Chapter X

Implementation of Programmes, schemes/projects/services of GNCTD

Chapter X

Implementation of programmes, schemes/projects/services of GNCTD

There was no monitoring of identified private hospitals by DGHS to ensure free treatment of EWS patients. There were cases of denial of free treatment coupled with poor complaint redressal mechanism. 19 government hospitals have not created special reference centres even after a delay of more than 15 years since pronouncement of judgement in this regard. 28 government hospitals referred only 43,951 patients whereas total 13.89 crore patients have taken treatment in Delhi government hospitals. Even after the Lieutenant Governor's directions, system of online Aadhar-based/biometric tracking of patients is yet to be implemented, indicating non-seriousness of the Department to ensure proper follow-up and develop a fool proof mechanism to rule out financial malpractices.

Very few people benefited from the schemes run by Delhi Arogya Kosh (DAK) due to lack of awareness about the schemes. There was a waiting period up to three and eight months respectively for various diagnostic tests and surgeries in LNH even though facilities for referring these cases to private empanelled hospitals was available under DAK scheme. Submission of certificate regarding, no payment made by the patient for the test/surgery was not ensured compulsorily by DAK before making reimbursements to the private hospitals/diagnostic centres. No mechanism was evolved by DAK for obtaining information regarding coverage of patients under any government/private medical insurance scheme before making payment to the hospitals concerned. There was lack of coordination between DAK and various health care agencies in Delhi for smooth implementation of DAK schemes.

Health Department planned about 30 projects/schemes/services during 2016-21 for improving health care services in Delhi. Audit requisitioned records relating to 15[1] projects/schemes/services out of which Department responded in respect of nine schemes only. Two major initiatives instituted by the Delhi government are free treatment for Economically Weaker Sections (EWS) and Delhi Arogya Kosh (DAK). Implementation of various projects/schemes and deficiencies observed therein are discussed in the succeeding paragraphs.

[1] Free Non- Radiological Diagnostics, Tele-Radiology, Tele-medicine/ medical facility, Up gradation of Dental Services at Bhagwan Mahavir Hospital, Jaldhara Point/ Water ATMs with free Wifi connectivity, Augmentation of Dental Department of GTBH, Kitchen and Dietary services by Bharat Aashara Social Organisation (BAS), Deployment of Patient Welfare officers in Delhi Govt. Hospitals on outsourced mode, CUG and standard handsets, Installation of Mobile Towers in institutions under H&FW, Jan Aushadhi Generic Pharmacy at Indraprastha Apollo Hospital Sarita Vihar, Hospital Information Management System (HIMS), Academic Programmes abroad for the in service Medical Professionals/ Paramedicals/ Nursing staff of the GNCTD, Installation of Smart Cameras in Delhi Govt. Hospitals, Health Card and Health Helpline

10.1 Free treatment to Economically Weaker Section (EWS)

High Court of Delhi, in a judgment[2], instructed all private hospitals which were allotted land on concessional rates by various government land owning agencies (DDA/LDO) to provide 25 *per cent* of their OPD facilities and reserve 10 *per cent* IPD beds for EWS patients. All the facilities including medicines, diagnostics services, surgery etc. were to be provided free of cost to these EWS patients.

10.1.1 Treatment of EWS patients by Identified Private Hospitals[3]

As per High Court orders, each Government Hospital (GH) was to set up special referral centres to refer EWS patient to Identified Private Hospitals (IPH) within two weeks (i.e. 5 April 2007). The IPHs were required to send a detailed report to DGHS after providing treatment to EWS patients. Audit noted that 19 out of 47 GHs[4] in Delhi had not established referral centres even after a delay of more than 15 years (as of June 2022). Apart from this, the EWS Cell under DGHS was also issuing referral letters to EWS patients.

10.1.2 Underutilisation of OPD and IPD facilities in IPH for EWS

There were total 9,116 beds available in 60 IPHs out of which 925 beds were to be reserved for EWS patients. Thus, there were 22.80 lakh bed-days available in IPHs for EWS patients during the period from January 2016 to September 2022. Information about the total OPD patients treated by these IPHs were not provided by DGHS.

The number of EWS cases referred by the Government Hospitals/ DGHS during the years from 2016 to 2022 (September) are given in **Table 10.1**.

---

2 W.P.(C) 2866/2002 dated 22.03.2007

3 Private hospitals identified by State government for providing free treatment to EWS category patients.

4 JPN Apex Trauma Centre, Maulana Azad Institute of Dental Sciences, Ram Manohar Lohia Hospital, Smt. Sucheta Kriplani Hospital (LHMC), Hindu Rao Hospital, Kanti Nagar Maternity Hospital, Poor House Hospital, Sushruta Trauma Centre, All India Institute of Medical Sciences, Kalawati Saran Children Hospital, Safdarjung Hospital, Girdhari Lal Maternity Hospital, Kasturba Hospital, M.V.I.D. Hospital, NDMC Charak Palika Hospital, Palika Maternity Hospital, Rajan Babu TB Hospital, Swami Dayanand Hospital, Base Hospital

Table 10.1: Number of EWS patients referred to IPH

Sl. No.	Period/Year	Number of cases referred by Govt. hospitals	Number of cases referred by DGHS/ EWS branch	Total EWS cases referred
(1)	(2)	(3)	(4)	(5 =3+4)
1.	2016	771	448	1,219
2	2017	5,251	958	6,209
3	2018	15,146	5,338	20,484
4	2019	11,569	10,199	21,768
5	2020	4,486	7,670	12,156
6	2021	4537	11844	16381
7	2022 (September)	2191	13392	15583
	Total	**43,951**	**49,849**	**93,800**

Source: DGHS

Audit observed that utilisation of free facilities available for EWS patients at IPH was very poor. Even if it is presumed that all the patients referred to IPH were for IPD and each patient was admitted for average seven days, the bed-days utilization would be 6.56[5] lakh indicating that only about 28.77 *per cent* of the facilities available were utilised. The underutilisation of free OPD and IPD services at IPH needs to be viewed seriously especially in view of the fact that total 13.89 crore patients[6] have taken treatment in Delhi GHs in the same period i.e. 2016-17 to 2021-22.

Audit also examined consolidated data of utilization of EWS facilities in IPHs for a period of six months (January to June 2022) compiled by EWS cell, DGHS from information provided by IPHs. It was observed that only 60,192 (36 *per cent*) of total 1,67,425 EWS bed-days[7] and only 2,85,882 (52 *per cent)* of total 5,49,818 mandated free EWS OPD services were availed

In spite of quality OPD and IPD service being available at IPHs free of cost, the same could not be utilised due to inadequate referral system.

10.1.3 Strengthening of referral system

GNCTD had decided to deploy (April 2015) Liaison Officers (LO) in IPHs and linked Government Hospitals to facilitate treatment of EWS patients and maintain a record of complaints received from EWS Patients and to forward the same to the concerned departments and also send monthly/quarterly report to DHS (HQ). Additional Secretary (H&FW) and In-charge of EWS Cell had also directed (October 2017) that GHs should ensure that the number of referral from government hospitals be increased exponentially and directed LOs posted in IPHs to facilitate outdoor and indoor treatment and admission of EWS Patients. IPHs were also required to admit EWS patients directly for treatment in

5 93800x7

6 Source- Annual Report of Directorate General of Health Services for the period 2016-17 to 2020-21

7 925 EWS beds reserved in 60 IPHs *multiplied* by number of days

emergency. The nodal officer of the linked[8] government hospital was required to visit and verify the genuineness of the EWS patient admitted in emergency.

Audit noted that only 22 LOs were appointed for 43 IPHs (December 2020) with 12 LOs supervising more than one IPH. No LO was appointed in 14 hospitals. Audit also noted that LOs were not sending monthly and quarterly reports of EWS patients to DGHS on regular basis. Records relating to complaints received from EWS patients were also not maintained by LOs. The LOs posted in IPHs did not maintain the daily round register.

Besides, LOs were to be imparted training by DGHS for effective implementation of duties. Audit noted that no training was given to LOs.

10.1.4 Deficiencies in Separate Referral Centre in DGHS

No separate staff or space was earmarked by DGHS for the referral centre. Existing staff of EWS Cell was assigned the referral work also. There was lack of basic facilities like sitting arrangement, availability of water, toilet etc. Patients and their relatives were seen sitting on the stairs as shown in the **Picture 10.1**.

Picture 10.1: EWS patients or their relatives waiting to get referral letter

10.1.5 Record management of EWS patient by DGHS/IPHs

As per guidelines (September 2011) framed in compliance to Delhi High Court order, IPHs were to furnish EWS patient details to DGHS, such as name, father's name, age, whether referred or admitted on their own, Diagnosis, etc. on daily basis through email. It was also to maintain, *inter alia,* records of identification and verification of EWS patients. Such records should be produced to the officers designated by the GNCTD for monitoring free treatment to the eligible category of EWS patients in the IPD and OPD. However, it was observed that IPHs were not submitting the reports to DGHS as per guidelines.

In the absence of essential records, audit could not ascertain compliance of free treatment of EWS patients in IPHs as per the High Court judgement.

[8] To ensure compliance of the directions of the Hon'ble High Court of Delhi vide judgement dated 22.03.2007 in W.P.(C) No. 2866/2002 Identified Private hospitals were linked with the Government Hospitals.

10.1.6 Monitoring

With the aim of ensuring availability of free OPD/IPD facilities to EWS patients in hospitals (IPH and Government Hospitals), DGHS assigned (September 2016) Additional Directors and CDMOs of DGHS to visit particular Government hospital/IPHs. At least one hospital was to be visited every day and every night beginning, 19th September 2016 and continued until further notice. The report of the visit should be e-mailed by noon next day on the email address: dirdhs@nic.in. Audit noted that only one visit was conducted against the required 56,840[9] visits.

Further, a monitoring committee was constituted by the Government to monitor the implementation of free treatment to EWS patients in IPHs in accordance with Court direction.

Audit noted that only 23 inspections in respect of 20 IPHs (out of 60) were conducted during the audit period. The inspection proforma included important items such as free facilities available in the hospital, whether there is a separate ward for EWS patients, number of patients admitted at the time of inspection, total number of dialysis in the previous month etc. Audit observed that these were not filled completely.

Moreover, inspection reports were neither communicated to the IPH concerned nor follow up visit was conducted to ensure compliance. Thus, absence of required visits coupled with inadequate follow-up of visits shows that the work of the monitoring committee was deficient.

10.1.7 Inadequate complaint redressal mechanism

As per reply given to an RTI application by DGHS, 10,30,352 complaints were received[10] in EWS Branch up to December 2021. There was no system to watch timely disposal of complaints. Thus, the number of EWS complaints received and disposed could not be ascertained in audit. No oversight mechanism was in place to watch the redressal of complaints.

Examination of complaint files revealed that most complaints pertained to refusal of free treatment, not providing medicines/drugs, charging for bed/diagnosis/consultation etc. The reply of the complaints received from IPHs were forwarded to the complainants without verifying its correctness. LOs posted in the IPHs were not directed to verify complaint and reply.

Audit test checked complaint files of 18 IPHs. It was observed that:

- Complaints of 39 patients were pending for 132 to 1661 days for reply from IPHs **(Annexure VII)**.

---

9 1960 days X 29 visits = 56,840 (14 Doctors were required to conduct at least one day visit and one night visit of designated IPHs/Government hospitals whereas one doctor was required to conduct at least one day visit of Government Hospital during the period 19.09.2016 to 31.01.2022)

10 via Hard Copy, PGMS, CPGRAMS and LG Listening against all IPHs

- 21 patients had complained about denial of free treatment and incurring expenditure (**Annexure VII**).
- 32 patients complained that they were denied free medicine.
- Two patients had complained of harassment.

10.1.8 Lack of awareness programmes

Audit noted that no awareness program was carried out during last five years by the DGHS/GNCTD to create awareness among all stakeholders. There was lack of awareness amongst doctors including resident doctors regarding provision of free treatment, free medicines and consumables being provided in IPHs.

10.1.9 Referral of EWS patients in LNH

During January 2016 to June 2022, only 3,362 patients and 209 patients were referred for OPD and IPD respectively to IPHs by LNH. Thus, LNH had referred an average of one EWS patient daily for OPD and one EWS patient per month in IPD. During the same period, LNH had provided treatment to 3,116 average OPD patients daily and 7,607 average per month in its IPD facilities.

Despite high OPD cases per doctor and high bed occupancy, LNH did not identify and refer eligible EWS patients to IPH for treatment.

10.1.10 Dialysis facility for EWS Patient in IPH

The Department had directed (October 2017) all IPHs to furnish to DGHS details such as number of dialysis machines and number of sessions performed by each machine per day to earmark 25 *per cent* of total machines or 25 *per cent* of the total sessions in each IPHs for EWS patients. No action was prescribed in the said direction in case of non-compliance by IPHs.

Audit noted that none of the IPHs has furnished the requisite information to DGHS.

10.1.11 IPD beds for EWS patients not earmarked

In order to facilitate indoor admission of EWS patients and to prevent the IPHs from earning unwarranted profit from the beds reserved for such patients, Health department, GNCTD had directed all IPHs to earmark and label 10 *per cent* bed across all facilities as "FREE BED" in a permanent and conspicuous manner. All IPHs should ensure that no paid patient is admitted on the earmarked beds. Compliance was to be ensured by Medical Director based on vetting by LO/Nodal officer.

Audit noted that no compliance report was forwarded by LO/Nodal officer concerned.

10.1.12 Display board for EWS

Each IPH shall affix at least one board (size 10 feet x 6 feet) between main entry and exit gate on the external boundary of the hospital in vernacular language regarding free treatment to EWS patients to the extent of 10 *per cent* IPD and 25 *per cent* OPD. The compliance report along with photograph was to be sent by each hospital to EWS cell latest by 1 November 2017.

Audit noted that none of the IPHs had furnished the compliance report.

10.1.13 Real Time occupancy of free bed through website as well as display board

Every IPH's reception area, emergency waiting area and admission counter must display real time availability of free beds. The same information must also be shown in the website of hospital concerned. A compliance report in this regard was to be sent to DGHS latest by October 2017. Audit noted that no compliance report was available with DGHS.

Thus, due to inefficient referral system, weak monitoring and poor complaint redressal mechanism, the Government could not ensure the full utilisation of free treatment facilities available to EWS patients in IPHs.

Government did not offer any comment in its reply dated 13 December 2023.

Recommendation 10.1: The Government should strengthen the referral system and ensure that IPHs comply with all the orders and instructions for optimum utilization of free OPD/IPD services for EWS.

Recommendation 10.2: The Government should set up an oversight mechanism to watch redressal of the complaints.

Recommendation 10.3: Government should widely publicise the benefit of the scheme among all stake holders.

10.2 Treatment of patients under Delhi Arogya Kosh (DAK)

Delhi Arogya Kosh (DAK) was constituted (September 2011) as a society to provide Financial Assistance (FA) to poor patients suffering from life threatening diseases. As per the eligibility criteria, bonafide residents of Delhi for the last 3 years and having National Food Security Card or income certificate of upto ₹ 3 Lakhs per annum issued by the Revenue Department of GNCTD are covered under DAK.

DAK was initially provided grant of ₹ 100 crore for creation of a corpus fund, to be deposited in an interest earning deposit. The interest earned on this fund was to be utilised for providing financial assistance to the eligible patients from the financial year 2012-13. Further, ₹ 10 crore was also separately provided for providing FA to beneficiaries during 2011-12.

Subsequently, four new schemes viz. (a) Free surgeries to eligible patients scheme, (b) Free high-end diagnostics scheme, (c) Free treatment to

medico-legal victims of road traffic accident, acid attack and thermal burn injury scheme, and (d) free dialysis scheme, were also started during 2017 and 2019. For implementing these schemes GIA of ₹ 50 crore per year was granted by GNCTD during 2018-19 to 2020-21.

During 2016-17 to 2021-22, DAK had incurred ₹ 175.22 crore for providing benefits to 3,83,629 patients under these schemes as detailed in **Table 10.2**.

Table 10.2: Expenditure incurred under DAK Scheme

Year	Grant (including Interest) (₹ in crore)	Expenditure (₹ in crore)	Number of Beneficiaries
2016-17	9.93	4.99	529
2017-18	6.86	24.58	49,004
2018-19	58.51	32.09	66,588
2019-20	62.16	40.34	86,697
2020-21	56.24	31.76	66,492
2021-22	6.57	41.46	1,14,319
Total	**200.26**	**175.22**	**3,83,629**

10.2.1 Non-maintenance of patient wise data benefitting from schemes

During 2016-17 to 2021-22, DAK had incurred ₹ 175.22 crore for providing benefits to eligible patients under these schemes[11]. As per pattern of assistance, DAK was required to maintain proper account of the amounts received and assistance rendered including the details of beneficiaries.

Audit however noted that DAK had not maintained scheme-wise details of beneficiaries. Similarly, DAK did not regularly seek UCs and details of unspent amount lying with government hospitals. On being pointed out, DAK replied (August 2022) that scheme wise details of beneficiaries are not being prepared due to shortage of staff and utilization of the financial assistance is now being updated as and when UCs are received. The Government further informed (February 2023) that now the patient-wise details for all the schemes are being maintained.

The reply is not acceptable. DAK should follow up receipt of pending UCs when due and seek remittance of unspent balances. Moreover, in the absence of records of beneficiaries to whom treatment was rendered, amount expended under different schemes could not be verified.

Recommendation 10.4: DAK should maintain scheme-wise details of beneficiaries and regularly seek UCs and details of unspent amount lying with government hospitals.

[11] Financial assistance for treatment in government hospital scheme include allocation of funds for the treatment of deserving patients in Government hospital where such facilities are not available free in the Government Hospitals, Free surgeries to eligible patients scheme, Free high-end diagnostics tests scheme, Free treatment to medico-legal victims scheme and Free dialysis to eligible patients scheme.

10.2.2 Aadhar-based/biometric tracking of patients

The Lieutenant Governor of Delhi had directed (16 January 2018) to develop a system of online Aadhar-based/biometric tracking of patients to ensure proper follow-up and to prevent any malpractices. GNCTD had also approved (August 2019) development of an online mobile application for tracking of patients and record maintenance.

Audit noted online Aadhar-based/biometric tracking of patients was not implemented as of February 2023.

Recommendation 10.5: DAK should take concrete steps for developing a system of online Aadhar-based/biometric tracking of patients to ensure proper follow-up and to prevent any malpractice.

10.2.3 Non-maintenance of information on transfer of medico-legal victims

As per DAK guidelines[12] all private nursing homes/hospitals were to provide cashless treatment to medico-legal victims of road accident, acid attack and thermal burn injury, where the incident has occurred in NCT of Delhi. If nursing homes/hospitals are not equipped to handle such cases, they should transfer victim to an appropriate higher centre with requisite facilities and accordingly inform DAK within 24 hours. In case the transfer/referral is not found satisfactory, DAK may issue Show Cause Notice under Delhi Nursing Homes Registration Act, 1953 as to why registration of the private nursing home/hospital concerned should not be cancelled.

Audit observed that no information regarding transfer of medico-legal victims to another medical establishment was being sent by the nursing home/hospitals and no mechanism was developed for receiving information of such transfers from private nursing homes/hospitals.

In four complaint cases, referring hospitals had transferred patients without intimation to DAK. Audit noted that in these cases no action was initiated by DAK.

DAK stated (July 2022) that due to shortage of staff, monitoring of transfer of medico-legal victims of road accident from one private hospital/nursing home to another higher medical establishment could not be ensured and staff handling the complaint cases shall be assigned this work from now onwards. Thus in the absence of monitoring mechanism treatment of medico-legal victims during golden hour carries the risk of denial.

The Government assured (February 2023) that online database will be available soon for tracking such patients.

[12] OM No. E. 4125/10665-10681 dated 15 February 2018 issued by DAK

10.2.4 Awareness on Schemes run by DAK

Memorandum of Association of DAK provides for communication of health education activities, preparation and distribution of publicity material relevant to the basic aims and objectives of the Society.

The status of beneficiaries in the five schemes during 2016-17 to 2021-22 is given in **Table 10.3**.

Table 10.3: Status of beneficiaries in the five schemes during 2016-17 to 2021-22

Name of the scheme	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	Total
Financial Assistance to patients	529	1,025	887	863	801	1,081	**5,129**
Free treatment to medico-legal victims	Nil	Nil	1,800	4,299	6,233	5,483	**17,788**
Free high-end diagnostics	Nil	46,364	61,638	78,867	56,758	1,03,918	**3,47,813**
Free surgeries to the eligible patients	Nil	1,615	2,263	2,250	1,459	2,149	**9,737**
Free dialysis to the eligible patients	Nil	Nil	Nil	418	1,241	1,688	**3,347**
	529	49,004	66,588	86,697	66,492	1,14,319	**3,83,629**

Source: Annual Reports of DGHS

Audit noted that publicity of basic aims and objectives of the Society was carried out on three occasions (2014, 2017 and 2019) through distribution of catalogue/booklets/advertisement in newspaper/website. Orders for displaying information of the schemes in government hospitals was issued only once in 2017. Besides, the Department failed to show any efforts made by it for publicity of free dialysis scheme.

DAK stated (July 2022) that advertisement for creating awareness in general public was done widely through leading newspapers on 2 March 2019. As regards advertisement of free dialysis, it stated that the scheme was initiated as a temporary measure till the time 100 additional dialysis machines are procured. Government further replied (December 2022) that dialysis was a part of free surgery scheme and was included in the package adopted by DAK. Accordingly, no separate advertisement was done for dialysis. Government further stated (February 2023) that during September 2022, articles regarding the schemes of DAK was published in leading newspapers.

Reply is not tenable as regular publicity needs to be made through various modes.

Recommendation 10.6: DAK should take concrete steps for educating public as well as medical staff by doing more publicity of these schemes so that number of people benefitting from these schemes could be increased.

10.2.5 Inadequate referral of patients under free high-end diagnostic test and surgery scheme

Free surgery scheme of DAK provides for sending eligible patients from identified Delhi government hospitals to empanelled private hospitals when the allotted date for specified surgery is beyond one calendar month or when the specified surgery is not performed in the government hospital. Similarly, in Free high-end diagnostic test scheme, patients from identified Delhi government hospitals, polyclinics, Delhi government dispensaries and mohalla clinics are referred to empanelled diagnostic centres.

DAK did not carry out any assessment to verify the effectiveness of steps taken to reduce waiting period, by referring the patients to the empanelled hospitals and diagnostic centres. However, examination of records of the selected hospitals revealed that patients had to wait up to eight months in case of surgery and upto three months for diagnostic purpose, as discussed in paragraphs 3.2.4.1 and 3.5.1 of this report. Government stated (February 2023) that sensitization meeting/training regarding schemes was held with all Nodal officers of GNCTD in the month of September 2022.

Recommendation 10.7: DAK should increase referral of patients to the empanelled hospitals and diagnostic centres to reduce waiting period in government Hospitals.

10.2.6 Irregular reimbursement to empanelled hospitals/diagnostic centres

As per a condition of DAK authorisation form, patients concerned shall certify on the bill of the diagnostic centre/hospital regarding no payment made by him/her for the test/surgery.

Audit noted that 437 bills (27 *per cent)* out of 1600 did not bear the required certificate of 'No payment'. Thus, reimbursement was made to the hospitals/ diagnostic centres without ensuring the same.

Proper authorisation of payment in all cases were not followed to prevent exploitation of needy eligible patients by private empanelled hospitals and diagnostic centres.

The DAK stated (August 2022) that 'No payment' certificate shall be ensured.

10.2.7 Payment to medico-legal victims without ensuring their medical insurance status

Reimbursement of bill for treatment to Medico-legal victims of road traffic accident, acid attack and thermal burn injury was subject to admission of the victim in lowest economy category throughout their period of stay and the victim not being covered in any insurance scheme.

17,815 patients had availed the benefits (2018-19 to 2020-21) for which payment of ₹ 28.97 crore was made to the hospitals concerned.

Audit noted that no mechanism was in place to check whether patients were under any government/private medical insurance scheme before making payment to the hospitals concerned.

Government while referring to OM dated 15 February 2018 stated (February 2023) that no such condition was mentioned in the Cabinet Decision and the approval of Hon'ble Lieutenant Governor. Hence, information regarding insurance status was not sought from the hospitals/victims.

Reply of the Government is incorrect as the issue flagged in the OM referred above is related only to amendment in the eligibility criteria in respect of domicile and income status of the victim for receiving cashless treatment and did not exempt the Department from ascertaining the status of patients with regard to coverage under health insurance schemes.

Recommendation 10.8: DAK should compulsorily ensure medical insurance status of the patient before making payment.

10.2.8 Grievance Redressal Mechanism

DAK did not furnish any complaint register/data showing patient wise complaints received physically or through email for the audit period. Complaints received through PGMS, emails and in physical form were not recorded in any register and were dealt in a file separately.

DAK stated (August 2022) that all complaints received physically as well as through email are now being recorded in a register and it is making all efforts to address these grievances in a time bound manner.

Government further replied (December 2022) that most of the complaints of DAK are received through online mode on PGMS/CPGRAM/LG Listening posts and only few are being received on hard copy. A record of PGMS complaints, CPGRAM & LG Listening was shared with the Audit Team. Till March 2022, a total number of 810 grievances were received in PGMS and disposal by this Branch was 100 *per cent*.

Reply is not acceptable as DAK in its reply dated August 2022 has expressed inability to submit the records of complaints due to a fire incident in July 2019 and misplacing of complaint file thereafter. Through reply dated June 2022 it was also stated that data of complaints received through CPGRAMS & LG Listening post could not be provided due to non-availability of downloading facility in the respective portal. Data of complaints received physically or through email was also not provided as the same was not being prepared. As far as year wise PGMS complaints are concerned, only number of complaints received and disposed of were provided instead of year wise complete details and action taken thereof as requisitioned by audit.

10.2.9 Comparison of Ayushman Bharat and DAK schemes of GNCTD

Cost of funding of PM-JAY (Ayushman Bharat) is shared between Central and State Governments. The primary objectives of PM-JAY are to provide comprehensive coverage for catastrophic illnesses, reduce catastrophic out-of-pocket expenditure, improve access to hospitalization care, reduce unmet needs, and to converge various health insurance schemes across the States. The scheme provides a defined health benefit cover of ₹ 5 lakh per family per year for hospitalised treatment including three days of pre-hospitalization and 15 days of post-hospitalization expenses. Services include approximately 1,387 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT, and ICU charges.

Eligibility for benefits under the scheme is based on the Socio-Economic and Caste Census data 2011 and include categories such as washermen/chowkidars, ragpickers, mechanics etc. in urban areas.

A comparison of Ayushman Bharat in three states with DAK schemes of GNCTD is given in **Table 10.4**.

Table 10.4: Comparison of Ayushman Bharat and DAK scheme of GNCTD

Name of the State	Population of the State (as per 2011 census)	Registered members	Hospital admission authorized amount (₹ in crore)	No of hospital admission/ beneficiaries	Amount spent per thousand registered /eligible population (₹ in lakh)	Beneficiaries per thousand registered/ eligible members
Ayushman Bharat						
Haryana	2,53,51,462	85,41,800[13]	1260.38	8,92,786[14]	14.76	105
Uttrakhand	1,00,86,292	51,76,228	1592.19	8,46,161	30.76	163
Punjab	2,77,43,338	79,06,006	2020.59	16,47,674	25.56	208
Delhi Arogya Kosh						
Delhi	1,67,87,941	72,75,809[15]	229.45	5,48,992[16]	3.15	75

It can be seen from **Table 10.4** that the beneficiaries covered per thousand registered members under Ayushman Bharat scheme in three states were significantly higher than the beneficiaries covered per thousand eligible population under the DAK scheme. Similarly, amount spent per thousand registered population in Ayushman Bharat scheme was also higher than expenditure per thousand eligible population in DAK scheme.

[13] Total registered members in respect of Haryana, Uttarakhand and Punjab under Ayushman Bharat (August 2023)

[14] Ayushman Bharat figures in respect of Haryana, Uttarakhand and Punjab from the launch of the scheme in September 2018 to August 2023.

[15] Number of members provided Food Security as on August, 2023 as per website of Department of Food, Supplies and Consumer Affairs, GNCT of Delhi

[16] DAK scheme figures covered period from April 2018 to July 2023.

Government confirmed (December 2023) audit findings with regard to implementation of DAK scheme.

10.3 Jan Aushadhi Generic Pharmacy not established

Setting up a Jan Aushadhi Pharmacy at Indraprastha Apollo Hospital was approved by GNCTD (June 2016) with the objective of providing drugs/logistics/consumables and improved pharmacy services to the Economically Weaker Section (EWS) patients undergoing treatment. However, Jan Aushadhi Generic Pharmacy was not established at Indraprastha Apollo Hospital as of July 2022.

DGHS replied (July 2022) modalities for operationalization of the proposed pharmacy could not be finalized. Reply of the Department shows its insensitivity towards the EWS patients.

10.4 Health Helpline Services not established

GNCTD had announced (June 2018) a 24x7 health helpline for providing health advice and counselling service by doctors/ paramedics/counsellors to people of Delhi. Budget provision of more than ₹ one crore was made during 2017-18 to 2021-22. Audit noted that no expenditure was made on the scheme as tendering process was not finalised (June 2022).

DGHS stated (March 2022) that helpline would be integrated in the proposed Delhi Health Information Management System (DHIMS). The fact remains that a service envisioned in 2018 is yet to be implemented.

10.5 Health Card Scheme not implemented

During 2015-16 to 2020-21, Delhi Government *inter alia* had repeatedly announced in its budget speeches (2015-16, 2016-17 and 2020-21) implementation of individual Health Card to people of Delhi for registration and treatment in different Delhi government hospitals. The Card would include demographic and clinical details and would be helpful in facilitating enrolment in health schemes of GNCTD. Notice inviting expression of Interest was issued in February 2018. Audit however noted that the scheme could not be implemented (June 2022) as tenders were not finalised.

10.6 Delay in implementation of Health Information Management System

Delhi government in its budget speech (2016-17) had proposed implementation of Health Information Management System (HIMS) in Delhi for connecting all government hospitals, poly-clinics, mohalla clinics etc.

Audit noted that the work was awarded only in June 2022. An amount of ₹ 5.31 crore was incurred for conducting feasibility study and preparation of scope of work etc. Thus, the Department could award the work only after a gap of seven years from announcing the same.

10.7 Hospital Management Information System/e-Hospital not established

Government of India urged (December 2015) all State government hospitals to implement 'e-Hospital' application developed by NIC. Accordingly, in October 2017, Department of Health & Family Welfare, GNCTD directed all hospitals to implement e-Hospital to automate all major functional areas.

Audit noted that none of the test checked hospitals had implemented e-Hospital/HMIS. In LNH, although 35 computers were purchased (January 2021), the implementation of e-Hospital/HMIS was still pending.

LNH stated (May 2022) that implementation of separate HMIS is in process in the Department. The fact remains that the hospital is yet to establish the system or an alternative.

10.8 Delhi Healthcare Corporation (DHC)

With the aim of shifting non-clinical and administrative work such as tendering, contract management, etc. from the doctors including specialists and paramedics in government hospitals, the Delhi Healthcare Corporation (DHC) was incorporated (May 2016) as a public limited company to provide these support services in all health units of GNCTD.

Audit noted that DHCL had not started operation. Besides, ₹ 5 crore was given to DHCL from Delhi Aarogya Kosh (DAK) scheme in 2016-17 and interest accrued thereon remained unutilized (March 2022).

10.9 Tele-medicine facility

Department of Health, GNCTD took up (Febuary 2016) a project for implementation of Tele-medicine network in NCT of Delhi, being funded by the Department of Information Technology (DeitY), GoI. Despite availability of budget, audit noted that no expenditure was incurred in the scheme since its inception due to delays in finalization of space for tele-consultation centers in peripheral hospitals (March 2022).

10.10 Tele-Radiology Services

GNCTD had proposed (2016-17) setting up of Tele-radiology service to facilitate image transmission and reporting of X-ray films in all radiological/ imaging diagnostic facilities for further timely action. It was also envisaged that this service will be useful where there is shortage of man power, especially Radiologists, in the peripheral hospitals.

Audit noted that the scheme was not implemented even after a gap of five years since the proposal due to not furnishing requisite details i.e. the numbers, age analysis, functionality and human resources deployed by all the concerned hospitals of Delhi government.

DGHS stated (February 2022) that the draft tender documents is being prepared.

10.11 Lack of coordination and seriousness while facilitating health care facilities

10.11.1 Lack of coordination between DGHS and GNCTD hospitals

During audit, it was noticed that there was lack of coordination in Government within their own agencies, departments and institutions providing health facilities. DGHS has a Hospital Coordination Cell (HCC), coordinating with Delhi government hospitals on day-to-day basis for sharing/ seeking information. Audit noticed that despite having HCC, DGHS could not get complete information required (July 2016) to assess the status of existing radiology equipment available in the Delhi government's hospitals with regards to numbers, age analysis, functionality etc., as only 29 out of 38 hospitals had responded (February 2022) in spite of repeated reminders. Thus, DGHS could not ascertain the number and status of CT and MRI machines, which are high end radiology equipment in GNCTD hospitals.

10.11.2 Lack of seriousness regarding response to Audit queries for health care facilities

During audit, records and information related to Delhi Health Corporation Ltd. was requested (March 2022) from the DGHS, CPA office and Department of Health and Family Welfare. DGHS had forwarded (dated 16 March 2022) the Audit requisition to the Department and to CPA, with a request to submit the respective replies, information and records to Audit Party. Similarly, Department had forwarded the audit requisition to DGHS (March 2022) with a request to look into the matter and submit the reply immediately along with the copy to Audit. This attitude of the offices shows a lack of seriousness in response to Audit queries.