Chapter-I
Introduction

Chapter-I

Introduction

The Health and Family Welfare Department, Punjab is committed to provide preventive, promotive and curative health services to the people of the State through a good network of medical institutions such as Sub-Centres, Subsidiary Health Centres (dispensaries/clinics, etc.), Primary Health Centres (PHC), Community Health Centres (CHC), Sub-Divisional and District Hospitals, Government Medical and Dental Colleges (attached hospitals). The Medical Education and Research Department aims to develop medical manpower, quality education in the field of medicine and preparation of specialist and super specialist doctors in the State to improve the standard of medical education and promote research activities in the Medical Colleges of Punjab State.

The business of the Department of Health and Family Welfare (DH&FW) and Department of Medical Education and Research (DMER) are transacted as per Government of Punjab, Allocation of Business Rules, 2007 **(*Appendix 1.1*)**.

1.1 Vision and Planning for health

The State of Punjab does not have any specific health policy of its own similar to National Health Policy at the National level. In order to implement the Sustainable Development Goals (SDG) adopted by the United Nations General Assembly in September 2015 that set out a vision for a world free of poverty, hunger, disease and want, the Government of Punjab prepared (November 2018) a Vision Document, 2030. As per the Vision Document, the indicator specific target strategies in respect of "SDG-3: Good health and well-being: ensure healthy lives and promote well-being for all at all ages" would be addressed through re-organisation and strengthening of an institutional framework as summarised below:

(i) Restructuring of Government health institutions: Health institutions have been divided into three categories:

- Primary Care Centres (PCC) - PCCs to cater to clinical services, emergency support 24x7 and basic reproductive services. Infrastructure, facilities and staff for elementary diagnostic services, emergency and medicines needed for regular use to be available at the PCCs.

- First Referral Units (FRU) - FRUs to be full-fledged diagnostic centres with range of specialties. Current PHCs and/or CHCs can be converted into FRUs with additional FRUs to be created.

- Hospitals or Multi-Speciality Hospitals - The third tier of healthcare to be at the level of hospitals and multi-specialty hospitals. By 2030, the

Indian Public Health Standards (IPHS) are to be achieved and the numbers of health facilities are to be increased so that the norm of at least five beds per 1,000 population is achieved by 2030.

(ii) Health Workforce: The Health Department employs a large workforce. However, human resource production and management systems are yet to be modernised. Admission to medical and allied health professional courses is yet to achieve an egalitarian character. Family Medicine, Community Medicine, and Public Health specialities have not been able to produce enough human resources for health services. The density of health workforce per 1000 population is still inadequate. The availability of staff in the healthcare institutions is to be made as per IPHS norms.

(iii) Act to regulate private health service-providers: There are a range of healthcare service providers from quacks to private hospitals but there are no norms to measure good quality medical services and minimum standards and requirements of hospitals, nursing homes and multi-speciality healthcare units. Therefore, an Act to register and regulate all clinical establishments was to be passed by the State Legislature with a view to prescribe minimum standards of facilities and services which may be provided by them so that the mandate of Article 47 of the Constitution for improvement in public health may be achieved.

(iv) Smart Governance: It is not easy to track every health transaction in hundreds of hospitals and health centres spread across every village, town and city of Punjab, where thousands of health professionals and support staff require supply of vaccines, medicines, and diagnostics on a regular daily basis to perform their assigned duties. Information Technology (IT) solutions are needed for recording and reporting of every health transaction so that an appropriate dashboard of indicators can guide decision-making at various levels of administration. Online system for storing, distribution, and monitoring of the stocks of medicines and other essential supplies has been initiated, which needs to be extended to other stores to build an inventory of medical equipment availability and functionality.

(v) Health Financing: Public expenditure on health is very low in Punjab (0.89 *per cent* of GSDP in 2016-17). As per the Vision Document, about 80 *per cent* out-patient care and 70 *per cent* in-patient care were in private sector. Smart governance should aim to produce more health for the allotted money. However, large investments are needed to revitalise the Government health sector.

The Punjab Vision Document, 2030 delineates the milestone-based indicator projection for the SDGs and in respect of SDG-3, 29 indicators were projected. Out of the total 29 indicators defined in the Vision Document, 16 indicators

were not included in the State Indicator Framework (SIF) which monitors State Government priorities, schemes, strategy and action plan for achieving SDGs. Status of remaining 13 indicators included in SIF and their achievement is shown in **Table 1.1.**

Table 1.1: Status of indicators included in State Indicator Framework and their achievement

Sr. No.	Indicator	Milestone 1 (2017-20)	Milestone 2 (2025)	Target 2030	Achievement upto 2019-20
1.	Reduce maternal mortality ratio to less than 70 per 1,00,000 live births by 2030	115	85	60	113
2.	Neonatal mortality rate (NNMR) per 1,000 live births	18	13	11	5.7
3.	HIV infections per 1,000 uninfected population	1.5	0.50	0	0.08
4.	Tuberculosis incidence per 1,000 population	Data to be generated			196
5.	Malaria incidence per 1,000 population	0	0	0	0.037
6.	Hepatitis B incidence per 1,00,000 population	Data to be generated			Data not available
7.	Dengue incidence	Reduce cases by 35%	Reduce cases by 50%	Reduce cases by 75%	Data not available
8.	Hepatitis B	Reduce cases by 25%	Reduce cases by 50%	Reduce cases by 75%	Data not available
9.	Reduce by 1/3 premature mortality from NCDs through prevention and treatment and promote mental health and well-being • Probability of dying by 70 years due to NCDs • Prevalence of hypertension • Prevalence of diabetes	 Reduce to 20% Reduce to 37% Reduce to 9.75%	 Reduce to 15% Reduce to 33% Reduce to 9%	 Reduce to 10% Reduce to 30% Reduce to 8%	Data not available
10.	Alcohol consumption/dependency • Men • Women	 17.5% 0	 10% 0	 Dry State	Data not available
11.	Unmet need for family planning	Reduce to 11.5%	Reduce to 8%	Reduce to 5%	5.64

Sr. No.	Indicator	Milestone 1 (2017-20)	Milestone 2 (2025)	Target 2030	Achievement upto 2019-20
12.	Strengthen the implementation of the world health organization framework convention on tobacco control in all countries, as appropriate	10 Distt. COTPA compliant	Tobacco free state	-	Data not available
13.	Support the research and development of vaccines and medicines for the communicable and non-communicable diseases	1% of the budget on research	1.5% of the budget on research	2% of the budget on research	Data not available

Source: Punjab Vision Document, 2030 and Department of Health and Family Welfare (for achievement)

It can be seen that relevant data was not available with the Department for seven indicators. Further, against the targets of Milestone 1, achievement was made only in case of four indicators (Maternal Mortality Ratio, NNMR, HIV, and unmet need for family planning) whereas targets were not achieved in case of one indicator (Malaria incidence per 1,000 population) which indicated lack of planning.

Further, some of the major plans outlined by the State Government during the presentation of State Budgets for the period 2016-17 to 2020-21 included opening of new Medical Colleges at Mohali, Kapurthala and Hoshiarpur, State Cancer Institute at Amritsar, Tertiary Care Centre at Fazilka, strengthening of existing Government Medical College at Patiala and Amritsar for increasing new MBBS and PG seats, setting up of ICUs in all the district hospitals, setting up new hospitals at Doraha in Ludhiana and Ghanour and upgradation of existing Civil Hospital Bathinda, recruitment of more manpower to meet all requirements and setting up of Health and Wellness Centres (HWC).

Scrutiny of six test-checked District Hospitals (DH) revealed that ICUs were setup in DH Gurdaspur and DH Ludhiana only. Further, progress made by the State Government (as on 31 March 2021) on various fronts, as envisaged in the Vision Document and announcements made during presentation of budget was examined and status thereof has been incorporated in Paragraphs 2.2 to 2.5.5 of Chapter II, Paragraphs 5.4, 5.5.2.1 and 5.5.2.2 of Chapter V and Paragraph 8.1 of Chapter VIII, etc.

1.2 Health Services

Health services provided by the hospitals can broadly be divided in the following categories:

Line services

i. Outdoor patient department
ii. Indoor patient department
iii. Emergency services
iv. Super speciality (OT, ICU)
v. Maternity
vi. Blood bank
vii. Diagnostic services

Support services

i. Oxygen service
ii. Dietary service
iii. Laundry service
iv. Biomedical waste management
v. Ambulance service
vi. Mortuary service

Auxiliary services

i. Patient safety facilities
ii. Patient registration
iii. Grievance / Complaint redressal
iv. Stores

Resource Management

i. Building Infrastructure
ii. Human Resource
iii. Drugs and Consumables
iv. Equipment

All public health services depend on the presence of basic infrastructure including availability of human resources. Every public health program, such as immunisation, infectious disease monitoring, cancer and asthma prevention, drinking water quality, injury prevention, etc. requires health professionals who are competent in synergising their professional and technical skills in public health and provide organisations with the capacity to assess and respond to community health needs. Public health infrastructure has been referred to as "the nerve centre of the public health system". While creation of strong infrastructure is the responsibility of many organisations, public health agencies (Health Departments) are considered primary players.

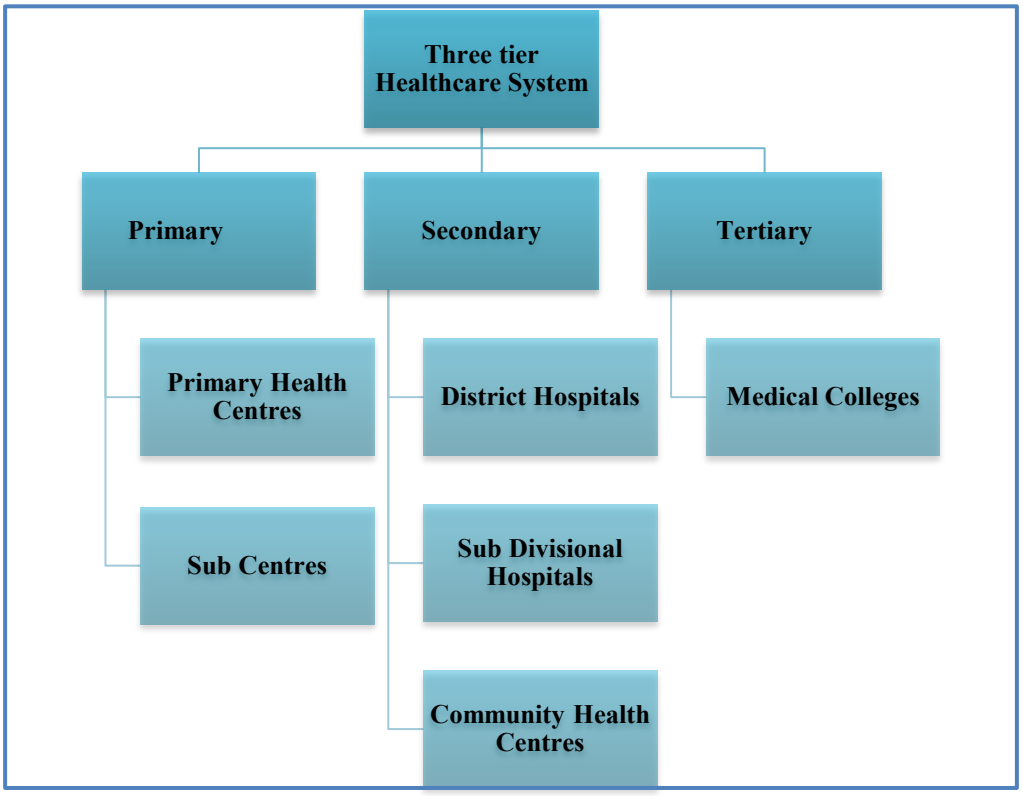
The primary objective of the National Health Policy, 2017 is to improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public sector. The policy also recognises the pivotal importance of Sustainable Development Goals (SDG) to ensure healthy lives and promote well-being for all at all ages. At the global level, the Sustainable Development Agenda aims to ensure healthy lives and promote well-being for all at all ages by 2030 as per SDG-3.

Indian Public Health Standards (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 introduction of new programmes, especially for Non-Communicable Diseases but the State Government has not adopted IPHS norms.

1.3 Overview of Healthcare Facilities in the State

In the State, public healthcare is structured into three levels for providing primary care, secondary care and tertiary care as indicated in **Chart 1.1**.

Chart 1.1: Structure of Public Healthcare in the State of Punjab



Sub-Centres (SC) and Primary Health Centres (PHC) are primary level healthcare units which provide initial healthcare services to the people. Patients requiring more serious healthcare attention are referred to the second tier of the healthcare system consisting of Community Health Centres (CHC), Sub-Divisional Hospitals and District Hospitals, established in each district for providing preventive, promotive and curative healthcare services to the population. Tertiary healthcare is provided by the hospitals associated with the Government Medical Colleges.

State Government Health Institutes in Punjab include 23 District Hospitals, 42 Sub-Divisional Hospitals, 150 CHCs, 424 PHCs, 2,952 Sub Centres, three[1] Government Medical Colleges and one Medical College (Dr. B.R. Ambedkar State Institute of Medical Sciences) under construction at SAS Nagar, one Government Ayurvedic College at Patiala, two[2] Government Dental Colleges and Hospitals, two Government Colleges of Nursing at Amritsar and Patiala and

[1] (i) Government Medical College, Amritsar; (ii) Government Medical College, Patiala; and (iii) Guru Gobind Singh Medical College, Faridkot.

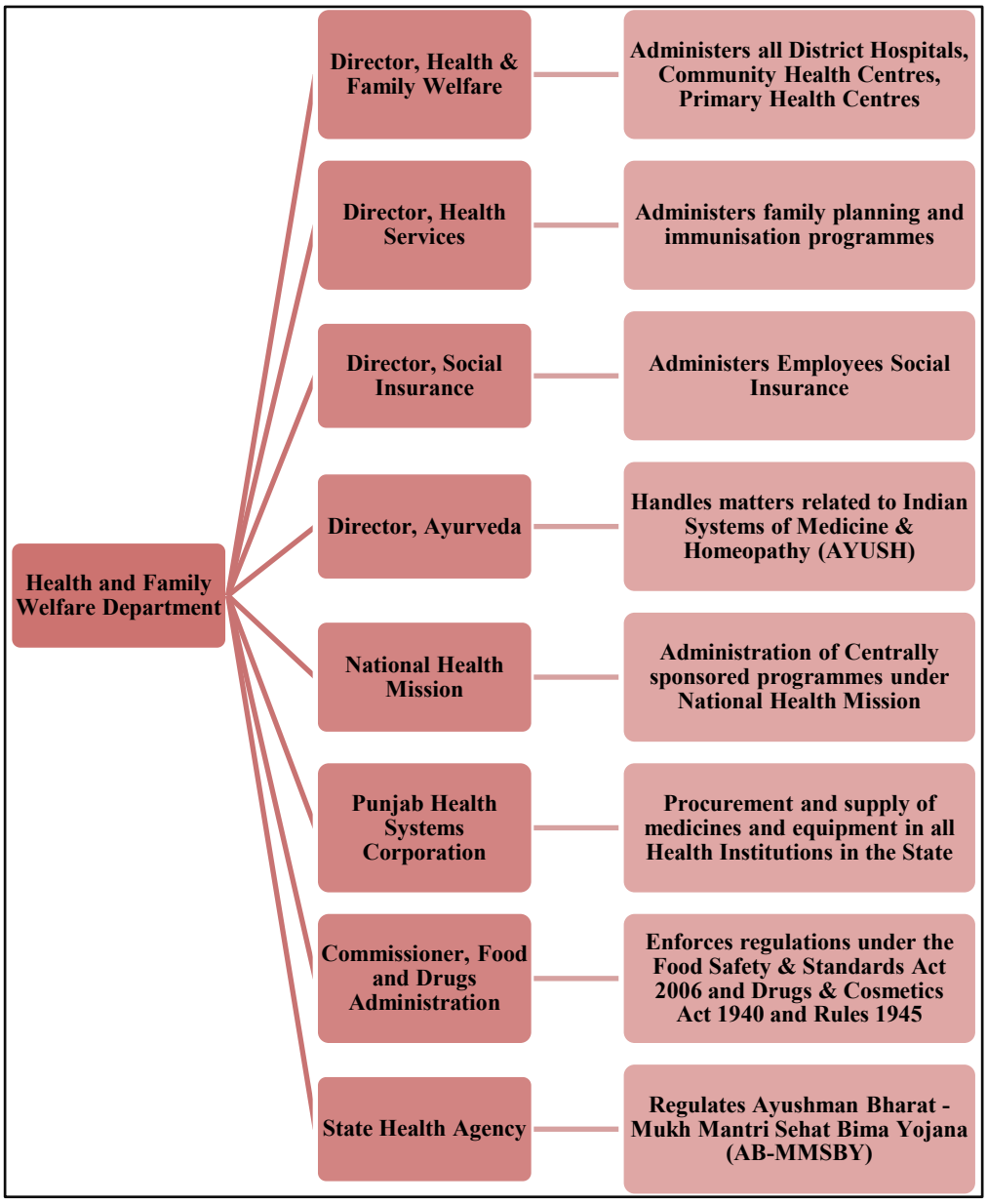
[2] (i) Government Dental College and Hospital, Amritsar; and (ii) Government Dental College and Hospital, Patiala.

six[3] Hospitals attached with Medical Colleges. Further, there are one Government Ayurvedic College, five AYUSH Hospitals, 17 Swasthya Kendras and 507 Ayurvedic Dispensaries in the State.

1.4 Organisational Set-up

The Health and Family Welfare Department consists of the following Directorates/Corporation/Agency, as described in the organogram **(Chart 1.2)**.

Chart 1.2: Organisational structure of Health and Family Welfare Department



[3] (i) Sri Guru Teg Bahadur Hospital, Amritsar; (ii) Rajindera Hospital, Patiala; (iii) Guru Gobind Singh Hospital, Faridkot; (iv) Government Ayurvedic Hospital, Patiala; (v) TB Sanatorium, Amritsar; and (vi) TB Hospital, Patiala.

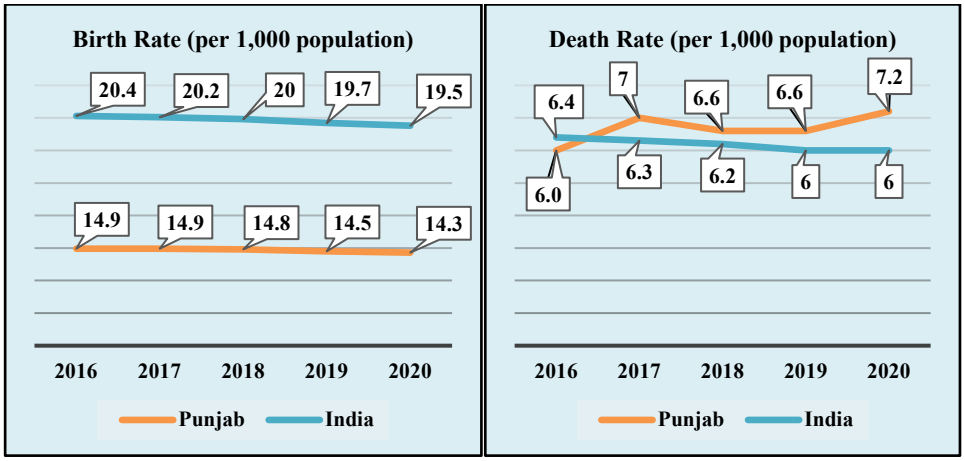
The head of health services at the district level is the Civil Surgeon (CS) while the District Hospitals (DH) are headed by Senior Medical Officers (SMO). The Community Health Centres (CHC) and Primary Health Centres (PHC) are headed by SMOs and Medical Officers (MO) in-charge respectively. The National Health Mission headed by a Mission Director, has 23 District Health Societies (DHS), located one in each district of the State. The Mission implements Central Schemes/Centre-State sharing schemes through DHs, CHCs and PHCs.

The Commissioner, Food and Drugs Administration (FDA) regulates the manufacturing of drugs and cosmetics and sale of drugs in the State. Responsibility of the FDA includes grant of manufacturing and sales licences for Allopathic Drugs (Modern Medicine) through inspection, grant and renewal of licenses for operation of blood banks, monitoring of quality of medicines and cosmetics through routine and statutory sampling, post marketing surveillance and recall of Not of Standard Quality (NSQ) medicines and cosmetics from the market, detection of spurious, adulterated and misbranded drugs and cosmetics, conducting investigation of complaints and launching prosecution against the offenders. There is one Food and Drugs laboratory under the control of Commissioner, Food and Drugs Administration, Punjab.

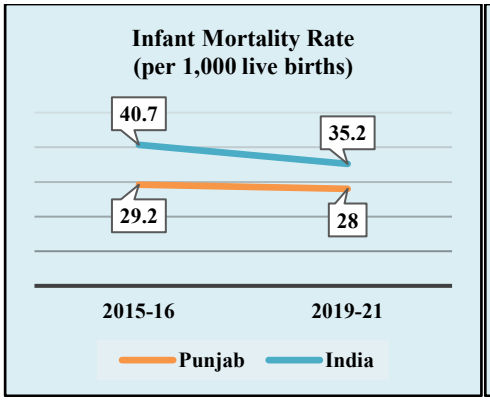
1.5 Status of Health Indicators in the State

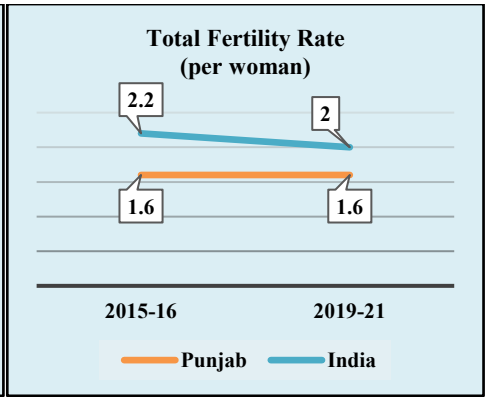
The healthcare services in a State can be evaluated on the basis of the achievements against benchmarks of health indicators. The status of a few important health indicators of Punjab *vis-a-vis* National average are given in **Chart 1.3**.

Chart 1.3: Health Indicators in the State and India

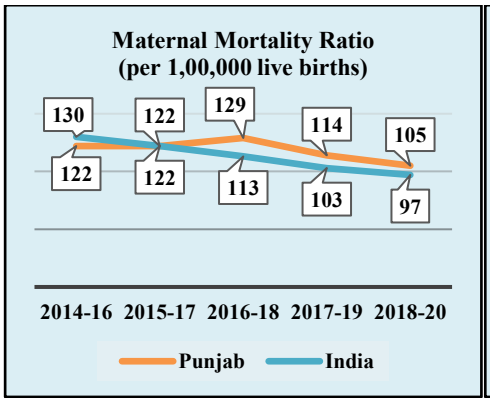


Source: SRS Bulletin (2016-2020)

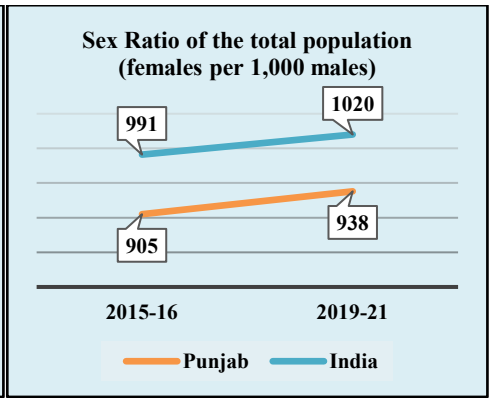




Source: NFHS-5 (2019-21)



Source: SRS MMR Bulletin (May 2018-November 2022) and SRS Bulletin (2016-2020)



Source: NFHS-5 (2019-21)

It is observed that the birth rate (per 1,000) in the State has decreased from 14.9 (2016) to 14.3 (2020), which is less than the national figures. Death rate in the State has increased from 6 (2016) to 7.2 (2020) which is above the national figures. Infant mortality rate has decreased from 29.2 (2015-16) to 28 (2019-21) which is better than the national figures. In case of total fertility rate, it has remained stagnant at 1.6 during the period 2015-16 to 2019-21 and is lower than the national figures. Maternal Mortality Ratio in the State has decreased from 122 (2014-2016) to 105 (2018-2020) which is higher than the national figures during 2016-2020. Sex Ratio of the total population (females per 1,000 males) has improved from 905 (2015-2016) to 938 (2019-2021) but remained below the national figures.

1.6 Sustainable Development Goals

The Sustainable Development Goals (SDG) 2030 Agenda was adopted by the United Nations General Assembly in September 2015 to set out a vision for a world free of poverty, hunger, disease and want.

In India, the National Institution for Transforming India (NITI) Aayog is responsible for overall coordination of SDGs and the Ministry of Statistics and Programme Implementation (MoSPI) is responsible for the formulation of the

National Indicator Framework (NIF) to monitor SDGs. The Government of Punjab had prepared and adopted SDG Vision 2030 in November 2018.

SDG-3 seeks to ensure health and well-being for all, at every stage of life. The goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access to safe, effective, quality and affordable medicine and vaccines. The performance of the State in respect of SDG-3 has been discussed in **Chapter-IX.**

1.7 Performance of Punjab in National Family Health Surveys

The National Family Health Survey conducted in 2015-16 (NFHS-4) and NFHS-5 conducted in 2019-21, provides information on population, health, and nutrition for India and each State/Union Territory (UT). Some of the important health indicators of Punjab are given in **Table 1.2.**

Table 1.2: Performance of Punjab *vis-à-vis* India in important health indicators

Indicator	NFHS-4		NFHS-5	
	Punjab	India	Punjab	India
Sex ratio at birth for children born in the last five years (females per 1,000 males)	860	919	904	929
Neonatal mortality rate (NNMR)	21.2	29.5	21.8	24.9
Under-five mortality rate (U5MR)	33.2	49.7	32.7	41.9
Mothers who had an antenatal check-up in the first trimester (%)	75.6	58.6	68.5	70
Mothers who had at least 4 antenatal care visits (%)	68.5	51.2	59.3	58.1
Mothers whose last birth was protected against neonatal tetanus[4] (%)	92.9	89	89.7	92
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	42.6	30.3	55.4	44.1
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	19.9	14.4	40.5	26
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) Card (%)	95.1	89.3	96.9	95.9
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	87.2	62.4	86.2	78
Average out-of-pocket expenditure per delivery in a public health facility (₹)	1,890	3197	3,745	2,916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	2.8	2.5	1.3	4.2
Children who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	NA	NA	84.7	79.1
Institutional births (%)	90.5	78.9	94.3	88.6

[4] Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within 3 years of the last live birth), or three or more injections (the last within 5 years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

Indicator	NFHS-4		NFHS-5	
	Punjab	India	Punjab	India
Institutional births in public facility (%)	51.7	52.1	53.9	61.9
Home births that were conducted by skilled health personnel[5] (%)	4.5	4.3	2.6	3.2
Births attended by skilled health personnel (%)	94.1	81.4	95.6	89.4
Births delivered by caesarean section (%)	24.6	17.2	38.5	21.5
Births in a private health facility that were delivered by caesarean section (%)	39.7	40.9	55.5	47.4
Births in a public health facility that were delivered by caesarean section (%)	17.8	11.9	29.9	14.3

Source: NFHS-4 and NFHS-5

Colour Code:

Health Indicators above National average
Health Indicators below National average

(i) In NFHS-5 (2019-21), performance of Punjab was below the National level in most of the health indicators, as detailed below.

Sex ratio at birth for children born in the last five years (females per 1,000 males) was 929 at national level whereas in the State, it was 904. Mothers who had an antenatal check-up in the first trimester (%) was 68.5 *per cent* in the State against the National level of 70 *per cent*. Similarly, mothers whose last birth was protected against neonatal tetanus was also below the National level by 2.3 *per cent.* Average out-of-pocket expenditure per delivery in a public health facility in the State was higher than the national average. Only 1.3 *per cent* children born at home were taken to a health facility for a check-up within 24 hours against the National level of 4.2 *per cent.* Institutional births in public facility remained lower than the National figure. Moreover, births delivered by caesarean section in Public and Private Health Facility was higher than the National level.

(ii) Performance of Punjab in NFHS-5 (2019-21) also deteriorated in comparison to previous survey, i.e. NFHS-4 (2015-16) on many health indicators, as detailed below:

The NNMR went up from 21.2 to 21.8. Mothers who had an antenatal check-up in the first trimester came down from 75.6 *per cent* to 68.5 *per cent*. Mothers who had at least 4 antenatal care visits declined from 68.5 *per cent* to 59.3 *per cent*. Similarly, only 89.7 *per cent* mothers' last birth was protected against neonatal tetanus against earlier 92.9 *per cent*. Average out-of-pocket expenditure per delivery in a public health facility has risen from ₹ 1,890 to ₹ 3,745. Only 1.3 *per cent* children born at home were taken to a health facility for a check-up within 24 hours of birth in comparison to earlier 2.8 *per cent*. Home births that were conducted by skilled health personnel declined from 4.5 *per cent* to 2.6 *per cent*. The number of births delivered by caesarean section

[5] Doctor/nurse/LHV/ANM/midwife/other health personnel.

in public as well as private health facilities has risen from 24.6 *per cent* to 38.5 *per cent*.

1.8 Audit Objectives

The new National Health Policy (NHP) adopted in 2017 builds on the progress made in 14 years since the last NHP came in 2002. The context had changed in four major ways:

- First, although maternal and child mortality have rapidly declined, there is growing burden on account of non-communicable diseases and some infectious diseases.
- The second important change is the emergence of a robust healthcare industry estimated to be growing at double digit.
- The third change is the growing incidences of catastrophic expenditure due to healthcare costs, which are presently estimated to be one of the major contributors to poverty.
- Fourth, a rising economic growth enables enhanced fiscal capacity.

Therefore, the new health policy was adopted to respond to these contextual changes. The primary aim of NHP 2017 is to inform, clarify, strengthen and prioritise the role of the Government in shaping health systems in all its dimensions.

Considering the goals laid down in NHP 2017 and experience in COVID-19 Pandemic, it has become crucial to assess the adequacy of financial resources, 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, through existing policy interventions and look at the scope for further improvement.

Thus, to ensure timely and systematic corrections, a performance audit on the Public Health Infrastructure and Management of Health Services in the State of Punjab was taken up.

The objective of the Performance Audit (PA) is to provide a holistic view of the Healthcare Sector in the State, i.e. a macro picture using State level information and data and a micro picture arising from detailed audit analysis/findings on maintenance of infrastructure and delivery of healthcare services. This has been done by assessing the following:

- The availability of the necessary human resources at all levels, e.g. doctors, nursing, paramedics, etc.;
- The availability of drugs, medicines, equipment and other consumables;
- The availability and management of healthcare infrastructure;

- Adequacy of the funding for healthcare;
- The funding and spending of various schemes of the Government of India;
- The adequacy and effectiveness of the regulatory mechanisms for ensuring that quality healthcare services are provided in the public/private healthcare institutions/practitioners; and
- Whether State spending on health has improved the health and well-being conditions of the people as per SDG-3.

1.9 Scope of Audit

The audit covering the period 2016-2021 was conducted from September 2021 to July 2022 and wherever feasible, the data has been updated up to 2021-22[6]. The audit sample is described below.

Coverage of Directorates, Corporation and Board

- Director, Health and Family Welfare
- Director, Health Services
- Director, Research and Medical Education
- Commissioner, Food and Drug Administration
- Mission Director, National Health Mission
- Punjab Health Systems Corporation
- Punjab Pollution Control Board, Patiala

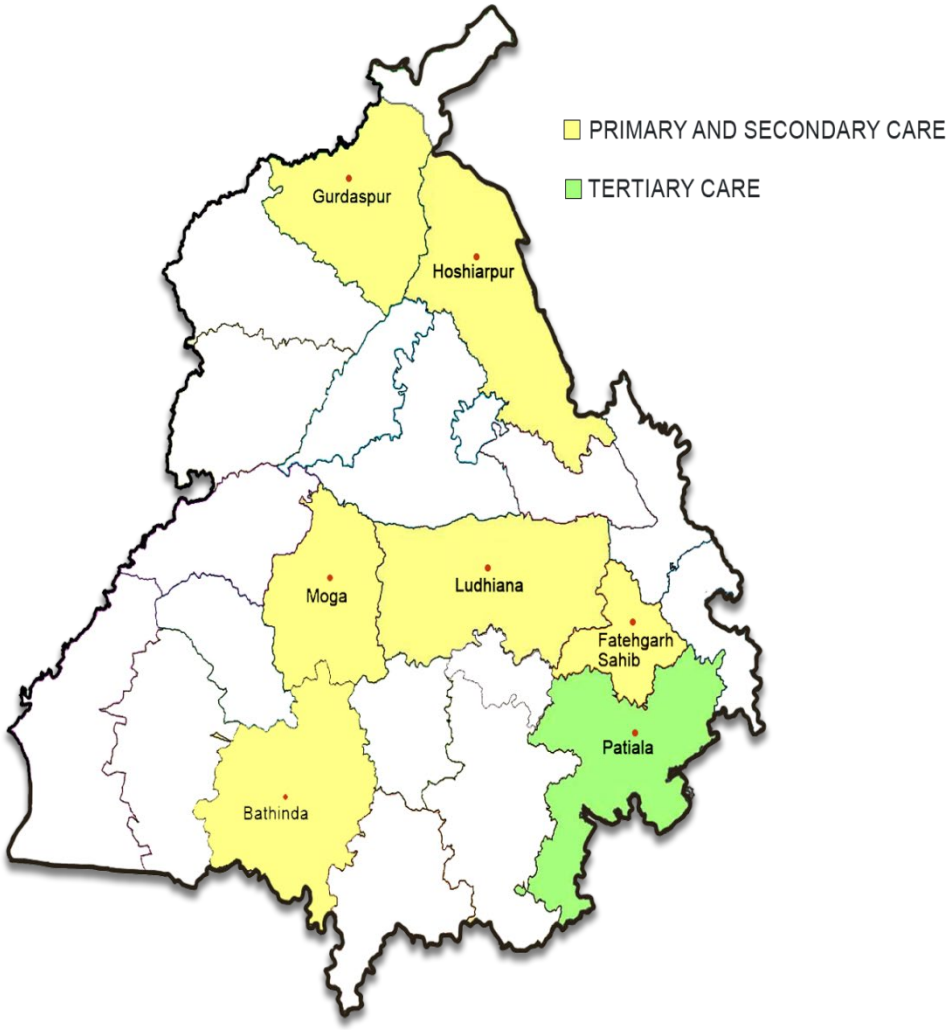
Six districts (Bathinda, Fatehgarh Sahib, Gurdaspur, Hoshiarpur, Ludhiana and Moga) for field study out of 23 districts, selected using Probability Proportional to Size Without Replacement method

- All six Civil Surgeons office of selected districts
- All six District Hospitals of selected districts
- 12 out of 56 Community Health Centres (CHC)
- 24 out of 146 Primary Health Centres (PHC)
- 24 out of 883 HWCs
- One Medical College and Hospital at Patiala

[6] The State level data in respect of human resources has been updated up to March 2023.

The details of selected Health Institutions in sampled districts are given in ***Appendix 1.2***. Apart from sampled districts, statistical data in respect of all districts has also been incorporated. The Sustainable Development Goals (SDG) have been analysed and mapped with Punjab's Vision 2030 Document. Moreover, the records pertaining to assistance/grants/equipment received for COVID-19 have been scrutinised. Funding by Private Sector and Local Bodies on healthcare has been excluded. The regulatory aspects relating to the Punjab Clinical Establishments (Registration and Regulation) Act, 2020, Drugs and Cosmetics Act,1940 and Bio-Medical Waste Management Rules, 2016 have been reviewed in the Performance Audit.

Districts for selection of field units in Punjab are depicted in the map below:



A survey of doctors and patients (652 patients[7] - IPD/OPD) selected on random basis was conducted during performance audit in the selected healthcare institutions in order to get feedback from doctors and patients' satisfaction. The outcomes of the survey have been depicted in **Chapter-III**.

[7] Sample size for the survey was worked out with Unstratified Mean Per Unit (MPU).

1.10 Sources of Audit Criteria

Criteria were adopted for audit from the following sources:

i. Indian Public Health Standards 2012;
ii. National Health Mission - Assessors' Guidebook for Quality Assurance in District Hospitals (2013);
iii. National Health Mission - Assessors' Guidebook for Quality Assurance in Community Health Centres (2014);
iv. National Health Mission - Assessors' Guidebook for Quality Assurance in Primary Health Centres (2014);
v. National Health Mission other Guidelines (***Appendix* 1.3**);
vi. The Indian Medical Council Act, 1956 and The National Medical Commission Act, 2019;
vii. Minimum Standard Requirements for The Medical College for 100/150/200/250 Admission Annually Regulations, 1999, 2010 and 2020;
viii. National Health Policy, 2017;
ix. Professional Conduct, Etiquette and Ethics Regulation, 2002;
x. The Clinical Establishments (Registration and Regulation) Act, 2010;
xi. The Punjab Clinical Establishments (Registration and Regulation) Act, 2020;
xii. The Drugs and Cosmetics Act, 1940;
xiii. The Drugs and Cosmetics Rules, 1945;
xiv. Bio-Medical Waste Management Rules, 2016;
xv. Atomic Energy (Radiation Protection) Rules, 2004;
xvi. The Punjab Transparency in Public Procurement Act, 2019;
xvii. Punjab Financial Rules;
xviii. Manual, Orders, Circulars and Schemes guidelines issued by GoI and GoP from time to time;
xix. Static and Mobile Pressure Vessels (Unfired) Rules, 2015;
xx. National Disaster Management Guidelines (Hospital Safety), 2016;
xxi. Punjab Substance Use Disorder Treatment and Counseling and Rehabilitation Centres Rules, 2011;
xxii. Guidelines for Prevention of Parent-to-Child Transmission of HIV using Multi-Drug Anti-retroviral Regimen in India (2013) (NACO);
xxiii. 'Rashtriya Arogya Nidhi' Guidelines;
xxiv. Mukh Mantri Punjab Cancer Rahat Kosh Scheme (2015);
xxv. Punjab Treasury Rules, 1985;
xxvi. Punjab Vision Document 2030;
xxvii. SDG National Indicators Framework Baseline Report 2015-16;

xxviii. SDG India Index Baseline Report 2018;

xxix. SDG India Index 2018-21;

xxx. Punjab SDG Index Analysis Report 2020-21; and

xxxi. 2nd Voluntary National Review by NITI Aayog.

The entry conference was held (December 2021) with the Secretary, DH&FW and the Principal Secretary, DMER, the Managing Director, PHSC and the Mission Director, NHM, wherein the audit objectives, audit criteria, audit scope and methodology were discussed.

The exit conference was held (December 2022) with the Secretary, DH&FW and the Additional Secretary, DMER wherein audit findings were discussed. Further, the Secretary, DH&FW appreciated the efforts put in by the audit team in preparing the Performance Audit Report and also stated that the Report presented an all-round view of the Department and it would certainly help in better decision making/monitoring by the executive.

1.11 Consideration of Ayushman Bharat in this Report

Ayushman Bharat (AB), the flagship health scheme of the Government of India, was launched in the year 2018 to achieve Universal Health Coverage (UHC) as recommended in the National Health Policy, 2017. AB adopts a continuum of care approach, comprising of two inter-related components, which are:

Health and Wellness Centres (HWC)

- Creation of 1,50,000 HWCs by transforming the existing Sub Centres and Primary Health Centres in February 2018.
- Aim to deliver Comprehensive Primary Health Care (CPHC) covering maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.

Pradhan Mantri Jan Arogya Yojana (PMJAY)

- Aims to provide a cover of ₹ 5 lakh per family per year for secondary and tertiary care hospitalisation across public and private empanelled hospitals in India.
- Over 10.74 crore poor and vulnerable entitled families (approximately 50 crore beneficiaries) are eligible for these benefits.
- Provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital.
- Benefits of the scheme are portable across the country i.e. a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment.
- Services include approximately 1,393 procedures covering all the costs related to treatment, including but not limited to drugs, supplies, diagnostic services, physician's fees, room charges, surgeon charges, OT, and ICU charges, etc.
- Public hospitals are reimbursed for the healthcare services at par with the private hospitals.

The Government of Punjab (GoP) had registered the State Health Agency (SHA) in December 2018 under the Societies Registration Act, 1860 and as amended by the Punjab Amendment Act, 1957. In Punjab, AB-PMJAY Scheme (Centrally Sponsored Scheme) has been functioning alongside the State Sponsored Scheme 'Ayushman Bharat - Mukh Mantri Sehat Bima Yojana (AB-MMSBY). The AB-MMSBY was launched in August 2019 and included beneficiaries of five more categories (smart ration card holder families, construction workers, small traders, journalists and farmers) whose premium is being borne by the State Government. In Punjab, 720 Government medical establishments and Private Hospitals[8] were empanelled with AB PM-JAY MMSBY and covers both the schemes.

As per the Socio-Economic and Caste Census (SECC) 2011, there were 69.03 lakh beneficiaries under 14.65 lakh families. Thereafter, the National Health Authority increased the number of beneficiaries from 69.03 lakh beneficiaries to 70.56 lakh beneficiaries and from 14.65 lakh families to 14.98 lakh families. Out of 70.56 lakh beneficiaries, only 31.91 lakh beneficiaries were registered in Punjab State as of January 2023 with Beneficiary Identification System (BIS) under PMJAY on the basis of their eligibility as per National criteria, i.e. the SECC database. The total coverage of beneficiaries is, therefore, 45.23 *per cent* during the period August 2019-January 2023 in the State. Coverage of beneficiaries across districts varied, as detailed in **Table 1.3**.

Table 1.3: Position of registered beneficiaries as of January 2023

Sr. No.	Name of District	Total No. of eligible beneficiaries under PMJAY	No. of beneficiaries registered under PMJAY	Percentage of beneficiaries registered under PMJAY
1.	Amritsar	6,13,015	2,57,560	42.02
2.	Barnala	1,62,475	71,786	44.18
3.	Bathinda	3,65,332	1,58,618	43.42
4.	Faridkot	1,83,996	77,079	41.89
5.	Fatehgarh Sahib	1,53,057	69,588	45.47
6.	Ferozepur	7,09,978	1,37,031	42.73*
7.	Fazilka	-	1,66,325	
8.	Gurdaspur	4,58,565	1,65,237	48.34*
9.	Pathankot	-	56,447	
10.	Hoshiarpur	2,98,856	1,59,758	53.46
11.	Jalandhar	4,59,688	2,31,979	50.46
12.	Kapurthala	1,39,893	48,030	34.33
13.	Ludhiana	10,10,255	4,83,742	47.88
14.	Mansa	2,75,134	1,33,179	48.41
15.	Moga	2,81,846	1,14,890	40.76
16.	Malerkotla	-	-	-

[8] Government medical establishments: 209 + Private Hospitals: 511 (*Source: Official Website of SHA 05.02.2024*).

Sr. No.	Name of District	Total No. of eligible beneficiaries under PMJAY	No. of beneficiaries registered under PMJAY	Percentage of beneficiaries registered under PMJAY
17.	Sri Muktsar Sahib	3,39,060	1,65,336	48.76
18.	Patiala	4,61,742	2,07,914	45.03
19.	Rupnagar	1,16,087	51,115	44.03
20.	S.A.S. Nagar	1,80,716	49,286	27.27
21.	Sangrur	4,81,705	2,40,885	50.01
22.	S.B.S. Nagar	1,10,424	51,424	46.57
23.	Tarn Taran	2,54,147	94,169	37.05
Total		**70,55,971**	**31,91,378**	**45.23**

Source: State Health Agency

Note: The data for PMJAY beneficiaries was not separately available with the agency since the districts Fazilka (carved out of Ferozepur), Pathankot (carved out of Gurdaspur) and Malerkotla (carved out of Sangrur) were not created at the time of Census 2011.

* Audit has calculated Percentage of beneficiaries registered under PMJAY in respect of districts Ferozepur and Gurdaspur by adding the number of beneficiaries registered in the districts Fazilka and Pathankot respectively.

Colour Code:

Yellow denotes 'moderate registration'
Red denotes 'less registration'

An All-India Performance Audit of PMJAY was conducted for the period up to March 2021, in which Punjab was one of the sampled States. In the current Report, we have included findings related to HWCs in a separate chapter and have also considered implementation of Ayushman Bharat while making recommendations in various areas of health sector. Audit findings relating to infrastructure, services and human resources relating to HWCs have been commented upon in the respective chapters of this Report.

1.12 Organisation of audit findings

The audit findings, conclusions and recommendations relating to audit objectives have been reported in the succeeding chapters, as detailed below:

Chapter-II	Human Resources
Chapter-III	Healthcare Services
Chapter-IV	Availability of drugs, medicines, equipment and other consumables
Chapter-V	Healthcare Infrastructure
Chapter-VI	Financial Management
Chapter-VII	Implementation of Centrally Sponsored Schemes
Chapter-VIII	Adequacy and effectiveness of regulatory mechanisms
Chapter-IX	Sustainable Development Goal-3