

# **Executive Summary**



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### **Why did we take up this audit?**

New National Health Policy (NHP) 2017 was adopted to inform, clarify, strengthen, and prioritize the role of the Government in shaping health systems in all its dimensions. Considering National Health Policy 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 2021-22 or later.

### **Against which benchmarks, performance has been assessed?**

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 the performance of the healthcare delivery system. The Indian Public Health Standards (IPHS) for District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs) prescribe standards for the services, manpower, equipment, drug, 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 Indian Public Health Standards, 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; Kayakalp guidelines; Bio-Medical Waste Management Rules; and Drugs and Cosmetic Rules were used to evaluate the healthcare facilities in test checked hospitals.

### **What have we found and what do we recommend?**

#### ***Human Resources***

In Uttarakhand's health sector, out of a total of 21,670 sanctioned posts, 41 *per cent* were vacant. The Department of Medical Health & Family Welfare and Medical Education hold the largest portion of sanctioned positions, accounting for 81 *per cent* of the total sanctioned posts. Medical Health & Family Welfare Department alone contributes 63 *per cent* of the sanctioned workforce. There were vacancies of 54 *per cent*, 45 *per cent*, and 40 *per cent* in Food and Drugs Administrator, Medical Health & Family Welfare, and Medical Education Departments respectively.

Since 2014, the State Government has framed a recruitment policy for General Duty Medical Officers (GDMOs) requiring MBBS qualifications. However, there's no policy for specialist doctors' recruitment, leading to shortage of 94 *per cent* in Community Health Centres and shortages of 45 *per cent* and 30 *per cent* in Sub-District Hospitals and District Hospitals respectively, as per Indian Public Health Standards norms.

In four plains districts, there was a 50 *per cent* shortage of specialist doctors against sanctioned posts, while in nine hilly districts, the shortage reaches 70 *per cent*. Additionally, the availability of doctors varied between hilly and plain districts. The shortage of Staff Nurses against sanctioned strength in hilly districts varied from 57 *per cent* in Pithoragarh district to 75 *per cent* in Chamoli district while in four plain districts this shortage varied from 35 *per cent* in Dehradun to 63 *per cent* in Nainital. The shortage of X-ray Technicians against sanctioned strength in hilly districts varied from 50 *per cent* in Champawat district to 75 *per cent* in Rudraprayag district while in four plain districts this shortage varied from zero *per cent* in Dehradun to 49 *per cent* in Nainital.

In the Medical Education Department, 64 *per cent* posts of Doctors, 81 *per cent* posts of Nurses, 79 *per cent* posts of Paramedical staff were vacant. There was a shortage of 79 *per cent* to 100 *per cent* of Superspecialist Doctors in the three Government Medical Colleges of the state. No Nurses and Paramedical staff for Superspeciality wing was available in any of the Government Medical College (GMC) of the state. Three Government Paramedical Colleges (GPMCs) were established in the state (March 2018) without having its own building and teaching faculties. Further, there was shortage of 37 *per cent* Doctors, 20 *per cent* Nurses, 17 *per cent* Paramedical staff in AYUSH department.

#### **Recommendations**

- 1. The Government may focus on expediting recruitment process in order to fill vacancies in the health sector.*
- 2. The Government may formulate a new recruitment policy for the fulfilment of the posts of specialist doctors by taking proper cognizance and adoption of good practices suggested by the Ministry of Health & Family Welfare, GoI in June 2016. Besides this, policy/rules should also be framed at State level for recruitment of super specialty cadre in Medical Education Department.*
- 3. The Government may consider to rationalised the existing staff across districts and health institutions for short term. While rationalising, it should be ensured that the postings are done in such a way that complementary healthcare professionals i.e., doctors, nurses, paramedical staff are posted in each health institution.*
- 4. The Government needs to take urgent action to equip existing Government Medical Colleges and Government Paramedical Colleges with required infrastructure and human resources.*

### **Healthcare Services**

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 auxiliary services. OPD services were available in the test checked Government Medical Colleges and District Hospitals. However, ENT OPD service was not available in Sub-District Hospital, Rishikesh while Dermatology & venereology was not available in Sub-District Hospital Prem Nagar. Also, Psychiatry service was not available in Sub-District Hospital Prem Nagar and Sub-District Hospital Rishikesh.

Out of nine Community Health Centres, six and seven Community Health Centres had no Surgery services and Paediatrics services respectively. General Medicine and Obstetrics & Gynaecology services were not available in Community Health Centre, Kotabag. Further, Dental service was not available in Community Health Centre Betalghat whereas AYUSH services were not available in three out of nine test checked Community Health Centres and two out of eight test checked Primary Health Centres.

The availability of doctors was not ensured as per the patient load in the test checked District Hospitals/Sub-District Hospitals/Community Health Centres. An adequate number of beds were not available for General Medicine and General Surgery in both test checked District Hospitals. Further, Accident and trauma beds were not available in District Hospital, Nainital. Out of three test checked Sub-District Hospitals, ICU facility was not available in Sub-District Hospital, Premnagar while ICU facility was available in Sub-District Hospital, Rishikesh and Haldwani but was non-functional due to unavailability of specialised manpower.

In Maternity services, institutional births have increased from 68.60 *per cent* during the period 2015-16 to 83.20 *per cent* during the period 2019-21. However, institutional births in public health facility remained at 53.30 *per cent* during the period 2019-21.

Though, diagnostic services were being provided in the test checked District Hospitals/Sub-District Hospitals but no District Hospital/ Sub-District Hospital was providing all the diagnostic services as prescribed under Indian Public Health Standards norms.

#### **Recommendations**

- 1. The Government may consider mapping the availability of infrastructure, services, and human resources against identified benchmark and create a centralised database of infrastructure and services available across government health institutions.*
- 2. The Government may ensure that all OPD, IPD, Emergency and Diagnostic services as prescribed under Indian Public Health Standards norms for different healthcare facilities are made available to the public.*
- 3. The Government may ensure to take steps to improve and strengthen auxiliary and support services so that overall services of healthcare facilities may be improved.*

### ***Availability of Drugs, Equipment and Other Consumables***

Audit assessed the availability of drugs and equipment against essential drugs and equipment listed in Indian Public Health Standards and National Medical Commission norms for Medical Colleges. There was a shortage of essential drugs and equipment in all test-checked health institutions and there was wide variation in availability across the same types of institutions. One of the reasons for the shortage was, the lack of procurement of an adequate number of essential drugs, distribution of medicine without consideration of patient load and failure in timely and full procurement of medical equipment. Five drugs in the test checked hospitals were reported substandard but were distributed to patients by the hospitals before receiving the quality test-reports, further two drugs out of these five were issued to patients even after receiving the quality test-reports. The capacity of Rishikul State Ayurvedic Pharmacy was underutilized, as it produced only three out of 34 medicines, despite its capability to manufacture 141 drugs. Further, the implementation of the comprehensive Bio medical equipment management and maintenance program (BEMMP) was also delayed despite the availability of funds.

#### **Recommendations**

- 1. The Government may ensure the availability of essential drugs and equipment at all health institutions. Distribution of drugs may be based on patient load to avoid stock-out and excess stock situations in different places.***
- 2. The Government may consider to involve Bio Medical Engineer/ Expert in the procurement & testing of high-end medical devices.***
- 3. The Government may consider to implement an online prescription system.***
- 4. The Government may get done gap Analysis for equipment as per Indian Public Health Standards & National Medical Commission Norms.***

### ***Healthcare Infrastructure***

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. Three out of nine test checked Community Health Centers did not had required number of beds. The selected healthcare facilities had many shortcomings in building infrastructure. Residential accommodation of selected healthcare facilities were not maintained and were in dilapidated condition. There were planning deficiencies due to which inordinate delay in the completion of construction work of AYUSH Hospital and Government Unani College. Instances of lack of proper upkeep and maintenance of the already constructed/available infrastructure were also noticed in test checked healthcare facilities.

#### **Recommendation**

- 1. The Government may consider developing a proper mechanism for proper upkeep and maintenance of the already constructed/available infrastructure.***

### **Financial Management**

The State Government could spend 4.65 *per cent* of its total expenditure and 1.19 *per cent* of Gross State Domestic Product on health services during 2021-22. This was below eight *per cent* of the budget and 2.5 *per cent* of Gross State Domestic Product targeted under National Health Policy 2017.

#### **Recommendations**

1. *The Government may enhance the institutional capacity to utilise allocated fund along with increasing the budget provision on healthcare services as required under National Health Policy, 2017.*
2. *The Government may enhance expenditure particularly to meet deficiencies in providing adequate supply of medicine and equipment across healthcare facilities in the State and to create the lacking infrastructure like Trauma Centres, mortuary, blood bank and construction of buildings for Sub Centers.*

### **Implementation of Centrally Sponsored Schemes**

The State has shown notable improvement in its healthcare infrastructure, with the number of healthcare facilities receiving Kayakalp awards rising from 65 to 94 between 2019 and 2022. However, to sustain this progress, further efforts are required. There was room for improvement in Hepatitis B vaccination rates for children. The department needs to do more for smoother implementation of programs like National Tuberculosis Control Programme, National Programme for Control of Blindness, and National Mental Health Programme in the State. In test-checked healthcare facilities, the availability of drugs under the National Mental Health Program needs improvement. Four out of five Societies/NGOs, with which agreements were executed for operation and maintenance of Urban Primary Health Centres in the State, did not get the required insurance done for the equipment supplied by the Societies/NGOs.

#### **Recommendations**

1. *The Government needs to pay more attention for efficient implementation of programmes like National Tuberculosis Control Programme, National Programme for Control of Blindness, and National Mental Health Programme in the State.*
2. *The Government may ensure the availability of drugs under the National Mental Health Programme.*

### **Adequacy and effectiveness of the regulatory mechanisms**

While the Legislature has developed a statutory framework for regulation of the medical sector, the department was unable to implement and enforce it effectively. It is found that 3,868 healthcare facilities were registered under Clinical Establishment Act as against 4,282 healthcare facilities registered with Uttarakhand Pollution Control Board in the year 2021. Test checked District Registering Authorities could not ensure compliance as per the notification issued by GoI, as a result 166 out of 189 labs and diagnostics had not

been registered permanently by them even after the passage of more than four years from the date of notification of the prescribed minimum standard for labs. The majority of healthcare facilities that have applied for NOC, were operating without valid NOC from the fire department. Limited Thermoluminescent dosimeters badges were provided to radiation workers in the government healthcare facilities of the State.

Moreover, Nursing and State Pharmacy also had issues like the absence of requisite councils, infrequent meetings, inspections and insufficient monitoring.

#### **Recommendations**

- 1. The government may ensure that all requisite regulatory bodies are constituted as per the respective statutory norms.*
- 2. The Government may ensure that the various regulatory bodies may adopt an adequate and effective monitoring mechanism to guarantee conformity with the necessary minimum standards.*
- 3. The Government may ensure that all utilities generating bio-medical waste comply with the provisions with regard to authorisation, bar coding, annual returns along with third party inspection to regulate the generation and disposal of bio-medical waste.*
- 4. The Government may ensure to get all the hospital buildings independently assessed for fire safety and ensures that these are fully equipped with firefighting equipment.*

#### **Sustainable Development Goal-3**

Out of 45, the data of only nine indicators were available at district level, therefore, the rest of the indicators were not being monitored. Further, The Sustainable Development Goal (SDG) Index Dashboard captures only nine indicators in place of 45. Rate of institutional deliveries, full immunization, utilization of antenatal care services, and screening for children have witnessed considerable improvement over the years.

#### **Recommendation**

- 1. The Government may consider capturing more required indicators for monitoring goals and indicators under SDG-3.*

#### **Management's response to audit recommendations**

During the 'Exit conference' (November 22) the draft report and recommendations made there in were discussed with concerned Secretaries in detail. An updated and revised draft performance report was again issued to the State Government Departments in September 2023 to seek their views/input. The reply was awaited (April 2024).