Chapter IX

Sustainable Development Goals-3

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An examination of individual indicators relating to 'SDG-3-Good Health and well being' revealed Delhi was seriously lacking under two indicators, viz. case notification rate of Tuberculosis[1] and suicide rate. Audit observed various deficiencies in implementation of Revised National Tuberculosis Control Programme (RNTCP) such as shortcomings in creating awareness about TB, Non-formation/ delay in formation of District DR-TB Committees, inadequate monitoring of implementation of the scheme, shortage of staff for TB incidence/treatment related activities, etc. which may have contributed towards the weak performance of Delhi in this regard.

9.1 Introduction

The Sustainable Development Goals (SDG) adopted in September 2015 set out a vision for a world free of poverty, hunger, disease and want. *SDG-3, "Good Health and Well-Being"*, calls on countries to ensure healthy lives and promote well-being for all at all ages and aims to ensure that people enjoy a level of health that enables them to lead a socially and economically productive life. It also aims to end preventable deaths across all ages from communicable and non-communicable diseases.

9.2 Implementation and monitoring of SDG-3

In Delhi, various health programmes are implemented by District Programme Officers (DPOs) under the supervision of State Programmme Officers (SPOs). DFW stated that several committees/boards were monitoring schemes related to healthcare services for achieving SDG-3 goals.

An examination of individual indicators revealed Delhi was seriously lacking under two indicators, viz. case notification rate of Tuberculosis[2] and suicide rate. Total case notification rate of Tuberculosis (TB) per lakh population in 2019-20 was as high as 544 against the SDG target of 242 cases and an average of 177 cases in India. The TB cases in last five years, as informed by DSHS were as shown in the **Table 9.1**.

[1] The number of TB cases (new and relapse) notified to the national health authorities during a specified period of time per 100,000 population.

[2] The number of TB cases (new and relapse) notified to the national health authorities during a specified period of time per lakh population.

Table 9.1: TB cases notified during the last five years

Year	Population	Total TB cases notified by DGHS	TB cases per lakh as Niti Ayog
2016-17	1,87,78,254	62,706	333.92
2017-18	1,91,38,797	55,200	288.42
2018-19	1,95,06,262	90,580	464.36
2019-20	1,98,80,782	1,08,225	544.37
2020-21	2,02,62,487	88,018	434.38

Source: Figure furnished by DSHS

Further, suicide rate per lakh population in Delhi was 12.7 as compared to national average of 10.4 and SDG target of 3.5 (2020). Since there was no monitoring mechanism for watching achievement of goals under SDG-3, audit could not ascertain as to whether adequate attention was being given to these two aspects of SDG-3.

In its reply the DFW stated (August 2022) that all the processes are being implemented as per the National and State Policy directives.

Audit observations regarding deficiencies in implementation of schemes for reducing case notification rate of tuberculosis, viral hepatitis infections and neo-natal mortality rate are discussed in the succeeding paragraph.

9.3 Revised National Tuberculosis Control Programme (RNTCP)

The Ministry of Health and Family Welfare, GoI issued technical and operation guidelines for Tuberculosis Control 2016 and guidelines on Programmatic Management of Drug Resistant TB (PMDT) 2017 under RNTCP.

Deficiencies noticed in implementation of the Programme were as under:

- **Awareness activities not conducted by State TB Cell:** Information, Education and Communication (IEC) activities/advocacy campaign is very important and an integral part of the action plan to eliminate TB through which awareness is created amongst all stakeholders and general public about TB and directly observed therapy.

  Audit noted that although State TB Cell planned to conduct/execute IEC activities during 2016-17 to 2020-21, proposals for the same were never finalized and no IEC activity was conducted during 2016-17 to 2020-21. The budget for IEC activities for 2016-21 was ₹ 642.15 lakh against which an expenditure of only ₹ 16.10 lakh was incurred.

  In its reply, the SPO (RNTCP) stated (July 2022) that all the IEC activities could not be carried out during 2016-21 due to administrative delay.

  Government stated (December 2022) that due to COVID in 2020-21 and 2021-22 mass public gatherings could not be held for general public awareness.

  Reply is not acceptable as IEC activities were not conducted even prior to Covid-19.

- **Not-forming/delay in formation of District DR-TB Committee:** PMDT guidelines 2017 provides for a district DR-TB Committee to be formed in chest clinics of all district DRTB Centres. DR-TB Centres are responsible for initiation and management of uncomplicated DR-TB patients like RR-TB or H mono/poly DR-TB in a district.

  Audit observed that out of 25 chest clinics in DRTB Centres, five chest clinics did not constitute DR-TB Committee (June 2022) and four chest clinics had formed committee with delays ranging from 12 to 36 months. Reasons for not conducting regular meeting on monthly basis was attributed (May 2022) to Covid-19, but the reply was silent about the period before Covid-19.

  Government stated (December 2022) that constitution of district TB Committee is under process.

  Further, as per instructions issued by GoI (25 June 2018), all State Governments were required to create TB Forum (by 31 October 2018) to end TB by 2025.

  Audit noticed that no district TB Forum was constituted in two chest clinics and these were constituted with delays of 8 to 26 months in 18 chest clinics. Moreover, not even a single meeting was held in 15 chest clinics to discuss such an important issue.

- **Monthly performance review meetings not conducted:** As per RNTCP guidelines, performance review meeting was required to be conducted by District TB officer (DTO) on monthly basis.

  Audit observed that only 111 performance review meetings were conducted by the DTOs against the prescribed 180 meetings, during 2017-21.

  Reasons for short conducting of meeting was attributed (May 2022) to Covid-19, however the reply is silent to period prior to Covid-19.

- **Inadequate evaluation visits to districts:** Operational guidelines 2016 provides for the State Internal Evaluation Team to evaluate at least two districts per quarter with an aim to cover all districts at least once in 3-4 years and to review the overall performance of the district and to give their valuable suggestions/recommendations so that specific areas which need improvement in the quality of program could be achieved. Audit noticed that internal Evaluation Team had visited and evaluated only 13 out of 25 chest clinics located in 11 districts during 2016-20 against the prescribed 32 (two districts per quarter) visits. Audit further observed that 13 chest clinics have never been evaluated by the internal Evaluation Team during 2016-17 to 2019-20 whereas as per guidelines all districts were to be covered at least once in 3-4 years.

Government stated (December 2022) that quarterly visits were conducted, but during COVID-19, these evaluations visits could not be conducted.

Reply is not acceptable as no documents/reports of quarterly visit reports were available with them.

- **Inadequate monitoring of PMDT activities:** As per PMDT Guidelines, 2017, activities of PMDT were to be monitored and supervised through visits to Designated Microscopic Centres (DMCs)/ TB units etc. periodically by supervisory staff. As per the guidelines, district TB officers were required to visit TB units 3 to 5 days a week, Medical Officers of District Tuberculosis Centre were to visit TB units every month and DMCs/CHCs/PHCs every quarter and Medical Officers- TB Control were required to visit DMCs every month. It was observed that these prescribed supervisory visits were not conducted by any of the designated officers.

  DTO stated (May 2022) that it was not feasible for the DTO to conduct supervisory visits. Further, due to shortage of Medical Officers- TB Control, these activities could not be conducted.

- **Shortage of staff in DDR-TB Centre and Tuberculosis Units:** As per technical and operation guidelines for Tuberculosis Control 2016, one permanent Senior Treatment Supervisor (STS) and one Senior Treatment Laboratory Supervisor (STLS) was to be posted in Tuberculosis Units (TU) per 1.5 to 2.5 lakh population for appropriate monitoring.

  Audit observed that in the selected districts, NDMC chest clinic and South-East district was having only one STS and two STLS against requirement of four STSs/STLS. Further, posts of District PPM Coordinator, District Programme Coordinator and District Accountant and Driver were also vacant and no full time Medical Officer - Tuberculosis Control (MOTC) was recruited/posted. Also, there was no post of Counsellor in the clinic.

  DTO accepted (May 2022) that there was a need to create a post of Counsellor for DDR-TB Centre and due to non-availability of Counsellor, the mental health assessment of TB patients was not carried out.

  Government stated (December 2022) that the concerned authority has been repeatedly apprised of vacant positions and the need for recruitments as per the National Tuberculosis Elimination Programme guidelines.

- **Status of training of District Tuberculosis Officers (DTOs) at national level:** As per RNTCP structure organogram, DTOs posted in each district should be trained at national level and are responsible for the overall planning, training, supervision and monitoring of the programme in the district.

  Audit observed that out of the three selected districts, only two DTOs had received the training at national level.

- **Drugs not tested for quality:** As per the protocol developed by Central TB Division, random samples of second-line Anti TB Drugs were required to be picked up from all stocking points in the field and sent for testing by an approved independent drug testing laboratory to ensure that quality of drugs is continuously maintained and remains the same throughout the supply chain of drugs.

  Audit noted that in the three selected districts, no random samples of second-line Anti TB Drugs were ever picked from the stocking points and tested for quality during the period under audit.

- **Absence of contract for pest control:** PMDT guidelines stipulate that the drug store should be free from all types of pests, rodents etc. and a contract for pest control should be entered into by the Government.

  Audit observed that the State TB Cell, Gulabi Bagh had no contract for pest control with any pest control agency or done through any other source. The same situation was found in NDMC chest clinic, Nehru Nagar chest clinic and Dr. BSA chest clinic, Rohini also. In the absence of pest control, it could not be ensured in audit whether medicines/ drugs were kept safe from pests and rodents.

  Government stated (December 2022) that a caretaking agency which provides such services in premises where State drug store and district drug store is available.

  Reply is not tenable as no documentary evidence was furnished to Audit in support of the reply.

- **Hygro-thermometers not installed:** As per technical and operation guidelines for Tuberculosis Control 2016, Hygro-thermometers were to be installed in District Drug Stores (DDS) to monitor humidity and temperature on a daily basis for storage of second-line Anti-TB drugs by the Store in-charge.

  Audit observed that second line drug store of State[3] and districts[4], had installed Hygro-thermometer, but the records to monitor humidity and temperature were not maintained by the Store in-charge and never reviewed by the Officer-in-charge. Therefore, it could not be ascertained in audit whether the second line Anti-TB drugs were kept at the required temperature so that efficacy of drugs could be ensured.

  Audit also observed that Air Conditioners and Hygro-thermometre were not installed at the BSA chest clinic which shows that second line Anti-TB drugs were not kept at the required temperature.

[3] Second Line Drug Store at Dwarka
[4] DTO, NDMC Chest Clinic, New Delhi, MCD Chest Clinic & Hospital, Nehru Nagar

- **Autoclave not procured:** State TB Cell proposed (November 2018) for procurement of 96 laboratory consumable-autoclaves for Chest Clinics/PHIs which were approved by the competent authority in December 2018.

  Audit noted that autoclaves have not been procured (May 2022) due to insufficient fund.

- **Nutritional support incentive not paid to notified TB patients:** Under the scheme of Nikshay Poshan Yojana (NPY), all notified TB patients are to be benefited @ of ₹ 500 per month (minimum) with effect from April 2018 as most of the patients were suffering from malnutrition mainly due to poverty. Nutrition support increases the ability to fight the disease. Audit observed that payment of ₹ 72.94 crore to 2.60 lakh beneficiaries was pending for the period 2018-19 to 2022-23 (November 2022).

  Further, in NDMC chest clinic, New Delhi, out of total 22,793 beneficiaries eligible for incentives for nutritional support, payments were made to only 13,241 beneficiaries and payment of ₹ 1.48 crore was still to be made to 9,552 beneficiaries. Similarly, in MCD chest clinic and hospital, Nehru Nagar, payments were made to 38,890 beneficiaries and payment of ₹ 4.22 crore was still to be paid to the 38,272 beneficiaries (as of May 2022).

  Government stated (December 2022) that due to non-availability of funds and non-availability of bank details of patients from outside Delhi, there has been delays in fund disbursement.

  Reply is not tenable as sufficient funds were lying unspent with DSHS.

- **Spittoon, disinfectant and reusable masks not provided to TB Patients:** As per technical and operation guidelines for Tuberculosis Control 2016, spittoons, disinfectants and reusable masks were to be provided to TB patients.

  Test check of records of NDMC chest clinic and MCD chest clinic and hospital revealed masks were not provided to patients thereby compromising with hygiene in these clinics.

- **Post treatment follow-up not conducted and feedback not obtained:** Scrutiny of treatment cards of TB patients revealed that no follow up of clinical, sputum and chest X-ray of treated patients was conducted after 6, 12, 18 and 24 months by NDMC chest clinic and MCD chest clinic and hospital, Nehru Nagar during the period 2016-2021. Further, in these clinics, no feedback was obtained from 2587 Drug Resistance (DR) TB patients, as required in PMDT guidelines 2017.

  Government stated (December 2022) that all patients are advised for regular follow up after therapy, but few come and feedback is not being taken from the patients.

- **Audit of death due to TB not conducted:** As per RNTCP guidelines 2016, Death audit of deaths of all TB Patients was required to be conducted by Medical Officer. The guidelines further provide that District Tuberculosis Officer (DTO) has to conduct death review of all MDR (Multi Drug Resistant) TB patients who died, with a view to understand the cause leading to death and to take appropriate action to prevent them. It was observed that 1188 deaths occurred in the selected three chest clinics during 2016-21, out of which 108 died due to MDR-TB. However, Death audit was not conducted in these Clinics nor any MDR-TB cases reviewed by the DTO.

  Government stated (December 2022) that verbal Death audit is being done at most of the chest clinics.

  The reply is not tenable as, in the absence of proper records, it would not be possible to analyse causes and take appropriate action.

The above deficiencies in implementation of RNTCP indicates that adequate attention is not being given to achievement of SDG in this regard by the Government.

Recommendation 9.1: The Government should strive to reduce the case notification rates of TB in Delhi by conducting awareness activities amongst all stakeholders and general public about TB and Directly Observed Therapy. Besides, activities mandated under RNTCP should be implemented by the State Government.

9.4 Lapses in implementation of National Viral Hepatitis Control Program

India is committed to progressively move towards elimination of viral hepatitis B and C and control other virus induced hepatitis which is in line with India's global commitment towards achieving SDG-3 by 2030. With this end in view, Government of India launched National viral hepatitis Control Program (NVHCP) for prevention and control of Viral Hepatitis. Audit noted that neither budget was demanded by the Delhi State Health Mission nor fund were released by the GoI (except ₹ 62.00 lakh released by the GoI under NVHCP during 2019-20 which remained unspent).

9.5 Private Hospitals/Nursing Homes for providing critical care to new born babies not empanelled

The SDG-3 targets to end preventable deaths of newborns by 2030, by reducing neonatal mortality rate to at least as low as 12 per 1,000 live births. As per NFHS 2019-21, the neo-natal mortality rate and infant mortality rate of NCT of Delhi was 17.5 and 24.5 per 1,000 live births respectively which is still high as compared to many other States/UTs in India.

The guidelines issued vide Office Memorandum (OM) dated 9 October 2019 by the DGHS states that NABH accredited hospitals with 100 beds or more having

more than five ICU beds & NABH accredited standalone nursing homes for new born care having at least 10 NICU beds are to be empanelled by DAK for providing critical care (NICU/PICU/ICU) to eligible patients. In this regard, empanelled hospitals/centres shall be paid at package rates fixed by DAK.

Audit noted that despite lapse of more than two and a half years from the date of issue of OM, no private hospital/nursing home was empanelled for providing critical care to the new born babies.

DAK stated (July 2022) that despite all efforts, none of the private hospitals turned up for empanelment and that the issue shall be taken up in the next meeting of the Governing Body. Government further stated (February 2023) that another request letter for the same will be issued to all hospitals after approval from the competent authority.

Reply is not acceptable as besides initial circulation of above mentioned OM, only a single request letter was issued by Delhi Arogya Kosh[5] in February 2020, to all private hospitals for empanelment. This shows insensitivity of the Department towards taking a step further in reducing neo-natal mortality rate by providing advanced medical care/facilities to eligible patients.

[5] Society set up by GNCTD for providing financial assistance to poor patients suffering from life threatening diseases.