Executive Summary

National Health Policy (NHP), 2017 was adopted to inform, clarify, strengthen and prioritise the role of the Government in shaping health system in all its dimensions. Considering NHP 2017 and experience in COVID-19 pandemic, performance audit on "Public Health Infrastructure and Management of Health Services" was conducted 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. 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 State Government and overall linkage with the Sustainable Development Goal-3. The audit was conducted for the period 2016-21 but wherever feasible, the data has been updated up to 2022-23 or later.

The 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 IPHS norms for District Hospitals (DHs), Sub-Divisional Civil Hospitals (SDCHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs) prescribe standards for the services, manpower, equipment, drugs, building and other facilities. These include the standards to bring the health institutions to a minimum acceptable functional grade (indicated as essential) with scope for further improvement (indicated as desired).

In addition to IPHS, various standards and guidelines on healthcare services issued by Government of India such as the Maternal and Newborn Health toolkit; Assessor's Guidebook for Quality Assurance; National Quality Assurance Standards for Public Health Facilities; Bio-Medical Waste Management Rules; and Drugs and Cosmetic Rules were used to evaluate the healthcare facilities in Health Institutions.

As far as Ayushman Bharat (AB) is concerned, Audit has included findings related to Health and Wellness Centres and have also considered implementation of AB while making recommendations in various areas of Health Sector.

As per National Family Health Survey (2019-21), health indicators of the State are better than national indicators except sex ratio, death rate and maternal mortality rate. State Government could spend 6.37 *per cent* of its total expenditure and 0.77 *per cent* of GSDP on health services during 2022-23 way below 8 *per cent* of budget and 2.5 *per cent* of GSDP targeted under NHP 2017. Budget estimates were based on the last years' expenditure plus the usual escalation without comprehensive planning.

Estimation, planning and creation of requisite infrastructure facilities are essential for ensuring the provision of optimum level of healthcare facilities. There was inadequate availability of health institutions as compared to the prescribed norms. There was shortfall in the number of CHCs/PHCs/SCs as compared to the population norms recommended in IPHS. State Government had not made district wise plan detailing the status of bed availability in public and private sector health institutions. Moreover, the existing CHCs/PHCs did not have the required number of beds. The sampled health institutions had many shortcomings in building infrastructure and most of the residential accommodation of selected health institutions were not maintained and were in dilapidated condition. There were planning deficiencies and avoidable delays in various construction works due to delay in ensuring encumbrance free site, obtaining requisite administrative approvals, tendering process etc. There were shortfalls in achievement of the targets of up-gradation of Health and Wellness Centres (HWCs) and Ayush Health and Wellness Centres (AHWCs). Instances of lack of proper upkeep and maintenance of the already constructed/available infrastructure were also noticed, which resulted in these being not fully utilised for the intended purposes.

Audit assessed availability of drugs and equipment against essential drugs and equipment listed in IPHS norms. There was shortage of essential drugs and equipment in all test-checked health institutions and there was wide variation in availability across same types of institutions. One of the reasons for the shortage was non-supply, short-supply, and delay in supply of drugs to the warehouses and health institutions and delay in processing of the indents.

There were many issues in procurement at Haryana Medical Services Corporation Ltd. (HMSCL) including purchase of medicine from blacklisted firm, internal control weakness in drug procurement portal, which allowed receipt at Warehouse prior to the date of dispatch entered by the suppliers, not blacklisting the firms which were repeatedly supplying sub-standard drugs, not transferring the interest on advances taken by HMSCL, etc. There were also issues of quality control as there were delays in testing of drugs, not sending drugs for test, not codifying drugs and distributing drugs which were declared Not of Standard Quality. For local purchase, system of sample testing was not enforced.

Analysis of data of Human Resource Management System (HRMS), which contains information of permanent staff deployed in various departments under Government of Haryana revealed that 17,409, i.e., 41.82 *per cent* of the 41,628 sanctioned posts were vacant.

In terms of percentage of vacant posts, Director Medical Education and Research (DMER), which includes sanctioned strength of five medical colleges at Karnal, Faridabad, Sonipat, Agroha and Nuh and University of Health

Sciences, Rohtak, has shortage of doctors, nurses and paramedic staff. DMER had 40.20 *per cent* vacancies in doctors, 23.9 *per cent* in nurses and 62.5 *per cent* in Paramedics. No regular Directors and Medical Superintendents were appointed in any of the Medical Colleges under DMER.

In DGHS, while average vacancies for doctors, nurses and paramedic staff are 35 *per cent*, it ranged from 14.92 *per cent* in Rohtak to 57.48 *per cent* in Yamunanagar. When post wise vacancies are analysed, it makes the status even worse. For instance, shortage of Radiographer/Ultrasound Technician against the sanctioned strength varied from 37.5 *per cent* in Rohtak district to 100 *per cent* in Fatehabad district. Availability of staff nurse against sanctioned strength varied from excess by 0.65 *per cent* in Rohtak to shortage by 51.62 *per cent* in Ambala district. There was skewed distribution of manpower in all the Health Directorates across districts. Compared to IPHS norms, there was an overall excess of Specialists (including specialists engaged under NHM) in case of DHs but there is a wide variation across districts leading to shortage in six DHs and excess in 15 DHs. In case of SDCHs, the overall shortage of Specialists was 63 *per cent* in the State. 35 out of 41 SDCHs had shortage of more than 50 *per cent* in Specialists compared to IPHS norms. In test-checked health institutions, audit had noticed that many health services could not be provided due to non-availability of staff and infrastructure could not be gainfully utilised. The skewed distribution also led to uneven patient load per doctor.

Further, the sanctioned posts were also not as per population as population to doctor ratio ranges from one doctor sanctioned for 2,339 people in Panchkula district to one doctor sanctioned for 9,999 people in Faridabad district. The DHs, SDCHs and CHCs did not have specialist cadre.

The services that a health institution is expected to provide can be broadly classified as out-patient department (OPD), in-patient department (IPD), emergency services, maternity services, support and auxiliary services. Varying level of shortages were found in all DHs/SDCHs in specialist services. The shortage in availability of specialist services in SDCHs was severe as compared to DHs.

The availability of doctors was not ensured as per the patient load in the health institutions. In IPD services, allocation of beds was not done based on specialities in all the test-checked SDCHs, while OT facility was not available in any of the test-checked PHCs/UPHC. Positive isolation room was not available in DH Panipat, SDCH Narnaund, MCH Nalhar (Nuh) and seven out of 12 test-checked CHCs/ UHCs.

Further, the Bed Occupancy Ratio (BOR) of all the test-checked health institutions were below 80 *per cent* except DHs Hisar and Panipat. LAMA rate of SDCHs Adampur, Samalkha and Narnaund were higher as compared to other

institutions which shows that these hospitals could not gain trust of patients. In Emergency services, it was noticed that facility of 24 hours management of emergency services such as accident, first aid, stitching of wounds etc., were available only in seven out 24 test-checked PHCs/UPHCs. ICU service was not available in eight out of 22 DHs in the State. In Maternity services, institutional births in public health facility remained at 57.5 *per cent* during the period 2019-21. Further, there was shortfall in conducting review of maternal deaths and neonatal deaths during 2016-17 to 2020-21. The radiology services were not available in most of the SDCHs.

Several diagnostic services, both radiological and pathological, as required under IPHS norms were being provided in the health institutions. However, no health institution was providing all the diagnostic services as prescribed under IPHS. Among auxiliary and support services, health institutions up to CHC level were performing well in providing few services, while improvement was needed in most of other services. Further, PHCs are required to improve in all these services.

There was shortfall in required number of equipment, consumables, miscellaneous supplies, essential medicines, etc. in Health and Wellness Centres (HWCs). None of the test-checked HWCs had created and maintained the database of all families and individuals in an area served by an HWC. Health Cards and Family Health Folders were also not made. Further, the identification and registration of beneficiaries/ family was not done for Pradhan Mantri Jan Arogya Yojana by any of the test-checked HWCs.

The implementation of test-checked centrally sponsored schemes like NUHM, Family welfare, Nikshay Poshan Yojana etc. in the state of Haryana was not commensurate to the targets set for the respective schemes. There were shortfalls in utilisation of the allotted funds. There were delays in payment of financial assistance/incentive under Family welfare scheme, Janani Suraksha Yojana and Nikshay Poshan Yojana. Further, efforts to increase the awareness amongst the various stakeholders which could result in greater participation and enthusiasm towards the various programmes, was also found inadequate. Monitoring and implementation of various programmes were not effective, which resulted in the available resources being not fully utilised.

While the Legislature has developed a statutory framework for regulation of the medical sector, implementation of the Rules by the Government was not effective. While adopting the CEA Act, it was restricted to clinical establishments having more than fifty beds, and thus, private clinic establishments having less than 50 beds were kept out of the regulatory mechanism. Resultantly, the prescribed minimum standards of facilities and services cannot be ensured in these unregistered clinical establishments. Further, even after four years from the date of the notification of minimum

standards in respect of Medical Diagnostic Laboratories, Health Department is continuing the provisional registration instead of permanent registration. Further, the functioning of other regulatory bodies was also not in full compliance of the respective acts, with issues of non-constitution of requisite councils, lack of regular meetings, irregular inspections, lack of monitoring etc. being noticed. Thus, the mechanism developed by the legislature to regulate the various constituents of medical sector remained ineffective as the Government did not implement the provisions in true spirit and the enforcement remained ad-hoc and perfunctory.

SDGCC had not formulated 7 years' strategic plan and 3 years' action plan for implementation of SDGs. Budget was not allocated target-wise, in absence of which, it is not possible to assess impact of allocation on a particular target. The State adopted 39 NIF (National Indicator Framework) indicators which covered 12 targets in its State Indicator Framework (SIF). The State was able to publish only 10 NIF Indicators covering 8 targets (out of 13 targets of SDG-3) even after lapse of six years out of 15 years' timeframe for achievement of SDGs. Performance in four indicators of SDG-3 was not satisfactory with reference to national targets despite increase in expenditure on health services. Eight steps process to be adopted for localisation of the SDGs in the State was not executed effectively.

Recommendations

In view of the above mentioned findings, Audit recommends the following:

Government may consider increasing budget allocation on health services in line with the guidelines of National Health Policy. The budget estimates should be prepared keeping in view bottom up/systematic approach by obtaining demand assessment from the field offices.

The Government should make a plan for determining the requirements and providing the requisite infrastructural facilities in each district, on the basis of its population, local epidemiology, health-seeking behaviour of the population, contribution of the private sector, the benchmarks set under National Health Policy and IPHS. The Government may look into the issues of delays in start and/or completion of planned infrastructural works, with a view to remove the bottlenecks and ensure speedy completion.

Availability of essential drugs and equipment should be ensured at all health institutions. Online Drug Management Information System (ODMIS) portal should be updated to capture deficiency in availability of essential drugs at health institutions dynamically and consequently help better monitoring and planning of drug availability at the level of health institutions.

Government could also consider making the availability of medicines and equipment at health institutions visible to citizens making the system more

transparent and accountable. Clear cut timelines and responsibilities needs to be defined for processing of the indents. Accountability should be fixed in cases of wrong entry of supply date resulting in undue benefit to the suppliers, non-levy of penalty for non-supply of medicines, procurement of medicines from blacklisted firms, and not blacklisting firms repeatedly supplying sub-standard drugs, continued procurement of drugs from suppliers despite their drugs being tested NSQ and delayed testing or not testing drugs. In case of locally purchased medicines, a system of sample testing (not all cases) like the one adopted by HMSCL should be adopted. Standard Operating Procedure (SOP) for storage of medicines at health institutions should be adopted.

Government should bring out a long-term strategy and policy to reduce variations in doctor-population ratio across districts. In the short term, the existing staff strength should be rationalised across districts and health institutions. While rationalising, it should be ensured that the postings are done in such a way that complimentary healthcare professionals i.e., doctors, nurses, paramedics, technicians and other support staff are posted in each health institution.

Government should consider bringing in sanctioned strength of Health departments including Specialists at par with the IPHS norms and should focus on expediting recruitment process in order to fill vacancies in the sector. Government should plan through State policy for assessment of medical personnel, sanction of posts, recruitment and deployment of doctors, nurses and paramedical staff.

Government should map availability of the infrastructure, services, and human resources against identified benchmark and create a centralised database of infrastructure and services available across government health institutions, to identify gaps, take informed decision with respect to allocation of funds and reduce idle infrastructure. Government should ensure availability of all OPD services, IPD services, emergency services, diagnostic services as prescribed under IPHS norms. Steps should be taken to improve and strengthen auxiliary and support services to improve overall healthcare experience.

Monitoring and implementation mechanisms of various centrally sponsored schemes/programmes need to be reviewed to ensure that distribution of resources (both human and financial) are made as per actual requirements, to avoid instances of shortages or excess. Government may review the data collection mechanisms to ensure availability of a reliable monitoring mechanism. Government may attempt to increase awareness and outreach through various activities, for making the target population aware of the benefits along with removal of fears and/or misconception and increase participation.

Government should extend provisions of CEA to all clinical establishments including both private hospitals and diagnostic laboratories in a phased manner.

Government may adopt the GoI standards notified for the diagnostic labs and make permanent registration mandatory, along with taking up the matter with GoI for resolving the issues related to online portal for permanent registration of Medical Diagnostic Laboratories.

The targeted number of inspections may be carried out to ensure quality of the drugs sold. It may be ensured that all utilities generating bio-medical waste comply with the provisions with regard to authorisation, bar coding, annual returns along with third party inspection. All requisite regulatory bodies may be constituted as per the respective statutory norms, and these bodies may adopt an adequate and effective monitoring mechanism to guarantee conformity with the necessary minimum standards.

The State Government may take steps to adopt more numbers of indicators in Haryana SDG Index Report so as to present a comprehensive picture for measuring and monitoring the performance of the State in achievement of SDG. State strategic plan with well-defined milestones for measuring and monitoring implementation may be developed after due consultations.

Reports prepared by the SDGCC should have information on target-wise actual spending showing performance against the planned budget expenditure thereby assisting in judicious and adequate resource allocations. Further, SDGs Dashboard should be operational and SDG Mission Committee (SDGMC) as well as State Level Coordination Committee (SLCC) should be constituted for ensuring availability of data and creation of a continuous monitoring and reporting framework.