



SUPREME AUDIT INSTITUTION OF INDIA
लोकहितार्थं सत्यनिष्ठा
Dedicated to Truth in Public Interest

**Report of the
Comptroller and Auditor General of India
on Public Health Infrastructure
and Management of Health Services
in Uttar Pradesh**



**Government of Uttar Pradesh
Report No. 8 of 2024
(Performance Audit-Civil)**

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PREFACE

This Report of the Comptroller and Auditor General of India for the year ended 31 March 2022 has been prepared for submission to the Governor of Uttar Pradesh under Article 151 of the Constitution of India.

The Report contains the results of the Performance Audit of 'Public Health Infrastructure and Management of Health services in Uttar Pradesh' covering the period 2016-17 to 2021-22.

The instances mentioned in this Report are those which came to notice in the course of test audit for the period 2016-17 to 2021-22 as well as those which came to notice in earlier years, but could not be reported in the previous Audit Reports; matters subsequent to the year 2021-22 have also been included, wherever necessary.

The audit has been conducted in conformity with the Auditing Standards issued by the Comptroller and Auditor General of India.

Why did we take up this audit?

The United Nations General Assembly adopted the resolution ‘Transforming our world: the 2030 Agenda for Sustainable Development’ on 25 September 2015. India is committed to 2030 Agenda and Sustainable Development Goals (SDGs). Sustainable Development Goal-3 (SDG-3) seeks to ensure health and well-being for all, at every stage of life. National Health Policy (NHP), 2017 envisages to strengthen the trust of the common man in the Public Healthcare System (PHS) and thus, a predictable, efficient, affordable and effective PHS, with a comprehensive package of services and products that meet immediate healthcare needs of most people is required. The Government of Uttar Pradesh has framed (July 2019) ‘Sustainable Development Goals-Vision 2030’ for the implementation of SDGs in the State.

Uttar Pradesh has 9,082 Government hospitals/dispensaries with 99,824 beds and 27,237 medical officers (including allopathic and AYUSH) as on March 2022. Uttar Pradesh has noticed improvement in estimates of various key health indicators measured under National Family Health Survey (NFHS)-5 (2019-21) as compared to NFHS-4 (2015-16). The per capita spending of State Government on health in Uttar Pradesh consistently increased during 2016-17 to 2021-22 from ₹ 669 to ₹ 995.

We have previously audited the public health sector in the State and presented the findings in various Reports to State Legislature. Recently, a Performance audit report on ‘Hospital Management in Uttar Pradesh’ was laid in the State legislature in December 2019. All these earlier reports had flagged the issues on compliance, implementation of various Government health schemes, outcome indicators of the State Government hospitals, *etc.* This Performance Audit on ‘Public Health Infrastructure and Management of Health Services in Uttar Pradesh’ was conducted for the period 2016-17 to 2021-22 to assess the adequacy of financial resources allocated, availability of health infrastructure as well as efficacy in the management of health services in the State.

What have we found?

State Government incurred expenditure of ₹ 1,11,929 crore on healthcare during the period 2016-17 to 2021-22, which also included expenditure out of fund received from GoI for various health sector schemes. Against the budget provisions of ₹ 1,43,610 crore of the State Government on health sector during 2016-22, utilisation of revenue budget was 82 *per cent* while 60 *per cent* of capital budget was utilised. State Government’s healthcare expenditure increased every year during 2016-22 with compound annual growth rate of 9.65 *per cent*, however, its percentage to total budgetary expenditure as well as GSDP had fluctuating trend between 2016-17 to 2021-22. The healthcare expenditure as percentage of GSDP ranged between 1.10 *per cent* and 1.30 *per cent*, which is targeted under NHP, 2017 to be increased to 2.5 *per cent* of GDP at national level by the year 2025. Further, the expenditure on health sector constituted 4.20 *per cent* to 5.41 *per cent* of total budgetary expenditure of State Government during 2016-17 to 2021-22 which was much below than the target envisaged to increase health

spending to more than eight *per cent* of State budget by 2020 (as per NHP, 2017) and by 2022 (as per Fifteenth Finance Commission).

To meet the physical targets and achieve higher place among States, budget allocations were to be linked with the SDG 3 goal. Accordingly, the State Government made budget provisions of ₹18,253 crore during 2017-21 for programmes related to SDG 3 to cater to the need of achieving various targets under different health sector schemes. Out of this, ₹ 13,094 crore (72 *per cent*) was sanctioned by the State Government, however, even the sanctioned funds could not be utilised fully and the expenditure incurred during 2017-21 on programmes related to SDG 3 was ₹9,651 crore (74 *per cent*). Further, the accounting of healthcare expenditure was also not transparent, as substantial portion (22 *per cent*) of expenditure on healthcare was booked under Object Head 42- Other Expenditure.

Tertiary level hospitals (medical colleges) increased in the State by 94 *per cent* from 17 in 2016-17 to 33 in 2021-22. This included upgradation of 45 district hospitals (DHs), *viz.*, district hospitals male (DHMs), district women hospitals (DWHs) and combined district hospitals (CDHs) to tertiary level hospitals. In case of other hospitals like Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub-Centres (SCs), there was slight increase in the number of hospitals ranging between 0.47 *per cent* and 1.34 *per cent* during the same period. In order to augment the healthcare in rural and urban areas, State Government had taken up the construction works for PHCs (122 works), CHCs (35 works), DHs (20 works) and autonomous medical colleges (28 works) during 2016-22 and 160 maternity and child hospital wings during 2012-13 to 2018-19. However, the construction works of GMCs, DHs, CHCs and PHCs were delayed up to 1,789 days due to slow pace of construction, land dispute, delayed release of fund, delayed submission of detailed estimates, *etc.*, besides delays due to Covid-19 pandemic.

Indian Public Health Standards (IPHS) Guidelines of GoI are the benchmarks for quality expected from various components of public healthcare organisations. In order to improve quality of care and patient safety, Uttar Pradesh Sustainable Development Goals-Vision 2030 provides to ensure availability of human resources and equipment as per IPHS norms at health facility level. However, 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 IPHS Guidelines/State Government norms.

Further, the infrastructure in test-checked hospitals lacked maintenance as dampness and seepages were noticed in 53 *per cent* of test-checked healthcare facilities. Most of the test-checked SCs had dilapidated buildings. Patient registration counter was not available in 34 *per cent* of test-checked PHCs, though it was available in all test-checked CHCs, DHs and Government Medical Colleges (GMCs). Separate chambers for doctors were not available in the required number. Shortage of IPD wards/beds were noticed in DHs, CHCs and PHCs. Test-checked PHCs had unavailability of dressing/injection rooms (26 *per cent* PHCs), drinking water (29 *per cent* PHCs), separate toilets for male and female (21 *per cent* PHCs) and electricity (21 *per cent* PHCs).

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* (Imaging Diagnostics Services) and 100 *per cent* (OPD and IPD).

Further, availability of Major IPD services, viz., General Medicine, Paediatrics, General Surgery, Orthopaedics and Obstetrics and gynaecology, were ranging between 81 *per cent* (General Surgery in CDH) and 100 *per cent* (Obstetrics and gynaecology services in DWH). Test-checked DHs also lacked some essential facilities for providing maternity services, like eclampsia rooms and dirty utility rooms which were not available in one-third of test-checked nine DHs providing maternity services. Several type of diagnostic pathological services was not provided by these hospitals.

Support services, viz., Oxygen, dietary, laundry, bio-medical waste management and cleaning were available in 99 *per cent* (dietary service) to 100 *per cent* (Oxygen service, laundry service, bio-medical waste management services and cleaning services) of 106 DHs in the State. Dietary services were being provided by all the test-checked hospitals. Laundry services were available in all test-checked hospitals, however, maintenance of records and monitoring of laundry services were inadequate.

Out of 909 CHCs for which data was made available to audit, services of General Medicine were available in 729 CHCs (80 *per cent*) as on March 2022. 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. In test checked 19 CHCs, general surgery (IPD) was not available in 58 *per cent* of CHCs. In case of 38 test-checked PHCs, 45 *per cent* were not providing IPD services whereas in remaining 55 *per cent*, only day care services were being provided.

Patient load in test-checked GMCs, DHs and CHCs during 2016-20 was higher than the national average of 27 OPD patients per doctor in a day in a district hospital. 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.

State Government was providing free ambulance services to the patients in medical emergencies through private service operator wherein delays in response time as well as inconsistencies in records for operations of ambulances services were noticed.

Standard operating procedure for cleaning services was not available in four (25 *per cent*) out of 16 test-checked DHs and both the test-checked GMCs. Only 46 *per cent* test-checked hospitals maintained the pest and rodent control records. Seventy-one *per cent* test-checked healthcare facilities were without mandatory authorisation from the State Pollution Control Board for handling bio-medical waste under the Bio-Medical Waste Management Rules, 2016. None of the test-checked hospitals were registered under Clinical Establishments (Registration and Regulation) Act, 2010. Ten out of 16 test-checked DHs and both GMCs were equipped with the X-ray machines, however, four DHs and both GMCs did not have Atomic Energy Regulatory Board (AERB) license for operation of X-ray machines. Further, only two DHs out of 75 test-checked DHs, CHCs, PHCs and GMCs had 'no objection certificate' from Chief Fire Officer.

State Government established (October 2017) Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) for centralised procurements and supplies of drugs, consumables and equipment in the State. However, UPMSCL could not procure demanded drugs adequately. Out of 66 essential drugs sampled for test-

check in audit of GMCs, 41 *per cent* drugs in GMC, Ambedkar Nagar and 64 to 68 *per cent* drugs in GMC, Meerut were not available in rate contract of drugs during 2018-21. In case of 16 test-checked DHs, only three DWHs (19 *per cent*) at Jalaun, Kanpur Nagar and Saharanpur had all the selected drugs in different spells. Against the UPMSCCL Drug Procurement Policy, drugs amounting to ₹ 46.90 crore having shelf life of less than 80 *per cent* and imported drugs/vaccines amounting to ₹ 2.18 crore with less than 60 *per cent* shelf life were accepted from suppliers. Further, drugs valuing ₹ 27.06 crore got expired in the warehouses of UPMSCCL during 2019-22 mainly due to low shelf life of drugs, refusal of drugs by consignee warehouses due to lack of space, no demand, less consumption of drugs due to decrease in general patients during Covid-19 lockdown, *etc.* Many modules of Drugs and Vaccines Distribution Management System (DVDMS) software platform were not being used to fully automate supply chain management of drugs.

UPMSCCL failed to prepare Essential Equipment List which was to be provided to user departments for confirmation of their requirements and finalisation of rate contracts. The availability of OT equipment in test-checked DHs ranged between 41 *per cent* and 94 *per cent*. Similarly, CHCs were lacking in laboratory and radiology equipment, though CHC, Chinhat, Lucknow had all radiology equipment. Test-checked GMCs, which are referral tertiary hospitals, had department wise shortfall of IPD equipment ranged between 13 *per cent* and 22 *per cent*. However, audit also noticed idle equipment in test-checked hospitals mainly due to unavailability of human resources for their operation.

Public healthcare in the State had shortage of doctors (38 *per cent*), nurses (46 *per cent*) and paramedics (28 *per cent*). At test-checked hospitals level, audit noticed both shortage as well as excess deployment of human resources. Thus, there was an urgent need to rationalise the asymmetric distribution of human resources in healthcare facilities. Further, the recruitment processes were delayed due to incomplete proposals sent by the Government to recruitment agencies as well as longer time taken by the recruitment agencies.

The implementation of centrally sponsored health schemes, *viz.*, *Janani Suraksha Yojana*, National Mental Health Programme, National Tobacco Control Programme, National Programme for Control of Blindness and Visual Impairment and National Programme for Health Care of the Elderly witnessed less utilisation of budgeted provisions. The payment of cash assistance to pregnant women under *Janani Suraksha Yojana* in test-checked districts ranged between 51 *per cent* and 89 *per cent* of institutional deliveries along with instances of double payments to the same beneficiaries. In violation of the instructions, up to 88 *per cent* pregnant women were discharged from the hospitals within stipulated 48 hours of deliveries.

Out of 131 cities in 75 districts of Uttar Pradesh covered under National Urban Health Mission, GIS mapping of 91 cities had been done leaving 40 cities (31 *per cent*) without mapping till February 2023. Against the total number of 4,741 targeted public health institutions during 2021-22, only 55 were certified under National Quality Assurance Programme in the State.

As per SDG 3 progress report 2022 – Uttar Pradesh, values of only 27 indicators were available against value of 38 indicators available at national level. State Government had set a target to achieve Maternal Mortality Rate (MMR) to 140 per lakh live births by 2020 as per Vision 2030. However, as per SRS 2018-20 (published by Registrar General of India in November 2022), MMR was 167 per

lakh live births in Uttar Pradesh against the national average of 97 per lakh live births. There was improvement from NFHS 4 (2015-16) to NFHS 5 (2019-21) under indicators, viz., institutional deliveries, neo-natal mortality rate, infant mortality rate and under 5 mortality rate, however, the State was behind all-India average of these indicators.

What do we recommend?

The State Government should:

1. *fix human resources norms for below and above 100 bedded district hospitals and sub-centres;*
2. *in consultation with the recruitment agencies expedite the recruitment and fill up posts of doctors, nurses and paramedics to mitigate huge shortage in these cadres;*
3. *remove region wise imbalance in deployment of doctors;*
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;*
7. *ensure that the procurement agency (UPMSCL) finalises the rate contracts of Essential Drugs in a time bound manner by strictly following the laid down procedure of contract management;*
8. *ensure that the hospitals keep a close vigil on the availability of essential drugs in their stores to avoid out of pocket expenditure by the patients;*
9. *fix the responsibility for expiration of drugs in the central warehouse as well as in the district hospitals;*
10. *ensure availability of consumables in each level of hospital;*
11. *ensure that DVDMS software is made fully functional for supply chain management of drugs;*
12. *prepare the list of Essential Equipment and implement online monitoring of demand and supply of equipment in various healthcare facilities;*
13. *review the inter-hospital availability of equipment required in government hospitals;*
14. *ensure training of manpower for operation and maintenance of equipment installed in hospitals;*
15. *implement the recommendations of the expert committee relating to availability of laboratory equipment in CHCs;*
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 healthcare institution by removing bottlenecks in construction process in order to provide more hospitals/ beds to the public;*
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;*
22. *follow the recommendations of the National Health Policy, 2017 to increase healthcare spending to more than eight per cent of the budget and 2.5 per cent of the GSDP;*
23. *review the healthcare ecosystem in the State to identify the constraints/factors adversely impacting the absorptive capacity of funds, and make concerted efforts for their resolution;*
24. *review indiscriminate use of Object Head-42 and ensure that all expenditure are in future booked under appropriate object heads for transparency in financial reporting;*
25. *monitor effectively implementation of Centrally Sponsored health schemes to achieve the targeted objectives and utilize the available fund optimally;*
26. *map all the cities in the State to get information regarding all healthcare facilities available and increase the number of UHCs and UPHCs as per norm to provide healthcare in urban slum areas;*
27. *ensure availability of adequate fire safety measures in case of short circuits and fire hazards especially in ICUs;*
28. *ensure that all utilities generating bio-medical waste comply with the provisions under Bio-Medical Waste Management Rules, 2016 and take strict action against healthcare facilities violating these Rules;*
29. *ensure hygiene and prevent access of stray animals in the hospitals premises;*
30. *ensure adherence of various regulations, viz., Clinical Establishments Act, radiation safety, etc., by the State Government hospitals;*
31. *utilise the budgeted provisions to achieve the SDG goal by 2030;*
32. *measure the value of all indicators in order to monitor the performance of the State in achievement of the SDG; and*
33. *ensure adherence to the roadmap framed in 'Uttar Pradesh Sustainable Development Goals-Vision 2030' to achieve the envisaged SDG targets.*

Chapter - I

Introduction

Chapter-I

Introduction

This chapter provides the macro level picture of the healthcare funding and infrastructure in the State, besides audit objectives, audit criteria, scope and methodology for the performance audit.

Brief snapshot of the Chapter

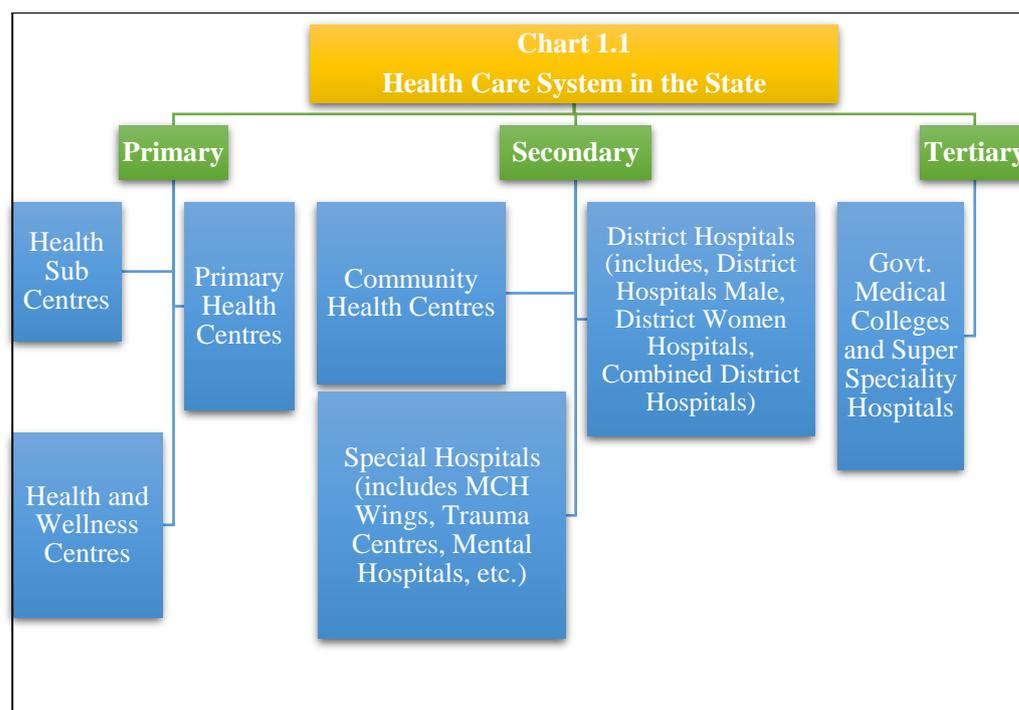
- The State Government could not utilize 22 *per cent* funds provisioned in the budget during 2016-22 for the healthcare system in the State.
- The per capita health expenditure of the State Government consistently increased from ₹ 669 in 2016-17 to ₹ 995 in 2021-22.
- As per latest released (April 2023) National Health Accounts Estimates for India 2019-20, per capita out-of-pocket-expenditure of households was higher in Uttar Pradesh (₹ 2,670) than all-India average (₹ 2,289).
- Uttar Pradesh had 9,082 Government hospitals/dispensaries with 99,824 beds.
- One State Government medical officer (including allopathic and AYUSH) was serving for 8,566 populations in Uttar Pradesh. One allopathic medical officer was serving for 13,468 populations and one AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) medical officer was serving for 23,532 populations.

1.1 Introduction

National Health Policy, 2017 envisages to strengthen the trust of the common man in the Public Healthcare System (PHS) and thus, a predictable, efficient, affordable and effective PHS, with a comprehensive package of services and products that meet immediate healthcare needs of most people is required.

Uttar Pradesh has a three-tier PHS comprising Primary, Secondary and Tertiary healthcare system. Primary healthcare services are provided through Primary Health Centres (PHCs) and Sub-Centres (SCs). PHCs are the cornerstone of rural health services. Secondary healthcare refers to a second tier of healthcare system to which patients from primary healthcares are referred to specialists for treatment. The health centres for secondary healthcare include District Hospitals at district level and Community Health Centres at block level. The district healthcare system is the fundamental basis for implementing various health policies, delivery of healthcare and management of health services in a defined geographic area.

Tertiary healthcare refers to a third level of healthcare system in which specialized consultative care is provided usually on referral from primary and secondary level healthcare system. Specialized Intensive Care Units, advanced diagnostic support services and specialized medical personnel are the key features of tertiary health care. Under public health system, tertiary care service is provided by medical colleges and advanced medical research institutes which comprises of Government and Autonomous hospitals. The overview of healthcare system in the State is depicted in **Chart 1.1**.



Health services provided by the hospitals can broadly be divided in the categories, viz., line services, support services and auxiliary services as shown in **Chart 1.2**.

Chart 1.2: Services provided by hospitals

<p style="text-align: center;">Line services</p> <ul style="list-style-type: none"> i. Outdoor patient department ii. Indoor patient department iii. Emergency Services iv. Super specialty (OT, ICU) v. Maternity vi. Blood bank vii. Diagnostic services 	<p style="text-align: center;">Support services</p> <ul style="list-style-type: none"> i. Oxygen Services ii. Dietary service iii. Laundry service iv. Biomedical waste management v. Ambulance service vi. Mortuary service
<p style="text-align: center;">Auxiliary services</p> <ul style="list-style-type: none"> i. Patient safety facilities ii. Patient registration iii. Grievance / complaint redressal iv. Stores 	<p style="text-align: center;">Resource Management</p> <ul style="list-style-type: none"> i. Building Infrastructure ii. Human Resource iii. Drugs and Consumables iv. Equipment

The major components of public healthcare system in Uttar Pradesh have been discussed in brief in succeeding paragraphs:

1.1.1 Healthcare funding

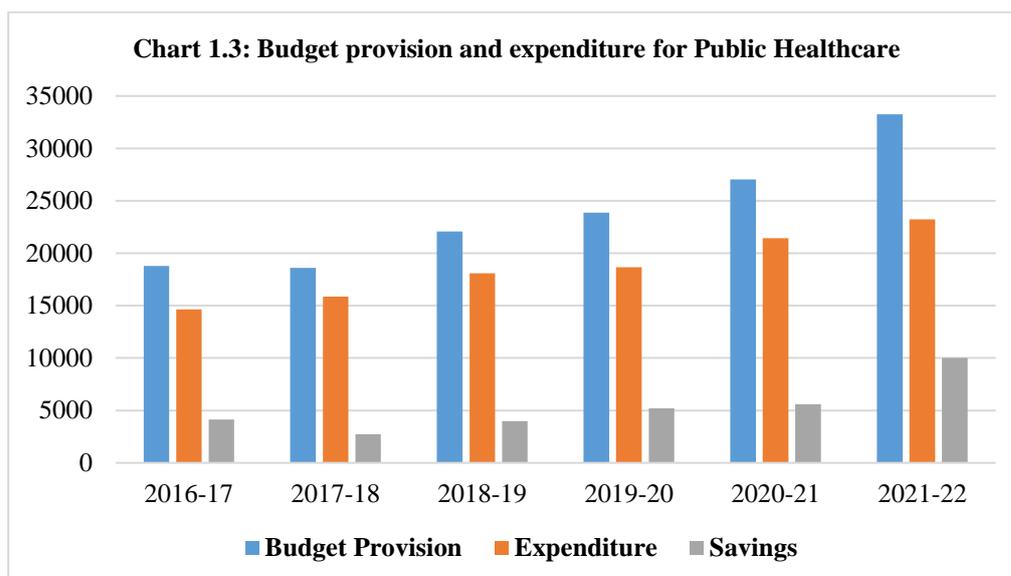
For the functioning of the health centers/hospitals/ colleges, State Government makes budgetary provisions under nine grants in the State Budget. The status of budget provisions (excluding local bodies) and utilisation thereof on public health in Uttar Pradesh during 2016-22 is given in **Table 1.1** and **Chart 1.3**.

Table 1.1: Budget provisions and expenditure during 2016-22

(₹ in crore)

Year	Budget Provision	Expenditure	Savings	Savings (in per cent)
2016-17	18797.94	14652.31	4145.63	22
2017-18	18610.78	15860.89	2749.89	15
2018-19	22069.27	18091.30	3977.97	18
2019-20	23868.60	18671.02	5197.58	22
2020-21	27025.46	21429.82	5595.64	21
2021-22	33238.06	23223.24	10014.82	30
Total	143610.11	111928.58	31681.53	22

(Source: Appropriation Accounts of Uttar Pradesh)



(Source: Appropriation Accounts of Uttar Pradesh)

It may be seen from above table that the Government could not utilise 22 per cent funds provisioned during 2016-22 for the healthcare system in the State. The utilisation of funds ranged between 70 per cent and 85 per cent during 2016-17 to 2021-22. The reasons for non-utilisation of fund are detailed in **Chapter VI**.

1.1.2 Per Capita health expenditure

This indicator is defined as the per capita total expenditure on health. It shows the total expenditure on health relative to the beneficiary population.

The per capita health expenditure of the State Government during 2016-17 to 2021-22 was as given in **Table 1.2**.

Table 1.2: Per capita health expenditure during 2016-17 to 2021-22

Year	Expenditure (₹ in crore)	Projected total population as on 1st March (₹ in crore)	Per capita health expenditure (₹)
2016-17	14652.31	21.91	668.75
2017-18	15860.89	22.20	714.45
2018-19	18091.30	22.50	804.06
2019-20	18671.02	22.79	819.26
2020-21	21429.82	23.09	928.10
2021-22	23223.24	23.33	995.42

(Source: Expenditure figures from Appropriation Accounts of Uttar Pradesh and Projected population figures from the Report of the Technical Group on Population Projections - Population Projections for India and States (2011-2036), Census of India 2011)

Table 1.2 shows that the per capita spending of Government on health in Uttar Pradesh consistently increased during 2016-17 to 2021-22 from ₹ 669 to ₹ 995.

The Government (MHFW) stated (February 2023) that this was just government expenditure excluding private sector expenditure.

1.1.3 Out of Pocket Expenditure

Out of pocket expenditure (OOPE) are expenditures directly made by households at the point of receiving health care. This indicator estimates how much are households spending on health directly out of pocket. National Health Accounts (NHA) Estimates for India published by Ministry of Health and Family Welfare, Government of India (GoI) *inter alia* provides estimates of household's OOPE. Based on latest released (April 2023) NHA Estimates for India, OOPE as percentage to Gross State Domestic Product (GSDP) and per capita OOPE in Uttar Pradesh as compared to neighbouring States and all-India average are given in **Table 1.3**.

Table 1.3: Out of pocket expenditure

States	OOPE for 2017-18		OOPE for 2018-19		OOPE for 2019-20	
	Percentage of GDP/ GSDP	Per capita (in ₹)	Percentage of GDP/ GSDP	Per capita (in ₹)	Percentage of GDP/ GSDP	Per capita (in ₹)
India	1.6	2097	1.5	2155	1.5	2289
Uttar Pradesh	3.6	2393	3.5	2481	3.6	2670
Madhya Pradesh	1.5	1364	1.4	1409	1.3	1500
Rajasthan	1.5	1688	1.5	1745	1.4	1856
Bihar	2.0	808	1.8	811	1.8	863
Uttarakhand	0.6	1237	0.6	1216	0.6	1317

(Source: National Health Accounts Estimates for India 2019-20, 2018-19 and 2017-18¹)

As per NHA Estimate for India 2019-20 (released in April 2023), Uttar Pradesh, among 21 states², had maximum Government Health Expenditure (GHE)³ amounting to ₹ 21,688 crore (1.3 per cent of GSDP) and OOPE amounting to ₹ 60,883 crore (3.6 per cent of GSDP) during 2019-20. However, per capita GHE in Uttar Pradesh was ₹ 951 as compared to all-India GHE (₹ 2,014) during 2019-20. Further, per capita OOPE (2019-20) in Uttar Pradesh (₹ 2,670) was more than per capita OOPE in neighbouring States, such as Bihar (₹ 863), Madhya Pradesh (₹ 1,500), Rajasthan (₹ 1,856), Uttarakhand (₹ 1,317) and India (₹ 2,289). Further, there was wide gap between per capita GHE (₹ 951) and per capita OOPE (₹ 2,670) in Uttar Pradesh, which was narrower at all-India level being GHE (₹ 2,014) and OOPE (₹ 2,289). The lower GHE and higher OOPE in Uttar Pradesh was indicative of inadequate public health care facilities/services in the State due to which people were incurring higher OOPE for getting healthcare services from the private sector.

¹ National Health Accounts Estimates for India 2019-20 (released in April 2023), National Health Accounts Estimates for India 2018-19 (released in September 2022), National Health Accounts Estimates for India 2017-18 (released in November 2021)

² As per National Health Accounts Estimates for India 2019-20, indicators are given for select States as the expenditure data for some expenditure components of health account is collected through sample surveys.

³ In NHA Estimates, Government Health Expenditure (GHE) of a State includes health expenditure by all Government Agencies (Union/State/Local Bodies) including Quasi-government organisations and donors in case funds are channelled through government organisations.

The Government (MHFW) stated that data was given out of context as total expenditure on health in Uttar Pradesh is five *per cent* of GSDP, which was more than Madhya Pradesh (2.7 *per cent*), Rajasthan (3.1 *per cent*) and Uttarakhand (1.5 *per cent*) which indicate Uttar Pradesh was providing more funding by both Government and Private sector expenditure for health sector.

The reply is not acceptable, as the data given in the State Government's reply pertains to total health expenditure in State during 2017-18 which includes health expenditure by all government agencies (Union/State/Local Bodies), all household health expenditures, all expenditures by enterprises, not for profit institutions serving households (NPISH/NGO) and external donors. The audit observation is regarding OOPE which is expenditure directly made by households at the point of receiving health care. Further, NHA Estimates for India 2017-18, 2018-19 and 2019-20 published by Government of India states that Government health expenditure in Uttar Pradesh was 1.2 *per cent* (2017-18 and 2018-19) and 1.3 *per cent* (2019-20) of GSDP.

1.1.4 Physical infrastructure

Status of Government hospitals and beds in Uttar Pradesh as per Statistical Diary Uttar Pradesh, 2022⁴ is given in **Table 1.4**.

Table 1.4: Availability of Government hospitals and beds in the State

System of medicine	Number of Govt. hospitals/ dispensaries	Number of beds
Allopathic ⁵	5121	88281
Ayurvedic	2111	10082
Unani	256	1023
Homeopathic	1594	438
Total	9082	99824

(Source: Statistical Diary Government of Uttar Pradesh 2022)

As evident from **Table 1.4**, maximum number of beds were available in allopathy, followed by Ayurvedic system of medicine.

1.1.5 Human resources

Status of human resource in public health in Uttar Pradesh has been given in **Table 1.5**.

Table 1.5: Ratio of State Government medical officers in Allopathic and AYUSH system of medicine against the State's population (on 31 March 2022)

Sl. No.	Medical Officers	Available	Projected Population of State as on 1 March 2022	Average population served
1	Allopathic	17,323	23.33 crore	13,468
2	AYUSH	9,914		23,532
Total		27,237		8,566

(Source: DGMH, DGMET⁶, Statistical Diary Uttar Pradesh 2022, Population Projects for India and States 2011-2036 – Ministry of Health and Family Welfare, GoI)

⁴ Published by Planning Department, Uttar Pradesh.

⁵ Government (General and Special), local bodies & municipal boards and private aided.

⁶ DGMET has provided (July 2022) figures related to Government Medical Colleges for 1 May 2022.

It would be seen from **Table 1.5** that one medical officer (including allopathic and AYUSH) of the State Government was serving for 8,566 population. One allopathic medical officer was serving for 13,468 persons and one AYUSH medical officer was serving for 23,532 persons.

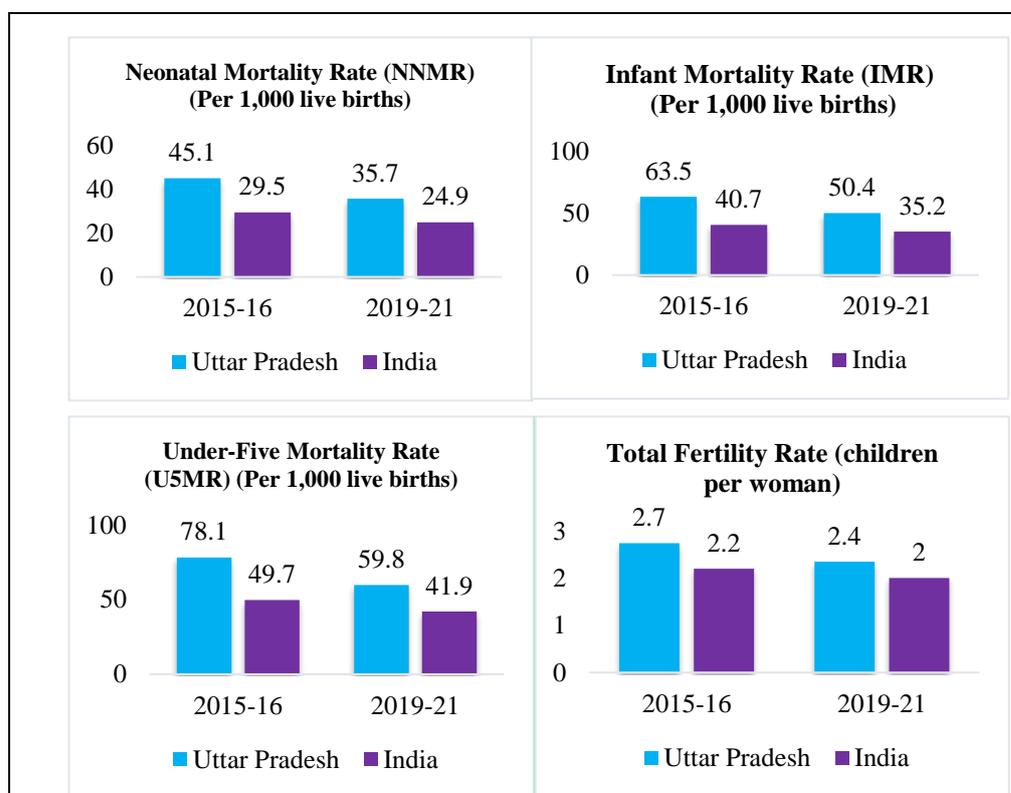
1.1.6 Health Indicators

The Sustainable Development Goal 3 (SDG 3) deals with ensure healthy lives and promote well-being for all at all ages. At national level, NITI Aayog has the mandate to oversee the adoption and monitoring of the SDGs in the country. According to its report, Uttar Pradesh was at 27th place out of 28 States in terms of SDG 3 index score of States⁷.

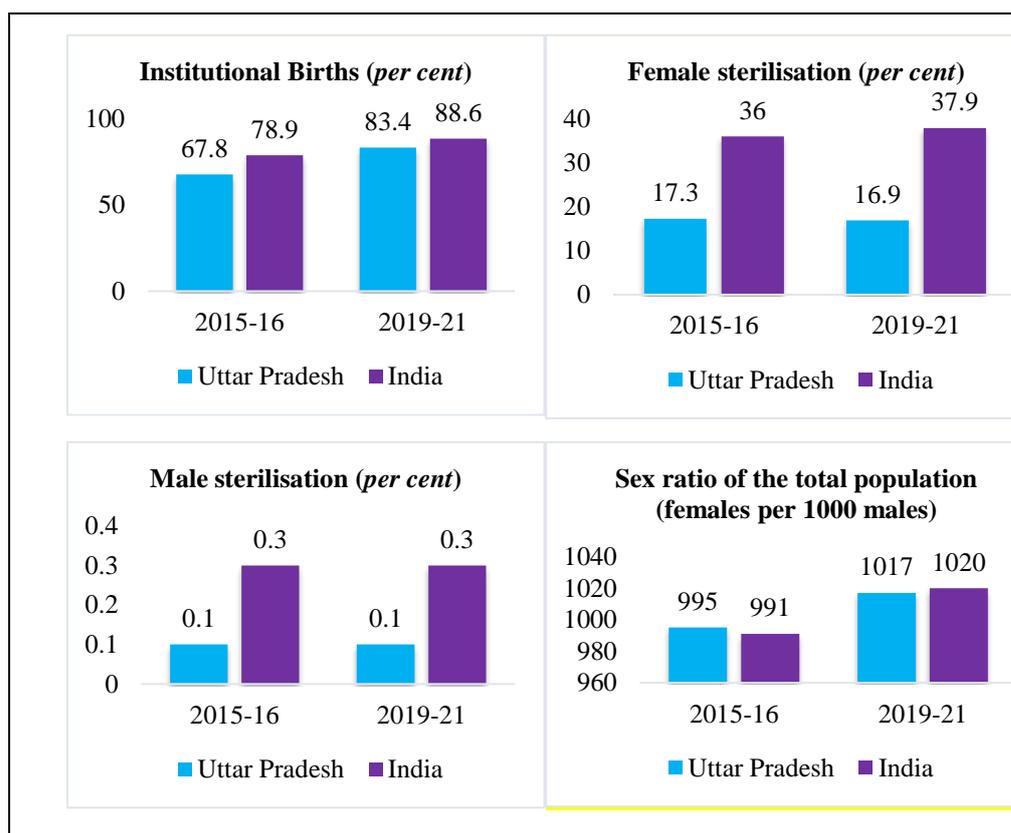
Further, Ministry of Health and Family Welfare (MoHFW) conducts one integrated survey namely National Family Health Survey (NFHS) at an interval of about three years and so far, completed five rounds of survey. NFHS provides high quality, reliable and comparable data on population dynamics and health indicators as well as data on emerging issues in health and family welfare and associated domains, so as to assist the policy-makers and programme implementing agencies for setting the benchmarks.

A comparison between Uttar Pradesh and All-India average in terms of important Sustainable Development Goal-3 indicators is given in **Chart 1.4** and **Table 1.6**.

Chart 1.4: Health Indicators in the State



⁷ As per NITI Aayog Report.



(Source: National Family Health Survey-5, 2019-21)

Table 1.6: Uttar Pradesh Health Indicators as per NFHS-5

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	Uttar Pradesh	India	Uttar Pradesh	India
Sex ratio of the total population (females per 1,000 males)	995	991	1017	1020
Sex ratio at birth for children born in the last five years (females per 1,000 males)	903	919	941	929
Total fertility rate (children per woman)	2.7	2.2	2.4	2.0
Neonatal mortality rate (NNMR)	45.1	29.5	35.7	24.9
Infant mortality rate (IMR)	63.5	40.7	50.4	35.2
Under-five mortality rate (U5MR)	78.1	49.7	59.8	41.9
Mothers who had an antenatal check-up in the first trimester (%)	45.9	58.6	62.5	70.0
Mothers who had at least 4 antenatal care visits (%)	26.4	51.2	42.4	58.1
Mothers whose last birth was protected against neonatal tetanus ⁸ (%)	86.5	89.0	92.1	92.0
Mothers who consumed iron folic acid for 100 days or more when they were pregnant (%)	12.9	30.3	22.3	44.1
Mothers who consumed iron folic acid for 180 days or more when they were pregnant (%)	3.9	14.4	9.7	26.0

⁸ Includes mothers with two injections during the pregnancy for their last birth, or two or more injections (the last within three years of the last live birth), or three or more injections (the last within five years of the last birth), or four or more injections (the last within 10 years of the last live birth), or five or more injections at any time prior to the last birth.

Indicator	NFHS -4 (2015-16)		NFHS-5 (2019-21)	
	Uttar Pradesh	India	Uttar Pradesh	India
Registered pregnancies for which the mother received a Mother and Child Protection (MCP) card (%)	79.8	89.3	95.7	95.9
Mothers who received postnatal care from a doctor/nurse/LHV/ANM/midwife/other health personnel within 2 days of delivery (%)	54.0	62.4	72.0	78.0
Average out-of-pocket expenditure per delivery in a public health facility (₹)	1956	3197	2300	2916
Children born at home who were taken to a health facility for a check-up within 24 hours of birth (%)	0.8	2.5	2.4	4.2
Children who received postnatal care from a doctor/nurse/Lady health visitor (LHV)/ Auxiliary nurse midwife (ANM)/ midwife/ other health personnel within 2 days of delivery (%)	NA	NA	70.2	79.1
Institutional births (%)	67.8	78.9	83.4	88.6
Institutional births in public facility (%)	44.5	52.1	57.7	61.9
Home births that were conducted by skilled health personnel ⁹ (%)	4.1	4.3	4.7	3.2
Births attended by skilled health personnel (%)	70.4	81.4	84.8	89.4
Births delivered by caesarean section (%)	9.4	17.2	13.7	21.5
Births in a private health facility that were delivered by caesarean section (%)	31.3	40.9	39.4	47.4
Births in a public health facility that were delivered by caesarean section (%)	4.7	11.9	6.2	14.3

(Source: National Family Health Survey-5, 2019-21)

It may be seen from **Chart 1.4** and **Table 1.6** that Uttar Pradesh has improved under various health indicators over five-year period from NFHS-4 (2015-16) to NFHS-5 (2019-21) though their value compared to all India average were low in most of the indicators. The ranking of State in SDG index for SDG 3 (Good Health and Wellbeing) marginally improved from 29 in the year 2018 to 27 in the year 2020-21 is given in **Table 1.7**.

Table 1.7: Ranking of Uttar Pradesh amongst States

Overall and SDG-03	2018		2019-20		2020-21	
	Score	Rank	Score	Rank	Score	Rank
Overall SDG	42	29	55	24	60	25
SDG 3: Good Health and Wellbeing	25	29	34	27	60	27

(Source: SDG India Index Baseline Report, 2018, SDG India Index and Dashboard 2019-20 and 2020-21)

⁹ Doctor/nurse/LHV/ANM/midwife/other health personnel.

1.2 Organisational set-up

Organisation set-up of the Department of Medical Health and Family Welfare and the Department of Medical Education has been given in **Appendix 1.1** and **Appendix 1.2**.

1.3 Audit Objectives

The Performance Audit was carried out to assess whether:

- the availability of the necessary human resources at all levels, *e.g.*, doctors, nurses, paramedics, *etc.* were ensured in public health;
- healthcare services were available in public healthcare facilities;
- the availability of drugs, consumables and equipment were ensured in public health;
- the availability and management of public healthcare infrastructure was ensured;
- the funding for public healthcare was adequate;
- the Centrally Sponsored Health Schemes were implemented properly;
- regulatory mechanisms in the Government hospitals were adequate;
- the spending on health has improved the health and wellbeing conditions of people as per SDG-3.

1.4 Audit Criteria

The Performance Audit was conducted against the criteria derived from the following sources:

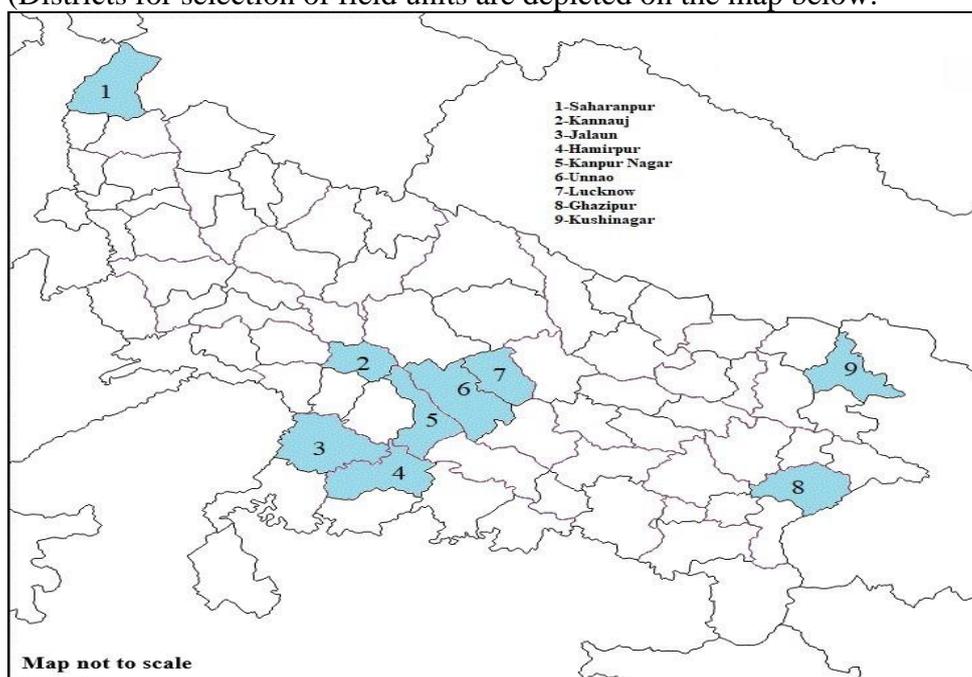
- Indian Public Health Standards, 2012;
- National Health Policy, 2017;
- Regulations issued by the National Medical Commission;
- Relevant Acts and Rules relating to healthcare;
- Framework for implementation of schemes issued by GoI;
- Annual Work Plans and Budgets;
- Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages;
- Bio-Medical Waste Management Rules, 2016;
- National Disaster Management Guidelines for Hospital safety and Uttar Pradesh Fire Prevention and Fire Safety Act, 2005;
- Clinical Establishments (Registration and Regulation) Act, 2010;
- Standards for Blood Banks & Blood Transfusion Services, 2007 of National Aids Control Organisation (NACO);
- Atomic Energy (Radiation Protection) Rules, 2004;
- Action plan (2017-20) of UP Government to implement SDG-3;

- Procurement policy/Financial Hand Book/Manuals of the Government of India and the Government of Uttar Pradesh Government with regard to the procurement;
- Rules and orders of Uttar Pradesh Medical Supplies Corporation Limited and Guidelines issued in this regard by the State Government from time to time; and
- State Government's orders and Circulars issued from time to time.

1.5 Audit Scope and Methodology

The audit covering the period 2016-22 was conducted during August 2021 to July 2022. Audit sample included:

- Offices of the Additional Chief Secretaries/Principal Secretaries, Medical, Health & Family Welfare and Medical Education and Training Departments at the Apex level.
- Office of the Director General, Medical and Health Services (DGMH), Director General, Family Welfare and Director General, Medical Education & Training (DGMET).
- Primary and secondary level hospitals (Sub-centres, Primary Health Centres, Community Health Centres and District Hospitals) in nine Districts (Districts for selection of field units are depicted on the map below:



In each District - Office of Chief Medical Officer (CMO), one or two district level Hospital (in case separate Male and Female hospital, one from each), two CHCs, four PHCs and eight sub-centres, were sampled. Thus, 16 District Hospitals (DHs), 19 CHCs, 38 PHCs and 72 sub-centres were selected for the performance audit. The sample of 16 DHs includes seven District Hospital Male (DHMs) and seven District Women Hospitals (DWHs) at Ghazipur, Hamirpur, Jalaun, Kanpur Nagar, Lucknow, Saharanpur and Unnao and two Combined District Hospitals (CDHs) at Kannauj and Kushinagar.

The details of 75 test-checked hospitals (two GMCs, 16 DHs, 19 CHCs and 38 PHCs) are given in *Appendix 1.3*.

- Two tertiary level hospitals (Associated Teaching Hospitals of the Government Medical Colleges, Ambedkar Nagar and Meerut).
- Uttar Pradesh Medical Supply Corporation.

In addition to above units, information was collected from SPMU (NHM)¹⁰, Planning Department, Uttar Pradesh State service commission, Uttar Pradesh Subordinate Services Selection Commission.

1.5.1 Sampling

The districts were selected by applying Probability Proportional to Size without Replacement (PPSWOR) method of sampling based on the population of districts for the year 2021. After the selection of the districts, office of the Chief Medical Officer of the selected districts and offices of the Chief Medical Superintendent/Superintendent-in-chief (Male/Female/Combined hospital) in the district was selected for Audit by Simple random sampling without replacement (SRSWOR) method. In addition, selection of CHCs, PHCs and Sub-centres in the district was done by using SRSWOR method. The Audit Methodology involved scrutiny of records and document analysis, response to audit queries and collection of information through questionnaires and pro forma. Further, 196 Doctors in 43 Health Care Facilities (HCFs) and 1,097 Patients¹¹ were surveyed. Joint physical inspections of hospital assets and drugs warehouses were also conducted.

Availability of drugs, equipment and consumables in DHs, CHCs and PHCs was assessed vis-à-vis sampled drawn out of IPHS norms and State Government orders. Due to large number of Departments and associated equipment and drugs required for functioning of tertiary hospitals, a meeting was held (December 2021) with the DG (MET) in December 2021 to identify samples for test-check of departments, drugs and equipment. Details of samples of drugs, equipment and consumables are given in *Appendix 1.4*.

1.6 Consideration of Ayushman Bharat in this report

Ayushman Bharat (AB), the flagship health scheme of the Government of India, was launched in September 2018 to achieve Universal Health Coverage as recommended in the National Health Policy, 2017. AB adopts a continuum of care approach, comprising of two inter-related components.

Health and Wellness Centres (HWCs)	<ul style="list-style-type: none"> • Creation of 1,50,000 HWCs by transforming the existing Sub Centres and Primary Health Centres by December 2022. • Aim to deliver Comprehensive Primary Health Care (CPHC) covering maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.
PM-JAY	<ul style="list-style-type: none"> • Aims to provide a cover of ₹ 5 lakh per family per year for secondary and tertiary care hospitalisation across public and private empanelled hospitals in India. • Provides cashless access to health care services for the beneficiary at the point of service, that is, the hospital. • Benefits of the scheme are portable across the country, i.e., a beneficiary can visit any empanelled public or private hospital in India to avail cashless treatment. • Services include 1,949 procedures with specialities. • No cap on family size, age or gender.

¹⁰ State Programme Management Unit (National Health Mission).

¹¹ 477 In Patient Department (IPD) beneficiaries in 31 HCFs and 620 Out Patient Department (OPD) beneficiaries in 35 HCFs.

In Uttar Pradesh, State Agency for Comprehensive Health and Integrated Services (SACHIS) is the State nodal agency for implementation of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). In Uttar Pradesh, 3,263 hospitals (1,114 public and 2,149 private) were empanelled with AB-PMJAY.

As per Socio Economic and Caste Census (SECC) 2011, there were 6.47 crore beneficiaries under 1.17 crore households in the State. Out of 6.47 crore beneficiaries, 1.40 crore beneficiaries under 54.33 lakh households were registered in Uttar Pradesh as of March 2021 with Beneficiary Identification System (BIS) under PM-JAY on the basis of their eligibility as per national criteria, i.e., SECC database. Thus, total coverage of households and beneficiaries is 46.44 *per cent* and 21.64 *per cent* respectively in the State.

An all-India Performance Audit of Ayushman Bharat - PMJAY was conducted for period up to March 2021, in which Uttar Pradesh was one of the sampled State. Results of audit have been included in All India Performance Audit Report¹². In the current report, we have included findings related to Health and Wellness Centres created under Ayushman Bharat to deliver comprehensive primary health care.

1.7 About the report

The report has been divided into nine chapters covering various aspects of the healthcare infrastructure and management of services as discussed below:

Chapter I captures the macro level picture of the healthcare funding, availability of hospitals and beds under different systems of medicine, availability of human resources in public health and some of the healthcare indicators besides audit objectives, audit criteria, scope and methodology for conduct of the performance audit.

Chapter II analyses the availability of the necessary human resource, such as, doctors, nursing staff and paramedics, at primary, secondary and tertiary level hospitals and delays in their recruitments.

Chapter III is regarding the delivery of various services (OPD, IPD, Operation Theatre (OT), Intensive Care Unit (ICU), etc.) grouped under Line Services, Support Services and Auxiliary Services in the test-checked hospitals.

Chapter IV is about the procurement of drugs, consumables and equipment and their availabilities in the test-checked health care facilities. The chapter also covers the functioning of Drugs and Vaccines Distribution Management System (DVDMS) software.

Chapter V deals with the availability of primary, secondary and tertiary healthcare infrastructure, construction and maintenance of public hospitals and availability of essential facilities, viz., registration counter, waiting and seating arrangement for OPD patients, doctors' chambers for clinical services and availability of IPD wards/beds.

Chapter VI discusses the healthcare funding and adequacy thereof in terms of percentage of healthcare expenditure to the total expenditure and its share in the Gross State Domestic Product and financial proprietary issues.

¹² Report No. 11 of 2023 – Union Government (Civil)

Chapter VII analyses the implementation of centrally sponsored schemes in health sector, *viz.*, Janani Suraksha Yojana, immunisation of children, National Urban Health Mission, National Mental Health Programme, *Kayakalp* programme, National Programme for Health Care of the Elderly, *etc.*

Chapter VIII captures the compliance with various regulatory frameworks in the test-checked hospitals, such as, Bio-Medical Waste Management Rules, 2016, National Disaster Management Guidelines for Hospital safety and Uttar Pradesh Fire Prevention and Fire Safety Act, 2005, Clinical Establishments (Registration and Regulation) Act, 2010, Standards for Blood Banks & Blood Transfusion Services, 2007 of National Aids Control Organisation (NACO) and Atomic Energy (Radiation Protection) Rules, 2004.

Chapter IX captures the significance of the Sustainable Development Goal-3 which deals with the health and wellbeing conditions of people, coupled with value of some key indicators in respect of Uttar Pradesh.

1.8 Entry and Exit Conferences and response of the Government

An Entry Conference was held (10 February 2022) with the Additional Chief Secretary, Government of Uttar Pradesh, Department of Medical Health and Family Welfare where representatives of the Medical Education & Training Department and UPMSCSL were also present. Exit conference was held with the Principal Secretary, Government of Uttar Pradesh, Department of Medical Health and Family Welfare on 29 November 2022.

The State Government (Department of Medical Education) furnished reply to the draft report in November 2022. Further, the Department of Medical Health and Family Welfare provided reply in February 2023. Replies of both the Departments have been suitably incorporated in the Report.

The revised draft report was again sent to both the Departments on 11 October 2023, requesting them to furnish replies within two weeks. However, replies were awaited (August 2024), despite reminders (November 2023 and December 2023).

1.9 Acknowledgement

Audit acknowledges the cooperation extended by the Principal Secretary, Department of Medical Health & Family Welfare (MHFW), Principal Secretary, Department of Medical Education & Training (MET) and Mission Director, State Project Management Unit (SPMU). Audit also appreciates the assistance provided by the field functionaries such as Principals of Government Medical Colleges (GMCs), Chief Medical Officers (CMOs), Medical Superintendents (MSs) and staff of these units for smooth conduct of the audit.

Chapter - II

Human Resources

Chapter-II

Human Resources

This Chapter analyses the availability and allocation of human resources, such as, doctors, nursing staff and paramedics, at primary, secondary and tertiary level hospitals, delays in their recruitments and training of human resources.

Audit Objective: *Whether the availability of the necessary human resource at all levels, e.g., doctors, nurses, paramedics, etc., were ensured in public health?*

Brief snapshot of the Chapter

- IPHS prescribes norms for manpower in various types of Health Care Facilities (HCFs). In order to improve quality of care and patient safety, Sustainable Development Goals Vision 2030 Uttar Pradesh provides to ensure availability of human resources as per IPHS norms at facility level.
- The State Government did not fix any norm for human resource to be sanctioned for the different capacity of the DHs, except 100 bedded Combined District Hospital. Further, the State Government has fixed norms of two post for PHC against the IPHS norm of 13 and 17 posts for CHC against the IPHS norm of 46.
- Out of sanctioned strength of 87,279 doctors, nurses and paramedics in the State, 54,429 personnel were available as on March 2022. The overall shortage was 38 per cent of human resources includes shortage of 38 per cent doctors, 46 per cent nurses and 28 per cent paramedics. There were delays in recruitment process.
- In test checked HCFs, audit noticed both excess as well as shortage of doctors, nurses and paramedics vis-à-vis sanctioned strength as well as IPHS norms indicating asymmetric distribution of human resources.

2.1 Introduction

For ensuring efficient operation of public sector hospitals, it is essential to prescribe norms for providing various resources in the hospitals. The delivery of quality healthcare services in hospitals largely depends on the adequate availability of doctors, staff nurses, para-medical and other supporting staff.

IPHS prescribes norms for manpower in various types of HCFs. In order to improve quality of care and patient safety, Sustainable Development Goals Vision 2030 Uttar Pradesh¹ provides to ensure availability of human resources as per IPHS norms at facility level.

2.2 Assessment of human resources

As on 31 March 2022, there were 87,279 sanctioned posts of doctors, nurses and paramedics in the State. This included 24,247 new posts (doctors: 3,877, nurses: 13,958 and paramedics: 6,412) created during 2016-22. The availability of doctors, nurses and paramedics against the sanctioned strength is given in **Table 2.1**.

¹ Additional interventions (2017-24)

Table 2.1: Availability² of doctors, nurses and paramedics in the State against the sanctioned strength as on 31 March 2022

Sl. No.	Posts	Sanctioned Strength	Available	Shortage	Percentage of shortage
1	Doctors	27822	17323	10499	38
2	Nurses	31503	16994	14509	46
3	Paramedics	27954	20112	7842	28
Total		87279	54429	32850	38

(Source: DGMH, SPMU, DGMET).

It could be seen from **Table 2.1** that there was significant shortage of 38 *per cent* doctors and 46 *per cent* nurses in the State. As a result, important medical services affected in the test-checked HCFs as discussed in the **Chapter III** of this Report.

Further, status of the availability of human resources in 106³ DHs, 840⁴ CHCs, 3,513 PHCs and 20,776 SCs in the State as of March 2022 is given in **Table 2.2**.

Table 2.2: Availability of human resources in DHs/CHCs/PHCs and SCs

Particulars	Sanctioned Strength	Person in Position	Availability (<i>per cent</i>)
DHs			
Medical Officer ⁵	3639	2207	61
Nurses ⁶	5552	4051	73
Paramedics ⁷	2700	2141	79
Others ⁸	6634	4986	75
CHCs			
Medical Officer	9579	4562	48
Nurses	8139	5422	67
Paramedics	8945	5598	63
Others	7108	3706	52
PHCs			
Medical Officer	5965	3829	64
Nurses	4464	2070	46
Paramedics	14346	9182	64
Others	8448	4225	50
SCs			
Paramedics	45190	29148	65
Community Health Officers	4833	3089	64

(Source: Health Information Management System (HMIS) data provided by SPMU, Uttar Pradesh and CMSs of DHs)

Table 2.2 shows shortage in all cadres at all levels of hospitals. The availability of medical officers in DHs, CHCs and PHCs ranged between 48 *per cent* and 64 *per cent*. Further, maximum availability of nurses and paramedics was observed in DHs. The details of human resources in DHs, CHCs, PHCs and SCs are given in **Appendix 2.1 (A-D)**.

The district wise persons-in-position as a percentage of sanctioned strength in respect of Medical Officers in CHCs and PHCs are depicted in following Maps:

² The data of Government and Autonomous Medical Colleges is for May 2022.

³ 100 bedded CDH Bhadohi was not functional.

⁴ HMIS data in respect of 840 CHCs, 3,513 PHCs and 20,776 SCs were made available by SPMU.

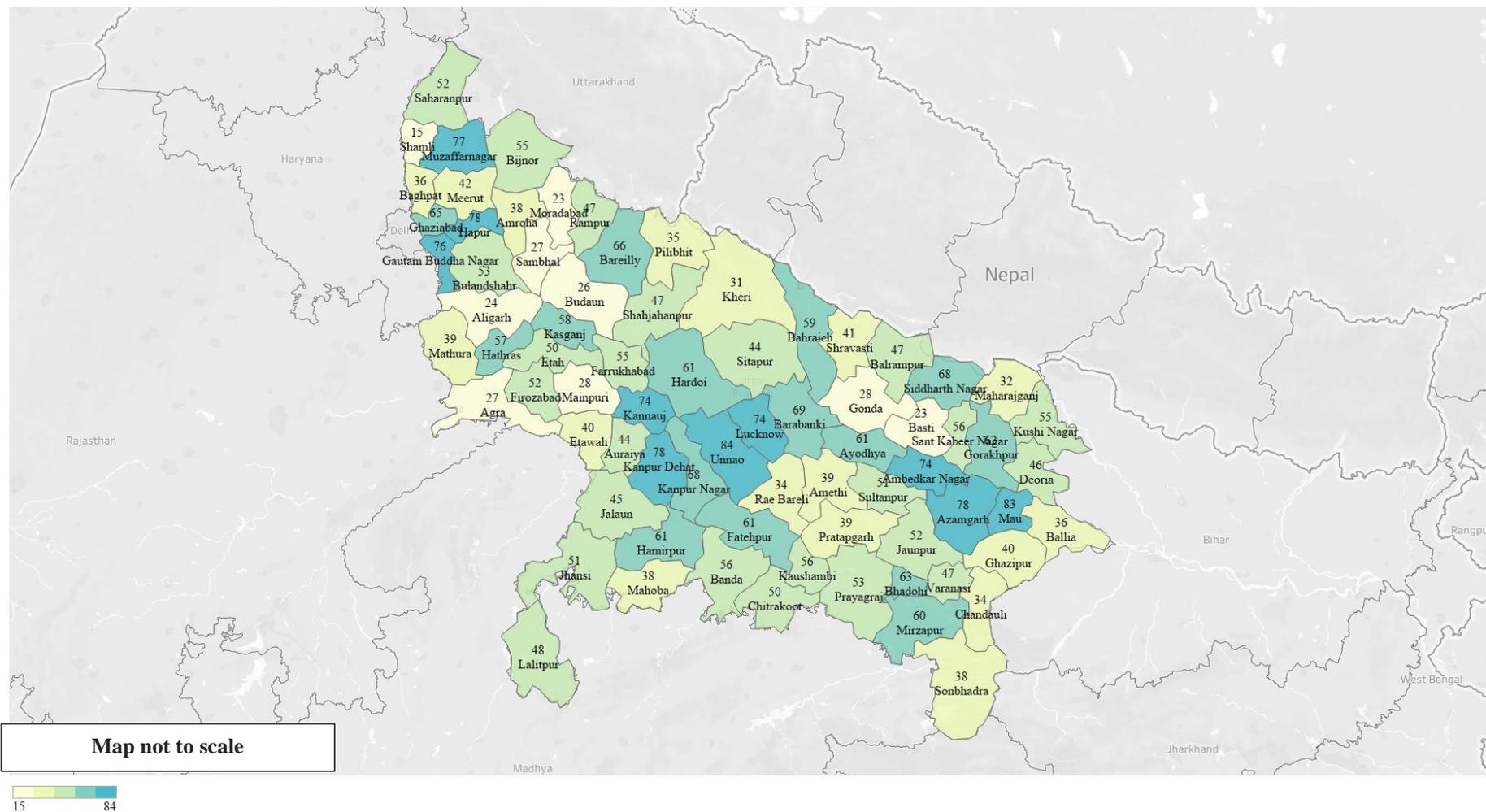
⁵ DH (SSPG Varanasi) did not provide information on Doctors.

⁶ Three DHs (Chitrakoot, Sambhal and Varanasi) did not provide information on Nurses.

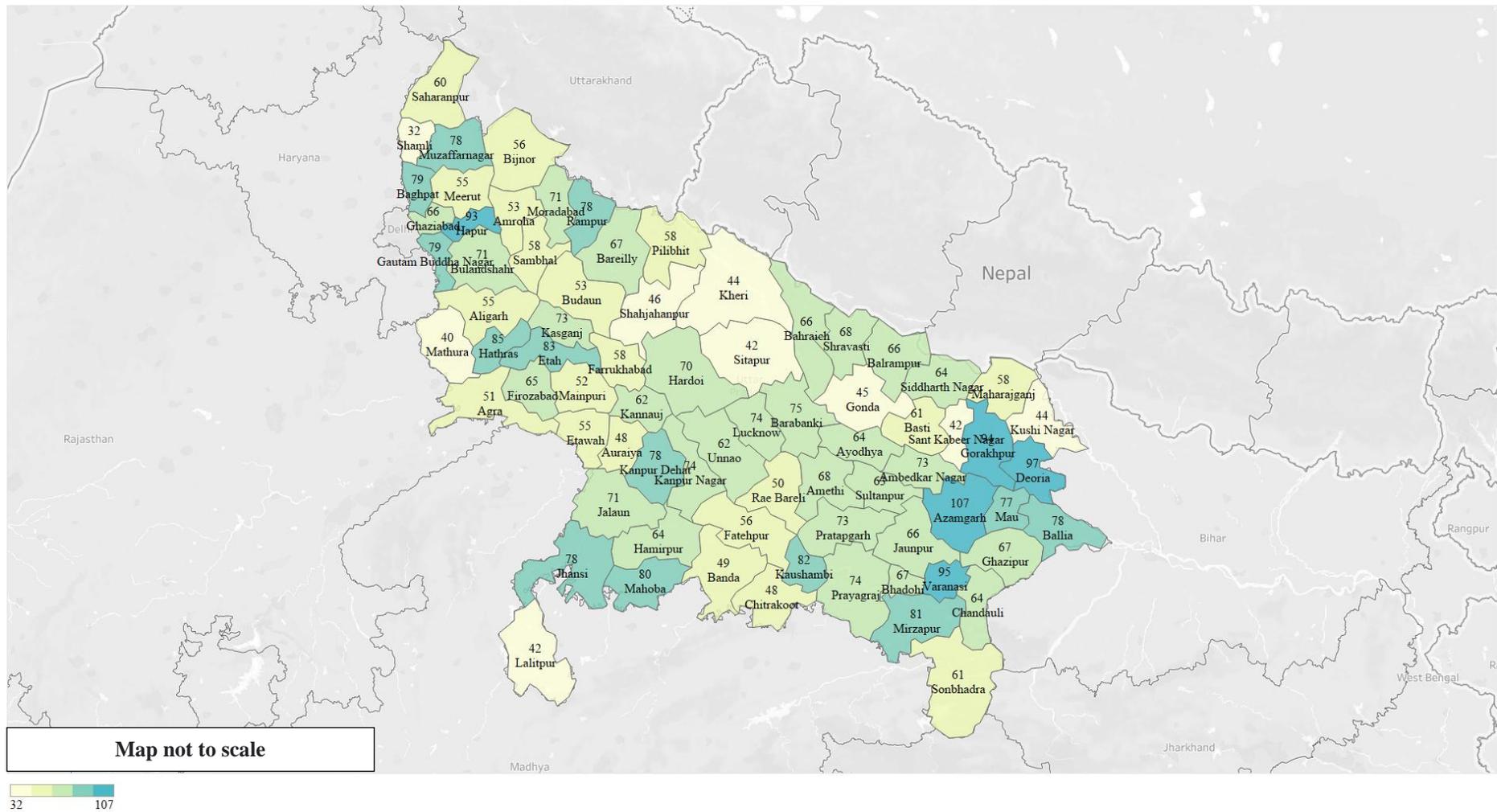
⁷ Three DHs (Chitrakoot, Sambhal and Varanasi) did not provide information on Paramedics.

⁸ 18 DHs did not provide information.

District-wise percentage of PIP against SS (Medical Officers) in CHCs



District-wise percentage of PIP against SS (Medical Officers) in PHCs



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

2.2.1 Norms for allocation of human resources

Indian Public Health Standards (IPHS) guidelines envisage that doctors and nurses should be available round the clock in the IPDs to provide due medical care to the in-patients. These guidelines also prescribe the minimum number of doctors and nurses to be available in different hospitals up to the Primary Health Centre level according to the number of sanctioned beds. The State Government had also fixed norms for allocation of human resources to the various categories of HCFs existing in the State as given in **Table 2.3**.

Table 2.3: Norms for allocation of human resources

Sl. No	Medical Institution	Bed Capacity	IPHS Norm for Manpower	Description of manpower (IPHS)	State Government Norm for Manpower	Description of manpower
1.	Sub-Centre	00	02	ANM – 01 Health Worker - 01	No norms fixed	
2.	Primary Health Centre	04	13	Doctor – 01 Nurse – 03 Paramedics – 05 ⁹ Administrative - 04	02	Doctor – 01 Paramedics - 01
3.	Community Health Centre	30	46	Doctor – 11 Nurse – 11 Paramedics – 11 Administrative - 13	17	Doctor – 06 Nurse – 03 Paramedics – 05 Administrative - 03
4.	District Hospital	31 to 50	77	Doctor – 20 Nurse – 18 Paramedics – 27 Administrative - 12	No norms fixed	
		51 to 99	112	Doctor – 24 Nurse – 30 Paramedics – 43 Administrative - 15	No norms fixed	
		100	117	Doctor – 29 Nurse – 45 Paramedics – 31 Administrative - 12	127 (for combined hospitals)	Doctor – 34 Nurse – 38 Paramedics – 19 Administrative - 36
		200	181	Doctor – 34 Nurse – 90 Paramedics – 42 Administrative - 15	No norms fixed	
		300	272	Doctor – 50 Nurse – 135 Paramedics – 66 Administrative - 21	No norms fixed	
		400	345	Doctor – 58 Nurse – 180 Paramedics – 81 Administrative - 26	No norms fixed	
		500	422	Doctor – 68 Nurse – 225 Paramedics – 100 Administrative - 29	No norms fixed	

(Source: IPHS Guidelines 2012 for Sub-District Hospital, District Hospital, CHC, PHC, SC and Government norms for CHC, PHC and 100 bedded Combined District Hospital)

⁹ Including one Health Worker (Female) for Sub-center area of PHC.

It is evident that the State Government did not fix any norm for human resource to be sanctioned for the different bed capacity of DHs except 100 bedded CDHs.

It was observed that the norms of IPHS was not being followed in State. The State Government has fixed two posts (only 15 *per cent*) for PHC against the IPHS norm of 13 posts. In respect of CHCs, State Government had fixed norms of 17 post (only 37 *per cent*) against the IPHS norm of 46 posts. As against the norms of 11 doctors, 11 nurses and 11 paramedics in each CHCs, the State government had fixed the norms of six doctors, three nurses and five paramedics in each CHC.

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

The status of availability of human resources against IPHS as well as State Government norms are discussed in succeeding paragraphs:

2.3 Region wise allocation of doctors

Keeping in view the availability of doctors in the State, audit analyzed the distribution of doctors in four regions (Bundelkhand, Central, Eastern and Western) of Uttar Pradesh data (October 2021) provided by Directorate of Medical Health, which is detailed in *Appendix-2.2* and summarised in **Table 2.4**.

Table 2.4: Region wise allocation of doctors as on October 2021

Region	No. of districts	Population (October 2021)	Availability of Doctors as on October 2021	Doctor/ population ratio	Population of the region vis-à-vis total population of the State (in <i>per cent</i>)	Doctor’s allocation in the region vis-à-vis total available doctors (in <i>per cent</i>)
Bundelkhand	7	11864411	855	13877	4.85	5.66
Central	10	43625777	3400	12831	17.82	22.49
Eastern	28	97390017	6351	15335	39.79	42.01
Western	30	91875506	4513	20358	37.54	29.85
Total	75	244755711	15119	16189	100.00	100.00

(Source: DGMH)

The district wise doctor population ratio in the State is shown in the following map:

District-wise population per doctor

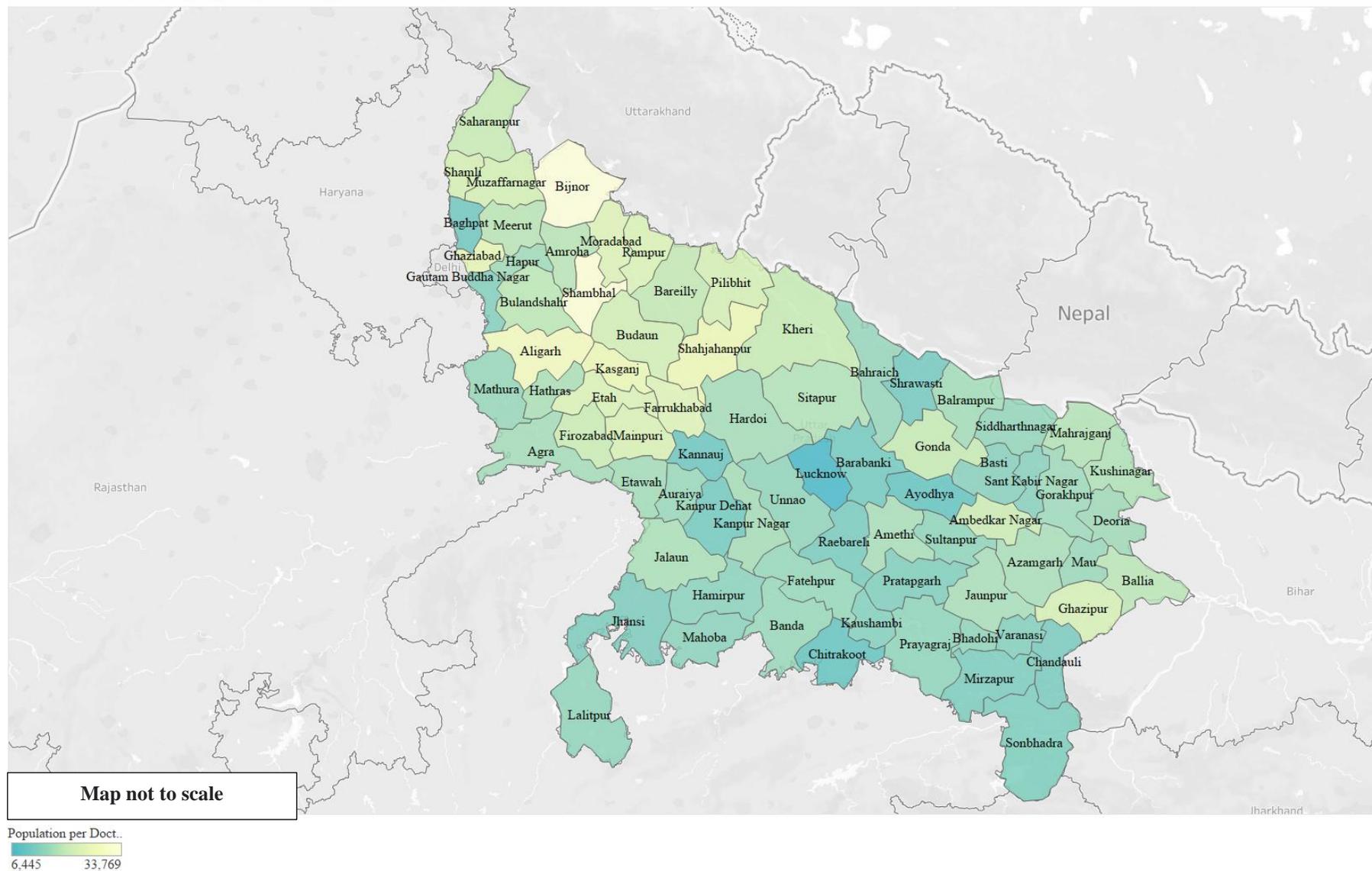


Table 2.4, Appendix 2.2 and map above revealed that:

- 5.66 per cent, 22.49 per cent and 42.01 per cent of doctors were deployed in Bundelkhand, Central and Eastern region though these regions had covered only 4.85 per cent, 17.82 per cent and 39.79 per cent of State's population; and
- only 29.85 per cent of doctors were available in Western region though it covered 37.54 per cent of State's population. Lucknow in Central Region had lowest doctor population ratio (one doctor for 6,445 population) whereas Bijnor in Western Region had maximum doctor population ratio (one doctor for 33,769 population).

Thus, even though the shortage of 38 per cent doctors was in the State, the utilisation of available doctors was not efficient as the deployment of doctors was not on the basis of population covered.

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

2.4 Human resources in Tertiary level hospitals

The details of sanctioned posts vis-a-vis available doctors in all GMCs and autonomous medical colleges of the State are given in **Table 2.5**.

Table 2.5: Status of availability of doctors in GMCs of the State

Cadre	Sanctioned Strength as on 1 st April 2017	Availability as on 1 st April 2017	Shortage	Percentage of shortage	Sanctioned Strength as of May 2022	Availability as of May 2022	Shortage	Percentage of shortage
Doctors	1844	1227 ¹⁰	(-)617	33	1997	1427 ¹¹	(-)570	29

(Source: DGMET)

Table 2.5 indicates substantial shortages (29 per cent) in the availability of doctors in GMCs against the sanctioned strength as of May 2022. However, shortage decreased from 33 per cent to 29 per cent in April 2017 to May 2022. Shortage in doctors would impact in providing quality healthcare to the patients.

Further, the status of the availability of doctors in autonomous medical colleges in Uttar Pradesh is given in **Table 2.6**.

Table 2.6: Status of availability of doctors in autonomous medical colleges in the State

Cadre	Sanctioned Strength as on 1 st April 2019	Availability as on 1 st April 2019	Shortage	Percentage of shortage	Sanctioned Strength as of May 2022	Availability as of May 2022	Shortage	Percentage of shortage
Doctors (Autonomous Medical College)	235	184 ¹²	(-)51	22	790	526 ¹³	(-)264	33

(Source: DGMET)

It may be seen from **Table 2.6** that sanctioned strength of doctors in the autonomous medical colleges was increased from 235 to 790 (555 post) due to establishment of nine new autonomous medical colleges in the State. Further,

¹⁰ Including 412 contractual

¹¹ Including 513 contractual

¹² Including 50 contractual

¹³ Including 129 contractual

the shortage also increased from 22 *per cent* to 33 *per cent* due to slow pace of recruitment process.

The status of the availability of nurses and paramedics in the medical colleges including autonomous medical colleges in Uttar Pradesh is given in **Table 2.7**.

Table 2.7: Status of availability of nurses and paramedics in Government medical colleges¹⁴ including autonomous medical colleges of the State

Cadre	Sanctioned Strength as on 1 st April 2017	Availability as on 1 st April 2017	Shortage	Percentage of shortage	Sanctioned Strength as of May 2022	Availability as of May 2022	Shortage	Percentage of shortage
Nurses	1482	929	(-)553	37	2239	982	(-)1257	56
Paramedics	868	501	(-)367	42	847	530	(-)317	37
Total	2350	1430	(-)920	39	3086	1512	(-)1574	51

(Source: DGMET)

It can be seen from **Table 2.7** that shortages in the cadre of paramedics decreased from 42 *per cent* in April 2017 to 37 *per cent* in May 2022, however, the shortage was still significant. However, shortage of nurses increased from 37 *per cent* to 56 *per cent* from April 2017 to May 2022.

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

2.4.1 Human resources in test-checked Medical Colleges

The status of human resources (Professor/Associate Professor/Assistant Professor, Nursing staff and paramedics) in test-checked GMCs are given in **Table 2.8**.

Table 2.8: Status of manpower in test-checked GMCs as of March 2021

Sl. No.	Cadre	SS* as on 1 st April 2016	Availability as on 1 st April 2016	Shortage (-)/ Excess (+)	Percentage Shortage (-)/ Excess (+)	SS* as on 31 st March 2021	Availability as on 31 st March 2021	Shortage (-)/ Excess (+)	Percentage Shortage (-)/ Excess (+)
GMC, Ambedkar Nagar									
1	Professor/Associate Professor/Assistant Professor	104	55	(-) 49	(-) 47	104	50	(-)54	(-)52
2	Nursing staff	285	114	(-)171	(-) 60	285	72	(-)213	(-)75
3	Para-medics	151	43	(-) 108	(-) 72	151	49	(-)102	(-)68
Total		540	212	(-) 328	(-) 61	540	171	(-)369	(-)68
GMC, Meerut									
1	Professor/Associate Professor/Assistant Professor	187	118	(-) 69	(-) 37	192	126	(-)66	(-)34
2	Nursing staff	180	331 ¹⁵	(+) 151	(+) 84	276	386 ¹⁶	(+)110	(+) 40
3	Para-medics	103	82	(-) 21	(-) 20	111	91	(-) 20	(-) 18
Total		470	531	(+) 61	(+) 13	579	603	(+)24	(+) 04

(Source: test-checked GMCs) * SS- Sanctioned Strength

It can be seen from **Table 2.8** that in comparison to 2016-17, shortage of nursing staff increased from 60 *per cent* to 75 *per cent* in GMC, Ambedkar Nagar. However, excess nursing staff was posted in GMC, Meerut ranging from 151 in April 2016 to 110 in March 2021. In paramedics cadre, slight improvement was seen in GMC, Ambedkar Nagar (shortage reduced from 72 *per cent* to

¹⁴ Excluding manpower of GMCs Azamgarh, Jalaun and Jhansi as data was not provided by DGMET.

¹⁵ Including 183 outsourced nursing staff.

¹⁶ Including 246 outsourced nursing staff.

68 per cent) and GMC Meerut (shortage reduced from 21 per cent to 18 per cent) in comparison to 2016-17.

Further analysis of availability of teaching staff in five sampled clinical departments in test-checked GMCs revealed that GMC, Ambedkar Nagar had shortage of up to 38 per cent doctors in clinical departments whereas GMC, Meerut had shortage of up to 44 per cent doctors in clinical departments as of 31 March 2022. The details are given in **Table 2.9**.

Table 2.9: Shortfall of manpower in test-checked GMCs as of March 2022

Department	GMC, Ambedkar Nagar				GMC, Meerut			
	Sanctioned posts	Available Manpower	Vacant posts	Percentage of Vacancy	Sanctioned posts	Available Manpower	Vacant posts	Percentage of Vacancy
Medicine	9	6	3	33	14	10	4	29
Surgery	9	7	2	22	13	13	0	0
Pediatrics	4	3	1	25	12	9	3	25
Obstetrics and Gynecology	8	5	3	38	18	10	8	44
Orthopedics	4	3	1	25	6	6	0	0
Total	34	24	10	29	63	48	15	24

(Source: GMC, Ambedkar Nagar and GMC, Meerut)

Audit scrutiny further revealed that shortage of doctors in five test-checked departments ranged from 22 per cent to 38 per cent in GMC, Ambedkar Nagar. In GMC, Meerut, Orthopedics and Surgery department had the required number of doctors whereas other departments were facing shortages of 25 per cent to 44 per cent doctors.

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

2.5 Human resources in Primary and Secondary level facilities

Audit noticed huge shortage in the cadre of doctors, nurses and paramedical staff in primary and secondary level HCFs which are required for the functioning of essential medical services, as detailed in **Table 2.10**.

Table 2.10: Shortfall of manpower in primary and secondary level HCFs of the State

Cadre	Sanctioned Strength as on 1 st April 2016	Availability as on 1 st April 2016	Shortage	Percentage of shortage	Sanctioned Strength as on 31 st March 2022	Availability as on 31 st March 2022	Shortage	Percentage of shortage
Doctors	22101	13044	9057	41	25035	15370	9665	39
Nurses	16063	10176	5887	37	29264	16012	13252	45
Paramedics	20674	15321	5353	26	27107	19582	7525	28

(Source: DGMH)

Table 2.10 indicates slight improvement in the cadre of doctors (shortage decreased from 41 per cent to 39 per cent) as of 31 March 2022 though it was still significant in view of key role of doctors in delivering medical services to the patients. Similarly, 28 per cent and 45 per cent shortages were noticed in paramedics and nursing staff respectively. Audit noticed that the recruitment process initiated by the Government could not fetch the intended results to appoint doctors as discussed in **Paragraph 2.7.1**.

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

2.5.1 Human resources in test-checked District Hospitals

The State Government had not fixed norms for allocation of human resources

to District Hospitals except for 100 bedded Combined District Hospitals. Further, IPHS has prescribed norms for manpower up to 500 bedded hospitals. A summary of shortage or excess of manpower resources against the IPHS norm and Sanctioned Strength fixed by the State Government in the cadre of doctors, staff nurse and paramedics is given in **Table 2.11** with details in **Appendix 2.3**.

Table 2.11: Shortfall or Excess manpower in test-checked District Hospitals

Cadre	Shortage in range (in numbers)		Excess (in numbers)	
	As per IPHS norms	As per SS	As per IPHS norms	As per SS
Doctors	3 to 41	1 to 34	0	1
Staff Nurse	15 to 165	1 to 67	0	0
Paramedics	20 to 69	1 to 8	0	0

(Source: Information provided by test-checked district hospitals)

It is evident from **Table 2.11**:

- There was shortage of three to 41 doctors against IPHS norm in all 14 test-checked DHs¹⁷;
- Shortage of one to 34 doctors was noticed against the sanctioned strength fixed by the State Government in 12 out of 14 test-checked DHs. In remaining two DHs (DWH, Hamirpur and DWH, Lucknow), one doctor was available in excess against the sanctioned strength.

Audit further noticed that:

- the sanctioned strength of six¹⁸ out of 14 test-checked DHs were more than IPHS norm (1 to 30 doctors); and
- in seven out of remaining eight test-checked DHs, sanctioned strength of doctors was less than the IPHS norms (7 to 34 doctors).
- In test-checked DWH, Saharanpur, the sanctioned strength was equal to the IPHS norm.

Thus, fixing of sanctioned strength of the doctors was neither in accordance with the IPHS norms nor based on any other criteria.

Audit further observed that in nursing cadre:

- the shortage was 15 to 165 against the IPHS norm; and
- there was shortage of one to 67 against the sanctioned strength of staff nurses fixed by the State Government in all the test-checked DHs.

Similarly, in paramedics cadre:

- there were shortages of 20 to 69 paramedics against the IPHS norm in all test-checked DHs;
- there was shortage of one to 8 paramedics in 10 test-checked DHs; and
- in remaining four district hospitals, the equal number of paramedics were available against the norm fixed by the State Government.

Thus, there was shortage of key manpower resources in DHs under the cadres of doctors, staff nurses and paramedics.

¹⁷ DH Male and DH Women, Ghazipur has been converted into ATH of Medical College from April 2021.

¹⁸ DH Male Hamirpur, Jalaun, Kanpur Nagar, Lucknow, Saharanpur, and Combined District Hospital, Kushinagar.

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

2.5.2 Shortage of specialist doctors

DHs provide specialised medical services, viz., surgery, radiology, medicine, etc. The availability of specialist doctors as per data provided by the CMSs¹⁹ of 106 DHs in the State is given in **Table 2.12**.

Table 2.12: Availability of specialist doctors in DHs in the State as on 31 March 2022

Specialist	Out of 41 DHMs available in		Out of 39 DWHs available in		Out of 26 CDHs available in	
	No.*	Percentage**	No.*	Percentage**	No.*	Percentage**
Anaesthetist	35	85	30	77	18	69
Paediatrician	33	80	36	92	21	81
Dentist	23	56	Nil	\$\$	14	54
Dermatology	21	51	2	\$\$	10	38
ENT	32	78	Nil	\$\$	14	54
Ophthalmology/ Eye	38	93	Nil	\$\$	22	85
General Medicine	27	66	2	\$\$	18	69
General Surgery	36	88	5	\$\$	21	81
Obstetrics and Gynaecology	6 ²⁰	\$	38	97	19	73
Orthopaedics	35	85	Nil	\$\$	19	73
Pathologist	31	76	25	64	17	65
Psychiatrist	11	27	Nil	\$\$	3	12
Radiologist	24	59	17	44	20	77

(Source: CMSs of DHs)

*No.: This represents the number of hospitals in which respective specialists were available.

** Percentage: This represents the percentage of hospitals in which various specialty was available.

[§]DHMs are male hospitals which are not providing services of Gynaecology, as per information provided by the CMSs of DHMs. However, DHM (SPM Hospital Lucknow) had maternity OPD, but no labour room and maternity OT services.

^{§§} CMSs of the DWHs informed that services other than Obstetrics & Gynaecology and Pediatrics were not available/not applicable in DWHs. Further, as per the State Government order (March 2016) for human resources in 100 bedded CDH, specialists for Obstetrics & Gynaecology, Pediatrics, Anesthetics and Radiologists were required for women wing of the hospital. The percentage of specialist available in DWHs have been worked out in view of State Government order (March 2016).

Table 2.12 indicates that none of the DHMs and CDHs had all the required specialists. There was maximum shortfall of Psychiatrists in DHMs (73 per cent) and CDHs (88 per cent) followed by Dermatologists (49 per cent in DHMs and 62 per cent in CDHs) and Dentists (44 per cent in DHMs and 46 per cent in CDHs). The availability of various specialists in DHMs ranged between 27 per cent and 93 per cent whereas in CDHs it ranged between 12 per cent and 85 per cent. Further, 92 per cent pediatricians and 97 per cent Obstetrics and Gynecologists were available in DWHs. Slow pace of recruitment of doctors/ specialists by the recruiting agency was main reason for shortfall as discussed in **Paragraph 2.7.1**. The details of availability of specialist doctors in test-checked DHs is given in **Table 2.13** with details in **Appendix 2.4 (A-K)**.

¹⁹ Out of 107 DHs, one DH (CDH Bhadohi) was non-functional.

²⁰ In six DHMs (Malkhan Singh District Hospital Aligarh, Sri Ram Hospital Ayodhya, Dr Shyama Prasad Mukherjee Hospital Lucknow, District Hospital Mau, Moti Lal Nehru Divisional Hospital Prayagraj and Tej Bahadur Sapru Hospital Prayagraj), Obstetrics and Gynaecology Specialists were posted.

Table 2.13: Status of specialist doctors in test-checked DHs²¹ as of 31 March 2022

Specialist	No. of test-checked hospitals	No. of test-checked hospitals in which specialist not available	IPHS norms	Sanctioned Strength	Availability of specialists	Shortfall(-) / Excess(+)	
						As per IPHS	As per Sanctioned Strength
1. General Medicine	08	03	24	28	17	-07	-11
2. General Surgery	08	01	21	25	17	-04	-08
3. Obstetrics & Gynaecology	08	Available	21	50	38	+17	-12
4. Paediatrician	14	03	41	35	32	-09	-03
5. Anaesthetists	14	Available	32	43	28	-04	-15
6. Ophthalmology	08	Available	12	21	18	+06	-03
7. Orthopaedics	08	02	12	25	22	+10	-03
8. Radiologist	14	06	20	29	10	-10	-19
9. Pathologist	14	01	30 ²²	27	21	-09	-06
10. ENT	08	Available	12	13	14	+02	+01
11. Dentist	08	01	15	10	08	-07	-02
Total			240	306	225	-50 +35	-82 +01

(Source: Test-checked DHs)

Table 2.13 indicates that sanctioned strength in DHs were not in conformity with IPHS norms. As against minimum 240 specialists required as per IPHS norms, 306 were sanctioned by the State Government in these DHs with inter-hospital variations. Audit noticed that there was a deficit of 50 specialists in seven clinical departments against IPHS norms. Similarly, there was a shortage of 82 specialists in 10 clinical departments against the sanctioned strength fixed by the State Government.

Audit further observed that deployment of specialists was not in consonance with the requirements, as detailed in **Appendix 2.4 (A-K)**. Three (38 per cent) out of eight test-checked DHs did not have general medicine specialists, whereas there was excess deployment of one doctor vis-à-vis sanctioned strength of general medicine specialist in one DH. Further, three DHs (DHM Hamirpur, DHM Jalaun and CDH Kannauj) had no pediatrician, whereas there was excess deployment vis-à-vis sanctioned strength in four DHs (DWH Hamirpur, DHM Kanpur Nagar, DHM Lucknow and DHM Unnao). Similar cases were noticed in deployment of other specialists among test-checked DHs. Thus, there was lack of rationalised deployment of specialists in test-checked DHs.

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

2.5.3 Community Health Centers

The State Government had fixed norms for allocation of 17 human resources²³

²¹ DH Male and DH Women, Ghazipur has been converted into ATH of Medical College from April 2021.

²² As per IPHS norm, Pathologist was required for hospital having more than 50 beds. However, District Women Hospital, Hamirpur had only 32 beds, therefore, this hospital is not included here.

²³ Physician – (01), Surgeon – (01), Gynecologist – (01), Anesthetic – (01), Radiologist – (01), Dental Surgeon – (01), Lab Technician – (01), X-Ray Technician – (01), Dental Hygienist – (01), Pharmacist – (02), Staff Nurse – (03), Sr. Clerk – (01), Driver – (01), Dark Room Assistant – (01).

against the IPHS norms of 46 human resources for CHCs. The details of the availability of manpower *vis-à-vis* State and IPHS norms in the cadre of doctors, paramedic and nurses in the test-checked CHCs are given in **Appendix 2.5** and summarized in **Table 2.14**.

Table 2.14: Shortfall or excess manpower in test-checked CHCs

Cadre	Shortage/Excess as per IPHS norms				Shortage/Excess as per Government norms			
	No. of test-checked CHCs	Shortage of manpower	No. of test-checked CHCs	Excess manpower	No. of test-checked CHCs	Shortage of manpower	No. of test-checked CHCs	Excess manpower
Doctors	16	01 to 09	3	01 to 03	5	02 to 04	14	01 to 08
Staff Nurse	18	02 to 10	Nil	Nil	2	01 to 02	14	01 to 08
Paramedics	11	01 to 08	6	01 to 07	3	01 to 02	15	01 to 13

(Source: Information provided by CHCs)

It is evident from **Table 2.14** that in the cadre of doctors:

- there were shortages of one to nine doctors in 16 CHCs and one to three doctors were in excess in three CHCs against the IPHS norms;
- there were shortages of two to four doctors in the five CHCs and one to eight doctors were in excess in 14 CHCs against the norms fixed by the State Government.

Similarly, in the cadre of Staff Nurse:

- there were shortages of two to 10 Staff Nurses in 18 CHCs and one CHC had the same number of manpower as required in IPHS norms;
- one to two Staff Nurses were short in two CHCs and one to eight Staff Nurses were in excess in 14 CHCs against the norms fixed by the State Government; and
- three CHCs had the same number of manpower as required in Government norms.

Audit further noticed that in the cadre of paramedics:

- there were shortages of one to eight paramedic in 11 CHCs and one to seven paramedics were in excess in six CHCs against the IPHS norms;
- there were shortages of one to two paramedics in three CHCs and one to 13 paramedics were in excess in 15 CHCs against the norms fixed by the State Government.

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

2.5.4 Primary Health Centers

The State Government had fixed norm for allocation of two²⁴ human resource against the IPHS norms of 13 human resources²⁵ to PHCs. A summary of manpower availability *vis-à-vis* State and IPHS norms in the cadre of doctors, paramedics and nurses in the test-checked 38 PHCs is given in **Appendix 2.6 (A-D)** and summarized in **Table 2.15**.

²⁴ Medical Officer – (01) and Pharmacist – 01.

²⁵ Including one Medical Officer (MBBS), one Accountant cum data entry operator, one pharmacist, three nurse-midwife (staff nurse), one health worker (female), one health assistant (male), one health assistant (female)/ lady health visitor, one laboratory technician, two multi-skilled group D worker and one sanitary worker cum watchmen.

Table 2.15: Shortfall/ Excess manpower in test-checked 38 PHCs

Cadre	Required as per IPHS norm	Required as per GoUP norm	Availability	Shortage (-)/ Excess (+) against IPHS norm	Shortage (-)/ Excess (+) against Govt. norms
Doctors	38	38	43	+05	+05
Staff Nurse	114	No norm	07	-107	No norm
Pharmacist	38	38	42	+04	+04
Paramedics (excluding pharmacist)	152	No norm	34	-118	No norm
Total	342	76	126	-216	+09 (in case of doctors and pharmacists)

(Source: Information provided by PHCs)

It may be seen from **Table 2.15** that the test-checked PHCs had excess of five doctors and four pharmacists in terms of GoUP norms, though as per IPHS, there was a shortage of 107 staff nurses and 118 paramedics (excluding pharmacists). Nursing staff was not posted in 84 *per cent* of the test-checked PHCs.

Further, as per IPHS, one MBBS doctor (essential) and one AYUSH doctor (desirable) each were to be posted at each PHC. It was, however, noticed that:

- Out of 43 doctors posted at the test-checked PHCs, 21 doctors were from AYUSH defying the norms of IPHS.
- Further, one test-checked PHCs had two allopathic doctors, one PHC had one allopathic and two AYUSH doctors;
- 15 PHCs were run by allopathic doctors whereas in 13 PHCs, AYUSH doctors were looking after the service.
- No doctor was available in four²⁶ PHCs.

Shortage of manpower in PHCs was impeding the objectives of the Government to provide emergency and medical services to the patients at their nearest location.

Further, each PHC (Type-A²⁷) is to be manned by a Medical officer supported by 12 paramedical and other staff, as per IPHS. Status of manpower in 38 test-checked PHCs in nine districts as of March 2022 is given in **Table 2.16**.

Table 2.16: Status of manpower in test-checked Type-A PHCs

Sl. No.	Name of district	Number of PHCs audited	PHCs running without paramedical staff					
			Lab Technician	Pharmacist	Accountant cum Data Entry Operator	Health Workers (Female)	Health Assistant (Male)	Health Assistant (Female)/Lady Health Visitors
1.	Ghazipur	4	4	0	4	4	4	4
2.	Hamirpur	4	4	0	4	0	2	4
3.	Jalaun	4	3	0	4	1	2	2
4.	Kannauj	4	4	0	4	3	4	4
5.	Kanpur Nagar	4	4	0	4	3	3	4

²⁶ PHC Jalalpur and PHC Puraini (Hamirpur), PHC Jaura Bazar and PHC Sakrauli (Kushinagar).

²⁷ PHC with delivery load of less than 20 deliveries in a month.

Sl. No.	Name of district	Number of PHCs audited	PHCs running without paramedical staff					
			Lab Technician	Pharmacist	Accountant cum Data Entry Operator	Health Workers (Female)	Health Assistant (Male)	Health Assistant (Female)/Lady Health Visitors
6.	Kushinagar	4	4	1	4	3	4	4
7.	Lucknow	6	5	0	6	2	6	6
8.	Saharanpur	4	4	1	4	2	4	4
9.	Unnao	4	4	0	4	4	4	4
Total		38	36	2	38	22	33	36
Shortage in per cent			95	5	100	58	87	95

(Source: Test-checked PHCs)

It may be seen from above that Lab Technicians, Health Workers (Female), Health Assistant (Male) and Health Assistant (Female)/Lady Health Visitors were not available in 36 PHCs of nine districts (95 per cent), 22 PHCs of eight districts (58 per cent), 33 PHCs of nine districts (87 per cent) and 36 PHCs of nine districts (95 per cent) respectively. Furthermore, no Accountant cum Data Entry Operator was posted in test-checked PHCs. The details are given in *Appendix 2.7 (A-E)*.

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

2.5.5 Sub Centers

The State Government had not fixed norms for allocation of human resources to Sub Centers. However, as per IPHS, one ANM/Health Worker (Female) and one Health Worker (Male) are required for functioning of SCs.

Audit observed that in all 72-test checked SCs in nine districts, health workers (Male) were not posted. Further, six SCs in three districts had shortfalls of 13 per cent to 38 per cent ANMs/Health Worker (Female). However, audit noticed that in Kushinagar district, five SCs had two ANMs at a time.

This was indicative of the fact that these SCs were not delivering the intended benefit to the rural population. The details are given in *Appendix 2.8 (A-B)*.

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

2.5.6 Health and Wellness Centre

Under the *Ayushman Bharat* Programme, 10,689 sub-centre level Health and Wellness centres (HWCs) were established in Uttar Pradesh as of March 2022. The Mission Director, SPMU of NHM fixed (August 2021) norm of one Community Health Officer (CHO) for each HWC at Sub-Centre level to provide various healthcare services²⁸ to the public.

Scrutiny of records revealed that State Government appointed 11,572 CHOs for these SC-HWCs on contract basis, out of which 10,463 joined the post. However, only 7,529 CHOs were working in these 10,689 SC-HWCs as of September 2022, leaving 3,160 SC-HWCs (30 per cent) without CHOs. Audit further noticed that in 18 test-checked HWCs, three HWCs did not have CHOs. The details are given in *Appendix-2.9*.

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

²⁸ Anti natal care to all maternal women; New born care; Childhood and adolescent care; family planning related services; OPD for the patients, management of communicable diseases, screening, referral and follow-up of non-communicable diseases and community level services.

2.6 Human resources under NHM

Scrutiny of records of the Mission Director, State Program Management Unit revealed huge shortage of doctors, nurses and paramedics under NHM, which are engaged on contractual/outsourced basis. The details are given in **Table 2.17**.

Table 2.17: Shortfall or excess manpower at State level – under NHM

Cadre	Sanctioned Strength as on 1 st April 2016	Availability as on 1 st April 2016	Shortage	Percentage of shortage	Sanctioned Strength as on 31 st March 2022	Availability as on 31 st March 2022	Shortage	Percentage of shortage
Doctors	7870	5995	1875	24	9865	6372	3493	35
Nurses	7931	6257	1674	21	19599	10283	9316	48
Paramedics	6658	5238	1420	21	10401	5630	4771	46

(Source: SPMU, Lucknow)

(Note: Sanctioned Strength and Availability includes contractual and outsourced personnel)

It could be seen from **Table 2.17** that there was increase in the sanctioned strength as on March 2022 as compared to April 2016. However, as on March 2022, there were shortages in the cadre of doctors (35 per cent), nurses (48 per cent) and paramedics (46 per cent).

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

2.7 Assessment of vacancies

As per order issued (October 2014) by the Department of Personnel, Government of Uttar Pradesh, all departments are required to send the proposal of recruitment (*Adhiyachan*) to the Uttar Pradesh Public Service Commission (UPPSC). Further, the State Government notification (December 2014) states that proposals for recruitment for the posts having grade pay from ₹ 1,900 to less than ₹ 4,600 would be sent to the Uttar Pradesh Subordinate Service Selection Commission (UPSSSC). Accordingly, MHFW Department was sending proposals for recruitment of doctors and nurses to UPPSC. The assessment of vacancies was a continuous process as the vacancies to be created in the next three years due to superannuation of the employees, were to be assessed by the department by factoring in posts reserved for SC/ST/OBC, etc., categories for submission to the recruiting agencies for further processes.

Test-check of the records of DGMH revealed that the department did not assess the vacancies timely. Rather than assessing the vacancies in advance, the department sent the proposals with vacancies created in past years to the recruiting agencies. Further scrutiny disclosed that proposals for recruitment of 4,727 posts of nurses falling vacant (including 1,101 new posts) during 2016-17 to 2018-19 were sent between June 2016 (2,930 posts), January 2017 (1,101 posts) and November 2019 (696 posts). Similarly, proposal for recruitment of 174 dental surgeons (including 110 pots created between July 2017 to June 2021 due to retirements, creation of new posts, etc.) was sent in October 2021. This was not only against the Government order but may have led to accumulation of shortage of manpower year after year.

The State Government (MHFW) replied (February 2023) that proposals for recruitment (*Adhiyachan*) of dental surgeon for the year 2017 and 2021 had been sent.

2.7.1 Delays in recruitment processes

Audit analysed the recruitment process of the doctors, nurses and paramedics in MHFW and MET from the records made available by the MHFW, MET, UPPSC and Uttar Pradesh Subordinate Service Selection Commission (UPSSSC).

Recruitment of doctors

State Government notified (August 2004) Uttar Pradesh Medical and Health Service Rules, 2004 for recruitment of doctors in the department of MHFW which was further amended in May 2011 and December 2020. According to May 2011 amendments, doctors were to be appointed on the basis of interviews held by UPPSC. Further, as per amendment in December 2020, eligible candidates were to undergo a written examination followed by the interview.

Scrutiny of records of MHFW, MET and UPPSC revealed that during 2017-18 to 2020-21, proposals for the recruitment of 6,576 doctors in MHFW were sent to UPPSC, which was notified by UPPSC. However, only 3,816 (58 *per cent*) candidates were recommended for appointment. Audit observed that UPPSC took minimum seven months in one case and maximum 38 months in another case for recruitment process.

In case of MET, against the proposals sent for the recruitments of 1,301 Principals, Professors and Assistant Professors in MET, only 498 (38 *per cent*) could be recommended. The time taken by the recruitment agency was ranging between six to 41 months. Audit observed that proposals for the recruitment of 160 lecturers (Assistant Professors) sent to UPPSC in September 2014 and 265 lecturers (Assistant Professors) in November 2017, were not completed due to change of designation, age and eligibility as the recruitment rules were amended in November 2018. The proposals were sent back to the MET in April 2019. Thus, even after one to four years of sending the proposals to UPPSC, the recruitment could not be completed though there was ample time with the department and UPPSC for completion of process prior to the amendment of recruitment rules in November 2018. Delays in the recruitment process ultimately led to shortage of doctors in the GMCs.

The Government (MHFW) replied (February 2023) that delays in the recruitment process pointed out by audit are procedural. Reply of the Government was awaited (August 2024) in respect of MET despite reminders.

The fact remained that either entire vacancies remained unfilled or filled partially.

Recruitment of nurses

Scrutiny of records revealed that out of 9,417 proposals (MHFW) for recruitment of staff nurses, 5,402 (57 *per cent*) nurses were recruited during 2016-22 and 3,722 posts could not be filled due to unavailability of the candidates with desired qualifications. The time taken for the completion of the recruitment process was better than the time taken for doctors, though still quite late, as out of two proposals for recruitment of 4,674 staff nurses sent by MHFW to UPPSC in July 2016, the recruitment of 2,388 nurses (54 *per cent*) against a proposal of 4,381 was completed in 26 months in September 2018 whereas proposal for recruitment of 448 nurses (including 155 posts of MET) could not

be completed owing to matter being sub-judice in the Hon'ble High Court. Similarly, out of three proposals for recruitment of 4,743 nurses sent by MHFW and MET between February 2020 and November 2020, UPPSC recruited 3,014 nurses by January 2022 after taking time ranging from 13 to 22 months from the date of receipts of proposals from MHFW and MET.

Recruitment of paramedic staff

UPSSSC is responsible for the recruitment of paramedical staff. Scrutiny of records of the UPSSSC revealed that nine proposals for the recruitment of 9,814 eye examination officers, technologists, health workers, X-ray technicians, biologists and dental hygienists were sent to UPSSSC during 2015-22 by MHFW. Of which, eight proposals containing recruitments of 9,668 posts were pending at UPSSSC for five to 77 months²⁹ whereas one proposal was pending at the DGMH level for 30 months.

Similarly, 13 proposals sent by MET for recruitments of 1,514 paramedics in 2015-16 (one³⁰ post), 2016-17 (192³¹ posts) and 2020-21 (1,321³² posts) were pending at UPSSSC for seven to 85 months³³ as of May 2022.

As such, no recruitment was made by UPSSSC against these proposals for recruitments of 11,328 posts sent by MHFW and MET as of May 2022 leading to shortage of paramedics.

On being pointed out in audit, UPSSSC informed (February 2023) that the recruitment process could not be initiated either due to lesser number of post or unavailability of similar posts in adequate number or proposal received from Department were not in accordance with the updated reservation provisions. Further, recruitment process remained interrupted due to Covid-19 during February 2020 to August 2021. The State Government did not provide reply in respect of delays in recruitment of nurses and paramedic staff.

2.8 Training

Training is a continuous process for improvement of the skills of an organisation's manpower. Training assumes greater significance in the case of the medical department because of the frequent advancements in the medical field. The development of training courses suited to advance medical facilities is of optimum importance to equip the employees in these areas.

2.8.1 State Institute of Health and Family Welfare

State Institute of Health & Family Welfare (SIHFW), Uttar Pradesh is an apex institute of State for Research and Training in the area of Medical, Health and Family Welfare.

The training courses are mainly of two types, *viz.*, induction courses for new recruits and promoted personnel and in-service courses for existing employees.

²⁹ Information relating to pendency of three proposals at UPSSSC level was not furnished to audit.

³⁰ Physiotherapist

³¹ Lab Technician

³² Dark Room Assistants, Dental Hygienists, Dental Mechanics, ECG Technicians, OT Technicians, Occupational Therapists, Physiotherapists, OT Technician (Heart Disease), X-Ray Technicians and Lab Technicians.

³³ Information relating to pendency of six proposals at UPSSSC level was not furnished to audit

Induction training course

The year-wise induction course conducted during the year 2018-19 to 2021-22 is given in **Table 2.18**.

Table 2.18: Induction courses organised

Year	No. of training course organised	No. of Batch	No. of days	No. of participants
2018-19	02	04	27	119
2019-20	02	11	28	262
2020-21	00	00	00	00
2021-22 (upto December 2021)	00	00	00	00

(Source: SIHFW)

It would be seen from the **Table 2.18** that no induction course was organised during the period 2020-22 whereas only two training courses were organised in the year 2018-19 and 2019-20.

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

Training course for in-service staff

The year-wise in-service courses conducted during the year 2018-19 to 2021-22 is given in **Table 2.19**.

Table 2.19: In-service courses organised

Year	No. of training course organised	No. of Batch	No. of days	No. of participants
2018-19	39	103	290	5539
2019-20	26	82	293	2288
2020-21	02	12	18	179
2021-22 (up to December 2021)	10	43	112	1017

(Source: SIHFW)

It would be seen from the **Table 2.19** that 39 training courses were organized in the year 2018-19, which were subsequently decreased to 26 in 2019-20, two in 2020-21 and 10 to 2021-22 (up to December 2021).

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

2.8.2 Training for human resources of Medical Education and Training

The scrutiny of records in the offices of Director General, Medical Education and Training and the two test-checked GMCs, Ambedkar Nagar and Meerut revealed that no training calendars were prepared during the period from 2016-17 to 2021-22.

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

To sum up, the State Government has fixed human resources norms only for 100 bedded DHs, CHCs and PHCs. Thus, DHs, below and above 100 beds and sub-centres were running without assessing the human resources. Region wise deployment of doctors was uneven and the public health care was reeling under huge shortage of Doctors, nurses and paramedics as recruitment processes were delayed inordinately either due to incomplete proposals of the Government or longer time taken by the recruitment

agencies. All these impediments affected the service delivery in Government hospitals.

Recommendations:

State Government should:

- 1. fix human resources norms for below and above 100 bedded district hospitals and sub-centres;*
- 2. in consultation with the recruitment agencies expedite the recruitment and fill up posts of doctors, nurses and paramedics to mitigate huge shortage in these cadres;*
- 3. remove region wise imbalance in deployment of doctors.*

Chapter - III

Healthcare Services

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 CHCs⁶ 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 CHCs⁷ 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 (Pratapgarh), 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 departments⁸ were selected. In two test checked GMCs, the selected OPD services were available.

CDHs: In CDHs, 11 OPD services⁹ 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-natology were not available.

DHMs: In DHMs, nine OPD services¹⁰ 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 two¹¹ DHMs. Two DHMs¹² 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 services¹³ 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-natology was not available in two¹⁴ DWHs and in one¹⁵ DWH, respectively. The main reason was the lack of doctors.

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 services¹⁶, General medicine was not available in CHC Aishbagh (Lucknow). General Surgery was not available in 13¹⁷ out of 19 CHCs, whereas paediatric in six¹⁸, Obstetrics & Gynaecology in three¹⁹ 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

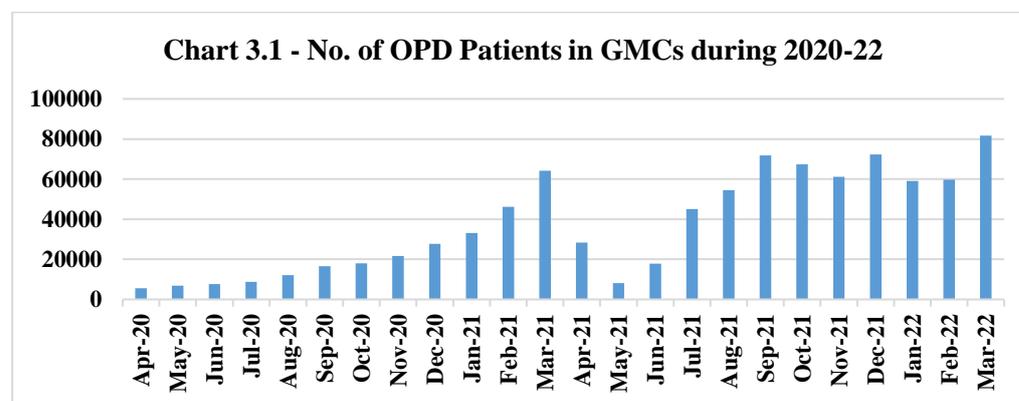
The number of out-patients in the test-checked hospitals are summarised in **Table 3.2** and details are given in **Appendix 3.2**.

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**.



(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 day²⁰ 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 hospital²⁶ (**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**.

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

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 load³³ 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: $Consultation\ time = \frac{Total\ OPD\ hours\ 8.00\ AM\ to\ 2.00\ PM\ (360\ minutes)}{patient\ load\ per\ doctor\ per\ day}$.

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 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 Jalaun (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.

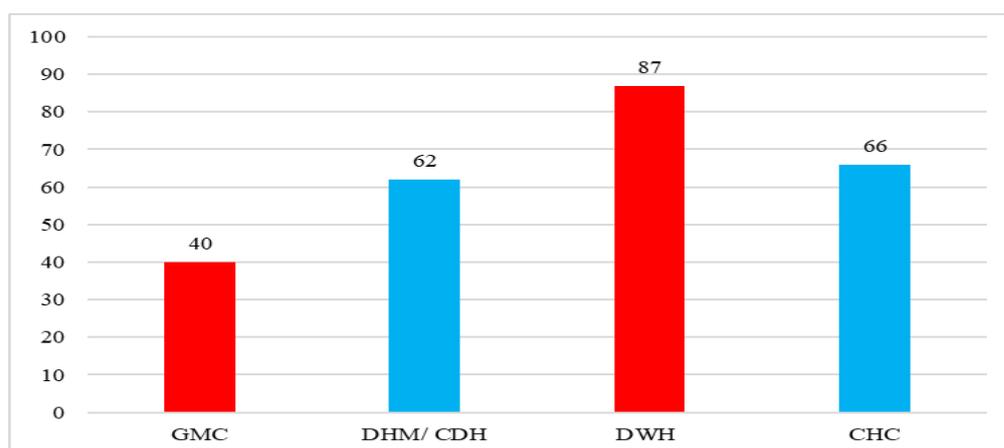
⁴⁰ In CHC Bidhnoo (Kanpur Nagar), Aishbagh and Malihabad (Lucknow) data was not made available.

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 2019-20⁴⁵, 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**.

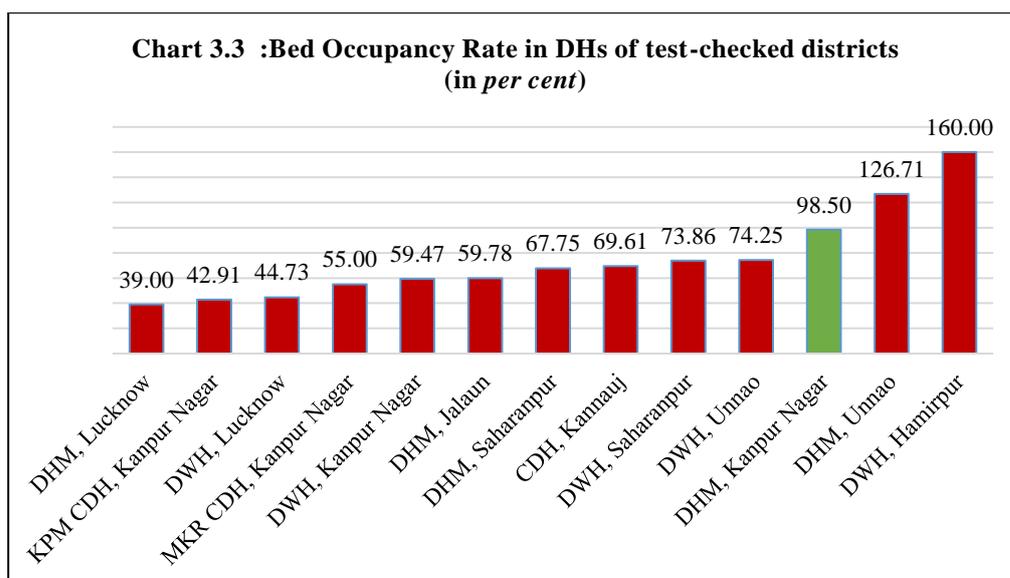
⁴¹ Data of CHC Bidhnoo (Kanpur Nagar) was not made available.

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.



(Source: CMSs of test-checked DHs)

Chart 3.3 shows that in 13 DHs⁴⁶, 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 DHs⁴⁷ 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 eight⁴⁸ 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 <i>per cent</i>)
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 CHCs⁴⁹ due to unavailability of surgeons. Maternal Health service was not available in CHC Bhadaura (Ghazipur) and Child Health service was not available in four⁵⁰ 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 Kaudara, 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 194⁵¹ 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 DHs⁵⁵ 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 Neonatal 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 infants⁵⁷ 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 DHs⁵⁸, 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 beds⁵⁹. However, ICU was not available in four DHs⁶⁰ (44 per cent). Resultantly ICU services could not be provided in these DHs. In remaining five DHs with more than 100 beds⁶¹, 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 three⁶² 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 Utility⁶³ and Eclampsia rooms was not available in three⁶⁴ 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 47⁶⁶ out of 97 prescribed laboratory tests⁶⁷ in test-checked GMCs, 47⁶⁸ out of 51 prescribed laboratory tests⁶⁹ for DHs, 14⁷⁰ out of 21 prescribed diagnostic services⁷¹ 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 test⁷² 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 tests⁷⁵ (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 tests⁷⁶ (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 tests⁷⁷ (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 tests⁷⁸ (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 tests⁸⁰ (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 CHCs⁸³.

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 checked⁸⁴ 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 months⁸⁵ 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 CHCs⁸⁶, 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 two⁸⁷ out of 16 DHs and eight⁸⁸ 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 three⁸⁹ 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 records⁹⁰ 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 ambulance⁹¹ 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 hospitals⁹² and one combined district hospital⁹³, out of seven male hospitals and two CDHs, post-mortem house was functioning⁹⁴. 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 specifications⁹⁵. 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 four⁹⁶ 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

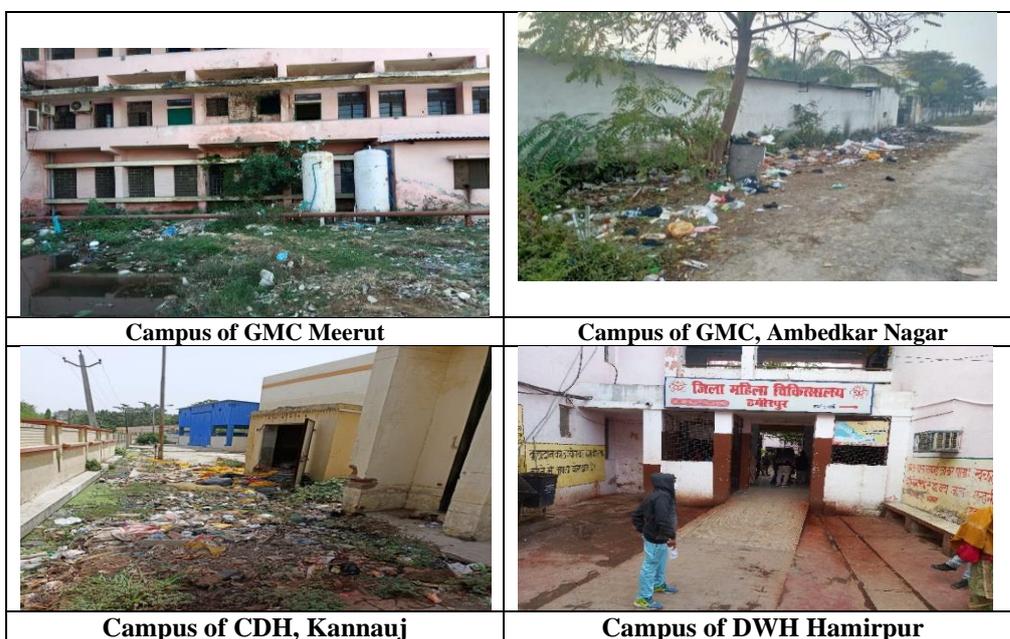
(Source: Test-checked GMCs/ Hospitals, CHCs and PHCs)

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



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:

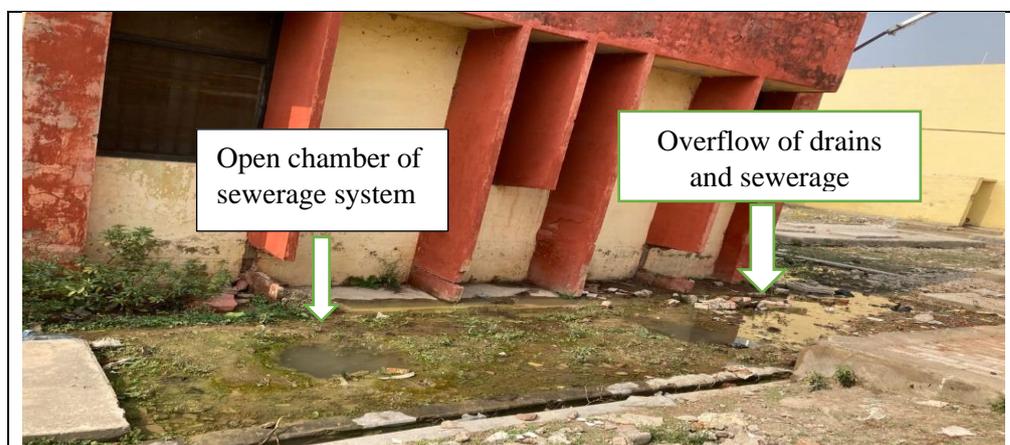


The Government (MET) replied (November 2022) that the audit team might have visited the toilets of GMC Meerut between 10 AM to 11 AM when hospital was overcrowded with patients and attendant and the toilets got dirty by use of these people. However, strict instructions have been issued to the executing 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 sewerage/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:



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 <i>per cent</i>)	26 (70 <i>per cent</i>)	36 (97 <i>per cent</i>)

(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 Sterilisation was not available in two DHMs⁹⁷, one DWH⁹⁸ 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 CHCs¹⁰⁰ 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 six¹⁰¹ 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 four¹⁰² 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.

Chapter - IV

**Availability of Drugs, Medicines, Equipment and
Other Consumables**

Chapter-IV

Availability of Drugs, Medicines, Equipment and Other Consumables

This Chapter discusses the availability of drugs/medicines, equipment and other consumables. The chapter mainly focuses on procurements and management of drugs and equipment by Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL), which was established in October 2017 for centralised procurements and supplies of drugs, consumables and equipment in the State.

Audit objective: *Whether the availability of drugs, consumables and equipment were ensured in public health?*

Brief snapshot of the Chapter

- The Government of Uttar Pradesh provides free of cost health services and drugs facilities to patients through Government hospitals.
- Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) could not make supplies of demanded quantities of drugs to DGMH, NHM and DGME during 2018-22. As a result, many of the essential drugs were either not available or available only intermittently in HCFs.
- In 75 HCFs test-checked in audit, stock-out of some drugs were up to 1,433 days in DWHs, 1,393 days in DHMs, 1,428 days in CDHs and 1,459 days in CHCs. The status of drugs availability in PHCs was particularly worse where up to 16 drugs (80 *per cent*) out of 20 drugs test-checked in audit were never available during 2018-22.
- Against the UPMSCL Drug Procurement Policy, drugs amounting to ₹ 46.90 crore having shelf life of less than 80 *per cent* and imported drugs/vaccines amounting to ₹ 2.18 crore with less than 60 *per cent* shelf life were accepted from suppliers. Further, UPMSCL did not deduct ₹ 13.69 crore on account of testing and handling charges from the payments made to suppliers during 2018-22.
- Drugs valuing ₹ 27.06 crore got expired in the central and district warehouses of UPMSCL during March 2020 to March 2022 mainly due to low shelf life of drugs, refusal of drugs by consignee warehouses due to lack of space, no demand, *etc.*
- Quality assurance of drugs procured was inadequate. Drugs were distributed to warehouses/hospitals even before receipt of quality test report, some drugs subsequently found as 'not of standard quality' (NSQ) were distributed to the end users during the intervening period of sample collection and declaring them NSQ.
- During 2018-21, in GMC Ambedkar Nagar, 24 to 27 consumables and in GMC, Meerut, 41 to 42 consumables were not available for more than four months. The unavailability of more than four months was ranging between 145 to 365 days in GMC, Ambedkar Nagar whereas in GMC, Meerut it ranged between 121 to 365 days.
- Drugs and Vaccines Distribution Management System (DVDMS) software modules were not implemented fully.
- UPMSCL failed to prepare Essential Equipment List which was to be provided to user departments for confirmation of their requirements and finalisation of rate contracts.
- Medical equipment was in shortfall in IPD, OT, ICU, labour room, laboratory and radiology departments in all test-checked HCFs.

- None of the DHs had all the required number of IPD equipment. The availability of OT equipment in test-checked DHs was ranging between 41 *per cent* and 94 *per cent*. The maximum availability of OT equipment in CHCs was 96 *per cent* with minimum availability of 24 *per cent*.
- There were shortages of laboratory and radiology equipment in test-checked DHs. Similarly, CHCs were lacking in laboratory and radiology equipment, though CHC, Chinhat, Lucknow had all radiological equipment.
- Test-checked GMCs, which are referral tertiary hospitals, had shortage of IPD equipment. However, audit also noticed idle equipment in these GMCs due to unavailability of human resources.

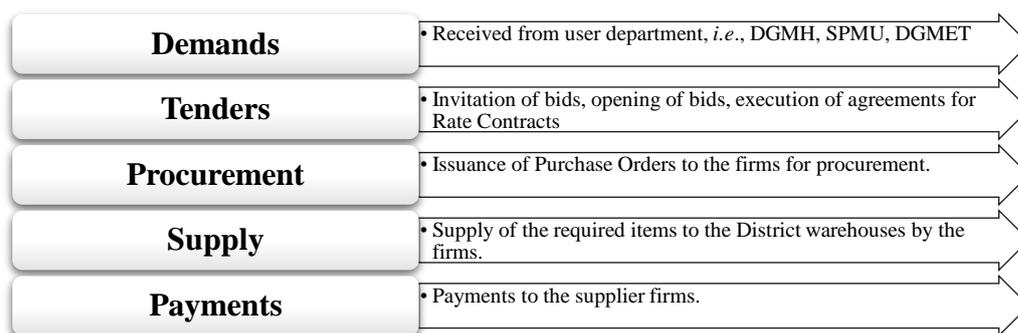
4.1 Introduction

The Government of Uttar Pradesh provides free of cost health services and drugs to patients through the Government hospitals. As per the drug procurement policy (June 2012) of the State Government (Directorate of Medical Health Services), 20 *per cent* fund for procurement of drugs were to be utilised at the Headquarters level for distribution of these drugs amongst hospitals according to the requirements and the remaining drugs were to be procured by respective hospitals on the basis of centralised rate contracts (RCs). The State Government, further, established the Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) in October 2017 for centralised procurements and supplies of drugs, consumables and equipment. The main objective of UPMSCL was to select vendors and execute agreements with them to procure essential drugs, consumables and equipment through e-tendering, based on online demands raised by the districts. Quality assurance of the procured drugs and supplies thereof to the district warehouses was also the responsibility of the UPMSCL. Audit focussed on procurement of drugs after the formation of UPMSCL, i.e., for the period 2018-19 to 2021-22.

4.2 Drug Procurement Policy and Framework

UPMSCL framed the drug procurement policy¹ based on the Uttar Pradesh Procurement Manual (Procurement of Goods), 2016. The policy lays down the directives to be adopted by UPMSCL for procurement of quality drugs and medical consumables for all HCFs of the State by adopting fair and transparent system by providing equal opportunities to all prospective agencies. The procurement is to be based on the indent of various directorates, autonomous institutes under Department of Health and Family Welfare, Department of Medical Education, *etc.* The schematic diagram of the functioning of UPMSCL is given in **Diagram 4.1**.

¹ Procurement policy of UPMSCL was approved in its 2nd board meeting on 18 May 2018.

Diagram 4.1: Schematic diagram of the functioning of UPMSCL

Further, the Government of Uttar Pradesh framed (November 1994) a policy² for the purchase of drugs, surgical instrument and consumables for Government Medical Colleges. The policy envisages purchase of above goods in two stages: first at DG level and second at Medical college level. For the purchase of drugs, committees were to be constituted at DG level³ and college level⁴ and a standard list of drugs was to be prepared by the committee for RCs. The policy was further amended in January 2020 by the department of Medical Education. According to the policy, 80 *per cent* of funds for procurement of drugs were to be provided to UPMSCL whereas 20 *per cent* funds were left for the medical colleges for local purchases.

4.3 Mechanism of raising demands

As per the Government decision (October 2017), UPMSCL was to obtain centralised demand from all districts of the State through electronic means for the procurement of drugs, consumables and equipment. However, UPMSCL failed to obtain centralised demands through online mode which resulted in the Government decision not being followed. Further, it was observed that, UPMSCL switched over (June 2022) to consumption-based model⁵ to avoid overstocking and expiry of drugs in warehouses for the procurement of drugs.

UPMSCL, while confirming the facts and figures, stated (October 2022) that on the basis of indents given by DGMH in 2018-19, RCs were finalised for two years. However, Letter of Intent⁶ (LoIs) got exhausted rapidly. Hence, UPMSCL made an effort in 2019-20 to take the indents directly from health facilities through DVDMS portal. While consolidating, the demands were found to be very high and irrational. It was informed to DGMH which rationalised the demand. Therefore, UPMSCL was taking rationalised demand from DGMH.

The fact remained that UPMSCL did not purchase drugs on the basis of demands placed by user health facilities which was in violation of State Government decision (October 2017) and it led to unavailability of drugs in hospitals as well as supply of drugs which were not in demand to warehouse.

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

² No. 3572 Sek-1/Paanch-Ji-17/91 dated 11 November 1994.

³ DG, MET, two principals from GMCs, two CMSs from GMCs, a gazetted officer nominated by the Government and a Medical Officer in Charge store from GMCs

⁴ Principal: President, Chief medical superintendent: Secretary, Members: Medicine, Gynaecology, Surgery, Medical officer store and a gazetted officer nominated by the Government.

⁵ Purchase orders is issued based on the actual quantity consumed from warehouses.

⁶ Contracted quantity for supply of drugs

4.3.1 Demand and Supply of drugs

The status of demands placed by DGMH, NHM and DGMET and orders as well as supplies thereagainst by UPMSCL during 2018-22 was as detailed in **Table 4.1**.

Table 4.1: Demands vis-a-vis supplies by UPMSCL

(Quantity⁷ in lakh)

Year	Drugs demanded		Drugs ordered by UPMSCL		Drugs supplied by vendors	
	Number	Quantity	Number	Quantity	Number	Quantity
DGMH (EDL⁸)						
2018-19	262	81704	136	10357	129	8423
2019-20	278	17680	189	33028	178	24253
2020-21	278	41480	148	10455	118	7393
2021-22	272	51850	251	48927	235	39322
Average	273	48179	181	25692	165	19848
NHM						
2018-19	139	76311	57	15945	50	7504
2019-20	171	79436	124	21400	105	17605
2020-21	124	47522	61	7293	53	6200
2021-22	35	83336	48	26723	39	23291
Average	117	71651	73	17840	62	13650
DGMET⁹						
2020-21	839	3030	23	63	14	31
2021-22	0	0	5	1	1	0
Average	839	3030	14	32	8	31

(Source: UPMSCL)

As seen from **Table 4.1**, the UPMSCL could not procure quantities of drugs demanded by DGMH, NHM and DGMET during 2018-22. Against the DGMH's demands of average 273 drugs, orders of average 181 drugs (66 per cent) were placed by the UPMSCL against which average 165 drugs (60 per cent) could be supplied by the UPMSCL. Moreover, during 2018-22, out of demanded 117 (average) drugs for NHM, only 73 (62 per cent) were ordered and supply was made for only 62 (53 per cent) of drugs by the vendors. Further, out of 839 drugs demanded by MET, only 15 (2 per cent) drugs was made available to the department by the UPMSCL. Audit observed that delays in rate contracts as well as short supplies by vendors were main reasons for low supply of drugs. In view of negligible supply of drugs by UPMSCL against the demands raised by MET, it was decided (March 2021) to allocate the funds to the medical colleges for procurement of drugs.

Further, State level data of the indents given by the health care facilities and supply of drugs thereagainst by the drugs warehouses of the UPMSCL could not be provided by the UPMSCL, due to which the position of supply up to the level of health care facilities for the State could not be examined in Audit. However, Audit examined the indents and supplies at test checked DHs as discussed in the succeeding paragraph.

Thus, UPMSCL largely failed to fulfil the demand of DGMH, NHM and DGMET which defeated the objective of establishing a specialised company for

⁷ Including tablets, capsules, injections, syrups, etc.

⁸ Information of demand of Non-EDL drugs was not provided by the UPMSCL.

⁹ Demand of drugs (2018-20) and consumables (2018-22) was not provided by DGMET.

procurements and supply of drugs to health care facilities. Further, as mentioned in **Paragraph 6.2.1**, the UPMSCL could not utilise the funds provided to it for procurement of drugs and equipment.

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

4.3.1.1 Demand and supply of drugs in test-checked District Hospitals managed by UPMSCL

Scrutiny of records of 16 test-checked DHs revealed that the hospitals were indenting drugs from Drug Warehouses of UPMSCL from 2019-20. Audit analysed the demand raised during the period 2019-20 to 2021-22 and found that against the indented quantities, 12 to 97 *per cent* (2019-20), 15 to 66 *per cent* (2020-21) and 12 to 66 *per cent* (2021-22) drugs were supplied by the drug warehouses of UPMSCL to the test-checked DHs. The details are given in *Appendix 4.1(A)*.

Scrutiny of demand and receipt of drugs by DHs further revealed (*Appendix 4.1(B)*) that some drugs were not supplied at all against the indent of 16 test-checked DHs during 2019-22.

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

4.4 Essential drug list (EDL)

The concept of essential medicines, first introduced by WHO in 1977, has now been adopted by many countries, non-governmental organisations and agencies. The list is considered to include the most cost-effective medicines for a particular indication. It is developed in concordance with the standard treatment guidelines keeping in mind the healthcare needs of the majority of the population. Careful selection of a limited range of essential medicines results in a higher quality of care, better management of medicines and more cost-effective use of health resources.

In Uttar Pradesh, MHFW Department has a list of essential drugs containing 295 drugs. Further, MET Department has made a list of 839 drugs for the tertiary level hospitals at GMCs in the State.

4.4.1 Revision of EDL

Prior to establishing UPMSCL in October 2017, drugs for primary and secondary level hospitals were being procured by Chief Medical Officers (CMOs)/ Chief Medical Superintendents (CMSs) of the concerned districts based on RCs decided by the Director, Central Medicine Supply Depot (CMSD).

Uttar Pradesh had a list of essential drugs comprising 1,084 drugs for primary and secondary level hospitals. Audit observed that after revising the list of essential drugs¹⁰, DGMH sent (April 2020) a list containing 559 drugs to the Government for approval. However, against the list of 559 drugs, the Government accorded (October 2020) approval of only 295 drugs under EDL.

¹⁰ On the basis of local purchase of a particular drug by many districts, the Drug Review Committee (DRC) considers this drug for inclusion in the EDL. This process is to take place every year.

Audit observed that DGMH assured (October 2020) the Government that it would prepare a list of special drugs separately by including specialised drugs. It was further noticed that SPMU had requested (November 2020) DGMH for inclusion of Mifepristone, a drug for safe abortion, under the special drug list. However, the list had not been prepared as of August 2021. Incidentally, UPMSCL resorted to procurement of large quantity of drugs under non-EDL category as discussed in **Paragraph 4.5.6**.

State Government (MHFW) disagreed with the audit observation and replied (February 2023) that special drugs are purchased at zonal and district level in a limited quantity which is uncertain. That is why 20 *per cent* funds are allocated to DHs for local purchases and remaining drugs are purchased by NHM and UPMSCL.

The reply was not acceptable, as the reply addresses purchase of special drugs whereas audit observation is on not preparing special drug list though assured (October 2020) by DGMH.

4.4.2 Procurement of EDL drugs

Based on the scrutiny of the records and data/ information provided by the UPMSCL, the status of EDL drugs procured during 2018-22 is given in **Table 4.2**.

Table 4.2: Procurement of essential drugs

Year	No. of Drugs in EDL	No. of drugs demanded by the DGMH from EDL	No. of Drugs procured against EDL by UPMSCL	Percentage of drugs procured against demand of DGMH	Percentage of drugs procured against EDL
2018-19	1084	262	145	55	13
2019-20	1084	278	206	74	19
2020-21	295	278	169	61	57
2021-22	295	272	258	95	87

(Source: UPMSCL and DGMH)

As evident from **Table 4.2**, percentage of procured drugs against demands raised by the DGMH ranged between 55 *per cent* and 95 *per cent* and against EDL, it ranged between 13 *per cent* and 87 *per cent* indicating that a vital portion of drugs was not procured by the UPMSCL. Even after reducing the number of drugs under EDL from 1084 to 295 in October 2020, procurement during 2020-22 was 57 *per cent* and 87 *per cent* by UPMSCL, respectively. As a result, hospitals did not have the required drugs as noticed during audit of test-checked districts.

UPMSCL accepted (July 2022) the facts and stated that due to non-participation of bidders and non-responsive bids, some of the RCs for EDL could not be finalised. Reply of MHFW was awaited (August 2024) despite reminders.

The status of EDL prescribed by MET and the number of drugs selected for procurements by test-checked GMCs is given in **Table 4.3**.

Table 4.3: Procurement of essential drugs in test-checked GMCs

Particulars	GMC, Ambedkar Nagar				GMC, Meerut			
	2018-19	2019-20	2020-21	2021-22	2018-19	2019-20	2020-21	2021-22
Number of drugs in EDL	839	839	839	839	839	839	839	839
Number of drugs procured (per cent)	404 (48)	404 (48)	404 (48)	404 (48)	310 (37)	368 (44)	471 (56)	210 (25)

(Source: Test-checked GMCs)

It may be seen from **Table 4.3** that in GMC, Ambedkar Nagar, only 48 per cent EDL drugs were taken up for procurement during 2018-22 whereas in GMC, Meerut it ranged between 25 per cent and 56 per cent defeating the basic objective of providing higher quality care to the patients. Audit further observed that GMC, Ambedkar Nagar sent the demands of funds for procurement of drugs whereas GMC, Meerut did not assess the requirement of drugs as per EDL and no demand was sent to the DGMET for allotment of funds during 2018-21. The Government provided funds without having any assessment from the GMCs.

The State Government (MET) stated (November 2022) that GMC, Ambedkar Nagar, is a new hospital of the rural area and due to shortage of doctors and super specialty department, all the EDL were not utilised. It further stated that not procuring of drugs by UPMSCL, non-receipt of economical rates from the bidders and not arranging for local purchases of the drugs were the main reasons for unavailability of drugs in GMC, Meerut.

Fact remains that the essential medicines which should have been available at all times in a tertiary level hospital, were not available in the GMCs for months.

Further, for assessing the availability of drugs under EDL, audit short listed the number of drugs after taking advice from the experts from GMCs and past experiences (CAG's Audit Report No. 02 of the year 2019 on Performance Audit on Hospital Management in Uttar Pradesh). As such, 66 drugs were selected for the GMCs, 19 to 42 drugs for DHs, 20 drugs each for CHCs & PHCs and 10 drugs for SCs. The results are discussed in succeeding paragraph.

4.4.3 Availability of selected drugs in test-checked hospitals

Status of the availability of drugs sampled (*Appendix 1.4*) for test-check in GMCs was as detailed in **Table 4.4**.

Table 4.4: Stock-out of selected drugs in test-checked GMCs

Parameters	GMC, Ambedkar Nagar			GMC, Meerut		
	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
Essential drugs sampled in Audit	66	66	66	66	66	66
Number of selected essential drugs not available in the RC of drugs (Per cent)	27 (41)	27 (41)	27 (41)	42 (64)	45 (68)	42 (64)
Number of drugs not available for one to two months	2	3	2	3	3	5

Parameters	GMC, Ambedkar Nagar			GMC, Meerut		
	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
Number of drugs not available for two to four months	2	6	2	5	5	5
Number of drugs not available for more than four months ¹¹ (<i>per cent</i>)	46 (70)	38 (58)	41 (62)	51 (77)	54 (82)	47 (71)

(Source: Stock register of test-checked GMCs)

Table 4.4 shows that against 66 sampled essential drugs, 41 *per cent* drugs were not available in RCs of GMC, Ambedkar Nagar during 2018-21 whereas in GMC, Meerut it ranged between 64 and 68 *per cent*. Further, drugs ranging between 58 *per cent* and 82 *per cent* were not available for more than four months in both the GMCs during 2018-21. Audit observed that funds made available by MET were utilised by GMCs and demands for additional funds for procurement of drugs were not sought from the Government.

Further, audit examined the availability of sampled drugs (*Appendix 1.4*) in the test-checked DHMs, DWHs and CDHs during 2018-19 to 2021-22 and found that many drugs either were not available or available intermittently as shown in **Table 4.5**.

Table 4.5: Stock-out of selected drugs in test-checked DHs

Type of hospital	No. of test-checked hospitals	Number of drugs identified for test-check in audit	Number of drugs available all times	Number of drugs never available at all	Number of drugs available partially	Percentage of availability	Stock out range of partially available drugs (days)
DWHs	7	19	1-9	0-2	9-18	89-100	10-1433
DHMs	7	34	1-20	2-5	12-28	85-94	5-1393
CDHs	2	42	6-12	2-3	27-34	93-95	8-1428

(Source: Stock register of test-checked DHs)

It may be seen from **Table 4.5** that the stock-out of drugs was up to 1,433 days in DWHs, 1,393 days in DHMs and 1,428 days in CDHs during 2018-22. Further, one to two drugs in four out of seven DWHs, two to five drugs in all DHMs and two to three drugs in both CDHs were never available during 2018-22. Only in DWHs at Jalaun, Kanpur Nagar and Saharanpur all the selected drugs were available in different spells. The details are given in *Appendix 4.2(A)*.

The status of the availability of sampled essential drugs (*Appendix 1.4*) in the test checked CHCs and PHCs is given in **Table 4.6**.

¹¹ E/D Ciprofloxacin; E/D Ampicillin 500 mg; Injection Gentamicin (40 ml); Tablet Alprazolam (0.25 mg) in Ambedkar Nagar and Framycetin (skin cream), Injection Ciprofloxacin (100 ml); Injection Dexamethasone (2 ml); Injection Ranitidine & lotion Calamine in Meerut.

Table 4.6: Stock-out of selected drugs in test-checked CHCs and PHCs

District	Nos. of test-checked hospitals	Number of drugs identified for test-check in audit	Number of drugs available all times	Number of drugs never available at all	Number of drugs available partially	Percentage of availability	Stock out range of partially available drugs (days)
CHCs							
Ghazipur	2	20	0	2-3	17-18	85-90	128-1459
Hamirpur	2	20	1-3	1-2	15-18	90-95	80-1173
Kanpur Nagar	2	20	1-1	0-2	17-19	90-100	32-1395
Lucknow	3	20	0-1	1-4	15-20	80-100	5-1423
Kushinagar	2	20	0-7	3-3	10-17	85	21-1407
Kannauj	2	20	0-2	1-1	17-19	95	2-1457
Jalaun	2	20	1-3	1-1	16-18	95	59-1419
Saharanpur	2	20	0-2	1-2	17-18	90-95	14-1455
Unnao	2	20	1-3	1-2	16-17	90-95	28-1443
PHCs							
Ghazipur	4	20	0	7-16	4-13	20-65	34-1375
Hamirpur	4	20	0	6-10	10-14	50-70	26-1391
Kanpur Nagar	4	20	0-1	11-13	6-9	35-45	13-1260
Lucknow	6	20	0-1	7-10	10-13	50-65	16-1431
Kushinagar	4	20	0	6-10	10-14	50-70	10-1337
Kannauj	4	20	0	7-12	8-13	40-65	53-1402
Jalaun	4	20	1-2	4-9	10-15	55-80	27-1447
Saharanpur	4	20	0-1	6-11	8-14	45-70	13-1450
Unnao	4	20	0-1	9-14	6-10	30-55	82-1449

(Source: Stock register of test-checked CHCs and PHCs)

Table 4.6 shows that in 19 test-checked CHCs, upto four drugs were never available during 2018-22. The situation worsened in the test-checked 38 PHCs where upto 16 drugs (80 *per cent*) were never available during the same period. Further, position of stock-out of drugs was ranging between two and 1,459 days and 10 and 1,450 days in test-checked CHCs and PHCs respectively. The details are given in *Appendix 4.2(B)*.

Further, in test checked SCs, stock register of drugs were not maintained due to which availability of drugs in these SCs could not be assessed in audit.

During survey of 60 OPD and IPD patients (30 in each GMC) in both GMCs, 60 *per cent* OPD patients and 45 *per cent* IPD patients confirmed that they did not get all prescribed medicines by the doctors.

The Government (MHFW) replied (February 2023) that by the end of 2019-20, Covid-19 disaster had spread worldwide and only emergency services were in operation. Number of general patients had decreased, due to which there was minimum use of drugs and supply of Covid-19 drugs was being done on priority. This should have been taken into consideration while preparing the report. However, reply of MET was awaited (August 2024) despite reminders.

The reply of MHFW was not acceptable as audit had analysed the availability of drugs during 2018-22 period and found that drugs were not available in the hospitals. Further, as pointed out above, some drugs were not available during entire period of 2018-22, *i.e.*, even before and after Covid-19.

Unavailability of essential drugs at all the levels of medical care results in increase in out-of-pocket expenditure for the patients and creates financial and medical distress.

4.5 Contract management for procurement of drugs

Drugs procurement policy has laid down procedure for the procurement by entering into contracts with supplier firms. Test-check of records and analysis of data/ information provided by the UPMSCL revealed various irregularities in the contract management as discussed in the succeeding paragraphs:

4.5.1 Tender notifications to pharmaceutical manufacturing associations

In compliance with the terms and conditions of the drugs procurement policy, the tender notifications are also to be sent to pharmaceuticals manufacturing associations for wide publicity.

Scrutiny of records of UPMSCL revealed that in 323 test-checked agreements, out of 432 agreements executed by UPMSCL with the suppliers during 2018-22, tender notifications were not sent to the pharmaceutical manufacturing associations for wide publicity in contravention to the policy.

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

4.5.2 Invitation of tender on short term notices

In compliance with the terms and conditions of the drugs procurement policy, while inviting the tenders, minimum 21 days should have been given for the submission of bid by the interested bidders. However, in the events of urgency or re-tendering, short term tender notice giving 10-15 days' time was to be floated.

Scrutiny of records and analysis of data made available by the UPMSCL, however, revealed that during the period 2018-22, in 60 cases¹² (first time tender), bids were invited from the bidders by giving lesser days than the prescribed 21 days, ranging between five days and 19 days. It was further observed that in 27 cases (45 per cent), out of 60 cases, less than 10 days were given for submission of bids. This was not only against the drugs procurement policy but also raises question on the contract management of UPMSCL as in 25 cases¹³, LOI were issued after 24 to 345 days and agreements were executed up to four to 293 days beyond the prescribed 31 days¹⁴. Thus, there was no justification of inviting tenders on short term notices as actual execution of the contracts took substantial time.

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

4.5.3 Alternative procurement

Drug procurement policy envisages that in cases where prospective bids are not obtained through open tender, UPMSCL can do procurement from the most

¹² In 66 other cases, short term tender notices were floated for Covid-19 related procurements.

¹³ In another 12 cases, date of execution of agreement was not mentioned.

¹⁴ 21 days for the submission of bid and 10 days for execution of agreement.

cost-effective source among PSUs¹⁵ and other Medical Service Corporations¹⁶, etc. However, at any instance, procurements for requirements of not more than two months was to be made.

Test-check of records, however, revealed that owing to non-submission of perspective bids by the firms, in 17 Purchase Orders (POs) (Value of Received quantity: ₹ 9.65 crore), the UPMSCL resorted to procuring drugs directly from the public sector undertakings and vendors approved by the other state medical services corporations. Audit observed that though the procurements for not more than two months were only to be made, no assessment was made by the UPMSCL for requirement of drugs for two months.

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

4.5.4 Short submission of performance security

Performance security acts as a safeguard against unsatisfactory performance or violation of contract agreement by the supplier on the contract. Drug procurement policy envisages that performance security shall be solicited from all successful bidders at the rate of five *per cent* of the value of the contract as per the bid document.

Audit observed that out of 323 agreements executed under 27 test checked tenders, in 11 agreements, the bidders had submitted only ₹ 2.34 crore against the required performance security of ₹ 4.97 crore resulting in short realisation by ₹ 2.63 crore (52.92 *per cent*). This not only led to extending undue benefits to the bidders but may also lead to compromising the safeguard to the corporation in case of failure of bidders to supply medicines.

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

4.5.5 Rate contracts of EDL drugs

As per the State Government order (October 2017), UPMSCL was responsible to execute Rate Contract (RC) of all essential drugs. The status of contracts executed (RCs) by UPMSCL against the EDL drugs and drugs demanded by DGMH during 2018-22 is given in **Table 4.7**.

Table 4.7: Rate contracts of essential drugs

Year	Number of drugs in EDL	No. of drugs demanded by DGMH	Number of EDL drugs for which RCs executed	Number of drugs procured	Percentage of RCs executed against		Percentage of EDL drugs procured against RCs
					EDL	Demands (DGMH)	
(1)	(2)	(3)	(3)	(4)	(5)		(6)
2018-19	1084	262	173	145	16	66	84
2019-20	1084	278	217	206	20	78	95
2020-21	295	278	237	169	80	85	71
2021-22	295	272	262	258	89	96	98

(Source: DGMH and UPMSCL)

¹⁵ Public sector undertaking firms: KAPL, IDPL, RDPL BPCL & HAL.

¹⁶ Other State Medical services corporations: RMSCL, TNMSC, GMSCL and other similar corporations.

As evident from **Table 4.7**, the EDL for which RCs were executed ranged between 16 per cent and 89 per cent whereas it was ranging between 66 per cent and 96 per cent against the drugs demanded by DGMH. The procurement of EDL drugs against these RCs was ranging between 71 per cent and 98 per cent. Thus, the RCs executed by UPMSCL were less than the number of drugs in EDL as well as number of drugs demanded by DGMH.

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

4.5.6 Rate contract of non-EDL drugs

The status of procurement of non-EDL drugs by UPMSCL during 2018-22 is given in **Table 4.8**.

Table 4.8: Rate contracts of non-EDL drugs

Year	Number of Non-EDL drugs for which RCs executed	RCs for Non-EDL drugs as a percentage of total drugs for which RCs executed	Number of Non-EDL Drugs procured	Percentage of Non-EDL drugs procured against RCs
2018-19	155	47	83	54
2019-20	192	47	110	57
2020-21	221	48	78	35
2021-22	221	46	121	55

(Source: UPMSCL)

As evident from **Table 4.8**, UPMSCL could procure 35 per cent to 57 per cent drugs against executed RCs for non-EDL drugs. Further, RCs executed for non-EDL drugs constituted 46 per cent to 48 per cent of total number of drugs for which RCs were executed during 2018-22.

Audit observed that due to non-participation of bidders and non-responsive bids, RCs could not be finalised, besides longer time taken for execution of contract and short supplies by vendors were main reasons for low supply of drugs.

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

4.5.7 Good Manufacturing Practice inspection of firms

As per the procurement policy, to ensure quality of drugs, a team of UPMSCL along with official from FSDA will inspect the manufacturing unit to ensure Good Manufacturing Practice (GMP). GMP was to be carried out at all manufacturing premises from which bid is quoted.

It was, however, observed that inspection for ensuring GMP was not carried out by the UPMSCL since inception to March 2022.

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

4.5.8 Testing and Handling Charges

As per the procurement policy, an amount equal to 1.5 *per cent* value of goods received shall be deducted from payments to be made to the supplier on account of testing and handling charges.

Audit scrutiny revealed that deductions of ₹ 13.69 crore¹⁷ on account of testing and handling charges from the payments of ₹ 912.95 crore during 2018-22 were not made by UPMSCL.

Thus, by not deducting the testing and handling charges from the firms, UPMSCL extended undue financial benefit to these firms.

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

4.6 Short supply of drugs by firms

Drug shortages pose a serious challenge for HCFs, often interfering with patient care. A common practice during a drug shortage is to select an alternate therapeutic; however, these agents often present challenges and may create safety concerns.

As per the procurement policy, if the supplier fails to execute at least 50 *per cent* of the ordered quantity for any drug for more than two purchase orders, the supplier shall be debarred for supply of that particular drug for a period of two years.

During the period 2018-22, UPMSCL issued 3,239 purchase orders (POs) for supply of drugs against which 100 *per cent* supply was received in respect of only 446 POs (13.77 *per cent*). The details of short supplies during 2018-22 are given in **Table 4.9**.

Table 4.9: Short supply of drugs

Year	Total number of POs issued	No. of cases where less than 50 <i>per cent</i> supplies including NIL supplies received against POs (<i>per cent</i>)	No. of cases where between 50 <i>per cent</i> and less than 100 <i>per cent</i> supply received against POs (<i>per cent</i>)	Value of POs (₹ in crore)
2018-19	456	62 (13.60)	381 (83.55)	182.90
2019-20	1006	240 (23.86)	735 (73.06)	623.21
2020-21	544	157 (28.86)	289 (53.13)	344.41
2021-22	1233	371 (30.09)	558 (45.26)	1234.96
Total	3239	830 (25.63)	1963 (60.61)	2385.48

(Source: UPMSCL)

It may be seen from **Table 4.9** that against 3,239 purchase orders valuing ₹ 2,385.48 crore issued during 2018-22 by UPMSCL, short supplies were made in 2,793¹⁸ (86 *per cent*) purchase orders including 659 cases where no supply

¹⁷ 19 firms in 2018-19 (₹ 0.37 crore), 91 firms in 2019-20 (₹ 4.86 crore), 93 firms in 2020-21 (₹ 2.21 crore) and 161 firms in 2021-22 (₹ 6.25 crores).

¹⁸ 830 + 1,963 = 2,793

was made by the suppliers. The details of nil and 100 per cent supplies are given in **Table 4.10**.

Table 4.10: Zero and 100 per cent supply of drugs

Period	Total number of POs issued	No. of POs in which nil supply received (per cent)	No. of cases in which 100 per cent supplies were received
2018-19	456	43 (9.43)	13 (2.85)
2019-20	1006	172 (17.10)	31 (3.08)
2020-21	544	123 (22.61)	98 (18.01)
2021-22	1233	321 (26.03)	304 (24.66)
Total	3239	659 (20.35)	446 (13.77)

(Source: UPMSCL)

It was, however, observed that though the policy has clearly mentioned to debar the supplier in the event of supply of drugs below 50 per cent, no action was taken by the UPMSCL against these suppliers.

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

4.7 Delayed supply of drugs

The policy and contract condition stipulates that the contracted firms would supply drugs within 60 days from the date of issue of purchase order (extendable up to 90 days) failing which the supplier firms would be liable to be imposed penalty at prescribed rates by UPMSCL¹⁹.

Analysis of data made available by the UPMSCL revealed that there were inordinate delays in supply of drugs during September 2018 to March 2022²⁰ as detailed in **Table 4.11**.

Table 4.11: Delayed supply of drugs

Delay in supply of drugs (Number of days taken for supply from the date of issue of PO)	Amount (₹ in crore)
More than 120 days	102.68
Between 91 days to 120 days	154.88
Total	257.56

(Source: UPMSCL)

It is evident from **Table 4.11** that against the policy, drugs valuing to ₹ 257.56 crore were supplied beyond the prescribed (extendable) 90 days from the date of issue of PO. Analysis of cases falling under supplies made beyond 120 days revealed that UPMSCL received drugs as late as 548 days as detailed in **Table 4.12**.

Table 4.12: Delayed supply of drugs

Particulars	Amount (₹ in crore)
Between 121 to 200 days	84.98
Between 201 to 300 days	11.67
Between 301 to 400 days	4.75
Between 401 to 500 days	0.71

¹⁹ The supplies must be initiated within 45 days of release of purchase order and completed within 60 days. Supplies can be received up to 90th day with 0.2% liquidated damage (LD) charge per day of the value of goods supplied with delay. On completion of 90 days, the purchase order shall stand cancelled and penalty of flat 20% shall be levied on value of unexecuted portion.

²⁰ Excluding Covid-19 relaxation period (January 2020 to June 2020 and April 2021 to June 2021).

Particulars	Amount (₹ in crore)
More than 500 days	0.57
Total	102.68

(Source: UPMSCL)

As evident from **Table 4.12**, due to not following the drug procurement policy of UPMSCL, drugs valuing ₹ 102.68 crore were accepted from suppliers even after lapse of more than 120 days. This indicates that the monitoring and internal control of the UPMSCL was weak. It may be mentioned that production of drugs valuing ₹ 16.98 crore was started by some of the firms even after 90 days from the issuance of POs.

The State Government (MHFW) replied (February 2023) that by the end of 2019-20, Covid-19 disaster had spread worldwide and only emergency services were in operation. Keeping difficulty in supply, permissions were granted for extension of purchase order.

Reply was not acceptable, as Covid-19 relaxation period (January 2020 to June 2020 and April 2021 to June 2021) has already been excluded in the audit observation.

4.8 Shelf life of drugs

The procurement policy envisages that general drugs with minimum 80 *per cent* and vaccines & imported drugs with minimum 60 *per cent* shelf life, respectively, shall be accepted. Further, consignment with lower residual shelf life can be accepted if the supplier undertakes to take back the unconsumed quantity, if expired, and pay back the corresponding amount. In any case, drugs with below 50 *per cent* residual shelf life shall not be accepted.

Status of drugs received at UPMSCL during 2018-22, with the shelf life is detailed in **Table 4.13**.

Table 4.13: Short shelf life of drugs

Year	₹ in lakh	
	Cost of general drugs received with less than 80 <i>per cent</i> shelf life	Cost of Imported drugs/ Vaccines received with less than 60 <i>per cent</i> shelf life
2018-19	774.75	35.38
2019-20	2112.92	178.08
2020-21	761.37	4.49
2021-22	1040.52	0.00
Total	4689.56 say ₹ 46.90 crore	217.95 Say ₹ 2.18 crore

(Source: UPMSCL)

Table 4.13 shows that UPMSCL accepted supplies of drugs amounting to ₹ 46.90 crore having shelf life of less than 80 *per cent* and imported drugs/vaccines amounting to ₹ 2.18 crore with less than 60 *per cent* shelf life. Further, it was also observed that as per policy, shelf-life relaxation was given to 19 firms, and they supplied drugs valued to ₹ 4.53 crore with shelf life of 50 *per cent*. Owing to less shelf life, drugs valuing ₹ 2.65 crore (58.58 *per cent*) got expired in the warehouses of UPMSCL, however no recoveries from the concerned firms were made as of March 2022.

While accepting the facts and figures, UPMSCL stated (July 2022) that notices to vendors have been issued. It further stated that due to wrong checks in the DVDMS, drugs with less than 50 *per cent* shelf life were accepted.

The State Government (MHFW) further replied (February 2023) that due to Covid-19 conditions and as per terms and conditions of the tender documents, exemption for shelf life upto 50 *per cent* was given against the undertakings furnished by the firms.

The reply of State Government was not acceptable as besides Covid-19 period (2020-22), UPMSCL accepted drugs and vaccines with less shelf life than prescribed under drug policy. Further, UPMSCL has accepted that drugs with less than 50 *per cent* shelf life was accepted due to wrong checks in DVDMS software.

4.9 Expiration of drugs

The supply chain management department in UPMSCL is responsible for the supervision of the performance of operations at all the warehouses related to stock handling, store keeping, MIS operations, Logistics, *etc.*

Audit, however, observed that, drugs valuing ₹ 27.06 crore got expired in the warehouses of UPMSCL during March 2020 to March 2022, out of expenditure on procurement of drugs to the tune of ₹ 1,978.50 crore (2019-22). It is pertinent to mention that drugs amounting to ₹ 15.80 crore alone got expired at the Central Warehouse located at Lucknow. Details of expired drugs are given in **Table 4.14**.

Table 4.14: Expiration of drugs

Year	Total cost of drugs expired at Warehouses (in ₹)
2019-20	84,854
2020-21	1,98,17,996
2021-22	25,06,61,301
Total	27,05,64,151 say ₹ 27.06 crore

(Source: UPMSCL)

Audit further observed that both EDL and non-EDL drugs got expired. The details of which are given in **Table 4.15**.

Table 4.15: Expiration of EDL and non-EDL drugs

Year	Value of EDL drugs expired at warehouse level (₹)	Value of Non-EDL drugs expired at warehouse level (₹)
2019-20	84,854	0
2020-21	1,78,10,097	20,07,899
2021-22	17,86,72,001	7,19,89,300
Total	19,65,66,952 say ₹ 19.66 crore	7,39,97,199 say ₹ 7.40 crore
Proportion of EDL vs. Non-EDL (in per cent)	72.65	27.35

(Source: UPMSCL)

It is evident from above that the drugs expired at the warehouse of UPMSCL included 72.65 *per cent* of essential drugs and 27.35 *per cent* of non-essential drugs. The supply chain management did not take cognisance of it as it failed to follow the responsibility of supervision of the performance of operations at warehouses. As a result, expiry of drugs valuing ₹ 27.06 crore led to loss to the Government to that extent since there was no provision in the SOP and contract conditions to transfer the responsibility of near expiry/slow moving/non-moving items on the suppliers as discussed under **Paragraph 4.9.1**.

Scrutiny of records of test-checked districts further revealed that in four out of 16 district hospitals, drugs also got expired as detailed in **Table 4.16**.

Table 4.16: Expiry of drugs at test-checked hospitals

District	Hospital	Number of drugs expired	Quantity received	Quantity distributed	Quantity of expired in hand
Hamirpur	DWH	18	284550	204090	80460
Kanpur Nagar	DWH	3	650	379	271
Lucknow	Balrampur Hospital	9	2606000	1870500	735500
Saharanpur	DHM	65	2175071	1122898	1052173
Total			5066271	3197867	1868404

(Source: Test-checked districts)

It may be seen from above that out of 50.66 lakh units of drugs received in four DHs, 31.98 lakh units were distributed and remaining 18.68 lakh units (37 per cent) got expired. Audit observed that low shelf life of drugs (**Paragraph 4.8**), refusal of drugs by consignee warehouses due to sufficient stock and lack of space (**Paragraph 4.11.1**), etc. were some of the reasons for expiration of drugs.

Further, records of the test-checked GMCs revealed that during 2020-21, in GMC Ambedkar Nagar, 13 drugs (quantity 1,45,918) valuing ₹ 10.95 lakh and in GMC, Meerut, two drugs (quantity 6,458) valuing ₹ 45.92 lakh (total ₹ 56.87 lakh) also got expired, respectively.

The State Government (MHFW) replied (February 2023) that 2020-22 being the Covid-19 years, most part of this period was under lockdown. Due to this, there was a decrease in general patients which also led to less consumption of drugs. As such, expiration of drugs could not be ruled out. However, reply of MET was awaited (August 2024) despite reminders.

The reply of MHFW was not acceptable, since in addition to less consumption of drugs due to decrease in general patients during Covid-19 lockdown period, acceptance for drugs even with less than 50 per cent shelf life and consignment of drugs to warehouses/HCFs without demand due to inadequate supply chain management of UPMSCL was also responsible for expiration of drugs.

4.9.1 Standard operating procedure for expired drugs

The procurement policy does not mention treatment for expired drugs. The Standard Operating Procedure (SOP) of expired drugs was approved in 11th Board Meeting of UPMSCL (June 2021). SOP provides regular monitoring of drugs nearing expiration to prevent expiration. However, there was no provision in the SOP to transfer the responsibility of near expiry/ slow moving/non-moving items on the suppliers. Further, expired drugs were to be disposed off as per BMW Rules, 2020 and cost of the disposal of the expired finished goods was to be borne by the UPMSCL itself.

Audit, however, observed that even after framing SOP in June 2021, which envisages monitoring of drugs nearing expiration, drugs costing ₹ 20.47 crores

got expired between July 2021 to March 2022 (76 per cent of the total cost of ₹ 27.06 crore of expired drugs).

It is pertinent to mention that Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow, a State Government University, has made the suppliers responsible to have the status of slow/ non-moving inventory for replacement purposes from Hospital Revolving Fund stores on quarterly basis or at a higher frequency. If suppliers fail to replace such slow moving / non-moving stocks in time, institute has the right to identify such stocks any time during the contract period and return the same to the supplier. Cost of such returned inventory is recoverable from forthcoming bill of the supplier or replaced with any other approved stocks failing which contract may be terminated. UPMSCL could also have included this practice in its SOP for supply chain management of drugs.

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

4.9.2 Disposal of expired drugs

Scrutiny of records revealed that the UPMSCL entered (30 March 2022) into an agreement for 'Collection, Transportation, Treatment, Disposal of expired drugs' with M/s Medical Pollution Control Committee, Kanpur for one year (till 31 March 2023). As per the terms and conditions of the contract, on receipt of the work order, the firm was to collect, transport, treat and dispose off the expired drugs from 75 UPMSCL warehouses in the State within 120 days. A certificate to this effect was also to be provided to the UPMSCL by the firm. UPMSCL was also to depute a nodal officer for ensuring timely verification of performance of the firm.

Audit, however, observed that as of October 2022 (after lapse of 90 days), only 40 districts were covered by the firm.

Further, no measure was taken by the GMC, Ambedkar Nagar for disposal of expired drugs and these medicines were lying in store.

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

4.10 Quality control of drugs

As per the Drug Procurement Policy, sample of all batches of all products received through UPMSCL central procurement was subject to quality testing by the empanelled NABL²¹ accredited drug testing laboratory/Government laboratory for confirmation of quality. Drugs shall be deemed finally accepted and eligible for payment when batch is declared as of standard quality based on reports of empanelled lab.

4.10.1 Inspection and empanelment of the laboratories

UPMSCL decided²² that General Manager (Quality Control), UPMSCL or his authorised representative(s) may inspect any empanelled laboratory, at any point of time during the continuance of the empanelment and terminate/ cancel its empanelment or any orders issued to the laboratory or not to entrust any

²¹ National Accreditation Board for Testing and Calibration Laboratories

²² In its 3rd meeting of Board of Directors dated 12 July 2018

further testing job to the laboratory based on the facts brought out during such inspections if the laboratories do not fulfil the desired protocol.

Audit observed that UPMSCL floated tender in May 2018²³ for empanelment of laboratories and empanelled (December 2018) 11 NABL accredited testing laboratories²⁴ for the quality tests of procured drugs. However, these empanelled laboratories started testing of drugs for quality assurance from June 2019. Further, inspection of empanelled laboratories was not carried out by the UPMSCL during 2018-22.

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

4.10.2 Sample tests of drugs

The status of batches of drugs tested for quality and coverage of sample testing is detailed in **Table 4.17**.

Table 4.17: Status of batches tested and coverage of the sample tested drugs

Year	Total number of batches of drugs procured by UPMSCL	Number of batches exempted from quality tests	Actual number of batches needs to be checked	Total number of batches tested for quality	Details of HCFs/ warehouse and period during which samples of drugs taken	Percentage of quality tests vis-à-vis batches required testing
2018-19	2056	37	2019	Not started	Nil	Nil
2019-20	10658	60	10598	795	Sample taken from only one warehouse (TP Nagar Lucknow) during 20 June 2019 to 17 December 2019	8
2020-21	5351	26	5325	1184	Sample taken from 71 districts during 1 July 2020 to 31 March 2021	22
2021-22	11404	106	11298	3153	Sample taken from all the 75 districts during 1 April 2021 to 03 June 2021 and 11 August 2021 to 31 March 2022	28
Total	29469	229	29240	5132		18

(Source: UPMSCL)

As evident from **Table 4.17**, during the period 2019-20, samples were taken for quality assurance from only one warehouse located at Lucknow. Resultantly, the drugs received in remaining 74 districts were not tested. However, during 2020-21 and 2021-22, samples of drugs were taken from 71 districts and 75 districts of the State respectively.

In 2019-20 (April, May, January, February and March), in 2020-21 (April, May and June) and in 2021-22 (June, July) the samples were not taken, and thus, required quality tests were not done by UPMSCL, though the supplies were made by the vendors every month. Further, out of total supplied batches of

²³ Tender invited on 04-05-2018 and agreement executed on 4 March 2019.

²⁴ Alcatec Research Lab. India Ltd., Delhi Test House Pvt. Ltd., Devansh Testing Research Lab. Pvt. Ltd., Interstellar Testing centre Pvt. Ltd., ITL Labs Pvt. Ltd., Shree Balaji Test Lab. Pvt. Ltd., Shree Krishna Analytical Service Pvt. Ltd., Standard Analytical Laboratory Pvt. Ltd. Sophisticated Industrial Material Lab Pvt. Ltd., Manisha Analytical Laboratories Pvt. Ltd., and Shriram Institute for industrial research.

drugs, only 18 *per cent* batches got tested. Thus, UPMSCL failed to adhere to the provisions of drug procurement policy requiring quality test of all batches of all drugs.

Audit noticed that UPMSCL directed (November 2019) all CMOs to stop sending samples of drugs received by the various HCFs to the quality department of the UPMSCL with the further direction not to keep drugs received from supplier in quarantine area and use these drugs as active stocks. This direction was issued as HCFs in 30 districts did not submit samples of drugs for quality testing and as such, drugs supplied to these districts were kept idle in quarantine area of HCFs. As such, instead of forcing all HCFs to mandatorily send the samples of drugs for quality tests, UPMSCL, relaxed the norms due to which drugs were released to the hospitals without any quality test.

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

4.10.3 Quality tests of EDL and Non-EDL

The status of drugs tested against the EDL and non-EDL drugs is given in Tables 4.18 (A) and (B).

Table 4.18(A): Quality tests of EDL drugs

Year	No. of drugs in EDL	No. of Drugs procured against EDL	No. of drugs tested against procured EDL	Percentage of tests done against EDL
2018-19	1084	145	00	00
2019-20	1084	206	125	61
2020-21	295	169	75	44
2021-22	295	258	177	69

(Source: UPMSCL)

Table 4.18(B): Quality tests of Non-EDL drugs

Year	No. of Non-EDL drugs procured	No. of Non-EDL drugs tested	Percentage of tests of Non-EDL drugs
2018-19	83	0	00
2019-20	110	0	00
2020-21	78	13	17
2021-22	121	06	5

(Source: UPMSCL)

As evident from the tables above, the percentage of tests of drugs against EDL was ranging between 44 *per cent* and 69 *per cent* (2019-22) while for Non-EDL drugs it was very low (5 *per cent* and 17 *per cent*) during 2020-22. Thus, large number of Non-EDL drugs were left untested for quality assurance while the quality assurance in case of EDL drugs was also not encouraging.

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

4.10.4 Delays in furnishing quality test reports

As per Quality Policy of UPMSCL, the allowable time for testing of sample and furnishing certificate of analysis shall be 10 days of the receipt of samples in case of tablets, capsules, external preparations, liquid oral preparations, Surgical dressings and 21 days from the receipt of samples in case of I.V. fluids, small volume injectable, eye/ear drops, disinfectants and those items requiring

microbiological tests. Penalty provisions for delay in test and other obligations was to be defined in tender documents as per statutory/technical/operational requirement.

Scrutiny of the records revealed that there were delays in reporting of the test results by the labs as detailed in **Table 4.19**.

Table 4.19: Delays in furnishing quality test reports

Year	Total Number of Batches tested	Test reports for number of batches delayed (1 to 10 days)	Test reports for number of batches delayed (11 to 20 days)	Test reports for number of batches delayed (21 to 30 days)	Test reports for number of batches delayed (more than 30 days)
2019-20	795	134	19	20	06
2020-21	1184	295	83	44	109
2021-22	3153	881	338	142	192
Total	5132	1310 (25.52 per cent)	440 (8.57 per cent)	206 (4.01 per cent)	307 (5.98 per cent)

(Source: UPMSCL)

As evident from **Tables 4.17** and **4.19**, only 18 per cent batches of drugs received from supplier were lab tested for quality assurance and even the test reports were delayed in 44 per cent cases which included delays of more than 30 days in six per cent cases. As a result, drugs distributed to various HCFs of the State were subsequently found NSQ (not of standard quality) but by that time consumed by the end users as discussed in **Paragraph 4.10.5**. Further, the details of the penalty levied by UPMSCL on empanelled laboratories was not provided to audit.

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

4.10.5 Not of Standard Quality (NSQ) Drugs

NABL accredited drug testing laboratories, appointed by UPMSCL, were to test drugs. Drugs found not fit for consumption were to be treated as NSQ drugs.

Audit observed that during 2018-22, against the purchase orders issued by UPMSCL, two firms were debarred/ blacklisted²⁵ as a whole for supply of any drugs for the period of three years and eight firms debarred/blacklisted for one drug²⁶. Further, 64 batches of procured drugs were declared NSQ by UPMSCL as detailed in **Table 4.20**.

Table 4.20: Not of Standard Quality Drugs

Year	Number of Batches tested	Number of batches declared NSQ	Percentage of NSQ vis-à-vis batches tested
2018-19	Drugs were not tested during 2018-19 for quality assurance.		
2019-20	795	31	4
2020-21	1184	14	1
2021-22	3153	19	1
Total	5132	64	1

(Source: UPMSCL)

²⁵ M/s Grampus Laboratories and M/s Himalaya Meditek Pvt. Ltd.

²⁶ As per Drugs procurement policy of UPMSCL, if any one batch of any drug is found to be spurious or adulterated, the vendor shall be blacklisted as whole for three years. If two batches of any drug supplied by a vendor are found not of standard quality (except spurious or adulterated), then the vendor shall be blacklisted for that particular drug for a period of three years. If a supplier is blacklisted for more than two products for quality issues, then the supplier shall be debarred as whole for a period of three years.

Further, these 64 batches were declared NSQ between 30 March 2019 and 02 March 2022. The details of NSQ drugs received vis-à-vis their consumption was as per **Table 4.21**.

Table 4.21: Distribution of NSQ drugs

Particulars	Total quantity of drugs (2019-22) (quantity in lakh & value in crore)					
	Received		Consumed		In hand	
	Quantity	Value	Quantity	Value	Quantity	Value
HCFs	16263.90	113.10	81.06	1.19	16182.84	111.91
District Ware Houses	1449.04	13.89	138.38	1.33	1310.66	12.56
Total	17712.94	126.99	219.44	2.52	17493.50	124.47

(Source: UPMSCL)

As evident from **Table 4.21**, NSQ drugs worth ₹ 126.99 crore (quantity 17712.94 lakh units) received by the UPMSCL was 15 per cent of total procurement of drugs (1,18,095 lakh²⁷ units) during 2019-22. Of which, NSQ drugs worth ₹ 2.52 crore (quantity 219.44 lakh units) were consumed after being released from the district warehouses and various health institutions of Uttar Pradesh. The reason for consumption of NSQ drugs was distribution of drugs to HCFs without quality test of all batches of drugs supplied as discussed in **Paragraph 4.10.2**. Resultantly, these drugs were consumed through district warehouses and hospitals in the intervening period of sample collection and declaring them NSQ.

The status of supply of NSQ drugs to the test-checked HCFs and consumption thereof is given in **Table 4.22**.

Table 4.22: Distribution of NSQ drugs in test-checked HCFs

Test-checked HCFs	Total quantity of NSQ drugs received (in unit)	Quantity of NSQ drugs distributed (in unit)
CMO, Saharanpur	110675	109665
CMO, Ghazipur	500	180
CMO, Lucknow	8300	6900
CMO, Jalaun	13670	13025
DWH, Kanpur Nagar	2750	1270
DHM, Lucknow	180920	109000
DHM, Saharanpur	48140	47545
DHM, Kanpur Nagar	19740	19740
Total	384695	307325

(Source: Test-checked DHs)

Table 4.22 shows that out of total quantity of 3.85 lakh units of NSQ drugs received at CMOs and DHs, 3.07 lakh units (80 per cent) were distributed to the patients as detailed in **Appendix 4.3**. Test-checked HCFs replied that NSQ reports were either received with delay or not received due to which drugs were distributed and the distribution of NSQ drugs stopped after receipt of lab reports.

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

²⁷ DGMH: 70,968 lakh units; NHM: 47,096 lakh units and MET: 31 lakh units; total 1,18,095 lakh units drug including tablets, capsules, injection, syrups, etc.

4.10.6 Quality tests by drug inspectors

As per directions (May 2005) of DGMH, Drug Inspectors (DIs) were to collect samples from the hospitals for further laboratory analysis.

The status of tests performed by collecting the samples in the State (including Government hospitals, manufacturing units and sale unit) and results thereagainst is given in **Table 4.23**.

Table 4.23: Quality tests by drug inspectors- State as a whole

Year	Target	Samples collected (per cent)	Samples tested (per cent)	Samples found NSQ	Samples found spurious
2017-18	12000	10644 (89)	10110 (95)	304 (3)	25 (0.25)
2018-19	12000	7974 (66)	7404 (93)	190 (3)	76 (1)
2019-20	12000	8835 (74)	8123 (92)	235 (3)	94 (1)
2020-21	12000	5717 (48)	4766 (83)	185 (4)	45 (1)
2021-22	12000	5750 (48)	4770 (83)	Not available	Not available

(Source: Performance Report 2022-23 of MHFW Department)

*The information of NSQ and spurious samples were not available in the Performance Report of MHFW Department for the year 2022-23.

As evident from above, against the targeted samples to be collected, collection of samples was ranging between 48 per cent and 89 per cent during 2017-18 to 2021-22. Of these, samples ranging from 83 per cent to 95 per cent were tested during the same period. Three per cent to four per cent samples were found NSQ whereas 0.25 per cent to 1 per cent samples tested reported to be spurious.

The status of samples taken by the DIs in both test-checked GMCs is given in **Table 4.24**.

Table 4.24: Quality tests by drug inspectors in GMCs

Year	GMC, Ambedkar Nagar		GMC, Meerut	
	Number of drugs sampled	Number of substandard drugs	Number of drugs sampled	Number of substandard drugs
2016-17	16	01	No sampling	NA
2017-18	15	01	No sampling	NA
2018-19	06	01	31	0
2019-20	12	00	14	6
2020-21	13	00	No sampling	NA
2021-22	13	00	00	00
Total	75	03 (4 per cent)	45	6 (10 per cent)

(Source: Test-checked GMCs) (NA = Not applicable)

As evident from **Table 4.24** that during 2016-22, three out of 75 drugs sent for quality tests in GMC, Ambedkar Nagar, were found substandard whereas six out of 45 drugs were found substandard during the same period in GMC, Meerut. Audit noticed that till the receipt of test results, GMC Ambedkar Nagar distributed 91 per cent and 100 per cent of stock of these substandard drugs to patients, whereas in GMC Meerut, the distribution of stock of these substandard drugs was ranging between 45 per cent and 100 per cent. Both GMCs did not furnish certificate issued by NABL to audit due to which quality assurance of the drugs could not be ascertained.

Audit further observed that very few samples were taken by the DIs for tests from the test-checked DHs and CMOs as detailed in **Table 4.25**.

Table 4.25: Quality tests by drug inspectors in DHs and CMOs

Year	Number of test-checked DHs & CMOs from where samples selected	Number of drugs taken by DI for test	Report received against samples taken (<i>per cent</i>)	Number of samples found NSQ
2016-17	7	58	5 (09)	5
2017-18	5	31	0 (00)	0
2018-19	9	78	4 (05)	4
2019-20	13	116	18 (16)	4
2020-21	7	34	3 (09)	3
2021-22	5	40	3 (08)	3
Total		357	33 (09)	19

(Source: Test-checked DHs and CMOs)

Table 4.25 shows that all the test-checked 16 DHs and nine CMOs were not covered by DIs during 2016-22. The range of coverage was between five and 13. Further, against the samples taken by DIs, reports were received in only nine *per cent* cases as detailed in **Appendix 4.4**.

The State Government (MHFW) replied (February 2023) that quality tests of medicines pertain to the Department of Food Safety and Drug Administration. However, reply of MET was awaited (August 2024) despite reminders.

The fact remains that Drug Inspectors did not take samples from all the test-checked hospitals during 2016-22 due to which quality assurance of the drugs could not be ascertained.

4.10.7 Disposal of NSQ drugs

As per the UPMSCL policy, in case, the supplier does not take the stock of NSQ drugs back within prescribed timeline, the stock of NSQ shall be destroyed after lapse of 90 days.

It was, however, observed that in contravention to the provision laid down in the policy, neither any vendor took back the stock of NSQ drugs nor were these drugs destroyed. Resultantly, NSQ drugs remained in the stocks of warehouses, CMOs and District Hospital as of March 2022.

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

4.11 Supply chain management

Supply Chain wing of UPMSCL is responsible to ensure supply of drugs, consumables and medical equipment in the State by doing continuous adequacy planning as per the demands, oversee inventory analysis and management of drugs at warehouses, supervise timely generation of purchase order to ensure fast and efficient release of purchase orders, oversee the performance of operations of the warehouses, co-ordinate with quality control department to ensure fast and efficient quality assurance process and monitor the distribution, safe and timely delivery of drugs from warehouses to HCFs of the State.

Audit observed that:

- During 2018-22, supply chain management wing of UPMSCL did not efficiently fulfil its mandated role which resulted in short supplies (**Paragraph 4.6**), delayed supplies (**Paragraph 4.7**), distribution of drugs to HCFs without ensuring quality resulting in supply of NSQ drugs to patients (**Paragraph 4.10.5**), consignments of drugs to warehouses without demand (**Paragraph 4.11.1**), shortage of storage facility, etc., in warehouses/HCFs where these were transferred (**Paragraph 4.11.2**).
- Warehouse manual was not approved by BoD as of March 2022 resultantly UPMSCL had no standard norms for monitoring performance of warehouses which ultimately affected the store keeping and stock handling of drugs. As a result, drugs/medicines to the tune of ₹ 27.06 crore got expired in the various warehouses (**Paragraph 4.9**).
- Supply chain management department of UPMSCL was not monitoring the distribution and stock position of the equipment procured and supplied by the UPMSCL to the warehouses and various health facilities of the State. UPMSCL attributed (July 2022) the unavailability of bio-medical engineer as the reason for lack of supply chain monitoring of equipment.

UPMSCL replied (July 2022) that participation of supply chain management in generation and release of purchase orders had been commenced from April 2022. It further stated that planning would be done in future and ensuring coordination between Supply Chain wing and Quality Control wing have been noted for future compliance.

The State Government (MHFW) replied (February 2023) that a State Standing Committee has been constituted for supply chain management which determines the quantity relating to the purchase orders. Year 2020-22 being the Covid-19 disaster years, most part of this period was under lockdown. Due to this, there was a decrease in general patients which also led to less consumption of drugs. As such, expiration of drugs could not be ruled out. UPMSCL does not supply the NSQ drugs. The situation might have developed in first phase since drugs were being directly supplied to the hospitals due to unavailability of warehouses. Further, supply chain is directly monitored by the department for which sufficient human resource is available. MHFW further stated that all warehouse in-charge are pharmacist with sufficient experience and instructions are issued from time to time through monitoring of stock in DVDMS.

The reply was not acceptable, as in addition to less consumption of drugs during Covid-19 lockdown period, acceptance of drugs even with less than 50 *per cent* shelf life and consignment of drugs to warehouses/HCFs without demand due to inadequate supply chain management of UPMSCL was also responsible for expiration of drugs. UPMSCL had stated (October 2022) that drugs with less than 50 *per cent* shelf life was accepted due to wrong checks in DVDMS software. So far as reply that the NSQ drugs were supplied by HCFs in initial phase only, the reply is not acceptable as UPMSCL's district warehouses had also supplied NSQ drugs to HCFs. Further, as accepted by UPMSCL itself, supply chain management with respect to generation and release of purchase orders could be commenced only in April 2022. Besides, the State Standing Committee for supply chain management of drugs were constituted only in

June 2022. Thus, there was lack of adequate monitoring in supply chain management of UPMSCL.

4.11.1 Refusal to accept drugs by consignee

One of the key aspects of the supply chain management is to plan the supplies of the drugs, consumables and medical equipment as per the demands.

Audit scrutiny of records and information provided by UPMSCL revealed that during 2019-22, drugs to the tune of ₹ 14.67 crore (Quantity 16.16 crore units) issued to various warehouses got rejected as summarised in **Table 4.26**.

Table 4.26: Drugs not accepted by warehouses

Year	Quantity of rejected drugs by various warehouses (in number)	Cost of Rejected/ Refused Drugs (amount ₹ in crore)
2019-20	30917536	4.05
2020-21	27395398	2.87
2021-22	103311644	7.75
Total	161624578	14.67

(Source: UPMSCL)

The reasons for rejection were mainly no demand, sufficient stock, lack of space, below 80 per cent shelf life, etc. Audit further observed that drugs after being rejected by the warehouses/facilities were diverted to other warehouses/facilities. However, due to rejection/refusal of receiving drugs by the warehouses/facilities, drugs valued ₹ 1.75 crore (quantity: 1.25 crore units) got expired in warehouses.

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

4.11.2 Storage of drugs

Parameters for the storage of drugs in stores has been stipulated in the Drugs and Cosmetic Rules, 1945, which deals with maintaining the efficacy of the procured drugs before issue to patients.

IPHS provides norms for establishment of availability of beds in district hospitals based on population of the district. Audit noticed that UPMSCL did not have any criteria for fixing the area required for warehouses for storage of drugs based on population of the district²⁸. However, UPMSCL in its tender documents for renting of warehouse laid down different areas for warehouses in different districts ranging between 9,000 sq. ft. to 12,000 sq. ft. Audit further observed that out of 76 warehouses in districts, area of 59 warehouses were less than the area required by UPMSCL as given in **Table 4.27**.

Table 4.27: Drugs warehouses with different area

Number of warehouses having more than 75 to 99 per cent prescribed area	Number of warehouses having 50 per cent to 74 per cent prescribed area	Number of warehouses having less than 50 per cent prescribed area	Number of warehouses having prescribed area	Number of warehouses having more than 100 per cent prescribed area	Total
25	16	18	11	06	76

(Source: UPMSCL)

²⁸ Warehouse at Baghpat had an area of only 600 sq.ft. though the area of the city is 1321 sq. km with a population of 13.03 lakh as per website Baghpat.nic.in.

As evident from **Table 4.27**, 59 (78 per cent) warehouses of UPMSCL did not have the area required by it. Further, it was observed that due to lesser area than required, warehouses in these districts, such as Sant Kabir Nagar, Ayodhya, Bareilly, Kanpur Dehat, etc., refused to take supply of drugs issued to them and thus, the drugs were diverted to other warehouses as discussed in the preceding paragraph.

Based on the criteria given in the bid documents of UPMSCL for renting warehouses, GoI draft guidelines on good distribution practices for pharmaceutical products and WHO's technical guidance for norm for storage facility, a survey of 37 district warehouses conducted by audit revealed that drugs/ medicines were stored in these warehouses by flouting the norms prescribed for it. **Table 4.28** shows that various facilities were lacking in these warehouses.

Table 4.28: Facilities in drugs warehouses

Sl. No.	Criteria	Shortfall in warehousing facilities (per cent)
1	Approximate distance of warehouse from CMO office (it should be within 15 km from CMO office)	14
2	Seepage on ceiling and floor	35
3	Availability of boundary wall and gate	49
4	Gate without enough width for heavy vehicle to enter.	38
5	Unavailability of exhaust fans.	65
6	Unavailability of adequate lighting facility.	22
7	Unavailability of power back-ups.	22
8	Unavailability of firefighting system	16
9	Unavailability of dedicated guard room.	54
10	Unavailability of written programme for pest control	100
11	Unavailability of procedures for clean-up of spillage to ensure removal of contamination.	92
12	Pharmaceutical product not stored off the floor	97
13	Unavailability of dedicated area(s) with appropriate additional safety and security measures for storage of radioactive materials, narcotics and other hazardous, etc.	89
14	Unavailability of records for temperature monitoring data.	95
15	Interval for checking temperature not defined.	95
16	Temperature checking at defined intervals not done.	95
17	Non-installation of temperature monitors in areas that are most likely to show fluctuations.	95
18	Non-maintenance of monitoring records for at least the shelf-life of the stored product plus one year	51
19	Unavailability of cold rooms and freezer rooms for storing sub-zero, +2 degree to +8 degree drugs.	89

(Source: UPMSCL warehouses in 37 districts)

Table 4.28 shows that substantial number of warehouses did not have cold rooms and freezer rooms required for the storage of certain type of drugs and vaccines. Further, none of the warehouse had the written programme for pest control whereas in 97 per cent warehouses, the drugs were not stored off the ground. These indicators were clearly indicating that warehouses were in bad shape and devoid of basic infrastructure required for storage of drugs.

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

4.12 Availability of consumables

Audit analysed the availability of consumables in the test-checked GMCs, DHs, CHCs and PHCs. The results have been discussed in the succeeding paragraphs:

4.12.1 Status of stock-out of consumables

The status of stock-outs of selected 43 consumables²⁹ in test-checked GMCs during 2018-21 is shown in **Table 4.29**.

Table 4.29: Availability of Consumables in test checked GMCs

Parameters	GMC Ambedkar Nagar			GMC, Meerut		
	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
Selected consumables	43	43	43	43	43	43
Number of consumables not available for one to two months	2	0	1	1	0	1
Number of consumables not available for two to four months	0	0	0	0	1	1
Number of consumables not available for more than four months (in days)	27 (176-364)	26 (145-365)	24 (364)	42 (176-364)	42 (121-365)	41 (121-364)

(Source: GMC, Ambedkar Nagar and Meerut)

Table 4.29 shows that in GMC Ambedkar Nagar, 24 to 27 consumables and in GMC, Meerut, 41 to 42 consumables were not available upto one year during 2018-21. GMCs stated (March/June 2022) that the shortage was managed by patients themselves.

Audit further scrutinised availability of all laboratory reagents and kits (25 to 85) entered in the stock registers and found that many reagents and kits were out of stock for one to four months in both the GMCs as shown in **Table 4.30**.

Table 4.30: Availability of Reagents and kits in the test checked GMCs

Parameters	GMC Ambedkar Nagar			GMC Meerut		
	2018-19	2019-20	2020-21	2018-19	2019-20	2020-21
Stock out of procured reagents kits						
Number of reagents and kits entered into stock register	31	48	48	25	43	85
Number of reagents and kits not available for one days to one month	4	9	12	8	12	33
Number of reagents and kits not available for one to two months	12	7	0	8	11	19
Number of reagents and kits not available for two to four months	9	0	11	5	12	24
Number of reagents and kits not available for more than four months	6	32	25	4	8	9

(Source: Test checked GMCs)

Table 4.30 depicts that stock out of reagents and kits were in increasing order during 2018-21. Due to not procuring full range of consumables and reagent and kits, the possibility of unavailability of related laboratory tests in hospitals and out-of-pocket expenditure from the patients cannot be denied.

²⁹ Based on IPHS Guidelines for District Hospitals (101-500 bedded) Revised 2012

State Government (MET) did not provide reply to audit observation regarding unavailability of consumables in GMCs.

District Hospitals, CHCs and PHCs

Audit had sampled 31 essential consumables³⁰ required for the DHMs / DWHs and CDHs and examined the availability of these consumables in the stock book of 15³¹ out of 16 selected DHs during 2018-19 to 2021-22. Audit noticed that consumables were purchased locally as well as supplied by district drug warehouse of UPMSCCL.

The status of availability of these consumables in test-checked DHs is given in **Appendix-4.5 (A)** and summarised in **Table 4.31**.

Table 4.31: Availability of Consumables in test checked DHs

Types of hospitals	Number of test-checked hospitals	Consumables (in number)					
		Identified for test-checked	Available all times	Never available at all	Available partially	Percentage of availability (all time + partially available)	Stock outs of partially available (in days)
DWHs	7	31	0-10	16-24	4-13	23-48	2-1450
DHMs	6	31	0-8	15-26	4-9	16-52	10-1454
CDHs	2	31	7-9	16-17	5-8	45-48	29-1438

(Source: Test-checked DHs)

Table 4.31 shows that in seven test checked DWHs and six DHMs, the availability of consumables was merely ranging from 23 to 48 *per cent* and 16 to 52 *per cent* respectively. In CDHs, the availability was 45 to 48 *per cent* whereas 15 to 26 consumables (48 *per cent* to 84 *per cent*) were never available in these test-checked hospitals and in all the 15 DHs, the stock outs of some consumables were up to almost four years.

Audit had also sampled³² 12 and 8 consumables for CHCs and PHCs respectively and their availability during 2018-22 were examined in test checked CHCs and PHCs as detailed in **Appendix 4.5 (B)** and summarised in **Table 4.32**.

Table 4.32: Availability of Consumables in test checked CHCs & PHCs

District	Nos. of test-checked hospitals	Consumables (in number)					
		identified for test-check	available all times	Never available at all	available partially	Percentage of availability (all time + partially available)	Stock out partially available (days)
CHCs							
Ghazipur ³³	2	12	0-0	4-7	5-8	42-67	241-1436
Hamirpur	2	12	1-3	4-5	5-6	58-67	219-1458
Kanpur Nagar	2	12	1-1	7-8	3-4	33-42	85-1180
Lucknow	3	12	0-1	3-7	4-9	42-75	88-1456
Kushinagar	2	12	2-2	6-6	4-4	50-50	87-1456
Kannauj	2	12	0-3	7-9	2-3	25-42	285-1426

³⁰ Based on IPHS Guidelines for Sub-District Hospitals (31-100 bedded) Revised 2012

³¹ District Male Hospital, Saharanpur did not provide records.

³² Based on IPHS Guidelines for Community Health Centers Revised 2012 and IPHS Guidelines for Primary Health Centers Revised 2012

³³ Data for 2021-22 was not provided.

District	Nos. of test-checked hospitals	Consumables (in number)					
		identified for test-check	available all times	Never available at all	available partially	Percentage of availability (all time + partially available)	Stock out partially available (days)
Jalaun ³⁴	1	12	0	8-8	4-4	33-33	829-1433
Saharanpur	2	12	4-4	2-3	5-6	75-83	113-1431
Unnao	2	12	2-4	5-7	3-3	42-58	318-1276
PHCs							
Ghazipur	4	8	0	6-8	0-2	0-25	0-1382
Hamirpur	4	8	0	5-8	0-3	0-38	0-1005
Kanpur Nagar	4	8	0	5-7	1-3	13-38	482-886
Lucknow	6	8	0-1	5-6	1-3	25-38	252-1330
Kushinagar	4	8	0	6-7	1-2	13-25	572-1311
Kannauj	4	8	0	5-8	0-3	0-38	0-1128
Jalaun	4	8	0-1	4-6	1-4	25-50	145-1294
Saharanpur	4	8	0-1	5-7	1-3	13-38	203-1454
Unnao	4	8	0-3	4-7	1-2	13-50	927-1228

(Source: Test-checked CHCs & PHCs)

Table 4.32 shows that availability of consumables in 11 test checked CHCs was up to 50 per cent and in seven CHCs it was ranging between 58 per cent and 83 per cent. However, minimum stock out period was ranging between 85 (in CHC Sarsaul, Kanpur Nagar) and 829 days (in CHC Kadaura, Jalaun). The maximum stock out period of partially available consumables was approximately four years (1,458 days) in CHC, Sarila in Hamirpur. Further, in four PHCs, sampled consumables were not available during 2018-22.

The State Government (MHFW) replied (February 2023) that for consumables or reagents required for an equipment (close system), the UPMSCL determines the rate of consumables/ reagents with the purchase of equipment. The hospitals purchase these at their own level.

The reply was not acceptable, as one of the functions of UPMSCL was to purchase consumables for hospitals in the State as per mandate prescribed under State Government order (October 2017) for the establishment of UPMSCL. However, various test-checked consumables were not available at all level of hospitals. Thus, neither these consumables were supplied centrally nor purchased locally.

4.13 Implementation of Drugs and Vaccines Distribution Management System

As per Memorandum of Understanding³⁵ of Drugs and Vaccines Distribution Management System (DVDMS), there were seven modules for the implementation of DVDMS in the State namely: Procurement, Logistics, Finance, Quality Control, Sub-store and drug distribution centre, District drug warehouse and IT cell.

³⁴ CHC-Jalaun did not produce records to audit.

³⁵ MoU was executed on 27 September 2016 between Government of Uttar Pradesh and Center for Development of Advance Computing (C-DAC) for DVDMS software.

4.13.1 District Drug warehouse module

District Drug warehouse module has 18 processes³⁶. It was, however, observed that:

- Demand generation module was not available at District Drug Warehouses (DDWs). This resulted in not generating of demand by the DDWs and demands at Headquarters level not being compiled defeating the purpose of bottom-up demand generation. As a result, the demand and subsequent purchase of drugs was not in accordance with the actual need.
- Supplier return desk was not being operated due to which NSQ drugs and near expiry drugs could not be monitored and returned to the suppliers.

UPMSCL stated (July 2022) that the above would be implemented as per requirement of UPMSCL.

4.13.2 Finance module

As per MoU of DVDMS, the finance module is provided for the management of finance through online mode with six processes³⁷. Further, Gap Analysis Document³⁸ recommended that this module will benefit the user, such as:

- Budget allocation details will be captured automatically.
- Budget limit will be defined in this module to monitor the budget.
- All the expenditure and transaction will be automatically monitored.
- Modifications in budget for all districts through Headquarters, if required.

Audit observed that UPMSCL failed to utilise this module as finances were being controlled through offline mode. Due to adoption of offline process for financial management, data relating to finances in the DVDMS were different from the offline statement provided to audit. Thus, the very purpose of monitoring of finances in a proper way was defeated.

UPMSCL stated (July 2022) that the above would be implemented in future.

4.13.3 Procurement module

As per MoU of DVDMS, procurement module has six processes.³⁹ Audit observed that process of demand compilation was not implemented as demand of the various health care facilities was only available at drugs warehouse, due to which indent made by the health care facilities to the warehouses could not be compiled in the system software for submission to UPMSCL through DVDMS. It was also observed that in all the test-checked health care facilities, the supply status of the medicine was much below the demand. This indicates

³⁶ Demand Generation, Challan process, Drug inventory view, Issue desk and acknowledge desk, Local purchase, Drug transfer, Third party issue/Receive of drugs, Miscellaneous consumption, Supplier return desk, Cost estimation calculator, Donated items details, Supplier performance, Drug locator, Breakage/lost item details, Physical stock verification, Condemnation of expired items, Help desk, and Reports and others.

³⁷ Supplier registration and rate contract, Drug inventory view, Budget allocation, Supplier performance and payment and all process, help desk, reports and others.

³⁸ Gap analysis document prepared by C-DAC (December-2016) deals with the supply chain processes and describes how each process would be managed through DVDMS system.

³⁹ Suppliers registration and rate contract, Demand compilation, Purchase order generation desk, Drug inventory view, Help desk and Reports and others.

that due to not implementing this process, the procurement was being made on unrealistic data.

UPMSCL stated (July 2022) that the audit observation have been noted for future compliance.

4.13.4 Sub-store and drug distribution centre module

As per MoU of DVDMS, Sub-store and drug distribution centre module consists of 15 processes⁴⁰.

Audit observed that all the test-checked health care facilities were using this module for the purpose of indenting only. All other modules were not being used by them, resultantly, details of breakage/ lost items, report of physical verification of stock, etc., were not available in the system.

UPMSCL stated (July 2022) that instruction would be issued in this regard and it would be informed to DGMH user facilities.

4.13.5 Logistics module

As per MoU of DVDMS, there were six processes⁴¹ under Logistic module. Further, WHO has defined the terms Shelf life⁴², remaining shelf life⁴³ and Upon delivery⁴⁴ in its guidelines.

It was observed that in the module, the supply of drugs by the vendors is accepted only after going through challan process and as per the drug procurement policy, the check for monitoring shelf life applied in this process, is based on date of despatch. Meaning thereby, shelf life of drug is considered from the date of despatch, though it should be based on the date the medical product was delivered at the point, i.e., warehouse of UPMSCL or at the health care facilities. Due to lack of this in system software, audit observed that drugs amounting to ₹ 49.08 crore were procured with less than prescribed shelf life which also led to expiration of drugs as discussed in **Paragraph 4.8**.

UPMSCL stated (July 2022) that the process would be implemented immediately.

4.13.6 Implementation of DVDMS up to end user level

As per DVDMS user manual, Issue Management has been defined as ‘when the drugs are issued to the patients by the prescription of doctor, the entry will be made in the format given for this purpose. Patient’s details are entered and also how much quantity of drugs issued, will also be updated on the portal and after that issue voucher will be generated’. However, audit observed that UPMSCL did not adopt the system which resulted in the distribution of drugs at the end

⁴⁰ Indent desk, Issue desk and acknowledge desk, Drug transfer, local purchase, Third party issue/Receive of drugs, Miscellaneous consumption, Supplier return desk, Cost estimation calculator, Donated items details, Supplier performance, Drug locator, Breakage/lost item details, Physical stock verification, Condemnation of expired items, Help desk and Reports and others

⁴¹ Challan process, Drug inventory view, Drug transfer, Budget allocation, Help desk and Reports and others.

⁴² Shelf life is the period of time, from the date of manufacture, that a product is expected to remain within its approved product specification while handled and stored under defined conditions.

⁴³ Defined as the period remaining, from the date upon delivery, to the expiry date, retest date, install by date or other use before date established by the supplier.

⁴⁴ Means the date the medical product is delivered as specified, e.g. at the port; at the point in country after customs clearance, or at the end-user - and as defined in the agreement between relevant parties.

user level (patients) through offline mode and the same could not be monitored by the UPMSCL.

UPMSCL stated (July 2022) that the audit observation has been noted for compliance. However, in its reply (February 2023), the State Government did not offer comment on the audit observation on DVDMS.

The Government's reply on inadequate implementation of DVDMS was awaited (August 2024) despite reminders.

4.14 Grievances redressal mechanism in UPMSCL

Grievance redressal mechanism is part and parcel of the machinery of any administration. No administration can claim to be accountable, responsive and user-friendly unless it has established an efficient and effective grievance redress mechanism. In fact, the grievance redress mechanism of an organisation is the gauge to measure its efficiency and effectiveness as it provides important feedback on the working of the administration.

In the 10th Board Meeting held on 1st March 2021, the Board of Directors accorded approval for the formation of Grievances Redressal Committee⁴⁵ (GRC) in the UPMSCL with a view to provide platform to all the bidders/firms/stakeholders of the UPMSCL who want to make any representation/complaint against any issue related to their technical scrutiny of the bids or on other matters.

Audit observed that, after the establishment of GRC, eight applications were received up to March 2022. Of which, three applications were considered for the removal of grievances and only two applications were disposed off and remaining one was pending even after 174 days as of March 2022 against the norm of 15 days. Further, it was also observed that UPMSCL levied fee of ₹ 100 to be provided through demand draft to UPMSCL by the complainant. However, due to not submitting of appropriate fees with the grievance, the rest of the five applications were cancelled by the UPMSCL. Thus, instead of redressal of grievances, UPMSCL cancelled the five grievance applications for want of fees. The receipt of only eight applications also shows that wide publicity of grievance redressal system in the UPMSCL was not made.

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

4.15 Availability of equipment in public health

4.15.1 Procurement and Management of equipment

Medical equipment is used in many diverse settings, for prevention and screening in medical care. Audit observed various issues with the centralised procurement and availability of equipment in the test-checked hospitals as discussed in the succeeding paragraphs:

⁴⁵ Prior to this the grievances received in the UPMSCL were disposed of by the concerned section/ competent authority.

4.15.1.1 Essential Equipment List

Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) was established in October 2017 for centralised procurements and supplies of drugs, consumables and equipment. According to the Procurement Policy of UPMSCL for Equipment and Accessories, UPMSCL was to prepare and circulate the Essential Equipment List (EEL). It was also mandated to float tenders to up-keep active rate contract or quantity contract which can be converted into rate contract up to a limit for all items listed in Essential Equipment List of the State as per the updated specification approved by Technical Specification Committee of UPMSCL. After finalisation of rate contract, UPMSCL was to send the list of equipment with details of make and model, rate and product catalogue to DGMH/DGMET/MD, NHM and other directorates to confirm their requirement⁴⁶. List of items under active rate contract along with all relevant details was also to be updated on UPMSCL's website for reference by user institutes/directorates. EEL was to be updated periodically at least once in two years.

Audit, however, observed that as of March 2022, UPMSCL failed to prepare EEL as envisaged in the procurement policy. Thus, the preparation and circulation of EEL to finalise the rate contract for the DGMH/DGMET/MDNHM and other directorates to meet their requirement remained unaddressed.

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

4.15.1.2 Management of demands and supplies of equipment through offline mode

UPMSCL has been mandated with the centralized transparent procurement and distribution of drugs, equipment and consumables. It was, however, observed that online system for management of demand and supplies of equipment was not developed and it was managed through offline mode unlike in case of drugs which was managed through DVDMS software.

The State Government (MHFW) stated (February 2023) that for obtaining online demands of equipment and their monitoring, Equipment Maintenance & Manager System (EMMS) software was being purchased by the UPMSCL. At present, GeM portal (online) was being used for tendering.

4.15.1.3 Procurement of equipment

Audit scrutiny of selected six tenders⁴⁷ (highest PO values), out of 52 tenders floated by UPMSCL as of March 2022 and covering 51 per cent of the purchase order value (₹ 114.85 crore out of ₹ 225.88 crore) disclosed irregularities which have been discussed in the succeeding paragraphs:

4.15.1.4 Wide publicity for NIT

As per the equipment procurement policy of UPMSCL, in addition to website publications, an abridged version of Notice Inviting Tender (NIT) shall also be

⁴⁶ Based on budget, availability of manpower, site readiness and consent on rate.

⁴⁷ UPMSCL/EQ/RC/45; UPMSCL/EQ/RC/11/2018; UPMSCL/EQ/RC/75/re-tender; UPMSCL/EQ/RC/232; UPMSCL/EQ/RC/338; UPMSCL/EQ/RC/78/re-tender-03.

published in at least one Hindi (local & metro cities) and one English (local & metro cities) well known newspapers having wide circulation so that the information reaches prospective suppliers.

Scrutiny of records of six test-checked tenders, however, revealed that the documents/records related to publication in one Hindi and English newspaper for wider publicity were not found on record. Resultantly, wider publicity of the tenders through newspapers could not be ascertained in audit.

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

4.15.1.5 Earnest Money Deposit

As per equipment procurement policy of UPMSCL, Earnest Money Deposit (EMD) acts as a safe guard against bidder's withdrawing/altering its bid during the bid validity period. EMD shall only be asked in case of open tender. Submission of EMD shall be mandatory unless exempted in accordance with UP Procurement Manual (Procurement of Goods), 2016. The amount of EMD should be two *per cent* of the estimated value of goods to be purchased. EMD should be incorporated as a fixed amount for each of the Schedule of the Requirement not as a percentage of the estimated value of goods to be purchased. Further, EMD of unsuccessful bidders should be returned to them without any interest whatsoever, after expiry of the final bid validity and latest on or before the 30th day after the award of the contract.

Audit observed that in one (UPMSCL/EQ/RC/338) out of six test-checked tenders, UPMSCL decided the amount of EMD as per the policy. In another tender (UPMSCL/EQ/RC/11/2018) against the required EMD of ₹ 37.50 lakh in view of two *per cent* of estimate cost (₹ 18.75 crore), only ₹ 18.00 lakh was got deposited as EMD by the UPMSCL which resulted in short deposit of EMD of ₹ 19.50 lakh. Further, in remaining three test checked tenders⁴⁸, the basis on which the amount of EMD decided was not available in the records of UPMSCL.

Further, in two⁴⁹ out of six test checked tenders, EMD was returned after the delay of 46 days and 180 days to the unsuccessful bidders in contravention of the policy. In one case (UPMSCL/EQ/RC/232), due to incomplete documentation, it could not be verified in audit whether EMD was returned to the bidder.

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

4.15.1.6 Non-production of documents to audit

As per bid document, bidders were required to submit a notarised affidavit duly containing declaration of their non-conviction of any offence by any court of law in India and that bidder was not blacklisted/ debarred from participating in tenders of similar nature anywhere in India, etc. However, the same was not provided to audit in four out of six test checked tenders⁵⁰, due to which cases, if any, against the bidders could not be verified.

⁴⁸ UPMSCL/EQ/RC/45, UPMSCL/EQ/RC/75/re-tender and UPMSCL/EQ/RC/78/re-tender-03. Related records of tender no. 232 was not provided to Audit.

⁴⁹ Related record not provided in Tender no. 11 and 75.

⁵⁰ Documents provided in Tender No. 11 and 338.

Further, as per bid document, bidders should enclose essential quality certificate, such as IEC, ISO-9001, 14001, OHSAS-18001, USFDA, European CE for hospital furniture and various quality certificates such as IEC, ISO-9001, 14001, OHSAS-18001, ISO-50001, BIFMA, Assured green business certificate/ Green guard, ESIC certificate and EPF certificate for office furniture wherever applicable.

However, the same was not provided to Audit in four out of six test checked tenders⁵¹. In absence of the same it could not be verified, whether the firms had valid essential quality certificates.

Moreover, in four out of six test checked tenders, documentary evidences in support of turnover of the firms in last three consecutive years as required in the bid document, was not provided to audit, though asked for. Resultantly, the authenticity of the selected bidders with regards to turnover of the firms could not be verified.

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

4.15.1.7 Inordinate delays in execution of agreement

In case of urgent requirement or re-tender, short term tenders giving seven days' time can be floated.

Audit observed that in one (UPMSCL/EQ/RC/78/re-tender-03) out of six test-checked tenders, 11 days were provided for submission of bid. However, it was observed that the tender was finalised in 400 days⁵². Thus, time taken in the execution of contract did not justify the floating of short term tender.

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

4.15.1.8 Issuance of purchase order before execution of agreement

Equipment procurement policy stipulates that before placing purchase order, a written agreement should be executed with the identified supplier. Audit, however, observed cases where this condition was not followed by UPMSCL as detailed in **Table 4.33**.

Table 4.33: Issuance of purchase order before execution of agreement

Sl. No.	Particulars	Name of firm (M/s)	Date of PO	Date of Agreement	Value of PO issued (in ₹)
1	Tender No. 45	United surgical industries	23-01-2019	27-05-2019	84424244.00
2	Tender No. 45	Medimek Industries	23-01-2019	29-01-2019	3156358.00
3	Tender No. 45	Samar Steel	23-01-2019	22-05-2019	147320800.00
4	Tender No. 45	Midmark India Pvt Ltd	23-01-2019	05-03-2019	11544360.00
5	Tender No. 75/ Retender	Medisense Electronics	10-05-2019	14-06-2019	12776384.00
6	Tender No. 75/ Retender	Pee Vee Enterprises	06-06-2019	10-06-2019	67371136.00
7	Tender No. 75/ Retender	Swastik Traders	06-06-2019 and 13-06-2019	14-06-2019	10922891.20
8	Tender No. 75/ Retender	Medilux	14-11-2019	16-11-2019	132396.00
	Total				337648569.20 Say ₹ 33.76 crore

(Source: UPMSCL)

⁵¹ Documents provided in Tender No. 11 and 338.

⁵² Last date of Submission of Tender-17 June 2019 and Date of issuance of first LOA 21 July 2020.

Table 4.33 shows that in contravention to the policy, in two (tender no. 45 and 75) out of six test-checked tenders, POs amounting to ₹ 33.76 crore to eight firms were issued for the procurements of equipment by one to 124 days prior to the execution of agreements. This was not only against the policy but it made the contract management of UPMSCSCL opaque.

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

4.15.1.9 Short deposit of performance security

Equipment procurement policy stipulates that the performance security shall be solicited from all successful bidders at the rate of five *per cent* of the value of the goods purchased as stated in the bid document.

However, audit observed that in two⁵³ out of six test-checked tenders, against the required performance security of ₹ 163.38 lakh, only ₹ 127.10 lakh was deposited by the firms leading to short deposit of ₹ 36.27 lakh which was against the terms and conditions of the procurement policy.

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

4.15.2 Availability of equipment

Audit analysed the availability of equipment at the time of test-check (during August 2021 to July 2022) in sampled two GMCs, 16 DHs, 19 CHCs and 38 PHCs hospitals. For the purpose, equipment were taken from IPHS and State Government norms for various services as IPD, OT, ICU, Radiological, pathological and labour as discussed in succeeding paragraphs.

4.15.2.1 IPD equipment

Status of the availability of IPD equipment in test-checked GMCs is given in **Table 4.34**.

Table 4.34: Availability of IPD equipment in test-checked GMCs

Name of department test-checked	Type of equipment identified in Audit	Type of equipment available	Shortfall in percentage	Type of equipment identified in Audit		Shortfall in percentage
				Type of equipment available		
			GMC Ambedkar Nagar		GMC, Meerut	
General Medicine	09	07	22	09	07	22
Paediatrics	08	07	13	08	07	13
Surgery	07	06	14	07	07	00
Obstetrics & Gynaecology	05	05	00	05	04	20
Orthopaedics	05	04	20	05	05	00

(Source: Test-checked GMCs)

Table 4.34 shows that in GMC, Ambedkar Nagar, there was shortfall of IPD equipment in four departments whereas in GMC, Meerut, shortfall was observed in three out of five selected departments. The department wise shortfall of equipment in both GMCs ranged between 13 and 22 *per cent*.

Status of the availability of IPD equipment in test-checked DHs and CHCs is given in **Table 4.35** with details in **Appendix 4.6**.

⁵³ Tender no. 45 and 78-Retender

Table 4.35: Availability of IPD equipment in test-checked DHs and CHCs

Hospital/ name of district	Number of hospitals	IPD Equipment	
		Type of equipment identified in Audit	Type of equipment available (<i>per cent</i>)
DHs			
DWHs	5 ⁵⁴	13	10-12 (77-92)
DHMs	6 ⁵⁵	13	7-13 (54-100)
CDHs	2	13	7-10 (54-77)
CHCs			
Ghazipur	2	11	6-8 (55-73)
Kushinagar	2	11	6-8 (55-73)
Hamirpur	2	11	7-9 (64-82)
Jalaun	2	11	8-10 (73-91)
Kanpur Nagar	2	11	9 (82)
Kannauj	1 ⁵⁶	11	4 (36)
Lucknow	3	11	5-6 (45-55)
Saharanpur	2	11	8 (73)
Unnao	2	11	10 (91)

(Source: Test-checked DHs & CHCs)

At DHs level, minimum availability of equipment was observed in two DHs (DHM Saharanpur and CDH Kushinagar) where the availability was only 54 *per cent*. Maximum availability was noticed in DHM, Kanpur Nagar where 13 (100 *per cent*), out of 13 equipment were available.

Test-checked CHCs were also facing shortages of equipment. Minimum number of equipment (36 *per cent*) was observed in CHC, Chhibramau in Kannauj whereas maximum number of equipment (88 *per cent*) was recorded in CHC, Jalaun and CHC Achalganj and Nawabganj in Unnao. Overall availability of equipment in CHCs was ranging between 36 and 91 *per cent*.

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

4.15.2.2 OT equipment

The status of availability of OT equipment in test-checked GMCs are given in **Table 4.36**.

Table 4.36: Availability of OT equipment in test-checked GMCs

Name of department	Type of equipment identified in Audit	Type of equipment available	Shortfall in percentage	Type of equipment identified in Audit	Type of equipment available	Shortfall in percentage
	GMC Ambedkar Nagar			GMC, Meerut		
Major OT- Obstetrics & Gynaecology	06	05	17	06	06	00
Major OT- Surgery	07	04	43	07	04	43

(Source: Test-checked GMCs)

Being referral tertiary level hospitals, the unavailability of equipment in Surgery department of both the GMCs were alarming. The surgery OTs in both GMCs were running without 43 *per cent* equipment whereas major OT of Obstetrics

⁵⁴ DWH in Ghazipur has been converted into Medical College and in case of DWH Unnao, data was not made available.

⁵⁵ DHM in Ghazipur has been converted into Medical College.

⁵⁶ CHC-Talgram did not provide information.

and Gynaecology in GMC, Ambedkar Nagar had unavailability of one⁵⁷ out of six test-checked equipment.

The availability of equipment in OTs at DHs and CHCs was as shown in **Table 4.37** with details in **Appendix 4.7**.

Table 4.37: Availability of OT equipment in test-checked DHs and CHCs

Hospital/ name of district	Number of hospitals	OT Equipment	
		Type of equipment ⁵⁸	Equipment available between (<i>per cent</i>)
DHs			
DWHs	6 ⁵⁹	17	8-11 (47-65)
DHMs	6 ⁶⁰	17	7-16 (41-94)
CDHs	2	17	8-10 (47-59)
CHCs			
Ghazipur	2	51	12-18 (24-35)
Kushinagar	1 ⁶¹	51	29 (57)
Hamirpur	2	51	15-49 (29-96)
Jalaun	2	51	30-40 (59-78)
Kanpur Nagar	2	51	36-39 (71-76)
Kannauj	2	51	19-25 (37-49)
Lucknow	3	51	25-38 (49-75)
Saharanpur	2	51	23-36 (45-71)
Unnao	2	51	34-34 (67-67)

(Source: Test-checked DHs and CHCs)

The minimum availability of OT equipment in test-checked DHs was observed in DHM, Kanpur Nagar and DHM, Unnao (41 *per cent*) whereas maximum availability of 94 *per cent* was found in DHM, Jalaun. The major OT equipment like pediatric operation table was available in only one hospital (DHM, Kanpur Nagar) and orthopedic operation table was available in seven (50 *per cent*) out of 14 DHs.

Against 51 equipment for CHC, the maximum availability of equipment was 96 *per cent* in CHC, Muskara in Hamirpur whereas minimum availability of 24 *per cent* equipment was observed in district Ghazipur at CHC, Saidpur. Therefore, there were wide gaps in the availability of equipment in various CHCs. As such, vital equipment were not available in the test-checked DHs and CHCs.

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

4.15.2.3 ICU equipment

The status of availability of ICU equipment in test-checked GMCs is given in **Table 4.38**.

⁵⁷ Resectoscope

⁵⁸ Type of equipment as per IPHS norms for DHs and as per State Government norms for CHCs.

⁵⁹ DWH in Ghazipur has been converted into GMC.

⁶⁰ DHM in Ghazipur has been converted into GMC.

⁶¹ OT was not available in CHC Hata, Kushinagar.

Table 4.38: Availability of ICU equipment in test-checked GMCs

Name of ICU	Type of equipment identified	Type of available equipment	Shortfall in percentage	Type of equipment identified	Type of available equipment	Shortfall in percentage
	GMC, Ambedkar Nagar			GMC, Meerut		
Pediatrics	07	06	14 ⁶²	07	06	14 ⁶³
Medical	07	06	14 ⁶⁴	07	06	14 ⁶⁵

(Source: Test-checked GMCs)

In test-checked GMCs, there were shortfalls of 14 *per cent* in Pediatrics ICU and Medical ICU.

Further, out of 16 test-checked DHs, two DHs in Ghazipur were converted to GMC. In remaining 14 DHs, ICU was required to be available in 10 DHs⁶⁶. Out of these 10 DHs, ICU was available in four⁶⁷ DHs though it was functional only in three DHMs with shortfall of equipment ranging between 20 and 50 *per cent*. In DHM Jalaun, ICU was available but was not functional. The details are given in *Appendix 4.8*.

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

4.15.2.4 Equipment for labour room

The status of the availability of labour room equipment in test-checked DWHs/CDHs and CHCs is given in **Table 4.39** with details in *Appendix 4.9*.

Table 4.39: Availability of labour room equipment in DHs and CHCs

Hospital/ name of district	Number of hospitals	Labour room Equipment	
		Type of equipment ⁶⁸	Equipment available between (<i>per cent</i>)
DHs			
DWHs	6 ⁶⁹	28	10-17 (36-61)
CDHs	2	28	14-16 (50-57)
CHCs			
Ghazipur	2	18	13-15 (72-83)
Kushinagar	2	18	13-14 (72-78)
Hamirpur	2	18	11-12 (61-67)
Jalaun	2	18	15-18 (83-100)
Kanpur Nagar	2	18	13-18 (72-100)
Kannauj	2	18	13-14 (72-78)
Lucknow	3	18	14-15 (78-83)
Saharanpur	2	18	14-18 (78-100)
Unnao	2	18	14-18 (78-100)

(Source: Test-checked DHs and CHCs)

The availability of labour room equipment in DWHs was ranging between 36 *per cent* (DWH, Jalaun) and 61 *per cent* (DWH, Hamirpur and Virangana Avanti Bai Women Hospital, Lucknow) while in CDHs it was ranging between 50 *per cent* (CDH, Kannauj) and 57 *per cent* (CDH, Kushinagar). However, the

⁶² Defibrillator was not available.

⁶³ Infusion pump was not available.

⁶⁴ Anesthesia work station was not available.

⁶⁵ Ultrasonic machine was not available.

⁶⁶ In DHM and DWH Hamirpur, DWH Jalaun and Unnao, ICU was not required as per IPHS norms.

⁶⁷ DHM Jalaun, Kanpur Nagar, Lucknow and Saharanpur.

⁶⁸ Type of equipment as per IPHS norms for DHs and as per State Government norms for CHCs.

⁶⁹ DWH, Ghazipur has been converted into GMC.

overall availability of these equipment was better in CHCs where the availability was ranging between 61 *per cent* and 100 *per cent*.

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

4.15.2.5 Laboratory equipment

In order to provide free diagnostic services by strengthening of departmental laboratories established at CHCs, DGMH conducted a gap analysis of available laboratory equipment in CHCs on the basis of expert committee recommendation and reported (December 2019) shortfall of equipment which was as given in **Table 4.40**.

Table 4.40: Availability of laboratory equipment in CHCs

Sl. No.	Name of equipment	Required quantity for each CHCs	Required quantity for 821 CHC	Available quantity in 821 CHCs	Proposed procurement for 821 CHCs	Shortfall in availability of equipment (<i>per cent</i>)
1	Automated HB analyser with direct finger prick capillary & CBC, Hb estimation	1	821	370	451	55
2	Urine analyser	1	821	51	770	94
3	Electrolyte analyser	1	821	36	785	96
4	Coagulator	1	821	94	727	89
5	Semi auto analyser	1	821	460	361	44
6	ESR analyser	1	821	51	770	94
7	Other accessories					
7.1	Centrifuge	3	2463	810	1653	67
7.2	Water bath	1	821	403	418	51
7.3	Incubator	2	1642	392	1250	76
7.4	Microscope	1	821	949	118	0
7.5	UPS	2	1642	262	1380	84
7.6	Freezer	1	821	397	424	52
	Total		13136	4275	9107	69

(Source: DGMH)

Table 4.40 shows that there was an overall shortage of 69 *per cent* equipment in CHC laboratories as of December 2019. Further, only microscopes were available as per requirements in CHCs whereas unavailability of remaining equipment was ranging between 44 *per cent* and 96 *per cent* with major shortfall of electrolyte analyser (96 *per cent*) followed by urine analyser and ESR analyser at 94 *per cent* each.

Scrutiny of records of the test-checked CHCs revealed unavailability of major equipment as detailed in **Table 4.41**.

Table 4.41: Availability of laboratory equipment in test-checked CHCs

Sl. no.	Name of equipment	Norms as per State Government	Required quantity in test-checked CHCs	Available quantity in test-checked CHCs	Unavailability of equipment in CHCs	Functional equipment	Non-functional equipment
1	Automated HB analyser with direct finger prick capillary & CBC, Hb estimation	1	19	14	5	13	1
2	Urine analyser	1	19	15	4	13	2
3	Electrolyte analyser	1	19	17	2	16	1
4	Coagulator	1	19	6	13	5	1
5	Semi auto analyser	1	19	16	3	14	2
6	ESR analyser	1	19	13	6	13	0
	Total	6	114	81	33	74	7

(Source: Test-checked CHCs)

It is evident from **Table 4.41** that against the required number of 114 equipment in 19 test-checked CHCs, only 81 (71 *per cent*) lab equipment were available. However, against the total availability of 81 equipment, seven equipment were not functional. Major shortfall was noticed under coagulator (13 CHCs) followed by ESR analyser (six CHCs), thereby, affecting pathological tests in CHCs.

Further, the status of availability of lab equipment in DHs is given below with details in **Appendix 4.10** and summarized in **Table 4.42**.

Table 4.42: Availability of laboratory equipment in test-checked DHs

Types of Hospitals	Number of hospitals	Laboratory equipment	
		Types of equipment as per IPHS (DHs)	Equipment available between (<i>per cent</i>)
DWHs	6 ⁷⁰	50	11-24 (22-48)
DHMs	6 ⁷¹	50	15-34 (30-68)
CDHs	2	50	26-27 (52-54)

(Source: Test-checked DHs)

None of the test-checked DHs had all the equipment in laboratories for the pathological tests to be performed as per the advice of the treating doctors. Minimum equipment were available in DWH, Saharanpur (22 *per cent*) while DHM, Jalaun had the maximum number of equipment (68 *per cent*).

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

4.15.2.6 Radiology equipment

Radiology is a major tool for disease management for the detection, staging and treatment of diseases.

⁷⁰ DWH in Ghazipur has been converted into GMC.

⁷¹ DHM in Ghazipur has been converted into GMC.

Records of GMC, Meerut revealed that there was shortage of 32⁷² per cent radiological equipment as against 22 prescribed⁷³ equipment of eight types, only fifteen of six types were available. In GMC, Ambedkar Nagar, there was a shortage of 23⁷⁴ per cent prescribed radiological equipment. Audit noticed that 1,33,296 radiological tests were conducted by the technician (Digital X-ray: 36,189, Manual X-ray: 83,517, USG: 11,745 and CT scan: 1,845) during 2016-17 to January 2022. In absence of radiologist, no report was generated and the respective doctors were examining X-ray films available on console.

Case study: Misutilisation of MRI machine

In GMC, Meerut, 517 cash receipts (₹ 2,000 per MRI scanning) were issued between January 2020 and March 2021. It was, however, observed that against these 517 cash receipts, 738 MRI scans (221 excess scans) were performed by the MRI technician. Audit observed that some MRI scans were performed against the cash receipts issued to other patients' for X-Ray imaging, etc. (₹ 28 and ₹ 175). On being pointed out by audit, the Principal, GMC, Meerut constituted (April 2022) an enquiry committee for fraudulent MRI scanning by the technicians and others.

The State Government (MET) stated (November 2022) that the matter had been investigated and it was noticed that issue and utilisation were not recorded in the same register which has now been rectified. According to the enquiry report, discrepancies were found in 109 cases. Responsibility was being fixed for recovery of loss (₹ 2.18 lakh) and taking punitive measures against the erring official.

Further, the status of availability of radiological equipment in test-checked DHs and CHCs is given in **Table 4.43** with details in **Appendix 4.11**.

Table 4.43: Availability of radiology equipment in DHs and CHCs

Type of Hospital	Number of hospitals	Radiological Equipment	
		Types of equipment	Equipment available between (per cent)
DHs (as per IPHS)			
DWHs	6 ⁷⁵	4	0-2 (0-50)
DHMs	6 ⁷⁶	4	3-4 (75-100)
CDHs	2	4	3-4 (75-100)
CHCs (as per State Government order)			
Ghazipur	2	6	1-4 (17-67)
Kushinagar	2	6	1-2 (17-33)
Hamirpur	2	6	1-3 (17-50)
Jalaun	2	6	3-5 (50-83)
Kanpur Nagar	2	6	4-4 (67)
Kannauj	2	6	0-5 (0-83)

⁷² X-ray 300MA: 01, X-ray 1000 MA (DR): 01, X-ray 1000 MA : 02, X-ray 60 MA : 01, Mammography : 01, Multimedia screen:01

⁷³ NMC/MCI Standard as informed by GMC Ambedkar Nagar {X ray machine 300 MA: 02, X-ray 500 MA: 02, X-ray 1000 MA (DR) : 01, X-ray 1000 MA : 01, X ray 60 MA : 03, X ray 100 MA: 03, USG with CD : 04,CT (64 slice) : 01, Mammography : 01, MRI : 01, C R System : 02, Multimedia projector screen : 01 }.

⁷⁴ Seventeen available against twenty-two.

⁷⁵ DWH, Ghazipur has been converted into GMC.

⁷⁶ DHM, Ghazipur has been converted into GMC.

Type of Hospital	Number of hospitals	Radiological Equipment	
		Types of equipment	Equipment available between (<i>per cent</i>)
Lucknow	3	6	1-6 (17-100)
Saharanpur	2	6	0-2 (0-33)
Unnao	2	6	1-4 (17-67)

(Source: Test-checked DHs & CHCs)

Table 4.43 shows that DWHs were not adequately equipped with the radiological equipment. In three⁷⁷ test-checked DHs, X-ray machines were not available whereas in DWH, Unnao and CDH, Kannauj, these were lying idle due to unavailability of human resource and being beyond economic repair, respectively. Further, MRI machine (desirable as per IPHS for hospitals with 300 or more beds) was available in DHM, Kanpur Nagar.

In test-checked CHCs, two CHCs (Talgram in Kannauj and Sarsawa in Saharanpur) did not have any radiological equipment while five CHCs had only one radiological equipment, two CHCs had two and three radiological equipment and only one CHC at Lucknow (Chinhat) had all the radiological equipment.

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

4.15.2.7 Availability of equipment in PHCs

Audit further analysed the availability of 37 types of equipment for assessment of service deliveries in the test-checked 38 PHCs, the status of which is given in **Table 4.44** with details in **Appendix 4.12**.

Table 4.44: Availability of equipment in test-checked PHCs

District	Number of PHCs	Type of equipment as per GoUP order	Equipment available between (<i>per cent</i>)
Ghazipur	4	37	2-12 (5-32)
Kushinagar	4	37	4-16 (11-43)
Hamirpur	4	37	8-22 (22-59)
Jalaun	4	37	15-24 (41-65)
Kanpur Nagar	4	37	10-26 (27-70)
Kannauj	4	37	5-20 (14-54)
Lucknow	6	37	9-26 (24-70)
Saharanpur	4	37	12-20 (32-54)
Unnao	4	37	10-22 (27-59)

(Source: Test-checked PHCs)

Availability of equipment in test checked PHCs was ranging from five *per cent* to 70 *per cent*. Audit observed that in 26 PHCs (63 *per cent*), the availability of equipment was below 50 *per cent*, thereby a substantial number of PHCs were inadequately equipped for service delivery.

⁷⁷ DWH, Hamirpur, Jalaun and Saharanpur.

4.15.2.8 Oxygen generation plants

Keeping in view the oxygen demands in the State, oxygen generation plants were received from various sources for installation to ensure uninterrupted supply of piped gas. The status of receipt and installation of these plants as of March 2022 was as given in **Table 4.45**.

Table 4.45: Oxygen generation plants in the State as of March 2022

Sl. No.	Category	Sanctioned	Installed	Under installation	Total	Functional	Pending for commissioning
1	Existing plants	23	23	0	23	23	0
2a	PM cares I plant	14	14	0	14	14	0
2b	PM cares II plant	21	21	0	21	21	0
2c	PM cares III plant	93	93	0	93	93	0
2	PM cares total	128	128	0	128	128	0
3	State funded plants	62	60	2	62	60	0
4	Cane and Excise Department	79	79	0	79	78	1
5	MP/ MLA funds	99	99	0	99	99	0
6	CSR funds	173	171	2	173	171	0
	TOTAL	564	560	4	564	559	1

(Source: Secretariat, MHFW)

It may be seen from **Table 4.45** that 559 oxygen generation plants (99 per cent) were functional as of March 2022. CSR fund was the major contributor with 173 plants (31 per cent) followed by PM cares fund with 128 plants (23 per cent) and MP/ MLA fund with 99 plants (18 per cent). The State Government had funded 62 plants, arriving at a total of 85 with existing 23 plants.

It was further observed that distribution of plants for installation in test-checked districts was not in consonance with beds in the hospitals due to which the supply of piped gas was ranging between one LPM⁷⁸ and 12 LPM per bed (**Appendix 4.13**). Further, all functional oxygen generation plants were to be run for minimum four hours a day. Scrutiny of the records of test-checked districts, however, revealed that in district male hospitals, Unnao, the oxygen generation plant was not running for required four hours most of the time⁷⁹. Further, in Kushinagar, out of four plants, one plant was out of order (December 2021) due to short circuit and remained not functional (May 2022).

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

⁷⁸ Liter per minute

⁷⁹ During 4 December 2021 to 31 January 2022 (59 days) the plant was closed for 23 days. Out of 35 days, on 31 days the plant was made operational between 15 minutes to 3.30 hours.

4.15.3 Idle equipment

Audit observed that:

- In GMC, Ambedkar Nagar, 100 equipment⁸⁰ procured during April 2015 to December 2016 were not fully functional as posts of human resource were not sanctioned by the Government. Due to which, their depreciation was inevitable.
- In GMC, Ambedkar Nagar, a haemodialysis machine valuing ₹ 13.06 lakh was procured (June 2017) for General Medicine department. Audit observed that the machine was lying idle till August 2020 and from December 2021, owing to unavailability of staff and nephrologist. During intervening period (September 2020 to November 2021), only 67 patients were treated by a technician. Thus dialysis, an emergency service that should be available round the clock was not available in the GMC.
- In GMC, Meerut, one Endoscopy machine was not functioning due to lack of faculty.
- In GMC, Meerut, 76 Multimedia Monitor were purchased during June 2020 and November 2021. Of these, 58 monitors costing ₹ 68.73 lakh were lying idle in a store room of Trauma ICU including 33 unboxed monitors.

The State Government (MET) stated (November 2022) that at present, all the machines have been made functional and staff has been trained for operation of haemodialysis machine in GMC, Ambedkar Nagar. It further stated that the proposal for sanction of post of haemodialysis technician was under consideration. In respect of GMC Meerut, MET stated that the department for using endoscopy is not sanctioned in GMC, Meerut. However, HOD of the medicine department has been directed to make endoscopy machine functional by getting interested faculties trained.

The fact remains that a large number of equipment in the GMCs were lying idle defeating the very purpose of procurement of these equipment.

To sum up, the procurement agency (UPMSCL) could not procure the demanded drugs adequately. As such, stock-out of drugs was noticed in test-checked hospitals. There was inadequate supply chain management as drugs even with less than 50 per cent shelf life were accepted and consignment of drugs were sent to warehouses/HCFs without demand. UPMSCL did not inspect the empanelled laboratories and large number of batches of EDL and non-EDL drugs were not tested for ensuring quality of drugs by these laboratories. There were inordinate delays in the furnishing of test reports by the empanelled laboratories. Some NSQ drugs were also distributed to hospitals and patients. Further, many modules of DVDMS software were being not used and therefore, not giving intended result.

Since the medical equipment are used in many diverse settings, for prevention and screening in medical care, their availability in hospitals is required to be maintained. However, in test-checked hospitals, there were shortfalls in

⁸⁰ OT (4); Radiology (2); Orthopedic (12); Dental (3); Physiology (1); Anatomy (1); Psychiatry (25); Medicine (13); TB (3); Pediatrics (4); ENT (10); Gynaecology (2); Emergency (8) and Anesthesia (12).

availability of equipment. Further, demand and supply of equipment was not being monitored through online mode. All these were indicative of poor management in healthcare system.

Recommendations:

State Government should:

- 7. ensure that the procurement agency (UPMSCL) finalises the rate contracts of Essential Drugs in a time bound manner by strictly following the laid down procedure of contract management;*
- 8. ensure that the hospitals keep a close vigil on the availability of essential drugs in their stores to avoid out of pocket expenditure by the patients;*
- 9. fix the responsibility for expiration of drugs in the central warehouse as well as in the district hospitals;*
- 10. ensure availability of consumables in each level of hospital;*
- 11. ensure that DVDMS software is made fully functional for supply chain management of drugs;*
- 12. prepare the list of Essential Equipment and implement online monitoring of demand and supply of equipment in various health care facilities;*
- 13. review the inter-hospital availability of equipment required in government hospitals;*
- 14. ensure training of manpower for operation and maintenance of equipment installed in hospitals;*
- 15. implement the recommendations of the expert committee relating to availability of laboratory equipment in CHCs.*

Chapter - V

Healthcare Infrastructure

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.

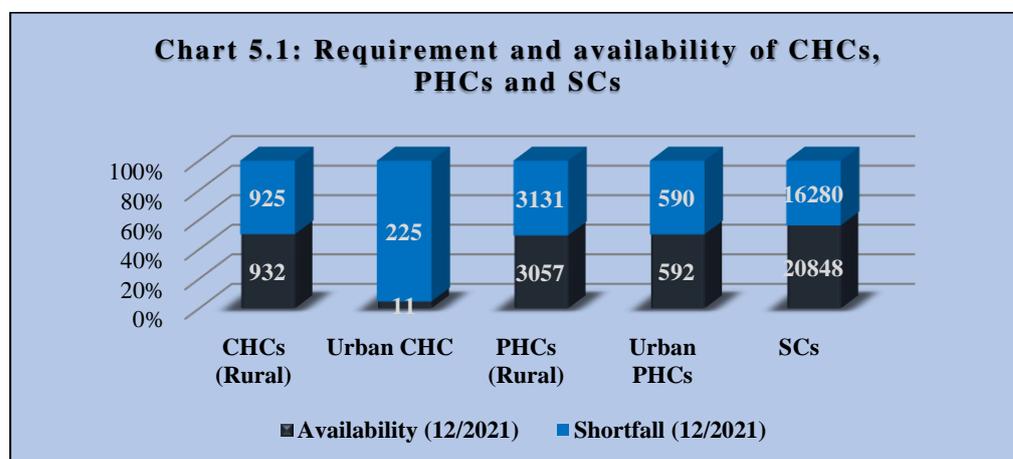
³ Status as of July 2021.

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 Health⁵ 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, five⁸ 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	55⁹	10	3
Grand total: 177¹⁰				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 posts¹³ 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 crore¹⁴ 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.

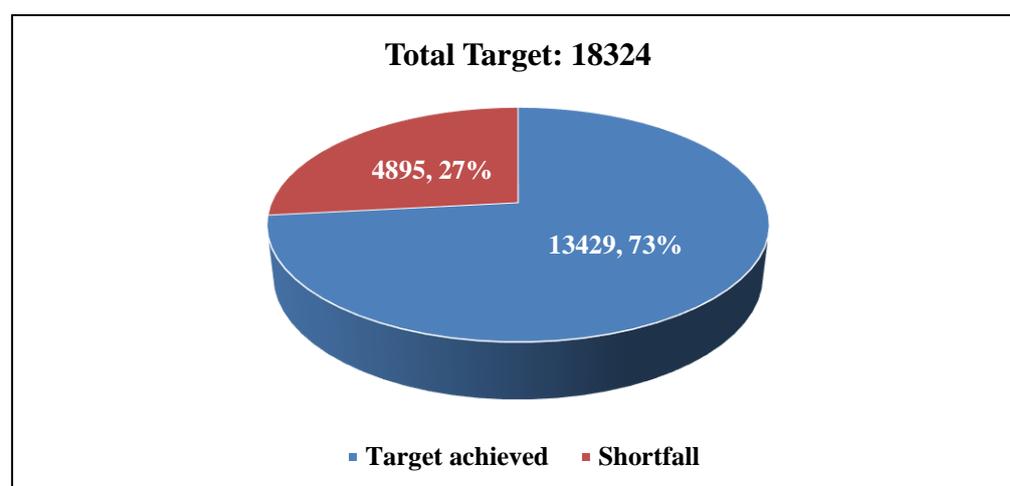
Scrutiny of records revealed that 18,324 HWCs were to be established in Uttar Pradesh by March 2022 under National Health Mission (NHM) by upgrading SCs, PHCs and Urban PHCs (UPHCs) at a cost of ₹ 2.5 lakh (land not available) and ₹ 7.00 lakh (land available) per HWC. Status of year wise targets vis-à-vis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

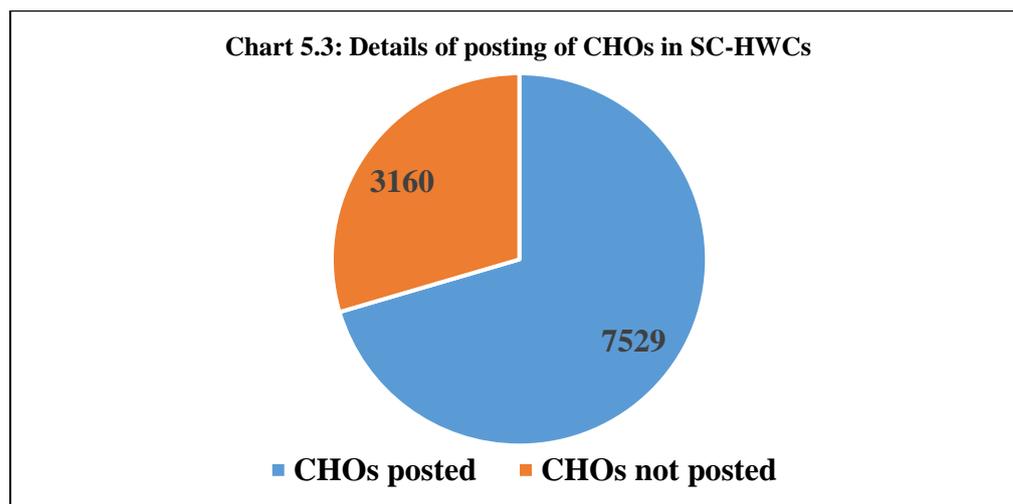
Chart 5.2: Target and achievement of upgradation to HWCs during 2018-22



(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.



(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 districts¹⁵ 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 College¹⁶, 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 agency¹⁷ 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 (November 2022) 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:

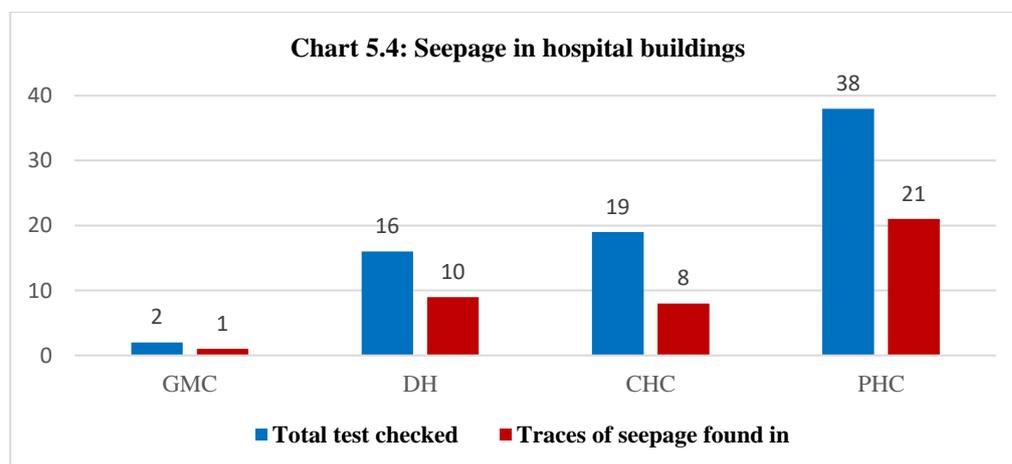
5.6.1 Hospital building and its premises

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**.



(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**.

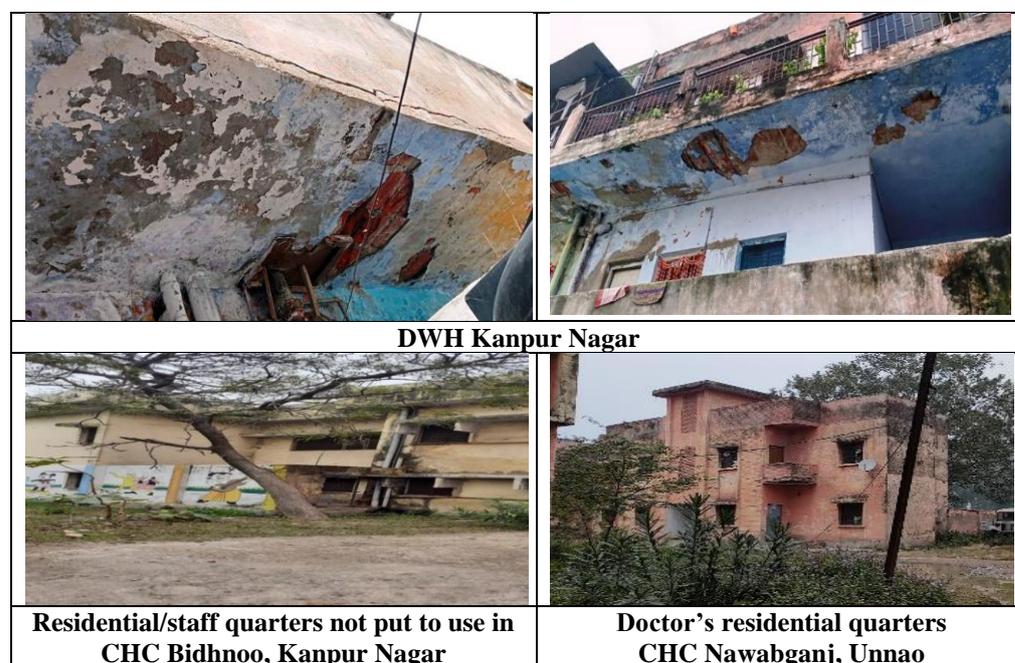
The Government (MET) replied (November 2022) that the audit team might have visited the toilets between 10 AM to 11 AM when OPD was overcrowded with patients and attendant and as a result of that the toilets got dirty. However, strict instructions have been issued to the executing agency. Further, MHFW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





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 (November 2022) 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 PHCs¹⁸, 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:



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 lakh¹⁹ 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:



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 (November 2022) 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 four²³ (20 per cent) out of 19 test checked CHCs, dressing/injection rooms were not available. Further, out of test checked 38 PHCs, 10²⁴ (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 room²⁵ or in the pharmacy²⁶.

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 eight²⁹ PHCs. Further, though power supply was available in seven³⁰ PHCs, no power back-up was available. In two PHCs³¹ power back-up was available but was not in working condition. Further, out of 38 PHCs, potable water in eleven PHCs³² 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 departments³³ 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), Mahuwadeeh & 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 students³⁶ 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.

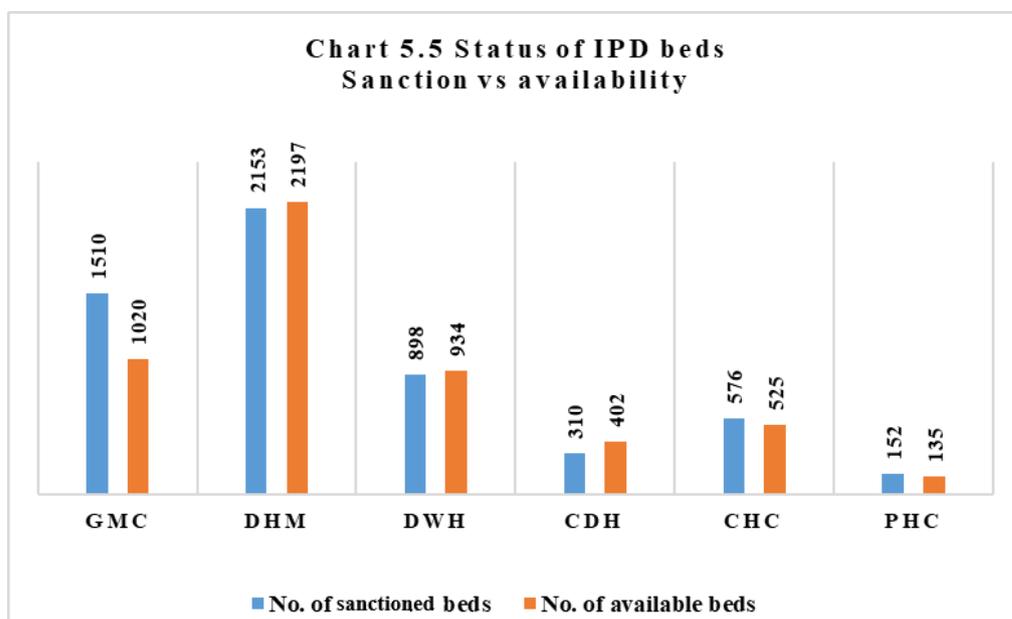
Table 5.20: Availability of beds in GMCs

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 four³⁷, 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 hospitals³⁸ 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 two³⁹ hospitals, IPD beds were available as per the sanctioned numbers. Three⁴⁰ 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 cent* of IPD beds were observed, respectively.

CHCs: In 10⁴¹, out of test checked 19 CHCs IPD beds were available as per the sanctioned numbers. In seven⁴² 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 11⁴³ 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 (November 2022) 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 Bhadoura (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 three⁴⁴ SCs of Lucknow (2) and Hamirpur (1). Further, SCs of Lucknow were operational in their respective PHCs.
- The building of 10 SCs⁴⁵ 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 Bazaar, 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.*

Chapter - VI

Financial Management

Chapter-VI

Financial Management

This Chapter discusses the healthcare funding and adequacy thereof in terms of percentage of healthcare expenditure to the total expenditure and its share in the Gross State Domestic Product (GSDP), utilisation of budgeted provisions on healthcare and financial propriety issues.

Audit objective: *Whether the funding for public healthcare was adequate?*

Brief snapshot of the Chapter

- State Government incurred expenditure of ₹ 1,11,928.58 crore on healthcare under nine Grants during the year 2016-17 to 2021-22. The budget provisions and expenditure under these Grants also include Grants-in-aid received from Government of India on health sector.
- While 82 *per cent* of revenue budgets were utilized, utilization of capital budget was 60 *per cent* during 2016-22.
- Total budgetary expenditure on health was much below than the target of eight *per cent* envisaged in the National Health Policy (NHP), 2017 and ranged between 4.20 and 5.41 *per cent* during 2016-22.
- The Government healthcare expenditure in Uttar Pradesh increased every year during 2016-22 with compound annual growth rate of 9.65 *per cent*, however, it remained only between 1.10 to 1.30 *per cent* of GSDP. With the present growth rate of 9.65 *per cent* in healthcare expenditure, State Government would not get closer to the target of 2.5 *per cent* by 2025 under NHP, 2017.
- Substantial portion (22 *per cent*) of expenditure on healthcare was booked under Object Head 42- Other Expenditure which also includes funds transferred for National Health Mission. This affects transparency in financial reporting.

6.1 Introduction

Medical Health and Family Welfare Department of the State is responsible for the primary and secondary levels health facilities whereas tertiary level facilities are under the purview of Medical Education and Training Department. For functioning of the health centers/hospitals/colleges, State Government makes budgetary provisions under nine Grants in the State Budget as detailed in **Table 6.1**.

Table 6.1: Details of Grants through which funds are allotted

Sl. no.	Grant no.	Description of Grant	Grant/ Major Heads
1	31	Medical Department (Medical Education and Training)	All Major Heads (MHs) operated under these Grants.
2	32	Medical Department (Allopathic Medical)	
3	33	Medical Department (Ayurvedic and Unani)	
4	34	Medical Department (Homoeopathy)	
5	35	Medical Department (Family Welfare)	
6	36	Medical Department (Public Health)	
7	76	Labour Department (Labour welfare)	MHs 2210 and 4210
8	81	Social Welfare Department (Scheduled Tribes Welfare)	MHs 2211 and 4211
9	83	Social Welfare Department (Special Component Plan for Schedule Castes Welfare)	MHs 2210, 2211, 4210 and 4211

(Source: Uttar Pradesh budget documents and Appropriation Accounts)

Audit observed that the State Government was allocating major funds to health sectors under Grant no. 32 (Medical Department-Allopathic Medicine), Grant no. 35 (Medical Department-Family Welfare) and Grant no. 31 (Medical Department-Medical Education and Training). Further, funds for healthcare under employee's state insurance scheme was provided under Grant no. 76 (Labour Department) and provisions for healthcare were also augmented under Tribal Sub Plan and Special Component Plan for Scheduled Castes under Grants no. 81 and 83 respectively.

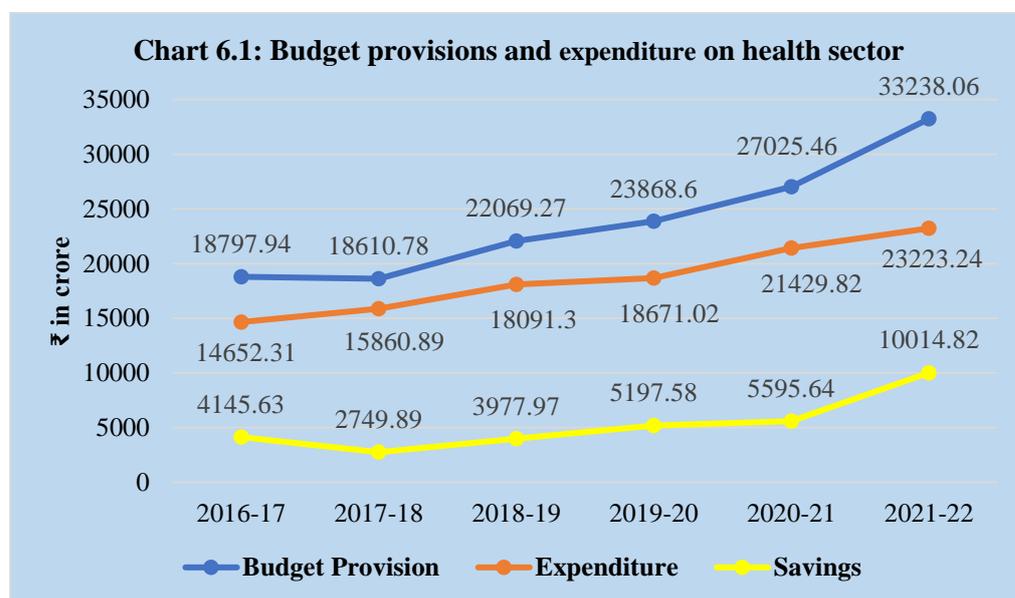
6.2 Budget provisions vis-a-vis expenditure

Budget provisions and expenditure on health sector¹ by the State Government during 2016-22 are detailed in **Table 6.2** and **Chart 6.1**.

Table 6.2: Budget provisions and expenditure on health sector during 2016-22

Year	Budget Provision	Expenditure	Savings	(₹ in crore)
				Savings (in per cent)
2016-17	18797.94	14652.31	4145.63	22
2017-18	18610.78	15860.89	2749.89	15
2018-19	22069.27	18091.30	3977.97	18
2019-20	23868.60	18671.02	5197.58	22
2020-21	27025.46	21429.82	5595.64	21
2021-22	33238.06	23223.24	10014.82	30
Total	143610.11	111928.58	31681.53	22

(Source: Appropriation Accounts of Uttar Pradesh)



(Source: Appropriation Accounts of Uttar Pradesh)

It may be seen from **Table 6.2** that the State Government incurred expenditure of ₹ 1,11,928.58 crore during the period 2016-22 against the budget provisions of ₹ 1,43,610.11 crore on health sector. The details of grant wise budget provisions and expenditure under nine Grants are given in **Appendix-6.1**. It was further observed that the utilisation of funds under these nine grants was ranging between 90 per cent and 51 per cent resulting in 78 per cent overall utilisation

¹ Excluding local bodies.

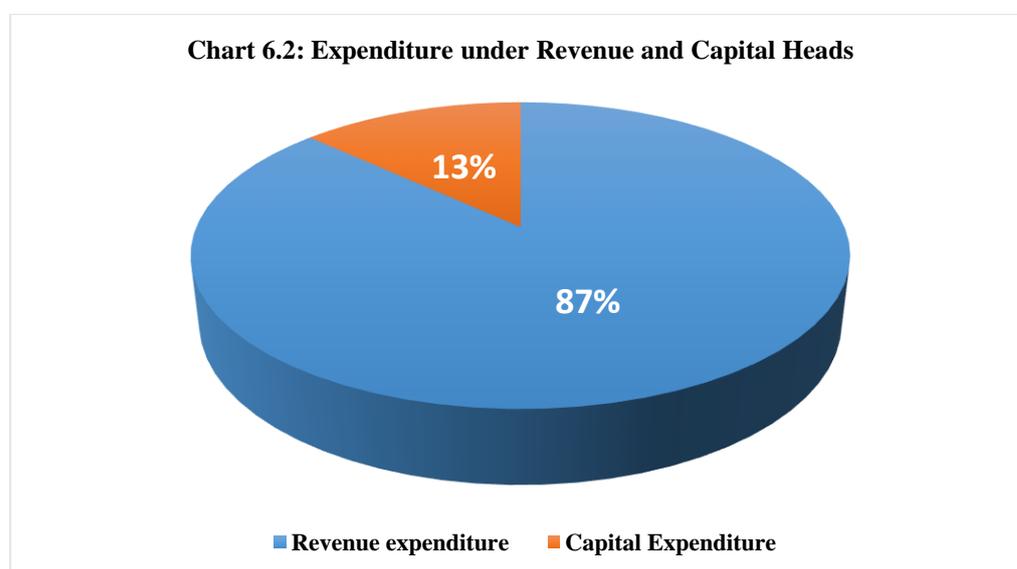
of budget provisions. Major shortfalls in utilisation of funds were noticed under Grant 81-Social Welfare Department (Scheduled Tribes Welfare) followed by Grant 36-Medical Department (Public Health) and Grant 33-Medical Department (Ayurvedic and Unani) where 49 *per cent*, 34 *per cent* and 28 *per cent* funds respectively remained unutilised during 2016-22.

Audit observed that during 2021-22, the savings of ₹ 10,014.82 crore include savings under major construction works (₹ 4,439.95 crore), salary, wages and other establishment expenditure (₹ 3,480.85 crore) and drugs and equipment (₹ 428.26 crore). As discussed in **Paragraphs 5.4.1** and **5.4.2**, construction works of public health care infrastructure were delayed which affected fund absorption capacity of these projects and consequent savings of budgeted provisions. Considering the fact that the State Government health sector lacked human resources, drugs and equipment, and infrastructure as discussed under Chapters II, IV and V of this report, the savings out of budgeted provisions could have been appropriately utilised for providing important medical interventions including augmentation of infrastructure, hospital maintenance/repairs, purchase of drugs and consumables, equipment and deployment of human resources in public health institutions.

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

Revenue and Capital Expenditure

Out of total expenditure of ₹ 1,11,928.58 crore on health sector during 2016-22, ₹ 97,289.92 crore (87 *per cent*) was revenue expenditure and ₹ 14,638.66 crore (13 *per cent*) was capital expenditure as depicted in **Chart 6.2**.



(Source: Appropriation Accounts of Uttar Pradesh)

Audit further analysed the trend of expenditure under revenue and capital budgets during 2016-22 as detailed in **Table 6.3**.

Table 6.3: Budget provisions vis-à-vis expenditure under Revenue and capital heads during 2016-22

(₹ in crore)

Year	Budget Provision (Revenue)	Revenue expenditure	Percentage utilisation of Revenue Budget	Budget Provision (Capital)	Capital Expenditure	Percentage utilisation of Capital Budget
1	2	3	4 = (3)/(2) x 100	5	6	7 = (6)/(5) x 100
2016-17	14940.77	11823.48	79	3857.17	2828.83	73
2017-18	16342.24	13877.56	85	2268.54	1983.33	87
2018-19	19300.59	15866.73	82	2768.68	2224.57	80
2019-20	20337.63	16388.85	81	3530.97	2282.17	65
2020-21	23275.96	19401.74	83	3749.50	2028.08	54
2021-22	24968.47	19931.56	80	8269.59	3291.68	40
Total	119165.66	97289.92	82	24444.45	14638.66	60

(Source: Appropriation Accounts of Uttar Pradesh)

Table 6.3 shows that the State Government could utilise 82 per cent revenue budget during 2016-22, while the utilisation of capital budget was 60 per cent during 2016-22. The utilisation percentage of capital budget was on a consistent decline during 2017-18 to 2021-22. Thus, the department could not utilise revenue budget meant for human resources and procurement of drugs and equipment and capital budget meant for construction works (DHs, CHCs, PHCs and medical Colleges) and procurement of equipment which indicates that the MHFW and MET departments did not have the absorption capacity to utilise the budgeted funds.

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

6.2.1 Funds not utilised

The State Government established Uttar Pradesh Medical Supplies Corporation Limited (UPMSCL) in October 2017 for centralised procurements and supplies of drugs, consumables and equipment. As per financial arrangements prescribed (October 2017) by the State Government, respective Departments were required to provide funds to UPMSCL for the purchases of drugs and equipment.

Audit noticed that UPMSCL was provided ₹ 3,385.56 crore for procurements of drugs and equipment during 2018-22. The status of receipts and utilisation of funds by UPMSCL for NHM and other State Government procurements (State funds) during 2018-22 is given in **Table 6.4**.

Table 6.4: Receipts and utilisation of funds by UPMSCL

(₹ in crore)

Particulars	NHM funds (2018-19)		State funds (2018-19)		Grand Total
	Drugs	Equipment	Drugs	Equipment	
Opening Balance	0.00	0.00	0.00	0.00	0.00
Funds received*	320.00	179.50	122.02	13.82	635.34

Particulars	NHM funds (2018-19)		State funds (2018-19)		Grand Total
	Drugs	Equipment	Drugs	Equipment	
Total funds available	320.00	179.50	122.02	13.82	635.34
Expenditure against available fund (<i>per cent</i>)	9.65 (3.02%)	5.00 (2.79%)	59.67 (48.90%)	13.21 (95.59%)	87.53 (13.78%)
Surrenders	186.83	95.00	0.00	0.00	281.83
Closing Balance	123.52	79.50	62.35	0.61	265.98
	NHM funds (2019-20)		State funds (2019-20)		
Opening Balance	123.52	79.50	62.35	0.61	265.98
Funds received*	0.00	24.92	399.30	17.53	441.75
Total funds available	123.52	104.42	461.65	18.14	707.73
Expenditure against available fund (<i>per cent</i>)	91.83 (74.34%)	80.97 (77.54%)	257.23 (55.72%)	0.00 (0%)	430.03 (60.76%)
Surrenders	0.00	0.00	0.00	0.00	0.00
Closing Balance	31.70	23.45	204.41	18.14	277.70
	NHM funds (2020-21)		State funds (2020-21)		
Opening Balance	31.70	23.45	204.41	18.14	277.70
Funds received*	63.61	93.00	1013.42	72.72	1242.75
Total funds available	95.31	116.45	1217.83	90.86	1520.45
Expenditure against available fund (<i>per cent</i>)	49.57 (52.01%)	26.31 (22.59%)	666.43 (54.72%)	2.10 (2.31%)	744.41 (48.96%)
Surrenders	0.00	0.00	270.63	16.90	287.53
Closing Balance	45.74	90.14	280.78	71.86	488.52
	NHM funds (2021-22)		State funds (2021-22)		
Opening Balance	45.74	90.14	280.78	71.86	488.52
Funds received*	150.00	10.71	746.87	158.14	1065.72
Total funds available	195.74	100.85	1027.65	230.00	1554.24
Expenditure against available fund (<i>per cent</i>)	89.21 (45.58%)	32.66 (32.38%)	754.91 (73.45%)	19.88 (8.64%)	896.66 (57.69%)
Surrenders	0.00	0.00	35.59	24.00	59.59
Closing Balance	106.53	68.19	237.15	186.12	597.99

(Source: UPMSCL) * in case of State fund, budget allotment to UPMSCL.

It may be seen from Table 6.4 that the utilisation of fund available with UPMSCL ranged between 13.78 *per cent* and 60.76 *per cent* during 2018-19 to 2021-22. Out of ₹ 841.74 crore provided under NHM during 2018-22, UPMSCL procured drugs and equipment of ₹ 385.20 crore (45.76 *per cent*). In case of State fund, UPMSCL utilised ₹ 1,773.43 crore (69.72 *per cent*) out of ₹ 2,543.82 crore allotted by the State Government for procurement of drugs and equipment. Besides, UPMSCL retained ₹ 597.99 crore as closing balances of

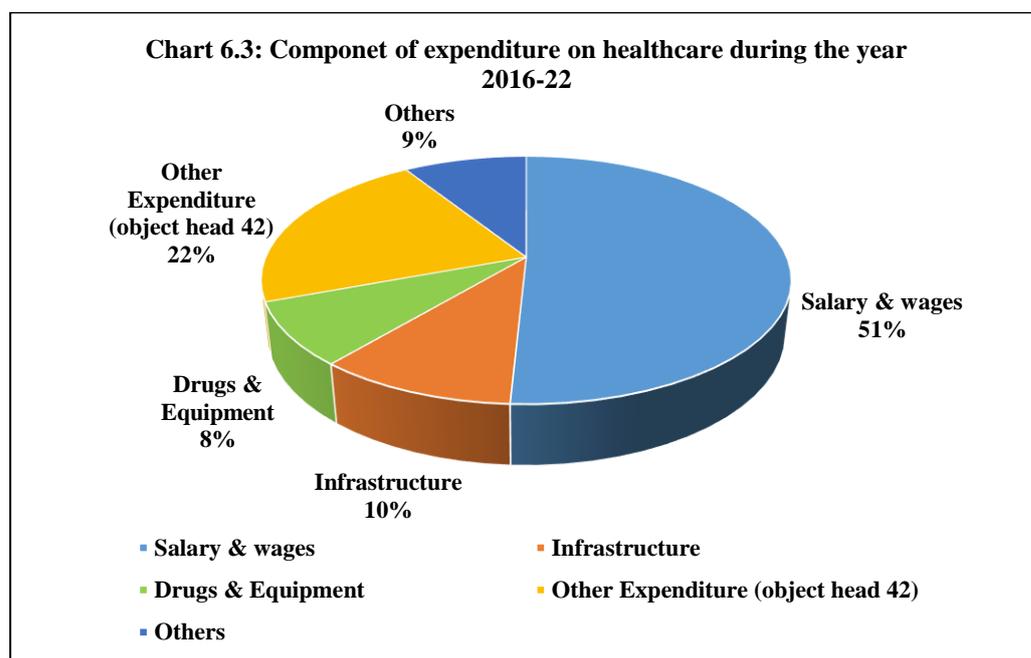
NHM and State fund. Thus, the utilisation was far below the availability of funds.

Audit observed that during 2018-19, the main reason for low expenditure by UPMSCCL as compared to other years (2019-22) was due to procurements of drugs and equipment by the Director General (Medical Health Services) in 2018-19 on the rate contracts finalised by it in the preceding years in order to ensure availability of drugs in the hospitals till UPMSCCL is made fully functional. However, in subsequent years (2019-22) also, UPMSCCL could not utilise the funds made available for procurements which adversely effected availability of drugs, consumables and equipment in hospitals as discussed in **Chapter IV** of this report.

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

6.2.2 Major components of healthcare expenditure

In Government Accounts, Object Heads (OHs) are the primary units of appropriation showing the economic nature of expenditure such as pay, wages, office expenses, grants-in-aid, etc. Audit grouped various OHs to disintegrate healthcare expenditure into various components, viz., Salary and Wages², Infrastructure³, Drugs and Equipment⁴, Other Expenditure booked under OH 42-Other Expenditure and Others. The component wise expenditure⁵ incurred by the State Government on health care during 2016-22 is given in **Chart 6.3**.



(Source: Koshwani, Uttar Pradesh)

² OHs 01-Pay, 02-Wages, 03-Deareness Allowance, 04-Travelling Allowance, 05-Transfer Travelling expenses, 06-Other Allowances, 07-Honorarium, 16-Payment for Professional and Special Services, 31-Grant-in-Aid (Salary), 38-Interim Relief, 44-Travelling and other related expenditure for training, 45-Leave Travel Expenses, 49-Medical Expenses, 50-Dearness Pay, 52-Revised Pay Arrear, 53- Revised Pay Arrear (State aided), 55-House Rent Allowance, 56-City Compensatory Allowance, 57-Non-practicing Allowances, and 58-Payment for Outsourced Services.

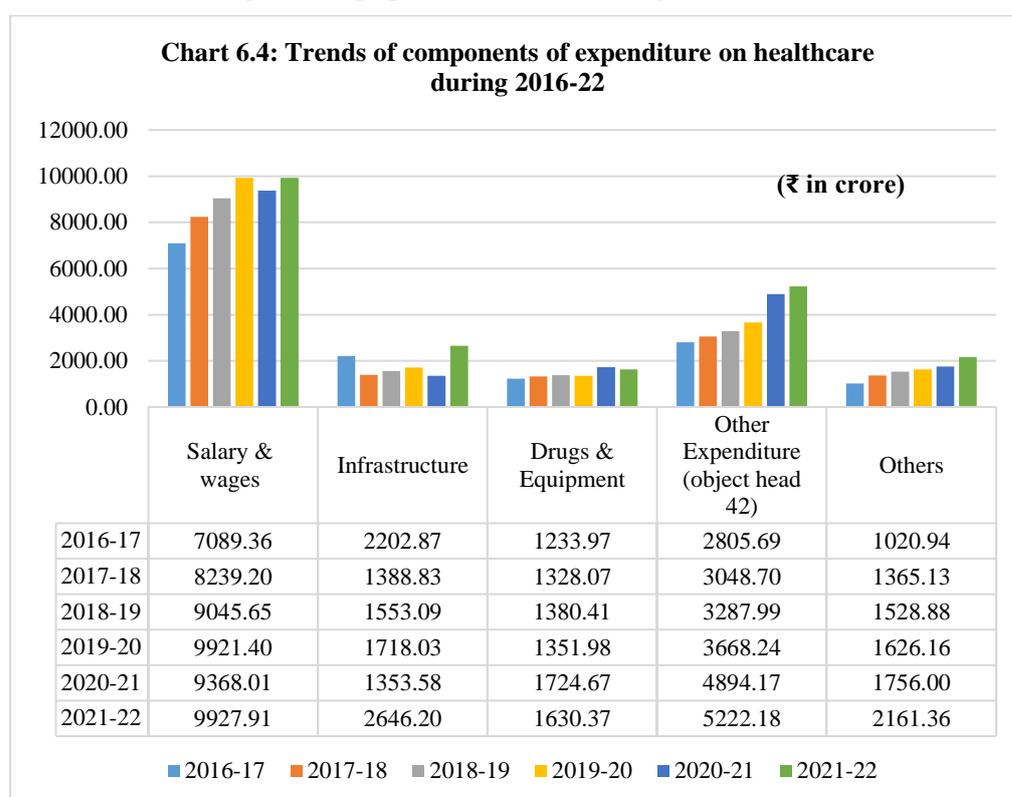
³ OHs 24-Major Construction Works and 25-Minor Construction Works.

⁴ OHs 26-Machines and Furnishing/Tools and Plants, 39-Durges and Chemicals, 40-Furnishing required for hospitals

⁵ Under six Grants (no. 31, 32, 33, 34, 35 and 36) where entire expenditure was for healthcare.

As evident from above, more than half (51 *per cent*) of the healthcare expenditure during 2016-22 was incurred on the salaries and wages. Expenditure on infrastructure and drugs & equipment was 10 *per cent* and eight *per cent* respectively. However, a substantial expenditure of ₹ 22,926.97 crore (22 *per cent*) was booked under Object Head-42 (Other Expenditure) which pertains to residual items and includes remuneration and award related expenditure from discretionary fund. Audit observed that out of ₹ 22,926.97 crore under Other Expenditure (OH 42), ₹ 20,507.99 crore (89 *per cent*) pertained to Grant no 35-Medical Department (Family Welfare) which mainly relates to transfer of ₹ 18,785.60 crore (92 *per cent*) to State Health Society for implementation of NHM.

Audit further analysed the trend of expenditure under salary and wages, infrastructure, drugs and equipment and others as given in **Chart 6.4**.



(Source: *Koshwani*, Uttar Pradesh)

It can be seen from above that during 2016-22, while there was a rising trend under salary & wages (except 2020-21) and other expenditure (OH -42), other components like drugs & equipment had fluctuating trends. However, expenditure was also incurred on drugs and equipment from funds transfer to State Health Society under OH-42, which was not reflected under the appropriate object heads. Substantial booking of expenditure under OH-42 vitiates transparency in the budget and accounts of the State Government which has been previously pointed out in State Finances Audit Reports⁶. State Government should comprehensively review budgeting and booking of expenditure under Object Head 42, particularly in case of transfer of fund to

⁶ Paragraph 4.10 of State Finances Audit Report for the year ended 31 March 2021-Government of Uttar Pradesh and Paragraph 4.9 of State Finances Audit Report for the year ended 31 March 2020-Government of Uttar Pradesh.

State Health Society so that in future expenditure is booked under the appropriate heads instead of the omnibus object head '42-Other Expenditure'.

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

6.2.3 National Health Mission funds

National Health Mission (NHM) was designed with the aim of providing accessible, affordable, effective and reliable healthcare facilities in the rural and urban areas of the country, especially to the poor and vulnerable sections of the population. It focuses on strengthening of important medical services like Maternal and Child Health (MCH), communicable diseases, etc. NHM fund sharing pattern is 60:40 between GoI and the State Government.

The status of funds transferred by the State Government to the State Health Society and expenditure during 2016-17 to 2021-22 is given in **Table 6.5**.

Table 6.5: Status of NHM funds in Uttar Pradesh during 2016-22

Year	Opening balance	Funds received during the year		Total funds available	Expenditure	Closing balance	Percentage of closing balance w.r.t. total fund available
		GoI funds	GoUP funds				
2016-17	3056.80	1671.52	1728.34	6456.66	3184.99	3271.67	50.67
2017-18	3271.67	1827.49	1941.77	7040.93	4374.36	2666.57	37.87
2018-19	2666.57	1915.53	1817.33	6399.43	4564.93	1834.50	28.67
2019-20	1834.50	2456.30	2260.59	6551.39	5169.55	1381.84	21.09
2020-21	1381.84	3956.44	2436.46	7774.74	5772.21	2002.53	25.76
2021-22	2002.53	2355.97	3260.24	7618.74	5902.10	1716.64	22.53
Total		14183.25	13444.73		28968.14		

(Source: SPMU, Uttar Pradesh)

It may be seen from above that during 2016-22, against the availability of ₹ 30,684.78 crore⁷ for implementation of various NHM programmes in the State, the Government could utilise ₹ 28,968.14 crore (94.41 per cent). However, a substantial portion of the available funds, ranging between 21.09 per cent and 50.67 remained unutilized during 2016-22. SPMU attributed (March 2023) the short utilization of fund to delays in receipt of grants-in-aid from State Government. The budget provision and expenditure for major interventions under NHM is depicted in **Table 6.6**.

⁷ OB (2016-17): ₹ 3056.80 crore + GoI funds (2016-22): ₹ 14,183.25 crore + GoUP funds (2016-22): ₹ 13,444.73 crore = Total: ₹ 30,684.78 crore.

Table 6.6: Budget provision and expenditure for major interventions under NHM during 2016-22

Name of Scheme	Total budget for 2016-17 to 2021-22 (₹ in crores)	Total Expenditure for 2016-17 to 2021-22 (₹ in crores)	Percentage of total expenditure to budget	Per cent utilisation						Sparkline for six years from 2016-17 to 2021-22
				2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	
Janani Suraksha Yojana	3099.94	2639.78	85	87	94	89	96	86	61	
National Mental Health Programme	127.89	40.15	31	56	21	58	26	20	23	
National Tobacco control Programme	147.52	49.17	33	21	20	50	79	33	03	
National Programme for Control of Blindness & Visual Impairment	455.44	169.62	37	73	44	45	43	21	24	
National Programme for Health Care of the Elderly	72.85	35.91	49	34	18	73	112	37	07	

(Source: SPMU, Uttar Pradesh)

The implementation of these NHM interventions are discussed in **Chapter VII** of the report.

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

6.3 Adequacy of health care funding

The National Health Policy, 2017 proposes a potentially achievable target of raising public health expenditure in a time bound manner. It envisages that the resource allocation to States will be linked with State development indicators, absorbing capacity and financial indicators. However, in Uttar Pradesh, the public health expenditure was not in consonance with the Policy, as discussed in the succeeding paragraphs:

6.3.1 Insufficient budgetary expenditure on health

The National Health Policy (NHP), 2017 has emphasised on health status and programme impact, health systems performance and health system strengthening. These goals and objectives are to achieve sustainable development in health sector in keeping with the policy thrust. While discussing the health finances for strengthening of health systems, the policy envisages to increase State sector health spending to more than eight *per cent* of their budget by 2020.

The status of healthcare spending as a percentage to total budgetary expenditure in Uttar Pradesh during 2016-17 to 2021-22 is given in **Table 6.7**.

Table 6.7: Budgetary expenditure on healthcare vis-à-vis total expenditure

(₹ in crore)

Year	Total budgetary expenditure	Government healthcare expenditure	Percentage of total budgetary expenditure
2016-17	349232.60	14652.31	4.20
2017-18	334876.62	15860.89	4.74
2018-19	409784.50	18091.30	4.41
2019-20	399426.75	18671.02	4.67
2020-21	396023.70	21429.82	5.41
2021-22	449065.47	23223.24	5.17
Total	2338409.64	111928.58	4.79

(Source: Appropriation Accounts of Uttar Pradesh)

It is evident from above table that the percentage of the Government healthcare expenditure vis-à-vis total budgetary expenditure was much below the target envisaged in NHP, 2017. It had been ranging between 4.20 and 5.41 *per cent* during 2016-22, though the target of eight *per cent* was to be achieved by 2020 as per NHP, 2017.

Further, in terms of the recommendations of the Fifteenth Finance Commission, the health spending by State was to be more than eight *per cent* of their budget by 2022. However, the State Government's health expenditure during 2021-22 was at 5.17 *per cent*. Thus, the Government of Uttar Pradesh did not achieve the targeted healthcare expenditure as envisaged under NHP, 2017 as well as Fifteenth Finance Commission (2021-26) recommendations.

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

6.3.2 Insufficient share of healthcare expenditure in GSDP

To strengthen the health system through health finances, NHP, 2017 envisages increase in health expenditure by the Government as a percentage of Gross Domestic Product (GDP) from the existing 1.15 *per cent* to 2.5 *per cent* by 2025.

Further, Fifteenth Finance Commission (2021-26) has recommended that public health expenditure of Union and States together should be increased in a progressive manner to reach 2.5 *per cent* of GDP by 2025.

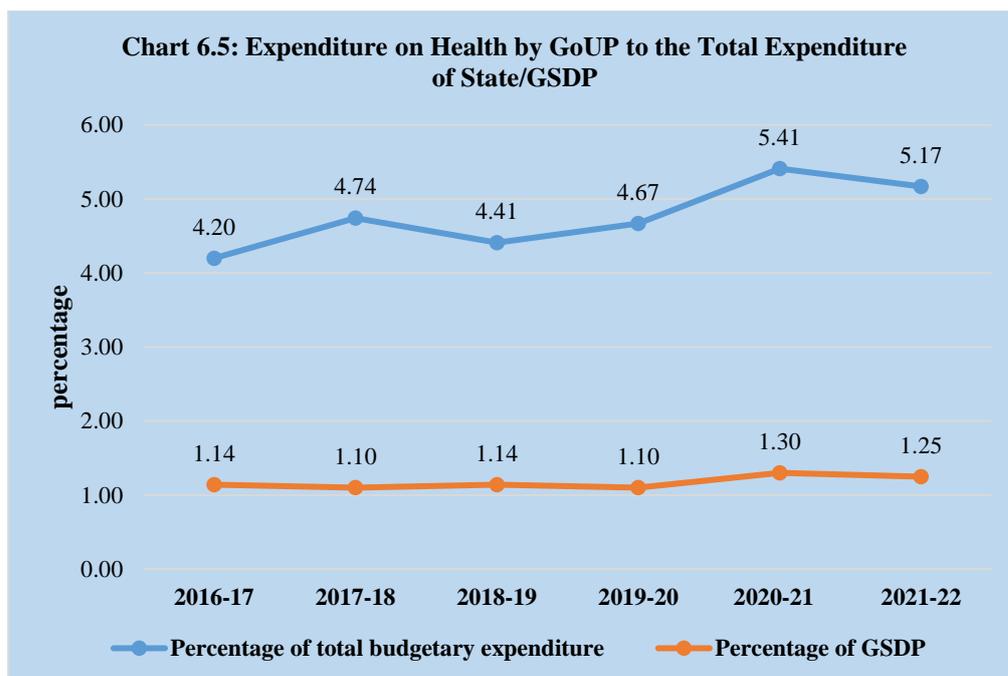
Health expenditure by the State Government as a percentage of GSDP of Uttar Pradesh during 2016-22 is given in **Table 6.8** and **Chart 6.5**.

Table 6.8: State Government healthcare expenditure vis-à-vis GSDP

(₹ in crore)

Year	GSDP of Uttar Pradesh	Government Healthcare expenditure	percentage of GSDP
2016-17	1288700	14652.31	1.14
2017-18	1439925	15860.89	1.10
2018-19	1582180	18091.30	1.14
2019-20	1700273	18671.02	1.10
2020-21	1648567	21429.82	1.30
2021-22	1863221	23223.24	1.25

(Source: Appropriation Accounts of respective years and Ministry of Statistics and Programme Implementation, Government of India)



(Source: Appropriation Accounts of respective years and Ministry of Statistics and Programme Implementation, Government of India)

The Government healthcare expenditure increased every year during 2016-22, however its percentage to total expenditure as well as GSDP during 2016-17 to 2021-22 had fluctuating trend. The healthcare expenditure as percentage of GSDP ranged between 1.10 and 1.30. Further, the healthcare expenditure of the State Government had compound annual growth rate of 9.65 per cent during 2016-17 to 2021-22. With this growth rate, the Government expenditure on healthcare would be ₹ 33,570 crore during 2025-26. However, the envisaged quantum of healthcare expenditure during 2025-26 at the level of 2.5 per cent of GSDP works out to ₹ 70,030 crore in view of State Government's GSDP projection of ₹ 28,01,228 crore in Medium Term Fiscal Restructuring Policy 2022. Thus, with the present growth rate of 9.65 per cent in healthcare expenditure, State Government would not even get closer to the target under NHP 2017.

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

6.4 Non-observance of financial propriety

There were several instances of non-observance of the financial propriety by the Health Department of Uttar Pradesh, which have been discussed in the succeeding paragraphs:

6.4.1 Lapsed budget

As per paragraph 174 of Uttar Pradesh Budget Manual, unnecessary or excessive re-appropriation has been viewed as financial irregularities.

- Scrutiny of records revealed that during 2020-21, ₹ 27 crore was re-appropriated (March 2021) to the Object Head-39 (Drugs and Chemicals) in Grant no.-32 for clearing the liabilities created in preceding years and

₹ 15.22 crore was released in three spells in March 2021 for payments of these liabilities. The remaining funds (₹ 11.78 crore) were not released as the payment of related claims required special audit or expenditure review. Thus, re-appropriation to the extent of ₹ 11.78 crore proved unnecessary.

- Audit further noticed that UPMSCL required (October 2020) additional funds for procurements of COVID-19 Rapid Antigen Kits and VTM Kits. In response, the Government sanctioned (December 2020) ₹ 250.00 crore (Grant no. 32: ₹ 145.00 crore and Grant no. 36: ₹ 105.00 crore) by re-appropriating the funds for procurements of COVID-19 Rapid Antigen Kits and VTM Kits under Object Head-39 (Drugs and Chemicals). The funds were provided to the UPMSCL by DGMH in December 2020. Audit observed that these re-appropriations proved unnecessary as the UPMSCL subsequently surrendered (March 2021) ₹ 247.96 crore under Object Head 39 (Drugs and Chemicals), which was 99 per cent of the re-appropriated funds. Thus, re-appropriation of excess funds without assessing the requirements not only led to lapse of budget but the budget controlling authority failed to exercise the due prudence as envisaged in the budget manual.

The Government (MHFW) stated (February 2023) that 2020-21 was COVID-19 pandemic year, which was a period of uncertainty and this fact should have been taken into the consideration while preparing the report.

6.4.2 Irregular withdrawal of advances from treasury

Financial Rules⁸ provide that no withdrawal from treasury should be made unless it is required for immediate use. GoUP order (October 1983) also stipulates that the funds which had been withdrawn from the treasury would be utilised by the end of the financial year.

Scrutiny of records revealed that UPMSCL was allotted Drawing and Disbursing Officer's code for withdrawal of money provided for procurement of drugs and equipment under Government Budget. However, State Government sanctioned advances to UPMSCL for procurement of drugs and equipment which were withdrawn from treasury but not fully utilised by UPMSCL till the end of the year. This led to unutilised balances of ₹ 62.96 crore (in 2018-19), ₹ 222.55 crore (in 2019-20), ₹ 352.64 crore (in 2020-21) and ₹ 423.27 crore (in 2021-22), which were kept in the bank accounts of UPMSCL to be utilised in the following year. Such transfer of money to UPMSCL without immediate requirement was also in violation of instructions (March 2018) issued by the State Government to administrative departments to stop the practice of keeping money under Personal Ledger Account after withdrawal from Consolidated Fund.

The Government (MHFW) stated that 2018-19 and 2019-20 were the initial years of UPMSCL. 2020-21 was the year of COVID-19 disaster and only

⁸ Paragraph 162 of Financial Handbook, Volume V (Part-I).

specific equipment were required. This fact should have been taken into consideration while preparing the report.

The fact remains that keeping the unspent funds in bank account of UPMSCL at the close of the year by withdrawing from treasury was not in consonance with the Financial Rules.

To sum up, the Government finances on health sector was not in consonance with the National Health Policy, 2017. Allocated funds remained unspent due to lack of absorption capacity both under revenue and capital. Substantial expenditure was booked under Object Head 42-Other Expenditure which vitiated transparency in budget and accounts of healthcare expenditure.

Recommendations:

State Government should:

- 22. follow the recommendations of the National Health Policy, 2017 to increase healthcare spending to more than eight per cent of the budget and 2.5 per cent of the GSDP;*
- 23. review the healthcare ecosystem in the State to identify the constraints/factors adversely impacting the absorptive capacity of funds, and make concerted efforts for their resolution;*
- 24. review indiscriminate use of Object Head-42 and ensure that all expenditure are in future booked under appropriate object heads for transparency in financial reporting.*

Chapter - VII

Implementation of Centrally Sponsored Schemes

Chapter- VII

Implementation of Centrally Sponsored Schemes

Health being a State subject, the Central Government supplements the efforts of the State Governments in delivery of health services through various schemes of primary, secondary and tertiary care. This Chapter analyses the implementation of some Centrally Sponsored health schemes, viz., *Janani Suraksha Yojana*, National Urban Health Mission, Family Welfare Scheme, National Mental Health Programme, *Kayakalp* programme, National Quality Assurance Programme, National Tobacco Control Programme, National Programme for Control of Blindness & Visual Impairment and National Programme for Health Care of the Elderly.

Audit objective: *Whether the Centrally Sponsored Health Schemes were implemented properly?*

Brief snapshot of the Chapter

- Budget provisions for implementation of the centrally sponsored health schemes were not fully utilised.
- The payment of cash assistance to pregnant women under *Janani Suraksha Yojana* in test-checked district was ranging between 51 *per cent* and 89 *per cent*. Audit noticed cases of double payments to same beneficiaries. In contradiction to the instructions, pregnant women were discharged from the hospitals within stipulated 48 hours of deliveries.
- Out of 131 cities in 75 districts of Uttar Pradesh covered under National Urban Health Mission, GIS mapping of 91 cities had been done leaving 40 cities (31 *per cent*) without mapping till February 2023. There were 12 Urban CHCs and 610 Urban PHCs in Uttar Pradesh covering total population 314.53 lakh.
- The shortage of drugs for mental health was ranging between 35 *per cent* and 95 *per cent* in DHMs whereas in CDHs, the shortage was ranging between 75 *per cent* and 85 *per cent*.
- Against the total number of 4,741 targeted public health institutions, only 87 (two *per cent*) were certified under National Quality Assurance Programme in the State.
- Under National Tobacco Control Programme awareness programme, the achievement in all types of institutions, such as, public school, private school and coaching institutes exceeded the target during 2016-22.

7.1 *Janani Suraksha Yojana*

Janani Suraksha Yojana (JSY), launched in April 2005 is a safe motherhood intervention under the National Rural Health Mission (NRHM) being implemented with the objective of reducing maternal and neo-natal mortality by promoting institutional delivery among the poor pregnant women. All pregnant women delivering in Government health centres like sub-centre, PHC/CHC/district hospitals or accredited private institutions are eligible for cash assistance ₹ 1,400 for rural areas and ₹ 1,000 for urban areas.

The budget provision and expenditure on JSY scheme in the State is given in **Table 7.1**.

Table 7.1: Budget provision and expenditure of JSY scheme in Uttar Pradesh

(₹ in crore)			
Year	Budget provision	Expenditure	Expenditure (%)
2016-17	511.29	444.25	87
2017-18	529.20	499.04	94
2018-19	532.21	472.40	89
2019-20	478.42	457.86	96
2020-21	519.61	444.37	86
2021-22	529.21	321.86	61
Total	3099.94	2639.78	85

(Source: SPMU, Uttar Pradesh)

As evident from **Table 7.1**, 85 per cent expenditure was incurred during 2016-17 to 2021-22. However, there was a declining trend in the expenditure from 96 per cent in 2019-20 to 61 per cent in 2021-22 though during this period there was an increasing trend under budget provision.

The status of number of institutional deliveries and incentives paid during the period 2016-17 to 2021-22 in test-checked districts is given in **Table 7.2**.

Table 7.2: Incentive paid under JSY in test-checked districts

Name of District	Number of institutional deliveries	Number of deliveries in which cash incentive was paid	Percentage of deliveries in which cash incentive was paid
Hamirpur	118508	105884	89
Jalaun	122563	105711	86
Kannauj ¹	168416	107165	64
Kanpur Nagar	210686	175547	83
Kushinagar ²	332757	247929	75
Lucknow	457054	231500	51
Saharanpur	202607	171044	84
Unnao	247868	194690	79

(Source: CMOs of test checked districts)

As evident from the **Table 7.2**, Hamirpur and Jalaun paid cash incentives to 89 per cent and 86 per cent beneficiaries, respectively, whereas the least performing district in terms of cash assistance to beneficiaries of JSY was Lucknow (51 per cent) followed by Kannauj (64 per cent). Further in none of the test checked districts, cash assistance was paid in case of all institutional deliveries indicating that 11 per cent to 49 per cent beneficiaries were deprived off the benefit.

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

7.1.1 Irregular payments in Janani Suraksha Yojana

Scrutiny of records and analysis of PFMS data revealed that double and triple payments were made to a single beneficiary in district Jalaun³ (double payments to 104 beneficiaries), Kanpur Nagar⁴ (double payments to 206 beneficiaries and triple payment to one beneficiary), Kushinagar⁵ (double payments to 482 beneficiaries and triple payments to eight

¹ Data for the year 2016-17 was not provided.

² Data for 2016-17 was not provided.

³ Data analysed for 2021-22.

⁴ Data analysed for 2021-22.

⁵ Data analysed for March 2021 to March 2022.

beneficiaries) and Unnao⁶ (double payments to 302 beneficiaries and triple payments to five beneficiaries)⁷ in short span of time (one month to eight months). These multiple payments indicates either delayed payments of earlier deliveries or irregular double payments. However, Audit faced constraints in verification of these payments as column for date of delivery was not available in PFMS payment sheet.

In response of the audit observation, CMO, Jalaun instructed (May 2022) for the verification of the cases of double payments and after verification, DWH Jalaun confirmed five cases of double payments to the same beneficiary for single delivery. Of which, recovery from two beneficiaries were made whereas in remaining three cases, letters were issued for the recovery of excess payments. CMOs Kanpur Nagar, Kushinagar, Unnao stated (May/July 2022 and February 2023) that the matter would be examined.

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

7.1.2 Early discharge of pregnant women from hospitals

As per the instructions issued (September 2018) by the Mission Director, NHM, Uttar Pradesh, Lucknow, pregnant woman was to stay at least 48-72 hours after delivery at a delivery point, being crucial period for her and neonatal.

The status of women not staying for at least 48 hours at hospital in the test checked districts⁸ during 2021-22 is given in **Table 7.3**.

Table 7.3: Total number of women discharged within 48 hours of delivery

Sl. No.	Name of District	Total number of institutional deliveries	Total number of women discharged within 48 hours	Percentage of women discharged within 48 hours
1	Unnao	50618	18227	36
2	Kushinagar	50053	6577	13
3	Kannauj	22378	19519	87
4	Hamirpur	19195	16887	88
5	Kanpur Nagar	34168	19841	58
6	Jalaun	21051	11683	55
7	Lucknow	44054	17597	40

(Source: CMOs of test checked districts)

Table 7.3 shows that in contradiction to the instructions of NHM, Uttar Pradesh, 88 per cent women in Hamirpur and 87 per cent women in Kannauj districts were discharged from the hospitals within stipulated 48 hours of deliveries. Further, in Jalaun and Kanpur Nagar districts, more than 50 per cent women were discharged within 48 hours of delivery. In Kushinagar, minimum 13 per cent women were discharged within 48 hours of delivery.

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

7.2 Immunization of children

Expanded Programme on Immunization was launched in 1978. It was renamed as Universal Immunization Programme in 1985 when its reach was expanded

⁶ Data analysed for January 2022 to January 2023.

⁷ The date of delivery was not mentioned in the data provided to Audit. Therefore, the authenticity of these double and triple payments not verifiable in Audit.

⁸ Data not provided in respect of Ghazipur and Saharanpur.

beyond urban areas. Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Ministry of Health and Family Welfare, Government of India provides several vaccines to infants, children and pregnant women through the Universal Immunization Programme.

7.2.1 Implementation of immunization programme in Uttar Pradesh

A child is said to be fully immunized if child receives all due vaccine as per national immunization schedule within 1st year age. As per Health Management Information System (HMIS) report⁹, the full immunization of children (nine months to 11 months) in Uttar Pradesh ranged between 86.4 per cent and 86.6 per cent during the period 2020-21 and 2021-22 respectively. As informed (April 2024) by SPMU, HMIS data on immunisation was of all Government hospitals as well as some private hospitals mapped with HMIS.

Further, the status of achievement vis-à-vis targets in immunization of DPT, Td10 and Td16 of five years to 16 years age of children is given in **Table 7.4**.

Table 7.4: Target and achievement in immunization of 5 to 16 years children

Year	DPT-5 II nd Booster		Td10		Td16		Achievement (in per cent)		
	Target	Achievement	Target	Achievement	Target	Achievement	DPT	Td 10	Td 16
2016-17	4810497	2485100	4659928	2249040	3843030	2486666	52	48	65
2017-18	4873711	2534898	4721156	2248888	3893521	2423293	52	48	62
2018-19	4842096	2511753	4690530	2201164	3868264	2323199	52	47	60
2019-20	4885393	3361725	4732472	3092560	3902853	3050837	69	65	78
2020-21	4907887	2578237	4754255	2171140	4643690	2222982	53	46	48
2021-22	4793748	2746813	3920824	2200060	3829641	2215219	57	56	58

(Source: SPMU, Uttar Pradesh)

Table 7.4 shows that achievements against the targets of Diphtheria Pertussis Tetanus (DPT) Booster II up-to 5-year children ranged from 52 per cent to 69 per cent, Tetanus & adult Diphtheria (Td) 10 for 10 years children ranged from 46 per cent to 65 per cent and Td 16 for 16 years children ranged from 48 per cent to 78 per cent during the period 2016-17 to 2021-22. This indicates fluctuating performance of the State vis-à-vis targets in terms of DPT-5 IInd booster, Td10 and Td16 immunisation.

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

7.2.2 Implementation of dose wise immunization programme

The vaccination administered to the infants (live birth) up to 24 months during the period 2016-22 in Uttar Pradesh is given in **Table 7.5**.

Table 7.5: Dose wise target and achievement of immunization programme

Name of Vaccine	Target	Achievement	Achievement (in per cent)
BCG	34563687	30130790	87
Hepatitis B – 0	19233394	11044212	57
OPV – 0	22709412	16403850	72

⁹ HMIS 2020-21 & 2021-22 (An analytical report) - Published by Government of India, Ministry of Health and Family Welfare

Name of Vaccine	Target	Achievement	Achievement (in per cent)
OPV 1	34563687	29042394	84
OPV 2	34563687	27739985	80
OPV 3	34563687	27688804	80
DPT 1, penta 1	34563687	29201413	84
DPT 2, penta 2	34563687	27940767	81
DPT 3, penta 3	34563687	27761558	80
Measles 1	34563687	29612756	86
Measles 2	32561546	24474020	75
Vitamin-A (1st dose)	34563687	26334655	76

(Source: SPMU, Uttar Pradesh)

It is evident from **Table 7.5** that performance of the vaccination in Uttar Pradesh to the infants (live birth) up to 24 months was between 57 per cent and 87 per cent. Minimum achievements were observed in vaccination of Hepatitis B-0 followed by OPV-0, Measles-2 and Vitamin-A (1st dose). The status of vaccination in test checked districts¹⁰ is given in **Table 7.6**.

Table 7.6: Achievements of immunization programme in test-checked districts

District	Target ¹¹	Achievement	Achievement (in per cent)
Hamirpur	2143190	1529277	71
Jalaun	3412039	2264972	66
Kannauj	2769352	1967217	71
Kanpur Nagar	9029021	7511534	83
Kushinagar ¹²	8364601	4498946	54
Lucknow	8275737	7185040	87
Saharanpur	7153470	6619582	93

(Source: CMOs of test checked districts)

Table 7.6 shows that in Saharanpur, 93 per cent achievement was made against the target for vaccination of infants (live birth) up to 24 months. However, Kushinagar (54 per cent) was the least performing district followed by Jalaun (66 per cent), Hamirpur (71 per cent) and Kannauj (71 per cent). Further, none of the district could achieve the target fully.

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

7.3 National Urban Health Mission

The National Urban Health Mission (NUHM), launched in May 2013, is a sub-mission of National Health Mission (NHM). NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment.

7.3.1 City mapping under NUHM

As per NUHM guidelines, city mapping was to be carried out through either GIS mapping or manual mapping to get an accurate map of the city with all geographic information relevant to NUHM.

Audit observed that in 75 districts of Uttar Pradesh, 131 cities were covered under NUHM. Of these 131 cities, GIS mapping of 91 cities had been done as

¹⁰ Data not provided in respect of Ghazipur and Unnao. Further, data for 2016-17 not provided in case of Kannauj.

¹¹ Target and achievement include vaccination of BCG, Hepatitis-0, OPV-0,1,2 and 3, DPT-1, 2 and 3, Measles-1 and 2, Vitamin-A (First Dose)

¹² Details of Vitamin-A (First Dose) was not provided.

onetime exercise in 2016-17 and 2017-18 leaving 40 cities (31 per cent) without mapping till February 2023. Further out of mapped 91 cities, maps of only 81 cities were available at State level. Further, all the test checked nine districts were covered in the GIS mapping.

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

7.3.2 Availability of UCHCs and UPHCs

As per NUHM guidelines, UCHCs were to cater to every 2.5 lakh population, whereas UPHCs were to be made operational with population of every 50,000 and were to be located preferably within a slum or near a slum area within half a kilometre radius, catering to a slum population of approximately 25,000-30,000.

As on March 2022, Uttar Pradesh had 12 UCHCs and 610 UPHCs covering 314.53 lakh population with slum area population of 142.88 lakh. As such, on an average one UCHC was catering to 26 lakh population whereas one UPHC was serving 0.52 lakh population against norms. The status of availability of UCHCs and UPHCs in the test checked districts¹³ is given in **Table 7.7**.

Table 7.7: Availability of UCHC and UPHC in the test checked districts

Name of the District	Number of		Population covered	Population per UPHC	Distance from nearest slum area
	UCHC	UPHC			
Hamirpur	0	2	136214	68107	1,000 to 2,000 meters
Jalaun	0	6	355889	59315	500 -700 meters
Kannauj	0	3	148901	49634	within 200 meters
Kanpur Nagar	0	50	3296927	65939	within 500 meters
Kushinagar	0	1	50000	50000	within 500 meters
Lucknow	8	52	3375024	64904	500 – 700 meters
Saharanpur	0	19	1021298	53753	500 -1,500 meters
Unnao	0	5	309922	61984	500 -1,000 meters

(Source: CMOs of test checked districts)

Table 7.7 shows that UCHCs were only available in district Lucknow where one UCHC was catering the population of 4.22 lakh. Though there was a need of UCHC in district Jalaun, Kanpur Nagar, Saharanpur and Unnao as per the requirement of NUHM, no UCHC was available in these districts. Further, out of nine test checked districts, UPHCs in six districts were catering more population than the required norms. It was also observed that UPHCs were located beyond the prescribed norms for distance, i.e., within a slum or near a slum area within half a kilometre radius, in Hamirpur, Jalaun, Lucknow, Saharanpur and Unnao¹⁴.

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

7.3.3 Outreach services and Orientation Workshop of NUHM

As per operational guidelines, Outreach Services are intended to serve as a road map for states to design and strengthen the monthly outreach sessions/Urban Health and Nutrition Days and Special Outreach Sessions to be

¹³ Data not provided in respect of Ghazipur.

¹⁴ Both UPHCs of Hamirpur, one UPHC of Jalaun, two UPHC of Lucknow, 12 UPHCs of Saharanpur and three UPHCs of Unnao.

held periodically as per the local requirements of the specific population subgroups.

Details of Outreach Sessions and Orientation workshops held at the State level and in the test checked districts during 2021-22 was as given in **Table 7.8**.

Table 7.8: Outreach Sessions and Orientation Workshops held in test-checked districts

Particulars	Target	Achievement	Shortfall	Shortfall (%)
Outreach session				
Uttar Pradesh	7320	1709	5611	77
Ghazipur	24	0	24	100
Hamirpur	24	0	24	100
Jalaun	72	0	72	100
Kannauj	36	3	33	92
Kanpur Nagar	600	27	573	95
Kushinagar	12	0	12	100
Lucknow	624	0	624	100
Saharanpur	228	0	228	100
Unnao	60	30	30	50
Orientation workshop				
Uttar Pradesh	Information not available at State level			
Jalaun	72	20	52	72
Kanpur Nagar	18	18	0	0
Lucknow	21	2	19	90
Unnao	60	60	0	0

(Source: SPMU, Uttar Pradesh and Test checked districts)

Table 7.8 shows that the shortfall in organising outreach sessions at State level was 77 per cent whereas in test-checked districts it was ranging between 50 and 100 per cent. The shortfall in the outreach sessions was mainly due to COVID-19. There was a shortfall of 72 per cent to 90 per cent in the districts Jalaun and Lucknow in organising orientation workshops¹⁵. Further, against the norms of one meeting per month, Kanpur Nagar and Lucknow sets the target of only 18 and 21 orientation workshops without citing any reason against the target of 600 and 624 orientation workshops, respectively.

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

7.4 Family Welfare Scheme

Family planning includes contraceptive services, spacing methods, permanent methods, emergency contraceptive pills, etc. Out of the above family planning methods, contraceptive services and spacing methods are discussed in the succeeding paragraphs:

7.4.1 Achievements under sterilization and spacing method

The expected level of achievement (ELA) and actual achievement of various components of family planning services in the State is given in **Table 7.9**.

¹⁵ Other selected districts (Ghazipur, Hamirpur, Kannauj, Kushinagar and Saharanpur) either did not provide information to audit or showed target and achievement as nil during the period 2021-22

Table 7.9: ELA and achievements of Sterilization and Spacing methods in the State during 2016-22

Family Planning methods	ELA (Figures in thousand)	Achievement (Figures in thousand)	Achievement (%)
Vasectomy	46.00	26.28	57
Tubectomy	3098.60	1714.35	55
IUCD insertion	8209.00	4436.25	54

(Source: SPMU, Uttar Pradesh)

Table 7.9 shows that under three family planning services, the actual achievement ranged between 54 *per cent* and 57 *per cent* of ELA. The status of ELA and achievement of various components of family planning services in test-checked districts is given in **Table 7.10**.

Table 7.10: ELA and achievements of Sterilization and Spacing methods in the test checked districts¹⁶ during 2016-22

District	Vasectomy			Tubectomy			IUCD insertion		
	ELA	A	A (%)	ELA	A	A (%)	ELA	A	A (%)
Hamirpur	279	222	80	23322	13936	60	91320	99056	108
Jalaun	254	213	84	29314	20495	70	81281	44688	55
Kannauj ¹⁷	74	31	42	2750	2212	80	13856	18961	137
Kanpur Nagar	10402	1504	14	98901	23869	24	137934	82431	60
Kushinagar ¹⁸	285	45	16	26023	19171	74	31059	48832	157
Lucknow	3611	2482	69	42539	19449	46	113070	63758	56
Saharanpur	5274	353	7	54561	13927	26	176960	91111	51
Unnao	3254	85	3	42062	16647	40	41430	32273	78
Total	23433	4935	21	319472	129706	41	686910	481110	70

(Source: CMOs of test checked districts) (A= Achievement, A (%) =Achievement (percentage))

Table 7.10 shows that overall achievement in sterilization cases was ranging between 21 *per cent* and 70 *per cent* during 2016-22 in test-checked districts. Minimum achievement was observed under vasectomy (21 *per cent*), followed by tubectomy (41 *per cent*) and IUCD insertion (70 *per cent*) indicating that the male population was not encouraged to adopt sterilisation.

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

7.4.2 Compensation to sterilization acceptors

Under the compensation package to acceptor of sterilization, woman who undergoes sterilization operation (tubectomy) in the Government Hospital gets ₹1,400 and man who undergoes sterilization operation (vasectomy) gets ₹2,000. Further, both man and woman who undergo sterilization operation in accredited private facilities get ₹1,000.

The details of sterilization acceptors and compensation paid to them during the period 2016-22 in test-checked districts are given in **Table 7.11**.

¹⁶ Data not provided in respect of Ghazipur.

¹⁷ Data provided for 2019-20 to 2021-22

¹⁸ Data for ELAs of vasectomy for 2016-18 and of tubectomy and IUCD for 2016-17 were not provided, therefore, achievement in these years have not been included in the table.

Table 7.11: Sterilization acceptors (tubectomy and vasectomy) in test-checked districts¹⁹ during 2016-22

Name of District	Vasectomy			Tubectomy		
	Number of Acceptors	Number of acceptors to whom compensation		Number of Acceptors	Number of acceptors to whom compensation	
		Paid	Not paid (per cent)		Paid	Not paid (per cent)
Hamirpur	222	222	0	13936	13936	0
Kanpur Nagar	1504	288	1216 (81%)	23869	17779	6090 (26%)
Kushinagar	105	105	0	22123	22123	0
Saharanpur	353	251	102 (29%)	13927	8922	5005 (36%)
Unnao	85	85	0	16647	16647	0

(Source: CMOs of test checked districts)

Table 7.11 shows that all sterilisation acceptors (Vasectomy and Tubectomy) were paid in Hamirpur, Kushinagar and Unnao whereas 81 *per cent* vasectomy acceptors and 26 *per cent* tubectomy acceptors were not paid in Kanpur Nagar. Similarly, in Saharanpur, 29 *per cent* vasectomy acceptors and 36 *per cent* tubectomy acceptors were not paid compensation. Since the objective of compensation scheme is to boost the participation of man and woman in family planning, it could not be denied that the objective of this scheme was not fully achieved due to non-payment in 12,413 cases of sterilisation acceptor.

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

7.4.3 Delay in settlement of claims under Family Planning Indemnity Scheme

Under Family Planning Indemnity Scheme, acceptors of sterilisation procedure are to provide claim upto maximum ₹ two lakh in case of death, failure and complication following sterilization. The stipulated time limit for settlement of claims²⁰ is 21 days in cases of failure, after submission of all required documents whereas claim limit is ₹30,000 in failure of sterilization.²¹

In Uttar Pradesh, total 55 cases (complications-21 and deaths-34) were reported during 2016-22. In test-checked districts, 208 cases of sterilisation failure was reported in Hamirpur (four cases), Jalaun (four cases), Kushinagar (65 cases), Lucknow (83 cases), Saharanpur (nine cases) and Unnao (43 cases)²² during 2016-22. Keeping in view total 1,07,025 cases of sterilisation (vasectomy and tubectomy) in these six test-checked districts, the percentage of failed cases (208) was 0.19 *per cent*. Audit further noticed that no cases were settled within the stipulated time limit of 21 days whereas claims in all nine cases were rejected in Saharanpur. Such delays in settlement of sterilisation failure cases may discourage the public from embracing these family planning measures.

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

¹⁹ Data not provided in respect of Jalaun, Kannauj, Lucknow and Ghazipur.

²⁰ Under Section-I of the scheme.

²¹ Under Para 6.6.

²² In Kannauj and Kanpur Nagar no case of failure was reported as per information made available to Audit. Data was not provided in respect of Ghazipur.

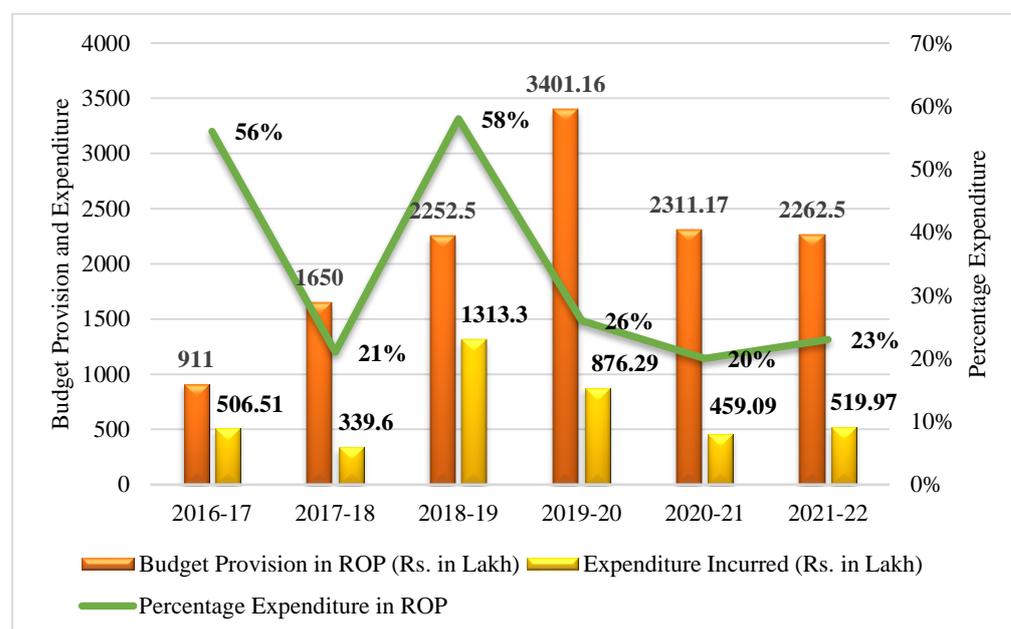
7.5 National Mental Health Programme

To address the huge burden of mental disorders and shortage of qualified professionals in the field of mental health, Government of India has been implementing National Mental Health Program (NMHP) since 1982. NMHP provides mental health services including preventive, promotion and long-term continuing care at different levels of district level health care system.

7.5.1 Utilization of funds under National Mental Health Programme

The status of budget provision and expenditure incurred on National Mental Health Programme (NMHP) during the period 2016-22 in Uttar Pradesh is given in **Chart 7.1**.

Chart 7.1: Budget provision and expenditure under NMHP during 2016-22



(Source: SPMU, Uttar Pradesh) (ROP – record of proceeding of NHM)

Chart 7.1 indicates that there was inter year variation in the utilization of NMHP fund which was ranging between 20 per cent and 58 per cent of the budget during 2016-22. As such, large portion of budgeted provisions for NMHP, especially during 2019-20 to 2021-22 remained unutilized.

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

7.5.2 Implementation of National Mental Health Programme

Availability of services under NMHP in 25 test-checked health institutions²³ (DHMs/CDHs/CHCs) is given in **Table 7.12**.

Table 7.12: Availability of mental health services in test-checked hospitals

Sl. No.	Particulars	Availability in out of		
		DHs (06)	CDHs (02)	CHCs (17)
1	Provisions of Outpatient services for walk-in-patient and patients referred by the PHC	6	2	13

²³ Data not provided in respect of Ghazipur.

Sl. No.	Particulars	Availability in out of		
		DHs (06)	CDHs (02)	CHCs (17)
	provided by MO.			
2	Availability of early identification, diagnosis and treatment of common mental disorders (anxiety, depression, psychosis, schizophrenia and Manic Depressive Psychosis).	6	2	Not applicable
3	Availability of in-patient services for emergency psychiatry illnesses.	4	2	Nil
4	Counselling services provided by the Clinical Psychologist/ Trained Psychologist.	6	2	2
5	Continuing care and support to persons with Severe Mental Disorder (SMD) provided to the patients. (This includes referral to district hospital for SMD patients and follow up based on treatment plan drawn up by the Psychiatrist at the district hospital).	5	2	1

(Source: Information provided by test-checked health institutions)

Table 7.12 shows that:

- Provisions of Outpatient services for walk-in-patient and patients referred by the PHCs were not available in four CHCs (Nawabganj, Fazil Nagar, Talgram and Hata).
- In-patient services for emergency psychiatry illnesses were not available in two DHs (Hamirpur and Unnao).
- Counselling services were available in only two selected CHCs (Chinhat and Aishbag).
- Continuing care and support to persons with Severe Mental Disorder (SMD) was not available in DH Hamirpur and in 16 selected CHCs (except CHC Puwarka).

In PHCs, as per the guidelines, there should be provision of OPD services for walk-in-patients and patients referred by Community Health Workers, continuing care and support to persons with SMD and Counselling services and help for ascertaining social care benefits. Audit observed that in none of the test checked 34 PHCs²⁴ had mental health services due to unavailability of related staff.

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

7.5.3 Availability of NMHP drugs in selected health institutions

As per instruction issued (May 2018) by Ministry of Health and Family Welfare, Government of India, 20 types of psychotherapeutic drugs/ medicines for seven types of mental health conditions should be available at DHs and 14 types of drugs should be available CHCs/PHCs. The status of the availability of mental health drugs in test-checked health institutions (DHMs: 06, CDHs: 02, CHCs: 17 and PHCs: 34), in 2021-22 is given in **Table 7.13**.

²⁴ Data not provided in respect of Ghazipur.

Table 7.13: Shortfall in mental health drugs in test-checked hospitals (2021-22)

Hospitals	No. of selected units	Total Drugs prescribed	Non-Availability	% Shortage
DHMs	6	20	7-19	35-95
CDHs	2	20	15-17	75-85
CHCs	17	14	11-14	79-100
PHCs	34	14	12-14	86-100

(Source: Information provided by test-checked hospitals)

Table 7.13 shows that the shortage of drugs in DHMs was ranging between 35 per cent and 95 per cent whereas in CDHs, the shortage was ranging between 75 per cent and 85 per cent. The minimum availability (one drug) was observed in DHM Hamirpur whereas maximum 13 drugs were available in DHM Saharanpur in 2021-22. In case of CHCs and PHCs, unavailability of drugs was even up to 100 per cent.

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

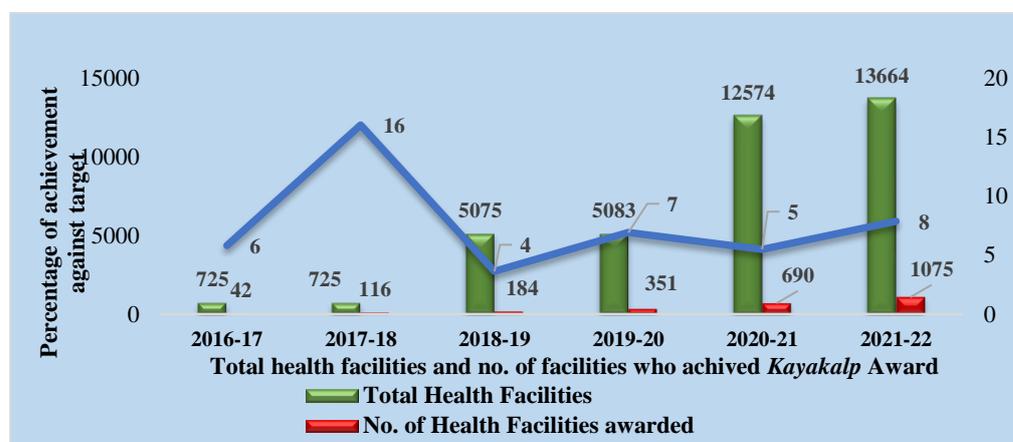
7.6 Kayakalp programme

After the launch of ‘Swachh Bharat Abhiyan (SBA)’ in October 2014, ‘Kayakalp’ initiative was launched by the Ministry of Health & Family Welfare in May 2015 with the objectives to:

- (i) promote cleanliness, hygiene and infection control practices in public healthcare facilities, through incentivising and recognising such public healthcare facilities that show exemplary performance in adhering to standard protocols of cleanliness and infection control;
- (ii) inculcate a culture of ongoing assessment and peer review of performance related to hygiene, cleanliness and sanitation;
- (iii) create and share sustainable practices related to improved cleanliness in public health facilities linked to positive health outcomes.

DHs, CHCs, PHCs and HWCs having achieved high levels of cleanliness, hygiene and infection control were to be recognised and felicitated with awards. Status of achievers under Kayakalp programme in the state and test-checked districts is given in **Chart 7.2**.

Chart 7.2: Status of achievers under Kayakalp programme in the state



(Source: SPMU, Uttar Pradesh)

It is evident from **Chart 7.2** that the percentage of achievement under *Kayakalp* programme²⁵ ranged between four *per cent* and 16 *per cent*. However, an increasing trend in the number of health facilities conferred with the award was observed which increased from 42 in 2016-17 to 1,075 in 2021-22.

Further, in test checked districts, audit observed that during 2018-21²⁶ the *Kayakalp* programme was rolled out for DHs, CHCs and PHCs and in the year 2021-22, HWCs were also included under the programme. Year wise break up showing the health institutions²⁷ vis-a-vis awarded under *Kayakalp* in eight test-checked districts is given in **Table 7.14**.

Table 7.14: Achievement under *Kayakalp* programme in test-checked districts during 2018-19 to 2021-22

District	2018-19		2019-20		2020-21		2021-22	
	HIs	A	HIs	A	HIs	A	HIs	A
Hamirpur	48	0	48	4	48	8	197	12
Jalaun	50	4	50	9	50	18	143	25
Kannauj	44	1	45	2	46	3	142	5
Kanpur Nagar	106	6	106	10	106	21	199	22
Kushinagar	71	1	71	03	71	06	356	08
Lucknow	103	11	103	13	107	20	186	19
Saharanpur	80	4	80	6	80	10	341	16
Unnao	66	0	66	5	67	5	231	5
Total	568	27 (5%)	569	52 (9%)	575	91 (16%)	1795	112 (6%)

(Source: Test checked districts) (HIs= Health Institutions, A= Achievement)

Table 7.14 shows increasing trend in achieving *Kayakalp* award during 2018-19 to 2020-21, was decreased in 2021-22. However, the percentage of health institutions receiving *Kayakalp* award was only up to 16 *per cent* which indicate that a large portion of health institutions could not achieve the intended objectives of the programme, such as, cleanliness, hygiene and infection control practices in public healthcare facilities, *etc.*

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

7.7 National Quality Assurance Programme

National Quality Assurance Standards (NQAS), launched in 2013, have been developed keeping in view the specific requirements for public health institutions as well global best practices. NQAS are currently available for DHs, CHCs and PHCs. These standards are meant for providers to assess their own quality for improvement as well as facilities for certification. Under National Quality Assurance Program, certifications are envisaged at state and national level of certification. Financial incentives are also given as per level and scope of certification.

The category wise certification during the period 2016-22 in the State is shown in **Table 7.15**.

²⁵ In 2016-17 and 2017-18 *Kayakalp* programme was only rolled out in selected DHs, CHCs and PHCs

²⁶ Figures of 2016-18 not taken in to consideration as during this period it was rolled out in selected DHs, CHCs and PHCs. Further, data in respect of Ghazipur was not provided to Audit.

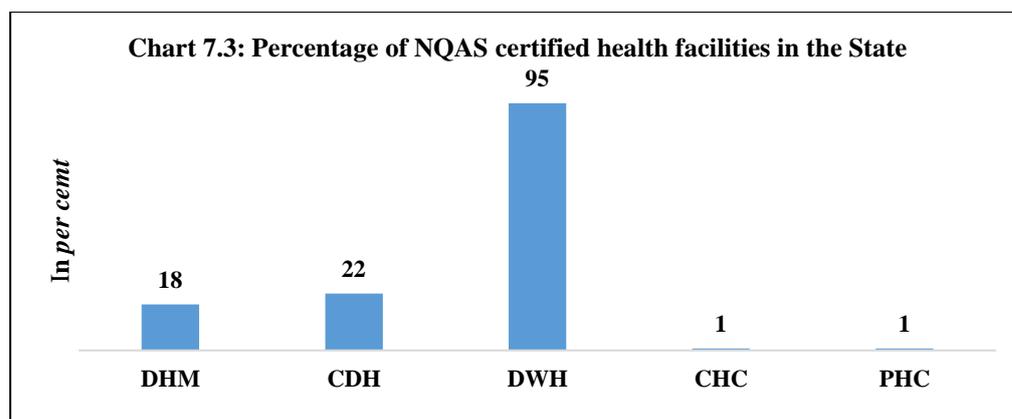
²⁷ During 2018-21, Total no. of DHs, CHCs and PHCs taken as target and in the year 2021-22 total no. of DHs, CHCs, PHCs and HWCs taken as target.

Table 7.15: Status showing number of hospitals received NQAS certificates in the State

Type of facility		2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
DH	Number of DHM	52	49	49	42	34	34
	NQAS certified DHM	0	0	0	0	01	05
CDH	Number of CDH	39	37	37	36	32	32
	NQAS certified CDH	0	0	0	0	01	06
DWH	Number of DWH	58	55	55	49	41	41
	NQAS certified DWH	0	01	02	05	10	21
CHC	Number of CHC	957	957	960	960	966	966
	NQAS certified CHC	0	0	0	0	02	05
PHC	Number of PHC	3651	3651	3654	3661	3667	3668
	NQAS certified PHC	0	0	0	03	07	18
Total Health Facilities		4757	4749	4755	4748	4740	4741
Total NQAS Certified Health Facilities		0	1	2	8	21	55 (total 87 during 2016-22)

(Source: DGMH and SPMU, Uttar Pradesh)

As evident from **Table 7.15**, against the total number of 4,741 public health institutions, only 87 (2 per cent) were NQAS certified. Further, the details of the percentage of health facilities received NQAS is shown in **Chart 7.3**.



(Source: DGMH and SPMU, Uttar Pradesh)

Chart 7.3 shows that the NQAS certification in DWHs was highest followed by CDHs and DHMs while in CHCs and PHCs it was at lowest level.

The status of NQAS certified hospitals in test-checked districts during 2021-22 is given in **Table 7.16**.

Table 7.16: NQAS certified hospitals in test-checked districts

District	DHM		DWH		CDH		CHC		PHC		UPHC	
	No. of HIs	NQAS certified HIs	No. of HIs	NQAS certified HIs	No. of HIs	NQAS certified HIs	No. of HIs	NQAS certified HIs	No. of HIs	NQAS certified HIs	No. of HIs	NQAS certified HIs
Hamirpur	01	00	01	01	No CDH		08	00	36	00	02	00
Jalaun	01	00	01	00	No CDH		08	00	34	00	06	00
Kannauj	Only CDH available				02	00	11	00	32	00	03	00
Kanpur Nagar	02	00	01	00	01	00	14	00	43	00	50	00
Kushinagar	Only CDH available				01	00	17	00	52	00	01	00
Lucknow	02	00	02	02	05	03	19	01	27	01	52	00
Saharanpur	01	00	01	00	No CDH		19	01	40	00	19	00
Unnao	01	00	01	01	No CDH		17	01	45	00	05	00
Total	08	00	07	04	09	03	113	03	309	01	138	00

(Source: Test checked districts)

As evident from **Table 7.16**, out of eight test checked districts²⁸, NQAS certificates were not issued to any of the health facilities in four districts. Only 11 out of 584 health institutions were NQAS certified in the selected districts with a shortfall of 98 *per cent*. Further, none of the DHMs and UPHCs in the selected districts was certified under NQAS scheme. Thus, the healthcare facilities in the State lacked standard practices.

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

7.8 National Tobacco Control Programme

Government of India launched the National Tobacco Control Programme (NTCP) in the year 2007-08, with the aim to (i) create awareness about the harmful effects of tobacco consumption, (ii) reduce the production and supply of tobacco products, (iii) ensure effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA), (iv) help the people quit tobacco use, and (v) facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control

The status of budget provision vis-à-vis expenditure on NTCP in Uttar Pradesh during 2016-17 to 2021-22 is given in **Table 7.17**.

Table 7.17: Budget provision and expenditure under NTCP in Uttar Pradesh

(₹ in crore)

Year	Budget Provision in ROP	Expenditure	Percentage of expenditure to budget provision
2016-17	30.01	6.30	21.00
2017-18	22.21	4.35	19.60
2018-19	31.82	16.00	50.29
2019-20	18.29	14.45	79.00
2020-21	22.65	7.42	32.74
2021-22	22.54	0.65	2.86
Total	147.52	49.17	33.33

(Source: SPMU, Uttar Pradesh)

Table 7.17 shows that utilisation of budget was very poor in the State as it could only utilise 33.33 *per cent* budgeted amount. Except for the year 2019-20, when 79 *per cent* budget was utilised, the utilisation in the remaining years was around 50 *per cent* and below. This shows that objective of the scheme to arrest the harmful effects of tobacco consumption through various measures suffered significantly.

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

School Awareness Programmes under NTCP

As per the operational guidelines of NTCP- School awareness programmes should be conducted to help the youth and the adolescents to acquire the knowledge, attitude and skills that are required to make informed choices and decisions and understand the consequences of tobacco use. Selection of the schools should be done carefully with a combination of government and private schools. Seventy schools in one district per year were to be adopted and included in the school awareness programme.

²⁸ Data in respect Ghazipur was not provided.

The status of target and achievement under school awareness programme at state level is given in **Table 7.18**.

Table 7.18: Target/Achievement in School Awareness Programme under NTCP

Year	Target			Achievement			Achievement (%)		
	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institute
2016-17	2250	2250	750	2362	2372	767	104.98	105.42	102.27
2017-18	2250	2250	750	2765	2640	797	122.89	117.33	106.27
2018-19	2250	2250	750	3401	3401	1103	151.16	151.16	147.07
2019-20	2250	2250	750	3024	2840	885	134.40	126.22	118.00
2020-21	2250	2250	750	2496	2495	779	110.93	110.89	103.87
2021-22	2250	2250	750	3181	3052	842	141.38	135.64	112.27

(Source: SPMU, Uttar Pradesh)

It is noteworthy that under awareness programme, the achievement in all types of institutions, such as, public school, private school and coaching institutes was more than the target during 2016-22. The status of target and achievement under school awareness programme in test-checked districts²⁹ is given in **Table 7.19**.

Table 7.19: Target/Achievement in School Awareness Programme under NTCP in test-checked districts

Year	Target			Achievement			Achievement (per cent)		
	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institutes	Public School	Private School	Coaching Institute
2016-17	140	140	40	112	108	40	80	77	100
2017-18	115	115	65	116	114	65	101	99	100
2018-19	110	115	70	112	118	65	102	103	93
2019-20	190	180	65	172	163	30	91	91	46
2020-21	190	180	30	169	131	30	89	73	100
2021-22	205	195	50	317	211	50	155	108	100

(Source: CMOs of test checked districts)

As evident from **Table 7.19**, achievement in school awareness programmes ranged between 80 *per cent* and 155 *per cent* for public schools, 73 *per cent* to 108 *per cent* for private schools and 46 *per cent* to *per cent* for coaching institutes during the year 2016-22.

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

7.9 National Programme for Control of Blindness and Visual Impairment

The National Programme for Control of Blindness & Visual Impairment (NPCBVI) was launched in the year 1976 as a 100 *per cent* centrally sponsored programme. NPCBVI aimed to reduce the prevalence rate of blindness to 0.3 *per cent*. The programme involved four-pronged strategy comprising strengthening service delivery, developing human resources for eye care, promoting outreach activities and public awareness and developing institutional capacity.

The status of budget provision and expenditure incurred on NPCBVI under NHM during the period 2016-17 to 2021-22 is given in **Table 7.20**.

²⁹ Data for the period 2016-22 by Hamirpur and for the period 2016-19 by Kushinagar and Unnao were not provided. Data not provided for Ghazipur

Table 7.20: Budget provision and expenditure under NPCBVI at State level
(₹ in crore)

Year	Budget Provision in ROP	Expenditure incurred	Expenditure (%)
2016-17	24.82	18.12	73
2017-18	67.66	29.46	44
2018-19	91.76	41.41	45
2019-20	99.35	42.42	43
2020-21	85.83	17.86	21
2021-22	86.02	20.35	24
Total	455.44	169.62	37

(Source: SPMU, Uttar Pradesh)

Table 7.20 shows that the State Government failed to utilise budget provision approved by the Government of India under NPCBVI during 2016-17 to 2021-22, as the State Government could utilise only 37 per cent of the GoI funds indicating poor implementation of the scheme.

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

7.10 National Programme for Health Care of the Elderly

The National Programme for the Health Care for the Elderly (NPHCE) is an articulation of the international and national commitments of the Government as envisaged under the UN Convention on the Rights of Persons with Disabilities (UNCRPD), National Policy on Older Persons (NPOP) adopted by the Government of India in 1999 & Section 20 of "The Maintenance and Welfare of Parents and Senior Citizens Act, 2007" dealing with provisions for medical care of Senior Citizen.

The budget provision and expenditure incurred on National Programme for Health Care of the Elderly (NPHCE) by the Uttar Pradesh during the period 2016-17 to 2021-22 is given in **Table 7.21**.

Table 7.21: Budget provision and expenditure under NPHCE in Uttar Pradesh

Year	Budget Provision	Expenditure	Percentage of expenditure to budget provision
2016-17	25.51	8.68	34.02
2017-18	4.05	0.71	17.63
2018-19	21.40	15.72	73.45
2019-20	6.40	7.15	111.76
2020-21	8.52	3.15	37.04
2021-22	6.97	0.50	7.12
Total	72.85	35.91	49.30

(Source: SPMU, Uttar Pradesh)

It is evident from **Table 7.21** that against the budget provision of ₹ 72.85 crore, ₹ 35.91 crore (49.30 per cent) could be utilized on NPHCE indicating that appropriate measures were not taken for healthcare of elderly. The services provided under the scheme has been discussed under Paragraph 5.4.7 of the Report.

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

To sum up, budget provided for implementation of the centrally sponsored health schemes were not fully utilized. Janani Suraksha Yojana had suffered with high percentage of women not retained in the hospitals for prescribed 48 hours after delivery whereas under Immunization scheme, target for vaccination of infants remained unachieved. Thirty one per cent cities in the State were not mapped for providing healthcare in urban areas, especially for slum dwellers as there was a huge shortfall of UCHCs under National Urban Health Mission. There was shortfall of services and drugs under National Mental Health programme. Hospitals were lacking hygiene and also lagging behind in observing best practices due to which low percentage of hospitals could get Kayakalp award and National Quality Assurance Programme certificates. However, the achievement in School Awareness Programmes under National Tobacco Control Programme was more than the target.

Recommendations:

State Government should:

- 25. monitor effectively implementation of Centrally Sponsored health schemes to achieve the targeted objectives and utilize the available fund optimally;*
- 26. map all the cities in the State to get information regarding all health care facilities available and increase the number of UCHCs and UPHCs as per norm to provide healthcare in urban slum areas.*

Chapter - VIII

Adequacy and Effectiveness of the Regulatory Mechanisms

Chapter- VIII

Adequacy and Effectiveness of the Regulatory Mechanisms

This chapter provides the status of observance of various regulations in the test-checked hospitals, such as, Bio-Medical Waste Management Rules, 2016, National Disaster Management Guidelines for Hospital safety, Uttar Pradesh Fire Prevention and Fire Safety Act, 2005, Clinical Establishments (Registration and Regulation) Act, 2010, Standards for Blood Banks & Blood Transfusion Services, 2007 of National Aids Control Organisation (NACO) and Atomic Energy (Radiation Protection) Rules, 2004.

Audit objective: *Whether regulatory mechanisms in the Government hospitals were adequate?*

Brief snapshot of the Chapter

- Under the Bio-Medical Waste Management Rules, 2016, every occupier or operator handling bio-medical waste, irrespective of the quantity was required to obtain authorisation from the State Pollution Control Board. However, 72 per cent test-checked health care facilities were running without mandatory authorisation from the State Pollution Control Board.
- Health Care Facilities were required to establish a bar-code system by March 2019 for effective management of bio-medical waste to account and track the waste being sent out of the premises and disposed through Common Bio-medical Waste Treatment Facility. However, only two (13 per cent) out of 16 test-checked DHs were following the bar-code system. Further, it was not being followed in any of the 19 test-checked CHCs.
- National Disaster Management Guidelines for Hospital Safety, 2016 requires that hospitals shall acquire no objection certificate (NOC) from the Chief Fire officer. However, 88 per cent test checked DHs, all test checked CHCs and PHCs did not obtain NOC from Chief Fire Officer.
- None of the test checked health care facilities were registered under Clinical Establishments (Registration and Regulation) Act, 2010.
- Out of nine test checked DHs having blood bank, three DHs (33 per cent) were functioning without valid blood bank license.
- Out of 16 test-checked DHs, 10 District Hospitals were equipped with the X-ray machines, however, four hospitals (40 per cent) did not have Atomic Energy Regulatory Board (AERB) license for operation of X-ray machines.

8.1 Introduction

Regulation represents a key means by which a government gives effect to its health policy preferences, especially through the exercise of a government's law-making powers. The last three decades have seen major changes to the way that governments organize themselves, provide services and make and implement policy. A range of decisions that were once taken by Governments are now taken by regional and local governments, autonomous public sector agencies, private firms, non-governmental organizations and individuals. As a

result, regulation has grown in importance as a key lever for governments to affect the quantity, quality, safety and distribution of services in health systems.

Audit has covered various regularity issues which a hospital needs to comply with as discussed in the succeeding paragraphs.

8.1.1 Bio-medical Waste

According to the Bio-Medical Waste Management Rules, 2016, bio-medical waste means any waste, which is generated during the diagnosis, treatment or immunization of human beings or animals or research activities pertaining thereto or in the production or testing of biological or in health camps. Para 10 of the Rules stipulates that every occupier or operator handling bio-medical waste, irrespective of the quantity shall make an application in Form II to the prescribed authority, *i.e.*, State Pollution Control Board and Pollution Control Committee, as the case may be, for grant of authorisation and the prescribed authority shall grant the provisional authorisation in Form III and the validity of such authorisation for bedded health care facility and operator of a common facility shall be synchronised with the validity of the consents.

As per information provided (May 2022) by the Directorate of Medical Health Services, out of 31,474 Health Care Facilities (HCFs) in the State (Private 26234, Government 5240) as of December 2020, 26030 (Private 21,680, Government 4,350) HCFs (83 *per cent*) had the authorisation from Uttar Pradesh Pollution Control Board (UPPCB).

Further, seven¹ out of 16 test checked DHs, 11² out of 19 CHCs³ and 35⁴ out of 38 test checked PHCs were running without mandatory authorisation from UPPCB for management of generated Bio-medical waste. In GMC, Ambedkar Nagar, the college authority did not obtain the requisite authorisation from UPPCB till 15 November 2019 and was operating incinerator in the premises for the disposal of BMW whereas GMC, Meerut did not have Authorisation from UPPCB. As a result, these hospitals were not complying with the rules governing management of the waste generated during the diagnosis, treatment or immunization of human beings, though they were accountable to ensure management of bio-medical waste in accordance with the Rules.

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

8.1.1.1 Disposal of the Bio-Medical Waste

As per Guidelines issued by the Central Pollution Control Board (CPCB) for Bar Code System for Effective Management of Bio-Medical Waste, the Bio-Medical Waste Management Rules, 2016 stipulated that it was the duty of

¹ Combined District Hospital, Kushinagar, DWH Ghazipur, DHM and DWH Jalaun, DHM Kanpur Nagar, DHM Lucknow and DHM Saharanpur.

² CHCs Fazilnagar, Hata (Kushinagar), Muskara, Sarila (Hamirpur), Talgram, Chhibramau (Kannauj), Puwarka (Saharanpur), Kadaura (valid upto 04/2021), Jalaun (valid upto 04/2021) (Jalaun), Sarsaul (Kanpur Nagar) and Aishbagh (Lucknow).

³ Records of BMW not made available to Audit of CHC Bhadaura, Saidpur (Ghazipur).

⁴ PHC Katehru, Pansariya, Sikadarpur Karn (Unnao), Jaura bazar, Koilaswa, Sakrauli, Mahuadih (Kushinagar), Anauni, Gorkha, Bara, Deval (Ghazipur), Biwar, Bihuni, Jalalpur, Puraini (Hamirpur), Ata, Parasan, Urgaon (Jalaun), Meharban Singh Ka Purwa, Dyodhighat, Pali, Gujaini (Kanpur Nagar), Baisapur, Amolar, Prempur, Sikandarpur (Kannauj), Rahimabad, Kasmandi Kalan, Poorab Gaon, Juggaour, Naka (Lucknow), Devla, Halalpur, Pilkhani, Qutubpur (Saharanpur).

every HCF to establish a Bar-code System by 27 March 2019 to account and track the waste being sent out of the premises and disposed through Common Bio-medical Waste Treatment Facility (CBMWTF). The Bar Code System is required to be established by operator of a CBMWTF with mandatory participation of HCFs. The Bar Code System serves as an important tool for regulatory authorities especially for tracking of Bio-medical Waste from source of its generation to its ultimate disposal. Bar Code System would also help in controlling the pilferage of recyclable Bio-medical waste.

Out of two test checked GMCs, GMC Meerut commenced Bar-code system for disposal of BMW in April 2021. GMC, Ambedkar Nagar was not required to implement Bar-code system as incineration of BMW was being done by in-house facility.

Out of 16 test checked DHs, only DHM and DWH Lucknow were following the Bar-code system leaving a large number of test-checked hospitals without having necessary system of bar coding. Further, it was not being followed in all 19 test checked CHCs. In absence of bar-code system, possibility of pilferage/mis-management of recyclable Bio-medical waste could not be ruled out.

Disposal of BMW was being carried out through burial pit in 31 PHCs out of 38 test-checked PHCs. In Saharanpur, two⁵ PHCs used to send BMW in CHCs concerned for disposal and in five⁶ PHCs, disposal was being done through outsourced operators.

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

Case study: Improper disposal of Bio-Medical Waste

Scrutiny of records of DGMH and further information collected from districts revealed that a firm (M/s Biomedical Waste Disposal Agency, Mathura) was engaged for collection and disposal of BMW from 30 March 2019. The plant site for disposal of BMW was located at Mathura. However, due to breach of BMW conditions, UPPCB sealed the plant site vide its order dated 22 August 2019, which was reopened by the UPPCB in January 2020 after getting the penalty deposited by the firm. Audit observed that though the site had been sealed, the firm collected BMW from various hospitals in district Mathura, Kasganj and Aligarh during the intervening period of August 2019 and January 2020, disposal of which was not possible due to sealing of plant site. As such, unhygienic and unsafe dumping of BMW at a place(s) without having a disposal plant could not be ruled out.

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

8.2 Presence of stray animals in hospital premises

As per 'Guidelines for Management of Healthcare Waste as per Biomedical Waste Management Rules, 2016', health care facilities will ensure that there is no stray animal in the health care facility premises. Audit, however, noticed

⁵ PHC Pilkhani and Kutubpur.

⁶ PHC Halalpur (Saharanpur), Meharban Singh Ka Purwa and Gujaini (Kanpur Nagar), Naka and Gadhi Kanaura (Lucknow).

several instances of presence of stray animals in the premises of the test-checked hospitals as depicted in following photographs:

	
<p>Stray animals in the compound of DHM Unnao</p>	<p>Stray dog in OPD registration area of CDH Kushinagar</p>
	
<p>Stray dog in IPD area of DHM Saharanpur</p>	<p>Stray animals in the compound of PHC Dewal, Ghazipur</p>

Thus, the measures to prevent entering of stray animals in the hospital premises was not sufficient enough. Resultantly patients, their attendants and the hospital staff were not only exposed to risk of infection but also injury.

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

8.3 Fire safety

As per National Disaster Management Guidelines for Hospital Safety (February 2016), all healthcare facilities shall be so designed, constructed, maintained and operated so as to minimize the possibility of a fire emergency requiring the evacuation of occupants, as safety of hospital occupants cannot be assured adequately by depending on evacuation alone. Hence measures shall be taken to limit the development and spread of a fire by providing appropriate arrangements within the hospital through adequate staffing and careful development of operative and maintenance procedures. Hospitals shall acquire No Objection Certificate (NOC) from the Chief Fire officer.

Further, Uttar Pradesh Fire Prevention and Fire Safety Act, 2005 provides that every building likely to be used for a purpose such as medical or other treatment or care of persons suffering from physical or mental illness, diseases or infirmity shall submit plan and obtain a permission from entity authorized by the GoUP that safety from fire is reasonably attainable in practical and can be achieved.

Audit observed that, 14⁷ out of 16 test checked DHs, all 19 test checked CHCs and 38 PHCs did not obtain NOC from the Chief Fire Officer. Further, in GMC, Meerut installation of firefighting system was initiated in December 2015 to be completed by March 2018. However, the installation work was abandoned midway and therefore could not be installed as of May 2022. In GMC, Ambedkar Nagar, NOC was not obtained from the fire department. Thus, not only the provisions of the guidelines were not followed but this was also fraught with the risk of fire hazard in the hospitals.

The Government (MET) stated (November 2022) that the contractor for installation of fire safety in GMC Meerut had been blacklisted by the executing agency (UPSIDCO). The Government has now nominated a new executing agency (UPPCL) for the work and the estimates for the work has been sent to the Government for approval. However, reply of the MHFW Department was awaited (August 2024) despite reminders.

8.4 Clinical Establishments Act

The Clinical Establishments (Registration and Regulation) Act, 2010⁸ has been enacted by the Central Government to provide for registration and regulation of all clinical establishments in the country with a view to prescribe the minimum standards of facilities and services provided by them. The Act is applicable to all types (both therapeutic and diagnostic types) of Clinical Establishments from the public and private sectors, belonging to all recognized systems of medicine, including single doctor clinics⁹. As per the Act, no person shall run a clinical establishment unless it has been duly registered in accordance with the provisions of this Act. The Clinical Establishment Act, 2010 stipulates that the existing establishment shall prefer an application for its registration within one year from the date of commencement of the Act and a clinical establishment which comes into existence after commencement of this Act, shall apply for permanent registration within a period of six months from the date of its establishment.

Uttar Pradesh has notified the Uttar Pradesh Clinical Establishments (Registration and Regulation) Rule, 2016 under this Act in July 2016. The State Government further issued (November 2021) orders for registration of hospitals having more than 30 beds under this Act which was revised in January 2022 by relaxing the norm for registration of hospitals having more than 50 beds.

As per data available on the website of the Ministry of Health and Family Welfare, Government of India as on 6 December 2022, 617 clinical establishments (including 611 allopathic clinical establishments) were registered under the Clinical Establishment Act, 2010 in Uttar Pradesh.

Audit observed that test checked hospitals, viz., two GMCs, 16 District hospitals, 19 CHCs and 38 PHCs were not registered under Clinical

⁷ District Male Hospital, District Female Hospital (Unnao), Combined District Hospital (Kushinagar), District Male Hospital, District Female Hospital (Ghazipur), District Male Hospital, District Female Hospital (Hamirpur), District Male Hospital, District Female Hospital (Jalaun), District Male Hospital, District Female Hospital (Kanpur Nagar), District Male Hospital, District Female Hospital (Saharanpur), Veerangana Avanti Bai (DWH), Lucknow.

⁸ GoI has notified the National Council for Clinical Establishments and the Clinical Establishments (Central Government) Rules, 2012 under this Act vide Gazette notifications dated 19th March, 2012 and 23rd May, 2012 respectively.

⁹ Not applicable on the hospitals run by the Armed forces.

Establishments (Registration and Regulation) Act, 2010¹⁰. This shows that concerned authorities had not got these government hospitals registered under the Act even after a lapse of six years since notifying the Uttar Pradesh Clinical Establishments (Registration and Regulation) Rule, 2016.

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

8.5 Blood bank licenses

As per Standards for Blood Banks & Blood Transfusion Services, 2007 of National Aids Control Organisation (NACO), all blood banks should be licensed by State Drug Controller and approved by Drugs Controller General (India) and should be regulated by Drugs and Cosmetics Act, 1940 and rules thereunder. Drugs and Cosmetics Rules, 1945 also provides rules regarding licencing of blood banks/processing of whole human blood for components/manufacture of blood products for sale or distribution.

Audit observed that licence of blood bank of GMC Ambedkar Nagar¹¹ expired in January 2022. Further, two District Hospitals¹² and one Combined District Hospital¹³ (33 per cent) out of nine test checked district hospitals were functioning without valid license. Applications for renewal of the license were given by the CDH Kushinagar, DHM Saharanpur and DHM Unnao to the competent authority but licence were not renewed (March 2022). Thus, operation of blood banks without having valid licences was against the provisions of NACO and Drugs and Cosmetics Act.

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

8.6 Compliance with Radiation Protection Rules

Atomic Energy (Radiation Protection) Rules, 2004 provides that no person shall, without a licence, establish a radiation installation for siting, design, construction, commissioning and operation; and decommission a radiation installation. Further, an authorisation shall be necessary for sources and practices associated with the operation of medical diagnostic X-ray equipment.

Scrutiny of records revealed that out of 16 test-checked DHs, 10 and eight District Hospitals were respectively equipped with the X-ray machines and CT scan machines. However, four hospitals¹⁴ did not have AERB license for operation of X-ray machines. CT scan facility was being provided through PPP mode and license was obtained from AERB.

Further, both test-checked GMCs were operating X-ray machines and CT scanner for patient diagnosis without having license for operation from AERB. In GMC, Meerut, NOCs¹⁵ from AERB for operation of Cobalt 60 machine were

¹⁰ As per the information provided by the CMO, Kanpur Nagar 37 Private Hospitals were registered under this Act in 2021-22.

¹¹ License of blood bank available in GMC Meerut.

¹² District male hospital, Unnao and District male hospital, Saharanpur

¹³ Combined district hospital, Kushinagar.

¹⁴ DHM (Unnao), DHM (Jalaun), CDH (Kushinagar) and DHM Saharanpur.

¹⁵ 1- Authorisation certificate for new Cobalt 60 source. 2. Procurement certificate for new Cobalt 60 source. 3. NOC for safe disposal of old Cobalt 60 source. 4. Registration of Radiation Oncologist. 5. Updation of newly appointed professionals. 6. Registration of all newly appointed professionals. 7. Site map approval of new linear accelerator which is to be procured under PMSY. 8. Procurement and license for all new radiation emitting equipment including Cath lab. 9. NOC for safe disposal of unused Cs-137 sources. 10. Updation of new licensee etc.

required while changing the Teletherapy Source Product. However, out of ten issues, NOCs from AERB for only seven issues were obtained by the GMC. Further, the Cobalt machine¹⁶ could not be made functional till March 2022 due to non-replacement of old radioactive material.

Catheterisation lab, commonly known as a Cath lab, is used for several tests, procedures and pacemaker implant which requires AERB license for its operation. Audit observed that in GMC, Meerut, a Cath Lab was functional under Cardiology department since 2020-21 without having license from AERB. It was further observed that 969 angiographies were performed in the Cath Lab during March 2021 to March 2022.

Thus, operation of radiological equipment/ machines without valid licenses was not only against the rules but was also fraught with the risk of radiation exposure to the patients, doctors and technicians.

The Government (MET) stated (November 2022) that in GMC, Meerut, Cobalt-60 machine was operationalised in May 2022. However, it was not functioning for past few months due to unavailability of radio safety officer. Government had attached one radio safety officer from JK Cancer Institute, for operationalisation of Cobalt-60 machine. All the formalities would be completed as per the standards of the AERB by removing difficulties. MHFW Department's reply was awaited (August 2024) despite reminders.

To sum up, compliances to various regulations, viz., Bio-Medical Waste Management Rules, Clinical Establishment Act, Atomic Energy (Radiation Protection) Rules, etc., were not complied with in majority of hospitals.

Recommendations:

State Government should:

- 27. ensure availability of adequate fire safety measures in case of short circuits and fire hazards especially in ICUs;***
- 28. ensure that all utilities generating bio-medical waste comply with the provisions under Bio-Medical Waste Management Rules, 2016 and take strict action against healthcare facilities violating these Rules;***
- 29. ensure hygiene and prevent access of stray animals in the hospitals premises;***
- 30. ensure adherence of various regulations, viz., Clinical Establishment Act, radiation safety, etc., by the State Government hospitals.***

¹⁶ Non-functional since May-2015.

Chapter - IX

Sustainable Development Goal - 3

Chapter- IX

Sustainable Development Goal 3

This Chapter captures the significance of the Sustainable Development Goal 3 which deals with the health and wellbeing conditions of people coupled with value of some key indicators in respect of Uttar Pradesh as compared with all India average.

Audit objective: *Whether the spending on health has improved the health and wellbeing conditions of people as per SDG 3?*

Brief snapshot of the Chapter

- Government of Uttar Pradesh has developed (July 2019) ‘Sustainable Development Goals-Vision 2030’ which *inter alia* envisages to achieve healthy lives and well-being for all at all ages by building a resilient health system. Department of Medical Health & Family Welfare was declared (June 2020) as the nodal department for SDG 3 by the Planning Department of Uttar Pradesh at the State level.
- As against budget provisions of ₹ 18,253.22 crore for programmes related to SDG 3, ₹ 13,094.06 crore (71.74 per cent) was sanctioned by the State Government. However, even the sanctioned funds could not be utilised fully as the expenditure incurred during 2017-21 on SDG 3 was ₹ 9,650.88 crore (73.70 per cent).
- At national level, against 40 indicators for SDG 3, values for 38 indicators were available as per SDG Progress Report 2022-Uttar Pradesh. However, values of only 27 indicators were available at the State level.
- SDG 3 has set a target to reduce the Maternal Mortality Rate (MMR) from the current level to below 70 per lakh live births by 2030. State Government had set a target to achieve MMR to 140 per lakh live births by 2020 as per Vision 2030. However, as per SRS 2018-20 (published in November 2022), MMR was 167 per lakh live births in Uttar Pradesh against the national average of 97 per lakh live births.
- Institutional deliveries in Uttar Pradesh have improved from 67.8 per cent (NFHS¹-4: 2015-16) to 83.4 per cent (NFHS-5: 2019-21). Further, under the indicators (Neo-natal Mortality Rate, Infant Mortality Rate and Under 5 Mortality Rate) of child health, there was improvement from NFHS 4 (2015-16) to NFHS 5 (2019-21). Sex ratio at birth in Uttar Pradesh has improved from 903 (NFHS 4: 2015-16) to 941 (NFHS 5: 2019-21).

9.1 Introduction

The United Nations General Assembly adopted the resolution ‘Transforming our world: the 2030 Agenda for Sustainable Development’ on 25 September 2015. India is committed to 2030 Agenda and SDGs were to be taken key contours of envisioning development up to local level. The Government of Uttar

¹ National Family Health Survey.

Pradesh has framed (July 2019) ‘Sustainable Development Goals-Vision 2030’ for the implementation of SDG in the State.

Sustainable Development Goal 3 (SDG 3) seeks to ensure health and well-being for all, at every stage of life. Vision-2030 of Uttar Pradesh *inter alia* envisages to achieve healthy lives and well-being for all at all ages by building a resilient health system through people centred, evidence-based, equity-driven, inter-departmental and inter-sectoral collaborative approaches to guarantee preventive, promotive, diagnostic, curative, rehabilitative and palliative care across all levels of service provision and through the life course.

Department of Medical Health & Family Welfare was declared (June 2020) as the nodal department for implementation of SDG 3 by the Planning department of Uttar Pradesh at the State level. At the district level, CMO was declared as nodal officer for implementation and monitoring of SDG 3.

9.2 Resource mobilisation

9.2.1 Mobilisation of financial resources

To meet the physical targets and achieve higher place among States, budget allocations were to be linked with the SDG 3 goal. Accordingly, the State Government made budget provisions to cater to the need of achieving various targets under different schemes. The budget provisions *vis-à-vis* expenditure under various schemes of SDG 3 in Uttar Pradesh for the period 2017-21² are given in **Table 9.1**.

Table 9.1: Budget provisions *vis-à-vis* expenditure for SDG 3 (2017-21)

(₹ in crore)

Year	Budget provisions	Funds sanctioned	Expenditure	Percentage of expenditure (4/3*100)
1	2	3	4	5
2017-18	3265.53	3011.95	2312.15	76.77
2018-19	4953.45	4145.00	2893.79	69.81
2019-20	5243.22	2944.03	2367.81	80.43
2020-21	4791.02	2993.08	2077.13	69.40
Total	18253.22	13094.06	9650.88	73.70

(Source: DGMH)

It may be seen from above that during 2017-21, against the budget provisions of ₹ 18,253.22 crore for programmes related to SDG 3, ₹ 13,094.06 crore (71.74 *per cent*) was sanctioned by the State Government. However, even the sanctioned funds could not be utilised fully as the expenditure incurred during 2017-21 on programme related to SDG 3 was ₹ 9,650.88 crore (73.70 *per cent*). Further, except 2019-20, there was a declining trend in the percentage utilisation of funds during the same period. Moreover, the health budget of the State was also not at par with the envisaged allocation of eight *per cent vis-à-vis* total budget of the State by 2020, as the allocation was ranging between 4.20 *per cent*

² DGMH had provided incomplete information with respect to year 2021-22.

and 5.41 *per cent* during 2016-22, as discussed under **Paragraphs 6.3.1** and **6.3.2** of the Report.

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

9.2.2 Mobilisation of human resources

National Health Policy, 2017 focuses on closing of infrastructure and human resource gaps, optimum use of existing manpower and infrastructure as available in the health sector. Vision-2030 of Uttar Pradesh for SDG 3 provides for reviewing the requirement of human resources as per standard norms and population projection-2020 and subsequent revision in number of sanctioned position, if any.

As per data of the State Government³ based on NSSO 2017-18 estimates, the health workers' density per lakh population in Uttar Pradesh *vis-à-vis* all India average were as given in **Tables 9.2 (A)**, **9.2 (B)** and **9.2 (C)**.

Table 9.2 (A): Doctors and nurses in public and private sectors

(in *per cent*)

State/India	Doctors		Nurses	
	Private	Public	Private	Public
Uttar Pradesh	88.21	11.79	45.37	54.63
India	65.17	34.83	50.81	49.19

(Source: Department of MH&FW, Government of Uttar Pradesh)

Table 9.2 (B): Doctors per lakh population

State/India	Allopathic doctors	AYUSH doctors	All doctors
Uttar Pradesh	63.5	13.2	76.7
India	61.5	18.2	79.7

(Source: Department of MH&FW, Government of Uttar Pradesh)

Table 9.2 (C): Nurses and Midwives density per lakh population

State/India	Nurses and midwives	Pharmacists	Ancillary health workers
Uttar Pradesh	24.1	18.8	13.1
India	61.3	22.5	34.1

(Source: Department of MH&FW, Government of Uttar Pradesh)

As evident from above tables, 88 *per cent* doctors and 45 *per cent* nurses in the State were in private sector. Further, Uttar Pradesh had 63.5 allopathic doctors per lakh population, which was better than all India average of 61.5 doctors per lakh population. However, overall availability of doctors was 76.7 doctors per lakh population which was less than the all India average of 79.7 doctors per lakh population. The availability of nurses and midwives, pharmacists and ancillary health workers per lakh population was less than the all India average.

Further, as discussed in **Chapter II** of this report, there were shortages of doctors and other human resources in government HCFs and delays in recruitment which has affected delivery of services in HCFs.

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

³ Director General Medical and Health Service letter no. 17F/Ni Ni B/Camp/2000/321 dated 7 March 2022 vide which information regarding human resource with respect to SDG 3 was submitted to the State Government.

9.3 Performance indicators

Indicators can be described as a backbone of monitoring the SDGs at various levels like local, national, regional, and global. Indicators serve as a tool to develop implementation strategies and allocate resources accordingly, and as a score card to measure progress towards achieving a target and to ensure the accountability of the Governments and other stakeholders for achieving the SDGs.

SDG Progress Report 2022-Uttar Pradesh (published by Department of Planning, Uttar Pradesh) provides values of 27 indicators at the State level whereas values for 38 indicators were available at national level for SDG 3 as detailed in *Appendix 9.1*.

Further, according to the NITI Aayog⁴, Uttar Pradesh has been lagging behind in the overall performance of SDG 3 and was at 27th place with an index score of 60 among all states against the index score of India (74).

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

Performance with reference to some of the indicators of SDG 3 have been discussed in the succeeding paragraphs:

9.3.1 Maternal mortality rate

SDG 3 has set a target to reduce the Maternal Mortality Rate (MMR) from the current level to below 70 per lakh live births by 2030. In respect of Uttar Pradesh, MMR was 167 per lakh live births against the national average of 97 per lakh live births as per SRS 2018-20⁵, which is behind the neighbouring States like Rajasthan (113) and Bihar (118). Further, in terms of target to achieve MMR to 140 per lakh live births by 2020 as per Vision 2030 of the State Government, it was higher at 167 (SRS 2018-20) but State has improved from MMR of 197 (SRS 2016-18).

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

9.3.2 Institutional delivery

Institutional deliveries are the proportion of births occurring in health facilities in the area. Increasing institutional deliveries is an important factor in reducing maternal and neonatal mortality. Further, Vision 2030 of the State Government had set a target to increase institutional delivery by 90 *per cent*.

Institutional deliveries in Uttar Pradesh have improved from 67.8 *per cent* (NFHS 4: 2015-16) to 83.4 *per cent* (NFHS 5: 2019-21). However, its value was lower than all India average (88.6 *per cent*) as per data of NFHS-5 and SDG

⁴ SDG India, Index & Dashboard 2020-21.

⁵ Special Bulletin on MMR 2018-20, Sample Registration System (SRS), Office of Registrar General of India (published in November 2022).

target (90 per cent) for 2017-20 set in Vision 2030 document of Uttar Pradesh. Further, there were shortfalls in the achievements *vis-à-vis* targets set in the State during 2017-18 to 2021-22 as shown in **Table 9.3**.

Table 9.3: Achievements *vis-à-vis* targets of Institutional deliveries

Year	Target	Achievement	Percentage of achievement
2017-18	3944248	2946773	74.71
2018-19	5426834	3401350	62.68
2019-20	5443165	3605433	66.24
2020-21	5479653	3407794	62.19
2021-22 (upto January 2022)	5581024	2748297	49.24

(Source: Department of MH&FW, Government of Uttar Pradesh)

It may be seen from above that except 2019-20, the achievements against the targets of institutional deliveries in Uttar Pradesh was on consistent decline from 74.71 in 2017-18 to 62.19 per cent in 2020-21. However, the number of institutional deliveries were in increasing number between 2017-18 to 2019-20.

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

9.3.3 Neo-natal Mortality Rate, Infant Mortality Rate and Under 5 Mortality Rate

SDG 3 has set a target to end preventable deaths of newborns and children under five years of age aiming to reduce Neonatal Mortality to at least as low as 12 per 1,000 live births and Under-5 Mortality to at least as low as 25 per 1,000 live births by 2030.

The status of Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR) and Under 5 Mortality Rate per 1,000 live births in Uttar Pradesh *vis-à-vis* India as per NFHS-5 compared to NFHS-4 has been given in **Table 9.4**.

Table 9.4: Status of NMR, IMR & U5MR in Uttar Pradesh vis a vis India

Indicators	NFHS-4 (2015-16)		NFHS-5 (2019-21)	
	Uttar Pradesh	India	Uttar Pradesh	India
NMR	45.1	29.5	35.7	24.9
IMR	63.5	40.7	50.4	35.2
U5MR	78.1	49.7	59.8	41.9

(Source: NFHS-5; India fact sheet and Uttar Pradesh fact sheet)

It may be seen from above that in Uttar Pradesh, under these indicators (NMR, IMR and U5MR) of child health, there was improvement from NFHS 4 (2015-16) to NFHS 5 (2019-21) due to decline in mortality rate but the State fell behind the targets set under Vision document of Uttar Pradesh, wherein by 2020 U5MR was to be limited to 40 and NMR to 25 respectively. This was indicative of the fact that more efforts were required to achieve the goal by 2030.

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

9.3.4 Sex ratio at birth

Sex ratio is used to describe the number of females per 1000 of males. Sex ratio is a valuable source for finding the population of women in India and what is the ratio of women to that of men in total population. Under SDG 5 activities are suggested to address the issue of skewed child sex ratio.

Sex ratio at birth in Uttar Pradesh has improved from 903 (NFHS 4: 2015-16) to 941 (NFHS 5: 2019-21) which was even better than India which stood at 929⁶. In comparison to neighbouring States, Uttar Pradesh was ahead of Bihar (908) and Rajasthan (891) but was below Madhya Pradesh (956)⁷. The State Government, in order to apprehend the person involved in sex selection and female foeticide, has started ‘*Mukhbir Yojana*’ in July 2017 under which 12 successful decoy operations had been conducted as of January 2022 and cases lodged in courts of law against units violating the Pre-conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

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

9.3.5 Immunisation of 9-11 months old children

Under SDG 3, Uttar Pradesh aims to achieve universal coverage with routine immunisation of children by 2024. As such, it has set targets for immunisation of children in the age group of 9 to 11 months as given in **Table 9.5**.

Table 9.5: Achievements vis-à-vis targets of immunisation

Year	Target	Achievement	Percentage of achievement
2017-18	5786127	4714931	81.49
2018-19	5748993	5022753	87.37
2019-20	5799996	5433763	93.69
2020-21	5826695	4984015	85.54
2021-22 (upto December 2021)	4268391	3441289	81.00

(Source: Department of H&FW)

Table 9.5 shows that the rate of immunisation consistently increased from 81.49 *per cent* in 2017-18 to 93.69 *per cent* in 2019-20 with subsequent decline in 2020-21 at 85.54 *per cent*. However, in none of the year, the rate of immunisation could achieve the targets set by the State.

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

⁶ As per NFHS 5-2019-21.

⁷ Data of these States are as per NFHS-5-2019-21.

To sum up, the sanctioned funds for SDG 3 could not be utilised fully during 2017-21. Further, Uttar Pradesh had measured values of 27 indicators of SDG 3 against 38 indicators at the national level. Further, in comparison to all India average value of SDG 3 indicators, the State was behind in respect of indicators, viz., institutional deliveries, neo-natal mortality rate, infant mortality rate and under 5 mortality rate, though improvements were noticed.

Recommendations:

State Government should:

31. *utilise the budgeted provisions to achieve the SDG goal by 2030;*
32. *measure the value of all indicators in order to monitor the performance of the State in achievement of the SDG;*
33. *ensure adherence to the roadmap framed in 'Uttar Pradesh Sustainable Development Goals-Vision 2030' to achieve the envisaged SDG targets.*



(RAM HIT)

Principal Accountant General (Audit-I)
Uttar Pradesh

PRAYAGRAJ
THE **28 OCT 2024**

COUNTERSIGNED



(GIRISH CHANDRA MURMU)

Comptroller and Auditor General of India

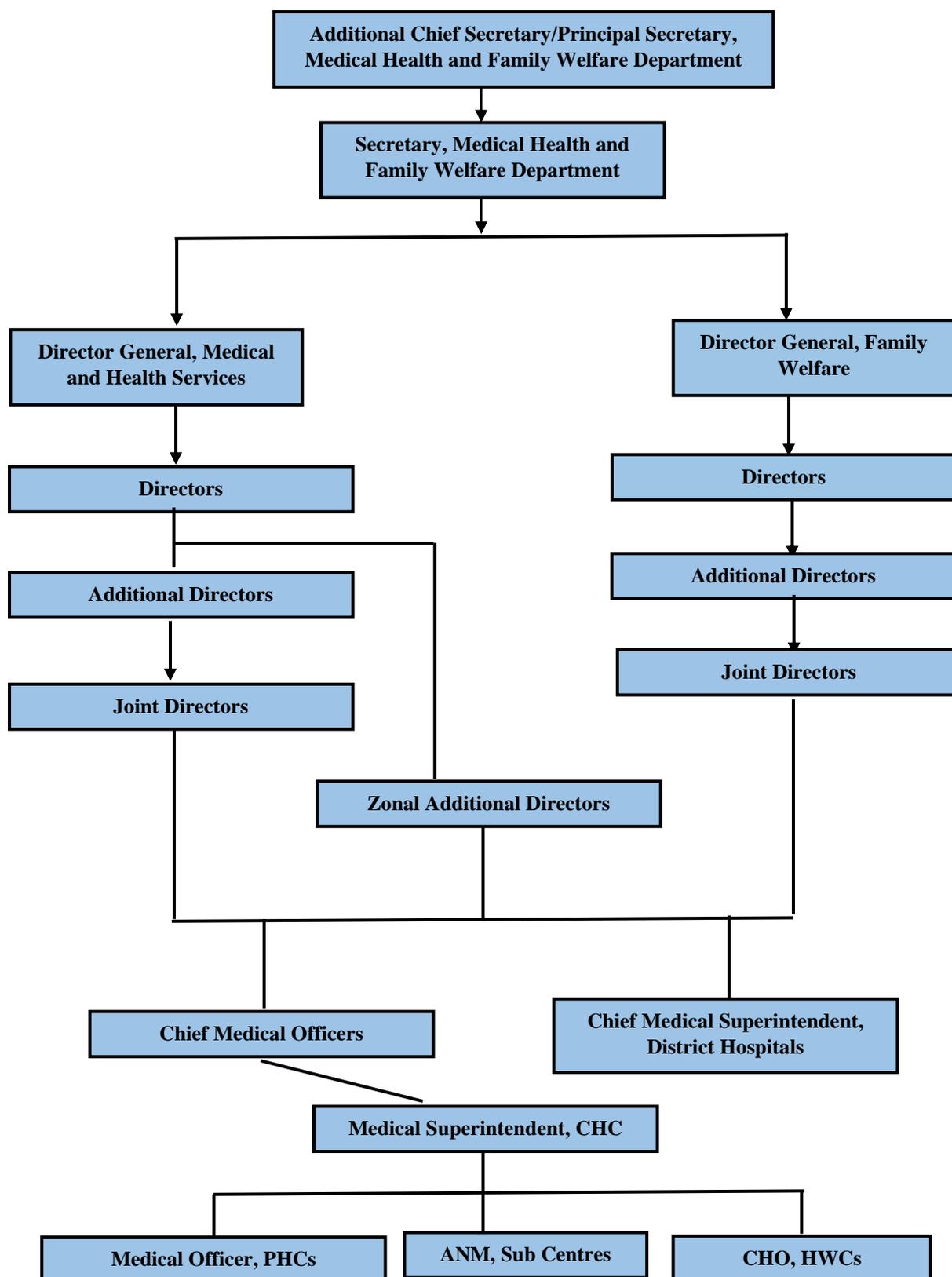
NEW DELHI
THE **29 OCT 2024**

Appendices

Appendix-1.1

(Reference: paragraph no. 1.2)

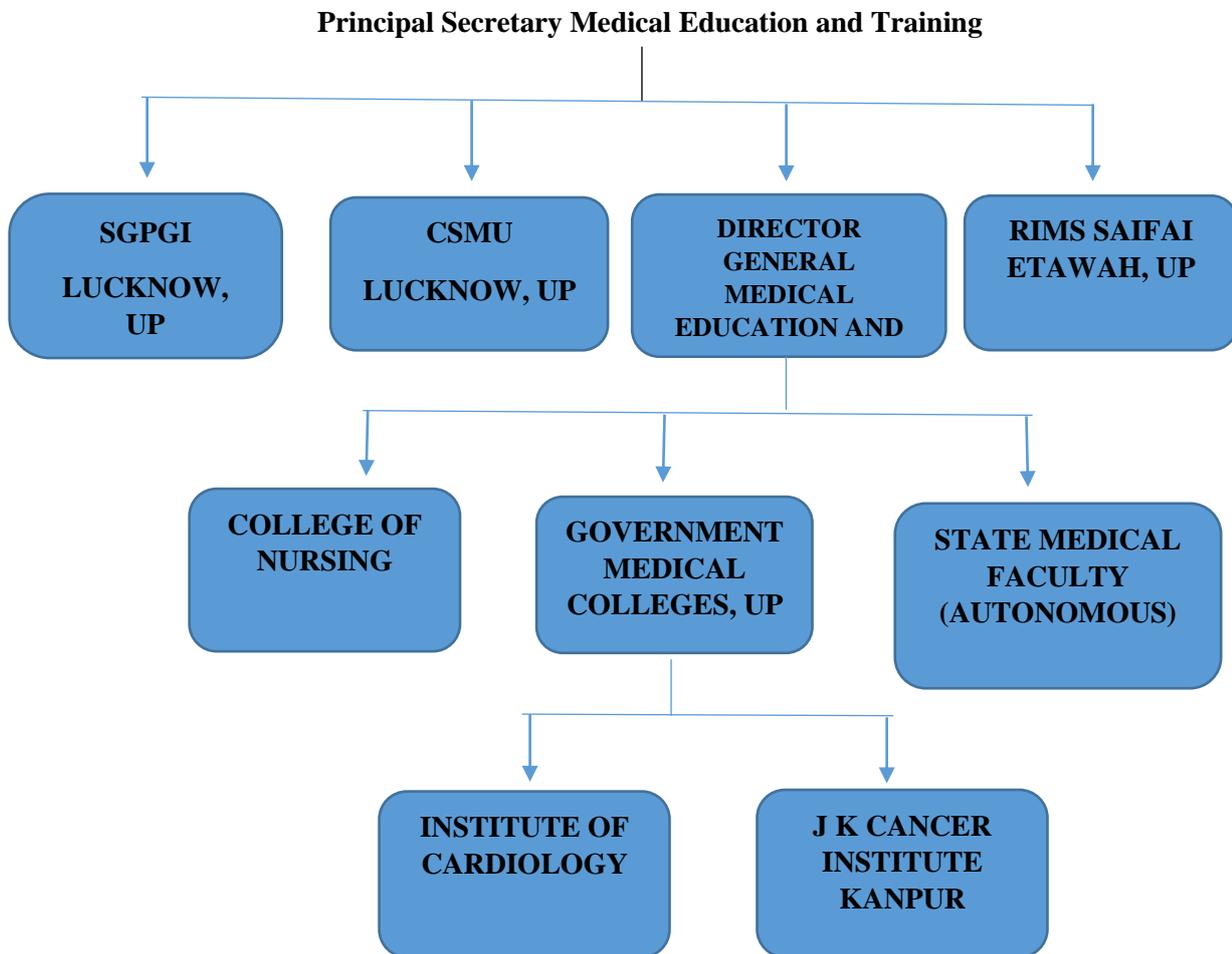
Organisational Structure of Department of Medical Health and Family Welfare



Appendix-1.2

(Reference: paragraph no. 1.2)

Organisational Structure of Medical Education and Training Department



Appendix- 1.3

(Reference: paragraph no.1.5)

List of sampled GMCs, Hospitals, CHCs and PHCs

Sl. No.	District	Hospital
Government Medical Colleges (GMCs)		
1	Ambedkar Nagar	GMC- Ambedkar Nagar
2	Meerut	GMC- Meerut
District Hospital Male		
1	Ghazipur	District Hospital Male
2	Hamirpur	District Hospital Male
3	Jalaun	District Hospital Male
4	Kanpur Nagar	District Hospital Male
5	Lucknow	District Hospital Male
6	Saharanpur	District Hospital Male
7	Unnao	District Hospital Male
District Women Hospital		
1	Ghazipur	District Women Hospital
2	Hamirpur	District Women Hospital
3	Jalaun	District Women Hospital
4	Kanpur Nagar	District Women Hospital
5	Lucknow	District Women Hospital
6	Saharanpur	District Women Hospital
7	Unnao	District Women Hospital
Combined District Hospital		
1	Kannauj	Combined District Hospital
2	Kushinagar	Combined District Hospital
Community Health Centers		
1	Ghazipur	CHC- Bhadaura
2		CHC- Saidpur
3	Hamirpur	CHC- Muskara
4		CHC- Sarila
5	Jalaun	CHC- Kadaura
6		CHC- Jalaun
7	Kannauj	CHC- Talgram
8		CHC- Chhibramau
9	Kanpur Nagar	CHC- Bidhanoo
10		CHC- Sarsaul
11	Kushinagar	CHC- Fazilnagar
12		CHC- Hata
13	Lucknow	CHC- Malihabad
14		CHC- Chinahat
15		CHC- Aishbag
16	Saharanpur	CHC- Puwarka
17		CHC- Sarsawa
18	Unnao	CHC- Nawabganj
19		CHC- Achalganj
Primary Health Centers		
1	Ghazipur	PHC- Anauni
2		PHC- Gorkha
3		PHC- Bara
4		PHC- Deval
5	Hamirpur	PHC- Biwar
6		PHC- Bihuni
7		PHC- Puraini
8		PHC- Jalalpur
9	Jalaun	PHC- Aata
10		PHC- Parasan

Sl. No.	District	Hospital
11		PHC- Shekhpur Bujurg
12		PHC- Uргаon
13	Kannauj	PHC- Baisapur
14		PHC- Amolar
15		PHC- Prempur
16		PHC- Sikanderpur
17		PHC- Meharban Singh Ka Purwa
18	Kanpur Nagar	PHC- Dyodhighat
19		PHC- Pali
20		PHC- Gujaini
21		PHC- Jaura Bazar
22	Kushinagar	PHC- Koilaswa
23		PHC- Mahuadih
24		PHC- Sakrauli
25	Lucknow	PHC- Rahimabad
26		PHC- Kasmandi Kala
27		PHC- Poorab Gaon
28		PHC- Juggaur
29		PHC- Naka
30		PHC- Garhi Kanaura
31	Saharanpur	PHC- Devla
32		PHC- Halalpur
33		PHC- Pilakhani
34		PHC- Kutubpur
35	Unnao	PHC- Chamrauli
36		PHC- Katehru
37		PHC- Pansariya
38		PHC- Sikander Pur Karn
Total selected hospitals = 75		

Appendix- 1.4

(Reference: Paragraph no. 1.5.1)

List of sampled drugs, consumables and equipment in the test-checked hospitals**(A) Sampled drugs****1. Government Medical College**

Sl. No.	Drugs	Sl. No.	Drugs
1	Clotrimazole Oint. 15 gm.	34	Tab. Cefixime 200 Mg.
2	Cream Framycetin skin Cream	35	Tab. Cetrizine DI. HCl 10 Mg.
3	E/D Ciprofloxacin	36	Tab. Chlorpheniramine Maleate 4 Mg.
4	E/D Timolol	37	Tab. Diclofenac Sod. 100 Mg. SR
5	E/D Tropicamide with phenylneprine	38	Tab. Diethylcarbamazine citrate 100 mg
6	Inj. 20% Mannitol 100 ML.	39	Tab. Drotavarine 40 mg
7	Inj. Aminophylline 10 ML.	40	Tab. Folic Acid 400 mcg
8	Inj. Ampicilline 500 mg	41	Tab. Frusemide 40 Mg.
9	Inj. Atropine 1 ML.	42	Tab. Haloperidol 5 mg
10	Inj. Ciprofloxacin 100 ML.	43	Tab. Ibuprofen 400 Mg.
11	Inj. Dexamethasone 2 ML.	44	Tab. Levocetirizine 5 Mg.
12	Inj. Dopamine 5 ML.	45	Tab. Lorazepam 1mg
13	Inj. Gentamycin 40 mg/ ml	46	Tab. Methyldopa 250 Mg.
14	Inj. Mephentermine 1 ML.	47	Tab. Metoprolol 50 Mg.
15	Inj. Methyl Ergometrine 1 ML.	48	Tab. Metronidazole 400 Mg.
16	Inj. Metoclopramide	49	Tab. Multivitamin+ Aminoacid+ Zinc
17	Inj. Metronidazole 100 ML.	50	Tab. Norfloxacin 400 Mg.
18	Inj. Normal Saline 100 ML.	51	Tab. Ofloxacin 200 Mg.
19	Inj. Ondansetron 4 Mg.	52	Tab. Paracetamol 500 Mg.
20	Inj. Pentazocine 1 ML.	53	Tab. Salbutamol 4 Mg.
21	Inj. Ranitidine	54	Tab. Amitryptaline 10 Mg
22	Lotion Calamine	55	Tab. Ethambutol 200mg
23	Povidone Iodine 10% solution 100 ml	56	Cream Benzyl Benzoate Application 25 % w/w
24	Sulphacetamide 20% E/D	57	Inj. Cefotaxim 250mg.
25	Syp. Cough Ambroxol+ Guafensin + Terbutaline	58	Ear/D Clotrimazole 1% + Lignocaine 2%
26	Tab. Alprazolam 0.25 Mg.	59	Inj. 25% Dextrose Amp 25 ML.
27	Tab. Amlodipine 5 Mg.	60	Tab. Dinoprostone 0.5 mg
28	Tab. Ascorbic Acid 500 Mg.	61	Tab. Erythromycin 250 mg
29	Tab. Aspirin Soluble 75 mg	62	Inj. Pethidine 50 mg/ml
30	Tab. Atenolol 50 Mg.	63	Tab. Riboflavin 100 mg
31	Tab. Atorvastatin 10 Mg.	64	Inj. Amoxycilline Sodium 250 Mg.
32	Tab. Betamethasone 0.5 Mg.	65	Tab. Isoniazid 150 mg
33	Tab. Bisacodyl 5 Mg.	66	Tab. Pyrazinamide 500 mg

(Source: Sampled as per expert advice of DGMET)

2. Combined District Hospitals

Sl. No.	Drugs	Sl. No.	Drugs
1	Tab Activated Charcoal	22	Inj. Diazepam
2	Inj. Adrenaline	23	Inj. Diclofenac Sodium
3	Inj. Aminophylline	24	Inj. Gentamicin
4	Inj Anti tetanus human immunoglobulin	25	Inj. Lignocaine – 2%
5	Inj Antiserum Polyvalent Snake Venom	26	Inj. Metronidazole
6	Inj. Atropine sulphate	27	Inj. Oxytocin
7	Tab Betamethasone	28	Magsulf (powder)

Sl. No.	Drugs	Sl. No.	Drugs
8	Inj Ceftriaxone	29	Tab Methyldopa
9	Inj Dextrose	30	Inj. Metoclopramide
10	Inj Dextrose with normal saline	31	Nifedipine : 10mg Capsule
11	Tab Diazepam	32	Inj Normal saline (Sodium Chloride)
12	Tab Diclofenac Sodium	33	Pheniramine Maleate Inj (disodium) 22.75mg/ml, 2ml vial
13	Tab Digoxin	34	Inj Ringer lactate
14	Inj. Fortwin (Pentazocine)	35	Tab Salbutamol
15	Inj Calcium gluconate	36	Tab B complex
16	Carboprost Tromethamine : IP - 250 mcg/ml : 1ml (Inj)	37	Tab Ibuprofen
17	Inj Dexamethasone	38	Tab Metronidazole 400 mg
18	Inj Hydrocortisone Succinate	39	Tab Paracetamol 500 mg
19	Inj Phenergen (Promethazine)	40	Tab. Misoprostol 200 mcg
20	Inj. Ampicillin	41	Tab Vitamin K (Phytomenadione)
21	Inj. Betamethasone	42	Inj Anti-rabies vaccine

(Source: Essential Drugs List and IPHS, 2012)

3. District Hospital Male

Sl. No.	Drugs	Sl. No.	Drugs
1	Tab. Activated Charcoal	18	Inj Dexamethasone
2	Inj. Adrenaline	19	Inj Hydrocortisone Succinate
3	Inj. Aminophylline	20	Inj Magsulf
4	Inj. Anti tetanus human immunoglobulin	21	Inj Phenergen (Promethazine)
5	Inj. Antiserum Polyvalent Snake Venom	22	Inj. Ampillicin
6	Inj. Atropine sulphate	23	Inj. Diclofenac Sodium
7	Tab. Betamethasone	24	Inj. Metronizazole
8	Inj. Ceftriaxone	25	Tab. Methyldopa
9	Inj. Dextrose	26	Inj. Metoclopramide
10	Inj. Dextrose with normal saline	27	Cap. Nefidepin
11	Inj. Diazepam	28	Inj. Normal saline (Sodium Chloride)
12	Tab. Diclofenac Sodium	29	Inj. Pheneramine maleate
13	Tab. Digoxin	30	Inj. Ringer lactate
14	Inj. Fortwin (Pentazocine)	31	Tab. Salbutamol
15	Inj. Gentamycin	32	Inj. Vitamin K (Phytomenadione)
16	Inj Calcium gluconate	33	Tab Paracetamol
17	Carboprost Tromethamine : IP - 250 mcg/ml : 1ml (Inj)	34	Anti-rabies vaccine

(Source: Essential Drugs List and IPHS, 2012)

4. District Women Hospital

Sl. No.	Drugs	Sl. No.	Drugs
1	Inj. Adrenaline (Lingnocaine HCL with Adrenaline)	11	Inj. Oxytocin
2	Inj. Ampicillin	12	Tab. Methyldopa
3	Inj. Betamethasone	13	Inj. Normal saline (Sodium Chloride)
4	Inj. Calcium gluconate – 10%	14	Inj. Ringer lactate
5	Inj. Carboprost	15	Tab B complex
6	Inj. Diazepam	16	Tab Ibuprofen
7	Inj. Gentamycin	17	Tab Metronidazole 400 mg
8	Inj. Hydrocortisone Succinate	18	Tab Paracetamol
9	Inj. Lignocaine – 2%	19	Tab. Misoprostol 200 mcg

Sl. No.	Drugs	Sl. No.	Drugs
10	Inj. Metronidazole		

(Source: Essential Drugs List and IPHS, 2012)

5. Community Health Center

Sl. No.	Drugs	Sl. No.	Drugs
1	Tab Metronidazole 400 mg	11	Tab. Methyldopa
2	Tab Paracetamol	12	Inj. Calcium gluconate – 10%
3	Tab Ibuprofen	13	Inj. Ampicillin
4	Tab B complex	14	Inj. Metronidazole
5	Inj. Oxytocin	15	Inj. Lignocaine – 2%
6	Tab. Misoprostol 200 mcg	16	Inj. Adrenaline
7	Inj. Gentamycin	17	Inj. Hydrocortisone Succinate
8	Inj. Betamethasone	18	Inj. Diazepam
9	Inj. Ringer lactate	19	Inj. Carboprost
10	Inj. Normal saline (Sodium Chloride)	20	Anti Rabbits Vaccine

(Source: Essential Drugs List and IPHS, 2012)

6. Primary Health Center

Sl. No.	Drugs	Sl. No.	Drugs
1	Tab Metronidazole 400 mg	11	Tab. Methyldopa
2	Tab Paracetamol	12	Inj. Calcium gluconate – 10%
3	Tab Ibuprofen	13	Inj. Ampicillin
4	Tab B complex	14	Inj. Metronidazole
5	Inj. Oxytocin	15	Inj. Lignocaine – 2%
6	Tab. Misoprostol 200 mcg	16	Inj. Adrenaline
7	Inj. Gentamycin	17	Inj. Hydrocortisone Succinate
8	Inj. Betamethasone	18	Inj. Diazepam
9	Inj. Ringer lactate	19	Inj. Carboprost
10	Inj. Normal saline (Sodium Chloride)	20	Anti Rabbits Vaccine

(Source: Essential Drugs List and IPHS, 2012)

(B) Selected consumables

1. List of consumables in GMC

Sl. No.	Consumables	Sl. No.	Consumables
1	Glass syringe	23	Mixture alkaline
2	Hypodermic needle	24	Formaldehyde lotion
3	Scalp vein	25	Bacterium powder
4	Gelco all no.	26	Bleaching powder
5	Surgical gloves	27	Ether solvent
6	Catgut chromic	28	Sodium hypochlorite sod.
7	Vicryl no. 01	29	Surgical accessory for eye, green shade, blades etc.
8	Sutopak	30	Spectacles for operated cataract cases (after refraction)
9	Prolene	31	Rubber mackintosh sheet in meter
10	X ray film packet (different size)	32	Sterile infusion sets
11	IV sets	33	Antisera
12	Catheters	34	Glacial acetic acid
13	Urine bags	35	Benedict solution
14	Venflow	36	Glycerine

15	Fixer	37	Turpentine oil
16	Developer	38	ECG roll
17	Ultrasound scan film	39	Ad syringes
18	Dental film	40	Reconstruction syringes
19	Suturing needle	41	Red bags
20	Benzyl benzoate	42	Black bags
21	Comp. Podophylline in tincture benzoin	43	Vial opener
22	Gum paint		

(Source IPHS for DHs 101 to 500 beds, 2012)

2. List of Consumables in DHM, DWH, CDH, CHC and PHC

Sl. No.	Consumables	Sl. No.	Consumables
DHM/ DWH/ CDH			
1	Antisera	17	Hypodermic needle
2	Bacitrium powder	18	IV cannula
3	Benedict solution	19	IV sets
4	Betadine mouthwash	20	Mixture alkaline
5	Bleaching powder	21	Red bags
6	Catgut chromic	22	Rubber mackintosh sheet in mtr.
7	Comp. Podophylline in tincture benzoin	23	Scalp vein
8	Dental film	24	Sodium hypochloride sod.
9	Developer	25	Spectacles for operated cataract cases (after refraction)
10	Ecg roll	26	Sterile infusion sets
11	Ether solvent	27	Surgical gloves
12	Fixer	28	Suturing needle
13	Foley's catheters	29	Ultrasound scan film
14	Glacial acetic acid	30	Vicryl no. 01
15	Glass syringe	31	X ray film packet (different size)
16	Glycerine		
CHC			
1	Cotton wool	7	IV cannula 24g, 26g
2	Disinfectant chlorhexidine	8	Oxygen catheter
3	Disposable rubber gloves	9	Pasteur pipette
4	Extractor mucus 20 ml	10	Sterile gloves/ surgical gloves
5	Glass slides	11	Suction tube
6	Glass tube 7.5 mm to 10 mm	12	Tube feeding
PHC			
1	Antiseptic solution	5	Oxygen catheter
2	Chlorine solution	6	Sterile gloves
3	Extractor mucus	7	Sterile salines
4	IV cannula	8	Tube feeding

(Source: IPHS-2012 for Sub-district hospitals (31-100) bedded, CHC and PHC)

(C) Selected equipment

(1) Government Medical College

Sl. No.	Equipment	Sl. No.	Equipment
Name of Department: General Medicine		Name of Department: Paediatrics	
1	Ambu Bag	1	Ambu Bag Infant
2	Endoscope upper and lower	2	Ambu Bag Child
3	Suction Apparatus	3	Suction Apparatus
4	Laryngoscope	4	Laryngoscope infant
5	Pulse Oxymeter	5	Laryngoscope Child
6	Intracath	6	Intracath
7	Umbilical Vein Catheter	7	Umbilical Vein Catheter

Sl. No.	Equipment	Sl. No.	Equipment
8	Radiant Warmer	8	Radiant Warmer
9	Ryle's Tube		
Name of Department: Surgery		Name of Department: Obstetrics & Gynaecology	
1	Ultrasound	1	Vaginal Hysterectomy set
2	Monitor for pulse rate, heart rate, ECG, Invasive and non-invasive pressure	2	Tuboplasty set
3	Operating table	3	Hysteroscopy set
4	Electrosurgical unit	4	Foetal Doppler
5	Operative Laparoscope	5	Portable Ultrasound
6	Cystoscopy & Resectoscope		
7	Bronchoscope		
Name of Department: Orthopaedics		Paediatrics ICU	
1	Basic instrumentation set for fracture	1	Pulse oximeter
2	Small fragment and large fragment	2	Baby warmer
3	External Fixator	3	Defibrillator
4	Arthroscope	4	ECG machine
5	C-Arm image intensifier	5	Weighing machine
		6	BP instrument mercurial
		7	Infusion pump
Medical ICU			
1	ECG machine	5	Multi Para Monitor With CNS
2	Defibrillator	6	Infusion Pump
3	Ultrasonic machine	7	Ventilator
4	Anaesthesia Work Station		
Major OT			
Obstetrics and Gynaecology (Major OT)		Department of Surgery (Major OT)	
1	Vaginal Hysterectomy set	1	Electrosurgical Unit
2	Tuboplasty set	2	Burr hole set
3	Myomectomy instruments (Myoma screw, Boney's clamp)	3	Operative laparoscope
4	Diagnostic laparoscopy set	4	Bronchoscope
5	Resectoscope	5	Flexible G.I. Endoscope
6	Contact Microhysteroscope	6	Operative ultrasound
		7	Endo Stapler

(Source: Sampled as per expert advice of DGMET)

(2) District Hospitals (DHM, CDH and DWH)

Sl. No.	Name of equipment	Sl. No.	Name of equipment
IPD equipment (DHM, CDH and DWH)		Operation Theatre Equipment (DHM, CDH and DWH)	
1	Adult Bag and Mask	1	Auto Clave HP Horizontal
2	Suction machine	2	Auto Clave HP Vertical
3	Laryngoscope	3	Operation Table Hydraulic Major
4	ET Tubes	4	Operation table Hydraulic Minor
5	Glucometer	5	Operating table non-hydraulic field type
6	Weighing scale for adult	6	Autoclave vertical single bin
7	Weighing scale for baby	7	Shadow less Lamp stand model
8	BP Apparatus	8	Focus lamp Ordinary
9	Thermometer	9	Sterilizer (Big instruments)
10	Foetoscope	10	Sterilizer (Medium instruments)
11	Doppler	11	Sterilizer (Small instruments)
12	Crash cart	12	Bowl Sterilizer Big
13	Dressing trolley	13	Bowl Sterilizer Medium
		14	Diathermy Machine (Electric Cautery)
		15	Suction Apparatus – Electrical

		16	Suction Apparatus - Foot operated
		17	Ultra violet lamp Philips model 4 feet
ICU Equipment (Above 100 bedded DHM, CDH and DWH)			
1	High end monitor	6	Infusion Pumps
2	Ventilator	7	Pipe line of O2, suction and compressed air
3	O2 therapy devices	8	Ultrasound for invasive procedures
4	ICU bed	9	Defibrillator
5	Deep Vein Thrombosis prevention devices suction	10	Arterial Blood Gas (ABG) Analysis machine
Radiology (Imaging) Equipment (DHM, CDH and DWH)			
1	300 M.A. X-ray machine	3	Dental X-ray machine
2	100 M.A. X-ray machine	4	Color Doppler Ultrasound machine with 4 probes: Abdomen, Paediatric, Soft Parts and Intra-cavity Ultra Sonogram
Laboratory equipment (DHM, CDH and DWH)			
1	Binocular Microscope	26	Timer stop watch
2	Chemical Balances	27	Alarm clock
3	Simple balances	28	Elisa Reader cum washer
4	Electric Calorimeter	29	Blood gas analyser
5	Semi auto analyser	30	Electrolyte Analyser
6	Micro pipettes of different volumes	31	Glycosylated Haemoglobin meter
7	Water bath	32	Blood Bank Refrigerator
8	Hot Air oven	33	Haematology Analyser with 22 parameters
9	Lab Incubator	34	Blood Collection Monitor
10	Distilled water Plant	35	Laboratory Autoclaves
11	Electric centrifuge, table top	36	Blood Bank Refrigerator
12	Cell Counter Electronic	37	Ordinary Refrigerator
13	Hot plates	38	Floatation Bath
14	Rotor/Shaker	39	Emergency Drug Trolley with auto cylinder
15	Counting chamber	40	Class – I Bio Safety Cabinet
16	PH meter	41	Knife Sharpner
17	Glucometer	42	Air Conditioner with Stabilizer
18	Haemoglobin meter	43	Cyto Spin
19	TCDC count apparatus	44	RO Plant
20	ESR stand with tubes	45	Computer with UPS and Printer
21	Test tube stands	46	Automatic Blood Gas Analyzer
22	Test tube rack	47	Fine Needle Aspiration Cytology
23	Test tube holders	48	Histopathology Equipment
24	Spirit lamp	49	CO Analyser
25	Rotatory Microtome	50	Whole Blood Finger Prick HIV Rapid Test and STI Screening Test each
Labour Room Equipment (CDH and DWH)			
1	Baby Incubators	15	Vacuum extractor metal
2	Phototherapy Unit	16	Silastic vacuum extractor
3	Emergency Resuscitation Kit-Baby	17	Pulse Oxymeter baby & adult
4	Standard weighing scale	18	Cardiac monitor baby & adult
5	Newborn Care Equipment	19	Nebulizer baby
6	Double-outlet Oxygen Concentrator	20	Weighing machine adult
7	Radiant Warmer	21	Weighing machine infant
8	Room Warmer	22	CPAP Machine
9	Foetal Doppler	23	Head box for oxygen
10	Cardio Toco Graphy Monitor	24	Haemoglobin meter
11	Delivery Kit	25	Glucometer
12	Episiotomy kit	26	Public Address System
13	Forceps Delivery Kit	27	Wall Clock
14	Crainotomy	28	BP Apparatus & Stethoscope

(Source: Assessors guidebook for quality assurance district hospitals, 2013 and IPHS for district hospitals 2012)

(3) CHC and PHC

IPD equipment CHC			
Sl. No.	Equipment	Sl. No.	Equipment
1	Suction machine	7	BP Apparatus
2	Laryngoscope	8	Thermometer
3	ET Tubes	9	Foetoscope
4	Glucometer	10	Crash cart
5	Weighing scale for adult	11	Dressing trolley
6	Weighing scale for baby		

(Source: Assessor's Guidebook for Quality Assurance in CHCs 2014)

Operation theatre equipment for CHC			
Sl. No.	Equipment	Sl. No.	Equipment
1	Emergency resuscitation kit	27	Himorhadoctomy set
2	Boyles' apparatus without flotex	28	Scissor set
3	Operation table (hydraulic) measure	29	Artery forceps set
4	Autoclave HP (vertical)	30	Alis forceps set
5	Autoclave two drum	31	Long artery forceps straight
6	Shadow less lamp (mobile)	32	Long artery forceps curved
7	OT light (shadow less) ceiling type	33	Mosquito forceps straight
8	OT light (mobile) florotic	34	Mosquito forceps curved
9	Suction apparatus (electrical and foot)	35	Journey retractor
10	Instrument steriliser	36	General anaesthesia kit
11	D & C kit	37	Oxygen cylinder
12	Survival biopsy	38	Nitrogen cylinder
13	Venesection	39	Oxygen trolley
14	Inscissor and drainage	40	Regulator and flow meter
15	Suture removal	41	Ambu bag adult
16	Suturing tray	42	Sponge holding forceps
17	LP tray	43	Induction plate
18	Tracheostomy	44	Laryngoscope adult
19	ENT general	45	Laryngoscope child
20	Patella Hammer	46	Pulse oxymeter
21	Tung depressor	47	Proctoscope
22	Chital forceps with char	48	Sigmoid scope
23	PN sterilisation set	49	Gas stove with cylinder
24	Caesarean section set	50	Charge light rechargeable
25	Vaginal hysterectomy set	51	Oxygen mask
26	Hydrocele set		

(Source: As per State Government Norms)

Labour room equipment for CHC			
Sl. No.	Equipment	Sl. No.	Equipment
1	Delivery kit	10	Radiant warmer
2	Sims speculum	11	Phototherapy unit
3	Wall salem	12	Stethoscope
4	Interior vaginal ball retractor	13	BP apparatus with stand
5	Baby tray	14	Weighing machine adult
6	Autoclave drum	15	Weighing machine infant
7	Foetal Doppler	16	Infrared lamp
8	Wall clock	17	ECG
9	Wall mounted thermometer	18	Ambu bag child

(Source: As per State Government Norms)

Imaging equipment for CHC			
Sl. No.	Equipment	Sl. No.	Equipment
1	X ray 100 MA	4	Led aprons
2	Ultrasound	5	Led protection screen
3	X ray view box	6	Dental x ray 30 MA

(Source: As per State Government Norms)

Laboratory equipment for CHC (Major)			
Sl. No.	Equipment	Sl. No.	Equipment
1	Automated HB analyser with direct finger prick capillary and CBC, HB estimation	4	Coagulator
2	Urine analyser	5	Semi auto analyser
3	Electrolyte analyser	6	ESR analyser

(Source: As per State Government Norms)

Equipment for PHC			
Sl. No.	Equipment	Sl. No.	Equipment
1	Autoclave HP (vertical)	20	Saline stand
2	Bed pane	21	Shadow less stand
3	Bed side locker	22	Sprit lamp
4	Bed side screen	23	Blood pressure monitor
5	Centrifuge	24	Spittoon stand
6	Delivery table	25	Stainless steel tray
7	Dressing trolley	26	Stethoscope
8	Anaemia set	27	Stretcher on trolley
9	Examination table	28	Suction Apparatus (electrical)
10	Haemoglobin meter	29	Swab rack
11	Height measuring stand	30	Tongue depressor
12	Instrument sterilizer (electrical)	31	Weighing machine infant
13	Iron cot	32	Weighing machine adult
14	Kidney tray	33	Wheel Chair
15	Microscope (binocular)	34	X-ray view box
16	Minor surgical instrument	35	Ambu bag adult
17	Operational table (hydraulic)	36	Ambu bag child
18	Oxygen cylinder with trolley and mask	37	Baby tray
19	Refrigerator 165 litre		

(Source: As per State Government Norms)

Appendix- 2.1 (A)

(Reference: Paragraph no. 2.2)

Status of human resources in District Hospitals as on March 2022

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Agra	District Hospital Male	Medical Officers	61	41	67
Agra	District Hospital Male	Nurses	63	48	76
Agra	District Hospital Male	Paramedics	34	30	88
Agra	District Hospital Male	Others	DNA	DNA	DNA
Agra	District Women Hospital	Medical Officers	25	32	128
Agra	District Women Hospital	Nurses	51	71	139
Agra	District Women Hospital	Paramedics	16	27	169
Agra	District Women Hospital	Others	DNA	DNA	DNA
Aligarh	District Women Hospital	Medical Officers	21	7	33
Aligarh	District Women Hospital	Nurses	25	23	92
Aligarh	District Women Hospital	Paramedics	7	6	86
Aligarh	District Women Hospital	Others	54	34	63
Aligarh	District Hospital Male	Medical Officers	34	17	50
Aligarh	District Hospital Male	Nurses	40	18	45
Aligarh	District Hospital Male	Paramedics	28	23	82
Aligarh	District Hospital Male	Others	7	7	100
Aligarh	Combined District Hospital	Medical Officers	44	29	66
Aligarh	Combined District Hospital	Nurses	61	63	103
Aligarh	Combined District Hospital	Paramedics	22	22	100
Aligarh	Combined District Hospital	Others	91	88	97
Ambedkar Nagar	Combined District Hospital	Medical Officers	61	32	52
Ambedkar Nagar	Combined District Hospital	Nurses	97	90	93
Ambedkar Nagar	Combined District Hospital	Paramedics	61	56	92
Ambedkar Nagar	Combined District Hospital	Others	184	107	58
Amroha	Combined District Hospital	Medical Officers	65	28	43
Amroha	Combined District Hospital	Nurses	86	57	66
Amroha	Combined District Hospital	Paramedics	52	20	38
Amroha	Combined District Hospital	Others	DNA	DNA	DNA
Ayodhya	District Women Hospital	Medical Officers	41	12	29
Ayodhya	District Women Hospital	Nurses	59	47	80
Ayodhya	District Women Hospital	Paramedics	16	13	81
Ayodhya	District Women Hospital	Others	40	33	83
Ayodhya	District Hospital Male	Medical Officers	46	29	63
Ayodhya	District Hospital Male	Nurses	48	51	106
Ayodhya	District Hospital Male	Paramedics	37	44	119
Ayodhya	District Hospital Male	Others	DNA	DNA	DNA
Ayodhya	District Hospital	Medical Officers	41	19	46
Ayodhya	District Hospital	Nurses	48	47	98
Ayodhya	District Hospital	Paramedics	25	26	104
Ayodhya	District Hospital	Others	1	1	100
Azamgarh	District Women Hospital	Medical Officers	21	13	62
Azamgarh	District Women Hospital	Nurses	63	46	73
Azamgarh	District Women Hospital	Paramedics	14	14	100
Azamgarh	District Women Hospital	Others	49	28	57
Azamgarh	District Hospital Male	Medical Officers	39	34	87

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Azamgarh	District Hospital Male	Nurses	115	116	101
Azamgarh	District Hospital Male	Paramedics	40	30	75
Azamgarh	District Hospital Male	Others	199	143	72
Badaun	District Women Hospital	Medical Officers	24	9	38
Badaun	District Women Hospital	Nurses	56	34	61
Badaun	District Women Hospital	Paramedics	22	14	64
Badaun	District Women Hospital	Others	92	66	72
Badaun	District Hospital Male	Medical Officers	29	15	52
Badaun	District Hospital Male	Nurses	39	23	59
Badaun	District Hospital Male	Paramedics	34	21	62
Badaun	District Hospital Male	Others	119	80	67
Baghpat	Combined District Hospital	Medical Officers	31	17	55
Baghpat	Combined District Hospital	Nurses	126	21	17
Baghpat	Combined District Hospital	Paramedics	40	19	48
Baghpat	Combined District Hospital	Others	89	65	73
Ballia	District Women Hospital	Medical Officers	42	6	14
Ballia	District Women Hospital	Nurses	90	40	44
Ballia	District Women Hospital	Paramedics	25	19	76
Ballia	District Women Hospital	Others	DNA	DNA	DNA
Ballia	District Hospital Male	Medical Officers	30	23	77
Ballia	District Hospital Male	Nurses	33	24	73
Ballia	District Hospital Male	Paramedics	21	18	90
Ballia	District Hospital Male	Others	DNA	DNA	DNA
Balrampur	District Hospital Male	Medical Officers	30	11	37
Balrampur	District Hospital Male	Nurses	31	11	35
Balrampur	District Hospital Male	Paramedics	14	8	57
Balrampur	District Hospital Male	Others	62	51	82
Balrampur	Combined District Hospital	Medical Officers	32	12	38
Balrampur	Combined District Hospital	Nurses	20	21	105
Balrampur	Combined District Hospital	Paramedics	13	24	185
Balrampur	Combined District Hospital	Others	51	50	98
Balrampur	District Women Hospital	Medical Officers	9	7	78
Balrampur	District Women Hospital	Nurses	22	20	91
Balrampur	District Women Hospital	Paramedics	5	4	80
Balrampur	District Women Hospital	Others	15	15	100
Banda	District Hospital Male	Medical Officers	43	31	72
Banda	District Hospital Male	Nurses	54	37	69
Banda	District Hospital Male	Paramedics	49	42	86
Banda	District Hospital Male	Others	98	84	86
Banda	District Women Hospital	Medical Officers	13	6	46
Banda	District Women Hospital	Nurses	21	18	86
Banda	District Women Hospital	Paramedics	5	3	60
Banda	District Women Hospital	Others	52	42	81
Barabanki	District Women Hospital	Medical Officers	24	12	50
Barabanki	District Women Hospital	Nurses	54	44	81
Barabanki	District Women Hospital	Paramedics	15	14	93
Barabanki	District Women Hospital	Others	47	45	96
Barabanki	District Hospital Male	Medical Officers	39	19	49
Barabanki	District Hospital Male	Nurses	45	43	96
Barabanki	District Hospital Male	Paramedics	27	24	89
Barabanki	District Hospital Male	Others	DNA	DNA	DNA
Bareilly	Combined District Hospital	Medical Officers	63	35	56

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Bareilly	Combined District Hospital	Nurses	78	84	108
Bareilly	Combined District Hospital	Paramedics	66	45	68
Bareilly	Combined District Hospital	Others	148	125	84
Bareilly	District Women Hospital	Medical Officers	34	15	44
Bareilly	District Women Hospital	Nurses	57	47	82
Bareilly	District Women Hospital	Paramedics	16	13	81
Bareilly	District Women Hospital	Others	29	19	66
Bareilly	Specialised District Hospital	Medical Officers	7	6	86
Bareilly	Specialised District Hospital	Nurses	0	5	500
Bareilly	Specialised District Hospital	Paramedics	5	3	60
Bareilly	Specialised District Hospital	Others	149	102	68
Basti	District Hospital Male	Medical Officers	63	31	49
Basti	District Hospital Male	Nurses	82	64	78
Basti	District Hospital Male	Paramedics	50	51	102
Basti	District Hospital Male	Others	125	55	44
Basti	District Women Hospital	Medical Officers	18	10	56
Basti	District Women Hospital	Nurses	36	28	78
Basti	District Women Hospital	Paramedics	8	8	100
Basti	District Women Hospital	Others	24	23	96
Bhadohi	Combined District Hospital	Medical Officers	28	11	39
Bhadohi	Combined District Hospital	Nurses	6	4	67
Bhadohi	Combined District Hospital	Paramedics	15	8	53
Bhadohi	Combined District Hospital	Others	DNA	DNA	DNA
Bhadohi	Combined District Hospital-II	Medical Officers	32	17	53
Bhadohi	Combined District Hospital-II	Nurses	50	9	18
Bhadohi	Combined District Hospital-II	Paramedics	23	6	26
Bhadohi	Combined District Hospital-II	Others	19	16	84
Bijnor	District Women Hospital	Medical Officers	17	11	65
Bijnor	District Women Hospital	Nurses	32	13	41
Bijnor	District Women Hospital	Paramedics	8	6	75
Bijnor	District Women Hospital	Others	DNA	DNA	DNA
Bulandshahr	Combined District Hospital	MEDICAL OFFICERS	12	12	100
Bulandshahr	Combined District Hospital	NURSES	9	9	100
Bulandshahr	Combined District Hospital	Paramedics	20	20	100
Bulandshahr	Combined District Hospital	Others	14	0	0
Chitrakoot	Combined District Hospital	Medical Officers	40	59	148
Chitrakoot	Combined District Hospital	Nurses	DNA	DNA	DNA
Chitrakoot	Combined District Hospital	Paramedics	DNA	DNA	DNA
Chitrakoot	Combined District Hospital	Others	DNA	DNA	DNA
Etawah	District Hospital	Medical Officers	60	22	37
Etawah	District Hospital	Nurses	115	65	57
Etawah	District Hospital	Paramedics	196	62	32
Etawah	District Hospital	Others	100	60	60
Etawah	District Women Hospital	Medical Officers	11	11	100

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Etawah	District Women Hospital	Nurses	41	40	98
Etawah	District Women Hospital	Paramedics	18	18	100
Etawah	District Women Hospital	Others	50	50	100
Farrukhabad	District Hospital	Medical Officers	29	10	34
Farrukhabad	District Hospital	Nurses	37	15	41
Farrukhabad	District Hospital	Paramedics	40	22	55
Farrukhabad	District Hospital	Others	116	76	66
Farrukhabad	District Women Hospital	Medical Officers	15	7	47
Farrukhabad	District Women Hospital	Nurses	19	20	105
Farrukhabad	District Women Hospital	Paramedics	4	3	75
Farrukhabad	District Women Hospital	Others	57	57	100
Farrukhabad	Combined District Hospital	Medical Officers	7	3	43
Farrukhabad	Combined District Hospital	Nurses	6	3	50
Farrukhabad	Combined District Hospital	Paramedics	10	13	130
Farrukhabad	Combined District Hospital	Others	8	0	0
Gautam Buddha Nagar	Combined District Hospital	Medical Officers	40	21	53
Gautam Buddha Nagar	Combined District Hospital	Nurses	63	31	49
Gautam Buddha Nagar	Combined District Hospital	Paramedics	41	37	90
Gautam Buddha Nagar	Combined District Hospital	Others	76	38	50
Ghaziabad	District Women Hospital	Medical Officers	18	8	44
Ghaziabad	District Women Hospital	Nurses	39	28	72
Ghaziabad	District Women Hospital	Paramedics	15	13	87
Ghaziabad	District Women Hospital	Others	45	14	31
Ghaziabad	District Hospital	Medical Officers	40	23	58
Ghaziabad	District Hospital	Nurses	59	55	93
Ghaziabad	District Hospital	Paramedics	36	29	81
Ghaziabad	District Hospital	Others	136	75	55
Ghaziabad	Combined District Hospital	Medical Officers	45	21	47
Ghaziabad	Combined District Hospital	Nurses	79	47	59
Ghaziabad	Combined District Hospital	Paramedics	26	23	88
Ghaziabad	Combined District Hospital	Others	50	50	100
Gonda	District Women Hospital	Medical Officers	85	71	84
Gonda	District Women Hospital	Nurses	66	49	74
Gonda	District Women Hospital	Paramedics	26	19	73
Gonda	District Women Hospital	Others	60	39	65
Gorakhpur	District Hospital	Medical Officers	56	47	84
Gorakhpur	District Hospital	Nurses	52	95	183
Gorakhpur	District Hospital	Paramedics	39	59	151
Gorakhpur	District Hospital	Others	129	139	108
Gorakhpur	District Women Hospital	Medical Officers	36	22	61
Gorakhpur	District Women Hospital	Nurses	72	68	94
Gorakhpur	District Women Hospital	Paramedics	25	18	72
Gorakhpur	District Women Hospital	Others	49	19	39
Hamirpur	District Hospital Male	Medical Officers	25	10	40
Hamirpur	District Hospital Male	Nurses	11	6	55
Hamirpur	District Hospital Male	Paramedics	15	11	73
Hamirpur	District Hospital Male	Others	35	28	80
Hamirpur	District Women Hospital	Medical Officers	5	6	120
Hamirpur	District Women Hospital	Nurses	6	3	50

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Hamirpur	District Women Hospital	Paramedics	4	4	100
Hamirpur	District Women Hospital	Others	44	31	70
Hapur	Combined District Hospital	Medical Officers	37	18	49
Hapur	Combined District Hospital	Nurses	38	1	3
Hapur	Combined District Hospital	Paramedics	19	11	58
Hapur	Combined District Hospital	Others	34	28	82
Hathras	District Hospital	Medical Officers	25	11	44
Hathras	District Hospital	Nurses	44	26	59
Hathras	District Hospital	Paramedics	16	15	94
Hathras	District Hospital	Others	100	37	37
Hathras	District Women Hospital	Medical Officers	17	6	35
Hathras	District Women Hospital	Nurses	31	20	65
Hathras	District Women Hospital	Paramedics	5	5	100
Hathras	District Women Hospital	Others	60	28	47
Jalaun (orai)	District Women Hospital	Medical Officers	10	9	90
Jalaun (orai)	District Women Hospital	Nurses	10	7	70
Jalaun (orai)	District Women Hospital	Paramedics	5	4	80
Jalaun (orai)	District Women Hospital	Others	18	43	239
Jalaun (orai)	District Male Hospital	Medical Officers	37	16	43
Jalaun (orai)	District Male Hospital	Nurses	31	23	74
Jalaun (orai)	District Male Hospital	Paramedics	12	10	83
Jalaun (orai)	District Male Hospital	Others	78	75	96
Jaunpur	District Hospital	Medical Officers	27	18	67
Jaunpur	District Hospital	Nurses	53	28	53
Jaunpur	District Hospital	Paramedics	34	32	94
Jaunpur	District Hospital	Others	77	47	61
Jaunpur	District Women Hospital	Medical Officers	21	16	76
Jaunpur	District Women Hospital	Nurses	14	34	243
Jaunpur	District Women Hospital	Paramedics	10	10	100
Jaunpur	District Women Hospital	Others	DNA	DNA	DNA
Jhansi	District Hospital	Medical Officers	47	42	89
Jhansi	District Hospital	Nurses	29	62	214
Jhansi	District Hospital	Paramedics	19	26	137
Jhansi	District Hospital	Others	69	89	129
Jhansi	District Women Hospital	Medical Officers	13	11	85
Jhansi	District Women Hospital	Nurses	22	19	86
Jhansi	District Women Hospital	Paramedics	12	10	83
Jhansi	District Women Hospital	Others	48	30	63
Kannauj	Combined District Hospital	Medical Officers	27	17	63
Kannauj	Combined District Hospital	Nurses	56	23	41
Kannauj	Combined District Hospital	Paramedics	16	15	94
Kannauj	Combined District Hospital	Others	77	130	169
Kanpur Nagar	Manywar kanshiram CDH	Medical Officers	37	30	81
Kanpur Nagar	Manywar kanshiram CDH	Nurses	33	41	124
Kanpur Nagar	Manywar kanshiram CDH	Paramedics	14	18	129
Kanpur Nagar	Manywar kanshiram CDH	Others	6	5	83
Kanpur Nagar	UHM DHM	Medical Officers	69	48	70
Kanpur Nagar	UHM DHM	Nurses	73	60	82
Kanpur Nagar	UHM DHM	Paramedics	46	45	98
Kanpur Nagar	UHM DHM	Others	174	90	52
Kanpur Nagar	AHM Dufferin DWH	Medical Officers	16	9	56
Kanpur Nagar	AHM Dufferin DWH	Nurses	46	28	61

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Kanpur Nagar	AHM Dufferin DWH	Paramedics	9	8	89
Kanpur Nagar	AHM Dufferin DWH	Others	19	19	100
Kanpur Nagar	KPM Hospital DHM	Medical Officers	18	14	78
Kanpur Nagar	KPM Hospital DHM	Nurses	13	13	100
Kanpur Nagar	KPM Hospital DHM	Paramedics	12	18	150
Kanpur Nagar	KPM Hospital DHM	Others	41	34	83
Kasganj	Combined District Hospital	Medical Officers	43	10	23
Kasganj	Combined District Hospital	Nurses	47	13	28
Kasganj	Combined District Hospital	Paramedics	27	19	70
Kasganj	Combined District Hospital	Others	50	43	86
Lucknow	Balrampur Hospital	Medical Officers	98	65	66
Lucknow	Balrampur Hospital	Nurses	175	164	94
Lucknow	Balrampur Hospital	Paramedics	70	66	94
Lucknow	Balrampur Hospital	Others	473	361	76
Lucknow	Veerangna Avantibai DWH	Medical Officers	28	29	104
Lucknow	Veerangna Avantibai DWH	Nurses	50	37	74
Lucknow	Veerangna Avantibai DWH	Paramedics	12	12	100
Lucknow	Veerangna Avantibai DWH	Others	100	49	49
Lucknow	Dr. SPM (Civil) hospital	Medical Officers	110	76	69
Lucknow	Dr. SPM (Civil) hospital	Nurses	157	146	93
Lucknow	Dr. SPM (Civil) hospital	Paramedics	73	71	97
Lucknow	Dr. SPM (Civil) hospital	Others	283	175	62
Lucknow	RLB Combined Hospital	Medical Officers	45	32	71
Lucknow	RLB Combined Hospital	Nurses	57	47	82
Lucknow	RLB Combined Hospital	Paramedics	30	29	97
Lucknow	RLB Combined Hospital	Others	149	77	52
Lucknow	BRD Combined Hospital	Medical Officers	14	13	93
Lucknow	BRD Combined Hospital	Nurses	7	10	143
Lucknow	BRD Combined Hospital	Paramedics	6	4	67
Lucknow	BRD Combined Hospital	Others	11	7	64
Lucknow	Veerangna Jhalkari Bai DWH	Medical Officers	21	20	95
Lucknow	Veerangna Jhalkari Bai DWH	Nurses	42	39	93
Lucknow	Veerangna Jhalkari Bai DWH	Paramedics	15	16	107
Lucknow	Veerangna Jhalkari Bai DWH	Others	71	69	97
Lucknow	RSM 100 Bedded CDH	Medical Officers	29	19	66
Lucknow	RSM 100 Bedded CDH	Nurses	24	21	88
Lucknow	RSM 100 Bedded CDH	Paramedics	13	12	92
Lucknow	RSM 100 Bedded CDH	Others	39	38	97
Maharajganj	District Combined Hospital	Medical Officers	37	39	105
Maharajganj	District Combined Hospital	Nurses	102	107	105
Maharajganj	District Combined Hospital	Paramedics	39	32	82
Maharajganj	District Combined Hospital	Others	143	93	65
Mahoba	District Male Hospital	Medical Officers	25	19	76
Mahoba	District Male Hospital	Nurses	26	11	42
Mahoba	District Male Hospital	Paramedics	16	22	138

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Mahoba	District Male Hospital	Others	9	72	800
Mahoba	District women Hospital	Medical Officers	8	8	100
Mahoba	District women Hospital	Nurses	15	13	87
Mahoba	District women Hospital	Paramedics	3	5	167
Mahoba	District women Hospital	Others	4	45	1125
Mainpuri	Maharaja Tejsingh DHM	Medical Officers	37	22	59
Mainpuri	Maharaja Tejsingh DHM	Nurses	69	57	83
Mainpuri	Maharaja Tejsingh DHM	Paramedics	38	29	76
Mainpuri	Maharaja Tejsingh DHM	Others	74	61	82
Mainpuri	District Women Hospital	Medical Officers	30	9	30
Mainpuri	District Women Hospital	Nurses	51	26	51
Mainpuri	District Women Hospital	Paramedics	14	14	100
Mainpuri	District Women Hospital	Others	52	52	100
Mathura	District male Hospital	Medical Officers	34	20	59
Mathura	District male Hospital	Nurses	24	24	100
Mathura	District male Hospital	Paramedics	30	26	87
Mathura	District male Hospital	Others	81	50	62
Mathura	District Women Hospital	Medical Officers	21	12	57
Mathura	District Women Hospital	Nurses	33	22	67
Mathura	District Women Hospital	Paramedics	12	8	67
Mathura	District Women Hospital	Others	73	48	66
Mau	District Hospital Male	Medical Officers	26	20	77
Mau	District Hospital Male	Nurses	57	31	54
Mau	District Hospital Male	Paramedics	31	31	100
Mau	District Hospital Male	Others	13	13	100
Mau	District Women Hospital	Medical Officers	32	14	44
Mau	District Women Hospital	Nurses	57	36	63
Mau	District Women Hospital	Paramedics	14	14	100
Mau	District Women Hospital	Others	45	45	100
Meerut	P.L. Sharma district Hospital	Medical Officers	59	34	58
Meerut	P.L. Sharma district Hospital	Nurses	112	77	69
Meerut	P.L. Sharma district Hospital	Paramedics	28	24	86
Meerut	P.L. Sharma district Hospital	Others	7	6	86
Meerut	District Women Hospital	Medical Officers	35	17	49
Meerut	District Women Hospital	Nurses	105	45	43
Meerut	District Women Hospital	Paramedics	23	19	83
Meerut	District Women Hospital	Others	100	83	83
Moradabad	District women Hospital	Medical Officers	39	14	36
Moradabad	District women Hospital	Nurses	97	44	45
Moradabad	District women Hospital	Paramedics	24	14	58
Moradabad	District women Hospital	Others	DNA	DNA	DNA
Moradabad	District male Hospital	Medical Officers	54	25	46
Moradabad	District male Hospital	Nurses	129	68	53
Moradabad	District male Hospital	Paramedics	31	19	61
Moradabad	District male Hospital	Others	DNA	DNA	DNA
Muzaffarnagar	District Women Hospital	Medical Officers	33	21	64
Muzaffarnagar	District Women Hospital	Nurses	90	77	86
Muzaffarnagar	District Women Hospital	Paramedics	25	17	68
Muzaffarnagar	District Women Hospital	Others	103	61	59

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Muzaffarnagar	District Male Hospital	Medical Officers	37	35	95
Muzaffarnagar	District Male Hospital	Nurses	53	26	49
Muzaffarnagar	District Male Hospital	Paramedics	33	25	76
Muzaffarnagar	District Male Hospital	Others	115	65	57
Prayagraj	DH (TB Sapru)	Medical Officers	49	35	71
Prayagraj	DH (TB Sapru)	Nurses	88	70	80
Prayagraj	DH (TB Sapru)	Paramedics	45	48	107
Prayagraj	DH (TB Sapru)	Others	DNA	DNA	DNA
Prayagraj	District Women Hospital	Medical Officers	38	27	71
Prayagraj	District Women Hospital	Nurses	60	75	125
Prayagraj	District Women Hospital	Paramedics	22	25	114
Prayagraj	District Women Hospital	Others	72	74	103
Prayagraj	Motilal Nehru Divisional Hospital	Medical Officers	45	26	58
Prayagraj	Motilal Nehru Divisional Hospital	Nurses	36	35	97
Prayagraj	Motilal Nehru Divisional Hospital	Paramedics	34	33	97
Prayagraj	Motilal Nehru Divisional Hospital	Others	DNA	DNA	DNA
Raebareli	District Hospital	Medical Officers	49	28	57
Raebareli	District Hospital	Nurses	80	32	40
Raebareli	District Hospital	Paramedics	51	34	67
Raebareli	District Hospital	Others	101	80	79
Raebareli	District Women Hospital	Medical Officers	27	15	56
Raebareli	District Women Hospital	Nurses	110	62	56
Raebareli	District Women Hospital	Paramedics	32	25	78
Raebareli	District Women Hospital	Others	110	91	83
Rampur	District Women Hospital	Medical Officers	19	11	58
Rampur	District Women Hospital	Nurses	29	23	79
Rampur	District Women Hospital	Paramedics	10	9	90
Rampur	District Women Hospital	Others	22	14	64
Rampur	District Hospital	Medical Officers	27	9	33
Rampur	District Hospital	Nurses	65	56	86
Rampur	District Hospital	Paramedics	28	19	68
Rampur	District Hospital	Others	82	57	70
Saharanpur	District Hospital	Medical Officers	61	28	46
Saharanpur	District Hospital	Nurses	92	25	27
Saharanpur	District Hospital	Paramedics	32	24	75
Saharanpur	District Hospital	Others	117	62	53
Saharanpur	District Women Hospital	Medical Officers	34	10	29
Saharanpur	District Women Hospital	Nurses	73	25	34
Saharanpur	District Women Hospital	Paramedics	18	17	94
Saharanpur	District Women Hospital	Others	61	58	95
Sambhal	Combined District Hospital	Medical Officers	14	9	64
Sambhal	Combined District Hospital	Nurses	DNA	DNA	DNA
Sambhal	Combined District Hospital	Paramedics	DNA	DNA	DNA
Sambhal	Combined District Hospital	Others	DNA	DNA	DNA
Sant Kabir Nagar	Combined District Hospital	Medical Officers	76	51	67
Sant Kabir Nagar	Combined District Hospital	Nurses	156	70	45
Sant Kabir	Combined District Hospital	Paramedics	48	28	58

District	Hospital	Name of Post	Sanctioned Strength (SS)	Person in Position (PIP)	Percentage of PIP against SS
Nagar					
Sant Kabir Nagar	Combined District Hospital	Others	103	70	68
Shamli	Combined District Hospital	Medical Officers	34	10	29
Shamli	Combined District Hospital	Nurses	30	17	57
Shamli	Combined District Hospital	Paramedics	66	9	14
Shamli	Combined District Hospital	Others	27	27	100
Sitapur	District Hospital	Medical Officers	51	17	33
Sitapur	District Hospital	Nurses	65	42	65
Sitapur	District Hospital	Paramedics	33	12	36
Sitapur	District Hospital	Others	29	29	100
Sitapur	District Women Hospital	Medical Officers	19	15	79
Sitapur	District Women Hospital	Nurses	39	35	90
Sitapur	District Women Hospital	Paramedics	7	6	86
Sitapur	District Women Hospital	Others	89	68	76
Srawasti	Combined District Hospital	Medical Officers	37	37	100
Srawasti	Combined District Hospital	Nurses	43	32	74
Srawasti	Combined District Hospital	Paramedics	42	20	48
Srawasti	Combined District Hospital	Others	35	33	94
Unnao	District Hospital	Medical Officers	27	26	96
Unnao	District Hospital	Nurses	22	19	86
Unnao	District Hospital	Paramedics	12	12	100
Unnao	District Hospital	Others	84	61	73
Unnao	District Women Hospital	Medical Officers	13	12	92
Unnao	District Women Hospital	Nurses	12	11	92
Unnao	District Women Hospital	Paramedics	10	10	100
Unnao	District Women Hospital	Others	49	36	73
Varanasi	District Women Hospital	Medical Officers	19	13	68
Varanasi	District Women Hospital	Nurses	36	32	89
Varanasi	District Women Hospital	Paramedics	7	6	86
Varanasi	District Women Hospital	Others	93	59	63
Varanasi	Lal Bahadur Shastri Hospital	Medical Officers	32	16	50
Varanasi	Lal Bahadur Shastri Hospital	Nurses	9	5	56
Varanasi	Lal Bahadur Shastri Hospital	Paramedics	12	12	100
Varanasi	Lal Bahadur Shastri Hospital	Others	51	44	86
Varanasi	Pt. D D U Govt. Hospital	Medical Officers	41	24	59
Varanasi	Pt. D D U Govt. Hospital	Nurses	73	58	79
Varanasi	Pt. D D U Govt. Hospital	Paramedics	27	25	93
Varanasi	Pt. D D U Govt. Hospital	Others	DNA	DNA	DNA
Varanasi	S S P G Divisional DH	Medical Officers	DNA	DNA	DNA
Varanasi	S S P G Divisional DH	Nurses	DNA	DNA	DNA
Varanasi	S S P G Divisional DH	Paramedics	DNA	DNA	DNA
Varanasi	S S P G Divisional DH	Others	DNA	DNA	DNA

(Source: CMSs of the District Hospitals, DNA = Data not available)

Appendix- 2.1 (B)
(Reference: Paragraph no. 2.2)
Status of district wise human resources in CHCs as per HMIS (March 2022)

District Name	No. of CHCs	Medical Officer			Nurses			Paramedics			Others		
		Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS
Agra	18	316	86	27	244	105	43	248	122	49	234	90	38
Aligarh	13	160	38	24	157	76	48	163	89	55	134	43	32
Ambedkar Nagar	10	104	77	74	82	65	79	110	86	78	85	53	62
Amethi	13	121	47	39	102	77	75	131	85	65	114	46	40
Amroha	8	94	36	38	90	54	60	117	71	61	114	62	54
Auraiya	8	62	27	44	127	55	43	69	40	58	51	29	57
Ayodhya	12	128	78	61	121	88	73	134	86	64	98	49	50
Azamgarh	19	135	105	78	149	102	68	161	115	71	106	82	77
Bagpat	7	84	30	36	78	32	41	88	40	45	69	31	45
Bahraich	14	162	96	59	130	102	78	137	102	74	100	67	67
Ballia	14	115	41	36	70	60	86	70	61	87	43	35	81
Balrampur	9	108	51	47	104	56	54	108	53	49	94	31	33
Banda	4	43	24	56	23	14	61	39	26	67	32	17	53
Barabanki	19	235	162	69	137	110	80	216	158	73	152	78	51
Bareilly	16	181	120	66	131	108	82	160	117	73	115	73	63
Basti	14	204	46	23	131	59	45	150	80	53	134	47	35
Bhadohi	6	78	49	63	61	35	57	96	53	55	67	39	58
Bijnor	11	85	47	55	75	44	59	93	71	76	82	48	59
Budaun	14	185	49	26	212	160	75	128	82	64	90	49	54
Bulandshahr	13	133	71	53	113	62	55	107	66	62	92	50	54
Chandauli	4	102	35	34	63	16	25	83	38	46	70	21	30
Chitrakoot	6	56	28	50	65	36	55	72	56	78	54	26	48
Deoria	16	114	52	46	76	97	128	99	93	94	103	42	41
Etah	4	30	15	50	28	26	93	41	26	63	23	15	65
Etawah	8	82	33	40	66	46	70	94	68	72	72	30	42
Farrukhabad	8	49	27	55	59	40	68	80	67	84	55	33	60
Fatehpur	11	64	39	61	104	89	86	64	42	66	52	26	50
Firozabad	5	48	25	52	24	21	88	44	30	68	26	9	35
Gautam Buddha Nagar	5	46	35	76	31	30	97	40	28	70	34	26	76
Ghaziabad	4	52	34	65	28	25	89	57	35	61	62	31	50

District Name	Medical Officer			Nurses			Paramedics			Others			
Ghazipur	17	161	64	40	145	79	54	166	112	67	118	76	64
Gonda	16	226	63	28	141	105	74	177	131	74	152	98	64
Gorakhpur	15	151	93	62	126	133	106	113	102	90	84	68	81
Hamirpur	4	36	22	61	30	31	103	39	24	62	34	21	62
Hapur	6	63	49	78	42	36	86	43	32	74	34	28	82
Hardoi	20	210	128	61	271	218	80	198	140	71	146	96	66
Hathras	7	61	35	57	85	55	65	66	35	53	44	17	39
Jalaun	7	66	30	45	64	35	55	75	48	64	63	32	51
Jaunpur	22	172	89	52	245	192	78	171	102	60	158	76	48
Jhansi	12	97	49	51	153	94	61	93	63	68	89	61	69
Kannauj	11	160	118	74	120	73	61	149	122	82	87	51	59
Kanpur Dehat	8	94	73	78	58	48	83	92	73	79	52	33	63
Kanpur Nagar	10	127	86	68	130	108	83	123	92	75	105	66	63
Kasganj	7	55	32	58	114	106	93	61	53	87	41	32	78
Kaushambi	5	64	36	56	32	22	69	52	41	79	35	26	74
Kheri	15	299	92	31	204	99	49	235	110	47	218	77	35
Kushinagar	16	152	84	55	144	72	50	195	97	50	162	56	35
Lalitpur	5	73	35	48	49	36	73	71	37	52	74	43	58
Lucknow	19	189	139	74	229	204	89	217	176	81	187	124	66
Maharajganj	12	212	67	32	141	56	40	434	78	18	107	50	47
Mahoba	5	34	13	38	30	19	63	37	24	65	28	14	50
Mainpuri	10	96	27	28	89	62	70	120	67	56	104	47	45
Mathura	12	173	68	39	158	88	56	128	59	46	104	34	33
Mau	6	54	45	83	24	24	100	48	32	67	45	30	67
Meerut	12	245	102	42	144	91	63	175	83	47	156	57	37
Mirzapur	16	112	67	60	96	73	76	138	103	75	105	54	51
Moradabad	7	62	14	23	78	48	62	68	46	68	54	33	61
Muzaffarnagar	7	74	57	77	68	41	60	75	56	75	47	35	74
Pilibhit	9	106	37	35	81	38	47	86	50	58	72	42	58
Pratapgarh	21	214	83	39	107	71	66	160	105	66	141	74	52
Prayagraj	20	328	173	53	166	125	75	237	172	73	198	123	62
Raebareli	19	330	113	34	246	121	49	231	139	60	231	110	48
Rampur	5	57	27	47	51	27	53	67	44	66	58	34	59
Saharanpur	21	126	66	52	89	61	69	165	119	72	145	102	70
Sambhal	10	128	35	27	110	53	48	122	64	52	113	44	39
Sant Kabir Nagar	4	55	31	56	60	46	77	58	47	81	42	25	60
Shahjahanpur	17	152	71	47	316	259	82	172	81	47	162	64	40
Shamli	7	195	29	15	69	33	48	85	40	47	71	33	46

District Name	Medical Officer		Nurses		Paramedics			Others			
Shravasti	6	70	29	41	101	64	63	52	55	18	33
Siddharth Nagar	8	71	48	68	34	24	71	69	46	28	61
Sitapur	21	328	143	44	254	115	45	51	250	95	38
Sonbhadra	7	110	42	38	64	40	63	64	75	40	53
Sultanpur	14	164	84	51	150	93	62	69	142	75	53
Unnao	17	146	122	84	104	78	75	81	80	56	70
Varanasi	12	105	49	47	46	36	78	81	37	30	81

(Source: Health Management Information System data, State Programme Management Unit, Lucknow)

Appendix- 2.1 (C)
(Reference: Paragraph no.2.2)
Status of district wise human resources in PHCs as per HMIS (March 2022)

District	No. of PHCs	Medical Officer		Nurses		Paramedics		Others				
		Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS		
Agra	73	129	66	51	114	59	248	124	50	162	55	34
Aligarh	53	104	57	55	80	30	317	168	53	169	63	37
Ambedkar Nagar	28	51	37	73	38	27	72	57	79	44	38	86
Amethi	33	50	34	68	30	4	113	56	50	74	26	35
Amroha	32	40	21	53	50	15	148	87	59	88	29	33
Auraiya	25	25	12	48	14	5	62	23	37	42	19	45
Ayodhya	34	56	36	64	24	10	135	88	65	70	40	57
Azamgarh	75	90	96	107	125	41	362	258	71	246	70	28
Baghpat	25	39	31	79	29	16	78	55	71	43	17	40
Bahraich	56	95	63	66	77	38	163	118	72	84	59	70
Ballia	77	125	97	78	58	45	275	220	80	178	126	71
Balrampur	25	41	27	66	42	14	88	37	42	58	29	50
Banda	53	70	34	49	48	24	160	91	57	98	55	56
Barabanki	57	88	66	75	43	12	206	138	67	103	50	49
Bareilly	71	125	84	67	107	50	333	228	68	153	105	69
Basti	41	85	52	61	59	24	160	101	63	91	42	46
Bhadohi	17	27	18	67	5	4	48	43	90	17	15	88
Bijnor	62	93	52	56	78	39	327	202	62	206	107	52
Budaun	51	116	61	53	74	41	182	113	62	128	84	66
Bulandshahr	68	95	67	71	71	32	272	168	62	166	78	47
Chandauli	30	73	47	64	45	25	157	86	55	105	43	41
Chitrakoot	28	66	32	48	37	8	81	56	69	60	31	52
Deoria	77	110	107	97	79	60	211	200	95	156	113	72
Etah	34	42	35	83	33	27	92	69	75	70	39	56
Etawah	34	55	30	55	34	14	140	73	52	94	36	38
Farrukhabad	31	26	15	58	30	14	68	34	50	52	22	42
Fatehpur	47	89	50	56	59	31	176	94	53	130	69	53
Firozabad	71	113	73	65	79	48	445	347	78	112	61	54
Gautam Buddha	37	42	33	79	44	27	100	77	77	73	46	63

District	No. of PHCs	Medical Officer		Nurses		Paramedics		Others					
		Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS			
Raebareli	53	132	66	50	59	18	31	200	99	50	112	43	38
Rampur	35	45	35	78	44	29	66	123	83	67	67	49	73
Saharanpur	62	88	53	60	80	32	40	254	187	74	138	91	66
Sambhal	31	40	23	58	36	11	31	124	65	52	91	35	38
Sant Kabir Nagar	24	59	25	42	58	23	40	104	47	45	57	27	47
Shahjahanpur	47	61	28	46	56	16	29	196	95	48	135	41	30
Shamli	26	75	24	32	46	10	22	137	48	35	107	32	30
Shravasti	12	25	17	68	20	9	45	43	24	56	23	10	43
Siddharth Nagar	64	123	79	64	53	30	57	217	133	61	139	53	38
Sitapur	67	179	76	42	134	20	15	375	132	35	206	47	23
Sonbhadra	31	57	35	61	42	33	79	98	58	59	76	38	50
Sultanpur	45	64	40	63	35	8	23	156	94	60	94	44	47
Unnao	48	112	69	62	72	20	28	214	120	56	120	85	71
Varanasi	51	92	87	95	54	42	78	296	282	95	137	123	90

(Source: Health Management Information System data, State Programme Management Unit)

Appendix- 2.1 (D)

(Reference: Paragraph no.2.2)

Status of district wise human resources in SCs as per HMIS (March 2022)

District Name	No. of Sub-centers	Paramedics			Community Health Officers		
		Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS
Agra	395	845	411	49	149	63	42
Firozabad	217	419	216	52	61	26	43
Mainpuri	206	621	272	44	87	59	68
Mathura	206	409	156	38	28	11	39
Aligarh	333	955	688	72	36	24	67
Etah	190	221	121	55	6	0	0
Hathras	194	350	297	85	7	6	86
Kasganj	170	355	317	89	3	1	33
Ambedkar Nagar	272	447	317	71	74	74	100
Amethi	213	374	256	68	61	50	82
Ayodhya	248	716	475	66	130	83	64
Barabanki	352	1630	1521	93	123	103	84
Sultanpur	246	691	274	40	134	68	51
Azamgarh	492	761	460	60	19	1	5
Ballia	367	425	361	85	7	7	100
Mau	225	347	205	59	0	0	0
Bareilly	410	917	486	53	53	24	45
Budaun	291	990	698	71	33	22	67
Pilibhit	199	511	287	56	66	28	42
Shahjahanpur	298	478	369	77	63	29	46
Basti	273	643	432	67	81	64	79
Sant Kabir Nagar	183	333	223	67	5	2	40
Siddharth Nagar	278	568	339	60	44	36	82
Banda	277	399	256	64	76	28	37
Chitrakoot	134	250	243	97	96	95	99
Hamirpur	214	573	540	94	54	52	96
Mahoba	150	101	74	73	16	12	75
Bahraich	319	678	544	80	94	80	85
Balrampur	215	729	469	64	130	108	83
Gonda	322	843	741	88	44	39	89
Shravasti	125	265	158	60	1	1	100
Deoria	320	477	382	80	18	2	11
Gorakhpur	529	724	551	76	45	41	91
Kushinagar	367	638	379	59	57	34	60
Maharajganj	291	944	654	69	63	48	76
Jalaun	287	550	371	67	12	12	100
Jhansi	338	453	380	84	49	49	100
Lalitpur	197	1024	865	84	2	2	100
Auraiya	165	381	359	94	1	1	100
Etawah	167	378	131	35	18	16	89
Farrukhabad	214	329	258	78	53	48	91
Kannauj	189	491	353	72	61	29	48
Kanpur Dehat	240	282	194	69	34	30	88
Kanpur Nagar	391	587	330	56	87	13	15
Hardoi	433	1060	587	55	139	93	67
Kheri	386	1957	634	32	323	51	16
Lucknow	303	517	360	70	119	80	67
Raebareli	352	728	368	51	97	73	75
Sitapur	474	2015	968	48	280	88	31
Unnao	361	676	350	52	72	45	63

District Name	No. of Sub-centers	Paramedics			Community Health Officers		
		Total Sanctioned	Total PIP	Percentage of PIP against SS	Total Sanctioned	Total PIP	Percentage of PIP against SS
Baghpat	206	304	211	69	17	15	88
Bulandshahr	346	747	487	65	56	44	79
Gautam Buddha Nagar	128	138	81	59	5	0	0
Ghaziabad	146	198	170	86	27	27	100
Hapur	181	219	215	98	40	40	100
Meerut	279	656	409	62	96	55	57
Bhadohi	161	206	164	80	19	19	100
Mirzapur	263	648	554	85	44	44	100
Sonbhadra	173	387	342	88	36	34	94
Amroha	175	462	259	56	43	42	98
Bijnor	343	517	348	67	98	74	76
Moradabad	259	431	227	53	70	23	33
Rampur	211	353	306	87	33	33	100
Sambhal	216	471	210	45	86	47	55
Fatehpur	321	449	284	63	43	28	65
Kaushambi	156	292	243	83	43	36	84
Pratapgarh	355	527	338	64	4	4	100
Prayagraj	581	1394	875	63	150	126	84
Muzaffarnagar	286	519	318	61	97	68	70
Saharanpur	363	426	370	87	79	78	99
Shamli	135	298	161	54	38	34	89
Chandauli	248	738	317	43	117	70	60
Ghazipur	399	655	394	60	85	37	44
Jaunpur	507	1504	615	41	96	60	63
Varanasi	320	596	570	96	100	100	100

(Source: Health Management Information System data, State Programme Management Unit)

Appendix- 2.2

(Reference: Paragraph no. 2.3)

Region-wise allocation of doctors as of October 2021

Sl. No.	District	Population	No. of doctors available	Population per Doctor
Bundelkhand Region				
1	Banda	2187525	142	15405
2	Chitrakoot	1198232	122	9822
3	Hamirpur	1347872	96	14040
4	Jalaun	2075760	120	17298
5	Jhansi	2499821	198	12625
6	Lalitpur	1483504	101	14688
7	Mahoba	1071697	76	14101
Total		11864411	855	13877
Central Region				
1	Barabanki	3941530	343	11491
2	Fatehpur	3189749	210	15189
3	Hardoi	4964268	298	16659
4	Kanpur Dehat	2170055	189	11482
5	Kanpur Nagar	5877197	351	16744
6	Kheri	4867936	241	20199
7	Lucknow	5890547	914	6445
8	Raebareli	3507987	294	11932
9	Sitapur	5430340	303	17922
10	Unnao	3786168	257	14732
Total		43625777	3400	12831
Eastern Region				
1	Ambedkar Nagar	2903549	138	21040
2	Amethi	2461140	145	16973
3	Ayodhya	2998854	306	9800
4	Azamgarh	5567358	326	17078
5	Bahraich	4206682	278	15132
6	Ballia	3912967	207	18903
7	Balrampur	2590441	157	16500
8	Basti	2964151	216	13723
9	Chandauli	2366403	193	12261
10	Deoria	3748716	233	16089
11	Ghazipur	4363815	191	22847
12	Gonda	4134509	204	20267
13	Gorakhpur	5419450	341	15893
14	Jaunpur	5418041	316	17146
15	Kaushambi	1928558	145	13300
16	Kushinagar	4283072	240	17846
17	Mahrajganj	3226956	178	18129
18	Mau	2703212	173	15626
19	Mirzapur	3030875	245	12371
20	Pratapgarh	3859209	299	12907
21	Prayagraj	7313247	504	14510
22	Sant Kabir Nagar	2067261	151	13690
23	Sant Ravidas Nagar (Bhadohi)	1916947	130	14746
24	Shrawasti	1340726	115	11658
25	Siddharthnagar	3080511	207	14882
26	Sonbhadra	2268140	179	12671
27	Sultanpur	2707821	187	14480
28	Varanasi	4607406	347	13278
Total		97390017	6351	15335

Sl. No.	District	Population	No. of doctors available	Population per Doctor
Western Region				
1	Agra	5551094	334	16620
2	Aligarh	4553341	161	28282
3	Amroha	2260647	120	18839
4	Auraiya	1680134	109	15414
5	Baghpat	1594126	144	11070
6	Bareilly	5525792	280	19735
7	Bijnor	4525058	134	33769
8	Budaun	3817379	172	22194
9	Bulandshahr	4297969	224	19187
10	Etah	2156713	91	23700
11	Etawah	1939474	118	16436
12	Farrukhabad	2308757	97	23802
13	Firozabad	3096895	150	20646
14	Gautam Buddha Nagar	2099617	156	13459
15	Ghaziabad	4362524	169	25814
16	Hapur	1654199	102	16218
17	Hathras	1914560	110	17405
18	Kannauj	2017519	189	10675
19	Kasganj	1755656	66	26601
20	Mainpuri	2271831	98	23182
21	Mathura	3145231	205	15343
22	Meerut	4350288	231	18832
23	Moradabad	3890984	163	23871
24	Muzaffarnagar	3537562	158	22390
25	Pilibhit	2474419	110	22495
26	Rampur	2870322	122	23527
27	Saharanpur	4285264	210	20406
28	Shahjahanpur	3672759	138	26614
29	Shambhal	2691715	82	32826
30	Shamli	1573677	70	22481
Total		91875506	4513	20358
Grand Total		244755711	15119	16189

(Source: DGMH)

Appendix- 2.3
(Reference: Paragraph no. 2.5.1)
Shortfall/excess of human resources in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Bed Capacity	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+) as per IPHS Norm	
						as per IPHS Norm	As per SS
Doctor							
1	District Male Hospital, Ghazipur		DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Women Hospital, Ghazipur		DWH in Ghazipur has been converted into ATH of Medical College from April 2021				
3	District Male Hospital, Hamirpur	68	24	25	10	-14	-15
4	District Women Hospital, Hamirpur	32	20	5	6	-14	+1
5	District Male Hospital, Jalaun	113	34	37	16	-18	-21
6	District Women Hospital, Jalaun	60	24	11	9	-15	-2
7	Combined District Hospital, Kannauj	210	50	27	17	-33	-10
8	District Male Hospital, Kanpur Nagar	550	68	69	48	-20	-21
9	District Women Hospital, Kanpur Nagar	210	50	16	9	-41	-7
10	Combined District Hospital, Kushinagar	100	29	53	19	-10	-34
11	Balrampur Hospital, Lucknow	756	68	98	65	-3	-33
12	Virangana Avanti Bai Women Hospital, Lucknow	326	58	28	29	-29	+1
13	District Male Hospital, Saharanpur	320	58	61	28	-30	-33
14	District Women Hospital, Saharanpur	110	34	34	10	-24	-24
15	District Male Hospital, Unnao	146	34	27	26	-8	-1
16	District Women Hospital, Unnao	60	24	13	12	-12	-1
Staff Nurse							
1	District Male Hospital, Ghazipur		DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Women Hospital, Ghazipur		DWH in Ghazipur has been converted into ATH of Medical College from April 2021				
3	District Male Hospital, Hamirpur	68	30	11	6	-24	-5
4	District Women Hospital, Hamirpur	32	18	6	3	-15	-3
5	District Male Hospital, Jalaun	113	90	31	23	-67	-8
6	District Women Hospital, Jalaun	60	30	10	7	-23	-3
7	Combined District Hospital, Kannauj	210	135	56	23	-112	-33
8	District Male Hospital, Kanpur Nagar	550	225	73	60	-165	-13
9	District Women Hospital, Kanpur Nagar	210	135	46	28	-107	-18
10	Combined District Hospital, Kushinagar	100	45	86	24	-21	-62
11	Balrampur Hospital, Lucknow	756	225	175	164	-61	-11
12	Virangana Avanti Bai Women Hospital, Lucknow	326	180	50	37	-143	-13
13	District Male Hospital, Saharanpur	320	180	92	25	-155	-67

Sl. No.	Name of medical institution	Bed Capacity	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)		
						as per IPHS Norm	As per SS	
14	District Women Hospital, Saharanpur	110	90	73	25	-65	-48	
15	District Male Hospital, Unnao	146	90	22	19	-71	-3	
16	District Women Hospital, Unnao	60	30	12	11	-19	-1	
Para-Medics								
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021						
2	District Women Hospital, Ghazipur	DWH in Ghazipur has been converted into ATH of Medical College from April 2021						
3	District Male Hospital, Hamirpur	68	43	15	11	-32	-4	
4	District Women Hospital, Hamirpur	32	27	4	4	-23	0	
5	District Male Hospital, Jalaun	113	42	12	10	-32	-2	
6	District Women Hospital, Jalaun	60	43	5	4	-39	-1	
7	Combined District Hospital, Kannauj	210	66	16	15	-51	-1	
8	District Male Hospital, Kanpur Nagar	550	100	46	45	-55	-1	
9	District Women Hospital, Kanpur Nagar	210	66	9	8	-58	-1	
10	Combined District Hospital, Kushinagar	100	31	19	11	-20	-8	
11	Balrampur Hospital, Lucknow	756	100	70	66	-34	-4	
12	Virangana Avanti Bai Women Hospital, Lucknow	326	81	12	12	-69	0	
13	District Male Hospital, Saharanpur	320	81	32	24	-57	-8	
14	District Women Hospital, Saharanpur	110	42	18	17	-25	-1	
15	District Male Hospital, Unnao	146	42	12	12	-30	0	
16	District Women Hospital, Unnao	60	43	10	10	-33	0	

(Source: Test checked district hospitals)
 (Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (A)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
Medicines						
1.	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2.	District Male Hospital, Hamirpur	1	2	1	0	-1
3.	District Male Hospital, Jalaun	2	2	0	-2	-2
4.	Combined District Hospital, Kannauj	3	2	0	-3	-2
5.	District Male Hospital, Kanpur Nagar	5	4	5	0	+1
6.	Combined District Hospital, Kushinagar	2	2	1	-1	-1
7.	Balrampur Hospital, Lucknow	5	11	8	+3	-3
8.	District Male Hospital, Saharanpur	4	3	0	-4	-3
9.	District Male Hospital, Unnao	2	2	2	0	0
Total		24	28	17	-10 +3	-12 +1

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (B)*(Reference: Paragraph no. 2.5.2)***Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022**

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/Excess (+)	
					As per IPHS Norm	As per SS
Surgery						
1.	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2.	District Male Hospital, Hamirpur	01	02	01	00	-01
3.	District Male Hospital, Jalaun	02	02	00	-02	-02
4.	Combined District Hospital, Kannauj	03	02	02	-01	00
5.	District Male Hospital, Kanpur Nagar	04	04	03	-01	-01
6.	Combined District Hospital, Kushinagar	02	02	02	00	00
7.	Balrampur Hospital, Lucknow	04	04	04	00	00
8.	District Male Hospital, Saharanpur	03	07	02	-01	-05
9.	District Male Hospital, Unnao	02	02	03	+01	+01
Total		21	25	17	-05 +01	-09 +01

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (C)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/Excess (+)	
					As per IPHS Norm	As per SS
Obstetric & Gynae						
1	District Women Hospital, Ghazipur	DWH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Women Hospital, Hamirpur	01	02	03	+02	+01
3	District Women Hospital, Jalaun	01	03	04	+03	+01
4	Combined District Hospital, Kannauj	04	04	02	-02	-02
5	District Women Hospital, Kanpur Nagar	04	04	03	-01	-01
6	Combined District Hospital, Kushinagar	02	06	01	-01	-05
7	Virangna Avanti Bai DWH, Lucknow	05	16	16	+11	00
8	District Women Hospital, Saharanpur	03	08	02	-01	-06
9	District Women Hospital, Unnao	01	07	07	+06	00
Total		21	50	38	-05 +22	-14 +02

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (D)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
Paediatrics						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Women Hospital, Ghazipur	DWH in Ghazipur has been converted into ATH of Medical College from April 2021				
3	District Male Hospital, Hamirpur	01	02	00	-01	-02
4	District Women Hospital, Hamirpur	01	00	01	00	+01
5	District Male Hospital, Jalaun	03	01	00	-03	-01
6	District Women Hospital, Jalaun	01	01	01	00	00
7	Combined District Hospital, Kannauj	04	02	00	-04	-02
8	District Male Hospital, Kanpur Nagar	05	03	06	+01	+03
9	District Women Hospital, Kanpur Nagar	04	02	01	-03	-01
10	Combined District Hospital, Kushinagar	02	05	04	+02	-01
11	Balrampur Hospital, Lucknow	05	04	06	+01	+02
12	Virangna Avanti Bai DWH, Lucknow	04	05	03	-01	-02
13	District Male Hospital, Saharanpur	04	03	02	-02	-01
14	District Women Hospital, Saharanpur	03	04	04	+01	00
15	District Male Hospital, Unnao	03	02	03	00	+01
16	District Women Hospital, Unnao	01	01	01	00	00
Total		41	35	32	-14 +05	-10 +07

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (E)

(Reference: Paragraph no 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
Anaesthesia						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Women Hospital, Ghazipur	DWH in Ghazipur has been converted into ATH of Medical College from April 2021				
3	District Male Hospital, Hamirpur	01	02	01	00	-01
4	District Women Hospital, Hamirpur	01	01	01	00	00
5	District Male Hospital, Jalaun	02	02	01	-01	-01
6	District Women Hospital, Jalaun	01	01	01	00	00
7	Combined District Hospital, Kannauj	03	01	02	-01	+01
8	District Male Hospital, Kanpur Nagar	04	05	01	-03	-04
9	District Women Hospital, Kanpur Nagar	03	02	01	-02	-01
10	Combined District Hospital, Kushinagar	02	05	02	00	-03
11	Balrampur Hospital, Lucknow	04	10	08	+04	-02
12	Virangna Avanti Bai DWH, Lucknow	03	02	03	00	+01
13	District Male Hospital, Saharanpur	03	04	03	00	-01
14	District Women Hospital, Saharanpur	02	05	01	-01	-04
15	District Male Hospital, Unnao	02	02	02	00	00
16	District Women Hospital, Unnao	01	01	01	00	00
Total		32	43	28	-08 +04	-17 +02

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (F)*(Reference: Paragraph no. 2.5.2)***Status of human resources in specialist cadre in the test-checked District Hospitals
as on 31 March 2022**

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
Ophthalmology						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Male Hospital, Hamirpur	01	02	01	00	-01
3	District Male Hospital, Jalaun	01	02	02	+01	00
4	Combined District Hospital, Kannauj	02	01	02	00	+01
5	District Male Hospital, Kanpur Nagar	02	05	03	+01	-02
6	Combined District Hospital, Kushinagar	01	01	01	00	00
7	Balrampur Hospital, Lucknow	02	05	03	+01	-02
8	District Male Hospital, Saharanpur	02	03	03	+01	00
9	District Male Hospital, Unnao	01	02	03	+02	+01
Total		12	21	18	+06	-05 +02

(Source: Test checked district hospitals)

(Colour coding Red = Shortage of manpower against norms)

Appendix- 2.4 (G)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
Orthopaedics						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Male Hospital, Hamirpur	01	02	00	-01	-02
3	District Male Hospital, Jalaun	01	02	02	+01	00
4	Combined District Hospital, Kannauj	02	01	00	-02	-01
5	District Male Hospital, Kanpur Nagar	02	06	07	+05	+01
6	Combined District Hospital, Kushinagar	01	01	01	00	00
7	Balrampur Hospital, Lucknow	02	06	06	+04	00
8	District Male Hospital, Saharanpur	02	05	04	+02	-01
9	District Male Hospital, Unnao	01	02	02	+01	00
Total		12	25	22	-03 +13	-04 +01

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (H)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					as per IPHS Norm	As per SS
Radiology						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Women Hospital, Ghazipur	DWH in Ghazipur has been converted into ATH of Medical College from April 2021				
3	District Male Hospital, Hamirpur	01	02	00	-01	-02
4	District Women Hospital, Hamirpur	01	01	00	-01	-01
5	District Male Hospital, Jalaun	01	02	01	00	-01
6	District Women Hospital, Jalaun	01	01	00	-01	-01
7	Combined District Hospital, Kannauj	02	02	01	-01	-01
8	District Male Hospital, Kanpur Nagar	02	04	02	00	-02
9	District Women Hospital, Kanpur Nagar	02	01	00	-02	-01
10	Combined District Hospital, Kushinagar	01	03	01	00	-02
11	Balrampur Hospital, Lucknow	02	04	02	00	-02
12	Virangna Avanti Bai DWH, Lucknow	02	01	01	-01	00
13	District Male Hospital, Saharanpur	02	03	01	-01	-02
14	District Women Hospital, Saharanpur	01	02	00	-01	-02
15	District Male Hospital, Unnao	01	02	00	-01	-02
16	District Women Hospital, Unnao	01	01	01 ¹	00	00
Total		20	29	10	-10	-19

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

¹ One Sonologist posted

Appendix- 2.4 (I)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
Pathology						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Women Hospital, Ghazipur	DWH in Ghazipur has been converted into ATH of Medical College from April 2021				
3	District Male Hospital, Hamirpur	01	01	01	00	00
4	District Women Hospital, Hamirpur	- ²	01	01	+01	00
5	District Male Hospital, Jalaun	02	02	01	-01	-01
6	District Women Hospital, Jalaun	01	01	01	00	00
7	Combined District Hospital, Kannauj	03	01	01	-02	00
8	District Male Hospital, Kanpur Nagar	04	03	01	-03	-02
9	District Women Hospital, Kanpur Nagar	03	01	01	-02	00
10	Combined District Hospital, Kushinagar	01	03	00	-01	-03
11	Balrampur Hospital, Lucknow	04	04	04	00	00
12	Virangna Avanti Bai DWH, Lucknow	03	01	03	00	+02
13	District Male Hospital, Saharanpur	03	04	03	00	-01
14	District Women Hospital, Saharanpur	02	02	01	-01	-01
15	District Male Hospital, Unnao	02	02	02	00	00
16	District Women Hospital, Unnao	01	01	01	00	00
Total		30	27	21	-10 +01	-08 +02

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)² As per IPHS norm, Pathologist was available above 50 bedded hospitals and District Women Hospital, Hamirpur having only 32 beds.

Appendix- 2.4 (J)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
ENT						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Male Hospital, Hamirpur	01	01	01	00	00
3	District Male Hospital, Jalaun	01	01	01	00	00
4	Combined District Hospital, Kannauj	02	01	01	-01	00
5	District Male Hospital, Kanpur Nagar	02	03	03	+01	00
6	Combined District Hospital, Kushinagar	01	01	01	00	00
7	Balrampur Hospital, Lucknow	02	03	03	+01	00
8	District Male Hospital, Saharanpur	02	02	03	+01	+01
9	District Male Hospital, Unnao	01	01	01	00	00
Total		12	13	14	-01 +03	+01

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.4 (K)

(Reference: Paragraph no. 2.5.2)

Status of human resources in specialist cadre in the test-checked District Hospitals as on 31 March 2022

Sl. No.	Name of medical institution	Essential norms (IPHS)	Sanctioned Strength	Availability	Shortfall (-)/ Excess (+)	
					As per IPHS Norm	As per SS
Dental						
1	District Male Hospital, Ghazipur	DH in Ghazipur has been converted into ATH of Medical College from April 2021				
2	District Male Hospital, Hamirpur	01	01	01	00	00
3	District Male Hospital, Jalaun	01	01	01	00	00
4	Combined District Hospital, Kannauj	02	01	00	-02	-01
5	District Male Hospital, Kanpur Nagar	03	02	02	-01	00
6	Combined District Hospital, Kushinagar	01	01	01	00	00
7	Balrampur Hospital, Lucknow	03	02	01	-02	-01
8	District Male Hospital, Saharanpur	03	01	01	-02	00
9	District Male Hospital, Unnao	01	01	01	00	00
Total		15	10	08	-07	-02

(Source: Test checked district hospitals)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.5

(Reference: Paragraph no. 2.5.3)

Status of human resources in the test-checked CHCs as on 31 March 2022

Sl. No.	Name of medical institution	Doctors required as per		Availability	Shortage(-)/excess(+)	
		IPHS Norms	Govt. Norms		As per IPHS	As per Govt. Norms
Doctors						
1	CHC- Bhadaura, Ghazipur	11	6	7	-4	+1
2	CHC- Saidpur, Ghazipur	11	6	9	-2	+3
3	CHC- Muskara, Hamirpur	11	6	2	-9	-4
4	CHC- Sarila, Hamirpur	11	6	2	-9	-4
5	CHC- Jalaun, Jalaun	11	6	9	-2	+3
6	CHC- Kadaura, Jalaun	11	6	4	-7	-2
7	CHC- Chhibramau, Kannauj	11	6	12	+1	+6
8	CHC- Talgram, Kannauj	11	6	7	-4	+1
9	CHC- Bidhanoo, Kanpur Nagar	11	6	10	-1	+4
10	CHC- Sarsaul, Kanpur Nagar	11	6	12	+1	+6
11	CHC- Fazilnagar, Kushinagar	11	6	8	-3	+2
12	CHC- Hata, Kushinagar	11	6	8	-3	+2
13	CHC- Aishbag, Lucknow	11	6	4	-7	-2
14	CHC- Chinahat, Lucknow	11	6	14	+3	+8
15	CHC- Malihabad, Lucknow	11	6	8	-3	+2
16	CHC- Puwarka, Saharanpur	11	6	8	-3	+2
17	CHC- Sarsawa, Saharanpur	11	6	4	-7	-2
18	CHC- Achalganj, Unnao	11	6	9	-2	+3
19	CHC- Nawabganj, Unnao	11	6	9	-2	+3
Staff Nurse						
1	CHC- Bhadaura, Ghazipur	11	3	3	-8	0
2	CHC- Saidpur, Ghazipur	11	3	5	-6	+2
3	CHC- Muskara, Hamirpur	11	3	4	-7	+1
4	CHC- Sarila, Hamirpur	11	3	1	-10	-2
5	CHC- Jalaun, Jalaun	11	3	7	-4	+4
6	CHC- Kadaura, Jalaun	11	3	4	-7	+1
7	CHC- Chhibramau, Kannauj	11	3	4	-7	+1
8	CHC- Talgram, Kannauj	11	3	3	-8	0
9	CHC- Bidhanoo, Kanpur Nagar	11	3	6	-5	+3
10	CHC- Sarsaul, Kanpur Nagar	11	3	8	-3	+5
11	CHC- Fazilnagar, Kushinagar	11	3	11	0	+8
12	CHC- Hata, Kushinagar	11	3	3	-8	0
13	CHC- Aishbag, Lucknow	11	3	4	-7	+1
14	CHC- Chinahat, Lucknow	11	3	7	-4	+4
15	CHC- Malihabad, Lucknow	11	3	9	-2	+6
16	CHC- Puwarka, Saharanpur	11	3	2	-9	-1
17	CHC- Sarsawa, Saharanpur	11	3	5	-6	+2
18	CHC- Achalganj, Unnao	11	3	5	-6	+2
19	CHC- Nawabganj, Unnao	11	3	6	-5	+3
Para-Medics						
1	CHC- Bhadaura, Ghazipur	11	5	11	0	+6
2	CHC- Saidpur, Ghazipur	11	5	13	+2	+8
3	CHC- Muskara, Hamirpur	11	5	7	-4	+2
4	CHC- Sarila, Hamirpur	11	5	3	-8	-2
5	CHC- Jalaun, Jalaun	11	5	10	-1	+5
6	CHC- Kadaura, Jalaun	11	5	7	-4	+2

Sl. No.	Name of medical institution	Doctors required as per		Availability	Shortage(-)/excess(+)	
		IPHS Norms	Govt. Norms		As per IPHS	As per Govt. Norms
7	CHC- Chhibramau, Kannauj	11	5	15	+4	+10
8	CHC- Talgram, Kannauj	11	5	6	-5	+1
9	CHC- Bidhanoo, Kanpur Nagar	11	5	12	+1	+7
10	CHC- Sarsaul, Kanpur Nagar	11	5	18	+7	+13
11	CHC- Fazilnagar, Kushinagar	11	5	10	-1	+5
12	CHC- Hata, Kushinagar	11	5	13	+2	+8
13	CHC- Aishbag, Lucknow	11	5	4	-7	-1
14	CHC- Chinahat, Lucknow	11	5	9	-2	+4
15	CHC- Malihabad, Lucknow	11	5	11	0	+6
16	CHC- Puwarka, Saharanpur	11	5	5	-6	0
17	CHC- Sarsawa, Saharanpur	11	5	4	-7	-1
18	CHC- Achalganj, Unnao	11	5	8	-3	+3
19	CHC- Nawabganj, Unnao	11	5	14	+3	+9

(Source: Test checked community health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.6 (A)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Doctors required as per		Availability			Shortage(-)/excess(+)	
		IPHS Norm	Govt. Norm	MBBS	AYUSH	Total	As per IPHS	As per Govt. Norm
Doctors								
1	PHC- Anauni, Ghazipur	1	1	1	0	1	0	0
2	PHC- Bara, Ghazipur	1	1	0	1	1	0	0
3	PHC- Deval, Ghazipur	1	1	0	1	1	0	0
4	PHC- Gorkha, Ghazipur	1	1	1	0	1	0	0
5	PHC- Bihuni, Hamirpur	1	1	0	1	1	0	0
6	PHC- Biwar, Hamirpur	1	1	1	1	2	+1	+1
7	PHC- Jalalpur, Hamirpur	1	1	0	0	0	-1	-1
8	PHC- Puraini, Hamirpur	1	1	0	0	0	-1	-1
9	PHC- Aata, Jalaun	1	1	0	1	1	0	0
10	PHC- Parasan, Jalaun	1	1	0	1	1	0	0
11	PHC- Shekhpur Bujurg, Jalaun	1	1	0	1	1	0	0
12	PHC- Urgaon, Jalaun	1	1	0	1	1	0	0
13	PHC- Amolar, Kannauj	1	1	1	0	1	0	0
14	PHC- Baisapur, Kannauj	1	1	1	1	2	+1	+1
15	PHC- Prempur, Kannauj	1	1	1	0	1	0	0
16	PHC- Sikanderpur, Kannauj	1	1	0	1	1	0	0
17	PHC- Dyodhighat, Kanpur Nagar	1	1	1	2	3	+2	+2
18	PHC- Gujaini, Kanpur Nagar	1	1	0	1	1	0	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	1	1	0	1	1	0	0
20	PHC- Pali, Kanpur Nagar	1	1	1	1	2	+1	+1
21	PHC- Jaura Bazar, Kushinagar	1	1	0	0	0	-1	-1
22	PHC- Koilaswa, Kushinagar	1	1	1	1	2	+1	+1
23	PHC- Mahuadih, Kushinagar	1	1	2	0	2	+1	+1
24	PHC- Sakrauli, Kushinagar	1	1	0	0	0	-1	-1
25	PHC- Garhi Kanaura, Lucknow	1	1	0	1	1	0	0
26	PHC- Juggaur, Lucknow	1	1	1	0	1	0	0
27	PHC- Kasmandi Kala, Lucknow	1	1	1	0	1	0	0
28	PHC- Naka, Lucknow	1	1	1	0	1	0	0
29	PHC- Poorab Gaon, Lucknow	1	1	1	0	1	0	0
30	PHC- Rahimabad, Lucknow	1	1	1	0	1	0	0
31	PHC- Devla, Saharanpur	1	1	0	1	1	0	0
32	PHC- Halalpur, Saharanpur	1	1	1	0	1	0	0
33	PHC- Kutubpur,	1	1	0	2	2	+1	+1

	Saharanpur							
34	PHC- Pilakhani, Saharanpur	1	1	1	0	1	0	0
35	PHC- Chamrauli, Unnao	1	1	1	0	1	0	0
36	PHC- Katehru, Unnao	1	1	1	1	2	+1	+1
37	PHC- Pansariya, Unnao	1	1	1	0	1	0	0
38	PHC- Sikander Pur Karn, Unnao	1	1	1	0	1	0	0
Total		38	38	22	21	43	+5	+5

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.6 (B)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Staff Nurse required as per		Availability	Shortage(-)/excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Staff Nurse						
1	PHC- Anauni, Ghazipur	3	Not fixed	0	-3	0
2	PHC- Bara, Ghazipur	3	Not fixed	0	-3	0
3	PHC- Deval, Ghazipur	3	Not fixed	0	-3	0
4	PHC- Gorkha, Ghazipur	3	Not fixed	0	-3	0
5	PHC- Bihuni, Hamirpur	3	Not fixed	0	-3	0
6	PHC- Biwar, Hamirpur	3	Not fixed	0	-3	0
7	PHC- Jalalpur, Hamirpur	3	Not fixed	0	-3	0
8	PHC- Puraini, Hamirpur	3	Not fixed	0	-3	0
9	PHC- Aata, Jalaun	3	Not fixed	1	-2	+1
10	PHC- Parasan, Jalaun	3	Not fixed	0	-3	0
11	PHC- Shekhpur Bujurg, Jalaun	3	Not fixed	0	-3	0
12	PHC- Urgaon, Jalaun	3	Not fixed	0	-3	0
13	PHC- Amolar, Kannauj	3	Not fixed	0	-3	0
14	PHC- Baisapur, Kannauj	3	Not fixed	0	-3	0
15	PHC- Prempur, Kannauj	3	Not fixed	1	-2	+1
16	PHC- Sikanderpur, Kannauj	3	Not fixed	1	-2	+1
17	PHC- Dyodhighat, Kanpur Nagar	3	Not fixed	0	-3	0
18	PHC- Gujaini, Kanpur Nagar	3	Not fixed	0	-3	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	3	Not fixed	0	-3	0
20	PHC- Pali, Kanpur Nagar	3	Not fixed	0	-3	0
21	PHC- Jaura Bazar, Kushinagar	3	Not fixed	0	-3	0
22	PHC- Koilaswa, Kushinagar	3	Not fixed	0	-3	0
23	PHC- Mahuadih, Kushinagar	3	Not fixed	0	-3	0
24	PHC- Sakrauli, Kushinagar	3	Not fixed	0	-3	0
25	PHC- Garhi Kanaura, Lucknow	3	Not fixed	0	-3	0
26	PHC- Juggaur, Lucknow	3	Not fixed	0	-3	0
27	PHC- Kasmandi Kala, Lucknow	3	Not fixed	0	-3	0
28	PHC- Naka, Lucknow	3	Not fixed	2	-1	+2
29	PHC- Poorab Gaon, Lucknow	3	Not fixed	0	-3	0
30	PHC- Rahimabad, Lucknow	3	Not fixed	0	-3	0
31	PHC- Devla, Saharanpur	3	Not fixed	0	-3	0
32	PHC- Halalpur, Saharanpur	3	Not fixed	0	-3	0
33	PHC- Kutubpur, Saharanpur	3	Not fixed	1	-2	+1
34	PHC- Pilakhani, Saharanpur	3	Not fixed	1	-2	+1
35	PHC- Chamrauli, Unnao	3	Not fixed	0	-3	0
36	PHC- Katehru, Unnao	3	Not fixed	0	-3	0
37	PHC- Pansariya, Unnao	3	Not fixed	0	-3	0
38	PHC- Sikander Pur Karn, Unnao	3	Not fixed	0	-3	0
Total		114	Not fixed	7	-107	+7

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.6 (C)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Pharmacist required as per		Availability	Shortage(-)/ excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Pharmacist						
1	PHC- Anauni, Ghazipur	1	1	1	0	0
2	PHC- Bara, Ghazipur	1	1	1	0	0
3	PHC- Deval, Ghazipur	1	1	1	0	0
4	PHC- Gorkha, Ghazipur	1	1	1	0	0
5	PHC- Bihuni, Hamirpur	1	1	1	0	0
6	PHC- Biwar, Hamirpur	1	1	1	0	0
7	PHC- Jalalpur, Hamirpur	1	1	1	0	0
8	PHC- Puraini, Hamirpur	1	1	1	0	0
9	PHC- Aata, Jalaun	1	1	1	0	0
10	PHC- Parasan, Jalaun	1	1	1	0	0
11	PHC- Shekhpur Bujurg, Jalaun	1	1	1	0	0
12	PHC- Urgaon, Jalaun	1	1	1	0	0
13	PHC- Amolar, Kannauj	1	1	1	0	0
14	PHC- Baisapur, Kannauj	1	1	1	0	0
15	PHC- Prempur, Kannauj	1	1	1	0	0
16	PHC- Sikanderpur, Kannauj	1	1	1	0	0
17	PHC- Dyodhighat, Kanpur Nagar	1	1	1	0	0
18	PHC- Gujaini, Kanpur Nagar	1	1	2	+1	+1
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	1	1	1	0	0
20	PHC- Pali, Kanpur Nagar	1	1	2	+1	+1
21	PHC- Jaura Bazar, Kushinagar	1	1	1	0	0
22	PHC- Koilaswa, Kushinagar	1	1	1	0	0
23	PHC- Mahuadih, Kushinagar	1	1	0	-1	-1
24	PHC- Sakrauli, Kushinagar	1	1	1	0	0
25	PHC- Garhi Kanaura, Lucknow	1	1	1	0	0
26	PHC- Juggaur, Lucknow	1	1	1	0	0
27	PHC- Kasmandi Kala, Lucknow	1	1	1	0	0
28	PHC- Naka, Lucknow	1	1	1	0	0
29	PHC- Poorab Gaon, Lucknow	1	1	1	0	0
30	PHC- Rahimabad, Lucknow	1	1	1	0	0
31	PHC- Devla, Saharanpur	1	1	1	0	0
32	PHC- Halalpur, Saharanpur	1	1	0	-1	-1
33	PHC- Kutubpur, Saharanpur	1	1	5	+4	+4
34	PHC- Pilakhani, Saharanpur	1	1	1	0	0
35	PHC- Chamrauli, Unnao	1	1	1	0	0
36	PHC- Katehru, Unnao	1	1	1	0	0
37	PHC- Pansariya, Unnao	1	1	1	0	0
38	PHC- Sikander Pur Karn, Unnao	1	1	1	0	0
Total		38	38	42	+4	+4

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.6 (D)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Paramedics (Excluding Pharmacist) required as per		Availability	Shortage(-)/ excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Paramedics (Excluding Pharmacist)						
1	PHC- Anauni, Ghazipur	4	Not fixed	0	-4	0
2	PHC- Bara, Ghazipur	4	Not fixed	0	-4	0
3	PHC- Deval, Ghazipur	4	Not fixed	0	-4	0
4	PHC- Gorkha, Ghazipur	4	Not fixed	0	-4	0
5	PHC- Bihuni, Hamirpur	4	Not fixed	2	-2	+2
6	PHC- Biwar, Hamirpur	4	Not fixed	2	-2	+2
7	PHC- Jalalpur, Hamirpur	4	Not fixed	1	-3	+1
8	PHC- Puraini, Hamirpur	4	Not fixed	1	-3	+1
9	PHC- Aata, Jalaun	4	Not fixed	4	0	+4
10	PHC- Parasan, Jalaun	4	Not fixed	2	-2	+2
11	PHC- Shekhpur Bujurg, Jalaun	4	Not fixed	1	-3	+1
12	PHC- Urgaon, Jalaun	4	Not fixed	1	-3	+1
13	PHC- Amolar, Kannauj	4	Not fixed	1	-3	+1
14	PHC- Baisapur, Kannauj	4	Not fixed	0	-4	0
15	PHC- Prempur, Kannauj	4	Not fixed	0	-4	0
16	PHC- Sikanderpur, Kannauj	4	Not fixed	0	-4	0
17	PHC- Dyodhighat, Kanpur Nagar	4	Not fixed	1	-3	+1
18	PHC- Gujaini, Kanpur Nagar	4	Not fixed	0	-4	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	4	Not fixed	1	-3	+1
20	PHC- Pali, Kanpur Nagar	4	Not fixed	0	-4	0
21	PHC- Jaura Bazar, Kushinagar	4	Not fixed	0	-4	0
22	PHC- Koilaswa, Kushinagar	4	Not fixed	0	-4	0
23	PHC- Mahuadih, Kushinagar	4	Not fixed	1	-3	+1
24	PHC- Sakrauli, Kushinagar	4	Not fixed	0	-4	0
25	PHC- Garhi Kanaura, Lucknow	4	Not fixed	5	+1	+5
26	PHC- Juggaur, Lucknow	4	Not fixed	1	-3	+1
27	PHC- Kasmandi Kala, Lucknow	4	Not fixed	0	-4	0
28	PHC- Naka, Lucknow	4	Not fixed	5	+1	+5
29	PHC- Poorab Gaon, Lucknow	4	Not fixed	1	-3	+1
30	PHC- Rahimabad, Lucknow	4	Not fixed	0	-4	0
31	PHC- Devla, Saharanpur	4	Not fixed	0	-4	0
32	PHC- Halalpur, Saharanpur	4	Not fixed	0	-4	0
33	PHC- Kutubpur, Saharanpur	4	Not fixed	3	-1	+3
34	PHC- Pilakhani, Saharanpur	4	Not fixed	1	-3	+1
35	PHC- Chamrauli, Unnao	4	Not fixed	0	-4	0
36	PHC- Katehru, Unnao	4	Not fixed	0	-4	0
37	PHC- Pansariya, Unnao	4	Not fixed	0	-4	0
38	PHC- Sikander Pur Karn, Unnao	4	Not fixed	0	-4	0
Total		152	Not fixed	34	-118	34

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.7 (A)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Lab Technician required as per		Availability	Shortage(-)/ excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Lab Technician						
1	PHC- Anauni, Ghazipur	1	Not fixed	0	-1	0
2	PHC- Bara, Ghazipur	1	Not fixed	0	-1	0
3	PHC- Deval, Ghazipur	1	Not fixed	0	-1	0
4	PHC- Gorkha, Ghazipur	1	Not fixed	0	-1	0
5	PHC- Bihuni, Hamirpur	1	Not fixed	0	-1	0
6	PHC- Biwar, Hamirpur	1	Not fixed	0	-1	0
7	PHC- Jalalpur, Hamirpur	1	Not fixed	0	-1	0
8	PHC- Puraini, Hamirpur	1	Not fixed	0	-1	0
9	PHC- Aata, Jalaun	1	Not fixed	1	0	+1
10	PHC- Parasan, Jalaun	1	Not fixed	0	-1	0
11	PHC- Shekhpur Bujurg, Jalaun	1	Not fixed	0	-1	0
12	PHC- Urgaon, Jalaun	1	Not fixed	0	-1	0
13	PHC- Amolar, Kannauj	1	Not fixed	0	-1	0
14	PHC- Baisapur, Kannauj	1	Not fixed	0	-1	0
15	PHC- Prempur, Kannauj	1	Not fixed	0	-1	0
16	PHC- Sikanderpur, Kannauj	1	Not fixed	0	-1	0
17	PHC- Dyodhighat, Kanpur Nagar	1	Not fixed	0	-1	0
18	PHC- Gujaini, Kanpur Nagar	1	Not fixed	0	-1	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	1	Not fixed	0	-1	0
20	PHC- Pali, Kanpur Nagar	1	Not fixed	0	-1	0
21	PHC- Jaura Bazar, Kushinagar	1	Not fixed	0	-1	0
22	PHC- Koilaswa, Kushinagar	1	Not fixed	0	-1	0
23	PHC- Mahuadih, Kushinagar	1	Not fixed	0	-1	0
24	PHC- Sakrauli, Kushinagar	1	Not fixed	0	-1	0
25	PHC- Garhi Kanaura, Lucknow	1	Not fixed	1	0	+1
26	PHC- Juggaur, Lucknow	1	Not fixed	0	-1	0
27	PHC- Kasmandi Kala, Lucknow	1	Not fixed	0	-1	0
28	PHC- Naka, Lucknow	1	Not fixed	0	-1	0
29	PHC- Poorab Gaon, Lucknow	1	Not fixed	0	-1	0
30	PHC- Rahimabad, Lucknow	1	Not fixed	0	-1	0
31	PHC- Devla, Saharanpur	1	Not fixed	0	-1	0
32	PHC- Halalpur, Saharanpur	1	Not fixed	0	-1	0
33	PHC- Kutubpur, Saharanpur	1	Not fixed	0	-1	0
34	PHC- Pilakhani, Saharanpur	1	Not fixed	0	-1	0
35	PHC- Chamrauli, Unnao	1	Not fixed	0	-1	0
36	PHC- Katehru, Unnao	1	Not fixed	0	-1	0
37	PHC- Pansariya, Unnao	1	Not fixed	0	-1	0
38	PHC- Sikander Pur Karn, Unnao	1	Not fixed	0	-1	0
Total		38	Not fixed	2	-36	+2

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.7 (B)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Accountant-cum-Data Entry Operator required as per		Availability	Shortage(-)/excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Accountant-cum-Data Entry Operator						
1	PHC- Anauni, Ghazipur	1	Not fixed	0	-1	0
2	PHC- Bara, Ghazipur	1	Not fixed	0	-1	0
3	PHC- Deval, Ghazipur	1	Not fixed	0	-1	0
4	PHC- Gorkha, Ghazipur	1	Not fixed	0	-1	0
5	PHC- Bihuni, Hamirpur	1	Not fixed	0	-1	0
6	PHC- Biwar, Hamirpur	1	Not fixed	0	-1	0
7	PHC- Jalalpur, Hamirpur	1	Not fixed	0	-1	0
8	PHC- Puraini, Hamirpur	1	Not fixed	0	-1	0
9	PHC- Aata, Jalaun	1	Not fixed	0	-1	0
10	PHC- Parasan, Jalaun	1	Not fixed	0	-1	0
11	PHC- Shekhpur Bujurg, Jalaun	1	Not fixed	0	-1	0
12	PHC- Uргаon, Jalaun	1	Not fixed	0	-1	0
13	PHC- Amolar, Kannauj	1	Not fixed	0	-1	0
14	PHC- Baisapur, Kannauj	1	Not fixed	0	-1	0
15	PHC- Prempur, Kannauj	1	Not fixed	0	-1	0
16	PHC- Sikanderpur, Kannauj	1	Not fixed	0	-1	0
17	PHC- Dyodhighat, Kanpur Nagar	1	Not fixed	0	-1	0
18	PHC- Gujaini, Kanpur Nagar	1	Not fixed	0	-1	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	1	Not fixed	0	-1	0
20	PHC- Pali, Kanpur Nagar	1	Not fixed	0	-1	0
21	PHC- Jaura Bazar, Kushinagar	1	Not fixed	0	-1	0
22	PHC- Koilaswa, Kushinagar	1	Not fixed	0	-1	0
23	PHC- Mahuadih, Kushinagar	1	Not fixed	0	-1	0
24	PHC- Sakrauli, Kushinagar	1	Not fixed	0	-1	0
25	PHC- Garhi Kanaura, Lucknow	1	Not fixed	0	-1	0
26	PHC- Juggaur, Lucknow	1	Not fixed	0	-1	0
27	PHC- Kasmandi Kala, Lucknow	1	Not fixed	0	-1	0
28	PHC- Naka, Lucknow	1	Not fixed	0	-1	0
29	PHC- Poorab Gaon, Lucknow	1	Not fixed	0	-1	0
30	PHC- Rahimabad, Lucknow	1	Not fixed	0	-1	0
31	PHC- Devla, Saharanpur	1	Not fixed	0	-1	0
32	PHC- Halalpur, Saharanpur	1	Not fixed	0	-1	0
33	PHC- Kutubpur, Saharanpur	1	Not fixed	0	-1	0
34	PHC- Pilakhani, Saharanpur	1	Not fixed	0	-1	0
35	PHC- Chamrauli, Unnao	1	Not fixed	0	-1	0
36	PHC- Katehru, Unnao	1	Not fixed	0	-1	0
37	PHC- Pansariya, Unnao	1	Not fixed	0	-1	0
38	PHC- Sikander Pur Karn, Unnao	1	Not fixed	0	-1	0
Total		38	Not fixed	0	-38	0

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.7 (C)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Health Worker (Women) required as per		Availability	Shortage(-)/excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Health Worker (Women)						
1	PHC- Anauni, Ghazipur	1	Not fixed	0	-1	0
2	PHC- Bara, Ghazipur	1	Not fixed	0	-1	0
3	PHC- Deval, Ghazipur	1	Not fixed	0	-1	0
4	PHC- Gorkha, Ghazipur	1	Not fixed	0	-1	0
5	PHC- Bihuni, Hamirpur	1	Not fixed	1	0	+1
6	PHC- Biwar, Hamirpur	1	Not fixed	1	0	+1
7	PHC- Jalalpur, Hamirpur	1	Not fixed	1	0	+1
8	PHC- Puraini, Hamirpur	1	Not fixed	1	0	+1
9	PHC- Aata, Jalaun	1	Not fixed	1	0	+1
10	PHC- Parasan, Jalaun	1	Not fixed	1	0	+1
11	PHC- Shekhpur Bujurg, Jalaun	1	Not fixed	0	-1	0
12	PHC- Urgaon, Jalaun	1	Not fixed	1	0	+1
13	PHC- Amolar, Kannauj	1	Not fixed	1	0	+1
14	PHC- Baisapur, Kannauj	1	Not fixed	0	-1	0
15	PHC- Prempur, Kannauj	1	Not fixed	0	-1	0
16	PHC- Sikanderpur, Kannauj	1	Not fixed	0	-1	0
17	PHC- Dyodhighat, Kanpur Nagar	1	Not fixed	0	-1	0
18	PHC- Gujaini, Kanpur Nagar	1	Not fixed	0	-1	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	1	Not fixed	1	0	+1
20	PHC- Pali, Kanpur Nagar	1	Not fixed	0	-1	0
21	PHC- Jaura Bazar, Kushinagar	1	Not fixed	0	-1	0
22	PHC- Koilaswa, Kushinagar	1	Not fixed	0	-1	0
23	PHC- Mahuadih, Kushinagar	1	Not fixed	1	0	+1
24	PHC- Sakrauli, Kushinagar	1	Not fixed	0	-1	0
25	PHC- Garhi Kanaura, Lucknow	1	Not fixed	4	3	+4
26	PHC- Juggaur, Lucknow	1	Not fixed	1	0	+1
27	PHC- Kasmandi Kala, Lucknow	1	Not fixed	0	-1	0
28	PHC- Naka, Lucknow	1	Not fixed	5	+4	+5
29	PHC- Poorab Gaon, Lucknow	1	Not fixed	1	0	+1
30	PHC- Rahimabad, Lucknow	1	Not fixed	0	-1	0
31	PHC- Devla, Saharanpur	1	Not fixed	0	-1	0
32	PHC- Halalpur, Saharanpur	1	Not fixed	0	-1	0
33	PHC- Kutubpur, Saharanpur	1	Not fixed	3	+2	+3
34	PHC- Pilakhani, Saharanpur	1	Not fixed	1	0	+1
35	PHC- Chamrauli, Unnao	1	Not fixed	0	-1	0
36	PHC- Katehru, Unnao	1	Not fixed	0	-1	0
37	PHC- Pansariya, Unnao	1	Not fixed	0	-1	0
38	PHC- Sikander Pur Karn, Unnao	1	Not fixed	0	-1	0
Total		38	Not fixed	25	-13	25

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.7 (D)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Health Assistant (Male) required as per		Availability	Shortage(-)/excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Health Assistant (Male)						
1	PHC- Anauni, Ghazipur	1	Not fixed	0	-1	0
2	PHC- Bara, Ghazipur	1	Not fixed	0	-1	0
3	PHC- Deval, Ghazipur	1	Not fixed	0	-1	0
4	PHC- Gorkha, Ghazipur	1	Not fixed	0	-1	0
5	PHC- Bihuni, Hamirpur	1	Not fixed	1	0	+1
6	PHC- Biwar, Hamirpur	1	Not fixed	1	0	+1
7	PHC- Jalalpur, Hamirpur	1	Not fixed	0	-1	0
8	PHC- Puraini, Hamirpur	1	Not fixed	0	-1	0
9	PHC- Aata, Jalaun	1	Not fixed	1	0	+1
10	PHC- Parasani, Jalaun	1	Not fixed	1	0	+1
11	PHC- Shekhpur Bujurg, Jalaun	1	Not fixed	0	-1	0
12	PHC- Uргаon, Jalaun	1	Not fixed	0	-1	0
13	PHC- Amolar, Kannauj	1	Not fixed	0	-1	0
14	PHC- Baisapur, Kannauj	1	Not fixed	0	-1	0
15	PHC- Prempur, Kannauj	1	Not fixed	0	-1	0
16	PHC- Sikanderpur, Kannauj	1	Not fixed	0	-1	0
17	PHC- Dyodhighat, Kanpur Nagar	1	Not fixed	1	0	+1
18	PHC- Gujaini, Kanpur Nagar	1	Not fixed	0	-1	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	1	Not fixed	0	-1	0
20	PHC- Pali, Kanpur Nagar	1	Not fixed	0	-1	0
21	PHC- Jaura Bazar, Kushinagar	1	Not fixed	0	-1	0
22	PHC- Koilaswa, Kushinagar	1	Not fixed	0	-1	0
23	PHC- Mahuadih, Kushinagar	1	Not fixed	0	-1	0
24	PHC- Sakrauli, Kushinagar	1	Not fixed	0	-1	0
25	PHC- Garhi Kanaura, Lucknow	1	Not fixed	0	-1	0
26	PHC- Juggaur, Lucknow	1	Not fixed	0	-1	0
27	PHC- Kasmandi Kala, Lucknow	1	Not fixed	0	-1	0
28	PHC- Naka, Lucknow	1	Not fixed	0	-1	0
29	PHC- Poorab Gaon, Lucknow	1	Not fixed	0	-1	0
30	PHC- Rahimabad, Lucknow	1	Not fixed	0	-1	0
31	PHC- Devla, Saharanpur	1	Not fixed	0	-1	0
32	PHC- Halalpur, Saharanpur	1	Not fixed	0	-1	0
33	PHC- Kutubpur, Saharanpur	1	Not fixed	0	-1	0
34	PHC- Pilakhani, Saharanpur	1	Not fixed	0	-1	0
35	PHC- Chamrauli, Unnao	1	Not fixed	0	-1	0
36	PHC- Katehru, Unnao	1	Not fixed	0	-1	0
37	PHC- Pansariya, Unnao	1	Not fixed	0	-1	0
38	PHC- Sikander Pur Karn, Unnao	1	Not fixed	0	-1	0
Total		38	Not fixed	5	-33	+5

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.7 (E)

(Reference: Paragraph no. 2.5.4)

Status of human resources in the test-checked PHCs as on 31 March 2022

Sl. No.	Name of medical institution	Health Assistant (Women)/Lady Health visitor required as per		Availability	Shortage(-)/excess(+)	
		IPHS Norm	Govt. Norm		As per IPHS	As per Govt. Norm
Health Assistant (Women)/Lady Health visitor						
1	PHC- Anauni, Ghazipur	1	Not fixed	0	-1	0
2	PHC- Bara, Ghazipur	1	Not fixed	0	-1	0
3	PHC- Deval, Ghazipur	1	Not fixed	0	-1	0
4	PHC- Gorkha, Ghazipur	1	Not fixed	0	-1	0
5	PHC- Bihuni, Hamirpur	1	Not fixed	0	-1	0
6	PHC- Biwar, Hamirpur	1	Not fixed	0	-1	0
7	PHC- Jalalpur, Hamirpur	1	Not fixed	0	-1	0
8	PHC- Puraini, Hamirpur	1	Not fixed	0	-1	0
9	PHC- Aata, Jalaun	1	Not fixed	1	0	+1
10	PHC- Parasan, Jalaun	1	Not fixed	0	-1	0
11	PHC- Shekhpur Bujurg, Jalaun	1	Not fixed	1	0	+1
12	PHC- Urgaon, Jalaun	1	Not fixed	0	-1	0
13	PHC- Amolar, Kannauj	1	Not fixed	0	-1	0
14	PHC- Baisapur, Kannauj	1	Not fixed	0	-1	0
15	PHC- Prempur, Kannauj	1	Not fixed	0	-1	0
16	PHC- Sikanderpur, Kannauj	1	Not fixed	0	-1	0
17	PHC- Dyodhighat, Kanpur Nagar	1	Not fixed	0	-1	0
18	PHC- Gujaini, Kanpur Nagar	1	Not fixed	0	-1	0
19	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	1	Not fixed	0	-1	0
20	PHC- Pali, Kanpur Nagar	1	Not fixed	0	-1	0
21	PHC- Jaura Bazar, Kushinagar	1	Not fixed	0	-1	0
22	PHC- Koilaswa, Kushinagar	1	Not fixed	0	-1	0
23	PHC- Mahuadih, Kushinagar	1	Not fixed	0	-1	0
24	PHC- Sakrauli, Kushinagar	1	Not fixed	0	-1	0
25	PHC- Garhi Kanaura, Lucknow	1	Not fixed	0	-1	0
26	PHC- Juggaur, Lucknow	1	Not fixed	0	-1	0
27	PHC- Kasmandi Kala, Lucknow	1	Not fixed	0	-1	0
28	PHC- Naka, Lucknow	1	Not fixed	0	-1	0
29	PHC- Poorab Gaon, Lucknow	1	Not fixed	0	-1	0
30	PHC- Rahimabad, Lucknow	1	Not fixed	0	-1	0
31	PHC- Devla, Saharanpur	1	Not fixed	0	-1	0
32	PHC- Halalpur, Saharanpur	1	Not fixed	0	-1	0
33	PHC- Kutubpur, Saharanpur	1	Not fixed	0	-1	0
34	PHC- Pilakhani, Saharanpur	1	Not fixed	0	-1	0
35	PHC- Chamrauli, Unnao	1	Not fixed	0	-1	0
36	PHC- Katehru, Unnao	1	Not fixed	0	-1	0
37	PHC- Pansariya, Unnao	1	Not fixed	0	-1	0
38	PHC- Sikander Pur Karn, Unnao	1	Not fixed	0	-1	0
Total		38	Not fixed	2	-36	+2

(Source: Test checked primary health centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.8 (A)

(Reference: Paragraph no. 2.5.5)

Status of human resources in the test-checked SCs as on 31 March 2022

Sl. No.	Name of SCs/HWCs	ANM required as per		Availability	Shortfall (-)/ Excess (+)	
		IPHS	Govt. Norm		As per IPHS	As per Govt. Norm
ANM						
1	Amaura, Ghazipur	1	Not fixed	1	0	+1
2	Anauni, Ghazipur	1	Not fixed	1	0	+1
3	Bahura, Ghazipur	1	Not fixed	1	0	+1
4	Bara-I, Ghazipur	1	Not fixed	1	0	+1
5	Bhairavpur, Ghazipur	1	Not fixed	1	0	+1
6	Bhataura Khurd, Ghazipur	1	Not fixed	1	0	+1
7	Gorkha, Ghazipur	1	Not fixed	1	0	+1
8	Saire, Ghazipur	1	Not fixed	1	0	+1
9	Bajehta, Hamirpur	1	Not fixed	1	0	+1
10	Bihuni Kala, Hamirpur	1	Not fixed	1	0	+1
11	Biwar-2, Hamirpur	1	Not fixed	1	0	+1
12	Dhagwan, Hamirpur	1	Not fixed	1	0	+1
13	Harsundi, Hamirpur	1	Not fixed	1	0	+1
14	Kandoli, Hamirpur	1	Not fixed	1	0	+1
15	Sarila, Hamirpur	1	Not fixed	1	0	+1
16	Vilgawan, Hamirpur	1	Not fixed	0	-1	0
17	Badagaon, Jalaun	1	Not fixed	1	0	+1
18	Chandarsi, Jalaun	1	Not fixed	1	0	+1
19	Gadhgawa, Jalaun	1	Not fixed	1	0	+1
20	Kushmara Bavani, Jalaun	1	Not fixed	1	0	+1
21	Kuthaunda, Jalaun	1	Not fixed	1	0	+1
22	Pathreta, Jalaun	1	Not fixed	1	0	+1
23	Shahzadpur, Jalaun	1	Not fixed	1	0	+1
24	Urgaon, Jalaun	1	Not fixed	1	0	+1
25	Asheh, Kannauj	1	Not fixed	1	0	+1
26	Dalupur, Kannauj	1	Not fixed	1	0	+1
27	Firozpur, Kannauj	1	Not fixed	1	0	+1
28	Khubariyapur, Kannauj	1	Not fixed	1	0	+1
29	Madhonagar, Kannauj	1	Not fixed	1	0	+1
30	Naugai, Kannauj	1	Not fixed	1	0	+1
31	Rasoolabad, Kannauj	1	Not fixed	1	0	+1
32	Tahpur, Kannauj	1	Not fixed	1	0	+1
33	Bausar, Kanpur Nagar	1	Not fixed	1	0	+1
34	Daheli, Kanpur Nagar	1	Not fixed	1	0	+1
35	Dalelpur, Kanpur Nagar	1	Not fixed	1	0	+1
36	Kadari, Kanpur Nagar	1	Not fixed	1	0	+1
37	Kamalpur, Kanpur Nagar	1	Not fixed	1	0	+1
38	Matiyara, Kanpur Nagar	1	Not fixed	1	0	+1
39	Pali, Kanpur Nagar	1	Not fixed	1	0	+1
40	Prempur, Kanpur Nagar	1	Not fixed	1	0	+1
41	Bardaha Bazar, Kushinagar	1	Not fixed	2	+1	+2
42	Batroli, Kushinagar	1	Not fixed	1	0	+1
43	Dhaurahara, Kushinagar	1	Not fixed	2	+1	+2
44	Kuchiya Mathiya, Kushinagar	1	Not fixed	2	+1	+2
45	Kurhawa, Kushinagar	1	Not fixed	1	0	+1
46	Kurmauta, Kushinagar	1	Not fixed	2	+1	+2

Sl. No.	Name of SCs/HWCs	ANM required as per		Availability	Shortfall (-)/ Excess (+)	
		IPHS	Govt. Norm		As per IPHS	As per Govt. Norm
47	Mahua Bujurg, Kushinagar	1	Not fixed	1	0	+1
48	Radhiya Devaria, Kushinagar	1	Not fixed	2	+1	+2
49	Bakey Nagar, Lucknow	1	Not fixed	1	0	+1
50	Bhadwana, Lucknow	1	Not fixed	1	0	+1
51	Deoria, Lucknow	1	Not fixed	1	0	+1
52	Dugwar, Lucknow	1	Not fixed	1	0	+1
53	Jugaur, Lucknow	1	Not fixed	1	0	+1
54	Kaitholia, Lucknow	1	Not fixed	1	0	+1
55	Kasmandi Kala-I, Lucknow	1	Not fixed	1	0	+1
56	Laxmipur Kundari, Lucknow	1	Not fixed	1	0	+1
57	Bhatpura, Saharanpur	1	Not fixed	1	0	+1
58	Budheda, Saharanpur	1	Not fixed	0	-1	0
59	Dhamola, Saharanpur	1	Not fixed	1	0	+1
60	Doodhgarh, Saharanpur	1	Not fixed	0	-1	0
61	Haroda, Saharanpur	1	Not fixed	1	0	+1
62	Kumharhera, Saharanpur	1	Not fixed	1	0	+1
63	Palli, Saharanpur	1	Not fixed	1	0	+1
64	Punwarka, Saharanpur	1	Not fixed	1	0	+1
65	Harha, Unnao	1	Not fixed	1	0	+1
66	Makur, Unnao	1	Not fixed	0	-1	0
67	Mashwasi-II, Unnao	1	Not fixed	0	-1	0
68	Sarajoga, Unnao	1	Not fixed	1	0	+1
69	Sarosa, Unnao	1	Not fixed	0	-1	0
70	Satan, Unnao	1	Not fixed	1	0	+1
71	Sharmau, Unnao	1	Not fixed	1	0	+1
72	Tikari Ganesh, Unnao	1	Not fixed	1	0	+1
Total		72	Not fixed	71	-1	+71

(Source: Test checked Sub-centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.8 (B)

(Reference: Paragraph no. 2.5.5)

Status of human resources in the test-checked SCs as on 31 March 2022

Sl. No.	Name of SCs/HWCs	Health Worker (Male) required as per		Availability	Shortfall (-)/Excess (+)	
		IPHS Norm	Govt. Norm		As per IPHS Norm	As per Govt. Norm
Health Worker (Male)						
1	Amaura, Ghazipur	1	Not fixed	0	-1	0
2	Anauni, Ghazipur	1	Not fixed	0	-1	0
3	Bahura, Ghazipur	1	Not fixed	0	-1	0
4	Bara-I, Ghazipur	1	Not fixed	0	-1	0
5	Bhairavpur, Ghazipur	1	Not fixed	0	-1	0
6	Bhataura Khurd, Ghazipur	1	Not fixed	0	-1	0
7	Gorkha, Ghazipur	1	Not fixed	0	-1	0
8	Saire, Ghazipur	1	Not fixed	0	-1	0
9	Bajehta, Hamirpur	1	Not fixed	0	-1	0
10	Bihuni Kala, Hamirpur	1	Not fixed	0	-1	0
11	Biwar-2, Hamirpur	1	Not fixed	0	-1	0
12	Dhagwan, Hamirpur	1	Not fixed	0	-1	0
13	Harsundi, Hamirpur	1	Not fixed	0	-1	0
14	Kandoli, Hamirpur	1	Not fixed	0	-1	0
15	Sarila, Hamirpur	1	Not fixed	0	-1	0
16	Vilgawan, Hamirpur	1	Not fixed	0	-1	0
17	Badagaon, Jalaun	1	Not fixed	0	-1	0
18	Chandarsi, Jalaun	1	Not fixed	0	-1	0
19	Gadhgawa, Jalaun	1	Not fixed	0	-1	0
20	Kushmara Bavani, Jalaun	1	Not fixed	0	-1	0
21	Kuthaunda, Jalaun	1	Not fixed	0	-1	0
22	Pathreta, Jalaun	1	Not fixed	0	-1	0
23	Shahzadpur, Jalaun	1	Not fixed	0	-1	0
24	Urgaon, Jalaun	1	Not fixed	0	-1	0
25	Asheh, Kannauj	1	Not fixed	0	-1	0
26	Dalupur, Kannauj	1	Not fixed	0	-1	0
27	Firozpur, Kannauj	1	Not fixed	0	-1	0
28	Khubariyapur, Kannauj	1	Not fixed	0	-1	0
29	Madhonagar, Kannauj	1	Not fixed	0	-1	0
30	Naugai, Kannauj	1	Not fixed	0	-1	0
31	Rasoolabad, Kannauj	1	Not fixed	0	-1	0
32	Tahpur, Kannauj	1	Not fixed	0	-1	0
33	Bausar, Kanpur Nagar	1	Not fixed	0	-1	0
34	Daheli, Kanpur Nagar	1	Not fixed	0	-1	0
35	Dalelpur, Kanpur Nagar	1	Not fixed	0	-1	0
36	Kadari, Kanpur Nagar	1	Not fixed	0	-1	0
37	Kamalpur, Kanpur Nagar	1	Not fixed	0	-1	0
38	Matiyara, Kanpur Nagar	1	Not fixed	0	-1	0
39	Pali, Kanpur Nagar	1	Not fixed	0	-1	0
40	Prempur, Kanpur Nagar	1	Not fixed	0	-1	0
41	Bardaha Bazar, Kushinagar	1	Not fixed	0	-1	0
42	Batroli, Kushinagar	1	Not fixed	0	-1	0
43	Dhaurahara, Kushinagar	1	Not fixed	0	-1	0
44	Kuchiya Mathiya, Kushinagar	1	Not fixed	0	-1	0

Sl. No.	Name of SCs/HWCs	Health Worker (Male) required as per		Availability	Shortfall (-)/Excess (+)	
		IPHS Norm	Govt. Norm		As per IPHS Norm	As per Govt. Norm
45	Kurhawa, Kushinagar	1	Not fixed	0	-1	0
46	Kurmata, Kushinagar	1	Not fixed	0	-1	0
47	Mahua Bujurg, Kushinagar	1	Not fixed	0	-1	0
48	Radhiya Devaria, Kushinagar	1	Not fixed	0	-1	0
49	Bakey Nagar, Lucknow	1	Not fixed	0	-1	0
50	Bhadwana, Lucknow	1	Not fixed	0	-1	0
51	Deoria, Lucknow	1	Not fixed	0	-1	0
52	Dugwar, Lucknow	1	Not fixed	0	-1	0
53	Jugaur, Lucknow	1	Not fixed	0	-1	0
54	Kaitholia, Lucknow	1	Not fixed	0	-1	0
55	Kasmandi Kala-I, Lucknow	1	Not fixed	0	-1	0
56	Laxmipur Kundari, Lucknow	1	Not fixed	0	-1	0
57	Bhatpura, Saharanpur	1	Not fixed	0	-1	0
58	Budheda, Saharanpur	1	Not fixed	0	-1	0
59	Dhamola, Saharanpur	1	Not fixed	0	-1	0
60	Doodhgarh, Saharanpur	1	Not fixed	0	-1	0
61	Haroda, Saharanpur	1	Not fixed	0	-1	0
62	Kumharhera, Saharanpur	1	Not fixed	0	-1	0
63	Palli, Saharanpur	1	Not fixed	0	-1	0
64	Punwarka, Saharanpur	1	Not fixed	0	-1	0
65	Harha, Unnao	1	Not fixed	0	-1	0
66	Makur, Unnao	1	Not fixed	0	-1	0
67	Mashwasi-II, Unnao	1	Not fixed	0	-1	0
68	Saraijoga, Unnao	1	Not fixed	0	-1	0
69	Sarosa, Unnao	1	Not fixed	0	-1	0
70	Satan, Unnao	1	Not fixed	0	-1	0
71	Sharmau, Unnao	1	Not fixed	0	-1	0
72	Tikari Ganesh, Unnao	1	Not fixed	0	-1	0
Total		72	Not fixed	0	-72	0

(Source: Test checked Sub-centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix- 2.9

(Reference: Paragraph no. 2.5.6)

Status of human resources in the test-checked HWCs as on 31 March 2022

Sl. No.	Name of SCs/HWCs	Community Health Officer required as per		Shortfall (-) / Excess (+)
		Govt. Norm	Availability	
1.	HWC, Dildarnagar-II, Ghazipur	1	0	-1
2.	HWC, Holipur, Ghazipur	1	1	0
3.	HWC, Chilli, Hamipur	1	1	0
4.	HWC, Indrapura, Hamirpur	1	1	0
5.	HWC, Chhounk, Jalaun	1	1	0
6.	HWC, Kharra, Jalaun	1	1	0
7.	HWC, Aundha, Kanpur Nagar	1	1	0
8.	HWC, Maharajpur, Kanpur Nagar	1	1	0
9.	HWC, Firozpur, Kannauj	1	0	-1
10.	HWC, Khubariyapur, Kannauj	1	1	0
11.	HWC, Chilgoda, Kushinagar	1	1	0
12.	HWC, Laxmipur Mishra, Kushinagar	1	1	0
13.	HWC, Anaurakala, Lucknow	1	1	0
14.	HWC, Sahila Mau, Lucknow	1	0	-1
15.	HWC, Jayarampur, Saharanpur	1	1	0
16.	HWC, Sarkhadi Sekh, Saharanpur	1	1	0
17.	HWC, Chamrauli, Unnao	1	1	0
18.	HWC, Pachodha, Unnao	1	1	0
Total		18	15	-3

(Source: Test checked health and wellness centers)

(Colour coding **Red** = Shortage of manpower against norms)

Appendix-3.1

(Reference: Paragraph no. 3.2)

Status of availability of line services in DHs

District	Hospital	Outdoor Patient Department		Indoor Patient Department		Emergency Services		OT services		Maternity Services		Imaging Diagnostic Services		Pathology services	
		Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22
Agra	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Aligarh	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Ambedkar Nagar	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Amroha	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ayodhya	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Azamgarh	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Badaun	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Baghpat	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ballia	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Balrampur	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Banda	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Barabanki	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bareilly	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basti	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No
Bhadohi	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

District	Hospital	Outdoor Patient Department		Indoor Patient Department		Emergency Services		OT services		Maternity Services		Imaging Diagnostic Services		Pathology services	
		Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22
	CDH-II	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CDH	Hospital not functional													
Bijnor	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Bulandshaher	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Chitrakoot	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Etawah	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Farrukhabad	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes
Gautam Buddha Nagar	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ghaziabad	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gonda	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gorakhpur	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Hamirpur	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Hapur	CDH	Not functional	Yes	Not functional	Yes	Not functional	Yes	Not functional	Yes	Not functional	Not functional	Yes	Not functional	Yes	Yes
Hathras	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Jalaun (orai)	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Jaunpur	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Jhansi	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Kannauj	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kanpur nagar	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	UHM district Male Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Ahm dufferin DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	KPM hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Kasganj	CDH	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes

District	Hospital	Outdoor Patient Department		Indoor Patient Department		Emergency Services		OT services		Maternity Services		Imaging Diagnostic Services		Pathology services	
		Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22
Lucknow	Balrampur hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	Veerangna Avanti Bai DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Dr. SPM (Civil) hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No ³	Yes	Yes	Yes	Yes
	RLB combined hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Maharajganj	BRD combined hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Veerangna Jhalkari Bai hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	RSM 100 bedded CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mahoba	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Mainpuri	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mathura	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Mau	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Meerut	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Moradabad	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Muzaffarnagar	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prayagraj	DH (TB sapru)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Motilal nehru DH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes
Raebareli	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
Rampur	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

³ Only OPD service for maternity was available.

District	Hospital	Outdoor Patient Department		Indoor Patient Department		Emergency Services		OT services		Maternity Services		Imaging Diagnostic Services		Pathology services	
		Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22
Saharanpur	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sant kabir nagar	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CDH	Not functional	Yes	Not functional	Yes	Not functional	Yes	Not functional	Yes	Not functional	No	Not functional	Not functional	Not functional	Yes
Sitapur	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unnao	DHM	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	DWH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Varanasi	Lal bahadur shastri	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	CDH	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pt. DDU govt. Hospital		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes
	SSPG divisional district hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes

(Source: CIMSs of the District Hospitals, DNA = Data not available)
 (Colour coding **Red** = Services not available)

Appendix- 3.2

(Reference: Paragraph no. 3.2.1)

Details showing number of patients in outpatient department (OPD)

District	UNITS	No. of OPD patients 2016-17	No. of OPD patients 2017-18	No. of OPD patients 2018-19	No. of OPD patients 2019-20	No. of OPD patients 2020-21	No. of OPD patients 2021-22
Ambedkar Nagar	GMC- Ambedkar Nagar	382017	424328	449358	387768	71747	198107
Meerut	GMC- Meerut	746815	816307	1007674	910631	196355	428861
Ghazipur	District Hospital Male	271967	278720	212773	141529	193920	DNA
Hamirpur	District Hospital Male	187061	231917	212852	253364	148319	166482
Jalaun	District Hospital Male	481044	494102	474647	453284	258821	277610
Kanpur Nagar	District Hospital Male	455761	507628	459496	364276	198000	256293
Lucknow	District Hospital Male	4518960	4961400	4910575	3522936	1773093	1915885
Saharanpur	District Hospital Male	856367	949774	951708	969318	452886	513385
Unnao	District Hospital Male	471521	525604	474827	539208	226772	300261
Ghazipur	District Women Hospital	54475	58790	65527	66924	45931	DNA
Hamirpur	District Women Hospital	52475	58251	53294	64566	41838	44431
Jalaun	District Women Hospital	DNA	81967	82802	92900	65426	73923
Kanpur Nagar	District Women Hospital	164062	169803	156633	142148	92340	107547
Lucknow	District Women Hospital	175910	197911	194212	191967	89811	108748
Saharanpur	District Women Hospital	44497	188621	184931	140290	56670	66584
Unnao	District Women Hospital	85480	100961	115018	115439	53823	111418
Kannauj	Combined District Hospital	332599	332531	281870	260840	134321	146549
Kushinagar	Combined District Hospital	230663	321761	333864	335226	140477	176905
Ghazipur	CHC- Bhadaura	43558	46940	52365	54661	51789	39030
	CHC- Saidpur	69466	71004	80110	93322	48189	DNA
	CHC- Muskara	50739	62051	53780	53345	13836	22949
Hamirpur	CHC- Sarila	40822	42622	30534	2743	13506	20696
Jalaun	CHC- Kadaura	50668	67536	65859	66060	41833	42866
	CHC- Jalaun	107328	122849	127310	136738	65512	80885
Kannauj	CHC- Talgram	47169	42368	39550	51969	23116	DNA
	CHC- Chhibramau	63160	73548	85692	65102	34166	29677
Kanpur Nagar	CHC- Bidhanoo	82521	100333	90525	94176	75913	82970
	CHC- Sarsaul	58298	62197	57751	57997	24986	38809
Kushinagar	CHC- FazalInagar	67609	69386	77398	35250	44946	22517
	CHC- Hata	78306	65965	85911	99040	41308	54123

District	UNITS	No. of OPD patients 2016-17	No. of OPD patients 2017-18	No. of OPD patients 2018-19	No. of OPD patients 2019-20	No. of OPD patients 2020-21	No. of OPD patients 2021-22
Lucknow	CHC- Malihabad	DNA	DNA	29045	24277	21281	18310
	CHC- Chinahat	30899	35621	23614	23620	17589	51171
	CHC- Aishbag	50669	DNA	46509	42162	9499	22332
Saharanpur	CHC- Puwarka	16276	87317	78808	116193	32392	57669
	CHC- Sarsawa	87291	90787	91759	96237	35481	49331
Unnao	CHC- Nawabganj	58012	51210	41490	40275	43377	48569
	CHC- Achalganj	72997	54523	53294	33836	39677	67837
Ghazipur	PHC- Anauni	3285	2803	3912	4068	3210	DNA
	PHC- Gorkha	2103	2535	2136	1761	DNA	DNA
	PHC- Bara	3410	3435	3460	3465	DNA	DNA
	PHC- Deval	3769	3809	4923	8110	4652	DNA
	PHC- Biwar	17143	15056	16936	16642	7435	6151
Hamirpur	PHC- Bihuni	DNA	5533	4485	2764	1808	2339
	PHC- Puraini	7425	7523	8212	8209	3196	3216
	PHC- Jalalpur	9946	7560	7534	7437	3720	3177
	PHC- Aata	4018	5848	4529	5182	4088	4404
	PHC- Parasan	3530	3997	3899	4161	4387	3313
Jalaun	PHC- Shekhpur Bujurg	6708	7073	6998	4970	4320	4387
	PHC- Uргаon	5400	5419	5830	5115	4990	4702
	PHC- Baisapur	0	5753	4530	6270	4875	4674
Kannauj	PHC- Amolar	6545	9158	8819	7410	5737	5908
	PHC- Prempur	10683	10824	11212	11379	6519	7926
	PHC- Sikanderpur	2448	7008	8861	6671	4705	5094
	PHC- Meharban Singh Ka Purwa	7621	8380	7122	7636	4237	3089
	PHC- Dyodhighat	226	403	4190	5803	1829	3059
Kanpur Nagar	PHC- Pali	11112	13454	12441	8691	8615	3768
	PHC- Gujaini	7321	9763	7574	6916	3822	2792
	PHC- Jaura Bazar	6096	7227	10515	13099	5621	4855
Kushinagar	PHC- Koilaswa	10596	9659	6594	7350	4121	3823
	PHC- Mahuadith	10176	12367	10481	10484	5369	6021
	PHC- Sakrauli	4283	4414	6573	3000	1884	2117
Lucknow	PHC- Rahimabad	DNA	DNA	4038	4814	3711	8984
	PHC- Kasmandi Kala	DNA	DNA	6756	6273	3989	13985
	PHC- Poorab Gaon	7294	5449	4510	4546	4580	DNA

District	UNITS	No. of OPD patients 2016-17	No. of OPD patients 2017-18	No. of OPD patients 2018-19	No. of OPD patients 2019-20	No. of OPD patients 2020-21	No. of OPD patients 2021-22
	PHC- Juggaur	12458	3876	2355	4039	3273	DNA
	PHC- Naka	61604	56745	28038	28199	9370	10709
	PHC- Garhi Kanaura	31226	24190	26833	18223	2595	5853
	PHC- Devla	6061	6376	4029	5417	3697	3497
Saharanpur	PHC- Halalpur	0	6516	5655	19359	10713	6010
	PHC- Pilakhani	6022	7836	7994	8786	6063	6935
	PHC- Kutubpur	10244	9862	11199	8925	6030	6715
	PHC- Chamrauli	16204	18652	14698	16050	4374	5742
Unnao	PHC- Katehru	6106	5635	4252	4081	1439	3115
	PHC- Pansariya	6322	4977	4032	958	223	2879
	PHC- Sikander Pur Karn	DNA	7940	11137	6011	5312	7021

(Source: Test Checked Hospitals, DNA = Data not available)

Appendix- 3.3

(Reference: Paragraph no. 3.2.1.2)

Details showing OPD cases per doctor

District	UNITS	Patient load, 2016-17	Patient load, 2017-18	Patient load, 2018-19	Patient load, 2019-20	Patient load, 2020-21	Patient load, 2021-22
Ambedkar Nagar	GMC- Ambedkar Nagar	40	53	52	54	8	DNA
Ghazipur	District Male Hospital	67	69	57	35	57	DNA
	District Female Hospital	35	47	53	36	37	DNA
	CHC- Bhadaura	28	38	84	44	33	25
	CHC- Saidpur	32	33	37	43	22	DNA
	PHC- Anauni	11	9	13	13	10	DNA
	PHC- Gorkha	7	8	7	6	DNA	DNA
	PHC- Bara	11	11	11	11	DNA	DNA
	PHC- Deval	12	12	16	26	15	DNA
Hamirpur	District Male Hospital	67	94	114	136	68	67
	District Female Hospital	56	63	86	52	34	36
	CHC- Muskara	164	100	87	86	22	25
	CHC- Sarila	132	137	98	9	44	67
	PHC- Biwar	55	49	Doctor not available	54	12	10
	PHC- Bihuni	DNA	18	Doctor not available	9	3	8
	PHC- Puraini	24	24	Doctor not available	Doctor not available	Doctor not available	Doctor not available
	PHC- Jalalpur	32	24	24	8	12	10
Jalaun	District Male Hospital	52	66	70	73	49	50
	District Female Hospital	DNA	53	33	25	18	22
	CHC- Kadaura	54	54	53	53	45	35
	CHC- Jalaun	38	44	51	55	23	29
	PHC- Aata	13	Doctor not available	15	17	13	14
	PHC- Parasan	Doctor not available	Doctor not available	13	13	14	11
	PHC- Shekhpur Bujurg	22	23	23	16	14	14
	PHC- Uргаon	17	17	19	17	16	15
Kannauj	Combined District Hospital	51	41	43	53	29	26
	CHC- Talgram	76	34	43	56	12	DNA
	CHC- Chhibramau	102	79	92	53	10	8
	PHC- Baisapur	Doctor not available	9	7	10	8	8
	PHC- Amolar	21	30	28	24	19	19
	PHC- Prempur	34	35	36	37	21	26
	PHC- Sikanderpur	4	11	14	22	15	16
Kanpur Nagar	District Male Hospital	31	29	26	25	12	15
	District Female Hospital	38	37	36	46	30	39
	CHC- Bidhanoo	33	36	37	38	27	27
	CHC- Sarsaul	27	22	21	21	8	10
	PHC- Meharban Singh Ka Purwa	25	27	23	25	14	10

District	UNITS	Patient load, 2016-17	Patient load, 2017-18	Patient load, 2018-19	Patient load, 2019-20	Patient load, 2020-21	Patient load, 2021-22
Kushinagar	PHC- Dyodhighat	0	1	7	9	3	3
	PHC- Pali	18	22	20	14	14	6
	PHC- Gujaini	12	31	24	22	12	9
	Combined District Hospital	30	36	37	35	15	23
	CHC- Fazilnagar	27	32	42	19	18	9
	CHC- Hata	36	27	40	46	17	22
	PHC- Jaura Bazar	20	12	17	42	18	Doctors not available
	PHC- Koilaswa	17	16	11	12	7	6
	PHC- Mahuadih	16	20	34	Doctors not available	9	10
Lucknow	PHC- Sakrauli	7	7	21	10	6	Doctors not available
	Balrampur Hospital	214	239	211	154	74	85
	Awanti Bai Women Hospital	24	27	22	21	11	12
	CHC- Malihabad	DNA	DNA	19	20	17	15
	CHC- Chinahat	14	16	11	11	8	18
	CHC- Aishbag	54	DNA	38	34	8	24
	PHC- Rahimabad	DNA	DNA	Doctor not available	Doctors not available	12	29
	PHC- Kasmandi Kala	DNA	DNA	22	20	13	45
	PHC- Poorab Gaon	12	18	15	15	15	DNA
	PHC- Juggaur	40	13	8	13	11	DNA
	PHC- Naka	99	92	45	45	30	35
PHC- Garhi Kanaura	101	78	87	59	8	19	
Meerut	GMC- Meerut	35	41	52	44	9	DNA
Saharanpur	District Male Hospital	102	99	96	112	56	66
	District Female Hospital	16	61	54	45	18	27
	CHC- Puwarka	8	141	127	187	52	23
	CHC- Sarsawa	70	73	74	78	23	32
	PHC- Devla	Doctor not available	Doctor not available	Doctor not available	Doctors not available	Doctors not available	Doctors not available
	PHC- Halalpur	Doctor not available	21	18	62	35	19
	PHC- Pilakhani	10	25	26	14	10	11
	PHC- Qutubpur	33	32	36	14	10	11
Unnao	District Male Hospital	76	85	73	79	33	44
	District Female Hospital	25	25	27	31	13	30
	CHC- Nawabganj	31	28	22	22	20	20
	CHC- Achalganj	26	20	19	12	14	24
	PHC- Chamrauli	52	60	47	52	14	19
	PHC- Katehru	20	18	14	13	Doctors not available	5
	PHC- Pansariya	20	16	13	3	Doctors not available	9
	PHC- Sikander Pur Karn	DNA	26	36	19	17	23

(Source: test checked hospitals, DNA = Data not available)

Appendix- 3.4

(Reference: Paragraph no. 3.2.1.4)

Details showing mode of registration for OPD services

District	UNITS	Mode of registration of OPD services (Manual/ Electronic)
Ambedkar Nagar	GMC- Ambedkar Nagar	Electronic
Meerut	GMC- Meerut	Electronic
Ghazipur	District Hospital Male	Manual
Hamirpur	District Hospital Male	Manual
Jalaun	District Hospital Male	Manual
Kanpur Nagar	District Hospital Male	Electronic
Lucknow	District Hospital Male	Electronic
Saharanpur	District Hospital Male	Electronic
Unnao	District Hospital Male	Manual
Ghazipur	District Women Hospital	Manual
Hamirpur	District Women Hospital	Manual
Jalaun	District Women Hospital	Manual
Kanpur Nagar	District Women Hospital	Electronic
Lucknow	District Women Hospital	Electronic
Saharanpur	District Women Hospital	Electronic
Unnao	District Women Hospital	Manual
Kannauj	Combined District Hospital	Manual
Kushinagar	Combined District Hospital	Manual

(Source: Test checked Government medical colleges and district hospitals)

(Colour coding **Green** = Electronic registration system available, **Red** = Manual registration system available)

Appendix- 3.5

(Reference: Paragraph no. 3.2.1.5)

Details showing patient load on registration counters

District	UNITS	No. of OPD Patients 2016-17	No. of OPD Patients 2017-18	No. of OPD Patients 2018-19	No. of OPD Patients 2019-20	No. of OPD Patients 2020-21	No. of OPD Patients 2021-22	Average Patient load	Daily patient load	No. of registration counter	Patient load on registration counter
Ambedkar Nagar	GMC- Ambedkar Nagar	382017	424328	449358	387768	71747	198107	318888	1029	8	129
	District Male Hospital	271967	278720	212773	141529	193920	DNA	219782	709	2	354
	District Women Hospital	54475	58790	65527	66924	45931	DNA	58329	188	1	188
	CHC- Bhadaura	43558	46940	52365	54661	51789	39030	48057	155	2	78
	PHC- Anauni	3285	2803	3912	4068	3210	DNA	3456	11	1	11
	PHC- Gorkha	2103	2535	2136	1761	DNA	DNA	2134	7	1	7
	CHC- Saidpur	69466	71004	80110	93322	48189	DNA	72418	234	2	117
	PHC- Bara	3410	3435	3460	3465	DNA	DNA	3443	11	1	11
	PHC- Deval	3769	3809	4923	8110	4652	DNA	5053	16	1	16
	CHC- Muskara	50739	62051	53780	53345	13836	22949	42783	138	2	69
Hamirpur	PHC- Biwar	17143	15056	16936	16642	7435	6151	13227	43	1	43
	PHC- Bihuni	DNA	5533	4485	2764	1808	2339	3386	11	1	11
	CHC- Sarila	40822	42622	30534	2743	13506	20696	25154	81	1	81
	PHC- Puraini	7425	7523	8212	8209	3196	3216	6297	20	1	20
	PHC- Jalalpur	9946	7560	7534	7437	3120	3177	6462	21	1	21
	District Male Hospital	187061	231917	212852	253364	148319	166482	183333	645	2	323
	District Women Hospital	52475	58251	53294	64566	41838	44431	52476	169	2	85
	CHC- Kadaura	50668	67536	65859	66060	41833	42866	55804	180	1	180
	CHC- Jalaun	107328	122849	127310	136738	65512	80885	106770	344	2	172
	PHC- Aata	4018	5848	4529	5182	4088	4404	4678	15	1	15
Jalaun	PHC- Parasan	3530	3997	3899	4161	4387	3313	3881	13	1	13
	PHC- Shekhpur Bujurg	6708	7073	6998	4970	4320	4387	5743	19	1	19
	PHC- Uргаon	5400	5419	5830	5115	4990	4702	5243	17	1	17
	District Male Hospital	481044	494102	474647	453284	258821	277610	406585	1312	2	656
	District Women Hospital	DNA	81967	82802	92900	65426	73923	79404	256	1	256
	Combined District Hospital	332599	332531	281870	260840	134321	146549	248118	800	4	200
	CHC- Talgram	47169	42368	39550	51969	23116	DNA	40834	132	1	132

District	UNITS	No. of OPD Patients 2016-17	No. of OPD Patients 2017-18	No. of OPD Patients 2018-19	No. of OPD Patients 2019-20	No. of OPD Patients 2020-21	No. of OPD Patients 2021-22	Average Patient load	Daily patient load	No. of registration counter	Patient load on registration counter
Kamrup Nagar	CHC- Chhibramau	63160	73548	85692	65102	34166	29677	58558	189	2	94
	PHC- Baisapur	0	5753	4530	6270	4875	4674	4350	14	1	14
	PHC- Amolar	6545	9158	8819	7410	5737	5908	7263	23	1	23
	PHC- Prempur	10683	10824	11212	11379	6519	7926	9757	31	1	31
	PHC- Sikanderpur	2448	7008	8861	6671	4705	5094	5798	19	1	19
	District Male Hospital	455761	507628	459496	364276	198000	256293	373576	1205	5	241
	District Women Hospital	164062	169803	156633	142148	92340	107547	138756	448	2	224
	CHC- Bidhanoo	82521	100333	90525	94176	75913	82970	87740	283	1	283
	CHC- Sarsaul	58298	62197	57751	57997	24986	38809	50006	161	1	161
	PHC- Meharban Singh Ka Purwa	7621	8380	7122	7636	4237	3089	6348	20	1	20
Kushinagar	PHC- Dyodhighat	226	403	4190	5803	1829	1939	2398	8	1	8
	PHC- Pali	11112	13454	12441	8691	8615	3768	9680	31	0	DNA
	PHC- Gujaini	7321	9763	7574	6916	3822	2792	6365	21	0	DNA
	CHC- Fazilnagar	67609	69386	77398	35250	44946	22517	52851	170	3	57
	CHC- Hata	78306	65965	85911	99040	41308	54123	70776	228	1	228
	PHC- Jaura Bazar	6096	7227	10515	13099	5621	4855	7902	25	0	DNA
	PHC- Koilaswa	10596	9659	6594	7350	4121	3822	7024	23	0	DNA
	PHC- Mahuadih	10176	12367	10481	10484	5369	6021	9150	30	1	30
	PHC- Sakrauli	4283	4414	6573	3000	1884	2117	3712	12	0	DNA
	Combined District Hospital	230663	321761	333864	335226	140477	176905	256483	827	3	276
Lucknow	Balrampur Hospital	4518960	4961400	4910575	3522936	1773093	1915885	3600475	11614	8	1452
	Awanti Bai Women Hospital	175910	197911	194212	191967	89811	108748	159760	515	3	172
	CHC- Mailhabad	DNA	DNA	29045	24277	21281	18310	23228	75	1	75
	CHC- Chinahat	30899	35621	23614	23620	17589	51171	30419	98	1	98
	PHC- Rahimabad	DNA	DNA	4038	4814	3711	8984	5387	17	0	DNA
	PHC- Kasmandi Kala	DNA	DNA	6756	6273	3989	13985	7751	25	0	DNA
	PHC- Poorab Gaon	7294	5449	4510	4546	4580	DNA	5276	17	0	DNA
	PHC- Juggaur	12458	3876	2355	4039	3273	DNA	5200	17	1	17
	CHC- Aishbag	50669	DNA	46509	42162	9499	22332	34234	110	1	110
	PHC- Naka	61604	56745	28038	28199	9370	10709	32444	105	1	105

District	UNITS	No. of OPD Patients 2016-17	No. of OPD Patients 2017-18	No. of OPD Patients 2018-19	No. of OPD Patients 2019-20	No. of OPD Patients 2020-21	No. of OPD Patients 2021-22	Average Patient load	Daily patient load	No. of registration counter	Patient load on registration counter
Meerut	PHC- Garhi Kanaura	31226	24190	26833	18223	2595	5853	18153	59	0	DNA
	GMC- Meerut	746815	816307	1007674	910631	201755	428861	685341	2211	7	316
Saharanpur	District Male Hospital	856367	949774	951708	969318	452886	513385	782240	2523	4	631
	District Women Hospital	44497	188621	184931	140290	56670	66584	113599	366	2	183
	CHC- Puwarka	16276	87317	78808	116193	32392	57669	64776	209	2	104
	CHC- Sarsawa	87291	90787	91759	96237	35481	49331	75148	242	2	121
	PHC- Devla	6061	6376	4029	5417	3697	3497	4846	16	1	16
	PHC- Malalpur	0	6516	5655	19359	10713	6010	8042	26	1	26
Unnao	PHC- Pilakhani	6022	7836	7994	8786	6063	6935	7273	23	1	23
	PHC- Qutubpur	10244	9862	11199	8925	6030	6715	8829	28	1	28
	District Male Hospital	471521	525604	474827	539208	226772	300261	423032	1365	3	455
	District Women Hospital	85480	100961	115018	115439	53823	111418	97023	313	1	313
	CHC- Nawabganj	58012	51210	41490	40275	43377	48569	47156	152	1	152
	CHC- Achalganj	72997	54523	53294	33836	39677	67837	53694	173	2	87
Unnao	PHC- Chamrauli	16204	18652	14698	16050	4374	5742	12620	41	0	DNA
	PHC- Katehru	6106	5635	4252	4081	1439	3115	4105	13	0	DNA
	PHC- Pansariya	6322	4977	4032	958	223	2879	3232	10	0	DNA
	PHC- Sikander Pur Karn	DNA	7940	11137	6011	5312	7021	7484	24	0	DNA

(Source: Test checked hospitals, DNA – data not available/patient load could not be computed in the absence of registration counter)

Appendix-3.6

(Reference: Paragraph no 3.2.2.3)

Status of IPD services in the District Hospitals as on March 2022

(A) Combined District Hospitals

District	Hospital	General Medicine	Paediatrics	General Surgery	Obstetrics and Gynaecology	Orthopaedics	
		Mar-22	Mar-22	Mar-22	Mar-22	Mar-22	
Aligarh	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	
Ambedkar Nagar	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	
Amroha	Combined district hospital	Yes	Yes	Yes	Yes	Yes	
Baghpat	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	
Balrampur	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	
Bareilly	Combined District Hospital	Yes	Yes	Yes	No	Yes	
Bhadohi	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	
Bhadohi	Combined District Hospital-II	Yes	Yes	Yes	Yes	Yes	
Bhadohi	100 BEDDED CDH	Hospital not functional					
Bulandshahr	Combined District Hospital	Yes	No	No	Yes	No	
Chitrakoot	Combined district hospital	Yes	Yes	Yes	Yes	Yes	
Farrukhabad	Combined district hospital	Yes	No	No	Yes	No	
GB Nagar	Combined district hospital	Yes	Yes	Yes	Yes	Yes	
Ghaziabad	Combined district hospital	Yes	Yes	Yes	Yes	Yes	
Hapur	CDH	No	Yes	No	Yes	Yes	
Kannauj	CDH	Yes	Yes	Yes	Yes	Yes	
Kanpur Nagar	Manywar kanshiram CDH	Yes	Yes	Yes	Yes	Yes	
Kasganj	CDH	Yes	Yes	No	No	Yes	
Lucknow	RLB CDH	Yes	Yes	Yes	Yes	Yes	
Lucknow	BRD Combined Hospital	Yes	Yes	Yes	Yes	Yes	
Lucknow	RSM 100 Bedded CDH	Yes	Yes	No	Yes	Yes	
Maharajganj	District Combined Hospital	Yes	Yes	Yes	Yes	Yes	
Sambhal	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	
Sant Kabir Nagar	Combined district hospital	Yes	Yes	Yes	Yes	Yes	
Shamli	Combined District Hospital	No	Yes	Yes	No	No	
Srawasti	CDH	Yes	Yes	Yes	Yes	Yes	
Varanasi	Lal Bahadur Shastri CDH	Yes	No	Yes	Yes	Yes	
Total (CDH)		Yes (24)	Yes (23)	Yes (21)	Yes (23)	Yes (23)	
		No (02)	No (03)	No (05)	No (03)	No (03)	

(Source: CMSs of the District Hospitals)

(B) District Hospital Male

District	Hospital	General Medicine	Paediatrics	General Surgery	Orthopaedics
		Mar-22	Mar-22	Mar-22	Mar-22
Agra	District Hospital Male	Yes	Yes	Yes	Yes
Aligarh	District Hospital Male	Yes	Yes	Yes	Yes
Ayodhya	District Hospital Male	Yes	Yes	Yes	Yes
Ayodhya	District Hospital	Yes	Yes	Yes	Yes
Azamgarh	District Hospital Male	Yes	Yes	Yes	Yes
Badaun	District Hospital Male	Yes	Yes	Yes	Yes
Ballia	District Hospital Male	Yes	Yes	Yes	Yes
Balrampur	District Hospital Male	Yes	Yes	Yes	Yes
Banda	District Hospital Male	Yes	Yes	Yes	Yes
Barabanki	District Hospital Male	Yes	Yes	Yes	Yes
Bareilly*	Specialised District Hospital	No	No	No	No

District	Hospital	General Medicine	Paediatrics	General Surgery	Orthopaedics
Basti	District Hospital Male	Yes	Yes	Yes	Yes
Etawah	District hospital	Yes	Yes	Yes	Yes
Farrukhabad	District hospital	Yes	Yes	Yes	Yes
Ghaziabad	District hospital	Yes	Yes	Yes	Yes
Gorakhpur	District hospital	Yes	Yes	Yes	Yes
Hamirpur	District hospital	Yes	Yes	Yes	Yes
Hathras	District hospital	Yes	Yes	Yes	Yes
Jalaun (Orai)	District Male Hospital	Yes	Yes	No	Yes
Jaunpur	District hospital	Yes	Yes	Yes	Yes
Jhansi	District hospital	Yes	Yes	Yes	Yes
Kanpur Nagar	UHM district Male Hospital	Yes	Yes	Yes	Yes
Kanpur Nagar	KPM Hospital	Yes	No	Yes	Yes
Lucknow	Balrampur Hospital	Yes	Yes	Yes	Yes
Lucknow	Dr. SPM (Civil) hospital	Yes	Yes	Yes	Yes
Mahoba	District Male Hospital	Yes	Yes	Yes	Yes
Mainpuri	Maharaja Tejsingh DHM	Yes	Yes	Yes	Yes
Mathura	District male Hospital	Yes	Yes	Yes	Yes
Mau	District Hospital Male	Yes	Yes	Yes	Yes
Meerut	P.L. Sharma district Hospital	Yes	Yes	Yes	Yes
Moradabad	District male Hospital	Yes	Yes	Yes	Yes
Muzaffarnagar	District Male Hospital	Yes	Yes	Yes	Yes
Prayagraj	DH (TB Sapru)	Yes	Yes	Yes	Yes
Prayagraj	Motilal Nehru Divisional Hospital	Yes	Yes	Yes	Yes
Raebareli	District Hospital	Yes	Yes	Yes	Yes
Rampur	District Hospital	Yes	Yes	Yes	Yes
Saharanpur	District Hospital	Yes	Yes	Yes	Yes
Sitapur	District Hospital	Yes	Yes	Yes	Yes
Unnao	District Hospital	Yes	Yes	Yes	Yes
Varanasi	Pt. D D U Govt. Hospital	Yes	Yes	Yes	Yes
Varanasi	S S P G Divisional District Hospital	Yes	Yes	Yes	Yes
Total (DHM)		Yes (40)	Yes (39)	Yes (39)	Yes (40)
		No (01)	No (02)	No (02)	No (01)

(Source: CMSs of the District Hospitals)

*Specialised hospital in Bareilly included under DHM is a Mental Hospital.

(C) District Women Hospitals

District	Hospital	Paediatrics	Obstetrics and Gynaecology
		Mar-22	Mar-22
Agra	District Women Hospital	Yes	Yes
Aligarh	District Women Hospital	Yes	Yes
Ayodhya	District Women Hospital	Yes	Yes
Azamgarh	District Women Hospital	Yes	Yes
Badaun	District Women Hospital	Yes	Yes
Ballia	District Women Hospital	Yes	Yes
Balrampur	District Women Hospital	Yes	Yes
Banda	District Women Hospital	Yes	Yes
Barabanki	District Women Hospital	Yes	Yes
Bareilly	District Women Hospital	Yes	Yes
Basti	District Women Hospital	Yes	Yes
Bijnor	District Women Hospital	Yes	Yes
Etawah	District women hospital	Yes	Yes
Farrukhabad	District women hospital	Yes (New Born Child Care 28 days only)	Yes
Ghaziabad	District women hospital	No	Yes
Gonda	District women hospital	Yes (SNCU)	Yes

District	Hospital	Paediatrics	Obstetrics and Gynaecology
Gorakhpur	District women hospital	Yes	Yes
Hamirpur	District women hospital	Yes (SNCU)	Yes
Hathras	District women hospital	Yes	Yes
Jalaun (Orai)	District Women Hospital,	Yes	Yes
Jaunpur	District women hospital	Yes	Yes
Jhansi	District women hospital	Yes	Yes
Kanpur Nagar	AHM Dufferin DWH	Yes	Yes
Lucknow	Veerangna Avantibai DWH	Yes	Yes
Lucknow	Veerangna Jhalkari Bai DWH	Yes	Yes
Mahoba	District women Hospital	Yes	Yes
Mainpuri	District Women Hospital	Yes	Yes
Mathura	District Women Hospital	Yes	Yes
Mau	District Women Hospital	Yes	Yes
Meerut	District Women Hospital	Yes	Yes
Moradabad	District women Hospital	Yes	Yes
Muzaffarnagar	District Women Hospital	Yes	Yes
Prayagraj	District Women Hospital	Yes	Yes
Raebareli	District Women Hospital	Yes	Yes
Rampur	District Women Hospital	Yes	Yes
Saharanpur	District Women Hospital	Yes (SNCU)	Yes
Sitapur	District Women Hospital	Yes (SNCU)	Yes
Unnao	District Women Hospital	Yes	Yes
Varanasi	District Women Hospital	No	Yes
Total (DWH)		Yes (37) No (02)	Yes (39)

(Source: CMSs of the District Hospitals)

(Colour coding **Green** = Services available, **Red** = Services not available)

Appendix-3.7

(Reference: Paragraph no. 3.2.3.1)

Status of surgeries per surgeon per year in District Hospitals of test-checked districts during 2016-22

Districts	Hospitals	Year	General		Average/ Year	ENT		Average/ Year	Ortho.		Average/ Year	Eye		Average/ Year
			No. of Surgeons	No. of Surgeries		No. of Surgeons	No. of Surgeries		No. of Surgeons	No. of surgeries		No. of Surgeons	No. of surgeries	
Unnao	District Hospital Male	2016-17	2	887	444	0	0	0	2	312	156	2	1299	650
		2017-18	2	452	226	0	0	0	2	183	92	2	711	356
		2018-19	2	500	250	0	0	0	2	169	85	2	912	456
		2019-20	2	571	286	0	0	0	2	248	124	3	1026	342
		2020-21	2	237	119	0	0	0	2	197	99	3	938	313
		2021-22	3	338	113	1	404	404	2	178	89	3	1579	526
		2016-22			240			404	404		108			
Saharanpur	SBD district hospital	2016-17	3	1521	507	2	158	79	5	675	135	3	2366	789
		2017-18	3	1556	519	3	527	176	5	798	160	4	3316	829
		2018-19	4	1835	459	3	538	179	4	808	202	4	3618	905
		2019-20	4	2096	524	2	238	119	4	599	150	4	2245	561
		2020-21	5	2692	538	2	105	53	5	1026	205	3	2084	695
		2021-22	2	1558	779	3	144	48	4	380	95	3	1278	426
		2016-22			554			109	109		158			
Hamirpur	DSS district hospital	2016-17	2	456	228	1	35	35	1	58	58	1	0	0
		2017-18	2	696	348	1	45	45	1	90	90	1	0	0
		2018-19	2	765	383	1	109	109	1	14	14	1	0	0
		2019-20	1	557	557	1	66	66	0	0	0	1	0	0
		2020-21	1	153	153	1	74	74	1	60	60	1	0	0
		2021-22	1	340	340	1	73	73	0	0	0	1	0	0
		2016-22			335			67	67		56			

Districts	Hospitals	Year	General		Average/ Year	ENT		Average/ Year	Ortho.		Average/ Year	Eye		Average/ Year
			No. of Surgeons	No. of Surgeries		No. of Surgeons	No. of Surgeries		No. of Surgeons	No. of Surgeries		No. of Surgeons	No. of Surgeries	
Jalaun	District Hospital Male	2016-17	1	1445	1445	1	18	18	2	873	437	2	8745	4373
		2017-18	0	0	0	1	133	133	2	966	483	2	9868	4934
		2018-19	0	0	0	1	94	94	2	1014	507	2	8658	4329
		2019-20	0	0	0	1	144	144	2	1232	616	2	8743	4372
		2020-21	0	0	0	1	126	126	2	995	498	2	8504	4252
		2021-22	0	0	0	1	74	74	2	1027	514	2	7672	3836
		2016-22		1445	1445		98	98		509	509		4349	4349
Kanpur Nagar	UHM District male Hospital	2016-17	6	4781	797	5	1790	358	8	3025	378	4	2427	607
		2017-18	6	4879	813	3	1683	561	8	3612	452	5	2254	451
		2018-19	7	5089	727	3	1881	627	6	3809	635	6	2314	386
		2019-20	8	5101	638	3	1798	599	5	3912	782	4	3873	968
		2020-21	5	1173	235	4	975	244	5	675	135	5	604	121
		2021-22	3	4273	1424	3	1483	494	7	4479	640	3	3833	1278
		2016-22		772	772		481	481		504	504		635	635
Kannauj	Combined District Hospital	2016-17	2	234	117	1	77	77	4	194	49	2	756	378
		2017-18	2	327	164	3	42	14	4	101	25	3	748	249
		2018-19	2	390	195	3	46	15	3	228	76	3	1254	418
		2019-20	2	456	228	3	74	25	3	169	56	3	1446	482
		2020-21	2	832	416	2	115	58	3	197	66	2	2233	1117
		2021-22	2	292	146	1	63	63	0	0	0	0	2	395
		2016-22		211	211		42	42		54	54		474	474
Lucknow	Balrampur Hospital	2016-17	4	2441	610	2	685	343	6	919	153	4	2424	606
		2017-18	4	2800	700	2	547	274	6	1238	206	5	3377	675

Districts	Hospitals	Year	General		Average/ Year	ENT		Average/ Year	Ortho.		Average/ Year	Eye		Average/ Year
			No. of Surgeons	No. of Surgeries		No. of Surgeons	No. of Surgeries		No. of Surgeons	No. of surgeries		No. of Surgeons	No. of surgeries	
		2018-19	4	3929	982	3	732	244	6	1864	311	5	3345	669
		2019-20	4	2105	526	3	370	123	6	948	158	4	926	232
		2020-21	4	2865	716	4	647	162	6	1251	209	4	2355	589
		2021-22	4	3251	813	3	999	333	6	1593	266	3	4302	1434
		2016-22			725			247			217			701
		2016-17	2	276	138	1	28	28	2	61	31	2	1127	564
		2017-18	2	605	303	1	271	271	2	103	52	2	848	424
		2018-19	2	521	261	1	141	141	2	84	42	2	1022	511
		2019-20	2	329	165	1	42	42	2	40	20	2	197	99
		2020-21	2	156	78	1	146	146	1	98	98	2	416	208
		2021-22	2	190	95	1	117	117	1	113	113	1	436	436
		2016-22			173			124			59			374
		2016-17	0	0	0	1	94	94	3	378	126	2	400	200
		2017-18	0	0	0	1	233	233	3	197	66	2	178	89
		2018-19	0	0	0	1	235	235	3	233	78	3	293	98
		2019-20	0	0	0	0	0	0	2	388	194	3	714	238
		2020-21	0	0	0	0	0	0	2	668	334	2	1029	515
		2021-22												
		2016-21			0			187			160			228

DHM in Ghazipur has been converted into ATH of Medical College from April 2021

(Source: CMSS of the District Hospitals of test-checked districts, DNA= Data not available)
(Colour coding Red = Un-availability of surgeons and surgeries not done)

Appendix-3.8

(Reference: Paragraph no. 3.2.3.1)

Status of availability of surgical procedures as on March 2022

Name of District	Hospital	Name of procedure (As per IPHS)	Available (Yes/No)
Hamirpur	District Male Hospital	Hernia	Yes
		Hydrocele	Yes
		Appendicitis	Yes
		Haemorrhoids	Yes
		Fistula	Yes
		Intestinal Obstruction	Yes
		Haemorrhage	Yes
		Nasal packing	Yes
		Tracheostomy	No
		Foreign body removal	Yes
		Fracture reduction	Yes
		Putting splints/ plaster cast	Yes
		Jalaun	District Male Hospital
Hydrocele	Yes		
Appendicitis	Yes		
Haemorrhoids	Yes		
Fistula	Yes		
Intestinal Obstruction	Yes		
Haemorrhage	Yes		
Nasal packing	Yes		
Tracheostomy	Yes		
Foreign body removal	Yes		
Fracture reduction	Yes		
Putting splints/ plaster cast	Yes		
Kannauj	Combined District Hospital		
		Hydrocele	Yes
		Appendicitis	Yes
		Haemorrhoids	Yes
		Fistula	Yes
		Intestinal Obstruction	No
		Haemorrhage	Yes
		Nasal packing	Yes
		Tracheostomy	Yes
		Foreign body removal	Yes
		Fracture reduction	Yes
		Putting splints/ plaster cast	Yes
		Kanpur Nagar	UHM District Male Hospital
Hydrocele	Yes		
Appendicitis	Yes		
Haemorrhoids	Yes		
Fistula	Yes		
Intestinal Obstruction	Yes		
Haemorrhage	Yes		
Nasal packing	Yes		
Tracheostomy	Yes		
Foreign body removal	Yes		
Fracture reduction	Yes		
Putting splints/ plaster cast	Yes		
Lucknow	Balrampur Hospital		
		Hydrocele	Yes
		Appendicitis	Yes

		Haemorrhoids	Yes
		Fistula	Yes
		Intestinal Obstruction	Yes
		Haemorrhage	Yes
		Nasal packing	Yes
		Tracheostomy	Yes
		Foreign body removal	Yes
		Fracture reduction	Yes
		Putting splints/ plaster cast	Yes
		Saharanpur	District Male Hospital
Hydrocele	Yes		
Appendicitis	Yes		
Haemorrhoids	Yes		
Fistula	Yes		
Intestinal Obstruction	Yes		
Haemorrhage	No		
Nasal packing	Yes		
Tracheostomy	Yes		
Foreign body removal	Yes		
Fracture reduction	Yes		
Putting splints/ plaster cast	Yes		
Unnao	District Male Hospital	Hernia	Yes
		Hydrocele	Yes
		Appendicitis	Yes
		Haemorrhoids	Yes
		Fistula	Yes
		Intestinal Obstruction	Yes
		Haemorrhage	Yes
		Nasal packing	Yes
		Tracheostomy	Yes
		Foreign body removal	Yes
		Fracture reduction	Yes
		Putting splints/ plaster cast	Yes
Kushinagar	Combined District Hospital	Hernia	Yes
		Hydrocele	Yes
		Appendicitis	Yes
		Haemorrhoids	Yes
		Fistula	Yes
		Intestinal Obstruction	Yes
		Haemorrhage	Yes
		Nasal packing	Yes
		Tracheostomy	No
		Foreign body removal	Yes
		Fracture reduction	Yes
		Putting splints/ plaster cast	Yes

(Source: CMS of DHs of test checked districts)

(Colour coding **Green** = Surgical procedure available, **Red** = Surgical procedure not available)

Appendix-3.9

(Reference: Paragraph no.3.2.3.2)

Status of ICU services in the District Hospitals as on March 2022

District	Hospital	Number of bed sanctioned	Availability of ICU services
Agra	District Hospital Male	138	Yes
	District Women Hospital	157	Yes
Aligarh	District Women Hospital	90	No (Not required)
	District Hospital Male	232	No
	Combined District Hospital	300	Yes
Ambedkar Nagar	Combined District Hospital	200	No
Amroha	Combined District Hospital	200	No
Ayodhya	District Women Hospital	268	Yes
	District Hospital Male	212	Yes
	District Hospital	151	No
Azamgarh	District Women Hospital	114	No
	District Hospital Male	312	Yes
Badaun	District Women Hospital	179	No
	District Hospital Male	234	No
Baghpat	Combined District Hospital	268	Yes
Ballia	District Women Hospital	164	No
	District Hospital Male	176	No
Balrampur	District Hospital Male	100	No (Not required)
	Combined District Hospital	100	Yes
	District Women Hospital	48	No (Not required)
Banda	District Women Hospital	32	No (Not required)
	District Hospital Male	103	Yes
Barabanki	District Women Hospital	100	No (Not required)
	District Hospital Male	140	Yes
Bareilly	Combined District Hospital	325	No
	District Women Hospital	114	No
	Specialised District Hospital	498	No
Basti	District Hospital Male	300	Yes
	District Women Hospital	125	No
Bhadohi	Combined District Hospital	110	No
	Combined District Hospital-II	100	No (Not required)
	100 BEDDED CDH	100	Hospital not functional
Bijnor	District Women Hospital	50	Yes
Bulandshahr	Combined District Hospital	50	No (Not required)
Chitrakoot	Combined District Hospital	100	No (Not required)
Etawah	District Hospital	230	No
	District Women Hospital	100	No (Not required)
Farrukhabad	District Hospital	210	No
	District Women Hospital	100	No (Not required)
	Combined District Hospital	50	No (Not required)
Gautam Buddha Nagar	Combined District Hospital	240	Yes
Ghaziabad	District Women Hospital	100	No (Not required)
	District Hospital	166	Yes
	Combined District Hospital	100	No (Not required)
Gonda	District Women Hospital	234	No
Gorakhpur	District Hospital	305	No
	District Women Hospital	205	No
Hamirpur	District Hospital	68	No (Not required)
	District Women Hospital	32	No (Not required)

District	Hospital	Number of bed sanctioned	Availability of ICU services
Hapur	Combined District Hospital	100	No (Not required)
Hathras	District Hospital	70	Yes
	District Women Hospital	30	No (Not required)
Jalaun (orai)	District Women Hospital, Orai	60	No (Not required)
Jalaun (orai)	District Male Hospital, Orai	113	Yes
Jaunpur	District Hospital	185	No
	District Women Hospital	110	No
Jhansi	District Hospital	172	Yes
	District Women Hospital	78	No (Not required)
Kannauj	Combined District Hospital	210	No
Kanpur nagar	Manywar kanshiram CDH	100	No (Not required)
	UHM DHM, Kanpur Nagar	550	Yes
	AHM Dufferin Women Hospital	210	Yes
	KPM Hospital, Kanpur Nagar	90	No (Not required)
Kasganj	Combined District Hospital, Kasganj	100	No (Not required)
Lucknow	Balrampur Hospital, Lucknow	756	Yes
	Veerangna Avantibai DWH	326	No
	Dr. SPM (Civil) hospital, Lucknow	401	No
	RLB Combined Hospital, Lucknow	110	No
	BRD Combined Hospital, Lucknow	34	No (Not required)
	Veerangna Jhalkari Bai DWH	90	No (Not required)
	RSM 100 Bedded Combined Hospital	100	No (Not required)
Maharajganj	District Combined Hospital	100	Yes
Mahoba	District Male Hospital, Mahoba	100	Yes
	District women Hospital, Mahoba	30	No (Not required)
Mainpuri	Maharaja Tejsingh DH (M), Mainpuri	100	Yes
	District Women Hospital, Mainpuri	100	Yes
Mathura	District male Hospital, Mathura	74	No (Not required)
	District Women Hospital, Mathura	87	Yes
Mau	District Hospital Male, Mau	100	No (Not required)
	District Women Hospital, Mau	100	No (Not required)
Meerut	P.L. Sharma district Hospital, meerut	250	Yes
	District Women Hospital, Meerut	100	No (Not required)
Moradabad	District women Hospital, Moradabad	192	No
	District male Hospital, Moradabad	220	No
Muzaffarnagar	District Women Hospital	100	No (Not required)

District	Hospital	Number of bed sanctioned	Availability of ICU services
	District Male Hospital	175	No
Prayagraj	District Hospital (TB Sapru)	199	No
	District Women Hospital	264	No
	Motilal Nehru Divisional Hospital	206	No
Raebareli	District Hospital	266	No
	District Women Hospital	201	No
Rampur	District Women Hospital	60	No (Not required)
	District Hospital	150	No
Saharanpur	District Hospital	320	Yes
	District Women Hospital	110	No
Sambhal	Combined District Hospital	100	No (Not required)
Sant kabir nagar	Combined District Hospital	100	No (Not required)
Shamli	Combined District Hospital	100	No (Not required)
Sitapur	District Hospital	213	No
	District Women Hospital	152	No
Srawasti	Combined District Hospital	100	Yes
Unnao	District Hospital	146	No
	District Women Hospital	60	No (Not required)
Varanasi	District Women Hospital	180	No
	Lal Bahadur Shastri Hospital	153	No
	Pt. D D U Govt. Hospital	250	No
	S S P G Divisional District Hospital	316	No

(Source: CMSs of the District Hospitals)

(Colour coding **Green** = ICU services available, **Red** = ICU services not available, **Yellow** = ICU services neither available nor required)

Appendix-3.10

(Reference: Paragraph no. 3.2.4)

Status of availability of maternal and child care beds as on March 2022

District	Hospital	Number of bed sanctioned	No. of beds for maternal care	No. of beds for child care	Maternal service (yes/no)	Child care service (yes/no)
Agra	District Women Hospital	157	145	12	Yes	Yes
Aligarh	District Women Hospital	90	90	14	Yes	Yes
	Combined District Hospital	300	12	12	Yes	Yes
Ambedkar Nagar	Combined District Hospital	200	100	20	Yes	Yes
Amroha	Combined District Hospital	200	88	12	Yes	Yes
Ayodhya	District Women Hospital	268	230	38	Yes	Yes
Azamgarh	District Women Hospital	114	DNA		Yes	Yes
Badaun	District Women Hospital	179	127		Yes	Yes
Baghpat	Combined District Hospital	268	50	12	Yes	Yes
Ballia	District Women Hospital	164	152	14	Yes	Yes
Balrampur	Combined District Hospital	100	24	4	Yes	Yes
	District Women Hospital	48	30	18	Yes	Yes
Banda	District Women Hospital	32	52	14	Yes	Yes
Barabanki	District Women Hospital	100	100	12	Yes	Yes
Bareilly	Combined District Hospital	325	0	0	No	No
	District Women Hospital	114	114	12	Yes	Yes
Basti	District Women Hospital	125	125	16	Yes	Yes
Bhadohi	Combined District Hospital	110	8	4	Yes	Yes
	Combined District Hospital-II	100	14	12	Yes	Yes
	Combined District Hospital	100	Hospital not functional			
Bijnor	District Women Hospital	50	40	10	Yes	Yes
Bulandshahr	Combined District Hospital	50	22	10	Yes	Yes
Chitrakoot	Combined District Hospital	100	30	12	Yes	Yes
Etawah	District Women Hospital	100	88	12	Yes	Yes
Farrukhabad	District Women Hospital	100	73	27	Yes	Yes
	Combined District Hospital	50	19	0	Yes	No
G B Nagar	Combined District Hospital	240	0	0	No	No
Ghaziabad	District Women Hospital	100	88	12	Yes	Yes
	Combined District Hospital	100	18	6	Yes	Yes
Gonda	District Women Hospital, Gonda	234	185	16	Yes	Yes
Gorakhpur	District Women Hospital	205	205	18	Yes	Yes
Hamirpur	District Women Hospital	32	20	12	Yes	Yes
Hapur	Combined District Hospital	100	20	20	Yes	Yes
Hathras	District Women Hospital	30	30	12	Yes	Yes
Jalaun (orai)	District Women Hospital	60	60	12	Yes	Yes
Jaunpur	District Women Hospital	110	110	12	Yes	Yes
Jhansi	District Women Hospital	78	61	17	Yes	Yes
Kannauj	Combined District Hospital	200	76	24	Yes	Yes
Kanpur Nagar	Manywar Kanshiram CDH	100	32	12	Yes	Yes
	AHM Dufferin Women Hospital	210	185	12	Yes	Yes
Kasganj	Combined District Hospital	100	18	12	Yes	Yes
Lucknow	Veerangna Avantibai Mahila Hospital	326	308	18	Yes	Yes
	BRD Combined Hospital	34	8	6	Yes	Yes
	Veerangna Jhalkari Bai	90	78	12	Yes	Yes

District	Hospital	Number of bed sanctioned	No. of beds for maternal care	No. of beds for child care	Maternal service (yes/no)	Child care service (yes/no)
	Hospital					
	RLB Combined District Hospital	110	24	4	Yes	Yes
	RSM 100 Bedded Combined Hospital	100	10	12	Yes	Yes
Maharajganj	District Combined Hospital	100	34	54	Yes	Yes
Mahoba	District women Hospital	30	55	12	Yes	Yes
Mainpuri	District Women Hospital	100	88	12	Yes	Yes
Mathura	District Women Hospital	87	48	20	Yes	Yes
Mau	District Women Hospital	100	79	21	Yes	Yes
Meerut	District Women Hospital	100	88	12	Yes	Yes
Moradabad	District Women Hospital	192	103	14	Yes	Yes
Muzaffarnagar	District Women Hospital	100	100	12	Yes	Yes
Prayagraj	District Women Hospital	264	242	22	Yes	Yes
Raebareli	District Women Hospital	201	175	26	Yes	Yes
Rampur	District Women Hospital	60	60	12	Yes	Yes
Saharanpur	District Women Hospital	110	80	0	Yes	No
Sambhal	Combined District Hospital	100	30	12	Yes	Yes
Sant kabir nagar	Combined District Hospital	100	30	38	Yes	Yes
Shamli	Combined District Hospital	100	100	12	No	Yes
Sitapur	District Women Hospital	152	132	20	Yes	Yes
Srawasti	Combined District Hospital	100	24	22	Yes	Yes
Unnao	District Women Hospital	60	60	12	Yes	Yes
Varanasi	District Women Hospital	180	180	0	Yes	No
	Lal Bahadur Shastri Hospital	153	9	8	Yes	No

(Source: CMS of DHs of test checked district, DNA = Data not available)

(Colour coding **Green** = Availability of maternal and child care services, **Red** = Un-availability of maternal and child care services)

Appendix-3.11

(Reference: Paragraph no. 3.3)

Status of Availability of support services in District Hospitals

District	Hospital	Oxygen Service		Dietary Service		Laundry Service		Biomedical Waste Management		Mortuary Service		Cleaning Service	
		Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22	Mar-17	Mar-22
Agra	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Aligarh	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ambedkar Nagar	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Amroha	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ayodhya	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Azamgarh	District Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Badaun	District Hospital Male	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Baghpat	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Ballia	District Women Hospital	No	Yes	Yes	Yes	No	Yes	No	Yes	No	No	No	Yes
	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Balrampur	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Combined District Hospital	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Banda	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Barabanki	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Bareilly	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	Combined District Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basti	District Women Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
	Specialised District Hospital	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basti	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	District Hospital Male	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Appendix- 4.1 (B)
(Reference: Paragraph no. 4.3.1.1)
Cases of Nil supply of drugs against the demanded quantities in the test-checked District Hospitals

Name of medical facilities	2019-20		2020-21		2021-22	
	Types of drugs demanded against which no drugs supplied	Demanded quantity against which no drugs supplied	Types of drugs demanded against which no drugs supplied	Demanded quantity against which no drugs supplied	Types of drugs demanded against which no drugs supplied	Demanded quantity against which no drugs supplied
District Male Hospital, Ghazipur	01	10000	04	498200	DH and DWH merged into Medical college Ghazipur from April 2021.	
District Women Hospital, Ghazipur	0	0	08	67700		
District Male Hospital, Hamirpur	108	5095620	21	1275400	07	63030
District Women Hospital, Hamirpur	01	1200	06	302000	08	74500
District Male Hospital, Jalaun	11	324000	35	987250	42	916350
District Women Hospital, Jalaun	27	398500	83	998755	73	1950022
Combined District Hospital, Kannauj	35	638200	61	888300	72	1277690
District Male Hospital, Kanpur Nagar	10	484700	17	953050	15	186700
District Women Hospital, Kanpur Nagar	0	0	27	336170	45	461230
Combined District Hospital, Kushinagar		DNA	26	107860		DNA
Balrampur Hospital, Lucknow	25	3122050	21	6061000	98	14147450
Avanti Bai Women Hospital, Lucknow	51	940318	16	259980	50	3176740
District Male Hospital, Saharanpur	09	282000	149	5547995	161	4547010
District Women Hospital, Saharanpur	05	49000	16	599050	33	324790
District Male Hospital, Unnao	47	1020500	108	4249374	71	1323774
District Women Hospital, Unnao	09	418100	18	32620	38	481200

(Source: DVDMS data of test checked district hospitals, DNA = Data not available)

Appendix- 4.2 (A)
(Reference: Paragraph no. 4.4.3)
Availability of selected drugs in the test-checked district hospitals during 2018-19 to 2021-22

Sl. No.	Name of medical institution	Number of drugs identified for test-check	Number of drugs available all times	Number of drugs not available all times	Number of drugs available partially	Percentage of availability	Stock out range of partially available drugs in days	Remark, if any
1	District Male Hospital, Ghazipur	34	9	2	23	94	13 to 1044	Data provided upto March 2021
2	District Male Hospital, Hamirpur	34	6	3	25	91	43-1334	Not any
3	District Male Hospital, Jalaun	34	1	5	28	85	22-1058	Record not updated
4	District Male Hospital, Kanpur Nagar	34	2	5	27	85	96-1273	Not any
5	Balrampur Hospital, Lucknow	34	5	3	26	91	23-1103	Not any
6	District Male Hospital, Saharanpur	34	20	2	12	94	5-797	Not any
7	District Male Hospital, Unnao	34	12	3	19	91	33 to 1393	Not any
Range			01 to 20	02 to 05	12 to 28	85 to 94	05 to 1393	
1	District Women Hospital, Ghazipur	19	5	2	12	89	10 to 837	Data provided upto March 2021
2	District Women Hospital, Hamirpur	19	1	1	17	95	101-1433	Not any
3	District Women Hospital, Jalaun	19	4	0	15	100	42-1126	Not any
4	District Women Hospital, Kanpur Nagar	19	1	0	18	100	35-831	Not any
5	Avanti Bai Women Hospital, Lucknow	19	3	1	15	95	26-867	Not any
6	District Women Hospital, Saharanpur	19	2	0	17	100	32-1088	Not any
7	District Women Hospital, Unnao	19	9	1	9	95	29 to 860	Not any
Range			01 to 09	0 to 02	09 to 18	89 to 100	10 to 1433	
1	Combined District Hospital, Kannauj	42	12	3	27	93	17 to 1268	Not any
2	Combined District Hospital, Kushinagar	42	6	2	34	95	8 to 1428	Not any
Range			06 to 12	02 to 03	27 to 34	93 to 95	08 to 1428	

(Source: Test checked district hospitals)

Appendix- 4.2 (B)
(Reference: Paragraph no. 4.4.3)
Availability of selected drugs in the test-checked CHCs and PHCs during 2018-19 to 2021-22

Sl. No.	Name of medical institution	Number of drugs identified for test-check	Number of drugs available all times	Number of drugs not available all time	Number of drugs available partially	Percentage of availability	Stock out range of partially available drugs in days	Remarks, if any
CHC								
1	CHC- Bhadaura, Ghazipur	20	0	2	18	90	461 to 1412	Not any
2	CHC- Saidpur, Ghazipur	20	0	3	17	85	128 to 1459	Not any
Range			0	02 to 03	17 to 18	85 to 90	128 to 1459	
3	CHC- Muskara, Hamirpur	20	1	1	18	95	80-1173	Not any
4	CHC- Sarila, Hamirpur	20	3	2	15	90	123-1016	Not any
Range			01 to 03	01 to 02	15 to 18	90 to 95	80 to 1173	
5	CHC- Jalaun, Jalaun	20	3	1	16	95	59-1419	Not any
6	CHC- Kadaura, Jalaun	20	1	1	18	95	116-1116	Not any
Range			01 to 03	01 to 01	16 to 18	95	59 to 1419	
7	CHC- Chhibramau, Kannauj	20	2	1	17	95	197 to 1457	Not any
8	CHC- Talgram, Kannauj	20	0	1	19	95	2 to 1325	Not any
Range			00 to 02	01 to 01	17 to 19	95	02 to 1457	
9	CHC- Bidhanoo, Kanpur Nagar	20	1	0	19	100	185-1395	Not any
10	CHC- Sarsaul, Kanpur Nagar	20	1	2	17	90	32-808	Not any
Range			1	0 to 02	17 to 19	90 to 100	32 to 1395	
11	CHC- Fazilnagar, Kushinagar	20	7	3	10	85	21 to 392	Not any
12	CHC- Hata, Kushinagar	20	0	3	17	85	54 to 1407	Not any
Range			00 to 07	03 to 03	10 to 17	85	21 to 1407	
13	CHC- Aishbag, Lucknow	20	0	1	19	95	5 to 1423	Not any
14	CHC- Chinhat, Lucknow	20	1	4	15	80	17 to 295	Record Provided by the CHC Chinhat only for the year 2021-22
15	CHC- Malihabad, Lucknow	20	0	0	20	100	35 to 1203	Not any
Range			00 to 01	01 to 04	15 to 20	80 to 100	05 to 1423	
16	CHC- Puwarka, Saharanpur	20	2	1	17	95	107-1455	Not any
17	CHC- Sarsawa, Saharanpur	20	0	2	18	90	14-1215	Not any
Range			00 to 02	01 to 02	17 to 18	90 to 95	14 to 1455	
18	CHC- Achalganj, Unnao	20	3	1	16	95	28 to 1443	Not any

Sl. No.	Name of medical institution	Number of drugs identified for test-check	Number of drugs available all times	Number of drugs not available all time	Number of drugs available partially	Percentage of availability	Stock out range of partially available drugs in days	Remarks, if any
19	CHC- Nawabganj, Unnao	20	1	2	17	90	150 to 1176	Not any
Range								
		01 to 03	01 to 02	16 to 17	90 to 95	28 to 1443		
PHC								
1	PHC- Anauni, Ghazipur	20	0	7	13	65	446 to 1349	Not any
2	PHC- Bara, Ghazipur	20	0	13	7	35	506 to 1340	Not any
3	PHC- Deval, Ghazipur	20	0	16	4	20	34 to 790	Not any
4	PHC- Gorkha, Ghazipur	20	0	13	7	35	335 to 1375	Not any
		0	07 to 16	04 to 13	20 to 65	34 to 1375		
1	PHC- Bihuni, Hamirpur	20	0	9	11	55	180-1054	Not any
2	PHC- Biwar, Hamirpur	20	0	7	13	65	26-1383	Not any
3	PHC- Jalalpur, Hamirpur	20	0	6	14	70	274-973	Not any
4	PHC- Puraini, Hamirpur	20	0	10	10	50	249-1391	Not any
		0	06 to 10	10 to 14	50 to 70	26 to 1391		
1	PHC- Aata, Jalaun	20	2	4	14	80	76-1271	Not any
2	PHC- Parasan, Jalaun	20	1	9	10	55	72-1255	Not any
3	PHC- Shekhpur Bujurg, Jalaun	20	1	4	15	80	208-1447	Not any
4	PHC- Urgaon, Jalaun	20	2	6	12	70	27-1222	Not any
		01 to 02	04 to 09	10 to 15	55 to 80	27 to 1447		
1	PHC- Amolar, Kannauj	20	0	8	12	60	53 to 1364	Not any
2	PHC- Baisapur, Kannauj	20	0	7	13	65	123 to 1402	Not any
3	PHC- Prempur, Kannauj	20	0	12	8	40	306 to 1367	Not any
4	PHC- Sikanderpur, Kannauj	20	0	8	12	60	65 to 1066	No record available for the year 2018-19 due to theft in the PHC Sikandarpur
		0	07 to 12	08 to 13	40 to 65	53 to 1402		
1	PHC- Dyodhighat, Kanpur Nagar	20	1	11	8	45	179-1070	Not any
2	PHC- Gujaini, Kanpur Nagar	20	1	11	8	45	43-993	Not any
3	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	20	1	13	6	35	13-850	Records prior to the year 2019-20 were destroyed due to flood.
4	PHC- Pali, Kanpur Nagar	20	0	11	9	45	576-1260	Not any

Sl. No.	Name of medical institution	Number of drugs identified for test-check	Number of drugs available all times	Number of drugs not available all time	Number of drugs available partially	Percentage of availability	Stock out range of partially available drugs in days	Remarks, if any
Range								
1	PHC- Jaura Bazar, Kushinagar	20	00 to 01	11 to 13	06 to 09	35 to 45	13 to 1260	Not any
2	PHC- Koilaswa, Kushinagar	20	0	9	11	55	26 to 1200	Not any
3	PHC- Mahuadih, Kushinagar	20	0	6	14	70	179 to 1337	Not any
4	PHC- Sakrauli, Kushinagar	20	0	8	12	60	261 to 1335	Not any
Range								
1	PHC- Garhi Kanaura, Lucknow	20	0	06 to 10	10 to 14	50 to 70	10 to 1337	Not any
2	PHC- Juggaur, Lucknow	20	0	10	10	50	140 to 1431	Not any
3	PHC- Kasmandi Kala, Lucknow	20	0	8	12	60	51 to 1279	Not any
4	PHC- Naka, Lucknow	20	0	9	11	55	20 to 1036	Not any
5	PHC- Poorab Gaon, Lucknow	20	0	7	13	65	291 to 1208	Not any
6	PHC- Rahimabad, Lucknow	20	1	9	10	55	16 to 1409	Not any
Range								
1	PHC- Devla, Saharanpur	20	00 to 01	07 to 10	10 to 13	50 to 65	16 to 1431	Not any
2	PHC- Halalpur, Saharanpur	20	1	11	8	45	264-1237	Not any
3	PHC- Qutubpur, Saharanpur	20	0	9	11	55	319-1450	Not any
4	PHC- Pliakhani, Saharanpur	20	0	6	14	70	127-1283	Not any
Range								
1	PHC- Chamrauli, Unnao	20	00 to 01	06 to 11	08 to 14	45 to 70	13 to 1450	Not any
2	PHC- Katehru, Unnao	20	0	11	9	45	82 to 1449	Not any
3	PHC- Pansariya, Unnao	20	1	10	9	50	90 to 1096	Not any
4	PHC- Sikander Pur Karn, Unnao	20	0	14	6	30	215 to 1229	Not any
Range								
			00 to 01	09 to 14	06 to 10	30 to 55	82 to 1449	Not any

(Source: Test checked community health centers and primary health centers)

Appendix- 4.3

(Reference: Paragraph no. 4.10.5)

Distribution of Not of Standard Quality (NSQ) drugs in the test-checked health care facilities during 2019-20 to 2021-22

Sl. No.	Name of Drug	Batch No.	Quantity received (in units)	Quantity consumed/ issued (in units)	Remarks
CMO Saharanpur					
1.	AMPICILLIN SODIUM : 1000 mg : Dry powder (Inj)	ANI3902	1425	1425	Entire quantity consumed.
2.	ARTESUNATE : IP - 60 mg : Dry powder (Inj)	AA079002	300	300	Entire quantity consumed.
3.	DOBUTAMINE HYDROCHLORIDE : USP - 50 mg./ml. : 5ml (Inj)	HLI124C	50	40	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
4.	ERYTHROMYCIN : 250 mg (Tab)	GPT005	20800	20800	Entire quantity consumed.
5.	METFORMIN HYDROCHLORIDE : 500 mg (Tab)	MF-R082	73100	73100	Entire quantity consumed.
6.	PREDENISOLONE : 5 mg (Tab)	RPST-9001	15000	14000	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
		Total	110675	109665	
DHM Saharanpur					
7.	AMOXICYLLINE TRIHYDRATE WITH CLAVULANATE POTASSIUM : - 500MG+100mg : Dry powder (Inj)	AB339008	1000	750	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
8.	ATORVASTATIN CALCIUM : 10 mg (Tab)	RLT-005	33290	33290	Entire quantity consumed.
9.	DOBUTAMINE HYDROCHLORIDE : USP - 50 mg./ml. : 5ml (Inj)	HLI124C	50	25	Remaining quantity withheld after receipt of information of NSQ.
10.	ERYTHROMYCIN : 250 mg (Tab)	GPT005	10400	10400	Entire quantity consumed.
11.	LIGNOCAINE HCL WITH ADRENALINE Injection (LIGNOCAINE HCL 20mg/ml ADRENALINE BITARTATE Eq. TO Adrenaline 5mcg/ml) : 30ml Vial	HLI875F	400	80	Remaining quantity withheld after receipt of information of NSQ.
12.	PREDENISOLONE : 5 mg (Tab)	RPST-9001	3000	3000	Entire quantity consumed.
		Total	48140	47545	
CMO Ghazipur					
13.	LIGNOCAINE HCL WITH ADRENALINE Injection	HLI877F	500	180	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
14.	(LIGNOCAINE HCL 20mg/ml ADRENALINE BITARTATE Eq. TO Adrenaline 5mcg/ml) : 30ml Vial	HLI875F			
		Total	500	180	
CMO Lucknow					
15.	ERYTHROMYCIN : 250 mg (Tab)	GPT005	8300	6900	Remaining quantity withheld after receipt of information of NSQ.
		Total	8300	6900	

Sl. No.	Name of Drug	Batch No.	Quantity received (in units)	Quantity consumed/ issued (in units)	Remarks
AHM (DWH) Kanpur Nagar					
16.	NEOMYCINE+POLYMYXINE B SULPHATE & BACITRACIN ZINC : 3400Units+5000Units+400Units	GLEP-181006	2750	1270	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
	Total		2750	1270	
UHM (DHM) Kanpur Nagar					
17.	ATORVASTATIN CALCIIUM : 10 mg (Tab)	RLT-005	16640	16640	Entire quantity consumed.
18.	DOBUTAMINE HYDROCHLORIDE : USP - 50 mg./ml. : 5ml (Inj)	HLI124C	100	100	Entire quantity consumed.
19.	PREDENISOLONE : 5 mg (Tab)	RPST-9001	3000	3000	Entire quantity consumed.
	Total		19740	19740	
DHM (Balrampur Hospital) Lucknow					
20.	AMOXICILINE TRIHYDRATE WITH CLAVULANATE POTASSIUM-500 MG+ 100MG DRY POWDER INJ	AB 339008	9700	100	Remaining quantity withheld after receipt of information of NSQ.
21.	CLOXACILLIN SODIUM 250MG	19C-BC018	12000	5700	Remaining quantity withheld after receipt of information of NSQ.
22.	FLUCONAZOLE 150 mg	FLU-506	50000	9600	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
23.	PREDENISOLONE 5MG	RPST-9001	23000	23000	Entire quantity consumed.
24.	CARBOXYMETHYL CELLULOSE SODIUM : 0.5% W/v	CCM-402-A	3000	600	Remaining quantity withheld after receipt of information of NSQ.
25.	ATORVASTATIN CALCIIUM : 10 mg (Tab)	RLT-005	83220	70000	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
	Total		180920	109000	
CMO Jalaun					
26.	CARBOXYMETHYL CELLULOSE SODIUM : 0.5% W/v	CCM-402A	1000	355	Due to arrival of fresh batches, distribution of the remaining drugs was not ascertainable.
27.	DOBUTAMINE HYDROCHLORIDE : USP - 50 mg./ml. : 5ml (Inj)	HLI124C	70	70	Entire quantity consumed.
28.	DOBUTAMINE HYDROCHLORIDE : USP - 50 mg./ml. : 5ml (Inj)	HLI883F	100	100	Entire quantity consumed.
29.	LIGNOCAINE HCL WITH ADRENALINE Injection (LIGNOCAINE HCL 20mg/ml ADRENALINE BITARTATE Eq. TO Adrenaline 5mcg/ml) : 30ml Vial	HLI875F	100	100	Entire quantity consumed.
30.	LIGNOCAINE HCL WITH ADRENALINE Injection (LIGNOCAINE HCL 20mg/ml ADRENALINE BITARTATE Eq. TO Adrenaline 5mcg/ml) : 30ml Vial	HLI877F	2400	2400	Entire quantity consumed.
31.	PREDENISOLONE : 5 mg (Tab)	RPST-9001	10000	10000	Entire quantity consumed.
	Total		13670	13025	
	Grand total		384695	307325	

(Source: Test checked district hospitals and CMOs)

Appendix- 4.4

(Reference: Paragraph no. 4.10.6)

Quality testing of drugs by Drug Inspector in test-checked District Hospitals and Chief Medical Officers

Sl. No.	Name of the health facilities	No. of Drugs selected by DI	No. of batches for which sample was taken	Report received against samples taken	No. of samples found NSQ
2016-17					
1	District Male Hospital, Hamirpur	12	12	Not received	Not received
2	Chief Medical Officer, Jalaun	13	15	Not received	Not received
3	District Male Hospital, Kanpur Nagar	13	13	1	1
4	Combined District Hospital, Kushinagar	5	DNA	Not received	Not received
5	Avanti Bai Women Hospital, Lucknow	8	8	Not received	Not received
6	Chief Medical Officer, Saharanpur	3	3	3	3
7	District Male Hospital, Saharanpur	4	4	1	1
Total		58	55	5	5
2017-18					
1	District Male Hospital, Hamirpur	7	7	Not received	Not received
2	Chief Medical Officer, Kannauj	8	DNA	Not received	Not received
3	Combined District Hospital, Kannauj	5	DNA	Not received	Not received
4	Chief Medical Officer, Kushinagar	5	DNA	Not received	Not received
5	District Male Hospital, Saharanpur	6	6	Not received	Not received
Total		31	13	0	0
2018-19					
1	Chief Medical Officer, Jalaun	4	4	Not received	Not received
2	Chief Medical Officer, Kannauj	4	DNA	Not received	Not received
3	District Male Hospital, Kanpur Nagar	5	5	Not received	Not received
4	Chief Medical Officer, Kushinagar	7	DNA	Not received	Not received
5	Chief Medical Officer, Lucknow	8	DNA	Not received	Not received
6	Avanti Bai Women Hospital, Lucknow	9	9	Not received	Not received
7	Chief Medical Officer, Saharanpur	8	8	1	1
8	District Male Hospital, Saharanpur	19	19	2	2
9	Chief Medical Officer, Unnao	14	DNA	1	1
Total		78	45	4	4

Sl. No.	Name of the health facilities	No. of Drugs selected by DI	No. of batches for which sample was taken	Report received against samples taken	No. of samples found NSQ
2019-20					
1	District Male Hospital, Hamirpur	4	4	Not received	Not received
2	District Women Hospital, Hamirpur	3	3	Not received	Not received
3	Chief Medical Officer, Jalaun	5	5	Not received	Not received
4	District Women Hospital, Jalaun	7	7	Not received	Not received
5	Chief Medical Officer, Kannauj	6	DNA	Not received	Not received
6	Combined District Hospital, Kannauj	6	DNA	Not received	Not received
7	Chief Medical Officer, Kanpur Nagar	6	6	Not received	Not received
8	District Male Hospital, Kanpur Nagar	2	2	Not received	Not received
9	Chief Medical Officer, Kushinagar	5	DNA	Not received	Not received
10	Chief Medical Officer, Lucknow	33	DNA	3	3
11	District Women Hospital, Saharanpur	5	5	Not received	Not received
12	Chief Medical Officer, Unnao	24	DNA	5	1
13	District Male Hospital, Unnao	10	DNA	10	Not received
Total		116	32	18	4
2020-21					
1	District Women Hospital, Hamirpur	4	4	1	1
2	Chief Medical Officer, Jalaun	6	6	Not received	Not received
3	District Male Hospital, Kanpur Nagar	3	3	Not received	Not received
4	Combined District Hospital, Kushinagar	8	DNA	Not received	Not received
5	Chief Medical Officer, Lucknow	5	DNA	1	1
6	Chief Medical Officer, Saharanpur	3	3	Not received	Not received
7	District Male Hospital, Saharanpur	5	5	1	1
Total		34	21	3	3
2021-22					
1	District Male Hospital, Hamirpur	3	3	Not received	Not received
2	District Male Hospital, Kanpur Nagar	10	10	Not received	Not received
3	District Women Hospital, Kanpur Nagar	9	10	3	3
4	Combined District Hospital, Kushinagar	10	DNA	Not received	Not received
5	District Male Hospital, Unnao	8	DNA	Not received	Not received
Total		40	23	3	3

(Source: Test checked district hospitals and CMOs) (DNA = Data not available)

Appendix- 4.5 (A)
(Reference: Paragraph no. 4.12.1)

Availability of consumables in test-checked District Hospitals during 2018-19 to 2021-22

Sl. No.	Name of medical institution	Number of consumables identified for test-check	Number of consumables available all times	Number of consumables not available all time	Number of consumables available partially	Percentage of availability	Stock out range of partially available consumables in days	Remark, if any
1	District Male Hospital, Ghazipur	31	3	19	9	39	36-1013	Data provided for the year 2018-19 to 2020-21 as the district hospital has been merged into GMC Ghazipur
2	District Male Hospital, Hamirpur	31	8	15	8	52	10-1362	Not any
3	District Male Hospital, Jalaun	31	0	23	8	26	155-1366	Not any
4	District Male Hospital, Kanpur Nagar	31	1	26	4	16	151-1454	Not any
5	Balrampur Hospital, Lucknow	31	5	19	7	39	18-662	Not any
6	District Male Hospital, Saharanpur	31						
7	District Male Hospital, Unnao	31	8	18	5	42	395-1205	Not any
Range			0 to 8	15 to 26	4 to 9	16 to 52	10 to 1454	Not any
1	District Women Hospital, Ghazipur	31	1	20	10	35	45-990	DWH in Ghazipur has been converted into ATH of Medical College
2	District Women Hospital, Hamirpur	31	5	18	8	42	47-1450	Not any
3	District Women Hospital, Jalaun	31	1	17	13	45	19-881	Not any
4	District Women Hospital, Kanpur Nagar	31	0	24	7	23	29-994	Not any
5	Avanti Bai Women Hospital, Lucknow	31	10	16	5	48	12-1335	Not any
6	District Women Hospital, Saharanpur	31	6	21	4	32	18-1219	Not any
7	District Women Hospital, Unnao	31	2	24	5	23	2-390	Not any
Range			0 to 10	16 to 24	4 to 13	23 to 48	2 to 1450	Not any
1	Combined District Hospital, Kannauj	31	9	17	5	45	29-1095	Not any
2	Combined District Hospital, Kushinagar	31	7	16	8	48	71-1438	Not any
Range			7 to 9	16 to 17	5 to 8	45 to 48	29 to 1438	

(Source: Test checked district hospitals)

Appendix- 4.5 (B)
(Reference: Paragraph no. 4.12.1)

Availability of consumables in test-checked CHCs and PHCs during 2018-19 to 2021-22

Sl. No.	Name of medical institution	Number of consumables identified for test-check	Number of consumables available all times	Number of consumables not available all time	Number of consumables available partially	Percentage of availability	Stock out range of partially available consumables in days	Remark, if any
CHC								
1	CHC- Bhadaura, Ghazipur	12	0	7	5	42%	241-1242	Not any
2	CHC- Saidpur, Ghazipur	12	0	4	8	67%	549 -1436	Not any
	Range		0 to 0	4 to 7	5 to 8	42% to 67%	241 to 1436	
3	CHC- Muskara, Hamirpur	12	1	5	6	58%	219-1223	Not any
4	CHC- Sarila, Hamirpur	12	3	4	5	67%	408-1458	Not any
	Range		1 to 3	4 to 5	5 to 6	58% to 67%	219 to 1458	
5	CHC- Jalaun, Jalaun	12				DNA		
6	CHC- Kadaura, Jalaun	12	0	8	4	33%	829-1433	Not any
	Range		0	8	4	33%	829 to 1433	
7	CHC- Chhibramau, Kannauj	12	0	9	3	25%	779 -1426	Not any
8	CHC- Talgram, Kannauj	12	3	7	2	42%	285- 864	Not any
	Range		0 to 3	7 to 9	2 to 3	25% to 42%	285 to 1426	
9	CHC- Bidhanoo, Kanpur Nagar	12	1	8	3	33%	395-733	Not any
10	CHC- Sarsaul, Kanpur Nagar	12	1	7	4	42%	85-1180	Not any
	Range		1	7 to 8	3 to 4	33% 42%	85 to 1180	
11	CHC- Fazl Nagar, Kushinagar	12	2	6	4	50%	87-496	Records for the year 2020-22 were not provided to audit.
12	CHC- Hata, Kushinagar	12	2	6	4	50%	1260-1456	Not any
	Range		2	6	4	50%	87 to 1456	
13	CHC- Aishbag, Lucknow	12	0	6	6	50%	88-1148	Not any
14	CHC- Chinahat, Lucknow	12	1	7	4	42%	178-275	Record for the year 2021-22 only
15	CHC- Malihabad, Lucknow	12	0	3	9	75%	235-1456	Not any
	Range		0 to 1	3 to 7	4 to 9	42% to 75%	88 to 1456	
16	CHC- Puwarka, Saharanpur	12	4	3	5	75%	133-857	Not any
17	CHC- Sarsawa, Saharanpur	12	4	2	6	83%	113-1431	Not any

Sl. No.	Name of medical institution	Number of consumables identified for test-check	Number of consumables available all times	Number of consumables not available all time	Number of consumables available partially	Percentage of availability	Stock out range of partially available consumables in days	Remark, if any
	Range	4	2 to 3	5 to 6	75% to 83%	113 to 1431		
18	CHC- Achalganj, Unnao	12	4	5	3	58%	318-1239	Not any
19	CHC- Nawabganj, Unnao	12	2	7	3	42%	1129-1276	Not any
	Range	2 to 4	5 to 7	3	42% to 58%	318 to 1276		
PHC								
1	PHC- Anauni, Ghazipur	8	0	8	0	0%	0	
2	PHC- Bara, Ghazipur	8	0	6	2	25%	1337-1382	Not any
3	PHC- Deval, Ghazipur	8	0	8	0	0%	0	Not any
4	PHC- Gorkha, Ghazipur	8	0	6	2	25%	918-1229	Not any
	Range	0	6 to 8	0 to 2	0% to 25%	0 to 1382		
5	PHC- Bihuni, Hamirpur	8	0	7	1	13%	795	Not any
6	PHC- Biwar, Hamirpur	8	0	8	0	0%	0	Not any
7	PHC- Jalalpur, Hamirpur	8	0	6	2	25%	102-360	Not any
8	PHC- Puraini, Hamirpur	8	0	5	3	38%	199-1005	Not any
	Range	0	5 to 8	0 to 3	0% to 38%	0 to 1005		
9	PHC- Aata, Jalaun	8	1	5	2	38%	145-638	Not any
10	PHC- Parasan, Jalaun	8	1	6	1	25%	374	Not any
11	PHC- Shekhpur Bujurg, Jalaun	8	0	6	2	25%	437-1294	Not any
12	PHC- Uргаon, Jalaun	8	0	4	4	50%	606-1033	Not any
	Range	0 to 1	4 to 6	1 to 4	25% to 50%	145 to 1294		
13	PHC- Amolar, Kannauj	8	0	5	3	38%	498-994	Not any
14	PHC- Baisapur, Kannauj	8	0	5	3	38%	332-1128	Not any
15	PHC- Prempur, Kannauj	8	0	8	0	0%	0	Not any
16	PHC- Sikanderpur, Kannauj	8	0	6	2	25%	26-335	Record not available for the year 2018-19 due to theft
	Range	0	5 to 8	0 to 3	0% to 38%	0 to 1128		
17	PHC- Dyodhighat, Kanpur Nagar	8	0	7	1	13%	879	Not any
18	PHC- Gujaini, Kanpur Nagar	8	0	7	1	13%	856	Not any
19	PHC- Meharban Singh Ka	8	0	5	3	38%	482-812	Records prior to

Sl. No.	Name of medical institution	Number of consumables identified for test-check	Number of consumables available all times	Number of consumables not available all time	Number of consumables available partially	Percentage of availability	Stock out range of partially available consumables in days	Remark, if any
	Purwa, Kanpur Nagar							2019-20 were destroyed due to flood.
20	PHC- Pali, Kanpur Nagar	8	0	7	1	13%	886	Not any
	Range	0	5 to 7	1 to 3	13% to 38%	482 to 886		
21	PHC- Jaura Bazar, Kushinagar	8	0	6	2	25%	1095-1283	Not any
22	PHC- Koilaswa, Kushinagar	8	0	7	1	13%	572	Not any
23	PHC- Mahuadih, Kushinagar	8	0	7	1	13%	1311	Not any
24	PHC- Sakrauli, Kushinagar	8	0	7	1	13%	1095	Not any
	Range	0	6 to 7	1 to 2	13% to 25%	572 to 1311		
25	PHC- Garhi Kanaura, Lucknow	8	0	6	2	25%	624-1330	Not any
26	PHC- Juggaur, Lucknow	8	0	5	3	38%	731-1097	Not any
27	PHC- Kasmandi Kala, Lucknow	8	0	5	3	38%	332-1095	Not any
28	PHC- Naka, Lucknow	8	0	5	3	38%	252-1141	Not any
29	PHC- Poorab Gaon, Lucknow	8	1	6	1	25%	735	Not any
30	PHC- Rahimabad, Lucknow	8	0	6	2	25%	871-880	Not any
	Range	0 to 1	5 to 6	1 to 3	25% to 38%	252 to 1330		
31	PHC- Devla, Saharanpur	8	0	7	1	13%	1262	Not any
32	PHC- Halalpur, Saharanpur	8	0	5	3	38%	670-1454	Not any
33	PHC- Kutubpur, Saharanpur	8	1	5	2	38%	364-870	Not any
34	PHC- Pilakhani, Saharanpur	8	0	5	3	38%	203-831	Not any
	Range	0 to 1	5 to 7	1 to 3	13% to 38%	203 to 1454		
35	PHC- Chamrauli, Unnao	8	3	4	1	50%	927	Not any
36	PHC- Katehru, Unnao	8	2	5	1	38%	1095	Not any
37	PHC- Pansariya, Unnao	8	0	6	2	25%	1092-1228	Not any
38	PHC- Sikander Pur Karn, Unnao	8	0	7	1	13%	990	Records for the year 2020-21 were not made available to audit.
	Range	0 to 3	4 to 7	1 to 2	13% to 50%	927 to 1228		

(Source: Test checked community health centers and primary health centers, DNA = Data not available)

Appendix- 4.6

(Reference: Paragraph no. 4.15.2.1)

Availability of IPD equipment in test-checked District Hospitals and CHCs

Sl. No.	Name of medical institution	IPD Equipment	
		Type of equipment identified	No. of equipment available
1	District Male Hospital, Hamirpur	13	10
2	District Male Hospital, Jalaun	13	12
3	District Male Hospital, Kanpur Nagar	13	13
4	Balrampur Hospital, Lucknow	13	10
5	District Male Hospital, Saharanpur	13	7
6	District Male Hospital, Unnao	13	11
Range			7 to 13
1	District Women Hospital, Hamirpur	13	10
2	District Women Hospital, Jalaun	13	12
3	District Women Hospital, Kanpur Nagar	13	10
4	Avanti Bai Women Hospital, Lucknow	13	11
5	District Women Hospital, Saharanpur	13	11
6	District Women Hospital, Unnao	13	DNA
Range			10 to 12
1	Combined District Hospital, Kannauj	13	10
2	Combined District Hospital, Kushinagar	13	7
Range			7 to 10
CHC			
1	CHC- Bhadaura, Ghazipur	11	8
2	CHC- Saidpur, Ghazipur	11	6
Range			6 to 8
3	CHC- Muskara, Hamirpur	11	9
4	CHC- Sarila, Hamirpur	11	7
Range			7 to 9
5	CHC- Jalaun, Jalaun	11	10
6	CHC- Kadaura, Jalaun	11	8
Range			8 to 10
7	CHC- Chhibramau, Kannauj	11	4
8	CHC- Talgram, Kannauj	11	DNA
Range			4
9	CHC- Bidhanoo, Kanpur Nagar	11	9
10	CHC- Sarsaul, Kanpur Nagar	11	9
Range			9
11	CHC- Fazilnagar, Kushinagar	11	8
12	CHC- Hata, Kushinagar	11	6
Range			6 to 8
13	CHC- Aishbag, Lucknow	11	5
14	CHC- Chihat, Lucknow	11	6
15	CHC- Malihabad, Lucknow	11	6
Range			5 to 6
16	CHC- Puwarka, Saharanpur	11	8
17	CHC- Sarsawa, Saharanpur	11	8
Range			8
18	CHC- Achalganj, Unnao	11	10
19	CHC- Nawabganj, Unnao	11	10
Range			10

(Source: Test checked district hospitals and community health centers); DNA: Data not available.

Appendix- 4.7

(Reference: Paragraph no. 4.15.2.2)

Availability of OT equipment in test-checked District Hospitals and CHCs

Sl. No.	Name of medical institution	OT Equipment	
		Types of equipment required as per IPHS (DHs) and as per State Government Norms (CHCs)	No. of equipment available
1	District Male Hospital, Hamirpur	17	11
2	District Male Hospital, Jalaun	17	16
3	District Male Hospital, Kanpur Nagar	17	07
4	Balrampur Hospital, Lucknow	17	13
5	District Male Hospital, Saharanpur	17	10
6	District Male Hospital, Unnao	17	07
Range			07 to 16
1	District Women Hospital, Hamirpur	17	09
2	District Women Hospital, Jalaun	17	11
3	District Women Hospital, Kanpur Nagar	17	08
4	Avanti Bai Women Hospital, Lucknow	17	08
5	District Women Hospital, Saharanpur	17	11
6	District Women Hospital, Unnao	17	11
Range			8 to 11
1	Combined District Hospital, Kannauj	17	08
2	Combined District Hospital, Kushinagar	17	10
Range			8 to 10
CHC			
1	CHC- Bhadaura, Ghazipur	51	18
2	CHC- Saidpur, Ghazipur	51	12
Range			12 to 18
3	CHC- Muskara, Hamirpur	51	49
4	CHC- Sarila, Hamirpur	51	15
Range			15 to 49
5	CHC- Jalaun, Jalaun	51	40
6	CHC- Kadaura, Jalaun	51	30
Range			30 to 40
7	CHC- Chhibramau, Kannauj	51	19
8	CHC- Talgram, Kannauj	51	25
Range			19 to 25
9	CHC- Bidhanoo, Kanpur Nagar	51	36
10	CHC- Sarsaul, Kanpur Nagar	51	39
Range			36 to 39
11	CHC- Fazilnagar, Kushinagar	51	29
12	CHC- Hata, Kushinagar	51	OT not available
Range			29
13	CHC- Aishbag, Lucknow	51	27
14	CHC- Chihat, Lucknow	51	25
15	CHC- Malihabad, Lucknow	51	38
Range			25 to 38
16	CHC- Puwarka, Saharanpur	51	36
17	CHC- Sarsawa, Saharanpur	51	23
Range			23 to 36
18	CHC- Achalganj, Unnao	51	34
19	CHC- Nawabganj, Unnao	51	34
Range			34

(Source: Test checked district hospitals and community health centers)

Appendix- 4.8

(Reference: Paragraph no. 4.15.2.3)

Availability of ICU equipment in test-checked District Hospitals

Sl. No.	Name of medical institution	ICU Equipment	
		Types of equipment required as per IPHS	Nos of equipment available
1	District Male Hospital, Hamirpur	10	ICU not required
2	District Male Hospital, Jalaun	10	Not Functional
3	District Male Hospital, Kanpur Nagar	10	8
4	Balrampur Hospital, Lucknow	10	6
5	District Male Hospital, Saharanpur	10	5
6	District Male Hospital, Unnao	10	ICU not available
7	District Women Hospital, Hamirpur	10	ICU not required
8	District Women Hospital, Jalaun	10	ICU not required
9	District Women Hospital, Kanpur Nagar	10	ICU not available
10	Avanti Bai Women Hospital, Lucknow	10	ICU not available
11	District Women Hospital, Saharanpur	10	ICU not available
12	District Women Hospital, Unnao	10	ICU not required
13	Combined District Hospital, Kannauj	10	ICU not available
14	Combined District Hospital, Kushinagar	10	ICU not available

(Source: Test checked district hospitals)

Appendix- 4.9

(Reference: Paragraph no. 4.15.2.4)

Availability of Labour Room equipment in test-checked DWHs, CDHs and CHCs

Sl. No.	Name of medical institution	Labour Room equipment	
		Types of equipment required as per IPHS (DWHs) and as per State Government Norms (CHCs)	Equipment available
1	District Women Hospital, Hamirpur	28	17
2	District Women Hospital, Jalaun	28	10
3	District Women Hospital, Kanpur Nagar	28	12
4	Avanti Bai Women Hospital, Lucknow	28	17
5	District Women Hospital, Saharanpur	28	14
6	District Women Hospital, Unnao	28	11
Range			10 to 17
1	Combined District Hospital, Kannauj	28	14
2	Combined District Hospital, Kushinagar	28	16
Range			14 to 16
CHC			
1	CHC- Bhadaura, Ghazipur	18	13
2	CHC- Saidpur, Ghazipur	18	15
Range			13 to 15
3	CHC- Muskara, Hamirpur	18	11
4	CHC- Sarila, Hamirpur	18	12
Range			11 to 12
5	CHC- Jalaun, Jalaun	18	18
6	CHC- Kadaura, Jalaun	18	15
Range			15 to 18
7	CHC- Chhibramau, Kannauj	18	13
8	CHC- Talgram, Kannauj	18	14
Range			13 to 14
9	CHC- Bidhanoo, Kanpur Nagar	18	18
10	CHC- Sarsaul, Kanpur Nagar	18	13
Range			13 to 18
11	CHC- Fazilnagar, Kushinagar	18	13
12	CHC- Hata, Kushinagar	18	14
Range			13 to 14
13	CHC- Aishbag, Lucknow	18	15
14	CHC- Chinhath, Lucknow	18	14
15	CHC- Malihabad, Lucknow	18	15
Range			14 to 15
16	CHC- Puwarka, Saharanpur	18	18
17	CHC- Sarsawa, Saharanpur	18	14
Range			14 to 18
18	CHC- Achalganj, Unnao	18	14
19	CHC- Nawabganj, Unnao	18	18
Range			14 to 18

(Source: Test checked CDHs, DWHs and community health centers)

Appendix- 4.10

(Reference: Paragraph no. 4.15.2.5)

Availability of laboratory equipment in test-checked District Hospitals

Sl. No.	Name of medical institution	Laboratory Equipment	
		Types of equipment required as per IPHS	Nos. of equipment available
1	District Male Hospital, Hamirpur	50	15
2	District Male Hospital, Jalaun	50	34
3	District Male Hospital, Kanpur Nagar	50	22
4	Balrampur Hospital, Lucknow	50	28
5	District Male Hospital, Saharanpur	50	19
6	District Male Hospital, Unnao	50	15
Range			15 to 34
1	District Women Hospital, Hamirpur	50	24
2	District Women Hospital, Jalaun	50	24
3	District Women Hospital, Kanpur Nagar	50	22
4	Avanti Bai Women Hospital, Lucknow	50	24
5	District Women Hospital, Saharanpur	50	11
6	District Women Hospital, Unnao	50	18
Range			11 to 24
1	Combined District Hospital, Kannauj	50	27
2	Combined District Hospital, Kushinagar	50	26
Range			26 to 27

(Source: Test checked district hospitals)

Appendix- 4.11

(Reference: Paragraph no. 4.15.2.6)

Availability of radiology equipment in test-checked District Hospitals and CHCs

Sl. No.	Name of medical institution	Radiology Equipment	
		Types of equipment required as per IPHS (DHs) and as per State Government Norms (CHCs)	No. of equipment available
1	District Male Hospital, Hamirpur	4	4
2	District Male Hospital, Jalaun	4	4
3	District Male Hospital, Kanpur Nagar	4	4
4	Balrampur Hospital, Lucknow	4	3
5	District Male Hospital, Saharanpur	4	4
6	District Male Hospital, Unnao	4	4
Range			3 to 4
1	District Women Hospital, Hamirpur*	4	0
2	District Women Hospital, Jalaun	4	1
3	District Women Hospital, Kanpur Nagar	4	2
4	Avanti Bai Women Hospital, Lucknow*	4	1
5	District Women Hospital, Saharanpur	4	1
6	District Women Hospital, Unnao#	4	1
Range			0 to 2
1	Combined District Hospital, Kannauj	4	4
2	Combined District Hospital, Kushinagar	4	3
Range			3 to 4
CHC			
1	CHC- Bhadaura, Ghazipur	6	1
2	CHC- Saidpur, Ghazipur	6	4
Range			1 to 4
3	CHC- Muskara, Hamirpur	6	1
4	CHC- Sarila, Hamirpur	6	3
Range			1 to 3
5	CHC- Jalaun, Jalaun	6	5
6	CHC- Kadaura, Jalaun	6	3
Range			3 to 5
7	CHC- Chhibramau, Kannauj	6	5
8	CHC- Talgram, Kannauj	6	Facility not available
Range			5
9	CHC- Bidhanoo, Kanpur Nagar	6	4
10	CHC- Sarsaul, Kanpur Nagar	6	4
Range			4
11	CHC- Fazlnagar, Kushinagar	6	2
12	CHC- Hata, Kushinagar	6	1
Range			1 to 2
13	CHC- Aishbag, Lucknow	6	1
14	CHC- Chinhath, Lucknow	6	6
15	CHC- Malihabad, Lucknow	6	4
Range			1 to 6
16	CHC- Puwarka, Saharanpur	6	2
17	CHC- Sarsawa, Saharanpur	6	0
Range			0 to 2
18	CHC- Achalganj, Unnao	6	1
19	CHC- Nawabganj, Unnao	6	4
Range			1 to 4

(Source: Test checked districts hospitals and community health centers) (*In place of Color Doppler Ultrasound machine, Portable Ultrasound Machine was available) (# In place of Color Doppler Ultrasound machine, normal ultrasound machine was available)

Appendix- 4.12

(Reference: Paragraph no. 4.15.2.7)

Availability of equipment in test-checked PHCs

Sl. No.	Name of medical institution	Type of equipment identified	Equipment available
1	PHC- Anauni, Ghazipur	37	12
2	PHC- Bara, Ghazipur	37	2
3	PHC- Deval, Ghazipur	37	4
4	PHC- Gorkha, Ghazipur	37	9
Range			2 to 12
1	PHC- Bihuni, Hamirpur	37	14
2	PHC- Biwar, Hamirpur	37	22
3	PHC- Jalalpur, Hamirpur	37	8
4	PHC- Puraini, Hamirpur	37	14
Range			8 to 22
1	PHC- Aata, Jalaun	37	24
2	PHC- Parasani, Jalaun	37	15
3	PHC- Shekhpur Bujurg, Jalaun	37	23
4	PHC- Uргаon, Jalaun	37	17
Range			15 to 24
1	PHC- Amolar, Kannauj	37	5
2	PHC- Baisapur, Kannauj	37	12
3	PHC- Prempur, Kannauj	37	19
4	PHC- Sikanderpur, Kannauj	37	20
Range			5 to 20
1	PHC- Dyodhighat, Kanpur Nagar	37	10
2	PHC- Gujaini, Kanpur Nagar	37	16
3	PHC- Meharban Singh Ka Purwa, Kanpur Nagar	37	26
4	PHC- Pali, Kanpur Nagar	37	18
Range			10 to 26
1	PHC- Jaura Bazar, Kushinagar	37	16
2	PHC- Koilaswa, Kushinagar	37	7
3	PHC- Mahuadih, Kushinagar	37	4
4	PHC- Sakrauli, Kushinagar	37	6
Range			4 to 16
1	PHC- Garhi Kanaura, Lucknow	37	21
2	PHC- Juggaur, Lucknow	37	25
3	PHC- Kasmandi Kala, Lucknow	37	23
4	PHC- Naka, Lucknow	37	21
5	PHC- Poorab Gaon, Lucknow	37	9
6	PHC- Rahimabad, Lucknow	37	26
Range			9 to 26
1	PHC- Devla, Saharanpur	37	14
2	PHC- Halalpur, Saharanpur	37	12
3	PHC- Kutubpur, Saharanpur	37	14
4	PHC- Pilkhani, Saharanpur	37	20
Range			12 to 20
1	PHC- Chamrauli, Unnao	37	22
2	PHC- Katehru, Unnao	37	14
3	PHC- Pansariya, Unnao	37	10
4	PHC- Sikander Pur Karn, Unnao	37	19
Range			10 to 22

(Source: Test checked primary health centers)

Appendix- 4.13*(Reference: Paragraph no. 4.15.2.8)***Status of distribution of oxygen generation plants for installation in test-checked districts**

Sl. No.	District	Location	Capacity	Source	Total Beds	Total capacity (in LPM)	Average capacity Per Bed (in LPM)	
1	Hamirpur	District Hospital Male	200	CSR	68	200	2.94	
2		District Hospital	250	PM CARE-III	70	250	3.57	
3	Kushinagar	District Combined Hospital	500	PM CARE-III	200	1310	6.55	
4		District Hospital	280	Vidhayak Nidhi				
5		MCH L2 Hospital	250	CSR				
6		MCH Wing	280	State Funded				
7	Jalaun	District Male Hospital	500	PM CARE-III	113	500	4.42	
8	Kannauj	District Combined Hospital	1000	PM CARE-III	200	1000	5.00	
9	Kanpur Nagar	AHM Duffrin Hospital	1000	PM CARE-III	170	1000	5.88	
10		U.H.M. District Hospital		1000	CSR	500	1500	3.00
11				500	PM CARE-I			
12	Lucknow	50 Bedded MCH Wing, Chinhat	600	CSR	50	600	12.00	
13		Balrampur District Hospital	960	CSR	758	960	1.27	
14		CHC, Chinhat	100	State Emergency Response Fund	30	100	3.33	
15		CHC, Malihabad	100	State Emergency Response Fund	30	100	3.33	
16		Veerangana Avantibai Women's Hospital, Lucknow	700	CSR	326	700	2.15	
17		Unnao	District Hospital	960	PM CARE-III	170	960	5.65
18	Saharanpur	CHC, Sarsanwa	84	Vidhayak Nidhi	50	84	1.68	
19		District Women's Hospital	600	PM CARE-III	110	600	5.45	
20		Seth Baldev Das District Hospital Chikki	1000	PM CARE-III	296	1850	6.25	
21		Seth Baldevdas Bajoria District Hospital	850	State Funded				
22	Ghazipur	CHC, Saidpur	250	Vidhayak Nidhi	30	250	8.33	
23		District Hospital (ASMC)	200	PM CARE-I	200	200	1.00	
24		District Women's Hospital	333	Cane/Excise Department	100	333	3.33	

Appendix 5.1 (A)

(Reference: Paragraph no 5.3.1)

**Status of availability of CHCs and PHCs in rural area against the requirement
as on December 2021**

District	Rural Population as on October 2021	No. of CHC required	No. of CHCs available as on December 2021	Shortage in numbers	Shortage (%)	No. of PHC required	No. of PHCs available as on December 2021	Shortage in numbers	Shortage (%)
Agra	2862273	29	18	11	37	95	45	50	53
Aligarh	2936497	29	16	13	46	98	37	61	62
Ambedkar Nagar	2530644	25	11	14	57	84	31	53	63
Amethi	2355193	24	13	11	45	79	30	49	62
Amroha	1651320	17	8	9	52	55	26	29	53
Auraiya	1369008	14	8	6	42	46	26	20	43
Ayodhya	2546882	25	14	11	45	85	30	55	65
Azamgarh	5044788	50	23	27	54	168	77	91	54
Baghpat	1228799	12	8	4	35	41	21	20	49
Bahraich	3829374	38	15	23	61	128	55	73	57
Ballia	3509007	35	19	16	46	117	73	44	38
Balrampur	2369417	24	9	15	62	79	33	46	58
Banda	1821228	18	8	10	56	61	50	11	18
Barabanki	3502111	35	20	15	43	117	58	59	50
Bareilly	3442411	34	16	18	54	115	53	62	54
Basti	2780712	28	14	14	50	93	38	55	59
Bhadohi	1612356	16	7	9	57	54	17	37	68
Bijnor	3295928	33	11	22	67	110	53	57	52
Budaun	3029335	30	16	14	47	101	45	56	55
Bulandshahr	3145727	31	13	18	59	105	63	42	40
Chandauli	2044210	20	8	12	61	68	31	37	55
Chitrakoot	1070271	11	7	4	35	36	28	8	22
Deoria	3327893	33	16	17	52	111	76	35	31
Etah	1800529	18	8	10	56	60	33	27	45
Etawah	1452904	15	9	6	38	48	28	20	42
Farrukhabad	1755922	18	9	9	49	59	28	31	52
Fatehpur	2762033	28	12	16	57	92	45	47	51
Firozabad	1990163	20	9	11	55	66	55	11	17
GB Nagar	805402	8	6	2	26	27	21	6	22
Ghaziabad	705867	7	4	3	43	24	16	8	32
Ghazipur	3999371	40	16	24	60	133	60	73	55
Gonda	3835594	38	16	22	58	128	52	76	59
Gorakhpur	4308786	43	21	22	51	144	66	78	54
Hamirpur	1069122	11	8	3	25	36	35	1	2
Hapur	1109915	11	8	3	28	37	24	13	35
Hardoi	4244565	42	21	21	51	141	49	92	65
Hathras	1472630	15	8	7	46	49	25	24	49
Jalaun	1519318	15	8	7	47	51	33	18	35
Jaunpur	4957665	50	22	28	56	165	85	80	49
Jhansi	1392670	14	12	2	14	46	32	14	31
Kannauj	1644467	16	14	2	15	55	35	20	36
Kanpur Dehat	1939690	19	12	7	38	65	29	36	55
Kanpur Nagar	1871393	19	10	9	47	62	41	21	34
Kasganj	1372819	14	5	9	64	46	32	14	30
Kaushambi	1763238	18	8	10	55	59	36	23	39

District	Rural Population as on October 2021	No. of CHC required	No. of CHCs available as on December 2021	Shortage in numbers	Shortage (%)	No. of PHC required	No. of PHCs available as on December 2021	Shortage in numbers	Shortage (%)
Kushinagar	4059769	41	15	26	63	135	55	80	59
Lakhimpur Kheri	4255525	43	16	27	63	141	61	80	57
Lalitpur	1250542	13	6	7	52	42	23	19	45
Lucknow	1853725	19	11	8	41	62	34	28	45
Mahoba	825448	8	16	-8	-94	28	14	14	49
Mahrajganj	3047988	30	5	25	84	102	40	62	61
Mainpuri	1888682	19	10	9	47	63	53	10	16
Mathura	2141014	21	12	9	44	71	27	44	62
Mau	2040094	20	10	10	51	68	36	32	47
Meerut	2013495	20	13	7	35	67	35	32	48
Mirzapur	2569187	26	13	13	49	86	48	38	44
Moradabad	2354725	24	8	16	66	78	32	46	59
Muzaffarnagar	2467969	25	11	14	55	82	44	38	47
Pilibhit	2007620	20	10	10	50	67	28	39	58
Pratapgarh	3626427	36	29	7	20	121	60	61	50
Prayagraj	5356769	54	23	31	57	179	62	117	65
Rae Bareli	3134378	31	19	12	39	104	52	52	50
Rampur	2088398	21	5	16	76	70	30	40	57
Saharanpur	2868554	29	21	8	27	96	38	58	60
Sambhal	2069468	21	10	11	52	69	30	39	57
Sant Kabir Nagar	1896528	19	8	11	58	63	25	38	60
Shahjahanpur	2883602	29	16	13	45	96	40	56	58
Shamli	1060802	11	8	3	25	35	23	12	35
Shrawasti	1289387	13	6	7	53	43	12	31	72
Siddharthnagar	2867059	29	12	17	58	96	63	33	34
Sitapur	4725278	47	22	25	53	158	76	82	52
Sonbhadra	1850587	19	10	9	46	62	40	22	35
Sultanpur	2512698	25	14	11	44	84	45	39	46
Unnao	3079961	31	19	12	38	103	46	57	55
Varanasi	2485978	25	10	15	60	83	29	54	65
Total	185651104	1857	932	925	50	6188	3057	3131	51

(Source: DGMH)

Appendix 5.1 (B)

(Reference: Paragraph no 5.3.1)

Status of availability of CHCs and PHCs in urban areas against the requirement as on December 2021

District	Urban Population as on October 2021	No. of UCHC required as per NUHM norms	No. of UCHCs available as on December 2021	Shortage in numbers	Shortage (%)	No. of UPHC required as per NUHM norms	No. of UPHCs available as on December 2021	Shortage in numbers	Shortage (%)
Agra	2688821	11	0	11	100	54	29	25	46
Aligarh	1616844	6	0	6	100	32	18	14	44
Ambedkar Nagar	372905	1	0	1	100	7	5	2	33
Amethi	105947	0	0	0	0	2	0	2	100
Amroha	609327	2	0	2	100	12	6	6	51
Auraiya	311126	1	0	1	100	6	1	5	84
Ayodhya	451972	2	0	2	100	9	6	3	34
Azamgarh	522570	2	0	2	100	10	3	7	71
Baghpat	365327	1	0	1	100	7	3	4	59
Bahraich	377308	2	0	2	100	8	2	6	73
Ballia	403960	2	0	2	100	8	2	6	75
Balrampur	221024	1	0	1	100	4	1	3	77
Banda	366297	1	0	1	100	7	2	5	73
Barabanki	439419	2	0	2	100	9	1	8	89
Bareilly	2083381	8	0	8	100	42	21	21	50
Basti	183439	1	0	1	100	4	2	2	45
Bhadohi	304591	1	0	1	100	6	1	5	84
Bijnor	1229130	5	0	5	100	25	9	16	63
Budaun	788044	3	0	3	100	16	5	11	68
Bulandshahr	1152242	5	0	5	100	23	8	15	65
Chandauli	322193	1	0	1	100	6	2	4	69
Chitrakoot	127961	1	0	1	100	3	1	2	61
Deoria	420823	2	0	2	100	8	3	5	64
Etah	356184	1	0	1	100	7	2	5	72
Etawah	486570	2	0	2	100	10	6	4	38
Farrukhabad	552835	2	0	2	100	11	4	7	64
Fatehpur	427716	2	0	2	100	9	3	6	65
Firozabad	1106732	4	0	4	100	22	12	10	46
GB Nagar	1294215	5	0	5	100	26	15	11	42
Ghaziabad	3656657	15	0	15	100	73	50	23	32
Ghazipur	364444	1	0	1	100	7	2	5	73
Gonda	298915	1	0	1	100	6	2	4	67
Gorakhpur	1110664	4	0	4	100	22	23	-1	-4
Hamirpur	278750	1	0	1	100	6	2	4	64
Hapur	544284	2	0	2	100	11	3	8	72
Hardoi	719703	3	0	3	100	14	5	9	65
Hathras	441930	2	0	2	100	9	2	7	77
Jalaun	556442	2	0	2	100	11	6	5	46
Jaunpur	460376	2	0	2	100	9	3	6	67
Jhansi	1107151	4	0	4	100	22	13	9	41
Kannauj	373052	1	0	1	100	7	3	4	60
Kanpur Dehat	230365	1	0	1	100	5	0	5	100
Kanpur Nagar	4005804	16	0	16	100	80	50	30	38
Kasganj	382837	2	0	2	100	8	2	6	74
Kaushambi	165320	1	0	1	100	3	1	2	70

District	Urban Population as on October 2021	No. of UCHC required as per NUHM norms	No. of UCHCs available as on December 2021	Shortage in numbers	Shortage (%)	No. of UPHC required as per NUHM norms	No. of UPHCs available as on December 2021	Shortage in numbers	Shortage (%)
Kushinagar	223303	1	0	1	100	4	1	3	75
Lakhimpur Kheri	612411	2	0	2	100	12	4	8	67
Lalitpur	232962	1	0	1	100	5	2	3	57
Lucknow	4036822	16	8	8	50	81	52	29	36
Mahoba	246249	1	0	1	100	5	2	3	59
Mahrajganj	178968	1	0	1	100	4	1	3	72
Mainpuri	383149	2	0	2	100	8	3	5	61
Mathura	1004217	4	0	4	100	20	8	12	60
Mau	663118	3	0	3	100	13	4	9	70
Meerut	2336793	9	0	9	100	47	26	21	44
Mirzapur	461688	2	0	2	100	9	4	5	57
Moradabad	1536259	6	0	6	100	31	26	5	15
Muzaffarnagar	1069593	4	0	4	100	21	6	15	72
Pilibhit	466799	2	0	2	100	9	3	6	68
Pratapgarh	232782	1	0	1	100	5	1	4	79
Prayagraj	1956478	8	0	8	100	39	23	16	41
Rae Bareli	373609	1	0	1	100	7	3	4	60
Rampur	781924	3	0	3	100	16	6	10	62
Saharanpur	1416710	6	0	6	100	28	18	10	36
Sambhal	622247	2	0	2	100	12	4	8	68
Sant Kabir Nagar	170733	1	0	1	100	3	2	1	41
Shahjahanpur	789157	3	0	3	100	16	11	5	30
Shamli	512875	2	0	2	100	10	3	7	71
Shrawasti	51339	0	0	0	0	1	0	1	100
Siddharthnagar	213452	1	0	1	100	4	1	3	77
Sitapur	705062	3	0	3	100	14	6	8	57
Sonbhadra	417553	2	0	2	100	8	1	7	88
Sultanpur	195123	1	0	1	100	4	2	2	49
Unnao	706207	3	0	3	100	14	5	9	65
Varanasi	2121428	8	3	5	65	42	24	18	43
Total	59104607	236	11	225	95	1182	592	590	50

(Source: DGHM)

Appendix- 5.2

(Reference: Paragraph no. 5.4.7)

Status of geriatrics wards in the test-checked District Hospitals

District	DH/CDH	Funds allocated for Geriatric Unit with 10 beds and OPD facilities (₹ in lakh)	Fund Received during the year	Total Expenditure Incurred for Geriatrics Unit (₹ in lakh)	Availability of Geriatric Ward in DH/CDH (Yes/No)	Number of beds available in Geriatric Ward	Present utilisation of ward
Unnao	DHM	40.00	2018-19	33.54	No	0	No Ward for Geriatric Care
Kushinagar	CDH	40.00	2018-19	32.25	No	0	No Ward for Geriatric Care
Ghazipur	DHM	40.00	2018-19	34.28	Yes	10	Ward in use
Hamirpur	DHM	40.00	2018-19	29.98	Yes	8	Ward used for AYUSH since Starting
Jalaun	DHM	40.00	2015-16	39.15	Yes	10	Ward used for PICU since Aug. 2021
Kanpur Nagar	DHM	40.00	2016-17	39.53	Yes	10	Ward in use
Kannauj	CDH	40.00	2016-17	18.05	Yes	10	Ward in use
Lucknow	DHM	40.00	2016-17	19.57	Yes	10	Ward in use
Saharanpur	DHM	40.00	2018-19	22.14	Yes	10	Ward used for Covid-19 isolation
Total		360.00		268.49			

(Source: Test checked district hospitals)

(Colour coding **Green** = Availability of geriatric wards, **Red** = Un-availability of geriatric wards, **Yellow** = Geriatrics wards available but used for other purposes)

Appendix- 5.3

(Reference: Paragraph no. 5.6.1.1)

Details of seepages seen and condition of toilets in the test-checked hospitals

District	UNITS	Seepage in building	Condition of toilets
Government Medical Colleges			
Ambedkar Nagar	Government Medical College	No	Clean
Meerut	Government Medical College	Yes	Dirty
District Hospitals Male			
Ghazipur	District Hospital Male	Yes	Clean
Hamirpur	District Hospital Male	Yes	Clean
Jalaun	District Hospital Male	Yes	Dirty
Kanpur Nagar	District Hospital Male	No	Clean
Lucknow	District Hospital Male	Yes	Clean
Saharanpur	District Hospital Male	No	Dirty
Unnao	District Hospital Male	Yes	Clean
District Women Hospitals			
Ghazipur	District Women Hospital	Yes	Clean
Hamirpur	District Women Hospital	No	Clean
Jalaun	District Women Hospital	Yes	Clean
Kanpur Nagar	District Women Hospital	Yes	Clean
Lucknow	District Women Hospital	No	Clean
Saharanpur	District Women Hospital	No	Clean
Unnao	District Women Hospital	Yes	Dirty
Combined District Hospitals			
Kannauj	Combined District Hospital	No	Clean
Kushinagar	Combined District Hospital	Yes	Clean
Community Health Centers			
Ghazipur	CHC- Bhadaura	Yes	Dirty
	CHC- Saidpur	Yes	Dirty
Hamirpur	CHC- Muskara	No	Dirty
	CHC- Sarila	No	Clean
Jalaun	CHC- Kadaura	No	Clean
	CHC- Jalaun	Yes	Clean
Kannauj	CHC- Talgram	Yes	Dirty
	CHC- Chhibramau	Yes	Dirty
Kanpur Nagar	CHC- Bidhanoo	No	Clean
	CHC- Sarsaul	Yes	Dirty
Kushinagar	CHC- Fazilnagar	Yes	Clean
	CHC- Hata	No	Clean
Lucknow	CHC- Malihabad	No	Dirty
	CHC- Chinahat	No	Dirty
	CHC- Aishbag	Yes	Dirty
Saharanpur	CHC- Puwarka	No	Clean
	CHC- Sarsawa	No	Clean
Unnao	CHC- Nawabganj	No	Clean
	CHC- Achalganj	No	Clean
Primary Health Centres			
Ghazipur	PHC- Anauni	Yes	Dirty
	PHC- Gorkha	Yes	Dirty
	PHC- Bara	No	Dirty
	PHC- Deval	Yes	Dirty
Hamirpur	PHC- Biwar	No	Clean
	PHC- Bihuni	No	Clean
	PHC- Puraini	Yes	Clean
	PHC- Jalalpur	Yes	Clean

District	UNITS	Seepage in building	Condition of toilets
Jalaun	PHC- Aata	Yes	Clean
	PHC- Parasan	No	Dirty
	PHC- Shekhpur Bujurg	No	Clean
	PHC- Urgaon	No	Clean
Kannauj	PHC- Baisapur	No	Clean
	PHC- Amolar	Yes	Clean
	PHC- Prempur	Yes	Dirty
	PHC- Sikanderpur	Yes	Clean
Kanpur Nagar	PHC- Meharban Singh Ka Purwa	No	Clean
	PHC- Dyodhighat	No	Dirty
	PHC- Pali	No	Dirty
	PHC- Gujaini	No	Clean
Kushinagar	PHC- Jaura Bazar	Yes	Dirty
	PHC- Koilaswa	Yes	Dirty
	PHC- Mahuadih	Yes	Dirty
	PHC- Sakrauli	Yes	Dirty
Lucknow	PHC- Rahimabad	Yes	Dirty
	PHC- Kasmandi Kala	Yes	Dirty
	PHC- Poorab Gaon	Yes	Dirty
	PHC- Juggaur	Yes	Dirty
	PHC- Naka	No	Clean
	PHC- Garhi Kanaura	No	Dirty
Saharanpur	PHC- Devla	No	Clean
	PHC- Halalpur	No	Clean
	PHC- Pilakhani	No	Clean
	PHC- Kutubpur	Yes	Clean
Unnao	PHC- Chamrauli	Yes	Dirty
	PHC- Katehru	Yes	Dirty
	PHC- Pansariya	Yes	Dirty
	PHC- Sikander Pur Karn	No	Clean

(Source: Test checked district hospitals, community health centers and primary health centers)

(Colour coding **Green** = No traces of seepages and condition of toilets were clean, **Red** = Traces of seepages and condition of toilets were dirty)

Appendix- 5.4

(Reference: Paragraph no. 5.6.1.1)

Details of condition of residential buildings

District	UNITS	Condition of Residential Building
Government Medical Colleges		
Ambedkar Nagar	Government Medical College	Good
Meerut	Government Medical College	Good
District Hospitals Male		
Ghazipur	District Hospital Male	Good
Hamirpur	District Hospital Male	Good
Jalaun	District Hospital Male	Dilapidated
Kanpur Nagar	District Hospital Male	Good
Lucknow	District Hospital Male	Good
Saharanpur	District Hospital Male	Good
Unnao	District Hospital Male	Poor
District Women Hospitals		
Ghazipur	District Women Hospital	Good
Hamirpur	District Women Hospital	Good
Jalaun	District Women Hospital	Good
Kanpur Nagar	District Women Hospital	Dilapidated
Lucknow	District Women Hospital	Good
Saharanpur	District Women Hospital	Good
Unnao	District Women Hospital	Poor
Combined District Hospitals		
Kannauj	Combined District Hospital	Good
Kushinagar	Combined District Hospital	Poor
Community Health Centres		
Ghazipur	CHC- Bhadaura	Good
	CHC- Saidpur	Dilapidated
Hamirpur	CHC- Muskara	Good
	CHC- Sarila	Good
Jalaun	CHC- Kadaura	Good
	CHC- Jalaun	Good
Kannauj	CHC- Talgram	Dilapidated
	CHC- Chhibramau	Dilapidated
Kanpur Nagar	CHC- Bidhanoo	Dilapidated
	CHC- Sarsaul	Dilapidated
Kushinagar	CHC- Fazilnagar	Poor
	CHC- Hata	Poor
Lucknow	CHC- Malihabad	Dilapidated
	CHC- Chinahat	Dilapidated
	CHC- Aishbag	Dilapidated
Saharanpur	CHC- Puwarka	Good
	CHC- Sarsawa	Good
Unnao	CHC- Nawabganj	Poor
	CHC- Achalganj	Poor
Primary Health Centres		
Ghazipur	PHC- Anauni	Dilapidated
	PHC- Gorkha	Dilapidated
	PHC- Bara	Dilapidated
	PHC- Deval	Dilapidated
Hamirpur	PHC- Biwar	Good
	PHC- Bihuni	Good
	PHC- Puraini	Good
	PHC- Jalalpur	Good
Jalaun	PHC- Aata	Dilapidated

District	UNITS	Condition of Residential Building
	PHC- Parasan	Dilapidated
	PHC- Shekhpur Bujurg	Good
	PHC- Uргаon	Good
Kannauj	PHC- Baisapur	Good
	PHC- Amolar	Dilapidated
	PHC- Prempur	Dilapidated
	PHC- Sikanderpur	Dilapidated
Kanpur Nagar	PHC- Meharban Singh Ka Purwa	Good
	PHC- Dyodhighat	Dilapidated
	PHC- Pali	Dilapidated
	PHC- Gujaini	Good
Kushinagar	PHC- Jaura Bazar	Dilapidated
	PHC- Koilaswa	Dilapidated
	PHC- Mahuadih	Dilapidated
	PHC- Sakrauli	Dilapidated
Lucknow	PHC- Rahimabad	Dilapidated
	PHC- Kasmandi Kala	Dilapidated
	PHC- Poorab Gaon	Dilapidated
	PHC- Juggaur	Dilapidated
	PHC- Naka	Residential building not available
	PHC- Garhi Kanaura	Residential building not available
Saharanpur	PHC- Devla	Good
	PHC- Halalpur	Good
	PHC- Pilakhani	Poor
	PHC- Kutubpur	Poor
Unnao	PHC- Chamrauli	Good
	PHC- Katehru	Dilapidated
	PHC- Pansariya	Dilapidated
	PHC- Sikander Pur Karn	Good

(Source: Test checked district hospitals, community health centers and primary health centers)
 (Colour coding, condition of residential building, Green = Good, Red = Dilapidated, Yellow = Poor)

Appendix- 5.5

(Reference: Paragraph no. 5.6.1.2)

Details regarding unavailability of registration counter in PHCs

District	UNITS	Whether registration counter available
Kanpur Nagar	PHC- Pali	No
	PHC- Gujaini	No
Kushinagar	PHC- Jaura Bazar	No
	PHC- Koilaswa	No
	PHC- Sakrauli	No
Lucknow	PHC- Rahimabad	No
	PHC- Kasmandi Kala	No
	PHC- Poorab Gaon	No
	PHC- Garhi Kanaura	No
Unnao	PHC- Chamrauli	No
	PHC- Katehru	No
	PHC- Pansariya	No
	PHC- Sikander Pur Karn	No

(Source: test checked primary health centers)

(Colour coding **Red** = Registration counter not available)

Appendix- 5.6
(Reference: Paragraph no. 5.6.1.4)
Details showing status of availability of Doctor's chamber in hospitals

(A) District Hospitals Male

District	Medical (Y/N)	Surgical (Y/N)	Ophthalmic (Y/N)	ENT (Y/N)	Dental (Y/N)	Paediatrics (Y/N)	Dermatology and Venereology (Y/N)	Psychiatry (Y/N)	Orthopaedic (Y/N)	Availability
Ghazipur	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	7
Hamirpur	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	7
Jalaun	No	No	Yes	No	Yes	Yes	No	Yes	Yes	5
Kanpur Nagar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9
Lucknow	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9
Saharanpur	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9
Unnao	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9

(B) District Women Hospitals

District	Obstetrics and Gynaecology (Y/N)	Paediatrics (Y/N)	Neonatology (Y/N)	Available
Ghazipur	Yes	No	No	1
Hamirpur	Yes	Yes	Yes	3
Jalaun	Yes	Yes	Yes	3
Kanpur Nagar	Yes	No	Yes	2
Lucknow	Yes	Yes	Yes	3
Saharanpur	Yes	Yes	Yes	3
Unnao	Yes	Yes	Yes	3

(C) Combined District Hospitals

District	Medical (Y/N)	Surgical (Y/N)	Ophthalmic (Y/N)	ENT (Y/N)	Dental (Y/N)	Obstetrics and Gynaecology (Y/N)	Paediatrics (Y/N)	Dermatology and Venereology (Y/N)	Psychiatry (Y/N)	Neonatology (Y/N)	Orthopaedic (Y/N)	Available
Kannauj	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	09
Kushinagar	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	11

(D) Community Health Centers

District	UNITS	General Medicine (Y/N)	General Surgery (Y/N)	Dental (Y/N)	Obstetrics and Gynaecology (Y/N)	Paediatrics (Y/N)	Availability
Ghazipur	CHC- Bhadaura	No	No	No	No	No	0
	CHC- Saidpur	Yes	No	Yes	Yes	Yes	4
	CHC- Muskara	Yes	Yes	Yes	Yes	Yes	5
Hamirpur	CHC- Sarila	Yes	No	No	Yes	No	2
	CHC- Kadaura	Yes	Yes	Yes	Yes	Yes	5
	CHC- Jalaun	Yes	No	Yes	Yes	Yes	4
Kannauj	CHC- Talgram	Yes	No	Yes	No	Yes	3
	CHC- Chhibramau	Yes	No	Yes	Yes	Yes	4
	CHC- Bidhanoo	Yes	Yes	Yes	Yes	Yes	5
Kanpur Nagar	CHC- Sarsaul	Yes	No	Yes	Yes	Yes	4
	CHC- FazlInagar	Yes	No	Yes	Yes	Yes	4
	CHC- Hata	Yes	No	Yes	Yes	Yes	4
Lucknow	CHC- Malihabad	Yes	Yes	Yes	Yes	No	4
	CHC- Chinahat	Yes	Yes	Yes	Yes	Yes	5
	CHC- Aishbag	No	No	Yes	Yes	Yes	3
Saharanpur	CHC- Puwarka	Yes	No	Yes	No	No	2
	CHC- Sarsawa	Yes	Yes	Yes	Yes	No	4
Unnao	CHC- Nawabganj	Yes	No	No	Yes	No	2
	CHC- Achalganj	Yes	No	Yes	Yes	Yes	4

(Source: Test checked district hospitals and community health centers)

(Colour coding **Green** = Availability of doctors chamber, **Red** = Un-availability of doctors chamber)

Appendix- 5.7
(Reference: Paragraph no. 5.6.1.6)
Details showing status of availability of pharmacy counters

District	UNITS	Category	Whether Pharmacy available (Yes/No)	If yes, no. of pharmacy counters available	No. of OPD patients 2016-17	No. of OPD patients 2017-18	No. of OPD patients 2018-19	No. of OPD patients 2019-20	No. of OPD patients 2020-21	No. of OPD patients 2021-22	Average Patient load	Daily patient load	Required Pharmacy	Shortage
Ambekar Nagar	GMC- Ambedkar Nagar	GMC	Yes	4	382017	424328	449358	387768	71747	198107	318888	1035	6	2
Meerut	GMC- Meerut	GMC	Yes	5	746815	816307	1007674	910631	196355	428861	684441	2222	12	7
Ghazipur	District Hospital Male	DHM	Yes	1	271967	278720	212773	141529	193920	DNA	219782	714	4	3
Hamirpur	District Hospital Male	DHM	Yes	2	187061	231917	212852	253364	148319	166482	199999	649	4	2
Jalaun	District Hospital Male	DHM	Yes	2	481044	494102	474647	453284	258821	277610	406585	1320	7	5
Kanpur Nagar	District Hospital Male	DHM	Yes	5	455761	507628	459496	364276	198000	256293	373576	1213	7	2
Lucknow	District Hospital Male	DHM	Yes	5	4518960	4961400	4910575	3522936	1773093	1915885	3600475	11690	59	54
Saharanpur	District Hospital Male	DHM	Yes	3	850367	949774	951708	969318	452886	513385	782240	2540	13	10
Unnao	District Hospital Male	DHM	Yes	1	471521	525604	474827	539208	226772	300261	423032	1373	7	6
Ghazipur	District Women Hospital	DWH	Yes	1	54475	58790	65527	66924	45931	DNA	58329	189	1	0
Hamirpur	District Women Hospital	DWH	Yes	2	52475	58251	53294	64566	41838	44431	52476	170	1	0
Jalaun	District Women Hospital	DWH	Yes	2	DNA	81967	82802	92900	65426	73923	79404	258	2	0
Kanpur Nagar	District Women Hospital	DWH	Yes	1	164062	169803	156633	142148	92340	107547	138756	451	3	2
Lucknow	District Women Hospital	DWH	Yes	2	175910	197911	194212	191967	89811	108748	159760	519	3	1
Saharanpur	District Women Hospital	DWH	Yes	2	44497	188621	184931	140290	56670	66584	113599	369	2	0
Unnao	District Women Hospital	DWH	Yes	1	85480	100961	115018	115439	53823	111418	97023	315	2	0
Kannauj	Combined District Hospital	CDH	Yes	2	332599	332531	281870	260840	134321	146549	248118	806	5	3
Kushinagar	Combined District Hospital	CDH	Yes	2	230663	321761	333864	335226	140477	176905	256483	833	5	3
Ghazipur	CHC- Bhadaura	CHC	Yes	1	43558	46940	52365	54661	51789	39030	48057	156	1	0
	CHC- Saidpur	CHC	Yes	1	69466	71004	80110	93322	48189	DNA	72418	235	2	1
Hamirpur	CHC- Muskara	CHC	Yes	1	50739	62051	53780	53345	13836	22949	42783	139	1	0
	CHC- Sarila	CHC	Yes	1	40822	42622	30534	2743	13506	20696	25154	82	1	0
Jalaun	CHC- Kaudara	CHC	Yes	1	50668	67536	65859	66060	41833	42866	55804	181	1	0

District	UNITS	Category	Whether Pharmacy available (Yes/No)	If yes, no. of pharmacy counters available	No. of OPD patients 2016-17	No. of OPD patients 2017-18	No. of OPD patients 2018-19	No. of OPD patients 2019-20	No. of OPD patients 2020-21	No. of OPD patients 2021-22	Average Patient load	Daily patient load	Required Pharmacy	Shortage
Kannauj	CHC- Jalaun	CHC	Yes	1	107328	122849	127310	136738	65512	80885	106770	347	2	1
	CHC- Talgram	CHC	Yes	1	47169	42368	39550	51969	23116	DNA	40834	133	1	0
	CHC- Chhibramau	CHC	Yes	2	63160	73548	85692	65102	34166	29677	58558	190	1	0
Kannauj	CHC- Bidhano	CHC	Yes	1	82521	100333	90525	94176	75913	82970	87740	285	2	1
	CHC- Sarsaul	CHC	Yes	1	58298	62197	57751	57997	24986	38809	50006	162	1	0
Kushinagar	CHC- Fazilnagar	CHC	Yes	1	67609	69386	77398	35250	44946	22517	52851	172	1	0
	CHC- Hata	CHC	Yes	1	78306	65965	85911	99040	41308	54123	70776	230	2	1
Lucknow	CHC- Mailhabad	CHC	Yes	1	DNA	DNA	29045	24277	21281	18310	23228	75	1	0
	CHC- Chinahat	CHC	Yes	1	30899	35621	23614	23620	17589	51171	30419	99	1	0
Saharapur	CHC- Aishbag	CHC	Yes	1	50669	DNA	46509	42162	9499	22332	34234	111	1	0
	CHC- Puwarka	CHC	Yes	2	16276	87317	78808	116193	32392	57669	64776	210	2	0
Unnao	CHC- Sarsawa	CHC	Yes	2	87291	90787	91759	96237	35481	49331	75148	244	2	0
	CHC- Nawabganj	CHC	Yes	1	58012	51210	41490	40275	43377	48569	47156	153	1	0
Ghazipur	CHC- Achalganj	CHC	Yes	1	72997	54523	53294	33836	39677	67837	53694	174	1	0
	PHC- Anauni	PHC	Yes	1	3285	2803	3912	4068	3210	DNA	3456	11	1	0
Ghazipur	PHC- Gorkha	PHC	Yes	1	2103	2535	2136	1761	DNA	DNA	2134	7	1	0
	PHC- Bara	PHC	Yes	1	3410	3435	3460	3465	DNA	DNA	3443	11	1	0
Hamirpur	PHC- Deval	PHC	Yes	1	3769	3809	4923	8110	4652	DNA	5053	16	1	0
	PHC- Biwar	PHC	Yes	1	17143	15056	16936	16642	7435	6151	13227	43	1	0
Jalaun	PHC- Bihuni	PHC	Yes	1	DNA	5533	4485	2764	1808	2339	3386	11	1	0
	PHC- Puraini	PHC	Yes	1	7425	7523	8212	8209	3196	3216	6297	20	1	0
Jalaun	PHC- Jalalpur	PHC	Yes	1	9946	7560	7534	7437	3720	3177	6562	21	1	0
	PHC- Aata	PHC	Yes	1	4018	5848	4529	5182	4088	4404	4678	15	1	0
Kannauj	PHC- Parasari	PHC	Yes	1	3530	3997	3899	4161	4387	3313	3881	13	1	0
	PHC- Shekhpur Bujurg	PHC	Yes	1	6708	7073	6998	4970	4320	4387	5743	19	1	0
Kannauj	PHC- Urgan	PHC	Yes	1	5400	5419	5830	5115	4990	4702	5243	17	1	0
	PHC- Baisapur	PHC	Yes	1	0	5753	4530	6270	4875	4674	4350	14	1	0
Kannauj	PHC- Amolar	PHC	Yes	1	6545	9158	8819	7410	5737	5908	7263	24	1	0
	PHC- Prempur	PHC	Yes	1	10683	10824	11212	11379	6519	7926	9757	32	1	0
Kannauj	PHC- Sikanderpur	PHC	Yes	1	2448	7008	8861	6671	4705	5094	5798	19	1	0
	PHC- Meharban Singh Ka Purwa	PHC	Yes	1	7621	8380	7122	7636	4237	3089	6348	21	1	0
Kannauj	PHC- Dyodhighat	PHC	Yes	1	226	403	4190	5803	1829	3059	2585	8	1	0
	PHC- Pali	PHC	Yes	1	11112	13454	12441	8691	8615	3768	9680	31	1	0
Kushinagar	PHC- Gujaini	PHC	Yes	1	7321	9763	7574	6916	3822	2792	6365	21	1	0
	PHC- Jaura Bazar	PHC	Yes	1	6096	7227	10515	13099	5621	4855	7902	26	1	0
PHC- Koilaswa	PHC	Yes	1	10596	9659	6594	7350	4121	3823	7024	23	1	0	

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District	UNITS	Category	Whether Pharmacy available (Yes/No)	If yes, no. of pharmacy counters available	No. of OPD patients 2016-17	No. of OPD patients 2017-18	No. of OPD patients 2018-19	No. of OPD patients 2019-20	No. of OPD patients 2020-21	No. of OPD patients 2021-22	Average Patient load	Daily patient load	Required Pharmacy	Shortage
Lucknow	PHC- Mahuadh	PHC	Yes	1	10176	12367	10481	10484	5369	6021	9150	30	1	0
	PHC- Sakrauli	PHC	Yes	1	4283	4414	6573	3000	1884	2117	3712	12	1	0
	PHC- Rahimabad	PHC	Yes	1	DNA	DNA	4038	4814	3711	8984	5387	17	1	0
	PHC- Kasmandi Kala	PHC	Yes	1	DNA	DNA	6756	6273	3989	13985	7751	25	1	0
	PHC- Poorab Gaon	PHC	Yes	1	7294	5449	4510	4546	4580	DNA	5276	17	1	0
	PHC- Juggaur	PHC	Yes	1	12458	3876	2355	4039	3273	DNA	5200	17	1	0
	PHC- Naka	PHC	Yes	1	61604	56745	28038	28199	9370	10709	32444	105	1	0
	PHC- Garhi Kanaura	PHC	Yes	1	31226	24190	26833	18223	2595	5853	18153	59	1	0
	PHC- Devla	PHC	Yes	1	6061	6376	4029	5417	3697	3497	4846	16	1	0
	PHC- Halalpur	PHC	Yes	1	0	6516	5655	19359	10713	6010	8042	26	1	0
Saharanpur	PHC- Phlakhani	PHC	Yes	1	6022	7836	7994	8786	6063	6935	7273	24	1	0
	PHC- Kutubpur	PHC	Yes	1	10244	9862	11199	8925	6030	6715	8829	29	1	0
	PHC- Chamrauli	PHC	Yes	1	16204	18652	14698	16050	4374	5742	12620	41	1	0
	PHC- Katehru	PHC	Yes	1	6106	5635	4252	4081	1439	3115	4105	13	1	0
Unnao	PHC- Pansariya	PHC	Yes	1	6322	4977	4032	958	223	2879	3232	10	1	0
	PHC- Sikander Pur	PHC	Yes	1	DNA	7940	11137	6011	5312	7021	7484	24	1	0
	Karn													

(Source: Test checked Government medical colleges, district hospitals, community health centers and primary health centers, DNA = Data Not Available)
(Colour coding Red = Shortage of pharmacy)

Appendix- 5.8

(Reference: Paragraph no. 5.6.1.8)

Details of availability of IPD wards in CHCs and PHCs

District	UNITS	Availability of 2 male wards (Yes/No)	Availability of 2 Women wards (Yes/No)	Availability of 4 private room (Yes/No)	Availability of 2 isolation rooms with toilet (Yes/No)
Ghazipur	CHC- Bhadaura	Yes	Only One	No	No
	CHC- Saidpur	Yes	Only One	No	Yes (One room)
Hamirpur	CHC- Muskara	Yes	Yes	Yes (Three rooms)	No
	CHC- Sarila	Yes	Only One	Yes (One Room)	No
Jalaun	CHC- Kadaura	Only One	Yes	No	No
	CHC- Jalaun	Only One	Only One	No	Yes (One room)
Kannauj	CHC- Talgram	Only One	Only One	No	No
	CHC- Chhibramau	Yes	Yes	Yes (Two rooms)	Yes
Kanpur Nagar	CHC- Bidhanoo	Yes	Yes	No	No
	CHC- Sarsaul	Yes	Only One	No	Yes (One room)
Kushinagar	CHC- Fazilnagar	No	Yes	No	No
	CHC- Hata	No	Yes	No	No
Lucknow	CHC- Malihabad	Yes	Yes	No	No
	CHC- Chinahat	Only One	Only One	No	No
	CHC- Aishbag	Only One	Yes	No	Yes (One room)
Saharanpur	CHC- Puwarka	Only One	Only One	No	No
	CHC- Sarsawa	Only One	Yes	No	No
Unnao	CHC- Nawabganj	Only One	Only One	No	No
	CHC- Achalganj	Yes	Yes	No	No

District	UNITS	Availability of Male ward (Yes/No)	Availability of Women ward (Yes/No)
Unnao	PHC- Chamrauli	Yes	Yes
	PHC- Katehru	Yes	No
	PHC- Pansariya	Yes	Yes
	PHC- Sikander Pur Karn	No	Yes
Kushinagar	PHC- Jaura Bazar	No	No
	PHC- Koilaswa	No	No
	PHC- Mahuadih	No	No
	PHC- Sakrauli	Yes	Yes
Ghazipur	PHC- Anauni	No	No
	PHC- Gorkha	No	No
	PHC- Bara	No	No
	PHC- Deval	No	No
Hamirpur	PHC- Biwar	Yes	Yes
	PHC- Bihuni	Yes	Yes
	PHC- Puraini	Yes	Yes
	PHC- Jalalpur	Yes	Yes
Jalaun	PHC- Aata	Yes	Yes
	PHC- Parasan	Yes	Yes
	PHC- Shekhpur Bujurg	Yes	Yes
	PHC- Uргаon	Yes	Yes
Kanpur Nagar	PHC- Meharban Singh Ka Purwa	Yes	Yes
	PHC- Dyodhighat	No	No
	PHC- Pali	Yes	Yes
	PHC- Gujaini	Yes	Yes
Kannauj	PHC- Baisapur	Yes	Yes
	PHC- Amolar	Yes	Yes

District	UNITS	Availability of Male ward (Yes/No)	Availability of Women ward (Yes/No)
Lucknow	PHC- Prempur	Yes	Yes
	PHC- Sikanderpur	Yes	Yes
	PHC- Rahimabad	No	No
	PHC- Kasmandi Kala	No	Yes
	PHC- Poorab Gaon	Yes	Yes
	PHC- Juggaur	No	No
	PHC- Naka	Yes	Yes
	PHC- Garhi Kanaura	No	No
Saharanpur	PHC- Devla	Yes	Yes
	PHC- Halalpur	Yes	Yes
	PHC- Pilakhani	Yes	Yes
	PHC- Qutubpur	Yes	Yes

(Source: Test checked community health centers and primary health centers)

(Colour coding **Green** = Availability of wards, **Red** = Un-availability of wards, **Yellow** = Partial availability of wards)

Appendix- 6.1

(Reference: Paragraph no. 6.2)

Budget provisions and expenditure during 2016-22 under nine Grants relating to health sector

(₹ in crore)

Grant No.	Year	Budget Provision	Expenditure	Savings	Savings (in per cent)
Medical Department (Medical Education and Training)					
31	2016-17	4741.91	4091.44	650.47	13.72
31	2017-18	3950.80	3684.87	265.93	6.73
31	2018-19	4758.63	4131.56	627.07	13.18
31	2019-20	6062.95	5083.58	979.37	16.15
31	2020-21	6460.21	4752.41	1707.80	26.44
31	2021-22	8710.72	6460.44	2250.28	25.83
Total		34685.22	28204.30	6480.92	18.68
Medical Department (Allopathic Medicine)					
32	2016-17	6344.26	4974.53	1369.73	21.59
32	2017-18	6618.79	5526.09	1092.70	16.51
32	2018-19	7694.70	6207.61	1487.09	19.33
32	2019-20	8555.16	6275.43	2279.73	26.65
32	2020-21	9230.55	6447.99	2782.56	30.15
32	2021-22	10432.46	6558.08	3874.38	37.14
Total		48875.92	35989.73	12886.19	26.37
Medical Department (Ayurvedic and Unani)					
33	2016-17	870.57	625.35	245.22	28.17
33	2017-18	1000.33	771.12	229.21	22.91
33	2018-19	1110.43	768.36	342.07	30.81
33	2019-20	1172.42	819.82	352.60	30.07
33	2020-21	1271.92	915.72	356.20	28.00
33	2021-22	1365.84	1008.48	357.36	26.16
Total		6791.51	4908.85	1882.66	27.72
Medical Department (Homeopathy)					
34	2016-17	387.06	294.22	92.84	23.99
34	2017-18	405.46	345.49	59.97	14.79
34	2018-19	424.71	377.89	46.82	11.02
34	2019-20	503.50	372.19	131.31	26.08
34	2020-21	546.65	387.27	159.38	29.16
34	2021-22	567.71	428.41	139.30	24.54
Total		2835.09	2205.47	629.62	22.21
Medical Department (Family Welfare)					
35	2016-17	5377.84	3925.25	1452.59	27.01
35	2017-18	5346.50	4461.92	884.58	16.55
35	2018-19	5461.50	4742.00	719.50	13.17
35	2019-20	6157.98	5169.11	988.87	16.06
35	2020-21	6629.78	6030.46	599.32	9.04

Grant No.	Year	Budget Provision	Expenditure	Savings	Savings (in per cent)
35	2021-22	8871.00	6484.69	2386.23	26.90
Total		37844.60	30813.43	7031.17	18.58
Medical Department (Public Health)					
36	2016-17	714.74	429.49	285.25	39.91
36	2017-18	689.56	580.54	109.02	15.81
36	2018-19	742.66	553.71	188.95	25.44
36	2019-20	843.27	566.10	277.17	32.87
36	2020-21	894.89	547.83	347.06	38.78
36	2021-22	1147.31	637.00	510.31	44.48
Total		5032.43	3314.67	1717.76	34.13
Labour Department (Labour Welfare)					
76	2016-17	130.05	129.76	0.29	0.22
76	2017-18	162.03	137.09	24.94	15.39
76	2018-19	137.58	137.53	0.05	0.04
76	2019-20	151.81	143.70	8.11	5.34
76	2020-21	174.41	145.11	29.30	16.80
76	2021-22	179.07	148.73	30.34	16.94
Total		934.95	841.92	93.03	9.95
Social Welfare Department (Scheduled Tribes Welfare)					
81	2016-17	0.00	0.00	0.00	0.00
81	2017-18	110.00	58.87	51.13	46.48
81	2018-19	214.19	138.54	75.65	35.32
81	2019-20	0.00	0.00	0.00	0.00
81	2020-21	47.95	11.30	36.65	76.43
81	2021-22	47.95	3.90	44.05	91.87
Total		420.09	212.61	207.48	49.39
Social Welfare Department (Special Component Plan for Scheduled Caste Welfare)					
83	2016-17	231.51	182.27	49.24	21.27
83	2017-18	327.31	294.90	32.41	9.90
83	2018-19	1524.87	1034.10	490.77	32.18
83	2019-20	421.51	241.09	180.42	42.80
83	2020-21	1769.10	2191.73	-422.63	-23.89
83	2021-22	1916.00	1493.51	422.49	22.05
Total		6190.30	5437.60	752.70	12.16

(Source: Appropriation Accounts of Uttar Pradesh for the respective years)

Appendix-9.1

(Reference: paragraph no. 9.3)

SDG 3 Indicators and values thereof at National and State level

Sl. No.	NATIONAL INDICATOR		VALUE OF THE INDICATOR		
			INDIA	UTTAR PRADESH	
Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births					
1	1	3.1.1: Maternal Mortality Ratio, (per 1,00,000 live births) <i>Source: Office of the Registrar General & Census Commissioner, India, Ministry of Home Affairs / Periodicity: Annual</i>	Year	Value	
			2017-19	103	167
2	2	3.1.2: Percentage of births attended by skilled health personnel (Period 5 years), <i>Source: Ministry of Health and Family Welfare (National Family Health Survey) / Periodicity: 3 Years</i>	2019-21	89.40	84.80
3	3	3.1.3: Percentage of births attended by skilled health personnel (Period 1 year), <i>Source: Ministry of Health and Family Welfare (National Family Health Survey) / Periodicity: 3 Years</i>	2019-21	90.90	87.00
4	4	3.1.4: Percentage of women aged 15-49 years with a live birth, for last birth, who received antenatal care, four times or more <i>Source: Ministry of Health and Family Welfare (National Family Health Survey) / Periodicity: 3 Years</i>	2019-21	58.50	42.40
Target 3.2: By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births					
5	1	3.2.1: Under-five mortality rate, (per 1,000 live births) <i>Source: Office of the Registrar General & Census Commissioner, India, Ministry of Home Affairs / Periodicity: Annual</i>	2019	35	48
6	2	3.2.2: Neonatal mortality rate (per 1,000 live births) <i>Source: Office of the Registrar General & Census Commissioner, India, Ministry of Home Affairs / Periodicity: Annual</i>	2019	22	30
Target 3.3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases					
7	1	3.3.1: Number of new HIV infections per 1,000 uninfected population <i>Source: Ministry of Health and Family Welfare (National AIDS Control Organization) / Periodicity: Annual</i>	2021	0.05	0.04
8	2	3.3.2: Tuberculosis incidence per 1,00,000 population <i>Source: Ministry of Health and Family Welfare (RNTCP Division) / Periodicity: Annual</i>	2020	188	NA
9	3	3.3.3: Malaria incidence per 1,000 population <i>Source: Ministry of Health and Family Welfare (NVBDCP Division) / Periodicity: Annual</i>	2021	0.12	NA
10	4	3.3.4: Prevalence of Hepatitis 'B' per 1,00,000 population <i>Source: Ministry of Health and Family Welfare / Periodicity: Annual</i>	Under compilation		
11	5	3.3.5: Dengue: Case Fatality Ratio <i>Source: Ministry of Health and Family Welfare (NVBDCP Division) / Periodicity: Annual</i>	2021	0.16	NA
12	6	3.3.6: Proportion of grade-2 cases amongst new cases of Leprosy, (Per million population) <i>Source: Ministry of Health and Family Welfare / Periodicity: Annual</i>	2021-22	1.36	0.48
13	7	3.3.7: Percentage of blocks reporting < 1 Kalaazar case per 10,000 population out of the total endemic blocks <i>Source: Ministry of Health and Family Welfare (NVBDCP Division) / Periodicity: Annual</i>	2021	98.73	NA
14	8	3.3.8: Percentage of districts reporting < 1% Microfilaria rate (MF) out of Targeted Endemic districts <i>Source: Ministry of Health and Family Welfare (NVBDCP Division) / Periodicity: Annual</i>	2021	40.55	NA

Sl. No.	NATIONAL INDICATOR		VALUE OF THE INDICATOR				
			INDIA		UTTAR PRADESH		
Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being							
15	1	3.4.2: Suicide mortality rate, (per 1,00,000 population) <i>Source: National Crime Records Bureau, Ministry of Home Affairs/Periodicity: Annual</i>	2020	11.3	2.1		
Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol							
16	1	3.5.1: Number of persons treated in de-addiction centers <i>Source: Department of Social Justice & Empowerment, Ministry of Social Justice & Empowerment / Periodicity: Annual</i>	2021-22	2,85,559	16,503		
17	2	3.5.2: Percentage of population (men (15-49 years) & women (15 - 49 years)) who drink alcohol about once a week out of total population (men (15-49 years) & women (15 - 49 years)) who drink alcohol <i>Source: Ministry of Health and Family Welfare (National Family Health Survey) /Periodicity: 3 Years</i>	Year	Value			
			2019-21	Male	Female	Male	Female
				43.4	36.6	NA	NA
18	3	3.5.3: Percentage of population (15 years and above) who consume alcohol, by sex <i>Source: Ministry of Health and Family Welfare , Department of Health and Family Welfare/ Periodicity: 3 Years</i>	2019-21	18.8	1.3	14.6	0.3
Target 3.6: By 2020, halve the number of global deaths and injuries from road traffic accidents							
19	1	3.6.1: People killed/injured in road accidents (per 1,00,000 population) (similar to 11.2.2) <i>Source: National Crime Records Bureau ,Ministry of Home Affairs /Periodicity: Annual</i>	Year		Injury Rate	Death Rate	Injury Rate
			2020	9.84	24.76	8.32	6.98
Target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes							
	SL	NATIONAL INDICATOR	VALUE OF THE INDICATOR				
			INDIA		UTTAR PRADESH		
20	1	3.7.1: Percentage of currently married women aged 15-49 years who have their need for family planning satisfied with modern methods, <i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 Years</i>	Year	Value			
			2019-21	74.10	59.10		
21	2	3.7.2: Adolescent birth rate (aged 15- 19 years) per 1,000 women in that age group (Per 1,000 females) <i>Source: Office of the Registrar General & Census Commissioner, India, Ministry of Home Affairs / Periodicity: Annual</i>	Year	Value			
			2019	10.6	8.7		
22	3	3.7.3: Percentage of Institutional Births (5 Years/1 Years) <i>Source: Ministry of Health and Family Welfare (National Family Health Survey) /Periodicity: 3 Years</i>	Year	Value			
			2019-21	5 years	1 year	5 years	1 year
				88.60	90.60	83.40	86.30
23	4	3.7.4: Percentage of currently married women (15-49 years) who use any modern family planning methods, (similar to 3.8.1 and 5.6.1) <i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 Years</i>	Year	Value			
			2019-21	56.50	44.50		
24	5	3.7.5: Percentage of women aged 15-19 years who were already mothers or pregnant, 2015-16 <i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 Years</i>	2019-21	6.80	2.90		

Sl. No.	NATIONAL INDICATOR		VALUE OF THE INDICATOR				
			INDIA		UTTAR PRADESH		
Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all							
25	1	3.8.1: Percentage of currently married women (15-49 years) who use any modern family planning methods, (similar to 3.7.4 and 5.6.1) <i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 Years</i>	Year	Value			
			2019-21	56.50	44.50		
26	2	3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income, 2017-18 <i>Source: SDRD, Ministry of Statistics and Programme Implementation / Periodicity: 5years</i>	Expenditure on Health	Value			
			> 10%	4.48	6.1		
			> 25%	1.57	2.55		
27	3	3.8.3: Percentage of people living with HIV currently receiving ART among the detected number of adults and children living with HIV <i>Source: Ministry of Health and Family Welfare (National AIDS Control Organization) /Periodicity: Annual</i>	Year	Value			
			2021-22	84	84		
28	4	3.8.4: Prevalence of hypertension among men and women age 15 years and above (in percentage) <i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 Years</i>	Male	Female	Male	Female	
			24.00	21.30	21.70	18.40	
29	5	3.8.5: Percentage of population in age group 15-49 who reported sought treatment out of total population in that age group having diabetes <i>Source: Ministry of Health and Family Welfare (National Family Health Survey) / Periodicity: 3 Years</i>	Year	Value			
				Male	Female	Male	Female
			2019-21	71.50	80.70	NA	NA
30	6	3.8.6: Percentage of women aged 30- 49 years who have ever undergone a screening test for cervical cancer, <i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 Years</i>	2019-21	1.8	1.5		
31	7	3.8.7: Percentage of TB cases successfully treated (cured plus treatment completed) among TB cases notified to the national health authorities during a specified period <i>Source: Ministry of Health and Family Welfare, RNTCP Division (Revised National Tuberculosis Control Programme, NIKSHAY)/ Periodicity: 2 Years</i>	Year	Value			
			2021	83.00	NA		
Target 3.9: By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination							
32	1	3.9.2: Proportion of men and women reporting Asthma in the age group 15-49years, <i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 years</i>	Year	Value			
			2019-21	Male	Female	Male	Female
				1.20	1.60	0.70	0.70
33	2	3.9.3: Mortality rate attributed to unintentional poisoning, (per 1,00,000 population) <i>Source: National Crime Records Bureau, Ministry of Home Affairs/ Periodicity: Annual</i>	Year	Value			
			2020	1.64	0.54		
Target 3.a: Strengthen the implementation of the world Health Organization Framework Convention on Tobacco Control in all countries, as appropriate							
34	1	3.a.1: Percentage of adults 15 years and above with use of any kind of tobacco(smoking and smokeless), 2016-17 <i>Source: Ministry of Health and Family Welfare (Global Adult Tobacco Survey)/Periodicity: 5 Years</i>	28.6		NA		
Target 3.b: Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the agreement and public health, which affirms the right of developing countries to use to the full the provisions in the agreement on trade-related aspects of Intellectual property rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all							
35	1	3.b.1: Percentage of children aged 12-23 months fully vaccinated with BCG, Measles and three doses each of Polio and DPT or Penta vaccine (Excluding Polio vaccine given at birth),	Year	Value			
			2019-21	76.60	69.90		

Sl. No.	NATIONAL INDICATOR		VALUE OF THE INDICATOR				
			INDIA		UTTAR PRADESH		
		<i>Source: Ministry of Health and Family Welfare (National Family Health Survey)/Periodicity: 3 Years</i>					
36	2	3.b.2: Budgetary allocation for Department of Health Research, (in Rs. crore) <i>Source: Ministry of Health and Family Welfare / Periodicity: Annual</i>	Year	Value			
			2022-23	3200.65	NA		
Target 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States							
37	1	3.c.1: Health worker density percentage (similar to 3.8.8) Per 10,000 population <i>Source: Ministry of Health and Family Welfare / Periodicity: Annual</i>	Year	Value			
			2019	49.44	20.72		
38	2	3.c.2: Percentage of government spending (including current and capital expenditure) in health sector to GDP <i>Source: National Accounts Division, NSO, Ministry of Statistics and Programme Implementation / Periodicity: Annual</i>	Year	Value			
			2020-21	1.59	NA		
Target 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks							
39	1	3.d.1: International Health Regulations (IHR) capacity and health emergency preparedness <i>Source: Ministry of Health and Family Welfare, NCDC/ Periodicity: Annual</i>	Core Capacity	2018	2019	2018	2019
			Legislation and Financing	80	80	NA	NA
			IHR Coordination and National IHR Focal Point Functions	90	90	NA	NA
			Zoonotic Events and the Human animal Interface	60	60	NA	NA
			Food Safety	60	60	NA	NA
			Laboratory	47	67	NA	NA
			Surveillance	100	100	NA	NA
			Human Resources	100	100	NA	NA
			National Health Emergency Framework	67	80	NA	NA
			Health Service Provision	33	33	NA	NA
			Risk Communication	80	80	NA	NA
			Points of Entry	80	80	NA	NA
			Chemical Events	80	80	NA	NA
			Radiation Emergencies	100	100	NA	NA

(Source: SDG Progress Report 2022-Uttar Pradesh)

List of Abbreviations

AB	Ayushman Bharat
AB-PMJAY	<i>Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna</i>
ACS	Additional Chief Secretary
AERB	Atomic Energy Regulatory Board
ANM	Auxiliary Nursing Midwife
ATH	Associated Teaching Hospital
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BIS	Beneficiary Identification System
BMW	Bio Medical Waste
BOR	Bed Occupancy Rate
BTR	Bed Turnover Rate
CAG	Comptroller and Auditor General of India
CBMWTF	Common Bio-Medical Waste Treatment Facilitator
CDH	Combined District Hospital
CHC	Community Health Centre
CHO	Community Health Officer
CMO	Chief Medical Officer
CMS	Chief Medical Superintendent
CMSD	Central Medicine Supply Depot
COTPA	The Cigarettes and Other Tobacco Products Act
CPHC	Comprehensive Family Health Care
CSR	Corporate Social Responsibility
DGFW	Director General, Family Welfare
DGMH	Director General, Medical Health
DH	District Hospital
DHM	District Hospital Male
DI	Drug Inspector
DVDMS	Drugs and Vaccines Distribution Management System
DWH	District Women Hospital
EDL	Essential Drug List
EEL	Essential Equipment List
ELA	Expected Level of Achievement
EMD	Earnest Money Deposit
ENT	Ear, Nose and Throat
FSDA	Food Safety and Drug Administration
GDP	Gross Domestic Product
GHE	Government Health Expenditure
GIS	Geographic Information System
GMC	Government Medical College
GMP	Good Manufacturing practice

GO	Government Order
GoI	Government of India
GoUP	Government of Uttar Pradesh
GRC	Grievances Redressal Committee
GSDP	Gross State Domestic Product
HCF	Health Care Facilities
HICC	Hospital Infection Control Committee
HLD	High Level Disinfection
HMIS	Hospital Management Information System
HWC	Health and Wellness Centre
ICCU	Intensive Critical Care Unit
ICMR	Indian Council of Medical Research
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
IPD	Indoor Patient Department
IPHS	Indian Public Health Standards
IUCD	Intrauterine Contraceptive Device
JSY	<i>Janani Suraksha Yojana</i>
LA	Lab Assistant
LHV	Lady Health Visitor
LMP	Litres per minute
LoI	Letter of Intent
LT	Lab Technician
MCH	Maternal and Child Health
MCP	Mother and Child Protection
MMR	Maternal Mortality Rate
MoHFW	Ministry of Health and Family Welfare
MOIC	Medical Officer in Charge
MoU	Memorandum of Understanding
MS	Medical Superintendent
NABL	National Accreditation Board for Testing and Calibration Laboratories
NACO	National Aids Control Organisation
NFHS	National Family Health Survey
NGO	Non-Government Organisation
NHA	National Health Accounts
NHM	National Health Mission
NICU	Neo-natal Intensive Care Unit
NIT	Notice Inviting Tender
NITI Aayog	National Institute for Transforming India, <i>Aayog</i>
NMC	National Medical Council

NMHP	National Mental Health Programme
NNMR	Neo Natal Mortality Rate
NPCBVI	National Programme for Control of Blindness and Visual Impairment
NPHCE	National Programme for the Health Care of Elderly
NPISH	Not for Profit Institutions Serving Households
NPOP	National Policy on Older Persons
NQAS	National Quality Assurance Standard
NSQ	Not of Standard Quality
NTCP	National Tobacco Control Programme
NUHM	National Urban Health Mission
OH	Object Head
OOPE	Out of Pocket Expenditure
OPD	Outdoor Patient Department
OT	Operation Theatre
PCR	Patient Care Record
PFMS	Public Financial Management System
PHC	Primary Health Center
PHS	Public Health System
PICU	Paediatrics Intensive Care Unit
PIP	Person in Position
PMJAY	<i>Pradhan Mantri Jan Arogya Yojna</i>
PMU	Programme Management Unit
PO	Purchase Order
PPSWOR	Population Proportionate to Size With out Replacement
PS	Principal Secretary
PSA	Pressure Swing Absorption
PSU	Public Sector Unit
RC	Rate Contract
ROP	Record of Proceeding
SACHIS	State Agency for Comprehensive Health and Integrated Services
SBA	<i>Swachh Bharat Abhiyaan</i>
SC	Sub-Center
SDG	Sustainable Development Goal
SDRF	State Disaster Response Fund
SECC	Socio Economic and Caste Census
SGPGIMS	Sanjay Gandhi Post Graduate Institute of Medical Sciences
SICU	Surgical Intensive Care Unit
SMD	Severe Mental Disorder
SOP	Standard Operating Procedure
SPCB	State Pollution Control Board

SPMU	State Programme Management Unit
SRSWOR	Simple Random Sampling Without Replacement
SS	Sanctioned Strength
TFR	Total Fertility Rate
U5MR	Under five Mortality Rate
UHC	Urban Community Health Center
UNCRPD	United Nation Convention on Rights of Persons with Disabilities
UPHC	Urban Primary Health Center
UPMSCL	Uttar Pradesh Medical Supplies Corporation Limited
UPPSC	Uttar Pradesh Public Service Commission
UPSSSC	Uttar Pradesh Sub-ordinate Service Selection Commission
WHO	World Health Organisation

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