Chapter 5

Availability and management of healthcare infrastructure

Highlights

- In the State of Chhattisgarh 6,170 CHCs/ PHCs/ SHCs were available as of March 2022 against 7,665 required as per IPHS norms. Shortage in CHC, PHC and SHCs was 81 (32 *per cent*), 219 (22 *per cent*) and 1,195 (19 *per cent*) respectively. Out of 28 districts in the State, DH was functional only in 23 Districts due to conversion of five DHs into GMCHs.
- There was significant shortage of Healthcare Institutions (HIs) in the State in comparison with IPHS norms as of March 2022 and thus population served by CHCs, PHCs and SHCs was not uniform across various districts and ranged between 51,046 to 3,25,100 for CHCs, 16,677 to 61,739 for PHCs and 2,185 to 7,959 for SHCs.
- Out of targeted 47 CHCs only 16 CHCs, were upgraded as FRUs due to non-availability of manpower and infrastructure. Out of 500 earmarked PHCs, only 266 PHCs (53 per cent) were functional on 24x7 basis.
- In the State, 298 HIs were co-located and rendering health services in same premises. Six PHCs namely Kistaram and Gogunda in Sukma; Kiskodo and Gondahur in Kanker; and Bagra and Madguri in Balrampur district were not functional due to lack of building infrastructure.
- There were 838 HIs (CHC, PHC, SHC) which did not have their own designated building and there were non-availability of various basic facilities such as dedicated kitchen, boundary wall, CCTV camera, staff quarters, toilets, uninterrupted power supply, drinking water in these CHCs/PHCs/SHCs.
- The unit of Trauma Care Facility (TCF) could not be started in three GMCHs due to non finalisation of site despite receipt of fund from GoI. Similarly, the facilities of Burn Unit and State Cancer Institute was also not started in GMCH Bilaspur though fund was received from GoI, liquid Medical Oxygen Tank was supplied but not installed in three GMCHs for seven to 10 months as of March 2022.
- There were only 1.13 beds available for every 1,000 population in the State which was less than the norms of National Health Policy of two per 1,000 population in HIs as of March 2022. In 12 districts, availability of bed was less than one.
- In the State, 1,213 SHCs could not be upgraded into the Health and Wellness Centres (HWCs) against the target of 4,421 and out of upgraded HWCs, 450 HWCs could not be made operational as Community Health Officers (CHOs) were not posted in these HWCs as of March 2022.
- In 172 CHCs in the State functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms. In 48 out of 172 CHCs, there was shortage of beds ranging from four to 25 against the requirement of 30 beds in a CHC. Similarly, in 776 PHCs against the requirement of 4,656 beds

- there were 5,191 beds available. However, in 147 out of 776 PHCs the shortage of beds was ranging from one to six against the norms of six beds.
- In the State, 30 Maternal Child Health (MCH) wings were sanctioned with 2,250 beds. Out of this, 25 were operational with 1,750 functional beds and five were not operational due to lack of infrastructure.
- Against the Administrative Approval (AA) for 4,360 types of construction and renovation works of various HIs, Chhattisgarh Medical Services Corporation Limited (CGMSCL) had finalised the tender for 2,798 works (64.18 *per cent*) and issued work orders of ₹ 733.81 crore to various contractors for execution of construction, renovation, maintenance works of various HIs during 2016-22. The remaining 1,562 works (35.82 *per cent*) were not taken up by CGMSCL due to non-availability of site, changes in site, less participation in tender, non-allotment of fund etc.
- Out of the 265 construction works for AYUSH facilities across State for the period 2016-22, 100 works amounting to ₹ 13.60 crore remained incomplete. The test checked healthcare facilities had inadequate infrastructure resulting in lack of storage space, idling of equipment and inefficient stock management.

5.1 Introduction

To ensure the quality provision of close-to-client health services, an organised health service provider network is essential. For this, benchmarks are needed to ensure that expected standards are maintained. This purpose is being served by Indian Public Health Standards (IPHS) which are a set of uniform standards envisaged to improve the quality of healthcare delivery in the country. IPHS norms were revised in 2012 and 2022 keeping in view the changing protocols of the existing programmes and introduction of new programmes.

These standards cover Sub Health Centres (SHCs), Primary Health Centres (PHCs), Community Health Centres (CHCs), and District Hospitals (DHs). They provide guidance on the infrastructure, human resource, drugs, diagnostics, equipment, quality, and governance requirements for delivering healthcare services at these institutions. Every Medical college and its associated teaching hospitals had to adhere minimum standard requirements for the medical colleges stipulated by the Medical Council of India (now National Medical Commission).

5.2 Availability of Infrastructure

Health infrastructure is an important indicator for implementation of the healthcare policy and welfare mechanism in a State. The building infrastructure has been described as the basic support for the delivery of public health activities. To deliver quality healthcare services to the public, suitably placed, adequate and properly maintained building infrastructure is essential.

Healthcare services in the State are provided through a three-tier system *viz.* primary, secondary and tertiary healthcare services. A brief description is given in ***Table - 5.1***:

Table - 5.1: Types of healthcare services *vis-à-vis* brief description

Category of Healthcare services	Brief Description
Primary Healthcare Services	This includes CHCs, PHCs and SHCs. The PHC is the cornerstone of rural health services. After introduction of *Ayushman Bharat* – Health and Wellness Centre (AB-HWC), all the SHCs and PHCs are to be converted to HWC by 2024.
Secondary Healthcare Services	Secondary healthcare refers to a second tier of health system, in which patients from primary healthcare are referred to specialists in higher hospitals for treatment. The health centres for secondary healthcare are the DHs at district level. They form a link between SHC, PHC, CHC and Government Medical College Hospitals (GMCHs). The District Healthcare system is the fundamental basis for implementing various health policies, delivery of healthcare and management of health services for a defined geographic area that is, a district.
Tertiary Healthcare Services	Tertiary healthcare refers to a third level of health system, in which specialised consultative care is provided usually on referral from primary and secondary medical care. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel are the key features of tertiary healthcare. Under public health system, tertiary care service is provided by GMCHs and advanced medical research institutes. It comprises of Medical College associated hospitals which provide specialized healthcare services.

The details of healthcare institutions (HIs) available in the State as of March 2022 are given in ***Table - 5.2***:

Table - 5.2: Number of HIs available in State during 2016-22

S. No.	Category of Healthcare services	Healthcare facility	Available in Numbers			Increase As per administrative report (*per cent*)
			As per administrative report		No. of HIs as per data provided by CMHOs	
			2016-17	2021-22		
1	**Tertiary Healthcare Services**	Super Specialty Hospital (DKSPGI)	NA	01	01	1 (100)
		Government Medical College Hospitals (GMCHs)	06	10	10	4 (66.66)
2	**Secondary Healthcare Services**	District Hospitals (DHs)	26	25	23	--
		Civil Hospitals (CH)	19	20	20	1 (5.26)
3	**Primary Healthcare Services**	Community Health Centres (CHCs)	169	171	172	2 (1.18)
		Primary Health Centres (PHCs)	785	793	776	8 (1.02)
		Sub Health Centres (SHCs)	5,186	5,206	4996	20 (0.39)
4	**Urban Healthcare Institutions**	Urban Community Health Centre (UCHC)	Not available	04	04	---
		Urban Primary Health Centre (UPHC)		52	52	
		Swasthya Suvidha Kendra (SSK)		370	370	
		Total	**6,191**	**6,652**	**6,424**	**0.60**

(Source: Administrative Report of the Department for 2016-17 and 2021-22 and information provided by Chief Medical & Health Officers of the State)

It could be seen from the above table that there was a marginal increase of 0.60 *per cent* in the overall number of HIs in Chhattisgarh from 2016 to 2022 mainly as a result of increase in primary HIs. However, during the same period, the number of GMCHs increased by 67 *per cent* by converting DHs into GMCHs.

Audit observed that the number of HIs (DHs, CHCs, PHCs and SHCs) as shown in the administrative report of the Department for the year 2021-22 was not matching with the actual HIs as per information provided by the Chief Medical and Health Officer (CMHOs) of the districts as detailed in above table. The reason for excess/ deficit in functional HIs in the State was not ascertained by the DHS.

5.3 Availability of DHs, CHCs, PHCs and SHCs vis-à-vis prescribed norms

National Health Policy (NHP) emphasised filling up of wide gaps of infrastructure development. NHM framework envisages service delivery by primary level HIs *i.e.*, CHCs, PHCs and SHCs based on population as per IPHS norms. For district level healthcare services every district is expected to have a DH as per IPHS norms. Requirement of primary HIs as per IPHS norms is mentioned in the ***Table - 5.3***:

Table - 5.3: Requirement of HIs as per IPHS norms based on population

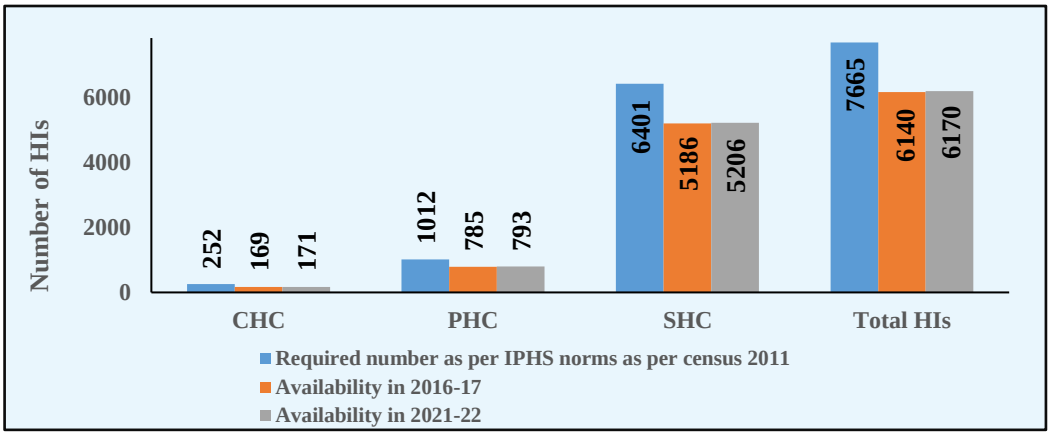
HIs	Population norm for Plain area	Population norm for Tribal/ hilly area
SHC	5,000	3,000
PHC	30,000	20,000
CHC	1,20,000	80,000

(Source: IPHS norms)

Audit observed that out of 28 districts in the State, DHs are functional only in 23 districts as of March 2022 due to conversion of DHs into GMCHs in five districts (Surguja, Raigarh, Kanker, Korba and Mahasamund).

Audit further observed that there was significant shortage of CHCs, PHCs and SHCs in the State against the IPHS norms as of 31 March 2022 as shown in ***Chart - 5.1***:

Chart - 5.1 Number of HIs required as per IPHS norms *vis-à-vis* actual available in State



(Source: Administrative report of Department 2016-17 and 2021-22)

From ***Chart - 5.1***, it may be seen that over a period of five years, only two CHCs, eight PHCs and 20 SHCs were added in the State.

Audit observed that only 6,170 CHCs/ PHCs/ SHCs were available in the State as of March 2022 against IPHS norms of 7,665. Shortage in CHC, PHC and SHCs was 81 (32 *per cent*), 219 (22 *per cent*) and 1,195 (19 *per cent*) respectively.

Framework for implementation of National Urban Health mission (NUHM) envisages that for every 2.5 lakh urban population an Urban Community Health Center (UCHC) will be created with in patient facility, 30-50 bedded and for every 50,000 population an Urban Primary Health Center will (UPHC) be created.

Audit observed that only 426 UCHCs/ UPHCs/ SSKs were available in the State as of March 2022 against NUHM guidelines of 1,054. Shortage in UCHC, UPHC and SSKs were 15 (79 *per cent*), 42 (45 *per cent*) and 571 (61 *per cent*) respectively.

Audit further observed that though the NHM had done gap analysis of HIs established against the IPHS norms based on census 2011 data and projected population of 2020-21 but HIs were not established to fill the gaps. As per census 2011, Audit has assessed district wise requirement and availability (as per data provided by CMHOs) of CHC/PHC/SHC against the IPHS norms, as given in the ***Table - 5.4***:

Table - 5.4: District wise requirement and availability of CHC/PHC/SHC against IPHS norms

Sl. No	District	CHCs			PHCs			SHCs		
		Requi-red as per IPHS norms	Availa-bility as of 2021-22	Short-age (+) / Excess (-) (*per cent*)	Requi-red as per IPHS norms	Availa-bility as of 2021-22	Short-age (+)/ Excess (-) (*per cent*)	Requ-ired as per IPHS norms	Availa-bility as of 2021-22	Short-age (+) / Excess (-) (*per cent*)
1	**Balod**	**8**	6	**25**	**30**	30	**0**	**186**	161	**13**
2	Baloda Bazar	11	7	36	44	30	32	261	152	42
3	Balrampur	7	5	29	30	29	03	200	193	04
4	Bemetara	7	5	29	27	21	22	159	127	20
5	Bijapur	3	5	-67	13	10	23	85	87	-2
6	**Bilaspur**	**14**	5	**64**	**54**	41	**24**	**325**	192	**41**
7	Dantewada	4	4	0	14	13	7	94	75	20
8	Dhamtari	7	3	57	30	24	20	184	169	8
9	Durg	14	9	36	57	21	63	344	128	63
10	Gariyaband	6	6	0	26	17	35	164	198	-21
11	GPM[1]	4	3	25	17	15	12	112	74	34
12	Jagdalpur	10	7	30	42	37	12	278	234	16
13	Janjgir-Champa	13	11	15	54	48	11	324	273	16
14	Jashpur	11	8	27	43	35	19	284	263	7
15	Kabirdham	7	6	14	30	24	20	189	147	22
16	Kanker	9	8	11	37	34	8	250	249	0
17	**Kondagaon**	**7**	6	**14**	**29**	22	**24**	**193**	173	**10**
18	Korba	15	6	60	60	35	42	402	214	47
19	**Korea**	**8**	6	**25**	**33**	29	**12**	**220**	188	**15**
20	Mahasamund	9	5	44	34	30	12	207	227	-10
21	Mungeli	6	3	50	23	28	-22	140	124	11
22	Narayanpur	2	2	0	7	8	-14	47	64	-36
23	Raigarh	15	10	33	61	52	15	388	338	13
24	**Raipur**	**18**	7	**61**	**72**	18	**75**	**432**	164	**62**
25	Rajnandgaon	13	10	23	51	48	6	307	312	-2
26	Surguja	11	7	36	42	26	38	280	198	29
27	**Sukma**	**3**	3	**0**	**13**	15	**-15**	**83**	105	**-27**
28	**Surajpur**	**10**	9	**10**	**39**	36	**8**	**263**	167	**37**
Total		**252**	**172**	**80 (32)**	**1012**	**776**	**236 (23)**	**6,401**	**4,996**	**1405 (22)**

(Source: IPHS norms and Data provided by CMHOs)

Color code:

Excess/No shortage	Shortage range		
Upto Zero	1-25 *per cent*	26-50 *per cent*	**51-100 *per cent***

It could be seen from the above table that shortage of CHCs, PHCs and SHCs in the districts of Chhattisgarh ranged from 10 to 64 *per cent* (in 23 districts), three to 75 *per cent* (in 24 districts) and four to 63 *per cent* (in 21 districts) respectively. In test checked districts, Audit observed that there was gap of 26 CHCs (38 *per cent*), 79 PHCs (29 *per cent*) and 552 SHCs (32 *per cent*) against IPHS norms, as highlighted in bold in ***Table - 5.4***.

[1] Gourella Pendra Marwahi

There were sufficient HIs as per the IPHS norms in two districts (Narayanpur and Sukma), whereas there was severe shortage of HIs at all level in Raipur district, as depicted in the following heat maps of CHCs, PHCs, and SHCs.

Chart -5.2 (a): Community Health Centres Gap Analysis

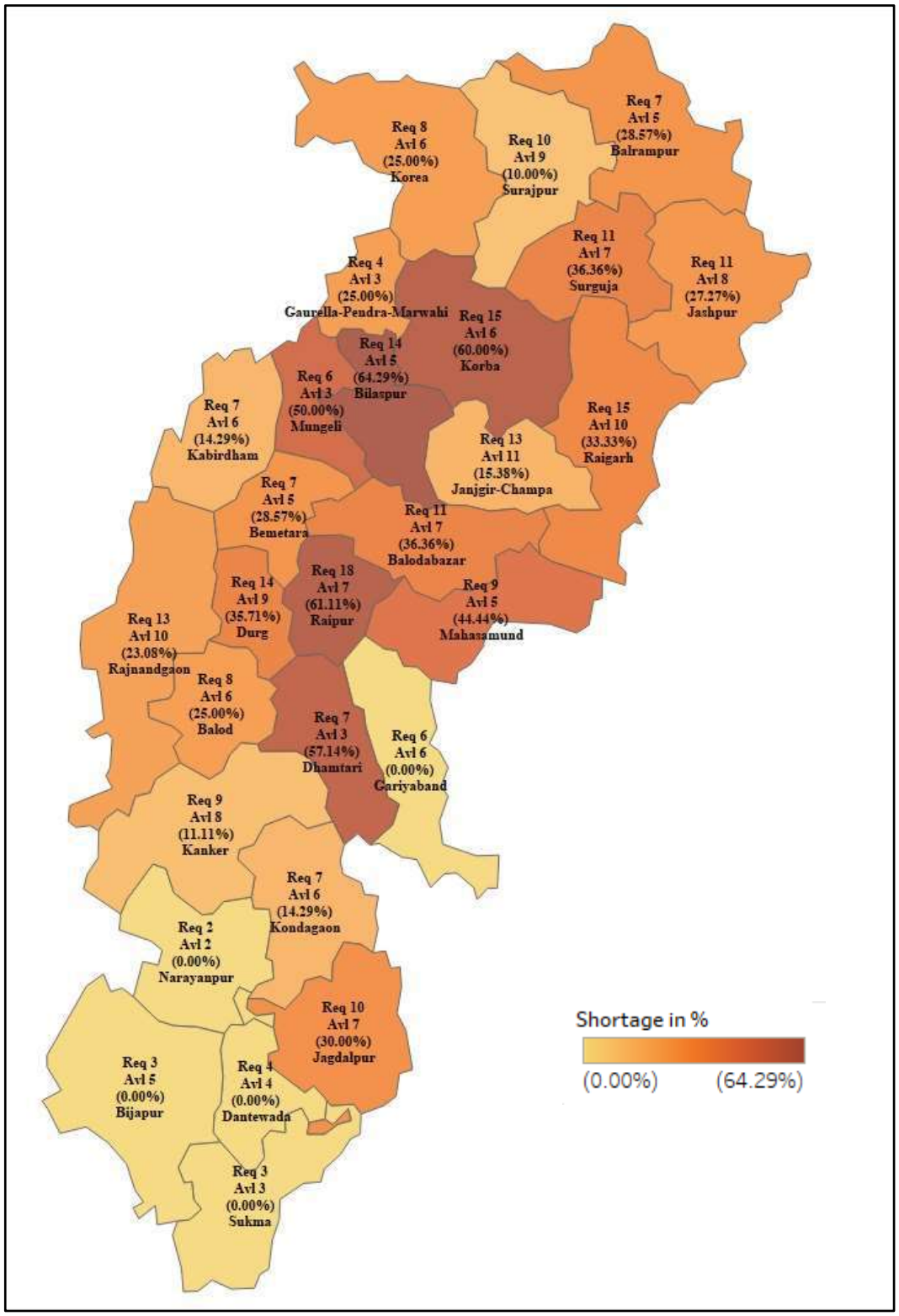


Chart – 5.2 (b): Primary Health Centres Gap Analysis

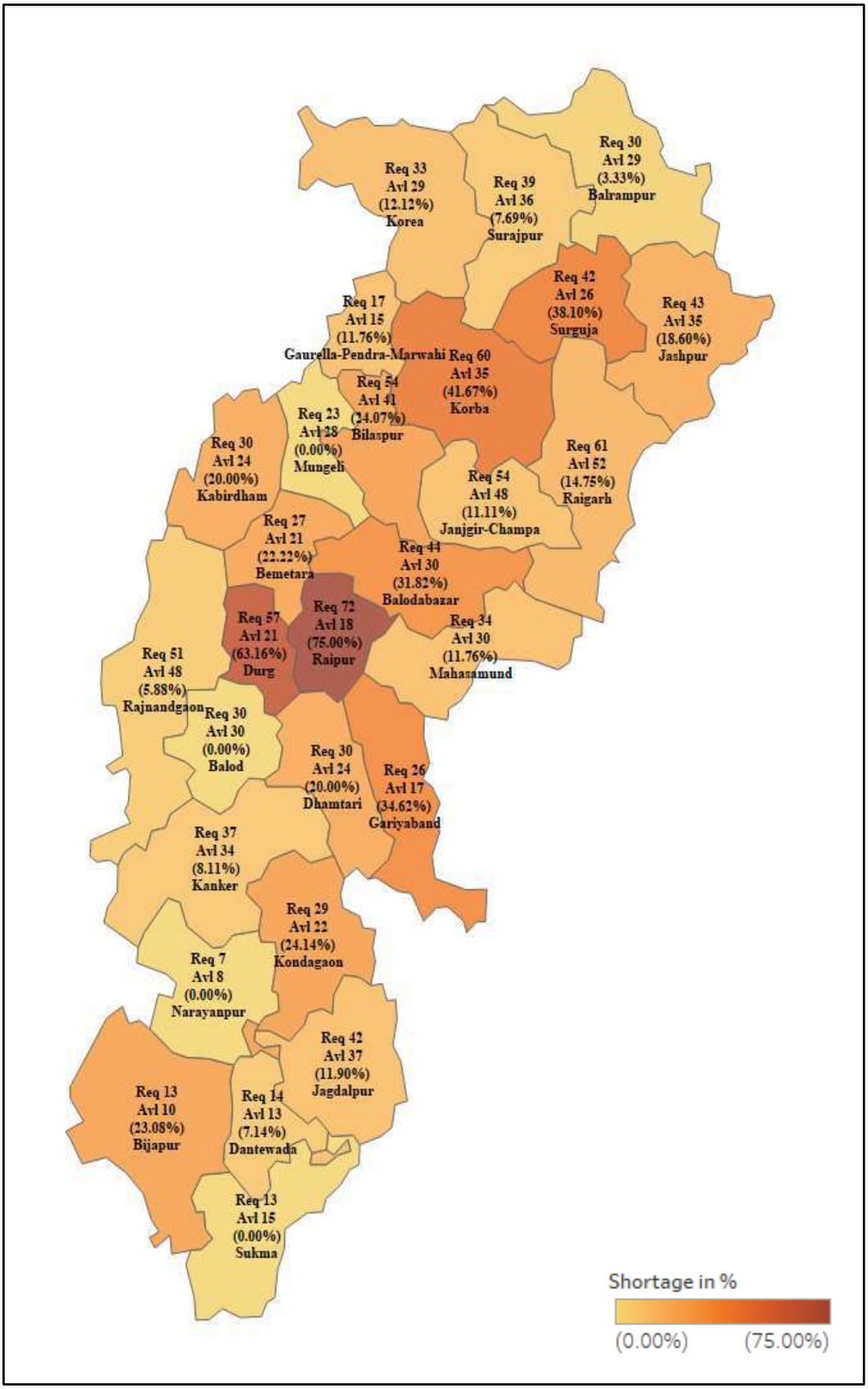
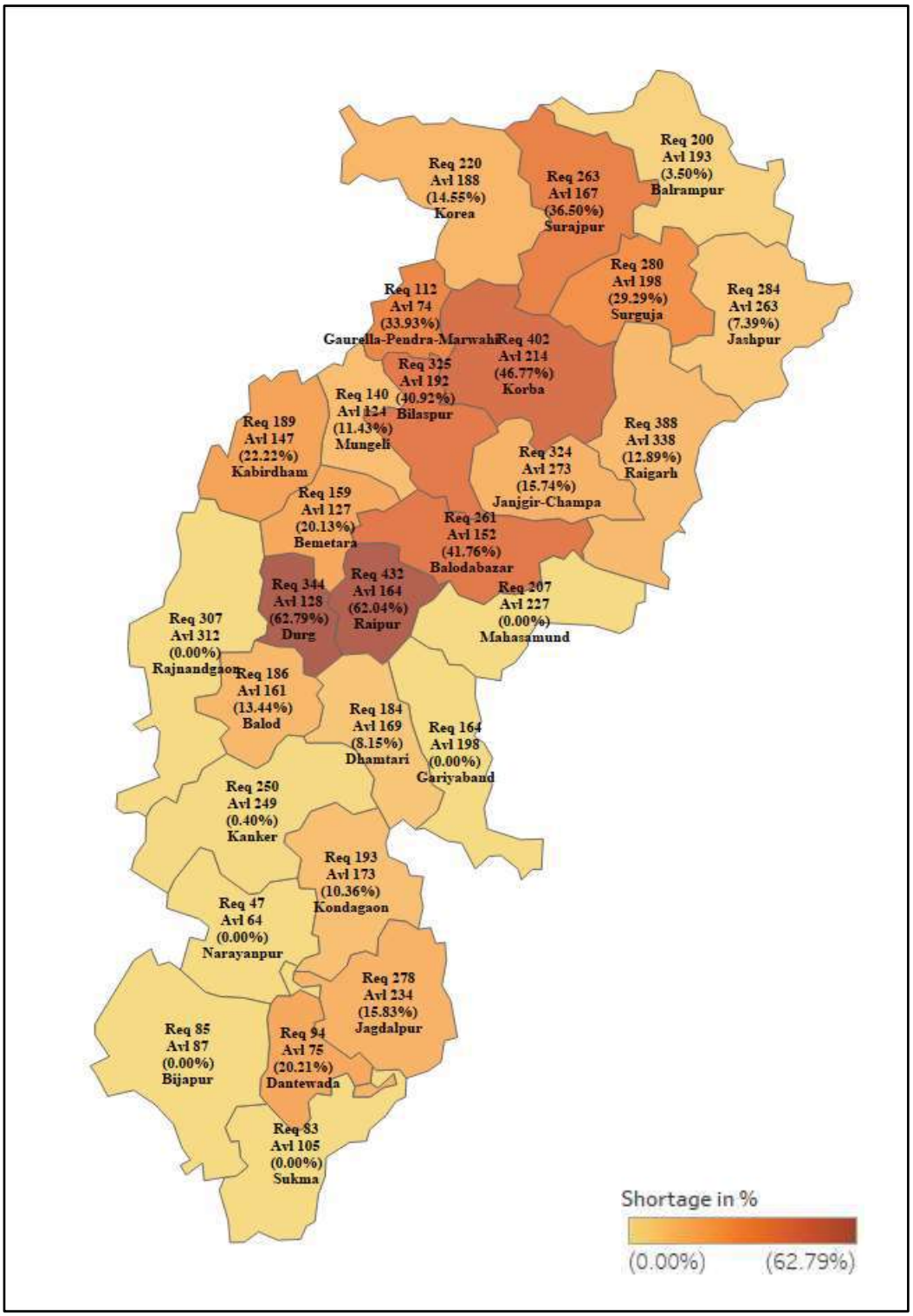


Chart – 5.2 (c): Sub-Health Centres Gap Analysis



The department did not set targets for year-wise up-gradation/ new establishment of CHCs/ PHCs/ SHCs. Audit further observed that there was variation across districts in terms of population served per CHC/ PHC/ SHC as detailed in the ***Table - 5.5***:

Table - 5.5: District wise number of persons per CHC/PHC/SHC

Name of the District	Population as per 2011 census	No. of CHCs available	No. of persons per CHC	No. of PHCs available	No. of persons per PHC	No. of SHCs available	No. of persons per SHC
Balod	**8,26,165**	**6**	**1,37,694**	**30**	**27,539**	**161**	**5,131**
Baloda Bazar	13,05,343	7	**1,86,478**	31	42,108	164	**7,959**
Balrampur	5,98,855	5	1,19,771	29	20,650	193	3,103
Bemetara	7,95,759	5	1,59,152	21	37,893	127	6,266
Bijapur	2,55,230	5	51,046	10	25,523	87	2,934
Bilaspur	**16,25,502**	**5**	**3,25,100**	**44**	**36,943**	**222**	7,322
Dantewada	2,83,479	4	70,870	13	21,806	75	3,780
Dhamtari	7,99,781	3	2,66,594	25	31,991	182	4,394
Durg	17,21,726	9	**1,91,303**	30	**57,391**	221	**7,791**
Gariyaband	5,97,653	6	99,609	17	35,156	198	3,018
GPM	3,36,420	3	1,12,140	15	22,428	74	4,546
Jagdalpur	8,34,375	7	1,19,196	40	20,859	243	3,434
Janjgir-Champa	16,19,707	11	1,47,246	49	33,055	277	5,847
Jashpur	8,51,669	8	1,06,459	35	24,333	263	3,238
Kabirdham	8,22,526	6	1,37,088	25	32,901	152	5,411
Kanker	7,48,941	8	93,618	35	21,398	253	2,960
Kondagaon	**5,78,326**	**6**	**96,388**	**22**	26,288	**173**	3,343
Korba	12,06,563	7	**1,72,366**	38	**31,752**	244	**4,945**
Korea	**6,58,917**	**6**	**1,09,820**	**30**	21,964	**196**	**3,362**
Mahasamund	10,32,754	5	**2,06,551**	31	33,315	232	4,452
Mungeli	7,01,707	3	**2,33,902**	29	24,197	128	5,482
Narayanpur	1,39,820	2	69,910	8	17,478	64	2,185
Raigarh	14,93,627	10	**1,49,363**	55	27,157	350	4,268
Raipur	**21,60,876**	**10**	**2,16,088**	**35**	**61,739**	**277**	**7,801**
Rajnandgaon	15,37,133	10	1,53,713	51	30,140	332	4,630
Surguja	8,40,352	7	**1,20,050**	29	28,978	206	4,079
Sukma	**2,50,159**	**3**	**83,386**	**15**	**16,677**	**105**	**2,382**
Surajpur	**7,89,043**	**9**	**87,671**	**36**	21,918	**167**	**4,725**
Total	**2,54,12,408**	**176**		**828**		**5,366**	

(Source: Census 2011 data and information provided by CMHO of districts)

(Test checked districts have been highlighted in bold letter) (CHCs include UCHCs, PHCs include UPHCs and SHCs include SSKs)

Color code for population served by HIs as per IPHS norms:

Within norms	**more than 1-25 percent of IPHS norms**	**Above 25 and below 50 percent of IPHS norms**	**more than 50 percent of IPHS norms**

From the above table, it could be seen that Durg, Korba and Raipur districts faced severe shortage of CHCs, PHCs and SHCs in the State and population served by the HIs in the Raipur district was highest among the districts in the State. High population load was being served by CHCs in ten districts. Similarly, PHCs of five districts and SHCs of six districts served the highest populations among the districts in the State.

DHS stated (January 2023) that the budget is limited and as per available budget, the number of HIs is gradually increasing.

It is evident from the reply that the Department had failed to create the sufficient HIs as per the IPHS norms in the State.

5.4 Gaps in availability of Healthcare Institutions

Audit observed that health infrastructure in Chhattisgarh was affected by regional imbalances of availability as well as non-functional hospitals.

5.4.1 Availability of Healthcare Institutions in tribal and non-tribal areas

Tribal/ non-tribal area wise availability of HIs, and requirement as per IPHS norms in Chhattisgarh, on the basis of population of census 2011 is given in the following ***Table - 5.6*** :

Table - 5.6: Availability of HIs in tribal/ non tribal areas in State

Category (Tribal/ Non-tribal)	HIs	Required no. of HIs as per IPHS norms	Available number HIs as of March 2022	Shortage (no.)	Shortage (*per cent*)
Tribal	CHC	122	96	26	21
	PHC	495	411	84	17
	SHC	3299	2,851	448	14
Non -tribal	CHC	130	76	54	42
	PHC	517	365	152	29
	SHC	3,102	2,145	957	31
Grand total		**7,665**	**5,944**		

(Source: information provided by CMHOs)

It could be seen from the table that there were shortage of HIs in tribal and non-tribal area in comparison to IPHS norms. The shortage of HIs in non- tribal areas was on higher side and there were shortage of 54 CHCs (42 *per cent*), 152 PHCs (29 *per cent*) and 957 SHCs (31 *per cent*). Similarly, in tribal areas there were shortage of 26 CHCs (21 *per cent*), 84 PHCs (17 *per cent*) and 448 SHCs (14 *per cent*).

5.4.2 Operation of Healthcare Institutions in same premises

Audit observed that 298 HIs were co-located and rendering health services in same premises of other HIs. Eight PHCs were running in SHC building,

270 SHCs were running in PHC building, 18 SHCs were running in CHC buildings and one SHC and one CHC was running in DH building. The designated services of SHCs were restricted to field work only because higher HIs were operating in the same building. The co-located HIs are depicted in ***Photograph 1 to 3***:

1. PHC Nawagaon and SHC Nawagaon co-located and SHC was not functional and used as store (Date 19 May 2023)

2. CHC Bhaiyathan and SHC Bhaiyathan in same campus (Date 18 May 2023)

3. PHC Bahrasi and SHC Bahrasi in same location (Date 17 May 2023)

5.4.3 Non-functional PHCs in the State

Audit observed that out of 776 PHCs in the State, six PHCs namely Kistaram and Gogunda in Sukma district; Kiskodo and Gondahur in Kanker district; and Bagra and Madguri in Balrampur district were not functional as per the data provided by the Department. Due to non-availability of building, healthcare services were also not being provided to the public. The manpower posted in these PHCs were providing services in other HIs.

Case study 1: CHC Takhatpur, district Bilaspur

During physical verification of CHC Takhatpur, which was upgraded from PHC to CHC in 1985, Audit observed that despite lapse of 37 years since its upgradation, the CHC was being operated with 20 bedded capacity in old PHC building against the mandatory norms of 30 beds. As a result, the patients of the Takhatpur block were dependent either on DH or private hospitals. Apart from the essential services viz. operation theatre, separate central store for drugs and medicines, adequate staff quarters for doctors and staff nurses were not available.

4: CHC Takhatpur running in PHC building (Date 22.03.2022)

5.5 Non-achievement of target for operating First Referral Units and Primary Health Centres on 24x7 basis

First Referral Units (FRUs) provides comprehensive 24x7 obstetric and gynecological services. The facilities available in functional FRUs include normal delivery, management with antibiotics, management of high blood pressure and convulsions, removal of retained placenta by hand, medical termination of pregnancy, assisted delivery, newborn resuscitation, C-section operation and blood transfusion.

The Executive Committee of State Health Society (Committee) under NHM decided (July 2016) to operate 75 HIs (25 DH, 3 Civil Hospital (CH) and 47 CHCs) as FRUs and 492 PHCs (revised to 500 PHC in 2021) to run round the clock (24X7 basis).

- Audit observed (October 2021) that 43 HIs (25 DHs, 2 CHs, 16 CHCs) were upgraded as FRUs and remaining 32 HIs could not be made functional due to non-availability of human resources, trained manpower and infrastructure.
- Out of 500 PHCs only 266 PHCs (53 *per cent*) were functional on 24X7 basis.

Thus, the target to run the required number of FRUs and PHCs on 24X7 basis, even after lapse of five years could not be achieved, which ultimately resulted in deprival of FRU services to the targeted population.

5.6 Availability of infrastructure

IPHS norms provide for availability of own designated Government building, uninterrupted power supply, drinking water, drainage system, toilet facilities, dedicated kitchen, dedicated stores, boundary wall, CCTV camera, doctor's quarters etc. in the HIs. Audit observed the discrepancies in the availability of the basic facilities in the HIs as discussed in the following paragraphs:

5.6.1 Operation of Healthcare Institutions in other buildings

Audit observed that as of March 2022, 838 (14.10 *per cent*) out of 5,944 HIs (CHCs/PHCs/SHCs) in the State did not have own designated Government buildings and were operational from community centres, *panchayat bhavan*, and rented buildings etc., as detailed in the ***Table - 5.7***:

Table - 5.7: Details of HIs in other buildings

Healthcare Institutions	No. of rented Buildings	No. of rent-Free *Panchayat* / Society Buildings
CHCs	0	3
PHCs	3	61
SHCs	25	746
Total	**28**	**810**

(Source: Information furnished by NHM)

It could be seen from above that 838 HIs were operated on temporary premises on arrangement basis. Due to unspecified design these premises lacked facilities like adequate space, infrastructure, service delivery, beds, toilets etc.

5.6.2 Basic infrastructure

(a) General appearance and upkeep of DHs and other HIs

IPHS norms prescribe good appearance and up-keep of hospitals, environmentally friendly features, circulation areas and other Disaster Prevention Measures. General Appearance and up-keep in test checked seven DHs is detailed in the ***Table - 5.8***:

Table - 5.8: General appearance and up-keep in seven test checked DHs

Particulars	Required (IPHS norms)	Baikunthpur	Balod	Bilaspur	Kondagaon	Raipur	Sukma	Surajpur
Environment friendly features	i. Rainwater harvesting ii. solar energy use iii. use of energy-efficient bulbs/ equipment iv. Provision for horticulture services including herbal garden.	Yes	Yes	Yes	Yes	Yes (solar energy system was not available)	Yes (solar energy system was not available)	Yes (Rainwater harvesting system was not installed)
Circulation areas	i. Circulation areas co-mprise corridors, lifts, ramps, staircase and other common spaces etc ii. anti-skid flooring and non slippery.	Yes	Yes (except anti-skid flooring)	Yes	Yes	Yes	Yes	Yes
Disaster Prevention Measures	i. Earthquake proof measures – structural and non- structural built in to withstand quake as per geographical/ state Government guidelines.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

(Source: Information furnished by test-checked DHs)

During joint physical inspection in DH Kondagaon, CHC Kota, CHC Arang and GMCH Bilaspur, Audit observed that the hospital buildings were poorly maintained and critically important wards like female wards, major OT and x-ray room were in a dilapidated condition due to seepages/ moisture causing peeling of paint and damaging the roofs as seen in the following ***Photograph 5 to 12*:**

5. Seepage and scrape in female surgical ward GMCH Bilaspur (19 April 2022)

6. Seepage of water in the ceiling of Major OT GMCH Bilaspur (19 April 2022)

7. Plaster coming out of Nurse duty room in Surgical ward II GMCH Bilaspur (19 April 2022)

8. Seepage in the walls of X ray room GMCH Bilaspur (19 April 2022)

9. Approach road to reach the isolation ward was not constructed at CHC Arang. (9 May 2023)

10. Plaster of roof came off in X -ray room CHC Kota and X-ray services are blocked (19 May 2023)

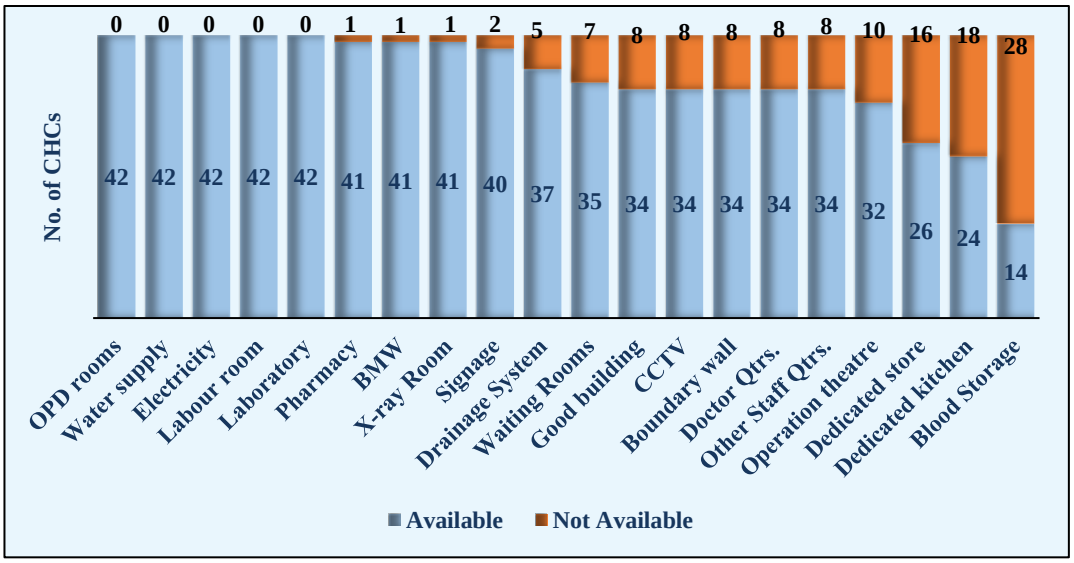
11. Seepage in Labour room CHC Arang (Date 09 May 2023)

12. Seepage in IPD ward of DH Kondagaon (Date 22 May 2023)

(b) Community Health Centres

Availability of basic infrastructure in all 42 CHCs of seven test checked districts of Chhattisgarh is shown in the following ***Chart - 5.3***

Chart - 5.3: Availability of basic infrastructure in CHCs of test checked seven districts



(Source: Compiled from data provided by CHCs/CMHOs)

It is evident from the above chart that OPD rooms, labour rooms, laboratory, water supply and electricity facility were available in all CHCs. Further, audit observed following discrepancies in CHCs of test checked districts:

- In eight CHCs buildings were not in good condition and boundary walls were not available in eight CHCs.
- 10 CHCs functioned without operation theatre and in 16 CHCs dedicated stores were not available.
- Two CHCs were running without proper signage.
- 28 CHCs functioned without blood storage unit. In 18 CHCs dedicated kitchen was not available.
- Residential facility for doctors and staff was not available in eight CHCs.

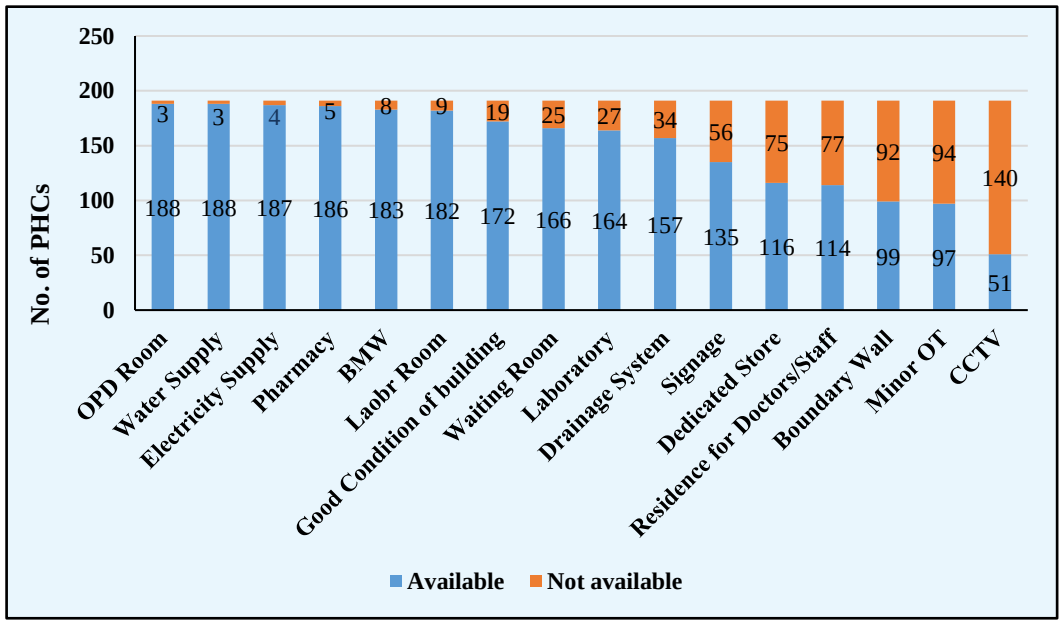
In test checked 14 CHCs it was observed that OPD room, labour room, water supply, electricity supply and X ray room was available in all the CHCs but OT, CCTV facility and blood storage facility was not available in three[2], two[3] and nine[4] CHCs respectively.

(c) Primary Health Centres

Availability of basic infrastructure in all 191 PHCs in seven test checked districts is shown in the following ***Chart - 5.4:***

[2] CHC Bishrampur, Chhindgarh and Kota
[3] CHC Bhaiyathan and Konta
[4] CHC Bhaiyathan, Bishrampur, Chhindgarh, Chirmiri, Dondi, Dondilohara, Makdi, Takhatpur and Vishrampuri

Chart - 5.4: Availability of basic infrastructure in the PHCs of test checked seven districts



(Source: information provided by CMHOs/PHCs)

Audit observed following shortcomings in the infrastructure facilities of PHCs in the test check districts: -

- OPD rooms and water supply facility were not available in three PHCs.
- Electricity facility was not available in four PHCs. Pharmacy, Bio Medical Waste and Labor room facility was not available in five, eight and nine PHCs respectively.
- Building condition of 19 PHCs was not good. Waiting room and laboratory was not available in 25 and 27 PHCs.
- Drainage system was not available in 34 PHCs. In 56 PHCs were having signage boards and in 92 PHCs boundary wall were not there.
- Dedicated stores and residence for doctors or other staffs were not available in 75 and 77 PHCs respectively. Further, Minor OT was not available in 94 PHCs and CCTV was not installed in 140 PHCs.

In test checked 14 PHCs Audit observed that CCTV camera and boundary wall was not available in six PHCs[5] (43 *per cent*) and five PHCs[6] (36 *per cent*) respectively. Non-availability of doctors residence and drainage system in six PHCs[7] and three PHCs[8] respectively were seen.

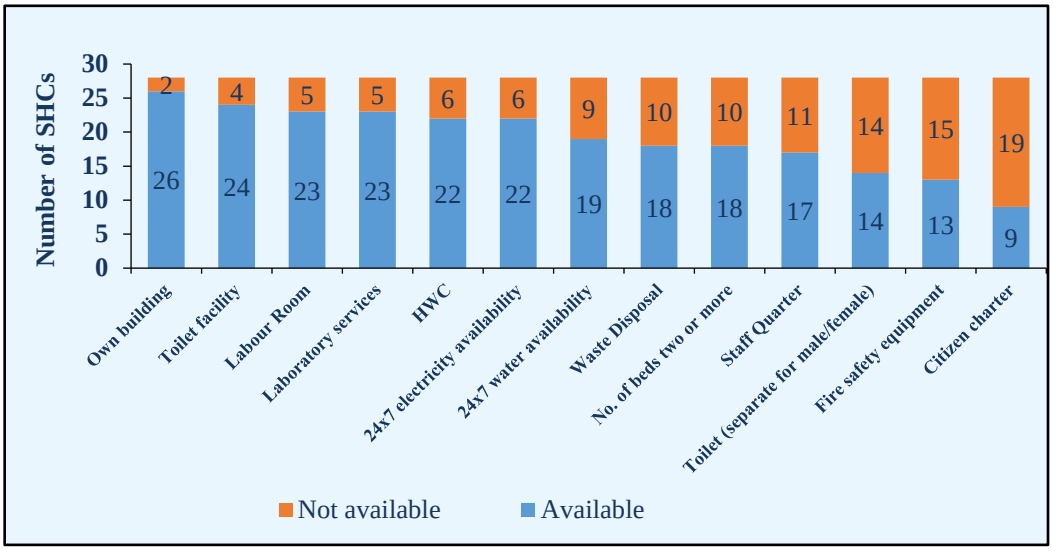
Thus, non-availability of all basic facilities would have affected the quality of healthcare services.

[5] PHC Reewa, Bangoli, Belpan, Sanjari, Chikhlakasa and Salka
[6] PHC Chintagupha, Reewa, Sanjari, Bahrasi and Basdei
[7] PHC Salna, Reewa, Nawagaon (Salka), Belpan, Sanjari and Basdei
[8] PHC Shampur, Salna and Chikhlakasa

(d) Sub-Health Centres

Availability of basic infrastructure in test checked 28 SHCs in test checked seven districts is shown in the following ***Chart - 5.5***:

Chart - 5.5: Availability of basic infrastructure in the test checked 28 SHCs of selected districts.



(Source: information provided by CMHOs/SHCs)

Audit observed following shortcomings in the infrastructure facilities of 28 SHCs in the test check districts:

- Two SHCs[9] did not have own Government building and toilet facility was not available in four SHCs[10], furthermore separate toilet facility for male and female was not available in 14 SHCs.
- Labor room and laboratory services were not available in five SHCs.
- Six SHCs[11] were not upgraded to HWCs under *Ayushman Bharat Yojana* and 24x7 electricity supply was not available in six SHCs[12].
- Water facility (24x7) was not available in nine SHCs and 10 SHCs were not having waste disposal facility and 10 SHCs were functioning with the bed capacity of less than two.
- 11 SHCs did not have staff quarters for ANMs. Further, fire safety equipment was not available in 15 SHCs and citizen charter was not displayed in 19 SHCs.

[9] SHC Minpa and Kolaiguda
[10] SHC Belpan, Kolaiguda, Minpa and Salka
[11] SHC Bahrasi, Salka, Minpa. Kolaiguda, Leda and Belpan
[12] SHC Salka, Satyanagar, Minpa, Kolaiguda, Belpan and Amali

5.6.3 Infrastructure not created in Government Medical College Hospitals

Audit observed that despite availability of funds various health infrastructures could not be created in GMCHs as mentioned in succeeding paragraphs:

(a) Inordinate delay in establishment of Trauma Care Facility (TCF)

The MoHFW, GoI, initiated a centrally sponsored scheme "Capacity building for trauma care facilities in Government Hospitals on National Highways". Under the scheme GoI sanctioned (2014-17) funds for creation of trauma care facility centres at a cost of ₹ 10.27 crore each at GMCH Raipur, Bilaspur and Jagdalpur while in Raigarh and Ambikapur with a cost of ₹ 4.94 crore each. The funding pattern for this scheme was initially bifurcated between GoI and GoCG at the ratio of 70:30, which was later revised to 60:40. As per Clause 6 (e) of MoU executed between GoI and GoCG, the maximum time limit for establishing of trauma unit was within two years from release of grants by the GoI. Against GoI share of ₹ 24.42 crore, grant of ₹ 15.93 crore was released by GoI between 2014-17.

Audit observed that in four GMCHs out of five GMCHs which were covered under the scheme had not finalised the site for construction of trauma care centre as mentioned in ***Table - 5.9***:

Table - 5.9: Showing details of fund released and status of work of trauma care in GMCHs

(₹ in crore)

Name of GMCH	Fund released by GoCG for construction	Fund released by GoCG for equipment	Year of fund transfer	Status of work	Reasons for delay
Ambikapur	1.00	2.32	2020-21	Started	Delay in Site clearance and work commenced (Apr 2022)
Bilaspur	Nil	Nil	Nil	Not started	Site finalized was changed, new site not yet finalized
Jagdalpur	1.50	4.42	2020-21	Not started	
Raipur	1.05	Nil	2016-17	Not started	
Raigarh	Nil	1.87	2019-20	Not started	
Total	**3.55**	**8.61**			

(Source: Compiled from records furnished by GMCHs)

In a review meeting held with GoI (April 2019), GoCG had assured to make TCF Ambikapur, Raigarh and Jagdalpur functional by December 2019 while Bilaspur and Raipur by March 2020. However, site for TCF has not yet been finalised in four GMCHs and no expenditure was incurred as of March 2022. Further, without completion of construction works, funds of ₹ 8.61 crore was transferred (2019-21) to Chhattisgarh Medical Services Corporation Limited (CGMSCL) for procurement of equipment. This indicates lack of planning and lackadaisical

approach of GoCG in construction of trauma centre, besides deprival of benefits to public at large.

The Government stated (April 2023) that instruction has been issued to GMCHs to take necessary action in this regard.

Reply indicates the causal approach of the Department in creation of specialised healthcare facilities in the State, despite availability of funds, though the death rate due to traffic injuries in Chhattisgarh was 17.34 (per 1,00,000 of population), which was higher than national average of 11.56.

(b) Inordinate delay in establishment of burn unit

The main purpose of a burn unit in a hospital is to minimise the incidence of infection among burn patients and to provide comprehensive burn care.

GoI released (April 2016) ₹ 2.60 crore for establishment of Burn Unit at GMCH Bilaspur under National Program for Prevention and Management of Burn Injury (NPPMBI). The scheme included creating infrastructure and equipment for management of burn cases.

The GoI directed (April 2019) the GoCG to make it functional by December 2019. However, the site for construction had not been finalised as of March 2022 and no expenditure was incurred. Moreover, the GoCG had not accorded any administrative approval for the same despite availability of funds.

Due to non-establishment of dedicated burn unit, the burn cases were treated in the normal burn ward with existing staff and infrastructure. During joint physical inspection of the burn ward in the hospital, Audit observed seepage and deterioration of plaster in the walls of burn ward that may lead to infection in the patients. The situation of burn ward is depicted in following ***Photograph 13:***

13. Dilapidated condition and seepage in burn ward in GMCH Bilaspur (Date 20 April 2022)

Thus, due to non-receipt of administrative approval from GoCG and non-finalisation of site for six years, fund of ₹ 2.60 crore remained unutilised and also patients were deprived from quality treatment, and they are being treated in risk of infection due to unhygienic conditions of burn ward.

Government stated (April 2023) that construction work is to be executed through CGMSCL.

Reply is not acceptable as necessary administrative approval and fund was not provided to CGMSCL.

(c) Inordinate delay in establishment of State Cancer Institute (SCI)

The GoI released (January and May 2020) ₹ 51.84 crore for building construction and procurement of equipment for establishment of State Cancer Institute (SCI) at GMC Bilaspur against approved amount of ₹ 115.20 crore under funding pattern of 60:40 between GoI and GoCG.

Audit observed (April 2022) that though the site for SCI had been finalised (October 2015) at Koni, Bilaspur, however, the GoCG had not accorded the administrative approval even after lapse of 23 months from receipt of GoI share.

Government stated (April 2023) that CGMSCL has been appointed as executive agency for construction of building. It was further stated that administrative approval has been accorded (May 2022) to facilitate the transfer of funds to executive agency.

Reply is not acceptable because as against the total receipt of ₹ 51.84 crore from the GoI, GMCH, Bilaspur transferred only ₹ 20.91 crore to CGMSCL only in January 2023, which has resulted in delay in establishment of SCI.

(d) Inordinate delay in upgradation of Viral Research and Diagnostic Laboratory

The GoI released (October 2014) ₹ 1.30 crore[13] to Dean, GMC, Jagdalpur for establishing a Viral Research and Diagnostic laboratory (VRDL) at GMC Jagdalpur under GoI scheme "Setting up of nationwide network of laboratories for managing epidemics and national calamities". The scheme included creating infrastructure for capacity building for identification of novel and unknown virus and providing training to health professionals and undertaking research. Out of fund received, ₹ 37 lakh was to be used for civil work and remaining fund was to be used for procurement of equipment for laboratory.

Audit observed that the Dean transferred (January 2016) ₹ 37 lakh to the CGMSCL for upgradation into BSL 2 Lab[14]. CGMSCL returned (February 2020) the amount stating that no bidder participated in tender and funds were kept in bank account of Dean. Thus, the fund provided by GoI for civil work could not be utilised and Microbiology Department was providing the required services in its existing laboratory.

The Dean, GMC Jagdalpur stated that due to Covid 19 pandemic, the process for civil work could not be initiated. To upgrade the BSL-2 lab, inspections had been

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[13] ₹ 70 lakh for equipment, ₹ 37 lakh for construction and ₹ 23 lakh for salary & consumables

[14] BSL-2 laboratories are used to study moderate-risk infectious agents or toxins that pose a moderate danger if accidentally inhaled, swallowed, or exposed to the skin. Design requirements for BSL-2 laboratories include hand washing sinks, eye washing stations, and doors that close and lock automatically.

done by two local companies. Upgradation and renovation work would be undertaken after normalisation of Covid-19 pandemic.

Fact remains that upgradation of lab into BSL 2 lab could not be done even after normalisation of Covid-19 pandemic.

(e) Non installation of Liquid Medical Oxygen tanks

Liquid Medical Oxygen (LMO) tanks were supplied to ensure continuous supply of standard quality medical oxygen in GMCHs. Audit observed that LMO tanks were lying idle in GMCH, Ambikapur while in DKS PGI, Raipur; GMCH, Jagdalpur, Rajnandgaon and Raigarh LMO tanks were not connected to the main oxygen pipeline of the hospital. Thus, equipment were non-operational as of November 2022 as detailed in following ***Photograph 14 to 18:***

14. GMC Ambikapur (31 March 2022)

15. GMCH Ambikapur (7 April 2022)

16. GMCH Rajnandgaon (14 July 2022)

17. GMCH Jagdalpur (11 July 2022)

18. LMO tank worth ₹ 38.11 lakh supplied and not installed in DKSPGI Raipur (Date 27 May 2022)

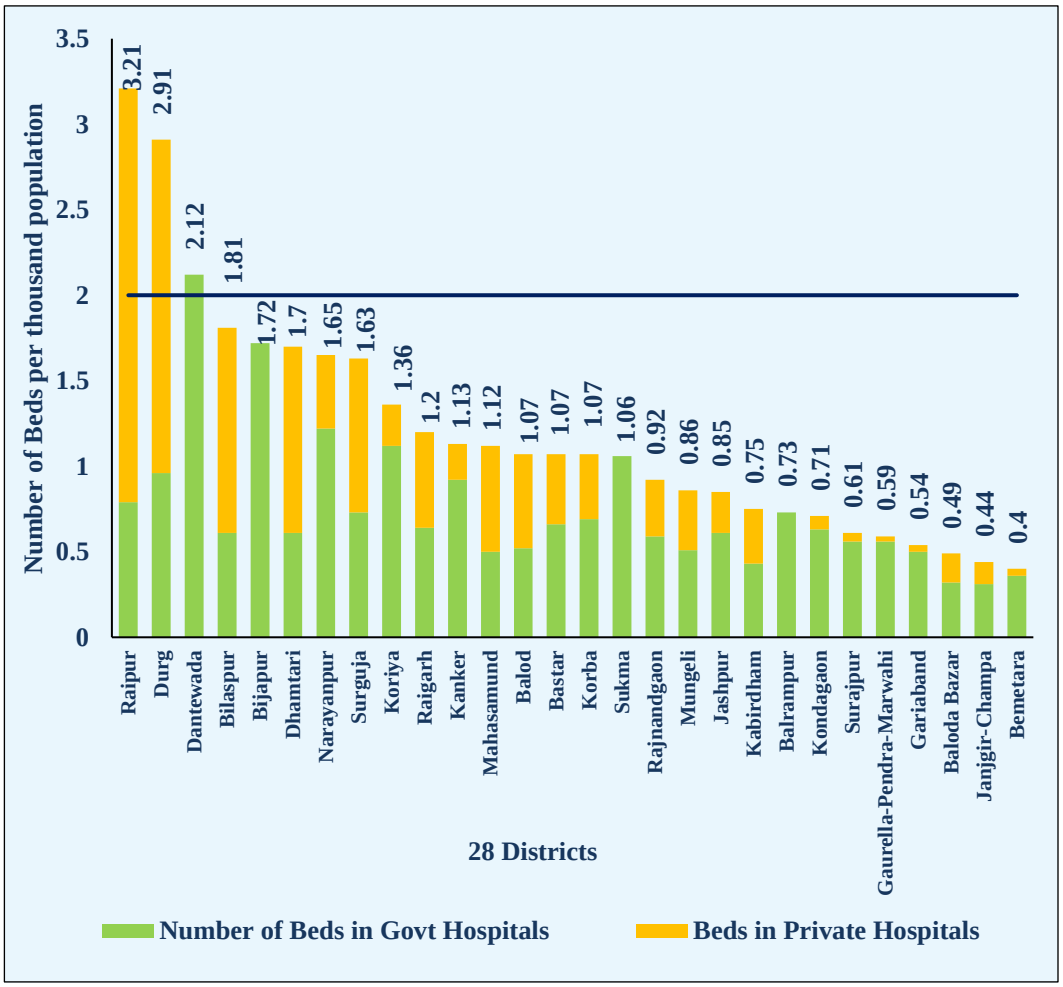
5.7 Availability of beds against norms in Healthcare Institutions

National Health Policy, 2017 aspires to provide most of the secondary care at the district level which is currently provided at a GMCH. To achieve this, it aims to have at least two beds per thousand population distributed in such a way that it is accessible within golden hour rule[15].

Audit observed that the bed availability in Chhattisgarh was less than the requirement as envisaged in NHP. There were 33,812 beds available in HIs in the State against the projected population of 298.36 lakh as of March 2022 which means that 1.13 beds were available per thousand population that was lower than the norms of two beds per thousand population in State.

District wise position of availability of beds per 1,000 population in the State is shown in ***Chart - 5.6***.

Chart – 5.6: District wise availability of beds per thousand population



(Source: Information provided by DHS)

[15] This implies an efficient emergency transport system.

It could be seen from the ***Chart - 5.6*** that only in Dantewada district the Department met the norms under public sector, besides this in Raipur and Durg districts, the availability of beds were as per the norms due to substantial number of beds in private hospitals but in other districts, required number of beds were not available. Thus, the availability of beds was not uniform in the State as detailed in ***Appendix - 5.1*****.**

(i) District Hospitals

IPHS norms recommends bed occupancy rate of at least 80 *per cent* in a DH serving a population of 10 lakh, which means the bed requirement in the DH would be 220 beds[16] or 22 beds per one lakh population. Audit observed that there was shortage of beds and ICU beds in DHs as of March 2022 in the State as shown in the ***Table - 5.10*** and detailed in ***Appendix - 5.2.***

Table - 5.10: Requirement of beds as per IPHS norms and actual beds in DHs, CHCs and PHCs as on March 2022

Category of beds	Beds required as per IPHS norms	Functional Beds available	Shortfall in beds (*per cent*)
Beds in DHs	4,641	3,612	1,029 (22.17)
ICU beds[17] in DHs	233	118	115 (49.36)
Beds in CHCs	5,160	4,681	479 (9.00)
Beds in PHCs	4,656	5,191	-535 (-11.49)

(Source: Information provided by HIs)

It could be seen from the above table that there was shortage of 1,029 normal beds and 115 ICU beds in 23 DHs and 479 beds in 172 CHCs**.**

In the State, 15 DHs (65.22 *per cent*) have less than the prescribed 220 beds per 10 lakh population. DH Dantewada had the highest average beds of 97 per lakh population in the State, while DH Bemetara had the lowest average of six beds per lakh population. Taking the State average, a DH had 18 beds per lakh population. Further, Audit observed that in 11 DHs[18] dedicated ICU wards were not available.

Audit further observed that Department had not rationalised the number of beds in DHs and there were variations between sanctioned bed and actual functional bed in the State as given in the ***Appendix - 5.3*****.**

It was also observed that 11 DHs[19] were functioning with excess bed capacity in comparison to the sanctioned beds, whereas six DHs[20] were functioning with less

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16 based on the assumptions of the annual rate of admission as 1 per 50 population and average length of stay in a hospital as five days

17 Five *per cent* of total beds strength

18 DH Bilaspur, Baloda Bazar, Kawardha, Dhamtari, Bemetara, Surajpur, Balrampur, GPM, Sukma, Raipur and Narayanpur

19 Jagdalpur, Dantewada, Dhamtari, Janjgir-Champa, Kawardha, Kondagaon, Baikunthpur, Narayanpur, Raipur, Sukma and Surajpur

20 Bemetara, Bilaspur, Durg, Gariyaband, GPM and Mungeli

bed capacity than the sanctioned beds. However, the manpower requirements and infrastructure were not assessed by the Department according to the functional beds in the DHs and no efforts were made to enhance existing infrastructure according to the patient load of the DHs.

Audit observed in test checked DHs that additional functional beds were being operated without proper infrastructure as the existing infrastructure was for sanctioned beds only. During joint physical inspection, Audit observed that additional beds were arranged in corridor due to shortage of space for inpatient care in DH Baikunthpur and Surajpur as could be seen in the following ***Photograph 19 and 20:***

19. Additional functional beds arranged in corridor in DH Baikunthpur (04 May 2022)

20. Additional functional beds arranged in corridor in DH Surajpur (09 March 2022)

(ii) Community Health Centres

As per IPHS norms, CHC should be 30 bedded hospitals. However, Audit observed that in 172 CHCs in the State functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms with shortage of 479 beds (nine *per cent*). In 48 out of 172 CHCs, shortage of bed ranged from four to 25 against the requirement of 30 beds in a CHC. In test checked 14 CHCs, it was observed that in three[21] CHCs (21 *per cent*), bed capacity was less than the norms of 30 beds.

(iii) Primary Health Centres

As per IPHS norms, PHC should be six bedded hospital. Audit observed that against the requirement of 4656 beds in 776 PHCs in the State, the availability of bed were 5,191 beds. However, in 147 out of 776 PHC, the shortage of beds ranged from one to six against the norms of six beds in a PHC. In test checked 14 PHCs, one PHC (Shampur, Kondagaon) was functional with less than six beds. It was further observed that due to shortage of space for inpatient care in CHC Chirmiri and PHC Khadgawa of Korea, additional functional beds were arranged in corridor, as shown in following ***Photograph 21 and 22:***

[21] CHC Kota, Makdi and Takhatpur

21. Additional functional beds in corridor in CHC Chirmiri (3 May 2022)

22. Additional functional beds in corridor in PHC Khadgawa (16 May 2023)

The DHS stated (January 2023) that the low bed availability was due to shortage of manpower and limitation of DH for having 100 or 200 beds. It was also stated that the plans for expanding the bed availability is under process and more emphasis will be given to increase the bed capacity in PHCs and CHCs.

(iv) Maternal and Child Health (MCH) wings

The GoI sanctioned (2012-13, 2016-17 and 2020-21) Maternal and Child Health Wings (MCH wings) at District Hospitals/District Women's Hospitals and other high case load facilities at sub-district level as integrated facilities for providing quality obstetric and neonatal care. The MCH hospital comprises Maternal, Child, Operation theatre, SNCU (Special Newborn Care Unit) and NRC (Nutrition Rehabilitation Centre) components.

In Chhattisgarh, 30 MCH wings (50 bedded: 19, 100 bedded: 10 and 300 bedded-1) were sanctioned with 2,250 beds. Out of 30 MCH, 25 were operational with 1,750 functional beds and five were not operational due to lack of infrastructure.

Audit observed that 15 MCH wings were operational with 1,250 beds alongwith DHs. The 50 bedded MCH wing established at Gourella, Pendra Marwahi (GPM) district was converted (April 2020) into DH of GPM. Five MCH wings[22] were under construction. 10 MCH wings were operational with 500 beds alongwith CHCs. Further, the Department had not prepared any plan to establish district level MCH wings in the remaining 11[23] districts for providing integrated facilities for providing quality obstetric and neonatal care under one roof, indicating regional imbalance in MCH services.

5.8 Health and Wellness Centres

The NHP 2017 recommended strengthening of primary healthcare, through establishment of "Health and Wellness Centres (HWC)" as the platform to deliver Comprehensive Primary Health Care (CPHC) by upgrading the existing SHCs and reorienting PHCs to provide comprehensive set of preventives, promotive, curative and rehabilitative services. The NHP also advocates to allocate at least two third of the available sources i.e., health budget on primary healthcare.

[22] Bijapur (50), Raipur (300), Korea (50) and Pakhanjur (Kanker) (50)

[23] Balrampur, Bastar, Dantewada, Dhamtari, Graiyaband, Janjgir-Champa, Kabirdham, Kanker, Korba, Mahasamund, Narayanpur

Further, second report of Voluntary National Review (VNR) presented by *NITI Aayog* advocates Government efforts to revamp public health infrastructure through world's largest health protection programme - *Ayushman Bharat (AB)*.

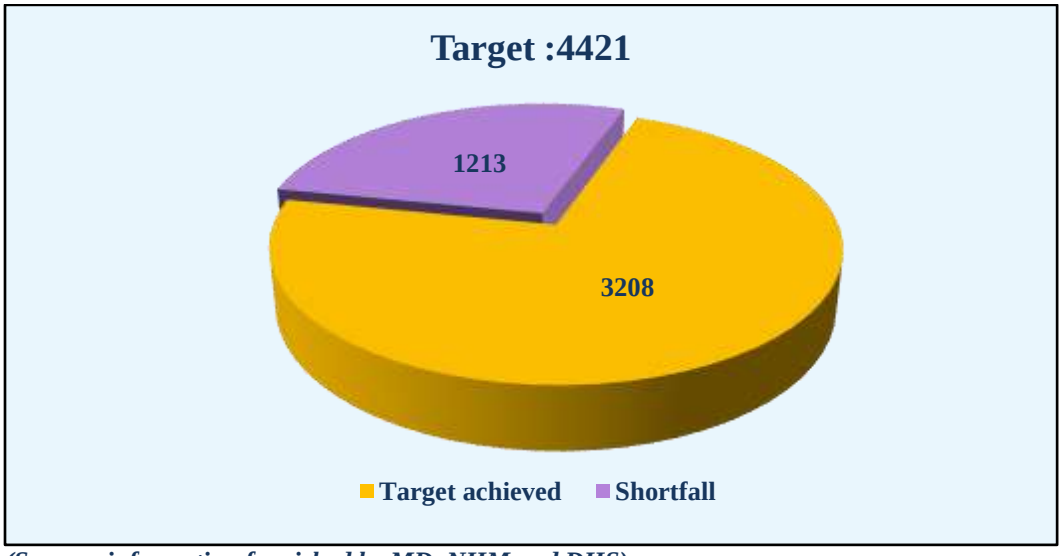
The GoI announced (February 2018) for establishment of 1,50,000 HWCs by transforming existing SHC and PHC to deliver the CPHC, which was one of the components of the AB scheme. As per AB operational guidelines, existing SHC covering a population of 3,000-5,000 and PHC in rural and urban area will be converted into HWC, so that deliverance of CPHC services may be ensured. Such AB-HWC at SHC level would be equipped with proper infrastructure and trained primary healthcare team led by Community Health Officer (CHO), who shall be mid-level service provider and comprising of multi-purpose workers with Accredited Social Health Activists (ASHAs).

In this connection, Audit observed the following:

5.8.1 Target and achievement for upgradation of HWCs

The details of target for upgradation of HWC and achievement in State as of March 2022, is given in following ***Chart - 5.7***:

Chart - 5.7: Target achieved and shortfall in upgrading HWCs in State

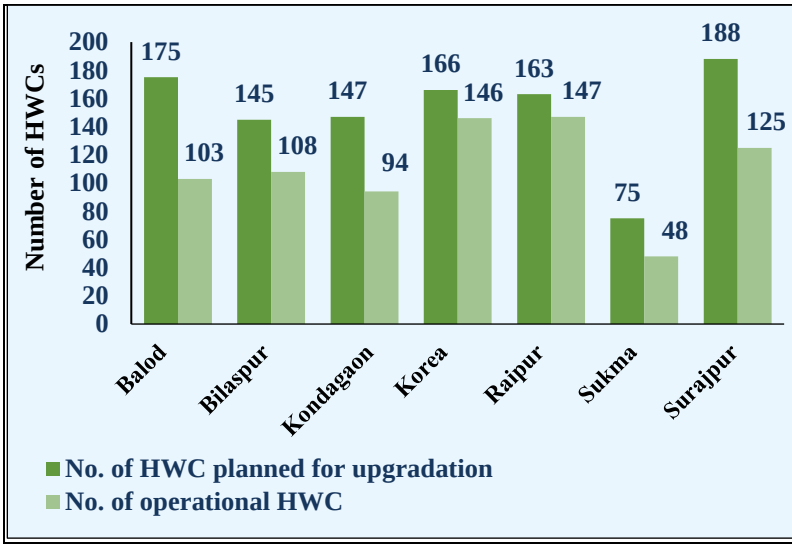


(Source: information furnished by MD, NHM and DHS)

As could be seen from ***Chart - 5.7*** that, against the target of establishment of 4,421 HWCs, the Department established 3,208 HWCs and there was shortfall of 1,213 (27.44 *per cent*) HWC.

Further, the status of upgradation of HWCs in test checked seven districts is given in ***Chart - 5.8***:

Chart - 5.8: Status of up-gradation of HWCs in seven test-checked districts



As per the State Annual Action Plan (SAAP) for the year 2020-21 and 2021-2022 approved by the GoI, 240 AYUSH dispensaries were to be upgraded into HWCs, out of which upgradation of all 240 dispensaries has been achieved by the department.

(Source: Information provided by NHM)

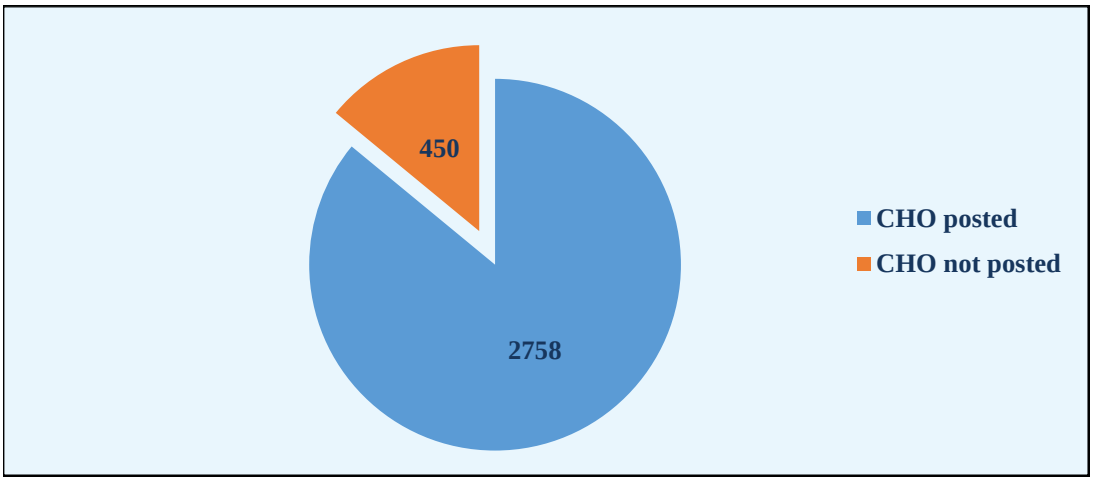
It was observed that in test-checked districts, out of 1,059 targeted HWCs, only 771 HWCs could be upgraded with a shortfall of 27 *per cent*. The minimum shortfall was seen in Raipur district (9.82 *per cent*), while maximum shortfall (41.14 *per cent*) was seen in Balod district.

5.8.2 Operationalisation of HWCs

As per CPHC guidelines for HWCs, a key addition to the primary health team at the SHC-HWC, would be the Mid-level Health Provider (MLHP) who would be a CHO, having qualification of B.Sc. in Community Health or a Nurse (GNM or B.Sc.) or an *Ayurveda* practitioner, trained and certified through IGNOU/ other State Public Health/ Medical Universities for a set of competencies in delivering public health and primary healthcare services.

The number of up-graded HWCs, which were not operationalised with posting of CHO in State are given in ***Chart - 5.9***:

Chart - 5.9: Number of HWCs upgraded but not fully operationalised in State



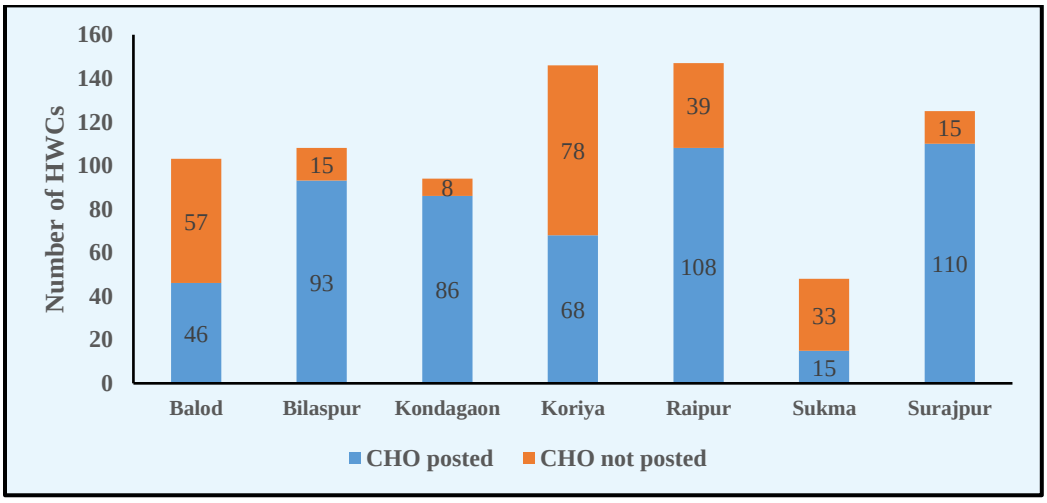
(Source: Information provided by NHM)

As against the established 3,208 HWCs as of March 2022, only 2,758 CHOs were posted with a shortage of 450 (14.03 *per cent*). It is also worthwhile to mention that due to shortage of CHOs, the duties of the same were being performed by Ayush Medical Officer (AMO)/Rural Medical Assistant (RMA) posted at PHCs on roster basis, which was also affecting the healthcare services at PHC level and HWCs are not made fully operational to provide the envisaged services as per HWC guidelines.

Moreover, after introduction of HWC, the Department has prescribed 91 types of drugs in line with the operational guidelines of HWC. However, Audit observed that separate indent for drugs for HWC was neither prepared by the CMHO nor by the DHS during 2018-22, and there was shortage in supply of prescribed 91 types of drugs in 11 (79 *per cent*) out of 14 test checked HWCs of seven test checked districts. Shortage in availability ranged between 4 to 66 *per cent.*

Status of upgraded HWCs and non-operational HWCs in test checked districts is mentioned in the ***Chart - 5.10***:

Chart - 5.10: Upgraded HWCs and non-operational HWCs in test-checked Districts



(Source: Information provided by NHM)

Out of total number of 771 upgraded HWCs in test-checked seven districts, CHO was not posted in 245 HWCs. The maximum percentage of vacant posts of CHO was seen in Balod district.

The Mission Director (NHM) stated (December 2022) that the recruitment of CHOs could not be done due to less training capacity as per IGNOU norms, non-availability of candidate in reserved category and Covid-19 pandemic. Regarding indent for HWC drugs, DHS assured (January 2023) that the audit observation will be considered during the preparation of indent for the next year.

5.9 Drugs storage facility at district level

Audit observed inadequate storage facility in the HIs of test checked districts, which are discussed as follows:

- In seven test checked districts, no annual physical verification of stock/ stores was conducted in six DHs[24] and six CMHOs[25].
- In two DHs (Kondagaon and Baikunthpur) and two CMHO (Korea and Raipur), proper storage facility (dedicated central stores) for drugs and consumables was not available as depicted in ***Photograph 23 to 25:***

23. District Hospital (Store) Baikunthpur (Date: 20 April 2022)

24. CMHO Korea (Date 20 April 2022)

25. CMHO Raipur (Date 09 February 2022)

- Pharmacy store was not air-conditioned in three[26] GMCHs.
- In four GMCHs[27], temperature chart was not being maintained and moreover drugs were not being stored above the floor, as shown in the ***Photograph 26 and 27:***

26. GMCH Raipur (Date: 19 July 2022)

27. GMCH Rajnandgaon (Date: 11 July 2022)

- Display instructions for storage of vaccines were not found in three[28] GMCHs.
- During joint physical verification (November 21- June 22) of the storage of drugs of District Ayurveda Officer (DAO) in seven[29] test checked districts, it

[24] DH Bilaspur, Kondagaon, Baikunthpur, Raipur, Sukma and Surajpur
[25] CMHO Bilaspur, Kondagaon, Korea, Raipur, Sukma and Surajpur
[26] GMCH Ambikapur, Jagdalpur and Raipur
[27] GMCH Ambikapur, Jagdalpur, Raipur and Rajnandgaon
[28] GMCH Ambikapur, Jagdalpur, Rajnandgaon
[29] DAO: Balod, Bilaspur, Dantewada, Bastar, Korea, Raipur, Surguja

was noticed that dedicated storage space was not available in two DAOs Raipur and Balod. DAO Bastar lacked necessary racks and almirahs for storage of drugs. DAO, Surguja and Korea was operating in rented building and did not have adequate space for storage of drugs. Drugs received were kept haphazardly due to lack of storage infrastructure as depicted in following ***Photograph 28 to 31:***

State of storage facilities in Ayush district offices

28. Drugs stored in office corridor at DAO, Balod (27 November 2021)

29. Drugs kept haphazardly at DAO, Surguja (29 March 2022)

30. Drugs kept on the floor at DAO Korea (24 May 2022)

31. Drugs kept in sacks at DAO Bastar (6 June 2022)

GoCG stated (December 2022) that drugs were only stored for a limited time in stores under DAOs and were distributed to the facilities as per their demand as soon as possible. Further, sufficient storage space with racks and almirahs were available in healthcare facilities.

Reply is not acceptable as drugs were lying on the floor and corridors during physical verification by Audit and dedicated store facility was not available in DAOs Raipur and Balod while drugs were haphazardly kept by DAOs of Bastar, Surguja and Korea without racks and almirahs.

5.10 Status of new construction and upgradation works

The CGMSCL is nodal agency for construction of the medical infrastructure (PHCs, CHCs, MCHs, DHs, GNC and DW) in the State under various schemes of GoI (NHM) and GoCG.

Audit observed the following irregularities in execution of the construction activities by the CGMSCL:

(i) Non-taking up of construction of healthcare infrastructure resulted in deprival of health benefit to the general public

During 2016-22, CGMSCL received Administrative Approval (AA) for 4,360 types of construction, renovation, upgradation, maintenance and various types of other civil works for various HIs[30] valuing ₹ 1,071.24 crore. Out of 4,360 works, CGMSCL had finalised the tender for 2,798 works[31] (64.18 *per cent*) and issued work orders of ₹ 733.81 crore to various contractors. The remaining 1,562 works (35.82 *per cent*) were not taken up by CGMSCL as of March 2022, due to various reasons as detailed in ***Table - 5.11***:

Table - 5.11: Statement showing details of works and reasons for its delay

Particulars	Pending works as of March 2022				
	HCF (Medical College, DH, CHC, PHC, SHC)	Repair, Maintenance, upgradation and other Civil works	Total work	Range of delay from date of administrative approval (day)	Reasons
	Number of works				
Work cancelled by CGMSCL	30	52	82	266 days to 2,181 days	Non-availability of site, changes in site, less participation in tender, deficient planning of original building
Tenders were not invited by CGMSCL	19	195	214	22 days to 1,702 days	Non-availability of land, non-clearance of site, non-finalisation of drawing and estimates, delay in grouping of work for invitation of tender
CGMSCL issued the tenders but not finalised	109	960	1,069	29 days to 1,952 days	Delay in inviting tender, delay in technical sanction due to changes of site, delay in finalisation of land,
Pending at AYUSH	-	4	4	1573 days to 1,952 days	Less allotment of fund, non-finalisation of land
Pending at DHS	24	169	193	36 days to 1,880 days	Non-allotment of fund, change in sites, selection of disputed site, non-finalisation of land, non-availability of Khasara,
Total			**1,562**		

(Source: Compiled from data provided by CGMSCL)

[30] New healthcare facilities: 734 works and others: 3626 works
[31] New healthcare facilities: 557 works and others: 2241 works

The Government reiterated (December 2022) the same reasons mentioned in the above table.

The reply indicates that there is lack of coordination among revenue department, user department and CGMSCL for identification of suitable land and site clearance.

(ii) Delay in completion of healthcare infrastructure resulted in deprival of health benefits to the general public and blockage of fund of ₹ 356.69 crore

The details of progress of civil works as on 31 March 2022 are given in ***Table - 5.12***:

Table - 5.12: Statement showing details of construction work completed and work in progress as on 31 March 2022

Particulars		No. of works			Value of total works (₹ in crore)
		Construction of HCF (Medical College, DH, CHC, PHC, SHC)	Repair, Maintenance, upgradation and other Civil works.	Total work	
Completed work	Beyond time schedule (with delay ranging from one to 1558 days)	256[32]	498	754	226.44
	Within time schedule	111[33]	795	906	150.68
	Total (A)	**367**	**1,293**	**1,660**	**377.12**
Work in Progress (WIP) as on 31 March 2022	Scheduled date of completion expired	66[34]	172	238	89.15
	Balance WIP	124[35]	776	900	267.54
	Total (B)	**190**	**948**	**1,138**	**356.69**
Grand Total (A+B)		**557**	**2,241**	**2,798**	**733.81**

(Source: Compiled from data provided by CGMSCL)

Delay in completion of works, indicates the ineffective monitoring on the part of the Civil Wing of CGMSCL and this may also lead to delay in providing healthcare facilities to the people.

The Government stated (December 2022) that due to land dispute in the working site, Left Wing Extremism activities in some areas, non-availability of labour due to local festival and some construction at remote area, the work could not be completed in scheduled time.

The reply is not acceptable as the reasons mentioned by the Government were in general in nature and too common which could have been avoided by adopting proper planning and execution.

[32] 19 – CHCs, 36- PHCs, 201 – SHCs
[33] 25- PHCs and 86 – SHCs
[34] 12 – CHCs, 15 – PHCs and 39 – SHCs
[35] 5 – CHCs, 43 – PHCs and 76 – SHCs

(iii) Delay in construction of AYUSH HIs and blockade of funds amounting to ₹13.60 crore

Audit observed that out of 265 works that were allotted to the executing agencies for construction of AYUSH dispensaries and boundary wall in the State during 2016-22, 165 works had been completed and remaining 100 works of ₹ 13.60 crore were still incomplete, as detailed in ***Appendix - 5.4*** and ***Appendix - 5.5***. Out of the 100 incomplete works, 80 works were yet to be started by the executing agencies. Similarly in the selected districts, out of 90[36] works allotted to the executing agencies for construction of dispensaries and boundary wall, 68 works[37] had been completed and remaining 22 works[38] amounting to ₹ 2.56 crore were still incomplete as of July 2022 as detailed in ***Appendix - 5.6.***

It is evident that the construction of HIs was delayed by one to five years, resulting in blockage of fund of ₹ 13.60 crore and HIs were operated either in other Government buildings or in rented building with insufficient space.

GoCG replied (December 2022) that the construction work was under progress and would be completed in the next five-six months. Due to delay in release of funds, the work is delayed, and the Society has instructed the executing agencies to complete the pending construction work.

(iv) Inordinate delay in construction of Post Graduate block building in Government Ayurveda College, Raipur

Government Ayurveda College (GAC), Raipur is the premier ayurveda medical college of the State established in 1955. GoCG accorded (February 2016) administrative approval for construction of the PG block for ₹ 12.33 crore at GAC Raipur and appointed CGMSCL as the nodal agency. The CGMSCL awarded the work to M/s Shankar Enterprises, Kawardha, for ₹ 12.19 crore with completion period of 18 months from the date of agreement (March 2017). However, the work could not be completed within the stipulated period and the premise was acquired (July 2020) by the State under the Epidemic Act 2005. In July 2021, CGMSCL cancelled the work due to stopping of construction activity by the contractor after July 2020 without levying any penalty. Total payment of ₹ 7.28 crore was made to the contractor against the work.

Audit observed that construction work was still incomplete (20 *per cent*) even after lapse of four years (September 2018), as depicted in following ***Photograph 32 and 33:***

[36] 38 no. of construction of dispensaries and 52 no. of construction of boundary wall (38 + 52 = 90)

[37] 23 no. of dispensaries and 45 no. of boundary wall were completed

[38] 15 no. of dispensaries and 07 no. of boundary wall were incomplete

32. Front view of PG Building (21 March 2022)

33. Inside view of PG Building (21 March 2022)

Thus, delay in construction of PG block at GAC, Raipur, resulted in blockage of ₹ 7.28 crore as the facility remained incomplete.

GoCG replied (December 2022) that most of the work of the building has been completed and the M/s Shivhare Construction company has been awarded the contract (September 2022) and remaining finishing work will be completed very soon.

5.11 Establishment of Super Specialty Institute

There were two super specialist hospitals in the State i.e., AIIMS under GoI (established in 2012) and Dau Kalyan Singh Post Graduate Institute & Research Center, Raipur (DKSPGI, established in October 2018) under GoCG**.**

The GoCG decided (December 2015) to establish the DKSPGI with academic objectives of super specialty teaching and training along with research with 450 bedded hospital with specialty services in Nephrology, Urology, Cardiology, Neurology, Neurosurgery, Pediatrics, Burn and Plastic surgery, Gastro surgery etc. The work of renovation and procurement of medical equipment for DKSPGI was entrusted (December 2015) to CGMSCL. The total cost of project was ₹ 104.05 crore as per the Detailed Project Report (DPR) prepared by the DKSPGI management which included ₹ 10 crore on civil works, ₹ 59.97 crore for medical equipment, ₹ 15.21 crore for hospital furniture, ₹ 4.92 crore for electrical installation, air conditioners and lift, ₹ 6.00 crore for office furniture etc.

The works were completed and handed over to DKSPGI in October 2018, however payment of ₹ 66.39 crore[39] is yet to be made to contractors/ suppliers by CGMSCL.

On scrutiny of the records Audit observed the following:

- ***Execution of work of DKSPGI more than the administrative sanction resulted in irregular execution of works valuing ₹ 7.71 crore***

The GoCG accorded (September 2018) administrative approval[40] of ₹ 27.22 crore for the work of upgradation of old *(*DKS) building,

[39] ₹ 4.63 crore for civil works and ₹ 61.76 core for equipment

Audit observed that initial work of ₹ 8.10 crore was assigned to contractor by CGMSCL in September 2016 against the administrative approval (March 2016) of ₹ 10.58 crore. Scope of work for existing items were revised and some new items of works were added and awarded (July 2017 to July 2018) to other contractors at a cost of ₹ 10.99 crore without obtaining approval/ sanction of additional works from the GoCG. However, approval of the revised cost of ₹ 27.22 crore was obtained from GoCG in September 2018. Against the total administrative approval of ₹ 27.22 crore, CGMSCL got executed work of ₹ 34.93 crore from the contractor till October 2018 and released payment of ₹ 30.30 crore to contractor. This resulted in irregular execution of work of ₹ 7.71 crore and unauthorised payment of ₹ 3.08 crore without obtaining approval from GoCG.

- ***Procurement of equipment more than the administrative approval resulted in unauthorised procurement of ₹61.76 crore***

The GoCG sanctioned the fund of ₹ 12.99 crore during 2016 to 2018 and also provided guarantee in 2017 to Punjab National Bank for sanctioning term loan of ₹ 64 crore to DKSPGI for procurement of medical equipment. DKSPGI against the above guarantee, availed loan of ₹ 63.01 crore and procured equipment worth ₹ 138.26 crore through CGMSCL.

Audit observed that as against the DPR provision of ₹ 59.97 crore, the DKSPGI procured various types of medical equipment worth ₹ 138.26 crore through CGMSCL. Audit further observed that against the total procurement of ₹ 138.26 crore, the Hospital Superintendent, DKSPGI released ₹ 76.50 crore to various suppliers of equipment through CGMSCL. Audit also observed that the DKSPGI Management neither obtained approval from the competent authority i.e., Secretary, Department for procurement of additional equipment nor revised the DPR justifying the reasons for additional cost. This resulted in unauthorised purchase of medical equipment at DKSPGI valuing ₹ 61.76 crore.

To regularise the payment and to clear the pending payment to the suppliers, DKSPGI Management requested additional budget from DME. Further, the Hon'ble High Court, Chhattisgarh also directed the concerned authorities (Department of Health, Finance Department, CGMSCL, DKSPGI) to release the pending payment in response to the petition filed by the various suppliers for releasing the pending payment.

In absence of the revised administrative approval and budget allocation, payment of ₹ 61.76 crore was still pending (November 2022) to the various suppliers since its installation. Due to non-payment of dues, the DKSPGI is facing problems regarding maintenance/AMC/repairing of equipment, which may result in breakdown of the equipment and consequent deprival of health benefit to the public.

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[40] a. Original Administrative Approval for ₹ 10.58 crore on 18 March 2016
b. Revised Administrative Approval for ₹ 27.22 crore on 19 September 2018

➢ *Establishment of Satellite Cardiology Centre*

The GoCG while sanctioning fund clearly mentioned that equipment may be procured subject to availability of human resources and building.

Audit observed that the turnkey project for cardiology, setup at DKSPGI through CGMSCL at a total cost of ₹ 2.60 crore, was commissioned (October 2018) in view of the proposed (January 2017) shifting of the cardio department to DKSPGI from GMCH Raipur. Later it was decided (June 2019) to cancel the shifting of cardio department from GMCH Raipur to DKSPGI. So, the above cardiology setup at DKSPGI was lying idle since November 2019 to till date (March 2023), due to non-availability of doctors[41]. Further, the warranty period of the cardiology setup has expired in October 2021.

Thus, deficient planning and lack of coordination between DKSPGI and GMCH, Raipur resulted in unfruitful expenditure of ₹ 2.60 crore on setting up the cardiology department at DKSPGI. Moreover, DKSPGI had not initiated any action to shift its cardiology setup to other HIs having cardiology department. This has ultimately resulted in deprival of services to the patients in the State besides blocking of Government fund.

Government stated (April 2023) that equipment of the cardiology setup would be shifted to GMCH Raipur or other GMCHs as per their requirement after decision of autonomous committee of hospital.

➢ *Idling of high-end equipment costing ₹ 2.52 crore*

To cater to the needs of patient and to provide advance services, 77 high end medical equipment of ₹ 57.72 crore were procured (October 2018 to November 2020) by the CGMSCL for DKSPGI.

Audit observed that three high end medical equipment of ₹ 2.52 crore were kept idle in the departments of DKSPGI since its installation/soon after installation, for which no reasons were found on the records produced to Audit, as detailed in ***Table - 5.13***:

Table - 5.13: Statement showing details of idling of equipment in the DKSPGI

Name of equipment	Value (₹ in lakh)	Date of installation	Idling since
Pneumatic Tube system	61.44	Sep-18	Since installation
Diabetic Clinic setup	95.93	Feb-20	Since installation
Semi Modular OT (one no.)	94.40	Sep-18	October 2018
Total	**251.77**		

(Source: Compiled from records furnished by DKSPGI)

This has resulted in deprival of healthcare facilities to the patients. Moreover, huge Government fund also remained blocked for two-four years.

[41] Dr Bansal, Cardiologist (contractual appointment) resigned from service in November 2019

Government stated (April 2023) that letters are being issued to DKS PGI, Raipur to take necessary steps.

5.12 Infrastructure facility created for management of COVID-19

To manage the COVID – 19 pandemics, GoCG had converted various existing hospitals into Dedicated COVID Hospital (DCH) and Dedicated COVID Health Centre (DCHC) as per requirement throughout the State. The details DCH and DCHC in the Chhattisgarh as of November 2022 is given in the ***Table - 5.14***:

Table - 5.14: Details of DCH and DCHC in Chhattisgarh as of November 2022

Sl	Particulars of COVID care facilities	Total number of COVID care facilities	Total beds	General Bed (Excluding ICU)	ICU bed	No. of ventilators	Availability of oxygen manifold system
1	DCH	8	1,750	1,443	307	208	8
2	DCHC	22	1,586	1,371	215	72	9

(Source: Information collected from Healthcare Institutions)

Similarly, the GoCG had also converted 113 various medical and non-medical Government buildings into COVID Care Centre with total bed capacity of 15,794 and converted 62 private hospitals into COVID hospital with total bed capacity of 3,001.

Apart from the above, GoCG also created various infrastructure for treatment of COVID–19 patients. The details of available infrastructure *viz.,* quarantine camp, PPE kit, ventilators, Oxygen Generation Plants (OGP), testing laboratories etc., are given in the following ***Table - 5.15***:

Table - 5.15: Details of infrastructure and facilities established during COVID-19 in Chhattisgarh

Sl	Particulars	2020-22
1	No. of quarantine camps opened	14,169
2	No. of inmates accommodated in the camps	4,75,837
3	Setting up additional testing laboratories (virology and RTPCR lab)	41
4	**Procurement**	
A	PPE kit	1,17,861
B	Coverall with Head Cover (Medium and Large) Shoe covers	3,09,981
C	Face shield (Reusable)	30,000
D	Latex & Surgical Gloves	14,20,000
E	Triple Layer Masks and N95 Mask	38,69,920
F	No. of ECG Machine Computerised	44
G	No. of Multipara Monitor	90
H	No. of ventilators	44
I	No. of Defibrillator	36
J	No. of ICU beds	129
K	No. of Electrolyte Concentrate Solution	547
L	No. of Blood Cell Counter	41
M	No. of OGP	14

(Source: Information provided by DHS)

5.13 Inadequate infrastructure in test checked HIs of AYUSH

5.13.1 Lack of storage space, inefficient stock management and lack of operational space

During Joint physical verification (November 2021- June 2022) of 77 healthcare institutions in seven selected districts, Audit observed that electricity supply was available in all HIs, however, regular water supply was not available in nine[42] HIs. Similarly, dilapidated condition of buildings, lack of storage space, inefficient stock management and idling of equipment were also observed, as detailed in ***Table - 5.16***:

[42] GAD Keralapal, CHC Sukma (specialty Ayurvedic clinic), GAD Jayanagar, GHD Sindhi Colony, GHD Nagar, GAD Nagpur, GHD Manendragarh, GAD Navgai and GAD Katgodi

Table - 5.16: Statement showing inadequate infrastructure in healthcare facilities

Name of District	Number of Test Checked Healthcare Facilities	Nature of Deficiency			
		Dilapidated buildings/ lack of basic amenities like toilet facilities, sitting area	Lack of storage space for drugs	Inefficient stock management leading to excess/shortage and expiry of drugs	Lack of operational space leading to idling of equipment
Balod	6	1	0	0	1
Bilaspur	11	5	4	7	7
Dantewada	11	5	2	2	1
Bastar	11	2	2	9	3
Korea	12	3	1	4	5
Raipur	14	4	2	9	2
Surguja	12	5	5	2	1
Total	**77**	**25**	**16**	**33**	**20**

(Source: Data collected during physical verification and compiled by Audit)

- Buildings were found in poor conditions such GAD, Namnakala with dilapidated ceiling and DH, Jagdalpur with major seepage problems as shown in following ***Photograph 34 and 35:***

34. Dilapidated ceiling at GAD, Namnakala (Surguja) (31 March 2022)

35. Seepage problem in DH, Jagdalpur (11 June 2022)

- Due to lack of space, doctor was sitting in same room where drugs were stored as observed in PHC, Bade Bacheli and drugs were kept on ground in Government Homeopathy Dispensary (GHD), Sindhi colony as shown in following photograph 36 and 37:

36. Doctor sitting among medicine at PHC, Bade Bacheli (29 December 2021)

37. Drugs kept in ground in GHD, Sindhi Colony (21 April 2022)

- Inefficient stock management resulted in expiry of drugs in PHC, Bhainswar where 26 types of drugs were expired and in GAD, Talnar where expired drugs were kept outside in carton box as shown in following photograph 38 and 39:

38. Expired medicines in PHC, Bhainswar (26 May 2022)

39. Expired medicines kept in carton box in GAD, Talnar (28 December 2021)

- Equipment was lying idle in healthcare facilities due to lack of operational space such as Panchakarma equipment holding trolley being used as a cook top in DH, Baikunthpur and panchakarma equipment kept in packed condition in DH, Balod as shown in following photograph 40 and 41:

40. Panchakarma equipment holding trolley being used as cook top in DH, Baikunthpur (25 May 2022)

41. Panchakarma equipment kept in packed condition in DH, Balod (01 December 2021)

- At Govt. Ayurveda College Hospital (GACH), Raipur it was observed that the construction of X-Ray room was not according to the AERB Safety Code as there was no separate disposal facility. Further, in attached hospital of Government Ayurveda College & Hospital (GAC&H), Bilaspur idling of equipment due to lack of space was noticed as shown in the following photograph 42 and 43:

42. X-Ray dark room without proper disposal facility in GACH, Raipur (08 March 2022)

43. Spirometer equipment kept in packed condition in GAC&H, Bilaspur (05 May 2022)

GoCG replied (December 2022) that regular identification of dilapidated buildings and construction of new buildings as per the approval of GoCG in a phase-wise manner was under progress. Directorate has also instructed the DAOs to carry out the necessary repair work in the healthcare facilities.

5.13.2 Lack of infrastructure in Panchakarma

During scrutiny of records and joint physical verification (of seven[43] healthcare facilities extending *panchakarma*[44] services, it was noticed that due to lack of infrastructure (non-availability of space), shortage of manpower and lack of planning by the concerned authorities, *panchakarma* services were not extended to the patients by all seven Ayush facilities and *panchakarma* equipment valuing ₹ 0.19 crore were kept idle. Idling of equipment in two facilities is shown in following ***Photograph 44 and 45:***

44. Idling of *vaman* and *virechan* equipment at Special therapy center, CHC, Manendragarh (Korea) (25 May 2022)

45. Idling of *Shirodhara* equipment at Ayush Wing, Baikunthpur (25 May 2022)

GoCG stated (December 2022) that the special therapy center of Manendragarh and Dantewada have been made operational by the department.

The reply is not acceptable as adequate infrastructure was not available in the facilities and no comments regarding the remaining facilities have been provided by the department.

Conclusion

There were 10 Government Medical College and Hospitals (GMCHs), 23 DHs, 172 CHCs, 776 PHCs and 4,996 SHC in State as on 31 March 2022.

Tertiary Level Hospitals (GMCHs) increased in the State by 67 *per cent* from six in 2016-17 to 10 in 2021-22. However, the number of functional DHs decreased due to conversion of five DHs into GMCHs. Thus, five districts did not have DHs as per IPHS norms.

As per IPHS norms, every 1.20 lakh, 30,000 and 5,000 population requires respectively one CHC, one PHC, and one SHC for plain areas; similarly for every 80,000, 20,000 and 3,000 population, one CHC, one PHC, and one SHC was

[43] 1) AYUSH Wing, DH, Ambikapur; 2) Special Therapy Centre; CHC, Masturi; 3) Special Therapy Centre, CHC, Mungeli; 4) GAC&H, Bilaspur; 5) AYUSH Wing Baikunthpur; 6) Special Therapy Centre, CHC Manendragarh; 7) GAD Vidhansabha

[44] Panchakarma (PANCHA (five) – KARMA (procedures)) is a method of cleansing the body of all the unwanted waste.

required for tribal areas. However in the State, the CHCs, PHCs and SHCs established were not in accordance with the IPHS population norms and there was shortage of CHCs (81), PHCs (219) and SHCs (1,195) as of March 2022.

Out of targeted 47 CHCs, only 16 CHCs, were upgraded as First Referral Units due to non-availability of manpower and infrastructure. Out of 500 earmarked PHCs, only 266 PHCs (53 *per cent*) were functional on 24X7 basis.

In the State, 838 Healthcare Institutions (HIs) did not have designated Government building. Other infrastructure facilities like Blood storage units (in 28) dedicated kitchen (in 18), dedicated stores (in 16) and Operation Theatre (in 10) were not available in the CHCs of seven test checked districts. Similarly, CCTV (140), minor OT (94), boundary wall (92), staff quarters (77) were not available out of 191 PHCs in seven test checked districts.

In the 28 SHCs of seven test checked districts, Citizen charter (in 19), fire safety equipment (in 15), separate toilet facility for male and female (in 14) and labour room (in 5) were not available.

Construction of trauma care facility could not be started in four out of five GMCHs due to non-finalisation of site despite receipt of fund from GoI during 2014-17. Similarly, construction of Burn Unit and State cancer Institute was also not started in GMCH Bilaspur though fund was received from GoI in 2016 and January 2020 respectively.

Liquid Medical Oxygen Tank was not installed and kept idle in three GMCHs as of March 2022. There were cases of seepage in Operation Theatre, X- ray room and ICU wards and unhygienic conditions in wards of selected HIs.

Bed availability in Chhattisgarh was less than the requirement as envisaged in National Health policy and there were 1.13 beds available against the norms of two per thousand population in HIs in State, as of March 2022. In 12 districts, shortage was more than 50 *per cent*.

As per IPHS norms, for every 10 lakh population, there is requirement of 220 beds in a DH. However, in 15 DHs there was a shortage of required number of normal beds 1,029 (22 *per cent*) and ICU beds 115 (49 *per cent*) against IPHS norms. In 11 DHs, dedicated ICU facilities were not available.

In 172 CHCs in the State functional beds were 4,681 against the requirement of 5,160 beds as per IPHS norms. In 48 out of 172 CHCs, there was shortage of beds ranging from four to 25 against the requirement of 30 beds in a CHC. Similarly, in 776 PHCs against the requirement of 4,656 beds there were 5,191 beds available. However, in 147 out of 776 PHCs the shortage of beds was ranging from one to six against the norms of six beds.

In the State, 30 Maternal Child Health wings were sanctioned with 2,250 beds. Out of this, 25 were operational with 1,750 functional beds and five were not operational due to lack of infrastructure.

Against the target of 4,421 HIs in the State, 1,213 (PHC/ SHC) could not be upgraded in HWCs and out of upgraded HWCs, 450 HWCs could not be made

operational as Community Health Officers were not posted in these HWCs.

GoCG had sanctioned 4,360 works for constructions and renovation in HIs during 2016-22 to the centralised agency i.e., CGMSCL. Out of this, 2,798 works were awarded to contractors and the remaining 1,562 works were not taken up due to non-availability of site and non-allotment of funds. Out of 2,798 works, 1,660 works (59.33 *per cent*) valuing ₹ 377.12 crore was completed as on 31 March 2022 and there were 1,138 works valuing ₹ 356.69 crore which were in progress.

Out of the 265 construction works of AYUSH across the State, 100 works amounting to ₹ 14.08 crore remained incomplete during the period 2016-22. Postgraduate (PG) Block at Government Ayurveda College, Raipur was not operationalised due to incomplete construction work. Further, the test checked HIs had inadequate infrastructure resulting in lack of storage space, idling of equipment and inefficient stock management.

Recommendations

The GoCG should:

22. consider establishing HIs according to the IPHS norms to fill the gaps in available infrastructure for better healthcare facility to the public;

23. provide basic infrastructure facilities such as designated Government building, blood storage units, OT, dedicated kitchen, stores, staff quarters, boundary wall, toilets etc., in all HIs as per the IPHS norms;

24. increase availability of normal and ICU beds in HIs to achieve the target of two beds per 1,000 persons in the State;

25. take necessary steps for timely completion of construction and renovation work of HIs; and

26. issue instructions to complete and operationalise the PG Block at Government Ayurveda College, Raipur. Further, it should also ensure the completion of other pending construction works of Dispensaries.