

Chapter I

Introduction

Chapter-I: Introduction

1.1 Introduction

Health is a vital indicator of human development which is a basic ingredient of economic and social development. In India, the right to health care and protection has been recognised and considered a priority. The right to health is a fundamental part of human rights.

The prime objective of India's National Health Policy 2017 (NHP) is to improve health status through concerted policy action in all age groups and all sections of society and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with the focus on quality.

Healthcare services can be broadly divided into three categories namely:

- (a) **Line Services:** Services directly related to patient care like Outdoor Patient Department (OPD), Indoor Patient Department (IPD), Emergency, Super Speciality, Intensive Care Units, Operation Theatre, Blood Bank, Maternity and Diagnostic services.
- (b) **Support Services:** Services indirectly related to patient care like Oxygen Services, Dietary Services, Laundry Services, Bio-Medical Waste Management, Ambulance Services and Mortuary Services.
- (c) **Auxiliary Services:** Services for facilitating the delivery of healthcare services like patient safety facilities, patient registration, grievance/complaint redressal and stores.

1.2 Selected Health Indicators of Gujarat

The status of healthcare can be evaluated on the basis of achievement against benchmarked health indicators. The various healthcare indicators show that Gujarat has made significant achievements over the years but still way to go to reach the goals. Major health indicators of the State compared with National figures are shown in **Chart 1.1**:

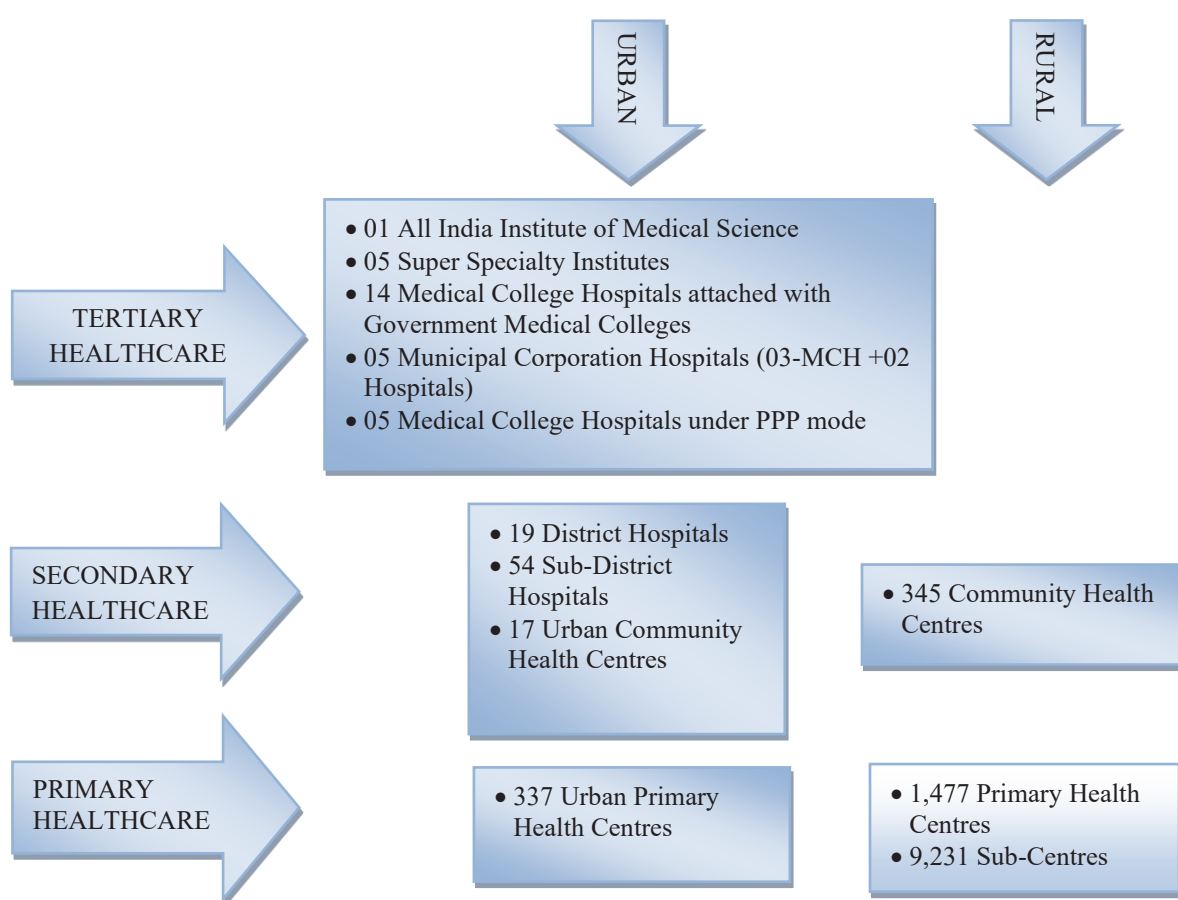
Chart 1.1: Health indicators in the State



1.3 Public Health Facilities in the State

Healthcare facilities like Super Specialty Institutes, Civil Hospitals or Medical College Hospitals (MCHs), District Hospitals (DHs), Sub-District Hospitals (SDHs), Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres provide effective and affordable healthcare services for a defined population. Super Specialty Institutes and MCHs function as tertiary care services for the entire district/region, DHs/SDHs/CHCs function as secondary level (referral) centres and PHCs/Sub-Centres function as primary level health care centres for the rural population. Availability of public health facilities in the State is shown below **Chart 1.2:**

Chart 1.2: Public Healthcare Facilities in the State



(Source: Information collected from Commissioner of Health)

The Additional Chief Secretary, Health and Family Welfare Department (HFWD) is the administrative Head of the Department. He is assisted by the Commissioner, Health, Medical Services, Medical Education and Research. Tertiary healthcare is administered by the Additional Director, Medical Education, secondary healthcare is administered by the Additional Director, Medical Services and primary healthcare is administered by the Additional Director, Public Health. The Organisational setup of HFWD is shown in **Appendix 1.1.**

1.4 Expenditure on Healthcare

Expenditure on health and family welfare is an important parameter to gauge the importance given to this sector by the Government. National Health Policy (NHP), 2017 stipulates raising public health expenditure to 2.5 *per cent* of the Gross Domestic Product (GDP) up to 2025. Further, NHP also envisages increasing State health sector spending to more than eight *per cent* of the State budget by 2020. Funds expended during the financial years 2016-22 on health and family welfare by the State Government are given in **Table 1.1**:

Table 1.1: Expenditure on healthcare as a percentage of total State expenditure and Gross State Domestic Product (GSDP)

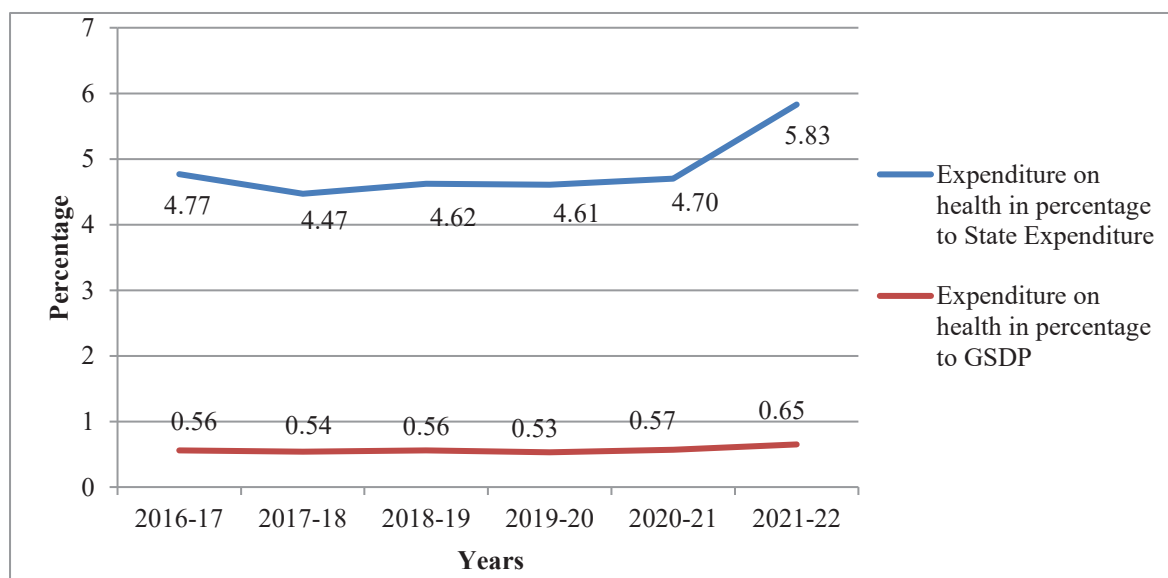
Indicator	(₹ in crore)					
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Total State Expenditure	1,36,765.39	1,61,063.09	1,80,479.68	1,88,278.95	2,00,215.82	2,17,355.42
Total State Expenditure on Health	6,521.86	7,198.38	8,342.90	8,684.87	9,403.87	12,672.24
Percentage of Health Expenditure	4.77	4.47	4.62	4.61	4.70	5.83
GSDP on the current price	11,67,156	13,29,095	14,92,156	16,29,638 (P)	16,55,917 (Q)	19,44,107 (A)
Health Expenditure as a percentage of GSDP	0.56	0.54	0.56	0.53	0.57	0.65

(Source: Appropriation Accounts and State Finances Audit Reports)

(P): Provisional Estimates, (Q): Quick Estimates, (A): Advance Estimates

Health expenditure of the State GDP ranged between 0.53 and 0.65 *per cent* and below the target of 2.5 *per cent*. Similarly, health expenditure as a percentage of total expenditure ranged between 4.47 and 5.83 *per cent* against the target of eight *per cent*. The trend of the State’s performance in terms of these two targets has shown improvement during 2021-22 over the previous years as shown in **Chart 1.3**:

Chart 1.3: Expenditure on healthcare as a percentage of GSDP and total State expenditure



(Source: Appropriation Accounts and State Finances Audit Reports)

1.5 Healthcare Infrastructure

To deliver quality health services, adequate and properly maintained infrastructure is of critical importance. The availability of Government Healthcare Institutions and Medical Colleges in the State of Gujarat is shown in **Table 1.2** and **Table 1.3** below:

Table 1.2: Government Healthcare Institutes in the State as of March 2022

Sr. No.	Government Healthcare Institutions	Number of units
1	Super Specialist Institutes	05
2	Tertiary level hospitals	25
3	District Hospitals	19
4	Sub-District Hospitals	54
5	Community Health Centres	345
6	Urban Community Health Centres	17
7	Primary Health Centres	1,477
8	Urban Primary Health Centres	337
9	Sub-Centres	9,231
Total		11,510

(Source: Information provided by HFWD)

Table 1.3: Medical/Dental colleges in the State as of March 2022

Sr. No.	Medical/Dental Colleges	Number of units
1	Medical Colleges ¹	18
2	Medical Colleges on PPP mode	05
3	Private Medical Colleges	07
4	Government Dental Colleges	04
5	Private Dental Colleges	09
Total		43

(Source: Information collected from website of National Medical Council and Dental Council of India)

Details of district-wise availability of all the Government Healthcare Institutions and Medical/Dental colleges in the State are provided in **Appendix 1.2**.

1.6 Human Resources in Healthcare

The availability of adequate manpower is essential to provide effective health services. The availability of doctors (including Specialist Doctors), Nurses and Paramedics in the State under Health and Family Welfare Department as of March 2022 is given in **Table 1.4**:

Table 1.4: Persons-in-position under Health and Family Welfare Department

Name of posts	Sanctioned strength	Persons in position	Vacancy	Percentage of vacancy
Doctors ²	10,562	8,143	2,419	23
Nurses	24,466	23,044	1,422	06
Paramedics	8,054	6,214	1,840	23
Total	43,082	37,401	5,681	13

(Source: Data provided by Additional Directors of HFWD)

¹ One AIIMS, six Government MCHs, eight GMERS MCHs and three Municipal Corporation MCHs.

² Which also included specialist doctors

As seen from **Table 1.4**, there were 37,401 medical staff available under Health and Family Welfare Department in the State *vis-à-vis* the sanctioned strength of 43,082 as of March 2022.

1.7 Performance against Sustainable Development Goals - 3

At the global level, the Sustainable Development Agenda aims to ensure healthy lives and promotes well-being for all at all ages by 2030 as per Sustainable Development Goal (SDG) – 3. Good Health and Well-Being (SDG-3) aims to end preventable deaths from Communicable Diseases, Non-Communicable Diseases and illnesses caused by different forms of pollution. The audit findings on SDG-3 have been incorporated in Chapter 9 of the Report.

1.7.1 Health Indicators

The SDG-3 proposes to end preventable death of newborns, infants and children under five years (child mortality) and end epidemics. A comparison of status of health indicators under SDG-3 of Gujarat with All India score is shown in **Table 1.5**:

Table 1.5: Status of health indicators under SDG-3 of Gujarat

Indicator number	Particulars of Indicators	India	Gujarat
3.1	Maternal Mortality Ratio (per 1,00,000 live births)	113	75
3.2	Under 5 Mortality Rate (per 1,000 live birth)	36	31
3.2	Percentage of children in the age group of 9-11 months fully immunised	91	87
3.7	Percentage of institutional deliveries out of the total deliveries reported	94.40	99.5
3.8	Monthly per capita out-of-pocket expenditure on health as a share of Monthly Per Capita Consumption Expenditure (MPCE)	13.00	9.50
3.c	Total physicians, nurses and midwives per 10,000 population	37	41

(Source: NITI Aayog SDG Report 2020-21)

As seen from **Table 1.5**, the performance of the State in all the indicators except the indicator on percentage of children in the age group of 9-11 months fully immunised was better than the All-India average.

1.8 Adoption of Indian Public Health Standards

There is no specific Public Health Policy for Gujarat. However, State follows IPHS norms partially or other National norms and has adopted State norms for Manpower, Drugs & Consumables and Equipment as shown in **Appendix 1.3**.

1.9 Audit Objectives

The broad objectives of the Performance Audit were to assess:

- i. the adequacy of Planning and funds for the healthcare sector in the State;
- ii. the adequacy and quality of healthcare infrastructure in the State and its management;
- iii. the availability of quality drugs, medicines and equipment and other consumables to the patients;
- iv. the availability of the human resources at all levels in the healthcare sectors;
- v. the funding and expenditure of central sector and centrally sponsored health sector schemes;
- vi. the adequacy and effectiveness of the regulatory mechanisms for ensuring quality health care services in the state; and
- vii. improvement in the health and well-being of people as per SDG 3 due to State's spending on health sector.

1.10 Audit Criteria

The Performance Audit was benchmarked against the criteria derived from the following sources:

- National Health Policy, 2017;
- Indian Public Health Standards (IPHS), 2012 for District Hospitals and Sub-District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres;
- Assessor's Guidebook for Quality Assurance, 2013 in District Hospitals, Community Health Centres, Primary Health Centres and Sub-centres;
- National Quality Assurance Standards for Public Health Facilities, 2017 issued by the Government of India;
- Framework for Implementation of National Health Mission (NHM) 2012-2017;
- Drugs and Cosmetics Act, 1940 and Rules 1945;
- Procurement Policy of Government of Gujarat; and
- Orders and Instructions issued by State Government.

1.11 Audit Scope and Methodology

An entry conference was held on 26 October 2021 with the Additional Chief Secretary, Health and Family Welfare Department wherein the audit objectives, scope, criteria, *etc.* were discussed. The Performance Audit entailed scrutiny of records for the period from 2016-17 to 2021-22. These included management of finance, availability of healthcare infrastructure, availability of drugs/medicines, equipment, human resources and effectiveness of regulatory mechanisms, *etc.* Audit reviewed the records maintained by the Additional Chief Secretary, Health and Family Welfare Department, Commissioner of Health, National Health Mission, Project Implementation Unit, Gujarat State

Medical Services Limited, Food and Drugs Control Administration, other Regulatory Councils and field-level offices/units.

Audit methodology was in accordance with the CAG’s Auditing Standards 2017 and involved scrutiny and analysis of records/data as per the audit objectives, scope and criteria, evidence gathering by scanning records, joint physical inspection of various facilities of the test-checked hospitals and by taking photographs, issuing questionnaires/audit observations and obtaining replies, *etc.*

Audit findings were discussed with the Additional Chief Secretary, Health and Family Welfare Department and other officers of the Department in the Exit Conference held on 28 June 2023. Views of State Government expressed in the Exit Conference have been appropriately incorporated in the Report.

Further, revised draft audit report was forwarded to State Government in July 2024, however, reply of the State Government was still awaited (August 2024).

1.12 Audit Sampling

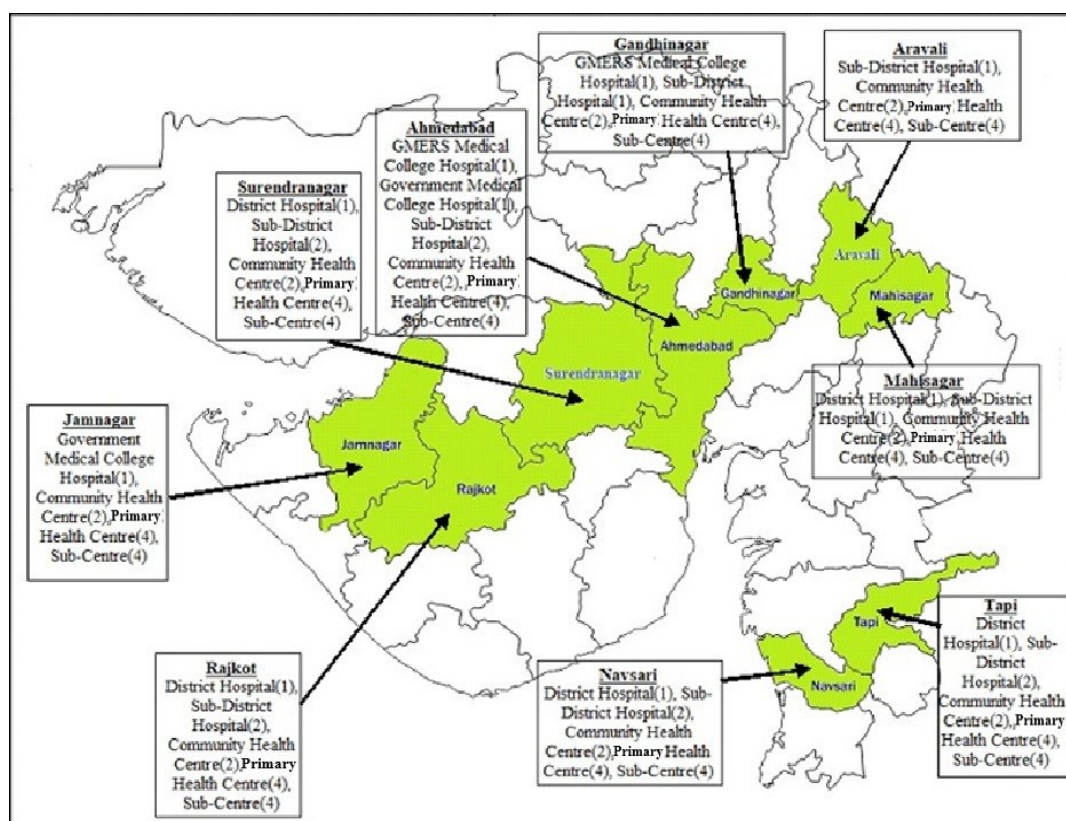
Nine³ out of 33 Districts were selected by adopting the Simple Random Sampling Without Replacement Method (SRSWORM). Two HCIs out of six Government medical colleges with civil hospitals (Medical College Hospitals) and two from eight Gujarat Medical Education and Research Society (GMERS) medical colleges with attached civil hospitals (Medical College Hospitals) were selected by SRSWORM. Five self-financed medical colleges were established at Government District Hospitals under Brown Field Policy– Public Private Partnership mode (PPP mode), out of which one self-financed Medical College Hospital (MCH) was selected by SRSWORM.

Out of 19 District Hospitals (DHs), five DHs operating in the selected Districts were selected. Out of 54 Sub-District Hospitals (SDHs), 13 SDHs were selected from selected Districts by SRSWORM. Out of 345 Community Health Centres (CHCs), 18 CHCs (two from each selected District) were selected by SRSWORM. Out of 1,477 Primary Health Centres (PHCs), 36 PHCs and out of 9,231 Sub-Centres, 36 Sub-Centres were selected by SRSWORM (two PHCs per selected CHC and one Sub-Centre per selected PHC).

Within the selected districts, Government Healthcare Facilities (Medical College Hospitals, District Hospitals, Sub-District Hospitals and Community Health Centres) covered in the audit is shown in **Chart 1.4** below:

³ 1. Ahmedabad, 2. Arvalli, 3. Gandhinagar, 4. Jamnagar, 5. Mahisagar, 6. Navsari, 7. Rajkot, 8. Surendranagar and 9. Tapi

Chart 1.4: Details of Government HCIs test-checked from selected districts



(Source: As per samples approved by Statistical Advisor)

Audit has selected seven out of 11 District Drug Warehouses in the State. Out of seven Councils, two were selected.

1.13 Structure of the Report

The Report structure is detailed below:

Chapter No.	Heading of the Chapter
Chapter 1	Introduction
Chapter 2	Human Resources
Chapter 3	Healthcare Services
Chapter 4	Availability of Drugs, Medicines, Equipment and other Consumables
Chapter 5	Healthcare Infrastructure
Chapter 6	Financial Management
Chapter 7	Implementation of Centrally Sponsored Schemes
Chapter 8	Adequacy and effectiveness of the regulatory mechanisms
Chapter 9	Sustainable Development Goal-3

1.14 Acknowledgement

Audit acknowledges the co-operation extended by the Department of Health and Family Welfare; Commissioner of Health, Medical Services and Medical Education; Mission Director, National Health Mission, and the sampled healthcare facilities/units in the conduct of the Performance Audit.