

# **Executive Summary**



## EXECUTIVE SUMMARY

### **Why did we take up this audit?**

Health is a vital indicator of human development which is a basic ingredient of economic and social development. In India, the right to health care and protection has been recognized and is considered a priority.

Given the importance of functioning of health sector in Delhi, a performance audit to assess adequacy and effectiveness of Public Health Infrastructure and Management of Health Services of Government of National Capital Territory of Delhi (GNCTD) was conducted covering the period 2016-17 to 2021-22 to assess the adequacy of financial resources allocated, availability of health infrastructure, manpower, machinery and equipment in the health institutions as well as efficacy in the management of health services in the State. This report contains audit findings pertaining to secondary and tertiary hospitals only. The findings pertaining to primary healthcare centres and Mohalla clinics are included in the Compliance Audit Report of GNCTD. The performance audit also covers the efficacy of the regulatory framework being enforced by the Government to regulate private health sector, schemes being implemented by Government of India through GNCTD and overall linkage with the Sustainable Development Goal-3.

### **Against which benchmarks, performance has been assessed?**

Ministry of Health and Family Welfare, Government of India, has issued a set of uniform standards called the Indian Public Health Standards (IPHS) to improve the quality of healthcare delivery in the country and serve as a benchmark for assessing performance of healthcare delivery system. The Indian Public Health Standards (IPHS) prescribe standards for the services, manpower, equipment, drug, building and other facilities. These include the standards to bring the health institutions to a minimum acceptable functional grade. However, it was observed that the Delhi Government does not follow Indian Public Health Standards, 2012 as it has not adopted the same.

In addition to IPHS, various standards and guidelines on healthcare services issued by Government of India such as Bio-Medical Waste Management Rules; Pharmacy Act 1948 and Pharmacy Practice Regulations, 2015; Indian Nursing Council Act, 1947; and Drugs and Cosmetic Rules were used to evaluate the healthcare facilities in Delhi.

### **What have we found and what do we recommend?**

#### **Human Resource**

Adequate human resource is critical to achieve health policy goals. As of March 2022, there was a deficit of about 21 *per cent* staff in Health and Family Welfare Department of GNCTD. There was overall shortage of 30, 28 and 9 *per cent* in

the categories of teaching Specialists, non-teaching Specialists and Medical Officers respectively in respect of 28 Hospitals/Colleges, records of which were furnished to Audit. The deficit in the cadres of Nurses and Paramedic staff was about 21 *per cent* and 38 *per cent* respectively. There was 36 *per cent* shortage of staff for implementing the National Health Mission (NHM) schemes in the State. Absence of promotion and career progression opportunities and unchanged salary structure resulted in shortage of super specialist doctors in Janakpuri Super Specialty Hospital (JSSH) and Rajiv Gandhi Super Specialty Hospital (RGSSH).

**Recommendations:**

- 2.1 Vacancies against the sanctioned posts should be filled to improve the functioning of public health facilities of GNCTD.
- 2.2 In view of shortage of teaching doctors in its autonomous hospitals, Government may review the recruitment norms to make it more attractive for teaching doctors so that a satisfied and consistent workforce of teaching doctors is available in these hospitals.

**Healthcare Services in the State**

There was high workload in registration counters in test checked hospitals. The average consultation time per patient was less than five minutes in Medicine Department and Gynaecology Department of Lok Nayak Hospital (LNH). Patient load per Pharmacist/counter in LNH was high due to shortage of pharmacists. Medicines were not distributed on the same day. Shortage of essential medicines and equipment were observed in ICU/ emergency departments of two test checked hospitals (LNH and RGSSH). Shortage of toilets and scarcity of waiting area for attendants was noticed in LNH. Indoor Patient Departments (IPDs) were found crowded in many wards.

Average waiting time for major surgeries in the Surgery Department and Burn & Plastic Surgery Department of LNH was 2-3 months and 6-8 months respectively and at the same time, six out of 12 modular OTs in Rajiv Gandhi Super Specialty Hospital (RGSSH) and all the seven modular OTs in Janakpuri Super Specialty Hospital were lying idle due to shortage of manpower. Sushruta Trauma Centre of LNH did not have permanent arrangement of Specialist Doctors and Senior Residents for 24-hour emergency services. One Stop Centre (OSC) of LNH for providing multiple facilities and services under one roof to rape victims did not have dedicated staff. Records of review of child death cases and ANC were not maintained.

Major portion of fleet of Centralised Accident and Trauma Services (CATS) Ambulances were found running without essential equipment and devices.

Out of the four test checked hospitals, only Lok Nayak Hospital (LNH) had the facility to separate blood into its components while the other three, Janakpuri Super Specialty Hospital (JSSH), Rajiv Gandhi Super Specialty Hospital

(RGSSH) and Chacha Nehru Bal Chikitsalaya (CNBC), were holding licence for processing and storage of blood only. While huge waiting time was observed for radiological diagnostic services in LNH, the radiological equipment were found underutilised in the other three hospitals due to shortage of manpower. Atomic Energy Regulatory Board guidelines were not fully adhered to in these hospitals for ensuring the safety of staff and patients.

Dietary services were not available in JSSH and RGSSH. Periodic inspection was not conducted by the dieticians and quality of food was never checked.

There were shortfalls in conducting patient satisfaction survey, death reviews etc. by the test checked hospitals depriving themselves from getting the benefit of such assessments for further improvement of patient services.

**Recommendations:**

- 3.1 The Government should take immediate measures to reduce the waiting time for registration, consultation, diagnostics, surgery and pharmacy in its hospitals. Government should also ensure availability of basic amenities in its hospitals.
- 3.2 Hospitals should strengthen the Emergency services and ensure availability of essential medicines and equipment at all times and increase the number of beds in line with demand.
- 3.3 The fleet of CATS should be strengthened with enough call worthy ambulances equipped with required equipment and medicines.

**Availability of drugs, medicines, equipment and other consumables**

Essential Drug List (EDL) was not prepared annually and was prepared only thrice during the last ten years.

The Drug Policy, 1994 of GNCTD provides for setting up a Formulary Committee every year for preparation of Delhi State Formulary containing clinically oriented summaries of pharmacological information about selected drugs. Audit noted that Formulary was last prepared in 1994.

Central Procurement Agency (CPA) was entrusted with the duties of procurement of drugs and equipment for GNCTD hospitals. Audit noted that during 2016-17 to 2021-22, Hospitals had to procure 33 to 47 *per cent* of essential drugs contained in the EDL directly as CPA failed to deliver them. Out of 86 tenders floated for procurement of equipment by CPA, only 24 (28 *per cent*) were finally awarded. Audit noted that a lot of EDL medicines demanded by hospitals were not supplied by CPA in respect of four test checked hospitals. As CPA was not procuring the drugs timely for health institutions of GNCTD, hospitals were purchasing Essential Drugs from local chemists for meeting their day-to-day requirements.

Audit also noted short supply/shortage of injections for rare/fatal diseases like Haemophilia and Rabies. Hospitals also failed to monitor and evaluate timely and regularly the need for repair, maintenance, replacement and condemnation of equipment.

There were delays in empanelment of drug testing laboratories by CPA. It also failed to ensure that empanelled laboratories had valid National Accreditation Board for Testing and Calibration Laboratories (NABL) accreditation for testing drugs. CPA issued drugs to the user department before receipt of test reports from empanelled laboratories. Medicines procured by CPA are supplied directly to Hospitals by the suppliers. After the stipulated supply period, samples are picked up from hospitals by CPA for quality testing in the empanelled laboratories. Audit noted that there was a time gap of two to three months between the receipt of drugs from the CPA and receipt of test reports regarding quality of the drugs supplied. Audit noted that a few drugs supplied by the CPA were later reported as inferior quality by the laboratory. Moreover, in some cases inferior quality drugs were consumed in the hospitals. Audit also noticed procurement of medicines from blacklisted and debarred firms. There was shortage of equipment in labs/departments in test checked colleges/hospitals against norms of Medical College Regulations.

**Recommendations:**

- 4.1 The Government should prepare EDL on annual basis as envisaged in the Drug Policy.
- 4.2 The Government should take measures to prepare a Delhi State Formulary for facilitating the doctors/pharmacists in prescribing and dispensing drugs.
- 4.3 The drug samples for testing should be picked up in such a way that there should not be any time lag between the delivery of drugs and test reports to avoid the use of inferior quality medicines in hospitals.
- 4.4 The Government should emphasize on good quality control and assurance system for providing safe and effective drugs at public healthcare facilities.
- 4.5 The Government may develop a mechanism to test check the efficacy of test reports of empanelled laboratories from government or another laboratory.
- 4.6 The Government should evolve a mechanism to check that the firms supplying essential drugs are not debarred by other States for quality issues. The Government should also fix responsibility for the lapse of procurement of medicine from blacklisted firms.
- 4.7 Government should ensure availability of equipment in labs/departments in Medical colleges as per Medical College Regulations.

### **Availability and management of healthcare infrastructure in the State**

The Government did not undertake any need based assessment to identify district-wise areas deficient in healthcare facilities.

Against the proposed addition of 10,000 beds (Budget speech 2016-17) only 1,357 beds were added during 2016-17 to 2020-21.

The Department was unable to utilize any of the 15 plots acquired (June 2007 and December 2015) at a cost of ₹ 648.05 lakh for establishing hospitals and dispensaries, despite having possession for periods ranging between six to 15 years. Out of the eight new hospitals under construction during the audit period, only three were completed. There were delays up to six years in completion of hospital projects.

Janakpuri Super Specialty Hospital (JSSH) and Rajiv Gandhi Super Specialty Hospital (RGSSH) could not provide Super Specialty tertiary care as envisaged in the Memorandum of Association due to weak monitoring and failure to develop a viable business model. There was delay in completion of various building and infrastructural projects in test checked Hospitals.

Several dialysis machines set up under PPP mode for free dialysis for BPL patients were not in use in one hospital due to in-appropriate water analysis report.

### **Recommendations:**

- 5.1 The Government may undertake need based assessment of health care infrastructure to ensure its equitable distribution in Delhi.
- 5.2 The Government may strive to raise the bed availability in Delhi Government Hospitals to two beds per thousand populations in line with NHP 2017.
- 5.3 The Government may plan and execute its activities in a time bound manner to ensure maximum functional beds in its health care facilities.
- 5.4 Efforts should be made for timely setting up of machines in Dialysis Centres for free dialysis to BPL patients.
- 5.5 The Government may take steps to ensure that the built up facilities in its two super speciality hospitals viz. Rajiv Gandhi Super Speciality Hospital and Janakpuri Super Speciality Hospital are put to use.
- 5.6 The Government needs to co-ordinate with Health Department/PWD and land owning agencies so that the acquired plots are used for creating health care facilities in a time bound manner.
- 5.7 The Government needs to closely monitor all ongoing works to avoid delay in completion of health care infrastructure.

### **Financial Management**

There were savings ranging from 8.64 *per cent* (2021-22) to 23.49 *per cent* (2016-17) against the budget allocated by GNCTD on Health sector during 2016-17 to 2021-22. There were savings ranging from 13.29 *per cent* (2021-22) to 78.41 *per cent* (2018-19) against the budget for healthcare infrastructure during 2016-17 to 2021-22.

GNCTD had spent 12.51 *per cent* of its total expenditure and 0.79 *per cent* of GSDP on health services during 2021-22 which was more than eight *per cent* of budget and way below 2.5 *per cent* of GSDP targeted under National Health Policy 2017.

Delhi State Health Mission (DSHM) could not utilize the funds released under National Health Mission as ₹ 510.71 crore was lying unspent in the bank accounts of Delhi State Health Society and its 11 Integrated District Health Societies (March 2022).

### **Recommendations:**

- 6.1 State Government may increase the expenditure on health services to 2.5 *per cent* of GSDP in a time bound manner.
- 6.2 The Mission Director, DSHM may ensure optimum utilisation of funds received under various National Health Programmes through effective implementation and monitoring.

### **Outcome of selected Centrally Sponsored Schemes**

National Health Mission (NHM) laid emphasis on reduction in Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). Reproductive, Maternal, New-born Child and Adolescent Health (RMNCH+A) is the most important component/programme under NHM for improvement of Maternal and Child Health care.

During 2016-17 to 2021-22, out of total funds of ₹ 164.35 crore available for RMNCH with GNCTD, ₹ 94.98 crore (57.79 *per cent*) remained unutilised. Underutilisation of funds ranged from 58.90 *per cent* (2016-17) to 93.03 *per cent* (2019-20) indicating that the GNCTD was not implementing the programme adequately.

Audit noted significant shortfalls in the implementation of RMNCH+A as only 48.33 *per cent* registered pregnant women (PW) were provided all four Ante Natal Care, 35 *per cent* (TT- 1) and 28 *per cent* (TT-2) of PW had received Tetanus Toxoid (TT) shots, only 59.74 *per cent* PW had received the mandatory 100 Iron folic acid tablets and only 36.18 *per cent* and 18.91 *per cent* PW were tested for HIV and Sexually Transmitted Infection/ Reproductive Tract Infection (STI/RTI) respectively during April 2016 to September 2022.



Coverage for providing free diet and other facilities (free diagnostic) to pregnant women under Janani Shishu Suraksha Karyakram (JSSK) was also inadequate as only 30 *per cent* PW had availed the benefits. Mothers were discharged within 48 hours of delivery in 40.87 *per cent* cases during 2016-22 (up to September 2022).

Out of 2,822 maternal deaths occurred in Delhi during 2016-21, only 1,401 (50 *per cent*) cases were reviewed. Only 10 *per cent* (84 out of 806) Medical Officers and 16 *per cent* (281 out of 1,759) Auxiliary Nursing Midwives/health workers were given training for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke.

Audit noted shortfall in reporting on Health Management Information System (HMIS) by health centres such as Community Health Centre (50 *per cent*), Sub-District Hospital (28 *per cent*) and District Hospital (14 *per cent*). Only one Tobacco Cessation Centre<sup>1</sup> was established against the target of 44 TCCs (July 2022).

**Recommendations:**

- 7.1 The Government should ensure that all registered pregnant women are followed-up for complete ante-natal care and post-natal check-up. Besides, TT vaccine and IFA tablets should be provided to all registered pregnant women.
- 7.2 All registered pregnant women should be screened for HIV and RTI/STI tests.
- 7.3 The Government should ensure arrangement for proper training of doctors, para medical staff etc. under each disease programme as prescribed in the operations guidelines of diseases programmes under NHM.

**Adequacy and effectiveness of the regulatory mechanisms for ensuring quality healthcare services**

Delhi Nursing Council was not reconstituted regularly by holding elections and notifying fresh members after three years. There were 37 Nursing Training Institutions functioning in Delhi out of which 20 Institutes were inspected with delays of seven to 41 months.

Out of 1229 Nursing Homes/Hospitals/Institutions employing nurses for providing health care services to public, 48 to 1044 institutions had sent the list of nurses to DNC for verification during the years 2016 to 2022.

Pharmacy Practice Regulations (PPR) notified by GoI in January 2015 has not yet been notified by GNCTD.

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<sup>1</sup> TCC at RML Hospital under IDHS, New Delhi

There was overall shortage of 52 *per cent* staff in different cadres including 63 *per cent* shortage in key staff of Drug Inspector in Drugs Control Department.

There was delay in furnishing test reports by Drug Testing Laboratory (DTL). DTL was not accredited by National Accreditation Board of Laboratories (NABL). DTL did not have modern equipment and manpower. There was huge shortfall in the mandatory inspections of drug selling and manufacturing units and Blood Banks by the Drugs Control Department.

Two test checked hospitals were not accredited by NABH. None of the four labs of LNH/MAMC was accredited by NABL. Two out of three labs were not accredited by NABL in the case of RGSSH.

All deviations from the prescribed procedure for management of Bio-Medical Waste (BMW) by Common Bio Medical Waste Treatment Facilities were to be reported by every Chief District Medical Officer (CDMO) to the Delhi Pollution Control Committee (DPCC) and Directorate General of Health Services (DGHS) twice a month. DGHS did not maintain any records relating to receipt of any such reports nor did it develop any monitoring mechanism for compliance of the BMW rules. There was also shortfall in training to BMW workers.

#### **Recommendations:**

- 8.1 The Government may ensure that (i) DNC is constituted in time; (ii) registered Nurses are employed by health care institutions; and (iii) all institutes imparting training to Nurses are inspected regularly to ensure adherence to quality standards.
- 8.2 The Government may notify Pharmacy Practice Regulations without further delay and also ensure that an updated register of Pharmacists is maintained by Delhi Pharmacy Council.
- 8.3 The Government may take immediate action for ensuring lifting and testing of adequate number of samples from all units that are manufacturing/dispensing medicines including biological samples.
- 8.4 The Government may ensure that reports of tests or analysis of samples are furnished by Drug Testing Laboratory promptly so that immediate action can be taken to prevent consumption of sub-standard drugs by general public.

#### **Achievement of Sustainable Development Goals related to Health sector**

The Sustainable Development Goals (SDG) adopted in September 2015 set out a vision for a world free of poverty, hunger, disease and want.

Examination of individual indicators however revealed that Delhi lacked under two indicators, viz. case notification rate of Tuberculosis<sup>2</sup> and suicide rate.

Audit observed deficiencies in implementation of Revised National Tuberculosis Control Programme (RNTCP) such as lack of creating awareness about TB, non-formation/ delay in formation of District DR-TB Committees, inadequate monitoring of implementation of the scheme, etc.

**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.

**Implementation of Programmes, schemes/projects/services of GNCTD**

As per a judgement of High Court of Delhi (March 2007), all private hospitals which were allotted land on concessional rates by various Government land owning agencies were to provide 25 per cent of their OPD facilities and reserve 10 per cent IPD beds for free treatment of patients from Economically Weaker Sections (EWS).

As per orders, each Government Hospital (GH) was to set up a special referral centre to refer EWS patients to Identified Private Hospitals (IPH), within two weeks (i.e. 5 April 2007). Audit noted that 19 out of 47 GHs in Delhi had not established referral centres even after a delay of more than 15 years (as of June 2022). Audit noted that no separate complaint register for EWS patients was maintained. There was no system to watch for timely disposal of complaints. 43,951 EWS patients were referred by 28 Government hospitals whereas total 13.89 crore patients had taken treatment in Delhi Government Hospitals.

Delhi Arogya Kosh (DAK) was constituted (September 2011) as a society to provide financial assistance to poor patients suffering from life-threatening diseases. DAK has not maintained scheme-wise details of beneficiaries. It did not regularly seek UCs and details of unspent amount lying with government hospitals. Online Aadhar-based/biometric tracking of patients to ensure proper follow-up and to prevent any malpractices was not implemented by DAK. Audit noted that basic aims and objectives of DAK was not widely disseminated.

Free Surgery scheme of DAK provides for sending eligible patients from identified Delhi Government hospitals to empanelled private hospitals when the allotted date for a specified surgery is beyond one calendar month or when the specified surgery is not performed in the Government Hospital and under high-

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<sup>2</sup> The number of TB cases (new and relapsed) notified to the national health authorities during a specified period of time per 100,000 population.

end diagnostic test scheme, patients from identified Delhi Government Hospitals, Polyclinics, etc., are referred to empanelled diagnostic centres. DAK did not carry out any assessment to verify the effectiveness of steps taken to reduce waiting period.

One of the conditions of reimbursement of bill of Medico-legal victims is that the victim is not covered in any insurance scheme. No mechanism was in place to check this before making payment.

**Recommendations:**

- 10.1 The Government should strengthen the referral system and ensure that Identified Private Hospitals comply with all the orders and instructions for optimum utilization of free OPD/IPD services for EWS.
- 10.2 The Government should set up oversight mechanism to watch redressal of complaints.
- 10.3 The Government should widely publicise the benefit of the scheme among all stake holders.
- 10.4 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 malpractices.
- 10.5 DAK should compulsorily check medical insurance status of the patient before making payment.

**AYUSH**

Number of IPD and OPD patients visiting AYUSH hospitals had declined during 2016-22.

Pathology lab, maternity ward and radiology departments in one of the test checked hospitals were not functional/partially functional. There was also shortage of essential medicines in the test checked hospitals. Moreover, savings were noticed under the heads 'Supply & Medicine' and 'Machinery & Equipment' despite shortage of medicines and equipment in both the test checked hospitals.

The overall shortage of staff in the AYUSH Department was 57.97 *per cent*. Besides, shortages in the cadres of doctors (51.89 *per cent*), paramedical staff (55.93 *per cent*) and nurses (32.21 *per cent*) were noticed in the four<sup>3</sup> Medical Colleges with attached Hospitals. Equipment costing ₹ 45.98 lakh procured (March 2018) for Pathology lab in one of the test checked hospitals were not put to use and were lying idle.

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<sup>3</sup> A&U Tibbia College, BR Sur Homoeopathic Medical College & Research Centre, Nehru Homoeopathic Medical College and Hospital and Choudhary Brahm Prakash Ayurvedic Charak Sansthan

There was shortfall in conducting mandatory inspections of manufacturing and selling units of Ayurveda and Unani Drugs.

GNCTD did not set up a State Ayush Society nor did it submit State Annual Action plan to GoI for availing financial benefit under National Ayush Mission from 2016-17 onwards. ₹ 3.83 crore was still lying unutilized with GNCTD/Directorate of AYUSH from the grant received under National Ayush Mission during 2014-16.

Delhi Bhartiya Chikitsa Parishad (DBCP), intended to provide registration of medical practitioners of Indian Systems of Medicines, was not reconstituted since July 2015. Delhi Homoeopathy Anusandhan Parishad (DHAP), constituted to develop and coordinate research in Homoeopathy, was not functional since 2017-18.

**Recommendations:**

- 11.1 The Government should ensure timely procurement and availability of essential drugs in all AYUSH hospitals.
- 11.2 Hospitals should take immediate measures to install the idle equipment in Pathology, Radiology and Maternity departments to run these departments in a full-fledged manner.
- 11.3 The Government should take immediate measures to fill the vacant posts of medical officer, teaching staff, nurses and paramedical staff.
- 11.4 The Government should ensure proper functioning of regulatory bodies of Ayush.

