Executive Summary

Performance Audit on Public Health Infrastructure and Management of Health Services

Executive Summary

Health is among the most important parameters for ascertaining the quality of human life. It is, therefore, essential to ensure a sound healthcare system which is easily available and accessible. A three-tier system, comprising of the primary, secondary and tertiary healthcare systems is in place in the State, to provide quality medical care services, to the people residing in the State. In view of the importance of the health sector, this performance audit on the 'Public Health Infrastructure and Management of Health Services', was conducted. Important findings, relating to different aspects of the healthcare infrastructure and services, are as under:

Human Resources

- The Department of Health & Family Welfare (Department) did not have the comprehensive position of cadre-wise sanctioned strength for different cadres of healthcare staff. Further, the Department failed to substantiate the data furnished relating to cadre-wise sanctioned strength by making available the relevant Government Orders.
- There was a significant shortage in the cadre of Medical Officers (Specialists & General Duty Medical Officers). At the State level, the shortage of Medical Officers (Specialists) was 36 *per cent* and that of Medical Officers (General Duty Medical Officers) was 49 *per cent*, while in the test-checked districts, the shortage in the cadre of Medical Officers was around 41 *per cent.*
- As many as 89 *per cent* of the Sub-Centres (SCs) in the State did not have any Health Worker (Male). The shortage of Medical Officers was 54.27 *per cent,* while shortage of specialist MOs was 91.14 *per cent,* in the Community Health Centres (CHCs) of the State. In the District Hospitals, the shortage of General Duty Attendants was 63.20 *per cent*.
- No pharmacists had been posted in 13 *per cent* of the PHCs. Shortages of Staff Nurses were 46 *per cent,* whereas 92.35 *per cent* of the PHCs in the State were running without either a male or a female Health Assistant. Shortages in respect of Laboratory Technicians (LTs) were 75 *per cent.*
- Of the 348 CHCs in the State, there were no Staff Nurses posted in 51 CHCs. Twenty-nine CHCs had no Pharmacists, 30 CHCs had no LTs, 251 CHCs had no Radiographer, 93 CHCs had no Ophthalmic Assistant and 341 CHCs had no O.T. Attendants, posted.
- Shortage of Administrative staff of almost 80 *per cent* and shortage of Para medical staff of 44 *per cent,* were a matter of concern in the District Hospitals (DHs).

(Paragraphs 2.1 – 2.7)

Delivery of Healthcare Services

At Sub-Centres (SCs):

- MOs did not visit 45 *per cent* of the SCs, even once a month. Though 55,000 deliveries had been conducted at homes, across the State, in the last three years, none of the SCs had been upgraded with facilities for conducting deliveries. The Traditional Birth Attendants and ASHA were not even trained with necessary skills, in 12 *per cent* of the SCs. Moreover, 99.56 *per cent* of home deliveries were not assisted by Skilled Birth Attendants.

(Paragraph 3.1.1)

At Primary Health Centres (PHCs):

- Accident and other Emergency/ Casualty services were not available in 71 *per cent* of PHCs; while, Emergency Obstetric Care, including surgical interventions like caesarean section and other medical interventions were not available in 90 *per cent* of the PHCs in the State. As high as 70 *per cent* of the PHCs did not have any functional beds. Of the pregnant women registered, 35 *per cent* had not got checked-up even once, by MOs-PHC, out of their four scheduled ante-natal check-ups.

(Paragraph 3.1.2)

At Community Health Centre (CHCs):

- Of the 348 CHCs in the State, Emergency Obstetric Care, including surgical interventions like caesarian sections and other interventions, were absent in 284 CHCs. There was no provision of new-born care in 22 CHCs, while emergency care to sick children had not been provided in 51 CHCs.

(Paragraph 3.1.3)

At District Hospitals (DHs):

- A number of essential and desirable services were not being rendered by the secondary level hospitals of the State. Super-specialty services (except oncology) were not available in 89 *per cent* to 100 *per cent* of the DHs of the State. In 13 *per cent* cases of childbirth of the five sampled districts, mothers had been discharged within 48 hours of delivery, involving risk of complications.

(Paragraph 3.1.4)

- As high as 285 CHCs of the State (81.89 *per cent*) did not have a Blood Storage Unit (BSU).

(Paragraph 3.2.5)

- The State did not have "108 - Emergency Response Ambulance Service", for providing integrated medical, police and fire emergency services.

(Paragraph 3.2.7)

Drugs

- The Department did not have any documented drug policy, as of March 2022.
- Quality testing reports of 30 *per cent* of the drugs samples sent for testing, had not been received from the laboratories, as of March 2022.
- Considerable delays in uploading the test result of samples found non-standard, had resulted in the consumption of non-standard drugs, by patients.
- In District Hospitals, 63 *per cent* of notified essential drugs had never been procured. Many of the other drugs had remained out of stock for long periods.

(Paragraphs 4.1 - 4.3)

Equipment

- Quality in providing health services, especially in diagnosis of patients, was compromised, as 23 *per cent* of bio-medical equipment had never been calibrated.

(Paragraph 4.4.4)

- The Sub-Centres suffered in the absence of 23 *per cent* to 88 *per cent* of essential equipment. In the test-checked PHCs, shortages of such equipment stood at 36 *per cent* to 92 *per cent*. Acute shortage of essential equipment in CHCs, coupled with complete absence of certain sets/ types of equipment, was also observed.
- The District Hospitals (test-checked) suffered shortages in crucial critical care equipment, in the Special Newborn Care Unit (SNCU), Intensive Care Units (ICU), OT, Cardiopulmonary, Radiology, laboratory, ENT *etc*.
- ICU ventilators and Oxygen Concentrators received under PMCARES were not made operational and were found lying packed in test-checked hospitals.
- In the State, 57.33 *per cent* of the Pressure Swing Absorption (PSA) oxygen generating plants, received under PMCARES and Corporate Social Responsibility (CSR) scheme, were either not commissioned and/ or not functional as of December 2023.

(Paragraph 4.5)

Healthcare Infrastructure

- There was a significant shortage of primary healthcare facilities in the State. The shortage of Primary Health Centres (PHCs) ranged up to 56 *per cent*.

(Paragraph 5.1)

- The State was running 16 *per cent* of its CHCs with less than the prescribed number of 30 beds. There was no provision of beds in 34 *per cent* of the PHCs. Further, In-Patient Departments (IPDs) were not functional, despite the availability of beds, in 35 *per cent* of the PHCs. Labour Rooms (LR) were not available in 52 *per cent* of the PHCs. Only 11 new sub-centers and three new Primary Health Centres had been set up in the State in the last six years.

(Paragraph 5.2)

- Of the 41 Multi/ Super Speciality Hospitals (SSHs), set up by the State for providing speciality and super-specialty healthcare services at the district/ sub-district levels, 63 *per cent* did not have any super-specialty services available. 50 *per cent* of the ICUs and 37 *per cent* of CCUs, planned to be set up in the SSHs, were not made functional.

(Paragraph 5.4)

- None of the five Trauma Care Facilities (TCFs), approved under 11th Five Year Plan, could be made optimally functional, even after 15 years, due to acute shortages of equipment and manpower. Instances of submission of false utilisation certificates (₹ 2.86 crore), incurring of doubtful expenditure (₹ 2.47 crore) and diversion of funds (₹ 2.42 crore), were noticed in the utilisation of central grants. The entire GoI grants, for construction of five TCFs (₹ 8.41 crore) and six Burn units (₹ 12.68 crore), under the 12th FYP, lay unutilised.

(Paragraph 5.5)

Financial Management

- Departmental spending showed that, while the revenue expenditure of the department had gradually increased (125 *per cent*) over 2017-22, capital expenditure, in the health sector, had experienced a consistent decrease (12 *per cent*) over the same period.

(Paragraph 6.1.1)

- As of 2021-22, the level of health sector expenditure in the State (1.23 *per cent* of GSDP) was far below the target (2.5 *per cent* by 2025) set in the National Health Policy (NHP). Further, health sector expenditure, during 2017-22, had ranged between 4.24 *per cent* and 6.37 *per cent,* of the overall budgetary expenditure of the State, against the target of achieving more than eight *per cent* by 2020.

(Paragraph 6.1.2)

Implementation of Centrally Sponsored Scheme

- Progress under the National Programme for Control of Blindness & Visual Impairment (NPCB&VI) had not been assessed. Adequate Vision Centres had not been set up. Vacancies of 44.26 *per cent* existed in the cadre of Medical Technologist (Optometry). Insufficient number of cataract surgeries and inadequate Corneal transplantation, were observed.

(Paragraph 7.1)

- Adequate screening of the population was not done, as prescribed under the National Leprosy Eradication Programme. A considerable number of persons, *prima facie* suspected for leprosy during the screening, were not medically examined for confirmation. The prevalence rate of leprosy was more than the norms prescribed, in six districts of the State.

(Paragraph 7.2)

- There was inadequate screening under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS). Lack of investigation facilities, day care facilities, palliative care and capacity building initiatives, were observed across the

clinics. Prescribed approaches of public awareness activities had not been adequately adopted and there was lax monitoring.

(Paragraph 7.3)

- The District database on elderly had not been prepared by the District Cells, under the National Programme of Healthcare for the Elderly (NPHCE). Home-based care, provided to the elderly, was highly inadequate. Weekly Geriatric Clinics had not been organised by any of the Primary Health Centres. Services under the scheme had not been provided by 67 *per cent* of the CHCs, keeping the elder population of 16 districts out of coverage under the programme.

(Paragraph 7.4)

Enforcement of Regulatory Mechanism

- No comprehensive roadmap was devised under National Quality Assurance Scheme (NQAS), by the State Quality Assurance Committee (SQAC), for attaining the National Standards within any measurable timeframe.

(Paragraph 8.1)

- Defining of targets/ roadmaps for corrective actions could not be set, as conduct of review meetings, by the State level SQAC/ SQAU or district level DQACs, was grossly deficient and the assessed scores of the public health facilities, under NQAS, were not reviewed by the SQAC.

(Paragraph 8.1.1)

- Maternal deaths had not been reviewed in almost 39 *per cent* of cases, in the test-checked hospitals, in contrast to the State level figures. The prescribed mechanism of centrally reviewing maternal deaths by the State level Task Force, to identify gaps, prepare action plans and execute them, was not followed.

(Paragraph 8.2.1)

- Disregarding its own formulated guidelines, no child deaths had ever been reviewed by the Department, at any level. There was no documentary evidence of functioning of the State Level Task Force, for child death reviews.

(Paragraph 8.2.2)

Sustainable Development Goals (SDGs)

- There was no approved Sector Paper on Health and Family Welfare, to integrate the 2030 agenda of Sustainable Development Goals (SDG).

(Paragraph 9.1)

- Government of West Bengal (GoWB) had neither framed any Health Policy and/ or Standards, nor had it expressly followed the Indian Public Health Standards (IPHS) for the State. Consequently, no long/ short-term plans could be framed for implementation of the strategic goals, or for collating the Department's budgeting process with the plan. In the absence of any set of standards against which achievements could be gauged, no efforts were made to identify the gaps in various facets of healthcare services.

(Paragraph 9.2)

The State Government may ensure:

1. ***The H&FW Department may formulate and maintain definite sanctioned strength across cadres for each heath care facility on priority basis to ensure adequacy of human resources.***
2. ***The H&FW Department may ensure filling up of the vacant posts and engaging Medical and Para Medical Staff against the shortages, on priority basis, at the various healthcare facilities of the State.***
3. ***Redeployment of additional staff, from facilities with excess manpower, to facilities running with shortage of manpower, may be ensured.***
4. ***Availability of Emergency Obstetric Care, including surgical interventions like caesarean section and other medical interventions, may be ensured in selected PHCs and in all CHCs, in the State.***
5. ***Provisions for new-born care and emergency care, for sick children, may be ensured, in all CHCs.***
6. ***The H&FW Department may maximise coverage of institutional deliveries and also ensure that all home deliveries are attended by Skilled Birth Attendants.***
7. ***Basic essential diagnostic facilities may be ensured at all levels of healthcare units.***
8. ***The H&FW Department may formulate a Comprehensive Drugs Policy, ensuring continuing supply of essential and lifesaving drugs, monitoring of the quality of medicines and dissemination of the results of such tests to all health facilities, at the earliest, to avoid consumption of non-standard medicines, by persons consuming such medicines.***
9. ***Appropriate steps may be taken to make all essential equipment available in health facilities, to ensure proper diagnosis and treatment.***
10. ***Maintenance of bio-medical equipment may be ensured, to avoid instances of the equipment going out of order and lying non-functional, hindering services.***
11. ***Centralised monitoring may be carried out, to ensure that the bio-medical equipment undergoes periodic calibration, ensuring error-free diagnosis and treatment.***
12. ***The H&FW Department may ensure setting up of the required new health facilities, throughout the State to reduce the shortages of health facilities in the State. Infrastructure deficiencies, in the existing healthcare facilities, may also be plugged.***
13. ***Department may ensure that adequate funds are allotted in Health Sector and are utilized in a more efficient manner, as envisaged in the National Health Policy and other relevant guidelines.***
14. ***The H&FW Department may ensure that adequate Vision Centres are set up, vacancies in regard to Optometrists are addressed, and cataract and corneal surgeries are conducted at an optimal level.***

15. ***Department may ensure that adequate screening of the population is carried out under the NLEP and all persons, prima facie suspected of leprosy during the screening, undergo the required medical examination for confirmation.***

16. ***A proper monitoring mechanism may be established, to ensure adequate screening of the population, under the National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS).***

17. ***The H&FW Department may identify and plug in the gaps in investigation facilities, day care facilities, palliative care and capacity building initiatives, across all clinics.***

18. ***The H&FW Department may ensure that the district database on the elderly is prepared and home-based care is provided to all needy elderly persons. Weekly Geriatric Clinics, at the PHCs, and services as envisaged under the programme, may also be ensured, at all CHCs.***

19. ***The H&FW Department may ensure conduct of regular meetings, by the State Level and District Level Committees, for discussion on the information received as Key Performance Indicators (KPIs), from the health facilities, for identifying and plugging gaps, for maintaining the healthcare services at an optimal level.***

20. ***The H&FW Department may ensure that all maternal deaths are reviewed, for detection of the underlying causes and take remedial measures for minimising maternal mortality in the State. The H&FW Department may also ensure immediate commencement of reviews of the child deaths in the State.***

21. ***The H&FW Department, Govt. of West Bengal (the nodal department) may either expressly follow the Indian Public Health Standards or set its own standards.***

22. ***The H&FW Department may conduct a 'Gap Analysis' exercise to arrive at the shortages in infrastructure, man-power and services, against the set standards and prepare long and short-term health action plans, based on the gap analysis exercise. The H&FW Department may ensure that the annual budgeting process is driven by long and short-term plans.***

23. ***The H&FW Department may ensure integration of SDG goals with the health action plans and setting of intermediate targets, ensuring achievement of SDG goals by 2030.***

Preface

This Performance Audit Report for the year ended March 2022, has been prepared for submission to the Governor of West Bengal, under Article 151(2) of the Constitution of India, for being laid before the Legislative Assembly of West Bengal.

This Report contains significant results of the 'Horizontal Performance Audit on Public Health Infrastructure & Management of Health Services', in terms of the State's performance in achieving objectives based on Indian Public Health Standards, National Health Policy, Sustainable Development Goals, Norms issued by the World Health Organisation, relevant Regulations/ Acts/ Rules/ Accreditation Standards/ Guidelines/ Orders *etc.*, framed or issued in this regard.

The instances mentioned in this Report are those which came to notice in the course of test-audit, in regard to the Horizontal Performance Audit on Public Health Infrastructure & Management of Health Services, covering the period 2016-17 to 2021-22, in the State of West Bengal, as well as those which had come to notice in earlier years, but could not be reported in the previous Audit Reports; instances relating to periods subsequent to 2021-22, have also been included, wherever necessary.

The audit has been conducted in conformity with the Auditing Standards issued by the Comptroller and Auditor General of India.

TABLE OF CONTENTS

APPENDICES