Chapter-V

Healthcare Infrastructure

This Chapter deals with the availability of physical infrastructure and progress of construction works of primary, secondary and tertiary level hospitals.

Audit objective: ***Whether the availability and management of public healthcare infrastructure was ensured?***

Brief snapshot of the Chapter

- State Government has not prescribed population wise norm for the DHs and number of SCs per PHC. Further, rural CHCs, PHCs and SCs, which are the cornerstone of rural health services, were in shortage ranging 50 *per cent*, 51 *per cent* and 44 *per cent* respectively as compared to State norms/IPHS norms.
- Out of 177 works taken up for construction of DHs, CHCs and PHCs during 2016-22, only 38 *per cent* could be completed and handed over as of March 2022. Similarly, only one (eight *per cent*) out of 12 works of tertiary level hospitals could be completed by the stipulated month of March 2022.
- Shortage of separate doctors' chamber was noticed in GMC, DHs as well as CHCs. Seepages were found in 53 *per cent* of test-checked 75 HCFs whereas toilets were found unhygienic in 44 *per cent* HCFs. Further, condition of residential buildings in 53 *per cent* HCFs was poor/dilapidated.
- In terms of pharmacy counters, CHCs and PHCs were better equipped where only 21 *per cent* CHCs had shortage of pharmacy counters whereas there was no shortage in test-checked 38 PHCs. However, DHMs had shortages of 81 *per cent* pharmacy counters whereas in GMCs and CDHs, it was 50 *per cent* and 60 *per cent*, respectively.
- In terms of IPD wards, malaria and private wards were not available in 44 *per cent* and 33 *per cent* test checked nine DHMs/CDHs respectively. Further, out of seven test checked DWHs, post-operative and private wards were not available in two (29 *per cent*) and four (57 *per cent*) DWHs respectively.

5.1 Healthcare infrastructure

Uttar Pradesh has a three-tier Medical Health System comprising Primary, Secondary and Tertiary healthcare system. Primary health care services are provided through Primary Health Centers (PHCs) and Sub-Centers (SCs). Patients from primary health care are referred to specialists for treatment in secondary Healthcare system {District hospitals (DHs) and Community Health Centres (CHCs)}.

Tertiary healthcare deals with specialised consultative care provided usually on referral from primary and secondary medical care. Specialised Intensive Care Units, advanced diagnostic support services and specialised medical personnel are the key features of tertiary healthcare. Under public health system, tertiary care service is provided by medical colleges and advanced medical research institutes. It comprises Teaching and Autonomous hospitals which provide specialised healthcare services.

5.2 Standardisation of infrastructure norm for public health

Department of Medical Health & Family Welfare (MHFW) is responsible for standardisation of public health infrastructure for primary and secondary level hospitals in the State. Further, Indian Public Health Standards (IPHS)[1] has prescribed standards for SCs, PHCs, CHCs, Sub-District and District Hospitals. The status of standardisation of norms by the State Government is given in **Table 5.1**.

Table 5.1: Standardisation of infrastructure norm

Type of healthcare facility	IPHS, 2012 Norm	State Government Norm
District hospital	As per IPHS, every district is expected to have a district hospital. Further, 275 (100 *per cent* occupancy rate) beds and 220 (80 *per cent* occupancy rate) beds are required per 10 lakh population.	Population wise norm not available
Community Health Centre	One CHC (30 bedded hospital) for 80,000 population in tribal/hilly/desert area and 1,20,000 population in plain areas.	Availability of one CHC for 1,00,000 population (30 beds per CHC)
Primary Health Centre	One PHC (4-6 indoor/observation beds) for 20,000 in hilly, tribal, or difficult areas and 30,000 population in plain areas.	Availability of one PHC for 30,000 population (four beds per PHC)
Sub-Centre	One sub-centre for 5,000 population in the plains and for 3,000 in tribal and hilly areas.	No norm available

(Source: Director General Medical & Health Services (DGMH) and IPHS Guidelines for DH, CHC, PHC and Sub-Centres)

As evident from above, the department of medical health and family welfare in the State has not prescribed population wise norm for the DHs and number of SCs per PHC.

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

5.3 Availability of public hospitals

The status of the availability of Medical Colleges, District Hospitals, CHCs, PHCs and SCs under the purview of MHFW and Medical Education and Training (MET) Departments and beds in these hospitals in 2016-17 and 2021-22 is given in **Table 5.2** and **5.3**.

Table 5.2: Availability of Medical Colleges, District Hospitals, CHCs, PHCs and SCs

Hospital	Availability in 2016-17	Availability in 2021-22	Addition during 2016-17 to 2021-22	Percentage of addition during 2016-17 to 2021-22
Medical colleges	17	33	16*	94.12
District Hospitals - District Hospitals Male (DHMs), District	149	107	Three DHs have been added during 2016-22 as discussed in **Paragraph 5.4.1** and 45 DHs have	

[1] IPHS Guidelines (2012) were issued by Ministry of Health and Family Welfare, Government of India.

Hospital	Availability in 2016-17	Availability in 2021-22	Addition during 2016-17 to 2021-22	Percentage of addition during 2016-17 to 2021-22
Women Hospitals (DWHs) and Combined District Hospitals (CDHs)			been upgraded to Government Medical Colleges as discussed in **Paragraph 5.5**.	
CHCs	957	966	9	0.94
PHCs	3651	3668	17	0.47
SCs	20573[2]	20848[3]	275	1.34
Total	**25347**	**25622**	**275**	**1.08**

(Source: DGMH and DGMET)

* Out of 45 DHs upgraded in 27 Medical College, 22 DHs upgraded in 14 Medical Colleges were transferred to DGMET after March 2022.

Table 5.3: Availability of beds in Medical Colleges, District Hospitals, CHCs, PHCs and SCs

Hospital	Availability in 2016-17	Availability in 2021-22	Addition during 2016-17 to 2021-22	Percentage of addition during 2016-17 to 2021-22
Medical Colleges	17213	22879	5666	32.92
District Hospitals	19814	17499	45 DHs (5,895 beds) were upgraded to Government Medical Colleges as discussed in **Paragraph 5.5**. Further, 3,580 beds were added in DHs.	
CHCs	28710	28980	270	0.94
PHCs	14604	14692	88	0.60
Total	**80341**	**84050**	**9833***	10.80

(Source: DGMH, DGMET and CMSs of District Hospitals)

*addition includes net increase of 3,580 beds in DHs after taking into account upgradation of 45 DHs into Medical Colleges. Out of 5,895 beds upgraded in 27 Medical College, 2,577 beds in 14 Medical Colleges were transferred to DGMET after March 2022.

As evident from **Tables 5.2** and **5.3**, major increase was observed under medical college hospitals where number of hospitals and beds therein grew by 94 *per cent* and 33 *per cent* respectively between 2016-17 and 2021-22. Since 45 DHs were upgraded to medical college hospitals, beds in these hospitals also formed part of medical colleges as discussed under **Paragraph 5.5**. Besides, All India Institute of Medical Sciences at Raebareli and Gorakhpur were functional in the State since 2018-19.

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

5.3.1 Requirement and availability of CHCs, PHCs and SCs

Primary Health Centre (PHC) is the cornerstone of rural health services- a first port of call to a qualified doctor of the public sector in rural areas for the sick and those who directly report or referred from Sub-Centres (SCs) for curative, preventive and promotive health care. Community Health Centres (CHCs) are designed to provide referral health care for cases from the PHCs level and for cases in need of specialist care approaching the centre directly. The status of the

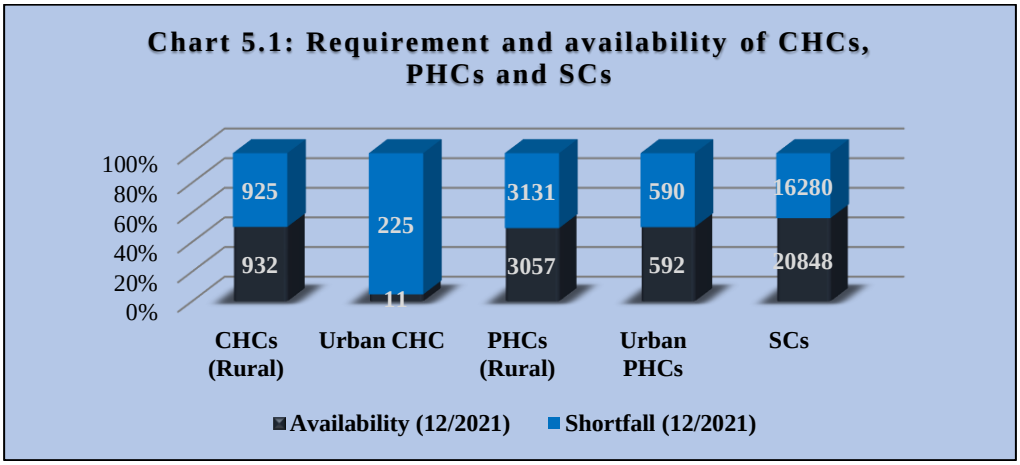
[2] Pertains to 2017-18 as data for the year 2016-17 was not provided by DGMH.
[3] Status as of July 2021.

requirements and availabilities of CHCs, PHCs and SCs in the State is given in **Table 5.4** and **Chart 5.1**.

Table 5.4: Shortfall in number of CHCs, PHCs and SCs

Type of healthcare facility	Norm	Requirements of CHCs/PHCs/SCs (rural) (Rural Population October 2021-1856.51 lakh)	Requirements of Urban CHCs/PHCs (Urban Population October 2021-591.05 lakh)	Availability of CHCs/PHCs/SCs (December 2021)	Shortfall (in *per cent*)
Community health centres	One rural CHC per 100000 population (State Government norm)	1857	-	932	925 (50)
	One urban CHC per 250000 population (NUHM Guidelines)	-	236	11	225 (95)
Primary health centres	One PHC per 30000 population (State Government norm)	6188	-	3057	3131 (51)
	One urban PHC per 50000 population (NUHM Guidelines)	-	1182	592	590 (50)
Health sub-centres	Six sub-centre per PHC (IPHS norm)	37128	-	20848[4]	16280 (44)

(Source: DGMH & IPHS)



(Source: DGMH & IPHS)

As evident from **Table 5.4** and **Chart 5.1,** CHCs and PHCs which are the cornerstone of rural health services, were in shortage ranging between 50 *per cent* and 51 *per cent* thereby depriving the rural population from availing of Government healthcare facilities.

The status of district wise requirement and availability of CHCs and PHCs is given in ***Appendix 5.1(A-B)***. Audit further analysed the regional distribution of PHCs and CHCs and found wide variation amongst the regions as detailed in **Table 5.5 (A)**. Further, the region wise per capita expenditure during 2021-22

[4] As on July 2021

by Directorate of Medical Health[5] in four regions of the State was as given in **Table 5.5 (B)**.

Table 5.5 (A): Regional distribution of available CHCs and PHCs in rural areas

Sl. No.	Name of region	Rural Population (as of October 2021)	As on December 2021			
			No. of CHCs	CHC: Population Ratio	No. of PHCs	PHC: Population Ratio
1	Bundelkhand	8948599	54	1:165715	215	1:41621
2	Central	31368659	162	1:193634	491	1:63887
3	Eastern	84417601	398	1:212105	1305	1:64688
4	Western	60916245	318	1:191561	1046	1:58237
Total		**185651104**	**932**	1:199196	**3057**	1:60730

(Source: DGMH)

Table 5.5 (B): Region wise per capita expenditure by Directorate of Medical Health

Region	Bundelkhand	Central[6]	Eastern	Western
Per Capita Expenditure (in ₹)	285.72	248.64	257.67	203.10

(Source: DGMH)

It would be seen from **Tables 5.5 (A)** and **(B)** that in the Eastern region, one CHC and PHC was available for 2.12 lakh and 0.65 lakh population against Bundelkhand region, where one CHC and PHC was available for 1.66 lakh and 0.42 lakh population respectively. Thus, there was regional imbalance in availability of CHCs and PHCs. Besides, western region had lowest per capita expenditure among the four regions of the State.

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

5.4 Augmentation of healthcare infrastructure

As detailed in **Table 5.4**, there were shortfalls in number of CHCs, PHCs and SCs vis-à-vis population norms of the State Government, IPHS and NHM. The Government, in order to augment the healthcare in rural and urban areas had taken up the construction works under primary, secondary and tertiary levels. The status of overall availability of hospitals against the norms after taking into the account the existing and under construction hospitals is given in **Table 5.6.**

Table 5.6: Augmentation of health care infrastructure in the State

Types of hospital	Requirements as per norm	Hospitals available as on March 2022	Hospitals under construction as on March 2022	Total (3+4)	Shortfall (Col. 5-2) (*per cent*)
1	2	3	4	5	6
Medical colleges	No norm	33	27 (including 13 medical colleges taken in column 3)	47	Not Applicable
DHs	75[7] in 75 districts	107 in 53 districts	17 in 14 districts	124 in 58 districts	Difference is due to upgradation of DHs in 27 districts to medical colleges.

[5] Directorate of Medical Health provided (June 2023) information regarding expenditure under Grant No. 32 (Medical Department-Allopathic Medical), 36 (Medical Department-Public Health) and 83 (Social Welfare Department – Special Component Plan for Scheduled Castes Welfare) from various treasuries in the State. Audit has worked out the region wise expenditure by adding these figures for each district.

[6] Per capita expenditure in Central Region does not include computation with reference to Lucknow as the expenditure figures provided by Directorate of Medical Health for Lucknow treasuries included expenditure by Directorate for the entire State, besides CMSs and CMOs for Lucknow.

[7] As per Indian Public Health Standards (IPHS) Guidelines for District Hospitals (101 to 500 Bedded) Revised 2012, every district is expected to have a district hospital.

Types of hospital	Requirements as per norm	Hospitals available as on March 2022	Hospitals under construction as on March 2022	Total (3+4)	Shortfall (Col. 5-2) (*per cent*)
1	2	3	4	5	6
CHCs	2093	966	25	991	1102 (53)
PHCs	7370	3668	67	3735	3635 (49)

(Source: DGMH and DGMET)

Out of 75 districts, DHs in 27 districts were upgraded as medical college hospitals. Further, out of 17 under construction DHs, five[8] DHs were being constructed in those districts where DHs have been upgraded to medical college hospitals. After construction of 17 DHs, there would be 124 DHs in 58 districts. Further, there were huge shortfalls of CHCs and PHCs in the State against the norms even after taking into account the ongoing construction works.

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

Audit findings on the delays in construction of healthcare infrastructure have been discussed in the succeeding paragraphs:

5.4.1 Construction of Primary and secondary level hospitals

State Government sanctioned 177 new construction works (20 DHs, 35 CHCs and 122 PHCs) during 2016-22 for augmentation of healthcare infrastructure in the State in 60 districts at a cost of ₹ 835.28 crore. According to the Government order (December 2007), the construction works of DHs, CHCs and PHCs were to be completed in 12 months, eight months and four months, respectively from the date of signing Memorandum of Understanding (MoU).

The status of construction works taken up vis-à-vis completion as of March 2022 is given in **Table 5.7**.

Table 5.7: Status of construction of DHs, CHCs and PHCs as of March 2022

Year	Sanctioned works			Completed works as on March 2022		
	PHCs	CHCs	DHs	PHCs	CHCs	DHs
2016-17	33	23	9	29	10	2
2017-18	0	0	1	0	0	1
2018-19	59	5	2	24	0	0
2019-20	23	0	2	2	0	0
2020-21	6	7	1	0	0	0
2021-22	1	0	5	0	0	0
Total	**122**	**35**	**20**	**55**[9]	**10**	**3**
Grand total: 177[10]				**Grand total: 68**		

(Source: DGMH)

It may be seen from above that out of 177 works taken up for construction of DH, CHC and PHCs during 2016-22, only 68 works (38 *per cent*) including 55 PHCs (45 *per cent*), 10 CHCs (29 *per cent*) and three DH (15 *per cent*) could be completed and handed over as of March 2022. One work could not be taken up for construction as major portion of selected land was residential land and construction of hospital was prohibited under zoning rules of Meerut master

[8] Construction of DH in Amethi was completed.

[9] Out of 33 works sanctioned in 2016-17, six works completed in 2018-19, 12 works completed in 2019-20, 07 works completed in 2020-21 and four works completed in 2021-22. Two and 22 works sanctioned in 2018-19 were completed in 2020-21 and 2021-22, respectively. Two sanctioned works of 2019-20 were completed in 2021-22.

[10] One sanctioned work of 50 bedded DH, Kamele in district Meerut was abandoned.

plan 2021 and therefore, the Government terminated the sanction in August 2020.

Further, multiple executing agencies were engaged by the department to carry out construction works of primary and secondary level hospitals in the state. The executing agency wise status of construction work of DHs, CHCs and PHCs is given in **Table 5.8**.

Table 5.8: Executing agency wise status of construction works

Executing agency[11]	Works awarded during 2016-22			Total works	Works completed as of March 2022			Completed works (*per cent*)
	DH	CHC	PHC		DH	CHC	PHC	
UPAVP	5	5	35	45	1	2	10	13 (29)
UPRNN	8	4	8	20	1	2	5	8 (40)
PACFED/UPRNSS	3	10[12]	45	58	0	2	18	20(34)
C&DS	3	1	0	4	0	0	0	0 (Nil)
UPPCL	1	12	28	41	1	3	18	22 (54)
SCID	--	3	0	3	--	1	0	1 (33)
LACFED	--	0	1	1	--	0	1	1 (100)
IDCL	--	--	4	4	--	--	3	3 (75)
RED	--	--	1	1	--	--	0	0 (Nil)
Total	**20**	**35**	**122**	**177**	**3**	**10**	**55**	**68(38)**

(Source: DGMH)

Table 5.8 shows that though the department engaged multiple construction agencies (nine) for construction works, none of them could complete the works awarded to them except LACFED. Four agencies (UPAVP, UPRNN, PACFED/UPRNSS and UPPCL) were awarded 164 works (93 *per cent*) worth ₹ 735.47 crore, but could complete only 63 (34 *per cent*) works. One agency (RED) could not complete even a single work awarded to it. Apart from LACFED, which completed the single work awarded to it, completion by other agencies ranged between 29 *per cent* and 75 *per cent*.

Audit observed that the department had authorised the Chief Medical Officers (CMOs) of concerned districts to execute Memorandum of Understandings (MoUs) with the executing agency and for making payments for carrying out work in that district thereby making them responsible for monitoring work. Out of 177 works taken up, 142 works were to be completed by March 2022 against which only 68 works (48 *per cent*) were completed. Delays in works were due to slow pace of construction (130 works) and in remaining 12 works, delays were noticed due to land dispute, change of construction site, delayed release of funds, delayed submission of detailed estimates and revision of estimates. DGMH informed (March 2022) that to give impetus to the construction works, monitoring was being done by the CMO and District Magistrate at the district level, Superintending Engineer at the Directorate General level and by Principal

[11] *Uttar Pradesh Avas-Vikas Parishad* (UPAVP), *Uttar Pradesh Rajkiya Nirman Nigam* (UPRNN), *Uttar Pradesh Vidhayan evan Nirmaan Sahkari Sangh* (PACFED)/ *Uttar Pradesh Rajkiya Nirmaan Sahkari Sangh Limited* (UPRNSS), Construction and Design Services, *Jal Nigam* (C&DS), Uttar Pradesh Projects Corporation Limited (UPPCL), Infrastructure Development Corporation Limited (IDCL), Labour and Construction Co-operative Federation (LACFED) and Rural Engineering Department (RED).

[12] Six works, awarded in March 2021, were transferred to UPRNN.

Secretary/Secretary and Special Secretary at the Government level. However, audit noticed delays in completion of work ranging between 133 days to 1,789 days.

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

5.4.2 Construction of Tertiary level hospitals

In order to augment the tertiary level healthcare infrastructure in the State, construction of 28 autonomous medical colleges in 28 districts was taken up during 2016-21 on the conditions, such as, the government hospital should have minimum 200 beds, the district should not have any Government or private medical college, *etc.* These medical colleges were to be constructed in a phased manner divided into three phases.

Out of 28 works, construction of 12 autonomous medical colleges under Phase I and Phase II were to be completed by March 2022. However, construction of only one medical college at Basti could be completed. The progress of work in remaining 11 medical colleges was ranging from 72 *per cent* to 94 *per cent*. The details of sanctioned works and completed works is given in the **Table 5.9**.

Table 5.9: Construction of tertiary hospitals vis-à-vis completion

Year	Works sanctioned in phase:			Works to be completed by March 2022	Works completed by March 2022 in phase:		
	I	II	III		I	II	III
2016-17	5	--	--	5	--	--	--
2017-18	--	--	--	--	--	--	--
2018-19	--	8	--	7	--	--	--
2019-20	--	--	--	--	--	--	--
2020-21	--	--	15	--	--	--	--
2021-22	--	--	--	--	1	--	--
Total	**5**	**8**	**15**	**12**	**1**	--	--

(Source: Director General Medical Education & Training (DGMET)) (-- represents nil)

Audit further observed that out of 12 works (original cost ₹ 2,458.34 crore) to be completed by March 2022, delays in 10 works including one completed works at Basti were ranging between 90 days and 273 days. Remaining two works, scheduled to be completed in March 2022, had physical progress of 85 and 86 per cent as of March 2022. These construction works of autonomous medical colleges were awarded to three executing agencies are given in the **Table 5.10**.

Table 5.10: Executing agency wise award and completion of works

Executing agency	Works awarded during 2016-21 in phase:			Total works	Works to be completed by 03/22	Works completed as of March 2022 in phase:		
	I	II	III			I	II	III
Public Works Department (PWD)	--	--	15	15	--	--	--	--
UPRNN	5	6	--	11	10	01	0	0
C&DS	--	2	--	02	02	0	0	0
Total	**5**	**8**	**15**	**28**	**12**	**01**	**0**	**0**

(Source: DGMET) (-- represents nil)

The Government (MET) replied (November 2022) that the construction works were delayed due to Covid-19 pandemic and these were now scheduled for completion in June 2023.

Undoubtedly COVID-19 had affected different kinds of activities including construction work. Audit, however, observed that COVID-19 pandemic alone was not responsible for incomplete works but slow pace of construction by the executing agencies was one of the main reasons as from August 2021 (when COVID-19 had subsided significantly) to March 2022 (seven months period) the physical progress of ongoing works ranged between zero *per cent* to 19 *per cent*. Out of these, in six works (50 *per cent*) the physical progress was below 10 *per cent*. Further, 13 out of 28 medical colleges were made operational as of 31 March 2022 whereas construction of only one medical college building could be completed.

5.4.3 Penalty not imposed for delays in construction works

A provision of liquidated damage against the executing agency for work not completed within the stipulated time was made in the Memorandum of Understanding (MoU) executed between the executing agencies and the CMO/Department concerned for the construction works. As per MoU, the executing agency was liable to pay ₹ 1,000 or maximum one *per cent* of the cost of project per day as liquidated damage if project is not within stipulated time.

Scrutiny of records revealed that 205 construction works with original cost of ₹ 7,244.82 crore were taken up during 2016-22 by the departments (MHFW: 177 and MET: 28). Out of these, 154 works (original cost ₹ 2,835.37 crore) were scheduled to be completed by March 2022. However, 69 works were completed with delays whereas remaining 85 works were under construction as of March 2022. The delays in these 154 works ranged between 90 to 1,789 days. Further, the cost of these 205 works was revised upward by 8.78 *per cent* (₹ 636.51 crore) to ₹ 7,881.33 crore. Slow pace of construction works by the executing agencies was the main reason for delay in completion of 130 works. However, no penalty was imposed by the department on these executing agencies for delayed construction.

The Government (MET) replied (November 2022) that the construction works were monitored from time to time and instructions issued for speeding up the construction works. However, MET did not furnish reply for not imposing penalty in cases of delayed construction in tertiary level hospitals. Further, no reply was furnished by MHFW.

5.4.4 Construction of trauma centres

The State Government issued (June 2019) guidelines to develop a state-wide effective trauma system that ensures availability, quality of care, affordability, and accessibility for all individuals optimally within one hour (golden hour) following major injury. The system focuses on the entire spectrum of trauma from pre-hospital care, hospital care, and rehabilitative care. In Uttar Pradesh, 69 districts had National Highways (NHs) and the fatalities due to road

accidents in these districts on NH was 94 *per cent* of total fatalities in the State due to road accidents.

To avoid preventable death and disability, limit the severity of the injury and sufferings by providing timely access to trauma care (ensuring pre-hospital care, including inter-facility transfers), 47 trauma centres were to be established in the state in 43 districts at a cost of ₹ 74.67 crore. Of these, construction of 40 trauma centres were completed and 39 were handed over to the department as of October 2021. Six trauma centres were under construction with a physical progress of 10 *per cent* to 95 *per cent* whereas construction of one trauma centre at Garh Mukteshwar in district Hapur was not started as of October 2021 as the allotted land was acquired for construction of highway.

Audit observed that of 39 newly constructed and handed over trauma centres, 29 trauma centres were partially operational due to paucity of manpower and remaining 10 could not be put to use and were lying idle. In two out of seven test-checked districts, trauma centres were being utilised for purposes other than trauma cares, viz. drugs store (Ghazipur) and police picket (Kannauj). Due to non-utilisation of trauma centres, equipment valuing ₹ 1.59 crore in Kannauj (₹ 1.20 crore) and Ghazipur (₹ 0.39 crore) were lying idle.

GMCs:

Case study: Idle trauma centre at GMC, Meerut

In order to establish level-2 trauma center at GMC, Meerut, Government of India sanctioned (December 2011) ₹ 0.80 crore for construction work and the entire amount was released by the State Government between June 2013 and October 2013. Audit observed that two wards with capacity of ten beds each could be constructed which were lying idle (March 2022) as noticed during joint physical inspection.

The Government further sanctioned (January 2016) 126 posts[13] for trauma centre. Though the trauma centre was lying idle, four doctors and three senior residents were deployed from March-September 2020 on contract basis. Further, 26 class IV employees were also outsourced from June 2018. These doctors and other employees were engaged in service delivery other than the trauma centre work as of March 2022.

Audit further observed that the State Government did not release (August 2021) ₹ 4.23 crore[14] sanctioned by the GoI in February 2016 despite repeated request by GMC, Meerut and thus it could not be made functional due to lack of equipment and manpower, defeating the very purpose of its construction.

In GMC, Ambedkar Nagar trauma center was not available. Audit observed that a proposal for establishing level-2 trauma centre was sent (May 2022) by the GMC to the DGMET, which was pending.

[13] Including 44 doctors, 56 paramedics and 26 other employees.
[14] ₹ 420.00 lakh for equipment, ₹ 1.68 lakh for communication and ₹ 0.84 for legal assistance.

The Government (MET) stated (November 2022) that the proposal for establishing trauma centre in GMC, Ambedkar Nagar was under process. It further informed that despite repeated request, fund was not provided for purchase of equipment for trauma centre in GMC, Meerut and the trauma centre had been reserved for emergency COVID services for patients in March 2022. Further, MHFW reply was awaited (August 2024) despite reminders.

5.4.5 Construction of health and wellness centres

The National Health Policy, 2017 envisioned Health and Wellness Centres (HWCs) as the foundation of India's health system. HWCs were launched under the *Ayushman Bharat* Programme in a bid to move away from selective health care to a more comprehensive range of services spanning preventive, promotive, curative, rehabilitative and palliative care for all ages. These centres deliver a range of comprehensive health care services like maternal and child health, services to address communicable and non-communicable diseases and services for elderly and palliative care.

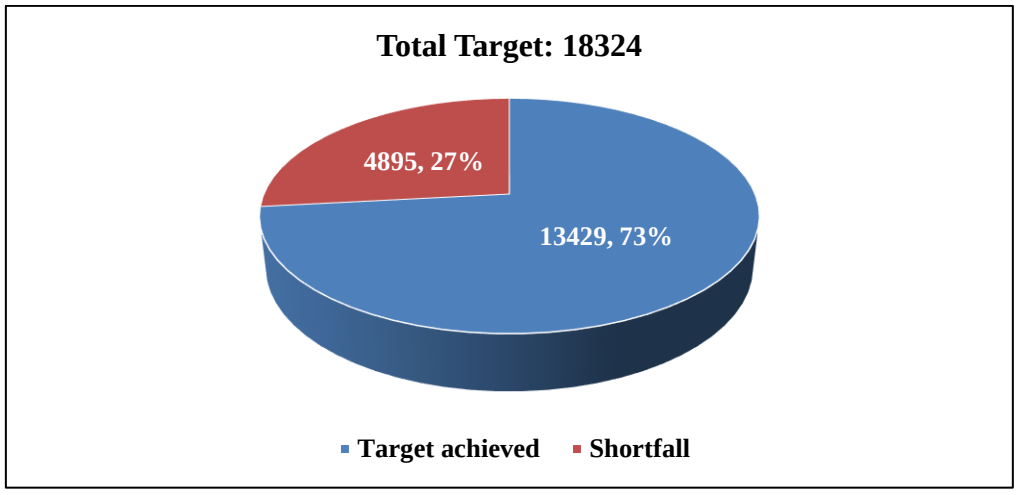
Scrutiny of records revealed that 18,324 HWCs were to be established in Uttar Pradesh by March 2022 under National Health Mission (NHM) by upgrading SCs, PHCs and Urban PHCs (UPHCs) at a cost of ₹ 2.5 lakh (land not available) and ₹ 7.00 lakh (land available) per HWC. Status of year wise targets vis-à-vis achievements of the establishments of HWCs is given in **Table 5.11** and **Chart 5.2**.

Table 5.11: Target and achievement of upgradation to HWCs during 2018-22

Type of healthcare facility	Selected for upgradation to HWCs upto 2021-22	Healthcare facilities upgraded as HWCs upto 2021-22
SCs	15329	10689
PHCs	2486	2232
UPHCs	509	508
Total	**18324**	**13429**

(Source: SPMU)

Chart 5.2: Target and achievement of upgradation to HWCs during 2018-22

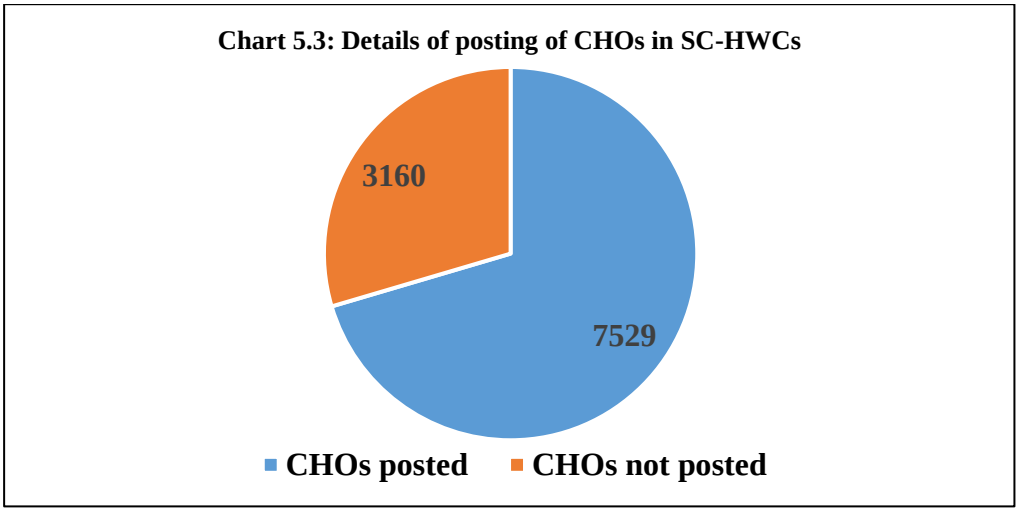


(Source: SPMU)

It can be seen from **Table 5.11** and **Chart 5.2** that against the targeted 18,324 HWCs, 13429 (73 *per cent*) HWCs were upgraded by the year 2021-22.

Besides, State Government also established 398 Ayush HWCs. Further, one Community Health Officer (CHO) was to be posted in each HWC (sub-centre level) to provide antenatal care to all maternal women, newborn care, Childhood and adolescent care, family planning related services, management of common communicable disease and OPD for the patients, management of communicable disease, prevention, management & testing of non-communicable disease and community level services. It was, however, observed that only 7,529 CHOs (70 *per cent*) were working in 10,689 sub-centre level HWCs established as of March 2022, as depicted in **Chart 5.3** and discussed in **Paragraph 2.5.6**, thereby defeating the very purpose of providing required services.

Chart 5.3: Details of posting of CHOs in SC-HWCs



(Source: SPMU)

Audit further observed that 2,478 HCFs (92 *per cent*) were upgraded to HWCs against 2,703 HCFs selected for upgradation to HWCs in nine test-checked districts. Of which, 2,305 HWCs (93 *per cent*) were made operational as of March 2022.

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

5.4.6 Construction of maternal and child health wing hospitals

To cater the greatly increased demand for services, the Government of Uttar Pradesh sanctioned (2012-13 to 2018-19) construction of 200/100/50/30 bedded Maternal and Child Health (MCH) Wing in the Public Health facilities with high bed occupancy. The details of works as of October 2021 are given in **Table 5.12**.

Table 5.12: Construction of MCH wing in the Public Health Facilities

MCH wing	Total sanctioned works upto 2018-19	Original cost (₹ in crore)	Revised cost upto 2021-22 (₹ in crore)	Expenditure upto October 2021 (₹ in crore)	Works completed upto October 2021	Works handed over	Works under construction
200 bedded	6	485.97	505.78	489.10	5	5	1
100 bedded	52	990.59	990.59	842.25	51	51	1
50 bedded	24	131.14	146.15	103.34	19	17	5
30 bedded	78	219.42	219.92	214.94	78	78	0
Total	**160**	**1827.12**	**1862.44**	**1649.63**	**153**	**151**	**7**

(Source: SPMU)

Audit observed that even after five years of sanction, five 50 bedded MCH wings (21 *per cent*) could not be completed as of October 2021. State Project Management Unit provided copy of only four MoUs. According to which, these works were to be completed within 18-26 months from the date of MoU. However, out of six 200 bedded MCH wing sanctioned in 2012-13 (one work) and 2015-16 (five works), five works were completed and handed over to the department as of October 2021. One work was on the verge of completion.

Similarly, 52 numbers of 100 bedded MCH wings were sanctioned in 2012-13 (50 works) and 2017-19 (two works). Of which, only 29 works were completed upto 2016-17, though the works were to be completed within 24 months from the date of start of the project.

In test checked districts, the existing infrastructure of 30 bedded CHC, Sarsaul was shifted to the newly constructed MCH building in CHC Sarsaul premises at Kanpur Nagar. MCH building at Bidhnoo (Kanpur Nagar) was lying idle due to lack of manpower and equipment, thereby defeating the very purpose to augment the number of beds.

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

5.4.7 Establishment of geriatric ward

National Programme for the Health Care of Elderly (NPHCE) envisaged that there would be a provision of dedicated facilities at DHs with 10 bedded wards, additional human resources, machinery & equipment, consumables & drugs, training and Information, Education & Communication (IEC) using mass media, folk media and other communication channels to reach out to the target community.

The range of services include health promotion, preventive services, diagnosis and management of geriatric medical problems (out and in-patient), day care services, rehabilitative services and home-based care as needed.

Audit observed that ₹ 0.40 crore per district was allotted during the period 2012-19 to 75 districts including all nine test-checked districts[15] in the State for construction/renovation/extension of the existing building and furniture of Geriatric Unit with 10 beds and OPD facilities.

Audit observed that in test checked districts ***(Appendix- 5.2)*** geriatric wards were not established in two districts (DHM, Unnao and CDH, Kushinagar) as of June 2022. Further, equipment for geriatric wards were lying idle in Unnao (₹ 3.35 lakh) whereas in Kushinagar equipment worth ₹ 32.25 lakh were not being used for intended purpose. Further, in Hamirpur, eight bedded geriatric ward was being used for Ayushman ward since inception. In remaining six districts, geriatric wards were operational.

Moreover, out of ₹ nine lakh allocated for Public Awareness & IEC (using mass media, folk media and other communication channels to reach out to the target

[15] Ghazipur, Hamirpur, Jalaun, Kannauj, Kanpur Nagar, Kushinagar, Lucknow, Saharanpur and Unnao.

community) in nine test-checked districts (₹ One lakh per district), only ₹ 0.41 lakh was spent in Saharanpur which was indicative of the fact that no public awareness/communication was made in remaining eight test-checked districts.

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

5.4.8 Construction of burn unit

As per Minimum Standard requirements for the Medical College[16], there shall be well equipped burn unit. To establish a burn unit in test-checked GMC (Meerut), the State Government sanctioned (September, 2016) ₹ 5.42 crore for providing treatment of acid victim women and funds were made available to GMC, Meerut in November 2016. Out of total funds (₹ 5.42 crore), the funds earmarked for construction, amounting to ₹ 3.23 crore was transferred to the executing agency[17] between May 2019 and October 2021. Work was to be completed by August 2020 but it was completed in October, 2022. However, as of December 2022, the building was not handed over to GMC, Meerut and the procurement of equipment for burn unit was under process.

The Government (MET) replied (November2022) that burn unit was not available in GMC, Ambedkar Nagar and the burn patients were treated by the department of general surgery. It further stated that in GMC, Meerut, construction of burn unit was delayed due to COVID protocol.

5.4.9 Installation of firefighting system

The State Government issued orders from time to time for adequate measures for firefighting system to be observed in the Government hospitals. However, due to not observing these measures by conducting mock drills and examinations, the Government issued (July 2017) instructions to ensure fire safety measures in the government hospitals in the State. Further, the Government sanctioned installation of firefighting equipment in the DHs and CHCs of the state in a phased manner as given in **Table 5.13**.

Table 5.13: Phase wise number of hospitals for installation of firefighting system.

Year	No. of district hospitals selected	No. of CHCs selected
2017-18	29	232
2019-20	02	122
Total	**31**	**354**

(Source: DGMH)

As given in **Table 5.13**, 31 DHs and 354 CHCs were to be installed with the firefighting system during 2017-18 and 2019-20. Audit observed that against the sanctioned cost of ₹ 136.58 crore, ₹ 98.27 crore was released during 2017-22 but even after a lapse of 3-5 years and after incurring expenditure of ₹ 63.32 crore, firefighting works in none of the hospital was completed.

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

[16] For 100 admissions annually Regulations, 1999 (amended upto January 2018)
[17] *Uttar Pradesh Rajkiy Nirman Nigam*.

5.5 Upgradation of secondary level hospitals to tertiary level hospitals

In terms of the Centrally Sponsored Scheme 'Establishment of new Medical Colleges attached with existing District/ Referral Hospitals', District Hospitals and MCH wings in 27 districts upgraded as Medical Colleges as given in **Table 5.14**.

Table 5.14: DHs/ MCH wing transferred to medical colleges

Sl. No.	District	District male hospital (No. of beds)	District women hospital (No. of beds)	District joint hospital (No. of beds)	MCH wing (No. of beds)
First phase					
1	Ferozabad	224	100	--	100
2	Shahjahanpur	204	100	--	100
3	Darshannagar, Ayodhya	--	--	100	--
4	Bahraich	200	92	--	100
5	Opec hospital, Basti	300	--	--	100
Second phase					
1	Etah	100	34	--	100
2	Hardoi	184	64	--	100
3	Fatehpur	110	162	--	--
4	Pratapgarh	120	62	--	100
5	Deoria	230	94	--	100
6	Ghazipur	200	150	--	100
7	Mirzapur	300	88	--	100
8	Siddharthnagar	--	--	100	100
Third phase					
1	Sultanpur	226	82	--	100
2	Sonebhadra	--	--	100	300
3	Kanpur Dehat	70	30	--	100
4	Auraiya	--	--	100	100
5	Lalitpur	200	60	--	--
6	Kushinagar	--	--	100	100
7	Kaushambi	--	--	100	100
8	Bijnore	169	50	--	100
9	Bulandshahr	177	60	--	100
10	Lakhimpur Kheri	167	52	--	200
11	Pilibhit	130	70	--	100
12	Gonda	300	134	--	100
13	Chandauli	--	--	100	100
14	Amethi	--	--	100	--
Number of hospitals		**19 (DHM)**	**18 (DWH)**	**08 (CDH)**	**23 (MCH)**

(Source: DGMH)

It may be seen from **Table 5.14** that by merging 45 district hospitals (19 male, 18 women and eight joint hospitals) and 23 MCH wing in 27 districts with the new medical colleges, the secondary level healthcare facilities in the State have been upgraded to that extent and 8,495 beds available in these hospitals also became part of the tertiary level hospitals (medical colleges). Audit further observed that out of these 27 districts, new district hospitals were under construction in five districts, *viz*., Amethi (construction complete), Auraiya, Mirzapur, Pratapgarh and Siddharthnagar as of March 2022.

The Government (MHFW) replied (February 2023) that DHs, DHMs, DWHs and CDHs, after having been part of the autonomous state medical colleges,

neither the posts of doctors and paramedics nor the number of beds therein have been abolished. Healthcare in these autonomous State medical college are being provided as it was provided earlier.

5.6 Lack of availability of required infrastructure in healthcare facilities

Audit analysed the availability of infrastructure in test-checked districts on various infrastructure parameters which have been discussed in the succeeding paragraphs:

5.6.1 Hospital building and its premises

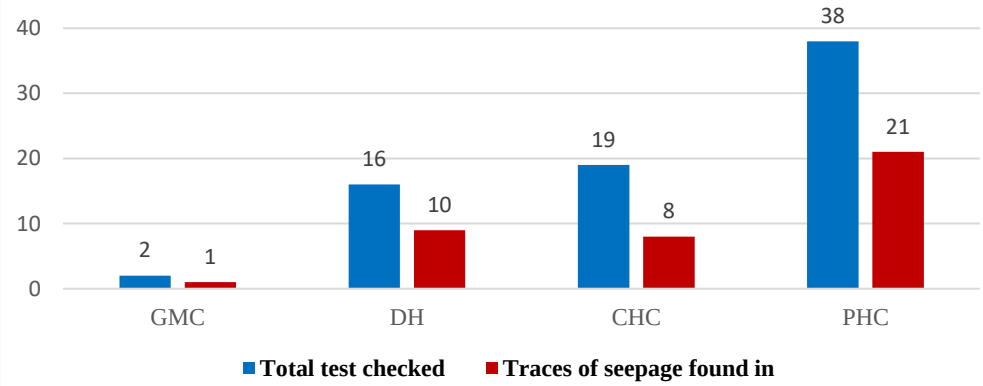
5.6.1.1 Condition of building

As per Paragraph (iii)–General Maintenance under Hospital Building–Planning and Layout of IPHS Guidelines for District Hospitals, 2012, hospital building should be well maintained with no seepage, cracks in the walls, *etc.* and it should be free from growth of algae and mosses on walls *etc.* The condition of the hospital buildings of test checked hospitals as observed during joint physical inspection by audit was as follows:

Damp and seepage

IPHS emphasises that a hospital building should be seepage free to reduce the chances of Hospital Acquired Infections. However, Audit found seepages in post-operative ward (DHM Jalaun), IPD wards (CDH Kushinagar), Labour room (DWH Jalaun), *etc.* in ten out of 16 test-checked DHs and also in Meerut Government Medical College. Further, in eight out of 19 CHCs and in 21 out of 38 PHCs, seepage was observed which has been given in **Chart 5.4**.

Chart 5.4: Seepage in hospital buildings

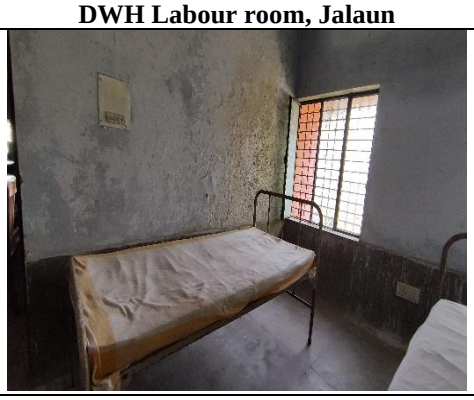


(Source: Test checked districts)

As seen from the **Chart 5.4** seepages were found in each level of health care facility which were not only hazardous to the health of patients but also increases the chances of hospital acquired infections. Details are given in ***Appendix-5.3***. Pictures of the seepages found in test checked hospitals are as follows:


CDH Kushinagar


DH, Jalaun | **DWH Labour room, Jalaun**

PHC Sakrauli, Kushinagar

Condition of Sub-centre buildings

As per IPHS guidelines, the hospital building should be well maintained. Physical verification of SCs revealed that most of the SC buildings were in dilapidated condition. Pictures of some of them are shown below:


Sub-centre Dhaurahra (Unnao)

Sub-centre Bardaha Bazar (Unnao)

Sub-centre Batrauli (Kushinagar)

Sub-centre Bada Gaon not in use(Jalaun)

Sub-centre Dhagwan (Hamirpur)

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

Condition of toilets

As per IPHS Guidelines for District Hospitals, hospitals should have functional and clean toilets with running water and flush for patient amenities. During physical inspection, audit observed that toilets in three out of 16 test checked DHs, nine out of 19 CHCs, 20 out of 38 PHCs and GMC, Meerut, were dirty which were unhygienic for human being. Details are given in ***Appendix-5.3***.

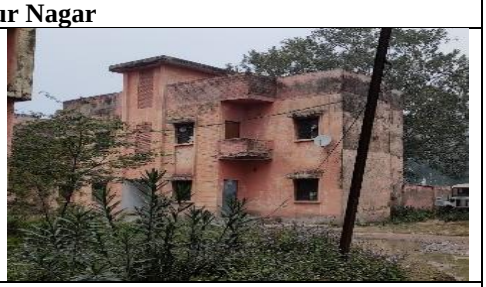
The Government (MET) replied (November 2022) that the audit team might have visited the toilets between 10 AM to 11 AM when OPD was overcrowded with patients and attendant and as a result of that the toilets got dirty. However, strict instructions have been issued to the executing agency. Further, MHFW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

The reply of MET was not acceptable as being a health institution, toilets should be kept clean in order to avoid infection from any kind of unhygienic condition. Further, audit findings were substantiated by a patient survey conducted by audit in test checked districts, where out of 620 patients surveyed, 383 patients (62 *per cent*) stated that toilets were not clean.

Condition of residential buildings

IPHS envisages that all the essential medical and para-medical staff will be provided with residential accommodation.

Audit found that condition of residential buildings in both the test-checked GMCs was good. Status of residential buildings in five out of 16 test checked DHs, 12 out of 19 CHCs and 23 out of 38 PHCs were in poor/dilapidated condition. Pictures of such residential buildings are given below:

<table>
<tr><td colspan="2"> 
DWH Kanpur Nagar</td></tr>
<tr><td> 
Residential/staff quarters not put to use in CHC Bidhnoo, Kanpur Nagar</td><td> 
Doctor’s residential quarters CHC Nawabganj, Unnao</td></tr>
</table>

	
Doctors' residential building at CHC Fazilnagar, Kushinagar	**Residential building not in use at PHC Sakrauli, Kushinagar**

As evident from the photographs, medical/para-medical staff were provided accommodation which were not in good condition. Further, accommodation for medical staff was not available in PHC Garhi Kanaura and Naka (Lucknow) as detailed in ***Appendix-5.4***.

Audit further noticed that in GMC, Meerut, 22 Type-I residences were illegally occupied by 20 illegal persons and 18 retired personnel from 2003-2016. However, no action was taken to vacate the residences from illegal occupants as of March 2022, thereby compromising security of patients and attendants owing to several cases of theft in the premises of GMC, Meerut.

The Government (MET) while accepting the fact, replied (November2022) that illegally occupied residences in GMC, Meerut have been got vacated in May 2022 from illegal occupants. Further, reply of MHFW was awaited (August 2024) despite reminders.

During a survey conducted by audit, 92 *per cent* patient in both GMCs confirmed that no effective security system was in place at patient care areas. Further, in test-checked DHs and CHCs, 46 per cent patients stated that patient care area was devoid of security system.

5.6.1.2 Registration counter

The first interactive point of any patient or his/her attendant is the registration counter of the hospital. Audit observed that registration counters were available in all the test checked GMCs, DHs and CHCs. Registration counter was not available in 13 PHCs due to which registration of the patients was being done in the pharmacy room, gallery, *verandah, etc*. ***(Appendix-5.5).***

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

5.6.1.3 Waiting and seating arrangement

As per IPHS, waiting area should have adequate seating arrangement. However, it was observed that in GMC Meerut, DWH, Kanpur Nagar, DWH, Unnao and in four PHCs[18], adequate seating arrangement was not available. Further, proper waiting and seating arrangement was available in all the 19 test checked CHCs.

In a survey conducted by audit, 169 (27 *per cent*), out of 620 patients, stated that seating arrangements at OPD registration was not adequate. Further,

[18] PHC- Dyodhighat, Kanpur Nagar, PHC- Rahimabad, Kasmandi Kalan and Garhi Kanaura, Lucknow.

156 (25 *per cent*) patients stated that registration counters were not sufficient in the hospitals.

Inadequate seating arrangement at GMC, Meerut and DWH Unnao is shown in the following photographs:

Patients and their attendants standing outside OPD, GMC, Meerut

Patients standing and sitting on the floor outside OPD, DWH, Unnao

Audit further observed that Patient Relation Shed, Canteen and Shopping arcade was constructed and handed over in December 2020 at an estimated cost of ₹ 303.76 lakh[19] in GMC, Ambedkar Nagar in order to provide shelter to the persons accompanying the patients. However, Patient Relation Shed, Canteen and Shopping arcade were not being used and construction materials were kept in the campus as shown in following photograph:

Patients Relation Shed, Canteen and Shopping arcade in GMC, Ambedkar Nagar

No such type of Patient Relation Shed was available at GMC, Meerut due to which attendants were found lying in the corridor of the hospital.

The Government (MET) while accepting the fact, replied (November2022) that the GMC, Meerut is a 56-year-old institution and the patients load was very low at that time. However, adequate seating arrangements for patients in OPD in

[19] Actual cost was not provided.

GMC, Meerut have been made. Further, reply of MHFW was awaited (August 2024) despite reminders.

5.6.1.4 Doctors' chambers for clinical services

In two test-checked GMCs, against the requirement of 10 chambers for the five test-checked departments (General Medicine, General Surgery, Orthopaedics, Obstetrics and Gynaecology and Paediatrics), nine chambers were available in GMC, Meerut. In GMC, Ambedkar Nagar, required OPD chambers were available.

Further, as per IPHS, separate chambers for doctors for the Medical, Surgical, Ophthalmic, ENT, Dental, Obstetrics and Gynaecology, Paediatrics, Dermatology and Venereology, Psychiatry, Neonatology and Orthopaedic OPD clinics in DHs should be available. Similarly, in CHCs, separate chambers for doctors for OPD clinics in General medicine, General surgery, Dental, Obstetrics and Gynaecology and Paediatrics are required. Audit observed that the required chambers of doctors were not available in the test checked hospitals as shown in **Table 5.15**.

Table 5.15: Availability of doctors' chamber for clinical services

Type of Hospitals	Separate doctors chambers	
	Required	Range of availability
DHMs[20]	09	05-09
DWHs[21]	03	01-03
CDHs[22]	11	09-11
CHCs	05	00-05

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

Audit further observed that in GMC, Meerut, against the requirement of two chambers for doctors of paediatrics department, one chamber was available for OPD Clinic. Availability of chambers in CDHs were 09-11, followed by DHMs (5-9) and DWHs (1-3). CHCs were under shortages as against the required 5 chambers, 0-5 chambers were available in 19 CHCs ***(Appendix-5.6)***. Thus, shortage of separate doctors' chamber was noticed in each level of health care facility. During physical inspection of CHC, Nawabganj in Unnao district, it was observed that doctors from two departments (General surgery and Dental) were sharing the same chamber for OPD patients, thereby compromising the privacy and spread of infection among the patients. In CHC Bhadaura (Ghazipur) doctors used to sit in a common hall for all the OPD services. Further, in DHM Jalaun, separate doctor's chamber for Medicine and ENT were not available.

Similarly, in CHC Bhadaura (Ghazipur), services of General Medicine and Dental and in CHC, Nawabganj (Unnao) services of General Surgery, Dental and Paediatrics were available but doctor's chambers were not available for the same.

[20] Medical, Surgical, Ophthalmic, ENT, Dental, Paediatrics, Dermatology and venereology, Psychiatrics, Orthopaedic.

[21] Obstetrics and gynaecology, Paediatrics, Neonatology.

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

The Government (MET) while accepting the fact, stated (November 2022) that the GMC, Meerut was established according to the standards at that time. However, a sum of ₹ 157.2 crore has been sanctioned by the Government for expansion of the infrastructure. Chambers for each doctor would be available after the construction. Further, reply of MHFW was awaited (August 2024) despite reminders.

5.6.1.5 Dressing/injection rooms

For providing efficient OPD health care facility, dressing/injection room is required at all level except SCs. Audit observed that dressing/injection rooms were available in both the test checked GMCs. However, in DWH, Ghazipur and in four[23] (20 *per cent*) out of 19 test checked CHCs, dressing/injection rooms were not available. Further, out of test checked 38 PHCs, 10[24] (26 *per cent*) did not have the dressing/injection rooms. Resultantly, nursing services related to dressing/injection was provided to the patients either in another room such as emergency room[25] or in the pharmacy[26].

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

5.6.1.6 Availability of pharmacy (drug distribution counter)

As per IPHS, there should be a pharmacy up to the level of PHCs for dispensing drugs. Further, it was also envisaged in the IPHS that for every 200 daily OPD patients, there should be one pharmacy counter. Audit observed that though pharmacy was available in all the test checked hospitals from the level of GMC to PHCs, availability was not as per the norms as given in **Table 5.16**.

Table 5.16: Availability of pharmacies

Type of Hospitals	Pharmacy		
	Required as per patients load	Available	Shortage (%)
GMCs	18	09	09 (50)
DHMs	101	19	82 (81)
DWHs	14	11	3 (29)
CDHs	10	4	6 (60)

(Source: Test-checked GMCs/District Hospitals)

As evident from **Table 5.16**, DHMs had the maximum shortage of 81 *per cent* pharmacy counters whereas in GMCs and CDHs, it was 50 *per cent* and 60 *per cent*, respectively. In terms of pharmacy counters, CHCs and PHCs were better equipped where only four out of 19 CHCs had shortage of pharmacy counters whereas there was no shortage in test-checked 38 PHCs ***(Appendix-5.7)*.**

The Government (MET) while accepting the fact, replied (November 2022) that a sum of ₹ 157.2 crore has been sanctioned by the Government for expansion of the infrastructure in GMC Meerut. Pharmacies would be available after the expansion of the GMC. Further, reply of MHFW was awaited (August 2024) despite reminders.

[23] CHC Nawabganj (Unnao), Fazilnagar (Kushinagar), Saidpur (Ghazipur), Jalaun (Jalaun)
[24] PHC Katehru (Unnao), Jaura Bazar, Koilaswa, Sakrauli (Kushinagar), Shekhpur Bujurg (Jalaun), Gujaini (Kanpur Nagar), Puraini (Hamirpur) and Kasmandi Kalan, Poorab gaon, Garhi kanaura (Lucknow)
[25] CHC Sarsaul (Kanpur Nagar).
[26] CHC Nawabganj (Unnao).

5.6.1.7 Basic amenities

IPHS emphasizes availability of uninterrupted water and power supply and availability of toilets since these are the basic amenities in hospitals. The status of availability of these basic amenities in 75 test-checked hospitals (two GMCs, 16 DHs, 19 CHCs and 38 PHCs) have been given in **Table 5.17**.

Table 5.17: Availability of basic amenities

Type of hospital	Total test checked departments/ units	Availability of		
		Separate toilets for male and female	Potable drinking water	Electricity
GMCs (selected departments)	10 Departments	08 (Department)[27]	10 (Department)	10 (Department)
DHMs	07	07	07	07
DWHs	07	07	07	07
CDHs	02	02	02	02
CHCs	19	18[28]	19	19
PHCs	38	30	27	30

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

Table 5.17 shows that separate toilets, potable water and electricity facilities were available in GMCs, Ambedkar Nagar though separate toilets were not available in GMC, Meerut. All 16 test-checked DHs had these facilities. In test checked CHCs, 18 out of 19 had separate toilet facilities except Malihabad in Lucknow. Out of 38 test checked PHCs, power supply as well as power back up was not available in eight[29] PHCs. Further, though power supply was available in seven[30] PHCs, no power back-up was available. In two PHCs[31] power back-up was available but was not in working condition. Further, out of 38 PHCs, potable water in eleven PHCs[32] was not available.

The Government (MET) replied (November 2022) that sufficient number of toilets were available for male and female and toilets would also be available in the proposed construction of additional buildings.

The reply of MET was not acceptable to the extent that separate toilets for male and female were not found during joint physical verification (March 2022) in Surgery and Orthopaedics departments of GMC, Meerut. Further, reply of MHFW was awaited (August 2024) despite reminders.

5.6.1.8 Availability of IPD wards

GMCs: In five selected departments[33] of test checked two GMCs, IPD facilities were available in all the selected wards in both GMCs.

[27] In Surgery and Orthopaedics department of GMC, Meerut not available.
[28] In CHC Malihabad, separate toilet was not available.
[29] PHC Pansariya (Unnao), Sakrauli (Kushinagar), Bara, Deval and Gorkha (Ghazipur), Poorab Gaon (Lucknow), Baisapur and Sikanderpur (Kannauj).
[30] Jaura Bazar, Mahuwadeeh and Koilaswa (Kushinagar), Anauni (Ghazipur), Jalalpur (Hamirpur), Amolar and Prempur (Kannauj).
[31] PHC Halalpur (Saharanpur) and PHC Rahimabad (Lucknow).
[32] PHC Katehru, Pansariya (Unnao), Mahuadeeh & Sakrauli (Kushinagar), Anauni, Gorkha, (Ghazipur), Dyodhighat, Pali, Gujaini (Kanpur Nagar), Rahimabad (Lucknow) and Bara (Ghazipur).
[33] General Medicine, General Surgery, Orthopaedics, Obstetrics and Gynaecology and Paediatrics.

Further, in GMC, Meerut, 50 rooms under private ward were not put to use in last 15 years and thus, were lying idle as there was no demand from patients though ₹ 58.42 lakh was spent (August 2018 to July 2020) on renovation of the ward. Audit observed that the ward was being used by the outsourced cleaning firm for storage of cleaning tools. Pictures of idle private ward are given below:


Idle private ward of GMC, Meerut

The Government (MET) replied (November 2022) that private wards were used by health workers during Covid 19 as active quarantine. Further, Government had created posts against which recruitment was in process and thereafter, the private ward would be made functional.

DHMs/CDHs: As per IPHS, a district hospital should have wards pertaining to Emergency/Trauma, Burn, Orthopaedic, Post-operative, Ophthalmology, Malaria, Infectious disease and Private. Audit observed that the required wards were, however, not available in the test-checked DHMs and CDHs as shown in **Table 5.18**.

Table 5.18: Availability of IPD wards

Hospital	Emer./trauma	Burn	Orth.	POW	Ophth.	Mal.	ID	Pri.
DHM, Unnao	Y	Y	Y	Y	Y	**N**	**N**	**N**
DHM, Ghazipur	Y	Y	Y	Y	Y	Y	Y	**N**
DHM, Hamirpur	Y	Y	Y	Y	**N**	Y	Y	Y
DHM, Jalaun	Y	Y	Y	Y	Y	Y	Y	Y
DHM, Kanpur Nagar	Y	Y	Y	Y	Y	**N**	Y	Y
DHM, Lucknow	Y	Y	Y	Y	Y	**N**	Y	Y
DHM, Saharanpur	Y	Y	Y	Y	Y	Y	Y	**N**
CDH, Kushinagar	Y	Y	Y	Y	Y	**N**	Y	Y
CDH, Kannauj	**N**	Y	Y	Y	Y	Y	**N**	Y

(Source: Test-checked hospitals) (Y- Yes, N-No)

Emer.: Emergency; Ortho.: Orthopaedic; POW: Post-operative ward; Ophth.: Ophthalmology; Mal.: Malaria; ID: Infectious disease; Pri.: Private

It can be seen from above that major deficiencies were observed under malaria and private wards as out of nine male/joint hospitals, these wards were not available in four and three hospitals, respectively. Infectious disease ward was not available in two district hospitals. Audit observed that all the required wards were available in DHM, Jalaun only.

DWHs: Availability of emergency/trauma, post-operative and private wards for pregnancy cases were evaluated in test-checked DWHs. Out of seven test checked DWHs, emergency ward was not available in DWH Ghazipur, post-operative and private wards were not available in two (29 *per cent*)[34] and four (57 *per cent*)[35] DWHs, respectively. Further, in two DWHs, though post-operative wards were not available, female surgical wards were available.

CHCs: As per IPHS, two male and two female wards, two isolation rooms and four private rooms were required in each CHC. However, the availability of required wards in the test checked CHCs was not as per the norm as given in **Table 5.19**.

Table 5.19: Availability of wards in CHCs

Particulars	Required	Out of test checked 19 CHCs		
		Number of CHCs where wards were not available	Number of CHCs having partial availability of wards	Number of CHCs having required number of wards
Male wards	2	2	8	9
Female wards	2	0	9	10
Isolation rooms	2	14	4	1
Private rooms	4	16	3	0

(Source: Test-checked hospitals)

As seen from the **Table 5.19**, none of the test-checked CHC had required number of wards/rooms. Isolation rooms and private rooms were not available in 14 (74 *per cent*) and 16 (84 *per cent*) test-checked CHCs respectively. The required number of male wards and female wards were available in only nine CHCs and 10 CHCs.

PHCs: As per the IPHS, one male and one female ward with minimum two beds each was required. Audit, however, observed that out of 38 test-checked PHCs, 13 PHCs did not have male wards whereas 12 PHCs were running without female wards.

Further, details of availability of IPD wards in CHCs and PHCs are given in ***Appendix-5.8***.

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

Availability of IPD Beds

GMCs: As per the 'Minimum Requirements for Annual M.B.B.S. Admissions Regulations, 2020' issued by the National Medical Commission (NMC), the required number of beds for the annual intake of 100 MBBS students[36] and their availability in the test-checked departments are given in **Table 5.20**.

[34] DWH Ghazipur and Jalaun.
[35] DWH Unnao, Ghazipur, Hamirpur and Jalaun.
[36] GMC Ambedkar Nagar and Meerut both have an intake capacity of 100 MBBS students.

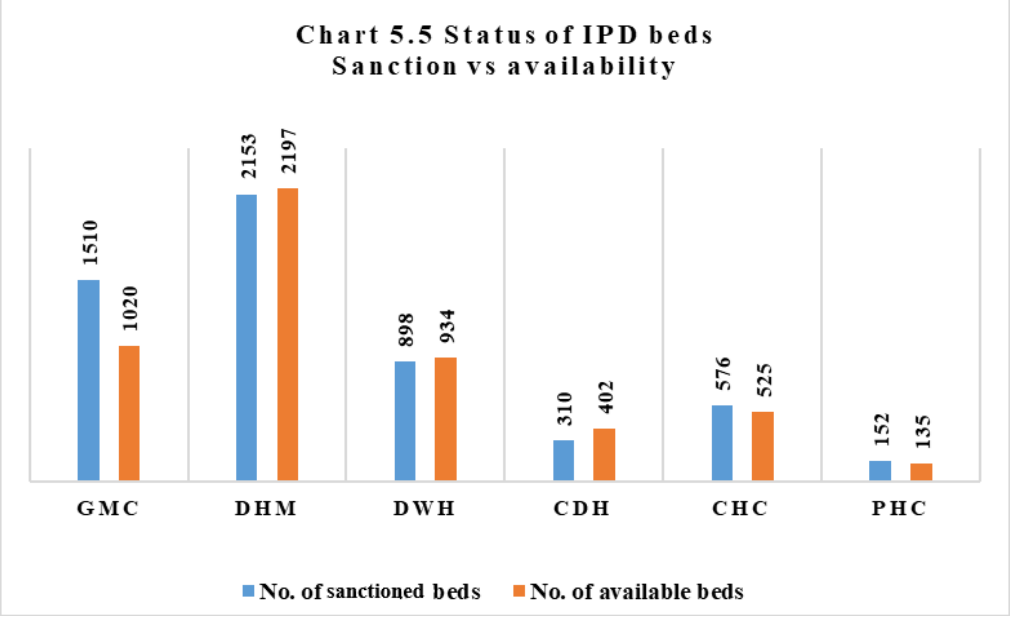
Table 5.20: Availability of beds in GMCs

Test-checked Departments	No. of beds				
	Required in GMCs (As per NMC Norms)	Available in GMC (Operational)		Shortfall in percentage	
		Meerut	Ambedkar Nagar	Meerut	Ambedkar Nagar
General Medicine	100	100	80	0	20
General Surgery	100	120	80	0	20
Orthopaedics	50	90	50	0	0
Obstetrics and Gynaecology	50	90	50	0	0
Paediatrics	50	90	50	0	0

(Source: Test checked GMCs)

As seen from **Table 5.20**, the shortfall in the number of IPD beds noticed in the general medicine and surgery departments in GMC Ambedkar Nagar. Further, audit also observed that against 1,040 IPD sanctioned beds, only 650 IPD beds (62.50 *per cent*) were in operation in GMC Meerut due to shortage of required infrastructure, such as buildings, beds, *etc*.

Further, IPHS has defined the number of beds to be available in DHs, CHCs and PHCs. Accordingly, 101-500 beds in DH, 30 beds in CHC and four-six beds in PHC should be available. The availability against the sanctioned beds in the test checked hospitals is given in **Chart 5.5**.



(Source: Test checked districts)

As evident from **Chart 5.5**, GMCs had the maximum shortfall of beds *vis-à-vis* sanctioned beds, followed by PHCs and CHCs. Further, DHMs, DWHs and CDHs were running with more beds than sanctioned numbers.

DHMs/CDHs: In four[37], out of nine test-checked DHMs/ CDHs, sanctioned IPD beds were available. In DHM, Kanpur Nagar, it was less than the

[37] DHM Ghazipur, CDH Kannauj, DHM Lucknow and Saharanpur.

sanctioned IPD beds (88 *per cent*) and four hospitals[38] had more than the sanctioned IPD beds (109 *per cent* to 192 *per cent*). Due to excess IPD beds in CDH Kushinagar, the admitted patients were accommodated in gallery due to lack of required infrastructure as depicted in the following photographs:

Patients admitted in the gallery, CDH Kushinagar

DWHs: Out of test checked seven DWHs, it was observed that in two[39] hospitals, IPD beds were available as per the sanctioned numbers. Three[40] hospitals had more than the sanctioned number of IPD beds (115 *per cent* to 187 *per cent*) and in DWH, Ghazipur and DWH Kanpur Nagar, shortages of 10 *per cent* and 12 *per cen*t of IPD beds were observed, respectively.

CHCs: In 10[41], out of test checked 19 CHCs IPD beds were available as per the sanctioned numbers. In seven[42] CHCs availability of IPD beds was lesser than the sanctioned beds. In CHC Kadaura (Jalaun) and Chhibramau (Kannauj) it was in excess by 140 *per cent* and 111 *per cent*.

PHCs: Out of 38 test checked PHCs, in 25 PHCs, IPD beds were available as per the sanctioned numbers. In 11[43] PHCs, shortage was ranging between 25 *per cent* and 75 *per cent* and PHC, Devla (Saharanpur) and Kasmandi Kala (Lucknow) had excess IPD beds (150 *per cent*).

The Government (MET) replied (November2022) that in GMC, Ambedkar Nagar, 200 beds were reserved for COVID during 2021-22 which have now been made functional. Further, in GMC, Meerut, due to the creation of new posts and operationalisation of super specialty ward, more than 900 beds have now been made functional. However, reply of MHFW was awaited (August 2024) despite reminders.

38 CDH Kushinagar, DHM Jalaun, Hamirpur and Unnao
39 DWH, Saharanpur and Lucknow.
40 DWH Unnao, Jalaun and Hamirpur.
41 CHC Nawabganj and Achalganj (Unnao), CHC Saidpur (Ghazipur), CHC Muskara and Sarila (Hamirpur), CHC Jalaun (Jalaun), CHC Bidhnoo and Sarsaul (Kanpur Nagar), CHC Puwarka and Sarsawa (Saharanpur).
42 CHC Fazilnagar and Hata (Kushinagar), CHC Bhadaura (Ghazipur), CHC Talgram (Kannauj), CHC Malihabad, Chinhat and Aishbagh (Lucknow).
43 Chamrauli, Katehru, Sikandarpur Karn (Unnao), Jaura Bazar, Koilaswa, Mahuadeeh (Kushinagar), Jalalpur (Hamirpur), Dyodhighat (Kanpur Nagar), Halalpur (Saharanpur), Naka and Garhi Kanaura (Lucknow).

5.6.1.9 Sub-centres

As per IPHS, a Sub-centre should have its own building. If that is not possible immediately, the premises with adequate space should be rented in a central location with easy access to population.

Audit observed that, out of test checked 72 SCs:

- Building was not available in three[44] SCs of Lucknow (2) and Hamirpur (1). Further, SCs of Lucknow were operational in their respective PHCs.
- The building of 10 SCs[45] in Hamirpur (1), Kushinagar (5), Jalaun (1) and Unnao (3) districts, were found dilapidated
- Building of SC, Sharmau of Unnao was disputed.

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

5.6.1.10 Barrier free access

As per IPHS, infrastructure for easy access to non-ambulant (wheel-chair, stretcher), semi-ambulant, visually disabled and elderly persons is to be provided. This will ensure safety and utilization of space by disabled and elderly people fully and their full integration into the society.

Audit observed that barrier free access was available in all the test checked GMCs, CDHs/ DHMs/ DWHs, CHCs and PHCs.

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

To sum up, there was a huge shortfall of the primary and secondary level hospitals in the state. The construction works were delayed. Further, the infrastructure in test-checked hospitals were devoid of the facilities required to be available in a hospital. There was shortage of doctor's chamber for clinical services to OPD patients. PHCs were badly affected due to the unavailability of drinking water, toilets and electricity. Doctors' residences were in dilapidated condition. The insufficiency of the Government healthcare infrastructure was also noticed in a survey, conducted by audit, where 152 (78 per cent) out of 196 doctors in test-checked districts stated that healthcare infrastructure in Government hospitals needs to be improved.

Recommendations:

State Government should:

16. ***fix norms for the number of beds for district hospitals and number of sub-centres per PHC;***
17. ***construct CHCs/PHCs/SCs as per norms and expedite the under construction health care institution by removing bottlenecks in construction process in order to provide more hospitals/beds to the public;***

[44] Neither Government nor rented, SC Bake Nagar, Kasmandi Kala-II (Lucknow) and Sarila (Hamirpur).

[45] SC Biwar-II (Hamirpur), SC Bardaha Bajaar, Dhaurahara, Batrauli, Radhiya Deoria and Purahawa, SC Badagaon (Jalaun), SC Tikri Ganesh, Sarai Joga and Harha (Unnao).

18. ***fix the responsibility for slow pace of construction works;***
19. ***make completed hospitals/buildings operational by providing infrastructure and human resources;***
20. ***apart from new constructions, focus on the maintenance of hospital and residential buildings;***
21. ***ensure availability of infrastructure, such as doctor's chamber, drug distribution counter, staff quarters and maintenance of hospital building and its premises as per IPHS norms.***