00	4.75	94.80	55.23	39.57	58.26
2019-20	39.57	57.00	0.00	57.00	1.70	98.27	0.85	97.42	0.86
2020-21	97.42	50.00	33.33	83.33	2.59	183.34	19.11	164.23	10.42
2021-22	164.24	9.41	8.00	17.41	0.68	182.33	9.97	172.36	5.47
Total	**535.12**	**186.41**	**74.66**	**261.07**	**16.9**		**140.75**		

(Source: Information provided by NHM)

Audit observed that under NIDDCP, funds of ₹ 3.13[5] crore were received during 2016-22, out of which, the NHM could spend only ₹ 1.41 crore (45.04 *per cent*) and ₹ 1.72 crore remained unspent. Further, during 2019-22, it could spend only ₹ 30 lakh, which indicates that no significant work has been done by the Department to minimise the IDD in the State.

The Mission Director (NHM) (December 2022) stated that the work orders were issued to CGMSCL for purchasing salt kits during the period 2019-21 for 22 Iodine deficiency districts and Goiter survey/resurvey work could not be conducted in the financial years 2019-20 and 2020-21 due to the covid-19 pandemic.

Fact remains that despite availability of sufficient funds under the NIDDCP, the NHM failed in implementation of the programme in the State. As a result, the IDD cases are still prevalent in the Chhattisgarh. This indicates lack of planning and monitoring in implementation of the programme in the State.

5 ₹ 35.41 lakh (Opening Balance) + ₹ 261.07 lakh (total receipt) + ₹ 16.9 lakh (interest) = ₹ 313.38 lakh

7.4.4 National Tuberculosis Elimination Programme

Nikshay Poshan Yojana (NPY) is an incentive scheme of National Tuberculosis Elimination Programme (NTEP) aimed at providing financial support to Tuberculosis (TB) patients for their nutrition. At the time of notification of TB patient on portal, a benefit of ₹ 1000 is created as an advance. The second benefit gets generated on completion of 56 days from date of TB treatment initiation, then the subsequent benefit is created @ ₹ 500 for every month of treatment at the end of every 28 days from the date of benefit generation for previous incentive. Making payments to TB patients was started online through Direct Benefit Transfer (DBT) from April 2018.

Data of patient registered on the NPY and cases where treatment had been completed but benefits were not extended to patient during the period 2016-22 is shown in ***Table - 7.10***:

Table - 7.10: Total no. of registered patients in NPY portal

Sl. No	Year	Total No. of Cases	Cases where treatment is completed but benefits were not transferred
1	2018-19	49,819	12,124
2	2019-20	41,679	8,304
3	2020-21	27,240	2,829
4	2021-22	34,052	3,075
Total		**1,52,790**	**26,332 (17.23 *per cent*)**

(Source: Information furnished by NHM)

As per information provided by the NHM, out of 1,52,790 registered patients, 26,332 (17.23 *per cent*) patients were deprived of financial support at the rate of ₹ 500 for every month during the treatment period. However, reasons for non-extending the benefit were not furnished to Audit.

7.5 Family Welfare Scheme

India was the first country in the world to launch a National Programme for Family Planning in 1952. The National Population Policy (NPP) in 2000 brought about a holistic and a target free approach which accelerated the reduction of fertility. Current family planning efforts includes contraceptive services, spacing methods, permanent methods, emergency contraceptive pills, other commodities-pregnancy testing kits. Out of the above-mentioned family planning methods, spacing methods, and emergency contraceptive pills are discussed in the succeeding paragraphs:

7.5.1 Non-disbursement of compensation for sterilisation acceptors (Male/Female)

As per guidelines issued (September 2007) by MoH&FW, GoI for compensation package to acceptors of sterilisation, the mission steering group of NRHM

considered and approved further revision in the compensation package to acceptors of sterilisation to boost male participation in family planning i.e., Vasectomy and Tubectomy in public health facilities and accredited private health facilities to all categories in high focus states and BPL/SC/ST in non-high focus states.

Under the compensation scheme for sterilisation scheme, the Government of India releases compensation for both female and male sterilisation acceptors. Woman who undergoes sterilisation operation (Tubectomy) in the Government Hospital gets ₹ 1,400 and man undergoing sterilisation operation (Vasectomy) gets ₹ 2,000 as compensation. Further, both man and woman who undergo sterilisation operation in accredited private/NGO facilities get ₹1,000.

The details of sterilisation acceptors during 2016-22 in seven selected districts are given in ***Table - 7.11***:

Table - 7.11: Number of sterilisation acceptors (Tubectomy/Vasectomy) in selected districts

Name of district	2016-17		2017-18		2018-19		2019-20		2020-21		2021-22	
	TC	VC	TC	VC	TC	VC	TC	VC	TC	VC	TC	VC
Balod	2,593	84	1,969	231	1,833	242	1,633	371	280	256	1,703	369
Bilaspur	2,536	75	2,986	104	2,318	40	2,384	19	486	0	1,660	46
Kondagaon	77	1,013	558	900	556	764	431	600	162	205	429	360
Korea	378	2	392	1	1,282	10	835	63	230	11	214	14
Raipur	5,705	635	9,636	759	9,720	460	9,674	694	8,827	376	13,122	734
Surajpur	2,498	16	1,162	7	2,012	0	850	43	258	22	1,866	35
Sukma	0	38	84	25	213	57	51	121	89	0	241	38
Total	**13,787**	**1,863**	**16,787**	**2,027**	**17,934**	**1,573**	**15,858**	**1,911**	**10,332**	**870**	**19,235**	**1,596**

(Source: information provided by NHM.)
***TC:* Tubectomy VC: Vasectomy**

It is evident from the above table that in the selected districts during the period 2016-22 men's participation in family planning was on lower side in comparison to that of women.

It was further stated by the Department that there was no case of complication and death in state except the failure cases. During 2016-22, 201 failure cases in sterilisation were reported in the State. However, in the selected districts 19 (10 *per cent*) failure cases were reported.

7.5.2 Achievement of targets for sterilisation and spacing methods.

During 2016-22, the target and achievement of various components of family planning services in the State are given in ***Table - 7.12***:

Table - 7.12: Targets and achievements of family planning methods in the State

Family Planning services	Target	Achievement	Achievement (%)
Vasectomy	32,989	31,843	97
Tubectomy	3,17,103	3,26,950	103
IUCD insertion	7,50,003	8,75,808	117
Condom users	89,26,395	2,76,46,031	310
Oral pills users	18,90,236	51,62,535	273

(Source: Information furnished by NHM)

The mission did well in improving the usage of oral pills, condoms, and intrauterine contraceptive device (IUCD) insertion as the targets were achieved.

7.6 *Janani Shishu Suraksha Karyakaram* (JSSK)

The JSSK scheme was launched (June 2011) to eliminate out-of-pocket expenses for pregnant women, who access Government health facilities for their delivery. The scheme provides free and cashless delivery, C-section delivery, diet to pregnant women for three days in case of normal delivery and seven days in case of caesarean section during stay in the health institutions. Status of Ante Natal Care (ANC) registration, deliveries conducted and free medicines, diet, diagnostics services under JSSK provided to PW in the State are detailed in ***Table - 7.13:***

Table - 7.13: Status of ANC registration, IFA tablets provided, deliveries conducted and free medicines, diet, diagnostics services provided to PW under JSSK

Year	No. of ANC registration	IFA tablets provided	No. of institutional deliveries in public HIs	No. of PW provided free medicines under JSSK (In *per cent*)	No. of PW provided free diet under JSSK (In *per cent*)	No. of PW provided free diagnostics under JSSK (In *per cent*)
1	**2**	**3**	**4**	***5 (5/4*100)***	**6** ***(6/4*100)***	***7 (7/4*100)***
2017-18	6,11,810	6,32,168	3,87,480	54,163 (13.98)	43,848 (11.32)	59,926 (15.47)
2018-19	6,12,836	6,17,685	3,75,707	2,23,037 (59.36)	1,68,123 (44.75)	2,34,847 (62.51)
2019-20	6,23,371	6,32,907	3,72,426	2,90,099 (77.89)	1,98,340 (53.26)	2,67,994 (71.96)
2020-21	5,84,424	6,13,863	3,63,909	3,40,359 (93.53)	2,21,730 (60.93)	3,30,314 (90.77)
2021-22	5,98,044	6,20,194	3,64,334	3,09,456 (84.94)	2,06,261 (56.61)	2,95,608 (81.14)
Total	**30,30,485**	**31,16,817**	**18,63,856**	**12,17,114** (65.30)	**8,38,302** (44.98)	**11,88,689** (63.78)

(Source: As per the HMIS data)

As per data available in HMIS, Audit observed that 30.30 lakh Pregnant Women (PW) were registered for ANC. Further, out of 30.30 lakh PW, 18.64 lakh (62 *per cent*) institutional deliveries were conducted in public health institutions. From the ***Table – 7.13,*** it can be seen that under JSSK, free medicines, diet and diagnostics services were provided to only 12.17 lakh (65 *per cent*), 8.38 lakh (45 *per cent*) and 11.89 lakh (64 *per cent*) pregnant women respectively during the period 2017-22.

7.7 *Janani Suraksha Yojana*

Janani Suraksha Yojana (JSY) was launched (April 2005) as a safe motherhood scheme which aims at reducing maternal and infant mortality through increased institutional deliveries among poor pregnant women. Under JSY, all pregnant women (PW) who undergo child delivery in public health facilities are eligible for cash incentive of ₹ 1,400 in rural areas and ₹ 1,000 in urban areas towards institutional delivery and ₹ 500 for home delivery under trained supervision. Accredited Social Health Activists (ASHA)[6] are engaged to encourage the PW for institutional deliveries and guide/facilitate the beneficiaries for opening bank account.

Scrutiny of HMIS data revealed that 2.22 lakh (9.52 *per cent*) out of 23.33 lakh PW who delivered at public healthcare institutions (22.26 lakh) and home (1.07 lakh) during 2016-22 did not receive JSY incentive in the State, as detailed in ***Table - 7.14***

Table - 7.14: Year wise total deliveries conducted and JSY beneficiaries in State

Year	Institutional Deliveries	PW discharged within 48 hours of delivery	JSY Beneficiaries	Difference	Percentage
2016-17	3,61,889	59,520	3,24,593	37,296	10.31
2017-18	3,87,480	48,432	3,46,003	41,477	10.70
2018-19	3,75,707	44,314	3,34,120	41,587	11.07
2019-20	3,72,426	54,368	3,39,315	33,111	8.89
2020-21	3,63,909	67,210	3,25,929	37,980	10.44
2021-22	3,64,334	52,624	3,33,976	30,358	8.33
Total	**22,25,745**	**3,26,468**	**20,03,936**	**2,21,809**	**9.97**

(Source: Information compiled from HMIS data)

In the selected districts 1,03,415 (17 *per cent*) PWs were discharged within 48 hours of delivery indicating inadequate post natal care. Further, 1,14,487 (19.28 *per cent*) out of the 5,93,901 lakh PW who underwent child delivery at HIs and home, did not receive JSY incentives mainly in the absence of their bank accounts. Further, in the selected districts Audit observed that during the period

6 ASHA is appointed to forge the linkage of hamlet to hospital for curative services, empowerment of women and universal immunisation of child development services for every 1,000 population. There are 71,344 ASHAs (*Mitanins*) are working in rural areas in the State.

2016-22, 4.31 *per cent* (Surajpur) to 43.60 *per cent* (Sukma) JSY beneficiaries were deprived of the financial assistance under scheme. Thus, the objective of providing incentive for institutional delivery could not be fully achieved. Further the details of deliveries conducted in test checked districts is shown in ***Table - 7.15***:

Table - 7.15: Details of deliveries conducted and JSY beneficiaries in the selected districts during the period 2016-22

S. N.	District	Deliveries	JSY Beneficiaries	Difference	Percentage
1	**2**	**3**	**4**	**5(4-3)**	**6 (5/3*100)**
1	Balod	42,030	50,661	-8,631	-20.54
2	Bilaspur	1,60,903	1,10,087	50,816	31.58
3	Kondagaon	61,620	49,027	12,593	20.44
4	Korea	63,399	53,884	9,515	15.01
5	Raipur	1,56,423	1,23,113	33,310	21.29
6	Sukma	30,958	17,461	13,497	43.60
7	Surajpur	78,568	75,181	3,387	4.31
Total		**5,93,901**	**4,79,414**	**1,14,487**	**19.28**

(Source: Information compiled from HMIS data)

It is pertinent to mention that status of JSY assistance was meagre in test checked Government Medical College Hospitals (GMCHs). In four[7]out of five GMCHs it was noticed that against 1,20,363 deliveries conducted during 2016-22, only 50,676 (42.10 *per cent*) beneficiaries were provided with JSY assistance.

7.8 Implementation of *Mukhyamantri Haat Bazar Clinic Yojana*

With a view to provide healthcare institutional care in rural and urban slum areas, GoCG introduced (October 2019) the *Mukhyamantri Haat Bazar Clinic Yojana (Haat Bazar Scheme)*. The objective of this scheme is to provide free of cost healthcare facilities viz. OPD services including lab services in rural and urban slum areas by organising the weekly healthcare camp for the patients. The GoCG decided to operate this scheme through NHM fund as well as through state budget, for which GoI also agreed to provide the fund through RoP.

As per operational guidelines (July 2021) for implementation of *Haat Bazar Scheme* necessary infrastructure and staff viz. dedicated vehicle, one doctor, staff nurse, pharmacist and Multi-purpose worker for each clinic are required.

Audit observed that in 2020-21, GoCG provided ₹ 13.00 crore from the state budget for this scheme, however, no expenditure was incurred from the available budget. Further, in 2021-22, ₹ 18.55 crore (₹16.80 crore from GoCG and

7 No records were found maintained in GMCH Rajnandgaon.

₹1.75 crore from NHM) were allotted for the scheme, however, only ₹ 15.10 crore[8] (81 *per cent*) was utilised.

During the period from October 2019 to March 2022, the Health Department provided healthcare facilities to 26.17 lakh patients by organising 73,390 *Haat Bazar* Clinics. However, the Health Department did not sanction any post of dedicated doctor, staff nurse, pharmacist and Multi-purpose worker for implementation of the scheme and the same were deployed by diverting these from nearby healthcare facilities of *haat bazar*. Similarly, the Department also did not allot any dedicated vehicle upto June 2021. So, vehicles from other schemes i.e. Rural Mobile Medical Unit were used for implementation of this scheme. During the period 2019-22, the *Haat Bazar Clinics* organised by the Health Department are as detailed in the following ***Table – 7.16***:

Table - 7.16: Number of expected vis-à-vis actual camp of *Haat Bazar* Scheme

Year	Expected Haat Bazar Clinic to be organized	Actual camp organized	Shortfall	Shortfall (in *per cent*)
1	2	3	4 (2-3)	5 (4/2*100)
2019-20 (since 2nd October 2019)	27,828	26,357	1,471	5.29
2020-21	28,272	11,027	17,245	61.00
2021-22	44,832	36,006	8,826	19.69

(Source: information provided by NHM)

It is pertinent to mention that during 2020-21, most of healthcare institutions were converted into Covid Care Units/Covid Isolation Units that resulted in limited source for treatment of general diseases. In this situation, it was very essential to run the *Haat Bazar Scheme* to reach out the patients. However, the Department could not implement the above scheme as per plan and there was shortfall of 61 *per cent* in organising the camps in 2020-21 under the *Haat Bazar Scheme.*

Mission Director (NHM) in reply stated (December 2022) that the Department had sanctioned (May 2022) 300 dedicated Medical Officers for implementation of the scheme and further stated that due to Covid -19 situation implementation of scheme was hampered in 2020-22.

Reply is not acceptable because during Covid -19 situation it was even more important to provide healthcare facilities to public through *Haat Bazar* Scheme as most of healthcare institutions were converted into Covid Care Centre.

7.9 *Kayakalp* Programme

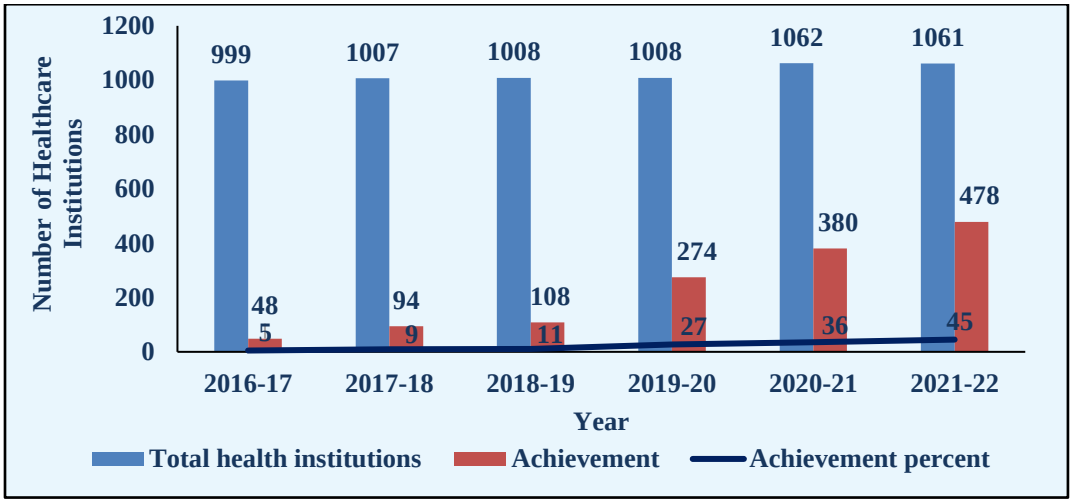
After the launch (October 2014) of "*Swachh Bharat Abhiyan* (SBA)", "*Kayakalp*" initiative in public HIs was launched (May 2015) by the MoHFW for the purposes, as detailed below:

8 ₹ 14.59 crore from GoCG and ₹ 51.23 lakhs from NHM

- To promote cleanliness, hygiene and infection control practices in public healthcare institutions, through incentivising and recognising such public healthcare institutions that show exemplary performance in adhering to standard protocols of cleanliness and infection control;
- To inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation;
- To create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

Those DHs, CHCs, PHCs and HWCs, who have achieved high levels of cleanliness, hygiene and infection control were to be recognised and felicitated with awards. Status of achievers under *Kayakal*p programme in the State and test-checked districts is given in ***Chart - 7.5***:

Chart - 7.5: Status of achievers under *Kayakalp* programme in the State



(Source: Information furnished by National Health Mission, Chhattisgarh.)

It is evident from the above chart that during the period of 2016-22 against the target of 6,145 public health institutions, only 1,382 HIs were found eligible for *Kayakalp* awards which were only *22*.49 *per cent*. However, the number of health facilities receiving *Kayakalp* award in percentage terms showed a continuous increasing trend during 2016-22.

7.10 Achievement under National Quality Assurance Programme

National Quality Assurance Standards (NQAS) have been developed keeping in mind the specific requirements for public health institutions as well as global best practices. NQAS are currently available for DHs, CHCs, PHCs and UPHCs. Under National Quality Assurance Program, certifications are envisaged both at the state as well as at the national level. Financial incentives are also given as per level and scope of certification.

During the period 2016-22, against the total number of 1,041 public health institutions (25 DHs, 171 CHCs, 793 PHCs and 52 UPHCs) in the state, only 55 (10 DHs, 7 CHCs, 26 PHCs and 12 UPHCs) (5.28 *per cent*) were NQAS certified.

Further, in the test checked districts it was observed that only 12 out of 261 HIs were NQAS certified with a shortfall of 95.40 *per cent*. Moreover, none of the CHCs in the test checked districts has been certified under NQAS scheme. HIs wise achievement of NQAS in the seven selected districts is given in ***Table - 7.17***:

Table - 7.17: Number of Health Institutions (HIs) in selected districts which achieved NQAS

Type of Health Institutions	Balod		Bilaspur		Kondagaon		Korea		Raipur		Surajpur		Sukma	
	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs	Number of HIs	NQAS certified HIs
DHs	1	0	1	0	1	0	1	0	1	1	1	0	1	0
CHCs	6	0	5	0	6	0	6	0	7	0	9	0	3	0
PHCs	30	1	41	0	22	0	29	1	18	1	36	1	15	0
UPHCS	0	0	3	1	0	0	1	0	17	6	0	0	0	0
Total	**37**	**1**	**50**	**1**	**29**	**0**	**37**	**1**	**43**	**8**	**46**	**1**	**19**	**0**

(Source: Information furnished by NHM)

MD, NHM, in reply stated (January 2023) that Chhattisgarh obtained six NQAS certifications each in 2018-19 and 2019-20 and 43 NQAS certification in 2021-22.

Thus, department should endeavor to get maximum number of HIs, NQAS certified to ensure that public health institutions adopt global best practices.

7.11 *Ayushman Bharat Pradhan Mantri Jan Arogya Yojana*

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB PMJAY) provides a health cover up to ₹ 5 lakh per family per year for secondary and tertiary care hospitalisation services. Under this scheme, cashless and paperless access is provided to the beneficiaries at the point of service, on the basis of Socio-economic Caste Census 2011 (SECC 2011) for rural and urban areas.

For implementation of AB-PMJAY scheme, State Nodal Agency (SNA) was constituted (June 2018) in the State. This scheme was funded by the GoI and as well as GoCG with fund sharing ratio of 60:40. The fund received from National Health Authority (GoI) and GoCG and actual expenditure under AB-PMJAY during 2018-22 are detailed in ***Table - 7.18***:

Table - 7.18: Statement showing funds and expenses under AB-PMJAY

(₹in crore)

Year	Opening Balance	Fund Received			Expenses	Closing Balance
		Central Share (60 *per cent*)	State Share (40 *per cent*)	Total		
2018-19	Nil	217.43	144.95	362.38	252.06	110.32
2019-20	110.32	280.57	187.05	577.94	429.94	148.00
2020-21	148.00	112.62	75.08	335.70	203.55	132.15
2021-22	132.15	66.00	44.00	242.15	242.15	Nil
Total	**Nil**	**676.62**	**451.08**		**1127.7**	**Nil**

(Source: Information furnished by SNA)

Audit observed that out of 37.29 lakh households with eligible beneficiaries of 137.12 lakh across the State, only 43.39 lakh beneficiaries (32 *per cent*) in 19.50 lakh households have been registered, as of March 2022. Out of 43.39 lakh registered beneficiaries, 7.36 lakh beneficiaries made 11.09 lakh claims out of which 10.44 lakh claims were passed and 41,585 claims were rejected, as of March 2022. Thus, more than two-third eligible beneficiaries of the State have not been registered under the scheme and so, are not getting the benefits of the scheme.

Conclusion

During 2016-22, NHM failed to utilise the funds received under NHM which remained unspent ranging from ₹ 288.49 crore to ₹ 777.39 crore. Similarly, it could spend only ₹ 244.58 crore out of total available fund of ₹ 453.20 crore under NUHM.

Incidence of Non-Communicable Diseases (NCD) such as cardiovascular disease, diabetes, lung diseases, Cancer and hypertension increased from 24,144 in 2016-17 to 12,13,113 in 2021-22. However, fund of ₹ 36 crore received under NCD programme remain untilised, as of March 2022.

During 2016-22, five types OPD mental health services were available only in three out of 14 test checked CHCs. All the mental health drugs (17) were not available in four out of 14 test checked CHCs and test checked DHs failed to provide all 27 drugs prescribed under National Mental Health Programme.

Out of 1,52,790 beneficiaries, 26,332 (17.23 *per cent*) beneficiaries were not transferred benefit of ₹ 500 for every month during the treatment period under National Tuberculosis Elimination Programme (NTEP) during 2016-22.

During 2017-22, under *Janani Sishu Suraksha Karyakram* (JSSK), out of 18.64 lakh institutional deliveries, free medicines, diet and diagnostics services were provided to only 12.17 lakh (65 *per cent*), 8.38 lakh (45 *per cent*) and 11.89 lakh (64 *per cent*) pregnant women respectively, which was one of the reasons for higher MMR, NMR and IMR in the State. *Janani Suraksha Yojana* (JSY) incentive was not given to 2.22 lakh PW out of 23.33 lakh PW who delivered at institutional (22.26 lakh) and at home (1.07 lakh) during 2016-22.

During the period 2020-22, it was observed that only ₹ 15.10 crore was spent against the total allotment of ₹ 18.55 crore under *Haat Bazar* Scheme (Rural Mobile Medical facility). The Department did not sanction any post and also did not allot any dedicated vehicle to implement this scheme.

During period 2016-22, against the total number of 1,041 public health institutions only 55 (5.28 *per cent*) HIs obtained National Quality Assurance Standards (NQAS) certificate.

Recommendations

The GoCG should:

31. institute a proper mechanism for monitoring the utilisation of funds available under NHM and review the progress of the schemes at regular intervals to overcome the hindrances;

32. ensure utilisation of the earmarked fund under National Disease Control Programmes in order to achieve the targets;

33. ensure to provide OPD facilities and drugs related to mental health programme in all the HIs of the State as per norms;

34. ensure to achieve 100 per cent institutional delivery and provide prescribed diet and incentive for every pregnant woman, as envisaged in JSSK/ JSY guidelines;

35. recruit regular staff and provide dedicated vehicles under Haat Bazar Scheme for smooth implementation of scheme; and

36. make efforts to obtain NQAS certification for all HIs in the State.

Chapter – VIII

Adequacy and effectiveness of the regulatory mechanism

Chapter 8

Adequacy and effectiveness of the regulatory mechanism

Highlights

- In State of Chhattisgarh, 16,439 applications were received from the private medical establishments and against these 3,949 licenses were issued and 579 were rejected as of March 2023. District Committee failed to conduct inspection of remaining 11,911 medical establishments that had applied for issue of licences. Due to non-conducting of inspection by District Committee, it could not be ensured that these clinical establishments complied to the minimum standards prescribed in the *UTRSSAA*, 2010.
- Regulatory mechanism framework, has not been developed by the GoCG for monitoring the private medical educational institutions in the State.
- In CGMC, there was shortage of members in the Council ranging from six to nine.
- Pharmacy Inspector was not appointed till July 2022 by the Council for the inspection of drugs dispensation places, inspection of complaint and institute prosecution in the cases of violation of Pharmacy Act, 1948.
- Due to shortage of manpower and infrastructure in FDCA, testing of 80 *per cent* of collected samples were not done within the prescribed limit of 60 days.
- Out of 2,099 Government Healthcare Institutions (HIs) in the State, 766 (36.49 *per cent*) HIs were running and managing BMW at facility level without authorisation of CECB.
- Establishment of ETPs in 120 public HIs was not completed (November 2022) despite advancing funds of ₹ 29.62 crore to CGMSCL.
- Three Autoclave cum Shredders costing ₹ 1.04 crore and supplied to DH Baikunthpur (Korea), CHC Manendragarh and Khadgawa for BMW treatment were kept idle since 2019 as a result, medical waste disposed-off using deep pit and sharp pit methodology.

8.1 Introduction

State Government adopted various Acts and Rules for ensuring constitution of the Councils made for regulatory mechanism in the health delivery system through registration of medical practitioners, maintenance of a register of medical practitioners and issue of certificate of registration in the State.

Implementation of the following Acts have been covered in this chapter:

- Clinical Establishment Act 2010
- Drugs and Cosmetics Act 1940 and Rules 1945
- Bio-Medical Waste Management Rules, 2016

Registration of healthcare professionals in Chhattisgarh is carried out by various State Councils is shown in ***Table - 8.1:***

Table - 8.1: Details of the Councils and their enabling act

Sl. N	Name of the Council	Enabling Act
1	Chhattisgarh Medical Council (CGMC)	a Statutory Body constituted under section 3 of the Chhattisgarh Medical Council Act, 1987 which was notified (26 February 2001) by the Government of Chhattisgarh (GoCG) by exercising the power of section 79 of Madhya Pradesh Reorganisation Act 2000.
2	Chhattisgarh Nurses Registration Council (CGNRC)	a statutory body under the Health & Family Welfare Department of Chhattisgarh. The Chhattisgarh Nurses Registration Council came in force from 21 May 2003 onwards.
3	Chhattisgarh *Ayurvedic Tatha Unani Chikitsa Paddhati Avam Prakritic Chikitsa* Board (CGAUPB)	constituted (28 March 2001) under the Chhattisgarh *Ayurvedic, Unani tatha Prakritic Chikitsa Vyavsai Adhiniyam*, 1970 as adopted by the GoCG.
4	Chhattisgarh Homoeopathy Council (CGHC)	constituted (28 March 2001) under the Chhattisgarh Homoeopathy *Parishad Adhiniyam*, 1976 as adopted by the GoCG.
5	Chhattisgarh Paramedical Council (CGPC)	constituted under the *Chhattisgarh Sah Chikitsa Parishad* Act 2001 by gazette notification
6	Chhattisgarh Dental Council (CGDC)	constituted in Chhattisgarh as stipulated by the Dentist Act 1948.
7	Chhattisgarh Physiotherapy Council (CGPTC)	constituted under Physiotherapy and Occupational Therapy Act, 2015 by the State government on 07 January 2016.
8	Chhattisgarh State Pharmacy Council (CGSPC)	a statutory body constituted by the GoCG under the provisions of the Pharmacy Act of 1948. CGSPC was formed in the year 2003 after the State formation.

8.2 Implementation of the Clinical Establishments Act and Rules in the State

The Central Government passed the Clinical Establishment (Registration and Regulation) Act, 2010 (Act No. 23 of 2010) (CEA, 2010) dated 18 August 2010. The aim of this Act is to provide registration and regulation of clinical establishment with a view to prescribe minimum standards of facilities and services which may be provided by them so that mandate of Article 47 of the Constitution for improvement in public health may be achieved. The GoI further framed the Clinical Establishment (Central Government) Rules, 2012 in May 2012. An Act to provide for licensing of Nursing Home and Clinical Establishment and for matters connected therewith to ensure standardization and thereby achieving improvement of health care services enacted (September 2010) by the GoCG called the Chhattisgarh State *Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam*, 2010 (UTRSSAA, 2010) and subsequently notified (August 2013) rules through gazette the Chhattisgarh State *Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam*, 2013 (UTRSSAN, 2013).

As per Rule 10 (1) of UTRSSAN, 2013, every clinical establishment, liable to

obtain a license under the Act must fulfill the standards prescribed in schedule (1) appended to these rules, which may be amended from time to time. (2) No clinical establishment shall be allowed to operate without a valid license after the expiry of nine months from the date of notification of these rules. The time period includes the initial three months for application, followed by six months for inspection and rectification of gaps found during the inspection by the district committee. Any delay in the inspection by the district committee beyond nine months from the date of notification of these rules shall entitle the clinical establishment to continue its operation until the inspection is done by the committee.

As per Rule (11) - procedure for issue of license, point 1(c), the supervisory authority shall issue a registration certificate upon receipt of such application with the prescribed fee. The registration certificate shall be valid for a period of six months from the date of issuance.

Point 1(e) - where the establishment is certified to be operating as per the prescribed standards, the supervisory authority shall issue a license under sections 3 and 6 of the Act, which shall be valid for a period of five years, as prescribed under section 8 of the Act.

The deficiencies observed in monitoring and regulatory mechanism in the implementation of *UTRSSAA*, 2010 and *UTRSSAN*, 2013 are discussed in succeeding paragraphs:

(i) Audit observed that 16,439 applications were received from the private medical establishments and against these 3,949 licenses were issued and 579 were rejected as of March 2023. District committee failed to conduct inspection of remaining 11,911 medical establishments that had applied for issue of licences. The timelines prescribed in the *UTRSSAN*, 2013 were not adhered to by the district level authorities while issuing licences. Due to non-conducting inspection by District Committee, it could not be ensured that these clinical establishments were complying to the minimum standards prescribed in the Act.

(ii) The role of GoCG in the private healthcare system was limited to issue of licenses to private HIs under *UTRSSAN*, 2013. There was no system for obtaining periodic returns/MIS regarding healthcare infrastructure, manpower, funding etc., from private hospitals, clinics, diagnosis centre and pathology labs in the State except for reporting notifiable disease and birth death data.

(iii) DME conducts inspection of private medical colleges, and nursing colleges for issuance of essential and eligibility certificates for opening colleges in the private sector, though no regulatory mechanism framework has been developed by the GoCG for monitoring the private medical educational institutions in the State.

(iv) There is no system for obtaining periodic returns/MIS regarding healthcare infrastructure, manpower, funding etc. from private medical educational institutions in the State.

8.3 Registration Services

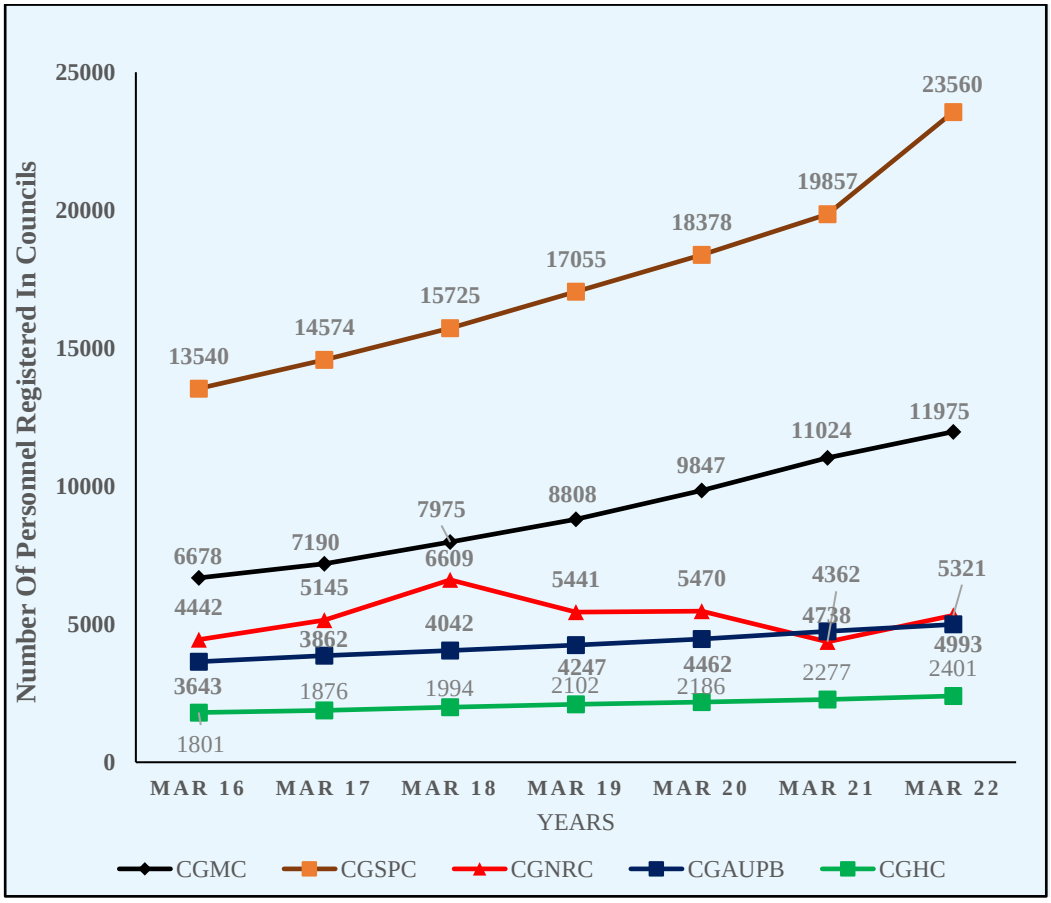
The main function of the various councils is to provide the registration of healthcare professionals, who possess any of the recognized medical qualifications and maintain a register of the same. The year wise status of registered healthcare professionals under various councils is shown in the ***Table - 8.2 and Chart - 8.1***.

Table - 8.2: Details of year wise personnel registered in councils

As on	Number of personnel registered				
	CGMC	CGSPC	CGNRC	CGAUPB	CGHC
March 2016	6678	13540	4442	3643	1801
March 2017	7190	14574	5145	3862	1876
March 2018	7975	15725	6609	4042	1994
March 2019	8808	17055	5441	4247	2102
March 2020	9847	18378	5470	4462	2186
March 2021	11024	19857	4362	4738	2277
March 2022	11975	23560	5321	4993	2401

(Source: Data furnished by the respective councils)

Chart - 8.1: Year wise trend of number of personnel registered in the five councils



No information was furnished by the remaining councils (CGDC, CGPTC, and CGPC) regarding the year wise number of registrations in the councils.

8.4 Deficiencies in functioning of councils

The major deficiencies observed in the functioning of councils are as below:

- Section 4 of the Chhattisgarh Medical Council Act, 1987 stipulates that CGMC shall consist of 11 members. Audit however, observed that except during the year 2020-21, the composition of the members of the council was less than the required number of members which ranged between six and nine during the period 2016-22.
- Section 8 stipulates that the council shall meet at least twice in each year, it was however observed that no meeting was conducted during the year 2019-20. The Registrar, CGMC stated that the quorum of the meeting was fulfilled in the presence of six members, and due to the Covid pandemic, meeting of the Council was conducted through video conferencing in the year 2019-20. However, Minutes of meeting for the year 2019-20 was not produced to audit.
- Section 48 of Chhattisgarh State Pharmacy Council's Rules 1978 stipulates that Chhattisgarh State Pharmacy Council will hold meetings twice in a calendar year. It was however observed that no meetings were held in the year 2020 and 2021.
- No information was furnished by Chhattisgarh Dental Council, Chhattisgarh Paramedical Council, Chhattisgarh Physiotherapy Council regarding meeting of the Council.
- As per section 26A of the Pharmacy Act 1948, Chhattisgarh Pharmacy Council has to appoint Inspectors to inspect any premises where drugs are compounded or dispensed; enquire whether a person who is engaged in compounding or dispensing of drugs is a registered pharmacist; investigate any complaint made in writing in respect of any contravention of this Act; institute prosecution under the order of the Executive Committee of the State Council and submit a written report to the Registrar; however Audit observed that no Pharmacy Inspector was appointed till July 2022 by the Council for the inspection of drugs dispensation places, inspection of complaint and to institute prosecution in the cases of violation of Pharmacy Act, 1948.

8.5 Functioning of Food and Drug Administration in Chhattisgarh

Food and Drugs Control Administration (FDCA) under the Department is discharging its mandate to have effective and efficient control over the illegal import, manufacture, sale and distribution of not of standard quality, misbranded, spurious, adulterated and banned drugs and adulterated and unsafe food products in the State by implementing various Acts and Regulations *viz*., Drugs and Cosmetic (D&C) Act 1940 and Rule 1945, the Drug (Price control) order 2013, Drugs and Magic Remedies Act,1954, Food Safety and Standards (FSS) Act 2006 and Food Safety and Standards Rules, 2006 to safeguard public health.

As on 31 March 2022, there were 27 District Offices of FDCA in the State. The District Offices also issue drug licenses for the establishment of drug manufacturing units, medical shops drug licenses, blood banks, medicine shops

except Indian System of Medicines (ISM) and drug stores for a period of five years to the applicants who fulfill the required criteria. This license is renewed after five years on the basis of an application received from the applicants.

- ***Inspection of Drug Selling Units:*** Drug and Cosmetic Rules provides that Drug Inspectors (DIs) shall inspect all premises licensed for sale of drugs not less than once in a year. Details of number of drugs selling units inspected in the State by the DIs during 2017-22 are given in ***Table - 8.3***:

Table - 8.3: Statement showing year wise shops and number of units inspected

Year	No. of Shops	Number of units Inspected	Percentage of units Inspected
2017-18	10358	9804	94.65
2018-19	11054	9257	83.74
2019-20	12262	10178	83.00
2020-21	13999	8041	57.43
2021-22	14727	8663	58.82

(Source: Compiled from information provided by the pharmacy council)

It could be seen from the above table, that though the number of selling units increased by 42 *per cent* from 2017-18 to 2021-22, the percentage of inspections conducted by the DIs had decreased to 58.82 *per cent* during 2021-22 as against 95.65 *per cent* during 2017-18.

- ***Analysis of Drug and Cosmetic Samples:*** As per guidelines issued by the FDCA, samples should be lifted from clinics/ hospitals/ dispensaries/ nursing homes and report of the same should be given within 60 days from receipt of the sample.

Audit observed that there was only one laboratory at Raipur in the State for testing of food and drugs sample. Due to shortage of manpower and infrastructure, testing of 80 *per cent* of collected samples were not done within the prescribed limit of 60 days.

The details of sample taken as of March 2022 and inspected drugs during 2017-22 is as detailed in ***Table - 8.4***:

Table - 8.4: Year wise drugs sample taken, tested and rejected

Year	Sample taken during the year	Outstanding from previous year	Total samples	Total rejected	Sample tested	Total under process
1	2	3	4 (2+3)	5	6	7 (4-5-6)
2017-18	377	31	408	12	286	110
2018-19	423	110	533	07	458	68
2019-20	884	68	952	35	480	437
2020-21	816	437	1253	41	689	533
2021-22	608	533	1141	43	591	507

(Source: Compiled from information provided by drugs testing laboratory, Raipur)

- ***Idling of Equipment at Laboratory:*** One Fourier Transform Infrared (FTIR) spectroscopy machine costing ₹ 18.61 lakh and one Atomic Absorption Spectroscopy (AAS) machine costing ₹ 21.44 lakh was supplied and installed at the laboratory on 21 June 2013 and on 13 March 2014 respectively.

Audit observed that the FTIR machine was not put to use due to technical problems with the instrument. Further, the AAS was not in working condition either, due to fault in instrument wiring and technical issues in UPS, motherboard.

8.6 Bio Medical Waste Management

With the objective of providing a regulatory framework for management of Bio-Medical Waste (BMW) generated in the country, the Ministry of Environment and Forests, GoI framed (July 1998) the Bio-Medical Waste (Management and Handling) Rules, 1998 under the Environment (Protection) Act, 1986. Thereafter, GoI reviewed these rules and with the objective of implementing these rules more effectively, to improve the collection, segregation, processing, treatment and disposal of these bio-medical wastes in an environmentally sound management, thereby reducing the bio-medical waste generation and its impact on the environment, framed a more comprehensive set of Rules in supersession of the existing rules called 'Bio-Medical Waste Management Rules, 2016' (BMWM Rules) in March 2016. These Rules prescribe the procedures for handling, treatment and disposal of BMW generated by hospitals, nursing homes, blood banks, veterinary institutions, etc.

Under Rule 10 of the BMW Rules, every state government is required to establish a prescribed authority for granting authorization and implementing BMW Rules. In compliance with this codal provision, Chhattisgarh Environment Conservation Board (CGECB) was constituted in 2001. CGECB is responsible for enforcing and monitoring the implementation of these rules in respect of all healthcare facilities. Audit noticed in test checked districts that BMW was being dumped in open areas at CHC Arang and DH Kondagaon.

BMW is generated during procedures related to diagnosis, treatment and immunisation in the hospitals and its management is an integral part of infection control within the hospital premises. The Bio-Medical Waste Management Rules, 2016 (BMWM) framed by GoI inter alia stipulate the procedures for collection, handling, transportation, disposal and monitoring of the BMW with clear roles for waste generators and Common Bio-Medical Waste Treatment Facility (CBWTF). Details of HIs available, BMW generated and CBWTF operated in the State as per the records of CECB is shown in ***Table - 8.5***:

Table - 8.5: Details of HIs, BMW generated and CBWTF operated in the State including Government HI and Private HI

Calendar Year	Number. of HIs (Bedded)	Number of His (Non-Bedded)	Total HIs	Generation of waste per day (in KG)	No of HIs have captive treatment and disposal facility	No. of CBWTF
2017	307	248	555	1104.49	289	4
2018	254	324	578	853.91	319	4
2019	1186	687	1873	3743.06	1620	4
2020	2529	1879	4408	7234.31	1483	4
2021	1924	2404	4328	7906.73	1816	4

(Source: Data collected from Chhattisgarh Environment Conservation Board)

Audit observed that generation of waste had increased seven times during 2017-21. However, the number of CBWTF remained constant during the same period. Thus, the number of CBWTC needs to be increased for effective management of BMW in the State.

(a) Operation of Healthcare Institutions without Authorization

Rule 10 of BMWM Rules, 2016 provides that every occupier or operator handling BMW, irrespective of quantity must make an application to Chhattisgarh Environment Conservation Board (CECB) for grant of authorisation. Rule 4(j) provides segregation of the waste at source and its pre-treatment or neutralisation prior to mixing with other effluent generated from hospitals.

Audit observed that out of 2,099 Government HIs in the State, 766 (36.49 *per cent*) HIs were running without authorisation of CECB. The details of HIs running without authorisation in the test-checked districts are depicted in the following ***Table - 8.6:***

Table - 8.6: Details of HIs operating without authorization

District	No of HIs	Nos. of HIs running without proper authorization	HIs running without proper authorization (in *per cent)*
Balod	102	20	19.60
Bilaspur	123	47	38.21
Kondagaon	53	26	49.05
Korea	67	31	46.26
Raipur	123	51	41.46
Sukma	30	2	6.66
Surajpur	59	42	71.18
Total	**557**	**219**	**39.32**

(Source: As per data provided by CECB)

It is evident from ***Table - 8.6*** that in the test checked districts, Government HIs ranging between 6.66 *per cent* (Sukma) and 71.18 *per cent* (Surajpur) of total HIs, were running without proper authorisation.

(b) Status of authorisation of selected GMCHs and DKS PGI

The main objective of Effluent Treatment Plant (ETP) is to remove as much of the suspended solids and organic matter as possible before the water is discharged back to the environment or re-used for various hospital purposes. When untreated wastewater mixes with groundwater it can create significant health risks by causing serious infectious diseases to people who have suppressed immune systems.

Status of authorization under BMW Management Rules and establishment of Effluent Treatment Plant (ETP) are mentioned in following ***Table – 8.7***:

Table - 8.7: Status of authorisation by CECB, ETP availability, BMW and segregation of waste in color coded bin

GMCHs	Authorisation from CECB	ETP availability	Management of bio medical waste	Segregation of waste in color coded bins
Ambikapur	No	No	Facility level	Yes
Bilaspur	No	No	CBWTF	Yes
Jagdalpur	Yes	Yes	Facility level	Yes
Raipur	No	No	CBWTF	Yes
Rajnandgaon	No	Yes	CBWTF	Yes
DKS PGI Raipur	Yes	No	CBWTF	Yes

(Source: Information compiled from selected GMCHs and DKS PGI)

It could be seen from the above table that GMCH Ambikapur, Bilaspur, Raipur and DKS PGI Raipur did not have effluent treatment facility and thus the entire liquid and chemical wastes were being discharged into the public drains by these four GMCHs without chemical treatment in violation of BMWMR. One GMCH, Rajnandgaon did not obtain authorization from CECB for operating ETP facility.

The Government stated (April 2023) that ETP construction work has been completed in GMCH Bilaspur. In GMCH Ambikapur, BMW treatment has been outsourced and instructions have been issued to GMCH Raipur and DKS PGI for taking necessary action to comply with BMWMR.

Fact remains that GMCHs did not obtain authorisation from CECB and ETP was still not established in GMCH Ambikapur, Raipur and DKS PGI Raipur.

(c) Bio-Medical Waste handling in test checked DHs

Audit noticed that two out of seven test checked DHs handled BMW through CBTWF and remaining five DHs managed at facility level through deep pit and sharp pit. DH Kondagaon, Sukma and Surajpur did not obtain authorisation from CECB under BMW Rules.

Audit noticed in joint physical verification that waste was being dumped in open area in CHC Arang and DH Kondagaon as shown in the ***Photograph number 1 and 2:***

1. CHC Arang, Raipur (08 May 2023)

2. DH Kondagaon (22 May 2023)

It was further observed that the NHM earmarked (2018-19) funds of ₹ 3.68 crore (₹ 16 lakh per unit) to install ETP in 23 DHs (100 bedded) and transferred (October 2018) ₹ 3.65 crore to CGMSCL for this purpose. The DHS further transferred (October 2020 and February 2022) ₹ 25.97 crore for installation of 199 ETP in CHCs/ Civil Hospitals.

Audit observed that even after lapse of four years, installation of ETPs in 120 HIs had not been completed (November 2022). Non-installation of the ETP has not only led to non-compliance with the provisions of BMWMR but has also enhanced the risk of infectious diseases due to unscientific disposal of BMW.

It is pertinent to mention that due to non-segregation of BMW and non-installation of ETP, CECB imposed (June 2020) the environment compensation of ₹ 19.25 lakh on DH Kanker.

DHS stated (January 2023) that the installation of ETPs in all the DHs and CHCs is in progress. DHS has been continuously monitoring the progress of ETP installation.

The reply indicates that HIs were being operationalized without ETP.

(d) Non obtaining authorisation resulted in idling of equipment of ₹1.04 crore

Before establishing a captive Biomedical Waste Treatment Facility, the HI must take the authorisation from the CECB under BMWM Rules, 2016.

Audit observed that CMHO, Korea (Baikunthpur) procured (March 2019) three Autoclave cum Shredder costing ₹ 1.04 crore and supplied to DH Baikunthpur (Korea), CHC Manendragarh and Khadgawa for biomedical waste treatment. However, even after lapse of three years, mandatory authorization from CECB was not obtained and high value equipment worth ₹ 1.04 crore were kept idle as shown in photograph number 3 and 4:

3. CHC Khadgawa, Korea (Date 03 May 2022)

4. Autoclave cum Shredder, DH Baikunthpur, Korea (05 May 2022)

The DHS assured (January 2023) that corrective action will be taken to operationalize the equipment.

Conclusion

District Committee did not conduct inspection of 11,911 private medical establishments within a time limit stipulated under *Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam*, 2010 *(UTRSSAA*, 2010) and *Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam*, 2013 (*UTRSSAN*, 2013).

Pharmacy inspectors were not appointed till July 2022 by the Pharmacy council for the inspection of drugs dispensation places, inspection of complaint and to institute prosecution etc., in the cases of violation of Pharmacy Act, 1948

In FDCA, shortage of manpower of drug inspectors (30 *per cent*) and in drug testing laboratory (97 per cent) resulted in less inspection of medical shops, short collection of samples and delay in testing of samples collected indicating lack of control to ensure quality of drugs.

Out of 2,099 Government HIs in the State, 766 (36.49 *per cent*) HIs were managing Bio Medical Waste at facility level without obtaining authorisation from Chhattisgarh Environment Conservation Board.

Establishment of Effluent Treatment Plants (ETPs) in 120 HIs out of 222, had not been completed (November 2022) despite release of funds of ₹ 29.62 crore by the Director Health Services.

Three Autoclave cum Shredder costing ₹ 1.04 crore and supplied to DH Baikunthpur (Korea), CHC Manendragarh and Khadgawa for biomedical waste treatment were kept idle since 2019. As a result, medical wastes were disposed off using deep pit and sharp pit methodology.

Recommendations

The GoCG should:

37. ***ensure the inspection of private medical establishments by District Committee within a time limit stipulated under the UTRSSAA, 2010 and UTRSSAN, 2013;***

38. ***appoint the Pharmacy Inspectors and Drug Inspectors in Pharmacy Council and FDCA for monitoring of drugs dispensation and inspection of medical shops to ensure quality of drugs dispensed in public health facilities in compliance to relevant Acts; and***

39. ***make efforts to establish ETP in all HIs and obtain authorisation from CECB for all Government HIs in the State for handling Bio Medical Waste.***

Chapter – IX

Sustainable Development Goal-3: Good Health and Well Being

Chapter 9

Sustainable Development Goal-3: Good Health and Well Being

Highlights

- The resource allocation in the State Budget was not linked with State development indicators and financial indicators as per National Health Policy (NHP), 2017 during period 2016-22.
- The GoCG had fixed the Maternal Mortality Ratio (MMR) target of 107 per one lakh live births by 2030 which was far below the national target of 70 by 2030. As against the first milestone target of MMR of 160 per lakh live births by 2020, the State has achieved the MMR of 159 (173 in the base year).
- State has achieved the NHP target of Infant Mortality Rate (IMR) of 28 in the urban areas (26.2), as of March 2021. However, in the rural areas (48.7) of the State it was much higher than the target as well as higher than the national average of 38.4.
- State has attained the Under-5 Mortality Rate (U5MR) of 45 in 2020 against the baseline of 48 (2015-16), which was far below the expected level of the first milestone target of 38.
- Neonatal Mortality Rate (NMR), as against the baseline NMR of 27, was recorded as 29 per 1000 live births in 2020 which was much higher than the first milestone target of 19.
- Suicide mortality rate is higher than national average and other neighboring states. Chhattisgarh holds second position among the 28 States in case of suicidal deaths.
- Chhattisgarh had lowest per capita Out of Pocket Expenditure (OOPE) on health as a share of Monthly Per Capita Expenditure (MPCE) at 6.6 *per cent* against the national average of 13 *per cent.*
- Malaria incidence rate in Chhattisgarh decreased from 5.21 per 1000 population in base year 2015-16 to 1.97, as of 2020. Similarly, positivity rate of Malaria reduced to 0.56 *per cent* from 4.6 *per cent*.

9.1 Introduction

The United Nations (UN) General Assembly adopted (September 2015) a document titled "Transforming our world: the 2030 agenda for Sustainable Development"- comprising 17 Sustainable Development Goals (SDGs) and 169 associated targets. Out of these Sustainable Development Goal -3 (SDG-3) related to "Good Health and Well Being" seeks to ensure health and well-being for all, at every stage of life. The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access for all to safe, effective, quality and affordable medicines and vaccines.

9.2 Targets of SDG - 3

To measure India's performance towards the goal of Good Health and Well Being, 10 national level indicators have been identified, which capture eight out of the 13 SDG targets for 2030, outlined under this Goal. The global targets of SDG-3 are detailed in ***Table - 9.1***:

Table - 9.1 – Targets of SDG – 3

Target no.	Brief description
3.1	Reduce the global MMR to less than 70 per 100,000 live births by 2030
3.2	End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births by 2030
3.3	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030
3.4	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being by 2030
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
3.6	Halve the number of global deaths and injuries from road traffic accidents by 2020
3.7	Ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
3.9	Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination by 2030
3.a	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
3.b	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

Target no.	Brief description
3.c	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
3.d	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

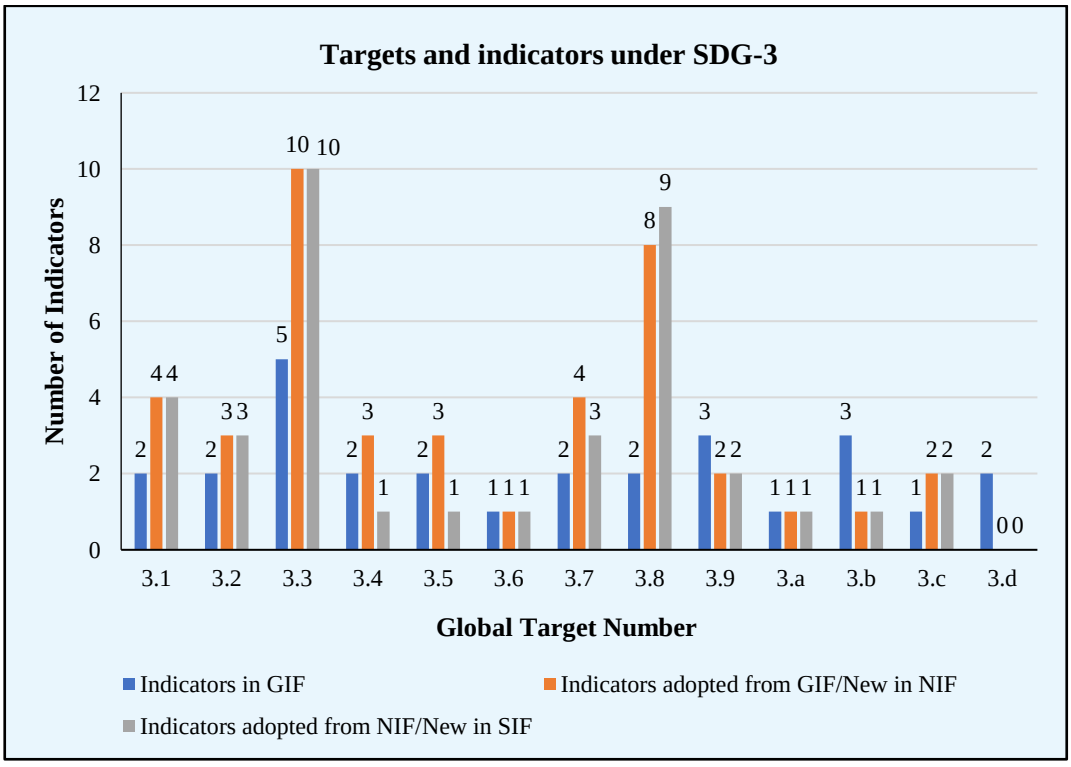
(Source: Compiled from SDG Indicators and Targets of NITI Aayog)

A comparative analysis of indicators for 13 targets was done by Audit to assess availability of indicators for SDG-3 by scrutinising Global Indicators Framework, National Indicators Framework (NIF), and Chhattisgarh SDG Indicator Framework (CG-SIF). Scrutiny of records/reports revealed following:

1. There are 28 Global Indicators and 42 National Indicators covering all 13 targets under SDG -3. In Chhattisgarh, State Indicator Framework was formulated (2021) based on NIF - 2.1 (29 June 2020).
2. The State adopted 38 NIF indicators which cover 12 targets (out of 13) in its SIF.

The details of indicators adopted in the National Indicator Framework and State Indicator Framework from Global Indicator Framework are presented in ***Chart - 9.1***.

Chart - 9.1: Status of indicators formulated/adopted for Targets of SDG-3



(Sources: Global Indicator Framework, National Indicator Framework & State Indicator Framework)

9.3 Policy and framework for implementation of SDGs

9.3.1 Institutional Framework

For implementation and monitoring of SDGs, three committees were to be constituted in the State - (i) State Level Steering Committee on SDGs (SLSC) chaired by the Chief Minister, (ii) State Level Implementation & Monitoring Committee on SDGs (SLIMC) chaired by the Chief Secretary and (iii) District Level Implementation & Monitoring Committee on SDGs (DLIMC) chaired by the District Collector- for guiding the process of SDGs implementation and effective monitoring of the SDGs progress.

9.3.2 Chhattisgarh SDG Vision 2030

The GoCG has prepared (2019) Chhattisgarh SDG Vision 2030 document with an objective to achieve the SDG targets by 2030, which includes the seven-years strategies upto 2024 and three-years action plan up to 2020.The roadmap for SDG implementation, was assigned to respective departments of the State Government. Similarly, the review and monitoring of SDGs had been assigned to State Planning Commission (SPC), Chhattisgarh. The GoCG also formed the 11 sectoral working groups for inter-related SDGs, which were mapped to schemes and goals of various departments of GoCG.

9.3.3 Chhattisgarh SDG Indicator Framework (CG-SIF)

For monitoring the progress of SDGs, the State Planning Commission (SPC) has prepared (2021) the Chhattisgarh SDG Indicator Framework (CG-SIF) with technical support of UNICEF with 275 indicators against the 302 goal-wise indicators of NIF addressing 106 goal-wise targets against the 135 goal wise targets of NIF. Similarly, in CG-SIF for Goal 3 of SDG, 38 indicators were included against the 42 goal-wise indicators of NIF, despite inclusion of all goal wise targets of NIF.

9.3.4 SDG Baseline and Progress Report-2020, Chhattisgarh

The SPC had prepared and published (2021) the SDG Baseline and Progress Report-2020, Chhattisgarh for monitoring the progress of SDGs in the State which provides the vision of each goal besides strategies to achieve them. In the report, the Baseline (2015-16) data on the SDG indicators have been compared with 2019-20 data to show the progress during the period.

On scrutiny of records relating to the implementation of SDGs, Audit observed the following:

(i) District Level Implementation and Monitoring Committee (DLIMC) on SDG

The DLIMC was to be constituted in each district to achieve the SDGs. General Administration Department directed (January 2021) District Collectors to

constitute DLIMC. However, Audit observed that the DLIMC was not functioning in any of the test checked districts.

The DHS stated (January 2023) that the DLIMC started to modify the indicators which were included in District Indicator Framework (DIF). It was further stated that DIF has been released in August 2022 and meetings were held regularly.

It is evident from the reply that DIF has been released only in August 2022. Further, minutes of meeting of DLIMC were not provided to Audit.

(ii) Delayed finalisation of Vision 2030 document

The GoCG had initiated the process for the preparation of the SDG Vision 2030 document as early as September 2016, however, it had fixed target for preparation of vision document for seven-year strategy from 2017-18 to 2023-24 and three-year action document from 2017-18 to 2019-20 only in 2019 i.e., after lapse of more than 30 months.

The DHS stated (January 2023) that Department was continuously monitoring the SDG indicators along with CGSIF and DIF regularly.

(iii) Delayed finalisation of CG-SIF

The Ministry of Statistics and Programme Implementation, GoI (MoSPI) developed a NIF (September 2016) comprising possible national indicators. It consists of 306 statistical indicators to serve as a backbone for the monitoring of SDGs. In line with NIF, the State was required to prepare the CG-SIF for possible State indicators. However, the SPC has taken more than four years to finalise (2021) the same. As a result, the targets for achieving SDGs and monitoring of goals in the initial years (2016-2020) of SDGs were not available in the State.

The DHS stated (January 2023) that CGSIF and DIF have been published and the same are being monitored regularly.

9.4 SDG 3 – Good health and well being

The SDG-3 ‘Good Health and Well-Being’ has been evolved to ensure healthy life and promote well-being for all at all ages. SDG-3 is interconnected with other goals *viz* Goal 1 (No Poverty), Goal 2 (No Hunger), Goal 5 (Gender Equality), Goal 6 (Clean Water and Sanitation), Goal 7 (Affordable and Clean Energy) and Goal 12 (Responsible Consumption and Production). The goals and targets are also closely linked with access to social and reproductive health and rights, clean drinking water and sanitation, pollution free environment, control of climate related hazards, reducing all forms of violence and related deaths, elimination of harmful social practices, nutritious food and improving road safety for all. Besides, the Public Health and Family Welfare Department, other interconnected departments (line departments) such as the Women and Child Development Department, Public Health Engineering Department, Home Department, Environment Department and Commerce and Industries Department are the linked departments having interconnections with Goal 3 as the activities of these departments have an effect on and also contribute to the health.

In this connection Audit observed the following:

9.4.1 Preparation of Vision 2030 for SDG-3 without considering the line departments

The Department of Planning, Economics and Statistics (DPSE), GoCG identified (September 2016) Department of Public Health and Family Welfare (Department) as the nodal department and constituted a working group headed by the Principal Secretary of Public Health and Family Welfare for preparation of Vision 2030 Document, seven years strategy and three years Action Plan 2017-20 for SDG-3.

Audit observed that the nodal Department did not involve other line departments (except Home Department) for the implementation of SDG-3 and the programmes/ schemes contributing to the well- being and good health which were being implemented by other departments were not mapped. Audit also observed that though mapping of programmes/schemes was done but intra department convergence of these programmes/ schemes was missing in the vision document.

The DHS stated (January 2023) that regular monitoring and assessment was done.

Reply is not acceptable as no documents were provided to Audit to substantiate the reply.

9.4.2 Deficiencies in Vision 2030 documents, Action Plan and Strategic Plan for SDG-3

Audit observed the following deficiencies in the Vision 2030 document including three-year Action Plan and seven-year strategies for SDG-3:

- In three-year action plan milestones, numerical targets were not given for all the indicators except MMR, NMR and U5MR. In absence of the same, assessment of progress of remaining indicators was not possible for first milestone 2020.
- The requirement of financial resources was not assessed and projected for implementation of the Goal 3 and targets thereunder. This indicates that targets were set without assessment of matching financial resources.
- Vision document did not include strategy and action plan for increasing human resources in the field of medical, dental, nursing education and colleges.
- No specific action plan was there for filling up of vacant posts of health personnel and capacity building.
- As a strategy, it was outlined that inter sector co-ordination is one of the strategies, but it does not identify with which sector/departments/agencies co-ordination would be made.
- There was no strategy and action plan for integration of Ayush with comprehensive primary health care services, to conduct leprosy survey in high prevalence areas and increased surveillance in high epidemic districts, prevention measures to control dengue, to improve doctor-population ratio, targets were not fixed for issuance of certificates to handicapped, to decrease child deformity ratio, elimination of blindness.

Thus, the planning of financial and human resources was inadequate and devoid of vision for time bound achievement, as discussed in succeeding ***Paragraph no. 9.6.9***.

The DHS stated (January 2023) that the various works were going on to achieve the target and indicators quoted in SIF and DIF *viz*. to eliminate Malaria, blindness, *Anemia* with the support of other Departments. It was also stated that efforts will be made to increase the healthcare staff (Doctor, Nurse, etc.) in next two years.

Reply is not tenable because no targets were fixed in SIF and DIF to make Chhattisgarh blindness free State and to eliminate dengue and moreover, no policy was prepared for recruitment of the manpower to match IPHS norms. Further, no efforts were made to co-ordinate with line departments.

9.5 Review and Monitoring of SDG-3

As discussed in the preceding paragraphs, SPC has prepared the CG-SIF for review and monitoring of SDGs. Though, the indicators were identified but the implementation and monitoring mechanism was inadequate in view of the following:

- The resource allocation in the State budget was not linked with State development indicators and financial indicators as per NHP, 2017 in any of the years of the review period.
- SDG dashboards, which will enable the Information Technology (IT) based monitoring framework to measure the progress of SDG indicators at the State, district and further local levels, has not been set up by SPC so far (December 2022). In absence of the same, the intervention and mid-course correction in the actions and strategies would not be possible.
- SPC has not developed the Block Indicator Framework (BIF) and Village Indicator Framework (VIF) to monitor the progress of blocks and villages respectively as required in the SDG framework. As the villages and blocks are the main implementation units, therefore non-formation of indicator framework or target for each level may adversely affect the achievement of SDGs.

DHS stated (December 2022) that the exercise of linking budget with SDG is being done by State Finance Department, in which schemes would be mapped with SDG and percentage of contribution of scheme also determined. Platform of SDG dashboard will be launched in near future.

9.6 Status of health indicators with respect to the first milestone (three years action plan)

CG-SIF identified 13 targets with 38 indicators under SDG-3. Out of the total 38 indicators, 34 indicators were taken from NIF, one indicator has been modified and three indicators were adopted from SDG India Index. These 38 indicators were further classified as outcome (21), output (16) and process (1) indicators. The *NITI Aayog* has also identified nine priority indicators for four targets (3.1, 3.2, 3.3 and 3.8). A comparison between Chhattisgarh and India in terms of important SDG indicators is given in ***Table - 9.2***:

Table – 9.2: Status of health indicators with respect to first milestone targets of 2020 in comparison to the base line figures of 2015-16 vis-à-vis actual achievement

S. No	Target	Chhattisgarh State Indicator	Target 2030		Baseline status 2015-16	First milestone target 2020	Actual status in 2020
			India	Chhattisgarh			
1	3.1 By 2030, reduce the global MMR to less than 70 per 1,00,000 live births	3.1.1 MMR (per 1,00,000 live births)	70	107	173	160	159
2		3.1.2 Percentage of Home deliveries attended by Skill Birth Attendance (SBA) (Doctor/ Nurse/ ANM)	100	Target not fixed	36.8	Target not fixed	40.9
3		3.1.3 Percentage of women aged 15−49 years with a live birth, for last birth, who received antenatal care, four times or more (in percentage)	100	Target not fixed	59.1	Target not fixed	88.7
4		3.1.4 Percentage of Institutional deliveries conducted (including C-sections)	100	Target not fixed	79.7	Target not fixed	98.3
5	3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live birth and under- 5 mortality to at least as low as 25 per 1,000 live births	3.2.1 U5MR (per 1,000 live births)	25	25	48	38	45
6		3.2.2 NMR, (per 1,000 live births)	12	12	27	19	29
7		3.2.3 Percentage of children in the age group 12-23 months fully immunized	100	100	76.4	Target not fixed	76.4
8	3.3 By 2030, end the epidemics of AIDS, TB, Malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other	3.3.1 Number of new HIV infections per 1,000 uninfected population	0	0	0.06	Target not fixed	0.06
9		3.3.2 Tuberculosis incidence per 1,00,000 population	0	0	138	142	141
10		3.3.3 Malaria incidence per 1000 population	0	0	5.21	Target not fixed	1.97

S. No	Target	Chhattisgarh State Indicator	Target 2030		Baseline status 2015-16	First milestone target 2020	Actual status in 2020
			India	Chhattisgarh			
11	communicable diseases	3.3.9 Proportion of grade-2 cases amongst new cases of Leprosy (in rate per million)	0	0	7.24	Target not fixed	4.5
12		3.3.10 HIV Prevalence Rate (in *per cent*)	0	Target not fixed	0.13	Target not fixed	0.13
13	3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well being	3.4.1 Suicide mortality rate (per 1,00,000 population)	0	Target not fixed	27.7	Target not fixed	24.7
14	3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1 People killed/injured in road accidents (per 1,00,000 population)	0	Half the number of current status	15.9/52.32	Half the number of current status	16.1/44.7
15	3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Percentage of currently married women (15–49 years) who use any modern family planning methods (similar to indicator 3.8.1 and 5.6.1)	100	100	54.5	100	54.5
16	3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.2 Percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified to the national health authorities during a specified period	100	Target not fixed	89	Target not fixed	87
17		3.8.3 Percentage of people living with HIV, currently receiving ART among the detected number of adults and children living with HIV	100	Target not fixed	60	Target not fixed	76
18		3.8.7 Total physicians, nurses and midwives per 10,000 population	45	Target not fixed	2.56/8.85 (physicians/ nurses and midwives)	Target not fixed	2.95/13.64

S. No	Target	Chhattisgarh State Indicator	Target 2030		Baseline status 2015-16	First milestone target 2020	Actual status in 2020
			India	Chhattisgarh			
19		3.8.8 Number of beds in the empaneled hospitals per lakh eligible beneficiaries (PMJAY)	NA	Target not fixed	NA	Target not fixed	121
20		3.8.9 Average out of pocket medical expenditure (OOPME) for institutional childbirth cases during stay at hospital over last 365 days	NA	0	NA	Target not fixed	3423
21	3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to unintentional poisoning, (per 1,00,000 population)	0	NA	8	Target not fixed	7.58
22	3.b Support the research and development of vaccines and medicines for the communicable and non communicable diseases to protect public health, and, in particular, provide access to medicines for all	3.b.1 Budgetary allocation for Department of Health Research, (in.crore)	NA	Target not fixed	NA	Target not fixed	10 lakh
23	3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce	3.c.2 Percentage of government spending (including current and capital expenditure) in health sector to GSDP	NA	Target not fixed	0.95	Target not fixed	1.49

(Source: 'Baseline status' and 'current status' from Baseline and Progress Report-2020 Chhattisgarh, 2030 targets from SDG Vision 2030 Chhattisgarh)

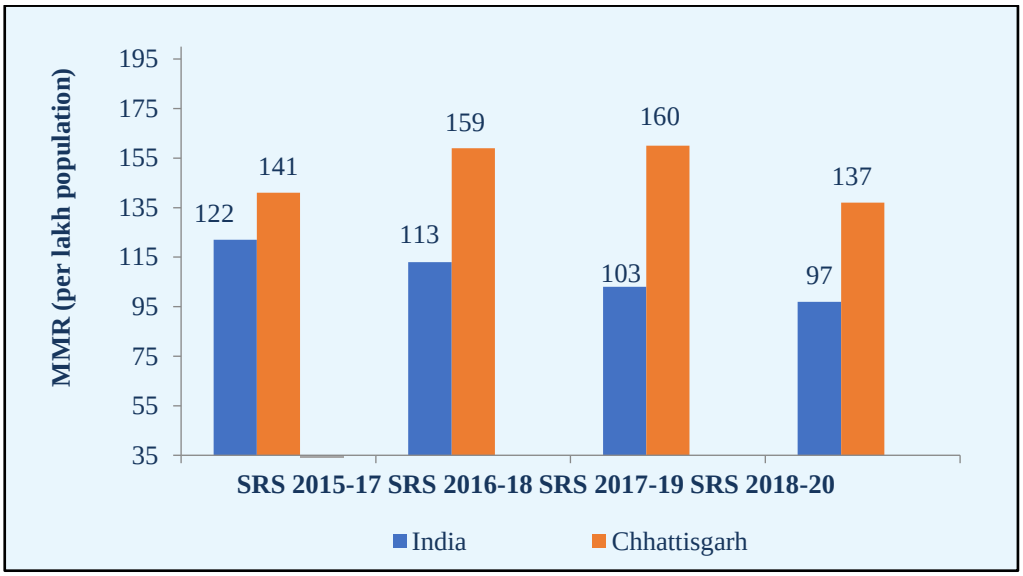
Based on the ***Table - 9.2***, Audit compared first milestone targets of Chhattisgarh for 2020 in comparison to the base line status of 2015-16 vis-à-vis actual achievement made along with comparison of the SDG health indicators of Chhattisgarh with India and four neighbouring States (Jharkhand, Madhya Pradesh, Odisha and Telangana) as reported in Sample Registration System (SRS), National Family Health Survey (NFHS-4 and 5), *Niti Aayog* SDG index 2021, TB Statistics India 2021, 2022 and HIV factsheet 2022 which has been discussed in the following paragraphs:

9.6.1 Maternal Mortality Ratio (MMR)

Target 3.1 aims at reducing the global MMR to less than 70 per 1,00,000 live births by 2030. As against the first milestone target of 160, the State has achieved the MMR of 159 (173 in the base year). Audit also observed that the GoCG had fixed the MMR target of 107 per one lakh live births by 2030 which was far below the national target of 70 by 2030.

National target for MMR and year wise MMR of India and Chhattisgarh is given in the following ***Chart - 9.2***:

Chart - 9.2: Year wise MMR of India and Chhattisgarh along with MMR national target of 2030



(Source: Sample Registration System)

As could be seen from the above chart that as of 2020, MMR in Chhattisgarh was 137 which was much higher than the national average. This indicates that despite incurring significant expenditure on RCH programmes, the State could not reduce the MMR to the national average. Further, the target fixed for reducing MMR to 107 by 2030 in the State was also on lower side in comparison to National target of 70. Reasons for fixing such abnormal variation in target was not found on the records produced to Audit.

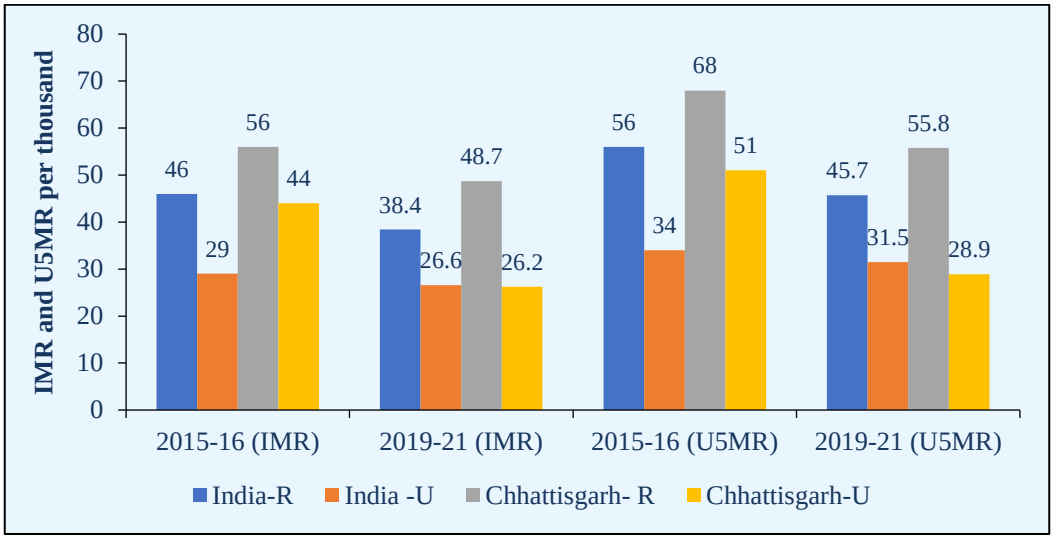
9.6.2 Infant Mortality Rate and Under-5 Mortality Rate

As there was no specific target for IMR in the SDG, Audit compared IMR with the target of 28 per 1000 live births by 2019, specified in NHP 2017.

Target 3.2 aims to reduce U5MR to as low as 25 per 1000 live births by 2030 and fixed the first milestone of 38 per 1000 live births by 2020. Audit observed that Chhattisgarh achieved the U5MR of 45, as of 2020 against the baseline of 48 in 2015-16, which was far below the expected level of the first milestone target of 38. At this pace, it will be very difficult to achieve the target of 25 by 2030 in Chhattisgarh.

As per NFHS, IMR and U5MR in India and Chhattisgarh are given in the following ***Chart - 9.3***:

Chart - 9.3: IMR and U5MR in rural and urban areas in India and Chhattisgarh during 2015-16 and 2019-21



(Source: National Family Health Survey)

As could be seen from the above Chart that as of March 2021, IMR was 48.7 in the rural area of the State which was much higher than the target specified in NHP 2017 as well as higher than the national average of 38.4, which needs to be improved whereas, in urban areas the State has achieved the NHP target of 28.

As of 2021, U5MR in Chhattisgarh was lower than the national average in urban areas, however, the same was 55.8 in rural areas, which was higher than the national average of 45.7. This indicates that Health Department has not taken any effective steps to achieve the U5MR in rural areas.

9.6.3 Neonatal Mortality Rate

Target 3.2 also aims to reduce NMR to as low as 12 per 1000 live births by 2030 and also fixed the first milestone of 19 per 1000 live births by 2020.

Audit observed that NMR was not reduced as per SDG targets and as against the baseline NMR of 27 in 2015-16, the same was recorded as 29 per 1000 live births in 2020 which was much higher than the first milestone target of 19. Therefore, there are very remote chances for the State to achieve the target of NMR by 2030.

As per NFHS, NMR in the India and Chhattisgarh is given in the ***Table - 9.3***:

Table - 9.3: Urban and Rural NMR during 2015-16 and 2019-21 in India and Chhattisgarh

	2015-16 (NFHS – 4)	2019-21 (NFHS-5)	
	Total	Rural	Urban
India	29.5	27.5	18.0
Chhattisgarh	42.1	35.6	19.3

(Source: Compiled from NFHS)

As could be seen from the above table that in rural areas of the State, NMR was 35.6, which was higher than the national average of 27.5. In view of this, the probability to achieve the target of 19 by 2030 in Chhattisgarh seems remote.

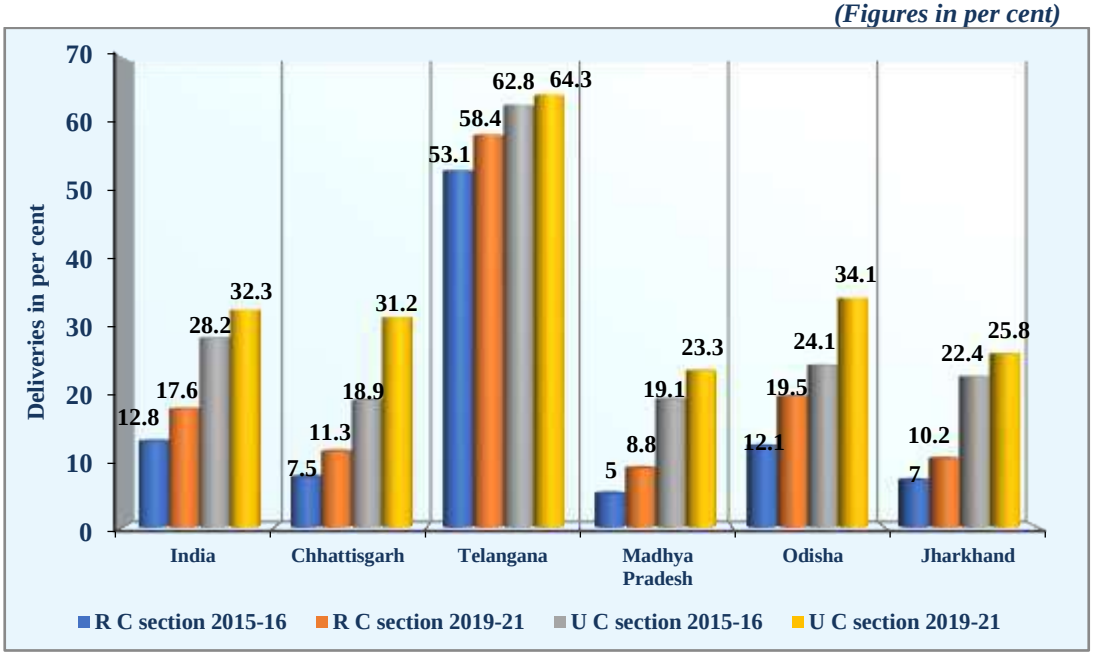
9.6.4 Institutional Deliveries

Target 3.1.4 aims 100 *per cent* institutional deliveries (including C-sections) by 2030. Audit observed that Health Department has not fixed any target and milestone for institutional deliveries in the Chhattisgarh, however, institutional deliveries percentage increased from 79.7 *per cent* (baseline 2015-16) to 98.3 *per cent* (first milestone 2020).

As per NFHS–4 (2015-16) and NFHS–5 (2019-21) caesarean deliveries *(per cent)* in the Chhattisgarh and its neighboring states is given in the ***Chart - 9.4***:

Chart - 9.4: Rural and urban C-section deliveries in India, Chhattisgarh and four neighbouring States

(Figures in per cent)



(Source: Compiled from NFHS-4& 5)

As seen from the above chart, although there was increase in percentage of institutional deliveries in Chhattisgarh during NFHS-5 as compared to NFHS-4, Caesarean deliveries percentage in NFHS 5 had increased by 50.67 *per cent* and 65.08 *per cent* in rural and urban areas respectively.

9.6.5 Tuberculosis (TB) Success rate

Target 3.3.2 sets to end the epidemic of TB by 2030. The ratio of TB patients was 138 per 1,00,000 population in the base year 2015-16, which increased to 141, as of 2020 in the State. This indicates that Health Department had failed to take effective steps to control TB in the State. If the same trend continues, Chhattisgarh would not be able to achieve the SDG target to eradicate the TB by 2030.

Similarly, target 3.8.2 provides 100 *per cent* treatment of TB patients (cured plus treatment completed) among TB cases notified to the National Health Authorities during a specified period by 2030. Further, as per the National Tuberculosis Elimination Programme 2017, TB should be eliminated by 2025. Audit observed that percentage of treatment of TB patients decreased from 89 *per cent* in base year 2015-16 to 87 *per cent* as of March 2020.

As per the TB Statistics in India 2021 and 2022 report, the treatment outcome of TB patients notified in 2019 and 2020 are detailed in ***Table - 9.4***:

Table - 9.4: TB patients notified in 2019 and 2020 in India, Chhattisgarh and four neighbouring states

	Treatment outcome of TB patients notified in 2019 (%)	Treatment outcome of TB patients notified in 2020 (%)
India	82	83
Chhattisgarh	84	86
Jharkhand	77	83
Madhya Pradesh	79	80
Odisha	87	89
Telangana	89	89

(Source: -Compiled from India TB Report 2021 and 2022)

Comparison of TB treatment success rate of Chhattisgarh with India and other neighboring states revealed that TB treatment success rate of Chhattisgarh was comparatively unfavorable with Telangana and Odisha.

9.6.6 Malaria Incidence

Chhattisgarh is one of the States with the highest rate of deaths due to malaria, which was 2.91 per 100 cases.

Target 3.3 sets to end the epidemic of malaria by 2030. However, the priority indicator defined for malaria incidence is not available in the vision document 2030 prepared by the State Government, despite having a high prevalence rate of malaria cases in the Bastar and Surguja regions.

Audit observed that the malaria incidence rate decreased from 5.21 per 1000 population in base year 2015-16 to 1.97 as of 2020. Similarly, positivity rate of malaria reduced to 0.56 *per cent* from 4.6 *per cent* within a span of 19 months through four rounds of special testing drive *"Malaria Mukta Abhiyan".*

9.6.7 HIV Prevalence Rate

Target 3.3.10 sets the target that HIV Prevalence Rate should be zero by 2030. Audit observed that HIV Prevalence Rate was static i.e., 0.13 *per cent* in baseline year 2015-16 and as of 2020 there were no changes, which indicates that Health Department had not taken any efforts to achieve the target of zero *per cent.*

Target 3.8.3 sets target of providing 100 *per cent* treatment with Antiretroviral Therapy (ART) to detected number of adults and children living with HIV by 2030.

Audit observed that Department had not fixed any target for the same, which indicates that Department is not serious to eradicate the HIV positive cases in the State. The coverage percentage of receiving ART among the detected cases improved in the State from 60 *per cent* in base year 2015-16 to 76 *per cent* as of 2020.

The details of HIV prevalence and percentage of HIV detected people receiving ART treatment in the Chhattisgarh and its neighboring states is given in the following ***Table - 9.5***:

Table - 9.5: Details of Adult HIV prevalence and HIV detected in India, Chhattisgarh and four neighbouring States

State	Adult HIV prevalence (in *per cent*)	HIV detected people receiving ART treatment (in *per cent*)
India	0.21	85
Chhattisgarh	0.17	76
Jharkhand	0.08	77
Madhya Pradesh	0.08	77
Odisha	0.14	85
Telangana	0.47	77

(Source: Compiled from India HIV Estimates fact sheet 2021)

As could be seen from the above table that not only the HIV prevalence percentage in Chhattisgarh is higher than the other neighboring states of Madhya Pradesh, Jharkhand and Odisha but the percentage of ART treatment given to HIV detected people was also less than the neighboring states.

9.6.8 Monthly per capita out-of-pocket expenditure (OOPE) on health

Target for Monthly per capita Out of pocket expenditure (OOPE) on health as a share of Monthly Per capita Consumption Expenditure (MPCE) is 7.83 by 2030. This target corresponds to the global SDG target 3.8 which aims to achieve universal health coverage, including financial risk protection and access to affordable essential medicines and vaccines for all.

The details of monthly per capita OOPE on health as a share of MPCE in the Chhattisgarh and its neighboring states is given in the following ***Table – 9.6***:

Table - 9.6: Monthly per capita OOPE on Health as a share of MPCE in India, Chhattisgarh and four neighbouring states

State	Monthly per capita OOPE on health as share of MPCE (in *per cent*)
India	13.00
Chhattisgarh	6.60
Jharkhand	11.00
Madhya Pradesh	12.20
Odisha	13.10
Telangana	14.40

(Source: -NITI Aayog SDG Index 2021)

As seen from the above table that monthly per capita OOPE in the State is less than India and all the neighboring States.

9.6.9 Total physicians, nurses and midwives

Global SDG target 3c aims to substantially increase health financing and the recruitment, development, training, and retention of the health workforce. The target fixed for skilled health professionals' density (physicians/nurses/midwives) is 45 per 10,000 population by 2030. In the State, skilled health professionals were 11.41 per 10,000 population in the base year 2015-16 which improved to 16.59 per 10,000 population in 2020. However, no target was fixed by the State to achieve target fixed in SDGs by 2030.

The details of total number of skilled healthcare professionals in Chhattisgarh and its neighboring states is given in the following ***Table - 9.7***:

Table - 9.7: Number of skilled healthcare professional per 10,000 population in India, Chhattisgarh and four neighbouring states

	Total no. of physicians, nurses and midwives per 10,000 population
India	37
Chhattisgarh	15
Jharkhand	4
Madhya Pradesh	33
Odisha	39
Telangana	10

(Source: - NITI Aayog SDG Index 2021)

From the above, it was observed that against the target of 45, Chhattisgarh was having only 15 skilled healthcare professionals, which was less than the national average of 37 and also less than that of the neighboring states Madhya Pradesh and Odisha. This indicates the deficient human resources availability in the healthcare sector in the State.

9.6.10 Suicide mortality rate and death rate due to road traffic injuries

Global SDG target 3.4 aims to reduce premature mortality from NCD by one third through prevention and treatment and promote mental health and well-being, by 2030. The target fixed for reducing the suicide rate is 3.5 per 1,00,000 population. As against suicide mortality rate of 27.7 per 1,00,000 population in the base year 2015-16, the State has stood at 24.7 as of 2020.

SDG target 3.6 aims to halve the number of global deaths and injuries from road traffic accidents. Under this, the target fixed for Death rate due to road traffic injuries is 5.81 per 1,00,000 population. However, the numbers of death due to road accidents increased to 16.1 against the baseline survey of 15.9 per 1,00,000 population and the injuries from road accidents reduced from 52.32 to 44.7 as of 2020 against the target of halve the numbers of 2015-16 fixed for first milestone. This indicates that the Department failed to co-ordinate with line department (Home Department) in achievement of targets fixed in the SDG 3.4 and 3.6

Suicide mortality rate and death rate due to road traffic injuries (per 1,00,000 of population) in Chhattisgarh and other neighboring states is given in the following ***Table - 9.8***:

Table - 9.8: Suicide mortality rate and death rate in road traffic injuries in India, Chhattisgarh and four neighbouring states

State	Suicide mortality rate	Death rate due to road traffic injuries
India	10.4	11.56
Chhattisgarh	26.4	17.34
Jharkhand	4.4	10.11
Madhya Pradesh	15.1	14.35
Odisha	10.5	11.82
Telangana	20.6	18.68

(Source: - NITI Aayog SDG Index 2021)

As seen from the above, the suicide mortality rate is higher than the national average and that of other neighboring states. It is pertinent to mention that Chhattisgarh holds second position among the 28 States in case of suicides. Deaths due to traffic injuries in Chhattisgarh is higher than national average and other neighboring States except Telangana.

9.6.11 SDG-3 Index score

To measure India's performance towards the Goal of Good Health and Well-Being, ten National level indicators had been identified, which capture eight out of the thirteen SDG targets for 2030 outlined under this Goal. NITI Aayog had assessed the performance based on these indicators, the SDG Index score of Chhattisgarh, India and other neighboring States is given in ***Table - 9.9***:

Table - 9.9: Index score in 2019-20 and 2020-21 in Chhattisgarh and four neighbouring states

State	SDG 3 Index score 2019-20	SDG 3 Index score 2020-21
Chhattisgarh	52	60
Jharkhand	55	74
Madhya Pradesh	50	62
Odisha	61	67
Telangana	66	67

(Source: NITI Aayog SDG Index 2020, 2021)

Though Chhattisgarh has improved its performance in SDG-3 index score from 52 to 60 as compared to 2019-20, but it is still lagging in comparison to the neighbouring States and it needs to improve in respect of most of the indicators, *viz*. MMR, IMR, U5MR, NMR, TB success rate, HIV prevalence rate, Total physicians, nurses, and midwives per 10,000 population, suicide mortality rate, death rate due to road and traffic accidents.

Conclusion

The GoCG included 38 indicators in the framework against the total 42 SDG National Indicators for Goal 3- Good Health and Well Being.

The resource allocation in the State Budget was not linked with State development indicators and financial indicators as per NHP, 2017 in any of the years of the review period.

For IT based monitoring to measure the progress of SDG indicators at the State, district and further local levels, SDG dashboards has not been set up by State Planning Commission (SPC).

As against the first milestone target of Maternal Mortality Ratio (MMR) of 160 per lakh live births by 2020, the State has achieved the MMR of 159 (173 in the base year). The GoCG had fixed the MMR target of 107 per one lakh live births by 2030 which is far below the national target of 70 by 2030.

Target 3.2 aims to reduce U5MR to as low as 25 per 1000 live births by 2030. As against the baseline rate of 48, the State has achieved 45 in 2020 which was far below the expected level of the first milestone target of 38.

As against the baseline (2015-16) NMR of 27, the same was recorded as 29 per 1000 live births in 2020 which was much higher than the first milestone target of 19.

In the State, death due to road accidents increased to 16.1 against the baseline status of 15.9 per lakh population and the injuries from road accidents reduced from 52.3 to 44.7, as of 2020 against the target of halving the numbers fixed for first milestone. The suicide mortality rate (26.4) in Chhattisgarh is higher than the national average (10.4) and other neighboring States.

Recommendations

The GoCG should:

40. ***make efforts to fix and achieve milestone targets for all indicators to achieve the goals of SDG – 3;***
41. ***initiate linking of budget with the SDGs to achieve the targets fixed for the second milestone of 2024; and***
42. ***take all the necessary measures to bring down the Infant Mortality Ratio and U5MR in rural areas, Neo-Natal Mortality rate, suicide mortality rate and deaths due to traffic injuries in Chhattisgarh.***

Raipur
The: 15 JUL 2024

(YASHWANT KUMAR)
Principal Accountant General (Audit)
Chhattisgarh

Countersigned

New Delhi
The: 16 JUL 2024

(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India

Appendices

Appendix 2.1

(Referred to in paragraph 2.5.1)

SS, MIP of specialist, Medical officers, staff nurse and paramedical staff in all DHs in State

Sl. No.	District	Specialist						Medical Officer						Staff Nurse						Paramedics					
		SS	MIP						MIP						MIP						MIP				
		SS	Regular	contractual	Total	Vacancy	vacancy per cent	SS	Regular	contractual	Total	Vacancy	vacancy per cent	SS	Regular	contractual	Total	Vacancy	vacancy per cent	SS	Regular	contractual	Total	Vacancy	vacancy per cent
1	Balod	18	7	0	7	11	61	15	13	1	14	1	7	28	26	0	26	2	7	17	10	2	12	5	29
2	Baloda Bazar	17	4	0	4	13	76	16	16	0	16	0	0	28	20	0	20	8	29	22	16	0	16	6	27
3	Balrampur	18	5	0	5	13	72	15	15	5	20	-5	-33	27	27	2	29	-2	-7	21	10	0	10	11	52
4	Bastar	26	15	0	15	11	42	26	27	5	32	-6	-23	58	32	48	80	-22	-38	17	26	16	42	-25	-147
5	Bemetara	19	6	0	6	13	68	16	6	0	6	10	63	28	21	0	21	7	25	24	9	11	20	4	17
6	Bijapur	12	1	10	11	1	8	16	5	11	16	0	0	37	20	61	81	-44	-119	11	7	4	11	0	0
7	Bilaspur	19	21	0	21	-2	-11	26	26	0	26	0	0	64	68	3	71	-7	-11	33	29	0	29	4	12
8	Dantewada	14	13	0	13	1	7	24	15	6	21	3	13	50	36	10	46	4	8	22	27	1	28	-6	-27
9	Dhamtari	19	8	3	11	8	42	18	15	0	15	3	17	57	57	0	57	0	0	23	17	0	17	6	26
10	Durg	41	27	0	27	14	34	47	45	28	73	-26	-55	121	125	62	187	-66	-55	96	59	13	72	24	25
11	Gariaband	17	7	1	8	9	53	16	12	2	14	2	13	28	13	0	13	15	54	23	12	0	12	11	48
12	GPM	12	7	3	10	2	17	11	6	0	6	5	45	45	11	0	11	34	76	21	0	5	5	16	76
13	Janjgir-Champa	18	5	0	5	13	72	16	12	7	19	-3	-19	45	38	0	38	7	16	26	17	0	17	9	35
14	Jashpur	16	12	0	12	4	25	21	19	0	19	2	10	45	45	0	45	0	0	28	15	8	23	5	18
15	Kabirdham	18	2	6	8	10	56	18	15	4	19	-1	-6	47	25	32	57	-10	-21	26	13	8	21	5	19
16	Kondagaon	19	7	7	14	5	26	21	20	1	21	0	0	31	26	37	63	-32	-103	23	16	4	20	3	13
17	Korea	12	13	0	13	-1	-8	26	11	0	11	15	58	45	45	0	45	0	0	16	12	2	14	2	13
18	Mungeli	18	11	0	11	7	39	22	14	1	15	7	32	65	31	3	34	31	48	27	9	0	9	18	67

Sl. No.	District	Specialist						Medical Officer						Staff Nurse						Paramedics					
		SS	MIP						MIP						MIP						MIP				
		SS	Regular	contractual	Total	Vacancy	vacancy per cent	SS	Regular	contractual	Total	Vacancy	vacancy per cent	SS	Regular	contractual	Total	Vacancy	vacancy per cent	SS	Regular	contractual	Total	Vacancy	vacancy per cent
19	Narayanpur	17	12	6	18	-1	-6	13	13	0	13	0	0	49	42	6	48	1	2	27	14	0	14	13	48
20	Raipur	18	28	0	28	-10	-56	33	28	0	28	5	15	67	70	0	70	-3	-4	34	26	31	57	-23	-68
21	Rajnandgaon	18	12	0	12	6	33	13	8	1	9	4	31	45	38	0	38	7	16	23	18	5	23	0	0
22	Sukma	12	0	11	11	1	8	16	6	4	10	6	38	19	11	29	40	-21	-111	16	15	14	29	-13	-81
23	Surajpur	18	8	0	8	10	56	16	15	5	20	-4	-25	28	27	15	42	-14	-50	22	13	6	19	3	14
	Total	**416**	**231**	**47**	**278**	**138**	**33**	**461**	**362**	**81**	**443**	**18**	**4**	**1057**	**854**	**308**	**1162**	**-105**	**-10**	**598**	**390**	**130**	**520**	**78**	**13**

(Source: Compiled from Information provided by DHS)

Appendix 2.2

(Referred to in paragraph 2.5.2)

SS, MIP of specialist, Medical officers, staff nurse and paramedical staff in all CHCs in State

S. No.	District		Specialist						MO						SN						Paramedical staff					
			SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	S S	MIP			Vacancy	vacancy per cent
		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
1	Balod	Dondi lohara	5	1	1	2	3	60	2	2	1	3	-1	-50	10	9	2	11	-1	-10	5	5	1	6	-1	-20
2		Devribangla	5	1	1	2	3	60	0	2	0	2	-2	0	10	8	1	9	1	10	5	2	1	3	2	40
3		Gunderdeh	5	1	0	1	4	80	2	3	1	4	-2	-100	10	10	3	13	-3	-30	5	4	2	6	-1	-20
4		Arjunda	5	1	0	1	4	80	2	4	0	4	-2	-100	10	7	1	8	2	20	5	5	0	5	0	0
5		Gurur	5	1	0	1	4	80	6	8	1	9	-3	-50	10	9	3	12	-2	-20	5	4	0	4	1	20
6		Dondi	4	0	1	1	3	75	2	3	0	3	-1	-50	10	8	3	11	-1	-10	5	5	0	5	0	0
7	Baloda Bazar	Kasdol	4	2	0	2	2	50	0	0	7	7	-7	0	10	10	7	17	-7	-70	6	6	7	13	-7	-117
8		Lawan	3	0	1	1	2	67	0	0	5	5	-5	0	10	6	4	10	0	0	6	6	3	9	-3	-50
9		Palari	3	0	0	0	3	100	0	0	4	4	-4	0	10	7	5	12	-2	-20	6	4	5	9	-3	-50
10		Simga	3	0	1	1	2	67	0	0	4	4	-4	0	10	10	3	13	-3	-30	6	5	5	10	-4	-67
11		Suhela	5	0	1	1	4	80	0	0	0	0	0	0	10	3	3	6	4	40	5	4	0	4	1	20
12		Bhatapara	5	2	0	2	3	60	0	0	4	4	-4	0	22	18	1	19	3	14	6	5	6	11	-5	-83
13		Bilaigarh	3	0	1	1	2	67	0	0	5	5	-5	0	10	5	4	9	1	10	6	5	6	11	-5	-83
14	Balrampur	Rajpur	6	0	0	0	6	100	5	4	1	5	0	0	10	10	0	10	0	0	5	5	1	6	-1	-20
15		Ramanujganj	6	0	1	1	5	83	3	5	1	6	-3	-100	10	6	3	9	1	10	8	6	1	7	1	13
16		Shankargarh	6	0	0	0	6	100	3	3	0	3	0	0	10	8	2	10	0	0	5	5	1	6	-1	-20
17		Raghunathnagar	6	0	0	0	6	100	1	3	0	3	-2	-200	10	1	2	3	7	70	7	3	0	3	4	57
18		Kusmi	4	0	0	0	4	100	3	2	1	3	0	0	10	5	1	6	4	40	7	6	1	7	0	0
19	Bastar	Bastar	3	0	1	1	2	67	3	3	6	9	-6	-200	3	3	2	5	-2	-67	5	5	3	8	-3	-60

S. No.	District		Specialist						MO						SN						Paramedical staff					
			SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent
		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
20		Bakawand	2	0	1	1	1	50	3	2	4	6	-3	-100	10	9	4	13	-3	-30	6	5	4	9	-3	-50
21		Tokapal	2	0	1	1	1	50	3	2	4	6	-3	-100	10	10	3	13	-3	-30	6	5	3	8	-2	-33
22		Darbha	3	0	1	1	2	67	3	2	2	4	-1	-33	10	6	1	7	3	30	5	5	3	8	-3	-60
23		Nangoor	3	0	1	1	2	67	3	3	4	7	-4	-133	10	8	3	11	-1	-10	5	5	3	8	-3	-60
24		Bhanpuri	3	0	0	0	3	100	2	2	0	2	0	0	10	9	0	9	1	10	4	4	0	4	0	0
25		Lohandiguda	3	0	1	1	2	67	3	3	2	5	-2	-67	10	7	2	9	1	10	5	4	1	5	0	0
26	Bemetara	Khandsara	5	1	1	2	3	60	2	2	6	8	-6	-300	12	4	3	7	5	42	7	3	5	8	-1	-14
27		Saja	0	0	1	1	-1	0	4	4	5	9	-5	-125	1	3	10	13	-12	-1200	2	3	4	7	-5	-250
28		Berla	5	1	0	1	4	80	2	3	4	7	-5	-250	10	5	8	13	-3	-30	5	3	4	7	-2	-40
29		Nawagarh	4	0	1	1	3	75	2	2	5	7	-5	-250	10	4	6	10	0	0	5	2	3	5	0	0
30		Thankhamhariya	5	1	0	1	4	80	1	1	0	1	0	0	10	7	2	9	1	10	5	4	1	5	0	0
31	Bijapur	Gangaloor	3	0	0	0	3	100	3	0	5	5	-2	-67	10	4	3	7	3	30	5	2	2	4	1	20
32		Nelasnar	3	0	0	0	3	100	3	2	0	2	1	33	10	5	1	6	4	40	6	3	0	3	3	50
33		Usoor	3	0	0	0	3	100	2	1	0	1	1	50	5	1	0	1	4	80	7	3	0	3	4	57
34		Bhopalpatnam	3	0	0	0	3	100	2	1	0	1	1	50	5	3	0	3	2	40	7	0	0	0	7	100
35		Bhairamgarh	3	0	0	0	3	100	2	0	2	2	0	0	5	2	0	2	3	60	7	0	1	1	6	86
36	Bilaspur	Bilha	6	4	0	4	2	33	4	4	0	4	0	0	16	15	0	15	1	6	3	3	0	3	0	0
37		Kota	6	2	0	2	4	67	3	3	0	3	0	0	10	8	0	8	2	20	7	11	0	11	-4	-57
38		Ratanpur	6	3	0	3	3	50	3	4	0	4	-1	-33	6	3	0	3	3	50	7	6	0	6	1	14
39		Masturi	5	0	0	0	5	100	2	2	0	2	0	0	10	10	0	10	0	0	6	7	0	7	-1	-17
40		Takhatpur	5	2	0	2	3	60	2	1	0	1	1	50	10	10	0	10	0	0	6	8	0	8	-2	-33
41	Dante - wada	Geedam	5	0	1	1	4	80	3	2	3	5	-2	-67	10	10	3	13	-3	-30	5	3	2	5	0	0
42		Kuakonda	5	0	1	1	4	80	3	1	3	4	-1	-33	10	7	2	9	1	10	5	3	3	6	-1	-20

S. No.	District		Specialist						MO						SN						Paramedical staff					
			SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent
		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
43		Katekalyan	5	0	1	1	4	80	3	2	3	5	-2	-67	10	7	0	7	3	30	5	3	2	5	0	0
44		Kirandul	5	0	0	0	5	100	3	0	1	1	2	67	10	10	0	10	0	0	5	2	0	2	3	60
45	Dhamatari	Magarlod	6	2	0	2	4	67	3	3	6	9	-6	-200	10	6	6	12	-2	-20	6	5	6	11	-5	-83
46		Gujara	5	1	0	1	4	80	2	2	4	6	-4	-200	10	11	1	12	-2	-20	5	5	5	10	-5	-100
47		Bhakhara	5	2	0	2	3	60	2	2	0	2	0	0	10	10	4	14	-4	-40	7	5	1	6	1	14
48	Durg	Dhamdha	6	1	1	2	4	67	3	2	1	3	0	0	10	9	3	12	-2	-20	7	7	2	9	-2	-29
49		Ahiwara	6	1	0	1	5	83	3	4	1	5	-2	-67	10	11	3	14	-4	-40	6	6	1	7	-1	-17
50		Kumhari	6	1	1	2	4	67	3	4	1	5	-2	-67	10	10	4	14	-4	-40	6	6	1	7	-1	-17
51		Bori	6	1	1	2	4	67	3	5	0	5	-2	-67	0	3	2	5	-5	0	5	6	0	6	-1	-20
52		Nikum	6	1	0	1	5	83	3	3	0	3	0	0	12	9	3	12	0	0	6	6	1	7	-1	-17
53		Utai	6	1	0	1	5	83	3	4	2	6	-3	-100	10	10	4	14	-4	-40	6	7	1	8	-2	-33
54		Patan	6	5	0	5	1	17	3	4	0	4	-1	-33	12	10	5	15	-3	-25	6	6	2	8	-2	-33
55		Jheet	6	3	0	3	3	50	3	3	0	3	0	0	10	10	6	16	-6	-60	6	5	1	6	0	0
56		Rishali	6	2	0	2	4	67	0	0	0	0	0	0	5	9	0	9	-4	-80	5	6	0	6	-1	-20
57	Gariyaband	Rajim	5	2	0	2	3	60	3	3	1	4	-1	-33	10	10	4	14	-4	-40	6	4	2	6	0	0
58		Fingeshwar	5	2	1	3	2	40	3	3	1	4	-1	-33	10	10	4	14	-4	-40	7	5	1	6	1	14
59		Chhura	5	0	1	1	4	80	3	4	1	5	-2	-67	10	9	1	10	0	0	6	5	2	7	-1	-17
60		Mainpur	5	0	1	1	4	80	3	3	1	4	-1	-33	10	5	0	5	5	50	6	2	2	4	2	33
61		Deobhog	5	0	1	1	4	80	8	3	1	4	4	50	20	5	0	5	15	75	10	1	3	4	6	60
62		Amlipadar	0	0	0	0	0	0	0	0	4	4	-4	0	0	0	0	0	0	0	0	0	4	4	-4	0
63	GPM	Gaurella	6	1	0	1	5	83	4	4	0	4	0	0	10	6	0	6	4	40	8	4	0	4	4	50
64		Marwahi	5	0	0	0	5	100	3	3	0	3	0	0	10	2	0	2	8	80	7	5	0	5	2	29
65		Pendra	6	0	0	0	6	100	4	2	0	2	2	50	10	8	0	8	2	20	7	5	0	5	2	29

S. No.	District		Specialist						MO						SN						Paramedical staff					
			SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent
		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
66	Janjgir-Champa	Akaltara	4	0	1	1	3	75	3	6	5	11	-8	-267	10	10	1	11	-1	-10	6	6	5	11	-5	-83
67		Baloda	4	0	1	1	3	75	3	4	5	9	-6	-200	10	8	1	9	1	10	6	4	3	7	-1	-17
68		Nawagarh	4	0	0	0	4	100	3	3	8	11	-8	-267	3	1	3	4	-1	-33	5	4	10	14	-9	-180
69		Kera	5	1	0	1	4	80	3	3	0	3	0	0	10	4	3	7	3	30	6	4	0	4	2	33
70		Jaijaipur	6	1	0	1	5	83	2	2	0	2	0	0	5	3	0	3	2	40	7	1	0	1	6	86
71		Pamgarh	4	0	1	1	3	75	3	2	4	6	-3	-100	3	4	1	5	-2	-67	7	6	5	11	-4	-57
72		Kharod	4	0	1	1	3	75	3	3	0	3	0	0	10	8	0	8	2	20	7	3	0	3	4	57
73		Bamhanidih	4	0	1	1	3	75	3	4	4	8	-5	-167	10	8	3	11	-1	-10	6	5	3	8	-2	-33
74		Malkharod	2	0	1	1	1	50	3	0	1	1	2	67	6	0	1	1	5	83	4	0	7	7	-3	-75
75		Dabhara	5	0	0	0	5	100	2	1	3	4	-2	-100	3	0	0	0	3	100	5	4	1	5	0	0
76		Sakti	3	0	0	0	3	100	3	3	5	8	-5	-167	10	10	0	10	0	0	6	5	2	7	-1	-17
77	Jashpur	Pharsabahar	5	0	1	1	4	80	3	3	5	8	-5	-167	10	9	0	9	1	10	5	3	5	8	-3	-60
78		Pathalgaon	5	2	1	3	2	40	3	3	3	6	-3	-100	10	10	4	14	-4	-40	5	5	6	11	-6	-120
79		Bagicha	5	1	1	2	3	60	3	2	4	6	-3	-100	10	7	5	12	-2	-20	5	4	7	11	-6	-120
80		Kansabel	5	3	1	4	1	20	3	3	3	6	-3	-100	10	10	0	10	0	0	5	4	5	9	-4	-80
81		Kunkuri	5	1	1	2	3	60	3	6	5	11	-8	-267	10	10	0	10	0	0	5	5	5	10	-5	-100
82		Duldula	5	1	0	1	4	80	3	3	2	5	-2	-67	10	11	1	12	-2	-20	5	5	3	8	-3	-60
83		Manora	5	1	1	2	3	60	3	2	4	6	-3	-100	10	10	1	11	-1	-10	5	4	4	8	-3	-60
84		Lodam	5	0	0	0	5	100	3	2	4	6	-3	-100	10	10	0	10	0	0	4	1	4	5	-1	-25
85	Kanker	Dhanelikanhar	6	0	1	1	5	83	5	5	5	10	-5	-100	10	10	2	12	-2	-20	7	5	3	8	-1	-14
86		Durgukondal	6	0	0	0	6	100	8	8	0	8	0	0	10	9	2	11	-1	-10	13	9	3	12	1	8
87		Koilibeda	5	1	0	1	4	80	3	3	3	6	-3	-100	10	6	2	8	2	20	8	6	3	9	-1	-13

S. No.	District		Specialist						MO						SN						Paramedical staff					
			SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	S S	MIP			Vacancy	vacancy per cent
		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
88		Antagarh	5	0	0	0	5	100	4	4	0	4	0	0	10	8	0	8	2	20	6	5	0	5	1	17
89		Amoda	0	0	0	0	0	0	3	3	4	7	-4	-133	10	9	8	17	-7	-70	6	6	1	7	-1	-17
90		Narharpur	0	0	0	0	0	0	3	5	2	7	-4	-133	10	10	8	18	-8	-80	5	5	1	6	-1	-20
91		Bhanupratappur	4	1	1	2	2	50	3	6	0	6	-3	-100	10	10	6	16	-6	-60	6	6	5	11	-5	-83
92		Charama	6	0	1	1	5	83	3	3	3	6	-3	-100	10	10	2	12	-2	-20	6	6	4	10	-4	-67
93	Kawardha	Bodla	6	1	0	1	5	83	3	3	1	4	-1	-33	10	7	1	8	2	20	7	2	5	7	0	0
94		Pipariya	6	0	0	0	6	100	3	2	0	2	1	33	10	5	2	7	3	30	6	4	5	9	-3	-50
95		Pandariya	6	1	0	1	5	83	3	2	0	2	1	33	10	4	7	11	-1	-10	6	3	8	11	-5	-83
96		S.lohara	6	1	0	1	5	83	3	3	0	3	0	0	10	1	4	5	5	50	8	6	6	12	-4	-50
97		Kukdur	5	1	0	1	4	80	2	1	1	2	0	0	10	4	1	5	5	50	7	1	1	2	5	71
98		Jhalmala	6	1	0	1	5	83	3	0	1	1	2	67	10	1	2	3	7	70	6	0	0	0	6	100
99	Kondagaon	Mardapal	5	1	1	2	3	60	2	0	0	0	2	100	10	7	3	10	0	0	6	2	4	6	0	0
100		Pharasgaon	4	0	1	1	3	75	3	5	0	5	-2	-67	12	11	3	14	-2	-17	6	5	2	7	-1	-17
101		Keshkal	5	1	1	2	3	60	3	3	0	3	0	0	10	10	5	15	-5	-50	6	5	4	9	-3	-50
102		Makdi	5	0	1	1	4	80	3	3	0	3	0	0	10	7	5	12	-2	-20	6	6	3	9	-3	-50
103		Dhanora	5	0	0	0	5	100	3	4	0	4	-1	-33	10	6	3	9	1	10	5	4	0	4	1	20
104		Vishrampuri	5	0	1	1	4	80	3	5	0	5	-2	-67	10	7	1	8	2	20	6	5	2	7	-1	-17
105	Korba	Patadhi	5	1	1	2	3	60	2	3	8	11	-9	-450	10	10	0	10	0	0	7	3	4	7	0	0
106		Kartala	4	0	0	0	4	100	3	7	3	10	-7	-233	10	8	0	8	2	20	6	3	6	9	-3	-50
107		Katghora	4	0	1	1	3	75	3	5	4	9	-6	-200	10	10	0	10	0	0	6	6	4	10	-4	-67
108		Dipka	3	0	1	1	2	67	3	3	0	3	0	0	3	3	0	3	0	0	5	4	0	4	1	20

S. No.	District		Specialist						MO						SN						Paramedical staff					
			SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent
		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
109		Pali	4	0	1	1	3	75	3	6	5	11	-8	-267	10	10	0	10	0	0	6	3	5	8	-2	-33
110		Pondiuproda	3	0	1	1	2	67	3	5	5	10	-7	-233	10	9	0	9	1	10	5	3	4	7	-2	-40
111	Korea	Patna	4	0	1	1	3	75	3	2	5	7	-4	-133	10	9	2	11	-1	-10	6	5	2	7	-1	-17
112		Manendragarh	4	2	1	3	1	25	3	2	3	5	-2	-67	10	10	6	16	-6	-60	6	5	1	6	0	0
113		Chirmiri	4	2	0	2	2	50	3	2	6	8	-5	-167	10	10	2	12	-2	-20	6	4	1	5	1	17
114		Janakpur	4	1	1	2	2	50	3	3	1	4	-1	-33	10	7	6	13	-3	-30	6	4	2	6	0	0
115		Sonhat	4	0	1	1	3	75	3	0	3	3	0	0	10	10	2	12	-2	-20	6	1	1	2	4	67
116		Kelhari	6	0	0	0	6	100	2	2	0	2	0	0	9	1	0	1	8	89	8	2	0	2	6	75
117	Mahasamund	Tumgaon	8	5	0	5	3	38	0	0	0	0	0	0	5	4	1	5	0	0	6	7	0	7	-1	-17
118		Bagbahara	8	7	0	7	1	13	0	0	0	0	0	0	10	5	0	5	5	50	6	7	0	7	-1	-17
119		Pithora	8	7	0	7	1	13	0	0	0	0	0	0	10	6	1	7	3	30	6	5	0	5	1	17
120		Basna	8	6	0	6	2	25	0	0	0	0	0	0	10	8	0	8	2	20	6	4	0	4	2	33
121		Saraipali	8	8	0	8	0	0	0	0	0	0	0	0	10	9	4	13	-3	-30	6	6	0	6	0	0
122	Mungeli	Lormi	0	0	0	0	0	0	0	0	2	2	-2	0	0	0	1	1	-1	0	0	0	2	2	-2	0
123		Patharia	0	0	0	0	0	0	3	0	1	1	2	67	5	0	1	1	4	80	5	0	2	2	3	60
124		Sargaon	0	0	1	1	-1	0	3	0	1	1	2	67	3	0	1	1	2	67	5	0	2	2	3	60
125	Narayan -pur	Orcha	5	0	1	1	4	80	3	2	6	8	-5	-167	10	10	5	15	-5	-50	7	5	1	6	1	14
126		Narayanpur	5	0	0	0	5	100	2	0	0	0	2	100	5	0	0	0	5	100	9	3	0	3	6	67
127	Raigarh	Vijaynagar	4	0	0	0	4	100	2	2	4	6	-4	-200	10	4	0	4	6	60	5	1	4	5	0	0
128		Lailunga	4	0	0	0	4	100	2	2	3	5	-3	-150	10	7	6	13	-3	-30	5	4	5	9	-4	-80
129		Gharghoda	4	2	1	3	1	25	2	4	5	9	-7	-350	10	6	1	7	3	30	5	2	4	6	-1	-20
130		Tamnar	4	0	1	1	3	75	2	2	4	6	-4	-200	10	9	1	10	0	0	5	5	2	7	-2	-40
131		Loing	5	4	0	4	1	20	2	3	6	9	-7	-350	10	7	2	9	1	10	8	6	3	9	-1	-13
132		Pussore	4	3	1	4	0	0	2	5	5	10	-8	-400	10	10	2	12	-2	-20	5	4	3	7	-2	-40

S. No.	District		Specialist						MO						SN						Paramedical staff					
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		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
133		Chaple	4	1	0	1	3	75	2	4	4	8	-6	-300	10	7	1	8	2	20	5	2	3	5	0	0
134		Kapu	4	0	1	1	3	75	2	1	0	1	1	50	10	7	0	7	3	30	5	2	1	3	2	40
135		Sarangarh	5	0	0	0	5	100	1	2	1	3	-2	-200	5	5	2	7	-2	-40	5	6	1	7	-2	-40
136		Baramkela	5	1	0	1	4	80	1	3	1	4	-3	-300	5	5	2	7	-2	-40	1	4	1	5	-4	-400
137	Raipur	Abhanpur	3	2	1	3	0	0	3	2	5	7	-4	-133	10	10	3	13	-3	-30	6	6	5	11	-5	-83
138		Nawapara	3	0	1	1	2	67	3	1	1	2	1	33	10	10	2	12	-2	-20	6	5	2	7	-1	-17
139		Arang	3	1	1	2	1	33	3	3	5	8	-5	-167	10	10	3	13	-3	-30	4	5	4	9	-5	-125
140		Dharsiwa	3	1	1	2	1	33	3	4	5	9	-6	-200	10	10	5	15	-5	-50	6	7	4	11	-5	-83
141		Tilda	3	1	1	2	1	33	3	2	5	7	-4	-133	10	10	3	13	-3	-30	6	6	4	10	-4	-67
142		Kharora	3	1	1	2	1	33	3	3	1	4	-1	-33	3	3	3	6	-3	-100	5	4	2	6	-1	-20
143		Birgaon	2	0	0	0	2	100	0	2	2	4	-4	0	5	5	1	6	-1	-20	1	3	1	4	-3	-300
144	Rajnandgaon	Ghumka	6	1	0	1	5	83	3	2	7	9	-6	-200	20	20	2	22	-2	-10	11	9	7	16	-5	-45
145		Dongargaon	6	2	0	2	4	67	3	2	5	7	-4	-133	10	8	3	11	-1	-10	6	6	4	10	-4	-67
146		Dongargarh	6	1	0	1	5	83	3	4	5	9	-6	-200	10	10	1	11	-1	-10	6	5	5	10	-4	-67
147		Chhuria	6	1	1	2	4	67	3	3	4	7	-4	-133	10	8	2	10	0	0	6	2	7	9	-3	-50
148		Chowki	3	1	0	1	2	67	3	1	4	5	-2	-67	10	2	4	6	4	40	5	3	5	8	-3	-60
149		Gandai	3	0	0	0	3	100	3	2	3	5	-2	-67	10	7	3	10	0	0	5	2	3	5	0	0
150		Chhuikhadan	3	0	0	0	3	100	3	0	1	1	2	67	10	6	2	8	2	20	5	2	3	5	0	0
151		Somni	3	0	0	0	3	100	2	1	1	2	0	0	5	2	2	4	1	20	7	1	1	2	5	71
152		Manpur	3	0	0	0	3	100	2	1	2	3	-1	-50	5	5	2	7	-2	-40	7	0	1	1	6	86
153		Mohla	5	0	0	0	5	100	1	2	1	3	-2	-200	6	5	2	7	-1	-17	5	4	1	5	0	0
154	Sukma	Konta	4	0	0	0	4	100	3	1	2	3	0	0	10	6	4	10	0	0	7	1	3	4	3	43

S. No.	District		Specialist						MO						SN						Paramedical staff					
			SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent	SS	MIP			Vacancy	vacancy per cent
		CHC		Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total				Regular	contractual	Total		
155		Dornapaal	5	0	1	1	4	80	3	2	2	4	-1	-33	10	8	2	10	0	0	7	3	0	3	4	57
156		Chhindgarh	4	0	1	1	3	75	3	1	2	3	0	0	10	6	7	13	-3	-30	7	2	4	6	1	14
157	Surajpur	Bishrampur	4	0	1	1	3	75	2	3	7	10	-8	-400	10	10	5	15	-5	-50	6	6	6	12	-6	-100
158		Latori	4	0	0	0	4	100	2	2	0	2	0	0	10	12	0	12	-2	-20	5	5	0	5	0	0
159		Pratappur	4	0	0	0	4	100	2	2	4	6	-4	-200	10	10	1	11	-1	-10	6	6	6	12	-6	-100
160		Premnagar	4	0	1	1	3	75	2	3	3	6	-4	-200	10	4	2	6	4	40	6	7	3	10	-4	-67
161		Bhaiyathan	4	0	1	1	3	75	2	2	5	7	-5	-250	10	11	5	16	-6	-60	7	7	7	14	-7	-100
162		Bhatgaon	4	0	0	0	4	100	2	4	0	4	-2	-100	3	3	1	4	-1	-33	6	6	0	6	0	0
163		Odgi	4	0	1	1	3	75	2	1	5	6	-4	-200	10	4	3	7	3	30	6	5	8	13	-7	-117
164		Biharpur	6	1	0	1	5	83	3	1	0	1	2	67	10	2	2	4	6	60	8	0	0	0	8	100
165		Ramanujnagar	4	0	1	1	3	75	3	3	4	7	-4	-133	10	5	2	7	3	30	6	5	6	11	-5	-83
166	Surguja	Darima	5	3	0	3	2	40	2	2	0	2	0	0	10	10	0	10	0	0	7	6	0	6	1	14
167		Batouli	6	0	1	1	5	83	6	5	0	5	1	17	10	9	2	11	-1	-10	9	7	2	9	0	0
168		Lakahanpur	2	1	0	1	1	50	7	5	1	6	1	14	10	10	2	12	-2	-20	7	6	1	7	0	0
169		Dhourpur	4	0	0	0	4	100	3	4	0	4	-1	-33	10	8	2	10	0	0	6	5	2	7	-1	-17
170		Narmadapur	6	0	1	1	5	83	7	3	0	3	4	57	10	11	2	13	-3	-30	7	5	1	6	1	14
171		Sitapur	6	2	1	3	3	50	5	5	0	5	0	0	10	10	5	15	-5	-50	7	5	2	7	0	0
172		Udaipur	6	1	0	1	5	83	5	4	0	4	1	20	23	22	1	23	0	0	11	8	2	10	1	9
Total			**769**	**139**	**79**	**218**	**551**	**72**	**452**	**433**	**381**	**814**	**-362**	**-80**	**1606**	**1246**	**382**	**1628**	**-22**	**-1**	**1014**	**733**	**430**	**1163**	**-149**	**-15**

(Source: Information furnished by CHCs)

Appendix 2.3

(Referred to in paragraph 2.5.3)

Sanctioned strength, MIP and vacant posts in all PHCs in State

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
1	Sukma	Chindgarh	Puspal	1	1	0	0	2	2	0	0	4	1	3	75
2			Tongpal	1	1	0	0	3	2	1	33	5	2	3	60
3			Sautnar	1	0	1	100	3	2	1	33	4	1	3	75
4			Kukanar	1	0	1	100	2	2	0	0	4	3	1	25
5			Idjepal	1	0	1	100	3	2	1	33	4	1	3	75
6			Gorli	1	0	1	100	3	2	1	33	4	1	3	75
7		Konta	Chintagupha	1	1	0	0	3	3	0	0	4	0	4	100
8			Chintalnar	1	0	1	100	3	3	0	0	3	1	2	67
9			Jagargunda	1	0	1	100	3	2	1	33	4	1	3	75
10			Golapalli	1	0	1	100	3	2	1	33	4	1	3	75
11			Kistaram	1	0	1	100	3	2	1	33	3	0	3	100
12			Gogunda	1	0	1	100	3	3	0	0	3	0	3	100
13		Sukma	Kerlapal	1	1	0	0	3	3	0	0	4	0	4	100
14			Gadiras	1	0	1	100	3	1	2	67	4	0	4	100
15			Burdi	1	0	1	100	3	1	2	67	4	1	3	75
16	Kondagaon	Makdi	Anatpur	1	1	0	0	3	0	3	100	4	3	1	25
17			Radhana	1	1	0	0	3	2	1	33	4	3	1	25
18			Shampur	1	1	0	0	2	2	0	0	4	3	1	25
19			Lubha	1	1	0	0	2	2	0	0	4	3	1	25
20			Adenga	1	2	-1	-100	3	3	0	0	5	3	2	40
21			Badedongar	1	1	0	0	4	4	0	0	3	3	0	0
22			Badekanera	1	0	1	100	4	1	3	75	3	3	0	0
23			Badbattar	0	0	0	0	3	0	3	100	1	0	1	100
24			Baderajpur	0	0	0	0	2	0	2	100	2	0	2	100
25			Salna	1	1	0	0	3	2	1	33	5	3	2	40

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
26			Banskot	1	0	1	100	3	2	1	33	5	1	4	80
27			Bahigaon	1	0	1	100	3	3	0	0	5	3	2	40
28			Bamhni	0	0	0	0	0	0	0	0	0	0	0	0
29			Bayanar	1	0	1	100	3	0	3	100	2	0	2	100
30			Bunagaon	1	1	0	0	3	3	0	0	5	3	2	40
31			Chipawand	0	1	-1	0	0	2	-2	0	0	1	-1	0
32			Dahikonga	1	1	0	0	3	3	0	0	3	2	1	33
33			Eragaon	1	0	1	100	3	3	0	0	5	3	2	40
34			Kondagaon	1	0	1	100	3	1	2	67	5	3	2	40
35			Kongud	1	1	0	0	3	3	0	0	4	4	0	0
36			Lanjoda	1	1	0	0	3	3	0	0	4	3	1	25
37			Sonabal	0	0	0	0	2	2	0	0	1	1	0	0
38	Raipur		Bhansoj	1	0	1	100	1	1	0	0	4	3	1	25
39			Chandkhuri	2	2	0	0	2	2	0	0	4	4	0	0
40			Farfaud	1	1	0	0	1	1	0	0	3	3	0	0
41			Kurud Kutela	1	1	0	0	2	2	0	0	2	2	0	0
42			Mandir Hasaud	1	1	0	0	2	3	-1	-50	5	5	0	0
43			Reewa	1	1	0	0	3	3	0	0	3	3	0	0
44			Bangoli	1	1	0	0	3	3	0	0	4	3	1	25
45			Champaran	1	1	0	0	2	2	0	0	5	5	0	0
46			Dondekala	1	1	0	0	4	4	0	0	2	2	0	0
47			Khairkhut	1	1	0	0	2	0	2	100	5	1	4	80
48			Khilora	1	0	1	100	1	1	0	0	4	4	0	0
49			Khorpa	1	1	0	0	3	3	0	0	3	3	0	0
50			Mandhar	1	1	0	0	2	2	0	0	7	7	0	0
51			Manikchouri	1	0	1	100	1	1	0	0	3	4	-1	-33
52			Parsada	1	0	1	100	1	0	1	100	4	3	1	25
53			Silyari	1	1	0	0	2	2	0	0	5	5	0	0
54			Torla	1	1	0	0	1	1	0	0	5	4	1	20

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
55			Uparwara	1	1	0	0	3	3	0	0	4	4	0	0
56	Balod	D. Lohara	**Arajpuri**	1	2	-1	-100	2	2	0	0	2	2	0	0
57			**Bhanwarmara**	1	0	1	100	1	1	0	0	2	2	0	0
58			**Dubchera**	1	1	0	0	2	2	0	0	3	1	2	67
59			**Mangchuwa**	1	1	0	0	3	1	2	67	3	1	2	67
60			**Sanjari**	1	0	1	100	4	4	0	0	3	3	0	0
61			**Nahanda**	1	1	0	0	3	3	0	0	3	3	0	0
62			**Pinkapar**	1	1	0	0	2	2	0	0	2	1	1	50
63			**Suregaon**	1	1	0	0	4	4	0	0	3	3	0	0
64		Gurur	Armaraikala	1	1	0	0	1	1	0	0	2	2	0	0
65			Bodra	1	0	1	100	1	1	0	0	2	1	1	50
66			Palari	1	1	0	0	1	1	0	0	3	3	0	0
67			Purur	1	1	0	0	2	2	0	0	3	2	1	33
68		Balod	J. Sankara	1	0	1	100	3	3	0	0	5	1	4	80
69			Latabod	1	0	1	100	3	4	-1	-33	4	3	1	25
70		Gunderdehi	Belaudi	1	0	1	100	3	1	2	67	1	0	1	100
71			Gureda	1	0	1	100	1	0	1	100	5	3	2	40
72			Kalangpur	1	1	0	0	4	4	0	0	3	3	0	0
73			Khursuni	0	0	0	0	2	2	0	0	2	1	1	50
74			Mahud B 1	1	0	1	100	3	2	1	33	3	2	1	33
75			Ranchirai	1	0	1	100	3	3	0	0	3	2	1	33
76			Sankari	1	1	0	0	2	2	0	0	1	1	0	0
77			Sirsida	1	0	1	100	3	1	2	67	4	2	2	50
78			Amadula	1	1	0	0	2	1	1	50	4	4	0	0
79			Chikhalkasa	1	2	-1	-100	2	2	0	0	6	4	2	33
80			Ghotiya	1	0	1	100	2	2	0	0	4	3	1	25
81			Karhibhadar	1	0	1	100	3	3	0	0	4	0	4	100
82			Piperchedi	1	1	0	0	4	2	2	50	5	2	3	60
83			Kurdi	1	0	1	100	3	2	1	33	5	4	1	20

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
84			Bhardakala	1	1	0	0	2	1	1	50	4	2	2	50
85			Surdonger	1	1	0	0	1	1	0	0	4	4	0	0
86	Bilaspur	Bilha	Chakarbhata	1	1	0	0	2	2	0	0	4	6	-2	-50
87			Kadar	1	2	-1	-100	2	2	0	0	2	4	-2	-100
88			Lingiyadih	1	1	0	0	2	2	0	0	3	4	-1	-33
89			Deorikhurd	1	1	0	0	3	3	0	0	3	5	-2	-67
90			Lekhram	1	0	1	100	3	3	0	0	3	3	0	0
91			Sirgitti	1	1	0	0	2	3	-1	-50	2	3	-1	-50
92			Beltara	1	0	1	100	3	3	0	0	3	3	0	0
93			Dagori	1	1	0	0	3	2	1	33	3	3	0	0
94			Hardikala	1	1	0	0	2	2	0	0	4	5	-1	-25
95			Bartori	1	0	1	100	3	3	0	0	2	2	0	0
96			Bodsara	1	1	0	0	2	1	1	50	3	2	1	33
97		Kota	Amagaon	1	0	1	100	3	2	1	33	4	1	3	75
98			Belgahna	1	0	1	100	3	2	1	33	4	3	1	25
99			Chapora	1	0	1	100	3	1	2	67	4	4	0	0
100			Kargikala	1	1	0	0	3	2	1	33	4	4	0	0
101			Kenda	1	1	0	0	3	2	1	33	4	2	2	50
102			Nawgaon Salka	1	0	1	100	3	3	0	0	4	3	1	25
103			Pondi	1	0	1	100	3	2	1	33	4	4	0	0
104			Shivtarai	1	1	0	0	3	1	2	67	4	3	1	25
105			Tenganmada	1	0	1	100	3	3	0	0	3	3	0	0
106		Masturi	Sepat	1	1	0	0	3	4	-1	-33	4	3	1	25
107			Pachpedi	1	1	0	0	3	3	0	0	4	2	2	50
108			Darrighat	1	3	-2	-200	3	3	0	0	2	3	-1	-50
109			Jairamnagar	1	1	0	0	2	1	1	50	3	2	1	33
110			Okhar	1	1	0	0	2	2	0	0	4	4	0	0
111			Malhar	1	1	0	0	2	1	1	50	3	3	0	0
112			Luthra	1	1	0	0	3	1	2	67	3	3	0	0

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
113		Takhatpur	Sagar	1	1	0	0	3	1	2	67	5	3	2	40
114			Monch	1	0	1	100	3	1	2	67	4	4	0	0
115			Amsena	1	1	0	0	3	3	0	0	5	3	2	40
116			Daija (B)	1	0	1	100	2	1	1	50	4	4	0	0
117			Belpan (B)	1	1	0	0	2	1	1	50	3	4	-1	-33
118			Ganiyari (B)	1	0	1	100	3	3	0	0	4	4	0	0
119			Pali (B)	1	1	0	0	2	1	1	50	4	3	1	25
120			Jarondha (B)	1	0	1	100	2	2	0	0	4	4	0	0
121			Junapara (B)	1	0	1	100	2	1	1	50	3	2	1	33
122			Jondhara	1	0	1	100	2	1	1	50	3	2	1	33
123			Khondhara	1	1	0	0	3	2	1	33	2	1	1	50
124			Kukurdikala	1	1	0	0	3	1	2	67	4	1	3	75
125			Loharsi	1	1	0	0	2	1	1	50	4	2	2	50
126			Nawagaon	1	1	0	0	3	2	1	33	2	2	0	0
127	Janjgir-Champa	Baloda	Pahariya	1	1	0	0	3	2	1	33	4	2	2	50
128			Gatwa	1	1	0	0	3	3	0	0	5	3	2	40
129			Pantora	1	1	0	0	4	2	2	50	6	1	5	83
130			Jarve B	1	0	1	100	4	2	2	50	6	2	4	67
131		Bamhindih	Choriya	1	0	1	100	3	0	3	100	5	1	4	80
132			Birra	1	1	0	0	3	3	0	0	4	1	3	75
133			Darang	1	1	0	0	3	2	1	33	4	0	4	100
134			Saragaon	1	1	0	0	3	2	1	33	4	1	3	75
135			Sonthi	1	1	0	0	3	2	1	33	4	1	3	75
136		Sakti	Barpalikala	1	0	1	100	1	1	0	0	5	2	3	60
137			Devari	1	1	0	0	3	1	2	67	5	3	2	40
138			Jarve	1	1	0	0	1	0	1	100	5	3	2	40
139			Kurda	1	0	1	100	2	1	1	50	3	3	0	0
140			Lavasra	1	1	0	0	3	2	1	33	5	1	4	80

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
141			Masaniyakala	1	1	0	0	3	1	2	67	4	4	0	0
142			Portha	2	2	0	0	3	3	0	0	5	2	3	60
143		Dabhra	Kotmi	1	0	1	100	3	1	2	67	5	2	3	60
144			Chandrapur	**1**	**1**	0	0	**3**	**1**	2	67	4	1	3	75
145			Dewarghata	1	1	0	0	2	2	0	0	3	3	0	0
146			Tundri	1	0	1	100	3	3	0	0	3	3	0	0
147			Saposs	**1**	**1**	0	0	**3**	**1**	2	67	4	1	3	75
148		Jaijaipur	Bhothiya	1	0	1	100	3	1	2	67	5	2	3	60
149			Thathari	1	1	0	0	3	3	0	0	3	1	2	67
150			Hasaud	1	1	0	0	3	3	0	0	2	2	0	0
151			Raipura	1	0	1	100	3	1	2	67	5	2	3	60
152		Malkharoda	Adbhar	1	1	0	0	3	2	1	33	6	4	2	33
153			Faguram	1	0	1	100	1	1	0	0	2	1	1	50
154			Ghoghari	1	0	1	100	3	2	1	33	5	2	3	60
155			Pirda	1	1	0	0	3	2	1	33	5	1	4	80
156			Singhara	1	0	1	100	3	1	2	67	5	1	4	80
157		Nawagarh	Amora	1	1	0	0	1	1	0	0	5	3	2	40
158			Dhurkot	1	0	1	100	1	1	0	0	5	3	2	40
159			Naila	1	1	0	0	1	2	-1	-100	5	2	3	60
160			Salkhan	1	1	0	0	2	2	0	0	5	3	2	40
161			Sarkhon	1	1	0	0	1	1	0	0	5	3	2	40
162			Seoni	1	0	1	100	1	1	0	0	5	2	3	60
163		Pamgarh	Bargaon	1	0	1	100	0	0	0	0	2	2	0	0
164			Bhaiso	1	1	0	0	1	3	-2	-200	2	2	0	0
165			Mulmula	1	1	0	0	3	2	1	33	3	2	1	33
166			Rahaud	1	1	0	0	3	4	-1	-33	2	2	0	0
167		Akaltara	Pondi dalha	1	1	0	0	3	3	0	0	5	2	3	60

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
168			Kapan	1	1	0	0	3	3	0	0	5	2	3	60
169			Nariyara	1	1	0	0	5	5	0	0	5	2	3	60
170			Tilai	1	1	0	0	3	3	0	0	5	2	3	60
171			Kotmisonar	1	1	0	0	3	3	0	0	5	2	3	60
172			Sheorinarayan	1	1	0	0	3	2	1	33	5	1	4	80
173			Baradwar	1	0	1	100	0	1	-1	0	1	1	0	0
174			Janjgir	2	0	2	100	5	3	2	40	4	3	1	25
175	Ambikapur	Udaipur	Kedma	1	1	0	0	3	3	0	0	5	5	0	0
176			Salka	1	0	1	100	3	3	0	0	5	5	0	0
177			Khamhariya	1	0	1	100	3	3	0	0	5	5	0	0
178		Batouli.	Bataikela	1	0	1	100	1	2	-1	-100	5	5	0	0
179			Ghutrapara	1	0	1	100	1	2	-1	-100	5	5	0	0
180		Mainpat	KPUR	1	3	-2	-200	2	11	-9	-450	5	5	0	0
181			Bandana	1	1	0	0	2	2	0	0	5	6	-1	-20
182			Jagja	1	1	0	0	3	0	3	100	5	0	5	100
183			Rajapur	1	1	0	0	4	1	3	75	5	1	4	80
184		Lakhanpur	Gumgara	1	1	0	0	3	3	0	0	5	5	0	0
185			Kunni	1	1	0	0	3	3	0	0	5	5	0	0
186			Lahpatra	1	1	0	0	3	3	0	0	5	5	0	0
187		Sitapur	Dhodhagaon	1	1	0	0	3	6	-3	-100	5	10	-5	-100
188		Darima	Barkela	1	1	0	0	3	3	0	0	4	4	0	0
189			Bhafouli	1	1	0	0	3	4	-1	-33	4	4	0	0
190			Fundurdihari	1	1	0	0	3	4	-1	-33	4	6	-2	-50
191			Nawanagar	1	1	0	0	3	3	0	0	4	3	1	25
192			Sukhari	1	1	0	0	3	3	0	0	4	4	0	0
193		Lundra	Lundra	1	1	0	0	1	1	0	0	3	1	2	67
194			Raghunathpur	1	1	0	0	3	3	0	0	3	3	0	0
195			Bargidih	1	1	0	0	1	2	-1	-100	3	1	2	67

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
196			Udari	1	1	0	0	1	1	0	0	3	3	0	0
197			Patora	1	0	1	100	1	1	0	0	3	2	1	33
198			Dumardih	1	1	0	0	3	1	2	67	3	1	2	67
199			Guturma	1	1	0	0	3	3	0	0	3	3	0	0
200			Pratapgarh	1	1	0	0	2	2	0	0	4	4	0	0
201	Balrampur		Maharajganjg	1	1	0	0	1	1	0	0	3	3	0	0
202			Pasta	1	1	0	0	2	2	0	0	3	3	0	0
203			Ranhat	1	1	0	0	2	2	0	0	3	2	1	33
204			Dumarkhola	1	1	0	0	2	2	0	0	3	2	1	33
205		Kusmi	Jawaharnagar	1	0	1	100	3	0	3	100	5	5	0	0
206			Samri	1	1	0	0	3	1	2	67	5	3	2	40
207			Bhulsikala	1	0	1	100	3	2	1	33	5	4	1	20
208			Chando	1	1	0	0	3	1	2	67	5	4	1	20
209			Sabag	1	0	1	100	3	2	1	33	5	4	1	20
210		Rajpur	Aara	1	1	0	0	1	1	0	0	4	4	0	0
211			Bario	1	1	0	0	2	2	0	0	4	4	0	0
212			Gopalpur	1	2	-1	-100	2	2	0	0	4	4	0	0
213			Rewatpur	1	0	1	100	2	2	0	0	4	4	0	0
214		Ramanujganj	Sanawal	1	1	0	0	3	1	2	67	5	4	1	20
215			Dindol	1	0	1	100	3	3	0	0	5	3	2	40
216			Jamwantpur	1	0	1	100	2	2	0	0	4	4	0	0
217			Ramchandrapur	1	0	1	100	4	2	2	50	5	1	4	80
218		Shankargarh	Manoharpur	1	0	1	100	4	2	2	50	4	2	2	50
219			Bharatpur	1	1	0	0	4	0	4	100	5	3	2	40
220			Dipadih	1	0	1	100	3	3	0	0	4	3	1	25
221		Wadrafnagar	Pandari	1	0	1	100	4	1	3	75	5	4	1	20
222			Chalgali	1	0	1	100	4	1	3	75	5	2	3	60
223			Badkagaon	1	0	1	100	1	1	0	0	5	4	1	20
224			Balangi	1	1	0	0	4	0	4	100	5	3	2	40

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
225			Murkol	1	1	0	0	1	1	0	0	5	5	0	0
226			Sulsuli	1	0	1	100	4	1	3	75	5	3	2	40
227			Bartikala	1	0	1	100	4	1	3	75	5	3	2	40
228			Bagra	0	0	0	0	0	0	0	0	0	0	0	0
229			Madguri	0	0	0	0	0	0	0	0	0	0	0	0
230	Raigarh	Baramkela	Bonda	1	0	1	100	3	2	1	33	5	2	3	60
231			Dongaripali	1	0	1	100	3	0	3	100	5	4	1	20
232			Lendhra	1	1	0	0	3	3	0	0	5	5	0	0
233			Saria	1	0	1	100	3	2	1	33	5	3	2	40
234		Dharamjaigarh	Baysi	1	1	0	0	2	2	0	0	4	2	2	50
235			Chalha	1	1	0	0	2	2	0	0	5	2	3	60
236			Chhal	1	1	0	0	2	2	0	0	4	3	1	25
237			Hati	1	1	0	0	2	1	1	50	4	4	0	0
238			Kumarta	1	1	0	0	2	2	0	0	4	3	1	25
239			Sisringa	1	0	1	100	2	2	0	0	4	3	1	25
240			Ganpatpur	1	1	0	0	1	1	0	0	3	2	1	33
241			Khamhar	1	1	0	0	2	1	1	50	4	3	1	25
242		Gharghoda	Kaya	1	1	0	0	3	2	1	33	5	1	4	80
243			Kudumkela	1	0	1	100	3	1	2	67	5	1	4	80
244			Bahirkela	1	1	0	0	1	1	0	0	3	2	1	33
245			Nawapara Tenda	1	1	0	0	2	1	1	50	5	4	1	20
246		Kharsia	Barra	1	1	0	0	1	2	-1	-100	5	4	1	20
247			Jobi	1	1	0	0	4	2	2	50	5	2	3	60
248			Gorpar	1	1	0	0	3	1	2	67	5	3	2	40
249			Sarwani	1	0	1	100	2	2	0	0	5	1	4	80
250			Turekala	1	0	1	100	1	1	0	0	3	2	1	33
251			Sondka	1	1	0	0	3	3	0	0	4	2	2	50
252			Binjkot	0	0	0	0	1	1	0	0	1	1	0	0

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
253		Lailunga	Lamdand	1	0	1	100	1	1	0	0	3	1	2	67
254			Mukdega	1	0	1	100	1	2	-1	-100	3	2	1	33
255			Rajpur	1	0	1	100	1	0	1	100	3	4	-1	-33
256			Laripani	1	0	1	100	1	0	1	100	4	1	3	75
257		Loing	Banora	1	1	0	0	3	2	1	33	5	3	2	40
258			Bhagora	1	1	0	0	3	1	2	67	5	6	-1	-20
259			Jamgaon	1	0	1	100	3	1	2	67	5	3	2	40
260			Sambalpuri	1	1	0	0	3	1	2	67	5	5	0	0
261			Bangursia	1	0	1	100	3	2	1	33	5	5	0	0
262			Kondtarai	1	1	0	0	3	1	2	67	5	3	2	40
263			Kirodimalnagar	1	1	0	0	3	2	1	33	5	5	0	0
264			Dumarpali	1	1	0	0	3	2	1	33	5	5	0	0
265			Nandeli	1	0	1	100	3	3	0	0	5	5	0	0
266			Naurangpur	1	1	0	0	3	2	1	33	5	2	3	60
267		Pussore	Binjkot	1	0	1	100	3	1	2	67	5	4	1	20
268			Jatari	1	1	0	0	4	2	2	50	5	2	3	60
269			Putkapuri	0	0	0	0	3	3	0	0	4	4	0	0
270			Kondatarai	1	1	0	0	3	3	0	0	5	2	3	60
271			Chhapora	1	0	1	100	3	2	1	33	5	4	1	20
272			Midmida	1	0	1	100	2	2	0	0	6	4	2	33
273			Badebhandar	2	0	2	100	3	2	1	33	5	5	0	0
274		Sarangarh	Godam	1	1	0	0	3	2	1	33	5	3	2	40
275			Bhedwan	1	0	1	100	3	1	2	67	5	4	1	20
276			Kanakbira	1	0	1	100	2	2	0	0	5	3	2	40
277			Kosir	1	1	0	0	3	2	1	33	5	4	1	20
278			Hirri	1	0	1	100	2	2	0	0	4	1	3	75
279		Tamnar	Libra	1	0	1	100	3	2	1	33	5	3	2	40
280			Saraipali	1	0	1	100	3	2	1	33	5	2	3	60

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
281			Urba	1	0	1	100	3	0	3	100	5	1	4	80
282	Mungeli	Lormi	Ramhepur	1	2	-1	-100	3	1	2	67	5	1	4	80
283			Dewarhat	1	1	0	0	3	1	2	67	5	1	4	80
284			Chandeli	1	1	0	0	3	2	1	33	5	2	3	60
285			Khudiya	1	0	1	100	3	1	2	67	5	1	4	80
286			Salheghori	1	0	1	100	3	2	1	33	5	2	3	60
287			Semarsal	1	1	0	0	3	1	2	67	5	2	3	60
288			Lalpur	1	1	0	0	3	0	3	100	5	1	4	80
289			Khaprikala	1	0	1	100	3	1	2	67	5	1	4	80
290			Khairwarkhurd	1	1	0	0	3	1	2	67	5	1	4	80
291			Barampur	1	1	0	0	3	2	1	33	5	0	5	100
292		Mungeli	Jarhagaon	1	0	1	100	2	2	0	0	3	3	0	0
293			Dashrangpur	0	1	-1	0	2	2	0	0	3	3	0	0
294			Barela	1	1	0	0	2	1	1	50	3	3	0	0
295			Padampur	1	1	0	0	1	1	0	0	3	2	1	33
296			Khamhariya	1	1	0	0	2	1	1	50	3	3	0	0
297			Palchua	1	1	0	0	2	2	0	0	3	2	1	33
298			Nawagaon Chinu	1	1	0	0	1	1	0	0	3	1	2	67
299			Ghorpura	1	1	0	0	3	3	0	0	2	1	1	50
300			Pandarbhata	1	1	0	0	2	2	0	0	3	1	2	67
301			Setganga	1	1	0	0	2	2	0	0	3	3	0	0
302			Kanteli	1	1	0	0	1	1	0	0	1	1	0	0
303			Bhathlikala	1	1	0	0	3	2	1	33	2	1	1	50
304		Pathariya	Amora	1	0	1	100	3	0	3	100	3	3	0	0
305			Bhatgaon	1	0	1	100	3	1	2	67	2	2	0	0
306			Belkhuri	1	0	1	100	1	1	0	0	3	2	1	33
307			Jagtakapa	1	0	1	100	1	3	-2	-200	3	2	1	33
308			Sildaha	1	0	1	100	2	0	2	100	3	3	0	0
309			Rambode	1	0	1	100	2	1	1	50	2	2	0	0

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
310	Bemetara	Berla	Sadra	1	1	0	0	3	0	3	100	4	3	1	25
311			Anandgaon	1	1	0	0	3	1	2	67	4	2	2	50
312			Deorbija	1	0	1	100	3	1	2	67	5	2	3	60
313		Khandsara	Batar	1	0	1	100	3	1	2	67	2	1	1	50
314			Chandanu	1	0	1	100	3	0	3	100	5	2	3	60
315			Chhirha	1	0	1	100	3	1	2	67	5	0	5	100
316			Dadhi	1	1	0	0	3	0	3	100	5	2	3	60
317			Jewara	1	0	1	100	3	1	2	67	5	4	1	20
318			Kathotiya	1	1	0	0	3	0	3	100	3	2	1	33
319			Kusmi	1	1	0	0	3	1	2	67	5	1	4	80
320			Marka	1	0	1	100	3	0	3	100	3	1	2	67
321		Nawagarh	Sambalpur	1	0	1	100	2	1	1	50	3	2	1	33
322			Maro	1	1	0	0	2	1	1	50	3	1	2	67
323			Temri	1	1	0	0	2	0	2	100	3	2	1	33
324			Nandghat	1	0	1	100	2	1	1	50	4	2	2	50
325			Katai	1	1	0	0	3	1	2	67	1	0	1	100
326		Saja	Karesara	1	1	0	0	2	0	2	100	4	1	3	75
327			Devkar	1	0	1	100	2	1	1	50	5	2	3	60
328			Parpodi	1	1	0	0	2	1	1	50	5	2	3	60
329			Gudheli	1	1	0	0	3	2	1	33	5	3	2	40
330			Baijalpur	1	0	1	100	3	2	1	33	5	3	2	40
331	Kawardha	Bodla	Chilphi	1	0	1	100	3	2	1	33	4	1	3	75
332			Daldali	1	0	1	100	3	1	2	67	4	0	4	100
333			Pondi	0	0	0	0	3	3	0	0	4	4	0	0
334			Rengakhar	1	0	1	100	3	1	2	67	2	3	-1	-50
335			Taregaon Jangal	1	1	0	0	4	2	2	50	5	3	2	40
336		Kabirdham	Bamhani	1	1	0	0	3	1	2	67	4	3	1	25
337			Indori	1	1	0	0	3	2	1	33	4	2	2	50
338			Manikchauri	1	1	0	0	3	0	3	100	2	2	0	0

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
339			Marka	1	1	0	0	3	0	3	100	2	2	0	0
340			Raveli	1	1	0	0	3	1	2	67	5	1	4	80
341		Pandariya	Pandatarai	1	1	0	0	1	1	0	0	7	3	4	57
342			Mohgaon	1	1	0	0	1	0	1	100	7	2	5	71
343			Ruse	1	0	1	100	0	0	0	0	7	0	7	100
344			Kunda	1	0	1	100	1	0	1	100	7	3	4	57
345			Damapur	1	0	1	100	1	0	1	100	7	4	3	43
346			Dullapur	1	1	0	0	1	0	1	100	7	1	6	86
347			Kishungarh	1	0	1	100	1	0	1	100	7	2	5	71
348			Chhirpani	1	1	0	0	1	0	1	100	7	2	5	71
349		S. Lohara	Bhimbhauri	1	0	1	100	3	1	2	67	4	3	1	25
350			Rakse	1	0	1	100	3	0	3	100	4	1	3	75
351			Rampur	1	0	1	100	3	0	3	100	4	0	4	100
352			Ranveerpur	1	0	1	100	3	0	3	100	4	3	1	25
353			Udiyakala	1	0	1	100	3	1	2	67	2	0	2	100
354			UPHC Kawardha	1	0	1	100	3	0	3	100	5	0	5	100
355	Korba	Kartala	Chiknipali	1	0	1	100	3	2	1	33	6	4	2	33
356			Faraswani	1	1	0	0	3	1	2	67	5	3	2	40
357			Saragbundiya	1	1	0	0	3	2	1	33	5	4	1	20
358			Kharwani	0	0	0	0	2	2	0	0	3	3	0	0
359			Kerakachhar	2	2	0	0	2	2	0	0	5	2	3	60
360			Kothari	1	1	0	0	3	3	0	0	4	4	0	0
361			Rampur	1	1	0	0	3	2	1	33	5	4	1	20
362		Katghora	Bhilaibajar	1	1	0	0	3	3	0	0	3	3	0	0
363			Chakabuda	1	0	1	100	3	2	1	33	2	2	0	0
364			Chhuri	1	1	0	0	2	2	0	0	3	1	2	67
365			Ranjana	1	2	-1	-100	2	2	0	0	3	1	2	67
366		Korba	Ajgarbahar	1	1	0	0	2	1	1	50	4	1	3	75
367			Bhaisma	1	0	1	100	3	3	0	0	3	2	1	33

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
368			Korkoma	1	1	0	0	3	2	1	33	4	3	1	25
369			Kudmura	1	0	1	100	2	1	1	50	5	2	3	60
370			Lemru	1	1	0	0	2	0	2	100	4	2	2	50
371			Shyang	1	1	0	0	3	0	3	100	5	1	4	80
372			Tilkeja	1	1	0	0	3	3	0	0	5	3	2	40
373		Pali	Chaitma	1	1	0	0	3	2	1	33	4	1	3	75
374			Hardibajar	1	0	1	100	3	2	1	33	5	3	2	40
375			Korbipali	1	1	0	0	3	2	1	33	5	1	4	80
376			Lafa Pali	1	1	0	0	3	1	2	67	5	2	3	60
377			Sapalwa	1	0	1	100	3	0	3	100	5	0	5	100
378			Utarda	1	1	0	0	2	2	0	0	1	1	0	0
379		Podi	Katori Nagoi	1	1	0	0	4	1	3	75	5	0	5	100
380			Jatga	1	0	1	100	4	2	2	50	5	1	4	80
381			Pasan	1	1	0	0	4	2	2	50	5	2	3	60
382			Korbi	1	1	0	0	4	0	4	100	5	1	4	80
383			Mahora	1	1	0	0	4	1	3	75	5	2	3	60
384			Sirmina	1	1	0	0	4	1	3	75	5	1	4	80
385			Tuman	1	1	0	0	4	2	2	50	5	1	4	80
386			Machadoli	1	0	1	100	4	2	2	50	5	0	5	100
387			Morga	1	1	0	0	4	2	2	50	5	2	3	60
388			Pipariya	1	1	0	0	4	1	3	75	2	1	1	50
389			Lalpur	1	1	0	0	3	2	1	33	5	0	5	100
390	Dhamtari	Kurud	Nari	1	1	0	0	3	3	0	0	3	2	1	33
391			Parkhada	1	0	1	100	3	2	1	33	3	3	0	0
392			Chataud	1	2	-1	-100	3	2	1	33	3	3	0	0
393			Jamgaon	1	2	-1	-100	3	2	1	33	4	3	1	25
394			Sirri	1	1	0	0	3	3	0	0	4	4	0	0
395			Kachna	1	1	0	0	3	1	2	67	3	3	0	0
396			Korra	1	0	1	100	3	2	1	33	4	5	-1	-25

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
397		Dhamtari	Akladongri	1	0	1	100	3	2	1	33	3	3	0	0
398			Bhatgaon	1	1	0	0	1	1	0	0	4	3	1	25
399			Kharanga	1	1	0	0	1	1	0	0	3	3	0	0
400			Kandel	1	1	0	0	3	3	0	0	4	3	1	25
401			Aamdi	1	1	0	0	3	3	0	0	4	4	0	0
402		Magarlod	Singpur	1	0	1	100	3	1	2	67	4	3	1	25
403			Megha	1	1	0	0	3	2	1	33	3	3	0	0
404			Karelibadi	1	1	0	0	3	3	0	0	4	4	0	0
405			Hasda	1	1	0	0	3	1	2	67	3	3	0	0
406			Bhendri	1	1	0	0	3	0	3	100	4	3	1	25
407		Nagri	Sankara	1	1	0	0	2	2	0	0	4	3	1	25
408			Sihawa	1	1	0	0	1	0	1	100	5	5	0	0
409			Belar	1	1	0	0	2	2	0	0	4	4	0	0
410			Dugli	1	1	0	0	1	1	0	0	4	4	0	0
411			Gattasili	1	1	0	0	2	1	1	50	4	2	2	50
412			Kukrel	1	1	0	0	2	2	0	0	3	3	0	0
413			Keregoan	1	1	0	0	2	2	0	0	4	3	1	25
414	Kanker	Koilibeda	PV 63	1	1	0	0	3	1	2	67	2	2	0	0
415			Badgaon	1	1	0	0	3	1	2	67	3	2	1	33
416			Partapur	1	0	1	100	3	1	2	67	3	2	1	33
417			Kurenar	1	1	0	0	3	1	2	67	3	2	1	33
418			Bande	1	1	0	0	3	2	1	33	3	3	0	0
419			Kapsi	1	0	1	100	3	1	2	67	3	3	0	0
420		Durgkondal	Konde	1	1	0	0	3	2	1	33	2	1	1	50
421			Kodekurse	1	1	0	0	3	3	0	0	3	3	0	0
422			Lohattar	1	0	1	100	3	2	1	33	3	3	0	0
423			Damkasha	1	1	0	0	3	3	0	0	3	3	0	0
424		Bhanupratappur	Hatkarra	1	1	0	0	3	2	1	33	3	3	0	0
425			Korrar	1	1	0	0	3	3	0	0	3	3	0	0

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
426		Antagarh	Keonti	1	1	0	0	3	2	1	33	2	2	0	0
427			Bhanbeda	1	1	0	0	3	2	1	33	3	3	0	0
428			Kiskodo	1	0	1	100	1	1	0	0	2	1	1	50
429			Amabeda	1	1	0	0	3	2	1	33	3	3	0	0
430			Tadoki	1	1	0	0	3	2	1	33	3	3	0	0
431		Charama	Puri	1	1	0	0	3	1	2	67	2	2	0	0
432			Kurutola	1	1	0	0	3	3	0	0	2	1	1	50
433			Kottara	1	0	1	100	3	3	0	0	3	3	0	0
434			Sahawada	1	1	0	0	3	3	0	0	3	3	0	0
435			Lakhanpuri	1	1	0	0	3	3	0	0	2	2	0	0
436			Hardula	1	1	0	0	3	3	0	0	3	3	0	0
437			Halba	1	0	1	100	3	3	0	0	3	3	0	0
438			Devri	1	1	0	0	3	1	2	67	2	2	0	0
439		Narharpur	Dabena	1	1	0	0	3	2	1	33	2	2	0	0
440			Basanwahi	1	1	0	0	3	2	1	33	3	2	1	33
441			Sarwandi	1	1	0	0	3	2	1	33	3	2	1	33
442			Sarona	1	1	0	0	3	3	0	0	3	3	0	0
443		Kanker	Mardapoti	1	1	0	0	3	3	0	0	2	2	0	0
444			Sureli	1	1	0	0	3	2	1	33	3	3	0	0
445			Pidapal	1	1	0	0	3	3	0	0	2	2	0	0
446			Bagodar	1	1	0	0	3	3	0	0	2	2	0	0
447			Gondahur	1	0	1	100	3	1	2	67	2	1	1	50
448	Narayanpur		Chhotedongar	1	1	0	0	3	3	0	0	4	4	0	0
449			Garpa	1	1	0	0	3	2	1	33	3	0	3	100
450			Handwada	1	1	0	0	3	2	1	33	4	2	2	50
451			Kohka	1	0	1	100	3	3	0	0	4	4	0	0
452			Kutul	1	0	1	100	3	3	0	0	4	1	3	75
453			Benoor	1	2	-1	-100	3	3	0	0	3	3	0	0
454			Dhoudai	1	1	0	0	3	3	0	0	1	2	-1	-100

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
455			Dhanora	1	0	1	100	3	3	0	0	3	1	2	67
456	Rajnandgaon	Ambagarh chowki	Bandhabazar	1	0	1	100	1	0	1	100	4	1	3	75
457			Chilhati	1	0	1	100	1	1	0	0	4	2	2	50
458			Jadutola	1	0	1	100	3	1	2	67	5	2	3	60
459			Kaudikasa	1	0	1	100	1	1	0	0	5	3	2	40
460			Mahud	1	0	1	100	1	0	1	100	4	2	2	50
461		Chhuikhadan	Bakarkatta	0	0	0	0	1	1	0	0	4	1	3	75
462			Pendarwani	1	0	1	100	2	2	0	0	4	1	3	75
463			Udaipur	1	1	0	0	1	0	1	100	5	4	1	20
464			Bundeli	1	1	0	0	1	0	1	100	5	1	4	80
465			Gatapar	1	1	0	0	1	0	1	100	5	2	3	60
466			Ghirgholi	1	0	1	100	4	0	4	100	4	1	3	75
467			Pailimeta	1	1	0	0	2	2	0	0	5	1	4	80
468			Salhewara	1	1	0	0	1	1	0	0	5	5	0	0
469		Chhuria	Gaindatola	1	1	0	0	3	2	1	33	5	2	3	60
470			Khobha	1	0	1	100	2	2	0	0	2	1	1	50
471			Kumarda	1	1	0	0	1	0	1	100	2	2	0	0
472			Buchatola	1	1	0	0	1	0	1	100	4	3	1	25
473			Chhichola	1	0	1	100	1	1	0	0	4	3	1	25
474			Umarwahi	1	1	0	0	3	1	2	67	5	3	2	40
475		Dongargaon	Asara	1	1	0	0	3	1	2	67	4	2	2	50
476			Arjuni	1	1	0	0	3	4	-1	-33	3	3	0	0
477			Khujji	1	1	0	0	1	2	-1	-100	3	1	2	67
478			Tappa	1	1	0	0	3	2	1	33	3	2	1	33
479			Karamtara	1	1	0	0	3	3	0	0	2	2	0	0
480			Tumdibod	1	1	0	0	1	1	0	0	3	4	-1	-33
481			Charbhata	1	1	0	0	3	2	1	33	4	4	0	0
482		Dongargarh	Charbhatha	1	1	0	0	2	1	1	50	5	2	3	60
483			Mohara	1	1	0	0	2	1	1	50	6	5	1	17

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
484			Musrakala	1	1	0	0	3	3	0	0	2	1	1	50
485			Ramatola	1	0	1	100	2	2	0	0	4	4	0	0
486			Kusmi	1	1	0	0	3	1	2	67	5	3	2	40
487			Lal bahadur nagar	1	1	0	0	2	2	0	0	4	4	0	0
488			Murmunda	1	1	0	0	3	2	1	33	5	2	3	60
489		Ghumka	Dumardihkala	1	2	-1	-100	3	1	2	67	2	1	1	50
490			Mangata	1	0	1	100	3	3	0	0	3	1	2	67
491			Sukuldaihan	1	1	0	0	3	3	0	0	2	2	0	0
492			Surgi	1	1	0	0	3	3	0	0	3	2	1	33
493		Khairagarh	Atariya	1	1	0	0	3	1	2	67	5	4	1	20
494			Jalbandha	1	2	-1	-100	3	2	1	33	5	3	2	40
495			Markamtola	1	1	0	0	3	1	2	67	5	1	4	80
496			Mudhipar	1	0	1	100	3	1	2	67	5	3	2	40
497			Pandadah	1	1	0	0	3	1	2	67	5	2	3	60
498		Manpur	Aaundhi	1	1	0	0	1	1	0	0	3	3	0	0
499			Bharritola	1	1	0	0	1	1	0	0	3	1	2	67
500			Khadgaon	1	1	0	0	1	2	-1	-100	3	2	1	33
501		Mohla	Dangarh	1	0	1	100	1	1	0	0	3	2	1	33
502			Gotatola	1	0	1	100	1	1	0	0	3	2	1	33
503			Vasdi	1	0	1	100	1	1	0	0	3	1	2	67
504	Durg	Dhamdha	Dargaon	1	1	0	0	3	2	1	33	3	2	1	33
505			Medesara	1	1	0	0	3	2	1	33	3	1	2	67
506			Murmuda	1	1	0	0	4	4	0	0	5	5	0	0
507			Pendrawan	1	1	0	0	3	2	1	33	5	2	3	60
508			Surdurg	1	1	0	0	3	3	0	0	3	3	0	0
509		Nikum	Kohka	1	1	0	0	3	3	0	0	2	1	1	50
510			Hanoda	1	1	0	0	3	3	0	0	5	4	1	20
511			Jewra	1	1	0	0	4	3	1	25	4	3	1	25
512			Junwani	1	1	0	0	3	4	-1	-33	2	2	0	0

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
513			Khursipar	1	1	0	0	4	4	0	0	4	5	-1	-25
514			Khursul	1	1	0	0	3	2	1	33	3	2	1	33
515			Machandur	1	1	0	0	3	3	0	0	3	3	0	0
516			Nagpura	1	1	0	0	3	3	0	0	3	3	0	0
517			Nankathi	1	1	0	0	3	2	1	33	3	1	2	67
518			Rasmada	1	1	0	0	3	2	1	33	5	2	3	60
519			Vaishalinagar	1	1	0	0	3	4	-1	-33	5	4	1	20
520		Patan	Batrel	1	1	0	0	3	4	-1	-33	3	3	0	0
521			Bhilai 3	1	1	0	0	3	5	-2	-67	4	9	-5	-125
522			Gadadih	1	2	-1	-100	3	3	0	0	4	5	-1	-25
523			Ranitari	1	1	0	0	3	4	-1	-33	4	3	1	25
524			Purena	1	1	0	0	3	2	1	33	3	3	0	0
525	Baloda Bazar	Bhilaigarh	Bhatgaon	1	1	0	0	1	1	0	0	5	5	0	0
526			Pawani	1	0	1	100	4	2	2	50	3	4	-1	-33
527			Gatadih	1	1	0	0	3	2	1	33	4	2	2	50
528			Gopalpur	1	0	1	100	4	3	1	25	3	4	-1	-33
529			Sarsiwa	1	0	1	100	2	2	0	0	3	5	-2	-67
530			Nagarda	1	0	1	100	2	2	0	0	3	2	1	33
531			Dhansir	1	0	1	100	4	2	2	50	3	4	-1	-33
532		Kasdol	Arjuni	1	0	1	100	1	0	1	100	5	1	4	80
533			Barpali	1	0	1	100	1	1	0	0	5	3	2	40
534			Katgi	1	0	1	100	3	3	0	0	4	3	1	25
535			Barnayapara	1	0	1	100	2	0	2	100	4	1	3	75
536			Sonakhan	1	0	1	100	3	1	2	67	5	3	2	40
537			Rajadevri	1	1	0	0	3	1	2	67	5	2	3	60
538		Palari	Lachchanpur	1	0	1	100	3	1	2	67	5	3	2	40
539			Rohasi	1	1	0	0	3	0	3	100	3	1	2	67
540			Odan	1	0	1	100	1	1	0	0	5	5	0	0
541			Gidhpuri	1	1	0	0	3	0	3	100	5	3	2	40

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
542			Jarve	1	1	0	0	1	0	1	100	5	3	2	40
543			Datan	1	1	0	0	1	0	1	100	5	3	2	40
544			Kosmandi	1	1	0	0	1	0	1	100	5	4	1	20
545		Simga	Rohra	1	0	1	100	3	3	0	0	3	3	0	0
546			Damakheda	1	0	1	100	3	3	0	0	3	3	0	0
547			Hathband	1	0	1	100	3	3	0	0	3	3	0	0
548			Arjuni (B)	1	0	1	100	1	0	1	100	5	1	4	80
549			Bitkuli	1	0	1	100	3	0	3	100	5	5	0	0
550			Lahod	0	0	0	0	3	3	0	0	3	3	0	0
551			Mopar	1	1	0	0	3	2	1	33	5	4	1	20
552			Mopka	1	1	0	0	1	0	1	100	4	1	3	75
553			Nipaniya	1	1	0	0	3	2	1	33	5	4	1	20
554			Risda	1	1	0	0	1	1	0	0	3	2	1	33
555	GPM		Keonchi	1	1	0	0	3	3	0	0	5	1	4	80
556			Basti	1	1	0	0	3	2	1	33	5	2	3	60
557			Sadhwani	1	1	0	0	3	2	1	33	5	2	3	60
558			Khodri	1	1	0	0	3	1	2	67	5	1	4	80
559			Sanatorium	5	3	2	40	5	3	2	40	7	0	7	100
560			Bharidand	1	1	0	0	2	2	0	0	3	1	2	67
561			Danikundi	1	1	0	0	2	1	1	50	2	1	1	50
562			Dhobhar	1	1	0	0	2	2	0	0	3	2	1	33
563			Semarda	1	1	0	0	2	1	1	50	3	0	3	100
564			Seoni	1	1	0	0	2	2	0	0	3	2	1	33
565			Amadand	1	2	-1	-100	3	1	2	67	5	2	3	60
566			Amadikhurd	1	0	1	100	4	1	3	75	5	3	2	40
567			Kotmi	1	1	0	0	4	2	2	50	5	3	2	40

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
568			Navagaon	1	1	0	0	4	1	3	75	5	3	2	40
569			Kodgar	1	1	0	0	4	1	3	75	5	1	4	80
570	Korea		Tengni	1	0	1	100	3	2	1	33	4	3	1	25
571			Mansukh	1	0	1	100	2	2	0	0	4	3	1	25
572			Barpara	1	0	1	100	2	2	0	0	3	4	-1	-33
573			Budar	1	0	1	100	2	2	0	0	4	4	0	0
574			Nagar	1	0	1	100	3	2	1	33	4	3	1	25
575			Khadgawan	1	1	0	0	3	1	2	67	4	4	0	0
576			Bachrapodi	1	0	1	100	3	3	0	0	4	4	0	0
577			Haldibadi	1	1	0	0	3	1	2	67	3	2	1	33
578			Salka	1	0	1	100	2	0	2	100	4	2	2	50
579			Chirmiri	1	0	1	100	3	1	2	67	4	4	0	0
580			Badesalhi	1	0	1	100	3	1	2	67	4	4	0	0
581			Banjaridand	1	0	1	100	3	2	1	33	3	3	0	0
582			Udhnapur	1	0	1	100	2	2	0	0	3	2	1	33
583			Ratanpur	1	0	1	100	3	1	2	67	3	3	0	0
584			Biharpur	1	1	0	0	3	2	1	33	4	2	2	50
585			Banji	1	0	1	100	3	1	2	67	3	2	1	33
586			Khongapani	1	1	0	0	3	2	1	33	3	3	0	0
587			Belbehra	1	1	0	0	3	3	0	0	4	3	1	25
588			Nagpur	1	1	0	0	2	3	-1	-50	4	3	1	25
589			Ledri	1	0	1	100	3	3	0	0	2	2	0	0
590			Bharatpur	1	0	1	100	3	1	2	67	4	2	2	50
591			Kunwarpur	1	1	0	0	3	1	2	67	4	0	4	100
592			Madisarai	1	0	1	100	2	0	2	100	4	0	4	100
593			Kotadal	1	0	1	100	2	0	2	100	4	1	3	75
594			Behrasi	1	0	1	100	3	0	3	100	4	3	1	25
595			Ramgarh	1	0	1	100	2	2	0	0	4	2	2	50

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
596			Katgodi	1	0	1	100	3	4	-1	-33	4	2	2	50
597			Bhainswar	1	0	1	100	3	0	3	100	3	1	2	67
598			Bodar	1	0	1	100	2	0	2	100	3	2	1	33
599	Surajpur		Chendra	1	**1**	0	0	3	**1**	2	67	5	2	3	60
600			Bhandi	1	1	0	0	2	2	0	0	3	3	0	0
601			Dharsedi	1	1	0	0	1	1	0	0	3	3	0	0
602			Khodh	1	1	0	0	3	0	3	100	5	2	3	60
603			Lanjit	1	1	0	0	3	0	3	100	5	2	3	60
604			Moharsop	1	1	0	0	3	0	3	100	5	0	5	100
605			Dharampur	1	1	0	0	3	3	0	0	5	2	3	60
606			Silota	1	1	0	0	3	0	3	100	5	2	3	60
607			Pendari	1	1	0	0	3	0	3	100	5	1	4	80
608			Karsi	1	1	0	0	3	1	2	67	5	2	3	60
609			Pampapur	1	1	0	0	3	0	3	100	5	4	1	20
610			Songara	1	1	0	0	3	1	2	67	5	3	2	40
611			Rewati	1	1	0	0	3	1	2	67	5	1	4	80
612			Ramkola	1	0	1	100	3	0	3	100	5	1	4	80
613			Umeshwarpur	1	1	0	0	1	0	1	100	3	3	0	0
614			Mahangai	1	0	1	100	1	1	0	0	3	2	1	33
615			Tara	1	1	0	0	1	0	1	100	3	4	-1	-33
616			Umapur	1	1	0	0	1	2	-1	-100	3	2	1	33
617			Devnagar	1	1	0	0	4	2	2	50	3	3	0	0
618			Chanderpur	1	1	0	0	1	1	0	0	3	3	0	0
619			Parsurampur	1	1	0	0	1	1	0	0	5	5	0	0
620			Ganeshpur	1	1	0	0	1	1	0	0	5	5	0	0
621			Ajabnagar	1	1	0	0	3	3	0	0	4	4	0	0
622			Kalyanpur	1	0	1	100	3	3	0	0	2	2	0	0
623			Kamlpur	1	0	1	100	3	3	0	0	3	3	0	0
624			Ketka	1	1	0	0	3	1	2	67	3	2	1	33

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
625			Basdei	1	0	1	100	3	2	1	33	3	3	0	0
626			Kandrai	1	0	1	100	3	3	0	0	3	3	0	0
627			Karanji	1	0	1	100	3	2	1	33	2	1	1	50
628			Banja	1	1	0	0	1	0	1	100	4	4	0	0
629			Batra	1	1	0	0	1	0	1	100	4	4	0	0
630			Chandramedha	1	1	0	0	1	0	1	100	4	4	0	0
631			Chungadi	1	1	0	0	1	0	1	100	3	3	0	0
632			Gorpani	1	1	0	0	1	0	1	100	4	4	0	0
633			Salka	1	1	0	0	1	0	1	100	4	4	0	0
634			Sonpur	1	1	0	0	1	0	1	100	4	4	0	0
635	Mahasamund	Basna	Chanat	1	0	1	100	1	1	0	0	5	2	3	60
636			Bhanwarpur	1	0	1	100	1	1	0	0	5	2	3	60
637			Lambar	1	1	0	0	1	1	0	0	5	3	2	40
638			Baroli	1	1	0	0	1	1	0	0	5	3	2	40
639			Badesajapali	1	1	0	0	1	1	0	0	5	1	4	80
640		Bagbahra	Hathibahra	1	0	1	100	1	2	-1	-100	5	0	5	100
641			Junwani	1	1	0	0	1	2	-1	-100	3	3	0	0
642			Khallari	1	1	0	0	1	1	0	0	3	3	0	0
643			Khamhariya	1	1	0	0	1	2	-1	-100	3	3	0	0
644			Komakhan	1	2	-1	-100	3	1	2	67	5	3	2	40
645			Tendukona	1	1	0	0	1	1	0	0	3	3	0	0
646			Mungaser	0	0	0	0	0	0	0	0	0	0	0	0
647		Pithora	Bamhani	1	0	1	100	3	0	3	100	3	3	0	0
648			Bhithidih	1	1	0	0	3	0	3	100	4	3	1	25
649			Bhurkoni	1	0	1	100	3	1	2	67	4	1	3	75
650			Pirda	1	0	1	100	3	1	2	67	4	3	1	25
651			Saldih	1	0	1	100	3	0	3	100	3	3	0	0
652			Sankara	1	1	0	0	3	3	0	0	4	2	2	50
653		Saraipali	Toshgaon	2	1	1	50	3	1	2	67	3	2	1	33

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
654			Patsendri	2	1	1	50	3	1	2	67	3	3	0	0
655			Singhoda	2	1	1	50	3	0	3	100	3	1	2	67
656			Baloda	2	1	1	50	3	1	2	67	3	3	0	0
657		Tumgaon	Jhara	1	1	0	0	1	1	0	0	3	3	0	0
658			Khatti	1	1	0	0	2	2	0	0	3	3	0	0
659			Sinodha	1	1	0	0	3	3	0	0	5	5	0	0
660			Birkoni	1	1	0	0	3	3	0	0	5	5	0	0
661			Gadseoni	0	0	0	0	0	0	0	0	4	4	0	0
662			Jhalap	1	1	0	0	2	2	0	0	2	1	1	50
663			Sirpur	1	1	0	0	3	1	2	67	5	1	4	80
664			Patewa	0	0	0	0	0	0	0	0	0	0	0	0
665	Gariyaband	Chhurra	Khadma	1	1	0	0	3	1	2	67	5	1	4	80
666			Madeli	1	1	0	0	3	1	2	67	5	1	4	80
667			Paduka	1	0	1	100	3	1	2	67	5	2	3	60
668			Patsiwani	1	0	1	100	3	2	1	33	5	2	3	60
669			Rasela	1	0	1	100	3	1	2	67	5	1	4	80
670		Deobhog	Diwanmuda	1	1	0	0	3	0	3	100	5	1	4	80
671			Jhakharpara	1	1	0	0	3	0	3	100	5	1	4	80
672			Supebeda	1	0	1	100	3	0	3	100	5	0	5	100
673		Fingeshwar	Jamgaon	1	1	0	0	3	1	2	67	5	1	4	80
674			Kaundkera	1	1	0	0	3	0	3	100	4	4	0	0
675			Kopra	1	1	0	0	3	3	0	0	4	3	1	25
676		Gariyaband	Kochbay	1	1	0	0	2	2	0	0	3	3	0	0
677			Kosmi	1	1	0	0	0	1	-1	0	1	1	0	0
678			Piparchhedi	1	1	0	0	3	3	0	0	5	3	2	40
679		Mainpur	Jhargaon	1	0	1	100	3	0	3	100	5	0	5	100
680			Shobha	1	1	0	0	3	0	3	100	5	0	5	100
681			Urmal	1	0	1	100	3	0	3	100	5	2	3	60

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
682	Jashpur	Bagicha	Champa	1	0	1	100	3	2	1	33	5	1	4	80
683			Chhichli	1	1	0	0	3	3	0	0	5	2	3	60
684			Jhikki	1	1	0	0	3	2	1	33	5	2	3	60
685			Kaliya	1	1	0	0	3	2	1	33	5	0	5	100
686			Kurrog	1	1	0	0	3	3	0	0	5	3	2	40
687			Maini	1	1	0	0	3	2	1	33	5	3	2	40
688			Pandrapath	1	1	0	0	3	3	0	0	5	1	4	80
689			Sanna	1	1	0	0	3	3	0	0	5	3	2	40
690			Sulesa	1	1	0	0	3	3	0	0	5	2	3	60
691		Duldula	Kastura	1	1	0	0	3	3	0	0	5	3	2	40
692		Kansabel	Bagiya	1	1	0	0	3	3	0	0	5	2	3	60
693			Bataikela	1	1	0	0	3	3	0	0	5	2	3	60
694			Dokda	1	1	0	0	3	3	0	0	5	3	2	40
695		Kunkuri	Ranpur	1	1	0	0	2	3	-1	-50	3	3	0	0
696			Naranpur	1	1	0	0	2	3	-1	-50	2	3	-1	-50
697			Kunjara	1	1	0	0	2	1	1	50	3	1	2	67
698		Lodam	Paiku	1	0	1	100	3	0	3	100	4	3	1	25
699			Aara	1	0	1	100	3	2	1	33	4	2	2	50
700			Gholeng	1	0	1	100	3	3	0	0	3	3	0	0
701		Manora	Asta	1	1	0	0	2	1	1	50	3	3	0	0
702			Ghaghra	1	1	0	0	2	1	1	50	3	3	0	0
703			Sonkyari	1	1	0	0	3	3	0	0	3	3	0	0
704		Pathalgaon	Bagbahar	1	1	0	0	5	4	1	20	2	2	0	0
705			Kilkila	1	1	0	0	3	5	-2	-67	5	4	1	20
706			Kotba	1	2	-1	-100	3	5	-2	-67	5	5	0	0
707			Kukagaon	1	1	0	0	3	1	2	67	5	3	2	40
708			Ludeg	1	1	0	0	3	3	0	0	5	2	3	60
709			Surangpani	1	1	0	0	3	4	-1	-33	5	3	2	40
710			Tamta	1	1	0	0	3	3	0	0	5	4	1	20

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
711			Shekharpur	1	0	1	100	5	5	0	0	5	3	2	40
712		Pharsabahar	Bhagora	1	1	0	0	3	0	3	100	3	2	1	33
713			Bhelwa	1	1	0	0	3	1	2	67	4	1	3	75
714			Kersai	1	0	1	100	3	2	1	33	3	2	1	33
715			Kolhenjharya	1	1	0	0	3	2	1	33	3	2	1	33
716			Tapkara	1	1	0	0	3	2	1	33	3	1	2	67
717	Bastar	Lohandiguda	Belar	1	1	0	0	3	2	1	33	3	3	0	0
718			Alnaar	1	0	1	100	2	2	0	0	3	2	1	33
719			Mardoom	1	0	1	100	3	3	0	0	2	2	0	0
720			Hitameta	1	0	1	100	3	2	1	33	3	1	2	67
721			Binta	1	0	1	100	3	2	1	33	3	1	2	67
722		Darbha	Neganar	1	1	0	0	3	3	0	0	5	3	2	40
723			Koleng	1	1	0	0	3	2	1	33	5	3	2	40
724			Pakhanar	1	1	0	0	3	3	0	0	5	3	2	40
725		Nangoor	Adawal	1	1	0	0	3	2	1	33	4	4	0	0
726			Kurandi	1	1	0	0	2	2	0	0	3	3	0	0
727			Tiriya	1	1	0	0	3	3	0	0	3	2	1	33
728			Nagarnar	1	1	0	0	3	3	0	0	4	3	1	25
729			Kumharwand	1	1	0	0	2	2	0	0	4	4	0	0
730			Aasna	1	1	0	0	3	2	1	33	3	3	0	0
731			Titirgaon	1	1	0	0	2	2	0	0	3	3	0	0
732		Badekilepal	Mutanpal	1	1	0	0	3	3	0	0	3	2	1	33
733			Badekaklur	1	1	0	0	2	2	0	0	3	1	2	67
734			Kapanar	1	0	1	100	3	2	1	33	3	2	1	33
735			Chhaparbanpuri	1	0	1	100	3	3	0	0	5	3	2	40
736			Ghotiya	1	0	1	100	2	0	2	100	4	2	2	50
737			Jaibel	1	1	0	0	4	2	2	50	5	2	3	60
738			Kachnar	1	0	1	100	3	3	0	0	6	4	2	33
739			Kalepal	1	1	0	0	2	2	0	0	5	5	0	0

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
740			Karpawand	1	1	0	0	4	1	3	75	5	4	1	20
741			Kesharpal	0	1	-1	0	2	0	2	100	5	0	5	100
742			Kolawal	1	1	0	0	4	2	2	50	5	3	2	40
743			Kolchur	1	0	1	100	3	0	3	100	4	1	3	75
744			Malgaon	1	1	0	0	4	2	2	50	5	4	1	20
745			Mangnar	1	1	0	0	4	2	2	50	5	4	1	20
746			Mawlibhata	1	1	0	0	2	2	0	0	4	3	1	25
747			Mundagaon	1	0	1	100	1	1	0	0	6	0	6	100
748			Pakhnakongera	1	0	1	100	2	0	2	100	6	1	5	83
749			Ransargipal	1	1	0	0	3	3	0	0	4	3	1	25
750			Rotma	1	0	1	100	2	0	2	100	4	1	3	75
751			Sighanpur	1	0	1	100	3	3	0	0	3	3	0	0
752			Tahkapal	1	1	0	0	3	1	2	67	3	3	0	0
753			Tirtha	1	0	1	100	3	0	3	100	4	3	1	25
754	Bijapur		Awapalli	1	1	0	0	8	8	0	0	6	4	2	33
755			Elmidi	1	1	0	0	4	4	0	0	5	3	2	40
756			Basaguda	1	1	0	0	6	6	0	0	5	1	4	80
757			Pamed	1	1	0	0	6	4	2	33	5	1	4	80
758			Cherpal	1	1	0	0	3	4	-1	-33	4	4	0	0
759			Koshalnar	1	0	1	100	3	3	0	0	5	1	4	80
760			Kutru	1	0	1	100	8	3	5	63	2	1	1	50
761			Madded	1	0	1	100	3	3	0	0	5	3	2	40
762			Mirtur	1	0	1	100	3	2	1	33	5	4	1	20
763			Tarlaguda	1	1	0	0	3	2	1	33	5	3	2	40
764	Dantewada	Geedam	Barsur	1	1	0	0	3	3	0	0	3	3	0	0
765			Chindnar	1	1	0	0	3	3	0	0	3	1	2	67
766			Jawanga	1	1	0	0	3	3	0	0	3	4	-1	-33
767			Pharsapal	1	1	0	0	3	3	0	0	2	2	0	0
768			Bade Tumnar	1	1	0	0	3	2	1	33	3	2	1	33

Sl. No.	District	Name of block	Name of PHC	Medical officer				Staff Nurse				Paramedical staff			
				SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)	SS	MIP	vacancy	vacancy (*per cent*)
769		Kate Kalyan	Surnar	1	1	0	0	3	2	1	33	3	2	1	33
770			Bade Gudra	1	0	1	100	3	2	1	33	3	2	1	33
771			Bhusaras	1	1	0	0	3	1	2	67	3	1	2	67
772		Kuakonda	Potali	1	1	0	0	3	3	0	0	3	3	0	0
773			Palnar	1	0	1	100	3	3	0	0	5	5	0	0
774			Pondum	0	0	0	0	3	3	0	0	5	5	0	0
775			Metapal	0	0	0	0	3	3	0	0	3	3	0	0
776			Bacheli	1	2	-1	-100	3	4	-1	-33	2	2	0	0
		Total		**768**	**520**	248	32.29	**2004**	**1353**	651	32	**3032**	**1930**	1102	36

(Source: Information provided by CMHOs)

Appendix - 3.1

(Referred to in paragraph - 3.3.1.1)

Availability of OPD services in DHs in the State

Name of DH	ENT	General medicine	Pediatrics	General surgery	Opthalmology	Dental	Obstretic and Gynecology	Psychiatry	Orthipeducs	Dermatology and venereology
Baikunthpur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Balod	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Baloda Bazar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Balrampur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Baster	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Bemetara	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Bijapur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
Bilaspur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Dantewada	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dhamtari	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Durg	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gariayaband	No	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No
GPM	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Janjgir Champa	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Jashpur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Kabirdham	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Kondagaon	No	Yes	No	No	Yes	Yes	Yes	No	No	No
Mungeli	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Narayanpur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Raipur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Rajnandgaon	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Sukma	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No
Surajpur	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

(Source: data provided by DHs)

Appendix - 3.2

(Referred to in paragraph 3.8.4(i))

Statement showing district wise population and requirement of ambulances

S. N.	District Name	Population as per census (2011)	Requirement of BLS vehicles as per guideline (1 BLS/1 lakh)			Requirement of ALS vehicles as per guideline (1ALS/5lakh)		
			Vehicle required	Vehicle deployed	Shortage / Excess	Vehicle required	Vehicle deployed	Shortage (+) /Excess (-)
1	Raipur	2160876	22	19	3	4	1	3
2	Durg	1721726	17	13	4	3	1	2
3	Bilaspur	1625502	16	14	2	3	1	2
4	Janjgir-Champa	1619707	16	13	3	3	1	2
5	Rajnandgaon	1537133	15	15	0	3	1	2
6	Raigarh	1493627	15	12	3	3	1	2
7	Baloda Bazar	1305343	13	8	5	3	1	2
8	Korba	1206563	12	10	2	2	1	1
9	Mahasamund	1032754	10	9	1	2	1	1
10	Jashpur	851669	9	12	-3	2	1	1
11	Surguja	840352	8	14	-6	2	2	0
12	Bastar	834375	8	13	-5	2	2	0
13	Balod	826165	8	15	-7	2	1	1
14	Kabirdham	822526	8	6	2	2	1	1
15	Dhamtari	799781	8	8	0	2	1	1
16	Bemetara	795759	8	9	-1	2	1	1
17	Surajpur	789043	8	7	1	2	1	1
18	Kanker	748941	7	12	-5	1	1	0
19	Mungeli	701707	7	5	2	1	1	0
20	Korea	658917	7	8	-1	1	1	0
21	Balrampur	598855	6	9	-3	1	1	0
22	Gariaband	597653	6	9	-3	1	1	0
23	Kondagaon	578326	6	6	0	1	1	0
24	Gaurella-Pendra-Marwahi	336420	3	3	0	1	1	0
25	Dantewada	283479	3	4	-1	1	1	0
26	Bijapur	255230	3	7	-4	1	1	0
27	Sukma	250159	3	5	-2	1	1	0
28	Narayanpur	139820	1	5	-4	0	1	-1
	Total	**25412408**	**253**	**270**		**52**	**30**	22

(Source: data provided by DHS)

Appendix - 3.3

(Referred to in paragraph - 3.8.4 (iii))

Details of bill drawn in respect of Ambulance services

Details of drawn bill	Date	Claim of total no. of vehicles run	Total Amount claimed (₹)	Actual operational vehicles as per SHRC's verification	No. of Non-operational vehicles	Excess amount paid to agency at the rate of ₹ 1,33,350
JAES/CG108/DEC1920/01	09.01.2020	194	26910030	161	33	44,00,550
JAES/CG108/JAN1920/02	12.02.2020	256	32285526	204	52	69,34,200
JAES/CG108/FEB1920/03	05.03.2020	265	41586710	204	61	81,34,350
JAES/CG108/MAR1920/04	31.03.2020	266	41726727	202	64	85,34,400
JAES/CG108/APR20-21/01 ,02,03	09.05.2020	257	39237838	198	59	78,67,650
Total		**1238**	**18,17,46,831**	**969**	**269**	**3,58,71,150**

(Source: data provided by DHS)

Note: Audit calculated the excess payment at minimum rate (rate for old vehicles) i.e.₹ 1,33,350/- per vehicle per month.

Appendix - 4.1

(Referred to in paragraph - 4.2.5)

Statement showing details of tender wise delay in finalisation during 2016-22 in respect of drugs

S.N.	Tender Code	NIT Date	No. of Items	No. of items finalised	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
1	26M	10-Feb-16	1	1	5	10-Mar-16	26-Apr-16	11-Aug-16	107	12-Aug-16	20-Oct-16	69	253	100
2	01Tab	12-Feb-16	178	35	6	14-Mar-16	26-Apr-16	23-Jan-17	272	12-Nov-16	12-Nov-16	0	274	121
3	02Par	15-Feb-16	145	25	6	17-Mar-16	10-May-16	29-Sep-16	142	26-Oct-16	26-Oct-16	0	254	101
4	03M16-17	12-Aug-16	217	66	4	19-Sep-16	26-Oct-16	07-Mar-17	132	03-Apr-17	10-Apr-17	7	241	88
5	001KT17-18	16-Aug-16	8	3	3	19-Sep-16	19-Oct-16	12-May-17	205	15-May-17	22-May-17	7	279	126
6	1Homeo17-18	25-Jan-17	481	454	2	24-Feb-17	07-Mar-17	10-Apr-17	34	18-Apr-17	24-Jul-17	97	180	27
7	1Unani17-18	04-Feb-17	86	40	0	03-Mar-17	NE	01-Apr-17	29	03-Apr-17	29-Jul-17	117	175	22
8	01Ayush17-18	10-Feb-17	66	58	2	09-Mar-17	20-Mar-17	03-May-17	44	01-Jun-17	27-Dec-17	209	320	167
9	27(R)	27-Mar-17	62	43	8	10-Apr-17	12-May-17	14-Sep-17	125	19-Sep-17	17-Oct-17	28	204	51
10	03M	20-Jun-17	77	15	3	19-Jul-17	29-Jul-17	29-Aug-17	31	31-Aug-17	27-Jan-18	149	221	68
11	04M	20-Jun-17	118	24	2	19-Jul-17	27-Jul-17	14-Sep-17	49	19-Sep-17	30-Jan-18	133	224	71
12	01SP(R)	11-Aug-17	10	2	0	28-Aug-17	NE	30-Oct-17	63	01-Jan-18	30-Jan-18	29	172	19
13	03M(R)	29-Sep-17	60	10	2	17-Oct-17	03-Nov-17	03-Jan-18	61	02-Feb-18	14-Mar-18	40	166	13
14	02SP	06-Oct-17	27	10	1	14-Nov-17	09-Nov-17	24-Apr-18	166	01-May-18	01-Jun-18	31	238	85
15	03/SP	09-Oct-17	19	3	13	04-Nov-17	02-Feb-18	25-Sep-18	235	03-Oct-18	13-Dec-18	71	430	277
16	9M	14-Nov-17	41	17	6	13-Dec-17	12-Jan-18	20-Apr-18	98	01-May-18	17-May-18	16	184	31
17	08M	15-Nov-17	78	19	7	14-Dec-17	12-Jan-18	20-Apr-18	98	01-May-18	15-May-18	14	181	28
18	10M	16-Nov-17	49	16	5	14-Dec-17	12-Jan-18	24-Apr-18	102	07-May-18	16-May-18	9	181	28
19	11M	04-Jan-18	101	14	4	25-Jan-18	19-Feb-18	26-Aug-18	188	27-Aug-18	06-Oct-18	40	275	122
20	12M	07-Jan-18	104	4	28	29-Jan-18	18-Jul-18	03-Aug-18	16	09-Aug-18	14-Dec-18	127	341	188
21	01Ayurclass (R)	09-Jan-18	7	6	3	30-Jan-18	15-Feb-18	17-May-18	91	28-May-18	11-Jul-18	44	183	30

S.N.	Tender Code	NIT Date	No. of Items	No. of items finalised	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
22	13M	06-Feb-18	1	1	4	05-Mar-18	19-Mar-18	05-Jun-18	78	06-Jun-18	21-Aug-18	76	196	43
23	01Unani (2R	26-Mar-18	71	41	1	11-Apr-18	23-Apr-18	31-Oct-18	191	01-Nov-18	21-Dec-18	50	270	117
24	16M	28-Mar-18	57	3	4	13-Apr-18	07-May-18	29-Aug-18	114	01-Sep-18	13-Dec-18	103	260	107
25	9M(R)	29-May-18	19	6	1	19-Jun-18	25-Jun-18	01-Sep-18	68	06-Sep-18	13-Dec-18	98	198	45
26	02Ayurclass	22-Jun-18	146	104	2	23-Jul-18	31-Jul-18	12-Oct-18	73	30-Oct-18	19-Dec-18	50	180	27
27	23M	09-Jul-18	83	21	7	08-Aug-18	07-Sep-18	30-Oct-18	53	02-Nov-18	17-Dec-18	45	161	8
28	36M	04-Jan-19	67	12	4	25-Jan-19	05-Mar-19	22-Jul-19	139	22-Jul-19	28-Aug-19	37	236	83
29	40M	07-Jan-19	26	2	4	28-Jan-19	05-Mar-19	26-Aug-19	174	26-Aug-19	30-Aug-19	4	235	82
30	37M	16-Jan-19	45	5	4	15-Feb-19	05-Mar-19	22-Jul-19	139	29-Jul-19	28-Aug-19	30	224	71
31	38M	16-Jan-19	68	2	4	15-Feb-19	05-Mar-19	26-Aug-19	174	26-Aug-19	30-Aug-19	4	226	73
32	41M	28-Feb-19	67	13	1	27-Mar-19	16-Apr-19	18-Sep-19	155	24-Sep-19	27-Sep-19	3	211	58
33	44SP	11-Mar-19	100	2	2	10-Apr-19	20-Sep-19	15-Nov-19	56	15-Nov-19	19-Nov-19	4	253	100
34	35KIT(R)	28-May-19	10	7	4	29-Jun-19	22-Jul-19	07-Feb-20	200	14-Feb-20	14-Feb-20	0	262	109
35	03Ayurclass	01-Jun-19	147	120	2	08-Jul-19	29-Jul-19	27-Aug-20	395	08-Sep-20	28-Oct-20	50	515	362
36	03AyurPat	01-Jun-19	92	71	2	08-Jul-19	29-Jul-19	31-Aug-20	399	02-Sep-20	02-Dec-20	91	550	397
37	03/AYUR-PATENT	01-Jun-19	92	71	3	08-Jul-19	01-Aug-19	31-Jan-20	183	02-Sep-20	03-Dec-20	92	551	398
38	03Crude	01-Jun-19	94	76	0	30-Sep-19	NE	05-Sep-20	341	16-Dec-20	16-Dec-20	0	564	411
39	03/Crude/	01-Jun-19	94	76	0	30-Sep-19	NE	05-Sep-20	341	05-Oct-20	17-Dec-20	73	565	412
40	03Unani Pat	01-Jun-19	71	51	1	25-Jul-19	05-Aug-19	17-Sep-20	409	21-Sep-20	17-Feb-21	149	**627**	474
41	03/UNANI-PATENT/	01-Jun-19	71	51	1	25-Jul-19	05-Aug-19	17-Sep-20	409	29-Sep-20	17-Feb-21	141	627	474
42	47	03-Jun-19	251	107	4	05-Aug-19	12-Sep-19	29-Mar-20	199	30-Mar-20	31-Mar-20	1	302	149
43	03Unani Class(R)	09-Sep-19	84	75	0	27-Sep-19	04-Oct-19	17-Sep-20	349	21-Sep-20	17-Feb-21	149	527	374

S.N.	Tender Code	NIT Date	No. of Items	No. of items finalised	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
44	3 UNANI-CLASICAL (R)	09-Sep-19	84	75	0	27-Sep-19	04-Oct-19	17-Dec-20	440	21-Sep-20	17-Feb-21	149	527	374
45	3 HOMEO-CLASICAL (R)	09-Sep-19	431	417	0	27-Sep-19	NE	17-Dec-20	447	22-Dec-20	27-Mar-21	95	565	412
46	3 HOMEO-PATENT(R)	09-Sep-19	48	21	0	27-Sep-19	NE	17-Dec-20	447	22-Dec-20	17-Jun-21	177	647	494
47	57SP	15-Nov-19	70	3	3	19-Dec-19	06-Jan-20	16-Mar-20	70	11-May-20	21-May-20	10	188	35
48	58SP	15-Nov-19	70	44	3	19-Dec-19	07-Jan-20	30-Apr-20	114	07-May-20	22-May-20	15	189	36
49	61SP	30-Nov-19	325	50	1	30-Dec-19	10-Jan-20	08-May-20	119	11-May-20	22-May-20	11	174	21
50	62/	31-Dec-19	271	47	0	31-Jan-20	NE	09-May-20	99	15-May-20	20-Jul-21	431	567	414
51	66	24-Jan-20	1	1	7	12-Jun-20	22-Jun-20	17-Jun-21	360	18-Jun-21	01-Jul-21	13	524	371
52	47(R)	27-Jan-20	58	9	2	03-Mar-20	12-Mar-20	17-Aug-21	523	18-Aug-21	12-Oct-21	55	624	471
53	67	26-Feb-20	78	4	5	03-Jun-20	16-Jun-20	03-Feb-21	232	17-Aug-21	18-Oct-21	62	600	447
54	69M(R)	07-Mar-20	122	0	3	24-Mar-20	07-May-20	18-Jun-20	42	10-Jul-20	14-Sep-20	66	191	38
55	68M	07-Mar-20	128	9	4	24-Mar-20	15-Jun-20	08-Jun-21	441	25-Jun-21	06-Jul-21	11	486	333
56	57(R)	21-May-20	67	14	1	05-Jun-20	15-Jun-20	14-Sep-20	91	19-Sep-20	09-Nov-20	51	172	19
57	69M(2R)	21-May-20	114	1	1	03-Jun-20	16-Jun-20	14-Sep-20	90	19-Sep-20	09-Nov-20	51	172	19
58	57(R)/	21-May-20	67	14	1	02-Jun-20	15-Jun-20	14-Sep-20	91	19-Sep-20	03-Dec-20	75	196	43
59	69M(2R)/	21-May-20	114	4	1	03-Jun-20	16-Jun-20	14-Sep-20	90	19-Sep-20	03-Dec-20	75	196	43
60	58(R)	26-May-20	296	70	2	22-Jun-20	30-Jun-20	31-May-21	335	09-Jun-21	29-Nov-21	173	552	399
61	56M(2R)	23-Jun-20	48	3	1	09-Jul-20	16-Jul-20	03-Feb-21	202	21-May-21	18-Jun-21	28	360	207
62	71(R)	25-Jun-20	42	5	1	10-Jul-20	17-Jul-20	08-Jun-21	326	13-Jul-21	19-Aug-21	37	420	267
63	73	27-Jun-20	252	22	2	06-Jul-20	16-Jul-20	27-Jul-20	11	16-Jun-21	12-Jul-21	26	380	227
64	74	27-Jun-20	328	15	1	13-Jul-20	28-Jul-20	06-Jul-21	343	18-Aug-21	08-Oct-21	51	468	315
65	74(R)	12-Nov-20	232	11	2	22-Dec-20	13-Jan-21	17-Aug-21	216	16-Sep-21	21-Oct-21	35	343	190
66	73(R)	12-Nov-20	398	16	2	16-Dec-20	23-Dec-20	17-Aug-21	237	16-Sep-21	23-Dec-21	98	406	253

S.N.	Tender Code	NIT Date	No. of Items	No. of items finalised	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
67	74(2R)	25-Feb-21	173	5	1	12-Mar-21	NE	18-Oct-21	220	12-Nov-21	27-Nov-21	15	275	122
68	77	26-Feb-21	10	2	1	27-Mar-21	NE	25-Oct-21	212	16-Nov-21	04-Dec-21	18	281	128
69	73(4R)/	17-Jun-21	248	64	0	02-Jul-21	NE	18-Oct-21	108	23-Nov-21	23-Dec-21	30	189	36
70	77(2R)	21-Jun-21	126	95	1	07-Jul-21	NE	29-Nov-21	145	13-Dec-21	22-Dec-21	9	184	31
71	56M(4R)/	23-Jun-21	21	5	0	09-Jul-21	NE	18-Oct-21	101	12-Nov-21	27-Nov-21	15	157	4
72	83	01-Jul-21	203	82	4	02-Aug-21	NE	16-Feb-22	198	15-Feb-22	14-Mar-22	27	256	103
73	83(R)	27-Sep-21	75	13	0	12-Oct-21	NE	14-Mar-22	153	16-Feb-22	14-Mar-22	26	168	15
74	92(R)	08-Oct-21	429	29	1	25-Oct-21	NE	28-Jan-22	95	17-Feb-22	15-Mar-22	26	158	5

(Source: Information provided by CGMSCL and compiled by Audit)
NE=Not Extended

Appendix - 4.2

(Referred to in paragraph - 4.2.5)

Statement showing details of tender wise delay in finalisation during 2016-21 in respect of medical equipment

S. N.	Tender Code	NIT Date	No. of Items	No. of items finalized	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
1	32	16-Feb-16	15	3	0	18-Mar-16	07-May-16	11-Aug-16	96	18-Nov-16	29-Nov-16	11	287	134
2	33	18-Feb-16	9	2	1	21-Mar-16	07-May-16	11-Aug-16	143	18-Nov-16	29-Nov-16	11	285	132
3	35	26-Aug-16	56	9	5	26-Sep-16	11-Oct-16	23-Dec-16	73	07-Apr-17	22-Aug-17	137	361	208
4	37	29-Aug-16	13	1	1	28-Sep-16	24-Oct-16	06-Dec-16	43	19-Jan-17	25-Jul-17	187	330	177
5	38	21-Sep-16	19	13	2	21-Oct-16	02-Feb-17	04-Mar-17	30	17-Jul-17	23-Jul-17	6	305	152
6	40	06-Oct-16	29	4	3	07-Nov-16	14-Dec-16	16-Jan-17	33	02-Mar-17	01-Apr-17	30	177	24
7	42	03-Dec-16	4	3	2	03-Jan-17	21-Jan-17	15-Feb-17	25	09-May-17	03-Aug-17	86	243	90
8	44(E)	04-Feb-17	56	17	3	08-Mar-17	12-Apr-17	18-May-17	36	24-Nov-17	15-Dec-17	21	314	161
9	35(R1)	30-Mar-17	47	19	1	17-Apr-17	21-Apr-17	22-May-17	31	25-Sep-17	10-Nov-17	46	225	72
10	35(R1)	30-Mar-17	47	24	1	17-Apr-17	21-Apr-17	22-May-17	35	25-Sep-17	10-Nov-17	46	225	72
11	46	01-Apr-17	6	2	1	01-May-17	19-May-17	09-Jun-17	39	02-Feb-18	20-Apr-18	77	384	231
12	42(R)	01-May-17	1	1	0	16-May-17	23-May-17	15-Jun-17	30	22-Jul-17	07-Oct-17	77	159	6
13	35(R3)	07-Jun-17	1	1	0	16-Jun-17	NE	19-Jul-17	33	01-Dec-17	26-Jun-18	207	384	231
14	35(R3)	07-Jun-17	1	1	0	16-Jun-17	NE	19-Jul-17	33	01-Dec-17	26-June-18	207	384	231
15	50	12-Jun-17	1	1	2	13-Jul-17	29-Jul-17	04-Sep-17	53	02-Nov-17	01-Dec-17	29	172	19
16	51E	13-Jun-17	41	3	2	14-Jul-17	05-Aug-17	05-Sep-17	31	24-Nov-17	21-Mar-18	117	281	128
17	51	13-Jun-17	41	26	2	14-Jul-17	29-Jul-17	05-Sep-17	53	24-Nov-17	21-Mar-18	117	281	128
18	52	14-Jun-17	25	8	2	17-Jul-17	29-Jul-17	04-Sep-17	49	24-Nov-17	01-Dec-17	7	170	17
19	59	05-Aug-17	26	NP	2	24-Aug-17	23-Sep-17	13-Nov-17	81	06-Feb-18	21-Feb-18	15	200	47

S. N.	Tender Code	NIT Date	No. of Items	No. of items finalized	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
20	58	05-Aug-17	34	17	2	26-Aug-17	22-Sep-17	07-Nov-17	46	21-Mar-18	02-Apr-18	12	240	87
21	61	11-Aug-17	13	9	1	31-Aug-17	22-Sep-17	13-Nov-17	52	08-Feb-18	21-Feb-18	13	194	41
22	60	11-Aug-17	29	8	0	31-Aug-17	23-Sep-17	20-Nov-17	81	17-Feb-18	05-Mar-18	16	206	53
23	62	14-Aug-17	11	7	1	04-Sep-17	20-Sep-17	09-Nov-17	50	05-Feb-18	16-Feb-18	11	186	33
24	63	14-Aug-17	11	3	0	04-Sep-17	26-Sep-17	17-Nov-17	52	28-Dec-18	01-Mar-19	63	**564**	411
25	44(R)	16-Aug-17	11	1	0	06-Sep-17	20-Sep-17	02-Nov-17	57	05-Feb-18	06-Mar-18	29	202	49
26	64	16-Aug-17	11	NP	0	06-Sep-17	25-Sep-17	22-Nov-17	77	20-Sep-18	01-Oct-18	11	411	258
27	59(R)	28-Dec-17	16	2	2	16-Jan-18	28-May-18	25-Jul-18	190	25-Aug-18	05-Sep-18	11	251	98
28	58(R)	28-Dec-17	11	1	1	16-Jan-18	08-Feb-18	20-Mar-18	63	25-Aug-18	20-Dec-18	117	357	204
29	78	29-Dec-17	2	2	1	18-Jan-18	29-Jan-18	16-Feb-18	18	01-May-18	15-Jun-18	45	168	15
30	78	29-Dec-17	2	2	1	18-Jan-18	29-Jan-18	16-Feb-18	29	01-May-18	15-Jun-18	45	168	15
31	46(R)	06-Feb-18	2	1	0	08-Mar-18	13-Mar-18	17-May-18	65	27-Sep-18	06-Oct-18	9	242	89
32	46(R)	06-Feb-18	2	1	0	08-Mar-18	13-Mar-18	17-May-18	70	27-Sep-18	06-Oct-18	9	242	89
33	73 (R)	12-Feb-18	12	1	3	03-Mar-18	21-Mar-18	01-Jun-18	90	24-Aug-18	10-Sep-18	17	210	57
34	73(R)	12-Feb-18	12	6	3	03-Mar-18	19-Mar-18	01-Jun-18	74	24-Aug-18	17-Sep-18	24	217	64
35	74(R2)	13-Feb-18	42	3	0	06-Mar-18	26-Mar-18	21-May-18	76	27-Aug-18	06-Oct-18	40	235	82
36	65(R2)	07-Mar-18	20	2	1	23-Mar-18	04-Apr-18	21-May-18	59	28-Jul-18	10-Aug-18	13	156	3
37	52(R2)	07-Mar-18	22	7	1	23-Mar-18	10-Aug-18	06-Sep-18	167	24-Dec-18	01-Mar-19	67	359	206
38	86	12-Apr-18	12	7	0	05-May-18	11-May-18	03-Jul-18	59	08-Oct-18	17-Dec-18	70	249	96
39	44(R1)	01-Jun-18	14	2	0	22-Jun-18	04-Sep-18	26-Sep-18	96	24-Dec-18	07-Mar-19	73	279	126
40	46(R1)	02-Jun-18	2	2	0	22-Jun-18	29-Jun-18	28-Jul-18	36	02-Dec-19	10-Dec-19	8	556	403
41	74(R4)	10-Jun-18	35	1	0	22-Oct-18	05-Dec-18	18-Mar-20	513	05-Jun-20	16-Dec-20	194	802	649

S. N.	Tender Code	NIT Date	No. of Items	No. of items finalized	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
42	87(R)	09-Jul-18	21	7	1	24-Jul-18	10-Aug-18	26-Sep-18	47	13-Dec-18	05-Mar-19	82	239	86
43	65(R3)	23-Jul-18	18	7	0	09-Aug-18	07-Sep-18	25-Sep-18	47	01-Jul-19	23-Jul-19	22	365	212
44	82(R)	25-Jul-18	8	1	0	14-Aug-18	24-Aug-18	28-Sep-18	35	15-Nov-18	05-Mar-19	110	223	70
45	75(R2)	26-Jul-18	18	5	1	16-Aug-18	07-Sep-18	25-Sep-18	40	24-Dec-18	22-Jun-19	180	331	178
46	77(R)	07-Aug-18	14	3	4	22-Aug-18	27-Nov-18	20-Dec-18	23	02-Mar-19	05-Mar-19	3	210	57
47	77(R)	07-Aug-18	14	3	5	22-Aug-18	26-Nov-18	20-Dec-18	120	02-Mar-19	05-Mar-19	3	210	57
48	67(R2)	08-Aug-18	3	2	0	23-Aug-18	06-Sep-18	28-Sep-18	22	15-Nov-18	05-Mar-19	110	209	56
49	89(R)	08-Aug-18	22	5	1	23-Aug-18	14-Sep-18	28-Sep-18	14	02-Jul-19	21-Aug-19	50	378	225
50	58(R3)	20-Aug-18	14	2	3	05-Sep-18	09-Oct-18	08-Mar-19	150	02-May-19	29-May-19	27	282	129
51	58(R3)	20-Aug-18	14	2	0	05-Sep-18	10-Sep-18	05-Oct-18	30	02-May-19	29-May-19	27	282	129
52	94(R)	18-Sep-18	19	9	1	04-Oct-18	12-Oct-18	06-Nov-18	25	01-Jul-19	23-Jul-19	22	308	155
53	94(R)	18-Sep-18	19	9	1	04-Oct-18	12-Oct-18	06-Nov-18	33	01-Jul-19	23-Jul-19	22	308	155
54	103(R)	21-Sep-18	52	19	1	08-Oct-18	21-Sep-18	03-Nov-18	43	22-Jun-19	23-Oct-19	123	397	244
55	44(R3)	06-Oct-18	14	2	1	22-Oct-18	27-Oct-18	27-Nov-18	36	22-Jun-19	23-Jul-19	31	290	137
56	114	15-Oct-18	6	1	2	12-Nov-18	15-Nov-18	28-Dec-18	46	28-Dec-19	13-Jan-20	16	455	302
57	94(R1)	24-Dec-18	19	2	1	12-Jan-19	18-Feb-19	28-Jun-19	130	13-Sep-19	20-Sep-19	7	270	117
58	87(R2)	24-Dec-18	11	2	1	12-Jan-19	11-Feb-19	28-Jun-19	167	13-Sep-19	20-Sep-19	7	270	117
59	109(R)	26-Dec-18	37	13	1	15-Jan-19	12-Feb-19	15-Jul-19	153	18-Sep-19	27-Sep-19	9	275	122
60	114(R)	27-Dec-18	5	1	1	17-Jan-19	07-Feb-19	28-Jun-19	162	21-Aug-19	28-Aug-19	7	244	91
61	103 (R1)	28-Dec-18	56	27	1	18-Jan-19	12-Feb-19	28-Jun-19	161	04-Sep-19	11-Sep-19	7	257	104
62	64(R2)	25-Feb-19	3	1	1	18-Mar-19	NE	15-Jul-19	119	18-Sep-19	27-Sep-19	9	214	61
63	63(R1)	26-Feb-19	6	3	1	19-Mar-19	NE	15-Jul-19	118	04-Sep-19	11-Sep-19	7	197	44

S. N.	Tender Code	NIT Date	No. of Items	No. of items finalized	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
64	76(R2)	02-Mar-19	7	1	0	25-Mar-19	30-Mar-19	28-Jun-19	95	23-Oct-19	19-Nov-19	27	262	109
65	105(R)	02-Mar-19	3	1	0	25-Mar-19	NE	28-Jun-19	95	26-Nov-19	23-Jan-20	58	327	174
66	117(R)	05-Mar-19	6	2	0	27-Mar-19	NE	28-Jun-19	93	13-Sep-19	20-Sep-19	7	199	46
67	94(R2)	18-Jul-19	7	4	3	02-Aug-19	18-Sep-19	26-Nov-19	69	25-Jan-20	07-Mar-20	42	233	80
68	94(R2)	18-Jul-19	7	4	3	02-Aug-19	06-Sep-19	26-Nov-19	116	25-Jan-20	07-Mar-20	42	233	80
69	58(R5)	19-Jul-19	8	1	4	06-Sep-19	12-Sep-19	18-Oct-19	42	10-Sep-20	16-Dec-20	97	516	363
70	60(R3)E	19-Jul-19	14	3	4	03-Aug-19	13-Sep-19	03-Jul-20	335	04-Jul-20	03-Feb-21	214	565	412
71	107(R)	22-Jul-19	13	1	1	06-Aug-19	29-Aug-19	18-Oct-19	73	25-Jan-20	18-Feb-20	24	211	58
72	109 (R1)	22-Jul-19	26	7	3	06-Aug-19	06-Sep-19	03-Dec-19	119	16-Apr-20	04-May-20	18	287	134
73	116(R)	24-Jul-19	2	1	3	07-Aug-19	06-Sep-19	18-Oct-19	72	17-Dec-19	13-Jan-20	27	173	20
74	114(R1)	24-Jul-19	6	2	4	07-Aug-19	06-Sep-19	26-Nov-19	81	31-Dec-19	18-Feb-20	49	209	56
75	97(R2)	24-Jul-19	6	3	3	07-Aug-19	11-Sep-19	23-Oct-19	42	31-Dec-19	03-Jul-20	185	345	192
76	89(R3)	26-Jul-19	4	3	0	13-Aug-19	09-Sep-19	18-Mar-20	218	21-Mar-20	01-Jan-21	286	525	372
77	105(R1)	27-Jul-19	2	1	1	13-Aug-19	09-Sep-19	26-Nov-19	105	11-Feb-20	25-Apr-20	74	273	120
78	59(R5)	30-Jul-19	3	1	1	14-Aug-19	11-Sep-19	02-Sep-20	385	10-Sep-20	03-Feb-21	146	554	401
79	74(R7)	02-Aug-19	33	3	1	20-Aug-19	05-Sep-19	26-Nov-19	82	28-Jan-20	17-Jul-20	171	350	197
80	74(R7)	02-Aug-19	33	3	1	20-Aug-19	05-Sep-19	26-Nov-19	98	28-Jan-20	17-Jul-20	171	350	197
81	106(R)	05-Aug-19	14	9	1	21-Aug-19	21-Sep-19	10-Dec-19	80	23-Mar-20	11-May-20	49	280	127
82	121(R1)	07-Sep-19	2	2	0	20-Sep-19	NE	13-Nov-19	54	28-Jan-20	05-Mar-20	37	180	27
83	87(R5)	28-Sep-19	7	4	2	04-Oct-19	16-Oct-19	26-Nov-19	41	28-Jan-20	07-Mar-20	39	161	8
84	109(R2)	01-Oct-19	12	3	0	16-Oct-19	NE	21-Jan-20	97	07-Mar-20	08-May-20	62	220	67
85	109(R2)	01-Oct-19	12	3	0	16-Oct-19	NE	21-Jan-20	97	07-Mar-20	08-May-20	62	220	67

S. N.	Tender Code	NIT Date	No. of Items	No. of items finalized	No. of Amen-dment	Due date of tender	Extended date of tender	Date of Technical evaluation	Time taken for technical evaluation (day)	Date of price bid opening	Date of finalization	Time taken for evaluation of price bid (day)	Total time take for finalisation in tender (day)	Time taken after elapse of 153 days
86	123	14-Nov-19	17	1	3	16-Dec-19	31-Dec-19	18-Feb-20	64	04-May-20	17-Aug-20	105	277	124
87	125	22-Nov-19	5	1	1	23-Dec-19	06-Jan-20	14-Feb-20	53	17-Apr-20	29-Aug-20	134	281	128
88	128(R)	19-Jun-20	2	2	0	20-Jul-20	NE	01-Jan-21	165	02-Jan-21	20-May-21	138	335	182
89	94(R6)	19-Jun-20	5	2	0	20-Jul-20	30-Jul-20	21-May-21	305	21-May-21	09-Jun-21	19	355	202
90	58(R6)	01-Jul-20	6	3	1	28-Jan-20	NE	16-Dec-20	323	17-Dec-20	31-Mar-21	104	449	296
91	119(R1)	05-Sep-20	6	6	0	11-Jun-20	NE	17-Feb-21	251	17-Feb-21	27-Feb-21	10	294	141

(Source: Information provided by CGMSCL and compiled by Audit)
NE=Not Extended, NP=Not Provided

Appendix - 4.3

(Referred to in paragraph - 4.2.7)

Statement showing details of high value equipment procured during 2016-22

Sl No	Tender Ref. no.	Name of Equipment	Tender quantity	Name of the supplier	Rate (₹ per unit)	Total purchase	RC validity	
							From	To
1	72(R2)	CT Scan Machine on buy back basis	1	Wipro GE healthcare Pvt. Ltd.	5,00,00,000	3	26-Dec-18	25-Dec-20
2	44	Shock Wave Lithoriptor	1	NW OVERSEAS	1,91,42,857	4	22-Jan-18	22-Jan-20
3	44	Digital Radiography System with fully Functional dry Printer	1	Agfa Healthcare India Pvt. Ltd.	1,12,00,439	3	22-Jan-18	12-Jan-20
4	96(R)	(Integrated) HPTLC System	1	Anchrom Enterprises Pvt. Ltd.	1,10,26,304	2	29-Jun-19	28-Jun-21
5	73(R)	Plasma Sterilizer 160 ltr Specifications	1	Bagree Enterprises	64,90,000	3	14-Sep-18	27-Mar-21
6	44	IPL (Intense Pulse Light)	1	Bagree Enterprises	61,95,000	4	12-Jan-18	12-Jan-20
7	58	Office Hysteroscope	3	Karl Storz-Endoscopy India Pvt Ltd	55,70,880	4	27-Jul-18	27-Jul-20
8	51	Paediatric video endoscopy system in high definition (HD) Technology	1	Karl Storz-Endoscopy India Pvt Ltd	52,60,000	6	02-Jan-18	02-Jan-20
9	35(R1)	Craniotomy Drill /Craniotomy Instrument	2	Bagree Enterprises	51,00,000	4	20-Dec-17	20-Dec-19
10	35	Neonatal and Pediatric Laparoscopic set	1	Karl Storz-Endoscopy India Pvt Ltd	47,25,490	3	31-Aug-17	29-Aug-19
11	51	Radiolucent head fixation clamp	1	Asha Medical System	44,93,125	3	27-Dec-17	01-Jan-20
12	109(R2)	Refrigerated Blood Component Centrifuge	1	Surana Enterprises	44,77,274	2	19-May-20	20-May-22
13	01/Automatic RNA Extractor	Automatic Nucleic Acid extraction System (48 tube)	3	Genetix Biotech Asia Pvt. Ltd.	44,71,256	5	10-Jun-20	11-Jun-22
14	51	Airway Management Set	2	Asha Medical System	42,02,800	3	27-Dec-17	01-Jan-20
15	35(R1)	USG machine	4	Dee Dee Enterprises	41,64,772	5	07-Dec-17	01-Dec-19
16	35(R1)	Upper GI Scope &Gastro Scope	1	Bagree Enterprises	39,00,000	4	20-Dec-17	20-Dec-19
17	35(R1)	CRRT Machine	1	B Braun Medical (India) Pvt. Ltd	35,26,900	8	08-Dec-17	08-Dec-19
18	37	CR System	1	Agfa Healthcare India Private Limited	34,25,000	7	01-Feb-18	31-Jan-20
19	51	Bronchoscope for Adult	2	Sun Medical System	32,15,600	7	27-Dec-17	27-Dec-19
20	51	Radio Frequency Pain Management system	1	Asha Medical System	30,61,250	2	22-Dec-17	22-Dec-19
21	62	Echocardiology System	1	Asha Medical System	30,12,800	3	23-May-18	24-May-20
22	77(R)	Fully Automated Auto-Analyser	2	Mokshit Corporation	28,26,100	35	06-Mar-19	07-Mar-21
23	35(R1)	RO Plant (Capacity of 2000Ltr)	2	Nipro Medical India Pvt Ltd	28,00,000	5	08-Dec-17	08-Dec-19
24	87(R)	INTRA AORTIC BALLON PUMP (IABP)	1	Getinge Medical India Pvt. Ltd.	32,92,800	2	20-Nov-19	19-Nov-21
25	35(R1)	Pneumatic drill	1	Bagree Enterprises	25,50,000	3	08-Dec-17	07-Dec-19

(Source: Information provided by CGMSCL and compiled by Audit)

Appendix - 4.4

(Referred to in paragraph - 4.2.11)

Statement showing details of rate contracts finalised on single bid in violation of tender committee recommendations

Sl. No.	Tender no.	Item Code	Item Description	Name of Bidder	Total cost (₹)	Quantity	Total value of procurement (₹)
1	59	GMCJ29	Microscope	Adarsh Enterprises	2,20,070	8	17,60,560
2	59	GMCJ35	Compound Biological Trinocular Digital Microscope with Camera and Software	Adarsh Enterprises	2,49,570	5	12,47,850
3	59	GMCJ36	Binocular Microscope	Adarsh Enterprises	48,734	17	8,28,478
4	59	GMCJ39	Flow Cytometer	Adarsh Enterprises	34,69,200	2	69,38,400
5	59	GMCJ41	Dark ground Microscope	Adarsh Enterprises	2,20,188	1	2,20,188
6	58	GMCR005	Multiple Syringe Infusion Pumps	Asha Medical System	63,280	29	18,35,120
7	58	GMCR008	O.T Light LED with Camera	Asha Medical System	16,12,800	0	0
8	58	GMCR012	Operation Table (Hydralic)	Asha Medical System	15,05,680	34	5,11,93,120
9	58	GMCR014	Post OP Monitor	Asha Medical System	1,38,320	6	8,29,920
10	58	GMCR015	OT Table	Asha Medical System	20,81,520	43	8,95,05,360
11	58	GMCR024	Resuscitation Kit	Asha Medical System	7,89,880	0	0
12	58	GMCR027	Bis Monitor	Asha Medical System	8,26,560	0	0
13	58	GMCR011	Vessel sealar	Bagree Enterprises	40,76,800	2	81,53,600
14	58	GMCR009	Office Hysteroscope	Karl Storz Endoscopy India Pvt. Ltd.	55,70,880	3	1,67,12,640
15	58	GMCR030	Syringe Infusion Pump	M/s. B Braun Medical (India) Pvt Ltd	57,904	508	2,94,15,232
16	59	GMCJ42	Digital BOD incubator	Medica Instrument Mfg Co	1,76,165	3	5,28,494
17	59	GMCJ23	Digital Spirometer/ Computerised pulmonary fuction testing machine	Mokshit Corporation	2,01,600	5	10,08,000
18	58	GMCR004	High End ICU Ventilators Invasive	Schiller Health Care(I) Pvt Ltd	16,74,400	63	10,54,87,200
19	58	GMCR017	Vac dressing instrument set	Triage Meditech Pvt. Ltd.	2,12,800	0	0
20	58	GMCR021	Automated Humphery	Varad Corporation	26,71,200	1	26,71,200
Total							**31,83,35,362**

(Source: Information provided by CGMSCL and compiled by Audit)

Appendix - 4.5

(Referred to in paragraph - 4.2.15.3)

Statement showing equipment kept idle in CMHOs, CHCs, PHCs and UPHCs

SN	District	Unit Name	Name of the equipment	Date of supply	Quantity	Amount (₹)	Location	Supplied by
1	Balod	CHC Dondilohara	Bio chemical analyzer	31-Jul-20	1	2,12,400	CHC Dondilohara	CGMSCL
2	Balod	CHC, Dondi	Semi auto analyser	21-Jul-20	1	2,12,400	CHC, Dondi	CGMSCL
3	Bilaspur	CMHO Bilaspur	Biochemical analyzer	23-Mar-20	2	4,24,800	UPHC Gandhi Chowk	CGMSCL
4	Bilaspur	CMHO Bilaspur	Blood Cell Counter	27-Mar-20	1	4,99,514	UPHC Gandhi Chowk	CGMSCL
5	Bilaspur	CMHO Bilaspur	Blood Cell Counter	31-Mar-20	1	4,99,514	UPHC Bandhwapara	CGMSCL
6	Bilaspur	CHC, Takhatpur	Semi Auto analyzer	NP	1	3,24,500	CHC Takhatpur	CGMSCL
7	Bilaspur	CHC, Takhatpur	CBC Machine	22-Feb-21	1	4,30,000	CHC Takhatpur	CGMSCL
8	Raipur	DME Raipur	HPLC variant NBS	22-Dec-16	1	47,40,750	Sickle Cell Raipur	CGMSCL
9	Raipur	DME Raipur	Blood Cell counter	06-Jan-20	3	15,22,200	Sickle Cell Raipur	CGMSCL
10	Raipur	DME Raipur	Automated 5 Part Hematology Analyser	27-May-20	1	15,08,040	Sickle Cell Raipur	CGMSCL
11	Raipur	DME Raipur	Fully Automated Analyser	27-May-20	1	28,26,100	Sickle Cell Raipur	CGMSCL
12	Raipur	CMHO Raipur	Biochemical analyzer	27-Jun-20	1	2,12,400	UPHC Bhatagaon	CGMSCL
13	Raipur	CMHO Raipur	Blood Cell Counter	01-Mar-21	1	5,07,400	UPHC Mathpuraina	CGMSCL
14	Raipur	CMHO Raipur	Blood Cell Counter Reagent Kit	28-Jun-21	3	77,797	UPHC Mathpuraina	CGMSCL
15	Raipur	CHC Arang	Biochemistry analyzer	25-Nov-18	1	2,12,400	CHC Aarang. PHC Mandir Hasaud	CGMSCL
16	Raipur	CHC, Tilda	Bio Chemical Analyzer	21-Feb-18	1	2,12,400	CHC Kharora	CGMSCL
17	Raipur	CHC, Tilda	Blood Cell Counter	09-Mar-21	1	4,99,514	CHC Kharora	CGMSCL
18	Raipur	CHC, Tilda	Urine Analyzer	21-Feb-18	1	1,08,200	CHC Kharora	CGMSCL
19	Sukma	CHC Chhindgarh	Biochemistry analyzer	11-Dec-18	1	3,24,500	CHC Chhindgarh	CMHO
20	Sukma	CHC Chhindgarh	CBC Machine	27-Sep-18	1	9,44,500	CHC Chhindgarh	CMHO

SN	District	Unit Name	Name of the equipment	Date of supply	Quantity	Amount (₹)	Location	Supplied by
21	Sukma	CHC Konta	Biochemistry analyzer	24-Sep-18	2	6,49,000	CHC Konta and Dornapal	CMHO
22	Sukma	CHC Konta	CBC Machine	24-Sep-18	2	18,89,000	CHC Konta and Dornapal	CMHO
23	Kondagaon	CHC Vishrampuri	Biochemistry analyzer	13-Jul-20	1	2,12,400	CHC Vishrampuri	CGMSCL
24	Kondagaon	CHC Vishrampuri	CBC Machine	23-Jun-16	1	0	CHC Vishrampuri	CMHO
25	Kondagaon	CHC Vishrampuri	Urine analyzer	03-Apr-17	3	0	CHC Vishrampuri	CMHO
26	Korea	CHC Janakpur	Biochemistry analyzer	16-Oct-18	1	2,12,400	CHC Janakpur	CGMSCL
27	Korea	CHC Janakpur	Blood Cell Counter	16-Oct-18	1	5,07,400	CHC Janakpur	CGMSCL
28	Korea	CHC Janakpur	Urine Analyzer	16-Oct-18	1	1,27,440	CHC Janakpur	CGMSCL
29	Korea	CHC Khadgawan	Blood Cell Counter	04-Oct-18	1	5,07,400	CHC Khadgawan	CGMSCL
30	Korea	CHC Khadgawan	Urine Analyzer	16-Oct-18	1	1,27,440	CHC Khadgawan	CGMSCL
31	Korea	CHC Khadgawan	Urine Analyzer	NP	1	1,27,440	CHC Chirmiri	CGMSCL
Total					**34**	**2,06,59,249**		

(Source: Compiled from Information / records furnished by Health Institutions)
NP=Not Provided

Appendix - 4.6

(Referred to in paragraph - 4.2.15.3)

Statement showing equipment kept idle due to unwarranted supply in CMHOs, CHCs, PHCs, UPHCs and SHCs

SN	District	Unit Name	Name of the equipment	Date of supply	Qty.	Amount (₹)	Location	Supplied by
1	Balod	CMHO Balod	Carbon Monoxide Monitor	03-Sep-20	2	3,65,800	CMHO Balod	CGMSCL
2	Balod	CHC Dondilohara	Calorimeter	26-Dec-19	8	46,896	CHC Deori Bangla	CGMSCL
3	Balod	CHC Dondilohara	Infant Radiant Warmer	08-Jan-20	1	81,760	SHC Badgaon	CGMSCL
4	Bilaspur	CMHO Bilaspur	Carbon Monoxide Monitor	14-Oct-20	2	3,65,800	CMHO Bilaspur	CGMSCL
5	Bilaspur	CHC Kota	Dental X.ray	NP	1	1,25,000	CHC Kota	CGMSCL
6	Bilaspur	CHC Kota	Autoclave HP vertical	20-Oct-18	1	3,30,400	CHC Kota	CGMSCL
7	Bilaspur	CHC Kota	Cautry Machine	13-Nov-18	1	8,72,941	CHC Kota	CGMSCL
8	Bilaspur	CHC Kota	Shadowless lamp Ceiling type	04-Dec-17	1	7,16,800	CHC Kota	CGMSCL
9	Bilaspur	CHC Kota	Blood Bank Refrigerator	NP	1	2,50,000	CHC Kota	CGMSCL
10	Bilaspur	CHC, Takhatpur	Electrolyte Analyser	01-Oct-17	1	3,00,000	CHC Takhatpur	CGMSCL
11	Bilaspur	CHC, Takhatpur	Urine Analyzer	01-Oct-17	1	Not provided	CHC Takhatpur	CGMSCL
12	Bilaspur	CHC, Takhatpur	Autoclave HP vertical	20-Oct-18	1	3,30,400	CHC Takhatpur	CGMSCL
13	Bilaspur	CHC, Takhatpur	Surgical OT Light	NP	3	18,00,000	CHC Takhatpur	CGMSCL
14	Bilaspur	CHC, Takhatpur	Portable Shadowless lamp LED	15-Jul-18	1	65,856	CHC Takhatpur	CGMSCL
15	Raipur	CMHO Raipur	Carbon Monoxide Monitor	03-Sep-20	2	3,65,800	CMHO Raipur	CGMSCL
16	Raipur	CMHO Raipur	Instrument Trolly	31-Jan-20	130	17,64,100	CMHO Raipur	CGMSCL
17	Raipur	CHC Arang	Autoclave HP Horizontal (2 BIN)	10-Apr-18	1	3,30,400	CHC Rakhi	CMHO
18	Raipur	CHC Arang	Autoclave HP Horizontal (2 BIN)	25-Apr-18	1	3,30,400	PHC Mandir Hasaud	CMHO
19	Raipur	CHC Arang	Binocular Microsc -ope with oil emer - sion	09-May-18	1	Not provided	CHC Rakhi	CGMSCL
20	Raipur	CHC Arang	Calorimeter	26-Dec-19	4	23,448	CHC Aarang	CGMSCL
21	Raipur	CHC Arang	C.PAP	11-Aug-21	1	Not provided	PHC Mandir Hasaud	UCHC Ayurvedic College
22	Raipur	CHC, Tilda	Calorimeter	17-Dec-19	20	1,17,240	CHC Tilda, PHC and SHC	CHC Bilaigarh
23	Surajpur	CMHO Surajpur	Carbon Monoxide Monitor	27-Oct-20	2	3,65,800	CMHO Surajpur	CGMSCL

SN	District	Unit Name	Name of the equipment	Date of supply	Qty.	Amount (₹)	Location	Supplied by
24	Surajpur	CHC, Surajpur	ICU Beds	21-Sep-19	5	7,08,000	CHC	CGMSCL
25	Surajpur	CHC, Surajpur	Autoclave HP vertical	26-Oct-18	1	3,30,400	CHC	CGMSCL
26	Surajpur	CHC, Bhaiyathan	Dental chair	24-Sep-19	1	4,18,033	CHC	CGMSCL
27	Surajpur	CHC, Bhaiyathan	Dental chair	4-Jan-21	1	2,11,220	CHC	CGMSCL
28	Sukma	CHC Chhindgarh	Autoclave HP Horizontal (2 BIN)	04-Dec-18	1	3,30,400	CHC Chhindgarh	CGMSCL
29	Sukma	CHC Chhindgarh	Urine analyzer	08-Jul-19	1	2,06,500	CHC Chhindgarh	CMHO
30	Sukma	CHC Chhindgarh	Calorimeter	9-Feb-19	30	1,75,860	CHC Chhindgarh	CGMSCL
31	Sukma	CHC Konta	Autoclave HP Horizontal (2 BIN)	28-Jun-19 11-Mar-19	2	6,60,800	CHC Konta	CGMSCL
32	Sukma	CHC Konta	Calorimeter	26-Dec-19	30	1,75,849	CHC Konta	CGMSCL
33	Kondagaon	CMHO Kondagaon	Carbon Monoxide Monitor	20-Oct-20	2	3,65,800	CMHO Kondagaon	CGMSCL
34	Kondagaon	CHC Makdi	Urine analyzer	06-Dec-21	1	Not provided	CHC Makdi	CMHO
35	Kondagaon	CHC Makdi	Calorimeter	23-Oct-21	10	58,616	CHC Makdi	CGMSCL
36	Kondagaon	CHC Makdi	ECG Machine	19-Jan-21	1	2,74,606	CHC Makdi	CGMSCL
37	Kondagaon	CHC Makdi	Floor Cleaning Machine	22-Dec-20	1	4,47,200	CHC Makdi	CMHO
38	Kondagaon	CHC Makdi	Floor Cleaning MachineFloor Cleaning Machine	27-Dec-20	4	17,88,800	4 PHCs	CMHO
39	Kondagaon	CHC Makdi	Analyzer Machine	01-Feb-21	1	Not provided	PHC Lubha	CHC
40	Kondagaon	CHC Vishrampuri	Auto Colorimeter	20-Dec-19	1	Not provided	CHC Vishrampuri	CMHO
41	Kondagaon	CHC Vishrampuri	Blood Bank Refrigerator	20-Jan-20	1	Not provided	CHC Vishrampuri	CMHO
42	Kondagaon	CHC Vishrampuri	Floor Cleaning Machine	20-Dec-20	1	4,47,200	CHC Vishrampuri	CMHO
43	Kondagaon	CHC Vishrampuri	Eureka Forbes Floor Cleaning Ma chine	29-Dec-20	4	17,88,800	4 PHCs	CMHO
44	Kondagaon	CHC Vishrampuri	Operating Table	27-Aug-16	1	1,12,200	CHC Vishrampuri	CGMSCL
45	Kondagaon	CHC Vishrampuri	Operating Table	23-Aug-16	1	1,12,200	PHC Badbattur	CGMSCL
46	Korea	CMHO Korea	ICU Beds	21-Aug-19	25	35,40,000	All CHCs and DH	CGMSCL
47	Korea	CMHO Korea	Blood Cell Counter	25-Jul-21	1	5,07,400	UPHC Doman Hill	CGMSCL
48	Korea	CHC, Janakpur	Microscope	NP	1	2,47,800	CHC Janakpur	CGMSCL
49	Korea	CHC Khadgawan	Microscope	05-Nov-18	1	2,47,800	CHC Khadgawan	CGMSCL
50	Korea	CHC Khadgawan	Microscope	NP	1	2,47,800	CHC Chirmiri	CGMSCL
Total					**317**	**2,23,52,125**		

(Source: Compiled from Information / records furnished by Health Institutions)
NP=Not Provided

Appendix - 4.7

(Referred to in paragraph - 4.2.15.3)

Statement showing equipment kept idle due to lack of manpower in CHCs

SN	District	Unit Name	Name of the equipment	Date of supply	Qty.	Amount (₹)	Location	Supplied by	Reasons for idling
1	Balod	CHC Dondilohara	Bouys apparatus	NP	1	2,47,777	CHC Dondilohara	CGMSCL	No specialist doctor
2	Bilaspur	CMHO Bilaspur	Vision Center Set	07-Mar-20	1	1,41,200	UPHC Gandhi Chowk	CGMSCL	No ophthalmic assistant
3	Surajpur	CHC, Surajpur	Vision Center Set	11-Apr-19	1	1,41,120	CHC, Surajpur	CGMSCL	No ophthalmic assistant
4	Surajpur	CHC, Bhaiyathan	Vision Center Set	11-Apr-19	1	1,41,120	CHC, Surajpur	CGMSCL	No ophthalmic assistant
5	Sukma	CHC Konta	Breast Cancer Detector	10-Jan-19	1	15,93,000	CHC Konta	CMHO	No specialist posted
6	Sukma	CHC Konta	Vision Center Set	06-May-19	1	1,41,120	CHC Konta	CGMSCL	No ophthalmic assistant
Total					**6**	**24,05,337**			

(Source: Compiled from Information / records furnished by Health Institutions)
NP=Not Provided

Appendix - 4.8

(Referred to in paragraph - 4.2.16)

Statement showing details of penalty recoverable from various suppliers due to delay in supply of medical equipment

S. N.	Tender no.	Name of supplier	Purchase order no.	Purchase order date	Item Description	Item Code	Invoice No. & Date	Bill Amount (₹)	Schedule date of delivery	Actual date of delivery	Delay (in days)	Penalty recoverable at the rate of 12 *per cent* (₹)
1	50/EP	Mokshit Corporation	EQP/846A/ 2017-18: 6446	06-Dec-17	Pneumatic tube transport system	DKS PTS	148/17-18, 1/03/2018	2,70,00,000	4-Feb-18	07-Aug-18	184	32,40,000
2	49(R)	Mediglobe Medical System Pvt Ltd	EQP/1014/ 2017-18: 9210	24-Feb-18	Oxygen Gas Plant System	DKS OGP	MMSPL/oxy/9 14, 26/05/2018	2,59,70,000	25-Apr-18	14-Sep-18	142	31,16,400
3	42(R)	Arjo Huntleigh Healthcare India Private Limited	EQP/817A/ 2017-18: 5668	02-Nov-17	20 Bedded Burn Unit with ICU	DKS59	T/CT/RAI/18/0 001, 21/03/2018	1,65,50,492	01-Jan-18	06-Feb-19	401	19,86,059
4	45/EP	Mediglobe Medical System Private Limited	EQP/1012/ 2017-18: 9207	24-Feb-18	Modular ICU/Pre-operative ward	DKS61	MMSPL/875, 19/05/2018	1,57,10,000	25-Apr-18	29-Sep-18	157	18,85,200
5	42/EP	MDD Medical System India Private Limited	EQP/781/ 2017-18: 3473	21-Aug-17	Medical Gas Pipe Line System for O2, N2O, MA4 Air, SA7 Air and Vaccume + AGSS	DKS57	RA Bill no. 1, 13/2/18	1,06,92,035	20-Oct-17	02-Apr-18	164	12,83,044
6	42/EP	MDD Medical System India Private Limited	EQP/781/ 2017-18: 3473	21-Aug-17	Medical Gas Pipe Line System for O2, N2O, MA4 Air, SA7 Air and Vaccume + AGSS	DKS57	MDD/MSIPL/ T-57,60,237, 204,202, 192,191,176,91 ,90, 89,58,53&5	4,26,44,597	20-Oct-17	02-Apr-18	164	51,17,352

S. N.	Tender no.	Name of supplier	Purchase order no.	Purchase order date	Item Description	Item Code	Invoice No. & Date	Bill Amount (₹)	Schedule date of delivery	Actual date of delivery	Delay (in days)	Penalty recoverable at the rate of 12 *per cent* (₹)
7	42/EP	MDD Medical System India Private Limited	EQP/781/ 2017-18: 3472	21-Aug-17	Neuro Modular OT	DKS60	MDD/MSIPL/ T-193, 4, 126, 59, 10, 238 & 59	2,70,86,390	20-Oct-17	03-Apr-18	165	32,50,367
8	45/EP	Mediglobe Medical System Private Limited	EQP/780/ 2017-18: 3474	21-Aug-17	Modular ICU, Modular medical surgical ICU and Hospital and General Furniture	DKS	MMSPL/414,3 87, 353,292, 204,285,273	8,73,99,438	20-Oct-17	29-Sep-18	344	1,04,87,933
9	45/EP	Mediglobe Medical System Private Limited	EQP/780/ 2017-18: 3474	21-Aug-17		DKS	MMSPL/526	66,15,250	20-Oct-17	29-Sep-18	344	7,93,830
10	45/EP	Mediglobe Medical System Private Limited	EQP/780/ 2017-18: 3474	21-Aug-17		DKS	MMSPL/575	4,92,46,440	20-Oct-17	29-Sep-18	344	59,09,573
11	35/R3	Mediglobe Medi - cal System Private Limited	EQP/847/ 2017-18: 6444	06-Nov-17	Semi Modular OT	DKS01	MMSPL/525, 15/02/2018	2,62,50,570	04-Feb-18	27-May-19	477	31,50,068
12	35/R3	Mediglobe Medi -cal System Private Limited	EQP/847/ 2017-18: 6444	06-Dec-17	Semi Modular OT	DKS01	MMSPL/576, 19/03/2018	4,99,63,360	04-Feb-18	27-May-19	477	59,95,603
Total								**38,51,28,572**				**4,62,15,429**

(Source: Information provided by CGMSCL and compiled by Audit)

Appendix - 4.9

(Referred to in paragraph - 4.2.17.1)

Statement showing the purchase order wise excess payment made to the suppliers in violation of price fall clause/ Annexure III of tender conditions

S. N.	Purchase Order no.	PO date	Name of supplier	Rate (₹ per unit)	Quantity (SKU)	Value (₹)	Other state rate		Differe-nce (₹ per unit)	Extra expenditure (₹)
							Name of other states	Rate (₹ per unit)		
	Item Code: D349 - Miconazole Nitrate 2% Cream IP 15 gm Tube (Tender no. 33M)									
1	Drug Cell/19-20/112900090	17-May-19	Zenith Drugs Pvt. Ltd.	6.104	4,14,000	25,27,056	Gujarat	5.52	0.58	2,41,114
2	Drug Cell/19-20/112900174	22-Jun-19		6.104	37,300	2,27,679	Gujarat	5.52	0.58	21,724
3	Drug Cell/19-20/112900490	11-Sep-19		6.104	1,50,000	9,15,600	Gujarat	5.52	0.58	87,360
4	Drug Cell/19-20/112900536	30-Sep-19		6.104	72,200	4,40,709	Gujarat	5.52	0.58	42,049
5	Drug Cell/19-20/112900578	06-Nov-19		6.104	2,15,300	13,14,191	Gujarat	5.52	0.58	1,25,391
6	Drug Cell/19-20/112901093	13-Jan-20		6.104	1,19,800	7,31,259	Gujarat	5.52	0.58	69,772
7	Drug Cell/19-20/112901238	25-Feb-20		6.104	2,52,030	15,38,391	Gujarat	5.52	0.58	1,46,782
8	Drug Cell/20-21/1ZEN2000140	05-May-20		6.104	1,33,287	8,13,584	Gujarat	5.52	0.58	77,626
9	Drug Cell/20-21/1ZEN2000197	05-May-20		6.104	47,640	2,90,795	Gujarat	5.52	0.58	27,746
	Item Code: D474 - Silver Sulphadiazine 1% Cream IP 50 gm Tube (Tender no. 51R)									
10	Drug Cell/19-20/18900836	14-Jan-20	Nanz Med Science Pharma Pvt. Ltd	27.888	1,75,000	48,80,400	Rajasthan	20.83	7.06	12,34,800
11	Drug Cell/19-20/18901112	14-Jan-20		27.888	69,000	19,24,272	Rajasthan	20.83	7.06	4,86,864
12	Drug Cell/19-20/18901209	25-Feb-20		27.888	92,180	25,70,716	Rajasthan	20.83	7.06	6,50,422
13	Drug Cell/20-21/1NAN2000465	15-May-20		27.888	25,986	7,24,698	Rajasthan	20.83	7.06	1,83,357
	Item Code: D221SU - Ferrous Sulphate and Folic Acid Tab.(Large Red) 10x10 Tab. (Tender no. 32M)									
14	Drug Cell/19-20/106100064	17-May-19	Bochem Healthcare Pvt. Ltd	17.64	9,232	1,62,852	Odisha	15.93	1.71	15,820
15	Drug Cell/19-20/106100089	17-May-19		17.64	4,46,000	78,67,440	Odisha	15.93	1.71	7,64,266
16	Drug Cell/19-20/106100546	21-Oct-19		17.64	5,00,000	88,20,000	Odisha	15.93	1.71	8,56,800
	Item Code: D579 Carboplatin 150mg Inj vial (Tender no. 56M)									
17	Drug Cell/20-21/1FKOL00491	15-May-20	Fresenius Kabi Oncology Ltd	413.28	7,800	32,23,584	Rajasthan	408.8	4.48	34,944
18	Drug Cell/20-21/1FKOL00942	06-Oct-20		413.28	7,200	29,75,616	Rajasthan	408.8	4.48	32,256
	Item Code: D709 Oxaliplatin 50 mg Injection vial (Tender no. 56M)									
19	Drug Cell/20-21/1ADL2000964	06-Oct-20	Adley Formulations Private Limited	232.96	6,200	14,44,352	Rajasthan	179.2	53.76	3,33,312
20	Drug Cell/19-20/100101383	18-Mar-20		232.96	4,800	11,18,208	Rajasthan	179.2	53.76	2,58,048
	Item Code: D649 Gemcitabine 1gm injection IP vial (Tender no. 56M)									

S. N.	Purchase Order no.	PO date	Name of supplier	Rate (₹ per unit)	Quantity (SKU)	Value (₹)	Other state rate		Differe-nce (₹ per unit)	Extra expenditure (₹)
							Name of other states	Rate (₹ per unit)		
21	Drug Cell/20-21/1ADL2000955	06-Oct-20	Adley Formulations Private Limited	490.56	4,080	20,01,485	Rajasthan	412.16	78.4	3,19,872
22	Drug Cell/20-21/1ADL2000501	15-May-20		490.56	3,120	15,30,547	Rajasthan	412.16	78.4	2,44,608
	Item Code: D622 Epirubicin 50 mg Injection vial (Tender no. 56M)									
23	Drug Cell/19-20/16501385	18-Mar-20	Naprod Life Sciences Pvt. Ltd	458.85	7,420	34,04,667	Odisha	442.05	16.8	1,24,656
24	Drug Cell/20-21/1NAP2000999	06-Oct-20		458.85	700	3,21,195	Odisha	442.05	16.8	11,760
	Item Code: D571 EBortezomeb 2mg Injection IP vial (Tender no. 56M)									
25	Drug Cell/20-21/1ADL2000940	06-Oct-20	Adley Formulations Pvt Ltd	602.56	300	1,80,768	Rajasthan	488.87	113.69	34,107
	Item Code: D566 Bevacizumeb IP vial (Tender no. 56M)									
26	Drug Cell/20-21/1INT2000938	06-Oct-20	Intas Pharmaceuticals Ltd	4246.66	100	4,24,666	Rajasthan	3857.7	388.96	38,896
	Item Code: D158 Dextrose 5% Inj. IP 500 ml bottle (Tender no. 38MR)									
27	Drug Cell/19-20/14001155	25-Feb-20	Otsuka Pharmaceutical India Pvt. Ltd.	17.304	3,08,850	53,44,340	Gujarat	10.14	7.17	22,13,837
28	Drug Cell/19-20/14000719	10-Dec-19		17.304	2,52,200	43,64,069	Gujarat	10.14	7.17	18,07,770
29	Drug Cell/19-20/14000644	07-Nov-19		17.304	2,20,000	38,06,880	Gujarat	10.14	7.17	15,76,960
30	Drug Cell/20-21/1OTC2000385	15-May-20		17.304	1,12,475	19,46,267	Gujarat	10.14	7.17	8,06,221
31	Drug Cell/19-20/14001078	08-Jan-20		17.304	71,400	12,35,506	Gujarat	10.14	7.17	5,11,795
	Item Code: D267 Hydroxy Injection									
32	Drug Cell/19-20/16601113	14-Jan-20	Fresenius Kabi Indi Pvt.Ltd	296.8	3,500	10,38,800	Rajasthan	144.48	152.32	5,33,120
	Item Code: D694 Monteleukast 10mg Tab. 10x10 Tab (Tender no. 46M)									
33	Drug Cell/19-20/101900610	06-Nov-19	Micron Pharmaceuticals	90.72	4,900	4,44,528	Gujarat	76.15	14.57	71,399
34	Drug Cell/20-21/1MIC2000320	15-May-20		90.72	1,010	91,627	Gujarat	76.15	14.57	14,717
35	Drug Cell/19-20/11901271	25-Feb-20		90.72	584	52,980	Gujarat	76.15	14.57	8,510
	Item Code: D165 Diazepam Tab. IP 10x10 Tab (Tender no. 46M)									
36	Drug Cell/19-20/101900666	13-Nov-19	Micron Pharmaceuticals	20.16	5,000	1,00,800	Gujarat	13.33	6.83	34,160
37	Drug Cell/20-21/1MIC2000122	05-May-20		20.16	2,138	43,102	Gujarat	13.33	6.83	14,607
38	Drug Cell/19-20/11901274	25-Feb-20		20.16	740	14,918	Gujarat	13.33	6.83	5,056
	Item Code: D482 Spiranolactone 25mg Tab. IP (Tender no. 46M)									

S. N.	Purchase Order no.	PO date	Name of supplier	Rate (₹ per unit)	Quantity (SKU)	Value (₹)	Other state rate		Differe-nce (₹ per unit)	Extra expenditure (₹)
							Name of other states	Rate (₹ per unit)		
39	Drug Cell/19-20/11900761	11-Dec-19	Micron Pharmaceuticals	100.8	314	31,651	Gujarat	98.56	2.24	703
	Item Code: D216 Factor VIII Concentrate vial (Tender no. 45M)									
40	Drug Cell/19-20/15601349	07-Mar-20	Reliance Life Sciences Pvt .Ltd.	1790.25	2,200	39,38,550	Rajasthan	1773.45	16.8	36,960
41	Drug Cell/19-20/15600684	26-Nov-19		1790.25	220	3,93,855	Rajasthan	1773.45	16.8	3,696
	Item Code: D13 Albendazole Suspension IP 10 ml bottle (Tender no. 45M)									
42	Drug Cell/19-20/12601200	25-Feb-20	Syndicate Pharma	4.4576	1,08,190	4,82,268	MP	3.9	0.56	60,586
43	Drug Cell/19-20/12600999	08-Jan-20		4.4576	23,300	1,03,862	MP	3.9	0.56	13,048
	Item Code: D10 Acyclovir (as sodium salt) powder for inj. IP (Tender no. 45M)									
44	Drug Cell/20-21/1ANG2000339	15-May-20	Ang Lifesciences India Ltd	18.984	18,920	3,59,177	Gujarat	16.63	2.35	44,500
	Item Code: ND6 Mannitol 20% Injection IP 100 ml bottle (Tender no. 40MR)									
45	Drug Cell/20-21/1OTC2000163	05-May-20	Otsuka Pharmaceutical India Pvt. Ltd.	23.52	93,675	22,03,236	Rajasthan	21.84	1.68	1,57,374
46	Drug Cell/19-20/14001175	25-Feb-20		23.52	6,180	1,45,354	Rajasthan	21.84	1.68	10,382
47	Drug Cell/20-21/1OTC2000098	05-May-20		23.52	3,902	91,775	Rajasthan	21.84	1.68	6,555
	Item Code: D466 Salbutamol Sulphate MDI Inhaler (200 dose) (Tender no. 40MR)									
48	Drug Cell/19-20/10900822	11-Dec-19	CIPLA LIMITED	55.776	39,500	22,03,152	Odisha	47.58	8.2	3,23,837
49	Drug Cell/19-20/10901222	25-Feb-20		55.776	33,430	18,64,592	Odisha	47.58	8.2	2,74,073
50	Drug Cell/19-20/10901084	08-Jan-20		55.776	25,300	14,11,133	Odisha	47.58	8.2	2,07,420
51	Drug Cell/19-20/10900670	13-Nov-19		55.776	10,000	5,57,760	Odisha	47.58	8.2	81,984
52	Drug Cell/20-21/1CIP2000154	05-May-20		55.776	5,550	3,09,557	Odisha	47.58	8.2	45,501
53	Drug Cell/20-21/1CIP2000462	15-May-20		55.776	2,310	1,28,843	Odisha	47.58	8.2	18,938
	Item Code: D346 Metroniadazole Inj IP 100 ml bottle (Tender no. 40MR)									
54	Drug Cell/19-20/14001221	25-Feb-20	Otsuka Pharmaceutical India Pvt. Ltd.	7.952	2,41,400	19,19,613	Gujarat	6.99	0.96	2,32,516
55	Drug Cell/19-20/14000647	07-Nov-19		7.952	2,32,500	18,48,840	Gujarat	6.99	0.96	2,23,944
56	Drug Cell/20-21/1OTC2000185	05-May-20		7.952	2,17,200	17,27,174	Gujarat	6.99	0.96	2,09,207
57	Drug Cell/20-21/1OTC2000120	05-May-20		7.952	81,468	6,47,834	Gujarat	6.99	0.96	78,470
58	Drug Cell/19-20/14001098	13-Jan-20		7.952	67,400	5,35,965	Gujarat	6.99	0.96	64,920
	Item Code: D214 Sterile Etoposide Concentrate 100mg/5ml injection IP vial (Tender no. 56MR)									
59	Drug Cell/20-21/1GP2000935	06-Oct-20	Getwell Pharmaceuticals	107.52	36,800	39,56,736	Tamil Nadu	87.25	20.27	7,46,010

S. N.	Purchase Order no.	PO date	Name of supplier	Rate (₹ per unit)	Quantity (SKU)	Value (₹)	Other state rate		Differe-nce (₹ per unit)	Extra expenditure (₹)
							Name of other states	Rate (₹ per unit)		
	Item Code: D387 ORS Powder IP (Tender no. 18MR)									
60	Drug Cell/18-19/112900668	19-Feb-19	Zenith Drugs Pvt. Ltd.	2.0895	68,11,000	1,42,31,585	Gujarat	1.9215	0.168	11,44,248
61	Drug Cell/19-20/112901054	08-Jan-20		2.0895	65,00,000	1,35,81,750	Gujarat	1.9215	0.168	10,92,000
62	Drug Cell/19-20/112900743	10-Dec-19		2.0895	50,70,000	1,05,93,765	Gujarat	1.9215	0.168	8,51,760
63	Drug Cell/19-20/112900485	11-Sep-19		2.0895	35,00,000	73,13,250	Gujarat	1.9215	0.168	5,88,000
64	Drug Cell/19-20/112900104	03-Jun-19		2.0895	22,15,700	46,29,705	Gujarat	1.9215	0.168	3,72,238
65	Drug Cell/19-20/112900328	22-Jul-19		2.0895	14,36,500	30,01,567	Gujarat	1.9215	0.168	2,41,332
66	Drug Cell/18-19/112900698	21-Feb-19		2.0895	1,50,600	3,14,679	Gujarat	1.9215	0.168	25,301
	Item Code: D46 Anti Tetanus Immunoglobulin USP (Tender no. 41M)									
67	Drug Cell/19-20/100401362	18-Mar-20	Bharat Serums And Vaccines Limited	1496.25	8,580	1,28,37,825	Odisha	757.05	739.2	63,42,336
68	Drug Cell/19-20/100400539	30-Sep-19		1496.25	4,700	70,32,375	Odisha	757.05	739.2	34,74,240
69	Drug Cell/19-20/100400540	30-Sep-19		1496.25	1,846	27,62,078	Odisha	757.05	739.2	13,64,563
70	Drug Cell/19-20/100401070	08-Jan-20		1496.25	1,800	26,93,250	Odisha	757.05	739.2	13,30,560
71	Drug Cell/19-20/100401071	08-Jan-20		1496.25	900	13,46,625	Odisha	757.05	739.2	6,65,280
	Item Code: D463 Salbutamol Sulphate Oral Syrup IP 100 ml bottle (Tender no. 41M)									
72	Drug Cell/19-20/112900591	06-Nov-19	Zenith Drugs Pvt. Ltd.	8.3664	2,96,000	24,76,454	Rajasthan	7.24	1.13	3,34,835
73	Drug Cell/20-21/1ZEN2000288	15-May-20		8.3664	1,82,680	15,28,374	Rajasthan	7.24	1.13	2,06,648
74	Drug Cell/20-21/1ZEN2000463	15-May-20		8.3664	85,050	7,11,562	Rajasthan	7.24	1.13	96,209
75	Drug Cell/19-20/112901197	25-Feb-20		8.3664	53,220	4,45,260	Rajasthan	7.24	1.13	60,202
	Item Code: D725 Rabies Immunoglobulin Equine Injection 300 U/ml 5ml vial (Tender no. 41M)									
76	Drug Cell/20-21/1VIN2000458	15-May-20	VINS Bioproducts limited	207.9	7,683	15,97,296	Rajasthan	187.95	19.95	1,53,276
77	Drug Cell/20-21/1VIN2000100	05-May-20		207.9	2,054	4,27,027	Rajasthan	187.95	19.95	40,977
	Item Code: D761 Vitamin D3 400 IU Drop bottle (Tender no. 41M)									
78	Drug Cell/20-21/102600474	15-May-20	Synokem Pharmaceuticals Limited	17.752	12,300	2,18,350	MP	8.22	9.53	1,17,261
79	Drug Cell/19-20/19401124	25-Feb-20		17.752	6,800	1,20,714	MP	8.22	9.53	64,827
80	Drug Cell/20-21/102600315	15-May-20		17.752	1,520	26,983	MP	8.22	9.53	14,491
	Item Code: D38 Amphotericin B powder for Inj. IP Vial (Tender no. 41M)									
81	Drug Cell/20-21/1BSVL200353	15-May-20	Bharat Serums And Vaccines Limited	147	770	1,13,190	Rajasthan	136.5	10.5	8,085

S. N.	Purchase Order no.	PO date	Name of supplier	Rate (₹ per unit)	Quantity (SKU)	Value (₹)	Other state rate		Differe-nce (₹ per unit)	Extra expenditure (₹)
							Name of other states	Rate (₹ per unit)		
	Item Code: LPD 603 Tab. Deferasirox 500 mg 1x30 tab (Tender no. 36M)									
82	Drug Cell/20-21/1CIP2000380	06-Oct-20	Cipla Limited	470.4	506	2,38,022	Rajasthan	319.2	151.2	76,507
	Item Code: D171 Diclofenac Gel 25 gm tube (Tender no. 40M)									
83	Drug Cell/19-20/112901148	25-Feb-20	Zenith Drugs Pvt. Ltd.	6.6304	12,58,830	83,46,546	Gujarat	5.71	0.92	11,56,109
84	Drug Cell/19-20/112900818	11-Dec-19		6.6304	10,13,200	67,17,921	Gujarat	5.71	0.92	9,30,523
85	Drug Cell/19-20/112900510	30-Sep-19		6.6304	8,34,500	55,33,069	Gujarat	5.71	0.92	7,66,405
86	Drug Cell/19-20/112901033	08-Jan-20		6.6304	4,14,300	27,46,975	Gujarat	5.71	0.92	3,80,493
87	Drug Cell/20-21/1ZEN2000388	15-May-20		6.6304	78,726	5,21,985	Gujarat	5.71	0.92	72,302
	Item Code: D14 Albumin 20% injection IP, 50ml Vial (Tender no. 33M)									
88	Drug Cell/20-21/1RLSPL00342	15-May-20	Reliance Life Sciences Pvt Ltd.	1989.75	6,870	1,36,69,583	Gujarat	1753.5	236.25	16,23,038
	Item Code: D408 Phenytoin Sodium Tab. IP 10x10 tab (Tender no. 27M)									
89	Drug Cell/19-20/106400586	06-Nov-19	Unicure India Ltd.	33.488	4,000	1,33,952	Odisha	29.06	4.42	17,696
90	Drug Cell/20-21/1U2000714	20-Jun-20		33.488	3,000	1,00,464	Odisha	29.06	4.42	13,272
91	Drug Cell/20-21/1U2000736	20-Jun-20		33.488	1,193	39,951	Odisha	29.06	4.42	5,278
92	Drug Cell/18-19/106400683	21-Feb-19		33.488	740	24,781	Odisha	29.06	4.42	3,274
93	Drug Cell/18-19/106400709	21-Feb-19		33.488	666	22,303	Odisha	29.06	4.42	2,946
	Item Code: D285 Iron Sucrose 100mg Inj. 5ml Amp (Tender no. 41MR)									
94	Drug Cell/19-20/111600833	16-Dec-19	Maan Pharmaceuticals Limited	18.144	1,75,000	31,75,200	MP	15.02	3.12	5,46,840
95	Drug Cell/19-20/111601244	25-Feb-20		18.144	75,080	13,62,252	MP	15.02	3.12	2,34,610
96	Drug Cell/19-20/111601072	08-Jan-20		18.144	49,000	8,89,056	MP	15.02	3.12	1,53,115
97	Drug Cell/20-21/1M202000415	15-May-20		18.144	26,000	4,71,744	MP	15.02	3.12	81,245
98	Drug Cell/20-21/1M202000307	15-May-20		18.144	10,940	1,98,495	MP	15.02	3.12	34,185
	Item Code: D289 Isosorbide Dinitrate Tab. IP 10x10 tab (Tender no. 41MR)									
99	Drug Cell/19-20/16401339	07-Mar-20	Unicure India Ltd.	27.9888	890	24,910	Odisha	22.39	5.6	4,984
	Item Code: D465 Salbutamol Nebulizer Solution B.P. 15 ml bottle (Tender no. 41MR)									
100	Drug Cell/19-20/10901194	25-Feb-20	Cipla Limited	9.2736	43,900	4,07,111	Gujarat	8.89	0.38	16,717

S. N.	Purchase Order no.	PO date	Name of supplier	Rate (₹ per unit)	Quantity (SKU)	Value (₹)	Other state rate		Differe-nce (₹ per unit)	Extra expenditure (₹)
							Name of other states	Rate (₹ per unit)		
101	Drug Cell/20-21/1CIP2000125	05-May-20		9.2736	38,786	3,59,686	Gujarat	8.89	0.38	14,770
102	Drug Cell/20-21/1CIP2000188	05-May-20		9.2736	20,000	1,85,472	Gujarat	8.89	0.38	7,616
103	Drug Cell/19-20/10901014	08-Jan-20		9.2736	18,000	1,66,925	Gujarat	8.89	0.38	6,854
	Item Code: C16 Bleached Gauze Cloth Width: meter (Tender no. 47M)									
104	Drug Cell/20-21/3SSPL100256	05-May-20	Shanti Surgical Pvt Ltd	9.6096	97,789	9,39,713	Tamil Nadu	9.41	0.2	19,714
	Item Code: S17 Bleached Gauze Cloth Width: meter (Tender no. 47M)									
105	Drug Cell/20-21/2LSPL100224	05-May-20	Lotus Surgicals Pvt Ltd	311.36	1,250	3,89,200	Tamil Nadu	308	3.36	4,200
	Item Code: S23 Chormic with 1/2 Cir RB needle 40 mm Length 75 cm 12 foils (Tender no. 47M)									
106	Drug Cell/20-21/2LSPL100259	27-Aug-20	Lotus Surgicals Pvt Ltd	266.56	310	82,634	Tamil Nadu	240.8	25.76	7,986
	Item Code: C21 Bone Wax 2.5g (Tender no. 47M)									
107	Drug Cell/20-21/3MESPL00867	08-Jul-20	Meril Endo Surgery Pvt Ltd	200.48	1,210	2,42,581	Tamil Nadu	189.28	11.2	13,552
	Item Code: D418 Polyvalent Anti Snake Venum (Snake Anti Serum) IP (Freeze Dried) 10 ml vial (Tender no. 03MED)									
108	Drug Cell/17-18/111401766	20-Feb-18	VINS Bioproducts limited	440.16	22,500	99,03,600	Rajasthan	393	47.16	10,61,100
109	Drug Cell/17-18/111401895	03-Mar-18		440.16	22,500	99,03,600	Rajasthan	393	47.16	10,61,100
110	Drug Cell/17-18/111402042	21-Mar-18		440.16	22,500	99,03,600	Rajasthan	393	47.16	10,61,100
111	Drug Cell/18-19/111400105	27-Jun-18		440.16	22,500	99,03,600	Rajasthan	393	47.16	10,61,100
112	Drug Cell/17-18/111400055	08-May-17		486	20,000	97,20,000	Rajasthan	393	93	18,60,000
113	Drug Cell/17-18/111400333	21-Jun-17		486	19,000	92,34,000	Rajasthan	393	93	17,67,000
	Item Code: D29 Amoxycillin Cap. IP 10x10 (Tender no. 03MED)									
114	Drug Cell/18-19/19700248	30-Jul-18	Medico Remedies Pvt. Ltd.	130.524	60,500	78,96,750	Rajasthan	123.5	7.02	4,25,000
115	Drug Cell/17-18/19701283	12-Oct-17		130.524	54,000	70,48,339	Rajasthan	123.5	7.02	3,79,339
116	Drug Cell/17-18/19700046	22-Apr-17		126	50,000	63,00,000	Rajasthan	123.5	2.5	1,25,000
117	Drug Cell/17-18/19701710	12-Feb-18		130.524	5,348	6,98,047	Rajasthan	123.5	7.02	37,569
Total						**31,12,25,205**				**5,05,24,335**

(Source: Information compiled by Audit)

Appendix - 4.10

(Referred to in Paragraph - 4.2.18)

Statement showing the details of finalisation of tender with blacklisted firms and irregular purchase of drug from blacklisted firms

S. N.	Name of the Blacklisted firm	Blacklisted by	Period of Blacklisting	Type of blacklisting (Firm/Product)	Reason for blacklisting	Total purchase by CGMSCL (₹)
1	Celon Laboratories Limited, Hyderabad	Madhya Pradesh Medical Services Corp. Ltd	13-Apr-18 to 12-Apr-21	Firm	Drug Quality	14,70,572
2	Cipco Pharmaceuticals	Gujarat Medical Services Corporatiopn Limited	16-Dec-21 to 15-Dec-22	Ferrous sulphate 60 mg Tablet	Backout from Tender	59,94,000
3	Ciron Drugs and Pharmaceuticals Pvt Ltd, Mumbai	Madhya Pradesh Medical Services Corp. Ltd	17-Jun-19 to 18-Jun-22	Firm	Drug Quality	2,18,32,738
4	Goldwin Medicare Limited	Kerla Medical Services Corporation Limited	06-May-21 to 05-May-22	Firm	Default in supply of item	1,63,761
5	M/s Kwality Pharmaceuticals Pvt. Ltd. Amritsar	Kerala Medical Services Corp. Ltd.	19-Sep-17 to 18-Sep-20	Firm	Default supply	8,14,97,593
6	M/s Nestor Pharmaseuticals Ltd, Faridabad	Gujarat Medical Services Corp.	21-Feb-17 to 20-Feb-20	Folic Acid & Ferrous Sulphate Tab	Content of Folic Acid i.e. 38.4 %	1,03,96,947
7	M/s Saar Biotech, Chandigarh	Kerala Medical Services Corp. Ltd.	2015-2018	Firm	Drug Quality	71,40,618
8	Syndicate Pharma, Indore	Tamil Nadu Medical Services Corp. Ltd	08-Dec-17 to 07-Dec-19	Oral Rehydration Salts Powder Sachet IP	Not of Standard Quantity	2,09,05,448
9	Unicure India Pvt. Ltd, Noida	Tamil Nadu Medical Services Corporatrion Limited & Bureau of Pharma Public Sector Undertaking of India	24-Oct-17 to 23-Oct-19 & 24-Dec-19 to 23-Dec-21	Betamethasone Valerate Ointment. IP 0.1%	Not of Standard Quantity	9,04,60,967
Total						**23,98,62,647**

(Source: Data compiled by Audit)

Appendix - 4.11

(Referred to in paragraph - 4.4.2.2)

List of expired Drugs in warehouse which was having shelf life less than 80 *per cent* when received

S. No.	Name of Warehouse	Name Of Supplier	Item Code	Name of drugs	Batch no.	Expiry Date	SKU	Shelf Life	Expired qty at Warehouse	Unit rate ₹ per sku	Expiry Value (₹)
1	Raipur	B.Braun Medical(India)	SP1736	I.V. Aminoacid+ Glucose+Fat 625ml	202118051	30-Apr-22	1	69.27	208	1666.56	3,46,644
2	Raipur	B.Braun Medical(India) Pvt L	SP1736	I.V. Aminoacid+Glucose+Fat 625ml	203018051	30-Jun-22	1	77.64	1389	1666.56	23,14,852
3	Raipur	Baxalta Bioscience India Pvt. Ltd.	D215	Factor IX Complex (Coagulation factors II,VII,IX,X) Injection Dried	C1U019AA	31-May-21	1	35.21	35	9009	3,15,315
4	Raipur	Baxter India Private Limited	D15	Albumin inj.	LA14C149AA	31-Oct-16	100 ml Vial	78.71	0	3832.5	0
5	Raipur	Baxter India Private Limited	D471	Sevoflurane Inhaler	A074J425	31-Aug-16	Inhaler	78.98	24	5322.36	1,27,737
6	Bilaspur	Bharat Parenterals Ltd	D498	Terbutaline 0.5mg/ml Inj. IP	P6314	31-Jul-18	1 ml Amp	78.19	325	8.26	2,685
7	Janjgir	Bharat Parenterals Ltd	D498	Terbutaline 0.5mg/ml Inj. IP	P6314	31-Jul-18	1 ml Amp	78.33	120	8.26	991
8	Raigarh	Bharat Parenterals Ltd	D498	Terbutaline 0.5mg/ml Inj. IP	P6314	31-Jul-18	1 ml Amp	78.46	1615	8.26	13,340
9	Kawardha	Bharat Serums And Vaccines Limited	D15	Albumin inj.	T3ND6Q2001	30-Apr-19	100 ml Vial	60.32	198	3832.5	7,58,835
10	Rajnandgaon	Bharat Serums And Vaccines Limited	D45	Human Anti D Immunoglobulin (Polyclonal/Monoclonal) Inj. B.P. 300mcg	A10017015	30-Sep-19	Prefilled Syringe or vial	71.47	46	1768.48	81,350
11	Bilaspur	Biological E. Limited	D418A	Polyvalent Snake Antivenom Serum Injection	A1600920	30-Apr-22	1	67.84	1490	212.8	3,17,072
12	Durg	Biological E. Limited	D418A	Polyvalent Snake Antivenom Serum Injection	A1601220	30-Jun-22	1	73.00	NA	212.8	0
13	Jashpur	Biological E. Limited	D418A	Polyvalent Snake Antivenom Serum Injection	A1601020	31-May-22	1	71.16	106	212.8	22,557
14	Kawardha	Biological E. Limited	D418A	Polyvalent Snake Antivenom Serum Injection	A1601320	31-Jul-22	1	63.56	0	212.8	0
15	Raigarh	Biological E. Limited	D418A	Polyvalent Snake Antivenom Serum Injection	A1601120	31-May-22	1	70.94	2853	212.8	6,07,118
16	Raipur	Biological E. Limited	D418A	Polyvalent Snake Antivenom Serum Injection	A1601220	30-Jun-22	1	73.00	1923	212.8	4,09,214
17	Rajnandgaon	Biological E. Limited	D418A	Polyvalent Snake Antivenom Serum Injection	A1601120	31-May-22	1	71.16	551	212.8	1,17,253

S. No.	Name of Warehouse	Name Of Supplier	Item Code	Name of drugs	Batch no.	Expiry Date	SKU	Shelf Life	Expired qty at Warehouse	Unit rate ₹ per sku	Expiry Value (₹)
18	Raipur	Cb Corporation	COVELSKIT	Anti SARS CoV 2 for COVID-19 ELISA Testing Kit	A06204	31-Jan-21	1 Test	50.47	4992	75.6	3,77,395
19	Raipur	Cipla Limited	D623A	Erlotinib 150 mg Tablet	GJ00101	30-Jun-22	1 x 30	69.48	137	1982.4	2,71,589
20	Raipur	Cipla Limited	COVTOC400	Tocilizumab Inj.	N7476H02	30-Sep-20	1	34.07	26	30870	8,02,620
21	Durg	Cmg Biotech Pvt. Ltd.	D441	Propanolol 40mg Tablet IP	CT200600	31-May-22	10 x 10	71.06	0	11.85	0
22	Ambikapur	Coral Laboratories Ltd	D506	Timolol Maleate 0.5% Eye Drop IP	AC6088	31-Aug-18	5 ml Vial	60.77	270	11.65	3,146
23	Bilaspur	Coral Laboratories Ltd	D506	Timolol Maleate 0.5% Eye Drop IP	AC6088	31-Aug-18	5 ml Vial	60.91	180	11.65	2,097
24	Ambikapur	Eli Lilly And Company (India) Pvt. Ltd	D569	Biphasic Insuline Analogue	C677101	30-Jun-19	3ml per cart	67.37	570	351.9	2,00,583
25	Ambikapur	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C830000	30-Apr-20	3mlcrt	72.24	895	387.45	346768*
26	Bilaspur	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C830000	30-Apr-20	3mlcrt	72.05	150	387.45	58,118
27	Durg	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C627316	31-Oct-18	3mlcrt	63.65	72	387.45	27,896
28	Janjgir	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C776930	31-Jan-20	3mlcrt	75.05	1035	387.45	4,01,011
29	Kanker	Eli Lilly And Company (India) Pvt. Ltd	D569	Biphasic Insuline Analogue	C677101	30-Jun-19	3ml per cart	67.37	530	351.9	1,86,507
30	Kanker	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C830000	30-Apr-20	3mlcrt	72.24	899	387.45	3,48,318
31	Kawardha	Eli Lilly And Company (India) Pvt. Ltd	D569	Biphasic Insuline Analogue	C677101	30-Jun-19	3ml per cart	66.73	235	351.9	82,697
32	Kawardha	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C830000	30-Apr-20	3mlcrt	72.24	1313	387.45	5,08,722
33	Raigarh	Eli Lilly And Company (India) Pvt. Ltd	D569	Biphasic Insuline Analogue	C677101	30-Jun-19	3ml per cart	66.82	395	351.9	1,39,001
34	Raigarh	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C830000	30-Apr-20	3mlcrt	72.24	702	387.45	2,71,990
35	Rajnandgaon	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C776930	31-Jan-20	3mlcrt	75.05	1305	387.45	5,05,622
36	Jashpur	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C830000	30-Apr-20	3mlcrt	72.33	810	387.45	3,13,835
37	Jashpur	Eli Lilly And Company (India) Pvt. Ltd	D728	Rapid Acting Insuline Analogue Injection	C776930	31-Jan-20	3mlcrt	75.05	197	387.45	76,328
38	Dhamtari	Eurolife Health Care	D125	CIPROFLOXACIN Drop IP 0.3 % w/v	99023	NA	5 ml Vial	60.55	900	3.92	3,528

S. No.	Name of Warehouse	Name Of Supplier	Item Code	Name of drugs	Batch no.	Expiry Date	SKU	Shelf Life	Expired qty at Warehouse	Unit rate ₹ per sku	Expiry Value (₹)
39	Ambikapur	Health Biotech Limited	D308	Lignocaine HCL Inj. IP	BIO17039	31-Dec-18	30 ml Vial	79.29	7949	5.23	41,573
40	Raipur	Health Biotech Limited	D199	Epinephrine Hydrochloride (Adrenaline Inj.) IP	BIO17011	31-Dec-17	1 ml Amp	72.53	740	2.13	1,576
41	Jagdalpur	Indian Medicines Pharmaceutical Corporation Limited	AGU66M	Sufaf chutki	USU20	31-Jan-19	1	38.74	31	38.73626	1201*
42	Jagdalpur	Indian Medicines Pharmaceutical Corporation Limited	AGUP84M	Ark-a-kasni (poly)	UAR13	28-Feb-19	1	46.43	107	14.49	1550*
43	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU14M	Kurs-a-mulyan	UQU08	30-Sep-20	1	60.27	499	44.73	22,320
44	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU36M	Majun-falasifa	UMA26	31-Jul-20	1	62.28	499	51.98	25,938
45	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU20M	Khamira-Marwarid	UKH06	30-Sep-20	1	69.59	300	96.39	28,917
46	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU62M	Davaul misk	UAN03	31-Oct-20	1	72.42	75	153.3	11,498
47	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU68M	Rogan-a-turb	URA12	31-Oct-20	1	72.42	153	7.56	1,157
48	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU70M	Rogan-a-baijamurg	URA09	31-Oct-20	1	72.42	150	255.99	38,399
49	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU76M	Lauk spista	ULA04	31-Oct-20	1	72.42	75	24.99	1,874
50	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGUP81M	Majun-dabidulvard (ploy)	UMA38	31-Oct-20	1	72.42	174	259.04	45,073
51	Raigarh	Indian Medicines Pharmaceutical Corporation Limited	AGU46M	Jawaris-kamuni	UJA20	31-Aug-21	1	75.14	100	37.8	3,780
52	Raipur	Johnson And Johnson Pvt. Ltd	SP19231	Tab Canagliflozin 50mg + Metformin 1000mg	JLB2J00	30-Nov-22	1x60	67.03	48	1612.8	77,414
53	Rajnandgaon	Kwality Pharmaceuticals Ltd	D512	Tropicamide 0.5% eye drop IP	E781	31-Jan-20	5 ml FFS Vial	79.97	100	22.4	2,240
54	Raigarh	Lupin Limited	ND52	Budesonide	A20012AP	31-Mar-22	Respules	69.82	4988	7.95	39,655
55	Raigarh	Lupin Limited	ND52	Budesonide	A20030AP	30-Apr-22	Respules	73.94	2853	7.95	22,681
56	Raipur	Msd Pharmaceuticals Pvt. Ltd.	SP19227	Tab sitagliptin phosphate 50mg + Metformin 1000mg	T024470	28-Feb-22	1x14	60.22	349	246.176	85,915

S. No.	Name of Warehouse	Name Of Supplier	Item Code	Name of drugs	Batch no.	Expiry Date	SKU	Shelf Life	Expired qty at Warehouse	Unit rate ₹ per sku	Expiry Value (₹)
57	Raipur	Nahar Medical Agency	D388	Oseltamivir 30mg Capsule IP	MCS012	31-Aug-20	10 x 10	77.26	649	150.528	97,693
58	Raipur	Nahar Medical Agency	D389	Oseltamivir 45mg Capsule IP	MCM012	31-Aug-20	10 x 10	77.26	429	208.0512	89,254
59	Raipur	Nahar Medical Agency	D390	Oseltamivir 75mg Capsule IP	MCO019	31-Aug-20	10 X 10	77.26	269	362.88	97,615
60	Durg	Nandani Medical Laboratories Private Limited	D199	Epinephrine Hydrochloride (Adrenaline Inj.) IP	AD1506	30-Jun-16	1 ml Amp	75.62	505	2.13	1,076
61	Raipur	Naprod Life Sciences Pvt. Ltd	D678	L-asparaginase Injection	NN0264C	30-Jun-22	Vial	74.76	1086	867.132	9,41,705
62	Ambikapur	Novartis Healthcare Pvt. Ltd.	SP19161	Vildagliption 50mg Tab.	BNT17	30-Nov-22	2x14	66.21	10	389.8	3,898
63	Raipur	Novartis Healthcare Pvt. Ltd.	D679	Lapatinib 250 mg Tablet	369Y	30-Sep-19	3 x 10	75.17	198	10678.5	21,14,343
64	Ambikapur	Novartis Healthcare Pvt. Ltd.	SP19160	Vildagliption 50mg Tab. + Metformin 500 mg Tab	Y13MLCE0	NA	6x15	NA	29	1257.98	36,481
65	Raipur	Plasti Surge Industries Pvt Ltd	NIDDCP01	Salt Testing Kit	821	31-Oct-22	1 kit	70.61	0	18.4688	0
66	Raigarh	Protech Telelinks	D300M	Labetalol Inj.	L0422006C	30-Jun-22	20 ml Vial	76.27	1349	50.4	67,990
67	Raipur	Pulse Pharmaceuticals Pvt Ltd	D625	Escitalopram 5mg Tablet	LXD1014D	31-Aug-16	10 x 10	79.18	88	54.88	4,829
68	Raipur	Sandoz Private Limited	SP19541	RIBOCICLIB	SP19541	NA	NA	73.94	745	19264.06	1,43,51,725
69	Ambikapur	Sanofi Pasteur India Private Limited	SP293	H1N1 Quadrivalent Vaccine	UJ381AA	28-Feb-21	Single dose PFS	29.52	243	240	58,320
70	Rajnandgaon	Sanofi Pasteur India Private Limited	SP293	H1N1 Quadrivalent Vaccine	UJ381AA	02-Feb-21	Single dose PFS	18.58	1040	483	5,02,320
71	Rajnandgaon	Sanofi Pasteur India Private Limited	SP293	H1N1 Quadrivalent Vaccine	UJ381AA	28-Feb-21	Single dose PFS	68.96	180	483	86,940
72	Rajnandgaon	Sanofi Pasteur India Private Limited	SP293	H1N1 Quadrivalent Vaccine	UJ381AA	28-Feb-21	Single dose PFS	68.96	840	483	4,05,720
73	Raigarh	Sanofi Pasteur India Private Limited	SP293	H1N1 Quadrivalent Vaccine	UJ381AA	28-Feb-21	Single dose PFS	68.96	200	483	96,600
74	Durg	Shri Shyam Pulses	F001	Food Basket	SP10F18	30-Apr-19	1	74.41	1430	714	10,21,020
75	Janjgir	Shri Shyam Pulses	F001	Food Basket	SP10B18	30-Apr-19	1	79.15	1042	714	7,43,988
76	Rajnandgaon	Shri Shyam Pulses	F001	Food Basket	SP10C18	30-Apr-19	1	76.78	541	714	3,86,274
77	Raipur	Shri Shyam Pulses	F001	Food Basket	SP018417	31-Aug-17	1	73.22	6	892.5	5,355

S. No.	Name of Warehouse	Name Of Supplier	Item Code	Name of drugs	Batch no.	Expiry Date	SKU	Shelf Life	Expired qty at Warehouse	Unit rate ₹ per sku	Expiry Value (₹)
78	Bilaspur	Synokem Pharmaceuticals Limited	D374	Norethistrone Tab. IP	17SHJT008	30-Sep-19	10 X 10	79.70	6	95.2	571
79	Durg	Troikaa Pharmaceuticals Limited	D81	Bupivacaine Hydrochloride Inj. IP	B12170	30-Nov-16	20 ml Vial	54.66	454	26.59	12,072
80	Durg	Unicure India Ltd.	D305	Levothyroxine Sodium 50mcg Tab. IP	THAT806	31-Oct-21	10 x 10	75.91	1029	34.61	35,614
81	Durg	Unilab Chemicals And Pharmaceuticals Pvt. Ltd.	D111	Chlorhexidine 5% Solution	F16117	30-Jun-19	100 ml Bottle	60.08	1155	35.99	41,568
82	Raigarh	United Biotech Pvt Ltd	D190	Dopamine HCL Inj. USP	DPIK4A11	31-Oct-16	5 ml Amp	72.33	NA	7.67	0
83	Raipur	United Biotech Pvt Limited	D561	Anastrozole 1mg Tablet	AETL4A2	30-Nov-16	10 x 10	66.03	299	433.44	1,29,599
84	Raigarh	Vins Bioproducts Limited	D184	Diphtheria Antitoxin	04AD20002	31-Dec-21	Vial	76.71	284	1237.95	3,51,578
85	Raipur	Vins Bioproducts Limited	D184	Diphtheria Antitoxin	04AD20002	31-Dec-21	Vial	76.71	135	1237.95	1,67,123
86	Durg	Vital Healthcare Pvt Ltd	D485	Streptomycin sulphate Powder	VP14027	30-Apr-16	Vial	66.71	220	11.85	2,607
87	Raipur	Vital Healthcare Pvt Ltd	D485	Streptomycin sulphate Powder for Inj. IP	VP14027	30-Apr-16	Vial	67.26	0	8.9355	0
88	Raipur	Vital Healthcare Pvt Ltd	D476	Sodium bi carbonate 8.4% Inj. BP	V14460	30-Apr-16	10 ml	71.23	0	NA	0
89	Rajnandgaon	Vital Healthcare Pvt Ltd	D485	Streptomycin sulphate Powder	VP14027	30-Apr-16	Vial	67.12	130	8.9355	1,162
90	Durg	Wockhard Ltd.	D276	Human Insulin (Short Acting) 40IU/ml Inj. B.P. (Soluble)	DR10302	28-Feb-18	10 ml Vial	72.98	56	68.25	3,822
	Total										**3,26,74,353**
	Total			**3,26,74,353**							
	Replaced by the supplier			**3,49,519**							
	CGMSCL directed to replace the drugs valuing ₹			**1,71,22,947**							
	Balance value of drugs (₹)			**1,52,01,887**							

(Source: Information provided by CGMSCL and compiled by Audit)

NA=Not Available

Note: drugs Factor IX injection (D215) with 35 quantity valuing ₹3.15 lakh (Sl.no. 3 of Appendix 4.11) has also been commented in the para no. 4.4.2.1 (iv)

Appendix 4.12

(Referred to in paragraph – 4.9.3)

(A) Year-wise targets fixed and achievement

Year	Target set by pharmacy		Actual Production		Shortfall in production		Percentage short fall
	No. of medicines	Quantity	No. of medicines	Quantity	No. of medicines	Quantity	
A- Production of liquid medicine (in Liters)							
2016-17	08	10194.02	04	2807.25	04	7386.77	72
2017-18	07	8784.02	07	1424.35	00	7359.67	84
2018-19	08	9952.02	04	1050.30	04	8901.72	89
2019-20	09	10096.02	02	39.15	07	10056.87	100
2020-21	09	10096.02	03	759.60	06	9336.42	92
Total	**41**		**20**		**21**		
B - Production of solid medicine (in Kilogram)							
2016-17	37	110246.00	16	11381.10	21	98864.90	90
2017-18	37	110246.00	23	17886.75	14	92359.25	84
2018-19	37	93622.00	33	39506.50	04	54115.50	58
2019-20	42	91041.00	34	15986.30	08	75054.70	82
2020-21	47	99708.00	26	8235.00	21	91473.00	92
Total	**200**		**132**		**68**		

(Source: Data provided by Govt. Ayurveda Pharmacy and compiled by Audit)

(B) Production without demand

Year	A-Production without demand and target		
	No. of Medicines	Quantity	Value (in ₹)
A- Liquid Medicine (in Liters)			
2016-17	00	0.00	0.00
2017-18	01	81.00	214999.13
2018-19	00	0.00	0.00
2019-20	01	4.95	4411.22
2020-21	01	80.10	93031.81
Total-A	**03**	**166.05**	**312442.16**
B -Solid Medicine (in Kilogram)			
2016-17	03	1889.00	1639606.66
2017-18	07	3678.25	4079357.27
2018-19	08	3605.00	2193010.79
2019-20	08	1924.80	508407.08
2020-21	04	572.00	570468.65
Total-B	**30**	**11669.05**	**8990850.45**
Total Amount (A+B)			**9303292.61**

(Source: Data provided by Govt. Ayurveda Pharmacy and compiled by Audit)

Appendix 4.13

(Referred to in paragraph – 4.10.3.1 (A))

Failure to implement input checks in application system

Purchase order No	Contract sign date	Contract end date	Purchase order date	Tender no	Supplier Name	No of days extended	Total PO Value
EQP/148/2020-2021	20/12/2017	20/12/2019	27/6/2020	44/E(P)/CGMSC/EQP/2017, Dt 04/02/2017	Bagree Enterprises	-190	61,95,000
EQP/148/2020-2021	22/12/2017	22/12/2019	27/6/2020			-188	
EQP/148/2020-2021	26/12/2017	26/12/2019	27/6/2020			-184	
EQP/172/2020-2021	15/6/2017	15/6/2019	24/8/2020	53E(P)/CGMSC/EQP/2017, 15/06/2017		-436	1,17,65,706.84
EQP/172/2020-2021	20/11/2017	20/11/2019	24/8/2020			-278	
EQP/173/2020-2021	15/6/2017	15/6/2019	24/8/2020			-436	3,72,75,562.8
EQP/173/2020-2021	20/11/2017	20/11/2019	24/8/2020			-278	
EQP/174/2020-2021	15/6/2017	15/6/2019	24/8/2020			-436	2,21,81,356.8
EQP/174/2020-2021	11/20/2017	20/11/2019	24/8/2020			-278	
EQP/213/2019-2020	15/6/2017	15/6/2019	17/12/2019		Mokshit Corporation	-185	20,29,600
EQP/214/2019-2020	15/6/2017	15/6/2019	17/12/2019			-185	8,49,600
EQP/249/2019-2020	15/6/2017	15/6/2019	4/1/2020			-203	35,48,757.96
EQP/250/2019-2020	15/6/2017	15/6/2019	4/1/2020			-203	1,16,607.6
EQP/251/2019-2020	15/6/2017	15/6/2019	4/1/2020			-203	2,07,82,065.6
EQP/252/2019-2020	15/6/2017	15/6/2019	4/1/2020			-203	1,06,89,030
EQP/304/2019-2020	15/6/2017	15/6/2019	13/2/2020			-243	3,13,600
EQP/319/2019-2020	15/6/2017	15/6/2019	13/2/2020			-243	84,000
EQP/322/2019-2020	15/6/2017	15/6/2019	17/2/2020		Asha Medical System	-247	26,59,776
EQP/323/2019-2020	15/6/2017	15/6/2019	17/2/2020		Medico Surgical	-247	1,26,000
EQP/325/2019-2020	15/6/2017	15/6/2019	17/2/2020		Mokshit Corporation	-247	84,000
EQP/346/2019-2020	15/6/2017	15/6/2019	14/2/2020		Nitiraj Engineers Ltd	-244	1,90,48,799
EQP/350/2019-2020	15/6/2017	15/6/2019	24/2/2020		CB Corporation	-254	22,84,800

Purchase order No	Contract sign date	Contract end date	Purchase order date	Tender no	Supplier Name	No of days extended	Total PO Value
EQP/363/2019-2020	15/6/2017	15/6/2019	24/2/2020		Medico Surgical	-254	1,00,800
EQP/370/2019-2020	15/6/2017	15/6/2019	28/2/2020			-258	51,825.6
EQP/374/2019-2020	15/6/2017	15/6/2019	5/3/2020			-264	4,25,600
EQP/390/2019-2020	15/6/2017	15/6/2019	12/3/2020			-271	36,10,948.68
EQP/391/2019-2020	15/6/2017	15/6/2019	12/3/2020		Mokshit Corporation	-271	1,97,45,553.6
EQP/392/2019-2020	15/6/2017	15/6/2019	12/3/2020			-271	4,01,51,883.6
EQP/393/2019-2020	15/6/2017	15/6/2019	12/3/2020			-271	3,88,69,200
EQP/394/2019-2020	15/6/2017	15/6/2019	12/3/2020			-271	38,86,920
EQP/38/2020-2021	15/6/2017	15/6/2019	11/5/2020		Medico Surgical	-331	98,000
EQP/50/2020-2021	15/6/2017	15/6/2019	11/5/2020		Nitiraj Engineers Ltd	-331	16,520
	Total						**24,69,91,514.08**

(Source: Data extracted from EMIS and compiled by Audit)

Appendix 4.14

(Refer to in paragraph 4.10.3.2 (B))

Test check of drugs for barcode availability

S. N.	Sl No. (as per QC Lab)	Drug Code	Drug Name	Batch No	Batch No (Provided by CGMSCL)	Primary Packaging	Secondary Packaging	Tertiary Packaging
1	354	D157	Dexamethasone Sodium Phosphate Inj. IP-4mg/ml	AV3891	YDX1106	Not Available	Not Available	Not Available in CGMSCL
2	330	D241	Frusemide Inj. IP	AI19028	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
3	635	D21	Amikacin Sulphate Inj. IP	GAM1901	GAM2003	Not Available	Available	Not Available in CGMSCL
4	144	D34	Amoxicillin + Clavulanic acid 600 Inj.	19BI118	MJ20008	Available (Not in GS1 Format)	Available (Not in GS1 Format)	Not Available in CGMSCL
5	383	D105	Ceftriaxone Powder for injection 1gm IP.	B088097	ZA20001	Available (Not in GS1 Format)	Available (Not in GS1 Format)	Not Available in CGMSCL
6	752	D527	Vitamin D3 Granules	P190303	UGS21027	Not Available	Not Provided	Not Available in CGMSCL
7	78	D82	Bupivacaine HCL Inj.	N12264	BV20002	Not Available	Available (Not in GS1 Format)	Not Available in CGMSCL
8	175	D157	Dexamethasone Sodium Phosphate Inj. IP-4mg/ml	AV4006	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
9	221	D502	Thiamine Hydrochloride (Vit B1) Inj.	N12082	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
10	274	D529	Vitamin K1 Injection	N12262	P0384	Not Available	Available	Not Available in CGMSCL
11	674	D618	Drotavarine 20 mg/ml Injection	AI18095	UIA20056	Not Available	Available (Not in GS1 Format)	Not Available in CGMSCL
12	770	D529	Vitamin K1 Injection	N12508	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
13	171	D105	Ceftriaxone Powder for injection 1gm IP.	B088094	AB080010	Not Available	Not Provided	Not Available in CGMSCL
14	216	D386	Oral Rehydration Salts Powder Sachet IP	819223	P20/0050	Available (Not in GS1 Format)	Not Provided	Not Available in CGMSCL
15	265	D350	Midazolam Inj.IP	8B10134	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
16	270	D684	Meropenem 500mg Injection	B218010	AB210006	Not Available	Available	Not Available in CGMSCL
17	357	D510	Tranexamic Acid 500mg/5ml Injection	N12260	UIA20010	Not Available	Not Available	Not Available in CGMSCL

S. N.	Sl No. (as per QC Lab)	Drug Code	Drug Name	Batch No	Batch No (Provided by CGMSCL)	Primary Packaging	Secondary Packaging	Tertiary Packaging
18	375	ND9	Piperacillin and Tazon bactum 4.5gm Powder for Inj.-4gm +500mg	PZ8006	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
19	433	D386	Oral Rehydration Salts Powder Sachet IP	819216	P20/0351	Available (Not in GS1 Format)	Not Provided	Not Available in CGMSCL
20	454	D738	Sucralfate Suspension 100mg/ml	STS606	Not Provided	Available	Not Provided	Not Available in CGMSCL
22	89	D244	Gentamicin Sulphate Eye/Ear drop Solution	8A08258	EF21-01	Available (Not Scannable)	Not Provided	Not Available in CGMSCL
23	260	D527	Vitamin D3 Granules	P180804	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
24	323	D386	Oral Rehydration Salts Powder Sachet IP	819222	P20/0008	Available (Not in GS1 Format)	Not Provided	Not Available in CGMSCL
25	334	D80	Bupivacaine (hydrochloride) inj. IP	BPI1848BC	P0388	Not Available	Available	Not Available in CGMSCL
26	387	D157	Dexamethasone Sodium Phosphate Inj. IP-4mg/ml	AV4032	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
27	391	D529	Vitamin K1 Injection	N12262	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
28	459	D527	Vitamin D3 Granules	P180803	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
29	536	D220	Ferrous Sulphate (25mg iron) Oral Solution	FSK9002	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
30	557	D645	Fusidic Acid 2% Cream	618FA	802FA	Available (Not in GS1 Format)	Available	Not Available in CGMSCL
31	558	D645	Fusidic Acid 2% Cream	617FA	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
32	636	D386	Oral Rehydration Salts Powder Sachet IP	819214	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
33	663	D527	Vitamin D3 Granules	P180806	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
34	745	D386	Oral Rehydration Salts Powder Sachet IP	819217	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
35	749	D35	Amoxicillin + Clavulanic acid 1.2 Inj	MC9012	MC20042	Available (Not in GS1 Format)	Available (Not in GS1 Format)	Not Available in CGMSCL
36	765	D527	Vitamin D3 Granules	P180807	Drug sample not Provided by CGMSCL			Not Available in CGMSCL
37	49	D550	Lactulose Solution	LLS602	Drug sample not Provided by CGMSCL			Not Available in CGMSCL

S. N.	Sl No. (as per QC Lab)	Drug Code	Drug Name	Batch No	Batch No (Provided by CGMSCL)	Primary Packaging	Secondary Packaging	Tertiary Packaging
38	449	D763	Zinc Syrup 20mg per 5 ml	MZC8002	Blacked Out for QC	Available (Not in GS1 Format)	Not Provided	Not Available in CGMSCL
39	651	D714	Permethrin 5% Cream	626NM	PRC-145	Availa	Not Provided	Not Available in CGMSCL

(Source: Data provided by CGMSCL)

Appendix - 5.1

(Referred to in paragraph - 5.7)

Statement showing district wise population and availability of beds

S. N.	District Name	Population as per census (2011)	Requirement of beds	Available beds	Shortage (+)/Excess (-) of beds	Shortage (+)/Excess(-) of beds (in *per cent*)
1	2	3	4	5	6 (4-5)	7 (6/4*100)
1	Raipur	21,60,876	4,322	6,948	-2,626	-61
2	Durg	17,21,726	3,443	5,022	-1,579	-46
3	Bilaspur	16,25,502	3,251	2,941	310	10
4	Janjgir-Champa	16,19,707	3,239	724	2,515	78
5	Rajnandgaon	15,37,133	3,074	1,412	1,662	54
6	Raigarh	14,93,627	2,987	1,805	8,812	40
7	Baloda Bazar	13,05,343	2,611	641	1,970	75
8	Korba	12,06,563	2,413	1,294	1,119	46
9	Mahasamund	10,32,754	2,066	1,155	911	44
10	Jashpur	8,51,669	1,703	718	985	58
11	Surguja	8,40,352	1,681	1,365	316	19
12	Bastar	8,34,375	1,669	891	778	47
13	Balod	8,26,165	1,652	882	770	47
14	Kabirdham	8,22,526	1,645	612	1,033	63
15	Dhamtari	7,99,781	1,600	1,359	241	15
16	Bemetara	7,95,759	1,592	313	1,279	80
17	Surajpur	7,89,043	1,578	480	1,098	70
18	Kanker	7,48,941	1,498	849	649	43
19	Mungeli	7,01,707	1,403	606	797	57
20	Korea	6,58,917	1,318	893	425	32
21	Balrampur	5,98,855	1,198	436	762	64
22	Gariaband	5,97,653	1,195	321	874	73
23	Kondagaon	5,78,326	1,157	411	746	64
24	Gaurella-Pendra-Marwahi	3,36,420	673	198	475	71
25	Dantewada	2,83,479	567	600	-33	-6
26	Bijapur	2,55,230	510	440	70	14
27	Sukma	2,50,159	500	266	234	47
28	Narayanpur	1,39,820	280	230	50	18
	Total	**2,54,12,408**	**50,825**	**33,812**	**24,643**	

(Source: census 2011 and data provided by DHS)

Appendix - 5.2

(Referred to in paragraph - 5.7 (i))

Position of bed capacity and ICU beds against required beds capacity based on population of the district hospitals of the State

S. N.	District Name	Population as per census (2011)	Beds required as per population	Number of functional Beds	Beds shortage (+)/ Excess (-)	ICU Beds required as per IPHS norms (5 *per cent* of Bed capacity)	Actual ICU Beds	Shortage (+)/ Excess (-) of ICU Beds
1	**2**	**3**	**4**	**5**	**6 (4-5)**	**7 (4*6/100)**	**8**	**9 (7-8)**
1	Raipur	21,60,876	475	220	255	24	0	24
2	Durg	17,21,726	379	450	-71	19	10	9
3	Bilaspur	16,25,502	358	180	178	18	0	18
4	Janjgir-Champa	16,19,707	356	180	176	18	27	-9
5	Rajnandgaon	15,37,133	338	200	138	17	5	12
6	Baloda Bazar	13,05,343	287	100	187	14	0	14
7	Jashpur	8,51,669	187	100	87	9	6	3
8	Bastar	8,34,375	184	203	-19	9	5	4
9	Balod	8,26,165	182	100	82	9	10	-1
10	Kabirdham	8,22,526	181	139	42	9	0	9
11	Dhamtari	7,99,781	176	233	-57	9	0	9
12	Bemetara	7,95,759	175	50	125	9	0	9
13	Surajpur	7,89,043	174	110	64	9	0	9
14	Mungeli	7,01,707	154	90	64	8	1	7
15	Korea	6,58,917	145	250	-105	7	3	4
16	Balrampur	5,98,855	132	100	32	7	0	7
17	Gariaband	5,97,653	131	60	71	7	4	3
18	Kondagaon	5,78,326	127	125	2	6	11	-5
19	Gaurella-Pendra-Marwahi	3,36,420	100	50	50	5	0	5
20	Dantewada	2,83,479	100	274	-174	5	16	-11
21	Bijapur	2,55,230	100	100	0	5	20	-15
22	Sukma	2,50,159	100	168	-68	5	0	5
23	Narayanpur	1,39,820	100	130	-30	5	0	5
	Total	**2,00,90,171**	**4,641**	**3,612**	**1,029**	**233**	**118**	**115**

(Source: census 2011 and data provided by DHS)

Appendix - 5.3

(Referred to in paragraph - 5.7 (i))

Status of functional beds against the sanctioned beds in District Hospitals in State

District	Total Sanctioned Beds	Functional Beds	Shortage (-)/ Excess (+) of Beds
1	**2**	**3**	**4 (3-2)**
Balod	100	100	0
Baloda Bazar	100	100	0
Balrampur	100	100	0
Bastar	200	203	3
Bemetara	100	50	-50
Bijapur	100	100	0
Bilaspur	200	180	-20
Dantewada	100	274	174
Dhamtari	200	233	33
Durg	500	450	-50
Gariaband	100	60	-40
GPM	100	50	-50
Janjgir-Champa	100	180	80
Jashpur	100	100	0
Kawardha	100	139	39
Kondagaon	100	125	25
Korea	100	250	150
Mungeli	100	90	-10
Narayanpur	100	130	30
Raipur	200	220	20
Rajnandgaon	200	200	0
Sukma	100	168	68
Surajpur	100	110	10
Total	**3,200**	**3,612**	**412**

(Source: census 2011 and data provided by DHS)

Appendix 5.4

(Referred to in Paragraph – 5.10 (iii))

Incomplete construction works in State

Agency Name	District Name	No. of work	No of work under progress	No. of work not started	Total no. of work not completed	Total no. of work completed
CGMSCL	Sarguja	7	1	0	1	6
	Bilaspur	42	1	20	21	21
	Raipur	8	0	3	3	5
	Dantewada	2	0	2	2	0
	Bastar	7	7	0	7	0
	Bemetra	4	0	4	4	0
	Bijapur	2	0	2	2	0
	Durg	16	0	10	10	6
	Mahasamundra	8	0	1	1	7
	Balod Bazar	1	0	1	1	0
	Gariyaband	2	0	0	0	2
	Janjagir-Champa	10	0	10	10	0
	Narayanpur	1	0	1	1	0
	Rajnandgaon	10	0	6	6	4
	Balod	9	0	9	9	0
Griha Nirman Mandal	Balod Bazar	3	0	3	3	0
Janpad Panchayat	Gariyaband	1	0	0	0	1
PWD	Sarguja	4	4	0	4	0
	Raipur	3	0	3	3	0
	Dantewada	8	2	0	2	6
	Bemetra	6	0	0	0	6
	Durg	5	0	0	0	5
	Kabirdham	5	0	0	0	5
	Mahasamundra	1	0	0	0	1
	Janjagir-Champa	8	0	0	0	8
	Kanker	1	0	0	0	1
	Raigarh	7	1	0	1	6
	Jashpur	1	0	0	0	1
	Korba	1	0	0	0	1
RES	Korea	4	0	0	0	4
	Balod	40	1	3	4	36
	Bastar	2	2	0	2	0
	Bemetra	5	0	0	0	5
	Bijapur	3	1	1	2	1
	Durg	3	0	0	0	3
	Kabirdham	9	0	0	0	9
	Gariyaband	1	0	1	1	0
	Janjgir-Champa	4	0	0	0	4
	Raigarh	2	0	0	0	2
	Dhamtari	4	0	0	0	4
	Jashpur	3	0	0	0	3
	Korba	2	0	0	0	2
Total		**265**	**20**	**80**	**100**	**165**

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

Appendix – 5.5

(Referred to in paragraph – 5.10 (iii))

Status of construction works in State

(₹ in lakh)

District Name	Year	Name of work	Executive agency	Estimated Amount	Actual Expenditure	Saving
DAO, Korea	2017-18	Construction of Dispensary (3 nos.)	RES	45	45.00	0.00
Only 3 no. of Dispensary was completed						
DAO, Korea	2018-19	Construction of Boundary wall (1 No.)	RES	4.82	4.82	0.00
1 no. Boundary wall was completed.						
DAO, Balod	2017-18	Construction of Dispensary (18 No.)	RES	270.0	270.0	0.00
Work were completed						
DAO, Balod	2018-19	Construction of Dispensary (3 No.)	RES	49.08	49.08	0.00
Work were completed						
DAO, Balod	2021-22	Construction of Dispensary (9 No.)	CGMSCL	147.24	0.00	147.24
Work not started						
DAO, Balod	2018-19	Construction of Boundary wall (19 No.)	RES	46.39	40.23	6.16
Out of 19 no. of boundary wall RES, Balod only completed the 15 no. of boundary wall, and 03 work not started yet and 1 no. of work is under progress.						
DAO, Sarguja	2018-19	Construction of boundary wall (7 No.)	CGMSCL	13.84	13.19	0.65
Out of the 7 no. of boundary wall 6 no. of work were completed and 01 no. of boundary wall incomplete.						
DAO, Sarguja	2018-19	Construction of building (04 No.)	PWD	65.44	51.28	14.16
Out of 4 no. of Dispensary work is not yet completed						
DAO,Bilaspur	2018-19	Construction of Dispensary (11 No.)	CGMSCL	179.96	120.25	59.71
2 no. of Dispensary work is not yet completed. Hence, Non utilization of amounting ₹ 32.72 lakh by the construction agency. Further, CGMSCL 9 no. of Dispensary were completed and unspent amount ₹ 100.37 lakh not refunded by CGMSCL till date.						
DAO,Bilaspur	2021-22	Construction of Dispensary (9 No.)	CGMSCL	147.24	0.00	147.24
Work not started						
DAO,Bilaspur	2018-19	Construction of Boundary wall (22 No.)	CGMSCL	74.49	30.37	43.12
12 no. of boundary wall were completed, 10 no. of boundary wall work is not still completed and 09 no. of work not yet started .						

District Name	Year	Name of work	Executive agency	Estimated Amount	Actual Expenditure	Saving
DAO, Raipur	2018-19	Construction of Dispensary (3 No.)	PWD	49.08	0.00	49.08
Work not started						
DAO, Raipur	2021-22	Construction of Dispensary (3 No.)	CGMSCL	49.08	0.00	49.08
Work not started						
DAO, Raipur	2018-19	Construction of Boundary wall (5 No.)	CGMSCL	10.99	8.9	2.09
5 no. of Boundary wall work is completed.						
DAO, Dantewada	2017-18	Construction of Dispensary (8 No.)	PWD	120	96.76	23.24
Out of 8 no. of 6 no. of Dispensary work were completed and 2 no. of work is under progress.						
DAO, Dantewada	2021-22	Construction of Dispensary (2 No.)	CGMSCL	32.72	0.00	32.72
Work is not started.						
DAO, Bastar	2017-18	Construction of Dispensary (2 No.)	RES	30	30.00	0.00
2 no. of work is under progress.						
DAO, Bastar	2021-22	Construction of Dispensary (7 No.)	CGMSCL	114.52	0.00	114.52
7 no. of work is under progress.						
DAO, Bemetra	2017-18	Construction of Dispensary (6 No.)	PWD	90.00	90.00	0.0
6 no. of Dispensary were completed.						
DAO, Bemetra	2021-22	Construction of Dispensary (4 No.)	CGMSCL	65.44	0.00	65.44
6 no. of Dispensary work is not started.						
DAO, Bemetra	2018-19	Construction of Boundary wall (5 No.)	RES	15.00	15.00	0.00
Work Completed						
DAO, Bijapur	2017-18	Construction of Dispensary (1 No.)	RES	15.00	0.0	15.0
Work not started						
DAO, Bijapur	2018-19	Construction of Dispensary (2 No.)	RES	32.72	0.0	32.72
1 no. of work completed and 1 no. of work is under progress.						
DAO, Bijapur	2021-22	Construction of Dispensary (2 No.)	CGMSCL	32.72	0.0	32.72
Work not started						
DAO, Durg	2017-18	Construction of Dispensary (5 No.)	PWD	75.00	75.00	0.00
5 no. of Dispensary were completed.						
DAO, Durg	2018-19	Construction of Dispensary (3 No.)	RES	49.08	49.08	0.00

District Name	Year	Name of work	Executive agency	Estimated Amount	Actual Expenditure	Saving
3 no. of Dispensary were completed.						
DAO, Durg	2021-22	Construction of Dispensary (6 No.)	CGMSCL	98.16	0.00	98.16
Work not started						
DAO, Durg	2018-19	Construction of Boundary wall (10 No.)	CGMSCL	21.84	14.00	7.84
Out of 10 work 06 works were completed and 04 works not started						
DAO, Kabirdham	2017-18	Construction of Dispensary (4 No.)	PWD	60.00	54.59	5.41
4 no. of Dispensary were completed.						
DAO, Kabirdham	2018-19	Construction of Dispensary (1 No.)	PWD	16.36	8.07	8.29
1 no. of Dispensary were completed.						
DAO, Kabirdham	2018-19	Construction of Boundary wall (9 No.)	RES	21.53	19.39	2.14
9 no. of Boundary wall works were completed.						
DAO, Mahasamund	2017-18	Construction of Dispensary (1 No.)	PWD	15.00	12.93	2.07
1 no. of Dispensary were completed.						
DAO, Mahasamund	2021-22	Construction of Dispensary (1 No.)	CGMSCL	16.36	0.00	16.36
Work not started						
DAO, Mahasamund	2018-19	Construction of Boundary wall (7 No.)	CGMSCL	21.74	21.74	0.0
7 no. of Boundary wall works were completed.						
DAO, Rajnandgaon	2017-18	Construction of Dispensary (2 No.)	CGMSCL	30.00	26.28	3.72
2 no. of Dispensary were completed.						
DAO, Rajnandgaon	2021-22	Construction of Dispensary (6 No.)	CGMSCL	98.16	0.00	98.16
6 no. of Dispensary work is under progress.						
DAO, Rajnandgaon	2018-19	Construction of Boundary wall (2 No.)	CGMSCL	8.26	6.26	2.00
2 no. of Boundary wall works were completed.						
DAO, Baloda Bazar	2018-19	Construction of Dispensary (3 No.)	Griha Nirman Mandal	49.08	0.00	49.08
Work not started						
DAO, Baloda Bazar	2018-19	Construction of Boundary wall (1 No.)	CGMSCL	2.89	0.00	2.89
Work not started						

District Name	Year	Name of work	Executive agency	Estimated Amount	Actual Expenditure	Saving
DAO, Gariyaband	2018-19	Construction of Dispensary (2 No.)	CGMSCL	32.72	26.18	6.54
2 no. of Dispensary were completed.						
DAO, Gariyaband	2018-19	Construction of Boundary wall (2 No.)	1 RES and 1Janpad Panchayat	6.40	2.00	4.40
1 no. of Boundary wall works (Janpad Panchayat) was completed and 1 no. of works (RES) not yet started.						
DAO, Janjgir-champa	2018-19	Construction of Dispensary (7 No.)	PWD	114.52	96.19	18.33
7 no. of Dispensary were completed.						
DAO, Janjgir-champa	2021-22	Construction of Dispensary (10 No.)	CGMSCL	163.60	0.00	163.60
Work not started						
DAO, Janjgir-champa	2018-19	Construction of Boundary wall (5 No.)	4 RES and 1 PWD	17.13	15.33	1.80
5 no. of Boundary wall works were completed.						
DAO, Kanker	2018-19	Construction of Dispensary (1 No.)	PWD	16.36	16.36	0.00
1 no. of Dispensary were completed.						
DAO, Raigarh	2018-19	Construction of Dispensary (7 No.)	PWD	114.52	98.16	16.36
Out of 7 no. of Dispensary work 6 no. of work were completed and 1 no. dispensary, Ulkhar work is under progress.						
DAO, Raigarh	2018-19	Construction of Boundary wall (2 No.)	RES	6.38	4.69	1.69
2 no. of Boundary wall works were completed						
DAO, Narayanpur	2021-22	Construction of Dispensary (1 No.)	CGMSCL	16.36	0.00	16.36
Work not started						
DAO, Dhamtari	2018-19	Construction of Boundary wall (4 No.)	RES	12.51	12.51	0.00
4 no. of Boundary wall works were completed.						
DAO, Jashpur	2018-19	Construction of Boundary wall (4 No.)	3 RES and 1 PWD	9.04	9.04	0.00
4 no. of Boundary wall works were completed.						
DAO, Korba	2018-19	Construction of Boundary wall (3 No.)	2 RES and 1 PWD	7.75	7.35	0.40
3 no. of Boundary wall works were completed.						
Total				**2800.52**	**1440.03**	**1360.49**

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

Appendix – 5.6

(Referred to in paragraph – 5.10 (iii))

Status of construction works in selected districts

(₹ in lakh)

District Name	Year	Name of work	Executive agency	Estimated Amount	Actual Expenditure	Saving
DAO, Korea	2017-18	Construction of Dispensary (3 nos.)	RES Korea	45	44.75	0.25
Only 3 no. of Dispensary was completed and unspent amount ₹ 0.25 lakh not refunded by RES till date.						
DAO, Korea	2016-17	Construction of Boundary wall	RES, Korea	4.82	0.0	4.82
1 no. Boundary wall was completed but construction agency did not provide the actual expenditure figure to department.						
DAO, Balod	2018-19	Construction of boundary wall (19 No.)	RES, Balod	46.39	38.60	7.79
Out of the 19 no. of boundary wall, RES, Balod only completed the 15 no. of boundary wall and 01 no of boundary wall incomplete and no information provided by the RES for remaining 03 boundary wall.						
DAO, Balod	2020-21	Construction of boundary wall (10 No.)	RES, Balod	35.39	35.39	0.00
Out of 10 no. of boundary wall RES, Balod only completed the 08 no. of boundary wall, and one work is not yet completed and no information provided by the RES for remaining 01 boundary wall						
DAO, Ambikapur	2018-19	Construction of boundary wall (7 No.)	CGMSCL	13.84	13.19	0.65
Out of the 7 no. of boundary wall (i.e. Tar Fancing), CGMSCL, only completed the. 6 no. of boundary wall and 01 no of boundary wall incomplete and unspent amount ₹ 0.65 lakh not refunded by CGMSCL till date.						
DAO, Ambikapur	2018-19	Construction of building (04 No.)	PWD, Surajpur	65.44	45.87	19.57
Out of 4 no. of Dispensary PWD, Surajpur. Work is not yet completed						
DAO, Bilaspur	2018-19	Construction of Dispensary (11 No.)	CGMSCL	179.96	79.59	100.37
2 no. of Dispensary work is not yet completed. Hence, Non utilization of amounting ₹ 32.72 lakh by the construction agency. Further, CGMSCL 9 no. of Dispensary were completed and unspent amount ₹ 100.37 lakh not refunded by CGMSCL till date.						
DAO, Bilaspur	2018-19	Construction of Boundary wall (12 No.)	CGMSCL	39.63	26.85	12.78
It was observed that instant of cemented wall the construction agency has used a combination of Tar Fancing and wall which is against the defeat the purpose. 12 no. of boundary wall were completed and unspent amount ₹ 12.78 lakh not refunded by CGMSCL till date.						
DAO, Raipur	2017-18	Construction of Dispensary (3 No.)	PWD, Divn-1 Raipur	49.08	0.0	49.08
3 no of Dispensary incomplete by the PWD and unspent amount ₹ 49.08 lakh. Further, audit also observed that during last five year above 3 no. of dispensary were operated in rented building and department paid the amount of ₹ 6,02,201 which was extra burden to the Government.						
DAO, Raipur	2018-19	Construction of Boundary wall (3 No.)	CGMSCL	6.6	4.88	1.72

3 no. of Boundary wall work is completed by CGMSCL and unspent amount ₹1.72 lakh not refunded to the DAO, Raipur.						
DAO, Dantewada	2018-19	Construction of Dispensary (5 No.)	RES, Dantewada	75.00	51.76	23.24
Out of the 3 no. of Dispensary, RES, Dantewada was completed and 2 no of Dispensary incomplete by the RES and unspent amount ₹ 0.38 lakh not refunded by RES till date.						
DAO, Dantewada	2016-17	Construction of Dispensary (2 No.)	CGMSCL	30.97	0.0	30.97
Out of 2 no. of Dispensary CGMSC, Dantewada. Work is not yet completed						
DAO, Bastar	2016-17	Construction of Dispensary (8 No.)	CGMSCL	119.20	114.31	4.89
8 no. of Dispensary were completed and unspent amount ₹ 4.89 lakh not refunded by CGMSCL till date.						
DAO, Bastar	2017-18	Construction of Dispensary (2 No.)	RES, Jagdalpu	30	30.00	0.00
Work not started						
38 Dispensary & 52 no. of Boundary wall			**Total**	**741.32**	**485.19**	**256.13**
Dispensary (38 nos.)			**Completed**	**23**	**Uncompleted**	**15**
Boundary wall (52 nos.)				**45**		**7**

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

Appendix - 6.1

(Referred to in paragraph – 6.6.2)

Delay in release of NAM Fund

Year	Allotment (in ₹ Cr)	Sanction Amount by Ministry (in ₹ Cr)	Date of release of fund by Ministry	Date of release of fund by treasury	Delay in release of fund (No. of Days)
1	2	3	4	5	6=5-4
2016-17	19.27	5.64	20-01-2017	30-03-2017	69
		13.63	07-03-2017	07-07-2017	122
2017-18	29.09	15.25	20-02-2018	22-03-2018	30
		5.04	28-02-2018	23-07-2018	145
2018-19	20.1	17.78	27-07-2018	30-07-2019	368
			27-09-2018	30-07-2019	306
			27-02-2019	30-07-2019	153
2020-21	46.68	7.14	15-12-2020	28-01-2021	44
		13.57	31-12-2020	24-02-2021	55
		2.62	02-02-2021	27-03-2021	53
		21.51	02-02-2021, 03-03-2021 &18-03-2021	13.07.2022	526
2021-22	40.9	3.9	28-12-2021	23-03-2022	85
		7.72	27-03-2022	31-03-2022	4
		2.39	28-03-2022	09-05-2022	42

(Source: Data provided by Directorate, AYUSH and compiled by Audit)

Appendix – 6.2

(Referred to in paragraph – 6.8.3.1)

Statement showing details of fund received and its utilization under ECRP II

FMR Code	Activity / Heads	Plan as per ROP 2021-22 (₹ in lakh)	Expenditure Upto 31 March 2022 (₹ in lakh)	Percentage of Expenditure (*per cent*)
S.1	COVID Essential Diagnostics and Drugs	10,737.29	6,249.25	58.20
S.1.1	Provision for RAT and RT-PCR tests	7,757.29	2,989.25	38.53
S.1.1.1	RTPCR test Kits	2,295.00	1,485.20	64.71
S.1.1.2	Rapid Antigen Test Kits	5,462.29	1,504.05	27.54
S.1.2	Lab Strengthening for RT-PCR	180	180	100.00
S.1.2.1	Budget proposed for establishing RT-PCR Lab including procurement of RT-PCR Machine, biosafety cabinet, essentials such as -20 degree Celsius Freezer, pipettes, refrigerated centrifuge, vortex, etc	180	180	100.00
S.1.3	Essential drugs for COVID19 Management, including maintaining buffer stock	2,800.00	3,080.00	110.00
S.2	Ramping up Health Infrastructure with focus on Paediatric care units	48,930.11	10,881.30	22.24
S.2.1	Establishing dedicated Paediatric care units	8,995.82	1,361.58	15.14
S.2.1.1	Establishment of 32 bedded Paediatric Care Unit in DHs with ≤ 100 beds	758.19	99.8	13.16
S.2.1.2	Establishment of 42 bedded Paediatric Care Unit in DH with more than 100 beds	8,237.63	1,261.78	15.32
S.2.2	Establishing Paediatric CoEs at Medical Colleges/ State Hospital/ Central Government Hospital	294.3	0	0.00
S.2.3	Establishing additional Beds by provision of Prefab Units closer to the community	21,208.54	2,265.91	10.68
S.2.3.1	6 bedded units at SHC level	10,223.20	1,219.07	11.92
S.2.3.2	6 bedded units at PHC level	4,895.34	391.05	7.99
S.2.3.3	20 bedded units at CHC level	6,090.00	655.79	10.77
S.2.4	ICU beds in public healthcare facilities including 20% paediatric ICU beds	14,103.45	4,625.81	32.80
S.2.4.1	ICU beds (duly indicating number of Paediatric ICU beds separately) added at Medical Colleges	6,773.70	2,811.40	41.50
S.2.4.2	ICU beds (duly indicating number of Paediatric ICU beds separately) added at District Hospitals (other than the paediatric units mentioned at Para 31.2.1)	7,329.75	1,814.41	24.75
S.2.6	Referral Transport	2,628.00	2,628.00	100.00
S.2.6.1	Support for additional ambulances for nine months and preference to be given for ALS Ambulances	2,628.00	2,628.00	100.00

FMR Code	Activity / Heads	Plan as per ROP 2021-22 (₹ in lakh)	Expenditure Upto 31 March 2022 (₹ in lakh)	Percentage of Expenditure (*per cent*)
S.2.7	Support for Liquid Medical Oxygen (LMO) plant (with MGPS) including site preparedness and installation cost	1,700.00	0	0.00
S.2.7.1	LMO storage tanks.	1,520.00	0	0.00
S.2.7.2	MGPS	180	0	0.00
S.3	Enhancement of Human Resources for Health	2,199.60	36.73	1.67
S.3.1	Medical PG Residents	405	36.73	9.07
S.3.2	Medical UG Interns	79.2	0	0.00
S.3.3	Final year MBBS students	356.4	0	0.00
S.3.4	Final Year GNM Nursing students	421.2	0	0.00
S.3.5	Final Year B.Sc. Nursing students	937.8	0	0.00
S.4	IT Interventions - Hospital Management Information System and Tele- Consultations	757.73	403.3	53.22
S.4.1	Hospital Management Information System (HMIS) – to be implemented in 426 District Hospitals of the Country	648.45	366.87	56.58
S.4.1.1	Support to DHs to implement all modules of HMIS in District Hospitals where HMIS is partially implemented.	271.15	194.51	71.74
S.4.1.2	Support to DHs to implement all modules of HMIS in District Hospitals where HMIS is not implemented.	377.3	172.36	45.68
S.4.2	Strengthening the Telemedicine/ Tele-consultation Hubs	109.28	36.43	33.34
S.4.2.2	District Hubs strengthened (indicate their locations such as Medical Colleges, DHs, etc) with required hardware and other essentials	109.28	36.43	33.34
S.8	Capacity Building and Training for ECRP II components	35	0.00	0.00
S.8.1	Training on IT interventions including HMIS implementation	5.6	0.00	0.00
S.8.2	Training of Pediatric Covid-19 Management	11.2	0.00	0.00
S.8.3	CME of the professionals	11.2	0.00	0.00
S.8.4	Other trainings (Specify)	7	0.00	0.00
	Total	**62,659.73**	**17,570.57**	**28.04**

(Source: Informaiton furnished by NHM and compiled by Audit)

Glossary and Abbreviations

Abbreviations

AA	-	Administrative Approval
AAS	-	Atomic Absorption Spectroscopy
ALS	-	Advanced Life Support
AMC	-	Annual Maintenance Contract
AMO	-	Ayush Medical Officer
ANC	-	Ante Natal Care
ANM	-	Auxiliary Nurse Midwife
ASHAs	-	Accredited Social Health Activists
AYUSH	-	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BIF	-	Block Indicator Framework
BIS	-	Bureau of Indian Standards
BLS	-	Basic Life Support
BMW	-	Bio Medical Waste Management
BOR	-	Bed Occupancy Rate
BPMU	-	Block Program Management Unit
BTOR	-	Bed Turn Over Rate
CBWTF	-	Common Bio-Medical Waste Treatment Facility
CE	-	Conformity European
C&AG	-	Comptroller and Auditor General
CG-SIF	-	Chhattisgarh SDG Indicator Framework
CGMC	-	Chhattisgarh Medical Council
CGNRC	-	Chhattisgarh Nurses Registration Council
CGAUPB	-	Chhattisgarh *Ayurvedic Tatha Unani Chikitsa Paddhati Avam Prakritic Chikitsa* Board
CGECB	-	Chhattisgarh Environment Conservation Board
CGHC	-	Chhattisgarh Homoeopathy Council
CGPC	-	Chhattisgarh Paramedical Council
CGDC	-	Chhattisgarh Dental Council
CGPTC	-	Chhattisgarh Physiotherapy Council
CGSPC	-	Chhattisgarh State Pharmacy Council
CGMP	-	Current Good Manufacturing Practice
CGMSCL	-	Chhattisgarh Medical Services Corporation Limited
CGSPR	-	Chhattisgarh Store Purchase Rules
CHCs	-	Community Health Centres
CHiPS	-	Chhattisgarh InfoTech & Biotech Promotion Society
CHO	-	Community Health Officer
CM&HO	-	Chief Medical and Health Officer
CMC	-	Comprehensive Maintenance Contract
COVID-19	-	Corona Virus Diseases 2019
CPHC	-	Comprehensive Primary Health Care

CS	-	Civil Surgeon
CSR	-	Corporate Social Responsibility
CSSD	-	Central Sterile Supply Department
DAO	-	District Ayurveda Officer
DBT	-	Direct Benefit Transfer
DCH	-	Dedicated Covid Hospital
DCHC	-	Dedicated Covid Health Center
DHs	-	District Hospitals
DHS	-	Directorate Health Services
DIF	-	District Indicator Framework
DKSPGI	-	Dau Kalyan Singh Post Graduate Institute
DLIMC	-	District Level Implementation & Monitoring Committee on SDGs
DME	-	Directorate Medical Education
DMFT	-	District Mining Fund Trust
DoP	-	Department of Pharmaceuticals
DPDMIS	-	Drug Procurement and Distribution Management Information System
DPSE	-	Department of Planning, Economics and Statistics
DTLRC	-	Drug Testing Laboratory & Research Centre
ECRP	-	Emergency Response and Health Preparedness Package
ECSPP	-	European Commission State Partnership Programme
EDL	-	Essential Drug List
EMIS	-	Equipment Management Information System
ETP	-	Effluent Treatment Plant
EWS	-	Economic Weaker Section
FDCA	-	Food and Drugs Controller Administration
FTIR	-	Fourier Transform Infrared
GAC	-	Government Ayurveda College
GAC&H	-	Government Ayurveda College & Hospital
GAP	-	Government Ayurveda Pharmacy
GHD	-	Government Homeopathy Dispensary
GSDP	-	Gross State Domestic Product
GoCG	-	Government of Chhattisgarh
GoI	-	Government of India
GMC	-	Government Medical College
GMCHs	-	Government Medical College & Hospitals
GMP	-	Good Manufacturing Practices
HCF	-	Healthcare Facility
HICC	-	Hospital Infection Control Committee
H&FW	-	Health and Family Welfare

HMIS	-	Health Management Information System
HIMIS	-	Health Infrastructure Management Information System
HR	-	Human Resources
HIs	-	Health Institutions
HWC	-	Health & Wellness Center
ICT	-	Information & Communication Technology
ICU	-	Intensive Care Unit
ICCU	-	Intensive Coronary Care Unit
IMR	-	Infant Mortality ratio
INC	-	Indian Nursing Council
IPC	-	Indian Prevention and Control
IPD	-	Inpatient Department
IPHS	-	Indian Public Health Standards
ISM	-	Indian System of Medicine
IUFD	-	Intra Uterine Fetal Demise
JSSK	-	Janani Shishu Suraksha Karyakaram
JSY	-	Janani Suraksha Yojana
LAMA	-	Leave Against Medical Advice Rate
LD	-	Liquidated Damage
LMO	-	Liquid Medical Oxygen
NMC	-	National Medical Council
NHP	-	National Health Policy
MCH	-	Maternal and Child Health
MCI	-	Medical Council of India
MIP	-	Men in Position
MIS	-	Management Information System
MMR	-	Maternal mortality ratio
MoHFW	-	Ministry Of Health and Family Welfare
MPCE	-	Monthly Per capita Consumption Expenditure
MPW	-	Multipurpose Health Workers
NAM	-	National Ayush Mission
NCD	-	Non-Communicable Disease
NFHS	-	National Family Health Survey
NHM	-	National Health Mission
NIC	-	National Information Center
NICU	-	Neo natal Intensive Care Unit
NIDDCP	-	National Iodine Deficiency Disorder & Control Programme
NIT	-	Notice Inventing Tender
NMC	-	National Medical commission
NMR	-	Neonatal Mortality Rate
NMHP	-	National Mental Health Programme
NOC	-	No Objection Certificate
Non EDL	-	Non-Essential Drug List
NPY	-	Nikshay Poshan Yojana
NQAS	-	National Quality Assurance Standards
NRHM	-	National Rural Health Mission

NSQ	-	Not of Standard Quality
NTEP	-	National Tuberculosis Elimination Program
NTPC	-	National Thermal Power Corporation
NUHM	-	National Urban Health Mission
OOPE	-	Out of Pocket Expenditure
OPD	-	Out Patient Department
OTs	-	Operation Theatres
PAG	-	Principal Accountant General
PGI	-	Post Graduate Institutions
PHCs	-	Primary Health Centres
PH&FW	-	Public Health and Family Welfare
PICU	-	Paediatric Intensive Care Unit
PIP	-	Program Implementation Plans
PMJAY	-	Pradhan Mantri Jan Aarogya Yojana
PNB	-	Punjab National Bank
PNC	-	Post Natal Care
PPE	-	Personal Protective Equipment
QC	-	Quality Control
RAT	-	Rapid Antigen Detection Kit
RBSK	-	Rashtriya Bal Swasthya Karyakaram
RHO	-	Rural Health Organiser
RMA	-	Rural Medical Assistant
RNTCP	-	Revised National TB Control Programme
ROP	-	Record of Proceedings
ROR	-	Referral Out Rate
RSBY	-	Rashtriya Swasthya Bima Yojana
SAAP	-	State Annual Action Plan
SCI	-	State Cancer Institute
SDGs	-	Sustainable Development Goals
SDRF	-	State Disaster Relief Fund
SECL	-	South Eastern Coalfield Limited
SECC	-	Socio-Economic Caste Census
SHCs	-	Sub Health Centres
SHRC	-	State Health Resource Center
SHS	-	State Health Society
SICU	-	Surgical Intensive Care Unit
SLC	-	State Level Committee
SLSC	-	State Level Steering Committee
SN	-	Staff Nurse
SNCU	-	Special Newborn Care Unit
SPC	-	State Planning Commission
SQ	-	Standard Quality
SRS	-	Sample Registration System
SRSWOR	-	Simple Random Sampling Without Replacement
TCF	-	Trauma Care Facility
UPHC	-	Urban Primary Health Centres

USFDA	-	United State Food and Drug Administration
UTRSSAN	-	Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam
VRDL	-	Viral Research and Diagnostic laboratory
VLC	-	Voucher Level Compilation
WHO	-	World Health Organization

Glossary

Antenatal care

Antenatal care is the supervision of women during pregnancy to monitor the progress of foetal growth and to ascertain the well being of the mother and the foetus.

Drugs

Drug is a chemical substance, typically of known structure, which, when administered to a living organism, produces a biological effect.

Medicines

Medicine is a combination of various drugs in specific quantities and at specific time in the manufacturing process. Medicines is a chemical substance used to treat, cure, prevent, or diagnose disease or to promote well-being.

Essential medicines

Essential medicines are those that satisfy the priority health care needs of the population. They are selected with due regard to public health relevance, evidence of efficacy and safety and comparative cost effectiveness.

EDL

EDL is a basic list of medicines identified on the basis of health needs, with the criteria of efficacy, safety and suitability and cost in mind to meet the health care requirements of majority of the population.

Non-EDL

Drugs required for health care Other than EDL.

Category of Medical Devices

- Medical disposables and consumables
- Medical electronics, hospital equipment, surgical instruments
- Implants
- Diagnostic Reagents/IV

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