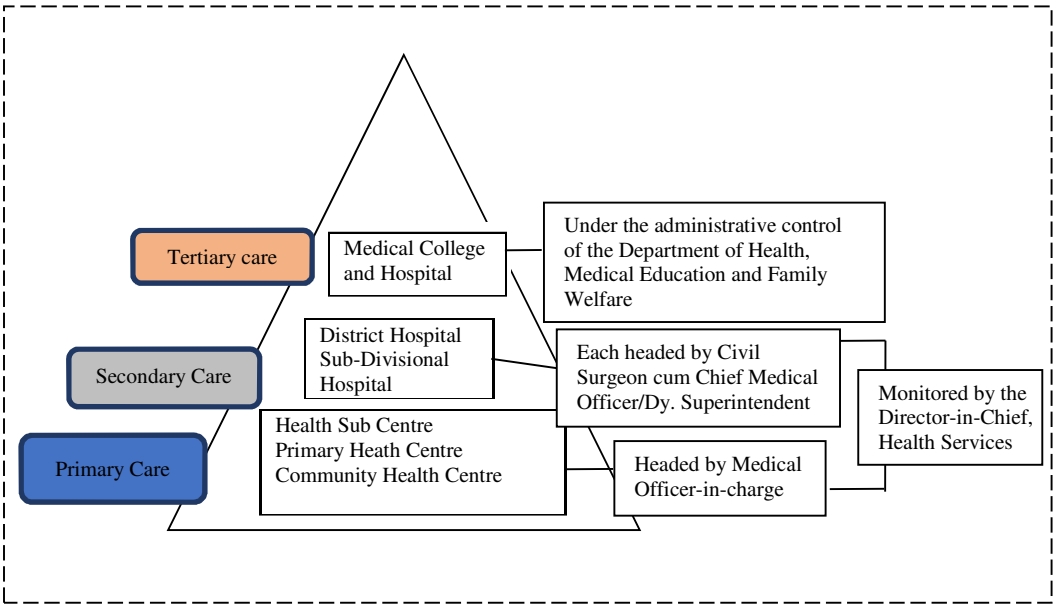
CHAPTER 1

Introduction

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. The goal is aligned to Sustainable Development Goal (SDG) – 3, which aims to ensure healthy life and promote well-being for all, by 2030. The policy also recognises the need to nurture Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH) systems of medicine by developing infrastructural facilities of teaching institutions, improving quality control of drugs, capacity building of institutions and professionals *etc*.

In Jharkhand, a three-tier healthcare system, *viz*. primary, secondary and tertiary, was envisaged to provide quality health care services to the people of the State. Health Sub-Centres (HSCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) are the primary level healthcare systems that exist respectively, at the village, *panchayat* and block level, as depicted in **Chart 1.1** below:

Chart 1.1: Public Healthcare Facilities in Jharkhand



Patients requiring serious health care attention are referred to the secondary level healthcare systems which comprises the Sub-Divisional Hospitals (SDHs) and the District Hospitals (DHs), at the Sub-Division and the district level, respectively. The tertiary level health care systems are the Government Medical Colleges and Hospitals (MCHs), which provide medical education and specialised health care services. In addition to the Government facilities, private healthcare facilities also play an important role in the health care system of the State.

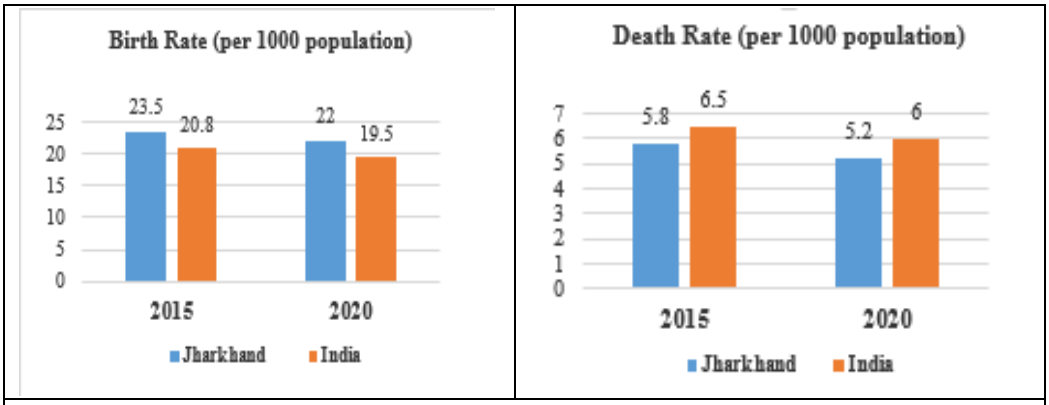
There were six MCHs, 23 DHs, 12 SDHs, 188 CHCs, 330 PHCs, 3,958 HSCs, two AYUSH colleges and hospitals and 291 AYUSH facilities[1] in the State, as of March 2022. In addition, there were 9,304 private healthcare facilities[2] in the State. List of DHs, SDHs, CHCs and PHCs in the State are given in ***Appendix 1.1***.

1.1 Health Indicators

The State Government realised the need for concerted efforts to improve the health status of the citizens by providing universal, affordable and quality healthcare services, in order to harness the State's growth potential, in a sustained manner and contribute to the national effort to achieve the Sustainable Development Goals-3 (SDGs) by 2030. Accordingly, the State Government prepared (March 2018) a Vision Document articulating measurable outcomes/health indicators for the years 2021, 2025 and 2030. The key focus areas identified by the State Government included Maternal, Child and Reproductive Health and Health Infrastructure and Human Resources.

As per the Sample Registration System (SRS) statistical report 2020 and National Family Health Surveys (NFHS), some important health indicators of Jharkhand *vis-à-vis* India have been shown in **Chart 1.2**.

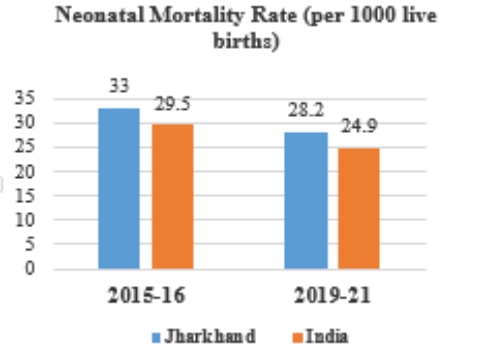
Chart 1.2: Health indicators of Jharkhand *vis-à-vis* India

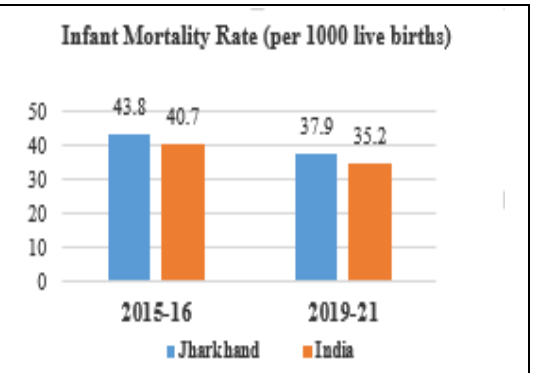


(Source: SRS Statistical Report 2020)

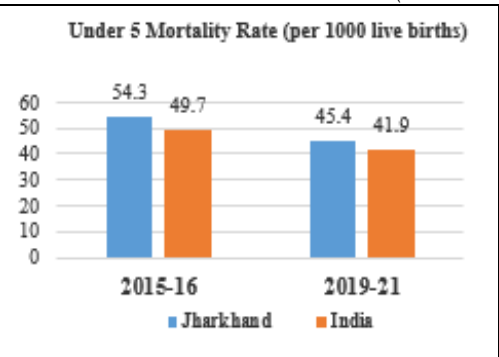
[1] District joint dispensaries: 24, Dispensaries: 267 (Ayurvedic: 163, Unani: 32 and Homeopathy: 72).

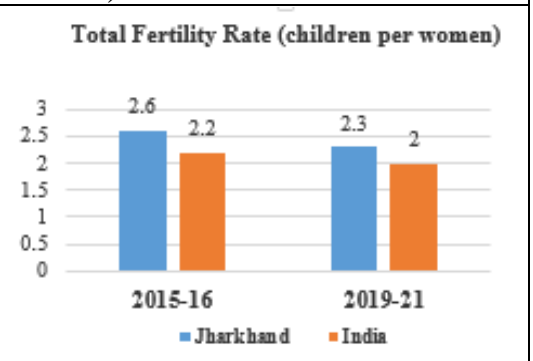
[2] General clinics: 5,905, Single speciality hospitals: 1,498, Multi-speciality hospitals: 1,473, Super speciality hospitals: 121 and Others: 307.



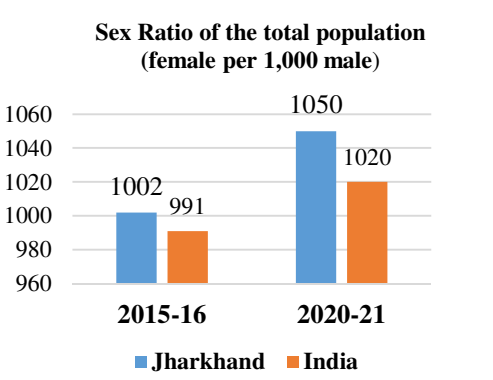


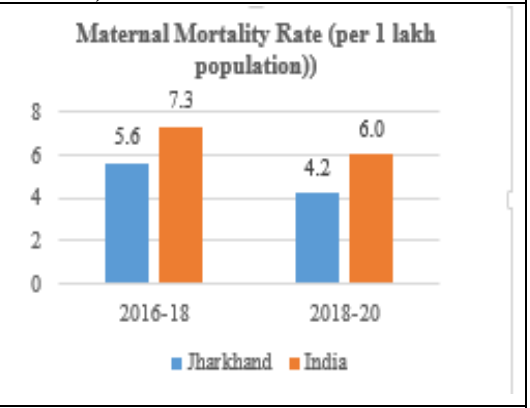
(Source: NFHS – 5)





(Source: NFHS-5)





(Source: SRS STAT Report 2020 and SRS bulletin 2015-16 and 2018-20)

Further, as per the SDG India Index & Dashboard 2020-21, issued by the National Institution for Transforming India (NITI) Aayog, Jharkhand was at the 11th position among the States in India, with respect to the SDG-3 index score.

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 healthcare infrastructure and services in Government healthcare facilities, in addition to compliance with regulatory mechanisms by private healthcare facilities.

1.1.1 Jharkhand Health Indicators compared with National Health Indicators as per National Family Health Survey

Health Indicators of Jharkhand vis-à-vis National Indicators as per National Family Health Survey are shown in **Table 1.1**.

Table 1.1: Jharkhand Health Indicators as per NFHS

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	Jharkhand	India	Jharkhand	India
Sex ratio of the total population (females per 1,000 males)	1002	991	1050	1020
Sex ratio at birth for children born in the last five years (females per 1,000 males)	919	919	899	929
Total fertility rate (children per woman)	2.6	2.2	2.3	2.0
Neonatal mortality rate (NNMR)	33.0	29.50	28.20	24.90
Infant mortality rate (IMR)	43.80	40.70	37.90	35.20
Under-five mortality rate (U5MR)	54.30	49.70	45.40	41.90
Mothers who had an antenatal check-up in the first trimester (%)	52.00	58.60	68.00	70.00
Mothers who had at least 4 antenatal care visits (%)	30.30	51.20	38.60	58.10
Mothers whose last birth was protected against neonatal tetanus[3] (%)	91.70	89.00	90.80	92.00
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	15.30	30.30	28.20	44.10
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	4.20	14.40	14.90	26.00
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	86.90	89.30	91.50	95.90
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	44.40	62.40	69.10	78.00
Average out-of-pocket expenditure per delivery in a public health facility (₹)	1476	3197	2069	2916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.20	2.50	3.40	4.20
Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	NA	NA	68.70	79.10
Institutional births (%)	61.90	78.90	75.80	88.60
Institutional births in public facility (%)	41.80	52.10	56.80	61.90
Home births that were conducted by skilled health personnel[4] (%)	8.00	4.30	8.40	3.20
Births attended by skilled health personnel (%)	69.60	81.40	82.50	89.40
Births delivered by caesarean section (%)	9.90	17.20	12.80	21.50
Births in a private health facility that were delivered by caesarean section (%)	39.50	40.90	46.70	47.40
Births in a public health facility that were delivered by caesarean section (%)	4.60	11.90	7.00	14.30

(Source: NFHS-5)

Note: State health indicators, which have been shaded green, have improved while those which have deteriorated, are shaded red.

As can been seen from **Table 1.1**, performance of the State against some of the indicators in NFHS 5, such as sex ratio at birth for children born in the last five years; mothers whose last birth was protected against neonatal tetanus; average

[3] Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

[4] Doctor/nurse/LHV/ANM/midwife/other health personnel.

out-of-pocket expenditure per delivery in a public health facility and births delivered by caesarean section, had deteriorated in comparison to NFHS 4.

1.2 Organisational structure

The Department of Health, Medical Education and Family Welfare (the Department), Government of Jharkhand (GoJ), headed by the Secretary, is responsible for the management of the healthcare system in the State. The Secretary is assisted by three Joint Secretaries, four Deputy Secretaries and five Under Secretaries. There is a Directorate under the Department, which is headed by the Director-in-Chief (DIC), Health Services. DIC, Health Services, assisted by six Directors and six Additional Directors to implement the health programmes in the State.

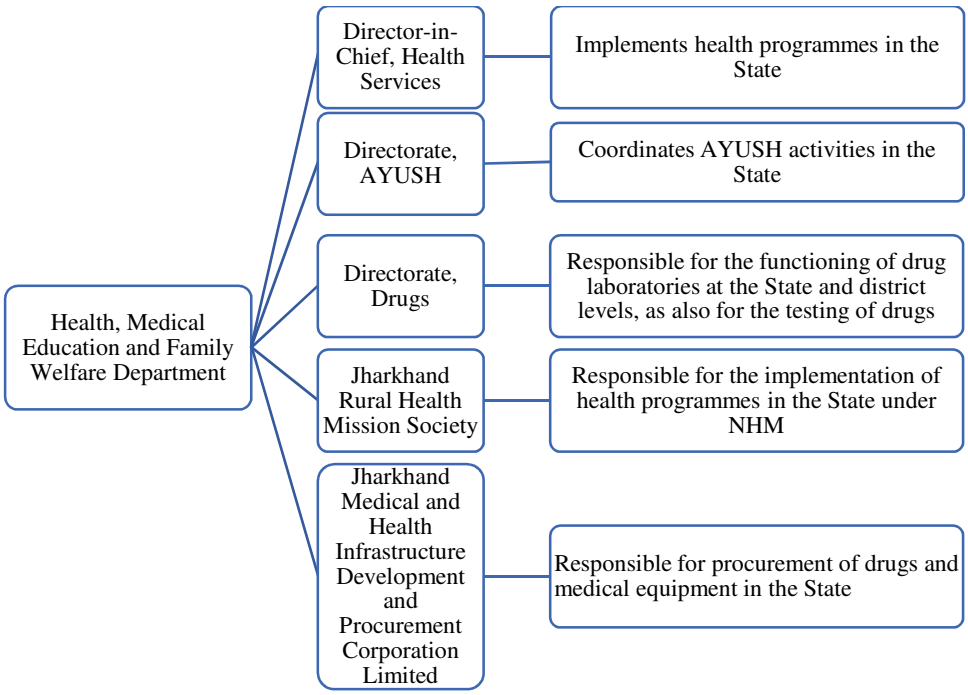
An AYUSH wing, under the Department, coordinates AYUSH activities in the State. It is headed by the AYUSH Director, who is assisted by one Additional Director and three Deputy Directors, one each for Ayurveda, Unani and Homeopathy.

The State Drug Controller (SDC) is responsible for testing of drugs through the Drug Inspectors, posted in the districts. SDC is responsible for functioning of drug laboratories at the State and the district level.

Further, Jharkhand Rural Health Mission Society (JRHMS) is responsible for implementation of health programmes under NHM, in the State, through the District Rural Health Societies (DRHSs).

The Principals are overall in-charges of the Government Medical Colleges and the Superintendents are in-charge of the teaching hospitals attached with the Medical Colleges. Civil Surgeon-cum-Chief Medical Officers (CS-cum-CMO) are responsible for the functioning of various healthcare facilities in the districts. The Deputy Superintendents (DSs) hold overall charge of District Hospitals (DHs) and Sub-Divisional Hospitals (SDHs). The Medical Officers look after the functioning of Community Health Centres (CHC) and Primary Health Centres (PHC), while the Community Health Officers (CHO) are responsible for the functioning of the Health and Wellness Centres (HWC). District Joint AYUSH Dispensaries are headed by District AYUSH Medical Officers.

The Jharkhand State Council for Clinical Establishments is responsible for the registration, supervision and monitoring of the healthcare facilities in the State. The Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Limited (JMHIDPCL) procures drugs and medical equipment and the Jharkhand State Building Construction Corporation Limited (JSBCCL) constructs buildings for the health sector, as shown in the organogram below:



1.3 Audit Objectives

The objectives of the performance audit were to assess the following:

- adequacy of the funding for healthcare;
- availability and management of health care infrastructure;
- availability of drugs, medicines, equipment and other consumables, in healthcare facilities;
- availability of human resources at all levels;
- adequacy and effectiveness of the regulatory mechanisms for ensuring quality health care services in government and private healthcare facilities;
- whether State spending on health has improved the health and wellbeing of people, as envisaged under SDG-3; and
- whether the Centrally Sponsored Health Schemes were implemented properly.

1.4 Audit Criteria

Audit criteria for the performance audit were derived from the following:

- National Health Policy (NHP), 2017:
- Sustainable Development Goal (SDG)-3;
- The Indian Medical Council (IMC) Act, 1956 / the National Medical Commission (NMC) Act, 2019;
- Indian Public Health Standards (IPHS), 2012;
- Clinical Establishments Act, 2010;
- Drugs & Cosmetics Act, 1940;

- Regulatory Mechanism for AYUSH;
- Bio-Medical Waste Management Rules, 2016;
- National Accreditation Board for Testing and Calibration Laboratory (NABL) accreditation norms for testing laboratories;
- National Accreditation Board for Hospitals and Healthcare Providers (NABH) accreditation programmes for various healthcare providers, such as Hospitals, Blood Banks, Allopathic Clinics, AYUSH Hospitals *etc.*;
- Atomic Energy (Radiation Protection) Rules, 2004;
- Establishments of Medical College Regulations, 1999;
- Minimum Standards Requirement Regulations, 1999;
- Assessors' Guidebook for Quality Assurance in Government Healthcare Centres published by the Ministry of Health and Family Welfare, Government of India in 2013 and 2014;
- Framework for implementation of schemes, issued by GOI;
- NITI Aayog Reports; and
- Departmental/ Government policies, rules, orders, manuals, regulations and MoUs.

1.5 Audit Scope and Methodology

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.

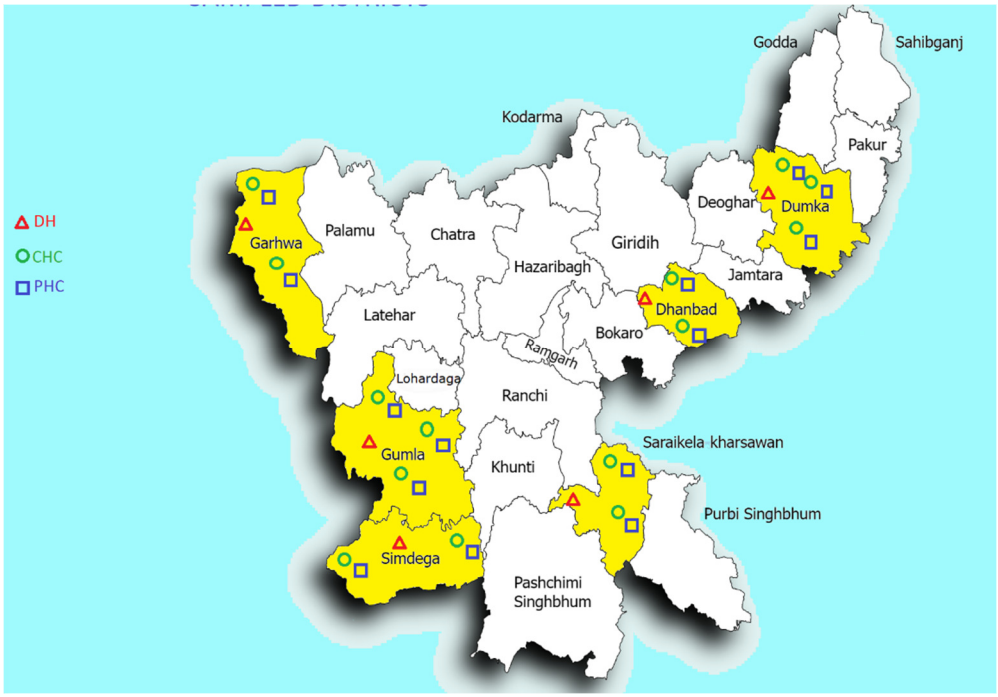
Districts were considered as the primary unit of sampling and six[5] out of 24 districts were selected for detailed examination, by using the Probability Proportional to Size (PPS) method. Further, the Rajendra Institute of Medical Science (RIMS), two[6] out of six medical colleges, two AYUSH educational institutions, five[7] out of 23 DHs, 14 out of 188 CHCs, 13 out of 330 PHCs, 25 out of 1,755 Health and Wellness Centres (HWCs), 11 private hospitals and six District Joint AYUSH dispensaries, within the selected 6 districts, were selected for this Performance Audit (***Appendix 1.2***). The test-checked healthcare units, in the selected districts, are shown in the map of Jharkhand below:

[5] Dhanbad, Dumka, Garhwa, Gumla, Saraikela Kharsawan and Simdega.

[6] Phulo Jhano Medical College and Hospital, Dumka and Saheed Nirmal Mahto Medical College and Hospital, Dhanbad.

[7] There was no DH in Dhanbad district. However, a DH has been proposed, for which 24 posts of doctors were sanctioned in February 2021. DH, Dumka, attached with the newly created (August 2019) Medical College, functions both as the DH and the teaching hospital.

Selected districts and test-checked units



An Entry Conference was held on 23 February 2022, with the Additional Chief Secretary (ACS) of the Department, wherein the audit objectives, audit criteria, audit scope and methodology were discussed. The audit findings were discussed with the ACS of the Department during the Exit Conference held on 28 March 2023.

Audit examined records at the offices of the Additional Chief Secretary/ Principal Secretary of the Department; Mission Director (NHM); Jharkhand Rural Health Mission Society (JRHMS); Director-in-Chief (Health Services); Directorate of AYUSH; Directorate of Drugs; Jharkhand State Council for Clinical Establishments; Jharkhand Medical and Health Infrastructure Development and Procurement Corporation Limited (JMHIDPCL) and Jharkhand State Building Construction Corporation Limited (JSBCCL), at the State level. At the field level, records of selected entities, *viz.* three medical colleges and hospitals, six CS-cum-CMOs, five DHs, 14 CHCs, 12[8] PHCs, 25 HWCs, six District Rural Health Societies (DRHSs) and nine private healthcare facilities were examined. Additionally, records related to funds released and utilised for the COVID-19 pandemic[9], were examined at the office of the Secretary, Home, Jail & Disaster Management Department.

Apart from scrutiny of records, joint physical verification with the departmental officers/ officials, was conducted, to assess the status of health services and

[8] Out of 13 sampled PHCs, one PHC, Bilingbera in the Gumla District was not functional. Therefore, audit comments have been framed for 12 PHCs only.

[9] State Disaster Response Fund and funds released from PM CARES.

health infrastructure. Surveys of beneficiaries / stakeholders were also carried out, to assess the effectiveness of delivery of health and related services.

The report was issued (December 2022) to the Government/Department for their response. Thereafter, a revised report was issued (October 2023). However, despite reminders, no specific replies have been received (December 2023). The response/comments of the ACS of the Department during the Exit Conference have been incorporated in the Report.

1.6 Structure of the Report

This Report has been structured based on the healthcare services, human resources and infrastructure available in the State; sufficiency of funds in the health sector; effectiveness of regulatory mechanisms; and achievement of goals of SDG-3. Audit findings have been discussed in nine chapters, as follows:

Chapter 1: Introduction

Chapter 2: Human Resources

Chapter 3: Healthcare Services

Chapter 4: Availability of Drugs, Medicines, Equipment and Other consumables

Chapter 5: Healthcare Infrastructure

Chapter 6: Financial Management

Chapter 7: Implementation of Centrally Sponsored Schemes

Chapter 8: Adequacy and effectiveness of the Regularity Mechanism

Chapter 9: Sustainable Development Goal-3