CHAPTER - II

This Chapter contains five theme based compliance paragraphs on "Functioning of AYUSH in Gujarat", "Mental Healthcare in Gujarat", "Functioning of the Project Implementation Unit of Health and Family Welfare Department", "Management of Municipal Solid Waste in Select Urban Local Bodies" and "Implementation of Financial Assistance Schemes for Destitute Widows for their Rehabilitation", and a compliance paragraph on "Non-utilisation of 335 Disinfectant Generation Systems of ₹ 27.90 crore**"**.

COMPLIANCE AUDITS

HEALTH AND FAMILY WELFARE DEPARTMENT

2.1 Functioning of AYUSH in Gujarat

2.1.1 Introduction

AYUSH is the acronym of the medical systems that are being practiced in India such as Ayurveda, Yoga & Naturopathy, Unani, Siddha & Sowa Rigpa, and Homoeopathy. In Gujarat, the Department of Ayurveda was started in May 1960 and is now functioning as Directorate of AYUSH under the Health and Family Welfare Department (H&FWD). It is managing AYUSH health services, AYUSH medical education, herbal gardens, manufacturing of traditional Ayurvedic medicines, registration of practitioners, research, *etc*. National AYUSH Mission (NAM) was launched during 2014-15 by the Ministry of AYUSH, Government of India (GoI) for implementing through States/UTs. The basic objective of NAM is to promote AYUSH medical systems through cost effective AYUSH services, strengthening of educational systems, facilitate the enforcement of quality control of Ayurveda, Siddha and Unani & Homoeopathy (ASU&H) drugs and sustainable availability of ASU&H raw materials. Government of Gujarat (GoG) established (May 2015) Gujarat AYUSH Society (GAS) for the implementation of NAM.

As of March 2019, AYUSH services is provided through 37 Government Ayurved Hospitals (GAHs) with 1,665 bed strength, one Government Homoeopathy Hospital (GHH) with 25 bed strength, 588 Ayurved Dispensaries and 273 Homoeopathy Dispensaries in the State. AYUSH education is imparted through 27 Ayurved Colleges[1] with intake capacity of 1,780 Under Graduate (UG) and 166 Post Graduate (PG) seats, 36 Homoeopathy Colleges[2] with intake capacity of 3,525 UG and 93 PG seats, and two private institutions for imparting training on Yoga and Naturopathy with intake capacity of 90 UG and 20 PG students **(Appendix-IV)**. AYUSH department in the State is functioning with 1,735 staff[3] as against the sanctioned strength of 2,967 as of June 2020 **(Appendix-V)**.

In the State, on an average 37.62 lakh and 1.87 lakh patients avail AYUSH treatment at the Out-Patient Departments (OPDs) and In-Patient Departments (IPDs) of the Government AYUSH hospitals and dispensaries per annum

[1] Government - 5, Grant-in-Aid – 2 and Private - 20
[2] Government - 1, Grant-in-Aid – 4 and Private - 31
[3] Class I – 127 against 261 sanctioned post (SP), Class II – 645 against 881 SP, Class III – 680 against 1,352 SP and Class IV – 283 against 473 SP.

respectively. As of March 2019, there are 21,595 registered Ayurved doctors and 16,896 registered Homoeopathy doctors in the State.

The Additional Chief Secretary (ACS), is the administrative head of the H&FWD. The Directorate of AYUSH under the ACS is responsible for overseeing the implementation of AYUSH activities in the State. At district level, the Directorate is assisted by District Ayurved Officers (DAOs) and Medical Officers (MOs) for AYUSH health services, Principals of colleges for AYUSH education and Managers for Pharmacies. The AYUSH drugs manufacturing units are granted licence by the Food and Drugs Control Administration (FDCA), Gandhinagar and the quality of drugs manufactured by the pharmacies are tested by the Food and Drugs Laboratory (FDL), Vadodara.

Audit was conducted with an objective of deriving an assurance about the efficacy of functioning of AYUSH in Gujarat. Audit test-checked (between April 2019 and March 2020) the records covering the period 2014-19 maintained by H&FWD, Directorate of AYUSH and FDCA. For selection of district level AYUSH implementing offices, Audit selected eight[4] out of 33 districts in the State by adopting judgemental sampling method. Audit test-checked the records of eight offices of DAOs, 15 Government Ayurved Hospitals (GAHs) including one GIA Ayurved Hospital and one Government Homoeopathy Hospital (GHH), 16 Ayurved Dispensaries[5] and 16 Homoeopathy Dispensaries[6], six Government Ayurved Colleges (GACs) and one Government Homoeopathy College (GHC), two Government Ayurved Pharmacies, Food and Drugs Laboratory (Vadodara) and district offices of FDCA of the eight test-checked districts **(Appendix-VI)**. Audit also conducted joint physical verification of test-checked Ayurved (16) and Homoeopathy (16) dispensaries.

Audit findings

2.1.2 The Spread and Mainstreaming of AYUSH Healthcare System

2.1.2.1 Mainstreaming of AYUSH facilities in regular Health Delivery System

Various schemes of GoI have envisaged mainstreaming of AYUSH healthcare services in rural and urban areas –

- National Rural Health Mission (NRHM) guidelines (April 2005) provided for 'mainstreaming of AYUSH' to strengthen the public health system at all levels by revitalising infrastructure including manpower and drugs, inclusion of AYUSH medication in the drugs kit provided at village levels to Accredited Social Health Activist (ASHA) workers, inclusion of AYUSH formulations in generic drugs for common ailments at Sub-Centres (SCs), Primary Health Centres (PHCs), Community Health Centres (CHCs) and provision of rooms for AYUSH doctors at PHCs, AYUSH practitioner and pharmacist at CHC level;

[4] Ahmedabad, Bhavnagar, Gandhinagar, Jamnagar, Junagadh, Narmada, Patan and Vadodara
[5] Two from each selected district.
[6] Two from each selected district.

- National Health Mission (NHM) launched (April 2014) by Ministry of Health and Family Welfare by subsuming NRHM and National Urban Health Mission (NUHM) also envisage 'mainstreaming of AYUSH' by allocating AYUSH services at PHCs, CHCs and District Hospitals (DHs);
- National AYUSH Mission (NAM) launched (2014-15) by Ministry of AYUSH, GoI, envisage for co-location of AYUSH facilities at PHCs, CHCs and DHs, and also innovations on mainstreaming of AYUSH through Public Private Partnership (PPP). Under NAM, funds have been earmarked for establishment of AYUSH Out-Patient Department (OPD) clinics in PHCs, AYUSH In-patient Departments (IPDs) in CHCs and setting-up of AYUSH wings in DHs; and
- "Health and Wellness Centers (H&WCs) scheme" launched (March 2018) by Ministry of Health and Family Welfare envisage 'conversion of PHCs into H&WCs' and one of its principles was 'integration of Yoga and AYUSH' as appropriate to people's need.

In Gujarat, the PHCs, CHCs and DHs are under the control of Commissionerate of Health while AYUSH hospitals and dispensaries are under the control of Directorate of AYUSH, both under H&FWD.

Framework for implementation of NAM issued by GoI stipulates that the State level implementation agency will prepare perspective and annual action plan with the technical support from a "Technical Support Group" at the State level.

The National Policy on promotion of Indian System of Medicines and Homoeopathy - 2002 also envisaged requirement of a perspective and annual action plans in consonance with the National policy for integration, at the appropriate levels, of the services available under these systems of medicines. Audit observed that GoG had prepared annual action plan for implementation of AYUSH during 2014-19 but had not prepared Perspective/long term plan.

On scrutiny of Annual Action Plans for the years 2014-15 to 2018-19 prepared by the Directorate of AYUSH, Audit observed that no plans have been made for co-location of AYUSH facilities at PHCs, CHCs and DHs though funds have been earmarked for it under NAM. It was observed that –

- Commissionerate of Health had established facility of AYUSH services at 911 (62 *per cent*) out of 1,474 PHCs in the State by appointing Doctors with AYUSH qualification on contractual basis. In eight test-checked districts, there was no appointment of AYUSH Doctors in 125 (39 *per cent*) out of 324 PHCs (July 2020) and no AYUSH drugs were supplied to the patients by all 324 PHCs. From the records of test-checked pharmacies, it was observed that no AYUSH drugs have been supplied to these PHCs, which have been confirmed by the Commissionerate of Health. As a result, the doctors appointed in the PHCs were unable to provide AYUSH medicines. This defeated the very objective of mainstreaming of AYUSH.
- For CHCs, NRHM provided for appointment of AYUSH practitioner and pharmacist with provisions of room and NAM envisage for IPD facilities, however, it was observed that neither the Commissionerate of Health nor Directorate of AYUSH had appointed AYUSH

practitioner and pharmacist in any of the 363 CHCs in the State. Though funds have been earmarked under NAM for establishment of IPDs in CHC, it was observed that Directorate of AYUSH had not submitted any proposal for allocation of funds for the same.

- Though NHM and NAM provided for allocating AYUSH services and setting-up of AYUSH wings respectively in DHs, it was observed that the said facilities were not made available in any of 34 DHs in the State.
- For conversion of PHCs into H&WCs by integration of Yoga and AYUSH, the Commissionerate of Health had provided 21 days training of general AYUSH to all Community Health Officers (CHOs) and five days training on Yoga to CHOs, ASHA workers, *etc*. However, they were unable to prescribe or provide AYUSH medicines.

Non-appointment of AYUSH Doctors during 2011-16 in PHCs, CHCs and DHs in the State was pointed out by Audit (September 2016) to GoG in the draft Performance Audit Report on NRHM.

The above facts indicated that adequate efforts were not made by the H&FWD for mainstreaming of AYUSH in 1,474 PHCs, 363 CHCs and 24 DHs. It was observed that though Commissionerate of Health and Directorate of AYUSH were under the H&FWD, there was no co-ordination among them in this regard, which resulted in non-achievement of the objective of mainstreaming of AYUSH in PHCs, CHCs and DHs. Had the existing AYUSH Doctors under Directorate of AYUSH been appointed in the PHCs, CHCs and DHs with adequate facility of equipment/instruments and supply of AYUSH medicines, the objective of mainstreaming of AYUSH could have been achieved.

The Government accepted (June 2020) the facts and stated that action would be taken in consultation with Commissionerate of Health.

Audit is of the view that the State Government may take necessary steps for mainstreaming AYUSH through the strategy of co-location of AYUSH facility at PHCs, CHCs and DHs.

2.1.2.2 Spread of AYUSH hospitals and dispensaries

Audit observed that GAHs were not available in eight[7] out of 33 districts in the State and only one GHH was available in the State. Audit also observed that AYUSH dispensaries were not available in 20 out of 252 talukas in the State.

(i) GoG had accorded (between February 2014 and May 2015) sanction for establishment of GAHs at Dethali (Patan), Kherwa (Mehsana), Bodeli (Chhotaudepur), Bharuch and Bhabhar (Banaskantha). As of June 2020, none of the GAHs has started functioning due to non-construction of building (except at Dethali) despite making budget provision. The building at Dethali was ready by February 2014, however, the authorities had taken possession of the building belatedly in October 2018. Of the remaining four GAHs, the land was yet to be acquired in respect of GAHs at Bhabhar and Bodeli while the land had been acquired in Kherwa and Bharuch since July 2015 and September 2016 respectively, however, construction work was yet to be undertaken. It was observed that no GAHs were available in Bharuch and

[7] Aravalli, Bharuch, Botad, Chhotaudepur, Devbhumi-Dwarka, Mahisagar, Surat and Tapi

Chhotaudepur Districts. Thus, the plan of providing AYUSH facility in these two districts got defeated due to not undertaking construction work at Bodeli taluka (Chhotaudepur) and district place of Bharuch.

(ii) GoG accorded sanction (between July 2012 and June 2013) for two GACs with attached GAH at Dahod and Rajpipla, and a GHC with attached GHH at Vansda (Navsari) for tribal population. The construction of college and hospital buildings at Dahod and Rajpipla had been completed in April 2016 and January 2019 respectively. However, it was observed that the hospital at Rajpipla started functioning from December 2019 but the college was yet to commence as of June 2020. At Dahod, the building constructed was handed over (December 2017) to a private party for starting Allopathic Medical College with attached Hospital for 33 years. At Vansda, though the land was allotted and funds of ₹ 49.42 crore had been released by the department to PIU, the construction work was not taken up as of June 2020.

Thus, the objective of establishment of AYUSH services and education facilities in districts especially for tribal population was defeated.

The Government accepted (June 2020) the fact and stated that necessary action would be taken to sort out this issue.

2.1.2.3 AYUSH Wellness Centres in hospitals

Under NAM, financial assistance of ₹ 0.60 lakh is provided as one-time assistance for initial furnishing and ₹ 5.40 lakh per annum as recurring assistance for manpower, maintenance, *etc.* for wellness centres (WCs) opened in AYUSH hospitals. State had prepared (June 2018) a detailed guideline for establishing WCs. The guideline envisaged that each and every WC should have a Yoga teacher, an OPD should be opened in the name of WC, few nurses should be trained to handle the WCs in absence of MO, a committee should be constituted in the hospital for quarterly monitoring of the works of WC, patients should be provided the card of different charts relating to most prevalent diseases, Yoga teachers should give trainings of Surya Namaskar to the students of different schools and should encourage them to practice it on daily basis, for healthy persons, different batches for Yoga should be organised, wellness seminar to popularise general health awareness through Ayurved should be organised at least once in a month, *etc*.

WCs were opened in 35 GAHs and GHH at Dethali (Patan) in the State during 2016-17 (six hospitals) and 2018-19 (30 hospitals). Of these 36 WCs, 15 WCs were established in the test-checked hospitals. Audit observed that seven out of these 15 WCs were not functioning due to non-appointment of Yoga teachers. Of the remaining eight WCs, the centre in Smt. M.A.H. Government Ayurved Hospital at Ahmedabad was found functioning properly while the other seven WCs were functioning with shortcomings such as non-opening of OPD in the centre, non-display of facilities available in the centre, non-imparting of training to nurses for handling cases in absence of Medical Officers and non-imparting of training on Surya Namaskar to school going students by Yoga specialist, *etc.* Further, for popularising general health awareness through Ayurveda, wellness seminar was required to be organised at least once in a month, however, none of the 15 test-checked hospitals had organised any seminar during 2014-19.

The Government accepted (June 2020) the facts and stated that the process for appointment of Yoga teachers has been started and steps are being taken for improving the performance of wellness centres in the hospitals.

2.1.2.4 Awareness for AYUSH

Audit observed that except for preparation and distribution of brochures and pamphlets, no other activities were done for popularising AYUSH through Information, Education and Communication (IEC). Public Health Outreach Activity[8] (PHOA) was to be undertaken to focus on increasing awareness about AYUSH's strength, a Community Based Surveillance System (CBSS) was to be established for early identification of the disease outbreak and to increase the accessibility of AYUSH treatment for the population residing in the particular geographical region and a health education team[9] was to be constituted in every panchayat, education institution, *etc*. for conducting health education classes. However, Audit observed that the State had not established CBSS and had not constituted any health education team in the test-checked districts. The expenditure under PHOA was incurred only for supplying Bal Rasayan for nutrition of children and Amrut Pey for prevention of Swine flu. Further, it was observed that GoG had not established any AYUSH Gram[10] despite receipt (2015-16) of ₹ 1.00 crore from GoI for developing 10 villages as AYUSH Gram.

The Government accepted (June 2020) the audit observation and stated that now the action has been taken in respect of AYUSH Gram project and all AYUSH Gram would start expected activities.

2.1.2.5 Non-implementation of School Health Programme through AYUSH

As per NAM framework of implementation, School Health Programme (SHP) is one of the core activities of AYUSH services for addressing the health needs[11] of school going children. Audit observed that GoI had released (2014-17) grant of ₹ 2.00 crore to State AYUSH Society (SAS) for implementation of SHP, however, the SAS could utilise (February 2019) only ₹ 0.43 lakh for preparation of school health booklets. Thus, despite availability of funds, the programme was not implemented in the State.

The Government attributed (June 2020) the reasons for non-implementation of programme to lack of co-ordination with Education Department. It was further stated that an action plan has been finalised with Education Department and desired result would be achieved.

2.1.2.6 Financial support to AYUSH healthcare

Details of the budget provision and the expenditure incurred by the Department for AYUSH during 2014-19 are given in **Table 1** below –

[8] For solving community health problems resulting from nutritional deficiencies, epidemics and vector-borne diseases, mental and child health care, *etc*.

[9] Consisting of health professionals, teachers, public health activists, nominee from Local Self Government Departments (LSGDs)

[10] Promotion of AYUSH based lifestyle through behavioural change communication, training of village health workers towards identification and use of local medicinal herbs and provision of AYUSH health services

[11] Health and nutrition education, education on home remedies and locally available medicinal plants and importance of growing medicinal plants in home gardens, practice of Yoga, health screening, anaemia, worm infestation management, *etc*.

Table 1: Details of budget provision and expenditure incurred during 2014-19

(₹ in crore)

Year	Total Budget allocation (Health)	Budget allocation (AYUSH)	Percentage of budget allocated for AYUSH out of total Health budget allocation	Expenditure	Savings (+)/ Excess (-)
2014-15	4718.52	298.79	6.33	289.05	9.74
2015-16	6153.54	296.88	4.82	232.97	63.91
2016-17	6821.22	214.78	3.15	222.15	(-) 7.37
2017-18	7368.17	228.03	3.09	236.67	(-) 8.64
2018-19	8172.38	281.39	3.44	275.03	6.36
TOTAL	**33,233.83**	**1,319.87**	**3.97**	**1,255.87**	**64.00**

(Source: Information provided by Directorate of AYUSH)

The above table shows that only average 3.97 *per cent* of budget provision of the department was allocated for AYUSH during 2014-19 which is very less as compared to the provisions for Allopathic system of medicines. On scrutiny of records, Audit observed that GoG could utilise (March 2019) only ₹ 51.34 crore (56 *per cent*) out of ₹ 91.64 crore received under centrally sponsored scheme NAM during 2014-19. Less utilisation of funds was mainly due to late constitution of SAS, late appointment of State Finance Officer, shortage of staffs, *etc.* Non-utilisation of grants had resulted in non-release of subsequent grants from GoI under the scheme.

The Government attributed (June 2020) the reasons for non-utilisation of funds to lack of manpower and monitoring. It was further stated that the comment of audit would be taken seriously and required action would be taken in this regard.

2.1.3 Delivery of AYUSH healthcare services

2.1.3.1 Inflow of patients in Out-patient Department (OPD)

As per Regulations of Central Council for Indian Medicine (CCIM) and Central Council for Homoeopathy (CCH), minimum per day average number of patients in OPD of hospitals attached with college during one calendar year (300 days) should be 120 to 200 patients[12]. No such targets were provided for hospitals not attached with college and dispensaries, however, DAOs of test-checked districts had fixed targets of average from 15 to 30 patients[13] per day for each dispensary. Audit observed that the number of OPD patients treated in all seven test-checked hospitals attached with colleges was more than the minimum prescribed norms and ranged from 164 to 414 patients per day **(Appendix-VII)**. All test-checked dispensaries had also treated more patients than prescribed by the DAOs. Though no criterion was prescribed for hospitals not attached with colleges, it was observed that the flow of OPD patients in five out of nine test-checked hospitals not attached with colleges was good ranging from 99 to 279 patients per day.

Audit further observed that case papers of treatment taken by the OPD patients were being retained by the hospitals and no documents were provided to the patients. As a result, the patients did not have the option of getting continued treatment from other hospitals or for second opinion.

[12] 120 patients per day (annual 36,000) for college with intake capacity up to 60 students and 200 patients per day (annual 60,000) for college with intake capacity of 61 to 100 students

[13] Fixed based on the location of the dispensaries

The Government accepted (June 2020) the facts and stated that new targets have been provided for OPD for non-teaching hospitals. It was further stated that all hospitals and dispensaries would be instructed to provide papers to the patients of OPD.

2.1.3.2 Inflow of patients in In-patient Department (IPD)

Regulation of CCIM prescribes minimum bed occupancy of 40 *per cent* per day in the in-patient department (IPD) of GAHs attached with college *i.e.* minimum 24 patients in hospitals attached with college having intake capacity up to 60 students and minimum 40 patients in hospitals attached with college having intake capacity of 61 to 100 students. Regulation of CCH prescribes minimum bed occupancy of 30 *per cent* per day in the IPD of GHHs attached with college, *i.e.* minimum six patients in hospitals attached with college having intake capacity up to 60 students and minimum eight patients in hospitals attached with college having intake capacity of 61 to 100 students. No such provisions have been prescribed for hospitals not attached with colleges. Audit observed that the number of in-patients in four[14] out of six test-checked GAHs attached with college ranged between 43 and 82 patients per day during 2014-19, which was more than the prescribed **(Appendix-VIII)**. While the number of in-patients in the test-checked GHH attached with college at Dethali (Patan district) was zero since its establishment (September 2012) due to shortage of staff especially nurses.

Though, there was no provision of minimum number of in-patients for GAHs and GHHs not attached with college, the in-patients in seven out of nine test-checked GAHs not attached with college ranged between three and 127 patients per day during 2014-19. The in-patients in remaining two test-checked GAHs not attached with college was zero during 2014-19 due to non-functioning of IPD. The IPD of GAH at Rajpipla was not functioning since May 2008 due to non-sanction of posts of nurses and pharmacists and the IPD of GAH at Siddhpur was not functioning since July 2012 due to insufficient space in the hospital building.

Audit further observed that case papers, history and summary of treatment taken by the IPD patients were being retained by the hospitals and no documents are provided to the patients. As a result, the patients did not have the option of getting continued treatment from other hospitals or for second opinion.

The Government accepted (June 2020) the facts and stated that new targets have been provided for IPD for non-teaching hospitals. It was further stated that all hospitals and dispensaries would be instructed to provide papers/discharge card to the patients of IPD.

- ***Non-establishment/non-functional Operation Theatres (OTs) in Government Ayurved Hospitals***

CCIM (Requirements of Minimum Standard for under-graduate Ayurveda Colleges and attached Hospitals) Regulations, 2016 envisage establishment of three operation theatres (Shalya, Shalakya and ENT Surgical/Operative procedure) in each GAH attached with college with 136 type of instruments.

[14] Except (i) Tapibai GAH, Bhavnagar (2014-19) and (ii) GAH, Junagadh (2014-16)

In two[15] test-checked GAHs attached with college, Audit observed that two out of three OTs were non-functional since beginning due to vacant posts of Specialist Doctors *i.e.* Shalakya[16] and ENT Operative Procedure.

Similarly, Audit further observed that in six[17] out of nine test-checked GAHs not attached with colleges, facility of OTs were not available. Of the remaining three GAHs, the OTs in GAH at Jodia and in GAH at Patan were non-functional since 1993 and September 2010 respectively due to vacant post of Specialist Doctors.

As a result, the patients requiring surgery were deprived of the above said facility and had to move to nearby GAH to avail the necessary treatment. Further, the instruments procured for the above OTs were lying idle.

The Government has not furnished any specific reply in this matter.

- ***Non-availability of instruments in the OTs of hospitals***

CCIM (Requirements of Minimum Standard for under-graduate Ayurveda Colleges and attached Hospitals) Regulations, 2016 envisage requirement of 136 type of instruments in the three OTs (Shalya, Shalakya and ENT Operative procedure) of each GAH attached with college.

Audit observed that the prescribed 136 type of instruments were available in only one[18] out of six test-checked GAHs attached with college. The details of non-availability of instruments in the remaining five test-checked GAHs are given in **Table 2** below-

Table 2: Details of OTs without prescribed number of instruments in test-checked GAHs

Name of test-checked GAHs attached with college	Number of instruments not available in OTs (in *per cent*)			Total number of instruments not available (in *per cent*) (Out of 136)
	Shalya (Out of 68)	Shalakya (out of 48)	ENT Surgical/ Operative procedure (Out of 20)	
Akhandanand GAH, Ahmedabad	13 (19)	22 (46)	07 (35)	42 (31)
GAH, Kolavada, Gandhinagar	26 (38)	01 (02)	01 (05)	28 (21)
GAH, Vadodara,	19 (28)	27 (56)	15 (75)	61 (45)
GAH, Junagadh	08 (12)	16 (33)	02 (10)	26 (19)
Tapibai GAH, Bhavnagar	14 (21)	23 (48)	06 (30)	43 (32)

(Source: Information provided by test-checked GAHs)

The above table shows that the OTs in these five test-checked GAHs attached with colleges were functioning without 19 to 45 *per cent* instruments as against the prescribed requirement of total 136 type of instruments. Audit observed that even the number of pieces of instruments available in the OTs were less than the number prescribed as per norms *i.e.* number of pieces of total 60 type[19] of instruments were available in less quantity than prescribed in the five test-checked GAHs. Non-availability of prescribed instruments in the

[15] Tapibai GAH, Bhavnagar and GAH, Kolavada, Gandhinagar

[16] Shalakya is a branch of Ayurveda dealing with the diseases situated above the clavicle concerned with the disorders of Eye, Dental, Head and Neck

[17] (i) Sanjeevani GAH, Ahmedabad, (ii) Rukshmaniben GAH, Ahmedabad, (iii) GAH, Gandhinagar, (iv) GAH, Patan, (v) GAH, Rajpipla and (vi) GAH, Talaja

[18] Gulabkuverba GAH (GIA) attached to College, Jamnagar

[19] (i) Akhandanand GAH, Ahmedabad (08 type of instruments), (ii) GAH attached to College, Kolavada, Gandhinagar (09 type of instruments), (iii) GAH, Vadodara (17 type of instruments), (iv) GAH, Junagadh (14 type of instruments) and (v) Tapibai GAH attached to college, Bhavnagar (12 type of instruments)

OTs could lead to inconvenience in performing OTs and teaching to the students.

The Government stated (June 2020) that all authorities of hospitals attached with colleges have been instructed to fulfil the requirement of remaining instruments.

2.1.3.3 Availability of Diagnostic Units (Radiology/Sonography) in Ayurveda Hospitals

Schedule-I of CCIM (Requirements of Minimum Standard for under-graduate Ayurved Colleges and attached Hospitals) Regulations, 2016 envisage that each Ayurved college attached hospital shall have Radiology/Sonography section with X-ray room, Dark room, film drying room, *etc.* However, Audit observed that –

- In Akhandanand GAC attached hospital, Ahmedabad, the Radiology/Sonography machines in the Radiology section were found lying unused, as the post of radiologist was vacant since long.
- In Model GAC attached hospital, Kolavada (Gandhinagar), X-Ray and Sonography units were not being used due to non-availability of dark room and vacant post of technician respectively. Dental X-ray unit was not functioning due to vacant post of Shalakya Specialist.
- In GAC attached hospital, Vadodara, Sonography machine was not available in radiology section, X-ray machine purchased in March 2010 remained uninstalled due to non-availability of dark room and Dental X-ray unit was not being used since March 2009 due to non-availability of developing material/film and trained technician.
- In Tapibai GAC attached hospital, Bhavnagar, Radiology/Sonography section was non-functional due to vacant post of Radiologist.

The Government stated (June 2020) that all colleges and hospitals have been instructed to make efforts to utilise all costly machineries and fill the vacant posts through outsource. It was further stated that the matter of providing dark room at Vadodara and Kolavada would be taken up with the Project Implementation Unit of the department.

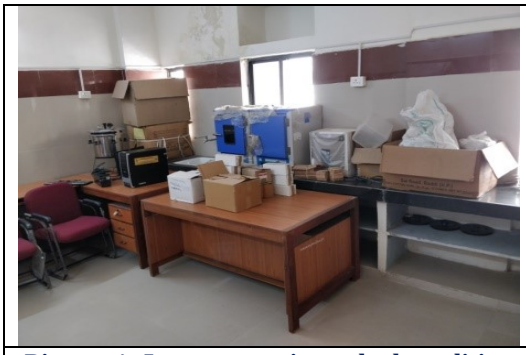
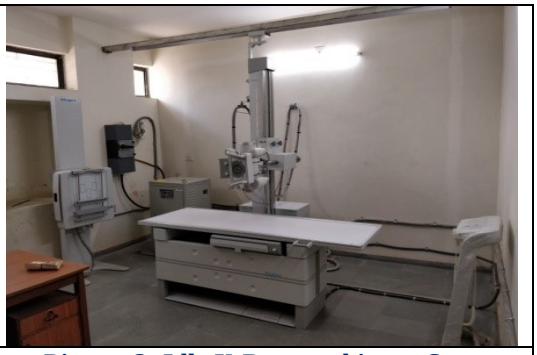
2.1.3.4 Non-installation of instruments

During joint physical verification of OPDs, OTs and laboratories in the 16 test-checked hospitals, Audit found that 3,779[20] instruments/equipment purchased (between January 2010 and March 2019) were lying uninstalled in packed condition **(Picture 1)** in seven test-checked hospitals **(Appendix-IX)**. In three test-checked hospitals, 88[21] instruments/equipment were found installed but not in use due to non-availability of technicians, non-functional OTs, *etc*. **(Picture 2)** and in four test-checked hospitals, 30[22] instruments/equipment were found not in use, for want of repair.

[20] (i) Smt. M. A. H. Government Ayurved Hospital, Ahmedabad - 80, (ii) B.L. Sheth GAH, Patan - 63, (iii) GAH, Patan - 117, (iv) GAH, Rajpipla – 49, (v) GHH, Dethali, Patan – 3,466, (vi) GAH, Talaja, Bhavnagar – 02 and (vii) Ruksmaniben GAH, Ahmedabad - 02

[21] (i) GAH, Kolavada (Gandhinagar) - 05, (ii) GAH, Talaja, Bhavnagar - 82 and (iii) Gulabkunverba GAH (GIA), Jamnagar - 01

[22] (i) Akhandanand GAH, Ahmedabad – 02, (ii) Tapibai GAH, Bhavnagar – 24, (iii) GAH, Junagadh – 03 and (iv) Gulabkunverba GAH (GIA), Jamnagar - 01

	
Picture 1: Instruments in packed condition in laboratory room of Smt. M.A.H Government AH, Ahmedabad (30-04-2019)	**Picture 2: Idle X-Ray machine at Smt. M.A.H Government AH, Ahmedabad (26-04-2019)**

The Government stated (June 2020) that all hospitals have been instructed to take initiatives to restart the costly machineries and try to achieve the purpose for which it is given or provided.

2.1.3.5 Availability of Physiotherapy facility in AYUSH Hospitals

Schedule I of CCIM Regulations 2016 and CCH Regulations 2013 envisage that each hospital attached with college shall have a physiotherapy unit.

Audit observed that the facility of physiotherapy was not available in two[23] out of seven test-checked hospitals attached with college. Of the remaining five test-checked hospitals attached with college having facility of physiotherapy, it was observed that the facility in GAH, Kolavada (Gandhinagar district) was not functioning since October 2019 due to vacant post of Physiotherapist and the facility in GAH, Vadodara was partially functional due to space constraint and the instruments/equipment were kept in the store room. As a result, the patients of these test-checked hospitals attached with college requiring physiotherapy such as paralysis patients, orthopaedic patients, *etc*. had to go to other places for availing physiotherapy.

The Government stated (June 2020) that necessary correspondence would be made to fill up the posts of physiotherapist for providing the facility of physiotherapy.

2.1.3.6 Thalassemia Specialty Clinics

Thalassemia Specialty Clinics were available in five GAHs in the State. One of the treatment for Thalassemia involved "*Aja Rakta Basti*[24]", "*Punarnavadi vati*[25] (a tablet)" and "*Majja Siddha Ghrit*[26] (Medicated ghee)".

On scrutiny of records, Audit observed reducing trend of number of patients taking thalassemia treatment from the above five clinics during 2014 and 2019 (up to December 2019) as shown in **Table 3** below –

[23] Akhandanand GAH, Ahmedabad and GHH, Patan

[24] The blood of goat is collected from the slaughter house and its sample is sent to Animal Husbandry Department for testing. If the sample is found fit, ayurvedic anticoagulant is mixed with the blood and thereafter used for treatment.

[25] This tablet is given to the patient to control the level of serum ferritin.

[26] This ghee is prepared by adding medicine and bone marrow to ghee. This ghee is given orally to the patient and it helps to improve the BRC morphology.

Table 3: Details of thalassemia patients treated during 2014 and 2019

Test-checked GAHs with Thalassemia Clinic	Total number of patients treated during 2014 to 2019	Number of patients treated						Clinic not functioning since
		2014	2015	2016	2017	2018	2019	
Smt. M.A.H. GAH, Ahmedabad	26	11	10	01	03	01	00	April 2018
Akhandanand GAH, Ahmedabad	431	290	92	25	10	09	05	--
GAH, Vadodara	28	15	05	03	02	02	01	July 2019
GAH, Junagadh	21	10	00	10	00	01	00	March 2018
Tapibai GAH, Bhavnagar	36	04	04	14	08	06	00	September 2018

(Source: Information provided by the test-checked GAHs)

The above table shows a drastic reduction of patients in Akandanand GAH, Ahmedabad. Audit observed that the reduction was mainly due to absence of expert Vaidhya in these hospitals.

Audit further observed that the stock of *Majja Siddha Ghrit* was not available in Akhandanand GAH, Ahmedabad and GAH, Vadodara since October 2017 and December 2018 respectively due to non-supply of the same by Government Ayurved Pharmacy, Rajpipla since August 2017.

As a result, four out of five clinics were non-functional and the very objective of providing thalassemia treatment in these GAHs has been defeated.

The Government accepted (June 2020) the fact of absence of expert Vaidhya and stated that a training has been arranged to motivate all to restart this facility as soon as possible and the matter has been taken up for appointment of expert staff to functionalise the clinics. It was further stated that the pharmacy has supplied *Majja Siddha Ghrit* in March 2020.

2.1.3.7 Availability of medicines

World Health Organisation (WHO) defined essential medicines as drugs that satisfy the healthcare needs of the majority of the population; they should therefore be available at all time in adequate quantity and in appropriate dosage form, at a price the community could afford. Ministry of AYUSH had prescribed 277 Essential Drugs (EDs) List for Ayurveda, the stock of which was to be maintained in all AYUSH healthcare centres.

As on March 2019, stock of ED ranging from 148 to 251 EDs were not available in the 15 test-checked GAHs **(Appendix-X)**. Analysis revealed that during 2014-19, stock of EDs ranging from 169 to 246 EDs were not available for more than one year in all test-checked GAHs, one to five EDs were not available for a period of more than six months to one year in 12 test-checked GAHs and one to 33 EDs were not available for a period of less than six months in 14 test-checked GAHs. The stock of EDs were also not available in test-checked Government Ayurved Dispensaries. In test-checked GAHs, Audit observed that the stock of medicines other than ED list was also not available for period ranging from one to 1,805 days during 2014-19. The reasons for non-availability of medicines was due to non-supply of the same by the two Government pharmacies and two co-operative pharmacies. In test-checked pharmacies, it was observed that the supply was not made due to non-availability of raw materials and shortage of staff.

Due to non-availability of medicine, the Doctors of the hospitals and dispensaries prescribed substitute medicines to be purchased by the patients from market paying higher price.

The Government stated (June 2020) that every dispensary/hospital gives necessary indent of their demand based on regional patients, so all EDs are not remaining in the hospital. The reply is not tenable as the test-checked hospitals and dispensaries replied that though they had sent their demand to the pharmacies concerned, the required medicines were not supplied. Audit is of the view that the State Government may evolve a proper mechanism to ensure uninterrupted supply of medicines to hospitals and dispensaries to prevent instances of non-availability of stock.

2.1.3.8 Non-establishment of Rogi Kalyan Samitis

GoG decided (July 2007) to establish Rogi Kalyan Samitis (RKS) in all AYUSH hospitals of the State for improving the quality of services, providing facilities to patients, get done minor repairing of hospital and other buildings and repairing of instruments/equipment, *etc.* In April 2017, GoG decided to establish RKS in all offices of DAOs for supporting AYUSH dispensaries.

Audit observed that RKS was not established in seven[27] out of 16 test-checked hospitals and all eight test-checked DAOs. Out of remaining nine test-checked hospitals, RKS established in seven hospitals were found non-functional (except GAHs, Gandhinagar and Junagadh). Audit further observed that three hospitals[28] had returned the grants received from RKS. Thus, the very purpose of establishing RKS in the hospitals was defeated and the objective of providing quality services, facilities, *etc.* to the patients remained unachieved.

The Government stated (June 2020) that instructions have been issued to all hospitals and dispensaries to establish RKS.

2.1.3.9 Human Resource Management in hospitals and dispensaries

The delivery of quality AYUSH healthcare services in hospitals/dispensaries largely depends on the adequate availability of manpower especially in the cadres of doctors, staff nurse, para-medical and other supporting staff. The details of availability of key staff in test-checked GAHs and GHH are given in **Table 4** below –

Table 4: Availability of doctors and staff nurse in test-checked hospitals

Posts	GAHs		GHH	
	Sanctioned posts	Filled (in *per cent*)	Sanctioned posts	Filled (in *per cent*)
Medical Officer	59	58 (98)	06	03 (50)
Resident Medical Officer (RMO)	15	11 (73)	04	00 (00)
Staff Nurse	133	83 (62)	18	00 (00)

(Source: Information furnished by test-checked hospitals)

The above table shows shortage of RMOs and staff nurses (except for Medical Officers) in the test-checked GAHs. In the test-checked GHH at Dethali (Patan), all the four and 18 sanctioned posts of RMO and Staff nurse

[27] (i) Sanjivani GAH, Ahmedabad, (ii) GAH, Rajpipla (Narmada), (iii) GAH, Siddhapur (Patan), (iv) B.L. Sheth GAH, Patan, (v) GHH, Dethali (Patan), (vi) GAH, Jodiya (Jamnagar) and (vii) Gulabkunvarba GAH (GIA), Jamnagar

[28] (i) GAH, Siddhapur (Patan), (ii) B.L. Sheth GAH, Patan and (iii) GAH, Jodiya (Jamnagar)

respectively were vacant. Further, only three (50 *per cent*) Medical officers were available as against six sanctioned posts. It was further observed that –

- Vaidya Panchkarma was not available in seven GAHs.
- Of the 32 test-checked Ayurved and Homoeopathy Dispensaries, two[29] Ayurved Dispensaries and three[30] Homoeopathy Dispensaries were functioning without a Medical Officer.
- Against the sanctioned posts of 71 and 18 Pharmacist (Compounder) for 15 test-checked GAHs and 16 test-checked ayurved dispensaries, only 46 posts (65 *per cent*) and 10 posts (56 *per cent*) respectively were filled.
- District Ayurved Officers responsible for overseeing the implementation of AYUSH at district level were available in only three (nine *per cent*) out of 33 districts in the State.

The Government stated (June 2020) that recently (June 2019) 147 Homeopathy Medical Officers have been recruited while the recruitment process for vaidya panchkarma and staff nurse is in process. Additional charges of three RMOs were given to three Medical Officers of Homoeopathy dispensaries and the vacancies in Medical Officers in dispensaries are managed by giving additional charge to other Medical Officer.

Audit is of the view that the State Government may take action to fill up vacant posts of AYUSH doctors, nurses and pharmacists.

2.1.4 Delivery of AYUSH education

AYUSH education in the State is imparted through 27 Ayurved Colleges[31] (ACs) with intake capacity of 1,780 seats, 36 Homoeopathy Colleges[32] (HCs) with intake capacity of 3,525 seats and two private institutions for imparting training on Yoga and Naturopathy. Of the seven test-checked colleges, only two colleges were imparting education for PG courses. The intake capacity of students in seven test-checked colleges for UG courses was 500 students and for PG courses was 31 students as of March 2019. Audit observed that all the UG and PG seats were full. The deficiencies noticed in test-checked colleges are discussed in the succeeding paragraphs –

2.1.4.1 Coverage of syllabus, attendance and passing rate of students

CCIM (Minimum Standards of Education in Indian Medicine) Regulations, 2016 prescribed teaching hours for each subject of Ayurved syllabus both for theory and practical sessions considering the coverage of full syllabus.

To assess whether the prescribed teaching hours were observed in test-checked Government Ayurved Colleges (GACs), Audit scrutinised the records of one subject each of 1st, 2nd, 3rd and final year Professional degree of Bachelor of Ayurvedic Medicine and Surgery (BAMS) for the academic year 2017-18 or 2018-19 in the six test-checked GACs. The prescribed teaching hours for theory session and for practical session are given in **Table 5** below.

[29] (i) Ambavadi-Dediapada (Narmada district) and (ii) Bhadrod (Bhavnagar district)
[30] (i) Ramnagar-Kalol (Gandhinagar district), (ii) Jamnagar City and (iii) Shihor (Bhavnagar district)
[31] Government - 5, Grant-in-Aid – 2 and Private - 20
[32] Government - 1, Grant-in-Aid – 4 and Private - 31

Details of actual teaching hours provided by the five test-checked colleges[33] as against the prescribed teaching hours for the selected subjects are given in **Appendix-XI.** Scrutiny revealed that there were shortfalls in the actual teaching hours as given in **Table 5** below -

Table 5: Details of shortfall in actual teaching hours in test-checked GACs

Course	Prescribed teaching hours		Average of Actual teaching hours		Average of shortfall in teaching hours		Average percentage shortfall in teaching hours	
	Theory	Practical	Theory	Practical	Theory	Practical	Theory	Practical
BAMS 1st year	300	200	107	119	193	81	64	41
BAMS 2nd year	200	200	109	84	91	116	46	58
BAMS 3rd year	200	100	112	74	88	26	44	26
BAMS Final[34]	100	200	124	169	00	31	00	16
Total	**800**	**700**	**452**	**446**	**372**	**254**	**47**	**36**

(Source: Information provided by the test-checked GACs)

Audit further observed that as against the minimum criteria of 75 *per cent* attendance in each subject separately in theory and practical for appearing in the examination as per CCIM instructions (April 2012), only 415 (43 *per cent*) out of 976 students and only 445 (54 *per cent*) out of 819 students[35] had 75 *per cent* attendance in theory and practical subjects respectively in the five test-checked GACs **(Appendix-XII)** as detailed in **Table 6** below -

Table 6: Details of attendance of students in test checked GACs

Course	Number of students		Number of students with < 75 *per cent* attendance		Percentage of students having shortfall in attendance	
	Theory	Practical	Theory	Practical	Theory	Practical
BAMS 1st year	300	300	88	98	29	33
BAMS 2nd year	297	297	230	165	77	56
BAMS 3rd year	227	132	157	93	69	70
BAMS Final[36]	152	90	86	18	57	20
Total	**976**	**819**	**561**	**374**	**57**	**46**

(Source: Information provided by the test-checked GACs)

As GHC, Dethali (Patan), started in 2017-18, had not maintained any attendance register for both theory and practical subjects, audit could not vouchsafe the actual teaching hours and attendance of students in the college. Audit observed that due to non-availability of teaching staff in surgical department, the students of second year BHMS course (first batch) were not provided theory and practical classes for surgery during 2018-19.

The above facts of not completing the prescribed hours of teaching and lack of required attendance of classes for students had adverse bearing on pass percentage of students in BAMS in the State as detailed in the **Table 7** -

[33] Except for Gulabkunverba GAC (GIA), Jamnagar, as the records of selected subjects were not provided to Audit

[34] In respect of three test-checked colleges as Akhandanand GAC, Ahmedabad had not provided the records and in Model GAC, Kolavada, Gandhinagar, fourth year started in 2019-20.

[35] Practical class not prescribed for Charak Samhita subject.

[36] In respect of three test-checked colleges as Akhandanand GAC, Ahmedabad had not provided the records and in Model GAC, Kolavada, Gandhinagar, fourth year started in 2019-20.

Table 7: Details of students appeared and passed in the BAMS examination in the State

Year	Number of students appeared in examination	Number of students passed in the examination	Number of students failed in the examination	Percentage of students failed in the examination
2014-15	1,829	1,172	657	36
2015-16	1,810	1,275	535	30
2016-17	2,274	1,467	807	36
2017-18	2,686	1,631	1,055	39
2018-19	2,953	2,833	2,069	42
2019-20	6,175	3,368	2,807	45
Total	**17,727**	**11,746**	**7,930**	**45**

(Source: Information provided by the test-checked GACs)

In Government Homoeopathy College at Dethali the percentage of students failed were 49 *per cent* during 2018-19 (first batch).

The Government stated (June 2020) that the colleges have been instructed to strictly follow proper rules and norms, and also to maintain attendance register for theory and practical sessions.

2.1.4.2 Non-imparting of clinical training in IPD for PG students

As per CCIM (Post Graduate Ayurveda Education) Regulations, 2016, in the PG institute having UG course with intake capacity of up to 60 seats, 10 PG seats in clinical subject shall be admissible within the bed strength and for more than 10 PG seats in clinical subjects, additional beds in the ratio of 1:4 (student:bed ratio) shall be provided over the bed strength.

Akandanand GAC, Ahmedabad has the intake capacity of 21 PG students. As the bed capacity of the hospital attached to the college was not sufficient for PG courses, the college had shown 84 beds of Smt. M.A.H. Government Ayurved Hospital, Ahmedabad (situated about nine kilometres away from the college) for PG students. Audit observed that the PG students of the college did not visit the IPD of Smt. M.A.H. Government Ayurved Hospital for clinical training. This resulted in deprival of prescribed hours of clinical training for the PG students of the college due to non-availability of prescribed bed within the college. This also indicated that the college had shown the beds of other hospital for the very purpose of obtaining approval for starting of PG courses.

The Government stated (June 2020) that all the procedure of fulfilling all the criteria for hospital and bed as per CCIM norms for PG scholar is under process. A new hospital building has been sanctioned wherein all facilities would be available.

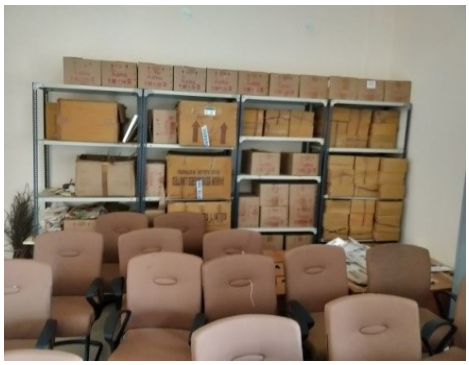
Audit is of the opinion that the State Government may issue necessary instructions to all heads of the colleges to ensure adequate coverage of syllabus, attendance of students and exposure of students to IPDs to produce adequately trained medical officers who could render quality healthcare services to the people.

2.1.4.3 Non-availability of instruments in the laboratories of colleges

As per Schedule-VII of CCIM (Requirements of Minimum Standard for under-graduate Ayurveda Colleges and attached Hospitals) Regulations, 2016,

each GAC shall have five laboratories[37] with 123 type of instruments and as per Schedule-III of CCH (Requirements of Minimum Standard for Homoeopathy Colleges and attached Hospitals) Regulations 2013, each GHC shall have seven laboratories[38] with 115 type of instruments.

Audit observed (April 2019 to March 2020) that all prescribed type of instruments were not available in the laboratories of the test-checked colleges (except Gulabkunverba GAC (GIA) at Jamnagar) for providing practical classes to the students **(Appendix-XIII)**. The shortfall of instruments as against prescribed 123 type of instruments ranged between 23 (19 *per cent*) and 58 (47 *per cent*) instruments among the five test-checked GACs. In the test-checked GHC, Dethali (Patan), 88 (77 *per cent*) type of instruments were not available as against 115 type of instruments prescribed and all the laboratories of the college were non-functional. During joint physical verification of laboratories in test-checked colleges, Audit found that some instruments were not put to use and were lying in packed condition **(Picture 3)** in the laboratories of Model GAC, Kolavada (Gandhinagar) and six instruments[39] were found non-usable in the laboratories of Akhandanand GAC, Ahmedabad. Audit also found that prescribed quantity of some instruments were not available in six test-checked GACs[40].



Picture 3: Instruments in packed condition in Dravyaguna Laboratory at Kolavada (12-12-2019)

Non-availability/less availability of instruments in the laboratories indicated that all practical teaching envisaged in the syllabus were not held in the test-checked colleges, thereby, leading to deprival of practical knowledge for the students.

The Government stated (June 2020) that best efforts would be made to provide required instruments to the colleges concerned for laboratories according to CCIM norms.

2.1.4.4 Availability of Medicinal/Herbal Garden for practical classes

Schedule-III of CCIM (Requirement of Minimum Standards for UG Ayurveda Colleges and attached Hospital) Regulations, 2016 envisage that all Ayurved Colleges shall have a well-developed medicinal garden with 250 species of plants and a demonstration room of 25 to 50 square meters' (sq. mts.) area. The area of the garden shall be of 2,500 sq. mts. for colleges with intake

[37] (i) Physiology Laboratory, (ii) Rasashastra and Bhaishajya Kalpana Laboratory, (iii) Pharmcognosy Laboratory, (iv) Rogvigyan Laboratory and (v) Dissection Hall

[38] (i) Physiology Laboratory, (ii) Anatomy Laboratory, (iii) Biochemistry Laboratory, (iv) Pathology and Microbiology Laboratory (v) Community Medicine Laboratory, (vi) Medicine and Toxicology Laboratory and (vii) Homoeopathic Pharmacy

[39] Hammer Mill, Pulveriser and Mixer, Ksharsutra Cabin Head, Kharsutra box, Spiro meter and BMR apparatus.

[40] (i) Model GAC, Kolavada (Gandhinagar) - 18 type of instruments, (ii) GAC, Vadodara - 37 type of instruments, (iii) Akhandanand GAC, Ahmedabad – 33 type of instruments, (iv) Gulabkunverba GAC (GIA), Jamnagar – 10 type of instruments, (v) GAC, Junagadh – 23 type of instruments and (vi) Tapibai GAC, Bhavnagar – 58 type of instruments.

capacity of 60 students and 4,000 sq. mts. with intake capacity of 61 to 100 students. CCH (Minimum Standards of Education) Regulations, 1983 envisage provision of a medicinal plant garden in the vicinity of every Homoeopathy College for growing plants useful for Homoeopathic preparations.

Audit observed that five[41] out of six test-checked GACs had the facility of medicinal garden as per norms. Akhandanand GAC, Ahmedabad had no garden and had shown a garden of Ahmedabad Municipal Corporation (AMC) for getting approval from CCIM for commencement of courses. AMC has handed over the garden to a private company for development for use by public.

As per the syllabus of BAMS course (2nd year), 50 hours' practical classes at medicinal garden was to be provided to every student and a study tour to other States was compulsory for field knowledge and procurement of plant species. Audit observed that the students of Akhandanand GAC were given practical classes on medicinal plants at a garden of State Medicinal Plant Board at Gandhinagar. However, prescribed 50 hours of practical training were not given to the students *i.e.* only $2^1/_2$ hours practical training was given to 20 out of 60 students during the academic sessions 2015-16 and 2016-17[42]. No practical classes were given to the students during the academic sessions of 2017-18 and 2018-19. Further, none of the six test-checked GACs had organised study tour for the students during 2014-19.

In GHC at Dethali (Patan), Audit observed that the college had not taken action for growing medicinal plants in the land earmarked for development of medicinal garden.

The Government stated (June 2020) that the college has planned to develop roof top herbal garden and has also requested for allotment of land for development of botanical garden as per CCIM guideline. The garden of AMC being a Government property has been taken as an option till development of own garden. For GHC, it was stated that the project would be completed as early as possible. The fact remains that the students of these colleges have been deprived of practical training on herbal medicines. The reply of using garden of AMC as option is not correct as Audit observed that the garden was not being used by the college and the practical training was provided at the garden of State Medicinal Plant Board as discussed above.

2.1.4.5 Availability of Teaching Pharmacy and Quality Testing Laboratory in Ayurved Colleges

As per CCIM (Requirements of Minimum Standard for UG Ayurveda Colleges and attached Hospitals) Regulations, 2016, each Ayurved college shall have a teaching pharmacy and quality testing laboratory with facilities for preparation of different type of Ayurveda medicines[43], a raw drugs store, and in-house drugs identification.

Audit observed that except for GAC, Junagadh, none of the six test-checked GACs had the facilities of teaching pharmacy and drugs quality testing

[41] (i) Model GAC, Kolavada, Gandhinagar, (ii) GAC, Vadodara, (iii) Gulabkuverba GAC (GIA), Jamnagar, (iv) GAC, Junagadh and (v) Tapibai GAC, Bhavnagar.

[42] Number of students provided training was not available on record

[43] Churna, Vati, Guggulu, Asava-arishta, Sneha Kalp, Kshar and Lavana, Lauh, Avaleha, Kupipakva Rasayana

laboratory. In Model GAC at Kolavada, Gandhinagar, a building constructed at a cost of ₹ 3.13 crore for the said purpose was not being used since December 2015. It was not being used for want of structural changes in the departments of Rasashastra and Bhaishajya Kalpana, as specified in the Drugs and Cosmetics (D&C) Act for Ayurveda pharmacy.

The Government stated (June 2020) that efforts would be made for arranging the facility.

2.1.4.6 Central Research Laboratory

CCIM (Post Graduate Ayurveda Education) Regulations, 2016 provide that every Ayurved College imparting PG courses shall have in-house facility of Central Research Laboratory (CRL). Audit observed that out of six test-checked GACs, Akandanand GAC, Ahmedabad and GAC, Vadodara were providing PG courses. However, the facility was not available in both the colleges. Akhandanand GAC has entered into a Memorandum of Understanding (MoU) with a Pharmacy College[44] for CRL. Thus, the PG students of these colleges were deprived of research facility.

The Government stated (June 2020) that efforts would be made to establish this facility in-house.

2.1.4.7 Development of Website

Regulations of CCIM and CCH provide that each Ayurved and Homoeopathy College or Institute shall develop its own website and upload details such as courses, intake capacity of students, number of students admitted, availability of teaching and non-teaching staff, research publications, *etc*. It also provides that the details in the website shall be updated in the first week of each month. Audit observed that only two[45] out of seven test-checked colleges have developed its website. However, it was observed that regular updation of details on the website were not done by the colleges.

Audit further observed that none of test-checked colleges except Gulabkunverba GAC (GIA), Jamnagar had implemented web based computerized central registration system for maintaining the records of patients in Out-Patient Department and In-Patient Department as envisaged in CCIM (Requirements of Minimum Standard for UG Ayurveda College and attached Hospitals) Regulations, 2016.

The Government stated (June 2020) that necessary instructions would be issued in this regard to the colleges.

2.1.4.8 Non-commencement of nursing college

GoG approved (2007-08) establishment of a Ayurved Nursing College with intake capacity of 50 students per annum in the campus of Model GAC, Kolavada (Gandhinagar district). However, Audit observed that though the construction of the building for the college had been completed in December 2015 at a cost of ₹ 5.66 crore, the college has not been started as of June 2020. GoG had sanctioned (March 2017) seven posts for the college, however, only one post of Senior Clerk has been filled. The Government stated (June 2020) that necessary action would be taken.

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[44] L.M. College of Pharmacy, Ahmedabad
[45] Model GAC, Kolavada (Gandhinagar) and Tapibai GAC, Bhavnagar

2.1.4.9 Availability of manpower in GACs

(i) Shortage of under-graduate teaching staff

CCIM (Requirements of Minimum Standard for under-graduate Ayurveda Colleges and attached Hospitals) Regulations, 2016 envisage requirement of professors, readers and lecturers based on the intake capacity[46]. However, Audit observed shortage of 42 *per cent* teaching staff as against the norms in four (67 *per cent*) out of six test-checked GACs for the academic year 2019-20 as of October/December 2019 as shown in **Table 8** below –

Table 8: Shortage of teaching staff in test-checked GACs for the academic year 2019-20

Test-checked GACs	In-take capacity	Professors		Readers		Lecturers	
		Requirement as per intake capacity	Vacant (*per cent*)	Requirement as per intake capacity	Vacant (*per cent*)	Requirement as per intake capacity	Vacant (*per cent*)
GAC, Vadodara	75	14	06 (43)	14	02 (14)	17	00 (00)
Model GAC, Kolavada (Gandhinagar)	75	14	11 (79)	14	06 (43)	17	11 (65)
Gulabkunverba GAC (GIA), Jamnagar	125	14	10 (71)	14	05 (36)	17	05 (29)
Tapibai GAC, Bhavnagar	60	15	06 (40)	-	-	15	07 (47)
Total	**335**	**57**	**33 (58)**	**42**	**13 (31)**	**66**	**23 (35)**

(Source: Information provided by the test-checked GACs)

In GHC, Dethali (Patan district) with intake of 100 students, Audit observed that GoG had sanctioned (2017-18) for regular posting of a Principal, four professors, 10 readers and nine lecturers, however, the posts were not filled with regular staff and were being managed by engaging a Principal, two professors, four readers and six lecturers on contractual basis.

(ii) Shortage of post graduate teaching staff

As per CCIM (Post Graduate Ayurveda Education) Regulations, 2016, for starting of Post Graduate (PG) courses, each college shall have minimum one professor/reader and one lecturer for each PG course, in addition to the teachers envisaged for UG courses from academic session 2017-18. Out of six test-checked colleges, PG courses were available in Akhandanand GAC, Ahmedabad with four[47] PG departments and GAC, Vadodara with two[48] PG departments. Audit observed that there was shortage of 44 *per cent* PG teaching staff as of March 2019 as detailed in **Table 9** -

[46] For UG college with intake capacity up to 60 students -15 professors/readers and 15 lecturers for 14 departments of the college with minimum one professor/reader and lecturer in each department. For UG colleges with intake capacity of 61-100 students - 14 professors, 14 readers and 17 lecturers with a minimum of one professor, one reader and one to two lecturer in each department.

[47] Kayachikitsa, Panchkarma, Shalakyatantra and Shalyatantra with intake capacity of 21 students

[48] Dravyaguna and Rasashastra evam Bhaishajya Kalpana with intake capacity of 10 students

Table 9: Shortage of teaching staff in test-checked GACs for the academic year 2019-20

Test-checked GACs	Intake Capacity	Professor		Reader		Lecturer	
		Sanctioned posts	Vacant (*per cent*)	Sanctioned posts	Vacant (*per cent*)	Sanctioned posts	Vacant (*per cent*)
GAC, Ahmedabad	21	05	03 (60)	08	02 (25)	16	08 (50)
GAC, Vadodara	10	04	02 (50)	04	02 (50)	06	02 (33)
Total	**31**	**09**	**05 (56)**	**12**	**04 (33)**	**22**	**10 (45)**

(Source: Information provided by the test-checked GACs)

In GAC, Ahmedabad, the post of professor in two out of four PG departments was vacant since 2016-17.

Functioning of colleges without prescribed numbers of teaching staff could lead to compromise in teaching hours for theory and practical sessions.

The Government stated (June 2020) that periodical requisition list of vacant posts has been sent. However, Audit recommends that the State Government may take action to fill up the vacant posts of teaching staff for ensuring facility of proper teaching to the students.

2.1.5 Delivery of services by AYUSH Pharmacy

All the GAHs and Ayurved dispensaries in the State were purchasing medicines from Government Ayurved Pharmacies at Rajpipla (Narmada) and Vadodara and from two Co-operative Ayurved Pharmacies at Dang and Odhav (Ahmedabad).

2.1.5.1 Issuance of licence and non-conduct of quality test

Drugs and Cosmetics (D&C) Rules envisage that the renewal of licence of Ayurved drugs manufacturing units shall be granted only if the manufacturing is supervised by full time technical staff with prescribed qualification and experience in Ayurveda.

Audit observed that the licence[49] of Government Ayurved Pharmacy, Vadodara, expired in January 2016 was renewed till January 2021 by FDCA based on the wrong information furnished by the Pharmacy showing two retired officials[50] as employees supervising the manufacturing of drugs and testing the quality of drugs. It was further observed that the manufacturing of drugs in the pharmacy and the quality of drugs manufactured were not tested between September 2014 and November 2019 due to absence of qualified technical staff for quality checking. The Pharmacy had manufactured and supplied medicines valuing ₹ 4.36 crore to various hospitals and dispensaries during September 2014 and November 2019 without conducting quality tests. Though Government approved laboratories were available in the State, the drugs were not got tested from any of the approved laboratories. In December 2019, a technical official was appointed through outsourcing, however, the quality was not being tested due to non-availability of chemicals, glassware and instruments.

In Government Pharmacy at Rajpipla, Audit observed that the quality of drugs manufactured were not being tested till March 2018 due to absence of

[49] Licence No. GA/1594

[50] One employee retired in January 2013 and the other employee retired in August 2014

qualified technical staff and medicines worth ₹ 33.25 crore were supplied to hospitals and dispensaries without testing the quality. Though technical staff was available from April 2018 onwards, it was observed that the quality of drugs was not being tested due to non-availability of chemicals, glassware and instruments required for testing in the pharmacy.

Audit further observed that as against 21 and 29 staff, sanctioned for Vadodara and Rajpipla Pharmacies, only two staff at each pharmacy have been appointed as of December 2019. Key posts of Manager in Rajpipla and Pharmacist in Vadodara were found vacant.

The Government stated (June 2020) that the incharge pharmacy manager of Vadodara would be instructed to correct the process by showing current officers' detail and would take up the matter for issue of licence with the Commissionerate of FDCA. Further, the Government accepted the facts of non-conduct of quality testing and stated that now a quality control supervisor has been appointed through outsource from December 2019. As regards shortage of staff, Government stated that the charge of pharmacist in Vadodara is given to a Medical Officer, for quality control, one post in Rajpipla and two posts in Vadodara have been filled through outsourcing and one compounder at Vadodara and two compounders at Rajpipla have been given additional work.

2.1.5.2 Production of Ayurvedic medicines without valid licence

As per instructions issued (July 2018) by the Ministry of AYUSH, the licence of units manufacturing ASU&H drugs may be cancelled or may not be renewed in case of non-compliance of Good Manufacturing Practice (GMP).

The manufacturing licence of Co-operative Pharmacy[51] at Odhav, Ahmedabad expired in December 2016 and the pharmacy had applied for renewal. The licence was not renewed based on the irregularities[52] pointed out by the Drug Inspector of FDCA, noticed (July 2017) during inspection of unit for grant of renewal of licence and as per records of FDCA, it was noted as closed unit. However, Audit observed that though the pharmacy was not having a valid licence, GoG had purchased medicines worth of ₹ 1.34 crore from the pharmacy during the years 2017-18 and 2018-19. Audit further observed that Gulabkunverba GAH (GIA), Jamnagar had purchased (2014-19) medicines worth ₹ 3.78 crore from Ayurved Pharmacy, Jamnagar, though the pharmacy had no valid licence since January 2005. This indicated that the GoG had not established any proper monitoring mechanism for ensuring functioning of Ayurved pharmacies with valid licence in order to avoid illegal manufacturing of Ayurved drugs in the State.

The Government stated (June 2020) that Odhav Pharmacy has been given licence now. However, Audit observed that FDCA has issued a validity certificate for the pharmacy on 19 June 2020 stating that the renewal application for licence is under consideration. The fact remains that the drugs were procured from the pharmacy despite not having a valid licence.

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[51] Gujarat Ayurvedic Vikas Mandal Pharmacy

[52] Improper stocking of raw materials without any labeling, damaged sheds of different departments, improper maintenance of batch records, non-maintenance of complaint registers/recall registers, non-availability of room for retained samples, non-availability of packing rooms, non-availability of proper place for stocking finished products, damaged building, unhygienic condition, non-mentioning of shelf life of the drugs, *etc.*

2.1.5.3 Non-mentioning of expiry period on Ayurvedic Medicines

As per D&C (5th Amendment) Rules, 2016, the date of expiry of Ayurvedic, Siddha and Unani medicines shall be conspicuously mentioned on the label of the medicine container or packing from August 2016 and no medicine shall be marketed, sold, distributed or consumed which exceeded the expiry date.

Audit observed that except for Co-operative Ayurved Pharmacy, Dang, none of the remaining three Ayurved pharmacies were mentioning expiry dates for the medicines manufactured after August 2016. The Pharmacy at Dang started mentioning the expiry date from March 2017, however, it was noticed that the dates were being mentioned only on few medicines. Both the Government Pharmacies (Rajpipla and Narmada) have started (December 2019) mentioning the dates after being pointed out by Audit.

The Government stated (June 2020) that due to lack of supervisory staff, outsourced workers did not stamp the expiry date till November 2019. However, it has been rectified from December 2019.

2.1.5.4 Inspection of Manufacturing units by Drug Inspectors

D&C Rules envisage that manufacturing units of Ayurved (including Siddha) or Unani drugs shall be inspected by the AYUSH drug inspectors not less than twice in a year and shall satisfy themselves that the conditions of the licence are being observed.

Out of 587 pharmacies in the State, 578 pharmacies manufactured Ayurved drugs while remaining nine pharmacies manufactured homoeopathy drugs. Audit observed that the drug inspectors in the State had not conducted the prescribed number of inspections of the units manufacturing Ayurved drugs. The percentage shortfall in inspection of units ranged between 78 *per cent* (2017-18) and 95 *per cent* (2014-15) during 2014-19 as shown in **Appendix-XIV**.

In the eight test-checked districts, there were 221 manufacturing units of Ayurved and Unani drugs as of March 2019. Audit observed that the drug inspectors of test-checked districts had not conducted the prescribed number of inspections. The percentage shortfall in inspection ranged between 25 *per cent* and 100 *per cent* during the period 2014-19 as shown in **Appendix-XIV**. This indicated that all the manufacturing units were not being inspected by the drug inspectors. The reasons for non-conduct of inspections could be due to non-appointment of AYUSH drug inspectors and allocating the work to Allopathic drug inspectors with additional charge of AYUSH as discussed in **Paragraph 2.1.5.8.**

The Government stated (June 2020) that the matter would be taken up with Commissionerate of FDCA to ensure prescribed inspection of manufacturing units.

2.1.5.5 Collection and testing of AYUSH drug samples

D&C Rules envisage that the AYUSH drug inspectors shall take samples of AYUSH drugs from the manufacturing units and send it for testing.

Audit observed that as of March 2019, only 1,349 AYUSH drug samples have been taken for testing in the State during 2014-19. In eight test-checked districts, Audit observed that the drug inspectors had taken samples from only

56 (25 *per cent*) out of 221 AYUSH manufacturing units for testing and no samples were taken from Government Ayurved Pharmacies during 2014-19. The drug inspectors had not taken any sample of homoeopathy drugs during 2014-19.

- ***Test results of AYUSH drug samples***

Food and Drugs Laboratory (FDL), Vadodara conducted tests for all AYUSH drug samples received from Drug Inspectors. The test reports issued contained three categories *viz*. Standard Quality (SQ), Not of Standard Quality (NSQ) and only findings (without mention of SQ/NSQ). Details of test results of samples tested in FDL, Vadodara during 2014-19 are shown in the **Table 10** below –

Table 10: Details of test results of AYUSH drug samples tested during 2014-19

Year	Number of AYUSH drug samples drawn	Number of AYUSH drug samples tested[53]	Number of samples found as SQ	Number of samples found as NSQ	Number of samples without mention of SQ/NSQ	Percentage of samples found NSQ or no standard mentioned
1	2	3	4	5	6	7
2014-15	281	245	105	31	109	57
2015-16	250	344	63	12	269	82
2016-17	359	325	24	14	287	93
2017-18	294	302	22	13	267	93
2018-19	165	304	9	17	278	97
Total	**1,349**	**1,520**	**223**	**87**	**1,210**	**85**

(Source: Information provided by the Commissionerate of FDCA)

The above table shows that 87 (5.72 *per cent*) out of 1,520 samples tested during 2014-19 were found to be NSQ. The D&C Act and Rules envisaged that the Government Analyst shall strictly specify in the report whether the samples were SQ or NSQ. However, it was observed that FDL, Vadodara had not expressed any opinion about the quality in respect of 1,210 samples (79.61 *per cent*).

FDL, Vadodara stated (January 2020) that the opinion was not given due to lack of prescribed standards. The reply is not tenable as D&C Rules provides that for patent or proprietary medicines for which no pharmacopoeia tests or methods of analysis were available, test and methods given in any other standard books or journals were required to be followed.

- ***Recall of NSQ drugs***

NSQ drugs are required to be withdrawn to stop further sale in the market as it poses health hazards to the public. Audit scrutinised the records of 30 out of 87 cases of NSQ drugs and observed that NSQ drugs were recalled in respect of only three cases while in remaining 27 cases, the NSQ drugs had been consumed as the notices for recalling the medicines were issued after passage of one to five months from the date of receipt of test reports from FDL, Vadodara.

- ***Delay in testing of Drugs***

D&C Rules provide that the testing of drug samples shall be conducted within a period 60 days, from the date of receipt of sample (effective from 02

[53] Includes samples taken prior to 2014-15 also

February 2017). Audit observed that out of 547 AYUSH drug samples received (between 01 February 2017 and 31 March 2019) by FDL, Vadodara, the testing of 346 samples were done after 60 days from the date of receipt of samples. The delay ranged between two and 229 days. Delay in testing of samples may exhibit incorrect results of testing.

The Government stated (June 2020) that the matter would be taken up with the FDCA. Audit recommends that the State Government may ensure timely analysis of samples and issue of test reports to avoid consumption of NSQ drugs by patients.

2.1.5.6 Action against errant manufacturers

D&C Rules empower the FDCA to cancel or suspend the licence for such period, if the licensee failed to comply with the condition of licence. The Central Drugs Standard Control Organisation (CDSCO) issued (December 2008) guideline for taking action on samples of drugs declared as NSQ. The CDSCO guideline categorized NSQ drugs as Spurious and Adulterated Drugs, Grossly Sub-Standard drugs and minor defects. The guideline also provided that in case of drugs found grossly sub-standard, the matter may be investigated at the manufacturer's end. When criminal intent or gross negligence was established, the resource of prosecution should be resorted to.

Audit scrutinized the records of 30 out of 87 cases of drugs declared as NSQ drugs during 2014-19 and found that licence was suspended in respect of 15 cases, warnings were issued in respect of 12 cases and matter was under process in remaining three cases. Of the 15 licences suspended, it was observed that the licences were suspended for only one day in seven cases, for only two days in four cases, for only three days in two cases and for only five days in remaining two cases. This indicated that strict action was not initiated by the FDCA against errant manufacturers for producing NSQ drugs.

Audit further observed that though drug inspectors during their inspection had found stock of NSQ raw materials, stock of recalled NSQ drugs and instance of utilization of NSQ raw material for making syrup, no action was taken by the inspectors either to seize the material or get the material destroyed. Though, an instance of manufacturing a drug without product permission was noticed by the drug inspector, no action was initiated against the manufacturer. This indicated that strict imposition of the provisions of D&C Act and Rules was not ensured by the drug inspectors.

The Government confirmed (June 2020) that proper action has not been taken against the errant manufacturers and stated that the matter would be taken up with FDCA.

2.1.5.7 Non-conduct of prescribed tests by FDL

The protocol for testing of AS&U Drugs published by Pharmacopoeia Laboratory for Indian Medicine, Ghaziabad prescribed specific formats having details of tests to be conducted for various kinds of drugs, limit for various parameters and method for testing.

Audit observed that FDL, Vadodara was conducting only basic tests for determining the identity, purity and strength of the drugs while tests for determining the level of heavy metals (Lead, Mercury, Cadmium, Arsenic), microbial contamination (Total Bacterial Count, Total Fungal Count), specific

pathogen (E. coli, Salmonella spp., S.aureus Pseudomonas aeruginosa) and pesticide residue were not being done. Further, the test reports submitted by the FDL, Vadodara was not as per the specific formats prescribed in the protocol.

FDL, Vadodara accepted (January 2020) the audit observation. The Government stated (June 2020) that the matter would be taken up with the FDCA.

2.1.5.8 Shortage of AYUSH Drug Inspectors and Analysts

Drugs and Cosmetics Rules, 1945 (D&C Rules) provide for appointment of drug inspectors with minimum educational qualification of degree/diploma in Ayurveda, Siddha or Unani (ASU) System or degree in Ayurveda Pharmacy. It also provides for appointment of Analysts with a minimum qualification of degree in ASU System and not less than three years' experience in analysis of drugs. Further, as per directions (July 2018) of GoI, one drug inspector shall be appointed per 30 manufacturing units in the State.

As there are 587 AYUSH manufacturing units in the State as of March 2019, 20 AYUSH drug inspectors were required to be appointed as per GoI directives. However, it was observed that GoG had notified (May 2014) all 80 Allopathic drug inspectors of the department as AYUSH drug inspectors instead of appointing personnel with qualification of ASU or Ayurveda Pharmacy degree. Similarly, five allopathic Government Analysts were notified as AYUSH Government Analysts without ensuring the minimum ASU qualification envisaged in D&C Rules. Thus, due to absence of requisite credentials, the very purpose of checking and analysing the quality of AYUSH drugs manufactured by the units could be defeated.

The Government stated (June 2020) that the matter would be taken up with FDCA. Audit recommends that the State Government may take measures to appoint drug inspectors and analysts with prescribed ASU qualification for ensuring supply of quality drugs to the patients.

2.1.6 Development of AYUSH Research

2.1.6.1 Centre of Excellence

A Centre of Excellence (CoE) was established (February 2013) at a cost of ₹ 3.79 crore[54] in Smt. M.A.H. Government Ayurved Hospital, Ahmedabad from GoI funds. The CoE was assigned five activities to be completed during the first five years. However, Audit observed that CoE had not completed the assigned activities though more than six years have lapsed since its establishment *i.e.* (i) could generate and document data of only 300 patients as against minimum 7500 patients on efficacy of Ayurvedic treatment in Neurological disorder; (ii) could develop Standard Ayurvedic treatment guideline for only one (Hemiplegia) out of 18 Neurological conditions; (iii) could develop protocol for only one (Hemiplegia) out of 10 Neurological disorders for research studies organised clinical trial; (iv) against nine workshops and conferences on treatment of Neurological disorders to be organized, not a single one was organized; and (v) against publishing of 15

[54] ₹ 3.07 crore for renovation, expansion and modernisation of the hospital and ₹ 0.72 crore for procurement of equipment, furniture, *etc.*

papers on original research article on Ayurvedic treatment of Neurological disorders in peer review journal, not a single paper was published.

The Government confirmed (June 2020) that no research work or protocol has been done for any neurological condition other than hemiplegia and stated that further guidance of GoI is needed in the matter. It was further confirmed that no research article on ayurvedic treatment of neurological disorder has been published.

2.1.6.2 Establishment of Advanced Ayurveda Research Centre

GoG decided (May 2017) to start an Advanced Ayurvedic Research Centre at Model GAC attached hospital, Kolavada (Gandhinagar). However, Audit observed that as of June 2020, GoG has not started the said research centre in the college. Reasons for not starting the centre was not available on records. The Government confirmed (June 2020) that the Centre is not functioning due to not filling up the sanctioned posts.

2.1.6.3 Research under National AYUSH Mission

The Mission Directorate (NAM) sanctioned (June 2018) the proposal of ₹ 1.23 crore as recurring assistance for four projects *i.e.* (i) Role of Ayurveda in reducing anaemia amongst adolescence of rural areas of Dahod district (₹ 30.65 lakh), (ii) Role of Ayurveda in reducing anaemia amongst women of rural areas of Sabarkantha district (₹ 30.65 lakh), (iii) Role of Ayurveda in reducing sickle cell crisis and morbidity amongst cases of sickle cell anaemia in a tribal district (₹ 30.65 lakh) and (iv) Impact of Ayurveda drugs on nutritional status of children under age of five years in tribal area (₹ 31.52 lakh).

Directorate of AYUSH allotted (January 2019) three projects[55] (Sr. No. i, iii and iv) to Indian Institute of Public Health (IIPH), Gandhinagar and released grant of ₹ 30.97 lakh as first instalment. Agency for executing fourth project was yet to be identified by the Directorate. Audit observed that IIPH could complete only baseline survey in respect of two projects (except sr. no. iii) as of March 2020.

Audit is of the opinion that the State Government may take steps for developing research activities and complete all research projects within the time frame to achieve the results.

The Government stated (June 2020) that research on two projects are going on at IIPH and would be completed soon. It was also stated that necessary initiatives would be taken for the remaining projects.

2.1.7 Monitoring and Inspection

2.1.7.1 Inspection of AYUSH dispensaries

The H&FWD had fixed (August 2002) the target of inspecting eight AYUSH dispensaries every month by each DAO for ensuring availability of drugs, equipment and compliance of instructions by the dispensaries. However, Audit observed that except for DAO, Ahmedabad, none of the DAOs of remaining

[55] (i) Role of Ayurveda in reducing anemia amongst students of Residential Ashram Shala and out of school Adolescent Girls and Boys in Limkheda Taluka of Dahod district (₹ 32.07 lakh), (ii) Impact of Ayurveda Drugs on nutritional status of children under age of 5 years (₹ 30.20 lakh) and (iii) Role of Ayurveda in reducing Sickle Cell Crisis and Morbidity amongst known cases of SCA (₹ 30.65 lakh)

seven test-checked districts had conducted prescribed number of annual inspections of dispensaries. The shortfall in inspection among the seven DAOs ranged between nine *per cent* and 100 *per cent* during 2014-19 as shown in **Table 11** below –

Table 11: Details of inspection of dispensaries done by DAOs during 2014-19

Test-checked Districts	Target of inspection per annum	Inspections carried out				
		2014-15 (*per cent*)	2015-16 (*per cent*)	2016-17 (*per cent*)	2017-18 (*per cent*)	2018-19 (*per cent*)
1	2	3	4	5	6	7
Ahmedabad	96	122 (127)	98 (102)	114 (119)	119 (124)	130 (135)
Gandhinagar	96	60 (63)	118 (123)	87 (91)	60 (63)	49 (51)
Patan	96	17 (18)	10 (10)	17 (18)	03 (03)	04 (04)
Narmada	96	02 (02)	05 (05)	22 (23)	24 (25)	15 (16)
Jamnagar	96	36 (38)	10 (10)	51 (53)	10 (10)	45 (47)
Vadodara	96	10 (10)	17 (18)	29 (30)	36 (38)	64 (67)
Junagadh	96	05 (05)	11 (11)	20 (21)	03 (03)	11 (11)
Bhavnagar	96	00 (00)	00 (00)	00 (00)	00 (00)	19 (20)

(Source: Information collected from the records of offices of test-checked DAOs)

Shortfall in inspection had resulted in non-availability of EDL and other drugs in the dispensaries as discussed in **Paragraph 2.1.3.7**.

The Government stated (June 2020) that instructions have been given by fixing target in their job chart for regular inspection of dispensaries by DAOs.

2.1.7.2 Health Monitoring Information System

NAM guidelines provide for establishment of Health Monitoring Information System (HMIS) and an evaluation cell at the State level with one Health MIS Manager. However, Audit observed that as of December 2019, GoG has not developed HMIS and has not appointed the Health MIS Manager as envisaged for monitoring the implementation of the scheme in the State.

The Government accepted (June 2020) the audit observation and stated that NAM is in process to build a strong HMIS.

2.1.8 Conclusion

Audit observed that the test-checked teaching GAHs and GHH had provided OPD and IPD services to more number of patients annually as against the minimum number of patients prescribed in the Regulations of CCIM and CCH. However, following deficiencies were noticed during the course of Audit -

NHM and NAM envisaged for mainstreaming of AYUSH by allocating AYUSH services at PHCs, CHCs and DHs however, H&FWD could appoint AYUSH doctors on contractual basis in only 911 PHCs out of 1,474 PHCs, and no appointment of AYUSH doctors were made in 363 CHCs and 24 DHs in the State. The Doctors appointed in these PHCs could not provide the AYUSH services due to lack of coordination between the Commissionerate of Health and Directorate of AYUSH in establishing a mechanism for supply of AYUSH medicines through the Pharmacies and adequate facility of equipment/instruments.

AYUSH hospitals were not available in eight out of 33 districts in the State. Projects already planned were either not taken up or projects completed were not put to use which included projects planned for establishment of GAHs in

two districts without facility of AYUSH services. Out of 15 wellness centres established in test-checked hospitals, seven centres were non-functional. Only average 3.97 *per cent* of budget provision of H&FWD was allocated for AYUSH during 2014-19. GoG could utilise only 56 *per cent* of GoI grant received under NAM. Facilities of OTs were either not available or non-functional in 10 out of 15 test-checked GAHs. Instruments prescribed as per CCIM and CCH Regulations for OTs, laboratories and diagnostic units were either not available or found lying idle in the test-checked hospitals. Reducing trend in number of patients taking thalassemia treatment were found in test-checked thalassemia specialty clinics of test-checked hospitals due to absence of expert Vaidhya. Stock of 148 to 251 EDs were not available in 15 test-checked GAHs as of March 2019. Instruments/equipment in some test-checked hospitals were found lying idle or in non-usable condition. Shortage of key posts such as Resident Medical Officers, Nurses, Vaidya Panchkarma and Pharmacist were noticed in test-checked GAHs and GHH. Out of 32 test-checked Ayurved and Homoeopathy dispensaries, five dispensaries were functioning without Medical Officer.

Full coverage of syllabus in AYUSH medical colleges was found doubtful, as actual teaching hours imparted for both theory and practical sessions were much less than the teaching hours prescribed under CCIM Regulations, 2016. Only 43 *per cent* students and 54 *per cent* students had prescribed 75 *per cent* attendance in theory and practical subjects respectively in test-checked GACs. Shortage of teaching staff (Professors, Readers and Lecturers) were observed in four out of six test-checked GACs. The above facts of not completing the prescribed hours of teaching, lack of required attendance of classes for students and shortage of teaching staff had adverse bearing on pass percentage of students in BAMS in the State as 45 *per cent* students had failed the examination. None of the test-checked colleges had the facility of teaching pharmacy and quality testing laboratory for providing practical training on preparation of medicines/drugs. Facility of in-house CRL for PG course was not available in the two test-checked colleges which provided PG course.

Drugs manufactured in the two test-checked Government Ayurved Pharmacies were supplied without conducting quality tests. Co-operative Pharmacy at Odhav, Ahmedabad were manufacturing and supplying drugs without valid licence. None of the test-checked pharmacies were mentioning the expiry dates of medicines. Drug inspectors of test-checked districts had failed to conduct the prescribed inspection of all manufacturing units of Ayurved and Homoeopathy medicines. Out of 1,520 AYUSH drug samples tested during 2014-19, 87 samples were found of 'Not of Standard Quality'. NSQ drugs were not recalled in 27 out of 30 cases test-checked and the drugs were found as consumed. Instances of delay in testing of drug samples and non-conduct of prescribed tests by FDL were noticed in audit. Existing allopathic drug inspectors and analysts of the State were notified for AYUSH by GoG in contravention of the provision of D&C Rules which envisage for minimum ASU qualification.

Even after lapse of more than six years, the CoE could not complete the five activities of research assigned to it. Research projects under NAM were not completed. Shortfall in inspection of AYUSH dispensaries by the DAOs were noticed during 2014-19.

APPENDIX – IV

Statement showing the details of AYUSH hospitals, dispensaries, colleges and pharmacies in the State

(Reference: Paragraph 2.1.1; Page 9)

Details of AYUSH Hospitals in the State			
Number of Ayurved Hospitals	**Number of Ayurved Dispensaries**	**Number of Homoeopathy Hospitals**	**Number of Homoeopathy Dispensaries**
37 (Bed Capacity-1665)	588	01 (Bed Capacity-25)	273

Details of AYUSH Colleges in the State				
Ayurved Colleges				
Government	**Grant-in-aid**	**Private**	**Total**	**Total intake capacity**
05	02	20	27	1780 UG + 166 PG
Homoeopathy Colleges				
01	04	31	36	3525 UG + 93 PG
Yoga & Naturopathy				
0	0	02	02	90 UG + 20 PG

Details of AYUSH Pharmacies (Manufacturing Unit) in the State					
Ayurved			**Homoeopathy**		
Government	**Private**	**Total**	**Government**	**Private**	**Total**
02	576	578	00	09	09

APPENDIX – V

Statement showing details of administrative and medical/professional staff as on June 2020 in the State to oversee implementation of AYUSH

(Reference: Paragraph 2.1.1; Page 9)

Sl. No.	Posts	Sanctioned Strength	Posts filled in	Vacant posts
1	2	3	4	5
Class-I				
	Administrative Staff			
1	Director	1	0	1
2	Dy. Director	1	0	1
3	Garden Superintendent	1	0	1
4	Dy. Director (Homoeopathy)	1	0	1
5	Dy. Director (Training and Research)	1	0	1
6	Assistant Director (Ayurved)	1	0	1
7	Assistant Director (Homoeopath)	1	0	1
8	Assistant Director (Education)	1	0	1
9	Assistant Director (Medicine/ Gardens))	1	0	1
10	Administrative Officer	1	1	0
11	District Ayurved Officer	29	3	26
	Total	**39**	**4**	**35**
	Medical & Professional Staff			
12	Superintendent	2	2	0
13	Dy. Superintendent (Hospital)	3	0	3
14	Vaidya Panchkarma	37	23	14
15	Physician	3	0	3
16	Principal (Ayurved)	5	5	0
17	Principal/ Superintendent (Homoeopath)	1	1	0
18	Professor (Ayurved)	62	32	30
19	Professor (Homoeopath)	4	2	2
20	Reader (Ayurved)	74	55	19
21	Reader (Homoeopath)	12	3	9
22	Pharmacy Superintendent	1	0	1
23	Pharmacy Manager	1	0	1
24	Vaidya Ksharsutra	14	0	14
25	Biochemist	1	0	1
26	Pharmacist Scientist	1	0	1
27	Pharmecogrocist	1	0	1
	Total	**222**	**123**	**99**
	Total Class I	**261**	**127**	**134**
Class II				
	Administrative Staff			
1	Training and Research Officer	1	1	0
2	Training Officer	1	1	0
3	Accounts Officer	2	2	0
4	Vaidhkiya Officer (Garden)	6	0	6
5	Administrative Office Class II	14	1	13
	Total	**24**	**5**	**19**

Sl. No.	Posts	Sanctioned Strength	Posts filled in	Vacant posts
1	2	3	4	5
	Medical & Professional Staff			
6	Medical Officer (Ayurved)	643	516	127
7	Lecturer (Ayurved)	139	91	48
8	Lecturer (Homoeopath)	12	4	8
9	Medical Officer (Ortho)	1	0	1
10	Resident Vaidhkiya Officer	34	28	6
11	Pharmacy Manager Class II	2	0	2
12	Pharmacist	1	0	1
13	Physiotherapist	1	1	0
14	Librarian	2	0	2
15	Medical Officer (Homoeopathy)	4	0	4
16	R.M.O. (Homoeopathy)	4	0	4
17	Museum Curator (Homoeopathy)	2	0	2
18	Laboratory Technician (Homoeopathy)	2	0	2
19	Librarian (Homoeopathy)	1	0	1
20	X-ray Technician (Homoeopathy)	1	0	1
21	Dresser (Homoeopathy)	1	0	1
22	Matron (Homoeopathy)	1	0	1
23	Nursing Staff (Homoeopathy)	3	0	3
24	Store Keeper (Homoeopathy)	1	0	1
25	Librarian Assistant (Homoeopathy)	1	0	1
26	Dispenser (Homoeopathy)	1	0	1
	Total	**857**	**640**	**217**
	Total Class II	**881**	**645**	**236**
Class III				
	Administrative Staff			
1	Office Superintendent	15	0	15
2	Head Clerk	60	15	45
3	Gujarati Stenographer	1	1	0
4	Senior Clerk	41	30	11
5	Junior Clerk/Clerk-cum-typist/Cashier	122	65	47
6	Driver	6	3	3
	Total	**245**	**114**	**121**
	Medical & Professional Staff			
7	Librarian	6	1	5
8	Assistant Librarian	1	0	1
9	Store Keeper (B.Pharm)	8	0	8
10	Plant Collector	7	2	5
11	Lab Technician	46	7	39
12	X-ray technician	9	0	9
13	B.Pharm Assistant	9	0	9
14	Lab Technician (Ayurved)	4	0	4
15	Electrician	4	1	3
16	Assistant Pharmacist	3	0	3
17	Compounder (Ayurved)	370	149	221
18	Museum Keeper	6	0	6
19	Assistant Lab Technician	9	2	7
20	Assistant Panchkarma Technician	23	7	16

Sl. No.	Posts	Sanctioned Strength	Posts filled in	Vacant posts
1	**2**	**3**	**4**	**5**
21	Dresser	42	14	28
22	Staff Nurse (Ayurved)	226	113	113
23	Head Nurse	29	7	22
24	Matron	6	0	6
25	Medical Officer (Homoeopath)	273	263	10
26	Technician (PG)	2	0	2
27	Auxiliary Mid-wife	7	0	7
28	Physiotherapist	8	0	8
29	OT Assistant	7	0	7
30	Flaboconist	1	0	1
31	Subject Co-ordinator	1	0	1
	Total	1,107	566	541
	Total Class III	**1,352**	**680**	**662**
Class IV				
1	Cook mate	20	7	13
2	Gardener	25	3	22
3	Nayak	7	0	7
4	Patawada	89	81	8
5	Ward Servant	110	70	40
6	Sweeper	86	44	42
7	Panchkrama Servant	55	38	17
8	Kiye/Beror	28	19	9
9	Skilled Servant	12	4	8
10	Pharmacy Servant	6	5	1
11	Lab Attendant	3	2	1
12	Watchman	31	9	22
13	Packer	1	1	0
	Total Class IV	**473**	**283**	**190**

APPENDIX – VI

Details of units selected for Audit

(Reference: Paragraph 2.1.1; Page 10)

AYUSH SERVICES

I) Administrative Offices:

1. Deputy Secretary (AYUSH), Health and Family Welfare Department, Gandhinagar
2. Director, AYUSH, Gandhinagar
3. State Medicinal Plant Board, Gandhinagar
4. District Ayurved Office, Gandhinagar
5. Gujarat Board of Ayurvedic and Unani systems of Medicine, Ahmedabad
6. Council of Homoeopathic System of Medicine, Gujarat State, Ahmedabad
7. District Ayurved Office, Ahmedabad
8. District Ayurved Office, Bhavnagar
9. District Ayurved Office, Jamnagar
10. District Ayurved Office, Junagadh
11. District Ayurved Office, Narmada
12. District Ayurved Office, Patan
13. District Ayurved Office, Vadodara

II) Hospital:

Ayurvedic Hospitals:

1. Smt. M.A.H. Government Ayurved Hospital, Ahmedabad (Centre of Excellence)
2. Government Akhandand Ayurvedic Hospital, Ahmedabad
3. Rukshmaniben Ayurved Hospital, Khokhara, Ahmedabad
4. Sanjeevani Ayurveda Hospital, Paldi, Ahmedabad
5. Smt. Tapibai Government Ayurved Hospital, Panvadi, Bhavnagar
6. Shree N H Mathuriya Government Ayurved Hospital, Talaja, Bhavnagar
7. Government Ayurvedic Hospital, Gandhinagar
8. State Model Institute of Ayurveda Science, Kolvada, Gandhinagar
9. Government Ayurvedic Hospital, Jodiya, Jamnagar
10. Government Ayurvedic Hospital, Junagadh
11. Government Ayurvedic Hospital, Rajpipla
12. Shri B. L. Seth Govt. Ayurvedic Hospital, Patan
13. Government Ayurved Hospital, Siddhpur, Patan
14. Government Ayurvedic Hospital, Vadodara
15. Gulabkunverba GIA Ayurved Hospital, Jamnagar

Homeopathic Hospital:

1. Government Homoeopathy Hospital, Dethali, Patan

Ayurvedic Dispensaries:

16 dispensaries, 2 each in 8 selected districts.

Homeopathic Dispensaries:

16 dispensaries, 2 each in 8 selected districts.

AYUSH EDUCATION

Ayurvedic Colleges:

1. Government Akhandanand Ayurved College, Ahmedabad
2. Government Sheth J.P. Ayurved College, Bhavnagar
3. State Model Institute of Ayurveda Science, Kolvada, Gandhinagar
4. Shree Gulabkunnvarba Ayurved College, Jamnagar (GIA)
5. Government Ayurved College, Junagadh
6. Government Ayurved College, Vadodara

Homeopathic Colleges:

1. Government Homoeopathy Hospital, Dethali, Patan

AYUSH PHARMACY

Testing Lab:

1. Joint Commissioner, Food and Drugs Laboratory, Vadodara

Pharmacies

1. Government Ayurvedic Pharmacy, Narmada
2. Government Ayurvedic Pharmacy, Vadodara

Administrative Office:

1. Commissioner, Food and Drugs Control Administration, Gandhinagar
2. Assistant Commissioner, Food and Drugs Control Administration, Zone-I, Ahmedabad
3. Assistant Commissioner, Food and Drugs Control Administration, Zone-II, Ahmedabad
4. Assistant Commissioner, Food and Drugs Control Administration, Bhavnagar
5. Assistant Commissioner, Food and Drugs Control Administration, Gandhinagar
6. Assistant Commissioner, Food and Drugs Control Administration, Jamnagar
7. Assistant Commissioner, Food and Drugs Control Administration, Junagadh
8. Assistant Commissioner, Food and Drugs Control Administration, Narmada
9. Assistant Commissioner, Food and Drugs Control Administration, Patan
10. Assistant Commissioner, Food and Drugs Control Administration, Vadodara

APPENDIX - VII

Statement showing the details of number of patients who availed treatment in the OPDs of test-checked hospitals during 2014-19

(Reference: Paragraph 2.1.3.1; Page 15)

Name of the test-checked hospitals	Whether college is attached with hospital	Intake capacity of the college	Average patients per day in the OPD	Average patients per day in the IPD
Model GAH, Kolavada, Gandhinagar (Hospital started in 2016-17)	Yes	60	164	57
Akhandanand GAH, Ahmedabad	Yes	60	414	65
GAH, Vadodara	Yes	60	259	48
Gulabkuvarba GAH (GIA), Jamnagar	Yes	100	358	75
GAH, Junagadh	Yes	60	296	41
Tapibai GAH, Bhavnagar	Yes	60	269	22
Smt. M.A.H. GAH, Ahmedabad	No	NA	279	122
Sanjivani GAH, Ahmedabad (Hospital started in 2015-16)	No	NA	169	10
GAH, Siddhapur, Patan	No	NA	54	00
B.L. Sheth GAH, Patan	No	NA	96	30
GAH, Rajpipla, Narmada	No	NA	38	00
GAH, Gandhinagar	No	NA	168	21
GAH, Jodiya, Jamnagar	No	NA	55	04
Rukshmaniben GAH, Ahmedabad	No	NA	162	20
GAH, Talaja, Bhavnagar	No	NA	64	05
GHH, Dethali, Patan	Yes	100	99	00

APPENDIX - VIII

Statement showing the details of number of patients in IPD in test-checked hospitals during 2014-19

(Reference: Paragraph 2.1.3.2; Page 16)

Sr. No.	Name of the test-checked hospitals	Number of beds in the hospital	Number of patients in IPD per day				
			2014-15	2015-16	2016-17	2017-18	2018-19
Teaching Ayurved Hospitals							
1	Model GAH, Kolavada, Gandhinagar (Hospital started in 2016-17)	100	NA	NA	54	58	60
2	Akhandanand GAH, Ahmedabad	100	82	76	56	52	61
3	GAH, Vadodara	100	43	47	43	53	52
4	Gulabkuvarba GAH (GIA), Jamnagar	100	78	76	77	73	73
5	GAH, Junagadh	100	33	35	41	42	56
6	Tapibai GAH, Bhavnagar	100	32	11	34	24	07
Non-teaching Ayurved Hospitals							
7	Smt. M.A.H. GAH, Ahmedabad	200	124	127	120	125	116
8	Sanjivani GAH, Ahmedabad (Hospital started in 2015-16)	20	NA	NA	NA	10	10
9	GAH, Siddhapur, Patan	20	00	00	00	00	00
10	B.L. Sheth GAH, Patan	50	24	28	32	38	29
11	GAH, Rajpipla, Narmada	20	00	00	00	00	00
12	GAH, Gandhinagar	40	22	30	28	20	13
13	GAH, Jodiya, Jamnagar	20	05	05	05	06	01
14	Rukshmaniben GAH, Ahmedabad	20	20	20	20	20	20
15	GAH, Talaja, Bhavnagar	20	NA	NA	NA	03	07
Teaching Homoeopathy Hospitals							
16	GHH, Dethali, Patan	25	00	00	00	00	00

APPENDIX - IX

Statement showing idle instruments/equipment in test-checked hospitals

(Reference: Paragraph 2.1.3.4; Page 18)

Sl. No	Name of the test-checked hospitals	Audit observations
1	Model GAH, Kolavada, Gandhinagar	Ophthalmic Microscope (₹ 1.99 lakh), Ophthalmic Chair Unit (₹ 1.10 lakh), Ophthalmic Surgical Table (₹ 0.99 lakh) Auto Refrectometer (₹ 1.90 lakh) and Auto Lencometer (₹ 1.25 lakh) purchased were lying idle in Shalakya OPD and Shalakya OT.
2	Akhandanand GAH, Ahmedabad	Swedankarma Yantra (₹ 0.14 lakh) for Panchkarma ward and Auto refractor (₹ 2.34 lakh) for the Eye OPD purchased (March 2000 and March 2009) remained defunct since January 2019 and April 2017 respectively.
3	Gulabkuvarba GAH (GIA), Jamnagar	Dental Pantographic Hydraulic Chair (₹ 1.89 lakh) was kept idle since March 2018 and Sonography machine was defunct since December 2018.
4	GAH, Junagadh	Autoclave Machine (₹ 0.12 lakh), Pulse Oxymeter (₹ 0.32 lakh) and Electric Cautery Machine (₹ 0.47) were found defunct since (March 2015).
5	Tapibai GAH, Bhavnagar	24 types of instruments (₹ 1.23 lakh) were found defunct since long.
6	Smt. M.A.H. GAH, Ahmedabad	An High frequency X-Ray machine (₹ 11.79 lakh) purchased (March 2015) was not utilised since the date of purchase due to non-appointment of technician. 78 laboratory instruments and equipment (₹ 1.02 lakh) purchased in March 2013 were also not utilised and found in packed condition (May 2019) due to non-appointment of Lab Technician. In addition, a Dextor 500 short wave diathermy 500 (₹ 0.57 lakh) purchased in October 2013 was found lying uninstalled and in packed condition (May 2019).
7	GAH, Siddhapur, Patan	116 Ksharsutra instruments (₹ 5.80 lakh) and one Panchkarma instrument (₹ 0.40 lakh) purchased (March 2010) were never utilized and kept in idle packed condition.
8	B.L. Sheth GAH, Patan	62 out of 89 Ksharsutra instruments(₹ 5.03 lakh) and one Panchkarma instrument (₹ 0.40 lakh) purchased (March 2010) were never installed and remained idle (June 2019).
9	GAH, Rajpipla, Narmada	49 Ksharsutra instruments/equipment (₹ 5.70 lakh) purchased (January 2010) were never utilized and kept in idle packed condition.
10	Rukshmaniben GAH, Ahmedabad	Two out of the 19 computers (₹ 6.35 lakh) purchased (March 2011) were never installed and remained idle (June 2019).
11	GAH, Talaja, Bhavnagar	Mobile Shadowless light and Surgical Medical Equipment (₹ 0.93 lakh) purchased in 2010 were never utilized and kept in idle packed condition. Further, 82 instruments (₹ 2.90 lakh) purchased for the hospital up to 2013 were found lying idle.
12	GHH, Dethali, Patan	3466 instruments (₹ 5.12 lakh) purchased for medical college and hospital up to March, 2019 were never utilized and kept idle in packed condition.

APPENDIX - X

Statement showing the details of availability of essential drugs in test- checked hospitals during 2014-19

(Reference: Paragraph 2.1.3.7; Page 20)

Name of the test-checked hospitals	Number of Essential Drugs (against 277 EDLs)			
	Not available as on 31 March 2019 (in *per cent*)	Not available for less than six months	Not available for more than six months and up to one year	Not available for more than a Year
1	2	3	4	5
Teaching Ayurved Hospitals				
Model GAH, Kolavada, Gandhinagar	179 (65)	01	02	176
Akhandanand GAH, Ahmedabad	159 (57)	01	00	158
GAH, Vadodara	204 (74)	03	01	200
Gulabkuvarba GAH (GIA), Jamnagar	222 (80)	8	3	211
GAH, Junagadh	237 (86)	33	03	201
Tapibai GAH, Bhavnagar	148 (53)	03	01	144
Non-teaching Ayurved Hospitals				
Smt. M.A.H. GAH, Ahmedabad	219 (79)	00	00	219
Sanjivani GAH, Ahmedabad (Hospital started in 2015-16)	202 (73)	02	00	200
GAH, Siddhapur, Patan	251 (91)	01	04	246
B.L. Sheth GAH, Patan	221 (80)	06	05	210
GAH, Rajpipla, Narmada	238 (86)	04	01	233
GAH, Gandhinagar	207 (75)	01	01	205
GAH, Jodiya, Jamnagar	183 (66)	10	04	16
Rukshmaniben GAH, Ahmedabad	189 (68)	10	01	178
GAH, Talaja, Bhavnagar	185 (67)	06	05	174

APPENDIX - XI

Statement showing the details of actual teaching hours for theory and practical classes provided for BAMS course in four test-checked subjects

(Reference: Paragraph 2.1.4.1; Page 23)

Subjects scrutinised	Academic year	Prescribed teaching hours for		Actual teaching hours		Shortfall in teaching hours (in *per cent*)	
		Theory	Practical	Theory	Practical	Theory	Practical
1	2	3	4	5	6	7(3-5)	8(4-6)
Akhandanand GAC, Ahmedabad							
BAMS 1st Professional Rachna Sharir	2017-18	300	200	163	125	137(46)	75(38)
BAMS 2nd Professional Dravyaguna Vijnan	2017-18	200	200	85	66	115(58)	134(67)
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	2017-18	200	100	136	70	64(32)	30(30)
BAMS Final Professional Panchkarma	2017-18	100	200	95	Attendance register not provided to Audit	05(05)	-
Model GAC, Kolavada, Gandhinagar(*)							
BAMS 1st Professional Rachna Sharir	2017-18	300	200	114	117	186(62)	83(42)
BAMS 2nd Professional RS & BK	2017-18	200	200	154	90	46(23)	110(55)
BAMS 3rd Professional Charak Samhita	2018-19	200	NA	117	NA	83(42)	NA
GAC, Vadodara							
BAMS 1st Professional Rachna Sharir	2017-18	300	200	61	32	239(80)	168(84)
BAMS 2nd Professional RS & BK	2017-18	200	200	79	65	121(61)	135(68)
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	2017-18	200	100	83	59	117(59)	41(41)
BAMS Final Professional Panchkarma	2017-18	100	200	95	173	05(05)	27(14)
GAC, Junagadh							
BAMS 1st Professional Rachna Sharir	2017-18	300	200	140	188	160(53)	12(6)
BAMS 2nd Professional	2017-18	200	200	73	79	127(64)	121(61)

Subjects scrutinised	Academic year	Prescribed teaching hours for		Actual teaching hours		Shortfall in teaching hours (in *per cent*)	
		Theory	Practical	Theory	Practical	Theory	Practical
1	**2**	**3**	**4**	**5**	**6**	**7(3-5)**	**8(4-6)**
Dravyaguna Vijnan							
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	2017-18	200	100	189	111	11(06)	00(00)
BAMS Final Professional Panchkarma	2017-18	100	200	110	191	00(00)	09(05)
Tapibai GAC, Bhavnagar							
BAMS 1st Professional Rachna Sharir	2017-18	300	200	59	134	241(80)	66(33)
BAMS 2nd Professional Dravyaguna Vijnan	2017-18	200	200	152	120	48(24)	80(40)
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	2017-18	200	100	34	57	166(84)	43(43)
BAMS Final Professional Panchkarma	2017-18	100	200	197	143	Nil	**57(29)**

Note: (*)Fourth year started in 2019-20, hence not included.

APPENDIX - XII

Statement showing details of shortfall in attendance of students during 2014-19

(Reference: Paragraph 2.1.4.1; Page 23)

Subjects scrutinised	Actual Teaching hours		Total number of students	Number of students with attendance					
				≥75 *per cent*		<75 and ≥25 *per cent*		less than 25 *per cent*	
	Theory	Practical		Theory	Practical	Theory	Practical	Theory	Practical
1	2	3	4	5	6	7	8	9	10
Akhandanand GAC, Ahmedabad									
BAMS 1st Professional Rachna Sharir	163	125	60	47	59	13	01	00	00
BAMS 2nd Professional Dravyaguna Vigyan	85	66	60	19	17	33	38	08	05
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	136	70	41	00	00	40	22	01	19
BAMS Final Professional Panchkarma	95	Not provided	62	06	N.A.	56	N.A.	00	N.A.
Model GAC, Kolavada, Gandhinagar (*)									
BAMS 1st Professional Rachna Sharir	114	117	60	33	11	27	46	00	03
BAMS 2nd Professional RS & BK	154	90	56	09	28	46	28	01	00
BAMS 3rd Professional Charak Samhita	117	NA	59	33	NA	26	NA	00	NA
GAC, Vadodara									
BAMS 1st Professional Rachna Sharir	61	32	60	33	22	27	38	00	00
BAMS 2nd Professional RS & BK	79	65	60	34	44	25	16	01	00
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	83	59	46	36	39	10	07	00	00

Subjects scrutinised	Actual Teaching hours		Total number of students	Number of students with attendance					
				≥75 *per cent*		<75 and ≥25 *per cent*		less than 25 *per cent*	
	Theory	Practical		Theory	Practical	Theory	Practical	Theory	Practical
1	2	3	4	5	6	7	8	9	10
BAMS Final Professional Panchkarma	95	173	33	27	27	06	06	00	00
GAC, Junagadh									
BAMS 1st Professional Rachna Sharir	140	188	60	41	50	19	10	00	00
BAMS 2nd Professional Dravyaguna Vigyan	73	79	61	01	19	58	41	02	01
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	189	111	45	00	00	45	45	00	00
BAMS Final Professional Panchkarma	110	191	30	08	19	21	11	01	00
Tapibai GAC, Bhavnagar									
BAMS 1st Professional Rachna Sharir	59	134	60	58	60	02	00	00	00
BAMS 2nd Professional Dravyaguna Vigyan	152	120	60	04	24	41	24	15	12
BAMS 3rd Professional Roga Vigyan Evam Vikriti Vigyan	34	57	36	01	Details not provided	11	Details not provided	24	Details not provided
BAMS Final Professional Panchkarma	197	143	27	25	26	01	00	01	01

Note: (*) Fourth year started in 2019-20, hence not included. No practical subject is prescribed for Charak Samhita, hence, not applicable.

APPENDIX - XIII

Statement showing the details of non-availability/less availability of instruments/equipment in test-checked colleges

(Reference: Paragraph 2.1.4.3; Page 25)

Name of the test-checked College	Types of instruments required as per norms	Types of instruments not available	Percentage of the types of instruments not available
Akhandanand Government Ayurved College, Ahmedabad	123	53	43.09
Government Model Ayurved College, Kolavada, Gandhinagar	123	34	27.64
Government Ayurved College, Vadodara	123	31	25.20
Government Ayurved College, Junagadh	123	23	18.70
Tapibai Government Ayurved College, Bhavnagar	123	58	47.15
Government Homoeopathy College, Dethali, Siddhapur, Patan	115	88	76.52

APPENDIX - XIV

Statement showing details of shortfall in inspection of manufacturing units by the drug inspectors during 2014-19

(Reference: Paragraph 2.1.5.4; Page 31)

District	Number of Inspections									
	2014-15		2015-16		2016-17		2017-18		2018-19	
	Required to be done	Shortfall (*per cent*)	Required to be done	Shortfall (per *cent*)	Required to be done	Shortfall (*per cent*)	Required to be done	Shortfall (*per cent*)	Required to be done	Shortfall (*per cent*)
1	2	3	4	5	6	7	8	9	10	11
Ahmedabad Zone I	88	76 (86)	92	78 (85)	94	76 (81)	98	58 (59)	98	66 (67)
Ahmedabad Zone II	36	19 (53)	38	24 (63)	38	31 (82)	40	22 (55)	38	32 (84)
Jamnagar	24	23 (96)	24	22 (92)	24	22 (92)	24	20 (83)	26	23 (88)
Gandhinagar	52	52 (100)	56	53 (95)	66	53 (80)	74	63 (85)	94	75 (80)
Patan	02	02 (100)	04	03 (75)	06	04 (67)	10	06 (60)	12	10 (83)
Narmada	4	1 (25)	8	4 (50)	12	08 (67)	12	07 (58)	12	07 (58)
Vadodara	76	56 (74)	78	46 (59)	78	52 (67)	80	58 (73)	84	66 (71)
Junagadh	44	42 (95)	44	38 (86)	44	26 (59)	48	31 (65)	52	42 (81)
Bhavnagar	26	21 (81)	26	22 (85)	26	20 (77)	26	19 (73)	26	18 (69))
Gujarat State	**1012**	**965[1] (95)**	**1038**	**928 (89)**	**1068**	**937 (88)**	**1126**	**878 (78)**	**1156**	**980 (85)**

[1] Less number of inspection as per records of Commissionerate of FDCA, as all the inspection data were not furnished to them by concerned field offices.