Executive Summary

Why did we take up this audit?

Chhattisgarh State ranks 10 out of 19 larger States in NITI Aayog's Health Index for 2020. As per National Family Health Survey 5 (2019-21), the State was lagging behind the national average in respect of Neonatal Mortality Rate (32.40), Infant Mortality Rate (44.30), Under five Mortality Rate (50.40) and institutional births (85.8 *per cent*). Maternal Mortality Ratio (MMR) of Chhattisgarh though improved from 159 (2018) to 137 (2020) as per Sample Registration System (2018-20), it was far behind the national average of 97. National Health Policy (NHP) 2017 was adopted by Government of India (GoI) 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, 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, drugs, and equipment in the healthcare 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, central share/sector schemes being implemented by the GoI, through State Government and overall linkage with the Sustainable Development Goal–3. The Performance 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, GoI 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 (DHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Health Centres (SHCs) prescribe standards for the services, manpower, equipment, drug, building and other facilities. These include the standards to bring the Healthcare Institutions (HIs) 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 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; and Drugs and Cosmetics Rules were used to evaluate the HIs.

What have we found and what do we recommend?

Human Resources

The Government of Chhattisgarh (GoCG) had not formulated any human resource policy for the healthcare sector to ensure availability of Doctors,

Nurses, and Paramedics in HIs as per the IPHS norms. Though the Doctor population ratio (1: 2492) of State had improved during 2016-22 but, it was far behind the WHO benchmark of 1:1000 and national ratio of 1:1456. The posts of Doctors were not sanctioned uniformly on the basis of population resulting in uneven distribution of Doctors under the DHS across the districts. In the 23 DHs, there was shortage in the sanctioned post of Specialist Doctors (three *per cent*), Staff Nurse (27 *per cent*) and paramedical staff (24 *per cent*) according to the population criteria prescribed in the IPHS norms.

There was overall shortage of 34 *per cent* (25,793) in availability of manpower against the sanctioned strength (74,797) in the Department.

In 23 DHs, there was shortage in availability of Specialist Doctors (33 *per cent*), Medical Officer (four *per cent*), and Paramedics (13 *per cent*) against the sanctioned strength. In 172 CHCs, there was shortage of Specialist Doctors (72 *per cent*) and Doctors (15 *per cent*) against the sanctioned strength. In 776 PHCs in the State, there was shortage of Medical Officers (32 *per cent*), Staff Nurse (32 *per cent*) and Paramedics (36 *per cent*) against the sanctioned strength.

In 4,996 SHCs, 17 *per cent* post of ANMs were vacant against the sanctioned strength. In 502 SHCs, no ANMs were posted and thus required maternity services could not be provided to the pregnant women in these SHCs.

Against the total sanctioned strength of 915 in the cadre of Doctors (256), Staff Nurse (528) and Paramedical Staff (131) in the State, a total of 694 persons comprising Doctors (190), Staff Nurse (366) and Paramedical Staff (138) were deployed with shortage of 24.15 *per cent* in 23 MCHs. Post of Doctors, Staff Nurse and Paramedical Staff was not sanctioned in remaining seven MCH wings.

Shortage of Specialist Doctors, Staff Nurse and Paramedical Staff ranged between 58 and 30 *per cent*; 64 and 15 *per cent*; 55 and 24 *per cent* respectively in test checked five GMCs/ GMCHs. In Super Specialty Hospital Raipur, only nine (3.21 *per cent*) posts of Doctors (2), Staff Nurse (5) and Paramedical Staff (2) were filled with regular staff against the sanctioned strength of 280, and 208 posts were filled with contractual staff.

Staff Nurse to Bed ratio in ICU ranged upto 1:20 against the norms of 1:1 and in non-ICU wards this ratio ranged up to 1:39 against the norms of 1:3 in test checked GMCHs. Further, sanctioned strength of staff nurse was also less than the Medical Council of India norms and it was not fixed in accordance with the bed capacity.

Four new GMCs and one private college were opened during 2016-22 and intake capacity (UG) has been increased to 1,370 from 1,100; however, none of the GMCs could attain maximum permissible intake capacity as of March 2022.

There was shortage of Doctors (29 *per cent*), Staff nurse (60 *per* cent) Paramedics (30 *per cent*) in AYUSH facilities and teaching staff (29 *per cent*) in Government Ayurveda Colleges. In selected districts, 130 out of 538 dispensaries were functioning without Doctor.

Recommendations:

1. **The GoCG may formulate a human resource policy for the healthcare sector to make available required number of qualified manpower for public health;**
2. **The GoCG may increase sanctioned strength of doctors, staff nurse and paramedical staff according to the IPHS norms in all HIs. Post of doctors may be sanctioned uniformly across all DHs to mitigate regional imbalance;**
3. **The GoCG should ensure availability of specialist doctors, staff nurse and paramedical staff against the sanctioned strength;**
4. **Specialist doctor for each department may be posted to all DHs and CHCs to facilitate specialist services to the patients;**
5. **The GoCG should post more staff nurse in the GMCHs to improve staff nurse to bed ratio in ICU and non ICU wards for proper nursing care; and**
6. **The GoCG should take action for posting doctors in 130 AYUSH healthcare institutions that were operating without regular doctors.**

Availability and management of Healthcare Services

All ten specialist services as required under IPHS norms were available in only five (22 *per cent*) out of 23 DHs in State. 12 DHs had nine essential services except dermatology and venereology while in DH, Kondagaon only four specialist services were available. Similarly, Outpatient Department (OPD) services in General Medicine, General Surgery, Obstetrics and Gynecology and Pediatrics were not available in 104 (60 *per cent*), 148 (86 *per cent*), 126 (73 *per cent*) and 133 (77 *per cent*) CHCs respectively. In 282 (36 *per cent*) out of 776 PHCs, Doctor (Medical Officer) was not available to provide OPD services as per IPHS norms.

OPD services in Cancer unit (GMCH Jagdalpur) and Cardiology, Nephrology, and Neurology Departments (GMCH Rajnandgaon) could not be started for more than eight years due to non-availability of Specialist Doctors.

Average OPD cases per Doctor per annum were highest in GMCHs (between 28,804 and 7,723) followed by CHCs (between 19,659 and 4,451) and DHs (10,437 and 3,834). In 11 HIs (DHs/CHCs/GMCHs), the number of patients per hour per registration counter was more than norms (20) during 2016-22.

IPD ward/beds as per IPHS norms for all five basic in-patient services (General medicine, General surgery, Ophthalmology, accident and trauma, Pediatrics) were available in only one out of seven test checked DHs. In two DHs, the number of beds was available as per IPHS norms for four out of five services. DH Balod did not have required number of beds in any of the five wards. Burn ward was not available in four out of seven test checked DHs.

Bed Occupancy Rate (BOR) in five out of seven DHs was below the IPHS norms of 80 *per cent*. Average BOR of DH Surajpur and Baikunthpur was 137 and 185 *per cent* respectively which shows inadequate number of beds

against requirement. Average Bed turnover ratio of DH, Sukma was 173 *per cent* while in DH Raipur it was quite low (16.50) as compared to other DHs.

Operation Theatre (OT) services were available in all test checked GMCHs and DHs. All 12 surgical procedures were available in only two DHs as per IPHS norms. In remaining five DHs, non-availability of surgical procedures ranged between one and four. OT services were not available in three (21 *per cent*) out of 14 test checked CHCs and seven (50 *per cent*) out of 14 test checked PHCs.

All four surgery services (General Surgery, ENT, Orthopedics and Ophthalmology) were available in only three out of seven test checked DHs. Three types of surgeries in two DHs and only two types of surgery were available in one DH. Against the national average of 194 surgeries per surgeon in a year, four DHs have more than average surgeries per surgeon in Ophthalmology. Similarly, it was more than the national average in one DH in General Surgery department and in one DH in orthopedics department.

Emergency services were available in all test checked DHs, but the required facilities in the emergency ward, as per IPHS norms, were not available in four out of seven test checked DHs.

Routine and emergency care was not available in 25 (15 *per cent*) out of 172 CHCs in the State. Facility of 24 hours management of selected emergency services such as accident, first aid, stitching of wounds etc., were not available in two out of 14 test checked PHCs.

Intensive Care Unit (ICU) facility was not available in four out of seven test checked DHs. Availability of beds (25) in NICU (GMCH Bilaspur) was less than the average patient load per day (33) and thus two neonates had to share single bed.

As per National Family Health Survey-5 report, only 60 *per cent* pregnant women received four ANC during pregnancy and only 26.30 *per cent* pregnant women were provided iron folic acid tablets for 180 days.

Institutional birth/deliveries increased from 70.20 *per cent* to 85.70 *per cent* during 2016-21. C-section deliveries also increased from 9.9 *per cent* in 2015-16 to 15.2 *per cent* in 2020-21, but it was much higher (57 *per cent*) in private HIs than the public HIs (8.9 *per cent*) in the State.

Special Newborn Care Unit (SNCU) service was not available in five (22 *per cent*) out of 23 DHs in the State and neonatal death rate (15) was highest in DH Kondagaon and lowest (0.23) in DH Bilaspur.

Lack of adequate maternal and neonatal facilities/services coupled with improper implementation of Central Sector Schemes such as Janani Shishu Suraksha Karyakaram (JSSK), Janani Suraksha Yojana (JSY) and other programmes related to maternal and child health might have affected the maternal and neonatal healthcare adversely. This may also have resulted in higher IMR and MMR in the State in comparison to National average as indicated in NFHS-5 survey.

All Imaging (Radiology) services required under IPHS were not available in any of the test checked DHs/CHCs. Stress test and ECHO facility was not

available in five out of seven test checked DHs. MRI services was not available in three out of five GMCHs. Ultra Sonography facility was available in only one out of 14 test checked CHCs. Full range of essential pathological investigations as per IPHS norms was not available in any of the test checked HIs (GMCHs/ DHs/ CHCs).

Number of Advance Life Support (ALS) ambulances were insufficient in 15 districts as only 30 ALS vehicles were deployed against the requirement of 52 as of March 2022 under 108 *Sanjeevni Express*. In 33.99 *per cent* cases, the response time of the ambulances was more than 30 minutes whereas in 57,398 cases (8.59 *per cent*) ambulance reached patients after one hour of receiving their calls. In nine districts, the response time was more than 30 minutes.

Dietary services in HIs were marred by inadequate facilities such as lack of dedicated kitchens, dieticians and food safety registration certificates. Laundry services were available in all test checked DHs. In three test checked CHCs, records of linen services were not maintained. In two test checked GMCHs, linen were not changed every day and quality of bed linen was not checked on daily basis in any of the test checked GMCHs, except GMCH Raipur.

All test checked DHs and GMCHs had 24x7 mortuary facility but availability of facility for pathological postmortem was not available in four DHs and one GMCH. System to provide identification tag/wrist band for each stored dead body were not available in two DHs and three GMCHs.

Biological testing/ physical testing of water samples were not carried out in nine HIs out of 26 test checked DHs/CHCs/GMCHs.

Citizen's charter was not displayed in nine out of 27 test checked HIs (DHs/ CHCs/ GMCHs/ DKSPGI). NOC/fire safety license was not obtained by 39 out of 41 HIs (DHs/ CHCs/ PHCs/ GMCHs/ DKSPGI). Healthcare Institutions also lacked smoke detection systems (36), fire hydrants (36) and signage (31). Hospital Infection Control Committee was not formed in 30 out of 41 HIs.

Patient satisfaction survey was not conducted in three GMCHs, in three CHCs and in two PHCs out of test checked five GMCHs, 14 CHCs and 14 PHCs during 2016-22. Audit conducted survey of 450 patients and non-availability of neat and clean toilet facilities, adequate seating arrangements and non-availability of prescribed medicines was expressed by 38, 14 and 18 *per cent* patients respectively.

Recommendations:

The GoCG may:

7. **Ensure availability of all OPD/ IPD services in HIs for quality patient care as per regulatory norms;**
8. **Take initiatives to ensure availability of all pathological and imaging facilities such as USG and X-ray machines in all HIs for early and proper diagnosis of diseases;**

9.	**Improve dietary services in healthcare institutions by providing dedicated kitchens, dieticians, regular quality checks, registration certificates;**
10.	**Install fire safety systems comprising fire alarm/smoke detectors etc., in all healthcare institutions on a priority basis; and**
11.	**Consider to form Hospital Infection Control Committees in CHCs and PHCs and address deficiencies w.r.t Citizen's Charter and entitlements, grievance redressal mechanism and patient feedback in healthcare institutions.**

Availability of Drugs, Medicines and Equipment in the Healthcare Institutions

The GoCG had established (2010) Chhattisgarh State Medical Services Corporation Limited (CGMSCL) as a centralised nodal agency for all procurement and supply of drugs, medicines and equipment under the Health Department. During 2016-22, the Department of Health and Family Welfare, GoCG (Department) had procured drugs, medicines and equipment valuing ₹ 3,753.18 crore.

The Annual Indents (AI) for procurement of drugs, medicines and consumables were finalised by the Directorates of Health Department with delay and in *ad hoc* manner without considering previous year's consumption, existing stocks and purchase orders already placed. Moreover, programme/ scheme drugs were not included in the AI.

Despite having centralised procurement agency, the purchases of drugs, medicines and consumables were made through local purchase (decentralised procurement) ranging from 26.79 to 50.65 *per cent* of total procurement during 2016-22.

CGMSCL failed to prepare purchase manual in consonance with the Chhattisgarh Stores Purchase Rules (CGSPR) due to which in many cases purchases were made in violation of CGSPR. Out of total 278 tenders finalised for Rate Contracts (RCs) by CGMSCL, 165 tenders were finalised with delay ranging from three to 694 days during 2016-22 resulting in delay in supply of drugs and equipment. Delay in finalisation resulted in local purchase of drugs at higher rates.

The percentage of essential drugs from the indented quantity for which RC could not be finalised during 2016-22 ranged between 48.82 *per cent* (2016-2017) and 63.59 *per cent* (2018-2019) resulting in local purchase of untested essential drugs valuing ₹ 97.93 crore during 2017-22.

The validity period of new RCs for procurement of equipment and drugs was extended by the CGMSCL without the approval of Competent Authority.

There were instances of procurement of drugs and equipment by CGMSCL at tailor made specification, inviting tender with indicative quantity instead of bulk quantity, without assessing reasonability of quoted rates and evaluation of bids without applying due diligence which resulted in procurement at higher rates with avoidable extra expenditure. Further, equipment was procured without ensuring requirement/availability of required infrastructure/

parts/reagent/training/operating modalities which resulted in idling of equipment of ₹ 49.68 crore. CGMSCL also purchased drugs worth ₹ 23.98 crore from blacklisted firms.

CGMSCL failed to get replacement of Not Standard Quality drugs supplied by the suppliers and neither levy penalty of ₹ 1.69 crore nor recovered the demurrage charges of ₹ 24.60 lakh from such defaulting suppliers.

The drugs inventory management system was deficient as CGMSCL placed the purchase orders without considering available stock in its warehouses, the previous consumption trends and future requirement which resulted in expiry of drugs valuing ₹ 33.63 crore.

There were instances of non-availability of drugs at HIs. Out of 272 EDL drugs required for DHs, 103 drugs were not available as of 31 March 2022 in the seven test checked districts. Similarly, out of 149 EDL drugs required for CHCs, 39 drugs were not available in the 14 test checked CHCs.

In test checked warehouses, the prescribed temperature for storage of various drugs was not maintained by the CGMSCL due to lack of effective cooling system, which may result in loss of efficacy and quality of drugs.

Audit observed irregularities in procurement of COVID-19 related items such as purchase through distributor, from bidders not qualifying Pre-Qualification Requirement and modifying supply schedule to favour suppliers. CGMSCL had procured COVID-19 related items worth ₹ 23.13 crore without recommendation of COVID Committee which was irregular.

Four Liquid Medical Oxygen (LMO) tanks purchased during the covid period for GMCHs were lying idle. Further, Cryogenic LMO tank (12KL) fixed in super specialty hospital was not connected to the oxygen pipeline of the hospital and remained idle.

There was lack of planning in developing IT system by CGMSCL as the different software *viz*., Drug Procurement and Distribution Management Information System (DPDMIS), Equipment Management Information System (EMIS), Health Infrastructure Management Information System (HIMIS) and e-procurement were not interconnected and had overlapping modules related to procurement and payment. Further, all the modules were not fully operational in any of IT system.

In DPDMIS and EMIS various input/ processing/ output controls and system security were inadequate which resulted in non-capturing of barcode details at the time of receipts of drugs, supply of tertiary level drugs to PHC, generation same Purchase Order (PO) number, non-levy of Liquidated Damages (LD)/ penalty through system and non-monitoring of quality control reports.

Recommendations:

The GoCG should:

12. ensure timeliness in procurement of centralised purchase of drugs, medicines and equipment for uninterrupted supply to HIs;

13. prepare standard generic specification for commonly used equipment across all the HIs to maintain uniformity and economy in procurement;

14.	**prepare the procurement manual in accordance with CGSPR;**
15.	**evaluate the tenders of testing equipment in such a manner that cost of consumables/ reagents may also be considered;**
16.	**strengthen the inventory management system in CGMSCL by applying scientific methods of inventory management and considering the existing stock, previous consumption trend and future demand;**
17.	**ensure that asset created under emergency procurement viz., oxygen plant, oxygen pipeline etc., are put to use at HIs;**
18.	**strengthen process control/ output controls by proper mapping of business rules in IT developed or to be developed;**
19.	**ensure proper validity checks in the system to prevent unauthentic and duplicate data with minimum manual intervention;**
20.	**initiate action to achieve full computerisation for interconnection of available databases of different software and operationalisation of all existing modules; and**
21.	**ensure implementation of the barcode scanning system.**

Availability and management of Healthcare Infrastructure

The Public Health Institutions under the State Government comprises 10 GMCHs, one super specialty hospital, 23 DHs, 20 Civil Hospitals, 172 CHCs, 776 PHCs and 4,996 SHCs in State as on 31 March 2022.

Tertiary Level Hospitals (GMCHs/Super specialty hospital) increased in the State by 83 *per cent* from six in 2016-17 to 11 in 2021-22. However, the number of functional DHs decreased due to conversion of three DHs into GMCHs. Primary level HIs also decreased during the same period.

In the State, the number of DHs, CHCs, PHCs and SHCs established were not in accordance with the IPHS norms and there was shortage of five DHs (18 *per cent*), 81 CHCs (32 *per cent*), 219 PHCs (22 *per cent*) and 1,195 SHCs (19 *per cent*) as of March 2022.

Out of targeted 47 CHCs, only 16 CHCs were upgraded as First Referral Units due to non-availability of manpower and infrastructure. Out of 500 earmarked PHCs, only 266 PHCs (53 *per cent*) were functional on 24x7 basis.

In the State there were 838 HIs which did not have designated Government buildings. Out of the 42 test checked CHCs of seven selected districts, other infrastructure facilities like blood storage units (28 CHCs) dedicated kitchen (18 CHCs), dedicated stores (16 CHCs) and operation theatres (10 CHCs) were not available. Similarly, CCTV (140 PHCs), minor OT (94 PHCs), boundary wall (92 PHCs), staff quarters (77 PHCs) were not available out of 191 test checked PHCs in seven selected districts. Citizen charter (19 SHCs), fire safety equipment (15 SHCs), separate toilet facility for male and female (14 SHCs) and labor room (5 SHCs) were not available out of 28 SHCs in seven test checked districts. Trauma care centre/facility could not be established in four out of five GMCHs due to non-finalisation of site. Similarly, construction of Burn Unit and State cancer Institute was also not started in GMCH Bilaspur though fund was received from GoI. There were

cases of seepage in OT, X- ray room and ICU wards and unhygienic conditions in wards of selected HIs.

As of March 2022, the overall availability of bed in the State was 1.13 against the norms of two bed per thousand population. In 12 districts, shortage of bed was more than 50 *per cent*. In 15 DHs, against the IPHS norms, the shortage of normal beds was 22 *per cent* and ICU beds was 49 *per cent*. Dedicated ICU facilities were not available in 11 DHs. In 172 CHCs in the State, functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms. In 48 out of 172 CHCs, there was shortage of beds ranging from four to 25 against the requirement of 30 beds in a CHC. Similarly, in 776 PHCs against the requirement of 4,656 beds, there were 5,191 beds available. However, in 147 out of 776 PHCs, the shortage of beds was ranging from one to six against the norms of six beds.

In the State, 30 Maternal Child Health (MCH) wings were sanctioned with 2,250 beds. Out of this, 25 MCHs were operational with 1,750 functional beds and five were not operational due to lack of required infrastructure.

Against the target of 4,421 Health and Wellness Centre (HWCs), 1,213 PHCs/ SHCs could not be upgraded in HWCs and out of the upgraded HWCs, 450 HWCs could not be made operational, as the Community Health Officers (CHO) were not posted in these HWCs.

The GoCG has sanctioned 4,360 works for constructions and renovation in HIs during 2016-22 to the centralised agency i.e., CGMSCL. Out of this, 2,798 works were awarded to contractors and the remaining 1,562 works were not executed due to non-availability of site and non-allotment of funds etc. Out of 2,798 works, 1,660 works (59.33 *per cent*) valuing ₹ 377.12 crore were completed as on 31 March 2022 and 1,138 works valuing ₹ 356.69 crore were in progress.

Out of the 265 construction works of AYUSH across the State, 100 works amounting to ₹ 13.60 crore remained incomplete during the period 2016-22. Postgraduate (PG) Block at Government Ayurveda College, Raipur was not operationalised due to incomplete construction work. Further, the test checked HIs had inadequate infrastructure resulting in lack of storage space, idling of equipment and inefficient stock management.

Recommendations:

The GoCG should:

22. consider establishing HIs according to the IPHS norms to fill the gaps in available infrastructure for better healthcare facility to the public;

23. provide basic infrastructure facilities such as designated Government building, blood storage units, OT, dedicated kitchen, stores, staff quarters, boundary wall, toilets etc., in all HIs as per the IPHS norms;

24. increase availability of normal and ICU beds in HIs to achieve the target of two beds per 1,000 persons in the State;

25. take necessary steps for timely completion of construction and renovation work of HIs; and

26. issue instructions to complete and operationalise the PG Block at Government Ayurveda College, Raipur. Further, it should also ensure the completion of other pending construction works of Dispensaries.

Funding for healthcare in Chhattisgarh

The Government of Chhattisgarh (GoCG) did not prepare State Health Policy to achieve the broader goals, objectives and targets of NHP. The GoCG allocated budget of ₹ 34,100.85 crore for healthcare under the Department of Public Health and Family Welfare (Department), out of which expenditure of ₹ 27,989.94 crore (82 *per cent*) was incurred during the period 2016-22. The percentage of GoCG share in total expenditure decreased from 61 to 58 *per cent* whereas share of GoI has increased from 39 to 42 *per cent* during 2016-22.

The percentage of health expenditure *vis-à-vis* Gross State Domestic Product (GSDP) ranged between 1.15 *per cent* and 1.64 *per cent* which was less than the target of 2.5 *per cent* under NHP. The target of two-third (66.67 *per cent*) expenditure on primary healthcare, as envisaged in NHP, 2017 was not achieved by GoCG in any of the years during 2016-22 and ranged between 30 and 34 *per cent* of the total expenditure.

The capital expenditure (₹ 2,138.91 crore) on health during the period 2016-22 was only 7.64 *per cent* of total expenditure against the revenue expenditure (₹ 25,851.06 crore) which constitute 92.36 *per cent* of total expenditure.

During the period 2016-22, the funds for National AYUSH Mission were received from the GoCG with delay ranging from four to 526 days.

The GoI and the GoCG had allocated ₹ 2,422.80 crore for COVID-19 management through State Budget, State Disaster Relief Fund (SDRF) and Emergency Response and Health System Preparedness Package (ECRP) during 2019-22. There was excess expenditure of ₹ 135.85 crore over the allotment from the State Budget and there was savings of ₹ 3.31 crore under SDRF. Funds received under ECRP was not utilised as per the guidelines and out of total allocation of ₹ 788.69 crore only ₹ 328.21 crore (41.61 *per cent*) was utilised during March 2020 to March 2022

Recommendations:

The GoCG should:

27. prepare a comprehensive State Health Policy at the earliest;

28. increase its total expenditure on health to match the targets of NHP;

29. increase capital expenditure under health sector to improve infrastructure in healthcare institutions; and

30. ensure utilisation of the fund allocated for the emergency purpose in due time by adhering to the Guidelines.

Implementation of Centrally Sponsored Schemes

During 2016-22, NHM failed to utilise the fund received and unspent funds ranged between ₹ 288.49 crore and ₹ 777.39 crore. Similarly, it could spend only ₹ 244.58 crore out of total available fund of ₹ 453.20 crore under NUHM.

Incidence of Non-Communicable Diseases (NCD) such as cardiovascular disease, diabetes, lung diseases, Cancer and hypertension increased from 24,144 in 2016-17 to 12,13,113 in 2021-22. However, fund of ₹ 36 crore received under NCD programme remained untilised as of March 2022.

During 2016-22, five types of OPD mental health services were available in only three out of 14 test checked CHCs. All the mental health drugs (17) were not available in four out of 14 test checked CHCs and test checked DHs failed to provide all 27 drugs prescribed under National Mental Health Programme.

Under *Janani Shishu Suraksha Karyakaram (*JSSK) out of 18.64 lakh institutional deliveries, diet services were provided to only 8.38 lakh Pregnant Women (PW) and incentive was not given to 2.22 lakh PW under *Janani Suraksha Yojana (*JSY).

Benefit of ₹ 500 per month was not transferred to 26,332 (17.23 *per cent*) tuberculosis patients out of total 1,52,790 tuberculosis patients during the treatment period under the National Tuberculosis Elimination Programme (NTEP) during 2016-22.

During the period 2020-22, it was observed that only ₹ 15.1 crore was spent against the total allotment of ₹18.55 crore under *Haat Bazar* Scheme (Rural Mobile Medical facility). The Department did not sanction any post and also did not allot any dedicated vehicle for implementation of this scheme.

During period 2016-22 against the total number of 1,041 public HIs, only 55 (5.28 *per cent*) HIs obtained National Quality Assurance Standards (NQAS) certificate.

Recommendations:

The GoCG should:

31. institute a proper mechanism for monitoring the utilisation of funds available under NHM and review the progress of the schemes at regular intervals to overcome the hindrances;

32. ensure utilisation of the earmarked fund under National Disease Control Programmes in order to achieve the targets;

33. ensure to provide OPD facilities and drugs related to mental health programme in all the HIs of the State as per norms;

34. ensure to achieve 100 per cent institutional delivery and provide prescribed diet and incentive for every pregnant woman, as envisaged in JSSK/ JSY guidelines;

35. recruit regular staff and provide dedicated vehicles under Haat Bazar Scheme for smooth implementation of scheme; and

36. make efforts to obtain NQAS certification for all HIs in the State.

Adequacy and effectiveness of the regulatory mechanism

District Committee did not conduct inspection of 11,911 private medical establishments within a time limit as stipulated under *Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Adhiniyam, 2010 (UTRSSAA, 2010) and Upcharyagriha Tatha Rogopchar Sambandhi Sthapanaye Anugyapan Niyam,* 2013 (*UTRSSAN*, 2013).

Pharmacy inspectors were not appointed till July 2022 by the Pharmacy council for the inspection as required under the Pharmacy Act, 1948.

Testing of 80 *per cent* of samples were not done within the prescribed limit of 60 days due to shortage of manpower and infrastructure.

Out of 2,099 Government HIs, 766 (36.49 *per cent*) HIs were managing Bio Medical Waste (BMW) at facility level without obtaining authorisation from Chhattisgarh Environment Conservation Board (CECB).

Effluent Treatment Plants (ETPs) could not be established in 120 out of 222 HIs despite release of funds of ₹ 29.62 crore by the Director Health Services. Three Autoclave cum Shredder costing ₹ 1.04 crore supplied to DH Baikunthpur, CHC Manendragarh and Khadgawa for BMW treatment were kept idle since 2019.

Recommendations:

The GoCG should:

37. ensure the inspection of private medical establishments by District Committee within a time limit stipulated under the *UTRSSAA*, 2010 and *UTRSSAN*, 2013;

38. appoint the Pharmacy Inspectors and Drug Inspectors in Pharmacy Council and FDCA for monitoring of drugs dispensation and inspection of medical shops to ensure quality of drugs dispensed in public health facilities in compliance to relevant Acts; and

39. make efforts to establish ETP in all HIs and obtain authorisation from CECB for all Government HIs in the State for handling Bio Medical Waste.

Sustainable Development Goal-3: Good Health and Well Being

The GoCG included 38 indicators in the framework against the total 42 SDG National Indicators for Goal 3- Good Health and Well Being.

The resource allocation in the State Budget was not linked with State development indicators and financial indicators as per NHP, 2017 in any of the years of the review period. SDG dashboards for IT based monitoring of progress of SDG indicators at the State, district and further local levels have not been set up by State Planning Commission (SPC).

The GoCG had fixed the MMR target of 107 per one lakh live births by 2030 which is far below the national target of 70 by 2030. As against the first milestone target of MMR of 160 per lakh live births by 2020, the State has achieved the MMR of 159 (173 in the base year).

The State could not achieve the first milestone target of U5MR and NMR.

In the State, death due to road accidents increased to 16.1 against the baseline status of 15.9 per lakh population and the injuries from road accidents reduced from 52.3 to 44.7 as of 2020 against the target of halving the numbers fixed for first milestone. The suicide mortality rate (26.4) in Chhattisgarh is higher than the national average (10.4) and other neighboring States.

Recommendations:

The GoCG should:

40. make efforts to fix and achieve milestone targets for all indicators to achieve the goals of SDG – 3;

41. initiate linking of budget with the SDGs to achieve the targets fixed for the second milestone of 2024; and

42. take all the necessary measures to bring down the Infant Mortality Ratio and U5MR in rural areas, Neo-Natal Mortality rate, suicide mortality rate and deaths due to traffic injuries in Chhattisgarh.