Press Brief

Report of the Comptroller and Auditor General of India on Performance Audit on Public Health Infrastructure and Management of Health Services – Government of Himachal Pradesh

Report No. 02 of the year 2024 of the Comptroller and Auditor General of India on Performance Audit of Public Health Infrastructure and Management of Health Services has been prepared under the provision of Article 151 of the Constitution of India. The Report was forwarded to the Government of Himachal Pradesh on 26th September 2024 and laid on the table of the State Legislature on _____.

The gist of the important audit observations contained in the Audit Report is as under:

➢ As per National Family Health Survey reports, Health indicator[1] of the State of Himachal Pradesh was better than national indicators for infant mortality rate, but poorer for sex ratio at birth for children in the last five years and average out-of-pocket expenditure per delivery in a public health facility. Considering the goals laid down in the National Health Policy (NHP), 2017 and experience in COVID-19 pandemic, a Performance Audit on "Public Health Infrastructure and Management of Health Services" in the State of Himachal Pradesh was conducted to assess the adequacy of financial resources allocated, availability of healthcare infrastructure, human resources, drugs, medicines, equipment and other consumables in the health institutions as well as efficacy in the management of health services in the State.

➢ The Performance Audit also covered the adequacy and effectiveness of the regulatory mechanism being enforced by the Government to regulate public/private health sector, schemes being implemented by the Government of India through the State Government and overall linkage with the Sustainable Development Goal (SDG-3). The audit was conducted for the period 2016-21 but wherever feasible, the data has been updated upto 2021-22 and in case of human resources, upto March 2023.

➢ 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 the healthcare delivery system. The IPHS norms for District Hospitals (DHs), Sub-Divisional Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Health Sub Centres (HSCs) 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, there are various standards and guidelines on healthcare services

[1] Data available in respect of Himachal Pradesh for NFHS 2019-2020.

issued by the Government of India such as Assessor's Guidebook for Quality Assurance; Bio-Medical Waste Management Rules; and Drugs and Cosmetics Rules. Though the State has not adopted IPHS norms yet, both IPHS and additional standards issued by the Government of India and the norms set by the State were used to evaluate the healthcare facilities in district hospitals. As far as Ayushman Bharat (AB) is concerned, we have included findings related to Health & Wellness Centres in the report.

➢ Complete list of medical staff available in all health institutions under the Government of Himachal Pradesh were available in the respective health institutions. On analysis of the data of human resources it was noticed that in terms of percentage of vacant posts, there was an overall shortfall of 41.87 *per cent* in human resources across all categories in the State while shortfall in human resources deployed at health institutions was 41.47 *per cent* as of March 2023. When post wise vacancies were analysed, there was a skewed distribution of manpower in the health institutions, level-wise. Shortfall in the category of doctors when compared with State sanctioned strength ranged from nine *per cent* to 56 *per cent* in Medical College & Hospitals (MCHs) and in DHs, it ranged from zero to 22 *per cent*. The shortfall in availability of doctors in Civil Hospitals (CHs) was lowest (seven *per cent*) in Hamirpur district and highest (57 *per cent*) in Kinnaur district. There was no shortfall in Kullu district. The shortfall in availability of doctors in CHCs was lowest (14 *per cent*) in Una district and highest (42 *per cent*) in Chamba and Sirmaur districts while in Solan district there was 13 *per cent* excess availability. The shortfall in availability of doctors in PHCs was lowest (five *per cent*) in Solan district and highest (33 *per cent*) in Sirmaur district.

➢ Shortage of Specialists in case of Medical College & Hospitals ranged from 15 *per cent* (Indira Gandhi Medical College & Hospital, Shimla) to highest at 49 *per cent* (Atal Institute of Medical Super Specialities Hospital, Chamiana). When compared with State notified strength, the availability of specialists in DHs ranged from 33 *per cent* excess (DH Shimla) to 89 *per cent* shortfall (DH Lahaul & Spiti). In CHs, two (Kinnaur and Lahaul & Spiti) out of 12 districts had 100 *per cent* shortage, nine districts had a shortage of more than 69 *per cent* and only one district (Shimla) had a shortage of seven *per cent* of Specialists. In CHCs, when compared with IPHS norms, six districts had shortage of 100 *per cent*, five districts had a shortage of 90 *per cent* or more and only one district had a shortage of 70 *per cent*. In test-checked health institutions, Audit 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 services in a health institution are broadly classified as (i) Out-patient department (OPD), (ii) Indoor patient department (IPD), (iii) emergency services, (iv) maternity, (v) support and (vi) auxiliary services. OPD services were available in all the DHs. In DH Hamirpur, all OPD services were available and in remaining DHs, OPD services ranging between six to 12 were available except DH Lahaul and Spiti,

where only two OPD services were available. In selected CHs, only one to nine out of 12 OPD services were available while in CHCs, four to five out of six OPD services were not available.

- The Bed Occupancy Ratio (BOR) of all the test-checked health institutions was below 80 *per cent* except one selected DH and two selected CHs. Leave Against Medical Advice (LAMA) cases remained below four *per cent* in the health institutions. The emergency services were available in all the DHs/selected CHs/CHCs except CH Chango and CHC Majheen. Emergency service was not available in any of the selected PHCs, due to which patients had to move to other health institutions. In all the DHs in the State, ICU service was available except DHs Chamba, Kangra, Solan and Lahaul & Spiti. In selected CHs, none of the hospitals had ICU service.

- In Maternity services, institutional births in health facilities were 90.61 *per cent* during the period 2016-22. Further, review of maternal deaths and neonatal deaths during 2016-17 to 2020-21 was not conducted, though two maternal deaths (DH Solan-one, DH Kangra-one) and 37 neonatal deaths were noticed during 2016-21. The number of pregnant mothers who were not registered within the first trimester was 13.69 *per cent* of the total registered pregnant mothers in the State, mothers who had not received three or more Antenatal Care (ANC) check-ups was 25.78 *per cent* and 20.39 *per cent* mothers were not given adequate Iron Folic Acid (IFA) tablets during 2016-22.

- Non-availability of X-ray service in one selected CH, three selected CHCs and 16 selected PHCs; dental X-ray in three DHs, three selected CHs, three selected CHCs; ultrasonography in three DHs, one selected CH and all selected seven CHCs resulted in denial of radiology services and patients had to move to other health institutions for availing the services.

- In DHs, against the requirement of 88 tests, 11 to 47 tests were available and in five selected CHs/CHCs, against the norm of 48/33 tests, 17 to 30/15 to 27 tests were available except CH Chango, where only six tests were available. No tests were available in CHC Majheen.

- Firms failed to commission the 69 Sewage Treatment Plants (STPs) in the State even after 19 to 22 months after scheduled date of completion of the project. The State Government prepared an Emergency Covid Response Package-I (ECRP-I) of ₹ 114.74 crore under COVID-19 for 2019-22 and ₹ 102.58 crore was spent by the National Health Mission (NHM) during 2020-22. A major amount was spent on diagnostics including sample transport (34 *per cent*), equipment (24 *per cent*) and HR including incentives for Community Health Volunteers (21 *per cent*). Ventilator facility was available in 56 health institutions of the State and 624 out of 773 number of ventilators were working while remaining 149 (19 *per cent*) ventilators were not functional.

- Audit assessed availability of drugs against essential drugs list (EDL) issued by State and availability of equipment against that listed in IPHS norms. State Procurement Cell constituted for procurement of drugs remained non-functional. Issues such as non-availability/stock out of essential drugs, non-supply, delayed supply, supply of drugs with less shelf life etc. were noticed. In selected health institutions, stock of 19 to 32 drugs (out of 100 drugs randomly selected) were not available for periods ranging from 11 to 1,422 days. 341.59 lakh quantities of drugs and consumables had expired during 2017 to 2021 at primary and secondary level health institutions as per the data of the Drug and Vaccines Distribution Management System (DVDMS).

- Availability of number of types of equipment in the three test-checked DHs ranged between 54 and 62 *per cent*. The outsourced firm had not repaired the medical equipment within seven days as prescribed in the agreement and there was delay ranging between eight to 292 days in repairing the equipment.

- Estimation, planning and creation of requisite infrastructure facilities are essential for ensuring the provision of optimum level of healthcare facilities. The number of HSCs were lesser than that prescribed in the IPHS norms 2012 while other health institutions (PHCs, CHCs, CHs) were more than the prescribed numbers. Number of health institutions actually available were more than State Norms (HSCs, PHCs and CHCs). The State had increased the sanctioned strength of beds by 45.02 *per cent* from 2016-17 to 2021-22 but the actual availability of beds increased by only 20.60 *per cent* during this period. The State had provided sufficient beds in IGMC Shimla as per the National Medical Commission (NMC) norms. However, during joint physical inspection in different in-patient wards of IGMC, it was noticed that there was double and triple occupancy on a single bed. There was significant shortage of beds as against the State sanctioned beds in nine out of 12 DHs, ranging between eight *per cent* and 71 *per cent* as of March 2022. The existing CHs/CHCs/PHCs did not have the required number of beds as prescribed under IPHS norms.

- There were many shortcomings in execution of building infrastructure by the sampled health institutions and the residential accommodation was not adequate. 113 works valuing ₹ 60.49 crore sanctioned upto 2021 were not started due to non-availability of land, estimates and designs and non-execution of works by contractors. Sufficient water tank capacity was not available in 11 out of 16 health institutions. In selected MCHs and DHs, there was availability of 24 hours uninterrupted stabilised power supply but the same was not available in selected CHs/CHCs.

- The State Government could spend 6.35 *per cent* of its total expenditure and 1.70 *per cent* of Gross State Domestic Product (GSDP) on health services during 2021-22, which was below eight *per cent* of budget and 2.5 *per cent* of GSDP targeted under NHP 2017. The State has not made realistic assessment before preparing the funds requirement in the budget for the health sector.

- The expenditure under NHM was 19.46 *per cent* of the total expenditure on

health in the State during 2016-22. Under the National Health Mission, six components covered under NHM schemes/programmes were selected for audit. Management of funds released under the NHM to the State Government was not satisfactory, with amounts persistently remaining unutilised at the end of each year. Deficiencies were noticed in the implementation of Janani Suraksha Yojana (JSY) and NIKSHAY Poshan Yojna as all the beneficiaries were not provided the benefits as envisaged under the scheme. Shortfall in target was also noticed in the immunization programme. As of March 2023, 1468 (530 PHCs, 938 HSCs) Health and Wellness Centres (HWCs) were operationalised against the 2,136 (563 PHCs, 1,573 HSCs) notified HWCs. Health and Wellness Centres grappled with problems of shortage of manpower, inability to spend funds and lack of necessary infrastructure. Construction of trauma centres, Mother and Child hospitals, drug testing laboratory at Baddi and several other civil works were delayed and were yet to be completed, which deprived intended beneficiaries of the benefits.

- Not all of the employed doctors in Himachal Pradesh were registering/ renewing their registration regularly with the State Medical Council (SMC). No mechanism was adopted by the SMC to track and monitor the non-registered doctors. The State Council of Clinical Establishment at the apex level had not been functioning effectively, resulting in poor implementation of Clinical Establishment Act, 2010. All private clinical establishments were running on provisional registration and the process of permanent registration was not initiated. During joint physical verification, Audit observed that many private clinical establishments were running without renewal of their provisional registration.

- Shortfall was noticed in conducting inspections required under Drugs and Cosmetics Rules, 1945. There was shortfall in targets of lifting drugs and cosmetics samples, delay in lifting samples and also delay in analysis of samples. Consequently, drugs declared 'not of standard quality (NSQ)' were already issued. The manufacturers were charging higher prices of medicines than the notified prices. National Pharmaceutical Pricing Authority (NPPA) had issued show cause notices to different firms for overcharging of medicines. Price approval was not being taken by several drug manufacturers for new drugs. 12 out of 25 health institutions were operating Blood Banks without renewal of licenses and seven out of 18 selected health institutions were operating x-ray facility without licenses. 61 out of 85 CHs, 40 out of 94 CHCs and 98 out of 575 PHCs had not obtained SPCB authorisation for generation of bio-medical waste.

- In Dental College Shimla, apart from the State funds, stipends were also paid from Rogi Kalyan Samiti (RKS) funds. Essential drugs were not kept in store during 2016-22 and short/non-supply of consumables was observed. In the leprosy hospitals, there was shortage of staff. For the tuberculosis sanatorium, the sanctioned strength of personnel was not reviewed after downward revision of number of beds. There was shortage of doctors in the Himachal Hospital of Mental Health & Rehabilitation (HHMH&R) and all types of essential drugs were not available in the hospital. In the

HHMH&R, there were variations in data of DVDMS and hospital registers and no objection certificate from the fire department was not obtained.

- The State adopted 28 indicators covering all 13 global targets. The district indicator framework was not prepared, and the State adopted SDG-3 goals after a delay of nearly two and half years from the date of adoption of national indicators. Only one meeting of the working group of SDG-3 was held while review meetings with other departments were not held regularly. Workshops/seminars, training programmes for skill development of the staff were not organised regularly. No separate funds were allocated for implementation of SDG-3, instead NHM was the primary vehicle for achieving SDG-3 targets. There was shortfall ranging from 8.90 *per cent* to 31.38 *per cent* during 2016-19 and 9.75 *per cent* in 2020-21 in allocation of funds under NHM.