

Chapter-1

Introduction

Health and Family Welfare Department, Haryana has adopted the World Health Organisation's (WHO) definition of Health i.e., "Health is a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity." The aim of the Government of Haryana is to provide quality healthcare to all its citizens by constantly upgrading itself in terms of infrastructure, human resources, drugs, equipment etc. The Department's objective is to provide adequate, accessible, equitable, quality healthcare services to all leading to the reduction of out-of-pocket expenditure on health of a common man.

As per Business of the Haryana Government (Allocation) Rules 1974, the Health Department is responsible for all matters related to physical, mental and social well-being of citizens as listed in *Appendix 1.1*.

1.1 Health services

Health services provided by the hospitals can broadly be divided in the categories *viz.*, Line services, support services and auxiliary services as shown below:

<p><i>Line services</i></p> <ol style="list-style-type: none">i. Outdoor patient departmentii. Indoor patient departmentiii. Emergency servicesiv. Super specialty (OT, ICU)v. Maternityvi. Blood bankvii. Diagnostic services	<p><i>Support services</i></p> <ol style="list-style-type: none">i. Oxygen servicesii. Dietary serviceiii. Laundry serviceiv. Biomedical waste managementv. Ambulance servicevi. Mortuary service
<p><i>Auxiliary services</i></p> <ol style="list-style-type: none">i. Patient safety facilitiesii. Patient registrationiii. Grievance / complaint redressaliv. Stores	<p><i>Resource Management</i></p> <ol style="list-style-type: none">i. Building Infrastructureii. Human Resourceiii. Drugs and Consumablesiv. Equipment

All public health services depend on the presence of basic infrastructure including availability of human resources. Every public health program - such as immunisation, infectious disease monitoring, cancer and asthma prevention, drinking water quality and injury prevention requires health professionals who are competent in synergising their professional and technical skills in public health and provide organisations with the capacity to assess and respond to community health needs. Public health infrastructure has been referred to as

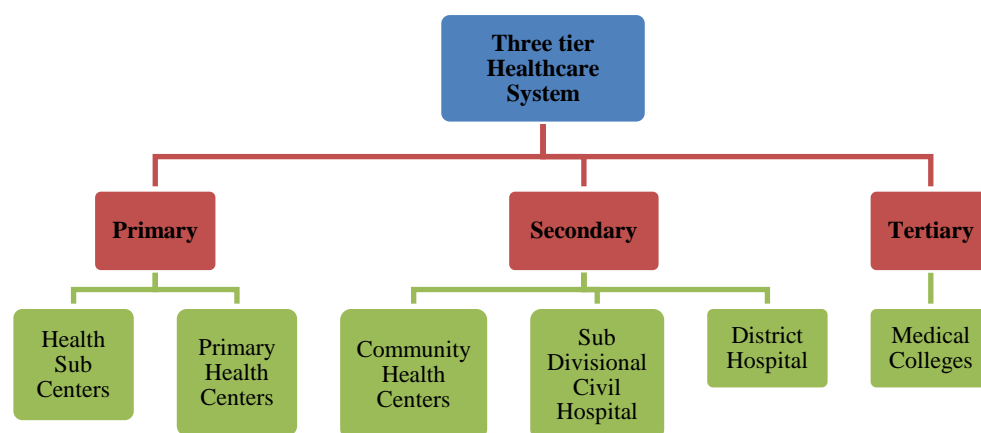
“the nerve centre of the public health system”. While creation of strong infrastructure is responsibility of many organisations, public health agencies (health departments) are considered primary players.

The primary objective of National Health Policy, 2017 is to improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public sector. The policy also recognises the pivotal importance of Sustainable Development Goals to ensure healthy lives and promote well-being for all at all ages. At the global level, the Sustainable Development Agenda aims to ensure healthy lives and promote well-being for all at all ages by 2030 as per Sustainable Development Goal (SDG)-3 (Good Health and Well-being).

Indian Public Health Standards (IPHS) are a set of uniform standards envisaged to improve the quality of healthcare delivery in the country. IPHS norms were revised in 2012 and 2022 keeping in view the changing protocols of the existing programmes and introduction of new programmes, especially for Non-Communicable Diseases but the State Government has not adopted IPHS norms.

1.2 Overview of healthcare facilities in the State

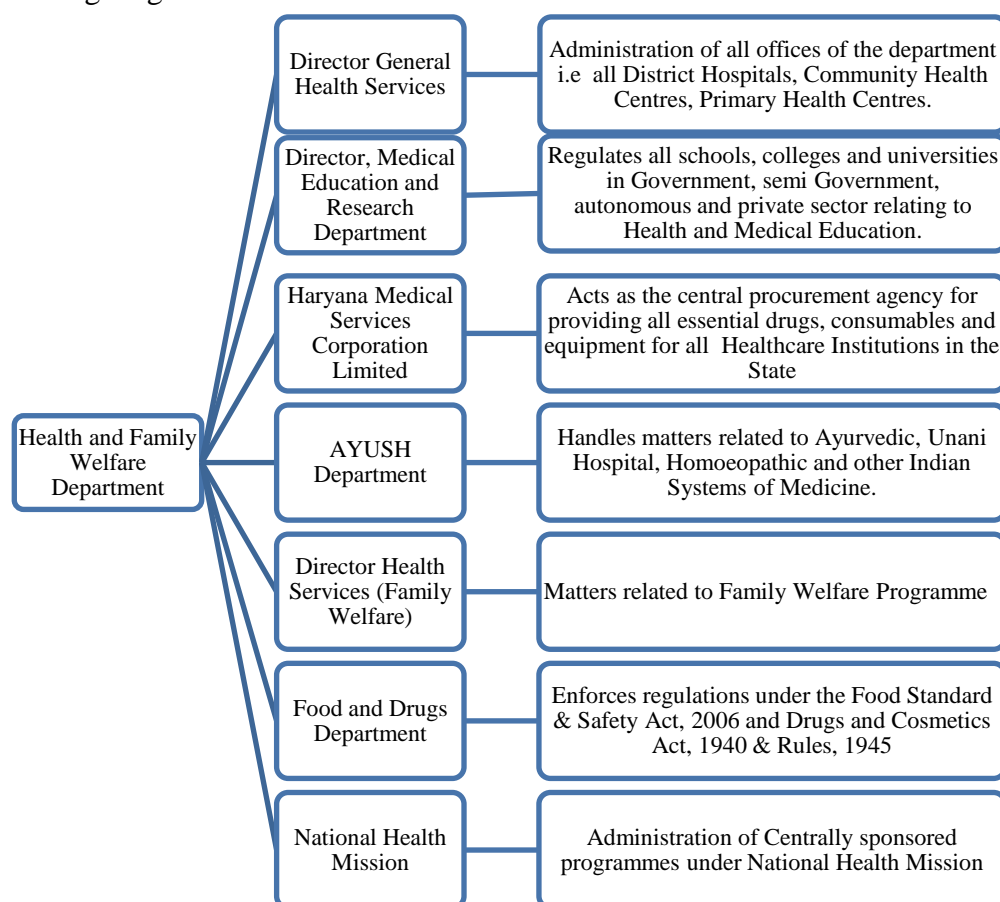
In the State, public healthcare is structured into three levels for providing primary care, secondary care and tertiary care as indicated below:



Health Sub-Centres (HSCs) and Primary Health Centres (PHCs) are primary level healthcare units which provide initial healthcare services to the people. Patients requiring more serious healthcare attention are referred to the second tier of the healthcare system consisting of Community Health Centres (CHCs), Sub-District/ Sub-Divisional Hospitals and District Hospitals, established in each district for providing preventive, promotive and curative healthcare services to the population. A tertiary referral hospital is a hospital that provides tertiary care, which is healthcare from specialists in a large hospital after referral from primary care and secondary care. Tertiary healthcare is provided by the hospitals associated with the Government Medical colleges.

1.3 Organisational Set-Up

Health and Family Welfare Department has seven directorates as described in the organogram.



The heads of health services at the district level are Civil Surgeons (CSs) while the District Hospitals are headed by Principal Medical Officers (PMOs)/Medical Superintendents (MSs)/Senior Medical Officers (SMOs). Community Health Centres (CHCs) and Primary Health Centres (PHCs) are headed by SMOs and MOs in-charge, respectively. As per information provided by DGHS, Haryana, there were 22 Civil Hospitals, 41 Sub Divisional Civil Hospitals, 127 CHCs and 409 PHCs as of February 2024.

Medical Education and Research Department, Haryana under its jurisdiction has one All India Institute of Medical Sciences, Manethi (Rewari), two Universities of Health Sciences¹, one Post Graduate Institute of Medical Sciences², five Medical Colleges³ (functional), three⁴ Medical Colleges (under construction),

¹ (i) University of Health Sciences, Rohtak and (ii) University of Health Sciences, Kutail (Karnal).

² Post Graduate Institute of Medical Sciences, Rohtak

³ (i) BPS Government Medical College (GMC) for Women, Khanpur Kalan (Sonapat), (ii) Shahid Hasan Khan Mewati, GMC, Nalhar (Nuh), (iii) Kalpana Chawla GMC, Karnal, (iv) Sh. Atal Bihari Vajpayee, GMC, Chhainsa (Faridabad) and (v) Maharaja Agrasen Medical College, Agroha (Hisar).

⁴ GMC: (i) Bhiwani, (ii) Jind and (iii) Narnaul.

two Nursing Colleges⁵, three General Nursing and Midwifery (GNM) Training Schools⁶ and eight Auxiliary Nurse Midwife (ANM) Training Schools⁷.

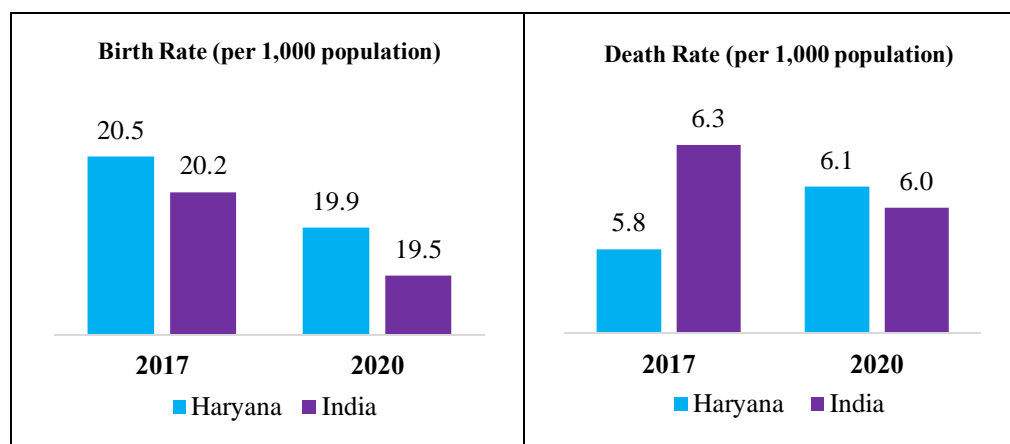
There are four Food/ Drug/ Chemical laboratories under the control of Food and Drug Department, Haryana. The State Government has notified Senior Control Officers as the Licensing Authorities for the retail sale establishments for their respective zones namely Ambala, Hisar, Gurugram, Faridabad, Rohtak, Karnal, Rewari, Sirsa, Sonapat and Kurukshetra. State Drug Controller has been notified as Licensing Authority to grant/renew Drug Manufacturing License (DML) including for Homoeopathic medicines as well as cosmetics.

AYUSH Department has two Ayurveda Colleges, 555 dispensaries, 2 *Panchkarma* Centres, 8 Ayurvedic *Prathmik Seva Kendras*, 3 Ayurvedic Hospitals and 5 Special Therapy Centres. National Health Mission is headed by Mission Director, which has 22 District Health Societies (DHSs) one located in each district of the State. The Mission implements Central Schemes/ Centre-State sharing schemes through DHSs, CHCs and PHCs.

1.4 Status of Health Indicators in the State

The healthcare services in the State can be evaluated based on the achievement against benchmark of health indicators. The status of a few important health indicators of Haryana *vis-a-vis* national average are given below:

Chart 1.1: Health Indicators in the State

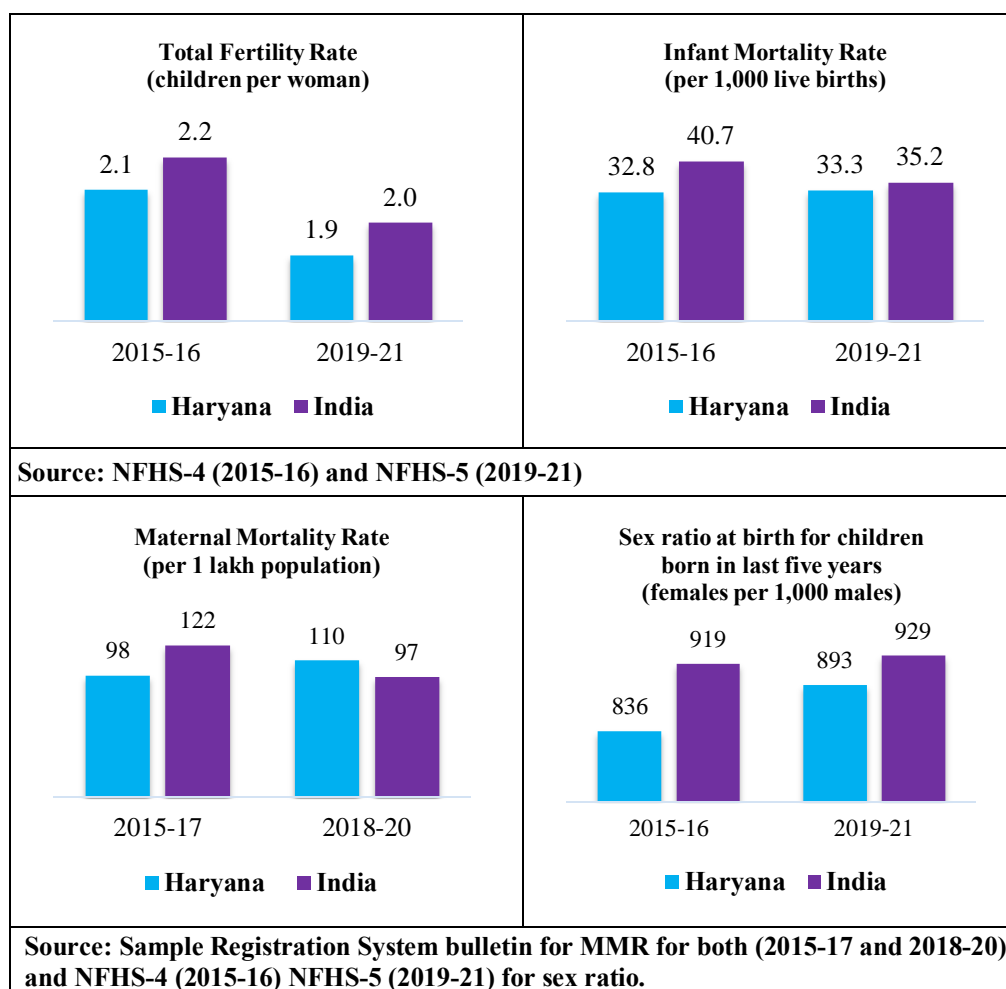


Source: Sample Registration System bulletin

⁵ Government Colleges of Nursing at (i) Safidon (Jind) and (ii) Kutail (Karnal).

⁶ GNM Training Schools at (i) Karnal, (ii) Hisar and (iii) Bhiwani.

⁷ ANM Training Schools at (i) Ambala, (ii) Narnaul, (iii) Rohtak, (iv) Bhiwani, (v) Sirsa, (vi) Gurugram, (vii) Faridabad and (viii) Mandi Khera (Nuh).



It was observed that though the birth rate (per 1,000) in the State had decreased from 20.5 (2017) to 19.9 (2020), it was more than the national average. Death rate in the State increased from 5.8 (2017) to 6.1 (2020) which was above the national average. In case of total fertility rate, it has decreased from 2.1 (2015-16) to 1.9 (children per woman) in 2019-21, which is lower than the national figures. Infant mortality rate increased from 32.8 (2015-16) to 33.3 (2019-21) but was still less than the national infant mortality rate.

Maternal Mortality Rate of the State has increased from 98 (2015-17) to 110 (2018-20) whereas it has decreased for the nation. Sex Ratio at birth for children born in the last five years (females per 1,000 males) in the State increased from 836 (2015-16) to 893 (2019-21) but is still below the national average.

1.4.1 Haryana Health Indicators compared with National Health Indicators



The National Family Health Survey conducted in 2015-16 (NFHS-4) and NFHS-5 conducted in 2019-21 provides information on population, health and nutrition for India and each state/union territory (UT). Some of the important health indicators of State of Haryana are given in **Table 1.1**.

Table 1.1: Comparison of Health Indicators as given in NFHS-4 and NFHS-5

Indicator	NFHS-4 (2015-16)		NFHS-5 (2019-21)	
	Haryana	India	Haryana	India
Sex ratio of the total population (females per 1,000 males)	876	991	926	1,020
Neonatal mortality rate (NNMR) (per 1,000 live births)	22.1	29.5	21.6	24.9
Under-five mortality rate (U5MR) (per 1,000 live births)	41.1	49.7	38.7	41.9
Mothers who had an antenatal check-up in the first trimester (%)	63.2	58.6	85.2	70.0
Mothers who had at least 4 antenatal care visits (%)	45.1	51.2	60.4	58.1
Mothers whose last birth was protected against neonatal tetanus ⁸ (%)	92.3	89.0	90.7	92.0
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	32.5	30.3	51.2	44.1
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	14.3	14.4	32.0	26.0
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	92.0	89.3	96.8	95.9
Mothers who received postnatal care from a doctor/nurse/ LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	67.3	62.4	91.3	78.0
Average out-of-pocket expenditure per delivery in a public health facility (₹)	1,569	3,197	1,666	2,916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	1.4	2.5	3.8	4.2
Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	NA	NA	91.0	79.1
Institutional births (%)	80.4	78.9	94.9	88.6
Institutional births in public health facility (%)	52.0	52.1	57.5	61.9
Home births that were conducted by skilled health personnel ⁹ (%)	5.8	4.3	1.1	3.2
Births attended by skilled health personnel (%)	84.6	81.4	94.4	89.4
Births delivered by caesarean section (%)	11.7	17.2	19.5	21.5
Births in a private health facility that were delivered by caesarean section (%)	25.3	40.9	33.9	47.4
Births in a public health facility that were delivered by caesarean section (%)	8.6	11.9	11.7	14.3

Source: National Family Health Survey-4 & 5

NA: Data not available under NFHS-4

Colour code		Indicates improvement as compared to NFHS-4		Indicates decline in position as compared to NFHS-4
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Health indicators (2019-21) of the State are better than national indicators. There has been improvement in Neonatal Mortality Rate (NMR), Under-five Mortality Rate (U5MR), antenatal check-ups, use of iron and folic acid by pregnant women, registered pregnancies for which the mother received a Mother and Child Protection (MCP) card, postnatal care and institutional births in public health facility in Haryana.

There has been decline in mothers whose last birth was protected against neonatal tetanus and increase in average out-of-pocket expenditure per delivery in a public health facility and births delivered by caesarean section in the State.

⁸ 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.

⁹ Doctor/nurse/LHV/ANM/midwife/other health personnel.

1.5 Audit Objectives

The new National Health Policy (NHP) adopted in 2017 builds on the progress made in 14 years since the last NHP came in 2002. The context had changed in four major ways. First, although maternal and child mortality have rapidly declined, there is growing burden on account of non-communicable diseases and some infectious diseases. The second important change is the emergence of a robust healthcare industry estimated to be growing at double digit. The third change is the growing incidences of catastrophic expenditure due to healthcare costs, which are presently estimated to be one of the major contributors to poverty. Fourth, a rising economic growth enables enhanced fiscal capacity. Therefore, the new health policy was adopted to respond to these contextual changes. The primary aim of NHP 2017 is to inform, clarify, strengthen and prioritise the role of the Government in shaping health systems in all its dimensions.

Considering the goals laid down in NHP 2017 and experience in COVID-19 pandemic, it has become crucial to assess the adequacy of financial resources, 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 through existing policy interventions and scope for further improvement. Thus, to ensure timely and systematic corrections, a performance audit on Public Health Infrastructure and Management of Health Services in the state of Haryana was taken up. The objective of the performance audit was to provide a holistic view of the healthcare sector in the State i.e., a macro picture using State level information and data and a micro picture arising from audit findings on maintenance of infrastructure and delivery of healthcare services.

The objectives of the Performance Audit (PA) were to:

- assess the availability of the necessary human resource at all levels e.g. doctors, nurses, paramedics etc.;
- assess the availability of drugs, medicines, equipment and other consumables;
- assess the availability and management of healthcare infrastructure;
- assess the adequacy of the funding for healthcare;
- examine the funding and spending on various schemes of the Government of India;
- examine the adequacy and effectiveness of the regulatory mechanisms for ensuring that quality healthcare services are provided in the public/private healthcare institutions/ practitioners;
- assess whether State spending on health has improved the health and well-being conditions of the people as per SDG-3.

1.6 Scope of Audit

The audit was conducted for the period 2016-21. However, the information regarding human resources has been incorporated as available on the Human Resource Management System (HRMS) as of October 2022. Budget and expenditure information and number of OPD/IPD cases has been updated upto March 2023. The information in respect of procurement of drugs/medicines/equipment has been taken upto March 2022. Information related to specialists and specialty-wise OPD services has been incorporated as provided by the department as of April/May 2023. Population data of Census 2011 has been used wherever applicable. Details of health institutions have been considered as of February 2024. The audit sample is described below.

All seven directorates

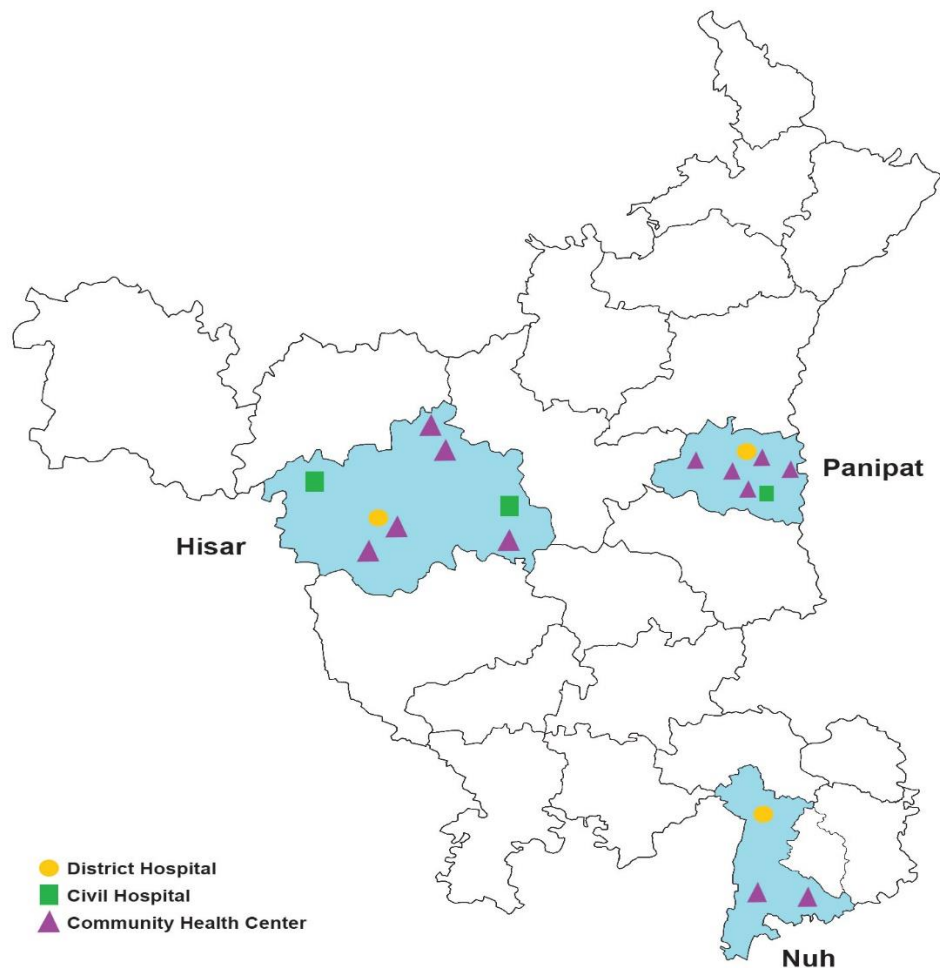
- Director General, Health Services
- Director, Medical Education and Research Department
- Haryana Medical Services Corporation Limited
- Director General, AYUSH Department
- Commissioner, Food and Drug Administration
- Director, Family Welfare
- Mission Director, National Health Mission

Three districts (Panipat, Nuh and Hisar) for field study out of 22 districts selected using Stratified Random Sampling Method

- All three Districts/General Hospitals of the selected districts
- One dedicated TB Hospital, Hisar
- Three out of six Sub Divisional Civil Hospitals
- Ten out of 18 Community Health Centres (CHCs)
- Two out of four Urban Health Centres (UHCs)
- 19 out of 52 Primary Health Centres (PHCs)
- Five out of 10 Urban PHCs 50 *per cent*
- 31 out of 112 Sub-centres
- 24 out of 98 Ayurvedic Dispensaries
- Two Medical Colleges i.e. Agroha and Nalhar (Nuh) of selected districts
- One Government General Nursing and Midwifery (GNM) School of Nursing, Hisar and one Government Auxiliary Nurse Midwifery (ANM) Training School, Mandikhera of the selected districts.

The details of selected Health Institutions in the sampled districts are given in **Appendix 1.2**. Records regarding Sustainable Development Goal (SDG-3) have been analysed during audit of Sustainable Development Goals Coordination Centre (SDGCC) under Swarna Jayanti Haryana Institute for Fiscal Management (SJHIFM). Moreover, the records pertaining to assistance/grants/equipment received for COVID-19 have also been scrutinised. Funding by Local Bodies and private sector on healthcare has been excluded. However, the regulatory aspects/information available with the Health Department have been reviewed during the PA.

The Entry Conference and Exit Conference were held on 02 March 2022 and 10 January 2023 respectively with Additional Chief Secretary to Government of Haryana, Health & Family Welfare Department. The responses received from the Department during the Exit Conference have been suitably incorporated in this report. The draft report has been updated on the basis of replies and information obtained from various offices. The latest updated draft report was sent to the State Government in September 2023 for further comments. Their reply was awaited (March 2024). Districts selected for field units in Haryana are depicted on the map below:



1.7 Doctors'/patients' Survey

A survey of 33 doctors (from six selected hospitals), 120 Out-patient department (OPD) patients (10 patients per DH and SDHC; and five patients per CHC) and 39 In-patient department (IPD) patients, selected on random basis, was conducted (January 2022 to June 2022) during the performance audit in order to get feedback from doctors and regarding patients' satisfaction with healthcare facilities/services. The outcome of the survey has been depicted in **Appendix 1.3**.

1.8 Audit Criteria

Criteria adopted for the performance audit include:

- i. National Health Policy, 2017.
- ii. Indian Public Health Standards, 2012.
- iii. NHM Assessor's Guidebook for Quality Assurance.
- iv. Clinical Establishment Act, 2010 as adopted by Government of Haryana.
- v. Food Safety and Standards Act, 2006.
- vi. Drugs & Cosmetics Act, 1940.
- vii. The Indian Nursing Council Act, 1947.
- viii. National Family Health Survey -4 & 5

Other criteria have been mentioned in **Appendix 1.4**.

1.9 Consideration of Ayushman Bharat in this report

Ayushman Bharat (AB), the flagship health scheme of the Government of India, was launched in September 2018 to achieve Universal Health Coverage as recommended in the National Health Policy, 2017. AB adopts a continuum of care approach, comprising of two inter-related components, which are:

Health and Wellness Centres (HWCs)

- Creation of 1,50,000 HWCs by transforming the existing Sub Centres and Primary Health Centres.
- Aim to deliver Comprehensive Primary Healthcare (CPHC) covering maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

**Pradhan Mantri
Jan Arogya
Yojana (PM-
JAY)**

- Aims to provide a cover of ₹ 5 lakh per family per year for secondary and tertiary care hospitalisation across public and private empanelled hospitals in India.
- Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.
- Provides cashless access to healthcare services for the beneficiary at the point of service, that is, the hospital.
- Benefits of the scheme are portable across the country i.e., a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.
- Services include approximately 1,387 procedures covering all costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT and ICU charges etc.
- Public hospitals are reimbursed for healthcare services at par with private hospitals.

Government of Haryana (GoH) had registered State Health Authority (SHA), in August 2018 i.e. Ayushman Bharat Haryana Health Protection Authority (AB-HHPA) under the Haryana Registration and Regulation of Society Act, 2012. SHA is the Governing Body of AB-HHPA which is responsible for implementing PM-JAY in the State of Haryana. In Haryana, 1,498 medical establishments¹⁰ are empanelled with AB-PMJAY as on 24 January 2024.

As per Socio Economic and Caste Census (SECC) 2011, there were 73.50 lakh beneficiaries under 15.52 lakh households. Out of 73.50 lakh beneficiaries, 25.69 lakh beneficiaries under 8.72 lakh households were registered in Haryana State as on March 2021 with Beneficiary Identification System (BIS) under PM-JAY on the basis of their eligibility as per national criteria i.e., SECC database. Thus, total coverage of households and beneficiaries was 56.19 per cent and 34.95 per cent respectively in the State (as of March 2021). Coverage of beneficiaries across districts varied as detailed in **Table 1.2**.

¹⁰ Government medical establishments: 511 + Private hospitals: 987

**Table 1.2: Coverage of beneficiaries across districts under PM-JAY
(as on 31 March 2021)**

Sl. No.	Name of District	Total no. of eligible SECC beneficiaries	No. of beneficiaries registered under PM-JAY	Per cent of beneficiaries registered under PM-JAY
1	Ambala	3,11,467	1,26,559	40.63
2	Bhiwani	4,14,832	1,66,609	52.32
3	Charkhi Dadri		50,450	
4	Faridabad	5,42,436	92,816	17.11
5	Fatehabad	3,07,809	1,07,162	34.81
6	Gurugram	3,58,601	88,282	24.62
7	Hisar	4,79,947	2,07,705	43.28
8	Jhajjar	1,78,690	76,783	42.97
9	Jind	3,92,029	1,47,283	37.57
10	Kaithal	3,87,709	1,58,236	40.81
11	Karnal	5,59,658	2,15,227	38.46
12	Kurukshetra	3,29,103	1,39,149	42.28
13	Mahendragarh	2,08,158	99,520	47.81
14	Nuh	3,31,005	70,530	21.31
15	Palwal	3,16,105	96,259	30.45
16	Panchkula	1,13,871	36,836	32.35
17	Panipat	3,71,879	1,15,473	31.05
18	Rewari	2,05,191	74,241	36.18
19	Rohtak	3,03,675	78,994	26.01
20	Sirsa	4,02,301	1,31,361	32.65
21	Sonipat	3,84,410	1,16,945	30.42
22	Yamuna Nagar	4,50,846	1,71,972	38.14
Total		73,49,722	25,68,392	34.95

Source: Information provided by Health Department

Poor	Moderate	Good

An all-India Performance Audit of PM-JAY was conducted for the period September 2018 to March 2021, in which Haryana was one of the sampled states. The result of the said audit have been included in the All India Performance Audit Report (Report No. 11 of 2023). In the current report, findings related to Health and Wellness Centres have been included in a separate chapter and audit has also considered implementation of Ayushman Bharat while making recommendations in various areas of the Health sector.

1.10 Audit Findings

Field study for the PA for the period 2016-17 to 2020-21 was conducted from September 2021 to July 2022. The audit observations noticed are given in the succeeding chapters:

- 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 regulatory mechanisms
- Chapter 9: Sustainable Development Goal – 3