Chapter-II
Performance Audit

This Chapter presents the Performance Audits of *'Efforts to popularize and strengthen Ayurveda in Rajasthan', 'Management of Drinking Water in Rajasthan*' and *'Phase-I of Jaipur Metro'*.

Department of Ayurveda and Indian Medicine

2.1 Efforts to popularize and strengthen Ayurveda in Rajasthan

Executive summary

Indian Systems of Medicine comprise Ayurveda, Unani, Siddha, Yoga and Naturopathy, of which Ayurveda is widely practiced in Rajasthan. The Ayurveda Department (Department) has an extensive network of 118 hospitals and 3,577 dispensaries in the State and during 2012-17, Government of Rajasthan (GoR) incurred ₹ 2,655.89 crore for Ayurveda Healthcare Services and Ayurveda Education.

Though the Department prepared State Public Health Standards for standardization of facilities in Ayurveda dispensaries and hospitals in May 2014, they were still pending approval of GoR as of October 2017. The Department's decision in September 1994 to establish a dispensary for minimum population of 2,000 persons was not followed and there was imbalanced distribution of dispensaries in rural areas. Further, in absence of an effective awareness programme, the utilisation of the vast network of Ayurveda healthcare facilities could not be ensured in the State. Even the specialty clinics for key diseases had not been established.

Basic infrastructural facilities were inadequate as electricity was not available in 46.88 per cent and drinking water in 74.17 per cent of the Ayurveda healthcare centers. Further, in seven test checked districts, toilets were not available in 75.38 per cent healthcare centers and most healthcare centers did not have all essential equipment. There was shortage of manpower at all levels and disproportionate deployment of Medical Officers and Nurse/Compounders was also noticed. Further, efforts for filling up the vacant posts on contractual basis were also not initiated.

There was no significant growth in number of Ayurveda patients during last decade in spite of the fact that Department had inflated the number of beneficiary patients. The number of hospitals having nil bed occupancy increased from 60 in 2012-13 to 79 in 2016-17 and no patient was admitted consecutively for five years in 40 hospitals, four years in 48 hospitals and three years in 49 hospitals. In spite of this trend, no review to reduce/relocate the staff was conducted.

The performance of the departmental pharmacies was dismal as the achievement in drug production vis-à-vis targets during 2012-17 was only 39.12 per cent. Further, the cost of drugs manufactured by the departmental pharmacies was 1.23 to 3.92 times higher the price of Indian Medicines Pharmaceutical Corporation Limited. Distribution of drugs was done without ascertaining demand and there were instances of delay in distribution of drugs, distribution of expired drugs to the patients and failure to distribute drugs in small hygienic packaging. The quality of drugs produced was also not tested adequately to maintain standards.

No new Post Graduate courses could be started in Government Ayurveda College, Udaipur after 1986 due to non-availability of qualified teachers. Further, practical training in Surgery and Gynecology was not being provided to the students as the Ayurveda colleges did not have facilities for delivery and surgery cases.

The financial management was also weak as the Department failed to monitor the delays in submission of UCs resulting in the deprival of central assistance of ₹ 52.96 crore. As 91.78 per cent of total available funds during 2012-17 were spent on pay and allowances, a very small percentage of funds was available for strengthening and upgradation of healthcare facilities, which adversely impacted the quality of healthcare services provided in the State.

The Department thus was not able to provide effective and quality Ayurveda healthcare services to the public despite having the largest number of Ayurveda dispensaries/hospitals in the country. Considering the existence of large number of professionals, dispensaries and hospitals in the State, there is an urgent need for GoR to review and improve the prevalent deficiencies in the Ayurveda healthcare services by adopting a suitable policy and standards.

2.1.1 Introduction

Indian Systems of Medicine (ISM) comprise Ayurveda, Unani, Siddha, Yoga and Naturopathy, of which Ayurveda[1] is widely practiced in Rajasthan. Ayurveda is one of the ancient and comprehensive systems of preventive, promotive and curative healthcare. Ayurveda has its origins in India and has extended to various parts of the world due to its accessibility, public awareness about adverse effects of chemical based drugs and comparatively low cost of Ayurveda drugs. The Ayurveda Department (Department) has an extensive network of 118 hospitals and 3,577 dispensaries in the State and during 2012-17, Government of Rajasthan (GoR) incurred ₹ 2,655.89 crore for Ayurveda Services and Ayurveda Education.

National Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) Mission (Mission) was launched (September 2014) by Government of India (GoI) to provide cost effective AYUSH services and universal access by upgrading hospitals and dispensaries. National AYUSH Mission has four components i.e. AYUSH Health Services, AYUSH Educational Institutions, Quality Control of Drugs and Medicinal plants. The funds for implementation of

[1] Ayurveda means "the science of life" (in Sanskrit '*Ayur*' means "Life" and '*Veda*' means "Science").

the Mission were to be shared by GoI and GoR in the ratio of 75:25 (2014-15), which was revised to 60:40 during 2015-16.

The Rajasthan State AYUSH Society (RSAS) was also constituted by GoR during March 2015 for planning, supervision and monitoring of the National AYUSH Mission. RSAS submit State Annual Action Plan (SAAP) to GoI for release of funds for all components of the Mission. GoR also established Dr. Sarvapalli Radha Krishnan Rajasthan Ayurveda University during 2003 in Jodhpur for efficient and systematic teaching, research and development in Ayurveda and other Indian systems of medicine in the State.

2.1.2 Organisational Setup

Principal Secretary, Ayurveda and Indian Medicine Department is the overall in-charge of the AYUSH health services and AYUSH education in the State. The Director of the Ayurveda Department exercises overall control over the Government Ayurveda hospitals and dispensaries. The District Ayurveda Officers oversee administration of respective hospitals and dispensaries in the districts. The Department has five Departmental Pharmacies[2], for manufacture of medicines. The Vice Chancellor of the University exercises administrative control over the Ayurveda University.

The Governing Body (GB) of Rajasthan State AYUSH Society (RSAS) is headed by the Ayurveda Minister and the Executive Committee (EC) is headed by the Principal Secretary, Ayurveda and Indian Medicine Department.

2.1.3 Audit Objectives

The Performance Audit was conducted to assess whether:

(i) adequate planning was done to popularize and strengthen Ayurveda in the State;

(ii) adequate infrastructure, equipmentand human resources were available for delivery of quality services;

(iii) policy for manufacturing, procurement and supply of quality Ayurveda drugs to the patients was formulated and implemented effectively;

(iv) Ayurveda educational institutions in the State were imparting quality education and promoting research and development activities; and

(v) effective systems of financial management and internal control/monitoring existed.

[2] Ajmer, Bharatpur, Jodhpur, Kelwara and Udaipur.

2.1.4 Audit Criteria

The criteria used for the assessment of performance of efforts to popularize and strengthen Ayurvedain Rajasthan included:

- National Policy on Indian Systems of Medicine and Homoeopathy 2002;
- The Drugs and Cosmetics Act 1940 and relevant Rules and Orders;
- Indian Medicine Central Council Act 1970, relevant Rules and Regulations;
- Rajasthan Ayurveda University Act,2002 and the Statues of the University;
- National AYUSH Mission-Framework for implementation; and
- Departmental manual, orders, circulars.

2.1.5 Scope and Methodology

The Performance Audit was carried out during April to August 2017 covering the period of 2012-17 in the seven District Ayurveda Offices[3] (out of 34), four pharmacies[4] (out of five), 16 District hospitals/hospitals[5](out of 118) and 36 dispensaries[6] (out of 3,577) selected by *'Simple Random Sampling without Replacement*' method for test check of records. Records of Ayurveda University Jodhpur along with one Government Ayurveda College[7] and four Nurse/Compounder Training Centers[8] were examined. Records of the Drug Testing Laboratory, Ajmer; Assistant Drug Controller, the Rajasthan State Medicinal Plant Board and Rajasthan State AYUSH Society were also test checked. Apart from examination of documents, joint physical inspections and cross verifications of records wherever necessary, were carried out.

An Entry Conference was held with Principal Secretary, Ayurveda and Indian Medicine Department on 28 March 2017 in which audit objectives, audit criteria, audit scope and audit methodology were discussed. The audit findings were discussed with the Secretary in an exit conference held on 30 November 2017 and the responses were considered while finalising the Report.

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3 Ajmer, Alwar, Bharatpur, Bikaner, Jodhpur, Kota and Udaipur.

4 Ajmer, Bharatpur, Jodhpur and Udaipur.

5 **District hospitals:** (1) Longia, Ajmer (2) Alwar (3) Kota (4) Khanda Phalsa, Jodhpur (5) Moti Chhotha, Udaipur and (6) Bikaner.
Hospitals: (1) Madanganj Kishangarh (2) Khairtal (3) Rajgarh (4) Bharatpur (5) Kumher (6) Aayad (7) Beawar (8) Dadiya (9) Masuriya and (10) Mavli.

6 **Dispensaries:** (1) Sampla (2) Arai (3) Dabrela (4) Haldina (5) Harsora (6) Hatoondi (7) Ismailpur (8) Nagola (9) Roda (10) Shahpur (11) Silora (12) Todanagar (13) Ullahedi (14) Geeta Bhawan (15) Nanan (16) Rohicha Khurd (17) Kundai (18) Peelwa (19) Sarsaina (20) Tehralodha (21) Nithar (22) Helak (23) Siras (24) Pangoor (25) Undwa (26) Kurad (27) Shekhsar (28) Sadhasar (29) Gusaisar (30) Dhanmandhi (31) Nandeshama (32) Kathar (33) Khempur (34) Jawar (35) Khudala and (36) Nayawas.

7 Shri Madanmohan Malviya Government Ayurveda College, Udaipur.

8 Situated at Karwad and Punjla (Jodhpur), Chittorgarh and Ajmer.

Audit Findings

Audit Objective 1: To assess whether adequate planning was done to popularize and strengthen Ayurveda in the State.

2.1.6 Planning

The Ayurveda Department has 118 hospitals and 3,577 dispensaries in the State to provide Ayurveda healthcare services to the people. These healthcare centers lacked basic infrastructure like electricity, drinking water and toilets due to budget constraints and 1,677 dispensaries (46.88 *per cent*) were functioning without electricity and 2,653 (74.17 *per cent*) without drinking water.

The Department did not have consolidated status of availability of essential equipment in the healthcare centers. None of 52 test checked healthcare centers has all the essential equipment. Though the Department adopted the norms for sanction of the posts of Medical Officers and nursing staff in December 1998 but against the requirement of 12,166 posts as per norms GoR sanctioned only 11,025 posts (90.62 *per cent*). Further, there was shortage of manpower at all levels i.e. District hospitals (25.18 *per cent*), hospitals (25.15 *per cent*) and dispensaries (22.90 *per cent*) against the sanctioned posts. The number of hospitals having nil occupancy of beds increased from 60 during 2012-13 to 79 during 2016-17.

In the backdrop of existing infrastructure available for delivery of Ayurveda healthcare services the planning done by GoR to popularize and strengthen Ayurvreda in the State is discussed in subsequent paragraphs.

2.1.6.1 Policy to popularize Ayurveda in the State

It was observed that National Policy on Indian Systems of Medicine and Homoeopathy introduced by GoI during 2002 for the development of Ayurveda, Sidhha, Unani, Yoga and Naturopathy and Homoeopathy was not implemented in the State. Later, the Department prepared the Rajasthan State AYUSH Policy only in March 2015 to popularize and strengthen Ayurveda in the State. This too had not been approved by GoR as of October 2017.

While accepting the facts, GoR stated (October 2017) that State AYUSH Policy, 2015 was under finalisation.

Thus, in the absence of a policy framework to deliver Ayurveda healthcare services, efforts to popularize Ayurveda in the State could not be effectively planned by the Department. Further, considering the fact that Rajasthan has established the maximum number of dispensaries/hospitals in the country, there is an urgent need to popularize Ayurveda to effectively utilize these facilities.

2.1.6.2 Non-approval of State Public Health Standards for Ayurveda

To maintain uniformity in providing Ayurvedic healthcare services across the State, standards like Indian Public Health (IPH) Standards for Allopathic

medicine, were required to be adopted for Ayurvedic system of medicine also. It was observed that no such standards existed/prevailed in the Department.

The State Public Health Standards for Ayurveda (SPHSA) dispensaries and hospitals formulated in May 2014 awaited approval by GoR as of October 2017.

GoR, while accepting the facts stated (October 2017) that the Department was following its own norms regarding land and building for construction of dispensaries and hospitals, within the budgetary constraints. GoR however, did not offer comment/assurance regarding approval of the proposed SPHSA.

Thus, in absence of the Standards, the infrastructure and other facilities in the healthcare centers (hospitals and dispensaries) could not be standardized.

2.1.6.3 No increase in Ayurvedic healthcare facilities in the State

In the 'Five year plan 2012-17' of the Department, it was proposed to upgrade five dispensaries to hospitals and add 20 new dispensaries every year, during 2012-17.

It was, however, observed that the Department did not identify places to establish new dispensaries or upgrade old dispensaries. The Department also did not prepare any action plan for the same. Further, the Department did not arrange the finance for upgradation of dispensaries, as very small percentage of funds were available for core activities of the Department as discussed in **paragraph 2.1.15.1.** As a result, no new hospital/dispensary was established during 2012-17 and the number of hospitals (118) and dispensaries (3,577) continued to be the same during this period.

GoR, while accepting the facts stated (October 2017) that 595 Ayurveda healthcare centers have been established under National Rural Health Mission (NRHM). Further, the Department also followed the camp based approach to extend Ayurveda healthcare services.

The reply is not convincing as the Department proposed to upgrade five dispensaries to hospitals and add 20 new dispensaries every year during 2012-17.It did not, however, identify places for their establishment and resorted to camp based approach to extend Ayurveda healthcare services.

The fact remains that the Department could not establish even a single hospital/dispensary as per its five year plan during 2012-17.

2.1.6.4 Imbalance in distribution of Ayurveda facilities

The Department decided (September 1994) that a dispensary should be established to provide healthcare services to minimum population of 2,000 persons. However, the Department is yet to adopt standards for establishment of hospitals.

The State has 9,891 Gram Panchayats (GPs) and currently the Department had established only 3,389 dispensaries at GP level leaving a large number of GPs

out of coverage of Ayurveda healthcare services in spite of population being above 2,000 in most of these GPs.

It was further observed that out of total 2,623 GPs in seven test checked districts, only 880 GPs had dispensaries. Thus, 1,743 GPs did not have dispensaries to provide Ayurveda healthcare facilities to the rural population, whereas14GPs[9] of three test checked districts had two dispensaries in each GP. Further, 121 dispensaries were established in villages having population below 2,000 in Ajmer, Alwar and Bharatpur districts.

GoR, while accepting the facts stated (October 2017) that the dispensaries which do not fulfill the population norms would be relocated to suitable locations after detailed review.

Thus, imbalance persisted in the establishment of dispensaries in rural areas.

2.1.6.5 Preparation of Annual Plans without following bottom up approach

Departmental Manual stipulated that District Ayurvedic Officers (DAOs) would evaluate the requirements of hospitals/dispensaries for furniture, equipment and drugs etc. for supply on priority basis.

It was, however, observed that during 2012-17, DAOs did not assess the requirement of hospitals/dispensaries and the Directorate procured furniture and equipment without consolidating the demands from DAOs, as brought out in **paragraphs 2.1.7.3 (ii)**.

GoR stated (October 2017) that the demands for furniture, equipment and drugs were obtained from the DAOs. The reply is not acceptable as no proposal was sent to the Directorate by any of DAOs in seven test checked districts.

Thus, the Department did not follow the bottom up approach for procurement of furniture, equipment and drugs.

2.1.6.6 Non-establishment of specialty clinics

The Department prior to 2007-08 planned to establish specialty clinics[10]each for Diabetes, Liver, Skin disease and High Blood Pressure in all 33 districts in a phased manner.

It was, however, observed that none of the specialty clinics were established during 2012-17 as no administrative sanction and funds were obtained from GoR in this regard.

The Department also proposed (in the five year plan 2012-17) to establish 45 *Panchkarma Kendras*, 45 *Aanchal Prasuta Kendras* and 45 *Jaravasta Nivaran Kendras* in phased manner. The Department though established 33 *Panchkarma*

[9] Ajmer: Jiwana, Kushoyta and Vijay Nagar; Bharatpur: Ibrahimpur, Astawa, Baben, Bhootoli, Ghatri, Hatoondi, Kamalpura, Moloni, Dehgaon and Khootkhera; and Kota: Nimola.

[10] Specialty clinics are those where specified treatments, to cure of specified diseases like diabetes, skin disease, liver, piles and high blood pressure, etc., is provided as they are more effective than other medicine systems.

Kendras, 33 *Aanchal Prasuta Kendras* and 33 *Jaravasta Nivaran Kendras* (73.33 *per cent*) as of March 2017, however, deficiencies noticed in functioning of specialty clinics are discussed **in paragraph 2.1.7.5 (iv).**

Thus, the Department could not achieve the target to establish specialty clinics and *Panchkarma Kendras*, *Aanchal Prasuta Kendras* and *Jaravasta Nivaran Kendras*.

GoR, while accepting the facts stated (October 2017) that the proposals to open specialty clinics could not be implemented due to non-availability of funds.

The reply is not convincing as there was saving of funds against the budget allotment almost every year during 2012-17.

2.1.6.7 Information, Education and Communication

GoI launched Information, Education and Communication **(**IEC) policy in 2011 for creation of awareness amongst the citizens about the efficacy of the AYUSH systems, their cost effectiveness and the availability of herbs used for prevention and treatment of common ailments at their doorsteps. The policy envisaged multimedia IEC campaign including print media. The print material included small handbooks, brochures, booklets and CDs/DVDs containing details about various diseases, their prevention and treatment. This material was required to be published for distribution through fairs/melas/exhibitions. The Department was also required to distribute audio visual material. It was, however, observed that the Department did not prepare action plans for implementation of IEC policy in the State. Further, the budget allotted for IEC activities was only ₹ 47.00 lakh (0.02 *per cent* of the total budget on Ayurveda) in five years.

Scrutiny of IEC activities carried out by the Department revealed that:

- The Department published a quarterly magazine of its achievements, organized one day State level workshop on *Dhanwantri Jayanti* and seven days district level workshop during *Arogya* week.

- Only hoardings and flex banners were displayed at hospitals/dispensaries.

- Small handbooks, brochures, booklets and CDs/DVDs were not prepared and distributed.

- Audio visual material was neither produced nor distributed.

GoR, while accepting the facts stated (October 2017) that even though no separate IEC policy existed, the Department had made efforts for creation of awareness about the efficacy of the AYUSH system.

However, considering the fact that the GoR had established a vast network of healthcare centers across the State and the utilisation of these facilities was low, the amount allotted and spent on IEC activities, was very meagre.

Planning and Public Awareness

The Ayurveda Department has an extensive network of 118 hospitals and 3,577 dispensaries in the State. Though the Department prepared State Public Health Standards for standardization of facilities in Ayurveda dispensaries and hospitals in May 2014, the standards were still pending approval of the GoR as of October 2017. The Department neither identified dispensaries for upgradation nor prepared action plan for establishment of new dispensaries.

The Department's decision in September 1994 to establish a dispensary for a minimum population of 2,000 persons was not followed and there was imbalanced distribution of dispensaries in the rural areas.

The Department also did not follow the bottom up approach for procurement of furniture and equipment. Though the Department planned to establish specialty clinics for Diabetes, Liver, Skin disease and High Blood Pressure, none of them could be established.

Further, in the absence of an effective awareness programme, utilisation of the vast network of Ayurveda healthcare facilities could not be popularized in the State.

Recommendations:

1. *The Department should prepare a policy to popularize and strengthen Ayurveda in the State and adopt standards for balanced distribution of facilities in dispensaries and hospitals.*

2. *The Department should improve its planning process by following a bottom up approach so that the procurement, distribution and utilization of furniture, equipment and drugs are based on actual requirements.*

3. *Considering the huge investment in Ayurveda infrastructure in the State, the budget for Information, Education and Communication activities should be enhanced so that Ayurveda is popularized in the State.*

Audit Objective 2: To assess whether adequate infrastructure, equipment and human resources were available for delivery of quality services.

2.1.7 Physical Infrastructure

2.1.7.1 Non-availability of basic facilities at healthcare centers

The Department has setup 118 hospitals and 3,577 dispensaries in the State as of March 2017 but these lacked basic infrastructure like electricity, drinking water and toilets as detailed below:

- Out of 3,577 dispensaries in the State, 1,677 dispensaries (46.88 *per cent*) were functioning without electricity and 2,653 (74.17 *per cent*) without drinking water.

- Out of the total 926 healthcare centers in seven test checked districts, electricity was not available in 454 healthcare centers (49.03 *per cent*), drinking water was not available in 747 healthcare centers (80.67 *per cent*) and toilets in 698 healthcare centers (75.38 *per cent*).

Thus, only 92 healthcare centers (9.93 *per cent*) had all the basic facilities of electricity, water and toilets and none was available in 379 healthcare centers (40.93 *per cent*).

This is substantiated by physical verification of availability of basic infrastructure facilities carried out (April-August 2017) with the departmental representatives in 52 healthcare centers in seven test checked districts. The verification revealed deficiencies like boundary wall not constructed/damaged (14 healthcare centers), electricity connection not available (14 healthcare centers), drinking water facility not available (19 healthcare centers), toilet facility not available (18 healthcare centers), healthcare unit not accessible by road (six healthcare centers), healthcare unit not accessible by public transport (15 healthcare centers) and ramp not available (26 healthcare centers) as detailed in ***Appendix 2.1***.

GoR, while accepting the facts stated (October 2017) that the basic facilities could not be provided at the healthcare centers due to budget constraints. Further, necessary directions have been issued for construction of ramps at the healthcare centers.

The fact remains that there was saving of funds against the budget allotment almost every year during 2012-17, which was not utilized for providing basic facilities.

2.1.7.2 Efforts for upgradation of infrastructure

The Department received funds through State budget and Central Sponsored Schemes (CSS) for upgradation of infrastructure facilities in the Ayurveda healthcare centers.

Scrutiny of records revealed that construction of buildings for 145 AYUSH dispensaries[11] including 138 Ayurveda dispensaries was approved (August 2015 and June 2016) at a cost of ₹ 21.60 crore[12] in State Annual Action Plans (SAAPs) 2015-17 under National AYUSH Mission. The works were stipulated to be completed by May 2017.

Of these, only five buildings were completed and handed over as of October 2017 and the work of 104 buildings was under progress. For the remaining 36 buildings, the construction could not be started due to land dispute (nine buildings), non-finalisation of tenders (14 buildings) and non-completion of formalities of work orders (13 buildings).

Further, 11 building works[13] (sanctioned during 2007-09) were not started by the executing agency PWD even after lapse of eight years despite availability of

[11] Ayurveda (138), Unani (four) and Homoeopathy (three).
[12] 2015-16: 74 (₹ 11.07 crore) and 2016-17: 71 (₹ 10.53 crore).
[13] Under a Centrally Sponsored Scheme for AYUSH hospitals.

funds of ₹ 2.64 crore. Reasons for non-commencement of these works by PWD were not available with the Department.

GoR stated (October 2017) that the sanctioned works for construction/ renovation of buildings could not be started due to encroachment/land disputes and not having sanction for demolition of non-useable buildings. GoR did not state reasons for delay in release of funds to the construction wing of Medical and Health Department. GoR also intimated that details had been called for from PWD for not starting construction of 11 building works sanctioned during 2007-09.

It was also observed that out of 129 buildings works sanctioned during 2009-11 under NRHM[14], 30 works costing ₹ 15 crore could not be started by the executing agency due to non-availability of land and unutilised amount of ₹ 1.29 crore was refunded to GoI in July 2016.

GoR, while accepting the facts stated (October 2017) that necessary precaution would be taken in future to avoid such lapses.

Thus, the Department did not take concerted efforts to upgrade infrastructure facilities at the healthcare centers, despite having shortage of own buildings for dispensaries. This was compounded by poor monitoring efforts of the Department.

2.1.7.3 Equipment in healthcare centers

(i) Non-availability of equipment in healthcare centers

Paragraph 5.5.19 of the Departmental Manual stipulated that 32 types of medical equipment should be available in each healthcare center. The information regarding availability of 32 essential equipment in most of the healthcare centers was not available/collected by the Department. The software for this purpose was being developed (October 2017) by National Informatics Center Services Incorporated[15] (NICSI).

Scrutiny of records of 52 test checked healthcare centers[16]in seven selected districts revealed that none of the healthcare centers has all the essential equipment as shown in **Table 1.**

Table 1

S. No.	Availability of essential equipment (in *per cent*)	Number of healthcare centers (*per cent* of total test checked)
1	75 to 100	Nil
2	50 to 75	32 (61.54%)
3	25 to 50	18 (34.62%)
4	0 to 25	2 (3.84%)

Source: Information provided by the Department.

[14] Under a CSS for mainstreaming of AYUSH under National Rural Health Mission.
[15] A GoI enterprise under National Informatics Center.
[16] District hospitals: six, hospitals: 10 and dispensaries: 36.

Of the 52 healthcare centers, dispensaries mainly catering to the rural area had greater shortage of equipment as compared to Hospitals and District Hospitals.

GoR, while accepting the facts stated (October 2017) that all the essential equipment/furniture would be supplied on priority basis and in consonance with the availability of the budget.

(ii) Procurement and distribution of furniture/equipment

The Directorate issued 16 purchase orders worth ₹ 11.79 crore for centralised purchase of various equipment and furniture during 2012-14. The suppliers were directed to deliver the equipment and furniture directly to District Ayurveda Officers (DAOs). DAOs were further required to distribute them to healthcare centers under their jurisdiction as per requirement.

It was, however, observed that demands from DAOs were not called for by the Directorate and equipment and furniture were supplied to DAOs without assessing the actual requirements and without considering the number of healthcare units falling there under. This resulted in disproportionate supplies of Stethoscope, Weighing Machine, Suturing Needle and Thread, Office Table and Patient Examination Table to DAOs for further distribution to healthcare units.

It was also observed that in three test checked DAOs (out of seven), the undistributed equipment and furniture were lying in the stores of DAOs offices, as enumerated in **Table 2**.

Table 2

S. No.	Name of DAO	Name of equipment/furniture lying in store of DAOs							
		Needle holder	Dressing forceps	BP Instrument	Bed side Screens	IR lamp	Patient Examination Table	Magnifying glass	Racks
1.	Bikaner	30	12	3	49	16	26	1	-
2.	Udaipur	78	76	74	-	24	4	-	3
3.	Jodhpur	-	-	-	-	-	-	28	26
	Total	**108**	**88**	**77**	**49**	**40**	**30**	**29**	**29**

Source: Information provided by the Department.

Further, 3,140 Infra-Red Lamps (IRLs) were procured during 2013-14 for supply of one unit to each healthcare center for use in therapy for joint pain. As electricity was not available in 1,677 dispensaries, IRLs supplied could not be utilised. Also in 11 (30.56 *per cent*) out of 36 test checked dispensaries, IRLs were lying unutilised as they did not have electricity. On being pointed out, Medical Officers of the concerned healthcare centers intimated that IRLs were supplied by DAOs without any demand.

GoR, while accepting the facts stated (October 2017) that the matter would be reviewed at the Directorate level for proportionate distribution of equipment and furniture.

Thus, procurement of equipment and furniture without assessing the requirement resulted in their disproportionate distribution and their non-utilisation.

2.1.7.4 Manpower management

GoR appointed Administrative Reforms Committee during 1994, which recommended for reforms in the Department. Following the recommendation, the Department amended the norms for sanction of the posts of Medical Officers and nursing staff in December 1998.

GoR further directed (December 1998) that the status of utilisation of beds in the hospitals should be reviewed annually and the staff should be deployed accordingly. Further, deployment of excess staff than norms could only be allowed by GoR.

(i) Shortage of manpower in healthcare centers

The position of the requirement of manpower in healthcare centers according to the norms decided (December 1998) by GoR, posts sanctioned as of March 2017 and men in position is given in **Table 3**.

Table 3

S. No.	Healthcare centers	Number of Health care centers	Manpower[17] required as per norms	Number of posts sanctioned by the GoR	Men in position	Shortage(-) / Excess(+) as per norms*(per cent)*	Shortage(-) /Excess(+) *as per* sanctioned post *(per cent)*
1	**District hospitals**	18	338	405	303	(-)35 (10.35)	(-)102 (25.18)
2	**Hospitals**	100	1097	855	640	(-)457 (41.66)	(-)215 (25.15)
3	**Dispensaries**	3,577	10,731	9,765	7,529	(-)3,202 (29.84)	(-)2,236 (22.90)
4	**Total (*per cent*)**	**3,695**	**12,166**	**11,025 (*90.62*)**	**8,472 (*69.64*)**	**(-)3,694 (*30.36*)**	**(-)2,553 (*23.16*)**

Source: Data provided by the Department.

GoR though sanctioned more posts in district hospitals than the norms, however, only 11,025 posts (90.62 *per cent*) were sanctioned against the overall requirement of 12,166 posts as per the norms as of March 2017.

There was shortage of manpower at all levels i.e. District hospitals (25.18 *per cent*), hospitals (25.15 *per cent*) and dispensaries (22.90 *per cent*) against the sanctioned posts as discussed in **paragraphs 2.1.7.4 (iii), 2.1.7.5 (ii) and (iii)**.

GoR, while accepting the facts stated (October 2017) that the Department has assessed creation of 1,209 new posts (nurse-compounder: 314 and *paricharaks*: 895 posts) to meet the shortage of manpower and their creation was under consideration.

(ii) Review of bed occupancy was not done in district hospitals/hospitals

GoR directed (December 1998) to annually review the occupancy of beds in the hospitals for appropriate deployment of staff.

It was, however, observed that the number of hospitals having nil bed occupancy increased during 2012-17, as discussed in **paragraph 2.1.7.5 (ii).** The

[17] Manpower includes Medical Officer, Nurse/Compounder, Clerk, *Paricharak*, etc.

Department however, did not review the position of bed occupancy to reduce the staff accordingly as per the directions.

GoR, while accepting the facts stated (October 2017) that the rationalisation of bed occupancy was under process and necessary action would be taken in accordance with the observation of audit.

(iii) Disproportionate deployment of manpower

Scrutiny of deployment of manpower in healthcare centers in the State as of March 2017 revealed that the deployment was disproportionate as enumerated below:

- ***District hospitals/hospitals***

In five District hospitals[18] (DHs) seven Medical Officers (MOs) were deployed in excess whereas in eight DHs[19] there was shortage of 18MOs compared to the norms. Similarly, 50 Nurses were deployed in excess in 11 DHs[20], whereas 48 Nurses were short in six DHs[21] against norms as of March 2017.

Further, against the requirement of at least one clerk in each DH, no clerk was posted in four DHs[22] as of March 2017 and nursing staff was deployed for clerical work.

Similarly, out of total 100 hospitals (other than DHs), no MO was posted in five hospitals[23]and no nurse/compounder was posted in 10 hospitals[24].

- ***Dispensaries***

Out of total 3,577 dispensaries no MO was posted in 645 dispensaries (18.03 *per cent*), whereas two MOs were posted in 40 dispensaries against the requirement of one MO in each dispensary.

Similarly, against the requirement of one Nurse/Compounder in each dispensary, no Nurse/Compounder was posted in 410 dispensaries (11.46 *per cent*) dispensaries. Four Nurse/Compounders each were posted in three dispensaries, three were posted in three dispensaries and two in 80 dispensaries. No MO or Nurse/Compounder was posted in 195 dispensaries (5.45 *per cent*).

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18 Bikaner, Sriganganagar, Laxminarayanpuri, Khanda Phalsa and Kota.

19 Longia, Bhilwara, Chittorgarh, Dholpur, Jalore, Pali, Sirohi and Moti Chhotha.

20 Alwar, Banswara, Bhilwara, Bikaner, Chittorgarh, Dholpur, Dungarpur, Laxminarayanpuri, Khanda Phalsa, Kota and Sikar.

21 Longia, Sriganganagar, Jaisalmer, Jalore, Sirohi and Moti Chhotha.

22 Bhilwara, Dholpur, Khanda Phalsa and Pali.

23 Dhambola and Khageda (Dungarpur), Nana (Pali), Pipalkhunt (Pratapgarh) and Ummedabad (Jalore).

24 Sawar (Ajmer), Mandal (Bhilwara), Ummedabad and Bhinmal (Jalore), Manoharthana (Jhalawar), Ladariya and Khajwana (Nagaur), Ghanerao and Gudha Andela (Pali) and Bhinder (Udaipur).

In 52 test checked healthcare centers, the similar position of irrational deployment of manpower was observed during detailed audit of these healthcare centers ***(Appendix 2.2)***.

It was also observed that in spite of shortages of MOs in the Department itself, 21 MOs were allowed to go on deputation to the Women and Child Development Department and Panchayati Raj Department.

GoR, while accepting the facts stated (October 2017) that the issue would be addressed by rationalization of sanctioned posts of MOs and nurse/compounders and there after the necessity for creation of posts will be reviewed.

(iv) Proposal for appointment of contractual staff was not sent

Principal Secretary, Ayurveda and Indian Medicine directed (November 2014) to submit proposals for filling up the vacant posts of MOs and Nurse/Compounders on contractual basis. It was, however, observed that the Department did not submit proposals for appointment of staff on contractual basis during 2014-17, despite the fact that 23.16 *per cent* of the posts were vacant in healthcare centersas of March 2017.

GoR stated (October 2017) that proposal for filling of 944 posts of nurse/compounders was under process. GoR did not furnish the reasons for not considering engagement of MOs on contract basis.

The fact, however, remains that 645 dispensaries were functioning without MOs and 410 dispensaries were functioning without Nurse/Compounders in the State, as of March 2017.

2.1.7.5 Healthcare Services

(i) Incorrect method for calculation of number of outdoor patients

The number of patients availing the services in dispensaries/hospitals was shown against two categories i.e. new patients and old patients. For example a patient first visiting a healthcare center and provided medicines for five days, is shown in the records, as one ‘new patient’ and four ‘old patients’. On a subsequent visit, if the patient comes with prescription slip, the treatment days are counted as ‘old patient’. In case a new prescription/treatment is given on subsequent visit, then first day of treatment is recorded again as new patient and remaining treatment days as old patients.

The Department has been adopting this method of calculation of total number of patients, and accordingly the year wise breakup of outdoor and indoor patients benefitted during2012-17 is given in **Table 4**.

Table 4

(in lakhs)

Year	Outdoor patients			Indoor patients		
	New	Old[25]	Total	New	Old	Total
1	2	3	4 (2+3)	5	6	7 (5+6)
2012-13	154.07	363.47	517.54	0.03	0.17	0.20
2013-14	161.13	412.65	573.78	0.04	0.18	0.22
2014-15	166.51	431.35	597.86	0.04	0.19	0.23
2015-16	159.97	437.81	597.78	0.03	0.21	0.24[26]
2016-17	164.09	483.43	647.52	0.05	0.22	0.27

Source: Information provided by the Department.

From the above table, it could be observed that there was a nominal increase of 6.50 *per cent* in the number of outdoor patient (new) during 2012-17, however, registering a decline of 7.77 *per cent* in 2016-17 (164.09 lakh patients) as compared to 2006-07 (177.91 lakh patients). Thus, no significant growth in number of patients was noticed during last decade in the State.

It was also observed that by treating a new patient being prescribed medicines for five days as five patients (one new and four old), the Department is inflating the number of patients benefitting through Ayurveda. This method also does not match with the procedure adopted by the National Institute of Ayurveda, Jaipur, which is GoI run institute where new patient, old patient and total medicine days are recorded separately.

GoR agreed (October 2017) to review the policy of calculating the number of patients actually benefitted.

(ii) Indoor patients

GoR issued (December 1998) standing instructions to annually review the status of occupancy of beds in the hospitals for appropriate deployment of staff.

It was, however, observed that out of 118 DHs/hospitals,no patient was admitted in 60 hospitals during 2012-13, in 66 hospitals during 2013-14, in 72 hospitals during 2014-15, in 75 hospitals during 2015-16 and in 79 hospitals during 2016-17. The number of hospitals having nil occupancy of beds thus, increased from 60 in 2012-13 to 79 in 2016-17.

Further, no patient was admitted consecutively for five years in 40 hospitals, four years in 48 hospitals and three years in 49 hospitals during 2012-17.Therefore, the continuance of these hospitals with indoor patient facility needs to be reviewed.

GoR attributed (October 2017) the reason for shortfall in the number of patients to the shortage of manpower and further stated that efforts would be made to increase the number of indoor patients.

The fact, however, remains that the need of continuance of these hospitals should be reviewed with regard to the continuous shortage of manpower and budget constraints.

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[25] Patients visiting on first day treated new patients. Old patient number equals the days for which drugs were given excluding first day to the patients.

[26] Excluding the figures of patients relating to Yoga hospital of Bundi district.

(iii) Outdoor patients

During 2012-13, 2013-14, 2014-15, 2015-16 and 2016-17 there were no patients in 113, 82, 122, 110 and 52 healthcare centers respectively.

GoR, accepted the facts and stated (October 2017) that due to the shortage of MOs in healthcare centers, the number of outdoor patients was nil and efforts would be made to increase the number of outdoor patients.

However, the fact remains that no analysis was available as to the reasons and remedies for no patients using these healthcare centers.

(iv) Specialty centers

Some ailments such as anorectal diseases and old age related diseases have proven and specific treatment in Ayurveda and the Department established specialty centers for their treatment. The specialty centers included *Ksharsutra Kendra, Panchkarma Kendra, Jaravasta Nivaran Kendra* and *Aanchal Prasuta Kendra*.

Scrutiny of records revealed deficiencies in management of specialty clinics, which are discussed in the succeeding paragraphs:

(a) Ksharsutra Kendra

Ksharsutra is a para-surgical intervention using an alkaline thread for cauterization in anorectal diseases.Audit scrutiny revealed the following:

- During 2008-09, GoR decided to establish *Ksharsutra Kendra* at all seven divisional headquarters, however, *Ksharsutra Kendras* were not established at two divisional headquarters (Bharatpur and Jodhpur).

- Two *Ksharsutra* centers established at divisional headquarters Bikaner and Udaipur were non-functional due to non-availability of equipment (at Bikaner) and non-availability of *Ksharsutra* specialist and other staff (at Udaipur).

- The construction work was lying incomplete in Beawar hospital since 2008-09 for want of additional funds, however the MO managed to continue operations in old operation room.

It was further observed that the *Ksharsutra* (an alkaline thread) which is prime necessity for operating was not being procured by the Department centrally and provided to the healthcare centers. In absence of any departmental arrangement, the MOs of healthcare centers had to arrange the *Ksharsutra* at their own level. Considering the importance and success of *Ksharsutra* as an alternative procedure for curing anorectal disease, the procurement and distribution of *Ksharsutra* needs streamlining.

GoR stated (October 2017) that after budget allocation, the purchase of equipment and completion of building would be carried out.

(b) Panchkarma Kendra

Panchkarma is a unique therapeutic procedure of five treatments for the radical elimination of disease causing factors and to maintain equilibrium of *tridosha*[27]. The *Panchkarma* therapy minimizes the chances of recurrence of the diseases and promotes health by rejuvenating tissues and bio-purification. During 2012-17, the Department has set up 33 *Panchkarma Kendras* in the State. Test check of six *Panchkarma Kendras* revealed the following:

- *Panchkarma* required 42 essential drugs for treatment, however 10 to 26 drugs were not procured since establishment of these *Kendras* and only seven to 28 drugs were available as of March 2017.

- *Panchkarma Kendras* required 26 essential equipment for therapy, however, only nine to 20 equipment were available in test checked *Kendras*.

- out of 25 prescribed treatments under *Panchkarma* therapy, only 10 to 13 therapies were provided in three *Kendras* at Longia, Alwar and Bharatpur.

Though the Department established *Panchkarma Kendras* in 33 districts, their performance was dismal as essential drugs and equipment were not available and all prescribed treatment were not given to the patients. This resulted in registration of only 7,636 patients during 2016-17 in six test checked *Kendra*[28], whereas 24,292 patients visited the hospital attached to the Ayurveda University at Jodhpur for this therapy during 2016.

GoR stated (October 2017) that the drugs were locally purchased by the respective center incharges as per their requirement. Further, necessary therapy was given to the patient according to the diagnosis.

The reasons for dismal performance of *Panchkarma Kendras* due to non-availability of essential drugs, equipment and all prescribed treatments were however, not furnished.

(c) Jaravasta Nivaran Kendra

The Department established 33 *Jaravasta Nivaran Kendras* for treatment of old age related ailments and to increase their immunity. Scrutiny of the six test checked *Jaravasta Nivaran Kendras*[29]revealed that:

- Of the 139 essential drugs, in three test checked *Jaravastha Nivaran Kendrasat* Longia, Bharatpur and Bikaner, 45 to 75 drugs were not procured since their establishment during 2014-16. Further, 23 to 52 drugs were not available in *Kendras* for more than one year during 2014-17.

- The Department did not undertake IEC activities for wide publicity of *Jaravastha Nivaran Kendras*. Only during 2016-17 the Department prepared

[27] In Ayurveda, there are three basic types of energy, universal principles known as the *doshasvata*, *pitta,* and *kapha*.
[28] Ajmer, Alwar, Bikaner, Bharatpur, Jodhpur and Kota.
[29] Ajmer, Alwar, Bikaner, Bharatpur, Jodhpur and Kota.

flex banners for display at the *Kendras*. Owing to low publicity, the number of patients visiting these *Kendras* was very low during 2016-17 and in 15 *Kendras*, there was an average of only one patient per day.

GoR stated (October 2017) that no separate fund was available with the Department to popularize *Jaravastha Nivaran Kendras.* However, efforts would be made to increase the number of beneficiaries.

(d) Aanchal Prasuta Kendra

The Department planned to establish 45 *Aanchal Prasuta Kednras* (APKs) in all the districts for reducing Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) in the State. APKs were to be established at healthcare centers situated in districts preferably in the SC/ST majority areas. The main objective of APK was to provide healthcare facilities to women during pregnancy and after delivery. Audit scrutiny of test checked seven *Aanchal Prasuta Kendras*[30] revealed that:

- the Department did not identify healthcare centers existing in SC/ST majority areas for establishment of APKs. Only six APKs were established in SC/ST majority areas during 2013-15. The Department intimated (April 2017) that after 2014-15, APKs were established on the priority decided by the Government.

- the Department prescribed (January 2015) 26 essential equipment for examination of pregnant women for each APK. However, in seven test checked APKs, only six to 24 essential equipment were available during 2015-17.

- even though delivery facilities were not to be made available at APKs, it was observed that four test checked APKs at Longia, Beawar, Mavli and Alwar procured equipment for delivery such as Labour Table, Autoclave, Radiant Baby Warmer, and ECG machine during 2013-17, resulting in these equipment lying unutilized in the store as no delivery was performed at these centers.

GoR stated (October 2017) that APKs were being opened in a phased manner and equipment procured within the budgetary allocation. Further, the list of equipment related to delivery has been sought from all APKs.

(v) Mobile Medical Unit

The Department established Mobile Medical Units (MMUs) to provide Ayurveda healthcare facilities in the backward, remote, tribal and rural areas. Seven MMUs were functional during 2012-17. Further, GoR sanctioned (October 2011) posts of one MO, two Nurse/Compounder and two *Paricharaks* for each MMU and allotted a target of 15 camps per month per MMU. Scrutiny of records of MMUs revealed:

[30] Ajmer, Alwar, Beawar, Bikaner, Jodhpur, Kota and Mavli (Udaipur).

- Against monthly targets of 15 camps per MMU (180 camps annually), the achievement of six MMUs[31]ranged only from 7.96 to 15.71 *per cent* during 2012-17.

- Against requirement of one MO, two nurses and two *paricharaks*, three MOs, three Nurse/Compounders and three *paricharak* were deployed in MMU Ajmer, whereas, posts of MO and Nurses/Compounders were lying vacant in MMU Sirohi since June 2015.

Further, the Department closed seven MMUs[32] during 2012-15, however, two MOs (Dholpur and Karauli), three Nurse/Compounders (Karauli, Sriganganagar and Kota) and one *Paricharak* (Dungarpur) were not diverted to other functional MMUs as of March 2017.

Thus, MMUs were not conducting specified number of camps and staff was disproportionately allotted thereby defeating the purpose of their establishment.

GoR stated (October 2017) that the targeted camps could not be organised due to vacant posts in MMUs and the revision of manpower would be done after review of requirement.

Infrastructure, equipment, human resources& delivery of quality services

Basic infrastructure like electricity was not available in 46.88 per cent and drinking water in 74.17 per cent of all the Ayurveda healthcare centers in the State. Further, in seven test checked districts, toilets were not available in 75.38 per cent healthcare centers. The Department did not make concerted efforts for upgradation of buildings.

The Department did not collect information of availability of essential equipment in healthcare centers and as a result many test checked healthcare centers did not have all essential equipment. Supply of equipment and furniture to DAOs without assessing the actual requirement, resulted in their disproportionate distribution to DAOs. Instances of supply of excess equipment were noticed in test checked DAOs where they were lying unutilized in stores.

As per its own norms issued in 1998, against the requirement of 12,166 posts as of March 2017, GoR sanctioned only 11,025 posts (90.62 per cent) of which only 8,472 (69.64 per cent) were appointed. Further against the sanctioned posts, there was shortage of manpower at all levels such as District hospitals (25.18 per cent), hospitals (25.15 per cent) and dispensaries (22.90 per cent). Disproportionate deployment of Medical Officers, Nurse/Compounders was also noticed. Efforts for filling up the vacant posts of Medical Officer and Nurse/Compounders on contractual basis were also not initiated by the Department.

[31] Banswara, Baran, Barmer, Bikaner, Chittorgarh and Sirohi except Ajmer.

[32] 2012-13: Jaisalmer, Dungarpur, Karauli and Pratapgarh; 2013-14: Kota and 2014-15: Dholpur and Sriganganagar.

There was no significant growth in number of Ayurveda patients during last decade in the State despite the fact that Department had inflated the data of beneficiary patients. The number of hospitals having nil bed occupancy increased from 60 in 2012-13 to 79 in 2016-17, and no patient was admitted consecutively for five years in 40 hospitals, four years in 48 hospitals and three years in 49 hospitals. In spite of this trend, no review to reduce/relocate the staff was conducted.

The performance of the specialty clinics like Ksharsutra Kendra, Panchkarma Kendra, Jaravasta Nivaran Kendra andAanchal Prasuta Kendra were not effective due to non-availability of adequate equipment and drugs.

Recommendations:

4. *Considering the absence of medical manpower in centers, low bed occupancy in hospitals, non-functioning of dispensaries due to shortage of staff, a high level committee should be formed to review the need for healthcare centers at all levels i.e. Gram Panchayat, Block and District levels on need basis and consider relocation, merger or opening/closure of healthcare centers. Thereafter, the case for additional manpower may be considered, if required.*

5. *The Department may initiate upgradation of infrastructure facilities and ensure provision of essential equipment in all the centers so that quality healthcare services are provided to the patients.*

Audit Objective 3: To assess whether the policy for manufacturing, procurement and supply of quality Ayurveda drugs to the patients was formulated and implemented effectively.

There was no regulation to ensure the quality of drugs sold by retailers in the market. Department established five departmental pharmacies for manufacturing of quality drugs to be provided to patients. During 2012-17, departmental pharmacies could achieve only 39.12 *per cent* of their overall targets despite an expenditure of ₹ 29.51 crore.

There were deficiencies in functioning of departmental pharmacies such as procurement of raw material without use, non-adherence to the norms for leakages and wastage and non-utilization of machinery. Other deficiencies such as distribution of drugs without ascertaining demand, delay in distribution of drugs, distribution of expired drugs to the patients, non-distribution of drugs in small hygienic packaging, shortfall of inspections of pharmacies and samples lying untested are discussed in the succeeding paragraphs.

2.1.8 Supply chain and Sources of the drugs

Government Ayurveda hospitals and dispensaries were required to provide free drugs to all patients and accordingly five pharmacies[33] were established to

[33] Ajmer, Jodhpur, Udaipur, Bharatpur and Kelwara.

manufacture drugs. Rajasthan State AYUSH Society/Directorate also procures drugs from the open market through centralised purchase system and supplies it to healthcare centers.

GoI had prescribed a list of 277 essential drugs to be provided for indoor and outdoor patients free of cost at the healthcare centers. Though, the States were expected to decide the required medicines out of the medicines listed in the Essential Drug List (EDL) as per the prevalence of diseases and needs of the patients, no EDL was prepared by GoR.

GoR stated (October 2017) that the State followed EDL of GoI and EDL medicines would be procured within the available budget.

Considering the budget constraints, GoR may prioritise EDL so that at least the most essential drugs could be provided across all healthcare centers.

2.1.9 Role of Departmental Pharmacies in providing drugs

The Department has five Government Ayurveda pharmacies for manufacturing 63 types[34] of drugs for distribution to hospitals and dispensaries in the form of kits through DAOs. The total expenditure to maintain these pharmacies during 2012-17 was ₹ 29.51 crore of which ₹ 19.68 crore was on account of Pay & Allowances and the remaining amount of ₹ 9.83 crore was on account of purchase of raw material etc., for drug manufacture. Scrutiny of records of four test checked pharmacies revealed the following deficiencies:

2.1.9.1 Target and achievement for production of drugs

The year wise targets for production of drugs (consolidated quantity) and achievements in four test checked pharmacies during 2012-17 is given in the **Table 5**.

Table 5

Year	Unit	Jodhpur Pharmacy			Udaipur Pharmacy			Ajmer Pharmacy			Bharatpur Pharmacy		
		Target	Achievement	%	Target	Achievement	%	Target	Achievement	%	Target	Achievement	%
2012-13	Kg	38,600	21,305	55.19	32,500	5,641	17.36	34,000	11,420	33.59	22,180	3,423	15.43
	Litre	0	0	0	30,000	7,850	26.17	7,000	2,364	33.77	6,000	0	0
2013-14	Kg	38,600	10,725	27.79	32,500	2,500	7.69	34,000	12,948	38.08	22,180	5,304	23.91
	Litre	0	0	0	30,000	1,864	6.21	7,000	0	0	6,000	2,070	34.50
2014-15	Kg	38,600	33,206	86.03	27,500	21,450	78.00	34,000	1,145	33.68	22,180	3,013	13.58
	Litre	0	0	0	25,000	12,057	48.23	7,000	0	0	6,000	0	0
2015-16	Kg	38,600	17,718	45.90	35,000	25,707	73.45	34,000	7,405	21.78	22,180	13,999	63.11
	Litre	0	0	0	25,000	5,287	21.15	7,000	1,015	14.50	6,000	1,499	24.98
2016-17	Kg	38,600	29,107	75.41	35,000	17,758	50.74	34,000	8,155	23.99	22,180	7,408	33.40
	Litre	0	0	0	25,000	27,085	108.34	7,000	2,680	38.29	6,000	4,452	74.20
Total	Kg	**1,93,000**	**1,12,061**	**58.06**	**1,62,500**	**73,056**	**44.96**	**1,70,000**	**41,073**	**24.16**	**1,10,900**	**32,747**	**29.53**
	Litre	**0**	**0**	**0**	**1,35,000**	**54,143**	**40.11**	**35,000**	**6,059**	**17.31**	**30,000**	**8,021**	**26.74**
Total consolidated achievement: 39.12 *per cent*													

Source: Information provided by the Department.

[34] Ajmer (14), Udaipur (13), Jodhpur (13), Bharatpur (12) and Kelwara (11).

During 2012-17, the achievement *vis-à-vis* targets for drug production was only 39.12 *per cent*. This table shows that the year wise achievement against the targets of production of drugs ranged between 27.79 to 86.03 *per cent* in Jodhpur, 6.21 to 108.34 *per cent* in Udaipur, zero to 38.29 *per cent* in Ajmer and zero to 74.20 *per cent* in Bharatpur during 2012-17.

GoR attributed (October 2017) the short achievements of the targets to budget constraints and non-availability of skilled labourers.

The reply is not convincing as there was saving of funds against the budget allotment almost every year during 2012-17.

2.1.9.2 Non-manufacturing of assigned drugs by the pharmacies

Each pharmacy was assigned the number of drugs to be manufactured (Ajmer-14 drugs; Jodhpur-13 drugs; Udaipur-13; Bharatpur-12 and Kelwara-11) and accordingly they obtained licenses from Drug Control Organisation.

Scrutiny revealed that only two to nine assigned drugs in Ajmer pharmacy, three to eight assigned drugs in Udaipur pharmacy, three to nine assigned drugs in Jodhpur pharmacy and three to six drugs in Bharatpur pharmacy were manufactured during 2012-17. Further, two drugs (*Kapoor Ras* and *Lavangadi Vati*) in Udaipur Pharmacy, three drugs (*Puspnug Churna*, *Talisadi Churna* and *Avipattikar Churna*) in Jodhpur Pharmacy and two drugs (*Chandraprabha Vati* and *Sajivani Vati*) in Bharatpur Pharmacy, were not manufactured during last five years (2012-17) and two drugs (*Tindook Vati* and *Dashanag Lape*) in Ajmer Pharmacy were not manufactured during last four years (2012-16).

GoR attributed (October 2017) non-manufacturing of the assigned drugs to absence of specialists, limited financial resources and non-availability of raw constituents.

The reply is not convincing as there was saving of funds against the budget allotment almost every year during 2012-17.

2.1.9.3 Higher costing of drugs manufactured in Departmental Pharmacies

As per Departmental Manual, valuation report for each job was to be prepared for calculation of the cost of manufactured drugs by including all overheads to arrive at the per unit issue cost. The drugs were required to be issued from pharmacies at the issue cost.

Scrutiny of records revealed that valuation report was not prepared by any of the test checked pharmacies and the drugs were issued at the rates tentatively decided during 1990-91. Thus, the issue rate of drugs was not realistic as per actual cost of manufacturing.

The comparison of cost of raw material and overheads charged in *per cent* of total cost of drugs manufactured in three test checked pharmacies during the period 2012-17 is given in the **Table 6**.

Table 6

(In *per cent*)

Year	Jodhpur Pharmacy		Udaipur Pharmacy		Bharatpur Pharmacy	
	Cost of raw material	Overhead cost	Cost of raw material	Overhead cost	Cost of raw material	Overhead cost
2012-13	24.22	75.78	35.53	64.47	Job not started	Job not started
2013-14	24.33	75.67	41.53	58.47	11.04	88.96
2014-15	16.90	83.10	39.14	60.86	15.80	84.20
2015-16	19.75	80.25	38.11	61.89	16.89	83.11
2016-17	18.87	81.13	32.36	67.64	20.84	79.16

Source: Information provided by the Department.

The table shows that the component of total overheads cost in total production cost ranged from 75.67 to 83.10 *per cent* (in Jodhpur pharmacy), 58.47 to 67.64 *per cent* (in Udaipur pharmacy) and 79.16 to 88.96 *per cent* (in Bharatpur pharmacy) during 2012-17.

Further, cost comparison of drugs manufactured in the Departmental pharmacies with rate list of the same drugs available in Indian Medicines Pharmaceutical Corporation Limited, Uttarakhand[35] (IMPCL), revealed that the drugs manufactured by the Departmental pharmacies were much costlier than the rates of IMPCL. The comparison of the rates of Departmental pharmacies and IMPCL is given in the **Table 7**.

Table 7

Name of Drug	Packing	Cost of drug manufactured in Departmental pharmacies (in ₹ per unit kg/litre)	Rate of the drug as per rate list of IMPCL as on 01.12.2016 (in ₹ per unit kg/litre)	Cost comparison in multiple of unit cost of IMPCL
Godanti Bhasma	250gm	631.20	287.20	2.19
Kapardika Bhasma	250 gm	2,914.52	793.10	3.67
Shankh Bhasma	250gm	1,482.44	377.60	3.92
Ashwagandha Churna	500 gm	1,340.00	694.90	1.92
Avipattikar Churna	500gm	990.00	451.60	2.19
Dashana Sanskar Churna	500gm	1,580.00	648.90	2.43
Haritaki Churna	500gm	210.00	145.50	1.44
Dashmool Kvatha	500gm	330.00	268.00	1.23
Jatyadi Taila	450ml	1,223.76	387.55	3.15

Source: Information provided by the Department.

The table shows that the rates prevailing since 1990-91 for the drugs manufactured by Departmental pharmacies was higher in the range of 1.23 to 3.92 times the rates of IMPCL as on December 2016.

Though the medicine manufactured in Departmental pharmacies were much higher than market rates, the Department did not initiate any action to make them cost effective.

[35] A Government of India undertaking unit.

GoR stated (October 2017) that the efforts would be made to reduce the overhead charges and to bring efficiency and economy in the production of drugs.

2.1.9.4 Non-adherence to the norms for leakages and wastages of raw material

During June 1988, the Department prescribed norms for loss of one *per cent* of raw material during process of manufacturing the drugs.

It was observed that during 2012-17, pharmacies at Ajmer and Jodhpur were maintaining the prescribed norms of loss of raw material whereas pharmacy at Udaipur was maintaining loss of zero *per cent*. In contrast, the wastage in the pharmacy at Bharatpur was abnormally high during 2012-17.The pharmacy lost 63.76 *per cent* and 15.04 *per cent* raw material to manufacture *Shubhara Bhasma*and *Karpad Bhasma* respectively. This resulted in lesser production of drugs valuing ₹ 44.13 lakh.

GoR stated (October 2017) that the wastage norms decided in the year 1988 were not practical and new norms were under consideration. Further, it was stated that efforts would be made to bring down the losses.

2.1.9.5 Procurement of raw material without immediate use

Scrutiny of procurement of raw material for manufacture of drugs in Bharatpur pharmacy revealed that:

- 11 raw materials weighing 623.79 kg were purchased prior to April 2012, which were lying unutilized for more than five years as of March 2017.

- Even though 23.98 quintals of raw material '*small seep'* was available in the store, 10.81 quintals was procured during 2012-13. The entire quantity of 34.79 quintals of '*small seep'* was lying unutilised in the store as of March 2017. When this was pointed out by Audit, the whole quantity was utilized in August 2017 after delay of more than five years in manufacturing of drugs.

- Even though 15.92 quintals of raw material '*shankh nabhi'* was available in the store, 7.22 quintal and 15.26 quintal was procured during 2012-13 and 2016-17 respectively. Thus,38.40 quintals of '*shankh nabhi'* was lying unutilised in the store as of March 2017. When this was pointed out by Audit, quantity 15.00 quintals of '*shankh nabhi'* was utilized in May 2017 leaving 23.40 quintals of *shankh nabhi* unutilized as of October 2017.

- 28 types of raw material weighing 82.03 quintal procured prior to April 2012 and 15.29 quintal semi processed '*bhasmas'*, not usable in Bharatpur pharmacy were transferred to Ayurveda College Udaipur during April 2016 for utilisation. It was observed that Ayurveda College Udaipur utilized only 0.64 quintal of raw material during 2016-17.

GoR stated (October 2017) that *bhasmas* would be utilized at the earliest in Ayurveda College Udaipur.

The fact however, remains that inventory management in the manufacture of drugs in Departmental pharmacies was not effective and required improvement.

2.1.9.6 Non-utilisation of machinery

Scrutiny of utilisation of machineries in test checked pharmacies revealed that:

- Machines/equipment (worth ₹ 73.49 lakh) *viz.* bottle line machine, rotary tablet machine, sugar coating machine, etc., installed in Ajmer (two machines) and Bharatpur (17 machines) pharmacies were lying unutilised since their installation during 2003-07.

- Other 21 machines/equipment worth ₹ 44.11 lakh installed in pharmacies Ajmer (12) and Udaipur (09) also remained idle during 2012-17 due to non-availability of related jobs, want of repair and non-deployment of technician for operating new type of machine.

- Two air compressors used for drying the bottles to be attached with bottle line machine were purchased in March 2007 for Ajmer and Udaipur pharmacies. One air compressor installed in Ajmer pharmacy could not be utilised as the bottle line machine was not commissioned in the pharmacy. The air compressor purchased for Udaipur pharmacy was not even sent there and was lying in stores of Ajmer pharmacy.

- Only two posts of machine operators were sanctioned for Jodhpur and Udaipur pharmacies against requirement[36] of seven operators in five pharmacies. Only one operator was posted in Jodhpur pharmacy. In absence of qualified machine operators, departmental labour was operating the machines without any formal training.

It was observed that though a proposal for imparting training to the deployed technicians and assistants was sent to the Department in April 2012, the same was not approved as of March 2017.

GoR stated (October 2017) that the purchased machines were not utilized due to lack of specialised operators and proposals for filling the vacancy of machine operators and imparting training would be considered.

2.1.10 Procurement of drugs

There was no system in place at the Directorate office to assess the annual requirement of drugs based on consumption pattern in field units after adjusting the available stock. The proposals for procurement of medicines were prepared at Directorate/RSAS at their own level without consolidating the demands of healthcare centers.

[36] Ajmer-1, Bharatpur-1, Jodhpur-2, Kelwara-1 and Udaipur-2.

Audit scrutiny revealed the following:

2.1.10.1 Non-utilisation of funds for procurement of drugs

National AYUSH Mission launched during September 2014 by GoI envisaged submission of State Annual Action Plan (SAAP) for implementation of Mission in the State. RSAS prepared and submitted SAAP to GoI for approval and release of funds for implementation.

It was observed that RSAS submitted SAAP for procurement of drugs and received ₹ 39.30 crore during 2014-17, of which an amount of only ₹ 13.42 crore was utilized during 2014-15 and amount of ₹ 25.88 crore (65.85 *per cent*) remained unutilised as of March 2017. Thus, funds received from GoI during 2014-17 could not be fully utilised.

GoR stated (October 2017) that delay in procurement of drugs occurred due to delay in tender process.

The fact, however, remains that the failure of the Department in full utilisation of funds disbursed by GoI for drugs, deprived the patients of free medicines to that extent.

2.1.11 Distribution of drugs to the hospital and dispensaries

Drugs manufactured in any departmental pharmacy were distributable among the other pharmacies at a pre-determined ratio (Ajmer: 28 *per cent*, Jodhpur: 25 *per cent*, Udaipur: 23 *per cent* and Bharatpur: 24 *per cent*) on the basis of number of healthcare centers falling under jurisdiction of the pharmacies, for further distribution to healthcare centers.

In case of medicines to be procured from market, RSAS decides the number of medicines and quantity of each medicine within the budget available for a healthcare center (₹ 30,000 for dispensary and ₹ 50,000 for hospital) at the prevailing market rate. The medicines are delivered in number of uniform kits in departmental pharmacies for distribution to healthcare centers as per their jurisdiction through DAOs.

2.1.11.1 Irrational/delayed distribution of drugs

The pharmacies distributed manufactured drugs through DAOs to all dispensaries/hospitals in uniform kits containing the same quantity of medicines, without considering the patient load or demand or need of a healthcare centers.

It was observed that the Bharatpur pharmacy was required to distribute the manufactured drugs to10 DAOs. Scrutiny of records revealed that the pharmacy however, distributed 11 drugs to only two to eight DAOs during 2015-17 and other DAOs were deprived of medicines as detailed in ***Appendix 2.3***.

It was further revealed that the Bharatpur pharmacy distributed drugs to DAOs with the delays ranging from one month to 16 months, even though the shelf life of drugs was only two years, thereby reducing the scope for utilisation of the drugs as detailed in ***Appendix 2.4.***

2.1.11.2 Distribution of expired drugs to the patients

GoI prescribed (October 2009) shelf life for various Ayurveda drugs and directed that drugs should not be distributed after their date of expiry.

Scrutiny revealed that one to 14 expired drugs were kept in stock of eight test checked healthcare centers[37], of these, six centers (except DH Bikaner and Dispensary Shahpur) even distributed expired drugs to the patients in number of cases.

2.1.11.3 Failure in distribution of drugs in small hygienic packaging

GoI issued (January 2013) orders for distribution of drugs in suitable packaging like paper bags, pouches, etc., under hygienic conditions. It was observed that drugs manufactured by the Departmental pharmacies were packed in sizes like 1 kg, 500 gm (dried drugs) and 400 ml, 200 ml (liquid drugs) and distributed to healthcare centers. Further, test checked healthcare centers did not have paper bags, pouches in their store for packaging of drugs in small quantities useful to the patients and were distributing them in pieces of newspapers and empty bottles. Thus, the direction of GoI for distribution of drugs in small packaging under hygienic condition was not followed by healthcare centers.

GoR accepted the facts and stated (October 2017) that from 2017-18, drugs were procured on the basis of requisition from dispensaries and selected drugs were being distributed in small hygienic packaging.

The fact however, remains that drugs manufactured in the Departmental pharmacies also required to be distributed in suitable small packaging, which was not being done. Further no reply was furnished regarding distribution of expired drugs.

2.1.12 Shortfall of inspection of drugs manufacturing units

Drugs and Cosmetic Rules 1945 provided Drug Inspectors (DIs) would inspect the premises of the licensee of manufacturing the Ayurveda drugs, at least twice a year. There are 302 licensees including five departmental pharmacies to manufacture Ayurveda drugs in the State as of March 2017. The Department has deployed three DIs under the supervision of Assistant Drug Controller for inspection of manufacturing units.

During 2012-17, as against a total target of 2,918 inspections to be conducted, the DIs could only conduct 1,647 (56.44 *per cent)* inspections. Further during 2014-17, the number of annual inspections decreased from 66.49 *per cent* in 2014-15 to 41.39 *per cent* in 2016-17. It was also observed that no inspection was carried out by DIs during 2015-17 in 16 districts of Udaipur, Ajmer, Bharatpur and Kota regions. The details of inspection conducted by DIs during 2012-17, are given in ***Appendix 2.5***.

[37] DH, Longia, Ajmer (14), DH, Alwar (six), DH, Bikaner (three), Hospital, Dadiya (one), Hospital, Khairtal (six), DH, Kota (one), Hospital, Rajgarh (five) and Dispensary, Shahpur (two).

GoR, while accepting the facts stated (October 2017) that the inspection could not be done twice a year due to shortage of DIs.

2.1.12.1 Shortfall in taking of samples by Drug Inspectors

Drug Controller fixed the target of five samples of raw material/drug per month for each DI. It was, however, observed that all three DIs did not achieve the annual targets of 180 samples[38] during 2012-17, as enumerated in the **Table 8**.

Table 8

Division	Number of samples taken by the Drug Inspectors				
	2012-13	2013-14	2014-15	2015-16	2016-17
Jaipur	06	10	11	27	25
Jodhpur	00	32	16	-	20
Udaipur	00	7	8	21	23
Ajmer	57	-	-	-	-
Bharatpur/Kota	-	-	-	-	-
Total samples taken (*per cent*)	**63** (*35.00*)	**49** (*27.22*)	**35** (*19.44*)	**48** (*26.67*)	**68** (*37.78*)

Source: Data provided by the Drug Control Organisation, Rajasthan.

It can be seen from the table that shortfall in taking samples of the drugs ranged between 62.22 to 80.56 *per cent*. Further, DIs did not take any samples from the manufacturing/retail units established in Bharatpur and Kota regions during 2012-17.

GoR stated (October 2017) that collection of sample from every region could not be carried out due to shortage of DIs. It was also stated that proposals for sanction of new posts was under process.

2.1.12.2 Non-performance of Ayurvedic Drug Testing Laboratory

Ayurvedic Drug Testing Laboratory (ADTL) was established during 2005-06 at Ajmer to improve access to drug testing facilities and expand the services and support system.

A mention was made in the CAG's Audit Report (Civil) for the Government of Rajasthan for 2010-11 that ADTL could not be put to operation due to non-deployment of technical staff thereby rendering the entire expenditure of ₹ 0.78 crore unproductive. GoR intimated (October 2012) the Public Accounts Committee (PAC) that the laboratory was started and all the equipment installed in the laboratory were utilised after engagement of contractual manpower. Scrutiny of records of ADTL, Ajmer was carried during May 2017 and it was observed that:

- ADTL tested 97 samples during 2012-13 through the contractual staff. No sample was tested in the laboratory during 2013-17, as regular technical staff was not deployed. The sample testing was done only once through contractual staff to give assurance to the PAC about the functioning of ADTL.

[38] 5 samples x 3 DIs x 12 Months= 180.

- One MO as Officer in-charge, one clerk and one peon were posted without any work load during 2013-17.

GoR stated (October 2017) that ADTL was not functioning due to shortage of staff.

2.1.12.3 Samples lying without testing in laboratory

Due to non-functioning of ADTL, samples taken by DIs were forwarded to Drug Testing Laboratory (DTL), Jaipur of Medical and Health Department for their testing. DTL was not testing the samples within reasonable time period and 39 samples (81.25 *per cent*) of total 48 taken during 2015-16 and all 68 samples (100 *per cent*) taken during 2016-17 were not tested by DTL, Jaipur as of March 2017.

GoR stated (October 2017) that the creation of new posts of Assistant Drug Controller, Officers and DIs was under process for testing facility in ADTL Ajmer.

The fact remains that in spite of the assurance given to PAC about its functionality, ADTL Ajmer remained non-functional during 2013-17. Thus, the quality of drugs manufactured was not ensured.

2.1.12.4 No regulation over Ayurveda drugs sold in retail

A license was essentially required to be obtained before establishment of premises by wholesalers and retailer for selling of Allopathic medicine in terms of provisions of the Drugs and Cosmetics Rules, 1945. However, it was observed that similar dispensation was not available for the Ayurveda retailers, though provisions were made for regulation of manufacturing units of Ayurvedic medicines.

In absence of any control or regulation for selling of Ayurvedic drugs by retailers it cannot be assured that no spurious Ayurvedic drugs were being sold by the retailers.

GoR, while accepting the facts stated (October 2017) that proposals in this regard were under process with the Government.

2.1.13 Role of Rajasthan State Medicinal Plant Board

Rajasthan State Medicinal Plants Board (RSMPB) was mandated with role of (a) obtaining demand and supply of medicinal plants, (b) identification, preparation of inventory and quantification of medicinal plants, (c) promotion of ex-situ and in-situ cultivation and conservation of medicinal plants and (d) encouraging the protection of Patents and Intellectual Property Rights.

Scrutiny of records of RSMPB revealed that:

- Though Rajasthan has 1,911 species of medicinal plants, RSMPB had prepared database of only 55 medicinal plants as of March 2017. RSMPB, however, not conducted baseline survey and feasibility study for ascertaining the

condition of medicinal plants.

GoR stated (October 2017) that the National Medicinal Plants Board has already prepared an exhaustive database of medicinal plants with active participation of RSMPB.

The reply was not convincing as RSMPB has prepared database of only 55 medicinal plants as of March 2017.

- RSMPB did not develop policy for cultivation/utilisation of plants, development of local market for products and availability of trained manpower/equipment.

GoR stated (October 2017) that a draft Herbal Policy of Rajasthan was made in January 2008. However, the subsequent development as regards to approval of the policy was not available with RSMPB.

- Neither were new herbal gardens established under Public Private Partnership mode nor were herbal gardens developed in 17 nominated locations under the possession of RSMPB/Department as on March 2017.

GoR stated (October 2017) that development of herbal gardens at these 17 sites would require substantial financial aid and RSMPB would take initiative in this regard.

Manufacture, procurement and distribution of quality drugs

Though Central Government has prescribed 277 essential drugs for indoor and outdoor patients and the states were expected to decide the required essential drugs as per prevalence of diseases and needs of the patients, GoR failed to do so.

During 2012-17, the achievement in drug production vis-à-vis targets by the Departmental pharmacies was only 39.12 per cent. The reasons attributed for the low production was shortage of labour, short supply of raw materials etc. Further, the cost of drugs manufactured by the Departmental pharmacies was 1.23 to 3.92 times higher the rates of Indian Medicines Pharmaceutical Corporation Limited, Uttarakhand.

Distribution of drugs was done without ascertaining demand. There were instances of delay in distribution of drugs, distribution of expired drugs to the patients and failure to distribute drugs in small hygienic packaging.

During the period 2012-17, the Drug Inspectors could only conduct 56.44 per cent of the prescribed 2918 inspections. Ayurveda Drug Testing Laboratory, established during 2005-06 at Ajmer was not functional. Even the samples sent to DTL Jaipur remained untested. Thus, the quality of drugs manufactured was not ensured.

Recommendations:

6. *Considering the poor performance of the Departmental pharmacies in terms of low production rates, high costs and shortage of trained technical staff, Government should review the need for the continuation of these pharmacies and consider either running them on PPP mode, if viable, or close them down and relocate the manpower within the Department, if found feasible.*

7. *The system of assessment of demand and timely distribution of Ayurvedic drugs needs to be streamlined so that drugs can be procured, supplied and used within their shelf life.*

8. *As there are no provisions of the Drugs and Cosmetics Act/Rules, for licensing of retailers of Ayurvedic drugs, like in the case of Allopathic drugs, there is a need to propose amendment to the Act/Rules to ensure that spurious/adulterated Ayurvedic drugs are not sold by retailers.*

9. *There is an urgent need to strengthen the Drug Control Organisation/Drug Testing Laboratory so that the prescribed inspections of manufacturing units are conducted and all the samples are tested in time to ensure supply of quality drugs.*

Audit Objective 4: To assess whether the Ayurveda educational institutions in the State were imparting quality education and promoting research and development activities.

2.1.14 Availability of Ayurveda education institutions and courses in the State

Dr. Sarvapalli Radha Krishnan Rajasthan Ayurveda University was established during 2003 at Jodhpur for efficient and systematic instruction, teaching, research and development in Ayurveda and other Indian systems of medicine in the State.

There were nine Ayurveda Colleges[39] including six private colleges in the State as of March 2017 with an annual intake capacity of 632 Under Graduate (UG) students in Bachelor of Ayurveda Medicine and Surgery (BAMS). Further, Post Graduate (PG) courses were available in only three colleges as on March2017withan annual intake capacity of 149 students[40]. Ayurveda University also has two centers at Jodhpur for Ayurveda Nurse and Compounder Training. In addition, 26 other AYUSH Nursing Training Centers with an annual intake capacity of 1,180 students, were also affiliated to Ayurveda University.

[39] One Constituent College: University College of Ayurveda , Jodhpur (100), One Central Government Aided College: National Institute of Ayurveda, Jaipur (92), One GoR College: Shri Madanmohan Malviya Government Ayurveda College, Udaipur (60), Six Private College: Shri Bhanwar Lal Duggad Ayurveda Vishva Bharti, Sardar Shahar, Churu (50), Punjab Ayurveda Medical College and hospital, Sriganganagar (60), Shekhawati Ayurveda College, Pilani, Jhunjhunu (60), Shirdi Sai Baba Ayurveda College and hospital, Renwal, Jaipur (50), Mahatma Jyotiba Phoole Ayurveda College, Chomu, Jaipur (100) and Kala Ashram Ayurveda College, Gogunda, Udaipur (60).

[40] University college of Ayurveda, Jodhpur (30), National Institute of Ayurveda, Jaipur (104), Shri Madanmohan Malviya Government Ayurveda College, Udaipur (15).

2.1.14.1 Delay/non-commencement of Post Graduate courses in Ayurveda

As per Central Council of Indian Medicine (CCIM) regulations[41], PG courses can be offered in 14 subjects[42]. Regulation 6(2) of the CCIM Regulations specifies the eligibility criteria including availability of qualified teachers for PG classes. Government Ayurveda College, Udaipur was functioning since 1944, which initially offered only UG course. PG courses were started from 1973 in three subjects *viz. Rasa Shastra* (1973), *Dravya Guna* (1982) and *Kayachikitsa* (1986) with intake capacity of five seats in each subject.

It was, however, observed that permission to admit students in existing PG courses during 2008-15 (except five seats in *Kayachikitsa* during 2012-14) was not accorded by GoI due to non-availability of adequate numbers of qualified teachers as per the eligibility conditions of CCIM. Further, no PG course in any new subject was started in Government Ayurveda College, Udaipur by GoR.

GoR stated (October 2017) that the permission for PG courses in three subjects (*Shalya Tantra, Sharir Rachana* and *Sharir Kriya*) was under consideration of CCIM for approval.

2.1.14.2 Non-provision of practical training to UG students

As per syllabus for BAMS course, students were required to be imparted training in Surgery and Gynecology. For imparting such training facilities of adequate infrastructure, faculty of modern medicine, live cases for delivery and surgery were required to be available in the hospital attached to the colleges.

Scrutiny revealed that though adequate infrastructure was available in the hospital attached to the colleges but other facilities for study of delivery cases and surgery cases required for training of Surgery and Gynecology were not available thereby adversely impacting on the quality of practical training. The colleges also did not initiate action for convergence with any allopathic hospitals or National Institute of Ayurveda at Jaipur, where such training could be imparted.

GoR stated (October 2017) that the Ayurveda colleges do not have facilities to handle emergency situations in delivery/surgery procedures, therefore they do not provide delivery/surgery service to the patients. Hence imparting practical training to the students was not possible in Ayurveda colleges. Further, the proposals were sent for convergence to provide practical training in Government/private medical hospitals by the Ayurveda College, Udaipur.

The fact however, remains that efforts to ensure practical training which was part of the UG course designed as per CCIM norms, were not made.

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[41] Establishment of New Medical College, opening of New or Higher Course of Study or Training and Increase of Admission Capacity by a Medical College Regulations 2003.

[42] Kayachikitsa, Sharir Kriya, Maulik Siddhanta, Kaumar Bhritya, Rasa Shastra, Panchakarma, Dravya Guna, Swastha Vritta, Rog and Vikriti Vigyan, Prasuti and Stri Roga, Sharir Rachana, Shalakya Tantra, Shalya Tantra and Agad Tantra.

2.1.14.3 Non-functioning of Rajasthan Nursing Ayurveda Council

Section 38 of Rajasthan Ayurveda Nursing Council Act, 2012 provided for mandatory registration of Ayurveda nursing professionals. Further, GoR was required to make rules under the Act.

It was noticed that though Rajasthan Ayurveda Nursing Council (RANC) was constituted by the GoR during September 2013 but the Rules and Regulations were not formulated by the GoR. During 2012-16, total 3,785 nurse/compounder students passed out from the Nursing colleges affiliated with the University but none of them could be registered by RANC.

GoR stated (October 2017) that rules and regulations drafted by RANC was under consideration for approval.

2.1.14.4 Non-availability of faculty/teaching staff in Ayurveda colleges

CCIM Regulations stipulates that appointment of minimum 30 full time regular teachers for 60 UG students and 45 teachers for more than 60 UG students in Ayurveda Colleges. Further for PG course, one Professor or Reader and one Lecturer of the concerned subject was additionally required over and above the teachers stipulated for UG courses.

In this regard, shortages in the availability of faculties/other staff were observed in the University and Government College, Udaipur as discussed below:

- Only three Professors, 14 Readers and 18 Lecturers were deployed in University College, Jodhpur against the requirement of 14 Professors, 19 Readers and 22 Lecturers, as per regulations, as of March 2017.

- No faculty was available in University College, Jodhpur for *Swasthavritta* and *Yoga*, against requirement of three as per norms. Further, five PG courses were running but only one Professor of *Shalya Tantra* was appointed as of March 2017.

- As per CCIM norms eight consultants of modern medicine on part time basis were required, however, only three consultants were engaged in the University, as of March 2017.

- Only four Laboratory Technicians against nine posts were appointed in University College, Jodhpur while no Laboratory Technician was appointed against nine posts in Ayurveda College, Udaipur.

- Against the requirement of one person for each post of Bio Chemist, Pharmacologist, Bio-Statistician and Microbiologist in Government College, Udaipur and University College, Jodhpur, no person was appointed as of March 2017.

GoR stated (October 2017) that required staff was not deployed due to non-availability of eligible candidates. Further, it was stated that recruitment was

under process for both the colleges, however, arrangement to appoint retired persons as per norms were also made in Ayurveda College, Udaipur.

The fact however, remains that faculties/teaching staffs were not available as per CCIM Regulations in the University and Government College, Udaipur.

2.1.14.5 Inadequate Hostel facility for students

Inadequacy of hostel facility was observed in the Ayurveda University, Jodhpur and Government College, Udaipur as enumerated below:

- No hostel was provided to PG students in Ayurveda University, Jodhpur and in Government College, Udaipur.
- 138UG/PG girl students were residing in the hostel of capacity of 96 students during 2016-17 in Jodhpur.
- In three test checked nurse/compounder training institutes[43], no hostel facility was provided for the students. For construction of hostel of 100 beds capacity at Nursing Training Center Punjla, Jodhpur, sanction of ₹ three crore was accorded under 'Member of Parliament Local Area Development' Scheme during 2014-15, but work could not be started as the financial sanction was not issued by Rural Development Department. On being pointed out, the University stated that they had requested (July-October 2017) District Collector for release the funds but no funds were released as of October 2017 to start the construction of the hostel building.

GoR stated (October 2017) that construction of PG girls/boys hostels were under progress in Jodhpur University and separate Girls hostel in Ayurveda College, Udaipur, would be proposed in the budget for 2017-18.

Thus, concerted efforts were lacking in ensuring hostel facilities for UG/PG students in Ayurveda Colleges/ Training Institutes in the State.

Availability of Ayurveda education institutions and courses in the State

No new Post Graduate courses could be started in Government Ayurveda College, Udaipur after 1986 due to non-availability of qualified teachers in adequate numbers. Practical training in Surgery and Gynecology was not being provided to the students as the Ayurveda colleges did not have facilities for delivery and surgery cases.

Rajasthan Ayurveda Nursing Council was constituted during September 2013 but Rules and Regulations were not formulated by the GoR resulting in 3,785 nurse/compounder students not being registered with the Council during 2012-16.

Only 3 Professors, 14 Readers and 18 Lecturers were deployed in University College Jodhpur, against the requirement of 14 Professors, 19 Readers and 22 Lecturers, as per regulations as on March 2017.

[43] Karwad and Punjla (Jodhpur) and Ajmer.

Recommendations:

10. *GoR should appoint adequate number of qualified teaching faculties in Colleges/University to ensure quality education in existing courses as well as to start new Post Graduate Courses.*

11. *Rules and Regulations should be formulated by the GoR to ensure registration of Ayurveda nursing/compounders in the State.*

Audit Objective 5: To assess whether there was an effective systems of financial management and internal control/monitoring.

2.1.15 Financial Management

2.1.15.1 Availability of funds

The Department received funds from the State budget and GoI assistance under the National AYUSH Mission (Mission). The ratio of Central and State assistance under the Mission was 75:25 (upto 2014-15) which was changed to 60:40during 2015-16. The central assistance was transferred to Rajasthan State AYUSH Society (RSAS), as per approved SAAP. Total Grants of ₹ 82.75 crore including the State matching share of ₹ 25.92 crore were received by the RSAS during 2014-17.

The year wise budget allocation and expenditure incurred on Ayurveda is given in the **Table 9**.

Table 9

(₹ in crore)

Year	Budget Allotment for Ayurveda and Ayurveda Education	Expenditure	Expenditure on pay and allowances as *per cent* of total expenditure
2012-13	483.19	431.97	402.42 (*93.15%)*
2013-14	540.52	472.29	440.32 (*93.23%)*
2014-15	551.62	515.09	491.88 (*95.49%)*
2015-16	596.21	604.57	531.85 (*87.97%*)
2016-17	642.97	631.97	571.14 (*90.37%*)
Total	**2,814.51**	**2,655.89**	**2,437.61(*91.78%*)**

Source: Information provided by the Department.

It can be seen from the table that:

- during 2012-17, the expenditure on pay and allowances was very high and ranged between 87.97 to 95.49 *per cent* of total expenditure, thereby leaving very small percentage for core activities of the Department like equipment, infrastructure, drugs and IEC activities.

- though, there was an increase of 246.59 *per cent* in total budget allocation (total budget during 2012-17 was ₹ 36,555.00 crore)[44] for the Medical and

[44] 2012-13: ₹ 3,868 crore; 2013-14: ₹ 5029 crore; 2014-15: ₹ 8703 crore; 2015-16: ₹ 9,417 crore and 2016-17: ₹ 9,538 crore. Total during 2012-17: ₹ 36,555 crore.

Family Welfare Department in 2016-17 as compared to the year 2012-13, yet the increase in budget allocation for Ayurveda was only 133.07 *per cent* during the same period in the State. It was also observed that the budget allocation for the Ayurveda was only 7.70 *per cent* of the total Health Budget of the State for the period 2012-17.This indicates that Ayurveda was given lower priority by GoR as compared to modern medicine.

- the Department also prescribed (February 1995) norms of ₹ 2 and ₹ 6 per patient per day for distribution of free drugs to outdoor and indoor patients respectively. The Department proposed (August 2000) for revision of norms to ₹ 10 and ₹ 30 per patient per day for outdoor patient and indoor patient respectively on the recommendation of the Estimate Committee of Vidhan Sabha. GoR did not approve (January 2001) the proposal due to poor financial position of the State and thereafter the Department never proposed for increase in rates till October 2017.

Thus, a very small percentage of the funds were available for strengthening and upgradation of healthcare facilities, which adversely impacted on the quality of healthcare services provided in the State.

GoR stated (October 2017) that efforts would be made to get more funds from State and Central Government to improve the Ayurveda healthcare facilities.

2.1.15.2 Non-utilisation of GoI assistance

For upgradation of AYUSH hospitals and dispensaries including procurement of medicines, engagement of personnel and supply of drugs in the State, GoI releases funds as per approved Programme Implementation Plans (PIPs) of the State. While approving the PIP for the year 2011-12, GoI stated that funds would be released subject to clearance of the pending UCs for funds released upto 2009-10.

As of March 2011, it was observed that UCs for ₹ 66.07 crore released during earlier periods were pending for submission to GoI. For want of pending UCs, GoI did not approve PIP for further period 2011-14, which deprived the State of central assistance of ₹ 47.03 crore[45].

Though the pending UCs were sent in subsequent years, the fact remained that the much needed central assistance of ₹ 47.03 crore was not received due to non-submission of UCs in time.

Further, out of central share of ₹ 7.93 crore for construction of new infrastructure such as Auditorium, Stadium, *Panchkarma* center, kitchen, etc., in the Ayurveda University, GoI released first installment of ₹ 2.00 crore during March 2012 and GoR also released state share of ₹ 1.65 crore during 2012-14. As the University submitted UCs for first installment only in March 2016 after a delay of four years, GoI did not release the remaining grant of ₹ 5.93 crore due to this delay. Though the University requested (August 2016) GoI for release of second installment, GoI stated that the project was merged into National AYUSH

[45] 2011-12: ₹ 13.25 crore; 2012-13: ₹ 16.28 crore and 2013-14: ₹ 17.50 crore.

Mission and the University should submit separate proposal under the Mission.

GoR stated (October 2017) that the proposal for construction of new infrastructure has since been sanctioned by GoI and funds would be released to RSAS.

Thus, failure to monitor the delay in submission of UCs indicates weaknesses in the financial management systems in the Department and deprival of financial assistance from GoI.

2.1.15.3 Delay in release of funds to State AYUSH Society

GoI released funds to GoR through the treasury for further transfer to RSAS including matching State share for implementation SAAP. It was observed that during 2014-17, GoR released funds including its own matching share with delays ranging from 44 days to 261 days.

GoR stated (October 2017) that during 2014-15the delay in release of funds was attributable to the procedure involved in sanction and release of funds from Finance Department.

The fact remains that there was delay of 44 to 261 days in transfer of funds during 2015-17 and no effort to improve the procedure to avoid the abnormal delays involved in release of funds.

2.1.16 Internal control

2.1.16.1 Non-formulation of Rajasthan Ayurveda Advisory Board

GoR formulated Rajasthan Ayurveda Advisory Board (Advisory Board) in May 1986 to suggest measures for development of Indian Systems of Medicine for three years and was to be reconstituted every three years. It was observed that the Advisory Board was not reconstituted after May 2003 despite repeated requests (December 2011 and July 2013) of the Directorate. In the absence of a High Level Advisory Board, valuable inputs and advice on the major deficiencies that plague the Department could not be discussed.

GoR stated (October 2017) that the Advisory Board has been constituted and meeting was held. However, the outcome of the meetings and their follow-up by the Department were not intimated.

2.1.16.2 Non-achievement of targets by District Ayurveda Officers

The Department fixed (June 2012) targets for each District Ayurveda Officer (DAO) of six inspections per month for ensuring the availability of drugs, equipment and compliance of orders by the hospitals and dispensaries.

Though the 34 DAOs conducted overall inspections more than the prescribed targets for the period 2013-17 in State, however, there was a shortfall of 26.92 *per cent* and 8.16 *per cent* in achievements of targets during 2015-16 and 2016-17 respectively.

Audit further observed that no inspection was conducted in six districts (17.65 *per cent*) during 2015-16,while in four districts (11.76 *per cent*) during 2013-14, in six districts (17.65*per cent*) during 2014-15,in four districts (11.76 *per cent*) during 2015-16 and in seven districts (20.59*per cent*) during 2016-17, less than 50 *per cent* of the prescribed inspections were conducted.

Even the inspection reports of DAOs were of routine nature and could not serve any purpose for rationalisation of resources to ensure quality healthcare facilities. Thus there is a need to improve the quality of inspection.

GoR attributed (October 2017) non-availability of vehicles for non-achievement of targets of inspection. Further, necessary directions for conducting inspections as per norms had now been issued (June 2017).

2.1.16.3 Improvement in service delivery through public participation

GoR decided (March 2001) to form *Rogi Kalyan Samiti* (RKS) to improve the management of healthcare facilities through public participation in the healthcare centers. Hospital management, senior citizens and voluntary organisations were required to fix the rates for healthcare services provided in the hospitals/ dispensaries. The funds collected were to be spent for the purpose of developing dispensary and other facilities for the patients.

It was observed that out of 118 District hospitals/hospitals, RKSs were formed in 75 hospitals. No RKS was formed in any of 3,577dispensaries as of March 2017. Further, of the five test checked RKSs at Beawar, Jodhpur, Alwar, Bharatpur and Udaipur College, three (Alwar, Bharatpur and Udaipur College) did not utilize the funds amounting to ₹ 7.89 lakh and was lying unutilised in bank accounts. As a result, the intention of GoR to improve the management of healthcare facilities through regular monitoring by RKSs was not fulfilled.

GoR, while accepting the fact stated (October 2017) that efforts would be made to form RKSs in hospitals/dispensaries and activities pertaining to RKSs would be compiled at the Directorate level.

2.1.16.4 Evaluation of Aanchal Prasuta Kendras

GoR directed Evaluation Organisation[46] to evaluate *Aanchal Prasuta Kendras* established as specialty centers by the Department. The organisation submitted its report during November 2015. It was, however, observed that the Department did not follow up on the recommendations mainly regarding non establishment of APKs in SC/ST majority areas, non-utilization of equipment, inadequate availability of diet etc. made by the Organisation and these deficiencies continue.

GoR, while accepting the fact stated (October 2017) that the necessary action would be taken.

[46] An organisation of GoR under the Planning Department.

Financial Management

As 91.78 per cent out of total available funds during 2012-17 were incurred on pay and allowances, a very small percentage of funds were available for strengthening and upgradation of healthcare facilities, which adversely impacted on the quality of healthcare services provided in the State.

The norms for allocation of budget for drugs to the patients at healthcare facilities per day were very low at ₹ 2 and ₹ 6 for outdoor and indoor patients respectively. These limits have not been revised since 1995.

Failure of the Department to monitor the delays in submission of UCs resulted in the deprival of central assistance of ₹ 52.96 crore. Instances of delay in release of funds by GoR to Rajasthan State AYUSH Society were also noticed.

Recommendations:

12. *Considering the significant role of Ayurveda in preventive and curative healthcare, GoR should allocate sufficient funds for improvement and upgradation of Ayurveda healthcare facilities and drugs to the patients so that the poor state of infrastructure and facilities in the Ayurveda dispensaries and hospitals are improved.*

13. *The financial management systems in the Department needs to be strengthened to ensure that UCs are submitted in time to avoid deprival of central assistance.*

2.1.17 Conclusion

The Department was not able to provide effective and quality Ayurveda healthcare services to the public of the State despite having the largest network of 118 hospitals and 3,577 dispensaries in the country and incurring an expenditure of ₹ 2,655.89 crore during 2012-17, on Ayurveda Services and Ayurveda education. As 91.78 per cent of the funds available were spent only on pay and allowances, a very small percentage of funds were available for strengthening and upgrdation of healthcare facilities and Ayurveda education, which adversely impacted the quality of healthcare services provided in the State.

Healthcare centers lacked basic infrastructure like building, electricity, drinking water and toilets. There was a nominal increase of 6.50 per cent in number of new outdoor patient during 2012-17. No significant growth in number of patients was noticed during last decade in the State. The department inflated the number of patient benefited by Ayurveda by treating a new patient being prescribed for five days as five patients.

There was no regulation to ensure the quality of drugs sold by retailers in market. The Departmental pharmacies did not achieve the targets of production of drugs as during 2012-17 due to shortage of labours, raw materials etc. The pharmacies were also issuing the drugs at the higher rate. There was shortfall in achievements of targets of inspections of pharmacies and in taking of samples of

drugs. The quality of drugs manufactured in government pharmacies was not ensured.

Considering the existence of large number of professionals, dispensaries and hospitals in the State, there is an urgent need for the GoR to review and improve the prevalent deficiencies in the Ayurveda healthcare services by adopting a suitable policy and standards.

GoR assured (October 2017) that it will review the resources for strengthening the Department and to remove the deficiencies as indicated in the report and necessary action will be taken for providing quality healthcare services to public.

Appendices

Appendix 2.1

(Refer paragraph 2.1.7.1; page 20)

Details showing non-availability of basic facilities in test checked healthcare centers

S. No.	Deficiencies noticed	Nos.	Healthcare centers
1.	Boundary wall not constructed/damaged	14	District hospital: Longia.
			Dispensaries: Haldina, Hatoondi, Ismailpur, Arai, Nanan, Siras, Tehralodha, Pangoor, Nayawas, Kundai, Jawar, Kathar and Gusaisar.
2.	Electricity connection not available	14	Dispensaries: Todanagar, Hatoondi, Arai, Sampla, Rohicha Khurd, Khudala, Peelwa, Kurad, Nithar, Nayawas, Kundai, Khempur, Nandesham and Roda.
3.	Drinking Water facility not available	19	Dispensaries: Todanagar, Hatoondi, Ismailpur, Shahpur, Harsora, Arai, Sampla, Nanan, Peelwa, Undwa, Kurad, Siras, Tehralodha, Sarsaina, Nithar, Kundai, Jawar, Nandeshama and Roda.
4.	Toilet facility not available	18	Dispensaries: Hatoondi, Shahpur, Harsora, Arai, Dabrela, Nagola, Sampla, Nanan, Peelwa, Siras, Tehralodha, Sarsaina, Nithar, Pangoor, Nayawas, Kundai, Kathar and Nandeshama.
5.	Healthcare unit not accessible by road	6	Dispensaries: Todanagar, Hatoondi, Siras, Helak, Kundai and Gusaisar.
6.	Healthcare unit not accessible by public transport	15	Dispensaries: Haldina, Ullahedi, Todanagar, Hatoondi, Dabrela, Siras, Tehralodha, Sarsaina, Helak, Nayawas, Kundai, Jawar, Shekhsar, kathar and Gusaisar.
7.	Ramp not available	26	District hospital: Alwar
			Dispensaries: Todanagar, Hatoondi, Ismailpur, Shahpur, Harsora, Haldina, Arai, Nagola, Silora, Sampla, Undwa, Kurad, Siras, Tehralodha, Sarsaina, Nithar, Pangoor, Peelwa, Nayawas, Kundai, Jawar, Kathar, Shekhsar, Roda and Gusaisar.

Appendix 2.2

(Refer paragraph 2.1.7.4 (iii) ; page 25)

Details of healthcare centers where deployment of manpower was irrational as of March 2017

Healthcare centre	Name of healthcare centre	Medical Officer			Nurse/Compounder		
		Required as per norms	Men-in-position	Excess (+)/ Short (-) as per norms	Required as per norms	Men-in-position	Excess (+)/ Short (-) as per norms
District Hospital (6)	Longia, Ajmer	12	7	(-)5	35	18	(-)17
	Alwar	4	4	-	5	8	(+)3
	Kota	4	5	(+)1	5	12	(+)7
	Khanda Phalsa, Jodhpur	4	5	(+)1	5	17	(+)12
	Moti Chhotha, Udaipur	12	6	(-)6	35	13	(-)22
	Bikaner	4	5	(+)1	5	7	(+)2
	Total	**40**	**32**	**(-)8**	**90**	**75**	**(-)15**
Audit observation: (i) Against the norms of requirement of 40 MOs, only 32 MOs were posted. (ii) Five MOs each were posted in three DHs (Khanda Phalsa, Jodhpur, Bikaner and Kota) against the requirement of four MOs as per norms. (iii Seven and six MOs were posted in DHs, Longia, Ajmer and Moti Chhotha respectively against the norm of 12 in each of them. (iv) Against the norms of requirement of 20 Nurses/Compounders in four DHs (Khanda Phalsa, Jodhpur, Kota, Alwar and Bikaner), 44 Nurses/Compounders were deployed, which was excess of 24 over the requirement. Whereas, 31 Nurses/Compounders were posted in two DHs (Longia, Ajmer and Moti Chhotha, Udaipur), which is 39 short of the requirements.							
Hospital (10)	Beawar	4	4	-	5	6	(+)1
	Mandanganj Kishangarh	3	4	(+)1	4	7	(+)3
	Dadiya	3	4	(+)1	4	2	(-)2
	Khairtal	3	2	(-)1	4	3	(-)1
	Rajgarh	3	3	-	4	4	-
	Bharatpur	4	3	(-)1	5	15	(+)10
	Kumher	3	4	(+)1	4	4	-
	Aayad	3	3	-	4	1	(-)3
	Jagdamba Masuriya	3	2	(-)1	4	7	(+)3
	Mavli	3	3	-	4	4	-
	Total	**32**	**32**	**-**	**42**	**53**	**(+)11**
Audit observation: (i) Four MOs were posted in Madanganj Kishangarh and Dadiya (Ajmer district) and Kumher (Bharatpur district) against the norm of three in each of them. (ii) Seven MOs were posted in Khairtal(2), Bharatpur (3) and Jagdamba Masuriya (2) against the norm of 10 MOs in (Khairtal (3), Bharatpur (4) and Jagdamba Masuriya (3). (iii) Seven Nurse/Compounders were posted in Madanganj Kishangarh and Jagdamba Masuriya against the norms of four each whereas six and 15 were posted in Beawar and Bharatpur against the norms of five in each of them. (iv) Two, three and one Nurses/Compounders were posted in Dadiya, Khairtal and Ayad respectively against the norms of four in each of them.							

Healthcare centre	Name of healthcare centre	Medical Officer			Nurse/Compounder		
		Required as per norms	Men-in-position	Excess (+)/ Short (-) as per norms	Required as per norms	Men-in-position	Excess (+)/ Short (-) as per norms
Dispensaries (36)	Sampla	1	1	-.	1	0	(-)1
	Arai	1	1	-	1	0	(-)1
	Dabrela	1	0	(-)1	1	1	-
	Haldina	1	1	-	1	1	-
	Harsora	1	1	-	1	1	-
	Hatoondi	1	1	-	1	1	-
	Ismailpur	1	1	-	1	1	-
	Nagola	1	0	(-)1	1	1	-
	Roda	1	1	-	1	1	-
	Shahpur	1	1	-	1	1	-
	Silora	1	1	-	1	1	-
	Todanagar	1	1	-	1	1	-
	Ullahedi	1	1	-	1	1	-
	Geeta Bhawan	1	1	-	1	1	-
	Nanan	1	1	-	1	1	-
	Rohicha Khurd	1	1	-	1	0	(-) 1
	Kundai	1	1	-	1	1	-
	Peelwa	1	0	(-)1	1	0	(-)1
	Sarsaina	1	1	-	1	1	-
	Tehralodha	1	1	-	1	1	-
	Nithar	1	1	-	1	1	-
	Helak	1	1	-	1	1	-
	Siras	1	1	-	1	1	-
	Pangoor	1	1	-	1	1	-
	Undwa	1	1	-	1	0	(-)1
	Kurad	1	1	-	1	1	-
	Shekhsar	1	1	-	1	1	-
	Sathasar	1	1	-	1	1	-
	Gusaisar	1	1	-	1	1	-
	Dhanmandhi	1	1	-	1	2	(+)1
	Nandesham	1	0	(-)1	1	1	-
	Kathar	1	1	-	1	1	-
	Khempur	1	0	(-)1	1	1	-
	Jawar	1	1	-	1	1	-
	Khudala	1	1	-	1	1	-
	Nayawas	1	1	-	1	1	-
	Total	**36**	**31**	**(-)5**	**36**	**32**	**(-)4**

Audit observation:
(i) No MOs were deployed in five dispensaries (Dabrela, Nagola, Peelwa, Khempur, Nandeshma) against the norms of one MO in each of them.
(ii) Against the norms of one Nurse/Compounder, no Nurse/compounder was posted in five dispensaries (Arai, Sampla Undwa, Peelwa and Rohicha Khurd) whereas two Nurses/Compounders were deployed in one dispensary at Dhanmandhi.

Appendix 2.3

(Refer paragraph 2.1.11.1; page 37)

Details of drugs which were not distributed to all DAOs by pharmacy Bharatpur during 2015-17

S. No.	Name of drug	Quantity received from other pharmacies	Date of issue	Name of DAOs to whom drugs were supplied (number)	Name of DAOs to whom drugs were not supplied (number)
2015-16					
1	Amla Churna	450 kg	30.07.2015 to 03.08.2015	Kota, Baran, Bundi, Jhalawar, Dholpur and Sawai Madhopur (6).	Alwar, Bharatpur, Dausa and Karauli (4).
2	Avipattikar Churna	1,000 kg	30.07.2015 to 20.08.2015	Kota, Baran, Bundi, Jhalawar, Bharatpur, Sawai Madhopur, Dausa and Alwar (8).	Dholpur and Karauli (2).
3	Sitopladi Churna	4,500 kg	30.07.2015 to 03.08.2015	Kota, Baran, Bundi, Bharatpur and Dausa (5).	Alwar, Karauli, Sawai Madhopur, Jhalawar and Dholpur (5).
4	Udavarthhar Churna	700 kg	30.07.2015 to 03.08.2015	Kota, Bharatpur, Sawai Madhopur, Dausa, Karauli, Alwar and Dholpur (7).	Baran, Bundi and Jhalawar (3).
5	Shothar Kwath	240 kg	30.07.2015 to 02.08.2015	Kota, Jhalawar, Dholpur and Bharatpur (4).	Baran, Sawai Madhopur, Alwar, Dausa, Karauli and Bundi (6).
6	Arkh Makoy	156 litre	08.03.2016 to 14.03.2016	Bharatpur and Dholpur (2).	Baran, Bundi, Kota, Dausa, Karauli, Alwar, Sawai Madhopur and Jhalawar (8).
2016-17					
1	Kutki Chirayta Churna	800 kg	03.08.2016 to 05.08.2016	Kota, Baran, Bundi, Sawai Madhopur, Dausa, Karauli and Dholpur (7).	Jhalawar, Bharatpur and Alwar (3).
2	Lawan Bhaskar Churna	750 kg	03.08.2016 to 05.08.2016	Alwar, Jhalawar, Karauli and Dholpur (4).	Kota, Baran, Bundi, Bharatpur, Dausa and Sawai Madhopur (6).
3	Nagkeshar Churna	350 kg	02.08.2016 to 05.08.2016	Bharatpur, Baran, Bundi, Sawai Madhopur, Kota, Dausa and Jhalawar (7).	Alwar, Karauli and Dholpur (3).
4	Balsudha Bhasma	355.500 kg	02.08.2016 to 05.08.2016	Alwar and Bharatpur (2).	Kota, Baran, Bundi, Jhalawar, Dholpur, Sawai Madhopur, Dausa and Karauli (8).
5	Shatavri Churna	1,050 kg	03.08.2016	Karauli and Dholpur (2).	Kota, Baran, Sawai Madhopur, Bharatpur, Bundi, Dausa, Alwar and Jhalawar (8) .

Appendix 2.4

(Refer paragraph 2.1.11.1; page 37)

Details of drugs which were issued delayed by Bharatpur pharmacy

S.No.	Name of drug	Quantity received	Date of receipt in pharmacy	Date of issue to DAOs	Delay (in months)
1	Avipattikar Churna	1,004 kg	26.08.2015	08.03.2016 to 14.03.2016	06 months
2	Mahasudarshan Churna	1,800 kg	11.03.2014	26.03.2014 to 09.02.2015	11 months
3	Hingwastak Churna	1,080 kg	04.08.2014	03.03.2015 to 08.09.2015	07 to 13 months
4	Sitopladi Churna	4,500 kg	11.11.2013	09.01.2014 to 29.12.2015	02 to 13 months
5	Trifla Churna	412.500 kg	22.09.2014	31.07.2015 to 16.10.2015	10 to 13 months
6	Dashmul Kwath	1,160 kg	06.01.2015	12.02.2015 to 31.01.2016	01 to 12 months
7	Goziwahdi Kwath	5,000 kg	22.09.2014	23.09.2014 to 19.01.2016	16 months
8	Ark Vishuchikantak	1,760 Bottle	22.09.2014	23.09.2014 to 03.08.2015	11 months
9	Arjuntawak Churna	2,000 kg	09.02.2016	02.08.2016 to 05.08.2016	06 months
10	Lawanbhaskar Churna	750 kg	25.02.2016	02.08.2016 to 05.08.2016	06 months
11	Madhuyasthi Churna	550 kg	25.02.2016	20.02.2017 to 28.02.2017	12 months

Appendix 2.5

(Refer paragraph 2.1.12; page 38)

Details of inspection conducted by the Drug Inspectors during 2012-17

Divisional office	Name	Number of inspection carried out by DI during				
		2012-13	2013-14	2014-15	2015-16	2016-17
Jaipur	Sh. Mahendra Kr. Sharma	30	-	-	-	-
	Sh. Mahesh Kr. Sharma	122	129	121	134	120
Jodhpur	Sh. Mahendra Kachawa	67	86	118	-	-
	Sh. Indraveer Bhardwaj	-	-	-	37	66
Udaipur	Sh. Ram Pal Somani	04	-	-	-	-
	Sh. Suresh Chand Sharma	-	129	67	-	-
	Sh. Amar Chand Kavia	-	-	-	90	64
Ajmer	Sh. Amar Chand Kavia	80	38	33	-	-
Bharatpur/ Kota	Sh. Jagdish Upadhaya	36	36	40	-	-
	Total inspections	**339**	**418**	**379**	**261**	**250**
	Total units	280	295	285	297	302
	Number of inspection to be carried out	560	590	570	594	604
	Achievement	***60.54%***	***70.85%***	***66.49%***	***43.94%***	***41.39%***