

Chapter V
Healthcare Infrastructure

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The Government did not undertake a need based assessment to identify district-wise areas deficient in health care facilities. There was laxity in creation of healthcare facilities on allotted land due to lack of pursuance from land owning agencies. The aims and objectives of RGSSH and JSSH to provide medical treatment in all the envisaged super specialty branches and to provide medical infrastructure in the form of equipment and highly specialized diagnostic machines was not achieved, primarily due to defective policy of the Government which resulted in unavailability of requisite staff. Neither any assessment for remodeling work of existing Casualty Block nor any study to assess the requirement of more hospital beds/new building was conducted at LNH. There was delay in completion of various building and medical infrastructural projects in LNH. Bed population ratio was less than the ratio recommended by National Health policy, 2017. Dialysis Centre under PPP Mode in Delhi Government Hospitals and State Health System Resource Centre could not be set-up. 25 dialysis machines installed in Bhagwan Mahavir Hospital were not in use, out of this ten dialysis machines were shifted to another hospital and 15 machines were lying idle in the Hospital. ASHA workers could not get the facility of Mobile App for screening of non-communicable diseases as DSHM did not procure smartphones which were approved by the Governing Body in November 2019.

Government could not utilize the installed facilities for patient care in RGSSH. This resulted in blockade of Government money. At the same time, six modular OTs in RGSSH and all the seven modular OTs in JSSH were lying idle due to shortage of manpower to start various specialty services. There was lack of monitoring on the progress of the sanctioned work resulting in delay in completion of works.

5.1 Introduction

Health infrastructure is an important indicator for understanding the health care policy and welfare mechanism in a State. It signifies the investment priority with regards to the creation of health care facilities. Infrastructure has been described as the basic support for delivery of public health activities. To deliver quality health services in public health facilities, adequate and properly maintained building infrastructure and equipment are of critical importance.

Examination of records disclosed inadequacies in infrastructure, as discussed in the succeeding paragraphs.

5.2 Planning and Assessment of Infrastructure

Point 3.3.4 of National Health Policy (NHP) emphasized filling up of wide gaps in infrastructure development. Further, second report of Voluntary National Review (VNR) presented by NITI Aayog advocates Government efforts to revamp public health infrastructure through Ayushman Bharat Scheme. However, Ayushman Bharat Scheme was not implemented in Delhi.

GNCTD provides health care facilities relating to Primary, Secondary and Tertiary levels at its Diagnostic Centres, Dispensaries, Mohalla clinics, Mobile Health Centres, Hospitals and Polyclinics. Details of available health care institutions in Delhi as of March 2022 are given in **Table 5.1**.

Table 5.1: Details of health care institutions in Delhi

Sl. No.	Type of health care facility	Number of units	Level of health service provided
1	Dispensaries (Allopathic)	253	Primary and Secondary care
2	Dispensaries (Ayurvedic)	49	
3	Aam Aadmi Mohalla Clinics	517	
4	Dispensaries (Unani)	22	
5	Dispensaries (Homoeopathic)	108	
6	Polyclinics	28	
7	Mobile Health Clinic	8	
8	School Health Clinic	50	
9	Hospitals (27 district hospital + 7 super speciality + 4 AYUSH hospital + 1 jail hospital)	39	Secondary and Tertiary care

Source: Annual Report of Department of Health and Family Welfare – 2021-22

5.2.1 Distribution of GNCTD hospitals

There are 38 district/super speciality/AYUSH hospitals and one central jail hospital in Delhi under GNCTD. The district wise distribution of these 38 district/super speciality/AYUSH hospitals is given in **Table 5.2**.

Table 5.2: Distribution of Delhi Government Hospitals

Sl. No.	District	District hospitals	Super specialty hospitals	AYUSH hospitals.	Total
1	Central	4	2	0	6
2	East	2	0	0	2
3	New Delhi	0	1	1	2
4	North	4	0	0	4
5	North East	1	0	0	1
6	North West	5	0	0	5
7	Shahdara	2	3	0	5
8	South East	1	0	0	1
9	South West	3	0	2	5
10	West	4	1	0	5
11	South	1	0	1	2
Total		27	7	4	38

It can be observed that Hospitals were not evenly distributed in various Districts of Delhi. There was only one hospital each in North East and South East district.

In response (June 2022), DGHS stated that in near future, total 77,277 number of beds will be available in Delhi. The reply is out of context as the observation is regarding unequal distribution of Hospitals amongst districts.

It is clear from the above facts that no need based assessment was done by the Government to ensure equitable distribution of Health Care Infrastructure in Districts of Delhi.

Recommendation 5.1: *The Government may undertake need based assessment of health care infrastructure to ensure its equitable distribution in Delhi.*

5.2.2 Availability of beds against norms

The National Health Policy, 2017 recommends two beds per 1000 population. As per IPHS norms, one bed per 1000 population is an ‘Essential’ norm for every district while two beds per 1000 is a ‘Desirable’ target they should aspire towards. Further, the final number is influenced by its population, local epidemiology, burden of disease, community requirements, health-seeking behaviour of the population and contribution of private sector for each district. The ‘Essential’ number of beds in a district should be provided through the public health system of Tertiary care, Secondary care and Primary care.

The sanctioned beds capacity in Public/Private health institutions in Delhi (March 2022) is given in **Table 5.3**.

Table 5.3: Beds capacity sanctioned in Public/Private health institutions in Delhi

Sl. No.	Agencies	Institutions	Beds Sanctioned	Bed ratio ¹
1	Delhi Government	39	14,244	0.68
2	Municipal Corporation of Delhi	45	3,337	2.18
	New Delhi Municipal Council	2	221	
	Government of India (DGHS, CGHS, Railway, ESI, Army Hospitals, LRS Inst.)	19	9,544	
	Other Autonomous Bodies (Patel Chest Inst., IIT Hospital, AIIMS, NITRD (earlier LRS))	5	3,163	
	Private Nursing Homes/ Hospitals/ Voluntary Organizations	1,119	29,348	
Total		1,229	59,957	2.86

Source: Economic Survey of Delhi, 2021-22

In Delhi, bed population ratio as per beds available in Delhi Government hospitals was 0.68 (2021-22). Thus, Delhi Government did not achieve the desirable target of two beds per 1000 population as recommended under NHP.

Out of the total available beds of 59,957 in 1,230 hospitals, 29,348 beds constituting about 50 per cent were in 1,119 private institutions indicating that,

¹ Calculated by dividing sanctioned bed by total population in thousands.

in a large number of cases, people of Delhi have to depend on private healthcare institutions for medical care.

Recommendation 5.2: *The Government may strive to raise the bed availability in Delhi Government Hospitals to two beds per thousand population in line with NHP 2017.*

5.2.3 Availability and enhancement of beds in Government hospitals

The status of sanctioned beds vis-à-vis functional beds in GNCTD hospitals during 2016-17 to 2021-22 was as given in **Table 5.4**.

Table 5.4: Number of beds sanctioned and available in hospitals

Sl. No	Year	Number of hospitals	Beds sanctioned	Beds functional	Shortage of beds (in per cent)
1.	2016-17	38	11,308	10,184	9.94
2.	2017-18	38	11,353	10,520	7.33
3.	2018-19	38	11,770	10,646	9.54
4.	2019-20	38	11,814	11,052	6.45
5.	2020-21	39	12,603	11,541	8.43
6.	2021-22	39	14,244	13,214	7.23

Source: Annual reports of DGHS

District-wise sanctioned and availability of beds in 27 GNCTD hospitals (excluding four AYUSH, one Jail and seven Super specialty hospitals) is given in **Table 5.5**.

Table 5.5: District-wise sanctioned number of beds vis-à-vis availability of beds in 27 GNCTD hospitals (March 2022)

District	SS	Availability	Excess/shortage
South West	1,447	1,467	20
North	1,268	1,308	40
South	600	200	-400
South East	100	103	3
West	1,240	1,040	-200
Shahdara	1,771	1,809	38
Central	2,466	2,482	16
North East	210	210	0
North West	1,368	1,368	0
East	334	381	47
Total	10,804	10,368	-436

Examination of records revealed that in 10 out of 39 hospitals, number of functional beds was less than sanctioned as given in **Table 5.6**.

Table 5.6: Availability of beds against sanctioned beds

Sl. No.	Name of the hospital	Period	No. of beds sanctioned	Functional beds	Deficit in the number of beds
1.	Central Jail Hospital	2016-17	270	240	30
		2020-21	318	270	48
2.	Dr. N.C. Joshi Memorial Hospital	2016-17	100	100	--
		2020-21	100	60	40
3.	Guru Teg Bahadur Hospital	2016-17	1512	1456	56
		2020-21	1512	1448	64
4.	Institute of Human Behaviour and Allied Science	2016-17	500	336	164
		2020-21	356	236	120
5.	Institute of Liver and Biliary Science (ILBS)	2016-17	180	151	29
		2020-21	549	284	265
6.	Janak Puri Super Speciality Hospital	2016-17	300	100	200
		2020-21	300	100	200
7.	Rajiv Gandhi Super Speciality Hospital	2016-17	650	60	590
		2020-21	650	500	150
8.	Burari Hospital	2020-21	768	320	448
9.	A&U Tibbia College and Hospital	2016-17	300	240	60
		2020-21	300	240	60
10.	Nehru Homoeopathic Medical College And Hospital	2016-17	100	89	11
		2020-21	100	60	40

Source: Annual Reports of DGHS

It can be seen that in Dr. N.C. Joshi Memorial Hospital and Nehru Homoeopathic Medical College and Hospital, the number of functional beds declined during the audit period whereas in Institute of Liver and Biliary Science (ILBS), the number of sanctioned beds increased without corresponding increase in functional beds. Thus, the Government could not make available adequate number of beds it considered necessary to provide medical facilities to general public.

Apart from the above, Government announced proposed addition of 10,000 beds and 15,000 beds in Budget speeches of 2016-17 and 2017-18 respectively by re-modelling its existing hospitals and establishing new institutions. Similarly, assurance was also given for addition of 7000 new beds in Budget speeches of 2019-20 and 2020-21. Audit noted that as against this budget announcement, there was addition of only 1,357 beds in GNCTD hospitals (including Autonomous Bodies) during 2016-17 to 2020-21.

Audit noted that due to not augmenting the number of beds in-line with the Budget announcement, in nine hospitals² (2018-19), the percentage of bed occupancy ranged between 101 and 189 *per cent*. Similarly, in seven hospitals³ (2019-20), the bed occupancy ranged between 109 and 169 *per cent*.

² Baba Saheb Ambedkar, Babu Jagjivan Ram, Dada Dev, Deen Dayal Upadhyay, Guru Gobind Singh, Lal Bahadur Shastri, Lok Nayak, Madan Mohan Malaviya, Sanjay Gandhi Memorial hospitals

³ Baba Saheb Ambedkar, Dada Dev, Guru Gobind Singh, Lal Bahadur Shastri, Lok Nayak, Madan Mohan Malaviya, Sanjay Gandhi Memorial hospitals

DGHS while accepting (June 2022) the facts, confirmed that only 1235 number of beds were added in Delhi Government Hospitals during 2016-17 to 2020-21. Thus, it is evident that GNCTD failed in its planning and vision for providing optimum functional beds as assured in the budget speeches.

Recommendation 5.3: The Government may plan and execute its activities in a time bound manner to ensure maximum functional beds in its health care facilities.

5.2.4 Hospital beds for management of Covid

For management of Covid, GNCTD nominated Government/private hospitals and started Designated Covid Health Centres (DCHC) for meeting the demand for Covid treatment. The number of designated Government hospitals/centres and Covid beds were increased from time to time as per the details given in **Table 5.7**.

Table 5.7: Availability of hospital beds during Covid

Month	No. of GNCTD hospitals	No. of MCD hospitals	No. of DCHC	Total no. of Covid beds	Total no. of Covid beds with ICU
March 2020	9	0	0	1000	0
April 2020	6	0	0	2050	0
May 2021	13	0	0	7450	2070
July 2021	16	5	8	19225	5150
January 2022	14	0	8	8450	2075

In addition to the above, 14000 beds (including 4253 ICU beds) of private hospitals and 3775 beds (including 1191 ICU beds) of GoI hospitals were also earmarked for Covid treatment in July 2021 to meet the emergency situation.

5.2.5 Infrastructure development in respect of Delhi State Health Mission and Delhi State Health Society

(i) State Health System Resource Centre not set-up

Delhi State Health Mission (DSHM) was to set-up a State Health System Resource Centre (Centre) consisting of eight senior consultants and two fellows/interns for providing technical assistance to the Directorate of Family Welfare and DSHM in planning and implementing different policies and strategies. In a meeting of the Governing Body of Delhi State Health Society on 15 November 2016, it was decided to set up State Health System Resource Centre and the same was proposed in the Programme Implementation plan (PIP) 2016-17. The budget requirement was to be submitted to GoI as a part of PIP. However, the proposal was not approved by GoI as stated by the DSHM. Due to this, the same was not set up by the DSHM.

State Programme Manager, DSHM replied (March 2022) that the Centre could not be set up in the absence of approval of GoI.

Department did not furnish the reasons given by the GoI for not approving the proposal for setting up the centre. Thus, absence of the Centre deprived the Government of necessary assistance in planning and implementing different policies and strategies of National Health Mission.

(ii) Dialysis Centre under PPP Mode not set up

Governing body of DSHS approved (May 2017) setting up of Dialysis Centres under PPP Mode in Delhi Government Hospitals with creation of a dedicated PPP Dialysis Cell in the Department. Fund of ₹ 25.12 crore was approved by DSHS (September 2017/February 2018) for free dialysis of BPL patients with the direction to adhere to NHM guidelines for setting up new centres.

Setting up of Dialysis Units in six hospitals on PPP mode was awarded to an agency in January 2018 at ₹ 1,274 per session of dialysis. These centres were to be set up by 25 April 2018.

In this regard, Audit noted that -

- Centres were set up in five hospitals⁴ between 14 May and 11 August 2018 after delays ranging from nine to 109 days.
- 25 machines installed at Bhagwan Mahavir Hospital could not be used due to in-appropriate water analysis report and machines were lying idle. SPO- Dialysis (PPP) stated (March 2022) that 10 of these machines have been shifted to Indira Gandhi Hospital, Dwarka.

(iii) Tablet computers for Auxiliary Nurse and Midwives (ANM) not procured

Governing Body of Delhi State Health Society decided (May 2017) to provide Mobile Tablets alongwith internet connectivity to ANMs to reduce their paperwork, easy tracking of beneficiaries and obtaining real time data. Accordingly, a proposal for procurement of Tablets and internet for 800 ANMs for eight months (remaining period of financial year 2017-18 from June 2017 to March 2018) with a total financial implication of ₹ 181.45 Lakh was approved and validated by GoI in Program Implementation Plan (PIP), 2017-18. It was observed that the Governing Body of DSHS revalidated the approval in January 2020, but the Tablets were not purchased as of August 2022. In the absence of procurement of Tablets even after five years of the approval (May 2017) by the Governing Body of the DSHS, the very purpose to provide facilities to ANMs for reducing the paperwork, easy tracking of beneficiaries etc. was defeated.

⁴ Deendayal Hospital, Maharishi Balmiki Hospital, Deep Chand Bandhu Hospital, Pt. Madan Mohan Malviya Hospital and Bhagwan Mahavir Hospital

(iv) Smartphones for ASHAs not procured

Similarly, Governing body of DSHS approved (November 2019) procurement of smart phones and internet connectivity to 2,779 Accredited Social Health Activists (ASHAs). These Smart phones were to be used by ASHAs in Non-communicable Diseases App for screening and other Apps. The other purpose Smart phones was to eliminate the burden of converting manual records into digital records. The Governing Body also approved an amount of ₹ 289.02 lakh in 2019-20 for this purpose. Audit noted that Smart phones were not purchased by DSHS as of February 2022 even though more than 26 months had elapsed since it was approved by the Governing Body due to failure to finalise the bidder.

Due to non-procurement of Smartphones, ASHA workers could not avail the facility of Non-communicable Diseases App for screening and facility for converting of manual records into digital records.

In its reply, the Department stated (February 2022) that the number of smartphones have been revised to 2861 and the procurement of Smart Phones is under process.

To summarise, DSHM did not set up State Health System Resource Centre even though the Governing body of DSHS approved the same in November 2016. Absence of the Centre deprived the Government of necessary assistance in planning and implementing different policies and strategies of National Health Mission. Six Dialysis centres were to be installed by April 2018, but five centres were set up after delays and 25 dialysis machines could not be installed in Bhagwan Mahavir Hospital. DSHM did not procure tablets for ANMs even after the approval of Governing body in May 2017. DSHM did not procure smartphones for ASHA workers which were approved by the Governing Body in November 2019.

Recommendation 5.4: Efforts should be made for timely setting up of machines in Dialysis Centres for free dialysis to BPL patients and also for timely procurement of necessary equipment like Tablet computers for ANM and Smartphones for ASHAs for discharging their duties more efficiently.

5.2.6 Infrastructure development in respect of the selected hospitals

5.2.6.1 Rajiv Gandhi Super Speciality Hospital (RGSSH) and Janakpuri Super Speciality Hospital (JSSH)

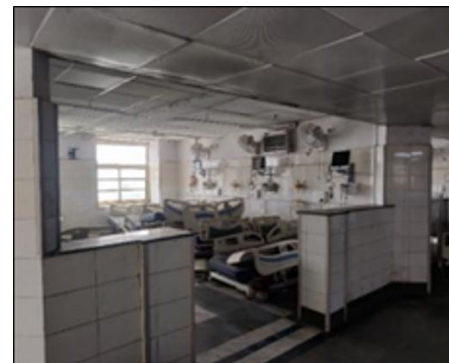
Both RGSSH and JSSH were registered as Societies in September 2013. The primary mission of these Societies was to develop the Hospitals as Centres of Excellence in the field of curative, rehabilitative, palliative and preventive healthcare. Besides, the Hospitals were also to function as advanced centres for research and training in the field of medical sciences and were to be set up as state of the art teaching facilities for post-doctoral and post graduate levels. The

Hospitals were to establish referral centres in different areas of Delhi with the approval of Government.

The main source of funds for the Hospitals was Grant-in-Aid from the Government on the basis of Pattern of Assistance (PoA). Also, a viable business model for running these Hospitals was to be developed and reviewed from time to time by the Hospitals/Government.

In respect of RGSSH, Audit noted that:

- RGSSH was constructed with a built up area of approximately 61,198 Sq. metres at a cost of ₹ 153.68 crore in 2003 but completion certificate of the building was yet to be received from the competent authority due to pending work of fire check doors, Detailed Project Report of water pipeline, rain water harvesting etc.
- Approximately half of the total built up area of the hospital building was lying unutilized as patient care departments/specialities like Rheumatology, Nephrology, Clinical Haematology, Bone Marrow Transplant and Nuclear Medicine were yet to start.
- Six modular/semi-modular Operation Theatres (OT), Stone Centre, Transplant ICU and Wards, Kitchen, 77 private/special rooms, 16 ICU beds, 154 general beds and Resident's Hostel Rooms were not functional (July 2022) as can be seen in **Picture 5.1**. Mortuary and Rapid Response Centres were made functional only in 2020-21.



Picture 5.1: Infrastructure lying idle in RGSSH

13/7/22

- Against the proposed bed strength of 650 beds, 250 beds were approved for functioning in the first phase starting from November 2015. It was observed that only 64 beds were operational till September 2017. Thereafter, the bed strength was increased from time to time to 250 beds as of July 2022.
- Academic and Research activities as envisaged in the Memorandum of Association (MoA) of the Society were not undertaken. It has neither started Post graduate and Post-doctoral teaching facilities nor opened any referral centres at different part of Delhi as envisaged in the MoA.
- Governing Council (GC) had met only five times and Finance Committee had met three times during the period from November 2013 to June 2022 against the requirement of quarterly meetings indicating that the apex bodies responsible for administering and controlling the affairs of the Hospital were not functioning as required. There were delays in finalising policies for user charges, recruitment and pay and allowances of doctors and other staff although these were under discussion by the Governing Body since 2013. However, it was noticed that the recruitment policy of doctors was finally adopted at par with AIIMS in the meeting held in January 2020. Although, GC decided to implement user charges at CGHS rates in January 2016, the same was not implemented.

As regards JSSH, Audit noted that -

- JSSH had not undertaken Academic and Research activities, as envisaged in the MoA.

The Government stated (December 2023) that Post Graduate Course in Cardiology (2 seats) has been started in the year 2022 and two research activities in Cardiology and Neurology are being processed.
- Governing Committee had met only nine times and Finance Committee had met six times from September 2013 to March 2023 against the requirement of quarterly meetings indicating that affairs of the hospital were not being given adequate direction and guidance.
- Against a proposed bed strength of 300 beds, only 100 beds were operational from February 2015 to 2020-21 and the bed occupancy ranged from 20 *per cent* to 40 *per cent* during the same period.
- Seven Modular OTs, kitchen, blood bank, emergency, Medical Gas Pipeline System, 10 CCU beds and 200 general beds were not operational/available during the audit period.

Audit is of the view that underutilisation of built up facilities in RGSSH and JSSH were mostly due to shortage of manpower as these Hospitals had not

implemented the policy to recruit permanent staff against the sanctioned posts. There were 50 to 74 *per cent* shortage of doctors, 73 to 96 *per cent* shortage of Nursing staff and 17 to 62 *per cent* shortage of paramedical staff during the audit period.

As per MoA between the Government and the Hospitals, Doctors who were also Teaching Faculty were to be recruited for five years. GNCTD fixed remuneration for the teaching faculty in July 2014 as ₹ 1.25 lakh, ₹ 1.65 lakh and ₹ 2.00 lakh for Assistant professors, Associate Professors, and Professors respectively and continued it without a change for six years till August 2020. There was no provision for promotion and career progression to attract teaching faculty for super tertiary level treatment. This lacuna in policy of GNCTD resulted in shortage and inconsistency in the availability of doctors to run super speciality departments like Cardiology, Pulmonology, Gastroenterology, GI surgery, Urology, CTVS etc. It was observed that instead of revising the contractual terms and conditions and enhancing remuneration, hospitals started recruiting teaching faculty for one year and thereafter extension for one year and so on. When it did not get sufficient responses even for one year, doctors (teaching faculty, SRs and JRs) were recruited through walk-in interview for three months and then extension for three-three months.

Government, in its reply, intimated (December 2022) that Diplomate of National Board (DNB) courses have since been started in three seats in RGSSH. Further, the infrastructure in RGSSH is lying idle due to unavailability of man power even after repeated advertisements. In case of JSSH, it was stated that academic and training activities have now been started. It was further stated that Kitchen Services and Emergency Services have been started at a basic level from 8 AM to 4 PM. The fact remains that RGSSH and JSSH could not provide Super Specialty tertiary care as envisaged in the MoA due to weak monitoring and failure to develop a viable business model.

Thus, weak monitoring of the Government, as evident from the fact that very few meetings of Governing Council and Finance Committee, coupled with failure to develop a viable business model to generate user charges and to ensure consistent work force resulted in under-utilisation of facilities in RGSSH and JSSH depriving the needy patients of Super Specialty health care facilities.

5.2.6.2 Non-availing of Hostel facility by Senior Residents/Junior Residents

Residency scheme for Senior Residents/Junior Residents (SR/JR) vide No.S.11014/3/91-ME (1), Ministry of Health & Family Welfare, Government of India envisaged that Resident Doctors will be provided with free furnished accommodation and they will be required to be on-call duty not exceeding 12 hours at a time. Further, Para 14 of the offer of appointment to the post of SR/JR stated that they have to work under the residency scheme, applicable from time to time.

Audit however, observed that Resident Medical Officer (RMO) hostel was constructed for accommodating SRs/JRs at the premises of RGSSH in October 2015. There were 54 Senior Residents and 48 Junior Residents working (April 2022) at the hospital, but none of them were staying as out of 130 rooms available 92 rooms were used as office/store and the remaining 38 rooms were lying vacant. Hence, the purpose of constructing the hostel for accommodating the SRs/JRs in the interest of Patient Care has been defeated as per the Residency Scheme.

In JSSH, Residence hostel has not been constructed for accommodating SRs/JRs at the premises of the hospital. However, a proposal has been approved by the Governing Council as informed by the hospital (August 2022).

Recommendation 5.5: The Government may take steps to ensure that the built up facilities in its two super specialty hospitals viz. Rajiv Gandhi Super Specialty Hospital and Janakpuri Super Speciality Hospital are put to use.

5.2.6.3 Lok Nayak Hospital (LNH)

(i) Planned assessment for remodelling work of existing Casualty Block in LNH not done

A proposal for remodelling of existing Casualty block of LNH consisting of seven floors was approved by the Expenditure Finance Committee (EFC) on 8 March 2019 with increase in number of beds from 384 to 574. The work was awarded at a cost of ₹ 39.23 crore and started on 15 December 2019 with stipulated date of completion as 14 March 2021. The date of completion was later changed to July 2023 due to delay in handing over of site and slow progress of work. As per Financial progress Report, 35 *per cent* of funds were expended (January 2023). Audit observed the following deficiencies in planning and execution of the project:

- Detailed reports for the actual assessment of the number of beds required in the under-construction Emergency/Casualty block were not furnished to Audit.
- Plans to utilise existing medical equipment/facilities after remodelling was not prepared.
- Proposal for requirement of additional medical equipment and manpower including specialists was not prepared.
- Against the requirement of 80 sqm of gross floor area per bed (as per clause 13.1 of Unified Building Bye Law, 2016), the re-modelling has been planned with area per bed of 36.18 sqm.

Department did not offer any comment.

(ii) Study to assess the requirement of more hospital beds in new building at LNH not conducted

The work of Construction of New Block for Medicine, Maternity and Advanced Paediatric Centre at LNH with 1,570 beds was approved by the EFC in March 2019 at a cost of ₹ 465.52 crore. The work was started on 4 November 2020 and was under progress (June 2022). As per the information provided, 60 per cent civil work has been completed.

Audit noted that -

- The Department/Hospital had not assessed the requirement of beds/new building in the hospital complex with respect to the population of the area. Other activities which need to be synchronized with the completion of new block viz. approval of man power, purchase of equipment etc. was not done.
- Against 80 sqm of gross floor area per bed required (as per clause 13.1 of Unified Building Bye Law, 2016), the new building has been planned with an area per bed of 54 sqm which was against the norms and would be inadequate.

Government replied (December 2022) that the process for purchase of equipment and assessment of manpower will be initiated shortly.

Thus, the Government neither ensured undertaking of assessment for remodelling work of existing Casualty Block nor conducted any study at LNH to assess the requirement of more hospital beds/new building.

5.2.7 Acquisition of land for creation of Health Care Facilities

DGHS, GNCTD is also responsible for acquiring land for creation of health care facilities, viz. Dispensaries, Public hospitals, etc. On receipt of allotment letter from the land owning agency, the status of land with respect to its being encumbrance/litigation free is obtained by DGHS from the land owning agency. The DGHS also issues Administrative Approval and Expenditure Sanction to Public Works Department (PWD)/DUSIB etc. for payment of land cost to land owning agency. Thereafter, the process of taking possession and building health care facility on the acquired land is initiated by the executing agency.

Audit noted the following deficiencies on the part of DGHS/PWD:

Possession not obtained after allotment of land

- a) In one case, despite allotment of land at village Harewali for construction of a dispensary in May 2012, DGHS did not issue sanction for land costing ₹ 37.47 lakh for want of confirmation of status of land from land owning agency. Although correspondence was made with the land owning agency in this regard, it was at lower level and the matter was not escalated to higher level and no correspondence was made after February 2015.

- b) In six other cases⁵, DGHS had issued AA&ES of ₹ 485.70 lakh to PWD (May 2012 and March 2015) but it had not obtained status of payment to the land owning agency by PWD. Further, there were delays in subsequent follow-up with PWD in ascertaining payment status due to which possession of allotted land could not be taken over. The Government informed (December 2022) that in one case⁶, status of payment was received from PWD on 25 March 2022. For remaining cases, it assured regular follow-up with PWD.
- c) Further, in nine cases⁷, despite allotment of land (between January 2012 and March 2015) and payment of ₹ 5153.43 lakh to land owning agencies, DGHS failed to take possession of allotted pieces of land due to delayed correspondence (one to three years) with land owning agencies for handing over them. The Government submitted (December 2022) that in one case⁸, possession of the plot was taken over from DDA in March 2022 and assured to ensure regular follow-up with concerned land owning agencies for remaining cases.
- d) In three cases⁹, despite allotment of seven Bigha of land by land owning agency on 'No Cost Basis' (between August 2012 and August 2015), DGHS was unable to take possession of land from land owning agencies. Correspondence with the land owning agency for possession of the allotted land was not made available to Audit due to which Audit could not ascertain reasons for delay.

Thus due to lack of coordination between DGHS and the executing agency (PWD), DGHS did not have details such as confirmation of land free from encroachment, payment to land owning agencies, possession of land, etc.

Utilisation of acquired plots not done by the Department

The Department was unable to utilize any of the 15 plots¹⁰ acquired (June 2007 and December 2015) at a cost of ₹ 648.05 lakh for establishing hospitals and dispensaries, despite having them in its possession for periods ranging between six to 15 years.

Audit noted that development of health care facilities on acquired land could not be achieved due to delays in taking decisions in construction of Dispensary/Polyclinic, inadequate pursuance with the land owning agency for

⁵ (i) Mangolpuri Industrial Area (ii) Trilokpuri (2 Plots) (iii) Sawda Ghevra (iv) Madanpur Dabas (v) Salahpur Majra

⁶ Payment of ₹ 106.67 lakh for plot measuring 1403.15 sqm at Sawda Ghera Phase-II

⁷ (i) Rohini (2 plots) (ii) Model Town (iii) Shahbad Daulatpur (iv) Narela (v) Nasirpur (vi) Sawda Ghevra (vii) Trilok Puri (viii) Bakhtawarpur

⁸ Possession of land (1000 sqm) costing ₹ 76.02 lakh at Shahbad Daulatpur

⁹ (i) Vill. Chandpur (ii) Vill. Salahpur Majra (iii) Vill. Madanpur Dabas

¹⁰ (i) Kutubgarh (ii) Nijampur (iii) Mundka (iv) Bakkarwala (v) Shafipur Ranholla (vi) Shastri Park (vii) Gandhi Vihar (viii) Kapashera (ix) Rohini Ext. (x) Dariyapur Kalan (xi) CS/OCF-2, Sector 23 (xii) Neb Sarai (xiii) Jhatikara (xiv) Bamnoli (xv) Molarband

alternate land in case of land falling under green belt, not obtaining demarcation and approval of layout plans from the authorities concerned (**Annexure V**). The Government informed (December 2022) that there was no change in the status of above mentioned plots.

Thus, lackadaisical approach of the Department led to idling of plots meant for augmentation of health care facilities at various locations of Delhi, thereby depriving people of Delhi with the much needed medical facilities.

Recommendation 5.6: *The Government needs to co-ordinate with Health Department/PWD and land owning agencies so that the acquired plots are used for creating health care facilities in a time bound manner.*

5.2.8 Delay in execution of projects

Status of construction of new hospitals as well as major works executed in test checked hospitals is provided in the succeeding paragraphs.

5.2.8.1 Construction of new hospitals

Construction of hospitals is undertaken by the Directorate General of Health Services of Department of Health and Family Welfare (DHFV) and the works are executed by Public Work Department of GNCTD. Out of the eight new hospitals which were under construction/taken up during the audit period, three were completed and four were under progress (August 2023). Status of one of the hospital (Ambedkar Nagar Hospital with 600 beds) was not provided to Audit. The details of status of construction of seven new hospitals is provided in **Table 5.9**.

Table 5.9: Construction of New Hospitals of GNCTD

Sl. No.	Name of Delhi Government Hospital	No. of Beds	Tendered Cost (₹ in crore)	Date of Start	Stipulated date of completion	Actual date of Completion	Total Exp. Till date (₹ in crore)	Physical progress of work (in %)
1.	Construction of Hospital at Madipur	691	269.71	11.11.20	10.11.22	WIP	178.43	86
2.	Construction of Hospital at Jwalapuri	691	269.50	14.08.20	13.08.22	WIP	191.73	87
3.	Construction of Indira Gandhi Hospital (700 beds) at Dwarka Sec-9	1241	522.49	27.08.14	26.02.17	31.08.22	837.39	100
4.	Construction of Hospital at Hastsal	691	211.12	17.06.21	16.06.23	WIP	64.48	39
5.	Construction of Hospital at Siraspur	1505	384.40	10.08.20	09.05.23	WIP	284.83	74
6.	Construction of 200 (now 800) bedded hospital at Burari	800	95.15	07.02.13	06.08.15	20.07.21	136.41	100

Sl. No.	Name of Delhi Government Hospital	No. of Beds	Tendered Cost (₹ in crore)	Date of Start	Stipulated date of completion	Actual date of Completion	Total Exp. Till date (₹ in crore)	Physical progress of work (in %)
7.	Extension of Maulana Azad Dental Institute Phase II	0	51.21	29.09.14	28.05.16	30.09.19	77.57	100
	Total	5619	1803.58				1770.84	

Source: Information provided by the Department

Audit observed the following:

- (i) Two hospital projects (Indira Gandhi Hospital at Dwarka and Burari Hospital) started in August 2014 and February 2013 have been completed with delays of five to six years. Delay is attributed to increase in the scope of work due to enhancement of number of beds.
- (ii) Construction of Maulana Azad Dental Institute Phase II, started in September 2014, was completed with a delay of more than three years and with a cost escalation of 51.47 per cent.
- (iii) Construction of Jwalapuri hospital (691 beds), Madipur Hospital (691 beds), Siraspur Hospital (1505 beds) and Hastsal Hospital (691 beds) were going on with delays of more than two months to one year from the stipulated date of completion with physical progress of 87 per cent, 86 per cent, 74 per cent and 39 per cent respectively. Delay is attributed to stoppage of work during Covid, site constraints etc.
- (iv) It was noticed that no new hospital construction was taken up during the period from 2015-16 to 2019-20.

In addition to the above, GNCTD took up two new projects for construction of Semi-permanent/temporary ICU hospitals. Two projects, (i) setting up of Semi-permanent / Temporary ICU Hospitals at Shalimar Bagh (1430 beds), Kirari (458 beds) and Sultanpuri (527 beds) and (ii) Setting up of Semi-permanent/ Temporary ICU Hospitals at Sarita Vihar (336 beds) and Raghbir Nagar (1577 beds) started in September 2021 with date of stipulated completion as 22 February 2022 were still under progress with physical progress of 76 per cent (Shalimar Bagh and Sultanpuri sites), 83 per cent (Sarita Vihar) and 49 per cent (Raghbir Nagar). The work of ICU hospital at Kirari with 458 beds had not yet started (August 2023).

5.2.8.2 Status of execution of works at selected Hospitals

As per clause 2.8 CPWD Works Manual, the Administrative Department/ Ministry shall be kept informed at regular intervals about the stages of progress of work so that the client's observations, if any, could be responded to before the work is completed. On completion of the work, the Administrative Department should be intimated of the same and formal handing over arranged in writing.

Financial and Administrative Sanction for carrying out 153 works costing ₹ 59.23 crore in LNH, 46 works costing ₹ 40.67 crore in RGSSH, 60 works costing ₹ 16.9 crore in JSSH, 78 works costing ₹ 18.46 crore in CNBC and 74 works costing ₹ 23.96 crore in Maulana Azad Medical College (MAMC) were issued during the audit period.

Audit noted that there was delay in completion of works in 110 (48 per cent) out of 227 sanctioned works in LNH and MAMC during the audit period. Maximum delay was two years. It was also noticed that the work of renovation of Department of Pulmonary Medicine of LNH was not undertaken after sanction of work due to unavailability of site. As the hospitals did not provide complete information, the reasons for delay could not be ascertained.

Government replied (November 2022) that the client departments regularly monitor the works executed by PWD. The fact remains that there were delays in execution of works in 48 per cent cases in LNH and MAMC.

A few test checked cases in respect of selected hospitals are discussed below:

(a) Delay in establishing Tertiary Care Cancer Centre (TCCC) in LNH

The broad objective of the Centrally Sponsored Scheme, National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS), was to develop capacity for Tertiary care for cancer in all States so as to provide universal access to comprehensive cancer care. GoI approved a total Grant-in-Aid (GiA) of ₹ 39.82 crore (June 2016) and released ₹ 29.87 crore till December 2017 for purchase of equipment as detailed in **Table 5.10**.

Table 5.10: Equipment for which GIA was approved

(₹ in crore)		
Sl. No.	Name of Equipment	Recommended as per ceiling price
1	High End Dual Energy Linear Accelerator with IMRT/ IGRT/ SRS/ SRT/ SBRT on turnkey basis with treatment planning system	24.00
2	CT Simulator	6.00
3	C Arm	1.00
4	Additional Accessories	2.00
5	QA Tools + Physics Equipment	2.50
6	TPS	1.50
7	Navigation based endoscopic system for ENT	1.00
8	High definition laparoscopic sets	1.00
9	Harmonic scalpels	0.50
10	Fully automated Coagulation Analyser	0.17
11	Fully automated Dry Chemistry Analyser	0.15
Total		39.82

Source: MoHFW, GoI, approval of Grant in Aid

Out of these equipment, LNH could procure and install only one equipment till August 2022 (CT Simulator in October 2019) at a total cost of ₹ 6.59 crore. Thus, LNH could not establish the TCCC in spite of being provided with funds for the same by GoI and as a result, cancer patients of Delhi were deprived of better treatment facility.

The Government replied (November 2022) that work of procurement of Linear Accelerator was delayed due to delay in finalisation of specifications, tender process and starting of turnkey work for installing the machines. Further, the Department intimated (December 2022) that Linear Accelerator has been installed in LNH and the funds allocated has been fully utilized and the facility of TCCC will be operational shortly.

The fact remains that there was delay in procurement though the process was started in November 2016 and complete funds were received from GoI in December 2017.

(b) Delay in installation of Modular Operation Theatre in LNH

Administrative Approval and Expenditure Sanction of ₹ 35.30 crore for supplying, installation, testing and commissioning of modular operation theatre and medical gas pipeline system in Orthopaedic Department of LNH including Emergency Trauma Services and Intensive Care beds was accorded in November 2019. Thereafter, it took almost 23 months to complete the process of Technical sanction and appointment of Consultant (October 2021) by PWD. Tender for the work has been invited in November 2022.

(c) Delay in installation of Medical Gas Pipeline JSSH

The work of installation of Medical Gas Pipeline System (MGPS) in JSSH was awarded to an agency in November 2016 with date of completion as 21 June 2017 and ₹ 5.72 crore was given to the agency in advance in November 2016.

Audit noted that the MGPS work was completed in only May 2022, after a delay of more than five years and the same was not handed over to JSSH till July 2022.

JSSH stated (August 2022) that the project has been completed by the vendor and same would be vetted by the consultancy firm and a Technical Committee of experts would be constituted for Physical Inspection and Technical Evaluation for commissioning the project.

(d) Delay in installation of Modular Operation Theatre in JSSH

A proposal for installation of seven Modular Operation Theaters (MOT) was approved (two in July 2014 and five in March 2016) by the Governing Council of JSSH. The work was awarded (May 2017) on turnkey basis for ₹ 11.86 crore to be completed within 270 days. Audit noted that MOT had not been installed till date, i.e. even after five years.

JSSH stated (July 2022) that there was delay in completion of the project and that the project has now been completed and a Technical Committee of experts has also been constituted for Physical Inspection and Technical Evaluation for commissioning of Operation Theatre complex.

(e) Kitchen facilities in RGSSH and JSSH not utilised



Picture 5.2: Kitchen in RGSSH lying idle

Audit observed that PWD had installed a modular kitchen in RGSSH since 2017 with all the equipment such as vegetable cutters, peelers, pulverisers, grinders, burners, chillers, digital thermostat, chapatti makers, refrigerated display, air washers etc. However, it had not been taken over by RGSSH and was lying idle due to a conflict between hospital

and PWD for pending payment of ₹ 1.50 crore, causing wastage and blockage of Government money.

Area of the JSSH hospital earmarked for hospital kitchen had been taken over by the Delhi State Cancer Institute in the year 2012 under the orders of H&FW Department, GNCTD and was taken back by JSSH in June 2021 and thus hospital area was not available with them to provide dietary services.

Government replied (December 2022) that the kitchen in RGSSH has been taken over from PWD and tendering is in process for running the kitchen. Further, in case of JSSH, kitchen facilities had been started in June 2022.

f) Encroachment of Hospital and Medical College premises

As per IPHS Guidelines, there shall be no encroachment in and around hospitals. Audit observed that LNH premises and surrounding areas were encroached by unauthorised shops and vendors leading to congestion on approach roads.

In addition to the above, approximately 5.65 acres out of 122 acres of MAMC area was under encroachment by 1047 houses. MAMC has informed (28 July 2022) that a proposal for relocation of JJ Clusters on encroached land is under process.

Government replied (November 2022) that the hospital has taken up the matter with MCD and Delhi Police for removing the encroachments. Further, it has taken up the matter with DUSIB for expediting relocation of slum.

g) Upgradation of infrastructure in the Nursing College of LNH not done

The Nursing College at LNH had an annual intake of 43 to 56 students during 2016-17 to 2021-22. Procurement of ACs, Smart Board, Computers, LCD Projectors, etc were pending for the last two years. Resultantly, classrooms were running without audio visual facilities as the existing systems were too old to repair and were not functioning for the last three years. Besides, CCTVs were not installed in the college. There was no ACs in Lecture halls/Classrooms.

Recommendation 5.7: The Government needs to closely monitor all ongoing works to avoid delay in completion of healthcare infrastructure. Besides, it should also ensure that healthcare infrastructure created are fully utilized.