Chapter- III

Healthcare Services

This Chapter discusses the delivery of healthcare services, such as, Out-Patient Department (OPD), In-Patient Department (IPD), Operation Theatres (OTs), Intensive Care Units (ICUs), *etc*., in test-checked hospitals.

Audit objective: ***Whether public healthcare services were available?***

Brief snapshot of the Chapter

- Availability of line services, *viz*., OPD, IPD, Emergency, OT, Maternity, Imaging and Diagnostic and Pathology, in all 107 DHs in the State was ranging between 84 *per cent* and 100 *per cent*. However, all required OPD services were available in 57 *per cent* of test-checked seven DHMs. Paediatrics OPD was not available in 29 *per cent* out of seven DWHs. Further, out of two test-checked CDHs, Psychiatry and Neo-natology OPD were not available in CDH Kannauj.
- Availability of support services, such as dietary, laundry, cleaning, etc., ranged between 99 *per cent* and 100 *per cent* in DHs in the State, except mortuary which was available in only 53 *per cent* DHs.
- Patient load in GMCs, DHs and CHCs during 2016-20 was higher than the national average of 27 OPD patient per doctor in a day in a district hospital. Forty-three *per cent* DHMs provided consultation time of less than five minutes to the patients. Further, average patient load on registration counter during 2016-22 was 587 patients per day per registration counter in DHMs followed by 238 in CDHs.
- General Surgery was not available in 58 *per cent* test-checked CHCs. Further, all required IPD services were not available in 75 *per cent* test checked DHMs and CDHs. IPD services were not available in 45 *per cent* PHCs whereas in remaining PHCs, only day care services were provided instead of IPD services. Further, ICU services were not available in 69 *per cent* DHs with more than 100 beds. Some essential facilities for maternity services were not available in district hospitals (DWHs/CDHs). Further, in the absence of dietician in 56 *per cent* DHs, the patients were provided regular or fixed diet.
- None of the test-checked DHs were performing all pathological tests as prescribed in IPHS. Out of 47 tests, maximum 83 *per cent* tests were performed in CDH, Kannauj and DHM, Lucknow.
- Laundry services were available in all test-checked hospitals but the maintenance of records and monitoring of the laundry services were deficient.
- Deficiency in ambulances services, such as delay in response time, feedback from same telephone number for multiple IDs, irrational call start and end times, zero distance mentioned between base to scene, non-verification of patients before making payment to the service provider, *etc.*, were noticed.
- Cleaning services were outsourced in test-checked GMCs and DHs. However, the premises and surroundings of most of the hospitals were not cleaned. Disinfection and sterilisation through boiling and autoclaving process was available in all test-checked district hospitals, however, chemical sterilisation was not available in three out 16 district hospitals.

3.1 Introduction

A health institution is expected to provide various healthcare services. These services are grouped as Line Services, Support Services and Auxiliary Services. Audit has analysed the delivery of healthcare services in test-checked public hospitals, findings of which are discussed in the succeeding paragraphs:

3.2 Line services

Line services are the care in the hospital, which is directly related to patient care. As per information provided by respective Chief Medical Superintendents (CMSs) of 107 DHs in the State, the availability of line services in these DHs as on March 2022 as compared to March 2017 was given in **Table 3.1.**

Table 3.1: Availability of line services in DHs

Name of Service	Total No. of DHs	Number of DHs for which information provided for March 2017	DHs having required line services as on March 2017		Number of DHs for which information provided for March 2022	DHs having required line services as on March 2022	
			Number	Percentage		Number	Percentage
Outdoor Patient Department	107	104[1]	104	100	106[2]	106	100
Indoor Patient Department	107	104	104	100	106	106	100
Emergency Services	107	104	101	97	106	104	98
OT services	107	104	100	96	106	103	97
Maternity	66[3]	63[4]	61	97	65[5]	63	97
Imaging Diagnostic Services	107	104	86	83	106	89	84
Pathology services	107	104	102	98	106	105	99

(Source: CMSs of DHs)

Table 3.1 shows OPD and IPD services were provided by all DHs. Further, there was increase as on March 2022 in imaging, OT, emergency and pathology services as compared to March 2017. The details are given in ***Appendix 3.1.***

Further, analysis of data provided by Medical Officer In-Charge of 909 CHCs[6] in the State revealed that as on March 2022, services of General Medicine were available in 729 CHCs (80 *per cent*). However, Obstetrics and Gynaecology was available in 480 CHCs (53 *per cent*) followed by Pediatrics in 373 CHCs (41 *per cent*) and General Surgery in 287 CHCs (32 *per cent*) as of March 2022. Audit further noticed that nine CHCs[7] were not functional.

[1] Three DHs were non-functional as on March 2017.
[2] One DH (CDH Bhadohi) was non-functional as on March 2022.
[3] These include CDHs and DWHs which provides maternity services, DHMs are excluded.
[4] Three DHs were non-functional as on March 2017.
[5] One DH was non-functional as on March 2022
[6] Information were provided in respect of 918 CHCs out of 966 CHCs. Nine CHCs were non-functional.
[7] CHCs at Phephna and Basudharpah (Ballia), Araila (Prataphgarh), Bambhaura, Meeranagar, Neemsar (Sitapur), Mujhaina Quazidevar and Rupaidih (Gonda)

The Government's reply was awaited (August 2024) despite reminders.

Availability of these services in test-checked hospitals have been discussed in succeeding paragraphs:

3.2.1 Out-Patient Department

An Out Patient Department (OPD) is the part of a hospital designed for the treatment of patients who do not need hospitalisation. It is the first place where the patient and doctor meet and discuss the patient's health condition. To avail OPD Services in the hospitals, patients first register themselves for consultation. After registration, the concerned doctors examine the patients and either prescribe diagnostic tests for evidence based diagnosis or drugs, as per the diagnosis done during the consultation process.

OPD services

As per IPHS, clinical OPD services needs to be available up to the level of SCs. The position of the availability of OPD services was as below:

GMCs: For ascertaining the availability of OPD services in GMCs, five departments[8] were selected. In two test checked GMCs, the selected OPD services were available.

CDHs: In CDHs, 11 OPD services[9] were required as per IPHS. Out of two test-checked CDHs, all the required services were available in CDH Kushinagar and this CDH was also providing OPD of Urology in addition to 11 required OPD. However, in CDH Kannauj Psychiatry and Neo-natalogy were not available.

DHMs: In DHMs, nine OPD services[10] were checked in Audit as per the services required to be provided in these hospitals mapped with IPHS. Out of seven test checked DHMs, all services were available in four DHMs. Further, Dermatology and venereology was not available in two[11] DHMs. Two DHMs[12] did not have Psychiatry and DHM Hamirpur was also devoid of orthopaedics OPD. Apart from the above OPD services, some additional services like dialysis was available in DHMs Kanpur Nagar, Lucknow, Unnao, Hamirpur and Saharanpur.

DWHs: In DWHs, three OPD services[13] were checked as per the services required to be provided in these hospitals mapped with IPHS. Obstetrics and Gynaecology OPD services were available in all seven test-checked DWHs. However, Paediatrics and Neo-natalogy was not available in two[14] DWHs and in one[15] DWH, respectively. The main reason was the lack of doctors.

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[8] Based on discussion with DGMET and faculties during meeting (December 2021), five departments: General Medicine, General Surgery, Orthopaedics, Obstetrics and Gynaecology and Paediatrics were sampled in Audit.

[9] Medical, Surgical, Ophthalmic, ENT, Dental, Obstetrics and Gynaecology, Paediatrics, Dermatology and Venereology, Orthopaedics, Neonatology and Psychiatrics.

[10] Medical, Surgical, Ophthalmic, ENT, Dental, Paediatrics, Dermatology and Venereology, Orthopaedics and Psychiatrics.

[11] DHMs Hamirpur and Jalaun

[12] DHMs Ghazipur and Hamirpur

[13] Obstetrics and Gynaecology, Paediatric and Neo-natology.

[14] DWHs Ghazipur and Kanpur Nagar

[15] DWH Ghazipur.

CHCs: Out of required five OPD services[16], General medicine was not available in CHC Aishbagh (Lucknow). General Surgery was not available in 13[17] out of 19 CHCs, whereas paediatric in six[18], Obstetrics & Gynaecology in three[19] and Dental service in CHC Sarila (Hamirpur) was not available.

PHCs: OPD services were available in all the test checked 38 PHCs.

The Government's reply was awaited (August 2024) despite reminders.

Patient load in OPD

The number of out-patients in the test-checked hospitals are summarised in **Table 3.2** and details are given in ***Appendix 3.2.***

Table 3.2: Number of out-patients in test-checked hospitals

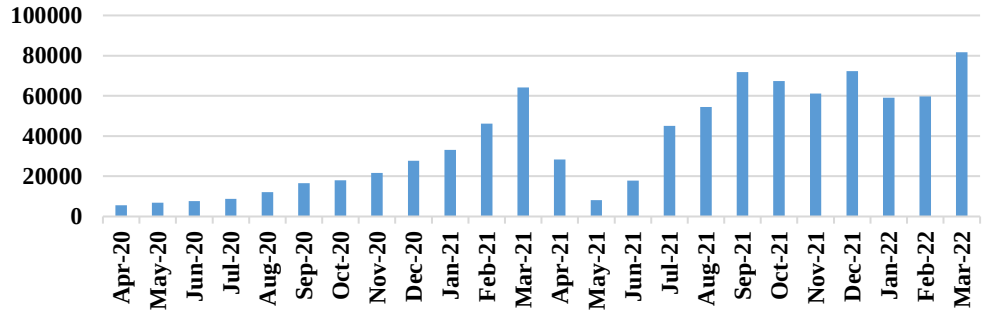
(Numbers in lakh)

Year	No. of out-patients in GMCs	No. of out-patients in DHs/CDHs	No. of out-patients in DWHs	No. of out-patients in CHCs	No. of out-patients in PHCs
2016-17	11.29	78.06	5.77	10.76	3.07
2017-18	12.41	86.03	8.56	11.46	3.27
2018-19	14.57	83.13	8.52	12.11	3.07
2019-20	12.98	68.40	8.14	11.87	3.02
2020-21	2.68	35.27	4.46	6.78	1.65
2021-22	6.27	37.53	5.13	7.50	1.66

(Source: Test-checked GMCs/Hospitals/CHCs/PHCs)

It may be seen from above that number of out-patients increased steadily in test-checked GMCs during 2016-19. All hospitals witnessed a dip in OPD patients during 2019-20 and 2020-21 due to COVID-19. A graph depicting month wise number of OPD patients during April 2020 to March 2022 in test checked GMCs is given in the **Chart 3.1**.

Chart 3.1 - No. of OPD Patients in GMCs during 2020-22



(Source: Test-checked GMCs)

As evident from above, patient load in GMCs during April 2020 to July 2020 and April 2021 to June 2021 was minimum due to the COVID-19 pandemic.

The Government's reply was awaited (August 2024) despite reminders.

[16] General Medicine, General Surgery, Dental, Obstetrics and Gynaecology and Paediatrics.

[17] CHC Achalganj (Unnao), CHC Fazilnagar and Hata (Kushinagar), CHC Bhadaura and Saidpur (Ghazipur), CHC Sarila (Hamirpur), CHC Kadaura and Jalaun (Jalaun), CHC Sarsaul (Kanpur Nagar), CHC Talgram and Chhibramau (Kannauj), CHC Aishbagh (Lucknow) and CHC Puwarka (Saharanpur).

[18] CHCs Bhadaura (Ghazipur), Sarila (Hamirpur), Kadaura (Jalaun), Malihabad (Lucknow), Puwarka and Sarsawa (Saharanpur)

[19] CHCs Bhadaura (Ghazipur), Puwarka (Saharanpur) and Talgram (Kannauj).

Need based analysis on OPD patients

As per IPHS, for quality assurance, OPD work load shall be studied and measures be taken to reduce the waiting time for registration, consultation, diagnostics and pharmacy. However, Audit observed that this activity was performed only once in 2016-17 by one test checked hospital (DHM, Kanpur Nagar).

The Government's reply was awaited (August 2024) despite reminders.

3.2.1.1 Evaluation of Out-Patient Services

NHM Assessor's Guidebook for Quality Assurance provided for evaluation of the services in an OPD through certain outcome indicators. Audit analysed the quality of out-patient services in the test-checked hospitals/CHCs/PHCs using the following outcome indicators:

3.2.1.2 OPD cases per doctor

OPD cases per doctor is an indicator for measuring efficiency of OPD services in a hospital. The status of average patient load per doctor per day[20] during the period 2016-22 is given in **Table 3.3**.

Table 3.3: Average OPD patients load per doctor in test-checked hospitals

Hospital	Average Patient load per doctor per day					
	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
GMC[21]	38	47	52	49	09	NA
DHM[22]	87	97	92	88	50	55
DWH[23]	32	45	44	37	23	28
CDH	41	39	40	44	22	25
CHC[24]	53	54	52	47	22	24
PHC[25]	26	25	23	22	13	15

(Source: Test-checked GMCs/ hospitals/CHCs/PHCs)

Audit noticed that patient load in GMCs, DHMs, DWHs, CDHs and CHCs during 2016-20 was higher than the national average of 27 OPD patient per doctor in a day in a district hospital[26] **(*Appendix-3.3*)**. However, patient load dropped drastically during 2020-21 and 2021-22 mainly due to COVID-19.

The Government's reply was awaited (August 2024) despite reminders.

3.2.1.3 Consultation time per patient

In the test-checked two GMCs, 16 DHs, 19 CHCs and 38 PHCs, the average consultation time provided to patients during 2016-22 was as given in **Table 3.4**.

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[20] $Patient\ load\ per\ doctor\ per\ day = \frac{No.\ of\ OPD\ patients\ in\ a\ year}{No.of\ OPD\ Doctors\ X\ No.\ of\ OPD\ days\ (i.e.,310)}$

[21] Information for 2021-22 not made available to Audit.

[22] Data of DHM Ghazipur for the year 2021-22 not available.

[23] Data of DWH Jalaun for the year 2016-17 and DWH Ghazipur for the year 2021-22 not available.

[24] Data not available for 2016-17 in CHC Malihabad Lucknow, for 2017-18 in CHC Malihabad and Aishbagh, Lucknow, for 2021-22 in CHC Saidpur, Ghazipur, CHC Talgram, Kannauj.

[25] OPD data not available for 2016-17 in four PHCs and Doctors were not available in three PHCs, for 2017-18: OPD data not available in two PHCs and doctors were not available in three PHCs, for 2018-19: doctors were not available in five PHCs, for 2019-20: doctors were not available in four PHCs, for 2020-21: OPD data not available in two PHCs and doctors were not available in four PHCs, for 2021-22: OPD data not available in six PHCs and doctors were not available in four PHCs.

[26] Best Practices in the Performance of Districts Hospital, NITI Aayog (2021)

Table 3.4: Average consultation time in test-checked hospitals during 2016-22

Consultation time[27]	Number of test-check hospitals					
	GMCs[28]	DHMs[29]	DWHs[30]	CDHs	CHCs[31]	PHCs[32]
Up to 5 minutes	0	3	0	0	0	0
5.1 to 10 minutes	0	3	3	1	5	1
Above 10 minutes	2	1	4	1	14	15

(Source: Test-checked hospitals/CHCs/PHCs)

As evident from the above, average consultation time to the patients during 2016-22 in three DHMs (DHM Balrampur Lucknow, DHM Saharanpur and DHM Hamirpur) was less than five minutes.

The Government's reply was awaited (August 2024) despite reminders.

3.2.1.4 Registration facility

For the quality assurance in DHs, it was desired in the IPHS that computerised registration facility in OPD may be ensured. Audit observed that out of 16 test- checked CDHs/DHMs/DWHs, computerised registration system was available in six DHMs/DWHs (38 *per cent*).

Mission director, NHM instructed (September 2018) for immediate implementation of OPD module for computerised registration of patients in 100 DHs in the State. Ten test-checked hospitals were falling under these 100 hospitals, of which, in nine hospitals, manual registration process was in place. However, in both test-checked GMCs, OPD registration of the patients was computerised **(*Appendix-3.4*).**

The Government's reply was awaited (August 2024) despite reminders.

3.2.1.5 Patients load on each registration counter

Registration counter is the first entry point of any patient, and it is an important point to reflect the services provided to patients/community in a hospital. The average daily patient load on a registration counter in the test-checked hospitals is given in **Table 3.5**.

Table 3.5: Average daily patients load[33] in each registration counter

Year	Overall Average daily patients load in					
	GMCs	DHMs[34]	DWHs[35]	CDHs	CHCs[36]	PHCs
2016-22	222	587	203	238	126	23[37]

(Source: Test-checked GMCs/hospitals/CHCs/PHCs)

[27] Assuming that a doctor was in OPD full time for six hours continuously for 310 working days in a year, calculated as under: *Consultation time = Total OPD hours 8.00 AM to 2.00 PM (360 minutes)/patient load per doctor per day.*

[28] Due to non-availability of data of 2021-22, average was taken on the basis for 2016-21.

[29] Average for DHM Ghazipur was taken for 2016-21.

[30] Average was taken for Jalaun from 2017-22 and for Ghazipur from 2016-21.

[31] Data of CHC Saidpur, Ghazipur and Talgram, Kannauj for 2021-22 not provided. Data of 2016-18 of CHC Malihabad, Lucknow not provided. Data of CHC Aishbagh, Lucknow for 2017-18 not provided.

[32] In PHC Devla, Saharanpur, due to non-availability of doctor during 2016-22, consultation time not calculated. In remaining 21 PHCs, either complete data was not available or doctors were not posted due to which consultation time could not be calculated.

[33] Patient load in each counter = Average patient load in year ÷ (310 x Number of registration counters).

[34] Data of DHM Ghazipur for the year 2021-22 not available.

[35] Data of DWH Jalaun for the year 2016-17 and DWH Ghazipur for the year 2021-22 not available.

[36] Data of CHC Saidpur, Ghazipur and Talgram, Kannauj for 2021-22 not provided. Data of 2016-18 of CHC Malihabad, Lucknow not provided. Data of CHC Aishbagh, Lucknow for 2017-18 not provided. Hence average consultation time taken accordingly.

[37] Calculated for only 25 PHCs as in 13 PHCs out of 38 PHCs registration counter was not available.

Thus, during 2016-22, average daily patient load on a registration counter was more than two times higher in test-checked DHMs as compared to test checked GMCs. Further, average patients load in DHM Lucknow (Balrampur Hospital) was 1,452 patients per day which was significantly higher than the overall average of 587 in seven DHMs **(*Appendix-3.5*)**.

The Government's reply was awaited (August 2024) despite reminders.

3.2.1.6 Waiting time for registration

An OPD Patient survey of 620 patients was conducted in all the 16 test checked District hospitals and 19 CHCs. During survey it came to notice that waiting time for registration ranged between two minutes and 60 minutes. Thus, due to long waiting time patients had to stand in queue for the registration as evident from the photographs given below:

DWH, Unnao

DWH, Kanpur Nagar

The Government's reply was awaited (August 2024) despite reminders.

3.2.2 In-patient Department

Based on doctor's/specialist's assessment in OPD, Emergency Services and Ambulatory Care, patients are admitted in the Indoor Patients Department (IPD) for providing higher level of medical care. Medical care provided through IPD requires a higher and specialised care by doctors, nurses and support staff.

3.2.2.1 Patient load in IPD

Patient load in IPD indicates utilisation of its resources by the hospitals optimally. The IPD patient load in the test checked hospitals was as per **Table 3.6**.

Table 3.6: Patients load in IPD

Year	No. of IPD Patients in			
	GMCs	DHMs/ CDHs	DWHs	CHCs
2016-17	38783	237873	114936[38]	46774[39]
2017-18	41321	243149	125712	48767[40]

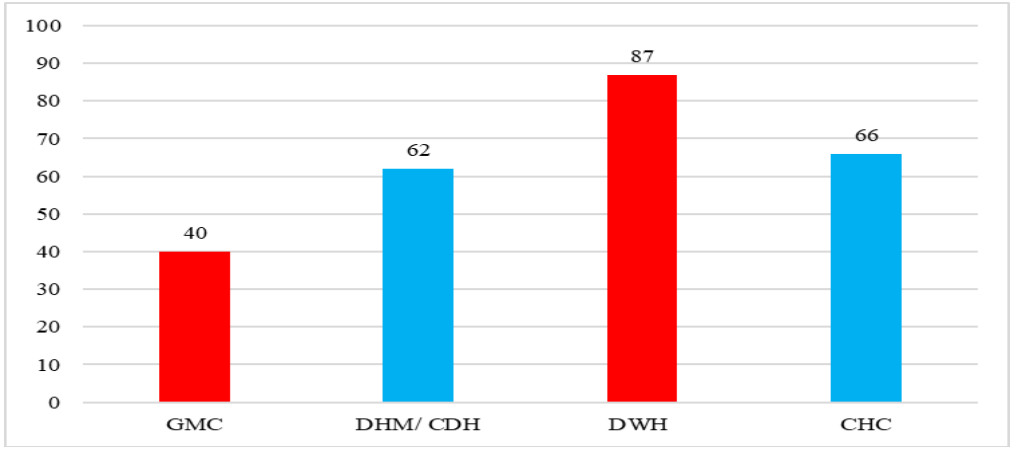
[38] Data of DWH Jaluan (2016-17) and DWH Saharanpur (April 2016 to December 2016) was not made available.
[39] In CHC Bidhnoo (Kanpur Nagar) and Malihabad (Lucknow), data was not made available for the year 2016-17 and in CHC Puwarka, data was not made available for the period April 2016 to December 2016.
[40] In CHC Bidhnoo (Kanpur Nagar), Aishbagh and Malihabad (Lucknow) data was not made available.

Year	No. of IPD Patients in			
	GMCs	DHMs/ CDHs	DWHs	CHCs
2018-19	41978	258476	115241	52248[41]
2019-20	49149	282530	111081	52607
2020-21	27677	161714	80659	43348
2021-22	40882	159938[42]	81482[43]	34520[44]

(Source: test checked hospitals)

As evident from the table above, IPD patient load had increasing trend in GMCs, DHMs/CDHs and CHCs during 2016-17 to 2019-20[45], whereas DWH had fluctuating trend. The number of patients admitted vis-à-vis available beds during 2021-22 in the test-checked secondary level hospitals and GMCs was as shown in **Chart 3.2**.

Chart 3.2: Average IPD Patients per bed during 2021-22



(Source: Test-checked GMCs/DHs/CHCs)

As evident from **Chart 3.2**, IPD patients' load per bed in DWH was highest followed by DHM and CHCs. Patient load per bed in GMC was lesser amongst secondary and tertiary level hospitals.

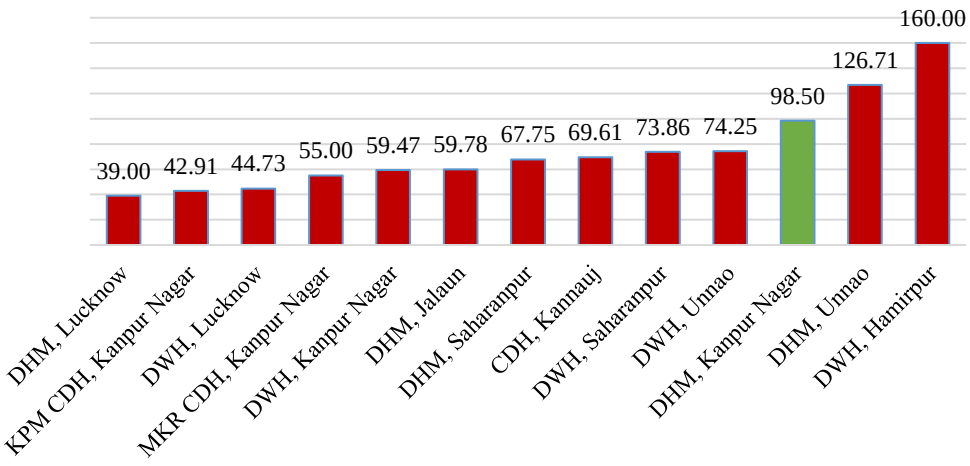
The Government's reply was awaited (August 2024) despite reminders.

3.2.2.2 Bed occupancy rate

Bed Occupancy Rate (BOR) is an indicator of the productivity of the hospital services and is a measure of verifying whether the available infrastructure and processes are adequate for delivery of health services. As per IPHS, the BOR of hospitals should be at least 80 *per cent*. BOR in DHs of test checked districts during 2021-22 is given in **Chart 3.3**.

[41] Data of CHC Bidhnoo (Kanpur Nagar) was not made available.
[42] Due to merger of DHM Ghazipur in GMC Ghazipur, data for 2021-22 was not made available.
[43] Data of DWH Ghazipur was not made available.
[44] Data of CHC, Saidpur (Ghazipur) and Talgram (Kannauj) was not made available for 2021-22 and in CHC Puwarka (Saharanpur) data was not made available for January-March 2022.
[45] The reduction in IPD patient load during 2020-22 was due to COVID-19 pandemic.

Chart 3.3 :Bed Occupancy Rate in DHs of test-checked districts (in *per cent*)



(Source: CMSs of test-checked DHs)

Chart 3.3 shows that in 13 DHs[46], BOR of ten DHs was below the norm of 80 *per cent*. Further, BOR above 100 *per cent* was noticed in DHM Unnao and DWH Hamirpur.

The Government's reply was awaited (August 2024) despite reminders.

3.2.2.3 Availability of IPD services

On the basis of data/ information provided by the CMSs of the DHs (CDHs, DHMs and DWHs), audit analysed the availability of major IPD services in these DHs. The availability of services as of March 2022 in 106 DHs[47] in the State was as given in **Table 3.7.**

Table 3.7: Availability of major IPD services in DHs

Name of Service	Number of DHs in March 2022	Services available in March 2022	Availability in percent
CDHs			
General Medicine	26	24	92
Paediatrics	26	23	88
General Surgery	26	21	81
Obstetrics & Gynaecology	26	23	88
Orthopaedics	26	23	88
DHMs			
General Medicine	41	40	100*
Paediatrics	41	39	98*
General Surgery	41	39	98*
Orthopaedics	41	40	100*
DWHs			
Paediatrics	39	37	95
Obstetrics & Gynaecology	39	39	100

(Source: District Hospitals)

*Specialised hospital in Bareilly included under DHM is a Mental Hospital, therefore, the percentage of availability of services has been computed after excluding this hospital.

[46] Out of 20 DHs in test checked districts, seven DHs did not provide information of BOR.
[47] Out of 107 DHs, one DH (CDH, Bhadohi) was non-functional.

Table 3.7 shows that availability of major IPD services in CDHs were ranging between 81 and 92 *per cent*. In comparison to CDHs, DHMs and DWHs were better placed in providing major IPD services which were ranging between 98 and 100 *per cent* and 95 and 100 *per cent*, respectively. The details are given in ***Appendix 3.6.***

Further, the availability of IPD services in test-checked hospitals was as follows:

GMCs: Audit sampled five IPD services (General Medicine, General Surgery, Orthopaedics, Obstetrics & Gynaecology and Paediatrics) for examination in GMCs. All the five selected IPD services were available in both the test checked GMCs.

DHMs/ CDHs: as per NHM Assessor's Guidebook, a DH should provide specialist in-patient services pertaining to General Medicine, General Surgery, Ophthalmology, Orthopaedics, *etc*. Audit observed that the required services were, however, not available in the test-checked DHMs and CDHs as shown in **Table 3.8**.

Table 3.8: Availability of IPD services in test-checked DHMs and CDHs as on March 2022

Hospital	Accident and trauma	Burn	Dialysis	Dental	ENT	General Medicine	General Surgery	Ophthalmology	Orthopaedics	Physiotherapy	Psychiatrics
DHM, Unnao	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DHM, Hamirpur	Y	Y	Y	Y	Y	Y	Y	Y	Y	**N**	**N**
DHM, Jalaun	Y	Y	Y	**N**	Y	Y	**N**	Y	Y	**N**	**N**
DHM, Kanpur Nagar	Y	Y	Y	**N**	Y	Y	Y	Y	Y	Y	**N**
DHM, Lucknow	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
DHM, Saharanpur	Y	Y	Y	Y	Y	Y	Y	Y	Y	**N**	**N**
CDH, Kushinagar	Y	Y	Y	**N**	Y	Y	Y	Y	Y	**N**	**N**
CDH, Kannauj	**N**	**N**	Y	Y	Y	Y	Y	Y	Y	Y	**N**

(Source: Test-checked hospitals) (Y – Yes available, N – not available)

As shown above, the required type of IPD services were not available in six (75 *per cent*) out of eight[48] test checked hospitals whereas two hospitals (DHMs Lucknow and Unnao) had all the required services.

DWHs: In DWHs, availability of obstetrics & gynecology, post-partum, paediatrics and neonatology services were checked by the audit and observed that obstetrics & gynecology, post-partum and paediatrics services were available in all the seven test checked DWHs.

CHCs: As per IPHS, CHCs were required to provide five types of IPD services to the patients. However, Audit observed that the required services were not available in the test checked CHCs as detailed in **Table 3.9**.

Table 3.9: Availability of IPD services in CHCs

Services	Out of test checked 19 CHCs		
	Available in	Not available in	Availability (in *per cent*)
General Medicine	18	01	95

[48] Excluding DHM Ghazipur which was upgraded to medical college in April 2021

Services	Out of test checked 19 CHCs		
	Available in	Not available in	Availability (in *per cent*)
General Surgery	08	11	42
Maternal Health	18	01	95
Child Health	15	04	79
Emergency services	17	02	89

(Source: test checked CHCs)

Audit noticed that General Medicine service was not available in CHC Aishbagh (Lucknow). General surgery was not available in 11 CHCs[49] due to unavailability of surgeons. Maternal Health service was not available in CHC Bhadaura (Ghazipur) and Child Health service was not available in four[50] CHCs. Emergency services was not available in CHC Bhadaura (Ghazipur) and CHC Aishbagh (Lucknow).

PHCs: As per IPHS, PHCs are required to provide IPD services. However, Audit observed that out of 38 test-checked PHCs, IPD services was not available in 17 PHCs and in remaining 21 PHCs only day care services were provided instead of IPD services. Thus, PHCs failed to provide IPD services to the patients.

The required IPD services were not available mainly due to unavailability of human resources as discussed in Chapter II of the report.

The Government's reply was awaited (August 2024) despite reminders.

3.2.3 Super Specialty (Operation Theatre and Intensive Care Unit)

3.2.3.1 Operation Theatre services

Operation Theatre (OT) is an essential service to be provided to the patients. As per IPHS, OTs services are required in CHCs and District Hospitals. The availability of OTs in test-checked hospitals was as given in **Table 3.10**.

Table 3.10: Availability of OT services in test-checked hospitals

Type of Hospital	No. of test checked hospitals	OT available in
GMC	02	02
DHM	07	07
DWH	07	07
CDH	02	02
CHC	19	18

(Source: Test checked Hospitals)

As observed in **Table 3.10**, OTs were available in all the test checked GMCs, DHs and CHCs, except in case of CHC Hata, Kushinagar. It was noticed during joint physical verification of CHC Hata, Kushinagar that labour room was shifted during 2019 to OT room as the building for labour room was dilapidated. Thus, CHC Hata, Kushinagar was not providing OT services as envisaged in IPHS.

The Government's reply was awaited (August 2024) despite reminders.

[49] CHC Fazilnagar, Hata (Kushinagar), CHC Bhadaura, Saidpur (Ghazipur), CHC Sarila (Hamirpur), CHC Kadaura, Jalaun (Jalaun), CHC Sarsaul (Kanpur Nagar), CHC Talgram, Chhibramau (Kannauj) and CHC Aishbagh (Lucknow).

[50] CHC Bhadaura (Ghazipur), CHC Sarila (Hamirpur), CHC Talgram and Chhibramau (Kannauj).

Surgeries per surgeon

As per NHM Assessor's Guidebook, surgeries performed per surgeon is an indicator to measure efficiency of the hospitals. The national average of surgeries per surgeon in a year was 194[51] in a DH.

As per data provided by the hospitals of test-checked DHs, surgeries per surgeon per year during the period 2016-22 is given in **Table 3.11**.

Table 3.11: Surgeries per surgeon per year during 2016-22

Hospital	Average surgeries performed per surgeon (2016-22)			
	General	ENT	Ortho	Eye
DHM, Unnao	240	404	108	441
DHM, Saharanpur	554	109	158	701
DHM, Hamirpur	335	67	56[52]	**NIL**
DHM, Jalaun	1445[53]	98	509	4349
DHM, Kanpur Nagar	772	481	504	635
CDH, Kannauj	211	42	54	474
DHM, Balrampur, Lucknow	725	247	217	701
CDH, Kushinagar	173	124	59	374
DHM, Ghazipur[54]	**NIL**	187	160	228

(Source: CMSs of the test-checked districts)

As evident from **Table 3.11**, on an average, surgeries performed by general surgeons per year in DHs of the nine sampled districts during 2016-22 was ranging between 173 and 1445 (except DHM Ghazipur) whereas it was between 54 and 509 for orthopaedic surgeons. Eye surgeries were ranging between 228 and 4,349 (except DHM Hamirpur). The details are given in ***Appendix 3.7***.

The Government's reply was awaited (August 2024) despite reminders.

Availability of surgical procedures

Audit analysed the availability of specific surgical procedures from the data provided by the CMSs of the test-checked DHs[55] is given in **Table 3.12** and detailed in ***Appendix 3.8***.

Table 3.12: Availability of specific surgical procedures in test-checked DHs

Name of procedure (as per IPHS)	Number of hospitals	Available in (number of hospitals)	Not available (name of hospital)
Appendicitis	8	8	----
Fistula	8	8	----
Foreign body removal	8	8	----
Fracture reduction	8	8	----
Haemorrhage	8	7	DHM (Saharanpur)
Haemorrhoids	8	8	------
Hernia	8	8	------
Hydrocele	8	8	------
Intestinal Obstruction	8	7	CDH (Kannauj)

[51] Best Practices in the Performance of District Hospitals in India-Published by NITI Aayog.
[52] Data of 2019-20 and 2021-22 was not provided by DHM Hamirpur.
[53] General surgeon was not available and no surgery performed during 2017-22.
[54] During 2016-21 (DHM Ghazipur was upgraded to medical college in April 2021).
[55] Out of nine DHMs and CDHs in test-checked districts, DHM Ghazipur was upgraded to Medical College. Seven test-checked DWHs are not included as these hospitals are providing obstetrics & gynaecology and paediatrics services.

Name of procedure (as per IPHS)	Number of hospitals	Available in (number of hospitals)	Not available (name of hospital)
Nasal packing	8	8	----
Putting splints/ plaster cast	8	8	----
Tracheostomy	8	6	DHM (Hamirpur) and CDH (Kushinagar)

(Source: CMSs of DHs in test-checked districts)

The Government's reply was awaited (August 2024) despite reminders.

Location of OT

As per IPHS, the location of OTs should be in a quite environment, free from noise and other disturbances, free from contamination and possible cross infection, maximum protection from solar radiation and convenient relationship with surgical ward, intensive care unit, radiology, pathology, blood bank and Central Sterile Supply Department (CSSD). The location of OTs in test-checked district hospitals and GMCs was as detailed in **Table 3.13**.

Table 3.13: Location of OT in DHs and GMCs

District	Category	Whether location of OT is free from noise	Whether OT was free from contamination and possible cross infection	Whether protection from solar radiation is available	Whether OT is available near surgical ward/ ICU/ diagnostic facility/ blood bank/ store
Unnao	DHM	Yes	Yes	Yes	Yes
Unnao	DWH	Yes	Yes	Yes	Yes
Hamirpur	DHM	Yes	Yes	Yes	Yes
Hamirpur	DWM	Yes	Yes	Yes	Yes
Kushinagar	CDH	Yes	Yes	Yes	Yes
Ghazipur	DHM	Yes	Yes	Yes	**No**
Ghazipur	DWH	Yes	Yes	Yes	**No**
Jalaun	DHM	Yes	Yes	Yes	Yes
Jalaun	DWH	Yes	Yes	Yes	Yes
Kanpur Nagar	DHM	Yes	Yes	Yes	**No**
Kanpur Nagar	DWH	Yes	Yes	Yes	Yes
Kannauj	CDH	Yes	Yes	Yes	Yes
Lucknow	DHM	Yes	Yes	Yes	Yes
Lucknow	DWH	Yes	Yes	Yes	Yes
Saharanpur	DHM	Yes	Yes	Yes	Yes
Saharanpur	DWH	Yes	Yes	Yes	Yes
Ambedkar Nagar	GMC	Yes	Yes	Yes	Yes
Meerut	GMC	Yes	Yes	Yes	**No**

(Source: Test checked Hospitals)

As evident from **Table 3.13**, all test-checked hospitals had OTs in a noise free environment and free from solar radiation, however, in four hospitals, the location of the OTs was not near the surgical ward/ ICU/ diagnostic and Blood Banks.

The Government's reply was awaited (August 2024) despite reminders.

Support infrastructure

An Operation Theatre should also have Preparation Room, Pre-operative Room and Post-Operative Resting Room. There should also be a Scrub-up room where

operating team washes and scrub-up their hands and arms, put on their sterile gown, gloves and other covers before entering the operation theatre. Theatre refuse, such as, dirty linen, used instruments and other disposable/non-disposable items should be removed to a dirty utility room after each operation.

However, it was observed that the required Pre-operative room and dirty utility rooms were not available in CDH, Kushinagar and Post-operative room was not available in DHM Kanpur Nagar.

The Government's reply was awaited (August 2024) despite reminders.

3.2.3.2 Intensive Care Unit services

Intensive Care Unit (ICU) is essential for critically ill patients requiring highly skilled life-saving medical aid and nursing care. These include major surgical and medical cases such as head injuries, severe haemorrhage, poisoning, *etc*.

ICU services in Government Medical Colleges

As per NMC guidelines, in GMC, five types of intensive care services, viz., Intensive Care Unit (ICU), Intensive Critical Care Unit (ICCU), Surgical Intensive Care Unit (SICU), Paediatrics Intensive Care Unit (PICU) and Neo-natal Intensive Care Unit (NICU) are required. The status of availability of ICUs in the test checked GMCs was as shown in **Table 3.14**.

Table 3.14: ICU services in GMCs

Particulars	Meerut		Ambedkar Nagar	
	Infrastructure available	Services available	Infrastructure available	Services available
ICU	Yes	Yes	Yes	Yes
ICCU	Yes	Yes	Yes	Yes
SICU	Yes	Yes	Yes	Yes
PICU	Yes	Yes	Yes	Yes
NICU	Yes	Yes	Yes	**No**

(Source: test checked GMCs)

As seen from **Table 3.14,** in GMC, Meerut, all required infrastructure and services related to ICU were available but in GMC Ambedkar Nagar, NICU was not functional due to unavailability of human resources.

ICU beds: As per the NMC guidelines, the number of beds in each ICU of GMC should be five. The availability of ICU beds in the test checked GMCs was as per **Table 3.15**.

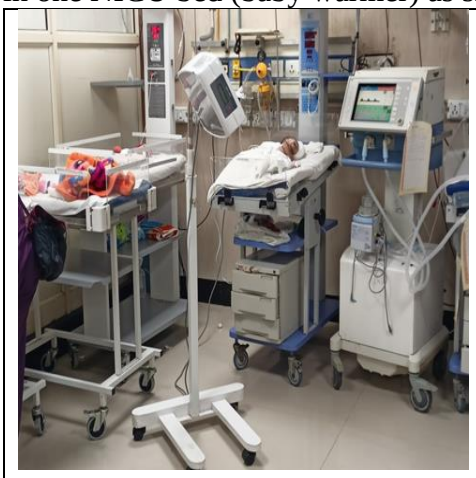
Table 3.15: ICU beds in GMCs

Particulars	No. of ICU beds (GMC Meerut)		No. of ICU beds (GMC Ambedkar Nagar)	
	Required[56]	Available	Required	Available
ICU	5	20	5	07
ICCU	5	40	5	07
SICU	5	10	5	07
PICU	5	07	5	05
NICU	5	15	5	05

(Source: test-checked GMCs)

[56] Annexure I of 'Minimum Requirements for Annual M.B.B.S. Admissions Regulations, 2020' which prescribes infrastructure requirement in case of establishment of new medical college and yearly renewals for 100 M.B.B.S. admissions annually.

As evident from **Table 3.15**, in both the GMCs, the ICU beds were available in excess of the prescribed norms. It was, however, observed during physical verification of the NICU in GMC Meerut that available beds were not sufficient to accommodate the patients load as at least two infants[57] were accommodated in one NICU bed (baby warmer) as shown in the following photographs:



Two or more babies accommodated in a warmer, GMC, Meerut

The Government's reply was awaited (August 2024) despite reminders.

ICU services in district hospitals

As per IPHS for DHs, intensive care services are essential in a District Hospital having more than 100 beds.

Information provided (May 2023) by CMSs of DHs in the State revealed that out of 107 DHs[58], 61 DHs were having more than 100 beds and thus, these 61 DHs should have the facility of ICU. However, only 19 DHs (31 *per cent*) were equipped with ICU. In remaining 45 DHs having 100 or less number of beds, ICU was available in nine DHs. The details are given in ***Appendix 3.9***.

Further, out of test-checked 16 districts hospitals, nine hospitals had more than 100 beds[59]. However, ICU was not available in four DHs[60] (44 *per cent*). Resultantly ICU services could not be provided in these DHs. In remaining five DHs with more than 100 beds[61], ICUs were available but it was not operational in case of DHM, Jalaun.

Moreover, as per IPHS, the essential support infrastructure including changing room, nursing station, clean utility area and equipment room should be available for ICU. The availability of required support infrastructure was as per **Table 3.16**.

[57] 31 infants were accommodated in 15 baby warmers.
[58] Out of 107 DHs, one DH was non-functional.
[59] DHM Unnao, DHM Jalaun, DHM and DWH Kanpur Nagar, CDH Kannauj, DHM and DWH Lucknow and DHM and DWH Saharanpur.
[60] DHM Unnao, CDH Kannauj, DWH Lucknow and DWH Saharanpur.
[61] DHM Saharanpur, DHM Jalaun, DHM and DWH Kanpur Nagar and DHM Lucknow.

Table 3.16: ICU support infrastructure in DHs

Hospital	Availability of Changing room	Availability of Nurses station	Availability of Clean utility area	Availability of Equipment room
DHM, Jalaun	No	No	No	No
DHM, Kanpur Nagar	Yes	Yes	Yes	Yes
DHM, Lucknow	No	Yes	Yes	No
DHM, Saharanpur	Yes	Yes	Yes	Yes

(Source: Test checked DHs)

As evident from **Table 3.16,** DHMs, Kanpur Nagar and Saharanpur had all the support infrastructure whereas in DHM Lucknow, changing room and equipment room was not available. Further, due to unavailability of support infrastructure in DHM, Jalaun, ICU could not be operationalized.

ICU Beds: As per IPHS, number of ICU beds should be minimum five *per cent* of the total number of beds. The position of availability of ICU beds in test checked DHs with ICU services was as given in **Table 3.17**.

Table 3.17: ICU beds in DHs

Hospital	No. of sanctioned beds	No. of ICU beds required against sanctioned beds		
		Required	Available	Shortfall (%)
DHM, Kanpur Nagar	550	28	13	15 (54)
DHM, Lucknow	756	38	38	NIL
DHM, Saharanpur	320	16	10	6 (38)

(Source: Test checked DHs)

Thus, DHM, Lucknow had required number of ICU beds. However, DHMs Kanpur Nagar and Saharanpur did not have the requisite number of ICU beds against the norms. In the absence of ICU services in five test checked DHs and lesser number of ICUs beds in two DHs having more than 100 beds, patients approaching these district hospitals in an emergency condition were likely to be referred to higher facility public or private hospitals.

The Government's reply was awaited (August 2024) despite reminders.

3.2.4 Maternity Services

Maternity services are the health services provided to women, babies and families throughout the pregnancy, during labour and birth, and after birth up to six weeks. It can include monitoring the health and well-being of the mother and baby, health education and assistance during labour and birth. As per IPHS, the delivery suite unit should be located near to operation theatre and located preferably on the ground floor. The delivery Suite Unit should include the facilities of accommodation for various facilities such as reception and admission, examination and preparation room, labour room, delivery room, neo-natal room, sterile store room, scrubbing room, dirty utility, doctors duty room, nursing station and eclampsia room.

As per data provided by CMSs of 26 CDHs and 39 DWHs in the State, 8,239 beds were sanctioned (4,852 beds in DWHs and 3,387 beds in CDHs) in these hospitals. Out of these, 5,873 beds (71 *per cent*) were available for maternal and childcare services as of March 2022 (4,733 beds in DWHs and 1,140 beds in CDHs). The details are given in ***Appendix 3.10*.**

Maternity services were provided by nine test-checked district hospitals (seven DWHs and two CDHs). Audit observed that:

- Examination and preparation room, labour room, delivery room, neo-natal room, sterile storeroom, scrubbing room and doctors duty room were available in all nine test checked hospitals.
- Delivery suite unit in three[62] hospitals was located on the first floor. In CDH, Kushinagar, delivery suite unit was located on ground floor but OT was on first floor.
- Facility of Dirty Utility[63] and Eclampsia rooms was not available in three[64] hospitals.
- Nursing station was not available in CDH, Kushinagar.

Thus, unavailability of some essential facilities for maternity services in district hospitals was in contravention of IPHS norms which may have adverse effect on the quality of services provided by these hospitals.

The Government's reply was awaited (August 2024) despite reminders.

Services at sub-centre

As per IPHS, SCs are to provide maternal and child health services. However, audit observed that, maternal health services was not available in 45 SCs (63 *per cent*) and child health services not available in 48 SCs (67 *per cent*) out of test checked 72 SCs mainly because of unavailability of infrastructure and human resources.

The Government's reply was awaited (August 2024) despite reminders.

3.2.5 Blood Bank

Blood Transfusion Service is a vital part of the health care service. The blood transfusion system has made significant advancement in areas of donor management, storage of blood, grouping and cross matching, testing for transmissible diseases, rationale use of blood and distribution, etc. Audit observed that out of 106 functional DHs in the State, blood bank services was available in 52 DHs. In test checked GMCs, DHMs and CDHs blood banks were available with 24 hours services, though there were shortcomings in their functioning as discussed in the succeeding paragraphs.

The Government's reply was awaited (August 2024) despite reminders.

3.2.5.1 Validation of test reports

As per IPHS norms, Blood Bank shall validate the test results from external labs on regular basis. This process is required to be followed to authenticate the results of blood bank for their genuineness. Audit observed that:

- In GMCs, Ambedkar Nagar and Meerut, validation of test reports commenced from 2020-21 and 2021-22 respectively.

[62] DWH Ghazipur and Kanpur Nagar, CDH Kannauj.
[63] The Dirty Utility provides for cleaning and holding of used equipment for collection and sterilisation elsewhere, disposal of clinical and other wastes and soiled linen, testing and disposing of patient specimens and decontamination and storage of patient utensils such as pans, urinals and bowls.
[64] CDH Kushinagar, CDH Kannauj and DWH Ghazipur.

- In CDH Kannauj and DHMs Hamirpur, Lucknow and Saharanpur, test results of blood bank were not validated from external labs during 2016-22. In DHMs Kanpur Nagar and Jalaun, validation of test reports was started from 2019-20 and 2020-21 respectively. Thus, out of test checked nine hospitals (two CDHs and seven DHMs), four hospitals (44 *per cent*) did not validate test results of blood bank from external labs though required as per IPHS norms.

The Government's reply was awaited (August 2024) despite reminders.

3.2.5.2 Expiration of blood components

Audit observed that significant quantities of blood components expired in both GMCs as given in **Table 3.18.**

Table 3.18: Expiration of blood components in GMCs

Year	GMC, Ambedkar Nagar			GMC, Meerut		
	Expired Whole Blood	Expired PRBC*	Expired Platelet	Expired Whole Blood	Expired PRBC	Expired Platelet
2016-17	26	00	00	00	56	576
2017-18	44	00	00	01	264	1425
2018-19	12	00	00	11	89	401
2019-20	01	00	00	09	17	844
2020-21	00	03	269	00	05	46
2021-22[65]	02	02	11	30	183	889
Total	**85**	**05**	**280**	**51**	**614**	**4181**

(Source: Test-checked GMCs), *PRBC - Packed Red Blood Cells

It may be seen from above that substantial quantities of life saving blood components had expired in both the GMCs due to lack of demand.

The Government (MET) replied (November 2022) that out of 1,256 blood donation during 2020-21 in GMC, Ambedkar Nagar, only three units of PRBC were expired, which was acceptable. It also stated that the platelets were made in anticipation however it was required in case of only six patients. At present, to minimise the expiry, platelets are made on demand. Regarding GMC Meerut, the Government stated that more platelets were made to meet the demand due to dengue. Since expiry life of platelets were less, platelets expired in large number.

3.2.5.3 Display of blood groups and schedule of charges

As per IPHS, availability of blood groups should be displayed prominently in the blood banks and services provided by the blood banks with schedule of charges shall be displayed at the entrance of department to make the patients/ attendants aware of the availability of blood and charges of services without facing any difficulty. Audit observed that services of blood bank were displayed properly in all nine test-checked DHs.

[65] Data as of December 2021.

3.2.6 Diagnostic services

Audit analysed 47[66] out of 97 prescribed laboratory tests[67] in test-checked GMCs, 47[68] out of 51 prescribed laboratory tests[69] for DHs, 14[70] out of 21 prescribed diagnostic services[71] for CHCs and all 11 essential laboratory tests prescribed under IPHS for PHCs to assess the availability of diagnostic services.

Audit observed that in both test-checked GMCs, all 45 tests were not performed during 2016-21. In GMC, Meerut, one test[72] was not performed in 2016-21 while four tests were not performed in the remaining period of 2017-21. Further, in GMC, Ambedkar Nagar, five tests were not performed during 2016-21.

Out of 47 prescribed tests, none of the test-checked DHs were performing all 47 pathological/diagnostic tests. Maximum 39 pathological/diagnostic tests were performed in CDH, Kannauj and DHM, Lucknow. The status of pathological/ diagnostic tests performed in the test-checked 16 DHs during 2016-21 is given in **Table 3.19**.

Table 3.19: Pathological/diagnostic tests performed in DHs

Year	No. of test-checked DHs	No. of test-checked pathological/ diagnostic tests in each DHs	No. of DHs where 1-21 pathological/ diagnostic tests were available	No. of DHs where 22-39 pathological/ diagnostic tests were available
2016-17	16[73]	47	3	11
2017-18	16	47	3	13
2018-19	16	47	3	13
2019-20	16	47	2	14
2020-21	16	47	2	14
2021-22	16[74]	47	1	11

(Source: Test-checked DHs)

Audit further observed that during 2016-22, out of 24 clinical pathological/ diagnostic tests, one (4 *per cent*) to 18 (75 *per cent*) tests were not performed in these DHs. Similarly, these DHs did not perform one to five biochemistry tests (16.67 *per cent* to 83.33 *per cent*), out of six prescribed biochemistry tests. Further analysis of tests performed under diagnostic services are given in **Table 3.20**.

66 Biochemistry-six tests; cardiology, endoscopy, ENT, pathology, respiratory-one test each; clinical pathology-24 tests; radiology – two tests, microbiology-three tests, ophthalmology-three tests, serology-four tests.
67 Indian Public Health Standards: Guidelines for District Hospitals (101-500 bedded) Revised 2012.
68 Biochemistry-six tests; endoscopy, ENT, pathology, respiratory-one test each; clinical pathology-24 tests; Microbiology-four tests, Ophthalmology-five tests, serology-four tests.
69 Indian Public Health Standards: Guidelines for Sub-District Hospitals (31-100 bedded) Revised 2012 has been taken as audit criteria as four test-checked district hospitals had bed capacity of less than 100 bed.
70 Biochemistry-five tests; pathology-one test; clinical pathology-three tests; serology-three tests, Microbiology-two tests.
71 Indian Public Health Standards: Guidelines for CHCs Revised 2012.
72 Stocking of OT test for residual chlorine in water
73 Data for the year 2016-17 was not provided by DWH, Ghazipur and CDH, Kushinagar.
74 DWH and DHM in Ghazipur became part of the medical college and data not provided by DHM and DWH Unnao.

Table 3.20: Types of pathological/ diagnostic tests performed in DHs

Type of hospital	Nos. of test-checked hospitals	Number of tests not performed during (range)					
		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
Clinical pathology tests[75] (24 test-checked tests)							
DHMs	7	2-12	2-11	2-11	2-11	2-13	1-9
DWHs	7	8-18	7-11	7-11	7-11	7-11	7-10
CDHs	2	3	3-10	3-10	3-10	3-10	3-10
Biochemistry tests[76] (6 test-checked tests)							
DHMs	7	1-2	1-2	1-2	1-2	1-2	1-2
DWHs	7	2-5	2-2	2-2	1-2	1-2	1-2
CDHs	2	1	0-1	0-1	0-1	0-1	0-1
Microbiology tests[77] (4 test-checked tests)							
DHMs	7	3-4	3-4	3-4	3-4	3-4	3-4
DWHs	7	4-4	4-4	4-4	4-4	4-4	4-4
CDHs	2	2	2-4	2-4	2-4	2-4	2-4
Ophthalmology tests[78] (5 test-checked tests)							
DHMs	7	1-2	1-2	1-2	1-2	1-2	0-1
CDHs[79]	2	0	0	0	0	0	0
Serology tests[80] (4 test-checked tests)							
DHMs	7	1-2	1-2	1-2	1-2	1-2	1-2
DWHs	7	0-1	0-1	0-1	0-1	0-1	0-1
CDHs	2	0	0-1	0-1	0-1	0-1	0-1

(Source: Test-checked DHs)

Further, out of test-checked 19 CHCs, 37 *per cent* CHCs were performing tests between seven *per cent* and 50 *per cent* and in remaining 63 *per cent* CHCs, it was ranging between 57 *per cent* and 97 *per cent*. However, availability of diagnostic services in PHCs was very poor as in 15 (39 *per cent*), out of 38 test-checked PHCs, no test was performed whereas in remaining 23 PHCs, one to six tests out of 11 test-checked pathology tests, were performed.

Performing lesser tests by all healthcare facilities, must have compelled the public to incur expenditure from their own pocket for the service which should have been provided by these healthcare institutions. Audit observed that unavailability of laboratory reagents/ kits, equipment and manpower were the main reasons for deficient performance of laboratories in test-checked hospitals as mentioned in **Paragraphs 4.12.1, 4.15.2.5 and 2.5**.

The Government (MET) stated (November 2022) that due to unavailability of doctors, five tests were not being prescribed by the doctors in GMC, Ambedkar Nagar. However, MHFW Department did not offer any comment on the deficient laboratory services in the district hospitals, CHCs and PHCs.

[75] Data for 2016-17 was not provided by Kushinagar and data for 2021-22 was not provided by DHMs & DWHs of Ghazipur and Unnao.

[76] Data for 2016-17 was not provided by Kushinagar and data for 2021-22 was not provided by DHMs & DWHs of Ghazipur and Unnao.

[77] Data for 2016-17 was not provided by CDH, Kushinagar and data for 2021-22 was not provided by DHMs & DWHs of Ghazipur and Unnao.

[78] Data for 2016-22 was not provided by CDH, Kushinagar. Further, data for 2021-22 was not provided by DHMs and DWHs of Ghazipur and Unnao.

[79] Data was not provided by Kushinagar.

[80] Data for 2016-17 was not provided by Kushinagar and data for 2021-22 was not provided by DHMs & DWHs of Ghazipur and Unnao.

3.3 Support services

Support services in hospital deals with dietary services, laundry services, etc. Audit analysed the availability of support services in all 107 DHs in the State as on March 2022 as compared to March 2017, which was as given in **Table 3.21.**

Table 3.21: Availability of support services in DHs

Name of Service	Total No. of DHs	Number of DHs for which information provided for March 2017	DHs having required support services as on March 2017		Number of DHs for which information provided for March 2022	DHs having required support services as on March 2022	
			Number	Percentage		Number	Percentage
Oxygen services	107	104[81]	95	91	106[82]	106	100
Dietary services	107	104	103	99	106	105	99
Laundry services	107	104	99	95	106	106	100
BMW services	107	104	101	97	106	106	100
Mortuary services	107	104	54	52	106	56	53
Cleaning services	107	104	103	99	106	106	100

(Source: CMSs of DHs)

Table 3.21 shows that availability of support services in March 2022 improved in DHs as compared to March 2017. However, further improvement was required in case of dietary services (unavailable in one DH) and mortuary services (unavailable in 50 DHs). The details are given in ***Appendix 3.11***.

The Government's reply was awaited (August 2024) despite reminders.

The availability of support services in test-checked hospitals are discussed in succeeding paragraphs:

3.3.1 Dietary services

IPHS envisages dietary service as an important therapeutic tool. Quality and quantity of diet is required to be checked by competent person on regular basis.

3.3.1.1 Availability of dietary services

Audit observed that dietary services was available in all the test checked GMCs, DHs and CHCs. Dietary services were provided through outsourcing in GMC, Ambedkar Nagar, nine DHs and all the test-checked 19 CHCs. In GMC, Meerut and remaining seven DHs, diet was being provided through in-house kitchen.

3.3.1.2 Availability of diet registers and their supervision

Diet register is the basic record for monitoring and administration of the diets provided to the patients. However, audit observed that in GMC, Ambedkar Nagar, diet register was not maintained whereas in GMC, Meerut it was being maintained. Further, in two DHs (CDH Kushinagar and DWH Saharanpur) and in CHC Talgram, Kannauj diet register was not maintained properly. Further, it was also observed that periodic supervision of diet records was not performed

[81] Three DHs were not functional as on March 2017.
[82] One DH was not functional as on March 2022.

in GMC, Meerut, 11 (68.75 *per cent*) out of 16 test checked DHs and in 18 out of 19 test checked CHCs[83].

The Government's reply was awaited (August 2024) despite reminders.

3.3.1.3 Availability of dietician/nutritionist

IPHS Guidelines for District Hospitals prescribes for one post of dietician for 101 to 500 bedded hospital whereas dietician was desirable in hospitals having 100 beds and below.

Audit observed that in-house dietician/ nutritionist was not available in nine (56 *per cent*) out of 16 test checked DHs. In absence of dietician/ nutritionist in these DHs, the regular or fixed diets were provided to the patients without assessing the requirement of the patients. Further, in test-checked GMCs, dietician/ nutritionist was not available in GMC Ambedkar Nagar.

The Government's reply was awaited (August 2024) despite reminders.

3.3.1.4 Quality tests

As per IPHS, quality and quantity of diet shall be checked by competent person on regular basis. Audit observed that in test checked[84] DHs and CHCs quality test of the diets provided to the patients was not carried out. Further, out of two test-checked GMCs, quality check was carried out in Ambedkar Nagar thrice during 2016-21, whereas no quality check was done in Meerut. Thus, quality of the diets provided to patients were not ensured in these hospitals.

The Government's reply was awaited (August 2024) despite reminders.

3.3.2 Laundry services

Hospital laundry service is an important part of ancillary and support services provided by the hospital. It should be provided with necessary facilities for drying, pressing and storage of soiled and cleaned linens.

Laundry services were available in all the test-checked GMCs (two), 16 DHs and 19 CHCs. Audit, however, observed that:

- In GMC, Meerut, laundry register was not maintained for 51 months[85] whereas in GMC, Ambedkar Nagar, laundry register was not maintained at all during 2016-22. Further, in 13 out of 16 DHs and 15 out of 19 CHCs, date wise and patient wise record was not kept for linen issued to patients. In four test checked CHCs[86], laundry register was not maintained due to which cleaning schedule and change of bed linen in various wards in these hospitals could not be verified in audit.
- Laundry records for nine months were not verified by the concerned officer in GMC, Meerut. In two[87] out of 16 DHs and eight[88] out of 19 CHCs,

[83] Periodic supervision of diet register was done in CHC Achalganj.
[84] DHM, DWH (Jalaun), DWH (Saharanpur) and Balrampur hospital, Lucknow (DHM) and CHCs, Sarila (Hamirpur), Bidhnoo & Sarsaul (Kanpur Nagar).
[85] 01-04-2016 to 31-03-2018, 01-01-2019 to 31-03-2019, 14-04-2019 to 31-03-2021.
[86] CHCs Muskara (Hamirpur), Sarila (Hamirpur), Aishbagh (Lucknow) and Hata (Kushinagar).
[87] DHM Kanpur Nagar and Lucknow..
[88] CHC Hata (Kushinagar), Bhadaura and Saidpur (Ghazipur), Jalaun (Jalaun), Bidhnoo and Sarsaul (Kanpur Nagar), Talgram (Kannauj), Aishbagh (Lucknow).

officers were not nominated to inspect and verify quality and adequacy of the laundry services regularly.

- Stock of cleaned linen was not kept in closed cup board in three[89] CHCs out of 19 test-checked CHCs and in CDH, Kushinagar.

Thus, the laundry services were available in all the test checked GMCs, DHs and CHCs, however, the maintenance of records and monitoring of the laundry services was not up to the mark.

The Government (MET) replied (November 2022) that linen register was available at various work places in GMC, Meerut. Laundry service was outsourced and the executing agency had been directed to maintain the laundry register properly and action would be taken in case of non-compliance.

Reply of MET was not acceptable as laundry register was not maintained for 51 months in GMC, Meerut. Further, it was not verified for nine months. Further, reply from the MHFW Department was awaited (August 2024) despite reminders.

3.3.3 Operation and Management of Ambulance Service-108

In order to provide free Ambulance Services to the patients in medical emergencies for transporting them to the nearest CHC or DH within the shortest possible time free of cost, an agreement was executed (April 2019) between DGMH, Uttar Pradesh and M/s GVK Emergency Management and Research Institute, Secunderabad. Accordingly, Uttar Pradesh was divided into two clusters, *viz*., East Cluster covering 48 districts and West Cluster covering 27 districts.

As per the contract, CMO/CMS shall verify the trip data generated by the GPS by corroborating the same from the copy of the Patient Care Record (PCR) submitted to him for payment. Further, service provider shall maintain proper records[90] of operations and present it to the Authority or any independent agency nominated by the Authority from time-to-time at the discretion of the Authority.

On submission of bill for the particular month by the service provider, 70 *per cent* payment of the Monthly Contract Fee for the submitted invoices was to be paid within 15 days of receipt of such invoice and payment of the remaining 30 *per cent* was to be made after verification of data within 30 days from the date of submission of such invoices. A Programme Management Unit (PMU), engaged for the verification of records of the data provided by the service provider and dashboard data, was assigned to prepare a detailed monthly progress report. After verification of data by the PMU, the entire payment was being made.

[89] CHC Achalganj (Unnao), Hata (Kushinagar) and Sarsaul (Kanpur Nagar).
[90] Call logs, Employee Logs, GPS Tracking Data, Terminal Access Log, Breakdown/Maintenance/Out of Service Schedule, inventory of medical consumables, medicines consumed, and any other relevant data.

Audit selected December 2021, being the highest number of trips (2,76,608) done by the Ambulance Service 108 for the entire State during April 2016 to December 2021. Deficiencies noticed are summarised as below:

i. As per the agreement, the Service Provider has to meet a target of average of minimum five trips per ambulance per day and 120 Km per ambulance per day; on the average for fleet per district, in any month.

Audit noticed that the service provider failed to meet the requisite number of trips by 49,309 trips in 45 districts of East Cluster and 15,552 trips in 26 districts of West cluster (i.e., 64,861 trips in 71 districts). Further, there was a shortfall of 67,018 kms in five districts of East cluster and 5,219 Km in two districts of West cluster (*i.e.*, 72,237 Km in seven districts).

ii. As per agreement, maximum permissible response time was 15 minutes for urban as well as for rural areas. Audit, however, observed that out of 1,86,227 trips in East Cluster, there were average delays of 11 minute per trip in 38.46 *per cent* trips. Similarly, out of 90,481 trips in West Cluster, there were average delays of nine minutes per trip in 29.47 *per cent* trips. The maximum response time was 3:23 hours in east cluster and 1:56 hours in west cluster against the stipulated response time of 15 minutes.

iii. The data relating to trip was to be provided by the service provider to the DGMH. Audit noticed that there were inconsistencies in the reported data (trip data submitted by service provider) with those reflecting on online MIS of service provider. The details are given in **Table 3.22**.

Table 3.22: Inconsistencies in operation of ambulances

Sl. No.	Types of Inconsistency	East Cluster	West Cluster
1.	Details of trips of another cluster reported in monthly reports	3 trips of west cluster reported in east cluster.	0 Trip
2.	Availability of Latitude and Longitude	74.71 % of total trips	78.14 % of total trips
3.	% of trip caller number available in "Delay in Response report" but not available in "Call mapping raw data report"	17.49%	10.03%
4.	% of feedback caller number available in "feedback report" but not available in "Call mapping raw data report"	17.45%	10.06%
5.	Feedback Sought from same number for multiple IDs	39.52 %	46.46 %
6.	"Call end time" before "Call start time"	542 Trips	50 Trips
7.	Same "Call End time" and "Call Start Time"	43 Trips	29 Trips
8.	Same "Call Start Date and Time" and "ambulance_assignment_time"	513 Trips	48 Trips
9.	"Ambulance_destination_reach_time" not available	408 Trips	136 Trips
10.	Ambulance reaching destination hospital in less than two minutes from point of scene	298 Trips	129 Trips
11.	Zero distance mentioned between scenes to destination hospital	603 cases	172 cases
12.	Zero distance mentioned between base to scene in non-inter-facility transfer (IFT) cases	446 cases	411 cases

Sl. No.	Types of Inconsistency	East Cluster	West Cluster
13.	No. of ambulances which were "On Road" throughout the month and not conducted even single trip.	6 ambulance	10 ambulance
14.	Availability of patient care report (PCR) link for all the trips	Not available for 98.40% of trips	Not available for 55.03% of trips
15.	District overachieving distance target but failed to achieve trip target	41 Districts	24 Districts

(Source: DGMH)

It is evident from above that there were several deficiencies, such as, feedback from same number, call end time before call start time, zero distance mentioned from base to scene and unavailability of ambulance destination reach time, *etc*., were occurring in the data base and persisting even after lapse of more than three years of agreement.

Non-verification of patients

Audit scrutiny of records of the Ambulance Service – 108 in the test-checked selected 16 district hospitals and 19 CHCs revealed that:

- As per the agreement, Service Provider shall fill out and submit a copy of the Patient Care Report (PCR) upon completion of a trip to the field officer or a medical officer designated and present at the medical facility/hospital. The field officer or the medical officer so designated shall forward the copy of the PCR to CMO/CMS of the relevant district for the purpose of verification of the data provided therein.

  Audit noticed that PCRs were not submitted to the destination hospitals in any of the test-checked hospitals and CHCs though required as per terms and condition of agreement. In absence of the PCRs, the patients dropped at the hospitals were not verifiable. Further, payments were made to Service Provider without verification of trips vis-à-vis PCRs.

- Further, in six DHs and nine CHCs, the audit verified the patients dropped at the destination hospitals as per the data provided by the DGMH, with the records of the hospitals, viz., emergency register, OPD registration register and labour admission register maintained by the hospitals and found that 4.26 to 59.57 *per cent* patients were only verifiable with the records of hospitals in the test-checked months. In remaining nine DHs and 10 CHCs, the related records were not submitted to Audit. The details are given in **Table 3.23**.

Table 3.23: Inconsistencies in operation of ambulances in DHs, DWHs and CHCs

Sl. No.	Name of medical institution	Month test-checked	Total Number of patients dropped at the hospital	Number of Patients which could be verified by Audit with the records of hospital	Percentage
1.	District Male Hospital, Jalaun	December 2021	141	06	4.26
2.	District Women Hospital, Jalaun	December 2021	129	41	31.78
3.	District Male Hospital, Kanpur Nagar	December 2021	226	47	20.80
4.	District Women Hospital, Kanpur Nagar	December 2021	28	2	7.14
5.	Combined District Hospital, Kannauj	December 2021	312	99	31.73

Sl. No.	Name of medical institution	Month test-checked	Total Number of patients dropped at the hospital	Number of Patients which could be verified by Audit with the records of hospital	Percentage
6.	Balrampur Hospital, Lucknow	December 2021	313	167	53.35
7.	CHC Bhadaura, Ghazipur	March 2020	120	14	11.67
8.	CHC Saidpur, Ghazipur	December 2021	150	17	11.33
9.	CHC Kadaura, Jalaun	February 2022	183	73	39.89
10.	CHC Jalaun, Jalaun	February 2022	93	12	12.90
11.	CHC Bidhanoo, Kanpur Nagar	December 2021	301	61	20.27
12.	CHC Sarsaul, Kanpur Nagar	December 2021	366	109	29.78
13.	CHC Talgram, Kannauj	December 2021	250	71	28.40
14.	CHC Malihabad, Lucknow	December 2021	94	38	40.43
15.	CHC Aishbagh, Lucknow	December 2021	57	05	8.77

(Source: Test-checked DHs, DWHs and CHCs)
(Note: Due to unavailability of relevant records of the month December 2021, audit verified the patients dropped at the destination hospitals in the month of March 2020 at Sl. No. 7 and February 2022 at Sl. No. 9 and 10)

- Audit further noticed that out of 535 patients, 148 male patients (28 *per cent*) were shown to have been dropped at District Women Hospitals which were only providing maternity services. The details are given in **Table 3.24**.

Table 3.24: Male patients dropped at DWHs

Sl. No.	Name of medical institution	Test-checked month	Total Number of patients dropped at the hospital	Number of Male Patients dropped at Women Hospital	Percentage
1.	District Women Hospital, Hamirpur	December 2021	79	11	13.92
2.	District Women Hospital, Jalaun	December 2021	129	44	34.11
3.	District Women Hospital, Kanpur Nagar	December 2021	28	15	53.57
4.	District Women Hospital, Saharanpur	December 2021	78	12	15.38
5.	District Women Hospital, Unnao	December 2021	211	66	31.28
Total			**525**	**148**	**28.19**

(Source: Test-checked DWHs and data proved by DGMH)

Thus, dropping of male patients at District Women Hospitals create doubt on integrity of the data against which payment were being made.

Non-verification of most of the patients dropped at the test-checked hospitals was fraught with the risk of bogus trips by the ambulances. It may be mentioned that the DGMH has instituted (May 2022) an enquiry against the service provider for getting payments on account of transporting fake patients, which was under process (January 2023).

The Government's reply was awaited (August 2024) despite reminders.

Irregular operation of ambulances in GMC Ambedkar Nagar

Audit noticed that out of 95 journeys performed by its own one ambulance[91] in GMC, Ambedkar Nagar during 2017-21, only two (two *per cent*) journeys were

[91] GMC Ambedkar Nagar had two ambulances (UP45G0299 and UP45G0116) and one hearse (Shav Vahan) (UP45G0298). The GMC provided records of only one ambulance (UP45G0116).

for patients and remaining 93 (98 *per cent*) journeys were made for administrative works such as carrying goods, *etc*.

The Government (MET) replied (November 2022) that out of three ambulances, one ambulance was being used for government works due to unavailability of vehicle and other two ambulances were being used for patients and thus, the patients are getting the intended benefits from the ambulance.

Reply was not acceptable as deployment of ambulance mainly for government work in GMC, Ambedkar Nagar was not an intended purpose for which it was procured.

3.3.4 Mortuary services

A post mortem examination is a medical examination carried out on the body after death. Guidelines of IPHS for District Hospitals provide facilities for keeping of dead bodies and conducting autopsy.

Infrastructure of post-mortem house

Audit observed that in three test checked district male hospitals[92] and one combined district hospital[93], out of seven male hospitals and two CDHs, post-mortem house was functioning[94]. Audit found that cement based tables were available in the post-mortem rooms of these post-mortem houses instead of stainless steel autopsy table with required specifications[95]. The requirement *vis-à-vis* availability of equipment in post-mortem houses are given in **Table 3.25**.

Table 3.25: Availability of equipment in post-mortem house

Sl. No.	Name of Technical Devices for post-mortem department	Status of availability equipment/instrument
1	Autopsy table elevating with stainless steel dissection board. Integrated sink should also have same length and width. Concealed pressure control hot and cold water mixture/swing spout/tap. Table should be height adjustable to be used for post-mortem and for demonstration purposes.	Cement based table available in Post-mortem houses situated at DHM Unnao, CDH Kushinagar, DHM Hamirpur and DHM Saharanpur. Stainless steel autopsy table was not available with these Post-mortem houses.
2	Post mortem instruments for examination of corpses during autopsy - amputation saw, bowel surgical scissors, post mortem scissors, chisel, detachable cross handle chisel, brain knife, cartilage knife, scalpel, dissecting forceps, chain hook set of 3.	Chisel, small hammer, bowl and knife were available in Post-mortem house, CDH Kushinagar. Hammer, chisel, knife, saw, surgical knife, measuring tape, scale, bowl were available at post-mortem house at DHM Unnao. Bowl, surgical scissor, post-mortem scissor, brain knife, cartilage knife, hammer and chisel were available with Saharanpur.

[92] DHM, Unnao, DHM, Hamirpur under CMO and DHM, Saharanpur under CMO.
[93] CDH, Kushinagar.
[94] Post-mortem house was not available in DHMs, Jalaun, Kanpur Nagar and Lucknow and CDH Kannauj. In DHM Ghazipur, it was functioning under medical college.
[95] NHM guidelines of technical specifications of medical devices for post-mortem department.

Sl. No.	Name of Technical Devices for post-mortem department	Status of availability equipment/instrument
		Amputation saw, scissor, hammers, chisel, knife, forceps, bowel, probe needle, scale were available at DHM Hamirpur.
3	Autopsy weighing machine to measure the weight of an organ.	Not available with Post-mortem houses situated at DHM, Unnao, CDH Kushinagar, DHM Hamirpur. Weighing machine was available at post-mortem house at Saharanpur.
4	Measuring Jar Liquid for analysing quantity of alcohol, body fluid, biological specimen from stomach or bladder, etc. in cadaver. There should be 5 Jars each capable of measuring 50 ml, 100 ml, 250 ml, 500 ml, 1 Liter. These autoclavable jugs must have excellent transparency and good chemical resistance.	Not available with Post-mortem houses situated at DHM, Unnao, CDH Kushinagar, DHM Hamirpur and DHM Saharanpur.
5	Post-mortem Personal Protectives (Aprons, Gloves, Goggles, Boots, Masks)	Not available with Post-mortem house situated at CDH Kushinagar. Only mask and gloves were available with post-mortem house at DHM, Unnao. PPE Kit, Apron was available with DHM Hamirpur.
6	Spot Light to illuminate cadaver for autopsy purpose with height adjustment, radial and axial movement of the lamp. Minimum 1,60,000-1,40,000 Lux at a working distance of 0.5 meter.	Halogen and tube light available at post-mortem house at DHM, Unnao. At CDH, Kushinagar, only tube lights were available at post-mortem house.

The lack of autopsy table elevating with stainless steel dissection board and Spot Light in post-mortem house in test-checked district is given in the photograph below:

Post-mortem house at Kushinagar

Audit further observed that:

- As per Standard Operating Procedures for District Hospitals – Uttar Pradesh, temperature should be checked and maintained on daily basis (if body kept inside). Audit, however, observed that air conditioning system was not available and temperatures were not checked in the mortuaries.
- As per GoI instructions (November 2021), post-mortem after sunset can be conducted at hospitals which have the infrastructure for conducting such post-mortem on a regular basis. The fitness and adequacy of infrastructure, etc., shall be assessed by the hospital in-charge to ensure that there is no

dilution of evidentiary value. Audit observed that post-mortem houses at Unnao, Kushinagar, Hamirpur and Saharanpur conducted post-mortem after sunset, though the infrastructure, such as required lighting, etc., for such post-mortem was not available with these post-mortem houses which may compromise evidentiary value of post mortem.

Mortuaries were available at both the GMCs though in GMC, Ambedkar Nagar it was not functional (January 2022) even after handing over (December 2020) by the executing agency.

The Government's reply was awaited (August 2024) despite reminders.

3.4 Auxiliary services

Auxiliary services in a hospital are of utmost importance since they are required to ensure a comfortable and nurturing environment for all thereby contributing their part for the effective care and treatment of patients.

3.4.1 Cleaning services

Swachhta Guidelines for Public Health Facilities issued (May 2015) by Ministry of Health and Family Welfare, GoI provides that the perception of patients and the public regarding the level of cleanliness and ambience of a facility directly affects the level of confidence they have in the health care offered in a facility. Low levels of cleanliness in our public hospitals are a deterrent to use by people. Lack of cleanliness is also a contributor to hospital acquired infections. The cleanliness in hospitals involves planning, implementation, monitoring and continuous improvement. The Guidelines further require keeping hospital premises clean, adherence to infection prevention protocols, etc. These Guidelines have been developed in order to support the States to implement the *Swachh Bharat Abhiyaan* in their facilities.

Audit, however, observed lack of cleanliness in the test-checked hospitals as discussed in the succeeding paragraphs:

Standard operating procedures

As per IPHS, DHs are required to frame a Standard Operating Procedure (SOP) for housekeeping in order to provide a clean environment to patients, visitors and staff. By framing the SOP, hospital authorities would ensure the cleanliness of the hospital premises.

Audit, however, observed that SOPs for housekeeping were not available in four[96] out of 16 test checked DHs during 2016-21. SOPs were not available in both the test-checked GMCs.

The Government (MET) replied (November 2022) that SOP has been implemented for Emergency Department and Wards in GMC, Meerut.

The Government's reply was awaited (August 2024) despite reminders.

[96] CDH, Kushinagar, DWH Ghazipur, DHM Ghazipur and DHM Lucknow.

Arrangement of cleaning services

The arrangement of cleaning services in the test checked hospitals were as shown in **Table 3.26**.

Table 3.26: Arrangement of cleaning services

Hospitals	Test-checked (numbers)	Outsourced (numbers)	Own arrangement (numbers)
GMC	02	02	00
DHM	07	07	00
DWH	07	07	00
CDH	02	02	00
CHC	19	07	12
PHC	38	01	37

(Source: Test-checked GMCs/ Hospitals, CHCs and PHCs)

As seen from the table above cleaning services were outsourced in all the test checked GMCs and DHs. Further, cleaning services were outsourced in seven out of 19 test checked CHCs whereas in 37 test checked PHCs, the services were being provided through own arrangement.

The Government's reply was awaited (August 2024) despite reminders.

Hospitals ambience

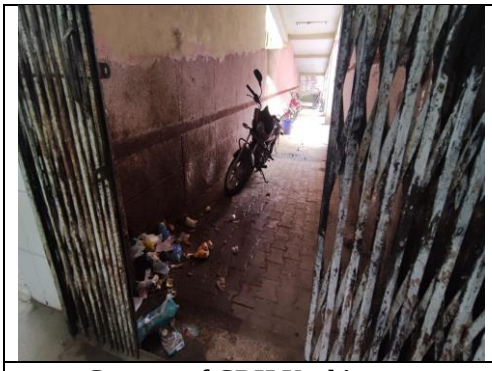
As discussed in the paragraph above that cleaning services were outsourced in all the test checked GMCs and DHs. Audit, however, noticed that the premises and surroundings of most of the test checked GMCs and DHs were not cleaned as indicated in pictures below:

Campus of GMC Meerut

Campus of GMC, Ambedkar Nagar

Campus of CDH, Kannauj

Campus of DWH Hamirpur

	
Campus of CDH Kushinagar	**Campus of DH Male Unnao**

Further, the status of record keeping for the maintenance of premises, surroundings, roads and garden was as per **Table 3.27**.

Table 3.27: Availability of cleaning records

Hospitals	Total test checked	Availability of records of maintenance of surrounding, roads and gardens	Percentage of Availability
GMC	02	00	00.00
DHM	07	03	42.86
DWH	07	04	57.14
CDH	02	00	00.00
CHC	19	01	05.26
PHC	38	00	00.00
Total	**75**	**08**	**10.67**

(Source: Test Checked Hospitals)

As evident from **Table 3.27**, out of 75 test-checked hospitals, only eight hospitals (10.67 *per cent*) had the records relating to cleaning services. Further, the availability of records in DHM and DWH was ranging between 42.86 and 57.14 *per cent*. It is pertinent to mention that both test-checked GMCs, 18 and 38 test-checked CHCs & PHCs and two CDHs did not have records of cleaning services.

The Government (MET) stated (November 2022) that service provider has been directed to keep the ambience clean in GMC, Meerut. Further, service provider has also been penalised for breach of the contract conditions. However, no reply was furnished for unhygienic hospital ambience in GMC, Ambedkar Nagar, district hospitals and CHCs. Further, reply of the MHFW department was awaited (August 2024) despite reminders.

Status of cleanliness inside hospitals

During visit of the hospitals, audit noticed that cleanliness in various areas inside the hospital buildings was in bad shape as depicted in the following photographs:

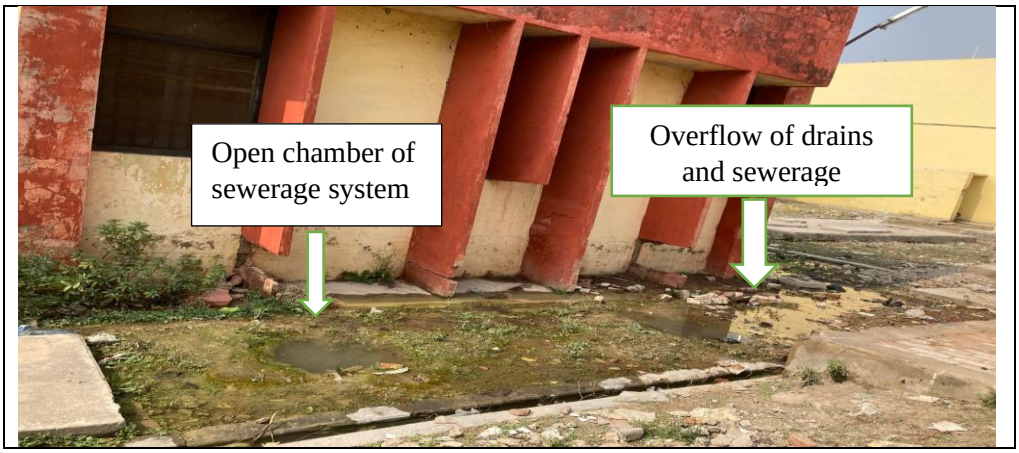
	
Spots of spitting, DHM Balrampur, Lucknow	**Dirty toilet, GMC Meerut**
	
IPD, CDH Kushinagar	**Hand wash area, DHM, Saharanpur**

The Government (MET) replied (November 2022) that the audit team might have visited the toilets of GMC Meerut between 10 AM to 11 AM when hospital was overcrowded with patients and attendant and the toilets got dirty by use of these people. However, strict instructions have been issued to the executing agency. Further, reply of the MHFW department was awaited (August 2024) despite reminders.

The reply was not acceptable as shown in the photograph above, toilet in GMC, Meerut was not only extremely dirty but it was also littered with in solid wastes. Further, being a healthcare institution, it should be kept clean to avoid any kind of infection spread through unhygienic condition.

Sewerage and drainage systems

As per IPHS, there shall be no stagnation/over flow of drains and no open sewage/ditches in the hospital. However, Audit noticed stagnation/ overflow of drains and open sewerage in DH Male, Unnao as depicted in the picture below:



Further, the position of record keeping for cleaning of drains and sewers was as per **Table 3.28**.

Table 3.28: Availability of cleaning records (drains and sewers)

Hospitals	Total test checked hospitals	Availability of Record of cleaning of drains and sewers	Percentage of Availability
GMC	02	00	00.00
DHM	07	04	57.14
DWH	07	03	42.86
CDH	02	00	00.00
CHC	19	01	05.26
PHC	38	00	00.00

(Source: Test Checked Hospitals)

As evident from the table given above record of cleaning of drains and sewers not available at all in the test checked GMCs, CDHs, PHCs and in 18 CHCs. In DHMs and DWHs, the range of availability of such records was between 42.86 *per cent* and 57.14 *per cent*.

Further, in test-checked CHCs and PHCs where own arrangements were made for cleaning services (in CHC Garhi Kanaura Lucknow, cleaning service was outsourced), the situation of cleanliness was similar to what audit observed in DHs as evident from the pictures given below:

Blood stains in OPD area toilet, CHC, Muskara, Hamirpur

Ward of PHC, Katehru, Unnao

Dirty toilet, PHC, Dyodhighat, Kanpur Nagar

The status of cleanliness was to be certified by the authorities of concerned hospitals. It was, however, observed that despite having dirty and littered conditions, certificates were being issued by the hospital authorities without mentioning dirty conditions of the hospitals for payments. Further, most of the

test checked hospitals failed to provide clean environment, due to which patients were prone to infections.

The Government's reply was awaited (August 2024) despite reminders.

3.4.2 Infection Control

Hospital Infection Control Committee

Healthcare-associated infection is one of the most common complications of health care management. It is a serious health hazard as it leads to increased patients' morbidity and mortality, length of hospital stays, and the costs associated with hospital stay. Effective infection prevention and control is central to providing high quality health care for patients and a safe working environment for those working in healthcare settings. It is important to minimize the risk of spread of infection to patients and staff in hospital by implementing good infection control programme.

As per NHM Assessor's Guidebook, Infection Control Policies are needed to be framed, practiced and monitored by the Hospital Infection Control Committee (HICC). The role of the HICC is to implement the infection control programme and policies such as culture surveillance practices, monitoring of hospital acquired infection, *etc*. The availability of Infection Control Committee in the test-checked hospitals was as per **Table 3.29**.

Table 3.29: Availability of HICC in test checked hospitals during 2021-22

Hospitals	Total test checked	HICC available in	Percentage of Availability
GMC	02	02	100.00
DHM	07	06	85.71
DWH	07	06	85.71
CDH	02	01	50.00
CHC	19	10	52.63

(Source: Test-checked hospitals)

HICC was not available in DHM Unnao, DWH Unnao, CDH Kushinagar and in nine CHCs. Unavailability of HICC led to non-verification of the observance of required processes of hygiene and infection in these hospitals. Further, its unavailability in hospitals was fraught with the risk of exposure of patients and working staff to the health hazards.

The Government's reply was awaited (August 2024) despite reminders.

Pest and rodent control

As envisaged in the NHM Assessor's Guidebook, controlling spread of infection through rodents and pests in the hospitals is an important component of infection control practices. The availability of the records of pest and rodent control in the test-checked hospitals was as per **Table 3.30**.

Table 3.30: Availability of records of pest and rodent control in test checked hospitals

Hospital	Nos. of test-checked hospitals	Records of Pest and Rodent Control available in	Percentage of Availability
GMC	**02**	**00**	**0.00**
DHM	07	05	71.43
DWH	07	04	57.14
CDH	**02**	**00**	**0.00**
CHC	19	08	42.11
Total	**37**	**17**	**45.95**

(Source: Test-checked GMCs/hospitals/CHCs)

As evident from the table above, only 45.95 *per cent* test-checked hospitals had maintained the pest and rodent control records. In spite of being tertiary level hospitals, both GMCs did not have the records whereas the secondary level hospitals (CDHs) were also lacking in maintaining the records. In remaining 17 hospitals the availability of records was ranging between 42.11 *per cent* and 71.43 *per cent*. Thus, non-maintenance of records prevented audit from deriving an assurance whether pest and rodent control practices were actually followed in the concerned test-checked hospitals.

The Government's reply was awaited (August 2024) despite reminders.

Disinfection and sterilisation

As per Hospital Infection Control Guidelines of the Indian Council of Medical Research (ICMR), disinfection and sterilisation help prevent the build-up of bacteria/ viruses, *etc*. on the medical tools and reduce the chances of spread of infection in patients and staff of hospitals. Further, NHM Assessor's Guidebook recommends boiling, autoclaving, High Level Disinfection (HLD) and chemical sterilisation process for disinfection/sterilisation in the test checked hospitals.

Availability of the methods of disinfection and sterilisation in the test-checked hospitals was as shown in **Table 3.31**.

Table 3.31: Availability of disinfection and sterilisation procedures

Hospitals	Total test checked units	Boiling	Chemical Sterilisation	Autoclaving
GMC	02	02	02	02
DHM	07	07	**05**	07
DWH	07	07	**06**	07
CDH	02	02	02	02
CHC	19	18	**11**	**18**
Total	**37**	**36 (97 *per cent*)**	**26 (70 *per cent*)**	**36 (97 *per cent*)**

(Source: Test-checked GMCs, DHs and CHCs)

As evident from the table above, disinfection and sterilisation through boiling and autoclaving process was available in all the test checked Hospitals except availability of boiling in CHC Kadaura (Jalaun) and autoclaving in CHC Hata (Kushinagar). Chemical Sterlisation was not available in two DHMs[97], one DWH[98] and in eight CHCs. Thus, the risk of acquiring infection among patients

[97] DHM Ghazipur and Unnao.
[98] DWH Ghazipur.

and staff of hospitals where these processes were not available could not be ruled out.

The Government's reply was awaited (August 2024) despite reminders.

3.4.3 Grievance Redressal System

Grievance Redressal System is an important mechanism to ensure delivery of entitled services and fulfilment of needs of public. It helps in identifying the gaps in health service delivery and thereby, improving the quality of services. It also helps in initiating direct health interventions to address those gaps and problems faced by the patients/their attendants. This also provides a platform to the community to share their concerns and suggestions to make the public health care delivery system more responsive to their needs. It helps in creating a patient centric environment.

Availability of complaint register

For effective redressal of grievances of patients, NHM Assessor's Guidebook envisaged a mechanism for receipt of complaints, registration of complaints and disposal of complaints on a first-come-first-serve basis, noting of action taken in respect of complaints in a register, periodic monitoring of system of disposals and follow-up by superior authorities as necessary.

The status of availability of complaint register in the test checked hospitals was as per **Table 3.32**.

Table 3.32: Availability of complaint register in the test checked hospitals

Hospitals	Total test checked	Availability of complaint register	Percentage of Availability
DHM	07	07	100.00
DWH	07	07	100.00
CDH	02	02	100.00
CHC	19	09	47.37
PHC	38	04	10.53
GMC	02	01[99]	50.00

(Source: Test checked GMCs, DHs, CHCs and PHCs)

As evident from the table given above complaint register was available in all the test checked DHMs, DWHs and CDHs. However, it was not available in ten CHCs and in 34 PHCs. Thus, the basic record related to redressal of grievances was not available in majority of PHCs and many CHCs.

The Government's reply was awaited (August 2024) despite reminders.

Redressal of grievances through toll free number

Uttar Pradesh Government launched a toll free helpline number 1800-180-5145 in April 2012 to facilitate patients in government hospitals to records their complaints against unavailability of doctors and medicines.

Audit, however, observed that in 16 test-checked DHs, no complaint through this toll free number was received during 2016-22.

The Government's reply was awaited (August 2024) despite reminders.

[99] In GMC, Ambedkar Nagar complaint register was not maintained.

3.4.3.1 Display of availability of services

As per IPHS, Citizen Charter shall be displayed at OPD and entrance in local language including patient rights and responsibilities. This should include the information of services provided by the hospitals.

Audit observed that:

- OPD services and their timings were displayed up to the level of CHCs except in CHC Bidhnoo, Kanpur. In case of PHCs, 29 out of 38 test-checked PHCs did not display the information.
- Diagnostic services were displayed in all the test checked 16 DHs. Further, in two CHCs[100] out of 19 CHCs it was not displayed whereas in 35 out of 38 test-checked PHCs, the citizens were deprived of the information.
- Patients' right were not displayed in two DHMs, Ghazipur and Unnao out of 16 test checked DHs, in six[101] CHCs out of test checked 19 CHCs and in 30 PHCs out of 38 test checked PHCs.

Audit observed that Patients responsibilities were not displayed in four[102] DHs out of 16 test checked DHs, in 10 CHCs out of test checked 19 CHCs and in 34 PHCs out of 38 test checked PHCs. Thus, status of display of information about services provided by the hospitals required improvement.

The Government's reply was awaited (August 2024) despite reminders.

To sum up, the service delivery in test-checked hospitals was marred with inefficient and less availability of line services, viz., OPD and IPD. Auxiliary and Support services like operation of ambulances, dietary services, cleaning coupled with infection control had several deficiencies leading to condition vulnerable to patients.

Recommendations:

State Government should:

4. ***ensure that required facilities and services for OPD, IPD, emergency, diagnostic as prescribed under IPHS norms for different health institutions are made available to the beneficiaries so that overall healthcare experience is improved;***
5. ***develop online mechanism by integrating all the blood banks to avoid expiry of blood components;***
6. ***ensure adherence to cleanliness in the healthcare facilities as envisaged under Swachhta Guidelines for Public Health Facilities and IPHS.***

[100] CHC Bhadaura (Ghazipur) and CHC Chinhat (Lucknow)
[101] CHC Bhadaura, Saidpur (Ghazipur), Muskara (Hamirpur), Talgram, Chhibramau (Kannauj), Chinhat (Lucknow)
[102] DHM Unnao, DHM and DWH Ghazipur, DHM Jalaun.