

## Executive Summary

Public health is the science and art of preventing disease, prolonging, and promoting life through organised efforts of the Government and society. Public health infrastructure provides communities, States, and Nation the capacity to prevent disease, promote health, and prepare for and respond to both acute threats and chronic challenges to health. The framework for strengthening health infrastructure in India is guided by the National Health Policy (NHP), 2017, which aims to strengthen and prioritise the role of the Government, in shaping health systems in all its dimensions. The policy also recognises the pivotal importance of Sustainable Development Goal-3 in ensuring healthy lives and promoting wellbeing for all. The Indian Public Health Standards (IPHS) is a set of uniform standards, envisaged to improve the quality of healthcare delivery in the country and serve as a benchmark for assessing the functional status of healthcare facilities.

The Performance Audit on '*Public Health Infrastructure and Management of Health services in Andhra Pradesh*' was taken up to assess adequacy of funding, health infrastructure, human resources, availability of drugs and equipment, and management of healthcare and emergency services. This Report aims to identify the areas that require systemic corrections and improvement.

The major findings of the Performance Audit are presented below:

1. Shortfalls were noticed in all the cadres at Sub Centre level and in administrative cadres in PHCs. Further, 743 Specialists and Medical Officers' posts are vacant against sanctioned posts of 3,316 in secondary healthcare. Government should ensure to provide required human resources to deliver healthcare services effectively at primary and secondary levels.
2. In Andhra Pradesh, 149 posts out of 608 posts in Professor cadre and 156 posts out of 744 posts in Associate Professor cadre in 11 Government Medical Colleges (GMCs) were vacant. We recommend that Government should provide required human resources in Medical colleges for their smooth functioning.
3. Out of five test checked trauma care centres<sup>1</sup>, we observed that staff were not provided in two<sup>2</sup> Health Care Facilities (HCFs). Other three Trauma care centres were functioning with minimal staff. We recommend that Government may provide adequate manpower in trauma care centres.
4. The department had not maintained centralised database of sanctioned strength, person in position and unit wise deployment of staff. We recommend that Government should develop a Human Resource Management System (HRMS) to track deployment of staff in all Health Care Facilities on real time basis.

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<sup>1</sup> GGHs Anantapur, Nellore and Srikakulam, DH Tekkali, and CHC Naidupeta

<sup>2</sup> Naidupeta and GGH Anantapur

5. Intensive Care Units (ICUs) was not available in five out of 12 District Hospitals (DHs). Further, we observed that equipment in ICUs<sup>3</sup> and obstetric High Dependency Units (HDUs)<sup>4</sup>, were non-functional due to shortage of manpower depriving the critical care and life support to patients. We recommend that Government should provide amenities, equipment, and manpower to the Health Care Facilities (HCFs) as per requirement for delivery of quality services for curative care.
6. Lack of full range laboratory services was noticed in all test checked secondary HCFs due to which the patients would be forced to avail these services from private labs. We recommend that Government should provide full range of tests/investigations in the laboratories along with adequate laboratory equipment as per Indian Public Health Standards (IPHS) in all Secondary Healthcare Facilities.
7. Need based indenting of drugs and surgical items was not done nor were the supplies made as indented.
8. Near expiry drugs of value ₹2.14 crore were distributed to the HCFs at three test checked Central Drug Stores (CDS). We recommend that Government should ensure timely return of near expiry drugs to suppliers for replacement of stock by all CDS.
9. There is no systematic need assessment of equipment in HCFs, even though the procurement policy had laid out clear guidelines. Lack of human resources, adequate space and financial resources resulted in idling and non-functional equipment worth ₹4.77 crore in eight test checked HCFs. We recommend that Government should streamline the system for need assessment of equipment to avoid wastage and idling.
10. We observed that there was no provision for local purchase of drugs and medicines, when the indented drugs and medicines were not provided or out of stock in primary and secondary HCFs. We recommend that flexibility shall be given to HCFs to meet emergency needs by providing local purchase budget for drugs and medicines.
11. We observed that there were only 175 CHCs as against required 412 CHCs in the State as per IPHS 2012. Hence, Government should increase the number of CHCs to reduce patient load at AHs and DHs and to ensure availability of timely and affordable healthcare.
12. We observed that there were delays in completion of upgradation works in the medical colleges for which medical seats were increased. This would impact the training of medical students and cause inconvenience to the patients. It is also

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<sup>3</sup> DHs Hindupur and Atmakur, AHs Kadiri and Kavali

<sup>4</sup> DHs Atmakur and Tekkali, AHs Kadiri and Seethampet

recommended to provide required infrastructure whenever the intake capacity of a Medical College is increased.

13. During patient surveys, it was noticed that patients had to opt for private treatment due to shortage of equipment. Government should ensure that amenities and equipment are provided to the HCFs as per requirement to deliver quality services.
14. Against a target of health sector expenditure of more than eight *per cent* of State budget to be achieved by the year 2020, the State could achieve only 3.11 *per cent* (March 2022). Further the State had not achieved the initial targeted expenditure of 1.15 *per cent* of GSDP on health set in 2017 during the years 2017-22. We recommend that the Government may enhance expenditure on healthcare services to the expected level of eight *per cent* of total State Budget and to 2.50 *per cent* of GSDP to ensure that adequate and quality healthcare infrastructure and services are provided to the Public.
15. The State Government had not released the State share of ₹350.93 crore for the years 2017-22 towards various programmes under National Health Mission (NHM). The State Government did not avail financial assistance extended by NABARD and World Bank in full and funds received were also not fully utilised. The State Government may ensure optimum utilisation of funds available under NHM.
16. Though funds amounting to ₹6.25 crore were provided in 2018-19, State Blood Cell screened only one *per cent* of the targeted two lakh tribal children. This may increase the risk of disorders such as haemoglobin C disease, haemoglobin S-C disease, Sickle Cell anaemia, Thalassemia and other mutations. SBC may increase screening of tribal families and children to check and control blood disorder diseases such as haemoglobin C disease, haemoglobin S-C disease, Sickle Cell anaemia, Thalassemia and other mutations.
17. There was a vacancy of 107 posts out of 884 sanctioned (12.10 *per cent*) posts for implementing National Tuberculosis Elimination Programme (NTEP), in all the 13 cadres in the State. This hampered the implementation of NTEP programme as the case notification rate increased from 151 in 2019 to 174 per lakh population by October 2022. Regarding National Leprosy Eradication Programme (NLEP), prevalence Rate of G2D is more than two *per cent* against the target of one *per cent* and the proportion of child cases (5.46 *per cent* in 2021-22) among new Leprosy cases is a matter of concern. This indicates that the tracing, tracking, and reporting of the disease in the community are not adequate. Government may take appropriate action to address the shortfall in manpower, spend the allocated funds optimally, improve monitoring and surveillance to make the State TB free and Leprosy free as per Sustainable Development Goal (SDG) 3.

18. Third party clinical audits were not conducted in line with PMNDP scheme guidelines. Government should establish a mechanism to conduct third party clinical audits and to act upon the observations as per the scheme guidelines, and to maintain a database of such audit reports along with Action Taken Reports.
19. The Drug Regulatory mechanism was not efficient considering the shortfall in manpower to conduct inspections on the functioning of drug manufacturing facilities and sales units. In spite of provision of funds by GoI for strengthening of Drug Regulatory System, the funds were not released in full by GoAP and thereby prevented the Drug Control Administration from delivering functions effectively. Government needs to strengthen the Regulatory mechanism of Drug Control Administration by deploying more manpower for inspection of manufacturing/sale units of drugs.
20. Suspension/cancellation of registrations of Private Medical Care Establishments (PMCEs) was based on complaints received only. Thus, regular inspections would have brought more such cases and led to effective monitoring by the concerned District Registering Authorities (DRAs). The Department may strengthen the enforcement of Andhra Pradesh Allopathic Private Medical Care Establishments Act mechanism and ensure regular inspections, so that all the PMCEs should function with valid registration certificates.
21. Effluent Treatment Plants were not installed in the test checked secondary HCFs. The Sewage Treatment Plants (STPs) installed at Government General Hospitals Srikakulam and Nellore were non-functional. STPs were not installed in the test-checked DHs and AHs. There was delay in disposal of waste by some of the test checked HCFs. Bar coding system<sup>5</sup> for monitoring the implementation of BMWM Rules 2016, was implemented partially. Government may ensure installation of Effluent Treatment Plants in all secondary health care facilities. Government may make STPs functional for safe handling of liquid biomedical waste, where they were dysfunctional and ensure establishment in 100 and above bedded Government hospitals.
22. State Level Authority (SLA) which has to conduct inspections of the registered hospitals/diagnostic centres had covered only two *per cent* of the registered hospitals/ diagnostic centres/labs during 2017-22. Annual reports on BMW generation and disposal were not furnished to APPCB. Government should ensure that various regulatory bodies may adopt an adequate and effective monitoring mechanism to guarantee conformity with the necessary minimum standards.
23. About 37 *per cent* of the District Hospitals/ Area Hospitals, 7 *per cent* of CHCs and 28 *per cent* of the PHCs in the State are having accreditation certificates under National Quality Assurance Standards. Government may instruct all the

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<sup>5</sup> helps in accounting the quantity of Biomedical waste being collected, treated and disposed

HCFs to maintain minimum quality standards to give an assurance of quality health care to the intended population.

24. The State Government did not provide sufficient budgetary support for improvement of infrastructure facilities and enough drugs in Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH) Hospitals, colleges and dispensaries. State Government did not release the approved funds under National Ayush Mission (NAM), thereby prevented the implementation of targeted activities proposed under State Annual Actions Plan (SAAP). The State Government needs to release the funds provisioned as per approved SAAP and ensure timely release of funds towards matching share under NAM for optimal utilisation of scheme funds.
25. The test-checked colleges and hospitals under AYUSH lacked infrastructure facilities, equipment, laboratories and development/farming of medicinal plants and there was shortfall in availability of drugs and medicines, thereby affected the performance of these institutes. The State Government may ensure that adequate infrastructure facilities, equipment, and drugs are provided to the hospitals/dispensaries under AYUSH.
26. Shortage of Medical and paramedical permanent staff in the test-checked AYUSH Hospitals and educational institutions was noticed. Vacancies in teaching, medical, paramedical and other posts would affect the quality of services and education. The State Government may take steps to recruit required staff for AYUSH medical and educational institutions.

As per the provisions of Clinical Establishment Act 2010 (CEA) for regulating Hospitals, Clinics, Diagnostic services and Laboratories should have Regulatory mechanism which was absent in HCFs under AYUSH. The State Government may ensure implementation of CEA for regulating Hospitals, Clinics, Diagnostic services and Laboratories under AYUSH.