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

# Report of the Comptroller and Auditor General of India on Public Health Infrastructure and Management of Health Services

## Government of Gujarat

**Report No. 05 of 2024**

**(Performance Audit – Civil)**

# Report of the
# Comptroller and Auditor General of India
# on
# Public Health Infrastructure and
# Management of Health Services

## Government of Gujarat

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## *Preface*

This Report for the period ended March 2022 has been prepared for submission to the Governor under Article 151 of the Constitution of India.

Audit of Health and Family Welfare Department, Commissioner of Health, National Health Mission, Project Implementation Unit, Gujarat State Medical Services Limited, Food and Drugs Control Administration, other Regulatory Councils and field level offices/units were conducted under provisions of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971 which empowers the Comptroller and Auditor General of India to conduct audit of the accounts of Health and Family Welfare Department and submit such Audit Report to the State Government for its placement in the State Legislature.

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

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

# Executive Summary

# Executive Summary

## Introduction

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

## Audit findings and recommendations

### Human Resources

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

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

## Healthcare Services

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

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

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

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

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

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

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

### Healthcare Infrastructure

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

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

### Financial Management

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

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

[1] 1. Bhavnagar, 2. Anand, 3. Kheda, 4. Bharuch, 5. Gir Somnath, 6. Vadodara, 7. Ahmedabad, 8. Botad and 9. Mahisagar

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

### Implementation of Centrally Sponsored Schemes

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

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

### Adequacy and effectiveness of the regulatory mechanisms

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

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

### Sustainable Development Goal-3

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

# Chapter I

## Introduction

# Chapter-I: Introduction

## 1.1 Introduction

Health is a vital indicator of human development which is a basic ingredient of economic and social development. In India, the right to health care and protection has been recognised and considered a priority. The right to health is a fundamental part of human rights.

The prime objective of India's National Health Policy 2017 (NHP) is to improve health status through concerted policy action in all age groups and all sections of society and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with the focus on quality.

Healthcare services can be broadly divided into three categories namely:

(a) **Line Services:** Services directly related to patient care like Outdoor Patient Department (OPD), Indoor Patient Department (IPD), Emergency, Super Speciality, Intensive Care Units, Operation Theatre, Blood Bank, Maternity and Diagnostic services.

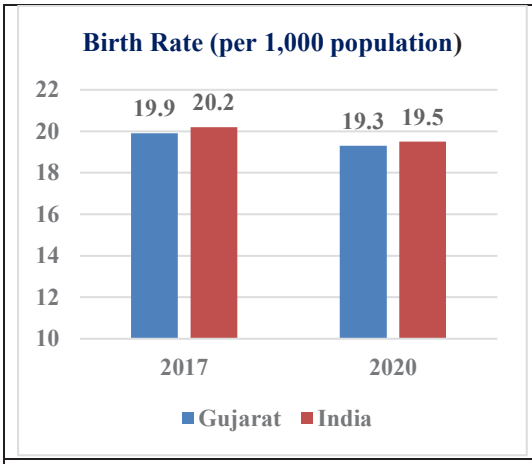
(b) **Support Services:** Services indirectly related to patient care like Oxygen Services, Dietary Services, Laundry Services, Bio-Medical Waste Management, Ambulance Services and Mortuary Services.

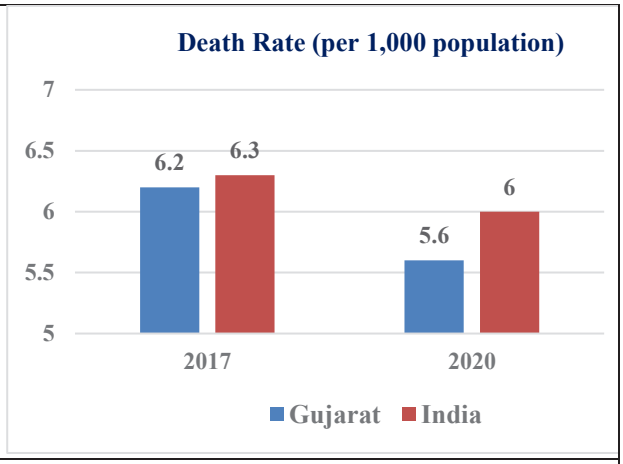
(c) **Auxiliary Services:** Services for facilitating the delivery of healthcare services like patient safety facilities, patient registration, grievance/complaint redressal and stores.

## 1.2 Selected Health Indicators of Gujarat

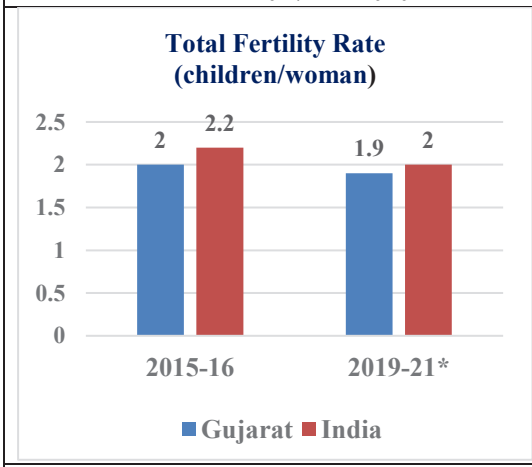
The status of healthcare can be evaluated on the basis of achievement against benchmarked health indicators. The various healthcare indicators show that Gujarat has made significant achievements over the years but still way to go to reach the goals. Major health indicators of the State compared with National figures are shown in **Chart 1.1**:

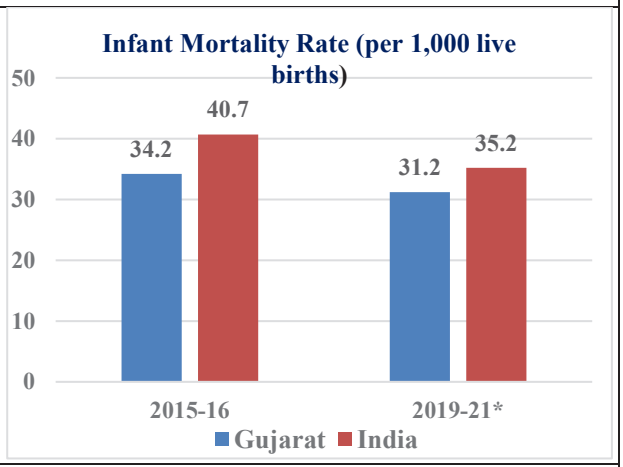
## Chart 1.1: Health indicators in the State



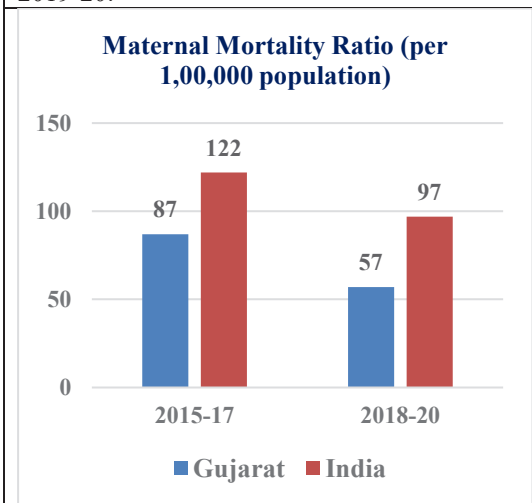




Source: SRS Bulletin 2017 and 2020

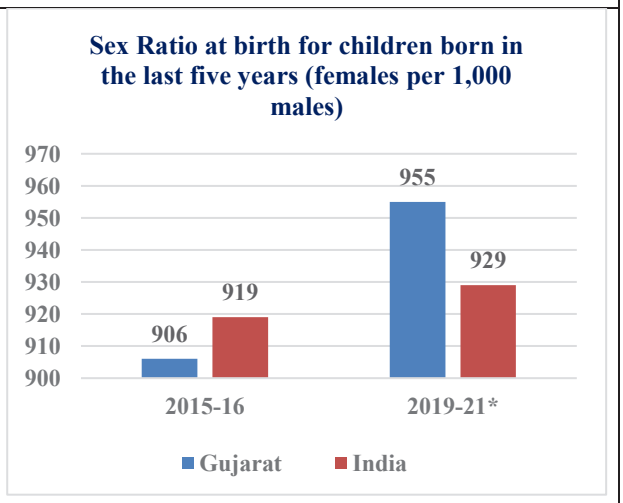



Source: NFHS-4 and NFHS-5 factsheet of Gujarat and India, * Figure for Gujarat pertains to the period 2019-20.




Source: SRS special bulletin on Maternal Mortality in India 2015-17 and 2018-20

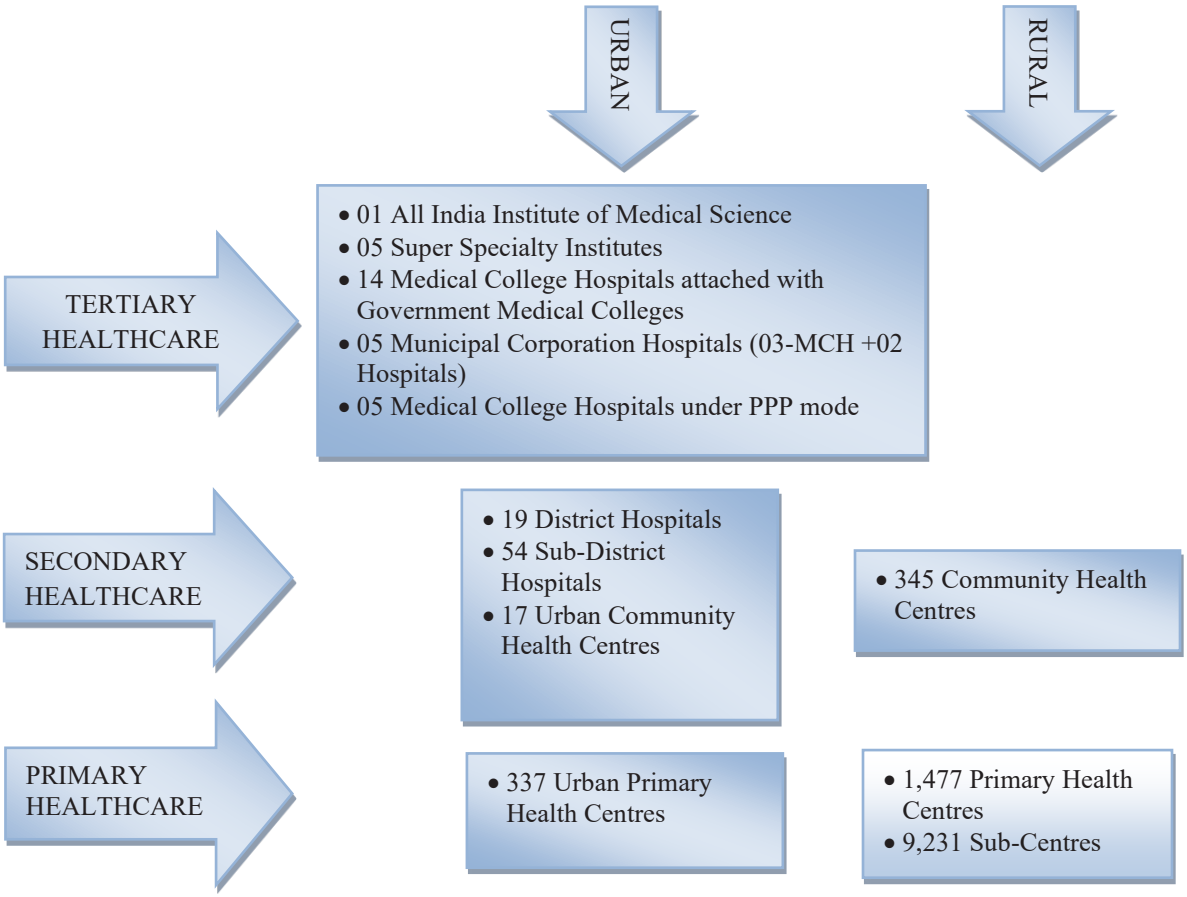



Source: NFHS-4 and NFHS-5 factsheet of Gujarat and India
* Figure for Gujarat pertains to the period 2019-20.

## 1.3 Public Health Facilities in the State

Healthcare facilities like Super Specialty Institutes, Civil Hospitals or Medical College Hospitals (MCHs), District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres provide effective and affordable healthcare services for a defined population. Super Specialty Institutes and MCHs function as tertiary care services for the entire district/region, DHs/SDHs/CHCs function as secondary level (referral) centres and PHCs/Sub-Centres function as primary level health care centres for the rural population. Availability of public health facilities in the State is shown below **Chart 1.2:**

**Chart 1.2: Public Healthcare Facilities in the State**




**(Source: Information collected from Commissioner of Health)**

The Additional Chief Secretary, Health and Family Welfare Department (HFWD) is the administrative Head of the Department. He is assisted by the Commissioner, Health, Medical Services, Medical Education and Research. Tertiary healthcare is administered by the Additional Director, Medical Education, secondary healthcare is administered by the Additional Director, Medical Services and primary healthcare is administered by the Additional Director, Public Health. The Organisational setup of HFWD is shown in **Appendix 1.1**.

## 1.4 Expenditure on Healthcare

Expenditure on health and family welfare is an important parameter to gauge the importance given to this sector by the Government. National Health Policy (NHP), 2017 stipulates raising public health expenditure to 2.5 *per cent* of the Gross Domestic Product (GDP) up to 2025. Further, NHP also envisages increasing State health sector spending to more than eight *per cent* of the State budget by 2020. Funds expended during the financial years 2016-22 on health and family welfare by the State Government are given in **Table 1.1:**

**Table 1.1: Expenditure on healthcare as a percentage of total State expenditure and Gross State Domestic Product (GSDP)**

**(₹ in crore)**

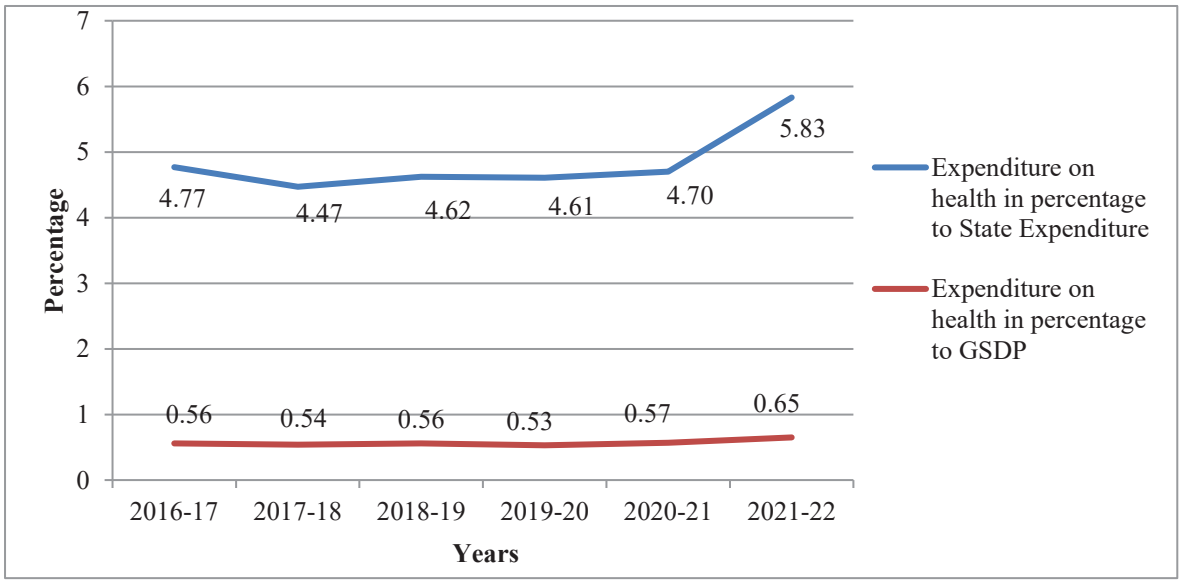
| Indicator | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|---|---|---|---|
| Total State Expenditure | 1,36,765.39 | 1,61,063.09 | 1,80,479.68 | 1,88,278.95 | 2,00,215.82 | 2,17,355.42 |
| Total State Expenditure on Health | 6,521.86 | 7,198.38 | 8,342.90 | 8,684.87 | 9,403.87 | 12,672.24 |
| Percentage of Health Expenditure | 4.77 | 4.47 | 4.62 | 4.61 | 4.70 | 5.83 |
| GSDP on the current price | 11,67,156 | 13,29,095 | 14,92,156 | 16,29,638 (P) | 16,55,917 (Q) | 19,44,107 (A) |
| Health Expenditure as a percentage of GSDP | 0.56 | 0.54 | 0.56 | 0.53 | 0.57 | 0.65 |

**(Source: Appropriation Accounts and State Finances Audit Reports)**

**(P): Provisional Estimates, (Q): Quick Estimates, (A): Advance Estimates**

Health expenditure of the State GDP ranged between 0.53 and 0.65 *per cent* and below the target of 2.5 *per cent*. Similarly, health expenditure as a percentage of total expenditure ranged between 4.47 and 5.83 *per cent* against the target of eight *per cent.* The trend of the State's performance in terms of these two targets has shown improvement during 2021-22 over the previous years as shown in **Chart 1.3:**

**Chart 1.3: Expenditure on healthcare as a percentage of GSDP and total State expenditure**




**(Source: Appropriation Accounts and State Finances Audit Reports)**

## 1.5 Healthcare Infrastructure

To deliver quality health services, adequate and properly maintained infrastructure is of critical importance. The availability of Government Healthcare Institutions and Medical Colleges in the State of Gujarat is shown in **Table 1.2 and Table 1.3** below:

**Table 1.2: Government Healthcare Institutes in the State as of March 2022**

| Sr. No. | Government Healthcare Institutions | Number of units |
|---|---|---|
| 1 | Super Specialist Institutes | 05 |
| 2 | Tertiary level hospitals | 25 |
| 3 | District Hospitals | 19 |
| 4 | Sub-District Hospitals | 54 |
| 5 | Community Health Centres | 345 |
| 6 | Urban Community Health Centres | 17 |
| 7 | Primary Health Centres | 1,477 |
| 8 | Urban Primary Health Centres | 337 |
| 9 | Sub-Centres | 9,231 |
| **Total** | | **11,510** |

**(Source: Information provided by HFWD)**

**Table 1.3: Medical/Dental colleges in the State as of March 2022**

| Sr. No. | Medical/Dental Colleges | Number of units |
|---|---|---|
| 1 | Medical Colleges[1] | 18 |
| 2 | Medical Colleges on PPP mode | 05 |
| 3 | Private Medical Colleges | 07 |
| 4 | Government Dental Colleges | 04 |
| 5 | Private Dental Colleges | 09 |
| **Total** | | **43** |

**(Source: Information collected from website of National Medical Council and Dental Council of India)**

Details of district-wise availability of all the Government Healthcare Institutions and Medical/Dental colleges in the State are provided in **Appendix 1.2.**

## 1.6 Human Resources in Healthcare

The availability of adequate manpower is essential to provide effective health services. The availability of doctors (including Specialist Doctors), Nurses and Paramedics in the State under Health and Family Welfare Department as of March 2022 is given in **Table 1.4:**

**Table 1.4: Persons-in-position under Health and Family Welfare Department**

| Name of posts | Sanctioned strength | Persons in position | Vacancy | Percentage of vacancy |
|---|---|---|---|---|
| Doctors[2] | 10,562 | 8,143 | 2,419 | 23 |
| Nurses | 24,466 | 23,044 | 1,422 | 06 |
| Paramedics | 8,054 | 6,214 | 1,840 | 23 |
| **Total** | **43,082** | **37,401** | **5,681** | **13** |

**(Source: Data provided by Additional Directors of HFWD)**

[1] One AIIMS, six Government MCHs, eight GMERS MCHs and three Municipal Corporation MCHs.
[2] Which also included specialist doctors

As seen from **Table 1.4**, there were 37,401 medical staff available under Health and Family Welfare Department in the State *vis-à-vis* the sanctioned strength of 43,082 as of March 2022.

## 1.7 Performance against Sustainable Development Goals - 3

At the global level, the Sustainable Development Agenda aims to ensure healthy lives and promotes well-being for all at all ages by 2030 as per Sustainable Development Goal (SDG) – 3. Good Health and Well-Being (SDG-3) aims to end preventable deaths from Communicable Diseases, Non-Communicable Diseases and illnesses caused by different forms of pollution. The audit findings on SDG-3 have been incorporated in Chapter 9 of the Report.

### *1.7.1 Health Indicators*

The SDG-3 proposes to end preventable death of newborns, infants and children under five years (child mortality) and end epidemics. A comparison of status of health indicators under SDG-3 of Gujarat with All India score is shown in **Table 1.5:**

**Table 1.5: Status of health indicators under SDG-3 of Gujarat**

| Indicator number | Particulars of Indicators | India | Gujarat |
|---|---|---|---|
| 3.1 | Maternal Mortality Ratio (per 1,00,000 live births) | 113 | 75 |
| 3.2 | Under 5 Mortality Rate (per 1,000 live birth) | 36 | 31 |
| 3.2 | Percentage of children in the age group of 9-11 months fully immunised | 91 | 87 |
| 3.7 | Percentage of institutional deliveries out of the total deliveries reported | 94.40 | 99.5 |
| 3.8 | Monthly per capita out-of-pocket expenditure on health as a share of Monthly Per Capita Consumption Expenditure (MPCE) | 13.00 | 9.50 |
| 3.c | Total physicians, nurses and midwives per 10,000 population | 37 | 41 |

**(Source: NITI Aayog SDG Report 2020-21)**

As seen from **Table 1.5**, the performance of the State in all the indicators except the indicator on percentage of children in the age group of 9-11 months fully immunised was better than the All-India average.

## 1.8 Adoption of Indian Public Health Standards

There is no specific Public Health Policy for Gujarat. However, State follows IPHS norms partially or other National norms and has adopted State norms for Manpower, Drugs & Consumables and Equipment as shown in **Appendix 1.3**.

## 1.9 Audit Objectives

The broad objectives of the Performance Audit were to assess:

i. the adequacy of Planning and funds for the healthcare sector in the State;
ii. the adequacy and quality of healthcare infrastructure in the State and its management;
iii. the availability of quality drugs, medicines and equipment and other consumables to the patients;
iv. the availability of the human resources at all levels in the healthcare sectors;
v. the funding and expenditure of central sector and centrally sponsored health sector schemes;
vi. the adequacy and effectiveness of the regulatory mechanisms for ensuring quality health care services in the state; and
vii. improvement in the health and well-being of people as per SDG 3 due to State's spending on health sector.

## 1.10 Audit Criteria

The Performance Audit was benchmarked against the criteria derived from the following sources:

- National Health Policy, 2017;
- Indian Public Health Standards (IPHS), 2012 for District Hospitals and Sub-District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres;
- Assessor's Guidebook for Quality Assurance, 2013 in District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres;
- National Quality Assurance Standards for Public Health Facilities, 2017 issued by the Government of India;
- Framework for Implementation of National Health Mission (NHM) 2012-2017;
- Drugs and Cosmetics Act, 1940 and Rules 1945;
- Procurement Policy of Government of Gujarat; and
- Orders and Instructions issued by State Government.

## 1.11 Audit Scope and Methodology

An entry conference was held on 26 October 2021 with the Additional Chief Secretary, Health and Family Welfare Department wherein the audit objectives, scope, criteria, *etc*. were discussed. The Performance Audit entailed scrutiny of records for the period from 2016-17 to 2021-22. These included management of finance, availability of healthcare infrastructure, availability of drugs/medicines, equipment, human resources and effectiveness of regulatory mechanisms, *etc*. Audit reviewed the records maintained by the Additional Chief Secretary, Health and Family Welfare Department, Commissioner of Health, National Health Mission, Project Implementation Unit, Gujarat State

Medical Services Limited, Food and Drugs Control Administration, other Regulatory Councils and field-level offices/units.

Audit methodology was in accordance with the CAG's Auditing Standards 2017 and involved scrutiny and analysis of records/data as per the audit objectives, scope and criteria, evidence gathering by scanning records, joint physical inspection of various facilities of the test-checked hospitals and by taking photographs, issuing questionnaires/audit observations and obtaining replies, *etc*.

Audit findings were discussed with the Additional Chief Secretary, Health and Family Welfare Department and other officers of the Department in the Exit Conference held on 28 June 2023. Views of State Government expressed in the Exit Conference have been appropriately incorporated in the Report.

Further, revised draft audit report was forwarded to State Government in July 2024, however, reply of the State Government was still awaited (August 2024).

## 1.12 Audit Sampling

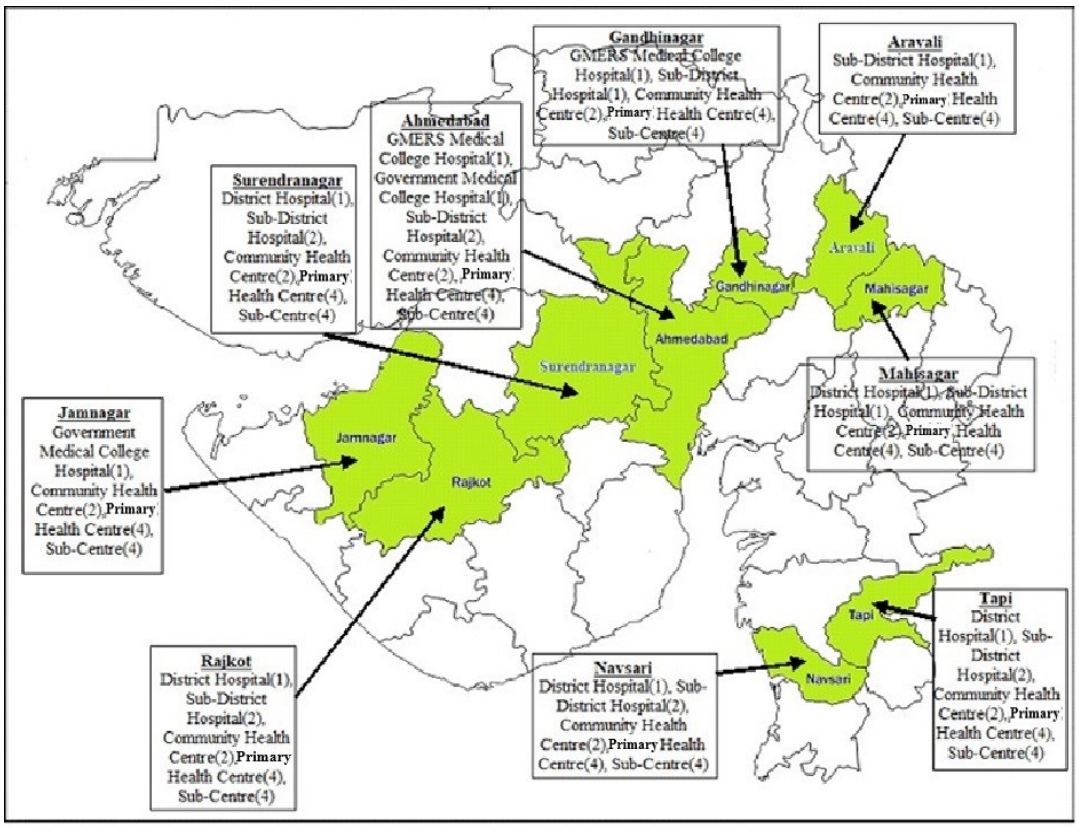
Nine[3] out of 33 Districts were selected by adopting the Simple Random Sampling Without Replacement Method (SRSWORM). Two HCIs out of six Government medical colleges with civil hospitals (Medical College Hospitals) and two from eight Gujarat Medical Education and Research Society (GMERS) medical colleges with attached civil hospitals (Medical College Hospitals) were selected by SRSWORM. Five self-financed medical colleges were established at Government District Hospitals under Brown Field Policy– Public Private Partnership mode (PPP mode), out of which one self-financed Medical College Hospital (MCH) was selected by SRSWORM.

Out of 19 District Hospitals (DHs), five DHs operating in the selected Districts were selected. Out of 54 Sub-District Hospitals (SDHs),13 SDHs were selected from selected Districts by SRSWORM. Out of 345 Community Health Centres (CHCs), 18 CHCs (two from each selected District) were selected by SRSWORM. Out of 1,477 Primary Health Centres (PHCs), 36 PHCs and out of 9,231 Sub-Centres, 36 Sub-Centres were selected by SRSWORM (two PHCs per selected CHC and one Sub-Centre per selected PHC).

Within the selected districts, Government Healthcare Facilities (Medical College Hospitals, District Hospitals, Sub-District Hospitals and Community Health Centres) covered in the audit is shown in **Chart 1.4** below:

[3] 1. Ahmedabad, 2. Arvalli, 3. Gandhinagar, 4. Jamnagar, 5. Mahisagar, 6. Navsari, 7. Rajkot, 8. Surendranagar and 9. Tapi

**Chart 1.4: Details of Government HCIs test-checked from selected districts**




**(Source: As per samples approved by Statistical Advisor)**

Audit has selected seven out of 11 District Drug Warehouses in the State. Out of seven Councils, two were selected.

## 1.13 Structure of the Report

The Report structure is detailed below:

| Chapter No. | Heading of the Chapter |
|---|---|
| Chapter 1 | Introduction |
| Chapter 2 | Human Resources |
| Chapter 3 | Healthcare Services |
| Chapter 4 | Availability of Drugs, Medicines, Equipment and other Consumables |
| Chapter 5 | Healthcare Infrastructure |
| Chapter 6 | Financial Management |
| Chapter 7 | Implementation of Centrally Sponsored Schemes |
| Chapter 8 | Adequacy and effectiveness of the regulatory mechanisms |
| Chapter 9 | Sustainable Development Goal-3 |

## 1.14 Acknowledgement

Audit acknowledges the co-operation extended by the Department of Health and Family Welfare; Commissioner of Health, Medical Services and Medical Education; Mission Director, National Health Mission, and the sampled healthcare facilities/units in the conduct of the Performance Audit.

# Chapter II
# Human Resources

# Chapter-II: Human Resources

***Health and Family Welfare Department had not framed HR policy for Human Resource Management for the public healthcare services in the State.***

***Overall vacancy in doctors, nurses, and paramedics cadres to the extent of 13 per cent was noticed in Public Health Institutions as of March 2022.***

***Out of 33 districts, geographical presentation of vacancies in the cadre of doctors and paramedics shows that shortage of more than 25 per cent in 22 and 19 districts respectively. Vacancies of specialist doctors were found 51 per cent and 49 per cent in SDHs and CHCs respectively.***

***Under National Health Mission Scheme, 31 per cent of specialist doctors and 32 per cent of paramedics posts were vacant as of March 2022.***

***Overall, 76 per cent shortage of teaching staff was noticed in Nursing Colleges/Schools against the norms of Indian Nursing Council.***

## 2.1 Introduction

Human Resources Management plays a significant role in the healthcare delivery system. The delivery of adequate and quality healthcare services in hospitals largely depends on the adequate availability of doctors, staff nurses, paramedics and other supporting staff.

## 2.2 Policy/Norms for Human Resources Management

The National Health Policy (NHP), 2017 (Para 11.9) recognises that Human Resource (HR) management is critical to strengthening of health system and delivery of healthcare services. The MCHs and DHs are key pillars of the State's healthcare system, providing a range of services to meet the medical needs of the local population.

Audit observed that HFWD had not framed HR policy for Human Resource Management for the public healthcare services in the State. The HFWD stated (August 2022) that State is trying to provide HR in line with the IPHS criteria, however, HR are provided as sanctioned by the State.

## 2.3 Recruitment of Human Resources

Recruitment drive of the Human resources of health care personnel was taken by the State Government during 2016-22 as shown in **Table 2.1:**

**Table 2.1: Cadre-wise recruitment drive taken by State Government during 2016-22**

| Year | Lecturers in MCH | Specialist Doctors | Doctors | Nurses | Paramedics | Total |
|---|---|---|---|---|---|---|
| 2016-17 | 97 | 45 | 295 | 1,723 | 786 | 2,946 |
| 2017-18 | 00 | 01 | 471 | 201 | 82 | 755 |
| 2018-19 | 53 | 100 | 00 | 1,751 | 193 | 2,097 |
| 2019-20 | 218 | 117 | 93 | 00 | 00 | 428 |
| 2020-21 | 30 | 02 | 00 | 3,000 | 00 | 3,032 |
| 2021-22 | 01 | 00 | 00 | 153 | 571 | 725 |
| **Total** | **399** | **265** | **859** | **6,828** | **1,632** | **9,983** |

**(Source: Information collected from CoH)**

Recruitment of 399 lecturers[4] was done during 2016-22 for MCHs. Further, recruitment of 265 specialist doctors and 859 doctors were done in various Healthcare Facilities *viz.*, DHs, SDHs, CHCs *etc*. during 2016-22.

## 2.4 Availability of Human Resources in public healthcare facilities

The details of person-in-position *vis-a-vis* sanctioned strength in the public healthcare facilities in the State as of 31 March 2022 are shown in **Table 2.2** below:

**Table 2.2: Availability of HR in Public Healthcare Facilities in the State as of March 2022**

| Cadre | Sanctioned Strength (SS) | Person-in-Position (PIP) | Shortfall | Shortfall (in *per cent*) |
|---|---|---|---|---|
| Doctors | 10,562 | 8,143 | 2,419 | 23 |
| Nurses | 24,466 | 23,044 | 1,422 | 06 |
| Paramedics | 8,054 | 6,214 | 1,840 | 23 |
| **Total** | **43,082** | **37,401** | **5,681** | **13** |

**(Source: Information collected from CoH and HCFs)**

As seen from the above table, vacancies of 23 *per cent* in the cadre of doctors, six *per cent* in the cadre of Nurses, 23 *per cent* in Paramedics cadre were noticed despite the recruitment of 9,983 healthcare personnels was done by the State Government during 2016-22 as discussed in **Para 2.3**.

District-wise availability of doctors, nurses and paramedics in the State are shown in the **Appendices 2.1, 2.2 and 2.3** respectively**.**

Geographical presentation of vacancies of doctors, nurses and paramedics in Public Health Care Facilities (HCFs) of the State as of March 2022 is shown in **Charts 2.1, 2.2 and 2.3** as given:

[4] 1. Professors - 31, 2. Associate Professors - 92, 3. Assistant Professors – 137, and 4. Tutors - 139

**Chart 2.1: Geographical presentation of vacancies (in *per cent*) of doctors in the State**


**(Source: Information provided by HCFs)**

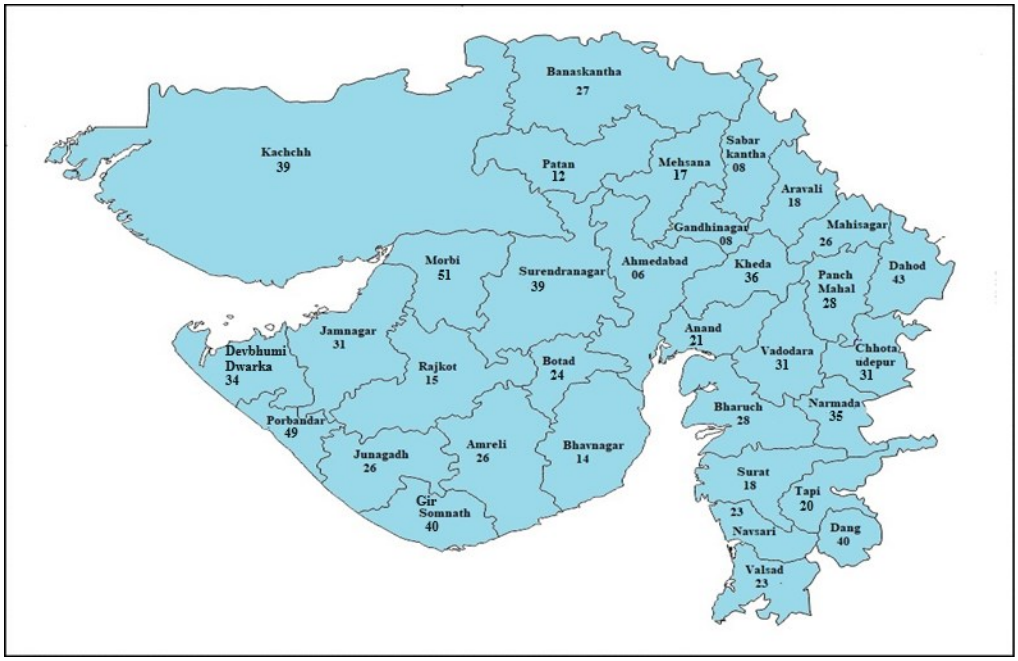
**Chart 2.1** depicts that the vacancies of doctors in 22 districts out of 33 districts were more than 25 *per cent*.

**Chart 2.2: Geographical presentation of vacancies (in *per cent*) of Nurses in the State**


**(Source: Information provided by CoH)**

**Chart 2.2** depicts that the vacancies of nurses in four districts out of 33 districts were more than 10 *per cent*.

**Chart 2.3: Geographical presentation of vacancies (in *per cent*) of paramedics in the State**




**(Source: Information provided by CoH)**

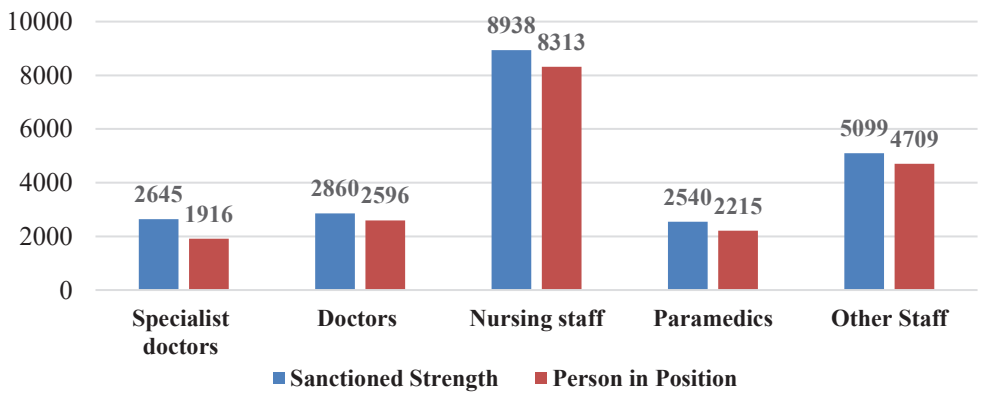
**Chart 2.3** depicts that the vacancies of Paramedics in 19 districts out of 33 districts were more than 25 *per cent*.

***Recommendation 1: State Government may address un-even geographical distribution of staff in the cadre of doctors and paramedics of PHCFs.***

## 2.5 Availability of Human Resources in Tertiary Healthcare Facilities

In the State, there are six Government Medical College Hospitals (MCHs) run by State Government and eight GMERS Medical College Hospitals as of March 2022. The availability of Human resources in 14 MCHs is shown in **Chart 2.4** below:

**Chart 2.4: Human Resources at MCHs as of March 2022**




**(Source: Information collected from MCHs)**

Overall, there was 28 *per cent* vacancy in the cadre of Specialist doctors[5], nine *per cent* vacancy in the cadre of doctors, seven *per cent* vacancy in Nursing cadre and 13 *per cent* vacancy in paramedics cadre noticed in the 14 MCHs. Details of unit-wise vacancy of human resources in various posts/cadres in MCHs in the State as of March 2022 are shown in **Appendix 2.4.**

## 2.6 Availability of Human Resources (HR) in Secondary and Primary Healthcare Facilities

### i. District Hospitals (DHs)

In the State, 19 District Hospitals (DHs) were established by the State Government as of March 2022. Analysis of availability of the Specialist Doctors, Doctors, Nurses, and Paramedics against IPHS norms and sanctioned strength approved by State Government in all DHs as of March 2022 is shown in **Table 2.3** below:

**Table 2.3: Availability of HR in District Hospitals in the State as of March 2022**

| Cadre | Manpower requirement worked out as per IPHS | SS as approved by State | PIP | Shortfall against IPHS norms (in *per cent*) | Shortfall against SS approved by State (in *per cent*) |
|---|---|---|---|---|---|
| Specialist doctors | 373 | 317 | 203 | 170 (46) | 114 (36) |
| Doctors | 253 | 250 | 206 | 47 (19) | 44 (18) |
| Nurses | 1,383 | 1,099 | 1,026 | 357 (26) | 73 (07) |
| Paramedics | 734 | 322 | 174 | 560 (76) | 148 (46) |
| **Total** | **2,743** | **1,988** | **1,609** | **1,134 (41)** | **379 (19)** |

**(Source: Information collected from DHs)**

In all the DHs, Overall vacancy against IPHS norms and SS approved by the State of specialist doctors was 46 *per cent* and 36 *per cent*, of doctors was 19 *per cent* and 18 *per cent*, of Nurses was 26 *per cent* and seven *per cent* and of the paramedics cadre was 76 *per cent* and 46 *per cent* respectively. Further, it was observed that the vacancies against SS approved by the State of specialist doctors in 14 out of 19 DHs was more than 25 *per cent*, vacancies of doctors in four out of 19 DHs were more than 25 *per cent,* (details in **Appendix 2.5)**. Vacancies of nurses in Rajpipla DH were 27 *per cent*, (details in **Appendix 2.6)** and vacancies of paramedics in 14 out of 19 DHs were more than 25 *per cent* (details in **Appendix 2.7)**.

### ii. Sub District Hospitals (SDHs)

In the State, 54 SDHs were established by the State Government in 27 districts as of March 2022. The details of sanctioned strength as per IPHS and as approved by the State Government for various cadres *vis-à-vis* person-in-position in Sub-District Hospitals (SDHs) as of March 2022 are shown in **Table 2.4:**

[5] Specialist doctors including Senior Resident (SR)

**Table 2.4: Availability of HR in SDHs in the State as of March 2022**

| Cadre | Manpower requirement worked out as per IPHS | SS as approved by State | PIP | Shortfall against IPHS norms (in *per cent*) | Shortfall against SS approved by the State (in *per cent*) |
|---|---|---|---|---|---|
| Specialist doctors | 614 | 549 | 268 | 346 (56) | 281 (51) |
| Doctors | 506 | 365 | 258 | 248 (49) | 107 (29) |
| Nurses | 1,874 | 1,556 | 1,481 | 393 (21) | 75 (05) |
| Paramedics | 2,221 | 639 | 362 | 1,859 (84) | 277 (43) |
| **Total** | **5,215** | **3,109** | **2,369** | **2,846 (55)** | **740 (24)** |

**(Source: Information collected from SDHs)**

Overall vacancy against IPHS norms and SS approved by the State of specialist doctors was 56 *per cent* and 51 *per cent*, of doctors was 49 *per cent* and 29 *per cent*, of Nurses was 21 *per cent* and five *per cent* and of the paramedics cadre was 84 *per cent* and 43 *per cent* respectively in the SDHs. Geographical analysis of the data of human resources of SDHs, indicated that vacancies against SS approved by the State of specialist doctors in 22 districts [6] out of 27 districts [7] was more than 25 *per cent,* vacancies of doctors in 14 districts[8] of 27 districts was more than 25 *per cent,* vacancies of nurses was nominal, vacancies of paramedics in 19 districts[9] of 27 districts was more than 25 *per cen*t. District-wise availability of human resources in test-checked SDHs in the State as of March 2022 are shown in **Appendices 2.8 (i) and 2.8 (ii)**.

### iii. Community Health Centres (CHCs)

In the State, 345 CHCs were established by the State Government in 33 districts as of March 2022. The details of sanctioned strength as per IPHS and as approved by the State Government for various cadres *vis-à-vis* persons-in-position in CHCs as of March 2022 are shown in **Table 2.5:**

**Table 2.5: Availability of HR in CHCs in the State as of March 2022**

| Cadre | Manpower requirement worked out as per IPHS | SS as approved by State | PIP | Shortfall against IPHS norms (in *per cent*) | Shortfall against SS approved by the State (in *per cent*) |
|---|---|---|---|---|---|
| Specialist doctors | 1,725 | 621 | 319 | 1,406 (82) | 302 (49) |
| Doctors | 1,380 | 1,086 | 903 | 477 (35) | 183 (17) |
| Nurses | 3,450 | 2,480 | 2,426 | 1,024 (30) | 54 (02) |
| Paramedics | 3,795 | 1,599 | 874 | 2,921 (77) | 725 (45) |
| **Total** | **10,350** | **5,786** | **4,522** | **5,828 (56)** | **1,264 (22)** |

**(Source: Information collected from Additional Director, Public Health)**

[6] 1. Ahmedabad, 2. Amreli, 3. Arvalli, 4. Banaskantha, 5. Bharuch, 6. Dahod, 7. Devbhoomi Dwarka, 8. Gir Somnath, 9. Junagadh, 10. Kachchh, 11. Kheda, 12. Mahisagar, 13. 1Mehsana, 14. Morbi, 15. Narmada, 16. Navsari, 17. Patan, 18. Rajkot, 19. Sabarkantha, 20. Surat, 21. Surendranagar and 22. Valsad

[7] 54 Sub District Hospitals available in 27 districts out of 33 districts.

[8] 1. Anand, 2. Arvalli, 3. Banaskantha, 4. Bhavnagar, 5. Dahod, 6. Devbhoomi Dwarka, 7. Gandhinagar, 8. Kheda, 9. Narmada, 10. Panchmahal, 11. Patan, 12. Rajkot, 13. Sabarkantha and 14. Surendranagar

[9] 1. Ahmedabad, 2. Amreli, 3. Arvalli, 4. Banaskantha, 5. Bharuch, 6. Bhavnagar, 7. Gir Somnath, 8. Junagadh, 9. Kachchh, 10. Kheda, 11. Mahisagar, 12. Mehsana, 13. Morbi, 14. Narmada, 15. Navsari, 16. Rajkot, 17. Surendranagar, 18. Tapi and 19. Valsad

Overall vacancy against IPHS norms and SS approved by the State of specialist doctors was 82 *per cent* and 49 *per cent*, of doctors was 35 *per cent* and 17 *per cent*, of Nurses was 30 *per cent* and two *per cent* and of the paramedics cadre was 77 *per cent* and 45 *per cent* respectively in the CHCs. Further, district-wise analysis of vacancy indicates that vacancy against the SS approved by the State in Specialist doctors cadre in 27 out of 33 districts was more than 25 *per cent*, vacancy in doctor cadre in six out of 33 districts was more than 25 *per cent*, vacancy in nurse cadre in all 33 districts was nominal and vacancy in paramedics cadre in 27 out of 33 districts was more than 25 *per cent.* District-wise availability of doctors, nurses and paramedics in the CHCs of the state are shown in **Appendix 2.9**.

### iv. Primary Health Centres (PHCs)

IPHS 2012 norms prescribe one post of Medical Officer-MBBS, one post of Medical Officer-AYUSH (Desirable), three posts of Nurses and one post of Health Assistant (Male), Health Assistant (Female), Laboratory Technician and Pharmacist for each PHC.

In the State, 1,477 PHCs were established by the State Government in 33 districts as of March 2022. The details of sanctioned strength as per IPHS and as approved by the State Government for various cadres *vis-à-vis* person-in-position in PHCs as of March 2022 are shown in **Table 2.6:**

**Table 2.6: Availability of HR in PHCs in the State as of March 2022**

| Cadre | Manpower requirement worked out as per IPHS | SS as approved by State | PIP | Shortfall against IPHS norms (in *per cent*) | Shortfall against SS approved by the State (in *per cent*) |
|---|---|---|---|---|---|
| Doctors | 1,477 | 1,869 | 1,474 | 03 (00) | 395 (21) |
| Nurses | 4,431 | 1,152 | 832 | 3,599 (81) | 320 (28) |
| Paramedics | 2,954 | 2,954 | 2,589 | 365 (12) | 365 (12) |
| **Total** | **8,862** | **5,975** | **4,895** | **3,967 (45)** | **1,080 (18)** |

**(Source: Information collected from Additional Director, Public Health)**

Overall vacancy against IPHS norms and SS approved by the State of doctors was nil *per cent* and 21 *per cent*, of Nurses was 81 *per cent* and 28 *per cent* and of the paramedics cadre was 12 *per cent* and 12 *per cent* respectively in the PHCs. Geographical analysis of vacancy against SS approved by the State revealed that in doctor cadre in 10 out of 33 districts the vacancy was more than 25 *per cent*, in nurse cadre in 19 out of 33 districts, the vacancy was more than 25 *per cent*, and in paramedics cadre in two out of 33 districts the vacancy was more than 25 *per cent.* District-wise availability of doctors, nurses and paramedics in the PHCs of the State are shown in **Appendix 2.10**.

### v. Sub-Centres

Sub-Centre, the lowest tier of the health facility is manned by Auxiliary Nursing Midwife (ANM) or Health Workers (Female), and Health Workers (Male).

In the State, 9,231 SCs were established by the State Government in 33 districts as of March 2022. The details of sanctioned strength of ANMs/ Health Workers (Female), and Health Workers (Male) *vis-à-vis* person-in-position in SCs as of March 2022 are shown in **Table 2.7:**

**Table 2.7: Availability of HR in SCs in the State as of March 2022**

| Cadre | Manpower requirement worked out as per IPHS | SS as approved by State | PIP | Shortfall against IPHS norms (in *per cent*) | Shortfall against SS approved by the State (in *per cent*) |
|---|---|---|---|---|---|
| ANMs (Female)/ Health Workers (Female) | 9,231 | 9,241 | 8,966 | 265 (03) | 275 (03) |
| Health Workers (Male) | 9,231 | 9,145 | 8,418 | 813 (09) | 727 (08) |
| **Total** | **18,462** | **18,386** | **17,384** | **1,078 (06)** | **1,002 (05)** |

**(Source: Information collected from CoH)**

Vacancy in ANMs/ Health Workers (Female) cadre at SCs in Ahmedabad district was 20 *per cent* and vacancy of Health Workers (Male) at SCs in three [10] districts was more than 25 *per cent*. District-wise availability of ANMs/ Health Workers (Female) and Health Workers (Male) in SCs of the state are shown in **Appendix 2.10**.

The ACS, HFWD during the exit conference (June 2023) stated that the process to appoint more human resources to address the issue of shortage in Government healthcare facilities is in progress.

## 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. The recruitment of staff in NHM at the State/District level, in general, is on a fixed tenure (contract) basis. The details of Sanctioned Strength (SS), Person-in-Position (PIP) and shortfall under various cadres engaged in healthcare service delivery as of March 2022 are shown in **Table 2.8**:

**Table 2.8: Availability of HR under NHM as of March 2022**

| Name of Post | SS | PIP | Shortfall (in *per cent*) |
|---|---|---|---|
| Specialist Doctors | 317 | 220 | 97 (31) |
| Doctors | 137 | 117 | 20 (15) |
| Staff Nurse | 2,583 | 2,029 | 554 (21) |
| Paramedics | 1,842 | 1,260 | 582 (32) |
| ANM/MPW (Female) | 3,329 | 3,072 | 257 (08) |
| **Total** | **8,208** | **6,698** | **1,510 (18)** |

**(Source: Information collected from Mission Director, NHM)**

[10] 1. Devbhoomi Dwarka, 2. Morbi and 3. Narmada.

From the above table, it was seen that 31 *per cent* of specialist doctors and 32 *per cent* of paramedics posts were vacant under NHM as of March 2022. Overall,18 *per cent* of posts remained vacant.

## 2.8 Availability of Teaching Human Resources

### i. Government and GMERS Medical Colleges

Details of teaching staff required as per norms of Medical Council of India (MCI), sanctioned posts, staff filled up and percentage of vacancy in Government Medical Colleges and Gujarat Medical and Education Research Society (GMERS) Medical Colleges as of March 2022 is shown in **Table 2.9** below:

**Table 2.9: Details of available teaching staff in Government Medical Colleges as of March 2022**

| Category | Required staff worked out as per MCI norms | Sanctioned posts | Posts filled up | Shortage of staff against MCI norms | Percentage of shortage of staff as per MCI norms |
|---|---|---|---|---|---|
| **Government Medical Colleges (six)** | | | | | |
| Professor | 282 | 170 | 117 | 165 | 59 |
| Associate Professor | 558 | 384 | 291 | 267 | 48 |
| Assistant Professor | 816 | 670 | 444 | 372 | 46 |
| **Total** | **1,656** | **1,224** | **852** | **804** | **49** |
| **GMERS Medical Colleges (eight)** | | | | | |
| Professor | 205 | 96 | 46 | 159 | 78 |
| Associate Professor | 385 | 208 | 114 | 271 | 70 |
| Assistant Professor | 577 | 304 | 208 | 369 | 64 |
| **Total** | **1,167** | **608** | **368** | **799** | **68** |

**(Source: Data collected from Government Medical Colleges and GMERS Medical Colleges)**

As seen from the above table, the shortage of teaching staff as per MCI norms was 49 *per cent* in Government Medical Colleges and 68 *per cent* in GMERS Medical Colleges during 2022 in the State.

### ii. Government Nursing Colleges and Schools

Details of teaching staff required as per norms of the Indian Nursing Council (INC), sanctioned posts, staff filled up and percentage of vacancy as of March 2022 is shown in **Table 2.10** below:

**Table 2.10: Availability of teaching staff in Government Nursing Colleges and Nursing Schools as of March 2022**

| Category | Required staff worked out as per INC norms | SS | PIP | Shortage of staff against INC norms | Percentage of shortage of staff as per INC norms |
|---|---|---|---|---|---|
| **Government Nursing Colleges (eight colleges)** | | | | | |
| Principal | 08 | 08 | 01 | 07 | 88 |
| Tutor | 295 | 180 | 38 | 257 | 87 |
| **Total** | **303** | **188** | **39** | **264** | **87** |

| Category | Required staff worked out as per INC norms | SS | PIP | Shortage of staff against INC norms | Percentage of shortage of staff as per INC norms |
|---|---|---|---|---|---|
| **Auxiliary Nurse Midwifery Schools (30 schools)** | | | | | |
| Principal | 30 | 00 | 00 | 30 | 100 |
| Tutor | 158 | 153 | 68 | 90 | 57 |
| **Total** | **188** | **153** | **68** | **120** | **64** |
| **General Nursing Midwifery Schools (24 schools)** | | | | | |
| Principal | 24 | 24 | 00 | 24 | 100 |
| Tutor | 306 | 191 | 88 | 218 | 71 |
| **Total** | **330** | **215** | **88** | **242** | **73** |

**(Source: Information collected from CoH)**

As seen from the above table, posts of Principal were vacant in all Government Nursing Colleges and Auxiliary Nurse Midwifery Schools except one post filled in Vadodara Nursing College. The shortage in posts of Tutors in Nursing Colleges and Auxiliary Nurse Midwifery Schools ranged from 87 *per cent* to 57 *per cent respectively* as of March 2022.

The ACS, HFWD during the exit conference (June 2023) stated that necessary action would be taken to provide more teaching staff in Medical Colleges and Nursing Colleges/Schools.

***Recommendation 2: State Government may take necessary steps to fill the vacant posts of teaching staff in Medical Colleges, Nursing colleges/schools and specialist doctors, doctors and paramedics in Health care facilities.***

# Chapter III
# Healthcare Services

# Chapter-III: Healthcare Services

***High-quality healthcare services involve the right care at the right time and responding to the patients' needs and preferences. An inadequate number of registration counters were noticed in Tertiary and Secondary Healthcare facilities. Many specialists OPD services were not available in healthcare facilities. The Bed Occupancy Rate was not as per norm in test-checked District Hospitals and CHCs.***

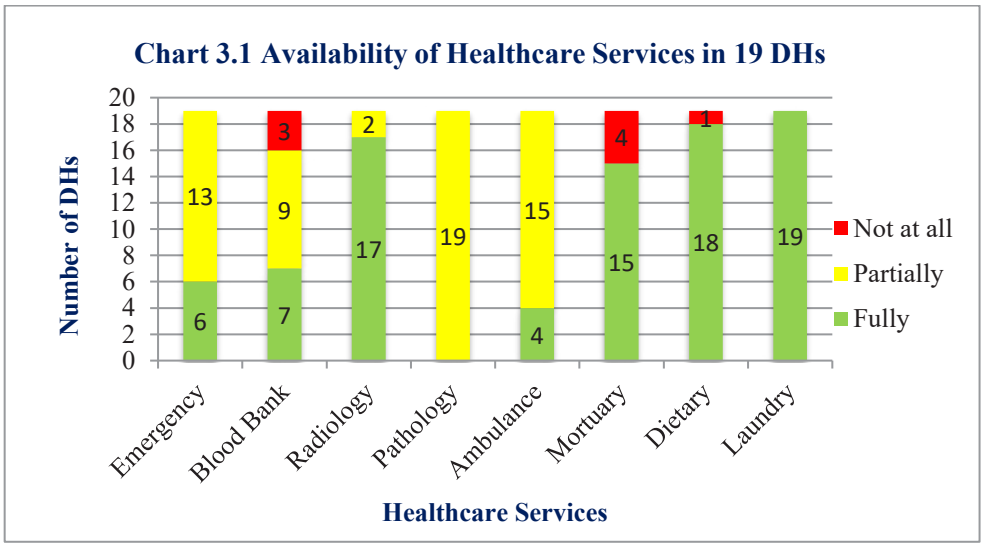
***Deficiencies were also noticed in services such as Emergency, Intensive Care Units and Blood Banks in healthcare facilities.***

***Diagnostic services were not available at many secondary healthcare facilities. A shortage of Basic Life Support ambulances under 108 service was noticed in the State.***

***Deficiencies were noticed in Fire Safety Service and Infection Control Service in healthcare facilities.***

## 3.1 Introduction

Delivery of services plays an important role in providing medical services to patients in Healthcare facilities. High-quality healthcare services involve the right care, at the right time and responding to the patients' needs and preferences. Healthcare Services provided in HCIs are mainly classified into three parts, *viz*., (a) Line services, (b) Support services and (c) Auxiliary services. Healthcare services available in all 19 District Hospitals are shown in **Chart 3.1**:




**(Source: Information provided by all 19 DHs)**

As seen from **Chart 3.1**, out of eight healthcare services, Emergency Services were partially available in 13 DHs. Blood Bank service was not available in three DHs. Radiology service was fully available in 17 DH[11] Pathology Services were partially available in 19 DHs. Ambulance services were

[11] X-Ray service was available in all 19 DHs, Ultrasonography service was available in 17 DHs.

partially available in 15 DHs out of 19 DHs. Mortuary service was not available in four District Hospitals (DHs). Dietary service was not available in one District Hospital (DH). Further, laundry services were available fully in all 19 DHs.

## 3.2 Line Services

Line services in a hospital are directly related to timely and quality healthcare of patients. This includes services like Out-Patient Department (OPD), In-Patient Department (IPD), Emergency, Intensive Care Units (ICUs), Maternity and Blood Banks.

### *3.2.1 Out-patient Services*

To avail Out-Patient Services in the hospitals, out-patients first register at the outdoor patients department (OPD). After registration, the concerned doctor examines the patient and either prescribe diagnostic tests for evidence-based diagnosis or drugs, as per the diagnosis done during the consultation process.

### *(i) Registration facility for OPD in test-checked MCHs*

The registration counter is the first point of contact with the hospital for a patient attendant. National Health Mission Assessor Guidebook (Vol-1) 2013 estimates the average time required for registration to be 3-5 minutes per patient, which roughly works out to about 12-20 patients per hour per counter. The details of available registration counters for OPD patients and the average [12] number of daily OPD patients during 2021-22 in test-checked MCHs are shown in **Table 3.1:**

**Table 3.1: Average daily patient load in test-checked MCHs during 2021-22**

| Name of THs | No. of Outdoor Patients registered | Average Daily patients load (Col.2/294) | Numbers of registration counters required (Col.3/120[13]) | Number of operational registration counters | Short-fall (Col.4-Col.5) | Per counter maximum patient load as per norms | Per counter actual patient load (Col. 3/ Col. 5) |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| MCH Ahmedabad | 8,86,839 | 3,016 | 25 | 13 | 12 | 120 | 232 |
| GMERS MCH Ahmedabad | 3,05,297 | 1,038 | 09 | 04 | 05 | 120 | 260 |
| MCH Jamnagar | 6,19,448 | 2,107 | 18 | 06 | 12 | 120 | 351 |
| GMERS MCH Gandhinagar | 4,11,369 | 1,399 | 12 | 06 | 06 | 120 | 233 |
| MCH Dahod (Brown Field) | 2,95,170 | 1,004 | 08 | 09 | - | 120 | 112 |

**(Source: As per information collected from test-checked MCHs)**

[12] Annual number of patients divided by 294 days (52 Sundays and 19 Holidays were deducted from total days).
[13] Considering 6 hours in a day for working of registration counter and 20 registrations in one hour.

Shortage of registration counters ranging from five to 12 was noticed in four MCHs out of five test-checked MCHs during 2021-22.

### *(ii) Daily patient load per registration counter in all 19 DHs and in test-checked 13 SDHs*

As per National Health Mission Assessor Guidebook (Vol-1) 2013 norms maximum patients load is 120 patient per counter. The details of available registration counters for OPD patients and average number of daily OPD patients during 2021-22 in all 19 DHs were shown in **Appendix 3.1**.

Further, the average daily patient load per registration counter in test-checked five DHs and 13 test-checked SDHs during 2021-22 are as shown in **Chart 3.2 and 3.3** respectively below:

**Chart 3.2: Daily patient load per counter in five test-checked DHs (2021-22)**

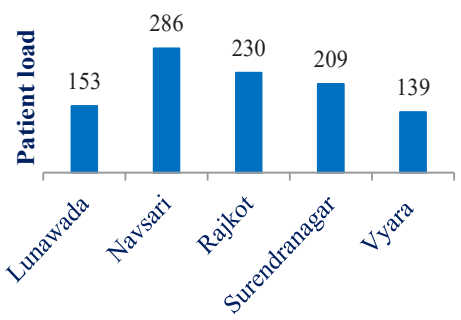
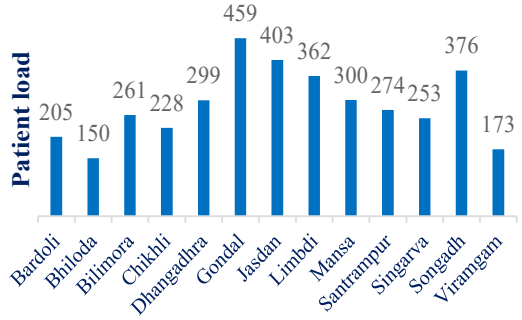



**Chart 3.3: Daily patient load per counter in 13 test-checked SDHs (2021-22)**




**(Source: As per data collected from test-checked DHs and SDHs)**

During 2021-22, the average daily patient load on a registration counter was higher in DHs Navsari and Rajkot. Similarly, the load was higher in SDHs Gondal and Jasdan. Audit observed that only a single registration counter was available in four DHs out of 19 DHs and at all test-checked SDHs.

An Online Registration System (ORS) needs to be established in all DHs/SDHs. However, ORS was not yet implemented in all DHs/SDHs in the State till March 2023.

### *(iii) Availability of OPD Services in all 19 DHs*

According to the IPHS 2012, OPD services such as General Medicine, General Surgery, Gynecologist, Pediatrician, Orthopedics, Ophthalmology, ENT, Psychiatry, and Physiotherapy should be provided in DHs.
Information on availability of these nine OPD services as of March 2022 in 19 DHs as shown in **Appendix 3.2** is discussed below:

- All nine services were available at 10 DHs[14].

[14] 1. Ahwa, 2. Godhara, 3. Mehsana, 4. Nadiad, 5. Navsari, 6. Porbandar, 7. Rajpipla, 8. Vadodara, 9. Veraval and 10. Vyara.

- Only four OPD specialist services were available in two DHs (Chhotaudepur and Lunawada).
- Five OPD specialist services were available in DH Siddhapur.

### *(iv) OPD cases per doctor in test-checked DHs*

OPD cases per doctor is an indicator for measuring efficiency of OPD services in a hospital. As per IPHS norms, the minimum number of patients expected to be checked by a doctor is 40 per day.

Information regarding OPD cases registered and number of doctors available in five test-checked DHs during 2021-22 was shown in **Appendix 3.3.** Audit observed that OPD patient load per doctor per day was ranging between 17 and 40.

### *(v) Availability of specialist OPD Services in selected SDHs*

As per the IPHS, specialist (having masters in respective branches) OPD services such as General Medicine (GM), General Surgery (GS), Gynecologist (Gyn), Pediatrician (Ped), Orthopedics (Orth), Ophthalmology (Opht.) and ENT should be provided in SDHs.

Audit observed that in test-checked SDHs, OPD specialist services were not continuously available throughout the year in some of the SDHs during the period 2016-22. OPD specialist services for General medicines were available in one SDH [15], OPD services for General Surgery [16] and Obstetrics & Gynecology[17] were available in five SDHs, and OPD services for Pediatrics[18] and Ophthalmology[19] were available in three and two SDHs respectively for full-time during the period 2016-22. No test-checked SDH could provide the OPD specialist services in respect of ENT and Orthopedics for the entire period during 2016-22. Details of the period for which OPD services were not available in test-checked SDHs during 2016-22 are shown in **Appendix 3.4.**

### *(vi) Other basic amenities in OPD premises*

The details of availability of basic amenities in OPD premises in test-checked five DHs and 13 SDHs, 18 CHCs and 36 PHCs are shown in **Table 3.2** below:

**Table 3.2: Details of availability of basic amenities in OPD premises in test-checked DHs/SDHs/CHCs/PHCs during 2021-22**

| Details of basic amenities in OPD premises | Numbers of test-checked Public Health Institutions (PHIs) having adequate facilities | | | |
|---|---|---|---|---|
| | DHs (05) | SDHs (13) | CHCs (18) | PHCs (36) |
| Drinking water facility (water purifier) | 04 | 13 | 15 | 33 |
| Separate toilet for female | 03 | 12 | 14 | 30 |
| Separate toilet for male | 03 | 12 | 16 | 32 |

**(Source: Information collected from test-checked DHs/SDHs/CHCs/PHCs)**

[15] Bilimora
[16] 1. Bardoli, 2. Chikhali, 3. Mansa, 4. Santrampur and 4. Songadh
[17] 1. Bhiloda, 2. Chikhali, 3. Mansa, 4. Santrampur and 5. Songadh
[18] 1. Chikhali, 2. Mansa and 3. Santrampur
[19] 1. Mansa and 2. Santrampur

RO filtered drinking water was not available at DH Navsari. Separate toilet facility for female and male was not available in DHs Surendranagar and Lunawada and SDHs Dhrangadhra. The MS of DH Navsari accepted that due to shortage of space, RO filtered drinking water was not provided. Adequate basic amenities were not available in two to seven CHCs and three to 14 PHCs out of 18 CHCs and 36 PHCs test-checked by audit.

### *3.2.2 In-Patient Services*

Indoor Patient Department (IPD) refers to the areas of the hospital where patients are admitted, based on the doctor's/specialist's assessment from the Out-Patient Department, Emergency Services and Ambulatory Care.

#### *3.2.2.1 Availability of IPD Services in all DHs*

According to the IPHS, IPD services such as General Medicine, General Surgery, Gynecologist, ENT, Psychiatry, Pediatrician, Orthopedics, and Ophthalmology should be provided in DHs.

Information on availability of these IPD services as of March 2022 in 19 DHs are shown in **Appendix 3.5**. All IPD services were available in 10 DHs.

#### *3.2.2.2 Availability of IPD services in 18 test-checked CHCs*

As per IPHS, CHC should provide specialist services pertaining to General Medicine, General Surgery, Gynecology (and Obstetrics) and Pediatrician. Details of the availability of IPD services in test-checked CHCs during 2016-22 are shown in **Appendix 3.6.**

Audit observed that out of 18 test-checked CHCs-

- In five CHCs[20] none of the IPD services were available during 2016-22.
- In four CHCs[21], only one IPD service was available for intermittent period during 2016-22.
- In one CHC i.e. CHC Lodhika only one IPD service (Pediatric) was available during 2016-22.
- In one CHC[22], two IPD services (General Medicine and Pediatric) were available during the period 2016-22.
- In the remaining seven CHCs[23], IPD services were available for certain period during 2016-22 as shown in **Appendix 3.6**.

[20] 1. Amodara, 2. Jodiya, 3. Kukarmunda, 4. Sanathali and 5. Virpur
[21] 1. Anklachh (Pediatrician), 2. Balasinor (General Surgery), 3. Limzar, (Obstetrics and Gynecology) and 4. Thangadh (General Surgery)
[22] Nardipur
[23] 1. Sadra, 2. Valod, 3. Medhasan, 4. Kalawad, 5. Dholka, 6. Dhandhuka and 7. Wadhwan

- ***Bed Occupancy Rate in test-checked MCHs***

Bed Occupancy Rate (BOR) is the average occupancy of hospital beds within a given year. It is an indicator of the productivity of the hospital services and is a measure to verify whether the available infrastructure and processes are adequate for delivery of health services.

As per NMC's norms, the average occupancy of indoor beds shall be a minimum of 75 *per cent* per annum. Details of BOR in test-checked MCHs during 2016-22 are shown in **Table 3.3** below:

**Table 3.3: Statement showing the Bed Occupancy Rate in test-checked MCHs during 2016-22**

| Year | Bed Occupancy Rate | | | | |
|---|---|---|---|---|---|
| | MCH Ahmedabad | MCH Jamnagar | GMERS MCH Ahmedabad | GMERS MCH Gandhinagar | Brown Field MCH Dahod |
| 2016-17 | 92 | 94 | 84 | 72 | NA[24] |
| 2017-18 | 83 | 94 | 70 | 74 | 79 |
| 2018-19 | 88 | 98 | 75 | 77 | 97 |
| 2019-20 | 95 | 102 | 70 | 82 | 89 |
| 2020-21 | 83 | 78 | 88 | 54 | 81 |
| 2021-22 | 87 | 86 | 70 | 52 | 83 |

**(Source: Information provided by test-checked MCHs)**

In GMERS MCH Gandhinagar, it was seen that during the period 2020-22, BOR was much lower than 75 *per cent* per annum. In GMERS MCH Ahmedabad, it was slightly below the norms in 2017-18, 2019-20 and 2021-22.

The ACS, HFWD during the exit conference (June 2023) stated that necessary steps would be taken for improvement of BOR in MCHs.

- ***BOR at test-checked DHs***

As per NITI Aayog's Report on best practices in the performance of District Hospitals, a high BOR is an indicator of the health system under pressure. The report states that hospitals cannot operate at 100 *per cent* occupancy, as spare bed capacity is needed to accommodate variations in demand. Lack of available beds increases delays in emergency departments, causes patients to be placed in clinically inappropriate wards and increase the rate of hospital-acquired infections. This also puts staff under pressure to free up beds which can pose a risk to patient safety.

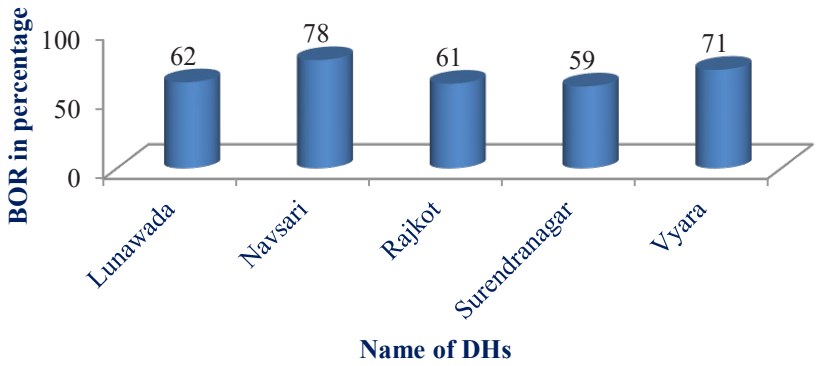
Similarly, the Report also states that very low BOR (<42 *per cent*) at the primary health care level indicates a lack of medically trained personnels, irregular supply of drugs and other medical supplies and a complete breakdown in the transfer and referral system.

As per IPHS, the BOR of district hospitals should be at least 80 *per cent*.

[24] Not applicable as Brown Field MCH Dahod was fully operational from 2017-18.

Details of average BOR in test-checked DHs for the period 2016-22 are shown in **Chart 3.4**:

**Chart 3.4: Details of average BOR in test-checked DHs during 2016-22**



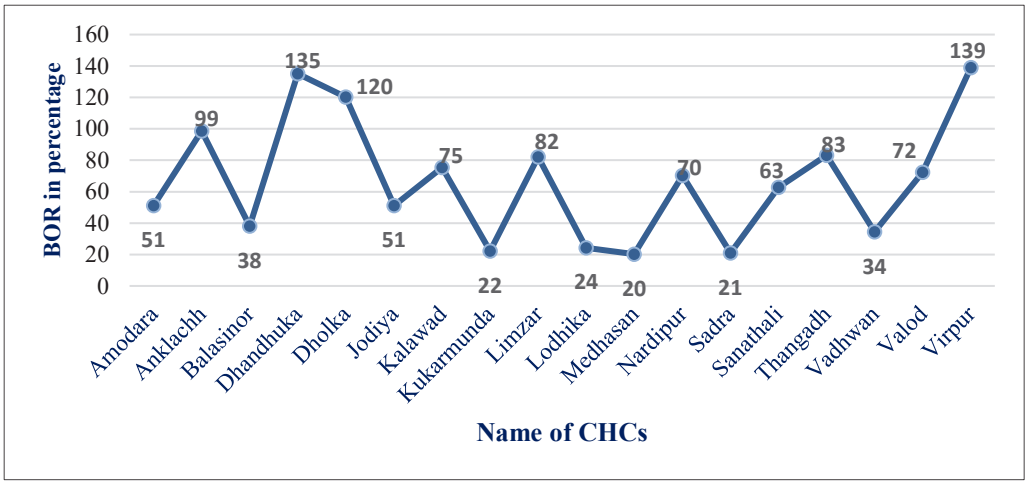

**(Source: Information provided by test-checked DHs)**

As per above chart, the productivity of all test-checked DHs was below the norm of 80 *per cent* during the period 2016-22.

- ***BOR in test-checked CHCs***

The average BOR in the test-checked CHCs during 2016-22 was as per **Chart 3.5** below:

**Chart 3.5: Average BOR (in *per cent*) in test-checked CHCs during 2016-22**




**(Source: Information provided by test-checked CHCs)**

The average BOR of 12 CHCs, out of 18 test-checked CHCs remained low against the norm of 80 *per cent* during the period 2016-22. Superintendents of the CHCs replied that the high BOR in three CHCs was mainly due to less number of functional beds and admit and discharge of the multiple patients on the same day. The IPD cases admitted in CHCs are mostly acute anaemic ANC women came for administration of IV fluid with Iron and Sucrose. So, multiple IPD patients discharge on the same day after administration of the same.

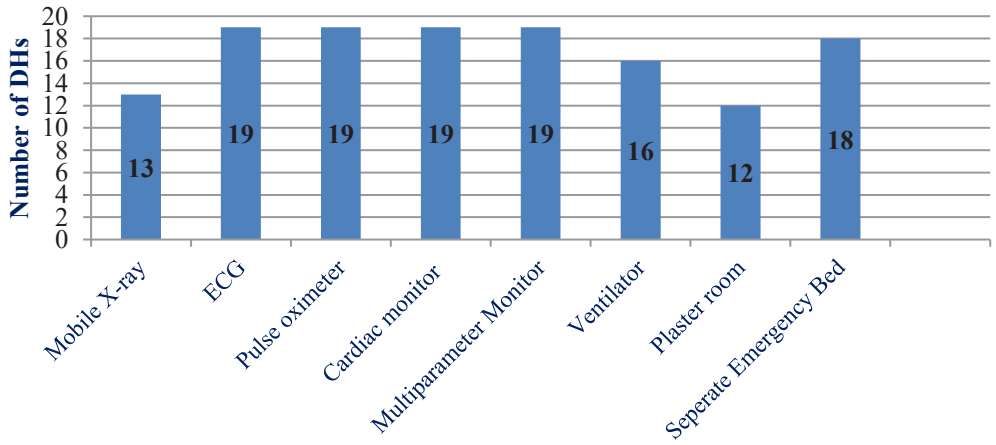
***Recommendation 3: State Government may take effective steps to provide maximum OPD/IPD services as per Indian Public Health Services.***

### *3.2.3 Emergency Services*

As per IPHS, 24x7 operational emergency with a dedicated emergency room shall be available in DHs with adequate manpower and equipment. Emergency Services should have mobile X-ray, laboratory and plaster room facilities. Besides, separate emergency beds may be provided.

Details of availability of various facilities in emergency wards in all DHs during 2021-22 are shown in **Chart 3.6** below:

**Chart 3.6: Facilities available in emergency wards of 19 DHs**




**(Source: Information provided by all DHs)**

Audit observed that Plaster room was not available in seven DHs, Mobile X-ray was not available in six DHs and Ventilator was not available in three DHs.

### *3.2.4 Availability of Critical Care Units*

As per NMC Regulations, 2020, there shall be well equipped and updated Intensive Care Unit (ICU), Intensive Coronary Care Unit (ICCU), Surgery Intensive Care Unit (SICU), Pediatric Intensive Care Unit (PICU), Neonatal Intensive Care Unit (NICU) and Obstetric High Dependency Unit (HDU)/ICU in MCHs with the minimum number of beds. The availability of beds in critical care units in test-checked MCHs as of March 2022 is shown in **Table 3.4** below:

**Table 3.4: Statement showing the availability of beds in Critical Care Units in test-checked MCHs as of March 2022**

| Name of Critical Care Unit | Norms of functional beds for 250 MBBS seats | Number of Functional beds | | Norms of functional beds for 200 MBBS seats | Number of Functional beds | | |
|---|---|---|---|---|---|---|---|
| | | MCH Ahmedabad (250 MBBS seats) | MCH Jamnagar (250 MBBS seats) | | GMERS MCH Ahmedabad (200 MBBS seats) | GMERS MCH Gandhi-nagar (200 MBBS seats) | Brown Field MCH Dahod (200 MBBS seats) |
| ICU | 20 | 56 | 14 | 15 | 08 | 05 | 12 |
| ICCU | 20 | 08 | 18 | 15 | 00 | 08 | 06 |
| SICU | 20 | 08 | 10 | 15 | 06 | 05 | 06 |
| PICU | 20 | 30 | 15 | 15 | 07 | 05 | 05 |
| NICU | 20 | 120 | 50 | 15 | 25 | 22 | 12 |
| Obstetric HDU/ICU | 20 | 06 | 06 | 15 | 05 | 14 | 04 |
| **Total** | **120** | **228** | **113** | **90** | **51** | **59** | **45** |

**(Source: Information collected from test-checked MCHs)**

Audit observed a shortage of Critical Care Unit beds in two GMERS MCHs and one Brown Field MCH as the number of beds was less than the norms prescribed for various Critical Care Units under NMC Regulation 2020.

### *(i) Intensive Care Units in Test-checked DHs*

Intensive care services in DHs are essential for providing minimum assured services as per the IPHS for DHs having more than 100 beds. IPHS prescribes keeping five to 10 *per cent* of total beds for critical care divided between ICU and High Dependency Ward. The comparison of the availability of total beds *vis-a-vis* ICU beds at the test-checked DHs during 2021-22 are shown in **Table 3.5** below:

**Table 3.5: Comparison of availability of ICU beds in test-checked DHs during 2021-22**

| Name of District Hospital | Total sanctioned beds | ICU beds | Percentage of beds kept for ICU |
|---|---|---|---|
| Lunawada | 100 | 08 | 08 |
| Navsari | 230 | 10 | 04 |
| Rajkot | 115 | 05 (CCU)[25] | 04 |
| Surendranagar | 150 | 09 | 06 |
| Vyara | 156 | 19 | 12 |

**(Source: Information collected from test-checked DHs)**

Audit observed that the ICU ward at DH Rajkot and Navsari were less than the norms prescribed for ICUs under IPHS.

### *(ii) Intensive Care Units in Test-checked SDHs*

As per IPHS norms, at least four bedded ICUs should be available in SDH and about 10 *per cent* of total beds should be kept for ICU and High Dependency Wards for critical care of patients. Audit observed that out of 13 test-checked

[25] Cardiac Care Unit

SDHs, ICU wards were available at only two SDHs (Limbdi, and Viramgam), which were kept unused as observed during joint field visit (March-July 2022) of these two SDHs.

Audit observed that the new hospital building for SDH Viramgam was constructed and handed over for hospital use since February 2022. However, the ICU ward (five beds) and ICCU ward (three beds) provided with all required equipment/beds, *etc*. was not put to use (July 2022) as the post of Anesthetist was vacant, as shown in **Picture 3.1** and **Picture 3.2**:


**Picture 3.1**

**Picture 3.2**

**ICCU ward at SDH Viramgam kept un-used (07/07/ 2022)**

### *3.2.5 Operation Theatre*

#### *(i) Operation Theatre in selected MCHs*

As per NMC Regulations, 2020, 10 Operation Theatres[26] are required in MCH having an intake capacity of 200 MBBS students and 11 Operation Theatres[27] are required in MCH having an intake capacity of 250 MBBS students. The details of the operation units available at test-checked MCHs are shown in **Table 3.6.**

**Table 3.6: Number of available operation units in the test-checked MCHs**

| Name of MCH | Number of MBBS Seats | General Surgery | ENT | Gynae-cology | Paediat-rics | Ophtha-lmic | Orthop-aedic | Septic |
|---|---|---|---|---|---|---|---|---|
| MCH Ahmedabad | 250 | 11 | 02 | 06 | 03 | NA* | 07 | 01 |
| MCH Jamnagar | 250 | 01 | 02 | 02 | 00 | 02 | 04 | 00 |
| GMERS Ahmedabad | 200 | 03 | 02 | 04 | 00 | 02 | 02 | 00 |
| GMERS Gandhinagar | 200 | 01 | 01 | 01 | 00 | 01 | 01 | 00 |
| Brown Field MCH Dahod | 200 | 03 | 01 | 03 | 01 | 02 | 02 | 01 |

*Available as a separate Eye Hospital

**(Source: Information collected from test-checked MCHs)**

[26] Four operation units may be provided for General Surgery, one for ENT; one for Orthopedics; one for Ophthalmology and two for Obstetrics and Gynecology and one for Septic cases.

[27] Five operation units may be provided for General Surgery, one for ENT; one for Orthopedics; one for Ophthalmology and two for Obstetrics and Gynecology and one for Septic cases.

It was noticed that Operation Theatres for Pediatrics was not available in three MCHs (MCH Jamnagar, GMERS Ahmedabad and GMERS Gandhinagar). Further, Operation Theatres for General Surgery were short in four MCHs (MCH Jamnagar, GMERS Ahmedabad, GMERS Gandhinagar and Brown Field MCH Dahod).

Septic operation unit was not available in three MCHs (MCH Jamnagar, GMERS Ahmedabad and GMERS Gandhinagar).

- ***Infrastructure of OTs in test-checked MCHs***

As per NMC norms each Operation Theatre (OT) Unit shall consist of (i) a pre-operative room (one bed per OT unit), (ii) a post-operative recovery room (two beds per OT unit), (iii) nurse room, (iv) observation gallery for students, *etc*.

The audit observed the following in five test-checked MCHs as of August 2022-

- Pre-operative beds- one against a norm of two beds in Ophthalmology OT (MCH Jamnagar)
- Post-operative beds- 13 against a norm of 22 (MCH Jamnagar), five instead of norms of eight beds in one OT [28] (GMERS MCH Ahmedabad)
- Nurse room was not available in Ophthalmology OT (MCH Jamnagar)
- Observation gallery for students was not available in any OT of MCH Ahmedabad and of MCH Jamnagar and in one OT (Gynecology) (GMERS Gandhinagar)

### *(ii) Operation Theatre in test-checked DHs*

IPHS Guidelines prescribe one OT for elective major surgery, one OT for emergency services and one OT for ophthalmology/ENT for DHs having bed strength of 101 to 200, whereas two OTs for elective major surgery have been prescribed for hospitals have bed strength of 201 to 300. The availability of OTs in test-checked DHs during 2021-22 was shown in **Table 3.7** below:

**Table 3.7: Details of availability of Operation Theatres in test-checked DHs during 2021-22**

| Name of District Hospital | Total sanctioned beds | Number of OTs required | Number of OTs available |
|---|---|---|---|
| Lunawada | 100 | 03 | 01 |
| Navsari | 230 | 04 | 06 |
| Rajkot | 115 | 03 | 03 |
| Surendranagar | 150 | 03 | 03 |
| Vyara | 156 | 03 | 03 |

**(Source: Information collected from test-checked DHs)**

[28] Gynecology

There was shortfall of two OTs in DH Lunawada out of five test-checked DHs in the State as of 2021-22.

- ***Availability of essential equipment for OTs in test-checked DHs***

Audit checked the availability of essential equipment such as Auto Clave HP Horizontal, Auto Clave HP Vertical, Operation Table Hydraulic Major and Minor *etc*. prescribed in IPHS for OTs in five test-checked DHs during 2021-22 and observed significant shortages, as shown in **Table 3.8** below:

**Table 3.8: Details of availability of essential equipment in test-checked DHs during 2021-22**

| Name of District Hospital | Number of essential equipment required as per IPHS | Number of essential equipment available | Percentage of equipment available |
|---|---|---|---|
| Lunawada | 21 | 11 | 52 |
| Navsari | 22 | 11 | 50 |
| Rajkot | 21 | 09 | 43 |
| Surendranagar | 21 | 13 | 62 |
| Vyara | 21 | 08 | 38 |

**(Source: Information collected from test-checked DHs)**

As evident from the above table, the number of essential equipment in OTs was less than required in respect of five test-checked DHs. The Medical Superintendents of DHs stated that the works of non-available equipment were done with other alternate equipment.

- ***Average surgeries per Surgeon[29] per annum in test-checked DHs***

Details of numbers of Surgeon available and numbers of surgeries carried out by them during 2021-22 in test-checked DHs are shown in **Table 3.9** below:

**Table 3.9: Details of average surgeries per Surgeon per annum in test-checked DHs during 2021-22**

| Particular | DH Lunawada | DH Navsari | DH Rajkot | DH Surendranagar | DH Vyara |
|---|---|---|---|---|---|
| Number of Surgeon available during 2021-22 | 02 | 05 | 04 | 05 | 08 |
| Number of Surgeries done during 2021-22 | 543 | 1,619 | 2,354 | 382 | 1,429 |
| Average surgeries per Surgeon per annum | 272 | 324 | 589 | 76 | 179 |

**(Source: Information provided by test-checked DHs)**

As seen from the above table, average surgeries per Surgeon per annum was higher at DH Lunawada, DH Rajkot and Navsari, whereas, it was low at DH Surendranagar.

[29] Surgeon includes General Surgeon, ENT, Gynecologist, Orthopedics and Ophthalmologist

- ***Availability of surgical procedure in test-checked DHs***

Audit analysed the availability (as of March 2022) of 12 surgical procedures (Removal of Foreign Bodies, Wiring, Plating, Grafting and Pinning, Hernia, Hydrocele, Appendicectomy, Hemorrhoids and Fistula, Cranial cavity, Tracheostomy, Urethra and Fibroadenoma excision of breast) in the five test-checked District Hospitals (**Appendix 3.7**) which revealed the following:

- None of the above stated 12 surgical procedures were performed in DH Lunawada.
- The Cranial Cavity surgical procedure was not performed in any of the test-checked DHs.
- Urethra surgical procedure was performed in one DH (Vyara).
- Wiring, Plating and Grafting and Pinning surgical procedure were not performed in two DHs (Rajkot and Surendranagar).

### *3.2.6 Blood Bank/Blood Storage Unit*

- ***Availability of Blood Bank in all 19 DHs***

As per IPHS 2012 guidelines, DHs are required to have Blood Bank as essential service.

Details of availability of Blood Bank services in all 19 DHs are shown in **Appendix 3.8**. Audit observed that out of 19 DHs, Blood Banks were available in seven DHs[30] whereas in nine DHs[31], Blood Storage Unit was available. However, in three DHs (Botad, Navsari and Veraval) neither Blood Bank nor BSU was available.

- ***Availability of Blood Storage Unit in test-checked SDH***

Further, as per IPHS 2012 norms for SDHs envisaged the availability of 'Blood Storage Unit' (BSUs) in each SDH.

Audit observed that out of 13 test-checked SDHs, Blood Storage Unit was available in 12 SDHs. However, BSU was not available in SDH Bilimora.

The CoH during the exit conference (June 2023) agreed with audit observations and stated that the matter would be looked into, and necessary action taken.

***Recommendation 4: State Government may ensure to make Emergency/Operation Theatre/Blood Bank services available in all secondary healthcare facilities with the required manpower and equipment.***

[30] 1. Godhara, 2. Jam Khambhaliya, 3. Morbi, 4. Nadiad, 5. Porbandar, 6. Siddhpur and 7. Surendranagar
[31] 1. Ahwa, 2. Chhotaudepur, 3. Lunavada, 4. Mehsana, 5. Petlad, 6. Rajkot, 7. Rajpipla, 8. Vadodara and 9. Vyara

### *3.2.7 Maternity Services*

Maternity service means the healthcare service provided in relation to pregnancy, labor and childbirth, and the postpartum period. Details of availability of beds for Maternal and Childcare services in all 19 DHs as of March 2022 are shown in **Appendix 3.9.** Audit observed that Childcare beds in Special Newborn Care Unit (SNCU) were not available in two DHs (Botad and Lunawada).

- ***Antenatal Care (ANC) in Sub-Centres***

ANC registration in rural areas is the primary responsibility of Sub-Centres (SCs). Audit observed in test-checked 36 SCs that out of 17,095 ANC registrations, 14,586 (85 *per cent*) registration made in 1st trimester i.e., before or at the 12th week of pregnancy and 13,416 (78 *per cent*) provided four ANC check-ups during the period 2016-22. Further, 14,397 (84 *per cent*) of registered pregnant women were administered two doses of Tetanus Toxoid (TT).

## 3.3 Establishment of new Medical Colleges in the State

- ***All India Institute of Medical Sciences, Rajkot***

All India Institute of Medical Sciences (AIIMS) Rajkot was established at Rajkot in December 2020. Patient care services on an Outdoor patient (OP) basis were started by 11 Departments[32] since December 2021. Indoor patient care for general, specialty and super-specialty was not started till May 2023. The MBBS course with 50 annual seats was started from 2020-21. Out-Patients services to 45,128 patients (4,083 persons in 2021-22 and 41,045 persons in 2022-23) were provided broadly by 11 Departments.

- ***Other Medical Colleges***

One Medical College and Hospital (MCH) was established by GMERS during 2017-18 at Vadnagar (District Mehsana).

## 3.4 Support Services

IPHS and National Health Mission Assessor Guides 2013 prescribed basic support services i.e., Diagnostics, Radiology, Dietary and Ambulance, *etc*. in healthcare facilities.

### *3.4.1 Diagnostic Services*

- ***Radiology Services***

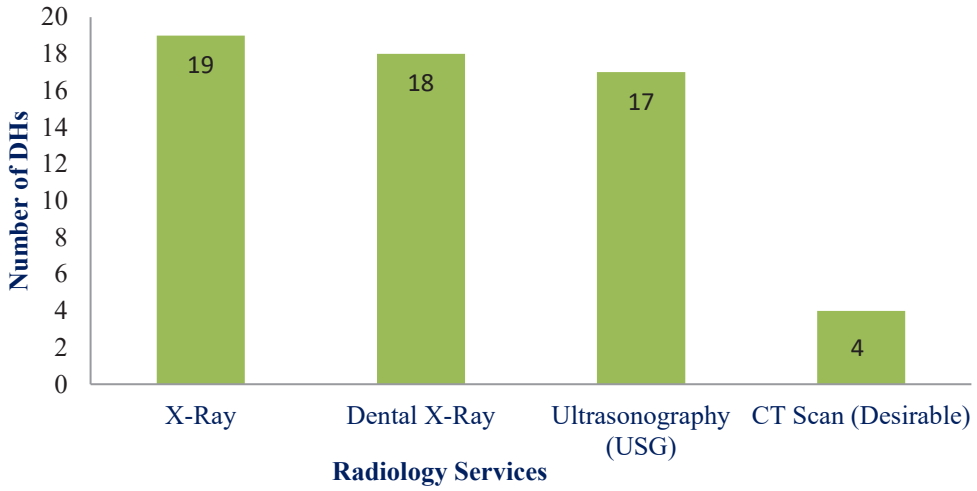
Indian Public Health Standards (IPHS) 2012 prescribed four services for the DH (X-ray, Dental X-ray, Ultrasonography as essential services and CT scan

[32] Dentistry, Dermatology, ENT, General Medicine, General surgery, Obstetrics, Ophthalmology, Orthopedics, Pediatrics, Psychiatrics and Pulmonary Medicine.

as desirable service) and three services for SDH (X-ray, Dental X-ray and Ultrasonography).

Details of the availability of radiology services in all 19 DHs in the State are shown in **Chart 3.7** below:

**Chart 3.7: Availability of radiology services in 19 DHs**



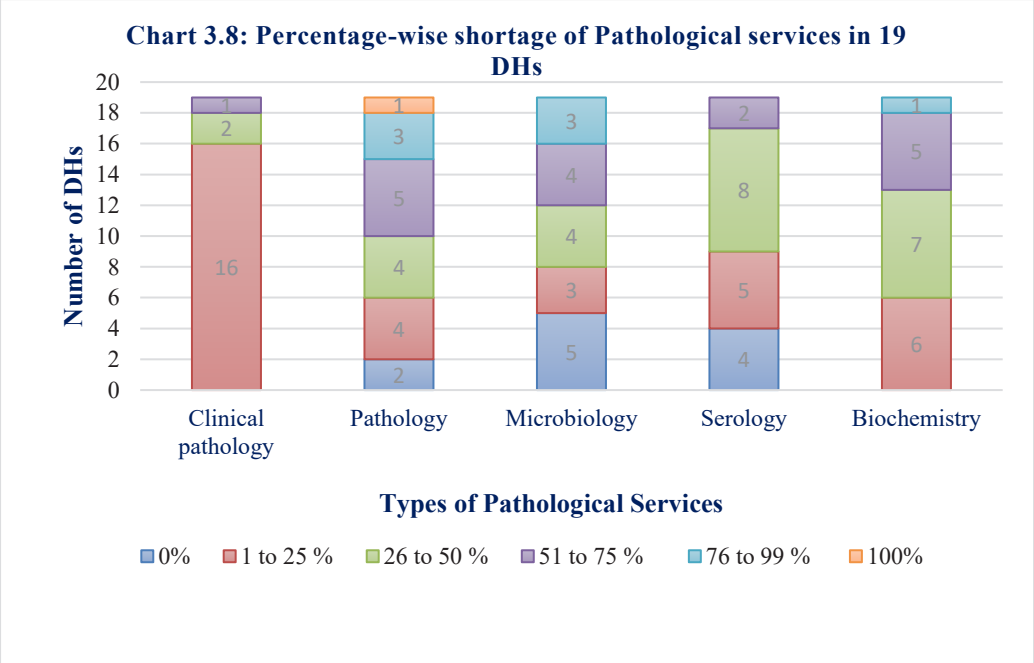

**(Source: Information provided by all DHs)**

Audit observed that out of 19 DHs, X-Ray facilities were available in all 19 DHs, Dental X-Ray were available in 18 DHs and Ultrasonography facility was available in 16 DHs. CT scan was available at four DHs[33]. However, it was functioning at only two DHs (DH Nadiad and DH Porbandar). The CoH during the exit conference (June 2023) stated that there was a shortage of Radiologist Doctors in the State and hence, Ultrasonography service could not be provided. It was further stated that Ultrasonography service had been provided through outsourcing.

- ***Pathology Services***

IPHS prescribed 72 types of pathological investigations for DHs. Details of the availability of pathological services in all DHs in the State are given in **Appendix 3.10.** Audit analysis showing percentage-wise shortage of pathological services in all DHs are given in **Chart 3.8** below:

[33] 1. Morbi, 2. Nadiad, 3. Porbandar and 4. Surendranagar




**(Source: Information collected from all DHs)**

***Recommendation 5: State Government may ensure to provide all Radiology and Pathology services to patients as per norms prescribed under Indian Public Health Standards.***

### *3.4.2 Ambulance Services*

- ***Availability of Ambulance Service – 108 in the State***

As per the NHM Guidelines, one Basic Life Support (BLS) ambulance for one lakh population and one Advance Life Support (ALS) ambulance for five lakh population should be available.

A Memorandum of Understanding (MOU) was entered (August 2010) between the Government of Gujarat and GVK- Emergency Management and Research Institute (EMRI), Secunderabad (renamed as EMRI Green Health Services) to provide a comprehensive 'Emergency Response Service' to those in Medical, Police or Fire emergencies, through a single toll-free number – 108 on Public Private Partnership (PPP) mode.

Analysis of information provided by EMRI Green Health Services on the availability of 108 ambulance services revealed a consistent shortage of BLS ambulances during 2016-22 against the requirement shown in **Table 3.10:**

**Table 3.10: Availability of ALS and BLS ambulances under 108 ambulance services in the State**

| Year | The population of the State (in lakh) | BLS ambulances required as per norms | ALS ambulances required as per norms | Availability | | Shortage of BLS ambulances against the requirement | Shortage/ Excess (-) of ALS ambulances against the requirement |
|---|---|---|---|---|---|---|---|
| | | | | BLS ambulances | ALS ambulances | | |
| 2016-17 | 670.26 | 670 | 134 | 453 | 132 | 217 | 02 |
| 2017-18 | 681.99 | 682 | 136 | 453 | 132 | 229 | 04 |
| 2018-19 | 693.92 | 694 | 139 | 451 | 136 | 243 | 03 |
| 2019-20 | 706.07 | 706 | 141 | 486 | 136 | 220 | 05 |
| 2020-21 | 718.42 | 718 | 144 | 456 | 166 | 262 | -22 |
| 2021-22 | 731.00 | 731 | 146 | 633 | 167 | 98 | -21 |

**(Source: Information provided by EMRI Green Health Services)**

The above table shows that there was a shortage of BLS ambulances against the requirements as per the requirement.

- ***Response time in providing emergency services by 108 Ambulance service.***

As per provision of the MoU, GVK EMRI shall make efforts to achieve average response time of equal to or less than 20 minutes in urban areas and 30 minutes in rural areas from the call to site.

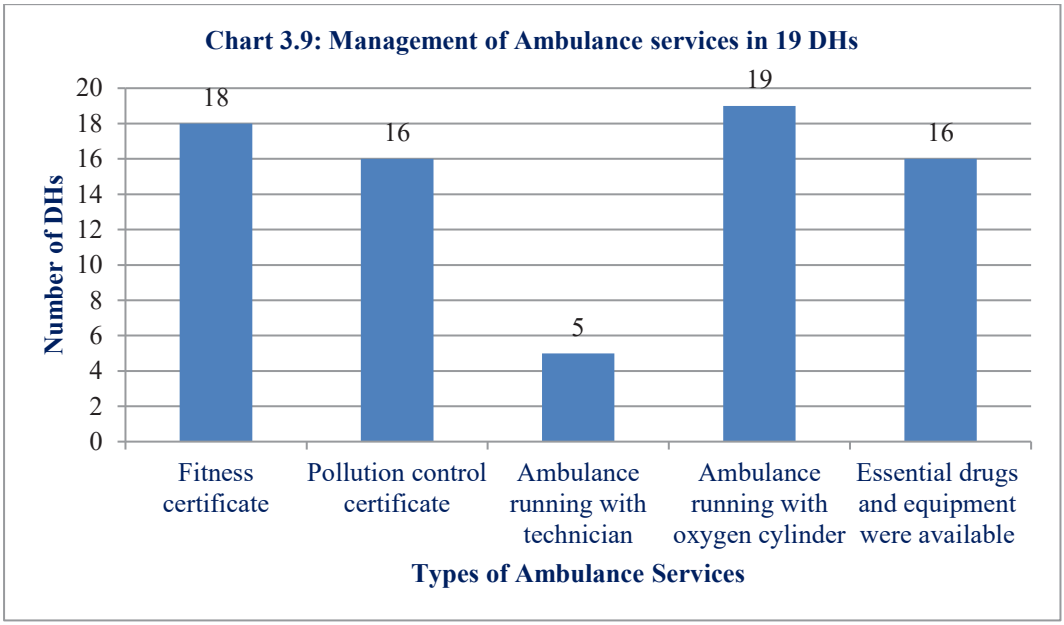
Audit analysis of 2,67,760 cases (three-month data from January 2021 to March 2021 provided by GVK EMRI revealed that in 11,910 cases (urban areas) and 30,987 cases (rural areas), the response time was more than the stipulated time of 20 minutes in urban areas and 30 minutes in rural areas respectively.

- ***Availability of Ambulances in all 19 DHs and 18 test-checked CHCs and 36 PHCs***

As per the IPHS, DHs are required to have three running ambulances with well-equipped BLS.

Details of availability of Ambulance Services in all DHs as of March 2022 are shown in **Appendix 3.11.** There was a shortage of one ambulance in five DHs**.**

Further, audit observations on management of ambulance services in all DHs are shown in **Chart 3.9** below:




**(Source: Information provided by 19 DHs)**

- ***Availability of Ambulances in test-checked CHCs and PHCs***

IPHS provides a round-the-clock ambulance service with a basic life support system in a CHC. As per IPHS Guidelines, it is desirable that the PHC has ambulance facilities for the transport of patients for timely and assured referral to functional FRUs in case of complications during pregnancy and childbirth. Serviceability and availability of equipment and drugs in ambulances are required to be checked daily. Audit observed that Ambulance service was available in 16 test-checked CHCs and eight PHCs, out of 18 test-checked CHCs and 36 test-checked PHCs respectively.

- The ambulance with basic life support was available in four CHCs[34] and two PHCs[35].
- None of the available ambulances had been provided with technician as required under IPHS.
- Oxygen cylinders were available in 10 out of 16 ambulances of CHCs and two out of eight ambulances of PHCs.
- Serviceability and availability of equipment and drugs in the ambulance were not checked daily by any of the test-checked CHCs and PHCs except two CHCs and two PHCs.
- The ambulances lacked the drugs and equipment that are required to be available in each ambulance except at two CHCs and three PHCs.
- In CHC Dholka, ambulance service was not available, though a regular ambulance driver was available.

[34] 1. Jodiya, 2. Kalawad, 3. Vadhwan and 4. Valod.
[35] 1. Pithad and 2. Rancharda.

### 3.4.3 Dietary Services at DHs

The IPHS stipulates that healthy and nutritious food should be provided.

Audit observed that:

- Dietary services were being provided either outsourced or inhouse in 18 DHs out of 19 DHs.
- Dedicated kitchen was available in 13 DHs.
- Dietician was available in two DHs (Morbi and Vyara).
- Diet register was maintained by 17 DHs.
- Food checked by hospital management in 16 DHs.

### 3.4.4 Mortuary Services

- ***Mortuary Services in DHs***

As per IPHS, facility for keeping dead bodies and conducting autopsy are required in DHs. A separate room for dead body storage shall be provided with at least two deep freezers for preserving the body.

The availability of mortuary and related facilities in all DHs was shown in **Appendix 3.12**. Out of 19 DHs, Mortuary Service was not available in four DHs[36].

## 3.5 Auxiliary Service

### 3.5.1 Fire Safety system

As per IPHS 2012, Hospital Management Policy should emphasise on hospital buildings with fire protection features. Further, National Building Code of India 2016, Part-4 Fire and Life Safety requires that fire extinguishers must be installed in every hospital, so that in case of any fire in the hospital premises, the safety of the patients/ attendants/ visitors and the hospital staff may be ensured.

- ***Availability of fire safety system in DHs***

Audit observed that Fire No Objection Certificate was not obtained by three DHs[37]. The details of the availability of firefighting system in all DHs as of March 2022 are shown in **Appendix 3.13**.

- ***Availability of fire safety system in test-checked 18 CHCs and 36 PHCs***

The details of the availability of fire extinguishers and other items in test-checked 18 CHCs and 36 PHCs as of March 2022 are shown in **Table 3.11** below:

[36] 1. Ahwa, 2. Chhotaudepur, 3. Rajkot and 4. Vadodara
[37] 1. Mehsana, 2. Morbi and 3. Siddhpur

**Table 3.11: Details of availability of fire equipment**

| Equipment/ statutory compliance | Number of CHCs, where fire safety systems are available | Number of PHCs, where fire safety systems are available |
|---|---|---|
| Smoke detector | 03 | 00 |
| Fire Alarm | 03 | 01 |
| Extinguishers | 18 | 36 |
| Fire Hydrants | 00 | 00 |
| Sand buckets | 01 | 03 |
| Underground backup water for fire | 01 | 00 |
| Evacuation signage | 05 | 07 |
| Fire extinguisher in power back up area | 04 | 00 |

**(Source: Joint Physical verification of test-checked CHCs and PHCs)**

Audit observed that:

- As per the hospital safety guidelines for Fire Fighting, the underground static water tank should remain full at all times to meet any contingency. However, in 17 test-checked CHCs and 36 test-checked PHCs, the underground static water tank was not constructed for meeting the fire emergency.
- Fire hydrants[38] intended to provide water to the firemen were not installed in any of the test-checked CHCs and PHCs.
- Illuminated signage for the fire exit was not available in 13 CHCs and 29 PHCs.
- In 14 test-checked CHCs and in all 36 test-checked PHCs, fire extinguishers were not installed at the power backup area.

### *3.5.2 Infection Control*

Infection control practices are important in maintaining a safe environment for both patients and staff in the hospitals by reducing the risk of potential spread of hospital-associated infections.

- ***Standard Operating Procedure***

It is required under NHM Assessor's Guidebooks for DHs and SDHs to frame a schedule of procedures (checklist for infection control) to be followed by the health care facilities known as Standard Operating Procedures (SOPs) and a Hospital Infection Control Committee (HICC) requires to be in place. Details of the availability of SOP and HICC in the test-checked DHs and SDHs during 2016-22 are shown in **Table 3.12** below:

[38] Fire hydrant installation consists of a system of pipe work connected directly to the water supply main to provide water to each and every hydrant outlet and is intended to provide water to the firemen.

**Table 3.12: Availability of SOPs and Hospital Infection Control Committee in the test-checked 05 DHs and 13 SDHs**

| Year | SOPs available | | Hospital Infection Control Committee available | |
|---|---|---|---|---|
| | DHs | SDHs | DHs | SDHs |
| 2016-17 | 03 | 06 | 03 | 07 |
| 2017-18 | 03 | 07 | 03 | 09 |
| 2018-19 | 03 | 08 | 03 | 09 |
| 2019-20 | 03 | 08 | 03 | 09 |
| 2020-21 | 03 | 09 | 04 | 09 |
| 2021-22 | 03 | 09 | 04 | 09 |

**(Source: Information collected from test-checked DHs and SDHs)**

Audit observed that SOPs for infection control were available in three out of five test-checked DHs and nine out of 13 test-checked SDHs during 2021-22. Further, Hospital Infection Control Committees were formed in four out of five test-checked DHs and nine out of 13 test-checked SDHs during 2021-22.

- ***Bio-Medical Waste Service***

Bio-Medical Waste (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 Rules) framed by GoI *inter alia* stipulate the procedures for collection, handling, transportation, disposal, and monitoring of the BMW. Details of availability of various BMW management services in all DHs as of March 2022 are shown in **Appendix 3.14**. Audit observed that bar code system was not implemented by 10 DHs[39] and training to workers handling BMW was not provided by three DHs[40].

- ***Pest and Rodent Control***

Controlling the spread of infection through rodents and pests in the hospitals is an important component of infection control practices as per NHM Assessor's Guidebook. The details of pest and rodent control done in all the DHs and test-checked 13 SDHs are shown in **Appendix 3.15 and Appendix 3.16** respectively.

As seen from the **Appendix 3.15**, pest and rodent control was not carried out at ten DHs[41]during 2016-22. In test-checked SDHs **(Appendix 3.16)**, pest and rodent control work was not done in five SDHs (Bhiloda, Dhrangadhra, Jasdan, Santrampur and Songadh), whereas in the remaining SDHs, it was done one to four times during 2016-22.

[39] 1. Botad, 2. Jam-Khambhaliya, 3. Lunawada, 4. Mehsana, 5. Morbi, 6. Petlad, 7. Porbandar, 8. Rajpipla, 9. Veraval and 10. Vyara

[40] 1. Botad 2. Lunawada and 3. Veraval

[41] 1. Botad, 2. Chhotaudepur, 3. Godhara, 4. Lunawada, 5. Mehsana, 6. Petlad, 7. Rajpipla, 8. Siddhapur, 9. Surendranagar and 10. Veraval.

- ***Disinfection and Sterilisation***

As per Hospital Infection Control Guidelines of the ICMR, disinfection and sterilisation help prevent the build-up of bacteria/viruses, *etc*. on the medical tools, linen and consumables and reduce the chances of spread of infection in patients and staff of hospitals. NHM Assessor's Guidebook recommends Boiling, Autoclaving, Chemical Sterilisation and High-Level Disinfection (HLD) for disinfection/sterilisation in the DHs and SDHs.

Availability of the methods of disinfection and sterilisation in all DHs and the test-checked SDHs are shown **Appendix 3.17** and **Appendix 3.18** respectively. Audit observed that all required methods of disinfection and sterilisation were available only in five DHs[42].

***Recommendation 6: State Government may take effective steps to improve all Auxiliary Services in all Government Healthcare facilities.***

### *3.5.3 Citizen's Charter*

NHM Assessor's Guidebook prescribes the requirement to display the Citizen's Charter at a suitable place in the healthcare facilities towards facilitating patients' rights, services available, user fees charged, if any, and a grievance redressal system. Citizens' Charter should always be in the local language.

Audit observed in test-checked CHCs/PHCs that Citizen's Charter was not available in four CHCs[43] and nine PHCs[44]. Further, where Citizen's Charter was available, patients' rights were not displayed in nine CHCs (50 *per cent*) and 19 PHCs (53 *per cent*). Out of 36 test-checked Sub-Centres, Citizen's Charter was not available in 31 (86 *per cent*) Sub-Centres

[42] 1. Chhotaudepur, 2. Nadiad, 3. Surendranagar, 4. Vadodara and 5. Vyara.
[43] 1. Kukarmunda, 2. Lodhika, 3. Nardipur and 4. Virpur.
[44] 1. Akru, 2. Bar, 3. Dhanaj, 4. Guthli, 5. Janod, 6. Morthala, 7. Navagam Than, 8. Sadagvan and 9. Sathamba.

# Chapter IV

# Availability of Drugs, Medicines, Equipment and Other Consumables

# Chapter-IV: Availability of Drugs, Medicines, Equipment and other Consumables

***The percentage of drugs from total Essential Drugs List (EDL) not covered in Rate Contracts by Gujarat Medical Services Corporation Limited (GMSCL) ranged between 10 and 25 per cent during 2016-22. Hence, GMSCL could not supply all drugs included in EDL.***

***Within the two months stipulated period, 56 per cent of items were supplied by the agencies to the warehouses. Delays in supply resulted in out-of-stock drugs in warehouses and supply chain/indenting hospitals.***

***Food and Drugs Laboratory (FDL) had not issued testing reports for 22 per cent of drugs samples taken for quality checks during 2019-22.***

***Purchase procedure for only 15 per cent of indents (67 out of 456) received for equipment purchase were finalised by GMSCL during 2016-22.***

***Deficiencies in store management of drugs were noticed at warehouses due to shortage of space and infrastructure.***

## 4.1 Introduction

The Central Medical Stores Organisation (CMSO) was established in 1978 under the administrative control of the Health and Family Welfare Department (HFWD), Government of Gujarat, with the objective to procure and supply drugs, medicines, surgical items, and medical equipment to cater to the needs of all the Government healthcare facilities[45] of Gujarat State. With a view to match the changing demands and pace of development in the health sector, CMSO was transformed (July 2012) into Gujarat Medical Services Corporation Limited (GMSCL), as an autonomous body, incorporated under the Companies Act.

Under GMSCL, 11 District Drugs Warehouses[46] (DDW) have been established for the smooth functioning of storage and distribution of drugs/equipment to various healthcare facilities across 33 districts of the State.

Funds for the purchase of drugs are placed at the disposal of four Additional Directors (ADs[47]), at Gandhinagar working under the Commissioner of Health. The ADs release (70 to 80 *per cent*)[48]funds in form of advance to GMSCL for procurement of drugs and equipment through centralised purchase and remaining funds are released to Healthcare Facilities for local purchases as per requirement.

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45 All Medical Colleges-Hospitals, District Hospitals, Sub-District Hospitals, Community Health Centres (CHCs) and Primary Health Centres (PHCs).

46 1. Amreli, 2. Bhuj, 3. Dahod, 4. Himatnagar, 5. Jamnagar, 6. Naroda, 7. Patan, 8. Rajkot, 9. Surat, 10. Vadodara and 11. Valsad.

47 Additional Directors of 1. Medical Education, 2. Medical Services, 3. Public Health and 4. Family Welfare.

48 AD, Medical Services and AD, Medical Education release 70 *per cent* funds to GMSCL and AD, Public Health release 80 *per cent* funds to GMSCL.

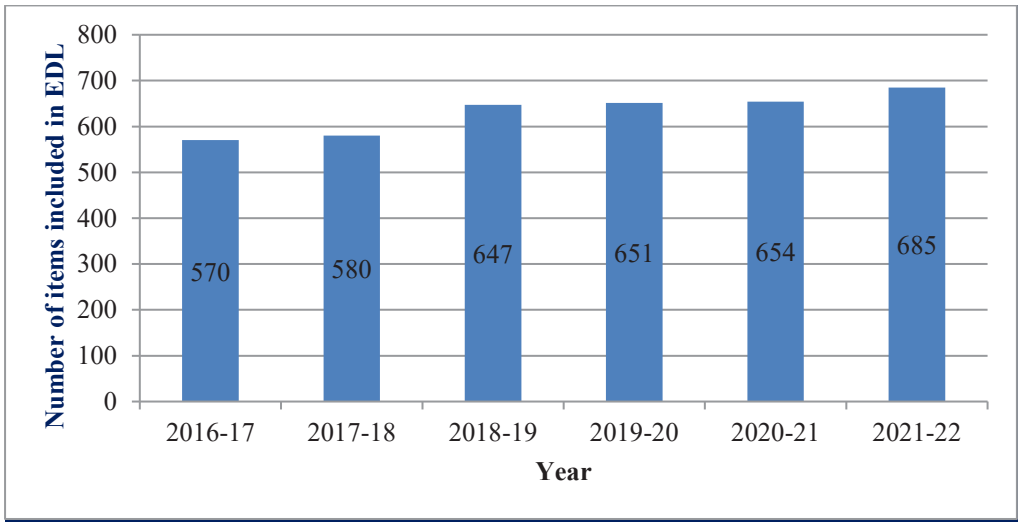
## 4.2 Essential Drugs List

Essential medicines are those that satisfy the priority healthcare needs of the majority of the population. These are the commonly used medicines at primary, secondary and tertiary healthcare facilities.

The HFWD announced (October 2005) a purchase policy for the procurement of medicines and equipment by the CMSO (now GMSCL). The Government formed (April 2007) an expert committee to prepare and review the Essential Drugs List (EDL). The expert committee is to prepare an EDL yearly specifying those drugs which need to be available at all the health facilities as per requirement. The GMSCL is to procure and supply those medicines as listed in the EDL and other drugs under various schemes which are assigned from time to time.

The details of the year-wise number of items included in the EDL are given in **Chart 4.1** below:

**Chart 4.1: Year wise number of EDL**




**(Source: Information provided by GMSCL)**

### *4.2.1 Indenting by Direct Demanding Officers*

Direct Demanding Officers (DDOs) estimate the annual requirement of various medicines from the Essential Drugs List (EDL) as per the prescribed methodology[49] and submit it to HoD and GMSCL in respect of the next procurement year (i.e. 1 April to 31 March of the next year). The year-wise details of placement of indents by the DDOs is illustrated in the **Table 4.1**:

[49] {(2A) + B}/2 + 10 *percent*{(2A) + B}/2.
A- Quantity of consume items during the period 1st April to 30th September of the current year.
B -Quantity of consume items during the period 1st April to 31st March of the previous year.

**Table 4.1: Year-wise details of indent sent by DDOs**

| Year | Number of DDOs | Number of DDOs who placed indents | Number of DDOs who had not placed any indent | Percentage of DDOs who had not placed any indents |
|---|---|---|---|---|
| 2018-19 | 1,006 | 878 | 128 | 13 |
| 2019-20 | 1,005 | 889 | 116 | 12 |
| 2020-21 | 1,031 | 943 | 88 | 09 |
| 2021-22 | 1,031 | 936 | 95 | 09 |
| 2022-23 | 1,031 | 976 | 55 | 05 |
| **Total** | **5,104** | **4,622** | **482** | **09** |

**(Source: Information provided by GMSCL)**

On an average 55 (five *per cent*) to 128 (13 *per cent*) DDOs had not placed indents before GMSCL during 2018-23.

### *4.2.2 Rate Contract*

GMSCL is responsible for the centralised procurement of medicines included in EDL. For this purpose, GMSCL enters Rate Contracts (RCs) after the finalisation of the tender process. The duration of RCs is for two years. Audit observed that GMSCL could not finalise RCs for all the items of EDL due to no bids received from the vendors, items rejected by tender scrutiny committee, solitary offers *etc*. Details of EDL items for which tenders were issued by GMSCL and the number of EDL items for which RCs were not finalised are given in **Table 4.2** below:

**Table 4.2: Year-wise details of rate contracts against EDL**

| Items/Year | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 |
|---|---|---|---|---|---|---|
| Number of items in EDL | 570 | 580 | 647 | 651 | 654 | 685 |
| Number of items for which Tender floated for RCs | 118 | 180 | 579 | 201 | 471 | 250 |
| Number of items for which RCs finalised | 59 | 68 | 457 | 110 | 357 | 129 |
| Number of items covered in old active RCs | 370 | 453 | 66 | 419 | 156 | 411 |
| Number of items covered in old active RCs and current RCs | 429 | 521 | 523 | 529 | 513 | 540 |
| Number of items not covered in Active RCs | 141 | 59 | 124 | 122 | 141 | 145 |
| Percentage of items not covered in Active RCs | 25 | 10 | 19 | 19 | 22 | 21 |

**(Source: Information provided by GMSCL)**

Above table shows that the numbers of drugs covered under active Rate Contracts (RCs) during 2016-22 ranged between 429 and 540 against total EDL ranging from 570 to 685. Hence, GMSCL could not supply all drugs included in EDL during 2016-22. List of items not covered under active RCs during 2016-22 is shown in **Appendix 4.1.**

***Recommendation 7: Gujarat Medical Services Corporation Limited may take effective steps to finalise the Rate Contracts for all the drugs included in Essential Drugs List.***

## 4.3 Supply against Demand

Audit scrutinised the supply made by the GMSCL against the demand for drugs. GMSCL is using E-Aushadhi a web-based supply chain management system for inventory management of drugs and consumables. Annual demand for purchase of drugs, medicines and consumables is made through the e-Aushadhi system. The details of the demand for drugs and supply against the demand are given in **Table 4.3** below:

**Table 4.3: Details of demand and supply against the demand in terms of number of items and quantity of drugs**

| Year | Demand | | Supply against demand | | | |
|---|---|---|---|---|---|---|
| | Number of items | Quantity (in crore) | Number of items | Quantity (in crore) | Percentage of items supplied | Percentage of quantity supplied |
| 2016-17 | 665 | 461.77 | 532 | 238.69 | 80 | 52 |
| 2017-18 | 613 | 445.72 | 454 | 263.21 | 74 | 59 |
| 2018-19 | 674 | 548.64 | 464 | 225.60 | 69 | 41 |
| 2019-20 | 683 | 512.81 | 524 | 297.39 | 77 | 58 |
| 2020-21 | 685 | 582.73 | 513 | 285.05 | 75 | 49 |
| 2021-22 | 732 | 415.86 | 552 | 249.21 | 75 | 60 |

**(Source: Information provided by GMSCL)**

Audit observed that GMSCL could supply 69 *per cent* to 80 *per cent* of items every year out of the drugs demanded by DDOs. The quantity of drugs supplied varied from 41 *per cent* to 60 *per cent* against the demand. The short supply against demand resulted in procurement of drugs at HCIs level through local purchase.

The ACS during the exit conference (June 2023) stated that the work was in progress to improve the functioning of GMSCL to resolve the issue of supply of all EDL to Healthcare Facilities.

### *4.3.1 Delay in supply of drugs by the manufacturers*

Drugs and medicines are supplied at places across the State as mentioned in the purchase orders (P.O.). The maximum delivery period as mentioned in the P.O.s is normally two months. Audit analysed the delay in supply of drugs by the suppliers during 2016-22, which is given in **Table 4.4** below:

**Table 4.4: Details of supply of drugs by suppliers against purchase orders issued during 2016-22**

| Months | Supply of drugs within time period by suppliers | Time taken in supply of drugs by suppliers | | |
|---|---|---|---|---|
| | 0-60 days | 61 to 120 days | 121 to 180 days | More than 180 days |
| Number of supply against purchase orders issued for various items | 70,317 | 46,251 | 5,576 | 2,548 |
| Percentage of supply against purchase orders | 56.39 | 37.09 | 4.47 | 2.04 |

**(Source: Information provided by GMSCL)**

The above table shows that in 56.39 *per cent* of cases, the suppliers had supplied the drugs within stipulated period of 60 days and in remaining 43.61 p*er cent* cases, drugs were supplied in 61 days to more than 180 days period from the date of issuance of purchase orders.

The ACS during the exit conference (June 2023) stated that the matter would be looked into for the timely supply of EDL by selected agencies.

## 4.4 Quality Control Management

As per quality assurance guidelines of GMSCL, on receipt of drugs at warehouses, the drugs inspector has to collect the sample and send it to the Food and Drugs Laboratory (FDL), Vadodara for testing. If drugs are declared as "Not of Standard Quality (NSQ)" by FDL, then the available stock should be deactivated immediately. All warehouses and DDOs are informed about these NSQ drugs by GMSCL.

Audit observed that testing reports of many samples collected from warehouses were not issued by FDL. Details of the pendency of the testing reports during 2019-22 are given in **Table 4.5** below:

**Table 4.5: Details of pendency of testing reports during 2019-22**

| Sr. No. | Name of Warehouse | No. of samples collected | No. of testing reports received | Pending testing reports | Percentage of pending testing reports |
|---|---|---|---|---|---|
| 1 | Amreli | 4,447 | 3,574 | 873 | 20 |
| 2 | Bhuj | 1,951 | 1,853 | 98 | 05 |
| 3 | Dahod | 2,179 | 1,872 | 307 | 14 |
| 4 | Himatnagar | 1,378 | 1160 | 218 | 16 |
| 5 | Jamnagar | 1768 | 852 | 916 | 52 |
| 6 | Naroda | 4,969 | 4,174 | 795 | 16 |
| 7 | Patan | 4,643 | 4,272 | 371 | 08 |
| 8 | Rajkot | 2,773 | 2,326 | 447 | 16 |
| 9 | Surat | 2719 | 1,234 | 1,485 | 55 |
| 10 | Vadodara | 3,106 | 2,630 | 476 | 15 |
| 11 | Valsad | 1,995 | 1,050 | 945 | 47 |
| **Total** | | **31,928** | **24,997** | **6,931** | **22** |

**(Source: Information provided by GMSCL)**

Above table shows that 78 *per cent* quality control reports were received. GMSCL did not receive 6,931 testing reports (2,719 of the year 2019-20, 921 of the year 2020-21 and 3,291 of the year 2021-22) as of March 2022.
The pendency of testing report to be received from FDL, Vadodara ranged between five *per cent* (Bhuj Warehouse) to 55 *per cent* (Surat Warehouse) amongst the warehouses for the period 2019-22.

### *4.4.1 Delay in receiving Not of Standard Quality (NSQ) report*

Rule 45 (1) of Drugs and Cosmetics (4$^{th}$ Amendment) Rules, 2017 provides that Government Analyst shall furnish reports of the results of test or analysis within a period of sixty days of the receipt of the sample.

Audit randomly test checked 10 files from each year out of total 180 NSQ reports files[50]to assess the timely submission of testing reports by FDL. The details of time taken in testing reports are given in **Table 4.6** below:

**Table 4.6: Details of delay in NSQ report**

| Year | Number of files selected in audit | Number of samples declared as NSQ | Delay in the declaration of medicine as "Not of Standard Quality" (in months) | | | |
|---|---|---|---|---|---|---|
| | | | 0 to 2 | 2 to 4 | 4 to 6 | Above 6 |
| 2016-17 | 10 | 33 | 00 | 02 | 03 | 28 |
| 2017-18 | 10 | 30 | 01 | 02 | 09 | 18 |
| 2018-19 | 10 | 29 | 01 | 05 | 04 | 19 |
| 2019-20 | 10 | 15 | 00 | 01 | 05 | 09 |
| 2020-21 | 10 | 16 | 00 | 01 | 02 | 13 |
| 2021-22 | 10 | 10 | 01 | 03 | 01 | 05 |
| **Total** | **60** | **133** | **03** | **14** | **24** | **92** |

**(Source: Information provided by GMSCL)**

As evident from the table, out of 133 number of samples declared as NSQ, only two *per cent* of the testing reports were declared within two months from the date of receiving drugs. In 98 *per cent* of cases, the medicine was declared NSQ after two months from the date of receiving drugs.

The ACS during the exit conference (June 2023) stated that FDL would be strengthened by providing more staff for its effective functioning.

***Recommendation 8: Health Department may enhance the capacity of Food and Drug Laboratory to ensure the completion of the quality assurance process in time.***

## 4.5 Finalisation of tenders for procurement of equipment

Audit analysed the finalisation of tenders for the purchase of equipment during 2016-22. The details are given in **Table 4.7**:

**Table 4.7: Details of finalisation of tenders for Equipment**

| Year | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 | 2021-22 | Total |
|---|---|---|---|---|---|---|---|
| No. of indents received | 26 | 87 | 45 | 95 | 74 | 129 | 456 |
| Number of indents for which tenders finalised | 08 | 14 | 06 | 19 | 14 | 06 | 67 |
| Number of indents for which tenders were not finalised (August 2022) | 18 | 73 | 39 | 76 | 60 | 123 | 389 |
| Percentage of tenders finalised | 31 | 16 | 13 | 20 | 19 | 05 | 15 |

**(Source: Information provided by GMSCL)**

[50] 2016-17 (19 files), 2017-18 (19 files), 2018-19 (36 files), 2019-20 (29 files), 2020-21 (47 files) and 2021-22 (30 files).

Audit observed that 15 *per cent* (67 out of 456) indents were finalised during the period from 2016-22. Tenders for 85 *per cent* of indents were not finalised due to pending decisions at various Additional Director levels for revised consent for procurement or pending approval of various committees empowered for tender finalisation.

The ACS during the exit conference (June 2023) agreed to scrutinise all cases of indents received for the supply of equipment and to take necessary action in the matter.

***Recommendation 9: GMSCL may take necessary steps to ensure the timely finalisation of the purchase procedure for all equipment as demanded by Government healthcare facilities.***

## 4.6 Warehouse Management

GMSCL manages the supply of medicines through its 11 warehouses, out of which seven [51] warehouses were selected for audit. Audit observed that warehouses were facing space problems for storage and appropriate cooling storage spaces which were required to establish the cool or cold zone for storage.

### *4.6.1 Store handling and space management*

A joint inspection (between May and August 2022) was conducted with the officials of the warehouses to ascertain the adequacy of physical infrastructure. In all test-checked warehouses, drugs were found to be kept on the floor, in the passage area and in the rooms meant for office purposes. At the Jamnagar warehouse, the drugs were stored under the open sky area (expired drugs) and in open gallery area (unexpired drugs) **(Pictures 4.1 and 4.2)**:

**Picture 4.1: Unexpired Drugs were stored in gallery in Jamnagar warehouse (17/05/2022)**

**Picture 4.2: Expired drugs were stored under open sky area at Jamnagar warehouse (17/05/2022)**

[51] 1. Ahmedabad, 2. Dahod, 3. Himatnagar, 4. Jamnagar, 5. Navsari, 6. Rajkot, and 7. Valsad.

The ACS during exit conference (June 2023) agreed for providing additional infrastructure at drugs warehouses to resolve the issue of space.

- ***Storage of drugs under varying temperature:***

As per the Warehouse Management Manual of GMSCL, drugs were required to be stored at different temperature[52] (normal, cool and cold temperature).

- Out of 11 drugs which are required to be stored in cold places, two drugs were stored in room temperature at warehouse, Jamnagar as observed by Audit during joint verification on 17 May 2022 **(Pictures 4.3** and **4.4)**:

**Picture 4.3: Cold room items were kept in normal temperature at warehouse Jamnagar (17/05/2022)**

**Picture 4.4: Cold room items were kept in normal temperature at warehouse Jamnagar (17/05/2022)**

- Audit observed that only one 10 x10 square feet room was earmarked for cool room storage at warehouse Jamnagar and air-conditioning system of the cool room was not working for more than three years. At Valsad warehouse, drugs of cool room temperature were kept at normal room temperature.
- Audit observed that the rooms in three warehouses[53] where the drugs were kept in normal room temperature did not have adequate fans and the windows were not laminated in all the test-checked warehouses (except in the warehouse at Ahmedabad) as prescribed in the Manual.

- ***Inflammable and corrosive items***

As per the Warehouse Management Manual of GMSCL, all inflammable and corrosive items are to be kept separate from each other and stored away from the regular supply. Audit observed that in two[54] test-checked warehouses, the inflammable and corrosive items were not placed separately.

[52] A cold place means a place having temperature between (-)2$^0$C to (+)8$^0$C, Cool place means a place having temperature between 10$^0$C to 25$^0$C

[53] 1. Jamnagar, 2. Rajkot and 3. Surat.

[54] Himatnagar and Jamnagar.

- ***Expired medicines***

As per the Warehouse Management Manual of GMSCL, all expired drugs should be stored preferably in a separate room earmarked for the purpose. In the absence of a separate room, the expired drugs may be stored in a separate cupboard. The cupboard must always be under lock and key with a signboard on it stating "**Expired drugs not for use"**. The room/cupboard must be under the supervision of the Depot Manager.

Expired drugs can be classified into two parts (i) active expired drugs means drugs expired due to non-supply/utilisation and (ii) inactive expired drug means drugs which have been declared as NSQ by Food and Drugs Control Administration (FDCA). The details of active and inactive expired drugs during 2017-22 are given in **Table 4.8** below:

**Table 4.8: Details of active and inactive expired drugs at warehouses during 2017-22**

**(Quantity in lakh)**

| Sr. No. | Name of warehouse | Active expired drugs | Inactive expired drugs | Total |
|---|---|---|---|---|
| 1 | Amreli | 14.96 | 13.54 | 28.50 |
| 2 | Bhuj | 0.19 | 2.61 | 2.80 |
| 3 | Dahod | 0.00 | 11.28 | 11.28 |
| 4 | Himatnagar | 0.93 | 27.09 | 28.02 |
| 5 | Jamnagar | 78.57 | 19.63 | 98.20 |
| 6 | Naroda | 35.64 | 32.53 | 68.17 |
| 7 | Patan | 5.93 | 46.13 | 52.06 |
| 8 | Rajkot | 3.74 | 5.64 | 9.38 |
| 9 | Surat | 24.55 | 13.89 | 38.44 |
| 10 | Vadodara | 43.26 | 15.41 | 58.67 |
| 11 | Valsad | 0.94 | 3.98 | 4.92 |
| **Total** | | **208.71** | **191.73** | **400.44** |

**(Source: Information provided by GMSCL)**

Above table shows that 400.44 lakh drugs got expired at warehouses during the period from 2017-22. Audit noticed that the expired drugs of the period 2019-22 were lying at warehouses without disposal. Expired drugs were kept along with other regular drugs and medicines at Jamnagar warehouse.

***Recommendation 10: Government may enhance the capacity of warehouses to resolve the shortage of spaces in warehouses with appropriate cooling storage spaces.***

# Chapter V
# Healthcare Infrastructure

# Chapter-V: Healthcare Infrastructure

***Uneven distribution of Community Health Centres/Primary Health Centres were noticed.***

***Project Implementation Unit had completed 1,304 (24 per cent) works out of 5,332 works approved during 2016-22.***

***Shortage of beds was noticed in two test-checked Medical College Hospitals and 16 District Hospitals against the norms of NMC and IPHS respectively. Out of test-checked 18 Community Health Centres and 36 Primary Health Centres, shortage of beds was noticed in 14 CHCs and 15 PHCs against the norms of IPHS.***

***Adequate building infrastructure was not available in many of the test-checked Sub-District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres.***

## 5.1 Introduction

Health infrastructure is an important indicator for understanding the healthcare policy and welfare mechanism in a state. It signifies the investment priority regarding the creation of healthcare facilities. Infrastructure has been described as the basic support for the delivery of public health activities. To deliver quality health services in public health facilities, adequate and properly maintained building infrastructure is of critical importance.

Audit noticed inadequacies in the availability and management of infrastructure, which are discussed in succeeding paragraphs.

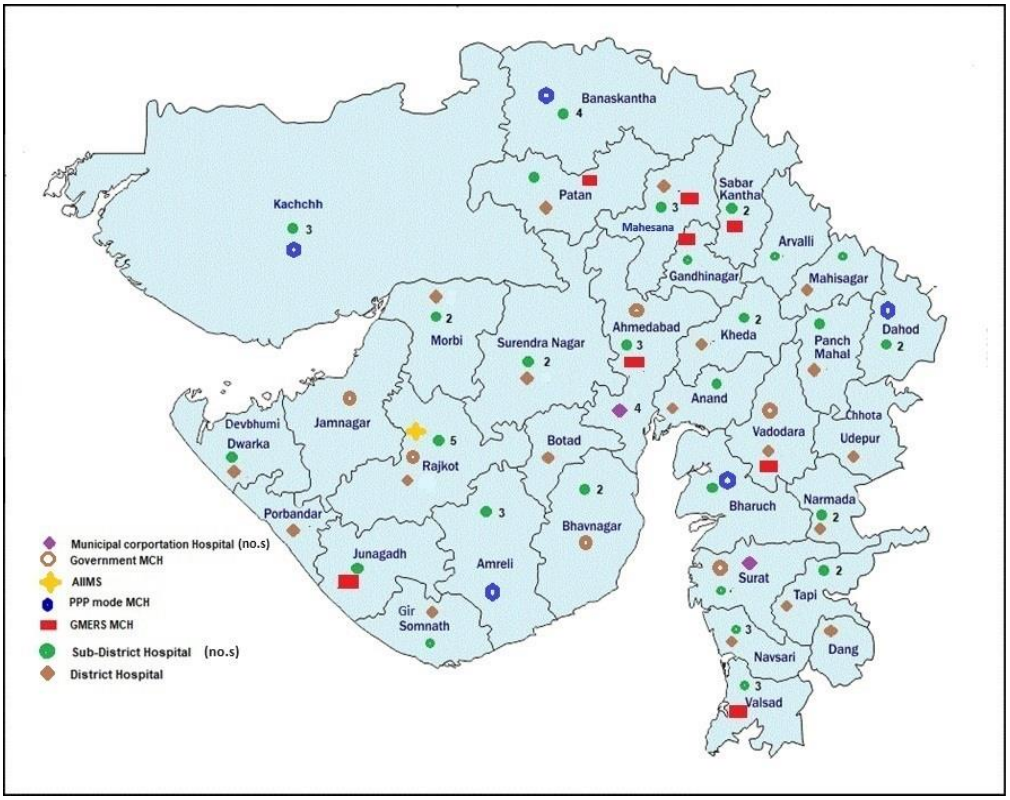
## 5.2 Availability of Public Healthcare Facilities in the State

Availability of Tertiary Healthcare facilities, Secondary Healthcare facilities and Primary Healthcare facilities in the State are discussed in subsequent paragraphs.

### *5.2.1 Availability of Tertiary Care and Secondary Care hospitals in the State*

Geographical distribution of Tertiary Care and Secondary Care hospitals in the State is shown in **Chart 5.1:**

**Chart 5.1: Geographical distribution of Tertiary Care and Secondary Care hospitals in the State**




**(Source: Information furnished by CoH)**

In the State, there is one All India Institute of Medical Science (AIIMS), six Government Medical College and Hospitals (MCHs) and eight Gujarat Medical Education and Research Society (GMERS) MCHs, five PPP mode MCHs and five Municipal Corporation Hospitals to cater to the tertiary healthcare.

Audit observed that out of 33 Districts in the State, DHs were available in 19 Districts and in the remaining 14 districts[55], DHs were not available. However, tertiary healthcare institutes like Government MCHs, PPP mode MCHs, GMERS MCHs were available in 13 districts and no DH or tertiary healthcare institutes were available in Arvalli district as shown in Chart 5.1. Further, 54 Sub-District Hospitals were available in 27 Districts at the Taluka level.

### *5.2.2 Availability of CHCs/PHCs/Sub-Centres in the State*

As per the norms of IPHS 2012, one CHC (30 beds) for every 1,20,000 population, one PHC for every 30,000 population and one Sub-Centre for every 5,000 population are required to be established.

[55] In 14 districts, *viz.* 1. Ahmedabad, 2. Amreli, 3. Arvalli, 4. Banaskantha, 5. Bharuch, 6. Bhavnagar, 7. Dahod, 8. Gandhinagar, 9. Jamnagar, 10. Junagadh, 11. Kachchh, 12. Sabarkantha, 13. Surat and 14. Valsad, district hospitals were not available as per information provided by the CoH.

Details of requirements and availability of CHCs/PHCs/Sub-Centres as per projected rural population[56] as of March 2022 are shown in **Table 5.1** below. District-wise requirement and availability of CHCs/PHCs/Sub-Centres as of March 2022 is shown in **Appendix 5.1.**

**Table 5.1: Requirement (as per IPHS norms) and availability of CHCs, PHCs and Sub-Centres in Gujarat**

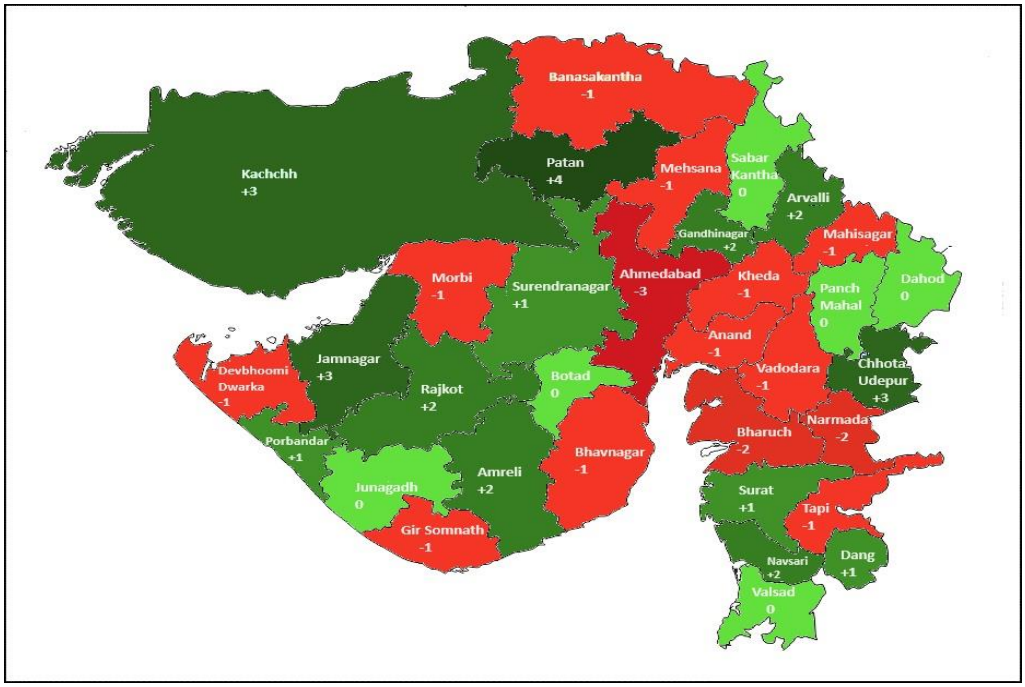
| Health Infrastructure Facilities | CHCs | PHCs | SCs |
|---|---|---|---|
| Required as per IPHS | 336 | 1,345 | 8,073 |
| Availability | 345 | 1,477 | 9,231 |
| **Excess/Shortage (-)** | **09** | **132** | **1158** |

**(Source: Information received from CoH, Gandhinagar)**

### *5.2.2.1 Geographical distribution of CHCs in the State*

Geographical distribution of the CHCs in the State is shown in **Chart 5.2** below**:**

**Chart 5.2: Geographical distribution of CHCs [(+) Excess/ (-) Shortage]**




**(Source: Information collected from CoH)**

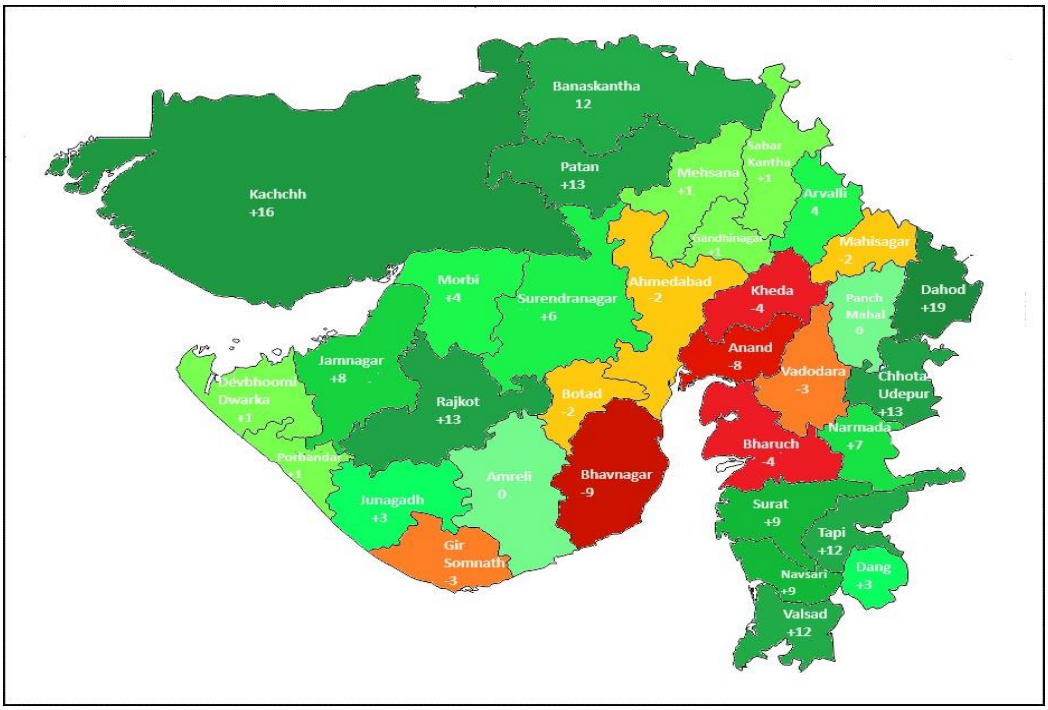
As seen from the above Chart, there was an uneven distribution of CHCs across the districts. There was a shortage of CHCs in 14 districts ranging between one and three against IPHS norms. Maximum shortage of three CHCs was noticed in Ahmedabad (eight available against requirement of 11), shortage of two CHCs in Bharuch (nine available against requirement of 11) and Narmada (three available against requirement of five) districts.

[56] Projected Rural Population (March 2022) is 403.63 lakh as per information provided by Additional Director, Public Health.

### *5.2.2.2 Geographical distribution of PHCs in the State*

Geographical distribution of the PHCs in the State is shown in **Chart 5.3** below**:**

**Chart 5.3: - Geographical distribution of PHCs [(+) Excess / (-) Shortage]**




**(Source: Information provided by CoH)**

As seen from the above Chart, there was un-even distribution of PHCs across the districts.

There was a shortage of PHCs in nine districts[57] ranging between two and nine against IPHS norms. Maximum shortage of nine PHCs was noticed in Bhavnagar (48 available against requirement of 57).

- ***Availability and functioning of 24x7 PHCs***

The Government of India through NRHM aimed to improve the availability and access to quality healthcare for safe motherhood and child survival through the operationalisation of 50 *per cent* of PHCs to provide delivery and emergency obstetric and child health services close to the patient's homes through 24x7 facility by 2010.

Audit observed that out of 1,477 PHCs in the State, 511 (35 *per cent)* PHCs were designated as 24x7 facilities till March 2022.

Availability of two Medical Officers is the primary requirement for making PHCs having (24x7) facility. In 93 PHCs having (24x7) facility, two Medical

[57] 1. Bhavnagar, 2. Anand, 3. Kheda, 4. Bharuch, 5. Gir Somnath, 6. Vadodara, 7. Ahmedabad, 8. Botad and 9. Mahisagar

Officers were available, however, in 418 PHCs having (24x7) facility, one Medical Officer was posted (March 2022).

***Recommendation 11: Government may make efforts to ensure the equitable distribution of Public Health Institutions as per IPHS norms so that adequate healthcare facilities could be provided to all.***

## 5.3 Execution of Works of Public Healthcare facilities by Project Implementation Unit

Project Implementation Unit (PIU) was established (July 2002) as a Cell under the Health and Family Welfare Department (HFWD) for the implementation of construction activities of the HFWD.

Additional Chief Secretary (ACS), HFWD, heads the PIU at the Government level. Chief Engineer (CE) is the functional, financial and technical head of the PIU. He is assisted by Superintending Engineers (SEs) at seven zonal level offices and Executive Engineers (EEs) at district level offices.

Against the receipt of the grant of ₹8,540.60 crore, PIU had incurred an expenditure of ₹4,792.18 crore (56 *per cent*) during 2016-22.

The status of works completed and works yet to be started by PIU *vis-à-vis* total number of works approved by HFWD during 2016-22 is shown in **Table 5.2** below:

**Table 5.2: Status of works related to healthcare facilities approved during 2016-22**

| Type of works | Total no. of works approved by HFWD | No. of Works completed (*per cent*) | Works in Progress | Works dropped | Works yet to be started | Percentage of works dropped/ not started yet (%) |
|---|---|---|---|---|---|---|
| CH/DH/SDH | 46 | 01(02) | 02 | 00 | 43 | 93 |
| CHC | 50 | 16(32) | 02 | 01 | 31 | 64 |
| PHC | 433 | 200(46) | 55 | 21 | 157 | 41 |
| Sub-Centre | 2,011 | 613(30) | 214 | 59 | 1,125 | 59 |
| Others | 2,792 | 474(17) | 07 | 173 | 2,138 | 83 |
| **Total** | **5,332** | **1,304 (24.45)** | **280 (5.25)** | **254** | **3,494** | **70.29** |

**(Source: Information collected from PIU)**

As seen from the above table, against the approval of 5,332 works during 2016-22, 24.45 *per cent* of works were completed by PIU and 70.29 *per cent* of works were either dropped or not started yet.

The ACS during the exit conference (June 2023) issued instructions to the representative of PIU to expedite the pending works.

## 5.4 Availability of Infrastructure in Public Healthcare Facilities

Building infrastructure and availability of beds have been described as the basic support for the delivery of public health activities. Availability/shortage

of beds and in test-checked Healthcare Facilities at various levels are discussed in subsequent paragraphs.

### *5.4.1 Availability of beds in selected Tertiary Healthcare*

As per National Medical Council (NMC Norms), 2020, Medical colleges having recognised annual 200 MBBS and 250 MBBS seats should have minimum number of 830 beds and 1,030 beds respectively in their attached Hospitals.

Audit has test-checked five Medical College Hospitals (MCHs) and observed that adequate number of beds were available in all MCHs except in two Gujarat Medical Education and Research Society (GMERS) MCHs (Ahmedabad and Gandhinagar).

It was observed that MBBS seats in two test-checked GMERS MCHs (Ahmedabad and Gandhinagar) were increased to 200 from 150 during 2019-20. However, audit observed that available number of beds were 750 and 650 at GMERS MCHs Ahmedabad and Gandhinagar respectively, against the norms of 830 beds as mentioned above.

### *5.4.2 Availability of beds in DHs and in test-checked CHCs/PHCs*

#### *(i) Availability of Beds against Norms in DHs*

IPHS prescribes that the total beds required for a district hospital should be based on a district's population, bed days per year and bed occupancy rate.

Examination of availability of beds in the District Hospitals of the State revealed that out of 19 DHs, in 16 DHs number of beds were less than the IPHS norms. Out of these 16 DHs, in 11 DHs[58], the deficiency of beds was more than 40 *per cent.* Details are given in **Appendix 5.2.**

#### *(ii) Availability of Beds against Norms in test-checked CHCs and PHCs*

IPHS prescribed minimum availability of six and 30 beds for a Primary Health Centre (PHC) and Community Health Centre (CHC) respectively.

Details of availability of beds in test-checked 18 CHCs and 36 PHCs are given in **Appendix 5.3 and 5.4** respectively**.** Audit observed that there was shortage of beds in 14 CHCs and in 15 PHCs against the norms of IPHS.

### *5.4.3 Building Infrastructure in test-checked DHs*

Out of five test-checked DHs, Audit observed the inadequate space in three DHs as discussed below:

[58] 1. Anand, 2. Vadodara, 3. Chhotaudepur, 4. Gir Somnath, 5. Kheda, 6. Mahisagar, 7. Mehsana, 8. Surendranagar, 9. Panchmahal, 10. Patan, and 11. Rajkot

- Shortage of space for IPD wards was noticed at DH Rajkot and DH Vyara.


**Picture 5.1: Picture showing beds were kept in a lobby outside the Gynaecology Ward due to inadequate space in District Hospital, Rajkot (01/02/ 2022)**

**Picture 5.2: Picture showing beds were kept in a congested manner due to inadequate space in DH, Vyara District Tapi (26/07/2022)**

- DH Rajkot was operational in an old building. The approval of the demolition of the old building was received in June 2021 from Commissioner of Health, Gandhinagar, however, no further progress was noticed as of June 2023.

The ACS during the exit conference (June 2023) stated that many new works had been approved and adequate building infrastructure would be provided in due course.

### *5.4.4 Building Infrastructure in test-checked SDHs*

Out of 13 test-checked SDHs, audit observed that the hospital building of SDH, Bhiloda (District Aravali) was declared as an unsafe building by Executive Engineer of Project Implementation Unit, Himatnagar (April 2018). However, the hospital is still operational in that building.

Further, it was also noticed that approval for construction of new hospital building of SDH Bhiloda was accorded in November 2021, but PIU had not issued work order as of July 2022.

### *5.4.5 Infrastructure in test-checked CHCs*

Audit has test-checked 18 CHCs, out of which the following gaps were observed in three CHCs:

- The work of construction of new building for CHC Santhali was started in July 2019 with stipulated period of completion as 12 months. However, the work was yet to be completed and handed over to CHC Santhali till July 2023.
- CHC Nardipur (District Gandhinagar) had been operational since January 1996 in an old building. Demand for the new building was

sent to the Government in June 2020, which is yet to be sanctioned (June 2023).

- CHC Sadra (District Gandhinagar) was functioning in erstwhile TB hospital building since 1994.

### *5.4.6 Infrastructure in test-checked PHCs/Sub-Centres*

Audit has test-checked 36 PHCs and 36 Sub-Centres, out of which shortage of building infrastructure was noticed in five PHCs and two Sub-Centres as discussed below:

- Five PHCs[59] were operational in old Sub-Centre premises/Panchayat building since their upgradation as PHCs between 2017 and 2020.

- Two Sub-Centres (Bar and Nimbhora) were functioning in Anganwadi buildings.

The ACS during the exit conference (June 2023) stated that many new works had been approved and adequate building infrastructure would be provided in the due course.

***Recommendation 12: Government may take appropriate action to upgrade building infrastructure of Public Health Institutions.***

[59] 1. Akru (April 2018), 2. Sathamba (July 2020), 3. Vastadi (November 2017), 4. Adraj (December 2019) and 5. Dhanaj (October 2017).

# Chapter VI
# Financial Management

# Chapter-VI: Financial Management

***Audit noticed that the Government of Gujarat had not yet prepared a State Health Policy on the line of National Health Policy.***

***Gujarat's budget outlay of health was only 5.42 per cent (2021-22) against the National Health Policy (NHP) target of spending more than eight per cent of budget by 2020.***

***National Health Mission (NHM) funds were not utilised fully during 2016-22. Out of seven national programmes under NHM, in three national programmes, utilisation of funds was less than 50 per cent during 2016-22.***

***Utilisation of available funds by Project Implementation Unit and Gujarat Medical Services Corporation Limited was very low during 2016-22.***

## 6.1 Introduction

The State Government makes budgetary provisions under the Annual Budget for the functioning of Primary, Secondary and Tertiary level healthcare facilities. Apart from the State budget, financial assistance under the National Health Mission (NHM) is also received from the Government of India with corresponding share of the State Government.

This Chapter comments on the policy, planning, provision, allocation, availability and expenditure of funds towards healthcare in Gujarat.

## 6.2 Policy and Planning

### i. Non-formation of State Health Policy

Public health is a State subject and States are expected to frame their own policies on the lines of National Health Policy (NHP) to guide the development of health sector in the State. Audit observed that the Government of Gujarat (GoG) had not framed a comprehensive State Health Policy till January 2024. The CoH replied (January 2024) that the comprehensive State Health Policy was under preparation.

### ii Delayed submission of State Programme Implementation Plan

The vision of the National Health Mission (NHM) is the attainment of Universal Access to Equitable, Affordable and Quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

The financing to the State is based on the State's Programme Implementation Plan (SPIP). The SPIP is a document to be prepared by the State annually which helps them in identifying and quantifying their targets required for programme implementation for the proposed year. Para 2.6 of Operational Guidelines for Financial Management of National Rural Health Mission

(NRHM) stipulates that SPIP was to be submitted by 31 December every year by GoG to GoI. Further, GoI had to approve the SPIP by 28 February.

Audit observed that during 2016-22, there was delay in submission of SPIPs by the State Government to GoI. Similarly, there was also delay in the approval of the SPIPs by GoI as shown in **Table 6.1** below:

**Table 6.1: Delay in submission of SPIP by GoG to GoI**

| Financial Year | Date of submission of SPIP by GoG to GoI | Delay in days (calculated from 31st December of year concerned) | Date of approval of SPIP by GoI | Delay (calculated from 28th February of the year excluding delay in submission by GoG) in approval (in days) |
|---|---|---|---|---|
| 2016-17 | 17.03.16 | 77 | 22.06.16 | 38 |
| 2017-18 | 27.03.17 | 86 | 31.07.17 | 71 |
| 2018-19 | 05.03.18 | 64 | 27.07.18 | 85 |
| 2019-20 | 28.01.19 | 28 | 22.02.19 | 00 |
| 2020-21 | 19.12.19 | 00 | 13.04.20 | 45 |
| 2021-22 | 21.01.21 | 21 | 21.06.21 | 92 |

**(Source: Information provided by Mission Director, NHM)**

Except during 2020-21, the SPIPs were submitted with delay ranging between 21 and 86 days. The approval of GoI was also received with delays ranging from 38 to 92 days (except during 2019-20). Delay in approval of SPIP not only resulted in late implementation of the Annual Plan but also in less utilisation of funds by implementing units like Project Implementation Unit in that particular year, as has been commented in **Paragraph 6.6**.

## 6.3 Expenditure by Health and Family Welfare Department

Adequate and timely availability of funds is a fundamental pre-requisite for the delivery of quality and efficient healthcare services. Funds to the Healthcare Institutions (HCIs) are made available through the State budget. Financial assistance under the NHM is also received from the GoI with corresponding share of the State Government.

The year-wise budget estimates and actual expenditure during 2016-22 in Health and Family Welfare Department (HFWD) are shown in **Table 6.2** below:

**Table 6.2: Expenditure on health against total State expenditure during 2016-22**

**(₹ in crore)**

| Year | Budget Estimate | | Actual Expenditure | | Saving | | Percentage of saving | |
|---|---|---|---|---|---|---|---|---|
| | Capital | Revenue | Capital | Revenue | Capital | Revenue | Capital | Revenue |
| 2016-17 | 1,543.64 | 5,618.17 | 1,237.40 | 5,284.46 | 306.24 | 333.71 | 20 | 06 |
| 2017-18 | 1,443.20 | 6,004.58 | 1,378.23 | 5,820.15 | 64.97 | 184.43 | 05 | 03 |
| 2018-19 | 1,860.48 | 6,828.63 | 1,856.26 | 6,486.64 | 4.22 | 341.99 | 00 | 05 |
| 2019-20 | 1,157.14 | 8,063.47 | 972.75 | 7,712.12 | 184.39 | 351.35 | 16 | 04 |
| 2020-21 | 860.84 | 9,200.07 | 689.62 | 8,714.25 | 171.22 | 485.82 | 20 | 05 |
| 2021-22 | 1,360.99 | 11,607.26 | 1,352.12 | 11,320.12 | 8.87 | 287.14 | 01 | 02 |
| **Total** | **8,226.29** | **47,322.18** | **7,486.38** | **45,337.74** | **739.91** | **1,984.44** | **09** | **04** |

**(Source: Appropriation Accounts of the Government of Gujarat for the respective years)**

As evident from the above Table, out of the total budget of ₹ 55,548.47 crore from 2016-22, the expenditure incurred was ₹ 52,824.12 crore. There was a total saving of ₹ 739.91 crore (nine *per cent*) under Capital head and of ₹1,984.44 crore (four *per cent*) under Revenue head in Healthcare sector during 2016-22.

### *i. Saving under Capital head in the Healthcare sector*

Saving under **Capital** head in Healthcare sector is shown in **Chart 6.1:**

**Chart 6.1: Saving under Healthcare expenditure (Capital)**


**(Source: Appropriation Accounts of Government of Gujarat for respective years)**

The above chart shows that savings during 2016-22 under Capital head of Healthcare sector ranged between zero and 20 *per cent*.

### *ii Saving under Revenue head in the Healthcare sector*

Saving under **Revenue** head in Healthcare sector is shown in **Chart 6.2:**

**Chart 6.2: Saving under Healthcare expenditure (Revenue)**


**(Source: Appropriation Accounts of Government of Gujarat for respective years)**

The above chart shows that savings during 2016-22 under Revenue head of Healthcare sector had decreased from six *per cent* (2016-17) to two *per cent* (2021-22).

Out of the total expenditure of ₹52,824.12 crore incurred during 2016-17 to 2021-22, ₹45,337.74 crore (85.83 *per cent*) was incurred on revenue expenditure and ₹7,486.38 crore (14.17 *per cent*) was incurred on capital expenditure.

This indicated low priority on the creation and augmentation of infrastructure facilities in the State.

## 6.4 Adequacy of funds for Healthcare

The National Health Policy, 2017 (NHP) required the State Government to increase their commitment to the health sector to more than eight *per cent* of the budget by 2022. The budgetary outlay on health *vis-à-vis* the total budgetary outlay of the State during 2016-17 to 2021-22 is shown in **Table 6.3** below:

**Table 6.3: Budgetary outlay on health *vis-à-vis* State budget**

| Year | Total budget outlay of the State (₹ in crore) | Budget outlay for health (₹ in crore) | Percentage of health budget to State budget |
|---|---|---|---|
| 2016-17 | 1,60,351.06 | 7,161.81 | 4.47 |
| 2017-18 | 1,82,971.32 | 7,447.78 | 4.07 |
| 2018-19 | 2,00,575.97 | 8,689.11 | 4.33 |

| Year | Total budget outlay of the State (₹ in crore) | Budget outlay for health (₹ in crore) | Percentage of health budget to State budget |
|---|---|---|---|
| 2019-20 | 2,14,271.22 | 9,220.61 | 4.30 |
| 2020-21 | 2,28,776.39 | 10,060.90 | 4.40 |
| 2021-22 | 2,39,389.22 | 12,968.25 | 5.42 |

**(Source: Appropriation accounts of Government of Gujarat for respective years)**

As seen from **Table 6.3**, the percentage of the health budget to the total State budget for the year 2021-22 was 5.42 which was less than the target of more than eight *per cent* as laid down under the NHP.

During the exit conference (June 2023), the Additional Chief Secretary (ACS), HFWD stated that the Finance Department would be requested for enhancement of budget for health sector.

A few of the key health financing indicators as per the National Health Account Estimates prepared by the Ministry of Health and Family Welfare, GoI (available up to 2019-20) for the State are shown in **Table 6.4:**

**Table 6.4: Key financing indicators in the State during 2016-20**

| Year | Total Health Expenditure (THE)[60] | | Government Health Expenditure (GHE) [61] | | | Out of pocket expenditure | | |
|---|---|---|---|---|---|---|---|---|
| | ₹ in crore | Percentage to GSDP | ₹ in crore | Percentage to THE | Percentage to GSDP | ₹ in crore | Percentage to THE | Percentage to GSDP |
| 2016-17 | 23,700 | 2.1 | 9,145 | 38.6 | 0.8 | 11,399 | 48.1 | 1.0 |
| 2017-18 | 23,681 | 1.8 | 10,064 | 42.5 | 0.8 | 10,390 | 43.9 | 0.8 |
| 2018-19 | 26,812 | 1.8 | 11,910 | 44.4 | 0.8 | 10,922 | 40.7 | 0.7 |
| 2019-20 | 28,498 | 1.8 | 12,843 | 45.1 | 0.8 | 11,640 | 40.8 | 0.7 |

**(Source: National Health Account Estimates prepared by the Ministry of Health and Family Welfare, Government of India of respective years)**

As seen from **Table 6.4** above, Total Health Expenditure (THE) and Government Health Expenditure (GHE) increased in absolute terms during 2016-20 in State. The percentage of GHE to THE also increased from 38.60 (2016-17) to 45.10 (2019-20). However, THE as a percentage of GSDP decreased from 2.1 in 2016-17 to 1.8 in 2019-20 while GHE as a percentage of GSDP remained constant (0.8 *per cent*) during 2016-20 in Gujarat.

Out of pocket expenditure is directly made by a household at the point of receiving healthcare and indicates the extent of financial protection available for households towards healthcare payments. As seen from **Table 6.4**, based on National Health Account Estimates, the percentage of out-of-pocket expenditure to THE decreased in Gujarat during the period 2016-20, however it constituted 40.80 *per cent* of THE during 2019-20.

[60] Total Health Expenditure constitutes revenue and capital expenditures incurred by Government and Private Sources including external funds.

[61] Government Health Expenditure constitutes spending under all schemes funded and managed by Union, State and Local Governments including quasi-Governmental organisations and donors in case funds are channeled through Government organisations.

***Recommendation 13: Government may take necessary steps to increase the budgetary allocation for the health sector up to eight per cent of State Budget and make efforts to augment the capital expenditure in Healthcare sector.***

## 6.5 Funds under NHM

National Health Mission (NHM) is a Centrally Sponsored Scheme (CSS) with a cost sharing arrangement of 60:40 between GoI and GoG. Year-wise allotment as per State Programme Implementation Plan (SPIP) and funds received under NHM during 2016-22 are shown in **Table 6.5** below:

**Table 6.5: Allotment of funds as per SPIP and funds received**

**(₹ in crore)**

| Year | Allotment as per SPIP | | | Funds received from GoI and GoG | | | Short/Excess (-) receipt of funds | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | GoI (1) | GoG (2) | Total 3(1+2) | GoI (4) | GoG (5) | Total 6(4+5) | GoI 7(1-4) | GoG 8(2-5) | Total 9(7+8) | (In *per cent*) |
| 2016-17 | 675.51 | 451.01 | 1,126.52 | 523.49 | 508.21 | 1,031.70 | 152.02 | (-)57.20 | 94.82 | 8.42 |
| 2017-18 | 870.19 | 580.13 | 1,450.32 | 718.77 | 529.90 | 1,248.67 | 151.42 | 50.23 | 201.65 | 13.90 |
| 2018-19 | 943.50 | 629.00 | 1,572.50 | 649.80 | 589.04 | 1,238.84 | 293.70 | 39.96 | 333.66 | 21.22 |
| 2019-20 | 1,040.60 | 693.73 | 1,734.33 | 725.68 | 693.81 | 1,419.49 | 314.92 | (-)0.08 | 314.84 | 18.15 |
| 2020-21 | 1,045.45 | 696.97 | 1,742.42 | 787.70 | 740.05 | 1,527.75 | 257.75 | (-)43.08 | 214.67 | 12.32 |
| 2021-22 | 1,147.40 | 764.93 | 1,912.33 | 698.50 | 552.55 | 1,251.05 | 448.90 | 212.38 | 661.28 | 34.58 |
| **Total** | **5,722.65** | **3,815.77** | **9,538.42** | **4,103.94** | **3,613.56** | **7,717.50** | **1,618.71** | **202.21** | **1,820.92** | **19.09** |

**(Source: Information provided by Mission Director, NHM)**

The above table shows that against the cumulative allotment of ₹9,538.42 crore as per SPIP, ₹7,717.50 crore (81 *per cent*) was provided by GoI and GoG during 2016-22.

- ***Funds received and Expenditure incurred under NHM***

Funds received and expenditure incurred under NHM during the period 2016-22 are shown in **Table 6.6:**

**Table 6.6: Details of funds receipt and expenditure under NHM during 2016-22**

**(₹ in crore)**

| Year | Opening Balance | Grant received | | Interest and other funds[62] | Total available funds | Expenditure (Percentage) | Closing Balance |
|---|---|---|---|---|---|---|---|
| | | Central | State | | | | |
| 2016-17 | 718.99 | 523.49 | 508.21 | 233.44 | 1,984.13 | 1,396.42 (70) | 587.71 |
| 2017-18 | 587.71 | 718.77 | 529.90 | 195.06 | 2,031.44 | 1,422.55 (70) | 608.89 |
| 2018-19 | 608.89 | 649.80 | 589.04 | 315.94 | 2,163.67 | 1,683.12 (78) | 480.55 |
| 2019-20 | 480.55 | 725.68 | 693.81 | 448.42 | 2,348.46 | 1,836.91 (78) | 511.55 |
| 2020-21 | 511.55 | 787.70 | 740.05 | 263.17 | 2,302.47 | 1,922.13 (83) | 380.34 |
| 2021-22 | 380.34 | 698.50 | 552.55 | 591.43 | 2,222.82 | 1,991.23 (90) | 231.59 |

**(Source: Information provided by Mission Director, NHM)**

Against the total available funds under National Health Mission, the percentage of expenditure ranged between 70 and 90 *per cent* during 2016-22.

[62] Funds received under Infrastructure Scheme.

- ***Programmes implemented under National Health Mission***

The details of total approved budget as per SPIP for seven national programmes under NHM and expenditure incurred during 2016-22 in the State are shown in **Table 6.7:**

**Table 6.7: Programme implementation and utilisation**

**(₹ in crore)**

| Budget Head | Approved Budget as per SPIP during 2016-22 | Expenditure incurred during 2016-22 | Utilisation in *per cent* |
|---|---|---|---|
| National Iodine Deficiency Disorders Control Programme (IDD) | 3.90 | 0.88 | 22.56 |
| National Leprosy Eradication Programme (NLEP) | 19.27 | 16.96 | 88.01 |
| National Programme for Control of Blindness (NPCB) | 246.78 | 164.29 | 66.57 |
| National Viral Hepatitis Control Program (NVHCP) | 42.79 | 4.17 | 9.74 |
| National Mental Health Programme (NMHP) | 44.41 | 25.27 | 56.90 |
| National Programme for Health Care of the Elderly (NPHCE) | 11.39 | 3.86 | 33.88 |
| Revised National Tuberculosis Control Programme (RNTCP) | 540.62 | 358.86 | 66.38 |

**(Source: Information provided by Mission Director NHM, Gujarat)**

As seen from the above **Table 6.7**, during 2016-22, out of seven national programmes, in three national programmes, utilisation of funds was less than 50 *per cent.*

## 6.6 Short utilisation of funds by PIU and GMSCL

Project Implementation Unit (PIU) and Gujarat Medical Services Corporation Limited (GMSCL) are established under control of Health and Family Welfare Department for construction and maintenance of health care building infrastructure and for procurement and supply of drugs and equipment for public health care facilities in the State respectively.

Out of total available funds of ₹8,540.60 crore[63] and ₹5,240.38 crore[64], expenditure incurred was ₹4,792.18 crore (56 *per cent*) and ₹4,111.16 crore (78 *per cent*) during 2016-22 by PIU and GMSCL respectively as shown in **Appendix 6.1**.

The ACS during exit conference (June 2023) stated that the Government had provided more manpower to PIU and GMSCL for more efficient functioning.

***Recommendation 14: Government may take necessary steps to ensure that Project Implementation Unit and Gujarat Medical Services Corporation Limited timely utilise the available funds.***

[63] Opening balance of 2016-17 (₹1,143.89 crore) + Grant received from GoG/GoI (₹7,396.71 crore).
[64] Opening balance of 2016-17 (₹298.75 crore) + Grant received from GoG/GoI (₹4,941.63 crore).

# Chapter VII

# Implementation of Centrally Sponsored Schemes

# Chapter-VII: Implementation of Centrally Sponsored Schemes

***Out of 9,860 Health and Wellness Centres (HWCs) established in the State, 9,474 HWCs were operational as of June 2023. The performance of the HWCs against the parameters is better in the State. However, number of HWCs which had facilities for screening of cervical cancer is relatively low.***

***The State Government has enrolled 75.82 lakh families under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana as of December 2023.***

***Shortfall was noticed in providing 180 IFA tablets and Tetanus Toxoid immunization to the Pregnant Women in the State.***

***More cases of diabetes and hypertension were noticed during opportunistic screening programme under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke.***

## 7.1 Introduction

The Central Government supplements the efforts of the State Governments in the delivery of health services through various schemes of primary, secondary and tertiary care. Out of the 20 Central Sponsored Schemes of the health sector running in the State during 2021-22, Audit selected two[65] schemes for examination during the PA and the relevant observations are discussed in succeeding paragraphs.

## 7.2 Ayushman Bharat

Government of India announced Ayushman Bharat Programme in February 2018 with two interconnected components - Ayushman Bharat - Health and Wellness Centres (AB-HWC) and Pradhan Mantri Jan Arogya Yojana (PMJAY)[66].

### *7.2.1 Ayushman Bharat-Health and Wellness Center (AB-HWC)*

Under the first component of AB-HWC, Health and Wellness Centres (HWCs) are to be created to deliver Comprehensive Primary Health Care (CPHC), that is universal and free to users, with a focus on wellness and the delivery of an expanded range of services closer to the community.

#### *i. Target and achievement in establishment of HWC*

The details of the achievement with respect to the target of creation and operation of the HWC in Gujarat State as of June 2023 were shown in **Table 7.1** below:

[65] 1. Ayushman Bharat and 2. National Health Mission.

[66] PMJAY provides health insurance cover of ₹5 lakhs per year to over 10 crore poor and vulnerable families for seeking secondary and tertiary care.

**Table 7.1: Details of the functional AB-HWCs**

| Sr. No. | Performance Indicators or Parameters | Number of HWCs |
|---|---|---|
| 1 | Target by GoI for the establishment of Health and Wellness Centre (HWC)- in number | 9,604 |
| 2 | Target by State Government for the establishment of HWC- in number | 9,604 |
| 3 | Number of HWCs established till June 2023 | 9,860 |
| 4 | Number of HWCs made functional or operational as of June 2023 | 9,474 |

**(Source -Information furnished by the Director of AYUSH)**

The achievement in establishing HWCs in the State was more than the target set by the Government of India or State Government. However, 9,474 out of 9,860 HWCs were made functional as of June 2023.

### *ii. Performance of HWCs*

Under AB-HWCs operational guidelines, HWCs are to be created as centre for Prevention, Screening and Management of Non-Communicable Diseases such as facility for (i) screening and treatment of Hypertension and Diabetes, with referral if needed, (ii) screening for oral, breast and cervical cancer and referral of suspected cases *etc.* Further, AB-HWCs should organise wellness activities like Yoga sessions.

Out of 9,474 functional HWCs, number of HWCs functional as per the AB-HWCs operational guidelines are shown in **Table 7.2**:

**Table 7.2 Number of HWCs functional as per the AB-HWCs operational guidelines**

| Sr. No | Performance Indicators or Parameters | Number of HWCs |
|---|---|---|
| 1 | Number of HWCs which had facilities for screening of Hypertension | 9,338 |
| 2 | Number of HWCs which had facilities for screening for Diabetes | 9,318 |
| 3 | Number of HWCs which had facilities for screening of Oral Cancer | 9,267 |
| 4 | Number of HWCs which had facilities for screening of Breast Cancer | 9,267 |
| 5 | Number of HWCs which had facilities for screening of Cervical Cancer | 1,825 |
| 6 | Number of HWCs which had wellness activities like Yoga Sessions | 9,382 |
| 7 | Number of HWCs having medicine as per the guidelines | 9,286 |
| 8 | Number of HWCs having diagnostic facilities available as per guidelines | 9,253 |

**(Source -Information furnished by the Director of AYUSH)**

As seen from the above table, majority of the AB-HWCs in the State were functioning as per the laid down parameters of the scheme. However, number of HWCs which had facilities for screening of cervical cancer is relatively low.

## *7.2.2 Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)*

Under the second component of AB-PMJAY, the beneficiary families under Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) have been identified from the Socio-Economic Caste Census (SECC) of 2011 on the basis of deprivation and occupational criteria across rural and urban areas. The number of eligible beneficiaries in Gujarat was 44.85 lakh families under SECC 2011 which was revised to 49.85 lakh (January 2023). Gujarat has enrolled 23.14 lakh families under AB-PMJAY as of October 2023. Gujarat has enrolled 9.15 lakh families from the beneficiaries of National Food

Security Act under Beneficiary Identification System 2.0 during October 2023 to December 2023.

Before the launch of AB-PMJAY, Gujarat had two State Health Assurance Schemes (i) Mukhyamantri Amrutam (MA) Yojana (started from April 2012) for BPL families under which 2.58 lakh families were enrolled and (ii) MA Vatsalya Yojana (started from August 2014) for families having annual income up to ₹4.00 lakh under which 40.95 lakh families were enrolled. National Health Authority approved (February 2019) merger of these two State schemes with AB-PMJAY. Therefore, Gujarat has totally enrolled 75.82 lakh families under AB-PMJAY as of December 2023.

## 7.3 National Health Mission

The NHM, a Centrally Sponsored Scheme, with a vision to attain the universal access to equitable, affordable, and quality healthcare services, accountable and responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

### *7.3.1 Reproductive and Child Health Programme*

The Reproductive and Child Health (RCH) programme under NHM emphasized, *inter-alia*, for mothers, (i) early detection and registration of pregnant mothers followed by providing the services like (ii) administration of Tetanus Toxoid injection, (iii) distribution of Iron, Folic Acid Tablets to prevent anemia *etc*.

- ***Iron, Folic Acid tablets and TT Immunisation***

Anaemia is considered the leading cause of maternal mortality and is an aggravating factor to haemorrhage, sepsis and toxaemia, therefore, the RCH programme emphasised providing 180 Iron, Folic Acid (IFA) to all Pregnant Women (PW). Two dosages of Tetanus Toxoid (TT) have been prescribed to all PW to immunise them and neonates from tetanus. The status of providing IFA tablets and TT immunisation to registered PW during 2016-22 are shown in **Table 7.3** below:

**Table 7.3: Details of providing IFA tablets and TT immunisation to PWs during 2016-22**

**(Figure in lakh)**

| Year | Registered PW | Number of registered PW who were given 180 IFA tablets | Number of registered PW who were given two TT immunisation | Percentage of PW who received 180 IFA tablets | Percentage of PW who received two TT immunisation |
|---|---|---|---|---|---|
| 2016-17 | 13.82 | 13.35 | Data not available | 96.60 | Data not available |
| 2017-18 | 14.21 | 13.45 | 10.19 | 94.65 | 71.71 |
| 2018-19 | 13.50 | 12.86 | 09.48 | 95.26 | 70.22 |
| 2019-20 | 12.96 | 12.51 | 09.07 | 96.53 | 69.98 |
| 2020-21 | 12.75 | 12.18 | 08.63 | 95.53 | 67.69 |
| 2021-22 | 13.16 | 12.75 | 08.94 | 96.88 | 67.93 |

**(Source: Information provided by CoH)**

A shortfall was noticed in providing 180 IFA tablets and TT immunisation to the pregnant women who were registered. The percentage of TT immunisation to PW was found to be in a declining trend during 2017-21.

The CoH during the exit conference (June 2023) stated that a comprehensive programme has been initiated to monitor all regular check-ups for Pregnant Women and provide them with all other Ante Natal Care services.

***Recommendation 15: State Government may increase the coverage of providing all necessary health services to pregnant women for safe motherhood.***

### *7.3.2 Institutional Delivery Care*

An important component of the RCH programme was to encourage mothers to undergo institutional deliveries. Details of institutional delivery in the State during 2016-22 are shown in **Table 7.4** below:

**Table 7.4: Details of total delivery and institutional delivery in the State during 2016-22**

| Year | Total Delivery | Institutional Delivery | Percentage of Institutional Delivery |
|---|---|---|---|
| 2016-17 | 11,88,041 | 11,75,381 | 98.93 |
| 2017-18 | 12,15,440 | 12,05,441 | 99.18 |
| 2018-19 | 11,39,108 | 11,32,387 | 99.41 |
| 2019-20 | 11,51,437 | 11,45,868 | 99.52 |
| 2020-21 | 11,18,033 | 11,13,797 | 99.62 |
| 2021-22 | 10,94,655 | 10,92,306 | 99.79 |

**(Source: Information provided by CoH)**

As seen from the above table, the percentage of institutional deliveries increased during 2016-22.

### *7.3.3 Non-communicable Diseases*

The main types of Non-Communicable Disease (NCD) are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes. The audit observations on the NCD related programs are discussed as under:

#### *7.3.3.1 National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke*

GoI launched (2010) the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) with an objective to prevent and control common NCDs. Under NPCDCS, NCD Cells are being established at National, State and District levels for programme management, and NCD Clinics are being set up at each DHs/SDHs/CHCs to provide services for early diagnosis, treatment and follow-up for common NCDs.

- ***Opportunistic Screening***

Opportunistic screening of persons above the age of 30 years is being carried out at Sub-Centres/PHCs/CHCs/DHs, *etc.* Such screening involves history recording like family history of diabetes, history of alcohol, tobacco consumption, dietary habits, *etc*. and physical examination, calculation of BMI, blood pressure, blood sugar estimation, *etc.* to identify those individuals who are at a high risk of developing cancer, diabetes and CVD, warranting further investigation/action. The status of the number of persons screened and new cases of NCD identified during 2016-22 are shown in **Table7.5** below:

**Table 7.5: Details of persons identified with NCD during screening**

| Year | Total persons screened | Persons identified with NCD | | | | | | Total |
|---|---|---|---|---|---|---|---|---|
| | | Diabetes | Hyper-tension | Diabetes and Hyper-tension | CVD | Stroke | Cancer | |
| 2016-17 | 25,10,021 | 1,17,299 | 1,15,312 | 30,172 | 7,514 | 1,731 | 2,540 | 2,74,568 |
| 2017-18 | 42,13,723 | 1,87,173 | 2,15,132 | 92,156 | 10,308 | 5,627 | 5,041 | 5,15,437 |
| 2018-19 | 32,38,637 | 99,377 | 1,05,155 | 35,781 | 7,546 | 4,977 | 3,016 | 2,55,852 |
| 2019-20 | 56,64,179 | 2,19,976 | 1,75,989 | 62,793 | 13,643 | 7,898 | 4,168 | 4,84,467 |
| 2020-21 | 55,15,300 | 1,41,327 | 1,10,657 | 39,394 | 10,887 | 6,297 | 3,154 | 3,11,716 |
| 2021-22 | 55,49,331 | 1,07,733 | 1,28,529 | 35,356 | 4,942 | 4,897 | 2,939 | 2,84,396 |
| **Total** | **2,66,91,191** | **8,72,885** | **8,50,774** | **2,95,652** | **54,840** | **31,427** | **20,858** | **21,26,436** |

**(Source: Information provided by CoH)**

Out of the total cases of NCDs identified, 41 *per cent* were diabetes cases, 40 *per cent* were hypertension cases and 14 *per cent* had both, diabetes and hypertension.

### *7.3.3.2 National Programme for Palliative Care*

National Programme for Palliative Care[67] (NPPC) was launched in Gujarat during 2018-19 in 14 districts and subsequently, six more districts were covered during 2021-22 under NPPC. Thus, NPPC was operational in 20 districts in the State as of March 2022.

- ***Non-Availability of dedicated 10 bedded Palliative Care ward***

NPPC Guidelines provide for the establishment of 10 bedded palliative care wards for in-patient service at DHs. Patients who require in-patient management were to be admitted to a dedicated ward which is exclusively meant for this purpose.

Audit observed that out of five test-checked MCHs, five DHs and one SDH[68] (Bhiloda), the NPPC is sanctioned in five hospitals[69]. However, dedicated ward with 10 beds was available only in MCH Jamnagar. DHs Rajkot and Surendranagar had only two beds in the general ward for Palliative care against the prescribed 10 dedicated beds.

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[67] Palliative care improves the quality of life by alleviating pain and suffering and may influence the course of the disease in patients with cancer, AIDS, chronic disease, and the bedridden elderly.

[68] As per NPPC guidelines, Palliative care was provided by MCH and DH. In special case, palliative care was sanctioned for one SDH (Bhiloda, Arvalli) in the State, as there was no DH in Arvalli District.

[69] (1) DH Surendranagar, (2) GMERS MCH Gandhinagar, (3) DH Rajkot, (4) MCH Jamnagar and (5) SDH Bhiloda.

# Chapter VIII

# Adequacy and effectiveness of the Regulatory Mechanisms

# Chapter-VIII: Adequacy and effectiveness of the regulatory mechanisms

***The terms of members of the Gujarat Medical Council and Gujarat Nursing Council expired in 2018 and 2019 respectively, however, the Councils were not re-constituted till December 2023.***

***The Gujarat Clinical Establishment (Registration and Regulation) Act 2021 (Act) got the assent from the Governor on 13 May 2021. However, the Rules to be framed under the Act were delayed resulting delay in its implementation in the State.***

***Many Government Healthcare Facilities were running without proper authorisation from Gujarat Pollution Control Board. Joint verification of three Common Bio-Medical Waste Treatment Facilities revealed that untreated Bio-Medical Waste was stored within the premises for a longer period.***

## 8.1 Introduction

Regulation is an important function in the healthcare sector. The purpose of regulation is to ensure access to health services, maintain quality standards, reasonable pricing and cost containment, information collection, protect the rights of patients/consumers from opportunistic behaviour or malpractices, ensure accountability of service providers and achieve the goal of equity.

## 8.2 Regulation of Medical and Allied Health Professionals

The role of Regulatory Councils is to protect healthcare consumers from health risks, provide a safe working environment for healthcare professionals, and ensure that public health and welfare are served by health programs.

### *8.2.1 Gujarat Medical Council*

Gujarat Medical Council (GMC) was established under Gujarat Medical Council Act, 1967 (GMCA) to register qualified medical persons who are possessing the qualifications recognised by the Medical Council of India. The Council keeps a strict watch on the conduct and ethics practised by medical professionals. The Council conducts an inquiry on receipt of complaints against the registered medical practitioners and if found guilty, gives punishment as per Rules.

A total number of 80,614 doctors possessing medical qualifications have been registered with the GMC as of 31 March 2022.

#### *8.2.1.1 Non-reconstitution of Gujarat Medical Council*

Section 3(3) of GMCA, 1967 stipulated that the Council shall consist of various members[70] and Section 4(2) stipulated that a member, whether elected or nominated, shall hold office for a term of five years. HFWD constituted the GMC and published the names of nominated members and elected members of the said Council in the Official Gazette through Notification on 29 November 2013 and 25 February 2014 respectively. The term of elected and nominated GMC members expired on 28 November 2018 and 24 February 2019 respectively.

The ACS, HFWD during the exit conference (June 2023) agreed to take necessary action in the matter. However, the new Council was not yet constituted till January 2024 by the State Government. The Registrar (GMC) stated (January 2024) that the constitution of new council is under process, and he further clarified that as per provision of Section 4(4) of GMCA, present council body continue its functioning till the constitution of new council body.

### *8.2.2 Gujarat Nursing Council*

Gujarat Nursing Council (GNC) was established under the Gujarat Nurses, Midwives and Health Visitors Act, 1968, (GNMHVA) for the fulfilment of the aims and objectives as laid down in the Act.

The main functions of GNC are such as granting recognition to the training institutions and periodical inspection thereof as the Council is governing authority of physical and clinical facilities in almost all the nursing courses conducted in the institutions, *etc.*

A total number of 1,04,648 (91,479 Home State + 13,169 outside State) Nurses, Midwives and Health Visitors were registered with the GNC as of 31 March 2022.

#### *8.2.2.1 Non-reconstitution of Gujarat Nursing Council*

Section 3(2) of Gujarat Nurses, Midwives and Health Visitors Act, 1968, (GNMHVA) stipulated that the Gujarat Nursing Council shall consist of various members[71] and Section 5(1) stipulated that a member, whether elected or nominated, shall hold office for a term of five years from the date of their election or nomination as the case may be, or until their successor has been duly elected or nominated as the case may be, whichever is longer.

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[70] (a) five members to be nominated by the State Government, (b) one member from each University established by law in the State which has a medical faculty and (c) six members to be elected by registered practitioners amongst themselves.

[71] As ex-officio members, (i) the Commissioner of Health and Medical Services, Gujarat State; (ii) the Superintendent of Nursing Services, Government of Gujarat and (iii) Regional Nursing Supervisor, Government of Gujarat. As elected members, total ten members to be elected by nurses, midwives and health visitors registered and from various heads of the affiliated nursing institutions.

Audit observed that all seven members[72] were elected and nominated in 2014. However, after the expiry of their terms in 2019, a new body of GNC was not constituted.

The ACS, HFWD during the exit conference (June 2023) agreed to take necessary action in the matter. The Registrar stated (December 2023) that new members were elected, and result was sent (December 2022) to Health & Family Welfare Department for publishing Notification in Extra Ordinary Gazette and new body would be constituted after the notification.

***Recommendation 16: Government may take immediate steps for the reconstitution of members of the Gujarat Medical Council and Gujarat Nursing Council for effective functioning of the Councils.***

## 8.3 Regulation of Health Delivery Institutions

The Clinical Establishments Act was passed by the Parliament of India on 17 August 2010 to provide for registration and regulation of all clinical establishments in the country with a view to prescribing minimum standards of facilities and services.

- ***Delayed implementation of Gujarat Clinical Establishments (Registration and Regulation) Act, 2021***

The Gujarat Clinical Establishments (Registration and Regulation) Act, 2021 got the assent from the Governor on 13 May 2021 and was published in the Gujarat Government Gazette on 22 May 2021.

However, the Act was passed by the State Government after a delay of more than 10 years since it was passed (August 2010) by the Central Government.

Further, the Rules to be framed under the Act were delayed (framed in September 2022) resulting in delay in the implementation of the Act in the State as its implementation was started from March 2023 only.

## 8.4 Bio-Medical Waste Management

Bio-Medical Waste (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 Rules) 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).

[72] five members and two members of GNC were elected and nominated on 3 January 2014 and 27 August 2014 respectively.

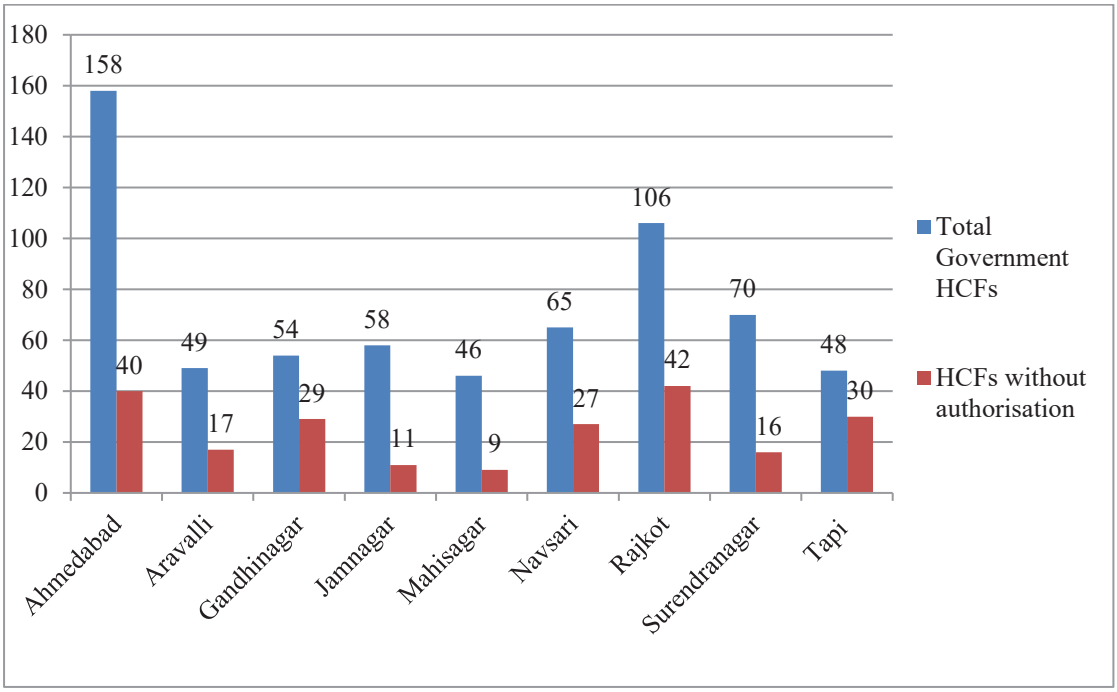
- ***Operation of Government HCFs without Authorisation***

Rule 10 of BMWM Rules, 2016 provides that every occupier or operator handling bio-medical waste, irrespective of quantity, has to make an application to the Gujarat Pollution Control Board (GPCB) for grant of authorisation.

As per data provided by GPCB, out of 2,296 Government Healthcare Facilities (Government HCFs) in the State, 531 (23 *per cent*) Government HCFs were running without authorisation or with expired authorisation.

The details of Government HCFs running without proper authorisation in the test-checked districts are depicted in **Chart 8.1** below:

**Chart 8.1: Details of Government HCFs operating without authorisation**




**(Source: As per data provided by GPCB)**

The above chart shows that Government HCFs running without proper authorisation in the test-checked districts ranged between 20 *per cent* (Mahisagar) and 63 *per cent* (Tapi).

The Commissioner of Health stated (September 2022) that State has issued an order to take immediate action for obtaining proper authorisation from the competent authority.

- ***Installation of GPS in transportation vehicles***

As per revised guidelines for Common Bio-Medical Waste Treatment Facility (CBWTF) 2016, the route of transportation shall be worked out and designed for optimum travel distance and to cover all member HCFs of the CBWTF by GPCB.

Further, the CBWTF should give access to the GPCB, online and real-time tracking of Global Positioning System (GPS) enabled their transportation vehicles so that GPCB can cross-check the movement of the transportation vehicles at any time.

Audit noticed that out of eight test-checked CBWTFs, none of the CBWTFs has given access to GPS tracking of their transportation vehicles to GPCB.

- ***BMW was not treated within 48 hours***

As per revised guidelines of CBWTFs 2016 and BMWM Rules 2016, BMW generated shall be collected, treated and disposed of within 48 hours. Audit noticed that in three CBWTFs[73] out of eight CBWTFs jointly verified, the treatment and disposal of BMW collected from member HCFs was not being carried out within 48 hours of generation and untreated BMW was stored within the premises of CBWTFs **(Pictures 8.1 and 8.2)**:

**Picture 8.1: Fluid flowing out of untreated waste kept at Pollucare Bio-Medical Management Pvt. Ltd., Gandhinagar (07/09/2022)**

**Picture 8.2: Fluid flowing out of untreated waste kept at Medicare Environmental Management Pvt. Ltd., Ahmedabad (14/09/2022)**

***Recommendation 17: State Government may ensure compliance with the Bio-Medical Waste Management Rules 2016 for monitoring the collection and disposal of bio-medical waste in the State.***

[73] 1. Dev Bio Medical Waste Management Services, Jamnagar 2. Pollucare Bio-Medical Management Pvt. Ltd., Gandhiangar and 3. Samvedna BMW Incinerator, Halol.

# Chapter IX
# Sustainable Development
# Goal – 3

# Chapter-IX: Sustainable Development Goal-3

***The SDG-3 score of Gujarat has shown improvement over the period 2018-2021. Gujarat has also performed higher than the All India composite SDG score and SDG-3 score during 2020-21. Out of 10 indicators under SDG-3, the State is better than the average of India in seven indicators.***

## 9.1 Introduction

Sustainable Development Goal-3 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. It also calls for more research and development, increased health financing, and strengthened capacity of all countries in health risk reduction and management.

## 9.2 Performance of the State under SDG-3

SDG India Index Report by NITI Aayog stipulates a mechanism[74] with the objective of measuring the progress of SDGs and develop competitiveness among States and UTs. Based on the results of the SDG India Index, States and Union Territories (UTs) have been classified into four categories: Achiever, Front runner, Performer and Aspirant, where the 'Achiever' category represents the highest rank and the 'Aspirant' category represents the lowest rank.

Performance of Gujarat relating to SDG-3 in the SDG India Index and Dashboard Reports 2018, 2019-20 and 2020-21 are shown in **Table 9.1 and Table 9.2**:

**Table 9.1: SDG-3 scores of the State**

| Particulars | SDG-3 score of Gujarat (out of 100) |
|---|---|
| SDG India Index[75] 1.0 | 52 |
| SDG India Index[76] 2.0 | 67 |
| SDG India Index[77] 3.0 | 86 |

**(Source: SDG India Index and Dashboard Reports 2018, 2019-20 and 2020-21)**

[74] As per NITI Aayog Releases SDG India Index Baseline Report 2018 (21-December-2018)- Aspirant: 0-49; Performer: 50-64; Front Runner: 65-99 and Achiever: 100.

[75] The first version of the Index i.e. SDG India Index Baseline Report, 2018 (SDG India Index 1.0) was released in December 2018.

[76] It is the second version of the Index which builds upon its first version. It was launched in December 2019.

[77] It is third version of Index, which was launched in June 2021.

**Table 9.2: Composite SDG and SDG-3 scores of State**

| Report | Composite SDG Score of India | Composite SDG Score of Gujarat | SDG-3 Score of India | SDG-3 Score of Gujarat |
|---|---|---|---|---|
| 2018 | 57 (Performer) | 64 (Performer) | 52 (Performer) | 52 (Performer) |
| 2019-20 | 60 (Performer) | 64 (Performer) | 61 (Performer) | 67 (Front Runner) |
| 2020-21 | 66 (Front Runner) | 69 (Front Runner) | 74 (Front Runner) | 86 (Front Runner) |

**(Source: SDG India Index and Dashboard Reports 2018, 2019-20 and 2020-21)**

As seen from **Table 9.1** above, the SDG-3 score of Gujarat has shown improvement over the period 2018-2021. Gujarat has also performed higher than the All India Composite SDG score and SDG-3 score as shown in **Table 9.2**:

## 9.3 Improvement in Health Indicators

At the global level, the Sustainable Development Agenda aims to ensure healthy lives and promote well-being for all at all ages by 2030 as per Sustainable Development Goal (SDG-3). Good Health and Well-Being (SDG-3) aims to end preventable deaths from communicable diseases, Non-Communicable Diseases and illnesses caused by different forms of pollution.

The status of Gujarat as well as India (as per SDG India Index and Dashboard Report 2020-21) in these indicators and their targets are indicated in the given **Table 9.3**:

**Table 9.3: Achievement of SDG-3 targets as per SDG Report 2020-21**

| Sr. No. | Indicator | Gujarat | India | Global Target by 2030 |
|---|---|---|---|---|
| 1 | Maternal Mortality Ratio (per 1,00,000 live births) | 75 | 113 | 70 |
| 2 | Under 5 Mortality Rate (per 1,000 live birth) | 31 | 36 | 25 |
| 3 | Percentage of children in the age group of 9-11 months fully immunized | 87 | 91 | 100 |
| 4 | Total Case notification rate of Tuberculosis per 1,00,000 population | 232 | 177 | 242 |
| 5 | HIV incidence per 1,000 uninfected population | 0.05 | 0.05 | 00 |
| 6 | Suicide rate (per 1,00,000 population) | 11.2 | 10.4 | 3.5 |
| 7 | Death rate due to road traffic accidents (per 1,00,000 population) | 10.88 | 11.56 | 5.81 |
| 8 | Percentage of institutional deliveries out of the total deliveries reported | 99.5 | 94.40 | 100 |
| 9 | Monthly per capita out-of-pocket expenditure on health as a share of Monthly Per Capita Consumption Expenditure (MPCE) | 9.50 | 13.00 | 7.83 |
| 10 | Total physicians, nurses and midwives per 10,000 population | 41 | 37 | 45 |

**(Source: NITI Aayog SDG Report 2020-21)**

As seen from **Table 9.3**, the performance of Gujarat was better than average achievement of India in respect of seven out of 10 indicators of SDG-3. In

one indicator (HIV incidence per 1,000 uninfected population) it was par with national average. In two indicators (i. Percentage of children in the age group of 9-11 months fully immunised, and ii. Suicide rate (per 1,00,000 population)) Gujarat is below than the average achievement of India.

***Recommendation 18: State Government may take effective steps to improve the performance of the State in indicators where the State is behind the average achievement of India.***

**(ANUBHAV KUMAR SINGH)**
**Accountant General (Audit-I), Gujarat**

**Rajkot**
**The 10 November 2024**

**Countersigned**

**(GIRISH CHANDRA MURMU)**
**Comptroller and Auditor General of India**

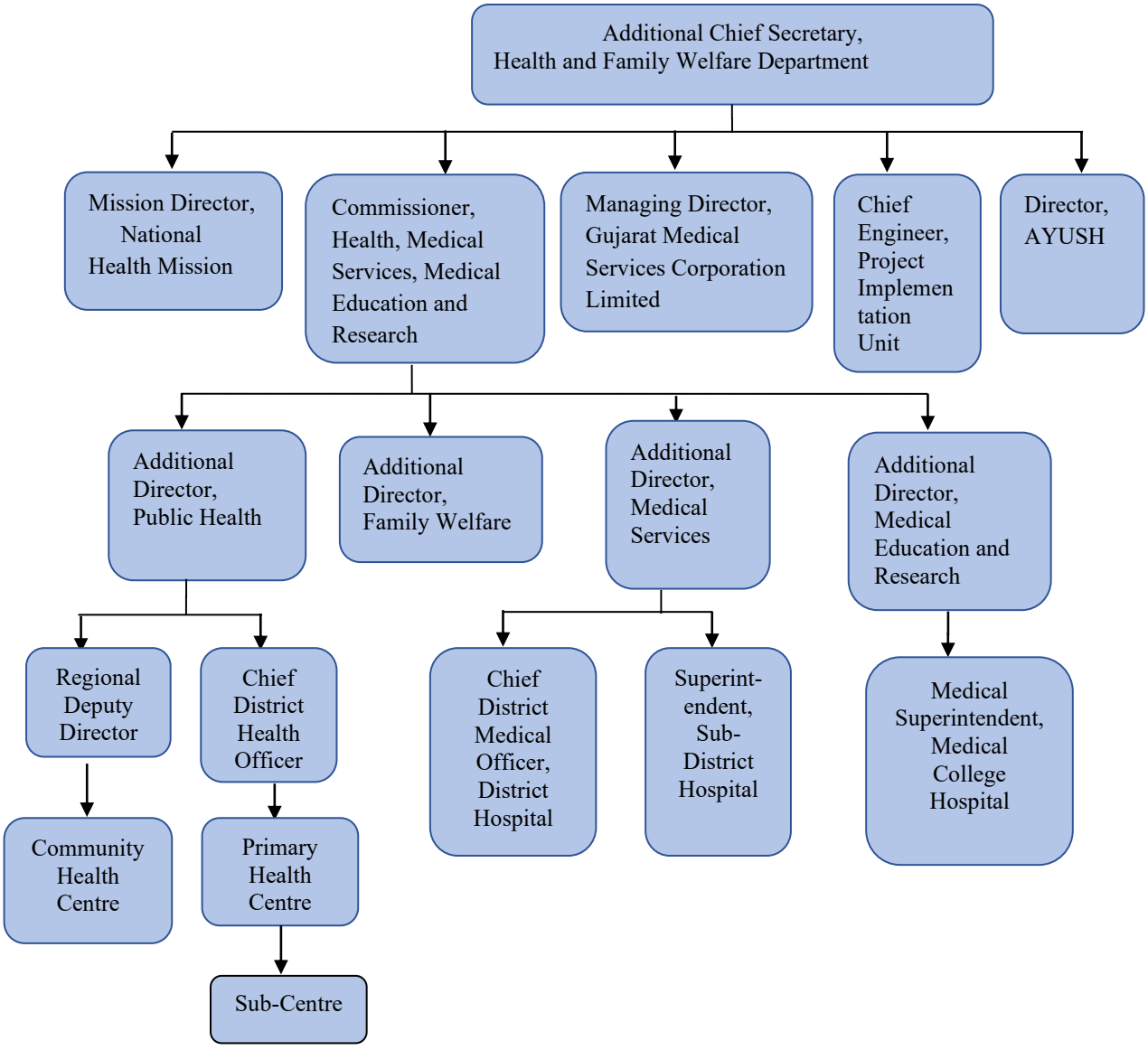
**New Delhi**
**The 11 November 2024**

# Appendices

## Appendix 1.1

## Organisational Chart of Health and Family Welfare Department

***(Reference: Paragraph 1.3, Page 3)***




**(Source: Information collected from Health and Family Welfare Department, Gujarat)**

## Appendix 1.2

### Statement showing details of availability of Healthcare Institutions in the State

***(Reference: Paragraph 1.5, Page 5)***

| Sr. No. | Name of District | DH | SDH | CHC | PHC | UPHC | UCHC | SC | Medical College (managed by State Government and Municipal Corporations) | Tertiary level Hospitals (managed by State Government and Municipal Corporations) | Medical College Hospitals under PPP | Medical College Hospitals managed by private or Trust bodies) | Dental Medical College Hospitals (State Government and municipal corporation) | Dental Medical Colleges (Private) | Super specialist Institute |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Ahmedabad | 0 | 3 | 8 | 40 | 81 | 9 | 253 | 4 | 6# | 0 | 2 | 2 | 1 | 5 |
| 2. | Amreli | 0 | 3 | 12 | 41 | 3 | 0 | 247 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 3. | Anand | 1 | 1 | 14 | 53 | 8 | 0 | 277 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 4. | Arvalli | 0 | 1 | 10 | 37 | 1 | 0 | 219 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | Banaskantha | 0 | 4 | 26 | 121 | 4 | 0 | 759 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 6. | Bharuch | 0 | 1 | 9 | 41 | 5 | 0 | 241 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 7. | Bhavnagar | 0 | 2 | 13 | 48 | 17 | 0 | 299 | 1 | 1 | 0 | 0 | 0 | 1 | 0 |
| 8. | Botad | 1 | 0 | 5 | 17 | 2 | 0 | 88 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | Chhota Udepur | 1 | 0 | 12 | 50 | 1 | 0 | 310 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | Dahod | 0 | 2 | 20 | 97 | 2 | 0 | 637 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 11. | Dang | 1 | 0 | 3 | 10 | 0 | 0 | 68 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Devbhoomi Dwarka | 1 | 1 | 4 | 23 | 2 | 0 | 169 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13. | Gandhinagar | 0 | 1 | 9 | 30 | 12 | 0 | 172 | 1 | 1 | 0 | 0 | 0 | 3 | 0 |
| 14. | Gir Somnath | 1 | 1 | 7 | 29 | 4 | 0 | 171 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15. | Jamnagar | 0 | 0 | 9 | 33 | 13 | 0 | 215 | 1 | 1 | 0 | 0 | 1 | 0 | 0 |
| 16. | Junagadh | 0 | 1 | 9 | 38 | 8 | 0 | 234 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 17. | Kachchh | 0 | 3 | 16 | 67 | 10 | 0 | 441 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| 18. | Kheda | 1 | 2 | 14 | 54 | 6 | 0 | 316 | 0 | 0 | 0 | 1 | 0 | 1 | 0 |
| 19. | Mahisagar | 1 | 1 | 8 | 35 | 1 | 0 | 224 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20. | Mehsana | 1 | 3 | 13 | 57 | 6 | 0 | 295 | 1 | 1 | 0 | 1 | 0 | 1 | 0 |
| 21. | Morbi | 1 | 2 | 5 | 30 | 5 | 0 | 198 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. | Narmada | 1 | 2 | 3 | 27 | 1 | 0 | 174 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. | Navsari | 1 | 3 | 11 | 45 | 5 | 0 | 296 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 24. | Panchmahal | 1 | 1 | 12 | 50 | 4 | 0 | 299 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25. | Patan | 1 | 1 | 14 | 52 | 3 | 0 | 328 | 1 | 1 | 0 | 0 | 1 | 0 | 0 |

| Sr. No. | Name of District | DH | SDH | CHC | PHC | UPHC | UCHC | SC | Medical College (managed by State Government and Municipal Corporations) | Tertiary level Hospitals (managed by State Government and Municipal Corporations) | Medical College Hospitals under PPP | Medical College Hospitals managed by private or Trust bodies) | Dental Medical College Hospitals (State Government and municipal corporation) | Dental Medical Colleges (Private) | Super specialist Institute |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 26. | Porbandar | 1 | 0 | 4 | 12 | 5 | 0 | 85 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. | Rajkot | 1 | 5 | 12 | 55 | 29 | 0 | 344 | 2* | 2* | 0 | 0 | 0 | 0 | 0 |
| 28. | Sabarkantha | 0 | 2 | 12 | 48 | 1 | 0 | 280 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| 29. | Surat | 0 | 1 | 13 | 57 | 46 | 8 | 394 | 2 | 2 | 0 | 0 | 0 | 0 | 0 |
| 30. | Surendranagar | 1 | 2 | 12 | 49 | 6 | 0 | 352 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 31. | Tapi | 1 | 2 | 6 | 38 | 1 | 0 | 241 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 32. | Vadodara | 1 | 0 | 10 | 42 | 38 | 0 | 242 | 2 | 2 | 0 | 1 | 0 | 2 | 0 |
| 33. | Valsad | 0 | 3 | 10 | 51 | 7 | 0 | 363 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| | **TOTAL** | **19** | **54** | **345** | **1,477** | **337** | **17** | **9,231** | **18** | **20** | **5** | **7** | **4** | **9** | **5** |

# Vadilal Sarabhai General Hospital Ahmedabad run by Ahmedabad Municipal Corporation not attached to any Medical College.
*Including AIIMS Rajkot,

**(Source: Information collected from Health and Family Welfare Department)**

## Appendix 1.3

### Status of adherence to standardisation of services and resources

***(Reference: Paragraph 1.8, Page 6)***

| Intervention/ Input | Availability of State government norms | Remarks | Reply of the State Government and audit comments |
|---|---|---|---|
| Outpatient Department (OPD)/Inpatient Department (IPD) | No | IPHS norms partially adopted for DH and SDH whereas fully adopted for CHC, PHC and SC. | Department of Medical Services has adopted various norms of OPD and IPD as per IPHS and in future would try to achieve hundred percent implementation of norms. Further, Department of Public Health has been following IPHS norms. |
| Human Resources | Staffing pattern / Sanctioned Strength for SC to SDH have been fixed by the State Government and for District Hospital, posts are sanctioned as per requirement from time to time by State Government. | The State Government did not adopt IPHS norms. | Department of Medical services has prepared staffing pattern based on IPHS for District Hospitals. However, it is under consideration at Health and Family Welfare Department. |
| Drugs and Consumables | The Government formed (April 2007) an expert committee to prepare and review the Essential Drugs List (EDL). The expert committee is to prepare an EDL yearly specifying those drugs which need to be available at all the health facilities as per requirement. | The State Government did not adopt IPHS norms till the financial year 2023-24. | The committee of EDL examine IPHS 2022 and National List Of essential Medicines (NLEM) as per prevalence of disease in Gujarat and decide to add new drugs for EDL from 2024-25. |
| Equipment | Mukhyamantri Nidan Yojana (MNY) was launched (April 2016) by the State Government for providing equipment for diagnostic facilities. Under MNY free of cost laboratory test are being provided at all levels of public health facilities. | The State Government did not adopt IPHS norms. | Under Free Diagnostic Services Initiative (FDSI), government is in the process of expanding the range of diagnostic tests at all levels of public health facilities and purchase of equipment is under process. |

## Appendix 2.1

### Statement showing details of district-wise shortfall of Doctors in the State

***(Reference: Paragraph 2.4, Page 12)***

| Sr. No. | Name of District | Sanctioned strength | Person in Position | Shortfall | Shortfall in *per cent* |
|---|---|---|---|---|---|
| 1 | Ahmedabad | 1,880 | 1,723 | 157 | 8 |
| 2 | Amreli | 153 | 89 | 64 | 42 |
| 3 | Anand | 147 | 109 | 38 | 26 |
| 4 | Aravali | 112 | 77 | 35 | 31 |
| 5 | Banaskantha | 326 | 212 | 114 | 35 |
| 6 | Bharuch | 114 | 85 | 29 | 25 |
| 7 | Bhavnagar | 441 | 328 | 113 | 26 |
| 8 | Botad | 52 | 32 | 20 | 38 |
| 9 | Chhotaudepur | 182 | 112 | 70 | 38 |
| 10 | Dahod | 349 | 223 | 126 | 36 |
| 11 | Dang | 64 | 49 | 15 | 23 |
| 12 | DevbhoomiDwarka | 88 | 47 | 41 | 47 |
| 13 | Gandhinagar | 311 | 257 | 54 | 17 |
| 14 | GirSomnath | 103 | 75 | 28 | 27 |
| 15 | Jamnagar | 395 | 261 | 134 | 34 |
| 16 | Junagadh | 427 | 307 | 120 | 28 |
| 17 | Kachchh | 174 | 105 | 69 | 40 |
| 18 | Kheda | 198 | 155 | 43 | 22 |
| 19 | Mahisagar | 119 | 85 | 34 | 29 |
| 20 | Mehsana | 434 | 361 | 73 | 17 |
| 21 | Morbi | 106 | 76 | 30 | 28 |
| 22 | Narmada | 146 | 75 | 71 | 49 |
| 23 | Navsari | 218 | 188 | 30 | 14 |
| 24 | Panchmahal | 174 | 116 | 58 | 33 |
| 25 | Patan | 324 | 238 | 86 | 27 |
| 26 | Porbandar | 63 | 43 | 20 | 32 |
| 27 | Rajkot | 669 | 473 | 196 | 29 |
| 28 | Sabarkantha | 322 | 217 | 105 | 33 |
| 29 | Surat | 798 | 664 | 134 | 17 |
| 30 | Surendranagar | 177 | 112 | 65 | 37 |
| 31 | Tapi | 179 | 146 | 33 | 18 |
| 32 | Vadodara | 939 | 815 | 124 | 13 |
| 33 | Valsad | 378 | 288 | 90 | 24 |
| **Total** | | **10,562** | **8,143** | **2,419** | **23** |

**(Source: Information collected from Government Healthcare Institutions)**

## Appendix 2.2

### Statement showing details of district-wise shortfall of Nurses in the State

***(Reference: Paragraph 2.4, Page 12)***

| Sr. No. | Name of District | Sanctioned strength | Person in Position | Shortfall | Shortfall in *per cent* |
|---|---|---|---|---|---|
| 1 | Ahmedabad | 2,710 | 2,542 | 168 | 6 |
| 2 | Amreli | 429 | 421 | 8 | 2 |
| 3 | Anand | 466 | 452 | 14 | 3 |
| 4 | Arvalli | 361 | 351 | 10 | 3 |
| 5 | Banaskantha | 1,139 | 1,112 | 27 | 2 |
| 6 | Bharuch | 389 | 365 | 24 | 6 |
| 7 | Bhavnagar | 1,036 | 937 | 99 | 10 |
| 8 | Botad | 162 | 156 | 6 | 4 |
| 9 | Chhotaudepur | 509 | 463 | 46 | 9 |
| 10 | Dahod | 1,024 | 956 | 68 | 7 |
| 11 | Dang | 158 | 156 | 2 | 1 |
| 12 | DevbhoomiDwarka | 262 | 255 | 7 | 3 |
| 13 | Gandhinagar | 732 | 694 | 38 | 5 |
| 14 | GirSomnath | 311 | 290 | 21 | 7 |
| 15 | Jamnagar | 1,111 | 1,056 | 55 | 5 |
| 16 | Junagadh | 649 | 568 | 81 | 12 |
| 17 | Kachchh | 650 | 624 | 26 | 4 |
| 18 | Kheda | 582 | 542 | 40 | 7 |
| 19 | Mahisagar | 380 | 373 | 7 | 2 |
| 20 | Mehsana | 843 | 793 | 50 | 6 |
| 21 | Morbi | 335 | 317 | 18 | 5 |
| 22 | Narmada | 399 | 338 | 61 | 15 |
| 23 | Navsari | 611 | 603 | 8 | 1 |
| 24 | Panchmahal | 509 | 496 | 13 | 3 |
| 25 | Patan | 926 | 787 | 139 | 15 |
| 26 | Porbandar | 190 | 186 | 4 | 2 |
| 27 | Rajkot | 1,439 | 1,409 | 30 | 2 |
| 28 | Sabarkantha | 891 | 792 | 99 | 11 |
| 29 | Surat | 1,392 | 1,292 | 100 | 7 |
| 30 | Surendranagar | 549 | 517 | 32 | 6 |
| 31 | Tapi | 520 | 516 | 4 | 1 |
| 32 | Vadodara | 1,803 | 1,754 | 49 | 3 |
| 33 | Valsad | 999 | 931 | 68 | 7 |
| **Total** | | **24,466** | **23,044** | **1,422** | **6** |

**(Source: Information collected from Public Health Care Facilities)**

## Appendix 2.3

### Statement showing details of district-wise shortfall of Paramedics in the State

***(Reference: Paragraph 2.4, Page 12)***

| Sr. No. | Name of District | Sanctioned strength | Person in Position | Shortfall | Shortfall in *per cent* |
|---|---|---|---|---|---|
| 1 | Ahmedabad | 1,091 | 1,023 | 68 | 6 |
| 2 | Amreli | 160 | 119 | 41 | 26 |
| 3 | Anand | 184 | 145 | 39 | 21 |
| 4 | Arvalli | 125 | 103 | 22 | 18 |
| 5 | Banaskantha | 411 | 299 | 112 | 27 |
| 6 | Bharuch | 136 | 98 | 38 | 28 |
| 7 | Bhavnagar | 450 | 387 | 63 | 14 |
| 8 | Botad | 63 | 48 | 15 | 24 |
| 9 | Chhotaudepur | 161 | 111 | 50 | 31 |
| 10 | Dahod | 312 | 178 | 134 | 43 |
| 11 | Dang | 47 | 28 | 19 | 40 |
| 12 | DevbhoomiDwarka | 79 | 52 | 27 | 34 |
| 13 | Gandhinagar | 140 | 129 | 11 | 8 |
| 14 | GirSomnath | 116 | 70 | 46 | 40 |
| 15 | Jamnagar | 262 | 181 | 81 | 31 |
| 16 | Junagadh | 198 | 146 | 52 | 26 |
| 17 | Kachchh | 252 | 154 | 98 | 39 |
| 18 | Kheda | 221 | 142 | 79 | 36 |
| 19 | Mahisagar | 124 | 92 | 32 | 26 |
| 20 | Mehsana | 333 | 275 | 58 | 17 |
| 21 | Morbi | 148 | 73 | 75 | 51 |
| 22 | Narmada | 109 | 71 | 38 | 35 |
| 23 | Navsari | 204 | 158 | 46 | 23 |
| 24 | Panchmahal | 183 | 132 | 51 | 28 |
| 25 | Patan | 275 | 241 | 34 | 12 |
| 26 | Porbandar | 73 | 37 | 36 | 49 |
| 27 | Rajkot | 381 | 325 | 56 | 15 |
| 28 | Sabarkantha | 315 | 289 | 26 | 8 |
| 29 | Surat | 390 | 318 | 72 | 18 |
| 30 | Surendranagar | 216 | 132 | 84 | 39 |
| 31 | Tapi | 152 | 122 | 30 | 20 |
| 32 | Vadodara | 440 | 304 | 136 | 31 |
| 33 | Valsad | 303 | 232 | 71 | 23 |
| | **Total** | **8,054** | **6,214** | **1,840** | **23** |

**(Source: Information collected from Public Health Care Facilities)**

## Appendix 2.4

### Statement showing availability of Specialist Doctors, Doctors, Nursing, Paramedics and other staff in Medical College Hospitals (MCHs) in the State as of March 2022

***(Reference: Paragraph 2.5, Page 15)***

| Sr. No. | District | Name of Medical college and attached Hospitals | Specialist doctors | | Doctors | | Nursing staff | | Paramedics | | Other Staff | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | SS | PIP | SS | PIP | SS | PIP | SS | PIP | SS | PIP |
| 1 | Ahmedabad | Government MCH, Ahmedabad | 547 | 492 | 1,033 | 998 | 1,906 | 1,838 | 757 | 722 | 1,701 | 1,617 |
| 2 | Ahmedabad | GMERS MCH Ahmedabad | 110 | 85 | 49 | 40 | 372 | 362 | 171 | 171 | 218 | 218 |
| 3 | Bhavnagar | Government MCH, Bhavnagar | 168 | 99 | 151 | 128 | 598 | 510 | 265 | 235 | 788 | 784 |
| 4 | Gandhinagar | GMERS MCH Gandhinagar | 112 | 71 | 109 | 107 | 436 | 420 | 24 | 24 | 145 | 140 |
| 5 | Jamnagar | Government MCH, Jamnagar | 210 | 113 | 114 | 84 | 827 | 790 | 154 | 106 | 410 | 255 |
| 6 | Junagadh | GMERS MCH, Junagadh | 148 | 92 | 181 | 138 | 309 | 232 | 68 | 43 | 212 | 212 |
| 7 | Mehsana | GMERS MCH, Vadnagar | 83 | 54 | 153 | 146 | 305 | 305 | 104 | 94 | 89 | 84 |
| 8 | Patan | GMERS MCH, Patan | 96 | 59 | 80 | 79 | 432 | 304 | 87 | 73 | 3 | 3 |
| 9 | Rajkot | Government MCH, Rajkot | 269 | 149 | 169 | 160 | 799 | 789 | 150 | 148 | 420 | 418 |
| 10 | Sabarkantha | GMERS MCH, Himatnagar | 103 | 59 | 62 | 40 | 392 | 311 | 140 | 137 | 235 | 180 |
| 11 | Surat | Government MCH, Surat | 211 | 166 | 382 | 329 | 789 | 753 | 202 | 167 | 79 | 53 |
| 12 | Vadodara | Government MCH, Vadodara | 390 | 326 | 236 | 213 | 1,066 | 1,046 | 221 | 154 | 596 | 567 |
| 13 | Vadodara | GMERS MCH, Vadodara | 113 | 91 | 83 | 83 | 335 | 335 | 64 | 35 | 0 | 0 |
| 14 | Valsad | GMERS MCH, Valsad | 85 | 60 | 58 | 51 | 372 | 318 | 133 | 106 | 203 | 178 |
| **Total** | | | **2,645** | **1,916** | **2,860** | **2,596** | **8,938** | **8,313** | **2,540** | **2,215** | **5,099** | **4,709** |

**(Source: Information collected from Medical College Hospitals)**

## Appendix 2.5
## Statement showing availability of Specialist Doctors, Doctors in District Hospitals in the State
***(Reference: Paragraph 2.6(i), Page 15)***

| Sr. No. | Name of District Hospitals | Specialist doctors | | | | Doctors | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Manpower requirement worked out as per IPHS | Sanctioned strength as approved by state | Person in Position | Shortfall against SS approved by State | Manpower requirement worked out as per IPHS | Sanctioned strength | Person in Position | Shortfall against SS approved by State |
| 1 | Ahwa | 19 | 15 | 13 | 2 | 13 | 13 | 12 | 1 |
| 2 | Botad | 17 | 6 | 3 | 3 | 12 | 6 | 5 | 1 |
| 3 | ChhotaUdepur | 17 | 10 | 2 | 8 | 12 | 9 | 5 | 4 |
| 4 | Godhra | 21 | 20 | 14 | 6 | 14 | 22 | 14 | 8 |
| 5 | Jam-Khambaliya | 19 | 20 | 15 | 5 | 13 | 12 | 8 | 4 |
| 6 | Lunawada | 17 | 7 | 1 | 6 | 12 | 5 | 5 | 0 |
| 7 | Mehsana | 22 | 19 | 14 | 5 | 15 | 20 | 18 | 2 |
| 8 | Morbi | 21 | 12 | 5 | 7 | 14 | 20 | 18 | 2 |
| 9 | Nadiad | 19 | 20 | 13 | 7 | 13 | 21 | 19 | 2 |
| 10 | Navsari | 24 | 17 | 16 | 1 | 15 | 14 | 14 | 0 |
| 11 | Petlad | 18 | 13 | 9 | 4 | 12 | 7 | 6 | 1 |
| 12 | Porbandar | 25 | 16 | 8 | 8 | 16 | 19 | 16 | 3 |
| 13 | Rajkot | 17 | 15 | 11 | 4 | 12 | 12 | 12 | 0 |
| 14 | Rajpipla | 19 | 23 | 10 | 13 | 13 | 12 | 9 | 3 |
| 15 | Siddhapur | 19 | 9 | 5 | 4 | 13 | 5 | 5 | 0 |
| 16 | Surendranagar | 19 | 29 | 14 | 15 | 13 | 18 | 9 | 9 |
| 17 | Vadodara | 22 | 15 | 13 | 2 | 15 | 14 | 14 | 0 |
| 18 | Veraval | 19 | 26 | 16 | 10 | 13 | 8 | 6 | 2 |
| 19 | Vyara | 19 | 25 | 21 | 4 | 13 | 13 | 11 | 2 |
| **Total** | | **373** | **317** | **203** | **114** | **253** | **250** | **206** | **44** |

**(Source: Information collected from DHs)**

## Appendix 2.6

### Statement showing details of availability of Nurse in District Hospitals in the State

***(Reference: Paragraph 2.6(i), Page 15)***

| Sr. No | Name of District Hospitals | Manpower requirement worked out as per IPHS | Sanctioned strength | Person in Position | Shortfall against SS approved by State | Shortfall in *per cent* |
|---|---|---|---|---|---|---|
| 1 | Ahwa | 68 | 49 | 58 | (-)9 | - |
| 2 | Botad | 45 | 30 | 30 | 0 | 0 |
| 3 | Chhotaudepur | 45 | 32 | 30 | 2 | 6 |
| 4 | Godhra | 95 | 72 | 71 | 1 | 1 |
| 5 | JamKhambaliya | 68 | 53 | 47 | 6 | 11 |
| 6 | Lunawada | 45 | 31 | 29 | 2 | 6 |
| 7 | Mehsana | 96 | 87 | 83 | 4 | 5 |
| 8 | Morbi | 93 | 61 | 48 | 13 | 21 |
| 9 | Nadiad | 72 | 51 | 49 | 2 | 4 |
| 10 | Navsari | 104 | 97 | 97 | 0 | 0 |
| 11 | Petlad | 54 | 36 | 30 | 6 | 17 |
| 12 | Porbandar | 108 | 74 | 72 | 2 | 3 |
| 13 | Rajkot | 52 | 57 | 56 | 1 | 2 |
| 14 | Rajpipla | 68 | 103 | 75 | 28 | 27 |
| 15 | Siddhapur | 68 | 25 | 24 | 1 | 4 |
| 16 | Surendranagar | 68 | 33 | 31 | 2 | 6 |
| 17 | Vadodara | 96 | 63 | 56 | 7 | 11 |
| 18 | Veraval | 68 | 48 | 43 | 5 | 10 |
| 19 | Vyara | 70 | 97 | 97 | 0 | 0 |
| **Total** | | **1,383** | **1,099** | **1,026** | **73** | **7** |

**(Source: Information collected from DHs)**

## Appendix 2.7

### Statement showing details of availability of Paramedics in District Hospitals in the State

*(Reference: Paragraph 2.6(i), Page 15)*

| Sr. No | Name of District Hospitals | Manpower requirement worked out as per IPHS | Sanctioned strength | Person in Position | Shortfall against SS approved by State | Shortfall in *per cent* |
|---|---|---|---|---|---|---|
| 1 | Ahwa | 37 | 13 | 8 | 5 | 38 |
| 2 | Botad | 31 | 9 | 4 | 5 | 56 |
| 3 | ChhotaUdepur | 31 | 11 | 9 | 2 | 18 |
| 4 | Godhra | 44 | 21 | 11 | 10 | 48 |
| 5 | Jam-Khambaliya | 37 | 14 | 12 | 2 | 14 |
| 6 | Lunawada | 31 | 7 | 5 | 2 | 29 |
| 7 | Mehsana | 45 | 24 | 13 | 11 | 46 |
| 8 | Morbi | 43 | 22 | 6 | 16 | 73 |
| 9 | Nadiad | 38 | 19 | 7 | 12 | 63 |
| 10 | Navsari | 49 | 23 | 23 | 0 | 0 |
| 11 | Petlad | 33 | 12 | 4 | 8 | 67 |
| 12 | Porbandar | 52 | 31 | 8 | 23 | 74 |
| 13 | Rajkot | 33 | 11 | 8 | 3 | 27 |
| 14 | Rajpipla | 37 | 19 | 10 | 9 | 47 |
| 15 | Siddhapur | 37 | 9 | 7 | 2 | 22 |
| 16 | Surendranagar | 37 | 24 | 7 | 17 | 71 |
| 17 | Vadodara | 45 | 19 | 11 | 8 | 42 |
| 18 | Veraval | 37 | 16 | 6 | 10 | 63 |
| 19 | Vyara | 37 | 18 | 15 | 3 | 17 |
| **Total** | | **734** | **322** | **174** | **148** | **46** |

**(Source: Information collected from DHs)**

## Appendix 2.8 (i)

### Statement showing availability of Specialist Doctors and Doctors in Sub-District Hospitals in the State as of March 2022

***(Reference: Paragraph 2.6 (ii), Page 16)***

| Sr. No. | Name of District | Specialist doctors | | | | Doctors | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | SS | PIP | Shortfall | Shortfall in *per cent* | SS | PIP | Shortfall | Shortfall in *per cent* |
| 1. | Ahmedabad | 42 | 23 | 19 | 45 | 24 | 23 | 1 | 04 |
| 2. | Amreli | 44 | 5 | 39 | 89 | 17 | 17 | 0 | 0 |
| 3. | Anand | 9 | 8 | 1 | 11 | 8 | 1 | 7 | 88 |
| 4. | Arvalli | 10 | 4 | 6 | 60 | 2 | 1 | 1 | 50 |
| 5. | Banaskantha | 43 | 16 | 27 | 63 | 28 | 19 | 9 | 32 |
| 6. | Bharuch | 8 | 5 | 3 | 38 | 6 | 5 | 1 | 17 |
| 7. | Bhavnagar | 8 | 6 | 2 | 25 | 15 | 9 | 6 | 40 |
| 8. | Botad | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | Chhotaudepur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | Dahod | 20 | 13 | 7 | 35 | 12 | 6 | 6 | 50 |
| 11. | Dang | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Devbhoomi Dwarka | 7 | 1 | 6 | 86 | 10 | 3 | 7 | 70 |
| 13. | Gandhinagar | 15 | 14 | 1 | 7 | 9 | 4 | 5 | 56 |
| 14. | GirSomnath | 7 | 1 | 6 | 86 | 5 | 4 | 1 | 20 |
| 15. | Jamnagar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. | Junagadh | 12 | 2 | 10 | 83 | 6 | 6 | 0 | 0 |
| 17. | Kachchh | 28 | 12 | 16 | 57 | 15 | 12 | 3 | 20 |
| 18. | Kheda | 31 | 12 | 19 | 61 | 16 | 11 | 5 | 31 |
| 19. | Mahisagar | 10 | 7 | 3 | 30 | 4 | 3 | 1 | 25 |
| 20. | Mehsana | 27 | 18 | 9 | 33 | 16 | 16 | 0 | 0 |
| 21. | Morbi | 15 | 3 | 12 | 80 | 9 | 9 | 0 | 0 |
| 22. | Narmada | 11 | 5 | 6 | 55 | 25 | 9 | 16 | 64 |
| 23. | Navsari | 25 | 18 | 7 | 28 | 15 | 13 | 2 | 13 |
| 24. | Panchmahal | 1 | 1 | 0 | 0 | 4 | 2 | 2 | 50 |
| 25. | Patan | 13 | 4 | 9 | 69 | 11 | 7 | 4 | 36 |
| 26. | Porbandar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. | Rajkot | 65 | 30 | 35 | 54 | 36 | 25 | 11 | 31 |
| 28. | Sabarkantha | 22 | 15 | 7 | 32 | 14 | 9 | 5 | 36 |
| 29. | Surat | 5 | 3 | 2 | 40 | 4 | 4 | 0 | 0 |
| 30. | Surendranagar | 16 | 3 | 13 | 81 | 15 | 8 | 7 | 47 |
| 31. | Tapi | 22 | 19 | 3 | 14 | 11 | 9 | 2 | 18 |
| 32. | Vadodara | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33. | Valsad | 33 | 20 | 13 | 39 | 28 | 23 | 5 | 18 |
| | **Total** | **549** | **268** | **281** | **51** | **365** | **258** | **107** | **29** |

**(Source: Information collected from SDHs)**

## Appendix 2.8(ii)
## Statement showing availability of Nurses and Paramedics in Sub-District Hospitals in the State as of March 2022
***(Reference: Paragraph 2.6(ii), Page 16)***

| Sr. No. | Name of District | Nurses | | | | Paramedics | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | SS | PIP | Shortfall | Shortfall in *per cent* | SS | PIP | Shortfall | Shortfall in *per cent* |
| 1. | Ahmedabad | 88 | 81 | 7 | 8 | 34 | 25 | 9 | 26 |
| 2. | Amreli | 96 | 93 | 3 | 3 | 28 | 13 | 15 | 54 |
| 3. | Anand | 30 | 29 | 1 | 3 | 10 | 9 | 1 | 10 |
| 4. | Arvalli | 28 | 28 | 0 | 0 | 9 | 3 | 6 | 67 |
| 5. | Banaskantha | 134 | 120 | 14 | 10 | 55 | 28 | 27 | 49 |
| 6. | Bharuch | 32 | 32 | 0 | 0 | 10 | 5 | 5 | 50 |
| 7. | Bhavnagar | 44 | 41 | 3 | 7 | 32 | 10 | 22 | 69 |
| 8. | Botad | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. | Chhotaudepur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | Dahod | 55 | 62 | -7 | -13 | 29 | 23 | 6 | 21 |
| 11. | Dang | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Devbhoomi Dwarka | 11 | 11 | 0 | 0 | 3 | 3 | 0 | 0 |
| 13. | Gandhinagar | 46 | 42 | 4 | 9 | 13 | 12 | 1 | 8 |
| 14. | GirSomnath | 31 | 28 | 3 | 10 | 10 | 5 | 5 | 50 |
| 15. | Jamnagar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16. | Junagadh | 32 | 32 | 0 | 0 | 10 | 5 | 5 | 50 |
| 17. | Kachchh | 70 | 66 | 4 | 6 | 44 | 19 | 25 | 57 |
| 18. | Kheda | 91 | 83 | 8 | 9 | 27 | 12 | 15 | 56 |
| 19. | Mahisagar | 31 | 31 | 0 | 0 | 15 | 11 | 4 | 27 |
| 20. | Mehsana | 49 | 49 | 0 | 0 | 31 | 21 | 10 | 32 |
| 21. | Morbi | 39 | 38 | 1 | 3 | 39 | 8 | 31 | 79 |
| 22. | Narmada | 44 | 42 | 2 | 5 | 17 | 9 | 8 | 47 |
| 23. | Navsari | 77 | 77 | 0 | 0 | 38 | 23 | 15 | 39 |
| 24. | Panchmahal | 7 | 7 | 0 | 0 | 6 | 5 | 1 | 17 |
| 25. | Patan | 32 | 29 | 3 | 9 | 9 | 7 | 2 | 22 |
| 26. | Porbandar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 27. | Rajkot | 152 | 141 | 11 | 7 | 55 | 40 | 15 | 27 |
| 28. | Sabarkantha | 77 | 74 | 3 | 4 | 22 | 19 | 3 | 14 |
| 29. | Surat | 28 | 28 | 0 | 0 | 8 | 6 | 2 | 25 |
| 30. | Surendranagar | 73 | 69 | 4 | 5 | 39 | 8 | 31 | 79 |
| 31. | Tapi | 65 | 62 | 3 | 5 | 23 | 17 | 6 | 26 |
| 32. | Vadodara | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 33. | Valsad | 94 | 86 | 8 | 9 | 23 | 16 | 7 | 30 |
| | **Total** | **1,556** | **1,481** | **75** | **5** | **639** | **362** | **277** | **43** |

**(Source: Information collected from SDHs)**

## Appendix 2.9

**Statement showing district-wise availability of Doctors, Nurses and Paramedics in Community Health Centres (CHCs) in the State as of March 2022**

***(Reference: Paragraph 2.6 (iii)., Page 17)***

| Sr. No. | Name of District | Specialist doctors | | Doctors | | Nurses | | Paramedics | |
|---|---|---|---|---|---|---|---|---|---|
| | | SS | PIP | SS | PIP | SS | PIP | SS | PIP |
| 1. | Ahmedabad | 10 | 7 | 25 | 23 | 60 | 56 | 49 | 33 |
| 2. | Amreli | 15 | 5 | 36 | 33 | 84 | 84 | 50 | 30 |
| 3. | Anand | 14 | 12 | 43 | 32 | 101 | 98 | 56 | 37 |
| 4. | Arvalli | 21 | 11 | 28 | 25 | 69 | 67 | 42 | 32 |
| 5. | Banaskantha | 38 | 20 | 81 | 67 | 194 | 184 | 114 | 42 |
| 6. | Bharuch | 13 | 7 | 28 | 23 | 63 | 62 | 44 | 21 |
| 7. | Bhavnagar | 13 | 11 | 38 | 32 | 91 | 90 | 57 | 46 |
| 8. | Botad | 8 | 4 | 15 | 8 | 38 | 38 | 20 | 11 |
| 9. | ChhotaUdepur | 36 | 6 | 42 | 30 | 78 | 78 | 50 | 14 |
| 10. | Dahod | 58 | 18 | 69 | 57 | 138 | 136 | 89 | 20 |
| 11. | Dang | 7 | 2 | 10 | 8 | 21 | 21 | 14 | 3 |
| 12. | DevbhoomiDwarka | 4 | 0 | 12 | 8 | 28 | 28 | 16 | 10 |
| 13. | Gandhinagar | 9 | 9 | 27 | 22 | 67 | 59 | 43 | 38 |
| 14. | GirSomnath | 7 | 3 | 21 | 20 | 49 | 47 | 32 | 14 |
| 15. | Jamnagar | 11 | 9 | 27 | 23 | 67 | 67 | 42 | 21 |
| 16. | Junagadh | 15 | 9 | 27 | 25 | 68 | 64 | 44 | 33 |
| 17. | Kachchh | 17 | 6 | 47 | 29 | 117 | 116 | 74 | 17 |
| 18. | Kheda | 14 | 13 | 42 | 38 | 98 | 97 | 67 | 40 |
| 19. | Mahisagar | 17 | 6 | 26 | 23 | 56 | 55 | 32 | 8 |
| 20. | Mehsana | 19 | 12 | 40 | 35 | 96 | 91 | 60 | 45 |
| 21. | Morbi | 5 | 3 | 15 | 13 | 36 | 36 | 27 | 11 |
| 22. | Narmada | 11 | 1 | 11 | 10 | 24 | 23 | 19 | 8 |
| 23. | Navsari | 37 | 25 | 39 | 35 | 77 | 77 | 53 | 25 |
| 24. | Panchmahal | 21 | 7 | 38 | 35 | 84 | 84 | 56 | 23 |
| 25. | Patan | 15 | 4 | 43 | 33 | 104 | 104 | 66 | 52 |
| 26. | Porbandar | 4 | 0 | 12 | 8 | 28 | 28 | 18 | 9 |
| 27. | Rajkot | 12 | 8 | 36 | 30 | 86 | 84 | 57 | 41 |
| 28. | Sabarkantha | 20 | 9 | 38 | 33 | 87 | 85 | 57 | 41 |
| 29. | Surat | 53 | 43 | 49 | 39 | 94 | 94 | 66 | 44 |
| 30. | Surendranagar | 16 | 3 | 34 | 27 | 84 | 82 | 53 | 32 |
| 31. | Tapi | 19 | 9 | 21 | 17 | 41 | 40 | 35 | 14 |
| 32. | Vadodara | 17 | 12 | 29 | 25 | 76 | 75 | 52 | 35 |
| 33. | Valsad | 45 | 25 | 37 | 37 | 76 | 76 | 45 | 24 |
| | **Total** | **621** | **319** | **1,086** | **903** | **2,480** | **2,426** | **1,599** | **874** |

**(Source: Information collected from CoH)**

## Appendix 2.10

### Statement showing district-wise and cadre-wise availability of healthcare persons in PHCs and SCs in the State as of March 2022

***(Reference: Paragraph 2.6 (iv & v), Page 17-18)***

| Sr. No. | Name of District | PHCs | | | | | | SCs | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Doctors | | Nurses | | Paramedics | | Nurses/ANMs | | HWM | |
| | | SS | PIP | SS | PIP | SS | PIP | SS | PIP | SS | PIP |
| 1. | Ahmedabad | 40 | 32 | 29 | 0 | 80 | 72 | 255 | 205 | 219 | 207 |
| 2. | Amreli | 41 | 29 | 2 | 0 | 82 | 76 | 247 | 244 | 248 | 238 |
| 3. | Anand | 53 | 41 | 19 | 18 | 106 | 95 | 280 | 277 | 277 | 268 |
| 4. | Arvalli | 51 | 36 | 40 | 38 | 74 | 68 | 224 | 218 | 219 | 216 |
| 5. | Banaskantha | 136 | 90 | 51 | 49 | 242 | 229 | 760 | 759 | 760 | 624 |
| 6. | Bharuch | 59 | 45 | 53 | 37 | 82 | 72 | 241 | 234 | 240 | 211 |
| 7. | Bhavnagar | 48 | 43 | 7 | 0 | 96 | 96 | 296 | 296 | 303 | 303 |
| 8. | Botad | 17 | 12 | 6 | 0 | 34 | 33 | 88 | 88 | 98 | 98 |
| 9. | Chhotaudepur | 85 | 69 | 89 | 52 | 100 | 88 | 310 | 303 | 310 | 303 |
| 10. | Dahod | 190 | 129 | 194 | 155 | 194 | 135 | 637 | 603 | 639 | 615 |
| 11. | Dang | 19 | 14 | 20 | 11 | 20 | 17 | 68 | 66 | 68 | 54 |
| 12. | DevbhoomiDwarka | 23 | 12 | 0 | 0 | 46 | 27 | 170 | 169 | 160 | 98 |
| 13. | Gandhinagar | 30 | 30 | 11 | 1 | 60 | 55 | 172 | 172 | 172 | 172 |
| 14. | GirSomnath | 29 | 25 | 8 | 0 | 58 | 45 | 175 | 172 | 176 | 171 |
| 15. | Jamnagar | 33 | 32 | 2 | 0 | 66 | 54 | 215 | 199 | 214 | 203 |
| 16. | Junagadh | 38 | 35 | 6 | 6 | 76 | 65 | 234 | 234 | 237 | 223 |
| 17. | Kachchh | 67 | 46 | 17 | 0 | 134 | 118 | 446 | 442 | 409 | 367 |
| 18. | Kheda | 54 | 49 | 29 | 0 | 108 | 83 | 313 | 313 | 316 | 272 |
| 19. | Mahisagar | 50 | 40 | 38 | 34 | 70 | 68 | 224 | 224 | 224 | 219 |
| 20. | Mehsana | 57 | 48 | 12 | 0 | 114 | 102 | 294 | 265 | 295 | 293 |
| 21. | Morbi | 30 | 25 | 5 | 1 | 60 | 48 | 194 | 194 | 198 | 99 |
| 22. | Narmada | 53 | 31 | 54 | 45 | 54 | 44 | 174 | 153 | 174 | 118 |
| 23. | Navsari | 71 | 67 | 64 | 58 | 90 | 87 | 296 | 294 | 296 | 296 |
| 24. | Panchmahal | 68 | 43 | 46 | 39 | 100 | 93 | 300 | 295 | 300 | 284 |
| 25. | Patan | 52 | 42 | 5 | 0 | 104 | 102 | 328 | 326 | 328 | 315 |
| 26. | Porbandar | 12 | 11 | 3 | 1 | 24 | 20 | 85 | 85 | 84 | 83 |
| 27. | Rajkot | 55 | 48 | 3 | 0 | 108 | 88 | 342 | 339 | 344 | 338 |
| 28. | Sabarkantha | 63 | 52 | 57 | 44 | 96 | 92 | 278 | 278 | 285 | 269 |
| 29. | Surat | 94 | 80 | 87 | 75 | 114 | 101 | 394 | 342 | 358 | 343 |
| 30. | Surendranagar | 49 | 48 | 4 | 0 | 100 | 85 | 355 | 335 | 349 | 326 |
| 31. | Tapi | 68 | 60 | 76 | 76 | 76 | 76 | 241 | 241 | 241 | 230 |
| 32. | Vadodara | 42 | 38 | 21 | 0 | 84 | 69 | 242 | 242 | 242 | 215 |
| 33. | Valsad | 92 | 72 | 94 | 92 | 102 | 86 | 363 | 359 | 362 | 347 |
| | **Total** | **1,869** | **1,474** | **1,152** | **832** | **2,954** | **2,589** | **9,241** | **8,966** | **9,145** | **8,418** |

**(Source: Information collected from CoH)**

## Appendix 3.1

## Statement showing daily average patient load in 19 DHs in the State during 2021-22

***(Reference: Paragraph 3.2.1(ii), page 23)***

| Sr. No. | Name of DHs | No. of Out-Patient Registered in 2021-22 | Average Daily Patients load (Col.3/ 294) | Number of registration counters required (Col.4/120) | Number of operational registration counters | Shortfall (-) /Excess registration counter (Col.5-Col.6) | Per counter maximum patient load as per norms | Per counter actual patient load (Col.4/ Col.6) |
|---|---|---|---|---|---|---|---|---|
| 1 | Ahwa | 83,012 | 282 | 2 | 2 | 0 | 120 | 141 |
| 2 | Botad | 1,14,175 | 388 | 3 | 1 | (-)2 | 120 | 388 |
| 3 | Chhotaudepur | 71,374 | 243 | 2 | 1 | (-)1 | 120 | 243 |
| 4 | Godhra | 1,28,167 | 436 | 4 | 3 | (-)1 | 120 | 145 |
| 5 | JamKhambaliya | 1,52,245 | 518 | 4 | 3 | (-)1 | 120 | 173 |
| 6 | Lunawada | 44,927 | 153 | 1 | 1 | 0 | 120 | 153 |
| 7 | Mehsana | 2,21,340 | 753 | 6 | 4 | (-)2 | 120 | 188 |
| 8 | Morbi | 2,05,903 | 700 | 6 | 2 | (-)4 | 120 | 350 |
| 9 | Nadiad | 1,10,517 | 376 | 3 | 3 | 0 | 120 | 125 |
| 10 | Navsari | 1,67,928 | 571 | 5 | 2 | (-)3 | 120 | 286 |
| 11 | Petlad | 92,130 | 313 | 3 | 2 | (-)1 | 120 | 157 |
| 12 | Porbandar | 2,05,372 | 699 | 6 | 3 | (-)3 | 120 | 233 |
| 13 | Rajkot | 2,70,166 | 919 | 8 | 4 | (-)4 | 120 | 230 |
| 14 | Rajpipla | 74,361 | 253 | 2 | 3 | 1 | 120 | 84 |
| 15 | Siddhapur | 1,46,713 | 499 | 4 | 3 | (-)1 | 120 | 166 |
| 16 | Surendranagar | 1,22,781 | 418 | 3 | 2 | (-)1 | 120 | 209 |
| 17 | Vadodara | 2,32,584 | 791 | 7 | 3 | (-)4 | 120 | 264 |
| 18 | Veraval | 1,01,976 | 347 | 3 | 1 | (-)2 | 120 | 347 |
| 19 | Vyara | 1,63,104 | 555 | 5 | 4 | (-)1 | 120 | 139 |

**(Source: Information collected from all DHs)**

## Appendix 3.2

## Details of specialty OPD services available in all DHs as of March 2022

***(Reference: Paragraph 3.2.1(iii), Page 23)***

| Sr. No. | Name of DHs | Services checked | Services available | Shortage | Percentage of shortage |
|---|---|---|---|---|---|
| 1 | Ahwa | 09 | 09 | 00 | 00 |
| 2 | Botad | 09 | 06 | 03 | 33 |
| 3 | Chhotaudepur | 09 | 04 | 05 | 56 |
| 4 | Godhra | 09 | 09 | 00 | 00 |
| 5 | JamKhambaliya | 09 | 07 | 02 | 22 |
| 6 | Lunawada | 09 | 04 | 05 | 56 |
| 7 | Mehsana | 09 | 09 | 00 | 00 |
| 8 | Morbi | 09 | 08 | 01 | 11 |
| 9 | Nadiad | 09 | 09 | 00 | 00 |
| 10 | Navsari | 09 | 09 | 00 | 00 |
| 11 | Petlad | 09 | 07 | 02 | 22 |
| 12 | Porbandar | 09 | 09 | 00 | 00 |
| 13 | Rajkot | 09 | 06 | 03 | 33 |
| 14 | Rajpipla | 09 | 09 | 00 | 00 |
| 15 | Siddhapur | 09 | 05 | 04 | 44 |
| 16 | Surendranagar | 09 | 07 | 02 | 22 |
| 17 | Vadodara | 09 | 09 | 00 | 00 |
| 18 | Veraval | 09 | 09 | 00 | 00 |
| 19 | Vyara | 09 | 09 | 00 | 00 |

**(Source: Information collected from all DHs)**

## Appendix 3.3

### Statement showing OPD cases per doctor in test-checked DHs during 2021-22

***(Reference: Paragraph 3.2.1(iv), Page 24)***

| Sr. No. | Name of DHs | OPD Cases during the year 2021-22 | OPD cases per day (Col. 3/294 working days in a year) | Number of doctors available during the year | Average number of patients load per doctor per day |
|---|---|---|---|---|---|
| (1) | (2) | (3) | (5) | (4) | (6) |
| 1 | Lunawada | 44,927 | 153 | 6 | 26 |
| 2 | Navsari | 1,67,928 | 571 | 30 | 19 |
| 3 | Rajkot | 2,70,166 | 919 | 23 | 40 |
| 4 | Surendranagar | 1,22,781 | 418 | 23 | 18 |
| 5 | Vyara | 1,63,104 | 555 | 32 | 17 |

**(Source: Information collected from test-checked DHs)**

## Appendix 3.4

### Statement showing non-availability of specialist OPD services in test-checked SDHs during the period 2016-22

***(Reference: Paragraph 3.2.1 (v), Page 24)***

| Sr. No. | Name of Hospital | General Medicines | General Surgery | Obstetrics & Gynecology | Pediatrics | ENT | Ophthalmology | Orthopedics |
|---|---|---|---|---|---|---|---|---|
| 1 | SDH Bardoli | 2016-17, April 2017-June 2017 | Service available during 2016-22 | April 2016-Septemeber 2016 | 2017-18, Sept. 2020-March 2021, April 2021-August 2021 | 2016-22 | 2016-21, April 2021-Sept. 2021 | 2016-22 |
| 2 | SDH Bhiloda | 2016-17, 2017-18, April 2018-June 18,2019-22 | 2019-21 | Service available during 2016-22 | 2016-17, April 2017-Feb. 2018, March 2019, 2019-21, April 2021-Sept. 2021 | 2016-22 | April 2019-Nov. 2019, | 2016-17, April 2017, April 2019-July 2019, July 2020-March 2021, April 2021-Sept. 2021 |
| 3 | SDH Bilimora | Service available during 2016-22 | 2016-22 | April 2016-January 2017, Feb. 2022-March 2022 | 2019-22 | 2016-22 | 2016-22 | 2016-22 |
| 4 | SDH Chikhali | 2016-20 | Service available during 2016-22 | Service available during 2016-22 | Service available during 2016-22 | 2016-22 | 2016-20, April 2020-Dec.2020 | 2016-20 |
| 5 | SDH Dhrangadhra | 2016-22 | 2016-22 | 2016-17, April 2017-Sept. 2017 | 2016-17, April 2017-Sept. 2017 | 2016-22 | 2016-21, April 2021-June 2021 | 2016-22 |
| 6 | SDH Gondal | 2016-22 | 2016-17, April 2017-Oct. 17 | 2016-17, 2017-18, April 2020-June 20, April 2021-May 21 & March 2022 | 2016-22 | 2016-20,April 2020-July 20 & March 2021 | 2016-17, April 2017 -Oct. 2017 & March 2018 | 2016-18, April 2018-August 2018 & Feb. 2019-March 2019,2019-22 |
| 7 | SDH Jasdanhra | 2016-20, April 2020-Nov. 2020, April 2021-May 2021 | 2016-21, April 2021-Dec. 2021 | 2016-17, April 2017-Sept.2017, March 2020, April 2020-July 20 | 2016-22 | 2016-22 | 2016-22 | 2016-21, April 2021-Sept. 2021 |
| 8 | SDH Limbdi | August 2021-March 2022 | 2016-22 | 2016-18, 2019-22 | 2016-22 | 2016-22 | 2019-20, April 2020-July 2020 | 2016-22 |

| Sr. No. | Name of Hospital | General Medicines | General Surgery | Obstetrics & Gynecology | Pediatrics | ENT | Ophthalmology | Orthopedics |
|---|---|---|---|---|---|---|---|---|
| 9 | SDH Mansa | March 2020, March 2021, 2021-22, | Service available during 2016-22 | Service available during 2016-22 | Service available during 2016-22 | 2016-22 | Service available during 2016-22 | 2016-20 |
| 10 | SDH Santrampur | 2016-19 | Service available during 2016-22 | Service available during 2016-22 | Service available during 2016-22 | 2016-22 | Service available during 2016-22 | 2016-22 |
| 11 | SDH Singarva | 2016-17, 2017-18, April 2018-July 2018, May 2019-March 2020, April 2020-Dec. 2020, May 2021-March 2022 | 2016-17, April 2017-June 2017, Dec. 2018-March 2019, April 2019-August 2019, March 2022 | 2016-17, Dec.2017-March 2018, August 2018-Dec. 2018 | 2016-18, April 2018-Nov. 2018, | 2016-22 | 2016-22 | 2016-19, April 2019-Oct. 2019, April 2020-June 2020 |
| 12 | SDH Songadh | 2016-22 | Service available during 2016-22 | Service available during 2016-22 | 2016-17, Feb. 2020-March 2020, 2020-21, April 2021-July 2021 | 2016-22 | 2016-20, April 2020-December 2020 | 2016-22 |
| 13 | SDH Viramgam | 2016-21, April 2021-Jan. 2022 | April 2016-June 2016 & Oct. 2016, May 2019 & Nov. 2019, July 2020-August 2020, August 2021-Feb. 2022 | Dec. 2018-Jan.2019, Jan. 2021-March 2021, April 2021-Feb. 2022 | April 2016-Oct. 2016, April 2017-July 2017 & Sept. 2017, Feb. 2019-March 2019, 2019-21, April 2021-Feb. 2022 | 2016-22 | April 2016-June 2016 & Oct. 2016, July 2017 & Sept. 2017-Oct. 2017, June 2019-July 2019 & Jan. 2020, Dec. 2020-March 2021, April 2021-Sept. 2021 | April 2016-Jan. 2017, Oct. 2017, May 2018 & July 2018-Nov. 2018, Nov. 2019, July 2020 |

## Appendix 3.5

**Statement showing availability of IPD services in all DHs as of March 2022**

***(Reference: Paragraph 3.2.2.1, Page 25)***

| Sr. No. | Name of DH | GM | GS | Gyn | Ped | Orth | Opht | ENT | Psy |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Ahwa | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 2 | Botad | Yes | No | Yes | Yes | Yes | Yes | Yes | Yes |
| 3 | Chhotaudepur | No | No | Yes | Yes | Yes | Yes | No | No |
| 4 | Godhara | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 5 | Jam Khambaliya | Yes | Yes | Yes | Yes | Yes | Yes | No | No |
| 6 | Lunawada | No | No | Yes | Yes | No | Yes | No | Yes |
| 7 | Mehsana | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 8 | Morbi | Yes | Yes | Yes | Yes | Yes | Yes | No | Yes |
| 9 | Nadiad | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 10 | Navsari | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 11 | Petlad | Yes | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 12 | Porbandar | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 13 | Rajkot | Yes | Yes | Yes | Yes | No | Yes | Yes | Yes |
| 14 | Rajpipla | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 15 | Siddhapur | No | No | No | No | Yes | Yes | Yes | Yes |
| 16 | Surendranagar | No | Yes | Yes | Yes | No | Yes | Yes | Yes |
| 17 | Vadodara | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 18 | Veraval | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 19 | Vyara | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |

**(Source: Information collected from all DHs)**

## Appendix 3.6

**Statement showing non-availability of IPD services in test-checked CHCs during 2016-22**

***(Reference: Paragraph 3.2.2.2, Page 25)***

| Sr. No. | Name of CHC | GENERAL SURGERY | GENERAL MEDICINE | PEDIATRICS | GYNEC |
|---|---|---|---|---|---|
| 1. | Amodara | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 |
| 2. | Anklachh | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17, April-17, June-18 to March-19, April-19 to September-19, October-20 to March-21, 2021-22 | 2016-17 to 2021-22 |
| 3. | Balasinor | September-20 to March-21, April-21 to July-21 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 |
| 4. | Dhandhuka | 2016-17, 2017-18, April-18 to July-18, August-19 to March-20, 2020-21, 2021-22 | 2016-17 to 2021-22 | 2016-17, 2017-18, 2018-19, 2019-20, 2020-21, April-21 to June-21, January-22 to March-22 | 2016-17 to 2021-22 |
| 5. | Dholka | 2016-17, 2017-18, April-18 to August-18, September-19 to March-20, 2020-21, 2021-22 | 2016-17, 2017-18, 2018-19, April-19 to February-20, March-21, 2021-22 | April-16, July-16 to March-17, 2017-18, 2018-19, 2019-20, 2020-21, 2021-22 | 2016-17, 2017-18, 2018-19, April-19 to September-19, October-20 to November-20 |
| 6. | Jodiya | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 |
| 7. | Kalawad | 2016-17 to 2021-22 | 2016-17, 2017-18, April-18 to June-18, November-19 to March-20, 2020-21, 2021-22 | 2016-17, 2017-18, 2018-19, April-19 to December-19, December-21 to March-22 | April-16 to November-16, July-17 to March-18, April-18 to January-19, April-20 to November-20, November-21 to January-22 |
| 8. | Kukarmunda | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 |
| 9. | Limzar | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17, April-17 to May-17, June-18 to March-19, 2019-20, 2020-21, 2021-22 |

| Sr. No. | Name of CHC | GENERAL SURGERY | GENERAL MEDICINE | PEDIATRICS | GYNEC |
|---|---|---|---|---|---|
| 10. | Lodhika | 2016-17 to 2021-22 | 2016-17 to 2021-22 | Nil | 2016-17 to 2021-22 |
| 11. | Medhasan | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17, April-17 to July-17, June-18 to January-19, February-20 to March-20. April-20 to January-21, May-21, August-21 to March-22 | April 20 to June 20 |
| 12. | Nardipur | July-16, September-16 to March-17, April-17 to November-17, December-19 to March-20, April-20, May-21 to June-21 | Nil | Nil | May-16 to August-16, December-17, May-18 to July-18, November-21 to March-22 |
| 13. | Sadra | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2018-19, April-19 to January-20 | February-19 to March-19, March-20, 2020-21 to 2021-22 |
| 14. | Sanathali | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 |
| 15. | Thangadh | September-16 to March-17, 2017-18, 2018-19, 2019-20, 2020-21, 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 |
| 16. | Valod | 2016-17 to 2021-22 | 2016-17, 2017-18, 2018-19, April-19 to June-19 | April 16 to June-16, June-19, July-21 | 2016-17, 2017-18, 2018-19, April-19 to August-19, January-20 to March-20, 2020-21, April-21 to September-21 |
| 17. | Virpur | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2016-17 to 2021-22 |
| 18. | Wadhvan | 2016-17 to 2021-22 | 2016-17 to 2021-22 | 2017-18, April-18 to May-18, 2021-22 | 2016-17, January-18 to March-18, 2018-19, April-19 to June-19, November-19 to March-20, 2020-21, April-21 to February-22 |

**(Source: Information collected from test-checked CHCs)**

## Appendix 3.7

### Statement showing details of surgical procedures performed at test-checked DHs

***(Reference: Paragraph 3.2.5 (ii), Page 33)***

| Sr. No. | Name of the surgical procedure | DH Lunavada | DH Navsari | DH Rajkot | DH Surendranagar | DH Vyara |
|---|---|---|---|---|---|---|
| 1 | Removal of Foreign Bodies | No | Yes | Yes | Yes | Yes |
| 2 | Wiring | No | Yes | No | No | Yes |
| 3 | Plating | No | Yes | No | No | Yes |
| 4 | Grafting and Pinning | No | Yes | No | No | Yes |
| 5 | Hernia | No | Yes | Yes | Yes | Yes |
| 6 | Hydrocele | No | Yes | Yes | Yes | Yes |
| 7 | Appendicectomy | No | Yes | Yes | Yes | Yes |
| 8 | Hemorrhoids and Fistula | No | Yes | Yes | Yes | Yes |
| 9 | Cranial cavity | No | No | No | No | No |
| 10 | Tracheostomy | No | Yes | Yes | No | Yes |
| 11 | Urethra | No | No | No | No | Yes |
| 12 | Fibroadenoma excision of breast | No | Yes | Yes | Yes | Yes |

**(Source: Information collected from test-checked DHs)**

## Appendix 3.8

### Statement showing availability of Blood Bank Services in all DHs

***(Reference: Paragraph 3.2.6, Page 33)***

| Sr. No. | Name of District Hospital | Availability of Blood Bank | Whether Blood Bank is functional | License/ authorization for Blood Bank | Validation of test results from external labs |
|---|---|---|---|---|---|
| 1 | Ahwa# | No | No | No | No |
| 2 | Botad | No | No | No | No |
| 3 | Chhotaudepur# | No | No | No | No |
| 4 | Godhra | Yes | Yes | Yes | No |
| 5 | Jam Khambhaliya | Yes | Yes | Yes | Yes |
| 6 | Lunavada# | No | No | No | No |
| 7 | Mehsana# | No | No | No | NA |
| 8 | Morbi | Yes | Yes | Yes | No |
| 9 | Nadiad | Yes | No | No[77] | No |
| 10 | Navsari | No | No | No | No |
| 11 | Petlad# | No | No | No | NA |
| 12 | Porbandar | Yes | Yes | Yes | Yes |
| 13 | Rajkot# | No | No | No | NA |
| 14 | Rajpipla# | No | No | No | NA |
| 15 | Siddhpur | Yes | Yes | Yes | No |
| 16 | Surendranagar | Yes | Yes | Yes | Yes |
| 17 | Vadodara# | No | No | No | No |
| 18 | Veraval | No | No | No | No |
| 19 | Vyara# | No | No | No | NA |
| | | **Yes=07, No-12** | **Yes=06, No=13** | **Yes=06, No=13** | **Yes=03, No=16** |

**(Source: Information provided by DHs)**

(#)- Blood Storage Unit was available.

[77] License for Blood Bank is under process.

## Appendix 3.9

### Details of availability of beds for Maternal and Childcare Service in all DHs as of March 2022

***(Reference: Paragraph 3.2.7, Page 34)***

| Sr. No. | Name of DH | Number of beds for Maternal service | Number of beds for Childcare service (SNCU) |
|---|---|---|---|
| 1 | Ahwa | 08 | 10 |
| 2 | Botad | 20 | 00 |
| 3 | Chhotaudepur | 20 | 10 |
| 4 | Godhara | 27 | 17 |
| 5 | Jam Khambaliya | 20 | 12 |
| 6 | Lunawada | 20 | 00 |
| 7 | Mehsana | 40 | 07 |
| 8 | Morbi | 25 | 08 |
| 9 | Nadiad | 22 | 15 |
| 10 | Navsari | 40 | 22 |
| 11 | Petlad | 20 | 08 |
| 12 | Porbandar | 15 | 06 |
| 13 | Rajkot | 50 | 11 |
| 14 | Rajpipla | 20 | 12 |
| 15 | Siddhapur | 10 | 04 |
| 16 | Surendranagar | 10 | 06 |
| 17 | Vadodara | 83 | 08 |
| 18 | Veraval | 30 | 12 |
| 19 | Vyara | 53 | 12 |

**(Source: Information collected from all DHs)**

## Appendix 3.10

### Statement showing Shortage of Pathological Services in all DHs

***(Reference: Paragraph 3.4.1, Page 35)***

| Sr. No. | Name of District Hospital | Shortage of test out of 29 test under Clinical Pathology | Shortage of test out of 08 test under Pathology | Shortage of test out of 07 test under Microbiology | Shortage of test out of 07 test under Serology | Shortage of test out of 21 test under Biochemistry |
|---|---|---|---|---|---|---|
| 1 | Ahwa | 1 | 2 | 2 | 0 | 3 |
| 2 | Botad | 15 | 8 | 6 | 4 | 14 |
| 3 | Chhota Udepur | 13 | 7 | 6 | 3 | 11 |
| 4 | Godhra | 2 | 4 | 4 | 1 | 6 |
| 5 | Jam Khambaliya | 1 | 1 | 0 | 2 | 4 |
| 6 | Lunawada | 13 | 6 | 5 | 4 | 19 |
| 7 | Mehsana | 1 | 0 | 2 | 2 | 9 |
| 8 | Morbi | 4 | 7 | 6 | 1 | 6 |
| 9 | Nadiad | 6 | 7 | 1 | 1 | 11 |
| 10 | Navsari | 1 | 5 | 0 | 1 | 8 |
| 11 | Petlad | 1 | 2 | 0 | 0 | 4 |
| 12 | Porbandar | 1 | 2 | 0 | 0 | 3 |
| 13 | Rajkot | 1 | 4 | 0 | 1 | 12 |
| 14 | Rajpipla | 3 | 5 | 4 | 3 | 8 |
| 15 | Siddhapur | 1 | 4 | 2 | 2 | 9 |
| 16 | Surendranagar | 4 | 6 | 4 | 3 | 13 |
| 17 | Vadodara | 2 | 0 | 1 | 2 | 5 |
| 18 | Veraval | 3 | 6 | 3 | 3 | 8 |
| 19 | Vyara | 4 | 4 | 1 | 0 | 3 |

**(Source: Information collected from all DHs)**

## Appendix 3.11

### Details of availability of Ambulance Service in all DHs

***(Reference: Paragraph 3.4.2, Page 37)***

| Sr. No. | Name of DH | Sanctioned Beds | Ambulances required as per IPHS | Number of Ambulances available | Shortage (-)/ Excess |
|---|---|---|---|---|---|
| 1 | Ahwa | 150 | 3 | 5 | 2 |
| 2 | Botad | 100 | 3 | 4 | 1 |
| 3 | Chhotaudepur | 100 | 3 | 3 | 0 |
| 4 | Godhara | 210 | 3 | 5 | 2 |
| 5 | Jam Khambaliya | 150 | 3 | 3 | 0 |
| 6 | Lunawada | 100 | 3 | 3 | 0 |
| 7 | Mehsana | 214 | 3 | 3 | 0 |
| 8 | Morbi | 206 | 3 | 5 | 2 |
| 9 | Nadiad | 160 | 3 | 2 | (-)1 |
| 10 | Navsari | 230 | 3 | 4 | 1 |
| 11 | Petlad | 119 | 3 | 4 | 1 |
| 12 | Porbandar | 241 | 3 | 3 | 0 |
| 13 | Rajkot | 115 | 3 | 2 | (-)1 |
| 14 | Rajpipla | 150 | 3 | 3 | 0 |
| 15 | Siddhapur | 150 | 3 | 3 | 0 |
| 16 | Surendranagar | 150 | 3 | 2 | (-)1 |
| 17 | Vadodara | 213 | 3 | 2 | (-)1 |
| 18 | Veraval | 150 | 3 | 2 | (-)1 |
| 19 | Vyara | 156 | 3 | 6 | 3 |

**(Source: Information collected from all DHs)**

## Appendix 3.12

### Details of availability of Mortuary Services in 19 District Hospitals

***(Reference: Paragraph 3.4.4, Page 39)***

| Sr. No. | Name of District Hospital | Mortuary services available | Separate room for body storage with at least two deep freezers for preserving dead bodies | System to categorise dead bodies before preservation | Whether high level disinfection by boiling or chemical done as per protocol at mortuary |
|---|---|---|---|---|---|
| 1 | Ahwa | No | No | No | No |
| 2 | Botad | Yes | Yes | No | No |
| 3 | Chhotaudepur | No | No | No | No |
| 4 | Godhra | Yes | Yes | Yes | Yes |
| 5 | Jam Khambhaliya | Yes | Yes | No | Yes |
| 6 | Lunawada | Yes | No | No | Yes |
| 7 | Mehsana | Yes | Yes | Yes | No |
| 8 | Morbi | Yes | Yes | No | Yes |
| 9 | Nadiad | Yes | Yes | Yes | No |
| 10 | Navsari | Yes | Yes | No | No |
| 11 | Petlad | Yes | Yes | No | Yes |
| 12 | Porbandar | Yes | Yes | Yes | Yes |
| 13 | Rajkot | No | No | No | No |
| 14 | Rajpipla | Yes | Yes | Yes | Yes |
| 15 | Sidhpur | Yes | No | No | Yes |
| 16 | Surendranagar | Yes | Yes | Yes | Yes |
| 17 | Vadodara[78] | No | No | No | No |
| 18 | Veraval | Yes | Yes | No | Yes |
| 19 | Vyara | Yes | Yes | Yes | Yes |
| | | **Yes=15, No=04** | **Yes=13, No=06** | **Yes=07, No=12** | **Yes=11, No=08** |

**(Source: Information provided by DHs)**

[78] In Vadodara city for all Government hospitals, Mortuary services are centrally available at SSG Hospital, Vadodara.

## Appendix 3.13

## Statement showing details of firefighting system in all DHs

***(Reference: Paragraph 3.5.1, Page 39)***

| Sr. No. | Name of DHs | NOC was obtained from Fire Department | Provision of smoke detector and fire alarm is in place | Sand buckets are available in hospital | Provision of fire hydrant is in place in case of fire | Underground backup water for fire is available in hospital | Planning for fire prevention exists | Periodic training of staff and regular conduct of mock drills |
|---|---|---|---|---|---|---|---|---|
| 1. | Ahwa | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 2. | Botad | Yes | No | No | Yes | Yes | Yes | Yes |
| 3. | Chhotaudepur | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 4. | Godhra | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 5. | Jam Khambaliya | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 6. | Lunawada | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 7. | Mehsana | No[79] | Yes | No | Yes | Yes | Yes | Yes |
| 8. | Morbi | No[80] | Yes | Yes | Yes | Yes | Yes | Yes |
| 9. | Nadiad | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 10. | Navsari | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 11. | Petlad | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 12. | Porbandar | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 13. | Rajkot | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 14. | Rajpipla | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 15. | Siddhpur | No[81] | Yes | No | Yes | Yes | Yes | Yes |
| 16. | Surendranagar | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 17. | Vadodara | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| 18. | Veraval | Yes | Yes | No | Yes | Yes | Yes | Yes |
| 19. | Vyara | Yes | Yes | No | Yes | Yes | Yes | Yes |

**(Source: Information collected from all DHs)**

[79] Applied for NOC (June 2023)
[80] NOC under process (June 2023)
[81] NOC under process (July 2023)

## Appendix 3.14

### Statement showing availability Bio-Medical Waste management services in all DHs as of March 2022

*(Reference: Paragraph 3.5.2, Page 41)*

| Sr. No. | Name of District Hospital | Authorisation from Gujarat Pollution Control Board | Bar code system for bags and containers | Health check-ups of heath care workers involved in handling BMW | Committee for review and monitoring of BMW | Training for workers handling BMW | Availability of separate types of bins for different type of BMW |
|---|---|---|---|---|---|---|---|
| 1. | Ahwa | Yes | Yes | Yes | Yes | Yes | Yes |
| 2. | Botad | Yes | No | Yes | No | No | Yes |
| 3. | Chhotaudepur | Yes | Yes | Yes | Yes | Yes | Yes |
| 4. | Godhra | Yes | Yes | Yes | Yes | Yes | Yes |
| 5. | Jam Khambhaliya | Yes | No | Yes | Yes | Yes | Yes |
| 6. | Lunawada | Yes | No | No | Yes | No | Yes |
| 7. | Mehsana | Yes | No | Yes | Yes | Yes | Yes |
| 8. | Morbi | Yes | No | Yes | Yes | Yes | Yes |
| 9. | Nadiad | Yes | Yes | Yes | Yes | Yes | Yes |
| 10. | Navsari | Yes | Yes | Yes | Yes | Yes | Yes |
| 11. | Petlad | Yes | No | Yes | Yes | Yes | Yes |
| 12. | Porbandar | Yes | No | No | Yes | Yes | Yes |
| 13. | Rajkot | Yes | Yes | Yes | Yes | Yes | Yes |
| 14. | Rajpipla | Yes | No | Yes | Yes | Yes | Yes |
| 15. | Sidhpur | Yes | Yes | Yes | Yes | Yes | Yes |
| 16. | Surendranagar | Yes | Yes | Yes | Yes | Yes | Yes |
| 17. | Vadodara | Yes | Yes | Yes | Yes | Yes | Yes |
| 18. | Veraval | Yes | No | Yes | Yes | No | Yes |
| 19. | Vyara | Yes | No | Yes | Yes | Yes | Yes |
| | | **Yes=19, No-00** | **Yes=09, No=10** | **Yes=17, No=02** | **Yes=18, No=01** | **Yes=16, No=03** | **Yes=19, No=00** |

**(Source: Information collected from all DHs)**

## Appendix 3.15

### Statement showing number of pest and rodent control work done in all DHs during 2016-22

***(Reference: Paragraph 3.5.2, Page 41)***

| Sr. No. | Name of DH | 2016-17 | | 2017-18 | | 2018-19 | | 2019-20 | | 2020-21 | | 2021-22 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | P | R | P | R | P | R | P | R | P | R | P | R |
| 1 | Ahwa | 00 | 00 | 00 | 00 | 12 | 12 | 12 | 12 | 12 | 12 | 12 | 12 |
| 2 | Botad | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 3 | Chhotaudepur | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 4 | Godhra | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 5 | JamKhambaliya | 00 | 00 | 00 | 00 | 00 | 00 | 3 | 15 | 2 | 11 | 3 | 14 |
| 6 | Lunawada | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 7 | Mehsana | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 8 | Morbi | 00 | 00 | 00 | 00 | 01 | 04 | 04 | 22 | 03 | 24 | 01 | 20 |
| 9 | Nadiad | 01 | 02 | 00 | 02 | 00 | 02 | 00 | 02 | 01 | 02 | 01 | 02 |
| 10 | Navsari | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 05 | 05 | 02 | 02 |
| 11 | Petlad | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 12 | Porbandar | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 00 | 00 | 00 | 00 | 00 |
| 13 | Rajkot | 00 | 24 | 00 | 24 | 00 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |
| 14 | Rajpipla | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 15 | Siddhapur | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 16 | Surendranagar | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 17 | Vadodara | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 |
| 18 | Veraval | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |
| 19 | Vyara | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 24 | 13 | 13 |

**(Source: Information collected from all DHs)**

## Appendix 3.16

### Statement showing number of pest and rodent control work done in test-checked Sub- District Hospitals during 2016-22

*(Reference: Paragraph 3.5.2, Page 41)*

| Sr. No. | Name of SDH | 2016-17 | | 2017-18 | | 2018-19 | | 2019-20 | | 2020-21 | | 2021-22 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Pest control | Rodent control | Pest control | Rodent control | Pest control | Rodent control | Pest control | Rodent control | Pest control | Rodent control | Pest control | Rodent control |
| 1 | Bardoli | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 |
| 2 | Bhiloda | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3 | Bilimora | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Chikhali | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Dhrangadhra | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Gondal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 7 | Jasdan | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Limbdi | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9 | Mansa | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 10 | Santrampur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Singarva | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 12 | Songadh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Viramgam | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**(Source: Information collected from test-checked SDHs)**

## Appendix 3.17

### Availability of the methods of Disinfection and Sterilisation process in DHs

***(Reference: Paragraph 3.5.2, Page 42)***

| Sr. No. | Name of DHs | Boiling | Autoclaving | Chemical Sterilisation | High Level Disinfection |
|---|---|---|---|---|---|
| 1 | Ahwa | No | Yes | No | No |
| 2 | Botad | No | Yes | No | No |
| 3 | Chhotaudepur | Yes | Yes | Yes | Yes |
| 4 | Godhra | No | Yes | Yes | Yes |
| 5 | Jam Khambaliya | Yes | Yes | Yes | No |
| 6 | Lunawada | No | Yes | No | No |
| 7 | Mehsana | No | Yes | No | No |
| 8 | Morbi | No | Yes | Yes | Yes |
| 9 | Nadiad | Yes | Yes | Yes | Yes |
| 10 | Navsari | No | Yes | Yes | Yes |
| 11 | Petlad | No | Yes | Yes | No |
| 12 | Porbandar | Yes | Yes | Yes | No |
| 13 | Rajkot | No | Yes | No | No |
| 14 | Rajpipla | No | Yes | No | Yes |
| 15 | Siddhapur | No | Yes | Yes | No |
| 16 | Surendranagar | Yes | Yes | Yes | Yes |
| 17 | Vadodara | Yes | Yes | Yes | Yes |
| 18 | Veraval | Yes | Yes | Yes | No |
| 19 | Vyara | Yes | Yes | Yes | Yes |

**(Source: Information collected from all DHs)**

## Appendix 3.18
## Availability of the methods of Disinfection and Sterilisation process in test-checked SDHs
***(Reference: Paragraph 3.5.2, Page 42)***

| Sr. No. | Name of SDH | Boiling | Autoclaving | Chemical Sterilisation | High Level Disinfection |
|---|---|---|---|---|---|
| 1 | Bardoli | No | Yes | Yes | No |
| 2 | Bhiloda | Yes | Yes | Yes | Yes |
| 3 | Bilimora | No | Yes | Yes | No |
| 4 | Chikhali | No | Yes | Yes | No |
| 5 | Dhrangadhra | No | Yes | Yes | Yes |
| 6 | Gondal | Yes | Yes | Yes | Yes |
| 7 | Jasdan | Yes | Yes | Yes | Yes |
| 8 | Limbdi | Yes | Yes | Yes | Yes |
| 9 | Mansa | No | Yes | Yes | Yes |
| 10 | Santrampur | No | Yes | No | No |
| 11 | Singarva | No | Yes | No | Yes |
| 12 | Songadh | No | Yes | Yes | Yes |
| 13 | Viramgam | No | Yes | Yes | No |

**(Source: Information collected from test-checked SDHs)**

**Appendix 4.1**

**Statement showing list of EDL items not covered under active RCs during 2016-17 to 2021-22**

***(Reference: Paragraph 4.2.2, Page 45)***

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| | | **2016-17 (No. of Items not covered in active RCs (141 Items)** |
| 1 | 1001 | Tablet Acetazolamide 250 mg |
| 2 | 1005 | Tablet Acyclovir 200 mg |
| 3 | 1006 | Tablet Albendazole 400 mg |
| 4 | 1008 | Tablet Alprazolam 0.25 mg |
| 5 | 1011 | Tablet Amiodarone 200 mg |
| 6 | 1012 | Tablet Amitriptyline HCL 25 mg |
| 7 | 1013 | Tablet Amlodipine 5 mg |
| 8 | 1016 | Capsule Amoxycillin 500 mg |
| 9 | 1017 | Capsule Amoxycillin 250 mg |
| 10 | 1018 | Tablet Amoxycillin Trihydrate Dispersible 125 mg |
| 11 | 1021 | Tablet Ascorbic Acid (Chewable) 500 mg |
| 12 | 1023 | Tablet Atenolol 50 mg |
| 13 | 1025 | Tablet Benzhexol (Trihexyphenidyl) 2 mg |
| 14 | 1026 | Tablet Bisacodyl 5 mg |
| 15 | 1031 | Tablet Carbamazepine 200 mg |
| 16 | 1107 | Tablet Mefloquine 250 mg |
| 17 | 1148 | Tablet Quinine Sulphate 300 mg |
| 18 | 1226 | Tablet Glimepiride 1 mg |
| 19 | 1227 | Pioglitazone Tablets 15mg |
| 20 | 1234 | Tablet Glyceryl Trinitrate (Sublingual) 0.5 mg |
| 21 | 1258 | Bisacodyl Suppository 5 mg. |
| 22 | 1298 | Disulfiram Tablet 500mg |
| 23 | 1300 | Tablet Clobazam 5 mg |
| 24 | 1313 | Tablet Amisulpride 100 mg |
| 25 | 1314 | Tablet Clonazepam 0.5 mg |
| 26 | 1315 | Tablet Clomipramine 75 mg. SR |
| 27 | 1316 | Tablet Clozapine 100 mg |
| 28 | 1317 | Tablet Oxcarbazepine 300 mg |
| 29 | 1318 | Tablet Quetiapine Furmate 100 mg |
| 30 | 1319 | Tablet Olanzapine 10 mg |
| 31 | 1320 | Tablet Mirtazapine 15 mg |
| 32 | 1321 | Tablet Aripiprazole 15 mg |
| 33 | 1322 | Tablet Lamotrigine 25 mg |
| 34 | 1323 | Tablet Lamotrigine 50 mg |
| 35 | 1324 | Tablet Zolpidem 5 mg |
| 36 | 1325 | Tablet Donepezil 5 mg |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 37 | 1326 | Tab. Methyl Phenidate 10 mg |
| 38 | 1327 | Tablet Disulfiram 250 mg |
| 39 | 1328 | Tab. Atomoxetine 18 mg |
| 40 | 1329 | Tablet Risperidone 4 mg |
| 41 | 1330 | Tablet ZLN (Zidovudine 300 mg + Lamivudine 150 mg + Navirapine 200 mg) |
| 42 | 1331 | Tablet Tenoflvir 300 mg + Lamivudine 300 mg |
| 43 | 1332 | Tablet ZL (Zidovudine 300 mg + Lamivudine 150 mg) |
| 44 | 1333 | Tablet Efavirenz 600 mg |
| 45 | 1334 | Tab.Stavudine 30 mg + Lamivudine 150 mg + Navirapin 200 mg |
| 46 | 1335 | Tablet Stavudine 30 mg + Lamivudine 150 mg |
| 47 | 1336 | Capsule Atazanavir 300 mg |
| 48 | 1337 | Tablet Ritonavir 100 mg |
| 49 | 1338 | Tablet Lopinavir 200 mg + Ritonavir 50 mg |
| 50 | 1339 | Tab.ZLN Baby (Zidovudine 60 mg, Lamivudine 30 mg and Nevirapine 50 mg) |
| 51 | 1340 | Tab. ZL Baby (Zidovudine 60mg + Lamivudine 30mg) |
| 52 | 1341 | Tablet Efavirenz 200 mg |
| 53 | 1342 | Tablet Nevirapine 50 mg |
| 54 | 1343 | Tablet Lopinavir 100 mg + Ritonavir 25 mg |
| 55 | 1345 | Tablet Nevirapine 200 mg |
| 56 | 1346 | Tablet Abacavir 600 mg + Lamivudine 300 mg |
| 57 | 1347 | Tablet Tenofivir 300 mg + Lamivudine 300 mg + Efavirenz 600 mg |
| 58 | 1348 | Tablet Zidovudine 300 mg |
| 59 | 1349 | Tablet Tenofivir disoproxil fumarate 300 mg |
| 60 | 1350 | Tablet Lamivudine 150 mg |
| 61 | 1351 | Tablet Voglibose 0.3 mg |
| 62 | 2004 | Injection Amikacin Sulphate 100 mg (For IM/IV Use) |
| 63 | 2005 | Injection Aminophylline 2.5% w/v (For IV Use) |
| 64 | 2006 | Injection Amoxycillin & Clavuanic Acid 1.2 gm |
| 65 | 2007 | Injection Amoxycillin & Clavuanic Acid 300 mg |
| 66 | 2010 | Ampicillin Sodium Injection 500 mg (IM/slow IV use) |
| 67 | 2013 | Artemether Injection 80 mg |
| 68 | 2015 | Injection Atropine Sulphate 0.6 mg/ml, 1 ml Ampoule |
| 69 | 2022 | Injection Calcium Gluconate 10 % w/v (For IM/Slow IV Use), 10 ml Ampoule |
| 70 | 2023 | Injection Cefazoline Sodium 500 mg For IM/IV /Infusion use |
| 71 | 2031 | Injection Chloroquine Phosphate 40 mg/ml (IM/slow IV use), 5 ml Ampoule |
| 72 | 2032 | Injection Pheniramine Maleate 22.75 mg/ml , 2 ml Ampoule (For IM/IV Use). |
| 73 | 2039 | Injection Dexamethasone Sodium Phosphate 4 mg/ml , 2 ml Ampoule(For IM/IV Use) |
| 74 | 2063 | Injection Fluphenazine Decanoate 25 mg (1 ml Ampoule) |
| 75 | 2090 | Injection Lignocaine HCL 20 mg & Adrenaline Bitartrate 0.01 mg (30 ml vial) |
| 76 | 2107 | Injection Mephentermine Sulphate 15 mg (1 ml Ampoule) |
| 77 | 2117 | Injection Gas Gangrene Antitoxin |
| 78 | 2132 | Injection Phenytoin Sodium 50 mg/ml, (2 ml Ampoule) |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 79 | 2156 | Injection Succinyl Choline Chloride 50 mg/ml (suxamethonium chloride injection) |
| 80 | 2185 | Injection Lorazepam 2 mg/ml |
| 81 | 2232 | Anti Hemophilic Factor VIII (Concentrates) Inj. Dried 250 I.U. |
| 82 | 2237 | Injection Ceftazidime 500 mg |
| 83 | 2243 | Anti Diptheria Serum (10 ml vial) |
| 84 | 2252 | Anti D Human Injection150 mcg, Vial (Powder & Liquid) |
| 85 | 2267 | Injection Triamcinolone 40 mg/ ml |
| 86 | 2273 | Injection Hyoscine butyl bromide 20 mg/ml, (1 ml Ampoule) |
| 87 | 2275 | Inj. Epidosin(Valethamate Bromide Injection) 1 Ml Amp |
| 88 | 2282 | Injection Recombinant Anti Haemophilic Factor VIII-250 IU Vial |
| 89 | 2283 | Injection Recombinant Anti Haemophilic Factor VIII-500 IU Vial |
| 90 | 2284 | Injection Recombinant Anti Haemophilic Factor VIII-1000 IU Vial |
| 91 | 2291 | Olanzapine Inj. (for IM use) |
| 92 | 2292 | Flupenthoixol depot Inj (For deep Im use) |
| 93 | 2293 | Zuclopenthixol decanoate inj 200 mg |
| 94 | 2294 | Desferrioxamine mesylate injection 500 mg |
| 95 | 2295 | Injection Human Normal Immunoglobulin for IV Use.(IVIG) (5 gm Vial)) |
| 96 | 2296 | Injection Human Normal Immunoglobulin for IV Use 2.5 gm. (IVIG) |
| 97 | 2297 | Injection Human Growth Hormone (15 IU to 18IU ) |
| 98 | 2298 | Injection Polymixin B for 5,00,000 Unit |
| 99 | 2299 | Injection Collistimethate Sodium 1 Million IU (10 ml vial) |
| 100 | 2300 | Ulinastatin for injection 1,00,000 IU. |
| 101 | 2301 | Injection Octreotide Acetate 100 mcg |
| 102 | 2302 | Haemocoagulase Injection. |
| 103 | 2303 | Nadroparin Injection 0.6 ml (Fraxiparine) |
| 104 | 2304 | Injection Hepatitis B Immunoglobuline Human |
| 105 | 2305 | Injection Paracetamol (for IV Infusion) 100 ml. |
| 106 | 2306 | Human Immunoglobulin for intravenous Administration Igm IgA IgG |
| 107 | 3016 | Black Disinfectant Fluid Grade III Liquid |
| 108 | 3017 | Bleaching Powder Grade I (I.S.I.Mark) (5 kg Bag) |
| 109 | 3023 | Chlorhexidine Gluconate Solution 4% w/v, 1 litre bottle |
| 110 | 3031 | Cresol with Soap Solution 50% v/v, 1 Liter bottle |
| 111 | 3060 | Gention Violet Topical Solution 1% w/v,30 ml Bottle |
| 112 | 3061 | Glutaraldehyde Disinfectant Solution (Glutaraldehyde Solution 2%),5 Liter jar |
| 113 | 3078 | Liquid Antiseptic (Hospital Concentrate) (1 Litre jar) |
| 114 | 3102 | Povidone Iodine Solution for Mouth Wash/Gargle, 1% w/v 100 ml Bottle |
| 115 | 3109 | Sodium Hypochlorite Solution (5 Liter Jar) |
| 116 | 3114 | Timolol Maleate Eye Drops 0.5%, 5 ml vial |
| 117 | 3135 | Clotrimazole Lotion 1% w/v, 30 ml bottle |
| 118 | 3168 | Diazepam Solution 2.5ml vial withapplicator |
| 119 | 3175 | Compound Benzoin Tincture, 500 ml Bottle |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 120 | 3185 | Oseltamivir Oral suspension 12 mg/ml, (75 ml Bottle) |
| 121 | 3224 | Cyclopentolate Eye drops 1%w/v,5 ml vial |
| 122 | 3225 | Lignocaine Hydrochloride Jelly 5%w/w, 30 gm.Tube |
| 123 | 3228 | Phenytoin Sodium Syrup 25 mg/ml,100 ml Bottle |
| 124 | 3230 | Prednisolone Acetate Eye Drop 1% w/v, 10 ml Vial |
| 125 | 3231 | Tobramycin Eye Drop 10 ml Vial, 0.3 %w/v |
| 126 | 3233 | Glyceryl Trinitrate spray 200 meter glass dose bottle |
| 127 | 3236 | Clotrimazole with Beclomethasone Drops 1% |
| 128 | 3237 | Neomycin, Hydrocortisone &Polymixin B Ear Drops 5 ml |
| 129 | 3238 | Brimonidine Tartrate and Timolol Eye Drops 0.15% w/v + 0.5% w/v(5 ml Vial) |
| 130 | 3240 | Tobramycin and Dexamethasone Ophthalmic Suspension 0.30%+0.10% |
| 131 | 3244 | Hydroxyproply Methylcellulose Soln 2 ml prefilled syringe |
| 132 | 3246 | Artemether 40 mg & Lumefantrine 240 mg Syrup (Paediatric), (15 ml Bottle) |
| 133 | 4286 | Suction catheter 8 to 18 |
| 134 | 4287 | Endotracheal tube Plain 3.0 mm marking with Vocal cord |
| 135 | 4306 | Ryles Tube (ETO Sterilized), Size-8. |
| 136 | 4286 | Suction catheter 8 to 18 |
| 137 | 4317 | Surgical Hernia Mesh 15x15 CM |
| 138 | 4318 | Hydrocephalus Shunt |
| 139 | 4319 | Combined Spinal/epidural mini pack and needle set containing 18G epidural mini pack and 26G lancet tip spinal |
| 140 | 4320 | Disposable I.V. Regulating Device Dial-A-Flow |
| 141 | 4321 | Double lumen Central Venous Catheter size: 7 F 16G/16G. Length 15 cm, 20 cm, 25 cm |
| | | **2017-18 (No. of Item not covered in active RC (59 Items)** |
| 1 | 1107 | Tablet Mefloquine 250 mg |
| 2 | 1234 | Tablet Glyceryl Trinitrate (Sublingual) 0.5 mg |
| 3 | 1298 | Disulfiram Tablet 500mg |
| 4 | 1300 | Tablet Clobazam 5 mg |
| 5 | 1321 | Tablet Aripiprazole 15 mg |
| 6 | 1326 | Tab. Methyl Phenidate 10 mg |
| 7 | 1328 | Tab. Atomoxetine 18 mg |
| 8 | 1336 | Capsule Atazanavir 300 mg |
| 9 | 1340 | Tab. ZL Baby (Zidovudine 60mg + Lamivudine 30mg) |
| 10 | 1342 | Tablet Nevirapine 50 mg |
| 11 | 1343 | Tablet Lopinavir 100 mg + Ritonavir 25 mg |
| 12 | 1359 | Tablet Gefitinib 250 mg |
| 13 | 2022 | Injection Calcium Gluconate 10 % w/v (For IM/Slow IV Use), 10 ml Ampoule |
| 14 | 2107 | Injection Mephentermine Sulphate 15 mg (1 ml Ampoule) |
| 15 | 2108 | Injection Methotrexate 50 mg/2 ml |
| 16 | 2117 | Injection Gas Gangrene Antitoxin |
| 17 | 2132 | Injection Phenytoin Sodium 50 mg/ml, (2 ml Ampoule) |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 18 | 2156 | Injection Succinyl Choline Chloride 50 mg/ml (suxamethonium chloride injection) |
| 19 | 2232 | Anti-Hemophilic Factor VIII (Concentrates) Inj. Dried 250 I.U. |
| 20 | 2275 | Inj. Epidosin (Valethamate Bromide Injection) 1 Ml Amp |
| 21 | 2282 | Injection Recombinant Anti Haemophilic Factor VIII-250 IU Vial |
| 22 | 2283 | Injection Recombinant Anti Haemophilic Factor VIII-500 IU Vial |
| 23 | 2284 | Injection Recombinant Anti Haemophilic Factor VIII-1000 IU Vial |
| 24 | 2290 | Lorazepam Injection 1 mg/ml, (2 ml vial/Amp) (for IM/IU use) |
| 25 | 2291 | Olanzapine Inj. (for IM use) |
| 26 | 2292 | Flupenthoixol depot Inj (For deep Im use) |
| 27 | 2293 | Zuclopenthixol decanoate inj 200 mg |
| 28 | 2294 | Desferrioxamine mesylate injection 500 mg |
| 29 | 2295 | Injection Human Normal Immunoglobulin for IV Use. (IVIG) (5 gm Vial)) |
| 30 | 2296 | Injection Human Normal Immunoglobulin for IV Use 2.5 gm. (IVIG) |
| 31 | 2297 | Injection Human Growth Hormone (15 IU to 18IU) |
| 32 | 2300 | Ulinastatin for injection 1,00,000 IU. |
| 33 | 2303 | Nadroparin Injection 0.6 ml (Fraxiparine) |
| 34 | 2306 | Human Immunoglobulin for intravenous Administration Igm IgA IgG |
| 35 | 2307 | Premix Human Insulin Analouge Injection 30:25/70:75100IU/ml in 3 ml. (Mixture of soluble insulin analogue 30%:25% and Protamine insulin analogue 70%:75% 100 Iu /ml cartridge.) |
| 36 | 2311 | Injection Sodium Chloride (Normal Saline) 1000 ml bottle, 0.9 % w/v |
| 37 | 2312 | Injection Cyclophosphamide 1 gm |
| 38 | 2313 | Injection Fluro-Uracil 500 mg/10 ml (10 ml Ampoule) |
| 39 | 3102 | Povidone Iodine Solution for Mouth Wash/Gargle, 1% w/v 100 ml Bottle |
| 40 | 3114 | Timolol Maleate Eye Drops 0.5%, 5 ml vial |
| 41 | 3135 | Clotrimazole Lotion 1% w/v, 30 ml bottle |
| 42 | 3168 | Diazepam Solution 2.5ml vial with applicator |
| 43 | 3224 | Cyclopentolate Eye drops 1%w/v,5 ml vial |
| 44 | 3225 | Lignocaine Hydrochloride Jelly 5%w/w, 30 gm. Tube |
| 45 | 3228 | Phenytoin Sodium Syrup 25 mg/ml,100 ml Bottle |
| 46 | 3230 | Prednisolone Acetate Eye Drop 1% w/v, 10 ml Vial |
| 47 | 3231 | Tobramycin Eye Drop 10 ml Vial, 0.3 %w/v |
| 48 | 3233 | Glyceryl Trinitrate spray 200-meter glass dose bottle |
| 49 | 3236 | Clotrimazole with Beclomethasone Drops 1% |
| 50 | 3237 | Neomycin, Hydrocortisone & Polymixin B Ear Drops 5 ml |
| 51 | 3238 | Brimonidine Tartrate and Timolol Eye Drops 0.15% w/v + 0.5% w/v (5 ml Vial) |
| 52 | 3240 | Tobramycin and Dexamethasone Ophthalmic Suspension 0.30%+0.10% |
| 53 | 3244 | Hydroxypropyl Methylcellulose Soln 2 ml prefilled syringe |
| 54 | 3315 | Syrup Lopinavir (80 mg/ml) + Ritonavir (20mg/ml) (160 ml Bottle) |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 55 | 4287 | Endotracheal tube Plain 3.0 mm marking with Vocal cord |
| 56 | 4318 | Hydrocephalus Shunt |
| 57 | 4319 | Combined Spinal/epidural mini pack and needle set containing 18G epidural mini pack and 26G lancet tip spinal |
| 58 | 4320 | Disposable I.V. Regulating Device Dial-A-Flow |
| 59 | 4321 | Double lumen Central Venous Catheter size: 7 F 16G/16G. Length 15 cm, 20 cm, 25 cm |
| | | **2018-19 (No. of Items not covered in active RCs (124 Items)** |
| 1 | 1024 | Tablet Azathioprine 50 mg |
| 2 | 1095 | Tablet Hydrochlorothiazide 25 mg |
| 3 | 1107 | Tablet Mefloquine 250 mg |
| 4 | 1109 | Tablet Methotrexate 2.5 mg |
| 5 | 1215 | Tablet Hydroxy-Chloroquine Sulfate 200 mg |
| 6 | 1234 | Tablet Glyceryl Trinitrate (Sublingual) 0.5 mg |
| 7 | 1275 | Capsule Hydroxyurea 500 mg |
| 8 | 1298 | Disulfiram Tablet 500 mg |
| 9 | 1300 | Tablet Clobazam 5 mg |
| 10 | 1307 | Kit 3/ White Colour Benzathine Penicillin Injection Azithromycin Tablet |
| 11 | 1321 | Tablet Aripiprazole 15 mg |
| 12 | 1326 | Tab. Methyl Phenidate 10 mg |
| 13 | 1336 | Capsule Atazanavir 300 mg |
| 14 | 1328 | Tab. Atomoxetine 18 mg |
| 15 | 1340 | Tab. ZL Baby (Zidovudine 60mg + Lamivudine 30mg) |
| 16 | 1342 | Tablet Nevirapine 50 mg |
| 17 | 1343 | Tablet Lopinavir 100 mg + Ritonavir 25 mg |
| 18 | 1358 | Labetalol Tablet 50 mg |
| 19 | 1359 | Tablet Gefitinib 250 mg |
| 20 | 1368 | Tablet Levetiracetam 250 mg |
| 21 | 1369 | Tablet Levetiracetam 500 mg |
| 22 | 1370 | Tablet Methotrexate 5 mg |
| 23 | 1371 | Tablet Artesunate, Pyrimethamine & Sulphadoxine 50 mg+25 mg+500 mg |
| 24 | 1372 | Glimepiride and Metformin Hydrochloride Prolonged Release Tablets 1 mg + 500 mg |
| 25 | 1373 | Glimepiride and Metformin Hydrochloride Prolonged Release Tablets 2 mg + 500 mg |
| 26 | 1374 | Tablet Sumatriptan 25 mg |
| 27 | 1375 | Sumatriptan Tablet 50 mg |
| 28 | 1376 | Tablet Hydrochlorothiazide 12.5 mg |
| 29 | 1377 | Tablet Teneligliptin 20 mg |
| 30 | 2022 | Injection Calcium Gluconate 10 % w/v (For IM/Slow IV Use), 10 ml Ampoule |
| 31 | 2073 | Injection Haloperidol 5 mg/ml (1 ml Ampoule), (For IM/IV Use) |
| 32 | 2107 | Injection Mephentermine Sulphate 15 mg (1 ml Ampoule) |
| 33 | 2108 | Injection Methotrexate 50 mg/2 ml |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 34 | 2117 | Injection Gas Gangrene Antitoxin |
| 35 | 2132 | Injection Phenytoin Sodium 50 mg/ml, (2 ml Ampoule) |
| 36 | 2156 | Injection Succinyl Choline Chloride 50 mg/ml |
| 37 | 2232 | Anti-Hemophilic Factor VIII (Concentrates) Inj. Dried 250 I.U. |
| 38 | 2237 | Injection Ceftazidime 500 mg |
| 39 | 2275 | Inj. Epidosin (Valethamate Bromide Injection) 1 MI Amp |
| 40 | 2282 | Injection Recombinant Anti Haemophilic Factor VIII-250 IU Vial |
| 41 | 2283 | Injection Recombinant Anti Haemophilic Factor VIII-500 IU Vial |
| 42 | 2284 | Injection Recombinant Anti Haemophilic Factor VIII-1000 IU Vial |
| 43 | 2290 | Lorazepam Injection 1 mg/ml, (2 ml vial/Amp) (for IM/IU use) |
| 44 | 2291 | Olanzapine Inj. (for IM use) |
| 45 | 2292 | Flupenthoixol depot Inj (For deep Im use) |
| 46 | 2293 | Zuclopenthixol decanoate inj 200 mg |
| 47 | 2294 | Desferrioxamine mesylate injection 500 mg |
| 48 | 2297 | Injection Human Growth Hormone (15 IU to 18IU) |
| 49 | 2300 | Ulinastatin for injection 1,00,000 IU. |
| 50 | 2303 | Nadroparin Injection 0.6 ml (Fraxiparine) |
| 51 | 2306 | Human Immunoglobulin for intravenous Administration Igm IgA IgG |
| 52 | 2311 | Injection Sodium Chloride (Normal Saline) 1000 ml bottle, 0.9 % w/v |
| 53 | 2312 | Injection Cyclophosphamide 1 gm |
| 54 | 2313 | Injection Fluro-Uracil 500 mg/10 ml (10 ml Ampoule) |
| 55 | 2319 | Injection Sodium Valproate 100 mg/ml, 5 ml vial |
| 56 | 2320 | Injection Esmolol 10 mg/ml |
| 57 | 2321 | Lyophilized Alteplase Powder 20mg |
| 58 | 2322 | Lyophilized Alteplase Powder 50mg |
| 59 | 2323 | Injection Human Albumin 20%, 100 ml bottle |
| 60 | 2324 | Injection Trypan Blue Dye 0.06%w/v (1 ml vial) |
| 61 | 2325 | Injection Epitrate (1ml ampoule) (For Intracameral Use) |
| 62 | 2326 | Injection Pilocarpine (1 ml ampoule) (For Intracameral Use) |
| 63 | 2327 | Injection Hydroxy Propyl Methyl Cellulose 2% W/V, 5 ml vial |
| 64 | 2328 | Injection Triamcinolone preservative free 40 mg/ml |
| 65 | 2329 | Injection Fluorescine dye 20% |
| 66 | 2330 | Injection Bevacizumab 100 mg/4 ml |
| 67 | 2331 | Injection Sodium Hyaluronate (For Intracameral Use) 1.4 w/v |
| 68 | 2332 | Injection Intra-cameral Lignocaine 1% (1 ml Amp) |
| 69 | 2333 | Ranibizumab Solution for Injection (2.3 mg/0.23 ml) |
| 70 | 2334 | Injection Balanced Salt Solution containing Sod. Chloride 0.64% Pota. Chloride 0.075% Calcium Chloride Dehydrate 0.048% Mg. Chloride Hexahydrate 0.03% Sod. Acetate Trihydrate 0.39% Sod. Citrate Dehydrate 0.17% Sod. Hydroxide and/or Hydrochloric acid |
| 71 | 3001 | Acyclovir Eye Ointment 3% w/w, 5 gm Tube |
| 72 | 3010 | Atropine 1% Eye Ointment |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 73 | 3021 | Carbamazepine Suspension 100 mg/5ml, 100 ml bottle |
| 74 | 3102 | Povidone Iodine Solution for Mouth Wash/Gargle, 1% w/v 100 ml Bottle |
| 75 | 3110 | Sodium Valproate Oral Solution 200 mg/5 ml, 100 ml bottle |
| 76 | 3114 | Timolol Maleate Eye Drops 0.5%, 5 ml vial |
| 77 | 3118 | Tropicamide 1% Eye Drops 5 ml vial |
| 78 | 3135 | Clotrimazole Lotion 1% w/v, 30 ml bottle |
| 79 | 3168 | Diazepam Solution 2.5ml vial with applicator |
| 80 | 3224 | Cyclopentolate Eye drops 1%w/v,5 ml vial |
| 81 | 3225 | Lignocaine Hydrochloride Jelly 5%w/w, 30 gm.Tube |
| 82 | 3228 | Phenytoin Sodium Syrup 25 mg/ml,100 ml Bottle |
| 83 | 3230 | Prednisolone Acetate Eye Drop 1% w/v, 10 ml Vial |
| 84 | 3231 | Tobramycin Eye Drop 10 ml Vial, 0.3 %w/v |
| 85 | 3236 | Clotrimazole with Beclomethasone Drops 1% |
| 86 | 3237 | Neomycin, Hydrocortisone & Polymixin B Ear Drops 5 ml |
| 87 | 3238 | Brimonidine Tartrate and Timolol Eye Drops 0.15% w/v + 0.5% w/v (5 ml Vial) |
| 88 | 3240 | Tobramycin and Dexamethasone Ophthalmic Suspension 0.30%+0.10% |
| 89 | 3244 | Hydroxyproply Methylcellulose Soln 2 ml prefilled syringe |
| 90 | 3315 | Syrup Lopinavir (80 mg/ml) + Ritonavir (20mg/ml) (160 ml Bottle) |
| 91 | 3317 | Phenobarbitone Syrup 20mg/5ml |
| 92 | 3318 | Latanoprost Eye Drops 0.005% w/v, 2.5 ml vial |
| 93 | 3319 | Proparacaine Eye Drops 0.5%, 5 ml vial |
| 94 | 3320 | Xylometazoline Nasal Drops 0.05%, 5 ml vial |
| 95 | 3321 | Xylometazoline Nasal Drops 0.10%, 5 ml vial |
| 96 | 3322 | Atropine 1% w/v Eye Drops, 5 ml vial |
| 97 | 3323 | Tropicamide 0.8% + Phenylephrine 5% Eye Drops,5 ml vial |
| 98 | 3324 | Moxifloxacin 0.5% + Dexamethasone 0.1% Eye Drops (Preservative Free), 10 ml vial |
| 99 | 3325 | Gatifloxacin 0.3% + Prednisolone 1% Eye Drops |
| 100 | 3326 | Loteprednol Eye Drops |
| 101 | 3327 | Bromfenac 0.09% Eye Drops, 5 ml vial |
| 102 | 3328 | Natamycin (5%) Eye Drops, 5 ml vial |
| 103 | 3329 | Fluconazole Eye Drops 0.3% w/v, 5 ml vial |
| 104 | 3330 | Pilocarpine 2% W/V Eye Drops, 5 ml vial |
| 105 | 3331 | Flurometholone Eye Drops 0.1%, 5 ml vial |
| 106 | 3332 | Travoprost Eye Drops 0.004%, 2.5 ml vial |
| 107 | 3333 | Olopetadine Eye Drops 0.1% w/v, 5 ml Vial |
| 108 | 3334 | Sodium Chromo Glycate Eye Drops 2% w/v, 5 ml vial |
| 109 | 3335 | Carboxy Methyl Cellulose 0.5% Eye Drops, 10 ml vial |
| 110 | 3336 | Carboxy Methyl Cellulose 1% Liquigel, 10 ml vial |
| 111 | 3337 | Sodium Chloride Eye Ointment 6% w/w, 3 gm Tube |
| 112 | 3338 | Moxifloxacin Eye Ointment 0.5%, 5 gm tube |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 113 | 3339 | Moxifloxacin + Dexamethasone Eye Ointment |
| 114 | 3340 | Flourescein Strips (Sterile) |
| 115 | 3342 | Schirmer Test Strips |
| 116 | 4287 | Endotracheal tube Plain 3.0 mm marking with Vocal cord |
| 117 | 4318 | Hydrocephalus Shunt |
| 118 | 4319 | Combined Spinal/epidural mini pack and needle set containing 18G epidural mini pack and 26G lancet tip spinal |
| 119 | 4320 | Disposable I.V. Regulating Device Dial-A-Flow |
| 120 | 4321 | Double lumen Central Venous Catheter size : 7 F 16G/16G. Length 15 cm, 20 cm, 25 cm |
| 121 | 4323 | Disposable Cannula Size: 25 G |
| 122 | 4324 | Disposable Cannula Size: 26 G Half Inch |
| 123 | 4325 | Disposable Cannula Size: 27 G Half Inch |
| 124 | 4326 | Disposable Cannula Size: 30 G Half Inch |
| | | **2019-20 (No. of Item not covered in active RC (122 Items)** |
| 1 | 1024 | Tablet Azathioprine 50 mg |
| 2 | 1095 | Tablet Hydrochlorothiazide 25 mg |
| 3 | 1107 | Tablet Mefloquine 250 mg |
| 4 | 1109 | Tablet Methotrexate 2.5 mg |
| 5 | 1215 | Tablet Hydroxy-Chloroquine Sulfate 200 mg |
| 6 | 1234 | Tablet Glyceryl Trinitrate (Sublingual) 0.5 mg |
| 7 | 1300 | Tablet Clobazam 5 mg |
| 8 | 1307 | Kit 3/ White Colour Benzathine Penicillin Injection Azithromycin Tablet |
| 9 | 1312 | Capsule Oseltamivir 30 mg |
| 10 | 1321 | Tablet Aripiprazole 15 mg |
| 11 | 1336 | Capsule Atazanavir 300 mg |
| 12 | 1340 | Tab. ZL Baby (Zidovudine 60mg + Lamivudine 30mg) |
| 13 | 1342 | Tablet Nevirapine 50 mg |
| 14 | 1343 | Tablet Lopinavir 100 mg + Ritonavir 25 mg |
| 15 | 1358 | Labetalol Tablet 50 mg |
| 16 | 1359 | Tablet Gefitinib 250 mg |
| 17 | 1360 | Capsule Oseltamivir 45 mg |
| 18 | 1368 | Tablet Levetiracetam 250 mg |
| 19 | 1369 | Tablet Levetiracetam 500 mg |
| 20 | 1370 | Tablet Methotrexate 5 mg |
| 21 | 1371 | Tablet Artesunate, Pyrimethamine & Sulphadoxine 50 mg+25 mg+500 mg |
| 22 | 1372 | Glimepiride and Metformin Hydrochloride Prolonged Release Tablets 1 mg + 500 mg |
| 23 | 1373 | Glimepiride and Metformin Hydrochloride Prolonged Release Tablets 2 mg + 500 mg |
| 24 | 1374 | Tablet Sumatriptan 25 mg |
| 25 | 1375 | Sumatriptan Tablet 50 mg |
| 26 | 1376 | Tablet Hydrochlorothiazide 12.5 mg |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 27 | 1377 | Tablet Teneligliptin 20 mg |
| 28 | 1378 | Folic Acid & Ferrous Sulphate (Large) (Red Colour)<br>(Ferrous Sulphate IP eq.to 60 mg of elemental iron & Folic Acid IP 0.5 mg.) |
| 29 | 1379 | Tablet Iron and Folic acid Blue IFA (Large)-WIFS<br>(Ferrous Sulphate IP eq. elementary iron 60 mg & Folic Acid IP 0.5 mg) |
| 30 | 1380 | Tablet Ferrous Sulphate |
| 31 | 2022 | Injection Calcium Gluconate 10 % w/v (For IM/Slow IV Use), 10 ml Ampoule |
| 32 | 2073 | Injection Haloperidol 5 mg/ml (1 ml Ampoule), (For IM/IV Use) |
| 33 | 2107 | Injection Mephentermine Sulphate 15 mg (1 ml Ampoule) |
| 34 | 2108 | Injection Methotrexate 50 mg/2 ml |
| 35 | 2117 | Injection Gas Gangrene Antitoxin |
| 36 | 2132 | Injection Phenytoin Sodium 50 mg/ml, (2 ml Ampoule) |
| 37 | 2232 | Anti Hemophilic Factor VIII (Concentrates) Inj. Dried 250 I.U. |
| 38 | 2282 | Injection Recombinant Anti Haemophilic Factor VIII-250 IU Vial |
| 39 | 2283 | Injection Recombinant Anti Haemophilic Factor VIII-500 IU Vial |
| 40 | 2284 | Injection Recombinant Anti Haemophilic Factor VIII-1000 IU Vial |
| 41 | 2289 | PCV (13): Pneumococcal Conjugate Vaccine 13 |
| 42 | 2290 | Lorazepam Injection 1 mg/ml, (2 ml vial/Amp) (for IM/IU use) |
| 43 | 2294 | Desferrioxamine mesylate injection 500 mg |
| 44 | 2297 | Injection Human Growth Hormone (15 IU to 18IU) |
| 45 | 2311 | Injection Sodium Chloride (Normal Saline) 1000 ml bottle, 0.9 % w/v |
| 46 | 2312 | Injection Cyclophosphamide 1 gm |
| 47 | 2313 | Injection Fluro-Uracil 500 mg/10 ml (10 ml Ampoule) |
| 48 | 2319 | Injection Sodium Valproate 100 mg/ml, 5 ml vial |
| 49 | 2320 | Injection Esmolol 10 mg/ml |
| 50 | 2321 | Lyophilized Alteplase Powder 20mg |
| 51 | 2322 | Lyophilized Alteplase Powder 50mg |
| 52 | 2323 | Injection Human Albumin 20%, 100 ml bottle |
| 53 | 2324 | Injection Trypan Blue Dye 0.06%w/v (1 ml vial) |
| 54 | 2325 | Injection Epitrate (1ml ampoule) (For Intracameral Use) |
| 55 | 2326 | Injection Pilocarpine (1 ml ampoule) (For Intracameral Use) |
| 56 | 2327 | Injection Hydroxy Propyl Methyl Cellulose 2% W/V, 5 ml vial |
| 57 | 2328 | Injection Triamcinolone preservative free 40 mg/ml |
| 58 | 2329 | Injection Fluorescine dye 20% |
| 59 | 2330 | Injection Bevacizumab 100 mg/4 ml |
| 60 | 2331 | Injection Sodium Hyaluronate (For Intracameral Use) 1.4 w/v |
| 61 | 2332 | Injection Intra-cameral Lignocaine 1% (1 ml Amp) |
| 62 | 2333 | Ranibizumab Solution for Injection (2.3 mg/0.23 ml) |
| 63 | 2334 | Injection Balanced Salt Solution containing Sod. Chloride 0.64% Pota. Chloride 0.075% Calcium Chloride Dehydrate 0.048% Mg.<br>Chloride Hexahydrate 0.03% Sod. Acetate Trihydrate 0.39% Sod. Citrate Dehydrate 0.17% Sod. Hydroxide and/or Hydrochloric acid |
| 64 | 3001 | Acyclovir Eye Ointment 3% w/w, 5 gm Tube |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 65 | 3010 | Atropine 1% Eye Ointment |
| 66 | 3021 | Carbamazepine Suspension 100 mg/5ml, 100 ml bottle |
| 67 | 3102 | Povidone Iodine Solution for Mouth Wash/Gargle, 1% w/v 100 ml Bottle |
| 68 | 3110 | Sodium Valproate Oral Solution 200 mg/5 ml, 100 ml bottle |
| 69 | 3114 | Timolol Maleate Eye Drops 0.5%, 5 ml vial |
| 70 | 3118 | Tropicamide 1% Eye Drops 5 ml vial |
| 71 | 3168 | Diazepam Solution 2.5ml vial with applicator |
| 72 | 3224 | Cyclopentolate Eye drops 1%w/v,5 ml vial |
| 73 | 3225 | Lignocaine Hydrochloride Jelly 5%w/w, 30 gm. Tube |
| 74 | 3228 | Phenytoin Sodium Syrup 25 mg/ml,100 ml Bottle |
| 75 | 3230 | Prednisolone Acetate Eye Drop 1% w/v, 10 ml Vial |
| 76 | 3231 | Tobramycin Eye Drop 10 ml Vial, 0.3 %w/v |
| 77 | 3236 | Clotrimazole with Beclomethasone Drops 1% |
| 78 | 3238 | Brimonidine Tartrate and Timolol Eye Drops 0.15% w/v + 0.5% w/v (5 ml Vial) |
| 79 | 3240 | Tobramycin and Dexamethasone Ophthalmic Suspension 0.30%+0.10% |
| 80 | 3244 | Hydroxypropyl Methylcellulose Soln 2 ml prefilled syringe |
| 81 | 3315 | Syrup Lopinavir (80 mg/ml) + Ritonavir (20mg/ml) (160 ml Bottle) |
| 82 | 3317 | Phenobarbitone Syrup 20mg/5ml |
| 83 | 3318 | Latanoprost Eye Drops 0.005% w/v, 2.5 ml vial |
| 84 | 3319 | Proparacaine Eye Drops 0.5%, 5 ml vial |
| 85 | 3320 | Xylometazoline Nasal Drops 0.05%, 5 ml vial |
| 86 | 3321 | Xylometazoline Nasal Drops 0.10%, 5 ml vial |
| 87 | 3322 | Atropine 1% w/v Eye Drops, 5 ml vial |
| 88 | 3323 | Tropicamide 0.8% + Phenylephrine 5% Eye Drops,5 ml vial |
| 89 | 3324 | Moxifloxacin 0.5% + Dexamethasone 0.1% Eye Drops (Preservative Free), 10 ml vial |
| 90 | 3325 | Gatifloxacin 0.3% + Prednisolone 1% Eye Drops |
| 91 | 3326 | Loteprednol Eye Drops |
| 92 | 3327 | Bromfenac 0.09% Eye Drops, 5 ml vial |
| 93 | 3328 | Natamycin (5%) Eye Drops, 5 ml vial |
| 94 | 3329 | Fluconazole Eye Drops 0.3% w/v, 5 ml vial |
| 95 | 3330 | Pilocarpine 2% W/V Eye Drops, 5 ml vial |
| 96 | 3331 | Flurometholone Eye Drops 0.1%, 5 ml vial |
| 97 | 3332 | Travoprost Eye Drops 0.004%, 2.5 ml vial |
| 98 | 3333 | Olopetadine Eye Drops 0.1% w/v, 5 ml Vial |
| 99 | 3334 | Sodium Chromo Glycate Eye Drops 2% w/v, 5 ml vial |
| 100 | 3335 | Carboxy Methyl Cellulose 0.5% Eye Drops, 10 ml vial |
| 101 | 3336 | Carboxy Methyl Cellulose 1% Liquigel, 10 ml vial |
| 102 | 3337 | Sodium Chloride Eye Ointment 6% w/w, 3 gm Tube |
| 103 | 3338 | Moxifloxacin Eye Ointment 0.5%, 5 gm tube |
| 104 | 3339 | Moxifloxacin + Dexamethasone Eye Ointment |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 105 | 3340 | Flourescein Strips (Sterile) |
| 106 | 3342 | Schirmer Test Strips |
| 107 | 3343 | Liquid Soap and wall Mounted soap dispenser (general Liquid toilet soap)(Hand wash) |
| 108 | 3344 | Luliconazole ointment 1%, 10 gm Tube |
| 109 | 3345 | Ready to use F-75 |
| 110 | 4287 | Endotracheal tube Plain 3.0 mm marking with Vocal cord |
| 111 | 4318 | Hydrocephalus Shunt |
| 112 | 4319 | Combined Spinal/epidural mini pack and needle set containing 18G epidural mini pack and 26G lancet tip spinal |
| 113 | 4320 | Disposable I.V. Regulating Device Dial-A-Flow |
| 114 | 4321 | Double lumen Central Venous Catheter size : 7 F 16G/16G. Length 15 cm, 20 cm, 25 cm |
| 115 | 4323 | Disposable Cannula Size: 25 G |
| 116 | 4324 | Disposable Cannula Size: 26 G Half Inch |
| 117 | 4325 | Disposable Cannula Size: 27 G Half Inch |
| 118 | 4326 | Disposable Cannula Size: 30 G Half Inch |
| 119 | 4328 | Pencil Point spinal Needle 25 G |
| 120 | 4329 | Pencil Point spinal Needle 27 G |
| 121 | 4330 | Hemostatic Gelatin Thrombin Matrix 2500 IU |
| 122 | 4331 | Throbin+Fibrin Sealer 2 ml |
| | | **2020-21(No. of Item not covered in active RC(141 Items)** |
| 1 | 1050 | Tablet Clonidine 100 mcg |
| 2 | 1107 | Tablet Mefloquine 250 mg |
| 3 | 1109 | Tablet Methotrexate 2.5 mg |
| 4 | 1215 | Tablet Hydroxy-Chloroquine Sulfate 200 mg |
| 5 | 1243 | Tablet Levothyroxine 50 mcg |
| 6 | 1244 | Tablet Levothyroxine 100 mcg |
| 7 | 1300 | Tablet Clobazam 5 mg |
| 8 | 1307 | Kit 3/ White Colour Benzathine Penicillin Injection Azithromycin Tablet |
| 9 | 1342 | Tablet Nevirapine 50 mg |
| 10 | 1343 | Tablet Lopinavir 100 mg + Ritonavir 25 mg |
| 11 | 1359 | Tablet Gefitinib 250 mg |
| 12 | 1370 | Tablet Methotrexate 5 mg |
| 13 | 1374 | Tablet Sumatriptan 25 mg |
| 14 | 1376 | Tablet Hydrochlorothiazide 12.5 mg |
| 15 | 1377 | Tablet Teneligliptin 20 mg |
| 16 | 1378 | Folic Acid & Ferrous Sulphate (Large) (Red Colour)<br>(Ferrous Sulphate IP eq.to 60 mg of elemental iron & Folic Acid IP 0.5 mg.) |
| 17 | 1379 | Tablet Iron and Folic acid Blue IFA (Large)-WIFS<br>(Ferrous Sulphate IP eq. elementary iron 60 mg & Folic Acid IP 0.5 mg) |
| 18 | 1380 | Tablet Ferrous Sulphate |
| 19 | 1381 | Capsule Itraconazole 100 mg |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 20 | 1383 | Tablet Terbinafine 250 mg |
| 21 | 1384 | Tablet Levothyroxine 150 mcg |
| 22 | 1385 | Tablet Carbimazole 10 mg |
| 23 | 1386 | Tablet Propylthiouracil 50 mg |
| 24 | 1387 | Tablet Ivermectin 12 mg |
| 25 | 1388 | Tablet Metoprolol 50mg (SR) |
| 26 | 1389 | Tablet Ramipril 5 mg |
| 27 | 1390 | Tablet Terazosin 2 mg |
| 28 | 1391 | Tablet Terazosin 5 mg |
| 29 | 1392 | Tablet Hydralazine 50 mg |
| 30 | 1393 | Tablet Nicorandil 10 mg |
| 31 | 1394 | Tablet Diltiazem sustained release 90 mg |
| 32 | 1395 | Tablet Glimepiride 2 mg. |
| 33 | 1396 | Tablet Sodium valproate Extended release 1000 mg |
| 34 | 1397 | Tablet Spironolactone 50 mg |
| 35 | 1398 | Tablet Telmisartan 80 mg |
| 36 | 1399 | Fluticasone 250 mcg + Salmoterol 50 mcg Capsule |
| 37 | 1400 | Capsule Ipratropium 40 mcg |
| 38 | 1401 | Capsule Budenoside 100 mcg |
| 39 | 1402 | Tablet Labetalol 100 mg |
| 40 | 2022 | Injection Calcium Gluconate 10 % w/v (For IM/Slow IV Use), 10 ml Ampoule |
| 41 | 2107 | Injection Mephentermine Sulphate 15 mg (1 ml Ampoule) |
| 42 | 2108 | Injection Methotrexate 50 mg/2 ml |
| 43 | 2117 | Injection Gas Gangrene Antitoxin |
| 44 | 2132 | Injection Phenytoin Sodium 50 mg/m1, (2 ml Ampoule) |
| 45 | 2232 | Anti Hemophilic Factor VIII (Concentrates) Inj. Dried 2501. U. |
| 46 | 2289 | PCV (13): Pneumococcal Conjugate Vaccine 13 |
| 47 | 2290 | Lorazepam Injection 1 mg/m1, (2 ml vial/Amp) (for IM/IU use) |
| 48 | 2294 | Desferrioxamine mesylate injection 500 mg |
| 49 | 2297 | Injection Human Growth Hormone (15 IU to 18IU) |
| 50 | 2319 | Injection Sodium Valproate 100 mg/ml, 5 ml vial |
| 51 | 2320 | Injection Esmolol 10 mg/ml |
| 52 | 2321 | Lyophilized Alteplase Powder 20mg |
| 53 | 2322 | Lyophilized Alteplase Powder 50mg |
| 54 | 2323 | Injection Human Albumin 20%, 100 ml bottle |
| 55 | 2324 | Injection Trypan Blue Dye 0.06%w/v (1 ml vial) |
| 56 | 2326 | Injection Pilocarpine (1 ml ampoule) (For Intracameral Use) |
| 57 | 2328 | Injection Triamcinolone Preservative Free 40 mg/ml |
| 58 | 2329 | Injection Fluorescine dye 20% |
| 59 | 2330 | Injection Bevacizumab 100 mg/4 ml |
| 60 | 2331 | Injection Sodium Hyaluronate (For Intracameral Use) 1.4 w/v |
| 61 | 2332 | Injection Intra-cameral Lignocaine 1% (1 ml Amp) |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 62 | 2333 | Ranibizumab Solution for Injection (2.3 mg/0.23 ml) |
| 63 | 2335 | Injection Ferric Carboxy Maltose 50 mg/ml, 10 ml vial |
| 64 | 2336 | Injection Ferric Carboxy Maltose 50 mg/mI, 20 ml vial |
| 65 | 2345 | Injection Enalaprilat 1.25 mg |
| 66 | 2346 | Injection Enalaprilat 2.5 mg |
| 67 | 2347 | Injection Clindamycin 600 mg (4 ml Amp) |
| 68 | 2348 | Injection Etomidate In 50% MCT-LCT Emulsion 2 mg/1 ml 10 ml Each Vial/Ampoule |
| 69 | 2349 | Injection Terlipressin (100 mcg/n1), 10 ml Each vial/ampoule |
| 70 | 2350 | Injection Betamethasone 4 mg/mI (1 ml Amp) |
| 71 | 2351 | Anti-D (RHO) Immunoglobulin (Human) Injection 300 mcg, (Monoclonal Technology) |
| 72 | 2352 | Injection Intracameral Moxifloxacin 0.5% w/v |
| 73 | 3001 | Acyclovir Eye Ointment 3% w/w, 5 gm Tube |
| 74 | 3021 | Carbamazepine Suspension 100 mg/5ml, 100 ml bottle |
| 75 | 3114 | Timolol Maleate Eye Drops 0.5%, 5 ml vial |
| 76 | 3118 | Tropicamide 1% Eye Drops 5 ml vial |
| 77 | 3224 | Cyclopentolate Eye drops 1%w/v,5 ml vial |
| 78 | 3228 | Phenytoin Sodium Syrup 25 mg/m1,100 ml Bottle |
| 79 | 3230 | Prednisolone Acetate Eye Drop 1% w/v, 10 ml Vial |
| 80 | 3231 | Tobramycin Eye Drop 10 ml Vial, 0.3 %w/v° |
| 81 | 3238 | Brimonidine Tartrate and Timolol Eye Drops 0.15% w/v + 0.5% w/v (5 ml Vial) |
| 82 | 3315 | Syrup Lopinavir (80 mg/ml) + Ritonavir (20mg/m1) (160 ml Bottle) |
| 83 | 3318 | Latanoprost Eye Drops 0.005% w/v, 2.5 ml vial |
| 84 | 3319 | Proparacaine Eye Drops 0.5%, 5 ml vial |
| 85 | 3322 | Atropine 1% w/v Eye Drops, 5 ml vial |
| 86 | 3323 | Tropicamide 0.8% + Phenylephrine 5% Eye Drops,5 ml vial |
| 87 | 3324 | Moxifloxacin 0.5% + Dexamethasone 0.1% Eye Drops (Preservative Free), 10 ml vial |
| 88 | 3327 | Bromfenac 0.09% Eye Drops, 5 ml vial |
| 89 | 3328 | Natamycin (5%) Eye Drops, 5 ml vial |
| 90 | 3329 | Fluconazole Eye Drops 0.3% w/v, 5 ml vial |
| 91 | 3330 | Pilocarpine 2% W/V Eye Drops, 5 ml vial |
| 92 | 3331 | Flurometholone Eye Drops 0.1%, 5 ml vial |
| 93 | 3332 | Travoprost Eye Drops 0.004%, 2.5 ml vial |
| 94 | 3333 | Olopetadine Eye Drops 0.1% w/v, 5 ml Vial |
| 95 | 3334 | Sodium Chromo Glycate Eye Drops 2% w/v, 5 ml vial |
| 96 | 3335 | Carboxy Methyl Cellulose 0.5% Eye Drops, 10 ml vial |
| 97 | 3336 | Carboxy Methyl Cellulose 1% Liquigel, 10 ml vial |
| 98 | 3337 | Sodium Chloride Eye Ointment 6% w/w, 3 gm Tube |
| 99 | 3340 | Flourescein Strips (Sterile, |
| 100 | 3342 | Schirmer Test Strips |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 101 | 3347 | Salmeterol 25 mcg + Fluticasone 250 mcg inhaler |
| 102 | 3348 | Formoterol 6 mcg+ Budenoside 200 mcg inhaler. |
| 103 | 3349 | Ipratropium inhaler 200 metered dose (20 mcg per dose) |
| 104 | 3350 | Ipratropium Bromide Nebulizer solution 250 mcg/ml |
| 105 | 3351 | Budesonide nebulizer Suspension 0.5 mg (2 ml Respule) |
| 106 | 4287 | Endotracheal tube Plain 3.0 mm marking with Vocal cord |
| 107 | 4318 | Hydrocephalus Shunt |
| 108 | 4319 | Combined Spinal/epidura3 mini pack and needle set containing 18G epidural mini pack and 26G lancet tip spinal |
| 109 | 4320 | Disposable I.V. Regulating Device Dial-A-Flow |
| 110 | 4321 | Double lumen Central Venous Catheter size: 7 F 16G/16G. Length 15 cm, 20 cm, 25 cm |
| 111 | 4328 | Pencil Point spinal Needle 25 G |
| 112 | 4329 | Pencil Point spinal Needle 27 G |
| 113 | 4330 | Hemostatic Gelatin Thrombin Matrix 2500 IU |
| 114 | 4331 | Throbin+Fibrin Sealer 2 ml |
| 115 | 4334 | Monofilament polyamide suture 3-0 RC 3/8 Circle 25 mm 70 cm |
| 116 | 4335 | Monofilament polyamide suture 4-0 RC 3/8 Circle 20 mm 70 cm |
| 117 | 4336 | Monofilament polyamide suture 2-0 RC 1/2 Circle 40 mm 70 cm |
| 118 | 4337 | Monofilament polyamide suture 1-0 RC 1/2 Circle 40 mm 70 cm |
| 119 | 4338 | Monofilament polyamide suture 1 RB 1/2 Circle 48-50 mm 150 cm loop |
| 120 | 4339 | Monofilament polypropylene suture 1 RB 1/2 Circle 50 mm 150 cm loop |
| 121 | 4340 | Monofilament polypropylene suture 1.0 RB 1/2 Circle 40 mm 150 cm loop |
| 122 | 4341 | Surgical Hernia Mesh 6x11 cm |
| 123 | 4343 | Pigtail catheter with needle size -14 F |
| 124 | 4344 | Pigtail catheter with needle size -16 F |
| 125 | 4345 | Insulin Syringe 1 ml with graduation upto 40 units with prefixed 28G x 1/2 needle |
| 126 | 4346 | Sterilized absorbable gelatin sponge 7-8 x 5 xl cm |
| 127 | 4347 | Sterilized absorbable gelatin sponge 8x3 cm Anal |
| 128 | 4348 | Sterilized absorbable oxidized regenerated cellulose 10 ± 0.5 x 10 ± 0 5 cm |
| 129 | 4349 | Disposable Skin Stapler Staple wire diameter 0.53 to 0.58 mm |
| 130 | 4350 | IV cannula With Injection Valve Size 26 G |
| 131 | 4351 | Infant feeding tube size :5 |
| 132 | 4356 | Monofilament Polyamide black (non-absorbable) 38 mm ,10/0 (0.2 metric), sterilized surgical needle suture, with needle suture, with two needles (double arm) spatulated 6 mm, 3/8 circle needle |
| 133 | 4357 | Polyglactin 910- 4 inch/10 cm ,10/0(0.2 metric), sterilized surgical needle suture, with needle — spatulated 6 mm,3/8 circle needle |
| 134 | 4358 | KERATOME -Ophthalmic micro surgical knife, bevel up, size 2.8 mm Ethylene Oxide pre-sterile, SS tip and polycarbonate or similar material handle; for single use- to be supplied in single unit packing |
| 135 | 4359 | CRESCENT- Ophthalmic micro surgical knife, Bevel up, size 2.5 mm, 45 degree |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| | | angled, Ethylene Oxide presterile, SS tip and polycarbonate or similar material handle, for single use- to be supplied in single unit packing. |
| 136 | 4360 | 15 DEGREE SIDE PORT/LANCE TIP- Ophthalmic micro surgical knife, 15 degree, straight blade, Ethylene Oxide presterile, SS tip and polycarbonate or similar material handle, for single use- to be supplied in single unit packing |
| 137 | 4364 | Three Way Stop Cock |
| 138 | 4365 | Three Way Stop Cock with tubing |
| 139 | 4366 | Nebulizer Kit Adult Disposable |
| 140 | 4367 | CVP Double lumen |
| 141 | 4368 | CVP Triple lumen |
| | | **2021-22(No. of Item not covered in active RC (145 Items)** |
| 1 | 1050 | Tablet Clonidine 100 mcg |
| 2 | 1109 | Tablet Methotrexate 2.5 mg |
| 3 | 1215 | Tablet Hydroxy-Chloroquine Sulfate 200 mg |
| 4 | 1238 | Tablet Nifedipine sustained Release 20 mg |
| 5 | 1307 | Kit 3/ White Colour Benzathine Penicillin Injection Azithromycin Tablet |
| 6 | 1342 | Tablet Nevirapine 50 mg |
| 7 | 1343 | Tablet Lopinavir 100 mg + Ritonavir 25 mg |
| 8 | 1359 | Tablet Gefitinib 250 mg |
| 9 | 1370 | Tablet Methotrexate 5 mg |
| 10 | 1374 | Tablet Sumatriptan 25 mg |
| 11 | 1380 | Tablet Ferrous Sulphate |
| 12 | 1381 | Capsule Itraconazole 100 mg |
| 13 | 1383 | Tablet Terbinafine 250 mg |
| 14 | 1384 | Tablet Levothyroxine 150 mcg |
| 15 | 1385 | Tablet Carbimazole 10 mg |
| 16 | 1386 | Tablet Propylthiouracil 50 mg |
| 17 | 1387 | Tablet Ivermectin 12 mg |
| 18 | 1388 | Tablet Metoprolol 50mg (SR) |
| 19 | 1389 | Tablet Ramipril 5 mg |
| 20 | 1392 | Tablet Hydralazine 50 mg |
| 21 | 1393 | Tablet Nicorandil 10 mg |
| 22 | 1394 | Tablet Diltiazem sustained release 90 mg |
| 23 | 1396 | Tablet Sodium valproate Extended release 1000 mg |
| 24 | 1397 | Tablet Spironolactone 50 mg |
| 25 | 1398 | Tablet Telmisartan 80 mg |
| 26 | 1399 | Fluticasone 250 mcg + Salmoterol 50 mcg Capsule |
| 27 | 1400 | Capsule Ipratropium 40 mcg |
| 28 | 1401 | Capsule Budenoside 100 mcg |
| 29 | 1402 | Tablet Labetalol 100 mg |
| 30 | 1403 | Tablet Trimethoprim & Sulphamethoxazole 160 mg & 800 mg |
| 31 | 1404 | Tablet Warfarin Sodium 1 mg |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 32 | 1405 | Tablet Warfarin Sodium 2 mg |
| 33 | 1406 | Tablet Acyclovir 800 mg |
| 34 | 1407 | Tablet Carvedilol 6.25 mg |
| 35 | 1408 | Tablet Clonazepam 1 mg |
| 36 | 1409 | Tablet Rifaximin 550 mg |
| 37 | 1410 | Capsule Temsulosin 0.4 mg |
| 38 | 1411 | Tablet Prednisolone 10 mg |
| 39 | 1412 | Tablet Quinine 600 mg |
| 40 | 1413 | Tablet Sertraline 50 mg |
| 41 | 1414 | Tablet Finasteride 1 mg |
| 42 | 2020 | Injection Bupivacaine HCL (Heavy) (Spinal) (4 ml Amp) |
| 43 | 2107 | Injection Mephentermine Sulphate 15 mg (1 ml Ampoule) |
| 44 | 2108 | Injection Methotrexate 50 mg/2 ml |
| 45 | 2117 | Injection Gas Gangrene Antitoxin |
| 46 | 2132 | Injection Phenytoin Sodium 50 mg/ml, (2 ml Ampoule) |
| 47 | 2185 | Injection Lorazepam 2 mg/ml |
| 48 | 2232 | Anti-Hemophilic Factor VIII (Concentrates) Inj. Dried 250 I.U. |
| 49 | 2289 | PCV (13): Pneumococcal Conjugate Vaccine 13 |
| 50 | 2319 | Injection Sodium Valproate 100 mg/ml, 5 ml vial |
| 51 | 2321 | Lyophilized Alteplase Powder 20mg |
| 52 | 2322 | Lyophilized Alteplase Powder 50mg |
| 53 | 2328 | Injection Triamcinolone preservative free 40 mg/ml |
| 54 | 2329 | Injection Fluorescine dye 20% |
| 55 | 2331 | Injection Sodium Hyaluronate (For Intracameral Use) 1.4 w/v |
| 56 | 2333 | Ranibizumab Solution for Injection (2.3 mg/0.23 ml) |
| 57 | 2336 | Injection Ferric Carboxy Maltose 50 mg/ml, 20 ml vial |
| 58 | 2345 | Injection Enalaprilat 1.25 mg |
| 59 | 2346 | Injection Enalaprilat 2.5 mg |
| 60 | 2347 | Injection Clindamycin 600 mg (4 ml Amp) |
| 61 | 2348 | Injection Etomidate In 50% MCT-LCT Emulsion 2 mg/I ml 10 ml Each Vial/Ampoule |
| 62 | 2349 | Injection Terlipressin (100 mcg/ml), 10 ml Each vial/ampoule |
| 63 | 2350 | Injection Betamethasone 4 mg/ml (1 ml Amp) |
| 64 | 2351 | Anti-D (RHO) Immunoglobulin (Human) Injection 300 mcg, (Monoclonal Technology) |
| 65 | 2352 | Injection Intracameral Moxifloxacin 0.5% w/v |
| 66 | 2353 | Injection Artesunate 120 mg |
| 67 | 2354 | Injection Sodium Valproate 100 mg/ml |
| 68 | 3001 | Acyclovir Eye Ointment 3% w/w, 5 gm Tube |
| 69 | 3118 | Tropicamide 1% Eye Drops 5 nil vial |
| 70 | 3228 | Phenytoin Sodium Syrup 25 mg/m1,100 ml Bottle |
| 71 | 3231 | Tobramycin Eye Drop 10 ml Vial, 0.3 %w/v |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 72 | 3238 | Brimonidine Tartrate and Timolol Eye Drops 0.15% w/v + 0.5% w/v (5 ml Vial) |
| 73 | 3318 | Latanoprost Eye Drops 0.005% w/v, 2.5 ml vial |
| 74 | 3322 | Atropine 1% w/v Eye Drops, 5 ml vial. |
| 75 | 3323 | Tropicamide 0.8% + Phenylephrine 5% Eye Drops,5 ml vial |
| 76 | 3329 | Fluconazole Eye Drops 0.3% w/v, 5 ml vial |
| 77 | 3330 | Pilocarpine 2% W/V Eye Drops, 5 ml vial |
| 78 | 3334 | Sodium Chromo Glycate Eye Drops 2% w/v, 5 ml vial |
| 79 | 3335 | Carboxy Methyl Cellulose 0.5% Eye Drops. 10 ml vial |
| 80 | 3336 | Carboxy Methyl Cellulose 1% Liquigel, 10 ml vial |
| 81 | 3337 | Sodium Chloride Eye Ointment 6% w/w, 3 gm Tube |
| 82 | 3347 | Salmeterol 25 mcg + Fluticasone 250 mcg inhaler |
| 83 | 3348 | Formoterol 6 mcg+ Budenoside 200 mcg inhaler. |
| 84 | 3349 | Ipratropium inhaler 200 metered dose (20 mcg per dose) |
| 85 | 3350 | Ipratropium Bromide Nebulizer solution 250 mcg/ml |
| 86 | 3351 | Budesonide nebulizer Suspension 0.5 mg (2 nil Respule) |
| 87 | 3352 | Syrup Risperidone 1 mg/ml, 30 ml bottle |
| 88 | 4287 | Endotracheal tube Plain 3.0 mm marking with Vocal cord |
| 89 | 4318 | Hydrocephalus Shunt |
| 90 | 4319 | Combined Spinal/epidural mini pack and needle set containing 18G epidural mini pack and 26G lancet tip spinal |
| 91 | 4320 | Disposable I.V. Regulating Device Dial-A-Flow |
| 92 | 4321 | Double lumen Central Venous Catheter size: 7 F 16G/ 16G. Length 15 cm, 20 cm, 25 cm |
| 93 | 4328 | Pencil Point spinal Needle 25 G |
| 94 | 4329 | Pencil Point spinal Needle 27 G |
| 95 | 4330 | Hemostatic Gelatin Thrombin Matrix 2500 1U |
| 96 | 4331 | Throbin+Fibrin Sealer 2 ml |
| 97 | 4334 | Monofilament polyamide suture 3-0 RC 3/8 Circle 25 mm 70 cm |
| 98 | 4335 | Monofilament polyamide suture 4-0 RC 3/8 Circle 20 mm 70 cm |
| 99 | 4336 | Monofilament polyamide suture 2-0 RC 1/2 Circle 40 mm 70 cm |
| 100 | 4337 | Monofilament polyamide suture 1-0 RC 1/2 Circle 40 mm 70 cm |
| 101 | 4338 | Monofilament polyamide suture 1 RB 1/2 Circle 48-50 mm 150 cm loop |
| 102 | 4339 | Monofilament polypropylene suture 1 RB ½ Circle 50 mm 150 cm loop |
| 103 | 4340 | Monofilament polypropylene suture 1.0 RB 1/2 Circle 40 mm 150 cm loop |
| 104 | 4341 | Surgical Hernia Mesh 6x11 cm |
| 105 | 4342 | Surgical Hernia Mesh 10x15 cm |
| 106 | 4343 | Pigtail catheter with needle size -14 F |
| 107 | 4344 | Pigtail catheter with needle size -16 F |
| 108 | 4345 | Insulin Syringe 1 ml with graduation up to 40 units with prefixed 28G x 1/2 needle |
| 109 | 4346 | Sterilized absorbable gelatin sponge 7-8 x 5 xl cm |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 110 | 4347 | Sterilized absorbable gelatin sponge 8x3 cm Anal |
| 111 | 4348 | Sterilized absorbable oxidized regenerated cellulose 10± 0.5 x 10 i_i: 0.5 cm |
| 112 | 4349 | Disposable Skin Stapler Staple wire diameter 0.53 to 0.58 mm |
| 113 | 4350 | IV cannula With Injection Valve Size 26 G |
| 114 | 4351 | Infant feeding tube size :5 |
| 115 | 4352 | Infant feeding tube size :6 |
| 116 | 4353 | Infant feeding tube size :7 |
| 117 | 4354 | Infant feeding tube size :8 |
| 118 | 4355 | Infant feeding tube size :9 |
| 119 | 4356 | Monofilament Polyamide black (non-absorbable) 38 mm ,10/0 (0.2 metric), sterilized surgical needle suture, with needle suture, with two needles (double arm) spatulated 6 mm, 3/8 circle needle |
| 120 | 4357 | Polyglactin 910- 4 inch/10 cm ,10/0(0.2 metric), sterilized surgical needle suture, with needle— spatulated 6 mm,3/8 circle needle |
| 121 | 4358 | KERATOME -Ophthalmic micro surgical knife, bevel up, size 2.8 mm Ethylene Oxide pre-sterile, SS tip and polycarbonate or similar material handle, for single use- to be supplied in single unit packing |
| 122 | 4359 | CRESCENT- Ophthalmic micro surgical knife, Bevel up, size 2.5 mm, 45 degree angled,Ethylene Oxide presterile, SS tip and polycarbonate or similar material handle, for single use- to be supplied in single unit packing. |
| 123 | 4360 | 15 DEGREE SIDE PORT/LANCE TIP- Ophthalmic micro surgical knife, 15 degree, straight blade, Ethylene Oxide presterile, SS tip and polycarbonate or similar material handle, for single use- to be supplied in single unit packing |
| 124 | 4361 | Double Lumen Central Venous Catheter 9- F,13G/13G Length 15 cm,20 cm, 25 cm |
| 125 | 4362 | Triple lumen Central Venous catheter size: 7 F 16 G/18 G 18 G Length 20 cm |
| 126 | 4363 | Triple lumen Central Venous catheter size: 9 F 16 G/16 G 14 G Length 20 cm |
| 127 | 4364 | Three Way Stop Cock |
| 128 | 4365 | Three Way Stop Cock with tubing |
| 129 | 4366 | Nebulizer Kit Adult Disposable |
| 130 | 4367 | CVP Double lumen |
| 131 | 4368 | CVP Triple lumen |
| 132 | 4369 | PVC abdominal Tube drain No 28 |
| 133 | 4370 | PVC abdominal Tube drain No 32 |
| 134 | 4371 | Monofilament polyamide suture USP no. 2-0, 3/8 Circle Cutting 45 mm Needle 70 cms |
| 135 | 4372 | Monofilament polyamide suture USP no. 1 1/2 Circle cutting 45 mm Needle 100 ems |
| 136 | 4373 | Endotracheal tube Plain 3.5 mm marking without cuff |
| 137 | 4374 | Endotracheal tube Plain 4.0 mm marking without cuff |

| No. of Items not covered in active RCs | | |
|---|---|---|
| **Sr. No.** | **Item code** | **Name of Item** |
| 138 | 4375 | Endotracheal tube Plain 4.5 mm marking without cuff |
| 139 | 4376 | Endotracheal tube 5.0 mm marking with cuff |
| 140 | 4377 | Endotracheal tube 5.5 mm marking with cuff |
| 141 | 4378 | Endotracheal tube 6.0 mm marking with cuff |
| 142 | 4379 | Endotracheal tube 6.5 mm marking with cuff |
| 143 | 4380 | Endotracheal tube 7.0 mm marking with cuff |
| 144 | 4381 | Endotracheal tube 7.5 mm marking with cuff |
| 145 | 4382 | Endotracheal tube 8.0 mm marking with cuff |

## Appendix: 5.1

### Availability of CHCs, PHCs and SCs in Gujarat State as per estimated population[82] as of March 2022.

### (Reference: Paragraph 5.2.2, Page *55*)

| Sr. No. | Name of District | CHCs | | | PHC | | | SC | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Required | Available | Shortage (-) / Excess | Required | Available | Shortage (-) /Excess | Required | Available | Shortage (-) /Excess |
| 1 | Ahmedabad | 11 | 8 | (-) 3 | 42 | 40 | (-) 2 | 253 | 253 | 0 |
| 2 | Amreli | 10 | 12 | 2 | 41 | 41 | 0 | 245 | 247 | 2 |
| 3 | Anand | 15 | 14 | (-) 1 | 61 | 53 | (-) 8 | 366 | 277 | (-) 89 |
| 4 | Arvalli | 8 | 10 | 2 | 33 | 37 | 4 | 197 | 219 | 22 |
| 5 | Banaskantha | 27 | 26 | (-) 1 | 109 | 121 | 12 | 655 | 759 | 104 |
| 6 | Bharuch | 11 | 9 | (-) 2 | 45 | 41 | (-) 4 | 268 | 241 | (-) 27 |
| 7 | Bhavnagar | 14 | 13 | (-) 1 | 57 | 48 | (-) 9 | 340 | 299 | (-) 41 |
| 8 | Botad | 5 | 5 | 0 | 19 | 17 | (-) 2 | 114 | 88 | (-) 26 |
| 9 | Chhotaudepur | 9 | 12 | 3 | 37 | 50 | 13 | 219 | 310 | 91 |
| 10 | Dang | 2 | 3 | 1 | 7 | 10 | 3 | 45 | 68 | 23 |
| 11 | Devbhoomi Dwarka | 5 | 4 | (-) 1 | 22 | 23 | 1 | 131 | 169 | 38 |
| 12 | Dahod | 20 | 20 | 0 | 78 | 97 | 19 | 470 | 637 | 167 |
| 13 | Gandhinagar | 7 | 9 | 2 | 29 | 30 | 1 | 173 | 172 | (-) 1 |
| 14 | Gir Somnath | 8 | 7 | (-) 1 | 32 | 29 | (-) 3 | 192 | 171 | (-) 21 |
| 15 | Jamnagar | 6 | 9 | 3 | 25 | 33 | 8 | 152 | 215 | 63 |
| 16 | Junagadh | 9 | 9 | 0 | 35 | 38 | 3 | 209 | 234 | 25 |
| 17 | Kachchh | 13 | 16 | 3 | 51 | 67 | 16 | 308 | 441 | 133 |
| 18 | Kheda | 15 | 14 | (-) 1 | 58 | 54 | (-) 4 | 348 | 316 | (-) 32 |
| 19 | Mahesana | 14 | 13 | (-) 1 | 56 | 57 | 1 | 336 | 295 | (-) 41 |
| 20 | Mahisagar | 9 | 8 | (-) 1 | 37 | 35 | (-) 2 | 221 | 224 | 3 |
| 21 | Morbi | 6 | 5 | (-) 1 | 26 | 30 | 4 | 155 | 198 | 43 |
| 22 | Narmada | 5 | 3 | (-) 2 | 20 | 27 | 7 | 123 | 174 | 51 |
| 23 | Navsari | 9 | 11 | 2 | 36 | 45 | 9 | 214 | 296 | 82 |
| 24 | Panchmahal | 12 | 12 | 0 | 50 | 50 | 0 | 299 | 299 | 0 |
| 25 | Patan | 10 | 14 | 4 | 39 | 52 | 13 | 232 | 328 | 96 |
| 26 | Porbandar | 3 | 4 | 1 | 11 | 12 | 1 | 66 | 85 | 19 |
| 27 | Rajkot | 10 | 12 | 2 | 42 | 55 | 13 | 252 | 344 | 92 |
| 28 | Sabarkantha | 12 | 12 | 0 | 47 | 48 | 1 | 285 | 280 | (-) 5 |
| 29 | Surat | 12 | 13 | 1 | 48 | 57 | 9 | 290 | 394 | 104 |
| 30 | Surendranagar | 11 | 12 | 1 | 43 | 49 | 6 | 256 | 352 | 96 |
| 31 | Tapi | 7 | 6 | (-)1 | 26 | 38 | 12 | 158 | 241 | 83 |
| 32 | Vadodara | 11 | 10 | (-)1 | 45 | 42 | (-) 3 | 268 | 242 | (-) 26 |
| 33 | Valsad | 10 | 10 | 0 | 39 | 51 | 12 | 235 | 363 | 128 |
| | **Total** | **336** | **345** | **9** | **1,345** | **1,477** | **132** | **8,073** | **9,231** | **1,158** |

**(Source: Information collected from CoH)**

[82] Projected Rural Population (March 2022) is 403.63 lakh as per information provided by Additional Director, Public Health.

## Appendix: 5.2
## Status of availability of beds against norms in District Hospitals in the State.
***(Reference: Paragraph 5.4.2 (i), Page 58)***

| Sr. No. | Name of District | District Population[83] in 2020 | Required beds[84] for DH | Sanctioned beds for DH | Shortfall (-)/ Excess | Shortfall (-)/ Excess of beds in percentage |
|---|---|---|---|---|---|---|
| 1 | Anand | 20,78,654 | 456 | 119 | (-) 337 | (-) 74 |
| 2 | Botad | 6,53,814 | 143 | 100 | (-) 43 | (-) 30 |
| 3 | Chhotaudepur | 10,71,831 | 235 | 100 | (-) 135 | (-) 57 |
| 4 | Dang | 2,28,291 | 50 | 150 | 100 | 200 |
| 5 | Devbhoomi Dwarka | 7,48,227 | 164 | 150 | (-) 14 | (-) 9 |
| 6 | Gir Somnath | 12,10,749 | 265 | 150 | (-) 115 | (-) 43 |
| 7 | Kheda | 20,67,860 | 453 | 160 | (-) 293 | (-) 65 |
| 8 | Mahisagar | 9,94,624 | 218 | 100 | (-) 118 | (-) 54 |
| 9 | Mehsana | 20,44,788 | 448 | 214 | (-) 234 | (-) 52 |
| 10 | Morbi | 9,70,548 | 213 | 206 | (-) 7 | (-) 3 |
| 11 | Narmada | 5,90,297 | 129 | 150 | 21 | 16 |
| 12 | Navsari | 13,29,672 | 291 | 230 | (-) 61 | (-) 21 |
| 13 | Panchmahal | 16,42,268 | 360 | 210 | (-) 150 | (-) 42 |
| 14 | Patan | 13,39,557 | 294 | 150 | (-) 144 | (-) 49 |
| 15 | Porbandar | 5,84,704 | 128 | 241 | 113 | 88 |
| 16 | Rajkot | 30,34,722 | 665 | 115 | (-) 550 | (-) 83 |
| 17 | Surendranagar | 15,61,099 | 342 | 150 | (-) 192 | (-) 56 |
| 18 | Tapi | 8,07,022 | 177 | 156 | (- )21 | (-) 12 |
| 19 | Vadodara | 30,93,795 | 678 | 213 | (-) 465 | (-) 69 |

**(Source: Information collected from all District Hospitals)**

[83] Statistical Abstract of Gujarat State-2020, Directorate of Economics and Statistics, Government of Gujarat, Gandhinagar.
[84] As per IPHS, Requirement of Beds is calculated by taking BOR of 80 *per cent*, annual rate of admission as 1 per 50 person and average length of stay in a hospital as 5 days.

## Appendix 5.3

**Statement showing details of availability of beds in test-checked CHCs as of March 2022**

***(Reference: Paragraph 5.4.2 (ii), Page 58)***

| Sr. No. | Name of CHC | Minimum beds required as per norms | Number of beds available | Shortage (-) /Excess beds |
|---|---|---|---|---|
| 1 | Nardipur | 30 | 10 | (-) 20 |
| 2 | Sadra | 30 | 15 | (-) 15 |
| 3 | Sanathali | 30 | 04 | (-) 26 |
| 4 | Lodhika | 30 | 14 | (-) 16 |
| 5 | Valod | 30 | 18 | (-) 12 |
| 6 | Kukarmunda | 30 | 30 | 0 |
| 7 | Anklachh | 30 | 6 | (-) 24 |
| 8 | Limzar | 30 | 30 | 0 |
| 9 | Medhasan | 30 | 28 | (-) 2 |
| 10 | Amodara | 30 | 30 | 0 |
| 11 | Jodiya | 30 | 20 | (-) 10 |
| 12 | Kalawad | 30 | 30 | 0 |
| 13 | Balasinor | 30 | 24 | (-) 6 |
| 14 | Virpur | 30 | 23 | (-) 7 |
| 15 | Dholka | 30 | 14 | (-) 16 |
| 16 | Dhandhuka | 30 | 17 | (-) 13 |
| 17 | Thangadh | 30 | 14 | (-) 16 |
| 18 | Vadhwan | 30 | 20 | (-) 10 |

**(Source: Information collected from test-checked DHs)**

## Appendix 5.4

**Statement showing details of availability of beds in test-checked PHCs as of March 2022**

***(Reference: Paragraph 5.4.2 (ii), Page 58)***

| Sr. No. | Name of PHC | Minimum beds required as per norms | Number of beds Available | Shortage (-) /Excess beds |
|---|---|---|---|---|
| 1 | Akru | 6 | 2 | (-) 4 |
| 2 | Vagad | 6 | 3 | (-) 3 |
| 3 | Ambaliyara | 6 | 3 | (-) 3 |
| 4 | Koth | 6 | 10 | 4 |
| 5 | Demai | 6 | 6 | 0 |
| 6 | Sathamba | 6 | 0 | (-) 6 |
| 7 | Limbhoi | 6 | 3 | (-) 3 |
| 8 | Tintoi | 6 | 3 | (-) 3 |
| 9 | Adraj | 6 | 4 | (-) 2 |
| 10 | Unava | 6 | 6 | 0 |
| 11 | Dhanaj | 6 | 0 | (-) 6 |
| 12 | Rancharda | 6 | 6 | 0 |
| 13 | Hadiyana | 6 | 6 | 0 |
| 14 | Pithad | 6 | 5 | (-) 1 |
| 15 | Kharedi | 6 | 6 | 0 |
| 16 | Mota Vadala | 6 | 6 | 0 |
| 17 | Guthli | 6 | 0 | (-) 6 |
| 18 | Janod | 6 | 6 | 0 |
| 19 | Bar | 6 | 8 | 2 |
| 20 | Debhari | 6 | 6 | 0 |
| 21 | Bhinar | 6 | 6 | 0 |
| 22 | Kandolpada | 6 | 6 | 0 |
| 23 | Sara | 6 | 6 | 0 |
| 24 | Unai | 6 | 6 | 0 |
| 25 | Bhadla | 6 | 3 | (-) 3 |
| 26 | Lilapur | 6 | 6 | 0 |
| 27 | Khirsara (Ranmalji) | 6 | 6 | 0 |
| 28 | Nagar Pipaliya | 6 | 6 | 0 |
| 29 | Morthala | 6 | 1 | (-) 5 |
| 30 | Navagam Than | 6 | 15 | 9 |
| 31 | Rampara | 6 | 3 | (-) 3 |
| 32 | Vastadi | 6 | 1 | (-) 5 |
| 33 | Gangtha | 6 | 10 | 4 |
| 34 | Sadagvan | 6 | 6 | 0 |
| 35 | Algat | 6 | 4 | (-) 2 |
| 36 | Buhari | 6 | 6 | 0 |

**(Source: Information collected from test-checked PHCs)**

## Appendix 6.1

### Statement showing grant received, expenditure incurred and un-utilised funds available with PIU and GMSCL during 2016-22.

***(Reference: Paragraph 6.6, Page 67)***

**(₹ in crore)**

| Year | Opening balance (OB) | Grant received from GoG/GoI | Total Available fund | Refund to Government | Expenditure incurred | Closing balance (CB) |
|---|---|---|---|---|---|---|
| **Project Implementation Unit** | | | | | | |
| 2016-17 | 1,143.89 | 1,326.83 | 2,470.72 | 859.00 | 1,141.26 | 470.46 |
| 2017-18 | 470.46 | 1,374.40 | 1,844.86 | 15.76 | 878.09 | 951.01 |
| 2018-19 | 951.01 | 2,067.43 | 3,018.44 | 750.00 | 741.07 | 1,527.37 |
| 2019-20 | 1,527.37 | 806.85 | 2,334.22 | 307.78 | 659.62 | 1,366.82 |
| 2020-21 | 1,366.82 | 522.02 | 1888.84 | 292.47 | 647.87 | 948.50 |
| 2021-22 | 948.50 | 1,299.18 | 2,247.68 | 00.00 | 724.27 | 1,523.41 |
| **Total** | | **7,396.71** | | **2,225.01** | **4,792.18** | |
| **Gujarat Medical Service Corporation Limited** | | | | | | |
| 2016-17 | 298.75 | 706.22 | 1,004.97 | 00.00 | 393.55 | 611.42 |
| 2017-18 | 611.42 | 787.52 | 1,398.94 | 00.00 | 395.19 | 1,003.75 |
| 2018-19 | 1,003.75 | 385.26 | 1,389.01 | 00.00 | 441.71 | 947.30 |
| 2019-20 | 947.30 | 481.80 | 1,429.10 | 300.00 | 606.35 | 522.75 |
| 2020-21 | 522.75 | 1,135.10 | 1,657.85 | 00.00 | 995.67 | 662.18 |
| 2021-22 | 662.18 | 1,445.73 | 2,107.91 | 00.00 | 1,278.69 | 829.22 |
| **Total** | | **4,941.63** | | **300.00** | **4,111.16** | |

**(Source: Information collected from PIU and GMSCL)**

https://cag.gov.in/ag1/gujarat/en