



**Performance Audit Report**  
**On**  
**Punjab Emergency Services**  
**(Rescue 1122)**

**Audit Year 2018-19**

**AUDITOR GENERAL OF PAKISTAN**

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## **PREFACE**

The Auditor General conducts audits under Article 169 and 170 of the Constitution of the Islamic Republic of Pakistan 1973, read with Sections 8 and 12 of the Auditor- General's (Functions, Powers and Terms and Conditions of Service) Ordinance 2001. The performance audit of Punjab Emergency Services (Rescue 1122) was conducted accordingly.

The Directorate General Audit (Climate Change & Environment) conducted performance audit of the Punjab Emergency Services (Rescue 1122) with a view to reporting significant findings to stakeholders. Audit examined the economy, efficiency, and effectiveness aspects of the activities carried out. In addition, Audit also assessed, on test check basis, whether the management complied with applicable laws, rules and regulations in provision of emergency services to the general public. The Performance Audit Report indicates specific actions, if taken, will help the management realize the objectives of the emergency service.

The Audit Report is submitted to the Governor, Punjab in pursuance of Article 171 of the Constitution of the Islamic Republic of Pakistan for causing it to be laid before the Provincial Assembly.

Dated: 15<sup>th</sup> July, 2020

S/d-  
**(Javaid Jahangir)**  
Auditor-General of Pakistan



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## **ABBREVIATIONS & ACRONYMS**

AED	Automated External Defibrillator
CFR	Cardiac First Responder
CTWO	Computer Telephone Wireless Operator
DEO	District Emergency Officer
DETR	Disaster Emergency Response Team
DTL	Drug Testing Laboratory
EFR	Emergency First Responder
EMT	Emergency Medical Technician
EO	Emergency Officer
FEFO	First Expire First Out
HRMC	Human Resource Management Committee
ILEM	Institute of Learning Emergency Medicine
MAS	Motorbike Ambulance Service
PDMA	Provincial Disaster Management Authority
PES	Punjab Emergency Service
PHECC	Pre Hospital Emergency Care Council
PTA	Pakistan Telecommunication Authority
PTS	Patient Transfer service
SCA	Sudden Cardiac Arrest
SWO	Social Welfare Officer



## **EXECUTIVE SUMMARY**

The Directorate General Audit, Climate Change & Environment conducted performance audit of Punjab Emergency Services (Rescue 1122). The main objectives of the audit were to evaluate the economy, efficiency and effectiveness of the emergency services provided to the public. The audit was conducted in accordance with relevant provisions of the Performance Audit Manual and the International Standards of Supreme Audit Institutions (ISSAIs).

The Punjab Emergency Service (Rescue 1122) is the leading emergency humanitarian service of Pakistan with infrastructure in all 36 districts of Punjab. It is also providing technical assistance to other provinces. Rescue 1122 has rescued millions of victims of emergencies through its Emergency Ambulance, Rescue & Fire services and Community Emergency Response Teams.

Emergency Services Academy has been established for sustainable human resource development in the field of emergency management. This Academy is now imparting training not only to the emergency officials of Punjab but also to other provinces of Pakistan. The Academy imparts training in the fields of emergency medical training, fire fighting, fire prevention & investigation, urban search & rescue, high angle rescue, confined space rescue, water rescue and other emergency management skills.

The office of the Directorate General Audit, Climate Change & Environment selected Punjab Emergency Service (Rescue 1122) Headquarters Lahore, district emergency office Lahore, Bahawalpur, Faisalabad and Gujranwala for audit because these cities have high level of road accidents, fire incidents and building collapse. The information gathered during preliminary survey was duly approved by Performance Audit Wing of Department of the Auditor General of Pakistan.



## **AUDIT FINDINGS AND RECOMMENDATIONS**

### **Findings**

1. Service Rules / Regulations were not formulated for appointment, promotion and other service matter after passage of 13 years.
2. Procurement of medicines and medical/surgical supplies were not made based on actual need assessment
3. Screening and vaccination of all staff of Punjab Emergency Service (Rescue 1122) were not conducted.
4. Ambulances were not replaced and about 83% of ambulances were running beyond their running limit provided in the rules. Rescue equipment's and personal protective equipment were outdated. Proper personal protective equipment, especially fire-shoes for firefighting staff were not available.
5. Rescue vehicles (Turntable Ladder) procured at the total cost of Rs. 77.478 million were off road and not got repaired. Solar panels of 3 out of 4 DEOs were out of order. Generators were also not working. During load shedding there was no electricity in DEO Bahawalpur.
6. Training materials were not approved from appropriate forum/committee.
7. Vehicle tracking system was not installed in all vehicles for effective monitoring of vehicles.
8. Automated External Defibrillator (AED) pads were not procured due to which AED machines could not be utilized for Cardiac patients.
9. There was no Centralized Inventory Management System for medicines. Medicines were not being stored as per SOP(s) issued by the Government of Punjab.
10. Drug test for donated/procured medicines was not carried out prior to use. Expired medicines were not disposed off properly and were stored with medicines being used. Further, the medical waste was not properly disposed off as per instruction of Government of Punjab.

## **Recommendations**

1. Service Rules / Regulations need to be formulated for appointment, promotion and other service matters. Recruitment needs to be made on merit and proper weight age be given to the marks obtained by candidates in recruitment test. The current practice of recruitment, based on the numbers obtained only in interview, should be stopped.
2. The procurement of medicines and medical / surgical supplies needs to be made on actual need assessment of all district emergency offices and the practice of bulk purchasing of medicines without need assessment should be stopped.
3. The Screening and Vaccination of remaining staff of Punjab emergency Service need to be completed and staff suffering from hepatitis should be separated from field activities until they are treated. SOPs/instructions need to be formulated regarding staff suffering from hepatitis.
4. Old ambulances, outdated rescue equipment's and personal protective equipment need to be replaced to improve the service of Punjab Emergency Service and protect the lives of rescuers.
5. Off road rescue vehicles (Turntable Ladder) and solar panels should be repaired.
6. Each and every rescue operation needs to be supervised by site in-charge.
7. The training material of all types of trainings needs to be approved from appropriate forum.
8. Vehicle tracking system needs to be installed in all vehicles for effective monitoring of vehicles. AED pads should be procured for proper utilization of AED Machines.
9. Centralized Inventory Management System for medicines needs to be installed by the Punjab emergency Service (Rescue 1122) and medicines should be stored as per SOP(s) issued by the Government of Punjab.
10. The Drug test for donated/procured medicines should be done prior to use. Expired medicines should be stored at separate place before disposing off.

11. Medical waste should be properly disposed off as per instruction of Government of Punjab.

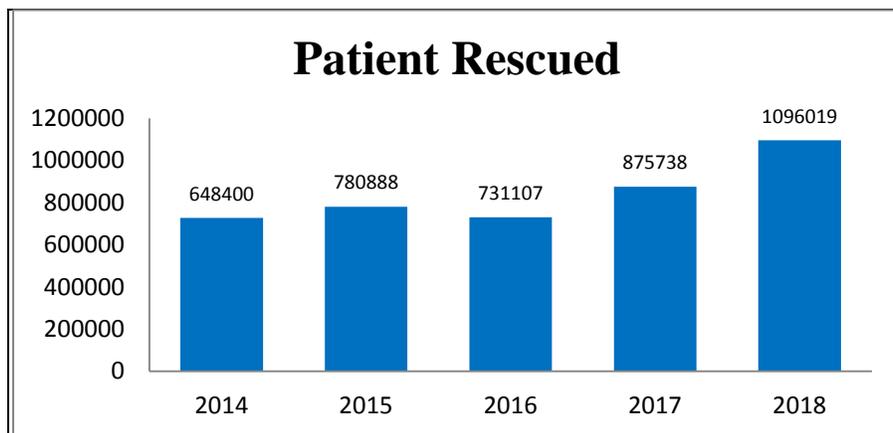


## 1. INTRODUCTION

The Punjab Emergency Service (Rescue 1122) was established with the objective to provide timely emergency rescue medical and ambulance service at the door step to every individual. It is an efficient, effective and responsive emergency service for handling accidents and rescue operations. Punjab Emergency Service (Rescue 1122) provides following services:

- i. Ambulance Service
- ii. Rescue Service
- iii. Fire Service
- iv. Community Safety

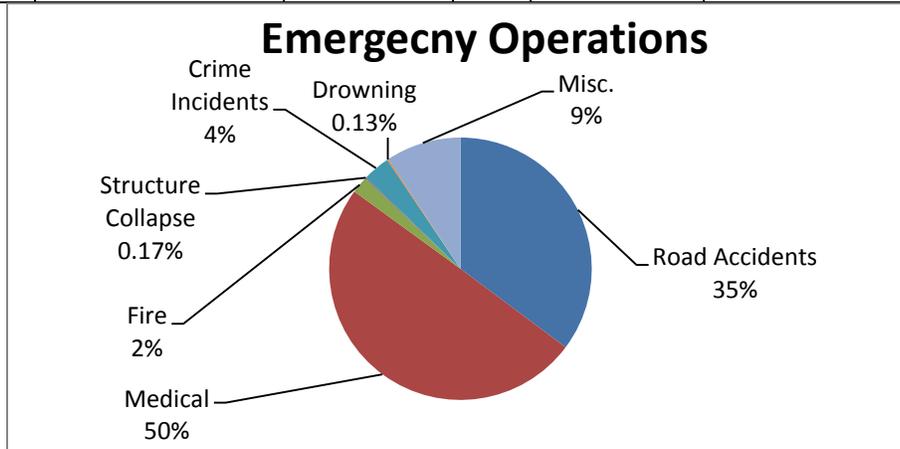
The Punjab Emergency Service (Rescue 1122) is providing rescue services all over the Punjab and number of persons rescued is detailed below:



The Punjab Emergency Service Act was promulgated in 2006 to provide legal cover to the Emergency Services Reforms initiated in 2004. Start of Rescue 1122 was necessitated after failure of repeated attempts to revitalize and modernize the old organizations mandated for emergency management. Rescue 1122 has been notified as the Disaster Response Force by the Provincial Disaster Management Authority (PDMA) & Government of the Punjab.

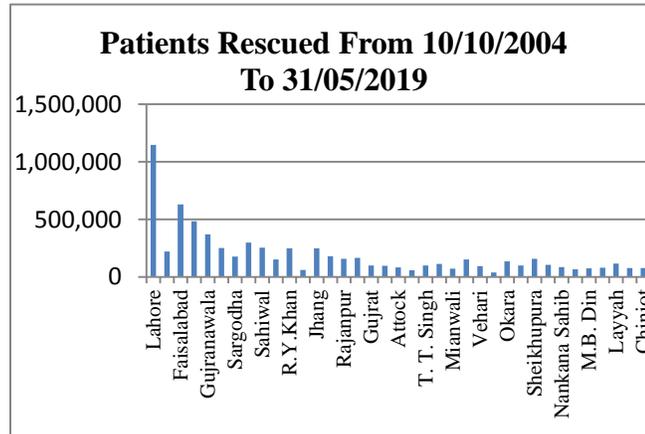
Details of Emergency Calls and Rescue Operations in Punjab along with graphical representation of data are places as under.

<b>Consolidated Report of Emergency Calls and Rescue Operations In Punjab</b>					
<b>From 10/10/2004 To 31/05/2019</b>					
<b>Sr #</b>	<b>Description</b>	<b>Numbers</b>	<b>Sr #</b>	<b>Description</b>	<b>Numbers</b>
1	Total Calls	130,077,259	6	Structure Collapse	8,044
2	Emergency Calls	6,229,173	7	Crime Incidents	205,562
3	Road Accidents	2,193,402	8	Drowning	10,804
4	Medical	3,102,862	9	Misc.	576,660
5	Fire	130,202	10	Patients Rescued	7,019,542



The Director General who is the Chief Executive Officer of the organization is mainly responsible for overall operations, monitoring to ensure uniformity & quality amongst districts, recruitment & training, research, planning and development. The District Emergency Officer is responsible for the day to day operational management and administration of the Service in the Districts under the supervision of District Coordination Officer who is also the Chairman of the District Emergency Board. The Board has become an effective organization for improving

inter-departmental coordination and prevention of emergencies based on review of emergency data is given below:



Rescue 1122 does not only provide timely emergency care to emergency victims but also believes in “saving lives and changing minds”. This is vividly reflected in the mission statement of the Service which is “development of safer communities through establishment of an effective system for emergency preparedness, response and prevention”.

In order to establish safer communities, Rescue 1122 is implementing the Community Safety Program which includes capacity building of community emergency response teams, school safety program, training of citizens in life saving skills and collaboration with Chamber of Commerce & Industries for fire and work safety. The details of Community Emergency Response Teams and citizens trained in Life Saving Skills are attached.

In order to ensure sustainable human resource development in the field of emergency management, Emergency Services Academy has been established in accordance with section 14 of the Punjab Emergency Service Act 2006. This Academy initiated its operations with extremely limited resources in 2006 at a deserted bus depot in Ichra, Lahore. Now its purpose built campus with simulators for training in life saving skills and other modern training gadgets is at Thokar Niaz Baig, Lahore. This Emergency Services Academy is not only training staff for all districts of Punjab but is also imparting training to emergency staff from Khyber

Pakhtunkhwa, Gilgit Baltistan, AJK, Sindh and Balochistan. At present, the Academy is conducting a six months Basic Rescue Course which includes Emergency Medical, Rescue, Fire and physical fitness training. The Academy also conducts specialized courses like Medical First Responder, Collapsed Structure Search & Rescue, Training for Instructors, several short courses and refresher courses for the career development of rescuers.

Rescue 1122 has given a modern and scientific approach to rescue operations in the province of Punjab and is a model for other provincial rescue organizations.

## **2. AUDIT OBJECTIVES**

The main objectives of the performance audit were to:

- 2.1 Assess the preparedness of the Rescue 1122
- 2.2 Assess that emergency activities carried out as per SOPs
- 2.3 Assess whether emergency activities were managed with due regard to economy, efficiency and effectiveness
- 2.4 Check whether assets had been procured economically
- 2.5 Determine whether proper monitoring & evaluation mechanism was in place
- 2.6 Analyze the KPIs of organization and their effectiveness

## **3. AUDIT SCOPE AND METHODOLOGY**

### **3.1 AUDIT SCOPE**

The audit was conducted by reviewing the budget and expenditure statements, data related to procurements, notifications, related data on emergency / rescue services training and recruitment etc. from files, records and documents composed by the department. Interviews of the management, staff of Punjab Emergency Services (Rescue 1122) and other related persons and, affected people were also conducted.

The scope of the audit covers the period from FY 2014-15 to FY 2017-18. The major audit work was carried out at Punjab Emergency Service Headquarters Lahore, however, audit team visited District

Emergency Offices in Lahore, Faisalabad, Bahawalpur and Gujranwala also.

The limitations faced by audit team were slow response from the concerned department/DEO(s) in provision of relevant record / data and limited time period. The audit team visited 12 different locations of rescue station/offices of Punjab Emergency Services in 18 days.

### 3.2 AUDIT METHODOLOGY

Following audit methodology was adopted during the course of execution of performance audit:

#### Primary Data

- a) Interviews and discussions with the management of Emergency Service Headquarters Lahore and District Emergency Office Lahore, Bahawalpur, Faisalabad, Gujranwala and rescue office established in tehsils of above districts.

#### Secondary Data

- a) Examination of record/documents of Emergency Service Headquarters Lahore and District Emergency Office Lahore, Bahawalpur, Faisalabad, Gujranwala and rescue office established in tehsils of above districts.

#### Comments on Budget and Expenditure

The detail of expenditure incurred from FY 2014-15 to FY 2017-18 by Punjab Emergency Services is as

(Rs. In Million)

<b>Budget &amp; Expenditure</b>			
<b>Sr No</b>	<b>Financial Year</b>	<b>Budget</b>	<b>Expenditure</b>
1	2014-15	3,524.390	3,467.696
2	2015-16	3,739.164	3,715.187
3	2016-17	6,055.622	4,674.496
4	2017-18	7,391.628	7,302.068
<b>Total</b>		<b>13,319.18</b>	<b>11,857.38</b>

It is clearly reflected from the above data that rapid increase in the budget and expenditure in last four years due to rapid expansion of the service in the district and tehsil level and also addition of new service delivery projects.

## **4. AUDIT FINDINGS AND RECOMMENDATIONS**

### **4.1 Financial Management**

#### **4.1.1 Non-framing of Service Rules for employees of Punjab Emergency Services**

As per para 7 (c) of the Punjab Emergency Service Act 2006 notified on 19<sup>th</sup> June, 2006 Punjab Emergency Council shall “issue regulations to prescribe the minimum standards for the officers and staff to maintain efficiency and effectiveness of the service.”

As per para 26 of the Punjab Emergency Service Act 2006 notified on 19<sup>th</sup> June, 2006 “the Government may frame rules to carry out the purpose of this Act.”

During scrutiny of record it was noticed that Govt. of the Punjab sanctioned 15023 posts for Punjab Emergency Services against which 12001 personnel were appointed.

Audit observed that the management failed to frame Service Rules despite lapse of 14 years, which adversely affected the performance/morale of the employees.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that approval of the Punjab Emergency Service Employees (Appointment & Conditions of Service) Regulations is underway, compliance would be shown to audit soon after approval.

Reply of the management is not acceptable because department failed to frame the Service Rules / Regulations since 2006 to the date of audit.

The DAC in its meeting dated 19.11.2019 directed the department to expedite the approval of Service Rules for employees of Emergency Services.

Audit recommends that service rules may be got approved from the concerned forum on priority basis so that overall efficiency of Punjab Emergency Services may not be affected due to low motivation level of the staff/rescuers.

#### **4.1.2 Invalid organogram of Punjab Emergency Service**

As per Para 10(1) of the Punjab Emergency Service Act 2006 “There shall be not more than six Directors of the Service as may be appointed by the Government”. As per Organogram of the organization, there is a post of Director / Administrator to help the Director General.

During audit it was observed that Rescue 1122 had not appointed any Director in the organization due to which layer of middle management was missing. Mostly wings / sections of Rescue 1122 Headquarters were working under the supervision of Deputy Director who was under the direct control of the Director General. Further as per organogram, following sub-wings / sections were working under Finance Wing:

- i. Purchase / Procurement
- ii. Internal Audit
- iii. Store
- iv. Logistic

Financial matters, procurement and sanctioning / booking of expenditure were being performed by Finance wing which may likely result in misuse of authority as well as the chances of errors and fraud.

Audit is of the view that in the absence of Director (middle management) and placement of the Procurement, Internal Audit, Stores and Logistic under Finance wing may not only increase inherent risk but also weak the internal controls of the department which may affect the performance of the department.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that “3 posts of Directors are present in the PC-1 for the expansion of the Service to 60 Tehsils, namely Director (P&D), Director (Human Resource) and Director (Finance). Furthermore, the draft Service Regulations are in process in the Home Department. The Service is also of the opinion that the middle management i.e. Directors may be added into the Service for the smooth & efficient working of the Service. Furthermore, compliance shall be ensured accordingly”.

Reply of the management is not acceptable because department did not take any action to fulfill the position of Directors.

The DAC in its meeting dated 19.11.2019 discussed the matter in detail and directed to expedite the appointment of Directors.

Audits recommend to appoint Directors for smooth and efficient working of Punjab Emergency Services. Audit also recommends Internal Audit Wing should report directly to the Director General/top management of Punjab Emergency Services.

#### **4.1.3 Irregular appointments affect Rescue Services**

As per para 7 (c) of the Punjab Emergency Service Act 2006 notified on 19th June, 2006 Punjab Emergency Council shall “issue regulations to prescribe the minimum standards for the officers and staff to maintain efficiency and effectiveness of the service.”

During performance audit of Punjab Emergency Service (Rescue 1122) it was noted that:-

- Recruitment Policy is not approved from the competent forum
- Criteria of selection is not transparent and changed from time to time
- Recruitment is done only on marks obtained in interview
- Education qualification and marks obtained in different test set aside

PES made appointments against the posts of Emergency Officer Procurement (EO) and Emergency Medical Technician (EMT). The interview list for the posts of EO and EMT showed that while making selection, the marks obtained by the candidate from educational qualification, written & psychology / IQ test and other credentials were not reckoned and the selection was made only on the basis of marks obtained in interview. The detail is as under:

Roll No.	Name	POST	Age	Aggregate Marks obtained before	Marks obtained in interview	Recommendations

				<b>interview</b>		
2450003	Mr. RaziulHasan	EO (Procur ement)	28	61.80	6.5	Not selected
2450008	Mr. Syed AraikHussain		29	43.00	13.8	Selected
2450007	Mr. M Rizwan khan		34	65.90	6.3	Not selected
2630008 4	Mr. SajjadAhemd	EMT	33	59.40	5	Not selected
1930005 3	SaqibMehmood		23	36.80	15	Selected
3130015 8	Mr. M. Niaz		23	60.80	5	Not selected
2630000 6	AsadUllah		24	39.10	15.5	Selected

Audit is of the view that ignoring the aggregate score obtained on the basis of educational qualification, written & psychology /IQ test and other credentials of the applicant was not only unjustified but also against the spirit of merit. Besides, female and minorities quota was also not observed.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the Recruitment Policy approved by the Human Resource Management Committee and HRMC was constituted in the 1<sup>st</sup> Meeting of Punjab Emergency Council in accordance of the Punjab Emergency Service Act 2006. It is transparent and criteria or any amendment in criteria is approved by Human Resource Management Committee (HRMC) as per the Service requirements. Furthermore, transparency of the recruitment and selection process is ensured and the best possible / most suitable candidates are selected against each sanctioned vacant post. In this regard National Testing Services NTS is conducting all the process as per policy.

Reply of the management is not acceptable because during recruitment process marks obtained by the candidate from educational qualification, written & psychology/IQ test and other credentials were not reckoned and the selection was made only on the basis of marks obtained in interview

The DAC in its meeting dated 20.11.2019 directed that recruitment under current recruitment policy may be stopped. New recruitment policies which consider the marks obtained by the candidate from educational qualification, written & psychology/IQ test and other

credential and interviews in final selection should be formulated. Matter may be investigated regarding approval of current recruitment policy and recruitment made under this policy at administrative department's level.

Audit recommends that recruitment be made strictly on merit including the aggregate marks obtained by the candidate. Selection of the candidate only on the basis of interview by ignoring the aggregate marks in educational qualification and test should be stopped.

#### **4.1.4 Invalid response time of 7 minutes of Punjab Emergency Services**

As per Quality Service Indicator issued by the Director General Rescue 1122 on 20<sup>th</sup> May, 2014, it was claimed that Rescue 1122 strives to respond every emergency within the city limits, ideally within 7 minutes but not later than 10 minutes on the emergency call on 1122.

During the field visits of District Emergency Offices of Punjab Emergency Service it was observed that in call forms of emergency response time is entered 7 minutes or 06 minutes, whereas as per tracker report, response time is more than 10 minutes. It is further observed that even if an ambulance reaches at incident site within 04 minutes, data entry operator enter 07 minutes response time.

Audit holds that the performance criterion of 07 to 10 minutes needs to be reconsidered, as the same is not being complied with in practice. The comparison of call forms and tracker record shows that department is hiding actual lag in performance.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the response time of emergency vehicles is mentioned on response form based on the feedback of the responding vehicle and it depends on the distance to be covered by the emergency vehicle to respond that particular incident. The response time may sometimes even exceed 10 minutes in cases when emergency vehicles has to respond outside the municipal limits where responding vehicles has to cover more distance or in cases when emergency vehicles are already busy in dealing with emergencies”

Reply of the management is not acceptable because data enter operators entered response time of 07 minutes or less on call farms while tracker time actual response time was more than 07 minutes.

The DAC in its meeting dated 19.11.2019 discussed the matter in detail and directed that department has to minimize response time and practice of concealing the performance by fabricating data should not be repeated in future

Audit recommends that Punjab Emergency Services (Rescue 1122) should record actual time taken by the ambulance to keep an eye on the Quality Service Indicator of Punjab Emergency Services (Rescue 1122) to respond every emergency within 7 minutes but not later than 10 minutes. Management of the department should have an automated monitoring system of handling all type of emergencies from emergency call to delivery of appropriate emergency service.

#### **4.1.5 Aggressive behavior of staff of Punjab Emergency Service**

As per para10 (3) of Notification No S.O E-II(P&D)1-15/07 dated 02.03.2007 of the Punjab Emergency Service “A rescuer, an officer or an employee shall be liable to fine and penalties if found committing negligence, fraud or lacking presentation, fitness and violation of discipline of service.”

During interviews with the staff it was transpired that aggression level in the staff against the policies of Punjab Emergency Service was high. They complained that they have to perform long hour’s duties and have no Service Rules/career path which affect the motivation level of the personnel. It was observed that due to aggression, driver killed the District Emergency Officer Narowal in 2016. Similarly rescue 1122 staff of Gujranwala beat up and injured District Emergency Officer Gujranwala. Same type of aggression was observed in District Emergency Office, Bahawalpur and written complaints were observed regarding physical torture and abusive language. Written complaints were also observed in Punjab Emergency Service Headquarters against Welfare Officer by her driver.

Audit is of the view that aggressive behavior in the workplace puts employees at risk, hinders productivity and hurts the organization's

reputation. Even if aggression is not blatant, it eventually erodes trust and morale and can lead to increasingly violent behavior. Such aggression within the organization affected overall performance of Punjab Emergency Service.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that out of 12,000 employees only few cases were observed behavior problem of employees were observed. Inquiries and further proceedings have been initiated in case of aggressive behavior of the employees. The driver of the Social welfare officer was terminated due to misconduct.

In order to enhance the motivation level and behavior management the course of de-escalation of violence were organized by ICRC. Furthermore, sampled calls have been listened and analyzed to know the attitude of the employees from citizen's feedback by the Social Welfare Officer (SWO).

Reply of the management is not acceptable because department has not taken any solid measures to address the issues/problems of the staff due to which the aggression level in the employees is high.

The DAC in its meeting dated 19.11.2019 directed to formulate a Grievance Redressal Committee including a member from administrative department for settlement of conflicts of employees.

Audit recommends for implementation of the DAC directives. Further, the department may utilize services of psychiatrists/psychologists on a regular basis for reducing work place stress. Department has to define a career path for employees.

#### **4.1.6 Improper maintenance of solar system for control room**

As per Para 5(1)(a) of the Punjab Emergency Service Act 2006, it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies”.

It was revealed from record of Punjab Emergency Service that solar panel were installed by Punjab Emergency Service with total cost of Rs 71,924,280 to provide electricity to the control room in case of load shedding. During physical verification of 04 districts emergency offices it

was observed that Solar Panels of 03 district emergency offices were out of order. In addition, the Generator set were also not working in Bahawalpur. During load shedding of electricity there was no electricity available in the control room from backup sources. All computers and wireless system were on-operational. Solar Panel of District Emergency Office Lahore was found out of order. The backup of Solar panel of District Emergency Gujranwala was below one hour.

Audit is of the view that department made huge expenditure on procurement/installation of solar panel system for uninterrupted electrical supply to the control room. But due to non-maintenance of solar panel, public funds were wasted and control room became non-functional in case of load shedding which directly affected the performance of Punjab Emergency Service.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the repair & maintenance of solar panel system and generator is the sole responsibility of DEO. The Solar Panel System & Generator of District Bahawalpur were non-operational because the DEO Bahawalpur failed to follow the repair & maintenance SOPs of Punjab Emergency Service who was later transferred from District Bahawalpur due to such negligence.

Reply of the management is not acceptable because the department failed to repair and maintain the solar panel due to which solar panel in 04 district were out of order. There was no electricity during load shedding.

The DAC in its meeting dated 19.11.2019 directed that solar systems of Punjab Emergency Service may be re-examined in all districts and report may be shared with audit within 30 days along with corrective measures taken to keep the equipment ready to use.

Audit recommends that proper mechanism may be devised to keep all the solar system in working condition. Backup batteries should be replaced at proper time for effective backup in case of load shedding.

#### **4.1.7 Non operational tracker system of ambulance and motor bikes**

As per Para 4 of Notification No. DG (PES) 304/2015 dated 20<sup>th</sup> May 2015 of Punjab Emergency Service “Satellite based vehicle tracking & fleet monitoring to observe the driver response time as per quality service indicators and to prevent any misuse of emergency vehicles”.

The Punjab Emergency Service signed an agreement with M/s TPL Tracker system for installation trackers on ambulances and motorbike ambulance at the cost of Rs 50,870,685 for effective monitoring the movement of vehicles.

Audit observed that trackers were not working in the vehicles. Detail is as under:

<b>District</b>	<b>Type</b>	<b>Total</b>	<b>Working</b>	<b>Not Working</b>
DEO LAHORE	Vehicles	60	47	13
	Motorbike	300	242	58
DEO Faisalabad	Vehicles	41	16	25
	Motorbike	100	38	61
DEO Gujranwala	Vehicles	38	37	1
	Motorbike	100	28	72
DEO Bahawalpur	Vehicles	49	47	2
	Motorbike	50	5	45

Audit also observed that tracking record of many vehicles was not available on the replay of tracker report to view the movement of vehicles.

Audit is of the view that in the absence of tracking record the movement of vehicles cannot be monitored.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the installation of tracking unit in motorbikes was a pilot project. The motorbikes were made operational in shifts and remained parked for remaining two shifts. The battery of the bike supported the tracker unit in switch-on mode. After this observation the service took some corrective measures to increase the backup like the charging coil and relays of current/wiring of the bike changed with higher one for longer back up. The batteries of the tracker units changed from Ni-Cadmium to Lion Cell which has quick charging capacity and longer back up time with low amperage.

Reply of the management is not acceptable because department failed to consider this issue at the time of procurement of motorbike ambulance without proper tracking system monitoring of the vehicle is impossible. Further non-functioning of tracker in ambulances was not addressed.

The DAC in its meeting dated 19.11.2019 directed that all trackers of Punjab Emergency Service may be re-examined in all districts and report may be shared with audit within 30 days along with corrective measures taken to get functional all trackers systems.

Audit recommends that decision of the DAC may be implemented in letter and spirit.

#### **4.1.8 Wrong landed calls to other districts due to problems in communication system**

As per Para 5(1) (c) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “establish a system for rapid communication, exchange of information and quick response to combat or deal with an emergency”.

In rescue operations, every second is important for the people during emergency. However, due to weak communication system adopted by the Punjab Emergency Service, calls of the people are landed / corrected to wrong districts/places due to which people in emergency could not be rescued promptly.

Audit observed from record that an Oncologist of Shoukat Khanum Hospital had heart attack in WAPDA Town Lahore at night. His son called to rescue 1122 but call was connected to Rescue 1122 Sahiwal instead of Rescue station at Lahore. Caller clearly narrated house number, block number and Town Name but the Computer Telephone Wireless Operators (CTWO) in Sahiwal did not bother to guide the caller or inform the Rescue 1122, Lahore to rescue the cardiac patient. The patient expired due to non provision of timely rescue services though rescue station was at 05 minutes drive from the site of incident.

Audit is of the view that due to weak communication system, unprofessional behavior and lack of standard operating Procedures in

Punjab Emergency Service victims of the disasters in emergency suffer due to faultiness existing in communication system.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the Pakistan Telecommunication Authority (PTA) allocated Emergency Help line No. 1122 to Punjab Emergency Service Rescue (1122) for quick response towards emergencies. All mobile operators are directed to provide area wise coverage to Emergency helpline depending upon the geographical boundaries of the cities. Sometimes from boundary areas of the districts, the calls diverted to the neighboring districts due to the installed coverage of towers and directional antennas which are very few. The other departments including police, Army, PDMA etc are also facing the same problems with their help lines. All district Control Rooms are already directed to coordinate with the relevant district without any delay for dispatch of emergency vehicles for such calls. Besides the matter is also taken up with the concerned mobile operators and PTA for rectification of call routing problems of the district.

Reply of the management is not acceptable because department has not made any SOPs to handle wrong landed calls. After passage of 15 years nothing has improved which results in to loss of human lives.

The DAC in its meeting dated 20.11.2019 directed that matter may be taken up with the PTA and cellular companies to resolve the issues. SOPs regarding handling of wrong landed calls may be formulated and implemented under intimation to audit within 30 days.

Audit recommends that decision of the DAC may be implemented in letter and spirit.

#### **4.1.9 Improper inventory management system and storage of medicines**

As per Clause No 3 of Notification No.SO(DC)7-2/2012 dated 28.11.2016 of Government of Punjab Health Department “All the medicines must be kept on racks and shelves. Medicines shall be stored off the floor, suitably spaced to permit ventilation, cleaning and inspection. The stores may be arranged in the store room and shelves as per following guidelines, pallets need to be used for staking the medicine

cartons (i) at least 10 cm (4 inches) off the floor ( ii) at least 30cm (1 foot) away from the walls and other stacks and iii. Not more than 2.5m (8 feet) high”.

As per Clause No 4 of above the Notification “issuance of medicine will be done on FEFO (first expire first out) basis.”

According to clause 05 (V) medicines must be stored in dry, clean, well-ventilated area at room temperatures between 15° to 26° C (59° - 77°F) or up to 30° C, depending on climatic conditions.

During physical inspection of district emergency offices 1122 Lahore, Faisalabad, Bahawalpur it was observed that management of Rescue stored medicines in improper conditions as under:-

- No inventory management system on the basis of FEFO (first expire first out) existed.
- There was no ventilation arrangement available in room
- Temperature in summer goes beyond 40+ but there was no arrangement to control temperature.
- There was dust everywhere in store
- Dead stock was also stored in the same store
- Medicines were stacked without any arrangement/labeling

It was further observed that expired medicines along with medical supplies were placed in the stores expired medicines and medical equipments were likely to be used as no check was placed on the expiry of medicine.

Audit is of the view that due to high temperature medicine can be spoiled and the usage of spoiled medicine can be fatal. Organization has no inventory management system due to which it cannot manage inventory of medicines which adversely affect the performance of Punjab emergency Service (Rescue 1122)

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that as concerned to Inventory Management System following measures have been adopted by the PES:

- An item which has earlier expiry is issued first as compared to the items having longer expiries.

- Proper ventilation system is installed.
- Keeping in view of the temperature, the medicine is placed in basement of the building.
- The store staff is ensuring cleanliness on daily basis as per directions.
- The Dead stock has been shifted at other premises.
- Medicine is arranged item wise / labeled keeping in view the limited space.

Reply is not acceptable because during physical verification of medicines stores no precautionary measures were adopted to safeguard the medicines and no proper inventory management system existed.

The DAC in its meeting dated 20.11.2019 directed that SOP(s) for inventory management system may be formulated and inventory management system may be launched throughout Punjab Emergency Service.

Audit recommends that decision of DAC may be implemented in letter and spirit.

#### **4.1.10 Non-functional Automated External Defibrillator (AED) System in Ambulances**

As per Para 5(1)(a) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies”.

During scrutiny of record and inspection of stores of Punjab Emergency Service (Rescue 1122) Headquarter and its DEOs it was observed that Rescue 1122 was using an automated external defibrillator (AED) in the ambulances called “King Long”. It is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulse less and is able to treat them through defibrillation. AED pads are the important part of the automated external defibrillator that is attached directly to the Sudden Cardiac Arrest (SCA) victim's chest (skin) and through which the shock to the heart is delivered. AED pad is an important part of any AED system.

Audit observed that AED system of Rescue 1122 was non-functional because AED pads became absolute for a long time.

Audit is of the view that due to non-functional automated external defibrillator (AED) Punjab Emergency Service (Rescue 1122) is not in a position to rescue the patients with cardiac issues. Performance of Punjab Emergency Service (Rescue 1122) is being affected by the non-functional of automated external defibrillator (AED)

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that AED pads are an important part of any AED systems, which attach directly to the Sudden Cardiac Arrest (SCA) victim's chest (skin) and through which the shock to the heart is delivered. Punjab Emergency Service has analyzed and also collected the demand of AED pads of all districts which will be procured in next financial year for better service delivery.

Reply of the management is not acceptable because AED machines became non functional due to non availability of AED pads and department did not take any steps to procure them.

The DAC in its meeting dated 20.11.2019 directed that AED pad may be procured and provided at the earliest in all district.

Audit recommends that AED pad should be procured to make functional automated external defibrillator (AED) machines besides fixing of responsibility against the responsible.

#### **4.1.11 Patient Transfer Service Ambulances with incomplete medical equipment**

As per Punjab Emergency Service Ambulance Registration Form equipment available in ambulances-

- Emergency Vehicle  
(Oxygen supply, stretcher, spine board, medical kit bag, necessary medicines, automatic suction machine, AED, vital sign monitor, air way kit, trauma kit, transport ventilator, fire extinguisher and staff with advance training)
- Patient Transfer vehicle

(Oxygen supply, stretcher, spine board, medical kit bag, necessary medicines, manual suction machine, fire extinguisher and staff with advance training)

During scrutiny of record of the ambulances transferred from Health Department for Patient Transfer service (PTS) and these ambulances handed over to DEO rescue 1122 for running of PTS in 2017.

It was observed from the handing taking of said ambulance that the medical equipment provided in most of the ambulances were missing and not operational. The details of equipment in PTS ambulances are as under:

Sr.#	Equipment Name	Equipment quantity	Working condition
1	Oxygen supply	1	Not Working
2	Stretcher	1	Working
3	Spin board	0	Not Available
4	Medical kit bag	0	Not Available
5	Necessary medicine	0	Not Available
6	Manual suction machine	0	Not Available
7	Fire extinguisher	0	Not Available
8	Staff with advance timing	0	Not Available
9	Medicine cabinet	0	Not Available

Audit is of the view that running of ambulances in absence of essential rescue items during operations can result in a loss of lives.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the analysis of Health Ambulances was carried out right after taking over process which revealed that only 103 ambulances were in good condition, 92 average and 317 were in poor condition. Another analysis was carried out in 2018. It was found wastage of resources to fabricate and install equipment in poor conditioned ambulances. However, O2 supply, stretcher, medical kit bag, medicine and trained staff have been deployed on PTS ambulances. Compliance would be shown as per decision of the para.

Reply of the management is not acceptable because in PTS ambulance only stretcher and oxygen supply was available. All other required equipments/items were missing.

The DAC in its meeting dated 20.11.2019 directed to analyze the functionality of PTS ambulance fleet and do maximum possible

maintenance of ambulance. Further procurement process of new ambulance may be initiated.

Audit recommends provision of best possible equipment in the ambulance of Patient Transfer Service.

**4.1.12 Emergency operations at stake due to non- replacement of ambulance fleet running limit 100,000 km.**

As per rule 13 (1) of Emergency Services Financial Rules “The service may replace an emergency vehicle on completion of one hundred thousand Km or usage over a period of three years, whichever is earlier”.

During scrutiny of record it was observed that 629 ambulances of Rescue 1122 were running beyond their running limit. Detail is as under:-

Description	Total Ambulance	Ambulances Running over 100,000 KM	% Ambulance Fleet Over Running
Number of Ambulance	755	629	83%

It was further observed that due to running of old fleet of ambulances, department had to incur huge expenditure on repair and maintenance of the ambulances.

The graphical representation of expenditure on repair and maintenance increased by 105% in last 04 years are places at annexure-I.

Audit is of the view that 83 % of fleet of ambulance running beyond their running limit affected rescue operations besides huge expenditure on repair and maintenance.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the Punjab Emergency Service entered into the contract agreement with M/s Indus Motors Company Limited through Toyota Garden Motors for the procurement 323 Rescue Cardiac ambulances vide No. Proc-1452/17(PES) dated 06-06-2017. Accordingly, Service made advance payment amounting to Rs 1,058.700 million against equivalent amount of bank guarantee. Moreover, the firm intimated on 18.9.2017 that their manufacturing line is changed due to this the contracting firm deviate

from the contract agreement dated 06.06.2017 by reducing the Engine Displacement from 2986cc to 2494cc. Procurement of ambulances would not be completed during financial year 2017-18

Reply of the management is not acceptable because 83% of fleet of ambulances was running beyond their running limit which affected the performance of Rescue

The DAC in its meeting dated 20.11.2019 directed that process of procurement of new ambulances may be initiated on top priority.

Audit recommends to procure ambulances of good quality on priority and in future department has to add clauses to bound the manufacturers / suppliers of the vehicles to provide the vehicles / ambulance in given time to avoid such scenarios.

#### **4.1.13 Provision of paid training to staff of Punjab Emergency Service**

As per Para 14(2) of Punjab Emergency Service Act 2006 “The Academy may also arrange for the training of the members of the Service, volunteers and other individuals or workers of organization, public or private, to be equipped with the knowledge of dealing with all possible situations relating to prevention and management of emergencies”.

During audit it was observed from record of Punjab Emergency Service that Punjab Emergency Service Academy Lahore was providing training since 2006. The said academy was providing Basic Rescue Course which included emergency Medical, Rescue, Fire and physical fitness training and specialized courses like Medical First Responder, Collapsed Structure Search & Rescue, and Training for Instructors. Audit further observed that Punjab Emergency Service Academy outsourced training on Cardiac First Responder (CFR) and Emergency First Responder (EFR) leading to EMT course, to Institute of Learning Emergency Medicine (ILEM).

Punjab Emergency Service to the Institute of Learning Emergency Medicine (ILEM)

Course Name	2017	2018	2019	Total Participants	Charges/Fee	Total Amount
	95	1,188	180	2,163	2,500	5,407,500

FR						
FR		1,513	246	1,759	2,500	4,397,500
MT		739	259	998	10,000	9,980,000
<b>Grand Total</b>	<b>95</b>	<b>3,440</b>	<b>685</b>	<b>4,920</b>		<b>19,785,000</b>

As per record provided total amount due to Institute of Learning Emergency Medicine (ILEM) was Rs 36,476,960 out of which trainees under training of Punjab Emergency Service Academy paid Rs19,785,000 in cash and Rs 16,691,960 were still outstanding.

Audit is of the view that Punjab Emergency Service Academy is established with huge public funds and is providing training to the staff of Punjab Emergency Service and other organization. As staff trained by Punjab Emergency Service Academy is serving all over Punjab, therefore, there was no the need of paid trainings. Institute of Learning Emergency Medicine (ILEM) is not a statutory, regulatory and registration authority for paramedics which can authorize them to administer drugs in Pakistan.

Audit holds that it is the responsibility of Punjab Emergency Service Academy to give training to newly recruited staff. Further EMTs of Punjab Emergency Service are not authorized to administer medicines or injections to the patients. What steps have been taken to get legal cover for administration of medicines and injection by EMT? Punjab Emergency Service has not received any approval from administrative department S&GAD to start paid training form ILEM.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that training of these EMTs is the sole subject of Emergency Services Academy without charging any single penny from the trainees in the name of training at any time. As per MoU, Third party Evaluation of the trainees shall be held and conducted by National Ambulance Service College, Ireland according to PHECC (Pre Hospital Emergency Care Council, Ireland) as there is no council in Pakistan to regulate the functions of EMTs and CTWOs of the Service. Moreover, there shall be no financial liability on part of Government or the Punjab Emergency Service and no authority would have been involved in circulation or retention of public money.

Reply of the management is not acceptable because department did not inform/mention in advertisement regarding compulsory paid training to new candidates recruited. No approval from administrative department has been taken before start of training.

The DAC in its meeting dated 19.11.2019 directed that said training may be stopped and case may be submitted to Punjab Emergency Council to decide the matter.

Audit recommends that all training to the staff of Punjab Emergency Services should be provided by the Emergency Academy, department has to enhance the capability of academy to provide upto date training to the staff. Outsourcing of training should be stopped and payment already made by the staff should be returned to the candidates.

## **4.2 Procurement & Contract Management**

### **4.2.1 Procurement of medicines and surgical equipment without need assessment**

As per Para 5(1) (a) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies”.

During the scrutiny of record it was observed that Punjab emergency Service (Rescue 1122) procured medicines and surgical supplies without planning and need assessment. Punjab emergency Service (Rescue 1122) procured in bulk, more than its annual requirement and these medicines were being used in next coming years. Details of procurement of medicines and surgical items are placed at Annexure-II.

The above graph clearly depicts that Punjab emergency Service (Rescue 1122) is not doing need assessment of medicines and surgical items. Medicines are procured in bulk and more than annual requirement. Storage facilities of Punjab emergency Service (Rescue 1122) are not in accordance with the SOP(s) of Govt. of Punjab and due to high temperature the medicines can be damaged which can be fatal for the patients/victims.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that “keeping in view the addition of two projects i.e. Motorbike Ambulance Service (MAS) &

Patient Ambulance Service (PTS), the demand attained from the field offices after doing proper need assessment for procurement of medical & surgical items. Accordingly, the procurement was made after completing all the formalities and these items were issued to districts as per their demand”.

Reply of the management is not acceptable because department procured medicines without need assessment. Department procured medicines in bulk and due to high temperature and weak storage arrangement medicines can be spoiled.

The DAC in its meeting dated 19.11.2019 discussed in detail and directed to procure medicines and other items after proper need assessment in future.

Audit recommends to procure medicines after proper assessment. Further, proper system of inventory management should be adopted. Controls should be adopted to use the medicines before its expiry.

#### **4.2.2 Wasteful expenditure on urban search and rescue project**

As per Para 5(1) (a) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies”.

The Punjab Emergency Service made an expenditure of Rs 277,796,515 for the procurement of machinery and equipment for Urban Search and Rescue Lahore and Rawalpindi.

Audit observed procurement of machinery and equipment was made without any need assessment. The following machinery and equipment procured for Urban Search and Rescue was never moved to any operation or emergency till the date of audit:

<b>S#</b>	<b>Name of Machine</b>	<b>Number of Emergencies handled</b>	<b>Station</b>	<b>Current Status</b>	<b>Total Cost</b>
1	Grappler	NIL	Lahore	Off Road	27,296,877
2	Excavator	NIL	Lahore	Used for training purpose	25,721,313
<b>Total</b>					<b>53,018,190</b>

Machinery i.e Grappler and Excavator were creating problems due to static and without any movement for the last 03 years. Staff trained and deputed for specifically Urban Search and Rescue was transferred to other sections of department.

It was further observed that department had to pay Rs 6,210,000 to M/s Miraj Limited on account of repair and maintenance of two snorkels for a period of 10 years as per agreement. The documents revealed that department made payment of Rs 6,210,000 but M/s Miraj Limited had not completed the repair and maintenance work.

Audit is of the view that expenditure incurred for the procurement of machinery for Urban Search and Rescue was without any planning and need assessment. Further, expenditure incurred on repair and maintenance of Snorkels was paid without completion of repair work.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that both specialized vehicles were procured in 2015. Due to the non-availability of spare parts and requisite technical staff and expertise, an agreement was made with M/s Meraj Limited for the Repair & Maintenance of these vehicles after delivery to ensure the timely repair & maintenance of the said vehicles. Currently, these vehicles are operational and are contributing in tackling high rise building emergencies having minor issues which had been timely informed to the said firm for rectification.

Reply of the management is not acceptable because department procured the above vehicle without need assessment. Grappler and Excavator never used for any type of emergency operation. Payment made to on account of repair and maintenance of snorkels was paid without completion of repair work.

The DAC in its meeting dated 19.11.2019 directed to utilize the machinery and equipment.

Audit recommends that matter may be investigated regarding the procurement of Excavator and Grappler without need assessment. This heavy machinery may be utilized in emergency operations and if the same

is not required in emergency services then it should be transferred to other Govt. department for utilization.

#### **4.2.3 Low quality of fabrication of motorbike ambulance**

As per Para 5(1) (a) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies”.

During audit it was observed from record that Punjab Emergency Service entered into a contract agreement with M/s Ahmed Medix (Pvt.) Ltd on 18.04.2017 for fabrication of motor bike ambulance. Punjab Emergency Service paid Rs 58,636,631 to M/s Ahmed Medix (Pvt.) Ltd on 13.09.2017 for Fabrication of motor bike ambulance. During visit of District Emergency Offices it was observed that motorbike ambulance’s main frames were damaged. It was revealed from the record that main frames of motorcycles damaged due to unbalancing and overweight of equipment installed during fabrication of motorbike by M/s Ahmed Medix (Pvt.) Ltd. Due to overweight and unbalancing of fabrication, DEO(s) were incurring expenditure on repair even after usage of one year from the start of motorbike service.

Audit is of the view that during fabrication process of motorbike ambulance M/s Ahmed Medix (Pvt.) Ltd did not take care on balancing and weight installed on motorcycles which resulted into breakage of main frame of the motorcycles. After in use for 1 year DEOs had to repair main frames of the motorbike which shows poor quality of fabrication. Department’s performance may have suffered due to such fabrication issues.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that after technical scrutiny of the bids including company profile of the firms and the best prototype provided by the bidders, technical proposal for fabrication of Motorbike Ambulances were accepted by the Technical Committee. Accordingly, the work order was awarded to the lowest bidders after

completing all due procurement process prescribed in the PPRA, Rules, 2014. In response, the firm supplied the fabricated MBA in accordance the approved prototype and as per advertised specification and the same was satisfactorily inspected by the inspection committee of the Service.

Reply of the management is not acceptable because due to fabrication issues (load management) main frames of the motorbike ambulance broke down in less than a year.

The DAC in its meeting dated 19.11.2019 directed that matter may be investigated at administrative department's level.

Audit recommends that matter may be investigated and responsibility may be fixed at person(s) on fault. Besides, department has to be very careful to maintain quality standards in procurement and fabrication of vehicles and motorbike ambulance for performance of Punjab Emergency Services.

#### **4.2.4 Non-maintenance of high tech and expensive vehicles “Turntable Ladder”**

As per Para 5(1)(n) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “register and ensure minimum standards and code of conduct to be followed by rescue vehicles, ambulances and patient transportation services”.

During audit it was observed from record of Punjab Emergency Service that department procured high tech expensive vehicle (Turntable Ladder) with the total cost of Rs 77,478,260. It was revealed from the record that these vehicles became off road due to some technical issues. Management of DEO Lahore informed that these vehicles are off road since 2015 and case for maintenance was sent to Punjab Emergency Service Headquarters because the estimated cost was beyond his authorized limits. Deputy Director (Repair & Maintenance) informed that it is the responsibility of DEO Lahore to provide the scope of work to be done.

Audit is of the view that due to difference of opinion heavy machinery/ vehicles still stands off road which is totally wastage of resources. The person(s) in emergency had suffered a lot since 2015 due to these off road vehicles. Had these vehicles been in running position the

same could be used in rescue operations in Lahore and life and property could be saved in a better way. Such off road vehicles are causing negative effect on the performance of Rescue 1122.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that tender of said specialized vehicle was issued twice in the past. Moreover, it is pertinent to mention that the said specialized vehicles require highly trained technical staff and state of the art machinery for its repair works, thus no firm showed interest in the repair of Turn Table Ladders in the tender made on 27<sup>th</sup> August, 2015. Consequently, keeping in view the importance of these vehicles in tackling major high rise building emergencies/ fire cases, Punjab Emergency Service re-advertised the tender on 22<sup>nd</sup> February, 2016 in which the technical proposal submitted by the only participating firm M/s Meraj Limited (sole authorized dealer) was accepted). In the financial evaluation, the said firm quoted a total price of Rs 9,000,000 (inclusive of all taxes). The tender for repair works of Specialized Vehicles was scratched as the financial bid of the only firm participated in the tender was rejected due to higher quoted cost as compared to the estimated cost. It is imperative to mention that the scope of repair works required was defined by the foreign engineer of the manufacturing firm and in this context, no expense was paid by the Service

Reply of the management is not acceptable because due to mismanagement by the department vehicles (Turntable Ladder) were off road and never used in any emergency.

The DAC in its meeting dated 20.11.2019 directed that fact finding inquiry may be initiated and outcome may be shared with audit. Further SOPs regarding service agreement of technical procurement may be prepared for future complex procurements.

Audit recommends that strict disciplinary action should be taken against the person(s) responsible for not doing maintenance of high tech vehicle at proper time. In future there should be proper SOPs for repair and maintenance of all vehicles and other rescue equipments for better utilization.

#### **4.2.5 Weak communication system for Motorbike Ambulance**

As per PPRA rules 10 (1) A procuring agency shall determine specifications in a manner to allow the widest possible competition which shall not favour any single contractor nor put others at a disadvantage.

During the scrutiny of record it was observed that Punjab Emergency Service (Rescue 1122) Lahore launched motorbike ambulance for which call monitoring system for Rs 29,400,000 for developing a communication network for motorbike ambulance from Ms. Telenor Pakistan was procured. Initially tender was floated to procure conventional wireless system but during procurement process nature of procurement was changed. Last date for submission of bids (Technical & Financial) was 18.04.2017 while Telenor Pakistan given financial bid on 09.05.2018 which was not only accepted but contract was also given to them. Nature of tender was changed due to procurement of Services of Telenor (Mobile Office) instead of conventional wireless system. This procurement should have been retendered for healthy open competition. Due to current law & order situations and other security issues it became routine to suspend mobile services in Punjab. It is pertinent to mention here that Telenor mobile services were not available at all places with good signal strength. Communication through touch mobile phone during driving a motorbike is very difficult. Further department had to pay huge recurring charges.

Audit is of the view that Punjab emergency Service (Rescue 1122) Lahore has made expenditures of Rs1,078,147,500 on motorbike ambulance services but due to non-availability of mobile services, the whole procurement became fruitless. Process of procurement of communication system is irregular. This service will not work on the areas where Telenor service is not available. If Department created its own communication system based on wireless system then it will be more effective and cost effective and the performance of the Punjab emergency Service can be increased.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that keeping in view the high rates of the wireless communication system as received in last

published tender, it is stated that the Service department advertised a tender for procurement of call monitoring and mobile phones. During scrutiny of record, it was revealed that the technically responsive firms for virtual PABX Call Monitoring Software are Service providers and they offered GSM mobile sets in their financial bids along with the said software as Turnkey solution (Complete package includes calls, connections, call rate, internet package, warranty and backup solutions). Due to this the Purchase Committee decided to scratch separately floated tender for virtual PABX Call Monitoring Software to avoid the duplication and wastage of resources. Accordingly, the both vendors submitted their revised bids for GSM mobiles along with detail / comprehensive package as per requirement of the Service on 09.05.2018. During the last two years services of the Telenor network, there is not a single complaint received from any district regarding network coverage. In case of Mobile Service suspension in any certain area during any high security, religious or mass gather activity, the Service has already arranged reserved stock of wireless radios for communication coverage of that certain time.

Reply of the management is not acceptable because these motorbike ambulances became idle due to weak communication system.

The DAC in its meeting dated 20.11.2019 directed that matter may be investigated and outcome may be furnished to audit within a month.

Audit recommends that in future all procurement should be done through open competitive basis in transparent manner as per PPRA rules. Outcome of inquiry and implementation of recommendation of inquiry may be shared with audit.

#### **4.2.6 Weak contract management for procurement of cardiac ambulances**

Rule 2.33 of Punjab Financial Rules provides that 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.

During the scrutiny of record it was observed that an agreement was signed between Rescue 1122 Lahore and M/s Indus Motors Company Limited on 06.06.2017 for procurement of 323 rescue cardiac ambulances for amounting Rs 2,454,800,000. Accordingly as per the agreement an advance payment of Rs355,039,902 was made to the Toyota Garden Motors (Pvt.) Ltd. on 13.09.2017 and Rs652,946,320 was made to the Indus Motors (Pvt.) Ltd. Total advance payment made to firms was Rs 1,007,986,222 (355,039,902 + 652,946,320). The Indus Motors (Pvt.) Ltd intimated on 19.09.2017 that their manufacturing line is changed due to which Indus Motors (Pvt.) Ltd is unable to fulfill the original demand of 2986 CC vehicles. Instead vehicle of 2924 CC can be provided. The change of specification caused serious problem therefore after due deliberations, HPPC finally decided to cancel the agreement on 07.03.2018. Accordingly the bank guarantees of IMC Toyota Garden amounting to Rs 674,224,737 and Rs 384,475,263 respectively were encashed and deposited into government treasury. It was decided by committee that penalty in the form of cash recovery will be adjusted through retaining the tax amount i.e. Rs 50.714 million.

Audit is of the view that change in the manufacturing line of automobile industry is not made suddenly and it is properly communicated to the distributors well in time. The Indus Motors (Pvt.) Ltd refused to supply the order of 323 rescue cardiac ambulance after 03 days of receiving advance payment. Further advance payment was available with the firm for seven (07) months, which was utilized by the firm. Rescue 1122 Lahore encashed the bank guarantees but the contractors were granted benefit of using huge public money for its business. Therefore, interest earned on this amount was also required to be refunded on the standard State Bank lending rates i.e. 7.11% for the period. The amount of accrued interest was Rs 37.636 million. Rescue 1122 Lahore should receive the amount along with accrued interest. The amount of tax deducted can be refunded or adjusted by the contractors. Performance of Punjab Emergency Service (Rescue 1122) is badly affecting due to non availability of rescue cardiac ambulance.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that Punjab Emergency

Service has intimated concerned authorities for Non-Refund / Non-adjustment of tax deducted against advance payments.

Reply of the management is not acceptable because department has not any assurance that contractor not adjusted the tax deducted in tax return.

The DAC in its meeting dated 20.11.2019 directed to do follow up with FBR and outcome may be shared within 15 days to audit.

Audit recommends that decision of DAC may be implemented and department may make sure that the tax amount should not be adjusted / refunded by the contractor and outcome may be shared with audit.

### **4.3 Health Management**

#### **4.3.1 Non-vaccination of Hepatitis B & C to the staff of Rescue 1122**

As per letter No. 1155(HR)/18(PES) dated 21.04.2018 of Punjab emergency Service, headquarters Lahore it is directed to all DEO(s) 1122 all over Punjab to perform screening of Hepatitis B & C, TB, HIV/AIDS, Malaria and non-communicable diseases such as Hypertension, Diabetes Mellitus, Asthma, COPD & Obesity and vaccination of Hepatitis on 26<sup>th</sup> and 27<sup>th</sup> April 2018.

During scrutiny of record of Punjab emergency Service, headquarters Lahore and District Emergency Offices it was observed that screening of Hepatitis of staff of 1122 was performed in the month of April 2018. Record provided by Punjab emergency Service, headquarters showed that 273 and 60 staff members were suffering from Hepatitis B and C respectively. Details of screening results are placed at Annexure-III.

The record further revealed that out of 11,689 only 10,825 staff members were screened and 864 employees were not screened. It was observed that vaccination of Hepatitis was given only to 9,075 employees and remaining staff was not vaccinated. It is very alarming that out of 333 employees having Hepatitis B & C, 321 belong to Lahore and 12 are from other districts.

Record provided by the Headquarters showed that there were no victims of Hepatitis in Faisalabad, Gujranwala whereas the record provided by District Emergency Offices showed that there were 05

employees in DEO Faisalabad and 06 employees in DEO Gujranwala suffered from Hepatitis. Further it was revealed from record of DEO Bahawalpur that staff of Bahawalpur got only 02 doses of vaccination and 3<sup>rd</sup> dose was not given to them within specified time due to which effect of 02 doses was no more effective and staff had to be vaccinated again.

Audit is of the view that Punjab emergency Service (Rescue 1122) started its functions in 2006 and screening and vaccination of staff was performed in 2018 after the lapse of 12 years. The staff carrying the Hepatitis diseases is treating the patients. There is a great danger that during rescue operation, this disease can be transferred to the patients. Staff who is not engaged in operations can transmit hepatitis to the operation's staff because no one know about the presence of Hepatitis.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that "Scrutiny in depth of highlighted issues / observations is in process at Headquarters within the districts. In Punjab Emergency Service at the time of recruitment all the employees are directed to submit a medical report issued by Government Teaching Hospitals or DHQ Hospitals regarding their medical and physical inspection (height, weight, chest, eye sight and physical deformities) and laboratory tests for Hepatitis B & C, HIV and RPR. Furthermore, their joining is conditioned with medical certificate issued by the Government Services Hospital, Lahore in which all the medical screening is included as per Government Policy. Moreover, all the observations of audit are noted for further necessary actions and compliance.

Reply of the management is not acceptable because department did not perform screening of all staff and staff was not vaccinated against Hepatitis due to which staff not only can suffer from Hepatitis but can also transfer the Hepatitis to the patients.

The DAC in its meeting dated 19.11.2019 discussed in detail and directed to do screening of all the staff. Staff has to get vaccinated for hepatitis B and C. Staff suffering from Hepatitis should be treated on priority.

Audit recommends that all staff of Punjab emergency Service (Rescue 1122) may be vaccinated and staff suffering from Hepatitis must be treated on top priority. It is further recommended that matter may be investigated to fix the responsibility at person(s) on fault for not doing the vaccination of the staff “because in Pakistan almost 12 million people are suffering from hepatitis B or C. Each year brings about 150,000 new cases. The majority of people catch this infection in health care settings without being aware of it”<sup>1</sup>

#### **4.3.2 Use of donated medicines without Drug Test Laboratory (DTL)**

As per Clause 3 of purchase orders of medicines of Rescue 1122 “The inspection committee constituted by the Consignee shall inspect the quantity and specification of goods after receipt of standard quality report from Drug Testing Laboratory (DTL)”.

During scrutiny of record and inspection of stores it was observed that Punjab Emergency Service (Rescue 1122) Headquarter and its DEOs received donated medicines from different person(s) and used to the patients rescued by 1122 without test reports of Drug Test Laboratory (DTL). It was further observed that Sharif Welfare Trust Lahore (Non Governmental Organization -NGO) donated 4000 normal “saline Gee-Sol 1000 ml” bottles on 15.05.2018. Date of manufacturing of normal saline was July 2017 and expiry date was June 2018. It was further revealed that Rescue 1122 Headquarters Lahore issued 100 bottles of normal saline to District Emergency Office (DEO) Multan and 300 to District Emergency Office (DEO) Sahiwal on same day i.e. 15.05.2018. Rescue 1122 Headquarters Lahore issued above mentioned stock on same day without test reports of Drug Test Laboratory (DTL).

Audit is of the view that Punjab Emergency Service (Rescue 1122) Headquarter and its DEOs accepted medicines from different donors and

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<sup>1</sup><http://www.emro.who.int/pak/programmes/prevention-a-control-of-hepatitis.html>

same was distributed for emergency operations and used without ascertaining the quality of medicines which can be very fatal.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the donated Medicine was of Commercial packs of registered pharmaceutical company which do not require testing from the Drug Testing Laboratory. The registered pharmaceutical companies have their own quality assurance department and each batch is passed through quality control before distribution to the market. The Health Department also purchases medicine through local purchase on daily basis without DTL of the commercial packs. The donated medicine was delivered in commercial packs without any contamination and visible abnormalities. Only 400 pieces were issued to field offices due short expiry period and rest was discarded properly by the stores of Headquarter Punjab Emergency Service. Furthermore, no reaction or health issues have been reported by the use of this medicine.

Reply of the management is not acceptable because department distributed normal “saline Gee-Sol 1000 ml for use without Drug Test Laboratory which get expired in June 2018.

The DAC in its meeting dated 20.11.2019 directed that SOPs regarding accepting of medicine in donations may be prepared and implemented and DTL of bulk donation may be done in future.

Audit recommends that there should be proper SOP(s) regarding acceptance and utilization of donated medicines specifically from NGO(s). Matter has to be inquired and fix the responsibility on the person(s) at fault for not doing the DTL of donated 4000 pieces of normal “saline Gee-Sol 1000 ml” and issue the same to be used by Punjab Emergency Service.

#### **4.4 Risk Assessment**

##### **4.4.1 Use of outdated and expired personal protective equipment**

As per Para 5(1)(a) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies”.

During audit it was observed that certain equipment of Punjab Emergency Service-rescue 1122 was damaged and had completed its useful life. Staff of rescue 1122 was using equipment by repairing it. Due to outdated equipment, staff of rescue 1122 was facing a lot of issues in performing rescue operation.

As per record provided by DEO Bahawalpur the details of the equipment is as under:

S. No.	Name of Item	Total Quantity	Repaired	Working	Not Working
1	Fire Suits	40	9	9	31
2	Life Saving Jacket	6	-	-	6
3	Ventilator	5		3	2
4	Oxygen Cylinders	24	22	22	2
5	SCBA Cylinders	23	-	1	22
6	Fire Safety Helmet	40	15	15	25

It is evident from above table that major equipment of DEO 1122 Bahawalpur was not working. Staff had to get repaired above instruments to use in emergencies. Same situation of rescue items was prevailing in all other offices.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the said equipment of District Bahawalpur was non-operational because the District Emergency Officer Bahawalpur failed to follow the repair SOPs regarding the operational equipment of Punjab Emergency Service who was later transferred from District Bahawalpur due to such negligence.

Reply of the management is not acceptable because personal protective equipments and rescue equipment were outdated and damaged due to which not only efficiency of the department is affected but life of rescue staff is being put at stake.

The DAC in its meeting dated 19.11.2019 directed that all equipment of Punjab Emergency Service may be reexamined in all districts and report may be shared with audit within 30 days along with corrective measures taken to keep the equipment ready to use.

Audit recommends that department has to keep ready all the equipments to be used in rescue operations at all the time. Proper SOPs regarding maintenance and checking the par level of equipments and medicines should be made and strictly implemented.

#### **4.4.2 Insufficient training of water rescue and poor supervision of rescue operation by the site in-charge**

As per Para 5(1)(c) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “establish a system for rapid communication, exchange of information and quick response to combat or deal with an emergency”.

During audit it was observed that staff was not trained to handle the water rescue operations. There was no designated post of diver in Punjab Emergency Service and staff deputed on water rescue was not trained to manage water rescue. Due to insufficient training and outdated rescue equipment, a rescuer was martyred during water rescue operation in Pakpattan. It was further observed that rescuers were not monitored by any incident in-charge or Team Leader due to which rescuers did not use personal protective equipment. Due to no direct supervision and insufficient training a DERT Rescuer was martyred in Bahawalpur during a rescue operation to rescue a man who fell down in a sewerage manhole. Training material of all trainings was not approved from any authority.

Audit is of the view that in each and every rescue operation the supervisor must be aware of all hazards associated with each step. He must know all information regarding hazards, symptoms, and the possible consequences of rescue operation. The site in-charge must establish an emergency plan in the event an operation goes awry. Site in-charge must verify that proper tests are done to ensure quality of equipment. Due to no supervision and insufficient training, the lives of rescuers are in danger due to which the performance of Punjab Emergency Service would be compromised.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management has stated that three Rescue staff had been trained from Pakistan Navy Karachi. Lake for boat operations, swimming and diving training according to Pakistan Navy

standards has been constructed for training. PPE is key of our Basic training and also field operations all water Rescue equipment are in working condition and daily check before practice. Conduct all water Rescue training according to the SOPs.

Reply of the management is not acceptable because staff is not trained for water rescue operations and rescue operations not monitored by rescue operation in-charge.

The DAC in its meeting dated 19.11.2019 directed that all water rescue staff should be trained and refresher courses may be introduced. Further all equipment should be upgraded and keep in running condition.

Audit recommends that all staff engaged in water rescue should be well trained by competent trainers to avoid unwanted drown cases of rescue staff. Outdated water rescue equipment should be replaced.

#### **4.4.3 Incomplete personal protective equipment / kit**

As per Para 5(1)(a) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies”.

During audit it was observed from record of Punjab Emergency Service that Fire Shoes were not a part of personal protective equipment for fire rescue staff. There was 1,439 Nos. firefighting staff working and 369 were under training in Punjab Emergency Service. Punjab Emergency Service provided only normal shoes to the fire rescue staff which is also used by all other staff of rescue.

Audit is of the view that without Fire Shoes, firefighting staff cannot perform firefighting in an effective way due to which there can be huge financial or life losses. Overall performance of Punjab Emergency Service suffered due to non availability of fire shoes.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that safety shoes were provided to all staff of Punjab Emergency Service which provides them protection during Fire & Rescue operations. Safety shoes provide reasonable protection against penetration of sharp objects, impact by

heavy objects due to its strong cap and also do not limit mobility/efficiency of firefighting due to its slip resistant Mid-Sole.

Reply of the management is not acceptable because fire shoes were not available for staffs engaged in fire rescue which affect the rescue operations.

The DAC in its meeting dated 19.11.2019 directed that fire shoes should be part of fire personal protective equipments.

Audit recommends that fire shoes should be procured and provided to the staff of fire rescue operations for better performance of staff in fire rescue operations.

#### **4.4.4 Un-safe helmet for Motorbike Ambulance**

As per section 89-A of provincial motor vehicles ordinance 1965 “Rider to wear helmet.– No person shall drive, or ride the pillion seat of, a two-wheeled motor vehicle except when he is wearing a crash helmet.

Explanation– In this section, “crash helmet” means a helmet made of such material and meeting such other requirements as may be prescribed.”

During audit of Punjab Emergency Service (Rescue 1122) it was observed that Punjab Emergency Service provided worker/engineer’s helmet to the staff deputed on motorbike ambulance. These helmets were used by the engineers and construction workers and same helmet were being used by all the staff of Punjab Emergency Service during rescue operations. These helmets are not safe for motorbike riders because this helmet does not cover face and chin. It is observed that an Emergency Medical Technician (EMT) on motorbike ambulance martyred in accident on 04.11.2018. The helmet provided to the rescuer by Punjab Emergency Service had not saved the head and face from injuries because these helmets were not giving full face protection to the riders of motorbike ambulance.

Audit is of the view that helmet provided by the Punjab Emergency Service to the staff of motorbike ambulance is not safe. Due to unsafe helmet a rescuer lost his life and life of other staff is also at risk. The EMTs cannot perform their duties in an efficient and effective way when they do not have proper safety gear. This will ultimately affect the performance of Punjab Emergency Service.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that due to difficulty of carrying two helmets i.e. face & chin covered helmet & operational helmet the Punjab Emergency Service procured DOT certified helmets which are multipurpose both for motorbike and operational needs. They are ergonomically proven to be the most appropriate for the required task i.e. providing protection both during driving the motorbike and while responding to the incident site. Moreover, the specifications of the helmets are duly approved by the Technical Committee of the Service.

Reply of the management is not acceptable because department has not provided safe helmet to the staff deputed on motorbike ambulance.

The DAC in its meeting dated 19.11.2019 directed that a pilot project for utilization of full face helmet may be carried in one district and then a committee including a member of administrative department may conduct survey of concerned district. Recommendation of that committee may be implemented in all districts of Punjab.

Audit recommends that recommendation of committee constituted under the direction of DAC decision should be implemented under intimation to the audit.

## **4.5 Environment Issues**

### **4.5.1 Unhygienic disposal of medical and surgical wastage of Rescue 1122**

As per 14(C-II) of Punjab Hospital Waste Management Rules 2014 “ensure that the correct method of transportation of waste are used on site to the central storage facility or incinerator, if installed, off site by the local council”.

It was observed that Punjab emergency Service (Rescue 1122) had not developed any medical and surgical waste management system. Punjab emergency Service (Rescue 1122) used medicines and medical & surgical items of Rs137.50 million in last 04 years during emergency operation in all over Punjab. The Details of procurement and usage of medicines, medical and surgical items are as under:

<b>Detail of Procurement of Medicines, Medical &amp; Surgical Supplies</b>
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Financial Year	2014-15	2015-16	2016-17	2017-18
Medicines & Surgical Supplies (Rs. In million)	56.41	8.61	54.71	17.77

Audit observed that no SOPs were devised for disposal of the medical and surgical equipment's waste by Punjab Emergency Service (Rescue 1122). As per practice of Rescue 1122 medical and surgical supplies are collected in dustbin present in ambulance and at the end of each emergency, used surgical and medical items are shifted in main dustbin placed in District Emergency Office and in each morning staff of Municipal Corporation comes and collects medical and surgical waste stored in dustbin. There is no arrangement in motorbike ambulance to collect the medical/surgical waste produced during medical aid and medical waste thrown on road/incident site.

Audit is of the view that used medical and surgical items created environmental issues. This medical / surgical waster is sold in market which creates health issue to the general public.

The matter was pointed out to the management on 24.06.2019. In reply to initial observation the management stated that the medical / surgical waste generated by ambulances / motorbike ambulances of Punjab Emergency Service being handed over to Waste Management Company / Municipal Corporation and Government Hospitals of the respective Districts for appropriate disposal. Since the government hospitals have been generating medical waste in bulk quantity and have already been doing the proper disposal of hazardous waste in accordance with predefined SOPs of the hospitals. However, keeping in view the concern, The Punjab Emergency Service (Rescue 1122) shall analyze and quantify the daily production of medical / surgical waste generated by the ambulance / motorbike ambulance service in all districts of Punjab. Based on this data, the Service shall sign an agreement / contract with any government / private Hospital Waste Management Company operating in all districts of Punjab for proper and safe disposal of this hazardous waste.

Reply of the management is not acceptable because department has not made any SOPs for safe disposal.

The DAC in its meeting dated 20.11.2019 directed to liaison with hospital for disposal of medical waste made within a month to resolve the issue under intimation to audit.

Audit recommends to take corrective measures in collection of medical waste. Proper SOP(s) may be developed and implemented throughout all districts of Punjab for better disposal of medical waste.

#### **4.6 Overall Assessment**

Punjab Emergency Services (Rescue 1122) is a unique experience in the field of Emergency Services. It took up the responsibility of emergency and rescue operations of victims of all type of emergencies at the time when Government of Punjab had no prior arrangement or experience to deal all type of emergencies at one place. The overall assessment based on the Punjab Emergency Services (Rescue 1122) is as below:

**4.6.1 Relevance:** The Punjab Emergency Service (Rescue 1122) is emergency service of Punjab with infrastructure in all 36 districts of Punjab. The Punjab Emergency Service Act was promulgated in 2006 to provide legal cover to the Emergency Services Reforms initiated in 2004 from Lahore. Start of Rescue 1122 was necessitated after failure of repeated attempts to revitalize and modernize the old organizations mandated for emergency management. Now as a result of the performance of Rescue 1122 during emergencies and disasters in recent years, it has also been notified as the Disaster Response Force by the Provincial Disaster Management Authority (PDMA) & Government of the Punjab.

**4.6.2 Efficacy:** Rescue 1122 is operational in all Districts of Punjab and providing technical assistance to other Provinces of Pakistan. Rescue 1122 includes Emergency Ambulance, Rescue & Fire services and a Community Safety program. Presently, Rescue 1122 is representing a model of integrated emergency services in Punjab. It offers emergency, fire, rescue, disaster management, water rescue, animal rescue and community safety services under one umbrella.

**4.6.3 Economy:** The Punjab Emergency Service (Rescue 1122) purchased King Long Ambulance which was comparatively less expensive from other ambulance/vehicle. These vehicles are less expensive but caused

many mechanical issues. The Punjab Emergency Service (Rescue 1122) got fabrication of motorbike ambulance at less price but there are some fabrication issues in motorbike ambulance which affect the performance of the Punjab Emergency Service (Rescue 1122). Department while trying to save Govt. funds compromised the quality in procurement of motorbike ambulance and other rescue items. Organization has to make expenditure on repair and maintenance of low quality fabricated motorbike ambulance and on King Long Ambulance.

**4.6.4 Efficiency:** The Punjab Emergency Service (Rescue 1122) is responding all type of emergency with all type of equipments. The rescuers tried their best to rescue the patients and people in emergency. There are some significant factors that are hindering their performance including old ambulance, rescue vehicles, equipments and training to staff and instructors. Specifically due to old/damaged equipment and lack of training water rescuers lost their life in rescue operations.

**4.6.5 Effectiveness:** The Punjab Emergency Service (Rescue 1122) is providing services all over the Punjab effectively. For better effectiveness department has to focus more on rescue operations and medical emergency operations which are the core functions of the organization. Department has a good monitoring system of rescue operations but it should be upgraded. Department is hiding actual response time by entering wrong response time in call forms, there is a difference in response time mentioned on call forms and time taken by ambulance as per vehicle tracker system. Specific actions should be taken to handle wrong landed call in different district which resulted in loss of human life as it occurred in WAPDA Town Lahore.

**4.6.6 Compliance with Rules:** Non-compliance with rules and regulations was observed such as PPRA rules were violated, Staff is not vaccinated for Hepatitis as required under letter No. 1155(HR)/18(PES) dated 21.04.2018 of Punjab emergency Service and service rules were not made. Para 5(1)(a) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “maintain a state of preparedness to deal with emergencies” and Para 5(1)(c) of the Punjab Emergency Service Act 2006 it is function of the Punjab Emergency Service to “establish a system for rapid communication, exchange of information and quick response to combat or deal with an emergency” were violated by the organization.

**4.6.7 Performance rating:** The Punjab Emergency Service (Rescue 1122) remained satisfactory.

## **5. Conclusion**

### **5.1 Key Issues for the Future:**

1. Punjab Emergency Service (Rescue 1122) has to approve service rules on top priority for career growth of staff to enhance the performance of the organization.
2. Organization failed to procure ambulances even in presence of High Power Procurement Committee (HPPC) which is affecting the performance of Punjab Emergency Service (Rescue 1122), these should be replaced for smooth functions.
3. Rescue machinery/equipments and personal protective items should be ready to use at all time.
4. Training should be given to rescuers specifically to water rescuers.
5. All staff of the Punjab Emergency Service (Rescue 1122) should be screened for hepatitis and should be vaccinated for hepatitis and staff suffering from hepatitis should be treated on priority.
6. Inventory Management System specifically for medicines should be implemented and medicines should be stored as per directions of Govt. of Punjab.
7. Organization should implement a mechanism for safe disposal of medical waste created due to operations of Rescue/medical services.

### **5.2 Lessons learnt:**

1. Procurement of medicines should be done as per need assessment. In bulk procurement of medicine there are chances of spoil or expire of medicines due to high temperature and poor storage arrangement.
2. Recruitment should be made strictly on merit including the aggregate marks obtained by the candidate. Selection of the candidate only on the basis of interview by ignoring the aggregate marks in educational qualification and test should be stopped.

3. Response time of 07 to 10 minutes needs to be reconsidered, as the same is not being complied with in practice. The comparison of call forms and tracker record showed that department is hiding actual lag in response time by entering wrong response time in call forms.
4. Due to non-maintenance or misuse of solar panel, public funds wasted and control room became non-functional in case of load shedding of electricity which directly affected the performance of Punjab Emergency Service.
5. Punjab Emergency Service failed to rescue the patients in emergency due to wrong landed/connected calls caused by problems in communication system. People in emergency remain in danger due to flaws in the communication system.
6. Organization provided rescue/medical care of 340,734 patients who had heart problem during period of 7/1/2014 to 24/4/2019. Due to non-functional of automated external defibrillator (AED) Punjab Emergency Service (Rescue 1122) is not in a position to provide appropriate cardiac care to the people having cardiac problem. Therefore, organization has to procure AED pads to do functional AED machines.
7. Punjab Emergency Service Academy should not outsource training on Cardiac First Responder (CFR) and Emergency First Responder (EFR) to other organizations. Organization has to upgrade its own Academy and training material/equipments. Practice to get cash from the employees/new staff for training as happened in case of Institute of Learning Emergency Medicine (ILEM) in which trainees under training of Punjab Emergency Service Academy paid Rs 19,785,000 in cash and Rs 16,691,960 are still outstanding should not be repeated.
8. Punjab Emergency Service has to be more vigilant in project management and organization has to take steps to execute signed agreement. Cancellation of the project such as with M/s Indus Motors Company Limited for procurement of 323 rescue cardiac ambulances even after advance payment of Rs 1,007,986,222 should be discouraged for better performance.



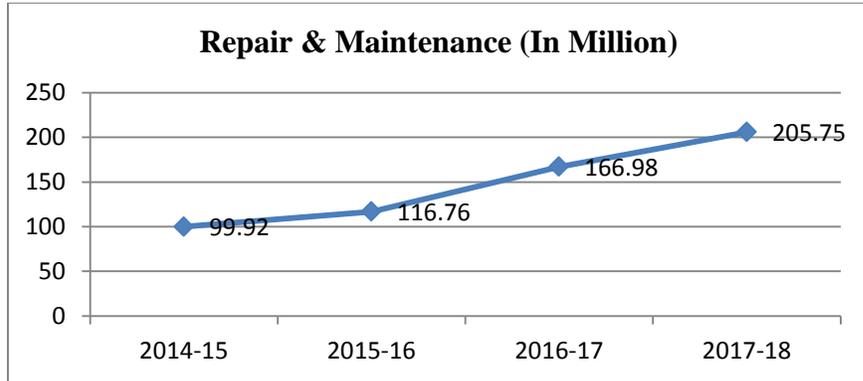
## **ACKNOWLEDGEMENT**

Audit team thanks and express its appreciation to the Management and staff of Punjab

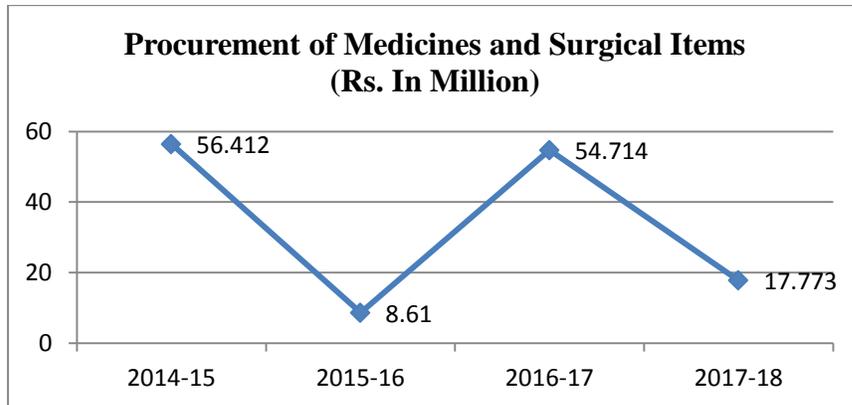
Emergency Service (Rescue 1122) Lahore and District Emergency Offices (DEOs) for the assistance and cooperation extended to the auditors during this assignment.

## ANNEXES

Annexure-I



Annexure-II



Annexure-III

