# CHAPTER-II

# PERFORMANCE AUDIT

## HEALTH DEPARTMENT

### *2.1 Implementation of National Rural Health Mission (NRHM) in Bihar*


**Executive Summary**

***Introduction***

NRHM aims to provide quality health care services to all sections of society, especially to those residing in rural areas and women and children by increasing the resources available for the public health system, optimising and synergising human resources, reducing regional imbalances in the health infrastructure, decentralisation and district level management of the health programmes and community participation.

***(Paragraph 2.1.1)***

***Financial Management***

The financial statements of State Health Society, Bihar, an agency entrusted with the task of providing guidance to NRHM, were not reliable and they did not represent the true status of NRHM as the figures for opening balances, fund received and expenditure for the same components were different in various financial statements.

***(Paragraph 2.1.8)***

***Deficiencies in health action plan***

The planning process of NRHM was not in accordance with the prescribed guidelines as bottom-up approach was not adopted and plans were prepared without constituting village to district level planning teams. Consequently, actual requirements of NRHM at the ground level were not ascertained resulting in cases of 'nil' expenditure despite budget allocations and expenditure without budget allocation under the scheme.

***(Paragraph 2.1.9)***

***Reproductive and Child health programme***

Despite completion of first Mission period of NRHM (*i.e.* 2005-12), the gap between target and achievement of Maternal Mortality Rates in the State as on 2012-13 was more than 100 *per cent* and in respect of Infant Mortality Rates, the gap was 40 *per cent*. It was mainly attributed to inadequate ante-natal care and lower number of institutional deliveries in the State.

***(Paragraph 2.1.10)***

***Implementation of school health programme and Nayee Pidhi Swasthya Gurantee Karyakram***

Health check-ups for school children did not succeed in the State as only 25.17 lakh (13 p*er cent*) out of 187.95 lakh school children in the State could be covered during 2010-11. Under Nayee Pidhi Swasthya Guarantee Karyakaram, Health Cards of 1.16 crore out of 3.55 crore school children in the State were not distributed to them.

***(Paragraph 2.1.10.5 & 2.1.10.6)***

***Inadequacy of Health care units/health care infrastructure***

The number of Referral Hospitals in the State was only 70 compared to the requirement of 923 as per the population norms in the State. The shortage of HSCs/PHCs/APHCs in the State ranged from 39 to 47 *per cent*. The test checked health care units did not have the required number of beds and diagnostic facilities like x-ray, sonography and pathology services. The civil works for construction of buildings of health care units and Trauma centres were not completed despite availability of funds.

***(Paragraph 2.1.11)***

***Insufficient mainstreaming of AYUSH***

AYUSH set up was not provided in each RH/PHC and regular supply of AYUSH drugs was not ensured.

***(Paragraph 2.1.12)***

***Disease elimination programmes***

Kala-azar could not be eliminated from the State due to shortage of manpower and non-sprayal of DDT periodically. National Programme for Control of Blindness suffered due to inadequate infrastructure and shortage of manpower. National Leprosy Eradication Programme missed the goal of leprosy elimination due to shortage of specialised medical staff.

***(Paragraph 2.1.14.1, 2.1.14.2, 2.1.14.3 and 2.1.14.4)***

***Inadequate manpower***

Fifty seven *per cent* posts of Medical/Specialist Medical Officers were lying vacant while the shortage of para-medical staff ranged from 29 to 72 *per cent* of the sanctioned strength.

***(Paragraph 2.1.15)***

***Monitoring and evaluation***

Monitoring and evaluation was not effective as Health Monitoring Committees/District level Vigilance and Monitoring Committees were not constituted and regular meetings of Governing Body/EC of health societies were not held.

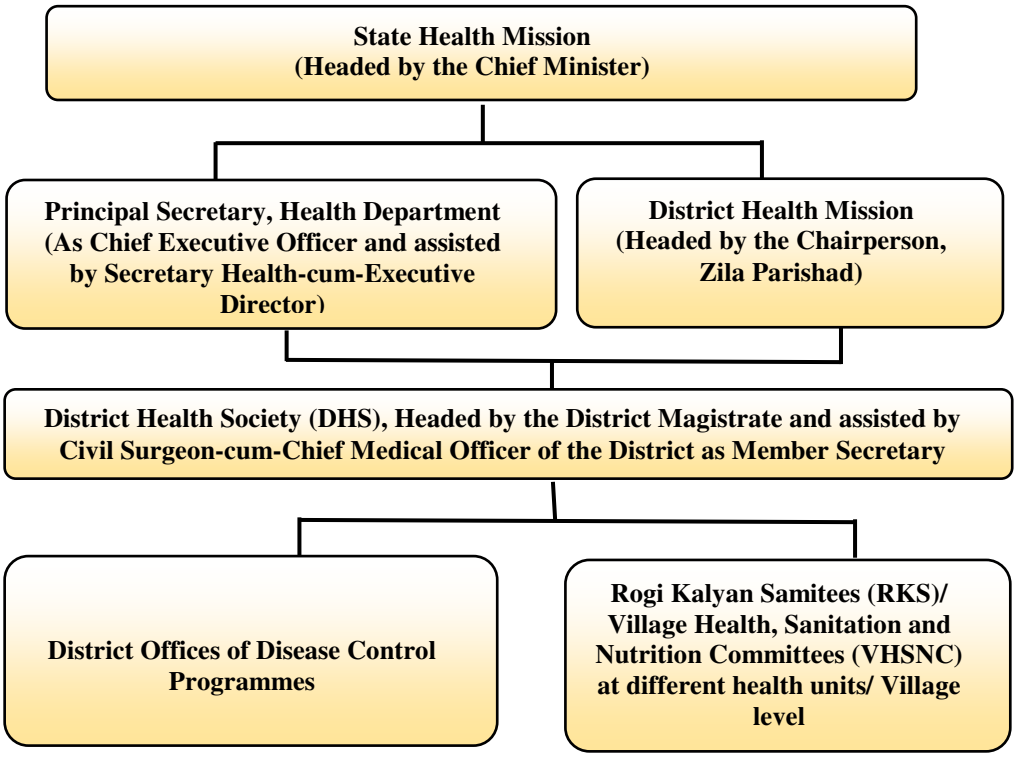
***(Paragraph 2.1.16)***

### 2.1.1 Introduction

The National Rural Health Mission (NRHM) is a comprehensive health programme launched by Government of India (GoI) in April 2005 to provide quality health care services to all sections of society, especially those residing in rural areas and women and children. The programmes under NRHM are divided into four broad components *i.e.* Part-A (Maternal Health, Child Health, Family Planning, Janani Suraksha Yojna etc.), Part-B (additionalities like creation of infrastructure facilities, ASHA etc.), Part-C (Immunisation and Pulse Polio activities) and Part-D (various National Disease Control Programmes). The goal of NRHM was to be ensured by increasing the resources available for the public health system, optimising and synergising human resources, reducing regional imbalances in the health infrastructure, decentralisation and district level management of the health programmes and community participation as well as ownership of the health initiatives by March 2012. Further, the mission period was extended (May 2013) for the period 2012-17 under the National Health Mission (NHM) encompassing the two sub-missions, the NRHM and the National Urban Health Mission (NUHM).

### 2.1.2 Organisational structure

At the State level, NRHM functions under the overall guidance of the State Health Mission (SHM) with the Chief Minister as Chairman. The activities of the SHM were carried out through the State Health Society, Bihar (SHSB) headed by the Principal Secretary, Health cum Chief Executive Officer (CEO). The organisational structure of the NRHM in the State is given below:




*(Source: Information provided by SHSB)*

### 2.1.3 Audit objectives

The performance audit was taken up to assess whether:

- Financial controls were in place to safeguard NRHM funds/assets, the accounts fairly present the financial status of the Societies under NRHM and assessment, release of fund and their utilisation were prompt and adequate;
- planning with adequate community participation at various levels facilitated the achievement of mission's objective;
- child and maternal mortality was reduced and universal access to public health care services was available with emphasis on services addressing women and child health;
- strengthening of physical infrastructure, procurement of drugs, equipment and human resources at different levels were achieved as planned and targeted;
- AYUSH wing was created in PHCs/CHCs to revitalise local/traditional health care practices;
- Disease control programmes were implemented effectively; and
- Monitoring mechanism and evaluation procedure were in place to ensure that the mission's objectives were achieved and community was involved.

### 2.1.4 Audit criteria

The criteria adopted to arrive at the audit conclusions were:-

- The GoI framework on implementation of NRHM;
- Financial/Operational Guidelines issued by GoI for various components of NRHM, health programmes and disease control programmes etc;
- Circulars, orders and instructions issued by GoI/GoB containing directions for activities; and
- Norms of Indian Public Health Standards (IPHS).

### 2.1.5 Audit coverage and methodology

The performance audit of NRHM was conducted during April to July 2015 for the period 2010-15. During this period, the records of Health Department, Government of Bihar (GoB), State Health Society, Bihar (SHSB) as well as District Health Societies (DHS), Referral Hospitals (RHs), Primary Health Centres (PHCs), Additional Primary health Centres (APHC) and Health Sub Centres (HSCs) of the selected 10 districts (Araria, East Champaran, Gaya, Katihar, Kishanganj, Madhubani, Muzaffarpur, Saran, Siwan and West Champaran) were test checked. In 10 test checked districts, 10 out of 18 RHs, 64 out of 177 PHCs, 108 out of 492 APHCs and 256 out of 3766 HSCs were test checked (***Appendix-2.1.1***). The districts were selected by using probability proportionate to size without replacement (PPSWoR) method

whereas PHCs and RHs were selected by using simple random sampling without replacement (SRSWoR) method.

The Audit Methodology included document analysis, response to audit queries, collection of information through questionnaires, proforma and joint physical verification. Audit observations were based on analysis of information and data collected from SHSB, DHSs and other health units. An entry conference was held (March 2015) with the Secretary, Health Department-cum-Executive Director, SHSB to explain the audit objectives, audit criteria and methodology. The Exit Conference was held (October 2015) with the Principal Secretary, Health Department, GoB. The replies and views expressed in the Exit Conference were incorporated at appropriate place for balanced reporting.

### 2.1.6 Audit findings of earlier performance audit

Performance audit on NRHM for the period 2005-09 was included in the Audit Report (Civil) of the Comptroller and Auditor General of India for the year ended 31 March 2009, Government of Bihar (Paragraph 1.1). Major audit findings featured in the Report were as follows:

- Neither household and facility surveys were done by the SHSB nor perspective plans and annual plans were prepared by it during 2005-09;
- Financial management was deficient and discrepancies in accounts records indicated that they were not based on accurate facts and figures;
- There was huge shortage of health centres (RH, PHC and HSC) ranging from 52 to 93 *per cent* and in case of manpower, shortfall ranged from 11 to 49 *per cent* against sanctioned medical and para medical staff;
- Drugs were procured at higher than approved rates resulting into extra payment; and
- Community monitoring and Planning Committees at different levels were not formed.

### 2.1.7 Present status of NRHM implementation in the State

In course of audit it was observed that the shortcomings indicated in previous performance audit were not rectified. The household and facility surveys were not being done and annual plans were being prepared without including village level plans. The deficiencies in financial management were not still rectified. Against the requirement of 18460 Health Sub Centres (HSC), 3077 Primary/Additional Primary Health Centres and 923 Referral Hospitals (RH), only 9729 (53 *per cent*), 1883 (61 *per cent*) and 70 (eight *per cent*) respectively were only available. The posts of medical and para medical staffs were yet to be filled up as only 5212 (43 *per cent*) Medical Officer/Specialist Medical Officers and 20917 (71 *per cent*) ANM/Staff Nurses were posted against the sanctioned strength of 12178 Medical Officer/Specialist Medical Officers and 29582 ANM/Staff Nurses respectively. During 2012-13 drugs were procured by BMSICL at higher rate than the contracted rate of SHSB. Community monitoring and Planning Committees were also not formed.

Besides, number of indoor patients has decreased from 44.32 lakh to 41.07 lakh whereas the number of outdoor patients decreased from 791.52 lakh to 738.78 lakh during 2013-14 to 2014-15.

### 2.1.8 Financial management

The SHSB was responsible for financial management of NRHM funds including preparation and submission of annual Project Implementation Plan (PIP) to the Government of India (GoI) showing physical targets and required funds under the different components. GoI released funds (in the ratio of 85:15 between GoI and GoB upto 2011-12 and 75:25 from 2012-13) to the states as per the approved PIP which was termed as Record of Proceedings (ROP).

**Principal Cash Book containing details of all components under NRHM was not maintained**

As per operational guidelines for financial management of NRHM, SHSB was to maintain different books of accounts, such as Principal Cash Book (a principal book for recording all receipts and payments), Advance Register, and Funds Received Register etc.

Scrutiny of records revealed that SHSB had not maintained Principal Cash Book to record all the transactions under NRHM. Besides, Fund Received Register and Advance Register were also not maintained properly by the SHSB. It was also observed that the SHSB did not maintain component wise allocation of GoB share as required under approved plan. Due to improper maintenance of accounts, different figures of opening balances, fund received and expenditure with substantive difference were indicated for the same components in different books of accounts/statements like ROP, quarterly Statement of Fund Position (SFP), Chartered Accountant (CA) Reports Financial Management Report (FMR) and financial statements submitted by the SHSB. Resultantly, the SHSB was not in a position to provide the fund position of NRHM to audit. However, SHSB provided (August 2015) an incomplete financial statement which dealt with only three (Part –A, B and C) out of four components of the scheme and GoB share of NRHM. Analysis of the furnished statement disclosed discrepancies in respect of expenditure amount of GoI and GoB share during 2014-15. The statement was further amended (October 2015) by the SHSB as shown in **Table no. 2.1.1**:

**Financial statements of SHSB did not represent the true status of NRHM funds**

**Table no. 2.1.1**

**Available funds and expenditure under NRHM Part A, B, C and GoB during 2010-15**

***(₹ in crore)***

| Year | Opening Balance | | Fund Received | | Expenditure | | Closing balance | |
|---|---|---|---|---|---|---|---|---|
| | GoI | GoB | GoI | GoB | Central Share | State Share | GoI | GoB |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 (2+4-6) | 9 (3+5-7) |
| **2010-11** | 142.83 | 355.58 | 1152.88 | 295.28 | 994.72 | 195.34 | 300.99 | 455.52 |
| **2011-12** | 300.99 | 455.52 | 699.31 | 322.32 | 937.83 | 442.98 | 62.47 | 334.86 |
| **2012-13** | 62.47 | 334.86 | 1289.48 | 501.66 | 1238.76 | 419.42 | 113.19 | 417.10 |
| **2013-14** | 113.19 | 417.10 | 1300.81 | 368.23 | 1263.14 | 539.93 | 158.39 | 270.23 |
| **2014-15** | 158.39 | 270.24 | 1154.21 | 286.69 | 1273.27 | 356.67 | 48.83 | 215.13 |
| **Total** | | | **5596.69** | **1774.18** | **5707.72** | **1954.34** | | |

*(Source: Information provided by SHSB)*

Further, scrutiny of the financial statement shown in above **Table no. 2.1.1** disclosed that fund received upto 2010-13 was inclusive of the amount of interests and other receipts. This indicated that the SHSB had not maintained separate accounts of GoI/GoB's proportionate share and amount of accrued interest during the period.

Thus, the incomplete financial statements of the NRHM funds did not represent the true status of NRHM funds received and spent in the State.

In reply, the Executive Director (ED), SHSB requested (October 2015) to treat the figure of CA report as final for SHS financial book keeping. The ED also stated that an internal team was constituted to re-verify the audited CA report with the bank statement and cash book of all the units to ascertain whether the audited CA report is genuine.

***Recommendation: SHSB should ensure maintenance of accounts in accordance with NRHM guidelines and reconcile the differences of financial statements.***

### 2.1.9 Deficiencies in health action plan

Framework and Operational guidelines for Financial Management of NRHM stipulated a bottom-up approach in formulation of the annual Programme Implementation Plan (PIP) in the State (State Plan). It should include details regarding human resource plan, capacity development plan, financing of health care, monitoring etc. An annual PIP based on resource availability and prioritisation was to be prepared at the village and block levels and consolidated at district level (District Plan). The District Plans were compiled and aggregated at the State level by SHSB for framing of the State Plan. Such a planning needed setting up of planning teams and committees at various levels such as Habitation/village and Gram panchayat level, PHC(cluster level), Community Health Centre (CHC)/Block level and District level.

**Comprehensive bottom up approach for preparation of state/ district level plans was not adopted.**

Scrutiny of records revealed that such a bottom-up approach was not adopted during preparation of plan as planning teams and committees were not constituted at any level in any test checked districts. As a result, the villages in the test checked districts did not provide the annual draft plans to the blocks causing nearly half of the blocks to prepare their plan without any inputs from villages. The remaining blocks of test checked districts did not prepare the annual plans during 2010-15. Consequently, the District/State plans did not contain inputs of all the blocks of the State.

During exit conference, the Principal Secretary, Health Department stated that every district prepared only two Block Health Action Plans and 10 Village Health Action Plans as per fund allocated by GoI and assured that planning teams would be activated at all levels in future subject to fund availability.

#### 2.1.9.1 Non-conduct of household and facility surveys

Household surveys and facility surveys of HSCs, PHCs, RHs etc. were to be conducted at regular intervals. These surveys were essential for planning and monitoring so as to construct a baseline annual plan for each health facility to access financial and human resources and for clear commitments of service guarantees.

Scrutiny of records of test checked districts revealed that no such surveys were conducted during 2010-15.

ED replied (October 2015) that SHSB issued instructions (May 2015) for house hold survey through ASHA and Anganwadi workers.

#### 2.1.9.2 Non-preparation of perspective plan

Framework for implementation of NRHM (2005-12) prescribed that a Perspective Plan (PP) on the basis of Village Health Plan (VHP) outlining the year-wise resources and activity needs of the district should be prepared. GoI also instructed (October 2013) SHSB to prepare and submit the PP for the period 2014-17 by December 2013.

However, the PP for the period 2005-12 was not prepared by any of the test checked districts. Though, the PP for the period 2014-17 was submitted to GoI (May 2014) by the SHSB, the same was devoid of any village plans.

The ED accepted (October 2015) that PP was not prepared during 2005-12.

Thus, the planning process was deficient as neither the bottom-up approach was adopted nor community participation was ensured. As a result, the plans failed to address the needs of the villages and instances of 'nil' expenditure despite budget allocation was noticed in 168 sub-components and expenditure without budget allocation was noticed in 500 sub-components out of a total 1942 sub-components of NRHM.

***Recommendation: SHSB should ensure community participation in planning with constitution of planning teams and committees at Habitation/village to District level.***

**Programme implementation**

The shortcomings noticed in implementation of various components of NRHM i.e. Reproductive and Child Health Care programmes which included Maternal Health, Child Health, Family Planning, Janani Suraksha Yojna etc., additionalities like utilisation of Annual Maintenance Grants which included creation of infrastructure, procurement of drugs etc., Immunisation and Pulse Polio activities and various National Disease Control Programmes are discussed in the succeeding paragraphs.

### 2.1.10 Reproductive and Child Health Programmes (Part-A)

**The MMR and IMR in the State was lagging behind the set target**

Reproductive and Child Health Programme (RCH-II) was launched in 2005 as the principal vehicle for reducing Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). The objective of the Mission was to achieve an MMR ratio of 100:100000 and IMR ratio of 30:1000 by March 2012. However, as per the survey report (2012-13) of GoI, the MMR and IMR ratios of the State were 208:100000 and 42:1000 respectively.

Thus, despite completion of the first Mission period of NRHM (*i.e.* 2005-12), the State was lagging behind the set target of MMR by more than 100 *per cent* and the IMR by 40 *per cent*. The non-achievement of intended MMR and IMR was attributable to the shortcomings discussed in succeeding paragraphs:

### 2.1.10.1 Antenatal care

The antenatal care prescribed by NRHM Framework for pregnant women specified that early registration of pregnancy, ideally within first trimester (*i.e.* before 12th week of pregnancy) should be ensured along with minimum three antenatal check-ups and supplementation of Iron and Folic Acid (IFA) tablets for at least 100 days.

Scrutiny of records in the test checked DHSs disclosed that these required measures for pregnant women were not taken as shown in **Table no. 2.1.2** below:

**Table no. 2.1.2**
**Details of Antenatal care to pregnant women in the test checked districts**

| Year | Registered pregnant women | Registered in first trimester (*per cent*) | Three ANC check-up provided (*per cent*) | pregnant women received 100 IFA tablets (*per cent*) |
|---|---|---|---|---|
| 2010-11 | 732047 | 357194 (49) | 332311 (45) | 710726 (97) |
| 2011-12 | 889931 | 473866 (53) | 485615 (55) | 646365 (73) |
| 2012-13 | 849244 | 366664 (43) | 446867 (53) | 518598 (61) |
| 2013-14 | 955129 | 410325 (43) | 561210 (59) | 640650 (67) |
| 2014-15 | 955663 | 459081 (48) | 603523 (63) | 538755 (56) |
| **Total** | **4382014** | **2067130 (47)** | **2429526 (55)** | **3055094 (70)** |

*(Source: Information provided by test checked districts)*

From the **Table no. 2.1.2** it would be evident that during 2010-15, only 43 *per cent* to 53 *per cent* of the pregnant women were registered within first trimester of pregnancy due to shortage of manpower, lack of tracking by ASHAs etc. Three ANC check-ups were provided to only 45 *per cent* to 63 *per cent* of the registered pregnant women due to coverage of large areas, under the scheme, vast population unreached and unmotivated staff. IFA tablets for at least 100 days were provided only to 56 *per cent* to 97 *per cent* of the registered pregnant women due to failure of ASHAs to encourage pregnant women to have tablets and inability of ASHAs to remain in touch with rural population. Besides, 57,420 stillbirths were noticed against total institutional delivery of 23,19,252 during 2010-15 in the test checked districts due to inadequate health check-ups, mother's poor state of health etc.

During exit conference (October 2015), the Pr. Secretary, attributed the stillbirths to shortage of doctors, medical staff, early marriage and social economic conditions and stated that the non-achieving of targets of MMR and IMR was due to shortage of gynaecologist at Health centres. He also stated that MMR and IMR was continuously decreasing in the State.

### 2.1.10.2 Janani Suraksha Yojana

The Janani Suraksha Yojana (JSY) was launched (April 2005) under NRHM for reducing maternal and neo-natal mortality by promoting institutional delivery among pregnant women. Under the scheme, all pregnant women who deliver in health centres were eligible for a cash incentive of ₹1400

(in rural areas) and ₹1000 (in urban areas) to meet both direct and indirect expenses incurred towards delivery.

Audit scrutiny of implementation of JSY in the test checked districts revealed that the scheme was not succeeded in promoting the institutional deliveries as envisaged in the **Table no. 2.1.3** below:

**Table no. 2.1.3**
**Details of Institutional and Home Deliveries**

| Year | No. of registered pregnant women | No. of Deliveries | | No. of Beneficiaries to whom payments were made | |
|---|---|---|---|---|---|
| | | Institutional (*per cent*) | Home (*per cent*) | Institutional (*per cent*) | Home (*per cent*) |
| 2010-11 | 732047 | 374728 (51) | 69075 (9) | 187552 (50) | 8636 (13) |
| 2011-12 | 889931 | 459533 (52) | 157689 (18) | 253597 (55) | 9832 (6) |
| 2012-13 | 849244 | 466032 (55) | 189991 (22) | 415186 (89) | 16575 (9) |
| 2013-14 | 955129 | 527636 (55) | 200321 (21) | 470062 (89) | 18475 (9) |
| 2014-15 | 955663 | 491323 (51) | 229688 (24) | 325448 (66) | 22927 (10) |
| Total | 4382014 | 2319252 (53) | 846764 (19) | 1651845 (71) | 76445 (9) |

*(Source: Information provided by test checked districts)*

As evident from the **Table no. 2.1.3** above, institutional delivery remained almost static during 2010-15 (*i.e.* 51 to 55 *per cent*) whereas home delivery increased from nine *per cent* in 2010-11 to 24 *per cent* in 2014-15 due to lack of infrastructure facility, shortage of Medical Officers and ANM etc. in health centres. Besides, 28 *per cent* of pregnancy cases remained unreported which may be due to opting of private health facilities.

Further, cash assistance was provided to only 50 *per cent* to 89 *per cent* of the institutional delivery cases and six *per cent* to 13 *per cent* of the home delivery cases during 2010-15 due to shortage of fund, absence of bank accounts for beneficiaries etc. It was also observed that payments to 6027 beneficiaries of JSY amounting to ₹82.35 lakh pertaining to 27 test checked RHs/PHCs was entered in cash book but the cheques remained undelivered to beneficiaries as on date of audit (June-July 2015). Besides, payments were made after delay ranging from one to 24 months in test checked 2855 cases of nine RHs/PHCs.

During exit conference (October 2015), the Pr. Secretary stated that efforts were being made to provide adequate doctors and well equipped labour rooms in health centres to improve the position. It was further stated that due to delay in opening of bank accounts by beneficiaries, cheques could not be collected by them and it would be sorted out in due course.

### 2.1.10.3 Operation of APHC and HSC as Level-1 Mother Child Health Centres

For better institutional delivery facility within the community, CS-cum-CMO of all districts were directed by SHSB (July 2010 and September 2010) to develop two HSCs under each district and one APHC under each block as level -1 Mother Child Health (MCH) centre. Further, it was also decided (January 2013) by SHSB to develop each of the HSCs of the State as Level- 1 MCH centre in a phased manner during 2013-14. For proper functioning of

Level-1 MCH centre, SHSB instructed (December 2013) that it should have two Medical Officers (one MBBS and one AYUSH) and three trained staff nurses/ANMs.

**Level 1 MCH (24x7 basis) centre remained non functional**

Scrutiny of records in the test checked districts revealed that against the target of 177 APHCs and 354 HSCs, only 109 APHCs and 36 HSCs were functioning as Level-1 MCH centre and there were shortage of manpower in all the centres. Even 14 APHCs were functioning without any Medical Officer whereas another 14 APHCs and one HSC had no ANMs. Besides, three ANMs were not posted in any of the Level-1 MCH centres of the test checked districts *(**Appendix-2.1.2**)*. However, the available ANMs had also to do immunisation works on two days in a week at Anganwadi centres and attend the weekly meetings at PHCs. Even during physical verification of 15 Level-1 centres, it was observed that five centres were found closed whereas in 10 centres, activities were not yet commenced (as on July 2015).

Thus, due to non-availability of required man power, no centre in test checked districts were functioning on 24x7 basis as Level-1 MCH centre.

In reply the ED, SHSB stated (October 2015) that SHSB was committed to fill the gaps of manpower for strengthening the L-1 MCH centres by the end of this year.

***Recommendation: Health care units should ensure antenatal care to each registered pregnant women and Mother Child Health centres should be made functional with doctors, para medical staff and equipment for institutional deliveries and to minimise the MMR and IMR.***

### 2.1.10.4 Basic Life Support Ambulances under RCH

The essential component of NRHM was to ensure free referral transport for the pregnant women and sick new born to public health institutions for service delivery. Accordingly, SHSB purchased (July 2011) 504 Basic Life Support Ambulances (BLSA) with prescribed medicines and equipment and agreements were executed (December 2011) by concerned DHSs with an agency under PPP mode. However, the SHSB decided (February 2014) not to renew the contracts after the expiry of agreements in January 2014 due to unsatisfactory performance and the District Magistrates were required to make arrangements for running the ambulance services till further orders.

Scrutiny of records of SHSB revealed that the agency did not return 90 ambulances to respective DHSs. In this context, it was pertinent to mention that the agency filed writ petition against SHSB in the Honourable High Court (February 2014) for payment of dues. The Court directed the Development Commissioner (DC), GoB to consider and dispose of the dispute. The DC directed (June 2015) SHSB to pay 25 *per cent* of the admitted dues to the agency and simultaneously the agency was also directed to return 90 ambulances after receipt of the same. However, as of August 2015 neither payment was made by the SHSB nor ambulances were returned by the agency.

**Basic Life Support Ambulances were running without required medicines and equipment**

Further scrutiny of records in 10 test-checked districts revealed that 55 out of 231 ambulances were non-functional whereas the remaining ambulances were running without required medicines and equipment as noticed in the joint physical verification (May/July 2015) with departmental officials.

*Ambulances purchased under MCH were lying in the campus of the office of C.S. Motihari in defective condition from February 2014*

Thus, the free referral transport services for pregnant women and sick new born babies remained inadequate and in absence of essential medicines and equipment in the ambulances, the services were restricted to transportation only.

In reply the SHSB stated (October 2015) that legal opinion was being obtained to return the vehicles by the agency and necessary directions had been given to all DHSs to maintain necessary medicines and equipment as per the mandate.

### 2.1.10.5 Creation of Special New Born Care Unit (SNCU)/New Born Care Corner (NBCC)

One of the objectives of the child health programme was to strengthen neonatal care services by setting up Special New Born Care Units (SNCU) in districts hospitals (DH) and New Born Care Corners (NBCC) in all PHCs. Accordingly, the work for construction of 34 SNCU buildings was awarded by SHSB to an agency and agreements worth ₹15.69 crore were executed in August 2010 and August 2011. However, only nine buildings were completed as of July 2015 after payment of ₹13.73 crore to the agency till April 2015.

As per GoB instruction (2011-12), four equipment (*i.e.* Radiant Warmer, Oxygen Concentrator, Basinet Trolly and Glucometer) and 14 essential drugs were to be kept in NBCCs. Physical verification of 23 PHCs disclosed that the NBCCs were not functioning properly due to defective equipment, unavailability of essential drugs, untrained ANMs etc.

On being asked, the SHSB replied (October 2015) that 13 SNCU units were completed till date and others were near completion stage. During exit conference (October 2015), Pr. Secretary, stated that more ANMs would be trained for proper functioning of NBCCs. However the reply was silent about shortage of equipment and essential drugs.

Thus, it was evident that the objective to strengthen neo natal care services in the PHCs/DHs was yet to be achieved.

#### 2.1.10.6 Implementation of School Health Programme

Under School Health Programme, annual health check-up of every children enrolled in schools was to be conducted and deficiencies related to health and nutrition were to be identified and methods were to be suggested to overcome such deficiencies. According to financial instruction of SHSB, 100 children was to be included in a Health Check-up Camp and the programme was to be closed in March 2011.

It was observed from the records of SHSB that 1,87,946 camps were required for coverage of 1,87,94,644 children during the year 2010-11. However, 38,889 (21 *per cent*) camps only were organised in which 25,17,431 (13 p*er cent*) children were covered resulting in inadequate implementation of School Health Programme.

During exit conference (October 2015), Pr. Secretary stated that coverage was less due to non-availability of vehicles/staff etc. and process was initiated to improve the situation.

#### 2.1.10.7 Implementation of Nayee Pidhi Swasthya Guarantee Karyakram

Nayee Pidhi Swasthya Guarantee Karyakram (NPSGK) was launched (March 2011) by SHSB in which health cards were to be issued after health check up to children in the age group of 0-14 years and to adolescent girls upto 18 years of age.

Scrutiny of records of SHSB disclosed that target for coverage of children was fixed during 2013-14 and 2014-15 only. Besides, the number of children covered under the scheme was reduced in 2014-15 (20.98 lakh) from 2011-12 (1.52 crore). Further, out of 3.55 crore health cards issued by SHSB to different DHSs, only 2.39 crore cards were issued to children till September 2015 while remaining 1.16 crore cards valued ₹2.60 crore (at the rate of ₹2.24 per card) were retained with SHSB and DHSs though the scheme was closed with initiation of Rastriya Bal Suraksha Karyakram.

**Health cards valuing ₹ 2.60 crore remained unutilised**

***Recommendation: DHSs should take steps to cover each school going children under health check-up programmes and ensure handing over of Health Cards to the children.***

### 2.1.11 Additionalities under NRHM (Part-B)

Any additional activities which were essential for health system improvement but cannot be funded from any other programme of NRHM was to be funded form the component 'Additionalities under NRHM'. The component covered creation of infrastructure, procurement of drugs, ASHA, AYUSH etc.

#### 2.1.11.1 Inadequacy of health care units/health care infrastructure

The component envisaged functional health facilities in the State through revitalisation of existing infrastructure and fresh construction or renovation. As per Census 2011, rural population in the State was 9.23 crore and the number of health units required and available in the State (as on March 2015) was shown in **Table no. 2.1.4**:

**Table no. 2.1.4**
**Required and available health care units in the State/ test checked districts**

| Health care units | Population norm for one health unit | Required number of health units | | Number of health units available | | Shortage of health units (Percentage) | |
|---|---|---|---|---|---|---|---|
| | | State | Test checked district | State | Test checked district | State | Test checked district |
| HSC | 5000 | 18460 | 6884 | 9729 | 3766 | 8731 (47) | 3118 (45) |
| PHCs/APHCs | 30000 | 3077 | 1147 | 1883 | 648 | 1194 (39) | 499 (44) |
| RHs | 100000 | 923 | 344 | 70 | 14 | 853 (92) | 330 (96) |

*(Source: Information provided by SHSB and test checked DHSs)*

**There was shortage of 39 to 92 *per cent* of health care units**

From the **Table no. 2.1.4**, it was evident that the State did not have the required number of Health Care Units and the shortage ranged from 39 to 92 *per cent*. The actual shortage in number of PHCs was much larger than the above shown figure as the number of PHCs was inclusive of APHCs which were not providing indoor facilities on 24X7 basis, as observed in the test checked districts.

Audit also revealed that in test checked districts, only 14 out of 18 RHs and 156 out of 177 PHCs were functional. Against 983 APHCs and 5906 HSCs sanctioned by the Health Department (out of which 591 APHCs and 2484 HSCs were sanctioned in December 2006, whereas remaining were sanctioned earlier), only 492 APHCs and 3766 HSCs were functional due to non-availability of buildings and lack of trained manpower, non-completion of civil work by implementing agencies etc.

In reply the SHSB stated (October 2015) that construction of sanctioned health care units would be undertaken in a phased manner upon availability of fund and land on priority basis.

### 2.1.11.2 Adequacy of beds

NRHM guidelines envisaged to provide 500 public hospital beds for a population of 10 lakhs.

It was observed that the test checked 64 PHCs and 10 RHs were covering rural population of 1.37 crore with only 507 beds against the required norm of 6850 beds.

### 2.1.11.3 Radiological and pathological services

SHSB executed (February 2009) an agreement with an agency to provide X-ray and sonography facilities in each of the RHs and PHCs of the State and directed (January 2014) the agency to provide X-ray facility in two APHCs of each district. Besides, Pathological services were also outsourced to different agencies in 28 districts of the State till December 2013 and in the remaining 10 districts, by June 2014 and SHSB decided to provide Semi Auto-Analyser

(SAA) to each RH and PHC (January 2014) and two APHCs in each district (June 2014) for pathological tests.

Scrutiny revealed that X-ray facility was available in only 37 RHs (53 *per cent*), 276 PHCs (52 *per cent*) and 22 APHCs (29 *per cent*) of the State. Sonography facility was available in only 10 RHs (14 *per cent*) and 47 PHCs (Nine *per cent*) of the State. Pathology/SAA was available in 38 RHs (54 *per cent*), 183 PHCs (34 *per cent*) and 46 APHCs (61 *per cent*) of the State. Thus, health care units in the State did not have the required diagnostic facilities.

During joint physical verification of 30 RHs/PHCs, along with DHS officials, SAA was not found operational in 25 health centres. Lack of centrifuging machine, incubator, fridge, reagent and laboratory technician were the reasons for non-operation of SAA as reported by the concerned health centres. Besides, SHSB failed to monitor the operation of radiological services by outsourced agency in the required health care units.

In reply the SHSB stated (October 2015) that these facilities would be increased and the respective equipment would be made operational.

***Recommendation: SHSB should ensure the establishment of required number of health care units according to the population and provide adequate radiological and pathological services along with trained manpower.***

#### 2.1.11.4 Operation of Mobile Medical Unit

As per framework for implementation of NRHM, one Mobile Medical Unit (MMU) should be provided in each district for reaching health care to the door steps of the public in the rural areas. For operationalising MMUs in 38 districts, agreements were executed (March 2009 to November 2009) with three agencies. However, the agreement with one agency was terminated in February 2012 while agreement with the other two agencies were not extended beyond March 2014 due to their unsatisfactory performance. As a result, the MMUs were not operational in any of the districts of the State (July 2015).

In reply the SHSB stated (October 2015) that operationalisation of approved number of MMUs would be started after finalisation of tender process.

#### 2.1.11.5 Non-commencement of civil works by BMSICL

GoB constituted (May 2010) Bihar Medical Services and Infrastructure Corporation Limited (BMSICL) for procurement of medicines, equipment, services and construction works including construction of buildings for APHCs/ HSCs and up-gradation of PHCs into 30 beded hospitals in each of the Block .

**Despite availability of funds, out of 298 health units, construction works of 258 units were not yet started.**

SHSB released (April 2011 to February 2014) ₹ 446.17 crore to BMSICL for construction of 50 residential quarters for Medical Officers and Nurses, construction of building for 101 APHCs, 136 CHCs, 10 Sub Divisional Hospitals (SDHs) and one Sadar Hospital. However, out of total 298 construction works, only five works were completed upto March 2015 while 35 works remained incomplete and 258 works were not yet started. Out of this, Detailed Project Reports (DPRs) were yet to be prepared in nine works,

tender process was to be finalised in 141 works and execution of work was not yet started despite execution of agreement in 108 works ***(Appendix- 2.1.3)***. Thus, despite availability of funds, adequate health care infrastructure facilities could not be constructed by the SHSB. Besides, funds amounting to ₹ 383.40 crore remained blocked in the accounts of BMSICL for periods ranging from one to four years.

During exit conference, the Principal Secretary, Health Department assured that the matter would be examined.

### 2.1.11.6 Non-completion of Trauma Centres

To augment and upgrade the accidents and emergency services in selected government hospitals located in most accident prone areas of national highways, GoI signed (May 2009) an MoU with State government to operationalise nine trauma centres at a cost of ₹ 62.39 crore[1] and released ₹ 6.45 crore to the nine government hospitals during the year 2010-11.

However, the agency did not complete the work in time and the agreement was cancelled (December 2012) by SHSB after one year from the scheduled date of completion. As no payment was released to the agency, the amount of ₹ 7.38 crore (including interest) remained parked with SHSB and the objective of providing trauma care emergency facilities could not be achieved.

On being asked the SHSB stated (October 2015) that entire project was being reviewed due to slow work progress by the executing agency.

### 2.1.11.7 Idle equipment

SHSB executed an agreement (September 2009) with five agencies for purchase of equipment for 26 proposed Sick New born Care Units (SNCU) to be supplied to Districts Hospitals.

Audit scrutiny of records of three DHSs (East Champaran, Katihar, Madhubani) revealed that equipment worth ₹ 68.36 lakh was supplied (February 2010 to September 2011) to DHSs and ₹ 44.79 lakh was paid to suppliers without taking adequate action to get the SNCU buildings constructed in the district hospitals. As a result, the equipment remained unutilised with DHSs as on July 2015.

Other short comings such as non-availability of OPD rooms, outdoor/indoor facility, labour room and water supply etc. were also noticed in health care units of test checked districts ***(Appendix-2.1.4)***.

In reply the SHSB stated (October 2015) that the matter would be enquired and suitable action would be taken.

---

[1] *Rate of five trauma centres – building: ₹ 0.65 crore and equipment, manpower etc.: ₹ 4.125 crore and rate of four trauma centres – building: ₹ 0.80 crore and equipment, manpower etc.: ₹ 8.83 crore*

### 2.1.11.8 Shortcomings in procurement of drugs

NRHM Framework emphasises access to good hospital care through assured availability of drugs at PHC/CHC level. GoB nominated SHSB as State Purchase Organisation for drugs in April 2007. The SHSB entered into agreements with different agencies for supply of drugs for different periods (upto October 2012). Thereafter, the rate contracts was being done by BMSICL which was nominated (May 2010) by Health Department, GoB as State Purchase Organisation for supplying drugs to all health institutions. The shortcomings noticed in procurement of drugs are discussed in the succeeding paragraphs:

***Extra cost borne on payment on procurement of medicines***

Scrutiny of records disclosed that SHSB finalised (October 2012) the rates of 126 drugs/surgical items which was valid till March 2014. In the meantime, BMSICL had also floated a tender (February 2013) for procurement of medicines and finalised (September 2013) the rates of 234 medicines. It was however observed that the rates of 60 medicines finalised by BMSICL was more than the contracted rates of SHSB. Further, BMSICL procured these 60 medicines worth ₹ 19.48 crore, whose corresponding value was ₹ 16.62 crore according to SHSB rates (***Appendix-2.1.5***).

During exit conference, the Principal Secretary, Health Department stated that the tender by BMSICL was done after three years of rate contract of SHSB, hence there were differences in rates.

The reply was not in conformity of facts as the rate contract of SHSB was valid during the rate contract period of BMSICL. Thus, extra cost amounting to ₹ 2.86 crore was incurred by BMSICL on procurement of medicines as of March 2014.

***Irregular advance to agencies for supply of medicines***

As per terms and conditions of rate contracts finalised by SHSB, payment was to be made on 'cash and carry' basis *i.e.* payment was to be made to the agency while taking delivery of all items/drugs.

Scrutiny of records in six test checked DHSs disclosed that in contravention of terms of contracts, advance payments were made (September 2010 to December 2013) to 24 agencies before taking delivery of drugs valuing ₹ 1.23 crore (***Appendix-2.1.6***). However, no records were made available to audit to ascertain that the drugs were received by the concerned DHSs (July 2015).

In reply the SHSB stated (October 2015) that recovery of advances would be ensured.

***Liquidated damages not charged from agencies for delayed supply of drugs***

As per terms and conditions of rate contract executed with agency for supply of drugs, the first supply of medicines was to be ensured within 30 days of the receipt of the first order. Liquidated damages (LD) should be levied at the rate of 0.5 *per cent* of the value of supply order for indented medicines per day subject to a maximum of 35 *per cent* of bill amount for any delayed supply.

Scrutiny of records revealed that 41 agencies delayed the supply of drugs valued ₹11.77 crore upto 418 days in test checked districts ***(Appendix-2.1.7)***. However, no action was initiated by the DHSs against suppliers for the delayed supplies**.**

During exit conference, the Principal Secretary, Health Department assured that action would be taken in this regard.

***Non-deduction of testing charges of drugs from supplier's bill***

As per agreement of rate contract for supply of drugs executed during August 2011 to December 2011 and October 2012 to March 2014, a sum of two *per cent* of total bill amount, exclusive of sales tax, was to be deducted from the bills of the supplies of the medicines towards testing charges of the drugs.

Scrutiny of records revealed that ₹ 14.51 crore was paid to suppliers in test checked districts for procurement of drugs without deducting testing charges amounting to ₹ 29.01 lakh ***(Appendix- 2.1.8)***.

In reply the SHSB agreed with observation and stated (October 2015) that some of the districts had mistakenly not deducted testing charges. It was further said that DHSs/Civil Surgeons were instructed to ensure the deduction of testing charges.

***Quality test of biological drugs not ensured***

As per terms and conditions of rate contract for supply of drugs, samples of drugs of each and every batch should be taken for test by the respective Drug Inspector from company's godown. As the State did not have the facilities to test the quality of biological drugs such as antibiotics, injectable and vaccines, the SHSB decided (December 2013) to conduct tests in three NABL accredited test laboratories at the rate contract approved by BMSICL, Patna.

Scrutiny of records in test checked districts revealed that no biological drugs were sent to these NABL accredited laboratories for quality testing, though the SHSB had collected ₹28.81 lakh from 10 DHSs (Begusarai, Darbhanga, East Champaran, Nalanda, Nawada, Patna, Samastipur, Shekhpura, Supaul and West Champaran.) as testing charges till March 2015. Thus, biological drugs were being used in the State without any testing.

During exit conference, the Principal Secretary, Health Department stated that the matter would be looked into.

***Recommendation: Care should be taken by the SHSB to ensure timely supply of drugs by agencies. SHSB should also arrange to conduct quality tests of medicines.***

### 2.1.11.9 Selection and training of ASHAs

Under NRHM, one female Accredited Social Health Activist (ASHA) was to be selected in every village with a population of 1000 to work as a link between the community and health facilities and was to be provided four phases of training. At the State level, there was 85239 ASHAs in the State against requirement of 87135. However, the required training was not imparted to them as only 55195 and 6836 ASHAs could get third and fourth phase of training by October 2015.

In reply the SHSB stated (October 2015) that selection process of new training agencies was in process.

***ASHA Drug Kit***

ASHAs were to have a drug kit with 15 medicines to provide primary health care services to the community and these medicines were to be replenished quarterly. To provide drug kits to ASHAs, SHSB executed an agreement with an agency to supply 87135 drug kits between November 2010 and January 2011 to 38 districts at the rate of ₹2082 per kit.

Scrutiny revealed that the SHSB procured 3731 kits worth ₹80.79 lakh in excess of available ASHAs in test-checked districts. As a result, 1942 ASHA drug kits were lying unutilised in stores of PHCs in test checked districts since the appointed ASHAs were less than the sanctioned posts. Besides, medicines of ASHA Kits were never replenished during 2011-15 in the test checked districts. A joint physical verification of three PHCs (Muraul-Muzaffarpur, Paharpur-East Champaran and Chanpatia-West Champaran) also revealed that medicines inside 51 ASHA drug kits had expired.

In reply the SHSB stated (October 2015) that replenishment of drugs through PHC was being thought of so as to avoid the delay.

***ASHA Neonatal Kit***

Under Home Based Newborn Care (HBNC) scheme, ASHAs were to be provided with Neo Natal kits during training to reduce neonatal mortality. SHSB executed an agreement with an agency to supply 87135 Neonatal kits to 38 districts at the rate of ₹1100 per kit. As per the agreement, if the kit did not match the sample, it should be replaced or else the performance security should be forfeited.

Scrutiny of records of SHSB revealed that Neonatal kits were not supplied in seven districts (Aurangabad, Bhagalpur, Jamui, Patna, Saharsa, Sheohar and Sitamarhi) as per sample. However, the kits were not replaced till March 2015 and the performance guarantee was lapsed in May 2014. Further, scrutiny of records in test checked districts revealed that though 27,609 ASHAs were only trained, 31,836 Neonatal kits were purchased resulting in excess procurement of 4227 kits amounting to ₹46.50 lakh.

In reply the SHSB stated (October 2015) that Neonatal kits were procured against target of ASHA and distribution of kits was under process.

Reply was not acceptable as the kits should have been procured as per number of trained ASHAs.

### 2.1.12 Insufficient mainstreaming of AYUSH

One of the strategies of NRHM was to promote co-location of AYUSH (Ayurvedic, Yoga, Unani, Sidha and Homeopathy) services with other mainstream health facilities. As per NRHM framework, separate AYUSH set up would be provided by SHSB in each RH/PHC by appointing one contractual AYUSH doctor to strengthen outpatient services. Further, two AYUSH doctors were also to be included in the mobile health teams and two mobile health teams were to be constituted in each block to conduct screening

and follow up treatment of children under Rashtriya Bal Swasthya Karyakram (RBSK)[2].

#### 2.1.12.1 Availability of AYUSH doctors

**Due to shortage of AYUSH doctors, RBSK was yet to commence in the State**

During scrutiny of records of SHSB, it was observed that only 1264 AYUSH doctors were posted (March 2015) against the sanctioned strength of 1724 in the PHCs/APHCs of the State. Further, no post of AYUSH doctor was sanctioned by GoB for the RHs. It was also observed that 1068 mobile teams (for all the 534 Blocks in the State) could not be constituted due to non-appointment of 2136 AYUSH doctors as on March 2015. Therefore, RBSK which was to be started in 2012-13, failed to commence in the State as on March 2015.

#### 2.1.12.2 Availability of AYUSH drugs

Scrutiny of records of SHSB disclosed that AYUSH medicines were procured in June 2010 for 271 APHCs. During August 2010, the SHSB also appointed 1384 AYUSH doctors including 428 Homeopath doctors in the said APHCs. However, AYUSH medicines excluding Homeopathic medicines were procured in June 2011 only while Homeopathic medicines were purchased in April 2013. As a result, all the AYUSH medicines were not available in the APHCs upto April 2013 and as per the records of SHSB, the AYUSH doctors prescribed Allopathic medicines to the patients of APHCs thereby failing to achieve the mainstreaming of AYUSH in the State.

During exit conference, the Principal Secretary, Health Department stated that recruitment of AYUSH for RBSK was done in July 2015 while tendering process for purchase of AYUSH drugs was under progress.

***Recommendation: AYUSH set up need to be provided in each RH/PHC and regular supply of AYUSH drugs should be ensured for mainstreaming of AYUSH.***

### 2.1.13 Routine Immunisation and Pulse Polio Immunisation Programme (Part-C)

The programme for immunisation of children against preventable fatal diseases such as tuberculosis, diphtheria, pertussis, tetanus, polio, measles, Hepatitis-B etc was implemented through routine immunization (RI) Programme.

**Achievement under RI/PPI was appreciable in the state.**

The achievement under RI in the State was appreciable and as per Annual Health Survey report (2011-12) published by GoI, the figure of complete immunisation in Bihar was 65.6 *per cent* which was more than the national figure of 61 *per cent*. The percentage of complete immunization in the State further increased to 72 *per cent* in 2013-14 as per World Health Organisation (WHO) report.

[2] *RBSK was a new initiative in February 2013 aiming at screening of children from the 0-18 years age group in school for 4 Ds-Defects at birth, diseases, deficiencies and development delays including disabilities.*

Similarly, performance of the State under Pulse polio immunization (PPI) programme was also noteworthy and the targets of PPI was almost achieved during 2010-15 and no new polio case was detected after 2011-12.

During exit conference, the Principal Secretary, Health Department stated that RI was now 78 *per cent* in the State as per data (June 2015) of WHO.

## 2.1.14 National Disease Control Programmes (Part-D)

### 2.1.14.1 Kala-azar Elimination Programme

Kala-azar is a parasite disease and prevalent in 54 districts in the country of which 33 districts belong to Bihar. The National Health Policy-2002 set the goal of Kala-azar elimination in India by the year 2010 (later revised to 2015). The preventive measure for this endemic disease was Indoor Residual Spray (IRS) of Dichloro Diphenyl Trichloroethane (DDT) in the affected areas. The details regarding cases of Kala-azar, its treatment and death due to Kala-azar in the State as well in the test checked districts were as under:

**Table no. 2.1.5**

**Total cases of Kala-azar, its treatment and reported death cases during 2010-15**

| Cases detected | | Medical treatment provided | | Death cases reported | |
|---|---|---|---|---|---|
| State | Test checked Districts | State | Test checked Districts | State | Test checked Districts |
| 82568 | 33971 | 82144 | 33953 | 224 | 115 |

*(Source: SPO, Malaria/Kala-azar and test checked DHSs)*

Thus, it was evident from the **Table no. 2.1.5** that Kala-azar could not be eliminated from the State upto March 2015. On the contrary, the disease spread from 31 districts in 2010 to 33 districts in 2015.

### 2.1.14.2 Spray of DDT beyond the prescribed period

The population of vector of kala-azar was built up in March and transmitted in June to October. However, GoI guidelines envisaged that DDT was to be sprayed twice a year (February/March and June/July) as a preventive measure to control the population of vector. In nine test-checked districts, it was observed that several rounds of DDT were sprayed during non-breeding season of kala-azar parasite. This made the preventive measure for which an expenditure of ₹7.36 crore was incurred, ineffective.

It was also noticed that against the sanctioned strength of 3556, only 600 persons (12 *per cent*) were working in the State Kala-azar/Malaria office where as in the test checked districts, only 131 staff ( 15 *per cent*) were posted against the strength of 892 which adversely affected the implementation of the programme.

In reply the SHSB accepted (October 2015) that delay in DDT spray was due to non-availability of DDT and delayed release of fund by GoI.

### 2.1.14.3 National Programme for Control of Blindness

With a view to reduce the prevalence of blindness among the population from 1.4 *per cent* to 0.3 *per cent* by the year 2020, GoI had launched the National Programme for Control of Blindness (NPCB) in 1976.

Scrutiny of records of State Programme Officer (SPO) responsible for implementation of NPCB in the State disclosed that against 400 vision centers to be established, only 105 were established in 27 districts. Further, only one specialist and 19 ophthalmic assistants were available under the programme against sanctioned strength of 10 specialists and 220 ophthalmic assistants. It was further observed that SPO had neither maintained the data regarding prevalence of blindness during 2010-15 nor had the financial details of the programme.

In reply the SHSB accepted (October 2015) the facts.

#### 2.1.14.4 National Leprosy Eradication Programme (NLEP)

National Leprosy Eradication Programme (NLEP) was incepted in the year 1983 and the country achieved the goal of leprosy elimination *i.e.* prevalence rate (PR) of less than one case per 10,000 population at National level by December 2005, as set by National Health Policy 2002.

Scrutiny revealed that during the audit period, the prevalence rate in the State was more than the prescribed limit of one case (1.12 cases in 2010-11 and 1.20 cases in 2012-13). Further, in the year 2014-15, the prevalence rate was more than the prescribed limit of one case in three test checked districts (Araria, Gaya and Saran) due to shortage of manpower such as District Leprosy Officer, non- medical officer etc.

On being asked in audit, the SHSB stated that GoB had taken the matter seriously and was initiating remedial steps.

***Recommendation: To achieve the target of kala-azar elimination, SHSB should ensure timely spray of DDT and adequate manpower. The SHSB should also ensure adequate number of vision centres for control of blindness in the State.***

### 2.1.15 Inadequate manpower

The Mission seeks to provide minimum two ANMs at each HSC and three Staff Nurses at each PHCs to ensure round the clock health facilities in every PHC. The framework for implementation of NRHM also stipulated seven specialists doctors and nine staff nurses in every RH. However, GoB sanctioned (September 2006) four posts of specialist doctors (Surgeon, Paediatrics, Gynaecology and Anaesthetist) for each RH/CHC as well as PHC. In RH, one additional post of medicine was also sanctioned.

The availability of medical and para medical staff in the State as well as in test checked units as on 31 March 2015 were as shown in **Table no. 2.1.6**:

**Table no. 2.1.6**

**Status of Man power in the State as well as in the test checked units**

| Sl No | Post | Sanctioned | | Men in Position | | | |
|---|---|---|---|---|---|---|---|
| | | State | Test checked health care units | State *(per cent)* | | Test checked health care units *(per cent)* | |
| | | | | No. of posts | *per cent* of shortage | No. of posts | *per cent* of shortage |
| 1 | Medical Officer/ Specialist Medical Officer | 12178 | 714 | 5212 | 57 | 295 | 59 |
| 2 | ANM/ Grade A/ Staff Nurse | 29582 | 1068 | 20917 | 29 | 487 | 54 |
| 3 | Lady Health Visitor | 1201 | 172 | 342 | 72 | 13 | 92 |
| 4 | Pharmacist | NA | 182 | NA | | 49 | 73 |
| 5 | Lab Technician | NA | 182 | NA | | 42 | 77 |
| 6 | Male Health Worker | NA | 256 | NA | | 11 | 96 |

*(Source: Data furnished by SHSB and test checked districts)*

**Fifty seven *per cent* post of medical/ specialist medical officers were lying vacant in the State.**

From the **Table no. 2.1.6**, 57 *per cent* of posts of Medical/Specialist Medical Officers were lying vacant in the State while there was shortage of 29 to 72 *per cent* in the sanctioned strength of para-medical staff.

Scrutiny of records of health care units in the test checked districts disclosed that against requirement of 798 specialist doctors in RHs and PHCs, only 49 (6 *per cent*) specialist doctors were available. Five test checked RHs were running without any specialist doctors whereas two Gynaecologists were posted at RH Sakra. It was also observed that seven PHCs and 29 APHCs did not have any doctors and 11 PHCs were functioning with only one doctor in the test checked districts. Further, no ANM was posted in nine HSCs and 54 APHCs **(*Appendix- 2.1.9*).**

Thus, despite completion of almost 10 years of NRHM, the health centres of the State did not have the required strength of medical/para-medical staff.

In reply the SHSB stated (October 2015) that the Department was taking necessary steps to overcome the shortage of manpower for more effective implementation of the programme.

***Recommendation: SHSB should ensure the appointment of required number of doctors and para-medical staff at each health care unit.***

### 2.1.16 Monitoring and Evaluation

NRHM frame works stipulates formation of Health Monitoring and Planning Committees (HMPC) at PHC, Block, District and State levels to ensure regular monitoring of activities at respective levels. Besides, according to MoUs (May 2005 and March 2013) between GoI and GoB, Governing Body (GB) and Executive Committee (EC) of SHS/DHS should meet at prescribed intervals to review the progress in implementation of Annual Action Plan, issues related to inter-sectoral co-ordination and status of follow up action on earlier taken decisions.

Though no information was provided by SHSB regarding constitution of State level HMPC, it was observed in the test check that HMPCs were not

constituted at district, block and PHC levels. Besides, meeting of GB/EC was also not regular at State level as only 10 meetings of EC was held during 2010-15 against required 30 meetings. In the test checked districts, against required 100 GBs during 2010-15, only 23 (23 *per cent*) meetings were held. Besides, *Jan Sambad*/*Jan Sunwai* was also not organised in any test checked districts for improving the transparency and accountability of health care system.

In reply, SHSB stated that the meeting of EC/GB was held as per required agenda. However, no reply was furnished about the constitution of HMPC and the regularity of EC/GB meetings.

***Recommendation: SHSB should ensure formation of Health Monitoring and Planning Committees at each level (from block to State). Besides, monitoring of NRHM should be ensured through periodical meetings of Monitoring Committees.***

### 2.1.17 Conclusion

- The financial statements of State Health Society, Bihar did not represent the true status of NRHM in the State as different figures were indicated in different financial statements as opening balances, funds received and expenditure for the same components.
- Action plans were not decentralised with a bottom-up approach resulting in scant community participation in the Mission.
- Despite completion of Mission period of 2005-12, nearly half of the pregnant women in the State failed to register in the first trimester of pregnancy. This resulted in inadequate antenatal care which along with deliveries at home in nearly half of the cases due to insufficient healthcare facilities caused the Mission to miss the targeted Maternal and Infant mortality rates.
- Despite shortage of physical infrastructure and availability of funds, construction of buildings for health care units and trauma centres were not completed.
- Procurement system of drugs was not efficient as liquidated damages and undue advances were not recovered from agencies. Quality of biological drugs were not ensured in the State;
- AYUSH set up was not provided in each RH/PHC and regular supply of AYUSH drugs were not ensured.
- The Kala-azar Elimination Programme was marred with shortage of manpower and delayed spray of DDT etc. and missed the target date;
- National Programme for Control of Blindness Suffered due to inadequate infrastructure and shortage of manpower. National Leprosy Eradication Programme missed the goal of leprosy elimination due to shortage of specialised medical staff.
- Fifty seven *per cent* posts of Medical/Specialist Medical Officers was lying vacant while there was shortage of 29 to 72 *per cent* of para-medical staff in the State.
- Monitoring and evaluation was deficient due to non- constitution of Health Monitoring Committees at various levels.

## APPENDIX-2.1.1

***(Refer: Paragraph: 2.1.5;Page-10)***

### Statement showing list of selected RH/PHC/APHC/HSC

| Sl. No. | District | Name of RH | Name of PHC | Name of APHC | Name of HSC |
|---|---|---|---|---|---|
| 1 | East Champaran | Dhaka | Adapur | Majharia, Mahuawa | Sirsia Khurd, Uchidih, Katgenwa, Andhra |
| | | | Bankatwa | Jitna | Athmohan, Gola Pakariya, Jagirha, Bagha |
| | | | Paharpur | Siswa Bazar, Saraiya | Ibrahimpur, Sonwal, Balua, Tejpurwa |
| | | | Turkaulia | Mahnwa | Mathurapur, Parsurampur, Saphi, Mohabbat chapra |
| | | | Sangrampur | Madhubani Tola | Pakdi, Parsauna Sareya, Baduraha, Izra |
| | | | Kotwa | Machchargawa Mathbanwari | Bhopatpur, Dumra, Karariya, Jasauli Patti |
| | | | Banjaria | Phulwar, Phulwar Bazar | Mokhlishpur, Darogatola, Siswa, Budhwa |
| | | | Raxaul | Noriadih, Laukoria | Sri Rampur, Semri, Bharwalia, Gad Bahuari |
| | | | Fenhara | Deokulia | Gabandhi, Chakarpeta, Pashurampur, Bishnupur |
| **Total** | **1** | **1** | **9** | **14** | **36** |
| 2 | West Champaran | Lauria | Piprashi | | Sauraha, Baluathori, Muradihtand, Manjhriya |
| | | | Bhitha | | Machhaha, Palitola, Binahi, Aerha |
| | | | Bettiah | Barwat Sena, Pipra Pakari | Hardiya, Lohar Patti, Sekhona, Gonauli |
| | | | Bagha-1 | Patilar, Bhairwaganj | Khairpokhara, Bargaon, Sirisiya, Bisunpurwa |
| | | | Madhubani | Dhonha | Katta, Noniapatti, Khotahwa, Marichawa |
| | | | Chanpatia | Gidha, Persa | Sirisiya, Paraina Gosai, Garbhua, Siswania |
| | | | Bagha-2 | Valmikinagar, Semra | Mangalpur Awasani, Tinfedia, Rampur, Sirisiya |
| **Total** | **1** | **1** | **7** | **9** | **28** |
| 3 | Gaya | Dumaria | Dumaria | Maigra, Gajwalia | Karma, Kachar, Khajura, Maigra |
| | | | Imamganj | Kothi, Raniganj | Bansi, Bahera, Nagwa, Badauli |
| | | | Mohra | Jethian, Naudiha | Pasiya, Gehlore, Dariyapur, Sharshu |
| | | | Amas | Jhari | Vishnupur, Narayanpur, Akwana, Neema |
| | | | Gurua | Simri | Nadiyan, Bharaudha, Tarawa Chansi, Sagahi |
| | | | Bodhgaya | Khajbatti, Cherki | Dhanama, Bakror, Asmi, Janibigha |
| | | | Belaganj | Bhagwanpur, | Erki, Dadpur, Paraini, |

| Sl. No. | District | Name of RH | Name of PHC | Name of APHC | Name of HSC |
|---|---|---|---|---|---|
| | | | | Maingram | Bajitpur |
| | | | Guraru | Ismailpur, Konchiverma | Sondiha, Manjhiawan, Barorah, Ghatera |
| | | | Sherghati | | Srirampur, Mahmadpur, Nawada, Chitab |
| **Total** | **1** | **1** | **9** | **14** | **36** |
| 4 | Muzaffarpur | Sakra | Mushahari | Shekhpur, Pakri Ismail | Susta, Patahi, Tarma Bakhari, Patahi Rup |
| | | | Muraul | Malpur, Mahmadpur | Markan, Dardha, Mirapur, Bakhari Muraul |
| | | | Kanti | Birpur, Madhuban | Bariyarpur, Harchanda, Madhuban, Dadar |
| | | | Motipur | Haradi, Pansalwa | Bagwara, Paghiya, Nariyar, Kushahi |
| | | | Kudhani | Kermadih, Sonbarsa Sah | Razla, Padmaul, Blaur dih, Maricha |
| | | | Bochaha | Athar, Gharbhara | Graha, Barhetta, Karpur south, Balthi |
| **Total** | **1** | **1** | **6** | **14** | **36** |
| 5 | Araria | Forbesganj | Sikti | Bhutaha, Bardaha | Kasat, Dengari, Daniya, Ufrail chowk |
| | | | Araria Sadar | Madanpur, Pategna | Kamaldaha, Azamnagar, Palktola, Chikni |
| | | | Palasi | Dharamganj, Sohandar Halt | Pakari, Bhatwar, Urlaha, Balua |
| **Total** | **1** | **1** | **3** | **6** | **12** |
| 6 | Kishanganj | Chhattargachh | Bhahadurganj | Gangi, Rupni | Lohagara, Damohari, Bilasi, Sameshwar |
| | | | Kishanganj sadar (Belwa) | | Gachapara, Halamala, Belwa, Motihara |
| | | | Thakurganj | Pauwakhali, Churli | Hulhuli, Jiyapokhar, Kadogown, Ruidhasa |
| **Total** | **1** | **1** | **3** | **4** | **12** |
| 7 | Katihar | Barari | Barari | Sujapur, Semapur | Bhaisdira, Uchla, Parjeli, Kabar |
| | | | Barsoi | Gawaltoli, Sudhani | Raghunathpur, Hat Bangrora, Abadhpur, Rangamatia |
| | | | Falka | Pothia, Rahata | Maheshpur, Darmahi, Gayarahika, Bhanga |
| | | | Amdabad | Durgapur, Dilli Diwanganj | Baida, Jhola Bathan, Nirpur, Bairiya |
| | | | Katihar Sadar | Haflaganj, Pokhariya | Hajipur, Maniya, Belwa, Golaghat |
| | | | Manihari | Kumaripur, Gandhitola | Mednipur, Mahuar, Bangri, Dilarpur |
| **Total** | **1** | **1** | **6** | **12** | **24** |
| 8 | Madhubani | Andhrathari | Andhrathadhi | Rudrapur, Mahrail | Nanor, Gor Gama, Bitauni, Marukiya |
| | | | Madhwapur | Balwa saharghat, Bishanpur | Salmpur, Bihari, Pirokhar, Sahar Ghat |
| | | | Benipatti | Akaur, Shiv Nagar | Kapasiya, Bankatta, Parjuar, Parkauli |

| Sl. No. | District | Name of RH | Name of PHC | Name of APHC | Name of HSC |
|---|---|---|---|---|---|
| | | | Lakhnaur | Tamuria, Belauncha | Kachuli, Kachuala, Umari, Manmohan |
| | | | Bisffi | Simri, Singhia | Chachhowa, Janipur, Ithar, Damla |
| | | | Babubarahi | Barhara, Bhatchaura | Bhatgama, Tirhuta, Sonmati, Bhupatti |
| | | | Rajnagar | Koilakh, Kaithahi | Madhubani Tole, Sahaspur, Chakdah, Rampatti |
| **Total** | **1** | **1** | **7** | **14** | **28** |
| 9 | Siwan | Siswan | Ander | Pareji, Ashaw | Masudaha, Tiyay, Kherai, Chhajwa Baliya |
| | | | Barharia | Bhopatpur, Chari | Paharpur, Madhopur, Balapur, Paltuhatta |
| | | | Nautan | Kilpur, Tilmapur | Baraipatti, Semariya, Thakur Ke Rampur, Angauta |
| | | | Siswan | Mehdar, Chainpur | Bangra, Ghoorghat, Bhagar, Bakhari |
| | | | Darauli | Dumrahar, Done | Amarpur, Karom, Biswania, Balhu |
| | | | Daraunda | Bagaura | Rukundipur, Satjora, Korari Kala, Bhar Ke Mathiya |
| | | | Mairwa | Sirisiya, Kodra | English, Badgaon, Kaithwali, Kabirpur |
| **Total** | **1** | **1** | **7** | **13** | **28** |
| 10 | Saran | Baniyapur | Baniyapur | Sohaigajan, Bhitthi | Harpur, Dhobwal Bazar, Dhanav, Dhangarha |
| | | | Manjhi | Daudpur, Mubarakpur | Chamarahiya, Tajpur, Mohamadpur, Nachap |
| | | | Lahladpur | Kateya | Murarpur, Dayalpur, Mirzapur, Senduar |
| | | | Amnaur | Katsa, Lachi Kaituka | Basdih, Sonho, Aphar, Patrahi |
| | | | Ekma | Parsa Garh, M.N. Mathiya | Mane Mathiya, Nawatan, Harpur, Rasulpur |
| | | | Revilganj | Sitabdiyara | Methwaliya, Dhelhari, Mukrera, Enani |
| | | | Taraiya | | Chainpur, Usari Chandpura, Shankerdih, Harakhpura |
| **Total** | **1** | **1** | **7** | **10** | **28** |
| **Grand Total** | **10** | **10** | **64** | **108** | **256** |

*(Source: District Health Society of Selected Districts)*

**APPENDIX-2.1.2**
***(Refer: Paragraph: 2.1.10.3; Page-17)***

**Detail of MCH L-1 APHC and HSC running without Doctor and ANM**

| Sl. No. | District | Without Doctor | | | Without ANM | | |
|---|---|---|---|---|---|---|---|
| | | Sl.No. | Block | APHC | Sl.No. | Block | APHC/HSC |
| **1** | **Gaya** | 1 | Gurua | Simaru | 1 | Gurua | APHC Simaru |
| | | 2 | Mohra | Jethian | 2 | Dumaria | APHC Maigra |
| | | 3 | Manpur | Gera | 3 | Manpur | APHC Gera |
| | | 4 | Fatehpur | Gamhari | 4 | Manpur | APHC Bhore |
| | | | | | 5 | Paraiya | APHC Solar |
| | | | | | 6 | N Bathani | APHC Khukhadi |
| | | | | | 7 | Fatehpur | APHC Gamhari |
| **2** | **Madhubani** | 1 | Jainagar | Kamlabari | | | |
| **3** | **Muzaffarpur** | 1 | Aurai | Sarhacchiya | 1 | Gayghat | APHC Kewatsa |
| | | 2 | Gayghat | Kewtsa | | | |
| | | 3 | Marwan | Subhankarpur | | | |
| | | 4 | Minapur | Ghosaut | | | |
| | | 5 | Motipur | Birhima Bazar | | | |
| | | 6 | Paroo | Deoriya | | | |
| **4** | **Katihar** | 1 | Falka | Morsand | 1 | Falka | APHC Pothia |
| | | 2 | Pranpur | Rosna | 2 | Mansahi | APHC Kuretha |
| | | | | | 3 | Amdabad | APHC Durgapur |
| | | | | | 4 | Balrampur | APHC Balrampur |
| **5** | **W. Champaran** | 1 | Lauria | Gobraur | 1 | Gaunaha | APHC Amolwa |
| **6** | **Siwan** | | | | 1 | Siswan | HSC Gyaspur |
| | **Total** | **14** | | | **14** | | |

*(Source: District Health Society of Selected Districts)*

## APPENDIX-2.1.3
***(Refer: Paragraph: 2.1.11.5; Page-22)***

### Statement of work not started by BMSICL

***(₹in lakh)***

| Year | Name of work | Amount | Date | Work not started | | Status |
|---|---|---|---|---|---|---|
| | | | | No. | Amount involved | |
| 2011-12 | Construction of 100 APHC | 4378.00 | 16.4.11 | 100 | 4378.00 | Work not started |
| | Upgradation of 136 PHC into CHC | 6566.66 | 16.4.11 | 136 | 12633.92 | Tender was not done |
| | -do- | 6067.26 | 27.3.12 | | | |
| | One APHC at Narhan | 75.99 | 27.5.11 | 1 | 75.99 | -do- |
| | SH Madhepur | 40.00 | 27.5.11 | 1 | 40.00 | -do- |
| | 9 SDH | 7758.00 | 27.3.12 | 9 | 7758.00 | Revised DPR is in process |
| 2012-13 | Construction of Residential quarter for MO and Nurses at 14 SDH | 2217.39 | 5.4.12 | 2 | 316.77 | For one work agreement was done while other work is not started |
| | Construction of Residential quarter for MO and Nurses at 8 RH | 1200.00 | 5.4.12 | 1 | 150.00 | Agreement done |
| | Construction of Residential quarter for MO and Nurses at 4 DH | 633.54 | 5.4.12 | 2 | 316.77 | Tender was not done |
| | Construction of Residential quarter for MO and Nurses at 10 DH | 1583.85 | 13.9.12 | 1 | 158.39 | Not started |
| | Construction of Residential quarter for MO and Nurses at 8 SDH | 1267.08 | 13.9.12 | 2 | 316.77 | -do- |
| | Construction of Residential quarter for MO and Nurses at 6 RH | 950.31 | 13.9.12 | 2 | 316.77 | -do- |
| | SDH at Biraul, Darbhanga | 78.92 | 9.3.13 | 1 | 78.92 | Tender was not done |
| 2013-14 | Revised rate for Upgradation of 136 PHC into CHC (Rs 12633.92 was already released in 2011-12) | 11800.00 | 1.2.14 | 0 | 11800.00 | |
| | **Total** | **44617.00** | | **258** | **38340.30** | |

*(Source: BMSICL)*

**APPENDIX-2.1.4**
***(Refer: Paragraph: 2.1.11.7; Page-22)***

**Status of Infrastructure facilities available in test-checked health units**

| Sl. No. | Particulars | No. of HSCs | No. of APHCs | No. of PHCs |
|---|---|---|---|---|
| **1.** | **Records of Health Centres checked by audit** | **256** | **108** | **64** |
| 2. | Building was not available | 148 | 46 | 10 |
| 3. | Building was in a dilapidated condition | 48 | 37 | 18 |
| 4. | OPD rooms/ cubicles were not available | NA | 44 | 18 |
| 5. | Separate utilities for men and women were not available | NA | 94 | 29 |
| 6. | Outdoor facility for patient was not available | NA | 20 | 8 |
| 7. | Indoor facility for patients was not available | NA | 90 | 15 |
| 8. | Labour room was not available (Where applicable) | NA | 69 | 13 |
| 9. | Separate ward for male and female patients were not available/ Non-functional (Where applicable) | NA | 101 | 35 |
| 10. | Non provision of water supply | 122 | 49 | 11 |
| 11. | No provision for storage of water | NA | 94 | 22 |
| 12. | Waiting rooms for patients were not available | NA | 87 | 41 |
| 13. | Accommodation facilities for doctors were not available | NA | 86 | 40 |
| 14. | Accommodation facilities for staff were not available | 246 | 89 | 43 |
| 15. | No standby power supply/ generator | - | 90 | 14 |
| 16 | No electricity connection/ power supply | - | 83 | 15 |
| 17. | Citizens charter was not displayed | NA | 102 | 49 |
| 18. | Cleanliness was poor | - | 35 | 8 |
| 19. | Suggestion/ complaint box was not kept prominently | - | 99 | 20 |
| 20. | HSC where Doctor not visited even once in a month | 131 | NA | NA |
| 21. | HSC having only one room | 123 | NA | NA |

*(Source: PHCs, APHCs and HSCs)*

## APPENDIX-2.1.5

***(Refer: Paragraph: 2.1.11.8; Page-23)***

### Statement showing status of drugs under BMSICL as of March 2014

| Sl. No | Drug Code | Drug Name | Strength | Vendor Name | Total Purchase Order Quantity (POQ) | Received Quantity | BMSICL Rate with VAT | SHSB Rate with VAT | As per BMSICL rate | | As per SHSB rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Total cost of PO qty | Total Cost of received qty | Total Cost of received qty |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** (6x8) | **11** (7x8) | **12** (7x9) |
| 1 | D0003 | Aceclofenac | 100 mg | Ravian Life Science Pvt. Ltd. | 31005000 | 31004800 | 0.234885 | 0.22 | 7282609.43 | 7282562.45 | 6821056.00 |
| 2 | D0010 | Albendazole | 10 ml (200 mg/5 ml) | Medipol Pharmaceutical India Pvt. Ltd. | 535800 | 535800 | 3.906 | 3.11 | 2092834.80 | 2092834.80 | 1666338.00 |
| 3 | D0013 | Alprazolam | 0.25mg | Zaneka Healthcare Pvt Ltd | 9193800 | 8772800 | 0.084 | 0.08 | 772279.20 | 736915.20 | 701824.00 |
| 4 | D0015 | Alprazolam | 0.5mg | Laborate Pharmaceuticals India Ltd. | 1134400 | 1134400 | 0.09639 | 0.09 | 109344.82 | 109344.82 | 102096.00 |
| 5 | D0016 | Amikacin | Containing 500mg | Laborate Pharmaceuticals India Ltd. | 1075029 | 1075029 | 6.9615 | 6.3 | 7483814.38 | 7483814.38 | 6772682.70 |
| 6 | D0017 | Amikacin | Containing 250mg | Embark LifesciencePvt.Ltd. | 253149 | 44950 | 4.62 | 4.25 | 1169548.38 | 207669.00 | 191037.50 |
| 7 | D0023 | Amlodipine | 5mg | Laborate Pharmaceuticals India Ltd. | 199380 | 199040 | 0.12852 | 0.1 | 25624.32 | 25580.62 | 19904.00 |
| 8 | D0027 | Amoxicillin+ Clavulanic Acid (Inj) | Each vial containing Amoxycillin-1000mg, Clavulanic Acid-200mg.- (1.2 gm vial) | Scott Edil Pharmacia Ltd. | 1112500 | 838625 | 25.9875 | 25.44 | 28911093.75 | 21793767.19 | 21334620 |
| 9 | D0029 | Amoxicillin+ Clavulanic Acid (Tab) | 500mg + 125mg | Laborate Pharmaceuticals India Ltd. | 600000 | 600000 | 4.68027 | 4.49 | 2808162.00 | 2808162.00 | 2694000.00 |

| Sl. No | Drug Code | Drug Name | Strength | Vendor Name | Total Purchase Order Quantity (POQ) | Received Quantity | BMSICL Rate with VAT | SHSB Rate with VAT | As per BMSICL rate | | As per SHSB rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Total cost of PO qty | Total Cost of received qty | Total Cost of received qty |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** (6x8) | **11** (7x8) | **12** (7x9) |
| 10 | D0031 | Amoxicillin+ Cloxacillin | 60 ml syrup. Each 5 ml containing Amoxycillin-125 mg and Cloxacillin 125 mg | Medipol Pharmaceutical India Pvt. Ltd. | 525000 | 181800 | 11.2455 | 10.76 | 5903887.50 | 2044431.90 | 1956168 |
| 11 | D0033 | Amoxycillin | 250 mg | Arvind Remedies Ltd. | 12071430 | 12071400 | 0.798 | 0.67 | 9633001.14 | 9632977.20 | 8087838.00 |
| 12 | D0035 | Ampicillin+ Cloxacillin | Containing ampicillin-250mg & cloxacilin-250mg | Laborate Pharmaceuticals India Ltd. | 406950 | 406950 | 4.977 | 4.7 | 2025390.15 | 2025390.15 | 1912665.00 |
| 13 | D0037 | Ampicillin+ Cloxacillin | Containing ampicillin-500mg & cloxacilin-500mg | Laborate Pharmaceuticals India Ltd. | 399238 | 399058 | 8.3055 | 7.29 | 3315871.21 | 3314376.22 | 2909132.82 |
| 14 | D0042 | Antacid Tablets | Tablet Containing: Dried Aluminium Hydroxide Gel-250, Mag Hydroxide-250mg, Activated Dimethicon 50mg | Biogenetic Drugs Pvt. Ltd. | 10000000 | 9899300 | 0.239295 | 0.15 | 2392950.00 | 2368852.99 | 1484895.00 |
| 15 | D0051 | Atenolol | 25mg | Laborate Pharmaceuticals India Ltd. | 492340 | 492340 | 0.12852 | 0.12 | 63275.54 | 63275.54 | 59080.80 |
| 16 | D0053 | Atropine Sulphate | 0.6mg/ml - 1ml Ampoule | Laborate Pharmaceuticals India Ltd. | 1148652 | 1148626 | 1.3965 | 1.31 | 1604092.52 | 1604056.21 | 1504700.06 |
| 17 | D0061 | Calcium | Containing Elemental calcium-500mg and Vit D3-250I.U. | Arvind Remedies Ltd. | 16150050 | 8813900 | 0.1785 | 0.17 | 2882783.93 | 1573281.15 | 1498363.00 |

| Sl. No | Drug Code | Drug Name | Strength | Vendor Name | Total Purchase Order Quantity (POQ) | Received Quantity | BMSICL Rate with VAT | SHSB Rate with VAT | As per BMSICL rate | | As per SHSB rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Total cost of PO qty | Total Cost of received qty | Total Cost of received qty |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** (6x8) | **11** (7x8) | **12** (7x9) |
| 18 | D0066 | Carbamazepine | 100mg | Micron Pharmaceuticals | 6050000 | 6049500 | 0.33966 | 0.29 | 2054943.00 | 2054773.17 | 1754355.00 |
| 19 | D0067 | Cefadroxyl | 30 ml- each 5 ml containing cefadroxil-125mg suspension | Medipol Pharmaceutical India Pvt. Ltd. | 54000 | 54000 | 7.7175 | 6.75 | 416745.00 | 416745.00 | 364500.00 |
| 20 | D0068 | Cefadroxyl | 250 mg | Cyper Pharma | 512400 | 512400 | 1.09935 | 1.06 | 563306.94 | 563306.94 | 543144.00 |
| 21 | D0069 | Cefadroxyl | 500 mg | Alpa Laboratories Ltd | 7474200 | 7474040 | 2.05422 | 1.97 | 15353651.12 | 15353322.45 | 14723858.80 |
| 22 | D0070 | Cefixime | 50mg D.T. | Medipol Pharmaceutical India Pvt. Ltd. | 550000 | 548100 | 1.0206 | 0.79 | 561330.00 | 559390.86 | 432999.00 |
| 23 | D0072 | Cefixime | 100mg | Medipol Pharmaceutical India Pvt. Ltd. | 359300 | 359300 | 1.30662 | 1.22 | 469468.57 | 469468.57 | 438346.00 |
| 24 | D0072 | Cefixime | 100mg | Laborate Pharmaceuticals India Ltd. | 359300 | 359300 | 1.30662 | 1.22 | 469468.57 | 469468.57 | 438346.00 |
| 25 | D0073 | Cefixime | 200mg | Medipol Pharmaceutical India Pvt. Ltd. | 767300 | 767300 | 2.506035 | 2.42 | 1922880.66 | 1922880.66 | 1856866.00 |
| 26 | D0077 | Cefotaxime | 1gm vial | Laborate Pharmaceuticals India Ltd. | 477976 | 477976 | 11.235 | 10.49 | 5370060.36 | 5370060.36 | 5013968.24 |
| 27 | D0079 | Ceftazidime | 500mg vial | D.J. Laboratories Pvt. Ltd. | 98550 | 97971 | 18.375 | 10.47 | 1810856.25 | 1800217.13 | 1025756.37 |
| 28 | D0081 | Ceftazidime | 1g vial | Laborate Pharmaceuticals India Ltd. | 94059 | 93315 | 23.8035 | 22.23 | 2238933.41 | 2221223.60 | 2074392.45 |
| 29 | D0083 | Ceftriaxone | 500mg vial | Laborate Pharmaceuticals India Ltd. | 200000 | 200000 | 8.001 | 7.47 | 1600200.00 | 1600200.00 | 1494000.00 |
| 30 | D0087 | Cefuroxime | 125mg D. T. | Medipol Pharmaceutical India Pvt. Ltd. | 100000 | 85500 | 2.268 | 1.78 | 226800.00 | 193914.00 | 152190.00 |

| Sl. No | Drug Code | Drug Name | Strength | Vendor Name | Total Purchase Order Quantity (POQ) | Received Quantity | BMSICL Rate with VAT | SHSB Rate with VAT | As per BMSICL rate | | As per SHSB rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Total cost of PO qty | Total Cost of received qty | Total Cost of received qty |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** (6x8) | **11** (7x8) | **12** (7x9) |
| 31 | D0088 | Cetrizine | 5mg/5ml- 30ml syrup bottle | Shiva Biogenetic Pharmaceuticals Pvt. Ltd. | 306900 | 303787 | 5.25 | 4.5 | 1611225.00 | 1594881.75 | 1367041.50 |
| 32 | D0101 | Ciprofloxacin Eye/Ear Drops | 0.3%w/v 5ml vial. | Adley Formulations | 246097 | 245597 | 2.9925 | 2.9 | 736445.27 | 734949.02 | 712231.30 |
| 33 | D0104 | Clotrimazole | 100mg | Micron Pharmaceuticals | 1000 | 1000 | 1.836 | 0.97 | 1836.00 | 1836.00 | 970.00 |
| 34 | D0108 | Cough Expectorant | 100 ml pack. Each 5 ml containing at least - Diphenhydramine Hydrochloride IP-14.08mg, Amonium Chloride IP- 138 mg, Sodium Citrate-IP 57.03 mg, Menthol-IP-2.5mg | Medipol Pharmaceutical India Pvt. Ltd. | 2242500 | 2242500 | 7.0455 | 6.13 | 15799533.75 | 15799533.75 | 13746525.00 |
| 35 | D0112 | Dexamethasone | Inj. - 4mg/ml-2ml vial | Embark LifesciencePvt.Ltd. | 342920 | 340774 | 3.15 | 2.99 | 1080198.00 | 1073438.10 | 1018914.26 |
| 36 | D0119 | Diazepam | Tablet- 5mg | LaboratePharmaceuticals India Ltd. | 332700 | 332700 | 0.11781 | 0.11 | 39195.39 | 39195.39 | 36597.00 |
| 37 | D0123 | Diclofenac | Inj.- 25mg/ml - 3ml Ampoules | Laborate Pharmaceuticals India Ltd. | 2600000 | 2592577 | 1.2915 | 1.09 | 3357900.00 | 3348313.20 | 2825908.93 |
| 38 | D0125 | DicyclomineHCl | 10 mg | Medipol Pharmaceutical India Pvt. Ltd. | 5185800 | 4990850 | 0.150045 | 0.11 | 778103.36 | 748852.09 | 548993.50 |
| 39 | D0126 | DicyclomineHCl | 20 mg/2ml ampoule | Embark LifesciencePvt.Ltd. | 154350 | 5000 | 2.625 | 1.43 | 405168.75 | 13125.00 | 7150.00 |

| Sl. No | Drug Code | Drug Name | Strength | Vendor Name | Total Purchase Order Quantity (POQ) | Received Quantity | BMSICL Rate with VAT | SHSB Rate with VAT | As per BMSICL rate | | As per SHSB rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Total cost of PO qty | Total Cost of received qty | Total Cost of received qty |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** (6x8) | **11** (7x8) | **12** (7x9) |
| 40 | D0129 | Diethylcarbamazine Citrate | 50mg | Medipol Pharmaceutical India Pvt. Ltd. | 5050000 | 5029300 | 0.188475 | 0.12 | 951798.75 | 947897.32 | 603516.00 |
| 41 | D0133 | Doxycycline | 100mg | Biogenetic Drugs Pvt. Ltd. | 1056200 | 1053500 | 0.6573 | 0.49 | 694240.26 | 692465.55 | 516215.00 |
| 42 | D0163 | Hydrocortisone Sodium Succinate | Inj. 100mg | Laborate Pharmaceuticals India Ltd. | 92130 | 92029 | 12.5895 | 10.97 | 1159870.64 | 1158599.10 | 1009558.13 |
| 43 | D0166 | Iron Folic Acid-(Syrup) | Each 5ml containing elemental iron-100mg, Folic Acid 0.5mg | Medipol Pharmaceutical India Pvt. Ltd. | 583890 | 581332 | 17.829 | 12.02 | 10410174.81 | 10364568.23 | 6987610.64 |
| 44 | D0182 | Lignocaine Hydrochloride+ Adrenaline | Each ml contains Lignocaine hydrochloride 20mg and Adrenaline 0.5 mcg. - 30ml vial | Embark LifesciencePvt.Ltd. | 22224 | 3337 | 6.3 | 5.94 | 140011.20 | 21023.10 | 19821.78 |
| 45 | D0188 | Mefenamic acid | 250mg tab | Medipol Pharmaceutical India Pvt. Ltd. | 1546500 | 1546465 | 0.378 | 0.24 | 584577 | 584563.77 | 371151.60 |
| 46 | D0195 | Methyl Ergometrine | 0.125 mg tab. | Medipol Pharmaceutical India Pvt. Ltd. | 2543880 | 2422122 | 0.48195 | 0.33 | 1226022.97 | 1167341.70 | 799300.26 |
| 47 | D0198 | Metoclopramide | 10mg Tab | Laborate Pharmaceuticals India Ltd. | 40000000 | 39978500 | 0.117705 | 0.1 | 4708200.00 | 4705669.34 | 3997850 |
| 48 | D0199 | Metoclopramide | 5 mg/ml- 2 ml ampoules | SGS Pharmaceuticals Pvt. Ltd., | 169500 | 169500 | 1.281 | 1.18 | 217129.50 | 217129.50 | 200010 |
| 49 | D0200 | Metronidazole | Tablet- 400mg | Relief Lab(p) Ltd | 6522090 | 6522090 | 0.452865 | 0.35 | 2953626.29 | 2953626.29 | 2282731.50 |
| 50 | D0218 | Ofloxacin | 50mg/ml-30ml | Sheram Lab | 427950 | 427945 | 5.775 | 4.99 | 2471411.25 | 2471382.38 | 2135445.55 |

| Sl. No | Drug Code | Drug Name | Strength | Vendor Name | Total Purchase Order Quantity (POQ) | Received Quantity | BMSICL Rate with VAT | SHSB Rate with VAT | As per BMSICL rate | | As per SHSB rate |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Total cost of PO qty | Total Cost of received qty | Total Cost of received qty |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** (6x8) | **11** (7x8) | **12** (7x9) |
| 51 | D0221 | Ofloxacin+ Ornidazole | 30 ml each 5 ml containing ofloxacin-50 mg ornidazole-125 mg | Laborate Pharmaceuticals India Ltd. | 2132541 | 2132541 | 8.3055 | 6.12 | 17711819.28 | 17711819.28 | 13051150.92 |
| 52 | D0229 | Pantoprazole | Inj. 40mg/ Vial | Laborate Pharmaceuticals India Ltd. | 1021348 | 1019746 | 7.623 | 7.12 | 7785735.80 | 7773523.76 | 7260591.52 |
| 53 | D0230 | Paracetamol | Tab- 500mg | Laborate Pharmaceuticals India Ltd. | 36685200 | 36685200 | 0.23562 | 0.16 | 8643766.82 | 8643766.82 | 5869632 |
| 54 | D0232 | Paracetamol | Syrup-125mg/5ml-60ml | Scott Edil Pharmacia Ltd. | 763500 | 752616 | 5.8695 | 5.6 | 4481363.25 | 4417479.61 | 4214649.60 |
| 55 | D0248 | Prednisolone | 5mg | Cyper Pharma | 468450 | 468430 | 0.48972 | 0.39 | 229409.33 | 229399.54 | 182687.70 |
| 56 | D0249 | Prednisolone | 10mg | Micron Pharmaceuticals | 1243200 | 1243200 | 1.0098 | 0.47 | 1255383.36 | 1255383.36 | 584304.00 |
| 57 | D0256 | Rabeprazole | 20 mg tab | Moraceae Pharmaceuticals (P) Ltd. | 4113750 | 4113663 | 0.4158 | 0.26 | 1710497.25 | 1710461.08 | 1069552.38 |
| 58 | D0258 | RabeprazoleHydrocholoride | 20mg vial | Lyka Labs Ltd. | 66000 | 65000 | 25.41 | 14.07 | 1677060.00 | 1651650.00 | 914550.00 |
| 59 | D0265 | Silver Sulphadiazine | 15 gm Tube (contains 1% Silver Sulphadiazine) | Medipol Pharmaceutical India Pvt. Ltd. | 492600 | 492600 | 7.4655 | 6.98 | 3677505.30 | 3677505.30 | 3438348 |
| 60 | D0274 | Sulfadoxine+ Pyrimethamine | Contaning Sulphadoxine-500 mg &Pyrimethamine-25 mg | Zim Laboratories Ltd. | 415600 | 415100 | 2.161845 | 1.04 | 898462.78 | 897381.86 | 431704.00 |
| | | | | | | | | | **208932878.31** | **194769024.32** | **166233834.81** |
| | | | | | | | | | **or say ₹20.89 crore** | **or say ₹19.48 crore** | **or say ₹16.62 crore** |

*(Source: BMSICL)*

## APPENDIX-2.1.6

***(Refer: Paragraph: 2.1.11.8; Page-23)***

### Details of amount pending with Agencies advanced for supply of medicines during 2010-14 in test checked districts

***( Amount in ₹)***

| SN | Name of DHS | Name of Agencies | Date of Payment | Amount Paid | Balance Amount |
|---|---|---|---|---|---|
| 1 | **Muzaffarpur** | Jackson Laboratoris | 30/03/13 | 259652 | 41904 |
| | | Macmillan Life Science | 18/09/10 | 105850 | 66190 |
| | | Unicure (India) | 18/09/10 | 564980 | 19695 |
| | | JazooSurgicals | 13/04/12 | 1203161 | 592690 |
| 2 | **East Champaran** | Brawn Laboratories | 24/03/11 | 1458515 | 288826 |
| | | Bindhya Agency | 24/03/11 | 72500 | 72500 |
| | | Medicure | 24/03/11 | 35600 | 11100 |
| | | Scot-Edil Pharma | 11/10/12 | 1137295 | 226983 |
| | | Omega Biotech | 11/10/12 | 534708 | 211156 |
| | | Torque Pharmaceuticals | 11/10/12 | 358307 | 111203 |
| | | Chandan Pharmaceuticals | 11/10/12 | 1000534 | 250233 |
| | | Laborate Pharma. | 11/10/12 | 509115 | 231778 |
| | | Indian Immunologicals | 20/07/13 | 2912000 | 157975 |
| | | Tiger Surgicals | 20/07/13 | 406667 | 102857 |
| 3 | **Gaya** | Brawn Laboratories | 29/03/11 | 310405 | 186000 |
| | | Lincon | 29/03/11 | 17218 | 17000 |
| | | Nexus | 29/03/11 | 277250 | 15243 |
| | | Torque | 29/03/12<br>07/03/13<br>24/08/13 | 1180790<br>815370<br>1598117 | 106200<br>47060<br>1077317 |
| | | Scot-Edil | 29/03/12 | 1156053 | 825750 |
| | | Wings Pharma | 29/03/12 | 76450 | 76450 |
| | | Macmillan | 29/03/12<br>24/08/13 | 880500<br>1311720 | 416000<br>1000130 |
| | | Aishwarya | 29/03/12 | 159900 | 159900 |
| | | Jackson | 27/12/13 | 310533 | 185434 |
| | | Bharat Serum & Vaccines | 27/12/13 | 99365 | 99365 |
| 4 | **West Champaran** | Unicure | 14/12/10 | 738180 | 291900 |
| | | Zenith | 14/12/10 | 273810 | 155250 |
| | | Rishav | 14/12/10 | 204888 | 204888 |
| | | Nexus | 02/04/11 | 465600 | 312600 |
| | | Torque | 21/11/12 | 823162 | 696285 |
| | | National Drug Agency | 28/12/12 | 539618 | 24472 |
| | | Aishwarya | 28/12/12 | 376857 | 89904 |
| | | Abbot | 25/03/13 | 742857 | 742857 |
| | | Macmillan | 25/03/13 | 666667 | 436190 |
| 5 | **Madhubani** | Chandan Pharma | | 274500 | 219600 |
| | | Unicure (India) | | 2965680 | 2376000 |
| | | Scot-edil | | 266250 | 75039 |
| 6 | **Kishanganj** | Macmillan | 16/11/10 | 55350 | 20850 |
| | | Unicure (India) | 16/12/10 | 45300 | 36240 |
| | | Torque Pharmaceuticals | 01/08/11 | 1522228 | 4143 |
| | | Chandan Pharma | | 78750 | 17500 |
| | | Nexus Life Science | | 4650 | 4650 |
| | | Watson Health | | 717518 | 31140 |
| | | | **Total** | **29514420** | **12336447** |

*(Source: District Health Society of Selected Districts)*

## APPENDIX-2.1.7

***(Refer: Paragraph: 2.1.11.8; Page-24)***

### Statement of delayed supplied of medicines

***(₹in lakh)***

| Sl. No. | Name of districts | Total amount paid to agencies | Amount of delayed supplied medicines | Delay upto (in days) |
|---|---|---|---|---|
| **1.** | Muzaffarpur | 174.00 | 89.35 | 253 |
| **2.** | E. Champaran | 111.48 | 79.94 | 168 |
| **3.** | W. Champaran | 82.60 | 43.13 | 242 |
| **4.** | Gaya | 278.65 | 196.65 | 337 |
| **5.** | Madhubani | 211.01 | 150.45 | 418 |
| **6.** | Saran | 312.95 | 288.21 | 391 |
| **7.** | Siwan | 226.87 | 224.87 | 300 |
| **8.** | Kishanganj | 28.32 | 27.20 | 165 |
| **9.** | Katihar | 45.67 | 43.97 | 201 |
| **10.** | Araria | 35.04 | 33.41 | 195 |
| | **Total** | **1506.59** | **1177.18** | |

*(Source: District Health Society of Selected Districts)*

## APPENDIX-2.1.8

***(Refer: Paragraph: 2.1.11.8; Page-24)***

### Details of non-deduction of quality test charge from suppliers of medicines purchased from VIII & IX round of rate contracts in test checked districts

***( Amount in ₹)***

| S.N. | Name of Districts | Amount paid to agencies (Excluding VAT) | Quality test charge (@ two *percent*) |
|---|---|---|---|
| 1 | Muzaffarpur | 16702568 | 334051 |
| 2 | East Champaran | 5168264 | 103365 |
| 3 | West Champaran | 30053117 | 601062 |
| 4 | Gaya | 26495403 | 529908 |
| 5 | Madhubani | 10950618 | 219012 |
| 6 | Siwan | 17691405 | 353828 |
| 7 | Saran | 20911780 | 418236 |
| 8 | Kishanganj | 3006100 | 60122 |
| 9 | Katihar | 11527302 | 230546 |
| 10 | Araria | 2586003 | 51720 |
| | **Total** | **145092560** | **2901850** |

*(Source: District Health Society of Selected Districts)*

**APPENDIX-2.1.9**

***(Refer: Paragraph: 2.1.15; Page-29)***

**Statement showing details of inadequate Human Resources in test checked health units**

| Sl. No. | Particulars | Details of health units |
|---|---|---|
| 1. | Referral hospitals running without specialist doctor | Gaya: 01, Katihar:01, Kishanganj:01, Madhubani:01, West Champaran:01 |
| 2. | PHCs running without any doctor | East Champaran:01, Saran:02, Siwan:04 |
| 3. | APHCs running without any doctor | East Champaran:06, Gaya:05, Katihar:02, Kishanganj:02, Madhubani:01, Muzaffarpur:03, Saran:01, Siwan:06, West Champaran:03 |
| 4. | PHCs running with only one doctor | Araria:01, Gaya::04, Katihar:02, Madhubani:01, Siwan:01, West Champaran:02 |
| 5. | HSCs having no ANM | East Champaran:06, Saran:01, West Champaran:02 |
| 6. | APHCs having no ANM | Araria:04, Gaya:06, East Champaran:06, Katihar:09, Kishanganj:04, Madhubani:07, Muzaffarpur:02, Saran:06, Siwan:09, West Champaran:01 |

*(Source: RHs, PHCs, APHCs and HS)*