HEALTH AND FAMILY WELFARE DEPARTMENT

2.2 Management of Cancer Control Programme in Punjab

The Cancer Control Programme in the State was being implemented mainly through two Schemes *viz.* 'National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke' (NPCDCS) – a Centrally sponsored scheme and 'Mukh Mantri Punjab Cancer Raahat Kosh Scheme' (MMPCRKS) – a State sponsored scheme. A performance audit of these two schemes brought out many deficiencies which seemed to have impaired effective management of Cancer Control Programme in Punjab. Some of the significant audit findings are summarized below:

Highlights

- **District action plans had not been prepared. Funds of ₹ 2.79 crore were irregularly diverted to other non-communicable diseases (NCD) programmes outside NPCDCS.**

  (Paragraphs 2.2.6.1 and 2.2.7.1)

- **Out of 14 Cardiac and Cancer Care Units (CCU) established in the State, cancer care facility was available only in one CCU at Bathinda which was not yet operational due to non-posting of requisite staff.**

  (Paragraph 2.2.8.1)

- **There was an overall shortage of manpower ranging between 21 and 86 *per cent* as per NPCDCS guidelines during 2012-17. Posts of State Programme Coordinator, District Programme Officers and District Programme Coordinators had remained vacant since 2010-11.**

  (Paragraph 2.2.9.1)

- **Activities related to cancer were not carried out at Community Health Centre, Public Health Centre and Sub Centre levels till 2015-16. In 2016-17, 32 patients suffering from cancer were detected during screening of 12,579 patients.**

  (Paragraph 2.2.10.1)

2.2.1 Introduction

Government of India (GOI) initiated the National Cancer Control Programme (NCCP) in 1975. Later, GOI launched National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) in the year 2010 after merging NCCP with NPCDCS, under the flagship programme National Rural Health Mission (NRHM). The NPCDCS aims at integration of non-communicable diseases (NCD) interventions in the

National Health Mission[42] framework for optimization of scarce resources and provision of seamless services to the patients as also for ensuring long term sustainability of interventions. Besides, the State Government also initiated (April 2011) "Mukh Mantri Punjab Cancer Raahat Kosh Scheme (MMPCRKS)" and formed "Mukh Mantri Punjab Cancer Raahat Kosh Society" (Society) for its implementation for the welfare and providing financial assistance to the cancer patients throughout the State of Punjab.

2.2.2 Organizational setup

National NCD Cell established in the Directorate General of Health Services, Ministry of Health and Family Welfare, GOI is responsible for planning, providing overall guidance to States for implementation of NPCDCS. At State level, Principal Secretary to Government of Punjab, Department of Health and Family Welfare (Principal Secretary) is the administrative head and the Director, Health and Family Welfare (DH&FW) is the departmental head for implementation of both the schemes *viz.* NPCDCS and MMPCRKS. The DH&FW is assisted by the State Non-Communicable Diseases Cell (SNCDC) under NPCDCS and the State Cancer Control Cell (SCCC) under MMPCRKS for management of cancer control programme in the State. Besides, nine Government hospitals and nine private hospitals are empanelled[43] for diagnosis and treatment of cancer patients under MMPCRKS.

2.2.3 Audit objectives

The Audit objectives were to ascertain whether:

- planning was adequate and financial resources were utilized effectively;
- infrastructure and human resource were adequate and effective;
- implementation of the NPCDCS and MMPCRKS was carried out in a manner to achieve the desired results; and
- internal control and monitoring mechanism was effective and efficient.

2.2.4 Audit scope and methodology

The performance audit covered the period 2012-17[44] and was conducted between August 2016 and July 2017 by test-check of records of State Health

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[42] National Urban Health Mission (NUHM) was launched (01 May 2013) as a sub-mission of an over-arching National Health Mission (NHM), with National Rural Health Mission (NRHM) being the other sub-mission.

[43] **Government hospitals:** (i) Government Medical College and Hospital (GMCH), Patiala; (ii) GMCH, Amritsar; (iii) GMCH, Faridkot; (iv) Advanced Cancer Diagnostic and Treatment Centre, Bathinda; (v) Homi Bhaba Cancer Hospital, Civil Hospital, Sangrur; (vi) Acharya Tulsi Regional Cancer Hospital, Bikaner. (vii) GMCH, Chandigarh; (viii) PGIMER, Chandigarh; and (ix) AIIMS, New Delhi. **Private hospitals:** (i) CMC, Ludhiana; (ii) Sri Guru Ramdass Charitable Hospital Amritsar; (iii) DMC, Ludhiana; (iv) Oswal Cancer Hospital, Ludhiana; (v) Max Super Specialty Hospital, Bathinda; (vi) Max Super Specialty Hospital SAS Nagar; (vii) IVY Hospital, SAS Nagar; (viii) Patel Hospital, Jalandhar; and (ix) Capitol Hospital, Jalandhar.

[44] Since MMPCRKS Society was maintaining records calender year-wise, records pertaining to the period 01.01.2012 to 31.03.2017 were test-checked.

Society (SHS), Director, Health and Family Welfare, SNCDC, SCCC and seven[45] (32 *per cent*) out of 22 District NCD Cells[46]. Besides, a beneficiary survey covering 70 beneficiaries[47] (ten each from seven selected districts) was carried out to assess the impact of both the programmes in the State.

An entry conference was held with the Director, Health and Family Welfare, Punjab (DH&FW) in February 2017 wherein audit objectives, scope, methodology and audit criteria were discussed. The findings of the performance audit were discussed with the Principal Secretary, Health and Family Welfare, Punjab in the exit conference held in August 2017 and replies of the Department have been suitably incorporated in the report.

2.2.5 Audit criteria

The audit criteria were derived from the following sources:

- NPCDCS guidelines and related instructions issued by Government of India;
- State Programme Implementation Plans approved by Government of India; and
- MMPCRKS guidelines issued by Government of Punjab from time to time.

Audit findings

2.2.6 Planning

2.2.6.1 Non preparation of District action plan

Paragraph 2.4.3 of NPCDCS guidelines stipulates that the District NCD Cell, which is responsible for overall planning, implementation, monitoring and evaluation of different activities and achievement of physical and financial targets planned under the programme in the District, shall prepare District action plan for implementation of NPCDCS strategies. Audit, however, observed that the annual action plan at State level was being prepared on adhoc basis, as neither the District action plans were prepared in any of the NCD Cells of the test-checked districts nor were they involved or consulted while preparing the State action plan during 2012-17.

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[45] (i) Amritsar (2015-16); (ii) Bathinda (2012-13); (iii) Ferozepur (2015-16); (iv) Hoshiarpur (2012-13); (v) Kapurthala (2014-15); (vi) Mansa (2012-13); and (vii) Sangrur (2015-16) selected by adopting Probability Proportional to Size Without Replacement method, based on number of cancer patients registered under NPCDCS and MMPCRKS, except for Bathinda which was selected on judgmental basis, it being one of the districts covered under NPCDCS right from inception of the scheme and major expenditure was incurred in this district.

[46] NPCDCS was implemented in 4 districts during 2012-14; 7 districts during 2014-15; 14 districts during 2015-16; and 22 districts from 2016-17 onwards.

[47] Selected by adopting Systematic Random Sampling method.

In the exit conference, the Department, while admitting the facts, contended that planning for tertiary care[48] was required to be done at State level and the same was being done. The reply was not in line with the guidelines *ibid* which emphasized that the Districts had an important role in prevention, control and early diagnosis of the disease.

2.2.7 Financial management

2.2.7.1 National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS)

For implementation of NPCDCS, the State Health Society (SHS) communicated its requirement of funds through programme implementation plans (PIP) for various activities under NHM. On the basis of approved PIPs, GOI and the State Government was to provide funds in the ratio of 75:25 during 2012-15 and 60:40 during 2015-17. The position of receipt and expenditure under NPCDCS during 2012-17 is depicted in **Table 2.2.1** below.

Table 2.2.1: Receipt and expenditure under NPCDCS during 2012-17

(₹ in crore)

Year	Approved outlay		Opening balance	Funds received by SHS		Funds released by SHS to SNCDC		Interest	Total funds (4+7+8+9)	Expen-diture	Closing balance
	GOI share	State share		GOI share	State share	GOI share	State share				
1	2	3	4	5	6	7	8	9	10	11	12
2012-13	-	-	5.40	-	-	-	-	0.24	5.64	2.79	2.85
2013-14	-	-	2.85	-	-	-	-	0.20	3.05	2.00	1.05
2014-15	8.52	2.84	1.05	6.23	1.71	6.23	-	0.12	7.40	2.78	2.08[#]
2015-16	6.31	4.20	4.62[#]	4.00	1.33	2.20	3.04	0.15	10.01	5.39	4.62
2016-17	5.16	3.44	4.62	3.60	3.33	3.07	0.85	0.18	8.72	7.35	1.37[@]
Total	**19.99**	**10.48**		**13.83**	**6.37**	**11.50**	**3.89**	**0.89**		**20.31**	

Source: Departmental data

[#] ₹ 2.54 crore was refunded to GOI during 2014-15 and were received back from GOI in 2015-16.

[@] Includes ₹ 0.40 crore transferred to NHM as loan.

***Note:** Funds position of whole NPCDCS has been given, as the separate position in respect of Cancer component was not available with the Department.*

It was observed that:

- No funds were released by GOI and the State Government during 2012-14 as no action plan was sent to GOI due to unspent balance of ₹ 5.40 crore and ₹ 2.85 crore lying with the Department as of March 2012 and March 2013 respectively.

- Funds ranging between ₹ 1.05 crore and ₹ 4.62 crore remained unspent during 2012-17.

- Although SHS received ₹ 20.20 crore under NPCDCS yet it released only ₹ 15.39 crore to SNCDC during 2012-17, thus holding back ₹ 4.81 crore,

[48] Tertiary care is specialized consultative health care, usually for inpatients and on referral from a primary or secondary health center, in a facility that has personnel and facilities for advanced medical investigation and treatment.

which were used for NCD programmes[49] other than NPCDCS. It was noticed that though the NHM guidelines provided for flexibility for inter-usability of funds from one component to another under NCD programmes limited to a ceiling of 10 *per cent* (i.e. ₹ 2.02 crore) only, diversion of ₹ 2.79 crore (out of ₹ 4.81 crore) beyond the prescribed ceiling was irregular.

➢ The balance State share of ₹ 0.78 crore for the years 2014-16 released to SHS in April 2017 was yet to be transferred to SNCDC (August 2017).

In the exit conference, the Department stated that due to lack of planning at State level and lack of capacity to utilize the available funds, no action plan was sent to GOI during 2012-14. It attributed the reasons for short utilisation of funds during 2012-17 to late receipt of funds from GOI and the State Government. Thus, non-utilisation/non-release of funds impacted various activities *viz.* training and Information, Education and Communication (IEC) under NPCDCS, as discussed in the report.

2.2.7.2 Mukh Mantri Punjab Cancer Raahat Kosh Scheme (MMPCRKS)

For implementation of MMPCRKS, the State Government provided financial assistance limited to ₹ 1.50 lakh per patient eligible[50] for the treatment of cancer through 18 empanelled Government (nine) and private (nine) hospitals in the State of Punjab. As per MMPCRKS guidelines, funds were to be transferred to concerned Government hospitals in advance on estimation basis. As regards private hospitals, cost of treatment was to be reimbursed on production of utilisation certificates[51] (UC) by these hospitals.

The position of receipt and expenditure under MMPCRKS during January 2012 to March 2017 is depicted **in Table 2.2.2** below.

Table 2.2.2: Receipt and expenditure under MMPCRKS during 01.01.2012 to 31.03.2017

(₹ in crore)

Year (Calendar Year)	Opening balance	Funds received from State	Interest	Loan from CADA*	Total available funds	Expendi-ture	Closing balance
1	2	3	4	5	6 (2+3+4+5)	7	8 (6-7)
2012	0.12	22.50	0.27	0	22.89	22.51	0.38
2013	0.38	39.15	0.71	0	40.24	39.18	1.06
2014	1.06	11.45	0.33	0	12.84	11.48	1.36
2015	1.36	0	0.58	5.00	6.94	2.18	4.76
2016	4.76	37.50	0.40	10.00	52.66	42.53	10.13
2017 (up to 03/17)	10.13	12.50	0.04	0	22.67	20.49	2.18
Total		**123.10**	**2.33**	**15.00**		**138.37**	

Source: Departmental data

**** CADA = Punjab State Cancer and Drug Addiction Treatment Infrastructure Fund being maintained by the Punjab Health Systems Corporation.***

[49] National Tobacco Control Programme (NTCP), National Mental Health Programme (NMHP), National Programme for Control of Blindness (NPCB) and National Programme for Health Care of Elderly (NPHCE).

[50] All BPL and other patients in the State who are diagnosed with cancer disease by the Government/empaneled hospitals, except for Government and ESI employees with medical reimbursement facility and other patients who are covered under any medical insurance policy, are eligible for financial assistance under the Scheme.

[51] UC for 25 *per cent* of the sanctioned amount to SCCC through Civil Surgeon and three UCs for remaining 75 *per cent* directly to SCCC.

Against the total available funds of ₹ 140.55 crore [52], expenditure of ₹ 138.37 crore was incurred during 01 January 2012 to 31 March 2017, which included ₹ 123.10 crore[53] transferred to empanelled hospitals for treatment of cancer patients under MMPCRKS. During test-check of records in respect of five empanelled hospitals in seven selected districts, Audit noticed the following:

(i) During 2012-17, the State Cancer Control Cell (SCCC) released ₹ 6.18 crore to Sri Guru Teg Bahadur Hospital (SGTB) (now Guru Nanak Dev (GND) Hospital w.e.f. June 2015), Amritsar for the treatment of 2,211 cancer patients. Of these, GND Hospital incurred an expenditure of ₹ 5.32 crore on the treatment of 1,691 cancer patients and ₹ 1.21 crore (inclusive of interest of ₹ 0.35 crore) pertaining to 520 patients who did not report to the hospital after sanctioning of fund, was lying unspent with GND Hospital as of March 2017.

The Department stated (August 2017) that GND Hospital, Amritsar would be asked to refund the unspent balance.

(ii) MMPCRKS guidelines prohibit office and other miscellaneous expenditure from MMPCRKS funds. Audit, however, noticed that an amount of ₹ 0.17 crore was incurred on salary, travelling allowance and other contingencies by SCCC (₹ 0.15 crore) and GND Hospital, Amritsar (₹ 0.02 crore). The SCCC (October 2016) and the Medical Superintendent, GND Hospital, Amritsar (May 2017) stated that the expenditure was incurred out of the interest money of MMPCRKS funds. The replies were not acceptable as the expenditure of ₹ 0.17 crore was incurred in contravention of the guidelines.

2.2.8 Infrastructure

Paragraph 1.2 of NPCDCS guidelines envisages institutionalization of NPCDCS at district level within the District Health Society and sharing of its administrative and financial structure with NHM as a crucial programme strategy for providing seamless services to the patients and also for ensuring long term sustainability of interventions. During examination of NPCDCS, Audit noticed the following:

2.2.8.1 Availability of health centres

The District NCD Cell is responsible for overall planning, implementation, monitoring and evaluation of different activities and achievement of physical and financial targets planned under the programme in the District. All the Districts are to have regular NCD clinics for screening, management, counselling and awareness generation for NCD including cancer. Further, District CCUs are to provide emergency, rehabilitative care and management of cancer, etc. and Sub Divisional Hospitals (SDH)/Community Health Centres (CHC) are to conduct comprehensive examination of patients for early diagnosis and treatment.

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[52] ₹ 0.12 crore + ₹ 123.10 crore + ₹ 2.33 crore + ₹ 15.00 crore = ₹ 140.55 crore.

[53] ₹ 78.23 crore to Government hospitals and ₹ 44.87 crore to private hospitals.

The position of targets vis-à-vis achievement in respect of availability of health centres under NPCDCS in the State as of March 2017 is depicted in **Table 2.2.3** below.

Table 2.2.3: Targets vis-à-vis achievement in respect of availability of health centres under NPCDCS in the State as of March 2017

Sr. No.	Health centres	Target	Achievement	Shortfall (percentage)
1.	District NCD Cell and Clinics	22	22	Nil
2.	District Cardiac Care Unit and Cancer Care Unit	22	14	8 (36)
3.	SDH/CHC NCD Clinic	192	191	1 (1)

Source: Departmental data

It was observed that though there were almost adequate number of District NCD Cells and Clinics available at District and Sub Divisional Hospital (SDH) & Community Health Centre (CHC) levels respectively, shortfall in availability of District Cardiac Care Unit and Cancer Care Unit (CCU) was 36 *per cent* in the State. Out of 14 CCUs established in the State, cancer care facility was available only in one CCU at Bathinda (May 2012) and that too was not operational due to non-posting of requisite staff.

The Department stated (August 2017) that NPCDCS had been implemented in Punjab in a phased manner. It was also added that efforts were being made to recruit more specialists to make the cancer facilities operational in the State.

2.2.8.2 Lack of investigation facilities

As per NPCDCS guidelines, laboratory investigation and diagnostic facilities *viz.* pathology (blood sugar, lipid profile, liver function test and kidney function test) and radio-diagnosis (X-Ray, ECG, USG, ECHO, CT Scan, MRI, etc.) should be available in the District NCD Clinics.

Audit observed that pathology and radio-diagnosis facilities were available in the test-checked districts except for two districts i.e. Amritsar and Sangrur, where radio-diagnosis facilities (X-Ray, ECG, USG, ECHO, CT Scan, MRI, etc.) were not available.

Further, as per Report of Punjab Cancer Atlas (2012-13) of the Indian Council of Medical Research, Breast cancer was the leading type of cancer in females in Punjab. Mammography is a simple radio-graphic technique which helps in detecting irregularities in the breast tissue. However, the Mammography machine was not available in the State except for Civil Hospital, Bathinda and that too was not functional due to non-posting of a Radiologist. Thus, facilities of diagnosis and treatment for breast cancer could not be provided to the patients. It was further noticed that data with regard to number of cases of breast cancer in the State for the period 2012-13 to October 2016 was not available with SNCDC. During November 2016 to July 2017, 957 cases of breast cancer were detected in the State.

The Department assured (August 2017) to look into the matter. It was also added that efforts were being made to depute more specialists at the district level.

2.2.9 Human resource management

2.2.9.1 Shortage of manpower

Against the requirement of 1,271 posts as per NPCDCS guidelines, only 202 posts in different cadres had been sanctioned against which 172 posts (14 *per cent* of the requirement) were filled as of March 2017. There was an overall shortage of staff ranging between 21 and 86 *per cent* ***(Appendix 2.3)***. The post of State Programme Coordinator/Assistant, District Programme Officer (DPO) and District Programme Coordinator/Assistant (DPC) was also lying vacant since 2010-11. It was further observed that there was shortage of specialists and physicians at the district level ranging between 39 and 92 *per cent*.

In the exit conference, the Department stated that efforts were being made to depute more specialists at the district level. As regards non-deployment of DPCs, it was stated that the Deputy Medical Commissioners were working as DPCs.

2.2.9.2 Training

Paragraph 1.4.4 of NPCDCS guidelines provides that health professionals and health care providers at various levels of health care are to be trained for health promotion, NCD prevention, early detection and management of cancer, diabetes, cardiovascular diseases (CVD) and stroke. For imparting training for programme management and specialized training for diagnosis, treatment of cancer, etc., a nodal agency is to be identified to develop training material, organize training of health care providers at different levels and for monitoring the quality of the training. Structured training programmes are to be developed to provide quality training with appropriate curriculum to various categories of staff.

Audit observed that though SNCDC imparted training to staff on different components under NPCDCS during 2013-16, no training was provided to Auxiliary Nursing Midwiferies (ANM) for screening of cancer patients during this period despite availability of funds[54]. During 2016-17, 3,120 ANMs (under NHM) were imparted training for screening of cancer patients. In the test-checked districts, 1,091 out of 1,557 ANMs were imparted training for screening of cancer patients, leaving 466 ANMs untrained[55] as of July 2017. It was further noticed that SNCDC had neither identified any nodal agency to develop training material and monitor the quality of training imparted nor developed any structured training programmes.

The Department stated (August 2017) that ANMs were now being given specialized trainings for cancer care through Visual Inspection with Acetic

[54] There was unspent balance of ₹ 2.85 crore, ₹ 1.05 crore and ₹ 2.08 crore at the end of financial years 2012-13, 2013-14 and 2014-15 respectively and during 2015-17, against the funds of ₹ 40 lakh available for training activities, only ₹ 2.05 lakh (five *per cent*) was spent for the purpose.

[55] (i) Amritsar (110); (ii) Bathinda (9); (iii) Ferozepur (57); (iv) Hoshiarpur (158); (v) Kapurthala (16); and (vi) Mansa (116).

acid (VIA) technique. It was added that material for preparation of structured training programme was to be provided by GOI, which was received during 2017-18. The reply was not convincing as the State NCD Cell did not make any efforts to obtain the requisite training material from GOI for preparation of structured training programmes during 2012-17, which showed a causal approach on its part to impart requisite training under NPCDCS Scheme.

2.2.10 Programme implementation

During test-check of records of NPCDCS and MMPCRKS, Audit noticed the following:

2.2.10.1 Strategy for early diagnosis

As per paragraphs 2.3.1 & 2.3.2 of NPCDCS guidelines, activities with regard to health promotion for behaviour change, counselling, opportunistic screening[56] for awareness generation and identification of early warning signals of common cancer and referral of suspected cases to Community Health Centres (CHC) are to be conducted at Sub Centre (SC) and Primary Health Centre (PHC). Further, free NCD clinics are to be established at CHCs for comprehensive examination of patients. Priority is to be given to the strengthening of CHCs for screening of common cancers (oral, breast and cervix), clinic, laboratory investigations and referral services.

Audit observed that there were 56 CHCs (having NCD clinics), 109 PHCs and 1,064 SCs as of March 2017 in seven selected districts. However, no activities related to cancer were carried out at these health centres till 2015-16. The screening of patients was conducted only in 2016-17 when 12,579[57] patients were screened. Of these, 32[58] patients suffering from cancer were detected in four test-checked districts. It was further noticed that no screening camps were organized in any of the selected districts except for Sangrur where screening of patients was done by organizing 20 camps during 2016-17. Thus, adequate efforts were lacking at CHC, PHC and SCs level for screening the patients for awareness generation and identification of early warning signals of common cancer.

The Department stated (August 2017) that Sangrur was selected as a pilot district for screening camps during 2016-17 and now ANMs were being trained for cancer screening through VIA technique.

2.2.10.2 Information, Education and Communication (IEC) activities

As per NPCDCS guidelines, public awareness through various channels of communication i.e. mass media (radio and television), community education, print media (posters, banners, etc.), counselling to the patients, camps, interpersonal

[56] Screening involves simple history (such as family history of diabetes, history of alcohol, tobacco consumption, dietary habits, etc.) general physical examination, calculation of BMI, to identify those individuals who are at a high risk of developing cancer warranting further investigation/action.

[57] (i) Amritsar (7,786); (ii) Bathinda (657); (iii) Ferozepur (1,694); and (iv) Sangrur (2,442).

[58] (i) Amritsar (0); (ii) Bathinda (1); (iii) Ferozepur (31); and (iv) Sangrur (0).

communication, etc. are to be organized at Sub Centre to State levels to sensitize public about the risk factors, promotion of healthy life style[59] and services made under the programme.

Audit observed that during 2012-17, only 102 awareness camps were organized by spending ₹ 20.60 lakh (39 *per cent*) against ₹ 53.50 lakh available for IEC activities. However, these camps were held only on World Cancer Day (4 February) and National Cancer Awareness Day (7 November). It was noticed that IEC activities were carried out only in three[60] (out of seven) selected districts during 2012-17. Apart from this, no IEC activities were organized at any level in the State during 2012-17 in spite of the fact that the funds of ₹ 32.90 lakh were still available (March 2017) for the purpose.

The Department, while admitting the audit observations, stated (August 2017) that a mobile application for IEC activities was being developed.

2.2.10.3 Other irregularities

(i) Paragraph 1.4.7 of NPCDCS guidelines provides that AYUSH doctors can play an important role in prevention and control of NCDs through primary healthcare network. They can be involved in health promotion through behaviour change, counselling of patients and treatment using Indigenous System of Medicines. The AYUSH practitioners, thus need to be integrated with the National NCD prevention and control programs especially NPCDCS.

However, on being enquired in seven test-checked districts about involvement of available 143 AYUSH doctors in health promotion through Indigenous System of Medicines and their integration with NPCDCS, the District Programme Officers confirmed (March-June 2017) that AYUSH doctors had not played any role in implementation of NPCDCS Scheme during 2012-17.

The Department stated (August 2017) that AYUSH doctors could only be involved in early detection and awareness purpose, and since the cancer patients needed tertiary level care, AYUSH doctors were not involved in treatment of cancer. The fact, however, remains that the objective of prevention and control of NCDs through primary health care network could have been supplemented by involving AYUSH doctors.

(ii) As per paragraph 2.2.1 of NPCDCS guidelines, Technical Resource Groups (TRG) were to be set up by the State to provide technical guidance, advice and to review the progress of programme for enhancing the quality of implementation of Scheme.

Audit, however, observed that no such TRGs had been formed in the State as well as in the selected districts to enhance the quality of implementation of NPCDCS. In the exit conference, the Department admitted the audit observations.

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[59] Intake of healthy food; physical activity through sports & exercise; avoidance of tobacco and alcohol; stress management; warning signs of cancer; etc.

[60] (i) Amritsar (distributed 24 banners during 2016-17); (ii) Bathinda (organized 59 IPC camps during 2013-17); (iii) Mansa (organized five IPC camps during 2012-17).

2.2.10.4 Impact assessment

(i) Beneficiaries' survey

In order to assess the impact of NPCDCS and MMPCRKS on the cancer patients, a joint survey by Audit along with the representatives of the Department of seven selected districts was conducted (May 2017) in respect of 70 (out of 15,908) beneficiaries (ten each from seven selected districts) registered under MMPCRKS. Responses to some important parameters relating to programme management, satisfaction level of the beneficiaries, post counselling, etc. derived from the interviews of the beneficiaries are depicted in **Table 2.2.4** below.

Table 2.2.4: Results of beneficiary survey

Sr. No.	Parameters	Responses	Percentage
1.	Number of beneficiaries		
	(i) who incurred expenditure in addition to the financial assistance received under MMPCRKS	61	87
	(ii) who did not incur expenditure in addition to the financial assistance received under MMPCRKS	9	13
2.	Status of treatment:		
	(i) Number of mortality cases	29	41
	(ii) Number of cured cases	09	13
	(iii) Number of patients under treatment	32	46
3.	Number of beneficiaries		
	(i) who purchased medicines from market during the treatment under MMPCRKS	2	3
	(ii) who did not purchase medicines from market during the treatment under MMPCRKS	68	97
4.	Satisfaction level:		
	(i) Number of patients/relatives who were not satisfied with the treatment under MMPCRKS	26	37
	(ii) Number of patients/relatives who were satisfied with the treatment under MMPCRKS	44	63

Source: Beneficiary survey conducted by Audit

Audit observed that:

- Apart from the financial assistance provided under MMPCRKS, 61 beneficiaries (87 *per cent*) incurred additional expenditure on their treatment. Of these, 33 beneficiaries were sanctioned funds ranging between ₹ 0.03 lakh and ₹ 1.48 lakh against the admissible amount of ₹ 1.50 lakh each under MMPCRKS. However, these beneficiaries incurred additional expenditure of their own for treatment of cancer.

- Sixty one beneficiaries who incurred expenditure in addition to the financial assistance under MMPCRKS did not approach the Government health centres due to lack of facilities.

- No data with regard to death or patients cured under NPCDCS/MMPCRKS was available with SNCDC/SCCC. However, during survey, 41 *per cent* cases of death and 13 *per cent* cured cases were reported.

➢ Two beneficiaries purchased medicines of ₹ 0.10 lakh from market while receiving treatment under MMPCRKS.

➢ Thirty seven *per cent* beneficiaries were not satisfied with the treatment provided under the MMPCRKS mainly due to lack of cancer care facilities in Government hospitals and inadequate financial assistance under the Scheme.

In the exit conference, the Department accepted the audit observations. As regards purchase of medicines from market by two beneficiaries, it was stated that matter had been referred to the concerned hospitals.

(ii) Sustainable Development Goals

The global burden of cancer is increasing at an alarming rate and presents a major public health and development challenge. In 2012, it was estimated that there were over 14 million new cases of cancer and over 8 million deaths from cancer. By 2030, these startling figures were expected to increase to over 21 million new cases a year and 13 million deaths. To overcome this problem, United Nations General Assembly consisting of 194 countries (including India) adopted (September 2015) 17 Sustainable Development Goals (SDG) which *inter alia* included reduction of one third premature mortality from non-communicable diseases (including cancer) by 2030.

Audit observed that no centralized data in respect of total number of cancer patients that existed during 2012-17 was available with the Health Department. In the absence of this, achievement with respect to SDGs could not be measured.

The Department stated (August 2017) that target of reducing the cancer patients by one-third in the State in line with SDGs was not applicable to NCDs. The reply was not correct as 17 SDGs adopted during September 2015 included reduction of one third premature mortality from NCDs (including cancer) by 2030.

2.2.11 Internal control and monitoring mechanism

Internal control and monitoring mechanism of activities of a department plays a vital role in successful implementation of various schemes and efficient and effective running of the department. Some of the deficiencies in internal control and monitoring mechanism noticed during the test-check of records of NPCDCS and MMPCRKS are discussed as under:

(i) With a view to create a wider knowledge base in the community for effective prevention, detection, referrals and treatment strategies and to build a strong monitoring and evaluation system through the public health infrastructure, convergence of NPCDCS activities had not been done with the on-going interventions of NHM including National Tobacco Control Programme (NTCP), National Programme for Health Care of Elderly (NPHCE), etc., as required under paragraph 1.2 of NPCDCS guidelines.

The Department stated (August 2017) that the convergence of NPCDCS activities with other related programmes would be done at State and District levels.

(ii) As per MMPCRKS guidelines, detailed estimate of cost along with tentative time schedule of treatment from the hospital where the treatment is on-going is to be sent to SCCC with the application file.

Audit observed that tentative time schedule of treatment was not being mentioned along with detailed estimate while submitting the applications by the empanelled hospital authorities to SCCC and the funds were being sanctioned to these hospitals without complying with the MMPCRKS guidelines.

In the exit conference, the Department stated that the detailed estimates were prepared by the doctors of empanelled hospitals and the period of treatment was not mentioned as nature of treatment might vary during the course of treatment. The reply of the Department was not in line with the provisions under the MMPCRKS guidelines. Moreover, the knowledge of tentative schedule of treatment would help SCCC to keep track of UCs and unspent balance lying with the Government empanelled hospitals.

(iii) As per Memorandum of Association (MoA), annual accounts of the MMPCRKS Society shall be audited annually by the Chartered Accountant to be appointed by the Department of Health and Family Welfare, Punjab. Audit, however, noticed that the annual accounts had not been prepared by the Society during 2012-17.

The Department, while admitting the facts, assured (August 2017) to prepare the annual accounts.

2.2.12 Conclusion

Management of Cancer Control Programme in the State left scope for improvement in many areas. District action plans were not prepared and funds of ₹ 2.79 crore were irregularly diverted to other NCD programmes outside NPCDCS. Cancer care facilities were lacking in the District NCD Clinics. Shortage of staff ranged between 21 and 86 *per cent* during 2012-17. Training for screening of cancer patients was not provided to ANMs deployed under NHM during 2012-16. Adequate efforts were not made for making the public aware through IEC activities and also for screening the patients to identify early warning signals of common cancer. Non-convergence of NPCDCS activities with on-going interventions of NHM, not mentioning the tentative time schedule of treatment in the applications under MMPCRKS and non-maintenance of annual accounts by MMPCRKS Society showed weak internal control mechanism in the Department.

2.2.13 Recommendations

In the light of audit findings, the State Government may consider:

(i) Strengthening the planning process by preparing District action plans to bridge gaps in infrastructure and manpower and ensuring optimum utilisation of available financial resources;

(ii) Providing adequate cancer care facilities and manpower in NCD Clinics and outsourcing the investigation facilities in PPP mode till Radiologists are in place;

(iii) Carrying out adequate awareness generation and other cancer related activities to identify early warning signals of common cancer in the patients; and

(iv) Strengthening internal control mechanism by prioritizing quality assurance monitoring/activities for effective management of Cancer Control Programme in the State.

The matter was referred to Government in July 2017; reply was awaited (November 2017).

Appendix 2.3

(Referred to in paragraph 2.2.9.1, page 32)

Staff position under National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) during 2012-17

Designation	2012-13			2013-14			2014-15			2015-16			2016-17		
	Required	SS	MIP	Required	SS	MIP	Required	SS	MIP	Required	SS	MIP	Required	SS	MIP
At State level															
State Programme Officer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
State Programme Coordinator/ Programme Assistant	1	0	0	1	0	0	1	0	0	1	0	0	1	0	0
Finance-cum-Logistic Officer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Data Entry Operator	1	1	1	1	2	2	1	2	2	1	2	2	1	2	2
At District and CHC level															
District Programme Officer	4	0	0	4	0	0	7	0	0	14	0	0	22	0	0
District Programme Coordinator/ Programme Assistant	4	0	0	4	0	0	7	0	0	14	0	0	22	0	0
Finance-cum-Logistic Officer	4	3	1	4	3	3	7	3	3	14	3	3	22	3	3
Physiotherapist	4	3	2	4	2	2	7	2	2	14	2	2	22	2	2
Data Entry Operator	41	39	20	41	39	38	77	39	38	131	39	38	235	39	38
General Physician	37	33	22	37	33	18	70	33	18	117	33	18	213	33	18
Specialist	1	2	1	1	1	1	1	1	1	14	1	1	14	1	1
General Nursing Midwifery (GNM)	45	82	53	45	80	74	81	80	74	187	80	74	291	80	74
Technician	37	4	4	37	2	2	70	2	2	117	2	2	213	2	2
Counsellor	37	38	16	37	38	30	70	38	30	117	38	30	213	38	30
Total	***218***	***207***	***122***	***218***	***202***	***172***	***401***	***202***	***172***	***743***	***202***	***172***	***1271***	***202***	***172***
Shortfall (percentage)	***44***			***21***			***57***			***77***			***86***		

Source: Departmental data ***(SS= Sanctioned strength; MIP= Men-in-position)***