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

Report of the Comptroller and Auditor General of India on Performance Audit of Public Health Infrastructure and Management of Health Services in Rajasthan

Government of Rajasthan

Report No. 4 of 2024

(Performance Audit-Civil)

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Comptroller and Auditor General of India
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Preface

This Report has been prepared for submission to the Governor of Rajasthan under Article 151 of the Constitution of India.

This Report contains the results of Performance Audit of **'Public Health Infrastructure and Management of Health Services in Rajasthan'** for the period 2016-22. This Performance Audit assesses the measures taken by State Government to ensure adequate availability of infrastructure and healthcare services, drugs, medicines, equipment and human resources to beneficiaries in the State.

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

Executive Summary

Health is a vital indicator of human development and a basic ingredient of economic and social development. A robust public health infrastructure and effective management of health services are utmost important to ensure good health of citizens.

This Performance Audit is an assessment of the healthcare services provided in the State of Rajasthan. It examined whether Government of Rajasthan took adequate measures to ensure adequate availability of infrastructure and healthcare services, drugs, medicines, equipment and human resources to beneficiaries. The Performance Audit covered the period 2016-22.

Audit observed that there was shortage of Doctors, Specialists, Nurses and Paramedics in the Primary, Secondary and Tertiary Healthcare Institutions. *The State Government should address the shortage of health care professionals in a time-bound manner by adopting a clearly defined recruitment strategy as well as ensuring their equitable distribution across the State.*

Audit noticed that essential minimum assured services like General Surgery, Paediatrics, Orthopaedics, and Accident and Trauma Wards were deficient in IPD of the Government Medical Institutions (GMIs). Deficiencies were also noticed in services such as Emergency, Intensive Care Units, Blood Banks of GMIs. *The State Government may ensure availability of the required Minimum Assured Services, like General Surgery, Paediatrics, Orthopaedics, Emergency, Intensive Care Unit, Blood Banks, etc. as per IPHS in the GMIs of the State.*

There was non-availability of adequate Radiology (in 12 DHs out of 34 DHs), Pathology (partially available in all 34 DHs), Dietary (in 18 DHs out of 34 DHs), Ambulance (in Seven DHs out of 34 DHs) and Mortuary (in one DH out of 34 DHs) services as per IPHS in the test-checked GMIs. *The State Government should make efforts to provide adequate services such as Radiology, Pathology, Dietary, Ambulance and Mortuary Services as per IPHS in the GMIs of the State.*

There was shortfall of availability of essential drugs in test-checked GMIs and district drug warehouses in the State. *The State Government may take necessary steps to ensure sufficient availability of essential drugs in the hospitals and drug warehouses.*

Audit observed that medicines issued to medical units were less than the quantity demanded and that there were delays in finalizing rate contracts. It was also observed that purchase orders were placed when the buffer stock was much less than the prescribed buffer level. *The State Government should specify reorder point at which purchase orders are placed and put in place a mechanism of system generated purchase orders for maintenance of prescribed buffer stocks.*

Delays were noticed in receipt of quality test reports from the laboratories which delayed the issue of medicines by the warehouses to the medical units,

contributing to non-availability of medicines at the medical units. *The State Government may ensure timely testing of drug samples and receipt of quality test reports on time.*

It was found that test-checked GMIs purchased drugs locally without quality test reports. *The State Government may ensure issue of drugs to GMIs only after receipt of quality test reports.*

Equipment required as per Indian Public Health Standards (IPHS) in various categories were not available in the test-checked GMIs. *The State Government may ensure availability of essential equipment in the* GMIs *as per IPHS, as well as their periodic maintenance and calibration.*

There was shortage of healthcare infrastructure across the desert, tribal and plain areas of the State. The State Government did not have a concrete plan to address the shortage and prioritise areas with shortfall for setting up of healthcare infrastructure. *The State Government may ensure availability of healthcare institutions as per Indian Public Health Standards in the State and their equitable distribution to make healthcare accessible for all.*

Deficiencies were noticed in the provision of basic amenities like separate toilet facilities for male and female, electricity, and potable drinking water in the Government Medical Institutions (GMIs) of the State. *The State Government should ensure availability of basic amenities like separate toilet facilities, electricity and potable drinking water in all the Government Medical Institutions of the State.*

Capital Expenditure constituted only 6.67 *per cent* of the total expenditure on healthcare. *The State Government may make efforts to augment the capital expenditure in healthcare sector.*

The percentage of out-of-pocket expenditure to total health expenditure decreased in Rajasthan during the period 2016-20. However, it constituted 47.40 *per cent* of total healthcare expenditure during 2019-20, indicating low financial protection available to households towards healthcare payments in the State. *The State Government may take necessary steps to increase the budgetary allocation for healthcare sector both as a percentage of State Budget as well as Gross State Domestic Product, in line with the National Health Policy.*

There was non-availability of required tests, non-conduct of yoga sessions and inadequate screening of Non-Communicable Diseases in adults in the Health and Wellness Centres established under *Ayushman Bharat* scheme in the State. *The State Government may ensure proper functioning of Health and Wellness Centres as envisaged in the guidelines of Ayushman Bharat-Health Wellness Centre.*

There were delays in issuing and renewing of drug manufacturing licenses and regular annual inspections were not carried out in any of the test-checked manufacturing units. *The State Government should ensure that issue and*

renewal of manufacturing licenses are done in a time-bound manner and annual inspections are conducted regularly.

Action against firms manufacturing Not of Standard Quality drugs was significantly delayed. *The State Government should fix responsibility of officers concerned for failure to ensure timely and appropriate action against the manufacturers of Not of Standard Quality Drugs.*

Audit observed that neither the composition nor the functioning of Rajasthan Medical Council was in accordance with the requirements of Rajasthan Medical Act and Pharmacy Inspectors had not been appointed in the State by State Pharmacy Council. *The State Government should monitor the functioning of the State Medical Council and State Pharmacy Council to ensure effective regulation by these bodies.*

Rajasthan had not formulated any vision/ roadmap/ strategy for achievement of Sustainable Development Goals (SDGs). *The State Government may expedite the alignment of SDGs with the State Government Vision 2030.*

Chapter-I
Introduction

Chapter-I
Introduction

1.1 Introduction

Health is a vital indicator of human development and a basic ingredient of economic and social development. A robust public health infrastructure and effective management of health services are of vital importance to ensure good health of citizens. The public health infrastructure comprises of hospitals and other healthcare institutions while the health services comprise of services such as emergency, preventive, rehabilitative, long-term, hospital, diagnostic, primary, palliative, and home care.

These services can be broadly divided into three categories, namely:

(a) Line Services: Services directly related to patient care, like Out-Patient Department (OPD), In-Patient Department (IPD), Emergency, Super Specialty, Intensive Care Units, Operation Theatre, Blood Bank, Maternity and Diagnostic Services etc.;

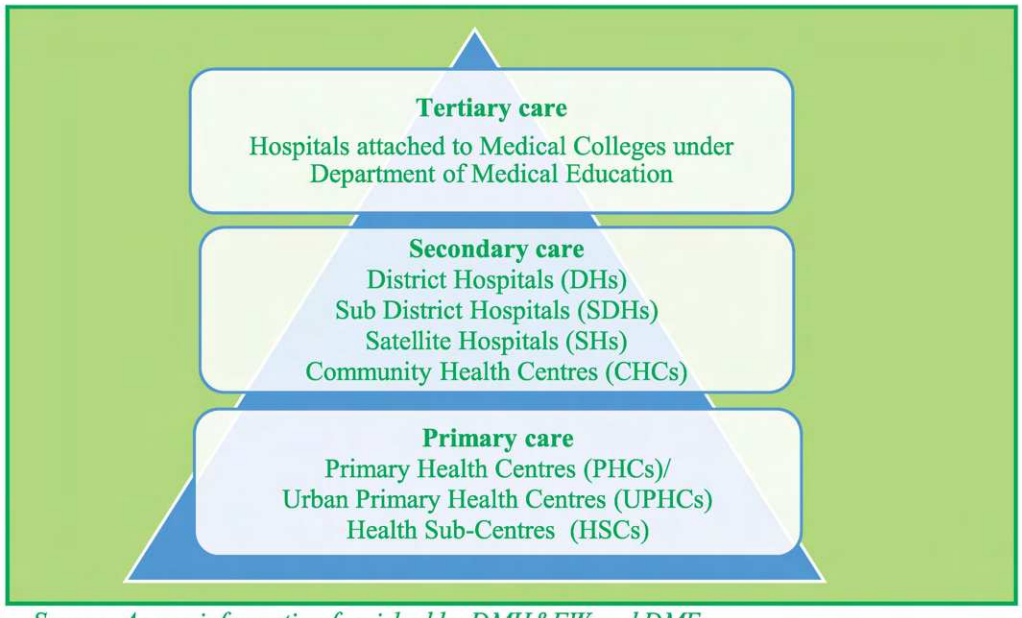
(b) Support Services: Services indirectly related to patient care, like Oxygen Services, Dietary Services, Laundry Services, Bio-Medical Waste Management, Ambulance Services and Mortuary Services etc.; and

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

1.2 Healthcare facilities in Rajasthan

The landscape of public healthcare facilities in the State is structured into three levels for providing primary care, secondary care and tertiary care. Primary care and secondary care are provided by the Department of Medical, Health and Family Welfare (DMH&FW), Government of Rajasthan (GoR) while tertiary healthcare is provided by the Department of Medical Education (DME), GoR. The various healthcare institutions providing primary, secondary and tertiary care are shown in **Chart 1.1** below:

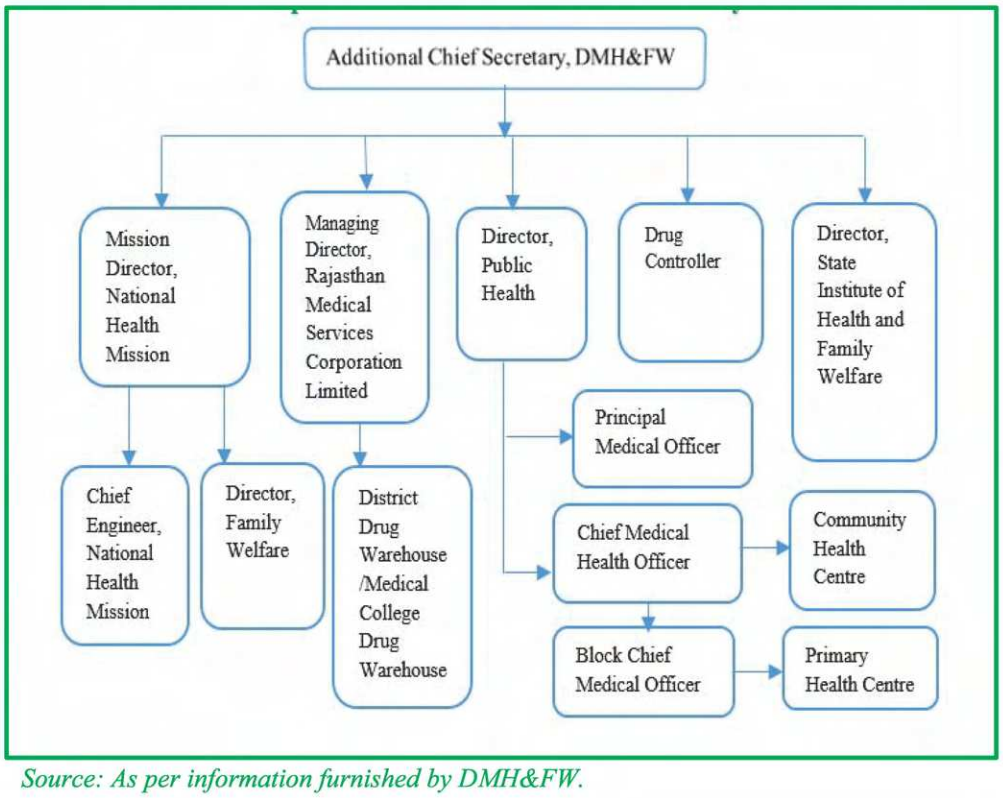
Chart 1.1: Healthcare Institutions in the State



Source: As per information furnished by DMH&FW and DME.

The Additional Chief Secretary, Department of Medical, Health and Family Welfare (DMH&FW) is the Administrative Head of the Department and is assisted by the Director, (Public Health) who is responsible for overall planning and monitoring of the activities. The Chief Medical and Health Officer (CM&HO) at District level, and the Block Chief Medical Officer (BCMO) at Block level assist in administration and implementation of the schemes. The functional hierarchy of DMH&FW is shown in **Chart 1.2** below:

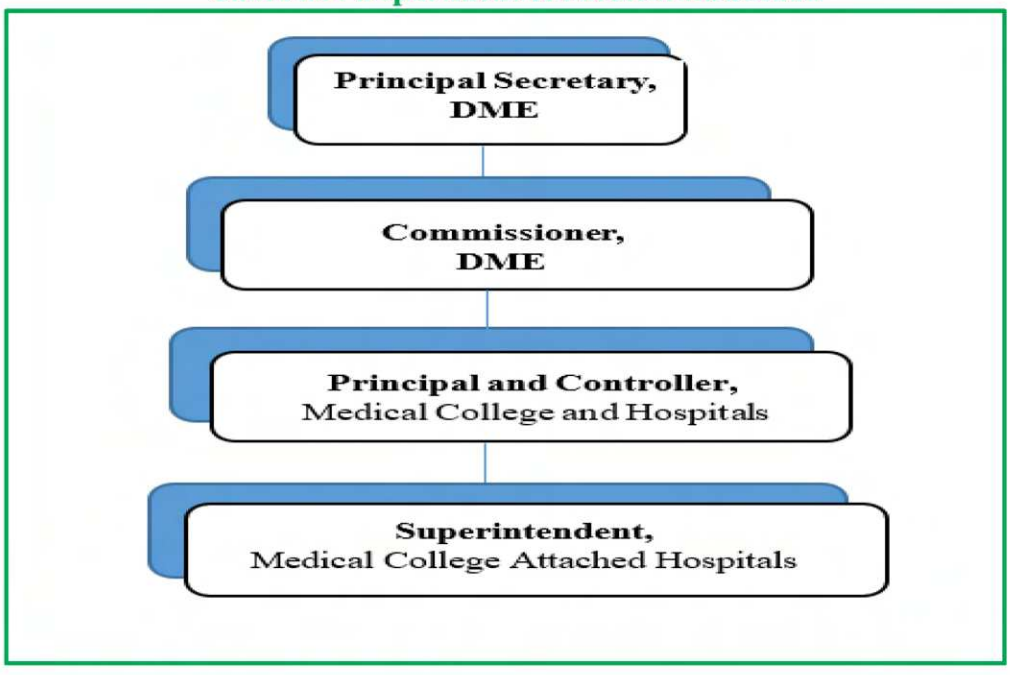
Chart 1.2: Department of Medical, Health and Family Welfare



Source: As per information furnished by DMH&FW.

The Principal Secretary, Medical Education is the Administrative Head of the Department of Medical Education (DME) and is assisted by the Commissioner, (DME) who is responsible for monitoring the activities of Government Medical Colleges and attached hospitals. The Principals and Controllers (P&C) of colleges are heads of institutions and are responsible for execution of the schemes. Each hospital attached to a Medical College function under the charge of a Superintendent. The functional hierarchy of DME is shown in **Chart 1.3** below:

Chart 1.3: Department of Medical Education



Source: Administrative report of DME.

The Government of Rajasthan (GoR) set up the Rajasthan Medical Services Corporation Limited (RMSCL), a State Public Sector Undertaking, on 4 May 2011 as a Centralised Procurement Agency for procuring generic medicines, surgical and suture items and medical equipments at the most economical cost for all the Government Medical Institutions under DMH&FW and DME.

1.3 Public Health Funding

The State Government makes budgetary provisions under the Annual Budget for the State's health sector. Financial assistance under the National Health Mission (NHM) is received from the Government of India (GoI) with corresponding share of the State Government in the ratio of 60:40. The State Health Society (SHS) disburses these funds to the District Health Societies (DHSs), headed by the District Collector for further release to the Blocks, who in turn further disburse the funds to various implementing units (such as Community Health Centres, Primary Health Centres, Health Sub-Centres, etc.).

1.3.1 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) proposes raising public health expenditure to 2.5 *per cent* of the Gross Domestic Product (GDP) in a time-bound manner upto 2025. Further, NHP also envisaged increasing State health sector spending to more than 8 *per cent* of the State budget by 2020. Funds expended during the period 2016-17 to 2021-22 on Health and Family Welfare by the GoR are given in **Table 1.1** below:

Table 1.1: Expenditure on Healthcare by DMH&FW and DME as a percentage to GSDP

(₹ in crore)

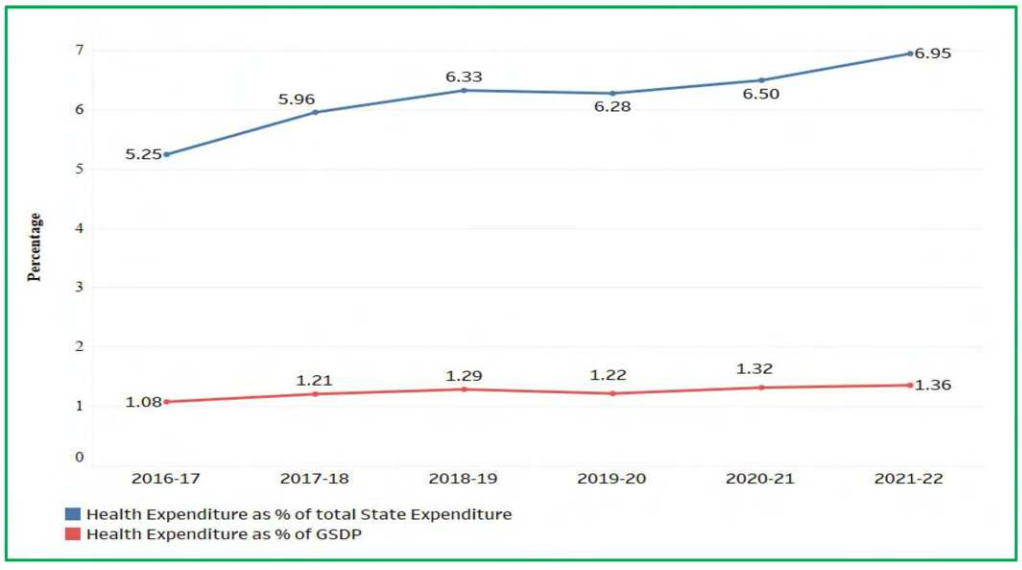
S. No.	Indicator	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
1	Total State Expenditure*	1,57,085	1,67,799	1,87,524	1,93,458	1,94,071	2,34,563
2	Total State Expenditure on Health*	8,252	9,999	11,861	12,143	12,619	16,311.78
3	Total State Expenditure on Health as % of total State expenditure	5.25	5.96	6.33	6.28	6.50	6.95
4	GSDP on current prices @	7,60,587	8,28,661	9,21,789	9,98,999	9,57,912	11,96,137
5	Health expenditure as a percentage of GSDP	1.08	1.21	1.29	1.22	1.32	1.36

*Source: *As per State Finance Accounts, GoR of the respective years.*
@ Economic review 2020-21 and 2021-22, Directorate of Economics and Statistics under Planning Department, GoR.

It can be seen that the Health expenditure as a percentage of the State GDP ranged between 1.08 and 1.36 *per cent* indicating that the target of 2.5 *per cent* is not likely to be achieved upto 2025. Similarly, health expenditure as a percentage of total expenditure ranged between 5.25 and 6.95 *per cent* against the target of 8 *per cent.*

The State's performance in terms of these two targets are shown in **Chart 1.4** below:

Chart 1.4: Expenditure on Healthcare as a percentage of GSDP



It can be seen that the State's performance in terms of these two targets has shown an improving trend in the last five years.

1.4 Healthcare Infrastructure

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

Table 1.2: Government Medical Institutions under DMH&FW as of March 2022

S. No.	Government Medical Institution under DMH & FW	Number of units
1	District Hospitals	36*
2	Sub District Hospitals	22
3	Community Health Centers	685
4	Urban Primary Health Centres / Primary Health Centres	2,409
5	Health Sub-Centres	13,589
	Total	**16,741**

Source: Data compiled from Rural Health Statistics 2021-22 published by Ministry of Health and Family Welfare (MoH&FW), GoI and Administrative Report of DMH&FW, GoR.

*Out of 36 DHs, 34 DHs are running in the State. DH Kota is under construction and General DH Sawai Madhopur and Government DH Sawai Madhopur are functioning as same wing and drawing and disbursing officer for both DHs are same.

Table 1.3: Medical Colleges and Attached Hospitals in Rajasthan as of December 2021

S. No.	Healthcare Institutions under DME	Number of units
1	Government Medical Colleges	15
2	Private Medical Colleges	9
3	Medical College Attached Hospitals	58
4	Dental Colleges Government: 01 Private : 15	16
	Total	**98**

Source: Data Compiled from Administrative Report of Department of Medical Education, GoR.

Details of Government Medical Institutions in all the districts of the State are provided in ***Appendix 1.1***.

Status of Government Medical Colleges in the State

Medical Education Department is the Administrative Department for the Government Medical and Dental Colleges situated in the State. Out of the 33[1] districts in the State, there were eight Medical Colleges in seven districts upto 31 March 2016. To augment tertiary healthcare in the State, seven new Medical Colleges were established in seven districts during 2016-22. Further, four Medical Colleges have been established in 2022-23 and construction work of 12 more Medical Colleges in 12 districts is under progress. Details are given in ***Appendix 1.2***.

1.5 Human Resources in Healthcare

The availability of adequate manpower is essential to provide effective health services. The availability of medical doctors in the State of Rajasthan in the two Departments, *viz.* DMH&FW and DME as of March 2022 and December 2021 respectively is given in **Table 1.4** below:

Table 1.4: Position of doctors in DMH&FW and DME

S. No.	Name of the Department	Sanctioned Strength	Persons in Position	Shortfall (*Per cent*)
1	Department of Medical, Health & Family Welfare	15,459	9,969	5,490 (35.51)
2	Medical Education Department	6,559	5,152	1,407 (21.45)
	Total	**22,018**	**15,121**	**6,897 (31.32)**
Source: Information provided by DMH&FW and DME.				

As seen from **Table 1.4,** there were 15,121 medical doctors available in the State *vis-à-vis* the sanctioned strength of 22,018.

1.6 Performance against Sustainable Development Goal-3

The Sustainable Development Goals (SDGs) 2030, also known as the Global Goals, were adopted by the United Nations in 2015 as a universal call for action to end poverty, protect the planet, and ensure that by 2030 all people enjoy peace and prosperity. The 17 SDGs and 169 targets are part of the 2030 Agenda for Sustainable Development adopted by 193 Member States at the UN General Assembly Summit in September 2015 and came into effect on 1 January 2016.

The Planning Department (PD), GoR is the nodal department for the implementation of SDGs in the State.

1 In Rajasthan there are 33 districts before Gazette Notification. Gazette Notification issued (5 August 2023) regarding constitution of 19 new districts Jaipur Urban, Jaipur Rural, Kekri, Sanchore, Khairthal-Tijara, Anupgarh, Gangapur City, Neem ka Thana, Phalodi, Dudu, Beawar, Didwana-Kuchaman, Salumber, Shahpura, Jodhpur Urban, Jodhpur Rural, Balotra. Out of 19 new districts, two districts (Jaipur and Jodhpur) were earlier included in 33 districts. Hence, total 50 districts in Rajasthan.

1.6.1 Status of Health Indicators in the State

Major health indicators of the State compared with national figures is shown in **Chart 1.5**.

Chart 1.5: Health Indicators in the State



**Figure for Rajasthan pertains to the period 2020-21.*

(Source: Sample Registration System bulletins for the respective years, National Family Health Survey-4 and 5, Special bulletin Maternal Mortality in India, Health and Family Welfare Statistics in India.)

1.7 Consideration of *Ayushman Bharat*

Ayushman Bharat (AB), the flagship health scheme of the Government of India, was launched in September 2018 to achieve Universal Health Coverage as recommended in the National Health Policy, 2017. AB adopts a continuum of care approach, comprising of two inter-related components, which are Health and Wellness Centres (HWCs) and *Pradhan Mantri-Jan Arogya Yojana* (PM-JAY).

In August 2018, Memorandum of Understanding (MoU) was signed between National Health Authority (NHA) and GoR to implement the PM-JAY. After 13

months of signing the MoU, PM-JAY was introduced in Rajasthan on 1 September, 2019 by integrating it with the ongoing State health scheme *Bhamashah Swasthya Bima Yojana* (BSBY) under a new name, *Ayushman Bharat-Mahatma Gandhi Rajasthan Swasthya Bima Yojana* (AB-MGRSBY). National Food Security Act beneficiaries as well as households fulfilling the criteria as per Socio Economic and Caste Census (SECC) 2011 database are eligible to avail benefits under AB-MGRSBY. As on March 2022, in Rajasthan 59,71,496 families were identified as beneficiaries under SECC 2011. As on April 2022 1,27,29,111 number of families were registered under *Chiranjeevi Yojana* which included PM-JAY families.

1.8 Audit Objectives

The Performance Audit was carried out to assess:

i. *Planning and funds for healthcare sector in the State;*
ii. *Quality of healthcare infrastructure in the State;*
iii. *Availability of quality drugs, medicines and equipment;*
iv. *Availability of the human resources;*
v. *Funding and expenditure of Central schemes in healthcare sector;*
vi. *Regulatory mechanisms for ensuring quality healthcare services in the State; and*
vii. *Improvement in the health and well-being of people as per SDG 3.*

1.9 Audit Criteria

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

- National Health Policy, 2017;
- Sustainable Development Goals;
- Medical Council of India (replaced by National Medical Commission in 2019) Act, 1956;
- Indian Public Health Standards (IPHS), 2012;
- Clinical Establishment Act, 2010;
- Drugs & Cosmetics Act, 1940;
- Pharmacy Act, 1948;
- Bio Medical Waste Management Rules, 2016;
- Atomic Energy (Radiation Protection) Rules, 2004;
- World Health Organization norms;
- Assessor's Guidebook for Quality Assurance in Government Healthcare Centres published by MoH&FW in 2013 and 2014;
- Rajasthan Transparency in Public Procurement Act, 2012 and Rules, 2013;
- Manuals, Orders, Circulars and Scheme Guidelines issued by GoI and GoR.

1.10 Audit Scope and Methodology

An Entry Conference was conducted with the relevant Departments in October 2021 wherein audit objectives, audit criteria, selection of units, audit methodology and scope of Performance Audit were discussed.

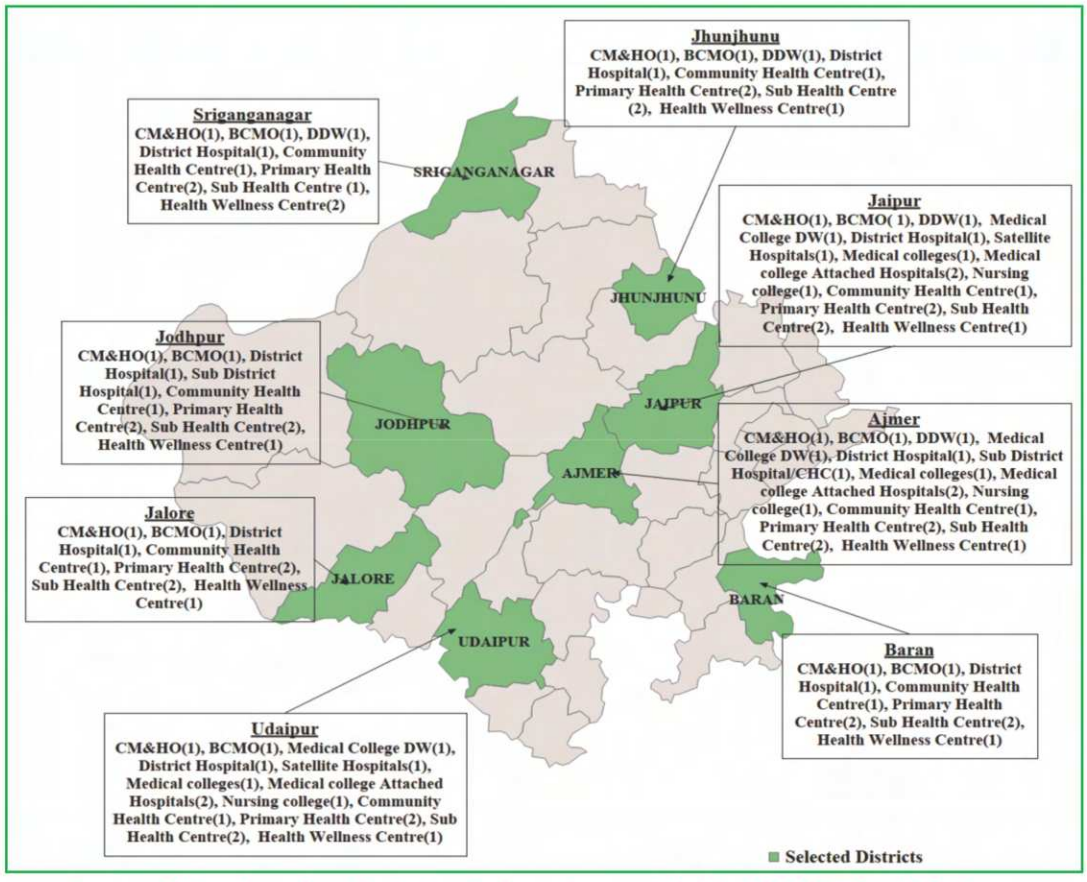
The Performance Audit was conducted from October 2021 to June 2023 covering the period 2016-17 to 2021-22 through test-check of records at DMH&FW, DME and Planning Department. Audit also test-checked records in the Offices of the Managing Director, Rajasthan Medical Services Corporation

Limited; Director (Public Health); Mission Director, National Health Mission; Government Testing Laboratory, Jaipur; Chief Engineer, National Health Mission and regulatory bodies, i.e. Drug Controller, Rajasthan Nursing Council, Rajasthan Medical Council, Rajasthan Pharmacy Council, Rajasthan Para-Medical Council, Commissioner, Department of Medical Education and Director, Economics and Statistics, Planning Department.

Eight districts[2] (25 *per cent*) out of thirty-three districts in the State were selected through simple random sampling using iDEA Software pertaining to DMH&FW. In the eight selected districts, three Medical Colleges[3], six attached hospitals[4], three nursing colleges attached with these Medical Colleges and three Medical College Drug Warehouses were also selected. In the selected districts, Chief Medical and Health Officer, District Hospitals, Sub-District Hospitals/ Satellite Hospitals[5], District Drug Warehouses, Block Chief Medical Officer, Community Health Centres, Primary Health Centres, Health Wellness Centres and Health Sub-Centres were also selected.

Within the selected districts, GMIs at various levels covered in audit are shown in **Chart 1.6** below:

Chart 1.6: Levels at which Government Medical Institutions were covered



Source: GMIs selected on the basis of information provided by DMH&FW and DME.

2 Eight districts: Ajmer, Baran, Jalore, Jaipur, Jodhpur, Jhunjhunu, Sriganganagar and Udaipur.
3 Three Medical Colleges: (Jaipur: Sawai Man Singh Medical College; Ajmer: Jawahar Lal Nehru Medical College and Udaipur: Ravindra Nath Tagore Medical College).
4 Six Attached Hospitals: (Ajmer: Two, Jaipur: Two and Udaipur: Two).
5 Hospitals having 51-100 beds are considered Sub-District Hospitals and with 31-50 beds are considered Satellite Hospitals.

Details are given in ***Appendix 1.3***. Further, information was also collected from the remaining 26 District Hospitals[6] of the State.

Audit methodology involved review of documents, joint physical verification with staff of concerned GMI and beneficiary survey of 498 patients[7] and 70 doctors[8] to assess the effectiveness of healthcare service. Apart from that, joint physical inspections of hospital assets, stores and civil works were conducted in the selected units.

Management Information System (MIS) data regarding web-based computerized system of *e-Aushadhi*[9] and *e-Upkaran*[10] furnished by Rajasthan Medical Services Corporation Limited for the period 2016-17 to 2021-22 were also analysed in audit.

Audit findings were discussed with the officers of the related Departments in the Exit Conference held on 16 February 2023. Written replies of GoR and views of GoR expressed in the Exit Conference have been appropriately incorporated in the Report.

1.11 Structure of the Report

The Report structure is detailed below:

Chapter I	Introduction
Chapter II	Human Resources
Chapter III	Healthcare Services
Chapter IV	Availability of Drugs, Medicines, Equipment and Other Consumables
Chapter V	Healthcare Infrastructure
Chapter VI	Financial Management
Chapter VII	Implementation of Centrally Sponsored Schemes
Chapter VIII	Adequacy and effectiveness of the Regulatory Mechanisms
Chapter IX	Sustainable Development Goal-3

6 DHs Nagaur, Dausa, Kekri and Beawar (Ajmer), Rajsamand, Pratapgarh, Neem ka Thana (Sikar), Banswara, Balotra (Barmer), Sheoganj (Sirohi), Sirohi, Karauli, Hindaun (Karauli), Tonk, Shahpura (Bhilwara), Alwar, Pipar City (Jodhpur), Sagwara (Dungarpur), Gangapur City (Sawai Madhopur), Sawai Madhopur, Hanumangarh, Dholpur, Nokha (Bikaner), Chittorgarh, Bundi and Jaisalmer.

7 In 38 GMIs: MCHs: Six, DHs: Eight, CHCs: Eight and PHCs:16.

8 Survey of 70 doctors: Five each in Eight District Hospitals and in Six Medical College Attached Hospitals.

9 *e-Aushadhi* is a web-based application of RMSCL which deals with the management and supply of stocks of various drugs, sutures and surgical items required by Government Medical Institutions in Rajasthan.

10 *e-Upkaran* is the web-based application of RMSCL which deals with the management and maintenance of equipments and instruments of Government Medical Institutions of Rajasthan.

1.12 Acknowledgement

Audit acknowledges the co-operation and assistance extended by the Department of Medical, Health & Family Welfare, Department of Medical Education, Planning Department and all the test-checked GMIs in providing records, information and clarifications from time to time for the smooth conduct of audit.

Chapter-II
Human Resources

Chapter-II
Human Resources

The Government of Rajasthan did not have a long-term plan for recruitment and staffing in the healthcare sector. In the Primary and Secondary healthcare institutions, there was shortage of Doctors (35.51 per cent), Specialist Doctors (38.55 per cent), Nurses (18.56 per cent) and Paramedics (55.88 per cent), which was more pronounced in the desert and tribal areas of the State. Similarly, there was shortage of Doctors (21.45 per cent), Specialist Doctors (24.89 per cent), Nurses (21.02 per cent) and Paramedics (44.93 per cent) in Tertiary Care institutions also. The shortage of manpower was especially severe in case of Contractual Staff (50.19 per cent).

2.1 Planning and Assessment of Human Resources

The health workforce includes clinical staff such as physicians, nurses, pharmacists and dentists, as well as management and support staff, i.e. those who do not deliver services directly but are essential to the performance of health systems, such as managers, ambulance drivers and accountants.

Audit observed that the Government of Rajasthan did not have a long-term plan for recruitment and staffing in the health sector.

The State Government stated (January 2024) that the recruitment is being done according to the budget announcements and directions received from the State Government from time to time. However, no reasons for not framing a long-term plan for recruitment and staffing in the health sector has been furnished.

2.2 Availability of Human Resources

The delivery of quality healthcare services in hospitals largely depends on the adequate availability of doctors, staff nurses and para medical staff.

The World Health Organization (WHO) recommended benchmark for doctor-population ratio is 1:1,000. The requirement of doctors in Rajasthan is 82,506[11] as per the norm recommended by WHO. As per the Indian Medical Register of National Medical Commission, a total of 49,242 doctors were registered upto 2021 in Rajasthan. This shows that doctor-population ratio of Rajasthan is 1:1676

11 Requirement of Doctors = Projected Population 8,25,06,000/1000, as 8,25,06,000 is the Projected Population of Rajasthan (as of July 2021) (Source: Progress Report of Medical Health and National Health Mission Rajasthan for 2021-22 issued by Department of Medical, Health & Family Welfare, Government of Rajasthan).

against the WHO benchmark of 1:1000. Thus, there was a 40 *per cent* shortage of doctors in the State.

The State Government stated (May 2023) that the reasons for shortfall are newly created posts, voluntary retirement, superannuation, resignation and deaths. GoR had replied for shortfall in doctors in Government Sector only. Moreover, the reply is not tenable as the GoR did not prepare recruitment plan for filling up the vacancies of doctors.

The reply is silent about shortage of doctors in Private Sector.

2.2.1 Availability of Human Resources in Primary and Secondary Healthcare across the state

Comparison of person-in-position vis-à-vis sanctioned strength of doctors, nursing staff and paramedics in Primary and Secondary healthcare in the State (as of March 2022) shows that the shortage of doctors, nurses and paramedics was 35.51 *per cent*, 18.56 *per cent* and 55.88 *per cent* respectively, as shown in **Table 2.1** below:

Table 2.1: Availability of Human Resources

Category	Sanctioned Strength	Persons in Position	Shortfall (*Per cent*)
Doctors	15,459	9,969	5,490 (35.51)
Nursing Staff[12]	26,770	21,802	4,968 (18.56)
Paramedics	14,344	6,328	8,016 (55.88)
Total	**56,573**	**38,099**	**18,474 (32.66)**

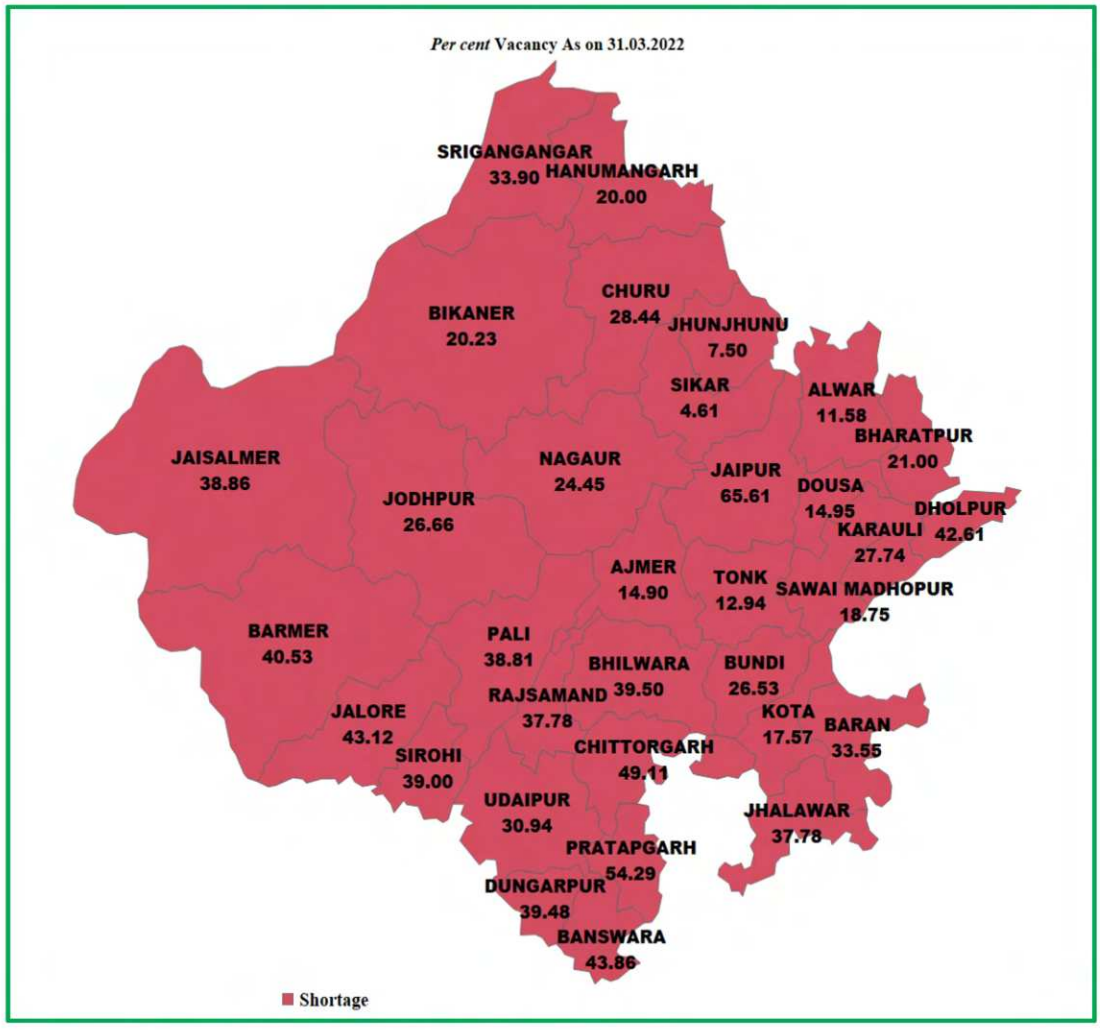
Source: Information provided by Director, Public Health.

i. Availability of Doctors in the State

Analysis of district-wise status of sanctioned, working and vacant posts of doctors in the State as on 31 March 2022 revealed geographical disparities in availability of doctors, which is shown in terms of percentage of vacancies in **Chart 2.1**:

12 As of June 2022.

Chart 2.1: Geographical distribution of vacancies of doctors (31.03.2022) pertains to Primary and Secondary care



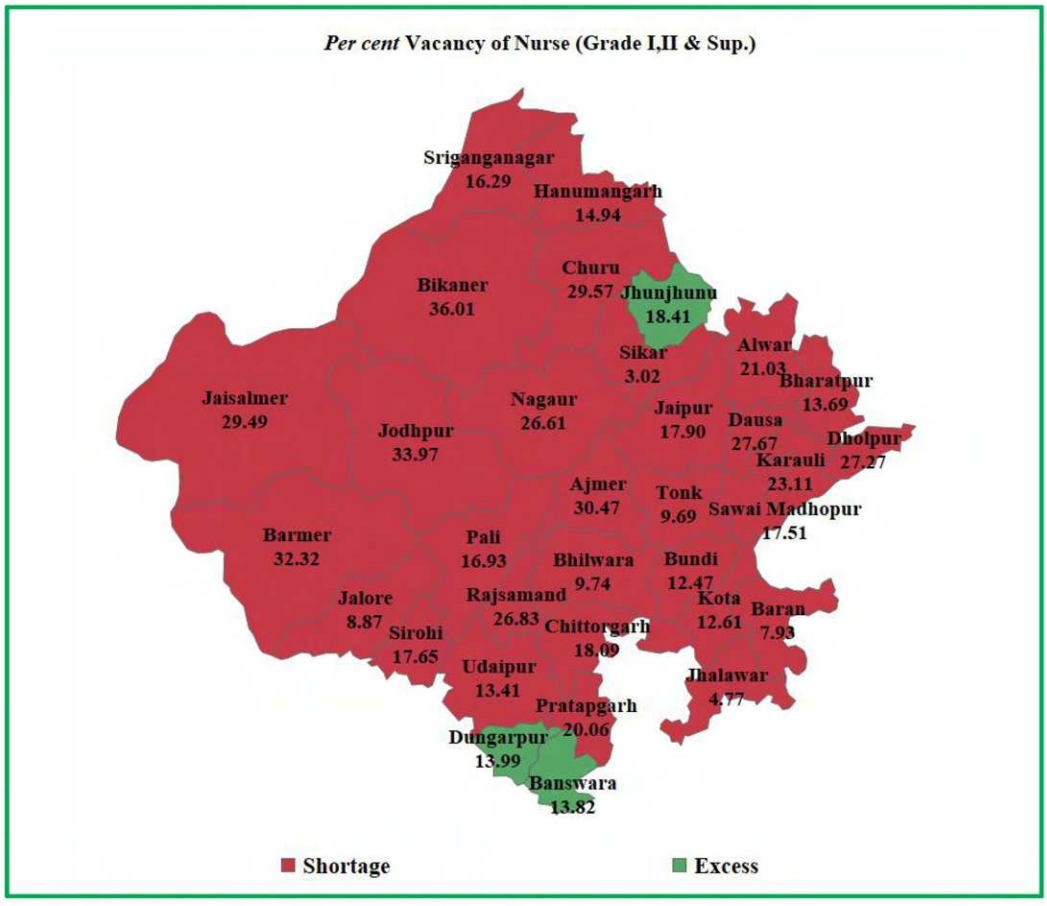
Source: Information provided by Director, Public Health.

The chart depicts that the vacancies were more pronounced in the districts of Pratapgarh, Chittorgarh, Banswara, Dholpur, Jalore and Barmer. Severe shortage in case of Jaipur was due to sudden increase in the number of sanctioned posts in March 2021 which could not be filled up. Details are given in ***Appendix 2.1***.

ii. Availability of Nurses in the State

The district-wise status of vacancy positions of nurses in terms of the percentage in the State is depicted in **Chart 2.2**:

Chart 2.2: Geographical distribution of vacancies of Nurses as of June 2022 pertains to Primary and Secondary care



Source: Information provided by Director, Public Health.

The chart shows that the shortage of nurses was relatively higher in the desert districts of Barmer, Jaisalmer, Jodhpur and Bikaner.

Details are given in ***Appendix 2.2***.

The State Government stated (January 2024) that recruitment of 8,750 nurses is in progress and shortage of nurses in Barmer, Jaisalmer, Jodhpur and Bikaner districts will be fulfilled.

iii. Availability of other clinical staff

Persons-in-position against sanctioned strength of Lab Technician, Lady Health Worker, Pharmacist and Dental Technician in Primary and Secondary healthcare in the State (as of June 2022) are shown in **Table 2.2** below:

Table 2.2: Availability of other clinical staff as of June 2022

Category	Sanctioned Strength	Persons in Position	Shortfall (*per cent*)
Lab Technician	4,054	2,106	1,948 (48)
Lady Health Worker	22,411	18,690	3,721 (17)
Pharmacist	4,183	2,175	2,008 (48)
Dental Technician	223	70	153 (69)

Source: Information provided by Director, Public Health.

The above table depicts that there is an acute shortage of lab and dental technicians and pharmacists in the State.

The State Government stated (January 2024) that out of 18,026 sanctioned specialist/doctors, 14,033 are working as of 31 October 2023. It was further stated that recruitment of eight cadres i.e. Auxiliary Nurse Midwife, Nursing Officer, Pharmacist, Assistant Radiographer, Lab Assistant, Electro Cardio Gram Technician, Dental Technician and Ophthalmic Assistant are under process.

2.2.2 Availability of Human Resources in Government Medical Institutions of Primary and Secondary healthcare

i. Availability of Doctors, Nurses and Paramedics in the DHs

Analysis of sanctioned, working and vacant posts in the 34 DHs as on 31 March 2022 shows that the shortage of doctors, nurses and paramedics was 26.03 *per cent*, 11.71 *per cent* and 41.22 *per cent* respectively as shown in **Table 2.3** below, with details in ***Appendix 2.3***.

Table 2.3: Availability of Human Resources as of March 2022

Category	Sanctioned Strength	Persons in Position	Shortfall (*per cent*)
Doctors	2,071	1,532	539 (26.03)
Nurses	3,757	3,317	440 (11.71)
Paramedics	1,589	934	655 (41.22)
Total	**7,417**	**5,783**	**1,634 (22.03)**

Source: Information provided by 34 DHs.

ii. Availability of Doctors, Nurses and Paramedics in CHCs

Analysis of sanctioned, working and vacant posts[13] shows that the shortage of doctors, nurses and paramedics was 33.01 *per cent*, 22.75 *per cent* and 54.77 *per cent* respectively, as shown in **Table 2.4** below, with details in ***Appendix 2.4***.

Table 2.4: Availability of Human Resources as of 31 January 2023

Category	Sanctioned Strength	Persons in Position	Shortfall (*per cent*)
Doctors	5,431	3,638	1,793 (*33.01*)
Nurses	9,247	7,143	2,104 (*22.75*)
Paramedics	5,121	2,316	2,805 (*54.77*)
Total	**19,799**	**13,097**	**6,702 (*33.85*)**

Source: Information provided by Director, Public Health.

13 In the 804 CHCs of the State as on 31 January 2023.

iii. Availability of Doctors, Nurses and Paramedics in PHCs

Analysis of sanctioned, working and vacant posts[14] shows that the shortage of doctors, nurses and paramedics was 7.48 *per cent*, 32.22 *per cent* and 63.18 *per cent* respectively, as shown in **Table 2.5,** below, with details in ***Appendix 2.4***:

Table 2.5: Availability of Human Resources as of 31 January 2023

Category	Sanctioned Strength	Persons in Position	Shortfall (*per cent*)
Doctors	2,606	2,411	195 (7.48)
Nurses	10,182	6,901	3,281 (32.22)
Paramedics	4,650	1,712	2,938 (63.18)
Total	**17,438**	**11,024**	**6,414 (36.78)**

Source: Information provided by Director, Public Health.

iv. Availability of Nurses in HSCs

Analysis of sanctioned, working and vacant posts of nurses[15] shows that there was shortage of 2,680 nurses (17.27 *per cent*) against the sanctioned 15,520 nurses. Details are given in ***Appendix 2.4***.

The shortage of Doctors, Nurses and Paramedics has an adverse impact on the delivery of health services and health outcomes.

2.2.3 Vacancy position of doctors under DMH&FW

The minimum essential and desirable requirements of human resources for primary and secondary level are prescribed in Indian Public Health Standards (IPHS) 2012.

IPHS requires the services of at least one Medical Officer at a Primary Health Centre level. IPHS prescribes Specialty services from the secondary level hospital and minimum requirement of 32 to 68 doctors[16] and 20 to 24 doctors[17] at district level and sub district hospitals respectively depending on the bed strength of the hospital. In the case of Community Health Centres, the minimum requirement was 10 doctors. Status of availability of doctors in the test-checked Government Medical Institutions under Department of Medical, Health and Family Welfare are as shown in **Table 2.6**:

14 In the 2,361 PHCs of the State as on 31 January 2023.
15 In the 15,250 HSCs of the State as on 31 January 2023.
16 Minimum requirement of doctors at DHs: (100 beds: 29, 200 beds: 34, 300 beds: 50, 400 beds: 58 and 500 beds: 68).
17 Minimum requirement of doctors at SDHs: (31-50 beds: 20 and 51-100 beds: 24).

Table 2.6: Availability of doctors in GMIs under DMH & FW as of 31 March 2022

Particulars	No. of test-checked GMIs	Required as per IPHS	Sanctioned Strength	Person in Position	Vacancy against sanctioned strength		Excess (+)/Shortage (-) of person in position against IPHS (*Per cent*) (Col.5 (-) Col.3)
					Number	*Per cent*	
1	2	3	4	5	6	7	8
DHs	34	1,385	2,071	1,532	539	26.03	(+) 147 (10.61)
SDHs	4	92	58	36	22	37.93	(-) 56 (60.86)
CHCs	8	80	66	50	16	24.24	(-) 30 (37.50)
PHCs	16	16	19	17	2	10.53	(+) 1 (6.25)
Total		**1,573**	**2,214**	**1,635**	**579**	**26.15**	

Source: Information furnished by test-checked GMIs.

Audit observed that:

- In all 34 DHs against a requirement of 1,385 doctors as per IPHS, 1,532 doctors were available and there was excess of 147 doctors. However, there was shortage of 539 doctors against sanctioned post of 2,071 doctors.
- In four test-checked SDHs against a requirement of 92 doctors as per IPHS, 36 doctors were available and there was shortage of 56 doctors. Further, there was shortage of 22 doctors against sanctioned post of 58 doctors.
- In eight test-checked CHCs against a requirement of 80 doctors as per IPHS, 50 doctors were available and there was shortage of 30 doctors. Further, there was shortage of 16 doctors against sanctioned post of 66 doctors.
- In test-checked 16 PHCs against a requirement of 16 doctors as per IPHS, 17 doctors were available and there was excess of one doctor. Further, there was shortage of two doctors against sanctioned post of 19 doctors.

This shows uneven distribution of manpower which further affect to medical facilities at grass root level.

2.2.4 Availability of nurses and paramedics in GMIs under DMH&FW

Audit verified the availability of the posts of nurses and essential paramedics in the test-checked GMIs.

IPHS prescribes the minimum requirement of nurses and paramedics staff[18] in each level of GMIs. For SDHs and DHs, the minimum staff requirement is based on the bed strength of the hospitals. The availability of staff in the test-checked GMIs are as detailed in **Table 2.7** and **Table 2.8**:

18 Minimum requirement Nurses: 45 (100 beds) to 225 (500 beds) in DHs, 18 (31-50 beds) to 35 (51-100 beds) in SDHs, 10 in CHCs and Three in PHCs and Paramedical Staff: 31 (100 beds) to 100 (500 beds) in DHs, 21 (31-50 beds) to 30 (51-100 beds) in SDHs, Nine in CHCs and Two in PHCs.

Table 2.7: Availability of nurses in hospitals under DMH&FW as of 31 March 2022

Particulars	No. of test-checked GMIs	Required as per IPHS	Sanctioned Strength	Person in Position	Vacancy against sanctioned strength		Excess (+)/Shortage (-) of person in position against IPHS (*Per cent*) (Col.5 (-) Col.3)
					Number	*Per cent*	
1	2	3	4	5	6	7	8
DHs	34	3,240	3,757	3,317	440	11.71	(+) 77 (2.38)
SDHs	4	123	119	59	60	50.42	(-) 64 (52.03)
CHCs	8	80	105	95	10	9.52	(+) 15 (18.75)
PHCs	16	48	30	28	2	6.67	(-) 20 (41.67)
Total		**3,491**	**4,011**	**3,499**	**512**	**12.76**	

Source: Information furnished by test-checked GMIs.

Audit observed that there was a shortage of nurses 440 (11.71 *per cent*) at DHs, 60 (50.42 *per cent*) at SDHs, 10 (9.52 *per cent*) at CHCs and two (6.67 *per cent*) at PHCs against sanctioned strength. Further, against the requirement of 3,491 post of nurses as per IPHS, there was 3,499 nurses were posted in test-checked GMIs.

Table 2.8: Availability of paramedics in GMIs under DMH&FW as of 31 March 2022

Particulars	No. of test-checked GMIs	Required as per IPHS	Sanctioned Strength	Person in Position	Vacancy against sanctioned strength		Excess (+)/Shortage (-) of person in position against IPHS (*per cent*) (Col.5 (-) Col.3)
					Number	*Per cent*	
1	2	3	4	5	6	7	8
DHs	34	1,645	1,589	934	655	41.22	(-) 711 (43.22)
SDHs	4	111	52	27	25	48.08	(-) 84 (75.68)
CHCs	8	72	52	33	19	36.54	(-) 39 (54.17)
PHCs	16	32	30	24	6	20.00	(-) 8 (25.00)
Total		**1,860**	**1,723**	**1,018**	**705**	**40.92**	

Source: Information furnished by test-checked GMIs.

Audit observed that there was a shortage of paramedics 655 (41.22 *per cent*) at DHs, 25 (48.08 *per cent*) at SDHs, 19 (36.54 *per cent*) at CHCs and six (20 *per cent*) at PHCs against sanctioned strength. Further, against the requirement of 1,860 post of paramedics staff as per IPHS, there was 1,018 paramedical staff in test-checked GMIs.

2.2.5 Recruitment of Medical Staff

Analysis of information provided by Director, Public Health (November 2022) revealed that DMH&FW undertook recruitment of Medical Staff during the period 2016-17 to 2021-22 as per the details provided in **Table 2.9** below:

Table 2.9: Recruitment of Medical Staff by GoR during 2016-22

Year	Doctor/ Medical Officer[19]	Nursing Staff[20]	Paramedics[21]	Pharmacist	Total
2016-17	2,445	16,818	0	1,209	20,472
2017-18	1,359	-	674	-	2,033
2018-19	-	-	199	-	199
2019-20	735	11,482	112	-	12,329
2020-21	1,998	-	1,664	-	3,662
2021-22	-	-	633	-	633
	6,537	**28,300**	**3,282**	**1,209**	**39,328**

Source: Information provided by Director, Public Health.

The above table depicts that a significant number of human resources were recruited by DMH&FW during 2016-22 to address the shortfall. However, even after these efforts, the shortfall of Medical Staff could not be fully addressed in the State.

2.2.6 Availability of Human Resources in Tertiary Healthcare Institutions

i. Availability of Doctors, Nurses and Paramedics in State: In the Medical College Hospitals at the Tertiary level across the State, the shortage of doctors, nurses, paramedics was 21.45 *per cent*, 21.02 *per cent* and 44.93 *per cent* respectively as of 31 December 2021 as shown in **Table 2.10** below:

Table 2.10: Human Resources in Tertiary Healthcare Institutions across the State as of December 2021

Category	Sanctioned Strength	Persons in Position	Shortfall (*per cent*)
Doctors	6,559	5,152	1,407 (21.45)
Nurses	15,955	12,601	3,354 (21.02)
Paramedics	3,737	2,058	1,679 (44.93)

Source: Information provided by Department of Medical Education and Rajasthan University of Health Sciences, Jaipur.

ii. Availability of Doctors, Nurses and Paramedics in MCHs

Analysis of sanctioned, working and vacant posts of doctors in the six MCHs as of 31 December 2021 shows that the shortage of doctors, nurses and paramedics was 4.17 *per cent*, 17.98 *per cent* and 42.49 *per cent* respectively, as shown in **Table 2.11** below:

19 Including 110 Medical Officers (Dental) during 2017-18.
20 Includes Nurse-II and ANM.
21 Includes Lab technician, Assistant radiographer, ECG technician, Ophthalmic Assistant, Physiotherapist and Laboratory Assistant.

Table 2.11: Availability of Human Resources in Six Medical College Attached Hospitals as of December 2021

Category	Sanctioned Strength	Persons in Position	Shortfall (*per cent*)
Doctors	96	92	4 (4.17)
Nursing Staff	2,319	1,902	417 (17.98)
Paramedics	393	226	167 (42.49)
Total	**2,808**	**2,220**	**588 (20.94)**

Source: Information provided by Six MCHs.

Details are given in ***Appendix 2.5***.

The State Government (August 2023) attributed the vacancies in six MCHs to procedural issues such as retirement/voluntary retirements and departmental promotions. The State Government also stated that at present, the process of filling vacant posts is being carried out on an urgent/temporary basis till the availability of regular staff.

2.2.7 Availability of Specialist Doctors in Hospitals

(i) Availability of Specialist doctors under the jurisdiction of DMH&FW: As per the information furnished by the Director, Public Health there is a shortage of specialist doctors under the jurisdiction of Department of Medical, Health and Family Welfare. The vacancies in the various cadres of specialist doctors as of 21 March 2024 are shown in **Table 2.12**.

Table 2.12: Availability of Specialist Doctors in DMH&FW

S. No.	Cadres	Sanctioned Post	Persons in Position	Vacancy	Percentage of Vacancy
1	Pediatrician	431	308	123	28.54
2	Gynecologist and Obstetrician	496	336	160	32.26
3	Anesthetist	437	344	93	21.28
4	Ophthalmologist	325	190	135	41.54
5	Orthopaedic Surgeon	523	289	234	44.74
6	ENT	199	129	70	35.18
7	Radiologist	232	139	93	40.09
8	Psychiatrist	49	44	5	10.20
9	Pathologist	154	124	30	19.48
10	Chest & TB	58	47	11	18.97
11	Dermatologist	70	53	17	24.29
12	Surgeon	1,491	721	770	51.64
13	Physician	1,267	790	477	37.65
14	Forensic Medicine	37	31	6	16.22
	Total	**5,769**	**3,545**	**2,224**	**38.55**

Source: Data provided by Director, Public Health.

As seen from **Table 2.12**, the overall vacancies in various cadres of specialists doctors in the State under the jurisdiction of Department of Medical, Health and Family Welfare were 38.55 *per cent*. The vacancies among Surgeon, Orthopaedic Surgeon, Ophthalmologist were more than 40 *per cent*.

(ii) Availability of Specialist doctors under the jurisdiction of DME : As per the information furnished by the Director, Medical Education, out of 458 sanctioned strengths of specialist doctors, 344 are person in position. Hence, there is a 24.89 *per cent* shortage of specialist doctors in Medical Colleges and Attached Hospitals.

2.2.8 Availability of Surgeons in Hospitals

Out of the test-checked 46 GMIs[22], General Surgeon in 10 GMIs, Orthopaedic Surgeon in seven GMIs, ENT Surgeon in 12 GMIs and Eye Surgeon in 14 GMIs were not available. Details are given in ***Appendix 2.6***.

2.2.9 Shortage of Manpower in Trauma Centers

Department of Medical, Health and Family Welfare, GoR accorded approval for construction of 101 Trauma Centres up to March 2024. Out of 101 Trauma Centers, 74 Trauma Centers were constructed and are functional. The remaining 27 Trauma Centres are also functioning in existing Government Medical Institutions buildings with available staff.

Out of the eight test-checked District Hospitals, Trauma Centre/unit was not functional in 50 *per cent* of the District Hospitals[23]. These Trauma Centers were not functional due to lack of human resources. As a result, a high percentage of the patients in accident cases were being referred to the nearest operational Trauma Care Centers. Precious time was thus lost in transferring the patients, which in turn delayed their medical care. In the remaining operational Trauma Centers, there was a shortage of dedicated staff.

The State Government stated (February 2023) that to meet the shortage of manpower in Trauma Centres, staff is being deployed through transfer from other hospitals. It was further stated (January 2024) that out of the sanctioned 498 posts of doctors/specialists, 294 posts are vacant in Trauma Centres.

2.3 Shortage of Contractual Staff

The Framework Guidelines for Implementation of NHM 2012-17 envisaged sustainability of contractual human resources and planned for their inclusion in the State budget.

The Manpower availability in the State on contractual basis under National Health Mission as on 6 March 2024 is shown in **Table 2.13**:

22 46 GMIs: 34 DHs, Four SDHs/SHs and Eight CHCs.
23 Four DHs: Phalodi, Baran, Kotputli and Salumber.

Table 2.13: Manpower availability in the State on contractual basis under National Health Mission as on 6 March 2024

S. No.	Cadre	Sanctioned post	Person in Position	Vacancy	Percentage of Vacancy
1	Administrative Staff	7,090	4,951	2,139	30.16
2	Medical Officers	2,332	1,530	802	34.39
3	Nursing staff	18,367	9,383	8,984	48.91
4	Para Medical	7,586	2,007	5,579	73.54
5	Others	803	146	657	81.81
	Total	**36,178**	**18,017**	**18,161**	**50.19**

Source: Information furnished by National Health Mission, Jaipur, Rajasthan.

As seen from Table 2.13, the overall vacancies in various cadres ranged between 30 *per cent* and 81 *per cent*. The percentages of vacancies in the cadres impacts the availability of healthcare services in the Government Medical Institutions in the State.

Audit also noticed that in the eight test-checked districts, there were 5,121 persons in position against 6,482 sanctioned posts as of 31 March 2022, reflecting a shortage of 21 *per cent*. The shortage was most acute in Baran district where 61.80 *per cent* posts were vacant. Details are given in ***Appendix 2.7***.

Recommendation 1: *The State Government should address the shortage of healthcare professionals in a time bound manner by adopting a clearly defined recruitment strategy as well as ensuring their equitable distribution across the State.*

Chapter-III
Healthcare Services

Chapter-III
Healthcare Services

There was lack of sufficient registration facilities for OPD services at District Hospitals. Essential minimum assured services like General Surgery, Dental Care, Paediatrics, Burn Ward, ENT, Ophthalmology, Orthopaedics and Accident and Trauma Wards in IPD of the Government Medical Institutions were inadequate.

Deficiencies were also noticed in services such as Emergency, Intensive Care Units and Blood Banks of Government Medical Institutions. The State was unable to achieve universal immunisation.

While radiology services were found deficient, most of the Government Medical Institutions could not provide the full range of pathological investigations as required under IPHS.

The State Government was unable to fully address the shortage of ambulances in the State. Shortfall was also witnessed in the provision of auxiliary services in the Government Medical Institutions including firefighting services.

3.1 Delivery of Healthcare Services in Government Medical Institutions

Delivery of services plays an important role in providing medical services to patients in the Government Medical Institutions (GMIs). High-quality healthcare services involve the right care, at the right time and responding to the users' needs and preferences. Healthcare Services provided in GMIs are mainly classified into three parts, *viz*. (a) Line services, (b) Support services and (c) Auxiliary services.

These services can be broadly divided into three categories namely:

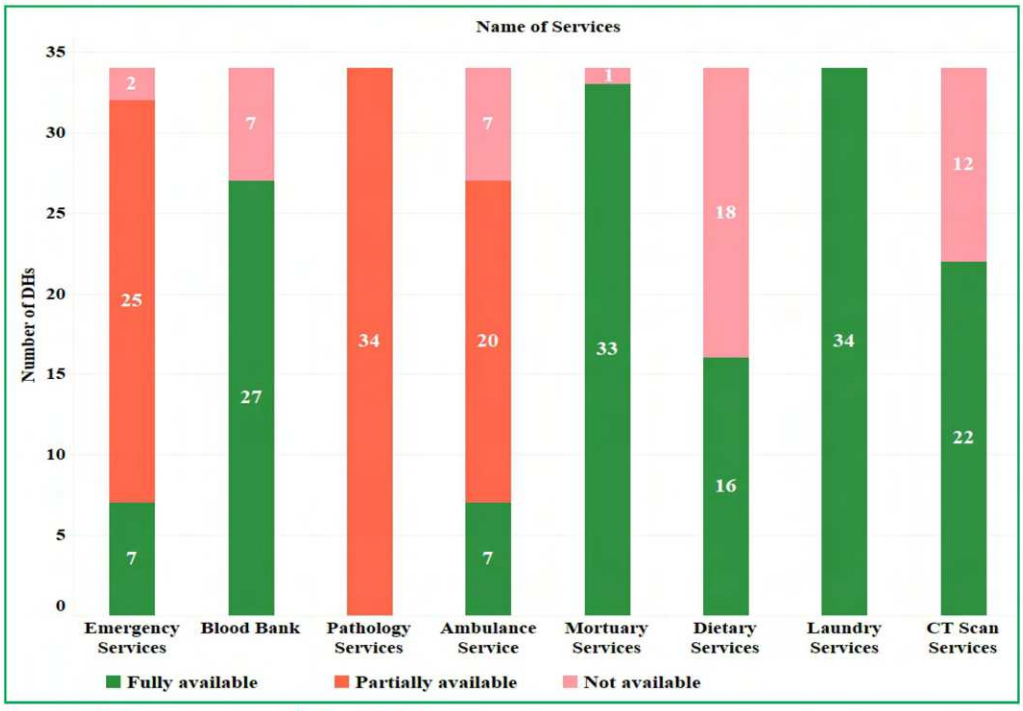
(a) Line Services: Services directly related to patient care, like Outdoor Patient Department (OPD), Indoor Patient Department (IPD), Emergency, Super Specialty, Intensive Care Units, Blood Bank, Maternity and Diagnostic Services etc.;

(b) Support Services: Services indirectly related to patient care, like Oxygen Services, Dietary Services, Laundry Services, Ambulance Services and Mortuary Services etc.;

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

Healthcare services available in District Hospitals are shown in **Chart 3.1**:

Chart 3.1: Availability of Healthcare services in District Hospitals



Source: Information provided by 34 DHs.

As seen from **Chart 3.1**, out of eight healthcare services, laundry services were available fully in all district hospitals. While six services namely, emergency, blood banks, ambulance, mortuary, dietary and CT Scan services were not available in two, seven, seven, one, 18 and 12 district hospitals respectively. It can be also seen that pathology services were available only partially in all 34 DHs.

3.1.1 Line services

Line services in a hospital are directly related to timely and quality healthcare of patients.

Out-Patient Department Services

Out-Patient Department (OPD) is a part of the hospital with allotted physical facilities and medical and other staff, with regularly scheduled hours, to provide care for visiting patients who are not admitted. Details of availability of OPD services are shown in ***Appendix 3.1 (i)***.

(i) Inadequate Registration Facility for OPD at District Hospitals

National Health Mission Assessor's 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.

Audit examined the number of patients registered during 2021-22 in the 34 DHs of the State along with the availability of registration counter(s). It was

found that there was a shortfall in the number of registration counters in 32[24] out of 34 DHs due to which the counters were handling patients much in excess of the norms. Details are provided in ***Appendix 3.1 (ii)***. This also led to excessive waiting times for registration which was corroborated by the beneficiary survey of 448 OPD patients shown in **Table 3.1** below:

Table 3.1: Average time taken at Registration Counter

Average Time (In Minutes)	0-5 minutes	6-10 minutes	11-30 minutes	More than 30 minutes
No. of Patients (In *per cent*)	269 (60.04) *per cent*)	84 (18.75 *per cent)*	71 (15.85 *per cent)*	24 (5.36 *per cent*)

Source: OPD survey of beneficiaries at test-checked eight DHs and six MCHs.

The above Table depicts that 179 (40 *per cent*) OPD patients had to wait more than five minutes at the registration counters.

The State Government stated (January 2024) that directions have been issued (December 2023) for opening of new registration counters as per need by made provisions in budget or funds available in Rajasthan Medical Relief Society.

(ii) Quality of OPD Services

District Hospitals and Medical College attached Hospitals

Audit surveyed 448 OPD patients[25] and 70 Doctors[26] (May-July 2022) in 14 Government Medical Institutions[27].

OPD Beneficiaries Response

- 61 *per cent* beneficiaries stated that Complaint Box was not available in OPD;
- 39 *per cent* beneficiaries stated that seating arrangements were not adequate at registration/OPD counters;
- 38 *per cent* beneficiaries stated that OPD hours for doctors were not displayed in OPD area or entrance of the hospital;
- 30 *per cent* beneficiaries stated that Enquiry/ 'May I Help' desk was not available.

24 All DHs of the State, except DH Dholpur and DH Nagaur.
25 448 beneficiaries: 32 in each of the 14 GMIs.
26 70 doctors: five in each of the 14 GMIs.
27 14 GMIs: **Eight DHs** - Y.N. District Hospital, Kishangarh, Ajmer; Government District Hospital, Phalodi, Jodhpur; Government District Hospital, Baran; Government District Hospital, Sriganganagar; General District Hospital, Jalore; Government BDK Hospital, Jhunjhunu; Government District Hospital, Salumber, Udaipur; District Hospital, Kotputli, Jaipur; and **six MCHs** - Sir Padampat Institute of Neonatology & Pediatric Health, Jaipur; *Mahila Chikitsalaya*, Jaipur; Maharana Bhupal Government Hospital, Udaipur; Shree Khemraj Katara Government Satellite Hospital, Udaipur; JLN Hospital, Ajmer; *Rajkiya Mahila Chikitsalya*, Ajmer.

Doctors' Response

- 40 *per cent* doctors opined that patient influx in the hospital was heavy;
- Manual on "Standard Treatment Guidelines" was not available in the chambers of 30 *per cent* doctors;
- 31 *per cent* doctors agreed that no monthly meeting was held among the doctors to discuss or address the issues faced by the hospital.

The State Government stated (January 2024) that directions have been issued (December 2023) to ensure availability of Complaint Box, 'May I Help' desk, adequate seating arrangements and displayed information on board regarding availability of doctors in all Government Medical Institutions.

3.1.2 In-Patient Services

(i) Non-Availability of Essential Minimum Assured Services in IPD

IPHS stipulates that district hospitals/sub district hospitals should provide minimum assured services, like General Surgery, Dental Care, Paediatrics, ENT, Ophthalmology, Orthopaedics, Accident and Trauma Ward and Burn Ward. Further, General Surgery, Dental Care and Paediatrics should be available in CHCs.

Status of availability of essential minimum assured services in IPD of 46 GMIs[28] is shown in **Table 3.2** below:

Table 3.2: Status of availability of essential minimum assured services in IPD as of 31 March 2022

Essential minimum assured service	GMIs in which services were available/ not available						Shortfall (percentage)
	In 34 DHs		Four test-checked SDHs/SHs		Eight test-checked CHCs		
	Available	Not Available	Available	Not Available	Available	Not Available	
General Surgery	32	2	2	2	2	6	10 GMIs (22 *per cent*)
Dental Care	29	5	1	3	4	4	12 GMIs (26 *per cent*)
Pediatrics	34	0	2	2	3	5	7 GMIs (15 *per cent*)
ENT[29]	28	6	0	4	Not Applicable		10 out of 38 GMIs (26 *per cent*)
Ophthalmology	29	5	1	3	Not Applicable		8 out of 38 GMIs (21 *per cent*)
Orthopaedics	32	2	0	4	Not Applicable		6 out of 38 GMIs (16 *per cent*)
Accident and Trauma ward/care	28	6	2	2	Not Applicable		8 out of 38 GMIs (21 *per cent*)
Burn Ward[30]	18	16	Not Applicable		Not Applicable		16 out of 34 GMIs (47 *per cent*)

Source: Information provided by 34 DHs, four SDHs and eight CHCs.

28 46 GMIs: 34 DHs, 4 SDHs/SHs and eight CHCs.
29 As per IPHS, ENT, Ophthalmology and Orthopaedics services are required in DHs and SDHs only.
30 As per IPHS, Burn Ward services required in DHs only.

The above Table shows that there was a shortage of essential minimum assured services in IPD of the test-checked GMIs. Details are provided in ***Appendix 3.2***.

The State Government stated (January 2024) that orders for posting of specialists doctors have been issued as per availability.

(ii) Inadequate IPD Services

To assess the quality of IPD services at government hospitals, Audit surveyed 50 IPD patients (November 2021-February 2022) of 12 GMIs (eight CHCs and four PHCs) which revealed the following:

- 30 *per cent* beneficiaries responded that doctors had not visited in a day. Further 56 *per cent* beneficiaries stated that Resident doctors were not available all the time.
- 24 *per cent* beneficiaries stated that all the prescribed tests were not available in the hospital.
- 14 *per cent* beneficiaries stated that they did not get all the medicines prescribed by the doctor free of cost in the hospital.

The State Government stated (January 2024) that directions have been issued for carrying out prescribed tests under *Mukhyamantri Nishulk Janch Yojana* and for regular visit of doctors.

(iii) Productivity of IPD services at State and District Hospitals

Bed Occupancy Rate (BOR)

The productivity of IPD services can be evaluated through Bed Occupancy Rate (BOR[31]) which reflects the productivity in the use of available hospital beds and is an indicator of quality of services, infrastructure, trained staff, patient care, and satisfaction provided by the facility. As per IPHS, it is expected that the BOR of a hospital should be at least 80 *per cent*.

As per NITI Aayog's report on 'Best Practices in the Performance of District Hospitals', a high BOR is an indicator of 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 on clinically inappropriate wards and increases the rate of hospital-acquired infections. This also puts staff under pressure to free up beds that can pose a risk to patient safety.

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

Audit analysed the information of BOR of 91 hospitals[32] in the State for the year 2022 and noticed that:

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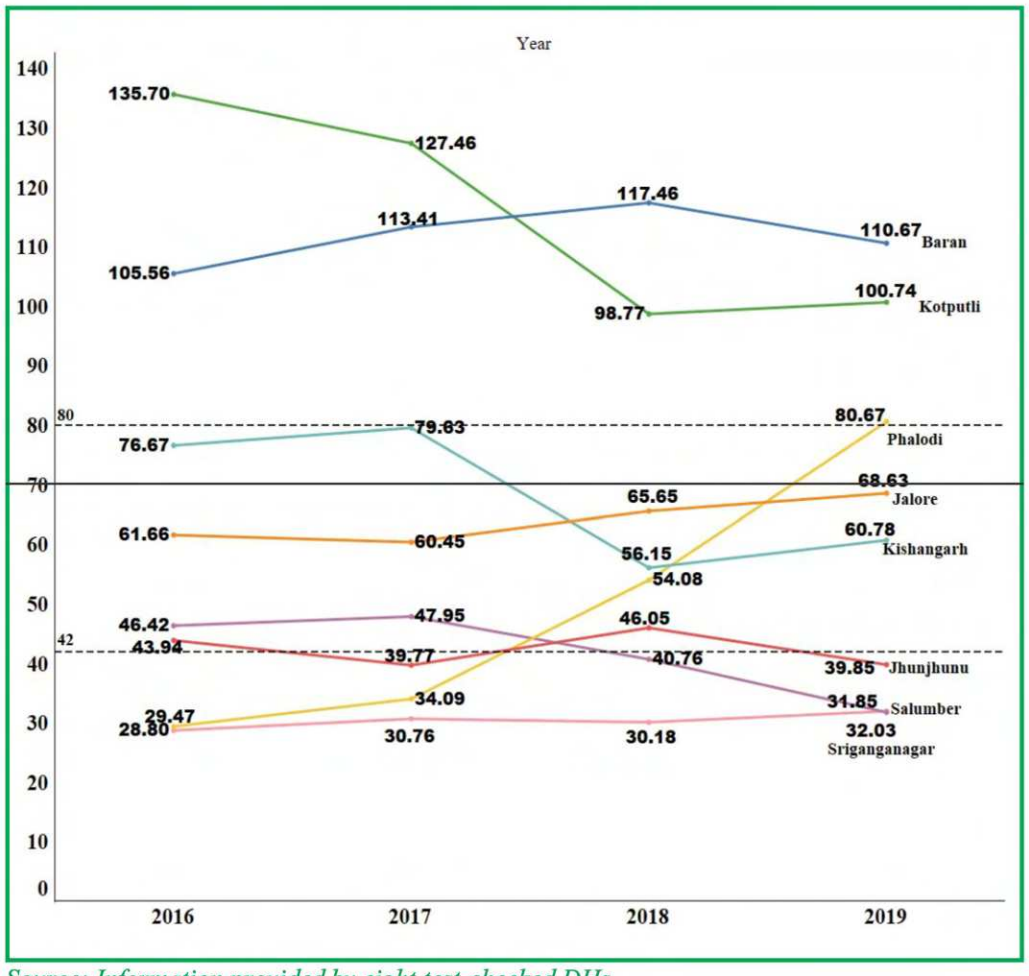
31 Bed Occupancy Rate = (Total number of inpatient bed days added for a year (Attendance) ×100)/ (Total Functional Beds × 365).

32 As per data of BOR, there were 93 hospitals, but two Hospitals had not provided the information.

- 23 *per cent* hospitals (21) had BOR of 80 *per cent* and more. Out of these hospitals, in 33 *per cent* hospitals (Seven), BOR exceeded 100 *per cent*.
- 77 *per cent* hospitals (70) had BOR below 80 *per cent*. Out of these hospitals, 64 *per cent* hospitals (45) had BOR of less than 42 *per cent.*

Further, BOR in the eight test-checked district hospitals for the period 2016-19[33] is shown in **Chart 3.2** below:

Chart 3.2: Bed Occupancy Rate



Source: Information provided by eight test-checked DHs.

The above chart shows that during 2016-19:

- BOR in DH Baran consistently remained above 100 *per cent* while in DH Kotputli, it was greater than 100 *per cent* in three out of four years.
- While BOR in the six[34] test-checked DHs remained below the norm of 80 *per cent,* in DH Sriganganagar it consistently remained below 42 *per cent.*

The State Government stated (January 2024) that BOR is affected by factors like population of concerned area, seasonal diseases and healthy season. It was

33 Information pertaining to 2020 and 2021 has been excluded in view of the exceptional circumstances due to COVID-19 which may distort the trend.

34 Phalodi (except 2019), Kishangarh, Jalore, Salumber, Jhunjhunu, Sriganganagar.

further stated that Quality Assurance Cell is conducting various trainings related to improving efficiency, capacity building and Standard Operating Procedures to improve the indicators.

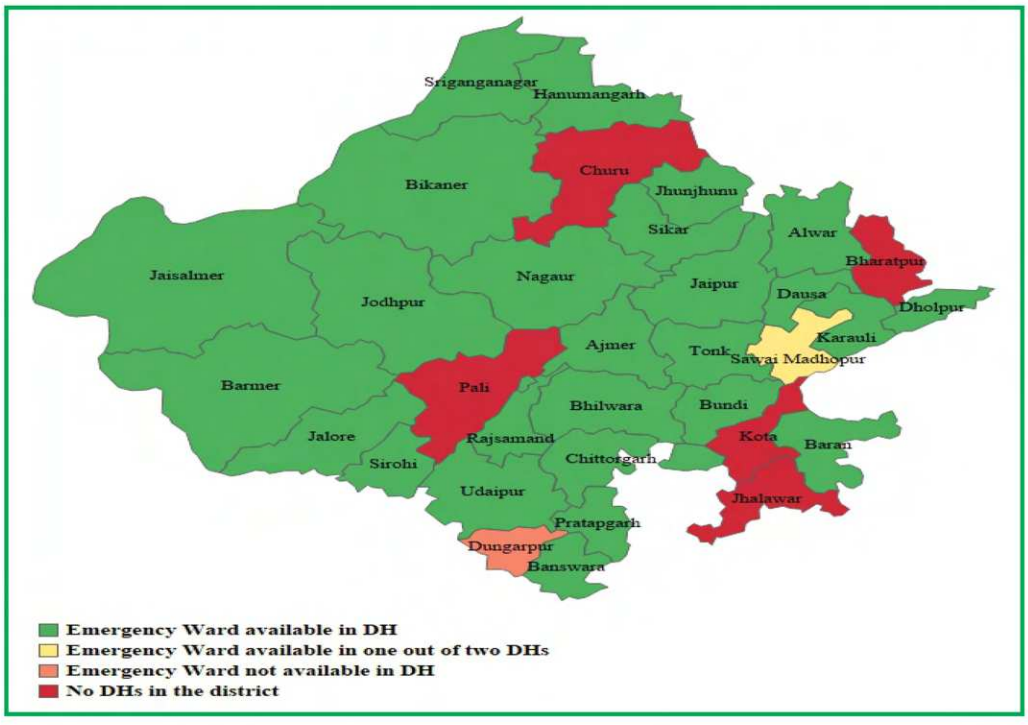
3.1.3 Emergency Services

As per IPHS for District Hospitals, Emergency Services should include dedicated Emergency Ward, dedicated triage and mobile X-ray/laboratory etc.

(i) Availability of facilities in Emergency Ward in DHs and SDHs

It was found that Emergency Ward was not available in two[35] (DH Sagwara in Dungarpur, DH Sawai Madhopur) out of 34 DHs as shown in **Chart 3.3** below:

Chart 3.3: Availability of Emergency Ward in the DHs of the State



Source: Information provided by DHs.

In the remaining 32 DHs where Emergency Wards were available, it was observed that emergency services, such as triage[36] in 10 DHs and mobile X-ray service in 21 DHs was not available.

It was found that Emergency Ward was not available in two (SDH/CHC Bijainagar and SDH Salawas) out of four test-checked SDHs. In the remaining two SDHs where Emergency Ward were available, it was observed that emergency services, such as triage, mobile X-ray service were not

35 Two DHs: Sagwara (Dungarpur) and Sawai Madhopur.

36 Triage is to identify patients needing immediate resuscitation; to assign patients to a predesignated patient care area, thereby prioritizing their care; and to initiate diagnostic/therapeutic measures as appropriate.

available. The detailed status of emergency services in 38 test-checked GMIs[37] is provided in ***Appendix 3.3***.

The State Government stated (January 2024) that IPHS norms were not adopted.

The reply is not tenable as District Hospital/Sub District Hospital/Community Health Centre is a hospital at the secondary referral level. Its objective is to provide comprehensive secondary health care services to the people in the district at an acceptable level of quality and being responsive and sensitive to the needs of people and referring centres. Further, GoR did not furnish information regarding whether any other norms were adopted instead of IPHS norms.

3.1.4 Intensive Care Unit (ICU)

Intensive Care Unit (ICU) is essential for critically ill patients requiring life-saving medical aid and nursing care. As per IPHS, the number of ICU beds should be 5 to 10 *per cent* of the number of beds available in the hospital.

i. Availability of ICU facility

Audit examined availability of ICU services in the eight test-checked DHs and found that:

- ICU facility was not available in two DHs (Salumber and Phalodi).
- Three DHs (Baran, Sriganganagar and Jalore) had a shortage of more than 50 *per cent* in ICU beds.

The State Government stated (January 2024) that five ICU beds have been constructed in DH Salumber and DH Phalodi had recently been upgraded and ICU beds will be provided in the upcoming financial year. It was further stated that ICU beds have been increased in DHs Baran, Sriganganagar and Jalore.

ii. Average number of surgeries per surgeon

Audit analysis of the information regarding number of surgeries and number of surgeons available in eight[38] test-checked DHs revealed that the average number of surgeries per surgeon ranged between 20 (DH Jalore) and 390 (DH Sriganganagar) during 2021-22, as shown in ***Appendix 3.4***.

37 38 GMIs: 34 DHs, Four SDHs/SHs (SDH Salawas, SH Sanganer and SDH Vallabhnagar, SDH/CHC Bijainagar).

38 Eight DHs: Kishangarh, Jhunjhunu, Phalodi, Salumber, Kotputli, Baran, Sriganganagar and Jalore.

iii. Availability of surgical procedures

Audit analyzed the availability (as of March 2022) of 12 surgical procedures[39] in the eight test-checked District Hospitals[40] (DHs) which revealed the following:

- There was no districts hospital that was providing all 12 surgical procedures.
- Out of 12 surgical procedures, only two[41] surgical procedures were available in DH Phalodi and Salumbar.
- The Cranial Cavity surgical procedure was not available in any of the test-checked eight DHs.
- Five DHs (62.5 *per cent*) out of the test-checked eight DHs did not have facilities for Operation on the Urethra [42] surgical procedure.

The State Government stated (January 2024) that surgical procedures were not available due to insufficient staff (specialist doctors and nursing staff).

The reply is not tenable as there was no shortage of doctors in DH Jhunjhunu and only 3.85 *per cent* shortage were noticed in DH Kotputli (Jaipur). Similarly, there was no shortage of nurses in Sriganganagar and in DHs Kotputli (Jaipur), Baran, Jhunjhunu and Salumber (Udaipur) are only less than 10 *per cent* shortage.

3.1.5 Blood Bank

As per IPHS, availability of Blood Bank is essential in a District Hospital. Further, Sub-District Hospital and CHCs should have facility of blood storage (50 units of blood). Audit noticed that:

- Blood Bank was not available in seven[43] out of 34 DHs as shown in **Chart 3.4** below:

39 Removal of Foreign Bodies; Wiring, Plating, Grafting and Pinning; Hernia; Hydrocele; Appendicectomy; Hemorrhoids, Fistula; Cranial cavity; Tracheotomy; Operation on the Urethra; Fibroadenoma excision of breast; K nail, SA, K joint, K wire and Cataract.

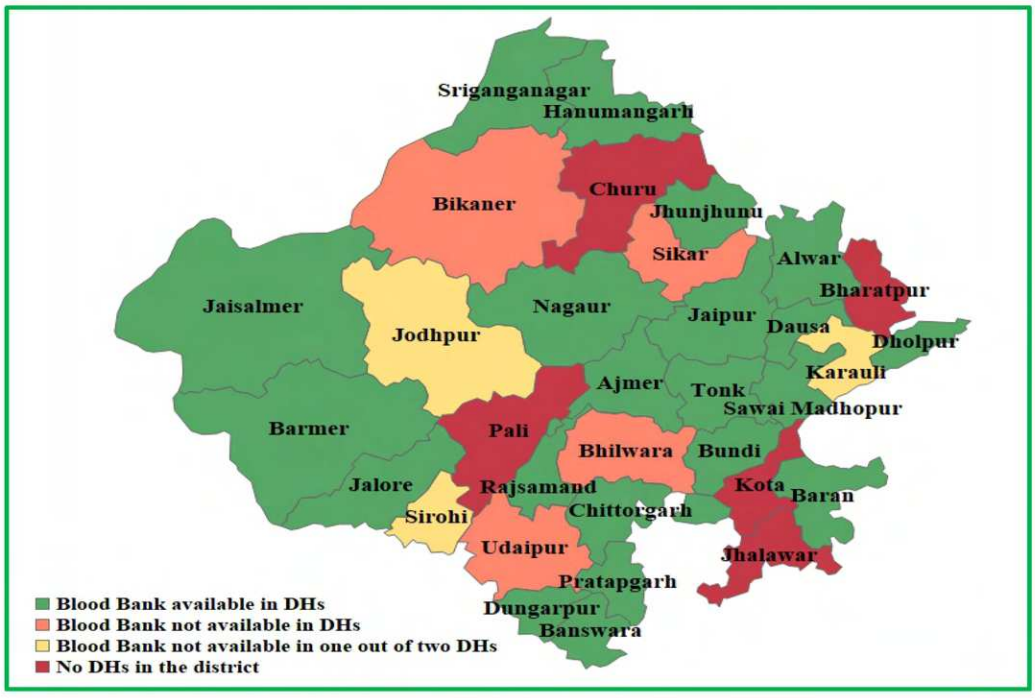
40 Eight test-checked District Hospitals: Kotputli (Jaipur), Baran, Kishangarh (Ajmer), Jhunjhunu, Sriganganagar, Phalodi, Jalore and Salumber (Udaipur).

41 Two surgical procedures: DH Phalodi (Removal of Foreign Bodies and K nail, SA, K joint, K wire) and DH Salumber (Wiring, Plating, Grafting and Pinning and K nail, SA, K joint, K wire).

42 Five DHs: Kotputli, Jhunjhunu, Sriganganagar, Phalodi and Salumber.

43 Seven DHs: Salumber (Udaipur), Sheoganj (Sirohi), Neem ka Thana (Sikar), Pipar City (Jodhpur), Hindaun (Karauli), Nokha (Bikaner) and Shahpura (Bhilwara).

Chart 3.4: Status of availability of Blood Bank in DHs of the State



Source: Information provided by DHs.

- Blood storage facility was not available in three[44] SDHs/SHs and in five[45] CHCs.

The State Government stated (January 2024) that blood storage facility could not established due to non-availability of first referral units in test-checked SDHs/SHs and CHCs. Further, it was stated that DHs Salumber (Udaipur), Sheoganj (Sirohi), Nokha (Bikaner), Shahpura (Bhilwara), Neem ka Thana (Sikar) and Pipar City (Jodhpur) have been upgraded recently and Blood Bank will be established and presently blood storage unit is functioning for blood supply.

Recommendation 2: *The State Government may ensure availability of the required Minimum Assured Services like General Surgery, Paediatrics, Orthopaedics, Emergency, Intensive Care Unit, Blood Banks etc. as per IPHS in the Government Medical Institutions of the State.*

3.1.6 Maternity Services, Childcare and Immunization

i. Availability of Maternal and Childcare Services and Beds in DHs

Audit analysis of the information regarding availability of Maternal and Childcare services in 34 DHs revealed that Maternal and Childcare services along with beds were available in all the 34 DHs of the State. Details are provided in the ***Appendix 3.5***.

ii. Administration of birth doses of various vaccines (immunization) to newborns

Pregnancy, Child Tracking and Health Services Management System (PCTS) was implemented in Rajasthan in September 2009 as an online portal to track medical care for pregnant women and childcare and immunization.

44 Three SDHs/SHs: SDH Salawas, SHs Vallabhnagar, and Sanganer.
45 Five CHCs: Masuda, Asop, Singhana, Sarada and Jobner.

Under the Universal Immunization Programme, Oral Polio Vaccine (OPV) and Hepatitis B Vaccine are to be given to all newborns. Further, operational guidelines issued (2014) by the Child Health Division, MoHFW, GoI, states that all newborns delivered in health facilities at all levels including health sub-centre should receive Vitamin K prophylaxis/vaccine which is required to prevent Vitamin K Deficiency Bleeding.

Data available on PCTS portal regarding vaccines to newborns for the period 2016-22 are shown in **Table 3.3**:

Table 3.3: Administration of vaccines to newborns (birth dose)

Year	Total Live Birth	Vitamin K1 (Birth dose) (in *per cent*)	OPV 0 (Birth dose) (in *per cent*)	Hepatitis B-0 (Birth dose) (in *per cent*)
2016-17	14,07,628	Data Not Available	10,47,483 (74.41)	9,15,991 (65.07)
2017-18	13,61,546	4,35,882 (32.01)	10,99,324 (80.74)	10,08,440 (74.07)
2018-19	13,35,944	6,81,442 (51.01)	10,70,074 (80.10)	9,74,337 (72.93)
2019-20	13,37,540	7,96,827 (59.57)	10,76,420 (80.48)	9,47,161 (70.81)
2020-21	13,15,428	8,54,526 (64.96)	10,37,272 (78.85)	8,86,717 (67.41)
2021-22	12,51,720	8,50,752 (67.97)	9,69,571 (77.46)	8,78,265 (70.16)
Total	**80,09,806**	**36,19,429 (45.19)**	**63,00,144 (78.66)**	**56,10,911 (70.05)**

Source: Information obtained from PCTS portal of GoR.

From the above Table it can be seen that:

- The target of universal immunisation could not be achieved as the State could immunise approximately 79 *per cent* newborns with OPV 0 (Birth dose) during 2016-22, with the best performance being around 81 *per cent* during 2017-18;
- Polio vaccine (OPV 0) was given to 74 to 81 *per cent* newborns and the percentage has been declining year after year since 2017-18 onwards;
- Hepatitis B vaccine was given to 65 to 74 *per cent* newborns and the percentage of vaccination decreased from 74 *per cent* in 2017-18 to 70 *per cent* in 2021-22.

The State Government attributed (January 2024) its failure to achieve universal immunisation to lack of cold chain points. The State Government did not give any reason for the decline in the vaccination percentage. It was further stated that as per availability of infrastructure, equipment, manpower and number of cold chain points are being gradually increased at CHCs/PHCs.

iii. Benefits of Janani Suraksha Yojana (JSY) to Below Poverty Line (BPL) families

As per JSY guidelines, it is necessary that all women are encouraged to avail institutional care as institutional delivery is the primary strategy for promoting safe motherhood. However, in case a BPL pregnant woman, aged 19 years and above, prefers to deliver at home, she is entitled to cash assistance of ₹ 500 per delivery.

Analysis of data available on PCTS portal for the period 2016-22 revealed that BPL mothers receiving JSY incentive for home deliveries was only 7 to 13 *per cent* of the overall home deliveries by BPL mothers during 2016-22. Details are given in ***Appendix 3.6***.

The State Government stated (January 2024) that out of 8,768 cases, 2,343 beneficiaries have been paid JSY incentive. It was further stated that 5,581 cases reported by error in PCTS portal and payment of rest 814 cases is in progress. Information regarding remaining 30 cases were not furnished by State Government.

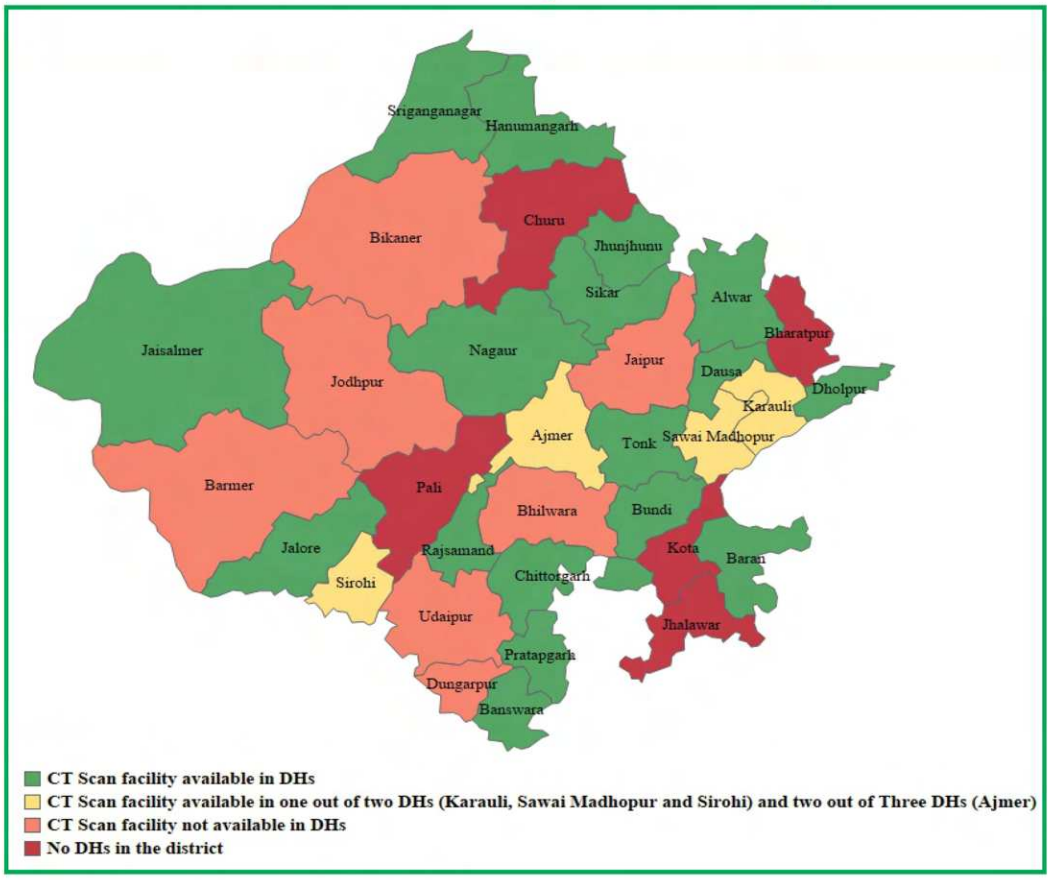
3.1.7 Radiology and Pathology Services

(i) Non-Availability of Adequate Radiology Services

The IPHS prescribes radiology services[46] for the district hospitals/ sub-district hospitals/ CHCs. Further, it also prescribed that CT Scan facility should be available in DHs. As per Section (3) of the Atomic Energy (Radiation Protection) Rules 2004, license from Atomic Energy Regulatory Board (AERB) is necessary for establishing X-ray and CT Scan units.

a. It was revealed that X-ray Services were available in all 34 DHs, however requisite license from the AERB was not obtained by nine DHs[47]. Further, CT Scan facility was not available in 12 DHs[48] out of 34 DHs, as shown in **Chart 3.5**:

Chart 3.5: Non-availability of CT Scan facility



Source: Information provided by 34 DHs.

46 X-ray, Dental X-Ray, Ultrasonography (desirable in CHC).
47 Nine DHs: Phalodi, Jhunjhunu, Baran, Salumber, Balotra, Sagwara, Gangapur City, Jaisalmer and Nokha.
48 12 DHs: Kishangarh, Phalodi, Kotputli, Salumber, Balotra, Shahpura, Sheoganj, Pipar City, Sagwara, Gangapur City, Hindaun and Nokha.

- Out of 12 GMIs (Four SDHs and Eight CHCs) where X-ray services were available, Seven GMIs[49] had not obtained requisite license from the AERB.

The Director, Public Health stated (February 2023) that DHs of Kishangarh, Phalodi and Kotputli were in the process of setting up CT scan machines. The State Government stated (January 2024) that gap analysis to ensure AERB compliance has been completed and implementation work is going on.

Thus, safety and regulatory norms to protect healthcare professionals and patients from harmful effects of radiation could not be ensured in absence of AERB licence.

(ii) Pathology services

The IPHS prescribe laboratory services in the categories of Pathology, Microbiology, Biochemistry, etc. to be carried out in the DHs/SDHs/CHCs.

Status of availability of pathology services in the 46 test-checked GMIs (April-July 2022 and May 2023) showed that pathology services in the GMIs were being provided through in-house and outsourced laboratories.

a. Non-availability of investigations in DHs

Details of non-availability of pathological investigations in the test-checked 34 DHs is shown in **Table 3.4** below:

Table 3.4: Non-availability of investigation facility in GMIs

Type of GMI	Category of investigations	Number of GMIs where these investigations were not available
District Hospitals	Pathology	8
	Microbiology	6
	Ophthalmology	4
	ENT	20
	Endoscopy services	29
	Respiratory services	33

Source: Information provided by 34 DHs.

b. Non-availability of investigations in SDHs/CHCs

Details of non-availability of pathological investigations in the 12 GMIs[50] is shown in **Table 3.5** below:

49 Seven GMIs: Two SDHs: Salawas, SH Vallabhnagar and Five CHCs: Asop, Singhana, Srikaranpur, Anta and Sarada.

50 12 GMIs: Four SDHs/SHs: Salawas, Bijainagar, Sanganer and Vallabhnagar; eight CHCs : Masuda, Jobner, Anta, Sanchore, Singhana, Asop, Srikaranpur and Sarada.

Table 3.5: Non-availability of investigations facility in SDHs/CHCs

Type of GMI	Category of investigations	Name of GMIs where none of the investigations were available
Sub-District Hospitals/ Satellite Hospitals	Microbiology	1
	Ophthalmology Services	1
	Pathology	2
	ENT	4
	Endoscopy services	4
	Respiratory services	4
Community Health Centres	Microbiology	1
	Pathology	3
	Ophthalmology services	7

Source: Information provided by test-checked 12 SDHs/CHCs.

It is evident from the above Table that the full range of pathological investigations was not available in most of the test-checked GMIs. Details are provided in ***Appendix 3.7***.

c. Non-validation of laboratory reports with external agencies

As per IPHS, periodic validation of laboratory reports should be done with external agencies, like District PHC/ Medical College for Quality Assurance. In the test-check of 62 GMIs[51] (April-July 2022 and May 2023) for the period 2016-22, it was revealed that:

- Validation of laboratory reports by external agencies was not done in 21[52] out of the 34 test-checked District Hospitals. Among the remaining 13 DHs, DH Jalore conducted the validation only for the Blood Bank reports;
- Validation of laboratory reports was not done in three out of four test-checked Sub-district Hospitals and was done only in Sub-district Hospital /CHC Bijainagar;
- Validation of laboratory reports was not done by any of the test-checked eight CHCs and 16 PHCs.

3.2 Support Services

The IPHS and National Health Mission Assessor's Guidebook 2013 prescribed basic support services, i.e. Dietary, Oxygen, Ambulance, Mortuary and Laundry Services etc. in healthcare facilities.

51 62 GMIs: 34 DHs, four SDHs, eight CHCs, 16 PHCs.

52 21 DHs: Phalodi, Baran, Kotputli, Sriganganagar, Salumber, Nagaur, Pratapgarh, Banswara, Balotra, Sheoganj, Tonk, Shahpura, Alwar, Pipar City, Sagwara, Gangapur City, Jaisalmer, Hindaun, Sawai Madhopur, Hanumangarh and Dholpur.

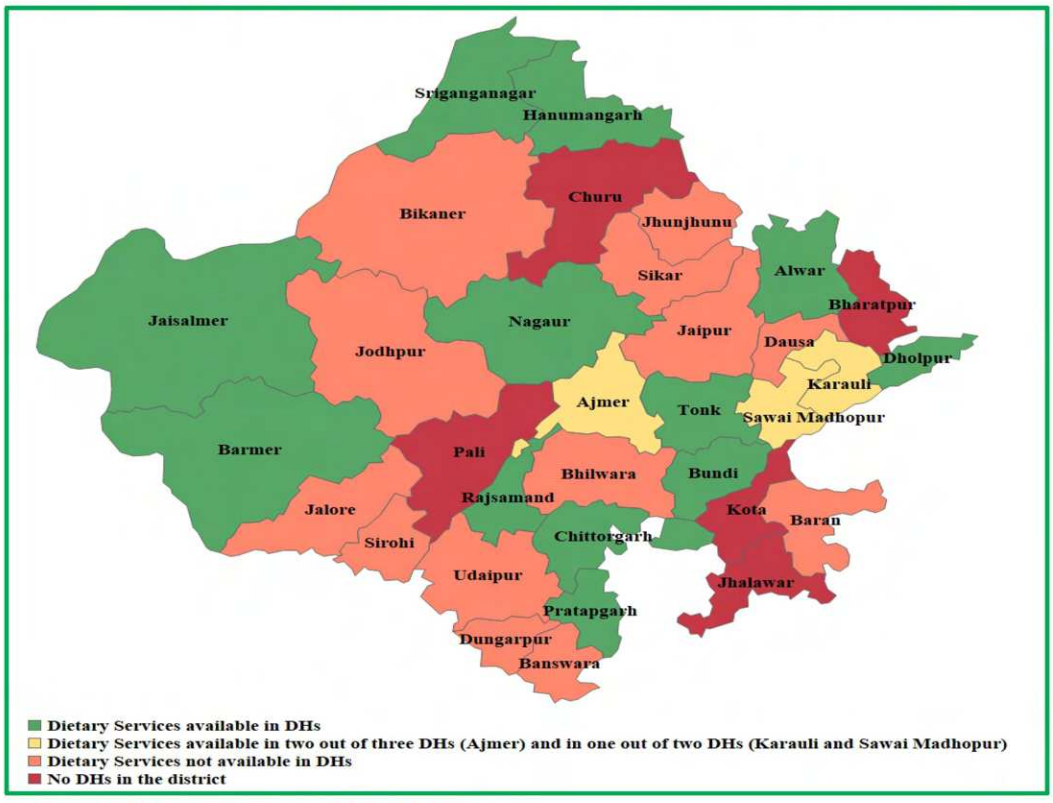
3.2.1 Dietary Services

The IPHS prescribes that dietary service of a hospital is an important therapeutic tool. Normal, diabetic, semi-solid and liquid diets shall be available in Hospitals. Quality and quantity of diet shall be checked on regular basis in secondary care.

i. Availability of Dietary Services in 34 DHs

Audit analysis of the information regarding availability of dietary services in 34 DHs of the State revealed that dietary services were available in 16 DHs[53] as shown in **Chart 3.6:**

Chart 3.6: Availability of Dietary Services in 34 DHs



Source: Information provided by 34 DHs.

Details are provided in ***Appendix 3.8***.

In these 16 DHs, where dietary services were available it was revealed that:

- FSSAI registration certificate issued under Food Safety and Standard Act, 2006 was obtained by seven DHs[54] only.
- Commercial gas cylinders in kitchen being used by five DHs[55] only.

53 DHs which had dietary service in only one ward (Dausa, Jalore and Sawai Madhopur) have been considered as lacking Dietary service.
54 Seven DHs: Pratapgarh, Tonk, Gangapur City, Balotra, Hanumangarh, Karauli and Bundi.
55 Five DHs: Kekri, Pratapgarh, Karauli, Sriganganagar and Jaisalmer.

The State Government stated (January 2024) that instructions have been issued (December 2023) to hospitals to use the commercial gas cylinders in hospital kitchen. It was further stated that out of nine DHs who have not obtained registration certificate, eight DHs[56] have been obtained registrations certificate and DHs are being directed time to time to provide the dietary services. Instructions had been issued to DH (DH Kekri, Ajmer) to obtain the registration certificate.

ii. Availability of dietary services in MCHs

Audit conducted Joint Physical Verification with departmental authorities in six test-checked MCHs and found that dietary services were not available in two[57] MCHs. In the remaining four MCHs, shortcomings were noticed as shown in **Table 3.6** below:

Table 3.6: Availability of dietary services in test-checked MCHs

Particulars	JLN Hospital, Ajmer	Maharana Bhupal Government Hospital, Udaipur	Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur	*Mahila Chikitsalaya,* Jaipur
Availability of dietary services in the hospital	Available	Available	Available	Available
Obtaining of FSSAI registration certificate required under[58] Food Safety and Standards Act, 2006	No	No	No	No
Commercial gas cylinders[59] are used in kitchen	No	No	No	No
Food supplied to the patients was patient specific	No	Yes	No	Yes
Diet chart for patients was prepared	No	No	No	Yes

Source: Information provided by test-checked GMIs.

- Four (100 *per cent)* GMIs had not obtained Food Safety and Standards Authority of India (FSSAI) registration certificate required under Food Safety and Standards Act, 2006.
- In four (100 *per cent)* GMIs, commercial gas cylinders in kitchen were not used.
- In two (50 *per cent)* GMIs, patient specific food was not supplied to the patients.
- In three (75 *per cent)* GMIs, diet chart for patients was not prepared.

56 Eight DHs: Nagaur, Beawar, Rajsamand, Karauli, Alwar, Jaisalmer, Dholpur and Chittorgarh.

57 Two MCHs: Shree Khemraj Katara Government Satellite Hospital, Udaipur and *Rajkiya Mahila Chikitsalaya,* Ajmer.

58 As per Food Safety and Standards (Licensing and Registration of Food Business) Regulations, 2011.

59 Contravention of the provisions the Liquefied petroleum Gas (Regulation of supply and Distribution) order, 2000 read with the provision of the LPG marketing Discipline Guideline 2001.

The State Government stated (May 2023) that food registration/ license have been issued for canteens in JLN Hospital, Ajmer and Maharana Bhupal Government Hospital, Udaipur. The State Government further stated (July 2023) that food is being provided under *"Kaleva Yojana"* for 72 hours to pregnant ladies only at Shree Khemraj Katara Government Satellite Hospital, Udaipur. It was also stated that diet charts for patients were being prepared at JLN Hospital, Ajmer.

However, GoR did not provide any supporting document regarding diet charts for patients were being prepared at JLN Hospital, Ajmer.

3.2.2 Oxygen Services at Tertiary Care institutions

As per National Medical Commission (NMC) (erstwhile MCI) Norms, 1999, all the Wards in Orthopaedic, Surgery and Paediatrics Departments should have wall-mounted suction lines, along with piped wall-mounted central oxygen lines, on all beds. Moreover, at least five beds in Ophthalmology Department should have the same arrangement.

Scrutiny of records of two MCHs[60] revealed that wall-mounted suction lines along with piped wall mounted central Oxygen lines were not available, as per details below:

- In 379 beds (44 *per cent*) out of 853 beds of Orthopaedic, Surgery and Paediatrics Departments in both MCHs;
- In any of the 30 beds in male and female Eye Wards of Ophthalmology Department at JLN Hospital, Ajmer.

Details are given in ***Appendix 3.9***.

The State Government stated (June and July 2023) that wall mounted suction lines along with piped wall mounted central oxygen lines have been installed on each bed in all the departments of MB Government Hospital, Udaipur. It was further stated that efforts would be made to provide oxygen through pipeline in wards at JLN Hospital, Ajmer.

3.2.3 Ambulance Services

i. At Secondary Care

a. Availability of ambulance service At State level

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

Analysis of information provided by office of MD, NHM on availability of 108 Ambulance Service revealed consistent shortage during 2016-22 against requirement, as shown in **Table 3.7**:

60 Two MCHs: JLN Hospital, Ajmer and MB Government Hospital, Udaipur.

Table 3.7: Availability of 108 Ambulance Service in the State

Year	Projected Population* of the State (In lakh)	BLS ambulance requirement	ALS ambulance requirement	Availability		Shortage of BLS ambulances against requirement	Shortage of ALS ambulance against requirement
				BLS ambulance	ALS ambulance		
2016-17	752.48	752	150	641	34	111	116
2017-18	762.56	762	152	730	34	32	118
2018-19	772.64	772	154	732	34	40	120
2019-20	782.73	782	156	701	34	81	122
2020-21	792.81	792	158	701	34	91	124
2021-22	801.53	801	160	714	125	87	35

Source: Information provided by MD, NHM.

**According to 'Population Projections for India and States 2011-2036' report of the National Commission on Population, Ministry of Health and Family Welfare, GoI.*

The State Government stated (January 2024) that GoI has approved 797 BLS and 147 ALS for the State against which 725 BLS and 139 ALS were available.

The fact remains that shortage of ambulances in the State is yet to be fully addressed and there was shortage of 72 BLS and 8 ALS in the State.

b. Availability of ambulance service in GMIs

As per the IPHS, DHs are required to have three running ambulances with well-equipped BLS. Further, it is desirable to have one ALS ambulance in DHs. Four ambulances are required in DHs having 301 or more beds. Further, one ambulance for SDH with 31-50 beds and two ambulances for SDHs with 51-100 beds were required and one running ambulance with well-equipped BLS is required in CHC.

The availability of ambulances (April-July 2022 and May 2023) in 46 test-checked GMIs[61] is shown in **Chart 3.7** and details are given in ***Appendix 3.10***. It was observed that:

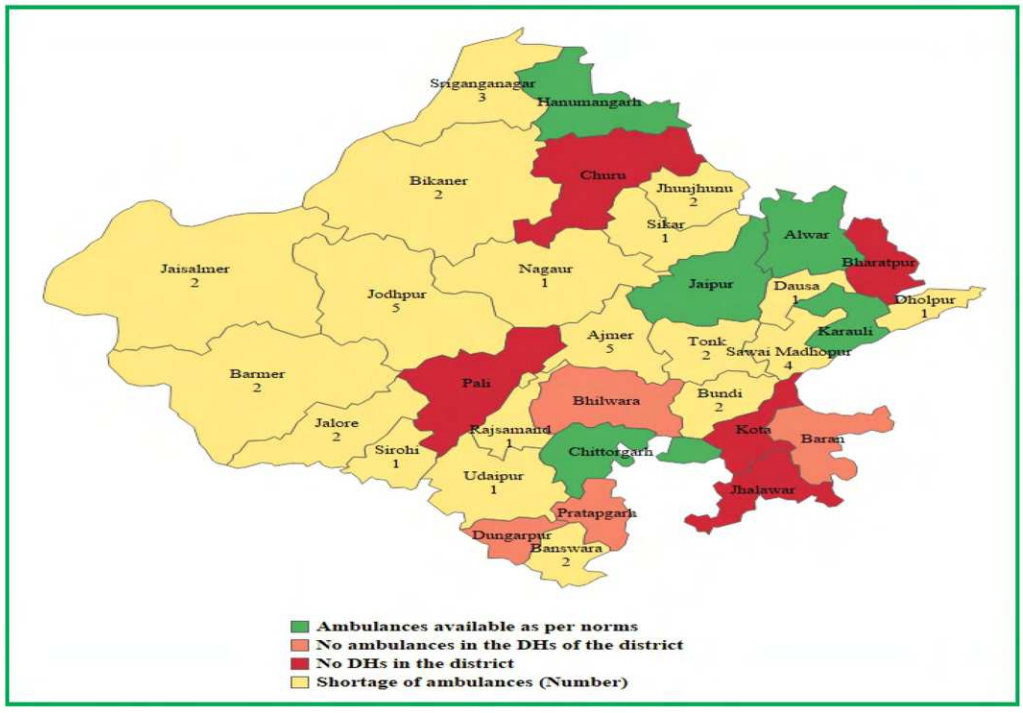
- Seven[62] out of 34 DHs did not have an ambulance. Further, in 20 DHs[63], there was shortage of ambulances in comparison to norms.

61 46 GMIs: 34 DHs, Four SDHs and Eight CHCs.

62 Seven DHs: Baran, Phalodi (Jodhpur), Pratapgarh, Beawar (Ajmer), Shahpura (Bhilwara), Sagwara (Dungarpur) and Sawai Madhopur.

63 20 DHs: Salumber, Jalore, Jhunjhunu, Sriganganagar, Nagaur, Dausa, Kekri (Ajmer), Rajsamand, Neem ka Thana (Sikar), Banswara, Balotra (Barmer), Sheoganj (Sirohi), Tonk, Pipar City (Jodhpur), Gangapur City (Sawai Madhopur), Jaisalmer, Hindaun (Karauli), Dholpur, Nokha (Bikaner) and Bundi.

Chart 3.7: Non-availability and shortage of ambulance services



Source: Information provided by 34 DHs.

- Two SDHs did not have an ambulance and in the remaining two SDHs, only one ambulance was available against two required as per norms.

- Five out of eight tests-checked CHCs did not have an ambulance. In the three CHCs where ambulance facility was available, the ambulances were running without technician.

The State Government stated (January 2024) that IPHS norms are not adopted by State and ambulances are deployed as per probable load of emergency cases in medical institutes, trauma centres, police station, probable accidental places and nearby national highways etc.

Thus, it can be seen that ambulance services were deficient in the test-checked GMIs and were not in a position to provide an effective patient transport service in case of emergency.

c. 108-Ambulance Response Time

As per conditions of contract for operation and management of 108 emergency services in Rajasthan, response times for ambulances in Urban, Rural, and Desert areas were prescribed as 20, 30 and 40 minutes respectively. It was observed that during 2017-22, ambulances responded within the prescribed time limits in 73 *per cent* cases in Urban areas, 83 *per cent* cases in Rural areas and 84 *per cent* cases in Desert areas. Details are given in **Table 3.8** below:

Table 3.8: Ambulance response within prescribed time-limits during 2017-22

Year	Number of cases in Urban areas	Number of cases where response time was 0-20 minutes in Urban areas	Number of cases in Rural areas	Number of cases where response time was 0-30 minutes in Rural areas	Number of cases in Desert areas	Number of cases where response time was 0-40 minutes in Desert areas
2017-18	62,924	43,804 (70 *per cent*)	3,21,394	2,58,792 (81 *per cent*)	23,181	19,065 (82 *per cent*)
2018-19	71,978	56,871 (79 *per cent*)	3,68,247	3,17,403 (86 *per cent*)	29,214	24,841 (85 *per cent*)
2019-20	65,467	50,096 (77 *per cent*)	3,60,028	3,05,742 (85 *per cent*)	29,787	25,551 (86 *per cent*)
2020-21	58,892	39,943 (68 *per cent*)	3,26,127	2,57,273 (79 *per cent*)	25,835	21,166 (82 *per cent*)
2021-22	55,411	38,580 (70 *per cent*)	2,89,198	2,41,865 (84 *per cent*)	21,323	18,125 (85 *per cent*)
Total	3,14,672	2,29,294 (73 *per cent*)	16,64,994	13,81,075 (83 *per cent*)	1,29,340	1,08,748 (84 *per cent*)

Source: Information provided by Mission Director, National Health Mission.

It can be seen that the response in Rural and Desert areas was relatively better in comparison to Urban areas even as demand was higher in Rural areas.

The State Government stated (January 2024) that if services were not provided within prescribed response time there is provision of imposing penalty. It was further stated that average response time for Urban, Rural and Desert areas were 7.78, 9.99 and 11.57 minutes respectively during April-November 2023.

The reply is not tenable as the response time is crucial in ambulance services because it directly impacts the outcome of time-sensitive medical emergencies. Timely intervention can significantly improve a patient's chances of survival and recovery. Merely imposition of penalty does not serve the purpose.

ii. At Tertiary Care institutions

Audit conducted joint physical verification of ambulances (January-February 2022) with departmental authorities in six Medical College attached Hospitals and found that ambulances were not equipped with basic life support equipment in four[64] Medical College attached Hospitals.

3.2.4 Mortuary Services

(i) Mortuary Services: At Secondary Care (in DHs)

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

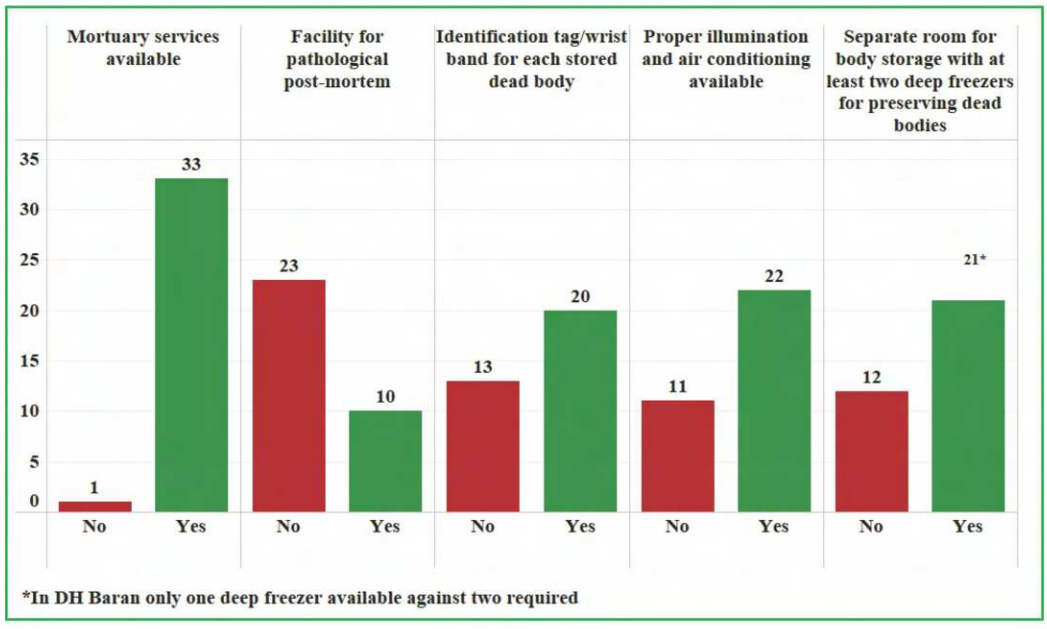
64 Four GMIs: JLN Hospital, Ajmer; *Rajkiya Mahila Chikitsalaya* (Ajmer); *Mahila Chikitsalaya* (Jaipur); and MB Government Hospital (Udaipur).

Further, as per IPHS for SDH, facilities for keeping of dead bodies and conducting autopsy are desirable. A cold chamber for preservation of two dead bodies should be installed.

The availability of mortuary and related facilities was examined (April-July 2022 and May 2023) in 38 GMIs (34 DHs and four SDHs/SHs). It was observed that mortuary services were not available in one (DH Phalodi) out of 34 DHs.

Further, in the remaining 33 DHs where mortuary services were available, facilities like proper illumination and air conditioning were not available in 11 DHs, separate room for body storage with at least two deep freezers was not available in 12 DHs, identification tag/wrist band for each stored dead body was not available in 13 DHs, and facility for pathological post-mortem was not available in 23 DHs as shown in **Chart 3.8** below:

Chart 3.8: Availability of Mortuary services



Source: Information provided by 34 DHs.

The availability of mortuary and related facilities was also examined (April-July 2022) in four SDHs/SHs. It was observed that mortuary services were not available in one (Government Satellite Hospital Sanganer, Jaipur) out of four SDHs/SHs.

Further, in the remaining three SDHs/SHs where mortuary services were available, facilities like proper illumination and air conditioning were not available in two SDHs/SHs, identification tag/wrist band for each stored dead body was not available in three SDHs/SHs and facility for pathological post-mortem was not available in one SDHs/SHs.

Details are provided in ***Appendix 3.11***.

The State Government stated (January 2024) that provisions are being made for construction of mortuary in newly construction of DHs and SDHs. It was

further stated that hospitals in which mortuary facilities are not available will be provided after receipt of proposal and sanction.

3.2.5 Laundry Services

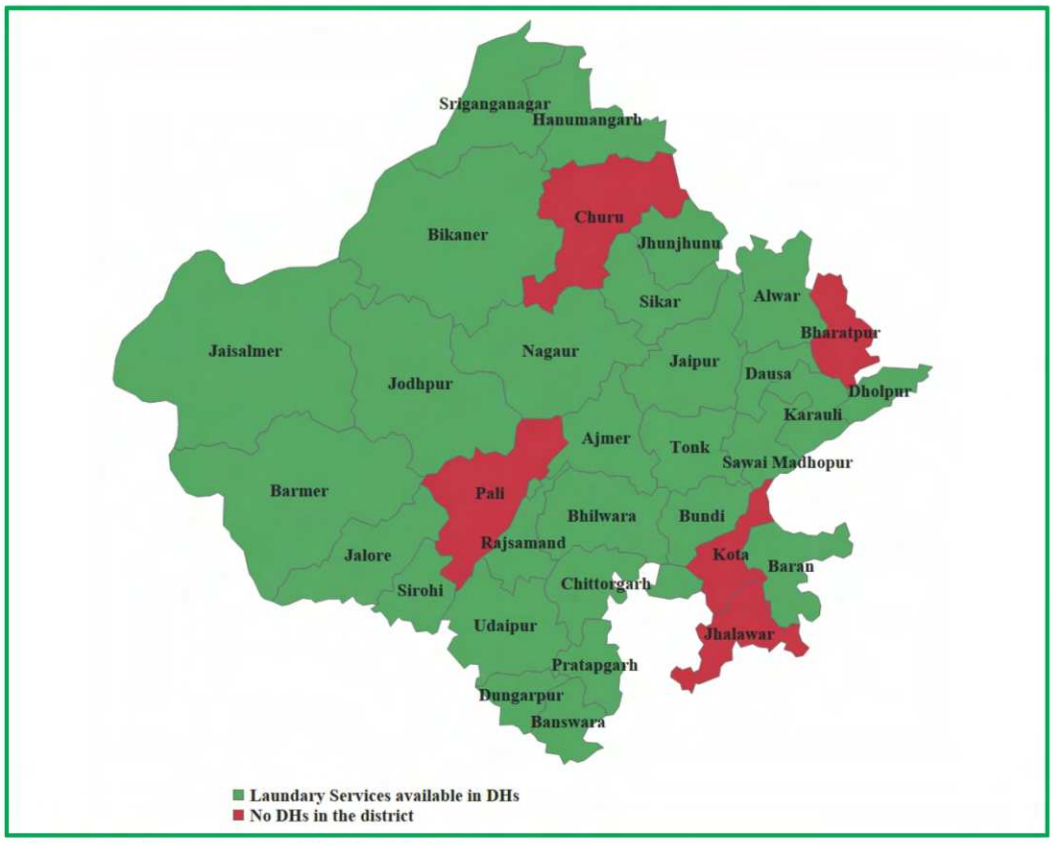
The IPHS prescribes that laundry facility should be available in the hospitals to provide well-washed and infection-free linen to patients. The National Health Mission Accessor's Guidebook envisaged that a proper register should be maintained for laundry related services.

i. Availability of adequate Laundry Services in Healthcare Facilities

Test check of 46 GMIs[65] during April 2022-July 2022 and May 2023 regarding availability of laundry services revealed that:

a. ***Availability of laundry services in 34 DHs*:** It was noticed that laundry services were available in all the 34 DHs of the State as shown in **Chart 3.9:**

Chart 3.9: Availability of laundry services



Source: Information provided by 34 DHs.

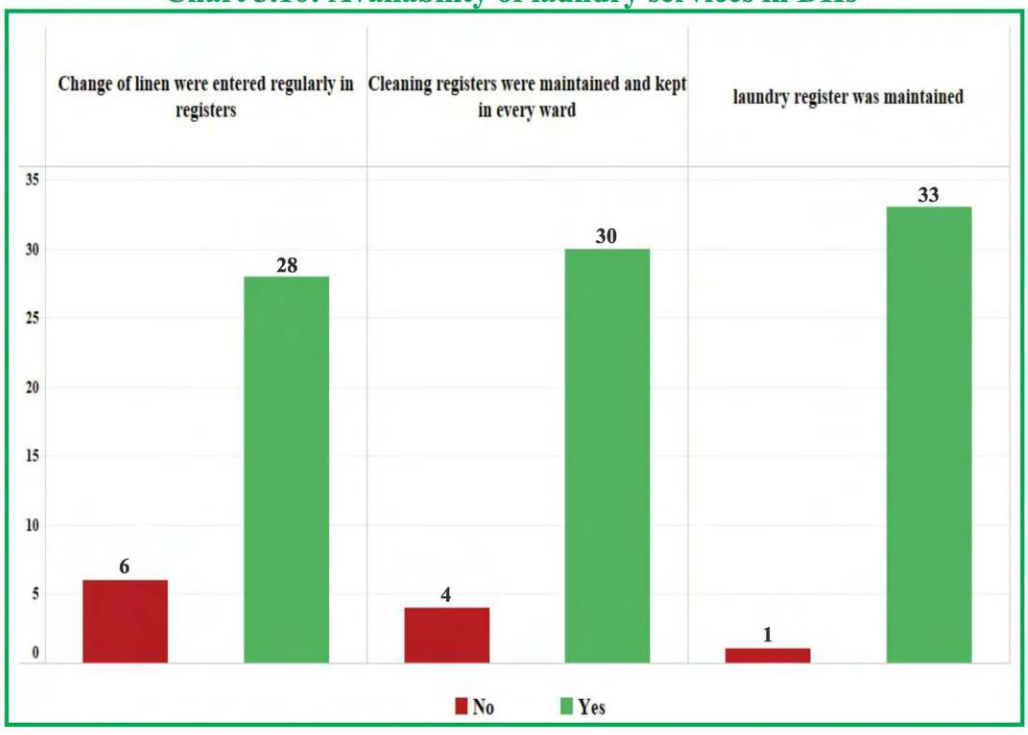
Details are provided in ***Appendix 3.12.***

It was further seen that in DH Pipar City (Jodhpur), Laundry Register was not maintained, in six DHs[66] change of linen was not entered regularly in registers

65 46 GMIs: 34 DHs, Four SDHs and Eight CHCs.
66 Six DHs: Kishangarh, Phalodi, Baran, Jaisalmer, Hindaun and Sawai Madhopur.

and in four[67] DHs Cleaning Registers were not maintained and kept in every Ward as shown in **Chart 3.10**:

Chart 3.10: Availability of laundry services in DHs



Source: Information provided by the DHs.

In eight test-checked DHs, non-availability of recommended 24 types of linen ranged between 37 *per cent* to 87 *per cent*. Details are given in ***Appendix 3.13 (a) & (b)***.

b. Availability of laundry services in SDHs and CHCs: In the remaining 12 GMIs (four SDHs and eight CHCs), it was seen that:

- In five[68] GMIs, laundry register was not maintained.
- In six[69] GMIs, change of linen was not entered regularly in registers.
- In four[70] GMIs, cleaning registers were not maintained and kept in every ward.

The State Government stated (January 2024) that directions have been issued (December 2023) to Officers-in-Charges regarding maintenance of register in laundry and wards and regularly entry in registers.

67 Four DHs: Phalodi, Pipar City, Dholpur and Chittorgarh.
68 Five GMIs: SDHs: Salawas, Vallabhnagar and CHCs: Masuda, Asop, and Sarada.
69 Six GMIs: SDHs: Salawas, Vallabhnagar and SDH/CHC Bijainagar and CHCs: Asop, Masuda and Sarada.
70 Four GMIs: SDH Salawas; CHCs - Masuda, Asop and Sarada.

3.2.6 Infection Control Management

The National Health Mission Assessor's Guidebook requires that for cleaning and disinfection of patient care areas, standard practices are to be followed through maintenance of a checklist for hygiene and infection control in each hospital. Also, infection control policies are needed to be framed, practiced and monitored by the Hospital Infection Control Committee.

Test-check of 60 GMIs[71] revealed that checklist for Hygiene and Infection Control was available in only 15 out of 60 GMIs (25 *per cent*). It was also found that Hospital Infection Control Committee (HICC) had been constituted in only 13 out of 36 GMIs[72] (36 *per cent*) as required.

Details are given in ***Appendix 3.14(a) & (b)***.



Improper management of garbage at DH Jalore (December 2021) and *Rajkiya Mahila Chikitsalaya,* Ajmer (February 2022)

The State Government stated (January 2024) that periodically trainings are being imparted regarding infection control practices for nursing officers working in SDHs/DHs.

Recommendation 3: *The State Government should make efforts to provide adequate services such as Radiology, Pathology, Dietary, Ambulance and Mortuary Services as per IPHS in the GMIs of the State.*

71 60 GMIs: Eight DHs, Four SDHs/SHs, Eight CHCs, 16 PHCs, 15 HSCs and Nine HWCs.

72 36 GMIs: Eight DHs, Four SDHs/SHs, Eight CHCs, 16 PHCs. HICC not required at HSCs and HWCs

3.3 Auxiliary Services

3.3.1 Fire Fighting Services at Secondary and Tertiary Care Institutions

The IPHS prescribes that building structure and internal structure of hospitals should be equipped with fire protection measures. Further, in every hospital, firefighting equipment such as fire extinguishers, sand buckets, etc. should be available and maintained for use in case of an incident.

Joint Physical Verification conducted with departmental authorities in 14 GMIs[73] (April-July 2022) revealed that:

- Fire No-Objection Certificate from competent authority was not obtained by 12 GMIs (86 *per cent)*;
- In nine GMIs (64 *per cent)*, smoke detector, fire alarm were not available;
- In ten GMIs (71 *per cent*), sand buckets were not available;
- In seven GMIs (50 *per cent)*, fire hydrants were not installed and underground backup water for fire was not available;
- In six GMIs (43 *per cen*t), plan for prevention of fire was not available; and
- Nine GMIs (64 *per cent)* did not conduct periodic training of staff and mock drills related to fire safety.

Details are given in ***Appendix 3.15***.

The State Government stated (December 2023) that Fire No-Objection Certificate was obtained (November 2022) by Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur. It was further stated that smoke detector and fire alarm have been installed and sand buckets are made available in Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur.

The State Government stated (January 2024) that directions have been issued (December 2023) to submit proposals for installation firefighting system for inclusion of provisions in Project Implementation Plan.

The fact remains that adequate firefighting services are not available in a significant number of Government Medical Institutions in the State.

73 14 GMIs: Eight DHs and Six MCHs.

3.3.2 Patient Rights through Citizen Charter

The National Health Mission Assessor's Guidebook and IPHS prescribe the requirement to display the Citizen's Charter at a suitable place in the hospital so that the patients are aware of their rights.

Joint Physical Verification conducted with departmental authorities and information collected by Audit in the 92 test-checked GMIs[74] (April-July 2022 and May 2023) revealed that 57 GMIs (62 *per cent)* had not displayed Citizen's Charter. Details are given in ***Appendix 3.16***.

The State Government stated (August 2023) that Citizen's Charter is available in *Mahila Chikitsalya*, Jaipur and Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur.

The State Government stated (January 2024) that directions have been issued (December 2023) regarding display of Citizen's Charter.

The fact remains that the norms regarding Citizen's Charter were not adhered to in a significant number of Government Medical Institutions due to which the public could not be made aware of their rights.

Recommendation 4: *The State Government should make efforts to address deficiencies in Fire Fighting Service in the GMIs as per norms.*

74 92 GMIs: 34 DHs, Four SDHs, Eight CHCs, 16 PHCs, 15 HSC, Nine HWCs and Six MCHs.

Chapter-IV
Availability of Drugs, Medicines, Equipment and Other Consumables

Chapter-IV

Availability of Drugs, Medicines, Equipment and Other Consumables

Shortfall of essential drugs was noticed in the Government Medical Institutions of the State. The reasons contributing to this shortfall were the shortage of the drugs at the warehouses and inadequate supply of medicines to Government Medical Institutions by drug warehouses against their demand. Other reasons included delay in finalizing and renewal of Rate Contracts and delay in issuing Purchase Orders for supply of medicines. There were delays in the supply of ordered drugs by the vendors as well.

Significant delays were noticed in the Quality Assurance process which contributed to the overall delays in the supply of drugs to the Government Medical Institutions. While the drug warehouses sent the drug samples for testing with delays, the testing laboratories also failed to furnish the quality test reports within the prescribed time limits. Instances of local purchase of drugs by the Government Medical Institutions without the batch test reports were also observed.

There was significant shortfall in availability of essential equipment against IPHS at the test-checked District Hospitals, Sub-district Hospitals, Community Health Centres and Primary Health Centres. Scheduled preventive maintenance and calibration of equipment were not carried out as per the requirements. There were delays in the prescribed verification of equipment by the Medical Officer in charge of the Government Medical Institutions. Instances of non-functional/idle equipment due to lack of trained manpower, non-availability of spare parts, etc. were also observed.

4.1 Introduction

The GoR set up the Rajasthan Medical Services Corporation Limited (RMSCL), a State Public Sector Undertaking, on 4 May 2011 as a centralised procurement agency for procuring generic medicines, surgical and suture items and medical equipment at the most economical cost for all the Government Medical Institutions of DMH&FW and DME. The RMSCL has its own warehouses throughout the State for storing and distribution of drugs to medical institutions.

The requirement of drugs, medicines, surgical and suture items and equipment are finalized by both Medical Directorates, i.e. Medical Education and Medical and Health Services, every year for centralised procurement by RMSCL. Need based procurement of drugs, surgical and suture items and equipment is made at State level by RMSCL. Thereafter, the drugs are delivered and stored at District Drug Warehouses[75] (DDWs) located in each district and Medical College Drug Warehouses[76] (MCDWs). The quality of drugs and surgical and

75 34 DDWs in the State: One DDW each in 32 districts and two DDWs in Jaipur district.
76 Six Medical College Drug Warehouses at Ajmer, Bikaner, Jaipur, Jodhpur, Kota and Udaipur in the State.

suture items is ensured through empanelled drug testing laboratories and after quality testing, these are issued to sub-stores of various Government Medical Institutions of the district as per their requirements. The drugs are finally distributed to the patients from Drug Distribution Centres (DDCs) of Government Medical Institutions.

The activities of RMSCL play a crucial role in the day-to-day functioning of the Government Medical Institutions. Two web applications (***e-Aushadhi***[77] *&* ***e-Upkaran***[78]**)** for centralized inventory management are being used for monitoring of drugs and management and maintenance of equipment. Process flow charts of *e-Aushadhi* and *e-Upkaran* are given in ***Appendix 4.1***.

4.2 Availability of Drugs and Medicines

4.2.1 Availability as reflected in e-Aushadhi System

The RMSCL, as the central procurement body, centrally procures drugs and medicines included in the Essential Drug List (EDL) to be supplied to the Government Medical Institutions for free distribution to the beneficiaries under the *Mukhyamantri Nishulk Dawa Yojana* (MNDY[79]). Number of drugs and consumables in the EDL (as on 11 March 2022) at the various medical units are as follows:

- Primary Health Centres - 414
- Community Health Centres - 635
- District Hospitals - 844
- Medical College Hospitals - 969

The availability of these essential drugs and consumables at the various medical units at any point of time can be seen on the "Medicine Availability Tracker"[80] of *e-Aushadhi* web portal. Audit assessed the availability of these essential drugs at all the medical units of the State as on 11 March 2022 and observed that in 27 *per cent* of the PHCs, the availability was less than 50 *per cent* of the listed drugs, as shown in **Table 4.1** below:

77 *e-Aushadhi* is a web-based application of RMSCL which deals with the management and supply of stocks of various drugs, medicines, sutures and surgical items required by GMIs in Rajasthan.

78 *e-Upkaran* is a web-based application of RMSCL which deals with management and maintenance of equipment and instruments of GMIs in Rajasthan.

79 Launched in 2011.

80 Medicine Availability Tracker is a report of *e-Aushadhi* for tracking the stock position of drugs and medicines in the GMIs of the State.

Table 4.1: Availability of essential drugs and consumables at medical units as on 11 March 2022

Essential Drug availability in percentage	No. of PHCs[81] (availability against prescribed 414 drugs)	No. of CHCs (availability against prescribed 635 drugs)	No. of DHs (availability against prescribed 844 drugs)	No. of MCHs (availability against prescribed 969 drugs)	
				MCHs	Women/Mother & Child Hospitals
Less than 25 *per cent*	67	4	0	9	1
25 *per cent* to 50 *per cent*	591	101	0	9	5
50 *per cent* to 75 *per cent*	1,063	410	21	20	2
More than 75 *per cent*	682	169	10	4	0
Total No. of GMIs	**2,403**	**684**	**31**	**42**	**8**

Source: e-Aushadhi data provided by RMSCL.

The above Table shows that 15 *per cent* of the CHCs had less than 50 *per cent* of the essential drugs and consumables.

The availability was slightly better at the District Hospitals. All District Hospitals had more than 50 *per cent* availability of essential drugs and consumables.

The shortfall of essential drugs was found to be highest in the Medical College Hospitals as in 43 *per cent* of these hospitals, the availability was below 50 *per cent*. Availability of drugs was lowest in Medical College attached Women/ Mother and Child Hospitals as in 75 *per cent* of these hospitals, the availability was below 50 *per cent*.

The State Government stated (January 2024) that on the basis of demand and feedback received from the GMIs, RMSCL regularly issued purchase orders for continuous supply of drugs and medicines at drugs warehouses. It was further stated that in case of delayed supply by supplier or non-availability of rate contract, GMIs concerned after obtaining Non-Availability Certificate from drugs warehouses procure drugs through local purchase.

The reply is not tenable as 50 *per cent* less availability of drugs and medicines were noticed in 27 *per cent* PHCs, 15 *per cent* CHCs and 43 *per cent* Medical College Hospitals and 75 *per cent* in Mother and Child Hospitals which shows that continuous supply of drugs were not ensured by RMSCL.

Audit is of the opinion that the State Government may utilise the savings under provision for healthcare as mentioned in Paragraph 6.2 of the report to enhance the purchase of Drugs and Medicines with a view to address the shortages.

81 Includes PHC and Urban PHC (UPHC).

4.2.2 Assessment of availability of medicines based on prescriptions

According to the directions of GoR (July 2013), the drugs which could not be made available to the patients in the GMIs as per the patient voucher (prescription slip) were to be mandatorily entered in the *e-Aushadhi* system as 'NA Hits' (Not Available drugs).

For independent verification of the availability of drugs reflected in the *e-Aushadhi* system, Audit test-checked 153 prescription slips issued at various medical units during the five-year period 2017-22. In these slips, a total of 581 drugs were prescribed to patients. In 66 prescription slips (43 *per cent),* the prescribed medicines were not available, out of which in 21 (14 *per cent*) cases, the non-availability of the prescribed drugs was not entered as 'NA Hits' in the *e-Aushadhi* system.

The above fact raises questions over the veracity of the data regarding availability of medicines and has an impact on the demand projection of medicines as reflected in the *e-Aushadhi* system.

The State Government stated (January 2024) that in case a particular drug is not available then if any substitute is available, are made available to the patients by the GMIs. It was further stated that in case where substitute is not available then after obtaining Non-Availability Certificate from the Drug Warehouse, drugs are being procured through local purchase by GMIs. It was also stated that instruction have been issued regularly for ensure availability of drugs at GMIs.

The shortfall of medicines in Government Medical Institutions pre-dominantly affects poor people as they are mainly dependent on government hospitals for their healthcare needs and as such the State Government may take suitable steps to ensure adequate availability of medicines in Government Medical Institutions.

4.3 Reasons for Non-availability of Drugs and Medicines

Audit analysed the reasons for non-availability of drugs and medicines in the GMIs which are brought out in the succeeding paragraphs.

4.3.1 Non-supply of demanded drugs and consumables

Audit found that against the drugs and consumables of EDL demanded by GMIs, the RMSCL did not procure all the drugs and consumables. Further, there were cases in which there was no supply of demanded and purchased drugs and consumables to the GMIs during the year. This has been shown in **Table 4.2** below:

Table 4.2: Shortfall in supply of drugs and consumables as on 31 March 2022

Year	Total number of drugs and consumables demanded	Number of drugs and consumables which were purchased against the demanded drugs	Number of drugs and consumables demanded but not purchased (2-3)	Number of drugs and consumables purchased but not issued
1	2	3	4	5
2017-18	810	721	89	3
2018-19	827	765	62	6
2019-20	829	760	69	0
2020-21	933	741	192	3
2021-22	936	788	148	1

Source: Information provided by RMSCL and data of e-Aushadhi.

The State Government stated (January 2024) that the process of issuing purchase orders is a continuous process. It was further stated that based on available rate contracts RMSCL issue purchase orders as per the requirement, availability and demand at GMIs received through warehouses.

The reply is not satisfactory as lack of rate contracts for drugs demanded by GMIs indicates failure of RMSCL as the Central Procurement agency. Moreover, specific reasons for lack of supply of drugs which were purchased have not been provided.

4.3.2 Non-availability of drugs and consumables at warehouses

To ensure uninterrupted supply of medicines, the procurement policy of RMSCL states that drug warehouses will maintain a buffer stock of minimum four months and a pipeline stock of two months.

Audit observed that 821 drugs and consumables demanded by Director, Public Health and 936 drugs demanded by Director, Medical Education Department during 2021-22 were not available during period of June and July 2022 at selected four District Drug Warehouses and three Medical College Drug Warehouses as shown in **Table 4.3** below:

Table 4.3: Status of availability of types of essential drugs and consumables

Particulars	DDW Ajmer	DDW-II Jaipur	DDW Jhunjhunu	DDW Sriganganagar	MCDW Ajmer	MCDW Jaipur	MCDW Udaipur
Number of drugs not available (*per cent*)	223 (27)	338 (41)	187 (23)	439 **(53)**	478 (51)	138 **(15)**	315 (34)

Source: Information provided by the seven test-checked DDWs/MCDWs.

The above Table shows that 15 to 53 *per cent* of essential drugs and consumables were not available during June and July 2022 in the seven selected warehouses. The problem was especially severe in DDW Sriganganagar and MCDW Ajmer, where over 50 *per cent* of demanded drugs were unavailable.

The State Government (January 2024) attributed the reasons of non-availability of drugs and medicines to factors such as non-availability of rate contracts, limitations in placing additional order quantity to contracted firm (upto additional 50 *per cent* of contracted quantity as per Rajasthan Transparency Public Procurement Act), changing pattern of drug consumption according to seasons, etc. It was further stated that action is being taken as per norms against approved supplier for non-supply of drugs/surgical and sutures within the stipulated period.

The reply is not tenable as 15 to 53 *per cent* of essential drugs and consumables were not available during June and July 2022 in the seven selected warehouses.

Recommendation 5: *The State Government may take necessary steps to ensure sufficient availability of essential drugs in the hospitals and drug warehouses.*

4.3.3 Medical units issued less than the demanded quantity of medicines

The medicines are supplied directly to the DDWs by the drug manufacturers from where medicines are issued to medical institutions for distribution.

Audit observed that another contributory factor for inadequate availability of drugs was that the quantity of drugs supplied to the medical units by RMSCL or the Warehouses was much less than the annual quantity demanded by the medical units. Audit noticed that the medicines issued during 2017-18 to 2021-22 to medical units were less than the quantity demanded in 79 *per cent* of the indents raised by the medical units, as shown in **Table 4.4** below:

Table 4.4: Medicine issued less than the demanded quantity during 2017-18 to 2021-22

Type of GMI	No. of indents raised to DDW/MCDW	Indents where the issued quantity was less than indented quantity	Percentage of drugs less than the indented quantity
PHCs	1,84,415	1,44,204	78
CHCs	1,24,707	1,01,070	81
SDHs	9,725	8,074	83
Satellite Hospitals	7,381	5,816	79
DHs, MCHs & others	63,313	48,358	76
Total	**3,89,541**	**3,07,522**	**79**

Source: Analysis of e-Aushadhi database provided by RMSCL.

Further analysis revealed that out of 3,89,541 indents, in 1,04,453 indents, quantity allocated was less than 50 *per cent* of the indented quantity and in 40,714 cases it was less than 25 *per cent* of the indented quantity.

The State Government (January 2024) stated that there may be shortage at DDWs due to lack of supply from the approved suppliers and in such cases action as per terms of contract is taken against them. However, the State

Government needs to put in place a robust mechanism to monitor and ensure adequate supplies to GMIs against their indents.

4.3.4 Delay in finalising and renewal of Rate Contracts

Procurement of medical supplies and drugs involve repeated purchases during the year, and therefore RMSCL had adopted a rate contract system. Suppliers for specific drugs to be selected through an open competitive bidding and rate contracts are signed with the Lowest Priced Technically Acceptable Bidder (L1). The duration of rate contract is two years and whenever the existing stock needs replenishment, supply orders are immediately placed on the selected vendor at the contracted price, without having to undergo the tendering process every time. However, any delay in procurement or finalizing of rate contracts results in consequent delays in the replenishment of stock.

Out of a total 969 types of drugs and consumables to be procured by RMSCL, Audit observed that there were no rate contracts for five drugs for a period ranging between 37 days to 172 days ***(Appendix 4.2)***.

Procurement Rules (RTPP Rules, 2013) stipulate that tendering should be completed within 50 days from the opening of the bids.

It was found that in three out of these five drugs, the contract was finalized in 112 days against the stipulated time of 50 days from the opening of technical bids. Details are in ***Appendix 4.3***.

The State Government stated (January 2024) that delays in conclusion and renewal of rate contracts occur due to factors such as negotiation and counter-offers to bidders and lack of bids in certain cases, etc.

4.3.5 Delay in issue of purchase orders

An efficient inventory management system which ensures timely supply and prevents stock-out, requires the maintenance of a buffer stock. The quantity of buffer stock for an item is equivalent to the estimated consumption of the item during the procurement lead time.

RMSCL has adopted the practice of maintaining a buffer stock of four months based on the following:

- Time for placing order - 10 days approx. (after generation of Drug Report Card)
- Time for delivery - 60 days maximum
- Time taken for quality assurance/ testing - 30 days approx.
- Time taken for replacement of quality rejected medicines - one month

Audit noticed that there was no express provision in the procurement policy of RMSCL or Government orders specifying the point at which the purchase orders have to be placed for replenishment of stock. Therefore, the initiation of purchase orders was left to the discretion of RMSCL and orders were placed in an ad-hoc manner.

Position of buffer stock of test-checked drugs at the time of issuance of purchase orders (POs), indicating delays, is shown in **Table 4.5** below:

Table 4.5: Status of buffer stock at the time of issue of purchase orders

Name of Drug and Code	RC Period	Last PO date	Number of POs issued (No. of firms)	Number of POs in which buffer stock was less than prescribed buffer level at the time of issuing POs	Out of col. 5, no. of cases in which buffer stock was less than 50 *per cent* of the prescribed buffer level at the time of issuing POs	Actual Buffer stock level as a percentage of prescribed buffer level at the time of placing POs
1	2	3	4	5	6	7
Povidone Iodine Ointment 5% (221)	11.01.18 to 30.09.19	09.08.19	23 (3)	23	23	27 to 36
ORS Powder IP (274)	11.01.18 to 30.09.19	26.09.19	7 (1)	3	2	29 to 114[82]
Rabies Vaccine Human (Cell Culture) IP (306)	20.12.18 to 30.09.20	17.02.20	8 (1)	7	4	0.32 to 106[83]
Aceclofenac 100 mg and Paracetamol 325 mg Tablets (492)	11.01.18 to 30.09.19	21.08.19	14 (2)	14	14	0.15 to 44
Oseltamivir Capsule 75 mg (639)	05.02.18 to 31.12.19	15.02.19	18 (2)	18	-	57 to 88
Total			**70**	**65**	**43**	

Source: Information provided by RMSCL.

The above Table depicts that:

- Out of 70 cases, in 65 cases the purchase orders were placed when the buffer stock was 0.15 *per cent* to 88 *per cent* of the prescribed buffer level[84];
- Out of these 65 cases, in 43 cases the purchase orders were placed when the buffer stock was less than 50 *per cent* (two months supply as against the required four months). In case of Aceclofenac 100 mg and Paracetamol 325 mg Tablets (492) which are vital, fast-moving drugs, the orders were placed when the buffer level was almost 'Nil'.
- In remaining five cases, buffer stock was more than buffer stock level at the time of placing purchase orders.

The State Government stated (January 2024) that buffer stock may become 'Nil' in a situation where no rate contract is available. It was further stated that in such situation, GMIs may arrange the required drugs through local purchase. The fact remains that in these 65 cases, the Purchase Orders were issued by RMSCL when the buffer stocks were much below the prescribed level.

82 In four POs.
83 In one PO.
84 Prescribed buffer level here refers to four-month buffer stocks across State, i.e. one-third of the total annual demand of the State.

Recommendation 6: *The State Government should specify reorder point at which purchase orders are placed and put in place a mechanism of system generated purchase orders for maintenance of prescribed buffer stocks.*

4.3.6 Delay in supply of Drugs, Medicines and Consumables by the vendors

Rate contracts specify that the vendor should complete the supplies within 45/60 days.

Audit observed that during 2016 to 2022, a total of 1,29,397 (36 *per cent)* out of 3,55,696 supplies were not delivered within 60 days. In 27 *per cent* cases, the delay was more than 30 days. Age analysis of delay in supply of Drugs, Medicines and Consumables is shown in **Table 4.6** below:

Table 4.6: Delay in supply of Drugs, Medicines and Consumables by the vendors

Delay in days	Number of supplies under purchase orders in which delivery was received with delay during 2016-2022
Up to 30 days	94,181 (73 *per cent*)
From 31-100	33,245 (26 *per cent*)
More than 100	1,971 (One *per cent*)
Total	**1,29,397**

Source: e-Aushadhi database provided by RMSCL.

The State Government (January 2024) informed that efforts are being made for continuous supply of drugs, surgical and sutures to Government Medical Institutions. It was also stated that in case of non-supply of drugs, the GMIs may arrange the required drugs through local purchase to ensure availability. It was further stated that action is being taken as per norms against approved supplier for non-supply of drugs/surgical and sutures within the stipulated period.

4.3.7 Supply of drugs and consumables with lesser shelf-life

As per condition no. 13(4) of tender documents of RMSCL, the remaining shelf life of the drugs at the time of delivery should not be less than three fourth of the labeled shelf life. Further, the conditions also mandate that the product with remaining shelf life less than the required shelf life should not be accepted.

Audit analysis of data of *e-Aushadhi* revealed that out of 4,26,674 instances of drugs received at various Drugs warehouses of RMSCL during 2016-22, in 3,301 instances, the remaining shelf life of the drugs at the time of delivery was less than three fourth of the labeled shelf life. Details of these 3,301 instances are provided in **Table 4.7**:

Table 4.7: Remaining shelf life of the drugs and consumables at the time of delivery

S. No.	Shelf life remaining at the time of supply of drugs	No. of cases
1	61 *per cent* to less than 75 *per cent*	2,504
2	31 *per cent* to 60 *per cent*	707
3	Up to 30 *per cent*	90
	Total	**3,301**

Source: Analysis of e-Aushadhi data provided by RMSCL.

The State Government stated (January 2024) that in case of emergency condition for maintaining uninterrupted supply, Board authorizes RMSCL to accept the supply of drugs with less than specified shelf life on case-to-case basis.

The reply is not tenable as the acceptance of drugs with lesser shelf life not only give rise in the cases of expiry of drugs lying in the district drug warehouse or drugs stores of hospitals but also there is the possibility that the drugs may get expired by the time of distribution to the patients.

Receipt of drugs having less than required remaining shelf life is not only in contravention of the conditions of the tender but also reflects a lack of monitoring at the level of Drug Warehouses.

4.4 Quality Assurance

4.4.1 Delay in sending samples for quality check

According to the Quality Control Policy and Procedures of RMSCL, supply of medicines received by the warehouses are to be quality tested before issuing them to the medical units. Samples are to be drawn by the warehouses from each batch of manufacture/supply and sent to RMSCL within two days of receipt of supplies. Until the quality test reports are received the drugs are quarantined by the warehouses. They are issued to the medical units only after the batch passes the quality test.

Audit observed significant delays in sending of samples by the warehouses to RMSCL. Out of the 1,08,444 instances where samples were sent by warehouses to RMSCL, in 95 *per cent* cases the delay was upto one month, while in 5 *per cent* cases the delay was more than a month, as shown in **Table 4.8** below:

Table 4.8: Status of delay in sending samples for quality check

Year-wise cases of delay in sending sample to RMSCL from DDWs/MCDWs							
Year	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**	**2021-22**	**Total**
No. of Cases	13,855	17,267	23,243	20,068	15,921	18,090	1,08,444
Range of delay in sending sample to RMSCL from DDWs/MCDWs							
Delay Range (In Days)	**Up to one Month**			**More than one month to one year**		**More than one year**	**Total**
No. of Cases	1,03,132			4,970		342	1,08,444

Source: e-Aushadhi data provided by RMSCL.

The State Government stated (January 2024) that there was delay in sending the samples in some cases due to shortage of manpower and delay in transportation. It was further stated that the drug warehouses are being instructed again to adhere to the prescribed timeline.

4.4.2 Delay in receipt of quality test reports from the laboratories

As per the Quality Control Policy of RMSCL and conditions stipulated in the empanelment of testing laboratories, the laboratories are required to furnish the test reports within:

(i) 10 days from the receipt of the sample, for non-sterile products like Tablets, Capsules, Pessaries, Ointments, Powder and Liquid Preparations.

(ii) 21 days from the receipt of the sample, in case of I.V. Fluids and Injections.

Audit observed delays in submission of test reports by the empaneled laboratories[85]. In analysis of total 86,965 cases during 2016-22.

- In 17,967 out of 67,603 cases where the samples test reports were to be submitted within 10 days, and
- In the remaining 19,362 cases, in 1,739 cases the reports were to be submitted within 21 days.

Details of delays are shown in **Table 4.9** below:

Table 4.9: Delay in receipt of quality test report from the laboratories

S. No.	Delay Range	Cases of delay where QC reports were required to be received within 10 days	Cases of delay where QC reports were required to be received within 21 days
1	Up-to one month	17,641	1,707
2	One month to six months	321	31
3	Six months and above	5	1
	Total	**17,967**	**1,739**

Source: e-Aushadhi data provided by RMSCL.

Delays in receipt of test reports delayed the issue of medicines by the warehouses to the medical units, resulting in non-availability of medicines at the units.

The State Government stated (January 2024) that delay occurred due to various reasons, such as testing laboratory asking for manufacturer's Standard Testing Protocol (STP), Placebo and working standard for the purpose of testing in certain cases. The fact remains that there were inordinate delays in receipt of laboratory reports contributing to delays in supply of medicines to the GMIs.

Recommendation 7: *The State Government may ensure timely testing of drug samples and receipt of quality test reports on time.*

85 Empanelled laboratories refer to drug testing laboratories approved by RMSCL where sample from the drugs supplied to drug warehouses are sent for quality testing.

4.4.3 Local purchase of drugs and medicines

Under *Mukhyamantri Nishulk Dawa Yojana*, GoR issued instructions (August 2011) that GMIs could utilize 10 *per cent* of the allotted annual budget on medicines for local purchase of medicines in case of non-availability or emergencies.

(i) Excess local purchase of drugs and medicines

Local purchase of drugs and medicines by the Government Medical Institutions is done through open tendering process as prescribed in Rajasthan Transparency in Public Procurement Act, 2012 and the firm with lowest rates being awarded the contract.

Audit found that GMIs made local purchase of drugs and medicines more than the prescribed limit of 10 *per cent*. Information provided by 22 test-checked GMIs[86] revealed that seven GMIs made local purchases more than the prescribed limit of 10 *per cent* of their annual budget during the period 2016-22. Details are provided in ***Appendix 4.4***.

The State Government stated (December 2023) that due to non-supply as per demand and in time from RMSCL and to provide immediate treatment to patients, non-available medicines are purchased on contract basis through approved firms by JLN Hospital, Ajmer and *Rajkiya Mahila Chikitsalya*, Ajmer.

The State Government stated (January 2024) that instruction have been issued to GMIs not to procure drugs and medicines at local level more than the 10 *per cent* of their annual budget.

(ii) Local purchase of drugs and medicines without batch test reports

As per the conditions of the standard bid document used by GMIs for placing local purchase orders, test report from an accredited laboratory should be provided with the supply of medicines, in the absence of which the supply shall be rejected. Further, as per the *Mukhyamantri Nishulk Dawa Yojana* (MNDY) guidelines, the pharmacist should ensure that products of standard quality are purchased and distributed.

In the test-checked GMIs, it was found that during 2016-22, two[87] out of eight DHs and one MCH out of six MCHs had purchased drugs locally without batch test reports[88].

86 22 GMIs: Six MCHs, eight DHs and eight CHCs.

87 Two DHs: DH Phalodi (Jodhpur) and DH Baran, One MCH: Shree Khemraj Katara Government Satellite Hospital, Udaipur.

88 Requisite batch testing reports from approved drug testing laboratory regarding quality of drugs being supplied was to be furnished by supplier at the time of supply of medicines.

Audit examination also revealed that two DHs[89] had failed to enter the details of the locally procured drugs and medicines in *e-Aushadhi*.

The State Government stated (January 2024) that directions have been issued to all CMHOs and PMOs for entering details of local purchase of drugs in *e-Aushadhi* system. Reply regarding drugs were purchased locally without batch test report were awaited (March 2024).

Recommendation 8: *The State Government may ensure issue of drugs to GMIs only after receipt of quality test reports.*

4.5 Equipment

4.5.1 Availability of equipment as per IPHS Norms

Indian Public Health Standards (IPHS) stipulates the number of essential equipment under different categories based on the type/level of the hospitals (number of beds). Audit examination revealed that the required equipment in various categories were not available in the test-checked units.

(i) Availability of equipment in DHs

According to IPHS, 312 types of equipment required in DH having 100 to 200 beds, 332 types of equipment required in DH having 201 to 300 beds and 339 types of equipment required in DH having 301 and above belonging to 16 selected essential categories are required at DH level.

Audit observed (April-July 2022) that none of the sampled eight DHs were fully equipped in the selected 16 categories of essential equipment such as Ear Nose Throat Equipment, Eye Equipment, Dental Equipment, Laboratory Equipment, Endoscopy Equipment and Operation Theatre Equipment as per IPHS norms. It was observed that in the eight sampled DHs, against the requirement of 2,610 equipment[90] prescribed by IPHS for various services, only 1,400 equipment[91] were available. Thus, there was a shortfall of 1,210 (46 *per cent)* equipment in the sampled DHs as shown in ***Appendix 4.5***.

(ii) Availability of equipment in SDHs/SHs

According to IPHS, 189 types[92] and 192 types[93] of equipment belonging to 14 essential categories are required at SDHs.

Audit observed (April-July 2022) in the four[94] sampled SDHs/SHs, against the 765 equipment[95] required for various services under 14 essential categories,

89 DH Phalodi (Jodhpur) and DH Kotputli (Jaipur).
90 Total requirement of equipment in DHs as per IPHS = 312+312+312+332+332+332+339+339=2,610.
91 Total equipment available in the DHs = 158+197+199+178+179+136+192+161=1,400.
92 For bed capacity of 31 to 50.
93 For bed capacity of 51 to 100.
94 SDH Salawas, SH Sanganer and Vallabhnagar, and SDH/CHC Bijainagar.
95 Total equipment required in four SDHs/SHs as per IPHS = 189 +192+192+192 = 765.

only 374 (48.89 *per cent*) equipment[96] were available reflecting a shortfall of 391 (51.11 *per cent*) essential equipment. Details are shown in ***Appendix 4.6***.

(iii) Availability of equipment in CHCs

As per the IPHS for CHC, 269 types of equipment under 15 different categories are deemed essential for CHCs.

Audit observed (April-July 2022) that in the eight test-checked CHCs, a total of 1,000 equipment[97] (46.47 *per cent*) were available against the requirement of 2,152 equipment[98] as per IPHS. Thus, there was a shortfall of 1,152 (53.53 *per cent)* equipment in the sampled CHCs as shown in ***Appendix 4.7***.

(iv) Availability of Equipment in PHCs

IPHS prescribes 94 equipment under five essential categories for PHCs.

Audit observed (April-July 2022) that in 16 test-checked PHCs, a total of 1,057 equipment[99] (five categories) were available against the total requirement of 1,504 equipment[100] prescribed by IPHS, reflecting an overall shortfall of 29.72 *per cent* essential equipment in the test-checked PHCs. Details are shown in ***Appendix 4.8***.

The State Government (September 2023) stated that equipment has been supplied on the basis of demand received from National Health Mission/Directorate.

The reply of Government is not tenable as all the equipment are of essential categories and should be made available to the GMIs irrespective of their demands.

Lack of essential equipment may result in inadequate diagnosis and investigation of patients thereby affecting satisfactory delivery of healthcare services.

4.5.2 Repair and Maintenance

Non-execution of scheduled preventive maintenance and calibration of equipment in health institutions

As per the terms of the agreement between RMSCL and the maintenance firm[101], preventive maintenance of all equipment was to be done half yearly,

96 Total equipment available in the four SDHs/SHs = 94+79+92+109 = 374.
97 Total number of equipment available in the eight CHCs = 116+118 +192+105+110+119+188+52 =1,000.
98 Total 15 types of equipment requirement for CHC as per IPHS = 269 x 8 CHC = 2,152.
99 Total equipment available in the 16 PHCs = 30+82+73+72+67+68+64+56+75+ 72+64+57+76+78+73+50 = 1,057.
100 Total equipment requirement for PHC as per IPHS = 94 x 16 PHC = 1,504.
101 Kirloskar Technologies Private Limited (KTPL), New Delhi is the maintenance firm and agreement was executed on 4 May 2018 for a period of two years.

and calibration was to be done at different intervals (half yearly, annually and biennially) depending upon the equipment.

Audit observed that 92 *per cent* of the required preventive maintenance and calibration were not conducted by the firm during the period June 2018 to February 2022, as shown in **Table 4.10** below:

Table 4.10: Status of execution of scheduled preventive maintenance and calibration

Action to be performed	Number of instances in which preventive maintenance/ calibration of an equipment was to be done	Number of instances in which preventive maintenance/ Calibration was actually done	Shortage in performing preventive maintenance /Calibration	Percentage of shortage in preventive maintenance / Calibration
Preventive Maintenance	4,18,231	30,069	3,88,162	93
Calibration	2,45,854	22,463	2,23,391	91
Total	**6,64,085**	**52,532**	**6,11,553**	**92**

Source: Analysis of e-Upkaran data provided by RMSCL.

The State Government stated (May 2023) that penalty has been recovered from the contractor. It was further stated (January 2024) that the new contract has been executed from April 2022.

Recommendation 9: *The State Government may ensure availability of essential equipment in the GMIs as per IPHS as well as their periodic maintenance and calibration.*

4.5.3 Non-functional/Idle equipment

i. Non-installation of equipment in Blood Component Separation Unit

Equipment related to Blood Component Separation Unit in two district hospitals[102], purchased for ₹105.05 lakh were lying idle for periods ranging between four to five years. It was also found that the details of the equipment were not entered in *e-Upkaran* on receipt in the District Hospitals, as instructed (June 2018) by DMH&FW.

102 DH Jhunjhunu: 23 equipments of ₹ 51.26 lakh, DH Sriganganagar: 27 equipments of ₹ 53.79 lakh.





Blood Cell Separation Machine of the Blood Component Separation Unit at DH Sriganganagar lying unutilised (3 January 2022) and at DH Jhunjhunu (17 December 2021) noticed during Joint Physical Verification with departmental authorities.

ii. Delay in verification of inventory of equipment

As per the user guide of *e-Upkaran*, the first level of data entry on receipt of equipment will be done by the Store In-Charge of the medical units concerned. Subsequently, the inventory is to be verified by the Medical Officer In-Charge (MOIC) and of the units entered in the system within seven days.

Audit observed delays of one to 2,114 days in the verification of the equipment by the Medical Officer In-Charge in 25,073 cases out of 30,108 cases, as shown in **Table 4.11** below:

Table 4.11: Age analysis of delay in verification of equipment

Table 1: Year-wise cases of delay in verification							
Year	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
No. of Cases	2,583	2,854	1,636	969	2,487	14,544	25,073

Table 2: Delay Range (in days)							
Delay Range (In Days)	1 to 30	31 to 100	101 to 200	201 to 500	501 to 1000	1001 to 2114	Total
No. of Cases	6,969 (27.79%)	6,917 (27.59%)	3,144 (12.54%)	4,533 (18.08%)	2,712 (10.82%)	798 (3.18%)	25,073 (100%)

Source: e-Upkaran data provided by RMSCL.

In 31,668 out of 61,776 cases (51 *per cent*), the date of verification was not entered in the system as ascertained by Audit from the data. Further, in 35 out

of 30,108 cases, date of verification by MOIC was prior to the date of receipt of equipment in the GMI.

iii. Lack of trained manpower, non-completion of civil work and excess equipment

Medical equipments are an important aspect of healthcare as they help diagnose, monitor and treat a wide ranges of medical conditions. Equipment's like Dental X- ray machine, Dental X-ray chair are essential for diagnostic and treatment of Dental diseases. Further Fetal Doppler is important for monitoring fetus health. Equipment like foot-operated suction machine, ECG machine and Anaesthesia machine are vital for conducting surgeries.

Audit observed that 20 equipments (worth ₹ 0.98 crore) pertaining to nine GMIs[103] remained non-functional/idle. Test-checked GMIs attributed this to reasons such as shortage of trained manpower, want of spare parts and supply of equipment without demand. The relevant details are provided in ***Appendix 4.9***.

The State Government stated (December 2023) that the process to make equipment (HPLC MAKE-Bio-Rad Model-Variant-II. HPCL) functional is in progress at JLN Medical College, Ajmer.

103 CHC Masuda (Ajmer); PHC Kharwa (Ajmer); PHC Karansar (Jaipur); Drug Testing Laboratory, Jaipur; JLN Medical College, Ajmer; PHC Jawad, Udaipur; PHC Palodara, Udaipur; PHC Hingonia, Jaipur, and CHC Sarada, Udaipur.

Chapter-V
Healthcare Infrastructure

Chapter-V
Healthcare Infrastructure

There was shortage of healthcare infrastructure across the State with the shortage being most acute in the case of primary healthcare in the tribal and plain areas. The State Government did not have a plan to prioritise areas with shortfall for setting up of healthcare infrastructure.

There was uneven distribution of bed capacities among the District/Sub-district hospitals. A large number of government medical institutions lacked basic amenities, such as clean drinking water facility, separate toilets for males and females, etc.

The Primary and Secondary Care institutions were deficient in several key requirements, such as availability of Major Operation Theatre, Preparation Room, Pre-operative Rooms.

The Tertiary Care institutions were deficient in various aspects related to Wards, such as Clinical Demonstration Rooms, Examination and Treatment Rooms, Resident Doctors and Student Duty Rooms, etc. They were also deficient in facilities required in Operation Theatres, such as Post-operative Recovery Rooms.

5.1 Availability of Healthcare Infrastructure in the State

Indian Public Health Standards (IPHS) require that one Health Sub-Centre (HSC) should be established for every 5,000 population in plain areas and for every 3,000 population in hilly/tribal/desert areas. A Primary Health Centre (PHC) covers a population of 20,000 in hilly, tribal and desert areas and 30,000 population in plain areas, whereas each Community Health Centre (CHC) generally includes four PHCs and caters to approximately 80,000 population in tribal/hilly/desert areas and 1,20,000 population in plain areas.

i. Availability of Healthcare Infrastructure

The details of healthcare infrastructure facilities as per IPHS is shown in **Table 5.1** below:

Table 5.1: Requirement and Availability of Health Infrastructure facilities as per IPHS

Estimated population[104] in July 2021				826.05 lakh
Type of Area	**Health Infrastructure Facilities**	**CHCs**	**PHCs**	**HSCs**
Desert Area[105]	Requirement as per IPHS	171	681	4,540
	Availability[106]	167	609	3,922
	Excess / Shortage (-)	**-4**	**-72**	**-618**
	Per cent	2.33	10.57	13.61
Tribal Area[107]	Requirement as per IPHS	101	404	2,698
	Availability	70	229	1,527
	Excess / Shortage (-)	**-31**	**-175**	**-1,171**
	Per cent	30.69	43.32	43.40
Plain area (remaining area after Desert and Tribal areas of Rajasthan)	Requirement as per IPHS	507	2,032	12,180
	Availability	448	1,571	8,140
	Excess / Shortage (-)	**-59**	**-461**	**-4,040**
	Per cent	11.64	22.69	33.17
Overall Status of Rajasthan	Requirement as per IPHS	779	3,117	19,418
	Availability	685	2,409	13,589
	Excess / Shortage (-)	**-94**	**-708**	**-5,829**
	Per cent	**12.07**	**22.71**	**30.02**

Source: Information of Rural Health Statistics (RHS) 2021-22 by Ministry of Health and Family Welfare (MoHFW), GoI supplemented with information gathered by Audit during field study.

It can be seen from the above Table that there was shortage of healthcare infrastructure across the desert, tribal and plain areas of the State with the shortage being most acute in the case of primary healthcare in the tribal and plain areas.

ii. Geographical distribution of DHs/CHCs/PHCs/HSCs in the State

Geographical distribution of DHs in the State is shown in **Chart 5.1** below:

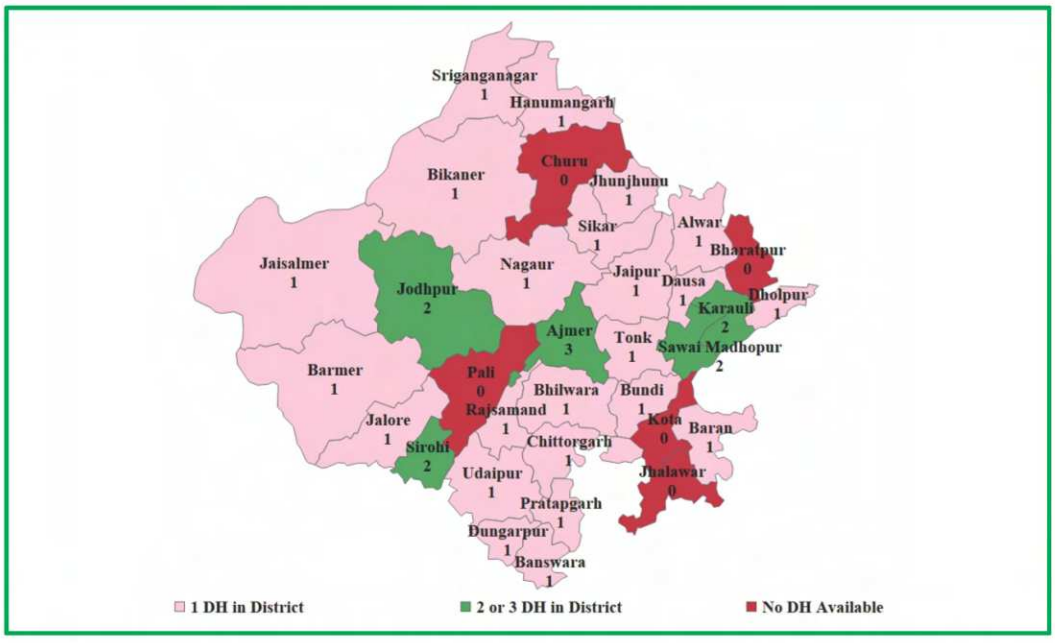
104 According to Statistical Yearbook 2021 of Directorate of Economics & Statistics, Department of Planning, Rajasthan.

105 Total 48 Tehsil in 12 districts declared as desert area in Rajasthan as per information available on website of Ministry of Agriculture and Farmers Welfare (March 2023).

106 Data regarding availability of HSCs, PHCs and CHCs sourced from Rural Health Statistics 2021-22 published by Ministry of Health and Family Welfare, GoI and information provided by Department of Medical, Health and Family Welfare, GoR.

107 As notified in Tribal Area Development Department, GoR circular dated 17.01.2022, 47 blocks of five districts declared as tribal areas in Rajasthan.

Chart 5.1: Geographical Distribution of DHs

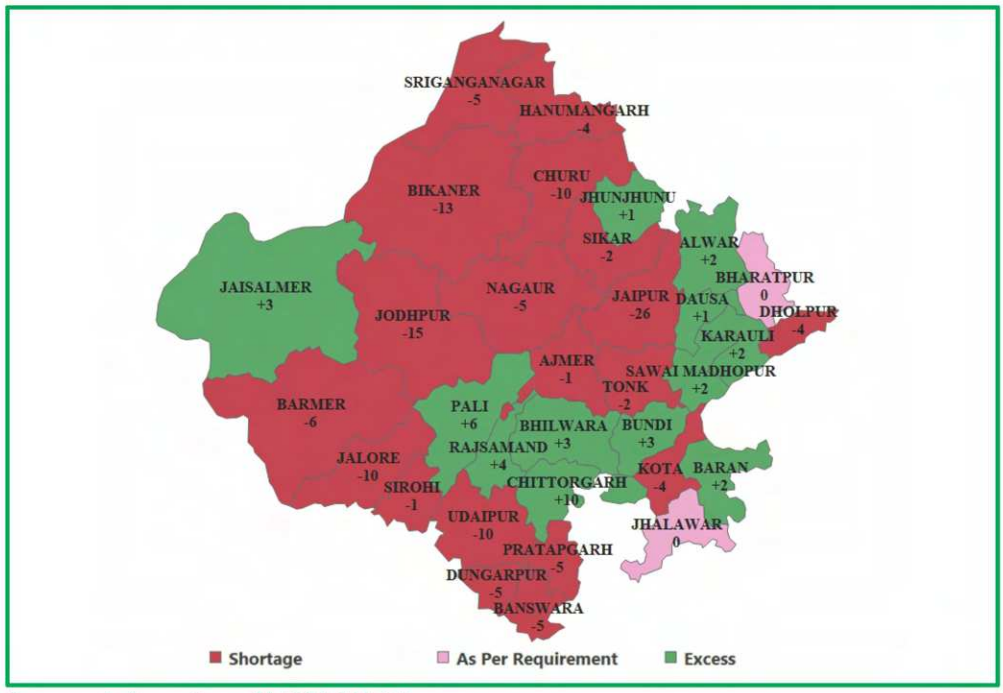


Source: Administrative Progress Report 2021-22 DMH&FW supplemented with information gathered by Audit during field study.

The above chart shows that DHs were not available in five districts[108] of the State. However, in these five districts, there are Medical College Attached Hospitals namely Government Rajbahadur Memorial Hospital, Bharatpur, DB Hospital, Churu, SRG Hospital, Jhalawar, MBS Hospital, Kota and Government Bangar Hospital, Pali.

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

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



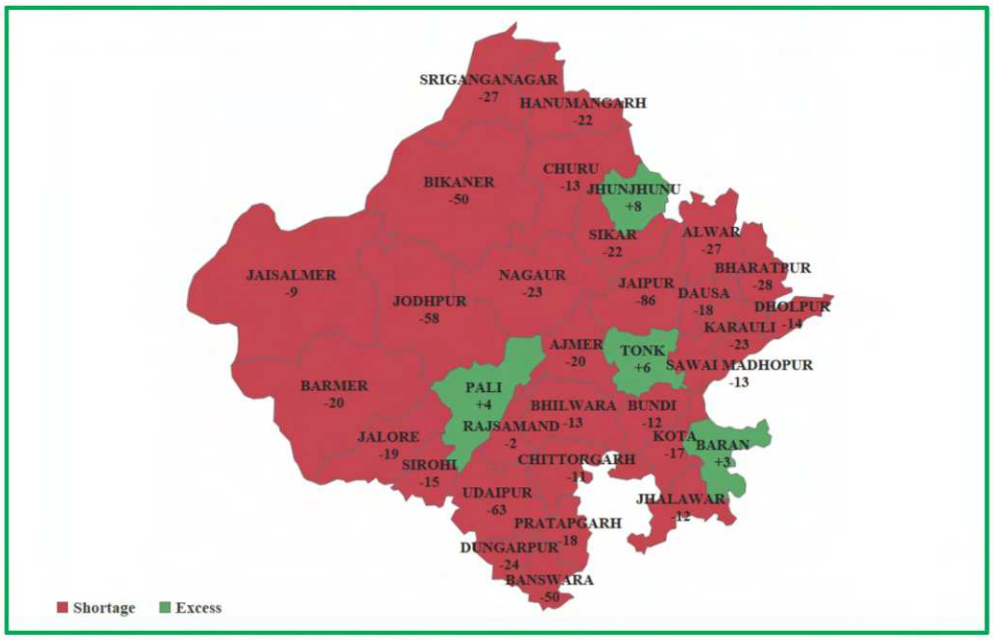
Source: Information of RHS 2021-22.

108 Bharatpur, Churu, Jhalawar, Kota and Pali.

The above chart shows that there was shortage of 133[109] CHCs (25 *per cent*) in 19 districts against IPHS.

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

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

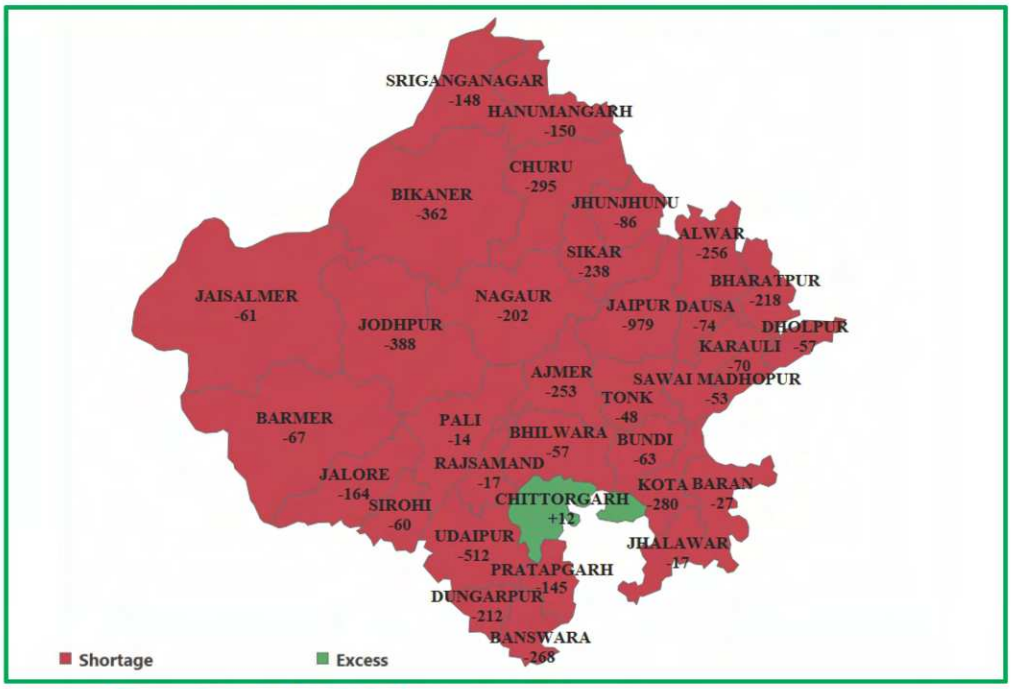


Source: Information of RHS 2021-22.

The above chart shows that there was shortage of 729[110] PHCs (26 *per cent*) in 29 districts against IPHS.

Geographical distribution of the HSCs in the State is shown in **Chart 5.4**:

Chart 5.4: Geographical distribution of HSCs [Shortage (-)/Excess (+)]



Source: Information of RHS 2021-22.

109 In addition to this shortage, there were 39 excess CHCs in 12 districts due to which the net overall shortage in the state was of 94 CHCs as shown in Table 5.1.

110 In addition to this shortage, there were 21 excess PHCs in four districts due to which the net overall shortage in the State was of 708 PHCs, as shown in Table 5.1.

The above chart shows that there was shortage of 5,841[111] HSCs (31 *per cent*) in 32 districts against IPHS.

iii. Plan for establishment of new PHCs and HSCs

In the budget announcement for the year 2019-20, the State Government proposed the establishment of 200 new HSCs and 100 new PHCs in the State.

Out of these, approval for 118 new HSCs (belonging to 24 districts[112]) were given, however, funds were released for 73 HSCs only (till May 2023).

Similarly, 37 PHCs (in 19 districts[113]) were proposed and funds were released for 26 PHCs (till May 2023).

Details are given in ***Appendix 5.1***.

The State Government stated (January 2024) that healthcare facilities are opened and upgraded in the State as per norms determined by GoI. It was further stated that the opening of healthcare facilities is considered according to the availability of financial resources, requirement and after approval of competent authority in districts having shortage of HSCs/PHCs/CHCs. It was also stated that District Hospital in Bharatpur, Jhalawar and Pali will be opened and in Churu and Kota district, SRJ Hospital, Ratangarh (Churu) and Government District Hospital, Kota are designated as DH.

This indicates that State Government did not have a concrete plan to address the shortage and prioritise areas with shortfall for setting up of healthcare infrastructure.

Recommendation 10: *The State Government may ensure availability of healthcare institutions as per Indian Public Health Standards in the State and their equitable distribution to make healthcare accessible for all.*

5.2 Availability of Infrastructure Facilities in Government Hospitals/ Health Centres

(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.

111 In addition to this shortage, there were 12 excess HSCs in one district due to which the net overall shortage in the State was of 5,829 HSCs, as shown in Table 5.1.

112 118 HSCs in 24 districts: Ajmer (5), Alwar (12), Baran (5), Barmer (3), Bharatpur (4), Bhilwara (4), Chittorgarh (3), Pratapgarh (1), Churu (1), Dausa (8), Dholpur (4), Sriganganagar (6), Hanumangarh (2), Jaipur (11), Jhunjhunu (11), Jodhpur (3), Karauli (2), Kota (4), Nagaur (2), Pali (1), Rajsamand (4), Sawai Madhopur (6), Sikar (10) and Tonk (6).

113 37 PHCs in 19 Districts: Ajmer (3), Alwar (2), Baran (1), Churu (2), Bharatpur (3), Bhilwara (1), Chittorgarh (3), Hanumangarh (1), Jaipur (6), Jhunjhunu (4), Jodhpur (1), Karauli (1), Kota (1), Pali (1), Rajsamand (1), Sawai Madhopur (1), Sikar (2), Tonk (2), Udaipur (1).

Examination of availability of beds in the District Hospitals[114] of the State revealed that out of 34 test-checked DHs, in ten DHs (Alwar, Barmer, Bhilwara, Bikaner, Jaipur, Jalore, Jodhpur, Nagaur, Sikar and Udaipur), 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 four-six and 30 beds for a Primary Health Centre (PHC) and Community Health Centre (CHC) respectively.

Examination of availability of beds in the test-checked eight CHCs and 16 PHCs revealed that there was a shortage of beds in two PHCs (Baldara and Bhasawata Kalan) and in four CHCs (Jobner, Singhana, Asop and Sarada). Details are given in ***Appendix 5.3***.

The State Government stated (January 2024) that sanction for increase in bed capacity has been issued on case-to-case basis and as per utility of beds requirement at competent level.

(iii) Availability of basic amenities in healthcare facilities

IPHS require that Primary Health Centres and Health Sub-Centres should have their own buildings. If that is not possible, premises with adequate space should be rented in a central location with easy access to the population. The PHC/HSC should have facilities for electricity, all weather road, communication and separate toilets for males and females in addition to adequate availability of potable water.

As per the information provided by the State Government, out of 4,640 GMIs in eight test-checked districts, 1,021 GMIs[115] (22 *per cent*) did not comply with the above norms. Further, the following deficiencies were also brought out:

- Buildings of 21 *per cent* GMIs were in dilapidated condition and required repairs,
- 50 *per cent* GMIs had common toilets for males and females,
- 812 GMIs (17 *per cent)*, including one CHC, 15 PHCs and 796 HSCs, had no electricity connection and 22 *per cent* GMIs[116] had no water connection. Details are given in ***Appendix 5.4***.

Non-availability of electricity in the GMIs makes them incapable of proper storage of vaccines and many medicines, thus depriving the patients of the same.

Audit noticed that the utilisation under the 'Community Sanitary Complexes' component of *Swachh Bharat* Mission-*Gramin* in the State was 36 *per cent*

114 In five districts, viz. Bharatpur, Churu, Kota, Jhalawar and Pali, district hospitals were not available as per Administrative Report 2021 of DMH&FW and information provided by the Department.

115 DH-Four, Urban CHC- Four, CHC-52, PHC-113, HSC-848.

116 CHC-01, PHC-31, HSC-990.

during the period 2017-22. Audit is of the opinion that the State Government could improve the availability of toilet facilities in Government Medical Institutions of the State through better utilisation of the funds of *Swachh Bharat* Mission.

The State Government stated (January 2024) that sanction for ₹ 4.95 crore and ₹ 4.98 crore were issued during 2022-23 and 2023-24 respectively for repair and maintenance of healthcare institutions. It was further stated that provisions are being made in drawings for creation of separate male and female toilets, potable drinking water and electricity facilities etc. in establishment of new health sub-centres and Primary Health Centres.

Recommendation 11: *The State Government should ensure availability of basic amenities like separate toilet facilities, electricity and potable drinking water in all the Government Medical Institutions of the State.*

(iv) Insufficient infrastructure in Wards and Operation Theatres

(a) Primary and Secondary Care institutions

Operation Theatre (OT)

IPHS provides that DHs should have a minimum of three OTs[117], SDHs should have a minimum of two OTs[118] and CHCs should have minimum one OT[119] equipped with all instruments and facilities like Preparation Room, Pre-operative and Post-operative Resting Rooms, etc.

Status of availability of OTs and facilities in 20 test-checked GMIs[120] (April-July 2022) is shown in **Table 5.2** below:

Table 5.2: Status of availability of OTs and facilities in OTs

Name of Operation Theatre	DHs		SDHs/SHs		CHCs		Total number of GMIs without OTs
	Available	Not Available	Available	Not Available	Available	Not Available	
Elective OT/OT*	8	-	3	1	2	6	7
Emergency OT/ Family Welfare OT	8	-	1	3	Not Applicable	Not Applicable	3
Ophthalmology/ ENT OT	6	2	Not Applicable	Not Applicable	Not Applicable	Not Applicable	2
Preparation Room, Pre-operative Room and Post-operative Resting Rooms	6	2	4	-	3	5	7

Source: Information provided by test-checked GMIs.
** For CHCs.*

117 Three OTs in DH: Elective OT-Major, Emergency OT/Family Welfare (FW) OT and Ophthalmology/ENT OT.
118 Two OTs in SDH: Elective OT and Emergency OT/Family Welfare (FW) OT.
119 One OT in CHCs: Operation Theatre.
120 20 GMIs: Eight DHs, Four SDHs and Eight CHCs.

It can be seen from the Table that the required Operation Theatres and facilities in the Operation Theatres were deficient in most of the test-checked GMIs. Details are provided in ***Appendix 5.5***.

The State Government stated (January 2024) that provisions for establishment of Operation Theatre and facilities in newly created DHs/SDHs/CHCs are being taken. It was also stated that Operation Theatre will be established in already working healthcare institutions after receipt of proposals and sanctions.

The fact remains that due to non-availability of Operation Theatres in test checked GMIs, beneficiaries could not get the facility and referred to GMIs situated at other places.

(b) Tertiary Care institutions

Wards

National Medical Commission (erstwhile MCI) norms, 1999 applicable on Medical Colleges and Medical College attached Hospitals prescribe that Hospital Wards should have Clinical Demonstration Room, Examination and Treatment Room, Residential Doctors and Student Duty Room, Staff Room and Ward Pantry.

Audit test-checked 94 wards[121] in five Medical College Attached Hospitals and observed that facilities were often not provided as per norms of National Medical Commission, as depicted in **Table 5.3** below:

Table 5.3: Availability of facilities in wards

Name of Hospitals	Clinical Demonstration room		Examination and Treatment room		Resident Doctors and students Duty Room		Doctor's Room		Staff room		Ward Pantry	
	Number of Wards		Number of Wards		Number of Wards		Number of Wards		Number of Wards		Number of Wards	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur	12	4	10	6	14	2	13	3	14	2	7	9
Rajkiya Mahila Chikitsalya, Ajmer	3	3	5	1	4	2	6	0	6	0	0	6
JLN Hospital, Ajmer	15	12	9	18	20	7	15	12	18	9	13	14
MB Government Hospital, Udaipur	12	27	12	27	21	18	25	14	14	25	14	25
Shree Khemraj Katara Government Satellite Hospital, Udaipur	0	6	1	5	0	6	0	6	1	5	0	6
Total (94)	**42**	**52**	**37**	**57**	**59**	**35**	**59**	**35**	**53**	**41**	**34**	**60**
Percentage	**45**	**55**	**39**	**61**	**63**	**37**	**63**	**37**	**56**	**44**	**36**	**64**

Source: Information provided by MCHs.

121 94 Wards: MB Government Hospital, Udaipur-39 wards, JLN Hospital, Ajmer-27 wards, Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur-16, *Rajkiya Mahila Chikitsalya*, Ajmer- 6 wards and Shree Khemraj Katara Government Satellite Hospital, Udaipur-6.

It can be seen from the Table that there were significant shortcomings in Ward facilities in the test-checked Medical College Attached Hospitals, with the shortfall being most acute in case of MB Government Hospital, Udaipur.

The State Government informed (December 2023) that arrangements for Clinical Demonstration Room, Examination and Treatment Room and Staff Room have been made in all 39 wards at MB Government Hospital, Udaipur. However, supporting document was not provided with reply and irregularity noticed during Audit.

Infrastructure associated with Operation Theatres in Medical College Attached Hospitals

Norms prescribed by Medical Council of India (MCI)[122] require each Operation Theatre (OT) to have at least a Post-operative Recovery Room (with at least 20 beds), Students Washing up and Dressing Room, Assistant room, Soiled Linen Room, Observation Gallery for students, etc.

The details regarding availability of these infrastructure in 19 OTs[123] provided by three Medical College Attached Hospitals are shown in **Table 5.4** below:

Table 5.4: Availability of infrastructure in OTs at test-checked MCHs

S. No.	Name of Hospital	Post-operative recovery room (minimum of 20 beds)			Students Washing up and dressing up room		Assistant's room		Soiled Linen room		Observation gallery for students	
		Yes	No	No. of OT Rooms (where beds are less than 20)	Yes	No	Yes	No	Yes	No	Yes	No
1	MB Government Hospital, Udaipur	3	7	2	5	7	4	8	6	6	3	9
2	JLN Hospital, Ajmer	1	1	4	2	4	4	2	3	3	0	6
3	Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur	Not Applicable[124]	Not Applicable	1	1	0	1	0	1	0	0	1
	Total	**4**	**8**	**7**	**8**	**11**	**9**	**10**	**10**	**9**	**3**	**16**
	Percentage	**21**	**42**	**37**	**42**	**58**	**47**	**53**	**53**	**47**	**16**	**84**

Source: Information provided by GMIs.

It can be seen from the Table that the facilities in the Operation Theatres of the test-checked tertiary care institutions were severely deficient in several key aspects required as per norms.

The State Government stated (December 2023) that Post-operative recovery room, Students Washing up and dressing up room and Soiled Linen room have been provided in MB Government Hospital, Udaipur. However, irregularities were noticed during Audit and supporting document was not provided with reply.

122 Norms revised from November 2010.
123 19 OTs: MB Government Hospital, Udaipur-12 OTs, JLN Hospital, Ajmer-six OTs and Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur- one OT.
124 Not Applicable: Less than 20 beds hence, post-operative recovery room not required.

Chapter-VI
Financial Management

Chapter-VI
Financial Management

Audit noticed that State specific Health Policy has yet not been framed in the State. Audit also noticed persistent savings and inadequate utilisation of available funds in the Healthcare sector, which is indicative of ineffective budgetary controls in the departments. Total Health Expenditure and Government Health Expenditure increased in absolute terms during 2016-17 to 2019-20 in the State.

This chapter comments on the Policy planning, provision, allocation, availability and expenditure of funds towards Healthcare in Rajasthan.

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 States annually which helps them in identifying and quantifying their targets required for programme implementation for the proposed year.

6.1 Non formulation 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 each State. Audit observed that the GoR had not framed a State specific Health Policy till date (May 2023).

The State Government stated (January 2024) that State Health Policy has not been framed, but State is making efforts to comply National Health Policy as far as possible.

6.2 Financial Management

Adequate and timely availability of funds is a fundamental pre-requisite for the delivery of quality and efficient healthcare services. Funds to the GMIs 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. Apart from the State funding, expenditure is also incurred through the regular budget heads of DMH&FW and DME.

The year-wise budget estimates and actual expenditure during 2016-17 to 2021-22 in DMH&FW and DME are shown in **Table 6.1** below:

Table 6.1: Budget provision and actual expenditure in DMH&FW and DME

(₹ in crore)

Year	Budget Estimate		Actual Expenditure		Saving		Percentage of saving	
	Capital	Revenue	Capital	Revenue	Capital	Revenue	Capital	Revenue
2016-17	811.73	9,456.75	514.30	7,737.83	297.43	1,718.92	37	18
2017-18	911.57	9,889.23	657.44	9,342.12	254.13	547.11	28	6
2018-19	581.49	11,581.92	499.17	11,362.32	82.32	219.60	14	2
2019-20	655.88	12,885.40	482.23	11,661.63	173.65	1,223.77	26	9
2020-21	756.59	12,637.71	631.85	11,988.14	124.74	649.57	16	5
2021-22	2,108.48	14,969.45	1,961.64	14,350.14	146.84	619.31	7	4
Total	**5,825.74**	**71,420.46**	**4,746.63**	**66,442.18**	**1,079.11**	**4,978.28**	**19**	**7**

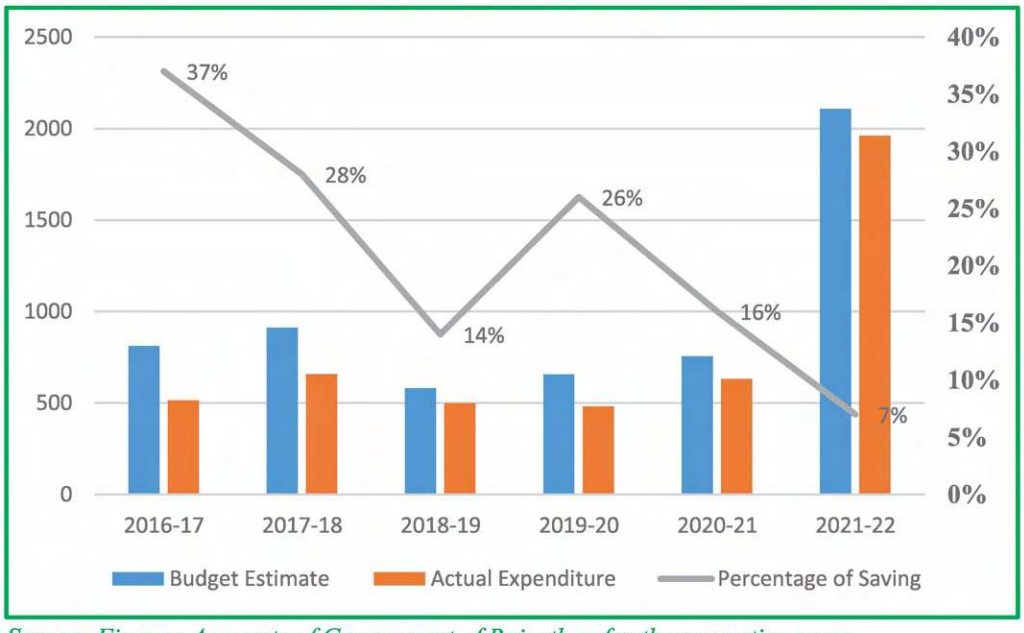
Source: Income Expenditure estimates by Finance Department, GoR and Finance Accounts of GoR for respective years.

As evident from the above Table, out of the total budget (of Department of Medical, Health & Family Welfare and Medical Education Department) of ₹ 77,246.20 crore from 2016-17 to 2021-22, the expenditure incurred was ₹ 71,188.81 crore. There was a total saving of ₹ 1,079.11 crore (18.52 *per cent*) under Capital head and of ₹ 4,978.28 crore (7 *per cent*) under Revenue head in Healthcare sector during 2016-17 to 2021-22.

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)



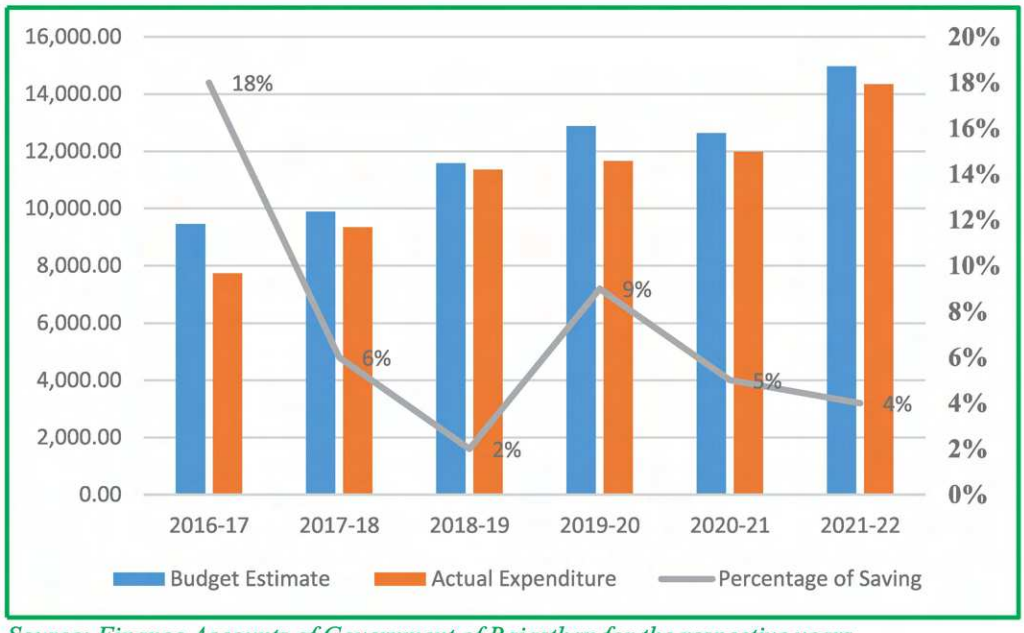
Source: Finance Accounts of Government of Rajasthan for the respective years.

The above chart shows that savings during 2016-17 to 2021-22 under Capital head of Healthcare sector had decreased from 37 *per cent* to 7 *per cent.*

ii. Saving under Revenue head in healthcare sector

Savings under Revenue head in Healthcare sector during 2016-17 to 2021-22 is shown in **Chart 6.2**:

Chart 6.2: Saving under Healthcare expenditure (Revenue)



Source: Finance Accounts of Government of Rajasthan for the respective years.

The above chart shows that savings under Revenue head in Healthcare sector decreased from 18 *per cent* to 4 *per cent* during 2016-17 to 2021-22.

iii. Capital Expenditure vis-à-vis Revenue Expenditure

Out of the total expenditure of ₹ 71,188.81 crore incurred during 2016-17 to 2021-22, ₹ 66,442.18 crore (93.33 *per cent*) was incurred on revenue expenditure and ₹ 4,746.63 crore (6.67 *per cent*) was incurred on capital expenditure.

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

iv. Expenditure of funds at the fag end of the financial year

Audit also noticed expenditure of the funds at the fag end of the financial year, especially under Capital head, as shown in **Table 6.2** below:

Table 6.2: Expenditure at the fag end of the financial year

Year	Category	Total yearly Expenditure (₹ in crore)	Expenditure in March (₹ in crore)	Percentage
2016-17	Revenue	7,737.83	1,199.90	16
	Capital	514.30	271.23	53
2017-18	Revenue	9,342.12	2,007.12	21
	Capital	657.44	244.79	37
2018-19	Revenue	11,362.32	1,749.94	15
	Capital	499.17	126.48	25
2019-20	Revenue	11,661.63	1,625.59	14
	Capital	482.23	93.28	19
2020-21	Revenue	11,988.14	1,743.12	15
	Capital	631.85	295.90	47
2021-22	Revenue	14,350.14	1,566.22	11
	Capital	1,961.64	627.60	32

Year	Category	Total yearly Expenditure (₹ in crore)	Expenditure in March (₹ in crore)	Percentage
Total	Revenue	66,442.18	9,891.89	15
	Capital	4,746.63	1,659.28	35

Source: Finance Accounts of Government of Rajasthan for the respective years.

It is evident from the above Table that the percentage of expenditure in the month of March in respect of Capital and Revenue expenditure during 2016-17 to 2021-22 was 35 *per cent* and 15 *per cent* respectively.

The State Government stated (January 2024) that budget proposals were sanctioned in Budget Finalization Committee meeting organized by Finance department after discussion and keeping in view the necessities of the proposals presented by the DMH&FW.

However, rush of expenditure at the fag end of the financial year was not stated in the reply.

Recommendation 12: *The State Government may make efforts to augment the capital expenditure in Healthcare sector.*

6.3 Adequacy of funds for Healthcare

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 upto 2019-20) for the State are shown in **Table 6.3** below:

Table 6.3: Key financing indicators in the State during 2016-17 to 2019-20

Year	Range	Total Health Expenditure (THE)[125]		Government Health Expenditure (GHE) [126]			Out of pocket expenditure		
		₹ in crore	Percentage to GSDP	₹ in crore	*per cent* to THE	*per cent* to GSDP	₹ in crore	*per cent* to THE	*per cent* to GSDP
2016-17	Rajasthan	25,592	3.4	8,447	33.00	1.1	14,504	56.7	1.9
2017-18	Rajasthan	25,888	3.1	10,407	40.20	1.2	12,831	49.6	1.5
2018-19	Rajasthan	29,905	3.2	13,061	43.70	1.4	13,438	44.9	1.5
2019-20	Rajasthan	30,547	3.1	12,963	42.40	1.3	14,476	47.4	1.4

Source: National Health Account Estimates prepared by the Ministry of Health and Family Welfare, Government of India.

125 Total Health Expenditure constitutes current and capital expenditures incurred by Government and Private Sources, including external funds.

126 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.

As seen from **Table 6.3**, Total Health Expenditure (THE) and Government Health Expenditure (GHE) increased in absolute terms during 2016-17 to 2019-20 in State.

The percentage of GHE to THE also increased from 33.00 *per cent* (2016-17) to 42.40 *per cent* (2019-20).

However, THE as a percentage of GSDP decreased from 3.4 in 2016-17 to 3.1 in 2019-20 while GHE as a percentage of GSDP increased from 1.1 (2016-17) to 1.3 (2019-20) in Rajasthan.

Out-of-pocket expenditure is directly made by a household at the point of receiving Healthcare and indicates the extent of financial protection available to households towards healthcare payments. As seen from **Table 6.3**, though the percentage of out-of-pocket expenditure to THE decreased in Rajasthan during the period 2016-20, it constituted 47.40 *per cent* of THE during 2019-20, indicating low financial protection available to households towards healthcare payments in the State.

The State Government stated (January 2024) that budget proposals were submitted to Budget Finalization Committee. It was further stated that the decision of fund allocation in all heads was taken and finalized after discussion held with the finance department. However, the point remains same that the State Government should take necessary steps to increase the budgetary allocation for healthcare sector.

Recommendation 13: *The State Government may take necessary steps to increase the budgetary allocation for Healthcare sector both as a percentage of State Budget as well as Gross State Domestic Product, in line with the National Health Policy.*

6.4 National Health Mission (NHM)

(i) Short receipt of NHM funds from GoI and GoR

NHM is a Centrally Sponsored Scheme (CSS) with a cost sharing arrangement of 60:40 between GoI and GoR. Year-wise allotment as per SPIP and funds received during 2016-22 for NHM pertaining to DMH&FW and DME are shown in **Table 6.4** below:

Table 6.4: Allotment of funds as per State PIP and funds received

(₹ in crore)

Year	Allotment as per SPIP			Funds received from GoI & GoR			Short (-)/Excess (+) receipt of funds			
	GoI (1)	GoR (2)	Total 3 (1+2)	GoI (4)	GoR (5)	Total 6 (4+5)	GoI 7 (4-1)	GoR 8 (5-2)	Total 9 (7+8)	(In *per cent*)
2016-17	1590.31	1060.21	2650.52	1196.14	668.65	1864.79	(-)394.17	(-)391.56	(-)785.73	29.64
2017-18	1731.11	1154.07	2885.18	1830.16	904.38	2734.54	(+) 99.05	(-)249.69	(-)150.64	5.22
2018-19	1885.06	1256.71	3141.77	1505.99	930.34	2436.33	(-)379.07	(-)326.37	(-)705.44	22.45
2019-20	2461.34	1640.90	4102.24	1659.38	1223.64	2883.02	(-)801.96	(-)417.26	(-)1219.22	29.72
2020-21	3457.00	2304.66	5761.66	2174.00	836.88	3010.88	(-)1283.00	(-)1467.78	(-)2750.78	47.74
2021-22	2024.38	1349.59	3373.97	2658.82	1311.32	3970.14	(+) 634.44	(-)38.27	(+) 596.17	17.67
Total	**13149.20**	**8766.14**	**21915.34**	**11024.49**	**5875.21**	**16899.70**	**(-) 2124.71**	**(-) 2890.93**	**(-) 5015.64**	
							16.16	32.98		

Source: Information provided by MD, NHM Rajasthan.

The above Table shows that in aggregate terms, there was shortfall in receipts of funds against allotment from both GoI and GoR during the period 2016-22, with the shortfall being greater in case of GoR.

(ii) Programmes implemented under National Health Mission

Audit noticed that during the period 2016-22, utilization of funds was less than 50 *per cent* in seven national programmes as shown in the **Table 6.5** below:

Table 6.5: Programme implementation and utilisation

(₹ in crore)

Budget Head	Approved Budget as per Project Implementation Plan during 2016-22	Expenditure incurred during 2016-22	Utilisation in *per cent*
At State level			
National Iodine Deficiency Disorders Control Programme (IDD)	13.48	2.95	21.88
National Leprosy Eradication Programme (NLEP)	27.17	9.85	36.25
National Programme for Control of Blindness (NPCB)	189.31	88.30	46.64
National Viral Hepatitis Control Program (NVHCP)[127]	39.60	7.28	18.38
National Mental Health Programme (NMHP)	43.92	12.49	28.44
National Programme for Health Care of the Elderly (NPHCE)	19.25	7.72	40.10
National Programme on Climate Change & Human Health (NPCCHH)[128]	2.18	0.00	0.00

Source: Information provided by MD, NHM, Rajasthan.

The State Government stated (January 2024) that the funds were less utilized due to reasons such as vacancy of sanctioned posts, non-recruitment of human resources, non-receipt of utilisation certificate from RMSCL and due to COVID-19 etc.

6.4.1 Non-utilisation of NHM funds transferred to RMSCL

Para 6.9.1 of the Operational Guidelines for Financial Management of NRHM stipulates that advances are to be given only for admissible activities under the programme and are to be settled within a maximum period of 90 days.

Audit noticed that MD, NHM transferred funds amounting to ₹ 3,035.21 crore during 2016-17 to 2021-22 as advances to RMSCL for procurement of drugs, medicines and equipment. The expenditure against these advances is shown in **Table 6.6** below:

127 Period 2020-21 and 2021-22.
128 Period 2020-21 and 2021-22.

Table 6.6: Position of expenditure against advances given to RMSCL

(₹ in crore)

Year	Funds transferred to RMSCL	Expenditure incurred	Refund to NHM	Unspent balances with RMSCL
2016-17	213.68	169.28	32.99	11.41
2017-18	227.57	191.23	23.45	12.89
2018-19	192.22	186.01	0	6.21
2019-20	488.66	498.59	0	(-)9.93
2020-21	870.12	670.73	10.00	189.39
2021-22	1,042.96	888.07	0	154.89
Total	**3,035.21**	**2,603.91**	**66.44**	**364.86**

Source: Information provided by NHM.

As evident from the above Table, NHM had transferred funds amounting to ₹ 3,035.21 crore to RMSCL, out of which ₹ 2,603.91 crore (85.79 *per cent*) was utilized and ₹ 66.44 crore (2.19 *per cent*) was refunded. The remaining fund amounting to ₹ 364.86 crore (12.02 *per cent*) was lying unspent with RMSCL as of March 2022. Out of the refunded amount of ₹ 66.44 crore, the entire amount (₹ 25.04 crore) was refunded to NHM in case of 18 drugs/equipment after a lapse of five to 24 months. Audit also noticed unspent balance lying with RMSCL for periods ranging from four to 68 months. Details are given in ***Appendix 6.1 (i)*** and ***(ii)*** respectively.

The State Government stated (January 2024) that procurement of equipment through RMSCL takes time of more than one financial year. Hence, administrative and financial sanction issued in that financial year kept as committed liability for next financial year.

6.4.2 Non-utilisation of NHM funds transferred to Chief Engineer, NHM

The Civil Construction Wing headed by Chief Engineer (CE), NHM was set up by the State Government for construction and renovation of health infrastructure facilities under NHM. It functions under the Mission Director, NHM.

Information provided (April-July 2022) by CE, Civil Wing, NHM regarding funds approved under Project Implementation Plan (PIP), allotment and expenditure incurred for construction and renovation of health infrastructure facilities under NHM during 2016-22 is shown in **Table 6.7** below:

Table 6.7: Non-utilisation of funds

(₹ in crore)

Year	Total approved	Total Allotted	Total Expenditure	Expenditure against total approved fund (in percentage)
2016-17	405.43	156.26	196.81	48.54
2017-18	422.53	258.20	229.59	54.34
2018-19	478.66	247.95	256.77	53.64
2019-20	806.20	326.41	259.22	32.15
2020-21	967.48	312.22	315.20	32.58
2021-22	605.64	311.12	257.92	42.59
Total	**3,685.94**	**1,612.16**	**1,515.51**	**41.12**

Source: Information provided by CE, NHM.

The above Table shows that for construction and renovation of health infrastructure facilities, ₹ 3,685.94 crore was approved during the period 2016-22 as per approved State PIP. Against the approved State PIP, only ₹ 1,612.16 crore (44 *per cent*) was allotted. Out of ₹1,612.16 crore expenditure of ₹ 1,515.51 crore (94 *per cent*) was incurred.

The State Government stated (January 2024) that non-utilization of funds was due to land related issues including time taken in allotment process, land for construction not being readily available, shortage of field staff etc.

Chapter-VII
Implementation of Centrally Sponsored Schemes

Chapter-VII
Implementation of Centrally Sponsored Schemes

The Health and Wellness Centres established under Ayushman Bharat scheme were not functioning as per the provisions of the scheme guidelines.

Under NHM, deficient utilization of funds under various components were noticed indicating deficient financial management.

Under Pradhan Mantri Swasthya Suraksha Yojana, Audit noticed delays in construction, and in issue and installation of equipment, and non-filling of sanctioned posts of doctors, nurses, paramedics and other ancillary staff.

7.1 Introduction

The Central Government supplements the efforts of the State Governments in delivery of health services through various schemes of primary, secondary, and tertiary care. Audit selected three[129] schemes for examination during this Performance Audit and the relevant observations are discussed in succeeding paragraphs.

7.2 *Ayushman Bharat*-Health and Wellness Centres (AB-HWCs)

The 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)[130]. 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.

Analysis of data (as of 27 May 2022) of HWC portal[131] revealed that out of the 14,650 HWCs targeted by Ministry of Health and Family Welfare (GoI) to be rolled out in Rajasthan upto December 2022, the State Government targeted construction/upgradation of 10,841 HWCs (74 *per cent*) upto March 2022 and 13,478 HWCs (92 *per cent*) upto December 2022. Out of these 13,478 targeted HWCs, the State Government had constructed/upgraded 12,348 HWCs (92 *per cent*) upto 27 May 2022. However, out of these 12,348 HWCs, only 8,384 (68 *per cent*) HWCs were operational.

Analysis of data of HWC portal (as on 27 May 2022) for other key inputs, i.e., infrastructure and health promotion, revealed the following:

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129 1. *Ayushman Bharat* - Health and Wellness Center; 2. National Health Mission; 3. *Pradhan Mantri Swasthya Suraksha Yojana*.

130 PMJAY provides health insurance cover of ₹ 5 lakh per family per year to over 10.74 crore poor and vulnerable families for seeking secondary and tertiary care.

131 https://ab-hwc.nhp.gov.in/home/login Information was gathered during field study through login based access to this portal. As the information on this portal was available only on 'as on date' basis and the access was withdrawn after completion of field study, figures could not be updated further.

7.2.1 Non-availability of required tests

Under AB-HWC, Ministry of Health and Family Welfare, GoI directed (July 2019) the State Governments to provide essential diagnostic facilities at HSC-HWCs (14 tests) and at PHC-HWCs (63 tests). Analysis of data of HWC portal revealed that out of 6,065 operational HSC-HWCs in the State, all the required 14 tests were being conducted in only 536 (nine *per cent*) HSC-HWCs. Further, out of 2,319 PHC-HWCs operational in the State, all the required 63 tests were being conducted in only 45 (two *per cent*) PHC-HWCs.

In the eight test-checked districts having 2,052 HSC-HWCs, all the required 14 tests were being conducted in only 145 (7.06 *per cent*) HSC-HWCs. Further, out of the 765 PHC-HWCs operational in the eight test-checked districts, all the required 63 tests were being conducted in only one PHC-HWC (Kharwa, Ajmer district).

The State Government stated (January 2024) that all the14 tests could not be carried out due to non-posting of Community Health Officers at HSC-HWC. It was further stated that 15 tests are being conducted at PHC level and rest of the test would be conducted soon through Hub and spoke Model under MNJY at the level of PHC-HWC.

7.2.2 Health Promotion

Health promotion at the community level is an integral part of the expanded range of services under Comprehensive Primary Health Care.

(i) Non-conduct of yoga wellness sessions

Ensuring Wellness and Health Promotion through YOGA and mainstreaming of AYUSH[132] is one of the health promotion strategies planned for HWCs. The HWCs are required to fix and widely disseminate weekly/ monthly schedule of classes for Community Yoga Training at the HWCs. Analysis of data of HWC portal revealed that Wellness Sessions[133] were being conducted in just 674 (eight *per cent*) out of 8,384 operational HWCs in the State.

In the eight test-checked districts having 2,817 HWCs, Wellness Sessions were being conducted in 215 HWCs (eight *per cent*) of seven districts. Wellness Sessions were not being conducted in the HWCs of Baran district.

The State Government stated (January 2024) that sufficient number of Wellness Sessions could not be conducted due to non-availability of certified yoga instructors.

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132 AYUSH is an acronym for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy and are the six Indian systems of medicine prevalent and practiced in India.

133 Wellness Sessions include wellness activities such as the practice of Yoga and physical exercises. Infrastructure requirement is sufficient space for outpatient care, dispensing medicines, diagnostic services, adequate spaces for display of health messages, appropriate community spaces.

(ii) Inadequate screening of Non-Communicable Diseases in adults

According to the Operational Guidelines of AB-HWC, screening of Non-Communicable Diseases is among the range of services to be provided through Health and Wellness Centres. For this, the Accredited Social Health Activist (ASHA) is responsible for filling the Community Based Assessment Checklist (CBAC) for all women and men aged 30 years and above. Target Population for screening is all men and women above 30 years of age for Oral Cancer, Hypertension and Diabetes Mellitus and all women above 30 years of age for Cervical and Breast Cancer.

From the analysis of the data of the HWC portal, Audit observed that in the total of 8,384 HWCs that not a single CBAC form was filled at 2,796 (33 *per cent*) HWCs, whereas only one to ten forms were filled at 564 (seven *per cent*) HWCs. It was also found that no man or woman was screened for Oral Cancer, Hypertension and Diabetes Mellitus in 1,093 HWCs. Further, not a single woman was screened for Breast and Cervical Cancer in 4,694 HWCs (56 *per cent*) and 5,469 HWCs (65 *per cent*) respectively.

In the eight test-checked districts having 2,817 HWCs, not a single CBAC form was filled at 908 HWCs (32 *per cent*), whereas only one to ten forms were filled at 214 HWCs (eight *per cent*). It was also found that no man or woman was screened for Oral Cancer, Hypertension and Diabetes Mellitus in 320 HWCs (11 *per cent*) of seven districts[134]. Further, not a single woman was screened for Breast and Cervical Cancers in 1,431 HWCs (51 *per cent*) and 1,693 HWCs (60 *per cent*) respectively.

The State Government stated (January 2024) that 76 *per cent* CBAC forms and 54 *per cent* screenings of the targeted population of above 30 years has been done. It was further stated that data entry could not be made on time due to shortage of staff.

The fact remains that 24 *per cent* CBAC forms and 46 *per cent* screening of targeted population of above 30 years are yet to be done. Further, reply is silent about the measures taken to achieve the target of screening.

7.2.3 Use of Telemedicine/IT Platforms

Under the scheme, at all levels, teleconsultation would be used to improve referral advice, seek clarifications and undertake virtual training, including case management support by specialists. The HSC-HWCs with telemedicine infrastructure can connect to Medical Officer (MO) at PHC or directly seek telemedicine services from MBBS/Specialist Doctors stationed in the State Medical College.

Audit observed that tele-consultation service was not available at 4,979 (59 *per cent*) HWCs out of the 8,384 operational HWCs in the State.

134 Ajmer, Baran, Jaipur, Jalore, Jhunjhunu, Jodhpur, Sriganganagar.

In the eight test-checked districts having 2,817 HWCs, tele-consultation service was not available in 1,949 HWCs (69 *per cent*) of seven districts[135].

The State Government stated (January 2024) that effective telemedicine services could not be made available due to delay in procurement of IT equipment.

Recommendation 14: *The State Government may ensure proper functioning of Health and Wellness Centres as envisaged in the guidelines of Ayushman Bharat-Health and Wellness Centres.*

7.3 National Health Mission (NHM)

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

The NHM encompasses its two Sub-Missions, the National Rural Health Mission (NRHM) and the National Urban Health Mission (NUHM). The main components include Health System Strengthening, Reproductive-Maternal-Neonatal-Child and Adolescent Health (RMNCH+A), Communicable and Non-Communicable Diseases Control Programme.

The financing to the State is based on the State's Programme Implementation Plan (SPIP). The funds under SPIP are released under the following major pools: (i) NRHM/RCH Flexi-pool[136], (ii) NUHM Flexi-pool (iii) Flexible pool for Communicable Disease, (iv) Flexible pool for Non-Communicable Disease including injury and trauma, (v) Infrastructure Maintenance and (vi) Family Welfare Central Sector Component.

The functions under the Mission are carried out through the State Health Society (SHS), Rajasthan headed by the Chief Secretary, GoR. The Central and State Governments provide funds for NRHM in the ratio 60:40. The Central and State funds are released to SHS through the Treasury. The State has to deposit its proportionate share within seven days of release of funds by GoI.

7.3.1 Utilization of fund

Audit examination of records of MD, NHM related to expenditure in national programmes, i.e. National Rural Health Mission, National Urban Health Mission flexi pool and Reproductive Child Health (RCH) flexi pool, during the period 2016-22 revealed the following:

135 Ajmer, Jaipur, Jalore, Jhunjhunu, Jodhpur, Sriganganagar, Udaipur.

136 As per NHM Manual for District Level Functionaries 2017, Flexi-pool is a financial envelope for allocation of funds with flexibility across various strategies as per local needs and broad national priorities related to NRHM/NUHM/Communicable Disease and for Non-Communicable Disease.

(i) National Rural Health Mission

The National Rural Health Mission (NRHM) was launched in April 2005. Under NRHM, support is provided to the States and the Union Territories (UTs) to provide accessible, affordable, and quality healthcare to the rural population especially the vulnerable group up to DH (District Hospital) Level. It also aims to bridge the gap in rural healthcare services through improved health infrastructure, augmentation of human resources, enhanced service delivery and decentralization of the programme.

Against the approved State Programme Implementation Plan (PIP) amounting to ₹ 13,850.72 crore, expenditure of ₹ 7,296.15 crore (53 *per cent*) was incurred under NRHM flexi pool. The percentage utilization of fund ranged from 44 *per cent* (2021-22) to 80 *per cent* (2018-19) during the period 2016-22. Details are given in **Table 7.1** below:

Table 7.1: Fund utilization as per PIP

(₹ in crore)

Year	Approved Budget as per State PIP	Fund Utilized	Fund utilization percentage
2016-17	1,021.24	670.02	65.61
2017-18	1,278.80	811.81	63.48
2018-19	1,285.30	1,031.60	80.26
2019-20	2,624.47	1,347.18	51.33
2020-21	4,020.73	1,826.35	45.42
2021-22	3,620.18	1,609.19	44.45
Total	**13,850.72**	**7,296.15**	**52.68**

Source: Information provided by MD, NHM, Rajasthan.

The State Government stated (January 2024) that funds were less utilized due to the programme was in preliminary stage during 2016-18, lesser availability of resource and COVID-19. It was further stated that the *Ayushman Bharat* - Health and wellness Centre programme was launched in January 2018, proper execution to the full extent of various component is under process. Funds were not utilized sufficiently due to shortage of post and cancellation of recruitment of Community Health Officers, COVID-19 pandemic, and cancellation of procurement of IT equipments.

(ii) National Urban Health Mission

The National Urban Health Mission (NUHM) was launched on 1 May 2013 for providing equitable and quality primary healthcare services to the urban population with special focus on slums and vulnerable sections of the society. The existing governance structure and financial mechanisms under the NHM serves NUHM as well. In Rajasthan, NUHM was launched in December 2014. At State level, NUHM is being implemented by State Programme Management Unit (SPMU) under MD, NHM, Jaipur, and in the districts it is being implemented by the District Programme Management Unit (DPMU) through the offices of the Chief Medical & Health Officer (CM&HO).

Audit examination of records of office of the MD, NHM, Jaipur revealed that against the total allotted budget of ₹ 690.91 crore, the cumulative utilisation was ₹ 471.50 crore (68 *per cent*). The percentage of utilisation of fund ranged from 48 (2021-22) to 103 *per cent* (2016-17) as shown in **Table 7.2** below:

Table 7.2: Fund utilization as per PIP

(₹ in crore)

Year	Approved Budget as per PIP	Fund Utilized	Fund utilization percentage
2016-17	95.13	97.60	102.60
2017-18	88.40	70.09	79.29
2018-19	89.88	85.34	94.95
2019-20	133.79	81.07	60.59
2020-21	133.30	65.23	48.93
2021-22	150.41	72.17	47.98
Total	**690.91**	**471.50**	**68.24**

Source: Information provided by MD, NHM, Rajasthan.

The State Government stated (January 2024) that funds could not utilized due to non-appointment of various contractual posts in newly created Urban PHCs and CHCs since 2015.

(iii) Reproductive and Child Health (RCH) Programme

The Reproductive and Child Health Programme, launched in April 2005, is a comprehensive programme under the umbrella of NHM, directed towards the reduction of maternal and infant mortality and total fertility rates. It also aims to reduce social and geographical disparities in access to and utilisation of quality reproductive, maternal, newborn, child and adolescent health services. Six key components of the RCH programme are maternal health, child health, nutrition, family planning, adolescent health (AH) and regulation of preconception and prenatal diagnostic techniques. Under these components, various schemes such as *Janani Shishu Suraksha Karyakram*, *Rashtriya Kishore Swasthya Karyakram*, Adolescent Reproductive and Sexual Health Programme, and Weekly Iron and Folic Acid Supplementation Programme are being implemented, in addition to various training programmes.

At the State level, against the approved State Programme Implementation Plan aggregating to ₹ 4,384.99 crore, expenditure of ₹ 3,072.53 crore (70 *per cent*) was incurred under the main component of Reproductive Child Health flexi pool, as shown in **Table 7.3** below:

Table 7.3: Fund utilization under PIP

(₹ in crore)

Year	Approved Budget as per PIP	Fund Utilized	Fund utilization percentage
2016-17	707.87	510.41	72.11
2017-18	596.70	438.76	73.53
2018-19	698.15	553.92	79.34
2019-20	700.90	488.20	69.65
2020-21	747.16	513.45	68.72
2021-22	934.21	567.79	60.78
Total	**4,384.99**	**3,072.53**	**70.07**

Source: Information provided by MD, NHM, Rajasthan.

Audit examination of financial records of NHM for the period 2016-22 also revealed that utilisation of funds was less than 50 *per cent* in certain schemes, such as *Rashtriya Kishore Swasthya Karyakram* (28 *per cent*), Pre-Conception and Pre-Natal Diagnostic Techniques (37 *per cent*) and Training head under RCH (43 *per cent*). Details are given in ***Appendix 7.1***.

The State Government stated (January 2024) that less funds were utilized due to funds were allocated on the basis of tentative forecast beneficiaries and few beneficiaries changed their option to take services from private hospitals where these entitlements are not applicable and effect of COVID-19 and lockdown.

7.3.2 Physical Infrastructure

The National Health Mission aimed to bridge the gaps in the existing capacity of the rural health infrastructure by establishing functional health facilities through revitalisation of the existing physical infrastructure, such as health centers and new constructions or renovation, wherever required.

Audit observed that despite substantial shortage of physical infrastructure, the pace of augmentation of hospital infrastructure was tardy, as discussed in the succeeding paragraph:

Physical achievement of works

Rule 351 of Public Works Finance & Accounts Rules (PWF&AR), Part-I recommended that no work should be commenced on land which has not been duly made over by responsible civil officers. Rule 289(2) of PWF&AR envisaged that detailed survey and investigations must be carried out and working designs/drawings should be prepared before preparation of detailed technical estimates.

Analysis of monthly progress reports of construction and renovation of health infrastructure facilities under National Health Mission provided by Chief Engineer (CE), Civil Wing, National Health Mission during 2016-22, as of March 2022, is shown in **Table 7.4** below:

Table 7.4: Status of works during 2016-22

Year	Sanctioned works	Works completed and handed over	Works completed but not handed over	Works in progress	Works not started due to non-availability of land	Works not started due to other reasons
2016-17	208	156	26	3	12	11
2017-18	1,034	903	24	2	65	40
2018-19	384	292	20	11	19	42
2019-20	5,119	4,324	495	27	166	107
2020-21	9,023	5,560	1,657	351	980	475
2021-22	481	60	30	196	50	145
Total	**16,249**	**11,295**	**2,252**	**590**	**1,292**	**820**

Source: Information provided by CE, NHM.

The above Table shows that out of the total 16,249 sanctioned works, a total of 2,252 works (14 *per cent*) were completed but not handed over, 590 works (four *per cent*) were not completed and 2,112 works[137] (13 *per cent*) could not be taken up for construction. It was also observed that 43 works related to 2016-20 had also not been completed.

The State Government stated (January 2024) that works could not be taken up for construction due to court stay, land not available and encroachment etc. on allotted land.

It shows that the extant provisions of PWF&AR regarding proper preliminary survey had not been adhered to.

7.4 *Pradhan Mantri Swasthya Suraksha Yojana* (PMSSY)

The *Pradhan Mantri Swasthya Suraksha Yojana* (PMSSY) was launched (March 2006) by Ministry of Health and Family Welfare (MoHFW), GoI with the objectives of correcting regional imbalances in the availability of affordable and reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. Under this scheme, projects of upgradation[138] of Government Medical Colleges (GMCs)/ Institutes have been undertaken in different phases. In Rajasthan, three Government Medical Colleges at Bikaner, Udaipur and Kota were approved (November 2013) in Phase-III and one GMC at Jaipur was approved (August 2016) in Phase-IV. Memorandums of Understanding (MoUs) for Phase-III and Phase-IV were signed between State Government (Department of Medical Education) and Ministry of Health and Family Welfare, GoI in June 2016 and August 2018 respectively.

Audit selected RNT Medical College, Udaipur to examine the implementation of the scheme and the shortcomings noticed by Audit are detailed below:

137 2,112 works: 1,292 works not started due to non-availability of land and 820 works due to other reasons such as encroachments etc.

138 Upgradation broadly envisages improving health infrastructure through establishment of Super Specialty Blocks/Trauma Care Centers and procurement of medical equipment.

7.4.1 Delay in construction of Super Specialty Block at RNT Medical College, Udaipur

Construction of Super Specialty Block (SSB) in RNT Medical College, Udaipur was awarded in July 2016 and was to be completed by January 2018. Audit observed (November 2021 and April 2022) that the construction was completed and the building handed over to the Medical College in August 2020 with a delay of more than two years.

The State Government (July 2023) attributed the delay in construction to the executive agency of the Central Government.

Further, 61 types of equipment were received (August 2018 to September 2021) by the Medical College from the central procurement agency (HITES[139]) for the Super Specialty Block. Out of the 61 types of equipment, 47 types of equipment were issued to SSB with delays ranging from 36 days to 740 days from the date of their receipt in the Medical College. Details are shown in ***Appendix 7.2***.

In addition, it was also found that 22 types of equipment were installed in the Super Specialty Block with a delay ranging from 33 to 772 days after being issued by the central store of the Medical College. Details are shown in ***Appendix 7.3***.

7.4.2 Non-filling of posts of doctors, nursing staff, para medical and other ancillary staff in the Super Speciality Block at RNT Medical College, Udaipur

As per the directions (January 2014) regarding upgradation of GMCs under Phase-III of PMSSY by MoHFW, GoI as well as MoU executed (June 2016) between State Government and MoHFW for up-gradation of Government Medical Colleges, the State Government was responsible for creation of required posts and deployment of personnel for functioning of the Super Speciality Block.

Audit noticed that against the 58 posts of Professors/ Associate Professors/ Assistant Professors, and 109 posts of Nursing Staff/ Para Medical Staff/ Other Ancillary Staff sanctioned by the State Government for the Super Speciality Block, only 20 Professors/Associate Professors/ Assistant Professors and one electrician had been posted, indicating huge vacancies of 66 *per cent* and 99 *per cent* respectively. Details are shown in ***Appendix 7.4***.

GoR stated (December 2023) that Super Speciality Block is being operated at present at RNT Medical College, Udaipur. However, the reply is silent about huge vacancies in Super Speciality Block.

139 HLL Infra Tech Services Limited (HITES) is a 100 *per cent* subsidiary of HLL Lifecare Limited (a Mini Ratna PSU) under Ministry of Health and Family Welfare, Government of India.

Chapter-VIII

Adequacy and effectiveness of the Regulatory Mechanisms

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Adequacy and effectiveness of the Regulatory Mechanisms

There were delays in issuing licenses for manufacturing units. Action against firms manufacturing not of standard quality (NOSQ) drugs was significantly delayed.

The test reports of the samples collected during inspection of pharmacies were received with huge delays, often in or after the month of expiry of the drugs. There was significant shortfall in the number of quality inspection of retail pharmacies.

Neither the composition nor the functioning of the Rajasthan Medical Council was according to norms. Pharmacy Inspectors had not been appointed since the constitution of Rajasthan Pharmacy Council in 1978.

A significant number of Government Medical Institutions had not obtained license from Atomic Energy Regulatory Board for operation of X-ray equipment.

There were significant deficiencies in the regulation of Biomedical Waste generated by the Government Medical Institutions, such as lack of required authorisation from State Pollution Control Board, lack of protective gear/equipment to handlers and non-segregation of liquid chemical waste.

8.1 Regulatory Mechanisms in the State

The role of regulatory bodies 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.

The healthcare system is regulated through various Union and State Acts through which various regulatory bodies have been constituted. In Rajasthan, Drug Control Organisation, Rajasthan Nursing Council, Rajasthan Medical Council, Rajasthan Pharmacy Council and Rajasthan Para-Medical Council are responsible for effective regulation of the health sector. Apart from examining the functioning of some of these regulatory bodies, Audit also examined aspects related to Biomedical Waste Management, Quality Certification from National Accreditation Board of Laboratories, National Accreditation Board for Hospitals & Healthcare Providers and other mandatory requirements.

8.2 Regulation of Manufacturing of Drugs

The Drug Control Organization is a regulatory agency under Department of Medical, Health & Family Welfare, GoR and is responsible for implementation and enforcement of Drugs and Cosmetics Act, 1940. It regulates the manufacture of drugs and cosmetics and sale of drugs in the State. Its duties and responsibilities also include grant of manufacturing and sales licences for allopathic drugs, cosmetics and medical devices, grant and renewal of licences for operation of blood banks and blood storage units of the State, monitoring and issuance of good manufacturing practices certificate, good laboratory practices certificate, etc.

The Drug Control Organisation also monitors the quality of medicines and cosmetics through routine and statutory sampling, post marketing surveillance and recall of Not of Standard Quality (NOSQ) medicines and cosmetics from the market. It is also responsible for investigation of complaints and detection of spurious, adulterated and misbranded drugs, cosmetics and medical devices and launching prosecution against the offenders.

8.2.1 Issue of Licenses to Manufacturing Units

License for manufacturing of drugs is issued under the provisions of Drugs & Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945. Once a manufacturer applies for manufacturing license and meets all the requirements, the State Drug Controller conducts joint inspection of factory premises along with Central Drug Standards Control Organisation, GoI. If any shortcoming/ discrepancies are observed during the joint inspection, the applicant is intimated to rectify the same and submit compliance report. Upon receipt of compliance report from the applicant, it is verified by the officer[140] concerned and the license is issued if it is found satisfactory.

Rule 52 of Drugs and Cosmetics Rules, 1945 states that all the manufacturing firms are to be inspected at least once in a year. Further, Rule 83 states that on an application being made for renewal, the licensing authority may cause an inspection to be made and if satisfied that the conditions of the license and the rules under the act are continued to be observed, it shall issue a certificate for renewal. The renewal of manufacturing license is done for five years.

Further, according to Rajasthan Guaranteed Delivery of Public Services Act, 2011, the manufacturing license is supposed to be issued within three months from the date of application. As per circular dated 11 February 2020 issued by Medical and Health Department, GoR, the certificate of Good Manufacturing Practices[141] (GMP) should be issued within five days.

140 Assistant drug controller or drug control officer posted in the concerned districts.

141 Good Manufacturing Practices (GMP) ensure that products are consistently produced and controlled according to quality standards. The requirements of Good Manufacturing Practices are laid down in Schedule M of Drugs and Cosmetics Rules 1945.

Audit analysed the records of the office of the Drug Controller of State pertaining to licenses issued to eight manufacturing units[142] and found that except for one annual inspection of one firm[143] (in May 2020), regular annual inspection was not carried out in any of the eight test-checked manufacturing units by the Drug Control Officers of the districts where the manufacturing units were located.

It was also observed that in case of these eight manufacturing firms, licenses were issued with delays in two[144] cases, with the delay ranging from 23 to 36 days. In three[145] cases, the licenses were renewed with the delay of 7 days to 327 days.

Further, delay in issue of GMP certificate was observed in one[146] case. In one[147] case, it was observed that renewal of license was done without any inspection.

The State Government stated (January 2024) that issuance of new manufacturing license and GMP certificates within the stipulated time will be ensured. It was also stated that joint inspection of the manufacturing units will be carried out within the stipulated time as per rules.

Recommendation 15: *The State Government should ensure that issue and renewal of manufacturing licenses are done in a time bound manner and annual inspections are conducted regularly.*

8.2.2 Action in cases of manufacturing of Not of Standard Quality (NOSQ) Drugs

To control manufacturing of spurious drugs in the State, Drug Control Officers in the districts collect samples from the manufacturing units which are then sent to Drug Testing Laboratory, Jaipur for testing. If the tested drugs are found to be sub-standard/fake/spurious, then proposal for action to be taken should be sent to Drug controller, Rajasthan within three months. Further, the Drug controller should send report in this regard to the State Government in seven working days and in case the Drug Control Officer recommends judicial action, approval will necessarily be decided by the Drug Controller within 15 days.

142 Eight manufacturing units: M/s Enzi Healthcare, Udaipur; M/s Vardhman Pharma, Udaipur; M/s Shreyans Healthcare Private Limited, Ajmer; M/s Parth Formulation Private Limited, Ajmer; M/s Shakambhari Stone Crusher Co., Jhunjhunu; Firm Dhanuka Laboratory Limited, Jodhpur; Neelkanth Menachem, Jodhpur, Ananta Medicare Ltd., Sriganganagar.

143 Ananta Medicare Limited, Sriganganagar.

144 M/s Shakambhari Stone Crusher Company, Jhunjhunu (23 days delay), Ananta Medicare Limited, Sriganganagar (36 days delay)

145 M/s Enzi Healthcare, Udaipur (327 days delay); M/s Parth Formulation Private Limited, Ajmer (44 days delay); Neelkanth Menachem, Jodhpur (07 days delay).

146 M/s Vardhman Pharma, Udaipur (43 days delay).

147 Neelkanth Menachem, Jodhpur.

Audit selected ten cases[148] of inspections by Drug Control Officers (inspections carried out in August 2016-October 2017) in six districts involving four drugs which were declared NOSQ by Drug Testing Laboratory. Audit noticed that:

- In nine out of the ten cases, the Drug Control Officers of the six districts took more than the mandated three months to move the necessary proposals regarding prosecution/judicial action to the Drug Controller. No evidence of sending report to the State Government as required was found.

- In all the ten cases, the State Drug Controller delayed the issue of sanction to prosecute the offenders. The delay was three months in one case, four to 12 months in six cases, and 13 months, 33 months and 35 months in one case each.

- In eight out of ten test-checked cases, the District Drug Control Officers did not file suit against the delinquent firms even after more than 14 months of receiving sanction for prosecution by the State Drug Controller. Details are given in ***Appendix 8.1***.

The State Government stated (January 2024) that in most of the cases the delay in filing the prosecution is due to non-availability of constitution of firm especially out of State firms. It was further stated that to overcome this problem Drug Control Officers are being sent to the other States to bring the constitution of culprit firms and expedited the process of filing the prosecution against the culprits.

GoR informed reasons for delay in filing the prosecution. The fact remains that timely action could not be initiated by the department against manufacturers for manufacturing of Not of Standard Quality Drugs.

Recommendation 16: *The State Government should fix responsibility of officers concerned for failure to ensure timely and appropriate action against the manufacturers of not of standard quality drugs.*

148 Ten cases: ADC, Alwar: Three cases (Cefixime Tab IP (Jonfix-200) Batch No. 17131, Amoxycillin Trihydrate & Potassium Claulanate Tab (Batch 17207) and Cefixime Ofloxacin & Lactobacillus Tab (Batch No. 170102); ADC, Jodhpur: Three cases (Nicorandil Tab 5 mg (Batch No. MTA 151089), Cefixime Tab IP 200 mg (Batch No. CKM 0161001) and Amoxycillin Trihydrate & Potassium Claulanate Tab Batch No. BT 15-580); ADC, Chittorgarh: One case (Amoxycillin Trihydrate & Potassium Claulanate Tab Batch 16065); ADC, Ajmer: One case (Cefixime Tab IP (Jonfix-200) (Batch No. 17131); ADC, Jaipur: One case (Pregabalin Capsules Batch No. SC-15028); ADC, Udaipur: One case (Amoxycillin Trihydrate & Potassium Claulanate Tab (Batch No. 17017).

8.2.3 Quality inspection of retail pharmacies

To monitor the quality of drugs, staff of Drug Control Organization conducts inspection of sales wherein samples are drawn and sent to Drug Testing Laboratory, Jaipur for testing. If the drugs are found 'Not Of Standard Quality (NOSQ)', they are removed from circulation. Drug Testing Laboratory, Jaipur was the only Government testing laboratory in Rajasthan.

As per Rule 45(1) of the Drugs and Cosmetics Rules 1945, samples of drugs should be analyzed and test reports furnished within a period of 60 days of receipt of the sample.

Audit observed that *77 per cent* of the test reports were furnished by the Drug Testing Laboratory, Jaipur after 60 days of receipt of sample for testing from Drug Control Officers. Details are given in ***Appendix 8.2***. Audit also found huge pendency[149] (e.g. 6,077 samples pending in 2021-22) in testing of drug samples at Drug Testing Laboratory, Jaipur.

To further assess the efficiency of the testing process, audit examined the details of drugs sample testing during three selected months i.e. April 2016, March 2021 and March 2022 at Drug Testing Laboratory, Jaipur. Audit observed that 99 *per cent* of the samples took more than the prescribed 60 days for testing. About 40 *per cent* of the samples took more than 150 days to one year, while 55 *per cent* of the samples took more than one year for testing.

It was further observed that 17 *per cent* test reports were received by the Drug Control Officers concerned from the laboratory in the month in which the drug was expiring, and another 12 *per cent* test reports were received after the expiry of the drugs. Details are given in ***Appendix 8.3***. Year-wise details are shown below in **Table 8.1**:

Table 8.1: Test reports received in or after expiry month

Financial Year	Total Number of test reports received	Total Number of test reports received in expiry month	Total Number of test reports received after expiry month
2016-17	3,540	682	395
2017-18	3,217	700	520
2018-19	2,995	760	664
2019-20	4,504	946	609
2020-21	4,826	532	356
2021-22	4,732	420	359
Total	**23,814**	**4,040 (17 *per cent*)**	**2,903 (12 *per cent*)**

Source: Information provided by Drug controller, Rajasthan.

Audit observed that total 1,207 samples were declared as 'Not Of Standard Quality' during 2016-22 at Drug Testing Laboratory, Jaipur and 70 out of these were received from DTL in the month in which the drugs were expiring, as shown below in **Table 8.2**:

149 4,606 samples in 2016-17; 5,888 samples in 2017-18; 5,625 samples in 2018-19; 7,483 samples in 2019-20; 6,345 samples in 2020-21; 6,077 samples in 2021-22.

Table 8.2: Not Of Standard Quality (NOSQ) reports received in expiry month

Financial Year	Total samples declared as 'Not of Standard Quality'	Total Number of Test reports received in expiry month
2016-17	182	-
2017-18	300	08
2018-19	206	13
2019-20	193	16
2020-21	155	05
2021-22	171	28
Total	**1,207**	**70**

Source: Information provided by Drug Testing Laboratory, Rajasthan, Jaipur.

Thus, the possibility of these 'NOSQ' drugs being sold out from circulation cannot be ruled out.

The Drug Testing Laboratory, Jaipur stated (January 2022) that it was possible to test only 250-300 samples in a month due to huge shortage of technical staff and around 600-700 samples are being received in each month. Further, it was also stated that among the samples received, priority is given to expiring samples.

The Government of Rajasthan announced (2012-13) establishment of three new Drug Testing Laboratories in Jodhpur, Bikaner and Udaipur districts to augment the testing capacity. Audit observed that the three Testing Labs were constructed and handed over[150] between October 2014 and May 2018, at an expenditure of ₹ 6.81 crore[151]. However, these labs were not made functional even after nine years of approval as of March 2022.

The State Government stated (May 2023) that the two Drug Testing Laboratories in Bikaner and Udaipur have been made functional w.e.f. August 2022. It was further stated that recruitments are being done to make Drug Testing Laboratory in Jodhpur operational. It was further stated (January 2024) that Assistant Drug Analyst have been joined in laboratories and orders have been issued by State Government for appointments of technical staff in laboratories.

150 Handed over: Drug Testing Lab, Bikaner: 02.10.2014, Drug Testing Lab, Udaipur: 12.01.2018 and Drug Testing Lab, Jodhpur: 09.05.2018.

151 ₹ 6.81 crore: DTL Jodhpur: ₹ 2.13 crore, DTL Bikaner: ₹ 1.85 crore and DTL Udaipur: ₹ 2.83 crore.

8.2.4 Shortfall of inspections at retail pharmacies

As per norms prescribed (November 2019) by the Department of Medical, Health and Family Welfare, GoR, each Drug Control Officer is required to conduct 20 inspections of sales premises (retail and wholesale) per month.

Audit observed that out of their prescribed cumulative inspection target[152] of 94,800 inspections during 2016-22, there was a shortfall of 29,665 (31 *per cent*) inspections in the State as shown in **Table 8.3** below:

Table 8.3: Shortfall in inspection at retail pharmacies

Year	Annual target for Inspection	Achievement	Shortfall	Percentage shortfall
2016-17	12,960	7,376	5,584	43.09
2017-18	10,320	7,907	2,413	23.38
2018-19	15,120	8,808	6,312	41.75
2019-20	16,560	11,820	4,740	28.62
2020-21	18,000	12,476	5,524	30.69
2021-22	21,840	16,748	5,092	23.32
Total	**94,800**	**65,135**	**29,665**	**(31 *per cent*)**

Source: Information provided by the office of the Drug controller, Rajasthan.

Audit noticed a wide variation in shortfall of inspections which varied from 5.28 *per cent* in Sriganganagar to 67.08 *per cent* in Banswara as detailed in ***Appendix 8.4***.

The State Government stated (May 2023) that shortfall of inspections during 2020-2021 and 2021-2022 was due to Covid pandemic. It was further stated (January 2024) that out of 116 female officers, 28 female officers were on maternity leave during the period mentioned above.

The fact remains that GoR could achieved the target for inspection of retail pharmacies upto 69 *per cent* only and targets were also not achieved during 2016-20. Further, the Department has not taken any measures to achieve the targets.

8.3 Rajasthan Medical Council

The Rajasthan Medical Council was established (March 1952) under the Rajasthan Medical Act, 1952. The Council registers the qualified medical practitioners working in private as well as in public sector. The Rajasthan Medical Council maintains the bio-data of the qualified doctors and keeps a watch on the conduct and upholding of ethics of the medical profession.

Section 4 of the Rajasthan Medical Act, 1952 prescribes the regulation of membership of the Council. The Council shall consist of the following members, namely:- (a) A President to be nominated by the Government; (b) Three members to be nominated by the Government; (c) One member to be elected from amongst the members of the faculty of medicine of Rajasthan University of Health Sciences (RUHS); (d) One member to be elected by and

152 Annual inspection target calculation= Number of Drug Control Officers in the district X target per month X 12 months.

from the staff of each Medical College affiliated to the RUHS; (e) Three members to be elected from amongst themselves by registered practitioners who are graduates in Medicine or Surgery; and (f) Three members to be elected from amongst themselves by registered practitioners other than those referred to in clause (e).

Further, Sub-Section 1(b) of Section 9 of the Rajasthan Medical Act, 1952 dealing with cessation of membership prescribes that a member of the Council shall be deemed to have vacated his seat on his absence (without excuse which is deemed sufficient in the opinion of the Council) from three consecutive meetings of the Council.

Scrutiny of records provided by Rajasthan Medical Council for the period 2016-22 revealed that:

- Three members who were to be nominated to the Council by the Government were not nominated from August 2018 to July 2019;
- No member was ever elected to the Council from amongst the members of the faculty of medicine during 2016-21.
- Elected members from amongst the staff of College of Medical Science under RUHS, Jaipur since its constitution in the year 2014-15, and from the six Medical Colleges[153] had not been a part of the Council for periods ranging from 49 to 615 days.
- Two members nominated under clause 4(d) did not attend three consecutive meetings[154]. However, their seats were not vacated as required under Section 9 (1) (b) of the Rajasthan Medical Council Act.

Thus, neither the composition nor the functioning of the Rajasthan Medical Council was in accordance with the requirements of the Rajasthan Medical Act.

The State Government stated (January 2024) that due to excess time taken in election process the member could not be elected from the attached medical colleges of RUHS. However, members are now elected from Medical colleges.

It was further stated that members from the college councils could not attend the meetings due to their pre-occupation in work and therefore, consent of the members are taken telephonically to take unanimous decisions in important matters. It was also stated that the member from the medical colleges could not attend council meetings due to their engagement in teaching work and treatment of patients.

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153 Six Medical Colleges: Medical College, Jodhpur: 49 days (23.04.2019 to 10.06.2019), Medical College, Jhalawar: 63 days (26.03.2020 to 27.05.2020), Medical College, Ajmer: 60 days (29.08.2017 to 23.10.2017 & 24.10.2020 to 27.10.2020), Medical College, Udaipur: 169 days (05.11.2017 to 22.04.2018), Medical College, Kota: 615 days (18.11.2017 to 20.07.2018 and 04.12.2020 to 08.12.2021) and Medical College Bikaner 490 days (27.11.2020 to 31.03.2022).

154 JLN Medical College, Ajmer: (10.01.2020, 27.02.2020 and 19.09.2020) and RNT Medical College, Udaipur: (23.11.2015, 18.01.2016 and 20.06.2016).

The fact remains that the functioning of the Rajasthan Medical Council was not in accordance with the requirements of the Rajasthan Medical Act.

8.4 Rajasthan Pharmacy Council

The Rajasthan Pharmacy Council is a statutory body constituted under the Central Pharmacy Act, 1948. It regulates the profession and practice of pharmacy in the State.

As per Section 26A (1) of the Central Pharmacy Act, 1948, the State Council may appoint Inspectors[155] with the previous sanction of the State Government.

Audit observed that Pharmacy Inspectors had not been appointed in the State since the constitution of Rajasthan Pharmacy Council in 1978.

The State Government stated (January 2024) that inspectors were not appointed due to non-availability of service rule for appointment and qualification of inspectors in the Central Pharmacy Act,1948. It was further stated that post of Drug Control Officers are created under the control of Food Safety and Drug Controller directorate who inspect the Drug Pharmacy in the State.

Non-appointment of Pharmacy Inspectors negatively impacts the control over sale, distribution of fake/spurious drugs and operation of unregistered medical stores in the State.

Recommendation 17: *The State Government should monitor the functioning of the State Medical Council and State Pharmacy Council to ensure effective regulation by these bodies.*

8.5 License for operation of radiation generating equipment from Atomic Energy Research Board

Atomic Energy (Radiation Protection) Rules, 2004, provide that hospitals should obtain license for operation of X-ray equipment from Atomic Energy Regulatory Board. Further, as per IPHS, protective gear[156] should be available with all the staff working in X-ray rooms and these should be periodically sent to Bhabha Atomic Research Centre (BARC) for assessment.

Audit of the 46 test-checked GMIs[157] revealed that 14 (30 *per cent*[158]) of these institutions did not obtain the required licenses from Atomic Energy Regulatory Board to operate the X-ray equipment. Further, out of the remaining 32 GMIs,

155 An Inspector may inspect any premises where drugs are compounded or dispensed and submit a written report to the Registrar and enquire a person who is engaged in compounding or dispensing of drugs is a registered pharmacist, investigate any complaint made in writing in respect of any contravention of the Act and report to the Registrar and Institute prosecution under the order of the Executive Committee of the State Pharmacy Council.

156 Lead Aprons and Thermo Luminescent Dosimeters badges.

157 46 Government Medical Institutions: 34 DHs, Four SDHs and Eight CHCs.

158 14 Government Medical Institutions: DHs Baran, Salumber, Phalodi, Balotra, Sagwara, Gangapur City, Jaisalmer, Nokha, SDHs Salawas and Vallabhnagar and CHCs Sarada, Srikaranpur, Anta and Singhana.

five GMIs[159] (16 *per cent*) had not been renewed their licenses from Atomic Energy Regulatory Board before their expiry.

In 19[160] of the 46 GMIs, adequate protective ceiling, suspended screens and table curtains/flaps were not used in the X-ray rooms as required under Rule 7.3 (i) of Atomic Energy Regulatory Board Safety Code[161]. In 43 GMIs[162] (93 *per cent*), Radiological Safety Officers were not appointed for X-Ray department as required under Rule 7 (2)(e)(iii) of Atomic Energy (Radiation Protection) Rules, 2004. Thermo Luminescent Dosimeter (TLD) badges were not being sent to BARC on regular basis for assessment of radioactivity by 22 GMIs [163] (48 *per cent*).

The State Government stated (January 2024) that to obtain AERB license, work related to GAP analysis of DH/SDH/SH has completed and its implementation is under process. It was further stated that directions will be issued to concerned for compliance of rules.

8.6 Regulation of Biomedical Waste Management

Bio Medical Waste is generated during procedures related to diagnosis, treatment and immunization in the hospitals and its management is an integral part of infection control within the hospital premises. The GoI framed the Bio-Medical Waste Management Rules, 2016 which *inter alia* stipulates the procedures for collection, handling, transportation, disposal and monitoring of the Bio Medical Wastes with clear roles for waste generators and Common Bio-Medical Waste Treatment Facility.

In the DHs of the State, Audit observed that Bio Medical Waste Rules and IPHS for proper management of Bio Medical Waste were not being properly complied with by the DHs. The instances of non-compliance in 34 DHs are depicted in **Chart 8.1** below:

159 Five Government Medical Institutions: DHs Jhunjhunu, Pipar City, Bundi and CHCs Asop and Jobner.

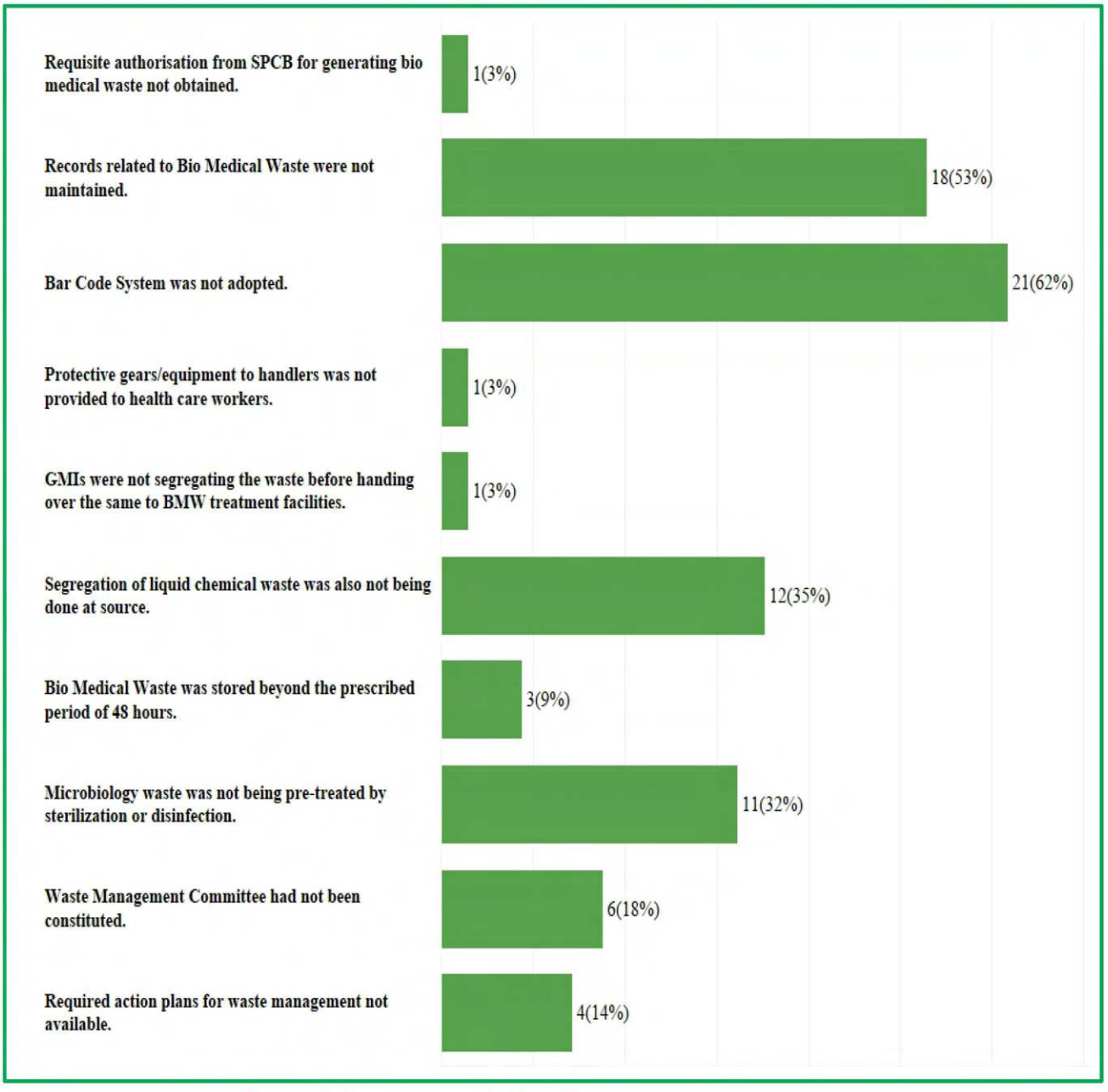
160 19 Government Medical Institutions: 11 DHs: Jhunjhunu, Baran, Phalodi, Beawar, Sawai Madhopur, Neem ka Thana, Sheoganj, Gangapur City, Hanumangarh, Nokha, Chittorgarh; SDH Vallabhnagar and Seven CHCs: Asop, Sanchore, Singhana, Srikaranpur, Jobner, Anta, Sarada.

161 AERB Safety Code No. AERB/RF-MED/SC-3 (Rev.2) regarding radiation safety in manufacture, supply, and use of medical diagnostic X-ray equipment.

162 43 Government Medical Institutions: 31 DHs: Kishangarh, Phalodi, Jalore, Baran, Jhunjhunu, Salumber, Nagaur, Dausa, Sawai Madhopur, Kekri, Rajsamand, Pratapgarh, Neem ka Thana, Banswara, Balotra, Sheoganj, Karauli, Tonk, Alwar, Pipar City, Sagwara, Sirohi, Gangapur City, Jaisalmer, Hindaun, Bundi, Hanumangarh, Dholpur, Shahpura, Chittorgarh and Nokha; Four SDHs: Bijainagar, Salawas, Sanganer and Vallabhnagar; all test-checked eight CHCs.

163 22 Government Medical Institutions: 14 DHs: Phalodi, Sawai Madhopur, Pratapgarh, Neem ka Thana, Sheoganj, Karauli, Tonk, Pipar City, Sagwara, Gangapur City, Jaisalmer, Hindaun, Bundi, and Nokha, Two SDHs Sanganer, Vallabhnagar, Six CHCs: Asop, Singhana, Jobner, Anta, Sanchore and Sarada.

Chart 8.1: Instances of non-compliance in DHs as of 31 March 2022

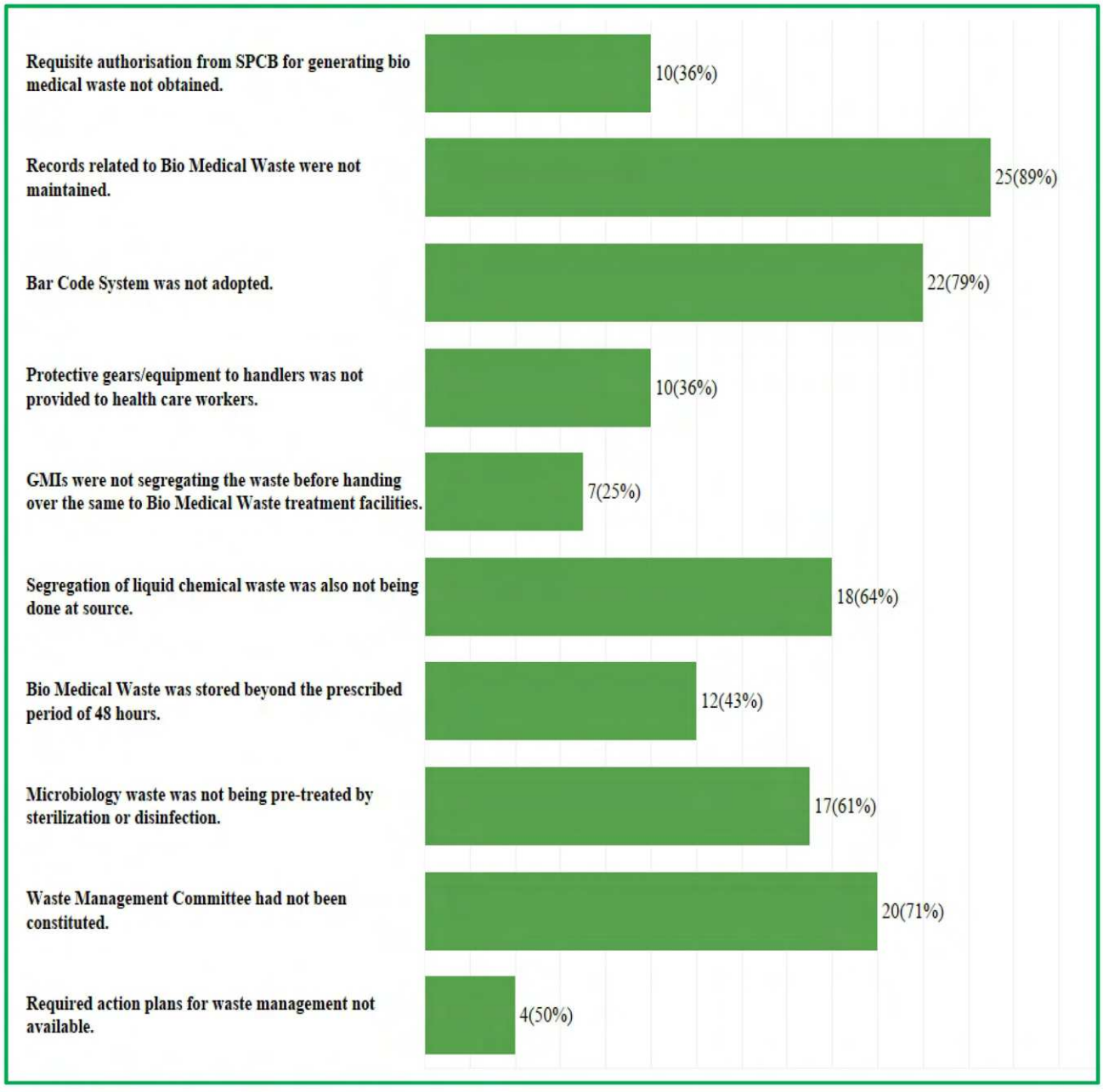


Source: Information provided by DHs.

In the other 28 test-checked GMIs[164] also, Audit observed that Bio Medical Waste Rules and IPHS for proper management of Bio Medical Waste were not being properly complied with by the GMIs. The instances of non-compliance are depicted **Chart 8.2** below:

164 28 GMIs: Four SDHs, Eight CHCs and 16 PHCs.

Chart 8.2: Instances of non-compliance in test-checked GMIs as of 31 March 2022



Source: Information provided by the test-checked GMIs.

The State Government stated (January 2024) that the training of Bio Medical Waste Management has been given to Medical Officers, Nursing Officers posted at DHs/SHs by State Institute of Health and Family Welfare. It was further stated that there is no specific Bio Medical Waste Management cell at State level for monitoring and evaluation.

Non-compliance of Bio Medical Waste Management rules contributes to health and environment hazards and directly impacts the health and safety of both the handlers and patients.

Chapter-IX
Sustainable Development Goal-3

Chapter-IX
Sustainable Development Goal - 3

The State did not have a vision/ roadmap/ strategy for achievement of SDGs.

Meetings of State Level Implementation and Monitoring Committee and District Level SDG Implementation and Monitoring Committees were not being held regularly.

The targets set for achievement of SDGs were not achieved. Out of 20 targets set in milestone I of 2019-20 for SDG-3, four targets {Tuberculosis incidence (Per 1,00,000 population), Prevalence Rate of Leprosy (Per 10,000 population), TB cases successfully treated, Hypertension among adults (15-49 years)} could not be achieved.

9.1 Introduction

The United Nations General Assembly adopted the Sustainable Development Goals (SDGs) for the world in 2015 to be achieved by 2030. One of these goals, SDG-3, pertains to "Good Health and Well-Being," to ensure healthy lives and promote well-being for all.

The Government of India (GoI) entrusted (September 2015) NITI Aayog[165] with the responsibility of coordinating and overseeing the implementation of the 2030 Agenda of SDGs.

The GoR set up (November 2017) a State Level Implementation and Monitoring Committee[166] (SLI&MC) under the chairmanship of Chief Secretary, GoR for implementation of SDGs. This Committee is responsible for finalisation of State level road map, review and analysis of the progress of implementation of SDGs at regular intervals, suggesting strategy for implementation of SDGs and providing directions/suggestion to the departments. For the implementation of SDGs at the District level, District Level SDGs Implementation and Monitoring Committees (DLSIMC) were constituted[167]. The Planning Department, GoR was designated as the administrative department for implementation of SDGs in the State.

165 National Institution for Transforming India (NITI Aayog) is the policy think-tank of the Government of India, providing both directional and policy inputs.

166 Constituted on 07.11.17 and headed by Chief Secretary, with Principal Secretary, Planning as Member secretary, with thirteen other members from other departments.

167 Vide Administrative Reforms Department, GoR order dated 07.03.2019. The District Collector is the chairperson of DLSIMC.

Performance of the State pertaining to SDG-3

The SDG India Index Report by NITI Aayog stipulates a mechanism[168] with the objective of measuring the progress of SDGs and developing 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.

The performance of Rajasthan relating to SDG-3 in the SDG India Index and Dashboard Reports 2018, 2019-20 and 2020-21 are shown in **Tables 9.1** and **9.2**:

Table 9.1: SDG-3 scores of State

Particulars	SDG-3 score of Rajasthan (out of 100)
SDG India Index 1.0[169]	49
SDG India Index 2.0[170]	58
SDG India Index 3.0[171]	70

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

S. No.	Report	Composite SDG Score of India	Composite SDG Score of Rajasthan	SDG-3 Score of India	SDG-3 Score of Rajasthan
1	2018	57 (Performer)	59 (Performer)	52 (Performer)	49 (Aspirant)
2	2019-20	60 (Performer)	57 (Performer)	61 (Performer)	58 (Performer)
3	2020-21	66 (Front Runner)	60 (Performer)	74 (Front Runner)	70 (Front Runner)

As seen from Table 9.2 above, the SDG-3 score of Rajasthan has shown a steady improvement over the period 2018-2021. However, Rajasthan performed lower than All India SDG-3 scores in all the years.

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

169 SDG India Index 1.0: The first version of the Index, i.e. SDG India Index Baseline Report, 2018 (SDG India Index 1.0) was released in December 2018. The Index tracks the progress of all the States and UTs on a set of 62 indicators covering 13 SDGs (leaving out Goals 12, 13, 14 and 17, mainly because of paucity of data). As per the report, Rajasthan has been ranked as 'Performer' with 59 composite score in SDG India Index 1.0.

170 SDG India Index 2.0: It is the second version of the Index which builds upon its first version. It was launched in December 2019. The Index has been constructed using 100 indicators that covers 54 targets across 16 goals, barring Goal, 17 due to the fact that the data for SDG 17 are not available. As per the report, Rajasthan has been ranked as 'Performer' on Composite SDG India Index 2.0 with the Index Score of 57.

171 SDG India Index 3.0: SDG India Index 3.0 launched in June 2021 in which Rajasthan improved its overall SDG score from 57 in 2019-20 to 60 in 2020-21, albeit retaining its position in the 'Performer' category.

9.2 Key steps for adoption of Sustainable Development Goals

NITI Aayog reviewed (January-February 2018) the progress of implementation of SDGs in six steps, i.e., establishment of unit/cell center on SDGs, mapping of department/ schemes, formulation of vision/ roadmap/ strategy on SDGs, alignment of budget with SDGs, constitution of monitoring framework and consultations/ orientations/ training. As per this review, Rajasthan displayed no progress under three steps, i.e., vision/ roadmap/ strategy on SDGs, alignment of budget with SDGs and constitution of monitoring framework (as of February 2018).

The Principal Secretary, Planning Department stated (November 2023) that the alignment of SDGs with the State Government's 'Vision -2030' is in process. It was further stated that budget heads of each scheme/ programme have been mapped with the SDGs on Integrated Financial Management System.

Recommendation 18: *The State Government may expedite the alignment of SDGs with the State Government's Vision 2030.*

9.3 Monitoring of Sustainable Development Goal

As per the orders of Administrative Reforms Department, GoR (November 2017 and March 2019), the SLI&MC and DLSIMC meetings should be conducted twice in a year.

Information furnished (June 2022) by Joint Secretary, Plan, Planning Department, GoR revealed that against targeted eight, only four meetings of SLI&MC were conducted during the period 2018-19 to 2021-22.

Information regarding conduct of DLSIMC meetings furnished (June 2022) by eight test-checked Chief Medical & Health Officers (CM&HOs) during the period 2019-20 to 2021-22 revealed that against the targeted 48 meetings, only eight meetings (16.66 *per cent*) of DLSIMC were conducted. However, the Principal Secretary, Planning Department stated (November 2023) that 29 DLSIMC meetings were conducted by District Statistical Offices under the chairmanship of District Collector in the eight test-checked districts during 2019-22.

9.4 Achievement of Targets

In Rajasthan SDG Status Report 2019 (version 1), 20 targets were set for Milestone I of 2019-20 towards achievement of activities of SDG-3. Audit examination of progress of these 20 targets revealed that four[172] targets could not be achieved as per the Rajasthan SDG Status Report 2022 (version 4). Details are provided in ***Appendix 9.1***.

172 Four targets: Tuberculosis incidence (Per 1,00,000 population), Prevalence Rate of Leprosy (Per 10,000 population), TB cases successfully treated, Hypertension among adults (15-49 years).

The State Government stated (January 2024) that the State reported 22 *per cent* decline in Tuberculosis incidence in 2020 from 2019. It was further stated that the GoI fixed the targets by less than two *per cent* for 2022-23 regarding National Leprosy Eradication Programme and same was achieved 1.74 *per cent*. It was also stated that due to COVID-19 less number of TB cases were treated, and now continuous monitoring is being done. For Hypertension among adults, awareness for adoption of better living prescription and screening of peoples for detection of hypertension is being regularly done. The fact remains that four targets could not be achieved.

JAIPUR,
The 06 November, 2024

(SATISH KUMAR GARG)
Principal Accountant General (Audit-I)
Rajasthan

Countersigned

NEW DELHI,
The 11 November, 2024

(GIRISH CHANDRA MURMU)
Comptroller and Auditor General of India

Appendices

Appendix-1.1

(Refer Paragraph 1.4)

Statement showing details of Government Medical Institutions in the State as of December 2021 and March 2022

Name of Districts	Government Medical Institutions						
	DHs	SDHs/ SHs	CHCs	PHCs	HSCs	Medical Colleges	Medical College Attached Hospitals
Ajmer	3	2	25	84	369	1	3
Alwar	1	0	42	129	697	0	0
Banswara	1	0	22	58	455	0	0
Baran	1	0	14	52	268	0	0
Barmer	1	1	26	106	729	1	1
Bharatpur	0	0	26	74	396	1	2
Bhilwara	1	0	27	84	523	1	1
Bikaner	1	0	18	71	420	1	6
Bundi	1	0	14	33	205	0	0
Chittorgarh	1	1	25	51	383	0	0
Churu	0	2	18	99	442	1	1
Dholpur	1	1	8	34	234	0	0
Dausa	1	0	17	48	320	0	0
Dungarpur	1	1	16	60	346	1	1
Hanumangarh	1	0	17	60	360	0	0
Jaipur	1	0	41	182	628	2	15
Jaisalmer	1	0	11	25	155	0	0
Jalore	1	0	12	71	408	0	0
Jhalawar	0	0	14	45	323	1	2
Jhunjhunu	1	1	28	115	599	0	0
Jodhpur	2	0	27	109	649	1	10
Karauli	2	1	17	36	281	0	0
Kota	0	0	16	61	190	1	7
Nagaur	1	5	34	136	798	0	0
Pali	0	1	26	86	475	1	1
Pratapgarh	1	0	8	34	204	0	0
Rajsamand	1	1	16	44	262	0	0
Sawai Madhopur	2	1	15	41	269	0	0
Sikar	1	3	32	115	644	1	2
Sirohi	2	0	10	30	223	0	0
Sriganganagar	1	0	18	63	419	0	0
Tonk	1	0	12	63	294	0	0
Udaipur	1	1	33	110	621	1	6
Total	**34**	**22**	**685**	**2,409**	**13,589**	**15**	**58**

Source: Rural Health Statistics 2021-22 supplemented with information obtained during field study and Administrative Report 2021-22 of DME, GoR.

Appendix-1.2

(Refer Paragraph 1.4)

Statement showing the Status of Government Medical Colleges in the State

Academic Session	Number of colleges established	Name of college
Upto March 2016	8	1. JLN Medical College (Ajmer) 2. SMS Medical College (Jaipur) 3. RUHS Medical College (Jaipur) 4. RNT Medical College (Udaipur) 5. Government Medical College (Kota) 6. SN Medical College (Jodhpur) 7. SP Medical College (Bikaner) 8. Medical College (Jhalawar)
2018-19	5	1. Government Medical College (Bharatpur) 2. Government Medical College (Bhilwara) 3. Government Medical College (Dungarpur) 4. Government Medical College (Pali) 5. *Pandit Deen Dayal Upadhyay* Medical College (Churu)
2019-20	1	Government Medical College (Barmer)
2020-21	1	Government Medical College (Sikar)
2021-22	0	-
Total	**15**	

Academic Session	Number of colleges established	Name of college
2022-23	4	1. Government Medical College, Dholpur 2. Government Medical College, Sriganganagar 3. Government Medical College, Chittorgarh 4. Government Medical College, Sirohi
2023-24	12 (Under construction)	1. Bundi; 2. Jhunjhunu; 3. Tonk; 4. Karauli; 5. Jaisalmer; 6. Sawai Madhopur; 7. Baran; 8. Dausa; 9. Hanumangarh; 10. Nagaur; 11. Alwar; 12. Banswara
State Budget Announcement 2023-24	3	Announcement of Medical Colleges for the districts of Pratapgarh, Rajsamand and Jalore
Total	**19**	
Grand Total	**34**	**In 33 districts of the State**

Source: Administrative Reports of Department of Medical Education, GoR supplemented with information gathered during field study.

Appendix-1.3

(Refer Paragraph 1.10)

Statement showing details of selected units

Type of units	No. of units selected in the eight selected districts (Ajmer, Jaipur, Baran, Jalore, Jhunjhunu, Jodhpur, Sriganganagar and Udaipur)	Name of units selected
Chief Medical and Health Officer (CM&HO)	8	1. CM&HO-II, Jaipur 2. CM&HO, Ajmer 3. CM&HO, Baran 4. CM&HO, Jalore 5. CM&HO, Jhunjhunu 6. CM&HO, Jodhpur 7. CM&HO, Sriganganagar 8. CM&HO, Udaipur
District Hospitals (DHs)	8	1. Y.N. District Hospital, Kishangarh, Ajmer 2. Government District Hospital, Phalodi, Jodhpur 3. Government District Hospital, Baran 4. Government District Hospital, Sriganganagar 5. General District Hospital, Jalore 6. Government BDK Hospital, Jhunjhunu 7. Government District Hospital, Salumber, Udaipur 8. District Hospital, Kotputli, Jaipur
Sub-District Hospitals/ Satellite Hospitals (SDHs/SHs)	4	1. Sub-District Hospital, Salawas, Jodhpur 2. Sub-District Hospital/Community Health Centre, Bijainagar, Ajmer 3. Satellite Hospital, Sanganer, Jaipur 4. Satellite Hospital, Vallabhnagar, Udaipur
Community Health Centres (CHCs)	8	1. CHC, Masuda, Ajmer 2. CHC, Jobner, Jaipur 3. CHC, Anta, Baran 4. CHC, Sanchore, Jalore 5. CHC, Singhana, Jhunjhunu 6. CHC, Asop, Jodhpur 7. CHC, Srikaranpur, Sriganganagar 8. CHC, Sarada, Udaipur
Block Chief Medical Officer (BCMO)	8	1. BCMO, Masuda, Ajmer 2. BCMO, Sambhar, Jaipur 3. BCMO, Anta, Baran 4. BCMO, Sanchore, Jalore 5. BCMO, Buhana, Jhunjhunu 6. BCMO, Bhopalgarh, Jodhpur 7. BCMO, Srikaranpur, Sriganganagar 8. BCMO, Sarada, Udaipur
Primary Health Centres (PHCs)	16	1. PHC Palayatha, Anta, Baran 2. PHC Baldara, Anta, Baran 3. PHC Bichhawari, Sanchore, Jalore 4. PHC Bhadaruna, Sanchore, Jalore 5. PHC Khwaspura, Bhopalgarh, Jodhpur 6. PHC Artia Kalan, Bhopalgarh, Jodhpur 7. PHC Bhasawata Kalan, Buhana, Jhunjhunu 8. PHC Sohali, Bhuhana, Jhunjhunu 9. PHC Dhanur, Srikaranpur, Sriganganagar 10. PHC Arayan 32 F, Srikaranpur, Sriganganagar 11. PHC Jawad, Sarada, Udaipur

Type of units	No. of units selected in the eight selected districts (Ajmer, Jaipur, Baran, Jalore, Jhunjhunu, Jodhpur, Sriganganagar and Udaipur)	Name of units selected
		12. PHC Palodara, Sarada, Udaipur 13. PHC Rawla Ka Badiya, Ajmer 14. PHC Kharwa, Ajmer 15. PHC Hingoniya, Jaipur 16. PHC Karansar, Jaipur
District Drug Warehouses (DDWs)	4	1. DDW, Sriganganagar 2. DDW, Jhunjhunu 3. DDW-II, Jaipur 4. DDW, Ajmer
Medical College Drug Warehouses (MCDWs)	3	1. MCDW, Jaipur 2. MCDW, Ajmer 3. MCDW, Udaipur
Medical Colleges	3	1. JLN Medical College, Ajmer 2. SMS Medical College, Jaipur 3. RNT Medical College, Udaipur
Medical College Attached Hospitals	6	1. Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur 2. *Mahila Chikitsalya*, Jaipur 3. Maharana Bhupal Government Hospital, Udaipur 4. Shree Khemraj Katara Government Satellite Hospital, Udaipur 5. JLN Hospital, Ajmer 6. *Rajkiya Mahila Chikitsalya*, Ajmer
Nursing Colleges	3	1. Government Nursing College, Ajmer 2. Government Nursing College MBGH, Udaipur 3. Government Nursing College, Jaipur
Health Sub-Centres	15	1. Rampura (Kharwa), Ajmer 2. Bharkala (Rawla Ka Badiya), Ajmer 3. Bala Khera (Baldara), Baran 4. Nagada (Palayatha), Baran 5. Gudhamanpura (Hingonia), Jaipur 6. Bainsawa (Karansar), Jaipur 7. Bandhara (Artia Kalan), Jodhpur 8. Madpuriya (Khawaspura), Jodhpur 9. Dhudava (Bichhawadi), Jalore 10. Liyadra (Bhadaruna), Jalore 11. Kakara (Sohali), Jhunjhunu 12. Saidpur (Bhasawata Kalan), Jhunjhunu 13. 16 S (Dhanur), Sriganganagar 14. Oda (Palodara), Udaipur 15. Semal (Jawad), Udaipur
Health and Wellness Centres	9	1. Jiwana (Rawla Ka Badiya), Ajmer 2. Ratadia (Baldara), Baran 3. Jorpura (Hingonia), Jaipur 4. Karawadi (Bhadaruna), Jalore 5. Bhalot (Sohali), Jhunjhunu 6. Devatra (Artia Kalan), Jodhpur 7. 2 MM Dhirangawali (Arayan 32F), Sriganganagar 8. 39 H Burjewala (Dhanur), Sriganganagar 9. Kewada (Palodara), Udaipur

Appendix-2.1

(Refer Paragraph 2.2.1(i))

Statement showing details of district-wise shortfall of Doctors in the State as of March 2022

S. No.	Name of districts	Sanctioned Strength	Person in Position	Shortfall	Shortfall *(per cent)*
1	Ajmer	557	474	83	14.90
2	Alwar	665	588	77	11.58
3	Banswara	399	224	175	43.86
4	Baran	313	208	105	33.55
5	Barmer	491	292	199	40.53
6	Bharatpur	438	346	92	21.00
7	Bhilwara	481	291	190	39.50
8	Bikaner	346	276	70	20.23
9	Bundi	245	180	65	26.53
10	Chittorgarh	393	200	193	49.11
11	Churu	450	322	128	28.44
12	Dholpur	291	167	124	42.61
13	Dausa	301	256	45	14.95
14	Dungarpur	309	187	122	39.48
15	Hanumangarh	275	220	55	20.00
16	Jaipur	3,129	1,076	2,053	65.61
17	Jaisalmer	193	118	75	38.86
18	Jalore	269	153	116	43.12
19	Jhalawar	270	168	102	37.78
20	Jhunjhunu	440	407	33	7.50
21	Jodhpur	709	520	189	26.66
22	Karauli	292	211	81	27.74
23	Kota	313	258	55	17.57
24	Nagaur	638	482	156	24.45
25	Pali	469	287	182	38.81
26	Pratapgarh	210	96	114	54.29
27	Rajsamand	315	196	119	37.78
28	Sawai Madhopur	320	260	60	18.75
29	Sikar	542	517	25	4.61
30	Sirohi	200	122	78	39.00
31	Sriganganagar	354	234	120	33.90
32	Tonk	286	249	37	12.94
33	Udaipur	556	384	172	30.94
	Total	**15,459**	**9,969**	**5,490**	**35.51**

Source: Information provided by Director, Public Health.

Appendix-2.2

(Refer Paragraph 2.2.1(ii))

Statement showing details of district-wise shortfall of Nurses in the State as of June 2022

S. No.	Name of districts	Sanctioned Strength	Person in Position	Shortfall/Excess (+)	Shortfall /Excess (+) *(per cent)*
1	Ajmer	1,516	1,054	462	30.47
2	Alwar	1,127	890	237	21.03
3	Banswara	608	692	+84	+13.82
4	Baran	492	453	39	7.93
5	Barmer	888	601	287	32.32
6	Bharatpur	738	637	101	13.69
7	Bhilwara	852	769	83	9.74
8	Bikaner	1,355	867	488	36.01
9	Bundi	361	316	45	12.47
10	Chittorgarh	619	507	112	18.09
11	Churu	700	493	207	29.57
12	Dausa	459	332	127	27.67
13	Dholpur	429	312	117	27.27
14	Dungarpur	429	489	+60	+13.99
15	Hanumangarh	435	370	65	14.94
16	Jaipur	3,084	2,532	552	17.90
17	Jaisalmer	295	208	87	29.49
18	Jalore	406	370	36	8.87
19	Jhalawar	377	359	18	4.77
20	Jhunjhunu	679	804	+125	+18.41
21	Jodhpur	2,426	1,602	824	33.97
22	Karauli	489	376	113	23.11
23	Kota	1,007	880	127	12.61
24	Nagaur	992	728	264	26.61
25	Pali	697	579	118	16.93
26	Pratapgarh	314	251	63	20.06
27	Rajsamand	492	360	132	26.83
28	Sawai Madhopur	434	358	76	17.51
29	Sikar	960	931	29	3.02
30	Sirohi	323	266	57	17.65
31	Sriganganagar	491	411	80	16.29
32	Tonk	454	410	44	9.69
33	Udaipur	1,842	1,595	247	13.41
	Total	**26,770**	**21,802**	**4,968**	**18.56**

Source: Information provided by Director, Public Health.

Appendix-2.3

(Refer Paragraph 2.2.2(i))

Status of availability of Doctors, Nurses and Paramedics in 34 DHs as of March 2022

Status of availability of Doctors in 34 DHs					
S. No.	**Name of DHs**	**Sanctioned Strength**	**Person in Position**	**Shortfall**	**Percentage of Shortfall**
1	Nagaur	80	69	11	13.75
2	Dausa	58	58	0	0.00
3	Beawar (Ajmer)	70	45	25	35.71
4	Sawai Madhopur	80	78	2	2.50
5	Kekri (Ajmer)	57	40	17	29.82
6	Rajsamand	55	38	17	30.91
7	Pratapgarh	80	30	50	62.50
8	Neem ka Thana	33	33	0	0.00
9	Banswara	79	59	20	25.32
10	Balotra	45	26	19	42.22
11	Sheoganj (Sirohi)	33	9	24	72.73
12	Karauli	63	54	9	14.29
13	Tonk	84	80	4	4.76
14	Alwar	99	94	5	5.05
15	Pipar City	32	13	19	59.38
16	Sagwara	31	25	6	19.35
17	Sirohi	49	39	10	20.41
18	Gangapur City	41	38	3	7.32
19	Jaisalmer	48	33	15	31.25
20	Hindaun	57	50	7	12.28
21	Bundi	80	72	8	10.00
22	Hanumangarh	63	56	7	11.11
23	Dholpur	84	56	28	33.33
24	Nokha	32	16	16	50.00
25	Shahpura (Bhilwara)	36	9	27	75.00
26	Chittorgarh	90	45	45	50.00
27	Kishangarh	44	40	4	9.09
28	Phalodi	36	15	21	58.33
29	Baran	85	65	20	23.53
30	Jalore	85	34	51	60.00
31	Jhunjhunu	75	75	0	0.00
32	Sriganganagar	103	74	29	28.16
33	Kotputli	52	50	2	3.85
34	Salumber	32	14	18	56.25
	Total	**2,071**	**1,532**	**539**	**26.03**

Source: Information provided by 34 District Hospitals.

Status of availability of Nurses in 34 District Hospitals as of March 2022					
S. No.	**Name of DHs**	**Sanctioned Strength**	**Person in Position**	**Shortfall**	**Percentage of shortfall**
1	Nagaur	117	95	22	18.80
2	Dausa	95	88	7	7.37
3	Beawar (Ajmer)	150	98	52	34.67
4	Sawai Madhopur	140	130	10	7.14
5	Kekri (Ajmer)	102	88	14	13.73
6	Rajsamand	113	105	8	7.08
7	Pratapgarh	128	120	8	6.25
8	Neem ka Thana	54	51	3	5.56
9	Banswara	174	171	3	1.72
10	Balotra	69	57	12	17.39
11	Sheoganj (Sirohi)	54	21	33	61.11
12	Karauli	130	116	14	10.77
13	Tonk	152	143	9	5.92
14	Alwar	230	223	7	3.04
15	Pipar City	54	35	19	35.19
16	Sagwara	53	49	4	7.55
17	Sirohi	88	83	5	5.68
18	Gangapur City	72	72	0	0.00
19	Jaisalmer	95	89	6	6.32
20	Hindaun	91	81	10	10.99
21	Bundi	156	152	4	2.56
22	Hanumangarh	107	92	15	14.02
23	Dholpur	136	131	5	3.68
24	Nokha	55	21	34	61.82
25	Shahpura (Bhilwara)	73	73	0	0.00
26	Chittorgarh	157	145	12	7.64
27	Kishangarh	74	43	31	41.89
28	Phalodi	63	44	19	30.16
29	Baran	150	137	13	8.67
30	Jalore	142	99	43	30.28
31	Jhunjhunu	163	152	11	6.75
32	Sriganganagar	184	184	0	0.00
33	Kotputli	81	79	2	2.47
34	Salumber	55	50	5	9.09
	Total	**3,757**	**3,317**	**440**	**11.71**

Source: Information provided by 34 District Hospitals.

Status of availability of Para Medical Staff in 34 DHs as of March 2022					
S. No.	**Name of DHs**	**Sanctioned Strength**	**Person in Position**	**Shortfall**	**Percentage of shortfall**
1	Nagaur	21	18	3	14.29
2	Dausa	46	32	14	30.43
3	Beawar (Ajmer)	42	27	15	35.71
4	Sawai Madhopur	70	49	21	30.00
5	Kekri (Ajmer)	23	10	13	56.52
6	Rajsamand	44	21	23	52.27
7	Pratapgarh	43	15	28	65.12
8	Neem ka Thana	53	39	14	26.42
9	Banswara	23	20	3	13.04
10	Balotra	35	13	22	62.86
11	Sheoganj (Sirohi)	17	7	10	58.82
12	Karauli	54	37	17	31.48
13	Tonk	69	45	24	34.78
14	Alwar	101	83	18	17.82
15	Pipar City	15	13	2	13.33
16	Sagwara	37	11	26	70.27
17	Sirohi	57	22	35	61.40
18	Gangapur City	31	26	5	16.13
19	Jaisalmer	19	10	9	47.37
20	Hindaun	39	28	11	28.21
21	Bundi	65	44	21	32.31
22	Hanumangarh	48	33	15	31.25
23	Dholpur	62	36	26	41.94
24	Nokha	7	4	3	42.86
25	Shahpura (Bhilwara)	39	18	21	53.85
26	Chittorgarh	70	29	41	58.57
27	Kishangarh	55	38	17	30.91
28	Phalodi	25	8	17	68.00
29	Baran	85	42	43	50.59
30	Jalore	92	40	52	56.52
31	Jhunjhunu	71	42	29	40.85
32	Sriganganagar	72	37	35	48.61
33	Kotputli	35	27	8	22.86
34	Salumber	24	10	14	58.33
	Total	**1,589**	**934**	**655**	**41.22**

Source: Information provided by 34 District Hospitals.

Appendix-2.4

(Refer Paragraph 2.2.2(ii) to (iv))

Statement Showing Position of Doctors, Nursing and Paramedics in CHCs, PHCs and HSCs in the State as of 31.01.2023

S. No.	Name of the Districts	HCIs	Doctors				Nurses				Paramedics			
			Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall
1	Ajmer	CHCs	184	153	31	*16.85*	323	225	98	*30.34*	195	94	101	*51.79*
		PHCs	75	70	5	*6.67*	295	152	143	*48.47*	137	47	90	*65.69*
		SCs	0	0	0	*0.00*	387	308	79	*20.41*	0	0	0	*0.00*
		Total	**259**	**223**	**36**	***13.90***	**1,005**	**685**	**320**	***31.84***	**332**	**141**	**191**	***57.53***
2	Alwar	CHCs	350	282	68	*19.43*	512	384	128	*25.00*	304	171	133	*43.75*
		PHCs	153	141	12	*7.84*	557	408	149	*26.75*	233	139	94	*40.34*
		SCs	0	0	0	*0.00*	701	633	68	*9.70*	0	0	0	*0.00*
		Total	**503**	**423**	**80**	***15.90***	**1,770**	**1,425**	**345**	***19.49***	**537**	**310**	**227**	***42.27***
3	Banswara	CHCs	188	90	98	*52.13*	402	366	36	*8.96*	220	47	173	*78.64*
		PHCs	74	66	8	*10.81*	125	90	35	*28.00*	119	9	110	*92.44*
		SCs	0	0	0	*0.00*	458	339	119	*25.98*	0	0	0	*0.00*
		Total	**262**	**156**	**106**	***40.46***	**985**	**795**	**190**	***19.29***	**339**	**56**	**283**	***83.48***
4	Baran	CHCs	125	89	36	*28.80*	209	157	52	*24.88*	105	41	64	*60.95*
		PHCs	54	53	1	*1.85*	219	137	82	*37.44*	118	40	78	*66.10*
		SCs	0	0	0	*0.00*	280	185	95	*33.93*	0	0	0	*0.00*
		Total	**179**	**142**	**37**	***20.67***	**708**	**479**	**229**	***32.34***	**223**	**81**	**142**	***63.68***
5	Barmer	CHCs	197	105	92	*46.70*	300	202	98	*32.67*	197	54	143	*72.59*
		PHCs	139	118	21	*15.11*	488	312	176	*36.07*	206	28	178	*86.41*
		SCs	0	0	0	*0.00*	1,259	985	274	*21.76*	0	0	0	*0.00*
		Total	**336**	**223**	**113**	***33.63***	**2,047**	**1,499**	**548**	***26.77***	**403**	**82**	**321**	***79.65***
6	Bharatpur	CHCs	230	161	69	*30.00*	348	250	98	*28.16*	183	119	64	*34.97*
		PHCs	98	80	18	*18.37*	332	253	79	*23.80*	134	66	68	*50.75*
		SCs	0	0	0	*0.00*	420	383	37	*8.81*	0	0	0	*0.00*
		Total	**328**	**241**	**87**	***26.52***	**1,100**	**886**	**214**	***19.45***	**317**	**185**	**132**	***41.64***

S. No.	Name of the Districts	HCIs	Doctors				Nurses				Paramedics			
			Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall
7	Bhilwara	CHCs	232	168	64	*27.59*	417	375	42	*10.07*	229	78	151	*65.94*
		PHCs	86	78	8	*9.30*	321	237	84	*26.17*	145	35	110	*75.86*
		SCs	0	0	0	*0.00*	538	426	112	*20.82*	0	0	0	*0.00*
		Total	**318**	**246**	**72**	***22.64***	**1,276**	**1,038**	**238**	***18.65***	**374**	**113**	**261**	***69.79***
8	Bikaner	CHCs	113	81	32	*28.32*	177	97	80	*45.20*	91	45	46	*50.55*
		PHCs	69	61	8	*11.59*	289	166	123	*42.56*	144	21	123	*85.42*
		SCs	0	0	0	*0.00*	481	385	96	*19.96*	0	0	0	*0.00*
		Total	**182**	**142**	**40**	***21.98***	**947**	**648**	**299**	***31.57***	**235**	**66**	**169**	***71.91***
9	Bundi	CHCs	111	97	14	*12.61*	192	165	27	*14.06*	120	75	45	*37.50*
		PHCs	37	33	4	*10.81*	149	108	41	*27.52*	72	30	42	*58.33*
		SCs	0	0	0	*0.00*	205	185	20	*9.76*	0	0	0	*0.00*
		Total	**148**	**130**	**18**	***12.16***	**546**	**458**	**88**	***16.12***	**192**	**105**	**87**	***45.31***
10	Chittorgarh	CHCs	159	69	90	*56.60*	377	281	96	*25.46*	230	51	179	*77.83*
		PHCs	53	49	4	*7.55*	223	150	73	*32.74*	106	26	80	*75.47*
		SCs	0	0	0	*0.00*	400	273	127	*31.75*	0	0	0	*0.00*
		Total	**212**	**118**	**94**	***44.34***	**1,000**	**704**	**296**	***29.60***	**336**	**77**	**259**	***77.08***
11	Churu	CHCs	119	81	38	*31.93*	308	247	61	*19.81*	158	56	102	*64.56*
		PHCs	103	101	2	*1.94*	406	271	135	*33.25*	195	30	165	*84.62*
		SCs	0	0	0	*0.00*	468	496	-28	*-5.98*	0	0	0	*0.00*
		Total	**222**	**182**	**40**	***18.02***	**1,182**	**1,014**	**168**	***16.75***	**353**	**86**	**267**	***75.64***
12	Dholpur	CHCs	85	50	35	*41.18*	139	67	72	*51.80*	66	28	38	*57.58*
		PHCs	43	37	6	*13.95*	151	85	66	*43.71*	60	17	43	*71.67*
		SCs	0	0	0	*0.00*	250	238	12	*4.80*	0	0	0	*0.00*
		Total	**128**	**87**	**41**	***32.03***	**540**	**390**	**150**	***27.78***	**126**	**45**	**81**	***64.29***
13	Dausa	CHCs	147	127	20	*13.61*	221	141	80	*36.20*	118	88	30	*25.42*
		PHCs	56	47	9	*16.07*	242	156	86	*35.54*	97	56	41	*42.27*
		SCs	0	0	0	*0.00*	313	270	43	*13.74*	0	0	0	*0.00*
		Total	**203**	**174**	**29**	***14.29***	**776**	**567**	**209**	***26.93***	**215**	**144**	**71**	***33.02***

S. No.	Name of the Districts	HCIs	Doctors				Nurses				Paramedics			
			Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall
14	Dungarpur	CHCs	136	49	87	*63.97*	229	215	14	*6.11*	132	40	92	*69.70*
		PHCs	79	67	12	*15.19*	267	233	34	*12.73*	121	25	96	*79.34*
		SCs	0	0	0	*0.00*	661	627	34	*5.14*	0	0	0	*0.00*
		Total	**215**	**116**	**99**	***46.05***	**1,157**	**1,075**	**82**	***7.09***	**253**	**65**	**188**	***74.31***
15	Hanumangarh	CHCs	108	75	33	*30.56*	219	183	36	*16.44*	119	56	63	*52.94*
		PHCs	61	56	5	*8.20*	244	172	72	*29.51*	118	64	54	*45.76*
		SCs	0	0	0	*0.00*	397	379	18	*4.53*	0	0	0	*0.00*
		Total	**169**	**131**	**38**	***22.49***	**860**	**734**	**126**	***14.65***	**237**	**120**	**117**	***49.37***
16	Jaipur	CHCs	287	258	29	*10.10*	446	334	112	*25.11*	298	222	76	*25.50*
		PHCs	139	130	9	*6.47*	667	473	194	*29.09*	302	241	61	*20.20*
		SCs	0	0	0	*0.00*	631	551	80	*12.68*	0	0	0	*0.00*
		Total	**426**	**388**	**38**	***8.92***	**1,744**	**1,358**	**386**	***22.13***	**600**	**463**	**137**	***22.83***
17	Jaisalmer	CHCs	64	32	32	*50.00*	100	77	23	*23.00*	61	18	43	*70.49*
		PHCs	39	35	4	*10.26*	108	70	38	*35.19*	49	8	41	*83.67*
		SCs	0	0	0	*0.00*	181	156	25	*13.81*	0	0	0	*0.00*
		Total	**103**	**67**	**36**	***34.95***	**389**	**303**	**86**	***22.11***	**110**	**26**	**84**	***76.36***
18	Jalore	CHCs	90	48	42	*46.67*	161	132	29	*18.01*	108	30	78	*72.22*
		PHCs	77	70	7	*9.09*	320	211	109	*34.06*	128	17	111	*86.72*
		SCs	0	0	0	*0.00*	458	340	118	*25.76*	0	0	0	*0.00*
		Total	**167**	**118**	**49**	***29.34***	**939**	**683**	**256**	***27.26***	**236**	**47**	**189**	***80.08***
19	Jhalawar	CHCs	122	70	52	*42.62*	199	187	12	*6.03*	131	48	83	*63.36*
		PHCs	47	46	1	*2.13*	196	115	81	*41.33*	74	10	64	*86.49*
		SCs	0	0	0	*0.00*	336	203	133	*39.58*	0	0	0	*0.00*
		Total	**169**	**116**	**53**	***31.36***	**731**	**505**	**226**	***30.92***	**205**	**58**	**147**	***71.71***
20	Jhunjhunu	CHCs	195	173	22	*11.28*	430	382	48	*11.16*	229	135	94	*41.05*
		PHCs	122	122	0	*0.00*	472	326	146	*30.93*	231	73	158	*68.40*
		SCs	0	0	0	*0.00*	637	631	6	*0.94*	0	0	0	*0.00*
		Total	**317**	**295**	**22**	***6.94***	**1,539**	**1,339**	**200**	***13.00***	**460**	**208**	**252**	***54.78***

S. No.	Name of the Districts	HCIs	Doctors				Nurses				Paramedics			
			Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall
21	Jodhpur	CHCs	233	149	84	*36.05*	448	242	206	*45.98*	207	82	125	*60.39*
		PHCs	114	103	11	*9.65*	663	455	208	*31.37*	232	76	156	*67.24*
		SCs	0	0	0	*0.00*	701	531	170	*24.25*	0	0	0	*0.00*
		Total	**347**	**252**	**95**	***27.38***	**1,812**	**1,228**	**584**	***32.23***	**439**	**158**	**281**	***64.01***
22	Karauli	CHCs	133	74	59	*44.36*	222	149	73	*32.88*	110	48	62	*56.36*
		PHCs	49	46	3	*6.12*	191	125	66	*34.55*	91	27	64	*70.33*
		SCs	0	0	0	*0.00*	311	255	56	*18.01*	0	0	0	*0.00*
		Total	**182**	**120**	**62**	***34.07***	**724**	**529**	**195**	***26.93***	**201**	**75**	**126**	***62.69***
23	Kota	CHCs	118	94	24	*20.34*	182	165	17	*9.34*	91	52	39	*42.86*
		PHCs	45	45	0	*0.00*	247	185	62	*25.10*	107	76	31	*28.97*
		SCs	0	0	0	*0.00*	206	147	59	*28.64*	0	0	0	*0.00*
		Total	**163**	**139**	**24**	***14.72***	**635**	**497**	**138**	***21.73***	**198**	**128**	**70**	***35.35***
24	Nagaur	CHCs	263	179	84	*31.94*	510	386	124	*24.31*	268	126	142	*52.99*
		PHCs	138	134	4	*2.90*	520	331	189	*36.35*	240	98	142	*59.17*
		SCs	0	0	0	*0.00*	891	855	36	*4.04*	0	0	0	*0.00*
		Total	**401**	**313**	**88**	***21.95***	**1,921**	**1,572**	**349**	***18.17***	**508**	**224**	**284**	***55.91***
25	Pali	CHCs	215	109	106	*49.30*	213	131	82	*38.50*	160	66	94	*58.75*
		PHCs	108	106	2	*1.85*	335	183	152	*45.37*	174	50	124	*71.26*
		SCs	0	0	0	*0.00*	378	232	146	*38.62*	0	0	0	*0.00*
		Total	**323**	**215**	**108**	***33.44***	**926**	**546**	**380**	***41.04***	**334**	**116**	**218**	***65.27***
26	Pratapgarh	CHCs	73	30	43	*58.90*	131	101	30	*22.90*	69	12	57	*82.61*
		PHCs	41	40	1	*2.44*	164	91	73	*44.51*	62	13	49	*79.03*
		SCs	0	0	0	*0.00*	274	161	113	*41.24*	0	0	0	*0.00*
		Total	**114**	**70**	**44**	***38.60***	**569**	**353**	**216**	***37.96***	**131**	**25**	**106**	***80.92***
27	Rajsamand	CHCs	151	72	79	*52.32*	240	169	71	*29.58*	91	34	57	*62.64*
		PHCs	53	44	9	*16.98*	128	74	54	*42.19*	63	7	56	*88.89*
		SCs	0	0	0	*0.00*	250	176	74	*29.60*	0	0	0	*0.00*
		Total	**204**	**116**	**88**	***43.14***	**618**	**419**	**199**	***32.20***	**154**	**41**	**113**	***73.38***

S. No.	Name of the Districts	HCIs	Doctors				Nurses				Paramedics			
			Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall	Sanctioned	Available	Shortfall	Percentage shortfall
28	Sawai Madhopur	CHCs	138	85	53	*38.41*	128	91	37	*28.91*	70	32	38	*54.29*
		PHCs	40	40	0	*0.00*	139	88	51	*36.69*	74	30	44	*59.46*
		SCs	0	0	0	*0.00*	297	190	107	*36.03*	0	0	0	*0.00*
		Total	**178**	**125**	**53**	***29.78***	**564**	**369**	**195**	***34.57***	**144**	**62**	**82**	***56.94***
29	Sikar	CHCs	239	194	45	*18.83*	393	357	36	*9.16*	247	129	118	*47.77*
		PHCs	125	120	5	*4.00*	483	396	87	*18.01*	217	98	119	*54.84*
		SCs	0	0	0	*0.00*	664	678	-14	*-2.11*	0	0	0	*0.00*
		Total	**364**	**314**	**50**	***13.74***	**1,540**	**1,431**	**109**	***7.08***	**464**	**227**	**237**	***51.08***
30	Sirohi	CHCs	74	39	35	*47.30*	158	134	24	*15.19*	68	19	49	*72.06*
		PHCs	37	35	2	*5.41*	150	111	39	*26.00*	79	19	60	*75.95*
		SCs	0	0	0	*0.00*	281	268	13	*4.63*	0	0	0	*0.00*
		Total	**111**	**74**	**37**	***33.33***	**589**	**513**	**76**	***12.90***	**147**	**38**	**109**	***74.15***
31	Sriganganagar	CHCs	164	89	75	*45.73*	243	215	28	*11.52*	128	74	54	*42.19*
		PHCs	59	56	3	*5.08*	269	181	88	*32.71*	118	63	55	*46.61*
		SCs	0	0	0	*0.00*	438	388	50	*11.42*	0	0	0	*0.00*
		Total	**223**	**145**	**78**	***34.98***	**950**	**784**	**166**	***17.47***	**246**	**137**	**109**	***44.31***
32	Tonk	CHCs	141	108	33	*23.40*	233	206	27	*11.59*	106	61	45	*42.45*
		PHCs	62	59	3	*4.84*	253	167	86	*33.99*	120	53	67	*55.83*
		SCs	0	0	0	*0.00*	331	280	51	*15.41*	0	0	0	*0.00*
		Total	**203**	**167**	**36**	***17.73***	**817**	**653**	**164**	***20.07***	**226**	**114**	**112**	***49.56***
33	Udaipur	CHCs	247	158	89	*36.03*	437	330	107	*24.49*	212	85	127	*59.91*
		PHCs	131	123	8	*6.11*	569	389	180	*31.63*	284	120	164	*57.75*
		SCs	0	0	0	*0.00*	1,037	686	351	*33.85*	0	0	0	*0.00*
		Total	**378**	**281**	**97**	***25.66***	**2,043**	**1,405**	**638**	***31.23***	**496**	**205**	**291**	***58.67***
	Total of CHCs, PHCs & HSCs	CHCs	**5,431**	**3,638**	**1,793**	***33.01***	**9,247**	**7,143**	**2,104**	***22.75***	**5,121**	**2,316**	**2,805**	***54.77***
		PHCs	**2,606**	**2,411**	**195**	***7.48***	**10,182**	**6,901**	**3,281**	***32.22***	**4,650**	**1,712**	**2,938**	***63.18***
		SCs	**0**	**0**	**0**	***0.00***	**15,520**	**12,840**	**2,680**	***17.27***	**0**	**0**	**0**	***0.00***

Source: Information provided by Director, Public Health.

Appendix-2.5

(Refer Paragraph 2.2.6 (ii))

(i) Statement showing position of Doctors, Nursing and Paramedics in Medical Colleges and Six Medical College Attached Hospitals of the State as of 31 December 2021

S. No.	Name of Districts	Doctors				Nursing Staff				Paramedics			
		Sanctioned Strength	Person in Position	Shortfall	Shortfall *Per cent*	Sanctioned Strength	Person in Position	Shortfall	Shortfall *Per cent*	Sanctioned Strength	Person in Position	Shortfall	Shortfall *Per cent*
	Test-checked Medical Colleges												
1	JLN Medical College, Ajmer	487	377	110	22.59	1,580	1,317	263	16.65	276	166	110	39.86
2	SMS Medical College, Jaipur	1,381	1,295	86	6.23	4,330	3,785	545	12.59	954	795	159	16.67
3	RNT Medical College, Udaipur	554	475	79	14.26	2,031	1,866	165	8.12	476	133	343	72.06
	Total (A)	**2,422**	**2,147**	**275**	**11.35**	**7,941**	**6,968**	**973**	**12.25**	**1,706**	**1,094**	**612**	**35.87**
	Remaining Medical Colleges												
4	SPMC, Bikaner	544	440	104	19.12	1,760	1,112	648	36.82	390	251	139	35.64
5	SNMC, Jodhpur	795	634	161	20.25	2,606	1,839	767	29.43	508	195	313	61.61
6	Government MC, Kota	629	548	81	12.88	1,064	995	69	6.48	366	227	139	37.98
7	MC, Jhalawar	247	205	42	17.00	465	123	342	73.55	135	19	116	85.93
8	Government MC, Bharatpur	294	161	133	45.24	263	237	26	9.89	107	55	52	48.60
9	Government MC, Bhilwara	214	150	64	29.91	316	299	17	5.38	101	42	59	58.42
10	Pandit DDUMC, Churu	287	145	142	49.48	246	169	77	31.30	110	39	71	64.55
11	Government MC, Dungarpur	280	105	175	62.50	219	219	0	0.00	3	2	1	33.33
12	Government MC, Pali	192	131	61	31.77	159	58	101	63.52	35	18	17	48.57
13	Government MC, Barmer	211	115	96	45.50	329	206	123	37.39	106	30	76	71.70
14	Government MC, Sikar	185	167	18	9.73	293	287	6	2.05	107	62	45	42.06
15	Rajasthan University of Health Sciences, Jaipur	259	204	55	21.23	294	89	205	69.73	63	24	39	61.90
	Total (B)	**4,137**	**3,005**	**1,132**	**27.36**	**8,014**	**5,633**	**2,381**	**29.71**	**2,031**	**964**	**1,067**	**52.54**
Grand Total (A+B)		**6,559**	**5,152**	**1,407**	**21.45**	**15,955**	**12,601**	**3,354**	**21.02**	**3,737**	**2,058**	**1,679**	**44.93**

Source: Information provided by Department of Medical Education and Rajasthan University of Health Sciences, Jaipur.

(ii) Statement showing details of shortfall of doctors, nursing staff and paramedics in test-checked MCHs of the State

S. No.	Name of Districts	Doctors				Nursing Staff				Paramedics			
		Sanctioned Strength	Person in Position	Shortfall	Shortfall *Per cent*	Sanctioned Strength	Person in Position	Shortfall	Shortfall *Per cent*	Sanctioned Strength	Person in Position	Shortfall	Shortfall *Per cent*
1	Sir Padampat Institute of Neonatology and Paediatric Health, Jaipur	12	12	0	0.00	377	295	82	21.75	46	36	10	21.74
2	*Mahila Chikitsalya*, Jaipur	14	14	0	0.00	259	224	35	13.51	65	36	29	44.62
3	Maharana Bhupal Government Hospital, Udaipur	20	19	1	5.00	901	815	86	9.54	161	76	85	52.80
4	Shree Khemraj Katara Government Satellite Hospital, Udaipur	26	24	2	7.69	38	34	4	10.53	36	15	21	58.33
5	Jawahar Lal Nehru Hospital, Ajmer	18	17	1	5.56	649	466	183	28.20	71	54	17	23.94
6	*Rajkiya Mahila Chikitsalya,* Ajmer	6	6	0	0.00	95	68	27	28.42	14	9	5	35.71
	Total	**96**	**92**	**4**	**4.17**	**2,319**	**1,902**	**417**	**17.98**	**393**	**226**	**167**	**42.49**

Source: Information provided by test-checked Six MCHs.

Appendix-2.6

(Refer Paragraph 2.2.8)

Statement showing details of Availability of Surgeon in Government Medical Institutions

S. No.	Name of Government Medical Institutions	Availability of Surgeon			
		General	Orthopaedic	ENT	Eye
1	DH Kishangarh, Ajmer	Yes	No	Yes	Yes
2	DH Jhunjhunu	Yes	Yes	Yes	Yes
3	DH Baran	Yes	Yes	Yes	Yes
4	DH Sriganganagar	Yes	Yes	Yes	Yes
5	DH Kotputli, Jaipur	Yes	Yes	Yes	Yes
6	DH Salumber, Udaipur	Yes	Yes	No	No
7	DH Jalore	No	Yes	Yes	Yes
8	DH Phalodi, Jodhpur	Yes	Yes	No	No
9	DH Nagaur	Yes	Yes	Yes	Yes
10	DH Dausa	Yes	Yes	Yes	Yes
11	DH Kekri, Ajmer	Yes	Yes	Yes	Yes
12	DH Rajsamand	Yes	Yes	Yes	No
13	DH Pratapgarh	Yes	Yes	Yes	Yes
14	DH Neem ka Thana, Sikar	Yes	Yes	Yes	Yes
15	DH Banswara	Yes	Yes	No	No
16	DH Balotra	Yes	Yes	Yes	No
17	DH Sheoganj, Sirohi	Yes	Yes	Yes	No
18	DH Karauli	Yes	Yes	Yes	Yes
19	DH Tonk	Yes	Yes	Yes	Yes
20	DH Beawar	Yes	Yes	Yes	Yes
21	DH Shahpura	No	Yes	No	No
22	DH Alwar	Yes	Yes	Yes	Yes
23	DH Pipar City, Jodhpur	Yes	Yes	No	No
24	DH Sagwara, Dungarpur	Yes	Yes	No	No
25	DH Sirohi	Yes	Yes	Yes	Yes
26	DH Gangapur City, Sawai Madhopur	Yes	Yes	Yes	Yes
27	DH Jaisalmer	Yes	Yes	No	No
28	DH Hindaun, Karauli	Yes	Yes	Yes	Yes
29	DH Sawai Madhopur	Yes	Yes	Yes	Yes
30	DH Hanumangarh	Yes	Yes	Yes	Yes
31	DH Dholpur	Yes	No	Yes	No
32	DH Nokha	Yes	No	No	Yes
33	DH Chittorgarh	Yes	Yes	Yes	Yes

S. No.	Name of Government Medical Institutions	Availability of Surgeon			
		General	Orthopaedic	ENT	Eye
34	DH Bundi	Yes	Yes	Yes	Yes
35	SDH/CHC Bijainagar, Ajmer	Yes	No	No	Yes
36	SDH/SH Vallabhnagar, Udaipur	Yes	No	No	No
37	SDH Salawas, Jodhpur	No	No	No	No
38	SDH/SH Sanganer, Jaipur	Yes	No	No	No
39	CHC Masuda, Ajmer	No	Not Applicable	Not Applicable	Not Applicable
40	CHC Jobner, Jaipur	No	Not Applicable	Not Applicable	Not Applicable
41	CHC Srikaranpur, Sriganganagar	No	Not Applicable	Not Applicable	Not Applicable
42	CHC Sanchore, Jalore	No	Not Applicable	Not Applicable	Not Applicable
43	CHC Sarada, Udaipur	No	Not Applicable	Not Applicable	Not Applicable
44	CHC Singhana, Jhunjhunu	No	Not Applicable	Not Applicable	Not Applicable
45	CHC Anta, Baran	Yes	Not Applicable	Not Applicable	Not Applicable
46	CHC Asop, Jodhpur	No	Not Applicable	Not Applicable	Not Applicable
		Yes=36	**Yes=31**	**Yes=26**	**Yes=24**
		No=10	**No=7**	**No=12**	**No=14**

Source: Information provided by 34 DHs, four SDHs and eight CHCs.

Appendix-2.7

(Refer Paragraph 2.3)

Statement showing details of insufficient deployment of contractual staff as of 31 March 2022

Name of districts	Total Number of posts approved	Total Number of working employees	Shortage	Percentage of shortage
Ajmer	732	687	45	6.15
Jaipur	549	549	0	0.00
Baran	479	183	296	61.80
Jodhpur	1,704	1,579	125	7.33
Jhunjhunu	1,016	734	282	27.76
Jalore	815	465	350	42.94
Sriganganagar	523	311	212	40.54
Udaipur	664	613	51	7.68
Total	**6,482**	**5,121**	**1,361**	**21**

Source: Information provided by test-checked eight Chief Medical and Health Officer.

Appendix-3.1 (i)

(Refer Paragraph 3.1.1)

Statement showing availability of OPD services in District Hospitals as of March 2022

S. No.	Name of DHs	Service Checked[1]	Availability	Shortage	Percentage of Shortage
1	Alwar	12	12	0	0
2	Balotra	12	10	2	17
3	Banswara	12	12	0	0
4	Baran	12	11	1	8
5	Beawar	12	11	1	8
6	Bundi	12	12	0	0
7	Chittorgarh	12	12	0	0
8	Dausa	12	12	0	0
9	Dholpur	12	12	0	0
10	Gangapur City	12	10	2	17
11	Hanumangarh	12	12	0	0
12	Hindaun	12	10	2	17
13	Jaisalmer	12	11	1	8
14	Jalore	12	9	3	25
15	Jhunjhunu	12	12	0	0
16	Karauli	12	12	0	0
17	Kekri (Ajmer)	12	12	0	0
18	Kishangarh (Ajmer)	12	11	1	8
19	Kotputli	12	11	1	8
20	Nagaur	12	11	1	8
21	Neem ka Thana (Sikar)	12	11	1	8
22	Nokha	12	7	5	42
23	Phalodi	12	7	5	42
24	Pipar City (Jodhpur)	12	8	4	33
25	Pratapgarh	12	10	2	17
26	Rajsamand	12	11	1	8
27	Sagwara (Dungarpur)	12	10	2	17
28	Salumber	12	7	5	42
29	Shahpura (Bhilwara)	12	7	5	42
30	Sheoganj	12	7	5	42
31	Sirohi	12	11	1	8
32	Sriganganagar	12	12	0	0
33	Sawai Madhopur	12	11	1	8
34	Tonk	12	12	0	0

Source: Information provided by 34 DHs.

1 12 OPD Services: ENT, General Medicine, Eye, Paediatric, Surgical, Dental, Gynaecology, Postpartum unit, Dermatology & venereology, Psychiatry, Neonatology, Orthopaedic.

Appendix-3.1 (ii)

(Refer Paragraph 3.1.1 (i))

Statement showing details of average daily patient load in 34 DHs in the State during 2021-22

Name of DHs	No. of Out-Patients registered	Average Daily patients load (Col.2/310[2])	Numbers of registration counters required (Col.3/120[3])	Number of operational registration counters	Shortfall (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
Jhunjhunu	5,70,079	1,839	15	10	5	120	184
Sriganganagar	5,03,840	1,625	14	8	6	120	203
Phalodi	2,02,893	654	5	2	3	120	327
Salumber	1,77,409	572	5	1	4	120	572
Baran	5,00,517	1,615	13	5	8	120	323
Jalore	1,95,172	630	5	3	2	120	210
Kotputli	6,10,798	1,970	16	7	9	120	281
Kishangarh (Ajmer)	3,02,051	974	8	4	4	120	244
Nagaur	2,10,009	677	6	6	0	120	113
Dausa	4,69,626	1,515	13	7	6	120	216
Kekri (Ajmer)	2,93,916	948	8	3	5	120	316
Rajsamand	2,56,494	827	7	5	2	120	165
Pratapgarh	2,59,687	838	7	2	5	120	419
Neem ka Thana (Sikar)	5,47,930	1,768	15	5	10	120	354
Banswara	1,97,563	637	5	3	2	120	212
Balotra	2,28,677	738	6	3	3	120	246
Sheoganj	1,75,438	566	5	2	3	120	283
Karauli	2,85,483	921	8	5	3	120	184
Tonk	6,42,937	2,074	17	4	13	120	518
Beawar	4,45,306	1,436	12	4	8	120	359
Shahpura (Bhilwara)	1,49,488	482	4	2	2	120	241
Alwar	5,21,986	1,684	14	8	6	120	210
Pipar City (Jodhpur)	1,94,360	627	5	1	4	120	627
Sagwara (Dungarpur)	1,36,723	441	4	2	2	120	221
Sirohi	2,71,425	876	7	3	4	120	292
Gangapur City	4,05,911	1,309	11	3	8	120	436
Jaisalmer	2,98,273	962	8	3	5	120	321
Hindaun	4,91,162	1,584	13	5	8	120	317
Sawai Madhopur	4,14,013	1,336	11	7	4	120	191
Hanumangarh	3,07,980	993	8	4	4	120	248
Dholpur	4,12,010	1,329	11	15	(-)4	120	89
Nokha	2,03,877	658	5	2	3	120	329
Chittorgarh	4,67,043	1,507	13	6	7	120	251
Bundi	5,15,243	1,662	14	8	6	120	208

Source: Information provided by 34 DHs.

2 310 days in year 2021-22 (excluding 52 Sundays and three National holidays).

3 Considering six hours in a day working of Registration Counters and 20 registrations in one hour.

Appendix-3.2

(Refer Paragraph 3.1.2(i))

Statement showing status of essential minimum assured services in IPD as of March 2022

Essential minimum assured services	GMIs in which services were not available			Shortfall (percentage)
	In 34 DHs	Four test-checked SDHs/SHs	Eight test-checked CHCs	
General Surgery	Jalore and Phalodi	Sanganer, Salawas	Masuda, Jobner, Srikaranpur, Sarada, Singhana and Asop	10 GMIs (22 *per cent*)
Dental Care	Salumber, Sirohi, Sawai Madhopur, Nokha, Kekri	Vallabhnagar, Sanganer and Salawas	Masuda, Jobner, Sanchore and Singhana	12 GMIs (26 *per cent*)
Paediatrics	Available in all 34 DHs	Vallabhnagar and Salawas	Masuda, Jobner, Sarada, Singhana and Asop	7 GMIs (15 *per cent*)
ENT[4]	Salumber, Phalodi, Sheoganj, Shahpura, Pipar City and Sirohi	Bijainagar, Vallabhnagar, Sanganer and Salawas	Not Applicable	10 out of 38 GMIs (26 *per cent*)
Ophthalmology	Salumber, Sheoganj, Shahpura, Pipar City, Jaisalmer	Vallabhnagar, Sanganer and Salawas	Not Applicable	8 out of 38 GMIs (21 *per cent*)
Orthopedics	Salumber and Sheoganj	Bijainagar, Vallabhnagar, Sanganer and Salawas	Not Applicable	6 out of 38 GMIs (16 *per cent*)
Accident and Trauma ward/care	Baran, Salumber, Sheoganj, Pipar City, Sagwara and Gangapur City	Bijainagar and Sanganer	Not Applicable	8 out of 38 GMIs (21 *per cent*)
Burn Ward[5]	Kishangarh, Jhunjhunu, Kotputli, Salumber, Phalodi, Kekri, Neem ka Thana, Balotra, Sheoganj, Shahpura, Pipar City, Sagwara, Gangapur City, Hanumangarh, Nokha and Hindaun	Not Applicable	Not Applicable	16 out of 34 GMIs (47 *per cent*)

Source: Information provided by 34 DHs, four SDHs and eight CHCs.

4 As per IPHS, ENT, Ophthalmology and Orthopaedics services are required in DHs and SDHs only.
5 As per IPHS, Burn Ward services required in DHs only.

Appendix-3.3

(Refer Paragraph 3.1.3 (i))

Statement showing details of facilities available in Emergency ward

Name of Hospitals	Whether Emergency Ward had dedicated triage	Whether Emergency Ward had mobile X-ray/ laboratory
DH YN Hospital, Kishangarh	Yes	No
BDK Hospital, Jhunjhunu	Yes	Yes
DH Baran	No	No
DH Sriganganagar	Yes	Yes
DH Kotputli	Yes	No
DH Salumber	No	No
DH Jalore	No	Yes (only Mobile X-ray available)
DH Phalodi	Yes	No
DH Nagaur	Yes	Yes
DH Dausa	Yes	No
DH Kekri (Ajmer)	Yes	No
DH Rajsamand	Yes	Yes
DH Pratapgarh	No	No
DH Neem ka Thana (Sikar)	No	No
DH Banswara	No	No
DH Balotra	No	No
DH Sheoganj	No	No
DH Karauli	Yes	Yes
DH Tonk	Yes	No
DH Beawar	Yes	Yes
DH Shahpura (Bhilwara)	Yes	Yes
DH Alwar	Yes	Yes (No separate laboratory)
DH Pipar City (Jodhpur)	Yes	Yes
DH Sagwara (Dungarpur)	Not applicable as emergency ward was not available	
DH Sirohi	Yes	Yes
DH Gangapur City	No	No
DH Jaisalmer	Yes	No
DH Hindaun	Yes	No
DH Sawai Madhopur	Not applicable as emergency ward was not available	
DH Hanumangarh	Yes	No
DH Dholpur	Yes	No
DH Nokha	Yes	No
DH Chittorgarh	Yes	No
DH Bundi	No	No
Total (DHs)	**Yes=22 (69 *per cent*) No=10 (31 *per cent*)**	**Yes=11(34 *per cent*) No=21 (66 *per cent*)**
SDH/CHC Bijainagar, Ajmer	Not applicable as emergency ward was not available	
SH Vallabhnagar, Udaipur	No	No
SDH Salawas, Jodhpur	Not applicable as emergency ward was not available	
SH Sanganer, Jaipur	No	No
Total (SDHs)	**Yes=0 (0 *per cent*) No=2 (100 *per cent*)**	**Yes=0 (0 *per cent*) No=2 (100 *per cent*)**
Grand Total	**Yes=22 (65 *per cent*) No=12 (35 *per cent*)**	**Yes=11 (32 *per cent*) No=23 (68 *per cent*)**

Source: Information provided by 34 DHs and four SDHs.

Appendix-3.4

(Refer Paragraph 3.1.4(ii))

Statement showing average number of surgeries per surgeon during 2021-22 in the eight test-checked DHs

S. No.	Name of DHs	Total number of surgeries	Total number of surgeons available in DHs	Average number of surgeries per surgeon (column 3/4)
1	2	3	4	5
1	Kishangarh	1,472	7	210
2	Jhunjhunu	3,983	20	199
3	Salumber	622	2	311
4	Kotputli	4,150	12	346
5	Baran	1,398	9	155
6	Sriganganagar	4,294	11	390
7	Jalore	99*	5	20
8	Phalodi	1,575	Information not available	-
Total		**16,018**	**66[6]**	**233[7]**

Source: Information provided by eight test-checked DHs.

* In DH Jalore, five surgeons (other than general surgeons) performed 99 surgeries excluding general surgeries during 2021-22.

6 Excluding figures of DH Phalodi.
7 Excluding figures of DH Phalodi.

Appendix-3.5

(Refer Paragraph 3.1.6 (i))

Statement showing details of availability of Maternal and Childcare Services and beds in DHs

S. No.	Name of DHs	Whether Maternal and Childcare service available in DH (Yes/No)	If yes, number of beds available for maternal and childcare in DH
1	Nagaur	Yes	78
2	Dausa	Yes	100
3	Beawar	Yes	100
4	Sawai Madhopur	Yes	115
5	Kekri (Ajmer)	Yes	125
6	Rajsamand	Yes	50
7	Pratapgarh	Yes	115
8	Neem ka Thana	Yes	50
9	Banswara	Yes	100
10	Balotra	Yes	40
11	Sheoganj	Yes	30
12	Karauli	Yes	100
13	Tonk	Yes	100
14	Alwar	Yes	255
15	Pipar City	Yes	21
16	Sagwara	Yes	30
17	Sirohi	Yes	50
18	Gangapur City	Yes	42
19	Jaisalmer	Yes	50
20	Hindaun	Yes	41
21	Bundi	Yes	100
22	Shahpura	Yes	50
23	Hanumangarh	Yes	85
24	Dholpur	Yes	100
25	Nokha	Yes	30
26	Chittorgarh	Yes	100
27	Salumber	Yes	23
28	Kishangarh	Yes	95
29	Kotputli	Yes	50
30	Jalore	Yes	200
31	Phalodi	Yes	40
32	Sriganganagar	Yes	100
33	Jhunjhunu	Yes	100
34	Baran	Yes	100
	Total	**Yes=34**	

Source: Information provided by 34 DHs.

Appendix-3.6

(Refer Paragraph 3.1.6 (iii))

Statement showing details of lack of providing benefits of *Janani Suraksha Yojana* (JSY)

Year	Total Number of Home Deliveries	BPL Home Deliveries	BPL Home Deliveries in percentage	Number of BPL Mothers paid JSY incentive for home deliveries	Percentage of BPL Mothers paid JSY incentive for home deliveries
2016-17	54,092	1,917	3.54	142	7.41
2017-18	43,057	2,093	4.86	184	8.79
2018-19	34,918	1,419	4.06	129	9.09
2019-20	25,210	1,112	4.41	93	8.36
2020-21	30,422	1,298	4.27	133	10.25
2021-22	21,449	929	4.33	121	13.02
Total	**2,09,148**	**8,768**	**4.19**	**802**	**9.15**

Source: Information provided by Mission Director, National Health Mission.

Appendix-3.7

(Refer Paragraph 3.1.7(ii)(a)(b))

Statement showing details of non-availability of Investigation facilities in 34 DHs

S.No.	Category of Investigation	Types of diagnostics services/tests	Not Available out of 34 DHs
1	**Pathology**		**Eight DHs:** Beawar, Bundi, Dholpur, Hanumangarh, Jalore, Nagaur, Pipar City and Shahpura
	a. PAP smear	Cytology	
	b. Sputum	Sputum cytology	
	c. Haematology	Bone Marrow Aspiration, Immuno haematology, Coagulation disorders, Sickle cell anaemia, Thalassemia	
	d. Histopathology	All types of specimens, Biopsies	
2	**Microbiology**	KOH study for fungus, Smear for AFB, KLB (Diphtheria), Culture and sensitivity for blood, sputum, pus, urine, etc. Bacteriological analysis of water by H2S based test, Stool culture for Vibrio Cholera and other bacterial enteropathogenic, Supply of different media for peripheral laboratories. Grams Stain for Throat swab, sputum etc.	**Six DHs:** Baran, Bundi, Hanumangarh, Jaisalmer, Jalore and Sirohi
3	**Ophthalmology**	Refraction by using snellen's chart, Retinoscopy and Ophthalmoscopy	**Four DHs:** Balotra, Jaisalmer, Rajsamand and Salumber
4	**ENT**	Audiometry, Endoscopy for ENT	**20 DHs:** Balotra, Baran, Bundi, Dausa, Dholpur, Gangapur City, Hanumangarh, Jaisalmer, Kishangarh, Neem ka Thana, Nokha, Phalodi, Pipar City, Pratapgarh, Sagwara, Salumber, Sawai Madhopur, Shahpura, Sheoganj and Sirohi
5	**Endoscopy services**	Oesophagus, Stomach, Colonoscopy, Bronchoscopy, Arthroscopy, Laparoscopy (Diagnostic), Hysteroscopy	**29 DHs:** Alwar, Balotra, Banswara, Baran, Beawar, Bundi, Chittorgarh, Dausa, Dholpur, Hanumangarh, Hindaun, Jaisalmer, Jalore, Jhunjhunu, Karauli, Kishangarh, Kotputli, Neem ka Thana, Nokha, Phalodi, Pipar City, Pratapgarh, Rajsamand, Sagwara, Salumber, Sawai Madhopur, Sheoganj, Sirohi and Tonk
6	**Respiratory services**	Pulmonary function tests	**33 DHs:** Alwar, Balotra, Banswara, Baran, Beawar, Bundi, Chittorgarh, Dholpur, Gangapur City, Hanumangarh, Hindaun, Jaisalmer, Jalore, Jhunjhunu, Karauli, Kekri, Kishangarh, Kotputli, Nagaur, Neem ka Thana, Nokha, Phalodi, Pipar City, Pratapgarh, Rajsamand, Sagwara, Salumber, Sawai Madhopur, Shahpura, Sheoganj, Sirohi, Sriganganagar and Tonk

Statement showing details of non-availability of Investigation facilities in test-checked four SDHs

S. No.	Category of Investigation	Types of diagnostics services/tests	Not Available out of Four SDHs/SHs
1	**Microbiology**	KOH study for fungus, Smear for AFB, KLB (Diphtheria), Grams Stain for Throat swab, sputum etc.	Vallabhnagar
2	**Ophthalmology**	Refraction by using Snellen's chart, Retinoscopy and Ophthalmoscopy	Vallabhnagar
3	**Pathology**		Sanganer and Vallabhnagar
	Sputum	Sputum cytology	
4	**ENT**	Audiometry	Salawas, Sanganer, Vallabhnagar and Bijainagar
5	**Endoscopy services**	Laparoscopy (Diagnostic)	Salawas, Sanganer, Vallabhnagar and Bijainagar
6	**Respiratory services**	Pulmonary function tests	Salawas, Sanganer, Vallabhnagar and Bijainagar

Statement showing details of non-availability of Investigation facilities in test-checked eight CHCs

S. No.	Category of Investigation	Types of diagnostics services/tests	Not Available out of Eight CHCs
1	**Microbiology**	Smear for AFB, KLB (Diphtheria), Grams Stain for Throat swab, sputum etc.	Asop
2	**Pathology**		Singhana, Jobner and Sarada
	Sputum	Sputum cytology	
3	**Ophthalmology**	Refraction by using Snellen's chart, Retinoscopy and Ophthalmoscopy	Singhana, Jobner, Sarada, Asop, Sanchore, Anta and Srikaranpur

Source: Information provided by 34 SDHs, four SDHs and eight CHCs.

Appendix-3.8

(Refer Paragraph 3.2.1(i))

Statement showing details regarding availability of Dietary Services in DHs

S. No.	Name of District hospitals	Whether dietary services were available (Yes/No)	If available, whether it is in-house or outsourced
1	Nagaur	Yes	In-house
2	Dausa	No	-
3	Beawar	Yes	In-house
4	Sawai Madhopur	No	-
5	Kekri (Ajmer)	Yes	Outsourced
6	Rajsamand	Yes	Outsourced
7	Pratapgarh	Yes	In-house
8	Neem ka Thana	No	-
9	Banswara	No	-
10	Balotra	Yes	Outsourced
11	Sheoganj	No	-
12	Karauli	Yes	In-house
13	Tonk	Yes	In-house
14	Alwar	Yes	Outsourced
15	Pipar City	No	-
16	Sagwara	No	-
17	Sirohi	No	-
18	Gangapur City	Yes	-
19	Jaisalmer	Yes	-
20	Hindaun	No	-
21	Bundi	Yes	In-house
22	Hanumangarh	Yes	Outsourced
23	Dholpur	Yes	Outsourced
24	Nokha	No	-
25	Shahpura	No	-
26	Chittorgarh	Yes	Outsourced
27	Kishangarh	No	-
28	Phalodi	No	-
29	Baran	No	-
30	Jalore	No	-
31	Jhunjhunu	No	-
32	Sriganganagar	Yes	-
33	Kotputli	No	-
34	Salumber	No	-
	Total	**Yes=16 and No=18**	

Source: Information provided by 34 DHs.

Appendix-3.9

(Refer Paragraph 3.2.2)

Statement showing details of availability of Oxygen Services (At Tertiary Care)

S. No.	Name of Ward	Total Beds	Number of beds on which wall-mounted suction lines along with piped wall-mounted central oxygen lines were not available	Percentage of beds on which wall-mounted suction lines along with piped wall-mounted central oxygen lines were not available
JLN Hospital, Ajmer				
1	Children Ward-II	47	37	79
2	Children Ward-III	44	28	64
3	Children Ward-I	38	24	63
4	Male Ortho Ward-I	34	14	41
5	Female Ortho Ward	34	14	41
6	Male Surgical C/D Ward	36	13	36
7	Female Surgical C/D Ward	20	2	10
8	Male Surgical A Ward	22	6	27
9	Male Surgical B Ward	21	4	19
10	Male Surgical 5 Ward	21	1	5
11	Male Ortho Ward-II	22	22	100
	Total (1)	**339**	**165**	**48.67**
Maharana Bhupal Government Hospital, Udaipur				
1	P.I.C.U.	20	3	15.00
2	Ward No. 301 (A&C)	60	36	60.00
3	Pediatric Surgery Ward 113	20	16	80.00
4	Ward No. 223 B	40	22	55.00
5	Cottage Ward	10	10	100.00
6	Thalesemia Ward	10	4	40.00
7	MTC Unit	20	8	40.00
8	NICU 7	40	23	57.50
9	NICU 12	30	8	26.67
10	NICU A	45	15	33.33
11	NICU B	33	11	33.33
12	NICU C	35	11	31.43
13	NICU 14	35	7	20.00
14	Male Ortho Ward	51	20	39.22
15	Poly Trauma ICU	30	5	16.67
16	Trauma Cottage	10	10	100.00
17	Ward No. 115 D	25	5	20.00
	(Total 2)	**514**	**214**	**41.63**
	Grand Total (1) + (2)	**853**	**379**	**44.43**

Source: Information provided by Medical College Attached Hospitals.

Appendix-3.10

(Refer Paragraph 3.2.3 (i)(b))

Statement showing availability of Ambulance Service in GMIs

Category of Hospital	Name of GMIs	Sanctioned Beds	Ambulances required as per IPHS	Ambulances available	Shortage
District Hospitals	DH Kishangarh	200	3	3	0
	DH Kotputli	250	3	3	0
	DH Baran	300	3	0	3
	DH Phalodi	150	3	0	3
	DH Salumber	150	3	2 *Not in use	1
	DH Jalore	350	4	2	2
	DH Jhunjhunu	250	3	1	2
	DH Sriganganagar	350	4	1	3
	DH Nagaur	300	3	2	1
	DH Dausa	250	3	2	1
	DH Kekri (Ajmer)	300	3	1	2
	DH Rajsamand	150	3	2	1
	DH Pratapgarh	300	3	0	3
	DH Neem ka Thana (Sikar)	150	3	2	1
	DH Banswara	350	4	2	2
	DH Balotra	150	3	1	2
	DH Sheoganj	150	3	1	2
	DH Karauli	225	3	4	0
	DH Tonk	275	3	1	2
	DH Beawar	300	3	0	3
	DH Shahpura (Bhilwara)	150	3	0	3
	DH Alwar	332	4	8	0
	DH Pipar City, (Jodhpur)	150	3	1	2
	DH Sagwara (Dungarpur)	150	3	0	3
	DH Sirohi	200	3	4	0
	DH Gangapur City	200	3	2	1
	DH Jaisalmer	200	3	1	2
	DH Hindaun	250	3	2	1

Category of Hospital	Name of GMIs	Sanctioned Beds	Ambulances required as per IPHS	Ambulances available	Shortage
	DH Swai Madhopur	300	3	0	3
	DH Hanumangarh	200	3	4	0
	DH Dholpur	400	4	3	1
	DH Nokha	150	3	1	2
	DH Chittorgarh	300	3	5	0
	DH Bundi	300	3	1	2
Sub-District Hospitals / Satellite Hospital	Government Satellite Hospital, Sanganer	50	1	0	1
	Government Satellite Hospital, Vallabhnagar	100	2	0	2
	CHC Bijainagar	75	2	1	1
	SDH Salawas	100	2	1	1
CHCs	Masuda (Ajmer)	50	1	1	0
	Sarada	30	1	1	0
	Anta	75	1	1	0
	Singhana	30	1	0	1
	Jobner	30	1	0	1
	Srikaranpur	50	1	0	1
	Sanchore	30	1	0	1
	Asop	30	1	0	1

Source: Information provided by test-checked GMIs.

Appendix-3.11

(Refer Paragraph 3.2.4(i))

Statement showing availability of mortuary and related facilities in DHs/SDHs

Name of Hospitals	Mortuary services available	Proper illumination and air conditioning available	Separate room for body storage with at least two deep freezers for preserving dead bodies	Identification tag/wrist band for each stored dead body	Facility for pathological post-mortem
DH Kishangarh	Yes	Yes	Yes	No	No
DH Kotputli	Yes	Yes	No	No	No
DH Baran	Yes	No	Yes (only one deep freezer against two)	No	Yes
DH Phalodi	No	Not Applicable (NA)			
DH Salumber	Yes	No	No	Yes	Yes
DH Jalore	Yes	Yes	No	Yes	Yes
DH Jhunjhunu	Yes	Yes	Yes	Yes	Yes
DH Sriganganagar	Yes	Yes	Yes	Yes	No
DH Nagaur	Yes	Yes	Yes	No	Yes
DH Dausa	Yes	Yes	Yes	Yes	No
DH Beawar	Yes	Yes	Yes	Yes	Yes
DH Sawai Madhopur	Yes	Yes	Yes	Yes	No
DH Kekri (Ajmer)	Yes	Yes	Yes	No	No
DH Rajsamand	Yes	No	Yes	Yes	Yes
DH Pratapgarh	Yes	Yes	Yes	Yes	No
DH Neem ka Thana (Sikar)	Yes	Yes	Yes	Yes	Yes
DH Banswara	Yes	Yes	Yes	Yes	No
DH Balotra (Barmer)	Yes	Yes	Yes	Yes	No
DH Sheoganj (Sirohi)	Yes	No	No	No	No
DH Karauli	Yes	No	No	Yes	No
DH Tonk	Yes	Yes	Yes	No	No
DH Alwar	Yes	Yes	Yes	Yes	No
DH Pipar City (Jodhpur)	Yes	Yes	Yes	Yes	No
DH Sagwara (Dungarpur)	Yes	No	No	Yes	No
DH Sirohi	Yes	No	No	No	No
DH Gangapur City (Sawai Madhopur)	Yes	Yes	No	No	No
DH Jaisalmer	Yes	No	No	No	Yes

Name of Hospitals	Mortuary services available	Proper illumination and air conditioning available	Separate room for body storage with at least two deep freezers for preserving dead bodies	Identification tag/wrist band for each stored dead body	Facility for pathological post-mortem
DH Hindaun (Karauli)	Yes	Yes	No	No	No
DH Bundi	Yes	No	Yes	Yes	No
DH Hanumangarh	Yes	No	Yes	Yes	No
DH Dholpur	Yes	Yes	No	No	No
DH Nokha (Bikaner)	Yes	Yes	Yes	Yes	No
DH Shahpura (Bhilwara)	Yes	No	No	No	No
DH Chittorgarh	Yes	Yes	Yes	Yes	Yes
Total	**Yes=33, No=1**	**Yes=22, No=11, NA=1**	**Yes=21, No=12, NA=1**	**Yes=20, No=13, NA=1**	**Yes=10, No=23, NA=1**
Government Satellite Hospital, Sanganer	No	Not Applicable (NA)			
Government Satellite Hospital, Vallabhnagar	Yes	No	No	No	Yes
SDH/CHC Bijainagar, Ajmer	Yes	Yes	No	No	No
SDH Salawas	Yes	No	No	No	Yes
Total	**Yes=3, No=1**	**Yes=1, No=2, NA=1**	**No=3, NA=1**	**No=3, NA=1**	**Yes=2, No=1, NA=1**

Source: Information provided by 34 DHs and four SDHs.

Appendix-3.12

(Refer Paragraph 3.2.5(i)(a))

Statement showing availability of Laundry Services in 34 District Hospitals

S. No.	Name of District Hospitals	Whether laundry services available or not (Yes/No)
1	Nagaur	Yes
2	Dausa	Yes
3	Beawar	Yes
4	Sawai Madhopur	Yes
5	Kekri (Ajmer)	Yes
6	Rajsamand	Yes
7	Pratapgarh	Yes
8	Neem ka Thana	Yes
9	Banswara	Yes
10	Balotra	Yes
11	Sheoganj	Yes
12	Karauli	Yes
13	Tonk	Yes
14	Alwar	Yes
15	Pipar City	Yes
16	Sagwara	Yes
17	Sirohi	Yes
18	Gangapur City	Yes
19	Jaisalmer	Yes
20	Hindaun City	Yes
21	Bundi	Yes
22	Hanumangarh	Yes
23	Dholpur	Yes
24	Nokha	Yes
25	Shahpura	Yes
26	Chittorgarh	Yes
27	Kishangarh	Yes
28	Phalodi	Yes
29	Baran	Yes
30	Jalore	Yes
31	Jhunjhunu	Yes
32	Sriganganagar	Yes
33	Kotputli	Yes
34	Salumber	Yes
	Total	**Yes=34**

Source: Information provided by 34 DHs.

Appendix-3.13 (a)

(Refer Paragraph 3.2.5(i) (a))

Statement showing non-availability of adequate Laundry Services in Health Care Facilities

Name of Hospitals	Laundry Register was maintained	Change of linen were entered regularly in registers	Cleaning Registers were maintained and kept in every Ward
DH Kishangarh	Yes	No	Yes
DH Kotputli	Yes	Yes	Yes
DH Baran	Yes	No	Yes
DH Phalodi	Yes	No	No
DH Salumber	Yes	Yes	Yes
DH Jalore	Yes	Yes	Yes
DH Jhunjhunu	Yes	Yes	Yes
DH Sriganganagar	Yes	Yes	Yes
DH Nagaur	Yes	Yes	Yes
DH Dausa	Yes	Yes	Yes
DH Kekri (Ajmer)	Yes	Yes	Yes
DH Rajsamand	Yes	Yes	Yes
DH Pratapgarh	Yes	Yes	Yes
DH Neem ka Thana (Sikar)	Yes	Yes	Yes
DH Banswara	Yes	Yes	Yes
DH Balotra	Yes	Yes	Yes
DH Sheoganj	Yes	Yes	Yes
DH Karauli	Yes	Yes	Yes
DH Tonk	Yes	Yes	Yes
DH Beawar	Yes	Yes	Yes
DH Shahpura (Bhilwara)	Yes	Yes	Yes
DH Alwar	Yes	Yes	Yes
DH Pipar City (Jodhpur)	No	Yes	No
DH Sagwara (Dungarpur)	Yes	Yes	Yes
DH Sirohi	Yes	Yes	Yes
DH Gangapur City	Yes	Yes	Yes
DH Jaisalmer	Yes	No	Yes
DH Hindaun	Yes	No	Yes
DH Sawai Madhopur	Yes	No	Yes
DH Hanumangarh	Yes	Yes	Yes
DH Dholpur	Yes	Yes	No
DH Nokha	Yes	Yes	Yes

Name of Hospitals	Laundry Register was maintained	Change of linen were entered regularly in registers	Cleaning Registers were maintained and kept in every Ward
DH Chittorgarh	Yes	Yes	No
DH Bundi	Yes	Yes	Yes
Government Satellite Hospital, Sanganer	Yes	Yes	Yes
Government Satellite Hospital, Vallabhnagar	No	No	Yes
SDH/CHC Bijainagar, Ajmer	Yes	No	Yes
SDH Salawas	No	No	No
CHC Masuda, Ajmer	No	No	No
CHC Sarada	No	No	No
CHC Anta	Yes	Yes	Yes
CHC Singhana	Yes	Yes	Yes
CHC Jobner	Yes	Yes	Yes
CHC Srikaranpur	Yes	Yes	Yes
CHC Sanchore	Yes	Yes	Yes
CHC Asop	No	No	No
Total	**Yes=40 No=6**	**Yes=34 No=12**	**Yes=38 No=8**

Source: Information provided by 34 DHs, four SDHs and eight CHCs.

Appendix-3.13 (b)

(Refer Paragraph 3.2.5(i) (a))

Statement showing non-availability of recommended types of Linen in test-checked DHs

Name of DHs	Non-availability of recommended 24 types of linen (*in per cent*)
DH Kishangarh	37.50
DH Kotputli	45.83
DH Baran	87.50
DH Phalodi	54.17
DH Salumber	75.00
DH Jalore	70.83
DH Jhunjhunu	58.33
DH Sriganganagar	41.67

Source: Information provided by eight test-checked DHs.

Appendix-3.14 (a)

(Refer paragraph 3.2.6)

Status of availability of Checklist for Hygiene and Infection Control

S. No.	Name of GMIs	Availability of checklist for Hygiene and Infection control
1.	DH Jhunjhunu	Yes
2.	DH Baran	Yes
3.	DH Sriganganagar	Yes
4.	DH Kotputli	Yes
5.	DH Salumber	No
6.	DH Jalore	Yes
7.	DH Phalodi	Yes
8.	DH Kishangarh	Yes
9.	CHC/SDH Bijainagar, Ajmer	No
10.	SDH Vallabhnagar, Udaipur	No
11.	SDH Salawas, Jodhpur	Yes
12.	SDH Sanganer	Yes
13.	CHC Masuda, Ajmer	No
14.	CHC Jobner, Jaipur	No
15.	CHC Srikaranpur, Sriganganagar	Yes
16.	CHC Sanchore, Jalore	No
17.	CHC Sarada, Udaipur	No
18.	CHC Singhana, Jhunjhunu	Yes
19.	CHC Anta, Baran	No
20.	CHC Asop, Jodhpur	Yes
21.	PHC Rawla ka Badiya, Ajmer	No
22.	PHC Kharwa, Ajmer	No
23.	PHC Baldara, Baran	No
24.	PHC Palaytha, Baran	No
25.	PHC Bichhawari, Jalore	No
26.	PHC Bhadhruna, Jalore	No
27.	PHC Sohali, Jhunjhunu	No
28.	PHC Bhasawata kalan, Jhunjhunu	No
29.	PHC Artiya Kalan, Jodhpur	No
30.	PHC Khawaspura, Jodhpur	Yes
31.	PHC Arayan, Sriganganagar	Yes
32.	PHC Dhanur, Sriganganagar	Yes
33.	PHC Palodara, Udaipur	No
34.	PHC Jawad, Udaipur	No
35.	PHC Karansar, Jaipur	No
36.	PHC Hingonia, Jaipur	No
37.	HSC Rampura (Kharwa), Ajmer	No
38.	HSC Bharkala (Rawla Ka Badiya), Ajmer	No
39.	HSC Bala Khera (Baldara), Baran	No
40.	HSC Nagada (Palayatha), Baran	No
41.	HSC Gudhamanpura (Hingonia), Jaipur	No

S. No.	Name of GMIs	Availability of checklist for Hygiene and Infection control
42.	HSC Bainsawa (Karansar), Jaipur	No
43.	HSC Bandhara (Artia Kalan), Jodhpur	No
44.	HSC Madpuriya (Khawaspura), Jodhpur	No
45.	HSC Dhudava (Bichhawari), Jalore	No
46.	HSC Liyadra (Bhadhruna), Jalore	No
47.	HSC Kakara (Sohali), Jhunjhunu	No
48.	HSC Saidpur (Bhasawata Kalan), Jhunjhunu	No
49.	HSC 16 S (Dhanur), Sriganganagar	No
50.	HSC Oda (Palodara), Udaipur	No
51.	HSC Semal (Jawad), Udaipur	No
52.	HWC Jiwana (Rawla Ka Badiya), Ajmer	No
53.	HWC Ratadia (Baldara) Baran	No
54.	HWC Jorpura (Hingonia) Jaipur	No
55.	HWC Karawadi (Bhadhruna), Jalore	No
56.	HWC Bhalot (Sohali), Jhunjhunu	No
57.	HWC Devatra (Artia Kalan), Jodhpur	No
58.	HWC 2 MM Dhirangawali (Arayan 32F), Sriganganagar	No
59.	HWC 39 H Burjewala (Dhanur), Sriganganagar	No
60.	HWC Kewada (Palodara), Udaipur	No
	Total	**Yes=15 (25 *per cent*), No=45 (75 *per cent*)**

Source: Information provided by GMIs.

Appendix-3.14 (b)

(Refer paragraph 3.2.6)

Status of formation of Hospital Infection Control Committee

S. No.	Name of GMIs	Hospital Infection Control Committee formed
1.	DH Jhunjhunu	Yes
2.	DH Baran	Yes
3.	DH Sriganganagar	Yes
4.	DH Kotputli	Yes
5.	DH Salumber	No
6.	DH Jalore	Yes
7.	DH Phalodi	No
8.	DH Kishangarh	Yes
9.	CHC/SDH Bijainagar, Ajmer	Yes
10.	SDH Vallabhnagar, Udaipur	No
11.	SDH Salawas, Jodhpur	No
12.	SDH Sanganer	Yes
13.	CHC Masuda, Ajmer	No
14.	CHC Jobner, Jaipur	No
15.	CHC Srikaranpur, Sriganganagar	Yes
16.	CHC Sanchore, Jalore	No
17.	CHC Sarada, Udaipur	No
18.	CHC Singhana, Jhunjhunu	Yes
19.	CHC Anta, Baran	No
20.	CHC Asop, Jodhpur	No
21.	PHC Rawla ka Badiya, Ajmer	No
22.	PHC Kharwa, Ajmer	No
23.	PHC Baldara, Baran	No
24.	PHC Palaytha, Baran	No
25.	PHC Bichhawari, Jalore	No
26.	PHC Bhadhruna, Jalore	No
27.	PHC Sohali, Jhunjhunu	No
28.	PHC Bhasawta Kalan, Jhunjhunu	No
29.	PHC Artiya Kalan, Jodhpur	No
30.	PHC Khawaspura, Jodhpur	No
31.	PHC Arayan, Sriganganagar	Yes
32.	PHC Dhanur, Sriganganagar	Yes
33.	PHC Palodara, Udaipur	No
34.	PHC Jawad, Udaipur	No
35.	PHC Karansar, Jaipur	No
36.	PHC Hingonia, Jaipur	Yes
	Total	**Yes=13 (36 *per cent*), No=23 (64 *per cent*)**

Source: Information provided by GMIs.

Appendix-3.15

(Refer Paragraph 3.3.1)

Statement showing shortcomings found for firefighting services

S. No.	Question	Yes	No
1	Whether NOC was obtained from Fire Department?	2[8] (14 *per cent*)	**12 (86 *per cent*)**
2	Whether the provision of smoke detector and fire alarm is in place?	**5[9] (36 *per cent*)**	**9 (64 *per cent*)**
3	Whether Sand buckets is available in hospital?	4[10] (29 *per cent*)	10 (71 *per cent*)
4	Whether the provision of fire hydrant is in place in case of fire?	**7[11] (50 *per cent*)**	**7 (50 *per cent*)**
5	Whether underground backup water for fire is available in hospital?	7[12] (50 *per cent*)	7 (50 *per cent*)
6	Whether planning for fire prevention exists?	8[13] (57 *per cent*)	6 (43 *per cent*)
7	Whether system of periodic training of staff and regular conduct of mock drills for fire and other disasters?	5[14] (36 *per cent*)	9 (64 *per cent*)

Source: Information provided by eight DHs and six MCHs.

8 Fire NOC obtained only in DH Jhunjhunu and DH Jalore.

9 Smoke Detector and Fire alarm available only in DH Baran, DH Jalore, DH Sriganganagar, Shree Khemraj Katara Government Satellite Hospital, Udaipur, Maharana Bhupal Government Hospital, Udaipur.

10 Sand bucket available only in DH Jhunjhunu, DH Kishangarh (Ajmer), Maharana Bhupal Government Hospital, Udaipur, *Mahila Chikitsalaya,* Jaipur.

11 Fire Hydrants available only in DH Sriganganagar, DH Jhunjhunu, DH Baran, Shree Khemraj Katara Government Satellite Hospital, Udaipur, Maharana Bhupal Government Hospital, Udaipur, *Mahila Chikitsalaya,* Jaipur, Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur.

12 Underground Water backup available only in DH Jhunjhunu, DH Sriganganagar, DH Jalore, Shree Khemraj Katara Government Satellite Hospital, Udaipur, Maharan Bhupal Government Hospital, Udaipur, *Mahila Chikitsalaya,* Jaipur, Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur.

13 DH Sriganganagar, DH Jhunjhunu, Shree Khemraj Katara Government Satellite Hospital, Udaipur, DH Kishangarh (Ajmer), DH Jalore, Maharana Bhupal Government Hospital, Udaipur, *Mahila Chikitsalaya*, Jaipur, JLN Hospital, Ajmer.

14 DH Sriganganagar, DH Jhunjhunu, DH Jalore, Shree Khemraj Katara Government Satellite Hospital, Udaipur, Maharana Bhupal Government Hospital, Udaipur.

Appendix-3.16

(Refer Paragraph 3.3.2)

Statement showing details of Patient Rights through Citizen Charter

S. No.	Name of Hospitals	Whether the Hospital has established Citizen Charter
1.	Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur	No
2.	*Mahila Chikitsalya,* Jaipur	No
3.	Maharana Bhupal Government Hospital, Udaipur	Yes
4.	Shree Khemraj Katara Government Satellite Hospital, Udaipur	No
5.	JLN Hospital, Ajmer	No
6.	*Rajkiya Mahila Chikitsalya,* Ajmer	No
7.	DH YN Hospital, Kishangarh	No
8.	BDK Hospital, Jhunjhunu	Yes
9.	DH Baran	Yes
10.	DH Sriganganagar	Yes
11.	DH Kotputli	Yes
12.	DH Salumber	Yes
13.	DH Jalore	No
14.	DH Phalodi	No
15.	DH Nagaur	Yes
16.	DH Dausa	Yes
17.	DH Kekri (Ajmer)	Yes
18.	DH Rajsamand	Yes
19.	DH Pratapgarh	Yes
20.	DH Neem ka Thana (Sikar)	Yes
21.	DH Banswara	Yes
22.	DH Balotra	Yes
23.	DH Sheoganj	Yes
24.	DH Karauli	Yes
25.	DH Tonk	Yes
26.	DH Beawar	Yes
27.	DH Shahpura (Bhilwara)	Yes
28.	DH Alwar	Yes
29.	DH Pipar City (Jodhpur)	No
30.	DH Sagwara (Dungarpur)	Yes
31.	DH Sirohi	Yes
32.	DH Gangapur City	Yes
33.	DH Jaisalmer	Yes
34.	DH Hindaun	Yes
35.	DH Sawai Madhopur	No
36.	DH Hanumangarh	No
37.	DH Dholpur	Yes
38.	DH Nokha	No
39.	DH Chittorgarh	Yes
40.	DH Bundi	Yes
41.	SDH/ CHC Bijainagar, Ajmer	Yes

S. No.	Name of Hospitals	Whether the facility has established Citizen Charter
42.	SDH Vallabhnagar, Udaipur	No
43.	SDH Salawas, Jodhpur	No
44.	SDH Sanganer	Yes
45.	CHC Masuda, Ajmer	No
46.	CHC Jobner, Jaipur	No
47.	CHC Srikaranpur, Sriganganagar	Yes
48.	CHC Sanchore, Jalore	No
49.	CHC Sarada, Udaipur	Yes
50.	CHC Singhana, Jhunjhunu	No
51.	CHC Anta, Baran	No
52.	CHC Asop, Jodhpur	No
53.	PHC Rawla ka Badiya, Ajmer	No
54.	PHC Kharwa, Ajmer	Yes
55.	PHC Baldara, Baran	No
56.	PHC Palaytha, Baran	No
57.	PHC Bichhawari, Jalore	No
58.	PHC Bhadhruna, Jalore	No
59.	PHC Sohali, Jhunjhunu	No
60.	PHC Bhasawata kalan, Jhunjhunu	No
61.	PHC Artiya Kalan, Jodhpur	No
62.	PHC Khawaspura, Jodhpur	No
63.	PHC Arayan, Sriganganagar	No
64.	PHC Dhanur, Sriganganagar	No
65.	PHC Palodara, Udaipur	No
66.	PHC Jawad, Udaipur	Yes
67.	PHC Karansar, Jaipur	No
68.	PHC Hingonia, Jaipur	Yes
69.	HSC Rampura (Kharwa), Ajmer	No
70.	HSC Bharkala (Rawla Ka Badiya), Ajmer	No
71.	HSC Bala Khera (Baldara), Baran	No
72.	HSC Nagada (Palayatha), Baran	No
73.	HSC Gudhamanpura (Hingonia), Jaipur	No
74.	HSC Bainsawa (Karansar), Jaipur	No
75.	HSC Bandhara (Artia Kalan), Jodhpur	No
76.	HSC Madpuriya (Khawaspura), Jodhpur	No
77.	HSC Dhudava (Bichhawari), Jalore	No
78.	HSC Liyadra (Bhadhruna), Jalore	No
79.	HSC Kakara (Sohali), Jhunjhunu	No
80.	HSC Saidpur (Bhasawata Kalan), Jhunjhunu	No
81.	HSC 16 S (Dhanur), Sriganganagar	No
82.	HSC Oda (Palodara), Udaipur	No
83.	HSC Semal (Jawad), Udaipur	No
84.	HWC Jiwana (Rawla Ka Badiya), Ajmer	No
85.	HWC Ratadia (Baldara), Baran	No
86.	HWC Jorpura (Hingonia), Jaipur	No

S. No.	Name of Hospitals	Whether the facility has established Citizen Charter
87.	HWC Karawadi (Bhadhruna), Jalore	No
88.	HWC Bhalot (Sohali), Jhunjhunu	No
89.	HWC Devatra (Artia Kalan), Jodhpur	No
90.	HWC 2 MM Dhirangawali (Arayan 32F), Sriganganagar	No
91.	HWC 39 H Burjewala (Dhanur), Sriganganagar	No
92.	HWC Kewada (Palodara), Udaipur	No
	Total	**Yes=35, No =57**

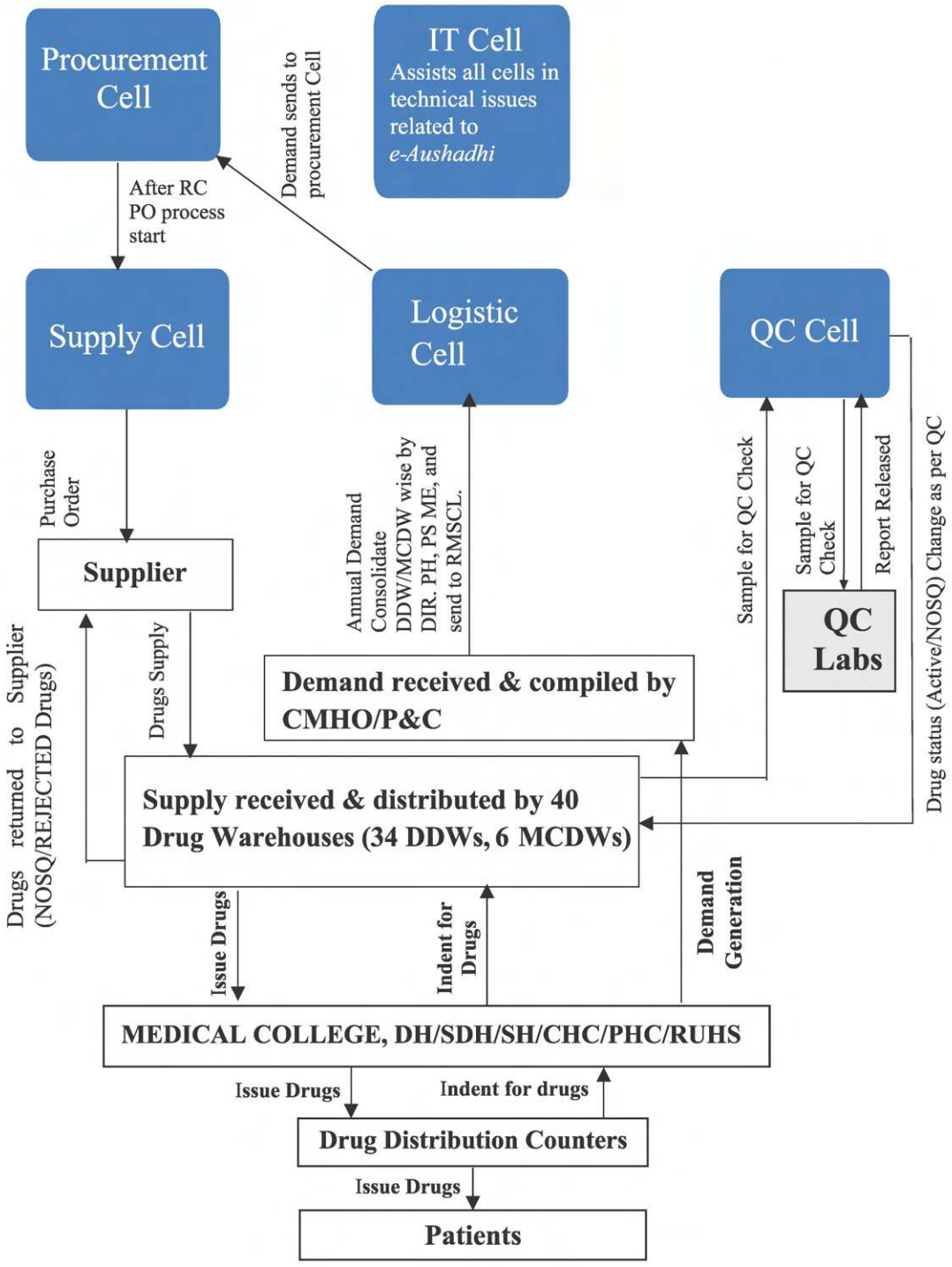
Source: Information provided by GMIs.

Appendix-4.1

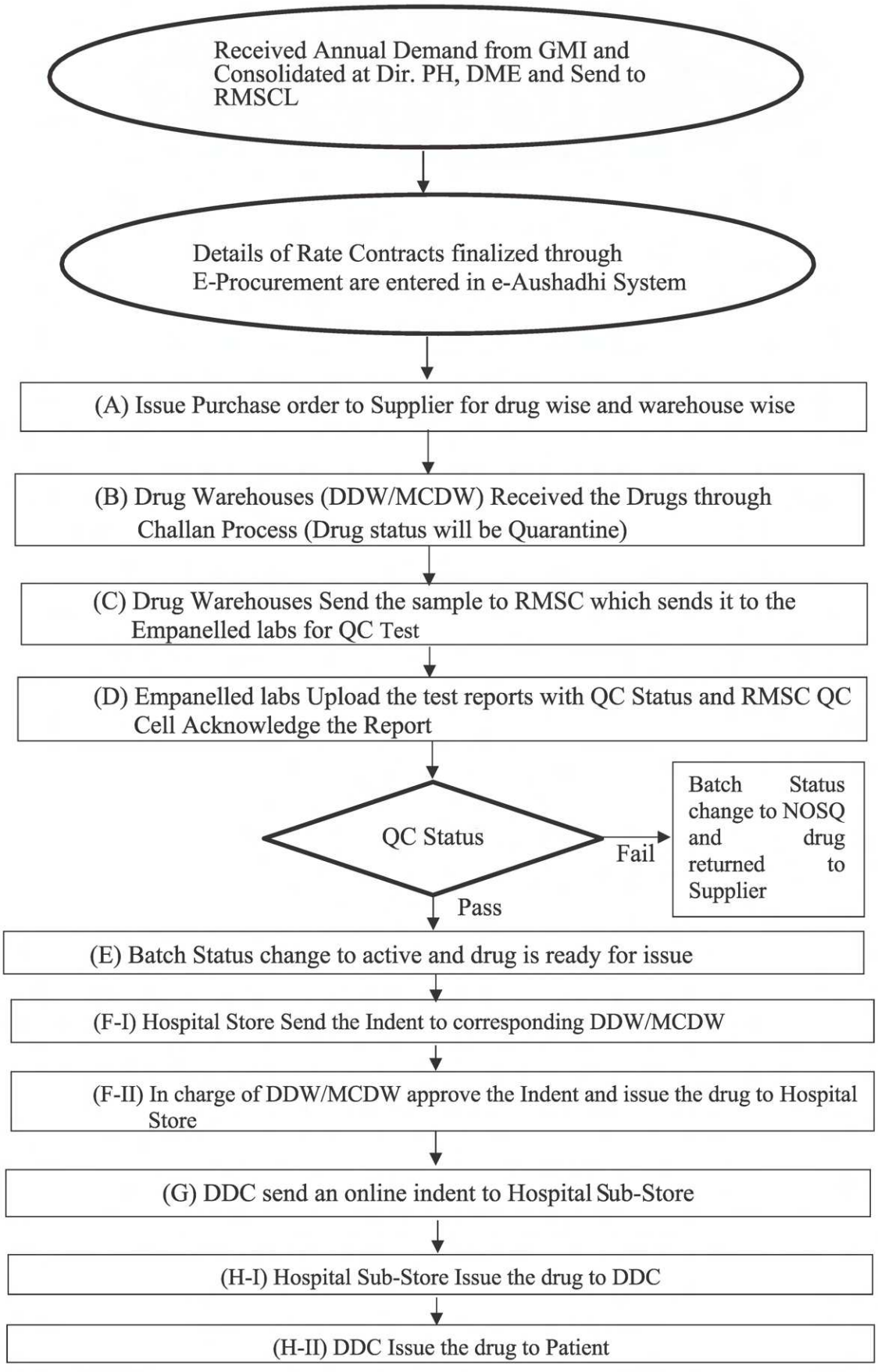
(Refer Paragraph 4.1)

Workflow diagram of *e-Aushadhi* and *e-Upkaran* systems

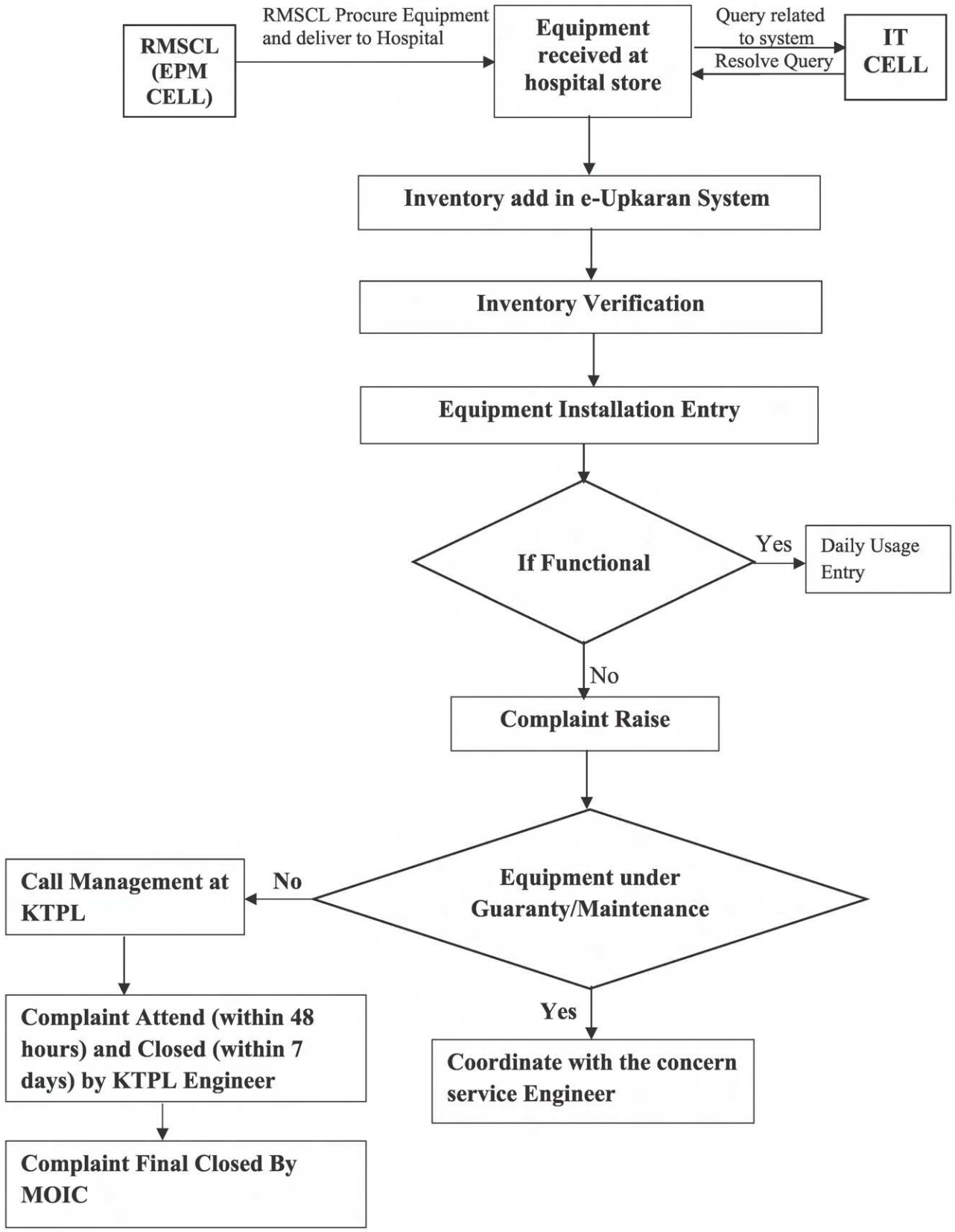
Workflow of *e-Aushadhi*



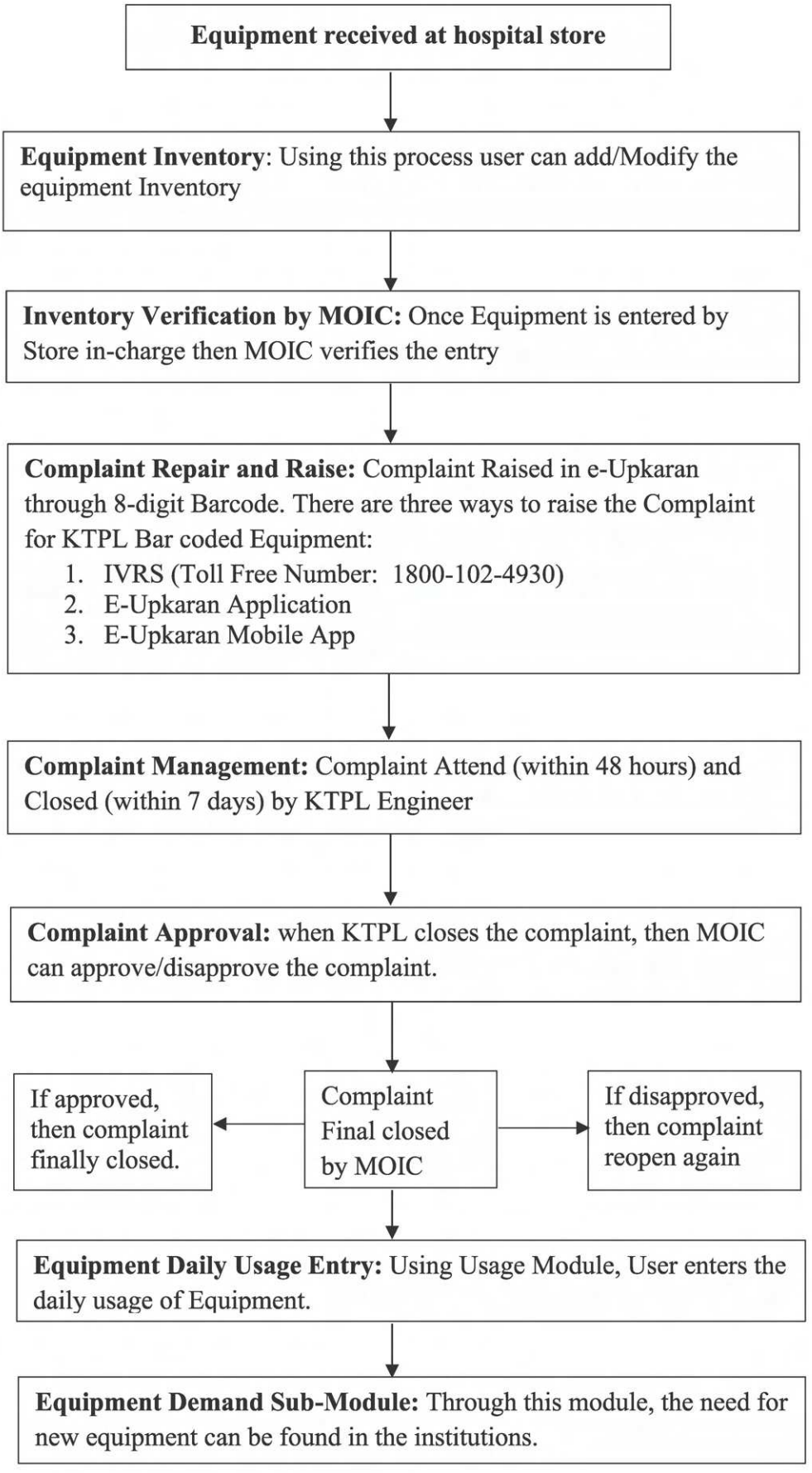
Process Flow Diagram of *e-Aushadhi* System



Workflow of *e-Upkaran* (Equipment Management & Maintenance System)



Process Flow of *e-Upkaran* (Equipment Management & Maintenance System)



Source: Information provided by RMSCL.

Appendix-4.2

(Refer Paragraph 4.3.4)

Statement showing details of non-availability of Rate Contract

S. No.	Name of drugs	Period in which Rate Contract exist	Period in which Rate Contract did not exist	Days for which Rate Contract not exist
1	Povidone Iodine Ointment 5% (for skin infection, burn and surgical rub)	24.11.2015 to 29.12.2017	30.12.2017 to 10.01.2018	12
		11.01.2018 to 30.09.2019, 19.11.2019 to 30.09.2021	1.10.2019 to 18.11.2019	49
2	ORS Powder IP (for dehydration)	24.11.2015 to 29.12.2017	30.12.2017 to 10.01.2018	12
		11.01.2018 to 30.09.2019, 19.11.2019 to 30.09.2021	1.10.2019 to 18.11.2019	49
3	Rabies Vaccine	12.07.2016 to 30.06.2018	1.07.2018 to 19.12.2018	172
		20.12.2018 to 30.09.2020, 05.02.2021 to 31.03.2022	1.10.2020 to 04.02.2021	127
4	Aceclofenac 100 mg and Paracetamol 325 mg Tablets (painkiller and anti-inflammatory)	17.05.2016 to 31.12.2017	1.1.2018 to 26.03.2018	85
		27.03.2018 to 30.09.2019 19.11.2019 to 30.09.2021	1.10.2019 to 18.11.2019	49
5	Oseltamivir Capsule 75 mg (for Influenza, swine flu etc.)	17.02.2016 to 29.12.2017, 05.02.2018 to 31.12.2019	30.12.2017 to 04.02.2018	37

Source: Information provided by RMSCL.

Appendix-4.3

(Refer Paragraph 4.3.4)

Statement showing details of delay in finalisation of Rate Contract

S. No.	Name of drugs	Date of Technical bid open	Date of acceptance of bid	Delay in Days
1	Povidone Iodine Ointment 5% (for skin infection, burn and surgical rub)	20.09.2017	11.01.2018	112
2	ORS Powder IP (for dehydration)	20.09.2017	11.01.2018	112
3	Rabies Vaccine	31.10.2018	20.12.2018	49
4	Aceclofenac 100 mg and Paracetamol 325 mg Tablets (painkiller and anti-inflammatory)	20.09.2017	11.01.2018	112
5	Oseltamivir Capsule 75 mg (for Influenza, swine flu etc.)	23.01.2018	05.02.2018	12

Source: Information provided by RMSCL.

Appendix-4.4

(Refer Paragraph 4.4.3 (i))

Statement showing details of excess local purchase of drugs and medicines

(₹ In Lakh)

S. No.	Name of GMIs	Year	Expenditure of drugs supplied through RMSCL	Expenditure on Local purchase by GMIs	Total expenditure on drugs and medicine	Percentage of local purchase to total expenditure
1	General Hospital, Jalore	2016-17	64.77	7.99	72.76	10.98
		2017-18	72.48	13.48	85.96	15.68
		2018-19	98.68	13.47	112.15	12.01
2	*Rajkiya Mahila Chikitsalya,* Ajmer	2016-17	181.20	74.94	256.14	29.26
		2017-18	222.41	59.91	282.32	21.22
		2018-19	393.90	45.04	438.94	10.26
		2019-20	297.28	57.07	354.35	16.11
		2020-21	286.24	59.60	345.84	17.23
3	Jawahar Lal Nehru Hospital, Ajmer	2016-17	1,274.12	274.94	1,549.06	17.75
		2017-18	1,511.45	189.99	1,701.44	11.17
4	Sir Padampat Institute of Neonatology and Pediatric Health, Jaipur	2016-17	629.32	101.98	731.30	13.95
		2017-18	107.24	124.98	232.22	53.82
		2019-20	1,305.49	149.12	1,454.61	10.25
		2020-21	1,225.83	139.95	1,365.78	10.25
5	*Mahila Chikitsalya,* Jaipur	2017-18	17.79	59.97	77.76	77.12
		2018-19	341.02	59.92	400.94	14.94
		2020-21	328.27	58.49	386.76	15.12
		2021-22	472.71	75.80	548.50	13.82
6	Maharana Bhupal Government Hospital, Udaipur	2016-17	1,047.35	253.40	1,300.75	19.48
		2017-18	1,246.05	397.94	1,643.99	24.21
		2019-20	2,125.63	307.02	2,432.65	12.62
		2020-21	2,391.54	655.38	3,046.92	21.51
		2021-22	3,643.87	527.20	4,171.07	12.64
7	CHC Srikaranpur	2016-17	4.28	3.33	7.61	43.76

Source: Information provided by test-checked GMIs, Budget detailed report of RMSCL and obtained from Finance and Appropriation Accounts.

Appendix-4.5

(Refer Paragraph 4.5.1(i))

Statement showing details of Essential Equipment required and available in District Hospitals

S. No.	Name of required type of Equipment	Number of required equipment as per IPHS			Availability in test-checked District Hospitals							
		101- 200 Bedded	201-300 Bedded	301-500 Bedded	DH Phalodi (150 Beds)	DH Salumber (150 Beds)	DH Kishangarh (200 Beds)	DH Jhunjhunu (250 Beds)	DH Kotputli (250 Beds)	DH Baran (300 Beds)	DH Jalore (350 Beds)	DH Sriganganagar (350 Beds)
1	Imaging Equipment	4	6	7	3	2	4	5	5	5	4	5
2	X-Ray Room Accessories	8	8	8	5	5	6	5	6	5	6	5
3	Cardiopulmonary Equipment	13	14	15	11	13	12	11	1	8	13	10
4	Labour ward, Neo Natal and Special Newborn Care Unit (SNCU) Equipment	27	27	27	6	15	16	18	24	22	27	13
5	General Equipment for SNCU	11	11	11	0[15]	7	11	11	10	6	11	6
6	Equipment for disinfection of Special Newborn Care Unit	11	11	11	0[16]	10	9	8	7	9	9	7
7	Immunization Equipment	15	15	15	9	15	9	9	15	8	13	10
8	Ear Nose Throat Equipment	16	17	18	3#	0#	12	7	3	11	1	10
9	Eye Equipment	24	24	25	18	19	16	9	18	11	17	20
10	Dental Equipment	42	42	42	42	28	33	12	23	Not Provided	29	23
11	Laboratory Equipment	51	51	58	21	22	26	31	32	27	35	26
12	Endoscopy Equipment	3	7	7	1	0#	0#	0#	0#	0*	3	2
13	Anaesthesia Equipment	15	16	15	13	13	9	15	8	5	8	6

15 Special Newborn Care Unit not available.
16 Done by New Born Stabilization Unit.

S. No.	Name of required type of Equipment	Number of required equipment as per IPHS			Availability in test-checked District Hospitals							
		101- 200 Bedded	201-300 Bedded	301-500 Bedded	DH Phalodi (150 Beds)	DH Salumber (150 Beds)	DH Kishangarh (200 Beds)	DH Jhunjhunu (250 Beds)	DH Kotputli (250 Beds)	DH Baran (300 Beds)	DH Jalore (350 Beds)	DH Sriganganagar (350 Beds)
14	Post-mortem Equipment	8	8	8	1	7	5	3	6	4	5	Not Provided
15	Operation Theatre Equipment	21	22	19	10	13	13	10	21	12	7	7
16	Surgical Equipment Sets	43	53	53	15	28	18	24	Not Provided	3	4	11
		312	**332**	**339**	**158**	**197**	**199**	**178**	**179**	**136**	**192**	**161**
		Shortfall			**154**	**115**	**113**	**154**	**153**	**196**	**147**	**178**
		Number of District Hospitals			**Total Equipment required**		**Available Equipment**			**Shortfall (percentage)**		
	DH of 101-200 Beded	3			936		554			382 (40.81)		
	DH of 201-300 Beded	3			996		493			503 (50.50)		
	DH of 301-500 Beded	2			678		353			325 (47.94)		
	Total				**2,610**		**1,400**			**1,210 (46.36)**		

Source: Information provided by test-checked DHs.

Specialist not available.

**Service not available.*

Appendix-4.6

(Refer Paragraph 4.5.1(ii))

Statement showing details of Essential Equipment required and available in SDHs/SHs

S. No.	Name of Required type of Equipment	31-50 Beds	SDH Sanganer	51-100 Beds	SDH Vallabhnagar	SDH, Salawas, Jodhpur	SDH Bijainagar	Total
		Required	Available	Required	Available	Available	Available	Available
1	Imaging Equipment	3	2	5	2	2	3	9
2	X-Ray Room Accessories	6	5	6	5	5	5	20
3	Cardiopulmonary Equipment	8	6	11	8	9	7	30
4	Labour ward & Neo Natal Equipment	17	12	20	7	12	15	46
5	Immunization Equipment	15	12	15	14	13	13	52
6	Ear Nose Throat Equipment	17	0#	17	1	0*	3	4
7	Eye Equipment	22	8	9	1	2	6	17
8	Dental Equipment	4	3	4	1	3	4	11
9	Operation Theatre Equipment	18	11	17	5	9	6	31
10	Laboratory Equipment	27	15	32	15	16	17	63
11	Surgical Equipment sets	27	13	29	9	12	14	48
12	Endoscopy Equipment	1	0#	3	0#	0*	1	1
13	Anesthesia Equipment	15	7	14	9	7	10	33
14	Post Mortem Equipment	9	0#	10	2	2	5	9
	Total	189	94	192	79	92	109	374
	Shortfall		95		113	100	83	391
	***Per cent* Shortfall**		50.26		58.85	52.08	43.23	51.11

Source: Information provided by test-checked GMIs.

Specialist not available.

* Service not available.

Appendix-4.7

(Refer Paragraph 4.5.1(iii))

Statement showing details of Essential Equipment required and available in CHCs

S. No	Name of Required type of Equipment	Quantity required	Equipment available in CHCs								Total
			Masuda	Jobner	Srikaranpur	Sanchore	Sarada	Singhana	Anta	Asop	
1	Standard Surgical Set-I (Instruments)	32	16	15	28	7	0#	16	30	0*	112
2	Standard Surgical Set-II	33	9	3	24	0#	17	9	21	0*	83
3	IUD Insertion Kit	19	11	10	15	19	19	15	18	2	109
4	Standard Surgical Set-III	17	6	6	12	2	12	5	11	2	56
5	Normal Delivery Kit	12	8	10	12	5	12	9	12	11	79
6	Standard Surgical Set-IV	16	6	7	15	0#	0#	10	7	0*	45
7	Standard Surgical Set-V	21	0*	2	15	0#	0#	8	10	0*	35
8	Standard Surgical Set-VI	11	5	4	10	0#	5	3	4	0*	31
9	Miscellaneous	4	3	3	3	3	1	1	3	0*	17
10	Equipment for Anesthesia	17	4	1	11	1	0#	0#	14	0*	31
11	Equipment for Neo-Natal Resuscitation	25	13	11	19	10	12	0#	18	10	93
12	Equipment for Operation theatre	13	9	5	9	12	0#	6	11	0*	52
13	Equipment for Labour Room	15	10	14	7	13	12	8	12	13	89
14	Equipment for Radiology	9	7	5	6	8	0#	7	4	4	41
15	Immunization$ Equipment	25	9	22	6	25	20	22	13	10	127
		269	**116**	**118**	**192**	**105**	**110**	**119**	**188**	**52**	**1,000**
		Shortfall	**153**	**151**	**77**	**164**	**159**	**150**	**81**	**217**	**1,152**
		***Per cent* less equipment**	**56.88**	**56.13**	**28.62**	**60.97**	**59.11**	**55.76**	**30.11**	**80.67**	**53.53**

Source: Information provided by test-checked GMIs.

Specialist not available.
** Service not available.*
$ Equipment required only "as per need" have not been included.

Appendix-4.8

(Refer Paragraph 4.5.1(iv))

Statement showing details of Essential Equipment required and available in PHCs

Name of Districts	Name of PHCs	Required type of Equipment and number of available Equipment					Total (94)
		Requirement for Labour Room (10)	Requirement Laboratory (Reagents) (13)	Laboratory (Glassware and other equipment) (7)	Medical/ Surgical Items (17)	Other Essentials (47)	
Baran	Baldara	0[17]	5	6	8	11	30
	Palaytha	9	13	7	17	36	82
Ajmer	Rawla Ka Badiya	9	10	6	15	33	73
	Kharwa	10	6	7	14	35	72
Jaipur	Karansar	7	5	7	17	31	67
	Hingoniya	8	4	7	14	35	68
Jhunjhunu	Sohali	8	8	7	10	31	64
	Bhasawta Kalan	8	7	7	10	24	56
Jodhpur	Khawaspura	9	10	7	13	36	75
	Artiya Kalan	10	7	6	14	35	72
Udaipur	Palodara	10	5	4	7	38	64
	Jawad	8	5	4	12	28	57
Sriganganagar	Dhanur	10	9	7	12	38	76
	Arayan 32F	10	10	6	14	38	78
Jalore	Bhadurna	9	7	7	15	35	73
	Bichhawari	5	5	6	10	24	50
Total							**1,057**

Source: Information provided by test-checked GMIs.

17 Labour room not available.

Appendix-4.9

(Refer Paragraph 4.5.3(iii))

Statement showing details of non-functional/idle Equipment

S. No.	Name of Facility	Name of equipment lying idle	Quantity	Amount (In Rupees)	Period of non-utilisation	Period of non-utilisation (In days)	Reasons of non-functional/ idle
1.	CHC Masuda (Ajmer)	Dental X-ray machine	1	1,15,245	28.01.2017 to 20.02.2021	1,484	Non-utilisation of machines even after dental doctor posted in CHC
		Dental X-ray chair	1	2,80,568	24.11.2016 to 20.02.2021	1,549	
2.	PHC Kharwa (Ajmer)	Fetal Doppler	2	Not available	18.11.2016 to 17.03.2021	1,580	Non-Utilisation
		Nebulizer	1	1,300	31.12.2018 to 17.03.2021	807	
3.	PHC Karansar	CBC Machine	1	3,74,414	04.06.2019 to 03.02.2021	610	Instructions were not received
4.	Drugs Testing Laboratory, Jaipur	High Performance Liquid Chromatograph (HPLC Gradient)	1	23,10,000	27.02.2015 to 01.11.2021	2,438	Want of repair
		Dissolution Test Apparatus	1	6,91,912	30.08.2019 to 01.11.2021	794	Want of repair
		High Performance Thin Layer Chromatography (HPTLC)	1	18,92,207	17.09.2012 to 01.11.2021	3,331	Want of repair
5.	Principal and Controller, JLN Medical College, Ajmer	HPLC MAKE-Bio-Rad Model-Variant-II. HPCL	1	39,95,250	12.04.2018 to 12.12.2018 and 16.11.2021 to 07.01.2022	245 53	Want of spare parts
6.	PHC Jawad, Udaipur	Autoclave machine	1	-	13.09.2021 to 23.12.2021	102	Received without demand
		Autoclave machine	1	-	08.10.2021 to 23.12.2021	76	Received without demand
		ECG machine	1	11,703.00	10.09.2021 to 23.12.2021	105	Lack of trained staff and E.C.G. Technician
7.	PHC Palodara, Udaipur	Autoclave machine	1	-	21.03.2021 to 29.12.2021	284	Received without demand

S. No.	Name of Facility	Name of equipment lying idle	Quantity	Amount (In Rupees)	Period of non-utilisation	Period of non-utilisation (In days)	Reasons of non-functional/ idle
		Autoclave machine	1	-	21.05.2021 to 29.12.2021	223	Received without demand
		Autoclave machine	1	-	13.09.2021 to 29.12.2021	108	Received Without demand
		ECG machine	1	11,703	17.09.2021 to 29.12.2021	104	Lack of trained staff and E.C.G. Technician
8.	PHC Hingonia, Jaipur	Foot operated suction machine	1	4,984	25.06.2014 to 26.10.2021	2,679	Received Without demand
		ECG machine	1	11,703	13.09.2021 to 26.10.2021	**44**	Lack of trained staff and E.C.G. Technician
9.	CHC Sarada, Udaipur	Anaesthesia Machine	1	98,488	04.03.2010 to 20.12.2021	**4,307**	Received Without demand
	Total		**20**	**97,99,477**		**44 to 4,307 days**	

Source: Information provided by test-checked GMIs.

Appendix-5.1

(Refer Paragraph 5.1(iii))

Statement showing details of sanctioned PHC and Health Sub-Centres and funds released

(A) List of 118 Health Sub Centres and funds released

District	S. No.	Village	*Panchayat samiti*	Yes
1. Ajmer	1	Nimod	Arai	1
	2	Nayki	Kekri	2
	3	Kadha	Kishangarh	3
	4	Dhani Purohitan	Kishangarh	4
	5	Devalia Kalan	Bhinay	5
2. Alwar	6	Bhadoli	Umrain	6
	7	Roodh Seerabas	Umrain	
	8	Maachi	Bansoor	7
	9	Maajra Aheer	Bansoor	8
	10	Kyara	Thanagazi	
	11	Hoodawali Baachhdi	Thanagazi	
	12	Pathradi	Tijara	
	13	Binolia	Tijara	9
	14	Baatkhane	Nimrana	10
	15	Gugdia	Behror	11
	16	Kheda	Kishangarh Bas	12
	17	Jakhopur	Kotkasim	13
3. Baran	18	Chhaturpura	Anta	14
	19	Kotdi	Anta	15
	20	Dhoti	Atru	16
	21	Zirodh	Atru	17
	22	Majhari	Shahbad	18
4. Barmer	23	Rozianada	Baitu	
	24	Bareta	Balotra	
	25	Kalawa	Balotra	19
5. Bharatpur	26	Behrarekhpura	Nadbai	20
	27	Zindpura	Nadbai	21
	28	Burza	Nagar	
	29	Jatwas	Nagar	
6. Bhilwara	30	Sunderpura	Suvana	22
	31	Tokra	Raipur	23
	32	Mevas	Mandal	24
	33	Reh	Mandal	25
7. Chittorgarh	34	Chosla	Begu	26
	35	Jojra ka kheda	Gangrar	27
	36	Manpurajagir	Nimbahera	
8. Pratapgarh	37	Achalpura	Chhotisadri	28
9. Churu	38	Dhani Govindpura	Sujangarh	
10. Dausa	39	Aliapada	Bandikui	29
	40	Gudha Ashif	Bandikui	
	41	Kanwarpura	Dausa	30
	42	Maharajpura	Dausa	31
	43	Bhanwata (Rahuwas)	Lalsot	32
	44	Maharajpura	Lalsot	33
	45	Dharanwas	Sikrai	34
	46	Padli	Sikrai	
11. Dholpur	47	Ajeetpur	Bari	35

	48	Dhanukapura	Bari	36
	49	Lilothi	Rajakhera	37
	50	Khurla	Rajakhera	38
12. Sriganganagar	51	5-E	Sriganganagar	39
	52	17 ML	Sriganganagar	40
	53	10-H	Srikaranpur	
	54	81-LNP	Srikaranpur	
	55	9 Z	Sadulsahar	
	56	Dhigtania	Sadulsahar	41
13. Hanumangarh	57	68 LLW	Hanumangarh	
	58	Malasar	Rawatsar	42
14. Jaipur	59	Jagannathpura	Sanganer	
	60	Badi ka Bas	Sanganer	
	61	Jharna	Dudu	
	62	Harsundarpura	Phagi	
	63	Gopalgarh	Jamwaramgarh	
	64	Kushalpura	Jamwaramgarh	
	65	Tiggaria	Chaksu	
	66	Thala	Chaksu	43
	67	Kishanpura	Bassi	
	68	Uggavas	Bassi	
	69	Kohada	Viratnagar	
15. Jhunjhunu	70	Bas nanak	Jhunjhunu	
	71	Rajeev Nagar	Jhunjhunu	44
	72	Tihada (Rajota)	Khetri	45
	73	Sankhda	Khetri	46
	74	Rayala (Jerli)	Surajgarh	
	75	Brijlalpura (Nadi)	Chidawa	
	76	Heeramal ji ki Dhani	Udaipurwati	
	77	Badwala Heeramal ji ki Dhani	Udaipurwati	
	78	Dhilana Johad (Parasrampura)	Nawalgarh	
	79	Kolali (Mandawar)	Jhunjhunu	
	80	Jawaharpura (Alsisar)	Alsisar	
16. Jodhpur	81	Biram Devgarh	Dechu	47
	82	Deepawatnagar (Fatehsagar)	Lohawat	48
	83	Shri Ramnagar	Osian	49
17. Karauli	84	Emratapura (Ond)	Sapotara	50
	85	Bared (Pancholi)	Mandrayal	51
18. Kota	86	Nimoda Ujjad	Sultanpur	52
	87	Baijpur	Etawa	53
	88	Bhoran	Sultanpur	
	89	Bhulaheda	Sangod	54
19. Nagaur	90	Aasota	Ladnu	55
	91	Gunpalia	Ladnu	
20. Pali	92	Hemliyawas	Marwar Junction	56
21. Rajsamand	93	Thakur ka Badiya	Bhim	57
	94	Delra	Devgarh	58
	95	Dingela	Khamnor	59
	96	Bhamakhera	Railmagara	60
22. Sawai Madhopur	97	Nawajipura	Gangapur City	
	98	Khidarpura	Gangapur City	61
	99	Badagaon Kahar	Sawai Madhopur	62
	100	Shyamoli	Sawai Madhopur	
	101	Jinapur	Sawai Madhopur	63
	102	Haloda	Khandar	64

23. Sikar	103	Hodsar	Fatehpur	
	104	Fadanpura	Fatehpur	
	105	Bhagatsingh Nagar	Khandela	
	106	Girdhari Singh ka Bas	Khandela	
	107	Manasi	Laxmangarh	65
	108	Bhojasar Chhota	Laxmangarh	66
	109	Jagatsingh Nagar	Neem ka Thana	
	110	Doonga ki Nangal	Neem ka Thana	67
	111	Balyavas (Karad)	Dantaramgarh	68
	112	Nada (Khora)	Dantaramgarh	
24. Tonk	113	Chandvar	Tonk	69
	114	Rijoda	Tonk	
	115	Ameenpura	Tonk	70
	116	Jekmabad	Todaraisingh	71
	117	Kerod	Niwai	72
	118	Anwarpura kheda	Niwai	73

Source: Information provided by Director, Public Health, DMH&FW, GoR.

(B) List of 37 Public Health Centres (PHCs) sanctioned and funds released

District	S. No.	Village	*Panchayat samiti*	Yes
1. Ajmer	1	Salari	Kekri	1
	2	Manoharpura	Kishangarh	2
	3	Gegal	Srinagar	3
2. Alwar	4	Roniza Than	Kathomar	4
	5	Bathkhani	Mundawar	
3. Baran	6	Sahrod	Atru	
4. Churu	7	Manot city	Bidasar	5
	8	Hamusar	Sardarsahar	6
5. Bharatpur	9	Jhala tala	Wair	
	10	Abhora	Kumher	
	11	Sahsan	Kaman	
6. Bhilwara	12	Aatun	Suwana	7
7. Chittorgarh	13	Devada	Gangrar	8
	14	Segasera	Badi sadri	9
	15	Devagmata	Nimbahera	
8. Hanumangarh	16	Lalana dikhnada baas	Nohar	10
9. Jaipur	17	Rojada	Jalsu	11
	18	Thikaria	Sanganer	12
	19	Langariawas	Jamwaramgarh	
	20	Ramnagar	Chaksu	
	21	Pilya	Bassi	13
	22	Hathnoda	Sahapura	14
10. Jhunjhunu	23	Sarai	Udaipurwati	
	24	Gorir	Khetri	15
	25	Pratappura	Jhunjhunu	16
	26	Devipura bani	Nawalgarh	17
11. Jodhpur	27	Mandala Kallan	Dechu	
12. Karauli	28	Padampura	Todabhim	18
13. Kota	29	Devali Manji	Sangod	19
14. Pali	30	Goodha Ramsingh	Marwar Junction	20
15. Rajsamand	31	Dhayla	Khamnor	21
16. Sawai Madhopur	32	Uliyana	Sawai Madhopur	22
17. Sikar	33	Sigrawat	Dhod	23
	34	Neem ka Thana Chhavani	Neem ka Thana	24
18. Tonk	35	Devali Gaon	Devli	25
	36	Srirampura	Niwai	26
19. Udaipur	37	Patia	Udaipur Gramin	

Source: Information provided by Director, Public Health, DMH&FW, GoR.

Appendix-5.2

(Refer Paragraph 5.2(i))

Status of availability of beds against norms in District Hospitals in the State

S. No.	Name of districts	Population[18] in July 2021 (in lakh)	Required Beds[19] for DHs	Sanctioned Beds for DHs	Shortfall (-)/ Excess	Shortfall (-)/ Excess *of Beds (in Per cent)*
1	Ajmer	31.09	414	750	336	81.16
2	Alwar	44.22	589	332	(-)257	(-)43.63
3	Banswara	21.68	289	350	61	21.11
4	Baran	14.73	196	300	104	53.06
5	Barmer	31.44	419	150	(-)269	(-)64.20
6	Bhilwara	29.00	386	150	(-)236	(-)61.14
7	Bikaner	28.53	380	150	(-)230	(-)60.53
8	Bundi	13.38	178	300	122	68.54
9	Chittorgarh	18.56	247	300	53	21.46
10	Dausa	19.72	263	250	(-)13	(-)4.94
11	Dholpur	14.54	194	300	106	54.64
12	Dungarpur	16.74	223	150	(-)73	(-)32.74
13	Hanumangarh	21.40	285	200	(-)85	(-)29.82
14	Jaipur	80.34	1,070	250	(-)820	(-)76.64
15	Jaisalmer	8.11	108	200	92	85.19
16	Jalore	22.06	294	150	(-)144	(-)48.98
17	Jhunjhunu	25.68	342	250	(-)92	(-)26.90
18	Jodhpur	44.44	592	300	(-)292	(-)49.32
19	Karauli	17.55	234	475	241	102.99
20	Nagaur	39.81	530	300	(-)230	(-)43.40
21	Pratapgarh	10.46	139	300	161	115.83
22	Rajsamand	13.93	186	150	(-)36	(-)19.35
23	Sawai Madhopur	16.10	214	600	386	180.37
24	Sikar	32.19	429	150	(-)279	(-)65.03
25	Sirohi	12.49	166	350	184	110.84
26	Sriganganagar	23.63	315	350	35	11.11
27	Tonk	17.09	228	275	47	20.61
28	Udaipur	36.95	492	150	(-)342	(-)69.51

Source: Progress Report of Medical Health and NHM Rajasthan for 2021-22 by DMH&FW, GoR and Directorate of Economics and Statistics, GoR and information provided by GMIs.

18 Population in 2021 according to Statistical Yearbook 2021 of Directorate of Economics & Statistics, Department of Planning, Rajasthan which is the latest version available.

19 As per IPHS, Requirement of Beds is calculated by taking BOR of 100 *per cent*, average ALoS as evaluated 2.4304 days calculated for DH and one patient per 50 people. For calculation of average ALoS data of DH Udaipur and DH Sirohi (for year 2017 and 2018) not considered as information not provided/available with concerned DHs.

Appendix-5.3

(Refer Paragraph 5.2(ii))

Statement showing details of availability of beds in test-checked PHCs and CHCs as of March 2022

	S. No.	Name of PHCs	Minimum beds required as per norms	Number of beds available
PHCs	1	PHC Palayatha, Baran	4 - 6	6
	2	PHC Baldara, Baran	4 - 6	1
	3	PHC Bichhawari, Jalore	4 - 6	4
	4	PHC Bhadaruna, Jalore	4 - 6	6
	5	PHC Khawaspura, Jodhpur	4 - 6	6
	6	PHC Artia Kalan, Jodhpur	4 - 6	6
	7	PHC Bhasawata Kalan, Jhunjhunu	4 - 6	1
	8	PHC Sohali, Jhunjhunu	4 - 6	4
	9	PHC Dhanur, Sriganganagar	4 - 6	6
	10	PHC Arayan 32 F, Sriganganagar	4 - 6	6
	11	PHC Jawad, Udaipur	4 - 6	6
	12	PHC Palodara, Udaipur	4 - 6	6
	13	PHC Rawla ka Badiya, Ajmer	4 - 6	6
	14	PHC Kharwa, Ajmer	4 - 6	10
	15	PHC Hingonia, Jaipur	4 - 6	6
	16	PHC Karansar, Jaipur	4 - 6	6
	S. No.	**Name of CHCs**	**Minimum beds required as per norms**	**Number of beds available**
CHCs	1	CHC Masuda, Ajmer	30	32
	2	CHC Jobner, Jaipur	30	6
	3	CHC Anta, Baran	30	50
	4	CHC Sanchore, Jalore	30	30
	5	CHC Singhana, Jhunjhunu	30	26
	6	CHC Asop, Jodhpur	30	21
	7	CHC Srikaranpur, Sriganganagar	30	50
	8	CHC Sarada, Udaipur	30	20

Source: Information provided by test-checked eight CHCs and 16 PHCs.

Appendix-5.4

(Refer Paragraph 5.2(iii))

Statement showing lack of availability of required infrastructure within healthcare facilities

Name of districts	Number of Healthcare Facilities	Building not available as per norms (in *per cent*)	Building in want of repair or shabby (in *per cent*)	Facilities run in other buildings (in *per cent*)	Facilities without electricity connection (in *per cent*)	Facilities without water connection (in *per cent*)	Common toilet for men & women (in *per cent*)
Sriganganagar	515	76	129	66	0	0	163
Jhunjhunu	887	241	53	40	13	2	78
Baran	332	107	48	103	65	12	267
Jalore	490	49	103	32	42	47	381
Jodhpur	782	223	166	194	252	300	578
Jaipur	368	55	97	63	81	68	140
Udaipur	780	154	234	112	268	345	428
Ajmer	486	116	122	113	91	248	276
Total	**4,640**	**1,021 (22)**	**952 (21)**	**723 (16)**	**812 (17)**	**1,022 (22)**	**2,311(50)**

Source: Information provided by eight test-checked Chief Medical and Health Officers.

Appendix-5.5

(Refer Paragraph 5.2(iv)(a))

Status showing non availability of OTs and facilities in OTs in test-checked Government Medical Institutions

Name of OT	Non Availability OTs and facilities in test-checked GMIs			Total number
	DHs	SDHs/SHs	CHCs	
Elective OT/OT*	Available in all DHs	Salawas	Asop, Jobner, Sanchore, Sarada, Singhana and Masuda	7 GMIs
Emergency OT/ Family Welfare OT	Available in all DHs	Salawas, Sanganer and Vallabhnagar	Not Applicable	3 GMIs
Ophthalmology/ ENT OT	Phalodi and Salumber	Not Applicable	Not Applicable	2 GMIs
Preparation Room, Pre-operative Room and Post Operative Resting Rooms	Kishangarh and Baran	Available in all SDHs/SHs	Asop, Jobner, Sarada, Singhana and Masuda	7 GMIs

Source: Information provided by eight DHs, four SDHs and eight CHCs.

Appendix-6.1 (i)

(Refer Paragraph 6.4.1)

Statement of advance to RMSCL, refunded fully without utilisation as of 31 March 2022

S. No.	Drugs/Equipment	Activity	Advance given date	Advance given Amount	Total Expenditure 2016-17 to 2021-22	Refund Date	Refund	Period in months after which the amount was refunded fully without utilisation
1	Drugs	Calciu, Albendz.Tab.PW Durg. ANC PNC16.2.1.3.1. Adv	01-Aug-16	7,40,92,500	-	05-Feb-18	7,40,92,500	18
2	Drugs	Drugs Treat. of Hypothyroidism 16.2.1.3.4 adv	01-Aug-16	9,00,000	-	24-Jul-18	9,00,000	24
3	Drugs	Proc. Post Exposure Prophylaxin Drugs B 16.2.1.7 Adv	01-Aug-16	5,40,000	-	24-Jul-18	5,40,000	24
4	Drugs	Disposable Maternity Kit (Home Dly) B16.1.1.3.1 Adv	01-Aug-16	7,50,000	-	05-Feb-18	7,50,000	18
5	Equipment	Proc. Equip. 16 SNCU CH AC 2 Ton NHM B 16.1.2.3 Adv	09-Feb-17	20,00,000	-	05-Feb-18	20,00,000	12
6	Equipment	Proc. Adult Weighing Machine B- 16.1.1.3.5 Adv	10-Feb-17	1,67,750	-	14-Jul-17	1,67,750	5
7	Equipment	Proc. New Born Weighing Machine B- 16.1.1.3.6 Adv	10-Feb-17	9,07,500	-	14-Jul-17	9,07,500	5
8	Equipment	Proc. No. of Radiant Warmer B- 16.1.1.3.8 Adv	10-Feb-17	4,95,000	-	14-Jul-17	4,95,000	5
9	Equipment	Proc. No. Sterlizer/ Autoclave B- 16.1.1.3.10 Adv	10-Feb-17	2,63,500	-	14-Jul-17	2,63,500	5
10	Drugs	Proc. Tab Misoprostol Prev.PPH Ho.Dly 16.2.1.3.7 Adv	27-Mar-17	94,000	-	05-Feb-18	94,000	10
11	Drugs	Disposable Maternity Kit (Home Dly) B16.1.1.3.1 Adv	27-Mar-17	2,50,000	-	05-Feb-18	2,50,000	10
12	Drugs	Proc. IFA Syrups NHM B 16.2.6.1.A adv	27-Mar-17	3,18,18,000	-	11-Dec-17	3,18,18,000	8
13	Drugs	Proc. IFA Tablets NHN Add, B 16.2.6.2.A Adv	27-Mar-17	40,01,000	-	11-Dec-17	40,01,000	8
14	Drugs	Proc. WIFS IFA Tab Adolescent Girls B.16.2.6.3 A Adv	27-Mar-17	2,58,75,000	-	11-Dec-17	2,58,75,000	8
15	Drugs	Proc. RPR/RTI/STI Drug Consumable Kit B 16.2.1.1 Adv	25-Jul-17	22,00,000	-	24-Jul-18	22,00,000	12
16	Equipment	Free Diagnostic (Pathological/Radiological) B 16.3.1-2. Adv	28-Jul-17	10,00,00,000	-	23-Mar-18	10,00,00,000	7
17	Drugs	Vitamin A Syrup 9 Mth 5 Yr. Child NHM 16.2.2.2-3 Adv	17-Jan-18	35,00,000	-	01-Oct-18	35,00,000	8
18	Drugs	Vitamin A Syrup 9 Mth 5 Yr. Child NHM 16.2.2.2-3 Adv	09-Mar-18	25,00,000	-	01-Oct-18	25,00,000	6
			Total	**25,03,54,250**			**25,03,54,250**	

Source: Information provided by MD, NHM.

Annexure-6.1 (ii)

(Refer Paragraph 6.4.1)

Statement showing advances to RMSCL remaining unspent as of 31 March 2022

S. No.	Drugs/Equipment	Activity	Date of advance	Advance given Amount	Total Expenditure 2016-17 to 2021-22	Refund	Unspent Balance	Period in months for which the amount remains unspent since Advance given date to March 2022
1	Equipment	NAT Testing Facility SMS Medical Hospital B 14.12 Adv	18-Jul-16	3,00,00,000	-		3,00,00,000	**68**
2	Equipment	Safe Dly.Kits HIV Syphilis Other B 16.2.1.6 Adv	01-Aug-16	24,00,000	-		24,00,000	67
3	Equipment	Proc. of Sharp Bin NHM Adv. B 16.1.4.4	16-Aug-16	35,16,750	35,15,558		1,192	67
4	Equipment	Diagnostics JSSK-MH RCH A1.6.2 adv	08-Sep-16	1,00,00,000	99,99,528	-	472	66
5	Equipment	Proc. Equip. PPIUCD Forcep B 16.1.3.5 NHM Add. Adv	28-Sep-16	15,00,000	14,99,721		279	66
6	Equipment	Training Dist. for 7 Level Training B 25.2.1.A Adv	19-Oct-16	86,07,000	-		86,07,000	65
7	Equipment	Tele Radiology Activity NHM B 14.5 adv	15-Dec-16	2,49,00,000	2,37,47,640		11,52,360	63
8	Equipment	Other Trg Dakshta Improve Intra State A 9.11.3.4. Adv	26-Dec-16	28,05,000	19,74,966		8,30,034	63
9	Equipment	Compre. Primary Health Care Improve Prog. B14.8.5.3	30-Dec-16	5,00,00,000	3,63,18,450		1,36,81,550	63
10	Equipment	Ambu Bag Sets NHM Add. B 16.1.1.3.9 adv	10-Feb-17	2,74,500	2,74,024		476	61
11	Equipment	Pulse Oxymeter MMU NHM Adv. B 16.1.1.3.14	10-Feb-17	13,70,000	13,36,035		33,965	61
12	Equipment	C Section Instrument Sets NHM Adv. B 16.1.1.3.16	10-Feb-17	34,750	28,602		6,148	61
13	Equipment	Repair of Laparoscope RCH II A 3.4 adv	22-Feb-17	42,25,000	-		42,25,000	61
14	Equipment	Equip. Establish Skill Lab MCH wing B.16.1.1.3.1.19	06-Mar-17	1,77,000	-		1,77,000	60
15	Equipment	Diagnostics JSSK-MH RCH A1.6.2 adv	27-Mar-17	1,00,00,000	43,61,982		56,38,018	60
16	Equipment	Proc. odium Hyprocholoride Sol NHM Adv. B 16.2.4.2	27-Mar-17	3,03,000	1,37,027		1,65,973	60
17	Equipment	Training Dist. for 7 Level Training B 25.2.1.A Adv	27-Mar-17	28,69,000	-		28,69,000	60
18	Equipment	Equip. Establish Skill Lab MCH Wing B 16.1.1.3.19 Adv	30-Mar-17	4,23,00,000	-	15,62,189	4,07,37,811	60
19	Equipment	Proc. MVA/EVA Syringe Safe Abortion B.16.1.1.2 Adv	31-Mar-17	19,50,000	17,99,033	1,50,000	967	60
20	Equipment	Equipments for Blood Banks/BSU NHM B 16.1.1.1. Adv	31-Mar-17	66,94,000	66,93,750		250	60
21	Equipment	Plastic Cutting Scissors MMU NHM Adv. B 16.1.4.3	31-Mar-17	7,92,000	7,91,728		272	60

S. No.	Drugs/Equipment	Activity	Date of advance	Advance given Amount	Total Expenditure 2016-17 to 2021-22	Refund	Unspent Balance	Period in months for which the amount remains unspent since Advance given date to March 2022
22	Equipment	Proc. of Sharp Bin NHM Adv. B 16.1.4.4	31-Mar-17	11,72,000	-		11,72,000	60
23	Equipment	Proc. odium Hyprocholoride Sol NHM Adv. B 16.2.4.2	31-Mar-17	3,03,000	-		3,03,000	60
24	Equipment	Other Trg Dakshta Improve Intra State A 9.11.3.4. Adv	31-Mar-17	9,35,000	-		9,35,000	60
25	Equipment	MCH Wings Equip (Add.Requ From Prev) B.4.1.5.1-2	31-Mar-17	63,99,278	53,15,415		10,83,863	60
26	Equipment	Nat. Mobile Medical Unit NHM B.11.1.2-11.2.2 Adv	31-Mar-17	30,000	-		30,000	60
27	Equipment	Equipments for Blood Banks/BSU NHM B 16.1.1.1. Adv	19-Jun-17	15,00,000	-		15,00,000	57
28	Equipment	Diagnostics JSSK-MH RCH A1.6.1-2 Advance	21-Jul-17	2,00,00,000	-		2,00,00,000	56
29	Equipment	Strengthening of DDW & DDCs NRHM Add. B 14.6 Adv	21-Jul-17	13,14,79,000	8,45,36,129	**4,69,26,931**	15,940	56
30	Equipment	Proc. 15 Ltr. Bio Medical Waste Bags B 16.2.4.2 Adv	25-Jul-17	1,78,29,000	-		1,78,29,000	56
31	Equipment	Proc. Sodium Hyprochloride Sol NRHM Adv. B 16.2.4.2-3	25-Jul-17	12,23,000	10,56,609	22	1,66,369	56
32	Equipment	Proc. MVA/EVA Syringe Safe Abortion B.16.1.1.2 Adv	25-Jul-17	18,00,000	-		18,00,000	56
33	Equipment	Proc. of Sharp Bin NRHM Adv. B 16.1.4.4	25-Jul-17	47,30,000	-		47,30,000	56
34	Equipment	Proc. Biodegradable 25 Ltr. Bags NHM B.16.2.4.1 Adv	25-Jul-17	3,00,64,000	-		3,00,64,000	56
35	Equipment	Equipments for FRU Operation Theatre 16.1.1.3.3 Adv	26-Jul-17	9,79,56,000	9,44,48,072		35,07,928	56
36	Equipment	Proc. of Equip./ Air Cond Labor Room B-16.1.1.3.2 Adv	26-Jul-17	15,50,000	10,26,936		5,23,064	56
37	Equipment	Procurement of Glucometer Lancets B 16.2.11.8.D Adv	24-Aug-17	2,97,00,000.00	1,98,05,204		98,94,795.80	55
38	Equipment	Proc. Equip. FP Laproscope B 16.1.3.4 NRHM Add.Adv	07-Sep-17	2,45,00,000	2,37,63,000		7,37,000	54
39	Equipment	Equipments for FRU Operation Theatre 16.1.1.3.3 Adv	23-Oct-17	21,00,000	-		21,00,000	53
40	Equipment	Bio Medical Waste Bins 15 Ltr. B 16.1.4.2 Advance	23-Oct-17	1,50,63,000	-		1,50,63,000	53
41	Equipment	B.29.1.3 (Laboratory Diagnostic NPPCF.B 29.1.3 Adv)	14-Dec-17	18,00,000	-		18,00,000	51
42	Equipment	Red/ Black Plastic Bags C.1.N Advance	05-Feb-18	17,68,000	17,67,548		452	49
43	Equipment	Equip. Establish Skill Lab MCH Wing B 16.1.1.3.19 Adv	07-Mar-18	1,05,00,000	-		1,05,00,000	48
44	Equipment	Procurement of Glucometer Lancets B 16.2.11.8.D Adv	21-Mar-18	1,00,00,000	-		1,00,00,000	48
45	Equipment	Equipment Maintenance B 16.1.1.3.1. Advance	31-May-18	5,00,00,000	1,84,85,979		3,15,14,021	46
46	Drugs	Other Free Drug Services NHM B 16.2.5.2. Advance	06-Jun-18	3,00,00,000	-		3,00,00,000	45
47	Equipment	Office Equip. Furniture Other Equip. Prog. Mang. Adv	07-Jun-18	6,18,905	-		6,18,905	45

S. No.	Drugs/Equipment	Activity	Date of advance	Advance given Amount	Total Expenditure 2016-17 to 2021-22	Refund	Unspent Balance	Period in months for which the amount remains unspent since Advance given date to March 2022
48	Drugs	RMSC Ltd. NRHM Flexipool Advance	05-Nov-19	2,24,81,00,000	2,18,46,00,000		6,35,00,000	28
49	Drugs	Covid-19 HSS Advances	27-May-20	1,25,52,21,000	1,04,93,63,707	**10,00,00,000**	10,58,57,293	22
50	Drugs	Covid-19 HSS Advances	08-Jun-20	17,09,55,000	-		17,09,55,000	21
51	Drugs	Covid-19 HSS Advances	11-Jun-20	70,23,000	-		70,23,000	21
52	Drugs	Covid-19 HSS Advances	16-Sep-20	5,37,98,000	-		5,37,98,000	18
53	Drugs	Covid-19 HSS Advances	28-Sep-20	52,92,000	-		52,92,000	18
54	Drugs	Covid-19 HSS Advances	16-Oct-20	**6,29,30,000**	3,65,98,947		2,63,31,053	17
55	Drugs	Covid-19 HSS Advances	18-Jan-21	1,60,00,000	-		1,60,00,000	14
56	Drugs	Covid-19 HSS Advances	23-Mar-21	1,00,00,000	-		1,00,00,000	12
57	Drugs	RMSC Ltd. NRHM Flexi pool Advance	23-Mar-21	1,00,00,00,000	-		1,00,00,00,000	12
58	Drugs	RMSC Ltd. NRHM Flexi pool Advance	31-Mar-21	1,50,00,00,000	98,23,29,322		51,76,70,678	12
59	Drugs	Covid-19 HSS Advances	12-Apr-21	30,00,00,000	**17,85,00,000**		12,15,00,000	11
60	Drugs	Covid-19 HSS Advances	15-Apr-21	3,86,00,000	-		3,86,00,000	11
61	Drugs	Covid-19 HSS Advances	07-Jun-21	1,00,00,000	-		1,00,00,000	9
62	Drugs	Covid-19 HSS Advances	07-Jun-21	76,95,00,000	-		76,95,00,000	9
63	Drugs	Covid-19 HSS Advances	16-Aug-21	30,48,44,000	17,63,80,000		12,84,64,000	7
64	Drugs	Covid-19 HSS Advances	16-Aug-21	1,91,22,71,000	1,75,94,68,816		15,28,02,184	7
65	Drugs	Covid-19 HSS B.31 Advance	15-Nov-21	49,89,63,000	-		49,89,63,000	**4**

Source: Information provided by MD, NHM.

Appendix-7.1

(Refer Paragraph 7.3.1(iii))

Statement showing details of Expenditure against Approved Budgets in Schemes

(₹ in crore)

Budget Head	Approved Budget as per Project Implementation Plan during 2016-22	Expenditure incurred during 2016-22	Utilisation in *per cent*
At State level			
Rashtriya Kishore Swasthya Karykram	60.13	16.94	28.17
Pre-Conception and Pre-Natal Diagnostic Techniques	13.73	5.04	36.71
Training head under RCH	264.20	113.65	43.02

Source: Information provided by Managing Director, NHM Rajasthan.

Appendix-7.2

(Refer Paragraph 7.4.1)

Statement showing the delay in issue of equipment

S. No.	Equipment Name	Quantity	Price	Receiving date	Department	Issue Date	Guarantee/ Warranty	Installation date	Time between issue and receipt (in days)
1	General Surgery Instrument set	1 set	₹ 22,71,557	04 August 2018	Urology	06 April 2020	5 year	25 April 2020	611
2	Bone Mineral Densitometer	1	₹ 32,78,974	24 August 2018	Endocrinology	07 January 2019	5 year	17 February 2021	136
3	Mobile X-ray machine	2	₹ 5,52,120	25 August 2018	Radio diagnosis	20 March 2020	5 year	21 March 2020	573
4	Peripheral nerve stimulator	1	₹ 4,43,520	17 September 2018	Anesthesia	08 April 2020	5 year	30 June 2020	569
5	Bi-plane DSA	1	USD 682000	27 September 2018	Neurology	28 December 2018	5 year	12 September 2019	92
6	Ventilator portable`	2	₹ 9,58,220	01 October 2018	Anasthesia	02 September 2020	5 year	15 March 2021	702
7	Ventilator high end	14	₹1,72,89,991.04	08 October 2018	Anesthesia	23 March 2020	5 year	07 April 2020	532
8	Mobile C-arm image intensifier	1	₹ 18,14,400	11 October 2018	Urology	30 April 2020	5 year	09 October 2020	567
9	Neurosurgical Operating microscope	1	EURO 116500	11 October 2018	Neurosurgery	15 September 2020	5 year	16 September 2020	705
10	Pulse Oximeter	4	₹ 2,90,604	20 August 2018	Anesthesia	06 April 2020	5 year	05 May 2020	595
11	Ultrasonic Cutting and coagulation device	1	₹ 11,14,198	12 December 2018	Urology	21 December 2020	5 year	29 December 2020	740
12	Turp cytoscope resectoscope	1	USD 18021	19 December 2018	Urology	01 September 2020	5 year	30 January 2021	622
13	Electro Cautery Unit	6	₹ 10,32,696	19 December 2018	Neurosurgery/ Urology	06 April 2020	5 year	07 December 2020	474

S. No.	Equipment Name	Quantity	Price	Receiving date	Department	Issue Date	Guarantee/ Warranty	Installation date	Time between issue and receipt (in days)
14	Electro Cautery unit with vessel sealing	2	₹ 7,22,232	19 December 2018	Gaestrology/ Urology	06 April 2020	5 year	07 December 2020	474
15	Anesthesia machine	6	USD 179400	29 December 2018	Neurosurgery/ Anesthesia/ Urology	06 April 2020	5 year	14 January 2021	464
16	High end monitor for ICU with CNS	26+2	USD 136318.20 + ₹ 7,32,604	16 January 2019	Anesthesia	22 March 2020	5 year	28 March 2020	431
17	Defibrillator with ECG	8	USD 24463	16 January 2019	Anesthesia	22 March 2020	5 year	28 March 2020	431
18	Blood And Fluid Warmer	2	₹ 2,17,280	23 January 2019	Neurosurgery/ Urology	06 April 2020	5 year	05 March 2021	439
19	Blood Gas Analyzer	4	₹ 26,52,640	25 January 2019	Anesthesia	13 October 2020	5 year	13 October 2020	627
20	Pulse Oximeter	4	₹ 3,01,844	18 February 2019	Anesthesia	21 March 2020	5 year	21 March 2020	397
21	Laproscopy Set	1	₹ 65,33,559	04 April 2019	Gaestrology	19 January 2021	5 year	01 February 2021	656
22	Cytoscope Resectoscope	1	₹ 3,53,815	20 April 2019	Urology	01 September 2020	5 year	03 September 2020	500
23	Uretero Renoscope Pead	1	₹ 4,30,652	02 May 2019	Urology	01 September 2020	5 year	03 September 2020	488
24	Multipurpose OT Table	3 NOS	₹ 44,78,100	04 May 2019	Urology Neurosurgery Gaestroentrology	06 April 2020	5 year	20 April 2020	338

S. No.	Equipment Name	Quantity	Price	Receiving date	Department	Issue Date	Guarantee/ Warranty	Installation date	Time between issue and receipt (in days)
25	Uretero Renoscope Adult	1	₹ 6,46,467	14 May 2019	Neurology	01 September 2020	5 year	29 December 2020	476
26	Mobile C-Arm Image Intensifier	1	₹ 22,33,020	09 June 2019	Gaestrology	09 October 2020	5 year	09 October 2020	488
27	Uroflowmetry	1	EURO 11431	24 July 2019	Urology	25 June 2020	5 year	26 June 2020	337
28	General Surgery Instrument	1 SET	₹ 13,70,244	08 August 2019	Gi Surgery	06 April 2020	5 year	25 April 2020	242
29	Fibro Scan Machine	1	EURO 157060	11 September 2019	Gaestrology	01 September 2020	5 year	03 September 2020	356
30	Syringe Infusion Pump + Docking Station	62+15	₹ 15,54,230	08 November 2019	Anesthesia	29 March 2020	5 year	05 October 2020	142
				08 November 2019		29 March 2020		14 September 2020	142
31	Insulin Pump with Integrated Cgms	1	₹ 55,52,480.32	21 January 2020	Endocrinology	09 November 2020	5 year	26 February 2021	293
32	Pneumatic Torniquet System	1	₹ 3,85,528	27 January 2020	Plastic Surgery	14 October 2020	5 year	14 October 2020	261
33	Endoscopic Ultrasound	1	₹ 90,47,741	11 February 2020	Gaestrology	02 September 2020	5 year	05 September 2020	204
34	C-Arm Allengers Hf-59	1	₹ 17,40,000	17 February 2020	Neurosurgery	08 October 2020	5 year	13 October 2020	234
35	Cranial Surgery Set	1	₹ 9,05,374	18 February 2020	Neurosurgery	06 April 2020	5 year	25 April 2020	48
36	Patient Warming System	2	₹ 1,50,024	19 February 2020	Neurosurgery/Urology	08 April 2020	5 year	30 July 2020	49
37	Suction Machine	8	₹ 9,64,000	27 February 2020	SSB OT 5th Floor	06 April 2020	5 year	20 April 2020	39

S. No.	Equipment Name	Quantity	Price	Receiving date	Department	Issue Date	Guarantee/ Warranty	Installation date	Time between issue and receipt (in days)
38	Endo Nasal Skull Base Endoscope	1	Not mentioned	03 March 2020	Neurosurgery	09 December 2020	5 year	12 February 2021	281
39	Defibrillator With ECG Monitor	2	USD 6358	03 March 2020	Anesthesia Dept/Urology	08 April 2020	5 year	24 September 2020	36
40	Transcranial Doppler	1	USD 12850 ₹ 99,552	10 June 2020	Neurology	12 October 2020	5 year	12 October 2020	124
41	Transventricular Endoscope	1	EURO 10250	10 June 2020	Neurosurgery	26 November 2020	5 year	12 February 2021	169
42	Low Temperature Sterilizer	1	USD 32400	13 June 2020	Neurosurgery	29 September 2020	5 year	14 October 2020	108
43	Endoscopic Hd Camera System	1	EURO 23165	09 August 2020	Neurosurgery	09 December 2020	5 year	12 February 2021	122
44	Operating Microscope	1	EURO 39625+ ₹ 7,29,200	30 September 2020	Plastic Surgery	28 January 2021	5 year	02 March 2021	120
45	Hand Held Doppler	1 NOS	₹ 1,24,320	25 February 2020	Plastic Surgery	15 January 2021	5 year	03 February 2021	325
46	Hand Held Doppler	1 NOS	₹ 1,24,320	25 February 2021	Plastic Surgery	11 June 2021	5 year	16 June 2021	106
47	Ph Meter	1 NOS	₹ 56,640	29 April 2021	Endocrinology	11 June 2021	5 year	25 October 2021	43
		Total	**₹ 7,11,52,146.36 + USD 1091810.20 + EURO 358031.00**						

Source: Information provided by RNT Medical College, Udaipur.

Appendix-7.3

(Refer Paragraph 7.4.1)

Statement showing status of delay in installation of equipment

S. No.	Equipment Name	Quantity	Price	Receiving date	Department	Issue Date	Guarantee/ Warranty	Installation date	Difference of days between issue and received	Difference of days between installation and issue
1	Bone Mineral Densitometer	1	₹ 32,78,974	24 August 2018	Endocrinology	07 January 2019	5 Year	17 February 2021	136	772
2	Peripheral Nerve Stimulator	1	₹ 4,43,520	17 September 2018	Anesthesia	08 April 2020	5 Year	30 June 2020	569	83
3	Bi-Plane DSA	1	USD 682000	27 September 2018	Neurology	28 December 2018	5 Year	12 September 2019	92	258
4	Ventilator Portable`	2	₹ 9,58,220	01 October 2018	Anesthesia /Urology/ Plastic surgery	02 September 2020	5 Year	15 March 2021	702	194
5	Mobile C-Arm Image Intensifier	1	₹ 18,14,400	11 October 2018	Urology	30 April 2020	5 Year	09 October 2020	567	162
6	Turp Cytoscope Resectoscope	1	USD 18021	19 December 2018	Urology	01 September 2020	5 Year	30 January 2021	622	151
7	Electro Cautery Unit	6	₹ 10,32,696	19 December 2018	Neurosurgery /Urology	06 April 2020	5 Year	07 December 2020	474	245
8	Electro Cautery Unit With Vessel Sealing	2	₹ 7,22,232	19 December 2018	Gaestrology/ Urology	06 April 2020	5 Year	07 December 2020	474	245

S. No.	Equipment Name	Quantity	Price	Receiving date	Department	Issue Date	Guarantee/ Warranty	Installation date	Difference of days between issue and received	Difference of days between installation and issue
9	Anaesthesia Machine	6	USD 179400	29 December 2018	Neurosurgery /Anesthesia / Urology	06 April 2020	5 Year	14 January 2021	464	283
10	Blood And Fluid Warmer	2	₹ 2,17,280	23 January 2019	Neurosurgery /Urology	06 April 2020	5 Year	05 March 2021	439	333
11	Uretero Renoscope Adult	1	₹ 6,46,467	14 May 2019	Neurology	01 September 2020	5 Year	29 December 2020	476	119
12	Syringe Infusion Pump + Docking Station	62+15	₹ 15,54,230	08 November 2019	Anesthesia	29 March 2020	5 Year	05 October 2020	142	190
				08 November 2019		29 March 2020		14 September 2020	142	169
13	Insulin Pump With Integrated Cgms	1	₹55,52,480.32	21 January 2020	Endocrinology	09 November 2020	5 Year	26 February 2021	293	109
14	Patient Warming System	2	₹ 1,50,024	19 February 2020	Neurosurgery /Urology	08 April 2020	5 Year	30 July 2020	49	113
15	Endo Nasal Skull Base Endoscope	1	Not mentioned	03 March 2020	Neurosurgery / Urology	09 December 2020	5 Year	12 February 2021	281	65
16	Defibrillator With ECG Monitor	2	USD 6358	03 March 2020	Anesthesia /Urology	08 April 2020	5 Year	24 September 2020	36	169
17	Transventricular Endoscope	1	EURO 10250	10 June 2020	Neurosurgery	26 November 2020	5 Year	12 February 2021	169	78
18	Endoscopic Hd Camera System	1	EURO 23165	09 August 2020	Neurosurgery	09 December 2020	5 Year	12 February 2021	122	65
19	OT Table Electro Hydraulic	1	USD 37740	18 August 2020	Neurosurgery	19 August 2020	5 Year	24 September 2020	1	36

S. No.	Equipment Name	Quantity	Price	Receiving date	Department	Issue Date	Guarantee/ Warranty	Installation date	Difference of days between issue and received	Difference of days between installation and issue
20	Operating Microscope	1	EURO-39 625 + ₹ 7,29,200	30 September 2020	Plastic surgery	28 January 2021	5 Year	02 March 2021	120	33
21	Endoscopic Washer And Disinfector	1	USD 49250 + ₹ 2,56,839.60	26 December 2020	Gaestrology	28 December 2020	5 Year	14 May 2021	2	137
22	Ph Meter	1 NOS	₹ 56,640	29 April 2021	Endocrinology	11 June 2021	5 Year	25 October 2021	43	136
		Total	**₹ 1,74,13,202.92 + USD 972769.00 + EURO 73040**							

Source: Information provided by RNT Medical College, Udaipur.

Appendix-7.4

(Refer Paragraph 7.4.2)

Statement showing posts of doctors and nursing, para medical and other ancillary staff remaining vacant against sanctioned posts as of March 2022

S. No.	Name of Post	Sanctioned posts by State Government	Men in position	Shortage	Shortage *per cent*
1.	Professor	16	09	07	43.75
2.	Associate Professor	17	01	16	94.12
3.	Assistant Professor	25	10	15	60.00
	Total	**58**	**20**	**38**	**65.52**

S. No.	Name of Post	Sanctioned posts by State Government	Men in position	Shortage	Shortage *per cent*
4.	Nursing grade-I	05	00	05	100
5.	Nursing grade-II	65	00	65	100
6.	Storekeeper	01	00	01	100
7.	Ministerial staff (Junior Assistant)	04	00	04	100
8.	Lab Technician	03	00	03	100
9.	Nursing Superintendent	01	00	01	100
10.	O.T. Technician	06	00	06	100
11.	Man with Machine	05	00	05	100
12.	Security guard	10	00	10	100
13.	Air conditioning Asst./Operator	01	00	01	100
14.	Medical gas pipe operator	03	00	03	100
15.	Electrician	02	01 (contract basis)	01	50
16.	Junior Accountant	01	00	01	100
17.	Sr. Administrative Officer	01	00	01	100
18.	EEG Technician	01	00	01	100
Total (S. No. 4 to 18)		**109**	**01**	**108**	**99.08**

Source: Information provided by RNT Medical College, Udaipur.

Appendix-8.1

(Refer Paragraph 8.2.2)

Statement showing the details of cases of NOSQ drugs in which punitive action was delayed

S. No.	Name of Districts	Name of Drugs	Sample test report date	Date of sending proposal of prosecution sent by Districts	Time taken for sending proposal for filling prosecution from sample test report date beyond prescribed period of three months	Date of issuing sanction to file prosecution by Drug Controller Jaipur on sent proposal	Time taken for issuance of sanction by DC Jaipur to file prosecution from the date of receiving proposal beyond prescribed period of 15 days	As per record/file up to which prosecution was not filled by the concerned districts	Time period since date of issue of sanction and date of letter showing that case was not filed	Remarks
1	2	3	4	5	6 (5-4)	7	8 (7-5)	9	10 (9-7)	11
1	Alwar	Cefixime Tab IP (Jonfix-200) Batch No. 17131	27-Jun- 2017	09-Jan-2020	27 months	22-Sep-2020	08 months	30-May-2022	20 Months	Alert Notice issued on 27.06.17
2	Alwar	Amoxycillin Trihydrate & Potassium Claulanate Tab Batch 17207	24-Jul- 2017	09-Jan-2020	26 months	22-Sep-2020	08 months	30-May-2022	20 months	Alert Notice issued on 27.07.17
3	Alwar	Cefixime Ofloxacin & Lactobacillus Tab Batch No. 170102	27-Jun- 2017	08-Jan-2020	27 months	22-Sep-2020	08 months	30-May-2022	20 months	Alert Notice issued on 27.06.17
4	Ajmer	Cefixime Tab IP (Jonfix-200) Batch No. 17131	27-Jun-2017	26-Apr-2018	06 months	29-Jan-2019	08 months	Case registered on 24.05.19, but case number was not allotted/intimated upto 03.06.22 (35 months)	-	Alert Notice issued on 27.06.17
5	Chittorgarh	Amoxycillin Trihydrate & Potassium Claulanate Tab (Batch 16065)	21-Jul- 2017	17-Feb-2020	27 months	29-Sep-2020	07 months	30-May-2022	20 months	Alert Notice issued on 25.07.17

6	Jaipur	Pregabalin Capsules Batch No. SC-15028	02-Aug-2016	24-May-2019	30 months	27-Jul-2020	13 months	As per records, case was not registered upto 6.6.22. Case registered on 15.07.22.	23 months	Alert Notice issued on 03.08.16
7	Jodhpur	Nicorandil Tab 5 mg Batch No. MTA 151089	27- Sep- 2017	28-Dec-2017	-	16-Oct-2020	33 months	29.09.2022	23 months	Alert Notice issued on 09.10.17
8	Jodhpur	Cefixime Tab IP 200 mg Batch No. CKM 0161001	23-Mar- 2017	23-Nov-2020	40 months	03-Mar-2021	03 months	31.05.2022	14 months	Alert Notice issued on 03.04.17
9	Jodhpur	Amoxycillin Trihydrate & Potassium Claulanate Tab Batch No. BT 15-580	23-May- 2017	05-Oct-2017	01 months	13-Oct-2020	35 months	20.05.2022	19 months	Alert Notice issued on 01.06.17
10	Udaipur	Amoxycillin Trihydrate & Potassium Claulanate Tab Batch No. 17017	21-Jul- 2017	20-Nov-2019	25 months	30-Sep-2020	10 months	Case submitted to court on 22.12.20 and registered on 27.01.21	-	Alert Notice issued on 25.07.17

Source: Information provided by Drug Controller.

Appendix-8.2

(Refer Paragraph 8.2.3)

Statement showing details of samples lifted, samples sent, samples not sent, and test reports received with delay

Districts	Year	Number of Drug Control Officers	Number of samples lifted	Number of Samples sent to Testing Laboratories for test/analysis	Number of Samples not sent to Testing Laboratories for test/analysis	Number of test reports received from testing Laboratories	
						Received within 60 days	Received after 60 days
Ajmer	2016-17	2	178	178	0	0	178
	2017-18	3	213	213	0	0	213
	2018-19	5	167	167	0	0	167
	2019-20	5	281	281	0	0	162
	2020-21	3	264	264	0	0	262
	2021-22	3	219	219	0	0	47
Bhilwara	2016-17	2	137	137	0	0	137
	2017-18	1	78	78	0	0	78
	2018-19	1	61	61	0	0	61
	2019-20	2	114	114	0	0	114
	2020-21	1	73	73	0	1	40
	2021-22	1	83	83	0	0	25
Nagaur	2016-17	1	76	76	0	0	76
	2017-18	1	77	77	0	4	73
	2018-19	2	120	120	0	0	120
	2019-20	4	255	255	0	0	244
	2020-21	4	205	203	2	0	144
	2021-22	4	298	297	1	0	70
Tonk	2016-17	2	75	75	0	0	75
	2017-18	2	146	146	0	15	129
	2018-19	2	114	114	0	8	106
	2019-20	2	132	132	0	0	129
	2020-21	2	97	97	0	0	97
	2021-22	2	131	131	0	1	6
Bikaner	2016-17	2	168	168	0	4	163
	2017-18	2	173	173	0	2	170
	2018-19	4	123	123	0	0	123
	2019-20	4	251	251	0	0	238
	2020-21	4	186	186	0	0	122
	2021-22	4	242	242	0	4	231

Districts	Year	Number of Drug Control Officers	Number of samples lifted	Number of Samples sent to Testing Laboratories for test/analysis	Number of Samples not sent to Testing Laboratories for test/analysis	Number of test reports received from testing Laboratories	
						Received within 60 days	Received after 60 days
Sriganganagar	2016-17	3	216	216	0	19	197
	2017-18	3	228	228	0	5	221
	2018-19	3	183	183	0	0	180
	2019-20	4 (working of One more DCO w.e.f. 01/07/2019)	273	273	0	0	257
	2020-21	4 (till December 2020) afterward 3	230	230	0	0	156
	2021-22	3	189	189	0	1	17
Hanumangarh	2016-17	2	152	152	0	0	152
	2017-18	2	152	152	0	0	152
	2018-19	3	131	131	0	0	131
	2019-20	4	232	232	0	0	226
	2020-21	3	152	152	0	0	73
	2021-22	3	192	192	0	0	21
Churu	2016-17	2	152	152	0	11	141
	2017-18	2	168	168	0	4	164
	2018-19	2	73	73	0	1	72
	2019-20	2	135	135	0	0	125
	2020-21	2	126	126	0	0	79
	2021-22	2	135	135	0	0	13
Jaipur Zone	2016-17	7	275	275	0	14	260
	2017-18	4	337	337	0	23	314
	2018-19	7	204	204	0	3	195
	2019-20	13	710	710	0	13	688
	2020-21	13	707	707	0	12	686
	2021-22	16	901	901	0	28	868
Jaipur NDNP HQ and HQ DCO	2016-17	2	115	115	0	9	106
	2017-18	2	50	50	0	13	37
	2018-19	2	37	37	0	7	27
	2019-20	2	79	79	0	0	72
	2020-21	2	106	106	0	0	69
	2021-22	2	78	78	0	1	8

Districts	Year	Number of Drug Control Officers	Number of samples lifted	Number of Samples sent to Testing Laboratories for test/analysis	Number of Samples not sent to Testing Laboratories for test/analysis	Number of test reports received from testing Laboratories	
						Received within 60 days	Received after 60 days
Dausa	2016-17	2	150	150	0	0	144
	2017-18	2	146	146	0	0	145
	2018-19	2	114	114	0	0	108
	2019-20	1	68	68	0	0	67
	2020-21	1	43	43	0	0	37
	2021-22	2	105	105	0	0	9
Jhunjhunu	2016-17	2	146	146	0	1	145
	2017-18	2	143	143	0	4	139
	2018-19	3	111	111	0	0	109
	2019-20	3	181	181	0	0	176
	2020-21	3	188	188	0	0	138
	2021-22	3	190	190	0	0	30
Sikar	2016-17	1	77	77	0	9	67
	2017-18	1	76	76	0	5	70
	2018-19	1	43	43	0	0	43
	2019-20	4	181	181	0	2	174
	2020-21	4	233	233	0	0	117
	2021-22	4	281	281	0	0	59
Alwar	2016-17	4	439	439	0	0	439
	2017-18	4	211	211	0	6	202
	2018-19	6	166	166	0	0	164
	2019-20	5	273	273	0	0	270
	2020-21	4	225	225	0	0	223
	2021-22	4	246	246	0	0	246
Karauli	2016-17	1	64	64	0	2	62
	2017-18	1	65	64	1	1	63
	2018-19	1	45	45	0	0	43
	2019-20	1	53	53	0	0	52
	2020-21	1	40	40	0	0	16
	2021-22	1	32	32	0	0	1

Districts	Year	Number of Drug Control Officers	Number of samples lifted	Number of Samples sent to Testing Laboratories for test/analysis	Number of Samples not sent to Testing Laboratories for test/analysis	Number of test reports received from testing Laboratories	
						Received within 60 days	Received after 60 days
Sawai Madhopur	2016-17	2	95	95	0	0	95
	2017-18	2	107	107	0	3	104
	2018-19	2	82	82	0	0	82
	2019-20	2	123	123	0	0	113
	2020-21	2	128	128	0	0	88
	2021-22	2	133	133	0	2	19
Bharatpur	2016-17	2	132	132	0	2	130
	2017-18	2	82	82	0	0	82
	2018-19	1	48	48	0	0	48
	2019-20	4	206	206	0	0	176
	2020-21	4	254	254	0	2	187
	2021-22	4	188	188	0	0	154
Dholpur	2016-17	1	69	69	0	0	69
	2017-18	1	47	47	0	1	46
	2018-19	2	50	50	0	0	50
	2019-20	2	104	104	0	0	95
	2020-21	1	54	54	0	2	29
	2021-22	1	65	65	0	2	27
Chittorgarh	2016-17	1	73	73	0	0	73
	2017-18	1	76	76	0	76	0
	2018-19	1	64	64	0	64	0
	2019-20	2	122	122	0	114	8
	2020-21	2	52	52	0	34	18
	2021-22	2	69	69	0	0	7
Pratapgarh	2016-17	1	10	10	0	10	0
	2017-18	1	42	42	0	37	5
	2018-19	1	10	10	0	7	3
	2019-20	1	52	52	0	46	6
	2020-21	1	13	13	0	10	3
	2021-22	1	41	41	0	0	3

Districts	Year	Number of Drug Control Officers	Number of samples lifted	Number of Samples sent to Testing Laboratories for test/analysis	Number of Samples not sent to Testing Laboratories for test/analysis	Number of test reports received from testing Laboratories	
						Received within 60 days	Received after 60 days
Dungarpur	2016-17	1	32	32	0	0	32
	2017-18	1	58	58	0	3	55
	2018-19	1	27	27	0	0	26
	2019-20	1	53	53	0	0	50
	2020-21	1	54	54	0	0	54
	2021-22	1	40	40	0	0	3
Banswara	2016-17	1	40	40	0	0	40
	2017-18	1	60	60	0	0	59
	2018-19	1	51	51	0	0	49
	2019-20	1	8	8	0	0	6
	2020-21	1	48	48	0	0	46
	2021-22	1	34	34	0	0	5
Udaipur	2016-17	2	79	79	0	0	79
	2017-18	3	209	209	0	1	208
	2018-19	4	204	204	0	0	203
	2019-20	3	216	216	0	1	192
	2020-21	4	252	252	0	0	131
	2021-22	4	240	240	0	0	90
Rajsamand	2016-17	1	74	74	0	1	73
	2017-18	1	76	76	0	3	73
	2018-19	1	59	59	0	1	58
	2019-20	1	73	73	0	0	67
	2020-21	1	66	66	0	1	40
	2021-22	1	69	69	0	0	6
Bundi	2016-17	1	79	79	0	4	75
	2017-18	1	77	77	0	9	68
	2018-19	1	59	59	0	0	59
	2019-20	1	120	120	0	4	115
	2020-21	1	128	128	0	4	90
	2021-22	2	136	136	0	4	31
Kota	2016-17	2	154	154	0	5	149
	2017-18	2	152	152	0	4	146
	2018-19	4	189	189	0	7	178
	2019-20	5	311	311	0	3	299
	2020-21	5	312	312	0	12	232
	2021-22	5	305	304	1	14	30

Districts	Year	Number of Drug Control Officers	Number of samples lifted	Number of Samples sent to Testing Laboratories for test/analysis	Number of Samples not sent to Testing Laboratories for test/analysis	Number of test reports received from testing Laboratories	
						Received within 60 days	Received after 60 days
Jhalawar	2016-17	1	76	76	0	0	76
	2017-18	1	82	82	0	0	82
	2018-19	2	31	31	0	0	31
	2019-20	2	110	110	0	0	78
	2020-21	2	128	128	0	0	68
	2021-22	2	144	144	0	1	17
Baran	2016-17	1	74	74	0	0	74
	2017-18	1	77	77	0	0	75
	2018-19	2	65	65	0	2	63
	2019-20	2	122	122	0	0	116
	2020-21	2	130	130	0	0	93
	2021-22	2	128	128	0	5	7
Barmer	2016-17	1	74	74	0	0	72
	2017-18	1	73	73	0	2	70
	2018-19	2	59	59	0	0	59
	2019-20	2	124	124	0	0	119
	2020-21	2	127	127	0	0	125
	2021-22	2	83	83	0	0	19
Jaisalmer	2016-17	1	72	72	0	72	-
	2017-18	1	59	59	0	0	58
	2018-19	1	50	50	0	0	61
	2019-20	1	63	63	0	55	3
	2020-21	1	61	61	0	48	12
	2021-22	1	60	60	0	0	8
Jalore	2016-17	1	75	75	0	0	75
	2017-18	1	73	73	0	1	72
	2018-19	1	57	57	0	0	57
	2019-20	2	101	101	0	0	76
	2020-21	2	128	128	0	0	59
	2021-22	2	112	112	0	0	101
Sirohi	2016-17	1	76	76	0	2	74
	2017-18	1	76	76	0	2	74
	2018-19	1	61	61	0	2	59
	2019-20	1	64	64	0	2	60
	2020-21	1	56	56	0	2	27
	2021-22	1	60	60	0	1	4
Pali	2016-17	2	78	78	0	0	78
	2017-18	2	78	78	0	0	78
	2018-19	2	65	65	0	0	63

Districts	Year	Number of Drug Control Officers	Number of samples lifted	Number of Samples sent to Testing Laboratories for test/analysis	Number of Samples not sent to Testing Laboratories for test/analysis	Number of test reports received from testing Laboratories	
						Received within 60 days	Received after 60 days
	2019-20	2	129	129	0	0	111
	2020-21	2	124	124	0	0	64
	2021-22	2	123	123	0	0	22
Jodhpur	2016-17	6	290	290	0	15	273
	2017-18	6	175	175	0	5	169
	2018-19	6	120	120	0	1	119
	2019-20	6	349	349	0	2	305
	2020-21	6	376	374	2	1	186
	2021-22	6	362	362	0	2	10
Total			**27,805**	**27,798**	**7**	**949**	**21,504**
Per cent							**77**

Source: Information provided by Drug Controller, Rajasthan.

Appendix-8.3

(Refer Paragraph 8.2.3)

Statement showing details of samples for which test reports were received in the expiry month or after the expiry month of sample

Districts	Financial Year	Total Number of test reports received	Total Number of test reports received in expiry month	Total Number of test reports received after expiry month
Ajmer	2016-17	155	0	0
	2017-18	65	2	0
	2018-19	139	25	26
	2019-20	163	59	46
	2020-21	344	28	20
	2021-22	306	15	18
Bhilwara	2016-17	137	137	0
	2017-18	78	78	0
	2018-19	61	61	0
	2019-20	114	114	0
	2020-21	41	41	0
	2021-22	100	0	0
Nagaur	2016-17	57	1	0
	2017-18	56	2	2
	2018-19	72	24	19
	2019-20	60	30	16
	2020-21	246	17	14
	2021-22	247	9	16
Tonk	2016-17	75	25	20
	2017-18	112	29	34
	2018-19	100	21	26
	2019-20	114	7	9
	2020-21	133	1	1
	2021-22	146	8	10
Bikaner	2016-17	167	21	49
	2017-18	172	25	50
	2018-19	123	13	28
	2019-20	238	16	14
	2020-21	122	11	19
	2021-22	226	16	28
Sriganganagar	2016-17	152	21	18
	2017-18	123	38	22
	2018-19	153	66	47
	2019-20	189	42	36

Districts	Financial Year	Total Number of test reports received	Total Number of test reports received in expiry month	Total Number of test reports received after expiry month
	2020-21	300	23	17
	2021-22	322	26	16
Hanumangarh	2016-17	143	5	2
	2017-18	91	6	3
	2018-19	128	49	45
	2019-20	135	49	51
	2020-21	287	34	36
	2021-22	136	6	18
Churu	2016-17	148	24	15
	2017-18	154	37	29
	2018-19	89	10	22
	2019-20	120	11	12
	2020-21	127	6	8
	2021-22	83	21	1
Jaipur NDNP - HQ and HQ DCO	2016-17	97	18	0
	2017-18	37	13	0
	2018-19	31	3	2
	2019-20	76	6	1
	2020-21	89	3	0
	2021-22	102	5	5
Jaipur Zone	2016-17	232	20	1
	2017-18	248	23	0
	2018-19	213	71	11
	2019-20	609	99	19
	2020-21	581	63	5
	2021-22	469	39	6
Dausa	2016-17	144	34	23
	2017-18	145	47	32
	2018-19	108	21	18
	2019-20	67	5	9
	2020-21	37	2	5
	2021-22	42	0	7
Jhunjhunu	2016-17	156	14	34
	2017-18	143	39	48
	2018-19	111	18	26
	2019-20	176	13	8
	2020-21	138	2	5
	2021-22	159	2	16
Sikar	2016-17	76	20	18
	2017-18	75	22	19
	2018-19	43	15	10

Districts	Financial Year	Total Number of test reports received	Total Number of test reports received in expiry month	Total Number of test reports received after expiry month
	2019-20	165	8	5
	2020-21	117	8	7
	2021-22	59	2	0
Alwar	2016-17	217	26	14
	2017-18	168	28	16
	2018-19	191	58	51
	2019-20	258	75	44
	2020-21	232	20	11
	2021-22	234	14	19
Bharatpur	2016-17	132	2	0
	2017-18	82	1	0
	2018-19	48	0	0
	2019-20	168	2	0
	2020-21	187	0	0
	2021-22	154	5	0
Dholpur	2016-17	69	14	0
	2017-18	46	11	0
	2018-19	50	6	0
	2019-20	95	8	0
	2020-21	31	4	0
	2021-22	72	8	0
Karauli	2016-17	36	1	0
	2017-18	54	6	0
	2018-19	50	11	16
	2019-20	51	22	16
	2020-21	65	3	9
	2021-22	40	32	8
Sawai Madhopur	2016-17	122	15	12
	2017-18	96	12	13
	2018-19	85	24	18
	2019-20	95	12	16
	2020-21	76	2	7
	2021-22	21	0	2
Chittorgarh	2016-17	55	4	6
	2017-18	63	14	7
	2018-19	52	14	20
	2019-20	64	27	15
	2020-21	125	19	22
	2021-22	47	0	7
Pratapgarh	2016-17	37	10	0
	2017-18	12	1	1

Districts	Financial Year	Total Number of test reports received	Total Number of test reports received in expiry month	Total Number of test reports received after expiry month
	2018-19	13	1	6
	2019-20	15	0	9
	2020-21	43	2	11
	2021-22	14	1	2
Dungarpur	2016-17	9	0	0
	2017-18	20	3	3
	2018-19	20	6	4
	2019-20	43	10	18
	2020-21	65	14	7
	2021-22	49	4	9
Banswara	2016-17	37	3	1
	2017-18	25	7	3
	2018-19	18	5	5
	2019-20	50	7	32
	2020-21	35	4	13
	2021-22	42	0	13
Udaipur	2016-17	79	3	0
	2017-18	214	28	22
	2018-19	204	30	24
	2019-20	193	46	26
	2020-21	131	23	18
	2021-22	250	24	29
Rajsamand	2016-17	23	1	1
	2017-18	52	10	7
	2018-19	73	18	29
	2019-20	57	16	35
	2020-21	74	9	13
	2021-22	67	3	10
Bundi	2016-17	71	3	0
	2017-18	65	8	4
	2018-19	55	15	20
	2019-20	76	28	25
	2020-21	133	16	7
	2021-22	129	9	17
Kota	2016-17	82	0	0
	2017-18	136	11	3
	2018-19	165	14	19
	2019-20	195	49	41
	2020-21	310	42	31
	2021-22	304	18	13
Jhalawar	2016-17	52	2	0

Districts	Financial Year	Total Number of test reports received	Total Number of test reports received in expiry month	Total Number of test reports received after expiry month
	2017-18	48	3	1
	2018-19	67	14	33
	2019-20	69	19	28
	2020-21	104	12	17
	2021-22	55	7	13
Baran	2016-17	74	22	22
	2017-18	75	21	16
	2018-19	65	13	8
	2019-20	116	5	5
	2020-21	93	7	4
	2021-22	147	12	11
Barmer	2016-17	116	20	19
	2017-18	101	18	33
	2018-19	117	36	48
	2019-20	120	20	41
	2020-21	169	24	26
	2021-22	86	4	16
Jaisalmer	2016-17	75	17	20
	2017-18	62	10	20
	2018-19	52	10	16
	2019-20	57	2	6
	2020-21	55	1	6
	2021-22	15	0	0
Jalore	2016-17	75	29	30
	2017-18	73	27	18
	2018-19	57	18	10
	2019-20	76	23	3
	2020-21	59	21	5
	2021-22	99	7	9
Sirohi	2016-17	74	7	25
	2017-18	74	15	30
	2018-19	59	5	16
	2019-20	62	0	1
	2020-21	29	0	0
	2021-22	57	0	5
Pali	2016-17	78	78	0
	2017-18	78	52	26
	2018-19	63	48	15
	2019-20	111	105	6
	2020-21	64	62	2
	2021-22	114	103	11

Districts	Financial Year	Total Number of test reports received	Total Number of test reports received in expiry month	Total Number of test reports received after expiry month
Jodhpur	2016-17	288	85	65
	2017-18	174	53	58
	2018-19	120	17	26
	2019-20	307	11	16
	2020-21	184	8	10
	2021-22	339	20	24
Total		**23,814**	**4,040**	**2,903**
Per cent			**17**	**12**

Source: Information provided by Drug Controller, Rajasthan.

Appendix-8.4

(Refer Paragraph 8.2.4)

Statement showing details of District-wise shortfall of inspections by DCOs in selling units during 2021-22

Districts	Year	Number of Drug Control Officers	Inspections to be done in a Year (No. of DCO x 20 inspections per month x 12 Months)	Total Number of Inspections conducted of Selling Units	Shortfall of Inspections of Selling Units	Shortfall in percentage
1	2	3	4	5	6(4-5)	7
Ajmer	2021-22	3	720	680	40	5.56
Alwar	2021-22	4	960	815	145	15.10
Banswara	2021-22	1	240	79	161	67.08
Baran	2021-22	2	480	372	108	22.5
Barmer	2021-22	2	480	414	66	13.75
Bharatpur	2021-22	4	960	628	332	34.58
Bikaner	2021-22	4	960	758	202	21.04
Bundi	2021-22	2	480	247	233	48.54
Chittorgarh	2021-22	2	480	202	278	57.92
Churu	2021-22	2	480	414	66	13.75
Dholpur	2021-22	1	240	190	50	20.83
Dungarpur	2021-22	1	240	121	119	49.58
Hanumangarh	2021-22	3	720	572	148	20.56
Jaipur NDNP -HQ and HQ DCO	2021-22	2	480	243	237	49.38
Jaipur zone	2021-22	14	3,360	2,767	593	17.65
Jaisalmer	2021-22	1	240	178	62	25.83
Jalore	2021-22	2	480	322	158	32.92
Jhalawar	2021-22	2	480	386	94	19.58
Jhunjhunu	2021-22	3	720	662	58	8.06
Jodhpur	2021-22	6	1,440	926	514	35.69
Karauli	2021-22	1	240	162	78	32.50
Kota	2021-22	5	1,200	895	305	25.42
Nagaur	2021-22	4	960	764	196	20.42
Pali	2021-22	2	480	409	71	14.79
Pratapgarh	2021-22	1	240	117	123	51.25
Rajsamand	2021-22	1	240	185	55	22.92
Sawai Madhopur	2021-22	2	480	361	119	24.79
Sikar	2021-22	4	960	858	102	10.63
Sirohi	2021-22	1	240	217	23	9.58
Sriganganagar	2021-22	3	720	682	38	5.28
Tonk	2021-22	2	480	426	54	11.25
Udaipur	2021-22	4	960	696	264	27.5
Total			**21,840**	**16,748**	**5,092**	

Source: Information provided by Drug Controller, Rajasthan.

Appendix-9.1

(Refer Paragraph 9.4)

Status of achievement of milestones

S. No.	Activity	Baseline/Current status of proposed (as on 1 January, 2016 or latest)	Milestone I: By 2019-20	Status in Rajasthan SDG Status report 2022 (version 4)
1	Maternal mortality ratio	244	172	164
2	Births assisted by health personnel	86.6	90	95.6
3	Under-five mortality rate	51	40	40
4	Neonatal mortality	30	25	26
5	Number of new HIV infections per 1000 uninfected population	0.08	0.06	0.04
6	**Tuberculosis incidence per 100,000 Population**	**143**	**142**	**172**
7	Viral Hepatitis cases (including A & E)	536 (Hepatitis A & Hepatitis E)	321	Status not available
8	**Prevalence Rate (PR) (of Leprosy)**	**0.16/10000 Population**	**0.13**	**1.6 *per cent* (2019-20) (Grade 2 cases among new cases of Leprosy)**
9	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Cardiovascular disease (CVD)- 26 *per cent*, Cancer-7 *per cent*, DM-2 *per cent*, COPD-13 *per cent*	10 *per cent* Reduction of death due to Non-Communicable Diseases	Status not available
10	Current use of family planning methods (any modern method)	53.50 *per cent* (married)	57.50 *per cent*	62.10 *per cent*
11	Institutional Births	84 *per cent*	87 *per cent*	94.90 *per cent*
12	Mothers who had at least 4 antenatal care visits	38.5 *per cent*	50 *per cent*	55.30 *per cent*
13	Children aged 12-23 months who receive 3 doses of pentavalent vaccine before their first birthday	81.34 *per cent*	85 *per cent*	87.19 *per cent*
14	**TB Successfully cases treated**	**State 90 *per cent***	**90 *per cent***	**80.34 *per cent***
15	Percentage of people living with HIV currently receiving ART among the number of estimated need for ART	58.47 *per cent*	75 *per cent*	86 *per cent*
16	Percentage population in malaria-endemic areas who slept under an ITN the previous night	0.92 *per cent*	An estimated Reduction in Malaria cases of 15-20 *per cent* at the State level	Status not available for this activity
17	**Hypertension among adults (15-49 years)**	**Men-10.2 *per cent* Women-5.5 *per cent***	**Men-6.12 *per cent* (60 *per cent*) Women-3.3 *per cent* (60 *per cent*)**	**Men-11.4 *per cent* Women-8.2 *per cent***
18	Blood sugar level among adults	Men-3.5 *per cent* Women-5.7 *per cent*	60 *per cent*	Status not available for this activity
19	Prevalence of tobacco use among population 15 & above	24.7 *per cent* (2017)	24.00 *per cent*	Male-40.7 Female-4.3
20	Total unmet need	12.3	12	7.6

Source: Rajasthan SDG Status Report 2019 (version 1) and 2022 (version 4).

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