CHAPTER-III

PERFORMANCE REVIEWS

HEALTH DEPARTMENT

3.1 FUNCTIONING OF RURAL HEALTH SERVICES

Highlights

Rural health care units failed to provide basic minimum services and bring about improvement in referral linkages. The health care services in rural areas of the State were grossly inadequate. Shortage of medical officers and paramedical staff ranged upto 95 per cent. There were huge shortages of health care units compared to the GOI norms. Infrastructural facilities such as buildings, drinking water, electricity, labour room facilities, equipment and diagnostic facilities were lacking in most of the health units.

The number of rural health care units in the State was inadequate compared to the standards set as per the Minimum Needs Programme. The shortfall ranged between 29 and 88 per cent.

(Paragraph 3.1.7)

Infrastructural facilities such as availability/ functioning of X-ray units, essential equipment and diagnostic facilities were lacking in most of the sub-centres, PHCs/APHCs and referral hospitals.

(Paragraph 3.1.7)

Out of test-checked districts, 49 per cent sub-centres and 41 per cent PHC/APHCs had no building. The buildings housing 45 per cent sub-centres and 36 per cent PHC/APHCs and 38 per cent referral hospitals were in dilapidated condition.

(Paragraph 3.1.7)

Immunisation programme suffered due to non-functional cold chain equipment. Physical performance in immunisation of children in the State was low at 20 per cent.

(Paragraph 3.1.9)

Health care units lacked medical and paramedical staff and technicians. Thirty nine APHCs had no doctor during 2002-04 and medicines were prescribed by para medical staff.

(Paragraph3.1.12)

Out of the central fund of Rs 10.11 crore released to 10 test-checked districts, Rs 8.68 crore were credited to civil deposit, Rs 0.50 crore were spent on purchases of medicine and Rs 0.93 crore were surrendered.

(Paragraph 3.1.5)

Introduction

The objective of primary health care is to provide basic health services at the door steps of rural people through a network of Sub-Centres (SCs), Primary Health Centres (PHCs), Additional Primary Health Centres (APHCs) and Referral Hospitals (RHs). The major components of primary health care are (i) health education to the community, (ii) maternal, child health and family welfare, (iii) curative services, (iv) maintenance of demographic services (v) prevention and control of local epidemics and (vi) implementation of national health programmes.

Health care services in Bihar are rendered in rural areas through 397 PHCs, 1330 APHCs, 7024 SCs and 70 RHs.

3.1.2 Organisational set-up

Commissioner-cum-Secretary to Government, Health and Family Welfare Department assisted by a Director-in-chief, three Directors, seven Additional Directors and 10 other State level programme officers, is responsible for administering rural health services in the State. At the district level, Civil Surgeon-cum-Chief Medical Officers (CS-cum-CMO) oversee rural health services rendered by the PHCs, APHCs, SCs and RHs.

3.1.3 Audit objectives

Audit objectives were to assess whether:

- Infrastructural facilities including manpower were available as per norms laid down by the Government of India;
- Quality of health care services was satisfactory and immunization goals were achieved;
- Essential and life saving drugs, machine and equipment were available in rural hospitals.

3.1.4 Audit coverage

Records of Director, Health Services Bihar, Patna and 10 Civil-surgeons-cum-Chief Medical Officers[1] along with 21 RHs, 511 PHCs/APHCs and 3318 Sub-centres for the period 1999-2004 were test checked in audit during August 2003 and March 2004. Significant audit findings were as follows.

[1] *Bhagalpur, Bhojpur, Gaya, Katihar, Motihari, Muzaffarpur, Nalanda, Purnea, Samastipur and Vaishali*

3.1.5 Financial management

Funds provided by the State Government

Funds provided by the State Government and the expenditure on rural health services during 1999-2004 were as under:

Substantial savings

Year	Budget provision			Expenditure			Saving (-)/Excess (+)		
	Plan	Non-plan	Total	Plan	Non-plan	Total	Plan	Non-plan	Total
	(Rupees in crore)								
1999-2000	396.02	348.02	744.04	247.57	234.51	482.08	(-)148.45	(-)113.51	(-) 261.96
2000-01	413.67	244.89	658.56	225.89	195.09	420.98	(-)187.78	(-) 49.80	(-) 237.58
2001-02	159.43	172.91	332.34	147.22	151.19	298.41	(-) 12.21	(-) 21.72	(-) 33.93
2002-03	189.96	179.65	369.61	147.85	139.96	287.81	(-)42.11	(-) 39.69	(-) 81.80
2003-04	182.55	143.98	326.53	165.66	134.88	300.54	(-) 16.89	(-) 09.10	(-) 25.99
Total	**1341.63**	**1089.45**	**2431.08**	**934.19**	**855.63**	**1789.82**	**(-) 407.44**	**(-) 233.82**	(-) **641.26**

(Source :- Appropriation Account of relevant years;)

Funds provided by the Central Government

The Government released Rs 58.92 crore during 2001-04 out of the Central funds received under Pradhan Mantri Gramodaya Yojana (PMGY) for purchase of medicine and equipment (Rs 29.40 crore) and for maintenance, renovation, water supply and sanitation in RHs and PHCs (Rs 29.52 crore).

Funds aggregating Rs 9.85 crore meant for medicine, equipment and infrastructure locked up

Out of Rs 10.11 crore released to 10 test –checked DMs, Rs 8.68 crore were credited to civil deposit Rs 0.50 crore were spent on purchase of medicine and Rs 0.93 crore surrendered.

Out of Rs 5.86 crore received by the test checked divisions for maintenance, renovation, water supply and sanitation of PHCs and RHs, Rs 4.69 crore were spent on 261 works (completed 209; incomplete: 52) up to March 2004. Of these, 143 works executed at a cost of Rs 2.47 crore were not sanctioned by the Government. The expenditure was incurred on construction of residential buildings and their compound walls and repairs to roads. Rupees 1.17 crore remained unutilised with the divisions as of March 2004.

Unauthorized retention of Rs 22.96 crore by SCOVA

Government of India (GOI) released Rs 36.18 crore during 1999-2004 directly to the State Committee on Voluntary Action (SCOVA), a registered society, for immunisation, maintenance of cold chain, Dai training, RCH camps, ANMs awareness training etc. under the Reproductive Child and Health (RCH) programme, SCOVA did not release Rs 22.96 crore to the districts as of May 2004.

3.1.6 Programme management

The primary health care infrastructure provides the first level contact between the rural population and the health care providers and forms the pathway for implementation of all the health and family welfare programmes. However, the number of rural hospitals as required in terms of national norms were not in place to meet the needs of the rural people. Availability of essential machines, equipment, indoor and outdoor facilities and availability of medicines, drinking water, sanitation and electricity as against the requirement for these services are discussed in succeeding paragraphs.

3.1.7 Inadequate infrastructure

Under the Minimum Needs Programme, one SC for every five thousand population, one PHC for every 30 thousand population and one RH for every four PHCs (or every one lakh population) were to be provided by 2000 in a phased manner to cater to the needs of health care of the rural people. Based on the rural population of Rs 7.31 crore (census 2001) the number of PHCs/SCs and RHs required as per norms and the number actually available are given in the table below:

Health care units	Number required as per the norms	Available	Shortfall	Percentage shortfall
	(In number)			
Sub-centres	14620	7024	7596	52
PHCs/APHCs	2436	1727	709	29
Referral hospitals	609	70	539	88

The number of rural health care units not adequate to meet the needs of rural population

The number of health care units was not adequate to meet the health care needs of the rural people of the State. Further, 1330 APHCs created between 1981-82 and 1987-88 were to be upgraded under the State policy, to the level of PHCs by 1993-94 but these were not upgraded (June 2004).

Buildings

Test-check of 21 RHs 511 PHCs/APHCs, and the records of the CS-cum-CMO of 10 districts disclosed the following points:

1612 SCs (49 per cent), 210 PHC/APHCs (41 per cent) and one RH (five per cent) had no building. 1489 SCs (45 per cent), 185 PHC/APHCs (36 per cent) and eight RHs (38 per cent) had buildings in dilapidated or damaged condition. One RH building taken up for execution in 1987 had not been completed.

Building of PHC, Lalgang, Vaishali

Thirteen RHs were non-operational due to lack of infrastructure

In addition to the existing 70 RHs in the State, 13 RHs constructed at a cost of Rs 5.06 crore between January 1991 and February 2000 were not operational due to non-availability of medical and paramedical staff and equipment.

Beds

Meagre availability of beds in health care units

Health sub-centres were intended to provide outdoor services to patients while PHC/APHC and RHs were to extend both indoor and outdoor services. Accordingly, the PHC/APHCs were to have a strength of six beds and RH 30 beds. In the test-checked 10 districts, against total of 3558 beds sanctioned for 493 PHCs/APHCs and 20 RHs, only 787 beds (22 per cent) were available in 136 PHCs/APHCs and 19 RHs.

Equipment

Non-availability/ non functioning of X-ray units

In 32 PHCs, only a few machines and equipment such as freezer, weighing machine, stethoscope, oxygen cylinder etc. were available. 377 APHCs in 10 test-checked districts had no surgical instruments for surgical procedures. RHs had no machines and equipment for specialised treatment of patients referred by the PHCs/APHCs. X-ray machines were not available in 7 RHs[2], while X-ray machines (cost : Rs 8.28 lakh) available in 12 RHs[3] were not in operation due to their non-installation since August 1984.

Diagnostic labs lacked infrastructure

Facility for pathological tests was not available in any of the PHCs/APHCs/ RHs. The laboratory lacked technicians, machinery, equipment and chemicals required for the tests.

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[2] *Asthama, Amaur, Dhamdaha, Dumaria, Sherghati, Sultanganj and Pirpaiti*

[3] *Areraj, Barsoi, Barari, Chakia, Dhaka, Islampur, Khaje-Chand Chhapra, Lalganj, Rajgir, Sahapur, Sakara and Sandesh*

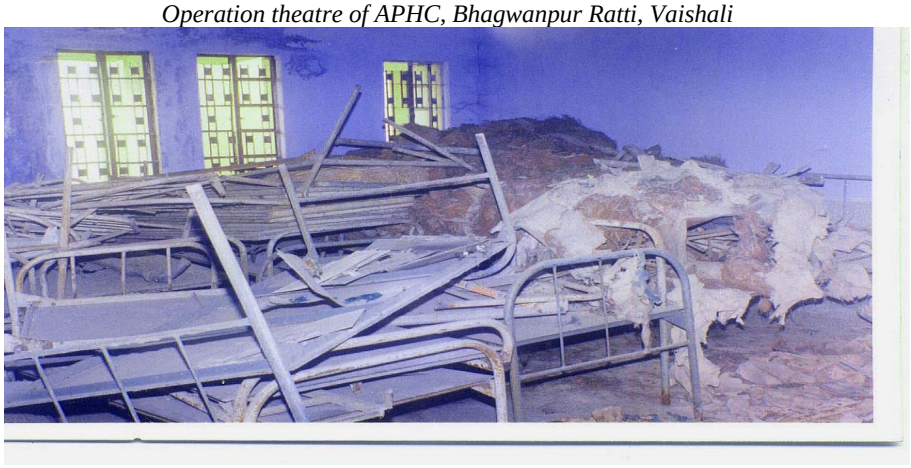
3.1.8 Health care services

No indoor patient was admitted during 1999-2004 in 482 out of 493 PHCs/ APHCs and five out of 20 RHs, due to lack of basic infrastructure. Even in the remaining 11 PHCs/APHCs and 15 RHs only a small number of patients was admitted as shown in the table below:

Year	PHCS/APHCs				RHs			
	Beds available	Patients admitted	Admission		Beds avail-able	Patients admitted	Admission	
			Per day (average)	Per PHC per day (average)			Per day (average)	per hospital per day (average)
1999-2000	66	1405	4	0.36	235	5036	14	0.93
2000-01	66	1892	5	0.45	235	6219	17	1.13
2001-02	66	2443	7	0.64	235	6440	18	1.20
2002-03	66	2637	7	0.64	235	6318	17	1.13
2003-04	66	2115	6	0.55	235	5593	15	1.00

It was noticed that only surgical operation for family planning were carried out in the PHCs and RHs.

Operation theatre of APHC, Bhagwanpur Ratti, Vaishali



Ward of Referral hospital Lalganj, Vaishali

Ward of APHC, Bhagwanpur Ratti, Vaishali

None of the test-checked SCs were equipped to provide even the first aid. Most of the SCs had no medicines, syringes and needles. It was noticed that medicines purchased by health care units lasted for only two to three months in a year while Rs 1.47 crore (out of Rs 7.48 crore provided in the budgets during 1999-2004) for purchase of medicines were not utilised and lapsed due to release of funds near the end of the budget periods and non-finalisation of rates in time.

No dietary facility

There was no provision for dietary articles for rural health care units.

No emergency service facility and medicines prescribed by ANMs in health sub-centres

None of the health sub centres and RHs provided emergency services to patients. As per standing instructions of the Government one Medical Officer was to visit health sub centres at least once a week for OPD health care.

The Medical Officers (MOs) of the PHCs never visited health sub-centres in the test-checked sub centres. In their absence the Auxiliary Nurses and Midwives (ANM) prescribed medicines. Thirty eight doctors of Deshi Chikitsa (Homeopathy, Ayurvedic, Unani) were posted in 31 APHCs. However, no Deshi medicines were supplied to the APHCs for treatment of the patients affecting the quality of health care.

The Additional Secretary to Government stated (December 2004) that due to inadequate infrastructure facility rural health care services are deficient. However steps are being taken to upgrade health care services.

3.1.9 Reproductive child and health care

The universal immunisation programme (UIP) aimed at reducing mortality and morbidity among infants and younger children by application of preventive vaccines for Polio, Tetanus, DPT, DT, Measles, etc. The Pulse Polio immunisation campaign taken up (1995) for eradication of polio by the year 2000 supplemented the programme. Physical achievement against targets in the 10 test-checked districts was as follows:

(In lakh)

Poor physical achievement under immunization programme

Year	DPT		OPV		BCG		Measles		Tetanus	
	T	A	T	A	T	A	T	A	T	A
1999-2000	8.29	3.41 (41)	8.29	3.64 (44)	8.29	4.95 (60)	8.29	3.20 (39)	8.69	2.27 (26)
2000-01	8.00	5.35 (66)	8.00	5.13 (64)	8.00	6.33 (79)	8.00	4.60 (58)	8.22	3.79 (40)
2001-02	8.31	5.24 (63)	8.31	5.20 (63)	8.31	6.52 (78)	8.31	4.40 (53)	9.08	3.67 (40)
2002-03	8.17	4.94 (60)	8.17	5.41 (66)	8.17	6.61 (81)	8.17	4.57 (56)	9.19	3.77 (41)
2003-04	9.12	4.11 (45)	9.12	4.21 (46)	9.12	5.21 (57)	9.12	2.70 (30)	14.25	2.89 (20)

(T: Target; A: Achievement and figures in bracket indicate percentage)

As per the Tenth Plan document, the level of immunization in Bihar was 20 per cent against the all India level of 42 per cent. Lack of essential facilities like cold chain maintenance, Dai training, etc. as discussed below contributed to poor progress of the immunisation programme.

Immunisation suffered due to non-functional cold-chain equipment

Availability of cold chain facility was a pre-requisite for preserving the potency of vaccines at two to eight degrees centigrade. Test check revealed that in PHCs of 10 districts 77 per cent of Ice Lined Refrigerators (ILR), 73 per cent of Deep Freezers and 63 per cent of Vaccine Day Carriers were non-functional due to lack of funds for repair, electricity and technical staff. As a result, implementation of the immunisation programme was affected and despite 33 rounds of pulse polio drives undertaken since 1995, polio was not eradicated completely as of May 2004.

Kits not provided to trained Dais

With a view to providing at least one trained Dai to each village having population of 1000 to cater to the health care needs of pregnant rural women, Rs 1.18 crore (2000-01) were provided to SCOVA by GOI for training and supply of kits. Test-check revealed that 1597 Dais were trained in eight districts[4] but no kit was provided to the trained dais which affected the delivery of health care services and rendered unfruitful the expenditure of Rs 0.23 crore incurred on training of Dais in seven districts. No training was organised in the other two districts (Muzaffarpur and Purnea) as of June 2004.

3.1.10 Administration of sub-standard drugs

Sub-standard medicines dispensed to patients

In three districts, Drug Inspectors obtained (1999-2000) samples of medicines for quality test but their test reports were sent to CS-cum-CMO after a delay of two to three years. Medicines worth Rs 23.06 lakh (Purnea: Rs 1.04 lakh; Muzaffarpur: Rs 4.80 lakh; Samastipur : Rs 17.22 lakh) were found (May 2000) to be substandard in the tests conducted by the Drug Testing laboratory, Patna. By the time the test reports were received the medicines from which

[4] *Bhojpur,Bhagalpur, Gaya, Katihar, Motihari, Nalanda, Samastipur and Vaishali*

samples were taken had been dispensed to the patients. Purchase of sub-standard medicine required investigation for fixation of responsibility.

3.1.11 Defective maintenance of drug store records

Expired medicines provided to patients

Date of expiry of all medicines taken into stock should be noted in the medical store to ensure the timely consumption of drugs. The officer incharge of medical stores should periodically (quarterly) verify if medicines beyond shelf life are not in stock. Test-check revealed that dates of expiry of medicines were not noted and the quarterly verification of stores was not done as per norm by the MOs (I/C). As a result, medicines valued at Rs 3.88 lakh which had expired were distributed to patients (1999-2004).

Medicines short accounted

In nine districts[5] test checked medicines valued at Rs 6.98 lakh issued from CS-cum-CMOs store to PHCs and then to APHCs were not taken into stock in the APHCs. This resulted in short accountal of medicines valued at Rs 6.98 lakh.

3.1.12 Human resource management

Inadequate health care providers

As per norms under the National Health Policy 1983 one Doctor, one Lady Health Visitor (LHV) and one ANM are required for a population of every two thousand, five thousand and three hundred respectively and one Pharmacist for every three doctors in the State.

There was substantial shortage of medical and para medical staff in rural areas of the State. The Additional Secretary to Government stated (December 2004) that the department is considering appointment of medical and para medical staff. Information in respect of men-in-position with reference to the sanctioned strength was not made available with the department. However, in the test-checked districts, (population : 2.76 crore) 13800 doctors and 1.02 lakh para medical staff (LHV:5520; ANM: 92000; Pharmacist:4600) were required as per the norms. Against this, the number of posts sanctioned and the staff in position as on April 2004 were as under:

Health care units	Medical		Para-Medical		Total	
	Sanctioned strength	Men-in-position	Sanctioned strength	Men-in-Position	Sanctioned strength	Men-in-position
	(In number)					
PHC (including HSC)	519	386 (74)	4011	3110 (78)	4530	3496 (77)
APHC	754	436 (58)	1678	652 (39)	2432	1088 (45)
Referral hospital	84	73 (87)	189	79 (42)	273	152 (56)
Total	**1357**	**895**	**5878**	**3841**	**7235**	**4736**

(Figure in bracket indicate percentage)

[5] *Bhagalpur, Bhojpur, Katihar, Motihari, Muzaffarpur, Nalanda, Purnea, Samastipur and Vaishali`*

Health care units lacked staff

As against the requirement of 13800 doctors and 1.02 lakh para medical staff as per norms, the number of sanctioned posts in the two categories of staff was 1357 and 5878 respectively. The number of men in position was still lower at 895 doctors and 3841 para medical staff.

In eight districts[6] test-checked, 39 APHCs had no doctor during 2002-04 and the medicines were prescribed by the para medical staff. The health care units were clearly not fully operational.

Only 30 specialist doctors posted to RHs against 76 required

Four posts of specialists in the fields of obstetrics and gynaecology, paediatrics, surgery and medicine were sanctioned by the Government for each RH in the State for specialized treatment of patients. Accordingly, 76 specialists were required to be posted in 19 functional RHs in the test-checked districts. Against this only 30 specialists (39 per cent) were in position as of March 2004. Four hundred forty seven (out of 493) PHC/APHCs did not have the services of lady doctors.

Lack of lady doctors to provide services to rural women.

In 10 districts only 73 lady doctors were posted in 64 PHCs/APHCs and three RHs, while 447 PHCs/APHCs and 17 Referral hospitals were without lady doctors.

Nugatory expenditure of 10.24 crore on idle personnel

In six PHCs[7] no indoor and out door facilities were available. Consequently six MOs and 24 other officials posted in these PHCs did not perform any duty resulting in nugatory expenditure of Rs 0.91 crore on their pay and allowances during 1999-2004. Seventeen X-ray technicians in 17 RHs and one Radiologist in one RH (Lalganj) were without work as X-ray machines in the RHs were either not available (three RHs) or were non-functional (14 RHs) for want of repairs, X-ray films, chemicals and indoor facilities. Further, 24 cooks/ assistant cooks in 19 RHs and a few Class-III and IV officials in RH, Manihari (Katihar) remained without work. This resulted in nugatory expenditure of Rs 2.04 crore on their pay and allowances during 1999-2004. Besides, 237 to 249 ward attendants were posted during 1999-2004 in 158 APHCs where there was no bed facility and no indoor patients. They remained without work resulting in nugatory expenditure of Rs 7.29 crore on their pay and allowances during 1999-2004.

3.1.13 Conclusions

Poor quality of health care

The health care services were charecterised by underspending against budget provisions which led to lack of basic and essential infrastructure like building, electricity, water, sanitation, , machine and equipment, manpower, labour rooms, etc. Despite inadequate number of health care units in the State, the number of patients admitted as indoor patients was very low reflecting the lack of treatment facilities in these units. The immunisation programme achieved only a fraction of its targets. There were instances of substandard drugs being

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6 *Bhagalpur; Gaya; Katihar; Motihari; Muzaffarpur; Purnea; Samastipur; Vaishali*

7 *PHCs: Amaur (Purnea); Lalganj (Vaishali); Katihar; Pirpaiti (Bhagalpur); Sherghati (Gaya); Sultanganj (Bhagalpur)*

dispensed and faulty management of medical stores. Large amounts were spent as salary of medical and paramedical personnel posted in many health care units who were not in a position to treat any patient for want of infrastructural facilities.

Recommendations

- There is a need to revitalise the rural health care units by providing and improving basic and essential infrastructure of building, water, electricity, sanitation, machinery and equipment, manpower and medicines;

- At least one lady doctor should be posted in each PHC and RH in order to provide health care to rural women who constitute 46 per cent of the rural population

- Linkages of PHCs, APHCs and SCs with referral hospitals should be established by making the latter functional by posting specialist doctors and providing equipment and medicine.

- Management of medical stores and the procedure for testing of drugs and follow up actions thereon need to be revamped.

The points were referred to Government (July 2004); the reply received (December 2004) has been incorporated in the review at appropriate places.