

CHAPTER-V: UPGRADATION OF GOVERNMENT MEDICAL INSTITUTIONS

5.1 Introduction

The programme for upgradation of Government Medical Colleges Institutions (GMCIs) broadly envisaged construction of Super Speciality Blocks (SSB) and Trauma Block along with procurement of medical equipment for both existing and new facilities.

(A) Execution of works

The work of upgradation has been completed in 13 out of 58 GMCIs approved for upgradation in the three phases of PMSSY as on 31 March 2017. The full status of upgradation of GMCIs is given in **Table-5.1**:

Table-5.1: Status of upgradation of GMCIs in PMSSY

Phase	Number of GMCIs	Status		
		Completed	Work in progress	Works not started
I	13	10	3	-
II	6	3	3	-
III	39	-	33 ¹	6 ²
Total	58	13	39	6

5.2 Delay in commencement of projects

Approval for Phases-I, II and III of work relating to upgradation of GMCIs was given in June 2006, February 2009 and November 2013 respectively with stipulated period of completion being three years from approval for Phases-I and II and 43 months for Phase-III³. Works for Phase-I sites selected for detailed audit could, however, be awarded only during the period from January 2007 to April 2011. In the case of Phase-II and Phase-III sites selected for audit, the works were awarded during the period from January 2011 to June 2016 to May 2016 and December 2016 respectively. As such there were considerable delays in planning and commencement of works in all three phases.

1 Two to 58 per cent work completed.

2 Work not started due to non-availability of land (two cases); location change (one case); revision in scope (two cases) and reason not known (one case).

3 Completion of Phase-III was to be phased within 43 months.

5.3 Delays in completion of works

Audit noted inordinate delays in completion of construction work of GMCIs after award of work in the first three phases of PMSSY. Phase-wise completion status of the GMCIs selected for detailed examination as on March 2017 has been given in the **Table-5.2**:

Table-5.2 Phase-wise status of selected Gmci Projects

Phase	Number of GMCIs	Completed GMCIs		Incomplete GMCIs		
		Number	Delay in completion ⁴ (in months)	Number	Delay (in months)	Status of completion
I	8	6	19 to 84	2	62	95 per cent
II	5	2	8 to 32	3	3 to 37	70 to 80 per cent
III	6	0	-	6	10 (upto January 2018)	9 to 32 per cent
Total	19	8	-	11	-	-

Details of project wise status of work has been given in **Annex-5.1**.

Audit observed that the work of eight GMCIs of Phase-I and Phase-II was completed with delays ranging from eight months to seven years. In five other GMCIs, work had not been completed even after delays which ranged from three months to over five years with respect to the scheduled completion dates. Further, none of the six GMCIs of Phase-III which were scheduled to be completed by March 2017 had been completed and the works for these GMCIs had commenced only during the period from May 2016 to December 2016.

The delay in completion of works were mainly due to non-availability of encumbrance free land, delays in getting clearances for excavation and tree cutting and other site related conditions, changes made in the scope and quantum of work, post contract changes in drawings and quantities, delays in providing drawings, delay in release of mobilisation advance and payments to contractor and delay in provision of services. The slow progress both at the stage of planning and contracting stage indicates that both planning of works and contract management were inadequate which finally adversely impacted delivery of services as brought out in Para 5.12 of the Report.

⁴ Delay from the scheduled completion date as per work order.
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5.4 Construction works for upgradation of GMCIs

5.4.1 Non-Compliance with Codal and contract provisions

(i) BMCRI-Bangalore

Construction of Trauma Block at this institute was undertaken by the Public Works Department of the Government of Karnataka. The Karnataka Public Works Code prescribes soil testing before preparation of estimates and designs. Audit observed that the estimates for construction of the Trauma Block at BMCRI-Bangalore were prepared without conducting soil tests. These tests were conducted only at the time of commencement of construction which brought out the requirement for providing pile foundation. Consequently, the planned height of the Trauma Block had to be reduced from eight floors to six floors along with changes in the scope of work. This resulted in delays of upto seven years and cost increase from ₹ 12.35 crore to ₹ 17.20 crore.

(ii) IMS -Varanasi

As per para 2.5 of the CPWD Works Manual, technical sanction of works is required to ensure that proposals are technically sound and that estimates are accurately prepared and are based on adequate data. Further, Para 2.5.2 of the Manual provides that the value of works executed can exceed the technical sanction only up to 10 *per cent* beyond which revised technical sanction would be necessary.

In the work relating to construction of Trauma Centre at IMS Varanasi, the actual consumption of TMT steel bars was 2,615.28 MT against the requirement of 2,052.50 MT included in the BOQ. There was thus an additional requirement of TMT steel bars of 27 *per cent* costing ₹ 3.49 crore as against the provision made in BOQ. Evidently, technical sanctions had been accorded without ensuring accuracy of the detailed estimates. It was further observed in audit that while the technical sanction had been accorded for ₹ 44.40 crore, an amount of ₹ 53.56 crore was paid to construction agency which was 21 *per cent* higher than the amount of technical sanction. However, revised technical sanction was not obtained before making the payment to the construction agency. In the absence of a revised technical sanction there was no assurance that the revision in cost had been examined for technical soundness and accuracy.

(iii) BJMC-Ahmedabad

The work of construction of Nursing School in BJMC-Ahmedabad was awarded to Firm 'A' at a tendered cost of ₹ 14.96 crore. The work order was issued in February 2010 with scheduled completion by April 2011. On the request of the agency, the Chief Engineer, Project Implementation Unit (PIU), approved extension of time limit for 57 days in August 2011. However, the agency again sought extension and the same was approved by the Chief Engineer for 351 days with the condition that no price variation would be paid to the agency. The work was completed in June 2012 i.e. after delay of 14 months. However, contrary to the orders of the Chief Engineer, the agency was paid a price variation of ₹ 36 lakh for work done during the extended time limit⁵.

(iv) GRMC-Gwalior

The work of construction of Super Speciality Block at GRMC-Gwalior was awarded in June 2016. Audit examination revealed that though the agreement with the contractor did not provide for payment of secured advance on high-risk materials such as ordinary glass, sand, petrol and diesel, a secured advance of ₹ 12.64⁶ lakh was paid to the contractor on such items. The payment of secured advance on such items was irregular.

5.4.2 Delay in completion of works

(i) GMC-Mumbai

Codal provisions require that all necessary statutory clearances should be obtained before award and commencement of works. Sixteen construction works with estimated cost of ₹ 20 crore were approved by the Ministry for upgradation of GMC Mumbai. This included the work of construction of Administrative Building with an estimated cost of ₹ 10 crore. This work was taken up for execution by the State PWD who applied for necessary No Objection Certificate (NOC) from the Municipal Corporation of Greater Mumbai (MCGM) on 16 May 2009. However, without waiting for grant of the NOC, the State PWD issued a work order on 31 August 2009 with a stipulated completion period of 30 months on grounds of urgency viz. by April 2012. The NOC from MCGM was received in June 2010 mandating changes in

⁵ Total Price variation- ₹ 53.72 lakh; price variation during original time limit i.e. upto April, 2011 (₹ 17.72 lakh) and from May to completion of work (₹ 36 lakh).

⁶ 1st running account bill ₹ 4.24 lakh and 3rd running account bill ₹ 8.40 lakh.

plans, height of the building, elevation designs, etc. This work is yet to be completed as of March 2017. GMC Mumbai stated (May 2017) that the work was delayed due to change of plans and drawing as recommended by Heritage Committee and due to changes in orientation of building as per site condition.

Thus, commencement of work on grounds of urgency without receipt of mandatory clearances or ensuring that the building designs conformed to the relevant municipal and heritage restrictions/regulations had the opposite effect of delaying the work by over five years as the contractor did not initiate work till after the NOC was received. It was further noticed that an expenditure of ₹ 17.73 crore had been incurred on the above work and the remaining upgradation works with an estimated cost of ₹ 11.15 crore have not been executed by GMC Mumbai due to non-availability of funds. These balance works included construction of emergency trauma ward, ICCUs, renovation of OPDs and nursing institute which were critical for provision of upgraded health care facilities.

(ii) RPGMC-Tanda

The Himachal Pradesh Government accorded (March 2013) administrative approval of ₹ 12.16 crore and ₹ 14.57 crore for construction of First year MBBS Students' Hostel and Post Graduate Students' Hostel respectively in RPGMC-Tanda in December 2012 with a period of completion of two years.

Funds amounting to ₹ 2.30 crore were deposited (March 2014) with HPPWD for the works. Subsequently in June 2014, the State Government awarded these works on basis of the originally approved estimates to M/s HSCC and released ₹ 8.86 crore to the company in March 2015. M/s HSCC submitted fresh estimates of ₹ 23.22 crore for the construction of only the First year MBBS Students' Hostel. Thereafter, the State Government once again changed its decision and entrusted this work to HPPWD in January 2016. The work was commenced in June 2016 and was still to be completed even though an expenditure of ₹ 3.30 crore was incurred till June 2017. The work of the Post Graduate Students Hostel was later once again awarded to M/s HSCC in May 2017 with the direction that ₹ 8.86 crore paid to it in advance in March 2015 be used for this work. However, audit observed that this work had not been started as of September 2017.

Thus, inability of the project authorities to decide and select the appropriate agency to execute the work taking into account the available funds and

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realistic costs resulted in non-realisation of the hostels even five years after grant of administrative approval.

(iii) GMC-Amritsar

An agreement was entered between GMC- Amritsar with M/s HSCC in March 2015 for supply, installation, testing and commissioning of Manifold Gas Management System (MGMS). The Ministry released ₹ 1.46 crore to the GMC for this work in March 2016 with a direction to complete the work within five months i.e. by August 2016. GMC, however, did not release these funds to M/s HSCC as a result of which the work remained held up. GMC attributed the delay to M/s HSCC stating that it had sought funds without furnishing the complete proposal. The fact, however, remains that a critical facility for which full funds were provided and which was scheduled for completion by August 2016 had been delayed (September 2017) due to lack of coordination between agencies.

5.4.3 Award of works at higher cost

In NIMS-Hyderabad, tender for construction of SSB and the Accident Trauma Hospital was awarded at a cost of ₹ 125.91 crore which was 22.37 *per cent* above the approved cost and 12.9 *per cent* above the justified market rate. Though a Technical Committee which had examined the rates had not recommended acceptance of a cost more than five *per cent* higher than the justified cost, the PMC accepted the higher tender cost to avoid delays on the assurance of the representative of the State Government that the progress of the work will be closely monitored. As per the agreement, the scheduled date of completion of the work was 6 June 2009. However, the building was handed over to the Institute only in May 2012 i.e. after delay of three years from the scheduled date of completion. Thus, the stated justification for accepting the tendered at a rate 12.9 *per cent* above the justified market rate for construction stood negated. The additional expenditure on account of acceptance of the higher rates worked out to ₹ 8.82 crore.

(B) Procurement and installation of equipment

5.5 Non availability of equipment

Procurement of equipment for GMCI was to be made by the agencies appointed by the Ministry or the State Government/GMCI⁷. Against the

⁷ High end common equipment by the agency and low end uncommon equipment by State/GMCI.

procurement orders for 818 equipment costing ₹ 482.21 crore for eleven GMCIs, 151 equipment costing ₹ 51.72 crore were yet to become available as detailed in **Table-5.3**:

Table-5.3: Non-availability of equipment

Sl. No.	Name of the GMCIs	Equipment ordered		Non-availability of equipment	
		Number	Amount (₹ in crore)	Number	Amount (₹ in crore)
1.	BJMC-Ahmadabad	110	58.48	12	5.23
2.	Pt. BDS, PGIMS-Rohtak	37	39.18	9	6.28
3.	RPMC-Tanda	18	38.3	4	24.47
4.	RIMS-Ranchi	77	26.54	1	0.86
5.	GMC-Mumbai	140	67.26	10	1.36
6.	JNMC-Aligarh	21	22.21	7	6.1
7.	IMS-Varanasi	24	25.34	1	0.34
8.	JMC-Jammu	64	33.25	0	0
9.	GMC-Amritsar	7	21.1	0	0
10.	BMCRI-Bangalore	32	39.02	0	0
11.	GMC-Nagpur	288	111.53	107	7.08
Total		818	482.21	151	51.72

The reasons for the equipment not becoming available included delays in placement of orders, change in the model of the equipment and lack of follow up by Institutes with the nominated PSA after placement of orders. In the absence of the equipment, upgraded services could not be delivered.

5.6 Non-installation/Delay in installation of equipment

In ten GMCIs⁸, 408 equipment costing ₹ 71.25 crore were either not installed or installed with delay ranging from three months to over seven years as on 31 March 2017. The reasons for non-installation or delayed installation were again improper procurement planning, pending civil and electrical works, non-availability of skilled manpower, etc. as given in **Annex-5.2**.

5.7 Idle/non-functional equipment

In nine GMCIs⁹, 977 equipment costing ₹ 34.99 crore were idle/non-functional as on 31 March 2017 due to lack of manpower, software problems,

⁸ BJMC Ahmedabad, Pt. B D Sharma PGIMS Rohtak, IMS-Varanasi, GMC Jammu, GMC-Nagpur, GMC-Mumbai, BMCRI-Bangalore, GMC-Amritsar, GMKMC-Salem and RPGMC-Tanda.

⁹ RIMS-Ranchi, BMCRI-Bangalore, GMC-Mumbai, GMC-Nagpur, RPGMC-Tanda, BJMC- Ahmedabad, GMKMC-Salem, JMC-Jammu and Pt.BDS, PGIMS-Rohtak.

lack of supporting equipment/infrastructure, defects etc. as given in **Annex-5.3**.

5.8 Deficiencies in procurement of equipment

(i) As per the procurement guidelines and provisions of the MoU signed between GMCIs and the Ministry, GMCIs had to ensure that no alterations and additions were made to the list of equipment and specifications firmed up by the medical experts. In **RIMS-Ranchi, JNMC-Aligarh, BMCRI-Bangalore, IMS-Varanasi, GMC-Mumbai** and **GMC-Nagpur** 293 medical equipment costing ₹ 19.86 crore were procured for installation in the upgraded facilities. Audit noted that these equipment did not fall in the approved list of medical equipment of the Ministry (**Annex-5.4**).

(ii) **BMCRI-Bangalore** procured ten numbers of equipment¹⁰ on single bid at rates which were 125 to 766 *per cent* higher than the estimated rates provided by the Project Consultant Technical Committee without recording reasons for the same. The additional cost involved at accepting the higher rates worked out to ₹ 1.66 crore.

(iii) Rule 102 of Himachal Pradesh Financial Rules 2009 provides that procurement of goods valuing ₹ 10 lakh and above shall be made by adopting advertised tender system. Further, as per extant¹¹ instructions of the State Government, procurement of computers and other office automation equipment should be done through a competitive system and HP State Electronics Development Corporation (HPSEDC) should be directed to participate in the tendering process. Audit noted that **RPGMC-Tanda** had procured 30 computers and peripherals costing ₹ 16.70 lakh (March 2013) through HPSEDC without adopting any tendering process thus depriving the Institute from obtaining the benefit of competitive rates.

¹⁰ O.T Table, Paediatric Laparoscopic set with accessories, Endoscopic plastic instruments etc.

¹¹ Decision-1 under appendix 10 of Himachal Pradesh Financial Rules, 2009.
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Case Study 5.1: Discrepancies in records relating to receipt and supply of medical equipment costing ₹ 3.26 crore

Audit noted that 75 equipment stated to have been supplied and installed by M/s HLL at a cost of ₹ 3.26 crore in three GMCIs viz. **BMCRI-Bangalore**, **RIMS-Ranchi** and **JMC-Jammu** were either not received by the Institutes or were not traceable in the records /premises of the institutes as given in the **Table-5.4**:

Table-5.4: Non-traceable equipment in GMCIs

Name of the GMCI	Number of equipment	Cost (Amount in ₹ crore)
JMC-Jammu	61	2.77
RIMS-Ranchi	4	0.36
BMCRI-Bangalore	10	0.13
Total	75	3.26

5.9 Maintenance of medical equipment

As per the extant instructions, the equipment cost was to include the cost of warranty and the Institutions were to enter into Comprehensive Maintenance Contracts (CMC) at the cost of the State Government before expiry of warranty period.

Audit noted that the warranty period of 147 medical equipment costing ₹ 27.90 crore in **GMKMC-Salem**, **IMS-Varanasi** and **GMC-Amritsar** had expired three months to three years ago. However, the concerned GMCIs had not entered into CMCs for the equipment. Out of these, 24 equipment were not working for want of repair and maintenance (**Annex-5.5**).

Further, in **JMC-Jammu**, there was no system of maintenance for various important installation like air conditioning and fire-fighting/alarm systems; sub-stations, lifts and water heating systems. As a result, the fire alarm and fire fighting systems were found not to have worked in operation theatres and in rooms housing the main UPS system and the UPS system for the CT scan room during fire incidents.

(C) Availability of Human Resources in GMCIs

5.10 Shortage of Human Resources in upgraded GMCIs

As brought in Para 1.3.2 of the Report, the concerned State Governments were to provide the necessary manpower for running the Super Speciality Block (SSB) and Trauma Care Centre established as part of upgradation of GMCIs. Audit noticed shortages in manpower deployed in the GMCIs which adversely impacted service delivery resulting in non-achievement of objectives of the scheme. The shortage of human resources in various GMCIs has been discussed in **Table-5.5**:

Table-5.5: Shortage of Human Resources in GMCIs

Sl. No	Audit Observations
1.	<p>BJMC-Ahmedabad</p> <p>State Government had sanctioned 62 medical and 329 para-medical staff in April 2007 but the institution had failed to fill up 60 <i>per cent</i> staff 43 medical and 193 para-medical staff.</p> <p>Further 22 medical officers, out of 25 sanctioned post of medical officers were vacant in Trauma and Emergency Medicine Departments.</p>
2.	<p>JMC-Jammu</p> <ul style="list-style-type: none"> ➤ Only 407, out of 821 sanctioned posts for the super specialty facilities were filled up. During the period 2013-14 to 2016-17, only 46 <i>per cent</i> to 52 <i>per cent</i> of the sanctioned staff was in position. ➤ The short fall of Specialist Doctors together with Assistant Surgeons ranged between 22 <i>per cent</i> and 100 <i>per cent</i> during 2014-15 to 2016-17.
3.	<p>RIMS-Ranchi</p> <ul style="list-style-type: none"> ➤ 79 new posts required in different departments at the SSB were yet to be created even though the SSB was started in October 2013. ➤ 107 posts of staff nurses and 44 posts of para medical personnel for SSB were yet to be sanctioned by the State Government. ➤ 20, out of 34 departments were without Professor/Associate Professor/Assistant Professor. Due to this, the work of five vital departments' viz. ICU (Medicine), ICCU (Medicine), Neurology, Nephrology and Burn ward was affected.
4.	<p>BMCRI-Bangalore</p> <ul style="list-style-type: none"> ➤ The upgraded facilities were commenced in August 2012. However, it was noticed that there was no dedicated medical, paramedical and support staff. The SSB was managed by medical staff drawn from other hospitals under the control of the BMCRI. ➤ 324 posts were created for SSB, however, sanction of posts for Trauma Care Block was pending. ➤ 66 <i>per cent</i> posts in the teaching cadre of the Nursing College were vacant. ➤ The SSB was functioning without any sanctioned posts of pharmacist though prescribed six pharmacist as per Public Health Standards for 200 bedded hospital.

Sl. No	Audit Observations
5.	NIMS-Hyderabad <ul style="list-style-type: none"> ➤ No separate appointment of staff was made after commencement of SSB. ➤ Only 155 out of 247 sanctioned posts of Assistant Professors and Associate Professors were filled up as of March 2017.
6.	IMS-Varanasi Out of 473, there was shortage of 69 medical and para medical staff.
7.	RPGMC-Tanda There was 88 <i>per cent</i> shortage of medical and other staff in the SSB. The SSB had 209 beds and seven ¹² super-speciality departments. No sanctioned posts of Senior Residents and other paramedical/support staff were created despite requirement sent by the Institution to the State Government in March 2013.
8.	GMC-Amritsar <ul style="list-style-type: none"> ➤ Shortage of staff in different cadres ranged between 22 <i>per cent</i> and 49 <i>per cent</i>. ➤ Administrative Department in SGTB block was not functional due to non-recruitment of new staff.
9.	JNMC-Aligarh In December 2014, UGC approved 477 non-teaching posts (325 regular and 152 on outsource basis) of Trauma Centre under XII plan against which 77 posts were vacant.

(D) Achievement against envisaged deliverables

5.11 Non-upgradation of facilities

Audit noted that though the upgradation of five GMCI (three GMCI of Phase-I and two GMCI of Phase-II) had been completed, 19 out of the 41 facilities envisaged for upgradation were yet to be upgraded as depicted in **Table-5.6:**

Table-5.6: Details of non-upgraded facilities in GMCI

Sl. No.	Phase	Name of the GMCI	Facilities to be upgraded	Facilities not upgraded
1.	I	BMCRI-Bangalore	6	1
2.	I	JMC-Jammu	15	9
3.	I	RIMS-Ranchi	5	3
4.	II	GMC-Amritsar	7	4
5.	II	JNMC-Aligarh	8	2
Total			41	19

¹² Cardiology, Nephrology, Cardio-Thoracic and Vascular Surgery, Neurology, Neurosurgery, Gastroenterology and Oncology-Radiotherapy.

The reasons for the shortfall were works not being handed over to the Institutes even after completion; shortfalls in procurement of equipment and shortage of manpower.

5.12 Functioning of Super Speciality facilities

In seven GMCIs (**GMKMC-Salem, GMC-Amritsar, RPGMC-Tanda, JNMC-Aligarh, BJMC-Ahmedabad, Pt. BDS, PGIMS, Rohtak and RIMS-Ranchi**) super speciality facilities created were either not functional or functioning at sub-optimal levels as discussed below:

5.12.1 Non-functioning of facilities due to shortage of staff

(i) GMKMC-Salem

The Nephrology department obtained permission (March 2015) to conduct kidney transplantation from Directorate of Medical and Rural Health Services. However, the kidney transplantation operations were not conducted even after obtaining permission and many cases were being referred to other Institutions due to manpower shortages.

(ii) GMC-Amritsar

Though construction of the Diagnostic and SSB was completed in May 2015, GMC did not take over the building as of July 2017 due to shortage of funds and lack of requisite staff. As a result several Super Specialty departments¹³ could not be made functional.

(iii) RPGMC-Tanda

Out of seven Super-Specialist departments, two departments i.e. Cardio-Thoracic and Vascular Surgery (CTVS) and Nephrology were not functional due to absence of staff. As a result, patients in need of these services were being referred elsewhere and equipment installed in CTVS department was lying idle. Further, the Indoor Patient Department in the SSB remained only partially functional due to non-availability of staff and only day-care services were being provided with patients in need of indoor care having to make alternate arrangements.

¹³ Gastro-enterology, Neurosurgery, Endocrinology and metabolic diseases, Paediatric surgery etc.

5.12.2 Non-functional facilities due to lack of equipment

(i) **RPGMC-Tanda**

The Institute took possession of the SSB in May 2016. However, against the requirement of two diesel generator sets and 10,000 litres diesel tank, only one diesel generator set and diesel tank with capacity of 1,000 litres had been provided which affected supply of uninterrupted power. As a result, four modular operation theatres and three normal operation theatres remained non-functional as of May 2017.

(ii) **JNMC-Aligarh**

The construction of Trauma Centre was completed in March 2016 and taken over in February 2017 but emergency services were not functional due to shortage of doctors and delay in procurement of essential equipment like CT scan.

(iii) **BJMC-Ahmedabad**

The Institute did not take action for procurement of 80 numbers of equipment despite availability of funds of ₹ 6.80 crore which affected upgradation of Departments such as Burns & Plastic Surgery Department, CSSD, Neuro Surgery Department and research lab.

(iv) **Pt. BDS, PGIMS-Rohtak**

Out of 428 equipment for 23 departments, 230 equipment only were provided in 11 departments. As a result, only three departments were fully upgraded, eight were partially upgraded and 12 departments were not upgraded.

(v) **RIMS-Ranchi**

CPWD handed over the constructed SSB to the Institute on 28 October 2013. However, the Paediatric Surgery, Cardiology (CTVS) and Urology departments were not functional due to lack of amenities such as central air conditioning system, water supply and hand scrub station.

Audit Summation

Upgradation of GMCIs was delayed in many cases with only eight out of the 19 GMCIs selected for audit were completed. In cases where construction work had been completed, some super speciality departments could not be made functional primarily due to shortage of equipment and staff. Execution of works was marked by delays in completion of works and deficiencies in planning and award of works as well as non-adherence to codal and contract provisions resulting in additional or extra expenditure of ₹ 17.65 crore. In addition, lack of synchronization and coordination of activities resulted in serious gaps in provision of equipment which was critical for operationalizing the super specialty blocks and provision of improved health care. The Institutes also faced shortage of manpower required to run the new facilities and Departments. Consequently, 19 out of 41 facilities had not been upgraded and super speciality facilities were not functional. Thus, inadequate project management and related delays impacted the delivery of envisaged benefits in terms of improvement in health infrastructure.