Executive Summary

Executive Summary

As per National Family Health Survey (2019-21), health indicators of the State are better than the national indicators except for sex ratio, average out of pocket expenditure per delivery in public health facilities, institutional births in public facilities and births delivered by caesarean section. National Health Policy (NHP), 2017 was adopted to inform, clarify, strengthen and prioritise the role of the Government in shaping health systems in all its dimensions. Considering NHP 2017 and experience in COVID-19 pandemic, a 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 the State Government and overall linkage with Sustainable Development Goal-3. The audit was conducted for the period 2016-2021 but wherever feasible, the data has been updated up to 2021-22 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 for District Hospitals (DH), Community Health Centres (CHC), Primary Health Centres (PHC) and Sub Centres (SC) prescribe standards for services, manpower, equipment, drugs, building and other facilities. These include 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 the Government of India (GoI) such as the Maternal and Newborn Health Toolkit; Assessor's Guidebook for Quality Assurance; National Quality Assurance Standards for Public Health Facilities; Kayakalp guidelines; Bio-Medical Waste Management Rules; Drugs and Cosmetic Rules etc. were used to evaluate the healthcare facilities in healthcare institutions.

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

Analysis of data of Integrated Human Resource Management System (iHRMS), which contains information of permanent staff deployed in Department of Health and Family Welfare (DH&FW) and Department of Medical Education and Research (DMER) revealed that 34,949, i.e., 50.69 *per cent* of the 68,949 sanctioned posts were vacant. In terms of percentage of vacant posts, Director Medical Education and Research, which includes sanctioned strength of four medical colleges at Amritsar, Faridkot, Patiala and SAS Nagar, has maximum shortage of manpower i.e. 59.19 *per cent*. In the DH&FW, while average vacancies are 49.22 *per cent*, it ranged from 29.14 *per cent* in Pathankot district to 62.3 *per cent* in Hoshiarpur district. When post-wise vacancies are analysed, it makes the status even worse. For instance, shortage of doctors against the sanctioned strength varied from 12.40 *per cent* in Pathankot district to 58.58 *per cent* in Faridkot district. Availability of staff nurses against the sanctioned strength varied widely. It was excess by 17.60 *per cent* in Moga district while there was a shortage of 56.76 *per cent* in Mansa district. Shortage of Maternity Assistants (ANM) against the sanctioned strength varied from 19.23 *per cent* in Moga district to 97.19 *per cent* in Amritsar district. However, in Fazilka district, 40 *per cent* ANM were posted in excess. Audit noticed non availability/shortage of specialist doctors, medical officers, nurses, paramedical staff and other staff against the sanctioned strength in all DHs, CHCs and PHCs of the State and there was also skewed distribution of manpower across health care institutions. In the test-checked health institutions, Audit also noticed that many health services could not be provided due to non-availability of staff and equipment 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 ranged from one doctor sanctioned for 2,377 people in Rupnagar district to one doctor sanctioned for 7,376 people in Moga district.

The services that a health institution is expected to provide can be broadly classified as out-patient department (OPD), indoor patient department (IPD), emergency services, maternity, support and line services. OPD services were available in all the test-checked health institutions but ENT OPD service in DH Sri Muktsar Sahib, General Medicine in DHs at Fazilka and Sri Muktsar Sahib, General Surgery in DH Sri Muktsar Sahib, Ophthalmology in DH Malerkotla, Obstetrics & Gynaecology in DHs at Fazilka and Malerkotla, and Psychiatry OPD service in DH Amritsar were not available. Dental OPD service was not available in GMCH Patiala (RH Patiala). However, all required OPD specialist services were not available in the test-checked CHCs except CHCs at Mahilpur, Shamchaurasi and Sudhar. OPD services were available in all the test-checked PHCs except PHC Jodhpur Pakhar. Moreover, AYUSH services were not available in most of the test-checked CHCs/PHCs. The availability of doctors was not ensured as per the patient

load in the health institutions. Registration and pharmacy counters were also not found adequate in DHs besides non-availability of online registration facility in any of the health care institutions.

All IPD services were available in selected DHs except Psychiatric service in DH Bathinda. Complete IPD services, except for General Medicine, were not available in test-checked CHCs. Moreover, IPD services as well as adequate beds for IPD were not available in eight and fifteen PHCs respectively. Radiotherapy, Nephrology, Neurosurgery and Neurology IPD services were also not available in RH Patiala. Negative/Positive isolation room was not available in test-checked RH/DHs except DH Gurdaspur. Posting of surgeons in DHs were not ensured according to surgery load. Moreover, piped suction and medical gases, heating, air-conditioning, ventilation, etc. in Operation Theatre (OT) was not available in half of the test-checked DHs and OT facility was not available in four CHCs and any of the test-checked PHCs.

The Bed Occupancy Rate (BOR) in all the test-checked DHs was above 80 *per cent* except for DHs at Fatehgarh Sahib and Hoshiarpur. It was significantly high in DHs at Moga and Gurdaspur. Efficiency of the hospital as indicated by Bed Turnover Rate (BTR) was found to be on the lower side in DH Fatehgarh Sahib and RH Patiala, and on the higher side in DHs Gurdaspur and Moga. Discharge rate was lower in DHs at Bathinda, Fatehgarh Sahib and Hoshiarpur indicating that these hospitals were under-performing. Referral Out Rate (ROR) in DH Gurdaspur was on the higher side which indicated that health care facilities were not adequate in this hospital. Leave against medical advice (LAMA) rate in DHs Fatehgarh Sahib, Gurdaspur and Ludhiana, and absconding rate in DH Fatehgarh Sahib was alarmingly high which shows that these hospitals could not gain the trust of patients under their care.

In emergency services, it was noticed that round the clock availability of Emergency Operation Theatre for Maternity, Orthopaedic Emergency, Burns and Plastic Surgery and Neurosurgery cases was not available in four DHs. Congestive Heart Failure service in nine CHCs, Left Ventricular Failure and Meningoencephalitis service in 11 CHCs were not available. Facility of 24 hours management of emergency services such as accident, first aid, stitching of wounds, etc. were available only in eight out of 24 test-checked PHCs.

Adequate drugs were not found available in the State during the COVID-19 pandemic and excess expenditure was also incurred by RH Patiala on purchase of oxygen cylinders due to non-renewal of Liquid Medical Oxygen (LMO) storage license timely.

In maternity services, institutional births in public health facilities remained at 50 *per cent* during the period 2016-2022 and deliveries in private health

facilities were increasing year by year. Labour room facility was not found available in eight PHCs. C-Section deliveries were also seen higher than the norms prescribed by WHO. National guidelines for Prevention of Parent-to-Child Transmission of HIV were not adhered to in 18 *per cent* cases. Further, there was shortfall in conducting review of maternal deaths and neonatal deaths during 2016-17 to 2021-22.

Among line and support services, health institutions up to CHC level were performing well in providing some services, while improvement was needed in most of the other services. Out of 23 DHs, ICU services were available only in five DHs at Fazilka, Gurdaspur, Jalandhar, Sri Muktsar Sahib and SAS Nagar. In diagnostic services, radiological service *viz.* Radiology (except X-ray and ultrasonography), Cardiology (except ECG), Endoscopy and Respiratory were not available in DHs and Cardiac Investigation (ECG) was also not available in half of the test-checked CHCs as required under IPHS norms. Complete range of tests under pathology services was not available in any of the test-checked health institutions. Blood storage facility was not available in any test-checked CHCs except CHC Sudhar.

Dietary service was not being provided by any test-checked health institution to IPD patients except patients admitted under Janani Shishu Suraksha Karyakram (JSSK). Further, most of the CHCs and PHCs are required to improve in all these services especially in adequate supply of quality water and power supply. Internal control and monitoring of services were also found inadequate.

Audit assessed availability of drugs 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 type of institutions. Reasons for the shortage were non-supply, short-supply, and delay in supply of drugs to the warehouses and health institutions and non/short procurement of medicines. There were many issues in procurement by Punjab Health Systems Corporation (PHSC) including short-supply of drugs, loss due to expiry of drugs, accepting drugs having less shelf life, purchase of drugs and vaccines after expiry of rate contract, etc. In the quality assurance aspect, issues such as issuance and consumption of substandard medicines, absence of sample testing for local purchase, etc. were noticed. Thus, quality control was compromised at every step, and for short delivery or non-delivery, no action was taken against the defaulting suppliers. Quality assurance was also compromised by non-testing/failed testing, supply of expired drugs and again no action was taken for violation. Further, issues such as excess payment of service charges due to incorrect valuation of equipment and addition of new equipment on higher value for maintenance, non-conducting third party audit for calibration of equipment,

excess/unfruitful expenditure on procurement of equipment, non-installation/utilisation of equipment and non-functioning of cancer treatment machine in health institutions were also observed.

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 were shortfalls in the required number of CHCs/PHCs/SCs, as compared to the population norms recommended in IPHS. The State Government had not made district-wise plan detailing the present status of bed availability in public and private sector health institutions. Moreover, the existing CHCs/PHCs did not have the required number of beds. Although targets of upgradation of HWCs were achieved but some HWCs were not operational due to shortage of manpower. Instances of lack of proper upkeep and maintenance of the already constructed/available infrastructure and shortage of human resources, essential medicines, diagnostic services, furniture and fixture, etc. were also noticed in upgraded HWCs. In various construction and upgradation works under NHM and other centrally sponsored schemes, there were avoidable delays/non-start of work which had not only resulted in the blocking of funds in those works, but also had resulted in denial of intended benefits to the general public. The sampled health institutions had many shortcomings in building infrastructure and most of the residential accommodation of the selected health institutions was not maintained and were in dilapidated condition.

Out of the allotted budget by the State Government, funds ranging from 6.5 *per cent* to 20.74 *per cent* were not utilised. The State Government could spend only 3.11 *per cent* of its total expenditure and 0.68 *per cent* of GSDP on health services during 2021-22, which was way below eight *per cent* of the budget and 2.50 *per cent* of GSDP targeted under NHP 2017. The State Programme Implementation Plans for each year were submitted to GoI with delays ranging from 10 to 108 days, which ultimately delayed the approval thereof by GoI, thereby resulting in late receipt of funds from them. Huge amount of Government money was lying unutilised outside Government account with Punjab Nirogi Society (₹4.92 crore) under Punjab Nirogi Yojana and under Mukh Mantri Punjab Cancer Rahat Kosh Scheme (₹76.81 crore) as of March 2022. Besides, user charges amounting to ₹1.94 crore collected by Rajindra Hospital, Patiala up to 2021-22 and part of concession fee amounting to ₹ 85.70 crore transferred to PHSC were also lying with them outside Government account, in contravention of codal provisions.

The implementation of test-checked centrally sponsored schemes like National Urban Health Mission, Family Welfare, Kayakalp and Rashtriya Bal Swasthya Karyakram (RBSK), etc. in the State of Punjab was not commensurate with the targets set for the respective schemes. There were shortfalls in utilisation

of the allotted funds under various schemes. There were cases of non-payment of financial assistance/incentives under Family Welfare scheme and Janani Suraksha Yojana. Health institutions aspiring to achieve Kayakalp status were significantly on a lower side and National Quality Assurance Standards certified health institutions also did not show steady growth. Under RBSK programme, Mobile Health Teams (MHTs) were functioning with inadequate staff strength which adversely affected the screening of children. No essential medicines/drops/ointments except Iron and Folic Acid and Albendazole were available with MHTs despite having been prescribed by the GoI. District Early Intervention Centres (DEICs) were also inadequately staffed and construction of new DEICs was delayed.

The envisaged regulatory mechanism was not functioning effectively to ensure responsible provision of health services to the people. For registration and regulation of the clinical establishments, the State Government adopted Clinical Establishments (Registration and Regulation) Act in October 2020 i.e. after a gap of ten years from the date when the Clinical Establishments (Registration and Regulation) Act was enacted in 2010 by the Union Government. Rules under the State Act were yet to be framed. Provisions of Punjab Clinical Establishments (Registration and Regulation) Act, 2020 do not bind the private clinics or establishments having capacity upto 50 beds to get themselves registered unlike the Clinical Establishments (Registration and Regulation) Act, 2010 passed by the Central Government which provides that all the clinics or establishments should be registered. As a result, the prescribed minimum standards of facilities and services could not be ensured in these unregistered clinical establishments. Adequacy of infrastructure in the medical colleges as per norms was not ensured. There were cases of selling/manufacturing units running without valid/renewed licenses. Some Health Care Facilities (HCF) were working without valid authorisation and the requisite annual reports were not submitted by most of the HCFs as required under Bio Medical Waste Management, 2016 Rules (BMW Rules). Moreover, most of the HCFs did not impart any training to the Health Workers and also did not constitute Bio-Medical Waste Management Committees to review and monitor the activities related to bio-medical waste management and the advisory committee was not actively overseeing the implementation of the BMW Rules. These were being poorly implemented in the State posing a serious health hazard.

The State adopted 41 National Indicators Framework which covers 12 out of 13 targets of SDG-3 in its State Indicator Framework (SIF). In addition, 55 Punjab Specific Indicators were formulated covering eight out of 12 targets. No State Specific Indicators were developed in the SIF in respect of four targets. The District Indicator Framework was not formulated. The State was able to publish only 10 Indicators covering 7 targets (out of 12) even after

lapse of eight years out of 15 years' timeframe for achievement of SDG. The mapping of the existing programmes/schemes with relevant SDGs in the State Budget, showing linkages and performance against the planned budget expenditure for the SDG targets was not done. Analysis of progress of 10 indicators for SDG-3 revealed that performance of only three indicators (3.2.1, 3.3.2 and 3.c.1) was satisfactory.

Recommendations

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

The Government should consider revising the sanctioned strength of Health Department at par with the IPHS norms, posting of staff in health institutions at par with the sanctioned strength in the primary, secondary and tertiary healthcare institutions. Government should bring out a long-term strategy and policy to reduce variations in doctor-population ratio across districts.

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. Availability of infrastructure and other crucial components should be considered during such rationalisation.

The Government should map availability of infrastructure, services and human resources against identified benchmark and create a centralised database of infrastructure and services available across Government health institutions in order to identify gaps, take informed decision with respect to allocation of funds and reduce idle infrastructure.

Government may 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 line and support services to improve overall healthcare experience.

The Government may consider putting in place a robust mechanism for timely installation and proper functioning of high value equipment for obstacle-free delivery of health care services to the patients. Suitable steps should be taken to address the shortfall of drugs, equipment and other consumables in the healthcare institutions. Accountability should be fixed in cases of purchase of drugs and vaccine after expiry of rate contract, non-supply/ short supply, delayed supply, loss due to expiry of drugs, accepting drug supply having less shelf life, etc. Drug warehouses should be directed for purchasing drugs/consumables with longer shelf-life so as to avoid early expiry of drugs and consumables. The Government may consider valuation of equipment as per codal provisions and terms and conditions of the agreement to avoid excess payment. Third-party audit for calibration of equipment should be

conducted to ensure that equipment function properly. Equipment should be maintained to reduce the breakdown time of critical equipment.

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 and the benchmarks set under National Health Policy and IPHS. Adequate maintenance and upkeep of the health institutions may be ensured in accordance with the IPHS norms.

The Government may look into the issues of delays in commencement and/or completion of planned infrastructural works, with a view to remove the bottlenecks and ensure speedy completion. Residential quarters for medical/ para medical staff should be provided and necessary repair and renovation should be carried out in time.

The State Government may consider increasing budget allocation on health services in line with the guidelines of the National Health Policy. The State Government should show the share of the GoI and the State on health sector separately in the budget provision and the expenditure.

The Government may take action for timely submission of State Programme Implementation Plans to GoI for timely receipt of funds from them; and further release of funds to the State Health Society well in time for effective utilisation of the funds in programme implementation.

The State Government may ensure deposit of Government money lying outside Government account with various agencies, into the Consolidated Fund of the State for its optimum utilisation.

Monitoring and implementation mechanisms of various centrally sponsored schemes/programmes need to be reviewed to ensure that distribution of resources (both human and financial) is made as per actual requirements, to avoid instances of shortages or excess. The Government may review the data collection mechanisms to ensure availability of a reliable monitoring mechanism.

The 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.

The Government may consider expediting framing of rules under the Clinical Establishments (Registration and Regulation) Act and ensure implementation thereof at the earliest. Adequate infrastructure at medical colleges may be ensured for their smooth functioning. Drug inspectors may be directed to conduct inspections of manufacturing and selling units as per extant rules.

The State Government may also ensure an adequate monitoring mechanism to check selling/ manufacturing units running without valid/renewed licenses and take timely action against those units running without valid licenses. It may be ensured that all utilities generating bio-medical waste comply with the provisions of Bio-Medical Waste Management Rules with regard to obtaining requisite authorisation, submission of annual returns, conducting adequate training, constitution of Bio-Medical Waste Management Committees, etc.

The State Government may take steps to adopt more numbers of indicators in Punjab SDG Index Report so as to present a comprehensive picture for measuring and monitoring the performance of the State in achievement of SDG-3. State strategic plan with well-defined milestones for measuring and monitoring implementation may be developed on priority basis. The State budget should be aligned to the SDGs and the District Indicator framework should be developed in line with the National Indicator Framework.