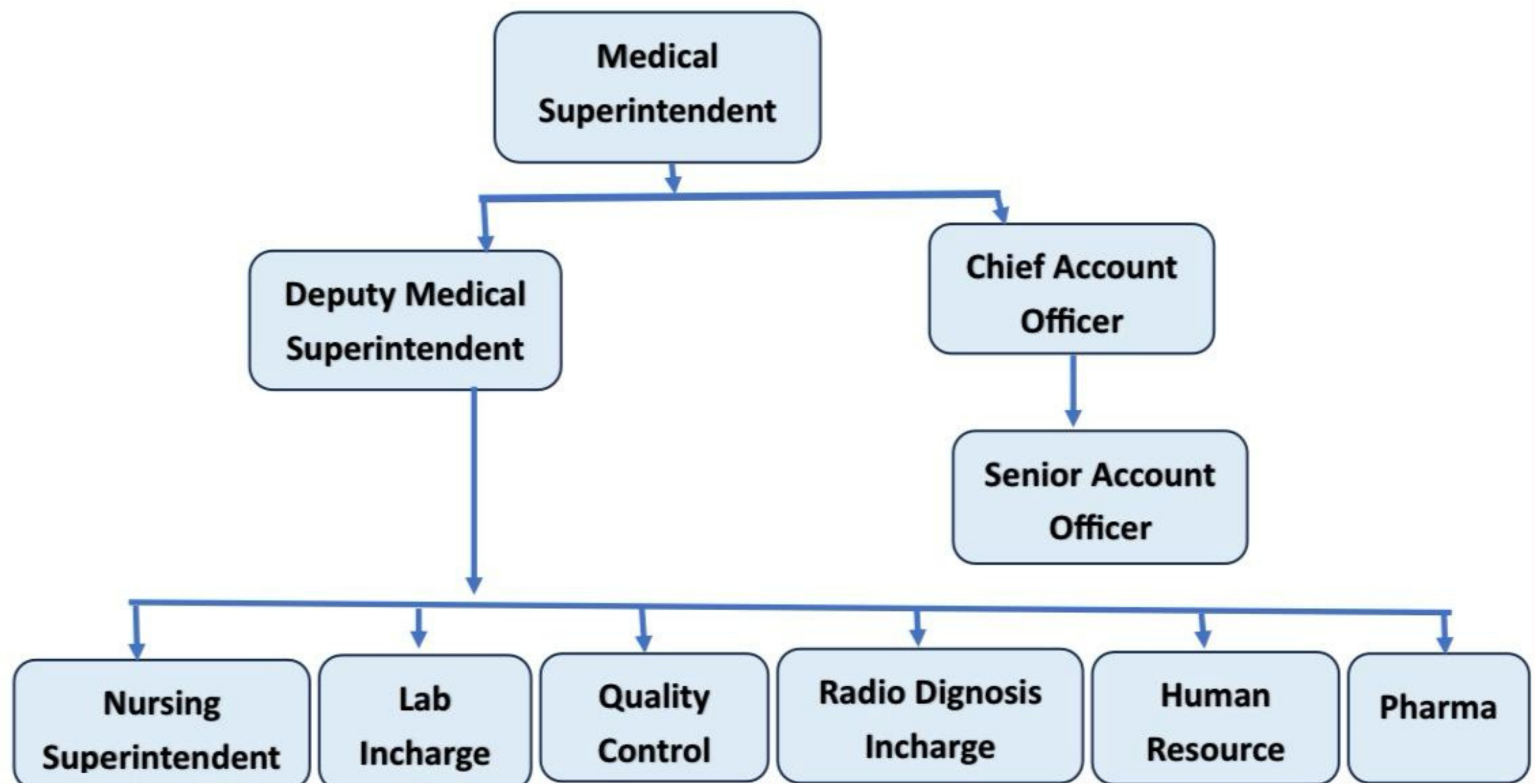


About The Organization

Maharana Bhupal Government Hospital (MB Hospital), Udaipur, established in 1887, is one of the oldest and most renowned government healthcare institutions in Rajasthan. Originally named Willingdon Hospital, it was renamed after India’s independence. In 1961, the hospital became affiliated with RNT Medical College, evolving into a vital hub for both medical treatment and education in the region.

VISION: To excel in all spheres of health services with an aim to serve humanity.
MISSION: Scientific Medical Approach for serving the Humanity by Quality care to everyone

Organisation Structure



SWOT Analysis:

STRENGTHS	Weaknesses
- Established in 1887, making it one of Rajasthan's oldest government hospitals. - Affiliated with RNT Medical College for clinical training and medical education. - Provides affordable multi-specialty care to both rural and urban populations. - Caters to a large patient base with high patient-handling capacity. - Experienced healthcare staff ensure efficient and quality care delivery.	- Overcrowding and long waiting times for patients, especially in peak hours. - Outdated infrastructure and equipment in several departments. - Limited use of digital systems across hospital operations. - Staff shortages, particularly during peak hours or in critical care areas.
Opportunities	Threats
- Upgrade infrastructure through government schemes like PM-ABVM and Corporate Social Responsibility (CSR) initiatives. - Expand digital solutions (e.g., Setu) to improve patient flow, registration, and real-time tracking. - Introduce advanced diagnostic facilities and specialty care services to enhance treatment quality. - Collaborate with NGO partners for community outreach and public health initiatives.	- Patient load may exceed the hospital's current operational capacity. - Risk of infections and service delays due to persistent overcrowding. - Increasing competition from modern, better-equipped private hospitals. - Dependency on delayed government funding and slow policy approvals.

SWOT Analysis

TOWS Analysis

	Strengths	Weaknesses
Opportunities	- Leverage trained staff and digital system familiarity (S) to introduce automated barcode scanning (O) for faster stock tracking. - Use existing buffer stock policy (S) to pilot a centralized inventory dashboard (O).	- Launch monthly digital training modules (O) to address limited system proficiency (W). - Use government initiatives in digital health (O) to seek funding for modern storage infrastructure (W).
Threats	- Use strong SOP adherence and e-Aushadhi alerts (S) to preempt supply chain disruptions during vendor delays (T). - Proactive staff (S) can form a crisis response team for emergencies (T).	- Improve manpower scheduling (W) to prevent service disruption during night hours or high patient inflow (T). - Implement labeling standardization to minimize confusion during peak loads (T).

Introduction

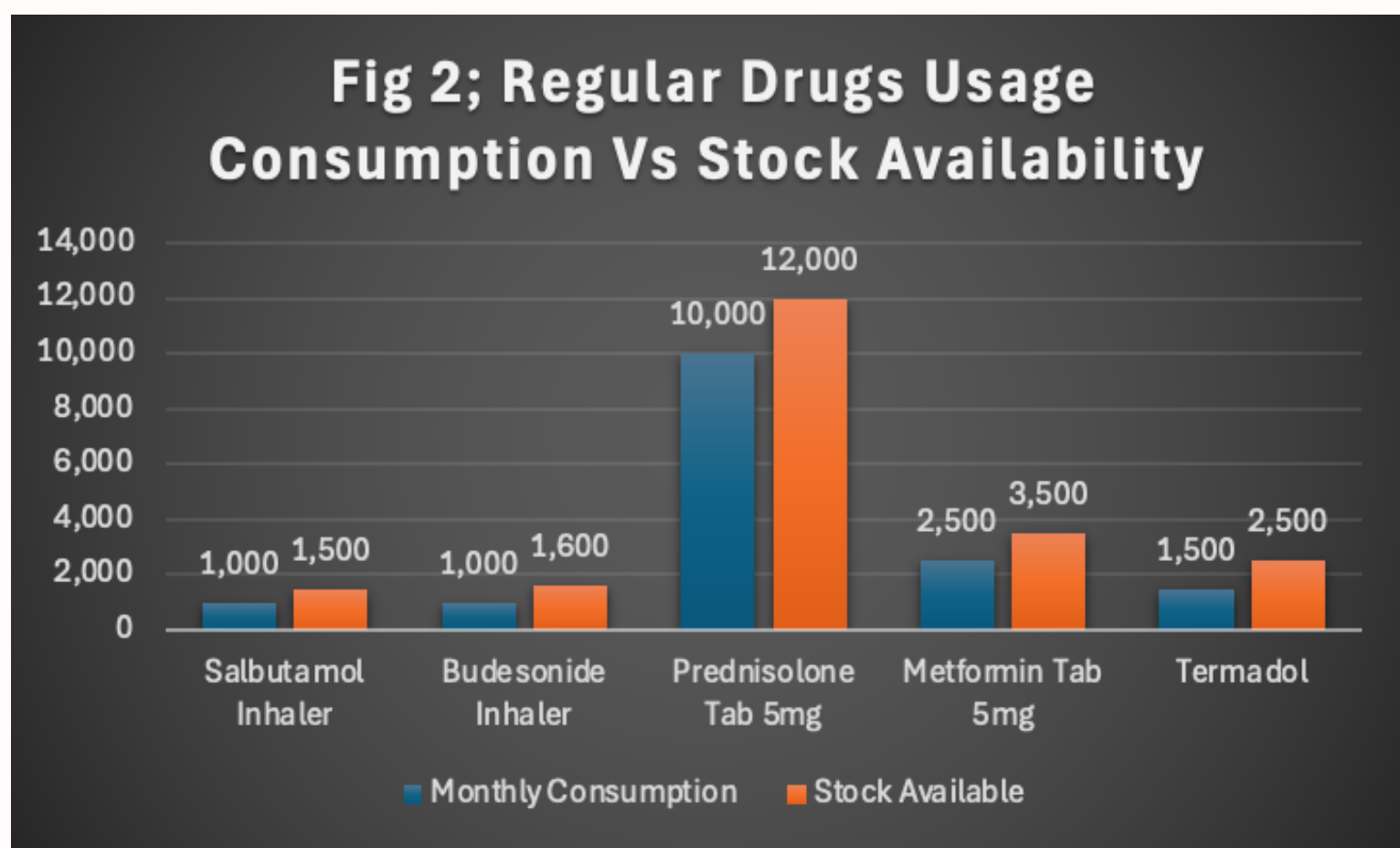
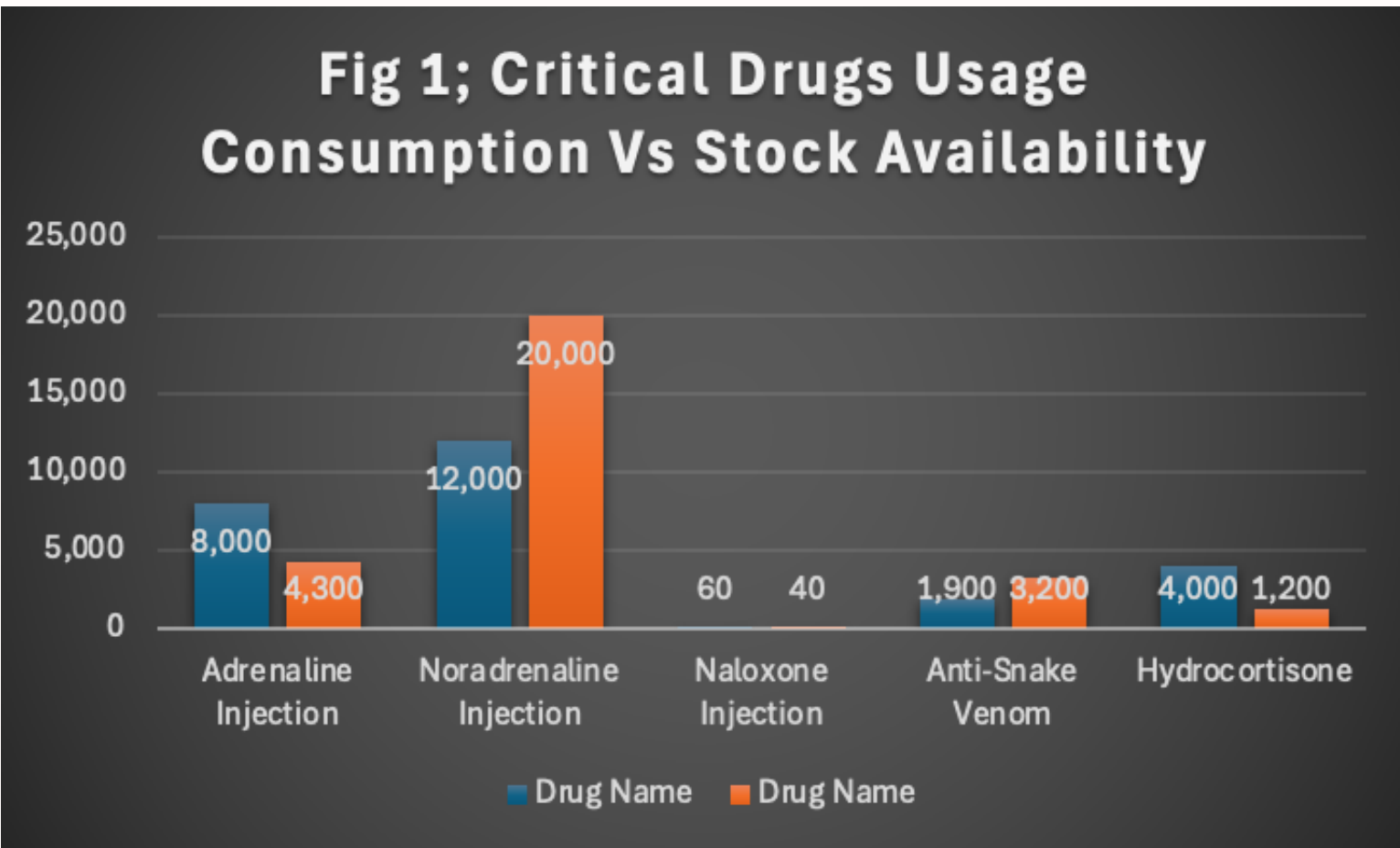
Effective medicine management is essential for ensuring uninterrupted healthcare services in government hospitals. This project focuses on the monthly drug inventory and distribution system at Maharana Bhupal Government Hospital, Udaipur. The study emphasizes both life-saving and regular-use medicines, analyzing their consumption, availability, and supply chain practices. The substore and Drug Distribution Centre (DDC) play a crucial role in ensuring timely access to essential drugs. Data was collected from inventory records, staff inputs, and patient feedback. The hospital uses the e-Aushadhi portal for real-time tracking and procurement, which improves transparency and efficiency. This report aims to highlight operational strengths and recommend improvements for better drug availability and patient satisfaction.

Objectives

- To assess the monthly consumption and availability of life-saving and regular-use medicines at the substore and Drug Distribution Centre (DDC) of Maharana Bhupal Government Hospital.
- To evaluate the efficiency of the supply chain system, including timelines of drug procurement, stock replenishment, and emergency requisition procedures.
- To analyze the functionality and utilization of the e-Aushadhi portal for inventory tracking, stock updates, and digital indenting in public hospital pharmacy management.
- To identify challenges related to storage infrastructure and manpower deployment that affect timely drug distribution and service delivery.
- To review patient wait times and satisfaction feedback in relation to medicine availability, staff responsiveness, and communication practices.

Sample summary & Methodology

- This project is a descriptive, observational, and operational study conducted at Maharana Bhupal Government Hospital, Udaipur.
- The study focuses on the monthly management of medicines at the substore and Drug Distribution Centre (DDC), covering both life-saving (critical) and regular-use drugs.
- Data was collected for five critical drugs: Adrenaline Injection, Noradrenaline Injection, Naloxone Injection, Anti-Snake Venom and Hydrocortisone Injection and five regular-use drugs: Salbutamol Inhaler, Budesonide Inhaler, Prednisolone Tab 5mg, Metformin Tab 5mg and Tramadol Tablet through physical record review and field observation.
- I Personally visited the Main Substore and 3 (DDCs) and Conducted real-time review of stock registers and inventory records for the period of June–July 2025.
- Interacted with the following personnel during the study: Substore: Pharmacist, Assistant Pharmacist, Computer Operator, and Store Manager and DDC Units (3 DDCs): Pharmacists and Assistant Pharmacists
- Collected feedback from over 15 OPD/IPD patients regarding availability of prescribed medicines.
- The hospital uses the e-Aushadhi portal for digital inventory management, which improves procurement speed, transparency, and accountability.
- While good practices like buffer stock, emergency requisitions, and digital indenting were observed, challenges such as storage space constraints, manpower shortages, and limited digital training were identified.
- The study concludes with practical recommendations to improve drug availability, storage practices, manpower planning, and patient satisfaction through better operational efficiency.



Practical Exposure & Theoretical Understanding

Practical Exposure:

- Gained hands-on experience with real-time data, including OPD/IPD patient records, admission and discharge details, and bed occupancy rates.
- Developed an understanding of how data supports resource allocation and enhances operational
- Saw how the e-Aushadhi portal is applied to manage real-time stock updates, requisitions, and consumption logs of medicines.

Theoretical Understanding:

- Connected the field workflow with the 5R's of Supply Chain: Right drug, Right quantity, Right place, Right time, Right cost.
- Understood how state-level procurement policy, centralized distribution systems, and IT portals align with universal healthcare objectives.

Challenges Faced

- Resistance to Change:** Some staff members were reluctant to take on new responsibilities related to supply chain management, QMS, and the Single Window System due to limited confidence and lack of awareness.
- Limited Role Clarity:** A narrow understanding of job responsibilities—particularly among those assigned to specific schemes—led to hesitation in accepting cross-functional roles and tasks.
- Implementation Delays:** The rollout of the Queue Management System (QMS) faced unforeseen technical and operational setbacks, resulting in project delays.
- Lack of Standardization:** IT maintenance practices were inconsistent, with no formal contingency plan in place, and service standards varied significantly across departments.
- NABH Compliance Issues:** Several operational domains initially fell short of the NABH 6th Edition requirements, especially concerning documentation accuracy, risk management frameworks, and environmental sustainability guidelines.

Major Learnings

- Bridged academic theory with hospital practice by applying knowledge from Organizational Behavior, HRM, Research Methods, and National Health Programs to real-world initiatives such as the Single Window System, MAA Yojana, and medicine management.
- Drafted and contributed to essential hospital policies including IT Maintenance Plans, Contingency Protocols, Risk Management Frameworks, and Service Standards in alignment with NABH 6th Edition guidelines.
- Enhanced hospital operational efficiency by implementing practical tools such as laser printers, streamlining patient registration, and introducing a Queue Management System (QMS).
- Facilitated effective interdepartmental coordination by using communication and leadership skills to manage collaboration between administrative, IT, and clinical departments during project execution.
- Gained first-hand experience with NABH accreditation standards by working on documentation, understanding compliance requirements, quality indicators, and data accuracy protocols for hospital audits.
- Understood the internal flow of medicines from substore to DDC, including tracking consumption, availability, and coordination challenges in a government hospital setup.
- Learned the importance of real-time monitoring and accurate record-keeping through exposure to the e-Aushadhi system and interaction with store staff.

Suggestions

- To avoid overcrowding and reduce the risk of misplacing high-priority medicines, fixed compartments and color-coded zones should be introduced.
- During emergencies, confusion in drug identification can be reduced with simple, standardized labels and barcode tagging for quick scanning.
- A simple WhatsApp/SMS/email alert to key pharmacy officers when critical drug levels fall below threshold can ensure immediate action.
- Maintain proper storage conditions (temperature, humidity) to ensure drug safety and efficacy.
- Introduce a live stock visibility portal for doctors to check medicine availability and suggest alternatives instantly.