



**AUDIT REPORT**

**ON**

**THE ACCOUNTS OF**

**04 DISTRICT HEALTH AUTHORITIES**

**OF FAISALABAD REGION**

AUDIT YEAR 2021-22

**AUDITOR GENERAL OF PAKISTAN**

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## **ABBREVIATIONS AND ACRONYMS**

AG	Accountant General
AGPR	Accountant General Pakistan Revenues
APPM	Accounting Policies and Procedures Manual
ARI	Acute Respiratory Infection
BCG	Bacille Calmette Guerin
BHU	Basic Health Unit
CA	Conveyance Allowance
CEO	Chief Executive Officer
CM	Chief Minister
CMW	Community Midwife
DAC	Departmental Accounts Committee
DAO	District Accounts Office
DC	District Coordinator
DDO	Drawing and Disbursing Officer
DFI	Development Financial Institutions
DGA	Directorate General Audit
DHA	District Health Authority
DHDC	District Health Development Centre
DHIS	District Health Information System
DHO	District Health Officer
DHO (PS)	District Health Officer (Preventive Services)
DHQ	District Headquarters
DO	District Officer
DTL	Drug Testing Laboratory
ECG	Electric Cardio Graph
EOL	Extra Ordinary Leave
EPI	Expanded Program on Immunization
FAP	Foreign Aided Project
FBR	Federal Board of Revenue
FD	Finance Department
FESCO	Faisalabad Electric Supply Company
FIF	Falah-e-Insaniat Foundation
GGH	Government General Hospital
GL	General Ledger
GP	Group Provident
GST	General Sales Tax

HPA	Health Professional Allowance
HRA	House Rent Allowance
HSRA	Health Sector Reforms Allowance
IMR	Infant Mortality Rate
INTOSAI	International Organization of Supreme Audit Institutions
IPSAS	International Public Sector Accounting Standards
IPV	Injectable Polio Vaccine
IRMNCH	Integrated Reproductive Maternal Newborn & Child Health
JUD	Jamat ud Dawa
LD	Liquidity Damages
LHS	Lady Health Supervisor
LHV	Lady Health Visitor
LHW	Lady Health Worker
LG&CD	Local Government and Community Development
LP	Local Purchase
M&R	Maintenance and Repair
MAP	Manual of Accounting Principles
MCH	Mother and Child Healthcare
MDGs	Millennium Development Goals
MFDAC	Memorandum for Departmental Accounts Committee
MLC	Medico Legal Certificate
MMR	Maternal Mortality Rate
MO	Medical Officer
MS	Medical Superintendent
MSD	Medicine Store Depot
MSDS	Minimum Service Delivery Standard
NAM	New Accounting Model
NMR	Neonatal Mortality Rate
NPA	Non Practicing Allowance
OPD	Outdoor Patient Department
OPV	Oral Polio Vaccine
P&SHCD	Primary and Secondary Health Care Department
PAC	Public Accounts Committee
PAO	Principal Accounting Officer
PCA	Practice Compensatory Allowance
PCV	Pneumococcal Conjugate Vaccine
PEEDA	Punjab Employees Efficiency and Disciplinary Act
PFR	Punjab Financial Rules

PHC	Primary Health Care
PLGA	Punjab Local Government Act
PMIS	Prescription Management Information System
PMU	Project Management Unit
POL	Petroleum Oil and Lubricants
PPRA	Punjab Procurement Regulatory Authority
PSTS	Punjab Sales Tax on Services
RDA	Regional Directorate Audit
RHC	Rural Health Center
SAP	Systems, Applications and Products
SBA	Skilled Birth Attendant
SDG	Sustainable Development Goal
SHC	Secondary Health Care
SMO	Senior Medical Officer
SOP	Standard Operating Procedure
SSB	Social Security Benefit
TB	Tuberculosis
TA/DA	Traveling Allowance/Daily Allowance
THQ	Tehsil Headquarters
TT	Tetanus Toxoid
WMO	Women Medical Officer

## **PREFACE**

Articles 169 and 170 of the Constitution of the Islamic Republic of Pakistan, 1973 read with Sections 8 & 12 of the Auditor General's (Functions, Powers and Terms and Conditions of Service) Ordinance, 2001 and Section 108 of the Punjab Local Government Act, 2013 require the Auditor General of Pakistan to audit the accounts of the Federation or a Province and the accounts of any authority or body established by or under the control of the Federation or a Province. Accordingly, the audit of District Health Authorities is the responsibility of the Auditor General of Pakistan.

The report is based on audit of the accounts of 04 District Health Authorities of Faisalabad Region for the Financial Year 2020-21 and accounts of some formations for previous financial years. The Directorate General of Audit, District Governments, Punjab (South), Multan, conducted Compliance with Authority Audit during Audit Year 2021-22 on test check basis with a view to reporting significant findings to the relevant stakeholders. The main body of the Audit Report includes only the systemic issues and audit findings. Relatively less significant issues are listed in the Annexure-A of the Audit Report. The Audit observations listed in the Annexure-A shall be pursued with the Principal Accounting Officer at the DAC level and in all cases where the PAO does not initiate appropriate action, the audit observations will be brought to the notice of the Public Accounts Committee through the next year's Audit Report.

For the first time Thematic Audit was conducted in one selected area and audit observations have been incorporated in Chapter 5 of this report.

Audit findings indicate the need for adherence to the regularity framework besides instituting and strengthening internal controls to avoid recurrence of similar violations and irregularities.

Most of the observations included in this Report have been finalized in the light of discussions in the DAC meetings wherever convened.

The Audit Report is submitted to the Governor of the Punjab in pursuance of Article 171 of the Constitution of the Islamic Republic of Pakistan, 1973 read with Section 108 of the Punjab Local Government Act, 2013, for causing it to be laid before the Provincial Assembly.

Islamabad  
Dated:

**(Muhammad Ajmal Gondal)**  
**Auditor General of Pakistan**



## **EXECUTIVE SUMMARY**

The Directorate General Audit (DGA), District Governments, Punjab (South), Multan is responsible for carrying out the audit of Local Governments comprising Metropolitan / Municipal Corporations, Municipal Committees, District Councils, Tehsil Councils, Union Councils, District Education / Health Authorities of 17 districts of Punjab (South) and 05 Public Sector Companies of the Department of Local Government and Community Development (LG&CD), Punjab i.e. 04 Waste Management Companies and Punjab Cattle Market Management & Development Company. The Regional Directorate Audit (RDA), District Governments, Faisalabad, a Field Audit Office of the DGA, District Governments, Punjab (South), Multan, carried out audit of District Health Authorities (DHAs) Chiniot, Faisalabad, Jhang and Toba Tek Singh. The RDA, Faisalabad has a human resource of 17 officers and staff constituting 4,764 man-days and annual budget of Rs 32.689 million for the Audit Year 2021-22. This Report contains audit findings of Compliance with Authority and Thematic Audit conducted by RDA on the accounts of 04 DHAs for the Financial Year 2020-21.

DHAs were established w.e.f. 01.01.2017 and conduct operations under Punjab Local Government Act, 2013. The Chief Executive Officer (CEO) is the Principal Accounting Officer (PAO) of the District Health Authority (DHA) and carries out functions of the Authority through group of offices as notified in the Act *ibid*. The District Health Fund comprises District Local Fund and Public Account. Since, the chairmen of the Authorities could not be elected due to delay in electoral process, the Annual Budget Statements were authorized by the Deputy Commissioner in each district, who had been notified as Administrator by the Government of the Punjab on 01.01.2017 for a period of only two years.

### **a) Scope of Audit**

The RDA, Faisalabad is mandated to conduct audit of 99 formations working under the 04 PAOs. Total expenditure and receipts of these formations were Rs 9,741.969 million and Rs 217.172 million respectively for the financial year 2020-21.

Audit coverage relating to expenditure for the current audit year comprises 20 formations of 04 DHAs having total expenditure of Rs 4,366.905 million for the financial year 2020-21. In terms of percentage, the audit coverage for expenditure was 44.82% of auditable expenditure.

This audit report also includes audit observations resulting from audit of:

- i. Expenditure of Rs 801.600 million for the financial year 2019-20 pertaining to 10 formations of 04 DHAs.
- ii. Expenditure of Rs 190.226 million pertaining to previous financial years.

Audit coverage relating to receipts for the current audit year comprises 20 formations of 04 DHAs having total receipts of Rs 83.894 million for the financial year 2020-21. In terms of percentage, the audit coverage for receipts was 38.63% of auditable receipts.

In addition to this Compliance / Thematic Audit Report, this RDA conducted 08 Financial Attest Audits and 01 Compliance / Thematic Audit of 04 District Education Authorities. Reports of these audits are being published separately.

**b) Recoveries at the Instance of Audit**

As a result of audit, recoveries amounting to Rs 453.351 million have been pointed out in this Report. Recovery effected and duly verified by Audit during 2021 was Rs 35.384 million.

**c) Audit Methodology**

Audit was carried out against the standards of financial governance provided under various provisions of the Punjab Local Government Act, 2013, PFR Vol-I, II, Delegation of Financial Powers and other relevant laws, which govern the propriety of utilization of the financial resources of the DHA. On the spot examination and verification of record was also carried out in accordance with the applicable laws / rules and according to the INTOSAI auditing standards.

The selection of the audit formations was made keeping in view the significance and risk assessment. Samples were selected after prioritizing risk areas by determining significance and risk associated with identified key controls.

**d) Audit Impact**

A number of improvements in record maintenance and procedures have been initiated by the authorities concerned; however, audit impact in shape of change in rules is not materialized as the provincial Public Accounts Committee has not discussed any Audit Report of DHAs.

**e) Comments on Internal Control and Internal Audit Department**

Internal control mechanism of DHAs was not found satisfactory during audit. Many instances of weak internal controls have been highlighted during audit which include some serious lapses like unauthorized withdrawal of public funds against the entitlement of the employees. Negligence on part of the management of DHAs may be captioned as one of the important reasons for weak internal controls. Further, no Internal Audit Department was established by the DHAs.

**f) The Key Audit Findings of the Report**

- i. Non-production of record worth Rs 1.612 million was reported in one case<sup>1</sup>.
- ii. Fraud and misappropriation involving an amount of Rs 5.442 million was reported in one case.<sup>2</sup>
- iii. Procedural irregularities amounting to Rs 986.565 million were noticed in 37 cases<sup>3</sup>.
- iv. Value for money and service delivery issues involving Rs 861.373 million were noticed in 35 cases<sup>4</sup>.

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<sup>1</sup> Para 1.2.4.1

<sup>2</sup> Para 3.2.4.1

<sup>3</sup> Para 1.2.4.2 to 1.2.4.6, 2.2.4.1 to 2.2.4.9, 3.2.4.2 to 3.2.4.12, 4.2.4.1 to 4.2.4.12

<sup>4</sup> Para 1.2.4.7 to 1.2.4.21, 2.2.4.10 to 2.2.4.15, 3.2.4.13 to 3.2.4.21, 4.2.4.13 to 4.2.4.17

- v. Other issues involving an amount of Rs 63.656 million were noticed in 11 cases<sup>1</sup>.

Audit paras involving procedural violations including internal control weaknesses and other irregularities not considered worth reporting to the Public Accounts Committee were included in Memorandum of Departmental Accounts Committee (MFDAC) as **Annexure-A**.

**g) Recommendations**

PAOs of DHAs are required to:

- i. Produce auditable record and take action against the person(s) responsible for non-production of record.
- ii. Hold Inquiries and fix responsibility for fraud, misappropriation, irregularities, losses and wasteful expenditure as well as poor performance in service delivery.
- iii. Comply with the Punjab Procurement Rules for economical and rational purchases of goods and services.
- iv. Maintain necessary auditable record and take action against the person(s) responsible for non-maintenance of record.
- v. Make efforts for expediting the realization of various Government receipts.
- vi. Ensure establishment of internal control system and proper implementation of the monitoring system.
- vii. Rationalize budget with respect to utilization.

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<sup>1</sup> Para 2.2.4.16, 3.2.4.22 to 3.2.4.25, 4.2.4.18 to 4.2.4.23

## **1. District Health Authority (DHA) Chiniot**

### **CHAPTER 1.1**

#### **Public Financial Management Issues**

Directorate General Audit, District Governments, Punjab (South), Multan conducts Financial Attest Audit of the Accounts of DHA, Chiniot on annual basis. The significant observations emerging from Management Letter as a result of Financial Attest Audit issued to the District Accounts Officer, Chiniot for the financial year 2020-21 have been reported in this chapter.

#### **Analysis of Appropriation Accounts and Financial Statements (Financial Attest Audit 2021-22)**

The following issues surfaced during Financial Attest Audit of DHA, Chiniot for the Audit Year 2021-22:

- i. Unauthorized approval of budget / schedule of authorized expenditure
- ii. Misclassification of expenditure – Rs 1 million
- iii. Understatement of receipt due to wrong booking – Rs 25.489 million
- iv. Unjustified payment of NPA – Rs 2.279 million

These issues were discussed in the clearing house meeting and commitment to take remedial measures was made by the Accountant General and Finance Department Punjab. However, the issue regarding unauthorized approval of budget/schedule of authorized expenditure has been reported in Auditor's Report of DHA, Chiniot as Emphasis of the Matter.

## **1.1.1 Audit Paras**

### **1.1.1.1 Unauthorized approval of budget / schedule of authorized expenditure**

According to Government of the Punjab, LG&CD Department Notification No.SOR(LG)38-5/2014 dated 01.01.2017, DHA was established in each District and Deputy Commissioner of the District was appointed as Administrator of the said Authority w.e.f. 01.01.2017 for a period not more than two years.

During Financial Attest Audit on the accounts of DHA, Chiniot, it was observed that DHA was established since 01.01.2017 under PLGA, 2013. Contrary to the above provisions, Deputy Commissioner, Chiniot, continued to hold the office of Administrator of DHA and exercised the powers of the House/Authority beyond lawful tenure of two years that had already been expired on 31.12.2018. Therefore, conduct of business including approval/authentication of budget and incurrance of expenditure amounting to Rs 1,256,032,320 during financial year 2020-21 was held irregular. Further, powers of the House / Authority were concentrated in and used by a Government servant.

Exercising the powers of the House by the Government Servant resulted in poor performance, unauthorized utilization of public resources and unlawful conduct of business of DHA.

DAO replied that the matter was taken up with DHA Chiniot with reference letter No.DAO/CHT/ADMN/HM475-477 dated 01.10.2021. The reply was not tenable because budget was approved by the Deputy Commissioner without any legal authority and payments were also made by the District Accounts Officer without approval of budget by the authorized person.

DAC directed DAO to take up the matter with CEO DHA as well as with the AG Punjab and Secretary Punjab Finance Department besides regularization of the matter from the competent authority.

Audit recommends to take up the matter with administrative departments for regularization besides fixing responsibility on incumbent(s) at fault.

#### **1.1.1.2 Misclassification of expenditure – Rs 1 million**

According to Section 2.3.2.2 of the Accounting Policies and Procedural Manual (APPM), there should be correct and consistent classification of transactions and the recognition of revenues and expenditures in the correct time period.

District Accounts Officer, Chiniot paid an amount of Rs 1 million through simple receipt forms to District Officer Building, Chiniot for execution of development works during 2020-21 from Cost Centre CV9506 (CEO Health Authority, Chiniot). The expenditure was booked against Account Head A12403 (Document No.5100009048) instead of A05270-Others, which showed that expenditure was charged to wrong Object Code. Further, expenditure was booked against irreverent grant i.e. CT12H42 instead of CT22H36.

Misclassification of expenditure of Rs 1 million resulted in defective maintenance of accounts.

DAO replied that the Grant CT12H42 was created by Finance Department. In this regard, a letter was written to the TDH-I section of the AG Punjab, Lahore. The reply was not tenable because expenditure was made with simple receipt form instead of booking in A12403. Audit stressed necessary rectification at earliest.

DAC directed DAO to rectify the misclassification of expenditure at earliest. No progress was intimated till finalization of this Report.

Audit recommends rectification of misclassification besides revision of accounts at the earliest.

### **1.1.1.3 Understatement of receipt due to wrong booking – Rs 25.489 million**

According to Section 5.5.10.2 of the APPM, if an error is identified in the classification or amount of receipt then an adjusting entry is required.

District Accounts Officer, Chiniot booked DHA receipts as Provincial Government receipts. Resultantly, receipts of DHA were understated to the extent of Rs 25.489 million. The detail is as under:

(Amount in Rupees)

<b>G/L Account</b>	<b>G/L Account Description</b>	<b>Amount</b>
C02855	Health-Sale of Outdoor Tickets	0.893
C02858	Health-Government Share of Fees realized by Doctor	14.128
C02866	Health-Recoveries of overpayment	5.571
C02871	Health Other Receipt	4.897
<b>Total</b>		<b>25.489</b>

Booking of DHA receipts as Provincial Government receipts resulted in wrong preparation of accounts and understatement of DHA receipts/cash.

DAO replied that matter had been taken up with Manager National Bank of Pakistan SQA Branch Chiniot vide letter dated 30.09.2021 for booking of DHA receipts into relevant Account-VI for compliance in future. Audit stressed to get the matter regularized from the competent authority and transfer the receipts of DHA in Account-VI at earliest.

DAC directed DAO to transfer the receipt into relevant authority's Accounts. No progress was intimated till finalization of this Report.

Audit recommends to rectify the error and transfer the receipt into authority's relevant Account at earliest.

### **1.1.1.4 Unjustified payment of NPA – Rs 2.279 million**

According to Government of the Punjab, Finance Department clarification vide letter No.FD.SR-I/6-4/2010, dated 05.04.2021, if a doctor submits affidavit that he is not practicing, he may be allowed for NPA. Furthermore, if a doctor is working in a periphery and doing practice there, he is eligible for "Practice



Compensatory Allowance” in the light of Finance Department U. O bearing NO.FD.SR-I/6-7/2018 dated 15.10.2019.

During Financial Attest Audit of DHA Chiniot for financial year 2020-21, it was observed that 06 doctors working in RHCs & BHUs were being paid Practice Compensatory Allowance on the basis of doing private practice. Upon admissibility of NPA to all doctors who would submit an affidavit that he / she will not practice privately during his / her service irrespective of place of posting. However, above referred doctors drew arrears of NPA w.e.f. 01.07.2019 despite the fact they had already drawn PCA for the same period. Payment of PCA and NPA for the same period on the basis of submission of affidavit from back date was not justified.

Due to weak internal controls on the part of DAO, unjustified payment of NPA amounting to Rs 2.279 million was made.

DAO replied that NPA was stopped and recovery had been initiated. Audit stressed progress recovery be shown to Audit at an earliest.

DAC directed DAO to recover the overpaid amount from concerned at the earliest. No progress was intimated till finalization of this Report.

Audit recommends to recover the overpaid amount from concerned at the earliest.

## **CHAPTER 1.2**

### **DHA Chiniot**

#### **1.2.1 Introduction**

**A.** DHA, Chiniot was established on 01.01.2017 under Punjab Local Government Act 2013. DHA, Chiniot is a body corporate having perpetual succession and a common seal with power to acquire / hold property and enter into any contract and may sue and be sued in its name.

CEO is the PAO of the DHA, Chiniot and is responsible to the Public Accounts Committee of the Provincial Assembly. He is responsible to ensure that the business of the DHA is carried out in accordance with the laws and to coordinate the activities of the groups of offices for coherent, effective and efficient functioning of DHA, Chiniot.

The functions of DHA, Chiniot as described in the Punjab Local Government Act, 2013 are to:

- i. establish, manage and supervise primary and secondary healthcare facilities and institutions of the district.
- ii. approve budget of the Authority and allocate funds to health institutions.
- iii. coordinate health related emergency response during any natural calamity or emergency.
- iv. develop referral and technical support linkages between primary, secondary and tertiary level healthcare facilities.
- v. ensure human resource management and capacity development of health service delivery personnel.
- vi. ensure timely reporting of progress on health indicators relating to disease surveillance, epidemic control, disaster management to the Government.
- vii. ensure implementation of minimum standards of service delivery, infrastructure, patient safety, hygienic and public health as prescribed by the Punjab Healthcare Commission.

The DHA, Chiniot manages various administrative offices and healthcare facilities / institutions is given in the following table:

**Table-1: Detail of Administrative Offices and Healthcare Facilities**

(Figures in Nos.)

Description	No. of offices / Healthcare Facilities
Chief Executive Officer (DHA)	01
District Health Officers (PS + HRMIS)	02
District Headquarters Hospital	01
Deputy District Health Officers	03
Tehsil Headquarters Hospitals	02
Rural Health Centers	03
IRMNCH	01
Basic Health Units	36
Rural Dispensaries	17
Government Rural Dispensaries	02
MCH Centers	02
TB Clinic	01
<b>Total</b>	<b>71</b>

(Source: Data received from CEO, DHA Chiniot)

The detail of total and audited formations of DHA, Chiniot is given in the following table:

**Table 2: Audit Profile of DHA, Chiniot**

(Rupees in million)

Sr. No.	Description	Total Nos.	Audited	Expenditure Audited FY 2020-21	Revenue/Receipts Audited FY 2020-21
1	Formations	13	05	950.303	2.345
2	Assignment Accounts (excluding FAP)	-	-	-	-
3	Authorities/Autonomous Bodies etc. under the PAO	-	-	-	-
4	Foreign Aided Projects (FAP)	-	-	-	-

## B. Comments on Budget & Accounts (Variance Analysis)

The detail of budget and expenditure of DHA, Chiniot for the financial year 2021-22 is given in following table:

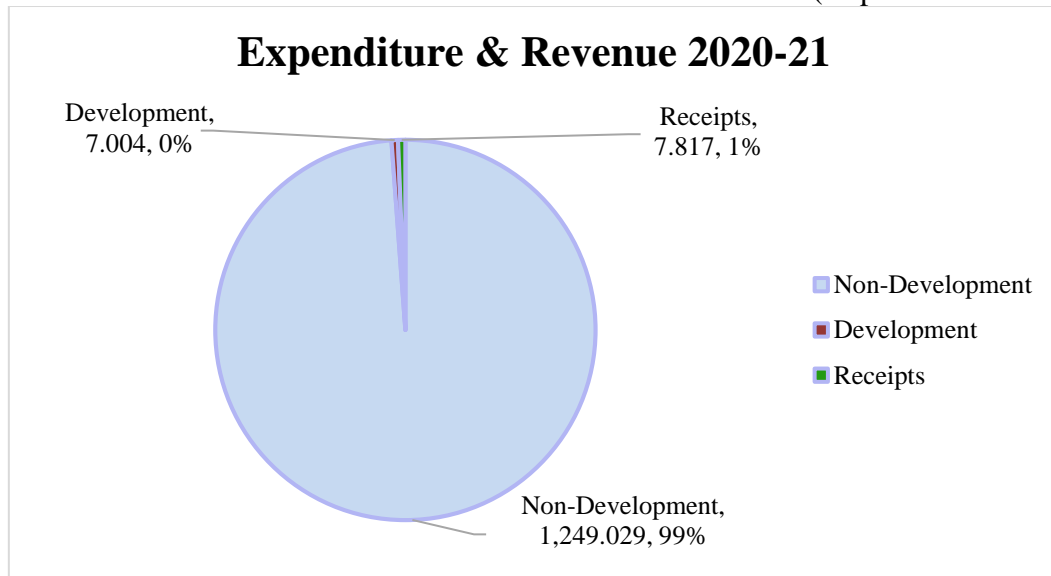
**Table-3: Budget and Expenditure**

**(Rupees in million)**

Detail	Budget	Actual	Excess / (Lapse)	(%) (Lapse)
Salary	1,378.946	950.468	(428.478)	(31)%
Non-Salary	434.606	298.561	(136.045)	(31)%
Development	21.038	7.003	(14.035)	(67)%
<b>Total</b>	<b>1,834.590</b>	<b>1,256.032</b>	<b>(578.558)</b>	<b>(32)%</b>
Receipts	-	7.817	-	-

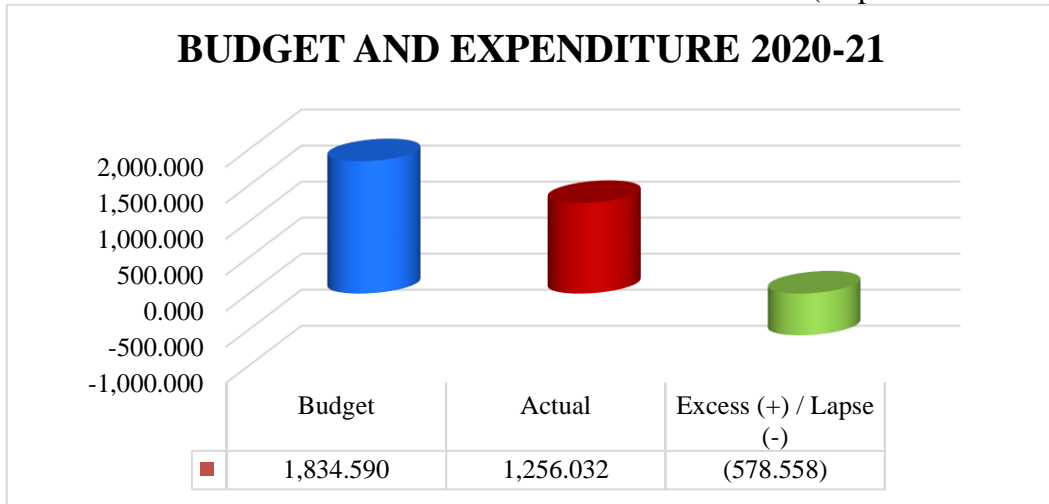
(Source: Appropriation Accounts 2020-21)

(Rupees in million)



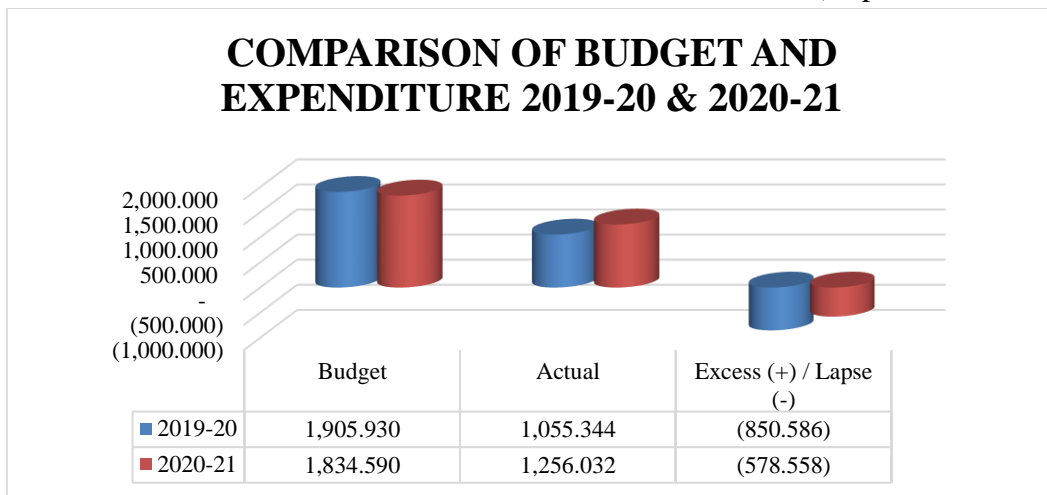
As per the Appropriation Accounts for financial year 2020-21 of DHA Chiniot, final budget (Development and Non-Development) was Rs 1,834.590 million against which total expenditure of Rs 1,256.032 million was incurred by DHA during financial year 2020-21.

(Rupees in million)



The comparative analysis of the budget and expenditure of current and previous financial years is depicted as under:

(Rupees in million)



There was 4% decrease in budget allocation and 19% increase in expenditure incurred in financial year 2020-21 as compared to financial year 2019-20, while there was overall lapse of Rs 578.558 million during 2020-21.

## **C. Sectoral Analysis**

Sectoral analysis of DHA, Chiniot was carried out in the light of data provided by CEO DHA, Chiniot for financial year 2020-21.

### **i. Analysis of Financial Resources**

Lapse of funds (as reflected in Table-3 above) equivalent to 31%, 31% and 67% of the budgeted amount against salary, non-salary and development heads respectively reflect poor financial management especially considering that the DHA failed to achieve many of its core indicators and infrastructure targets during the year. Available funds to the tune of Rs 578.558 million were not utilized to achieve the targets. The same resulted in depriving the populace from necessary health facilities, such as provision of medicine, diagnostic facilities and health infrastructure. The detail is as under:

- i) amount of Rs 329.618 million was provided for purchase of medicines against which only Rs 139.626 million were utilized resulting in lapse of Rs 189.992 million (58%).
- ii) amount of Rs 16.244 million was provided for purchase of machinery & equipment out of non-development grant against which amount of Rs 7.223 million was utilized resulting in lapse of Rs 9.021 million (56%).
- iii) amount of Rs 21.038 million was allocated as development budget out of which only Rs 7.003 million was spent whereas remaining Rs 14.035 million which in terms of percentage is 67% was lapsed.

### **ii. Analysis of Targets and Achievements**

The assessment of performance with regards to achievement of targets, was made on the basis of various indicators of all the health units for the financial year 2020-21. These indicators were introduced, implemented and monitored through PMIU (Punjab Monitoring Information Unit) being part of CM Roadmap Program 2014. The objectives of roadmap were to improve health facilities at each health unit, better environment, facilitation to patients in OPD, indoor and free of cost deliveries through proper monitoring at appropriate level.

## Status Regarding Indicators and their Achievements for 2020-21

(Figures in Nos.)

Sr. No.	Indicators	Target	Achievement	% age	Remarks
1	Posts Doctors/ Specialist	433	176	40%	Target not achieved
2	Technical Staff	626	435	69%	Target not achieved
3	Other Staff	481	211	43	Target not achieved
4	Bed strength	308	231	75%	Target not achieved
5	Doctors/Specialists	433	176	41%	Target not achieved
6	Technical Staff/Gazetted Staff	626	435	69%	Target not achieved
7	Other supporting Staff	481	211	44%	Target not achieved
8	Cardiac Coronary Unit	6,690	6,705	100%	Target achieved
9	Served Outdoor Patients	2,055,801	1,835,171	89%	Target not achieved
10	Served Indoor Patients	59,627	53,955	90%	Target not achieved
11	Surgical Cases	1,939	1,793	92%	Target not achieved
12	Total Lab Investigation	298,800	322,568	108%	Target achieved
13	Total X- Rays	34,000	34,306	100%	Target achieved
14	Total Ultra Sonographies	12,500	12,758	100%	Target achieved
15	Total ECGs	6,000	6,062	100%	Target achieved
16	Total CT Scans	2,810	2,793	99%	Target not achieved
17	Total Family Planning Visits	26,550	27,327	103%	Target achieved
18	Peads	74,600	75,208	101%	Target achieved

(Source: Data retrieved from DHIS and received from CEO DHA Chiniot)

### iii. Service Delivery Issues

In view of the above, it could be noticed that DHA, Chiniot could not fully achieve the targets of service delivery in the area of bed strength, indoor and outdoor patients, surgical cases, CT Scans etc. Doctors' availability is another issue which needs Government's attention. During 2020-21, total 176 doctors / specialist attended 1,889,126 outdoor and indoor patients which indicated that one doctor was available for 10,733 patients. There still exists huge room for improvement in provision of services by Health Authority.

### iv. Expectation Analysis and Remedial Measures

CEO, DHA, Chiniot failed to fully utilize the budget for financial year 2020-21, and funds remained unutilized due to inefficiency of the management. It is also concluded that DHA failed to achieve the targeted indicators during 2020-21 set for the purpose of effective service delivery.

The shortage of manpower was also not catered effectively despite overburdening of facilities in terms of patient turnover. The procurement of medicines through MSD rate contracts was not done in timely manner and hospitals purchased medicines through LP at higher rates which caused loss to the Health Authority.

### **Suggestions/Remedial Measures**

The management of the DHA should take following measures to achieve the targets:

- i) The DHA should be immediately constituted so that an effective management of authority could be ensured.
- ii) The DHA should exploit all possible revenue sources to generate funds for itself.
- iii) There is a need to shift focus towards prevention, hygiene and public health issues and for that an effective and inclusive planning mechanism should be put in place.
- iv) Shortfall of Human Resource should immediately be catered to provide better service delivery to public.
- v) Medical, surgical and diagnostic equipment should be provided to the hospitals as per their requirement.

### **1.2.2 Classified Summary of Audit Observations**

Audit observations amounting to Rs 318.166 million were raised as a result of this audit. This amount also includes recoverable of Rs 36.138 million as pointed out by Audit. Summary of the audit observations classified by nature is as under:

(Rupees in million)

<b>Sr. No.</b>	<b>Classification</b>	<b>Amount</b>
1	Non-production of record	1.612
2	Reported cases of fraud, embezzlement and misappropriation	-
3	Procedural irregularities	-
A	HR/Employees related irregularities	42.931
B	Procurement related irregularities	37.504
C	Management of Accounts with Commercial Banks	-



<b>Sr. No.</b>	<b>Classification</b>	<b>Amount</b>
4	Values for money and service delivery issues	236.119
5	Others	-
	<b>Total</b>	<b>318.166</b>

### **1.2.3 Comments on the Status of Compliance with PAC Directives**

The Audit Reports pertaining to following years were submitted to the Governor of the Punjab but have not been examined by the Public Accounts Committee.

#### **Status of Previous Audit Reports**

<b>Sr. No.</b>	<b>Audit Year</b>	<b>No. of Paras</b>	<b>Status of PAC Meetings</b>
1	2017-18	16	PAC not constituted
2	2018-19	35	PAC not constituted
3	2019-20	34	PAC not constituted
4	2020-21	22	PAC not constituted

## 1.2.4 Audit Paras

### Non-production of record

#### 1.2.4.1 Non-production of record – Rs 1.612 million

According to Clause 14(1)(b) and 14(2) of the Auditor General's (Functions, Powers and Terms and Conditions of Service) Ordinance, 2001, the Auditor-General shall, in connection with the performance of his duties under this Ordinance, have authority to require that any accounts, books, papers and other documents which deal with, or form, the basis of or otherwise relevant to the transactions to which his duties in respect of audit extend, shall be sent to such place as he may direct for his inspection. The officer incharge of any office or department shall afford all facilities and provide record for audit inspection and comply with requests for information in as complete a form as possible and with all reasonable expedition.

Two DDOs of DHA, Chiniot did not produce record of expenditure amounting to Rs 1.612 million incurred during 2019-21 against POL and payment of leave encashment etc. The details are as under:

(Rupees in million)

Sr. No.	DDOs	Description	Period	Amount
1	District Health Officer (Preventive Services), Chiniot	Log books of two vehicles	2020-21	0.611
2	Senior Medical Officer, RHC Chak No.14/JB Chiniot	Record of payments made from GL Account A04114-Superannuation Encashment of LPR	2019-21	1.001
<b>Total</b>				<b>1.612</b>

Due to negligence on the part of management, record of expenditure was not produced which created doubts about the legitimacy of expenditure.

The matter was reported to the PAO and DDOs concerned during July & August, 2021. In DAC meeting held in October, 2021, DHO replied that concerned official was directed to provide the logbook within seven days whereas SMO, RHC Chak No.14/JB replied that the record had been maintained and would be produced

for verification. The reply was not tenable as record was required to be produced during audit execution but the same was not produced.

DAC directed CEO DHA to inquire the matter and produce relevant record for verification without further delay. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides production of record for verification.

[AIR Paras: 10, 05]

## **Procedural irregularities**

### **1.2.4.2 Inadmissible payment of pay and allowances – Rs 26.228 million**

According to Government of the Punjab, Finance Department Notification No. SOX (H-I) 6-91 2004-1 dated 14.07.2008 read with Government of the Punjab, Health Department Notifications No.PMU/PHSRP/G.1-06/61/170 dated 16.03.2007 and No.PO(P&E-I)19-113/2004(v) dated 13.04.2007, HSRA is not admissible to the staff proceeding on leave. Paramedic and other staff drawing pay against the posts of RHCs and BHUs but performing duties somewhere else would also not be entitled for HSRA. Furthermore, according to Government of the Punjab, Services & General Administration Department letter No.SO(ERB) S&GAD)5-19/2018 dated 18.05.2018, the contract employees will not be entitled for Social Security Benefit (SSB) after regularization of services and their pay will be fixed on initial of relevant pay scales.

Five DDOs of DHA, Chiniot made payment of inadmissible pay and allowances amounting to Rs 26.228 million to various employees during 2019-21. The pay and allowances were inadmissible due to payment of Conveyance Allowance (CA) / Health Sector Reforms Allowance (HSRA) / Health Professional Allowance (HPA) / Special Healthcare Allowance and salaries during leave / extra ordinary leave (EOL). Excess payment of salaries to employees for the period after retirement, absent from duty, transfer and even for the period after resignation. Payment of Non-Practicing Allowance (NPA) to doctors despite doing private practice/holding administrative post(s). Excess payment of Social Security Benefit (SSB) and basic Pay after regularization of contract services. Withdrawal of House Rent Allowance (HRA) and Conveyance Allowance (CA) despite residing in official residences within work premises etc. (**Annexure-1**)

Due to weak internal and financial controls, inadmissible payment of pay and allowances was made to the employees which resulted in excess payment.

The matter was reported to the DDOs concerned during July & August 2021. In DAC meeting held in October, 2021, DDOs replied that efforts were being made to effect recovery. MS DHQ hospital also stated that AMS and DMS were

directed to perform duty in addition to their own duties. SMO RHC Ahmed Nagar stated that the matter regarding recovery of amount paid after compulsory retirement was under process. The employees transferred from RHC Ahmed Nagar were posted in office of DHO, hence, overall accounts of DHA were not disturbed. CEO, DHA also stated that wage types of some employees were incorrectly recorded.

DAC directed DDO to seek clarification regarding admissibility of NPA to doctors working on administrative posts and HSRA paid to staff working on stations other than RHCs and BHUs, early finalize the ongoing inquiry proceedings, rectification of record and effect recovery of remaining paras at the earliest. No progress was intimated to Audit till finalization of this Report.

Audit recommends early finalization of ongoing inquiries, rectification of errors and recovery of amount due besides fixing responsibility on the person(s) at fault.

[AIR Paras: 6,9,10,12,17,22,25,28,29,2,5,6,8,9,10,11,13,14,15,19,20,22,25,3,8,9,10,14,15, 16,17,18,19]

#### **1.2.4.3 Irregular expenditure on day to day purchase of medicine – Rs 21.945 million**

According to Paras 2(iv)(c) & 2(xviii) of Guidelines for Local Purchase of Medicine circulated vide Government of the Punjab, Primary & Secondary Healthcare Department letter No.PSHD-TCO-I(M)6-14/2017 dated 16.12.2017, it is established policy of the Government to enter into local purchase contracts through open competitive tendering. Furthermore, purchase order may be emailed to the LP Supplier through LP portal. Contractor will submit invoice / bill with supply on daily basis. Local purchase will be initiated with the order of Consultants/ Senior Medical Officer via prescription that will be maintained as record of Local Purchase and it will not be for more than 7 days for one patient. Payment for items out of formulary will be made after receiving report of Drug Testing Laboratory (DTL).

Three DDOs of DHA, Chiniot incurred expenditure of Rs 21.945 million on account of day to day purchase of medicines during 2019-21. However, the procurement was made in violation of LP guidelines due to following discrepancies in this regard:

1. Neither any prescription / indent for individual patients was initiated by the authorized medical practitioners nor procurements were made in bulk. Medicine of routine / common use was procured from day to day budget instead of procuring the same out of bulk purchase of medicine budget.
2. Procurement was made through manual supply orders instead of generating the indents through LP Portal and payments were made without getting the medicine tested from Drug Testing Laboratory.
3. Central registration point procedure was not adopted and treatment register showing name, registration number, address, diagnosis, description of medicines etc. was also not maintained.

Due to lack of due diligence, local purchase of medicine was made without consideration of policy guidelines and procurement rules which resulted in irregular expenditure.

The matter was reported to the DDOs concerned during July & August, 2021. In DAC meeting held in October, 2021, MS, DHQ Hospital replied that due to delay in finalization of rate contract, essential medicines were purchased for emergency and indoor departments as required. Furthermore, drug testing from DTL was not possible as medicine was to be utilized within in 6-7 days as it takes at least 20-30 days for DTL reports. SMO RHC Chak 14/JB replied that day to day purchase was not possible as the medical store was 14 KMs away from RHC and central registration procedure was already in place and relevant staff had been directed to maintain the record in future. SMO RHC Ahmed Nagar replied that compliance would be made in future.

DAC directed CEO DHA to probe the matter within two weeks and report progress. No progress was intimated to Audit till finalization of this Report.

Audit recommends early finalization of inquiry proceedings and fixing responsibility on the person(s) at fault besides regularization of expenditure.

[AIR Paras: 2, 3, 4]

#### **1.2.4.4 Irregular payment through adjustments in payroll – Rs 16.703 million**

According to provision 4.6.5.5 of Accounting Policies and Procedures Manual, any change in employee's allowances and deductions shall be notified through the change statement to the DAO/AG/AGPR. Furthermore, according to Rule 2.20 of the Punjab Financial Rules, Volume-I, every payment, including repayment of money previously lodged with Government, for whatever purpose, must be supported by a voucher setting forth full and clear particulars of the claim.

Two DDOs of DHA, Chiniot made payment of arrears of salary amounting to Rs 16.703 million to different employees through adjustments in automated payroll system during 2019-21 without maintaining requisite/ancillary record i.e. change statements duly notified to DAO, arrear bills/claims of the employees, reasons of arrear claims etc. The details are as under:

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Period</b>	<b>Amount</b>
1	District Health Officer (PS), Chiniot	2020-21	13.925
2	Senior Medical Officer, RHC Ahmad Nagar	2019-21	2.778
<b>Total</b>			<b>16.703</b>

Due to weak internal controls and financial mismanagement, arrears of pay and allowances were paid without maintaining supporting record which resulted in irregular expenditure of Rs 16.703 million.

The matter was reported to the DDOs concerned during July & August, 2021. In DAC meeting held in October, 2021, DHO replied that relevant record would be produced to Audit whereas SMO RHC Ahmed Nagar replied that the payments were drawn for newly appointed doctors in the form of adjustments in their salaries, which could be confirmed from District Accounts office Chiniot. The

replies were not tenable because no documentary evidence was produced in support of replies for verification by Audit.

DAC directed the DDOs to produce relevant record to Audit for verification. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides production of record.

[AIR Paras: 1, 1]

#### **1.2.4.5 Irregular expenditure due to non-execution of framework contract – Rs 11.078 million**

According to Rule 4 & 15(1) of the Punjab Procurement Rules, 2014, a procuring agency, while making any procurement, shall ensure that the procurement is made in a fair and transparent manner, the object of procurement brings value for money to the procuring agency and the procurement process is efficient and economical and a procuring agency may procure goods, services or works through framework contract in order to ensure uniformity in the procurement. Furthermore, according to Rule 2.31(a) of the Punjab Financial Rules, Volume-I, a drawer of bill for pay and allowances contingent and other expenses will be held responsible for any over charge, frauds and misappropriations.

Medical Superintendent, District Headquarters Hospital, Chiniot incurred expenditure of Rs 11.078 million for procurement of oxygen gas, laboratory items and X-Rays films during 2020-21. The expenditure was incurred without calling tenders / execution of framework contract for purchase of these routine items. **(Annexure-2)**

Due to weak internal controls and financial mismanagement, framework contract for procurement of routine items was not made which resulted in uneconomical & irregular expenditure amounting to Rs 11.078 million.

The matter was reported to the PAO and DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that matter would be investigated and reported to Audit accordingly.



DAC directed DDO to introduce framework contract for purchase of special items besides getting the matter regularized from Government of the Punjab, Finance Department.

Audit recommends to probe the matter besides its regularization from the Competent Authority.

[AIR Para: 4]

#### **1.2.4.6 Irregular expenditure without quotations/tenders – Rs 4.481 million**

According to Rules 09, 12(1) and 59(b) of the Punjab Procurement Rules, 2014, a procuring agency shall announce in an appropriate manner all proposed procurements for each financial year and shall proceed accordingly without any splitting or regrouping of the procurements. A procuring agency shall advertise procurement of more than two hundred thousand rupees and up to the limit of two million rupees on the website of the Authority. A procuring agency may provide for petty purchases through at least three quotations where the cost of the procurement is more than seventy-five thousand rupees but less than two hundred thousand rupees and such procurement shall be exempted from the requirements of bidding procedure.

Three DDOs of District Health Authority, Chiniot incurred expenditure of Rs 4.481 million on purchase of medicine, stationery, printing material, X-Ray films, etc. during 2019-21. Contrary to the provisions of above rules, expenditure was incurred by splitting the cost of procurements and keeping the amount of each procurement below the financial limit of Rs 200,000 to avoid tendering and below the financial limit of Rs 75,000 to avoid quotations procedure. The details are given below:

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Description</b>	<b>Period</b>	<b>Amount</b>
1	District Health Officer (Preventive Services), Chiniot	Stationery, general store items, printing material etc.	2020-21	1.837

<b>Sr. No.</b>	<b>DDOs</b>	<b>Description</b>	<b>Period</b>	<b>Amount</b>
2	MS, DHQ Hospital, Chiniot	Laboratory items, X-Ray films and sound system	2020-21	1.890
3	SMO, RHC Ahmed Nagar	Medicine	2019-21	0.754
<b>Total</b>				<b>4.481</b>

Due to weak internal controls and financial mismanagement, expenditure was incurred without open competition which resulted in mis-procurement.

The matter was reported to the PAO and DDOs concerned during July & August 2021. In DAC meeting held in October, 2021, two DDOs replied that items were purchased as per requirements of hospital on emergent basis. MS DHQ hospital also stated that X-Ray films were purchased after tendering process. The replies were not tenable because procurements were made without tendering/quotations and annual procurement planning besides non-declaration of emergency by the competent authority.

DAC directed CEO to fix responsibility on the person(s) at fault besides regularization of expenditure from the competent authority. No progress was intimated to Audit till finalization of this Report.

Audit recommends regularization of expenditure from the competent authority besides fixing of responsibility on the person(s) at fault.

[AIR Paras: 4, 14, 7]

## **Value for money and service delivery issues**

### **1.2.4.7 Non-functioning of newly established healthcare facilities – Rs 146.282 million**

According to Section 94 of the Punjab Local Government Act 2013, DHA shall implement policies and directions of the Government including achievement of key performance indicators set by the Government for healthcare programs. Further, according to Rules 4 of the Punjab District Authorities (Budget) Rules, 2017, the CEO shall review progress of the development works for their timely completion. Furthermore, according to Rule 4(a)(d) of Punjab District Authorities (Conduct of Business) Rules 2017, DHA shall monitor the CEO regarding implementation on the guidelines, policies and standards framed by the Government and monitor its own progress on monthly basis on pre-determined performance indicators determined by it and report the progress to Government.

During audit of DHA, Chiniot, it was observed that Government of the Punjab Health Department sponsored/executed two development schemes regarding upgradation of BHU Muhammadi Shareef to RHC level and establishment of BHU at Mauza Jhanb, Chiniot costing Rs 146.282 million through Health Department Chiniot during 2015-16 with completion dates upto 16.12.2017 and 25.08.2017 respectively. Civil works of these schemes were got executed through Executive Engineer Buildings Division Chiniot. Contrary to provisions of above Rules, the DHA failed to get complete the civil works of the schemes from the Buildings Division concerned till the date of audit. It was further observed that PMU of the Health Department provided machinery, medical equipment, furniture & fixture and other allied material of both the schemes but the same was lying uninstalled in stores due to delay in completion of civil works of the schemes. It was pertinent to mention that SNE for new schemes was also not approved by the Finance Department due to non-fulfillment of requisite formalities and provision of certificates i.e. PC-IV, cost estimates, expenditure bearing certificates of schemes. Hence, the newly upgraded / established healthcare facilities were not made

functional despite lapse of three and a half years and warranty period of the items also expired before making them operational.

Due to weak administrative controls and monitoring mechanism, development works were not got completed which resulted in non-functioning of newly upgraded / established healthcare facilities despite provision of funds.

The matter was reported to the PAO / DDO in July, 2021. In DAC meeting held in October, 2021, it was replied that the building department did not complete the civil work of schemes which was a major hindrance in finalization of schemes.

DAC directed CEO DHA to take up the matter with Buildings Department for expediting the development projects. No progress was intimated to Audit till finalization of this Report.

Audit recommends active pursuance of development schemes for early completion besides fixing responsibility on the person(s) at fault.

[AIR Para: 04]

#### **1.2.4.8 Irregular procurement of medicine from single prequalified firms – Rs 23.676**

According to Rule 4, 13(8), 16(11), 36 and 64(A) of the Punjab Procurement Rules, 2014, a procuring agency, while making any procurement, shall ensure that the procurement is made in a fair and transparent manner, the object of procurement brings value for money to the procuring agency and the procurement process is efficient and economical. Planning and Development Department of the Government shall shortlist all such individual consultants, firms or companies only for one financial year through its notified committee strictly in accordance with the procedure provided under these rules and shortlist at least three individual consultants, firms or companies for each area of expertise.

CEO DHA, Chiniot made procurement of drugs/medicine and surgical dressings items costing Rs 23.676 million out of 75% bulk purchase of medicine budget during financial year 2020-21. The procurement was made by executing a framework after collecting technical and financial proposal from those firms which

were prequalified by Director General Health Services Primary & Secondary Healthcare Department Punjab. Scrutiny of record depicted following discrepancies in procurement process:

1. Process of prequalification of firms was initiated and finalized by the Director General Health Services himself in violation of procurement rules whereas, the DHA Chiniot being procuring agency did not initiate any request to DG Health Services for prequalification of firms in this regard. However, reasons for prequalification of firms by the DG Health Services were not made known to Audit.
2. Furthermore, in prequalification process DG Health Services finalized some single prequalified firms in violation of procurement rules which resulted in uneconomical procurement through non-competitive financial bidding.
3. CEO DHA executed framework contract with these single prequalified firms and made procurement without any competitive technical and financial bidding.

Due to inefficiency and violation of financial propriety, procurement of medicine was made by adopting defective procurement process form single prequalified firms without competitive bidding.

The matter was reported to the PAO / DDO concerned in July, 2021. In DAC meeting held in October, 2021, it was replied that pre-qualification process was completed by the DGHS Punjab Lahore. A letter vide No.955-58/PC dated 08.02.2021 was written by the DGHS Punjab to the CEO, DHA, Rahim Yar Khan in which the said authority clarified that single complying proposal may be awarded the contract as per Rule 55A of PPRA. The reply was not tenable because procurements were made in violation of procurement rules without competitive bidding.

DAC directed CEO DHA take up the matter with the higher authorities concerned for further deliberation on the subject matter. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility besides regularization of expenditure from the competent authority.

[AIR Para: 03]

#### **1.2.4.9 Non-deposit of own source receipts in DHA Account – Rs 22.553 million**

According to Rules 4(1)(h) and 68(1) of the Punjab District Authorities (Budget) Rules, 2017, the CEO shall act as PAO of the Authority and shall monitor the receipts and expenditure of District Authority, offices, institutions. The primary obligation of the collecting Officer shall be to ensure that all revenue due is claimed, realized and credited immediately to the District Authority Funds and to record entries under proper receipt head.

Two DDOs of DHA, Chiniot shown collection of receipts amounting to Rs 22.553 million during 2020-21 but the same were not actually deposited in the Account-VI of DHA, Chiniot as depicted from the scrutiny of SAP FI. Collecting Officer(s) did not take action to get the receipts deposited in DHA Account-VI, as detailed below:

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Amount</b>
1	CEO DHA, Chiniot	7.962
2	MS, DHQ Hospital Chiniot	14.591
	<b>Total</b>	<b>22.553</b>

Due to poor financial management, DHA receipts were not got deposited in DHA Account-VI which resulted in short realization of revenue to DHA, Chiniot.

The matter was reported to the PAO and DDOs concerned during July & August, 2021. In DAC meeting held in October, 2021, it was replied that the matter was discussed with NBP Authorities for several times but the manager did not extend co-operation in this regard. The reply was not tenable as the matter was not reported to higher authorities regarding non-cooperation by NBP, Chiniot.

DAC directed CEO DHA to take up the matter with Finance Department for deposit of receipt into DHA Account-VI besides regularization of the matter pertaining to previous years' receipts.

Audit recommends reimbursement of receipts from the Provincial Government.

[AIR Paras: 13, 3]

#### **1.2.4.10 Expenditure on pension payment without creation of Pension Fund – Rs 8.269 million**

According to Section 125 of the Punjab Local Government Act, 2013, lays down the procedure for constitution of Punjab Local Government Board and its day to day administration/business which includes set up and operation of pension fund and such other funds as may be considered necessary for the benefit and welfare of the employees of the Board and the prescribed local government service cadre. Furthermore, according to Rule 6 of the Punjab District Authorities (Budget) Rules, 2017, the budget and accounts officer shall be responsible to maintain pension fund for the Government employees of Education or Health sectors adjusted in the District Authority.

CEO DHA, Chiniot incurred expenditure of Rs 8.269 million on pension payment of Local Government employees during 2020-21. The expenditure was met out of pension contribution of local Government employees which was Rs 8.893 million during 2020-21. Contrary to the above provisions, expenditure was incurred without creation of Pension Fund as required by the Law. Non-creation of Pension Fund may result in extra financial burden on DHA funds due to increase in Pension Payment Bill in subsequent years.

Due to financial mismanagement and weak internal controls, pension fund was not created by the DHA, Chiniot.

The matter was reported to the PAO/DDO in July, 2021. In DAC meeting held in October, 2021, it was replied that pension contribution & pension payments were operated through commercial bank account (PLS) & the bank

provided profit as per bank rate. Further due to the limitation of funds, investment in other banking instruments was not possible. The reply was not tenable as Pension Fund was not created in violation of above rule.

DAC directed Deputy Director (B&A) to maintain the Pension Fund and submit report within one month. No progress was intimated to Audit till finalization of this Report.

Audit recommends early creation of Pension Fund besides regularization of the matter from the Competent Authority.

[AIR Para: 07]

#### **1.2.4.11 Non-utilization of funds to operationalize newly established emergency blocks – Rs 5.823 million**

According to Section 94 of the Punjab Local Government Act 2013, DHA shall implement policies and directions of the Government including achievement of key performance indicators (KPIs) set by the Government for healthcare programs. Furthermore, according Rules 4 of the Punjab District Authorities (Budget) Rules, 2017, the CEO shall review progress of the development works for their timely completion. Furthermore, according to Rule 4(a)(d) of Punjab District Authorities (Conduct of Business) Rules, 2017, DHA shall monitor the CEO regarding implementation on the guidelines, policies and standards framed by the Government and monitor its own progress on monthly basis on pre-determined KPIs.

Government of the Punjab Primary & Secondary Healthcare Department executed three development schemes under Prime Minister Health Initiative for Construction of district warehouse at DHQ hospital Chiniot and construction of new emergency blocks at RHC Chak 14/JB and RHC Barana through DHA, Chiniot during 2018-19. It was observed that the civil work of the schemes was completed since 2019-20 but DHA authorities failed to operationalize the newly established healthcare facilities due to non-procurement of machinery &



equipment despite availability of funds amounting to Rs 5.823 million and staff for the concerned healthcare facilities.

Due to weak administrative controls and monitoring mechanism, healthcare facilities were not made operational due to non-provision of essential machinery & equipment despite availability of funds of Rs 5.823 million.

The matter was reported to the PAO / DDO concerned in July, 2021. In DAC meeting held in October, 2021, it was replied that the tendering process of machinery & equipment was under process and compliance would be made in near future.

DAC directed CEO DHA to expedite the matter within one month. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the incumbents at fault besides provision of machinery & equipment to operationalize the healthcare facilities without further delay.

[AIR Para: 05]

#### **1.2.4.12 Unauthorized expenditure beyond allocated budget – Rs 5.653 million**

According to the Rule 4(1)(h) of the Punjab District Authorities (Budget) Rules, 2017, the head of office is responsible for ensuring that the total expenditure shall be kept within the limits of authorized appropriation. Furthermore, according to Rule 2.10(b)(3) of the PFR Volume-I, all charges incurred are drawn and paid at once and are not held up for want of funds and allowed to stand over to be paid from the grant of another year; that money indisputably payable is not left unpaid and that all inevitable payments are ascertained and liquidated at the earliest possible date.

Medical Superintendent, DHQ Hospital, Chiniot failed to keep the expenditure within allocated budget and made procurements beyond the budget appropriations during 2020-21. Audit observed that 44% of the funds released for local purchase of medicine were utilized for payment of previous year's liabilities

which resulted in shortage of funds for payment of current year claims. The financial mismanagement resulted in undue creation of liabilities amounting to Rs 5.653 million and same was thrown forward to the next financial year budget for clearance. The details are as under:

(Rupees in million)			
<b>Sr. No.</b>	<b>Object Code</b>	<b>Description</b>	<b>Amount</b>
1	A03927	Purchase of Medicine	4.642
2	A03970	Purchase of X-Ray Films	1.011
<b>Total</b>			<b>5.653</b>

Due to weak financial management and internal controls, expenditure was incurred in excess than the budget allocation and same was thrown forward for clearance out of next financial year budget which resulted in undue creation of liabilities.

The matter was reported to the DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that the procurements for the FY 2020-21 were made within the budgetary limits. The liability of medicine was created due to clearance of previous year's liabilities and Digital X-ray Films were purchased through tender process in January 2021 but liability of X-ray films was created due to extra utilization of budget on oxygen gas and 100% payment to oxygen suppliers on direction of Government of the Punjab.

DAC directed DDO to get the matter regularized from the Competent Authority. No progress was intimated to Audit till finalization of this Report.

Audit recommends regularization of the matter besides fixing responsibility on the person(s) at fault.

[AIR Para: 5]

#### **1.2.4.13 Loss due to procurement at excessive rates – Rs 5.256 million**

According to Rule 2.33 of the Punjab Financial Rules, Volume-I, every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by Government through fraud or negligence on his part. Furthermore, according to Rule 4 of the Punjab Procurement Rules, 2014,

a procuring agency, while making any procurement, shall ensure that the procurement is made in a fair and transparent manner, the object of procurement brings value for money to the procuring agency and the procurement process is efficient and economical.

Three DDOs of DHA, Chiniot, purchased medicines, gloves, masks and other surgical items from local market at excessive rates as compared to the prevailing market rates or rates of framework contracts and rates charged by same supplier in different bills of same DDO. Therefore, an amount of Rs 5.256 million was excess paid due to procurement at higher rates, as summarized below:

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Description</b>	<b>Amount</b>
1	CEO, DHA, Chiniot	Procurement of drugs/medicine and surgical dressings items at excessive rates	2.682
2	MS, DHQ Hospital, Chiniot	Local purchase of medicine at excessive rate	2.142
3	SMO, RHC Ahmad Nagar	Purchase of medicine at higher rates due to late finalization of rate contract	0.432
<b>Total</b>			<b>5.256</b>

Due to weak financial controls, procurements were made at higher rates which caused loss of Rs 5.256 million to public exchequer.

The matter was reported to the DDOs concerned during July & August 2021. In DAC meeting held in October, 2021, CEO replied that the rates of medicine were finalized after due process of pre-qualification of firms and competitive bidding and no overpayment was made beyond the MRP or finalized rates. The comparison of rates with other DHAs was not justified as DHA could not bound any firm in this regard. MS DHQ Hospital did not submit reply. SMO RHC Ahmed Nagar replied that medicine was purchased from local market due to late finalization of rate contract. The replies were not tenable because as per the Clause 42.1, if the approved prices found unreasonable at any stage of procurement,

the procuring agency reserves the right to deduct the difference besides initiation of legal proceedings.

DAC directed DDOs to effect recovery besides initiation of legal proceedings against the suppliers concerned. No progress was intimated to Audit till finalization of this Report.

Audit recommends recovery of overpaid amount from the suppliers concerned besides initiation of legal proceedings against the concerned.

[AIR Paras: 9, 11, 12]

#### **1.2.4.14 Shortage/theft of medicine – Rs 4.136 million**

According to Rule 15.5 of PFR, Vol-I, when materials are issued from stock for departmental use, manufacture or sale, etc., the Government servant in charge of the stores should see that an indent has been made by a properly authorised person, examine it for the issue of stores and sign it under his dated initials. When materials are issued, a written acknowledgment should be obtained from the person to whom they are ordered to be delivered or dispatched, or from his duly authorised agent.

Audit observed difference / shortage of medicine amounting to Rs 4.136 million in comparison to balances of medicine shown in relevant stock registers and medicine physically available at OPD dispensary of DHQ Hospital Chiniot and stores of Rural Health Center Ahmad Nagar. Furthermore, entries in stock registers were either tempered or not duly signed by any responsible officer/official and receipt of medicine. Moreover, medicine was also shown stolen from store as per stock register of RHC Ahmed Nagar. The details are given below:

(Rupees in million)

<b>Sr. No.</b>	<b>Name of DDOs</b>	<b>Cost of Medicine</b>	<b>Remarks</b>
1	MS DHQ Hospital Chiniot	1.901	Shortage of medicine at OPD dispensary
2	SMO Rural Health Center, Ahmad Nagar	1.196	Shortage of medicine in stores
		1.039	Theft of medicine
<b>Total</b>		<b>4.136</b>	

Due to weak internal controls, stock of medicines was found short or theft due to negligence which resulted in loss to public exchequer.

The matter was reported to the DDOs concerned in July and August, 2021. In DAC meeting held in October, 2021, MS DHQ Hospital replied that due to shortage of space, medicine was stored at different places and fast moving items were frequently indented to bring these items from far away sub-stores to nearby sub-stores in order to avoid delay. SMO RHC replied that proceedings under PEEDA act were initiated against the delinquent staff. The recovery will be made after the decision of inquiries. The reply was not tenable as stock was found short at the time of physical verification in comparison to stock register.

DAC directed CEO DHA to probe the matter and recover the amount of missing medicines within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides recovery of cost of missing medicine at the earliest from the defaulters.

[AIR Paras: 13, 5, 6]

#### **1.2.4.15 Loss to public exchequer due to expiry of medicine – Rs 3.682 million**

According to the Punjab District Authorities (Delegation of Financial Power) Rules, 2017, power of CEO to write off losses on account of negligence and fraud is Rs 0.100 million and other than those due to negligence and fraud is Rs 0.300 million provided that CEO himself certifies, after inquiry, that responsibility to the loss does not lie on any person. Furthermore, according to Rule 2.33 of the Punjab Financial Rules, Volume-I, every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by Government through fraud or negligence on his part.

Medical Superintendent, DHQ Hospital, Chiniot discarded expired medicines valuing Rs 3.682 million during 2020-21 without approval of the

competent authority and fixing of responsibility for loss through inquiry proceedings in violation of above referred rules.

Due to weak monitoring mechanism, medicine was discarded without following prescribed procedure which resulted in violation of above referred rules and favor to the defaulter(s) concerned.

The matter was reported to the PAO and DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that three out of five items were received on 10.06.2021 from DHO office without any demand and DHQ hospital already had sufficient stock of these items and same were slow moving items. Other two items were from central purchase supply from MSD Lahore in 2018 that was also provided without demand. The reply was not tenable as excess quantity was not timely shifted to other health facilities for their timely utilization.

DAC decided to probe the matter by a senior doctor of DHA and submit detailed report within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides recovery of loss from the defaulters.

[AIR Para: 7]

#### **1.2.4.16 Financial burden on public exchequer due to deputation of extra janitorial staff – Rs 3.059 million**

According to framework contract executed between Project Management Unit (PMU), Government of the Punjab, P&SHD and M/s Super Care Service, rates of HR for Janitor was Rs 25,495 per month per janitor during 2020-21.

Project Management Unit (PMU) of Government of the Punjab, Primary & Secondary Healthcare Department deputed 34 persons as janitorial staff to DHQ Hospital, Chiniot for provision of janitorial services. It was observed that staff was provided without keeping in view that ten Sanitary Workers/Sweepers already available at hospital on regular basis. However, no mechanism was devised by the

authorities for adjustment of existing staff and curtailing of contractor's staff according to requirements of the hospital which resulted in extra financial burden of Rs 3.059 million on public exchequer. The details are given below:

(Rupees in million)

No. of Employees	Wage per Employee	Wages per Month	Amount
10	0.0255	0.255	3.059

Due to financial mismanagement and weak managerial controls, the existing staff was not adjusted with contractor's staff for proper utilization and reduction of expenditure.

The matter was reported to the PAO and DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that janitorial staff was deputed by MPU under revamping scheme whose cost was born by their own office. Previous year contract had 58 employees while in current year contract the number of janitors was reduced to 43 by P&SHD keeping in view the available sanitary workers at DHQ Chiniot who were performing the duty with outsourced staff. The reply was not tenable because HR requirements were not rationalized according to actual requirements and detailed working.

DAC directed CEO DHA to rationalize the human resource in all health facilities in consultation with the Primary & Secondary Healthcare Department. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the incumbent(s) at fault for non-rationalization of janitorial staff for proper utilization and curtailing the operational expenditure.

[AIR Para: 8]

#### **1.2.4.17 Irregular escalation in cost of the scheme – Rs 2.824 million**

According to Government of the Punjab, Finance Department instructions vide No.RO(Tech)FD-18-23/2004 dated 21.09.2004, rate analysis for the non-standardized items shall be prepared by the Executive Engineer, clearly giving the specifications of the material used and approved by the Competent

Authority not below the rank of Superintending Engineer on the basis of input rates of relevant quarter placed at website of Finance Department and rates shall not be more than the market rates. Furthermore, according to Rule 13 of the Punjab District Authorities (Accounts) Rules 2017, the head of offices under the supervisory control of a District Authority shall ensure quality, quantity, rates and specifications of works executed.

Government of the Punjab, Health Department executed development scheme for upgradation of BHU Muhammadi Shareef to RHC level through DHA Chinot during 2015-16 with completion date upto 16.12.2017. The civil work of the scheme was originally approved at a cost of Rs 69.022 million. Thereafter, the estimate was revised for Rs 78.915 million due to enhancement in scope of work and inclusion of cost of construction of mortuary room, installation of slug pump and extra cost for deeper foundation. Further scrutiny of record depicted that item of work namely “extra cost for deeper foundation” was provided in rough cost estimate and originally approved TS estimate @ Rs 173 per sft but excluded from revised rough cost estimate without stating reasons. However, the item was again included in re-revised TS estimate @ Rs 346 per sft which resulted in escalation in cost of the scheme amounting to Rs 2.824 million due to enhancement in rate. The details are given below:

(Rupees in million)

Name of Item	Rate of Original Estimate	Rate of Revised Estimate	Excess Rate	Qty. as per Revised Estimate	Excess Cost
Extra cost for deeper foundation	173 per sft	346 per sft	173	16,324 sft	2.824

Due to weak administrative controls and monitoring mechanism, cost of work was excluded without stating reasons and subsequently included at enhanced item rate without proper justification.

The matter was reported to the PAO and DDO concerned in July, 2021. In DAC meeting held in October, 2021, it was replied that the scheme under observation was a provincial ADP Scheme and Government of the Punjab directly



released funds to executing agency. This office only monitored the physical progress of civil works.

DAC directed CEO DHA to take up the matter with Buildings Department and submit report within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the incumbents at fault besides recovery of loss from the concerned.

[AIR Para: 06]

#### **1.2.4.18 Irregular expenditure due to provision of budget under irrelevant object codes – Rs 1.906 million**

According to Rules 6 and 10 of the Punjab District Authorities (Budget) Rules 2017, the Budget and Accounts Officer shall be responsible to scrutinize the budget proposals and new expenditure. Budget includes the estimates of foreseeable items of receipts and expenditure, contains full information on current programs, activities and presents a correct picture of the financial position of the Authority. All items of income and expenditure shall be specific in programs and activities and no lump-sum is allowed. Underestimation and overestimation shall be serious irregularities. The budgetary provisions shall not be more or less but shall be subject to variations resulting from unforeseen circumstances.

DHA, Chiniot released budget amounting to Rs 2.876 million as per Revised Annual Budget Estimates of 2020-21 under various object codes of Employees Related Expenditure including Adhoc Relief Allowances 2011, 2012, 2013, 2014, 2015, ATS Allowance, Outfit Allowance, Language Allowance, Science Teaching Allowance, Orderly Allowance, Utility Allowance For Electricity, Executive Allowance, Charge Allowance, Ration Allowance, Consolidation Travelling Allowance and following object codes of Operating Expenditure including A01299-Others and A09405-Workshop Equipment etc. However, expenditure of Rs 1.906 million was booked against these object codes

during the year. Scrutiny of record depicted that the budget was provided under such object codes which were either obsolete or did not relate to DHA.

Due to weak internal and financial controls, budget appropriations were made against unjustified object codes without requirement which resulted in irregular budgeting and incurrence of subsequent expenditure.

The matter was reported to the PAO/DDO in July, 2021. In DAC meeting held in October, 2021, DDO did not submit reply.

DAC directed Deputy Director (B&A) to get the matter regularized from the competent authority. No progress was intimated to Audit till finalization of this Report.

Audit recommends regularization expenditure from the competent authority besides recovery of overpayment from the employees concerned.

[AIR Para: 20]

#### **1.2.4.19 Excess payment due to non-recovery of taxes – Rs 1.669 million**

According to Sections 12 and 153(1) of the Income Tax Ordinance, 2001, “Salary” means any amount received by an employee from any employment including any pay, wages or other remuneration, commission, fees etc. which shall be chargeable to tax at the rate provided in paragraph (2) of Division I of Part I of the First Schedule. Every prescribed person while making a payment in full or part shall deduct tax at prescribed rates. Further, according to Section 3(7) read with Serial Number 1 of Eleventh Schedule of Sales Tax Act, 1990, the tax shall be withheld by the buyer at the rate as specified in the Eleventh Schedule i.e. @ 1/5th of amount of GST, by any person or class of persons as withholding agent for the purpose of depositing the same as the Board may prescribe. Furthermore, according to Rule 5 of the Punjab Sales Tax on Services (Withholding) Rules, 2012, a withholding agent, shall on receipt of taxable services from an unregistered service provider, deduct Sales Tax at rate of 16% of the value of taxable services provided to him.

Four DDOs of DHA, Chiniot, made payments on account of supply of goods, Anesthesia Allowance to trainee doctors and rendering of services by service providers. Contrary to the above provisions, 1/5<sup>th</sup> of GST amounting to Rs 0.167 million, Income Tax amounting to Rs 0.893 million and PST amounting to Rs 0.609 million were either not deducted or deducted at lesser rates from claims of the payees. The details are given below:

(Rupees in million)

Sr. No.	DDOs	Description	GST	Income Tax	PSTS	Amount
1	MS, DHQ Hospital Chiniot	Non-recovery of taxes from suppliers/contractors	0	0.103	0.568	0.671
		Non-deduction of Income Tax on payment of share out of hospital receipt	0	0.382	0	0.382
		Non-deduction of Income Tax on payment of anesthesia allowance	0	0.252	0	0.252
		Non-deposit of withheld Income Tax	0	0.090	0	0.090
2	District Health Officer (PS) Chiniot	Non deduction of taxes from suppliers/contractors	0.026	0.049	0.038	0.113
		Excess Expenditure Due to Charging of Sales Tax on Exempted Items	0.081	0	0	0.081
3	SMO, RHC Ahmad Nagar	Recovery on account of General Sales Tax charged on exempted supplies	0.040	0	0	0.040
		Non deduction of taxes from suppliers/contractors	0.009	0.017	0.003	0.029
4	SMO, RHC Chak 14 JB	Recovery on account of General Sales Tax charged on exempted supplies	0.011	0	0	0.011
<b>Total</b>			<b>0.167</b>	<b>0.893</b>	<b>0.609</b>	<b>1.669</b>

Due to weak internal and financial controls, taxes were not deducted/ withheld at specified rates before making payments which resulted in excess payment of Rs 1.669 million to the suppliers / service providers / contractors.

The matter was reported to the DDOs concerned during July & August, 2021. In DAC meeting held in October, 2021, it was replied that efforts were being made to effect recovery.

DAC directed DDOs to recover the amount of taxes at the earliest. No progress was intimated to Audit till finalization of this Report.

Audit recommends recovery of taxes amounting to Rs 1.669 million from the concerned at the earliest.

[AIR Paras: 18, 20, 24, 27, 14, 17, 21, 24, 6]

**1.2.4.20 Unauthorized collection of fees by charging more than approved rates – Rs 1.331 million**

According to Government of the Punjab, Primary & Secondary Healthcare Department (P&SHD) Notification No.S.O(H&D)7-9/2017(U.C) dated 17.08.2019, the revised rate for X-Rays is Rs 60 in health facilities under the administrative control of the P&SHD.

Audit observed that MS DHQ Hospital, Chiniot made unauthorized excess collection of Rs 1.331 million from the patients by charging X-Rays Fee @ Rs 150 per case against notified rate of Rs 60. Moreover, excess amount of Rs 0.399 million on account of staff share against this receipt was distributed among the MS and hospital staff without admissibility. The details are as under:

(Rupees in million)

No. of X-Rays	X-Ray Fee to be Collected	X-Ray Fee Collected	Excess Collection
14,788	0.887	2.218	1.331

Due to weak monitoring mechanism and financial mismanagement, X-ray Fee was charged from patients at more than the actual rate which resulted in unauthorized collection from needy patients and excess payment of receipt share to MS / staff of hospital.

The matter was reported to the DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that notified rate of Rs 60 was for manual X-ray, while digital X-ray rate was not notified by the competent authority. As Digital Film is costly (Ave Rs150/film), the rate was notified by then medical superintendent DHQ Chiniot at the time of installation of Digital X-ray, keeping in view the rates of SHC&ME department hospitals and Other P&HSD Hospitals who were charging Rs250-400 per Digital X-ray. The reply was not tenable excessive fee was charged without approval of Competent Authority.

DAC directed CEO DHA to probe the matter regarding charging of fee at excessive rates and deposit into Government treasury within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for charging of fee at excessive rate besides recovery of Rs 0.399 million from the employees concerned.

[AIR Para: 16]

#### **1.2.4.21 Poor performance regarding constitution of DHA and unlawful conduct of business**

According to Sections 17, 30 and 93 of the Punjab Local Government Act 2013, the Government shall, by notification in the official Gazette, separately establish and determine the composition of DHA for each District. The Authority shall consist of such number of indirectly elected members from the local governments and nominated technocrat members. The Government shall appoint the Chairman and the Vice Chairman of an Authority. Furthermore, according to Government of the Punjab, LG&CD Department Notification No.SOR(LG)38-5/2014 dated 01.01.2017, District Health Authority was established in each District and Deputy Commissioner of the District was appointed as Administrator of the said Authority w.e.f. 01.01.2017 for a period not more than two years.

DHA Chiniot was established since 01.01.2017 under PLGA, 2013 but below mentioned discrepancies were observed in establishment of DHA and conduct of its business:

- Government of the Punjab did not constitute DHA despite issuing composition notification. Further, Chairman and Vice Chairman were not appointed by the Government as required under PLGA, 2013.
- In violation of rules, Deputy Commissioner, Chiniot continued to hold the office of Administrator of DHA Chiniot and exercised the powers of the Authority beyond lawful tenure of 2 years which expired on 31.12.2018. Therefore, conduct of business including approval/ authentication of budget of Rs 1580.628 million and incurrence of expenditure during financial year 2020-21 was held irregular.

Due to violation of Law, DHA Chiniot was not constituted and existing management represented a poor performance which resulted in unlawful conduct of business of DHA.

The matter was reported to the PAO in August, 2021. In DAC meeting held in October, 2021, it was replied that the matter related to Government of the Punjab. The reply was not tenable as the provisions of Punjab Local Government Act, 2013 were not followed.

DAC agreed that the matter was serious in nature so the same may be got regularized from Government of the Punjab. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides regularization of expenditure from the competent authority.

[AIR Para: 1]

## **2. District Health Authority (DHA) Faisalabad**

### **CHAPTER 2.1**

#### **Public Financial Management Issues**

Directorate General Audit, District Governments, Punjab (South), Multan conducts Financial Attest Audit of the Accounts of DHA, Faisalabad on annual basis. The significant observations emerging from Management Letter as a result of Financial Attest Audit issued to the District Accounts Officer, Faisalabad for the financial year 2020-21 have been reported in this chapter.

#### **Analysis of Appropriation Accounts and Financial Statements (Financial Attest Audit 2021-22)**

The following issues surfaced during Financial Attest Audit of DHA, Faisalabad for the Audit Year 2021-22:

- i. Unauthorized approval of budget / schedule of authorized expenditure
- ii. Booking of receipts under improper GL account – Rs 0.938 million
- iii. Non-reporting of Fixed Assets – Rs 6.646 million
- iv. Unauthorized payment of Project Allowance – Rs 0.098 million
- v. Unjustified payment of NPA – Rs 1.696 million

These issues were discussed in the clearing house meeting and commitment to take remedial measures was made by the Accountant General and Finance Department Punjab. However, the issue regarding unauthorized approval of budget\ schedule of authorized expenditure has been reported in Auditor's Report of DHA, Faisalabad as Emphasis of the Matter.

## **2.1.1 Audit Paras**

### **2.1.1.1 Unauthorized approval of budget / Schedule of authorized expenditure**

According to Government of the Punjab, LG&CD Department Notification No.SOR(LG)38-5/2014 dated 01.01.2017, DHA was established in each District and Deputy Commissioner of the District was appointed as Administrator of the said Authority w.e.f. 01.01.2017 for a period not more two years.

During Financial Attest Audit on the accounts of DHA, Faisalabad, it was observed that DHA was established since 01.01.2017 under PLGA, 2013. Contrary to the above, Deputy Commissioner Faisalabad, continued to hold the office of Administrator of DHA and exercised the powers of the House/Authority beyond lawful tenure of two years that had already been expired on 31.12.2018. Therefore, conduct of business including approval / authentication of budget and incurrence of expenditure amounting to Rs 3506.289 million during financial year 2020-21 was held irregular. Further, powers of the House / Authority were concentrated in and used by a Government servant.

Exercising the powers of the House by the Government Servant resulted in poor performance, unauthorized utilization of public resources and unlawful conduct of business of DHA.

DAO replied that para was related to DHA, Faisalabad and the matter had been taken up CEO DHA vide this office letter No.DAO/FSD/ADMN/869 dated 02.10.2021. Hence the para may please be transferred to CEO, DHA. The reply was not tenable because budget was approved by the Deputy Commissioner without any legal authority and payments were also made by the District Accounts Officer without approval of budget by the authorized person.

DAC directed DAO to take up the matter with CEO DHA as well as with AG Punjab and Secretary Finance besides regularization of the matter.



Audit recommends to take up the matter with administrative departments for regularization besides fixing responsibility on the incumbent(s) at fault.

**2.1.1.2 Booking of receipts under improper GL Account Head – Rs 0.938 million**

According to Section 5.5.10.2 of the APPM, if an error is identified in the classification or amount of receipt then an adjusting entry is required. Moreover, as per Chart of Accounts issued under NAM, receipt head C02701 pertains to Building Rent (Works- Building) Department.

During Financial Attest Audit of DHA, Faisalabad for the FY 2020-21, it was observed that building rent receipts of different Education Schools/Departments amounting to Rs 0.938 million were booked under GL Account C02701 pertains to Building Rent (Works- Building) Department instead of relevant receipt head C02851-99 related to health department receipts. Audit desired that amount would be transferred to relevant GL Account.

Showing of DHA receipts as Provincial Government receipts resulted in wrong preparation of accounts.

DAO replied that no separate GL head of account under is available in DHAP hence the amounts were booked under these heads. However, said amounts would be transferred to A/C-I in current month. The reply was not tenable because no GL account for adjustment between district authority and provincial government was created for correction of wrong booking of receipts yet.

DAC directed DAO to pursue the matter vigorously with Accountant General Punjab, Lahore for creation of new GL account.

Audit recommends rectification of error so that true picture of accounts be presented.

### **2.1.1.3 Non-reporting of Fixed Assets – Rs 6.646 million**

According to Section 13.4.1.1 of the APPM, the categories of assets shall include land & building, civil works, plant & machinery, vehicles, furniture & fixtures, office equipment and computer equipment. Further according to Section 13.4.5.2 of the ibid, all DAOs shall prepare a fixed asset report from the fixed asset account on quarterly basis. Furthermore, according to Section 13.4.5.4 of ibid, the AG shall consolidate the above information for including to the annual accounts.

District Accounts Officer, Faisalabad made payments to DHA amounting to Rs 6.646 million for procurement of furniture and fixtures Plant & Machinery and IT equipment during 2020-21. Contrary to the above referred Section of APPM, the expenditure was not included in statement of Capital Expenditure and asset side of Balance Sheet.

Non-reporting of Fixed Assets in annual accounts resulted in defective maintenance of accounts and assets of the Authority could not be ascertained from the accounts.

DAO replied that fixed asset module has not been implemented in SAP system yet. Therefore, the amounts could not be shown as capital expenditure at Asset side in balance sheet as amounts booked under Major GL A/C “F” are shown at asset side. However, the matter would be referred to higher ups in the O/O Accountant General Punjab for necessary guidance. The reply was not tenable because accounts were prepared in violation of APPM rules.

DAC decided the matter would be discussed in clearing house meeting.

Audit recommends justification for Non-reporting of Fixed Assets in the annual accounts of the Authority.

### **2.1.1.4 Unauthorized payment of Project Allowance – Rs 0.098 million**

According to Government of the Punjab, Finance Department letter No.FD.SR-1/9-20/2006 dated 14.06.2017, the policy about Project Allowance,

issued vide letters of even number dated 21.11.2014 and 30.12.2016 is applicable only to the civil servants already in service, who are appointed through a competitive process and the same is not applicable to the employees who are recruited on contract basis directly against the project posts and are permanent part of the projects/programs.

In violation of above rule, two employees working under the administrative control of the District Coordinator, IRMNC, Faisalabad withdrew Project Allowance amounting to Rs 0.098 million during 2020-21 without admissibility because the recipients of Project Allowance were recruited on contract/regular basis against the project/program posts and were not entitled to draw Project Allowance.

Payment of Project Allowance was made without admissibility.

Payment of Project Allowance without admissibility resulted in unauthorized payment and overpayment to the employee concerned.

DAO replied that the payment of these allowances has already been stopped and necessary recoveries also initiated w.e.f. 01.09.2021. Audit stressed to provide evidences for recovery made.

DAC directed DAO to provide evidences to Audit for recovery made.

Audit recommends recovery of Project Allowance amounting to Rs 0.098 million from the concerned.

#### **2.1.1.5 Unjustified payment of NPA – Rs 1.696 million**

According to Government of the Punjab, Finance Department clarification vide letter No.FD.SR-I/6-4/2010, dated 05.04.2021, if a doctor submits affidavit that he is not practicing, he may be allowed for NPA. Further, if a doctor is working in a periphery and doing practice there, he is eligible for "Practice Compensatory Allowance" in the light of Finance Department U. O bearing NO.FD.SR-I/6-7/2018 dated 15.10.2019.

During Financial Attest Audit of DHA Faisalabad for financial year 2020-21, it was observed that 08 doctors working in RHCs, THQs and BHUs were being paid Practice Compensatory Allowance on the basis of doing private practice. Upon admissibility of NPA to all doctors who would submit an affidavit that he / she will not practice privately during his / her service irrespective of place of posting, above referred doctors drew arrears of NPA w.e.f. 01.07.2019 despite the fact they had already drawn PCA for the same period. Payment of PCA and NPA for the same period on the basis of submission of affidavit from back date was not justified.

Audit is of the view that unjustified payment was made due to weak internal controls on the part of DAO.

DAO replied that that the payment of these allowances has already been stopped and necessary recoveries would also be initiated before execution of current month's payroll. Audit stressed to provide evidences for recovery made.

DAC directed DAO to provide evidences to Audit for recovery made. No progress was intimated to Audit till finalization of this Report.

Audit recommends proper justification for payment and recovery of arrears at the earliest.

## **CHAPTER 2.2**

### **DHA Faisalabad**

#### **2.2.1 Introduction**

**A.** DHA, Faisalabad was established on 01.01.2017 under Punjab Local Government Act 2013. DHA, Faisalabad is a body corporate having perpetual succession and a common seal with power to acquire / hold property and enter into any contract and may sue and be sued in its name.

CEO is the PAO of the DHA, Faisalabad and is responsible to the Public Accounts Committee of the Provincial Assembly. He is responsible to ensure that the business of the DHA is carried out in accordance with the laws and to coordinate the activities of the groups of offices for coherent, effective and efficient functioning of DHA, Faisalabad.

The functions of DHA, Faisalabad as described in the Punjab Local Government Act, 2013 are to:

- i. establish, manage and supervise primary and secondary healthcare facilities and institutions of the district.
- ii. approve budget of the Authority and allocate funds to health institutions.
- iii. coordinate health related emergency response during any natural calamity or emergency.
- iv. develop referral and technical support linkages between primary, secondary and tertiary level healthcare facilities.
- v. ensure human resource management and capacity development of health service delivery personnel.
- vi. ensure timely reporting of progress on health indicators relating to disease surveillance, epidemic control, disaster management to the Government.
- vii. ensure implementation of minimum standards of service delivery, infrastructure, patient safety, hygienic and public health as prescribed by the Punjab Healthcare Commission.

The DHA, Faisalabad manages various administrative offices and healthcare facilities / institutions as given in following table:

**Table-1: Detail of Administrative Offices and Healthcare facilities**

(Figures in Nos.)

Description	No. of offices / Healthcare Facilities
Chief Executive Officer (DHA)	1
District Health Officers	4
Deputy District Health Officers	5
Government General Hospitals	2
Tehsil Headquarters Hospitals	4
Rural Health Centers	15
Basic Health Units	168
Other dispensaries/MCH centers	123
District Health Development Center	1
District coordinator IRMNCH	1
<b>Total</b>	<b>324</b>

(Source: Data received from CEO, DHA Faisalabad)

The detail of total and audited formations of DHA, Faisalabad is given in the following table:

**Table 2: Audit Profile of DHA, Faisalabad**

(Rupees in million)

Sr. No.	Description	Total Nos.	Audited	Expenditure Audited FY 2021-22	Revenue/ Receipts Audited FY 2021-22
1	Formations	33	05	1,140.103	50.630
2	Assignment Accounts (excluding FAP)	-	-	-	-
3	Authorities/Autonomous Bodies etc. under the PAO	-	-	-	-
4	Foreign Aided Projects (FAP)	-	-	-	-

## B. Comments on Budget & Accounts (Variance Analysis)

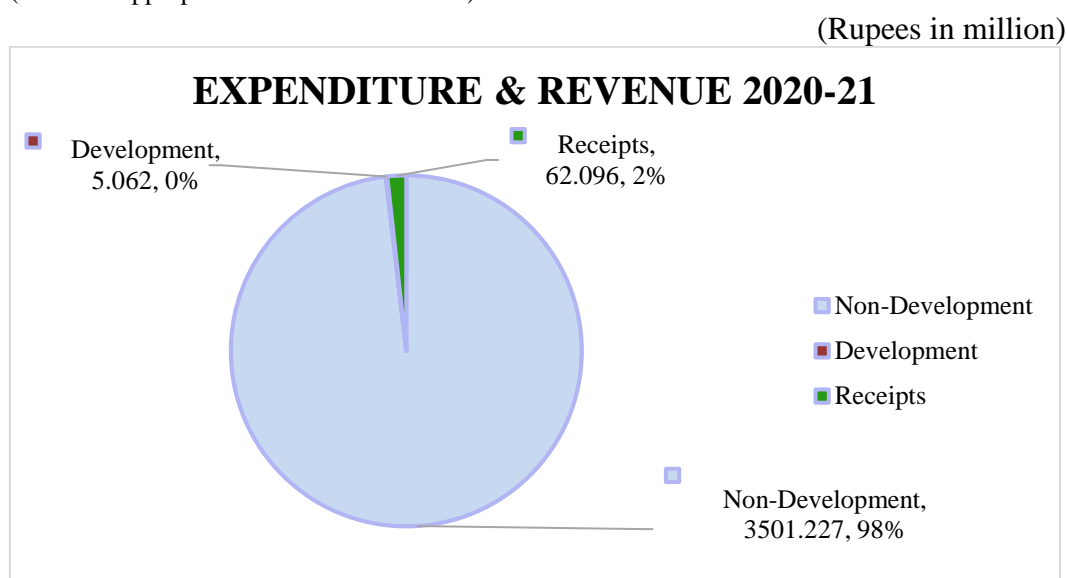
The detail of budget and expenditure of DHA, Faisalabad for the financial year 2021-22 is given in following table:

**Table-3: Budget and Expenditure**

(Rupees in million)

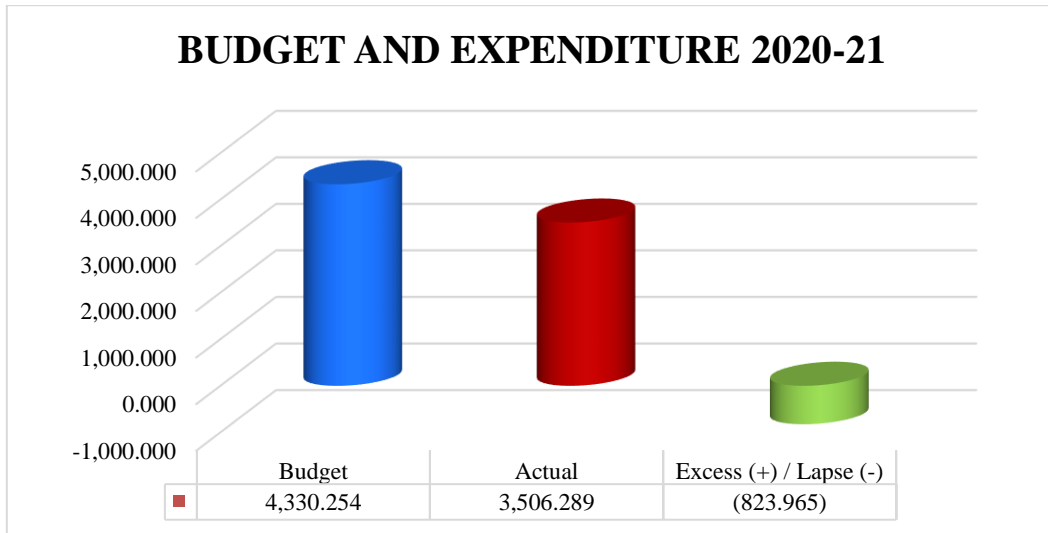
Detail	Budget	Actual	Excess (+) / Lapse (-)	(%) Lapse
Salary	3,196.190	2,930.997	-265.193	-8%
Non-Salary	914.064	570.230	-343.834	-38%
Development	220	5.062	-214.938	-98%
<b>Total</b>	<b>4,330.254</b>	<b>3,506.289</b>	<b>-823.965</b>	<b>-19%</b>
<b>Receipts</b>	-	62.096	-	-

(Source: Appropriation Accounts 2020-21)



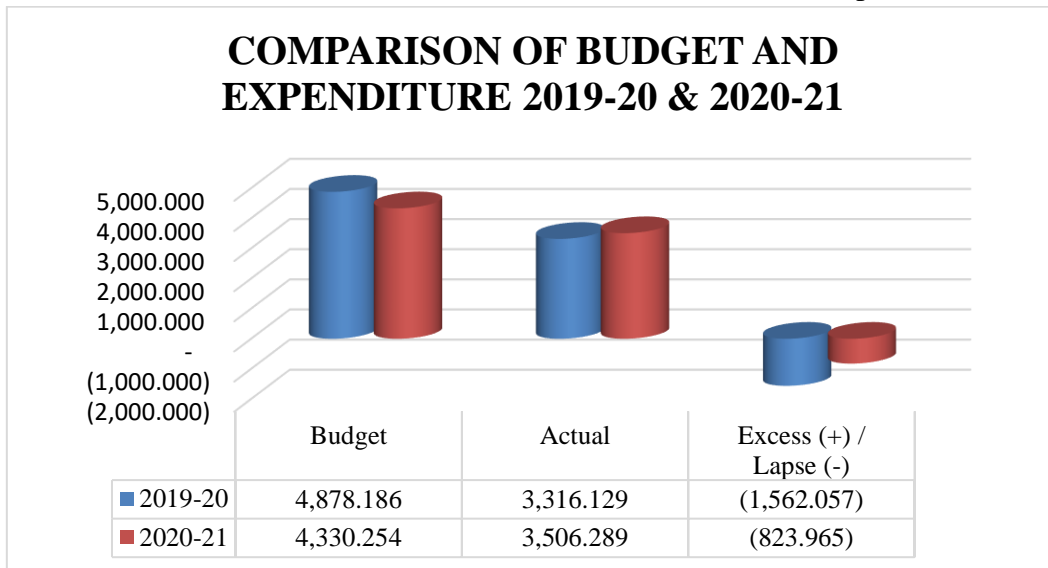
As per the Appropriation Accounts for financial year 2020-21 of DHA, Faisalabad, final budget (Development and Non-Development) was Rs 4330.254 million against which total expenditure of Rs 3506.289 million was incurred by DHA during financial year 2020-21.

(Rupees in million)



The comparative analysis of the budget and expenditure of current and previous financial years is depicted as under:

(Rupees in million)





There was 11% decrease in budget allocation and 6% increase in expenditure incurred in financial year 2020-21 as compared to financial year 2019-20, while there was overall lapse of Rs 823.965 million during 2020-21.

### **C. Sectoral Analysis**

Sectoral analysis of DHA, Faisalabad was carried out in the light of data provided by CEO DHA, Faisalabad for financial year 2020-21.

#### **i. Analysis of Financial Resources**

Lapse of funds (as reflected in Table-3 above) equivalent to 8%, 38% and 98% of the budgeted amount against salary, non-salary and development heads respectively reflect poor financial management especially considering that the DHA failed to achieve many of its core indicators and infrastructure targets during the year. Available funds to the tune of Rs 823.965 million were not utilized to achieve the targets. The same resulted in depriving the populace from necessary health facilities, such as provision of medicine, diagnostic facilities and health infrastructure. The detail is as under:

- i) amount of Rs 470.460 million was provided for purchase of medicines against which only Rs 257.220 million were utilized resulting in lapse of Rs 213.240 million (45%).
- ii) amount of Rs 9.485 million was provided for purchase of machinery and equipment out of non-development grant against which an amount of Rs 5.279 million was utilized resulting in lapse of Rs 4.206 million (44%).
- iii) amount of Rs 220 million was provided for development activities against which amount of Rs 5.062 million was utilized resulting in lapse of Rs 214.938 million (98%).

#### **ii. Analysis of Targets and Achievements**

The assessment of performance with regards to achievement of targets, was made on the basis of various indicators of all the health units for the financial year 2020-21. These indicators were introduced, implemented and monitored through PMIU (Punjab Monitoring Information Unit) being part of CM Roadmap Program 2014. The objectives of roadmap were to improve health facilities at each health

unit, better environment, facilitation to patients in OPD, indoor and free of cost deliveries through proper monitoring at appropriate level.

### **Status Regarding Indicators and their Achievements for 2020-21**

(Figures in Nos.)

<b>Sr. No.</b>	<b>Indicators</b>	<b>Target</b>	<b>Achievement</b>	<b>% age</b>	<b>Remarks</b>
1	Posts Doctors/Specialist	808	590	73%	Target not achieved
2	Technical Staff	336	288	85%	Target not achieved
3	Other Staff	5,041	4,584	90%	Target not achieved
4	Bed strength	603	362	60%	Target not achieved
5	Doctors/Specialists	808	590	73%	Target not achieved
6	Technical Staff/Gazetted Staff	336	288	86%	Target not achieved
7	Other supporting Staff	5,041	4,584	91%	Target not achieved
8	Cardiac Coronary Unit	41,948	40,247	96%	Target not achieved
9	Served Outdoor Patients	7,403,808	7,223,945	98%	Target not achieved
10	Served Indoor Patients	176,076	130,768	74%	Target not achieved
11	Surgical Cases	10,785	12,045	112%	Target achieved
12	Total Lab Investigation	498,000	490,854	99%	Target not achieved
13	Total X- Rays	87,000	87,646	101%	Target achieved
14	Total Ultra Sonographies	105,000	105,234	100%	Target achieved
15	Total ECGs	34,000	34,291	101%	Target achieved
16	Total Family Planning Visits	109,726	116,421	106%	Target achieved
17	Peads	208,799	213,459	102%	Target achieved

(Source: Data retrieved from DHIS and received from CEO DHA Faisalabad)

### **iii. Service Delivery Issues**

In view of the above, it could be noticed that DHA, Faisalabad could not fully achieve the targets of service delivery in the area of bed strength, indoor and outdoor patients and Lab investigations. Doctors' availability is another issue which needs Government's attention. During 2020-21, total 590 doctors / specialist attended 7,354,713 outdoor and indoor patients which indicated that one doctor was available for 12,466 patients. There still exists huge room for improvement in provision of services by Health Authority.

#### **iv. Expectation Analysis and Remedial Measures**

CEO (DHA), Faisalabad failed to fully utilize the budget for the year 2020-21, and funds remained unutilized due to inefficiency of the management. It is also concluded that DHA failed to achieve the targeted indicators during 2020-21 set for the provision of effective service delivery.

The shortage of manpower was also not catered effectively despite overburdening of facilities in terms of patient turnover. The procurement of medicines through MSD rate contracts was not done in timely manner and hospitals purchased medicines through LP at higher rates which caused loss to the Health Authority.

#### **Suggestions/Remedial Measures**

The management of the DHA should take following measures to achieve the targets:

- i) The DHA should be immediately constituted so that an effective management of authority could be ensured.
- ii) The DHA should exploit all possible revenue sources to generate funds for itself.
- iii) There is a need to shift focus towards prevention, hygiene and public health issues and for that an effective and inclusive planning mechanism should be put in place.
- iv) Shortfall of Human Resource should immediately be catered to provide better service delivery to public.
- v) Medical, surgical and diagnostic equipment should be provided to the hospitals as per their requirement.

#### **2.2.2 Classified Summary of Audit Observations**

Audit observations amounting to Rs 1,117.355 million were raised as a result of this audit. This amount also includes recoverable of Rs 343.237 million as pointed out by Audit. Summary of the audit observations classified by nature is given on next page:

(Rupees in million)

<b>Sr. No.</b>	<b>Classification</b>	<b>Amount</b>
1	Non-production of record	-
2	Reported cases of fraud	-
3	Procedural irregularities	-
A	HR/Employees related irregularities	31.711
B	Procurement related irregularities	589.856
C	Management of accounts with commercial banks	-
4	Values for money and service delivery issues	489.972
5	Others	5.816
	<b>Total</b>	<b>1,117.355</b>

### **2.2.3 Comments on the Status of Compliance with PAC Directives**

The Audit Reports pertaining to following years were submitted to the Governor of the Punjab but have not been examined by the Public Accounts Committee.

#### **Status of Previous Audit Reports**

<b>Sr. No.</b>	<b>Audit Year</b>	<b>No. of Paras</b>	<b>Status of PAC Meetings</b>
1	2017-18	17	PAC not constituted
2	2018-19	36	PAC not constituted
3	2019-20	29	PAC not constituted
4	2020-21	17	PAC not constituted

## **2.2.4 Audit Paras**

### **Procedural irregularities**

#### **2.2.4.1 Irregular procurement of medicine, surgical items and medical devices – Rs 289.546 million**

According to Government of Punjab, Health Department letter No.SO(P-I)H/3-64/2008 Dated 18.08.2008, for finalization of framework contract for bulk purchase of medicine, targeted date for receipts of indents will be 31<sup>st</sup> August and time frame for finalization of procurement process upto issuance of advance acceptance and final contract will be 49 days. Further, according to Rules 4, 12, 13, 16(11), 36 and 64(A) of PPRA Rules, 2014, lay down procedure for procurement i.e. a procuring agency shall ensure that the procurement is made in a fair and transparent manner, the object of procurement brings value for money to the procuring agency and the procurement process is efficient and economical. Any procurement exceeding three million rupees shall be advertised on the website of the Authority and in at least two national daily newspapers. The Government, on the recommendations of the Authority, may by notification direct that the organizations pre-qualified by an administrative department for the procurement mentioned in the notification, may be espoused by a procuring agency under the administrative control of that department or by such other department or procuring agency as mentioned in the notification. A procuring agency may assign whole or part of procurement process to another procuring agency with the consent of that other procuring agency.

CEO DHA, Faisalabad placed supply orders amounting to Rs 289.546 million for bulk purchase of drugs/medicines and surgical dressings items and made payment of Rs 200.411 million during 2020-21 (**Annexure-3**). However, following irregularities were observed in this regard:

- The proposed procurements/bids/tenders were not advertised in newspapers and on the website of the PPRA in violation of Rules 12&13 of the PPRs. Technical & financial bid evaluation reports, minutes of

grievances committee, requests for proposals (RFPs) and bidding documents were also not advertised / uploaded on the PPRA's website.

- According to the given timelines, contracts were to be finalized upto 20<sup>th</sup> October, 2020 but the supply orders were placed after 30<sup>th</sup> March, 2021 i.e. with delay of more than five months. This considerable delay led to excess expenditure of Rs 7.590 million because the DDOs of four health facilities procured these medicines from local market on higher rates.
- Comparison of rates finalized by the DHA Faisalabad and DHAs of adjacent districts i.e. Chiniot, Jhang and Toba Tek Singh depicted that procurement was made from the same supplier(s) at excessive rates which resulted in loss of Rs 1.857 million to DHA, Faisalabad.
- DG, Health Services himself initiated the procedure of obtaining consent for prequalification of firms for the DHA, Faisalabad instead of initiation of the same by the procuring agency i.e. DHA, Faisalabad.
- Prequalification of firms was done by the Director General Health Services, P&SHC Department Punjab, Lahore, whereas, Government of the Punjab did not direct the DHA, Faisalabad through notification, to espouse only those prequalified firms which were finalized by the administrative department for the procurement of medicines.
- Some financial bids were invited from single prequalified firms due to which the firms were at liberty to quote non-competitive rates because they knew that no other competitor existed for that specific item.
- Medicine for Rs 160.935 million was received during 2020-21 against which payment of Rs 18.370 million was made till 30.06.2021 and remaining amount of Rs 142.565 million was thrown forward as liability to be paid from the budget of next financial year 2021-22.
- Funds of Rs 292.111 million were allocated by Government of the Punjab for bulk purchase of medicine against which health facilities of submitted their demands accordingly. However, medicine of Rs 98.785 million was not provided to the health facilities during 2020-21 by the CEO, DHA, Faisalabad.

Due to dereliction of duties, finalization of framework contract was delayed and procurements were made in violation of rules without open competitive bidding which resulted in mis-procurement.

The matter was reported to the PAO / DDO in July & August, 2021. In DAC meeting held in October, 2021, it was replied that DHA, Faisalabad followed the procurement process of P&SHC Department. The health facilities procured necessary medicine through local purchase on higher rates before the Framework Contract. The tenders were floated as per instructions received from higher authorities. Emails regarding RFPs were sent to all the pre-qualified firms in time. The reply was not tenable because procurement process was delayed for more than five months which lead to non-provision of medicine in timely manner, creation of liabilities and local purchase at higher rates. The reply regarding floating of tenders was not supported with any documentary evidence.

DAC agreed that DG (Health) Punjab may revisit the prequalification process with the intent to finalize the list of prequalified contractors within first quarter of Financial Year. DAC further, directed to recover the excessive rate charged by the supplier besides taking legal proceeding within one month. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides regularization of the matter form the Competent Authority.

[AIR Paras: 6, 8, 10, 12, 19, 20, 3, 7, 7 & 15]

#### **2.2.4.2 Irregular payment against previous year's liabilities – Rs 184.906 million**

According to Rule 5(2)(h&i) of the Punjab District Authorities (Budget) Rules, 2017, the DDOs shall be responsible for ensuring that the total expenditure is kept within the limits of authorized appropriation. Further, according to Rule 17.18 of the PFR, Volume-I, under no circumstances may charges incurred be allowed to stand over to be paid from the grant of another year. Moreover,

according to Rules 15(g) & 30(1) of the Punjab District Authorities (Accounts) Rules, 2017, the DDO shall be responsible to prepare statement of outstanding payments on the close of each financial year, carrying them forward and include the same in the register of liabilities to be paid in the relevant financial year.

Audit observed that CEO DHA, Faisalabad and MS THQ Hospital Samundri made payment of Rs 184.906 million during 2020-21 and 2019-20 respectively against the procurements made during the preceding financial years. However, payments were made without maintaining Liability Register without reflecting the liabilities in annual budget of current Financial Year(s) and without obtaining approval from the Competent Authority. The details are given below:

(Rupees in million)

Sr. No.	DDOs	Remarks	Amount
1	CEO, DHA, Faisalabad	Payment of Rs 200.411 million on account of procurement of medicine was made during 2020-21 out of which funds of Rs 18.370 million only i.e. 9% of total payments were utilized for payment against current year's procurement of medicine and remaining funds of Rs 182.041 million i.e. 91% of total payments were spent against the procurements pertaining to the preceding financial year i.e. 2019-20.	182.041
2	MS, THQ Hospital, Samundri	Payment of Rs 2.865 million was made during 2019-20 against procurement of LP medicine and X-Ray films during the preceding financial year i.e. 2018-19.	2.865
<b>Total</b>			<b>184.906</b>

Due to weak internal controls, previous year liabilities were paid without separate allocation of funds, maintenance of liability register and approval from the competent authority which resulted in irregular utilization of funds.

The matter was reported to DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that the payment against previous year procurements were made due to late receipt of DTL reports. The reply was not tenable because payment of previous year's liabilities was made without



maintaining liability register, disclosure of liabilities in annual budget of relevant current financial year and approval of the competent authority.

DAC agreed that DG (Health) Punjab may revisit the prequalification process with the intent to finalize the list of prequalified contractors within first quarter of Financial Year to avoid delay in procurement. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides regularization of payment from the competent authority.

[AIR Paras: 2 & 13]

#### **2.2.4.3 Irregular expenditure on day to day purchase of medicine – Rs 59.130 million**

According to Policy & Operational Guidelines for local purchase of Medicines (Day To Day), 2017, the DDO shall enter into local purchase contracts through open competitive tendering. Purchase order may be emailed to the supplier through LP Portal. Contractor will submit invoice / bill with supply on daily basis. Local purchase will be initiated with the order of consultants / senior medical officer via prescription that will be maintained as record of Local Purchase and it will not be for more than 7 days for one patient. Payment for items out of formulary will be made after receiving report of Drug Testing Laboratory (DTL). Furthermore, according to Government of the Punjab, Finance Department Notification No.FD(FR)11-2/89 dated 01.11.2001 read with Government of the Punjab, Health Department letter No.SO(P-1)3-64/2008 dated 04.10.2013, the procuring agencies were directed to adhere to the budgetary limits prescribed for local purchase (day to day purchase) of drugs/medicines.

Audit observed that the following DDOs of DHA, Faisalabad incurred expenditure amounting to Rs 59.130 million against local / day to day purchase of medicine during 2019-21 in violation of prescribed limit / instructions, as detail given on the next page:

(Rupees in million)

Sr. No.	DDOs	Description	Amount
1	MS, THQ Hospital, Chak Jhumra	i. Local / day to day purchase of medicine without prescription / recommendation for individual patients by the authorized medical practitioners and patient wise indent. ii. Medicines of routine / common use procured from day to day budget instead of procuring the same in bulk through District Purchase Committee. iii. Unauthentic procurements through manual supply orders and invoices instead of generating the same through LP portal. iv. Payments without getting the medicine tested from Drug Testing Laboratory. v. Consumption of LP medicine costing Rs 2.779 million in the hospital dispensary instead of indoor / emergency departments. Purchase of LP medicine more than demand	7.131
2	MS, THQ Hospital, Samundari		28.552
3	MS, THQ Hospital, Tandlianwala		19.182
4	CEO, DHA, Faisalabad	Expenditure on local purchase of medicine by MS, THQ Hospital, Samundri beyond prescribed limit due to excess release of funds by CEO, DHA	4.265
<b>Total</b>			<b>59.130</b>

Due to lack of due diligence, local purchase of medicine was made without consideration of prescribed limit / instruction which resulted in irregular expenditure.

The matter was reported to the DDOs concerned in July and August, 2021. In DAC meeting held in October, 2021, M.S. THQ Hospital Chak Jhumra replied that local purchase of medicines was initiated upon demand of concerned department (end user). The medicines/are commonly used routine items which are used in indoor, emergency, labor room and other concerned departments. M.S. THQ Hospital, Samundri and Tandlianwala replied medicine were purchased on item rate due to non-participation of eligible pharmacies in day to day purchase tendering. However, the matter would be further inquired and SOPs would be implemented in future. CEO, DHA replied that funds were provided as per actual requirement of the hospitals on the request of Medical Superintendents concerned.

The replies were not tenable because local / day to day purchase of medicine was made in violation of prescribed procedure / SOPs and the CEO released funds to THQ Samundri beyond prescribed limit.

DAC directed CEO DHA to probe the matter to check the process and procurement and report progress within three weeks. No progress was intimated till finalization of this Report.

Audit recommends to probe the matter besides regularization of expenditure from the Competent Authority.

[AIR Paras: 1, 6, 6, 10, 12, 16, 17 & 5]

#### **2.2.4.4 Irregular expenditure from Health Council's Fund – Rs 53.017 million**

According to Para 1.1 of Policy Guidelines for Health Councils, the procedure guidelines for health council for hospitals must be followed before incurring any expenditure. Furthermore, according to Sections 3(1) and 17 of the Punjab Seized and Freezed Facilities (Hospital and Dispensaries) Act 2019, for the efficient management and control of the facilities, the Government shall constitute a board to be known as Hospital and Dispensaries Management Board. The Board may frame regulations and rules to carry out the purpose of the act. Such regulations may provide for terms and conditions of employment of employees of the Board, delegation of administrative and financial powers to the Directorate, a committee or an employee of the Board. Furthermore, according to 12 of the Punjab Procurement Rules, 2014, a procuring agency shall advertise procurement of more than one hundred thousand rupees and up to the limit of two million rupees on the website of the Authority but if deemed in public interest, the procuring agency may also advertise the procurement in at least one national daily newspaper.

Medical Superintendent, Government General Hospital Samanabad, incurred expenditure of Rs 53.017 million through Health Council on procurement of medicine, general store items, stationery, POL, payment of salaries, rent of buildings and repair & maintenance expenditure of proscribed dispensaries of

JUD/FIF during 2020-21. However, the expenditure was held irregular on the following grounds:

1. Funds pertaining to employee related expenditure and operational expenditure of proscribed institutes were deposited into the health council bank account of the hospital without authority and same were utilized without approval of Health Council.
2. Funds were utilized without forming procedures, conduct of business rules. Requisite guidelines regarding allocation / authorization of funds and their utilization were also not devised.
3. Record of approved list of employees, terms and conditions of their services and attendance was not attached with vouchers and salaries were paid without devising employment policy and TORs.
4. Details of properties of proscribed institutes and their current status regarding utilization was not forthcoming from the record.
5. Expenditure on POL of ambulances was incurred without the detail of operations of the vehicles and average fuel consumption certificates.
6. Expenditure amounting to Rs 1.585 million was incurred by splitting the cost of procurements and keeping it below the financial limit of competitive bidding / tendering.
7. All the expenditure was incurred without getting the payments pre-audited from DAO concerned.

Due to dereliction of duties and financial mismanagement, funds were utilized without observing procurement rules and Health Council Policy Guidelines which resulted in irregular expenditure.

The matter was reported to the PAO and DDO in July, 2021. In DAC meeting held in October, 2021, it was replied that the expenditure was incurred after approval of the Health Council and according to guidelines of the Government. The reply was not tenable because no procedure for the conduct of business, appropriate guidelines / procedure / authority for allocation & utilization of funds was devised and expenditure was split to avoid tendering.

DAC directed CEO DHA to probe the matter through a committee and report progress to Audit within three weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides regularization of expenditure from the competent authority.

[AIR Paras: 4, 8 & 23]

#### **2.2.4.5 Unauthorized payment of pay & allowances during leave/ absent period / after transfer – Rs 17.181 million**

According to Rule 1.15(2) of the Punjab Travelling Allowance Rules, Conveyance Allowance will be admissible only for the period during which the civil servant held the post to which the Conveyance Allowance is attached and will not be admissible during leave. Furthermore, according to Government of the Punjab, Finance Department letter No FD.SR-I/9-34/2011 dated 12.10.2017 and letter No.FD.SR-I/6-8/2018 dated 03.09.2020, the doctors are not entitled to grant of allowances under Incentive Package during any kind of leave. Moreover, according to Rule 9 (b) of Punjab District Authorities (Accounts) Rules 2017, the DDO and payee of the pay, allowance, contingent expenditure or any other expense shall be personally responsible for any overcharge, fraud or misappropriation and shall be liable to make good that loss.

Audit observed that 289 employees working under different DDOs of DHA, Faisalabad withdrew inadmissible pay and allowances amounting to Rs 17.181 million during leave, period in which they remained absent from duty and even after transfer. However, DDOs did not take action to recover the said pay and allowances from the employees concerned during 2020-21. The details are given on the next page:

(Rupees in million)

Sr. No.	DDO / Office	Description	No. of Employees	Amount
1	CEO, DHA, Faisalabad	Unauthorized withdrawal of allowances during leave	19	1.660
		Payment of pay and allowances after transfer and during leave period	03	0.632
		Unauthorized payment of inadmissible allowances during leave	16	0.417
2	MS, Government General Hospital Samanabad	Excess Payment of allowances during leave period	92	1.282
		Unauthorized payment of salary during EOL	03	0.239
		Payment of salary during absence from duty	14	0.026
3	MS, Hospital Jhumra THQ Chak	Unauthorized payment of allowances during leave	51	4.081
		Withdrawal of pay and allowances during EOL / absent period / after transfer / retirement from service	08	1.069
4	MS, Hospital Samundari THQ	Withdrawal of pay and allowances during EOL/after transfer/ resignation	04	0.448
		Unauthorized payment of allowances during leave	32	4.524
5	MS, Hospital Tandlianwala THQ	Withdrawal of pay and allowances during EOL/after resignation from service	04	0.411
		Unauthorized payment of allowances during leave	43	2.392
<b>Total</b>			<b>289</b>	<b>17.181</b>

Due to financial mismanagement, pay and allowances were paid to the employees during leave, absent period and after transfer which resulted in excess payment to the employees concerned.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that recovery would be effected from the concerned and progress would be intimated to Audit. Audit stressed to effect recovery at the earliest.

DAC directed DDOs to recover the inadmissible pay and allowances from the concerned within one month. No progress was intimated to Audit till finalization of this Report.

Audit recommends recovery of Rs 17.181 million from the concerned at the earliest.

[AIR Paras: 13, 14, 16, 1, 15, 21, 3, 4, 1, 2, 6, 7]

#### **2.2.4.6 Irregular and unjustified payment of salaries – Rs 6.787 million**

According to Government of the Punjab, Primary & Secondary Healthcare Department letter No.SO(G)/P&SHD/1-36/2019 dated 17.01.2020, no officer / official will be posted out from his actual place of posting in any general duty including Attachments / special duty / temporary duty etc. and there would be no concession whatsoever in this regard. Furthermore, according to Rule 2.20 of the Punjab Financial Rules Volume-I, as a general rule every payment, including repayment of money previously lodged with Government, for whatever purpose, must be supported by a voucher setting forth full and clear particulars of the claim. As far as possible, the particular form of voucher applicable to the case should be used.

Contrary to the above, two DDOs of DHA, Faisalabad paid salaries amounting to Rs 6.787 million to two doctors without performing their duties at actual place of posting and to three doctors through adjustments in pay and allowances without justifying such adjustment supported by the ancillary record. The details are given on the next page:

(Rupees in million)

Sr. No.	DDOs	Description	No. of Payees	Amount
1	MS, THQ Hospital, Chak Jhumra	Payment of salaries without performing duties at actual place of posting	2	4.923
		Payment through adjustment in payroll of May, 2021 to the doctor who transferred out before July, 2020 and that too without ancillary record	1	0.213
2	MS, THQ Hospital, Samundri	Payment through off cycle adjustments in payroll and that too without ancillary record.	2	1.651
<b>Total</b>			<b>5</b>	<b>6.787</b>

Due to weak internal and financial controls, irregular payment of pay & allowances was made without performing duties at actual place of posting and arrears were paid through adjustments in payroll without maintaining supporting record.

The matter was reported to the DDOs concerned in July and August, 2021. In DAC meeting held in October, 2021, it was replied that matter regarding general duty had been taken up with CEO, DHA and progress would be reported to Audit accordingly. No bill or change from regarding payment through adjustments was sent to DAO, Faisalabad by DDOs so the matter had been taken up with DAO, Faisalabad for provision of relevant record for verification of said payment. Audit stressed to probe the matter besides justification for non-reconciliation of expenditure with DAO and payment without maintaining ancillary record.

DAC directed CEO DHA to probe the matter and rationalize the postings of doctors in line with the patient to doctor ratio. DAC further directed that a spare copy of change form should be submitted by the employee alongwith the copy of DAO without which no bill be signed by the DDO. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides fixing responsibility on the person(s) at fault.

[AIR Paras: 2, 14 & 12]



### 2.2.4.7 Unauthorized payment of NPA & HSRA – Rs 6.136 million

According to Sr. No. 2 of Government of the Punjab, Finance Department letter No.FD.SR-I/6-4/2019 dated 05.04.2021, Non-Practicing Allowance (NPA) is not admissible to doctors working in P&SH Department and SH&ME Department serving on Administrative Posts. The same facility has not been extended to the doctors working on administrative posts in other administrative Departments. Furthermore, according to Government of the Punjab, Health Department Notification No.PO(P&E-I)19-113/2004(v) dated 13.04.2007 & No.PO(P&E-I)19/113-2004(V) dated 22.11.2006, Health Sector Reforms Allowance (HSRA) at DHQ / THQ hospitals and RHCs / BHUs was granted on performance of duty at these health facilities.

Audit observed that the following DDOs of DHA, Faisalabad paid NPA amounting to Rs 4.290 million to 13 doctors, working on administrative posts and doing private practice. Moreover, HSRA and Health Risk Allowance amounting to Rs 1.846 million were paid without admissibility to 43 employees. Hence, unauthorized payment of Rs 6.136 million on account of inadmissible allowances was made during 2019-21, as detailed below:

(Rupees in million)

Sr. No.	DDO / Office	Description	No. of Employees	Amount
1	CEO DHA Faisalabad	Unauthorized withdrawal of Non-Practicing Allowance	08	2.104
2	MS, Government General Hospital Samanabad	Withdrawal of Non-Practicing Allowance without admissibility	01	0.288
3	MS, THQ Hospital Chak Jhumra	Unauthorized withdrawal of Non-Practicing Allowance	02	1.035
		Unauthorized withdrawal of HSRA during training	02	0.300
		Payment of Health Sector Reforms Allowance without admissibility	27	0.130

Sr. No.	DDO / Office	Description	No. of Employees	Amount
4	MS, THQ Hospital Samundari	Unauthorized withdrawal of HSRA during training	05	0.766
		Excess withdrawal of Health Risk Allowance and HSRA	04	0.095
		Unauthorized withdrawal of Non-Practicing Allowance despite doing private practice	01	0.173
5	MS, THQ Hospital Tandlianwala	Excess withdrawal of HSRA and Health Risk Allowances	02	0.295
		Unauthorized withdrawal of Non-Practicing Allowance	01	0.690
		Unauthorized withdrawal of HSRA during training	03	0.260
<b>Total</b>			<b>56</b>	<b>6.136</b>

Due to weak internal controls and financial mismanagement, inadmissible payment of NPA & HSRA was made which resulted in excess payment to the employees concerned.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that recovery would be effected from the concerned and progress would be intimated to Audit. Audit stressed to effect recovery at the earliest.

DAC directed DDOs to recover the overpaid HSRA from concerned and agreed to refer the matter of NPA to Government of the Punjab, Finance Department for clarification. No progress was intimated to Audit till finalization of this Report.

Audit recommends recovery of Rs 6.136 million from the concerned at the earliest.

[AIR Paras: 15, 14, 5, 11, 16, 3, 8, 17, 1, 4, 8]

### 2.2.4.8 Irregular procurement in violation of procurement rules – Rs 3.257 million

According to Rules 4, 9, 12(1) and 21 of PPRA Rules, 2014 (as amended), a procuring shall ensure that the procurement is made in a fair and transparent manner, the object of procurement brings value for money to the procuring agency and the procurement process is efficient and economical. Further, a procuring agency shall advertise procurement of more than two hundred thousand rupees and up to the limit of three million rupees on the website of the Authority. Every procuring agency shall specify a mechanism and manner for purposes of barring a contractor from participating in any procurement process and if procuring agency is satisfied that a contractor has consistently failed to perform his obligation under the contract or he is found indulging in corrupt or fraudulent practice, the procuring agency may debar him from participating in any public procurement process.

Three DDOs of DHA Faisalabad incurred expenditure of Rs 3.257 million on purchase of different items from local market during 2019-21. Contrary to the above, procurements were made either without calling tenders/ advertisement on PPRA’s website or by splitting the cost of procurement and keeping the amount of each purchase below the financial limit of Rs 200,000 to avoid tendering process and Rs 75,000 to avoid quotations. In some cases, process of procurement was managed by using dateless quotations besides making procurements from previous year’s defaulter suppliers. The details are given below:

(Rupees in million)

Sr. No.	DDOs	Description	Items Purchased	Amount
1	MS, Government General Hospital Samanabad	Procurement without tendering	CCTV cameras and allied accessories	0.520
2	MS, THQ Hospital Samundari	Procurement without calling quotations	Printing material	0.232
3	MS, THQ Hospital Tandlianwala	Procurement from previous year’s defaulter suppliers	Stationary & Dialysis Machine items	1.600
		Procurement without calling quotations/ tenders and by using dateless quotations	UPS, CCTV camera, LED parts, PPE kits etc.	0.905
<b>Total</b>		<b>43</b>		<b>3.257</b>

Due to weak internal controls and lack of planning, expenditure was incurred without observing procurement rules which resulted in mis-procurement and irregular expenditure.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, MS, Govt. General Hospital, Samanabad replied that purchase of CCTV cameras was made on emergency basis on the verbal instructions of higher authorities to safeguard the costly machinery & equipment. The other DDOs replied that the matter would be inquired and progress would be intimated accordingly. The reply was not tenable as expenditure was incurred without inviting tenders and no evidence was shown regarding declaration of emergency by the competent forum.

DAC directed CEO DHA to probe the matter besides its regularization from the competent authority and report progress within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides its regularization from the competent authority and fixing responsibility on the person(s) at fault.

[AIR Paras: 12, 19, 18, 19]

#### **2.2.4.9 Loss due to overpayment of pay & allowances – Rs 1.607 million**

According to Government of the Punjab, Finance Department letter No.FD(M-I) 1-15-PC-2-1 dated 15.01.2000, in case of designated residence, the officer / official for whom residence is meant, cannot draw house rent allowance and will have to pay 5% House Rent Charges (HRC) even if he does not avail the facility and residence remains vacant during the period. Further, as per Para No. 4 of Government of the Punjab Finance Department letter No.FD.S.R-I 9-4/86 (P) PR dated 04.12.2012, the employees who are residing in the residential colonies situated within work premises are not entitled to the facility of Conveyance Allowance.

Audit observed that three DDOs of DHA, Faisalabad made excess payment of Rs 1.607 million to 23 employees during 2019-21 due to payment of

inadmissible Conveyance/House Rent Allowance, TA/DA, non-deduction of House Rent Charges and payment of arrears twice. The details are as under:

(Rupees in million)

Sr. No.	DDO / Office	Description	No. of Employees	Amount
1	CEO, DHA, Faisalabad	Unauthorized payment of TA/ DA	01	0.111
2	MS, THQ Hospital, Chak Jhumra	Overpayment due to non-deduction of Conveyance/House Rent Allowance	02	0.364
3	MS, THQ Hospital, Samundari	Unauthorized payment of Conveyance/House Rent Allowance and non-deduction of House Rent Charges	07	0.705
		Excess payment than actual claim	01	0.032
		Unauthorized withdrawal of Personal Allowance	01	0.076
		Double payment to doctor through adjustment	01	0.052
		Non-deduction of 5% House Rent Charges	10	0.267
<b>Total</b>			<b>23</b>	<b>1.607</b>

Due to weak internal controls and financial mismanagement, excess payment of pay and allowances was made to the employees.

The matter was reported to the DDOs in July & August, 2021. In DAC meeting held in October, 2021, it was replied that recovery would be effected from the concerned and progress would be intimated to Audit. Audit stressed to effect recovery at the earliest.

DAC directed DDOs to effect recovery at the earliest. No progress was intimated to Audit till finalization of this Report.

Audit recommends recovery of Rs 1.607 million from the concerned at the earliest.

[AIR Paras: 17, 9, 5, 21, 1, 2, 3, 11]

## Value for money and service delivery issues

### 2.2.4.10 Non-provision/installation of medical equipment and non-functioning of healthcare facilities – Rs 470.503 million

According to Sections 17(6) and 94(a) of the PLGA, 2013, the Chairman and the CEO of the Authority shall be personally responsible to ensure that the business of the Authority is conducted proficiently, in accordance with law and to promote the objectives of the Authority. A DHA shall establish, manage and supervise primary and secondary health care facilities and institutions. Furthermore, according to Rules 4(b)&(d) of the Punjab District Authorities (Budget) Rules 2017, the CEO shall act as Principal Accounting Officer of the Authority and shall review progress of execution of the projects for their timely completion and prepare a report on planning and implementation of development plans for presentation before the district authority in the budget meeting.

During audit on the accounts of CEO DHA, Faisalabad and MS Government General Hospital, Samanabad, it was observed that machinery & medical equipment worth Rs 470.503 million could not be procured and provided to different healthcare facilities of DHA Faisalabad. Further, civil work in two healthcare facilities could not be completed despite lapse of more than three years beyond their stipulated dates of completion. Furthermore, machinery & equipment was lying uninstalled/unutilized in Government General Hospital Samanabad since June, 2018. The details are as under:

(Rupees in million)

Sr. No.	DDOs	Description	Amount
1	CEO, DHA, Faisalabad	Non-procurement of machinery and medical equipment for newly established / upgraded healthcare facilities despite allocation of funds	180.221
		Non-provision of biomedical equipment and other necessary items due to unauthorized withholding of resources by the procurement cell of P&SHC Department	290.282
		Non-functioning of healthcare facilities due to non-completion of development schemes despite lapse of more than three years beyond their stipulated completion period	-

Sr. No.	DDOs	Description	Amount
2	MS, Government General Hospital, Samanabad	Non-installation / non-utilization of machinery and equipment	-
<b>Total</b>			<b>470.503</b>

Due to inefficiency and financial mismanagement, machinery & necessary bio-medical equipment was not provided / installed and civil works were not completed which resulted in non-provision of envisaged healthcare facilities to the patients.

The matter was reported to PAO and DDO concerned in July & August, 2021. In DAC meeting held in October, 2021, CEO, DHA replied that funds were not utilized due to nationwide lockdown after wake of Covid-19 pandemic. The purchase against funds withheld by the Administrative Department during 2017-18 was under process at the Procurement Cell of P&SHC Department. Medical Superintendent replied machinery could not be installed due to incomplete building. Audit stressed upon fixing responsibility for non-provision / non-installation of machinery & medical equipment and non-completion of civil works.

DAC directed CEO DHA to expedite the process for procurement of revenue component and to approach the Administrative Department for early supply of equipment. DAC further directed to take up the matter with the Finance Department and executing agency of civil works for their timely completion. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides provision of machinery / medical equipment and active pursuance of development schemes for their completion without further delay.

[AIR Paras: 1, 3, 7 & 7]

#### **2.2.4.11 Irregular & unauthentic consumption of medicines – Rs 10.334 million**

According to Government of the Punjab, Health Department letter No.SO (P-I)H/3-64/2008 dated 12.09.2013, the Local Purchase in Government Hospitals is allowed to ensure fulfilment of immediate need of medical treatment

of emergencies and indoor patients department on the prescription of authorized medical practitioner. Further, according to Rule 15.5 of PFR Volume-I, when materials are issued from stock for departmental use the in-charge of the stores should seek indent by a properly authorized person for the issue of stores and sign it. When materials are issued, a written acknowledgment should be obtained from the person to whom they are delivered.

Audit observed that three DDOs of DHA, Faisalabad showed consumption of medicine, disposable items and general store material costing Rs 10.334 million during 2020-21 on assumption basis and without maintenance of proper record. The details are as under:

(Rupees in million)

Sr. No.	DDO / Office	Description	Amount
1	MS, Government General Hospital, Samanabad	<ul style="list-style-type: none"> <li>Consumption of medicine and disposable items by just mentioning "use in ward" without mentioning patients reference/ registration number(s)</li> <li>Consumption on hypothetical basis by ignoring actual consumption because a fixed quantity of disposable syringes in multiple of 10s, i.e. 50, 60, 70, etc. and surgical gloves in multiples of 100, 200, 150, etc.</li> </ul>	1.953
2	MS, THQ Hospital, Samundari	<ul style="list-style-type: none"> <li>Consumption of medicines shown in PMIS did not match with the consumption shown in manual record</li> </ul>	4.104
3	MS, THQ Hospital, Tandlianwala	Purchase and consumption of general store items without recording entries in stock register	3.677
		<b>Total</b>	<b>10.334</b>

Due to weak internal controls, consumption of medicine, disposable items and general store material was recorded on assumption basis without maintaining proper record which resulted in misuse of resources.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that disposable surgical gloves and syringes were used according to the requirements. Moreover, data on PMIS portal was uploaded by Data Entry Operators who were busy in running of newly launched web portals like TB clinic, Hepatitis clinic, MLC, Dengue, DHIS and corona vaccine which made it difficult to run PMIS matters therefore, above mentioned instructions would be implemented in future. The reply was not tenable



because consumption of medicine was recorded in expense books on assumption basis.

DAC directed DDOs to probe the matter besides issuing directions to the staff nurses for recording expense of medicines on actual basis in future. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault.

[AIR Paras: 9, 22, 16, 13]

#### **2.2.4.12 Non-recovery / deposit of receipts – Rs 5.873 million**

According to Rule 14 (d) of the Punjab District Authorities (Accounts) Rules 2017, the primary obligation of the Collecting Officers shall be to collect receipts in the transparent manners and guard against misappropriation, fraud, embezzlement or compromise.

The following DDOs of DHA, Faisalabad did not realize / deposit revenue amounting to Rs 5.873 million on account of different hospital receipts and parking stand fee during 2019-21. The details are given below:

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Description</b>	<b>Amount</b>
1	MS, Government General Hospital, Samanabad	Non-recovery of parking fee from contractor	1.685
		Non-deposit of different hospital receipts	0.220
2	MS, Hospital, Jhumra THQ Chak	Non-recovery of outstanding dues and less deposit of hospital receipts	0.371
		Unauthorized share distribution of revenue for diagnostic tests besides depositing in Government treasury	0.346
		Non-recovery of LD charges	0.057
3	MS, Hospital, Samundari THQ	Non-recovery of outstanding dues and taxes from contractors	2.410
		Non-deposit of hospital receipts into the Government treasury	0.420

Sr. No.	DDOs	Description	Amount
4	MS, THQ Hospital, Tandlianwala	Non-recovery of outstanding dues and less Income Tax	0.032
		Non-recovery of risk/expense cost from defaulter contractors and non-forfeiture of Performance Guarantee	0.310
		Less deposit of OPD fee of Dental Department into Government Treasury	0.022
<b>Total</b>			<b>5.873</b>

Due to weak financial management, Government revenue was not realized / deposited into the Government treasury.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, MS, Government General Hospital, Samanabad replied that action has been initiated against the contractor through the land revenue Act. Other DDOs replied that recovery would be made from concerned. Audit stressed to effect recovery at the earliest.

DAC directed DDOs for active pursuance of the matter regarding recovery of different hospital receipts. No progress was intimated to Audit till finalization of this Report.

Audit recommends inquiry and fixing responsibility on the person(s) at fault besides recovery of Rs 5.873 million and deposit of the same into Government treasury.

[AIR Paras: 5, 16, 8, 10, 18, 4, 9, 10, 14, 20]

#### **2.2.4.13 Less credit / deposit of receipts in DHA Account-VI – Rs 2.098 million**

According to Rules 4(1)(h) & 6(j) of the Punjab District Authorities (Budget) Rules, 2017, the CEO shall act as Principal Accounting Officer of the Authority and shall monitor the receipts and expenditure of the District Authority, offices and institutions to be carried out in accordance with the approved budget and the rules. The Budget and Accounts Officer shall be responsible to monitor the

receipts and expenditure of the District Authority and institutions through System SAP-R/3.

Audit observed that receipts reported by different health facilities of DHA, Faisalabad were not being periodically reconciled by the Budget and Accounts Officer of DHA Faisalabad with the receipt actually being credited in the Account-VI of DHA, Faisalabad. During 2020-21, receipts amounting to Rs 2.098 million were less credited in DHA Account-VI as compared to the receipt shown to be collected / deposited by different health facilities as per consolidated receipt statement prepared in CEO, DHA office. The detail of less credit of receipt against three receipt heads is as under:

(Rupees in million)

<b>GL Account</b>	<b>GL Account Description</b>	<b>Amount as per Receipt Statement</b>	<b>Actual Amount Received in Bank</b>	<b>Difference</b>
C02855	Health Outdoor Tickets	3.663	2.86	0.803
C02858	Health Govt. share of Fees realized by Doctors from Patients	29.795	28.542	1.253
C02869	Health Fee for medical Examination	0.236	0.194	0.042
<b>Total</b>		<b>33.694</b>	<b>31.596</b>	<b>2.098</b>

Due to weak internal and financial controls, amount of receipt was not reconciled with District Accounts Office which resulted in less deposit of receipt in DHA Account-VI.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that departmental receipt would be reconciled with the receipt statement maintained by District Accounts office. Audit stressed for early reconciliation of receipt statements besides recovery of short deposited amount after probing the matter.

DAC directed Deputy Director (B&A) to probe the matter regarding difference in receipt figures and report progress to Audit within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter regarding less credit of receipt amounting to Rs 2.098 million in DHA Account-IV besides ensuring periodical reconciliation of the same in future.

[AIR Para: 9]

#### **2.2.4.14 Non-forfeiture of performance security due to non-supply of medicines – Rs 1.164 million**

According to Clause 9 of Request for Proposals regarding Bulk Purchase of Medicine, wherein the supplier fails to make deliveries as per signed contract & purchase order and within the stipulated time frame, the Contract to the extent of non-delivered portion of supplies shall stand cancelled and the amount of Performance Guaranty/Security to the extent of non-delivered portion of supplies shall be forfeited. If the Supplier fails to supply the whole consignment the entire amount of Performance Guaranty/Security shall be forfeited to the Government account and the firm shall be blacklisted minimum for two years for future participation.

CEO DHA, Faisalabad and MS THQ Hospital Chak Jhumra issued purchased orders for procurement of medicines costing Rs 289.546 million during 2020-21. However, 16 suppliers did not supply medicine costing Rs 58.183 million within stipulated time and the authorities of DHA, Faisalabad did not take action for forfeiture of Performance Security amounting to Rs 1.164 million besides blacklisting the defaulters.

Due to weak financial and internal controls, action was not taken against defaulting suppliers regarding forfeiture of Performance Security and blacklisting of firms.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that supply of medicines was delayed due to spread of Covid-19 pandemic in the country. Audit stressed to recover the liquidate damages in case of late supply of medicines otherwise forfeit the performance security in case of non-supply of medicines.

DAC directed DDOs to recover the LD charges and forfeit the performance security within two weeks. No progress was intimated till finalization of this Report.

Audit recommends recovery of liquidate damages and forfeiture of performance security besides initiating blacklisting process against the defaulters.

[AIR Para: 11]

#### **2.2.4.15 Unlawful conduct of business and poor performance regarding establishment of DHA**

Sections 17 and 94 of the Punjab Local Government Act 2013, lay down procedure for establishment and determine the composition of DHA for each District. The Authority shall consist of indirectly elected members from the local governments and nominated technocrat members. The members of an Authority shall be elected by the local governments in the district, other than the Union Councils, from amongst their respective members in the prescribed manner. Moreover, a DHA shall implement policies and directions of the Government including achievement of key performance indicators of health care programs. Furthermore, according to Rules 3, 8, 21 and 24 of the Punjab District Authorities (Conduct of Business) Rules, 2017, the Authority shall meet at least once in a month. CEO shall be appointed through open competition and in a transparent manner from public or private sector. The Government shall for each district, notify a District Performance Monitoring Committee to monitor / review the performance of the Authority. Furthermore, according to Government of the Punjab, LG&CD Department Notification No.SOR(LG)38-5/2014 dated 01.01.2017, DHA was established in each District and Deputy Commissioner of the District was appointed as Administrator of the said Authority w.e.f. 01.01.2017 for a period not more than two years.

Contrary to the above, the following discrepancies were observed during audit of CEO, DHA, Faisalabad for the FY 2020-21 in the establishment and performance of DHA:

- Government of the Punjab failed to constitute DHA despite issuing composition notification. Further, Chairman, Vice Chairman and CEO were not appointed by the Government as required under PLGA, 2013.
- In violation of rules, Deputy Commissioner, Faisalabad, continued to hold the office of Administrator of DHA and exercised the powers of the House/Authority beyond lawful tenure of two years which expired on 31.12.2018. Therefore, conduct of business including approval/authentication of budget and incurrence of expenditure during financial year 2020-21 was held irregular. Furthermore, powers of the House / Authority were concentrated in and used by a government servant.
- Performance towards achievement of key performance indicators set by the Government for healthcare programs was also poor as DHA functionaries failed to achieve its intended objectives and KPIs during 2020-21 and even in previous period.
- Monthly meetings could not be conducted and District Performance Monitoring Committee to monitor / review the performance of the Authority could also not be constituted.
- The DHA did not report progress to develop linkages between private and public health sectors for enhancing access and coverage of health care facilities to the general public and improving quality of these services.

Due to violation of Law, DHA Faisalabad was not constituted which resulted in poor performance and exercising the powers of the House by the Government Servant and unlawful conduct of business of DHA.

The matter was reported to PAO in August, 2021. In DAC meeting held in October, 2021, it was replied that Deputy Commissioner was declared as Administrator of the Authority by the Government of the Punjab. After expiry of tenure and promulgation of PLGA, 2019, no further guidelines were notified by the Government. Furthermore, District Performance Monitoring Committee to

monitor/review the performance of the Authority was also constituted. Audit did not agree and stressed upon probing and regularization of the matter.

DAC agreed that in the absence of legal framework duly approved by Punjab Government the matter is serious in nature to the extent that it is the agreed subject that public money could only be spent through an approved budget by the Punjab Assembly in the absence of Local Government. The matter be referred to Government of the Punjab for regularization. No progress was intimated to Audit till finalization of this Report.

Audit recommends regularization of the matter from the Competent Authority besides fixing responsibility on the person(s) at fault.

[AIR Para: 21]

## Others

### 2.2.4.16 Irregular award of contract of parking stand and canteen – Rs 5.816 million

According to Rule 5(2)(b) & 5(3) of the Punjab Local Governments (Auction of Collection Rights) Rules, 2016, the public notice shall contain the reserve price for auction, period of contract, notified rate of tax or fee and other necessary details. The publication of public notice is compulsory and no alternative dates shall be given in the public notice. Furthermore, according to Rule 8(2)(a)(b)(c) of the rules *ibid*, a statement of bids shall be prepared in the presence of the participants of auction, signed by the convener of the auction and members of the auction committee and signed by the highest bidder in a column against which the amount of his bid is written.

Medical Superintendents, THQ Hospitals Samundri & Tandlianwala awarded contract for parking services and hospital canteen to different contractors for Rs 5.816 million during 2019-21. Contrary to the above, the auction was made without mentioning of reserve price in public notice. Further, date for conduct of auction was mentioned in public notice with alternative dates. Furthermore, statement of bid was also not signed in violation of above mentioned Rules. The detail of other discrepancies is as under:

(Rupees in million)

Sr. No.	Source of Income	Financial Year	Description	Amount
1	Hospital Canteen THQ Hospital Tandlianwala	2019-20	Reserve price for auction was not determined and mentioned in public notice. Statement of bids was not signed by the convener of the auction and members of the auction committee. The challans for forfeiture of earnest money Rs 50,000 of two contractor i.e. M/s Saram Enterprises and M/s Mushtaq Ahamd were not got verified from DAO, Faisalabad.	0.155
		2020-21	Contract for the FY 2020-21 was awarded to pervious contractor without open competition after adding 10% increase in auction amount of previous FY 2019-20	0.246



Sr. No.	Source of Income	Financial Year	Description	Amount
2	Parking and Security services THQ Hospital Tandlianwala	2019-20	Reserve price for auction was not determined and mentioned in public notice. Statement of bids was not signed by the convener of the auction and members of the auction committee. The challan for forfeiture of earnest money Rs 30,000 of contractor Malik Saif was not got verified from DAO, Faisalabad.	0.576
		2020-21	Reserve price for auction was not determined and mentioned in public notice. Statement of bids was not signed by the convener of the auction and members of the auction committee.	0.549
3	Parking Stand and Hospital Canteen THQ Hospital Samundari	2019-20	Reserve price for auction was not determined and mentioned in public notice.	2.050
				0.650
		2020-21	Statement of bids was not signed by the convener of the auction and members of the auction committee. Alternate dates were mentioned for auction.	1.285
				0.305
<b>Total</b>				<b>5.816</b>

Due to weak financial management, contracts were awarded without observing Auction & Collection Rights Rules.

The matter was reported to the DDOs concerned in July and August, 2021. In DAC meeting held in October, 2021, it was replied that during both financial years' procedure to award contract was initiated by advertising in two national newspapers followed by advertising on PPRA website to ensure healthy competition. Minimum bid price was mentioned on every bidding document issued and contract was awarded to the highest bidder in the presence of all the participants. However, discrepancies pointed out by Audit would be removed in future contracts. The reply was not tenable so Audit stressed to probe the matter through a committee and report progress at the earliest.

DAC directed CEO DHA to probe the matter and report progress to Audit within three weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides its regularization from the Competent Authority.

[AIR Paras: 14 & 6]

### **3. District Health Authority (DHA) Jhang**

#### **CHAPTER 3.1**

##### **Public Financial Management Issues**

Directorate General Audit, District Governments, Punjab (South), Multan conducts Financial Attest Audit of the Accounts of DHA, Jhang on annual basis. The significant observations emerging from Management Letter as a result of Financial Attest Audit issued to the District Accounts Officer, Jhang for the financial year 2020-21 have been reported in this chapter.

##### **Analysis of Appropriation Accounts and Financial Statements (Financial Attest Audit 2021-22)**

The following issues surfaced during Financial Attest Audit of DHA, Jhang for the Audit Year 2021-22:

- i. Unauthorized approval of budget / schedule of authorized expenditure
- ii. Booking of receipts under improper GL Account Head – Rs 1.997 million
- iii. Non-reporting of Fixed Assets amounting to Rs 23.140 million
- iv. Overstatement of receipts – 0.649 million
- v. Understatement of expenditure and receipt Rs 1.489 million
- vi. Non-adjustment of advance withdrawal – Rs 10.525 million
- vii. Unjustified payment of NPA – Rs 15.277 million

These issues were discussed in the clearing house meeting and commitment to take remedial measures was made by the Accountant General and Finance Department Punjab. However, the issue regarding Unauthorized approval of budget / schedule of authorized expenditure has been reported in Auditor's Report of DHA, Jhang as Emphasis of the Matter.

### **3.1.1 Audit Paras**

#### **3.1.1.1 Unauthorized approval of budget / Schedule of authorized expenditure**

According to Government of the Punjab, LG&CD Department Notification No.SOR(LG)38-5/2014 dated 01.01.2017, DHA was established in each District and Deputy Commissioner of the District was appointed as Administrator of the said Authority w.e.f. 01.01.2017 for a period not more two years.

During Financial Attest Audit on the accounts of DHA, Jhang, it was observed that DHA was established since 01.01.2017 under PLGA, 2013. Contrary to the above, Deputy Commissioner, Jhang, continued to hold the office of Administrator of DHA and exercised the powers of the House/Authority beyond lawful tenure of two years that had already been expired on 31.12.2018. Therefore, conduct of business including approval/ authentication of budget amounting to Rs 3,516.605 and incurrence of expenditure Rs 2,846.901 million was held irregular during Financial Year 2020-21. Further, powers of the House / Authority were concentrated in and used by a Government servant.

Exercising the powers of the House by the Government Servant resulted in poor performance, unauthorized utilization of public resources and unlawful conduct of business of DHA.

DAO replied that matter had been taken up with DHA Jhang with reference letter No.DAO/JNG/Management Report(2020-21)/CD-223 dated 30.09.2021. The reply was not tenable because budget was approved by the Deputy Commissioner without any legal authority and payments were also made by the District Accounts Officer without approval of budget by the authorized person.

DAC directed DAO to take up the matter with CEO DEA as well as with AG Punjab and Secretary Finance besides regularization of the matter.

Audit recommends to take up the matter with administrative departments for regularization besides fixing responsibility on the incumbent(s) at fault.

### **3.1.1.2 Booking of receipts under improper GL Account Head – Rs 1.997 million**

According to Section 5.5.10.2 of the APPM, if an error is identified in the classification or amount of receipt then an adjusting entry is required.

As per Chart of Accounts issued under NAM, receipt head C02701 pertains to Building Rent (Works-Building) Department. During Financial Attest Audit of DHA, Jhang for the FY 2020-21, it was observed that building rent receipts of different Health Departments amounting to Rs 1.997 million were booked under GL Account C02701 which did not relate with the Health Department. Audit desired that the same may be booked to proper receipt head of health department or transferred to relevant department.

Showing of DHA receipts as Provincial Government receipts resulted in wrong preparation of accounts.

DAO replied that there is no adjustment GL account available in SAP for rectification/correction of misrepresentation/understatement of receipts. Matter had already been taken with Accountant General Punjab for opening of new GL Account in SAP vide this office letter No.DAO/JNG/Admn/CD-410 dated 04.12.2020. The reply was not tenable because no GL account for adjustment between district authority and provincial government was created for correction of wrong booking of receipts yet.

DAC directed DAO to pursue the matter vigorously with Accountant General Punjab, Lahore for creation of new GL account.

Audit recommends rectification of error so that true picture of accounts be presented.

### **3.1.1.3 Non-reporting of Fixed Assets – Rs 23.140 million**

According to Section 13.4.1.1 of the APPM, the categories of assets shall include land & building, civil works, plant & machinery, vehicles, furniture & fixtures, office equipment and computer equipment. Further according to Section 13.4.5.2 of the ibid, all DAOs shall prepare a fixed asset report from the fixed asset account on quarterly basis. Furthermore, according to Section 13.4.5.4 of ibid, the AG shall consolidate the above information for including to the annual accounts.

District Accounts Officer, Jhang made payments amounting to Rs 23.140 million for procurement of furniture and fixtures Plant & Machinery and IT equipment, the expenditure was charged against four cost centers JY9009, JY9027, JY9030 and JY9998 of the DHA Jhang during 2020-21. Contrary to the above referred Section of APPM, the expenditure was not included in statement of Capital Expenditure and asset side of Balance Sheet.

Non-reporting of Fixed Assets in Financial Statements resulted in defective maintenance of accounts.

DAO replied that with reference to preface Financial Statement “Commitment, Asset and Liability Accounting Practices were not yet implemented and these Financial Statements had been prepared on Cash basis of accounting and did not include accrued receipts and liabilities”. Current Financial Statements had been prepared under NAM and the format of International Public Sector Accounting Standards (IPSAS) Cash Basis – Financial Reporting under the Cash Basis of Accounting had been adopted for the preparation of these Financial Statements. Moreover, in future, this office would maintain (Form B3) as per APPM Rules. The reply was not tenable because accounts were prepared in violation of APPM rules.

DAC decided that the matter would be discussed in clearing house meeting.

Audit recommends justification for Non-reporting of Fixed Assets in the Financial Statements of the Authority.

#### **3.1.1.4 Overstatement of receipts – Rs 0.649 million**

According to Section 3.3.7.7 of Manual of Accounting Principle (MAP), where an entity acts as an agent the revenues or expenses should not be recorded in the primary books of account other than as a matter of stewardship. For example, an entity collecting taxes will not normally control the future economic benefits embodied in the tax collections and as such would not recognize the taxes as revenues of the entity. The entity may however recognize “taxes collected on behalf of the Government” as subsidiary information on the overall performance of the entity.

District Accounts Officer, Jhang deducted Sales Tax on Services amounting to Rs 0.649 million from various contingent bills of the DHA during 2020-21. The same was collected / deducted on behalf of Provincial Government and therefore, required to be credited to Public Account in the analogy of Income Tax and Sales Tax. Contrary to the above mentioned principle, said tax was booked against receipt Head B02385 and made part of the Consolidated Fund Receipt in the Account-VI of the DHA.

Showing of Provincial Government receipts as District Health Authority receipts resulted in wrong preparation of accounts and misleading figures of receipts.

DAO replied that there was no Adjustment Account available in SAP for rectification/correction of misrepresentation/understatement of receipts. Matter had already been taken with Accountant General Punjab for opening of new GL Account in SAP vide this office letter No.DAO/JNG/Admn/CD-410 dated 04.12.2020. The reply was not tenable because no GL account for adjustment between district authority and provincial government was created for correction of wrong booking of receipts yet.

DAC directed DAO to pursue the matter vigorously with Accountant General Punjab, Lahore for creation of new GL account.

Audit recommends that new GL accounts be created for reporting of Provincial Government receipts under Public Account instead of Consolidated Fund so that true picture of accounts be presented.

### **3.1.1.5 Understatement of expenditure and receipt – Rs 1.489 million**

According to Section 4.3.7.2 of the Accounting Policies and Procedures Manual (APPM), all expenditures must be recorded on gross basis and shall not be wholly or partly offset with receipts.

During Financial Attest Audit of DHA, Jhang, it was observed that DAO Jhang passed different bills amounting to Rs 31.896 million for purchase of medicines/physical assets and made payment accordingly. Contrary to the above, expenditure of Rs 30.407 million was booked in SAP without booking sample cost, LD, shelf life and packing charges against said claims. Resultantly expenditure and receipt of the Authority was understated to the extent of Rs 1.489 million. Further, an amount of Rs 67,013 was also less deducted on account of Income Tax due to booking of expenditure on net basis.

Weak internal/financial controls resulted in violation of above mentioned Rule.

DAO replied that there is no GL Account in SAP R/3 system relating to Samples and LD charges. The entry of Sample and LD charges was made by this office according to following formula; Gross amount – Sample – LD charges = Net Claim. The reply was not tenable because expenditure and receipt of the Authority was understated due to booking of expenditure on net basis. Further, provision for recording of deduction as receipt of the authority is available in SAP R/3 System.

DAC directed DAO to book expenditure on gross basis as per provisions of APPM besides recovery of less deduction of Income Tax and report progress.

Audit recommends rectification of errors in the books of accounts at the earliest.

### **3.1.1.6 Non-adjustment of advance withdrawal – Rs 10.525 million**

According to Para-2 of Government of the Punjab, Finance Department letter No.FD(PFC)3-34/2017 (P-II) dated 24.06.2021, Finance Department agrees to accord sanction advance drawl an amount of Rs 10.525 million against available funds into Account-VI of DHA for DHQ Hospital, Jhang. Further, according to Para-5 of the letter abide, adjustment accounts with supporting vouchers/documents shall be furnished to the DAO concerned within a period of one month of the withdrawal on Advance for adjustment in the book account. Furthermore, according to Government of the Punjab, P&S HC Department letter No.SO-H&D (DHA-17-02-02) dated 10.02.2017, consequent upon the establishment of DHAs across the Punjab under PLGA, 2013, the Competent Authority has been pleased to announce the District Purchase Committee comprising of five persons i.e. Deputy Commissioner, CEO (DHA), Additional Deputy Commissioner (F&P), DHO (Medical Services) and any other co-opted member.

District Accounts Officer, Jhang made payment amounting to Rs 10.525 million on account of advance withdrawal of funds by the MS DHQ Hospital, Jhang for import/procurement of machinery & equipment in June, 2021. Contrary to the above, procurement process was initiated without involvement of District Purchase Committee. Further, as per sanction of advance withdrawal, Health Authority had to submit adjustment for withdrawal of funds within one month after withdrawal which was not submitted yet. The advance withdrawal was booked against expenditure head instead of booking the same in any adjustment related/suspense head and reported as expenditure incurred in the annual accounts despite the fact adjustment of the actual expenditure had not been submitted by the Health Authority till the date of audit.

Violation of sanction of advance withdrawal resulted in booking of advance withdrawal of funds as expenditure.

DAO replied that a letter had been written to the MS DHQ Hospital, Jhang vide No.DAO/JNG/Misc. Corr./CD-606 dated 01.10.2021 for provision of record. Audit stressed upon early response.



DAC directed DAO to pursue the matter vigorously with MS, DHQ Hospital, Jhang for obtaining of vouched accounts of advance withdrawal besides regularization of mater from the Competent Authority and report progress to Audit at the earliest.

Audit recommends to probe the matter besides adjustment of the advance withdrawal at the earliest.

### **3.1.1.7 Unjustified payment of NPA – Rs 15.277 million**

According to Government of the Punjab, Finance Department clarification vide letter No.FD.SR-I/6-4/2010, dated 05.04.2021, if a doctor submits affidavit that he is not practicing, he may be allowed for NPA. Further, if a doctor is working in a periphery and doing practice there, he is eligible for "Practice Compensatory Allowance" in the light of Finance Department U.O bearing NO.FD.SR-I/6-7/2018 dated 15.10.2019.

During Financial Attest Audit of DHA Jhang for financial year 2020-21, it was observed that 36 doctors working in RHCs & BHUs were being paid Practice Compensatory Allowance on the basis of doing private practice. Upon admissibility of NPA to all doctors who would submit an affidavit that he / she will not practice privately during his / her service irrespective of place of posting, the said doctors drew arrears of NPA w.e.f. 01.07.2019 despite the fact they had already drawn PCA for the same period. Payment of PCA and NPA for the same period on the basis of submission of affidavit from back date was not justified.

Weak internal controls on the part of DAO resulted in unjustified payment.

The DAO replied that NPA had been sanctioned by the Finance Department dated 20.01.2021, 21.01.2021 and clarification dated 05.04.2021 w.e.f. 01.07.2019 to all doctors irrespective of their posting and on provision of affidavit that he/she will not practice privately during his/her service. Therefore, NPA was paid from back date on provision of affidavit by the concerned doctor duly countersigned by his/her controlling officer. The reply was not tenable because

NPA was withdrawn by the doctors concerned for the period against which PCA had already been withdrawn which was not justified.

The matter was discussed in length and DAC directed DAO to recover NPA from the doctors who had already been paid PCA because PCA was paid on the basis of private practice.

Audit recommends proper justification for payment and recovery of arrears and report progress.

## **CHAPTER 3.2**

### **DHA Jhang**

#### **3.2.1 Introduction**

**A.** DHA, Jhang was established on 01.01.2017 under Punjab Local Government Act 2013. DHA, Jhang is a body corporate having perpetual succession and a common seal with power to acquire / hold property and enter into any contract and may sue and be sued in its name.

CEO is the PAO of the DHA, Jhang and is responsible to the Public Accounts Committee of the Provincial Assembly. He is responsible to ensure that the business of the DHA is carried out in accordance with laws and to coordinate the activities of the group of offices for coherent, effective and efficient functioning of DHA, Jhang.

The functions of DHA, Jhang as described in the Punjab Local Government Act, 2013 are to:

- i. establish, manage and supervise primary and secondary healthcare facilities and institutions of the district.
- ii. approve budget of the Authority and allocate funds to health institutions.
- iii. coordinate health related emergency response during any natural calamity or emergency.
- iv. develop referral and technical support linkages between primary, secondary and tertiary level healthcare facilities.
- v. ensure human resource management and capacity development of health service delivery personnel.
- vi. ensure timely reporting of progress on health indicators relating to disease surveillance, epidemic control, disaster management to the Government.
- vii. ensure implementation of minimum standards of service delivery, infrastructure, patient safety, hygienic and public health as prescribed by the Punjab Healthcare Commission.

The DHA, Jhang manages various administrative offices and healthcare facilities / institutions as given in the following table:

**Table-1: Detail of Administrative Offices and Healthcare Facilities**

Description	No. of offices / Healthcare Facilities
Chief Executive Officer (DHA)	01
District Health Officers (DHO PS + DHO HRMIS)	02
District Coordinator IRMNCH	01
Program Director DHDC	01
Deputy District Health Officer	04
District Headquarters Hospital	01
Tehsil Headquarters Hospitals	04
Rural Health Centers	10
Basic Health Units (BHUs)	59
Rural Dispensaries	28
MCH Centers	02
TB Clinic	01
Nursing School	01
<b>Total</b>	<b>115</b>

(Source: Data received from CEO, DHA Jhang)

The detail of total and audited formations of DHA, Jhang is given in the following table:

**Table 2: Audit Profile of DHA, Jhang**

(Rupees in million)

Sr. No.	Description	Total Nos.	Audited	Expenditure Audited FY 2020-21	Revenue/Receipts Audited FY 2020-21
1	Formations	27	05	1,595.271	22.197
2	Assignment Accounts (excluding FAP)	-	-	-	-
3	Authorities/Autonomous Bodies etc. under the PAO	-	-	-	-
4	Foreign Aided Projects (FAP)	-	-	-	-

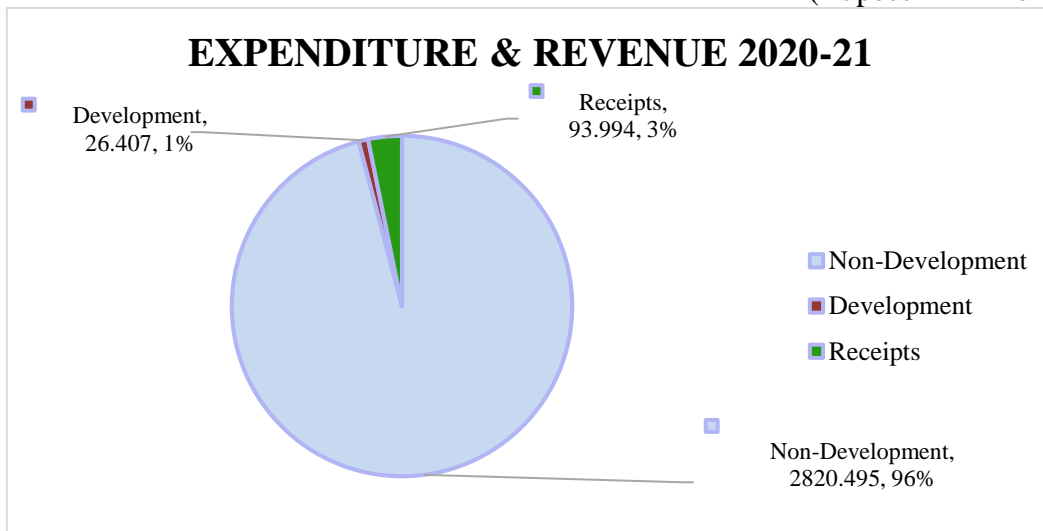
## B. Comments on Budget & Accounts (Variance Analysis)

The detail of budget and expenditure of DHA, Jhang for the financial year 2021-22 is given in following table:

**Table-3: Budget and Expenditure****(Rupees in million)**

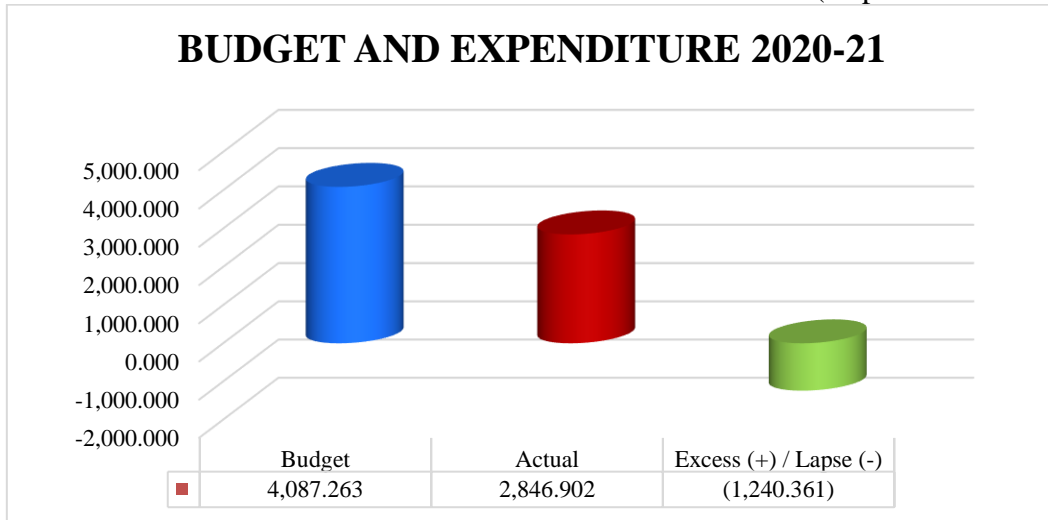
Detail	Budget	Actual	Excess (+) / Lapse (-)	(%) Lapse
Salary	3,139.130	2,277.284	(861.846)	(27)%
Non-Salary	914.064	543.211	(370.853)	(41)%
Development	34.069	26.407	(7.662)	(22)%
<b>Total</b>	<b>4,087.263</b>	<b>2,846.902</b>	<b>(1,240.361)</b>	<b>(30)%</b>
<b>Receipts</b>	-	<b>93.994</b>	-	-

(Source: Appropriation Accounts 2020-21)

**(Rupees in million)**

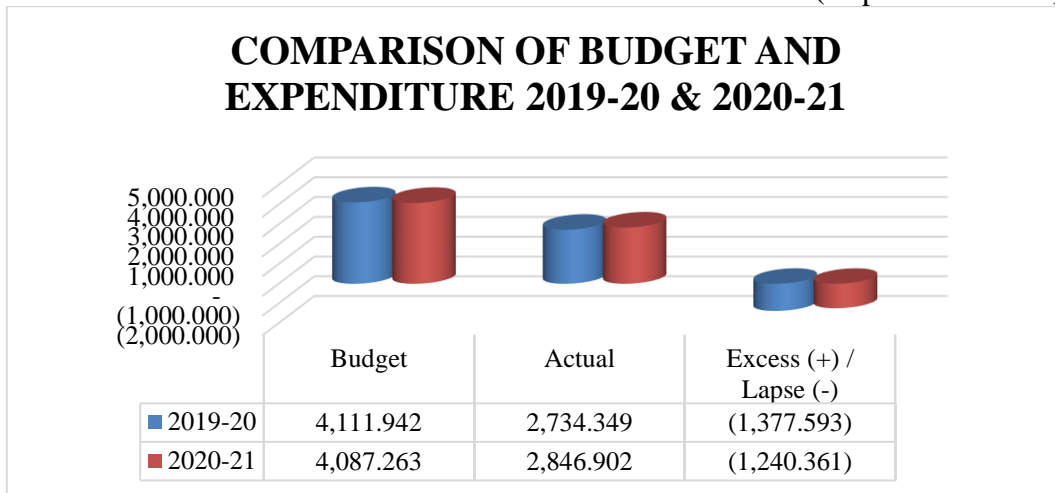
As per the Appropriation Accounts for financial year 2020-21 of DHA Jhang, final budget (Development and Non-Development) was Rs 4,087.263 million against which total expenditure of Rs 2,846.902 million was incurred by DHA during financial year 2020-21.

(Rupees in million)



The comparative analysis of the budget and expenditure of current and previous financial years is depicted as under:

(Rupees in million)



There was 1% decrease in budget allocation and 4% increase in expenditure incurred in financial year 2020-21 as compared to financial year 2019-20, while there was overall lapse of Rs 1,240.361 million during 2020-21.

### **C. Sectoral Analysis**

Sectoral analysis of DHA, Jhang was carried out in the light of data provided by CEO DHA, Jhang for financial year 2020-21.

#### **i. Analysis of Financial Resources**

Lapse of funds (as reflected in Table-3 above) equivalent to 27%, 41% and 22% of the budgeted amount against salary, non-salary and development heads respectively reflect poor financial management especially considering that the DHA failed to achieve many of its core indicators and infrastructure targets during the year. Available funds to the tune of Rs 578.558 million were not utilized to achieve the targets. The same resulted in depriving the populace from necessary health facilities, such as provision of medicine, diagnostic facilities and health infrastructure. The detail is as under:

- i) amount of Rs 526.731 million was provided for purchase of medicines against which only Rs 232.230 million were utilized resulting in lapse of Rs 294.501 million (45%).
- ii) amount of Rs 4.986 million was provided for purchase of furniture and fixture against which an amount of Rs 2.562 million was utilized resulting in lapse of Rs 2.424 million (49%).
- iii) amount of Rs 34.069 million was allocated for development schemes out of which only Rs 26.407 million was spent whereas remaining Rs 7.662 million were lapsed which in terms of percentage was 22%.

#### **ii. Analysis of Targets and Achievements**

The assessment of performance with regards to achievement of targets, was made on the basis of various indicators of all the health units for the financial year 2020-21. These indicators were introduced, implemented and monitored through PMIU (Punjab Monitoring Information Unit) being part of CM Roadmap Program 2014. The objectives of roadmap were to improve health facilities at each health unit, better environment, facilitation to patients in OPD, vaccination and free of cost deliveries through proper monitoring at appropriate level. Detail of indicators and achievements are given below:

### Status regarding indicators and their achievements for 2020-21

(Figures in Numbers.)

Sr. No.	Indicators	Target	Achievement	%age	Remarks
1	Posts Doctors/ Specialist	648	416	64%	Target not achieved
2	Technical Staff	884	759	86%	Target not achieved
3	Other Staff	1,701	1,347	79%	Target not achieved
4	Outdoor Patients	3,987,963	3,191,643	80%	Target not achieved
5	Indoor Patients	95,953	99,479	104%	Target Achieved
6	Surgical cases	2,119	3,402	161%	Target Achieved
7	Cardiac Coronary Units	2,122	2,527	119%	Target Achieved
8	Diagnostics services (Laboratory, Radiology)	482,125	366,636	76%	Target not achieved
9	Family Planning Services at SHC	19,833	52,227	263%	Target Achieved
10	Peads	25,930	25,520	98%	Target Achieved
11	Surgery	5,400	4,570	85%	Target not achieved
12	T.B. Chest Treatment	31,272	28,551	91%	Target not achieved
13	Free Medicine to patients	100		100%	Target Achieved
14	EPI Vaccination	233,885	253,548	108%	Target Achieved
15	All types of deliveries	33,699	28,787	85%	Target not achieved

(Source: Data received from DHIA and received from CEO, DHA Jhang)

#### iii. Service Delivery Issues

In view of the above target achievement table, it could be noticed that DHA, Jhang could not deliver services according to targets, in the area of outdoor patients' service, diagnostics services (Laboratory, Radiology), surgeries, T.B. Chest treatment and all types of deliveries as intended in the indicators during 2020-21. Moreover, un-realistic targets were fixed for Surgical Cases, Cardiac Coronary Units, Family Planning Services at SHC, Peads and Surgery as targets were materially less than even actual figure of last financial year.

#### iv. Expectation Analysis and Remedial Measures

CEO DHA Jhang failed to fully utilize the budget for the year 2020-21, and various funds of medicine and development remained unutilized due to inefficiency of the management. It is also concluded that DHA failed to achieve the targeted indicators during 2020-21 set for the purpose of effective service delivery.



The shortage of manpower was also not catered effectively despite overburdening of facilities in terms of patient turnover. The procurement of medicines through MSD rate contracts was not done in timely manner and CEO DHA, Jhang issued purchase orders for procurement of medicines (MSD) of Rs 257.140 million and medicines of Rs 45.974 million was not supplied by the contractors. Resultantly, hospitals had to purchase medicines through LP at higher rates which caused loss to the Health Authority. Further, instances of local purchase of same medicines at excessive price by different health facilities were also observed.

### **Suggestions/Remedial Measures**

The management of the DHA should take following measures to achieve the targets:

- i. The DHA should be immediately constituted so that an effective management of authority could be ensured.
- ii. The DHA should exploit all possible revenue sources to generate funds for itself.
- iii. There is a need to shift focus towards prevention, hygiene and public health issues and for that an effective and inclusive planning mechanism should be in place.
- iv. Shortfall of Human Resource should be immediately filled to provide better service delivery to public.
- v. Medical, surgical, diagnostic equipment should be provided to the hospitals as per their requirement.
- vi. Steps should be taken for timely completion of development schemes.

### **3.2.2 Classified Summary of Audit Observations**

Audit observations amounting to Rs 292.952 million were raised as a result of this audit. This amount also includes recoverable of Rs 44.110 million as pointed out by Audit. Summary of the audit observations classified by nature is given on the next page:

(Rupees in million)

<b>Sr. No.</b>	<b>Classification</b>	<b>Amount</b>
1	Non-production of record	-
2	Reported cases of fraud	5.442
3	Procedural irregularities	0
A	HR/Employees related irregularities	45.920
B	Procurement related irregularities	144.695
C	Values for Money & Service Delivery Issues	83.695
4	Others	13.200
	<b>Total</b>	<b>292.952</b>

### **3.2.3 Comments on the Status of Compliance with PAC Directives**

The Audit Reports pertaining to following years were submitted to the Governor of the Punjab but have not been examined by the Public Accounts Committee.

#### **Status of Previous Audit Reports**

<b>Sr. No.</b>	<b>Audit Year</b>	<b>No. of Paras</b>	<b>Status of PAC Meetings</b>
1	2017-18	17	PAC not constituted
2	2018-19	52	PAC not constituted
3	2029-20	43	PAC not constituted
4	2020-21	58	PAC not constituted

### **3.2.4 Audit Paras**

#### **Fraud / misappropriations**

##### **3.2.4.1 Misappropriation of public funds / property – Rs 5.442 million**

According to Rule 9 (b) of Punjab District Authorities (Accounts) Rules 2017, the DDO and payee of the pay, allowance, contingent expenditure or any other expense shall be personally responsible for any overcharge, fraud or misappropriation and shall be liable to make good that loss. Furthermore, according to Rule 4.1 of PFR Vol-I, each DDO is required to deposit in to treasury the Government receipts as and when they are realized or maximum within seven days of its realization. Moreover, according to Rule 4(2) of the Punjab Local Government (Property) Rules 2016, the manager shall be personally held responsible to the Local Government for any loss, destruction or deterioration of the property, occurs as a result of his default or negligence.

Three DDOs and in-charge of BHU are held responsible for misappropriation of public funds and property amounting to Rs 5.442 million during 2019-21 due to following reasons:

1. MS THQ Hospital 18-Hazari collected different hospital receipts amounting to Rs 2.971 million during 2019-21 on account of ECG, X-Ray, Ultrasound, Dental OPD and pathological laboratory tests fees. However, out of total receipts amount of Rs 2.458 million was deposited into the Government Treasury and remaining amount of Rs 0.513 million was misappropriated as no plausible explanation was provided by the DDO for no deposit of receipts into treasury. Moreover, the DDO withdrew funds amounting to Rs 3.555 million from Government Treasury on account of pathological laboratory items, X-ray material, printing of OPD slips pads and repair works during 2019-21. Scrutiny of record depicted that funds were withdrawn without actual procurements and workdone as no accountal/consumption record of these items was available in hospital. Furthermore, 6,950 OPD slips

pads were shown consumed excess than the total number of patients registered in OPD during the said period. Funds were withdrawn against repair works including repair of generator, air conditioners, miscellaneous electric and plumbing works despite the fact that mechanical, electric & plumbing services were outsourced to a company since 2019 by Government of the Punjab. The state of affairs portrayed that funds were withdrawn against fake bills.

2. MS Government City Hospital Jhang withdrew funds of Rs 0.676 million from treasury during 2020-21 on account of printing of OPD slips pads, indoor/medicine charts, indoor admission forms, procurement of general store items, x-ray material, computer etc. However, the funds were withdrawn without actual procurement as no consumption record except paid bills was available in hospital. Furthermore, the DDO misappropriated hospital receipts amounting to Rs 0.573 million collected during 2019-21.
3. Scrutiny of record of O/o CEO, DHA Jhang depicted that incharge of BHU Essay Wala removed dried/semi dried trees from the premises of BHU without obtaining approval from the competent authority and actual sale proceeds of the trees were also not got deposited into Government treasury.

The details are as under:

(Rupees in million)

Sr. No.	DDOs/Formation	Financial Year	Amount	Remarks
1	MS, THQ Hospital, 18-Hazari, Jhang	2020-21	0.513	Misappropriation of Government receipts
		2019-20	1.246	Withdrawal of funds for Laboratory items without actual procurement and consumption record
		2019-21	1.489	Misappropriation of funds for printing of OPD slips
		2019-21	0.584	Withdrawal of funds for Bogus repair works
		2019-21	0.236	Withdrawal of funds without actual purchase of x-ray material

Sr. No.	DDOs/Formation	Financial Year	Amount	Remarks
2	MS, City Hospital, Jhang	2020-21	0.279	Misappropriation of funds without consumption record
		2020-21	0.397	Bogus expenditure without actual purchases
		2020-21	0.573	Misappropriation of Government receipts
3	CEO, DHA, Jhang	2020-21	0.125	Removal of tress without approval from competent authority and non-deposit of sale proceeds
<b>Total</b>			<b>5.442</b>	

Due to financial mismanagement and violation of financial propriety, public funds / property was misappropriated which caused loss to public exchequer.

The matter was reported to the PAO and DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that an inquiry committee had been constituted to probe the matter and concerned person were directed to deposit the Government receipts into the Government Treasury. Audit stressed to deposit the Government receipts into the Government Treasury besides fixing responsibility on the person(s) at fault.

DAC directed DDOs to deposit the Government receipts into Government Treasury besides fixing responsibility on the person(s) at fault and produce the finding of inquiry. No progress was intimated till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on incumbents at fault besides recovery of loss from the defaulters.

[AIR Paras: 16, 13, 01, 02, 03, 17, 16, 09, 14]

## Procedural irregularities

### 3.2.4.2 Irregular payment of previous years' liabilities – Rs 48.296 million

According to Rule 8(f) of the Punjab District Authorities (Budget) Rules, 2017, the DDO is responsible for preparation of statement of liabilities, if any, at the end of each financial year and including the same by carrying them forward in the liability statement of next financial year. Furthermore, according to Rule 2.10 (b)(3) of the Punjab Financial Rules, Volume-I, the authorities incurring expenditure should see that all charges incurred are drawn and paid at once and are not held up for want of funds and allowed to stand over to be paid from the grant of another year.

Three DDOs including CEO, DHA Jhang made payment of Rs 478.296 million during 2020-21 to clear the pending liabilities pertaining to financial years 2014-20 accrued on account of purchase of medicine, diagnostic laboratory test items, washing of bedding clothing, printing etc. Contrary to the provisions of above rules, liabilities were paid without inclusion of the same in annual budget statements of each succeeding financial year. The details are as under:

(Rupees in million)

Sr. No.	Name of Formation	Financial Year of Accrual	Financial Year of Payment	Amount
1	CEO, DHA, Jhang	2014-20	2020-21	18.721
2	MS, DHQ Hospital, Jhang	2017-20	2020-21	21.329
3	MS, City Hospital, Jhang	2018-21	2020-21	2.978
4	MS, THQ Hospital, 18-Hazari, Jhang	2019-21	2020-21	5.268
<b>Total</b>				<b>48.296</b>

Due to poor financial management, pending liabilities were paid without allocation / provision of additional budget and disclosure of the same in the budget estimates of financial year of payment.

The matter was reported to the PAO and DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that compliance regarding liability register and undertaking of no payment from the vendors would be made during current financial year. However, approval for payment of liability was granted by Deputy Commissioner/Administrator. Reply was not tenable as the requisite record was not maintained for payment of liabilities.

DAC directed CEO DHA to probe the matter besides regularization of expenditure from the competent authority besides fixing responsibility on the person(s) at fault. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing of responsibility on the incumbent(s) at fault besides regularization of expenditure from the competent authority.

[AIR Paras: 12, 14, 14, 17]

### **3.2.4.3 Loss due to procurement at excessive rates – Rs 44.686 million**

According to Rule 2.33 of the Punjab Financial Rules, Volume-I, every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by Government through fraud or negligence on his part. Further, according to Rule 4 of the Punjab Procurement Rules, 2014, a procuring agency, while making any procurement, shall ensure that the procurement is made in a fair and transparent manner, the object of procurement brings value for money to the procuring agency and the procurement process is efficient and economical.

Five DDOs of DHA, Jhang incurred expenditure on purchase of medicines, X-rays film, printing of OPD slips pads, general store items etc. from local market at excessive rates in comparison to prevailing market rates, rates of framework contracts of medicine or rates charged by same supplier in different bills of same DDO. Resultantly, amount of Rs 44.686 million was excess paid due to procurements at higher rates. The details are given on the next page:

(Rupees in million)

Sr. No.	DDOs	Description	Amount
1	CEO, DHA, Jhang	Purchase of medicines at higher rates than the rates finalized in framework contract of medicine	3.094
		Purchase of IV-cannula on higher rates due to non-award of rate contract to lowest bidder	1.141
		Purchase of medicine on higher rates than the MRP	0.402 0.022
2	District Health Officer, LG-II, Jhang	Purchase of medicines at higher rates than the rates finalized in framework contract of medicine	1.423
3	MS, DHQ Hospital, Jhang		28.204 6.759
4	MS, THQ Hospital, 18-Hazari	Expenditure of net packages on high rates	0.283
		Printing of OPD pads on higher rates than the rates charged in other bills.	2.153
		Procurement of X-Ray films & developer/fixer at higher rates than the rates of THQ Hospital, Shorkot	0.771
5	MS, Government City Hospital, Jhang	Procurement of X-Ray films, developer/fixer at higher rates than the prevailing market rates	0.434
<b>Total</b>			<b>44.686</b>

Due to weak monitoring mechanism and negligence, procurements were made at higher rates which caused loss to public exchequer.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that process prequalification of firms was completed by the Director General (Health Services) Punjab. Therefore, competitive bidding was made among the prequalified firms. Moreover, DDOs had no discretion to negotiate on the given rates/discounts. The reply was not tenable and Audit stressed to probe the matter for fixing responsibility for purchase of medicine at higher rates besides recovery of loss.

DAC directed CEO DHA to probe the matter for fixing responsibility for purchase of medicine at higher rates besides recovery of loss. No progress was intimated to Audit till finalization of this Report.



Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides recovery of loss from the defaulters.

[AIR Paras: 1, 2, 3, 13, 1, 1, 18, 11, 11, 18]

#### **3.2.4.4 Irregular expenditure of health council funds without pre-audit and tendering process – Rs 27.129 million**

According to Government of the Punjab Finance Department letter No.SO (TT) 6-1/2013 (2015) dated 15.07.2015, lays down procedure for operation of Special Drawing Accounts (SDAs) and provides that no withdrawals from SDAs are permissible as advance withdrawals or for en-block transfer of funds in commercial banks / Development Financial Institutions (DFIs). Withdrawals from the Special Drawing Accounts shall only be admissible, if these are required to meet validly accrued liabilities / booked expenditure, duly pre-audited, where so required.

Medical Superintendents DHQ hospital and Government City Hospital, Jhang withdrew funds of Rs 27.169 million from Health Council Budget for repair of building, purchases of air-conditioners etc. during 2018-21. Contrary to the above provisions, the funds were withdrawn and expended without pre-audit of expenditure from District Accounts Office concerned. Moreover, MS, DHQ Hospital, Jhang incurred expenditure on salaries of staff, POL and repair & maintenance of ambulances of taken over/proscribed dispensaries of JUD/FIF from Health Council Budget without authority. Furthermore, MS Government City Hospital, Jhang incurred expenditure through limited quotations instead of open competitive bidding/advertisement on PPRA website in violation of procurement rules and in some cases procurements were made from un-register persons during 2018-19 and cash book of health council funds was also not maintained. The details are as under:

(Rupees in million)	
Name of Formation	Amount
MS, Government City Hospital, Jhang	2.581
MS, DHQ Hospital, Jhang	21.223
	3.365
<b>Total</b>	<b>27.169</b>

Due to negligence and weak financial controls, funds were withdrawn and utilized without pre-audit of expenditure which resulted in unauthentic utilization of funds.

The matter was reported to the PAO and DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that expenditure was emergency nature which required immediate action, so it was done through quotations after approval by chairman of health council. Moreover, Health Council Funds were received in Health Council bank account and payment was made as per policy guidelines. The reply was not tenable because funds were utilized without pre-audit of claims in violation of accounting procedures and policy guidelines.

DAC directed CEO DHA to get the matter regularized from the competent authority. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility besides regularization of expenditure from the competent authority.

[AIR Paras: 4, 12, 26]

#### **3.2.4.5 Withdrawal of funds without maintenance of supporting record – Rs 21.306 million**

According to provision 4.6.5.5 of Accounting Policies and Procedures Manual (AAPM), any change in employee's pay shall be notified through the change statement to the DAO/AG/AGPR. Furthermore, according to Rules 2.20 and 2.31(a) of the PFR, Volume-I, every payment, of Government for whatever purpose, must be supported by a voucher setting forth full and clear particulars of the claim. Moreover, according to Rule 4 of the Punjab District Authorities (Accounts) Rules, 2017 read with Rule 4.49 of Sub-Treasury Rules, payments exceeding Rs10,000 shall not be made in cash by the DDOs rather it shall be made through crossed / non-negotiable cheques. Pre-audit cheques issued is favour of DDO who will then endorse the cheque in favour of the contractor/ supplier and deliver it to him after obtaining his acknowledgement.

Three DDOs of DHA, Jhang made payments of arrears of pay & allowances amounting to Rs 19.518 million to different employees through adjustments in automated payroll system during 2018-21. Contrary to the above provisions, adjustments in payroll were allowed without maintaining ancillary record i.e. change statements duly notified to DAO, Jhang and arrear bills of the employees. Moreover, one of the DDOs withdrew amount of Rs 1.788 million from the Government treasury under different head of accounts during 2018-21. However, the cheques were drawn in the name of DDO and disbursed without maintenance of acquaintance roll and acknowledgement of actual payees. The details are given below:

(Rupees in million)

Sr. No.	DDOs	Description	Amount
1	MS, THQ Hospital, 18-Hazari	Payment through adjustments in payroll without maintaining supporting record such as vouchers, arrear claims, financial sanctions, change forms etc.	11.842
2	District Health Officer LG-II, Jhang		4.331
3	MS, Government City Hospital, Jhang		3.345
		Issuance of uncrossed cheques	1.788
<b>Total</b>			<b>21.306</b>

Due to weak internal and financial controls, payments of arrears of salaries and claims of the suppliers were made without maintaining ancillary supporting record which resulted in incurrence of unauthentic expenditure.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that arrears of pay and allowances were paid through adjustment in payroll on change statements. Moreover, cheques were prepared in the name of vendors and issued/dispensed accordingly. Audit stressed to produce documentary evidence in support of reply otherwise conduct inquiry and take necessary action against the responsible persons.

DAC directed DDOs to produce documentary evidence in support of reply and probe the matter for fix responsibility on the person(s) at fault. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for provision of ancillary record for verification besides fixing responsibility on the person(s) at fault.

[AIR Paras: 9, 10, 6, 12]

### **3.2.4.6 Payment of inadmissible allowances to employees – Rs 15.791 million**

According to Rule 9(b) of the Punjab District Authorities (Accounts) Rules 2017, the DDO and the payee of the pay and allowance shall be responsible for any overcharge, fraud or misappropriation and shall be liable to make good that loss. Furthermore, according to Government of the Punjab, Finance Department letter No.1672-SO(SR)IV/77 dated 27.11.1977 read with letter No. FD.SR-1/6-4/2019 dated 05.04.2021, Non-Practicing Allowance (NPA) is not admissible to the doctors serving on administrative posts. Moreover, according to Government of the Punjab, Health Department Notification No.PO(P&E-I)19-113/2004(v) dated 13.04.2007 read with Government of the Punjab, LG&CD Department letter No.SO-Admn-III(LG)7-347/2012 dated 11.03.2013, Health Sector Reforms Allowance (HSRA) at DHQ/THQ hospitals is admissible to the doctors and Specialists doctors only. The Nursing, Paramedical and allied staff of Local Council cadre posted or to be posted in RHCs and BHUs are entitled to draw HSRA @ 30% of basic salary w.e.f 01.07.2013.

It was observed that 198 employees working under the administrative control of five DDOs of DHA Jhang withdrew inadmissible NPA, HSRA and SSB amounting to Rs 15.791 million due to following reasons:

1. Three doctors posted at administrative posts, as CEO, DHO and MS, withdrew NPA amounting to Rs 0.388 without admissibility. Furthermore, WMO posted at DHQ hospital Jhang since 01.02.2021 withdrew arrears of NPA amounting to Rs 0.421 million from the hospital budget for a period prior to her posting at the hospital.
2. District Health Officer (II), Jhang made unauthorized payment of HSRA amounting to Rs 4.712 million during 2018-21 to the eighty-eight employees posted in dispensaries, MCH Centers and DHO Office

instead of places of admissibility i.e. RHCs and BHUs. Moreover, the DDO made payment of HSRA amounting to Rs 9.954 million as arrears to 77 employees for the period prior to July, 2013. Medical Superintendents DHQ hospital Jhang and THQ Hospital 18-Hazari paid HSRA amounting to Rs 0.139 million to two doctors who were not employee of the hospital and to 11 employees other than doctors.

3. Sixteen officers/officials posted at DHQ Hospital, Jhang withdrew Social Security Benefit (SSB) amounting to Rs 0.208 million even after regularization of service.

The details are given below:

(Rupees in million)

Sr. No.	DDOs	No. of Employees	Amount	Remarks
1	CEO, DHA, Jhang	1	0.212	
2	MS, Government, City Hospital, Jhang	1	0.115	Withdrawal of NPA without admissibility
3	District Health Officer LG-II, Jhang	1	0.061	Payment of HSRA without admissibility
		88	4.712	
		77	9.954	
4	MS, THQ Hospital, 18-Hazari, Jhang	8	0.066	
5	MS, DHQ Hospital, Jhang	5	0.042	
		1	0.421	Withdrawal of NPA without admissibility
		16	0.208	Drawl of SSB after regularization
<b>Total</b>		<b>198</b>	<b>15.791</b>	

Due to mismanagement and weak financial propriety, inadmissible allowances were withdrawn / paid to employees which resulted in overpayment.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that recovery would be made from the concerned accordingly. Audit stressed to recover the overpaid amount of NPA at the earliest.

DAC directed DDOs to recover the overpaid amount of NPA at the earliest. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on defaulters and recovery of overpaid amount of Rs 15.822 million from the employees concerned.

[AIR Paras: 11, 20, 8, 3, 2, 20, 20, 11, 27]

#### **3.2.4.7 Irregular local purchase of day to day medicine – Rs 14.446 million**

According to Policy & Operational Guidelines for local purchase of medicines (day to day), local purchase of medicine costs government higher price therefore, frequently purchased items should be included into bulk purchase mandate to reduce the burden on local purchase. Purchase order may be emailed to the LP supplier through LP Portal. The DDO shall enter into local purchase contract with supplier(s) through open competitive tendering as per Punjab Procurement Rules, 2014, offering maximum discount. Local purchase is permitted for emergencies and indoor patients department on the prescription of authorized medical practitioner and it will not be for more than 7 days for one patient. Furthermore, payment for items out of formulary will be made after obtaining DTL reports. Patients who receive medicines should be registered at the central point and treatment register should be maintained encompassing name, registration number, address, diagnosis and description of medicines etc.

Medical Superintendents DHQ Hospital and Government City Hospital, Jhang incurred expenditure of Rs 14.446 million on local purchase of day to day medicines during 2019-21. Scrutiny of record depicted that procurement was made in violation of policy guidelines due to following reasons:

1. Unauthentic procurement was made through manual indents and invoices instead of generating supply orders through LP portal.
2. Medicine was procured in bulk instead of patient wise indent basis duly authorized by medical practitioners. The procurements were made

without mentioning reference of the patients for whom, medicine was procured.

3. Medicines of routine/ common use were procured from day to day budget instead of procuring the same from bulk purchase of medicine budget.
4. Expenditure on local purchase of such medicine was incurred which were not provided in essential medicine list developed for hospitals and Payments were made without getting the medicines tested from Drug Testing Laboratory.
5. The vendor supplied medicine to DHQ Hospital, Jhang without defacing and also not submitted price list of supplied medicine. Furthermore, medicine valuing Rs 1.029 million lying in the medicine store was found without printing of MRP on packing.
6. The medicine was supplied by the contractor without mentioning batch numbers and other particulars of medicine which may create hindrance in legal proceedings against vendor in case of default or breach of contract agreement. Supplying firm did not submit authorized dealership of manufacturer or warranty of original manufacturer.

Due to mismanagement and weak financial controls, day to day local purchase of medicine budget was utilized in violation of policy guidelines which resulted in irregular expenditure.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that the LP of medicine was made after entering into rate contracts with medical stores and getting demands from various departments of the hospitals. The indents were initiated according to total number of patients to ensure availability of essential medicines in the hospitals round the clock. The reply was not tenable as the local purchase of medicine was made in violation of policy guidelines.

DAC directed DDOs to get regularized the matter from the competent authority besides probing the matter and produce the fact-finding report. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe into the matter for fixing responsibility on the incumbent(s) at fault besides regularization of expenditure from the competent authority.

[AIR Paras: 2, 2, 9]

### **3.2.4.8 Uneconomical procurement by splitting cost of purchases to avoid open competitive bidding – Rs 7.400 million**

According to Rules 9, 12(1) and 59 (b) of PPRA Rules, 2014, a procuring agency shall announce in an appropriate manner all proposed procurements for each financial year accordingly without any splitting or regrouping of the procurements. Furthermore, a procuring agency shall advertise procurement of more than two hundred thousand rupees and up to the limit of three million rupees on the website of the Authority but if deemed in public interest, the procuring agency may also advertise the procurement in at least one national daily newspaper. A procuring agency may proceed for petty purchases through at least three quotations where the cost of the procurement is more than seventy-five thousand rupees but less than two hundred thousand rupees.

Three DDOs of DHA Jhang incurred expenditure of Rs 7.400 million for purchase of various general store items, printing of OPD pads and other store items from local market during the financial year, 2020-21. Contrary to the provisions of above rules, expenditure was incurred by splitting the cost of procurements and keeping the amount of each purchase below the financial limit of Rs 75,000 & 200,000 to avoid quotations/tendering. The detail is as under:

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Amount</b>
1	MS, DHQ Hospital, Jhang	2.015
2	MS, City Hospital, Jhang	2.505
3	MS, THQ Hospital, 18-Hazari, Jhang	2.880
<b>Total</b>		<b>7.400</b>



Due to weak financial management and lack of planning, purchases without open competition in violation of procurement rules resulted in misprocurement and irregular expenditure.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that budget was received quarterly therefore, procurement was made according to actual need/requirements of hospitals for patient's welfare. The reply was not tenable because expenditure was incurred without annual procurement planning as the budget was allocated for one financial year.

DAC directed CEO DHA to fix responsibility on the person(s) at fault and regularized the matter from the competent authority. No progress was intimated to Audit till finalization of this Report.

Audit recommends regularization of expenditure from the competent authority besides fixing of responsibility on the person(s) at fault.

[AIR Paras: 4, 1, 4]

#### **3.2.4.9 Overpayment of pay & allowances – Rs 4.418 million**

According to Rule 9(b) of the Punjab District Authorities (Accounts) Rules, 2017 read with Rule 2.31(a) of the PFR Vol-I, the drawing and disbursing officer and the payee of the pay, allowance, contingent expenditure or any other expense shall be responsible for any overcharge, fraud or misappropriation and shall be liable to make good that loss.

It was observed that thirteen employees working under the administrative control of four DDOs of DHA Jhang withdrew inadmissible pay and allowances amounting to Rs 4.254 million even after date of resignation from Government service, transfer to any other place, during extra ordinary leave or without performing duty at original place of posting during 2019-21. Moreover, the Junior Clerk of O/o District Health Officer (II), Jhang withdrew excess salary of Rs 0.164 million on the basis of fake promotion orders as Senior Clerk. DDOs did

make effort for recovery of overpaid amount from the defaulters. The details are given below:

(Rupees in million)

Sr. No.	Name of Formation	No. of Employees	Amount	Remarks
1	MS, City Hospital, Jhang	4	1.391	Withdrew salaries during EOL and after resignation
2	CEO, DHA, Jhang	4	1.030	Payment of salaries after resignation / transfer
3	MS, DHQ Hospital, Jhang	2	0.962	
4	District Health Officer LG-II, Jhang	1	0.871	Payment of salaries without performing duty
		2	0.164	Overpayment through fake promotion orders
<b>Total</b>		<b>13</b>	<b>4.418</b>	

Due to weak internal and financial controls, pay & allowance were withdrawn by employees without admissibility which resulted in overpayment to the employees.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that recovery would be made from the employees concerned accordingly. Audit stressed to recover the overpaid amount at the earliest.

DAC directed DDOs to probe the matter for recovery of overpaid amount at the earliest and strict action on the person(s) involved in fraud. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for recovery of overpaid amount of Rs 4.418 million from the employees concerned.

[AIR Paras: 7, 16, 28, 4, 5]

### **3.2.4.10 Non-blacklisting of firms and non-forfeiture of Performance Security – Rs 2.738 million**

According to Clause 9 of Request for Proposals regarding Bulk Purchase of Medicine, wherein the supplier fails to make deliveries as per signed contract & purchase order and within the stipulated time frame, the Contract to the

extent of non-delivered portion of supplies shall stand cancelled and the amount of Performance Guaranty/Security to the extent of non-delivered portion of supplies shall be forfeited. If the Supplier fails to supply the whole consignment the entire amount of Performance Guaranty/Security shall be forfeited to the Government account and the firm shall be blacklisted minimum for two years for future participation.

CEO, DHA Jhang, Medical Superintendents Government City Hospital Jhang and THQ Hospital 18 Hazari, issued supply orders to different firms for supply of medicine. Audit observed that the firms failed to supply the medicine costing Rs 65.768 million. Contrary to the above provisions, the DDOs did not take action for forfeiture of Performance Guarantee / Security amounting to Rs 2.738 million besides blacklisting of defaulter firms. The details are as under:

(Rupees in million)

Sr. No.	DDO / Office	Cost of Purchase	Performance Security
1	CEO, DHA, Jhang	45.974	2.299
		1.436	0.072
2	MS, Government City Hospital, Jhang	10.524	0.210
3	MS, THQ Hospital, 18 Hazari, Jhang	7.834	0.157
<b>Total</b>		<b>65.768</b>	<b>2.738</b>

Due to weak internal controls and negligence, Performance Guarantee / Security was not forfeited against non-supplied medicine which resulted in violation of contract agreement besides loss to public exchequer.

The matter was reported to the PAO and DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that Deputy Commissioner/Administrator District Health Jhang and the Secretary Government of the Punjab Primary & Secondary Healthcare Department had been requested for blacklisting and forfeiture of Performance Guarantee of defaulting firms. Audit stressed to expedite the process of forfeiture of performance security and black listing of firms.

DAC directed CEO DHA to take action against the defaulting firms for forfeiture of performance security besides blacklisting of firms. No progress was intimated to Audit till finalization of this Report.

Audit recommends appropriate action for blacklisting of defaulting firms besides forfeiture of Performance Guarantee / Security amounting to Rs 2.738 million.

[AIR Paras: 7, 9, 3, 7]

### **3.2.4.11 Withdrawal of inadmissible allowances during Leave – Rs 2.637 million**

According to Rule 1.15(2) of the Punjab Travelling Allowance Rules, Conveyance Allowance will not be admissible during leave. Furthermore, according to Government of the Punjab, Finance Department and Health Department clarifications issued vide letter No.SO X-H-I/6-91/2004-1 dated 14.07.2008, HSRA will not be admissible to the officers/officials during leave period. Further, according to Government of the Punjab, Finance Department letter No FD.SR-I/9-34/2011 dated 12.10.2017 and letter No.FD.SR-I/6-8/2018 dated 03.09.2020, the doctors are not entitled to grant of Incentive Package, Health Professional, Special Healthcare, Non-Practicing and Health Sector Reforms Allowances during any kind of leave.

One hundred and forty-eight employees including Specialist Doctors, Women/Medical Officers, Charge Nurses, LHVs, Technician, class-IV employees etc. working in different health facilities of DHA, Jhang availed different types of leaves during 2019-21. Contrary to the provisions of above instructions, the employees withdrew different inadmissible allowances amounting to Rs 2.637 million during leave including Conveyance Allowance, Health Sector Reform Allowance, Nursing Allowance, Dress/mess Allowance, Special Healthcare Allowance, Health Professional Allowance, Non-Practicing Allowance, incentive Allowance etc. The DDOs did not take action for recovery of inadmissible allowances from the officer/officials concerned. The details are as under:

(Rupees in million)

<b>Sr. No.</b>	<b>Name of Formation</b>	<b>No. of Employees</b>	<b>Amount</b>
1	CEO, DHA, Jhang	102	1.440
3	MS, DHQ Hospital, Jhang	26	0.775
5	MS, THQ Hospital, 18-Hazari, Jhang	10	0.422
<b>Total</b>		<b>148</b>	<b>2.637</b>

Due to weak financial and internal controls, inadmissible allowances were withdrawn by the employees during leave period which caused overpayment.

The matter was reported to the DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that recovery would be made from the concerned accordingly. Audit stressed to recover the overpaid allowances at the earliest.

DAC directed DDOs to recover the overpaid allowances at the earliest. No progress was intimated to Audit till finalization of this Report.

Audit recommends recovery amounting to Rs 2.637 million from the employees concerned at the earliest.

[AIR Paras: 4, 3, 15]

#### **3.2.4.12 Non-recovery of inadmissible Conveyance and House Rent Allowances – Rs 1.768 million**

According to Government of the Punjab, Finance Department, (Monitoring Wing) Lahore letter No.FD.(M-I)1-15/82-P-I, dated 15.01.2000, all the field offices shall maintain record for residential facility, its allotment, possession and vacancy. However, in case of designated residences, the officers/officials for whom residence is meant cannot withdraw House Rent Allowance. Furthermore, according to Government of the Punjab, Finance Department letter No.FD. S.R.1.9-4/86(PR)(P) dated 15.10.2011 read with letter of even number dated 21.04.2014, employees residing in the residential colonies situated within work premises are not entitled for Conveyance Allowance. Moreover, the officers/officials availing facility of the Government vehicles including bikes (sanctioned/pool) are not entitled to withdraw Conveyance Allowance w.e.f. 01.03.2014.

Sixty-seven employees of DHA, Jhang working under the administrative control of District Health Officer-II and MS THQ Hospital, 18-Hazari withdrew House Rent Allowance and Conveyance allowance amounting to Rs 1.768 million during 2018-21. Contrary to the provisions of above instructions,

the employees withdrew inadmissible House Rent Allowance despite availability of designated residences in the health facilities. Moreover, the employees withdrew inadmissible Conveyance Allowance while residing in official residences situated within the work premises or they were allotted official vehicles (bikes). The details are as under:

(Rupees in million)

Sr. No.	DDOs	No. of Employees	Conveyance Allowance	House Rent Allowance	Total Amount	Remarks
1	District Health Officer II, Jhang	9	0.081	-	0.081	Employees provided facility of official vehicle
		15	0.720	0.794	1.514	Employees residing within work premises
2	MS, THQ Hospital, 18-Hazari	02	0.060	0.113	0.173	
<b>Total</b>		<b>67</b>	<b>0.861</b>	<b>0.907</b>	<b>1.768</b>	

Due to weak financial controls, employees withdrew inadmissible House Rent and Conveyance Allowances which resulted in excess payment.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, MS THQ Hospital replied that recovery would be made from the concerned accordingly. DHO-II replied that residences were in miserable condition due to improper maintenance and not fit for human inhabitation. The building department and CEO, Health had been requested time and again for repair but due to shortage of funds the same could not done. Therefore, House Rent and Conveyance Allowance was not deducted from the concerned employees. Audit stressed to probe the matter for non-maintenance of residences and their non-allotment to staff concerned.

DAC directed DDOs to recover the overpaid amount at the earliest and investigate the matter for non-maintenance of residences and allotment. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter besides recovery of Rs 1.768 million from the employees concerned at the earliest.

[AIR Paras: 7, 6, 10]

## Value for money and service delivery issues

### 3.2.4.13 Loss due to blockage of public resources – Rs 19.515 million

According to Rule 15.21 (4) of Punjab Financial Rules Volume-I, stores, in many cases, represent a locking up of capital which is not justifiable unless essential. In order to effect economy in this direction Audit will see that the balance in hand does not exceed the maximum limit prescribed by competent authority and is not in excess of requirements for a reasonable period.

Physical inspection of stores of DHQ Hospital, Jhang depicted that machinery and medical equipment valuing Rs 17.420 million supplied by PMU of Health Department Punjab was lying unutilized in stores since 2017 and the equipment lost its useful life as it was found in rusty / vulnerable condition. Furthermore, CEO, DHA, Jhang incurred expenditure of Rs 2.095 million on procurement of machinery and medical equipment during financial year 2019-20 for onward delivery to THQ Hospital, Shorkot to operationalize the newly constructed emergency block. However, the equipment was lying in the stores of DHA, Jhang and the hospital despite lapse of one year as the emergency block was not completed and handed over by the contractor. The details are as under:

(Rupees in million)

Sr. No.	Name of Formation	Detail of Machinery & Equipment	Amount
1	MS, DHQ Hospital, Jhang	Air-conditioners, ICU beds, delivery tables, barcode printer, gas burner, electric water cooler, shoe cover machine, air humidifier, Lenovo tab, air curtain, patient monitor, PU bench 3 seater etc.	17.420
2	CEO, DHA, Jhang	Ceiling fans, ECG machine, fetal heart detector, basic vacuum delivery set, grey scale ultrasound machine, D&C set, semi-automatic chemistry analyzer, sucker machine etc.	2.095
<b>Total</b>			<b>19.515</b>

Due to negligence and mismanagement, precious public assets were not utilized for provision of better health facilities to patients and also not safeguarded from deterioration of useful life.

The matter was reported to the PAO and DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that these items were not installed due to delay in completion of civil works by Buildings Department and contractors, however, requisite machinery & equipment would be installed in newly established health facility. Furthermore, Buildings Department procured excess ceiling fans for newly established Ware House and hospitals buildings. These fans would be issued to health facilities as and when required. Audit stressed to probe the matter for fixing responsibility on the person(s) at fault for non-safeguarding the public resources/assets.

DAC directed CEO DHA to probe the matter for fixing responsibility on the person(s) at fault besides earliest installation/utilization of the equipment. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides making efforts for its installation/utilization without further delay.

[AIR Paras: 7, 15]

#### **3.2.4.14 Undue financial burden on public exchequer – Rs 16.870 million**

According to framework contract executed between Project Management Unit (PMU), Government of the Punjab, P&SHD and M/s Caid's Marketing Services, rates of HR for Janitor is Rs 25,750 per month per janitor during 2020-21.

Project Management Unit (PMU) of Government of the Punjab, Primary & Secondary Healthcare Department awarded contract to M/s CAIDS Marketing Services for execution of janitorial services for the financial year, 2020-21. The contractor deputed 7 supervisors and 80 janitorial staff in DHQ Hospital, Jhang. Audit observed that DHQ hospital already had a strength of 59 sanitary workers/sweepers and incurred salary expense of Rs 16.870 million during the



financial year 2020-21. No planning for adjustment of existing staff with contractor staff was carried out by the Health Department. Resultantly, expenditure of Rs 16.870 million was incurred on salaries of regular sanitary workers without performing their job specified duties. Furthermore, it was observed that DHQ hospital incurred expenditure of Rs 0.144 million on purchase of janitorial material without justification as the same was being supplied/ required to be supplied by the PMU.

Due to mismanagement and weak financial controls, already working staff was not adjusted with contractor's staff for proper utilization of human resources and reduction in expenditure which caused loss to public exchequer.

The matter was reported to the PAO and DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDO replied that the hospital staff was performing duties as per duty roster and all employees were adjusted in the wards of the hospital. The reply was not tenable as surplus staff was not adjusted according to their job description to save financial resources.

DAC directed CEO DHA to take up the matter with higher authorities for proper utilization of staff besides regularization of the matter. No progress was intimated to Audit till finalization of this Report.

Audit recommends to take up the matter with higher authorities for proper utilization of staff besides regularization of the matter from competent authority.

[AIR Para: 15]

#### **3.2.4.15 Unauthentic expenditure through defective agreement of repair & maintenance of CT scan machine – Rs 13.992 million**

According to Rule 2.33 of Punjab Financial Rules Volume-I every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by Government through fraud or negligence on his part. Furthermore, according to Rules 3(f) and 4(1) (l) of the Punjab District Authority (Budget) Rules, 2017, the Chairperson shall evaluate progress against

key performance indicators for achieving economy, efficiency and effectiveness in expenditure, The CEO act as PAO and shall ensure the utilization of funds in the public interest and on specified objects.

Medical Superintendent DHQ Hospital, Jhang executed three years' services charges contract valuing Rs 41.976 million for repair & maintenance of CT scan machine with M/s Medical Equipment & Services Lahore during February, 2020. The authority executed a defective agreement with the firm and incurred unauthentic annual expenditure of Rs 13.992 million during financial year 2020-21 due to following reasons:

1. The agreement was executed on lump sum basis for three years without assessment of actual cost of maintenance and requirements of the hospital.
2. Details of routine services and visits by the firms' representative were not available. Details of maintenance services provided by the firm was not available in record. Detail of replacement of parts was not available in log book of CT scan machine. Old replaced parts were not accounted for in stock register and also not found in the store.
3. Contracting firm did not submit certificate of dealership/authorized service provider of M/s Toshiba Company. Furthermore, evidence of import of new parts was also not provided.
4. The firm furnished 2% performance guarantee amounting to Rs 0.839 million in shape of bank guarantee which was expired on 03.03.2021 therefore the contract was being executed on invalid performance guarantee.

Due to negligence and weak monitoring mechanism, service charges were paid to firm through defective contract executed without pre-determined and mutually agreed terms & conditions of the contract and provision of details of services provided by the firm which resulted in unauthentic expenditure.

The matter was reported to the DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that the proper log book was

maintained for periodical maintenance of machine. The reply was not tenable as no such record was produced at the time of audit.

DAC directed CEO DHA to probe the matter for fixing responsibility on the person(s) at fault. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides recovery of loss and provision of record for audit verification.

[AIR Paras: 19, 16]

#### **3.2.4.16 Irregular procurement process and non-purchasing of medical equipment – Rs 12.512 million**

According to clause 34.1 of standard Bidding Document for procurement of medical equipment for the financial year, 2020-21, the bidder with the technically evaluated lowest financial bid, if not in conflict with any other law rules and regulation, policy of the Government shall be awarded the contract within the original or extended period of bid validity for complete package/tender. Standard bidding documents were issued for FY 2020-21 and audit objection relates to FY 2019-20.

CEO, DHA, Jhang issued Advance Acceptance to various firms for purchase of machinery & equipment in the month of June, 2020. Scrutiny of record revealed that supply order in compliance of bidding process were not issued for Rs 12.512 million to the successful bidders despite finalization of rate contract and availability of budget. Audit also observed that minutes of tender opening committee were not prepared, competent authority did not notify the following committees in procurement process i.e. Purchase Committee, Technical Evaluation Committee, Grievance Redressal Committee, Demonstration Committee and Physical Inspection Committee.

Due to financial mis-management, bio medical equipment was not purchased after award of Advance Acceptances and purchase committees were not properly formulated/notified.

The matter was reported to the PAO / DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDO replied that mistakenly minutes of tender opening were not prepared however, all bids were sent to DHO (PS) being chairman of Purchase Committee for technical evaluation and process was completed by committees approved by the Deputy Commissioner/Administrator. The reply was not tenable as no such record was produced at the time of audit and tenders were executed through defective procurement process.

DAC directed to probe the matter for fixing responsibility on the person(s) at fault. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault.

[AIR Para: 18]

#### **3.2.4.17 Suspicious consumption of medicine – Rs 7.068 million**

According to Rules 2.33 and 15.5 of the Punjab Financial Rules, Volume-I, every Government servant will be held personally responsible for any loss sustained by Government through fraud or negligence on his part. Furthermore, when materials are issued from stock, the in-charge of the stores should seek an indent from properly authorized person and sign it under his dated initials with reference to description and quantity of materials. When materials are issued a written acknowledgment should be obtained from the person to whom they are issued. Furthermore, according to para 2(ix) Government of the Punjab, Primary & Secondary Healthcare Department letter No.PSHD-TCO-I(M)6-14/2017 dated 16.12.2017, in case any health facility prefers to procure medicine of brands other than mentioned in formulary, the Medical Superintendent / Incharge of such health facility shall ensure that the medicine brand supplied for the first time are sent to

respective Drugs Testing Laboratory and payment in respect of these items shall be made after clearance of Drugs sample from Drugs Testing Laboratories.

During audit of DHQ hospital Jhang and DHO-II, Jhang, it was observed that medicine costing Rs 7.068 million was issued from main medicine stores to different wards of the hospital and dispensaries under the administrative control of these DDOs for further consumption and issuance to patients during 2018-21. The consumption of medicine was suspicious due to following reasons depicted from record:

1. Medicine was available in the wards of the hospital but not issued to the needy patients and it was also noticed that same were purchased by the attendants of patients from market privately.
2. Medicine was procured in bulk instead of patient wise indent basis duly authorized by medical practitioners.
3. In most of cases medicine was not used according to prescription of the doctors as evident from bedhead tickets of patients. Moreover, patients admitted in the wards for 10 to 20 days whereas medicine was issued to them for 2 to 3 days only.
4. In many cases quantity of medicine issued in the expense books was more than the quantity recorded in bedhead tickets.
5. The procurements were made without mentioning reference of the patients for whom, medicine was procured.
6. Consumption of medicine at most of the dispensaries was made on assumption basis without maintaining daily expense record. There was huge difference of quantity issued/recorded in outdoor patient register and expense books / stock registers of medicine.
7. Medicine was shown issued by affixing signature of a dispenser even after his death and the signature of dispenser who proceeded on LPR.
8. Closing balances of some medicines were neither carried forward nor their consumption was shown in stock register. In some cases, medicine issued from DHO office were not found entered in the stock registers of dispensaries.

9. Issuance of some medicine for the same indent was shown twice on different pages. Stock registers and expense record of some dispensaries were either not maintained or not made available for audit scrutiny.

Due to negligence and weak monitoring mechanism, consumption of medicine in wards of the hospital and dispensaries was suspicious which resulted in loss and patients were deprived of from facility of free medicine.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that LP of medicine was made for the needy/deserving patients on the prescription of doctors and due to financial constraints, it was not possible to provide each and every medicine to the admitted patients. Moreover, after issuance of the medicine same were recorded in stock registers after consumption. The reply was not tenable as issues of suspicious consumption of medicine were observed during visits in different wards. Issuance of medicine for the same period was shown to be made twice as evident from different pages of stock registers and fake entries issuance was also observed. Audit stressed to probe the matter and facts finding report would be intimated.

DAC directed CEO DHA to probe the matter and facts finding report be intimated and take appropriate action against the incumbents at fault for recovery of loss. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe into the matter for fixing responsibility on the incumbent(s) at fault besides regularization of expenditure from the competent authority.

[AIR Paras: 8, 11]

#### **3.2.4.18 Execution of contract of supply on defective agreements/non-obtaining of warranty – Rs 6.267 million**

According to clause 26.2 Chapter Instructions to Bidders of Standard Bidding Document for purchase of Drugs & Medicine, no bid may be withdrawn in the period between deadline for submission of bids and the expiration of the period of bid validity specified in Bid Data Sheet. Withdrawal of a bid during this

period may result in initiation of legal action against the firm. Furthermore, according to general conditions of contract clause 21.2 of Standard Bidding Document the following are the events which would lead to initiate under Rule 21 of PPRA Rules 2014 for blacklisting/debarment process. Submission of false fabricated / forged documents for procurement in tender. Not attaining required quality of work. Inordinate tardiness in accomplishment of assigned/agreed responsibilities/contractual obligations resulting loss to procuring agency/ Government. Non execution of work as per terms & condition of contract.

CEO, DHA, Jhang awarded Advance Acceptance for purchase of medical equipment costing Rs 6.267 million to different firms during 2020-21. Scrutiny of record revealed that the firms did not enter into formal agreements with the procuring agency. Resultantly, in the absence of signed agreements the procurements were not valid. Furthermore, the firms did not provide warranty certificates to ensure warranty period and other terms and condition related to warranty claim of the supplied medical equipment. The details are given below:

(Rupees in million)

Sr. No.	Name of Firm	Nature of Contract	Date of Agreement	Amount
1	Star Tech	Supply of medical equipment	24.11.2020	2.333
2	Alam Medix	Supply of medical equipment	23.11.2020	3.934
<b>Total</b>				<b>6.267</b>

Due to negligence and lack of due diligence, formal agreements were not executed with the successful bidders and warranty of medical equipment was also not obtained which resulted in mis-procurement.

The matter was reported to the PAO / DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDO replied that procurement process had been completed and material was received and installed. Furthermore, CEO DHA Jhang executed formal agreement with both firms. The reply was not tenable as no such record was made available to Audit at the time of audit and DAC meeting.

DAC directed to probe the matter for fixing responsibility on the person(s) at fault. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides execution of formal agreements and obtaining of valid certificates from the firms.

[AIR Paras: 8, 6]

**3.2.4.19 Irregular execution of civil works and non-recovery of risk and cost from original/defaulting contractor – Rs 3.238 million**

According to Clause 9 of Bidding Document for Civil Work at DHQ Hospital, Jhang, the contractor shall execute the whole and every part of the work in the most substantial and workman like manner, the both as regards material and otherwise in every respect in strict accordance with the specifications. The work executed by the contractor shall also conform to the design and drawings in writing relating to the work signed by the purchase committee. Furthermore, according to Rule 4(1)(b) of the Punjab Local Governments (Budget) Rules, 2017, The CEO shall act as Principal Accounting Officer of the Authority and shall also review progress of execution of the projects for their timely completion.

Medical Superintendent DHQ Hospital, Jhang awarded civil work for construction of main gate, washrooms, elevator for fiber shed and laying of tuff tiles to M/s Mehar Waryam Government contractor in April, 2021. The scope of work included item “construction of main gate with three steel pillars and steel roof with name of the hospital costing Rs 1.664 million. Physical inspection of site depicted that the work was executed by deviating the scope of work and the contractor constructed brick masonry pillars instead of steel pillars and no steel roof was installed at site. Furthermore, authorities of DHA accorded Administrative Approval of scheme for renovation/repair of Municipal Dispensary, Satellite Town Jhang costing Rs 0.800 million in February, 2019. The work was awarded to contractor who did not execute the work and left the work abandoned. DHA authorities rescinded the work and revised the scheme in 2020-21 at a cost of Rs 2.374 million. However, the work was not awarded at risk & cost of the original contractor and excess cost of Rs 1.574 million was not recovered from the defaulting contractor.



Due to negligence and weak monitoring mechanism, contractor executed the work by deviating from original scope of the work. Moreover, work was not awarded at risk and cost of original/defaulting contractor which resulted in irregular expenditure and loss to public exchequer.

The matter was reported to the PAO and DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDO replied that the civil work initially administrative approval of scheme was granted with following original scope of work i.e. repair of MO Room, LHV Room and wash room. After that scope of work was enhanced by addition of Boundary wall, earth filling and entry gate for which revised administrative approval was granted by the authority. Now scheme has been completed. Reply was not tenable as the work was executed by deviating scope of work. Audit stressed to investigate the matter for fixing responsibly besides execution of work as per actual scope of work.

DAC directed CEO DHA to investigate the matter for fixing responsibly for increase in cost besides execution of work as per scope of work. No progress was intimated to Audit till finalization of this Report.

Audit recommends to investigate the matter for fixing responsibly on the incumbent(s) at fault besides execution of work as per original scope of work.

[AIR Paras: 10, 5]

#### **3.2.4.20 Non-replacement of substandard medicines – Rs 3.148 million**

According to Special Conditions of the Contract & Technical Specifications of Standard Bidding Document for Bulk Purchase of Medicine, in case of adverse/failure report the supplier is bound to re-supply the entire fresh stock of that batch free of cost. Further, according to Rule 5(2) (m) of the Punjab District Authorities (Budget) Rules, 2017, the head of office and institution shall be responsible for guarding against waste and loss of public money.

CEO, DHA and MS DHQ Hospital, Jhang received supplies of various drugs, medicine and disposable items costing Rs 3.148 million during 2020-21. However, Drug Testing Laboratory issued adverse reports against following drugs,

medicine and disposable items and samples were declared substandard by the authority. Contrary to the above provisions, the stocks of the said medicine were not got replaced from the firms. The details are as under:

(Rupees in million)

Sr. No.	Name of DDOs	Name of Medicine	Date of Substandard	Quantity Received	Rate	Amount
1	CEO, DHA, Jhang	Suspension Zental 10 ml	01.06.2020	23,250	21.7	0.505
		Injection NOSPA 2ml	23.11.2020	109,800	22.84	2.508
2	MS, DHQ Hospital, Jhang	HBA-1C meter	December, 2020	1	75,000	0.075
		HBA-1C strips		7	8,250	0.058
		Pregnancy Strips		300	7	0.002
					<b>Total</b>	<b>3.148</b>

Due to weak monitoring mechanism and negligence, prompt action was not taken for replacement of medicines and safeguarding the public resources which resulted in non-provision of free medicine to deserving patients.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that the biomedical equipment had been got replaced and case of medicine was pending till the decision of Provincial Quality Control Board Punjab Lahore. Audit stressed to expedite the matter and produce record regarding replaced equipment.

DAC directed DDOs to produce record in support of reply besides pursue the matter of medicine replacement vigorously. No progress was intimated to Audit till finalization of this Report.

Audit recommends replacement of substandard medicines from the suppliers concerned besides fixing responsibility on the person(s) at fault.

[AIR Paras: 6, 18]

### **3.2.4.21 Utilization of stores without maintenance of consumption record – Rs 1.085 million**

According to Rule 15.4(a) of the PFR Volume-I, all materials received should be examined, counted, measured and weighed, as the case may be, when delivery is taken, and they should be kept in-charge of a responsible Government

Servant. The recipient of stores should see that the quantities are correct and their quality good and record a certificate to this effect and recorded them in his appropriate stock registers. Furthermore, according to Rule 15.5 of PFR Vol-I, when materials are issued from stock, the Government servant in-charge of the stores should seek an indent on prescribed form from properly authorized person, examine it carefully with reference to any orders or rules for the issue of stores and sign it after making suitable alterations under his dated initials, in the description and quantity of materials, if he is unable to comply with the requisition in full. When materials are issued, a written acknowledgment should be obtained from the person to whom they are ordered to be delivered or dispatched, or from his duly authorized agent.

Authorities of DHQ Hospital, Jhang, issued machinery and equipment valuing Rs 1.085 million during 2020-21 from hospital stores including SMD/LED/flood lights, LED bulbs, exhaust fans, copper wire, compressors of air conditioners / water coolers etc. The material was issued to the staff of outsourced company authorized for provision of mechanical/electrical/plumbing services in the hospital. Contrary to the provisions of above rules, stores were issued without maintenance of requisite issuance and consumption record i.e. indents from authorized personnel, acknowledgement of receipt of stores, point of installation/replacement of said machinery & equipment, stock of old/unserviceable replaced material.

Due to negligence and weak internal controls, stores were issued without maintenance of requisite record which resulted in unauthentic utilization of public resources.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that the requisite record would be provided. Audit stressed to expedite the matter and produce record.

DAC directed DDOs to produce record in support of reply otherwise initiate action against defaulters. No progress was intimated to Audit till finalization of this Report.

Audit recommends investigation of the matter for fixing responsibility on the person(s) at fault besides provision of record without further delay.

[AIR Para: 13]

## **Others**

### **3.2.4.22 Suspicious payment of medicine without obtaining DTL Report – Rs 6.186 million**

According to Rule 2.33 of Punjab Financial Rules Volume-I every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by Government through fraud or negligence on his part and that he will also be held personally responsible for any loss arising from fraud or negligence on the part of any other Government servant to the extent to which it may be shown that he contributed to the loss by his own action or negligence.

Medical Superintendent, District Headquarters Hospital, Jhang procured medicines Injection Heparin 12,750 units valuing Rs 6.186 million vide purchase order No.3130 dated 12.02.2020. The medicine was received in store dated 08.07.2020 and the same was issued to the wards on 13.07.2020 for use without testing of medicine from Drug Testing Laboratory. Moreover, physical verification committee did not obtain lot release certificate from the medicine supplying firm. It is pertinent to mention that Drug Testing Laboratory intimate non-availability of testing facility of the medicine on 03.07.2020 which was too before date of receipt of medicine i.e. 08.07.2020.

Due to weak internal controls, medicine was procured and utilized without obtaining DTL report and lot release certificate which resulted in unauthentic utilization of medicine and irregular expenditure.

The matter was reported to the DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDO replied that this item was imported in finished form and no DTL facility was available in Pakistan due to which payment was made without DTL. The reply was not tenable because no record regarding exemption from DTL was provided for audit verification.

DAC directed DDO to produce relevant record in support of reply otherwise fix responsibility on the incumbent(s) at fault. No progress was intimated to Audit till the finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides disciplinary action against incumbent(s) at fault.

[AIR Para: 5]

### **3.2.4.23 Non-obtaining of vouched account of deposit work – Rs 4.296 million**

According to Governments of the Punjab, Finance Department letter No.IT(FD)-3-7/2000 dated 01.01.2001, the Divisional Officer would render a complete and signed statement of accounts to the respective DDO and that the unspent amount will also be refunded to DDO who would deposit the same in respective account of his Department.

Medical Superintendents of DHQ Hospital and Government City Hospital, Jhang transferred amount of Rs 4.296 million as deposit work to Executive Engineer Buildings Division M&R No.2 Faisalabad during 2020-21 for execution of repair & maintenance and renovation works of hospital buildings. However, the DDOs did not provided progress reports/completion certificates of executed works. Contrary to above instructions, the executing agency also not submitted vouched accounts against amount of Rs 4.296 million transferred to him by the hospital authorities.

Due to weak internal controls and financial mismanagement, vouched accounts were not obtained from executing agency and documentary evidence regarding progress on works was also not produced to Audit which resulted in violation of rules and irregular transfer of funds.

The matter was reported to the DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied request had been forwarded to Buildings Department Jhang for provision of vouched account of concerned 02

schemes. Audit stressed to obtain vouched accounts from the executing agency besides recoupment of unspent balance.

DAC directed DDOs to obtain vouched accounts from the executing agency besides recoupment of unspent balance. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the incumbent(s) at fault besides obtaining of vouched account from the executing agency without further delay.

[AIR Paras: 13, 19]

#### **3.2.4.24 Non-deduction of taxes at specified rates from claims of payees – Rs 1.383 million**

According to Sections 12 and 153(1) of the Income Tax Ordinance, 2001, “Salary” means any amount received by an employee from any employment including any pay, wages or other remuneration, commission, fees etc. which shall be chargeable to tax at the rate provided in paragraph (2) of Division I of Part I of the First Schedule. Every prescribed person while making a payment in full or part shall deduct tax at prescribed rates. Further, according to Section 3(7) read with Serial Number 1 of Eleventh Schedule of Sales Tax Act, 1990, the tax shall be withheld by the buyer at the rate as specified in the Eleventh Schedule i.e. @ 1/5th of amount of GST, by any person or class of persons as withholding agent for the purpose of depositing the same as the Board may prescribe. Furthermore, according to Rule 5 of the Punjab Sales Tax on Services (Withholding) Rules, 2012, a withholding agent, shall on receipt of taxable services from an unregistered service provider, deduct Sales Tax at rate of 16% of the value of taxable services provided to him.

Medical Superintendents DHQ Hospital Jhang, Government City Hospital Jhang and THQ hospital 18-Hazari made payments on account of supply of goods, rendering of services by service providers. Contrary to the provisions of above laws and rules, 1/5th of GST amounting to Rs 0.274 million, Income Tax

amounting to Rs 0.381 million and PST amounting to Rs 0.728 million was either not deducted or deducted at lesser rates from claims of the payees. The details are given below:

(Rupees in million)

Sr. No.	DDOs	Description	GST	Income Tax	PSTS	Amount
1	MS, DHQ Hospital, Jhang	Non-deduction of Income Tax on payment of share out of hospital receipt.	-	0.095	-	0.095
		Non-deduction of Income Tax and PST on repair of equipment and building.	-	0.173	0.462	0.635
2	MS, Government City Hospital, Jhang	Non-deduction of GST, IT and PST from claims of payees.	0.274	0.113	0.159	0.546
3	MS, THQ Hospital 18-Hazari, Jhang	Inclusion of PST in bills without PST invoice	-	-	0.107	0.107
<b>Total</b>			<b>0.274</b>	<b>0.381</b>	<b>0.728</b>	<b>1.383</b>

Due to weak internal and financial controls, taxes were not deducted/ withheld at specified rates before making payments which resulted in excess payment to the suppliers / service providers / contractors.

The matter was reported to the DDOs concerned in August, 2021. In DAC meeting held in November, 2021, DDOs replied that concerned firms had been directed to deposit the overpaid taxes. Audit stressed to deposit of overpaid taxes into Government Treasury at the earliest.

DAC directed DDOs to deposit the overpaid taxes into the Government Treasury at the earliest No progress was intimated to Audit till finalization of this Report.

Audit recommends recovery of taxes amounting to Rs 1.383 million from the concerned at the earliest and matter may be reported to FBR.

[AIR Paras: 22, 21, 5, 19]



### **3.2.4.25 Unauthorized cash withdrawals from DDO Bank Account – Rs 1.335 million**

According to Rule 4 of the Punjab District Authorities (Accounts) Rules, 2017, payments exceeding Rs 1,000 from local fund shall be made through crossed, non-negotiable cheque and payment of salary shall be made through direct credited system (DCS) in the respective bank accounts of the employees.

Contrary to the provisions of above rule, DHO (II), Jhang withdrew cash amounting to Rs 1.335 million from DDO bank account through different cheques during 2018-21 beyond permissible limit of Rs 1,000 for each payment. These funds were drawn by an employee of DHO-II Office and a private person. The details are given below:

(Rupees in million)

<b>Sr. No.</b>	<b>Name of Payee / Drawer</b>	<b>Amount</b>
1	Mr. Ghulam Jaafar, Senior Clerk	0.834
2	Mr. Muhammad Arif	0.501
<b>Total</b>		<b>1.335</b>

Due to prevalence of financial indiscipline, funds were withdrawn in cash instead of payments through crossed cheques which resulted in unauthorized transactions besides enhancing the chances of misuse of financial resources.

The matter was reported to the DDO concerned in August, 2021. In DAC meeting held in November, 2021, DDO replied that DAO Jhang did not make payments except in the name of vendors. However, the matter would be looked into and responsibility for negligence be fixed on the concerned. Audit stressed to probe the matter for regularization of the matter and fixing responsibility on the person(s) at fault.

DAC directed DDO to probe the matter for regularization of the expenditure and fixing responsibility on the person(s) at fault. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter regarding genuineness of the expenditure incurred besides regularization of the matter and fixing responsibility on the person(s) at fault.

[AIR Para: 13]

#### **4. District Health Authority (DHA) Toba Tek Singh**

##### **CHAPTER 4.1**

##### **Public Financial Management Issues**

Directorate General Audit, District Governments, Punjab (South), Multan conducts Financial Attest Audit of the Accounts of DHA, Toba Tek Singh on annual basis. The significant observations emerging from Management Letter as a result of Financial Attest Audit issued to the District Accounts Officer, Toba Tek Singh for the financial year 2020-21 have been reported in this chapter.

##### **Analysis of Appropriation Accounts and Financial Statements (Financial Attest Audit 2021-22)**

The following issues surfaced during Financial Attest Audit of DHA, Toba Tek Singh for the Audit Year 2021-22:

- i. Unauthorized approval of budget / schedule of authorized expenditure
- ii. Payments by violating internal controls – Rs 16.403 million
- iii. Booking of expenditure without availability of budget – Rs 7.700 million
- iv. Understatement of expenditure and receipt – Rs 1.143 million
- v. Unjustified payment of NPA – Rs 5.770 million
- vi. Difference in closing cash balance between Financial Statement and SBP – Rs 2.087 million

These issues were discussed in the clearing house meeting and commitment to take remedial measures was made by the Accountant General and Finance Department Punjab. However, the issue regarding unauthorized approval of budget/ schedule of authorized expenditure has been reported in Auditor's Report of DHA, Toba Tek Singh as Emphasis of the Matter.

## **4.1.1 Audit Paras**

### **4.1.1.1 Unauthorized approval of budget / Schedule of authorized expenditure**

According to Government of the Punjab, LG&CD Department Notification No.SOR(LG)38-5/2014 dated 01.01.2017, DHA was established in each District and Deputy Commissioner of the District was appointed as Administrator of the said Authority w.e.f. 01.01.2017 for a period not more two years.

During Financial Attest Audit on the accounts of DHA, Toba Tek Singh, it was observed that DHA was established since 01.01.2017 under PLGA, 2013. Contrary to the above, Deputy Commissioner Toba Tek Singh, continued to hold the office of Administrator of DHA and exercised the powers of the House / Authority beyond lawful tenure of two years that had already been expired on 31.12.2018. Therefore, conduct of business including approval / authentication of budget amounting to Rs 2,691.120 million and incurrence of expenditure amounting to Rs 2,132.746 million during financial year 2020-21 was held irregular. Further, powers of the House / Authority were concentrated in and used by a Government servant.

Exercising the powers of the House by the Government Servant resulted in poor performance, unauthorized utilization of public resources and unlawful conduct of business of DHA.

DAO replied that this was a policy matter and related to rules framed by higher authority. The reply was not tenable because budget / schedule of authorized expenditure of the authority was approved without competency and DAO made payments against said schedule of authorized expenditure which has no authority.

DAC directed DAO to take up the matter with CEO DEA as well as with AG Punjab and Secretary Finance besides regularization of the matter.

Audit recommends to take up the matter with administrative departments for regularization and fixing responsibility on the incumbent(s) at fault.

#### **4.1.1.2 Payments by violating internal controls – Rs 16.403 million**

According to provision 4.5.6.9 of the Accounting Policy and Procedure Manual, once the certifying officer is satisfied with the claim, he/she shall sign and date the claim voucher, update the Certification and Authorization Register and pass on the claim to the authorizing officer. Further, according to AG Punjab letter No.FI Lab/Restriction/CD-72 dated 31.10.2016, it has been decided by the competent authority that a specific cost center should be allotted to a specific user of level 0 (Auditor), 1 (AAO) & 2 (DAO).

During Financial Attest Audit of DHA, Toba Tek Singh it was observed from scrutiny of sample vouchers that District Account Officer-II, Toba Tek Singh made payments of Rs 14.446 million on account of different claims of DHA. It was observed from SAP report that same claims were approved at level 2 (DAO) & forwarded to level 3 (Cheque) by the District Accounts Officer-I. Resultantly, misuse of authority and SAP user ID was made by the DAOs in violation of above referred instructions of AG Punjab. Further, claims amounting to Rs 1.957 million were paid without getting approved by the DAO as the same were not signed by any DAO.

Payments by unauthorized person because payment authorizing officers in system and on physical claim were different. Chances of wrong payments.

DAO replied that emergent payments on account of corona-related activities had been made when DAO-I was away on official duties. The reply was not tenable because no corona related procurements were made by DHA and claims pointed out by Audit related to routine expenditure.

DAC directed to probe the matter regarding misuse of authority and SAP user ID in violation of instructions of AG Punjab for fixing of responsibility on the person(s) at fault.

Audit recommends to probe the matter regarding use of SAP user ID and authorizing payments by unauthorized officer(s).

#### **4.1.1.3 Booking of expenditure without availability of budget – Rs 7.700 million**

According to Section 4.2.2.3 of the APPM, the sanction process comprises two functions; namely a Budget Availability Review and the raising of a Purchase Order. The Budget Availability Review will be performed for all expenditures.

District Accounts Officer Toba Tek Singh made payment amounting to Rs 7.700 million to CEO for credit to Pension Fund of DHA. The expenditure was booked / debited to head of account A04101-Pension (Civil) in October, 2020. It was observed from scrutiny of Budget & Expenditure Report that budget against GL account A04101 was not provided in the relevant cost center and expenditure was booked without availability of funds. Further, credit entry to cancel the expenditure was reflected in Budget & Expenditure report but trail of the same i.e. document number & document type and head of account debited against this credit was not reflecting in the Consolidated Fund Payment report.

Weak internal/financial control on the part of District Accounts Office. Chances of fraudulent payment due to lose check and balance.

DAO replied that rectification of payment in respect of pension fund of DHA had been carried out and compliance report was attached. The reply was not tenable because as per SAP transfer entry for rectification of wrong booking was parked during March, 2021 but the same was not posted before the close of financial year which leads to misclassification & booking of expenditure without availability of budget.

DAC directed DAO, Toba Tek Singh to regularize the misclassification of expenditure and booking of the same without availability of funds in relevant GL account from Finance Department, Government of the Punjab and report progress to Audit.

Audit recommends to probe the matter for regularization of expenditure besides fixing responsibility on the incumbent(s) at fault.

#### **4.1.1.4 Understatement of expenditure and receipt – Rs 1.143 million**

According to Section 4.3.7.2 of the Accounting Policies and Procedures Manual (APPM), all expenditures must be recorded on gross basis and shall not be wholly or partly offset with receipts.

During Financial Attest Audit of DHA, Toba Tek Singh, it was observed that DAO Toba Tek Singh passed different bills amounting to Rs 55.774 million for purchase of medicines and made payment accordingly. Contrary to the above, expenditure of Rs 54.630 million was booked in SAP without booking sample cost, LD, shelf life and packing charges as receipts against said claims. Resultantly expenditure and receipt of the Authority was understated to the extent of Rs 1.143 million. Further, an amount of Rs 10,874 was also less deducted on account of Income Tax due to booking of expenditure on net basis.

Understatement of expenditure and receipt amounting to Rs 1.143 million resulted in weak internal/financial controls and violation of above mentioned Rule.

DAO replied that matter was taken up to the CEO (DHA) Toba Tek Singh for clearance of pending liability on account of LD, Shelf life and packing charges etc. and for recovery of Rs 10,874 from concerned firm/supplier. The reply was not tenable because expenditure was booked on net basis in violation of provisions of APPM and less deduction on account of Income Tax was made from claims of the supplier firms.

DAC directed DAO for booking of expenditure on gross basis as per provisions of APPM besides recovery of less deducted Income Tax and regularization of the matter from the competent authority.

Audit recommends rectification of errors in the books of accounts at the earliest.

#### **4.1.1.5 Unjustified payment of NPA – Rs 5.770 million**

According to Government of the Punjab, Finance Department clarification vide letter No.FD.SR-I/6-4/2010, dated 05.04.2021, if a doctor submits affidavit that he is not practicing, he may be allowed for NPA. Further, if a doctor is working in a periphery and doing practice there, he is eligible for "Practice Compensatory Allowance" in the light of Finance Department U.O bearing NO.FD.SR-I/6-7/2018 dated 15.10.2019.

During Financial Attest Audit of DHA Toba Tek Singh for financial year 2020-21, it was observed that 13 doctors working in RHCs & BHUs were being paid Practice Compensatory Allowance on the basis of doing private practice. Upon admissibility of NPA to all doctors who would submit an affidavit that he / she will not practice privately during his / her service irrespective of place of posting, above referred doctors drew arrears of NPA w.e.f. 01.07.2019 despite the fact they had already drawn PCA for the same period. Payment of PCA and NPA for the same period on the basis of submission of affidavit from back date was not justified.

Unjustified payment of NPA of Rs 5.770 million resulted in weak internal controls on the part of DAO and unjustified payment.

It was replied that progress on recoveries would be provided in next meeting. Audit verified recovery of Rs 324,954 during the month of October, 2021 and recovery would be verified after processing of payroll.

DAC directed DAO to produce record regarding recovery effected to Audit after processing of payroll and para was kept pending till recovery of full amount.

Audit recommends proper justification for payment and recovery of arrears without further delay.



#### **4.1.1.6 Difference in closing cash balance between Financial Statement and SBP – Rs 2.087 million**

According to provisions 6.3.4.1, 4.2 and 4.3 of Accounting Policy and Procedure Manual, a monthly reconciliation of bank accounts is a necessary part of financial management and is also an effective measure for detecting and deterring fraud and irregularities. Every DAO shall prepare a monthly reconciliation statement for expenditures and receipts, as set out in direction. The respective Accountant General shall prepare a consolidated monthly reconciliation statement for each government bank account, as set out in direction as per 6.3.5.2 of APPM.

During the Financial Attest Audit on the accounts of DHA, Toba Tek Singh for the Financial Year 2020-21, it was observed that actual closing cash balance as per SBP Head Office Karachi as on 30.06.2021 was Rs 467.051 million whereas closing cash balance at National Bank of Pakistan Main branch, Toba Tek Singh was Rs 464.964 million. Resultantly, there was a difference of Rs 2.087 million which could not be reconciled at closing of the financial year.

The difference in Bank balance may result into incorrect showing of closing balance in the accounts of the DHA, Toba Tek Singh and non-reconciliation of figures with banks.

It was replied that an amount of Rs 1,949,875 (Receipts figure of District Lodhran) wrongly booked by NBP Karachi in the Account-VI of District Toba Tek Singh and Rs 137,125, payment of DHA Toba Tek Singh wrongly booked by NBP District Courts Branch Toba Tek Singh in Account-I. Both entries are corrected during the month of August-21. Closing balances of DHA Toba Tek Singh (Account-VI) on 31.08.2021 is Rs 503,012,098 and same was at NBP Karachi.

Audit is of the view that amount of cash balance was overstated in Financial Statements and matter would be discussed in Clearing House Meeting.

DAC referred the matter for discussion in Clearing House Meeting.

Audit recommends that matter regarding differences in closing figure of cash at bank and non-reconciliation of bank balance may be justified.

## **CHAPTER 4.2**

### **DHA Toba Tek Singh**

#### **4.2.1 Introduction**

**A.** DHA, Toba Tek Singh was established on 01.01.2017 under Punjab Local Government Act 2013. DHA, Toba Tek Singh is a body corporate having perpetual succession and a common seal with power to acquire / hold property and enter into any contract and may sue and be sued in its name.

CEO is the PAO of the DHA, Toba Tek Singh and is responsible to the Public Accounts Committee of the Provincial Assembly. He is responsible to ensure that the business of the DHA is carried out in accordance with the laws and to coordinate the activities of the groups of offices for coherent, effective and efficient functioning of DHA, Toba Tek Singh.

The functions of DHA, Toba Tek Singh as described in the Punjab Local Government Act, 2013 are to:

- i. establish, manage and supervise primary and secondary healthcare facilities and institutions of the district.
- ii. approve budget of the Authority and allocate funds to health institutions.
- iii. coordinate health related emergency response during any natural calamity or emergency.
- iv. develop referral and technical support linkages between primary, secondary and tertiary level healthcare facilities.
- v. ensure human resource management and capacity development of health service delivery personnel.
- vi. ensure timely reporting of progress on health indicators relating to disease surveillance, epidemic control, disaster management to the Government.
- vii. ensure implementation of minimum standards of service delivery, infrastructure, patient safety, hygienic and public health as prescribed by the Punjab Healthcare Commission.

The DHA, Toba Tek Singh manages various administrative offices and healthcare facilities / institutions as given in the following table:

**Table-1: Detail of Administrative Offices and Healthcare Facilities**

(Figures in Nos.)

Description	No. of Offices / Healthcare Facilities
Chief Executive Officer (DHA)	01
District Health Officers	01
Deputy District Health Offices	04
District Headquarters Hospital	01
Tehsil Headquarters Hospitals	03
Rural Health Centre	08
District Coordinator IRMNCH	01
District Health Development Centre	01
Nursing Schools	02
Government City Hospitals	02
Blood Transfusion Officer	01
Basic Health Units	70
Government Rural Dispensary	23
MCH Centers	02
<b>Total</b>	<b>120</b>

(Source: Data received from CEO, DHA Toba Tek Singh)

The detail of total and audited formations of DHA, Toba Tek Singh is given in the following table:

**Table 2: Audit Profile of DHA, Toba Tek Singh**

(Rupees in million)

Sr. No.	Description	Total Nos.	Audited	Expenditure Audited FY 2020-21	Revenue/ Receipts Audited FY 2020-21
1	Formations	26	05	1,115.721	22.904
2	Assignment Accounts (excluding FAP)	-	-	-	-
3	Authorities/Autonomous Bodies etc. under the PAO	-	-	-	-
4	Foreign Aided Projects (FAP)	-	-	-	-

## B. Comments on Budget & Accounts (Variance Analysis)

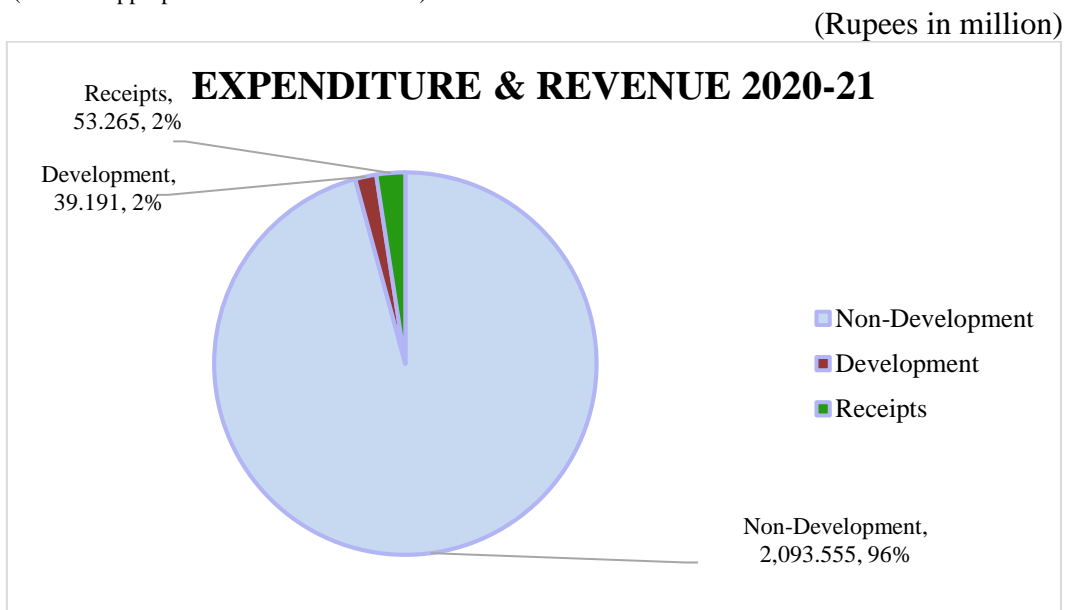
The detail of budget and expenditure of DHA, Toba Tek Singh for the financial year 2021-22 is given in following table:

**Table-2: Budget and Expenditure**

(Rupees in million)

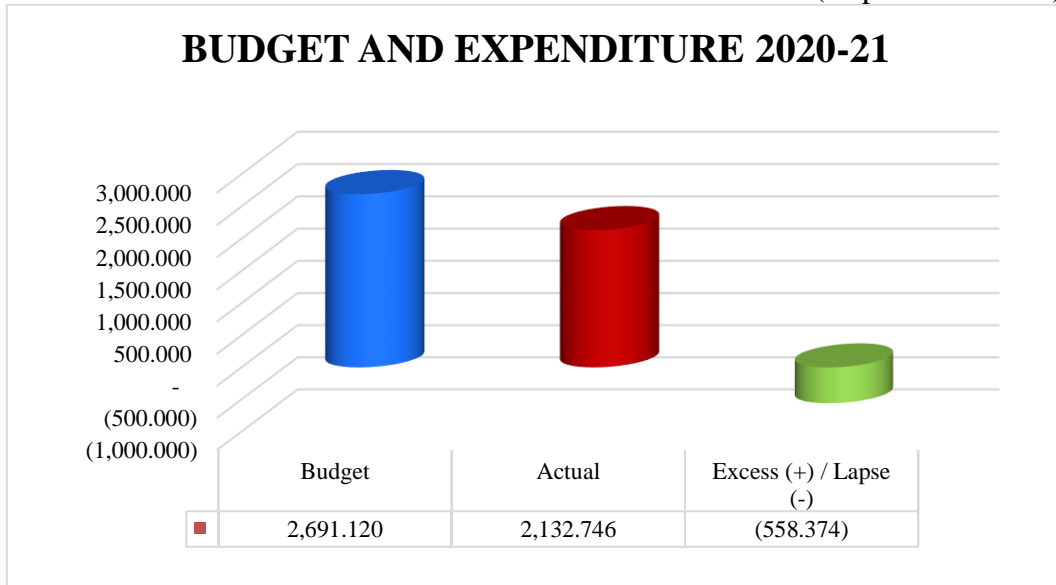
Detail	Budget	Actual	Excess (+) / Lapse (-)	(%) Lapse
Salary	1,791.067	1,642.301	-148.766	-8%
Non-Salary	780.148	451.254	-328.894	-42%
Development	119.905	39.191	-80.714	-67%
<b>Total</b>	<b>2,691.120</b>	<b>2,132.746</b>	<b>-558.374</b>	<b>-21%</b>
Receipts	-	53.265	-	-

(Source: Appropriation Accounts 2020-21)



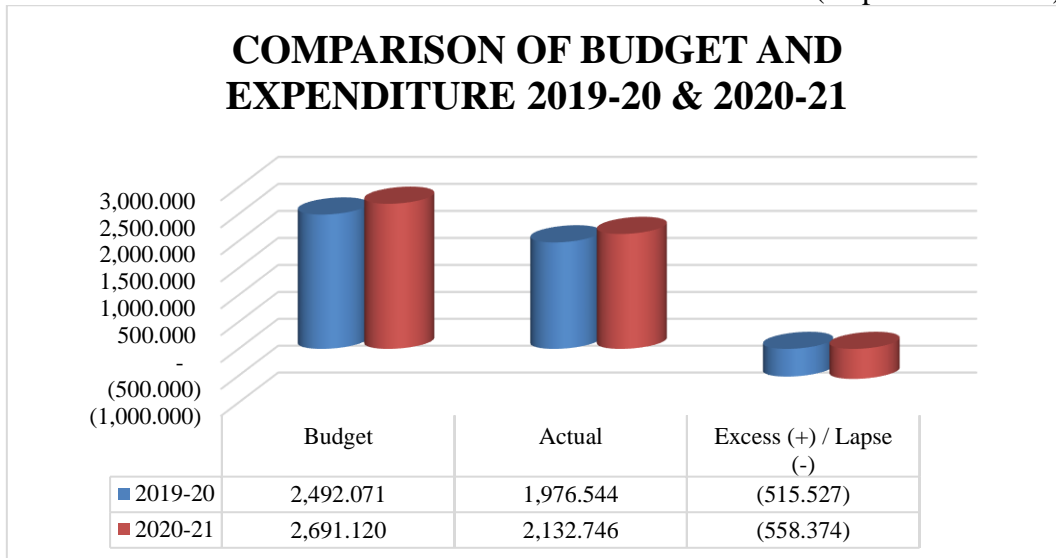
As per the Appropriation Accounts for financial year 2020-21 of DHA, Toba Tek Singh, final budget (Development and Non-Development) was Rs 2,691.120 million against which total expenditure of Rs 2,132.746 million was incurred by DHA during financial year 2020-21.

(Rupees in million)



The comparative analysis of the budget and expenditure of current and previous financial year is depicted as under:

(Rupees in million)



There was 8% increase in budget allocation and 8% increase in expenditure incurred in financial year 2020-21 as compared to financial year 2019-20, while there was overall lapse of Rs 558.374 million during 2020-21.

### **C. Sectoral Analysis**

Sectoral analysis of DHA, Toba Tek Singh was carried out in the light of data provided by CEO DHA, Toba Tek Singh for financial year 2020-21.

#### **i. Analysis of Financial Resources**

Lapse of funds (as reflected in Table-3 above) equivalent to 31%, 31% and 67% of the budgeted amount against salary, non-salary and development heads respectively reflect poor financial management especially considering that the DHA failed to achieve many of its core indicators and infrastructure targets during the year. Available funds to the tune of Rs 558.374 million were not utilized to achieve the targets. The same resulted in depriving the populace from necessary health facilities, such as provision of medicine, diagnostic facilities and health infrastructure. The detail is given below:

- i) amount of Rs 449.113 million was provided for purchase of medicines against which only Rs 226.761 million were utilized resulting in lapse of Rs 222.352 million (50%).
- ii) amount of Rs 111.340 million was provided for purchase of machinery and equipment against which an amount of Rs 35.376 million was utilized resulting in lapse of Rs 75.964 million (68%)
- iii) amount of Rs 119.905 million was allocated for development schemes out of which only Rs 39.191 million was spent whereas remaining Rs 80.714 million 67% were lapsed.

#### **i. Analysis of Targets and Achievements**

The assessment of performance with regards to achievement of targets, was made on the basis of various indicators of all the health units for the financial year 2020-21. These indicators were introduced, implemented and monitored through PMIU (Punjab Monitoring Information Unit) being part of CM Roadmap Program

2014. The objectives of roadmap were to improve health facilities at each health unit, better environment, facilitation to patients in OPD, vaccination and free of cost deliveries through proper monitoring at appropriate level. Detail of indicators and achievements are given below:

**Status regarding indicators and their achievements**

Sr. No.	Indicators	Target	Achievement	% age	Remarks
1	Posts Doctors/ Specialist	295	257	87%	Target not achieved
2	Technical Staff	878	785	89%	Target not achieved
3	Other Staff	983	962	98%	Target not achieved
4	Cardiac Coronary Unit	13,600	13,661	100%	Target achieved
5	Surgery	86,000	85,080	99%	Target not achieved
6	Peads	200,000	223,484	111%	Target achieved
7	Served Outdoor Patients	3,132,000	3,009,804	96%	Target not achieved
8	Served Indoor Patients	225,500	217,619	96%	Target not achieved
9	Fully Immunization	57,500	56,240	98%	Target not achieved
10	Birth Deliveries	26,600	23,825	89%	Target not achieved
11	Family Planning visits	67,700	56,483	83%	Target not achieved
12	Surgical Cases	16,100	16,138	100%	Target achieved
13	Diagnostics Services	525,000	543,059	103%	Target achieved
14	T.B chest Treatment	1,700	1,748	103%	Target achieved

(Source: Data received from DHA, Toba Tek Singh)

**ii. Service Delivery Issues**

In view of the above target achievement table, it could be noticed that DHA, Toba Tek Singh could not deliver services according to targets, in the area of outdoor/indoor patients, surgery, immunization, birth deliveries, family planning etc. during 2020-21. Moreover, un-realistic targets were fixed for Surgical Cases, Cardiac Coronary Units, Family Planning Services at SHC, Peads and Surgery. Doctors' availability is another issue which needs Government's attention. During 2020-21, total 257 doctors / specialist attended 3,227,423 outdoor and indoor patients which indicated that one doctor was available for 12,558 patients. There still exists huge room for improvement in provision of services by Health Authority.

### **iii. Expectation Analysis and Remedial Measures**

CEO (DHA) Toba Tek Singh failed to fully utilize the budget for the year 2020-21, and funds of medicine and development grants remained unutilized due to inefficiency of the management and lack of coordination. It is also concluded that target for key performance indicators was not set for financial year 2020-21.

The shortage of human resources was also not catered effectively despite overburdening of facilities in terms of patient turnover. The procurement of medicines through MSD rate contracts was not done timely and CEO DHA, Toba Tek Singh executed rate contracts of medicine in the months of December 2020 and March, 2021, resultantly the firms failed to supply the medicine within the financial year, 2020-21. In the meanwhile, hospitals purchased medicines through LP at higher rates which caused loss to the Health Authority. Further, instance of local purchase of same medicines at excessive price by different health facility was also observed.

#### **Suggestions/Remedial Measures**

The management of the DHA should take following measures to achieve the targets:

- i) The DHA should be immediately constituted so that an effective management of authority could be ensured.
- ii) Shortfall of Human Resource should be immediately filled to provide better service delivery to public.
- iii) The DHA should exploit all possible revenue sources to generate funds for itself.
- iv) Costly medical equipment and machinery must be made functional after necessary repair.
- v) There is a need to shift focus towards prevention, hygiene and public health issues and for that an effective and inclusive planning mechanism should be in place.
- vi) Shortfall of Human Resource should be immediately filled to provide better service delivery to public.



vii) Medical, surgical, diagnostic equipment should be provided to the hospitals as per their requirement.

viii) Steps should be taken for timely completion of development schemes.

#### 4.2.2 Classified Summary of Audit Observations

Audit observations amounting to Rs 190.175 million were raised as a result of this audit. This amount also includes recoverable of Rs 29.866 million as pointed out by Audit. Summary of the audit observations classified by nature is as under:

(Rupees in million)

Sr. No.	Classification	Amount
1	Non-production of record	-
2	Reported cases of fraud, embezzlement and misappropriation	-
3	Procedural irregularities	-
A	HR/Employees related irregularities	53.223
B	Procurement related irregularities	40.725
C	Management of Accounts with Commercial Banks	-
4	Values for Money and Service Delivery Issues	51.587
5	Others	44.640
	<b>Total</b>	<b>190.175</b>

#### 4.2.3 Comments on the Status of Compliance with PAC Directives

The Audit Reports pertaining to following year were submitted to the Governor of the Punjab but have not been examined by the Public Accounts Committee.

##### Status of Previous Audit Reports

Sr. No.	Audit Year	No. of Paras	Status of PAC Meetings
1	2017-18	17	PAC not constituted
2	2018-19	42	PAC not constituted
3	2019-20	14	PAC not constituted
4	2020-21	23	PAC not constituted

## **4.2.4 Audit Paras**

### **Procedural irregularities**

#### **4.2.4.1 Doubtful drawl of pay & allowances through Adjustments – Rs 28.843 million**

According to provision 4.6.5.5 of Accounting Policies and Procedures Manual, any change in employee's allowances and deductions shall be notified through the change statement to the DAO/AG/AGPR. Further, according to Rule 2.31(a) of the Punjab Financial Rules, Volume-I, a drawer of bill for pay, allowances, contingent and other expenses will be held responsible for any overcharges, fraud and misappropriation.

One hundred & ninety-nine (199) employees working under the administrative control of MS, DHQ Hospital, Toba Tek Singh withdrew pay and allowances amounting to Rs 28.843 million through Adjustments in SAP/R3 during 2020-21. Scrutiny of record revealed that pay & allowances were withdrawn without maintenance of supporting record i.e. change statements, arrear claims etc. of employees concerned. **(Annexure-4)**

Due to weak internal controls, pay & allowances were withdrawn by the employees through adjustments without supporting record which resulted in unauthentic expenditure.

The matter was reported to the DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that record for payments of arrears through adjustments in payroll had been maintained by this office. The reply was not tenable because the record was not made available for verification at the time of audit and DAC meeting. Audit stressed to produce relevant record in support of reply.

DAC directed DDO concerned to produce record within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides production of supporting record for Audit scrutiny.

[AIR Para: 17]

#### **4.2.4.2 Irregular expenditure on local purchase of day to day medicine – Rs 13.701 million**

According to Policy & operational Guidelines for local purchase of medicines (day to day), DDOs shall reduce the incidences of local purchase by identifying commonly and frequently purchased items and including them into the list of bulk purchase mandate. The tender should be awarded to the contractor, as per Punjab Procurement Rules, 2014, offering maximum discount. Local purchase is permitted for emergencies and indoor patients department on the prescription of authorized medical practitioner. Local purchase will be initiated with the order of Consultants/Senior Medical Officer via prescription and it will not be for more than 7 days for one patient. Patients who receive medicines should be registered at the central point and treatment register should be maintained encompassing name, registration number, address, diagnosis and description of medicines etc.

Three DDOs of DHA, Toba Tek Singh incurred expenditure of Rs 13.701 million on account of local purchase of day to day medicines during 2020-21. Contrary to the above provisions, procurement was made in violation of prescribed instructions as detailed below:

- i. Neither any prescription/recommendation for individual patient was made by the authorized medical practitioners nor indent for each patient was initiated;
- ii. Procurements were made without mentioning reference of the patients;
- iii. Medicines of routine/common use were procured from day to day budget instead of procuring the same in bulk;
- iv. Contracts for procurement of medicine was concluded on basis of maximum discount offered on MRP by the vendors. The DDOs while issuing supply orders neither mentioned unit price of each medicine; and

- v. Supply order amounting to Rs 1.020 million was issued without signature of Medical Superintendent, ECG Hospital Gojra.

(Rupees in million)

Sr. No.	Name of DDO	Head of Account	Amount
1	MS, Eye Cum General Hospital, Gojra	Local purchase of medicine	11.197
2	MS, Govt. City Hospital, Toba Tek Singh		1.434
3	MS, THQ Hospital, Pir Mahal		1.070
<b>Total</b>			<b>13.701</b>

Due to weak financial management and internal controls, local purchase of medicines was made in violation of policy guidelines which resulted in irregular expenditure.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that the concerned staff had been directed to submit their response in the light of audit observations. Audit stressed to probe the matter as the expenditure on local/ day to day medicine was incurred without observing the Government instructions.

DAC directed DHO (PS) to probe the matter and submit report within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides regularization of the expenditure from the competent authority.

[AIR Paras: 1, 3, 2]

#### **4.2.4.3 Unauthorized payment of inadmissible pay and allowances to employees – Rs 12.244 million**

According to Rule 1.15 of the Punjab Travelling Allowance Rules 1976, Conveyance Allowance is not admissible during any kind of leave except casual leave. Furthermore, according to Para 6 of the Government of the Punjab Finance Department letter No.FD (M-1)-15/82-P-1 dated 15.01.2000, in case of designated residence, the officer/official cannot draw house rent allowance and will have to

pay 5% of house rent even if he does not avail the facility. Moreover, according to para No. 4 of clarification issued by Government of the Punjab Finance Department letter No. FD.S.R-I 9-4/86 (P) PR dated 04.12.2012, the employees who were residing in the residential colonies situated within work premises were not entitled to the facility of Conveyance Allowance. Moreover, according to Rule 2.33 of the Punjab Financial Rules Volume-I, every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by Government through fraud or negligence on his part.

Five DDOs of DHA Toba Tek Singh made payment of pay & allowances amounting to Rs 12.244 million to 178 employees during financial year 2019-21. Audit observed that inadmissible pay & allowances were paid to the employees who either availed different kind of leaves, resigned/retired from the Government service or remained absent from Government duty. Moreover, in some cases the doctors withdrew inadmissible NPA while posted on administrative posts or doing private practice. The details are given below:

(Rupees in million)

Sr. No.	Name of DDO	Type of Allowance	Amount
1	MS, Eye Cum General Hospital, Gojra	Inadmissible payment of allowances during leave	2.389
		Inadmissible withdrawal of NPA	1.318
		Payment of pay & allowances during leave and period after retirement from service	0.567
		Withdrawal of HSRA without admissibility	0.510
		Unauthorized withdrawal of salary	0.225
2	MS, DHQ Hospital, Toba Tek Singh	inadmissible payment of allowances during leave	4.466
		Payment of inadmissible NPA & HSRA	0.372
		Payment of inadmissible NPA	0.508
3	CEO, DHA, Toba Tek Singh	Withdrawal of inadmissible HSRA	0.180
		Payment of inadmissible NPA	0.185
4	MS, Govt. City Hospital, Toba Tek Singh	Payment of allowances during leave	0.747
		Payment of SSB after regularization of service	0.036
5	MS, THQ Hospital, Pirmahal	Payment of inadmissible NPA	0.221
		Payment of allowances during leave	0.312
		Payment of SSB after regularization of service	0.070
		Payment of inadmissible NPA	0.138
<b>Total</b>			<b>12.244</b>

Due to weak internal controls and lack of due diligence, inadmissible pay and allowances were paid to employees.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that all the concerned employees had been directed either produce justification for withdrawal of allowances otherwise deposit the inadmissible allowances into the Government treasury. Audit stressed for recovery from the employees at the earliest.

DAC directed DDOs concerned to effect recovery of inadmissible allowances and report progress within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends recovery from the employees concerned besides fixing responsibility on the person(s) at fault.

[AIR Paras: 2,7,10,16,18,1,13,10,16,18,10,4,5,6,11,13]

#### **4.2.4.4 Delay in procurement of equipment despite advance withdrawal of funds – Rs 8.218 million**

According to Rules 4(b)&(d) of the Punjab District Authorities (Budget) Rules 2017, the CEO shall act as Principal Accounting Officer of the Authority and shall review progress of execution of the projects for their timely completion and prepare a report on planning and implementation of development plans for presentation before the district authority in the budget meeting. Further, according to Para 2(iii) of Government of the Punjab, Health Department order No.SPO/8-35/2017 dated 19.01.2021, Vouched account with supporting vouchers / documents to be furnished to Accountant General, Punjab within one month of the withdrawal of advance for adjustment in the books of account.

CEO, DHA, Toba Tek Singh withdrew funds of Rs 8.218 million in March, 2021 for procurement Neonatal & Pediatric Ventilator against development scheme “Up gradation of DHQ Hospital 125 bedded into 250 bedded” and Anesthesia Machine with closed circuit Ventilator against development scheme

“Up gradation of 60 bedded THQ Hospital, Pir Mahal”. The works were awarded in January, 2020 for a supply period of 60 & 90 days. However, the equipment was not supplied by the vendors with stipulated time period.

Due to negligence and weak financial management, procurement of equipment was delayed despite withdrawal of funds which resulted non-provision of better medical services to the public.

The matter was reported to the PAO / DDO in July & August, 2021. In DAC meeting held in October, 2021, it was replied that LCs were opened after 90 days by the Bank of Punjab in July, 2021, there was no delay on part of CEO Office. Audit stressed to ensure early delivery of the equipment by the suppliers.

DAC directed Deputy Director (B&A) to submit comprehensive report of undue delay in purchase of machinery and report progress within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter besides steps to expedite import/procurement of equipment without further delay.

[AIR Para: 12]

#### **4.2.4.5 Procurement in violation of Procurement Rules – Rs 6.965 million**

According to Rules 4, 9, 12(1) and 59 (b) of PPRA Rules, 2014, a procuring agency, while making any procurement, shall ensure that the procurement is made fairly and transparently, the object of procurement brings value for money to the procuring agency and the procurement process is efficient and economical. Further, a procuring agency shall advertise procurement of more than one hundred thousand rupees and up to the limit of two million rupees on the website of the Authority. Furthermore, according to Rule 2(sa)&(z) of the Punjab Procurement Rules 2014, ‘framework contract’ means a contract whereby the procurement is made for a certain volume or quantity of particular good, a set of goods, services or work over a specific period against an agreed sum or rate per item or lump sum. ‘Repeat orders’ means procurement of the same commodity from

the same source and according to rule 59(c)(iv) of ibid, repeat orders not exceeding fifteen percent of the original procurement.

Audit observed that two DDOs of DHA, Toba Tek Singh incurred expenditure of Rs 5.304 million under the heads of Printing and Cost of Other Stores during 2018-21. Contrary to the above provisions, the procurement was made by splitting the procurements to avoid open competition/tendering. Furthermore, MS DHQ Hospital, Toba Tek Singh executed framework contracts for a prescribed quantity but procurement was made in excess than fifteen percent of original prescribed limit amounting to Rs 1.661 million. Resultantly, irregular expenditure was incurred amounting to Rs 6.965 million by avoiding PPRA. The details are given below:

(Rupees in million)

<b>Sr. No.</b>	<b>Name of DDO</b>	<b>Amount</b>
1	MS, THQ Hospital, Pirmahal	3.213
2	MS, Govt. City Hospital, Toba Tek Singh	2.091
3	MS, DHQ Hospital, Toba Tek Singh	1.661
<b>Total</b>		<b>6.965</b>

Due to financial mismanagement, procurements were made in violation of PPRA which resulted in irregular expenditure.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that THQ Hospital Pirmahal and City Hospital were newly established healthcare facilities therefore the items mentioned in the audit observation had been purchased from time to time according to requirements. MS DHQ Hospital replied that said items are purchased through framework contract and no irregularity was made. The reply was not tenable because the procurements were made by splitting and no framework exist at the time of these purchases.

DAC directed DDOs concerned to get the expenditure regularized from the competent authority. No progress was intimated to Audit till the finalization of this Report.



Audit recommends to probe the matter for fixing responsibility on the incumbent(s) at fault besides regularization of expenditure from the competent authority.

[AIR Paras: 1, 2, 3]

#### **4.2.4.6 Unauthorized payment of previous years' liabilities – Rs 5.863 million**

According to Rules 17.17 (A) of Punjab Financial Rules Volume-I, every DDO shall maintain a register of liabilities in PFR Form No.27 in which he should enter all those items of expenditure for which payment is to be made by or through another officer, budget allotment or sanction of a higher authority is to be obtained, or payment would be required partly or wholly during the next financial year or years”.

MS DHQ, Hospital Toba Tek Singh and MS Eye cum General Hospital, Gojra made payment of pending liabilities of purchase of medicine pertaining to financial year 2019-20 amounting to Rs 5.863 million in current financial year 2020-21. Audit observed following discrepancies in payment of pending liabilities:

- i. Liabilities were paid without disclosure of the same in statement of current year's budget estimates.
- ii. Payment was made without maintaining liability register; and
- iii. Undertaking regarding “Non-payment” was also obtained from the respective vendors.

(Rupees in million)

<b>Sr. No.</b>	<b>Name of DDO</b>	<b>Head of Account</b>	<b>Financial Year</b>	<b>Amount</b>
1	MS, DHQ Hospital, Toba Tek Singh	Cost of Other Stores	2019-20	2.375
		Others	2019-20	1.610
2	MS, Eye Cum General Hospital, Gojra	Medicine	2019-20	1.878
<b>Total</b>				<b>5.863</b>

Due to weak financial and internal controls, liabilities were paid without allocation of additional funds and disclosure of same in current financial year's budget which resulted in irregular expenditure.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that record regarding liability registers, undertakings of non-payment and approval by the higher authority for clearing pending liabilities had already been maintained. The reply was not tenable because payment of liabilities was made without maintenance of register of liabilities.

DAC directed DDOs to get the expenditure regularized from the competent authority. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides regularization of expenditure.

[AIR Paras: 16, 5]

#### **4.2.4.7 Hiring of staff without provision of missing facilities – Rs 4.299 million**

According to Rules 3(f) and 4(1) (I) of the Punjab District Authority (Budget) Rules, 2017, the Chairperson shall evaluate progress against key performance indicators for achieving economy, efficiency, and effectiveness in expenditure. The CEO shall act as PAO and shall ensure the utilization of funds in the public interest and on specified objects. Further, according to Section 17(6) of the Punjab Local Government Act 2013, the Chairman and CEO of the Authority shall be personally responsible to ensure that the business of the Authority is conducted proficiently, in accordance with the law, and to promote the objectives of the Authority.

DHA authorities appointed staff on six posts including Anesthesia Assistant, Operation Theater Assistant, Driver etc. in Government City Hospital, Toba Tek Singh. Scrutiny of record revealed that recruitment was made without availability of ambulance and Operation Theater in the hospital. The DDO incurred

expenditure of Rs 4.298 million on pay & allowances without performance of requisite duties in the hospital. The details are as under:

(Rupees in million)

Sr. No.	Designation	Date of Joining	Place of Posting	Amount
1	Anesthesia Assistant	15-08-17	City Hospital, Toba Tek Singh	0.878
2	OTA	16.02.12	General Duty	0.766
3	Driver	13.02.17	Rescue 1122	0.804
4	Driver	23-02-10	City Hospital, Toba Tek Singh	0.355
5	OT Attendant	19.08.17	City Hospital, Toba Tek Singh	0.734
6	OT Attendant	19.08.17	City Hospital, Toba Tek Singh	0.762
<b>Total</b>				<b>4.299</b>

Due to weak management and internal controls, recruitment of staff was made without provision of missing facilities and expenditure on salaries was incurred without performing actual duties.

The matter was reported to the PAO and DDO in July, 2021. In DAC meeting held in October, 2021, it was replied that recruitment of staff was made in accordance to the requirements as approved in PC-I of new building. Reply was not tenable because the operation theater had not been made functional and ambulance has not been provided/procured so far.

DAC directed In-charge Medical Officer to submit comprehensive plan of procurements/functional status of hospital within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on appointing authorities besides regularization of expenditure and devise mechanism for optimal utilization of human resources.

[AIR Para: 1]

#### **4.2.4.8 Excess procurement of conventional syringes in violation of instructions – Rs 4.186 million**

According to Para 2&3 of Hepatitis Prevention & Control Program, P&SHC Department Punjab letter No.10314/HCP/2020 dated 22.12.2020,

Competent authority directed that all DHAs should procure at least 50% auto-disable syringes for the current financial year 2020-21 and from 2021-22 to onward DHAs should procure only the auto-disable syringes instead of conventional syringes in this regard it is directed to review the procurement policy accordingly.

Contrary to the provisions of above instructions, CEO DHA Toba Tek Singh procured 12,000 auto-disable syringes against a total demand of 441,400 syringes during 2020-21. Resultantly, the authorities procured conventional syringes more than 50% of total demand and incurred expenditure of Rs 4.186 million in violation of prescribed criteria during 2020-21. Furthermore, DHA also sustained loss of Rs 0.901 million due to procurement of conventional syringes at higher rates. The details are as under:

(Rupees in million)

Sr. No.	Description	Demand		Procurement		Rate	Amount
		Total Demand	50% of Demand	Auto-syringes	Excess Purchase		
1	Syringe 1ml	60,300	30,150	-	30,150	7.29	0.220
2	Syringe 3ml	242,500	121,250	2,000	119,250	9.83	1.172
3	Syringe 5ml	580,000	290,000	10,000	280,000	9.98	2.794
<b>Total</b>		<b>882,800</b>	<b>441,400</b>	<b>12,000</b>	<b>429,400</b>	<b>-</b>	<b>4.186</b>

Due to weak administrative controls and negligence, conventional syringes were procured excess than prescribed ratio at higher rates which resulted in irregular procurement and loss to public exchequer.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that supply orders were placed before issuance of notification and therefore conventional syringes were purchased due to urgent needs. The reply was not tenable as supply orders were not placed in ratio as prescribed by the Health Department.

DAC directed DHO (PS) to probe the matter for fixing responsibility for non-compliance of Departmental instructions and report progress within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on procuring authority besides regularization of expenditure and recovery of loss of Rs 0.901 million from the defaulters.

[AIR Para: 3]

#### **4.2.4.9 Non-reimbursement of pension payments – Rs 3.793 million**

According to Para 4(c) of Government of the Punjab, Finance Department letter No.FD(DG)-1-Instructions-Act-13/2016 dated 31.10.2017, the liability of pension of the employees pertaining to Education and Health Sector, retiring on and after their adjustment to erstwhile District Government shall be borne by the respective District Authorities.

Audit observed that DHA, made payment of pension amounting to Rs 3.793 million upto October, 2017 to employees who were retired before establishment of District Government Toba Tek Singh. Furthermore, the amount was required to be reimbursed from the parent department of pensioners as DHA was responsible for payment of pension to employees who were retired after establishment of erstwhile District Government.

Due to financial mismanagement and weak internal control, pension payment of employees retired before the establishment of District Government was made out of pension fund of the DHA which caused extra financial burden on DHA funds.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that District Council, Toba Tek Singh had been requested for re-imburement of the pension contribution. Audit stressed to recoup the amount of pension from the District Council at the earliest.

DAC directed Deputy Director (B&A) to pursue the matter and recoup the amount of pension from the District Council, Toba Tek Singh. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter and re-imburement of excess paid amount from department concerned.

[AIR Para: 4]

#### **4.2.4.10 Loss due to non-deduction of House Rent Allowance and Conveyance Allowance – Rs 2.499 million**

According to Government of the Punjab Finance Department letter No. FD (M-I) 1-15-PC-2-1 dated 15.01.2000, in case of designated residence, the officer / official for whom residence is meant, cannot draw house rent allowance and will have to pay 5% repair and maintenance charges even if he does not avail the facility and residence remains vacant during the period. Moreover, as per Para No. 4 of Government of the Punjab Finance Department letter No.FD.S.R-I-9-4/86 (P) PR dated 04-12-12, it is clarified that the employees who are residing in the residential colonies situated within work premises are not entitled to the facility of Conveyance Allowance.

Audit observed that in violation of above rules four DDOs of DHA, Toba Tek Singh made payment of HRA and CA amounting to Rs 1.091 million during 2019-21 to the employees who were allotted official residences within work premises. Furthermore, MS THQ Hospital Pirmahal did not allot official residences to employees concerned despite availability of designated residencies within hospital colony and incurred expenditure of Rs 1.408 million as HRA and CA during 2020-21. The details are given below:

(Rupees in million)

<b>Sr. No.</b>	<b>Name of Formation</b>	<b>Amount</b>
1	MS, Eye cum General Hospital, Gojra	0.409
2	MS, DHQ Hospital, Toba Tek Singh	0.371
3	MS, Govt. City Hospital, Toba Tek Singh	0.271
		0.04
4	MS, THQ Hospital, Pir Mahal	1.408
	<b>Total</b>	<b>2.499</b>

Due to weak internal controls and negligence, designated residences were not allotted to employees and excess HRA & CA was paid to the staff residing in official residences within work premises.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that all the concerned

officers/officials had been directed to deposit the amount into the Government Treasury at the earliest. Audit stressed to recover the amount of inadmissible allowance from the employees concerned.

DAC directed DDOs concerned to recover the overdrawn amount of inadmissible allowances from the employees at the earliest. No progress was intimated to Audit till the finalization of this Report.

Audit recommends recovery of Rs 2.499 million from the concerned besides fixing responsibility on the incumbent(s) at fault.

[AIR Paras: 17, 13, 7, 11, 3]

#### **4.2.4.11 Procurement of air conditioners without prior approval of Austerity Committee – Rs 1.792 million**

According to Para 2(v) of Government of the Punjab, Finance Department letter No.FD.SO(GOODS)44-4/2016 dated 27.08.2020, air-conditioners shall not be allowed to be procured except with the prior approval of the Austerity Committee.

CEO, DHA, Toba Tek Singh made procurement of fifteen air conditioners valuing Rs 1.792 million during 2020-21. However, purchases were made without prior approval of Austerity Committee. The detail is as under:

(Rupees in million)

<b>Sr. No.</b>	<b>Supplier</b>	<b>Bill No./Date</b>	<b>Description</b>	<b>Amount</b>
1	Pak Electron Limited	5-564/26.05.21	For City Hospital TTS	1.640
2	Pak Electron Limited	5-563/25.05.21	For CEO, office TTS	0.152
<b>Total</b>				<b>1.792</b>

Due to weak financial management and internal controls, procurement of air-conditioner was made without prior approval of Austerity Committee.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that two ACs were purchased and replaced with the old ACs for the office. Fifteen ACs have been approved in PC-1 and purchased from the budget of development schemes for COVID-19 Mass

Vaccination Centre at new building of City Hospital, Toba Tek Singh. The reply was not tenable because the approval of the competent authority was not obtained. Audit recommends to get the expenditure regularized from the competent authority

DAC directed DHO (PS) to probe the matter for fixing responsibility on the person(s) at fault and report progress within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter for fixing responsibility besides regularization of expenditure from the competent authority.

[AIR Para: 2]

#### **4.2.4.12 Undue financial burden on public exchequer due to deputation of additional janitorial staff– Rs 1.545 million**

According to Framework Contract executed between Project Management Unit (PMU), Government of the Punjab, P&SHC Department and M/s Super Care Service, rates of HR for Janitor is Rs 25,495 per month per janitor during 2020-21.

Project Management Unit Primary & Secondary Healthcare Department Punjab deputed 31 janitorial/sanitary workers in Eye cum General Hospital, Gojra without keeping in view that five sanitary workers were already working in the hospital on regular basis. Deployment of janitorial workers without proper planning and non-adjustment of existing staff resulted in undue financial burden on DHA funds amounting to Rs 1.545 million. The detail is given below:

(Rupees in million)

<b>No. of Employees</b>	<b>Rate per Month</b>	<b>Amount per Month</b>	<b>Amount for 1 Year</b>
5	25,750	128,750	1.545

Due to lack of due diligence and weak financial management, janitorial staff was deployed without adjustment of existing staff for proper utilization of human resources which resulted in undue financial burden on DHA funds.

The matter was reported to the PAO and DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that higher authority outsourced the



janitorial services in all hospitals under P&SHD. Audit stressed to communicate the matter to the Health Department for rationalization of the posts.

DAC directed to take up the matter to the Health Department for rationalization of the posts so that services of idle employees may be utilized at other places. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the incumbent(s) at fault besides regularization of matter from the competent authority.

[AIR Para: 6]

## **Value for money and service delivery issues**

### **4.2.4.13 Loss to the Authority due to bulk purchase of medicine at excessive rate – Rs 36.749 million**

According to Rule 2.33 of the Punjab Financial Rules Volume-I, every Government servant should realize fully and clearly that he will be held personally responsible for any loss sustained by the Government through fraud or negligence on his part and that he will also be held personally responsible for any loss arising from fraud or negligence on the part of any other Government servant to the extent to which it may be shown that he contributed to the loss by his own action or negligence. Further, according to Para2 (ii) of Government of Punjab, Primary & Secondary Healthcare Department (P&SHCD) letter No.PSHD-TCO-I(M)6-14/2017, the local purchase of medicines costs Government higher price in comparison to bulk purchase. Therefore, the aim is to reduce the incidences of local purchase by identifying commonly and frequently purchased items and including them into the list of bulk purchase mandate.

CEO, DHA, Toba Tek Singh and four DDOs of DHA Toba Tek Singh made procurements of medicine and other store items during the financial years 2019-21. Scrutiny of record depicted that the expenditure was incurred without observing procurement rules which caused undue delay in finalization of framework contracts and procurements were made at higher rates in comparison to prevailing market rates and rates of adjacent health facilities. Resultantly, excess expenditure of Rs 36.749 million was incurred by the DDOs. The detail is as under:

(Rupees in million)

<b>Sr. No.</b>	<b>Name of DDO</b>	<b>Head of Account</b>	<b>Amount</b>
1	CEO DHA, Toba Tek Singh	Bulk Purchase of Medicine	5.112
			25.424
		Local Purchase of Medicine	2.463
2	MS, DHQ Hospital, Toba Tek Singh	Other Store Items	0.693
			0.145
3	MS, Eye cum General, Hospital, Gojra	Local Purchase of Medicine	2.585
4	MS, City Hospital, Toba Tek Singh		0.172

Sr. No.	Name of DDO	Head of Account	Amount
5	MS, THQ Hospital, Pirmahal		0.128
		Other Store Items	0.027
<b>Total</b>			<b>36.749</b>

Due to financial indiscipline and negligence, procurement was made on higher rates in violation of PPRA Rules which resulted in loss to the DHA.

The matter was reported to the PAO and DDOs in July & August, 2021. In DAC meeting held in October, 2021, it was replied that DHA procured the MSD medicines through framework contract from pre-qualified firms as per PPRA rules. Other DDOs replied that all efforts were made to purchase the medicine in accordance to the rules and procurements were made on competitive rates. The reply was not tenable because the purchases were made on higher rates. Audit stressed to probe the matter for purchase of medicine on higher rates.

DAC directed DHO (PS) to probe the matter for purchase of medicine on higher rates and submit comprehensive report within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the DDOs responsible besides recovery of loss from defaulters.

[AIR Paras: 3, 7, 12, 7, 12, 8, 9, 8, 9]

#### **4.2.4.14 Loss to the Authority due to delay in finalization of MSD rate contract – Rs 6.519 million**

According to Para 2(ii) of Government of Punjab, Primary & Secondary Healthcare Department (P&SHCD) letter No. PSHD-TCO-I(M)6-14/2017, the local purchase of medicines costs Government higher price in comparison to bulk purchase. Therefore, the aim is to reduce the incidences of local purchase by identifying commonly and frequently purchased items and including them into the list of bulk purchase mandate. Further, according to Government of Punjab, Health Department letter No.SO(P-I)H/3-64/2008 dated 18.08.2008, maximum time for completion of tender process is up to November.

CEO, DHA failed to finalize framework contract for purchase of medicine in the start of financial year 2020-21 and the same was executed in the months of March & May 2021. Audit observed that due to late execution of framework contract different health facilities opt to purchase the medicine from local market at comparatively higher rates than the rates finalized in framework contract and incurred excess expenditure of Rs 6.519 million. The details are given below:

(Rupees in million)

Sr. No.	Name of DDO	Amount
1	CEO, DHA, Toba Tek Singh	6.429
2	MS, THQ Hospital, Pirmahal	0.090
<b>Total</b>		<b>6.519</b>

Due to negligence and financial indiscipline, framework contract was delayed which caused purchase of medicines at higher rates and loss to DHA.

The matter was reported to the PAO and DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that DHA started the procurement process through open competition after pre-qualification of firms by the DG Health Services and framework contract was finalized after observing instruction of Health Department. Audit did not agree with the reply as the budget was allocated for the financial year 2020-21 and the procurement process was required to complete at the start of financial year.

DAC directed to refer the case to the Director General (Health Services) Punjab to revisit the prequalification process. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on person(s) at fault besides recovery of loss from defaulters.

[AIR Paras: 6, 10]

#### **4.2.4.15 Loss to Government due to delay in completion of scheme – Rs 5.789 million**

According to Rules 4(b)&(d) of the Punjab District Authorities (Budget) Rules 2017, the CEO shall act as Principal Accounting Officer of the Authority and

shall review progress of execution of the projects for their timely completion and prepare a report on planning and implementation of development plans for presentation before the district authority in the budget meeting.

During audit of CEO, DHA, it was observed that DHA authorities approved Development Scheme “Establishment of 40 bedded Gynae, children and emergency wards at City Hospital, Toba Tek Singh” at a cost of Rs 56.573 million 30.10.2017 and work was awarded to contractor with completion period upto one year. However, the scheme was not completed within stipulated period which resulted in enhancement of cost of scheme by Rs 5.789 million.

Due to weak monitoring mechanism and negligence, development scheme was delayed without any justified reasons and caused loss due to cost escalation of scheme.

The matter was reported to the PAO / DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that DHA Toba Tek Singh initiated the procurement process after release of funds by the Finance Department. Audit stressed to probe the matter for undue delay in completion and non-utilization of revenue portion.

DAC directed Deputy Director (B&A) to submit comprehensive report of undue delay in completion of revenue portion and report progress within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault besides completion of scheme without further delay.

[AIR Para: 11]

#### **4.2.4.16 Irregular advance withdrawal of fund for electricity charges – Rs 2.530 million**

According to Rule 2.10(b)(5) of the Punjab Financial Rules, Volume-I, no money is withdrawn from the treasury unless it is required for immediate disbursement or has already, been paid out of the permanent advance and that it is

not permissible to draw advances from the treasury for the execution of works the completion of which is likely to take a considerable time.

CEO, DHA and SMO City Hospital, Toba Tek Singh withdrew fund in advance under the head electricity charges and made payment in excess than actual amount of bill during 2019-21 amounting to Rs 2.530 million. The DDOs withdrew excess funds through managed bills. The detail is given below:

(Rupees in million)

Sr. No.	Name of DDO	Period	Head of Account	Amount
1	CEO, DHA, Toba Tek Singh	2020-21	Electricity	0.467
2	MS, City Hospital, Toba Tek Singh	2019-21	Electricity	2.063
<b>Total</b>				<b>2.530</b>

Due to financial indiscipline and weak internal controls, excess funds were withdrawn for electricity charges than the actual billing which resulted in irregular payment.

The matter was reported to the PAO and DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied that payment was made to the FESCO for smooth running of hospital and the expenditure had been charged to relevant head of account. Reply was not tenable as funds were withdrawn on manually prepared bills excess than actual.

DAC directed DHO (PS) to probe the matter and submit comprehensive report within two weeks. No progress was intimated to Audit till finalization of this Report.

Audit recommends regularization of expenditure from the competent authority besides recovery of excess funds.

[AIR Paras: 19, 5]

#### **4.2.4.17 Unlawful conduct of business of District Health Authority**

According to Section 30(3) of the Punjab Local Government Act, 2013 (as amended on 08.11.2017), when an elected Local Government is, for any reason, not in office, the Government may appoint an administrator to perform the

functions of the local government until the elected local government assumes office but such period shall not exceed two years. Further, according to Government of the Punjab, Local Government and Community Development Department Notification No.SOR(LG)38-5/2014 dated 01.01.2017, established DHA in each District and appointed Deputy Commissioner of the District as Administrator of the said Authority w.e.f. 01.01.2017.

Contrary to the above provisions of the Punjab Local Government Act, Deputy Commissioner, Toba Tek Singh continued to hold the office as Administrator and exercised the powers of the authority beyond lawful tenure of two years which expired on 31.12.2018, without appointment as Operating Officer by the Government. Therefore, conduct of business of the Health Authority, Toba Tek Singh including approval/authentication of Original / Revised Budget and incurrence of expenditure amounting to Rs 2,788.758 during 2020-21 was held unlawful. Further, powers of the House / Authority were concentrated and used by a government servant.

Due to negligence, business of the DHA was run by the Deputy Commissioner beyond lawful tenure of 12 months which resulted in exercising the powers of the House by a Government servant and unlawful authentication/ approval of Budget of DHA.

The matter was reported to the PAO and DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that matter had been referred to Government of the Punjab Primary & Secondary Healthcare Department for Policy decision. Audit stressed to pursue the matter regarding conduct of business under PLGA and get the expenditure regularized from the competent authority.

DAC decided to refer the case of unlawful conduct of business of DHA to Government of the Punjab for regularization. No progress was intimated to Audit till the finalization of this Report.

Audit recommends regularization of the expenditure from the Competent Authority.

[AIR Para: 9]

## **Others**

### **4.2.4.18 Irregular expenditure from Health Council funds – Rs 22.760 million**

According to guideline regarding Health Councils, the procedure guidelines for Health Council for DHQ Hospital must be followed before incurring any expenditure. According to Sections 3(1), 6, 9 and 17 of Punjab Seized and Freezed Facilities (Hospital and Dispensaries) Act 2019, lays down procedure for constitution of board to be known as Hospital and Dispensaries Management Board. The Board shall have the power to acquire and dispose of a property and to enter into contracts, recruit and determine terms and conditions of employees of the Facilities, formulate the budget of the facilities, lay down the procedure for the conduct of its business. All properties, movable or immovable, owned by a facility shall vest in the Board. The Board may frame regulations and rules for terms and conditions of employment of employees of the Board, delegation of administrative and financial powers to the directorate, a committee or an employee of the Board.

Audit observed that MS, DHQ Hospital, Toba Tek Singh incurred expenditure of Rs 22.760 million on salaries of staff, POL and repair of ambulances of proscribed institutes of JUD/FIF during 2020-21. The expenditure was held irregular on the following grounds:

1. Notification regarding constitution of Hospital Dispensaries Management Board was not available in the record;
2. Procedure for the conduct of business, appropriate guidelines / authority for allocation and utilization of funds was not devised;
3. Approved list of employees of JUD/FIT, attendance and terms and conditions of service were not available;
4. Salaries were paid to the employees without devising policy and TORs.
5. List of properties taken over and current status / utilization of these properties was not available;
6. Funds were deposited into Health Council bank account of the hospital without authority;



7. Expenditure on POL of ambulances was incurred without detail of operations;
8. Expenditure of Rs 54,057 on POL of ambulance no.LES-7351 was drawn from regular budget of DHQ Hospital;
9. Cash book was not being maintained; and
10. Entire expenditure was incurred without approval of Health Council.

Due to lack of due diligence and mismanagement, funds were utilized without observing Health Council Policy Guidelines which resulted in irregular expenditure.

The matter was reported to the PAO and DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that funds were utilized through health council as per available guidelines. Furthermore, dispensaries and ambulances of JUD/FIF were handed over to the undersigned through orders of the Government. Employees list and their place of working was provided with the approval of CEO, DHA Toba Tek Singh. The reply was not tenable because no procedure for the conduct of business, appropriate guidelines/procedure/ authority for allocation and utilization of funds was devised. Audit stressed to probe the matter for fixing responsibility.

DAC directed CEO DHA to probe the matter through a committee and report progress to Audit within three weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends regularization of expenditure from the competent authority besides fixing responsibility on the person(s) at fault.

[AIR Para: 15]

#### **4.2.4.19 Incurrence of expenditure against Nil budget – Rs 7.700 million**

According to Rule 4(1)(h) & 6(j) of the Punjab District Authorities (Budget) Rules, 2017, The CEO shall act as PAO of the Authority and shall monitor the receipts and expenditure of the District Authority, offices and institutions to be

carried out in accordance with the approved budget and the rules. The budget and accounts officer shall be responsible to monitor the receipts and expenditure of the District Authority and institutions through System SAP-R/3.

CEO, DHA Toba Tek Singh withdrew funds of Rs 7.700 million against head, A04101-Pension Civil during 2020-21. Scrutiny of record revealed that funds were transferred without budget allocation into the Pension fund.

Due to weak budgetary controls, expenditure was incurred against Nil budget which resulted in irregular/excess expenditure.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that expenditure was booked under head of Account A04101-Pension Civil due to clerical mistake which was rectified and booked under relevant head of account A05270. Audit stressed to produce relevant record in support of reply at the earliest.

DAC directed MS DHQ Hospital to produce relevant record in support of reply within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter for fixing responsibility besides regularization of expenditure from the competent authority.

[AIR Para: 15]

#### **4.2.4.20 Non-deduction of taxes at source – Rs 4.968 million**

According to Section 153 of Income Tax Ordinance, 2001, every prescribed person, while making a payment shall deduct tax at the specified rate from the gross amount payable. Further, according to Section 2(3)(i) of Sales Tax Special Procedure (Withholding) Rules, 2007, withholding agents falling under category “A” were required to deduct an amount equal to 1/5th of the total Sales Tax in case of procurement from registered persons, whereas, on purchase of taxable goods from unregistered persons, Sales Tax was required to be deducted at the applicable rate. Furthermore, according to Serial No.1(b)(ii), 2(ii)(b) and 3(iii) of Division III of Part III of First Schedule of the Income Tax Ordinance, 2001, in

the case of rendering of or providing of services, Income Tax shall be deducted @ 10 percent of the gross amount payable, if the person is a filer and 20 percent if the person is non-filer.

CEO, DHA and two DDOs of DHA, Toba Tek Singh made payments of Rs 62.862 million against rendering of services, procurement of medicine, medical equipment, other store items and distribution of share of doctors/staff in diagnostic laboratories amounting to Rs 15.890 million during 2020-21. Audit observed that payments were made to the suppliers/service providers and other payees without deduction of Income Tax, Punjab Sales Tax on Services and without provision of proof of deposit of 80% GST into the Government treasury. Resultantly, an amount of Rs 4.968 million as GST, Income Tax and Punjab Sales Tax on Services was either not deducted or deducted at lesser rate from claims of payees. The details are as under:

(Rupees in million)

<b>Sr. No.</b>	<b>Name of DDO</b>	<b>Description</b>	<b>Amount</b>
1	CEO, DHA, Toba Tek Singh	Income Tax & Sales Tax on services not deducted	2.491
		Undue withholding tax was deducted by Bank	0.033
2	MS, DHQ Hospital, Toba Tek Singh	Income Tax was not deducted on doctor/staff share	1.589
		Income Tax & Sales Tax on services not deducted	0.442
		Income Tax & Sales Tax on services not deducted	0.077
3	MS, THQ Hospital, Pirmahal	Proof of 80% GST deposited was not submitted	0.336
<b>Total</b>			<b>4.968</b>

Due to lack of due diligence and weak internal controls, payments were made without deduction of taxes which resulted in excess payment to the suppliers.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied by the CEO, DHA that all taxes had been deducted as per rules at the time of payment. MS DHQ Hospital

and other DDOs replied that directions had been issued to concerned employees and firms either to produce evidence of deposit of taxes otherwise deposit taxes into the Government treasury. Reply was not tenable because no record was produced to audit. Audit stressed either to produce relevant record in support of replies or recovery of taxes be ensured.

DAC directed Deputy Director (B&A) either to ensure production of relevant record regarding deposit of taxes or recover the amount of taxes and report progress within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends to probe the matter for fixing responsibility besides on DDOs concerned besides recovery of excess paid amount.

[AIR Paras: 4, 11, 4, 11, 18, 12]

#### **4.2.4.21 Non-reconciliation of receipts – Rs 4.837 million**

According to Rule 4(1)(h) & 6(j) of the Punjab District Authorities (Budget) Rules, 2017, the CEO shall act as Principal Accounting Officer of the Authority and shall monitor the receipts and expenditure of the District Authority, offices and institutions to be carried out in accordance with the approved budget and the rules. The budget and accounts officer shall be responsible to monitor the receipts and expenditure of the District Authority and institutions through System SAP-R/3.

CEO, DHA, Toba Tek Singh incurred expenditure of Rs 46.651 million on purchase of medicines after deduction of different penalties including late delivery charges, unspecified packing, less shelf life of medicine amounting to 4.837 million. However, figures of receipt were not reconciled with DAO to ensure proper credit of amount into relevant receipt heads of DHA Account-VI.

Due to weak internal controls and financial mismanagement, receipts were not properly reconciled with DAO which resulted in inaccurate accounting and reporting of receipts.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that penalty on late delivery, packing and less shelf life has been deducted from the concerned firms before payment and District Accounts Officer had credited it in DHA account accordingly. Audit stressed to produce relevant record in support of reply to audit at the earliest.

DAC directed Deputy Director (B&A) to produce relevant record in support of reply. No progress was intimated to Audit till finalization of this Report.

Audit recommends reconciliation of receipts with DAO at the earliest besides fixing responsibility of collecting officers.

[AIR Para: 14]

#### **4.2.4.22 Non-recovery of Government dues / non-forfeiture of performance security – Rs 2.944 million**

According to Government of the Punjab, Health Department letter No.SO (H&D)7-9/2017 dated 20.10.2019, 15% of the revenue collected for diagnostic tests shall be equally distributed among pathologists and in case pathologist is not available the requisite share shall be deposited in Government treasury along with Government share. Further, according to Government of the Punjab, Primary & Secondary Healthcare Department (P&SHD) Notification No. S.O(H&D)7-9/2017(U.C) dated 17.08.2019, the revised rate for X-Rays is Rs 60 in health facilities. Furthermore, according to Clause 9 of contract agreement, wherein the supplier fails to make deliveries within stipulated time frame as per signed contract & purchase order, the contract to the extent of non-delivered portion of supplies shall stand cancelled and the amount of Performance Guaranty/Security to the that extent shall be forfeited. If the Supplier fails to supply the whole consignment, the entire amount of Performance Guaranty/Security shall be forfeited to the Government account and the firm shall be blacklisted minimum for two years.

Two DDOs of DHA could not ensure collection/deposit of DHA receipts amounting to Rs 5.143 million under different receipt heads including deduction/ deposit of Government/pathologist share on specified ratio, collection

of diagnostic laboratory fee at higher rate and collection of dues from the contractor of canteen during the period 2020-21. Furthermore, CEO, DHA either did not impose late delivery charges or same was imposed at lesser rates on defaulting suppliers. Moreover, in some cases performance security was also not forfeited against non-supply of medicine amounting to Rs 0.870 million from the suppliers. Resultantly, DHA exchequer sustained loss of Rs 6.013 million. The details are given below:

(Rupees in million)

Sr. No.	Name of DDO	Description	Amount
1	DHQ Hospital, Toba Tek Singh	Non-collection of lab test fee by Blood Bank	2.944
		Government share was less deposited by Blood Bank staff	0.680
		Unauthorized payment of pathologist share to Medical Superintendent	0.524
		Stamp duty was not recovered	0.013
2	CEO, DHA, Toba Tek Singh	Non-forfeiture of Performance Security on non-supply	0.732
		Less/Non-deduction of LD charges	0.138
3	Eye cum General Hospital Gojra	Excess collection of X-Ray charges	0.749
		Non recovery of dues from canteen contractor	0.233
<b>Total</b>			<b>6.013</b>

Due to weak financial controls and negligence, different receipts/charges were either not collected or collected at lesser rates and same was not deposited into the DHA Account-VI which caused loss to DHA funds.

The matter was reported to the DDOs concerned in July & August, 2021. In DAC meeting held in October, 2021, it was replied by MS DHQ Hospital that blood bank tests are performed free of cost from start and no notification is available for collection of such fee. CEO, DHA replied that action would be taken for non-supply accordingly. MS Eye cum General Hospital replied that action would be taken against the defaulting firms at the earliest. Audit stressed to ensure deposit/recovery of late delivery charges, Government dues from the concerned at the earliest.

DAC directed Deputy Director (B&A) to pursue the matter for necessary action/recovery from the concerned and report progress within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends fixing responsibility on the person(s) at fault besides recovery of Government dues/charges from the defaulters.

[AIR Paras: 2, 6, 8, 22, 22, 10, 17, 11]

#### **4.2.4.23 Irregular booking of expenditure and non-credit of receipts – Rs 1.431 million**

According to Rule 7(1)(m) of the Punjab District Authority (Accounts) Rules, 2017, no expenditure shall be paid from or against any receipts collected or received by the District Authority and all expenditure shall be recorded on gross basis against relevant appropriations and shall not be wholly or partly offset with the receipt.

CEO, DHA, Toba Tek Singh incurred expenditure of Rs 55.773 million on purchase of medicine during 2020-21. Scrutiny of record revealed that expenditure of Rs 55.773 million was booked on net basis after deduction of penalties of late delivery charges, unspecified packing, less shelf life etc. Resultantly, an amount of Rs 1.143 million was not shown in the respective deduction/income heads.

Due to weak internal controls, expenditure was booked on net basis instead of separate booking of deductions on late delivery, unspecified packing, less shelf life which resulted in non-credit of receipts in relevant head of accounts.

The matter was reported to the PAO / DDO in August, 2021. In DAC meeting held in October, 2021, it was replied that penalty on late delivery, packing, less shelf life had been deducted from the concerned firms before making payments. Reply was not tenable because the bills were submitted and passed without considering appropriate head of accounts. Audit stressed to produce detail of deductions and credit into appropriate heads.

DAC directed Deputy Director (B&A) to produce detail of deductions besides credit into relevant head of account and report progress within two weeks. No progress was intimated to Audit till the finalization of this Report.

Audit recommends rectification and adjusting entries in appropriate heads.

[AIR Para: 13]



## **CHAPTER 5**

### **Thematic Audit**

#### **5.1 Public Service Delivery and Performance of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program of DHAs Faisalabad Region**

##### **5.1.1 Introduction**

The Government of Pakistan launched Primary Healthcare Programs during 2005-10 to achieve the Millennium Development Goals (MDGs) and to improve the health outcomes among women, newborns, and children by enhancing coverage and providing access to quality health and nutrition services to the poor/vulnerable in rural and less developed urban areas besides achievement of Minimum Service Delivery Standards (MSDS). After 18th Constitutional Amendment the Programs became provincial subject, so to continue this initiative Government of the Punjab launched Integrated Reproductive Maternal Newborn & Child Health & Nutrition Program (IRMNCH&NP). The said program was launched in 36 districts of the Punjab in 2014. Primary & Secondary Healthcare Department (P&SHD), Punjab and respective DHAs are responsible for execution, operation and maintenance of the Program activities.

##### **5.1.2 Background**

The Government of Pakistan being signatory to international declarations and conventions is obligated to fulfill a number of international commitments. There has been a major emphasis on addressing the persistently increasing maternal, newborn and child mortality worldwide. The MDGs and Sustainable Development Goals (SDGs) aim for better maternal and child health. In Pakistan, the National Maternal Neonatal and Child Health (NMNCH) Program was approved for 2006-2016. After the 18th Constitutional Amendment, P&SHD developed Punjab Health Sector Strategy (PHSS) 2014-20 which provides strategic direction to the Punjab Government and aims at maximizing health outcomes. The current phase of IRMNCH&NP is the merger of NMNCH Program, Lady Health Workers Program and Nutrition Program which is funded through Provincial ADP.

This phase has laid emphasis on improving quality of MNCH and nutrition services from development to non-development mode with specific sectoral objectives.

### **5.1.3 Establishing the Audit Theme**

The main audit theme and sub-themes are established on the basis of recurring nature of observations emerging from the previous years Audit Reports and international commitments for achievement of Sustainable Development Goals. The objective of Thematic Audit was to assess the achievements of the thematic aspect of the Program through its deliverables.

#### **Main Theme**

Service Delivery and Performance of Integrated Reproductive Maternal Newborn & Child Health & Nutrition Program.

#### **Sub-Themes**

- Improving deliveries through Skilled Birth Attendants (SBA);
- Increasing institutional deliveries (deliveries at healthcare facilities);
- Increasing immunization of services;
- Implementation of Minimum Service Delivery Standards (MSDSs).

#### **5.1.3.1 Reasons for Selection**

The Government of Pakistan is bound to fulfill international commitments under MDGs/SDGs regarding improvement of health outcomes among women, newborns and children. P&SHD, Punjab devised Punjab Health Sector Strategy for the achievement of SDG-3 i.e. Good Health and wellbeing and launched IRMNCH&NP. The Program was initially funded by the World Bank up to June, 2016 and later on the Program was funded by the Government of Punjab. It is directly related to improve the health of women, newborns/children and nutrition of children with acute mal nutrition. Audit outcomes, over the years, had pointed to poor program deliverables. Consequently, the need was felt to sensitize the program management about persistent nature of audit paras through Thematic

Audit of the said Program. The selected main audit theme is the combined effort and deliberation of Director Generals Audit, District Governments Punjab (South and North) and duly approved by the AGP.

#### **5.1.3.2 Purpose / Objectives**

Government of the Punjab had planned to improve following indicators for better maternal, new-born and child health upto year 2021:

- i. Increase rate of deliveries through skilled birth attendants (SBAs) to 80%.
- ii. Increase rate of institutional deliveries upto 77%.
- iii. Increase awareness regarding immunization through functional integration at district and community level with disease control programs and immunization program.
- iv. Improve health outcomes among women, newborns, and children by providing access to quality health and nutrition services through implementation/achievement of MSDS.

Thematic Audit of IRMNCH & NP was carried out with the objectives to assess:

- i. whether the program interventions have increased deliveries through skilled birth attendants
- ii. whether the Program activities have increased institutional deliveries.
- iii. coverage of immunization services.
- iv. the implementation of minimum service delivery standards (MSDSs).

#### **5.1.3.3 Scope**

Scope of the Thematic Audit was limited to IRMNH&NP executed in Districts Chiniot, Faisalabad, Jhang and Toba Tek Singh by the DHAs under the supervision of P&SHD Punjab. The Performance of the Program was assessed by performing analytical/critical reviews based on previous four financial years (2017-18 to 2020-21) data collected from the DHAs. However, financial year

2017-18 was selected as base year only for comparison of data/results wherever required.

## **5.2 Legal frame work governing the Theme**

Primary & Secondary Healthcare Department, Government of the Punjab, launched IRMNCH&NP under Punjab Health Sector Strategy (PHSS) 2016-20 to maximize the health outcomes. Phase-III of IRMNCH&NP spans 2020-23.

## **5.3 Stakeholders and governmental organizations identified as directly/indirectly involved**

P&SHD Punjab, Directorate IRMNCH&NP Punjab as well as DHAs and IRMNCH&NP Cells District Chiniot, Faisalabad, Jhang and Toba Tek Singh are the key stakeholders involved in execution of the said Program.

## **5.4 Role of important organizations**

DHAs and IRMNCH&NP Cells of Chiniot, Faisalabad, Jhang and Toba Tek Singh are responsible to execute and implement the Program activities at district level. These offices are responsible for provision of MNCH services at healthcare facility level including DHQ/THQ Hospitals, Rural Health Centers, Basic Health Units and MCH Centers of the districts through health professionals/personnel. They are also responsible to maintain necessary/relevant data and requisite reporting of the Program activities. P&SHD and Directorate of IRMNCH&NP Punjab are responsible for financing, monitoring and performance of the Program activities besides evaluation of the outcomes according to the Program objectives at provincial level.

## **5.5 Organization's Financials**

Government of the Punjab is responsible for overall financing of the Program. However, at local/district level funds were transferred only for salary component of regular establishment and office contingencies. The funds transferred were placed in Account-VI of DHAs. Funds (if any) allocated for capital expenditure or revenue component of development grants were kept at Provincial

level. The detail of consolidated budget and expenditure of 04 DHAs (under audit jurisdiction of RDA Multan) for the FY 2018-21 is given below:

(Rupees in million)

District	Year	Budget			Actual		
		Salary	Non-Salary	Total	Salary	Non-Salary	Total
Chiniot	2018-21	426.179	16.074	712.253	404.23	4.402	408.632
Faisalabad		3,185.608	188.419	3,374.03	2723.091	93.137	2816.228
Jhang		1,721.036	62.595	1,783.631	1,534.144	45.349	1,579.493
Toba Tek Singh		1,109.776	92.446	1,202.222	1,032.106	57.446	1,089.552

(Source: Appropriation Accounts of DHAs FY 2018-19 to 2020-21) (Annexure-5)

## 5.6 Field Audit Activity

### 5.6.1 Methodology

Audit was carried out against predefined objectives of the Program and framework of financial governance provided in the PC-I and other relevant strategies and policies of the Government which were formulated to govern the Program. Audit activity comprised of data collection regarding sub-themes, study of relevant reports/literature, and field surveys. Critical analysis regarding optimal utilization of human and financial resources of the Program was also carried out in accordance with Program activities provided in the PC-I. On spot examination/verification of record and Program activities was also carried out in accordance with the applicable laws / rules and according to the INTOSAI auditing standards.

### 5.6.2 Audit Analysis

#### 5.6.2.1 Audit Analysis of IRMNCH&NP, Chiniot

##### 5.6.2.1.1 Review of Internal Controls

Effectiveness of internal controls was assessed on test check basis and a sample was selected for the purpose. Following issues of potential significance were observed regarding weaknesses of internal controls in IRMNCH&NP Chiniot:

- i. The Program management did not set district wise targets for IRMNCH&NP for MMR, NMR, IMR etc.

- ii. No mechanism was defined to track the record of pregnant women from antenatal care (ANC) to postnatal care (PNC) and other medical treatment given to patients.
- iii. Two different data sets were found available for the MNCH services, one that was maintained by IRMNCH Cell and the other maintained by DHA in shape of monthly DHIS Reports. Moreover, difference of figures in both data sets were also observed for similar activities performed in the district.
- iv. MSDS were not implemented and monitored as no related record was maintained by the IRMNCH Cell, Chiniot.
- v. Internal controls weaknesses regarding financial management were also observed i.e. irregular payment of supervisory allowance, fixed travelling allowance, incentive allowance, arrears of pay & allowances etc.

#### **5.6.2.1.2 Critical Review of IRMNCH&NP, Chiniot**

##### **a. Primary Data Analysis**

Primary data regarding performance of Program activities was collected by conducting a field survey and questionnaire were developed to get information from field staff including LHSs, LHWs and LHV.s.

The survey results depicted that 40.670% population of various union councils covering population of 385,235 inhabitants remained uncovered due to shortage of staff and non-hiring of LHWs to cover uncovered area. Information about availability of medicine was sought from Leady Health Supervisors / Workers all the LHSs & LHWs replied that the medicine was not being provided by the head office since last two years.

##### **b. Secondary Data Analysis**

##### **i. Improving Deliveries through SBA**

Improving deliveries through SBA to 80% upto year 2021 is one of the primary objectives of the Program. This analysis is based on secondary data of birth deliveries through SBA collected form monthly DHIS Reports of DHA Chiniot.

The data analysis portrayed a declining trend of deliveries through SBA from base year 2017-18 in District Chiniot. Moreover, DHA failed to achieve its requisite target and achievement in this regard was 39% at the end of year 2020-21. The details are given below:

Sr. No.	Financial Year	Target of Deliveries	Birth Deliveries Conducted	Percentage of Achievement	Shortfall
1	<b>Base Year: 2017-18</b>	65,298	19,669	30%	50%
2	2018-19	50,474	17,818	35%	45%
3	2019-20	40,135	16,457	41%	39%
4	2020-21	34,226	13,493	39%	41%

Source: DHIS Reports & IR, MNCH Reports FY 2017-18 to 2020-21

### ii. Increasing Deliveries at Healthcare Facilities

Increasing deliveries at healthcare facilities is one of the primary initiatives of the Program. This analysis is based on secondary data of birth deliveries conducted at Government healthcare facilities and reported by Primary / Secondary healthcare facilities in monthly DHIS Reports of DHA, Chiniot. This data analysis also showed a declining trend in deliveries at healthcare facilities from base year 2017-18 in District Chiniot. The details are given below:

Sr. No.	Financial Year	Birth Deliveries at Healthcare Facilities	
		Primary Healthcare Facilities	Secondary Healthcare Facilities
1	<b>Base Year: 2017-18</b>	15,212	4,457
2	2018-19	14,122	3,696
3	2019-20	12,075	4,382
4	2020-21	9,779	3,714

Source: DHIS Reports & IRMNCH Reports FY 2017-18 to 2020-21

### iii. IMR, NMR and MMR Review

Reduction in Infant mortality rate and maternal mortality ratio is the major intervention of the Program. However, to ascertain the actual extent of reduction in infant/maternal mortality ratio, the requisite data was not maintained by the Program management. Since this analysis is based on limited data that is available with MNCH and cannot be considered as complete. The analysis only showed the year wise increase or decrease in number of infant/neonatal/maternal deaths. The detail is given on the next page:

Year	No. of Still Births	Neonatal Mortalities	Infant Mortalities	Deaths of Pregnant Women
2018-19	682	184	200	14
2019-20	587	166	155	9
2020-21	595	160	118	13

Source: DHIS Reports & IRMNCH Reports FY 2017-18 to 2020-21

#### iv. Review of Improvement in Institutional Facilities

During last five years no new BHU was established / up-graded to RHC level besides discontinuation of training and deployment of Community Midwife which resulted in decrease in deliveries by skilled birth attendants and deliveries at healthcare facilities. The details are given below:

Sr. No.	Categories	2017-18	Total Population	2020-21	Total Population
1	DHQ Hospital	1	1,369,740	1	1,476,845
2	THQ Hospitals	2		2	
3	RHCs	2		2	
5	BHUs 24/7	11		22	
6	BHUs Normal	25		14	
7	MNCH Centers	2		2	

Source: Data provided by DHA for the FY 2017-18 & 2020-21

#### v. Review of Human Resources

Availability of human resource for provision of healthcare services to pregnant women is an important aspect. However, a comparative analysis of resources available and pregnant women was carried out to determine the availability of per capita health providers. The details are given below:

Sr. No.	Categories of Posts	No. of Posts 2017-18	Pregnant Women	No. of Posts 2018-19	Pregnant Women	No. of Posts 2019-20	Pregnant Women	No. of Posts 2020-21	Pregnant Women
1	Gynecologist	2	81,622	5	63,092	8	50,169	4	42,783
2	WMO	22		43		46		38	
3	Lady Health Visitor	58		58		58		67	
4	Lady Health Supervisor	22		22		22		22	
5	Lady Health Worker	413		415		417		416	
6	Midwife	44		43		41		43	

Source: Data provided by DHA for the FY 2017-18 to 2020-21



#### vi. Review of Immunization Services

The Government committed to extend immunization services to the extent of 100%. To analyze the results of immunization activities data regarding vaccination coverage for BCG, Polio, PCV, Penta, Measles, IPV, Hepatitis-B, Rota and TT was obtained for the period 2018-2021. Immunization data showed a slight increase or decrease in coverage except Hepatitis-B vaccination. The data showed an abrupt decrease in hepatitis vaccination and coverage dropped from 11,412 to 3,912. The details are given below:

Year	BCG	OPV	PCV	Penta	Measles	IPV	Hepatitis B	Rota	TT
2018-19	46,951	182,715	131,913	131,965	80,672	41,254	11,412	86,912	85,031
2019-20	47,376	181,471	132,449	102,408	83,088	43,409	1,403	88,105	83,349
2020-21	49,684	176,666	128,701	130,484	81,756	43,225	3,912	83,240	77,074

Source: Data provided by DHA (EPI) for the FY 2017-18 & 2020-21

#### vii. Review of surveillance for Disease Control

Surveillance for disease control portrayed an adverse picture and DHA failed to overcome the spread of diseases despite immunization services:

Year	Cases of Diseases Reported in Children < 5 Years		
	ARI	Fever	Anemia
2014	324	459	687
2018	26,912	32,428	15,645
2019	20,576	33,113	12,819
2020	23,481	42,716	10,322

Source: Data provided in IRMNCH Reports for the FY 2014-2020

#### viii. Review of MSDS

No record maintained related to MSDS by the IRMNCH Cell Chiniot.

#### 5.6.2.1.3 Significant Audit Observations

- i. Decrease in birth deliveries through skilled birth attendants was observed in one case. (Annexure-6)
- ii. Decrease in birth deliveries at healthcare facilities was observed in 03 cases. (Annexure-7)

- iii. Poor performance in mother and child health care was observed in 02 cases. **(Annexure-8)**
- iv. Poor performance regarding immunization coverage was observed in 02 cases.
- v. Non implementation of minimum service delivery standards was observed in one case. **(Annexure-9)**

### **5.6.2.2 Audit Analysis of IRMNCH&NP, Faisalabad**

#### **5.6.2.2.1 Review of Internal Controls**

Effectiveness of internal controls was assessed on test check basis and a sample was selected for the purpose. Following issues of potential significance were observed regarding weaknesses of internal controls:

- i. The Program management did not set district wise targets regarding MMR, NMR, IMR, etc.
- ii. The Program management and District Health Authority Faisalabad did not maintain any data regarding total deliveries and deliveries conducted through unskilled birth attendants.
- iii. No mechanism was defined to track the record of pregnant women from ANC to PNC and treatment given to patients.
- iv. Two different data sets were found available for reporting different MNCH services i.e. the LHW-MIS data maintained by IRMNCH Cell and DHIS data maintained by District Health Authority, Faisalabad. However, difference of figures in both data sets was observed for similar activities performed in the district.
- v. No data regarding achievement of MSDS was being maintained by the IRMNCH Cell and District Health Authority, Faisalabad.
- vi. Internal controls weaknesses regarding financial management were also observed such as irregular payment of Supervisory Allowance and unauthorized payment of Project Allowance.

- vii. Poor assets management was also observed because vehicles and logistics of the Program were not got returned from the CMW training institutions after discontinuation of CMW program.

#### 5.6.2.2.2 Critical Review IRMNCH&NP, Faisalabad

##### a. Primary Data Analysis

Primary data regarding performance of Program activities was collected through questionnaires / structured interviews to get information from field staff i.e. Lady Health Supervisors (LHSs) and Lady Health Workers (LHWs).

The survey results depicted that Lady Health Supervisors and Lady Health Workers under the National Program were deployed to cover only 39% of the total population of District Faisalabad and 61% of the total population remained uncovered due to shortage of staff and non-hiring of LHWs to cover the uncovered area. Information about availability of medicine was sought from Lady Health Supervisors / Workers who replied that the medicine was not being provided by the head office since last two years.

##### b. Secondary Data Analysis

##### i. Improving Deliveries through SBAs

Improving birth deliveries through SBAs to 80% upto year 2021 is one of the primary objectives of the Program. The analysis of birth deliveries through SBAs is based on secondary data collected form monthly DHIS Reports of DHA Faisalabad. The data analysis portrayed a declining trend of deliveries through SBAs from base year 2017-18 in District Faisalabad. Moreover, DHA failed to achieve its requisite target and achievement in this regard is 27% at the end of year 2020-21. The details are given below:

Sr. No.	Financial Year	Target of Deliveries	Birth Deliveries Conducted	Per Centage of Achievement	Shortfall
1	<b>Base Year:</b> 2017-18	166,710	46,389	28%	52%
2	2018-19	180,943	45,585	25%	55%
3	2019-20	168,432	44,800	27%	53%
4	2020-21	151,539	41,227	27%	53%

Source: DHIS Reports FY 2017-18 to 2020-21

## ii. Increasing Birth Deliveries at Healthcare Facilities

Increasing institutional deliveries is one of the primary initiatives of the Program. This analysis is based on secondary data of birth deliveries conducted at Government healthcare facilities and reported by Primary / Secondary healthcare facilities in monthly DHIS Reports of DHA Faisalabad. This data analysis also showed a declining trend in deliveries at healthcare facilities conducted at SHC facilities from base year 2017-18 in District Faisalabad. The details are given below:

Sr. No.	Financial Year	Institutional Deliveries at PHC & SHC Facilities			
		Primary Healthcare Facilities	Increase from Base Year (%age)	Secondary Healthcare Facilities	Decrease from Base Year (%age)
1	2017-18 (Base Year)	7,649	0%	38,740	0%
2	2018-19	7,856	3%	37,729	-3%
3	2019-20	8,223	8%	36,577	-6%
4	2020-21	7,955	4%	33,272	-14%

Source: DHIS Reports FY 2017-18 to 2020-21

## iii. IMR, NMR and MMR Review

Reduction in Infant Mortality Rate (IMR), Neonatal Mortality Rate (NMR) and Maternal Mortality Ratio (MMR) is the major intervention of the Program but no data was maintained by the Program management and DHA Faisalabad to ascertain the actual extent of reduction in IMR, NMR and MMR. Since, this analysis is based on limited data that is available with District Health Authority and cannot be considered as complete. The analysis indicates the year wise increase or decrease in number of infant, neonatal and maternal deaths.

Year	No. of Live Births	No. of Still Births	No. of Infants' Deaths	No. of Neonatal Deaths	Deaths of Pregnant Women
2017-18	46,389	327	963	15	33
2018-19	45,585	369	749	20	29
2019-20	44,800	398	798	4	31
2020-21	41,227	442	673	26	34

Source: DHIS Reports FY 2017-18 to 2020-21

The above data also indicated increase in neonatal deaths from 4 to 26 despite decrease in live births from 44,800 to 41,227 during 2019-20 and 2020-21 respectively.

**iv. Review of Improvement in Healthcare Facilities/Institutions**

The Program management and authorities of DHA Faisalabad could not make serious efforts for improving / increasing the institutional health facilities in Faisalabad despite considerable increase in population as only two new dispensaries were established and two normal BHUs were upgraded to 24/7 BHUs by DHA, Faisalabad, during last four years. The details are given below:

Sr. No.	Name of Health Facility	2017-18		2020-21	
		No. of HFs	Population	No. of HFs	Population
1	THQ Hospitals	6	8,038,516	6	8,512,951
2	Rural Health Centers	15		15	
3	BHUs 24/7	52		54	
4	BHUs Normal	116		114	
5	MCH Centers	6		6	
6	Dispensaries	104		106	
<b>Total</b>		<b>299</b>		<b>301</b>	

Source: Budget books and data provided by CEO, DHA, Faisalabad

**v. Review of Human Resources**

Availability of human resource for provision of healthcare services to pregnant women is an important aspect. However, a comparative analysis of resources available and pregnant women was carried out to determine the availability of per capita healthcare providers. The details are given below:

Sr. No.	Categories of Posts	No. of Posts				No. of Pregnant Women			
		2017-18	2018-19	2019-20	2020-21	2017-18	2018-19	2019-20	2020-21
1	Gynecologist	12	13	12	12	227,071	219,403	188,703	199,962
2	WMO	112	125	136	138				
3	Lady Health Visitor	116	122	117	121				
4	Lady Health Supervisor	97	97	96	95				
5	Lady Health Worker	2270	2250	2236	2229				
6	Midwife	95	95	91	90				
<b>Total</b>		<b>2702</b>	<b>2702</b>	<b>2688</b>	<b>2685</b>				

Source: DHIS Reports FY 2017-18 to 2020-21

#### vi. Review of Immunization Services

The Government is committed to extend immunization services for 100% coverage. To analyze the results of immunization activities data regarding vaccination coverage for BCG, Polio, PCV, Penta, Measles, IPV, Hepatitis-B, Rota and TT was obtained for the period 2017-2021. Immunization data showed a slight increase or decrease in coverage except an abrupt decrease in Hepatitis-B vaccination i.e. from 25,990 individuals during the year 2018-19 to 2,024 individuals during the year 2019-20. The detail of immunization for the period 2017-21, is as under:

Year	BCG	OPV	PCV	Penta	Measles	IPV	Hep B	Rota	TT
2017-18	256,830	219,646	219,646	219,646	204,211	202,116	22,292	140,075	152,776
2018-19	268,927	232,423	232,423	232,423	207,477	231,677	25,990	228,734	177,117
2019-20	278,905	247,314	247,356	190,156	231,453	251,812	2,024	243,962	227,681
2020-21	271,794	243,752	240,118	249,897	236,401	249,263	33,184	218,844	235,675

**Source:** immunization coverage data for the FY 2017-18 to 2020-21 provided by DHO (PS), Faisalabad

#### vii. Review of surveillance for Disease Control

Surveillance for disease control portrayed an adverse picture and DHA failed to overcome the spread of diseases despite immunization services:

Year	Cases of Diseases Reported in Children < 5 Years		
	ARI	Fever	Anemia
2018-19	139,436	201,009	32,059
2019-20	143,472	238,139	28,953
2020-21	135,349	207,115	28,091

#### viii. Review of MSDS

No record maintained related to MSDS by the IRMNCH Cell Faisalabad.

#### 5.6.2.2.3 Significant Audit Observations

1. Decrease in birth deliveries through skilled birth attendants was observed in 02 cases.

2. Decrease in birth deliveries at healthcare facilities was observed in 03 cases.
3. Poor performance in mother and child health care was observed in one case.
4. Poor performance regarding immunization coverage was observed in one case.
5. Non implementation of minimum service delivery standards was observed in one case. **(Annexure-10)**

### **5.6.2.3 Audit Analysis IRMNCH&NP, Jhang**

#### **5.6.2.3.1 Review of Internal Controls**

Effectiveness of internal controls was assessed on test check basis and a sample was selected for the purpose. Following issues of potential significance were observed regarding weaknesses of internal controls:

- i. The Program management did not set district wise targets for IRMNCH&NP for MMR, NMR, IMR etc.
- ii. No mechanism was defined to track the record of pregnant women from ANC to PNC and treatment given to patients.
- iii. Two different data sets were found available for the MNCH services, one that was maintained by IRMNCH Cell and the other maintained by DHA in shape of monthly DHIS Reports. Moreover, difference of figures in both data sets were also observed for similar activities performed in the district.
- iv. No data regarding achievement of MSDS was being maintained by the IRMNCH Cell and District Health Authority, Jhang.
- v. Internal controls weaknesses regarding financial management were also observed i.e. irregular payment of supervisory allowance, fixed travelling allowance, incentive allowance, arrears of pay & allowances etc.

### 5.6.2.3.2 Critical Review IRMNCH&NP, Jhang

#### a. Primary Data Analysis

Primary data regarding performance of Program activities was collected by conducting a field survey and questionnaires were developed to get information from field staff including LHSs, LHWs and LHVs.

The survey results depicted that 36.45% population of various union councils covering population of 547,728 (female population) inhabitants remained uncovered due to shortage of staff and non-hiring of LHWs to cover uncovered area. Information about availability of medicine was sought from Lead Health Supervisors/works all the LHSs & LHWs replied that the medicine was not being provided by the head office since last two years.

POL claims were not cleared on monthly basis and official internet package was not provided to the LHSs. The field survey depicted that medicine including anti-biotic, iron, cough syrup, fever tablets were prescribed to patients by LHWs without consulting the authorized medical practitioner.

#### b. Secondary Data Analysis

##### i. Improving Deliveries through SBA

Improving deliveries through SBA to 80% upto year 2021 is one of the primary objectives of the Program. This analysis is based on secondary data of birth deliveries through SBA collected form monthly DHIS Reports of DHA Jhang. The data analysis portrayed a declining trend of deliveries through SBA from the base year 2017-18 in District Jhang. Moreover, DHA failed to achieve its requisite target and achievement in this regard is 12% at the end of year 2020-21. The details are given below:

Sr. No.	Financial Year	Target of Deliveries	Birth Deliveries Conducted	Per Centage of Achievement	Shortfall
1	<b>Base Year:</b> 2017-18	247,670	50,178	20%	60%
2	2018-19	252,239	32,085	13%	67%
3	2019-20	237,080	30,283	13%	67%
4	2020-21	198,976	23,565	12%	68%

(Source: DHIS Reports FY 2017-18 to 2020-21)



## ii. Increasing Deliveries at Healthcare Facilities

Increasing ratio of deliveries at healthcare facilities is one of the primary initiatives of the Program. This analysis is based on secondary data of birth deliveries conducted at Government healthcare facilities and reported by Primary / Secondary healthcare facilities in monthly DHIS Reports of DHA Jhang. This data analysis also showed a declining trend in deliveries at healthcare facilities from base year 2017-18 in District Jhang.

Sr. No.	Financial Year	Birth Deliveries by SBA/ Institutional Deliveries	
		Primary Healthcare Facilities	Secondary Healthcare Facilities
1	Base Year: 2017-18	39,139	11,039
2	2018-19	24,385	7,700
3	2019-20	22,409	7,874
4	2020-21	17,202	6,363

(Source: DHIS Reports FY 2017-18 to 2020-21)

## iii. IMR, NMR and MMR Review

Reduction in Infant mortality rate and maternal mortality ratio is the major intervention of the Program. However, to ascertain the actual extent of reduction in infant/maternal mortality ratio, the requisite data was not maintained by the Program management. Since this analysis is based on limited data that is available with MNCH and cannot be considered as complete. The analysis only showed the year wise increase or decrease in number of infant/neonatal/maternal deaths. The detail is given below:

Year	No. of Still Births	Neonatal Mortalities	Infant Mortalities	Deaths of Pregnant Women
2018-19	987	551	460	40
2019-20	889	635	540	47
2020-21	912	513	452	30

(Source: DHIS Reports FY 2017-18 to 2020-21)

## iv. Review of Improvement in Institutional Facilities

During last five years no new BHU was established / up-graded to RHC besides discontinuation of training and deployment of Community Midwife, which

Resulted in decrease in deliveries Skilled Birth Attendants and Institutional deliveries. The details are given below:

Sr. No.	Categories	2017-18	Total Population	2020-21	Total Population
1	DHQ Hospital	1	2,744,085	1	2,946,438
2	THQ Hospitals	3		3	
3	RHCs	11		11	
5	BHUs 24/7	32		56	
6	BHUs Normal	26		3	

Source: Data provided by DHA for the FY 2017-18 & 2020-21

#### v. Review of Human Resource

Availability of human resource for provision of healthcare services to pregnant women is an important aspect. However, a comparative analysis of resources available and pregnant women was carried out to determine the availability of per capita health providers. The detail is as under:

Sr. No.	Categories of Posts	2017-18	Pregnant women	2018-19	Pregnant women	2019-20	Pregnant women	2020-21	Pregnant women
1	Gynecologist	6	309,588	7	315,299	6	296,350	14	248,720
2	WMO	34		42		46			
2	Lady Health Visitor	137		139		132			
3	Lady Health Supervisor	47		47		47			
4	Lady Health Worker	1305		1300		1296			
								1285	

Source: Data provided by DHA for the FY 2017-18 to 2020-21

#### vi. Review of Immunization Services

The Government is committed to extend immunization services to the extent of 100%. To analyze the results of immunization activities data regarding vaccination coverage for BCG, Polio, PCV, Penta, Measles, IPV, Hepatitis-B, Rota and TT was obtained for the period 2018-2021. Immunization data showed a slight increase or decrease in coverage except Hepatitis-B vaccination. The data showed an abrupt decrease in Penta vaccination and coverage dropped from 224,580 to 173,602.

Year	BCG	OPV	PCV	Penta	Measles	IPV	Hep B	Rota	TT
2018-19	141,180	342,760	236,736	224,580	192,140	62,070	25,900	140,766	181,480
2019-20	160,200	393,200	214,400	173,602	174,200	97,450	21,000	149,390	182,600
2020-21	193,000	419,200	226,200	237,000	191,000	95,500	45,000	126,600	167,900

Source: Data provided by DHA (EPI) for the FY 2017-18 & 2020-21

**vii. Review of surveillance for Disease Control**

Surveillance for disease control portrayed an adverse picture and DHA failed to overcome the spread of diseases despite immunization services:

Year	Cases of Diseases Reported in Children < 5 Years		
	ARI < 5 Year	Fever < 5 Year	Anemia < 5 Year
2018	72,681	91,449	31,485
2019	48,201	84,156	26,574
2020	52,028	91,798	29,326

Source: Data provided in IRMNCH Reports for the FY 2014-2020

**viii. Review of MSDS**

No record maintained related to MSDS by the IRMNCH Cell Jhang.

**5.6.2.3.3 Significant Audit Observations**

1. Decrease in birth deliveries through skilled birth attendants was observed in 02 cases. **(Annexure-11)**
2. Decrease in birth deliveries at healthcare facilities was observed in 02 cases.
3. Poor performance in mother and child health care was observed in one case. **(Annexure-12)**
4. Poor performance regarding immunization coverage was observed in one case.
5. Non implementation of minimum service delivery standards was observed in one case.

**5.6.2.4 Audit Analysis IRMNCH&NP, Toba Tek Singh**

**5.6.2.4.1 Review of Internal Controls**

Effectiveness of internal controls was assessed on test check basis and a sample was selected for the purpose. Following issues of potential significance were observed regarding weaknesses of internal controls:

- i. The Program management did not set district wise targets for IRMNCH&NP for MMR, NMR, IMR etc.

- ii. No mechanism was defined to track the record of pregnant women from ANC to PNC and treatment given to patients.
- iii. Two different data sets were found available for the MNCH services, one that was maintained by IRMNCH Cell and the other maintained by DHA in shape of monthly DHIS Reports. Moreover, difference of figures in both data sets were also observed for similar activities performed in the district.
- iv. MSDS were not implemented and monitored as no related record was maintained by the IRMNCH Cell, Toba Tek Singh.
- v. Internal controls weaknesses regarding financial management were also observed i.e. Payment of inadmissible Non-Practicing Allowance, Health Sector Reform Allowance and Conveyance Allowance, Irregular payment of Supervisory Allowance and payment of POL, Irregular use of Project Vehicles for other than defined objectives etc.

#### **5.6.2.4.2 Critical Review IRMNCH&NP, Toba Tek Singh**

##### **a. Primary Data Analysis**

Primary data regarding performance of Program activities was collected by conducting a field survey and questioners were developed to get information from field staff including LHSs, LHWs and LHV.s.

The survey results depicted that population of 45 union councils covering population of 483,961 inhabitants was remained uncovered due to shortage of staff and non-hiring of LHWs to cover uncovered area. Information about availability of medicine was asked from Leady Health Supervisors / Works All the LHSs & LHWs replied that the medicine was not provided by the head office from last two years.

The field survey depicted that medicine including anti-biotic, iron, cough syrup, fever tablets were issued to patients by LHW without consulting the authorized medical practitioner.

## **b. Secondary Data Analysis**

### **i. Improving Deliveries through SBA**

Improving deliveries through SBA to 80% upto year 2021 is one of the primary objectives of the Program. This analysis is based on secondary data of birth deliveries through SBA collected from monthly DHIS Reports of DHA Toba Tek Singh. The data analysis portrayed a declining trend of deliveries through SBA from base year 2017-18 in District Toba Tek Singh. Moreover, DHA failed to achieve its requisite target and achievement in this regard is 28% at the end of year 2020-21. The details are given below:

<b>Sr. No.</b>	<b>Financial Year</b>	<b>Target of Deliveries</b>	<b>Birth Deliveries Conducted</b>	<b>Per Centage of Achievement</b>	<b>Shortfall</b>
1	<b>Base Year:</b> 2017-18	210,996	62,400	30%	50%
2	2018-19	205,418	56,816	28%	52%
3	2019-20	175,928	55,736	32%	48%
4	2020-21	182,590	51,543	28%	52%

Source: DHIS Reports FY 2017-18 to 2020-21

### **ii. Increasing Deliveries at Healthcare Facilities**

Increasing ration of deliveries at healthcare facilities level is one of the primary initiatives of the Program. This analysis is based on secondary data of birth deliveries conducted at Government healthcare facilities and reported by Primary / Secondary healthcare facilities in monthly DHIS Reports of DHA Toba Tek Singh. This data analysis also showed a declining trend in deliveries at healthcare facilities from base year 2017-18 in District Toba Tek Singh. The details are given below:

<b>Sr. No.</b>	<b>Financial Year</b>	<b>Birth Deliveries by SBA/ Institutional Deliveries</b>	
		<b>Primary Healthcare Facilities</b>	<b>Secondary Healthcare Facilities</b>
1	Base Year 2017-18	23,358	9,838
2	2018-19	18,677	8,536
3	2019-20	16,135	8,960
4	2020-21	14,422	9,418

Source: DHIS Reports FY 2017-18 to 2020-21

### **iii. IMR, NMR and MMR Review**

Reduction in maternal mortality ratio, infant mortality rate and under five-year mortality rate are the major intervention of the Program. However, to

ascertain the actual extent of reduction in infant/maternal mortality ratio, the requisite data was not maintained by the Program management. However, critical review of Neonate Reports pertaining to previous three years depicted non-achievement of targets in secondary healthcare facilities. The analysis showed the year wise increase or decrease in number of infant/neonatal/maternal deaths.

Year	No. of Skill Births	Neonatal Mortalities	Infant Mortalities	Deaths of Pregnant Women
2018-19	56,816	428	40	36
2019-20	55,736	449	126	32
2020-21	51,543	394	91	29

Source: DHIS Reports, Verbal Autopsy Report

#### iv. Improvement in healthcare Institutional/Facilities

During last five years no new primary and secondary level healthcare facility was established and only one Rural Health Facility, Pirmahal was upgraded to Tehsil Headquarters Hospital. Moreover, training and deployment of CMWs under Community Midwifery Program was discontinued which resulted in decrease in deliveries through skilled birth attendants and Institutional deliveries. The detail is as under:

Sr. No.	Categories	2017-18	Total population	2018-19	Total population	2019-20	Total population	2020-21	Total population
1	DHQ Hospital	1	*2,190,015	1	2,234,691	1	2,279,385	1	2,323,833
2	THQ Hospitals	2		2		2		3	
3	RHCs	9		9		9		8	
5	BHUs 24/7	21		21		31		33	
6	BHUs Normal	49		49		39		37	
7	MNCH Centers	2		2		2		2	

Source: Data provided by DHA FY 2017-18 to 2020-21

#### v. Review of Human Resource

Availability of human resource for provision of healthcare services to pregnant women is an important aspect. However, a comparative analysis of resources available and pregnant women was carried out to determine the availability of per capita health providers. The details are given on next page:

Sr. No.	Categories of Posts	2017-18		2018-19		2019-20		2020-21	
		Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
1	Gynecologist	11	10	11	11	12	12	12	12
2	Lady Health Supervisor	43	41	43	41	43	41	43	40
3	Lady Health Worker	1183	1163	1183	1140	1183	1118	1183	1105
4	Lady Health Visitor	178	175	188	177	198	186	200	200
5	Community Midwife	-	102	-	81	-	81	-	0
<b>No. of Pregnant Women</b>		<b>263,745</b>		<b>256,772</b>		<b>219,910</b>		<b>228,238</b>	

Source: Budget books and DHIS Reports FY 2017-18 to 2020-21

#### vi. Review immunization of services

The Program have functional integration at district and community level with disease control programs as well as with immunization program i.e. EPI for raising awareness regarding these issues. To analyze the results of immunization activities data regarding vaccination coverage for Childhood TB, Diarrhea, Hepatitis, Polio and TT was obtained for the period 2018-2021. Immunization data showed a slight increase or decrease in coverage. The data showed an abrupt decrease in Hepatitis B vaccination in 2016-20 from 18,266 to 92 and increase in OPV in 2020-21 from 292,809 to 2,884,017.

Year	BCG	OPV	PCV	Penta	Measles	IPV	Hepatitis	Rota	TT
2018-19	80,829	288,533	206,512	206,512	128,776	65,697	18,266	124,575	130,686
2019-20	80,654	292,809	207,369	193,124	132,690	66,713	92	134,080	153,801
2020-21	79,229	2,884,017	194,645	209,788	136,060	71,993	12,963	115,746	139,215

Source: Data provided by DHA (EPI) for the FY 2017-18 & 2020-21

#### vii. Review of surveillance for Disease Control

Surveillance for disease control has improving trend but DHA still failed to overcome the spread of diseases specially in case of ARI and child fever despite immunization services:

Year	Cases of Diseases Reported in Children		
	ARI	Fever	Anemia
2018-19	162,304	172,349	40,159
2019-20	59,816	101,482	9,947
2020-21	60,365	96,705	9,339

### **viii. Review of MSDS**

No record maintained relating to MSDS by the IRMNCH Cell Toba Tek Singh and produced to Audit.

#### **5.6.2.4.3 Significant Audit Observations**

1. Decrease in birth deliveries through skilled birth attendants was observed in one case. **(Annexure-13)**
2. Decrease in birth deliveries at healthcare facilities was observed in 02 cases.
3. Poor performance in mother and child health care was observed in 02 cases.
4. Poor performance regarding immunization coverage was observed in one case.
5. Non implementation of minimum service delivery standards was observed in one case. **(Annexure-14)**

### **5.7 Departmental Responses**

The observations of Thematic Audit were reported to the PAOs and District Coordinators of IRMNCH&NP Cells Chiniot, Faisalabad, Jhang and Toba Tek Singh to which no departmental responses were submitted by the management in DAC meetings.

### **5.8 Conclusion**

Provision of better health services to public is the primary responsibility the Government and it is bound to fulfill international commitments under MDGs/SDGs regarding improvement of health outcomes among women, newborns and children. The health department Government of the Punjab devised Punjab Health Sector Strategy for the achievement of SDG-3 i.e. Good Health and wellbeing and launched IRMNCH&NP. It initiated the said program to cater the health needs of people especially of those who are less well-off or they live in rural/less developed areas in 36 districts. The overall performance of DHAs Chiniot, Faisalabad, Jhang and Toba Tek Singh regarding provision of maternal



and child healthcare services was not found satisfactory. The Program failed to enhance its coverage and improve the birth deliveries through SBA/ institutional deliveries. The critical review of financials of the program revealed that no funds were provided to bring improvement in services and achievement of intended targets at district level. There was a nominal change in establishment of new healthcare facilities in districts. Moreover, newly constructed healthcare facilities could not be made functional since 2018-19 due to non-deployment of necessary staff, bio medical equipment and allied health infrastructure/machinery. A significant year wise decrease was observed in coverage of Hepatitis vaccination. Dearth of human resource was observed as many essential posts were laying vacant. The health authorities failed to implement minimum service delivery standards in the health facilities under its purview. The non-implementation of IRMNCH strategy adversely affected the government's efforts to improve the maternal and child health care facilities/services and its commitment towards the achievement of SDGs. The thematic audit found overall achievement of Program objectives unsatisfactory. Therefore, the management needs critical interventions by Government of the Punjab.

## **5.9 Recommendations**

- i. New institutions may be established to enhance the ratio of birth deliveries through SBA/ healthcare facilities;
- ii. Program scope may be expanded to increase Population coverage;
- iii. Vacant posts of health service providers should be filled to provide better healthcare facilities to people;
- iv. Follow up visits for post-natal and neonatal care should be ensured, LHWs and CMWs should be trained to identify any sign of illness and provide immediate pre-referral care;
- v. The services of already trained CMWs should be utilized;
- vi. The management should set district wise targets to reduce MMR, NMR and IMR etc. besides establishment of monitoring mechanism to improve the service delivery;

- vii. Mechanism should be established to track patient wise record of pregnant women regarding their treatment from ANC to PNC and treatment given to children;
- viii. Immunization services need to be expanded to keep pace with increase in population by providing medicine and necessary equipment;
- ix. MSDS should be implemented in letter and spirit to improve the service delivery standards;
- x. Capacity building of MNCH staff should be ensured/enhanced through proper training; and
- xi. Field staff should be well equipped with mandatory logistics to provide productive services in the community.

#### **5.10 References**

- i. Reports of IRMNCH&NP Cells Chiniot, Faisalabad, Jhang and Toba Tek Singh for the financial years 2017-18 to 2020-21.
- ii. DHAs Chiniot, Faisalabad, Jhang and Toba Tek Singh DHIS Reports financial years 2017-18 to 2020-21.
- iii. Annual Immunization Reports of EPI Chiniot, Faisalabad, Jhang and Toba Tek Singh for the financial year 2018-19 to 2020-21.
- iv. Appropriation Accounts Chiniot, Faisalabad, Jhang and Toba Tek Singh for the financial years 2018-19 to 2020-21.
- v. Development Schemes Progress Reports 2018-19 to 2020-21.

## Annexure-A

## Part-I

**Memorandum for Departmental Accounts Committee Paras  
Pertaining to the Audit Year 2021-22**

(Rupees in million)

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
<b>District Health Authority, Chiniot</b>				
1	CEO, DHA, Chiniot	2	Irregular throw forward of current year liabilities due to delay in finalization of frame work contract of medicine	-
2		10	Non-forfeiture of performance security due to non-supply of medicines	0.327
3		11	Irregular payment of previous year liabilities of medicine	-
4		12	Approval of budget without preparation of Schedule of Establishment	-
5	DHQ Hospital, Chiniot	1	Poor financial management due to creation & payment of liabilities	-
6		19	Irregular expenditure on repair & maintenance	0.666
7		21	Unauthorized share distribution of revenue for diagnostic tests	0.376
8		26	Excess expenditure on maintenance & repair	0.159
9		30	Unauthorized expenditure on laundry items	0.054
10	DHO (Preventive Services), Chiniot	7	Non-verification of deposit of GST	0.750
11		12	Purchase of face masks on higher rate under Covid-19	0.155
12		16	Non-auction of unserviceable/condemned items	0.082
13		20	Non-recovery of fine	0.017
14	RHC, Ahmad Nagar	2	Procurement through irregular/suspected tendering process	-
15		8	Irregular payment of time barred claims	0.748
16		9	Irregular payment of previous year liabilities	0.522
17		13	Non-verification of deposit of GST	0.270
18		16	Non-deposit of Government receipts	0.207
19		18	Non-replacement of substandard medicines	0.081
20		23	Non-replacement of substandard medicines	0.036
21		26	Non-auction of unserviceable/condemned items	-
22	RHC, Chak 14/JB	1	Non-utilization of medicines	0.850
23		2	Non-replacement of substandard medicines	0.047
24		7	Non-provision proof of deposit of GST into Government Treasury	0.298
25		12	Non deduction of GP Fund, Benevolent Fund and Group Insurance	0.049

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
26	Thematic Audit (IRMNCH)	3	Irregular payment of Supervisory Allowance	1.355
27		4	Unauthorized payment of fixed TA to employees	0.234
28		5	Unauthorized payment of Incentive Allowance	0.490
29		6	Irregular adjustment in pay of employees without maintenance of record	0.901
30		7	Payment of inadmissible allowances to the employees	0.383
31		10	Poor performance regarding maternal and newborn/child health care	-
<b>District Health Authority, Faisalabad</b>				
1	CEO, DHA, Faisalabad	23	Non-compliance of previous years' observations	-
2	Govt. General Hospital Samanabad, Faisalabad	2	Unauthorized expenditure on HSRA to doctors / specialists	1.425
3		6	Irregular expenditure on purchase of medicine	41.857
4		22	Non-maintenance of Assets register	-
5		24	Non-compliance of previous years' observations	-
6		THQ Hospital, Chak Jhumra	12	Irregular inclusion of PSTS
7	13		Non-deduction of Income Tax on payment of share out of hospital receipt	0.221
8	17		Non-deposit of withheld PSTS	0.065
9	20		Non-compliance of previous years' observations	-
10	THQ Hospital, Samundari	15	Unjustified expenditure for procurement of wastage bags	0.726
11		18	Unjustified transfer of lab kits to other health facility	0.067
12		23	Non-compliance of previous years' observations	-
13	THQ Hospital, Tandlianwala	24	Non-compliance of previous years' observations	-
14	Thematic Audit (IRMNCH)	1	Irregular payment of Supervisory Allowance without ensuring satisfactory performance	5.755
15		2	Unauthorized payment of Project Allowance	0.096
16		3	Non-return of vehicle and logistics meant for CMWs training	-
<b>District Health Authority, Jhang</b>				
1	CEO, DHA, Jhang	10	Unauthorized retention of Program vehicle and irregular use of POL	0.354
2		17	Non-obtaining of Performance Security and stamp duty	0.124
3		17	Less deposit of Performance Security	0.221
4		20	Non-compliance of previous years audit observation	-
5	DHO (LG-II), Jhang	9	Excess withdrawal of funds	0.009
6		12	Irregular expenditure on POL of vehicle	1.360
7	DHQ Hospital, Jhang	6	Loss due to negligence/non-adherence of warranty	1.243

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
8		17	Overpayment due to charging of higher rates	0.071
9		23	Less recovery of Liquidated Damages for late supply of medicine	0.187
10		24	Loss due to award of contract by avoiding rebidding	2.455
11		25	Non-recovery from contractor of parking	0.286
12		29	Non-payment of Stamp Duty by the suppliers	0.007
13		30	Unauthorized collection of Dental procedure fee	0.061
14		31	Non-compliance of previous years audit observation	-
15		THQ Hospital, 18-Hazari	5	Misclassification of expenditure
16	6		Non-maintenance of record	-
17	8		Unjustified expenditure on Incentive Allowance paid to consultant doctors	2.42
18	14		Loss due to non-recovery of auction amount of parking fee and Income Tax	0.398
19	Govt. City Hospital, Jhang	8	Unjustified expenditure on Incentive Allowance paid to consultant doctors	3.635
20		10	Non-maintenance of cash book	21.161
21		11	Irregular expenditure of POL of generator	1.464
22		15	Misclassification of expenditure	0.397
23		19	Non-verification of deposit proof of GST	1.134
24		21	Non-compliance of previous years audit observation	-
25	Thematic Audit (IRMNCH)	1	Unauthentic expenditure on POL by field staff and poor monitoring	1.918
26		2	Unauthorized withdrawal of Non-Practicing Allowance	0.547
27		5	Unauthorized utilization of project vehicles for the purpose other than program activities	-
<b>District Health Authority, Toba Tek Singh</b>				
1	DHQ Hospital, Toba Tek Singh	14	Non-recovery of risk and cost from the original contractor	0.292
2		9	Excess drawl of fund of Health Council	0.543
3		19	Less credit of amount of clearance cheques by bank	0.021
4		20	Drawl of fund against budget of other DDO	0.123
5	CEO, DHA, Toba Tek Singh	20	Irregular use Motor Vehicle of Vaccination with Scared of Deputy Commissioner	0.356
6	THQ Hospital, Pir Mahal	7	Irregular expenditure on purchase of different items through misclassification	0.501
7		4	Blockage of Govt. resources due to non-installation of machinery	-
8		14	Non Production of record	0.949

<b>Sr. No.</b>	<b>Name of Formation</b>	<b>Para No.</b>	<b>Title of Para</b>	<b>Amount</b>
9	Govt. City Hospital, Toba Tek Singh	8	Loss due to non-auction of cycle stand	0.200
10	Govt. Eye Cum General Hospital, Gojra	21	Improper maintenance of instruments and medical equipment register	-
11		13	Withdrawal of funds without supporting record	0.703
12		19	Non-supply of medicine	0.196
13		8	Shifting of near expiry medicine to other health facilities	1.070
14		9	Loss due to excess expense of laboratory items than tests performed	0.841
15		12	Irregular award canteen contract	0.715
16		15	Irregular procurements from defaulter suppliers	0.530

**Part-II**

**Memorandum for Departmental Accounts Committee Paras  
Pertaining to the Audit Year 2020-21**

(Rupees in million)

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
<b>District Health Authority, Chiniot</b>				
1	CEO, DHA Chiniot	2	Unauthorized withdrawal of Non-Practicing Allowance	25.525
2		3	Non-deduction of Income Tax and Sales Tax on Services	0.087
3		4	Drawl of inadmissible Qualification Allowance	0.087
4		5	Payment of salaries during absence period	0.121
5		7	Non-deposit of bank profit and undue deduction of tax	0.030
6		10	Non-recovery of Liquidated Damages for late supply of medicine	0.092
7		11	Irregular payment of Liabilities	16.204
8		12	Payment of Health Sector Reforms Allowance without admissibility	0.167
9		13	Non-forfeiture of Performance Security due to non-supply of medicine	0.113
10		15	Irregular execution of development schemes and unknown whereabouts of savings	13.491
11		16	Payment of inadmissible allowances during leave period	0.116
12		17	Non-deduction of Income Tax on payment of anesthesia allowance	0.461
13		18	Unauthorized payment of Health Sector Reforms Allowance	0.324
14		20	Unauthentic expenditure on development works	0.666
15		21	Withdrawal of pay and allowances during EOL and after resignation from service	0.517
16	DHQ Hospital Chiniot	1	Payment of Health Sector Reforms Allowance without admissibility	0.028
17		2	Overpayment of pay and allowances	0.104
18		3	Loss due to non-realization of revenue	0.301
19		5a	Undue advance withdrawal of funds	33.362
20		6	Payment of House Rent Allowances at excessive rates	0.035
21		7	Drawl of inadmissible Qualification Allowance	0.255

Sr. No.	Name of Formation	Para No.	Title of Para	Amount	
22		8	Utilization of Health Council funds by deviating the stated objectives	1.788	
23		9	Unjustified expenditure on Incentive Allowance paid to consultant doctors	3.012	
24		10	Procurement of wire on higher rate	1.118	
25		15	Non-deposit of hospital receipts	0.022	
26		17	Unnecessary purchase and shifting of medicine to other health facilities	1.639	
27		19	Unauthorized withdrawal of Non-Practicing Allowance	-	
28		21	Unauthorized payment of pay and allowances during leave period	0.035	
29		23	Irregular payment of Liabilities	4.561	
30		24	Non-deduction of Sales Tax on Services	0.026	
31		29	Loss due to procurement stationery items at higher rates	0.110	
32		30	Loss due to less record entry than actual purchase	0.132	
33		32	Improper maintenance of store of medicines	17.622	
34		33	Non-maintenance of record	-	
35		34	Non-preparation/reconciliation of expenditure statements	-	
36		DHO (PS), Chiniot	1	Fraudulent withdrawal of salary twice for the same period	0.253
37			3	Fraudulent withdrawal of funds against electricity bills	0.098
38			6	Overpayment against medicine with the connivance of DDO & DAO	0.034
39			13	Unauthorized withdrawal of Non-Practicing Allowance	-
40			14	Excess payment of pay and allowances after conversion of Adhoc appointments to contract appointments	0.746
41			17	Overpayment of salary during absence period	0.438
42			19	Overpayment of salary after regularization of contract services	0.394
43			20	Excess payment of Daily Allowance	0.116
44			21	Unauthorized payment of Health Risk Allowance	0.132
45			22	Overpayment of fixed pay	0.072
46			23	Overpayment of pay and allowances	0.123



Sr. No.	Name of Formation	Para No.	Title of Para	Amount	
47		24	a. Unauthorized payment of salaries without performing duties	0.585	
48		24	b. Unauthorized payment of loan (GP Fund Advance) without sanction	0.318	
49		27	Non/Less deduction of taxes	0.297	
50		29	Excess payment of salaries through irregular upgradations	-	
51		33	Non-utilization of Health Council Funds	1.156	
52		34	Irregular expenditure on POL of vehicle	0.756	
53		35	Irregular charging/payment of General Sales Tax on exempted items	0.100	
54		41	Non-verification of deposit of GST	0.259	
55		42	Unauthorized payment of arrears of TA / DA	0.096	
56		THQ Hospital Bhowana	5	Overpayment by charging General Sales Tax twice	0.300
57			7	Unauthorized withdrawal of Non-Practicing Allowance	-
58			14	Unauthorized withdrawal of allowances during leave	0.112
59			15	Unauthorized payment of House Rent/Conveyance Allowance and non-recovery of House Rent	0.298
60			16	Excess payment due to charging/payment of GST on exempted items	0.102
61			17	Non-deduction of General Sales Tax	0.082
62	18		Loss due to less collection / less deposit of laboratory test fees	0.089	
63	19		Loss due to understating the quantity of tests conducted in pathological Lab	0.065	
64	20		Unauthorized payment of Practice Compensatory Allowance	0.050	
65	23		Non-payment of Stamp Duty by the suppliers	0.049	
66	24		Payment of Incentive Allowance without conducting evening round	0.384	
67	25		Overpayment of Health Risk Allowance and Medical Allowance	0.032	
68	26		Non/Less deduction of taxes	0.052	
69	29		Doubtful expenditure on procurement in suspicious manner	0.125	
70	31		Irregular payment of anesthesia allowance	0.330	
71	32		Doubtful consumption of medicine and improper maintenance of stocks	-	

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
72		33	Inefficient utilization of resources due to shifting of medicine to other health facilities	-
73	THQ Hospital Lalian	4	Non-issuance of Sales Tax Invoices by the suppliers	0.612
74		5	Uneconomical expenditure without detailed record	0.211
75		7	Non-establishment of ICU Ward and improper maintenance of stores	5.000
76		8	Irregular/infructuous expenditure on installation of wooden cabinets	0.551
77		9	Irregular expenditure without approval of Health Council	0.399
78		10	Non-reversal of entry of expenditure	0.192
79		11	Unauthorized withdrawal of Non-Practicing Allowance	-
80		12	Withdrawal of inadmissible Health Sector Reforms Allowance	0.300
81		13	Unjustified expenditure on Incentive Allowance paid to consultant doctors	1.074
82		14	Withdrawal of inadmissible Health Risk Allowance	0.209
83		16	Inadmissible payment of Anesthesia Allowance	1.440
84		17	Irregular withdrawal of salaries	0.322
85		18	Non-replacement of substandard medicines	0.065
86		19	Loss due to expiry of medicine	0.184
<b>District Health Authority, Faisalabad</b>				
1	CEO DHA, Faisalabad	3	Withdrawal of Non-Practicing Allowance without admissibility	33.768
2		4	Purchase of medicines beyond prescribed limit	15.610
3		5	Unauthorized use of DDO powers	13.317
4		7	Irregular payment of Liabilities	5.412
5		6	Excess expenditure due to unjustified increase in price	-
6		15	Irregular purchase of laboratory items below shelf life	0.383
7		18	Unauthorized up gradation of posts without sanction from Finance Department	-
8	CEO DHA, Faisalabad (Issues related to Pension Payments)	3	Mis-management of Pension Account / Fund	-
9		5	Irregular adjustment of excess paid pay and allowances in Pension Fund Account	0.331

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
10	DHO (PS), Faisalabad	1	Unauthorized drawl and retention of Cash	9.446
11		3	Irregular expenditure on repair of vehicle	1.203
12		4	Irregular expenditure on repair of Machinery and Equipment	0.730
13		5	Misappropriation of funds through fake invoicing	0.285
14		12	Withdrawal of Non-Practicing Allowance without admissibility	-
15		15	Non-registration of official vehicles and use of fake number plates	-
16		16	Non-auction of condemned vehicles and stock	0.725
17	DHO - III, Faisalabad	10	Non-deposit of pension contribution	5.303
18	GGHS, Faisalabad	3	Withdrawal of Non-Practicing Allowance without admissibility	14.950
19		6	Non-provision of medicine despite availability of funds	9.290
20		7	Payment of Salary during absent period	1.628
21		9	Withdrawal of Incentive Allowance at excessive rate	1.232
22		14	Non-deposit of Government share	0.216
23		16	Non-recovery of Parking Fee from the contractor	0.450
24		18	Non-recovery of fine from employees	0.070
25		20	Excess expenditure due to charging of excessive rates	0.100
26		22	Unjustified consumption of medicines without maintenance of record	-
27		THQ Hospital Jaranwala	2	Withdrawal of Non-Practicing Allowance without admissibility
28	4		Withdrawal of Incentive Allowance at excessive rate	2.208
29	11		Non-recovery of auction money of cycle/parking stand	0.050
30	13		Less deposit of Government share	0.130
31	16		Excess payment due to application of higher rate	0.035
32	18		Non-auction of trees	-
<b>District Health Authority, Jhang</b>				
1	CEO DHA, Jhang	4	Issuance of purchase orders without execution of formal contract	199.755
2		6	Advance drawl of fund for deposit in pension account	16.257

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
3		7	Irregular payment of Liabilities	61.786
4		13	Loss to the Authority due to non-awarding rate contract to lowest bidder	0.545
5	DHO (PS), Jhang	1	Withdrawal of inadmissible Non-Practicing Allowance	4.148
6		8	Irregular payment of previous year liabilities	2.227
7		11	Non-auction/disposal of condemned material	1.185
8		13	Non-verification of General Sales Tax	0.081
9	DHQ Hospital, Jhang	2	Irregular utilization of medicine budget than the prescribed ratio	12.404
10		4	Inadmissible payment of Incentive Allowance	8.108
11		5	Irregular payment of previous year liabilities	7.821
12		6	Irregular throw forward of Current year liabilities	4.073
13		13	Irregular drawl of pay and allowances	0.737
14		14	Unnecessary purchase and shifting of medicine to other health facilities	0.685
15		15	Unjustified expenditure on account of transportation of goods	0.512
16		18	Funds drawn against POL without maintenance of Log Book	0.137
17		25	Non-recovery of Stamp Duty from the suppliers	0.019
18		26	Non-auction/disposal of condemned material	-
19	THQ Hospital, AP Sial	1	Withdrawal of inadmissible Non-Practicing Allowance	3.630
20		7	Double drawl of fund	0.102
21		8	Excess drawl of TA DA	0.008
22		11	Less collection of auction amount of parking and canteen	0.357
23		14	Drawl of Pay and Allowances by unknown employee	0.152
24		16	Non-deposit of Government Receipts	0.083
25	THQ Hospital, Shorkot	2	Non-deposit of parking fee into Government treasury	0.254
26		4	Blockage of Funds and Non-surrender of savings	-
27		5	Non-deposit of tender fee into Government treasury	0.073
28		9	Non-devising mechanism for effective utilization of janitorial and MEPG Services	-

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
29		10	Withdrawal of pay and allowances against posts not sanctioned in budget book	-
30		22	Unauthorized shifting of medicine to other health facilities	0.210
31		23	Withdrawal of funds without pre-audit	1.158
32		24	Inadmissible payment of Incentive Allowance	1.217
33		27	Withdrawal of inadmissible Non-Practicing Allowance	6.847
34		28	Un-authorize drawl of inadmissible increments and Adhoc Relief Allowances during appointment on Adhoc Basis	0.336
35		30	Irregular expenditure on appointment of daily wage/contingent paid staff	1.077
36		31	Blockage of public resources due to non-utilization	0.460
37		33	Non-auction/disposal of condemned assets	-
<b>District Health Authority, Toba Tek Singh</b>				
1	CEO, DHA, TT SINGH	4	Irregular payment of previous year's liabilities	62.508
2		7	Non-imposition of penalty for delay in completion of work	3.114
3		10	Unauthorized shifting of medicine	1.476
4		11	Loss due to negligence/expiry of medicine	0.391
5		12	Non-blacklisting/forfeiture of Perf. Security due to non-supply	0.749
6		13	Non-recovery of LD charges of medicine	0.744
7		15	Irregular approval of annual budget	-
8		16	Irregular expenditure without observing PPRA	0.196
9	THQ Hospital Kamalia	1	Unjustified expenditure on incentive allowance	2.010
10		10	Unauthorized expenditure on salaries of sanitary workers	1.160
11		12	Unauthorized payment of General Sales Tax	0.039
12		16	Uneconomical expenditure due to managed quotations	0.395
13		20	Irregular expenditure without calling tenders	0.392
14		23	Provision of medicines excess than demand	1.758
15		24	Irregular expenditure store items in spite of availability of stock	0.305
16		25	Unauthorized payment of salary from Health Council Fund	0.079

Sr. No.	Name of Formation	Para No.	Title of Para	Amount
17	DHO, TT SINGH	2	Payment of General Sales Tax against suspicious GST invoices	0.805
18		5	Payment of Health Sector Reforms Allowance at excessive rate	0.042
19		10	Unnecessary/wasteful expenditure for procurement of motorcycles	2.396
20		12	Loss due to theft of motorcycle	0.064
21	ECGH Gojra	8	Non-deduction of Income Tax on payment of anesthesia allowance	0.197
22		10	Unjustified expenditure on incentive allowance	2.843
23		11	Withdrawal of pay and allowances in violation of terms and conditions of appointment orders	1.475
24		14	Provision of medicines excess than demand	0.533
25		15	Non-recovery of different taxes	0.540
26		22	Excess expenditure than released budget	32.702
27	DHQ Hospital TT Singh	2	Unjustified expenditure on incentive allowance	3.036
28		16	Less deposit of revenue on account of Digital X-Ray fee	0.059
29		18	Unjustified distribution of share of hospital receipts	3.230
30		19	Unauthorized retention and use of public money	-
31		20	Non-recovery of interest for late deposits	0.201
32		22, 23	Irregular expenditure on purchase of POL	6.843
33		24	Non-deposit of Income Tax	0.192
34		25	Irregular expenditure on contingent paid staff	1.814
35		26	Undue creation of liability on account of contingent paid staff	4.552
36		28	Irregular payment of previous year's liabilities	2.789
37		29	Misclassification of expenditure	2.348
38		30	Irregular payment to PITB	0.192
39		31	Uneconomic/ Imprudent expenditure on managing electricity	-
40		32	Non-recovery of penal rent from unauthorized occupants	-
41		33	Irregular maintenance of Cash Book	-

**Annexure-1**

**[Para: 1.2.4.2]**

**Inadmissible payment of pay and allowances – Rs 26.228 million**

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Description</b>	<b>Period</b>	<b>Amount</b>
1	Medical Superintendent, DHQ Hospital Chiniot	Payment of Conveyance, Nursing, Incentive, Health Professional, Special Healthcare, Non-Practicing and Health Sector Reform Allowances during leave period	2020-21	4.452
		Withdrawal of pay and allowances during EOL / LHP, after transfer / retirement from service		2.908
		Unauthorized payment of Non-Practicing Allowance to Medical Superintendent (MS), AMS & DMS working on administrative posts		2.179
		Payment of inadmissible Non-Practicing Allowance to doctors who were doing private practice		2.114
		Unauthorized grant of earned leave and payment of leave pay – Rs 0.853 million		0.853
		Payment of House Rent and Conveyance Allowance despite availability of designated residence / residing within official residence at hospital		0.361
		Excess payment of salary – Rs 0.173 million		0.173
		Inadmissible payment of Charge Allowance to a doctor		0.072
		Inadmissible payment of HSRA, PCA, Other Allowance & HRA 45%.		0.059
		2		District Health Officer (PS) Chiniot

Sr. No.	DDOs	Description	Period	Amount
		Overpayment of pay & allowances after Death, EOL and during absence period after transfer/transfer		1.692
		Drawl of HRA and CA despite availability of designated residences within office premises		1.561
		Non-recovery of Social Security Benefit and Pay & Allowances after regularization of contract services		0.671
		Unauthorized payment of Health Risk Allowance		0.619
		Drawl of NPA without admissibility		0.345
		Payment of HSRA without admissibility		0.141
		Unauthorized payment of HRA and CA to employees having official residences		0.101
3	Senior Medical Officer, RHC Ahmad Nagar	Unauthorized withdrawal of Pay and Allowances after compulsory retirement	2019-21	1.223
		Payment of inadmissible Non-Practicing Allowance to doctors who were doing private practice		0.501
		Payment of HRA and CA despite availability of designated residences within office premises		0.499
		Overpayment of salaries after leaving the job and during absent period		0.247
		Unjustified payment of Conveyance Allowance, HSRA, NPA, Health Professional Allowance and Special Healthcare Allowance during leave		0.240
		Unauthorized withdrawal of pay & Allowances after transfer		0.167
		Overpayment of pay and allowances during adhoc appointment		0.040
		Payment of Health Risk Allowance without admissibility		0.047
		Payment of Health Sector Reforms Allowance without admissibility		0.037
		Non-recovery of Social Security Benefit and Pay & Allowances after regularization of contract services		0.012



Sr. No.	DDOs	Description	Period	Amount
4	Senior Medical Officer, RHC Chak 14 JB	Inadmissible payment of Conveyance Allowance, Health Sector Reforms Allowance, Health Professional Allowance, Special Healthcare Allowance and Non-practicing Allowance during leave	2019-21	0.433
		Payment of salary after transfer		0.125
		Inadmissible payment of pay & allowances		0.055
		Inadmissible payment of SSB and Justice Allowance		0.036
5	Chief Executive Officer, DHA Chiniot	Inadmissible payment of Conveyance Allowance, Health Sector Reform Allowance, Nursing Allowance, Special Healthcare Allowance, Health Professional, Non-Practicing during leave	2120-21	0.481
		Inadmissible payment of salary during EOL etc.		0.116
		Payment of inadmissible allowances Adj. Fuel/ Elec subsidy NAS, Practice Compensatory Allowance, Adj. Adhoc Allowance 50%, Adj. Executive Allowance, Leave Salary, Ration Allowance, Adj. Anti-terrorist SQD, Hill Allowance, Adj. Spl. Judicial Allowance, Adj. Disturbance Allowance etc.		0.342
		Payment of pay & allowances after retirement – Rs 319,768/-		0.320
		Inadmissible payment of Non Practicing Allowance		0.322
		Excess payment of salaries after regularization of service – Rs 382,973/-		0.383
<b>Total</b>				<b>26.228</b>

**Annexure-2****[Para: 1.2.4.5]****Irregular expenditure due to non-execution of framework contract –  
Rs 11.078 million**

(Amount in Rupees)

<b>Sr. No.</b>	<b>Vendor</b>	<b>Bill Date</b>	<b>Item Description</b>	<b>Quantity</b>	<b>Rate</b>	<b>Amount</b>
1	River Valley	24.12.2020	Oxygen Gas	4	720	2,880
2	Chenab Gases	24.04.2021	Oxygen Gas	60	1,000	60,000
3	Chenab Gases	21.04.2021	Oxygen Gas	60	1,000	60,000
4	Chenab Gases	28.04.2021	Oxygen Gas	60	1,000	60,000
5	Chenab Gases	22.04.2021	Oxygen Gas	60	1,000	60,000
6	Chenab Gases	12.05.2021	Oxygen Gas	60	1,000	60,000
7	Chenab Gases	26.04.2021	Oxygen Gas	60	1,000	60,000
8	Chenab Gases	09.05.2021	Oxygen Gas	40	1,000	40,000
9	Chenab Gases	10.05.2021	Oxygen Gas	40	1,000	40,000
10	Chenab Gases	30.04.2021	Oxygen Gas	60	1,000	60,000
11	Chenab Gases	16.04.2021	Oxygen Gas	40	1,000	40,000
12	Chenab Gases	05.05.2021	Oxygen Gas	40	1,000	40,000
13	Chenab Gases	11.05.2021	Oxygen Gas	40	1,000	40,000
14	Chenab Gases	06.05.2021	Oxygen Gas	40	1,000	40,000
15	Chenab Gases	05.05.2021	Oxygen Gas	40	1,000	40,000
16	Chenab Gases	19.04.2021	Oxygen Gas	40	1,000	40,000
17	Chenab Gases	14.04.2021	Oxygen Gas	40	1,000	40,000
18	Chenab Gases	03.05.2021	Oxygen Gas	40	1,000	40,000
19	Chenab Gases	10.05.2021	Oxygen Gas	40	1,000	40,000
20	Chenab Gases	08.05.2021	Oxygen Gas	40	1,000	40,000
21	Chenab Gases	24.04.2021	Oxygen Gas	50	1,000	50,000
22	Chenab Gases	23.04.2021	Oxygen Gas	50	1,000	50,000
23	Chenab Gases	07.05.2021	Oxygen Gas	50	1,000	50,000
24	Chenab Gases	20.04.2021	Oxygen Gas	50	1,000	50,000
25	Chenab Gases	01.05.2021	Oxygen Gas	50	1,000	50,000
26	Chenab Gases	01.05.2021	Oxygen Gas	50	1,000	50,000
27	Chenab Gases	16.04.2021	Oxygen Gas	50	1,000	50,000
28	Chenab Gases	17.04.2021	Oxygen Gas	50	1,000	50,000
29	Chenab Gases	02.05.2021	Oxygen Gas	54	1,000	54,000
30	Chenab Gases	07.05.2021	Oxygen Gas	44	1,000	44,000
31	Chenab Gases	18.05.2021	Oxygen Gas	43	1,000	43,000
32	Chenab Gases	16.05.2021	Oxygen Gas	47	1,000	47,000

<b>Sr. No.</b>	<b>Vendor</b>	<b>Bill Date</b>	<b>Item Description</b>	<b>Quantity</b>	<b>Rate</b>	<b>Amount</b>
33	Chenab Gases	12.05.2021	Oxygen Gas	59	1,000	59,000
34	Chenab Gases	23.04.2021	Oxygen Gas	55	1,000	55,000
35	Chenab Gases	25.04.2021	Oxygen Gas	55	1,000	55,000
36	Chenab Gases	06.05.2021	Oxygen Gas	39	1,000	39,000
37	Chenab Gases	20.04.2021	Oxygen Gas	45	1,000	45,000
38	Chenab Gases	15.04.2021	Oxygen Gas	45	1,000	45,000
39	Chenab Gases	13.04.2021	Oxygen Gas	45	1,000	45,000
40	Chenab Gases	30.04.2021	Oxygen Gas	45	1,000	45,000
41	Chenab Gases	08.05.2021	Oxygen Gas	45	1,000	45,000
42	Chenab Gases	09.05.2021	Oxygen Gas	45	1,000	45,000
43	Chenab Gases	27.04.2021	Oxygen Gas	45	1,000	45,000
44	Chenab Gases	09.03.2021	Oxygen Gas	75	1,000	75,000
45	Chenab Gases	09.09.2020	Oxygen Gas	62	800	49,600
46	Chenab Gases	15.09.2020	Oxygen Gas	60	800	48,000
47	Chenab Gases	24.09.2020	Oxygen Gas	60	800	48,000
48	Chenab Gases	30.09.2020	Oxygen Gas	62	800	49,600
49	Chenab Gases	07.10.2020	Oxygen Gas	62	800	49,600
50	Chenab Gases	16.10.2020	Oxygen Gas	60	800	48,000
51	Chenab Gases	23.10.2020	Oxygen Gas	60	800	48,000
52	Chenab Gases	27.10.2020	Oxygen Gas	62	800	49,600
53	Chenab Gases	31.10.2020	Oxygen Gas	55	800	44,000
54	Chenab Gases	05.11.2020	Oxygen Gas	58	800	46,400
55	Chenab Gases	10.11.2020	Oxygen Gas	60	800	48,000
56	Chenab Gases	16.11.2020	Oxygen Gas	62	800	49,600
57	Chenab Gases	20.11.2020	Oxygen Gas	60	800	48,000
58	Chenab Gases	24.11.2020	Oxygen Gas	62	800	49,600
59	Chenab Gases	30.11.2020	Oxygen Gas	57	800	45,600
60	Chenab Gases	23.03.2021	Oxygen Gas	75	1,000	75,000
61	Chenab Gases	09.04.2021	Oxygen Gas	75	1,000	75,000
62	Chenab Gases	19.03.2021	Oxygen Gas	70	1,000	70,000
63	Chenab Gases	21.03.2021	Oxygen Gas	70	1,000	70,000
64	Chenab Gases	15.03.2021	Oxygen Gas	70	1,000	70,000
65	Chenab Gases	03.03.2021	Oxygen Gas	75	1,000	75,000
66	Chenab Gases	17.03.2021	Oxygen Gas	75	1,000	75,000
67	Chenab Gases	06.03.2021	Oxygen Gas	75	1,000	75,000
68	Chenab Gases	13.03.2021	Oxygen Gas	70	1,000	70,000
69	Chenab Gases	02.04.2021	Oxygen Gas	70	1,000	70,000

<b>Sr. No.</b>	<b>Vendor</b>	<b>Bill Date</b>	<b>Item Description</b>	<b>Quantity</b>	<b>Rate</b>	<b>Amount</b>
70	Chenab Gases	31.03.2021	Oxygen Gas	70	1,000	70,000
71	Chenab Gases	26.03.2021	Oxygen Gas	70	1,000	70,000
72	Chenab Gases	24.03.2021	Oxygen Gas	50	1,000	50,000
73	Chenab Gases	30.03.2021	Oxygen Gas	65	1,000	65,000
74	Chenab Gases	04.04.2021	Oxygen Gas	65	1,000	65,000
75	Chenab Gases	06.04.2021	Oxygen Gas	65	1,000	65,000
76	Chenab Gases	28.03.2021	Oxygen Gas	65	1,000	65,000
77	Chenab Gases	27.03.2021	Oxygen Gas	60	1,000	60,000
78	Chenab Gases	29.03.2021	Oxygen Gas	60	1,000	60,000
79	Chenab Gases	03.04.2021	Oxygen Gas	60	1,000	60,000
80	Chenab Gases	05.04.2021	Oxygen Gas	60	1,000	60,000
81	Chenab Gases	10.04.2021	Oxygen Gas	75	1,000	75,000
82	Chenab Gases	25.03.2021	Oxygen Gas	55	1,000	55,000
83	Chenab Gases	08.04.2021	Oxygen Gas	70	1,000	70,000
84	Chenab Gases	07.04.2021	Oxygen Gas	70	1,000	70,000
85	Chenab Gases	11.03.2021	Oxygen Gas	75	1,000	75,000
86	Chenab Gases	15.04.2021	Oxygen Gas	40	1,000	40,000
87	Chenab Gases	22.04.2021	Oxygen Gas	50	1,000	50,000
88	Chenab Gases	02.05.2021	Oxygen Gas	54	1,000	54,000
89	Chenab Gases	28.04.2021	Oxygen Gas	50	1,000	50,000
90	Chenab Gases	04.05.2021	Oxygen Gas	39	1,000	39,000
91	Chenab Gases	18.04.2021	Oxygen Gas	50	1,000	50,000
92	Chenab Gases	19.04.2021	Oxygen Gas	50	1,000	50,000
93	Chenab Gases	18.04.2021	Oxygen Gas	50	1,000	50,000
94	Chenab Gases	29.04.2021	Oxygen Gas	55	1,000	55,000
95	Chenab Gases	04.05.2021	Oxygen Gas	40	1,000	40,000
96	Chenab Gases	29.04.2021	Oxygen Gas	55	1,000	55,000
97	Chenab Gases	03.05.2021	Oxygen Gas	47	1,000	47,000
98	Chenab Gases	27.04.2021	Oxygen Gas	60	1,000	60,000
99	Chenab Gases	26.04.2021	Oxygen Gas	60	1,000	60,000
100	Chenab Gases	12.04.2021	Oxygen Gas	40	1,000	40,000
101	Chenab Gases	13.04.2021	Oxygen Gas	40	1,000	40,000
102	Chenab Gases	12.04.2021	Oxygen Gas	40	1,000	40,000
103	Chenab Gases	14.04.2021	Oxygen Gas	50	1,000	50,000
104	Chenab Gases	20.05.2021	Oxygen Gas	57	1,000	57,000

<b>Sr. No.</b>	<b>Vendor</b>	<b>Bill Date</b>	<b>Item Description</b>	<b>Quantity</b>	<b>Rate</b>	<b>Amount</b>
105	Chenab Gases	11.04.2021	Oxygen Gas	70	1,000	70,000
106	Chenab Gases	21.04.2021	Oxygen Gas	50	1,000	50,000
107	Chenab Gases	14.05.2021	Oxygen Gas	20	1,000	20,000
108	Chenab Gases	17.04.2021	Oxygen Gas	45	1,000	45,000
109	Chenab Gases	15.05.2021	Oxygen Gas	61	1,000	61,000
110	Chenab Gases	17.05.2021	Oxygen Gas	35	1,000	35,000
111	Chenab Gases	01.04.2021	Oxygen Gas	70	1,000	70,000
112	Chenab Gases	25.04.2021	Oxygen Gas	60	1,000	60,000
113	Chenab Gases	11.05.2021	Oxygen Gas	39	1,000	39,000
114	Chenab Gases	09.03.2021	Oxygen Gas	75	1,000	75,000
115	Chenab Gases	19.05.2021	Oxygen Gas	45	1,000	45,000
116	Chenab Gases	09.03.2021	Oxygen Gas	75	1,000	75,000
117	Chenab Gases	23.03.2021	Oxygen Gas	75	1,000	75,000
118	Chenab Gases	23.03.2021	Oxygen Gas	75	1,000	75,000
119	Chenab Gases	09.04.2021	Oxygen Gas	75	1,000	75,000
120	Chenab Gases	19.03.2021	Oxygen Gas	70	1,000	70,000
121	Chenab Gases	21.03.2021	Oxygen Gas	70	1,000	70,000
122	Chenab Gases	03.03.2021	Oxygen Gas	75	1,000	75,000
123	Chenab Gases	17.03.2021	Oxygen Gas	75	1,000	75,000
124	Chenab Gases	06.03.2021	Oxygen Gas	75	1,000	75,000
125	Chenab Gases	13.03.2021	Oxygen Gas	70	1,000	70,000
126	Chenab Gases	02.04.2021	Oxygen Gas	70	1,000	70,000
127	Chenab Gases	31.03.2021	Oxygen Gas	70	1,000	70,000
128	Chenab Gases	26.03.2021	Oxygen Gas	70	1,000	70,000
129	Chenab Gases	24.03.2021	Oxygen Gas	50	1,000	50,000
130	Chenab Gases	30.03.2021	Oxygen Gas	65	1,000	65,000
131	Chenab Gases	04.04.2021	Oxygen Gas	65	1,000	65,000
132	Chenab Gases	06.04.2021	Oxygen Gas	65	1,000	65,000
133	Chenab Gases	28.03.2021	Oxygen Gas	65	1,000	65,000
134	Chenab Gases	27.03.2021	Oxygen Gas	65	1,000	65,000
135	Chenab Gases	29.03.2021	Oxygen Gas	60	1,000	60,000
136	Chenab Gases	03.04.2021	Oxygen Gas	60	1,000	60,000
137	Chenab Gases	05.04.2021	Oxygen Gas	60	1,000	60,000
138	Chenab Gases	25.03.2021	Oxygen Gas	55	1,000	55,000
139	Chenab Gases	10.04.2021	Oxygen Gas	75	1,000	75,000
140	Chenab Gases	24.12.2020	Oxygen Gas	93	800	74,400

Sr. No.	Vendor	Bill Date	Item Description	Quantity	Rate	Amount
141	Chenab Gases	16.12.2020	Oxygen Gas	92	800	73,600
142	Chenab Gases	08.12.2020	Oxygen Gas	90	800	72,000
143	Chenab Gases	31.12.2020	Oxygen Gas	93	800	74,400
144	Chenab Gases	04.01.2021	Oxygen Gas	75	1,000	75,000
145	Chenab Gases	17.02.2021	Oxygen Gas	70	1,000	70,000
146	Chenab Gases	31.01.2021	Oxygen Gas	63	1,000	63,000
147	Chenab Gases	25.01.2021	Oxygen Gas	74	1,000	74,000
148	Chenab Gases	09.01.2021	Oxygen Gas	74	1,000	74,000
149	Chenab Gases	13.01.2021	Oxygen Gas	68	1,000	68,000
150	Chenab Gases	08.02.2021	Oxygen Gas	75	1,000	75,000
151	Chenab Gases	21.01.2021	Oxygen Gas	73	1,000	73,000
152	Chenab Gases	11.02.2021	Oxygen Gas	70	1,000	70,000
153	Chenab Gases	04.02.2021	Oxygen Gas	75	1,000	75,000
154	Chenab Gases	28.02.2021	Oxygen Gas	65	1,000	65,000
155	Chenab Gases	28.01.2021	Oxygen Gas	65	1,000	65,000
156	Chenab Gases	14.02.2021	Oxygen Gas	65	1,000	65,000
157	Chenab Gases	25.02.2021	Oxygen Gas	75	1,000	75,000
158	Chenab Gases	17.01.2021	Oxygen Gas	73	1,000	73,000
159	Chenab Gases	21.02.2021	Oxygen Gas	75	1,000	75,000
160	Hussain Enterprises	23.07.2020	Glucometer Strips On Call Plus	5,000	27.00	135,000
161	Ch. Shah Din Traders	28.09.2020	Glucometer Strips On Call Plus	5,000	27.00	135,000
162	Ch. Shah Din Traders	20.11.2020	Glucometer Strips On Call Plus	5,200	27.00	140,400
163	Hussain Enterprises	24.08.2020	Glucometer Strips On Call Plus	5,000	27.00	135,000
164	Hussain Enterprises	08.01.2021	HCV Device	2,000	34.50	69,000
165	Hussain Enterprises	21.12.2020	Face Mask	5,900	7.00	41,300
166	Hussain Enterprises	08.01.2021	HCV Device	1,000	34.50	34,500
167	Hussain Enterprises	02.07.2020	Face Mask	5,000	19.50	97,500
168	Hussain Enterprises	29.06.2020	HBsAg Device	1,000	22.00	22,000
169	Hussain Enterprises	15.01.2021	Yellow Tip	50	400.00	20,000

Sr. No.	Vendor	Bill Date	Item Description	Quantity	Rate	Amount
170	Ch. Shah Din Traders	23.04.2020	CBC Tube	3,400	14.00	47,600
171	Ch. Shah Din Traders	18.03.2020	HIV rapid device	800	58.00	46,400
172	Ch. Shah Din Traders	07.04.2020	HBsAg Device	2,000	22.00	44,000
173	Ch. Shah Din Traders	24.04.2020	HBsAg Device	2,000	22.00	44,000
174	Hussain Enterprises	23.07.2020	Glucometer Strips On Call Plus	2,700	27.00	72,900
175	Yar & Co. Enterprises	25.01.2021	X-Ray Films 12*15	5	14,550.00	72,750
176	Yar & Co. Enterprises	04.12.2020	X-Ray Films 10*12	5	12,750.00	63,750
177	Yar & Co. Enterprises	04.12.2020	X-Ray Films 12*15	5	14,550.00	72,750
178	River Valley	01.12.2020	HBsAg 2000 @ 32	2,000	32.00	64,000
179	River Valley	01.12.2020	HCV 2000 @ 32	2,000	32.00	64,000
180	River Valley	14.12.2020	MP Device 1000 @ 57	1,000	57.00	57,000
181	River Valley	14.12.2020	MP Device 1000 @ 57	1,000	57.00	57,000
182	River Valley	14.12.2020	HIV Device 1000 @ 46	1,000	46.00	46,000
183	River Valley	14.12.2020	HIV Device 1000 @ 46	1,000	46.00	46,000
184	River Valley	14.12.2020	Vdrl 1000 @ 45	1,000	45.00	45,000
185	River Valley	14.12.2020	Vdrl 1000 @ 45	1,000	45.00	45,000
186	River Valley	16.11.2020	Test Tube 100 @ 570	10,000	5.70	57,000
187	River Valley	20.11.2020	Test Tube 100 @ 570	10,000	5.70	57,000
188	Hussain Enterprises	22.12.2020	Glucometer Strips On Call Plus	2,350	27.00	63,450
189	Ch. Shah Din Traders	08.04.2020	PTT Tube	1,500	10.00	15,000
190	Hussain Enterprises	07.01.2020	HBsAg	600	21.90	13,140
191	Hussain Enterprises	07.01.2020	HCV	800	34.50	27,600
192	Chenab Gases				1,000	-
<b>Total</b>				<b>90,697</b>		<b>11,077,920</b>

**Annexure-3****[Para: 2.2.4.1]****Irregular procurement of medicine, surgical items and medical devices  
– Rs 289.546**

(Rupees in million)

<b>Sr. No.</b>	<b>DDOs</b>	<b>Description</b>	<b>Amount</b>
1	CEO, DHA, Faisalabad	Irregular creation of liabilities	142.565
		Non-provision of medicine according to requirements of health facilities	98.785
		Local purchase of medicines at higher rates – Rs2.490 million	
		Loss due to procurement of drugs/medicines/ surgical/dressing items at excess rates – Rs1.857 million	-
		Irregular and inefficient procurement of drugs, medicine, surgical items and medical devises	-
		Extra burden on the resources of succeeding financial year – Rs68.280 million	48.196
2	MS, Government General Hospital, Samanabad	Loss due to late finalization of Frame work contract for purchase of medicine – Rs1.204 million	-
3	MS, THQ Hospital, Chak Jhumra	Local purchase of medicine at excessive rates – Rs0.816 million	-
4	MS THQ Hospital, Samundari	Local purchase of medicines at excessive rate – Rs1.593 million	-
5	MS, THQ Hospital, Tandlianwala	Local purchase of medicines at excessive rate – Rs1.487 million	-
<b>Total</b>			<b>289.546</b>



**Annexure-4****[Para: 4.2.4.1]****Doubtful drawl of pay & allowances through Adjustments – Rs 28.843 million**

(Rupees in million)

<b>Sr. No.</b>	<b>Name of Formation</b>	<b>Personnel No.</b>	<b>Name of Employee</b>	<b>Amount</b>
1	MS DHQ Hospital TT Singh	30146042	Shahid Mahmood	1.169
2	MS DHQ Hospital TT Singh	30646378	Muhammad Saeed	0.035
3	MS DHQ Hospital TT Singh	30682275	Farzana Kausar	0.046
4	MS DHQ Hospital TT Singh	30788900	Nusrat Parveen	0.049
5	MS DHQ Hospital TT Singh	30792544	Muhammad Khalid	0.271
6	MS DHQ Hospital TT Singh	30794298	Muhammad Khalid	0.409
7	MS DHQ Hospital TT Singh	30794299	Zia Aziz	0.545
8	MS DHQ Hospital TT Singh	30891601	Dr. Muhammad Jamil Anjum	0.566
9	MS DHQ Hospital TT Singh	30966956	Faiza Kanwal	0.361
10	MS DHQ Hospital TT Singh	31188550	Muhammad Afzal	0.393
11	MS DHQ Hospital TT Singh	31504776	Kousar Shabbir	0.011
12	MS DHQ Hospital TT Singh	31533753	Sadaf Nazia	0.075
13	MS DHQ Hospital TT Singh	31614158	Mehnaz Mukhtar	0.325
14	MS DHQ Hospital TT Singh	31637111	Hira Tanveer	0.023
15	MS DHQ Hospital TT Singh	31658442	Aurang Zeb	0.020
16	MS DHQ Hospital TT Singh	31665929	Hafiz Zaheer Ahmed	0.126
17	MS DHQ Hospital TT Singh	31683838	Saira Ilyas	0.119
18	MS DHQ Hospital TT Singh	31713795	Ahmed Uzair Shafqat	0.020
19	MS DHQ Hospital TT Singh	31718501	Gufran Rasheed	0.050
20	MS DHQ Hospital TT Singh	31718539	Imran Khan	0.016
21	MS DHQ Hospital TT Singh	31742964	Hafiza Ammara Halim	0.136
22	MS DHQ Hospital TT Singh	31773233	Farwa Tufail	0.274
23	MS DHQ Hospital TT Singh	31783270	Asnan Aslam	0.011
24	MS DHQ Hospital TT Singh	31787620	Samia Gulnar	0.177
25	MS DHQ Hospital TT Singh	31791993	Ahsan Mehmood	0.014
26	MS DHQ Hospital TT Singh	31796559	Zeshan Ali	0.102
27	MS DHQ Hospital TT Singh	31805857	Azme Bukhari	0.036
28	MS DHQ Hospital TT Singh	31806237	Muhammad Faisal Iqbal	0.042
29	MS DHQ Hospital TT Singh	31813045	Mubashar Hassan	0.096
30	MS DHQ Hospital TT Singh	31815286	Roma Waris	0.072
31	MS DHQ Hospital TT Singh	31815297	Rahila Zafar	0.056
32	MS DHQ Hospital TT Singh	31821865	Samra Ikram	0.061
33	MS DHQ Hospital TT Singh	31822428	Ghazala Akram	0.013
34	MS DHQ Hospital TT Singh	31824321	Abdul Hameed	0.063

Sr. No.	Name of Formation	Personnel No.	Name of Employee	Amount
35	MS DHQ Hospital TT Singh	31845947	Ahmed Habib	0.170
36	MS DHQ Hospital TT Singh	31846090	Usman Malik	0.358
37	MS DHQ Hospital TT Singh	31861550	Sabahat Saleem	0.045
38	MS DHQ Hospital TT Singh	31876503	Sonia Liaqat	0.123
39	MS DHQ Hospital TT Singh	31887110	Akhtar Rasool	0.001
40	MS DHQ Hospital TT Singh	31890192	Shazia Rafiq	0.038
41	MS DHQ Hospital TT Singh	31892174	Hamad Raza	0.053
42	MS DHQ Hospital TT Singh	31892336	Farzana Yasmeen	0.151
43	MS DHQ Hospital TT Singh	31897274	Samar Iqbal	0.037
44	MS DHQ Hospital TT Singh	31901051	Abid Hussain	0.030
45	MS DHQ Hospital TT Singh	31901064	Shokat Ali	0.011
46	MS DHQ Hospital TT Singh	31901996	Faisal Javed	0.014
47	MS DHQ Hospital TT Singh	31902002	Iqra Rafique	0.025
48	MS DHQ Hospital TT Singh	31902012	Amman Ullah	0.015
49	MS DHQ Hospital TT Singh	31902016	Ali Raza	0.034
50	MS DHQ Hospital TT Singh	31902024	Shahzadi Hashim	0.011
51	MS DHQ Hospital TT Singh	31903341	Riffit Malk	0.398
52	MS DHQ Hospital TT Singh	31903517	Mubbshar Ghafoor Khan	0.054
53	MS DHQ Hospital TT Singh	31903549	Mansoor Ahmad	0.007
54	MS DHQ Hospital TT Singh	31903611	Arslan Masih	0.089
55	MS DHQ Hospital TT Singh	31905343	Tahira Parveen	0.167
56	MS DHQ Hospital TT Singh	31907426	Arbab Afzal	0.276
57	MS DHQ Hospital TT Singh	31907439	Ismat Tahira	0.257
58	MS DHQ Hospital TT Singh	31909104	Mubeen Haroon	0.038
59	MS DHQ Hospital TT Singh	31909109	Jabaran Khan	0.024
60	MS DHQ Hospital TT Singh	31910023	Usman Faisal	0.053
61	MS DHQ Hospital TT Singh	31911486	Dr. Zeeshan Shabbir Akhtar	0.235
62	MS DHQ Hospital TT Singh	31915421	Irshaad Masih	0.018
63	MS DHQ Hospital TT Singh	31916399	Sadia Mehmood	0.035
64	MS DHQ Hospital TT Singh	31917207	Perveen Akhtar	0.213
65	MS DHQ Hospital TT Singh	31922267	Shah Nawaz	0.600
66	MS DHQ Hospital TT Singh	31922289	Misbah Sameen	0.032
67	MS DHQ Hospital TT Singh	31922318	Shakila Razzaq	0.129
68	MS DHQ Hospital TT Singh	31923918	Sana Fatima	0.028
69	MS DHQ Hospital TT Singh	31925796	Shaugfta Hakeem	0.174
70	MS DHQ Hospital TT Singh	31947791	Amina Khalid	0.498
71	MS DHQ Hospital TT Singh	31948251	Mahmood Ali Raza	0.038
72	MS DHQ Hospital TT Singh	31950370	Iqra Liaqat	0.476
73	MS DHQ Hospital TT Singh	31955201	Arshia Niaz	0.297
74	MS DHQ Hospital TT Singh	31955355	Asifa Noreen	0.336
75	MS DHQ Hospital TT Singh	31957467	Talat Fareed	0.435
76	MS DHQ Hospital TT Singh	31957499	Aamir Khan	0.009

Sr. No.	Name of Formation	Personnel No.	Name of Employee	Amount
77	MS DHQ Hospital TT Singh	31957825	Sidra Noreen	0.090
78	MS DHQ Hospital TT Singh	31960233	Noman Zulifiqar	0.293
79	MS DHQ Hospital TT Singh	31960274	Shabbiran Noureen	0.019
80	MS DHQ Hospital TT Singh	31960279	Javed Iqbal	0.213
81	MS DHQ Hospital TT Singh	31960319	Irum Shakoor	0.542
82	MS DHQ Hospital TT Singh	31960370	Wafa Mushtaq	0.395
83	MS DHQ Hospital TT Singh	31961372	Anam Mushtaq	0.148
84	MS DHQ Hospital TT Singh	31981147	Fasiha Khalid	0.368
85	MS DHQ Hospital TT Singh	31981163	Asfa Irm	0.145
86	MS DHQ Hospital TT Singh	31986437	Sheraz Sardar	0.004
87	MS DHQ Hospital TT Singh	31986454	Sohaib Iqbal	0.004
88	MS DHQ Hospital TT Singh	31986478	Muhammad Nadeem Khan	0.004
89	MS DHQ Hospital TT Singh	31986498	Muhammad Ahad Mumtaz	0.005
90	MS DHQ Hospital TT Singh	31986518	Khawar Rashid	0.005
91	MS DHQ Hospital TT Singh	31986566	Muhammad Usman Farooq	0.003
92	MS DHQ Hospital TT Singh	31986587	Nabila Kousar	0.022
93	MS DHQ Hospital TT Singh	31986613	Sakandar Ali Tabbussam	0.004
94	MS DHQ Hospital TT Singh	31986630	Rehman Khalid	0.004
95	MS DHQ Hospital TT Singh	31986651	Muhammad Adnan	0.005
96	MS DHQ Hospital TT Singh	31986685	Nabila Yasin	0.005
97	MS DHQ Hospital TT Singh	31988598	Waheed Irfan	0.005
98	MS DHQ Hospital TT Singh	31994206	Muqadas Mai	0.001
99	MS DHQ Hospital TT Singh	31998346	Muhammad Shahid Iqbal	0.001
100	MS DHQ Hospital TT Singh	31999433	Abbas Ahmad	0.380
101	MS DHQ Hospital TT Singh	32000310	Amir Waqas	0.073
102	MS DHQ Hospital TT Singh	32002626	Quraat Ul Ain	0.855
103	MS DHQ Hospital TT Singh	32003151	Muhammad Ahmad	0.414
104	MS DHQ Hospital TT Singh	32004920	Mukarm Ashfaq	0.078
105	MS DHQ Hospital TT Singh	32004941	Muhammad Umair Farooq	0.002
106	MS DHQ Hospital TT Singh	32004963	Hafiz Afsar Ali	0.004
107	MS DHQ Hospital TT Singh	32004982	Shaukat Masih	0.005
108	MS DHQ Hospital TT Singh	32004992	Mohsin Ali	0.001
109	MS DHQ Hospital TT Singh	32005003	Muzammal Sajjad	0.002
110	MS DHQ Hospital TT Singh	32005009	Ali Raza	0.014
111	MS DHQ Hospital TT Singh	32005018	Syed Muhammad Qamar Bukhari	0.005
112	MS DHQ Hospital TT Singh	32007511	Husnain Abbas	0.004
113	MS DHQ Hospital TT Singh	32026327	Lubna Nosheen	0.027
114	MS DHQ Hospital TT Singh	32026648	Zunaira Rafiq	0.025
115	MS DHQ Hospital TT Singh	32037876	Asra Rehman	0.156
116	MS DHQ Hospital TT Singh	32065060	Anum Azam	0.120
117	MS DHQ Hospital TT Singh	32078565	Mohammad Qaiser Ghafoor	0.133
118	MS DHQ Hospital TT Singh	32080404	Rida Fatima	0.419

Sr. No.	Name of Formation	Personnel No.	Name of Employee	Amount
119	MS DHQ Hospital TT Singh	32087266	Nazia Hanif	0.098
120	MS DHQ Hospital TT Singh	32091773	Farya Naseer	0.038
121	MS DHQ Hospital TT Singh	32100719	Muhammad Rauf	0.031
122	MS DHQ Hospital TT Singh	32103891	Mehvish Munir	0.167
123	MS DHQ Hospital TT Singh	32105062	Shazadi Areej	0.031
124	MS DHQ Hospital TT Singh	32110058	Asma Haleem	0.056
125	MS DHQ Hospital TT Singh	32112931	Muhammad Irfan Rasheed	0.068
126	MS DHQ Hospital TT Singh	32117938	Jhanzaib Nawaz	0.125
127	MS DHQ Hospital TT Singh	32118831	Sarah Sattar	0.393
128	MS DHQ Hospital TT Singh	32120822	Zubair Arshid	0.174
129	MS DHQ Hospital TT Singh	32124050	Zarqa Naheed	0.024
130	MS DHQ Hospital TT Singh	32125536	Mudasra Afzal	0.059
131	MS DHQ Hospital TT Singh	32129128	Muhammad Zain-Ul-Abdin	0.182
132	MS DHQ Hospital TT Singh	32132555	Muhammad Mohsin Saeed	0.046
133	MS DHQ Hospital TT Singh	32133597	Mariam Jamil	0.548
134	MS DHQ Hospital TT Singh	32140434	Hafiza Anam Zahira	0.228
135	MS DHQ Hospital TT Singh	32141761	Anam Rani	0.122
136	MS DHQ Hospital TT Singh	32141862	Muhammad Rizwan Akhtar	0.122
137	MS DHQ Hospital TT Singh	32142267	Maria Jabbar	0.154
138	MS DHQ Hospital TT Singh	32142530	Hina Akber	0.204
139	MS DHQ Hospital TT Singh	32142554	Rida Shahid	0.052
140	MS DHQ Hospital TT Singh	32142677	Nida Mustafa	0.043
141	MS DHQ Hospital TT Singh	32143354	Sonia Rasheed	0.107
142	MS DHQ Hospital TT Singh	32143922	Ayesha Latif	0.070
143	MS DHQ Hospital TT Singh	32147429	Arslan Ahmad	0.217
144	MS DHQ Hospital TT Singh	32147430	Hifsa Rasool	0.006
145	MS DHQ Hospital TT Singh	32147431	Maham Khalid	0.041
146	MS DHQ Hospital TT Singh	32147432	Muhammad Hamad Majeed	0.003
147	MS DHQ Hospital TT Singh	32147433	Mahreen Ashraf	0.160
148	MS DHQ Hospital TT Singh	32147435	Zeenat Rehmat	0.007
149	MS DHQ Hospital TT Singh	32147836	Mehwish Naseer	0.429
150	MS DHQ Hospital TT Singh	32148080	Rizwana Ramzan	0.109
151	MS DHQ Hospital TT Singh	32148957	Muzammil Islam	0.192
152	MS DHQ Hospital TT Singh	32149012	Mehwish Sarfraz	0.087
153	MS DHQ Hospital TT Singh	32149016	Tahira Faryad	0.166
154	MS DHQ Hospital TT Singh	32149025	Anjum Parveen	0.084
155	MS DHQ Hospital TT Singh	32149038	Razia Sultana	0.097
156	MS DHQ Hospital TT Singh	32149043	Adibba Rani	0.161
157	MS DHQ Hospital TT Singh	32149061	Ali Arslan Ch.	0.362
158	MS DHQ Hospital TT Singh	32149064	Muhammad Qasim Mushtaq	0.070
159	MS DHQ Hospital TT Singh	32149075	Muhammad Shazil Tariq	0.090
160	MS DHQ Hospital TT Singh	32149079	Atif Mehmood	0.129

Sr. No.	Name of Formation	Personnel No.	Name of Employee	Amount
161	MS DHQ Hospital TT Singh	32150118	Nida Arshad	0.250
162	MS DHQ Hospital TT Singh	32150402	Iqra Nawaz	0.152
163	MS DHQ Hospital TT Singh	32150403	Maryam Fatima	0.163
164	MS DHQ Hospital TT Singh	32150613	Bakht Bibi	0.149
165	MS DHQ Hospital TT Singh	32151071	Shafiq Sarwar	0.079
166	MS DHQ Hospital TT Singh	32151112	Mehwish Gulshad	0.189
167	MS DHQ Hospital TT Singh	32151121	Muhammad Humayoun Rafique	0.216
168	MS DHQ Hospital TT Singh	32151125	Hina Sehar	0.149
169	MS DHQ Hospital TT Singh	32152217	Sana Kiran	0.178
170	MS DHQ Hospital TT Singh	32152455	Nomi Riaz	0.358
171	MS DHQ Hospital TT Singh	32152704	Afgan Sher	0.091
172	MS DHQ Hospital TT Singh	32152714	Maria Munawar	0.010
173	MS DHQ Hospital TT Singh	32152747	Muhammad Awais	0.058
174	MS DHQ Hospital TT Singh	32152765	Ibtisam Ahmad Khan	0.712
175	MS DHQ Hospital TT Singh	32152783	Muhammad Asharaf Javed	0.063
176	MS DHQ Hospital TT Singh	32153162	Nimra Javed	0.405
177	MS DHQ Hospital TT Singh	32153954	Wajid Iqbal	0.197
178	MS DHQ Hospital TT Singh	32153956	Saqib Nawaz	0.187
179	MS DHQ Hospital TT Singh	32153957	Sara Batool	0.069
180	MS DHQ Hospital TT Singh	32157521	Muhammad Haroon	0.072
181	MS DHQ Hospital TT Singh	32157531	Muhammad Usman Rasool	0.072
182	MS DHQ Hospital TT Singh	32157544	Jawad Arshid	0.027
183	MS DHQ Hospital TT Singh	32157550	Muhammad Shahid Kabir	0.023
184	MS DHQ Hospital TT Singh	32162622	Muhammad Faran Sarwar	0.059
185	MS DHQ Hospital TT Singh	32162639	Iqra Sial	0.265
186	MS DHQ Hospital TT Singh	32162658	Tanvir Ahmad Shakir	0.102
187	MS DHQ Hospital TT Singh	32163458	Umer Qadir	0.264
188	MS DHQ Hospital TT Singh	32163709	Razwana Yaquob	0.075
189	MS DHQ Hospital TT Singh	32164682	Syed Waheed Haider Shah	0.039
190	MS DHQ Hospital TT Singh	32164791	Abdul Ghaffar	1.001
191	MS DHQ Hospital TT Singh	32167338	Ayesha Farooq	0.069
192	MS DHQ Hospital TT Singh	32168382	Zara Gul	0.157
193	MS DHQ Hospital TT Singh	32168385	Muhammad Umar	0.312
194	MS DHQ Hospital TT Singh	32169116	Rehana Perveen	0.045
195	MS DHQ Hospital TT Singh	32171118	Wasit Ali	0.001
196	MS DHQ Hospital TT Singh	32173885	Zainab Samreen	0.039
197	MS DHQ Hospital TT Singh	32175934	Ammar Zafar	0.046
198	MS DHQ Hospital TT Singh	32175938	Ikram-ul-Haq	0.041
199	MS DHQ Hospital TT Singh	32176744	Taimoor Jamil	0.091
<b>Total</b>				<b>28.843</b>

## Annexure-5

[5.5]

**Organization's Financials**  
**District wise detail of budget & expenditure IRMNCH&NP**

(Rupees in million)

<b>Chiniot</b>							
Year	Cost Center	Budget			Actual		
		Salary	Non-Salary	Total	Salary	Non-Salary	Total
2018-19	CV9016	0.714	1.039	1.753	0.655	0.078	0.733
	CV9020	146.800	-	416.800	136.536	-	136.536
2019-20	CV9016	0.833	0.983	1.816	0.770	-	0.770
	CV9020	136.880	-	136.880	131.687	-	131.687
2020-21	CV9016	0.842	0.962	1.804	0.776	-	0.776
	CV9020	140.110	13.090	153.200	133.806	4.324	138.130
<b>Total</b>		<b>426.179</b>	<b>16.074</b>	<b>712.253</b>	<b>404.23</b>	<b>4.402</b>	<b>408.632</b>
<b>Faisalabad</b>							
Financial Year	Budget			Expenditure			
	Salary	Non-Salary	Total	Salary	Non-Salary	Total	
2017-18	625.370	21.077	646.45	482.789	12.998	495.787	
2018-19	1,067.606	20.243	1,087.85	900.847	16.117	916.964	
2019-20	709.715	75.293	785.01	674.297	46.468	720.765	
2020-21	782.917	71.806	854.72	665.158	17.554	682.712	
<b>Jhang</b>							
Year	Cost Center	Budget			Actual		
		Salary	Non-Salary	Total	Salary	Non-Salary	Total
2017-18	JY9501	2.621	7.964	10.585	2.235	7.335	9.570
	JY9034	310.948	-	310.948	292.869	-	292.869
2018-19	JY9501	4.670	15.862	20.532	3.173	15.061	18.234
	JY9034	572.280	-	572.280	480.398	-	480.398
2019-20	JY9501	5.572	2.694	8.266	5.002	2.556	7.558
	JY9034	406.602	-	406.602	359.534	-	359.534
2020-21	JY9501	8.658	1.557	10.215	4.861	1.379	6.240
	JY9034	409.685	34.518	444.203	386.073	19.018	405.091
<b>Total</b>		<b>1,721.036</b>	<b>62.595</b>	<b>1,783.631</b>	<b>1,534.144</b>	<b>45.349</b>	<b>1,579.493</b>
<b>Toba Tek Singh</b>							
Year	Cost Center	Budget			Actual		
		Salary	Non-Salary	Total	Salary	Non-Salary	Total
2018-19	TY9601	6.899	14.510	21.409	5.295	12.948	18.243
	TY9031	399.824	-	399.824	360.791	-	360.791
2019-20	TY9601	4.706	3.468	8.174	9.851	2.415	12.266
	TY9031	356.681	-	356.681	313.026	-	313.026
2020-21	TY9601	5.146	1.418	6.564	5.767	1.369	7.136
	TY9031	336.520	73.050	409.570	337.376	40.714	378.090
<b>Total</b>		<b>1,109.776</b>	<b>92.446</b>	<b>1,202.222</b>	<b>1,032.106</b>	<b>57.446</b>	<b>1,089.552</b>

**Non-achievement of target of delivery by skilled birth attendants**

According to objectives defined in PC-I of IRMNCH Program, the required target for delivery through skilled birth attendants was 75% by the end of 2016 and 80% by end of 2018. Furthermore, according to provisions of PC-I of the Program, the proposed minimum deliveries for CMWs are, for rural area two deliveries per month and for urban slum three deliveries per month and urban area is considered for re-allocation shall conduct four deliveries/month.

District Coordinator IRMNCH Program, Chiniot required to achieve the requisite targets by end of 2018. However, data analysis of monthly reports revealed that most of the health facilities did not achieve required targets of per month delivery through skilled birth attendants and overall achievement in this regard was 54% till the end of June, 2021. Further, the efficiency with regard to antenatal care visits and postnatal visits were also very low.

Audit is of the view that due to weak monitoring and supervision, required targets were not achieved by the District IRMNCH Cell.

Non-achievement of required targets resulted in depriving the public from better health services and envisaged benefits of program.

Audit recommends to probe the matter for fixing responsibility on the person(s) at fault.

[AIR Para: 02]

**Non-operationalizing newly established emergency blocks and warehouse – Rs 5.823 million**

According to Section 94 of Punjab Local Government Act 2013, A District Health Authority shall implement policies and directions of the Government including achievement of key performance indicators set by the Government for healthcare programs. Furthermore, Rules 4 of the Punjab District Authorities (Budget) Rules, 2017, the Chief Executive Officer shall act as Principal Accounting Officer of the Authority and shall review progress of the development works for their timely completion. Moreover, according to Rule 4(a)(d) of Punjab District Authorities (Conduct of Business) Rules 2017, District Health Authority shall monitor the Chief Executive Officer regarding implementation on the guidelines, policies and standards framed by the Government and monitor its own progress on monthly basis on pre-determined performance indicators determined by it and report the progress to Government.

During audit of DHA, Chiniot, it was observed that Government of the Punjab Primary & Secondary Healthcare Department sponsored/executed three development schemes under Prime Minister Health Initiative for Construction of district warehouse at DHQ hospital Chiniot and construction of new emergency blocks at RHC Chak 14/JB and RHC Barana costing Rs 30.990 million through District Health Authority Chiniot during 2018-19. However, civil work of the schemes was got executed/completed by Executive Engineer Buildings Division Chiniot. Contrary to provisions of above Rules, the DHA failed to operationalize the newly established healthcare facilities due to non-procurement of machinery & equipment despite availability of funds amounting to Rs 5.823 million. It was further mentioned that staff concerned was also deputed by the competent authority at these healthcare facilities.



Audit is of the view that due to weak administrative controls and monitoring mechanism, healthcare facilities were not got operationalized due to want of essential machinery and equipment.

Non procurement / provision of machinery & equipment resulted in non-functioning of newly established healthcare facilities despite availability of funds amounting to Rs 5.823 million.

Audit recommends to justify the matter otherwise probe the matter for fixing responsibility on the incumbents at fault besides active pursuance of provision of funds.

[AIR Para: 01]

### **Poor performance regarding delivery by skilled birth attendants**

According to PC-I of Chief Minister's Stunting Reduction Program. The Program envisages achieving its goal through the five strategic areas including strategic area-1 i.e. implementation of Nutrition and Healthcare Interventions (H&N) at all level with following complementary objectives and will contribute towards promoting investment in human capital by encouraging desirable behaviors from pregnant and lactating mothers to ensure safe birth and healthy children. The complementary objectives of the H&N CCT are to promote and encourage pregnant women to obtain health service facilities including antenatal care, to promote safe birth deliveries through institutional delivery/skilled birth attendants (SBA), to encourage mothers to ensure timely and complete immunization of children under two years of age, to support regular health check-up and growth screening of children. To promote maternal education and nutritional awareness through regular counselling and generate an evidence for the Government of Punjab to make an informed decision on scaling up of the H&N CCT in the province.

During audit of District Coordinator IRMNCH Program, Chiniot a decreasing trend was observed in area of birth deliveries through institutional delivery/skill birth attendants. The data analysis of reports of Deliveries by SBA

for the years 2018, 2019 and 2020 depicted that ratio of birth deliveries through institutional delivery/SBA was decreased in each upcoming year and ratio of birth delivery at private hospitals/clinics and at home was increased. The detail is as under:

<b>Year</b>	<b>Deliveries By Institutional Delivery/SBA</b>	<b>Women Delivered at Private Hospital/Clinic</b>	<b>Women Delivered at Home</b>
<b>2018</b>	10,144	4,624	191
<b>2019</b>	9,837	4,795	245
<b>2020</b>	8,670	5,398	252

Furthermore, the efficiency of some Basic Health Units was also very low and their performance in this regard was remained below 1% to 2 % in overall aggregate of birth deliveries.

Audit is of the view that due to weak monitoring and supervision, requisite goals and targets were not achieved by the District IRMNCH Cell.

Poor performance regarding birth delivery through SBA resulted in depriving the public from better health services and envisaged program benefits were also not achieved.

Audit recommends to justify the matter otherwise probe the matter for fixing responsibility on the person(s) at fault.

[AIR Para: 08]

**Poor performance regarding maternal and infant mortality rate**

According to PC-I of Chief Minister's Stunting Reduction Program following are the goals and objectives of the Program i.e. provision of health & nutrition services package to improve the nutritional status of women, adolescent, children and newborns with particular focus on stunting reduction in rural and less developed urban slum areas of Punjab. Reduce the maternal mortality ratio to less than 70 per 100,000 live births. End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortalities to at least as low as 25 per 1,000 live births. End the epidemics of water-borne diseases and other communicable diseases like Pneumonia, Diarrhea, Measles etc.

During audit of District Coordinator IRMNCH Program, Chiniot it was observed that no monitoring mechanism was developed and data was maintained to ascertain the achievement of above said program objectives i.e. reduction in maternal mortality ratio, newborns and children under 5 years of age mortality rate, neonatal mortality rate and under-5 mortality rate. However, the data provided by the management in reports of Neonate and Maternal Death for previous three years was analyzed and the analysis depicted that no improvement was brought to achieve the primary objectives of the Program and the ratios were disturbed and have increasing and decreasing trends in these years. The details are as under:

- Number of maternal deaths, children's deaths of age 1 to 5 year and number of still births were reduced in year 2019 in comparison to year 2018 but same were increased again in year 2020.
- Rate of live birth was decreased in years 2019 and 2020.

The data is given in the following table:

Year	Total Live Births	Total Still Births	No. of All Deaths	Early Neo-Natal Deaths		No. of Infant Deaths > 28 Days and 1 Year	No. of Children Deaths Age > 01 Year but less than 05 Year	No. of Deaths of Pregnant Women
				1 Week	28 Days			
2018	14,529	688	2,910	189	61	162	50	14
2019	14,146	608	3,139	131	56	122	46	9
2020	13,402	622	3,264	117	45	95	54	11

Audit is of the view that due to weak monitoring and supervision, primary objectives were not achieved by the District IRMNCH Cell.

Poor performance regarding achievement of program objectives resulted in depriving the public from better health services and wastage of human and financial resources provided to District IRMNCH Cell.

Audit recommends to justify the matter otherwise probe the matter for fixing responsibility on the person(s) at fault.

[AIR Para: 09]

### **Poor performance regarding maternal and newborn/child health care**

According to PC-I of Chief Minister's Stunting Reduction Program following are the goals and objectives of the Program i.e. provision of health & nutrition services package to improve the nutritional status of women, adolescent, children and newborns with particular focus on stunting reduction in rural and less developed urban slum areas of Punjab and to end the epidemics of water-borne diseases and other communicable diseases like Pneumonia, Diarrhea, Measles etc. The Program envisages achieving its goal through the five strategic areas including strategic area-1 i.e. implementation of Nutrition and Healthcare Interventions (H&N) at all level with following complementary objectives and will contribute towards promoting investment in human capital by encouraging desirable behaviors from pregnant and lactating mothers to ensure safe birth and healthy children. The complementary objectives of the H&N CCT are to promote and to

encourage mothers to ensure timely and complete immunization of children under two years of age, to support regular health check-up and growth screening of children. To promote maternal education and nutritional awareness through regular counselling and generate evidence for the Government of Punjab to make an informed decision on scaling up of the H&N CCT in the province.

During audit of District Coordinator IRMNCH Program, Chiniot it was observed that monitoring mechanism regarding immunization and health care of newborn and under 5 year of age children was poor and did not perform its services. The data provided through Child Health Care reports of three years i.e. 2018, 2019 and 2020 was analyzed and the analysis depicted that no improvement was brought to achieve the above said objectives of the Program and the ratios were disturbed and have increasing trends in these years. The details are given in the following table:

Year	Cases of Diarrhea < 5 Year	Cases of Diarrhea > 5 Year	Cases of ARI < 5 Year	Cases of ARI > 5 Year	Cases of Fever < 5 Year	Cases of Fever > 5 Year	Cases of Anemia < 5 Year	Cases of Anemia > 5 Year
2014	4,985	1,415	324	497	459	475	687	3,224
2018	-	-	26,912	22,881	32,428	99,813	15,645	88,080
2019	-	-	20,576	23,872	33,113	102,254	12,819	68,838
2020	-	-	23,481	24,547	42,716	87,310	10,322	36,375

Audit is of the view that due to weak monitoring and supervision, primary objectives were not achieved by the District IRMNCH Cell.

Poor performance regarding achievement of program objectives resulted in depriving the public from better health services and wastage of human and financial resources provided to District IRMNCH Cell.

Audit recommends to justify the matter otherwise probe the matter for fixing responsibility on the person(s) at fault.

[AIR Para: 10]

## Annexure-9

### [5.6.2.1.3]

During thematic audit of IRMNCH&NP, Chiniot some other observations were noted:

**Non-hiring LHWs to cover un-covered area:** According to Page 16 of PC-I of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program (July, 2016-June,2020), the Government has committed to scale up the services of LHWs to uncovered rural area as well as urban slums. If this intervention is found; 13,000 LHWs shall be hired over a period of five years.

During Thematic Audit of IRMNCH &NP, it was observed that 40.670% population of various Union Councils containing population of 385,235 persons was remained uncovered due to shortage of staff due to non-hiring of LHWs to cover uncovered area.

#### **Non-provision of medicines:**

During thematic audit Leady Health Supervisors and Leady Health Works were called and information was collected through questionnaires. One of the question was “Have you received medicines regularly?”. All of LHSs & LHWs replied that medicines are not providing regularly. According to statement of Social Organizer no medicine has been received from head office since last two years. Furthermore, medicine including anti-biotic, iron, cough syrup, fever tablets were issued to patients by LHW without consulting the authorized medical practitioner.

**Non-establishment / upgradation of BHUs:** During last five years no new BHU was established / up-graded and training & deployment of Community midwife was discontinued.

**Non-filling vacant posts:** Two seats of LHSs, 84 seats of LHWs and 2 seats of Drivers LHW program and 3 seats of LHV, 29 seats of Aya and 32 seats of

Security Guard was vacant of 24/7 BHUs & RHCs lying vacant since last five years which were not get filled.

Sr. No.	Name of Post	Sanction	Filled	Vacant
1	Lady Health Worker	423	413	10
2	LHV PHMI	47	28	19
3	Aya	22	20	2
4	Security Guard	22	20	2

**Non-setting district target for program:** The Government did not set district wise targets for IRMNCH&NP, for MMR, NMR, IMR etc.

**Non-maintenance of record of private sector provided IRMNCH&NP service:** No mechanism was defined for determination / collecting data of IRMNCH&NP services in facilities other than Government health facilities for further analysis and decision making.

**Non-maintenance of pregnant women / patient wise track record of ANC to PNC:** No mechanism was defined / record was maintained to track record of pregnant women / patient wise from ANC to PNC treatment and treatment with her child.

**Non-maintenance of record for determination of Maternal Mortality:** Data relating to Maternal Death was not available in DHIMS report of Primary Health Facilities and Secondary Health Facilities to calculate MMR. Furthermore, LHW reporting maintained in DMR dashboard cannot be used for analysis due to non-reporting by all LHW/LHS due to absent/leave and non-reporting by all LHS and change the base value. Step should be taken for incorporation / up-dating data of misreporting LHSs/LHVs.

**Infant Mortality Rate (IMR) = Infant Death within 29 days to 1 year of birth / 1,000 live births:** No data relating to infant mortality ratio was available in DHIS report nor was provided to Audit.

**Under 5 Mortality Rate = Infant Death within 1 years to 5 years of birth / 1,000 live births:** No data relating to under 5 mortality ratio was available in DHIS report nor was provided to Audit by IRMNCH&NP staff.

**Total Fertility Rate = Average number of births within that country that a woman has over his lifespan:** No data relating to fertility rate was available in DHIS report nor was provided to Audit.

**Non-maintenance data separately relating to Wasting and Stunting:** Wasting and Stunting (moderate & severe) prevalence data was separately not maintained

**Number of Stabilization Centers (SC) established:** Only one Stabilization Centers (SC) was established in DHQ Hospital till 2021.

**Minimum Service delivery standards (MSDS):** No record maintained relating to MSDS by the IRMNCH Cell Chiniot and produced to Audit.

[AIR Para: 11]



During thematic audit of IRMNCH&NP, Faisalabad some observations were noted:

**i) Non-provision of biomedical equipment and other necessary items required for optimal functioning of health facilities:**

Funds of Rs 319.826 million pertaining to revenue component of 12 development schemes of DHA, Faisalabad were placed in the Special Drawing Account (SDA) of Secretary Primary & Secondary Healthcare Department (P&SHD) during 2017-18 for procurement of biomedical equipment, machinery, furniture, fixture etc. However, items worth Rs 29.544 million only could be provided resulting in non-provision of necessary items to the health facilities for their optimal functioning besides cost overrun due to inflation impact.

Furthermore, District Health Authority, Faisalabad could also not utilize development funds amounting to Rs 180.221 million during three consecutive years for procurement of machinery, equipment, furniture, fixture etc. which resulted in deprivation of the public from the envisaged benefits besides cost overrun due to inflation impact.

**ii) Non-functioning of healthcare facilities:**

Government of the Punjab Health Department sponsored/executed two development schemes costing Rs 1,221.336 million regarding establishment / upgradation of health facilities in District Faisalabad through building department with completion period upto 16.06.2018. However, work amounting to Rs 291.075 was still pending despite lapse of three but the authorities of DHA, Faisalabad did not make concrete efforts for getting these schemes completed by the executing agency. Stipulated date of completion of development work in Government General Hospital 224/RB, Faisalabad was 15.03.2018 but the same could not be completed till August, 2021 due to which only outdoor patient

department was made functional. However, 50 doctors were posted in this hospital having limited and incomplete infrastructure due to which six-seven doctors were using one room at a time for patients, consultancy. Furthermore, development schemes pertaining to eight health facilities were shown to be completed during 2020-21 as per progress report for the month of June, 2021 but neither their completion certificates/PC-IV nor any documentary evidence regarding their functional status was provided for audit scrutiny. Non-completion of development schemes resulted in non-functioning of newly established / upgraded health facilities.

- iii) **Non-provision of medicine according to requirements of health facilities:** District Health Authority, Faisalabad did not provide necessary medicine amounting to Rs 98.785 million during 2020-21 despite submission of demands by the health facilities and provision of specific funds by Government of the Punjab which resulted in deprivation of the deserving patients from the envisaged benefits.
- iv) **Poor performance regarding establishment of District Health Authority:** Government of the Punjab failed to constitute District Health Authority despite issuing composition notification. Further, Chairman, Vice Chairman and Executive District Officer were not appointed by the Government as required under PLGA, 2013 and powers of the House / Authority were unlawfully used by Deputy Commissioner, Faisalabad. The DHA did not report progress to develop linkages between private and public health sectors for enhancing access and coverage of health care facilities to the general public and improving quality of these services.
- v) **Non-hiring LHWs to cover un-covered area**

According to Page 16 of PC-I of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program (July, 2016-June, 2020), the Government has committed to scale up the services of LHWs to uncovered rural area as well as urban slums. If this intervention is found; 13,000 LHWs shall be hired over a period of five years.

During Thematic Audit of IRMNCH &NP, it was observed that 39% population of various Union Councils comprising population of 5.160 million individuals remained uncovered due to shortage of staff and non-hiring of LHWs to cover the uncovered area.

**vi) Non-repair of out of road vehicle for proper supervision**

Twenty-five out of 102 motor vehicles were out of order since last four/five years but no efforts were made for their repair and utilization for intended purpose i.e. field supervision by LHSs. Hence, 18 out of 95 LHSs were performing field visits without use of intended vehicles which created hardship for LHSs.

**vii) Non-provision of medicines**

Medicine was not being provided to the LHWs on regular basis for ANC/PNC cases.

**viii) Non-filling vacant posts**

Two seats of LHSs, 135 seats of LHWs and nine seats of Drivers 3 seats of LHV, 27 seats of Aya and 28 seats of Security Guard was vacant of 24/7 BHUs & RHCs lying vacant since last five years which were not get filled.

Sr. No.	Name of Post	Sanction	Filled	Vacant
1	Lady Health Supervisors (LHSs)	97	95	2
2	Lady Health Worker	2364	2229	135
3	LHV PHMI	<b>104</b>	<b>101</b>	<b>3</b>
4	Aya	104	77	27
5	Security Guard	104	76	28

**ix) Non-setting district target for program**

The Government did not set district wise targets for IRMNCH&NP, for MMR, NMR, IMR etc.

**x) Non-maintenance of record of private sector provided IRMNCH&NP service**

No mechanism was defined for determination / collecting data of IRMNCH&NP services in facilities other than Government health facilities for further analysis and decision making.

**xi) Non-maintenance of pregnant women / patient wise track record of ANC to PNC**

No mechanism was defined / record was maintained to track record of pregnant women / patient wise from ANC to PNC treatment and treatment with her child.

**xii) Non-maintenance of record for determination of Maternal Mortality**

Data relating to Maternal Death was not available in DHIMS report of Primary Health Facilities and Secondary Health Facilities to calculate MMR.

**xiii) Infant Mortality Rate (IMR) = Infant Death within 29 days to 1 year of birth / 1,000 live births**

No data relating to infant mortality ratio was available in DHIS report nor was provided to Audit.

**xiv) Under 5 Mortality Rate = Infant Death within 1 years to 5 years of birth / 1,000 live births**

No data relating to under 5 mortality ratio was available in DHIS report nor was provided to Audit by IRMNCH&NP staff.

- xv) **Total Fertility Rate = Average number of births within that country that a woman has over his lifespan.**

No data relating to fertility rate was available in DHIS report nor was provided to Audit.

- xvi) **Non-maintenance data separately relating to Wasting and Stunting**

Wasting and Stunting (moderate & severe) prevalence data was separately not maintained

- xi) **Service delivery standards (MSDS)**

No record maintained relating to MSDS by the IRMNCH Cell Faisalabad and produced to Audit.

**Annexure-11**

**[5.6.2.3.3]**

**Non achievement of target of deliveries by Skilled Birth Attendants and winding up of CMWs field activities with expenditure-4.896 million**

According to PC-1 (page 9) Part-A, purpose and objective of the project, was to increasing skilled birth attendants form 64.7% in 2014 to 69% by the end of 2017.

During thematic audit on the accounts of DC IRMNCH & NP Jhang it was revealed from scrutiny of dash board data of deliveries conducted by the skilled birth attendants that it decreased from 50,178 in 2017-18 to 23,565 in 2020-21 (upto 47% decrease) Further, it was observed that number of newly registered pregnant women was also decreased from 50,567 to 43,276 which shows that field staff could not paid due Antenatal visits and motivated the newly registered pregnant women. Further, it was also observed that total 34 CMWs were trained during two sessions of 2017-20 with stipend expenditure of Rs 4.896 million. However, they were not deployed in the filed due to unknown reasons. The detail is as under:

<b>Sr. No.</b>	<b>Period</b>	<b>Newly Registered Pregnant women registered</b>	<b>Total Pregnant Women Visited</b>	<b>No. of Deliveries By SBA</b>	<b>%age</b>
1	July 2017 to June 2018	50,567	309,588	50,178	100
2	July 2018 to June 2019	56,333	315,299	32,085	64
3	July 2019 to June 2020	49,762	296,350	30,283	60
4	July 2020 to June 2021	43,276	248,720	23,565	47
<b>Total</b>		<b>199,938</b>	<b>1,169,957</b>	<b>136,111</b>	

Audit is of the view that due to weak monitoring and negligence, number of deliveries conducted by the SBAs was decreased and trained CMW batches were not deployed.

Decrease in number of deliveries conducted by the SBAs/institutional deliveries and non-deployment of trained CMWs resulted in non-achievement of targets and wasteful expenditure of Rs 4.986 million.

Audit recommends probe the matter for fixing responsibility on the person(s) at fault.

[AIR Para: 04]

### Non provision/supply of medicine to the field staff

According to Component 5, Essential Drugs and Non-Drugs Items of PC-I (Page 90), to ensure sustainability of the inputs, the procurement of essential drugs for IMNCI will be made at the district level from the regular health budget, and at provincial level. Further, according to PC-1 (page 9) Part-A, purpose and objective of the project, was to improving contraceptive prevalence rate for modern methods from 38% in 2014 to 53.7% by end 2017.

During thematic audit on the accounts of DC IRMNCH & NP Jhang it was revealed from questionnaire/interviews of sample selected field staff (LHSs and LHWs) that essential medicine and contraceptives were not being provided for last two years. This resulted in non-provision of basic health care initiative at door steps of the mother and child by the field staff which resulted in hindrance in achievement of Antenatal/Postnatal targets of the Program. Further, non-provision of contraceptives resulted in non-achievement of goals of population control figures. Audit also observed during course of interviews that Lady Health Supervisors were not provided internet packages/allowance for activation of internet services which resulted in inefficient reporting and created chances of misleading figures.

Description	No. of field staff interviewed	Medicine provided on regular basis	POL provided on regular basis	Internet Service provided	Contraceptive provided
LHSs	11	No	No	No	No
LHWs	23	No	N/A	N/A	No

Audit is of the view that due to weak internal controls and financial mismanagement resulted in non-purchase/ supply of medicine and internet packages for efficient reporting.



Non purchase/supply of medicine and provision of internet packages resulted in deprival of arability of medicine to the needy patients at doorsteps and poor reporting in the field.

Audit recommends probe the matter besides provision of medicine at doorsteps and net packages for field reporting

[AIR Para: 03]

**Wasteful expenditure on training of CMWs – Rs 2.035 million**

According to Page No.18 pf PC-I (July, 2020 – June, 2023), the program will also move a summary for approval regarding hiring of the already trained and in-practice CMWs against the vacant posts of midwives through open competitive process. A new initiative of midwifery led clinic is being proposed.

District Coordinator, IRMNCH&NP, Toba Tek Singh made payment of stipend to 16 Community Wife students of 11<sup>th</sup> batch amounting to Rs 2.035 million. However, expenditure was gone waste due to closure of closure of Community Midwifery Program and trained CMWs were not deployed. Further steps were not taken for hiring of the already trained and in-practice CMWs against the vacant posts of midwives.

[AIR Para: 06]

**Non-hiring LHWs to cover un-covered area**

According to Page 16 of PC-I of Integrated Reproductive Maternal Newborn & Child Health (IRMNCH) & Nutrition Program (July 2016 to June 2020), the Government has committed to scale up the services of LHWs to uncovered rural area as well as urban slums. If this intervention is found; 13,000 LHWs shall be hired over a period of five years.

During Thematic Audit of IRMNCH &NP, it was observed that area of 45 Union Councils containing population of 483,961 persons was remained uncovered due to shortage of staff due to non-hiring of LHWs to cover uncovered area.

### **Non-availability of Ultrasound Machine**

Twenty-five 24/7 BHUs out of thirty-three (75.76%) and thirty-three out of thirty-seven (89.19%) normal BHUs did not have Ultrasound Machine.

### **Non-provision of medicines**

During thematic audit 10 Leady Health Supervisors and 21 Leady Health Works were called and information was collected through questionnaires. One of the question was “Have you received medicines regularly”. All of LHSs & LHWs replied that medicines are not providing regularly. According to statement of Social Organizer no medicine has been received from head office since last two years.

### **Non-establishment / upgradation of BHUs**

During last five years no new BHU was established / up-graded, only RHC, Pirmahal was up-graded to THQ during 2020-21 and training & deployment of Community midwife was discontinued.

### **Non-filling vacant posts**

Two seats of LHSs, 84 seats of LHWs and 2 seats of Drivers LHW program and 3 seats of LHVs, 29 seats of Aya and 32 seats of Security Guard was vacant of 24/7 BHUs & RHCs lying vacant since last five years which were not get filled.

<b>Sr. No.</b>	<b>Description</b>	<b>Designation</b>	<b>Sanctioned</b>	<b>Filled</b>	<b>Vacant</b>
1	LHW Program	Lady Health Supervisor (LHS)	43	41	2
2		Lady Health Worker (LHW)	1183	1099	84
3		Driver	40	38	2
4	24/7 BHUs & RHCs	Lady Health Visitor (LHV)	74	71	3
5		Aya	66	37	29
6		Security Guard	66	34	32

**Non-provision of Motor Vehicles and inordinate delay in provision of POL to Lady Health Supervisor**

Motor Vehicle to four out of thirty-one Lady Health Supervisors were not allotted motor vehicles for field visits. Further, payment of POL was also delayed, during 2020-21 payment of POL and Fixed TA/DA was made in June 2021. Non provision of motor vehicles, and delay in payment of POL and Fixed TA/DA lead to hardship for LHSs and effect on their performance.

**Non-setting district target for program**

No district wise targets were communicated / set for District Coordinator, IRMNCH&NP, Toba Tek Singh for MMR, NMR, IMR etc.

**Non-maintenance of record of private sector provided IRMNCH&NP service**

No mechanism was defined for determination / collecting data of IRMNCH&NP services in facilities other than Government health facilities for further analysis and decision making.

**Non-maintenance of traceable record of Child of SAM defaulter & MAM exit without treatment**

Out of total enrolled / transferred Stabilization Center (SC) MAM / SAM child, 14,692 (98.92% of total enrolled) MAM child and 8,177 (92.815% of total enrolled) SAM child leaved hospital without treatment / defaulted during July 2018 to June 2021. No mechanism was defined / record was not maintained to trace those children who screened and leaved without treatment for convincing their parent to get the proper treatment of SAM/MAM children.

**Non-maintenance data separately relating to Wasting and Stunting**

Wasting and Stunting (moderate & severe) prevalence data was separately not maintained.

[AIR Para: 07]