Reference to			
	Paragraph	Page	
Preface	-	xi	
Executive Summary	-	1-14	
Chapter 1			
Introduction			
Health Indicators	1.1	16	
Organisational structure	1.2	19	
Audit Objectives	1.3	20	
Audit Criteria	1.4	20	
Audit Scope and Methodology	1.5	21	
Structure of the Report	1.6	23	
Chapter 2			
Human Resources			
Shortage of Human Resources in the State	2.1	25	
Availability of human resources at DHs/CHCs/PHCs	2.2	28	
Shortage of Specialists in DHs/CHCs	2.3	30	
Availability of Human Resources in Medical Colleges	2.4	33	
Shortage of teaching and non-teaching staff	2.4.1 2.4.2	33 36	
Excess deployment of teaching staff against sanctioned strength	2.4.2	30	
Availability of human resources in AYUSH facilities	2.5	36	
Shortage of teachers/staff in AYUSH institutions	2.5.1	36	
Shortage of MOs/staff in dispensaries	2.5.2	37	
Availability of human resources in Health and Wellness Centres	2.6	38	
Chapter 3			
Healthcare Services			
Out-Patient Services	3.1	41	
Registration facility at OPD	3.1.1	42	
Availability of Out-Patient Services	3.1.2	45	
Patient load in OPD	3.1.3	46	
Patient consultation time at OPDs	3.1.4	47	
Lack of basic facilities in OPDs	3.1.5	48	
In-Patient Services	3.2	50	
Availability of In-Patient services	3.2.1	50	
Operation Theatre	3.2.2	52	
Availability of OTs	3.2.2.1	52	
Documentation of OT procedures	3.2.2.2	52	
Availability of Intensive Care Units	3.2.3 3.2.4	54 54	
Emergency Services	3.2.4	54 54	
Availability of emergency services Triaging of patients and average turn-around time	3.2.4.1	54 56	
Burn Ward	3.2.4.2	56	
Ophthalmic Services	3.2.5	57	
Dietary Services	3.2.0	57	
Evaluation of outcome indicators	3.2.7	59	
	5.2.0	59	

TABLE OF CONTENTS

	Reference to	
	Paragraph	Page
Patient Satisfaction Surveys	3.2.9	61
Diagnostic Services	3.3	62
Availability of laboratory services	3.3.1	63
Quality assurance of laboratory services	3.3.2	65
Waiting time and turn-around time	3.3.3	65
Maternity Services	3.4	66
Antenatal care	3.4.1	66
Intra-partum care	3.4.2	67
Post-Partum and Newborn care	3.4.3	67
Discharge of mothers within 48 hours of delivery	3.4.4	68
Maternal Death and Maternal Death Review	3.4.5	69 70
Delay in payment of cash assistance for institutional delivery	3.4.6	70
Oxygen Services	3.5	71
Mobility Services	3.6	71
Mobile Medical Units	3.6.1	73
Ambulance Service	3.6.2	73
108-Ambulance Service	3.6.2.1	76
Infection Control	3.7	76
Standard Operating Procedures	3.7.1	77
Pest and rodent control	3.7.2	78
Disinfection and sterilisation	3.7.3	78
Laundry Services	3.7.4	79
Availability of linen	3.7.4.1	79
Other deficiencies in laundry services	3.7.4.2	80
Management of Biomedical Waste	3.7.5	81
Public Safety and Patient Rights	3.8	83
Mortuary Services	3.9	86
Teaching Hospitals	3.10	86
Out-patient departments	3.10.1	86
Bed occupancy in In- Patients Departments	3.10.2	87
Blood Banks	3.11	88
AYUSH	3.12	90
Availability of Out-Patient Services	3.12.1	90
Emergency Management	3.13	91
Objectives	3.13.1	92
Establishment of COVID Healthcare facilities	3.13.2	93
Financial Management of COVID-19	3.13.3	94
Short release and utilisation of COVID-19 funds	3.13.3.1	95
Delay in release of funds	3.13.3.2	95
Short utilisation of SDRF funds	3.13.3.3	96
Utilisation of PM CARES fund	3.13.3.4	96
RT-PCR testing of suspected COVID-19 patients	3.14	97

	Reference	ce to
	Paragraph	Page
Chapter 4		
Availability of Drugs, Medicines, Equipment and C	Other consum	ables
Procurement of drugs and equipment	4.1	99
Utilisation of funds	4.2	100
Essential Medicines	4.3	102
Procurement of essential medicines	4.3.1	102
Availability of essential medicines	4.3.2	103
Procurement of medicines with lower shelf life	4.3.3	105
Procurement of medicines from a banned company	4.3.4	106
Availability of drugs and consumables in OTs, ICUs	4.3.5	106
and Maternity IPDs		
Availability of drugs in OTs	4.3.5.1	106
Availability of drugs and consumables in ICUs	4.3.5.2	107
Availability of drugs in Maternity IPDs	4.3.5.3	107
Availability of consumables in Maternity	4.3.5.4	108
Availability of Equipment	4.4	109
Availability of equipment in OTs	4.4.1	109
Availability of ICU Equipment	4.4.2	110
Availability of ophthalmology equipment	4.4.3	111
Availability of radiological equipment	4.4.4	112
Availability of Laboratory equipment	4.4.5	116
Availability of equipment in Special Newborn Care Unit	4.4.6	117
Availability of Equipment in Maternity IPDs	4.4.7	119
Equipment lying idle	4.4.8	119
Availability of equipment in Medical Colleges	4.4.9	120
Shortage of medical equipment, department-wise, in Medical Colleges	4.4.9.1	120
Non-condemnation of medical equipment	4.4.9.2	122
Procurement of dental equipment	4.5	122
Quality Assurance	4.6	123
Distribution of drugs without confirming their quality	4.6.1	124
Distribution of Sub-standard drugs	4.6.2	124
Store Management	4.7	128
Maintenance of Stock registers and physical verification of stores	4.7.1	131
Supply and distribution	4.7.2	132
Buffer Stock Management of COVID-19 drugs	4.8	132
Availability of Buffer Stock of COVID-19 drugs at the	4.8.1	133
State level		
Availability and utilisation of Injection Remdesivir	4.8.2	134
Irregularities in distribution of Remdesivir injection	4.8.3	135
Non-accountal of Remdesivir Injections	4.8.4	135
Loss of government money	4.8.5	136
Utilisation of Ventilators	4.9	137

Reference toParagraphPagNon-realisation of rent for ventilators from private hospitals4.1013Supply of lower potency drugs4.1113Purchase of Pulse Oximeter without proper assessment4.1213Availability of Essential Drugs in District Joint Availability of essential drugs, equipment and consumables in Health and Wellness Centres4.1414Chapter 5Diagnostic services in Health and Wellness Centres4.1514Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Non-realisation of rent for ventilators from private4.1013hospitals
Supply of lower potency drugs4.1113Purchase of Pulse Oximeter without proper assessment4.1213Availability of Essential Drugs in District Joint4.1313AYUSH dispensaries4.1414Availability of essential drugs, equipment and consumables in Health and Wellness Centres4.1514Diagnostic services in Health and Wellness Centres4.1514Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Purchase of Pulse Oximeter without proper assessment4.1213Availability of Essential Drugs in District Joint4.1313AYUSH dispensaries4.1414Availability of essential drugs, equipment and consumables in Health and Wellness Centres4.1514Diagnostic services in Health and Wellness Centres4.1514Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Purchase of Pulse Oximeter without proper assessment4.1213Availability of Essential Drugs in District Joint4.1313AYUSH dispensaries4.1414Availability of essential drugs, equipment and consumables in Health and Wellness Centres4.1414Diagnostic services in Health and Wellness Centres4.1514Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Availability of Essential Drugs in District Joint4.1313AYUSH dispensaries11Availability of essential drugs, equipment and consumables in Health and Wellness Centres4.1414Diagnostic services in Health and Wellness Centres4.1514Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Availabilityofessentialdrugs, equipmentand4.1414consumables in Health and Wellness Centres4.1514Chapter 5Health and Wellness Centres4.1514Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
consumables in Health and Wellness CentresImage: Centres of the second seco
Diagnostic services in Health and Wellness Centres4.1514Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Chapter 5Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Healthcare InfrastructurePlanning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Planning5.114Medical Colleges5.214Opening of new Medical Colleges5.2.114
Medical Colleges5.214Opening of new Medical Colleges5.2.114
Opening of new Medical Colleges 5.2.1 14
Medical seats 5.2.2 14
Under Graduate (UG) seats5.2.2.114
Increase of UG seats 5.2.2.2 14
Post Graduate seats in existing colleges5.2.2.315
Creation of PG seats in SNMMCH (erstwhile PMCH) 5.2.2.4 15
Utilisation of UG and PG seats in medical colleges 5.2.2.5 15
Utilisation of intake capacity in functional AYUSH 5.2.2.6 15
educational institutions
Rural and Urban health training centres5.2.2.715
MCI inspections 5.2.2.8 15
Doctor-Population Ratio 5.3 15
Five hundred bedded hospitals5.415
Dialysis Centre 5.5 15
Bed capacity in District Hospitals5.615
Primary Healthcare facilities 5.7 15
Establishment of Medico City 5.8 16
District Mental Health Programme 5.9 16
Healthcare Infrastructure5.1016
Creation of infrastructure 5.10.1 16
Construction of Medical Colleges at Koderma and 5.10.2 16
Chaibasa
Construction of Phulo Jhano Medical College and 5.10.3 16
Hospital, Dumka
Saheed Nirmal Mahto Medical College and Hospital, 5.10.4 16
Dhanbad
Construction of 500-bedded hospital building at 5.10.5 16 Saraikela Kharsawan
Unfruitful expenditure of ₹ 5.48 crore on Construction 5.10.6 16
of CHC, Lalpania
Idle expenditure of \gtrless 30.18 crore on construction of 5.10.7 17
100-bedded Hospital at Hansdiha, Dumka
Unfruitful expenditure of ₹ 99.73 lakh, due to 5.10.8 17
construction of PHC at an ineligible site

	Reference to	
	Paragraph	Page
Irregular retention of Government money, for 2.5 years	5.10.9	172
to 5.5 years		
Health care infrastructure for COVID-19	5.11	173
Establishment of Special Labs in newly created	5.11.1	173
medical colleges		
Establishment/ strengthening of RT-PCR Labs	5.11.2	174
Augmentation of PICU beds	5.11.3	174
Augmentation of additional beds by provision of Pre-	5.11.4	175
fabricated Units		
Liquid Medical Oxygen with Medical Gas Pipeline	5.11.5	175
System		
Establishment of Paediatric Centre of Excellence	5.11.6	175
Establishment of dedicated Paediatric care units	5.11.7	176
Establishment of Pressure Swing Adsorption (PSA)	5.11.8	176
Oxygen Plant		
Other points of interest	5.12	177
Idle building of CHC, Kharaundi	5.12.1	177
Unfruitful expenditure on construction of CHC,	5.12.2	177
Bhawnathpur		
Non-strengthening of the State Drug Regulatory	5.12.3	178
System		
Chapter 6		
Financial Management		
Financial Management	6	181
Public spending on healthcare	6.1	181
Budget allocation and expenditure on Health Sector	6.2	182
(Centre and State Government)		
Revenue and Capital Expenditure	6.2.1	183
Funds released under NHM	6.3	183
Outstanding Advances	6.4	185
Inflated utilisation certificates	6.5	185
Budget allocation for AYUSH under the State budget	6.6	186
Fifteenth Finance Commission Grants	6.7	186
Chapter 7		
Implementation of Centrally Sponsored		
Centrally Sponsored Schemes	7	189
Health and Wellness Centres	7.1	189
Targets and achievement	7.1.1	189
Telemedicine services at HWCs	7.1.2	190
Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana	7.1.3	191
(PMJAY)		
National AYUSH Mission	7.2	192
Implementation framework of AYUSH under NAM	7.2.1	192
Constitution of the State AYUSH Society	7.2.1.1	192
Governing Body	7.2.1.2	192
	7.2.1.3	193
Executive Body State Programme Management Unit	7.2.1.3	193

	Reference to	
	Paragraph	Page
District AYUSH Society	7.2.1.5	194
Utilisation of funds released under NAM	7.2.2	194
Absence of co-location of AYUSH facilities with	7.2.3	196
existing healthcare facilities		
AYUSH Wellness Centres in hospitals	7.2.4	196
Availability of sports medicine in AYUSH facilities	7.2.5	197
Pradhan Mantri Swasthaya Suraksha Yojana	7.3	197
Construction of building for Super Speciality Block in	7.3.1	197
SNMMCH	7.3.2	100
Idle medical equipment	1.3.2	199
Chapter 8 Adequacy and effectiveness of the Regulatory	Machanism	
Introduction	8	201
	8.1	201
Management of Biomedical Waste	8.2	201
AERB licenses for radiology service Accreditation of District Hospitals	8.2.1	202
	8.3	202
Implementation of the Clinical Establishment Act, 2010	8.3	202
Functioning of Jharkhand State Council (JSC)	8.3.1	203
Delay in constitution of District Registering Authorities (DRAs)	8.3.2	203
Functioning of private healthcare facilities	8.3.3	204
Registration of Private Clinical Establishments	8.3.4	205
Government Healthcare facilities without proper	8.3.5	205
registration		
Operation of Private Clinical Establishments	8.3.6	206
Fire safety norms	8.4	206
State Drug Controller	8.5	207
Inadequate Inspection by Drug Inspectors	8.5.1	208
Blood Bank facility	8.6	209
Functioning of monitoring committees	8.7	210
Joint physical verification of private clinical	8.8	210
establishments		
Availability of clinical services	8.8.1	212
Other irregularities in private hospitals	8.8.2	212
Chapter 9		
Sustainable Development Goal-3		
Introduction	9.1	215
SDG-3 targets	9.2	215
Status of health indicators	9.3	216
Institutional mechanism	9.4	217
The State Level Steering Committee	9.5	218
State Indicator Framework (SIF) and mapping	9.6	218

	APPENDICES		
Appendix	Description	Paragraph	Page
No.			
1.1 A	List of District Hospitals and Sub-Divisional Hospitals in the State, as	Introduction	221
1.1 B	of March 2022 List of Community Health Centres in the State, as of March 2022	Introduction	222
1.1 C	List of Primary Health Centres in the State, as of March 2022	Introduction	224
1.2 A	Details of selected districts, DHs, CHCs, PHCs and GMCHs	1.5	227
1.2 B	Details of selected AYUSH Colleges and Hospitals	1.5	227
1.2 C	Details of selected Private Hospitals	1.5	228
1.2 D	List of test-checked Health Wellness Centres	1.5	228
2.1	Statement showing SS, PIP and vacancy of MOs/ Specialists/ staff nurses/ paramedics in DHs/CHCs/PHCs, as of March 2022	2.2	229
2.2	Statement showing PIP and shortage of MOs/Specialists, Paramedics and Staff in the test-checked CHCs/PHCs	2.2	230
2.3 A	Shortage of Human Resource for diagnostic services in the test-checked DHs, as of March 2022	2.3	231
2.3 B	Shortage of Human Resource for diagnostic services in the test-checked CHCs, as of March 2022	2.3	231
2.3 C	Shortage of Human Resource for diagnostic services in the test checked PHCs, as of March 2022	2.3	232
2.4 A	Statement showing sanctioned strength, PIP and vacancy of teaching staff of all six MCHs of the State as of July 2022	2.4.1	233
2.4 B	Statement showing sanctioned strength, PIP and vacancy of non-teaching faculty of all six MCHs of the State as of July 2022	2.4.1	233
2.5	Year-wise details of SS, PIP and vacancy position of teaching and non-teaching staff in the test-checked MCHs	2.4.1	234
3.1	Statement showing availability of OPD services in the District Hospitals in the State, as of March 2022	3.1.2	235
3.2	Flow of out-patients in the test-checked DHs/CHCs during FYs 2016-17 to 2021-22	3.1.3	236

APPENDICES

Appendix	Description	Paragraph	Page
No.			
3.3	Flow of out-patients in the test-checked DHs in sampled months during FYs 2016-17 to 2021-22 and Average Consultation time in OPDs (In minutes)	3.1.4	237
3.4	Statement showing availability of IPD services in the District Hospitals in the State, as of March 2022	3.2.1	238
3.5	Statement showing availability of OTs in District Hospitals in the State, as of March 2022	3.2.2.1	239
3.6 A	Availability of laboratory services in the test-checked DHs/CHCs, as of March 2022	3.3.1	240
3.6 B	Availability of laboratory services in the test-checked PHCs, as of March 2022	3.3.1	240
3.7	Statement showing availability of beds for Maternity and Childcare services in all DHs	3.4	241
3.8	Details of mothers discharged within 48 hours of delivery in the State and in the test-checked districts during FYs 2016-22	3.4.4	242
3.9 A	JSY Cash assistance paid to beneficiaries during FYs 2016-17 to 2021-22	3.4.6	243
3.9 B	JSY Cash assistance paid to beneficiaries during FYs 2016-17 to 2021-22 in the test-checked CHCs	3.4.6	243
3.9 C	Delay/Non-payment of cash assistance to the beneficiaries in test-checked healthcare facilities	3.4.6	244
3.10 A	Availability of linen in the test-checked DHs as of March 2022	3.7.4.1	245
3.10 B	Availability of linen in excess of requirement	3.7.4.1	246
3.10 C	Availability of linen in the test-checked CHCs during FY 2021-22	3.7.4.1	246
3.11	Details showing selected department-wise number of patients treated, number of specialists available in OPDs and average time taken per patient during the sample months in four OPDs	3.10.1	247
3.12	Details of funds released and allotted to the NHM	3.13.3.2	248
3.13	Details of samples received and tested	3.14	249
4.1	Details of utilisation of State funds during FYs 2016-17 to 2021-22	4.2	250
4.2	Details of non-utilisation of funds	4.2	250
4.3	Details of availability of essential drugs	4.3.2	251

-{ viii }

Appendix No.	Description	Paragraph	Page
1.00	as per Essential Drug List (EDL)		
4.4	Details of procurement of medicines of lesser shelf life at the time of delivery	4.3.3	252
4.5	Details of expired medicines supplied beyond prescribed 30 days of its manufacture	4.3.3	255
4.6	Availability of equipment in ICUs, as of March 2022	4.4.2	257
4.7 A	Availability of various types of X-ray room accessories in the test-checked DHs, as of March 2022	4.4.4	258
4.7 B	Availability of various types of X-ray room accessories in the test-checked CHCs, as of March 2022	4.4.4	258
4.8	Availability/non-availability of essential laboratory equipment in the test-checked DHs/CHCs/PHCs, as of March 2022	4.4.5	259
4.9	Details of drugs supplied prior to receipt of quality test reports	4.6.1	260
4.10 A	Details of drugs not found entered in e-Aushadhi portal	4.7.1	261
4.10 B	Details of excess quantity of drugs available in physical stock against e-Aushadhi portal	4.7.1	261
4.10 C	Details of short/less quantity of drugs available in physical stock against e-Aushadhi portal	4.7.1	262
4.11	Details of non-accounting/short accounting of Injection Remdesivir in DH, Saraikela Kharsawan	4.8.4	262
4.12	Details of ventilators rented to Private Healthcare facilities, rent due thereof and non-deposit of security deposit	4.10	263
5.1	Statement showing requirement, availability and shortage of beds in District Hospitals in the State	5.6	264
5.2	Statement showing gaps between requirement and availability of Primary Healthcare facilities in the State as of March 2022	5.7	265
5.3	Details of five civil works sanctioned for PG Programme	5.10.4	266
5.4	Irregular retention of government money drawn in advance in respect of stalled/dropped schemes	5.10.9	267

Appendix	Description	Paragraph	Page
No.	Description	1 al agi apii	1 age
6.1	Allotment and expenditure in the	6.2.1	269
	test-checked districts under the State		
	budget during FYs 2016-17 to 2021-22		
7.1	List of medical equipment lying idle in	7.3.2	270
	Super Speciality Hospital of SNMMCH,		
	Dhanbad as on 31 July 2022		
8.1	Details of private clinical establishments	8.3.6	272
	in operation without having valid		
	registration, as of March 2022		
8.2	Shortcomings in collection of drugs	8.5.1	279
	sample vis-à-vis issue of test reports by		
	the DIs in the test-checked districts		
8.3	Lack of equipment in the test-checked	8.6	279
	blood banks, as of March 2022		
8.4	Details of private healthcare facilities	8.8.2	280
	having shortage of emergency drugs, as of		
	March 2022		
	Glossary of Abbreviations		281

Preface

Preface

This Report of the Comptroller and Auditor General of India has been prepared for submission to the Governor of Jharkhand under Article 151 of the Constitution of India for being laid before the State Legislative Assembly.

A Performance Audit on Public Health Infrastructure and Management of Health Services in Jharkhand, covering the period from FY 2016-17 to 2021-22, was carried out to assess the critical gaps in health infrastructures with a view to ascertain the quality of healthcare being provided to people through the existing policy interventions.

The instances mentioned in this Report are among those which came to notice in the course of test audit for the period 2016-17 to 2021-22 as well as those which came to notice in earlier years, but could not be reported in previous Audit Reports. Instances relating to the period subsequent to 2021-22 have also been included, wherever necessary.

The audit has been conducted in conformity with the Auditing Standards, Performance Auditing Guidelines and Regulations on Audit and Accounts issued by the Comptroller and Auditor General of India.

Audit wishes to acknowledge the cooperation received from the Department of Health, Medical Education and Family Welfare at each stage of the audit process.