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Executive Summary

About the Report:

India's National Health Policy (the Policy), 2017, envisages as its goal, the attainment of the highest possible level of health and well-being for all, through a preventive and promotive health care orientation in all developmental policies, and universal access to quality health care services, without anyone having to face financial hardship as a consequence. Accordingly, the State Government realised the need for concerted efforts to improve the health of citizens by providing universal, affordable and quality healthcare services and prepared (March 2018) a Vision document articulating the critical gaps, action to be taken and measurable outcomes.

In order to assess the existing healthcare infrastructure, quality of medical services provided and critical gaps remaining to be filled, the Performance Audit (PA) of 'Public Health Infrastructure and Management of Health Services in Jharkhand', covering the period from FY 2016-17 to FY 2021-22, was conducted between March and September 2022.

Why have we prepared this Report now?

We had earlier conducted several Performance Audits (PAs) of the Health Sector, and presented our findings in various Union and State Reports, to the Parliament and State Legislature. All India PAs on 'National Rural Health Mission (NRHM) - Union Report No. 8 of 2009-10' and 'NRHM-Reproductive and Child Health Component - Union Report No. 25 of 2017' had been presented to the Parliament. PA on Medical Education in Jharkhand for the period 2010-15, PA on NRHM with special focus on Reproductive and Child Health for the period 2011-16, PA on Infrastructure and Functioning of Community Health Centres in Jharkhand for the period 2008-13 and PA on District Hospital Outcomes in Jharkhand for the period 2014-19 have been laid in the State Legislature.

Keeping in view the goals laid down in the National Health Policy and Sustainable Development Goal 3 *vis-à-vis* the expected outcomes, evaluating the outcomes has become crucial for timely and systematic corrections. In this context, we have made an attempt to assess the critical gaps in health infrastructure with a view to ascertain the quality of health care being provided to people through the existing policy interventions. This Report aims at identifying the key areas that require improvement.

What has been covered in this audit?

Given the importance of the health sector in the State, a Performance Audit on "*Public Health Infrastructure & Management of Health Services in Jharkhand"* was taken up to assess the availability and management of health care infrastructure in Government healthcare facilities as well as compliance of regulatory mechanisms both in Government and Private healthcare facilities.

What have we found and what do we recommend?

We found significant areas for improvement in the health care needs of the people as highlighted below:

2. Human Resources

The delivery of quality healthcare services in hospitals is largely dependent on adequate availability of manpower, especially in the cadres of Medical Officers (MOs)/specialist, staff nurses and para-medical staff. Further, availability of adequate faculty is one of the most important criteria, to obtain recognition from MCI/ NMC, for running UG courses, as well as Post Graduate (PG) courses, in a Medical College. State Government had also sanctioned MOs and supporting staff for AYUSH dispensaries and faculties for AYUSH Educational Institutions. Shortages of MOs/ Specialists, Staff nurses and paramedics, in the State, ranged between 21 to 80 *per cent,* 14 to 76 *per cent* and 50 to 100 *per cent,* respectively.

There were huge shortages of MOs/ Specialists ranging from 47 to 66 *per cent* and paramedics and staff nurses ranging from 39 to 74 *per cent*, in the test-checked DHs, whereas shortages of doctors and paramedics ranged between 18 and 82 *per cent* in the 14 test-checked CHCs. Further, shortage of MOs, paramedics and staff nurse was also noticed in PHCs.

Audit also observed that there was shortage of radiologists, lab technicians, x-ray technicians, pathologists in the test-checked DHs. Further, shortage of lab-technicians and x-ray technicians was four and 71 *per cent* respectively in the test-checked CHCs. Shortage of lab technicians in PHCs was 92 *per cent.*

The vacancies, in the teaching and non-teaching staff, was 48 and 45 *per cent* respectively, in the six Medical Colleges in the State. Vacancies were also noticed in all cadres in the test-checked Medical Colleges and Hospitals.

The MCI Undergraduate Working Group, 2010 had made various recommendations in its "Vision 2015 document" to address the vacancies. However, the State acted belatedly, on some of the recommendations, such as, enhancing the age of superannuation from 65 to 67 years (January 2018), appointment (September 2021) of faculty on contract basis and tapping of post (December 2021) in government service departments. The State Government

was yet to act on the other recommendations to reduce the shortage of teaching and non-teaching staff.

There were shortages of 60 to 66 *per cent* of teachers in AYUSH Colleges and Hospitals. Shortage of paramedics and nurses was 71 and 87 *per cent* respectively in the State Homeopathic College, while no paramedics were available in the State Ayurvedic Pharmacy College. In addition, there was shortage of Medical Officers and compounders, ranging between 71 and 98 *per cent*, in the AYUSH dispensaries.

Recommendations*:*

State Government may take steps to implement all the recommendations of the MCI Working Group, so that shortage of teaching staff can be minimised.

State Government may address the shortage of MOs/Specialists, Staff nurses and paramedics in all healthcare facilities.

3. Healthcare Services

Indian Public Health Standards (IPHS) envisage providing health care that is quality oriented and sensitive to the needs of the people. District Hospitals (DHs) are expected to provide comprehensive secondary health care to the community to achieve and maintain an acceptable standard of quality of care. Similarly, comprehensive primary health care, optimal expert care and all "Minimum Assured Services" or essential services, are to be provided to the community through CHCs and PHCs.

Gaps were noticed in delivery of out/in-patient services, diagnostic services, maternity services, mobile medical services and other related services, in addition to compromises with public safety and patient rights.

Out-Patient services

Not all the prescribed Out-patient Department (OPD) services were available in the test-checked District Hospitals (DHs), Community Health Centres (CHCs) and Primary Health Centres (PHCs). The OPD services not available mainly included General surgery, Orthopaedics and Psychiatry in DHs, General surgery, Gynaecology, Paediatrics, Dental and Eye care in CHCs and General medicine in PHCs. The patient load in OPDs was high, leading to short consultation time, which is directly linked with patient's dissatisfaction with the consultation process.

Recommendation: ***State Government may ensure availability of all OPD services in DHs/CHCs/PHCs, in line with the provisions of IPHS.***

In-Patient services

Not all the prescribed In-Patient Department (IPD) services were available in the test-checked DHs/CHCs/PHCs. The IPD services not available mainly

included Ear-Nose-Throat, Psychiatry and Orthopaedics in DHs, Pediatrics and General Surgery in CHCs and General Medicine IPD services in PHCs.

Recommendation: ***State Government may proactively synergise availability of specialised in-patient services in public healthcare facilities, to ensure access of the public to quality medical care.***

Operation Theatre and Intensive Care Unit

IPHS guidelines prescribe OTs for elective major surgery, emergency services and ophthalmology/ ENT for DHs. It also prescribe availability of OTs in CHCs.

OTs for elective major surgery were available in all the test-checked DHs. However, OTs for emergency surgery & ENT, were not available in four DHs and OTs for Ophthalmology were not available in three out of five test-checked DHs. Further, OTs were available in 13 out of the 14 test-checked CHCs, with the exception being CHC, Chandil.

ICU was available only in two out of the five test-checked DHs. In the absence of ICU facility in the remaining DHs, critical patients approaching these DHs in emergency, were likely to be referred to private or other higher public healthcare facilities.

Diagnostic Services

There were significant gaps in the availability of essential pathological investigations in the test-checked DHs/CHCs/PHCs, and in-house pathology services were marred by shortage of lab technicians and essential equipment.

Maternity Services

Eighteen *per cent* of registered pregnant women were not provided the complete cycle of ANC, 29 *per cent* were not provided second TT injection and 22 *per cent* were not provided IFA tablets. Further, 35 to 93 *per cent* of mothers were discharged from the hospital within 48 hours of delivery in the test-checked districts and as such immediate management of post-partum complications was not ensured. Out of 4,072 test-checked cases during 2016-22, 2,221 eligible beneficiaries were paid cash assistance *under Janani Suraksha Yojana* (JSY) after one month of delivery, including 956 beneficiaries, who were paid after more than six months. Further, 1,078 beneficiaries had not been paid, as of August 2022.

Recommendation*: Prescribed intra-partum and post-partum care should be ensured, to minimise adverse pregnancy outcomes. Payment of cash assistance under JSY should be ensured prior to discharge of beneficiaries from the concerned healthcare facilities.*

Mobility services

Out of 22 Mobile Medical Units (MMUs) available, only 11 MMUs (50 *per cent*) were functional as of March 2022. Lady doctors and radiographers were not available in MMUs to provide ANC and child immunization. There were shortages of 19 to 23 *per cent* of required equipment in MMUs. Further, 33 to 52 *per cent* of the equipment available, was non-functional.

Infection Control

Infection control practices were not sufficiently embedded in the functioning of health care facilities. SOPs were not prepared in three out of the five test-checked DHs. High Level Disinfection system was available in only two DHs.

Bio-medical waste segregation or treatment was not being carried out in any of the test-checked DHs/CHCs/PHCs.

AYUSH

District Joint AYUSH dispensaries are required to provide OPD services of Ayurvedic, Unani and Homeopathic stream. Audit observed that Unani OPDs were not available in all the test-checked District Joint AYUSH dispensaries. Ayurvedic services were available in five out of six dispensaries. Homeopathic service was available only at Saraikela-Kharsawan. No OPD services were provided at Dumka.

Emergency Management

The primary responsibility of strengthening the public healthcare system lies with the State Governments. However, the Ministry of Health and Family Welfare, GoI, provides technical and financial support to States for strengthening the public healthcare system and management of public health challenges, from time to time, like during the COVID-19 pandemic.

COVID-19 Management Plan

GoI had released (March 2020 to March 2022) ₹ 483.54 crore for COVID-19 management, against which, GoJ had to release an amount of ₹ 272.88 crore as its share. Against the total provision of ₹ 756.42 crore, GoJ released only ₹ 436.97 crore (GoI share: ₹ 291.87 crore and State share: ₹ 145.10 crore) to JRHMS. As such, GoJ did not release GoI share amounting to ₹ 191.67 crore, as of August 2022. Against release of ₹ 436.97 crore, JRHMS utilised only ₹ 137.65 crore (32 *per cent*) during FYs 2019-20 to 2021-22.

Further, the Home, Prison & Disaster Management Department, GoJ, released (between March 2020 and December 2021) State Disaster Relief Funds (SDRF) amounting to ₹ 754.61 crore, to different Departments/Authorities for

COVID-19 management, against which only ₹ 539.56 crore was utilised, as of February 2022.

Short utilisation of COVID-19 management funds led to non-setting up of RT-PCR laboratories at the district level, Pediatric Centre of Excellence at Ranchi, pre-fabricated structures at CHCs/ PHCs/ HSCs and Liquid Medical Oxygen plants.

Due to non-setting up district laboratories during the COVID period, district authorities were forced to send collected samples to other districts which consequently resulted in delays of more than five days to two months in getting the test results.

4. Availability of Drugs, Medicines, Equipment and Other consumables

Drugs are critical supplies in the health care services. Access to and availability of low-cost, safe and quality drugs is crucial, to promote confidence among the patients, and to increase the utilisation of health services.

Procurement of drugs and equipment

Against the total available funds of ₹ 1,395.67 crore, Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Limited (JMHIDPCL) utilised only ₹ 279.39 crore (20 *per cent*) during 2016-22, on procurement of drugs and equipment. The remaining amount of ₹ 1,116.28 crore was either surrendered (₹ 255.27 crore), refunded (₹ 18.90 crore) or parked in the Personal Ledger Account (₹ 324.55 crore) and Bank Accounts (₹ 517.56 crore). JMHIDPCL could not procure 77 to 88 *per cent* of the essential medicines, leading to shortage of 66 to 94 *per cent* of medicines with the test-checked facilities.

The JMHIDPCL procured medicines worth ₹ 9.55 crore from a banned Company during FYs 2018-19 to 2021-22.

Availability of drugs and consumables in OTs, ICU and Maternity IPDs

Only two to 17 (9 to 74 *per cent*) drugs were available in the OTs of the test-checked DHs, against the prescribed 23 drugs.

Only five to eight drugs were available in the ICUs of DHs, Dumka and Gumla, during the sampled period against the required 14 drugs. Similarly, only three to six consumables were available, against the required eight consumables in the test-checked DHs.

Essential drugs like Hydralazine and Methyldopa were not available in maternity IPDs. Essential consumables were not available in the DHs though required for maintaining a clean and safe environment for mothers and newborns.

Availability of equipment in OTs, ICUs, ophthalmology and maternity IPDs

The shortages of OT equipment, in the five test-checked DHs, ranged between 48 to 67 *per cent* whereas in test-checked CHCs, it ranged between 15 and 100 *per cent*. Further, Dumka and Gumla DH, did not have full range of nine types of ICU equipment. Shortage of equipment was also noticed in Ophthalmology and maternity IPDs in the test-checked facilities.

Availability of radiology

Out of the five test-checked DHs, only DH, Saraikela Kharsawan, had all the prescribed X-ray machines (100 mA and 300 mA). DH, Gumla, had an X-ray machine (500 mA) of higher radiation and penetration, against the required X-ray machines of 100 mA and 300 mA.

X-ray machines were available in only eight out of the 14 test-checked CHCs. In three CHCs it was not put to use even after their receipt (between December, 2011 and August, 2013), due to non-availability of radiographers. Further, against the requirement of eight types of X-ray accessories, only two to seven types and two to six types of X-ray room accessories were available in the test-checked DHs and CHCs respectively.

Dental X-ray machines, available in DH, Saraikela Kharsawan (since August 2020) and CHC, Jaldega, were non-functional due to non-availability of dental X-ray film and dental chair, respectively.

Ultrasound (USG) machines were available in four out of the five test-checked DHs (except DH, Simdega). Audit further observed that the USGs, available at two DHs (Garhwa and Gumla), were non-functional, due to non-availability of Radiologists.

Availability of Laboratory Equipment

Against the required 50 essential items of laboratory equipment, only nine to 28 items of equipment were available in the five test-checked DHs. In test-checked CHCs, three to seven items out of 10 items of laboratory equipment were available.

Availability of equipment in Medical Colleges

The shortages of medical equipment in PJMCH, Dumka, ranged between 15 and 94 *per cent.* In SNMMCH, Dhanbad, they ranged between three and 100 *per cent*, whereas in RIMS, Ranchi, the shortages ranged between five and 100 *per cent*. Despite the huge shortage of equipment, PJMCH, Dumka, surrendered ₹ 1.25 crore, during FYs 2020-21 to 2021-22 and SNMMCH, Dhanbad, surrendered ₹ 23.19 crore, during FYs 2016-17 to 2021-22.

Recommendation*: State Government may ensure availability of drugs, medicines, equipment and other consumables in healthcare facilities as per norms.*

Procurement of dental equipment

The JMHIDPCL had taken more than four to five years to finalise the procurement of the indented dental equipment and had been able to procure only seven out of 10 types of equipment needed for setting up the Dental Clinics (as of March 2022).

Quality assurance and store management

Sub-standard medicines were issued to health facilities or distributed to patients, either prior to getting quality test reports, or even after confirmation of the medicines being sub-standard, due to non-communication of test reports by the State Drug Controller, to the concerned authorities, in time.

The test-checked healthcare facilities were not adhering to the prescribed norms for storage of drugs, which are directly linked with the loss of efficacy, shelf life and safety of the drugs. Further, instances of sub-standard drugs being distributed in the test-checked healthcare facilities, were also noticed.

Recommendation*: State Government may ensure storage of drugs in proper condition, as prescribed in the Drugs and Cosmetics Rules, 1945, to maintain their efficacy, shelf life and safety.*

Buffer Stock Management of COVID-19 drugs

Against the assessment of eight drugs, two drugs were not available in the State and four drugs were also short by 37 to 85 *per cent*. Test-checked districts did not have four out of the eight prescribed drugs, during FYs 2020-21 and 2021-22.

Availability and utilisation of Injection Remdesivir

In the Central Warehouse, Ranchi, 53,205 vials of Remdesivir Injections, against 1,64,761 received, were lying in stock as of February 2022. Further, five test-checked DHs received (between April 2021 and February 2022) 4,739 vials of Remdesivir Injections, of which 696 vials *(15 per cent)* were utilised, 2,512 vials had expired and 1,531 vials were lying in the stores of the DHs, as of April 2022.

Further, 6,990 vials of Remdesivir Injections were shown as issued (April 2021) to the State Drugs Controller, Ranchi. However, scrutiny of delivery challans revealed that these Injections were issued to two private suppliers, on telephonic orders of MD, NHM and the State Drug Controller, Jharkhand. It was further seen that one of them was also a supplier of Remdesivir Injections to the Central Warehouse during the same period.

The JMHIDPCL had received cheques from individuals, apart from health institutions, for supply of Injections, and 63 such cheques amounting to ₹ 39.66 lakh, including 58 cheques, given by individuals, worth ₹ 29.14 lakh, had been dishonored by the assessing banks.

Jharkhand Rural Health Mission Society (JRHMS) and CS-cum-CMO failed to realise security deposit of ₹ 69 lakh and rent of at least ₹ 3.16 crore from private hospitals to whom ventilators were given on rent.

Availability of Essential Drugs in District Joint AYUSH dispensaries

During FY 2019-20 to FY 2021-22, the availability of drugs was very low in the six test-checked District Joint AYUSH Dispensaries, in comparison to the drugs included in the EDL.

Availability of essential drugs, equipment, consumables and diagnostic services in Health and Wellness Centres

Only 14 to 44 essential drugs (15 to 48 *per cent*), 8 to 49 items of equipment (12 to 74 *per cent*), 7 to 28 types of consumables (19 to 76 *per cent*) and two to 10 diagnostic services were available in the 25 test-checked Health and Wellness Centres (HWCs).

Recommendation*: State Government may strengthen the HWCs, by ensuring availability of equipment, diagnostic services and essential drugs, to provide the mandated health care services in rural areas.*

5. Healthcare Infrastructure

Planning

The State Government formulated a Vision document which laid emphasis on, opening of new medical colleges, increasing MBBS seats and up-gradation of the existing healthcare infrastructure.

The State Government could not establish two medical colleges (Koderma and Chaibasa), approved in February 2018, till November 2022. Only 630 Under Graduate (UG) seats could be created, against the planned 830 seats, by March 2022.

The State Government planned to increase the UG seats by 200, in the existing three medical colleges, by creating the required infrastructure, recruiting Teaching Faculty, Nursing Staff, Paramedical and other support staff. However, this could not be achieved due to shortage of manpower and infrastructure.

In RIMS, Ranchi, UG seats could not be increased from 150 to 250 due to failure to fill up the gaps of human resources as per MCI norms and non-creation of infrastructure, even though funds of ₹ 90.95 crore was made available to the RIMS Management. In Shaheed Nirmal Mahto Medical College and Hospital (SNMMCH), Dhanbad, 50 UG seats were reduced (June 2017) from the existing 100 seats, due to lack of faculty and absence of infrastructural facilities.

The Doctor-Population ratio in the State was below the norms recommended by WHO. There was shortage of required beds in districts hospitals. The gap,

in the number of primary health care facilities, with regard to population norms of Indian Public Health Standards, 2012 was 58 to 82 *per cent*. District Mental Health Centres could not be set up, as envisaged, for integration of mental health services with general health services.

Recommendation: ***State Government may take steps to establish new medical colleges and increase UG/PG seats in existing medical colleges. State Government may also enhance bed capacity in the DHs and minimise gaps in primary health care facilities.***

Health infrastructure is an essential pillar of the health system. To deliver quality health services in the public health facilities, adequate and properly maintained building infrastructure is of critical importance.

Audit noticed that 1,788 HSCs and 145 PHCs of the State, were running in non-Government buildings, as on March 2016. Of these, only 252 HSCs (14 *per cent*) and 49 PHCs (34 *per cent*) could be shifted to Government buildings during 2016-22. Further, six (43 *per cent*) out of the 14 test-checked CHCs were running in old PHC buildings, with bed capacities ranging between six and 20, against the requirement of 30, as per IPHS norms.

Construction of Medical Colleges and Hospitals at Koderma and Chaibasa were started (July 2019) at an agreed cost of ₹ 653.61 crore with the stipulated date of completion being January 2022. However, the work was incomplete, as of August 2022, with physical progress of eight *per cent* (Chaibasa) and 12 *per cent* (Koderma).

Construction of a 500-bedded hospital building at Kharsawan was started (February 2012) at an agreed cost of ₹ 142.88 crore. However, the work could not be completed, as of August 2022, due to frequent changes in the scope of work and delays in their approval, by the Department.

A 100-bedded Hospital at Hansdiha, Dumka was completed (November 2020), with beds and other medical equipment, at ₹ 30.18 crore. However, the Hospital could not be made functional, due to non-sanction of manpower.

Construction of hospital building of CHC, Kharaundhi, was completed (January 2016) at ₹ 2.25 crore and was functional as per the records of the Department. However, during joint physical verification in May 2022, the building was found incomplete, vacant and in a dilapidated condition.

The Department had nominated (April 2021) an Agency to set up PCR based testing laboratories in seven districts. Though the laboratories were ready in five districts, they could not be made functional as of September 2022, due to non-empanelment of Diagnostic partners. In the remaining two districts (Gumla and Deoghar), setting up of the laboratories was still under progress, as of September 2022, due to delay in handing over the buildings to the Agency by the district administration.

Further, GoI approved (August 2021) augmentation of 480 Pediatric ICU beds in DHs, pre-fabricated units at CHCs/PHCs/HSCs, liquid medical gas with medical gas pipeline *etc*. However, these were not established, as of September 2022.

Recommendation: ***State Government may review all incomplete healthcare facility buildings and address the bottlenecks that are causing delays. Idle buildings may be operationalised by deploying manpower and equipment.***

6. Financial Management

The State Government provides funds for the health sector, under the State Budget. Apart from State funds, financial assistance is also provided by GoI under various Central schemes. The National Health Policy (NHP), 2017, recommended that States should increase their health sector spending to more than eight *per cent* of the State budget by 2020. It also recommended that States should increase their health expenditure to 2.5 *per cent* of the Gross State Domestic Product (GSDP), by 2025.

Audit observed that State's spending on health sector ranged between 0.97 *per cent* and 1.33 *per cent* of GSDP against the National Health Policy (NHP), 2017, recommendation of 2.5 *per cent*. The State could also not utilise 33 to 49 *per cent* of funds available under NHM. There was discrepancy of ₹ 553.17 crore, in the closing balance as on 31 March 2021, between the information provided by JRHMS and the Receipt and Payment Account of JRHMS for the FY 2020-21.

Recommendation*: State Government may increase health expenditure as per NHP, 2017, and ensure reconciliation of differences in different Books of Accounts.*

7. Implementation of Centrally Sponsored Schemes

Public Health being a State subject, the primary responsibility of strengthening the public healthcare system lies with the State Governments. However, the Ministry of Health and Family Welfare, GoI, provides technical and financial support to States, from time to time, to strengthen the public healthcare system and manage public health challenges.

Health Wellness Centres

The National Health Policy, 2017, recommended strengthening the delivery of Primary health care, through establishment of "Health and Wellness Centres (HWC)" to deliver an expanded range of services beyond Maternal and Child health care services, such as, care for non-communicable diseases, palliative and rehabilitative care, Oral, Eye and ENT care, mental health and first level care for emergencies and trauma and provide diagnostic services.

Against the target of establishing 2,891 HWCs, only 1,755 (61 *per cent*) HWCs could be operationalised till March 2022. This included 499 HWCs (44 *per cent*) against the target of 1,135 HWCs in the test-checked districts.

National AYUSH Mission

National AYUSH Mission (NAM) aims to promote AYUSH medical systems, through cost effective AYUSH services and strengthening of AYUSH educational systems.

The Executive Body of the Jharkhand State AYUSH Society (SAS), responsible for preparation of State Annual Action Plans (SAAPs), execution of approved SAAPs, release of funds to implementing agencies and monitoring and evaluation of SAAPs, met only twice during 2016-22. District AYUSH Society (DAS) had not been registered in the six test-checked districts and hence, fund allocated to the District Joint AYUSH Officer, remained unutilised and had to be refunded to the Department**.** Only ₹ 1.44 crore (three *per cent*) of AYUSH funds could be utilised during FYs 2016-17 to 2021-22, against the available funds of ₹ 57.60 crore.

Pradhan Mantri Swasthaya Suraksha Yojana (PMSSY)

GoI launched Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) in 2006. Upgradation of medical colleges by opening of super speciality departments and addition of PG seats was one of the objectives of the Scheme.

GoI conveyed (January 2014) approval for upgradation of Super Speciality Departments of SNMMCH, Dhanbad, under PMSSY, for creating additional 16 PG seats. Though the buildings were completed at a cost of ₹ 78.92 crore, the sewerage and effluent treatment plants were yet to be constructed. As such, the Super Specialty departments could not be started with additional 16 PG seats, due to delay in construction work, in addition to non-appointment of the required manpower.

Fifty eight items of medical equipment procured, under PMSSY (Phase-III), for Super Speciality Departments in SNMMCH, Dhanbad, were lying idle in sealed boxes (as of August 2022).

Recommendation*: State Government may ensure establishment of Health and Wellness Centers as per target, proper execution of National AYUSH Mission and creation of Post Graduate seats in SNMMCH, Dhanbad under PMSSY scheme.*

8. Adequacy and effectiveness Regulatory Mechanism

Compliance to Regulations are necessary to standardise and supervise health care, ensure that healthcare facilities comply with the public health policies and that they provide safe care to all patients and visitors to the healthcare system. The State Government constituted (February 2012) the Jharkhand State Council (JSC) for Clinical Establishments under the Clinical Establishments (Registration and Regulation) Act, 2010.

JSC was almost non-functional as only one State Coordinator had been posted against 52 sanctioned posts, as of August 2022. Non-constitution of District Registering Authorities (DRAs) in time and their failure to conduct regular

meetings led to lack of proper monitoring of private/government healthcare facilities in the districts, which were in operation without obtaining the required authorisation.

DRAs were granting only provisional registrations, original or renewal, for a period of one year, to all healthcare facilities in the State, in contravention of the Rules. During inspection (April 2019 to January 2021) of 63 private hospitals of ten districts, the departmental authorities found that 24 private hospitals were running with quacks/un-qualified doctors, nurses and paramedics; 31 were operating without having bio-medical waste management system; seven did not possess Atomic Energy Regulation Board (AERB) license for radiology services; 22 had non/inadequate firefighting system and 28 did not have the required registration. Further, five out of nine complaints regarding medical negligence, in Gumla district, had been disposed of in 380 to 1,521 days, *i.e.* well beyond the prescribed period of 15 days.

Authorisation for handling of Bio medical waste from the SPCB had not been obtained by any of the test-checked DHs/CHCs/ PHCs. Apex level posts in the office of the State Drug Controller were vacant. Three out of the six test-checked districts had no Drug Inspectors. There was 26 to 53 *per cent* of shortage in inspection of firms by Drug Inspectors in four test-checked districts. Drug Inspectors collected only 439 samples (15 *per cent*) against the required 2,880 samples in the test-checked districts. It was also seen that four blood banks in the test-checked DHs, were running without valid license.

Recommendation*: State Government may ensure compliance of all regulations in healthcare facilities such as Bio-medical Waste Rules, Atomic Energy Regulation license, firefighting safety norms, Clinical Establishment Act, 2010 etc., and its implementation may be ensured.*

9. Sustainable Development Goal-3

Sustainable Development Goal (SDG) 3, relating to the health sector, aims to ensure healthy lives and promote well-being for all, at all ages. It also aims to achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines. SDG 3 lays down measurable targets and indicators to assess progress. Jharkhand was in better position, *vis-à-vis* the national average, in regard to eight out of nine indicators. Its performance was found to be unsatisfactory in total number of physicians/ nurses and midwives (only four per 10 thousand population compared to the National average of 37).

The State was to develop its own State Indicator Framework (SIF) and District Indicator Framework (DIF) for follow-up and review, at the State, district and local government levels, of the progress made in implementing SDGs, targets and their achievements. The State Government prepared a State

Indicator Framework (SIF) with 32 indicators for SDG-3 in line with the National Indicator Framework (NIF) developed by the Ministry of Statistics and Programme Implementation (MoSPI), GoI. However, District Indicator Framework (DIF) had not been prepared, as of October 2022. The Chief Minister Dash Board, as required, had also not been developed for real time monitoring.

Recommendation*: State Government may ensure proper co-ordination among the departments to achieve SDG-3 in a sustainable manner, prepare District indicator framework and develop Chief Minister Dashboard.*