CHAPTER 1

Introduction

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The Health & Family Welfare Department, Government of West Bengal (Department), is required to cater to the healthcare needs of a population of 9.13 crore[1] (comprising 6.22 crore rural and 2.91 crore urban population), which is fourth highest among all the States in India.

A three-tier system, comprising of the primary, secondary and tertiary healthcare system, is in place, to provide medical care services to the people of the State. The Sub-Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) {known as Rural Hospitals (RHs)/ Block Primary Health Centres (BPHCs) in West Bengal} are primary level healthcare units, which provide healthcare services to the rural population. As of March 2022, 10,368 SCs, 916 PHCs and 348 CHCs, had been created in the State.

Patients requiring more serious healthcare attention are referred to the second tier of the healthcare system, by the primary healthcare units, which comprises of District Hospitals (DHs), Sub-divisional Hospitals (SDHs) and State General Hospitals (SGHs). At present 18 DHs, 36 SDHs and 24 SGHs, are functioning in the State. Secondary Healthcare hospitals provide preventive, promotive and curative healthcare services, to the population.

A Tertiary healthcare hospital is a hospital that provides tertiary care, *i.e.* healthcare from specialists, in a large hospital, after referral from the Primary and Secondary healthcare hospitals. As of March 2022, 65 tertiary healthcare hospitals (Medical College and hospitals: 18, other teaching hospitals: six and Multi Super Speciality Hospital: 41), had been established in the State.

1.1 Norms and rules for health facilities in the hospitals

1.1.1 Indian Public Health Standards

The Indian Public Health Standards (IPHS), for Sub-centres, Primary Health Centres (PHCs), Community Health Centres (CHCs), Sub-District and District Hospitals, were published in January/ February 2007 and have been used as the reference point for public healthcare infrastructure planning and up-gradation in the States and UTs. IPHS are a set of uniform standards, envisaged to improve the quality of healthcare delivery in the country. IPHS norms were revised in 2012, keeping in view the changing protocols of the existing programmes and the introduction of new programmes, especially for Non-Communicable Diseases. IPHS guidelines act as the main impetus for continuous improvement in quality and serve as the benchmark for assessing the functional status of health facilities.

[1] *according to Census 2011*

1.1.2 Clinical Establishments Act

The West Bengal Clinical Establishments (Registration & Regulation) Act, 2010 was passed by the State legislature and notified[2] in October 2010, to provide for registration and regulation of all clinical establishments and to prescribe the minimum standards of facilities and services to be provided by them in West Bengal.

The Act aims at introducing a registration system to improve the quality of healthcare, through standardization of healthcare facilities, by prescribing minimum standards of facilities and services for all categories of healthcare establishments (except teaching hospitals) and ensuring compliance of other conditions of registration, like compliance to standard treatment guidelines, stabilization of emergency medical condition, display of range of rates to be charged, maintenance of records *etc.*

Subsequently, The Clinical Establishments (Registration, Regulation and Transparency) Act, 2017, was passed by the State legislature and notified[3] in March 2017. As per Section 62(1) of the new Act, the old Act, *viz.* the West Bengal Clinical Establishments (Registration & Regulation) Act, 2010, was repealed.

In exercise of the powers conferred by Section 59 of the West Bengal Clinical Establishments (Registration, Regulation and Transparency) Act, 2017 (West Bengal Act IV of 2017), in supersession of all earlier rules, the Government of West Bengal adopted the West Bengal Clinical Establishments (Registration, Regulation and Transparency) Rules, 2017, notified[4] in August 2017.

1.2 Organizational set-up

The Health and Family Welfare (H&FW) Department is responsible for the management of Primary Healthcare centres, Secondary Healthcare centres and hospitals, including District hospitals and Tertiary level Healthcare hospitals.

The Principal Secretary, H&FW Department, at the Government level, and the following directorates under the H&FW Department, are responsible for different functions, for providing health services:

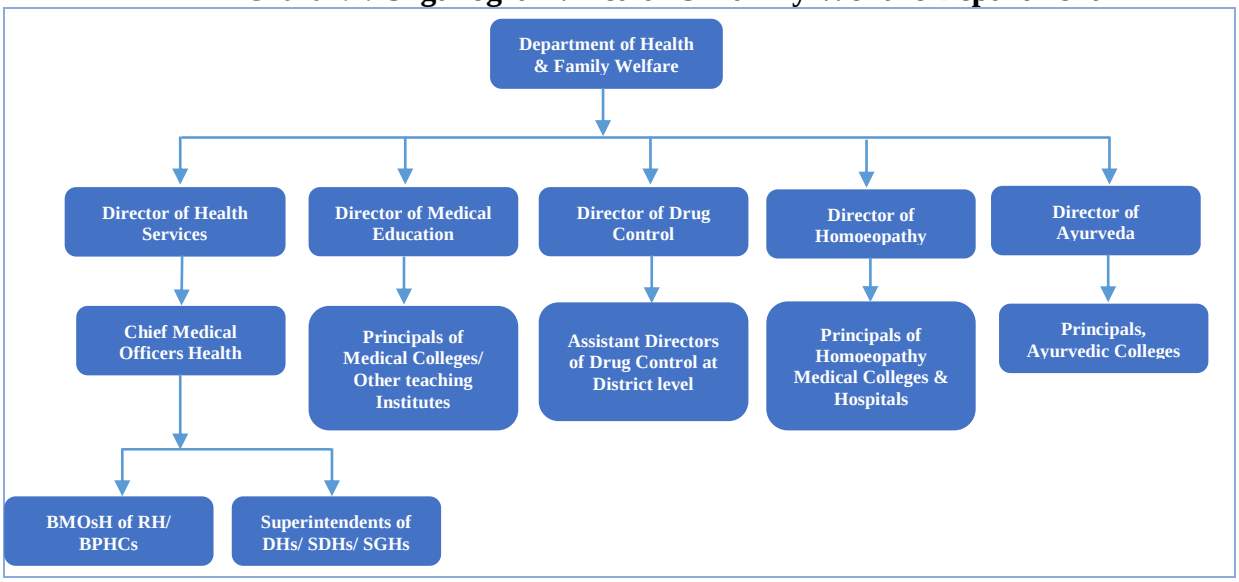
Table 1.1: Health Directorates and facilities thereunder

Sl. No.	Name of the Directorate	Responsible for functioning of
1	Directorate of Health Services	Sub-centres/ hospitals at Primary and Secondary level health services in the State
2	Directorate of Medical Education (DME)	Medical Colleges, hospitals attached to the Medical Colleges and other hospitals teaching certain specialities
3	Directorate of Drug control	Monitoring the quality, safety, efficacy and prices of drugs and licensing of drugs.
4	Directorate of Ayurveda	Ayurvedic Colleges and Dispensaries
5	Directorate of Homoeopathy	Homoeopathy Colleges and Dispensaries

Source: Administrative Report, 2010-11, H&FW Department

[2] *Gazette notification No.1412L dated 05.10.2010*
[3] *Gazette notification No. 301-L dated 17th March, 2017*
[4] *Gazette notification No. HF/ O/ GA/ 2603/ HF/ SPSRC/ 28/ 2017/ Pt.V-A Dated: 21.08.2017*

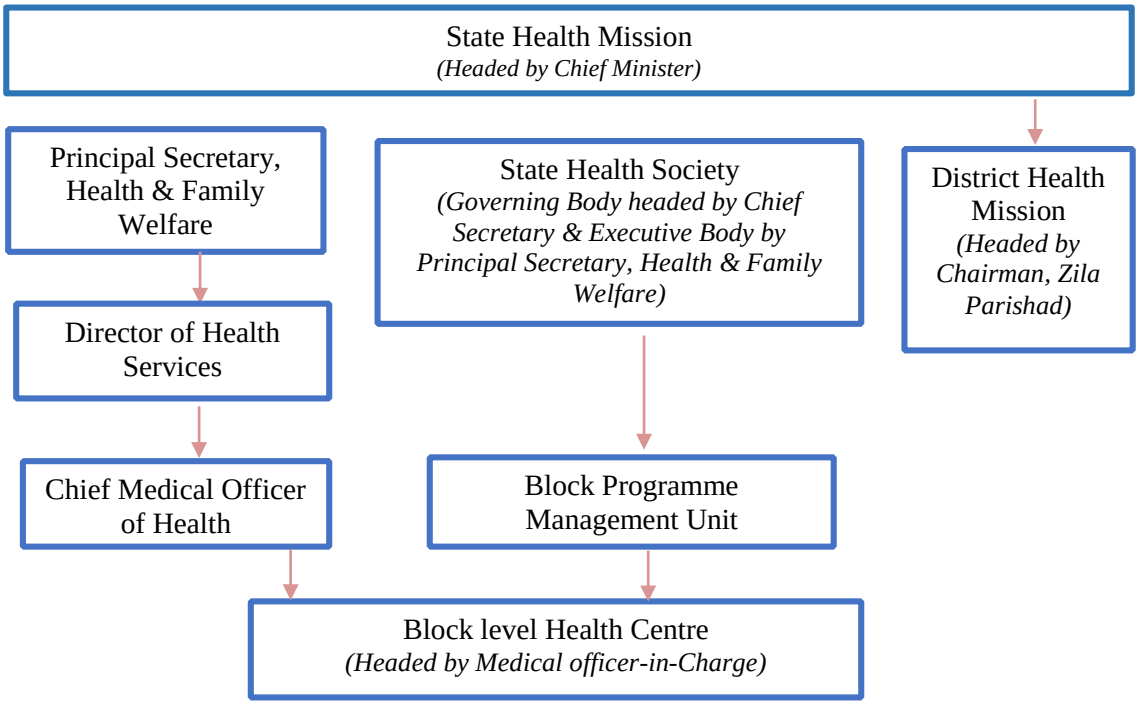
Chart 1.1: Organogram: Health & Family Welfare Department



At the district level, the Chief Medical Officer of Health (CMOH) remains in overall charge of the district. Additionally, Superintendents are responsible for the functioning of District hospitals/ Sub-Divisional Hospitals/ State General Hospitals. Under Primary level health services, Block Medical Officers, Health, (BMOH) are posted in every Block Primary Health Centres (BPHCs)/ Rural Hospitals (RHs). Primary Health Centres and Sub-Centres under BPHCs/RHs are to operate at village level. Sub-Centres at the village level are headed by Auxiliary Nurse Midwives (ANMs).

The National Rural Health Mission (NRHM) was launched in April 2005, to provide accessible, affordable and quality healthcare to the rural population, especially the vulnerable groups. The National Urban Health Mission (NUHM) was launched in May 2013, as a Sub-mission of the over-arching National Health Mission (NHM), with the National Rural Health Mission (NRHM) being the other Sub-mission of NHM.

Chart 1.2: Structure of the National Health Mission (NHM)



1.3 Health Indicators

1.3.1 West Bengal indicators compared with National Health Indicators

A comparison of various indicators prevailing in West Bengal, with the National level figures arising out of the Sample Registration System (SRS[5]) and National Family Health Surveys-4 & 5 (NFHS-4 & 5), showed the following position:

Table 1.2: India and West Bengal Health Indicators, as per SRS & NFHS

Sl. No.	Indicator	SRS (2016-18)		SRS (2018-20)	
		West Bengal	India	West Bengal	India
1	Maternal Mortality Ratio (MMR)	98	113	103	97
		SRS 2019		SRS 2020	
2	Crude Death Rate	5.3	06	5.5	06
3	Crude Birth Rate	14.9	19.7	14.6	19.5
Sl. No.	Indicator	NFHS-4 (2015-16)		NFHS-5 (2019-21)	
		West Bengal	India	West Bengal	India
1	Sex ratio of the total population (females per 1,000 males)	1,011	991	1,049	1,020
2	Sex ratio at birth for children born in the last five years (females per 1,000 males)	960	919	973	929
3	Total fertility rate (children per woman)	1.8	2.2	1.6	2
4	Neonatal mortality rate (NNMR)	22	29.5	15.5	24.9
5	Infant mortality rate (IMR)	27.5	40.7	22	35.2
6	Under-five mortality rate (U5MR)	31.8	49.7	25.4	41.9
7	Mothers who had an antenatal check-up in the first trimester (in *per cent*)	54.9	58.6	72.6	70
8	Mothers who had at least 4 antenatal care visits (in *per cent*)	76.4	51.2	75.8	58.1
9	Mothers whose last birth was protected against neonatal tetanus * (in *per cent*)	95.4	89	94.6	92
10	Mothers who consumed iron folic acid for 100 days or more when they were pregnant (in *per cent*)	28	30.3	62.5	44.1
11	Mothers who consumed iron folic acid for 180 days or more when they were pregnant (in *per cent*)	6	14.4	30.8	26
12	Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (in *per cent*)	97.4	89.3	98.4	95.9
13	Mothers who received postnatal care from a doctor/ nurse/ Lady Health Visitor (LHV)/ ANM/ midwife/ other health personnel within 2 days of delivery (in *per cent*)	61.1	62.4	68	78
14	Average out-of-pocket expenditure per delivery in a public health facility (₹)	7,919	3,197	2,683	2,916
15	Children born at home who were taken to a health facility for a check-up within 24 hours of birth (in *per cent*)	4.6	2.5	8.8	4.2
16	Children who received postnatal care from a doctor/ nurse/ LHV/ ANM/ midwife/ other health personnel within 2 days of delivery (in *per cent*)	NA	NA	76.8	79.1
17	Institutional births (in *per cent*)	75.2	78.9	91.7	88.6
18	Institutional births in public facility (in *per cent*)	56.6	52.1	72.4	61.9
19	Home births that were conducted by skilled health personnel ** (in *per cent*)	6.8	4.3	2.6	3.2
20	Births attended by skilled health personnel (in *per cent*)	81.6	81.4	94.1	89.4
21	Births delivered by caesarean section (in *per cent*)	23.8	17.2	32.6	21.5
22	Births in a private health facility that were delivered by caesarean section (in *per cent*)	70.9	40.9	82.7	47.4
23	Births in a public health facility that were delivered by caesarean section (in *per cent*)	18.8	11.9	22.9	14.3

*Source: NFHS 4 & 5 Reports; *Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last being within 3 years of the last live birth), or three or more injections (the last being within 5 years of the last birth), or four or more injections (the last being within 10 years of the last live birth), or five or more injections, at any time prior to the last birth; **Doctor/ nurse/ LHV/ ANM/ midwife/ other health personnel*

[5] *The Sample Registration System is a large-scale demographic sample survey conducted in a random sample of villages and urban blocks.*

1.4 Audit Objectives

The Performance Audit on Public Health Infrastructure and Management of Health Services was taken up to assess:

- Whether comprehensive strategies and plans had been developed and adequate funding in the health sector had been made available, for ensuring accessible, affordable and quality health services;
- Whether the health sector had adequate resources, *viz.* infrastructure, human resources, drugs, consumables, equipment *etc.*, as per prescribed norms and whether these resources were utilized efficiently and effectively;
- Whether the management and delivery of the prescribed healthcare services was adequate, efficient and effective;
- Whether the important National Health Programmes had been implemented effectively and Government of India assistance had been utilised to provide universal access to affordable and quality healthcare services in the hospitals;
- Adequate monitoring and regulatory systems had been put in place and had been effectively followed, for ensuring delivery of quality healthcare to the public and
- Whether spending on health had improved the health and wellbeing of people.

1.5 Audit Criteria

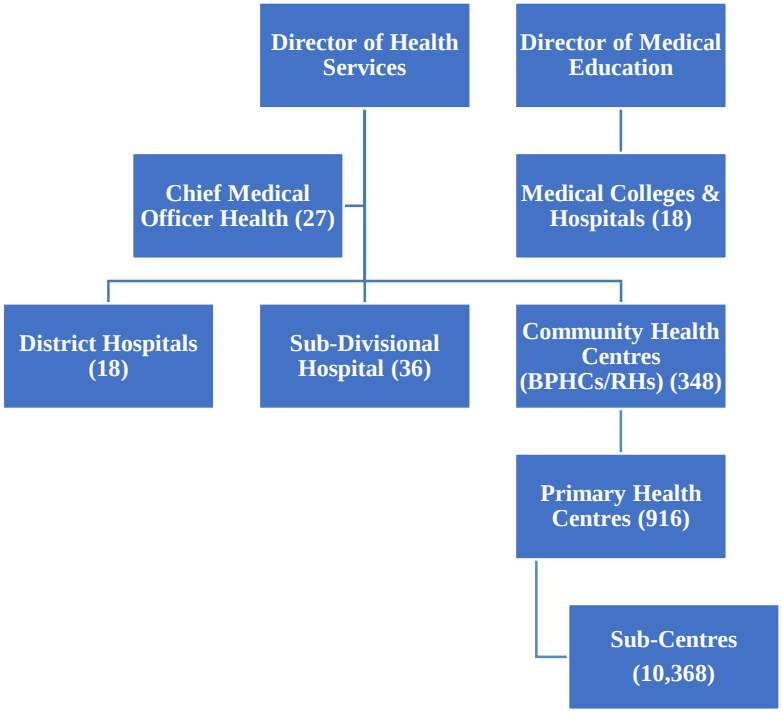
The audit comments are framed with reference to the following criteria:

- Indian Public Health Standards
- National Health Policy
- Sustainable Development Goals
- Professional Conduct, Etiquette and Ethics Regulation, 2002
- West Bengal Clinical Establishment (Registration, Regulation and Transparency) Act, 2017
- Drugs and Cosmetics Act, 1940
- Pharmacy Act, 1948 and Pharmacy Practice Regulations, 2015
- Bio-Medical Waste Management Rules, 2016
- Standards of National Accreditation Board for Testing and Calibration Laboratories
- Standards of National Accreditation Board for Hospitals and Healthcare providers
- Atomic Energy Radiation Protection Rules, 2004
- WHO norms
- Minimum Standards Requirement Regulations, 1999
- Guidelines/ Orders/ Rules (if any), issued by the State Govt., from time to time.
- NHM Assessors' Guidebook for Quality Assurance in public health facilities

1.6 Scope of the performance audit and methodology

The performance audit covered the period from FY 2016-17 to FY 2021-22. Records were checked in the Health and Family Welfare (H&FW) Department, at the Government level and the Directorate of Health services (DHS), Directorate of Medical Education (DME), Directorate of Drug Control, State Programme Management Unit (SPMU), State Health & Family Welfare Samiti for NHM and Central Medical Stores, under the Dy. Director (Equipment & Stores), for tendering and procurement of drugs at the State level.

Chart 1.3: Number of three tier health care facilities at District level



Apart from the above, at the implementation level, records were also examined in the offices of the Chief Medical Officers of Health (CMOH), along with MCHs, DHs/ SDHs/ Block Primary Health Centres (BPHCs)/ Rural Hospitals (RHs), Primary Health Centres (PHCs)/ Sub-centres *etc*. Records of the West Bengal Medical Services Corporation Limited (WBMSCL), the executing agency for construction works, were also checked. Databases/ digital records, maintained at the State/ Directorate/ Hospital levels, were also examined.

Apart from scrutiny of records in the aforementioned offices/ hospitals, joint physical verification, with the departmental officials, to verify the position regarding delivery of services and progress of construction works, along with interview/ survey of the beneficiaries/ stakeholders *etc.*, have also been carried out. Photographic evidence was also collected, to support the audit observations.

1.7 Audit Sampling

Out of 27 Health Districts, five Districts[6], selected by adopting stratified sampling techniques, were covered in the review.

Selection of all units, within the selected districts, was also based on the simple random sampling technique, as detailed below. Health facilities run by Municipal Corporations/ Municipalities/ other ULBs, were excluded from the scope of the review.

[6] *Bashirhat Health District, Jalpaiguri, Uttar Dinajpur, Paschim Medinipur and Purulia*

- Five Offices of the Chief Medical Officers, Health (out of 27 CMOsH in the State), of the selected Districts were covered, as a compulsory selection.

➢ ***Selection of Primary Health Care Facilities:***

- Two of the CHCs, (known as BPHCs/ RHs in the State), in each of the five districts, were selected through simple random sampling which constituted a sample size of 10 CHCs, out of 348 in the State.
- Two Primary Health Centres, under each of the above BPHCs/ RHs were also selected by means of simple random sampling constituting 19 PHC[7]s out of 916 in the State.
- Total 38 Sub-Centres were further selected out of 10,368 SCs in the State, by selecting two SCs under each of the selected PHCs, using simple random sampling methods ***(Appendix 1.1)***.

Table 1.3: Selected districts along with selected BPHCs/ RHs/ PHCs

Sl. No.	Districts	Name of the BPHCs/ RHs		Name of the PHCs		Selected SCs
1.	Jalpaiguri	i.	Sulkapara RH (Nagrakata)	i.	Dhumpara	8 SCs by selecting 2 SCs under each selected PHC
				ii.	Looksan	
		ii.	Odlabari BPHC (Mal)	i.	Moulani	
				ii.	Rajdanga Dakshin Hanskhali	
2.	Uttar Dinajpur	i.	Itahar RH	i.	Marnai	6 SCs by selecting 2 SCs under each selected PHC
				ii.	Surun	
		ii.	Kunor BPHC (Kaliaganj)	i.	Majhiar (only one PHC)	
				ii.	--	
3.	Bashirhat HD	i.	Rudrapur RH (Baduria)	i.	Bajitpur	8 SCs by selecting 2 SCs under each selected PHC
				ii.	Masia	
		ii.	Sandelerbil RH (Hingalganj)	i.	Jogeshganj	
				ii.	Hingalganj	
4.	Paschim Medinipur	i.	Salboni RH	i.	Godapiasal	8 SCs by selecting 2 SCs under each selected PHC
				ii.	Pirakata	
		ii.	Sabang RH	i.	Kharika	
				ii.	Mohar	
5.	Purulia	i.	Kushtor RH (Purulia-II)	i.	Chayanpur	8 SCs by selecting 2 SCs under each selected PHC
				ii.	Hutmura	
		ii.	Muradih RH (Santuri)	i.	Balitora	
				ii.	Santuri	

➢ ***Selection of Secondary Health Care Facilities:***

- Out of total 54[8] Secondary Level Hospitals, two District Hospitals, falling in the two selected districts and three Sub-Divisional Hospitals, in other three selected districts, where Districts Hospitals were not present, were selected, as below:

Table 1.4: List of selected DHs & SDHs

Sl. No.	Selected District	Name of the DH/ SDH
1.	Jalpaiguri	Jalpaiguri District Hospital
2.	Uttar Dinajpur	Islampur Sub-Divisional Hospital
3.	Bashirhat	Bashirhat DH
4.	Paschim Medinipur	Ghatal SDH
5.	Purulia	Raghunathpur SDH

[7] *Kunor BPHC of Uttar Dinajpur had only one PHC under its control.*
[8] *18 District Hospitals and 36 Sub-Divisional Hospitals*

➢ *Selection of Tertiary Health Care Facilities:*

- For each of the selected districts, the Medical College & Hospitals, falling in the districts, were compulsorily selected. Out of 18 MCHs in the State, four were thus selected, as mentioned in **Table 1.5**.

Table 1.5: List of selected Medical College and Hospitals

Sl. No.	Selected District	Name of the Medical College and Hospital selected
1.	Kolkata	SSKM & IPGMER
2.	Jalpaiguri	No MCH
3.	Uttar Dinajpur	Raiganj Medical College
4.	Bashirhat	No MCH
5.	Paschim Medinipur	Medinipur Medical College & Hospital
6.	Purulia	Purulia District Medical College